



End- point non-integrated assessment plan for Arts Therapist (Degree) apprenticeship standard at level 7

Standard reference number	Level of this EPA plan	Integrated
ST0633	7	Non- integrated degree apprenticeship

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Introduction and overview

This document sets out the requirements for end-point assessment (EPA) for the Arts Therapist apprenticeship standard. It is for end-point assessment organisations (EPAOs) who need to know how EPA for this apprenticeship must operate. It will also be of interest to Arts Therapist apprentices, their employers and training providers.

Full time apprentices will typically spend 24 months on-programme (before the gateway) working towards the occupational standard, with a minimum of 20% off-the-job training. All apprentices will spend a minimum of 12 months on-programme.

The EPA period should only start, and the EPA be arranged, once the employer is satisfied that the apprentice is consistently working at or above the level set out in the occupational standard, all of the pre-requisite gateway requirements for EPA have been met and that they can be evidenced to an EPAO.

All pre-requisites for EPA assessment methods must also be complete and available for the assessor as necessary.

As a gateway requirement and prior to taking the EPA, apprentices must complete all approved qualifications mandated in the Arts Therapist standard.

These are:

- MSc/MA in either Art Therapy/Art Psychotherapy, Dramatherapy or Music Therapy accredited by the Health and Care Professions Council (HCPC) <http://www.hcpc-uk.org/education/programmes/register/>.

For level 3 apprenticeships and above apprentices without English and mathematics at level 2 must achieve level 2 prior to taking their EPA.

The EPA must be completed within an EPA period lasting a maximum of 6 month(s), beginning when the apprentice has met the EPA gateway requirements.

The EPA consists of 2 distinct assessment methods.

The individual assessment methods will have the following grades:

Assessment Method 1 Professional Discussion underpinned by a portfolio of cases graded pass/distinction/fail

Assessment Method 2 Presentation of practice graded pass/distinction/fail

Performance in the EPA will determine the overall apprenticeship grades of pass/distinction/fail

EPA summary table

On-programme (typically 24 months)	Training to develop the occupation standard's knowledge, skills and behaviours.
End Point Assessment Gateway	<ul style="list-style-type: none"> • Employer is satisfied the apprentice is consistently working at, or above, the level of the occupational standard. • English/mathematics Level 2 <p>Apprentices must complete the following approved qualifications mandated in the standard:</p> <ul style="list-style-type: none"> • MSc/MA in either Art Therapy/Art Psychotherapy, Dramatherapy or Music Therapy accredited by the Health and Care Professions Council (HCPC) http://www.hcpc-uk.org/education/programmes/register/. <p>And must have prepared:</p> <ul style="list-style-type: none"> • a portfolio of cases to underpin the EPA professional discussion
End Point Assessment (completed within 6 months)	<p>Assessment Method 1: Professional Discussion underpinned by a Portfolio of Cases</p> <p>Assessment Method 2: Presentation of Practice</p>

Length of end-point assessment period:

The EPA (including all assessment methods) must be completed within 6 months, beginning when the apprentice has met the EPA gateway requirements..

Order of assessment methods

The assessment methods can be delivered in any order.

Gateway

The EPA period should only start once the employer is satisfied that the apprentice is consistently working at or above the level set out in the occupational standard, that is to say they have achieved occupational competence. In making this decision, the employer may take advice from the apprentice's training provider(s), but the decision must ultimately be made solely by the employer.

In addition to the employer's confirmation that the apprentice is working at or above the level in the occupational standard, the apprentice must have completed the following gateway requirements prior to beginning EPA:

- English and mathematics at level 2.
- For those with an education, health and care plan or a legacy statement the apprenticeships English and mathematics minimum requirement is Entry Level 3 and British Sign Language qualification are an alternative to English qualifications for whom this is their primary language.
- A portfolio of cases to underpin the EPA professional discussion

Apprentices must complete the following approved qualifications as mandated in the standard:

- MSc/MA in either Art Therapy/Art Psychotherapy, Dramatherapy or Music Therapy accredited by the Health and Care Professions Council (HCPC) <http://www.hcpc-uk.org/education/programmes/register/>.

Assessment Methods

Assessment Method 1: Professional Discussion underpinned by a portfolio of cases

Overview

This assessment will take the form of a professional discussion, which must be appropriately structured to draw out the best of the apprentice's competence and excellence and show that they are competent against the knowledge, skills and behaviours assigned to this assessment method. It will involve questions that focus upon the analysis of a portfolio of cases and coverage of prior learning, drawing out evidence of their own clinical experiences and competence through discussion.

Rationale

The rationale for this assessment method is:

A professional discussion is not simply a question and answer session but a two-way dialogue between the apprentice and independent assessor. It allows the apprentice to use their portfolio of cases as a starting point to explore their own practice and provide examples as evidence of their own clinical experiences with the independent assessor. A professional discussion is a well-recognised method of checking knowledge, skills and behaviours and is widely used within the health sector.

Delivery

The independent assessor will conduct and assess the professional discussion with the apprentice individually.

The professional discussion must last for 60 minutes (+ 10% at the independent assessor's discretion to allow an apprentice to finish the answer they are giving).

The professional discussion will allow the apprentice to demonstrate the depth and breadth of their arts therapy knowledge, skills and behaviours required to practice both safely and effectively. As a structured, in-depth two-way conversation between the independent assessor and apprentice, the professional discussion will provide an effective holistic assessment of complex understanding and knowledge. This is valuable in determining not only what and how an apprentice is performing, but also:

- how they work in line with the HCPC standards
- how they provide programmes of care and support to individuals and groups
- how they work as an effective member of the wider health and social care team
- how they integrate guidance from their professional body

The Professional Discussion will assess the knowledge, skills and behaviours mapped to the following discussion areas:

- Area 1 – **Professionalism**: How the apprentice practices in accordance with the HCPC standards, within the limits of own competence and experience, developing and improving their own practice
- Area 2 – **Programmes of support**: How the apprentice determines, provides and adjusts arts therapy programmes for individuals and groups
- Area 3 – **Teamwork**: How the apprentice works as part of the wider health and social care team
- Area 4 – **Quality**: How the apprentice reviews and improves the effectiveness of practice including reflecting on and developing their own skills and knowledge

The assessor will ask a minimum of 12 questions, three against each of the four areas. Additional follow up questions can be used as required.

The apprentice must evidence from their own clinical skills and experience how they have met the knowledge, skills and behaviours assigned to the professional discussion assessment using their portfolio of cases to support the discussion. See grading section for the mapped knowledge, skills and behaviours.

During the discussion, the independent assessor will use follow up questions about Professionalism, Programmes of support, Teamwork and Quality, covering any gaps in the discussion using the discussion areas outlined by the EPAO.

The professional discussion is led by the independent assessor with the apprentice on an individual basis. During this method, the independent assessor must combine questions from the EPAO's question bank and those generated by themselves. The assessor must ask at least 8 from the question bank, with at least two questions relating to each of the four topic areas plus at least 4 designed by the independent assessor, with at least one relating to each of the four topic areas. Video conferencing can be used to conduct the professional discussion, but the EPAO must have processes in place to verify the identity of the apprentice and ensure the apprentice is not being aided in some way.

The independent assessor must use the assessment tools and procedures that are set by the EPAO to record the professional discussion.

The independent assessor will make all grading decisions.

Venue

The professional discussion can take place in any of the following:

- employer's premises
- a suitable venue selected by the EPAO (e.g. a training provider's premises)

Video conferencing can be used to conduct the professional discussion, but the EPAO must have processes in place to verify the identity of the apprentice and ensure the apprentice is not being aided in some way.

The professional discussion must take place in a quiet room, free from distractions, including when being conducted via video conferencing.

Other relevant information

A structured professional discussion template and question bank must be developed by EPAOs. The question bank must be of sufficient size to prevent predictability. It must be reviewed regularly (and at least once a year) to ensure that it, and its content, are fit for purpose. The questions relating to the underpinning knowledge, skills and behaviours, must be varied yet allow assessment of the relevant knowledge, skills and behaviours.

EPAOs must ensure that apprentices have different professional discussion questions in the case of re-sits/re-takes.

The Independent assessor must be developed and trained by the EPAO in the conduct of professional discussions and reaching consistent judgement.

knowledge, skills and behaviour

Portfolio of cases

Apprentices will provide a portfolio of cases. The portfolio is not assessed as part of the EPA but brought along to evidence and underpin the professional discussion.

Usually a portfolio will contain between 10 and 15 pieces of evidence. Each of the four areas below must be covered by at least one of the cases included in the portfolio.

- Area 1 – **Professionalism**: How the apprentice practices in accordance with the HCPC standards, within the limits of own competence and experience, developing and improving their own practice
- Area 2 – **Programmes of support**: How the apprentice determines, provides and adjusts arts therapy programmes for individuals and groups
- Area 3 – **Teamwork**: How the apprentice works as part of the wider health and social care team
- Area 4 – **Quality**: How the apprentice reviews and improves the effectiveness of practice including reflecting on and developing their own skills and knowledge

The portfolio must contain a mapping document to demonstrate how all of the knowledge skills and behaviours assigned to this assessment method have been met.

Below are some examples of the practice that the portfolio of cases may cover:

- Professional conduct
- Planning, providing or adapting arts therapy programmes for individuals or groups
- Referrals
- Safeguarding
- Health and safety
- Ethical dilemmas
- Confidentiality
- Delegation
- Teamwork

Additional information may be included in the portfolio so that it addresses all of the knowledge, skills and behaviours assigned to this method. These may include feedback from patients or managers and personal development plans,

The portfolio of cases will be submitted to the EPAO at Gateway and this should be at least 10 working days before the EPA so that the content can be reviewed (but not assessed) by the independent assessor prior to the professional discussion.

knowledge, skills and behaviour

The EPAO must develop a suitable bank of questions to be used during the professional discussion to enable the apprentice to evidence the required knowledge, skills and behaviours for this method.

EPAOs will produce the following materials to support this assessment method:

- Discussion template including discussion areas to be covered and for evidence and gaps to be recorded
- Question bank for use in the professional discussion. The independent assessor may combine questions from the EPAO's question bank and those generated by themselves as follow up questions
- Grading matrix
- Document for the employer and apprentice on how the assessment will be conducted

Assessment Method 2: Presentation of Practice

Overview

The purpose of this assessment method is to show the clinical competence of the apprentice. Apprentices will prepare and deliver a presentation that demonstrates their clinical competence against the knowledge, skills and behaviours assigned to this method of assessment, using real examples from their own practice. This is a synoptic assessment that demonstrates the apprentice's integration of the knowledge, skills and behaviours across the Arts Therapist standard.

The Apprenticeship Standard for Arts Therapist covers three disciplines, so each apprentice will be either an Art, Drama or Music Therapist and will evidence their presentation of practice with examples from their own discipline, drawing on their own experience and case studies to demonstrate their competence

The apprentice will be given a presentation of practice title by the EPAO. They will develop and deliver a 25-minute presentation of practice (+ 10%) followed by a 45-minute (+10%) question and answer session (See 'presentation' section below). The presentation of practice will be prepared in advance and submitted to the independent assessor before the EPA date (see 'presentation section' for submission timings) This is so that the assessor can prepare for the assessment, including checking that the presentation is fully and accurately referenced.

Delivery

The presentation of practice assessment will last for 70 minutes: 25 minutes for the apprentice to present and 45 minutes question and answer (+ 10% at the independent assessor's discretion to allow an apprentice to finish the answer they are giving). The assessor must ask at least 9 questions after the presentation.

The presentation of practice will allow the apprentice to demonstrate the depth and breadth of their arts therapy knowledge, skills and behaviours required to practice both safely and effectively. It will provide an effective holistic assessment of complex understanding and knowledge. This is valuable in determining not only what and how an apprentice is performing, but also:

- how they work autonomously as an Arts Therapist
- how they assess and support individuals and groups making professional judgements and clinical decisions during the different phases (beginning, middle and end)
- how they evaluate the effectiveness of the therapy, adapting and reviewing progress

The presentation of practice is an excellent method to cover the range of knowledge, skills and behaviours required.

The Presentation of Practice will assess the knowledge, skills and behaviours mapped to the following discussion areas:

- Area 1 – **Autonomy**: How the apprentice practices autonomously, taking personal responsibility, solving problems and exercising professional judgement
- Area 2 – **Programmes of support**: How the apprentice assesses a client's needs, delivers, adapts, evaluates or ends programmes of support using appropriate equipment and techniques during the different phases (beginning, middle and end)
- Area 3 – **Quality**: How the apprentice records, reports and evaluates therapy practice

The apprentice must evidence how they have carried out the knowledge, skills and behaviours assigned to this assessment method, referencing their presentation to them in writing as part of their submission. See mapping section for the assigned knowledge, skills and behaviours.

During the presentation of practice the independent assessor will generate questions themselves as well as drawing on those developed by the EPAO to cover any gaps in the presentation. The assessor must ask at least 6 from the EPAO question bank, with at least two questions relating to each of the three topic areas plus at least 3 designed by the independent assessor, with at least one relating to each of the three topic areas. The independent assessor must use the assessment tools and procedures that are set by the EPAO to record the presentation.

Presentation

The presentation of practice may be supported by media of the apprentice's choice eg poster, PowerPoint, flip chart etc. The presentation of practice must be fully referenced with a copy of the presentation, and the references used, this will be submitted to the independent assessor in advance of the EPA (see below for timings).

The independent assessor has responsibility for determining the grade awarded to the presentation of practice.

The presentation of practice will be presented to an independent assessor, either face-to-face or via online video conferencing. If using an online platform, EPAOs must ensure appropriate measures are in place to prevent misrepresentation.

- The apprentice will be given the presentation title and context and the requirements for the presentation of practice by the EPAO at least 25 working days before the date agreed for the presentation
- The apprentice will have 15 working day(s) to prepare, complete and submit the presentation.
- The presentation of practice and references will be submitted to the independent assessor 10 working days before the EPA date.

Below are some examples of the areas that the presentation titles and context may cover:

- Ethical dilemmas
- Problem solving
- Reporting and escalation
- Clinical decision making
- Therapeutic interventions
- Client engagement
- Interpersonal skills

- Case management including assessment, review or closure

The EPAO will be required to develop a suitable bank of titles and contexts of this type to be used during the presentation to enable the apprentice to evidence the required knowledge, skills and behaviours for this method. .

The independent assessor will make all grading decisions.

Venue

The presentation of practice can take place in any of the following:

- employer's premises
- a suitable venue selected by the EPAO (e.g. a training provider's premises)

Video conferencing can be used to conduct the presentation of practice, but the EPAO must have processes in place to verify the identity of the apprentice and ensure the apprentice is not being aided in some way.

The presentation of practice must take place in a quiet room, free from distractions, including when being conducted via video conferencing.

Support material

EPAOs will produce the following material to support this assessment method:

Computer, projector, video conferencing, flip charts, sound and vision equipment, and pens as required.

EPAOs must ensure that apprentices have a different presentation title, context and questions in the case of re-sits/re-takes.

EPAOs will produce the following materials to support this assessment method:

- A 'bank' of presentation titles, context and questions must be developed by EPAOs. The bank must be of sufficient size to prevent predictability and be reviewed regularly (and at least once a year) to ensure that it, and its content, are fit for purpose. The titles and questions relating to the underpinning knowledge, skills and behaviours, must be varied yet allow assessment of the relevant knowledge, skills and behaviours. The independent assessor may combine questions from the EPAO's question bank and those generated by themselves.
- Grading matrix
- Document for the employer and apprentice on how the assessment will be conducted

Rationale

Unlike other live workplace or simulated assessment of practice methods the presentation of practice will enable an apprentice to showcase their competence and how they have worked with a patient or group over a period of time through the different phases of therapy (beginning, middle

and end), showing how each with its distinct demands and how they were managed. By drawing on evidence from their own practice they will be able to show how they build rapport through their art medium, how they evaluated and adapted their practice to enable the patient/service user to meet their therapeutic needs and goals over an extended period of time.

- **An observation of practice** in a live setting was not selected, as this will not cover the breadth and depth of clinical practice delivered over a longer period of time, often with patients/service users with complex psychological distress and emotional problems, in a range of clinical settings in child and adult clinical settings, in specialist hospitals, forensic and acute settings, where patients are often not in a state of mind to give consent to sessions being observed.

A live snapshot assessment would not provide the apprentices with the opportunity to show how the relationship and rapport and trust have developed over a period of time; and where the patient/service user have their expression being shared outside of a normal framework of a safe confidential therapeutic relationship, by being observed could cause clients to withdraw from therapy or cause them distress, and inadvertently set the therapy back, therefore unfairly disadvantage some apprentices. It would therefore be difficult to observe practice efficiently and in a meaningful way. Observation will not enable assessor to assess the apprentice's ability to engage clients when they are at their most distressed, disturbed and vulnerable or how they work with patients under the mental capacity act, or with those with profound and multiple learning difficulties or complex neurological needs including Stroke/Parkinson's disease/dementia.

A Simulation of practice using an actor playing the part of a patient was not selected as this would not enable the assessor to see how the apprentice has worked over time on developing rapport and a therapeutic alliance with the patient. Like the observation, it would offer a brief 'snapshot' of practice but one where you would not see how a therapeutic relationship is built and sustained in the face of difficulties and how the different phases of therapy (beginning, middle and end), which each have their distinct demands, are managed. Systematic use of actors is also not a feasible option for them to take on the role of arts therapies clients /patients where the nature of interaction between service user and therapist is predominantly non-verbal in nature (expression through the creative arts medium) and clients/patients with often significant levels of cognitive deficiency/learning disabilities/vulnerability.

Weighting of assessment methods

All assessment methods are weighted equally in their contribution to the overall EPA grade.

Grading

Assessment Method 1: Professional Discussion underpinned by portfolio of cases.

Knowledge, skills and behaviours	
K1 K2 K3 K4 K5 K9 K10 K11 K12 K13 K14 K32 K33 K34 K35 K36 K37 K39 K40 K41 K42 K43 K44 K45 K46 K47 K48 K49 K50 K51 K52 K53 K54 K55 K56 K57	
S1 S2 S3 S7 S8 S20 S21 S22 S25 S26 S27 S28 S29 S30 S31	
B1 B2	

The professional discussion is graded pass, distinction or fail.

Pass criteria

To achieve a Pass in the Professional Discussion underpinned by a Portfolio of Cases, the apprentice will need to meet all of the knowledge, skills and behaviours that are referenced to this method.:

1. Consistently evidence that they adhere to and understand the HCPC standards and how they relate to their daily work, demonstrating how they have worked ethically and safely, within their scope of practice and competence. (K1, , K5, S1, S2, S3)
2. Consistently evidence that they adhere to and understand their professional body's code of ethics and applied it to their daily work (K1)
3. Consistently evidence that they understand and adhere to the confidentiality and information governance requirements appropriate to their practice (K2, K3, K4, S3)
4. Demonstrate and explain how they have effectively managed a case load and built a relationship with clients over a period of time, planning, managing and evaluating therapy sessions according to evidence-based practice that engages the client and meet their individual needs or preferences whilst acting in their best interest. (K9, K10, K11, K14, S1 S7, S8)
5. Demonstrate an understanding of the emotional processes elicited by engaging in an art form including explaining how current theory, research and practice has informed their own practice (K12, K13)
6. Describe how they have consistently made appropriate, timely, evidence-based referrals within their scope of practice. (K32, K33, S20)
7. Evidence how they have communicated appropriately with clients and colleagues, at all times and through all media, adapting their style to meet their needs and involving others in their decision-making process. (K34, K35, K36, K37, S21, S22)
8. Describe how they regularly review the safety and effectiveness of practice, managing and reporting risks, gathering, evaluating and interpreting data to use outcome measures to overcome problems and improve practice. (K5, K39, K40, K41, K42, K43, S25, S26)

9. Demonstrate and explain how they work effectively as part of the wider multi-disciplinary team inside and outside of their organisation, showing that they know how to build and maintain relationships, recognise when to offer their professional opinion, recognise the role and value of clinical supervision and applied leadership, understand how their own role fits within the wider healthcare context and can explain how they engage with other stakeholders involved in their clients care and support including colleagues that they may have a supervision or training responsibility for. (K44, K45, K46, K47, K48, S27, S28, S29)
10. Describe how they have engaged effectively in research activity and evaluation showing an understanding of the methods, principles, process and application of research enquiry and the importance of client involvement. (K49, K50, K51, K52, S30)
11. Evidence how they have maintained their fitness to practice through regular critical reflection, continuing professional development and review of their own psychological and arts-based practice showing an understanding of the value of insight and self-awareness and evidencing the improvements they have made where necessary as a result. (K53, K54, K55, K56, K57, S31)
12. Describe how they have consistently acted in a professional manner, treating people with dignity and respect and being trustworthy. (B1, B2,).

Distinction criteria

To achieve a **distinction** in the professional discussion the apprentice achieves all of the pass criteria plus full coverage of 4 or more of the statements below:

1. Explores and critically evaluates research methodologies, processes and findings, assesses, selects and implements solutions that will benefit the client's experience and improve client outcomes (K49, K50, K51, S30)
2. Gives examples from their own practice of how they have critically evaluated complex issues and reflected on their practice to assess, audit, measure and improve service using and implementing effective record keeping and adhering to local and national standards and reflective frameworks (S25)
3. Proactively lead a change process, appraising the situation and showing an original application of knowledge that results in either improved patient outcome or improved efficiency e.g. quality improvement, audit, supervision measures, care pathway development (K42, K43, S25)
4. Shows commitment to continuous CPD that has a direct impact on improvement of care delivery through enhancing the learning of others including more junior staff and multi-disciplinary colleagues by making sound judgements, evaluating practice, practising clinical supervision, using applied leadership and sharing their learning with others (K43, K45, K53, S31)
5. Give an example of how they have led on multi-agency liaison (e.g. health, social care or education) risk assessment or evaluation or put measures in place to mitigate risks demonstrating self-direction and autonomous working (S2, S29)

Assessment Method 2: Presentation of Practice

Knowledge, skills and behaviours
K6 K7 K8 K15 K16 K17 K18 K19 K20 K21 K22 K23 K24 K25 K26 K27 K28 K29 K30 K31 K38
S4 S5 S6 S9 S10 S11 S12 S13 S14 S15 S16 S17 S18 S19 S23 S24
B1 B2 B3

Pass criteria

To achieve a Pass in the Presentation of Practice method the apprentice will need to meet all of the Knowledge, skills and behaviours that are referenced to this method.:

1. Consistently evidence that they adhere to and understand the HCPC standards and how they relate to their daily work, demonstrating how they have worked autonomously and safely, within their scope of practice and competence, managing their own workload and resources in line with financial and contractual obligations, being accountable for the decisions they have taken, proactively problem solving and escalating concerns appropriately. (K6, K7, K8, S4, S5, S6, B2)
2. Evidence how they have accurately assessed, planned and delivered therapy to a client, gaining consent, taking a history, checking capacity and preferences appropriately and demonstrating clinical reasoning skills using evidence-based practice and outcome measures to assess and respond to the nature and severity of the problem or physical and mental health needs appropriately. (K15, K16, K17, K18, S9, S10, S11, S12)
3. Evidence that they understand the structure and function of the human body, recognising disease, disorder and disfunction related to the aims and treatment of the arts therapy (K19)
4. Evidence how they have dealt with a client with complex or co-existing needs, acting in their best interest, recognising their changing needs, resilience, past experiences and capacity, communicating sensitively and effectively and adapting their practice as required to meet those needs to deliver a coherent approach to therapy. (K20, S13)
5. Evidence how they have acknowledged, responded to or adapted their practice appropriately to take into account protected characteristic, equality and diversity (K21)
6. Explain how they have used their art, drama or music expertise in conjunction with therapeutic skills and interventions to work effectively and safely with clients, recognising the role and function of the art form in the relationship with the client, the principle therapeutic interventions and reviewing a formulation of the client's problems in collaboration with them. (K22, K23, S14)
7. Demonstrate how they have used a range of appropriate techniques, equipment and methods effectively within their therapy sessions, engaging the client and recognising the socio-cultural context and role of the physical setting. (K24, K25, K26, K27, S15, S16)
8. Evidence how they have used psychological, arts and interpersonal skills effectively to enable clients to experience themselves and others in new ways to gain an understanding of the problems they face and overcome emotional and psychological barriers. (K28, K29, S17, S18)
9. Explain how they have managed a caseload appropriately, safely and effectively, adapting their practice or adjusting plans appropriately according to needs by reading clients explicit and implicit emotional communication. (K30, K31, S19)

10. Evidence how they have made timely and effective decisions to initiate, continue or adjust therapy in partnership with the client, acting responsively and appropriately, including bringing the therapy to a close as required. (K38, S23, S24).
11. Evidence how they have consistently acted in a professional and trustworthy manner, treating people with dignity and respect and showing empathy and compassion. (B1, B2, B3).

Distinction criteria

To achieve a **distinction** in the presentation of practice the apprentice achieves all of the pass criteria plus full coverage of 4 or more of the statements below:

1. Demonstrate how they effectively analysed complex problems, showing a systemic understanding of underpinning knowledge by how they have reviewed and presented solutions that are realistic and have improved the outcomes for the individual and service delivery, whilst respecting client choices and working in partnership with them (K16, K18, S6, S14)
2. Gives an example of conducting a review of clinical decisions where they have identified complex issues and problems and describe how they made sound judgements to provide a solution to improve the practice and share positive outcomes with multi-disciplinary colleagues (K18, S5)
3. Gives examples of how they have researched and identified innovative ways to develop their art, drama or music expertise and applied it autonomously and safely to therapeutic practice to improve their practice and the service as a whole. (K22, K23, S14)
4. Critically evaluate the impact on their caseload management when dealing with patients who have difficulties and challenges requiring long term support where they struggle to accept support, how they autonomously resolved this and how it has improved the patient's acceptance of support (K28, S13)
5. Demonstrate an in depth and systematic understanding and application of the key theoretical basis of therapeutic interventions for clients with complex or co-existing needs and how they can be used to inform research and to enhance practice and reach better patient outcomes across service delivery (K23, S13)
6. Demonstrates a synthesis of a wide range of psychological arts therapy theory which impacts on service development and the enhancement of service user care throughout the discussion showing an original application of knowledge and self-directed improvement (K23)

Overall EPA grading

All EPA methods must be passed for the EPA to be passed overall. Grades from individual assessment methods should be combined in the following way to determine the grade of the EPA as a whole:

Professional Discussion	Presentation of Practice	Overall grading
Fail	Fail	Fail
Fail	Pass	Fail
Fail	Distinction	Fail
Pass	Fail	Fail
Pass	Pass	Pass
Pass	Distinction	Pass
Distinction	Fail	Fail
Distinction	Pass	Pass
Distinction	Distinction	Distinction

Roles and responsibilities

Role	Responsibility
Apprentice	<ul style="list-style-type: none"> complete the on-programme element of the apprenticeship prepare for and complete the EPA
Employer	<ul style="list-style-type: none"> identify when the apprentice is ready to pass the gateway and undertake their EPA notify the EPAO that the apprentice has passed the gateway
EPAO	<ul style="list-style-type: none"> As a minimum EPAOs should: appoint administrators/invigilators and markers to administer/invigilate and mark the EPA Appoints the independent assessor provide training and CPD to the independent assessors they employ to undertake the EPA Create learner specifications detailing the EPA, process, content etc. ensure there is no direct connection with the apprentice, their employer or training provider i.e. there must be no conflict of interest

	<ul style="list-style-type: none"> • have processes in place to conduct internal quality assurance and do this on a regular basis • organise standardisation events and activities in accordance with this plan's IQA section • organise and conduct moderation of the independent assessors' marking in accordance with this plan • have, and operate, an appeals process • conform to the requirements of the nominated EQA provider
Independent assessor	<ul style="list-style-type: none"> • As a minimum an Independent assessor should: • be independent of the apprentice, their employer and training provider(s) i.e. there must be no conflict of interest • hold or be working towards an independent assessor qualification e.g. A1 and have had training from their EPAO in terms of good assessment practice, operating the assessment tools and grading • have the capability to assess the apprentice at this level i.e. meet the occupational requirements as set out in the IQA section of this assessment plan • attend the at least one EPAOs standardisation and training events per year
Training provider	<ul style="list-style-type: none"> • As a minimum the training provider should: • work with the employer to ensure that the apprentice is given the opportunities to develop the knowledge, skills and behaviours outlined in the standard and monitor their progress during the on-programme period • advise the employer, upon request, on the apprentice's readiness for EPA prior to the gateway • Plays no part in the EPA itself

Internal Quality Assurance (IQA)

Internal quality assurance refers to the requirements that EPA organisations must have in place to ensure consistent (reliable) and accurate (valid) assessment decisions. EPA organisations for this EPA must:

- Appoint an independent assessor who has knowledge of the following areas:
Art, Drama or Music Therapy.
- appoint an independent assessor who has recent relevant experience of the occupation/sector gained in the last two years or significant experience of the occupation/sector.
- The assessor will have the following minimum skills, knowledge and occupational competence:

- The assessor must be occupationally competent in Art, Drama or Music Therapy and academically competent in Masters level assessment.
- provide training for the independent assessor in terms of good assessment practice, operating the assessment tools and grading
- have robust quality assurance systems and procedures that support fair, reliable and consistent assessment across the organisation and over time.
- operate induction training and annual standardisation events for the independent assessor when they begin working for the EPAO on this standard and before they deliver an updated assessment method for the first time. The independent assessor must attend at least one standardisation event a year.

Consistency

The independent assessor must be developed and trained by the EPAO in the conduct of professional discussions and reaching consistent judgement. Standardised recording templates must be developed by the EPAO for independent assessors to record their notes during the professional discussion and presentation methods. A grading matrix will be provided for the independent assessor to use.

A sample of presentations of practice and/or professional discussions will be reviewed by an external examiner as part of quality assurance. Apprentices must be informed if any observers will be present as part of the external quality assurance process.

External Quality Assurance (EQA)

The EQA provider will be named on the Institute for Apprenticeships and Technical Education website.

Re-sits and retakes

Apprentices who fail one or more assessment method will be offered the opportunity to take a re-sit or a re-take. A re-sit does not require further learning, whereas a re-take does.

Apprentices should have a supportive action plan to prepare for the re-sit or a re-take. The apprentice's employer will need to agree that either a re-sit or re-take is an appropriate course of action.

An apprentice who fails an assessment method, and therefore the EPA in the first instance, will be required to re-sit any failed assessment methods only.

Any assessment method re-sit or re-take must be taken during the maximum EPA period, otherwise the entire EPA must be taken again, unless in the opinion of the EPAO exceptional circumstances apply outside the control of the apprentice or their employer.

Re-sits and re-takes are not offered to apprentices wishing to move from pass to distinction.

Where any assessment method has to be re-sat or re-taken, the apprentice will be awarded a maximum EPA grade of pass, unless the EPAO determines there are exceptional circumstances requiring a re-sit or re-take.

Affordability

Affordability of the EPA will be ensured by using at least some of the following practice:

- Using video conferencing facilities
- Using an employer's premises

Reasonable adjustments

The EPAO must have in place clear and fair arrangements for making Reasonable Adjustments for this standard. This should include how an apprentice qualifies for Reasonable Adjustment and what Reasonable Adjustments will be made. The adjustments must maintain the validity, reliability and integrity of the assessment methods outlined in this assessment plan.

Mapping of knowledge, skills and behaviours

Assessment Method 1: Professional Discussion

Knowledge
K1 The legal and ethical scope of the role including HCPC standards for Arts Therapists, the professional body's Code of Ethics, legislation, policies and procedures related to the role and workplace including the limits of the role, knowledge and experience.
K2 The concepts of confidentiality and informed consent and their application within a team or organisation, including how they extend to illustrative records.
K3 How to record, report and store clinical records and other information in line with data protection legislation.
K4 How to store, dispose of and ethically curate materials created within therapy.
K5 How to identify, manage, report and escalate risks, hazards or harm to self, clients and others.
K9 How to always act in the best interest of the client.
K10 Ways to design specific and appropriate plans to meet the client's goals, needs, preferences or objectives.
K11 The importance of engaging clients, their family and others as appropriate in the planning, evaluating and recording of outcomes.
K12 The emotional processes that may be elicited by engaging in a particular art form.
K13 Current relevant theory, research and practice related to the therapeutic use of an art form.
K14 Ways to evaluate the strengths, benefits and limitations of therapy.
K32 When and where to refer.
K33 How to conduct appropriate liaison, information-gathering and record keeping related to referrals in a timely manner.
K34 How communication and interpersonal skills affect assessment and engagement.
K35 How to adapt communication appropriately in relation to client needs.
K36 How social and cultural factors may affect communication, when to seek support from interpreters or other services.
K37 How to use information and communication technologies as required by your role.
K39 Understand current relevant safeguarding laws and risk management policies and their relevance to clinical work.
K40 Ways to gather and interpret qualitative and quantitative data and the value of doing so.
K41 How to critically analyse and evaluate social, emotional, physiological and biological factors in the context of integrated health and wellbeing and report these verbally or through written reports.
K42 The role of audit in quality control, review and continuous improvement.

K43 Ways to monitor and evaluate the quality of practice, including supervision and outcome measures.
K44 When to offer your own professional opinion.
K45 The role and value of clinical supervision and applied leadership.
K46 The wider networks and contexts in which you work including the structure and function of health, social care and education services.
K47 The importance of teamwork and working within the multidisciplinary team.
K48 Stakeholders that may be involved in client's care and support.
K49 The principles, process and applications of research enquiry relevant to arts therapies practice.
K50 A range of research methodologies and their appropriateness in evaluating arts therapies.
K51 The importance of research-based evidence and the value of research in the critical evaluation of practice.
K52 The importance of client involvement in evaluation.
K53 The importance of continuous professional development.
K54 The value of critical reflection maintaining fitness to practice.
K55 How your own experience of developing insight and self-awareness through therapy gives value to your role.
K56 The importance of maintaining your own health, well-being and resilience.
K57 The importance of engaging in the practices and processes for creating art, drama or music.

Skills
S1 Manage a caseload in line with legal and ethical responsibilities and professional registration.
S2 Establish and maintain a safe practice environment.
S3 Maintain confidentiality in all areas of your practice in a manner appropriate to the clinical context and setting and legal requirements.
S7 Plan and manage Arts Therapy sessions according to evidence-based practice.
S8 Provide client-centred therapy, working in partnership with clients, their family and others involved in their care or support, building rapport, encouraging communication and supporting clients' autonomy.
S20 Elicit, receive and make appropriate referrals, promoting awareness of the arts therapies contribution throughout the organisation.
S21 Communicate appropriately with others involved in the client's care and involve them in decision making where appropriate.
S22 Communicate effectively using verbal and non-verbal skills.
S25 Review the effectiveness of practice through evaluation, audit and record keeping.
S26 Apply current relevant safeguarding and risk management processes and procedures.

S27 Work as part of a multi-disciplinary team within your own organisation and across the wider health and social care team outside of your own organisation as required.
S28 Support, train, supervise and consult with colleagues.
S29 Build and sustain professional relationships as an independent practitioner and a member of a team.
S30 Be able to engage effectively in research activity and evaluation as required by the role in the context of the employing organisation's priorities.
S31 Reflect on, review and continuously improve and develop your own psychological and arts-based practice, supporting others to do the same.

Behaviours
B1 Treat people with dignity and respect, being non-discriminatory and showing awareness of their rights and choices whilst acting in their best interests.
B2 Be trustworthy and behave professionally.

Assessment Method 2: Presentation of Practice

Knowledge
K6 Ways to manage own workload and resources including knowledge of the financial and contractual aspects of practice.
K7 Your own accountability for decision-making.
K8 When and where to escalate concerns.
K15 Ways to gain informed consent, assessing capacity and responding appropriately and in line with legislation.
K16 The importance of client choice regarding treatment.
K17 A range of assessment techniques linked to the presenting problem, it's history or diagnosis.
K18 How to reach clinical decisions including how to assess and enquire into the nature and severity of a problem.
K19 Understand the structure and function of the human body together with knowledge of health, disease, disorder and dysfunction relevant to the aims of treatment and the Arts Therapy.
K20 How to develop an understanding of the client's strength, resilience and current problems including the importance of past experiences across lifespan development.
K21 Protected characteristics, equality and diversity including ways in which the therapist should acknowledge, be responsive and adapt their practice.
K22 The role and function of the art, drama or music within the relationship between client and therapist.
K23 The principle therapeutic interventions and their theoretical basis for individual and groupwork.

K24 The socio-cultural context and the client's history on the making, viewing or experiencing of art, drama or music.
K25 The role of the physical setting.
K26 A range of approaches, materials and art, drama or music -based techniques used as a basis for the arts therapy sessions.
K27 The role of the arts in facilitating the development of the therapeutic relationship, as a means of self-expression and communication and as a way of managing psychological distress.
K28 Ways to enable clients to develop awareness of their own thoughts, feelings and behaviours to gain an understanding of the problems they face.
K29 How the Arts Therapies represent a collaborative approach to health and wellbeing in which the therapist aims to do whatever is possible to engage the client and enable them to overcome emotional and psychological barriers to engaging in arts therapies.
K30 How to change or adapt your practice to take into account new developments and changing contexts.
K31 Ways to adjust plans or adapt practice to meet the needs of different groups or individuals.
K38 How to decide when to initiate, continue, modify or cease treatment.

Skills
S4 Practise as an autonomous Arts Therapist.
S5 Exercise professional judgement, taking personal responsibility for the decisions made.
S6 To proactively seek and find creative, realistic solutions to problems.
S9 Make psychological assessments and judgements by gathering an understanding of the client's current problems, what causes, exacerbates or perpetuates them and how therapy may help or harm.
S10 Undertake and record a thorough, sensitive and detailed assessment using your specialised skills to conceptualise and address problematic situations that involve many interacting factors.
S11 Enable clients to make an informed choice, about which intervention, if any, may be most appropriate.
S12 Work with and respond appropriately to physical and mental health needs relevant to the client and the therapy.
S13 Engage with clients with co-existing problems to deliver a coherent approach to their therapeutic experience.
S14 Employ your expertise in art, drama or music in conjunction with your psychological and therapeutic skills to develop and regularly review a formulation of the client's problems in collaboration with them.
S15 Use therapeutic skills and technical expertise in art, drama or music to enable the client to engage in the art form.
S16 Select appropriate methods, equipment or techniques from within a medium (of art, drama or music) in the therapy session that is delivered.

S17 Use arts and psychological understanding and interpersonal skills to help support the client's awareness of their thoughts and feelings and to reflect on these and on their relationships and behaviour.
S18 Use arts and psychological understanding and interpersonal skills to help the client to overcome any barriers wherever possible.
S19 Read clients explicit and implicit emotional communication and use these to inform therapeutic action.
S23 Engage the client in mutual assessment of their progress.
S24 Make responsive and appropriate adjustments to therapeutic approach when required.

Behaviours

B1 Treat people with dignity and respect, being non-discriminatory and showing awareness of their rights and choices whilst acting in their best interests.
B2 Be trustworthy and behave professionally.
B3 Demonstrate empathy and compassion for clients, colleagues and others.