

February 2017 Proposal to develop a new apprenticeship standard

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Q1. Name of proposed trailblazer group

Psychological Wellbeing Practitioner

Q2. Please state if this is a new or existing trailblazer group. If existing please give details of which standards you are already working on.

New

Q3. Please confirm that you have read the Trailblazer Guidance on gov.uk and are content that your proposal meets all the criteria for approval

Yes I have

Q4. Number of standards proposed for development. Please be aware that commitment from at least 10 employer members for each proposed standard is required

1

Q5. Please insert details about each proposed standard below.

	Name of occupation covered by the proposed standard	Do you intend to include a degree in the standard?	Estimated overall annual take up across England	When do you estimate this apprenticeship would be ready to deliver starts?
1	Psychological Wellbeing Practitioner	No	70	Sept 2018
2	-	-	-	-
3	-	-	-	-
4	-	-	-	-
5	-	-	-	-
6	-	-	-	-
7	-	-	-	-
8	-	-	-	-
9	-	-	-	-
10	-	-	-	-

Q6. Please provide a clear description of the occupation(s) covered by the proposed standard(s) and what it involves, at a minimum setting out: the main duties, responsibilities and high level competencies required; the scope and limits of the occupation i.e. be clear what it does not involve; who else would this occupation typically work with / relationship between roles If this standard is intended as a 'core with options' please confirm and provide detail of the individual sub-occupations planned (Guidance paragraph 62)

Psychological Wellbeing Practitioners (PWPs) work with people with common mental health problems. The PWP role was originally developed to work within Improving Access to Psychological Therapies (IAPT) services in England, providing assessment and low-intensity interventions to a range of adults with common mental health problems and long term conditions.

Psychological Wellbeing Practitioners manage a high volume caseload and are trained to assess and support people with common mental health problems (including assessment of the risk the client may pose to themselves and others) – principally mild to moderate anxiety disorders and depression – in the self-management of their recovery. Interventions are designed to aid clinical improvement and social inclusion, including return to work, meaningful activity or other occupational activities. PWPs do this collaboratively through the provision of information and support for evidence-based low-intensity psychological treatments, mainly informed by cognitive-behavioural principles and supporting medication adherence. Behaviour change theory and models provide the framework which support an integrated approach to the choice and delivery of the interventions that PWPs provide.

National Institute for Health and Care Excellence (NICE) guidance for common mental health disorders and for each of the anxiety disorders and depression sets out the range of different types of low-intensity evidence-based interventions appropriate for delivery by PWPs . Principal among these are support for low-intensity guided self-help interventions informed by cognitive-behavioural principles. Typically these are supported by the use of self-help materials which can be provided in written or digital form (e.g. computerised cognitive behavioural therapy (cCBT)). Treatment is provided to groups of people as well as one-to-one to individual patients, and is provided by telephone and increasingly through electronic media as well as face-to-face. Low-intensity psychological treatments place a greater emphasis on patient self-management and are less burdensome than traditional psychological treatments. Support is specifically designed to enable patients to optimise their use of self-management recovery information and may be delivered through face-to-face, telephone, email or other contact methods. PWPs also provide information on common pharmacological treatments and support patients in decisions that optimise their use of such treatments. PWPs do not however recommend or prescribe pharmacological treatments.

PWPs normally operate within a stepped care service delivery model, such as Improving Access to Psychological Therapies services in England, or similar service delivery models elsewhere. Stepped care operates on the principle of offering the least intrusive most effective treatment in the first instance; patients can then be 'stepped up' to a more intensive treatment if they do not achieve required clinical gains . In the IAPT service delivery model, PWPs provide care at 'step 2' of the stepped care model supporting low-intensity interventions. They work alongside high-intensity workers and other clinicians delivering CBT and other evidence-based 'step 3' treatments across the therapeutic modalities. Knowledge of IAPT services including the stepped care model of service delivery, regular and routine clinical outcomes measurement, case management and supervision are accordingly generic competencies that PWPs need for the satisfactory performance of their duties.

Q7. Have you submitted a proposal for an apprenticeship standard in this occupation(s) before? If yes provide details and outline how this proposal differs.

No

Do you intend for the standard(s) to replace or partly replace any existing apprenticeship frameworks? If yes provide details.

No

Q8. Do you expect any age restrictions to apply to this standard? If yes, please state why (bearing in mind apprenticeships cannot be undertaken by anyone under the age of 16)

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Please see comment box under item 18.

Q9. Please provide information that demonstrates the proposal is for a recognised, standalone occupation, for which there is genuine demand in the job market and where further training, beyond the apprenticeship, is not required for full competence. For example: any informal consultation already undertaken to evidence wider support, employment statistics etc (supporting documents can be uploaded at the end of the application)

By 2020/21 there will be a need to be increased access to psychological therapies, so that at least 25% of people (or 1.5 million nationally) with common mental health conditions access services each year. The majority of new services will be integrated with physical healthcare. As part of this expansion, 3000 new mental health therapists (nationally) will be trained and co-located in primary care, as set out in the General Practice Forward View (NHS England, April 2016). There are more than 200 IAPT service providers nationally.

Employers and commissioners of psychological therapies require PWPs to have completed a qualification accredited by the British Psychological Society (BPS). By virtue of the training route for PWPs being accredited by the BPS this demonstrates that the role of PWP is a unique and defined profession. The BPS, as the learned society and professional body representing psychology and psychologists, are working with the consortium to develop the apprenticeship standard.

Q10. Please provide information that confirms the proposed occupation is unique and does not significantly overlap with occupations covered by any approved standards or standards in development. Where there is potential for overlap you must speak to the existing Trailblazer(s) before submitting your proposal, and outline the results of any discussion you have had to determine the extent of overlap and why you have still opted to propose the development of this standard. The existing list of standards in development, is here The list of existing published standards and Trailblazer contact details, is here

We confirm that the role of psychological wellbeing practitioner is a unique role. We have reviewed other occupational standards, including that of Associate Practitioner, and confirm that none meet the requirements of this role. The PWP is an occupation of its own standing and is not assisting another practitioner. This is reflected in the requirement that the training of PWPs is BPS accredited.

This apprenticeship will meet a very specific workforce need as it is a unique role within specific services (IAPT).

Q11. Please provide information that demonstrates that the occupation will require rigorous and substantial training of at least a year, with 20% off-the-job. For example: detail of the technical skills required or an overview of any existing training programmes or modules. Please also confirm the typical length of time you expect the apprenticeship to take for someone new to the occupation

This occupation will require rigorous and substantial training for a minimum of 12 months to achieve full competence. The apprentice will be required to complete a degree level qualification at L6, accredited by the British Psychological Society which typically takes a full academic year and with an indicative credit value of 120 based one being one academic year, therefore exceeding the requirement for at least 20% off the job training. The employer must provide a minimum of 80 hours supervised practice hours, although the apprentice must be supported in the workplace for the 12 month duration of their apprenticeship.

Q12. Please provide information that demonstrates how the occupation is at a sufficiently high level to allow the successful apprentice to develop transferable skills that will enable them to perform this role in a business of any size or relevant sector. For example: highlight the main transferable skills, the range of sectors/environments someone in this occupation could work in