

**Post Graduate Certificate in Primary Mental Health Care**

**Trainee PWP Supervisor Handbook**

Guidelines for Case Management Supervisors and Clinical Skills Supervisors, supporting Trainee Psychological Wellbeing Practitioners at the University of Manchester

Last updated: September 2025

**Contents**

|  |  |
| --- | --- |
| **Contents** | **Page** |
| Introduction | 3 |
| Course Contacts | 3 |
| Course Delivery | 4 |
| Programme Overview | 5 |
| Theory underpinning PWP role | 5-7 |
| Course Structure | 7-9 |
| Part time Trainees | 9-10 |
| Assessment | 10-11 |
| Assessment timetables | 11-12 |
| Clinical competency tool for Assessment and Treatment | 12 |
| Practice Assessment Documents (PAD) and PARE | 12-14 |
| Directed Learning days | 14-15 |
| Clinical contact hours and starting working with patients | 15 |
| Shadowing | 16 |
| Role Plays | 16 |
| Supervision | 16-17 |
| Academic Advisors | 17-18 |
| Clinical Placement review | 18 |
| Professionalism and fitness to practice | 19 |
| Attendance requirements | 19 |
| Plagiarism | 19-20 |
| Appendices | 30-35 |

**Appendices**

[Appendix 1: Real life recording submission form](#_Toc84924596)

Appendix 2: Treatment feedback sheet………………………………………………………………………..

[Appendix 3: Reach Out Supervision Criteria and Guidance for Case Management Supervision](#_Toc84924598)

[Appendix 4: Clinical Placement Audit form](#_Toc84924597)

Appendix 5: Example clinical trajectory ………………………………………………………………………………………………

**Introduction**

Firstly, the PWP teaching team at the University of Manchester would like to say thank you for agreeing to supervise a Manchester Trainee PWP. This handbook aims to help you to understand the PWP programme and how you can best support trainee PWP’s in your service. The handbook will be regularly updated with regards to the National PWP Curriculum and has been produced to assist you in your delivery of both case management and clinical skills supervision to the Psychological Wellbeing Practitioners attending the Post Graduate Certificate in Primary Mental Health Care at the University of Manchester. The appendices contain various forms, resources, information that would be useful for you to be familiar with.

**Course contacts**

For general enquires please email; [iapt@manchester.ac.uk](mailto:iapt@manchester.ac.uk)

For the most up to date information and resources in supporting a University of Manchester trainee PWP please access our webpage; [Supporting and assessing trainee PWPs in practice | Guidance and key resources (manchester.ac.uk)](https://sites.manchester.ac.uk/supporting-trainee-pwps/guidance-and-key-resources/)

Please see the table below for details of the PWP course team. If you wish to contact the team regarding a personal matter relating to a student, we advise you to contact the students’ academic advisor in the first instance.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **e-mail** | **Working Days** | **Role and Responsibilities** |
| Clare Stephenson | [Clare.stephenson@manchester.ac.uk](mailto:Clare.stephenson@manchester.ac.uk) | Mon, Tue, Wed and Fri morning | Programme Director, lecturer, Unit lead: Evidence based low intensity treatments for common mental health problems, Unit lead: Supervisor training |
| Dr Amy Blakemore | [amy.blakemore@manchester.ac.uk](mailto:amy.blakemore@manchester.ac.uk) | Mon-Fri | Lecturer, Unit lead: Long term conditions training |
| Annie Kite | [annie.kite@manchester.ac.uk](mailto:Paula.crawford@manchester.ac.uk) | Mon, Tue & Wed PM | Lecturer, Recruitment lead, Unit lead: Engagement and Assessment of common mental health disorders |
| Bryony Beetham | [bryony.beetham@manchester.ac.uk](mailto:t.bradshaw@manchester.ac.uk) | Mon-Wed | Lecturer, Unit Lead: Values, Diversity and Context |
| Mia Bennion | [mia.bennion@manchester.ac.uk](mailto:mia.bennion@manchester.ac.uk) | Tue | Lecturer |
| Jennifer Kennedy | [Jennifer.kennedy@manchester.ac.uk](mailto:Jennifer.kennedy@manchester.ac.uk) | Mon-Fri | Teaching Fellow (e-learning) for any CANVAS/  e-learning support |

**Course Delivery**

The PWP training and the University of Manchester is taught using a hybrid model. This means that approximately 50% of the course is taught face to face in class and 50% is taught online. This will give the students the opportunity to engage in both in class and online lectures as well as practicing clinical skills face to face, online and by telephone, which we hope mirrors the skills you will require from them in service. Details of whether a class is being delivered face to face or online will be detailed on the student’s timetable and there will be additional information on Canvas.

**IT requirements**

At the start of training trainees will receive guidance on how to navigate Canvas as well as setting up pebblepad. We will be using Microsoft Teams as the platform for delivering online lectures and skills practice sessions.

Trainees will need a laptop/desktop, microphone and camera, and Google Chrome web browser.

Please encourage your trainee to follow these top tips for remote working:

* Set up the computer on a flat surface. A computer (PC or laptop) is best due to the bigger screen, but a tablet can work too.
* Ensure the internet connection is stable and make sure the device is charged or near the charger.
* Make sure the webcam and microphone are working.
* Ensure your camera is switched on when the lecturer asks.
* Headphones are encouraged for the best sound quality.
* Have a pen, notebook and teaching slides to hand is helpful.
* Find a quiet, safe, private space with minimal interruptions.
* Be available for the full length of the teaching session.
* Minimise distractions and noises and avoid multitasking.
* Silence or turn off mobile phones.
* Get comfortable. Consider posture.
* Ensure lighting is adequate so your face is clear and make sure your face is fully in the frame (if using camera).
* Connect as normal. Treat it like a face-to-face teaching. Look at the teacher/peer not the camera or your own face.
* Keep calm. Tech issues are normal. Keep in touch via email.

