

**Improving Access to Psychological Therapies**

**Postgraduate Certificate in Low Intensity Psychological Interventions**

**PWP Supervisor’s Handbook**

**Guidelines for Case Management and Clinical Supervision of Trainee Psychological Well-Being Practitioners**

October 2022

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**Introduction**

Thank you for agreeing to supervise a University of Sheffield PWP trainee. This Handbook will help you understand the requirements of the programme in relation to supervision of trainee PWPs. This Handbook has been updated with regards to the national review of the PWP curriculum and has been produced to assist you in your delivery of both case management and clinical supervision to the Psychological Well-being Practitioners attending the Post Graduate Certificate in Low Intensity Psychological Interventions at the University of Sheffield. The appendices contain forms that are important in terms of the assessment of your trainee’s clinical competencies. It is useful to be aware of these and also to be aware of the hand-in dates for academic assessments which are included in this document. This is particularly true of the case management assessment in the second module. Your role as the clinical supervisor is vital to ensure the development of trainees’ knowledge and skills, to enable them to implement in a real world setting what they have been learning on the course, and to refine their practice in a reflective and supportive environment.

There is now a PWP Supervisor Information web page on the University of Sheffield’s website which you can use to find and download resources related to PWP supervision. Please find and save the following link:

<https://www.sheffield.ac.uk/clinicalpsychology/programmes/iapt/pwpsupervisor>

The Course Administrators are:

**Sarah Brecknell (Postgraduate Support Officer) and Dan Barrow (Administration Assistant)**

**Monday to Friday, 9am - 4:30pm**

**The best way to contact the admin team is via email:** [**iapt@sheffield.ac.uk**](mailto:iapt@sheffield.ac.uk)

If you need any clarification regarding supervision requirements from the PWP course team, our contact details are below. It is helpful to contact the tutor assigned to the trainee supervisee:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Role** | **Email Address** | **Working days** |
| Jennie Hague | Programme Director/ IAPT Teacher | [Jennie.hague@sheffield.ac.uk](mailto:Jennie.hague@sheffield.ac.uk) | Tuesday - Friday |
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| Helen Ellerington | IAPT Teacher (PWP) | [h.ellerington@sheffield.ac.uk](mailto:h.ellerington@sheffield.ac.uk) | Thursday and Friday |
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**Course delivery and COVID-19 Guidelines**

The October 2022 course will be delivered face to face with some pre-determined online teaching. However, we will continue to respond to any government guidelines and therefore plans may change in line with this. Please therefore take some time to familiarise yourself with this handbook (and the Pebblepad online platform for Portfolio submission), even if you are experienced at supervising trainees as the course will contain components which have been updated.

**IT requirements**

Trainees will receive IT training and instruction on how to access and use Blackboard. Any online components will be delivered via this platform.

Trainees will need a laptop/desktop, microphone and camera, and Google Chrome web browser. Blackboard does not work well through other web browsers, often resulting in the mic/camera not working. If using a work computer which will not allow Google Chrome to be downloaded, trainees will need to get in touch with their employers as soon as possible to find a solution to this as it is essential to engage in the teaching.

Please also 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.
* 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 comfy. 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 phone/email.

**COVID-19 Guidance**

The University has introduced measures and guidance around managing the impact of COVID-19 which can be found on Blackboard and will be updated regularly if the situation changes. The trainees will be directed to this information and are responsible for sharing this information with yourself if needed.

**University-Service Liaison**

Effective PWP training is dependent on the trainee effectively integrating theory and practice. This means that during training IAPT PWP trainees spend 1 day per week in the University learning theoretical competencies and 4 days per week in a clinical service learning PWP practice competencies. Effective liaison between the service and the University are essential and will ensure effective integration of learning. In the Course Handbook, it states that trainees accepting a place on the course are accepting that the service and University exchange information about trainee progression.

Reports of trainee progress are initially sought via reporting mechanisms (detailed in this document). If such reports indicate that there is a problem, the Programme Director and/or course team may organise visits to the IAPT services. The purpose of such a visit is to create a link between the trainee, service manager and supervisor in order to review the trainee’s performance to better understand the problem. The aim is to produce an associated training plan which states the problems evident and also chart changes that need to take place to ensure trainee progression and problem solve any integration issues. This would also occur if the mid-year supervisor’s report highlights a major issue. A major means of ensuring effective liaison and communication is the initial service liaison report through which the service is asked to report any problems occurring with the trainee in their work context (the Service Liaison Form on Pebblepad). The central aim of this report is to ensure effective and smooth trainee progression through the various landmarks of the course. Trainees also have the opportunity to identify any issues as part of the process to enable transparent three-way communication. Such reviews can occur more frequently and on an informal basis as needed or demanded by either party. Three-way communication is actively encouraged between the trainee, the University team and the service manager/site clinical supervisor to support the trainee in their learning role. This is to ensure effective information sharing about progress or any pertinent issues that occasionally can arise when training and to allow for problem solving to take place.

**Please ensure that the supervisor and supervisee have both agreed and signed the Service Learning Contract which will be submitted to the university (via Pebblepad) at the time of the trainee’s practice assessment OSCE. Please see Appendix 8 for a copy of this.**

**Fitness to Practise Standards**

Trainees are subject to the University Fitness to Practice procedures, 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 as indicated below– this applies to the attitude and behaviour of the trainee in the service and at the University. Written information on fitness to practice procedures is provided to trainees on the first day of the course. Where supervisors have a fitness to practice concern, they should immediately contact the Programme Director and associated actions will be action (e.g. initial meeting with the trainee to raise awareness). Where trainees fail to meet these standards they will not be allowed to complete the PWP course. The standards are as follows:

