



PSYCHOLOGICAL WELLBEING PRACTITIONER

Key information

- Proposal approved
- Occupational standard approved
- End-point assessment plan approved
- Funding approved

Reference: ST0568

Level: 6

Degree: non-degree qualification

Minimum duration to gateway: 12 months

Typical EPA period: 3 months

Maximum funding: £9000

Route: Health and science

Date updated: 14/05/2024

Lars code: 425

EQA provider: Ofqual

Review: This apprenticeship standard will be reviewed after three years

End-point assessment plan

Introduction and overview

This document explains the requirements for end-point assessment (EPA) for the psychological wellbeing practitioner apprenticeship. End-point assessment organisations (EPAOs) must follow this when designing and delivering the EPA.

Psychological wellbeing practitioner apprentices, their employers and training providers should read this document.

A full-time psychological wellbeing practitioner apprentice typically spends 12 months on-programme. The apprentice must spend at least 12 months on-programme and complete the required amount of off-the-job training in line with the apprenticeship funding rules.

The EPA should be completed within an EPA period lasting typically 3 months.

The apprentice must complete their training and meet the gateway requirements before starting their EPA. The EPA will assess occupational competence.

An approved EPAO must conduct the EPA for this apprenticeship. Employers must work with the training provider to select an approved EPAO from the apprenticeship providers and assessment register (APAR).

This EPA has 3 assessment methods.

The grades available for each assessment method are below.

Assessment method 1 - professional discussion underpinned by a portfolio of evidence:

- fail
- pass
- distinction

Assessment method 2 - examination:

- fail
- pass
- distinction

Assessment method 3 - presentation with questions and answers:

- fail
- pass

The result from each assessment method is combined to decide the overall apprenticeship grade. The following grades are available for the apprenticeship:

- fail
- pass
- merit
- distinction

EPA summary table

<p>On-programme - typically 12 months</p>	<p>The apprentice must:</p> <ul style="list-style-type: none"> • complete training to develop the knowledge, skills and behaviours (KSBs) outlined in this apprenticeship's standard • complete training towards English and mathematics qualifications in line with the apprenticeship funding rules • compile a portfolio of evidence • complete training towards the qualification listed in the psychological wellbeing practitioner apprenticeship standard <p>The qualification required is:</p> <p>Certificate in Psychological Wellbeing Practice</p>
<p>End-point assessment gateway</p>	<p>The apprentice's employer must be content that the apprentice is occupationally competent.</p> <p>The apprentice must:</p> <ul style="list-style-type: none"> • confirm they are ready to take the EPA • have achieved English and mathematics qualifications in line with the apprenticeship funding rules • have passed Certificate in Psychological Wellbeing Practice except the presentation assessment for Module 3, Values, diversity and context <p>For the professional discussion underpinned by a portfolio of evidence, the apprentice must submit a portfolio of evidence.</p> <p>Gateway evidence must be submitted to the EPAO, along with any organisation specific policies and procedures requested by the EPAO.</p>
<p>End-point assessment - typically 3 months</p>	<p>The grades available for each assessment method are below</p> <p>Professional discussion underpinned by a portfolio of evidence:</p> <ul style="list-style-type: none"> • fail • pass • distinction <p>Examination:</p> <ul style="list-style-type: none"> • fail • pass • distinction <p>Presentation with questions and answers:</p> <ul style="list-style-type: none"> • fail • pass <p>Overall EPA and apprenticeship can be graded:</p> <ul style="list-style-type: none"> • fail • pass

	<ul style="list-style-type: none"> • merit • distinction
Professional recognition	<p>This apprenticeship aligns with:</p> <ul style="list-style-type: none"> • The British Psychological Society for Associate for Graduate
Re-sits and re-takes	<ul style="list-style-type: none"> • re-take and re-sit grade cap: pass • re-sit timeframe: typically 1 months • re-take timeframe: typically 3 months

Duration of end-point assessment period

The EPA is taken in the EPA period. The EPA period starts when the EPAO confirms the gateway requirements have been met and is typically 3 months.

The EPAO should confirm the gateway requirements have been met and start the EPA as quickly as possible.

EPA gateway

The apprentice's employer must be content that the apprentice is occupationally competent. That is, they are deemed to be working at or above the level set out in the apprenticeship standard and ready to undertake the EPA. The employer may take advice from the apprentice's training provider, but the employer must make the decision. The apprentice will then enter the gateway.

The apprentice must meet the gateway requirements before starting their EPA.

They must:

- confirm they are ready to take the EPA
- have achieved English and mathematics qualifications in line with the apprenticeship funding rules
- have passed Certificate in Psychological Wellbeing Practice except the presentation assessment for Module 3, Values, diversity and context
- submit a portfolio of evidence for the professional discussion underpinned by a portfolio of evidence

Portfolio of evidence requirements:

The apprentice must compile a portfolio of evidence during the on-programme period of the apprenticeship. It should only contain evidence related to the KSBs that will be assessed by the professional discussion. It will typically contain 15 discrete pieces of evidence. Evidence must be mapped against the KSBs. Evidence may be used to demonstrate more than one KSB; a qualitative as opposed to quantitative approach is suggested.

Evidence sources may include:

- workplace documentation and records, for example:
- workplace policies and procedures
- witness statements
- annotated photographs
- anonymised case notes
- case studies
- risk assessments
- video clips with a maximum total duration 10 minutes; the apprentice must be in view and identifiable

This is not a definitive list; other evidence sources can be included.

The portfolio of evidence should not include reflective accounts or any methods of self-assessment. Any employer contributions should focus on direct observation of performance, for example, witness statements, rather than opinions. The evidence provided should be valid and attributable to the apprentice; the portfolio of evidence should contain a statement from the employer and apprentice confirming this.

The EPAO should not assess the portfolio of evidence directly as it underpins the discussion. The independent assessor should review the portfolio of evidence to prepare questions for the discussion. They are not required to provide feedback after this review.

Gateway evidence must be submitted to the EPAO, along with any organisation specific policies and procedures requested by the EPAO.

Order of assessment methods

The assessment methods must be delivered in the following order:

The professional discussion underpinned by a portfolio of evidence and the examination can be delivered in any order but must be passed before the presentation with question and answers can take place. The presentation must be the last assessment method taken.

The rationale is the presentation informs the result of the mandated qualification. Therefore the presentation within module 3 must not take place before the EPA gateway. The successful apprentice will pass both the EPA and the mandated qualification at the same time. This allows for an integrated approach.

The EPA is taken in the EPA period. The EPA period starts when the EPAO confirms the gateway requirements have been met and is typically 3 months. The EPAO should confirm the gateway requirements have been met and start the EPA as quickly as possible.

Professional discussion underpinned by a portfolio of evidence

Overview

In the professional discussion, an independent assessor and apprentice have a formal two-way conversation. It gives the apprentice the opportunity to demonstrate the KSBs mapped to this assessment method.

The apprentice can refer to and illustrate their answers with evidence from their portfolio of evidence.

Rationale

This assessment method is being used because:

- it assesses KSBs holistically and objectively
- it allows for the assessment of KSBs that do not occur on a predictable or regular basis
- it allows for assessment of responses where there are a range of potential answers
- it can be conducted remotely, potentially reducing cost

Delivery

The professional discussion must be structured to give the apprentice the opportunity to demonstrate the KSBs mapped to this assessment method to the highest available grade.

