University of Exeter

Cedar

PGCert/GradCert Mental Health and Wellbeing Practitioner – Specialist Adult Mental Health

Trainee Handbook

Cohort 5

September 2024

Programme Administrator: MHWP@exeter.ac.uk

ELE Homepage: Course: PGCert/GradCert Mental Health Wellbeing Practitioner (MHWP) (PYC_MHWP_COH_05) (exeter.ac.uk)

Please note the handbook is subject to revision and updates during the year, so that information is kept up-to-date. Always check ELE for the latest version.

Contents

Welcome

Welcome to the University of Exeter's PG Certificate/Graduate Certificate Mental Health & Wellbeing Practitioner (MHWP) Programme.

The community mental health framework for adults and older adults offers a radical shift in how services for people with severe mental health problems will be delivered in England. The framework puts service users at the centre and aims to provide personalised, holistic care to meet their needs. The ambition is to create a more integrated and connected way of supporting people within their local communities, drawing on the strengths of all services and agencies.

Multi-disciplinary teams will be key to the success of community mental health transformation. Mental health nurses, psychiatrists, psychological professionals, allied health professionals, social workers and new roles such as peer workers and nursing associates will all play vital roles. We are excited to be welcoming you as a Mental Health and Wellbeing Practitioner to one of these teams and to this training programme.

> "As a Mental Health and Wellbeing Practitioner you can, as part of your team, make an important difference to people with severe mental health problems, offering psychologically informed interventions that they may have found it hard to access before. You will also help to plan their wider care with them, so that they can receive the best possible services."
>
> **Adrian Whittington, National Lead for Psychological Professions - Health Education England and NHS England and Improvement**

The PGCert/GradCert is designed to increase participant's knowledge and understanding of clinical theory and evidence-based practice. The programme is heavily rooted within the development of clinical skills associated with a patient-centred approach, care planning and on the skills required to support a range of evidence-based psychological interventions. The continued development of these skills is embedded within a strong focus on practice-based supervision, which is a fundamental component of the training. As such your training should not just be seen as being the time you spend being taught within the University, but full time, based also around your clinical work undertaken within your work setting and supplemented by your practice-based supervision.

Successful completion of clinical and written assignments and appropriate participation in tutorials and workshops will lead to the awarding of a PGCert/GradCert.

We hope you enjoy the training and look forward to meeting you over the coming months.

Diversity and Inclusivity

Cedar Equity, Diversity & Inclusion Statement -
It is our intention within Cedar that trainees from all diverse backgrounds and perspectives be well served by our training courses, that trainees' learning needs be addressed both in and out of teaching sessions, and that the diversity that trainees bring to their learning environment be viewed as a resource, strength and benefit. It is our intention to present materials and activities that are respectful of diversity. This includes, but is not limited to, gender and gender identify, sexuality, disability, age, socioeconomic status, ethnicity, religion, race, and culture. Your suggestions are at all times invited, encouraged and appreciated. We encourage you to let us know ways to improve the effectiveness of the course for you personally or for other trainees or student groups. In addition, if any of our training sessions conflict with your religious events, or if you have a disability or other condition necessitating accommodation, please let us know so that we can make the necessary arrangements for you in line with your professional body/ national curriculum requirements.

Our goal within Cedar as a learning community is to create a safe learning environment that fosters open and honest dialogue. We are all expected to contribute to creating a respectful, welcoming, and inclusive environment within which any form of discrimination will not be tolerated. To this end, classroom discussions should always be conducted in a way that shows respect and dignity to all members of the class. Moreover, disagreements should be pursued without personal attack and aggression, and instead, should be handled with care, consideration and a non-judgmental stance. This will allow for rigorous intellectual engagement and a deeper learning experience for all.
(Statement adapted from the University of Iowa, College of Education and Yale University - Dr. Carolyn Roberts, Assistant Professor, History of Science & History of Medicine, and African American Studies)

At Cedar, in our training of psychological professionals, we are committed to progressing and embedding the principles of equity, diversity and inclusion into all areas of our training courses, and are active in our endorsement of the Psychological Professions Network Equity, Diversity, and Inclusion Position Statement which can be read here:
https://www.ppn.nhs.uk/resources/ppn-publications/462-ppn-equity-diversity-and-inclusion-position-statement-v1-0-october-2023/file

Protection of dignity at work and study

We aim to create an environment and culture in which bullying and harassment are known to be unacceptable and where individuals have the confidence to deal with harassment without fear of ridicule or reprisal.

The University will not tolerate any form of harassment or bullying and is committed to ensuring that staff and students are able to work and study without fear of victimisation.

The University regards any incident of harassment or bullying as a serious matter and will respond promptly and sensitively to formal complaints, and where appropriate take disciplinary action.

Additionally, staff and students will be encouraged to resolve concerns informally through a network of trained Dignity and Respect Advisors

For more information please see: http://www.exeter.ac.uk/staff/equality/dignity/policy/ .

How to use this handbook

Ensure you have used the course 'Quick Start' to get up and running for Day 1. This handbook then provides all the detail you need to know about the course, teaching, assessments, submission and relevant policies.

This handbook is split into two parts:

- **Part 1**: Short, quick-access and concise guidance – find the things you need to know quickly and 'at a glance' (pages 1-28)
- **Part 2**: Appendices giving full details, policies, marking schemes etc (pages 29 onwards)

Supervisor notes

Part 1 outlines the content and assessments of each of the three modules. At the end of each section there are notes for supervisors with guidance on how they can support their trainee(s) not only do well on the course, but to become confident, practised, reflective, evidence-based practitioners.

Part 1 - Quick Reference Guide

Communication

For day-to-day communication, including results notifications, we use trainees' University of Exeter email addresses, so **it is essential that trainees check this address regularly or set up forwarding** to their main email address.

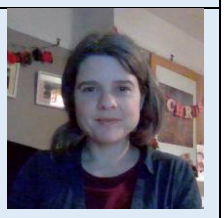
Trainees: please ensure you use your University email to contact tutors and programme team members, rather than your service or personal accounts.

Course contacts

Please contact the programme team at any time with queries by email.

- **Personal tutors** will have up-to-date knowledge of progress and any taught components. You can contact your individual tutor, or the MHWP Tutor group mailbox, MHWP_tutor-support@exeter.ac.uk
- **The programme administrator** will be able to answer information about course procedures and protocols, e.g. attendance, submission, mitigations etc. MHWP@exeter.ac.uk

Programme Team

Nicole Jamani Director of Portfolio for Adult HI IAPT/CBT and SMHP Programmes *N.Jamani@exeter.ac.uk*		**Debbie Williams** Programme Lead *D.Williams@exeter.ac.uk*	
Shane FitzGerald Academic Lead & Clinical Lead *S.J.Fitzgerald@exeter.ac.uk*		**Siobhan Gilliam** Programme Tutor *S.Gilliam@exeter.ac.uk*	
Reema Chandarana Lecturer *R.J.Chandarana@exeter.ac.uk*		**Lisa-Marie McCarthy** Lecturer *L.M.McCarthy@exeter.ac.uk*	
		Alice Barker Programme Administrator *MHWP@exeter.ac.uk* 01392 72 31 22 (limited phone cover, please leave a message)	

Course overview

The course follows the National Curriculum for the Mental Health Wellbeing Practitioners (2024) see: National Curriculum for Mental Health and Wellbeing Practitioners v2.0_1.docx (live.com)

https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.hee.nhs.uk%2Fsites%2Fdefault%2Ffiles%2Fdocuments%2FNational%2520Curriculum%2520for%2520Mental%2520Health%2520and%2520Wellbeing%2520Practitioners%2520v2.0_1.docx&wdOrigin=BROWSELINK

All Mental Health & Wellbeing Practitioner (MHWP) training courses, including that of the University of Exeter, follow this national curriculum because it is founded on evidence-based approaches. Service practises may differ, but this national curriculum and the assessment and treatment protocols taught are based on the evidence about what constitutes effective, safe, service user-centred assessment and treatment in line with NICE guidelines.

The programme's aim is to develop the core knowledge and competencies required for MHWPs to safely, effectively, ethically and inclusively work using evidence-based practices, and to continue developing as safe, effective, evidence-based practitioners throughout their careers.

To achieve this, trainees must also be shadowing, observing, practising and working under competent supervision by a psychological professional with significant training and experience in delivering CBT-based interventions for severe mental health problems, and who has attended specific supervision training linked to the training programme, within a fully functioning mental health service.

Key facts about the course

- **Trainees can take the course at degree level (Grad Cert) or postgraduate level (PG Cert).** Teaching, assessments and the pass mark for clinical assessments are the same, however at Grad Cert the pass mark for academic assignments is 40% and at PGCert the pass mark is 50%.
- **Trainees must also be shadowing, observing, undertaking in-service clinical skills development and working under competent supervision by a fully trained practitioner** within a fully functioning mental health service.
- **The course consists of 3 modules, across 33 taught days** (teaching theory and clinical skills) **and 12 University directed practice-based learning days** (shadowing/observation, role play/practice with peers/colleagues of assessment and interventions, self-practice of interventions with reflection (i.e. applying techniques to issues from own life), and directed problem-based learning.). **Each module has 3 assessments**: one clinical, one academic and one service based. NB: all trainees need to be aware of the requirement for additional private study, for example for assessment preparation, exam revision, writing of assignments, further reading etc.
- **Teaching locations:** Locations for each taught session are detailed on the Timetable on the programme ELE page (further details in Appendix 1). In person sessions run from 10:00am – 5.00pm at Exeter University and remote sessions run from 9:30am – 4:30pm via Zoom video platform.
- **ELE:** All timetables, day schedules, course materials and resources are on the course intranet ELE (Exeter Learning Environment) https://vle.exeter.ac.uk/ . Each trainee has a unique log in to this protected area.
- **Attendance & absence:** Attendance is expected to be 100% in line with Health Education England's national requirements. All training activity is monitored and logged, and regular reports

are made to the trainee's service and to the course commissioners. Any absences are noted to the trainee's service. For the sake of clarity, this means that all scheduled activities should be undertaken at the times specified in the day schedule, and all Practice Based Learning (PBL) tasks completed on the allocated day. **If any trainee cannot attend or undertake the activities at these times, they MUST send an email to the teaching team on MWHP@exeter.ac.uk.** In some cases a 'catch up' option may be agreed, but if this is not possible then an absence will be noted and the trainee's service will be notified. **If a trainee's attendance drops below 80%,** for example through illness or adverse circumstances, **the trainee may not be able to continue training, may not be awarded their qualification or may be required to undertake incomplete modules again.** If illness or unexpected circumstances affect a trainee's ability to engage with the course at the present time, the option of interrupting studies (suspending studies and then resuming at a later date – see Appendix 5) may be available.

If trainees miss any teaching sessions they should take the following actions:

- Inform the programme lead and programme administrator as well as your employer/line manager
- Read the teaching materials on ELE for the missed session(s) and watch the recording of teaching session if available
- Speak to peers about any practical/experiential exercises and complete the practical/experiential exercises in own time. On occasions, exercises might be appropriate to take to supervision to practice with colleague/s.
- Complete a 200-500 word reflection on learning points for each missed session
- Please send the reflection/s to your 1:1 Tutor within **4 weeks** of the missed teaching. This will be reviewed and discussed in your next 1:1 tutorial
- Please evidence that you have taken all necessary steps using the 'MHWP Missed University Sessions Catch-Up Form' which is available on the programme ELE page. This will need to be included in your clinical portfolio in the 'Teaching Log' section and signed off by your tutor.

- **Timekeeping and attention:** Timekeeping and attention on the programme is expected to be as rigorous as at the workplace. Timekeeping is monitored and any recurrent lapses are notified to the trainee's supervisor/s and line manager. Similarly, trainees' full attention and engagement in the teaching and associated activities is expected, just as in the workplace. Any recurrent lack of engagement will be notified to the service supervisor/s and line manager and may result in ceasing the programme place.
- **Support, study support, accessibility and wellbeing:** All trainees are allocated a personal academic tutor to provide support for personal or service issues that arise and impact a trainee's ability to attend or engage, and as main point of contact for their service supervisor. In addition, all trainees can access the University's study skills support, Accessibility team, IT support and Wellbeing services - see Appendix 6 for full details.
    - **Trainees who may need an Individual Learning Plan (ILP) to support their learning due to physical or learning needs or other additional needs are advised to contact the Accessibility team as soon as possible**, preferably prior to starting the course, as there are many adjustments (including extensions to deadlines and extended examination times) that the teaching team can make, but only where there is a documented ILP in place advising such.
    - Throughout the MHWP training, university tutors will be meeting with trainees on a termly basis for tutorials. These tutorials are an opportunity to review how the trainee is

getting on in service, including review of clinical logs; how they are getting on with university, including review of attendance and academic assignments; and generally, how they are managing from a wellbeing perspective. Part of the tutorial will form a meeting with your caseload supervisor and clinical skills supervisor

- **Liaison with managers/supervisors/clinical leads:** Academic tutors discuss marks, performance and any difficulties with service supervisors/clinical leads. At the end of Modules 1 and 2 feedback calls to service supervisors are offered to discuss their trainee's course performance to date, give details of upcoming modules/assessments and to offer clarification on any aspect of the course as needed. Service supervisors may contact a trainee's personal tutor or any member of the programme team at any time to discuss course requirements or trainees' needs.
    - It can be helpful to have you supervisors from service attend the termly tutorials. Termly tripartite meetings can help to put in place timely measures to support trainees who may be struggling and to build strong relationships between the programme team and service supervisors.
- **Professional practice:** All trainees must always seek to act within the Codes of Practice and Professional Conduct as defined by their service and a professional and/or accreditation body. As such trainees are encouraged to join an appropriate professional body, such as the British Association of Behavioural and Cognitive Psychotherapies or British Psychological Society.

- **Confidentiality:** Trainees must always ensure, when discussing or describing their work and their personal response to their work, that they protect service user, colleague and family and friends' confidentiality by not revealing information that could identify an individual in **any way**. The only exception is if they have concerns relating to the safety of a service user, their family/friends, a cohort peer or colleague or risk of harm to others. In such exceptions they should discuss with the teaching team to whom information should be disclosed and to what extent. For full guidelines see Appendix 7.

- **Leaving employment during training:** MHWP Training is a joint venture between the University as trainer and your service providers as employers. Where a trainee terminates their employment or has their employment terminated, they will be required to withdraw from the training programme and will not be in a position to complete their training. In exceptional circumstances where a trainee has submitted and successfully completed modules at the point of change in circumstances then discretion may be permitted.