1. During the course, PWP trainees must liaise in a positive and constructive way with many different people including patients, supervisors, other staff on placement, course staff, teachers, administrative staff, peers and others. Where fitness to practise concerns are raised in relation to this aspect, the trainee’s interpersonal difficulties should be clearly demonstrated and documented with a variety of different individuals and typically across several different settings.
2. Training requires individuals to acquire new skills and knowledge and take on new roles. It requires respect for others’ opinions, openness to learning and an ability and willingness to use feedback constructively. Concerns relating to fitness to practise may involve an inability or unwillingness to acknowledge and use feedback on practice issues or interpersonal difficulties in a constructive way. Any feedback given and the responses of the trainee should be clearly documented.
3. PWP trainees are required to demonstrate throughout their training, attitudes and behaviour in keeping with the statements of values and standards of respect, competence, responsibility and integrity.
4. In addition to (c) there are specific additional implementation issues in the training context. In particular, the domain of integrity requires that honesty must underpin all aspects of training in relation to documentation, assessed work and liaison with staff and supervisors.
5. Concerns may be raised about fitness to practice under any of the above areas. However, a series of more minor events may have occurred usually across settings and with more than one person which call into question the suitability of a candidate through their attitudes or behaviour to continue their training.
6. As a condition of acceptance onto the course, trainees must undergo and have received a satisfactory DBS check from their Trust or 3rd Sector employer. It is a condition of continued registration that any police cautions or criminal convictions occurring after offer of a place but prior to termination of the course are notified to the Programme Director as soon as possible and within 7 days of occurrence. Failure to do so will be considered as a fitness to practise concern. The content of any disclosure may lead to University Fitness to Practise or Disciplinary Procedures being invoked

(<https://www.sheffield.ac.uk/sss/sas/conduct>/ <https://www.sheffield.ac.uk/sss/sas/progress>)

1. The course, wherever possible, attempts to ensure that candidates successfully complete their training. The Course Team is committed to helping trainees who encounter difficulties through (i) clear communication about the identification of problems and (ii) provision of support to a trainee in their attempts to meet the requirements of change.
2. Should concerns be raised about a trainee’s fitness to practise then procedures outlined in General Regulations relating to Student Fitness to Practise will be followed.
3. Where the University upholds concerns over Fitness to Practise a trainee may be excluded from the course and their registration terminated.
4. The University has a duty of care to inform current and subsequent supervisors of any referrals for Fitness to Practise and their outcomes, since the NHS Trust is liable for the clinical work conducted by trainees.

**Plagiarism**

Issues around plagiarism are arising due to a culture of certain current and past trainees sharing their University assignments with their peers and colleagues. The IAPT teaching team now marks trainee work through an online system called Turnitin, through which every assignment is compared with a database of work across the country. This means we are made aware when a trainee’s work is similar to that of a current or past trainee, who is/has studied at the University of Sheffield or an IAPT training programme at a university elsewhere.

While trainees are encouraged to talk to and support each other with their work, it is important that they do not hand out their written work, or read that of another trainee. We would appreciate your support in echoing this message, and being mindful of this issue when signing off each piece of work for your supervisees.

Any concerns regarding the fabrication of clinical sessions are escalated to the board of examiners. Such concerns are treated very seriously and the course adheres to the University’s use of unfair means policy. **Please see the appendices for sign off forms required for submissions.**

**IAPT Leave of Absence (LOA)**

A leave of absence is a when a trainee takes time off from studies due to either personal or medical circumstances. A leave of absence should be considered if a trainee requires a prolonged absence from study due to an illness/medical condition or personal circumstances that may last for several weeks or months, where such circumstances are likely to have a significant impact on ability to study. Impact on ability to study means that you a trainee is either unable to attend and/or participate fully and effectively in all taught elements of the course, including clinical skills and SP/SR. Furthermore, if a trainee is unable to engage in coursework and related course assignments (including recorded clinical sessions) and self-directed study.

The course can use extenuating circumstances as outlined in the handbook, to support trainees and provide reasonable adjustments to aid successful progression on the course. However, where the adjustments needed are outside of what may be deemed reasonable, or where a trainee remains unable to study with reasonable adjustments in place, a leave of absence should be considered. Consultation with the DDSS service may be sought to support development of reasonable adjustments.

As employees in local IAPT services trainees **must** discuss the contractual implications of a leave of absence with their employing service as any leave of absence is likely to lead to a delay in qualification and a requirement to extend the training contract.

A leave of absence is negotiated between the trainee, course, service and faculty. The faculty have the ultimate authority over approval of a leave of absence.

When on a leave of absence, a trainee is not expected to work on any academic assignments during their time away from their course. This includes all written assignments, case studies and recorded clinical sessions. The LOA itself is a recognition that the trainee is not ‘fit to sit’ the assignments and therefore they should not be engaged in any academic work. All deadlines are put on hold until the trainee formally returns from the LOA. At the point of which the trainee returns from LOA a Learning Review Meeting will be held with a course tutor and a suitable leaning plan will be agreed with deadlines and tutorial support arranged. A strategy to catch up any missed teaching, skill sessions or SP/SR will be devised.

**Clinical Work and LOA**

A LOA may be taken in conjunction with sick leave from employment. In this instance the trainee would be ‘signed off’ from their employment and also on leave of absence from study. It may however be appropriate for a trainee to continue to practice clinically, but take a leave of absence from the course. This arrangement should be carefully considered by the trainee and their manager, supervisor and service to ensure that the trainee is fit to practice and that safety of the trainee and their clients is maintained at all times.

During the LOA, where a trainee continues to work clinically in their service the following conditions should be observed. Trainees should continue to work on a reduced caseload appropriate for a trainee. They should continue to see suitable training cases. They should continue to be provided with the required minimum levels of supervision for their clinical practice.

The supervised clinical hours with clients and supervision hours accrued in this time can be counted towards the requirements of the Practice Portfolio (PP). Additionally, any live supervision, or supervisor rated sessions can be counted for the PP. The trainee should also continue to make entries into their reflective journal to collect data for their reflective log. Clients seen in the period of the LOA may be used for future case studies or reflective assignments.

