The
University
Of
Sheffield.

Improving Access to Psychological Therapies

Postgraduate Diploma in High Intensity Psychological Interventions

Cognitive Behavioural Therapy (CBT)

Course Handbook

March 2021

Contents

Resource list

Please find the documents below on Blackboard. Additional documents may be added to Blackboard during the training year.

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Introduction

Welcome to the PG Diploma in High Intensity Psychological Interventions. This Handbook provides the context for, and general information about, the methods of the University of Sheffield High Intensity Psychological Interventions (HIPI) training course. This Handbook is the primary resource for trainees and clinical supervisors concerning the academic requirements, structures and processes of the Sheffield IAPT HIPI course. Please ensure that you put some time aside in order to acquaint yourself with the timings and expectations of the training programme and also the expectations of you as a HIPI trainee. As the course requires you to demonstrate both clinical and academic competencies, understanding what these are and when they happen is essential to your success. If, after reading the Handbook, you still feel unsure, do feel free to contact a member of staff. Contact details for staff are included in this Handbook. The contact details of trainees, supervisors and services are required and trainees need to submit these details via the Service Information Report (Blackboard) to the IAPT administrator by the beginning of the second week of the introductory block.

If you have a disability and have declared this on the application form it is important that the course is made aware of this in order for any support needs to be discussed. If a previous assessment has been made (e.g. of dyslexia), this is often taken into account by the **Disability and Dyslexia Support Service (DDSS)**. If you feel that you require an assessment for an identified need, please discuss this with the course team or make a self-referral. Please note, the University policy on such issues states that criteria for marking cannot be changed to reflect disability needs, but that relevant adjustments to help and support with preparation can be agreed and implemented. Many previous HIPIs with disabilities have successfully completed the course – clear communication has been a factor in those successes. The course recommends all trainees use the QuickScan tool to highlight any learning needs and study skill recommendations (https://www.sheffield.ac.uk/ssid/disability/spldtest).

The course has been established to meet the demands of the national IAPT educational agenda and therefore follows the HIPI National Curriculum. This is in order to meet the service needs of various IAPT service providers across Yorkshire and Humber. The course is funded by Education Yorkshire and Humber and trainees successfully completing the Diploma will hold posts as IAPT High Intensity Trainees in their Trusts and work in the IAPT services. The course is based within the Clinical Psychology Unit at the Department of Psychology at Cathedral Court, which has an excellent research record and outstanding facilities. The High Intensity course team at the University of Sheffield contribute regularly to the research evidence base for low and high intensity interventions. Trainees should be aware that this is rare amongst other high intensity courses around the country.

Opportunities exist for contact via joint teaching with the PG Certificate in Low Intensity Course and also for hearing from experts by experience of mental health problems. The

Sheffield HIPI course is the sole provider of this form of training in the Yorkshire and Humber region. Trainees are paid employees of their sponsoring NHS Trusts and Third Sector Employers and the clinical context of HIPI training during the course is provided by the IAPT services at which the trainees are based. Particular emphasis is placed on the skill and competency development of trainees to meet the service demand of these employers. There is a Service Learning Contract (Blackboard) that sets out the expectations of all parties. As HIPI trainees are employees, funded by public monies, the expectations of attitudes and behaviours are calibrated accordingly.

Covid-19 Guidance
Please see separate guidance on Blackboard as we will update this as the situation changes.

The IAPT Course Team

The course teaching team is comprised of experienced mental health clinicians who are all British Association for Behavioural and Cognitive Psychotherapies (BABCP) accredited Cognitive Behavioural Psychotherapists. University and service supervisors are BABCP accredited CBT therapists.

The Course Administrators are:

James Barker
Monday to Friday, 9.00am-4.30pm
iapt@sheffield.ac.uk

Daniel Barrow
Monday to Friday, 9.00am-5.00pm
iapt@sheffield.ac.uk

They are situated on the 4th Floor of Cathedral Court in the Clinical Psychology admin section. You will receive a lot of emails from the course administrator so please check your University email account regularly. These emails may concern, for example, your marks, a change to teaching or a change of room for a tutorial.

Course team contact details

Name	Role	Email Address	Working days
Abigail Bradbury	IAPT Teacher	a.s.bradbury@sheffield.ac.uk	Tuesday & Wednesday
Dennis Convery	IAPT Teacher	d.m.convery@sheffield.ac.uk	Tuesday and Wednesday
Jennie Hague	Programme Director / IAPT Teacher	Jennie.hague@sheffield.ac.uk	Tuesday to Friday
Catherine Machin	IAPT Teacher	c.a.machin@sheffield.ac.uk	Thursday & Friday
Eleanor Morton	IAPT Tutor/ Teacher/ Supervisor/	e.k.morton@sheffield.ac.uk	Tuesday and Wednesday
Alison Pickard	IAPT Teacher	a.v.pickard@sheffield.ac.uk	Thursday & Friday
Jo Priddy	IAPT Teacher	j.priddy@sheffield.ac.uk	Thursday & Friday

Maggie Spark	Deputy Programme Director/ IAPT Teacher	h.m.spark@sheffield.ac.uk	Tuesday to Friday

Abigail Bradbury

Abi joined the University in 2017. Abi is an accredited Cognitive Behavioural Psychotherapist, qualified clinical supervisor, and trained assessor of Knowledge, Skills & Attitudes (KSA) portfolios. Abi teaches on the IAPT CBT programme and is the Programme Director for the EMHP and IAPT supervisor programmes. After completing her degree in BSc Psychology at the University of Sheffield Abi completed the Postgraduate Certificate in Primary Care Mental Health Practice at The University of York and worked as a Graduate Mental Health Worker delivering low intensity CBT-based interventions before joining the pioneering Doncaster IAPT Pilot Site as a Case Manager (aka PWP). Abi then taught on the IAPT PWP programme at The University of York and completed a Postgraduate Certificate in Academic Practice before returning to further clinical training. In 2011 Abi completed The University of York's Postgraduate Diploma in High Intensity Psychological Interventions and worked within IAPT services until 2019 when she moved into private practice. Her special interests include behavioural approaches and supervision.

Dennis Convery

Dennis is a BABCP accredited CBT therapist working in the Doncaster IAPT service. Dennis was part of the first cohort of students to complete the Post Graduate Diploma in High Intensity Psychological Interventions at the University of Sheffield in 2008/9. Dennis is an experienced clinical supervisor and a practitioner in Eye Movement Desensitisation Reprocessing (EMDR). Dennis has a special interest in clinical supervision and the treatment of Generalised Anxiety Disorder (GAD).

Jennie Hague

Jennie worked as a PWP then a CBT therapist and supervisor in the Sheffield IAPT for 12 years giving her frontline experience of the CBT and PWP roles alongside the pragmatic application of stepped care and service delivery. She is a BABCP accredited Cognitive Behavioural Psychotherapist. Jennie has recently joined the University Counselling Service* working with a small caseload of CBT clients and delivering supervision 1 day per week. Jennie joined the university in 2015 as a tutor and has progressed to the Deputy Programme Director role in 2018 and more recently is Acting up into the Programme Director role for the IAPT training courses. Jennie has clinical interests in Behavioural Activation, the assessment of PWP competency and the delivery of transdiagnositc protocols at step 3.

*Please note Jen does not receive any referrals for any students within the Psychology or Clinical Psychology Unit as part of her role with UCS. Trainees can be assured that the strictest procedures of confidentiality are in place.

Catherine Machin

Catherine joined the programme team in 2016. She commenced her career as a nurse and was registered in both general and mental health nursing and worked for many years within secondary and inpatient care. Catherine qualified as a cognitive behavioural psychotherapist in 2000 and has worked in both secondary and specialist services as a psychotherapist and now works in private practice. Catherine has previously worked as a clinical lecturer on a Post Graduate CBT course at Sheffield Hallam University. Catherine has worked as a clinical lead for 2 IAPT services in the East Midlands. She is a BABCP accredited Cognitive Behavioural Psychotherapist and has a special interest in cognitive therapy.

Eleanor Morton

Eleanor is a BABCP accredited Cognitive Behavioural Psychotherapist, an EMDR Europe accredited Eye Movement Desensitisation Reprocessing (EMDR) practitioner, Clinical Supervisor and practitioner in Cognitive Behavioural Analysis System of Psychotherapy (CBASP) for persistent depression. She studied at the University of Sheffield for both the Low and High Intensity Postgraduate courses and has worked within IAPT since 2010, alongside having a private practice. Eleanor has a special interest in the therapeutic relationship - how it can optimise clinical outcomes and clinical supervision.

Alison Pickard

Alison has worked as a CBT therapist and supervisor in the Sheffield IAPT service since its conception in 2009. Previous to this she was a registered mental health nurse working on the acute inpatient wards in Sheffield. Alison is a BABCP accredited Cognitive Behavioural Psychotherapist with additional skills in Eye Movement Desensitization and Reprocessing (EMDR) and Acceptance and Commitment Therapy (ACT), she works clinically 2 days per week within the Sheffield IAPT service. Alison has special interests in physical activity related to mental health and Behavioural Activation group work. She joined the University team in 2016.

Jo Priddy

Jo Priddy qualified as a Cognitive Behavioural Psychotherapist in 2011, treating complex disorders in secondary care for a short time before working in IAPT Sheffield for 8 years. She now works as a Senior Clinical Psychotherapist in the Primary Care and Community Mental Health Transformation programme. Jo is absolutely passionate about CBT, both from a theoretical and patient-focussed perspective, with several years' experience as a Group Supervisor. Jo recently taught for three years on the Post Graduate Diploma in CBP at Sheffield Hallam University and is looking forward to joining the team.

Maggie Spark

Maggie originally joined the programme team in 2012 as a teacher on the Post Graduate Certificate in Low Intensity Psychological Interventions, before qualifying as a Cognitive Behavioural Psychotherapist in 2014 and joining the High Intensity teaching team. She has worked in IAPT services since 2009, both as a Psychological Wellbeing Practitioner and as an accredited CBT therapist. Maggie is passionate about supervision, and has a number of

years' experience of supervising both trainee and qualified therapists. She has a special interest in resilience and therapist self-care, and has additional had training in Compassion Focussed Therapy.

Guest teachers and experts by experience
The Programme invites guest lecturers to run workshops during the course for some sessions. The may work in local Trusts or teach in other Universities, and they come to share their particular expertise in a specific area. Guest speakers are BABCP accredited therapists, unless their area of expertise is in another field, (older adult issues or pharmacy issues, for example). Trainees are expected to be warm, polite and welcoming to any outside speakers.

Roles of the Teaching Team

The members of the teaching team have various roles: (1) teaching, (2) marking, (3) running a clinical supervision group, (4) facilitating a reflective practice/self-practice group, (5) academic tutoring, and (6) pastoral support. Trainees are distributed as evenly as possible between different staff members across supervision, tutoring and SP/SR groups.

Teaching and marking

The teaching team facilitate the majority of the lectures, workshops and tutorial across the course. They are responsible for preparing, developing and delivering teaching materials and learning resources. They design lectures that incorporate theoretical and skills based learning in line with the HIPI National Curriculum, the CBT competency framework and the relevant evidence base. The teaching team mark and provide feedback on all submitted assessments and clinical tapes.

Academic Tutor

Each trainee will be allocated a personal academic tutor. The role of the academic tutor is to help the trainee navigate the academic assessments of the course and also provide pastoral support as needed. Academic tutors may also signpost trainees to student support services, such as the Dyslexia and Disability Student Support service. Tutorials are group based and occur throughout the duration of the course. It is important that trainees engage in group tutorials by familiarising themselves with the topic of the tutorial beforehand. This will include reading the assignment guidelines, the full version of the marking criteria found on Blackboard and developing specific questions prior to the tutorial. Trainees should email their tutor a week prior to the tutorial in order for tutors to prepare answers. Trainees are encouraged to request one-to-one tutorials with their academic tutor on a needs basis. Your academic tutor may not mark your work as the marking process is anonymised. When a piece of work has been failed, it is more helpful to seek a tutorial (if needed) with the marker, if this person is different to the trainee's assigned academic tutor. Trainees are advised to seek help with any academic difficulties as soon as possible. Trainees are encouraged to inform their academic tutor of any personal circumstances that may be affecting their abilities whilst training as soon as possible. Please refer to the extenuating circumstances guidance as needed.   Tutors may request a one-to-one meeting with a trainee if they are concerned about a particular matter. When a specific training plan is necessary to support any trainee, this will typically be drawn up in liaison with the Programme Director and representatives from the clinical service.

Supervision

Trainees are assigned to a supervision group within the first few weeks of the course. Each group comprises of three students (maximum) and a supervisor. The supervisor may be one of the teaching team, or they may be an external supervisor who will be BABCP accredited. The supervisor will provide clinical supervision for the duration of the course. Clinical supervision is provided to support trainees to develop their clinical skills and reflect on their practice. It is not a space for personal therapy, nor is it a space for discussion of academic

assignments. It may be useful for clinical supervisors to be made aware of any challenges trainees are facing while undertaking the course (personal, academic or service based), however the academic tutor is the identified person to support a trainee with these concerns.

SP/SR Tutor

Trainees are assigned to a self-practice self-reflection group wherein they will use CBT processes and techniques in their own self-care and personal development. Tutors will facilitate these sessions and may participate in the group. Trainees will typically have a different member of the course team as their academic tutor, their supervisor and their SP/SR tutor. Trainees need to be aware that clinical supervisors, academic tutors and SP/SR tutors fulfil separate functions and that only academic matters should be taken to academic tutors, supervision issues to supervision and SP/SR tasks to SP/SR. It may be useful for SP/SR tutors to be made aware of any challenges trainees are facing while undertaking the course (personal, academic or service based), however the academic tutor is the identified person to support a trainee with these concerns.

Background Information

Introduction to the Course

The Sheffield University HIPI Course was established in 2008 in order to meet the National IAPT educational agenda. The Course is designed to train clinicians to deliver consistently competent CBT for common mental health problems at step 3 of the IAPT stepped care model. It is also designed to meet the service needs of IAPT service providers in Yorkshire and the Humber Strategic Health Authority. Trainees who graduate from the PG Dip. will hold posts as IAPT High Intensity CBT therapists in their organisations and work in stepped-care IAPT services. The HIPI PG Dip has been successfully accredited as a level 2 training course by BABCP. This means that graduates from the Programme meet the BABCP Minimum Training Standards, which are an essential element of the requirements for personal accreditation as a CBT psychotherapist. The teaching, administration and management team won the Sheffield University Senate Award for Teaching in 2010/11 and are actively involved in expanding the CBT evidence base via research activities. The course team regularly contribute to regional, national and international BABCP CPD events.

As HIPI trainees are paid employees of their sponsoring NHS Trusts (or 3rd sector other provider organisations), they are subject to Fitness to Practise (FtP) procedures at the University. This means that the University acts as an additional 'gatekeeper' to ensure that trainees meet all the personal/professional suitability requirements to pass the Programme, as well as clinical and academic assessments. Trainees not complying with minimum standards of conduct, behaviour and attitude will be taken through FtP procedures. Trainees are required to complete clinical work as part of the course and be assessed and passed as competent in the delivery of this by their service Clinical Supervisor and the Course. The service supervisors and group supervisor's reports form a key component of the Practice Portfolio (PP). All clinical cases are seen in the service where trainees are employed and these are recorded in the Practice Portfolio (see the Practice Portfolio handbook for guidelines).

The responsibilities of the trainee, clinical supervisor and the University are set out in the Service Learning Contract (Blackboard). This form needs to be submitted according to the Course Assessment Timetable and included in the interim and final Practice Portfolio. Trainees' clinical and organisational performance is reviewed jointly between the University and the IAPT services on one occasion during the year via submission of Service Liaison Forms (Blackboard). Trainees also have the opportunity to identify any issues as part of the process to enable transparent three-way communication, to ensure effective and smooth trainee progression through the various landmarks of the course. If the review process generates any issues or problems, it will potentially trigger a site visit and a more detailed assessment of the situation. Such reviews can occur more frequently and on an informal basis as needed or demanded. Where a trainee is particularly clinically and/or academically struggling, efforts will be made to liaise more closely with the service and produce a training plan that suits the needs of all parties. Trainees should be aware that the Programme keeps

in close communication with each clinical service throughout the year and that trainee results are shared with the service to ensure good communication and swift action in the need for support. 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 arise when training and to allow for problem solving to take place.

Service clinical supervisors are invited to the University for a voluntary training day on clinical supervision and the assessment structure of the course. Most clinical supervisors will have completed the Yorkshire and Humber SHA supervisor training programme. All site supervisors are required to be accredited (or be in the process of being accredited) as Cognitive Behavioural Psychotherapists with BABCP. Particular emphasis is placed on learning the disorder-specific CBT treatment protocols according to the IAPT HI National Curriculum (Liness & Muston, 2008, DoH www.dh.gov.uk) and the CBT Competency Framework (Roth & Fonagy, 2007).

Supervisors and line managers have a responsibility to facilitate shadowing of assessment and treatment sessions as part of any trainees' learning and also to arrange access to suitable training cases (where at all possible).

HIPI trainees can find the CBT competency framework models at:
www.ucl.ac.uk/clinical-psychology/CORE/CBT_competences/CBT-Competences.Map.pdf.

The outcomes for the programme are also centred on meeting the Minimum Training Standards for the safe and effective practice of CBT, prepared by the British Association of Behavioural and Cognitive Psychotherapies (BABCP, 1997, revised 2012).

Trainees learn assessment, formulation and treatment protocols from the CBT competency framework and are expected to follow these protocols in clinical practice during their training, whilst remaining patient-centred. The manner in which the training progresses is detailed is in the Course Progression document (Blackboard). The design of the academic programme reflects the IAPT stepped care service context, in which trainees work during their training year. Assessment is organised around the IAPT National Curriculum and Competency Framework. Trainees must evidence their knowledge and competence in order to complete the programme. The Course strives to integrate behavioural and cognitive theory and practice, with an emphasis on problem-based learning. High intensity trainees will examine the theoretical basis of CBT with the reflective application of such knowledge within a critical scientist-practitioner stance. Completing the course effectively provides a groundwork of academic and clinical experience for those trainees who wish to meet the other BABCP criteria to apply for accreditation as Cognitive-Behavioural Psychotherapists.