Course content, assessments and passing or failing the course

- **There are 3 modules**
    - **Module 1: Engagement and assessment with people with severe mental health problems**
    - **Module 2: Care Planning in Partnership**
    - **Module 3: Wellbeing-focused Psychologically-informed Interventions for Severe Mental Health Problems**
- **Each module has three assessments**:
    - **1 clinical competency assessment** (assessing the trainees' clinical procedural skills)
    - **1 academic assessment** (testing understanding of the theory and evidence behind MHWP working)
    - **1 service assessment** (a Clinical Portfolio documenting evidence to their service supervisor that they can perform the required competencies in their day-to-day work, signed off as pass or fail by their service supervisor)
- **Trainees should complete a minimum of 80 clinical contact hours with service users** within an adult community mental health service (a **minimum of 40 hours should be delivering psychologically-informed interventions**), and a minimum of **20 hours of case management supervision** and **20 hours of clinical skills supervision** to complete the course. By the end of the course, they must also have competently worked with service users using the main psychologically informed interventions: Behavioural Activation and Graded Exposure using the "GOALS" programme, Problem-solving, Improving Sleep, Recognising and Managing Emotions, Guided self-help for bulimia and binge-eating, and Building Confidence.
- **To pass the course trainees must pass all the assessments and have a minimum of 80% attendance** (plus evidence of catch up for any teaching missed). Clinical assessments must be passed with a mark of at least 50% overall and with at least a 3 (on the Dreyfus competence scale, Dreyfus, 1989) gained in each of the compulsory pass sections, including risk assessment which is an auto-fail section. Academic assignments must be passed with a mark of at least 50% for the PGCert award and at least 40% for the GradCert award. Clinical outcomes for each module must be signed off as competent by in-service supervisors (Pass or Fail).
- **Two attempts for each assessment are allowed**. Second attempts are capped at the pass mark. The overall mark for the module is also capped at the bare pass mark. Failure of a second attempt results in failure of the programme and termination from the course. (See Appendix 3)
- **Failing the course:** Failure of a second attempt at an assessment (less than 50% for clinical assessments, or less than 50% (PG Cert) or 40% (Grad Cert) for academic assessments) results in termination from the programme. Under such circumstances training cannot be completed and no academic credit is awarded for any modules with individual assessments failed. (See Appendix 3)
- **Assessment submissions and late or non-submissions:** (See Appendix 3). All work must be submitted on time through the procedures specified and according to the Cohort timetable. Late submissions of first attempts within an hour of the deadline will be docked 5 marks. Late submissions (up to 24 hours) are capped at the pass mark; submissions beyond 24 hours are considered non-submissions and therefore score 0 and the whole module is capped at the pass mark. For second attempts there is no 24-hour grace period; submitting beyond the assessment deadline will result in a fail mark being recorded (and also results in a failure of the course). Extensions cannot be granted except by Mitigation. **Any trainee experiencing difficulties with submitting work on time should speak to their personal tutor as soon as possible**.

- **Adverse circumstances, Mitigation and Interruption:** If a trainee is unable to submit an assignment of appropriate quality within the deadline due to short term circumstances beyond their control (e.g., short term illness, difficulties with caseloads etc) they may request Mitigation, by submitting a mitigation request via the form on ELE. The Mitigation Committee reviews the request and decides whether to grant mitigation, such as an extension. If a trainee experiences longer term circumstances that impact severely on their ability to engage with the programme it may be possible to Interrupt, i.e. to pause studies and resume them again at a later date. See Appendix 5 for full details. **In all cases trainees and/or supervisors are advised to speak to their course tutor if experiencing difficulties.**
- **Marking turnaround and results:** The turnaround time for marking of academic work is 15 working days, and 20 working days for intervention recordings assessments, except where this would fall within the university holidays. In these instances, marks will be returned on the first Friday of the new term (if this is later than the 3 or 4-week turnaround described above). Results are sent out via email to the trainee's University email account and copied to designated service supervisors.

The role of the clinical supervisor/s

The role of the trainee's clinical supervisor/s is paramount as trainees cannot pass the course without shadowing, observing, practising, and working under competent supervision by a fully trained practitioner within a fully functioning mental health service.

A supervisor should provide weekly, individual caseload supervision, where the whole caseload is reviewed, including formal and informal care plan reviews and weekly discussions about risk and risk management. This should include clear action plans and documentation in the health care records and updated care plans. Caseload supervision can be provided by any suitably qualified professional in the team. In addition, there should be weekly to fortnightly individual or group-based clinical skills supervision. Clinical skills/intervention supervision should be provided by a practitioner with competence in the interventions MHWPs will offer. They should be a psychological professional with significant training and experience in delivering CBT-based interventions for severe mental health problems, and who has attended specific supervision training linked to the training programme. Supervision (caseload and clinical skills) of MHWPs should be by practitioners who have undertaken specific training on MHWP supervision.

A clinical supervisor provides general support but also monitors, develops and assesses the trainee's clinical skills through a variety of methods. These could include role-play; questioning and answering; direct observation/shadowing of a trainee's assessment and treatment sessions; reviewing taped sessions; reviewing a trainee's service user contacts and assessment submissions against the marking schemes; supervising caseload supervision; facilitating clinical skills supervision; reviewing trainee reflections and case studies and so on.

Specific roles of the clinical supervisor

The below list is not exhaustive, but identifies the key roles and actions of the clinical supervisor:

- **Be familiar with the course structure, timetable, key clinical competencies, assessment dates and marking schemes** and liaise with programme materials and academic staff as much as necessary to fill any gaps in current knowledge.

- **Negotiate, sign and date a supervision contract** clarifying boundaries and responsibilities of the supervisor and supervisee.

- **Facilitate ongoing opportunities and experience for the trainee to develop appropriate competence in clinical skills** across face-to-face (where possible), video calls, telephone, group and cCBT modes of delivery (this includes not just MHWP specific assessment and intervention skills but also common factor skills, clinical note taking and record keeping, effective signposting, collaborative care, seeking ad hoc supervision etc). Opportunities may be through role-play or actual service user contact with MHWP appropriate service users, as appropriate to trainees' developing skills.

- **Monitor and adjust trainee's caseloads** to ensure clinical safety and efficacy. This could include pacing or reducing a trainee's caseload so it does not build too rapidly, reallocating away service users with presentations beyond the trainee's current competency, and reallocating to the trainee suitable service users from other's caseloads or waiting lists so that trainees can develop skills with appropriate service users and meet clinical assessment requirements.

- **Carry out observation of a trainee's work and competence directly and indirectly** - initially through role-play and then through direct shadowing and observation of assessments and interventions, reviewing recordings of sessions, reading and reviewing case notes, trainee referrals etc.

- **Facilitate, monitor and develop trainee skills in caseload supervision and clinical skills supervision** in line with MHWP national curriculum guidelines.

- **Practice-mark assessment and intervention sessions against the marking schemes**, to identify strengths, weaknesses and the key areas of development needed to meet the required competencies, initially through role-play then through live or recorded sessions.

- **Sign (or remote equivalent) cover sheets for live recordings** to attest as true recordings of actual service user sessions with service users on the trainee's caseload that have been reviewed in supervision.

- **Ensure the trainee has opportunity to meet their clinical competencies for each module within the time period of that module**, including the Clinical Outcomes Portfolio which requires allocated supervisor time for review and sign-off prior to the deadline.

- **Where necessary raise issues around a trainee's progress** with appropriate members of staff, both within the service and the University.

- **Make a final decision on whether a trainee has achieved the clinical practice outcomes for each module** and document this in the Clinical Outcomes Portfolio within the allocated time periods by signing off as Satisfactory or Unsatisfactory.

- **Monitor trainee's accumulation of clinical contact hours and supervision hours** (both clinical skills and caseload), ensure records are kept and sign off these as true and accurate.

- **Monitor trainee's accumulation of service user contact and sign off at the end of the course** to state that the trainee has achieved the following (or request an extension if not met):
    - a minimum of **80 clinical contact** hours, of which a minimum of **40 clinical hours** should be delivering psychologically-informed interventions
    - a minimum of **20 hours of clinical skills supervision**
    - a minimum of **20 hours of case management supervision**

- **Monitor through supervision the trainee's delivery of a complete treatment protocol** with a minimum of 3 of the specific wellbeing-focused psychologically-informed interventions:
    - Behavioural Activation using the "GOALS" programme
    - Graded Exposure using the "GOALS" programme
    - Teaching problem-solving skills
    - Improving sleep
    - Recognising and managing emotions
    - Guided self-help for bulimia and binge-eating
    - Building confidence
    - Medication support – based on information-giving.

Module 1: Engagement and assessment with people with severe mental health problems

Module 1 - Learning Objectives and key topics covered

This component introduces MHWPs to severe mental health problems and teaches how to engage and form collaborative alliances with service users, carers and families. It teaches how to assess, manage risk, and arrive at a collaborative, simple formulation which can guide the planning of care. It will highlight the value of successful engagement as an end in its own right.

Key topics covered

1. Engagement with warmth and empathy – active listening and enquiry: developing a collaborative alliance
2. Supporting the service user to maintain and develop relationships within the community in line with the CHIME factors (Connectedness, Hope, Identity, Meaning and Empowerment)
3. Being with someone in distress – managing affect by listening and validating
4. Professional and ethical practice
5. Appropriate involvement of families and carers in engagement and assessment
6. Cultural competence and anti-discriminatory practice – addressing inequities of access and outcome
7. Respect for and the value of individual differences in age, sexuality, disability, gender, spirituality, ethnicity and culture
8. Responding to peoples' needs sensitively with regard to all aspects of diversity, including working with older people, the use of interpretation services and taking into account any physical and sensory difficulties service users may experience in accessing services.
9. CHIME factors –: understanding their link with wellbeing and recovery
10. Risk assessment, safety management plans and safeguarding
11. Confidentiality, consent, and the appropriate involvement of families and carers
12. The experience and core features of psychosis, bipolar disorder, 'personality disorder' and eating disorders, and associated difficulties (including anxiety and depression)
13. Reasonable adjustments to make mental health services autism-friendly, and responsive to service users with substance misuse problems
14. Understanding the relationship between adversity and presentations of severe mental health problems
15. Trauma Informed Care principles in practice, including the role of attachment and self-compassion
16. Collaborative assessment and formulation within the '5 Ps' framework of Presenting problem, Predisposing factors, Precipitating factors, Perpetuating factors and Protective factors

Module 1 Assessments

Module 1 Clinical Assessment

- **Role-play with an actor simulating a 60-minute MHWP assessment (2 x 30min)** according to National Curriculum Guidelines.
- **Submission** - live role-play on the day of assessment via video call. Role-plays are videoed for marking and moderation purposes.
- **Marked** using the Competency Assessment Marking Scheme (see Appendix 3) – the Person-centred assessment competency scale (see MHWP Guide to Practice 2023).
- **To pass a trainee must gain: 50% overall, with a minimum score of 3 in sections 2, 3 and 4, and a minimum score of 3 in the risk assessment section.**
- **Failure in this assessment will result in a maximum fail mark of 49%.**
- Please note the following:
    - **the Risk Assessment is an auto-fail section**, i.e. failing the risk assessment means failing the whole assessment.
    - **Overall section mark is NOT an average of each item in the section**, but rather an indication of the overall level of competency demonstrated in that section. It is possible to score well on most items in a section but still fail the section if the trainee has missed something significant or failed to meet a very important competency, for example failing to demonstrate sufficient common factor skills as marked in section 2, failing to ask about problem-specific symptoms such as physical symptoms, behaviours or thoughts in Section 3; failing to set appropriate goals or give information regarding the next steps in Section 4. (These are examples only, and not exhaustive).
- **Results are given 3 weeks from date of assessment,** via email to the trainee (using their University email address) and service supervisors and team leads.
- **In the event of failure,** trainees will receive detailed feedback and be invited to attend a Skills Top-Up Day.
- **Reassessment:** Around 4 weeks from receipt of results. Marks for reassessments are capped at the pass mark. The overall mark for the module is also capped at the bare pass mark (50% for PGCert and 40% for GradCert).

Formative clinical assessment

NB: There is a formative version of this assessment prior to the summative, which is marked but only for feedback and development purposes. Feedback will be provided to trainees.

Module 1 Academic Assessment

- **2000-word essay** demonstrating the ability to critically evaluate aspects of the Module 1 learning objectives with reference to the evidence base.
- **Submission** via ELE by no later than 1pm on the date of assessment
- **Marked using University-wide marking criteria** for Level 6 (GradCert) and Level 7 (PGCert) assessments using the College of Life and Environmental Science (CLES) / Faculty of Health and Life Sciences (HLS) notched marking scheme (See Appendix 3), focussing particularly on the following:

- **Structure and organisation:** Looking for clear writing, with a good structure including an effective introduction, main body and conclusion. Points made should be well referenced and clearly link together into easy-to-follow arguments that stay closely focussed on answering the question.
- **Knowledge and understanding and theory into practice:** Looking for clear familiarity with and understanding of the key topics and issues covered to date, the evidence base/literature and how this translates into real-world practice.
- **Critical evaluation:** Looking for the ability to effectively identify and evaluate the evidence base and literature around the key topics, including evidence for and against a particular viewpoint and the ability to evaluate the relevance and reliability of source materials.
- **Use of source material:** Looking for evidence of familiarity with the course reading materials and beyond, and the ability to use APA referencing appropriately.

- **To pass** a trainee must gain a mark of **50% or more for the PGCert qualification**, and **40% or more for the GradCert certification.**
- **Results are given 3 weeks after the date of assessment,** via email to the trainee (using their University email address), service supervisor and Team Lead.
- **In the event of failure,** trainees should contact the teaching team to receive detailed feedback.
- **Reassessment:** 4 weeks from the date initial results were provided. Marks for reassessments are capped at the pass mark. The overall mark for the module is also capped at the bare pass mark (50% for PGCert and 40% for GradCert).

Module 1 Clinical Portfolio

- **This document (see ELE) provides a portfolio of a trainee's work-based evidence showing the following. It requires 'signing off' by the appropriate supervisor(s) – where hand signatures are not possible due to remote working see 'Submission' below for remote signing instructions.**

  1. **Demonstrates competency in undertaking and recording a range of assessment formats.** This should include problem-focused assessments within a mental health team.
  2. **Demonstrates experience and competence in the assessment of presenting problems across a range of problem descriptors**.
  3. **Demonstrates the common factor competencies necessary to engage service users** across the range of assessment formats**.**

- **Evidence** can be direct observation by the clinical supervisor; via discussion and questioning by the clinical supervisor; testimony from other colleagues; written case records; audio/video recordings of service user sessions; reflective accounts of how the trainee has achieved the outcome(s) drawing upon the research evidence base; feedback volunteered by service users etc.
- **Cumulative hours log** - supervisors should enter the total cumulative hours **to date** of service user contact (assessments), caseload supervision and clinical skills supervision. They should ensure these tally with the individual logs described below and are signed off by the supervisor as a true record.
- **Log of clinical contact hours with service users** - by the end of the course this should show a minimum of 80 service user contact hours in total, including a **minimum of 40 intervention session hours**. For module 1, trainees should record assessments only and record each day's service user contact to date (in minutes), signed off by both trainee and clinical supervisor as a true record. Contact hours can be telephone/video call or face-to-face assessments.