The trainee should not be working on the other academic components of the course such as case studies or reflective assignments. In the portfolio the trainee should not be working on academic components such as the Declarative Knowledge Exercises, reflections, data analysis or synthesis. Shadowing and experience towards the 15 days learning can be accrued, however, the formal reflections should be reviewed and written once formally returned to study. Although the trainee can continue to use a reflective journal to collect data for their reflective log, they should not analyse or synthesise that until they have formally returned to study.

Trainees are encouraged to record and review their clinical sessions and supervision for the purpose of reflection and supervision during their period of LOA but should not submit recorded sessions from this time frame for assessment. This is due to the fact that the LOA has been implemented in the knowledge that the trainee is not currently ‘fit to sit’ the assignment.

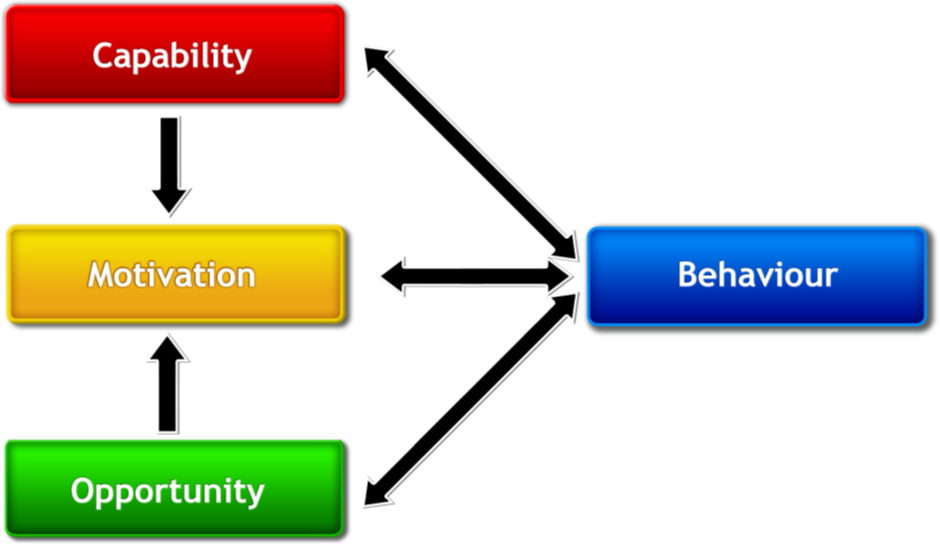
Trainees can find out more information about LOA and download the form from

<https://www.sheffield.ac.uk/ssid/leave-of-absence>

**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.



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:** this 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.

**Clinical Hours, Shadowing, Case Management and Clinical Supervision**

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

* Enable opportunities for the trainee PWP to shadow at least 6 assessment and 6 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.
* Each trainee needs to have 6 sessions with genuine patients competency rated (1 assessment and 5 treatment) which all need to pass.
* To record some case management supervision sessions to enable the trainee to complete a process analysis.
* Help the trainee identify a case to submit a recorded session which fulfils the treatment tape assessment.
* 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
* Ensure that summative assessment of the clinical practice outcomes is completed within the stated period of the assessment document, and that appropriate records are made.
* 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.
* Complete an interim report on progress at the halfway point and a final written report at the end of the course.
* Make a final decision on the competency of the trainee PWP in achieving the clinical practice outcomes.

**Amount and type of clinical work**

Trainees must complete a minimum of **80 hours of clinical practice and a suggested maximum of 150 hours** in the provision of the recognised evidenced-based PWP interventions that are taught during the course. For the minimum of 80 clinical contact hours, a suggested minimum of 60 hours should be obtained through face-to-face, video or telephone sessions. The remaining 20 can be accessed through other routes (e.g. online cCBT, groups). Sessions must be 15 minutes or more. We expect to see a range of modes of delivery and a balance between assessment and treatment sessions.

Trainee PWPs should slowly build up their hours and slowly increase the amount of patient contact. It is recommended that **trainee PWPs see a maximum of 5 patients per day for full assessment or full treatment sessions**. This is in order to provide space for trainee reflection and learning. Shadowing does not count towards clinical hours and role-plays with supervisors do not count in terms of the 6 rated clinical sessions.

Supervisors need to be facilitating access to casework and a caseload appropriate for a trainee PWP. Caseloads need to build incrementally according to competency development. Early in the course, trainees need access to more simple mild to moderate anxiety and depression cases that are well motivated to make use of guided self-help. **Trainees should not see patients on their own until they have been passed on the Assessment OSCE at the University.**

In the recently published IAPT Manual, it is stated that a full time qualified PWP should carry out 18-20 hours of clinical contact time per week. They should NOT exceed 20 hours per week. It is expected that a trainee PWP holds a caseload of 80% of that of a qualified PWP.

**Shadowing**

Shadowing is a requirement of the course, as set out by the curriculum and accreditation standards outline by the BPS. We expect this will happen early in the course. Shadowing of sessions is a vital learning experience. **Trainees must shadow 6 full assessment sessions and 6 treatment sessions completed by a qualified PWP within the IAPT service.** This may or may not be their supervisor. Evidence of the completion of the shadowing of these sessions is required as part of the 15 days supervised learning and will be submitted within the Practice Portfolio.

**Amount of supervision**

PWP trainees must receive a minimum of **40** **hours total** supervision to complete the course. This includes ***one hour per week of case management*** **supervision** (20 hours total) and ***one hour per fortnight of clinical supervision*** (20 hours total – supervision may be in a group, where the maximum group size is 12). In addition, PWP trainees should receive a further **1 hour per fortnight** individual and group supervision, focussed on case discussion and skill development (in addition to case management supervision).