Overall, the course will provide opportunities for trainees to develop and demonstrate knowledge, understanding and skills in the following areas:

a) Critical knowledge of the theoretical and research literature related to BT and CBT for anxiety and depression as dictated by the CBT competencies framework;

b) Critical knowledge of the treatment protocols for the anxiety disorders and depression included on the CBT competencies framework;

c) Competency in the effective delivery of BT and CBT for anxiety and depression using the treatment protocols on the CBT competency framework;

d) To work effectively with patients from a diverse range of backgrounds, understanding and respecting the impact of difference and diversity upon their lives;

e) Take personal responsibility for clinical decision making in straightforward and more complex situations;

f) Demonstrate self-direction and originality in tackling and solving therapeutic problems;

g) Operate as "scientist practitioners" advancing their knowledge and understanding and developing skills to a high level;

h) Demonstrate a systematic knowledge of the principles of CBT and the evidence base for the application of CBT techniques;

i) Demonstrate a critical understanding of the theoretical and research evidence for cognitive behaviour models and an ability to evaluate such evidence;

j) Demonstrate a systematic knowledge of the limitations of BT and CBT for depression and anxiety disorders;

k) Demonstrate an ability to sensitively adapt BT and CBT, and ensure equitable access across diverse cultures, values and abilities;

l) To work with cultural competency within a varied social, work and clinical context;

m) To manage personal learning agenda and self-care.

Course Structure

If your course starts in October, teaching will take place on a Thursday and Friday each week. If your course starts in March, teaching will take place on a Tuesday and Wednesday.

Introductory block (2 weeks)
There is a two-week introductory teaching block to start the training programme. The introductory block consists of academic teaching, grounding in clinical assessment skills, awareness of the generic CBT model, reflective writing and course acclimatisation. The two main purposes of the introductory block are: (1) to begin to prepare HIPI trainees for an Observed Structured Clinical Examination (OSCE) that takes place before trainees commence their clinical work, and (2) to introduce, via separate teaching days, differing items of the competency rating tool for CBT - the Cognitive Therapy Scale-Revised (CTSR). The OSCE is designed to assess the competencies required to effectively screen and select patients for a high intensity CBT intervention.

Upon starting the course, trainees are required to join BABCP as a student member (if they have already not done so). **Trainees who are not members of BABCP cannot graduate from the programme.**

During the Introductory block, trainees will be introduced to the University of Sheffield's online learning system, 'Blackboard' (My Online Learning Environment). There will be notes, reading lists, teaching presentations, the handbook and links to relevant research and policy documentation on Blackboard. Assessment marks and feedback will also be released via Turnitin on Blackboard. HIPI trainees are responsible for ensuring that they are familiar with Blackboard and how to use it.

Subsequent teaching
After the introductory block, trainees attend training on either Tue/ Wed (March Intakes) or Thursday and Friday (Oct Intake) each week. Tuesday and Thursday AM and Wednesday Friday AM&PM are focussed on teaching. Trainees are expected to be punctual for all course activities and consistent lateness (without an appropriate explanation) is considered a Fitness to Practise issue. Group clinical supervision takes place weekly on Tuesday/Thursday afternoons (1:30-3:30), typically in groups of three trainees per group supervisor. Group supervision is followed by either self-reflection/self-practice (SP/SR) groups (monthly) or group academic tutorials (monthly). Trainees can request personal one to one academic tutorials when needed. Occasional reading weeks are offered during the year to allow trainees additional study and preparation time for assessed work.

Progression of modules and teaching
There are three core modules, which are delivered according to the HI IAPT National Curriculum.

Module	Module Title	Assessments
Module 1	Fundamentals of CBT	Screening OSCE Case-based Literature Review Formulation Case Study Practice Portfolio
Module 2	CBT for Anxiety Disorders	CTS-R Assessed Session Anxiety Case Study Practice Portfolio
Module 3	CBT for Depression	CTS-R Assessed Session Depression Case Study Practice Portfolio

The fundamentals of CBT module is 'short and fat' and so most of the teaching is delivered at the start of the course. Those aspects of the module mainly concern screening and assessment skills. However, later in the course aspects of the fundamentals module that are more relevant to treatment continue to be taught, for example competencies in structuring sessions. The CBT for anxiety and depression modules are 'tall and thin' and tend to run alongside each other. In terms of depression, a 2-day workshop on Behavioural Activation for Depression and a 2-day workshop on Cognitive Therapy for Depression form the main aspect of the module. There are specific days on learning anxiety and depression specific treatment competencies via the formative CTS-R group supervision days which supplement the anxiety and depression module teaching. These days have been put in place to support trainees in their summative CTS-R assessments on the course. Each of the anxiety disorders receives specific teaching in the CBT for Anxiety module and all anxiety disorders receive at least a one-day workshop. The progression of the CBT for anxiety module is dictated by covering each of the anxiety disorders in turn. The manner in which the teaching is mapped onto the CBT competencies is set out in the Course Progression document (Blackboard) and this will help trainees see the logical flow of the training programme. The course acknowledges that it is frustrating to have to wait for certain aspects of teaching.

Service Learning Contract
Available on Blackboard. This document must be completed and submitted as per the assessment schedule. The purpose is to ensure that the service, University and trainee have a sufficient awareness regarding their expectations for the course. This agreement aims to facilitate a positive training experience for trainees.

Service Liaison
Trainees should be aware that the Programme keeps in close communication with each clinical service throughout the year and that trainee results, attendance and other relevant information relating to the trainees' progression on the course are shared with the service to ensure swift action when support is needed. 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 that information

about trainee progress or any pertinent issues that may arise during training is shared effectively, to allow for problem solving to take place.

The clinical and organisational performance of HIPI trainees is reviewed jointly by the University and IAPT services on one occasion during the year via the submission of a Service Liaison Form (Blackboard).

This is an opportunity for you to raise any concerns you have regarding your employment or study. Information on this form will be discussed and addressed in a sensitive and appropriate manner. It is impossible for us to try to address ongoing issues if we are not made aware of them. As such, please do not see this as a box ticking exercise.

If this review process reveals any issues or problems, it will trigger a site visit and a more detailed assessment of the situation. Such reviews can occur more frequently and on an informal basis as needed or demanded. When a trainee is particularly struggling clinically and/or academically, efforts will be made to liaise more closely with the service and produce a training plan to suit the needs of all parties.

Meeting Structures

The HIPI Course is a partnership between the University, IAPT services across Yorkshire and Humber and extant Clinical Psychology and Cognitive Behavioural departments throughout the region. Accordingly, professionals associated with the HIPI PG Diploma can include members of the IAPT teaching team, guest teachers from clinical services and other Universities and IAPT clinical supervisors throughout the Yorkshire and Humber region.

There is an IAPT Course Committee Meeting which is the liaison committee for the course and meets on (roughly) a 6-week basis. This committee requires a representative from the HIPI course and coordinates teaching strategy and reviews trainee progression on a regular basis.

HIPI teachers who are running supervision groups attend a monthly supervision of supervision group, in the service of providing high quality supervision. Trainees' confidentiality is well-protected in that group.

There are regular Internal Exam Boards (IEB) at which assessment grades are agreed and moderated, and a final External Exam Board (EEB) at which trainees are signed off as passed or failed by the External Examiner.

An IAPT Business Meeting will take place each Friday between the Course Administrators, Course Director and Deputy Course Director. The purpose of the business meeting is to address the day to day running issues of the course, consider training issues and review extension requests.

IAPT Course Committee

The Course Committee Meeting is responsible for liaison with both IAPT services and trainees on the HIPI course. Its purpose is to provide a forum in which stakeholders associated with the IAPT Courses meet to plan, implement and review all aspects of Course policy. The primary functions of the Committee are:

a) To promote and review a coherent IAPT teaching philosophy;
b) To oversee the academic curriculum and maintain high academic standards appropriate to professional training;
c) To monitor the provision of clinical experience in the IAPT services to ensure that high standards of clinical experience and supervision are achieved;
d) To ensure that HIPI trainees' needs for personal and professional development are met by the courses;
e) To formulate and overview the methods of assessment of academic and professional performance as required by the formal examination regulations of the Courses;
f) To monitor the selection of trainees to the courses;

g) To promote good practice throughout Yorkshire and Humber, via the support of applicable research and continuing professional development;

h) To disseminate information and actively seek the views and involvement of all relevant stakeholders (University, local Psychology and CBT Services, service supervisors, Trusts);

i) To liaise with appropriate regional bodies associated with CBT concerning relevant training issues (e.g. BABCP, Regional Special Interest Groups);

j) To monitor the quality of the Course and to prepare an annual review, together with necessary documentation associated with contracting and/or BABCP accreditation;

k) To review these 'Terms of Reference' regularly and to make any such changes thought appropriate by the Committee.

Membership of the IAPT CCM

Chair: Programme Director or nominee
Secretary: Course Administrator
University staff: IAPT teachers
Trainee representatives: HIPI course and PWP course
NHS representatives: High and Low IAPT service supervisors and service managers (when necessary and indicated to attend).

Any of the above may be invited to a particular CCM or co-opted onto the Committee. Similarly, they can request to place a specific item about the Course on the agenda of the committee and attend the relevant meeting. The CCM aims to make decisions on a consensual basis. However, in the absence of agreement, the CCM will be able to reach a final decision via a simple majority vote of the representatives present, including trainees. Items for the agenda will be received by the Chair/Secretary up to two weeks prior to the meeting. Minutes are prepared and documented by the Course Administrator and will be available upon request. Trainees will be provided with a timetable of CCM meetings and asked to select two trainee representatives to feedback on behalf of the cohort. The trainee representatives will change at week 21 of the course for two new reps.

The Committee coordinates teaching strategy and reviews trainee progression on a regular basis, therefore two representatives from the HIPI course are required to attend CCMs. This is a collaborative role to consider what is going well on the course, in addition to what is not going as well, from the perspective of both the trainees and the teaching team. Course representatives are responsible for gathering feedback from other trainees and presenting this feedback to the meeting in a way that gives an overall perspective of the group, not a list of individual grievances. In the service of two-way feedback, a 'You said, we did' Google document will be created. This document will summarise feedback brought to the CCM by the trainee representative. Following the CCM the course team will update this document with their response and actions taken in line with the feedback provided. Please be aware that it may only be possible to implement changes made as a result of trainee feedback for

the following cohort. This is due to the Course Handbooks being established for the current training year and any amendments can only be made when the handbooks are reviewed annually.

The responsibilities of the trainee representatives are:

a) to attend the course committee meeting;
b) to take time to survey the cohort before the meeting for feedback and bring that feedback to the meeting;
c) to update the 'You said, we did' online Google document – guidance will be provided by the admin team;
d) to ensure that the feedback brought to the meeting represents the thoughts and feelings of the group as whole and not certain individuals;
e) to ensure that the feedback brought to the course committee is balanced;
f) to act as a nominated link between the trainees and the teaching team;
g) to feedback to the trainees from the team where necessary.

Reserved Business

Reserved Business may include:

a) Matters concerning the progress or welfare of individual HIPI or PWP trainees.
b) Matters concerning individual, named cognitive behavioural therapists or others associated with the IAPT Courses may, at the discretion of the Committee, be treated as Reserved Business.
c) Matters concerning contracting between the University and the SHA may, at the discretion of the Committee, be treated as Reserved Business.

Under Reserved Business, the trainee representatives and others thought appropriate by the Committee may be requested to withdraw from the meetings. Minutes of Reserved Business will be circulated separately to all members of the Committee, with the exception of those requested to withdraw or their associates.

Internal Exam Boards

The Internal Exam Boards (IEB) sit throughout the year and are planned to coincide with submission dates and marking time. At these meetings the marks, feedback and extension requests are discussed and ratified.

All outcomes are distributed to trainees by email **within two weeks** of the board. Feedback will not be available before the Course Administrator has distributed the information so please do not approach members of the team to ask for outcomes of the IEB during this time period. Processing emails requesting access to results before the two weeks have elapsed adds further delay to release of results.

External Exam Board

The External Exam Board (EEB) sits annually, at the end of the course following all submissions, and is attended by the named External Examiner for the course. At this meeting the overall marks and feedback for all course participants are discussed and ratified. Following this meeting trainees will receive a letter to indicate their overall PASS of the course. Please note, even if you have passed each submission necessary for the course, the overall PASS mark is not distributed until it has been ratified at the EEB.

How can HIPI trainees influence the IAPT Course?

The CCM is the appropriate formal venue for trainee feedback and suggestions for changes in Course operation and policy. However, we hope that there will also be a series of less formal but, hopefully, equally effective channels. These will include informal contacts with Course staff and through representations to clinical and academic supervisors.

Regional Yorkshire Regional BABCP Branch
This group meets throughout the year and organises a series of scientific and clinical meetings

National British Association of Behavioural and Cognitive Psychotherapies
The BABCP functions as both a learned society and also a professional institution to promote CBT in the UK. It is responsible for accrediting Cognitive Behavioural Psychotherapists. High Intensity Trainees will be required to join BABCP on starting the Diploma, in order to begin the professional accreditation process and adhere to the appropriate ethical guidelines and code of conduct. Application forms are available online at www.babcp.com.

Managerial, Scientific and Financial Union (Unite)
This staff association represents the interests of many therapists within the NHS. Trainees are eligible to join the Union. The course recommends that trainees join a Union.

Teaching and Learning Strategies

The teaching and learning strategies used on the High Intensity course are designed to integrate behavioural and cognitive-behavioural theory and practice. The use of available evidenced-based practice underpins all teaching and learning activities. The teaching is delivered by the University teaching team and invited speakers, who are usually BABCP accredited therapists. A variety of teaching methods are used across the High Intensity Course and these include:

a) Skills-based workshops, providing a foundation in clinical procedures and processes for the clinical models in the CBT competency framework;
b) Awareness of the most recent research evidence influencing such clinical practice;
c) Skills-based competencies, taught through small group work, modelling, experiential role plays, 'fish-bowl' exercises, direct group supervision, assessed clinical sessions and on-going clinical supervision in the IAPT site;
d) Self-directed study, including guided reading, DVD and web-based resources;
e) Problem-based and experiential learning;
f) Lectures;
g) CTS-R analysis of recorded BT and CBT sessions.

Trainees are expected to participate fully in all the learning opportunities offered and failure or refusal to engage in learning is seen as a Fitness to Practise issue. Engagement includes role-play and other experiential and practice exercises during teaching and also includes regularly bringing recordings of clinical practice to group supervision. It is recognised that some learning experiences and practice exercises can be anxiety-provoking for some trainees; however, it is an important component of the course, and based on the best available evidence for successful learning. The experiential work takes place in a supportive environment, and group work 'ground rules' are agreed, in order to promote a respectful and constructive experience for all trainees. Specific difficulties can be addressed in SP/SR or personal tuition sessions.

Clinical work, supervision and self-practice
The course is designed to integrate clinical experience with the academic programme in order to provide the trainees with an optimum learning experience. Patients should be treated with CBT, according to the CBT competency framework and/or NICE guidelines. This includes the content of therapy, as well as the treatment style, approach and duration of the treatment contract. Trainees should not drift into other modalities, as this will create low CTS-R scores. Clinical supervisors and managers in the services are responsible for monitoring, ensuring and promoting trainees' learning opportunities in the clinical setting.

Clinical Supervision
Each trainee will receive weekly individual supervision from a suitably qualified, service-based BABCP accredited clinical supervisor, for at least one hour per week. Each HIPI trainee will also take part in a weekly supervision group in the University. Group supervision lasts

for two hours and runs 1.30-3.30pm on Thursdays and normally contains three fellow trainees. All group supervisors are accredited BABCP Cognitive Behavioural Psychotherapists. A contract for the group supervision is initially agreed in the group and signed by all group members. This is to set the standards and expectations of all members for the group. Each trainee will normally use 40 minutes in the group to present cases, and will have the opportunity to learn from and contribute to the other cases being presented by colleagues. Trainees are expected to contribute fully to the groups and remain professional throughout. Fitness to Practise concerns may be raised if this is not the case. Group supervisors submit a mid-point and final report for the PP concerning competency attainment and trainees must pass in terms of their engagement with the group and clinical competencies displayed in order to pass the course. If a clinical competency issue emerges during group supervision earlier in the course, this will be raised at an Internal Exam Board and necessary actions taken.

It is a requirement that close supervision takes place which means that trainees' clinical sessions are observed 'live' in services or via a recording (in services and the University). Trainees are expected to record most or all clinical sessions (as it is recognised that there may be occasional exceptions). This is to allow trainees a wide choice of sessions for submission for assessment and regular access to live material for supervision. Trainees should normally provide recordings of their practice at each group clinical supervision session. It is recognised that it is potentially anxiety-provoking to show recordings of clinical practice; the clinical supervision environment is designed to be supportive of developing practice, and provide a constructive learning experience.

There are two timetabled dates during the teaching year for in-depth live group supervision. This is an opportunity to review a whole treatment session using the CTS-r. Trainees are expected to provide one anxiety tape and one depression tape over the two dates and formative feedback will be provided. This is an excellent opportunity to receive feedback on clinical practice using the CTS-r and to gain insight into how the University will be marking summative tape submissions. The two sessions provided cannot be used as summative submissions. One of the two must be a Depression case. Attendance at these sessions and provision of a treatment tape of sufficient quality are a mandatory aspect of University group supervision.

The University-based supervision will complement the supervision received by the trainees whilst on placement. Trainees bring different cases to Service and University supervision. It is recognised that, although all individual supervisors are accredited practitioners, they may vary in style to a certain extent. Keeping cases separate for each supervisor helps to avoid the potential for confusion. Trainees are expected to work closely with their service supervisors to identify appropriate training cases to bring to group supervision at the University. It is expected that trainees will usually bring 1 or 2 cases to group supervision. Trainees should not take the same case to service and University supervision, unless there is a specific and negotiated reason to do so (for example, the supervisor is 'on leave' and specific guidance is needed, or perhaps in the case of a supervisor's speciality).

Service supervisors carry clinical responsibility for all cases seen by trainees and therefore manage any clinical risks that are apparent. Training cases identified for University supervision should not be cases with a high degree of risk, and this should be discussed with the site supervisor. HIPI service supervisors are issued with a Supervisor's Handbook (also on Blackboard). This provides the information they need to familiarise themselves with the learning needs of trainees and their supervisory responsibilities.

For the University and service-based supervision, the competence of trainees in CBT will be assessed using CTS-R. A Clinical Supervision Session Record (see Blackboard and PP Handbook), should be completed by each trainee for each group supervision session. Preparation notes and supervision questions should be considered in advance of each supervision session in order to maximise use of the time. Thoughtful preparation creates more effective learning opportunities and is aid in effective agenda setting.

Following supervision, the trainee will complete the record, with their reflections. The supervisor will comment on these reflections and offer feedback. The record should be signed by the supervisee and supervisor at the next supervision session. Email may be used to send completed supervision records to the supervisor. Trainees should also complete the Clinical Supervision Summary at or following each group and individual supervision session. This will enable both trainee and supervisor to keep account of supervision hours for each case, this information is needed to complete the Practice Portfolio. Group supervisors use a Supervision Record (Supervisor Version) to keep their own record of supervision. Service supervisors can use the University recording forms if they wish, or they may wish to use the service's own recording forms. University record sheets are included in the Supervisors Handbook.

Mid-Point Joint Supervisor Review Meeting

It is expected that a joint meeting between the trainee, the service supervisor, and the university supervisor will take place prior to the submission of the interim Practice Portfolio. The purpose of this meeting is to jointly discuss the trainee's progress in developing the CBT competencies, identify strengths and areas for improvement, highlight any areas of concern and consider how best to support the trainee's continued development in supervision for the remainder of the course.

It is anticipated that this meeting will take place remotely, via Googlemeet or similar, and it is the trainee's responsibility to ensure that the meeting is booked at a time convenient to all within the month prior to the mid-point submission.

Self-Practice/Self-Reflection groups
(See Appendix 7 for more specific guidance on SP-SR, including aims, format & structure, roles & method. An SP/SR workbook is also provided on Blackboard).

The purpose of these groups is to support trainees in the use of CBT processes and techniques in their own self-care and personal and professional development. Trainees will be enrolled into SP/SR groups that are timetable through the year and run for 1.15 hours each. Each group will be facilitated by a member of the course team and will contain around 4 trainees. Trainees will be placed (where possible) in groups with a different composition to their academic and supervision groups. The core purpose of the groups is to provide a space for trainees to:

a) reflect on their experience of the course and their training;
b) consider their personal development;
c) reflect on intra and interpersonal issues encountered as a result of the training;
d) resilience issues;
e) integration issues;
f) leadership issues;
g) how to operationalise self-care while training;
h) personal use of CBT methods.

Tutorials

Tutorial support in a number of forms is available for trainees throughout their training year. Trainees are expected to actively participate in academic tutorial support; this means you are expected to attend the tutorial well prepared as you will get out what you put in.

Tutorials need to be pre-booked with tutors. Please do not expect tutor and room availability without booking the tutorial. Individual tutor contact details are available in the IAPT Course Team section of the handbook. Please note that teachers work Thursday and Fridays therefore they may not respond immediately to emails or phone calls outside of these days.

Group academic tutorials
Prior to the deadline, there is a timetabled tutorial for the whole cohort specifically related to each course assignment. The tutorials provide trainees the opportunity to ask the course team questions about the assignment. It is compulsory for trainees to be prepared, having reviewed course documentation related to the assignment and bringing pre-prepared questions to pose to the course team. Attendance is compulsory and a summary of what is discussed is not routinely circulated to the cohort.

One to one tutorials
Following a failed submission, trainees are entitled to a tutorial with the first marker to discuss the assignment and any changes that need to be made or areas to work on in preparation for a successful resubmission. It is the responsibility of the trainee to proactively take on board and learn from feedback provided. This may involve watching a tape and making notes on what did/did not go well, or reading through a written assignment in line with the marking criteria.

Pastoral support

If you are experiencing any personal issues and are concerned about their effect on your wellbeing or progress on the course, you are strongly encouraged to request a tutorial with your tutor in order to access support from the course. If there is a reason why this is not possible, please speak to the Programme Director or Deputy Programme Director directly. Tutors aim to be as helpful and supportive as possible. Part of the tutors' role is to signpost trainees to services through which trainees can access further support, rather than providing help directly. If you want a tutor to listen to your situation rather than advise on how to solve the problem, please clearly identify this to the tutor at the beginning of the tutorial.

DDSS tutorials

Trainees who have self-referred to DDSS will receive a Specific Learning Plan which is shared with the trainee and IAPT Disability Liaison Officer (DLO). The DLO will send the plan to the trainee's tutor who will approach you for a one to one tutorial to review the plan and advise on the support mechanisms in place.

Personal and Professional Development

This information provides an overview of the IAPT HIPI course policy regarding personal support and professional development of trainees.

Course Policy

The Course is committed to enabling the personal and professional development of HIPI IAPT trainees and regards this area of training as an essential foundation for future professional development and practice in CBT. This policy reflects the recognition that throughout the Course, trainees face a variety of challenges, which are an ordinary consequence of professional training as a CBT therapist.

At the centre of PPD on the IAPT High Intensity Course lie two interconnected aims:

1) the importance of learning about self in clinical contact, stepped care systems and staff groups via self-practice and self-reflection
2) learning about the BT and CBT model via self-practice and self-reflection

With the first aim, it is considered that the role of the CBT therapists involves actively working alongside people and systems in distress. Learning about such processes will undoubtedly impact upon the personhood of the trainee, as they develop strategies and skills to manage these processes. Personal development in the role of the CBT therapist is therefore considered an essential focus of training. The second aim, which underpins PPD, is to provide trainees with an opportunity to learn about different types of relationships and people in systems and our responses to them. The IAPT Course wishes to adopt a proactive rather than a reactive stance to these issues. It is acknowledged that training may give rise to a variety of personal/professional challenges. By providing formal opportunities during individual or group tutorials within the Course to discuss how such challenges can be met, it is anticipated that trainees will be able to develop their own professional identities and help resolve any potential personal difficulties which might arise. At the same time, the Course has established a range of systems, which will meet their individual needs. Accordingly, the Course will make the following available.

The PPD Systems

Informal Support

The Course hopes that by adopting a positive and open attitude to personal support, trainees will feel able to approach any member of the Course Team for advice on both professional and personal issues. It is up to the trainee to negotiate and establish how confidential or open these discussions can be.

Academic tutors

Each trainee is allocated to an academic tutor and tutorial group; the groups meet 5-6 weekly during the programme. The purpose of these meetings is to ensure the support of

trainees with the academic requirements of the course. Meetings are to focus on clarifying individual training objectives, planning submissions, overviewing professional development, clarifying assessment issues and eliciting feedback from the trainees on the Course. The academic tutor, if requested, can act as an advocate for any trainee. Academic tutors are considered the identified person to provide pastoral support to trainees who require this throughout their training.

Self-practice and self-reflection (SP-SR) groups

These groups offer trainees the opportunity to reflect on their emotional experience of the course and to also consider ways of maintaining and enhancing their own well-being during training. The aim of the groups is to help trainees 'internalise' the CB model, philosophy and approach to living. An expectation of trainees is that they participate fully in the SP-SR in a professional manner and that they engage in applying the CBT model to their own lives. Guidance on SP/SR is included in the Practice Portfolio, with an associated sign off form in terms of participation. Failure to effectively engage in SP/SR in an appropriate manner is considered a Fitness to Practice issue and will also result in failure of the Practice Portfolio. Trainees need to have been signed off from SP-SR in order to pass the course.

Summary

The PPD system is considered a fundamental part of the High Intensity training experience and should not be considered an optional 'add-on', to be used solely in times of personal crisis. Rather, the personal and professional development process is seen as providing trainees with space and opportunity to reflect on self in their work and increasing reflective analysis on the developing role as a CBT therapist. It is considered a lifelong process, which will be continued throughout the career of the individual as a cognitive behavioural psychotherapist. Finally, the Course also acknowledges that the PPD system is not perfect and will be influenced each year by the needs, views and experiences of each training group. Please keep us informed as to whether these systems are meeting your needs.

Module 1: Fundamentals of CBT

The Fundamentals Module is delivered first, in order equip trainees with the essential skills to engage, select, assess and formulate with anxious and depressed patients. The Anxiety and Depression Modules run concurrently to equip trainees to deliver evidence-based cognitive and behavioural treatment for the anxiety disorders and depression. As trainees work in services, there are times when they may see patients with difficulties, which have not yet been taught on the programme, and they will need to seek appropriate supervision support where this occurs. Trainees will have access to clinical supervision and academic tuition, online and other information resources, to support them in their clinical work.

Aims of Module 1

- Developing competency in the fundamentals of basic BT and CBT models
- Awareness of the theoretical and research underpinnings of BT and CBT practice

Content of Module 1

- Assessment and diagnostic skills
- CBT treatment rationale
- Structuring skills
- Selection and suitability for CBT
- Background and history of BT and CBT
- Effective therapeutic relationships
- Emotions, behaviours, cognitions and context.
- Diversity issues
- Formulation skills
- IAPT stepped care models
- Use of supervision
- Reflective practice
- Module 1 CBT specific clinical skills and competencies
- Screening and assessment skills
- Suitability for BT and CBT, mental state examination and risk
- BT and CBT formulation skills
- Treatment rationale, agenda setting and eliciting target goals for therapy
- Socratic questioning
- Identifying cognitions, cognitive errors, assumptions and beliefs
- Treatment plans
- Collaborative clinical style
- Termination and ending CBT issues

Module 1: identified learning outcomes and competencies

- Understand and apply evidence base for CBT
- Take responsibility for the conduct and content of a clinical session

- Ability to use supervision
- Sensitive and patient centred application of CBT
- Working knowledge of stepped care systems

Module 1: Assessment requirements (for general information see The Course Assessment Process sections)

Trainees must pass all assessments in order to graduate from the programme. Second submissions due to failure of the first submission (including aspects of the Practice Portfolio) are possible for ALL pieces of work – with marks capped at 50% for the case-based literature review and the three CBT case studies (indicative marks will be provided). Under normal circumstances NO FURTHER submissions are permissible following the second submission, if that is graded as a failure. Trainees are allowed to carry ONE fail in any ONE module at any ONE time. Should a trainee accrue two fails in any of the three modules at any one time (including the Practice Portfolio), then trainee progression and suitability for training will be considered at an Internal Exam Board and relevant actions taken (e.g. referral to the Taught Programmes Office for a review of training progression or a meeting with a member of the teaching team to discuss progress and necessary support).

Assessment	Type of Assessment	Marking Criteria
Screening OSCE	Performance-based skills test, observed 'live' and recorded	Modified CTS-R (see Appendix 1) Marks: Pass (30+) or Fail (29< or a 1 on any item)
Case Based Literature Review	Written assignment (4000 words) consisting of: • Literature review and reflection (2800 words) • Case study (1200 words) Note: this must be a different patient from the Formulation Case Study	Marks are given as % (based on marking criteria described in detailed marking grid available on Blackboard) >50% = pass 40-49% = fail (resubmission required) <40% = fail (new piece of work needed)
Formulation Case Study	Written assignment (3000 words) Note: this must refer to a different patient from the Case-Based Literature Review	Marks are given as % (based on marking criteria described in detailed marking grid available on Blackboard) >50% = pass 40-49% = fail (resubmission required) <40% = fail (new piece of work needed)
Practice Portfolio (interim & final submission)	Portfolio of evidence from the service	Marks are given as a Pass or Fail of the interim submission and final submission.
KSA Portfolio	Trainees who do not have a	KSA portfolios are assessed

(selection)	recognised relevant Core Professional training or qualification are assessed through the core Knowledge, Skills and Attitudes (KSA) criteria, which is equivalent to a recognised Core Professional training or qualification.	against the BABCP KSA guidance.

Screening OSCE

The purpose of the Observed Structured Clinical Examination (OSCE) is to measure the trainee's clinical competence in CBT screening skills. That is, to assess the trainee's ability to perform an adequate initial screening interview with an anxious or depressed or mixed anxiety/depression patient. Trainees are expected to use effective interpersonal skills to elicit key clinical signs and symptoms that enable an initial maintenance case formulation to be made, within a well-structured/paced and emotionally containing screening session. A screening decision needs to be made during the OSCE. During the OSCE, the trainee is observed and evaluated while they conduct an interview with an actor in the role of a patient. The interview lasts 50-60 minutes and marking will stop at 60 minutes. Trainees will be provided with a 'referral letter' prior to the OSCE. Trainees are NOT allowed to share the information from the OSCE with each other, until all trainees have completed it and received their feedback. This in order to ensure a fair assessment. If information is shared, this will be considered as cheating and dealt with accordingly via University procedures.

The 'patient' will present with a common mental health problem of moderate to severe intensity. The focus of the assessment is on skills, for example, in:

a) Initiating and framing the interview
b) Use of CBT questioning skills
c) Information gathering and synthesising skills
d) Listening and feedback skills
e) Demonstration of common factors
f) Developing an initial maintenance cycle or formulation
g) Risk management
h) Ability to close the screening interview and plan effectively.

Trainees are required to complete this OSCE successfully and PASS before they commence clinical work in the practice setting. This is in order to ensure safe clinical practice and appropriate interactional skills prior to patient contact. The trainee should make use of shadowing in their clinical service before the OSCE (see Practice Portfolio for specifics). The OSCE is marked as a Pass or Fail, using the abbreviated and amended CTS-R. Should a trainee be given a 'Fail' mark at their first attempt, a re-sit will be arranged and appropriate tutor support provided. Following successful completion of the OSCE, trainees will be given a copy of the actor's feedback on the Patient's Session Review form (Blackboard). This is to provide the trainee with an assessment and feedback on their performance in the OSCE

from the perspective of the 'patient'. **Trainees are required to write a 1000-word reflection** based on the feedback in the Patient's Session Review form and on viewing the recording of the screening OSCE that forms part of the Practice Portfolio. The focus of this reflection is on therapeutic dynamics and associated learning for screening future training cases. This reflection should be structured using the Gibbs reflective model. Written reflections should be included in the Practice Portfolio in the relevant section alongside the actor's feedback on the Patient's Session Review form.

Case-Based Literature Review (4000 words overall)

Trainees are required to submit a brief review and critical appraisal of the literature based on a clinical practice issue encountered during screening/assessment of a patient presenting with a common mental health problem in their IAPT clinical service. Trainees receive teaching on performing a replicable literature review to support them in this work and are encouraged to discuss achievable and realistic titles with academic tutors.

The purpose of the literature review is so that trainees can demonstrate the ability to effectively review available BT and/or CBT evidence for the issue under debate. Trainees must demonstrate the following skills:

- The ability to search for, find, review and critique behavioural or cognitive-behavioural knowledge, theory and evidence
- Awareness of the relationship of such factors to clinical practice
- Ability to distil and organise information succinctly
- Ability to communicate clearly and concisely in writing
- Ability to draw clinical conclusions
- Ability to reflect on the practice issues and learning accrued.

Please note that the trainee should ensure that the case, the service and themselves are effectively anonymised. Failure to do this will result in a FAIL and the resubmission being capped at a 50 per cent mark.

Additional information on writing the literature review, and details of the criteria used for marking, can be found in the separate detailed marking grids on Blackboard. Trainees are encouraged to use the marking grid in the planning and preparation of the Case-Based Literature Review.

Formulation Case Study (3000 words)

The purpose of the formulation case study is to allow trainees to demonstrate skills in eliciting, prioritising and organising clinical information, in order to produce a behavioural or cognitive-behavioural evidenced-based formulation of the patient's difficulties. The formulation should reflect the CBT competencies framework and be patient-centred, whilst capturing idiosyncratic maintenance and developmental factors as appropriate. The formulation case study therefore requires the trainee to demonstrate the following:

- Ability to apply behavioural or cognitive-behavioural theory in the assessment and formulation of the patient.
- Ability to reflect on the processes engaged in during the construction of the formulation
- Ability to connect relevant clinical activity to the CBT evidence base.

A minimum of 4 sessions should have been completed with the patient for the purpose of this case study.

Please note that the trainee should ensure that the case, the service and themselves are effectively anonymised. Failure to do this will result in a FAIL and the resubmission being capped at a 50 per cent mark.

Additional information on the content of the formulation case study, and details of the criteria used for marking, can be found in the separate detailed marking grids on Blackboard. Trainees are encouraged to use the marking grid in the planning and preparation of the formulation case study.

Practice Portfolio (PP)

The Practice Portfolio is submitted on Pebblepad which can be accessed via MUSE. In the resources section on Blackboard you will find detailed instructions about how to access Pebblepad and submit your work using this platform.

Pebblepad is an electronic portfolio supported by the University that trainees will be able to access from the beginning of the course. Pebblepad provides an organised portfolio template which trainees should simply complete with information and documentation required. Trainees are encouraged to complete their PP as the year goes on and not leave it until last minute. University tutors will only access the PP for marking purposes once a hand in deadline has passed.

It is a trainee's responsibility to inform the admin team of their supervisor's name and email address as they will need to be granted access to their trainee's portfolio. It is a trainee's responsibility to ensure that their service supervisor knows the submission requirements and deadlines for the PP submission. Instructions on how supervisors can access Pebblepad are available on Blackboard.

Interim Practice Portfolio

At mid-year, the PP will be partly completed (the remainder will need to be completed for the end of year PP submission). As detailed above, the trainee should arrange for a mid-point joint supervisor review meeting to take place prior to the submission of the interim practice portfolio.

Feedback on the PP content will be given by academic tutors in the form of a short written report (not on Pebblepad) and associated mark from the relevant Internal Exam Board.

This will contain guidelines of any issue apparent for the final submission and guidance on any resubmission issues.

The site supervisor also gives feedback on trainee progress and competency development at this stage and this report should be included in the PP submission. At the interim stage, trainees are expected to demonstrate appropriate progress in their PP, which will lead to a 'Pass' of the interim Practice Portfolio submission. There may be aspects that are not entirely completed, but there is evidence that the IEB is convinced that the necessary work is underway and will be completed.

If the site or group supervisor does not assess the trainee as meeting the requirements for the interim review stage of the course, or if other key aspects of the Portfolio have not been successfully or competently submitted, it will be marked as a FAIL at an Internal Exam Board. If this occurs, this may trigger a service visit to liaise with the service supervisor and develop a training plan.

The trainee will (under normal circumstances) be given one more opportunity to re-submit their PP. The trainee needs to be seen to be meeting the demands of the training plan in order to be passed on resubmission. Failure to adhere to professional standards and good organisational practices/relationships will be considered under the University's Fitness to Practise policy – trainees receive this policy on the first day of the course. Trainees must pass the Interim PP in order to pass the fundamentals of CBT module and must pass the final PP in order to complete the course successfully.

See Blackboard for the Practice Portfolio handbook for full guidance.

If you are likely to fall short of the criteria for mid-point submission this must be raised with the teaching team as soon as possible so that a plan can be put in place to support you to complete the course on time

Final Practice Portfolios (PP)
At the end of training trainees should have undertaken the relevant clinical and academic work to complete the PP, and must submit the Final Practice Portfolio. **Please see practice portfolio handbook for full details of requirements for this submission.**

Practice Portfolio – continued access
Upon completion of training you will be able to continue using Pebblepad once you have finished the course, then you can create an alumni account which enables you to keep all the documents you have created.
The details on how to do this are here:
https://www.sheffield.ac.uk/apse/digital/pebblepad/alumni

Case Presentations
In addition to the formal assessments described above, trainees are also required to deliver a case presentation illustrating their work with a particular client. This presentation is a formative assessment and so is not formally graded. However, it is expected that trainees

will use this as an opportunity to showcase a piece of their clinical work, educate their peers, and learn from the presentations of fellow trainees. Trainees should therefore ensure that information is displayed effectively.

The presentation should last 20 minutes, with a further 10 minutes for questions, and should include the following:

- Assessment information
- CBT formulation
- Treatment plan
- Outcome measures
- A key treatment session
- Issues encountered and learning from the case

The presented case can be one of the cases submitted for the anxiety or depression modules, or a case study from the Practice Portfolio.

Caseload size and suitability
The University understands that are many pressures on services managing high volumes of referrals. For trainees to learn the CBT competences it is important that they have a caseload of suitable training patients. It is strongly recommended that trainees have a reduced caseload during their training year. 80% of a typical caseload, pro rata, is recommended whilst training. Teaching will be provided on assessing for suitability in CBT by the University and should be supported by the in service clinical supervisor when selecting appropriate cases. Services should 'cherry-pick' appropriate training places for trainees when appropriate. 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. PWP work or counselling), as this can compromise progress in developing competence in CBT, and produce poor outcomes for clients. Finally trainees should not be providing supervision to other colleagues during their training year.

KSA Portfolios
KSA Trainees will have submitted and received feedback on their KSA portfolios during the selection process. KSAs should be completed and signed off before the training begins.

KSA Trainees are only accepted onto the course when their KSA has been completed and signed off by one of the course KSA assessors.

Information about the KSA process can be found at:
https://www.sheffield.ac.uk/clinicalpsychology/programmes/iapt/ksa

Module 2: CBT for Anxiety Disorders

Aims of Module 2

Develop declarative knowledge of the epidemiology, aetiology and phenomenology of the full range of DSM-5 anxiety and selected trauma disorders. Competency in the cognitive behavioural assessment and treatment of common anxiety and trauma disorders using the CBT competency framework for assessment and treatment.

Content of Module 2

- Phenomenology, aetiology and epidemiology of anxiety disorders
- Multi-model assessment of the anxious Patient
- Clinical measurement
- Formulation of anxiety
- Delivering treatment for anxiety
- Therapeutic relationship and the anxious patient
- Patient centred CBT with anxious patients

Module 2: CBT specific clinical skills and competencies with anxiety disorders

- Diagnostic skills
- Assessment, formulation and treatment skills
- Treatment rationale, agenda setting and eliciting target goals for CBT for anxiety disorders
- Socratic questioning
- Identifying cognitions, images, cognitive errors, assumptions and beliefs
- Treatment plans including behavioural experiments
- Collaborative clinical style within a CBT scientist-practitioner model
- Termination issues

Module 2: identified learning outcomes and competencies for anxiety disorders

- Conduct evidence-based CBT assessment, formulation and therapy with a specific phobia
- Conduct CBT assessment, formulation and therapy with social phobia, using a model from the CBT competency framework
- Conduct CBT assessment, formulation and therapy with panic disorder, using a model from the CBT competency framework
- Conduct CBT assessment, formulation and therapy with Post-Traumatic Stress Disorder (PTSD) using a model from the CBT competency framework
- Conduct CBT assessment, formulation and therapy with Obsessive- Compulsive Disorder, (OCD), using a model from the CBT competency framework
- Conduct CBT assessment, formulation and therapy with Generalised Anxiety Disorder (GAD) using a model from the CBT competency framework

- Conduct evidence-based CBT assessment, formulation and therapy with health anxiety

Module 2: Assessment requirements (for general information see The Course Assessment Process sections)

Trainees must pass all assessments in order to graduate from the programme. Second submissions due to failure of the first submission are possible for ALL pieces of work – with marks capped at 50% for written work (indicative marks will be provided). Under normal circumstances NO FURTHER submissions are permissible following second submission. Trainees are allowed to carry ONE FAIL in any ONE module at any ONE time. Should a trainee accrue two FAILS in any of the three modules at any one time (including the Practice Portfolio), this will be considered as grounds for exclusion, under normal circumstances, and this will be considered at a relevant Internal Exam Board.

Assessment	Type of Assessment	Marking Criteria
Case Study: Anxiety	Written assignment (4000 words)	Marks are given as % (based on criteria described in detailed marking grid available on Blackboard). >50% = pass 40-49% = fail (resubmission required) <40% = fail (new piece of work needed)
Therapy 'tape' and reflective commentary: Anxiety	Audio-visual recording of a therapy session and reflective commentary 1000 words (excluding references and appendices)	CTS-R (see Blackboard) Marks: Pass or Fail >36 = pass (must score 3 or more on the change method item and score 2 or more on all the other items) <36 = fail
Practice Portfolio	Written portfolio of evidence	Pass or Fail

Anxiety Case Study

The anxiety case study is a written report of CBT work undertaken with a patient who presents with a moderate to severe anxiety disorder. The case study will include a description of the assessment, formulation, treatment and clinical outcomes of the case. Assessment, formulation and treatment will have been delivered according to the competency framework and trainees should demonstrate fidelity to the relevant treatment protocol. The study will also include a reflective commentary on the personal and professional learning that took place during the clinical work.

The purpose of the case study is to:

- Sample trainees' clinical work

- Assess how trainees' knowledge of behavioural or cognitive-behavioural anxiety theory and evidence informs their clinical practice.
- Assess skills in assessment, formulation and description of CBT change methods and clinical outcomes
- Assess trainees' self-evaluation and written communication skills

Patients whose treatment is described in case studies in the Anxiety and Depression Modules must have been seen for a minimum of 6 sessions. This is to ensure that an adequate assessment and a trial of treatment have taken place. Trainees are allowed to submit case studies in which patients have dropped out of treatment, but must ensure that the possible reasons for this are clearly reflected upon. Case studies of treatment for specific phobias where the treatment contract may be less than 6 sessions, can be negotiated with academic tutors. Trainees can submit a transdiagnostic case study as the anxiety case study for the course.

Please note that the trainee should ensure that the case, the service and themselves are effectively anonymised. Failure to do this will result in a FAIL and the resubmission being capped at a 50 per cent mark.

Details of the criteria used for marking can be found in the separate detailed marking grids on Blackboard. Trainees are encouraged to use the marking grids in the planning and preparation of the Anxiety Case Study.

Anxiety Therapy Tape

Trainees need to upload sessions for assessment to the IAPT server that that are clearly labelled with their name, student number, date of submission and descriptor of the session (e.g. therapy tape 2 resubmission CBT for Anxiety Module). Trainees are required to submit an audio-visual recording of a CBT treatment session (50-60 minutes) with a patient seen as a training case with a 1000-word reflective commentary on the session. The patient must present with a moderate to severe DSM-5 anxiety or common trauma disorder (e.g. PTSD). Where co-morbidity is present, the change method must be specific to anxiety. The purpose of the session assessment is for trainees to demonstrate fidelity to the relevant anxiety clinical competencies according to the competency framework model that is being applied. The change method will be appropriate to where the patient is in the treatment protocol and trainees should demonstrate good fidelity to the treatment protocol. As there is no competency model for health anxiety or specific phobias, then the session needs to clearly be driven by cognitive-behavioural principles. Longer sessions (e.g. exposure in PTSD are permitted, but the trainee should clearly signal this when submitting). Trainees are expected to demonstrate:

Competencies in delivering CBT interventions for anxiety disorders, which are well-paced and appropriate for the stage of therapy.

That the session includes:

a) appropriate common factor and therapeutic relationship skills
b) pacing and session structuring
c) an agenda which is agreed collaboratively and subsequently adhered to
d) an effective change method that is delivered in-session that facilitates some patient learning
e) working consistently with the case formulation, agreeing homework and effectively closing the session.

The session will be marked using the Cognitive Therapy Scale-Revised (Blackburn et al 2001). In order to pass the assessment, a minimum score of 3 on the change method item must be achieved. There must be a clear change technique apparent that maps onto the relevant treatment model and treatment protocol, with a minimum of 2 on all other items. The recording is also required to score a minimum of 36 in order to pass (i.e. trainees can score over 36, but are failed because of inadequate change method work). The trainee is responsible for submission of a 50 to 60-minute session recording, which is of good audio-visual quality and in a format, which can be viewed by the academic team at the University. Both patient and trainee must be observable on screen. Marking will stop after 60 minutes. The session length can vary if there is a clear evidence-based rationale and formulation, which suggests using a different session length and this has been previously agreed with the patient (i.e. they are expecting to do some re-experiencing). No review sessions or final sessions are permitted to be submitted. The marker will not mark a recording where the sound or visual quality means that the information is not clear enough to assess. Trainees can upload the session recording to the secure University IAPT server and will receive technical guidance on how to do this (see also Appendix 8 for instructions). Feedback is given to the trainee by the first marker in the form of a CTS-R feedback sheet. The recording must be accompanied by a reflective commentary, which should be 1,000 words (excluding references and appendices).

The reflective commentary should include the following:

a) a copy of the formulation being applied
b) description of the stage in the therapy that the session is being conducted and the number of the session in the overall contract with the patient.
c) reflection on the explicit change method that is being applied in the session.
d) reflection on the areas for clinical improvement and how any proposed changes might be supported
e) the reflective model which is being used to guide reflection and practice development

Practice Portfolio - anxiety disorders components (see PP Guidelines Handbook on Blackboard). The Practice Portfolio includes the trainee's evidence that they have completed supervised practice and completed cases with patients presenting with anxiety disorders. Trainees must pass the PP in order to pass the anxiety module.

Module 3: CBT for Depression

Aims of Module 3

- Capable of delivering BT and CBT for depression
- Awareness of BT and CBT theories and research evidence

Content of Module 3

- Epidemiology, aetiology and phenomenology of depression
- Predictive and risk factors for depression
- Theoretical and research evidence for BT and CBT models of depression
- Delivering treatment for depression
- Co-morbidity issues
- Risk assessment and management
- Therapeutic relationship in depression
- Relapse prevention
- Homework in depression

Module 3: BT and CBT specific clinical skills and competencies with depression

- Diagnosis of depression
- Functional analysis of depression
- Clinical assessment of risk
- Behavioural activation and CBT formulations for depression
- Use of the therapeutic relationship in depression
- Beckian cognitive therapy
- Behavioural activation therapy
- Development of depression treatment plans
- Termination issues

Module 3: identified learning outcomes and competencies for working with depression

- CT depressive triad
- Functional analysis of depression and depression related phenomena
- Identify depressogenic cognitive errors
- Activity scheduling in early Beckian CT for depression.
- Values assessment in BA.
- Behavioural activation including TRAP, TRAC and ACTION
- Identifying and challenging depressive cognition
- Use of thought records
- Dealing with rumination
- Identifying and challenging core dysfunctional assumptions and beliefs

- Identifying depression safety behaviours
- Goal-setting
- Use of homework
- Handling termination issues

Module 3: Assessment (for general information see The Course Assessment Process sections)

Trainees must pass all assessments in order to graduate from the programme. Second submissions due to failure of the first submission are possible for ALL pieces of work – with marks capped at 50% for written work and 36 for the CTS-R work (indicative marks will be provided in both cases). Under normal circumstances NO FURTHER submissions are permissible following second submission. Trainees are allowed to carry ONE fail in any ONE module at any ONE time. Should a trainee accrue two fails in any of the three modules at any one time (including the Practice Portfolio), this will be considered as grounds for exclusion, under normal circumstances, and this will be considered at a relevant Internal Exam Board.

Assessment	Type of Assessment	Marking Criteria
Case study: Depression	Written assignment (4000 words)	Marks are given as % (based on criteria described in detailed marking grid is available on Blackboard). >50% = pass 40-49% = fail (resubmission required) <40% = fail (new piece of work needed)
Therapy 'tape' and reflective commentary: Depression	Audio-visual recording of a CT or BT session and reflective commentary 1000 words (excluding references and appendices)	CTSr (see Blackboard) Marks: Pass or Fail >36 = pass (must score 3 or more on the change method item and a minimum of 2 on the other items) <36 = fail
Practice Portfolio	Written portfolio of evidence	Pass or Fail

Depression Case Study

The depression case study is a written report of behavioural activation (BA) or cognitive therapy (CT) work undertaken with a patient who presents with uni-polar depression. The case study will include a description of the assessment, formulation, treatment and clinical outcomes of the case. Assessment, formulation and treatment will have been delivered

according to the competency framework and the trainee should show good fidelity to either the BA or CT treatment protocol across the case study. The study will also include a reflective commentary on the personal and professional learning that took place during the clinical work.

The purpose of the case study is to:

- Sample trainees' clinical work
- Assess how trainees' knowledge of behavioural or cognitive-behavioural anxiety theory and evidence informs their clinical practice.
- Assess skills in assessment, formulation and description of CBT change methods and clinical outcomes
- Assess trainees' self-evaluation and written communication skills

Patients whose treatment is described in case studies in the Anxiety and Depression Modules must have been seen for a minimum of 6 sessions. This is to ensure that an adequate assessment and a trial of treatment have taken place. Trainees are allowed to submit case studies in which patients have dropped out of treatment, but must ensure that the possible reasons for this are clearly reflected upon. Trainees **cannot** use a transdiagnostic case as their depression case study submission.

Please note that the trainee should ensure that the case, the service and themselves are effectively anonymised. Failure to do this will result in a FAIL and the resubmission being capped at a 50 per cent mark.

Details of the criteria used for marking can be found in the separate detailed marking grids on Blackboard. Trainees are encouraged to use the marking grids in the planning and preparation of the depression case study.

Depression Therapy Tape
Trainees are required to submit an audio-visual recording of a clinical session with a patient seen as a training case and 1000-word reflective commentary of a therapy session with a patient who presents with unipolar depression.

The purpose of the session assessment is for trainees to demonstrate fidelity to the relevant clinical competencies for depression according to the competency framework model that is being applied. Trainees are expected to demonstrate:

a) Competencies in delivering BA or CT interventions for depression, which are well-paced, appropriate for the stage of therapy and also have good fidelity to the treatment protocol in use.

That the session includes:

a) appropriate therapeutic relationship skills and session structure

b) an agenda which is agreed collaboratively
c) a depression change method which is delivered in-session that facilitates some patient learning
d) working consistently with the case formulation, agreeing appropriate between-session work and effectively closing the session.
e) Trainees are still required to score 2 on the 'eliciting cognitions' item for cases, which are being treated with BA.

Practice Portfolio - depression components (see PP Guidelines Handbook on Blackboard). The PP includes the trainee's evidence that they have completed supervised practice and completed cases with patients presenting with depression. Trainees must pass the PP in order to pass the module.

The Course Assessment Process

Introduction

Coursework is one of the foundations of the IAPT HIPI programme. Coursework fulfils several important functions. Firstly, formal assessment is according to set standards, against which IAPT HIPI trainees' submitted work is evaluated to see whether their academic and clinical competence is worthy of the award of a Post Graduate Diploma by Sheffield University. Secondly, it serves a crucial role in assisting professional gate-keeping in the NHS, to ensure that patients are only exposed to competent and effective CBT therapists. Thirdly, formal assessment allows for an evaluation of individual HIPI trainees' progress in meeting training objectives, and provides appropriate feedback remedial action if necessary. The choice of assessment methods is therefore important.

If a piece of work is marked as a fail it is allowed to re-sat or re-submitted on one further occasion only. Failure of an assessed piece of work on two occasions is normally grounds for exclusion from the course. Trainees are allowed to carry ONE fail in any ONE module at any ONE time. Carrying two fails in the same module are grounds for considering a referral to the Student Engagement and Progress (SEP) team at an Internal Exam Board. Should a trainee accrue two fails in any of the three modules at any one time (including the Practice Portfolio), then trainee progression and suitability for training will be considered at an Internal Exam Board and relevant actions taken (e.g. training progress meeting with the Programme Director, or referral to SEP for a review of training progression or recommendation for exclusion).

Trainees must pass all aspects of course assessment, including the Practice Portfolio, in order to effectively pass the course. A re-sit or re-submitted piece of work, where the first submission was marked as a fail can only achieve a capped mark of 50, if it is marked as a pass at the second attempt. Trainees resubmitting failed work will however receive an 'indicative mark' where possible and additional comments regarding the resubmission added to the original marker's feedback to enable trainee learning. Written case study work that has been marked as <40% will need to be re-submitted on new material (i.e. a new Case Based Literature Review, Formulation Case Study or Anxiety or Depression Case Study). Trainees will be provided with written information on the requirements and changes of their resubmitted written work and given the opportunity for a tutorial with the first marker.

Recordings of sessions submitted in the Depression and Anxiety Modules, and one of the service supervisor marked recordings for the Practice Portfolio must achieve a CTS-R mark of 36 to pass. Session tapes are marked by a single marker. A minimum of 10% of all submissions are second marked. First markers can request second marks if the submission is considered 'borderline.' When a session is second marked, the markers then compare notes and agree a mark before an Internal Exam Board. A minimum mark on any single item of 2 is needed for summative session tapes to pass. Marks are not given in percentages for recordings.

Trainees will receive a mark for each assessed piece of work. An overall grade of Pass or Fail is agreed with the External Examiner at the end of the programme. Trainees should note that no lesser award will be given, should they fail the course. Trainees are encouraged to work closely with academic tutors in preparing for written submissions. Academic tutors are willing to provide general comments and feedback on trainee plans or a section of a single draft of an assignment prior to submission. Trainees should be aware that tutors have significant demands on their time and are not always available. They are a resource for trainees but do not guarantee their availability for academic tutorials, particularly at short notice. However, the team aims to support trainees and assist their process of learning. At least 14 days should be allowed to ensure that the tutor has the opportunity to review section drafts and feedback. Feedback is provided at the discretion of the tutor and will be in the form of general advice. It should not be considered pre-marking and trainees should not ask whether pieces of work will pass or not. Failure to obtain feedback cannot be considered grounds for appeal under any circumstance. In the event of a piece of work being marked as a fail, trainees are encouraged to seek verbal feedback from the first marker, so that the written feedback can be discussed in more detail. First markers may offer to review drafts of sections of second submissions, but the same previously stated rules apply.

Assessment Regulations and Further Information
Trainees' marks are shared with the relevant service lead and/or clinical supervisor to ensure that all parties are informed of progress. Accepting a place on the course means that trainees accept that the University and Service will regularly share information concerning their performance, attitude and progress. Accepting a place on the course also means that trainees accept the travel requirements that are demanded and these will not form part of any appeal.

Criteria for Course Assessment

The criteria for assessment are based on the objectives of the course and the three individual modules. All trainees will need to provide evidence demonstrating competence and knowledge, as applied to delivery of short-term, focal high intensity CBT at step 3 in Primary Care, in **all** of the following:

   a) Awareness of the theoretical and research underpinnings of CBT and BT;
   b) Competence in fundamentals of therapeutic relationship skills in a CBT and BT context;
   c) Critical knowledge of the theoretical and research base of anxiety disorders;
   d) Competence in behavioural and cognitive-behavioural assessment, formulation and treatment of anxiety disorders using the extant models from the CBT competency framework;
   e) Critical knowledge of BT and CBT theoretical and research evidence in relation to depression, using the extant models from the CBT competency framework;

f) Evidence of high standards of professional conduct and ethical practice;
g) Personal development in relation to self-practice/self-reflection;
h) Effective use of clinical supervision (individual and group).

Criteria will be assessed through written assignments, recordings of clinical practice, observation of professional development and assessment from service and group supervisors.

Marking and Moderation Policy

What is Moderation?
The purpose of moderation is to ensure that markers are making consistent judgments about the academic standards of completed assessments with accuracy, consistency and fairness. In order to do this, they must have a shared understanding about the expectations of each of the applied standards, as per the marking criteria, to ensure that the same level of achievement is awarded to assignments that have the same characteristics, regardless of who marks them.

Anonymous marking
Wherever possible, trainees' work will be marked anonymously. This means that markers are not aware of the identity of the trainee whose work is being assessed. The exceptions to this, due to the nature of the assignments, are the marking of Treatment Tapes and Practice Portfolios (for both High Intensity and PWP). However, these assignments will not be marked by the trainee's group supervisor/clinical skills tutor.

Type of moderation
The IAPT courses will use a double-blind second marking technique. Once the assignments have been marked anonymously by the first markers, a sample of the work will be marked by a second marker (minimum 10%). The second marker will mark double blind. This means that they will not know the identity of the trainee or the first marker. The advantage of this technique is that the second marker is not influenced by the first mark, which arguably provides a more accurate verification of the mark when both markers arrive at the same conclusion.

External Examiners
There is one External Examiner assigned to the HIPI course. For each piece of course assessment the EE reviews a sample of the work submitted by trainees. These samples are selected by the course administrator and a range of marks, including fail marks and low, mid and high-range pass marks, should be included. The purpose of this is to assess whether the marking range has been fairly applied. The External Examiner also looks at a range of Practice Portfolios. The External Examiner looks specifically at the quality of the marking by individual internal markers to assess whether there is comparability and consistency of marks and feedback from the markers.

Appeals

A trainee may appeal the marking process but not the academic decision that has been made. In this case their work is sent to the External Examiner for their opinion as to whether the marking criteria have been effectively applied.

Should an external review be requested, the trainee will be required to await the outcome of that review before a resubmission date will be arranged. The external review and may also need to pass through an internal exam board for any recommendation of the external review process to be considered and ratified. An external review will to lead to a delay in the trainee's ability to progress with the course submissions along the usual timeframe.

Timetable of HIPI Course Assessment Deadlines March 2021

Please submit by 1.30pm on the above dates.

Assignment	Tutorial Date	Submission date	Internal Exam Board
Observed Structured Clinical Examination (OSCE)	MOCK OSCE Week 4 23.03.21 or 24.03.21	Week 5 30.03.21 or 31.03.21 Re-sit Week 8 22.04.21	Week 6 6.04.21 Re-sit Week 9 27.04.21
Literature Review/Case Study Assessment and Initial formulation	Week 7 14.04.21 AND Week 8 20.04.21	Week 12 19.05.21	Week 18 30.06.21
Service Learning Contract	N/A	Week 12 19.05.21	Week 18 30.06.21
Therapy Tape & Reflection 1 Tape can be either anxiety or depression	Week 16 15.06.21	Week 22 28.07.21	Week 29 14.09.21
Mid-Point Practice Portfolio	Week 16 15.06.21	Week 22 28.07.21	Week 29 14.09.21
Service Liaison Form	N/A	Week 22 28.07.21	Week 29 14.09.21
Formulation Case Study Assessment formulation and treatment	Week 24 10.08.21	Week 28 08.09.21	Week 34 19.10.21
Case Study 1 Case Study can be either anxiety or depression	Week 30 21.09.21	Week 36 03.11.21	Week 41 07.12.21

Therapy Tape & Reflection 2 Tape can be either anxiety or depression, depending on previous submission	Week 37 09.11.21	Week 41 08.12.21	Week 48
Case Study 2 Case Study can be either anxiety or depression, depending on previous submission	Week 39 23.11.21	Week 48 27.01.22	Week 52
Practice Portfolio	Week 37 09.11.21	Week 48 27.01.22	Week 52

Preparation and Submission of Assessments

All pieces of written coursework must adhere to the following format:

- Word processed
- A4
- Include page numbers
- Double-spaced
- 12pt font
- 2cm margin all round
- Have appropriate APA referencing (see Blackboard). Should work be incorrectly referenced the assessment may be marked as a fail.
- Have a typed cover sheet (Blackboard). Hand-written cover sheets are not acceptable and will result in the piece of work being returned to the trainee.

Word count
Every word in the body of the essay, including those used in headings, tables and diagrams, contributes to the word count. The cover sheet, references and appendices do not contribute to the word count. Information in the appendices should be used to supplement the assignment and give context to the work (e.g. examples of completed self-help materials in the diversity treatment session may be in an appendix). The appendices are not marked.

Trainees are permitted 10% over the stated word count; **any further variation will result in a deduction of marks which is relative to the percentage the word count has gone over**. For example, if an essay is 20% over the permitted word count, the trainee will lose 10% of their overall mark, i.e. for a piece of work awarded 60, the mark will be reduced to 54.

Confidentiality and Anonymity

Trainees are required to protect patient confidentiality and anonymity according to NHS requirements, the British Association for Behavioural and Cognitive Psychotherapies' (BABCP) guidelines for good practice, Data Protection requirements, and the requirements for any professional registration body with which individuals are registered. Any breaches of confidentiality will be regarded as serious breaches of professional conduct **and the piece of coursework will receive a FAIL mark**. In written assignments the trainee themselves, patients, institutions/services, names/locations and professionals/relatives should all be referred to by pseudonym and type in order to protect anonymity. Trainees should read through their work carefully prior to submission to check that they have not inadvertently revealed who they, their patient or their service is in all written work, **including in the appendices**.

Timing

For the case studies for the anxiety and depression modules, either an anxiety or a depression case study can be submitted first and the other disorder second. This takes account of the fact that trainees' caseloads will vary. For the assessed sessions, then either a depression or anxiety session can be submitted first, again, due to trainee dependency of current caseload.

Submitting the Assignment

Trainees are required to submit **TWO** electronic copies of every written assignment. One copy must be submitted via Turnitin on Blackboard (see link below for guidance) **AND** a second copy (Word document format) must be send via email to iapt@sheffield.ac.uk. Trainees must also submit a Supervisor Sign-off Form (Blackboard) for each piece of case work, also via email to iapt@sheffield.ac.uk. All Supervisor Sign-off Forms submitted must include an original or electronic signature, not typed, to be accepted. If a signature cannot be obtained, the form must be sent by the supervisor directly to confirm that the assessment submitted reflects the trainees' work.

BOTH copies of the coursework **AND** the Supervisor Sign-off Form must be submitted by **1.30pm at the latest** on the given deadline.

When submitting your assignment to Turnitin, you must ensure that you enter your registration number **only** as the assignment title. This is to allow the marker to identify the piece of work anonymously. If the registration number is not visible to the marker, the trainee will be asked to submit their assignment again correctly.

When submitting tapes for assessment, please refer to Appendix 8 for guidance on uploading files to the University's secure server.

The coursework deadlines should be strictly adhered to and it is the HIPI trainee's responsibility to ensure that their work is submitted correctly and on time. If a trainee misses the deadline for a piece of assessed work, the assignment will be awarded an automatic FAIL mark (failure due to non-submission). This includes non-submission due to technical failures (Appendix 10). A failed piece of work due to late submission can be resubmitted, but will only be considered for a 50% pass on resubmission. Only when a trainee has been formally granted an extension will their assignment be accepted after the deadline, in line with the agreed extended deadline.

Please go to the following web-page for Turnitin Help Guides, including how to submit assignments and how to access feedback:
https://www.sheffield.ac.uk/apse/digital/turnitin/menustudents

Deadline Extensions

The purpose of the extension process is to allow trainees to inform the course of circumstances that affect the length of time needed to submit an assessment, and request an extended deadline.

Extensions are granted only in consultation with the IAPT Programme Director and Deputy Course Director. It may be helpful to discuss any potential extension requests with your Personal Tutor in the first instance. Trainees will not be penalised for requesting an extension. Extensions to deadlines are only given in the following two circumstances:

1. Extenuating **clinical circumstances** (e.g. significant illness of at least seven days and requiring a doctor's certificate).
2. Extenuating **organisational circumstances** (e.g. service issues out of your control preventing work completion and requiring clinical supervisor/service lead support). You are required to outline the circumstances and include an action plan to address how you will meet the extended deadline proposed on the Extension Request Form.

Service issues do not include technical failures such as computer problems. Requests for extensions due to technical failures will not be considered (see Appendix 10 for course policy on technical difficulties). Nor will an extension be granted due to a report of insufficient feedback or access to tutorial support.

If a trainee is experiencing personal circumstances that are affecting their ability to complete an assessment successfully, they should follow the Extenuating Circumstances process in the following section.

When coursework is submitted by an extended deadline it will be out of sync with the Course Assessment Deadline and IEB schedule. Extended work will be marked for the next available IEB, which may no longer correlate to the trainee's assessment timetable, resulting in the possibility that the trainee will not receive feedback before their next assignment deadline. **It is important to note that a previous extension which has reduced the time between course assessment deadlines will not be considered acceptable grounds for an extension on a subsequent submission.**

In the event of staff absence, a procedure will be put in place for extension requests to be processed, and this will be conveyed through the Course Administrator's automatic "out of office" email. It is the trainee's responsibility to follow the process outlined to them and make sure their extension request has been received for consideration.

Failure to submit work in time for the External Exam Board Meeting due to ongoing extensions will generally result in a postponement of a decision from the Examiners and this will have consequences for registration with the University and graduation. Trainees may then be required to pay an extension to registration fee.

Applying for an Extension

The Extension Request Form is available to download from Blackboard.

In order for an extension request to be considered, trainees must submit the form (with any supporting documentation) to the Course Administrator **by no later than one week prior to the assignment deadline**. All extension request forms must be signed by the trainee's service supervisor before they are submitted. Signatures must be original or electronic, not typed; if a signature cannot be obtained the form must be sent by the supervisor directly with confirmation of their support. If the Course Administrator receives an unsigned form from the trainee it will be returned.

If, under any circumstances, an extension request is not formally granted in writing and a trainee does not submit the assignment by the stated deadline, they will automatically receive a FAIL by non-submission mark. This will be ratified at the relevant IEB and the trainee will be asked to resubmit without receiving feedback on their first submission, with marks capped at 50%.

Extension requests will be discussed and considered **once a week** at the Business Meeting held between the Programme Director, Deputy Course Director and Course Administrators (scheduled for Friday mornings). Trainees will be informed of the outcome of their extension request via email by the end of the working day on the day of the Business Meeting.

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.

There are two standard extension periods that may be granted:

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

Where the clinical or organisational 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.

Practice Portfolio extensions

If an extension is required on a specific section of the 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**. The trainee must submit the Practice Portfolio by the assessment deadline, with a note inserted in the relevant section to identify to the marker that an extension has been granted. If any

element of the portfolio is missing for which an extension has not been granted, the trainee will receive a FAIL mark.

Extenuating Circumstances – Prevention of Failure

The purpose of the Extenuating Circumstances process is to allow trainees to inform the course of ongoing, personal circumstances that are affecting their ability to perform and complete a piece of course assessment successfully.

The University defines extenuating circumstances as:
"Exceptional, short-term events which are outside of a student's control and have a negative impact upon their ability to prepare for or take (sit) an assessment."

Extenuating circumstances must meet the following criteria:

a) Non-academic – Problems with the management of the degree programme or with academic staff should be raised appropriately via the Course Committee Meeting.
b) Out of your control – You could not reasonably have done anything to prevent them from happening.
c) Impact – The circumstances had a negative impact on your ability to prepare for or sit an assessment. (This must be recorded on your extenuating circumstances documentation.)
d) Relevant – Occurred at the time of the assessment or in the period immediately leading up to the assessment.

The following is a non-exhaustive list of circumstances which are likely to be accepted as extenuating circumstances:

a) Bereavement - death of close relative/significant other (which in an employment context would have led to a period of compassionate leave).
b) Serious short term illness/accident/hospitalisation (which in an employment context would have led to a period of sickness absence).
c) Deterioration or fluctuation of a disability or long term health condition.
d) Significant adverse personal/family circumstances.
e) Other significant exceptional factors for which there is evidence of stress caused, i.e. victim of crime. Evidence (police crime reference, letter from hospital/doctor treating condition, social worker letter, etc.) of any of these is likely to be required by the department.

Trainees can find more information on the University's general Extenuating Circumstances process here: https://www.sheffield.ac.uk/ssid/forms/circsnotes. We ask that trainees follow the Extenuating Circumstances process below.

In the first instance, trainees are advised to arrange a one-to-one tutorial to discuss their ongoing circumstances with a member of the course team, who will discuss a possible training plan and offer pastoral support.

Trainees can submit extenuating circumstances by sending a letter and documentary evidence to the Course Director (cc. Course Administrator) **by no later than two weeks prior to the assessment deadline**. The letter should outline the trainee's exceptional circumstances and the impact of these on their ability to complete the assessment to a suitable standard during the period of preparation and submission. The letter should include supporting evidence, such as: personal account, GP's report, student counsellor's report, letter from academic tutor or report from clinical supervisor, etc. It is the trainee's responsibility to ensure that this happens. In the letter the trainee must include a declaration that they are fit to submit the assessment when an adjusted deadline is decided. Extenuating circumstances will be considered on a case by case basis and may result, for example, in an adjusted training plan being put in place for the trainee. Feedback will be provided as soon as possible and any decisions made regarding a trainee's progress or assessment schedule will be ratified at the next appropriate Internal Exam Board meeting.

Marking Arrangements

Wherever possible coursework is blind marked. In order to facilitate this, trainees must include their registration number on the typed cover sheet of all submissions and in the assignment title on Turnitin. It is acknowledged that it is impossible to blind mark submitted recordings of sessions and OSCEs.

A 10% portion of each batch of work submitted is double marked and all fails of OSCEs and treatment tapes are double marked. If there is a failure to agree between the markers, the work will be sent to the External Examiner.

Marking schemes are employed for all pieces of coursework to provide trainees with structured feedback on their performance and to record decisions at IEBs. Descriptive marking criteria are presented in Appendices 3-6 and detailed marking grids for each written assessment are available on Blackboard. Trainees should use the marking grids to prepare for the assignment.

Results Process

Trainees will only receive feedback on their marks following ratification of the mark at an Internal Exam Board and trainees are advised that results will not be discussed in any manner until the Board has met. Trainees will receive online confirmation of their mark and written feedback on assessments via Turnitin, no later than **two weeks** after each Internal Exam Board (for guidance, see:
https://www.sheffield.ac.uk/apse/digital/turnitin/menustudents). Letters will be issued electronically to trainees who have not passed an assessment, with guidance on resubmission requirements. **Trainees should not ask for their marks** as they will not be released until appropriate feedback has been prepared after the Examiners' Board meeting.

If a trainee fails a piece of work, they will be allowed to resubmit that piece of work on **ONE** further occasion (under normal circumstances). Should a trainee fail a written piece of work and their mark is less than 40%, they will be asked to submit a completely new piece of work. This means that a new client will need to be used to complete the case study elements of the assignment. If the mark is between 40-50%, they will be asked to resubmit the original essay having made changes that are compliant with the corrections and additions noted in the feedback. Failed OSCEs are sat with a new case.

Any resubmitted written work will go through the next available Internal Exam Board after it has been marked. Resubmitted work is capped at 50% for written assignments. If the resubmitted piece of work is deemed a failure, the course will seek to address whether there were any extenuating circumstances that adversely affected the trainee's ability to submit successful work or display appropriate competencies at the time, which may mitigate the fail mark. If the Internal Exam Board finds no evidence of mitigating circumstances, the trainee's progression on the HIPI course will be then considered. Discontinuation of training would be considered via a referral to the Student Engagement and Progress (SEP) team or a case review.

In the event that a trainee fails a submission of a therapy tape, the resubmission of that tape must fall under the same module. For example, if a trainee submits a depression case, they must resubmit a depression case. However, if the first tape was (for example) cognitive therapy for depression, the resubmission is not restricted to that protocol. In the case of an anxiety submission, the resubmission must be an anxiety disorder but may be a different anxiety presentation to the first submission.

A major aspect of assessment is the Practice Portfolio which details the work of the trainee in the service. It contains two assessments (mid-year and end of year) of trainee competence by the clinical supervisor in the IAPT service. The Practice Portfolio spans across the two modules and is marked as a PASS or a FAIL by the Programme Team at an Internal Exam Board. If there are problems with the content or quality of the portfolio at the mid-point or end of the year, it will be marked as a FAIL at an Internal Exam Board. The trainee will receive a letter stating what modifications are required for the resubmission. Please note that the resubmission will be considered the second (and final) submission under normal circumstances. If at the point of the Exam Board the trainee has outstanding elements of the portfolio for which they have been granted an extension, and the work submitted is of suitable standard, they may be awarded a grade of 'Pass Pending'. This mark reflects that the work submitted has passed, but the portfolio cannot be fully passed until all work has been submitted and ratified.

For KSA Trainees the completion of the KSA portfolio is an essential part of the course. The KSA portfolio must be completed and signed off by a KSA assessor in order for trainees to pass and graduate from the course.

Provision in the Event of Failure

To qualify for the Diploma in High Intensity Psychological Interventions, HIPI trainees must pass **ALL** aspects of assessed work. Any Internal Examiner can recommend the failure of a piece of assessed work. Under normal circumstances if an assessment is failed, arrangements will be made by the Board of Internal Examiners for the trainee to resubmit the piece of work on one further occasion by a specified deadline. If a trainee disagrees with an assessment mark, they may appeal the decision by writing to the Programme Director within 21 days from being notified of the failure and the assessment will be referred to the External Examiner.

Please note that should a trainee carry two fails on one assignment or in any one module, their progression will be discussed at an Internal Exam Board and appropriate action will be taken. This could include a recommendation of a case review meeting or an exclusion hearing with the Student Engagement and Progress Team.

Mitigation
Should a trainee be asked to provide mitigating circumstances for any reason (for example, in the event that a trainee fails an assignment on two occasions), this provides the trainee an opportunity to present an account of any circumstances during the period of assessment preparation and submission, that the trainee was unable to present before the assessment deadline, which may be considered as mitigation by the Board of Examiners. In this case, trainees need to follow the Extenuating Circumstances process (above) and their account will be considered at an Internal Exam Board, at which appropriate action will be agreed upon. Please note that extenuating circumstances which have previously been considered and agreed as resolved prior to a submission cannot be used as mitigation for subsequent failed piece of course assessment.

It is also important to note that if a trainee is granted an extension on an assignment, the grounds for that extension will not then be accepted as mitigating circumstances should the assignment be unsuccessful. The purpose of the extension process is to grant the trainee sufficient time to submit their assignment, in light of the circumstances outlined on the form. If a trainee feels that their circumstances are affecting their ability to submit a successful assignment, they should request a one-to-one tutorial with a tutor and consider submitting extenuating circumstances to the Board of Examiners.

Reports of insufficient feedback or access to tutorial support do not constitute grounds for mitigation.

Use of Unfair Means

The basic principle underlying the preparation of any piece of academic work is that the work submitted must be the student's own work.

Plagiarism, submitting bought or commissioned work, double submission (or self plagiarism) collusion and fabrication of results are not allowed because they violate this principle. Cheating in examinations is also classed as using unfair means.

The following six examples of unfair means in non-invigilated examinations are serious academic offences and may result in penalties that could have a lasting effect on a student´s career, both at University and beyond. These are the formal University definitions and should be used in information and documentation provided to students.

1. **Plagiarism (either intentional or unintentional)** is the using of ideas or work of another person (including experts and fellow or former students) and submitting them as your own. It is considered dishonest and unprofessional. Plagiarism may take the form of cutting and pasting, taking or closely paraphrasing ideas, passages, sections, sentences, paragraphs, drawings, graphs and other graphical material from books, articles, internet sites or any other source and submitting them for assessment without appropriate acknowledgement.

2. **Submitting bought or commissioned work** (for example from internet sites, essay "banks" or "mills") is an extremely serious form of plagiarism. This may take the form of buying or commissioning either the whole piece of work or part of it and implies a clear intention to deceive the examiners. The University also takes an extremely serious view of any student who sells, offers to sell or passes on their own assessed work to other students.

3. **Double submission (or self plagiarism)** is resubmitting previously submitted work on one or more occasions (without proper acknowledgement). This may take the form of copying either the whole piece of work or part of it. Normally credit will already have been given for this work.

4. **Collusion** is where two or more students work together to produce a piece of work, all or part of which is then submitted by each of them as their own individual work. This includes passing on work in any format to another student. Collusion does not occur where students involved in group work are encouraged to work together to produce a single piece of work as part of the assessment process.

5. **Fabrication** is submitting work (for example, practical or laboratory work) any part of which is untrue, made up, falsified or fabricated in any way. This is regarded as fraudulent and dishonest.

6. **Facilitating the use of unfair means** is where any student assists a fellow student in using any of the forms of unfair means defined above, for example in submitting bought or commissioned work.

(Source: https://www.sheffield.ac.uk/apse/apo/quality/assessment/unfair/constitute)

All pieces of course assessment must be the trainee's own individual work. **The use of unfair means will automatically result in the failure of the relevant piece of course assessment and Disciplinary or Fitness to Practise procedures may be actioned.**

Please see the University of Sheffield's advice on the use of unfair means in the assessment process here:
https://www.sheffield.ac.uk/polopoly_fs/1.334794!/file/Use_of_Unfair_Means_Advice_to_Students.pdf

All written assignments submitted to Turnitin are checked against a database for their similarity to external and internal pieces of work and sources. An Originality Report is then produced which records all the sources that have been matched to the content of the work, and to what degree (see Appendix 9). This database includes the work of current and past trainees who have completed IAPT training courses at the University of Sheffield.

The marker will check the originality report for all assignments. If an originality report concerns the marker, it will be reviewed and discussed at an IEB, where appropriate action will be agreed. Following the exam board, the trainee will be asked to attend a meeting with the Director of the Clinical Psychology Unit to discuss the content of the report.

While it is acceptable to discuss coursework with your peers, **we strongly advise that trainees do not hand out their work to other trainees or read the work of current/past trainees when preparing for a piece of course assessment**. If any content of a trainee's assignment matches to the content of an assignment submitted by a current or past trainee, it will be flagged in the Originality Report. This function identifies the individual trainees who authored the work – both original and matched – and appropriate action will be taken.

The Board of Examiners will decide the appropriate action on a case by case basis. This may be in line with Disciplinary and/or Fitness to Practise procedure. Trainees can find out more information on these procedures via the links below.
Disciplinary: https://www.sheffield.ac.uk/sss/sas/conduct
Fitness to Practise: https://www.sheffield.ac.uk/sss/sas/progress

Any action taken by the University will be in conjunction with both the trainee and representatives of the service they work for.

PGT Overall Results Process

Overall results are ratified at an **External Exam Board** at which the Programme Team and External Examiner decide on an overall PASS or FAIL mark for each trainee. Failure to complete all pieces of course assessment in time for the External Exam Board, due to ongoing extensions or amended deadlines, will generally result in a postponement of a decision from the Examiners. In this case a trainee's registration with the University will have to be extended.

A trainee will not be able to progress to a higher pay banding until they have successfully completed all elements of the programme. All marks must be ratified at an exam board and then processed outside the department by the University exams office.

Overall passes are processed by the Student Administration Service. Trainees will receive their statements of results electronically, via a secure online Sheffield Authorised Records (ShARe) System. Trainees will be issued with transcripts when this process is completed, and trainees who need to re-submit work will have their transcripts updated again at a later point once their full set of results is available. Once a transcript has been issued, an email will be sent to the trainee's University of Sheffield account from verify@sheffield.ac.uk which provides a link to log in to ShARe and view the transcript. Further information about ShARe, how to log in and use the system, can be found on the following web page: https://www.sheffield.ac.uk/ssid/share. Please note that students who have previously accessed the ShARe system will need to use their existing credentials to view their transcripts. Questions about ShARe should be sent to share@sheffield.ac.uk.

Taught postgraduate degrees are conferred each year at the Higher Degree Congregations in January. Details are circulated to departments and students by the Ceremonies Office, and those students whose award recommendations are expected in time for the annual cross-Faculty deadline in November are sent an advance invitation. In late November, once recommendations have been awarded, students are sent confirmation of award in the form of an official result statement. Degree certificates are presented to graduating students on the day of their ceremony, or sent on afterwards, if this has been requested by those not attending.

Practice Portfolio (retaining Pebblepad access)
To continue using Pebblepad once you have finished the course, you can create an alumni account which enables you to keep all the documents you have created.

The details on how to do this are here:
https://www.sheffield.ac.uk/apse/digital/pebblepad/alumni

Practical Information

Trainee Wellbeing

The physical and mental wellbeing of trainees during IAPT training is of immense importance. The workload and assessments of the IAPT courses can at times feel intense, pressurised and stressful, particularly when juggling study, work and busy home lives.

Take care to notice your emotions and your own warning signs that you are having difficulties, starting to struggle or feeling alone and unsupported. Try to be proactive; approach friends, colleagues, tutors and watch out for comparing yourself negatively to others or holding on to unrealistic expectations. Try to share your experiences, the ups and downs of academic study, and to acknowledge fears and worries.

Support and sharing are also encouraged amongst new student cohorts, including sharing resources, information, advice and time in and outside university. Students often set up their own social media communication networks or meet at breaks and after workshops. IAPT services now have lots of past IAPT graduates on board who would be happy to offer support and advice or an empathic ear (although the most accurate information about the training and assessments can be found by approaching course staff).

Remote Teaching

This course will be delivered live and online (at least initially). All resources and teaching will be delivered through Blackboard Collaborate which you will be able to access once you have a computer account and are registered. You will receive training on how to access and use Blackboard.

You 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 your mic/camera not working. If you have a work computer which will not let you download Google Chrome, you will need to get in touch with your employers as soon as possible to find a solution to this as it is essential to engage in the teaching.

Teaching remotely is to be treated like face to face teaching, you are expected to dress appropriately in an appropriate environment and give your full attention to the lecturers. It is expected that your camera is on throughout the teaching (unless there are technical issues that prevent your camera being on) and your microphone off (unless you are speaking). You need to ensure that you have adequate internet connection as you will be sharing audio and visual recordings of sessions during supervision and formative C-TSR days.

The HI teachers always aim to make teaching as interactive as possible and this will not be any different with remote teaching. Trainees will be expected to engage in the teaching by participating in small group work (you will be put into virtual rooms for this) and larger group discussions and exercises. In the larger group you will be asked to raise your virtual hand if you would like to speak and the teacher will invite you to put on your microphone to speak.

Please also follow these top tips for remote working:

- Set up your computer on a flat surface. A computer (PC or laptop) is best due to the bigger screen, but a tablet can work too.
- Ensure your internet connection is stable and make sure your device is charged and/or your charger is near.
- Make sure your webcam and microphone are working.
- Headphones are encouraged for the best sound quality and to protect confidentially of any case content.
- Have a pen, notebook and teaching slides to hand.
- Find a quiet, safe, private space where you won't be interrupted.
- Be available for the full length of the teaching session.
- Minimise distractions and noises and avoid multitasking.
- Silence or turn off your phone.
- Get comfy. Consider your posture. Look after your body.
- 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.

Professional responsibilities and attendance for teaching sessions

HIPI trainees are employees of respective services and attendance at all teaching sessions is compulsory (the policy is 80% attendance in person). Any problematic attendance issues or persistent lateness will be addressed with the trainee and the service lead. If a trainee has any reason for not attending a teaching session (e.g. annual leave) a formal approach in advance in writing, stating reasons, should be made to the Programme Director. Trainees should try to book their annual leave around the teaching days for the course, if at all possible. In the event of ill health or other unpredictable reasons for non-attendance, trainees should inform the IAPT course administrator by 12.30pm on the day of the session. Notes/certificates for extended absences are required (e.g. both days in a teaching week). If a trainee misses any half or full day of teaching, they must complete a word-processed Catch-up form (Blackboard) and ensure that a member of the course team signs it off. This form then needs to be inserted into the relevant section of the Practice Portfolio. It is trainee's responsibility to keep track of the teaching sessions that are missed. High intensity trainees need to have attended 100 % of the teaching (evidenced via catch-up forms where necessary), in order to be considered by the exam board as suitable for passing the Diploma. Please note that it is a trainee's responsibility to inform the course administrator when they are taking sick leave from their clinical service and also to inform the course on their return to work. This is in order to assess extenuating circumstances should they need to be submitted concerning submissions and resubmissions of coursework.

Attendance monitoring on teaching days

Rationale

Lecture attendance monitoring is now routine at Sheffield University for all students, which the IAPT course has to comply with. The following information outlines the procedures, which are in line with University attendance policy and NHS employment.

Procedure

a) The register will be accessible via Google Drive. It is the trainee's responsibility to ensure they have signed the register. Trainees cannot sign on the behalf of other trainees.

b) Any IAPT trainee arriving late will need to go to the IAPT administrator to give a reason for their lateness.

c) Lateness will be monitored by admin staff and if any trainee is late on three occasions within the academic year, this information will be passed to the Programme Director for action. The action will be a consideration of Fitness to Practise issues and prompting liaison with the relevant service lead. The Course acknowledges that some trainees travel some distance to attend teaching, but nevertheless this is a not a reason for persistent lateness.

d) Trainees are expected to be punctual in their attendance at teaching sessions, meetings and appointments. The course team will also try to ensure that lecturers are punctual and do not over-run.

Please note that this applies to both online and face to face teaching.

Professional behaviour during teaching and supervision

Trainees are being paid with public monies to train and therefore the Trusts and University have associated expectations with regard to conduct and attitudes. Persistent problems in either area will result in Fitness to Practise concerns being raised. Trainees are expected to demonstrate the following professional behaviour throughout their learning and training:

- The use of mobile phones in lectures and group work is prohibited unless the trainee negotiates this (e.g. waiting for an urgent call). All devices must be turned off or put on silent mode. If you are seen to be using your mobile phone in a lecture or during group work, you may be asked to leave the session, unless the issue is an emergency.

- The start and end times of the lectures and groups should be adhered to. If you are running late, you should inform a member of the admin or teaching team. Trainees are required to stay until the end of the teaching and group work session, as timetabled (normally 4:30pm).

- Trainees should demonstrate a positive attitude to learning. This includes not talking during lectures and engaging and participating in group tasks. Listening and observing others in a respectful and adult manner during group work and responding positively to feedback, are beneficial ways to enhance your learning.

Lunch break

There is a one hour lunch break scheduled for every training day. This is in line with employment law and is a necessary break for both trainees and IAPT staff. Furthermore, this time can be used for meetings and tutorials. The lunch break cannot be reduced to shorten the training day.

Dress

Dress whilst completing clinical work should be in keeping with the role of a trainee professional. Different clinical settings make different demands. Trainees need to be sensitive to the requirements of the situation and dress in a way that will not inhibit their effectiveness. The trainee should treat the OSCE as a work situation with regards their dress.

Adverse Weather Conditions

In the event of snow or other adverse weather conditions, trainees are expected to attend the training day as normal unless they are advised otherwise by the University. The Course will endeavour to make a decision the evening before a teaching day when adverse weather conditions occur, and trainees are asked to check their University email account in case of any cancellations. If it is not possible to inform trainees the day before, a decision will be made and sent via email as soon as possible on the day. If teaching has not been cancelled, trainees are expected to attend. Even when the usual forms of transport are unavailable, trainees should make every reasonable effort to reach the University campus using alternative means, provided it is safe for you to do so. In the event of sessions being cancelled, the Course will make every effort to reschedule, which may involve using reading weeks. When adverse weather conditions occur during a teaching day, the Course may decide to cut sessions short if appropriate.

IMPORTANT: Use of Course Lectures and Materials

Teaching materials are not to be circulated, reproduced or used outside of University or delivered elsewhere, which includes your workplace.

The course materials provided on Blackboard are the property of the University of Sheffield and are strictly for trainees' learning. Trainees can request to record teachers modelling, but circulating the footage on the internet would be treated as a Fitness to Practise issue.

Exclusion from the Course

Either the annual External Board of Examiners or the Board of Internal Examiners, with the External Examiner(s) present, or following consultation with External Examiner(s), the Programme Director can recommend to the Faculty of Science that a trainee be excluded from the course. This could be due to either failure to meet the relevant coursework requirements such as accruing 2 fails on any one assignment or 2 fails in one module at any time. Furthermore concerns over fitness to practise, poor attendance, or other relevant disciplinary issues can lead to recommendation of exclusion from the programme.

Should a trainee be excluded from the programme due to failure under any grounds, HEE will not fund further training on any IAPT CBT training courses nationally.

When HIPI trainees have been absent from the course due to illness or other personal difficulties for a period of time long enough to disrupt their training, the Course will endeavour to reschedule academic deadlines following consultation with the employer, via a training plan. However, if in the judgement of the Internal Examination Board, the trainee has had no good cause to be absent from the Course, in line with the University policy on non-attendance, this will result in a trainee failing to graduate until they have made good their attendance. Poor attendance will also constitute grounds for review by the Faculty Progress of Students committee. (See University Penalties Policy on non-attendance).

Disciplinary procedures
If there is evidence that a trainee may have engaged in actions which could be deemed to be Gross Professional Misconduct, the Programme Director may take action to have the trainee's registration immediately suspended prior to investigation and any subsequent referral to the University's Discipline Committee. University procedures related to disciplinary issues are outlined in the Regulations as to the Discipline of Students (https://www.sheffield.ac.uk/sss/sas/conduct). If the matter is a Fitness to Practise issue, then the relevant University Fitness to Practise Procedure will be followed (https://www.sheffield.ac.uk/sss/sas/progress).

Fitness to Practise Standards
Trainees must uphold appropriate standards of behaviour in **all** aspects of their training as indicated below. Where trainees fail to meet these standards they will not be allowed to complete the HIPI course.

   a) During the course, HIPI 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.
   b) 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.
   c) HIPI 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.
   d) 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.

e) Concerns may be raised about fitness to practise 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.

f) 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)

g) 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.

h) 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.

i) Where the University upholds concerns over Fitness to Practise a trainee may be excluded from the course and their registration terminated.

j) 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.

Contractual dual status as a service employee and a university student

Trainees are contracted employees of their specified service and registered postgraduate students of the University of Sheffield. The contract of employment and registration with the University are co-terminus. As such, the employment contract is conditional upon the trainee being both satisfactorily registered with the University and employed by the service.

In all circumstances, the University retains the right to terminate University registration, should the NHS or relevant employer no longer employs a trainee HIT. The same applies in the event that a contract of employment is terminated on grounds of ill health.

There may be occasions in which a trainee wishes to terminate their employment with their employer and this would terminate their registration as a trainee. This is because trainees need to be employed in an IAPT service in order to undertake the training. Should a trainee

wish to terminate their training contract, then it is highly advised that they first meet with their supervisor, tutor or the Programme Director. This is in order for any necessary support to be put in place in order to support continuation; however personal decisions will, of course, be respected.

IAPT Leave Of Absence Guidance for CBT Trainees

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 supervision 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.

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 and or supervision 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 including the requirements of the 8 focussed cases. 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 case summaries, reflections, data analysis or synthesis. Shadowing opportunities gained in this time can be included, but formal reflection on this work should be finalised after the return 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

Trainee salary
Please be aware that you will remain on a trainee pay grade until you have successfully completed and been awarded the qualification for the course. This may extend beyond the course's 12 month duration if you have not passed every piece of course assessment.

Withdrawal from the Course
Withdrawal from the training course is a significant decision that will impact a trainee's life and career. Therefore, we want any trainee considering this course of action to adhere to the following procedure. In the first instance, we would strongly advise that the trainee attends an informal meeting with their tutor or supervisor to outline their concerns and motivations for wanting to leave the course. Following this meeting, if the trainee remains set on this course of action, a formal meeting with their tutor, the programme director or

deputy programme director must take place. During this formal meeting the trainee is required to produce a statement that outlines what information they want to be shared with the rest of the cohort about their departure from the course.

University Appeals

There is a process to appeal a decision made by the Faculty Student Review Committee or Fitness to Practise Committee to the Appeals Committee of the Senate, and information about the procedure is supplied to any student affected by a decision to exclude.

Complaints

The University has a comprehensive system for dealing with complaints. The emphasis of the procedure is on informal resolution of problems at a local level. If a complaint remains unresolved, there is a formal stage involving submitting a written complaint in this case to the Course Director. Again if there were failure to resolve the complaint, the next recourse would be the Head of Department. Further stages would be via writing to the Registrar and Secretary as University Statutes give the University Council the power to investigate and if thought fit, redress student grievances. The University of Sheffield website has a section devoted to Complaints and Appeals Procedures: https://www.sheffield.ac.uk/ssid/complaints-and-appeals. This covers in detail complaints procedures, as well as appeals relating to academic work and discipline.

Facilities and Resources

Access

Access to the IAPT Office is only possible during office hours (9.00 - 5.00).

IAPT trainees should ensure that they familiarise themselves with the University's Health and Safety Procedures (https://www.sheffield.ac.uk/hs).

Phone Calls

Messages for IAPT trainees can be left with the Course Administrator. **No personal calls should be made from the University phones**. All calls are billed and monitored by the Departmental Manager.

Secretarial Support

All clinical correspondence (e.g. letters to clients, GPs, clinical reports etc.) should be produced on Trust or 3rd Sector Employer premises, where adequate secretarial support should be available. The IAPT administrator is unable to provide any typing for trainees. The only exception will be for work produced by trainees concerning the organisation of the course (e.g. Course Training Committee). Trainees should be aware of the need to ensure that confidential information is secure on any computer that they use.

Parking

The University has a policy on car parking; students can apply for a parking permit on a needs assessed basis. Permit details and an application form are available at the following web page (http://www.sheffield.ac.uk/parkingservices/information).

IT Resources

Corporate Information and Computing Services (CiCS), provide over 1300 PCs for students to use and many of them are located in Library sites, including the Information Commons. Trainees should contact CiCS with any IT and Blackboard 2 queries via the helpdesk (0114 222 1111 or helpdesk@sheffield.ac.uk). There will be scheduled teaching on computing skills and the Psychology IT support team (Joshua Swift j.swift@sheffield.ac.uk) is available to give advice.

The University Libraries

IAPT Trainees have lending rights at the Main University Library and the Hallamshire and Northern General Hospital Libraries. The STAR and Web of Science bibliographic systems can be accessed via the computers in the Psychology Department. Please see full details of the library services with useful links on Blackboard.

Your UCard

Trainees are issued with a UCard. This enables the following:

- Entry to Library sites, including the Information Commons

- Ability to borrow books and other items
- Ability to use printing and photocopying facilities
- Eligibility to use the Library's electronic resources

MUSE account

MUSE, the University of Sheffield Portal, is a web facility designed to give staff and students of the University personalised access to the University's digital resources. These are available 24 hours a day, regardless of your location. When you register as a student or member of staff you will be given a username and password, allowing you to use MUSE to:

- Access Star, the Library catalogue to locate the material you need using the Search or Advanced Search tab and request items that are on loan
- View Star Resource Lists, your online reading lists
- Access myLibrary Account to view your requests, check your account details and renew your loans
- Access the Library's electronic resources, including ebooks, ejournals, databases, films, images and maps
- Access the Library's Information Skills Resource through My Online Learning Environment (Blackboard)
- Obtain your Library PIN to enable you to use self-service issue (you can also get your PIN from any member of Library staff)
- Book a group study room or individual PC in the Information Commons

Other Services Available through MUSE

- Send and receive emails from anywhere in the world using Google mail
- Access your Novell file store easily from off campus
- Check the status of your pre-pay account, used for services such as photocopying and printing
- Access information provided by Student Services, including your personal details and examination results
- Access your course information through My Online Learning Environment (Blackboard)

Photocopying and Printing

Black and white photocopiers and printers are available at all Library sites. A colour photocopier is available in Western Bank Library and a colour printer is available at the Information Commons, Western Bank Library, St George's Library and the Royal Hallamshire Hospital Library. You'll need your UCard to access these facilities. There is a printer in the psychology computer lab (D Floor) (accessible when it is not in use for teaching). Once you have sent documents to the printer, you will need to swipe your Ucard at the machine by the printer for your printing to be released and your printing account will be debited.

Student Support Services

The University of Sheffield Student Services Information Desk (SSiD) is an important point of contact for you throughout your time at the University. SSiD's staff are trained to deal with a wide range of enquiries and the office is a key central point for general information on many University services.

Student Union Building
Western Bank
Sheffield S10 2TG

0114 222 1299
https://www.sheffield.ac.uk/ssid

Open Monday to Friday 9am until 5pm

Disability and Dyslexia Support Service

The Disability and Dyslexia Support Service (DDSS) is a friendly and confidential service at The University of Sheffield. They provide support and advice to students with disabilities, with the aim of enabling all students to access their studies and university services. It is the responsibility of the trainee to alert the course to any apparent disability of dyslexia assessment and associated support needs. The information on these web pages describes the facilities and services available to disabled students and students with Specific Learning Difficulties. There is also information for staff about supporting disabled students and students with Specific Learning Difficulties.

The Hillsborough Centre
Alfred Denny Building
The University of Sheffield
Western Bank
Sheffield S10 2TN

0114 2221303
disability.info@shef.ac.uk
http://www.shef.ac.uk/disability/

The Disability and Dyslexia Support Service is open for enquiries during the following times:

Monday 9.00am - 5.00pm
Thursday 9.30am - 5.00pm
Friday 10.30am - 5.00pm
Thursday 9.30am - 5.00pm
Friday 9.00am - 5.00pm

Mental Wellbeing

Student Access to Mental Health support (SAMHS) is the first point of contact for students to explore a broad range of psychological support needs in a single triage appointment. Students can self-refer for a one-off appointment to discuss what service and support is available to them through the university. The University Counselling Service can be accessed via SAMHS. Details of this service can be found at:
https://www.sheffield.ac.uk/mental-wellbeing/index.

General Welfare and Guidance
The Central Welfare and Guidance team offer support and advice for a wide range of personal or practical issues that may arise during a student's time at the university. More details can be found at: https://www.sheffield.ac.uk/sss/ssg/cwag.

Appendices
Appendix 1: Observed Structured Clinical Examination

What is it?

OSCE is an acronym for Observed Structured Clinical Examination. It describes a form of performance-based skills-testing, used to measure a trainee's clinical competence in CBT screening and assessment skills. Trainees should not start treating patients in services prior to passing the OSCE. The OSCE will last for 50-60 minutes and trainees are expected to manage their own time; the OSCE will end after 60 minutes. During an OSCE, a trainee is observed and evaluated as they interview a stooge patient who is presenting with a common mental health problem. Prior to the OSCE trainees will receive a brief 'referral letter' concerning the patient's difficulties prior to the exam. Trainees will be provided with a map, date and time slot. This may not be one of the usual teaching days so trainee need to plan ahead to ensure they are free. The stooge patient will be briefed on not being 'difficult' in their interaction, while remaining clinically valid.

a) Therefore, the OSCE will focus, to some extent, on the generic clinical skills of:
b) initiating the interview
c) disorder specific interviewing skills
d) listening skills
e) risk management skills
f) interpersonal skills
g) socialising to the model skills
h) effective closure of the session.

Why are we doing this?

The OSCE is necessary to provide reassurance that trainees are capable of performing the first aspects of CBT, prior to initiating such work with patients in IAPT services. Therefore, the purpose of the OSCE is to:

a) provide feedback on performance;
b) evaluate basic clinical skills;
c) measure minimal competencies.

Recording

The interaction with the stooge patient will be recorded. This will enable marks to be reviewed and give trainees access to a copy of the recording for use during group supervision.

Observation

There will be an observer who will watch you interact with the patient. The observer will independently rate performance and then arrive at a consensus position on the level of performance achieved. The OSCE is marked using a modified version of the CTS-R.

Marking

The OSCE is marked on the basis of pass and fail. If a trainee fails the OSCE, this will be picked up by the teaching team and remedial action taken, in terms of extra coaching and training. The OSCE will then be re-sat and remarked, using a differing scenario. If the trainee fails the re-sit OSCE, their position on the course will be reviewed at an Internal Exam Board. Each trainee should be perfectly able to pass first time and initially failing is not a judgement of the trainees' global clinical skills or previous experience. A mark of 30 or more is required to pass. A mark of 29 or less *or* a score of 1 on any item will result in a fail.

Feedback

After the OSCE you will receive written feedback of the mark - further feedback will be provided by group clinical supervisors after the DVD is viewed at an early supervision session.

May I discuss the OSCE cases with other students after the OSCE?

You will be asked to sign the honour code statement at the OSCE. Disclosure or discussion with others about the OSCE cases or assessment materials is strictly forbidden and a violation of the honour code will result in immediate action by the University via the Fitness to Practise regulations.

OSCE Marking Criteria: modified (abbreviated) CTS-R

Modified CTS-R (based on Blackburn et al, 2001) using the Dreyfus (1980) 0-6 competency rating system from incompetent (0) to expert (6).

9-item scale for a 50-60 minute OSCE to demonstrate screening/assessment skills

The items are as follows:

    a) Session orientation and structure
    b) Feedback
    c) Collaborative language and behaviour
    d) Pacing and efficient use of time
    e) Interpersonal effectiveness
    f) Use of CBT assessment model
    g) Questioning skills
    h) Risk assessment
    i) Conceptual integration
    j) Session closure
    k) Scoring of competency is via the Dreyfus scale across each item listed above.

Appendix 2: General Principles of Case Studies and Reflections

Case studies provide an opportunity for the communication of in-depth clinical work. Each case study needs to be signed off by your clinical supervisor. The case studies do not have to report completed work; they can describe on-going work. Case studies of short treatment durations with specific phobias can be negotiated with personal tutors.

Case studies should be organised and written in a style that is appropriate for a CBT therapist operating in the framework of a reflective-practitioner. The knowledge base of CBT and the relevant clinical disorder should be explicitly discussed and supported by appropriate references, both in the text and in the reference section (APA system). Case studies should include within the appendices copies of anonymised assessment correspondence, summary outcome reports, homework and sessional work as appropriate.

The case study should also include a critique section. This should comprise of a critical review of the case, including suggestions as to how it might have been handled differently, should the outcome have been unsatisfactory. Discussion of self-reflection and what has been learnt from the case should be included. The role of supervision and how this contributed to your understanding of the work should also be commented on. There should be consideration given to what you have learnt about yourself as a CB therapist in training.

Taped work and Reflective Commentary

The Reflective commentary can helpfully include the following:

Illustration of awareness of the processes taking place, including interpersonal and CBT intervention processes, and the impact of these on the patient/the use of supervision using illustrations from a supervision diary/personal and professional development where the focus is on learning about oneself at work. It may be helpful to think about whether or how the work has challenged you, for example by considering some of the issues around providing CBT in a context of social injustice or disadvantage, and how managing that process can be a key element in working with some patient groups/in terms of the therapeutic relationship, considerations of the balance of power and what professional development and learning may have come out of that experience.

Appendix 3: Descriptive Marking Criteria

70-100%	A **distinguished performance at postgraduate level**, which demonstrates a generally innovative and creative approach. The meaningful use of a depth of knowledge and a wide range of source material. Critical analysis of relevant concepts from a range of perspectives. Has the ability to interpret and synthesise ideas and recognise and deal with complexity. Skilled use and critical analysis of appropriate analytical and research methods. Exceptional ability to link and critically analyse theory and practice.
60-69%	A **good performance at postgraduate** level has recognition and understanding of the key issues in the area of study. There is use of a wide range of source material. Clear and well organised argument. An awareness and ability to analyse and present theoretical perspectives. Good use of appropriate critical evaluation of source material. Effective linking of theory and practice.
50-59%	A **satisfactory** performance at postgraduate level shows understanding and grasp of the concepts. Evidence of relevant reading. An argument that includes some theoretical discussion and is more than a descriptive account. Demonstrates an ability to set personal opinions into a wider setting. Attempts to use and evaluate appropriate processes of enquiry. Recognition of the link between theory and practice.
49-40%	A **failed** submission shows only some evidence of understanding of the concepts. There is only limited use of source material. A largely descriptive and unreflective account. Uncritical presentation of a personal viewpoint. Poor connectivity to evidence, theory and research. Poor or piecemeal linkage of theory and practice. Trainees will be asked to resubmit the original essay having made changes that are compliant with the corrections and additions noted in the feedback.
39% and below	A **failed** submission shows little evidence of understanding of the concepts at hand. Very limited use of source material. A wholly descriptive and unreflective account. Uncritical presentation of a personal viewpoint. Little or no evidence of connectivity to research, theory and evidence. Failure to effectively link theory and practice. Signals a need to submit a new piece of work for the case study aspect of the training. This means that a new client will need to be used to complete the case study elements of the assignment.

Appendix 4: Self-Practice and Self-Reflection (SP/SR)

Introduction

There is a growing body of work suggesting that therapist self-practice of CBT skills has a beneficial impact both professionally and personally. The use of personal therapy within training has long been recognized and advocated in other schools of psychotherapy (Macran & Shapiro, 1998), but is increasingly being increasingly adopted in the field of CBT. James Bennett-Levy and others have been particularly influential in advancing the use of CBT practice and incorporating these in the format of self-practice and self-reflection (SP/SR) into therapy training programmes (Bennett-Levy et al, 2001).

Self-practice refers to the process of practicing CBT techniques on oneself. For example, this may include completing a thought record, setting goals, use of formulations, conducting a behavioral experiment, the use of positive data logs, activity schedules or any other CBT method encountered during the process of the course. SP/SR programmes have been tested using a range of methods linked to CBT training courses. These may vary in terms of format and intensity but include the use of structured written reflections, regular individual practice of CT/CBT and sharing experiences and reflections either through a facilitated group, email or blogs (Farrand et al, 2010).

Aims of SP/SR

The primary aim of SP/SR is to improve trainee knowledge and skills of CBT through experience and shared reflections. In turn it is hoped that this will enhance personal and professional experience whilst on the training course. Research has also demonstrated improvements in confidence through use of SP/SR and an increase in trainee beliefs in the value of CBT.

Format & Structure

Each trainee will be allocated to an SP/SR group, which will be facilitated by a member of the course team. Group sessions will be scheduled into the timetable and held on 5-6 occasions for one hour over the course of the academic year. All group members will be expected to attend on each occasion, engage with the process and also carry out between session practice and reflection and record these in the relevant section of their portfolios. However, there may be rare circumstances when a group member is unable continue with the work and group sessions and if this is the case then it should be discussed with the facilitator in the first instance. SP/SR should be considered as an activity, which is not restricted to the groups and is linked to the full experience of the training. Trainees will be encouraged to reflect on taught sessions and to link these to SP/SR group agendas via teaching reflections and reflective journals.

Roles & method

The group sessions should not be used as teaching or supervision and should not be considered as 'therapy'. Each individual member will be responsible for themselves, what

they bring to each session and at what level they engage. Rather than focusing in detail on the experiences and content of issues brought along, sessions should have an emphasis on process (for example, what was the practice and how did it go?). The facilitator will not be taking an overly directive role and will be present primarily to guide and support the group. The facilitator may also take an active part in the group in terms of self-practice as long as this is considered to be of benefit to the group and their own use of CBT methods. The trainee will be expected to reflect on issues raised in the groups and on between session practices. These will be based on a recommended reflective model (e.g. Gibbs, 1988) and formally recorded in the relevant section and recording sheets in the practice portfolio.

Evaluation & Engagement

Effective engagement with SP/SR is part of the training process and trainees need to be signed-off from SP/SR in their Practice Portfolios. Unprofessional conduct (e.g. lack of engagement) will be considered a 'Fitness to Practice' issue and will be considered at relevant Internal Exam Boards

Resources

Work sheets and resources (e.g. diaries, behavioural experiment records, logs etc) may be those that have been provided in teaching sessions or accessed from services or websites. Although the group facilitator may provide these, it will also be the responsibility of the group to access and bring any they have found useful. Helpful websites include; www.getselfhelp.co.uk and http://www.psychologytools.org

References

Bennett-Levy, J., Lee, N., Travers., K., Pohlman, S & Hamernik, E. (2003). Cognitive therapy from the inside; enhancing therapist skills through practicing what we preach. Behavioural & Cognitive Psychotherapy, 31, 143-158

Bennett-Levy, J. (2006). Therapist skills: a cognitive model of their acquisition and refinement. Behavioural and Cognitive Psychotherapy, 34, 57–78.

Bennett-Levy, J., & Thwaites, R. (2009). Self and self-reflection in the therapeutic relationship. In P. Gilbert and R.L. Leahy (Eds.) The Therapeutic Relationship in the Cognitive Behavioural Psychotherapies (pp.255-281). London: Routledge.

Bennett-Levy, J & Lee, N. (2012) Self Practice and self-reflection (SP/SR) in CBT Training: What factors influence trainee engagement and experience of benefit? Behavioural & Cognitive Psychotherapy, 42, 48-64.

Appendix 5: Uploading Tapes to a Secure Server

Trainees will be set up as users for their own individual folders on the IAPT secure server. Here trainees will be able to submit tapes for assessments, which can then be accessed by the markers. For assessed tape submissions, please **clearly label the file with the submission title and the date**. The secure server is password protected and only the Course Team has access. There are two methods by which trainees can submit to the server.

To submit from a remote location or unnetworked device:

1. Go to https://www.sheffield.ac.uk/ and log into MUSE.
2. Go to My Services, click "View all services", then go down the list and select "UniDrive".
3. Under the "Shared files" tab along the top of the page, select "Uofstore".
4. You should see a folder called "PC_IAPT", open that folder and select your course and the year, i.e. "HIPI 2019-20".
5. In this folder you should now see just one folder, which is your own name.
6. You can upload files from your computer or an encrypted memory stick by selecting the uploads icon in the top right corner.

Please note that it is not possible to upload files that exceed 2GB. If your tape is a large file, you could compress it to a smaller size before uploading (you may need to download some software to do this, e.g. "HandBrake"). You may also find the uploading process slow, particularly when working from a computer within your service.

If you are having problems uploading your tape due to the file size or upload speed, you must follow the second method for submitting tapes. Your deadline will be at 1.30pm on your teaching day or reading week to enable you to submit your tape on a University computer if you cannot submit from a remote location. **Please do not ask the admin staff to upload your tape for you before using a University computer.**

From a University networked computer on campus:

1. Log onto one of the University computers in the computer lab and go to the start menu, click on 'File Explorer' tab on the left hand side.
2. File Explorer will open, under "This PC" select the "shared (\\uosfstore) (X:)" tab to open up the shared drive.
3. You should see a folder called "PC_IAPT", open that folder and select your course and the year i.e. "HIPI 2019-20".
4. In this folder you should now see just one folder, which is your own name.
5. You can then access recordings from your encrypted memory stick and copy them across into this folder where they can be accessed by the course team.
6. Once you have transferred your recordings across, ensure you close the window and log off the computer.

Appendix 9: Turnitin Originality Report

Turnitin and the Originality report

What is the Originality report?

An Originality report is the compiled results of a text matching scan that Turnitin performs. This scan searches thousands of web pages, essay mills, online journals, articles, publications and Turnitin's own bank of previously submitted work. The scan commences once you have submitted your assignment to Turnitin.

What can the Originality report tell us?

All the Originality report can tell us is, how much text has been matched from sources online, or in Turnitin's bank of previously submitted work.

What is the Originality score?

The Originality score is the amount of text that Turnitin has found that matches either external web sources or other submissions in the University:

0% BLUE	No text matches	
1-24% GREEN		
25-49%-YELLOW		
50-74% ORANGE		
75%-100% RED	All text matches	
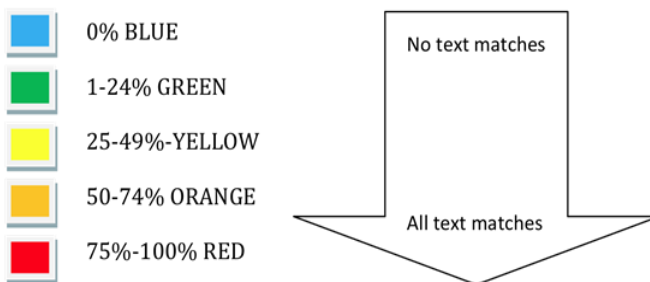
Is it a plagiarism detector?

It does act as an aide to detecting use of unfair means, however the software cannot tell whether a student has plagiarised, it can only state how much text has been matched.

In order to establish whether the use of unfair means has occurred, the Originality report must be interpreted by an appropriate member of staff.

What Originality score is acceptable?

Most original student assignments will contain some text matches. The level of matches can be dependent on the subject being written about and how the Turnitin assignment was set up. It is important that you do not worry unduly about the Originality score itself.

Appendix 6: Course Policy regarding Technological Difficulties in relation to Coursework Requirements

Computer malfunction or accidental deletion of information has created difficulties for trainees in the past. According to the regulations, non-submission of work at the appropriate time will normally be graded as failure, with the work, once submitted, treated as a resubmission. Computer failure, accidental deletion of material or some other technological difficulty will **not** be considered as grounds for an extension.

Guidelines for trainees, which should avert this type of difficulty, are outlined below.

Computing hints

- Ensure that you always back up your file on CD or memory stick.
- Clearly label versions of the document to avoid erroneously deleting the required version.
- Consider using Automatic Save: Tool / Options / Save / Automatic Save Every 10 minutes (This creates a backup file every 10 minutes. It doesn't change your original until you close the document).
- If you suddenly think you've lost a file don't switch off or quit the program or close anything. There's a good chance that your file is still there. Get help from the nearest competent person!
- If you have opened an old document, modified, and then unintentionally saved it over the old version, don't close the program in which it was created. Instead, save the new one with a second name and then use 'edit' 'undo' multiple times to completely undo all changes to the document. You will then have retrieved the original document.

Other practical hints

- Keep a copy of the disk in a different place.
- Make corrections to drafts in pencil so that they can be erased if necessary.
- Print out hard copies of the assignment at draft stage, when close to the final version.
- Print out the final version with at least one or two days to spare.

Appendix 7: Course Assignments: a quick guide to what is and is not possible/allowed

The table below is a guide for deciding which patient case material and live material can be used for University assignments. If you remain uncertain, please ask your academic tutor for guidance.

The four case study assignments must feature four different patients. The therapy tape submissions, the formative CTS-Rs, and the passed service supervisor rated CTS-R must feature five different patients.

Module	Coursework	Can be the same patient as…	Must not be the same as…
Fundamentals of CBT	OSCE	n/a	n/a
	Case Based Literature Review	Can be one of the 8 focussed cases from the portfolio Can be the same patient as any tape submission Can be the same patient as any of the two Practice Portfolio summary cases Can be same patient as self-rated CTSr	Must be a different patient from Formulation Case Study assessment Must be different patient from Anxiety and Depression Case Study patients
	Formulation Case Study	Can be one of the 8 focussed cases from the portfolio Can be same patient as any tape submission Can be the same patient as any of the two Practice Portfolio summary cases Can be same patient as self-rated CTSr	Must be different patient from Case Based Literature Review patient Must be different patient from Anxiety and Depression Case Study patients

CBT for Anxiety Disorders	Case Study	Can be one of the 8 focussed cases from the portfolio Can be same patient as self-rated CTSr Can be same patient as passed supervisor-rated CTSr	Must not be the same patient as the 2000-word case summary included in the Practice Portfolio Must not be the same patient from the formulation case study submission Must not be the same patient from the literature review case study submission Cannot be same patient as anxiety module therapy tape submission
	Therapy Tape (Anxiety)	Can be one of the 8 focussed cases from the portfolio Must be a treatment session Can be same patient as self-rated CTSr Can be the same patient as a failed service supervisor rated CTSR.	Must NOT be a supervisor-rated session Must not be an assessment, review or final session Cannot be same patient as a formative CTSR submission Cannot be the same patient as the passed service supervisor rated CTSR. Cannot be same patient as anxiety case study patient
CBT for Depression	Case Study	Can be one of the 8 focussed cases from the portfolio Can be same patient as self-rated CTSr Can be same patient as supervisor-rated CTSr	Must not be the same patient as the 2000 word case summary included in the Practice Portfolio Must not be the same patient from the formulation case study

		Can be same patient as depression module therapy tape submission	submission Must not be the same patient from the literature review case study submission
	Therapy Tape (Depression)	Can be one of the 8 focussed cases from the portfolio Must be a treatment session Can be same patient as self-rated CTSr Can be same patient as depression case study patient Can be the same patient as a failed service supervisor rated CTSR.	Must NOT be a supervisor-rated session Must not be an assessment, review or final session Cannot be same patient as a formative CTSR submission Cannot be the same patient as the passed service supervisor rated CTSR.

Summary

Anxiety Module
Therapy Tape (Anxiety Submission) – Patient A
Case Study (Anxiety Submission) – Patient B/C/F
Formative Day (Anxiety) Patient C

Depression Module
Therapy Tape (Depression Submission) – Patient D
Case Study (Depression Submission) – Can be Patient D/E/F
Formative Day (Depression) – Patient E

Service Supervisor CTSR (Anxiety or Depression) – PASS – Patient F

Fundamentals Module
Case Based Literature Review – any patient not submitted for another case study
Formulation Case Study – any patient not submitted for another case study

Please note: The modules run concurrently so you can submit either anxiety or depression however, it is a good idea to identify depression cases early and submit these for your formative day, case

study 1 and therapy tape 1 as previous trainees have found this a challenge later in the course and subsequently been delayed in qualifying.

Appendix 8: Social Media Advice

The British Psychological Society
Ethics Committee

Supplementary guidance on the
USE OF SOCIAL MEDIA

The Society recognises its obligation to set and uphold the highest standards of professionalism, and to promote ethical behaviour, attitudes and judgement on the part of psychologists. This is principally addressed in the *Code of Ethics and Conduct*, but the Ethics Committee acknowledges that more and more of our members are using social networking sites or blogs to communicate with friends, family, professional networks and clients. This specific guidance therefore addresses the use of social media by members of the Society and sets out how the *Code of Ethics and Conduct* can be applied in this context and provides practical advice for using them responsibly.

As set out in the *Code of Ethics and Conduct*, psychologists are likely to need to make decisions in difficult, changing and unclear situations. The Society expects that the code will be used to form a basis for consideration of ethical questions, with the principles of the code being taken into account in the process of making decisions. However, no code can replace the need for psychologists to use their professional and ethical judgement.

Thinking about ethics should pervade all professional activity. As clearly stated in Section 3.1(ii) of the *Code of Ethics and Conduct* and the Society's *Member Conduct Rules*; 'Members must not act in a way that damages, or is likely to damage, the reputation of the British Psychological Society' (Rule 1). To this end, the principles set out in the *Code of Ethics and Conduct* apply at all times including when the member is online; it will be judged in the same way and should be at a similar high standard.

You should:

- Remember that social networking sites are public and permanent. Once you have posted something online, it remains traceable even if you later delete it.
- Keep your professional and personal life as separate as possible. This may be best achieved by having separate accounts, for example Facebook could be used for personal use and LinkedIn or Twitter used for professional purposes.
- If 'friends' requests are received from clients and service users, decline the request via more formal means of communication.
- Be minded that whether you identify yourself as a psychologist or not on your profile, you should act responsibly at all times and uphold the reputation of the profession.

www.bps.org.uk

- Protect your privacy. Consider the kinds of information that you want to be available about yourself and to whom. Ensure that you regularly check your privacy settings. Be aware that social networking sites may update their services and privacy settings can be reset to a default that deletes your personalised settings.
- Remember that images posted online by family (for example, your children) or friends, may be accessible as they may not set privacy settings as tightly as you do.
- Be minded that social networking sites can make it easier to engage (intentionally or unintentionally) in professional misconduct.
- Report the misconduct of other members on such social networking sites to any relevant parties (such as the employer, the Health Professional Council and the Society).

You should not:

- Establish inappropriate relationships with clients and service users online.
- Discuss work-related issues online in any non-secure medium.
- Publish pictures of clients or service users online, where they are classified as clinical records.
- Use social networking sites for whistle-blowing or raising concerns.
- Post defamatory comments about individuals or institutions. Defamation law can apply to any comments posted on the web, irrespective of whether they are made in a personal or professional capacity

Advice to Educators, Researchers and Employers

- If in place, abide by, or if not, develop clear guidance and policies on social media usage and what constitutes misuse. Additional guidance on conducting research on the internet is also available from the Society.
- Ensure that those responsible for enforcing such guidance and policy are consistent in their application and fully understand the requirements set out.
- Ensure that any complaints regarding the use of social media are dealt with in the same manner as any other form of complaint. In some cases, online misconduct can be damaging and have longer-term consequences, due to the permanency and traceability of material published online.

In recognition of the rapid developments in social media and its uses, this guidance will be regularly reviewed by the Ethics Committee and members will be alerted to any updated version as soon as it becomes available.

@BPSOfficial

www.facebook.com/
OfficialBPS

www.bps.org.uk

In addition to the above guidance outlined by the BPS, the University recommends adherence to the following guidance on the use of social media.

Social media can be useful and provide many functions such as support, information sharing and social interaction amongst others. The course encourages the responsible use of social media during training. A particular consideration for trainees is the use of social media messaging groups such as WhatsApp. Please note that social networking sites, including WhatsApp, are public and permanent. Once posted online, information remains traceable even if it has been deleted. Please remember that conversations in forums such as WhatsApp groups are public and are therefore very different to privately held conversations. Therefore, consideration about what are appropriate topics for discussion should be made by all members of social media messaging groups. For example, clinical issues should not be disused, nor should grievances regarding service placements or the University course. During periods of high pressure on the course these groups can become an outlet, which can be helpful or unhelpful. Please be aware that you are responsible for what you share and for whether you chose to participate in these groups or not.

Appendix 9: Teaching Recording Policy

The Context

The University of Sheffield has a learning and teaching policy that highlights audio recording of teaching as a means to support access to the taught contact of teaching. Under the Equality Act (2010) the University has a legal obligation to provide reasonable adjustments to enable students with certain disabilities to fully access material provided in lectures. Having access to recording is considered to be such a reasonable adjustment as referenced from

https://www.sheffield.ac.uk/lets/pp/support/lectrecord.

Rather than this serving as an alternative to attendance to teaching, it is meant to compliment live teaching as another means to continue self-directed study time. Recording of teaching has thus become more normalised through the University of Sheffield.

Developing means of supporting student access to teaching is becoming increasingly important as the number of students with identified learning needs increases. On the DClinPsy and IAPT programmes we have a number of trainees with specific learning disabilities (e.g. dyslexia). Trainees with specific learning needs will receive an individualised learning plan from the Dyslexia and Disability Support Service(DDSS), which often includes the recommendation to record teaching. Audio-recordings can facilitate engagement in the teaching session as the student may not need to take concurrent notes, and it provides access to the teaching content for review outside of the teaching session.

The process

At the commencement of their programme of study students sign a consent form agreeing to filming during teaching. The Clinical Psychology Unit (CPU) agrees that trainees take responsibility for the recording of teaching. Trainees should seek permission from the teacher whether internal or external to record the teaching at the beginning of the session. If this does not present as issue, then teachers should give consent. There should only be one trainee representative taking a recording per session.

The trainee representative will ensure that the recording is made on an encrypted device and then pass the recording on to the timetable administrator/IAPT administrator. After this, the original recording will be destroyed. The administrator will then take responsibility for the secure storage of all recordings along with other teaching materials on our online learning environment. Access to the material is restricted to trainees enrolled on the programme of study and tutors.

Recording should not be regarded as a right, and trainees should be sensitive to requests not to record, and bring any concerns regarding such requests to a nominated member of the programme team.

Confidential and sensitive information

Clinical Psychology and IAPT teaching will include discussion of confidential and sensitive information (e.g. clinical examples, contribution of experts by experience, and trainee

contributions of their experiences). The workshop-style of teaching encourages and supports these contributions. The programme teams would like to continue to retain these valuable elements of teaching whilst supporting trainees with identified disabilities.

As such, we have agreed with trainees that recording will be appropriate for theoretical content and didactic aspects of teaching session. Confidential and experiential aspects of teaching should not be recorded. The University Dyslexia and Disability Support Service (DDSS) support the Unit in this decision.

Appendix 10: Department of Psychology Health & Safety Policy

The Department of Psychology operates its Health & Safety Policy in conjunction with that of the University.

Psychology H&S Handbook is available to view in the Psychology Virtual Office under 'Health and Safety'.

University of Sheffield, Health & Safety Policy is available on the UoS website at
https://www.sheffield.ac.uk/hs

The Department operates a Health & Safety Committee, which reports directly to the Head of Department and to the Psychology Staff Committee. It is a conduit for any H&S issues.

Its membership is:

CHAIR - Head of Department – Elizabeth Milne, email psy-hod@sheffield.ac.uk
Department Manager – Annette Butler, ext 26517, email a.n.butler@
Technical/ Biosafety officer/ Alfred Denny representative - Melanie Hannah, ext 24670, email m.hannah@
Department Safety Officer – Sharon Keighley, ext 26570, email s.keighley@
DSE assessor – James Barker, ext 26533, email j.m.barker@
Workshop representative/ Building Safety - Sharon Keighley, ext 26570, email s.keighley@
Student Representative - tbc
Laser Safety – Claire Howarth, ext 26511, email c.howarth@
Mushroom Lane representative – Danielle Matthews, ext 26548, email Danielle.matthews@

Other contacts for H & S issues:
Display Screen Equipment: - James Barker, ext 26533, email j.m.barker@
Electrical Equipment Testing: - Sharon Keighley, ext 26570, email s.keighley@
First Aiders: Cathedral Court- Josh Swift, ext 26535 & Sharon Keighley, ext 26570
Alfred Denny: - Clare Howarth, ext 26511
Or call Security, ext 24085

In case of emergency dial ext 4444 or 0114 222 4444

Appendix 11: University Regulations for the Course

PSYT16 Postgraduate Diploma in High Intensity Psychological Interventions

1) A student will take PSY6011 F7 the Fundamentals of Cognitive Behavioural Therapy ACAD YR 17 40 PSY6012 F7 Cognitive Behaviour Therapy for Anxiety Disorders ACAD YR 17 40 PSY6013 F7 Cognitive Behavioural Therapy for Depression ACAD YR 17 40

2) A person may be admitted as a student who has a professional qualification that enables them to work in the mental health services, such as clinical psychology, psychotherapy, nursing, or counselling, and will either be employed in a primary care setting or have managerial support for access to patients in primary care settings. Persons without a professional training (such as graduate mental health workers) or PWP's will be admitted under the British Association of Behavioural and Cognitive Psychotherapies Knowledge Skills and Attitude protocol (BABCP KSA). PWP's need to have been qualified and working as a PWP for two years to be considered for the course. Except with the permission of the Faculty it will be a condition of registration that a student is to be an employee of the National Health Service or of an employer deemed to be equivalent.

3) The programme of study will be pursued for one year full-time. Supervised clinical practice will be for a minimum of three days per week in the students' work place throughout the programme of study, with a minimum of 70 hours' clinical supervision and a total of 200 hours clinical CBT contact.

4) A student who fails in any part of the examination may be permitted to retake that part of the examination on one occasion only. Should the second submission fail, the student will be asked to submit any mitigating circumstances for the Exam Board to consider. If the Board upholds the presence of mitigating circumstances, then a third and final submission is requested. The second submission will be deemed not assessed and does not count towards the accrued fail total. If mitigating circumstances are not upheld then the second fail stands. The Exam Board will then take action under the Progress of Students regulations. Should a trainee accrue two fails in any one module at any one time then the Exam Board will take action under the Progress of Students regulations.

5) A student will undertake clinical work to enable the production of a Practice Portfolio which needs to be passed to pass the course.

6) Assessments will include: a) an OSCE b) assessment of clinical competence in the workplace c) 3 case studies d) one case based literature review e) assessment of clinical competence in the University and f) engagement in SP/SR and clinical supervision.

7) The programme of study will be pursued for one year by a full time student. A single extension to registration of one year is the maximum. Supervised practice in CBT in IAPT services will be for a period of three days per week throughout the programme of study.

8) A student who contravenes the standards of conduct, performance and ethics for the British Association of Behavioural and Cognitive Psychotherapy may be dealt with under general regulations as to progress of students, the general regulations relating to student fitness to practice or the general regulations as to discipline of students.

9) No aegrotat awards can be made from this programme.