An independent assessor must conduct and assess the professional discussion. It will include the following themes:

- assessment and formulation
- evidence based interventions

The EPAO must give an apprentice 10 days' notice of the professional discussion.

The independent assessor must have at least 2 weeks to review the supporting documentation.

The apprentice must have access to their portfolio of evidence during the professional discussion.

The apprentice can refer to and illustrate their answers with evidence from their portfolio of evidence however, the portfolio of evidence is not directly assessed.

The professional discussion must last for 90 minutes. The independent assessor can increase the time of the professional discussion by up to 10%. This time is to allow the apprentice to respond to a question if necessary.

The apprentice may choose to end the assessment method early. The apprentice must be confident they have demonstrated competence against the assessment requirements for the assessment method. The independent assessor or EPAO must ensure the

apprentice is fully aware of all assessment requirements. The independent assessor or EPAO cannot suggest or choose to end any assessment methods early, unless in an emergency. The EPAO is responsible for ensuring the apprentice understands the implications of ending an assessment early if they choose to do so. The independent assessor may suggest the assessment continues. The independent assessor must document the apprentice's request to end the assessment early.

The independent assessor must ask at least 14 questions. The independent assessor must use the questions from the EPAO's question bank or create their own questions in line with the EPAO's training. Follow-up questions are allowed where clarification is required.

The independent assessor must make the grading decision.

The independent assessor must keep accurate records of the assessment. They must record:

- the apprentice's answers to questions
- the KSBs demonstrated in answers to questions
- the grade achieved

Assessment location

The professional discussion must take place in a suitable venue selected by the EPAO for example, the EPAO's or employer's premises.

The professional discussion can be conducted by video conferencing. The EPAO must have processes in place to verify the identity of the apprentice and ensure the apprentice is not being aided.

The professional discussion should take place in a quiet room, free from distractions and influence.

Question and resource development

The EPAO must develop a purpose-built assessment specification and question bank. It is recommended this is done in consultation with employers of this occupation. The EPAO must maintain the security and confidentiality of EPA materials when consulting with employers. The assessment specification and question bank must be reviewed at least once a year to ensure they remain fit-for-purpose.

The assessment specification must be relevant to the occupation and demonstrate how to assess the KSBs mapped to this assessment method. The EPAO must ensure that questions are refined and developed to a high standard. The questions must be unpredictable. A question bank of sufficient size will support this.

The EPAO must ensure that the apprentice has a different set of questions in the case of re-sits or re-takes.

The EPAO must produce the following materials to support the professional discussion underpinned by a portfolio of evidence:

- independent assessor assessment materials which include:
 - training materials
 - administration materials
 - moderation and standardisation materials
 - guidance materials
 - grading guidance
 - question bank
- EPA guidance for the apprentice and the employer

The EPAO must ensure that the EPA materials are subject to quality assurance procedures including standardisation and moderation.

Examination

Overview

In the examination, the apprentice answers questions in a controlled and invigilated environment. It gives the apprentice the opportunity to demonstrate the knowledge and skills mapped to this assessment method.

Long answer questions (LAQs) are open-ended questions used to assess depth of knowledge in an examination. LAQs need an extended written response or an evaluative answer.

Rationale

This assessment method is being used because:

- it can assess knowledge and skills linked to real life scenarios

- it is easy to administer
- it can be conducted remotely and administered to multiple apprentices at the same time, potentially reducing cost

Delivery

- assessment and formulation
- evidence based interventions

The examination must be structured to give the apprentice the opportunity to demonstrate the knowledge and skills mapped to this assessment method to the highest available grade.

The test can be computer or paper based.

The apprentice must be given at least 10 days' notice of the date and time of the test.

The test must consist of 10 long answer questions. Long answer questions need a written response. Responses to LAQs may be multiple lines, an approximate word count (such as 100 words), multiple paragraphs. This should be an extended writing opportunity for higher marked questions.

Mark scheme and grading guidance

The grading table shows both the numerical grade boundaries and written descriptors for the examination. The grade boundaries and written descriptors must be used by EPAOs to create valid and reliable mark schemes for the examination.

The mark scheme design and approach can be determined by the EPAO (e.g. either levels based-banded, points or a mixture). EPAOs should ensure that the questions within the examination mirror the level of demand set by the wording within the supporting written descriptors. This should be done by using the same command verb where possible (or a comparable verb, in terms of demand, where not).

The grading table should inform the question writing whilst also providing EPAOs with the numerical outcomes required for each level of attainment. Questions may be written that target part of the KSB statement, as long as, the full statement is assessed within the paper overall. However, EPAOs must ensure that the level of demand is not altered as per the supporting written descriptors.

Employers have determined the levels of performance required by apprentices on the examination. The minimum level of performance required to demonstrate competency at a pass standard is set at 50% (or 50 marks) of the total 100 marks available. To support overall standards alongside the overall mark requirements, apprentices must also achieve a minimum of 20 marks against each theme. To demonstrate a distinction, the standard is set at 70% (or 70 marks) of the 100 marks available.

EPAOs must ensure that their mark scheme approach supports these required standards in a reliable way. Specifically, if a levels-based, banded mark scheme design is used then the quality of performance described within each band descriptor should be set in an appropriate way to safeguard standards.

Test administration

The apprentice must have 90 minutes to complete the test.

The test is closed book which means that the apprentice cannot refer to reference books or materials whilst taking the test.

The test must be taken in the presence of an invigilator who is the responsibility of the EPAO. The EPAO must have an invigilation policy setting out how the test must be conducted. It must state the ratio of apprentices to invigilators for the setting and allow the test to take place in a secure way.

The EPAO must verify the apprentice's identity and ensure invigilation of the apprentice for example, with 360-degree cameras and screen sharing facilities.

The EPAO is responsible for the security of the test including the arrangements for on-line testing. The EPAO must ensure that their security arrangements maintain the validity and reliability of the test.

Marking

The EPAO must develop a marking scheme based on the grading descriptors for this assessment method. The test must be marked by an independent assessor or marker employed by the EPAO. They must follow the marking scheme produced by the EPAO.

The EPAO is responsible for overseeing the marking of the test. The EPAO must ensure standardisation and moderation of tests with written answers.

Assessment location

The apprentice must take the test in a suitably controlled and invigilated environment that is a quiet room, free from distractions and influence. The EPAO must check the venue is suitable.

The test can take place remotely if the appropriate technology and systems are in place to prevent malpractice.

Question and resource development

The EPAO must develop a purpose-built assessment specification and question bank. It is recommended this is done in consultation with employers of this occupation. The EPAO should maintain the security and confidentiality of EPA materials when consulting with employers. The assessment specification and question bank must be reviewed at least once a year to ensure they remain fit-for-purpose.

The assessment specification must be relevant to the occupation and demonstrate how to assess the KSBs mapped to this assessment method. The EPAO must ensure that questions are refined and developed to a high standard. The questions must be unpredictable. A question bank of sufficient size will support this.

The EPAO must ensure that the apprentice has a different set of questions in the case of re-sits or re-takes.

The EPAO must produce the following materials to support the test:

- assessment materials for independent assessors and markers which includes:
 - training materials
 - administration materials
 - moderation and standardisation materials
 - guidance materials
 - grading guidance
 - test specification
 - sample test and mark schemes
 - live tests and mark schemes
 - question bank
- EPA guidance for the apprentice and the employer

The EPAO must ensure that the EPA materials are subject to quality assurance procedures including standardisation and moderation.