**Reporting on attainment of competencies**

The information provided by supervisors concerning the competency development and professionalism of their trainee is considered at Exam Boards. Trainees need to pass all aspects of the course in order to successfully complete the training course and therefore supervisors need to take the responsibility of being an effective gate-keeper for the trainee being safe, professional and competent. Supervisors are required to complete:

1. A mid-course interim report (see Appendix 1)
2. An end of year final supervisor’s report (see Appendix 2)
3. Rate 6 PWP clinical sessions using the PWP competency rating scales (see separate measures and accompanying manuals)
4. Sign off trainee requirements including supervision records, 20 days document and practice based learning tasks (see “Portfolio Requirements” on page 20)
5. Sign the final statement of achievement in the Practice Portfolio (see Appendix 2).

**Supervisors Interim and Final Report (Submitted via Pebblepad)**

PWP trainee service supervisors will be required to submit a typed report on trainee competency and progress at two points: mid-way through the course (interim report) and at the end of the course (final report). The aim of the interim report is to assess and review trainee progress in order to ensure trainees are on track to complete the clinical requirements of the course and provide an opportunity to address any arising issues. The final report is for supervisors to make a final decision on the competency of the trainee PWP in achieving the clinical practice outcomes and therefore be eligible to successfully complete course.

Both the interim and final report need to be passed for the trainee to pass the PWP course. As per the Course Handbook, a trainee will be allowed (under normal circumstances) to resubmit the supervisor’s report on one further occasion if the first submission is rated as a fail.

The dates for submission are **31.03.23 for the interim report** and **21.07.23 for the final report.** It is the trainees’ responsibility to ensure that the clinical supervisor’s reports are submitted on time and in sufficient detail.

**Requirements for completing the reports**

* In order to submit the interim report trainees must have accrued a **minimum of** **25 clinical client contact hours and suggested maximum of 45 hours**, in order for the trainee’s skills and competency to be adequately assessed and deemed a pass. If a trainee will not have accrued the required hours by the submission date, they will need to request an extension prior to the deadline (using the extension request form available on Blackboard), explaining the reason for not meeting the minimum hours and suggesting a date by which they will have met the requirements. The most common reason for low hours is due to trainees failing one of the OSCEs, resulting in the delayed start of clinics.
* Supervisors **MUST** state whether the trainee is rated as a PASS or a FAIL in Assessor Field the final box.
* Interim and Final Supervisors report forms can be found in Appendices 1 and 2 for reference.

**Assessing Assessment and Treatment Competencies**

A minimum of sixPWP sessions (recorded or live) are required to facilitate the learning of the PWP clinical assessment and treatment method. The six live or recorded sessions **must include** **at least one each of the following**:

assessment and low intensity interventions:

* An assessment session
* A behavioural activation session
* A cognitive restructuring session
* A problem solving session
* Exposure for Panic, OCD, Specific phobia or Agoraphobia
* A worry management session

The 6 completed competency rating scales for the sessions need to be submitted in the Practice Portfolio on Pebblepad and all 6 must be a graded as a pass by the supervisor. For the **assessment session a pass is a score of a minimum of 18 with a score of at least 3 in each section.** For **treatment sessions a pass is a minimum score of 18 with at least a 3 on the change method item.** An omission of risk on assessment or treatment is an automatic fail.

It is expected that all feedback for each session is discussed as part of clinical supervision with the trainee.An assessment session should not normally be longer than **45 minutes** and a treatment session not longer than **35 minutes** (under normal conditions). Sessions should be rated by supervisors on the assessment and treatment competency rating sheets (copies are provided on the supervisor’s section of our website). Details of the PWP interventions can be found in the manuals for the competency measures (also provided on the website) and trainees need to follow the specific treatment protocols for each in order for the PWP intervention to be considered competent. The manuals and scales contain the scoring instructions and supervisors need to use the manuals when using the scales. When trainees are submitting tapes for review by the supervisor, each tape must be clearly marked with the name of the trainee and the case number of the client - not their personal name.

**Documenting Supervision**

Supervision should be recorded directly onto Pebblepad using the templates. There should be sufficient detail to accurately represent the session taking place and the outcomes. Each session has a sign off from the supervisor to confirm it is an accurate record of what happened.

**Providing supervision on ‘live’ material**

The rationale for regular submission of taped work is that it offers a more true reflection of the therapeutic relationship between the trainee PWP and their patients (Feltham and Dryden, 1994). In your role as a supervisor you are required to encourage your supervisee to engage with regular recoding of their sessions for use in supervision. You may need to support your supervisee with access to recording equipment. You are encouraged to use the University assessment and treatment competency ratings scales to rate the trainee’s competency and to facilitate qualitative and quantitative feedback. Reliance on verbal reports is not recommended, as trainees may not present a true reflection of the therapeutic relationship and intervention and some trainees may overlook their strengths (Ladany, 2004). It is important to note that recording sessions should be introduced to patients in an ethical and responsible way and it is the clinical supervisor’s responsibility to train the PWP in introducing taping in a professional manner and in following service policy on consent and recording. Therefore, all PWP trainees are expected to explain:

* The supervisory purpose of the tape.
* Who will see / hear the tape.
* What happens to the tape after clinical supervision or academic submission.
* How confidentiality is assured in terms of storage, etc.
* That patients have the right to refuse at any time to be taped either before during or after the session.
* That written consent will be necessary before the tape is viewed / heard.
* Written consent should be obtained before any taping commences.
* At the beginning of all sessions the above must then be verbally reconfirmed and signed and dated by the patient.

**References**

Feltham, C. & Dryden, W. (1994). *Developing counsellor supervision.* London; Sage.

Ladany, N. (2004). Psychotherapy supervision. What lies beneath? *Psychotherapy Research, 14*, 1- 19.

*\*\*Consent forms must be used for taping and an example is included overleaf, but agencies may use their own.\*\**

**Tape Consent Form**

**University of Sheffield**

**PG Certificate Low Intensity Psychological Intervention**

I consent to being audio / DVD recorded and I understand that the recording will only be used for the purposes of the clinical supervision and learning of the PWP. I give my consent on the understanding that the recording will be erased once the above purposes have been fulfilled. I may withdraw my consent at any time and have the tape erased.

