**Directed learning days**

It is a BPS requirement of Psychological Wellbeing Practitioner (PWP) training programmes that each trainee must be provided with 15 days of directed practice-based learning, which are used to complete some of the learning outcomes within the Practice Assessment Document (PAD). There must also be systems in place within the service for monitoring the work that trainees complete during their directed learning days. In June 2021 the University of Manchester programme completed a successful re-accreditation event with the BPS however one of the conditions of ongoing accreditation was that ***“the programme team must take more control of the specific content of directed study learning, how it is reviewed and provide greater oversight of how trainees are evidencing the different outcomes”.***In response to this condition the programme team in consultation with IAPT services and trainees have drafted the following guidance document about directed learning days to help trainees and their supervisors.

Activities and directed learning day dates for the September 2025 cohort are listed below. We have mapped the activities to the relevant Learning Outcome/s in the PAD to ensure they follow the taught structure of the programme. The activities completed for each directed learning day must be signed off by trainee’s PAD sign-off supervisor (or a qualified person identified by them) to confirm the activity has been completed to a satisfactory standard. This may require the tPWP to complete the activity more than once.

This form will be reviewed at each University PAD review meeting. Please note completing the PAD is an ongoing process throughout the training year and you should be working towards the learning outcomes continuously during your time in service. The specified days below should help you to ring fence some time, in order to continuously progress. If you have the opportunity to complete a learning outcome prior to when it is scheduled, please take this opportunity and perhaps complete an alternative learning outcome on the directed learning day. All of the learning outcomes in the PAD must be completed and signed off in order for the trainee to complete the course. **If trainees cannot take the directed learning day on the date specified, please book it in on another day that week.**

Sign off supervisors must ensure they are confident that the trainee is competent in the learning outcome before agreeing to sign it off.  This may involve evidencing the learning outcome more than once, if they do not feel satisfied that the trainee has fully developed competence.

Activities to be completed for each directed learning day should be agreed between the trainee and their supervisor/PAD sign off manager in advance. It is the supervisor/ PAD sign off manager’s responsibility to let each trainee know what evidence they require in order to sign off each learning outcome. Below are some examples of the evidence you can request.

         Discussion and questioning

         Written reflection (max 300 words for each learning outcome)

         Role play and reflective discussion

         Reviewing recordings and reflective discussion

         Live observation and reflective discussion

**Structure of the PG Cert in primary mental health care:**

Course unit 1: Engagement and Assessment (E&A)

Course unit 2: Evidence Based Low Intensity Treatments (EBLT)

Course unit 3: Values, Diversity and Context (VDC)