Presentation with questions and answers

Overview

In the presentation with questions, the apprentice delivers a presentation to an independent assessor on a set subject. The independent assessor must ask questions after the presentation. It gives the apprentice the opportunity to demonstrate the KSBs mapped to this assessment method.

Rationale

This assessment method is being used because:

- it assesses knowledge, skills and behaviours that cannot be directly observed in practice
- it allows the apprentice to directly demonstrate KSBs relating to communication
- it provides the opportunity to use authentic workplace contexts which increases assessment validity in relation to the occupational role
- it allows for the presentation of evidence and testing of responses where there are a range of potential answers
- it can be conducted remotely, potentially reducing cost

Delivery

The presentation with questions and answers must be structured to give the apprentice the opportunity to demonstrate the KSBs mapped to this assessment method to the highest available grade.

An independent assessor must conduct and assess the presentation with questions.

The presentation must cover:

- working with a person or people with a variety of needs from one or more of a range of diverse groups
- assessment and formulation
evidence based interventions

The purpose of the presentation is to allow the apprentice to demonstrate their competence against the grading descriptors.

The apprentice must submit any presentation materials to the EPAO by the end of week 2 of the EPA period. The apprentice must notify the EPAO, at that point, of any technical requirements for the presentation.

During the presentation, the apprentice must have access to:

- audio-visual presentation equipment
- flip chart and writing and drawing materials
- computer

The independent assessor must have at least 2 weeks to review any presentation materials, before the presentation is delivered by the apprentice, to allow them to prepare questions. The EPAO must give the apprentice at least 10 days' notice of the presentation assessment.

The independent assessor must ask questions after the presentation.

The purpose of the questions is:

- to seek clarification where required
- to assess the level of competence against the grading descriptors

The presentation and questions must last 45 minutes. This will typically include a presentation of 20 minutes and questioning lasting 25 minutes. The independent assessor must use the full time available for questioning. The independent assessor can increase the total time of the presentation and questioning by up to 10%. This time is to allow the apprentice to complete their last point or respond to a question if necessary.

The apprentice may choose to end the assessment method early. The apprentice must be confident they have demonstrated competence against the assessment requirements for the assessment method. The independent assessor or EPAO must ensure the apprentice is fully aware of all assessment requirements. The independent assessor or EPAO cannot suggest or choose to end any assessment methods early, unless in an emergency. The EPAO is responsible for ensuring the apprentice understands the implications of ending an assessment early if they choose to do so. The independent assessor may suggest the assessment continues. The independent assessor must document the apprentice's request to end the assessment early.

The independent assessor must ask at least 5 questions. They must use the questions from the EPAO's question bank or create their own questions in line with the EPAO's training. Follow up questions are allowed where clarification is required.

The independent assessor must make the grading decision. The independent assessor must assess the presentation and answers to questions holistically when deciding the grade.

The independent assessor must keep accurate records of the assessment. They must record:

- the KSBs demonstrated
- the apprentice's answers to questions
- the KSBs demonstrated in answers to questions
- the grade achieved

The presentation with questions must be delivered by the awarding body of the Certificate in Psychological Wellbeing Practice qualification, it is their responsibility to ensure the independent assessor conforms to the requirements set out in the roles and responsibilities table and results of this method must be shared with the EPAO for the other methods at the earliest opportunity to not delay apprentice certification.

Assessment location

The presentation with questions must take place in a suitable venue selected by the EPAO for example, the EPAO's or employer's premises. The presentation with questions should take place in a quiet room, free from distractions and influence.

The presentation with questions and answers can be conducted by video conferencing. The EPAO must have processes in place to verify the identity of the apprentice and ensure the apprentice is not being aided.

Question and resource development

The EPAO must develop a purpose-built assessment specification and question bank. It is recommended this is done in consultation with employers of this occupation. The EPAO must maintain the security and confidentiality of EPA materials when consulting with employers. The assessment specification and question bank must be reviewed at least once a year to ensure they remain fit-for-purpose.

The assessment specification must be relevant to the occupation and demonstrate how to assess the KSBs mapped to this assessment method. The EPAO must ensure that questions are refined and developed to a high standard. The questions must be unpredictable. A question bank of sufficient size will support this.

The EPAO must ensure that the apprentice has a different set of questions in the case of re-sits or re-takes.

The EPAO must produce the following materials to support the presentation with questions and answers:

- independent assessor EPA materials which include:
 - training materials
 - administration materials
 - moderation and standardisation materials
 - guidance materials
 - grading guidance
 - question bank
- EPA guidance for the apprentice and the employer

The EPAO must ensure that the EPA materials are subject to quality assurance procedures including standardisation and moderation.

Grading

Professional discussion underpinned by a portfolio of evidence

Fail - does not meet pass criteria

THEME KSBS	PASS APPRENTICES MUST DEMONSTRATE ALL OF THE PASS DESCRIPTORS	DISTINCTION APPRENTICES MUST DEMONSTRATE ALL OF THE PASS DESCRIPTORS AND ALL OF THE DISTINCTION DESCRIPTORS
<p>Assessment and formulation K4 K5 K8 S3 S4 S7 S14 S15 S18 S28</p>	<p>Appraises how they use patient-centred principles in gathering of information and not taking to arrive at a succinct and collaborative definition of the person's main mental health difficulties and its impact on their daily living (K4, S3, S28).</p> <p>Justifies how they assess the world view of patients, with a focus on the here and now, including cognitive patterns and biases that link to specific conditions and shape low-intensity working (K5, S4).</p> <p>Justifies the importance of accurately assessing risk with patients or others in accordance with NICE guidance to ensure practitioners can confidently manage this effectively (K8, S7).</p> <p>Evaluates their approach to choosing the appropriate pathway for a service user after assessment using clinical decision-making tools and techniques (S14).</p> <p>Explains how they identify patients at assessment who do not fit the criteria for treatment at Step 2 including those with PTSD, social anxiety disorder or severe mental health problems, and facilitate appropriate stepping up or onward referral (S15).</p> <p>Evaluates how they plan a collaborative low-intensity psychological treatment programme for common mental health problems, including appropriate frequency of contacts, managing the ending of contact and development of relapse prevention strategies (S18).</p>	<p>Evaluates their approach to managing risk during assessment and justifies the actions they take following assessment of a patient who does not fit the criteria for treatment at Step 2 (S4, S7, S14, S15).</p>
<p>Evidence based interventions K10 K11 K13 K14 K16 S9 S10 S11 S13 S16 S17 S20 S22 S24 S25 S27 B5</p>	<p>Justifies how they use the COM-B behaviour change model to identify intervention goals and choice of appropriate interventions which are SMART, and how they take account of own bias, prejudice and assumptions and make good use of supervision and reflection (K10, S9, S10, B5).</p> <p>Explains how they provide evidence-based information about treatment choices when making shared decisions with patients (K11, S11).</p> <p>Justifies how they take account of the service user's attitude to a range of mental health treatments including prescribed medication and evidence-based psychological treatments and how they evaluate a range of evidence-based interventions and strategies to assist patients in managing their emotional distress and disturbance (K13, S13, S16).</p> <p>Evaluates how they develop and maintain a therapeutic alliance with patients during their treatment programme, including dealing with issues and events that threaten the alliance (K14, S17).</p> <p>Explains how they select and provide a range of low-intensity, evidence-based guided self-help</p>	<p>Evaluates the impact of their own bias, prejudice and assumptions in identifying treatment interventions, in making shared decisions with patients and in maintaining a therapeutic alliance (S9, S10, S11, S17, B5).</p>

psychological interventions recommended by NICE for anxiety disorders and depression, in an adequate dose, linked to patient goals including behavioural activation, graded exposure, cognitive restructuring, including behavioural experiments, worry management, problem solving, promoting good sleep, promoting physical activity and medication support (K16, S20).