Name ...........................................…….

Signed ................................................

Date .........................................

This agreement has been discussed with me by ..........................................

on .....................................

**Supervision Contracts in PWP work**

**Introduction**

In terms of best practice for clinical and case management supervision, it is widely recommended that supervision contracts be developed, agreed and signed by supervisors and supervises. This ensures that the boundaries and purpose of the PWP supervisory relationship are explicit and agreed, with the relative responsibilities being apparent.

When using supervision contracts to support your supervisory work with trainee PWPs, then the following are suggested as a suitable starting point for discussion and agreement:

1. Clarifying the type and amount of supervision on offer (e.g. case management or clinical).
2. Ground rules and policy regarding confidentiality.
3. Suitability of the type of supervision to the supervisees current needs.
4. The theoretical orientation, methods and techniques that will be used, which need to be applicable to low intensity self help/guided self help CBT based intervention.
5. Differentiating the purposes of case management supervision from clinical supervision.
6. Practical considerations e.g. private quiet room, frequency, duration, note taking.
7. Goals, aims and objectives of supervision – making them SMART (Specific, Measurable, Attainable, Relevant and Time Limited).
8. Discussion of prior experiences of supervision, in order that supervision can be promoted as a positive developmental experience.
9. Expressing anxieties.
10. Work through the rights and responsibilities of both the supervisee and supervisor.
11. How the effectiveness of supervision will be measured/evaluated.
12. How any problems or fractures within the supervisory alliance will be handled from the perspective of both the supervisee and the supervisor.
13. How will issues that are outside the competence of the supervisor are handled.
14. Anti-discriminatory policy and practice statement.
15. The Code of Ethics that will be used.
16. How poor or incompetent practice (s) will be addressed from both a supervisee and supervisor perspective.
17. Process of review and renegotiations of the supervision contract.
18. In the case of group clinical supervision, the following may also need to be considered:
19. Size of the group and mix of expertise
20. Clinical mix of patient problems etc.
21. Allocation of time
22. Who facilitates the group
23. Responsibilities for handling group processes.

**PWPs need to submit the supervision contracts for case management and clinical supervision as part of the Practice Portfolio on Pebblepad. The following agreement and template may be used, if it is found to be helpful, but PWP supervisors are free to bespoke supervision contracts.**

**Agreement for Clinical Supervision with Trainees for the Post Graduate Certificate in Low Intensity Psychological Interventions**

I agree to contract for case management and clinical supervision with ……………………………… (Trainee of the PG Cert Low Intensity Psychological Intervention, University of Sheffield), on the basis of the following agreements:

* Case Management and Clinical Supervision will follow the National Programme Educator Materials for Supervisors delivering Supervision to Psychological Well-being Trainees;
* The focus of supervision is on the safety, efficiency and effectiveness of the clinical work of the PWP supervisee;
* I undertake to complete necessary documentation on the PWP Supervisee’s progress;
* Should I have concerns about the work of the PWP Supervisee, I will in the first instance address those concerns with the Supervisee in order to satisfy myself of their receiving appropriate attention; and
* Should I feel that the concerns have not been addressed by the PWP Supervisee, after discussion with him / her, I will negotiate appropriate forms of communication with service management (who have line managerial responsibility for the work of the Supervisee) and the Programme Director of the PG Certificate Low Intensity, University of Sheffield.
* I will work within my designated Code of Conduct, Ethics and Practice and within the limits of my competence.
* All professional and clinical issues discussed are confidential and are not to be discussed outside the supervision session. The exceptions to this are where there are issues of risk or potential harm to patient or other, if professional malpractice may be evident, or if requested to release information by a Court of Law, Coroner’s Office or Professional Body.
* I agree that all cases or professionals discussed during supervision must be made anonymous wherever possible.

* I agree that where audio/video recording of sessions takes place, this must be agreed with and have the informed consent of the patient, carer or professional. Arrangements must also be made to destroy/wipe any recordings. The PWP supervisee is responsible for ensuring this process is followed.
* I agree that the dual content of supervision will focus on case management and on the clinical supervision of the acquisition of knowledge, conceptualisation and clinical skills within a low intensity framework.
* Practicalities (I agree that):

1. One individual supervision session must be for a minimum of 60 minutes.
2. The venue the session (s) must be agreed.
3. The person responsible for booking the accommodation must be agreed.
4. Cancellation arrangements must be agreed

* I agree to use the following supervision methods:

1. Discussion of therapeutic relationship and engagement issues
2. Case load management
3. Case conceptualisation/formulation using five areas or ABC as relevant to a step 2 self-help role. ***It is very important that there is no drift into Step 3 formulation.***
4. Rehearsal of PWP techniques via simulation and role-play.
5. Discussion about PWP therapeutic strategies.
6. Case presentations.
7. Setting of homework.
8. Review of audio and videotapes (in line with course and IAPT requirements).
9. Direct observation of practice of supervisees as stipulated by course requirements.
10. Identification of supervisee thoughts, attitudes, beliefs with exploration of the impact of these on PWP practice
11. Therapeutic and professional behaviour.
12. Review of risk and therapist/patient safety.
13. Review of clinical guidelines/manuals.
14. Review of psycho educational/self-help/guided self-help material.
15. Experiential exercises.
16. Other strategies as agreed.

I agree that the primary focus of the supervision will be on the welfare of the patient through the supervisee’s learning process, in terms of knowledge attainment, attitude refinement, and skills development.

I agree that Anti Discriminatory practice will follow the policy of the University of Sheffield and placement provider/employing body.

I agree that in the event of inappropriate behaviour by the supervisor/supervisee, this will be discussed together initially. If this is unsuccessful or the behaviour is of a serious and immediate nature then you agree either individually or collectively to inform the IAPT Programme Director forthwith.