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|  | Date | Suggested activity  **You must complete at least four learning outcomes on each DL day. We estimate this should take 7.5 hours in total.** | PAD | Date completed |
| DL1 | Friday 3rd October 2025 | * Conduct wider reading of concepts of mental health and mental illness and is aware of ICD and DSM classification systems and discusses benefits and challenges to using diagnostic categories. * Demonstrate sound understanding of the stepped care model and where possible shadow other professionals within all steps. * Conduct reading on patient centred interviewing and Com-B and demonstrates understanding of the importance of taking a patient centred approach. Identifies: taking a bio-psycho-socio-cultural approach, using patient’s individual understanding of problems/needs, sharing power and responsibility, building and maintaining therapeutic alliance and recognising the influence of self as important factors. * Observe, and discuss, qualified staff conducting patient centred information gathering (e.g. 4Ws, ABC, triggers, impact, other important information) leading to collaborative decision of main problems (e.g. problem statement). * Role play conducting patient centred information gathering leading to collaborative decision of main problems using crib sheet, taking notes and in a timely manner. Demonstrate competence in considering COM-B in Shared Planning and Decision Making. Receive feedback and reflect. * Demonstrate understanding of the different types of risks (e.g. risk to self, risk to others, risk from others) and the importance of conducting and documenting a clear risk assessment and management plan. Is aware of local policies and procedures in relation to risk assessment and management including crisis management and safeguarding. * Demonstrate awareness and understanding of the requirements of IAPT Data Standard and understands the rationale for using outcome measures and identifies and problem solves hitches/barriers to outcome measurement collection. * Demonstrates awareness of the signs, symptoms and recommended treatment of patients at assessments that do not fit the criteria for step 2. * Role-play conducting an assessment with a client who does not fit the criteria for step 2 and agrees appropriate treatment options e.g step up/onward referral. * Observe, and discuss, qualified staff completing and recording outcome measures and feeding back results to patients * Observe qualified staff assessing patients and tPWP can accurately identify symptoms of depression. Discuss and reflect. * Observe qualified staff assessing patients and tPWP can accurately identify symptoms of anxiety disorder. Discuss and reflect. | E&A 1.1  E&A 1.2  E&A 1.3  E&A 1.4  E&A1.6  E&A 1.6  E&A 2.1  E&A 2.2 |  |
| DL2 | Thursday 16th October 2025 | * Role play conducting and documenting risk assessments and risk management plans for different types of risk. Obtain feedback and reflect. * Observe, and discuss, qualified staff completing and recording outcome measures and feeding back results to patients. * Role play completing and recording outcome measures and feeding back results to patients. Obtain feedback. * Demonstrate awareness of the patterns of symptoms consistent with diagnostic categories for common mental health problems including ICD/DSM and IAPT screening prompts for provisional diagnoses. * Discuss potential risk to self and other health care professionals posed by patients and has awareness and understanding of relevant policies and procedures. * Observe qualified staff conducting assessments and discuss patterns of symptoms using diagnostic categories. * Role play a variety of assessments recognising patterns of symptoms using diagnostic categories. Receive feedback and reflect. * Role play conducting problem focused assessment with patients with variety of depression symptoms. Receive feedback and reflect. * Role play conducting problem focused assessment with patients for at least 2 anxiety disorders. Receive feedback and reflect. | E&A 1.3  E&A 1.4  E&A 1.5  E&A 2.1  E&A 2.2 |  |
| DL3 | Tuesday 21st October 2025 | * Understand the role of crisis/safeguarding services and where possible consider spending time with crisis and safeguarding teams * Observe, and discuss, qualified staff conducting risk assessments and risk management plans for different types of risk * Role play conducting and documenting risk assessments and risk management plans for different types of risk. Obtain feedback and reflect. * Discuss potential risk to self and other health care professionals posed by patients and has awareness and understanding of relevant policies and procedures * Demonstrates awareness of the evidence base for treatment options (brief interventions and medication) and modalities at step 2 (guided self-help, cCBT, telephone). * Observe qualified staff giving information regarding treatment options, establishing patient attitudes to treatment options/modalities and making shared decisions with a variety of patients. * Role play giving information regarding treatment options, establishing patient attitudes and making shared decisions with a variety of patients. Demonstrates consideration of Com-B in Shared Planning and Decision Making. Receive feedback and reflect | E&A 1.3  E&A 1.5  E&A 1.6 |  |
