



University
of Exeter

PGDip ENHANCED PSYCHOLOGICAL THERAPIES (LOW INTENSITY COGNITIVE BEHAVIOURAL THERAPIES)

Student Handbook Cohort 2

September 2023

ELE Cohort 2 homepage: [Click here](#)

Programme Administrator: PWP-PGDip@exeter.ac.uk



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How to use this handbook

Ensure you have used the course 'Quick Start Guide' to get up and running for Day 1. This handbook then provides all the detail you need to know about the course, teaching, assessments, submission and relevant policies.

This handbook is split into two parts:

- **Part 1:** Short, quick-access and concise guidance – find the things you need to know quickly and 'at a glance' (pages 1-22).
- **Part 2:** Appendices giving full details, policies, marking schemes etc (pages 23 onwards)

Protection of dignity at work and study

The University of Exeter aims to create a working and learning environment that respects the dignity and rights of all staff and students and where individuals have the opportunity to realise their full potential.

We aim to create an environment and culture in which bullying and harassment are known to be unacceptable and where individuals have the confidence to deal with harassment without fear of ridicule or reprisal.

The University will not tolerate any form of harassment or bullying and is committed to ensuring that staff and students are able to work and study without fear of victimisation.

The University regards any incident of harassment or bullying as a serious matter and will respond promptly and sensitively to formal complaints, and where appropriate take disciplinary action. Additionally, staff and students will be encouraged to resolve concerns informally through a network of trained [Dignity and Respect Advisors](#).

For more information please see: <http://www.exeter.ac.uk/staff/equality/dignity/policy/>.

CEDAR Equity, Diversity & Inclusion (EDI) Statement

It is our intention within Cedar that trainees from all diverse backgrounds and perspectives be well served by our training courses, that trainees' learning needs be addressed both in and out of teaching sessions, and that the diversity that trainees bring to their learning environment be viewed as a resource, strength and benefit. It is our intention to present materials and activities that are respectful of diversity. This includes, but is not limited to, gender and gender identity, sexuality, disability, age, socioeconomic status, ethnicity, religion, race, and culture. Your suggestions are at all times invited, encouraged and appreciated. We encourage you to let us know ways to improve the effectiveness of the course for you personally or for other trainees or student groups. In addition, if any of our training sessions conflict with your religious events, or if you have a disability or other condition necessitating accommodation, please let us know so that we can make the necessary arrangements for you in line with your professional body/ national curriculum requirements.

Our goal within Cedar as a learning community is to create a safe learning environment that fosters open and honest dialogue. We are all expected to contribute to creating a respectful, welcoming, and

inclusive environment within which any form of discrimination will not be tolerated. To this end, classroom discussions should always be conducted in a way that shows respect and dignity to all members of the class. Moreover, disagreements should be pursued without personal attack and aggression, and instead, should be handled with care, consideration and a non-judgmental stance. This will allow for rigorous intellectual engagement and a deeper learning experience for all.

(Statement adapted from the University of Iowa, College of Education and Yale University - Dr. Carolyn Roberts, Assistant Professor, History of Science & History of Medicine, and African American Studies)

At Cedar, in our training of psychological professionals, we are committed to progressing and embedding the principles of equity, diversity and inclusion into all areas of our training courses, and are active in our endorsement of the Psychological Professions Network Equity, Diversity, and Inclusion Position Statement which can be read here:

<https://www.ppn.nhs.uk/resources/ppn-publications/462-ppn-equity-diversity-and-inclusion-position-statement-v1-0-october-2023/file>.

Part 1 - Quick Reference Guide

Course contacts

Please contact the programme team at any time with queries by phone or email.

- **Personal tutors** will have up-to-date knowledge of student progress and any taught components.
- **The programme administrator** will be able to answer information about course procedures and protocols, e.g., attendance, submission, mitigations etc.

<p>Professor Catherine Gallop Director of Clinical Training (PGT) for CEDAR</p> <p>C.A.Gallop@exeter.ac.uk</p>		<p>Professor Paul Farrand Director of Low Intensity CBT Training</p> <p>P.A.Farrand@exeter.ac.uk</p>	
<p>Eve Bampton-Wilton Programme Lead</p> <p>e.bampton-wilton@exeter.ac.uk</p>		<p>Katie Lockwood Programme Lead</p> <p>Katie.Lockwood@exeter.ac.uk</p>	
<p>Laura Blaken Programme Administrator</p> <p>PWP-PGDip@exeter.ac.uk</p>		<p>Jez Stephens Lecturer</p> <p>j.c.w.stephens@exeter.ac.uk</p>	

Communication

For day-to-day communication, including results notifications, we use students' University of Exeter email addresses, so **it is essential that students check this address regularly or set up forwarding** to their main email address.

Students: please ensure you use your university email to contact tutors and programme team members, rather than your service or personal accounts.