Evaluates the role of case management and stepped care approaches to managing common mental health problems in primary care including ongoing risk management appropriate to service protocols and NICE guidance (S22).

Evaluates how they deliver and review the delivery of low-intensity interventions using a range of methods depending upon factors such as patient choice and suitability including one-to-one treatment in person, via video consultation, via telephone, interactive text or computerised cognitive behavioural therapy and guided self-help groups in person and via video (S24, S25).

Evaluates how they deliver and lead evidence-based groups and workshops using guided self-help group facilitation skills, involving everyone to generate a useful discussion, managing challenges to engagement and responding flexibly to questions from the audience (S27).

Examination

Fail - does not meet pass criteria

THEME KSBS	PASS 50 - 69 MARKS	DISTINCTION 70 - 100 MARKS
<p>Assessment and formulation. Total marks for the theme is 50 marks. K1 K2 K3 K6 K7 K9 S1 S2 S5 S6 S8</p>	<p>The written descriptors that support the grade boundaries are:</p> <p>Evaluates concepts of mental health and mental illness, diagnostic category systems in mental health and a range of social, medical and psychological explanatory models. Justifies how they apply the principles, purposes and different types of assessment undertaken with patients with common mental health disorders using in person, telephone and video-based modes of delivery (K1, K2, S1).</p> <p>Explains the common factors they use to engage patients, gather information, build a therapeutic alliance with patients with common mental health problems, manage the emotional content of sessions and hold boundaries (K3, S2).</p> <p>Analyses patterns of symptoms consistent with diagnostic categories of mental disorders and how they recognise them from a patient-centred interview and correctly identify the primary problem descriptor (K6, S5).</p> <p>Justifies how they decide on the primary target problem for intervention in the context of comorbidity of mental and physical health problems, including the tools and techniques they use (K7, S6).</p> <p>Evaluates how they select and use standardised assessment tools including symptom and other psychometric instruments to aid problem recognition and definition and subsequent decision making (K9, S8).</p>	<p>See grade boundaries for distinction.</p>
<p>Evidence based interventions. Total marks for the theme is 50 marks. K12 K15 K17 K18 K19 S12 S19 S21 S23 S26</p>	<p>Evaluates the tools and techniques used to select an appropriate mode of delivery in partnership with patients, including assessing a patient's suitability for online interventions, revising this as necessary on an ongoing basis (K12, S12).</p> <p>Explains how they select appropriate cases for low-intensity treatment, aligned to NICE guidance and the NHS Talking Therapies Manual (K15, S19).</p> <p>Evaluates how they use the COM-B behaviour change model and strategies in the delivery of low-intensity interventions (K17, S21).</p> <p>Evaluates strategies used to support patients with medication for common mental health problems to help them optimise their use of pharmacological treatment and minimise any adverse effects (S23).</p> <p>Explains how they use a range of tools and techniques to map core skills into text-based interventions (K19, S26).</p>	<p>See grade boundaries for distinction.</p>

Presentation with questions and answers

Fail - does not meet pass criteria

THEME KSBS	PASS APPRENTICES MUST DEMONSTRATE ALL OF THE PASS DESCRIPTORS
Value, diversity and context K20 K21 K22 K23 K24 K25 K26 K27 S29 S30 S31 S32 B1 B2 B3 B4	<p>Explains how they apply the principles and values that underpin the delivery of non-discriminatory, recovery orientated mental health care, taking account the power issues that may exist in professional-patient relationships (K20, K22, B1).</p> <p>Evaluates how they encourage active participation in every aspect of care and treatment, and how they show respect for and value individual differences in age, sexuality, disability, gender, spirituality, race and culture (B2, B3).</p> <p>Articulates how they are responsive and sensitive to patient's needs with regard to all aspects of diversity, including working with older people, the use of interpretation services and how they take into account any neurodiversity, cognitive, physical, or sensory difficulties that patients may experience in accessing services (K21, B4).</p> <p>Explains the meaning of high intensity psychological treatment and how this differs from low intensity work and evaluates how they manage a large caseload of patients with common mental health problems efficiently and safely (K27, S29).</p> <p>Explains the importance of using supervision and evaluates how they use supervision to assist own delivery of low-intensity psychological treatment and medication support programmes for depression or anxiety disorders (K24, S30).</p> <p>Explains how they gather patient-centred information on employment needs, wellbeing and social inclusion and how they signpost and liaise with other agencies delivering employment, occupational and other advice and services (K23, K25, S31).</p> <p>Explains how they work within own level of competence and the boundaries of competence for the role of the PWP, including how they work within a team and with other agencies (K26, S32).</p>

Overall EPA grading

Performance in the EPA determines the overall grade of:

- fail
- pass
- merit
- distinction

An independent assessor must individually grade the professional discussion underpinned by a portfolio of evidence, examination and presentation with questions and answers in line with this EPA plan.

The EPAO must combine the individual assessment method grades to determine the overall EPA grade.

If the apprentice fails one assessment method or more, they will be awarded an overall fail.

To achieve an overall pass, the apprentice must achieve at least a pass in all the assessment methods. To achieve an overall merit, the apprentice must achieve one distinction. To achieve an overall distinction, the apprentice must achieve two distinctions.

Grades from individual assessment methods must be combined in the following way to determine the grade of the EPA overall.

PROFESSIONAL DISCUSSION UNDERPINNED BY A PORTFOLIO OF EVIDENCE	EXAMINATION	PRESENTATION WITH QUESTIONS AND ANSWERS	OVERALL GRADING
Pass	Pass	Fail	Fail
Pass	Fail	Pass	Fail
Fail	Pass	Pass	Fail
Pass	Pass	Pass	Pass
Pass	Distinction	Pass	Merit
Distinction	Pass	Pass	Merit
Distinction	Distinction	Pass	Distinction

Re-sits and re-takes

If the apprentice fails one assessment method or more, they can take a re-sit or a re-take at their employer's discretion. The apprentice's employer needs to agree that a re-sit or re-take is appropriate. A re-sit does not need further learning, whereas a re-take does. The apprentice should have a supportive action plan to prepare for a re-sit or a re-take.

The employer and the EPAO should agree the timescale for a re-sit or re-take. A re-sit is typically taken within 1 month of the EPA outcome notification. The timescale for a re-take is dependent on how much re-training is required and is typically taken within 3 months of the EPA outcome notification.

Failed assessment methods must be re-sat or re-taken within a 6-month period from the EPA outcome notification, otherwise the entire EPA will need to be re-sat or re-taken in full.

Re-sits and re-takes are not offered to an apprentice wishing to move from pass to a higher grade.