| DL4 | Wednesday 12th November 2025 | * Observe, and discuss, qualified staff conducting triage assessments with a variety of patients. * Role play conducting and documenting triage assessments with a variety of patients and in a timely manner. Obtain feedback and reflect. * Demonstrates awareness and understanding of National and local policies and procedures in relation to data management i.e. Data Protection Act and can apply to low intensity environment * Conduct reading on ‘common factors’ (e.g. collaborative, reflection, summarising, empathy, non-judgemental, warmth, compassion, pacing) and demonstrates understanding of how ‘common factors’ can impact on patient engagement. * Observe, and discuss, qualified staff using common factors to manage emotional content and establish and maintain the therapeutic alliance during the assessment process * Role play using common factors to manage emotional content and develop the therapeutic alliance across the range of assessment formats. Receive feedback and reflect. | E&A 1.1  E&A 1.7  E&A 3.1 |  |
| DL8 | Friday 20th February 2026 | * Be observed, by qualified staff, conducting and documenting triage assessments with a variety of patients and in a timely manner. Obtain feedback and reflect. * Be observed, by qualified staff, conducting patient centred information gathering leading to collaborative decision of main problems using crib sheet, taking notes and in a timely manner. Demonstrate competence in considering COM-B in Shared Planning and Decision Making. Receive feedback and reflect * Be observed, by qualified staff, conducting and documenting risk assessments and risk management plans. Obtain feedback and reflect. * Be observed, by qualified staff, completing and recording outcomes measures and feeding back results to patients. Obtain feedback and reflect. * Be observed, by qualified staff, conducting assessments and recognises patterns of symptoms using diagnostic categories. Receive feedback and reflect. * Role play giving information regarding treatment options, establishing patient attitudes and making shared decisions with a variety of patients. Demonstrates consideration of Com-B in Shared Planning and Decision Making. Receive feedback and reflect * Be observed by qualified staff giving information regarding treatment options, establishing patient attitudes and making shared decisions with a variety of patients. Demonstrates consideration of Com-B in Shared Planning and Decision Making. Receive feedback and reflect. * Be observed by qualified staff giving information regarding treatment options, establishing patient attitudes and making shared decisions with a variety of patients. Demonstrates consideration of Com-B in Shared Planning and Decision Making. Receive feedback and reflect. * Demonstrates ability to write up assessments accurately and in a timely manner using paper and electronic record systems following a mixture of shadowing, role play and supervised practice. * Demonstrates ability to obtain and record accurately routine outcome measures in line with service targets. * Be observed, by qualified staff, conducting problem focused assessment with patients with depression. Receive feedback and reflect * Be observed, by qualified staff, conducting problem focused assessment with patients for at least 2 anxiety disorders. Receive feedback and reflect * Be observed, by qualified staff, using common factors to manage emotional content and develop the therapeutic alliance across the range of assessment formats. Receive feedback and reflect * Conduct reading or demonstrate through discussion, an understanding of the complexity of mental health difficulties in reference to comorbidity and what to consider in identifying the primary problem. * Role-play conceptualising comorbidity of mental disorders and collaboratively agree the primary problem in the context of physical and mental health co-morbidity. | E&A 1.1  E&A 1.2  E&A 1.3  E&A 1.4  E&A 1.5  E&A 1.6  E&A 1.7  E&A 2.1  E&A 2.2  E&A 3.1  E&A4.0  E&A4.0 |  |