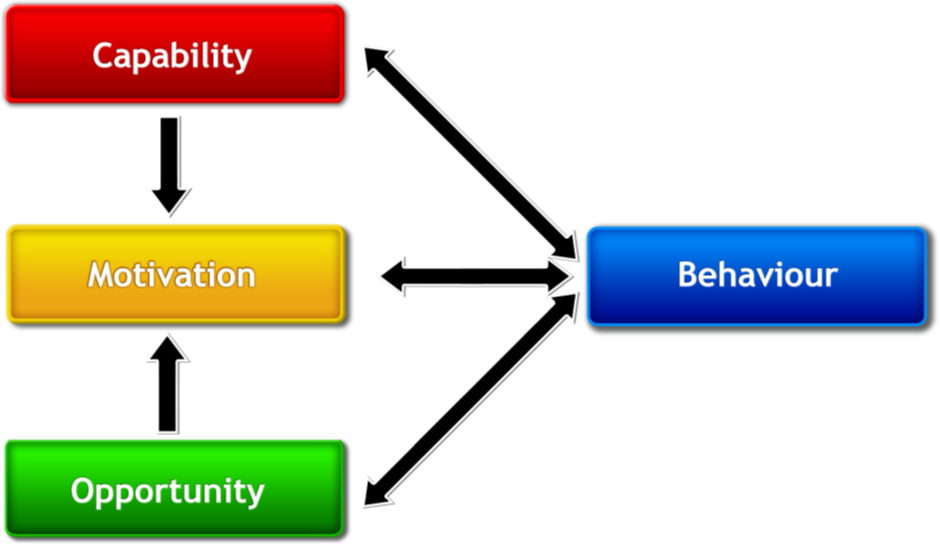
**Programme overview**

Psychological Wellbeing Practitioner training provides the knowledge and professional skills for people to work as Psychological Wellbeing Practitioners (PWPs) with people with common mental health problems. The PWP role was originally developed to work within Improving Access to Psychological Therapies (IAPT) services, now known as Talking Therapies in England, providing assessment and low-intensity interventions, and PWP training programmes accordingly prepare people to work as PWPs in Talking Therapies services. Psychological Wellbeing Practitioners are trained to assess and support people with common mental health problems – principally anxiety disorders and depression – in the self-management of their recovery. Interventions are designed to aid clinical improvement and social inclusion, including return to work, meaningful activity or other occupational activities. PWPs do this through the provision of information and support for evidence-based low-intensity psychological treatments, mainly informed by cognitive-behavioural principles, but also include physical exercise and supporting medication adherence. Behaviour change theory and models provide the framework which support an integrated approach to the choice and delivery of the interventions that PWPs provide.

**Theory underpinning PWP role**

A major focus of the work of the PWP is the assessment and engagement of patients with mild to moderate common mental health problems and the delivery of evidenced based low intensity self-help interventions at both individual and group levels. Therefore, it is crucial that PWP’s are competent both in assessment and engagement of patients, and in the knowledge of and delivery of treatment options and interventions at Step 2. Supervision underpins the development of assessment and treatment competencies that are taught at the University. It is also crucial that PWP’s understand the differences between step 3 interventions and the step 2 self-help role and that role boundaries are adhered to in order to prevent therapeutic drift and ensure fidelity to the PWP clinical method.

The key theoretical approach underpinning the PWP role is behaviour change, in particular the integrative behaviour change COM-B model (Michie et al., 2014,2011), which incorporates and builds on previous behaviour change theory and frameworks designed to improve health beliefs and behaviour change. In order to support trainee’s in the learning of the COM-B it is important that supervisors have a working knowledge of the COM-B model. For those undertaking supervisor training at the University of Manchester, we have included this model within the training to ensure you are familiar with it and to consider how you can use this model within supervision.



The COM-B model of behaviour change demonstrates that three factors are necessary for any behaviour and that behaviour is influenced or determined by an interaction between capability, motivation and opportunity. The COM-B model aids in the PWP clinical method of information gathering, information giving and shared decision making and its use enhances patient centred assessment and collaborative treatment planning.

**Capability: T**his refers to the physical capacity or psychological capacity of the patient to perform the behaviour or to change behaviour. In terms of the PWPs’ this means they will need to work with people to ascertain what the problem is, to ensure they and the patient have the relevant knowledge and understanding of their problem, what maintains it, and what is required in order to make the behavioural changes. This will be relevant for effective and collaborative information gathering, information giving and shared decision making.

**Motivation:** A person needs to be motivated enough to be able to undertake the necessary stages to change a behaviour. The PWP can enable the person to make changes by working with the patient to enhance understanding of what determines and influences motivation and what impacts on motivation. This will be relevant for effective and collaborative information gathering, information giving and shared decision making. For example, this may be enabling a patient to reduce alcohol intake, engaging in exposure activities for the management of panic attacks, or behavioural activation activity to reduce depression.

**Opportunity:** The person needs to have access to support and resources to be able to undertake the required behaviour or indeed to reduce or stop an unhelpful behaviour. PWPs can help the person to work on their resources and support by signposting, or working with the person in sessions to make improvements to enable them to access more opportunities to foster change and promote social support and social inclusion.

**References**

Michie, S., West, R., Campbell, R., Brown, J. & Gainforth, H. (2014). ABC of Behaviour Change Theories. An Essential Resource for Researchers, Policy Makers and Practitioners.

Michie, S., & Johnston, M. (2012). Theories and techniques of behaviour change: Developing a cumulative science of behaviour change. *Health Psychology Review,* 6, 13-28.

Michie, S., van Stralen, M. M., & West, R. (2011). The behaviour change wheel: A new method for characterising and designing behaviour change interventions. *Implementation Science* 6, 42-64.

**Course Structure**

The PWP programme consists of three units; Engagement and Assessment of common mental health disorder; Evidence of low-intensity treatment of common mental health problems; Values diversity and context. All units must be completed and passed independently to qualify as a PWP. Trainees will attend University for two days per week for the first unit (Monday and Tuesday) and then one day per week (Tuesday) for the remaining course. There may be additional scheduled activities on some Monday’s including AA tutorials or assessments where a trainee will need to attend University. On days when there are no timetabled sessions we encourage services to liaise with the trainee to decide how they should be spending their time either in service or completing additional study. Once teaching has finished, we would expect that trainees spend these days in service.

**Unit overview**

**Engagement and Assessment of common mental health problems**

This unit aims to ‘assess and support people with common mental health problems in the self- management of their recovery. To do so trainees must be able to undertake a range of patient-centred assessments and be able to identify the main areas of concern relevant to the assessment undertaken. Trainees need to have knowledge and competence to be able to apply these in a range of different assessment formats and settings. These different elements or types of assessment include screening/triage assessment; risk assessment; provisional diagnostic assessment; mental health clustering assessment; psychometric assessment (using the IAPT standardised symptoms measures); problem focused assessment; and intervention planning assessment. In all these assessments trainees need to be able to engage patients and establish an appropriate relationship whilst gathering information in a collaborative manner. Trainees must have knowledge of mental health disorders and the evidence-based therapeutic options available and be able to communicate this knowledge in a clear and unambiguous way so that people can make informed treatment choices. In addition, trainees must have knowledge of behaviour change models and how these can inform choice of goals and interventions.