- **Log of caseload supervision hours** - a minimum of 20 hours of formal caseload supervision is required by the end of the course. Trainees should record and sign off each supervision session to date (in minutes), then the supervisor countersigns as a true record.
- **Log of clinical skills supervision hours to date** - a minimum of 20 hours of formal clinical skills supervision is required by the end of the course. Only formal clinical skills sessions can be recorded: they must be pre-arranged 1-1 or small group sessions focussed on case review and/or clinical skills development AND led by a qualified psychological professional/practitioner. Record each session (in minutes), each signed off by the trainee and countersigned by clinical supervisor as a true record.
- **Multiple supervisors** – if multiple supervisors are signing the clinical portfolio, each of their names, signatures (if applicable) and contact details must be on page 1 of the document.
- **Submission** - via ELE, by no later than 1 pm on the deadline date. Trainees must print the document, hand sign it themselves and have it reviewed and countersigned by their service supervisor **on each of the required pages and alongside each of the recorded hours**, then scan the signed document and submit as a pdf. **Where printing and/or hand signing is not possible use the remote sign off procedure as follows:**

  1. Trainee signatures – name can be typed
  2. Supervisor signatures – name can be typed
  3. The document can then be uploaded to ELE as usual
  4. **In addition, the supervisor should email MHWP@exeter.ac.uk with the completed document attached and the appropriate statement included in the body of the email:**
     a. **If all competencies are met** include in the email body "I can confirm that I am signing off all elements of the module outcome document for [trainee name], as attached to this email".
     b. **If a trainee has failed one or more competencies** include in the email body "I can confirm I am signing off all elements of the module outcome document for [trainee name], as attached to this email, except for the signatures on pages [pages relating to competencies where supervisor is not yet happy to sign trainee off]"

  If more than one supervisor has signed the document, only one supervisor should email but they should state they are signing on behalf of the other named supervisor(s) who have signed off the document.
- **To pass,** the trainee's service supervisor must review the document and evidence within and sign off all elements (including the logs and the Final Statement of Achievement) by hand signing or using the remote signing procedure described above. All elements must also be signed off by the trainee. The document must then be submitted as above.
- **To fail,** the service supervisor is making themselves accountable for the competency of the trainee, therefore the supervisor should NOT sign the trainee as competent on an outcome if they feel the trainee has not demonstrated the required competency. Instead, following discussion with the service clinical lead, the academic tutor and the trainee, supervisors should leave unsigned any outcomes not yet fully met, sign off the trainee as 'Unsuccessful' in the Final Statement of Achievement and include a short report detailing why the trainee has not yet met the competencies and the proposed actions to be taken by the trainee to remedy the situation. Then submit as above.
- **Errors** - any minor errors noted after submission by programme staff will be reported to the trainee with a 2-week turnaround to correct. Any major errors will be reported to the trainee with a 4-week turnaround to correct. Correcting the errors within the allocated timeframe leads to no

penalties. Failing to resubmit a corrected and appropriately signed off document within this correction period counts as a fail.

- **In the event of failure,** the trainee's academic tutor will meet with the supervisor and trainee to agree and record an action plan designed to achieve the failed competency, and agree a resubmission date. The overall module mark will be capped at the bare pass mark.
- **Reassessment:** 4 weeks from the feedback being given (or as agreed in discussions).

Supervisor helpful notes

1. Developing, monitoring and managing trainee caseloads

Each service has its own policy around when trainees may start assessing service users and how many assessments they may conduct each week. Although trainees acquire theoretical and procedural skills through their University training and role-play practice, trainees may find it difficult to translate this into effective, real-world, clinical practice. To ensure service user safety, adequate clinical standards and staff wellbeing, trainees would benefit from building their assessment caseloads very gradually whilst receiving routine support, observation and immediate supervision for each session until their skills have fully 'bedded down', which may take some weeks. Many trainees find developing their mental health assessment skills, supervision skills and clinical note taking skills – alongside their University training and assignments - extremely stressful and may need close monitoring and assistance.

2. **Additional role-play**

Trainees are given role-play opportunities within University taught and study days, but without further role-play opportunities within service will find it difficult to achieve competency. Trainees would benefit from a wide range of role-play partners, including appropriately trained and qualified staff (e.g. recently qualified MHWPs, Senior MHWPs etc). Familiarity with the course requirements, particularly the marking scheme, is highly beneficial for this to be effective. Role-plays can be full or partial, focussing on particular components or skills such as information gathering, risk assessment, information giving, common factors etc.

3. **Marking scheme**

The University marking scheme for MHWP assessments (Appendix 3) is designed to assess the degree of competency in the key skills needed to engage service users, build the therapeutic relationship and to both get and give the most accurate information with the least room for error. If supervisors would like an update on the marking scheme in order to have a full understanding of what each item is looking for, please contact the trainee's academic tutor. Note that Risk is an auto-fail section, but this is not the only way a trainee may fail. Trainees must gain 50% overall, but they must also be marked as at least competent in Section 2 (common factor skills), Section 3 (information gathering, ROMS, risk), Section 4 (information giving and shared decision making). Failing to do something essential in a compulsory section could result in an overall fail, as could running out of time.

4. **Questioning skills (Funnelling)**

Effective MWHP assessments need quick, succinct, questions which identify problematic symptoms without bias or limiting the scope of what is discussed. Eliciting full, relevant symptoms and impacts, is essential to pass competency assessments. To get necessary details, trainees need to start with open questions, then move to specific open questions, and finally use closed questions. This is called *funnelling* and is a learned skill. Therefore, practice with qualified practitioners (particularly around eliciting full details around the service user's main concerns or problems) is very helpful.

5. **Assessing risk**

In the MHWP assessment (Appendix 3), Risk is an auto-fail section, meaning a trainee will fail the whole assessment if they do not conduct a competent risk assessment. The course teaches risk assessment protocols as below (and see Appendix 9). Service protocols may differ and may include additional checks or information given. Please ensure trainees are adequately trained to meet requirements for your service in addition to the university teaching. Trainees will not be marked down for additional risk gathering, risk formulation, risk management and safety planning or other risk information given, but they MUST show at least the minimum as follows:

All questions must be asked clearly and separately, without leading or assumptions and funnelling as necessary to gain full details such as frequency, intensity, duration, triggers etc:

a. **Risk assessment introduction** - clearly and without apology introducing and explaining the risk assessment and why this is conducted.
b. **Suicide** - current thoughts, plans and actions, and past thoughts and actions.
c. **Suicide protective factors**
d. **Self-harm** - current thoughts and actions, and past actions.
e. **Current risk to others** - of any kind, e.g., physical, emotional, financial etc
f. **Current risk from others** - of any kind, e.g., physical, emotional, financial etc
g. **Current self-neglect** - e.g., personal hygiene, eating, drinking, sleep, taking medication etc
h. **Current dependents** - both under 18 and adults, anyone who may depend on the service user for any aspect of their care, including any work roles
i. **Current neglect of others** – if dependents, check any neglect of dependents separately and then neglect of anyone else, if no dependents check neglect of anyone else
j. **Protective factors** – anything that prevents any of the above or helps keep the service user or others safe.

In addition, trainees should:

k. **Summarise risk information given, and final question asking if anything is incorrectly understood or needs adding**

6. **Information giving**

Trainees need to demonstrate the ability to provide service users with succinct, easy to follow information about their intervention options. Trainees should be able to give clear, normalising explanations of the service user's current concern/problem, the related CBT-informed formulation and how the MHWP intervention breaks into these cycles to promote recovery. Trainees must also be able to clearly and succinctly describe how the MHWP psychological interventions work by making changes between each session and that treatment is paced according to the service user's own needs.

7. **Timing**

   Failing to complete the competency assessment within time is a common way for trainees to fail. Facilitating trainees to practise full role-plays and learn how to become more efficient, effective, and succinct is therefore very beneficial. Trainees may find it helpful to break the assessment down into the distinct sections and attach rough timings to each section to aid this.

8. **Clinical Outcomes Portfolio**

   It can take some time to review, discuss and sign this document, so it can be helpful to arrange time for this well in advance of the deadline. Supervisors must review and consider the evidence contained within, combine it with their knowledge of the trainee's practice and decide whether the trainee has or has not fully met each competency. Supervisors signing off trainees as successful are accepting clinical responsibility for the competency of the trainee and as such should only sign if they feel the trainee fully meets the detailed competencies. (See above for how to complete this document.)

Module 2: Care Planning in Partnership

Module 2 Learning objectives and key topics covered

This module covers the knowledge and competencies to:

- Mobilise resources in collaboration with service users, carers and families – including information, resources within the multi-disciplinary team and beyond in the wider community.
- Make effective use of clinical supervision and to look after their own wellbeing.

Key topics covered

1. Helpful information giving to service users, families and carers
2. Shared decision making in practice
3. Appropriate involvement of families and carers in care planning
4. The range of resources available to support wellbeing and recovery in the locality served
5. Understanding the roles in multi-disciplinary teams (within primary care teams and mental health community teams)
6. Understanding the role of employment support in the team
7. Symptom focused and personal recovery/wellbeing models of mental health
8. Diagnosis and formulation, how they differ, limitations and benefits
9. Demonstrate awareness and understanding of the power issues in professional /service user and family and carer relationships
10. Demonstrate competence in managing a caseload of people with severe mental health problems efficiently and safely
11. Collaborative care planning within the multi-disciplinary team, with active management of risk and safeguarding and with understanding of the impact of this on service user, family and carers
12. Use of clinical information systems and correspondence
13. Reflexive practice and using clinical supervision
14. Self-care and wellbeing for staff and teams

Module 2 Assessments

Module 2 Clinical assessment

- **25-minute Clinical Case Presentation** live delivery or recorded presentation that will be recorded by markers. The presentation should showcase your understanding of how to collaboratively care plan with a service user. This should be based upon a service user from your own caseload.
- **Content:** The Clinical Case Presentation should clearly demonstrate how you sensitively and collaboratively worked with a service user to identify, explore and inform yourself about that particular service user and their goals, how this process informed the development of their care plan, and how shared decisions were made about any planned interventions (within mental health team and wider community services). Consideration should also be given to the engagement of carers/families and how they were involved in this collaborative process.

- **Submission of PowerPoint slides – via ELE.** The presentation should be a PowerPoint presentation. Note the following essential submission criteria:
    - **Consent MUST be gained from the service user** and evidenced through submission of a signed consent form.
    - **The consent form MUST be submitted via the secure form (link on ELE) by 1 pm on the day of the submission deadline.**
    - **Confidentiality MUST be maintained (failure to do so results in auto-fail).** Trainees must anonymise their presentation removing all reference to actual service user names or possible identifying features (including but not limited to: place of residence, service within which service user was seen, family or children names, anything too specific regarding their circumstances, rare health conditions, background, job etc that could lead to possible identification). See Appendix 7.
    - **Confidentiality and ethics statement must be included** in the initial presentation slides, this statement is available on ELE. (NB: Marking and associated timing will only start after the statement has been given.)
    - **All presentations must be appropriate to working according to MHWP care planning and MHWP interventions.** For example, a case presentation should not be about treatment planning for an intervention that does not form part of your MHWP training.
- **Marked** using the Presentation Marking Scheme (see Appendix 4). Marks are awarded according to:

    > Assessment
    > Care Planning
    > Link of theory to practice
    > Awareness of professional issues
    Self-reflectivity
    Referencing
    Spelling/grammar/typos/presentation

    Confidentiality – the Clinical Case Presentation will auto-fail if this is not adhered to.

    > denotes an essential component of the case presentation.
- **To pass** a trainee must gain a mark of **50% or more for the PGCert qualification**, and **40% or more for the GradCert qualification.**
- **Failure in this assessment will result in a maximum fail mark of 49% (PGCert) or 39% (GradCert)**
- **Results are given 3 weeks from date of assessment**, via email to the trainee (using their University email address) and service supervisor
- **In the event of failure,** trainees can request detailed feedback from the teaching team.
- **Reassessment:** 4 weeks from the day results were provided. Marks for reassessments are capped at the pass mark. The overall mark for the module is also capped at the bare pass mark (50% for PGCert and 40% for GradCert).

Module 2 Care Plan Portfolio

- **This document (see ELE) provides a portfolio of a trainee's work-based evidence showing the following. It requires 'signing off' by the appropriate supervisor(s) – where hand signatures are not possible due to remote working see 'Submission' below for remote signing instructions.**

    1. **Demonstrates competency in being able to gather information, give information and develop a shared understanding of what is important for a service user, then set goals and coming to a shared decision about how to improve a service user's wellbeing, e.g. what interventions and who can support this. Effectively using this information to support the care planning process.**
    2. **Demonstrates competence in working collaboratively with a service user, their families and carers and the wider multi-disciplinary team in the care planning process and how supervision informed practice.**
    3. **Demonstrates competence in creating a written record of the care plan, adapting this to meet the needs of the individual service user, with consideration for the service user's personal, cultural, family, social and spiritual needs.**
    4. **Demonstrates competence in reviewing care plans, both informally and formally, using information such as the service user's goals and any outcome measures to consider how effectively the care plan has met the needs of the service user.**
    5. **The care plan portfolio should include details of how clinical skills supervision and caseload supervision informed the care plans and supported the MHWP in their work**

- **Evidence is via the inclusion of six care plans from at least 3 different service users on the trainee's own caseload** (at the point the care plan was produced and reviewed) and including a **structured reflection, informed with literature, of up to 500 words for each service user, on key learning.**
- **Care plans must be appropriate to working according to MHWP care planning and MHWP interventions.** For example, a case presentation should not solely be about treatment planning for an intervention that does not form part of your MHWP training (although these interventions may run alongside your MHWP interventions.
- **The care plan portfolio should include care plans for a minimum of 3 different MHWP interventions with a minimum of 3 different service users.**
- **Submission** via ELE, by no later than 1pm on the deadline date. Documents can either be printed and hand signed by the trainee and supervisor, or alternatively these can be signed electronically. Please follow the appropriate guidance around use of electronic signatures given on ELE.
  Note the following essential submission criteria:
    - **Consent MUST be gained from the service user** and evidenced through submission of a signed consent form.
    - **The consent form MUST be submitted via the secure form (link on ELE) by 1 pm on the day of the submission deadline.**
    - **Confidentiality MUST be maintained (failure to do so results in auto-fail).** Trainees must anonymise the care plans and any supporting documents, removing all reference to actual service user names or possible identifying features (including but not limited to: place of residence, service within which service user was seen, family or children names, anything too specific regarding their circumstances, rare health conditions, job etc that could lead to possible identification).