| DL5 | Thursday 18th December 2025 | * Read the CBT competency framework by Roth & Pilling (2007). http://www.ucl.ac.uk/pals/research/cehp/research-groups/core/competence-frameworks/cognitive-and-behavioural-therapy Conduct, and discuss, a self-assessment towards the competencies required for delivery of low intensity CBT based interventions as per above document. * Identify and discuss a range of appropriate self-help materials to support the delivery of evidence based interventions at low intensity. * Observe qualified staff delivering treatment sessions using a variety of low intensity evidence based interventions for depression. Discuss and reflect. * Role play delivering treatment sessions using all of the following low intensity evidence based interventions for depression: * Behavioural Activation * Cognitive Restructuring/Behavioural experiments * Behavioural experiments * Sleep Hygiene * Problem solving * Exercise * Receive feedback and reflect. * Conduct wider reading of literature relating to the therapeutic alliance and discuss and problem solve issues and events that threaten the alliance. * Observe, and discuss, qualified staff in session with particular focus on the development and maintenance of the therapeutic alliance. * Demonstrate an understanding of problems that should not be treated at Step 2 and where and how appropriate treatment should be accessed for these. | EBLT 1.1  EBLT 1.2  EBLT 1.3  EBLT 2.1  EBLT 1.1 |  |
| DL6 | Wednesday 28th January 2026 | * Identify resources to a) increase your knowledge and understanding of medication and b) support patients to make informed decisions in relation to medication. Discuss common medication, side effects and strategies to minimise/manage side effects and improve concordance. * Demonstrate an understanding of problems that should not be treated at step 2 and where and how appropriate treatment should be accessed for these * Demonstrate thorough knowledge and understanding of the underpinning theory, evidence base and structure of a range of low intensity evidence based interventions for depression (e.g. Behavioural Activation, Cognitive Restructuring, Sleep Hygiene, medication, problem solving). * Role play delivering treatment sessions using all of the following low intensity evidence based interventions for depression: * Behavioural Activation * Cognitive Restructuring/Behavioural experiments * Behavioural experiments * Sleep Hygiene * Problem solving * Exercise * Receive feedback and reflect. * Observe qualified staff delivering treatment sessions using a variety of low intensity evidence based interventions for anxiety disorders. Discuss and reflect. * Conduct and discuss additional reading regarding the delivery of low intensity interventions via a range of modalities. Discuss the considerations / challenges / benefits. | EBLT 1.1  EBLT 1.1  EBLT 1.2  EBLT 1.3  EBLT 1.4 |  |
| DL7 | Friday 6th February 2026 | * Role play delivering treatment sessions using a variety of low intensity evidence based interventions for at least 2 anxiety disorders using all of the following interventions. Receive feedback and reflect. * Cognitive Restructuring/behavioural experiments * Exposure * Worry management * Observe qualified staff delivering interventions using different modalities (e.g. telephone, electronic communication, groups). * Role play how you would address challenges to the therapeutic alliance. Receive feedback and reflect. * Demonstrate an understanding of the requirements for ongoing risk management through treatment and ability to respond appropriately in accordance with local policies and procedures when there is a change in presenting risk status * Observe, and discuss, qualified staff conducting risk reviews in treatment sessions. Discuss process for documenting risk reviews * Role play conducting and documenting risk reviews that would be completed in a treatment session including reviews where there is an escalation in presenting risk. | EBLT 1.3  EBLT 1.4  EBLT 2.1  EBLT 3.3 |  |
| DL12 | Thursday 23rd April 2026 | * Be observed, by qualified staff, delivering treatment sessions using a variety of the following low intensity evidence based interventions for depression: * Behavioural Activation * Cognitive Restructuring/ Behavioural experiments * Sleep Hygiene * Problem solving * Exercise * Receive feedback and reflect * Be observed, by qualified staff, delivering treatment sessions using a variety of the low intensity evidence based interventions for at least 2 anxiety disorders. Receive feedback and reflect. * Cognitive Restructuring/ Behavioural experiments * Exposure * Worry management * Role-play delivery of interventions using different modalities. Obtain feedback and reflect * Demonstrate ability to obtain, record and monitor clinical outcomes measures to shape and adapt low intensity interventions. * Be observed, by qualified staff, conducting and documenting a risk review. Obtain feedback and reflect * Demonstrate knowledge and understanding to map core skills into text-based interventions | EBLT 1.2  EBLT 1.3  EBLT 1.4  EBLT 3.2  EBLT 3.3  EBLT 1.4 |  |
| DL13 | Friday 8th May 2026 | * Be observed, by qualified staff, delivering interventions using different modalities. Obtain feedback and reflect. * Be observed selecting and revising modes of delivery, as necessary on an ongoing basis depending on patient choice, suitablity etc. * Demonstrate knowledge and understanding to map core skills into text-based interventions * Be observed, by qualified staff, and receive feedback on your skills in developing and maintaining the therapeutic alliance. Receive feedback and reflect. * Demonstrates ability to write up case notes accurately and in a timely manner * Demonstrates ability to ensure any patient data is stored securely according to service policy and Data Protection Act * Demonstrates ability to discuss clinical progress with patients. * Demonstrates ability to identify lack of clinical progress and discuss collaboratively with patients, amending intervention as appropriate. * Be observed selecting and revising modes of delivery, as necessary on an ongoing basis depending on patient choice, suitability etc. | EBLT 1.4  EBLT 2.1  EBLT 3.1  EBLT 3.2  EBLT 1.4 |  |