I agree that in the unlikely event that the relationship between myself and the PWP supervisee deteriorates, each person is responsible for attempting to work together to resolve the problem and if this is unsuccessful the Line Manager, Service Manager, and Programme Director must be informed.

I understand that changes to this agreement can be negotiated at any time but I agree that a formal statement about the length of time that the agreement stays in place will be agreed.

I understand that the University of Sheffield will contact me about the Supervisee for agreed reports. In certain circumstances, the Course Director may contact me with respect to student progress or ethical concerns.

Signature of Supervisor: Date:

Signature of Supervisee: Date:

**Portfolio Requirements**

**All PWP trainees are required to submit a Practice Portfolio at the end of the course.** This is now done online via a platform called Pebblepad. It is strongly recommended that all PWP supervisees and supervisors plan for the Practice Portfolio submission throughout the year. This is to prevent any problems nearer the hand in date, as extensions will only be granted for clear extenuating circumstances according to University Policy. As supervisors you will be sent your own login details which means you can electronically sign off the appropriate sections of the portfolio. All aspects of the portfolio will be entered directly onto Pebblepad. You will only be able to access your supervisee’s portfolio.

**Supervisory Requirements in the Portfolio**

* Signing for the required 80 hours of PWP clinical practice.
* Checking and signing of all supervision logs and records for the required number of case management (20) and clinical supervision (20) hours.
* Supervision contracts.
* Completing and signing the mid-term Interim Supervisor’s report.
* A completed and signed copy of the end of year Final Supervisors report stating that trainees have met (or not) the relevant course competencies.
* Feedback for the supervision of the 6 rated sessions.
* Ensuring the 15 days supervised learning in the workplace is signed by the service (which includes the shadowing requirements).

**Extension Requests**

The coursework deadlines provided should be strictly adhered to. It is the trainee’s responsibility to ensure that work is submitted on time. Coursework that is submitted late will be failed under normal circumstances, unless the trainee has been formally granted an extension. A failed piece of work due to late submission can be resubmitted, but will only be then considered for a 50% pass on resubmission.

If a trainee needs to request an extension, they need to apply by submitting the extension request from (Appendix 4) with any supporting documentation to the Course Administrator by no later than **one week prior to the assignment** deadline for the request to be considered. Extensions to deadlines are only given in extenuating **clinical circumstances** (e.g. significant illness of at least seven days and requiring a doctor’s certificate), or **organisational circumstances** (e.g. service issues preventing work completion and requiring clinical supervisor/service lead support). Service issues do not include technical failures such as computer problems. Requests for extensions due to technical failures will not be considered.

The submission of an extension request form does not guarantee an extension will be granted; only appropriate requests with suitable supporting evidence (e.g. a doctor’s certificate or letter, report from a mentor, student counselling report, request from supervisor on organisational grounds, etc.) will be provisionally granted by the Programme Director or Deputy Course Director in consultation with the Course Team. The final ratification of an extension will be made at the appropriate Internal Exam Board meeting.

\***All extension requests should be signed by service supervisor before handing in**\*

There are two standard extension periods that may be granted:

* Tape submission – 4 week extension
* Written submission – 2 week extension

If an extension is required on work for the Practice Portfolio, the trainee must clearly identify the section they need more time on and why when completing an extension request form. **If an extension is granted, it is for the specified section only**.

Where the extenuating circumstances warrant a period of time greater than that stated above, this will be ratified on a case-by-case basis at the relevant Internal Exam Board.

## **Timetable of PWP Course Assessment Deadlines**

## **October 2022-2023**

**Improving Access to Psychological Therapies**

**PG Certificate in Low Intensity Psychological Interventions**

|  |  |  |  |
| --- | --- | --- | --- |
| **Module 1 (1a assessment, 1b treatment)** | | | |
| **Assignment** | **Tutorial Date** | **Submission date** | **Internal Exam Board** |
| Service Learning Contract | N/A | Week 5  11/11/22 | Week 10  \*\*\*\* |
| Patient Centered Assessment OSCE | Week 4  04/11/22  Mock Week 5  10&11/11/22 | Week 7  \*Resit  Week 10  TBC | Week 7  25/11/22  \*Resit  Week 10  \*\*\*\* |
| 2000 Word Reflection on the Patient Centered Assessment OSCE | Week 8  2/12/22 | Week 13  06/01/23 | Week 17  02/02/23 |
| Service Liaison form | NA | Week 20  24/02/23 | Week 26  06/04/23 |
| Case Management Supervision Process Report | Week 15  20/01/23 | Week 21  03/03/23 | Week 26  06/04/23 |
| Supervisor Interim Report | NA | Week 25  31/03/23 | Week 30  05/05/23 |
| Assignment Resubmissions & Extensions | NA | NA | Week 38  30/06/23 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Module 2 Health and Social Care Context** | | | |
| **Assignment** | **Tutorial Date** | **Submission date** | **Internal Exam Board** |
| Patient Centered Treatment Tape and reflection | Tutorial Week 13  06/01/23  Treatment tape Practice Week 18  9&10/02/23 | Week 30  05/05/23 | Week 36  15/06/23 |
| Case Study: A patient with diverse needs | Week 30  05/05/23 | Week 37  23/06/23 | TBC |
| Practice portfolio | Week 09  09/12/23  and Week 37  23/06/23 | Week 41  21/07/23 | TBC |

**Please submit by 1.30pm on the above dates.**

**Case Management Process Analysis**

Part of your role as a supervisor is to enable trainees to submit a process analysis of case management supervision to the University as part of the assessment process within Module 2. This submission is used to index a trainee’s skills in their participation in, and effective use of, case management supervision. The session is conducted in the service and needs to be a routine case management session. Trainees therefore need to tape and transcribe extracts of a case management supervision session. The tape of the session is NOT submitted. In the transcription, all patient identifiers are removed (e.g. the trainee would use ID =1 rather than the patient’s name). The session and tape needs to adhere to the established structure for presentation and discussion of cases in case management supervision. It is very important that trainee PWPs and supervisors are familiar with case management supervision, in order to provide the material for the process analysis. The Reach Out case management structure is included in Appendix 7 for guidance. The recording can be up to 60 minutes in duration. The recorded session needs to follow the respective employer/NHS guidelines for recording and consent. In the unlikely event that a trainee fails due to their performance being affected by an unhelpful or obstructive supervisor or an absence of the appropriate case management process and structure, the Board may award a Null mark (mark not given) and the trainee would submit another tape as a first attempt. Feedback would be given to supervisor. However, there are aspects of supervision that are the trainee’s responsibility and should be delivered regardless of the supervisor.

