



Apprenticeship builder

Draft: proposal to develop an occupational standard for an apprenticeship

This submission

Unique occupational standard reference number:

Trailblazer Group Reference Number:
ST0435

Does this standard have core and options?
No

Is this proposal a resubmission?:
No

Would your proposed apprenticeship standard
replace an existing framework?
No

Target date:
31/05/2019

Title of Occupation:

Clinical Associate Psychologist

Name of Trailblazer Group:

Clinical Associate Psychologist

Rationale for target date:

To enable the apprenticeship route for the Clinical Academic Psychologists training to be delivered in standard academic timetables for cohorts that will start in September 2019 and produce the workforce to address the workforce need as identified by Service Transformation Boards (STPs) for workforce analysis plans

Occupational profile

This occupation is found in...

the NHS, social care, justice, education and the voluntary sector. It is a new occupation that has been introduced as part of a programme of work to provide greater access to mental health services. This new grade of practitioner psychologist fills a skills gap between assistant psychologist and qualified clinical psychologists.

The broad purpose of the occupation is...

to provide high quality, evidence based psychological diagnosis/formulation, derived from specialist psychological assessments and to provide treatment for people of all ages and from different backgrounds, cultures and beliefs. Many of these people will be having contact with psychological services for the first time. Clinical Associate Psychologists (CAPs) may work with people in their own home, in the community or hospital, in prison or in any settings where their needs are supported and managed. They work with individuals and groups with complex needs and long-term conditions and can act as a psychological resource to the wider health or social care teams. They work alongside existing psychological practitioners such as assistant psychologists, Psychological Wellbeing Practitioners and High Intensity Improving Access to Psychological Therapies Cognitive Behaviour Therapy practitioners. Unlike PWP, the CAPs work is informed, but not determined by problem-specific treatment protocols with examples found in managing psychological distress where there are two or more long-term health conditions, for example, symptom reduction in depression in dementia

In their daily work, an employee in this occupation interacts with...

clinical psychologists, assistant psychologists and trainee clinical psychologists. They will also work with other health and care occupations such as nurses, social workers, and medical colleagues working as part of a multidisciplinary team. They will also work with probation services, the police and the courts. Typically CAPs will provide services Monday to Friday but there may be some requirement to provide 'on-call' services outside of normal hours

An employee in this occupation will be responsible for...

providing clinical psychological interventions for people in their own home, in the community or hospital or in any individual or group setting where their needs are supported and managed. They work with individuals or groups with long-term conditions and complex needs, for example, children with significant adjustment reactions to developmental disorders such as autism spectrum disorders. CAPs act as a psychological resource to the wider health or social care teams including residential settings. They have a high level of autonomy and are responsible for their own clinical programme of work as part of a team but on a day to day basis they may be working alone when seeing people in their own homes or in the community. CAPs take responsibility for planning and developing courses of action through a process of formulation to initiate and underpin substantial changes or developments in the care of the individual which may include multimorbidity presentations. CAPs are responsible for managing their own caseloads, including deriving specialist psychologist assessment through to developing treatment interventions, at an individual and group level, and sharing these with wider healthcare colleagues. CAPs are responsible for maintaining regular and targeted professional supervision to enable them to deliver their role and will meet with a chartered clinical psychologist supervisor in accordance with British Psychological Society (BPS) standards for accredited practice.

They are responsible for ensuring that resources are managed effectively and participate in the delivery of audit and service improvement projects.

They are responsible for their own Continuing Professional Development (CPD) in order to maintain BPS membership and updating their knowledge of best psychological practice.

Typical job titles used for this occupation...

Clinical Associate Psychologist (Children and young people)

Clinical Associate Psychologist (Adults and older people)

Clinical Associate Psychologist (Learning Disabilities)
Clinical Associate Psychologist (Specialist Practice)

Duties

Occupation duties

Duty	Criteria for measuring performance	Days required to complete off the job training for this duty
<p>Duty 1: Demonstrate competence as an accountable professional acting in the best interests of patients, by providing personalized psychological interventions that are evidence-based, compassionate and empowering.</p>	<p>Adhere to British Psychological Society Code of Conduct http://www.bps.org.uk/news-and-policy/bps-code-ethics-and-conduct In accordance with legislation, national guidance, organisational protocol's, policies and procedures Adhere to professional supervision requirements</p>	2
<p>Duty 2: Demonstrating best psychological practice for patients and communicating effectively with a range of healthcare colleagues and team members in order to enhance psychological functioning whilst maintaining appropriate professional boundaries.</p>	<p>All communication is accurate, appropriate and in line with relevant legislation, regulation, governance requirements and policies</p> <p>All records are complete, clear, accurate and timely In accordance with best psychological practice and current evidence-base (e.g. appropriate National Institute for Clinical Excellence guidelines)</p>	4
<p>Duty 3: Promote resilience and wellbeing, working to prevent ill-health by improving and maintaining emotional, psychological and physical functioning of patients, families, and communities.</p>	<p>In accordance with best psychological practice and current evidence-base (e.g. appropriate National Institute for Clinical Excellence guidelines)</p>	4
<p>Duty 4: Conduct individualised specialist psychological assessment to identify the priorities and requirements for personalized, and evidence-based, psychological interventions</p>	<p>Specialist psychological assessment tools are used appropriately and in accordance with national guidelines and organisational procedures Assessment records are complete, clear, accurate and timely</p>	10
<p>Duty 5: Develop psychological formulations (which involves the integration of psychological theory, knowledge and appropriate research evidence) to inform the delivery of effective personalised care and to enhance the range of psychosocial interventions that other healthcare professionals may utilise in clinical practice.</p>	<p>Formulations are recorded according to national guidelines and organisational policies and procedures All records are maintained in line with legislation and organisational policies and procedures</p>	10