The apprentice will get a maximum EPA grade of if pass they need to re-sit or re-take one or more assessment methods, unless the EPAO determines there are exceptional circumstances.

Roles and responsibilities

ROLES	RESPONSIBILITIES
Apprentice	<p>As a minimum, the apprentice should:</p> <ul style="list-style-type: none"> • complete on-programme training to meet the KSBs as outlined in the apprenticeship standard for a minimum of 12 months • complete the required amount of off-the-job training specified by the apprenticeship funding rules and as arranged by the employer and training provider • understand the purpose and importance of EPA • prepare for and undertake the EPA including meeting all gateway requirements
Employer	<p>As a minimum, the apprentice's employer must:</p> <ul style="list-style-type: none"> • select the training provider • work with the training provider to select the EPAO • work with the training provider, where applicable, to support the apprentice in the workplace and to provide the opportunities for the apprentice to develop the KSBs • arrange and support off-the-job training to be undertaken by the apprentice • decide when the apprentice is working at or above the apprenticeship standard and is ready for EPA • ensure the apprentice is prepared for the EPA • ensure that all supporting evidence required at the gateway is submitted in line with this EPA plan • confirm arrangements with the EPAO for the EPA in a timely manner, including who, when, where • provide the EPAO with access to any employer-specific documentation as required for example, company policies • ensure that the EPA is scheduled with the EPAO for a date and time which allows appropriate opportunity for the apprentice to meet the KSBs • ensure the apprentice is given sufficient time away from regular duties to prepare for, and complete the EPA • ensure that any required supervision during the EPA period, as stated within this EPA plan, is in place • ensure the apprentice has access to the resources used to fulfil their role and carry out the EPA for workplace based assessments • remain independent from the delivery of the EPA • pass the certificate to the apprentice upon receipt
EPAO	<p>As a minimum, the EPAO must:</p> <ul style="list-style-type: none"> • conform to the requirements of this EPA plan and deliver its requirements in a timely manner • conform to the requirements of the apprenticeship provider and assessment register • conform to the requirements of the external quality assurance provider (EQAP) • understand the apprenticeship including the occupational standard and EPA plan • make all necessary contractual arrangements including agreeing the price of the EPA • develop and produce assessment materials including specifications and marking materials, for example mark schemes, practice materials, training material • maintain and apply a policy for the declaration and management of conflict of interests and independence. This must ensure, as a minimum, there is no personal benefit or detriment for those delivering the EPA or from the result of an assessment. It must cover: <ul style="list-style-type: none"> • apprentices • employers • independent assessors • any other roles involved in delivery or grading of the EPA

	<ul style="list-style-type: none"> • have quality assurance systems and procedures that ensure fair, reliable and consistent assessment and maintain records of internal quality assurance (IQA) activity for external quality assurance (EQA) purposes • appoint independent, competent, and suitably qualified assessors in line with the requirements of this EPA plan • appoint administrators, invigilators and any other roles where required to facilitate the EPA • deliver induction, initial and on-going training for all their independent assessors and any other roles involved in the delivery or grading of the EPA as specified within this EPA plan. This should include how to record the rationale and evidence for grading decisions where required • conduct standardisation with all their independent assessors before allowing them to deliver an EPA, when the EPA is updated, and at least once a year • conduct moderation across all of their independent assessors' decisions once EPAs have started according to a sampling plan, with associated risk rating of independent assessors • monitor the performance of all their independent assessors and provide additional training where necessary • develop and provide assessment recording documentation to ensure a clear and auditable process is in place for providing assessment decisions and feedback to all relevant stakeholders • use language in the development and delivery of the EPA that is appropriate to the level of the apprenticeship • arrange for the EPA to take place in a timely manner, in consultation with the employer • provide information, advice, and guidance documentation to enable apprentices, employers and training providers to prepare for the EPA • confirm the gateway requirements have been met before they start the EPA for an apprentice • arrange a suitable venue for the EPA • maintain the security of the EPA including, but not limited to, verifying the identity of the apprentice, invigilation and security of materials • where the EPA plan permits assessment away from the workplace, ensure that the apprentice has access to the required resources and liaise with the employer to agree this if necessary • confirm the overall grade awarded • maintain and apply a policy for conducting appeals
Independent assessor	<p>As a minimum, an independent assessor must:</p> <ul style="list-style-type: none"> • be independent, with no conflict of interest with the apprentice, their employer or training provider, specifically, they must not receive a personal benefit or detriment from the result of the assessment • have, maintain and be able to evidence up-to-date knowledge and expertise of the occupation • have the competence to assess the EPA and meet the requirements of the IQA section of this EPA plan • understand the apprenticeship's occupational standard and EPA plan • attend induction and standardisation events before they conduct an EPA for the first time, when the EPA is updated, and at least once a year • use language in the delivery of the EPA that is appropriate to the level of the apprenticeship • work with other personnel, where used, in the preparation and delivery of assessment methods • conduct the EPA to assess the apprentice against the KSBs and in line with the EPA plan • make final grading decisions in line with this EPA plan • record and report assessment outcome decisions • comply with the IQA requirements of the EPAO • comply with external quality assurance (EQA) requirements
Training provider	<p>As a minimum, the training provider must:</p> <p>conform to the requirements of the apprenticeship provider and assessment register</p>

	<ul style="list-style-type: none"> • ensure procedures are in place to mitigate against any conflict of interest • work with the employer and support the apprentice during the off-the-job training to provide the opportunities to develop the KSBs as outlined in the occupational standard • deliver training to the apprentice as outlined in their apprenticeship agreement • monitor the apprentice's progress during any training provider led on-programme learning • ensure the apprentice is prepared for the EPA • work with the employer to select the EPAO • advise the employer, upon request, on the apprentice's readiness for EPA • ensure that all supporting evidence required at the gateway is submitted in line with this EPA plan • remain independent from the delivery of the EPA
Invigilator	<p>As a minimum, the invigilator must:</p> <ul style="list-style-type: none"> • attend induction training as directed by the EPAO • not invigilate an assessment, solely, if they have delivered the assessed content to the apprentice • invigilate and supervise the apprentice during tests and in breaks during assessment methods to prevent malpractice in line with the EPAO's invigilation procedures
Marker	<p>As a minimum, the marker must:</p> <ul style="list-style-type: none"> • attend induction training as directed by the EPAO • have no direct connection or conflict of interest with the apprentice, their employer or training provider • mark test answers in line with the EPAO's mark scheme and procedures
Awarding organisation	<p>As a minimum, the awarding organisation must:</p> <ul style="list-style-type: none"> • conduct the integrated assessment method as per the order outlined in the plan • ensure independence of assessment • share results of the integrated method with the EPAO in a timely manner

Reasonable adjustments

The EPAO must have reasonable adjustments arrangements for the EPA.

This should include:

- how an apprentice qualifies for a reasonable adjustment
- what reasonable adjustments may be made

Adjustments must maintain the validity, reliability and integrity of the EPA as outlined in this EPA plan.

Special considerations

The EPAO must have special consideration arrangements for the EPA.

This should include:

- how an apprentice qualifies for a special consideration
- what special considerations will be given

Special considerations must maintain the validity, reliability and integrity of the EPA as outlined in this EPA plan.

Internal quality assurance

Internal quality assurance refers to the strategies, policies and procedures that an EPAO must have in place to ensure valid, consistent and reliable EPA decisions.