**Supporting PWPs Supervised Learning in the Workplace**

In order to complete the training (and in line with the revised national curriculum guidance from the British Psychological Society), trainee PWPs are required to receive 15 days supervised learning in the workplace during their training year. This should be protected non-clinical time and a core component of learning the PWP role in practice. The focus of the 15 days of supervised learning consolidates the learning experience of the trainees and strengthens low intensity theory-practice links. **The content and key tasks of the protected days are detailed on Pebblepad (which the supervisee will be expected to access and share with you.** The timing of the 15 protected non-clinical days are to be negotiated with line managers, in order to take into consideration, the service’s local demands. However, the course would recommend that the days be timetabled into the trainee’s work calendar throughout the academic year to enable regular skills consolidation and learning opportunities. The University would also advise that a higher proportion of the protected non-clinical time is timetabled prior to the trainee’s Observed Structured Clinical Examinations (OSCEs) to allow practice to aid skills development.

The course requires the completion of key tasks within the protected non-clinical days which are recorded and authorised within the Practice Portfolio to be submitted at the end of the course. The course also requires that trainees prepare for the formal teaching and independent study days, and are also expected to undertake independent reading and study. Supervisors need to sign off the 15 days practice based learning tasks to demonstrate the learning has been undertaken.

**Self-Practice / Self-Reflection**

In the **second module**, the Clinical skills groups change their focus to supporting and developing competence and confidence in trainee PWPs by having a **self-practice and self-reflection** (SP/SR) focus. A separate document will be distributed to use in these sessions, which includes the homework and preparation required to participate in this group. This document will include personal information and we do not expect trainees to submit this as part of their Practice Portfolio. However, the tasks will need to be signed off (in the 15 days learning document) to confirm completion, either by the SP/SR facilitator at the University or the service supervisor if the session was missed. In these circumstances it is also expected there will be some discussion and reflection on carrying out the exercise.

**Declarative knowledge exercises**

Trainees need to complete the identified declarative knowledge exercises. Trainees should start the declarative knowledge exercises early in the course (e.g. the signs and symptoms of common mental health problems). The summary should certainly always draw on appropriate evidence/research/policy/guidelines and be supported with appropriate referencing (the references are not included in the word count).

**Module 1: Knowledge question 1 (500 words)**

Describe the signs and symptoms of unipolar depression

**Module 1: Knowledge question 2 (250 words)**

Describe the signs and symptoms of generalised anxiety disorder

**Module 1: Knowledge question 3 (250 words)**

Describe the signs and symptoms of panic disorder

**Module 1: Knowledge question 4 (250 words)**

Describe the signs and symptoms of health anxiety

**Module 1: Knowledge question 5 (250 words)**

Describe the signs and symptoms of OCD and BDD

**Module 1: Knowledge question 6 (250 words)**

Describe the signs and symptoms of a specific phobia

**Module 1: Knowledge question 7 (250 words)**

Describe the signs and symptoms of PTSD

**Module 1: Knowledge question 8 (250 words)**

Describe the signs and symptoms of social phobia

**Module 2: Knowledge question 9 (500 words)**

Describe and reflect on the role(s) that you take up in your IAPT team.

**Module 2: Knowledge question 10 (500 words)**

How can power be negotiated during self-help treatments?

**Module 2: Knowledge question 11 (500 words)**

Describe the essential features of information governance

**Module 2: Knowledge question 12 (500 words)**

Describe the essential differences between low and high intensity CBT.

**Module 2: Knowledge question 13 (500 words)**

Describe and critique cultural competency.

Appendix 1: Coursework Extension Request Form

**Extension Request Form**

|  |  |
| --- | --- |
| **Trainee name:** |  |
| **Service:** |  |
| **Service supervisor:** |  |
| **Manager:** |  |
| **Assessment:** |  |
| **Current deadline:**  (Please indicate if you have already been granted an extension.) |  |
| **Reason for extension:**  (Technical failures or reduced time to complete due to a previous extension are not accepted as acceptable reasons for an extension to be granted.) |  |
| **Proposed extension date:**  (This will be considered by the Course Director but is not guaranteed if another date/course of action is deemed more appropriate.) |  |
| **Supporting evidence (if applicable):**  Please identify if included with the form (e.g. medical evidence, DDSS report). |  |
| **Supervisor’s Signature:**  (The extension request must be signed by your clinical supervisor or service lead before it will be considered.) |  |

**Please note the submission of this form does not guarantee an extension will be granted**; only appropriate requests will be provisionally granted by the Programme Director in consultation with the Course Team. (See the Course Handbook for more information on the extension process.)

# Appendix 2: Sign-off Form for Written Assignments

**Supervisor Sign-Off Form for Case Work**

This form must be submitted along with every written assessment (except the OSCE Reflection).

**Supervisor:** Please sign below to confirm that the PWP trainee has completed an original piece of work with a genuine patient seen in a clinical setting.

*Please note that no written assessment can be submitted without this confirmation and the form must be submitted to the IAPT administrator by the assessment deadline.*

**Part 1: To be completed by the trainee prior to submission:**

Name:

Title of Assessment (delete as necessary): Reflection on the Patient-centred Treatment Tape/ Case Management Supervision Process Report/ Diversity Case Study

Name of Supervisor:

Placement location:

**Part 2 To be completed by the supervisor:**

I confirm that the assignment submitted is an accurate reflection of the work completed by the trainee PWP with a genuine patient/s in a clinical setting.