- **To pass** a trainee must gain a mark of **50% or more for the PGCert qualification**, and **40% or more for the GradCert qualification.** It is important that both the trainee and supervisor review the portfolio and evidence within to check that it meets the requirements for passing this assignment.
- **Results are given 3 weeks from date of assessment**, via email to the trainee (using their University email address) and service supervisor
- **In the event of failure,** trainees can request a tutorial from the teaching team to discuss feedback.
- **Failure in this assessment will result in a maximum fail mark of 49% (PGCert) or 39% (GradCert).**
- **Reassessment:** 4 weeks from the day results were provided. Marks for reassessments are capped at the pass mark. The overall mark for the module is also capped at the bare pass mark (50% for PGCert and 40% for GradCert).

Module 2 Clinical Portfolio

- **Document (see ELE) providing a portfolio of a trainee's work-based evidence showing the following. It requires 'signing off' by the appropriate supervisor(s) – where hand signatures are not possible due to remote working see 'Submission' below for remote signing instructions.**

    1. **Demonstrates experience and competence in the selection and delivery of treatment of a range of presenting problems using evidence-based MHWP interventions** across a range of problem descriptors
    2. **Demonstrates the ability to use common factor competencies to manage emotional distress and maintain therapeutic alliances** to support service users using MHWP interventions
    3. **Demonstrates high quality case recording and systematic evaluation of the process and outcomes of mental health interventions**, adapting care on the basis of these evaluations
    4. **Demonstrates competence in the mobilisation of appropriate resources with service users**
    5. **Demonstrates high quality use of clinical information systems and effective correspondence.**
    6. **Demonstrates effective use of clinical supervision and self-care**

- **Evidence** can be: direct observation by the clinical supervisor; via discussion and questioning by the clinical supervisor; testimony from other colleagues; written case records; audio/video recordings of service user sessions; reflective accounts of how the trainee has achieved the outcome(s) drawing upon the research evidence base; feedback volunteered by service users etc.
- **Cumulative hours log** - supervisors should enter the total cumulative hours **to date** of clinical (service user) contact, caseload supervision and clinical skills supervision. They should ensure these tally with the individual logs described below and are signed off by the supervisor as a true record.
- **Monitoring log for interventions** - by the end of the course trainees must have demonstrated delivering a complete treatment protocol with at least 3 different service users on their caseload for at least 3 of the following interventions: Behavioural Activation and Graded Exposure using the "GOALS" programme, Teaching problem-solving skills, Improving sleep, Recognising and managing emotions, Guided self-help for bulimia and binge-eating, Building confidence.

Supervisors should indicate here for which intervention a full protocol has been competently delivered, as monitored through supervision.

- **Log of clinical contact hours with service users** - by the end of the course this should show a minimum of 80 clinical hours, of which a minimum of 40 hours should be specifically delivering psychologically-informed interventions. Trainees should record each service user's contact time to date (in minutes), signed off by both trainee and clinical supervisor as a true record. Contact hours can be telephone or face-to-face assessments and intervention sessions.
- **Log of caseload supervision hours** - a minimum of 20 hours of formal caseload supervision is required by the end of the course. Trainees should record and sign off each supervision session to date (in minutes), then the supervisor countersigns as a true record.
- **Log of clinical skills supervision hours to date** - a minimum of 20 hours of formal clinical skills supervision is required by the end of the course. Only formal clinical skills sessions can be recorded: they must be pre-arranged 1-1 or small group sessions focussed on case review and/or clinical skills development AND led by a suitable supervisor. Record each session (in minutes), each signed off by the trainee and countersigned by clinical supervisor as a true record.
- **Multiple supervisors** – if multiple supervisors are signing the outcome document, each of their names, signatures (if applicable) and contact details must be on page 1 of the document.
- **Submission** - via ELE by no later than 1 pm on the deadline date. Trainees must print the document, hand sign it themselves and have it reviewed and countersigned by their service supervisor **on each of the required pages and alongside each of the recorded hours**, then scan the signed document and submit as a pdf. **Where printing and/or hand signing is not possible due to remote working use the remote sign off procedure as follows:**

  1. Trainee signatures – name can be typed
  2. Supervisor signatures – name can be typed
  3. The document can then be uploaded to ELE as usual
  4. **In addition, the supervisor should email MHWP@exeter.ac.uk with the completed document attached and the appropriate statement included in the body of the email:**

     a. **If all competencies are met** include in the email body, "I can confirm that I am signing off all elements of the module outcome document for [trainee name], as attached to this email".

     b. **If a trainee has failed one or more competencies** include in the email body, "I can confirm I am signing off all elements of the module outcome document for [trainee name], as attached to this email, except for the signatures on pages [pages relating to competencies where supervisor is not yet happy to sign trainee off]"

  If more than one supervisor has signed the document, only one supervisor should email but they should state they are signing on behalf of the other named supervisor(s) who have signed off the document.

- **To pass,** the trainee's service supervisor must review the document and evidence within and sign off all elements (including the logs and the Final Statement of Achievement) by hand signing or using the remote signing procedure described above. All elements must also be signed off by the trainee. The document must then be submitted as above.
- **To fail,** the service supervisor is making themselves accountable for the competency of the trainee, therefore the supervisor should NOT sign the trainee as competent on an outcome if he/she feels the trainee has not demonstrated the required competency. Instead, following discussion with the service clinical lead, the academic tutor and the trainee, supervisors should

leave unsigned any outcomes not yet fully met, sign the trainee as 'Unsuccessful' in the Final Statement of Achievement, include a short report as to why the trainee has not yet met the competencies and proposed actions to be taken by the trainee to remedy the situation. Then scan and submit as above.

- **Errors** - any minor errors noted after submission by programme staff will be reported to the trainee with a 2-week turnaround to correct. Any major errors will be reported to the trainee with a 4-week turnaround to correct. Correcting the errors within the allocated timeframe leads to no penalties. Failing to resubmit a corrected and appropriately signed off document within this correction period counts as a fail.
- **In the event of first attempt failure,** the trainee's academic tutor will meet with the supervisor and trainee to agree and record an action plan designed to achieve the failed competency, and agree a resubmission date. The overall module mark will be capped at the bare pass mark.
- **Reassessment:** 4 weeks from the feedback being given (or as agreed in discussions).

Supervisor helpful notes

1. Additional role-play, practise, shadowing and observation

Trainees are given role-play opportunities within University taught and study days, but will find it difficult to achieve competency without further opportunity to practise skills within service. In particular trainees will need additional practice around: adaptations for individual service user needs; overcoming difficulties in engagement of service users; managing challenges in the therapeutic relationship; and both caseload supervision and clinical skills supervision. Rather than just role-playing with their fellow service trainees, they would benefit from a wide range of practise partners, particularly appropriately trained and qualified staff (e.g., recently qualified MHWPs, Senior MHWPs, MHWPs with supervisory training etc, HCPC Clinical Psychologists, BABCP Accredited therapists. psychological professional with significant training and experience in delivering CBT-based interventions for severe mental health problems. Familiarity with the course requirements and/or skills relative to the course elements would be highly beneficial for this to be most effective. In addition, trainees would benefit from shadowing and observing experienced or specialist colleagues, and being shadowed or s in their own practice.

2. Supporting trainees to make adaptations to their practice

The principle behind adapting practice is to recognise where usual practice would provide a barrier to a service user's ability to engage with treatment or gain full benefit from an intervention, and adapt accordingly. So, for example, using audio or braille materials for a service user with sight impairments means the service user can access and benefit from treatment, whereas standard practice would constitute a barrier. Trainees are encouraged to collaborate with the service user to recognise any instance where usual practice would constitute a barrier and then to both independently research and collaborate with the service user to identify and implement evidence-based adaptations that serve to remove or reduce those barriers without diminishing treatment efficacy. Many trainees need additional support to understand and implement this. Shadowing of skilled colleagues and undertaking clinical skills sessions geared towards this can be very helpful.

3. Selecting a service user case for the clinical case presentation

NB: Consent must be sought from the service user for the use of their case details for this assignment; see Appendix 4. The clinical case presentation is an opportunity for trainees to use a clinical case example from their own practice to demonstrate how they sensitively and collaboratively worked with a service user. They should demonstrate the ability to explore and inform themselves about that particular service user, the service user's goals for treatment, and consider how this process informed the development of the service user's care plan. Consideration should also be given to the engagement of carers/families and how these individuals were involved in this collaborative process, along with considerations around the involvement and collaboration with the multi-disciplinary team.

4. Review of clinical case presentation and care plan portfolio

The clinical and academic assessments for Module 2 are testing the developing skills of trainees in their use of a care planning process that supports connectedness, hope, identity, meaning and empowerment (CHIME) for people with severe mental health problems, within the context of a positive collaborative working relationship. It will also embed the routine use of service user-reported outcome measures to support collaborative evaluation of progress, while faithfully using MHWP interventions. Review by a clinical supervisor or appropriately trained, qualified colleagues with supervisory training would be beneficial prior to submission for both the clinical case presentation and the Care Plan Portfolio**.**

5. Additional clinical skills or caseload supervision sessions

Trainees sometimes struggle to accumulate sufficient clinical skills hours prior to the submission deadline for the end of course Clinical Outcomes Portfolio. Advance planning may be needed to arrange additional supervision sessions to meet the required hours. Contact the trainee's academic tutor in advance if difficulties meeting the required hours are anticipated.

6. Developing a trainee's signposting skills

Trainees, particularly those new to an area, may need support developing or accessing a store of appropriate signposting and referral contacts to help support service users with their wider social, economic and employment needs and accessing a wider range of community-based resources and services.

7. Clinical Portfolio

This takes some time to review, discuss and sign off so supervisors may find it helpful to make time for this in advance of the deadline.

Supervisors must review and consider the evidence contained within the document and combine this with their knowledge of the trainee's work and practices in order to decide whether the trainee has or has not fully met each competency.

Supervisors signing off trainees as successful are accepting clinical responsibility for the competency of the trainee and as such should only sign off if they feel the trainee fully meets the detailed competencies. (See above for how to complete this document, including remote sign off.)

If there is any concern that required hours of service user contact, caseload supervision or clinical skills sessions will not be met within the deadline, please contact the academic tutor to discuss, as extensions are usually possible.

Module 3: Wellbeing-focused Psychologically-informed Interventions for Severe Mental Health Problems

Module 3 Learning objectives and key topics covered

This module covers the core knowledge and competencies trainees need to:

- **deliver wellbeing-focused psychologically-informed interventions that support connectedness, hope, identity, meaning and empowerment (CHIME).**
- **set collaborative goals for MHWP interventions with people with severe mental health problems and to deliver eight wellbeing-focused psychologically-informed interventions according to an intervention manual/MHWP Guide to Practice (2023). The interventions will be applied with appropriate flexibility within the context of a positive collaborative working relationship, whilst maintaining fidelity to the interventions.**
- **embed the routine use of service user-reported outcome measures to support collaborative evaluation of progress.**

Key topics covered

1. Collaborative construction of a 5-areas formulation to inform wellbeing-focused psychologically-informed interventions
2. Collaborative goal setting for wellbeing-focused psychologically-informed interventions
3. When not to intervene, or to pause or end an intervention
4. Appropriate involvement of families and carers in wellbeing-focused psychologically-informed intervention
5. Working with motivational difficulties and readiness to change
6. The effective use of routine service user-reported outcome measures
7. Eight specific wellbeing-focused psychologically-informed interventions:
    a. Behavioural Activation using the "GOALS" programme
    b. Graded Exposure using the "GOALS" programme
    c. Teaching problem-solving skills
    d. Improving sleep
    e. Recognising and managing emotions
    f. Guided self-help for bulimia and binge-eating
    g. Building confidence
    h. Medication support – based on information-giving.
8. Relapse Prevention/Staying Well
9. Dealing with endings safely and appropriately
10. Appreciation of the worker's own level of competence and boundaries of competence and role

Module 3 Assessments

Module 3 Clinical assessment

- **Live, continuous, unedited video recording of a 60-minute MHWP intervention session with a service user** delivered according to National Curriculum Guidelines with a MHWP appropriate service user from the trainee's current in-service caseload. This is accompanied by a structured reflection, informed with literature, of up to 500 words.
- **All submissions must be of an appropriate MHWP intervention session** - including the problem statement. The session should demonstrate a wellbeing-focused psychologically-informed intervention, taught during the module, that is appropriate to the service user's current concern/problem.
- **Submission** – by 1pm on the day of submission, remotely by uploading to a secure form (link on ELE).
  Note the following essential submission criteria:

  1. **All submissions must be accompanied by appropriate service user consents (see Appendix 4).** For in-person sessions (i.e., where trainee and service user are together in the same place) a form is signed by the service user and trainee. For remote sessions consent is indicated by a form signed by the MHWP and service user. See Appendix 4 for full details of gaining and recording consent and of making, storing and transporting recordings.
  2. **Some submissions must be accompanied by a cover sheet, signed by trainee and supervisor (Check assignment details for where this is applicable).** The supervisor is signing off to acknowledge this is a genuine, unedited recording with a service user of the service on the trainee's caseload at the time of recording whose treatment has been reviewed in caseload and clinical skills supervision. If remote working prevents printing and hand signing, please use the remote sign off procedure describe below.

     a) In addition to the specified information, the cover sheet should also contain any clarifying information necessary to make it clear to markers that this is a safe, evidence-based intervention session. For example, if risk or safeguarding concerns are referenced on the tape, that these have been addressed through supervision/referral.

     b) The cover sheet should identify the MHWP intervention being demonstrated.
  3. **Recording, cover sheet, consent and consent audio file must all be submitted as separate files,** clearly identifiable and with the trainee's name in the filename e.g., 'firstname_lastnamerecording.wav', 'firstname_lastnameverbalconsent.wav'
  4. **All submissions must be recorded, saved and transferred via secure, encrypted mechanisms that meet the trainee's service policies** and ensure the confidentiality and security of the service user's data contained within.
  5. **Where remote working prevents printing and hand signing of the cover sheet, use the following remote sign off process:**

     a) The trainee completes the cover sheet and types their own and their supervisors' names, then submits this along with the recording and other documents via Secure Forms as described above

  6. Ensure the video and sound quality is clear and audible. Markers need to be able to hear both MHWP and service user to assess the content of the session against the marking criteria.