EPAOs for this EPA must adhere to the requirements within the roles and responsibilities table.

They must also appoint independent assessors who:

- have recent relevant experience in Step 2 cognitive behavioural intervention processes within NHS Talking Therapies to at least occupational level 6 gained in the last 2 years or significant experience of the occupation or sector

Value for money

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

- completing applicable assessment methods online, for example computer-based assessment
- utilising digital remote platforms to conduct applicable assessment methods
- assessing multiple apprentices simultaneously where the assessment method permits this
- using the employer's premises
- conducting assessment methods on the same day

Professional recognition

This apprenticeship aligns with:

- The British Psychological Society for Associate for Graduate

KSB mapping table

KNOWLEDGE	ASSESSMENT METHODS
<p>K1 Concepts of mental health and mental illness, diagnostic category systems in mental health and a range of social, medical and psychological explanatory models.</p>	Examination
<p>K2 Principles, purposes and different types of assessment undertaken with patients with common mental health disorders using in person, telephone and video-based modes of delivery.</p>	Examination
<p>K3 Common factors to engage patients, gather information, build a therapeutic alliance with patients with common mental health problems, manage the emotional content of sessions and the impact of this on both themselves and the client and hold boundaries.</p>	Examination
<p>K4 Principles of patient-centred information gathering to arrive at a succinct and collaborative definition of the patient's main mental health difficulties and the impact this has on their daily living.</p>	Professional discussion underpinned by a portfolio of evidence
<p>K5 Approaches to assessing the world view of patients, with a focus on the here and now, including cognitive patterns and biases that link to specific conditions and the implications of these to shape low-intensity working.</p>	Professional discussion underpinned by a portfolio of evidence
<p>K6 Patterns of symptoms consistent with diagnostic categories of mental disorders from a patient-centred interview.</p>	Examination
<p>K7 Complexity of mental disorders and the tools and techniques used to decide on the primary target problem for intervention in the context of comorbidity of mental and physical health problems.</p>	Examination
<p>K8 Importance of accurate risk assessment with patients or others to ensure practitioners can confidently manage this effectively in accordance with National Institute for Health and Care Excellence (NICE) guidance.</p>	Professional discussion underpinned by a portfolio of evidence
<p>K9 Standardised assessment tools, symptom and other psychometric instruments to aid problem recognition and definition and subsequent decision making.</p>	Examination
<p>K10 COM-B behaviour change model and its use in identifying intervention goals and choice of appropriate interventions.</p>	Professional discussion underpinned by a portfolio of evidence
<p>K11 Available evidence-based information about treatment choices and in making shared decisions with patients.</p>	Professional discussion underpinned by a portfolio of evidence
<p>K12 Tools and techniques used to select an appropriate mode of delivery in partnership with patients.</p>	Examination
<p>K13 Attitudes that service users may develop to a range of mental health treatments including prescribed medication and evidence-based psychological treatments.</p>	Professional discussion underpinned by a portfolio of evidence
<p>K14</p>	Professional discussion underpinned by a

Strategies to develop and maintain a therapeutic alliance with patients during their treatment programme, dealing with issues and events that threaten the alliance.	portfolio of evidence
K15 NICE guidance and the NHS Talking Therapies Manual and their application in selecting appropriate cases for low-intensity treatment.	Examination
K16 Low-intensity, evidence-based guided self-help psychological interventions recommended by NICE for anxiety disorders and depression, behavioural activation, graded exposure, cognitive restructuring, including behavioural experiments, worry management, problem-solving, promoting good sleep, promoting physical activity and medication support.	Professional discussion underpinned by a portfolio of evidence
K17 COM-B behaviour change model and strategies in the delivery of low-intensity interventions.	Examination
K18 Strategies to support patients with medication for common mental health problems to help them optimise their use of pharmacological treatment and minimise any adverse effects.	Examination
K19 Tools and techniques used to map core skills into text-based interventions.	Examination
K20 Principles and values that underpin the delivery of non-discriminatory, recovery orientated mental health care.	Presentation with questions and answers
K21 Strategies needed to respond to people's needs sensitively with regard to all aspects of diversity, working with older people, the use of interpretation services and taking into account any cognitive, physical, or sensory difficulties patients may experience in accessing services.	Presentation with questions and answers
K22 Power issues in professional-patient relationships.	Presentation with questions and answers
K23 Voluntary, community and statutory organisations in their community that may be helpful to signpost and refer to.	Presentation with questions and answers
K24 The importance of using supervision to assist own delivery of low-intensity psychological treatment and medication support programmes for depression or anxiety disorders.	Presentation with questions and answers
K25 Process of gathering patient-centred information on employment needs, wellbeing and social inclusion and in liaison and how to signpost to other agencies delivering employment, occupational and other advice and services.	Presentation with questions and answers
K26 Boundaries of competence of the PWP and of own role, and how to work within a team and with other agencies with additional specific roles which cannot be fulfilled by the PWP alone.	Presentation with questions and answers
K27 The meaning of high-intensity psychological treatment and how this differs from low-intensity work.	Presentation with questions and answers

SKILL	ASSESSMENT METHODS
<p>S1 Use the principles, purposes and different types of assessment undertaken with patients with common mental health disorders using in person, telephone and video-based modes of delivery.</p>	Examination
<p>S2 Use common factors to engage patients, gather information, build a therapeutic alliance with patients with common mental health problems, manage the emotional content of sessions and hold boundaries.</p>	Examination
<p>S3 Use patient-centred principles to gathering of information to arrive at a succinct and collaborative definition of the person's main mental health difficulties and the impact this has on their daily living.</p>	Professional discussion underpinned by a portfolio of evidence
<p>S4 Assess the world view of patients, with a focus on the here and now, including cognitive patterns and biases that link to specific conditions and the implications of these to shape low-intensity working.</p>	Professional discussion underpinned by a portfolio of evidence
<p>S5 Recognise patterns of symptoms consistent with diagnostic categories of mental disorders from a patient-centred interview, and correctly identify the correct primary problem descriptor.</p>	Examination
<p>S6 Decide on the primary target problem for intervention in the context of comorbidity of mental and physical health problems.</p>	Examination
<p>S7 Assess risk with patients or others to ensure practitioners can confidently manage this effectively in accordance with NICE guidance.</p>	Professional discussion underpinned by a portfolio of evidence
<p>S8 Select and use standardised assessment tools including symptom and other psychometric instruments to aid problem recognition and definition and subsequent decision making.</p>	Examination
<p>S9 Use the COM-B behaviour change model to identify intervention goals and choice of appropriate interventions.</p>	Professional discussion underpinned by a portfolio of evidence
<p>S10 Set agreed goals for treatment which are specific, measurable, achievable, realistic and timely (SMART).</p>	Professional discussion underpinned by a portfolio of evidence
<p>S11 Provide evidence-based information about treatment choices and in making shared decisions with patients.</p>	Professional discussion underpinned by a portfolio of evidence
<p>S12 Select an appropriate mode of delivery in partnership with patients, including assessing a patient's suitability for online interventions, revising this as necessary on an ongoing basis.</p>	Examination
<p>S13 Take account of the service user's attitude to a range of mental health treatments including prescribed medication and evidence-based psychological treatments.</p>	Professional discussion underpinned by a portfolio of evidence

<p>S14 Choose the appropriate pathway for a service user after assessment using clinical decision-making tools and techniques.</p>	Professional discussion underpinned by a portfolio of evidence
<p>S15 Identify patients at assessment who do not fit the criteria for treatment at Step 2 including those with post-traumatic stress disorder (PTSD), social anxiety disorder or severe mental health problems, and facilitate appropriate stepping up or onward referral.</p>	Professional discussion underpinned by a portfolio of evidence
<p>S16 Evaluate a range of evidence-based interventions and strategies to assist patients in managing their emotional distress and disturbance.</p>	Professional discussion underpinned by a portfolio of evidence
<p>S17 Develop and maintain a therapeutic alliance with patients during their treatment programme, including dealing with issues and events that threaten the alliance.</p>	Professional discussion underpinned by a portfolio of evidence
<p>S18 Plan a collaborative low-intensity psychological treatment programme for common mental health problems, including appropriate frequency of contacts, managing the ending of contact and development of relapse prevention strategies.</p>	Professional discussion underpinned by a portfolio of evidence
<p>S19 Select appropriate cases for low- intensity treatment, aligned to NICE guidance and the NHS Talking Therapies Manual.</p>	Examination
<p>S20 Select and provide a range of low-intensity, evidence-based guided self-help psychological interventions recommended by NICE for anxiety disorders and depression, in an adequate dose, linked to patient goals including behavioural activation, graded exposure, cognitive restructuring, including behavioural experiments, worry management, problem solving, promoting good sleep, promoting physical activity and medication support.</p>	Professional discussion underpinned by a portfolio of evidence
<p>S21 Use the COM-B behaviour change model and strategies in the delivery of low-intensity interventions.</p>	Examination
<p>S22 Evaluate the role of case management and stepped care approaches to managing common mental health problems in primary care including ongoing risk management appropriate to service protocols and NICE guidance.</p>	Professional discussion underpinned by a portfolio of evidence
<p>S23 Support patients with medication for common mental health problems to help them optimise their use of pharmacological treatment and minimise any adverse effects.</p>	Examination
<p>S24 Deliver low-intensity interventions using a range of methods including one-to-one treatment in person, via video consultation, via telephone, interactive text or computerised cognitive behavioural therapy and guided self-help groups in person and via video.</p>	Professional discussion underpinned by a portfolio of evidence
<p>S25 Select and revise modes of delivery, as necessary on an ongoing basis depending on factors including patient choice and suitability.</p>	Professional discussion underpinned by a portfolio of evidence
<p>S26 Map core skills into text-based interventions.</p>	Examination

S27 Deliver and lead evidence-based groups and workshops using guided self-help group facilitation skills, involving everyone to generate a useful discussion, managing challenges to engagement and responding flexibly to questions from the audience.	Professional discussion underpinned by a portfolio of evidence
S28 Take succinct and accurate notes.	Professional discussion underpinned by a portfolio of evidence
S29 Manage a large caseload of patients with common mental health problems efficiently and safely.	Presentation with questions and answers
S30 Use supervision to assist own delivery of low-intensity psychological treatment and medication support programmes for depression or anxiety disorders.	Presentation with questions and answers
S31 Gather patient-centred information on employment needs, wellbeing and social inclusion and in liaison and signposting to other agencies delivering employment, occupational and other advice and services.	Presentation with questions and answers
S32 Work within own level of competence and boundaries of competence and role, including working within a team and with other agencies.	Presentation with questions and answers
BEHAVIOUR	ASSESSMENT METHODS
B1 Be committed to the delivery of non-discriminatory, recovery orientated mental health care.	Presentation with questions and answers
B2 Be committed to equal opportunities for all, encouraging active participation in every aspect of care and treatment.	Presentation with questions and answers
B3 Show respect for and the value of individual differences in age, sexuality, disability, gender, spirituality, race and culture.	Presentation with questions and answers
B4 Show empathy and be responsive and sensitive to patient's needs with regard to all aspects of diversity, including working with older people, the use of interpretation services and taking into account any neurodiversity, cognitive, physical, or sensory difficulties patients may experience in accessing services.	Presentation with questions and answers
B5 Show an awareness of own bias, prejudice and assumptions, making good use of supervision and reflective spaces to examine these.	Professional discussion underpinned by a portfolio of evidence

Mapping of KSBs to grade themes

Professional discussion underpinned by a portfolio of evidence

KSBS GROUPED BY THEME	KNOWLEDGE	SKILLS	BEHAVIOUR
<p>Assessment and formulation K4 K5 K8 S3 S4 S7 S14 S15 S18 S28</p>	<p>Principles of patient-centred information gathering to arrive at a succinct and collaborative definition of the patient's main mental health difficulties and the impact this has on their daily living. (K4)</p> <p>Approaches to assessing the world view of patients, with a focus on the here and now, including cognitive patterns and biases that link to specific conditions and the implications of these to shape low-intensity working. (K5)</p> <p>Importance of accurate risk assessment with patients or others to ensure practitioners can confidently manage this effectively in accordance with National Institute for Health and Care Excellence (NICE) guidance. (K8)</p>	<p>Use patient-centred principles to gathering of information to arrive at a succinct and collaborative definition of the person's main mental health difficulties and the impact this has on their daily living. (S3)</p> <p>Assess the world view of patients, with a focus on the here and now, including cognitive patterns and biases that link to specific conditions and the implications of these to shape low-intensity working. (S4)</p> <p>Assess risk with patients or others to ensure practitioners can confidently manage this effectively in accordance with NICE guidance. (S7)</p> <p>Choose the appropriate pathway for a service user after assessment using clinical decision-making tools and techniques. (S14)</p> <p>Identify patients at assessment who do not fit the criteria for treatment at Step 2 including those with post-traumatic stress disorder (PTSD), social anxiety disorder or severe mental health problems, and facilitate appropriate stepping up or onward referral. (S15)</p> <p>Plan a collaborative low-intensity psychological treatment programme for common mental health problems, including appropriate frequency of contacts, managing the ending of contact and development of relapse prevention strategies. (S18)</p> <p>Take succinct and accurate notes. (S28)</p>	<p>None</p>
<p>Evidence based interventions K10 K11 K13 K14 K16 S9 S10 S11 S13 S16 S17 S20 S22 S24 S25 S27 B5</p>	<p>COM-B behaviour change model and its use in identifying intervention goals and choice of appropriate interventions. (K10)</p> <p>Available evidence-based information about treatment choices and in making shared decisions with patients. (K11)</p>	<p>Use the COM-B behaviour change model to identify intervention goals and choice of appropriate interventions. (S9)</p> <p>Set agreed goals for treatment which are specific, measurable, achievable,</p>	<p>Show an awareness of own bias, prejudice and assumptions, making good use of supervision and reflective spaces to examine these. (B5)</p>

Attitudes that service users may develop to a range of mental health treatments including prescribed medication and evidence-based psychological treatments. (K13)

Strategies to develop and maintain a therapeutic alliance with patients during their treatment programme, dealing with issues and events that threaten the alliance. (K14)

Low-intensity, evidence-based guided self-help psychological interventions recommended by NICE for anxiety disorders and depression, behavioural activation, graded exposure, cognitive restructuring, including behavioural experiments, worry management, problem-solving, promoting good sleep, promoting physical activity and medication support. (K16)

realistic and timely (SMART). (S10)

Provide evidence-based information about treatment choices and in making shared decisions with patients. (S11)

Take account of the service user's attitude to a range of mental health treatments including prescribed medication and evidence-based psychological treatments. (S13)

Evaluate a range of evidence-based interventions and strategies to assist patients in managing their emotional distress and disturbance. (S16)

Develop and maintain a therapeutic alliance with patients during their treatment programme, including dealing with issues and events that threaten the alliance. (S17)

Select and provide a range of low-intensity, evidence-based guided self-help psychological interventions recommended by NICE for anxiety disorders and depression, in an adequate dose, linked to patient goals including behavioural activation, graded exposure, cognitive restructuring, including behavioural experiments, worry management, problem solving, promoting good sleep, promoting physical activity and medication support. (S20)

Evaluate the role of case management and stepped care approaches to managing common mental health problems in primary care including ongoing risk management appropriate to service protocols and NICE guidance. (S22)

Deliver low-intensity interventions using a range of methods including one-to-one treatment in person, via video consultation, via telephone, interactive text or computerised cognitive

behavioural therapy and guided self-help groups in person and via video. (S24)

Select and revise modes of delivery, as necessary on an ongoing basis depending on factors including patient choice and suitability. (S25)

Deliver and lead evidence-based groups and workshops using guided self-help group facilitation skills, involving everyone to generate a useful discussion, managing challenges to engagement and responding flexibly to questions from the audience. (S27)

Examination

KSBS GROUPED BY THEME	KNOWLEDGE	SKILLS	BEHAVIOUR
<p>Assessment and formulation. Total marks for the theme is 50 marks. K1 K2 K3 K6 K7 K9 S1 S2 S5 S6 S8</p>	<p>Concepts of mental health and mental illness, diagnostic category systems in mental health and a range of social, medical and psychological explanatory models. (K1)</p> <p>Principles, purposes and different types of assessment undertaken with patients with common mental health disorders using in person, telephone and video-based modes of delivery. (K2)</p> <p>Common factors to engage patients, gather information, build a therapeutic alliance with patients with common mental health problems, manage the emotional content of sessions and the impact of this on both themselves and the client and hold boundaries. (K3)</p> <p>Patterns of symptoms consistent with diagnostic categories of mental disorders from a patient-centred interview. (K6)</p> <p>Complexity of mental disorders and the tools and techniques used to decide on the primary target problem for intervention in the context of comorbidity of mental and physical health problems. (K7)</p> <p>Standardised assessment tools, symptom and other psychometric instruments to aid problem recognition and definition and subsequent decision making. (K9)</p>	<p>Use the principles, purposes and different types of assessment undertaken with patients with common mental health disorders using in person, telephone and video-based modes of delivery. (S1)</p> <p>Use common factors to engage patients, gather information, build a therapeutic alliance with patients with common mental health problems, manage the emotional content of sessions and hold boundaries. (S2)</p> <p>Recognise patterns of symptoms consistent with diagnostic categories of mental disorders from a patient-centred interview, and correctly identify the correct primary problem descriptor. (S5)</p> <p>Decide on the primary target problem for intervention in the context of comorbidity of mental and physical health problems. (S6)</p> <p>Select and use standardised assessment tools including symptom and other psychometric instruments to aid problem recognition and definition and subsequent decision making. (S8)</p>	None
<p>Evidence based interventions. Total marks for the theme is 50 marks. K12 K15 K17 K18 K19 S12 S19 S21 S23 S26</p>	<p>Tools and techniques used to select an appropriate mode of delivery in partnership with patients. (K12)</p> <p>NICE guidance and the NHS Talking Therapies Manual and their application in selecting appropriate cases for low-intensity treatment. (K15)</p> <p>COM-B behaviour change model and strategies in the delivery of low-intensity interventions. (K17)</p>	<p>Select an appropriate mode of delivery in partnership with patients, including assessing a patient's suitability for online interventions, revising this as necessary on an ongoing basis. (S12)</p> <p>Select appropriate cases for low-intensity treatment, aligned to NICE guidance and the NHS Talking Therapies Manual. (S19)</p> <p>Use the COM-B behaviour change model and strategies</p>	None

	<p>Strategies to support patients with medication for common mental health problems to help them optimise their use of pharmacological treatment and minimise any adverse effects. (K18)</p> <p>Tools and techniques used to map core skills into text-based interventions. (K19)</p>	<p>in the delivery of low-intensity interventions. (S21)</p> <p>Support patients with medication for common mental health problems to help them optimise their use of pharmacological treatment and minimise any adverse effects. (S23)</p> <p>Map core skills into text-based interventions. (S26)</p>	
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Presentation with questions and answers

KSBS GROUPED BY THEME	KNOWLEDGE	SKILLS	BEHAVIOUR
<p>Value, diversity and context K20 K21 K22 K23 K24 K25 K26 K27 S29 S30 S31 S32 B1 B2 B3 B4</p>	<p>Principles and values that underpin the delivery of non-discriminatory, recovery orientated mental health care. (K20)</p> <p>Strategies needed to respond to people's needs sensitively with regard to all aspects of diversity, working with older people, the use of interpretation services and taking into account any cognitive, physical, or sensory difficulties patients may experience in accessing services. (K21)</p> <p>Power issues in professional-patient relationships. (K22)</p> <p>Voluntary, community and statutory organisations in their community that may be helpful to signpost and refer to. (K23)</p> <p>The importance of using supervision to assist own delivery of low-intensity psychological treatment and medication support programmes for depression or anxiety disorders. (K24)</p> <p>Process of gathering patient-centred information on employment needs, wellbeing and social inclusion and in liaison and how to signpost to other agencies delivering employment, occupational and other advice and services. (K25)</p> <p>Boundaries of competence of the PWP and of own role, and how to work within a team and with other agencies with additional specific roles which cannot be fulfilled by the PWP alone. (K26)</p> <p>The meaning of high-intensity psychological treatment and how this differs from low-intensity work. (K27)</p>	<p>Manage a large caseload of patients with common mental health problems efficiently and safely. (S29)</p> <p>Use supervision to assist own delivery of low-intensity psychological treatment and medication support programmes for depression or anxiety disorders. (S30)</p> <p>Gather patient-centred information on employment needs, wellbeing and social inclusion and in liaison and signposting to other agencies delivering employment, occupational and other advice and services. (S31)</p> <p>Work within own level of competence and boundaries of competence and role, including working within a team and with other agencies. (S32)</p>	<p>Be committed to the delivery of non-discriminatory, recovery orientated mental health care. (B1)</p> <p>Be committed to equal opportunities for all, encouraging active participation in every aspect of care and treatment. (B2)</p> <p>Show respect for and the value of individual differences in age, sexuality, disability, gender, spirituality, race and culture. (B3)</p> <p>Show empathy and be responsive and sensitive to patient's needs with regard to all aspects of diversity, including working with older people, the use of interpretation services and taking into account any neurodiversity, cognitive, physical, or sensory difficulties patients may experience in accessing services. (B4)</p>

Version log

Version	Change detail	Earliest start date	Latest start date	Latest end date
Revised version awaiting implementation	In revision	15/10/2024	Not set	Not set
1.2	Funding band revised	07/08/2020	14/10/2024	Not set
1.1	End-point assessment plan revised	06/05/2020	06/08/2020	Not set
1.0	Retired	22/03/2019	05/05/2020	Not set

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