**Evidenced based low intensity treatment of common mental health disorder**

This unit aims to aid clinical improvement through the provision of information and support for evidence-based low-intensity psychological treatments and regularly used pharmacological treatments of common mental health problems. Low-intensity psychological treatments place a greater emphasis on patient self-management and are designed to be less burdensome to people undertaking them than traditional psychological treatments. The overall delivery of these interventions is informed by a behaviour change framework. Examples of interventions include providing support for a range of low-intensity self-help interventions (often with the use of written self-help materials) informed by cognitive-behavioural principles. Support is specifically designed to enable people to optimise their use of self-management recovery information and pharmacological treatments and may be delivered individually or to groups of patients and through face-to-face, telephone, email or other contact methods. PWPs must also be able to manage any change in risk status.’

**Values, Diversity and Context**

This unit aims to ‘operate at all times from an inclusive values base that promotes recovery and recognises and respects diversity. Trainees are expected to operate in a stepped care, high-volume environment. During training, trainees should carry a reduced caseload, with the number of cases seen depending on their stage in training, building up to a maximum of 60-80 per cent of a qualified PWP’s caseload before completion of the training. Trainees must be able to manage caseloads, operate safely and to high standards and use supervision to aid you clinical decision-making. Trainees need to recognise the limitations to their competence and role and direct people to resources appropriate to their needs, including step-up to high-intensity therapy, when beyond their competence and role. In addition, trainees must focus on social inclusion, cultural competence and return to work and meaningful activity or other occupational activities, physical activity promotion to address both psychological and/or physical health outcomes – as well as clinical improvement. To do so trainees must have knowledge of a wide range of social and health resources available through statutory and community agencies. Trainees must have a clear understanding of what constitutes the range of high intensity psychological treatments which includes CBT and the other IAPT approved high-intensity therapies and how high-intensity treatments differ from low-intensity working.’

**Part time trainees**

Part time trainees will complete the programme over a two-year period. They will have contracted hours (including course attendance) of 0.8-0.6 wte. The part time route will mean students attend University for the same 1-2 days a week, completing the taught content, the same as the full time students, but they will work in NHS Talking Therapies services 1-2 days for the first term (while University taught content is 2 days a week), then 2-3 days in service when taught content reduces to 1 day a week. As part time students will have less clinical exposure than full time students, assessment submission deadlines will be extended to accommodate this. This means that part time students will take 24 months to complete the training, opposed to the usual 12 months. Because part time students will complete the taught content within the first 12 months, the programme will provide part time students with additional unit tutorials and academic advising tutorials to ensure they are supported throughout their second year. Part time trainees will have the option to complete the course in 18 months, should they fulfil all the requirements. An optional early submission date will be available.

Part time trainees must receive the same amount of practice based learning days and self-directed study days as those on the full time training route, however these will be spread across the full programme. Timetables for both directed learning days and self-directed study days are available on the supervisor webpage, however these have been designed to me more flexible as the actual date a trainee engages in these activities, will depend on their working pattern.

Trainees on the part time training route should receive individual case management supervision (weekly) and group clinical skills supervision (fortnightly) in service in line with the NHS Talking therapies manual, across the longer adapted training period. The *frequency* of supervision should not be adapted for part-time staff undertaking training as it is intended to support weekly sessions. Supervision sessions can, however, be proportionately shorter in *duration* than the sessions for full-time trainees to account for the lower caseload. The length of supervision sessions for part-time staff undertaking training may be reduced proportionately to the wte in service, e.g. if a full-time trainee has 1 hour a week of individual supervision (for 0.8 wte spent in service), a 0.8 wte trainee, spending 0.6 wte in service, may have a reduced supervision duration to 75% of an hour, or 45 minutes. No trainee should ever have less than 30 minutes per week of individual supervision. The priority should be to provide effective and meaningful supervision, even if this means working above the minimum limits.

Supervision will span the extended programme and should continue in year two. This must amount to at least the same total supervision hours as would be received by full-time trainees.

Supervision should contain all of the same features as for full time staff including regular ‘live’ supervision where whole sessions or parts of sessions are reviewed.

Additional supervision, taking the total above the minimum requirement for full-time staff, may be required in year two to avoid skills decay and to continue extending learning.

Caseload numbers should be adjusted for part time trainees based on the trainee’s working hours and scaled down proportionately in relation to the NHS Talking Therapies manual requirements for full-time trainees. The caseload should be built up. Part time trainees should have a proportionately smaller number of cases, compared to the caseload of non-adapted, to allow the same opportunities for shadowing, study time etc.  In year two, when trainees will be in services for most of their working time, caseloads can be increased to enable the required clinical hours to be accrued. As caseloads are smaller for part time trainees, the suitability of clients is important to consider. Part time trainees may need additional support in identifying clients due to having less time in service to do this themselves.

**Assessments**

Listed below are the assessments that trainees need to pass to qualify as a PWP. Trainees will be given a maximum of two attempts. A fail at the second attempt will result in withdrawal from the programme and the role. Trainees can apply for extensions or mitigating circumstances and can find the forms for this on CANVAS.

**Engagement and assessment unit**

1. Standardised role-play scenario where student are required to demonstrate skills in undertaking a problem focused clinical assessment. This will be video-recorded and assessed by teaching staff using a standardised assessment measure **(Engagement and assessment unit)**
2. A 3000 word critical analysis demonstrating knowledge of the key competencies required in conducting patient centred assessments incorporating reflective analysis of your performance in the simulated problem focused assessment **(Engagement and assessment unit)**
3. Practice Assessment Document (PAD). All students must demonstrate satisfactory evidence of achievement in the practice based learning outcomes outlined in the PAD for this unit, agreed and signed by Supervisor in practice. **(ALL UNITS)**

**Evidence based low-intensity treatment unit**

1. An audio or video-recorded low-intensity treatment session with a real –life patient treated by the trainee in clinical practice, in which the student is required to demonstrate skills in planning and implementing a low-intensity treatment intervention – 30 minutes **(Evidence based low-intensity treatment unit)**
2. A 3000 word critically reflective commentary of a completed low intensity 1-1 treatment session incorporating a rationale for the chosen intervention, use of a supporting health technology and how the COM-B (behaviour change) framework influenced your practice **(Evidence based low-intensity treatment unit).**
3. Practice Assessment Document (PAD). All students must demonstrate satisfactory evidence of achievement in the practice based learning outcomes outlined in the PAD for this unit, agreed and signed by Supervisor in practice. **(ALL UNITS)**