Signed: ................................................................ Date:

If you feel unable to sign this form for any reason please contact the Programme Director.

# Appendix 3: Sign-off Form for Treatment Tape

**Supervisor Sign-Off Form for Treatment Tape**

**Supervisor:** We would be grateful if you could please sign below to confirm the authenticity of the Treatment Tape submitted by the PWP trainee.

*Please note the Treatment Tape cannot be submitted without this confirmation and the form must be submitted to the IAPT administrator by the assessment deadline.*

**Part 1: To be completed by the trainee prior to submission:**

Name:

Name of Supervisor:

Placement location:

**Part 2 To be completed by the supervisor:**

I confirm that the tape submitted is an authentic recording of a treatment session completed by the trainee PWP with a genuine patient in a clinical setting.

Signed: ................................................................ Date:

If you feel unable to sign this form for any reason please contact the Programme Director.

# Appendix 4: Reach Out Supervision Criteria and Guidance for Case Management Supervision







# Appendix 5: Service Learning Contract

**University of Sheffield**

**PWP Programme**

**Service Learning Contract:**

**Creating and Maintaining Effective Learning Environments**

IAPT trainee Psychological Wellbeing Practitioner (PWP) posts require a high level of cooperation and collaboration between the University and the IAPT service itself in order that the trainee learn the PWP competencies at the right rate and level. The training is brief, focussed and demanding. Therefore, the context in which the training takes place is essential in terms of technical, managerial and supervisory support. Creating effective learning contexts is vital, and partnership working is required to make sure that the training produces competent and safe practitioners with the skills and experience to meet the needs of IAPT patient groups.

This learning contract clarifies what service and University providers can expect from each other.

The agreement of all local partners is required for the learning contract to work:the following issues should be read and agreed by the student’s line manager and supervisor:

**Case management and clinical skills supervision**

Each trainee will receive weekly individual case management supervision from a suitably qualified IAPT supervisor for at least one hour per week. If a trainee is struggling, then the service will consider adding in extra supervision. Each PWP trainee will also take part in a clinical skills supervision within service which can be in the form of fortnightly individual supervision, and/or monthly group supervision. Overall responsibility for the trainee’s caseload (including issues involving risk) lays with the service supervisor. Service and University supervisors need to share any concerns they hold about trainee progress, as soon as possible with each other and also meet if training plans are required in the case of academic fails. It is the responsibility of the trainee to fully prepare for supervision, as per their specific supervision contracts.

**Technical support**

In order to learn the necessary PWP competencies, trainees are required to submit a treatment tape to University. Trainees are also required to bring a separate treatment tape to University on a date specified in the course handbook. In order to support trainees in this, services should make access to suitable AV recording equipment the norm.

**Clinical responsibility**

The service clinical supervisor and group clinical supervisor are responsible for the clinical work undertaken by the trainee under their clinical supervision. It is the trainee’s responsibility to keep the supervisor completely up to date with any ongoing clinical risk issues.

**Caseload size and suitability**

The University understands that there are many pressures on services in terms of managing high volumes of referrals. For trainees to learn the PWP competences it is important that they have a caseload of suitable training patients and be of a suitable number. Trainees should not be expected to work with clients experiencing high and unstable risk or with complex and /or comorbid presentations. This is because the trainee can only learn the competencies when unfettered by clinical complexities. In addition, trainees should not be offering sessions in another therapeutic modality (e.g. counselling), as this can compromise progress in developing PWP competence, and produce poor outcomes for clients.

**Shadowing**

Theopportunity to observe the clinical practice of a variety of qualified PWPs, delivering evidence-based treatments will enhance the learning and development of trainees, especially early in their training. The University will regularly provide clinical demonstrations as a routine part of teaching. The service, where possible should make provision of shadowing a routine aspect of the training experience.

**Study leave/self-directed study**

Trainees are expected to take personal responsibility for their learning outside of taught sessions. This will include (but is not limited to) reading, skills practice and self-practice/self-reflection. In addition, reflecting on their current clinical practice is vital in the trainee’s development. The University course has several timetabled reading weeks which should be kept free of other responsibilities in the service as far as possible. Once formal teaching is completed, it is helpful for the trainees to continue to have at least one study day per week to facilitate completion of assignments and complete supervision hours if necessary.

Throughout the training teaching usually takes place on Fridays. However, there may be assessments such as OSCEs that are timetabled on other days. It is important that trainees are allowed to attend these events, even if they do not fall on a Friday The timetable indicates when this may occur and is available from the start of the course.

Until the course has finished the service should not arrange any events, training or commitments for the trainee on any of the dates where university study, teaching or assessment is timetabled.

**Communication**

Should any fitness to practice issues arise during the training year, it is important that clear and prompt communication takes place between the parties listed below. This is a joint responsibility and should be handled in a timely manner. This communication enables trainees to respond appropriately to documented concerns.

**Manager Declaration**

As the trainee’s line manager, I have read the above and accept them as a basis for this student’s full involvement with the course requirements.

Manager signature: ………………………………………………………………..

Manager name: ……………………………………………………………………...

Date:

**Service Supervisor Declaration**

As the trainee’s on-site supervisor, I have read the above and accept them as a basis for this student’s full involvement with the course requirements.

Supervisor signature: ……………………………………………………………….

Supervisor name: …………………………………………………………………….

Date:

**Trainee Declaration**

As the trainee, I have read the above and accept them as a basis for this student’s full involvement with the Course requirements.

Trainee signature: ………………………………………………………………..

Trainee name: ……………………………………………………………………..

Date:

**Course Group Supervisor declaration**

As the course representative, I have read the above and accept them as a basis for this trainee’s full involvement with the course requirements.

Supervisor signature: ……………………………………………………………….

Supervisor name: …………………………………………………………………….

Date: