

Report of the Psychological Wellbeing Practitioner Review – Phase 2¹

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1. Executive Summary

This report summarises the second phase of the Department of Health commissioned review of the Psychological Wellbeing Practitioner (PWP) curriculum and associated materials undertaken by University College London (UCL) between April 2014 and January 2015. The report summarises the changes made in line with the first review phase recommendations. Key products of the review are presented as stand alone document but can also be seen as appendices to the main report. These key products are:

- Revised PWP national curriculum
- Behaviour change models and strategies for PWPs
- Standards for competency assessment measures
- Principles and types of patient assessment in IAPT services – issues for PWP training and competency assessment
- Understanding and describing mental health problems – implications for PWP training and practice
- Updated PWP Best Practice Guide
- Guide to evaluating self-help guidance materials
- Roles in PWP training of NHS education commissioners, university training courses, IAPT service placement providers and BPS as accreditation body
- PWP continuing professional development and post-qualification training

2. Introduction

In November 2012 the Department of Health (DH) commissioned UCL to undertake a review of the PWP curriculum and associated materials in order to update and revise them as appropriate. There were a number of reasons for commissioning the review, including developments in the evidence base, the need to refine the assessment process, the changing

¹ Document written by a working group convened by University College London under the aegis of the national IAPT team/ NHS England/Department of Health.

demands on Improving Access to Psychological Therapies (IAPT) services, new roles emerging with IAPT services and the need for a better integration of PWP course accreditation and the national curriculum, in particular the assessment of trainee competence.

The first phase of the review was completed in March 2013. This made a number of recommendations (Appendix 1). The DH agreed a further stage of the review to make the changes identified in phase 1. This second phase of the review was undertaken by UCL between April 2014 and January 2015, supported by an Expert Advisory Group (Appendix 2). The Expert Advisory Group met on 4 occasions.

This report summarises the key products of the review, and for each product any associated work being undertaken and recommendations for implementation. Appendix 1 includes a summary of how the products of this second phase relate to the original review brief and recommendations from the first phase of the review.

3. Revised PWP National Curriculum

The revised national curriculum is at Appendix 3. Key changes to the curriculum are:

- Change in structure of the curriculum to 3 core modules, rather than 4 (with option retained for courses to subdivide the merged module as two submodules)
- Redistribution of 45 day curriculum to enhance Module 2 and allow for more flexibility in Module 3
- Clarification about the place and nature of education provider directed practice-based learning days in the curriculum
- Specification of expected number of clinical contact hours and supervision hours in addition to the practice-based learning days
- Revision of learning outcomes to include knowledge and understanding of behaviour change models and strategies
- Interventions facilitated by PWPs updated in light of evidence base to include physical exercise and medication adherence
- Revision of modules assessments and practice outcomes to link with the new structure of 3 core modules and learning outcomes
- Increased flexibility in designation of academic assessment of trainees
- Requirement that at least one clinical competency assessment is on a session of a patient seen by the trainee

Key to implementation of the revised curriculum will be incorporation by the British Psychological Society (BPS) of the revisions into the PWP course accreditation handbook. The BPS has been represented on the Review Expert Advisory Group and plans to undertake a revision of the accreditation handbook following final signing off of the review by NHS England.

4. Behaviour change models and strategies for PWPs

The effectiveness of PWPs can be enhanced through awareness of a broader range of behaviour change models and strategies, complementary to the core focus on approaches based on cognitive-behavioural models. The paper in Appendix 4 summarises these, focusing particularly on the COM-B model of behaviour and how this can help choice of low intensity intervention, facilitate PWP interventions that are not derived from Cognitive Behavioural Therapy (CBT) based principles (e.g. medication management, physical exercise, signposting) and support effectiveness of self-help interventions informed by cognitive-behavioural principles. This paper is designed to support courses and PWPs in knowledge and understanding of the new behaviour change learning outcomes in the revised curriculum.

5. Standards for competency assessment measures

A recommendation from the first phase was to review the competency assessment procedures for trainee PWPs. The current procedures are the assessment and treatment clinical simulation marking systems in the Reach Out materials. In order to allow for developments and improvements in competency assessment schemes without each time requiring a change in the national curriculum, the second phase of the review:

- Sets out standards that measures for evaluating the competences of trainee PWPs should meet (Appendix 5)
- In the revised national curriculum states that only measures meeting minimum standards should be used by PWP courses
- Established a working group to develop new competency assessment measures that all PWP courses could use; the working group aims to finalise and make available these new measures early in 2015

6. Principles and types of patient assessment in IAPT services

The first review phase identified a mismatch between a single standardised patient assessment interview approach that PWP trainees were being taught and examined on in their training courses and the differing assessments they were being asked to undertake within IAPT services. Accordingly, a product of this second phase is a paper setting out the different purposes of assessment, how these can occur within a single or across different interviews (telephone and face-to-face) and implications for PWP training and competence assessment (Appendix 6).

7. Understanding and describing mental health problems – implications for PWP training and practice

The IAPT stepped care model draws on NICE guidance in setting out the types of problems which are appropriate for PWP low intensity interventions and the types (e.g. PTSD, social anxiety disorder) where stepping up for a high-intensity intervention is recommended. This requires PWPs to recognise patterns of symptoms consistent with diagnostic categories of mental disorder, as set out in one of the National Curriculum assessment module learning outcomes, and this is needed also for PWPs to complete the IAPT national data standard 'provisional diagnosis' item. Appendix 7 provides guidance and materials to assist courses and PWPs in reaching competence in this learning outcome.

8. Updated PWP Best Practice Guide

Updating of the PWP Best Practice Guide was a planned product of the commissioned review. In undertaking the updating, there was discussion and consultation about who should be the key intended audience or audiences for the Guide. While originally the team were advised it was intended to advise GPs and commissioners, it has mostly been read and found useful by people considering training as a PWP and by trainee and qualified PWPs themselves. In this respect it has been well received and valued, so in the updating the original format has been retained. Key changes in the updated version (Appendix 8) are:

- Inclusion of the role of Senior PWPs
- A general update and refresh of the whole document to make it specifically relevant to prospective and current PWP trainees
- Inclusion of a section on career development and future career progression

9. Guide to evaluating self-help guidance materials

Updating the Good Practice Guidance on use of self-help materials was in the brief of the original commissioned review. In consultation, the content of this document was considered to continue to be relevant and not in need of updating; the main issue with the document is that it is not widely known. Consultation pointed to one aspect of the guidance on which more detailed guidance would be useful. This is guidance on evaluating and choosing self-help guidance materials, especially on the adequacy of CBT-based advice within self-help materials. Accordingly new separate guidance and a tool for rating and evaluating self-help guidance materials for anxiety disorders and depression has been produced (Appendix 9).

10. Roles in PWP training of NHS education commissioners, university training courses, IAPT service placement providers and BPS as accreditation body

Delivery of effective PWP training involves more than just university training courses. With the majority (80%) of PWP trainees' time being spent in services, the training and supervision provided by service supervisors and the links between university training providers and services are critical to PWPs learning and competent practice. NHS education commissioners (currently NHS Health Education Local Education and Training Boards) are key to the funding and quality assurance of training. Finally, the British Psychological Society (BPS) as the body that accredits PWP training courses, is central to the maintenance of training standards. Appendix 10 sets out the roles and responsibilities of each in training and the importance of partnership between all four types of body in ensuring effective training.

11. PWP continuing professional development and post-qualification training

Continuing learning and professional development following qualification is important for all PWPs. While PWP pre-registration courses cover all core aspects of the PWP role, in 45 days there is limited time to include or deal in depth with all that would be ideal to cover. Continuing learning programmes to cover gaps and deepen skills are accordingly important for all PWPs. With many PWPs developing over time into specialist and senior roles, post-qualification training programmes to support their development are needed. Appendix 11 discusses PWP continuing professional development and post-qualification training and the roles of IAPT service providers and NHS education commissioners in supporting PWP continuing professional development.

Appendix 1: Change log, original products and recommendations summary

Original products requested

1. An updated PWP Best Practice Guide - Delivered as originally envisaged
2. A revised PWP curriculum - Delivered as originally envisaged with additional supporting products
3. Revised Reach Out materials to reflect curriculum - Issues with copyright meant that it was not possible to revise Reach Out as originally intended - Consultation suggested that greater flexibility in curriculum delivery would be appropriate.
4. A revision of Good Practice Guidance on the use of self-help materials - A guide to evaluating self-help materials was developed instead in response to consultation with stakeholders.
5. A specification for training and supervision of staff in consistent competence assessments, with proposed accreditation status - Issues with Reach Out made this product undeliverable as originally envisaged and has instead been addressed by a number of alternative competence assessment products as noted in table 1.
6. A final report summarising all of the above - Delivered as originally envisaged

Summary of phase 1 report recommendations

1. Changes to current learning materials - initially intended to cover revisions of Reach Out but copyright issues altered focus of this.
2. Behaviour Change Theory - to provide behaviour change underpinning of PWP work, complementary to CBT.
3. Assessment of patients - emphasis on principles of assessment in recognition of the variety of assessment methods used in IAPT services
4. Interventions - to provide basis for additional and different interventions to be included in training
5. Structure of the curriculum - reduction in number of modules from 4 to 3
6. Post qualification training - availability of CPD training
7. Assessment of competence - revision of competency assessment method to reflect revised curriculum.
8. Reduction in the number of exams - enhanced flexibility for universities to design academic assessment

9. Strengthening links between universities and service providers - particular focus on design and use of practice based learning and the role of services in training
10. Designated training sites - suggested models and standards for services involved in training
11. Funding of training - suggested funding models for training
12. Safeguarding future PWP training - focus on need for flexibility relating to ability to update curriculum and learning materials as required to reflect evolving needs in services.

Table 1

Products Delivered	Relevant to Original Products Requested	Relevant to First Phase Recommendations
<p>1. Phase 2 Report</p> <p>Developed in line with original requirements to describe and outline process.</p>	6. Final report	N/A
<p>2. Curriculum (including module time allocation and proposed assessment strategy)</p> <p>Substantial revision of existing curriculum with emphasis on additional flexibility and removal of references to Reach Out. In addition modules have been reduced from 4 to 3.</p>	<p>2. Revised curriculum</p> <p>3. Revised Reach Out</p> <p>5. Specification for training and supervision of staff in consistent competence assessments</p>	<p>1. Changes to current learning materials</p> <p>2. Behaviour change theory</p> <p>3. Assessment of patients</p> <p>4. Interventions</p> <p>5. Structure of the curriculum</p> <p>7. Assessment of competence</p> <p>8. Reduction in number of exams</p> <p>9. Links between universities and training providers</p>
<p>3. Behaviour Change Models for PWPs</p> <p>Behaviour change models and strategies, complementary to the core focus on interventions informed by cognitive-behavioural principles, relevant to PWPs</p>	Additional product	2. Behaviour change theory
<p>4. Standards for Competence Assessment</p> <p>Developed to address the original requirements for developing training on existing competency assessments.</p> <p>In addition a parallel working group has been established to develop new competency assessment tools.</p>	5. Specification for training and supervision of staff in consistent competence assessments	7. Assessment of competence

Products Delivered	Relevant to Original Products Requested	Relevant to First Phase Recommendations
<p>5. Assessment in IAPT Services</p> <p>Developed to enhance and explain some of the increased flexibility allowed for in the curriculum around teaching assessment - covers the different kind of assessments commonly found in IAPT services.</p>	<p>2. Revised curriculum</p> <p>3. Revised Reach Out</p> <p>5. Specification for training and supervision of staff in consistent competence assessments</p>	<p>3. Assessment of patients</p>
<p>6. Understanding and Describing Mental Health Problems</p> <p>Developed in response to the national team's request to include information on training PWPs to recognise mental health problems.</p>	<p>Additional product</p>	<p>Additional product</p>
<p>7. Best Practice Guide</p> <p>Substantial rewrite and developed in line with original expectations.</p>	<p>1. PWP best practice guide</p>	<p>6. Post qualification training</p> <p>7. Strengthening links between universities and services</p> <p>12. Safeguarding PWP training</p>
<p>8. Guide to Evaluating Self-Help Materials</p> <p>Developed as a supplement to the original (the self help best practice guide). Consultation revealed that the original guide, although still relevant, was not widely known, but that the brief appendix on evaluating self-help materials needed expanding. Through consultation with stakeholders and the expert advisory group the team has developed a stand-alone guide to enable services and PWPs to assess the quality of available self-help materials.</p>	<p>4. Revised self-help best practice guide</p>	<p>4. Interventions - (not specifically covered in recommendations - see narrative around 'products delivered' in column A)</p>
<p>9. Roles of Organisations in PWP Training</p> <p>Developed to address issues highlighted during the consultation as recommended in the Phase 1 report. Clarifies the different roles of various organisations including accreditation, services and education commissioners.</p>	<p>Additional product</p>	<p>9. Links between universities and services</p> <p>10. Designated training sites</p> <p>11. Funding of training</p> <p>12. Safeguarding future training</p>
<p>10. CPD and Post-qualification Training</p> <p>Developed to address issues highlighted during the consultation as recommended in the Phase 1 report. Also provides additional context and suggestions relevant to the best practice guide.</p>	<p>Additional product</p>	<p>6. Post qualification training</p> <p>9. Links between universities and services</p> <p>11. Funding of training</p> <p>12. Safeguarding future training</p>

13.

Appendix 2: PWP review phase two, expert advisory group and review team

Expert advisory group

- Professor John Cape, Director of Psychological Therapies Training, University College London (UCL) - Chair
- Clare Baguley, Programme Manager, Psychological Professions Network, NHS Health Education North West
- Simon Bennett, IAPT Manager, Sheffield IAPT Service, Sheffield Health and Social Care NHS Foundation Trust
- Lucy Horder, Education and Professional Development Manager, British Psychological Society (BPS)
- Doctor Steve Kellett, Course Lead for Low Intensity Psychological Interventions, Sheffield University
- Pam Myles, Director of Training, University of Reading
- Gareth Stephens, Trainee High Intensity CBT Therapist, Bromley IAPT Service

PWP review team at University College London

- Professor Stephen Pilling, Professor of Clinical Psychology and Clinical Effectiveness
- Professor John Cape, Director of Psychological Therapies Training
- Doctor Rachel Newman, Course Director for Low Intensity Cognitive Behavioural Interventions
- Rob Hardy, Project Manager