- **Marked** using the Competency Assessment Treatment Marking Scheme – The Psychological Interventions Competency Scale (see MHWP Guide to Practice 2023).
- **To pass, a trainee must gain: 50% overall, with a minimum of 50% in sections 2, 3, 4 and 5; a minimum 50% in the risk assessment component and minimum 50% on the review of service user's use of psychological intervention agreed at previous contact.** Please note the following:
    1. **Risk Assessment is an auto-fail section**, i.e. failing the risk assessment means failing the whole assessment. See Appendix 9.
    2. **Review of service user's use of psychological intervention agreed at previous contact is an auto-fail section**, i.e. failing to review the use of the psychological intervention means failing the whole assessment. See Appendix 9.
    3. **Overall section mark is NOT an average of each item in the section**, but rather an indication of the overall level of competence demonstrated in that section. It is possible to score well on most items in a section but still fail the section if the trainee has missed something significant or failed to achieve a key competency. Examples are failing to explore home practice appropriately or failing to clearly provide accurate intervention information.
- **Failure in this assessment will result in a maximum fail mark of 49%.**
- **Results are given 4 weeks from date of assessment,** via email to the trainee (using their University email address) and service supervisor
- **In the event of failure** trainees receive detailed feedback and can attend a Skills Top-Up Day.
- **Reassessment:** 4 weeks from the date feedback was provided. Marks for reassessments are capped at the pass mark. The overall mark for the module is also capped at the bare pass mark (50% for PGCert and 40% for GradCert).

Formative clinical assessment

NB: There is a formative version of this assessment prior to the summative, which is marked by workplace supervisors but only for feedback and development purposes. Trainees will submit a reflection and self-rating on their work. Feedback will be provided to trainees.

Module 3 Academic assessment

- **3000-word Case Report** (see ELE for full details) **detailing the use of wellbeing-focused psychologically informed interventions, taught during the module**, that is appropriate to the service user's current concern/problem, the rationale for their use, and their impact.
- **Submission** via ELE, by no later than 1pm on the day of assessment, along with consent form(s) submitted via MS Forms. Note the following essential submission criteria:
    - **Confidentiality MUST be maintained (case reports which fail to maintain confidentiality will not pass).** Trainees must anonymise their case, removing all reference to actual service user names or identifying features (including but not limited to: place of residence, service within which service user was seen, family or children names, anything too specific regarding their circumstances, health conditions, job etc that could lead to possible identification). Ensure the Case Report states material has been anonymised.

- **Marked using University-wide marking criteria** for Level 6 (Grad Cert) and Level 7 (PGCert) assessments using the College of Life and Environmental Science (CLES) / Faculty of Health and Life Sciences (HLS) notched marking scheme (Appendix 3), focussing particularly on the following:
    - **Structure and organisation** - trainees are expected to clearly adhere to the required structure for this reflective piece, and for their writing to be clear and accessible with points made linking into clearly understandable arguments/viewpoints.
    - **Knowledge and understanding** - trainees are expected to display a sound breadth and depth of knowledge and understanding of supervision, particularly as it relates to MHWP working, and the ability to show relevant and correct information about the chosen topic, with references to the literature base.
    - **Theory into practice links** - trainees should use literature and the evidence base to support their knowledge, understanding and reflections on their supervision practice
    - **Critical reflection** - trainees should demonstrate the ability to reflect on their use of supervision using a critical and evaluative stance taking into account varied standpoints evidenced in the literature base, then to draw conclusions from these reflections about ways forward in the future.
    - **Sourcing** - trainees must demonstrate the depth and breadth of their reading, use a variety of literature to support their writing, show ability to critically evaluate sources and use APA referencing protocols appropriately.
- **To pass** a trainee must gain **50% or more for the PGCert** or **40% or more for the Grad Cert.**
- **Results are given 3 weeks after date of assessment,** via email to the trainee (using their University email address) and copied to service supervisor
- **In the event of failure,** trainees should contact the teaching team to receive detailed feedback.
- **Reassessment:** 4 weeks from the date feedback was provided. Marks for reassessments are capped at the pass mark. The overall mark for the module is also capped at the bare pass mark (50% for PGCert and 40% for GradCert).

Module 3 Clinical Portfolio

- **Document (see ELE) providing a portfolio of trainee's work-based evidence showing ability to meet following competencies. It requires 'signing off' by the appropriate supervisor(s) – where hand signatures are not possible due to remote working see 'Submission' below for remote signing instructions.**

  Demonstrates the ability to use the eight specific wellbeing-focused psychologically-informed interventions:

  1. Behavioural Activation using the "GOALS" programme
  2. Graded Exposure using the "GOALS" programme
  3. Teaching problem-solving skills
  4. Improving sleep
  5. Recognising and managing emotions
  6. Guided self-help for bulimia and binge-eating
  7. Building confidence
  8. Medication support – based on information-giving

By the end of the course **trainees must have demonstrated delivering a complete treatment protocol with at least 3 different service users on their caseload for at least 3 of the above interventions.**

- **Evidence** can be: direct observation by the clinical supervisor; via discussion and questioning by the clinical supervisor; testimony from other colleagues; written case records; audio/video recordings of service user sessions; reflective accounts of how the trainee has achieved the outcome(s) drawing upon the research evidence base; feedback volunteered by service users etc.
    - Over the year, Trainees are required to be observed/ take 3 full session recordings of them delivering 3 different wellbeing-focused psychologically-informed interventions with 3 different service users to be viewed within clinical skills supervision where they will receive formative feedback using the Psychological Interventions Competency Scale (see MHWP Guide to Practice 2023). Aim towards taking 1 – 2 recordings/observations in Term 2 and the remainder in Term 3.
    - **The evidence outlined above plus the 3 full session observations/recordings will provide supervisors with opportunities to assess competencies and sign off this aspect of the Clinical Portfolio.**
- **Cumulative hours log** - supervisors should enter the total cumulative hours of clinical (service user) contact, caseload supervision and clinical skills supervision. They should ensure these tally with the individual logs described below and are signed off by the supervisor as a true record. Cumulative hours should show a minimum of; 80 hours of clinical contacts; 20 hours of case management supervision; 20 hours of clinical skills supervision.

- **Contact and Supervision Requirements Final Statement of Achievement** - supervisors should sign off to indicate if the trainee has been successful or unsuccessful in meeting the required cumulative service user and supervision hours. In addition, the supervisor should indicate if the trainee has delivered a complete treatment protocol, monitored through supervision, for at least three service users for at least three of the following MHWP interventions: Behavioural activation, Graded exposure, Teaching problem-solving skills, Improving sleep, Recognising and managing emotions, Guided self-help for bulimia and binge-eating, Building confidence, Medication support – based on information-giving.

- **Log of clinical contact hours with service users** - trainees should record each day's service user contact to date (in minutes) undertaken during this module, signed off by both trainee and clinical supervisor as a true record. Contact hours can be remote, e.g., telephone or videocall or in-person assessments and treatment sessions.

- **Log of caseload supervision hours** - a minimum of 20 hours of formal caseload supervision is required by the end of the course. Trainees should record and sign off each supervision session to date (in minutes), then the supervisor countersigns as a true record.

- **Log of clinical skills supervision hours to date** - a minimum of 20 hours of formal clinical skills supervision is required by the end of the course. Only formal clinical skills supervision can be recorded: they must be pre-arranged 1-1 or small group sessions focussed on case review and/or clinical skills development AND led by a suitably qualified practitioner meeting criteria outlined above. Record each session (in minutes), each signed off by trainee and countersigned by clinical supervisor as a true record.

- **Multiple supervisors** – if multiple supervisors are signing the outcome document, each of their names, signatures (if applicable) and contact details must be on page 1 of the document.
- **Submission** - via ELE, by no later than 1pm on the deadline date. Trainees must print the document, hand sign it themselves and have it reviewed and countersigned by their service supervisor **on each of the required pages and alongside each of the recorded hours**, then scan the signed document and submit as a pdf. **Where printing and/or hand signing is not possible due to remote working use the remote sign off procedure as follows:**
    - Trainee signatures – name can be typed
    - Supervisor signatures – name can be typed
    - The document can then be uploaded to ELE as usual
    - **In addition, the supervisor should email MHWP@exeter.ac.uk with the completed document attached and the appropriate statement included in the body of the email:**
        a. **If all competencies are met** include in the email body, "I can confirm that I am signing off all elements of the module outcome document for [trainee name], as attached to this email".
        b. **If a trainee has failed one or more competencies** include in the email body, "I can confirm I am signing off all elements of the module outcome document for [trainee name], as attached to this email, except for the signatures on pages [pages relating to competencies where supervisor is not yet happy to sign trainee off]"

      If more than one supervisor has signed the document, only one supervisor should email but they should state they are signing on behalf of the other named supervisor(s) who have signed off the document.
    - **To pass,** the trainee's service supervisor must review the document and evidence within and sign off all elements (including the logs and the Final Statement of Achievement) by hand signing or using the remote signing procedure described above. All elements must also be signed off by the trainee. The document must then be submitted as above.
    - **To fail,** the service supervisor is making themselves accountable for the competency of the trainee, therefore the supervisor should NOT sign off the trainee as competent on an outcome if they feel the trainee has not demonstrated the required competency. Instead, following discussion with the service clinical lead, the academic tutor and the trainee, supervisors should leave unsigned any outcomes not yet fully met, sign off the trainee as 'Unsuccessful' in the Final Statement of Achievement, include a short report detailing why the trainee has not yet met the competencies and the proposed actions to be taken by the trainee to remedy the situation. Then submit as above.
    - **Errors** - any minor errors noted after submission by programme staff will be reported to the trainee with a 2-week turnaround to correct. Any major errors will be reported to the trainees with a 4-week turnaround to correct. Correcting the errors within the allocated timeframe leads to no penalties. Failing to resubmit a corrected and appropriately signed off document.
    - **In the event of failure,** the trainee's academic tutor will meet with the supervisor and trainee to agree and record an action plan designed to achieve the failed competency, and agree a resubmission date. The overall module mark will be capped at the pass mark.
    - **Reassessment:** 4 weeks from the feedback being given (or as agreed in discussions).

Supervisor helpful notes

- **Monitoring and managing trainee caseloads**

It can take many weeks to develop the clinical knowledge and skills to work to adequate clinical levels. During this time it may be very beneficial to closely monitor trainee caseloads in order to prevent caseloads growing too quickly, reallocate service users beyond the trainee's current competency to qualified MHWPs and consider reallocating suitable service users to the trainee. This will allow trainees to develop their emerging skills with appropriate service users and ensure trainees can meet clinical assessments.

- **Additional role-play**

Role-play is an essential clinical learning tool throughout this module and alongside service user contact. Trainees are given role-play opportunities within University taught and study days, but are unlikely to achieve competency without further role-play opportunity within service. Rather than just role-playing with their fellow service trainees, they would benefit from a wide range of role-play partners, particularly appropriately trained and qualified staff (e.g. recently qualified MHWPs, Senior MHWPs, MHWPs with supervisory training etc). Familiarity with the course requirements, particularly the marking scheme, is highly beneficial for this to be most effective. Role-plays can be full or partial, focussing on particular components or skills such as intervention information gathering, risk assessment, information giving, common factors etc.

- **Live recordings and equipment**

Submitting a recording of a live service user treatment session (Appendix 4) is encouraged for the formative clinical assessment and mandatory for the summative one. Trainees are strongly encouraged to request consent from all their service users and record all their consented sessions for two reasons. Firstly, so they have an adequate selection from which to choose their final submission. Secondly so that they and their clinical supervisors can listen to, reflect on and learn from their developing work with service users. It is essential that trainees have good recording equipment and support in using it from the start of the module and that trainees are encouraged to record and listen to their sessions (both with and without their clinical supervisors) as standard.

Over the year, Trainees are required to be observed/ take 3 full session recordings of them delivering 3 different wellbeing-focused psychologically-informed interventions with 3 different service users to be viewed within clinical skills supervision where they will receive formative feedback using the Psychological Interventions Competency Scale (MHWP Guide to Practice 2023). Aim towards observing 1 – 2 sessions/recordings in Term 2 and the remainder in Term 3.

- **Marking scheme**

The University marking scheme for MHWP treatment sessions (Appendix 3) is designed to assess the degree of competency in the key skills needed to engage service users, build the therapeutic relationship and to both get and give the most accurate information with the least room for error.

Practising use of the Psychological Interventions Competency Scale (MHWP Guide to Practice 2023) is covered during the MHWP supervisor training. If supervisors would like an update on the marking scheme in order to have a full understanding of what each item is looking for, please contact the trainee's academic tutor. Note that Risk and Review of previous intervention are auto-fail sections, but this is not the only way a trainee may fail. Trainees must gain 50% overall, but they must also be marked as at least competent in the compulsory sections 2, 3, 4 and 5. Failing to do something essential in a compulsory section, e.g. failing to explain an intervention rationale or steps well in Section 4, or failing to adequately explore a service user's home practice or identify difficulties in Section 3 could result in a fail. Running out of time is also a very common way for trainees to fail.

- **Information Gathering: Intervention**

Being able to collaborate with a service user to fully explore their experience of barriers to and benefits or difficulties arising from home practice is an essential skill that takes practice to develop. Without these skills MHWPs cannot effectively identify where a service user is able or not to use an intervention optimally for improved clinical outcomes (and therefore go on to address these difficulties in their information giving). Additional practice around review of home practice is therefore particularly helpful.

- **Information Giving**

It takes time to acquire the skills needed to effectively check and supplement a service user's understanding of the intervention rationale and both why and how each relevant step of the intervention is done. It is highly beneficial to facilitate both unsupervised and supervised practice of giving information. This practice should include effective checking and supplementation of a service user's understanding of: the 5-area formulation of the service user's current difficulty and how the intervention breaks into this formulation (the intervention rationale); and both why and how each step of the intervention is done (including common pitfalls). Trainees should develop giving information in a way that is collaborative, an interactive discussion between MHWP and service user allows the service user to reach their own understanding, so that they can ultimately use the intervention unaided. The focus in this section should be on ensuring service users have a full, accurate understanding of the parts of the intervention used to date (including redressing any difficulties) and of the immediate next steps that may be done as home practice. In addition, service users should have at least a headline understanding of future steps and how what they are doing now will fit with later steps to lead to recovery.

- **Clinical Portfolio.**

It can take some time to review, discuss and sign this document, so it can be helpful to arrange time for this well in advance of the deadline. Supervisors must review and consider the evidence contained within, combine it with their knowledge of the trainee's practices and decide whether the trainee has or has not fully met each competency. Supervisors signing trainees as successful are accepting clinical responsibility for the competency of the trainee and as such should only sign if they feel the trainee fully meets the requirements.

Part 2 – Appendices

Appendix 1: Timetable, locations and teaching and learning methods

The cohort timetable, available on ELE, details the content and locations for each of the taught days and specifies the number of University directed study days. All face to face sessions run from 10.00am to 5.00pm and remote sessions run from 9.30am to 4.30pm.

Locations

All assessments can be submitted remotely. Most sessions are currently being delivered remotely, with some face-to-face days at Streatham Campus, University of Exeter.

Teaching and learning methods

In addition to taught days and University Directed Problem Based Learning Days, additional private study is needed for assignment preparation, revision, further reading etc. Across the course a number of key teaching and learning methods are used following a declarative, procedural, reflective model of learning (Bennet-Levy, 2006).

Together these methods allow the trainee to:

- acquire theoretical understanding of mental health distress and clinical methods of identifying and treating this
- learn techniques and procedures for applying this knowledge effectively in clinical settings in a service user-centred way
- develop effective reflective capacity on their own knowledge, practice and biases as a therapist so they are able to continue developing as a practitioner long after the course has ended

These methods are:

- Lectures
- Small group working/seminars
- Role-play, observation and feedback
- Clinical skills groups
- Guided independent study through University Directed Problem Based Learning Days undertaking a number of independent or peer-group tasks such as reading literature, working through online tutorials and resources, role-playing, self-practice/self-reflection (SP/SR), reviewing service procedures and policies, etc

In addition, trainees are expected to implement their learning directly into their in-service clinical practice and receive case management and clinical skills supervision in their workplace.

Self-Practice, Self-Reflection (SP/SR)

Developing and Enhancing Clinical Competence

Within the course, key emphasis is placed upon the development of competence across a range of Wellbeing-focused Psychologically-informed interventions. A major focus within the University taught days and study days is the trainees' own practice and the rehearsal of the interventions presented during the programme. To help structure and formalise this component of the programme the Self-

Practice, Self-Reflection (SP/SR) model of supervision (Bennett-Levy et al., 2001; Farrand et al., 2010) is adopted.

This model of supervision requires trainees to initially undertake most of the interventions, taught during the course, on themselves and then reflect upon their use via submitting a short informal written piece on ELE. Rather than specifying areas for reflections around each intervention - which can be unnecessarily limiting - trainees are encouraged to provide widespread reflections on anything that arises concerning their self-practice.

References:

Bennett-Levy, J. (2006). Therapist skills: A cognitive model of their acquisition and refinement. *Behavioural and Cognitive Psychotherapy, 34*(1), 57-78.

Bennett-Levy, J., Turner, F., Beaty, T., Smith, M., Paterson, B., & Farmer, S. (2001). The value of self-practice of cognitive therapy techniques and self-reflection in the training of cognitive therapists. *Behavioural and Cognitive Psychotherapy, 29*(2), 203-220.

Farrand, P., Perry, J., & Linsley, S. (2010). Enhancing self-practice/self-reflection (SP/SR) approach to cognitive behaviour training through the use of reflective blogs. *Behavioural and Cognitive Psychotherapy, 38*(4), 473-477.

Appendix 2: Passing or failing the course and Appeals

Passing the course and final awards

Trainees must pass all three module assessment to pass a module and all three modules to pass the course. **Attendance must be no less than 80%.** Final awards are calculated on an average of the module marks. Modules are weighted as follows:

Module weighting

- **Module 1: Clinical assessment - 70%, Academic assessment - 30%**
- **Module 2: Clinical assessment - 50%, Academic assessment - 50%**
- **Module 3: Clinical assessment - 50%, Academic assessment - 50%**

Final award calculation:

Final awards are calculated by adding the overall marks from each module and dividing by 3 and are as follows:

GradCert

Qualifies for Distinction award	A final credit-weighted mark greater than or equal to 69.50% or A final credit-weighted mark greater than or equal to 68.00% and modules to the value of at least 50% with a module mark greater than or equal to 70%
Qualifies for Merit award	A final credit-weighted mark greater than or equal to 59.50% or A final credit-weighted mark greater than or equal to 58.00% and modules to the value of at least 50% with a module mark greater than or equal to 60%
Overall pass mark	A final credit-weighted mark greater than or equal to 40.00%

PGCert

Qualifies for Distinction award	A final credit-weighted mark greater than or equal to 69.50% or A final credit-weighted mark greater than or equal to 68.00% and modules to the value of at least 50% with a module mark greater than or equal to 70%
Qualifies for Merit award	A final credit-weighted mark greater than or equal to 59.50% or A final credit-weighted mark greater than or equal to 58.00% and modules to the value of at least 50% with a module mark greater than or equal to 60%
Overall pass mark	A final credit-weighted mark greater than or equal to 50.00%

Receiving certificates

All final marks are ratified by the exam board before certificates can be issued. Once the exam board ratification has occurred, certificates will be sent to the trainee's home address, as recorded on the University of Exeter Student Record System. This process may take 2 – 3 months after final marks are awarded. Trainees should ensure that any changes of address are notified to the University.

Graduation

As a student of the University of Exeter, all trainees that pass the course will be invited to attend one of the University's graduation days. Trainees will be notified of the dates and invited via email to their University of Exeter

email address. Two ceremonies take place a year, one in the summer and one in the winter, however please note that your graduation ceremony may not be the one closest to the end of your course, so check with the programme administrators before making any advance bookings.

Failing the course

Trainees must pass all three assignments in a module to pass the module, and all three modules to pass the course. If a trainee fails a first attempt at an assignment, they are allowed a second attempt. If a trainee submits a second attempt at an assessment late, fails to submit or the assignment is marked as a fail (less than 50% for clinical assessments or less than 50% (PG Cert) or 40% (Grad Cert) for other work, then they fail the whole module and this therefore constitutes a programme fail.

Training ceases and registration on the course is ended. Programme failure may also affect service employment, as most trainee contracts are dependent on successfully completing the course

Trainees should also note that NHS England - Workforce,Training and Education (NHSE - WTE), who funds training places for MHWPs, have a national policy of not providing a second training place if a first place fails. Gaining a further MHWP training post in the future is not usually possible in the event of a programme fail.

Appeals

All students of the University have the right of appeal against academic decisions and recommendations made by the Assessment, Progression and Awarding Committee (APAC) and Faculty Boards (or Deans acting on their behalf) that affect their academic progress.

If considering an appeal, trainees are strongly advised to read the Appeals page on the main University website. Trainees can also contact their academic tutor, the Programme Lead and the Course Administrator for further advice and guidance.

Appendix 3: Assignment guidance and submission

Specific assignment guidance

For each assignment detailed guidance is given on ELE. Trainees can refer to ELE and click the appropriate links under each module.

Assignment marking schemes

Clinical assessment marking schemes

For each clinical assessment there is an associated marking scheme, which is geared towards assessing the clinical competencies necessary for safe, effective, service user-led assessment and treatment.

The clinical assessment marking schemes and can be found on ELE. Each marking scheme attempts to track the degree of competency in each of the important elements of an assessment or treatment session. As such they are a highly useful tool to aid trainee development and trainee and supervisor reflections on role play and service user practice.

Please note: for the competency assessments the overall section mark is NOT an average of marks for each element within that section, but rather a reflection of the overall degree of competency for that section. As such, if a trainee fails to achieve competency in one or more important areas their overall section mark may be below competent (less than 3).

Academic assessment marking schemes

Academic assessments are marked with consideration given to the following components:

- **Structure and organisation** - trainees are expected to clearly adhere to the required structure for any assignment and for their writing to be clear and accessible with points made being well referenced and linking into clearly understandable arguments/viewpoints which stay strictly focussed on the assignment topic.
- **Knowledge and understanding** - trainees are expected to display a sound breadth and depth of knowledge and understanding of the topic, particularly as it relates to LI working, and the ability to supply relevant and correct information.
- **Theory into practice** - trainees should use literature and the evidence base to support their knowledge, understanding and reflections on their practice.
- **Critical reflection** - trainees should demonstrate the ability to reflect on their discussion and their practice using a critical and evaluative stance taking into account varied standpoints evidenced in the literature base, then to draw conclusions from these reflections.
- **Sourcing** - trainees must demonstrate the depth and breadth of their reading, use a variety of literature to support their writing, show ability evaluate sources and use APA referencing protocols appropriately.

Marking is numerical against the University-wide marking criteria for Level 6 (degree level) and Level 7 (postgraduate level) assessments using the College of Life and Environmental Science (CLES) / Faculty of Health and Life Sciences (HLS) notched marking scheme, see CLES_generic_notched_marking_criteria_-_v3_DH.docx (live.com) /.

Submission methods

The table below offers an overview of the submission process, please see the text below for further details.

Assignment	Method of Submission	Required:
OSCE Role Play	**Live assessment** – no documents need to be submitted	• Attendance over Zoom
Live Recordings	**Submitted via secure form by 1 pm** Trainees submit the components of their submission via the secure form (MS Forms) in accordance with service policies*[1] (link available on ELE)	• Recording of session e.g. mp3 or .wav file • Recording of any verbal consent file e.g. mp3, .wav Electronic copies of: • Signed Coversheet pdf*[2] • Consent form*[3]
Clinical Portfolio	**Submitted via ELE by 1pm**	• Signed Outcomes*[4]
Care Plan Portfolio and Case Report	• **Consent file submitted via secure form (MS Forms, link on ELE), by 1pm.** • **Care Plan Portfolio / Case Report submitted via ELE**	• Consent form*[3] • Anonymised Case Report/Care Plan Portfolio
Written Work (essay, reflective commentary)	**Submitted via ELE by 1pm** Trainees MUST put their student number into the header or footer, but NOT their name (so it can be blind marked)	• Word processed written work, e.g. .pdf
Presentations	• **Consent file submitted via secure form (MS Forms, link on ELE), by 1pm.** • **PowerPoint slides via ELE** • **Live assessment over zoom**	• Presentation file (e.g., Microsoft PowerPoint slides saved as a pdf) • Consent file *[3] (form or audio file)
Supervisors Reports	**Submitted via ELE by 1pm**	• Report *[2] and work-in-progress logs submitted via ELE by 1pm

*[1] It is **each trainee's** responsibility to ensure they adhere to their service policies, so discuss this in advance of the submission deadline.
*[2] Hand sign and scan these documents, or use the remote signing procedure as detailed in the main document above.
*[3] Submit the correct consent format dependant on whether remote or in-clinic.
*[4] Submit a scanned version of the original hard copy **signed by trainee and supervisor**, or use the remote signing procedure as detailed in the main document above.

Submitting through ELE

The link to submit assignments through ELE will be on the relevant module page of ELE. If trainees submit work and realise they have made a mistake, it is possible to correct it and re-upload another version unlimited times before the deadline, but you will only receive a Turnitin report (plaigiarism checker) for the first two drafts submitted. Trainees should allow a good amount of time to upload work to ELE prior to the deadline – IT Helpdesk suggest handing work in a minimum of three hours prior to deadlines so if something goes wrong there is time to speak to

the IT helpdesk for assistance. **Computer failure/technical problems are not usually an acceptable reason for Mitigation. Any mitigation requests must be evidenced. Please see the mitigations section for more information.**

Submitting through Secure Forms (MS Forms)

The link and guidance information for submitting through Secure / MS Forms is on the relevant module ELE page for the submission.

Please check recordings are within the specified file size limits for your assessment and give yourself at least 24 hours (more is recommended) to upload recordings. A strong internet signal is required. Client session recordings must be one continuous session.

Passing or failing assessments

For each assessment, two attempts are allowed.

Passing an assessment and grade boundaries

For all clinical practice assessments an overall mark of at least 50% must be achieved and all compulsory sections must pass with at least 50%, including the risk assessment which is an auto-fail section. This applies to both PGCert and GradCert routes. Marks below these levels will be deemed fails.

For all academic assessments trainees following the PGCert award must pass with a mark of at least 50% and those following the GradCert award must pass with a mark of at least 40%. Marks below these levels will be deemed fails.

Pass marks are as follows:

- **Clinical assessments**: 50% and above
- **Academic assessments (PGCert)**: 50% and above
- **Academic assessments (GradCert)**: 40% and above
- **Clinical Portfolio**: Pass or Fail

Failing an assessment

Failing a first attempt

If a first attempt at an assessment fails, the following applies:

- **Trainees can contact the teaching team for detailed feedback** (this is strongly advised).
- **For Module 1 and Module 3 clinical assessments trainees will also be invited to an optional (but strongly recommended) Skills Top-Up Day** at the University to help practice specific areas of development needed to pass.
- **A resubmission/resit date will be agreed** usually within 4 weeks of receiving notification of results (or 4 weeks from the Skills Top-Up Day for the Module 1 clinical assessment and 6 weeks from the top-up day for the Module 2 clinical assessment).
- **Marks will be capped** at a maximum 50% for second attempts of clinical assessments, and for academic assessments at 50% for postgraduate routes and 40% for degree routes.
- **In addition, marks for the whole module will be capped at the bare pass mark.**

Failing a second attempt

If a second attempt fails the following applies:

- **For academic assessment fails, a PGCert (postgraduate route) trainee may be allowed to continue training by transferring to the GradCert (degree-level route)** where their attempt has received a mark of 40-49% (i.e. within GradCert pass boundaries).
- **In all other cases a second attempt fail constitutes a fail in the module and therefore overall fail of the programme.** Registration as a trainee of the University is terminated. Dependent on service policy, this may also mean termination of the trainee's employment.

Late/non submissions

If trainees are experiencing difficulties in submitting assignments on time, **they are strongly advised to speak to their personal tutor** who will be able to offer support and discuss ways forward.
Penalties for late or non-submission without a valid mitigation are as follows:

First submissions

1. **Late submission within 24 hours.** If an assignment is submitted late but within an hour of the deadline 5 marks will be deducted. If an assignment is submitted up to 24hours late without approved mitigation **marks will be capped for this assignment at the bare pass mark** (50% for clinical assessments, for academic assessments 50% for PGCert and 40% for GradCert). Second attempts are still allowed if this attempt fails.
2. **Late submission beyond 24 hours.** Work submitted more than 24 hours beyond a submission date without approved mitigation will receive a mark of zero. Second attempts are still allowed. **Marks for the whole module are capped at the bare pass mark.**
3. **Non submissions.** These are marked at 0%. A second attempt is still allowed. **Marks for the whole module are capped at the bare pass mark.**

Second submissions

1. **Late or non-submissions for second attempts without approved mitigation result in a mark of zero for the whole module and therefore a programme fail.** There is no 1 hour or 24 hour grace period. Training is terminated and the trainee's University registration is ended. The trainee's service employment may also end, but this is dependent on their employment contract conditions.

Formatting work

All written assessments (case studies, reflective commentaries etc) should be word-processed with the following conventions:

- Use double line spacing on A4 paper.
- Use a font size of 12 pt.
- Use only Times New Roman, Arial or Calibri.
- Margins: 30mm on the left-hand side, 20mm on the right-hand side and 20mm for top/bottom margins.
- All pages (including appendices etc) should be numbered consecutively in one sequence starting with the title page as 1. Page numbers should be positioned at the top right-hand side of the page.
- Include the student number in the header but trainees should **NOT** include their name anywhere on the assignment, as this will prevent work being blind-marked.

Word count guidance

Please note that any words over the word count will not be marked.

The following content is **not** included in a final word count:

- Title
- Reference list
- Appendices
- Words used in tables, graphs and other forms of data presentation (including titles of figures)

The following content **is** included in a final word count:

- Main body of text
- In text quotations
- In text references
- Section headings

- Footnotes containing large amounts of text (unless indicated otherwise by module convenor)

Citing and referencing

We require in text citations and a reference list (not a bibliography).
Psychology has adopted the American Psychological Association (APA) 7th edition conventions as the standard for citations and references. References must therefore be completed using the precise details for APA style. We use the standard of 'a publishable article' and expect citations and references to adhere to that standard. The information given here is based on the latest edition of the Publication Manual of the APA. We would encourage trainees to consult these guidelines and copies are kept in the library or can be obtained online at www.apastyle.org and links to online training are on ELE. There are many web sites providing summaries of the APA Style Guide (a Google search will identify these).

The main conventions are as follows:

Journal Articles
A typical citation would be (Ablon & Jones, 1999) and the reference would appear as:

Ablon, J. S., & Jones, E. E. (1999). Psychotherapy process in the national institute of mental health treatment of depression collaborative research program. *Journal of Consulting and Clinical Psychology*, *67*, 6-7.

Another example would be:

Kasen, S., Cohen, P., Skodol, A. E., Johnson, J. G., Smailes, E., & Brook, J. S. (2001). Childhood depression and adult personality disorder - Alternative pathways of continuity. *Archives of General Psychiatry*, *58*, 231-236.

Books
A typical citation would be (Bateman, Brown, & Pedder, 2000) and the reference would appear as:
Bateman, A., Brown, D., & Pedder, J. (2000). *An introduction to psychotherapy* (3rd ed.). Routledge.

Chapters in a Book
If you have read a chapter in an edited book you would put the following citation in the text: (Aveline, 2006). In the reference section you would list it as:

Aveline, M., Strauss, B., & Stiles, W. B. (2005). Psychotherapy research. In G. Gabbard, J. S. Beck, & J. Holmes (Eds.), *Oxford textbook of psychotherapy* (pp. 449-462). Oxford University Press.

Citations in the Main Text
Citing in text means referring to author(s) with the dates (e.g., Eells, 1997) so that the reader can then go to the References and find them in more detail.
Eells, T. D. (1997). *Handbook of psychotherapy case formulation*. Guilford Press.

Reference citations for two or more works within the same parentheses. List two or more works by different authors who are cited within the same parentheses in alphabetical order by the first author's surname. Separate the citations with semicolons. For example: Several studies (Balda, 1980; Kamil, 1988; Pepperberg & Funk, 1990).
Exception: You may separate a major citation from other citations within parentheses by inserting a phrase such as see also, before the first of the remaining citations, which should be in alphabetical order. For example: (Minor, 2001; see also Adams, 1999; Storandt, 1997).
There are many different instances of citing and referencing (e.g., internet resources, personal communication, conference papers, case examples, and you are advised to consult the Publication Manual for these.

Plagiarism and academic misconduct

Plagiarism and academic misconduct is a growing problem in all sectors of education, and the number of reported cases in UK universities has risen dramatically in recent years.

Plagiarism and academic or clinical misconduct are serious breaches of professional ethics. Trainees can fail the programme, be expelled from university, or even be prevented from pursuing a career as a MHWP.

Plagiarism and academic misconduct are defined as follows:

1. **Unauthorised collusion**, i.e., either aiding or obtaining aid from another candidate, or any other person, where such aid is not explicitly required and/or declared
2. **Acting dishonestly in any way**, whether before, during or after an examination or other assessment so as to either obtain or offer to others an unfair advantage in that examination or assessment
3. **Deliberate plagiarism** (see below for definition of plagiarism)
4. **Misrepresentation of clinical practice** (for example, in a case report or live service user recording)

Plagiarism

The act of presenting someone else's words or ideas, whether published or not, without proper acknowledgement is called plagiarism. There are three main types of plagiarism, which could occur within all modules of assessment:

1. **Direct copying of text, or illustrations** from a book, article, fellow trainee's essay, handout, thesis, web page or other source without proper acknowledgement. *NB: this can occur unintentionally by failing to use quote marks accurately when quoting from a source.*
2. **Claiming individual ideas derived from a book, article etc as one's own**, and incorporating them into one's work without acknowledging the source of those ideas. This includes paraphrasing a source, or altering the material taken from the source so it appears to be one's own work.
3. **Overly depending on the work of one or more others without proper acknowledgement** of the source, by constructing an essay, project etc by extracting large sections of text from another source, and merely linking these together with a few of one's own sentences.

Plagiarism and academic misconduct of any kind are highly serious, and there can be far reaching consequences.

In addition to ensuring you only ever submit your own work based on your own genuine clinical and theoretical practice we would strongly recommend you work through the online resource about Understanding Plagiarism on ELE to clarify the differences between academic honesty and plagiarism, and to identify ways in which you can directly or inadvertently plagiarise.
If you are in any doubt at all or are in anyway unsure how to submit work of clinical and academic honesty please contact your personal tutor.

4. **The re-submission or re-use of the trainee's own work in another assignment** whether this was submitted at the University of Exeter or any other academic institution worldwide. (This is not intended to prevent a student from developing an academic idea over the period of a course, for example stating an argument in an essay for a particular module and then developing this argument in a dissertation, but to prevent the counting of credit twice for the same piece of work. However, this operates at the discretion of the Panel considering the offence.)

Appendix 4: Gaining service user consent, and obtaining and recording live treatment recordings

Gaining consent

Consent forms detailing how to gain and record consent are on ELE. Service users can consent for their sessions to be recorded (Module 3) or for their session information to be used as the basis for academic assignments (Modules 2 and 3). For recordings, service users can consent for these to be used for assessment only or for assessment and teaching purposes.

Guidance on recording live treatment recordings

For the competency skills assessment in Module 3 (PYCM122 /PYC3033), trainees must submit a recording of a live treatment session with a service user. This is mandatory for the summative assessment and is optional, but preferred, for the formative assessment (where marks are for feedback and development only). All guidance for the assessments and recordings is on ELE.
Recordings must be clearly audible and of a complete support session with a MHWP appropriate service user, with a MHWP appropriate intervention.
Recorded service user sessions are highly confidential materials and as such should be treated with the highest standards of Information Governance. Each workplace has its own policies and procedures for gaining consent, recording, storing and transporting recorded material. It is of paramount importance that trainees ensure they understand and adhere to these policies. If in any doubt trainees should consult their clinical supervisor/clinical lead/Information Governance Officer.

Recording equipment and file formats

As part of the requirement to support trainees during training, employing services should provide trainees with the necessary equipment to record sessions in audio or video. Recording equipment should only be used that meets service Information Governance policy standards and **under no circumstances should trainees use personal devices to record service user sessions.** Please ensure that the recordings are saved as standard audio file types, e.g., .wav, .mp3 etc.

Confidentiality

As far as possible trainees **should avoid identifying a service user by their full name or in any other way on the recording** (See Appendix 7). Consent forms, cover sheets and sound files must all be stored as separate files. Do not include the services user's name or any service user identifiable information in any of the filenames.

Obtaining and submitting consent for recording

Prior to making any recordings for university assessment purposes, consent must be gained from the service user to record the session for assessment and optionally teaching purposes. The University protocol for gaining and storing consent is as follows. **It is strongly recommended that trainees request consent for and record as many of their sessions as possible**. This gives the best options for selecting an appropriate recording for assessment, and additionally reflectively listening to sessions alone or with a supervisor is an excellent way of improving practice, and standard within psychological therapy practices.

Failure to record consent

No session will begin to be marked until the appropriate fully completed consent is submitted and ongoing consent can clearly be heard on the recording. **Failure to obtain written or recorded service user consent as indicated above will result in the recorded session not being marked, with a first attempt 'Fail' most likely being recorded**, and the service supervisor being advised.

Storage and transportation of recordings

When transporting the recording and any associated cover sheets and consent forms, trainees must adhere to service policies. Recordings, cover sheets and consent forms must ONLY be stored and transported on secure, encrypted devices, in keeping with service policies.

How recordings are stored after submission

The programme timetable clearly identifies when and where recordings are submitted. Once accepted by programme staff, the following apply:

1. On submission via Secure / MS Forms, files are stored with the trainee's name, date of submission and details of the assessment (e.g. PYC1016). There should be no other identifiable information.
2. Recordings are transferred to the University's secure SharePoint for MHWP by the CEDAR PGT Administration Team. Access is restricted to the CEDAR PGT Administration Team, Programme Lead, IT Lead and designated Markers only.
3. The markers consist of the MHWP teaching team and Programme Lead and for some submissions, the Programme Director and External Examiner. All staff are responsible for adhering to the Data Protection Act, Information Governance and University of Exeter policies and procedures.
4. Markers will access the recordings in a private and appropriate working space to maintain confidentiality.

All recordings are stored on the University's secure SharePoint for MHWP as follows:

1. Recordings will be stored securely for up to 6 years from the trainee's date of completion of the programme, after which they will be securely destroyed.
2. Exceptions are where consent for use for training purposes has been given by the client and trainee has been given. Recordings are therefore kept on an ongoing basis for training purposes on the University of Exeter MHWP programme, and deleted once no longer required.
3. No identifiable client information is stored with the recordings.

Any failure in the process outlined above will be highlighted to the Programme Lead and the trainee in the first instance, followed by the trainee's manager. Where there is a continual failure to follow the agreed process, this will be escalated to the Caldicott Guardian or person responsible for Data Protection at each organisation so they may undertake a review.

Appendix 5: Mitigation and Interruption

Mitigation

If short term adverse circumstances in the workplace or in a trainee's personal life are impacting their ability to submit an assignment of appropriate quality on time, trainees may make a mitigation request for these circumstances to be considered and the type of consideration being requested, e.g., an extended deadline. Once the request is submitted, decisions are made by a Mitigation Committee which is separate from the teaching staff. Confidentiality rules apply, information will only be shared with the programme team if necessary and wherever possible this will be agreed with the trainee first.

Mitigation procedures

Applications for mitigation will not always be accepted and **we would encourage trainees to speak to their tutor prior to submitting a request**. This page gives examples of acceptable reasons for mitigation: https://as.exeter.ac.uk/academic-policy-standards/tqa-manual/aph/annex-f/ .
The process for Mitigation is as follows, with further and up-to-date information available in the CEDAR handbook and mitigations section on ELE Course: CEDAR PGT Handbook, Forms, Policies and Procedures (exeter.ac.uk):

1. **Speak to your tutor to discuss your concerns** (optional but encouraged)
2. **Download the Mitigation request form from ELE** Course: CEDAR PGT Handbook, Forms, Policies and Procedures (exeter.ac.uk)and the Supplementary Mitigation Form for Clinical Assessments when mitigating on clinical grounds, where you will need to provide evidence from your service
3. **Complete and sign part 1 of the mitigation request form and ask your workplace supervisor to complete and sign the supplementary form where relevant.** NB: if waiting for a workplace supervisor to sign the supplementary form would cause a delay in submitting the form beyond the deadline outlined below, then trainees should submit the request form on its own, and follow up as soon as possible with their workplace supervisor's completed form. Supervisors may 'sign' by typing their name however they must also then send a duplicate copy of the mitigation form to CEDAR-mitigations@exeter.ac.uk as verification.
4. **Submit your form any time before and no later than 24 hours after the submission deadline** of the assignment you wish to mitigate, by emailing CEDAR-mitigations@exeter.ac.uk (if supervisors are remote signing they must also email a copy of the completed form to this address). Requests submitted after this time will not be considered except in the most extreme of circumstances. You may optionally wish to submit work or attend an assessment as insurance in case your mitigation request is unsuccessful.
5. **You will also need to include evidence to support your mitigation request**, if you are unable to provide the evidence at the time of submitting your form, you have up to 10 working days after the assignment deadline to provide this.
6. **Your form and evidence will be reviewed by the Mitigation Committee** and their decision will be communicated to you and the course administrator.
7. **If your mitigation request is accepted, a new submission deadline is agreed (or other consideration as indicated by the evidence**). Any work submitted that is no longer relevant will not be marked.
8. **If your mitigation request is late or rejected, any work you have submitted will be marked as usual**. If you have not submitted work, late and non-submission rules apply (see Appendix 3).

Interruption

Whilst Mitigation is for short-term adverse circumstances, if a trainee is experiencing longer term (6-8 weeks or more) circumstances that make continuing with the course or submitting assessments of an appropriate quality difficult they may be able to Interrupt, i.e., pause their studies and resume again at a later date. Interruption is a more flexible process for longer term, ongoing difficult circumstances as trainees may request Interruption without knowing a specific date of their return. Interruption is generally for periods of between 2 months and 1 year, although in exceptional circumstances a second year may be agreed.

The process for Interruption is as follows:

1. **Trainees should have an initial conversation with their personal tutor to see if Interruption is a practical option**, and similarly with their service. Service protocols may differ from University procedures, so trainees sure ensure this is a viable option with their service.
2. **If Interruption is indicated, trainees should send an email to MHWP@exeter.ac.uk** requesting Interruption. They will be contacted by the admin team and supported to fill out a brief form outlining reasons for the request. NB. trainees do not have to disclose extensive details of their adverse circumstances, but enough information that those reviewing the request can make an appropriate decision. For example, if a trainee has been signed off sick by their doctor, they can state this but are not obliged to detail the nature of the illness. Trainees will be asked for a date they expect to return to work, however this date can be changed at any time as new information arises or circumstances change.
3. **The request is forwarded to the Programme Lead and a member of the senior programme staff, who make a joint decision** as to whether to agree Interruption.
4. **If Interruption is agreed, training is suspended**.
5. **Nothing further occurs until the trainee is able to return to work. The preliminary date for return can be changed as circumstances resolve or continue.** When the trainee is ready to return, the trainee's academic tutor and workplace supervisor liaise together with the trainee to agree a return schedule. If the trainee had not completed all taught days by the time of Interruption, they will be able to join a future cohort at the same point in the timetable at which they Interrupted (or earlier by agreement). New deadlines for assignment submissions are agreed that take into account the time needed for the trainee to rebuild an appropriate caseload etc.

If any trainee is experiencing ongoing adverse circumstances that affect their ability to engage with the course and produce work of an appropriate quality, we would strongly advise a discussion with their academic tutor to find a supportive way forward.

Appendix 6: Further educational and emotional support

Emotional and wellbeing support

Any form of professional training is potentially stressful. We recognise that the three components of the course: University attendance, clinical practice and independent study may be difficult to balance, and the nature of the work itself can be very demanding.

Within the programme we hope to promote a mutually supportive atmosphere in which trainees feel able to share concerns and issues with one another, with the programme team and with clinical supervisors. However, we recognise that the programme team and supervisors cannot necessarily provide all the support that may be required.

Other sources of support:

- **Academic Personal Tutor:**
  The academic personal tutor is there to support trainees if they begin to experience difficulties of any kind: personal, academic or otherwise that impact on their training. In the event of significant difficulties that may impede a trainee's ability to study, the personal academic tutor can liaise with the practice based clinical supervisor to discuss a supportive way forward. This can be far better than a trainee trying to 'keep going' when they are unable to produce work of an appropriate quality that may then result in an assignment or even programme fail.

- **Wellbeing Services**
  The University Wellbeing Services offer free and confidential support for personal problems, emotional difficulties and difficulties with mental health, including 1-1 CBT and counselling as well as more general support, advice and signposting. It is available to all students of Exeter University including trainees. An initial telephone appointment is offered and from there an advisor will help work out the best route of support. Appointments are available by telephoning **01392 724381** or email wellbeing@exeter.ac.uk.

  You can read more or book an appointment online here: https://www.exeter.ac.uk/wellbeing/

Support with additional learning needs, disabilities and health conditions

The University AccessAbility team offers support to students with disabilities, physical or mental health conditions and learning or literacy difficulties – or any circumstance that may impact negatively on a trainee's ability to engage with study and meet assessment requirements. The service endeavours to provide facilities and equipment suited to people's individual needs www.exeter.ac.uk/students/wellbeing/support/.
Following an assessment with the AccessAbility team, if recommendations are made to support the trainee with their learning these will be documented in an Individual Learning Plan (ILP) which programme staff can then use to make reasonable adjustments to the course or assessments. These could include a range of adjustments such as extra time in exams or separate rooms, course materials and lecture slides given out early or on coloured paper, additional time for academic assignments or anything else the team assess as appropriate. Without a documented ILP, the teaching team are unable to make any changes.
Any trainee who could benefit from an ILP is advised to contact the AccessAbility team as soon as possible – even before the course starts if adaptations could be helpful.

Library facilities and services

The main library facilities are at the University of Exeter Streatham Campus. The library catalogue, including access to electronic books and journals, and facilities for reserving and renewing books also available online www.exeter.ac.uk/library.
Library support is organised by subject, and this is the specific page for Psychology students: https://libguides.exeter.ac.uk/psychology . As well as access to all the Psychology texts, databases and resources, the Library offers helpful online tutorials, links and information, plus 1-1 support if needed around about the following:

- how (and where) to effectively search for articles, research, books and papers
- how to evaluate source materials and how to reference them
- how to understand different academic materials, e.g. statistics, reports, systematic reviews, policies, guidelines etc
- where to find statistics

Access to external libraries and inter-library loans

Trainees can also access other higher education libraries via SCONUL (an arrangement between many higher education institutions) and are entitled to Inter-Library Loans.
More information can be found on the University Library website at www.exeter.ac.uk/library, or direct from SCONUL- www.sconul.ac.uk/sconul-access .

Study Skills Service

The Study Skills Service offers confidential help to any student who would like to improve their study skills. The Study Skills Advisors can help with the following:

- reading effectively
- selecting reading from book lists
- planning and writing assignments or essays
- taking useful notes
- revising for exams
- organising your time
- generally evaluating your study skills

This service is available to all students of the University including trainees, who can and do consult the Study Skills Advisors. Help is available throughout each term and during part of each vacation - see www.exeter.ac.uk/student-engagement-skills.
This support can be highly beneficial for anyone, especially if a trainee has not worked at post-graduate level before.

Appendix 7: Confidentiality

Working within mental health necessarily involves working with service users around distressing, sensitive and difficult issues. As practitioners we are given the power to influence the lives of service users who may be very vulnerable and this requires a high degree of responsibility in respecting confidentiality and being fully aware of information governance. It is also a job that requires emotional resilience, self-awareness and self-care.

Service user confidentiality

The teaching team aim to facilitate an open learning environment in which information is shared appropriately and respectfully between staff, trainees and relevant others to enable trainees to develop and to ensure appropriate service user care.

When sharing information about service user or cases trainees and staff alike must do so:

i. **in a manner most likely to protect the identity of the service users, both directly and indirectly.** This means not disclosing any directly identifying information, such as names, identifying details of their contact with the service e.g., dates/times, the name of the service, clinic or location they attended etc. In addition, no details should be disclosed that are so specific about the service user or their family that they could pinpoint who the service user is. Examples are: names of family members; GP; home, school or workplace locations; specific job; unusual health conditions; unusual hobbies or interests etc.

ii. **in a manner and setting which is respectful,** for example not using inappropriate or caricaturising illustrations, captions or representations etc.

iii. **in a manner which honours the limits of confidentiality,** explained previously to a service user.

iv. **with an understanding that no member of the group will disclose any information** about such service users outside the sessions.

Trainee confidentiality

It is recognised that we all have life experiences and relationships that have shaped who we are and that we can all be emotionally affected by the work we do. It is for this reason that the programme promotes reflective practice, to ensure that we are mindful of the way our own experiences and assumptions about the world, people and relationships may influence our therapeutic practice.
We would like to promote an ethos which allows trainees the opportunity to reflect openly and honestly on the challenges of their role. This means that trainees may sometimes share personal information about themselves with staff and each other. Trainees can expect that colleagues and staff members will be thoughtful and sensitive about their right to confidentiality. As a staff team we also have to balance this with the need to ensure that we are protecting the interests of potential service users; and to ensure that trainees are able to provide appropriate clinical interventions. For this reason, we provide the following information about confidentiality of trainees:

i. **The details of any personal material remains confidential within the context in which it is shared.** It is not fitting for any trainee to disclose information about another, in their absence or presence, within the course or in conversation outside of sessions, without agreed permission.

ii. **The only exception is if there are concerns about an individual's safety** (child or adult). In such cases trainees should consult a member of the programme team, and when possible, inform the person concerned that they are doing this and explain why.

iii. **Trainees should expect that information about day-to-day aspects of training will be shared with relevant individuals** (e.g. the trainees' lead/service manager/supervisor as identified). This will routinely include sharing trainees' marks for the assessments within the programme and sharing an overview of the trainees' progress. Trainees will have consented to having this information shared as part of the application form.

iv. **Personal matters affecting training can be kept confidential within or from the programme team**. Where a trainee shares personal details regarding circumstances affecting their training or ability to provide appropriate service user care, there should be a discussion about how best and with whom to share concerns. Although trainees should expect that the teaching team will need to discuss with one another how best to handle any issues, as far as possible this will be done in a way which keeps the specific details of trainee's circumstances confidential, even between members of the teaching team if the trainee desires. If necessary, a confidentiality agreement can be drawn up between the trainee and appropriate staff/supervisors.

v. **If a trainee discloses information indicating personal risk of harm to self or others, it is necessary to inform the trainee's service and/or their GP**, in accordance with standard mental health practice. Trainees will have consented to this as part of the application form. Where risk is a concern the teaching team will always, where possible, seek to inform others with the trainee's full knowledge.

Ground rules for groups, tutorials and supervision

- **Work with respect for each other**, even if you disagree.
- **Accept individual responsibility** for individual behaviour.
- **Pay attention to issues of difference** such as gender, gender reassignment, age, race and ethnicity, disability, marriage and civil partnership, pregnancy and maternity, religion and belief, sexual orientation, remembering that each person's experience is true for them and valid.
- **Clarify limits of confidentiality** and adhere to these.
- **Make your own decisions about how much information you wish to share** about personal or occupational matters.
- **Remember you are the "expert" about your own life** – any questions or suggestions from others may be rejected as inappropriate.

Supplementary guidance on the use of Social Media

All of the above applies as much to social media as to any other mode of communication. The British Psychological Society (BPS) Ethics Committee acknowledges that members are using social networking sites to communicate with friends, family, professionals and clients. The Ethics Committee has created a supplementary guidance document in line with the Society's Code of Ethics and Conduct that provides practical advice for using social networking sites responsibly.

Appendix 8: Campus and Washington Singer services

In order to maintain a COVID safe environment, students are asked to follow University guidance.

The University campus

The campus is compact and well signposted. Click here for a map. Key buildings include:

- The Forum (for Student Information Desk, cafes and restaurants, non-academic enquiries & the Library)
- Devonshire House (café, shops, Student Union bar etc)
- Reed Hall Mews (Student Health Centre)
- Northcote House houses the University's administration
- The Sports Hall & open-air swimming pool adjacent to Cornwall House (open end of May to middle of September) and an indoor pool at St Luke's College.

Parking

The University encourages sustainable transport. However, for many students travelling by car is the only practical option. **Parking is very restricted** on campus, so it is strongly advised to read the University's web pages about parking on campus.

Access to buildings

Washington Singer Laboratories and the adjacent Sir Henry Wellcome Building are home to the CEDAR programmes. Washington Singer hours of access are:

- Reception opening hours are 9am - 4.45pm term time.
- Open 24/7 with swipe card access

IT facilities

There are numerous desktop computers with scanning and printing facilities available for trainees use within Washington Singer. Ask at reception for details of how to use your university card for printing etc. The University has many additional IT facilities. Please see the following links for more information: Exeter IT

Bikes

The University of Exeter encourages a green transport scheme. There are bike racks at the front of Washington Singer Laboratories.

Showers

There are showers available in both the ground floor male and female toilets, that are free to use.

Refreshment facilities

A boiling water tap and microwave are available for student use in the Lea Hub on the ground floor. Coffee and snack vending machine facilities are available in the building.
There are numerous shops, eat-in and take away food and drink outlets right across the University available for trainee use. Please see here for full details:
http://www.exeter.ac.uk/campusservices/eatandshop/ .

Appendix 9: Risk Assessment

Risk Assessment - Assessment

- All introductions and questions should be stated clearly and without euphemisms or apologies.
- There must be no leading or assumptions, and no double questions.
- Any positive, vague or ambiguous answers must be funnelled to gain clear, accurate details.
- The following must be asked as a minimum, service policy may dictate additional details should be asked or given.

Current Suicide	**Separately** ask about: • Thoughts • Plans • Actions *NB: if asking about 'intent' also ask about Thoughts, Plans and Actions*
Past Suicide	**Separately** ask about: • Thoughts • Actions
Protective factors	Ask clearly about protective factors, explaining what protective factors are as needed. Funnel to gain any details if needed.
Current Self-Harm	**Separately** ask about: • Thoughts • Actions *NB: if asking about 'intent' also ask about Thoughts and Actions* *If needed, explain questions are about harming oneself in <u>any</u> way, to distinguish from suicide attempts or only overt means such as cutting, burning etc*
Past Self-Harm	Ask about: • Actions
Risk to Others	Clearly ask if the service user feels they may pose a risk of harm in **<u>any</u>** way to **<u>anyone</u>** else. *NB: harm can take many forms: physical, verbal, emotional, psychological, financial etc*
Risk from Others	Clearly ask if the service user feels they may be at risk of harm in **<u>any</u>** way from **<u>anyone</u>** else. *NB: harm can take many forms: physical, verbal, emotional, psychological, financial etc*
Self-neglect	Clearly ask if the service user is not looking after themselves in any way which may be harmful e.g. (but not limited to) not washing themselves or their clothes/bedclothes, not eating or drinking well enough, using harmful substances, not taking medication or getting medical help etc
Dependents	Clearly ask if there is anyone who depends on the service user for their care in any way, adult or child, directly or indirectly
Neglect of Others	Clearly and separately ask about: • Neglect of any identified dependents (adults or children) • Anyone else the service user may feel they are neglecting

IN ALL CASES, IF RISK IS IDENTIFIED MHWPS MUST PRIORITISE FOLLOWING SERVICE PROCEDURES TO ENSURE SERVICE USER AND/OR OTHERS ARE SAFEGUARDED.

Risk Assessment - Treatment

- For each item, previously understood information should be reflected back and then the service user asked if there are any changes
- There must be no leading or assumptions, and no double questions.
- Any changes or any vague or ambiguous answers must be funnelled to gain clear, accurate details.
- The following must be asked as a minimum, service policy may dictate additional details should be asked or given. Trainees will not be marked down for this, but it is not required.

<table>
<tr><td>Current Suicide</td><td colspan="2">If any risk has been previously identified, separately reflect back and ask for changes:
Thoughts
Plans
Actions
If no risk was previously identified Thoughts, Plans and Actions can be reflected back together e.g., “With regards to suicide, last time we met you told me you weren’t experiencing any thoughts of wanting to end your life, hadn’t made any plans and hadn’t taken any actions towards ending your life – has anything changed?”</td></tr>
<tr><td>Protective factors</td><td colspan="2">Reflect back previously understood protective factors and ask if there have been any changes.</td></tr>
<tr><td>Current Self-Harm</td><td colspan="2">If any risk has been previously identified, separately reflect back and ask for changes:
Thoughts
Actions
If no risk was previously identified Thoughts and Actions can be reflected back together e.g., “With regards to any kind of self-harm, last time we met you told me you weren’t experiencing any thoughts of hurting yourself and hadn’t taken any actions towards self-harm in any way – has anything changed?”</td></tr>
<tr><td>Risk to Others</td><td>Reflect back previously understood risk status and ask if there have been any changes.
NB: harm can take many forms: physical, verbal, emotional, psychological, financial etc</td><td rowspan="2">If no risk was previously indicated Harm to and From Others can be reflected back together, e.g. “Last time you told me you didn’t feel you posed a risk of harm to anyone, and that no one was posing any risk of any kind to you – has anything changed?</td></tr>
<tr><td>Risk from Others</td><td>Reflect back previously understood risk status and ask if there have been any changes.
NB: harm can take many forms: physical, verbal, emotional, psychological, financial etc</td></tr>
<tr><td>Self-neglect</td><td>Reflect back previously understood risk status and ask if there have been any changes.</td><td rowspan="2">If no risk to self or others was previously indicated Self-neglect and Neglect of Others can be reflected back together, e.g. “Last time you told me you didn’t feel you were neglecting yourself, your dependents [insert dependents’ names], or anyone else who may depend on you in any way – has anything changed?</td></tr>
<tr><td>Neglect of Others</td><td>Reflect back previously understood neglect/lack of neglect and ask if there have been any changes for:
Identified dependents
Anyone else</td></tr>
<tr><td>Dependents</td><td colspan="2">Reflect back previously understood dependents/lack of dependents and ask if there have been any changes.</td></tr>
</table>