**Values, diversity and context unit**

1. An individual oral presentation of a clinical case (or cases) demonstrating knowledge and skills in engagement and assessment of a person or people with a variety of needs from one or more of a range of diverse groups (15 minutes) **(Values, diversity and context unit)**
2. A written reflective commentary which critically considers the role of supervision (clinical and/or case management) in supporting the treatment work undertaken with the case (or cases) outlined in the presentation for the engagement and assessment unit. 2,500 words **(Values, diversity and context unit)**
3. Practice Assessment Document (PAD). All students must demonstrate satisfactory evidence of achievement in the practice based learning outcomes outlined in the PAD for this unit, agreed and signed by Supervisor in practice. **(ALL UNITS)**

**Assessment timetable for full time trainees**

|  |  |  |
| --- | --- | --- |
| Assessment | Formative Submission Date | Summative Submission date |
| E&A: Problem focussed Assessment | 3rd and 4th November 2025 | 17th and 18th November 2025 |
| E&A: Reflective essay | 5th January 2026 | 10th February 2026 |
| EBLT: Reflective essay | 11th May 2026 | 16th June 2026 |
| EBLT: Real life recording | 2nd and 3rd March 2026 | 18th May 2026 |
| VDC: Diversity presentation | 3rd June 2026 | 8th July 2026 |
| VDC: supervision essay | 8th June 2026 | 13th July 2026 |
| Practice Assessment Document | N/A | 20th July 2026 |

**Assessment timetable for part time trainees**

|  |  |  |  |
| --- | --- | --- | --- |
| Assessment | Formative Submission Date | Summative Submission date | Optional early submission date |
| E&A: Problem focussed Assessment | 3rd and 4th November 2025 | 17th and 18th November 2025 | N/A |
| E&A: Reflective essay | 5th January 2026 | 10th February 2026 | N/A |
| EBLT: Reflective essay | 7th September 2026 | 12th October 2026 | N/A |
| EBLT: Real life recording | 2nd and 3rd March 2026 | 11th January 2027 | N/A |
| VDC: Diversity presentation | 7th April 2027 | 17th May 2027 | 15th March 2027 |
| VDC: supervision essay | 21st April 2027 | 1st June 2027 | 15th March 2027 |
| Practice Assessment Document | N/A | 12th July 2027 | 15th March 2027 |

**Clinical competency tool for assessment and treatment**

To mark the problem focussed assessment and the real life recording we use the Sheffield competency tool. This is an approved tool to measure clinical competency of PWP’s as part of training. As a supervisor it is important that you are familiar with this tool and can use this to help shape your feedback and reflective discussion with a trainee. The supervisor training explores the competency tool in more depth. Attached at the end of this document in appendix 2 is a treatment feedback sheet that can be used to help structure feedback when observing treatment role plays or direct observation of treatment sessions. This sheet lists the competencies required for delivering treatment sessions. This sheet is also located on PARE as part of the PAD document and although it is optional, we would encourage you to use this with your trainee. You will find a copy of the Sheffield competency tools on the supporting and assessing University of Manchester Trainee PWP webpage; [Supporting and assessing trainee PWPs in practice | Guidance and key resources (manchester.ac.uk)](https://sites.manchester.ac.uk/supporting-trainee-pwps/guidance-and-key-resources/)

**Practice Assessment Document and PARE**

The BPS stipulates that the curriculum includes both theoretical learning and skills practice within the education provider, as well as practice-based learning, so activities directed by the education provider extends learning into practice. Fundamentally, that is what our practice assessment document (PAD) does. All the learning outcomes in there, have been written with a view to extend what we learn in terms of theory and skills into a real-life setting.

The trainees need to complete and have signed off **all** of the learning outcomes in the PAD, which demonstrate competence in practice. In addition to the learning outcomes, the PAD also captures the minimum of 40 supervision hours (20 case management and 20 clinical skills) and minimum of 80 clinical contact hours needed to qualify as a PWP. There needs to be a split of assessments (minimum 40 hours) and treatment (minimum of 40 hours) that make up the 80 hours in total. Treatment hours must consist of a minimum of 30 hours of one to one treatment, which can be delivered in person, over the telephone or using a video platform and 10 hours can be made up of group treatment and/or CCBT. It is expected that trainees deliver treatment sessions using a range of modalities.

The PAD also captures specific learning outcomes completed on directed learning days- further explanation below, as well as 12 reflections and 2 supervision reflective reports that students need to complete and these also need to be signed off.

There are 5 review meetings that need to take place in service, which aim to provide a set time for the trainee and PAD Sign off person to review progress and make any action plans to move forward. Suggested dates for these review meetings are given on the supervisor training and programme update session scheduled at the start of the cohort. Please ensure these dates are diarised as soon as possible to ensure your trainee does not have any barriers within their progress of the PAD. We ask PAD supervisors to complete an employment report, located on the PAD (PARE) at the end of the review meetings to comment on how the trainee is progressing towards the learning outcomes of the programme. The trainee’s PAD will also be reviewed by university staff throughout the year, usually coinciding with AA tutorials. Although some students may require additional monitoring. See appendices for the PAD timeline, which gives you guidelines of where a trainee should be in terms of PAD progress across the programme.

**Learning outcomes in the PAD refer to ‘practice’ outcomes, this means that they need to take place in practice.**  This includes shadowing, role playing and being observed with real patients. Supervisors and mentors need to ensure they are providing appropriate shadowing opportunities, watching and reflecting on role plays and are observing assessments and treatments with real patients.  **Role plays carried out in university cannot be used to sign off PAD learning outcomes.**  Trainees should be role playing in service and being given timely feedback from qualified staff.

The PAD document is held on the electronic PARE (Practice Assessment Record and Evaluation) system. This allows trainees, supervisors, managers and the programme team the ability to access the PAD at any one time. To access your trainees PAD you must ask the practice educator lead in your service to create an account for you, then you will be able to link yourself to the trainee that you are supervising. If you are not sure who the practice educator lead is for your service, you can contact the Programme Director: [clare.stephenson@manchester.ac.uk](mailto:clare.stephenson@manchester.ac.uk). Once you have access to PAD if you experience any issues accessing your trainee’s PAD please raise a ticket with PARE to ensure this is resolved.

**Who can sign off the PAD?**

When a trainee starts in service, they need to be allocated a PAD sign off person. This could be their manager, clinical case manager or clinical skills supervisor. This person will be responsible for engaging in the PAD review meetings, signing off the unit completion, signing reflections, clinical contact hours and directed learning days. Clinical case managers and supervisors can also sign aspects of the PAD including learning outcomes and supervision hours. Some services also buddy their trainee up with a mentor (a qualified, experienced PWP), who can also sign off learning outcomes. Please identify key people, who will support the trainee with the PAD and detail these people on the PAD document.

**Directed learning days**

It is a BPS requirement of the programme that each tPWP 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.

Trainees will be given a timetable for directed learning days. This states when the trainee should take the directed learning day, as well as providing trainees with a choice of learning outcomes they should complete. 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 the 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 trainee to complete the activity more than once. The specified directed learning days should help to ring fenced time, in order for the trainee to continuously progress. If a trainee has the opportunity to complete a learning outcome prior to when it is scheduled, please encourage them to 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.

Sign off tutors 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 you do not feel satisfied that the trainee has fully developed competence.

Activities to be completed for each directed learning day should be agreed with the 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. 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

We expect each trainee to complete at least 4 learning outcomes per directed learning day and usually they have a choice of several. As a supervisor make sure you plan what activities the student will do on the directed learning day in advance, as many of the learning outcomes will require pre planning and some arranging e.g. shadowing, role play or observation.

If for whatever reason a trainee cannot do the directed learning day on the date we have scheduled e.g. due to clinical activity or supervision arrangements, please make sure it is scheduled in for another day (not a University day) that week. Please see a copy of the directed learning days’ timetable in the appendix.

Directed learning days may need to be more taken more flexibly for part time trainees. For example directed learning days may be taken in half days or hours spread over the term of the course.

**Clinical contact hours and starting working with patients**

The trainee must document all of their direct clinical activity and they need a minimum of 80 clinical hours to qualify. The practice supervisor or mentor will need to sign off clinical activity to attest to the trainee completing what they say they are completing.

An important point here is that Clinical contact hours should incorporate a variety of clinical activity including triage, assessment and intervention, incorporating both one to one face to face and telephone work and group work, so there are lots of modalities that might be delivered. Trainees are expected to demonstrate a roughly equal split between assessment and treatment hours. So, what we should be seeing in terms of the 80 hours is 40 assessments hours and 40 treatment hours as a minimum. In order to meet most of the learning outcomes in the evidence-based treatment unit and in the values, diversity and context unit, most of the treatment hours will need to be on a 1:1 basis, whether that is face to face, over the telephone or using a video platform. Because trainees need to submit a real life treatment recording, which will be a one to one session, they will need lots of opportunity for practice, so at least 30 of the treatment hours would need to be from one to one treatment sessions. The remaining 10 hours could be made up of asynchronous messaging, often seen within CCBT or group work, but the majority of clinical work should be on a one to one basis.

Trainees must only record the actual time they are with the patient, this doesn’t include admin time etc. or if the patient cancels or dna’s.

**Trainees should not start assessments with patients until they have passed the problem focussed assessment at University.** **Patients should not start treatment sessions with patients until they have undertaken the formative treatment session at University.** Results from these assessments will be fed back to services and if concerns are raised, AA’s will work with supervisors and trainees to formulate an action plan to ensure patient safety and student support/progression.

To ensure trainees’ clinical exposure is conducive to their learning experience and to ensure they can meet the submission requirements we have included an example trajectory for clinical activity. Please see the appendices section. You could use this trajectory to help guide you as to how many clinical contacts we would expect a trainee to be undertaking at different stages of the programme

**Shadowing**

It is a requirement of the course, as set out by the curriculum and accreditation standards that trainees experience shadowing in service. This should start as soon as trainees start in service and continue throughout the training, until the PAD is complete. Shadowing opportunities must include both assessments and treatments. Services must offer a minimum of 10 assessment shadowing opportunities and a minimum of 18 individual treatment session shadowing opportunities.

**Role plays**

It is a requirement of the PAD that trainees engage in role plays within their service. Role plays are a vital part of the application of learning. To sign off this aspect of the PAD supervisors/mentors needs to observe role plays in service and provide feedback to the trainee, this could include a mixture of live and recorded observation. **Role plays carried out at University as part of skills practice do not count as practice learning outcomes, and therefore should not be signed off as such.**

**Supervision**

Trainees are required to have a minimum of 20 hours clinical skills supervision and a minimum of 20 hours case management supervision. Clinical skills supervision should start as soon as the trainees start in service, as it is important that they are practising clinical skills. Case management supervision should start once the trainee starts to assess patients, which usually starts following the successful completion of the problem focused assessment at University. Ideally clinical skills supervisors and case management supervisors should be delivered by separate people. If delivered in a group format, clinical skills groups should be no larger than 12 participants.

**Key roles and responsibilities for supervisors**

**Specific roles of the PWP Clinical Supervisor:**

* Enable opportunities for the trainee PWP to shadow assessments and treatment sessions over the course of the training.
* Negotiate, sign and date a supervision contract for both case management and clinical supervision clarifying boundaries, expectations and responsibilities for the clinical supervisor and PWP supervisee.
* Use a range of strategies to support the case management supervision process, including informatics web-based supervision using Insight/PC-MIS or other such system.
* Facilitate ongoing clinical experience for the PWP trainee in order to ensure they have the opportunity to develop appropriate competence in clinical skills.
* Use the Sheffield competency tool to help you provide detailed feedback and reflection on assessment and treatment sessions you observe, including role plays and with real patients.
* To ensure the trainee is undertaking the required amount of supervision. The minimum requirements are; one hour per week of individual case management supervision, and one hour per fortnight of clinical skills supervision- either individual or in a group.
* Help the trainee identify a real life recording tape to submit that meets the required competencies.
* Identify the trainee PWPs strengths and any shortfalls in development, identifying objectives with the PWP and how these may be achieved, and discussing with academic staff where difficulty is envisaged or encountered
* Where necessary, to raise issues or concerns regarding a particular trainee PWP’s progress with appropriate members of academic staff and clinical service management.
* Ensure with the trainee PWP that supervision records are completed.
* Make a final decision on the competency of the trainee PWP in achieving the clinical practice outcomes

**Academic Advisors**

Trainees have access to an Academic Advisor who is available for general guidance and who can refer them to other sources of assistance or support.

Trainees are able to access any member of staff for advice in an emergency, and may discuss non-urgent issues with a member of staff of their own choosing.

At the beginning of the course trainees are allocated an Academic Advisor who will normally be responsible for pastoral guidance during the course, although this person may change at any time by negotiation if trainees feel there is a need to change Academic Advisor. If this is the case, trainees need to discuss the difficulties / problems with their Academic Advisor and then approach the Programme Director. They can also seek advice from other quarters, for example, the Student Union Welfare Section, the Counselling and Mental Health Service or the wellbeing hub.

Within the PWP training AA’s also have an additional role of practice liaison. This means that each AA will form close links with the particular services they have been allocated to and will regularly liaise with key contacts at that service such as the trainee’s supervisors. As a supervisor you will be told who your trainees’ AA is at the start of the course by being invited to a programme overview session. If you are unable to attend this you could ask your trainee who their AA is or check the trainee PWP webpage; [Supporting and assessing trainee PWPs in practice | Guidance and key resources (manchester.ac.uk)](https://sites.manchester.ac.uk/supporting-trainee-pwps/guidance-and-key-resources/). AA’s will meet with trainees approximately four times per year for individual tutorials. Following these tutorials you will receive an email from the AA forming a brief report regarding the student’s progression and highlighting any issues that might need further discussion. We encourage students and supervisors to contact AA’s at any point during the training if there are concerns or barriers to progression. At the University of Manchester we strive to continue the collaborative close working relationship with services and we want to foster open communication pathways between the HEI and the NHS talking Therapies services.

**Clinical placement review**

The purpose of the clinical placement review is for ensuring and evaluating quality within practice environments. Completing regular clinical placement reviews with services is part of the curriculum and BPS accreditation standards. The clinical placement review aims to ensure that the University and NHS Talking Therapies services work collaboratively to provide high-quality training that meets the needs of trainees. You will find a copy of the clinical placement review in the appendices.

**Key aspects of the clinical placement review**

* The clinical placement review is undertaken twice per year.
* Clinical placement reviews will be undertaken by a nominated HEI PWP training team member and with a supervisor/step 2 team manager at the clinical placement setting.
* Clinical placement reviews will be carried out in person and via remote discussion.
* If issues arise during the clinical placement review a detailed action plan will be developed between the HEI and clinical placement to rectify any problems. Ongoing issues may be fed back to NHS England.

**Professionalism and Fitness to Practice**

Trainees are subject to the BPS code of ethics and conduct and must also adhere to the Faculty of Biology, Medicine and Health, Professionalism policy, in order for the courses to effectively act as a gatekeeper concerning professional behaviour. Trainees must uphold appropriate standards of behaviour in all aspects of their training. This applies to the attitude and behaviour of the trainee in the service and at the University. Where supervisors have a fitness to practice concern, they should immediately contact the trainee’s Academic Advisor. Where trainees fail adhere to the above policies, they will not be allowed to complete the PWP course.

**Attendance requirements**

It is expected that all trainees will attend all taught sessions; however, there is a minimum requirement to attend at least 80% of taught sessions for each programme unit. This regulation applies equally to course units that are delivered online. For online course units, the measure will be whether or not trainees accessed and participated in the course unit within the period it was delivered. Trainees must inform attendance, their AA and their service manager and the lecturer delivering the session if they are absent. If a session is missed the trainee will be asked to complete a missed session form to demonstrate how they have caught up on the missed learning. They will be asked to send this form to their AA. If at any time attendance falls below 80%, the AA will organise a meeting with the trainee, supervisor/manager and Programme Director to look at ways of supporting the student.

**Plagiarism**

All trainees are expected to co-operate in the learning process throughout the programme by completing assignments of various kinds that are the product of their own study or research. For most trainees this does not present a problem but, occasionally, whether unwittingly or otherwise, a trainee may commit what is known as plagiarism or some other form of academic malpractice when carrying out an assignment. This may come about because they may have been used to different conventions in their prior educational experience or through general ignorance of what is expected. If plagiarism is suspected, a discussion with the exams office will take place and disciplinary action may be taken.

The University uses the TurnitinUK electronic system to detect plagiarism and other forms of academic malpractice and for marking. As part of the formative and / or summative assessment process, they may be asked to submit electronic versions of their work to TurnitinUK and / or other electronic systems used by the University. If they are asked to do this, they must do so within the required timescales. Please note that when work is submitted to the relevant electronic systems, it may be copied and then stored in a database to allow appropriate checks to be made.

**Appendices**

**Appendix 1: Real life recording submission form**

**Live Recording Submission and declaration form**

The patient has consented to this recording and is aware that the University of Manchester will securely retain a copy of this audio/video recording and a copy of the consent form in line with the University record retention schedule <http://documents.manchester.ac.uk/display.aspx?DocID=6514>.

A copy of the original signed consent form is filed in the patient notes at my employing organisation and a copy is submitted to the University alongside my recording.

Where reasonably possible all patient identifiable information (e.g. name) has been removed from the recording.

This recording is a demonstration of:

* Type of low intensity intervention being applied:

|  |
| --- |
|  |

* Session number:

|  |
| --- |
|  |

* Please indicate the problem descriptor

|  |
| --- |
|  |

* Please provide a brief outline of patient symptoms and conceptualisation to support the appropriate problem descriptor and chosen intervention (max 300 words).

|  |
| --- |
|  |

* Please provide any further details that you wish the marker to be aware of: Please note this cannot include omitting any competencies.

|  |
| --- |
|  |

* Please indicate which self-help resources you were using within your session

|  |
| --- |
|  |

I have agreed with my employing organisation to submit my audio / video recording using one of the methods below (please highlight the appropriate option):

1) One drive folder

2) Physical medium (secure pen drive etc)

Please provide details of when you will be doing this:

Date…………………………………………………… Time……………………………………………

3) Other (please specify – *please note that all recordings submitted must be in a format that is readily accessible by the examiner and so if wish to submit in a format not listed above please contact your unit lead to discuss*) ……………………………………………………………………………………………………………………..

**I certify that this a genuine recording of a real-life patient treatment session. Failure to submit a genuine recording may result in disciplinary action.**

Student name…………………………………………………….. Signature……………………………………………………………….

Supervisor name………………………………………………. Signature……………………………………………………………….

**Please submit this via the online submission area on the unit Blackboard home page**

**by 12 midday on the date of submission**

**Appendix 2: Treatment feedback sheet**

**PWP Treatment Session Feedback Sheet**

Student Name:

Observing clinician & job title:

Date:

|  |  |  |
| --- | --- | --- |
| **Intervention being role played/ delivered in treatment:**  **Modality (e.g. face-to-face, video call, telephone):** | Through discussion with the observer record the specific skills demonstrated in the interaction in the relevant areas below | Through discussion with the observer record aspects of your delivery that require development in the relevant areas below |
| Agenda Setting and adherence to agenda |  |  |
| Engagement Competencies   * Collaborative * Reflections * Summaries * Question to feedback ratio |  |  |
| Interpersonal Competencies:   * Warmth * Empathy * Non verbals * Pacing |  |  |
| Information gathering skills:   * Questioning skills * Problem Statement * Goals * Medication * Outcome monitoring * Homework |  |  |
| Review of risk |  |  |
| Appropriate PWP intervention with fidelity to the relevant clinical procedure demonstrated as detailed in Sheffield competency treatment manual |  |  |
| Ending   * Between session work * Next steps of treatment * Session review |  |  |

|  |
| --- |
| **Additional Comments and Agreed Actions to facilitate development in the relevant areas:** |

**Student Signature…………………**

**Practice Supervisor/Mentor Signature………………………………**

**Date…………………….**

# **Appendix 3: Reach Out Supervision Criteria and Guidance for Case Management Supervision**







**Appendix 4: Clinical placement review**

**Psychological Wellbeing Practitioner Clinical Placement Review**

The purpose of this clinical placement review is for ensuring and evaluating quality within practice environments. As a BPS accredited training provider, all aspects of the University of Manchester PWP training are informed by the BPS *Standards for the Accreditation of PWP Training Programmes*. The BPS Standards for accreditation set out a number of expectations both about the way that NHS Talking Therapies services function and the way that they interact with education providers. In this document, we have collated all aspects of the standards that relate to NHS Talking Therapies services. We have used these standards to create a clinical placement review for our partner services.

We hope that this will help to ensure that we continue to work collaboratively with services to provide a high-quality training that meets the needs of trainees and our partner services, as well as the standards of the BPS. We hope and expect that this document will be a useful way to open up helpful conversations between the University of Manchester and our partner services, about how we can best meet the needs of the trainees we work together to train.

If you would like to discuss any of the expectations described below in more detail, or if you believe that you do not meet any of the described expectations, please contact Clare Stephenson, the PWP Programme Director ([clare.stephenson@manchester.ac.uk](mailto:clare.stephenson@manchester.ac.uk))

**Operational Process**

* The clinical placement review is undertaken twice per year.
* Clinical placement reviews will be undertaken by a nominated HEI PWP training team member and with a supervisor/step 2 team manager at the clinical placement setting.
* Clinical placement reviews will be carried out in person and via remote discussion.
* If issues arise during the clinical placement review a detailed action plan will be developed between the HEI and clinical placement to rectify any problems. Ongoing issues may be fed back to NHS England.

**Clinical Placement:**

**Clinical Placement staff involved in the audit:**

**HEI Staff member:**

**Date:**

|  |  |
| --- | --- |
| Trainee PWPs within the clinical placement: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Expectation** | **Clinical placement review** | | | |
| **Yes** | **No** | **Ongoing** | **Comments** |
| Services will ensure that trainees have access to enough clients to be confident of meeting the required minimum of 80 clinical contact hours across the duration of their training. |  |  |  |  |
| Services are be able to provide a minimum of 20 hours of case management supervision to each trainee, delivered individually. |  |  |  |  |
| Services are able to provide a minimum of 20 hours of clinical skills supervision to each trainee. If supervision is in a group format, there must be no more than 12 supervisees per group. |  |  |  |  |
| Services will operate using a stepped care system, with clear protocols for initial allocation and for stepping up/down. |  |  |  |  |
| Services should offer treatment in line with NICE recommendations. |  |  |  |  |
| Services will ensure that trainees have access to a range of high-quality CBT-based self-help materials and a suitable cCBT package. |  |  |  |  |
| Services will provide suitable working environments (e.g. office or clinical spaces). |  |  |  |  |
| Services will provide appropriate equipment for the routine audio and video recording of trainees’ work. |  |  |  |  |
| Services will ensure that trainees have access to appropriate cases, materials and local service protocols to develop the skills they have been taught by the education provider. |  |  |  |  |
| Services will ensure that trainees have access to the full range of presentations and modes of assessment and treatment that are required for completion of the programme. |  |  |  |  |
| Services will ensure that trainees have caseloads that are compatible with an effective training experience (e.g. gradual build-up of caseload; types of patients seen). |  |  |  |  |
| Services will ensure that trainees use their designated practice-based learning days for completing the directed learning assignments set by the education provider, rather than for routine clinical work. |  |  |  |  |
| Services will work closely with education providers to jointly deliver a coherent training experience that ensures PWPs achieve the learning outcomes specified in the BPS standards of accreditation. |  |  |  |  |
| Services will provide shadowing opportunities in both assessments and treatments. Services must offer a minimum of 10 assessments shadowing opportunities and a minimum of 18 individual treatment session shadowing opportunities. |  |  |  |  |
| Services will ensure shadowing opportunities cover a range of disorders and interventions as well as a range of modalities, including face to face sessions, telephone, online platforms, interactive text. It is recommended that trainees shadow a full course of treatment sessions. |  |  |  |  |
| Services will ensure that trainees are shadowing qualified PWP’s. Shadowing sessions whether it is an assessment or treatment should include pre and post session work (preparation for the session and any work post session). |  |  |  |  |

**Action Plan**

If any expectations above are not being met, please provide details of an action plan to rectify this.

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**Supervision**

Several of the BPS Standards relating to NHS TT services focus on expectations regarding the provision of supervision to trainees. NHS TT services and other services providing placements to PWPs in line with BPS requirements are expected to meet the following:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Expectation** | **Clinical placement review** | | | |
| **Yes** | **No** | **Ongoing** | **Comments** |
| Services will identify sufficient clinical and case management supervisors to work with trainees in the workplace. Case management supervisors must be qualified PWP’s. |  |  |  |  |
| Supervisors have demonstrable knowledge and experience of delivering low-intensity interventions. |  |  |  |  |
| Supervisors are conversant with the service’s CBT-based self-help and online materials and site protocols. |  |  |  |  |
| Supervisors must have attended a PWP supervisor training course. |  |  |  |  |
| Supervisors must provide weekly case management supervision and fortnightly clinical skills supervision to their trainee PWPs. |  |  |  |  |
| Supervision must be consistent with and reinforce taught content to ensure that trainee PWPs develop as competent practitioners. |  |  |  |  |
| The supervisor will negotiate, sign and date a supervision contract which clarifies boundaries and responsibilities of both the supervisor and the supervised trainee. This should include engagement in weekly individual case management supervision and fortnightly individual or group supervision aimed at case discussion and skills development. |  |  |  |  |
| The supervisor will use a range of strategies to engage in the supervision process, including focused face-to-face contact, allocated telephone appointment time and email contact. |  |  |  |  |
| The supervisor will facilitate ongoing practice learning and experience for the trainee to ensure that she or he has the opportunity to develop appropriate competence in clinical skills. |  |  |  |  |
| The supervisor will carry out observation of the trainee’s work, directly and indirectly, to develop and be able to evaluate the level of competence. |  |  |  |  |
| The supervisor will identify the trainee’s strengths and any shortfalls in development, identifying objectives with the trainee and how these may be achieved, and discussing with academic staff where difficulty is envisaged or issues regarding a trainee’s progress are encountered. |  |  |  |  |
| The supervisor will ensure that trainees complete the clinical practice outcomes outlined within the practical skills assessment document, within the required period, and that appropriate records are made. |  |  |  |  |
| The supervisor will ensure with the trainee that supervision logs are completed so that there is a record of supervisory contacts in a format agreed by the education provider. |  |  |  |  |
| The supervisor will be familiar and have a good working knowledge of the Sheffield competency tool for assessment and treatment/ or the University preferred competency tool. |  |  |  |  |
| The supervisor will contact the HEI if they have any concerns about a trainee’s clinical competency. |  |  |  |  |
| Supervisors will satisfy themselves that they have sufficient evidence of trainees’ performance in relation to the required practice outcomes in order to sign off their achievement of those practice-based outcomes. |  |  |  |  |

**Action Plan**

If any expectations above are not being met, please provide details of an action plan to rectify this.

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**Supervision details**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Student Name | Name of Supervisor | Type of Supervision | Role of Supervisor | Completed the supervisor training yes/no | Date supervisor training completed | Institute supervisor training completed | Group Supervision: How many attendees per group? |
|  |  |  |  |  |  |  |  |
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**Appendix 5: Example Clinical Trajectory**

To ensure trainees have a learning experience that is conducive with their stage of development and the ability to meet submission deadlines, it is important that there is the correct balance of clinical exposure. Below is an example clinical trajectory that you can follow or use as a guide to ensure trainees are delivering enough assessments and treatments that will give them enough exposure so they can submit a real life recording, a treatment essay, the opportunity to work with diversity and meet the clinical hours in the PAD. Please note the trajectory below is based on a full time trainee. Clinical contacts will need adjusting accordingly for part time trainees.

**Programme start date 15th September – Mid November**

During this time period trainees should not be working with patients but should be engaging in shadowing assessments and treatments, role playing assessments, understanding the service, meeting the MDT, getting to know wider support services (visiting community services), engaging in clinical skills supervision. Using this time to focus on PAD practice outcomes is important.

**Summative Problem Focussed Assessment takes place on 17th and 18th November – 3 week turnaround for marking before results are released.**

W/C 8th December PFA results released and services notified if there trainees have passed. If the trainee passes the PFA they should start engaging in clinical work- delivering assessments as well as being directly observed delivering assessments and recordings of assessments listened to and feedback given, starting case management supervision along with continuing to engage in shadowing treatments, role playing treatments, and clinical supervision.

**Example trajectory for clinical work**

It will be important for services to support trainees in starting treatment sessions as soon as the formative treatment session has been completed adequately as they will need to build their experience to ensure they have a suitable real life recording to submit and enough treatment hours for the PAD. Trainees should be directly observed delivering treatment sessions as well as recordings of treatment sessions listened to and feedback given. We encourage trainees to record as much as possible, please support your trainees in doing this.

Teaching finishes on 12th May so trainees should be in service 4-5 days a week from this point.

Trainees will complete their formative treatment session on 2nd and 3rd March. Trainees and services will be notified 1 week later whether we feel they can start treatments in practice

During this time period trainees should be engaging in lots of shadowing of treatment sessions- seeing the full course of treatment sessions, lots of role playing of treatment sessions and multiple aspects of the PAD for both the E&A and EBLT unit should be completed.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Assessments** | **Treatments** |
|  |  |  |  |
| **December** | w/c 15th | 3 | 0 |
| w/c 22nd | 6 | 0 |
| w/c 29th | 6 | 0 |
|  |  |  |
|  |  |  |
| **January** | w/c 5th | 6 | 0 |
| w/c 12th | 8 | 0 |
| w/c 19th | 8 | 0 |
| w/c 26th | 8 | 0 |
| **February** | w/c 2nd | 8 | 0 |
| w/c 9th | 8 | 0 |
| w/c 16th | 8 | 0 |
| w/c 23rd | 8 | 0 |
| **March** | w/c 2nd  **Formative Treatment session** | 8 | 0 |
| w/c 9th | 8 | 0 |
| w/c 16th | 4 | 2 |
| w/c 23rd | 4 | 3 |
| w/c 30th | 4 | 4 |
| **April** | w/c 6th | 4 | 6 |
| w/c 13th | 4 | 7 |
| w/c 20th | 4 | 7 |
| w/c 27th | 4 | 7 |
| **May** | w/c 4th | 4 | 8 |
| w/c 11th | 4 | 8 |
| w/c 18th  **Real life recording submitted** | 4 | 8 |
| w/c 25th | 4 | 8 |
| **June** | w/c 1st | 6 | 8 |
| w/c 8th | 6 | 8 |
| w/c 15th | 6 | 10 |
| w/c 22nd | 6 | 10 |
| w/c 29th | 6 | 12 |
| **July** | w/c 6th | 8 | 14 |
|  | w/c 13th  **PAD submitted 20th July** | 8 | 14 |

Generally we would expect that by the end of training a trainee should have a caseload of 60%-80% of a full time qualified PWP. This is a guide if the student is in clinical practice 3-4 days a week and then 4-5 days a week when teaching finishes, however we realise that the contacts will need to be adjusted if the student is on leave, has had time off sick, has a directed learning or study day or there are other reasonable adjustments in place. There may need to be some flexibility in booking assessments and treatments, and if trainees have low treatments hours close to submission dates, there may need to be an adjustment to the assessments booked in to allow for more treatment hours.

PAD Timeline