| DL9 | Monday 9th March 2026 | * Conduct and discuss wider reading relating to protected characteristics such as age, sexuality, disability, gender, spirituality, race and culture in the delivery of IAPT services * Demonstrate awareness of the impact prejudices can have on therapeutic work and consider and reflect on your own prejudices and discuss in clinical supervision * Demonstrate awareness and utilisation of adaptations that can be made to sessions to address diverse needs e.g. length of sessions, accessibility of venues, audio resources, sign language. * Demonstrate awareness and utilisation of a range of services available locally to meet the needs of the diverse community. * Conduct, and discuss, additional reading relating to power issues within professional / patient relationships * Observe qualified staff in session and identify and discuss power issues. Reflect * Demonstrates awareness of current concerns and strategies around employment, benefits and wellbeing issues affecting people with common mental health problems and demonstrates engagement with local services who support patients with employment, benefit and wellbeing issues * Observe qualified staff gathering patient-centred information on employment needs, wellbeing and social inclusion | VDC 1.1  VDC 3.1  VDC 4.2 |  |
| DL10 | Monday 16th March 2026 | * Describes the differences between clinical and clinical case management supervision. * Role-play sessions and be aware and discuss power issues. Receive feedback and reflect * Demonstrates awareness of, engagement with and utilisation of local community, statutory and third sector services that may also support patients in their recovery. Consider spoke placements for key local agencies to embed understanding. * Explain the benefit of low-intensity and high-intensity work and recognises how they complement each other. Shadow a HIT to gain sound understanding of role. | VDC 2.1  VDC 3.1  VDC 4.1  VDC 4.3 |  |
| DL11 | Friday 17th April 2026 | * Observe, and discuss, qualified staff delivering sessions requiring adaptations to meet the needs of the patient (e.g. use of translation services). * Demonstrates awareness of the requirements for tPWPs in relation to caseload throughout training year and knows who to discuss concerns with should caseload potentially impact on successful progression on Programme. * Role play gathering patient-centred information on employment needs, wellbeing and social inclusion. Obtain feedback * Describe the term High Intensity Drift and avoids and/or can identify and respond when high intensity drift maybe an issue | VDC 1.1  VDC 4.1  VDC 4.2  VDC 4.3 |  |
| DL14 | Tuesday 19th May 2026 | * Role-play delivering sessions requiring adaptations to meet the needs of the patient. Obtain feedback and reflect * Prepare in advance for supervision, make clinical suggestions and keep notes documenting content and action plans based on shared decision making. * Has a contract of supervision for each type of supervision and is actively involved in evaluating/reviewing supervision. * Is aware of professional codes of conduct and practices ethically at all times. Works within the remit of step 2 at all times. Knows who to raise concerns with if identifies concerns re competency. * Be observed in session, by qualified staff, and discuss power issues. Receive feedback and reflect * Demonstrates ability to efficiently and safely manage a caseload as per IAPT guidelines for tPWPs: maintains diary, manage risks, keeps notes, discharge patients in a timely fashion and according to service protocols. * Demonstrates ability to effectively manage a large caseload including step up within NHS Talking therapies, onward referral to employment support and signposted services, or other referral beyond NHS Talking therapies. * Be observed, by qualified staff, gathering patient-centred information on employment needs, wellbeing and social inclusion. Obtain feedback and reflect. | VDC 1.1  VDC 2.1  VDC 3.1  VDC 4.1  VDC 4.2 |  |
| DL15 | Thursday 28th May 2026 | * Be observed by qualified staff, delivering sessions to patients from diverse demographic, social and cultural backgrounds requiring adaptations to practice (eg. Use of translation services or self help materials for people who are deaf of whose first language is not English). Obtain feedback and reflect. * Attends and actively participate in regular clinical and clinical case management supervision. MUST have completed required supervision hours detailed at the beginning of this document. | VDC 1.1  VDC 2.1 |  |