<p>Duty 6: Apply a range of evidence-based psychological treatments at an individual and group based level, following specialist assessment and formulation, in order to individualise treatment interventions appropriate to the needs of patients in the context in which they experience distress.</p>	<p>Treatments comply with external standards of best practice. Records are complete, clear, accurate and timely</p>	<p>15</p>
<p>Duty 7: Deliver meta-competent psychological interventions under the guidance of chartered clinical psychologists when selecting and implementing an intervention where an established evidence-base is absent.</p>	<p>Treatments comply with external standards of best practice and exercise appropriate clinical judgement. Use supervision in accordance with BPS guidelines on clinical supervision</p>	<p>5</p>
<p>Duty 8: Improve quality of care using appropriate scientific models and sound scientific principles, to make an ongoing and significant contribution to the continuous enhancement, and quality improvement, of psychological treatments.</p>	<p>In line with best practice</p>	<p>10</p>
<p>Duty 9: Work as part of teams across multiple and complex organisations in which psychological practice occurs.</p>	<p>All information/ data shared is accurate, appropriate and in line with relevant legislation, regulation, governance requirements and policies</p>	<p>5</p>
<p>Duty 10: Provide training to others workers to deliver psychological interventions appropriate to levels of complex health and psychological care needs of patients across a range of service settings.</p>	<p>Activities are delegated in line with relevant legislation, regulation, governance requirements and policies</p>	<p>5</p>
<p>Duty 11: Undertake research to inform service development activities to inform change in the area of work.</p>	<p>In line with national guidelines for applied research practice.</p>	<p>5</p>

Additional information

Proposed Route:

Health and Science

Typical duration of apprenticeship (months):

18

Proposed occupational Level:

7

Transferability: the Institute expects that being competent in the duties you have listed in this proposal will mean that an individual will be able to undertake the occupation in all relevant types of employer. Please outline the steps you have taken to ensure that this will be the case and upload two examples of job adverts relating to the occupation (please only use this upload facility for this purpose. Any other information uploaded here will not be taken into account when reviewing your submission).

The proposal has been developed through consultation with a range of employers and Higher Education Institutes. The proposal has also been shared with the employers on the group for comments prior to submission.

As this is a new occupation in England there are no job adverts for Clinical Associate Psychologists. However, there is a comparable occupation that has been employed in NHS Scotland since 2005 and we have uploaded two recent adverts.

Transferability uploads (if any):

CAP_Job_Adverts.docx

Complete list for Phil including column with size of org 02.11.18.docx

Please estimate the typical number of annual starts on your proposed apprenticeship standard:

200

What is the Standard Occupational Code (SOC) for the occupation?

2212 - Psychologists

Stand alone occupation: please confirm that the proposed apprenticeship relates to a stand alone occupation, and explain how it will fit in with any associated apprenticeship standards and list any further occupations for which you plan to submit proposals (if you have no plans to submit further proposals please say so).

Clinical Associate Psychologist is a standalone occupation that works as part of the Clinical Psychology workforce. The occupation provides a progression route for Psychology Assistants and will provide advanced standing into Clinical Psychology training. They will also work alongside Psychological Wellbeing Practitioners. We have reviewed the standard for the PWP occupation and feel that the Clinical Associate Psychologist is a discrete occupation differentiated from PWP/ Improving Access to Psychological Therapies workers in that CAPs work with a more complex range of client groups as they are trained to use specialist psychological assessments to inform psychological formulations to derive psychological interventions that draw upon a broader range of relevant evidence-based approaches. Unlike PWPs, the CAPs work is informed, but not determined by problem-specific treatment protocols. Examples may be found where there are two or more long-term health conditions, for example in psychological care after stroke. There is an identified and acute lack of appropriate psychological provision to reduce symptoms and improve rehabilitation post-stroke. PWPs do not have access to treatment protocols they can consult to guide this work. While their input in this domain may enhance wellbeing their work is constrained by a narrow range of low-intensity interventions confined mainly to goal-setting, self and case management, medication management. Whereas a CAP provides a means of services being able to deliver on

psychological care for acute and chronic care post-stroke. CAPs develop formulations, which understand the individual in the context of their unique experience of their illness, (e.g. the interaction of beliefs, life experiences, cognitive impairment and mood disorder may determine how an individual responds to rehabilitation efforts post-stroke) and individually tailors a set of responses that guide the actions of CAPs and influence the actions of multi-professional colleagues to reduce individual levels of post-stroke morbidity and enhance rehabilitation. This is based on the sophisticated application and integration of psychological knowledge in practice.

At this time there are no plans for further apprenticeships standards.

Whilst some overlap of knowledge, skills and behaviours between apprenticeship standards is inevitable, the Institute will not permit the development of new apprenticeship standards relating to occupations already covered by existing standards. This means that the proposed apprenticeship needs to be recognised and to stand alone. To help demonstrate this, you may wish to upload a diagram detailing how the proposed apprenticeship fits in with any related apprenticeships and reference where it fits within the relevant occupational map.

Does professional recognition exist for the occupation?

Yes