For general enquiries, please use the generic email address provided on the cover page. For more individual support or any personal concerns, please contact your personal tutor directly.

Course overview

This programme provides a unique opportunity to receive in-depth training, specifically tailored to the Senior PWP role. In this context, the word 'Senior' can refer to a number of different job roles within an NHS-TTad service, like Senior PWP, specialist PWP, PWP Team Lead, PWP Service Lead and more. Often when a Senior PWP steps into a post, a lot of learning happens on the job, or as a result of the Senior PWP pursuing further training or reading entirely in their own time. A Senior PWP is a unique position within NHS-TTad, sitting in middle management and balancing needs of PWPs, but also requirements from their Clinical/Service Lead. The course will focus on supervisory practice, developing your skills and confidence as a leader and enhanced evidence-based practice in low intensity CBT, with the aim of supporting career progression within PWP and Senior PWP roles. Students will have an opportunity to develop knowledge and competence in key areas of the low-intensity role and think about how to translate this effectively into clinical practice, as well as supporting their teams and less experienced PWPs to do the same. It will support students to utilise their unique skills more effectively and foster both professional and personal development. Students will have key skills developed to contribute to improvement and innovation within their service and be responsive with taking action to address key areas of need identified at service, regional and national levels.

Aims and Remit:

This programme will offer Psychological Wellbeing Practitioners the opportunity to:

- Extend, enhance, and adapt their practice to effectively work with an increasing diversity of patient populations and clinical presentations.
- Develop knowledge and competency required to be an effective clinical supervisor.
- Develop knowledge of evidence-based practice to appreciate ways to apply research into clinical practice, service development and implementation.
- Develop an understanding of leadership skills relevant to Senior PWP roles and in enhancing Step 2 service delivery.

Students can take the course at degree level (GradDip) or postgraduate level (PGDip). Teaching, assessments and the pass mark for clinical competency assessments are the same, however for the GradDip the pass mark for academic assignments is 40% and for the PGDip the pass mark is 50%.

The GradDip/PGDip Psychological Therapies Practice (Low Intensity Cognitive Behavioural Therapy) can be undertaken following successful completion of the Grad/PGCert Psychological Therapies Practice (Low Intensity Cognitive Behavioural Therapy) programme taken within CEDAR, or an equivalent HEE nationally commissioned NHS-TTad programme accredited by the British Psychological Society (BPS). Students must be at least one year post qualifying as a PWP prior to attendance.

Students must be working within a low-intensity role within a fully functioning NHS-TTad service. As part of their role within service, once they begin the supervision module they must be offering clinical supervision (this must include case management and clinical skills) to other PWPs.

The course consists of four modules, each consisting of 5 or 6 taught days. Consistent with supervision responsibilities taken on by Senior PWPs, **the supervision module is compulsory.** Those that have attended the LI NHS-TTad 5 day supervision training will not need to attend teaching days

already previously attended but will need to attend the supervision of supervision sessions and undertake the required assessment components in order to gain the credits for the module. To enable PWP's to develop in a way consistent with service preference, need and future development, **choice of two out of three other 20 credit modules is offered.**

Each module has 2-3 assessments. Assessments are a mixture of clinical, academic or service-based. NB: all students will need to engage with additional private study, for example for assessment preparation, further reading etc.

ELE: All timetables, day schedules, course materials and resources are on the course intranet ELE (Exeter Learning Environment) <https://vle.exeter.ac.uk/> . Each student has a unique log in to this protected area.

Taught Day timings & locations: Locations for each taught session are detailed on the timetable, available on ELE. At the time of writing the sessions will be a blend of in-person and remote learning. The specific days may be subject to change depending on availability of teaching staff. Sessions usually run from 9.30am – 4.30pm.

Attendance & absence: Attendance is expected to be 100%. All training activity is monitored and logged, and regular reports are made to the student's service and to the course commissioners. Any absences are noted to the student's service. For the sake of clarity, this means that all scheduled activities should be undertaken at the times specified in the day schedule, and all homework tasks completed prior to the next taught day. **If any student cannot attend or undertake the activities at these times they MUST send an email to the teaching team on PWP-PGDip@exeter.ac.uk.** In some cases a 'catch up' option may be agreed, but if this is not possible then an absence will be noted and the student's service will be notified. **If a student's attendance drops below 80% on a module, for example through illness or adverse circumstances, the student may not be able to continue training, may not be awarded their qualification or may be required to undertake incomplete modules again.** If illness or unexpected circumstances affect a student's ability to engage with the course at the present time, the option of interrupting studies (suspending studies and then resuming at a later date – see [Appendix 4](#)) may be available (Please be aware that at the time of writing this is a pilot delivery of the programme, therefore subsequent deliveries of this programme cannot be guaranteed).

- **Timekeeping and attention:** Timekeeping and attention on the programme is expected to be as rigorous as at the workplace. Timekeeping is monitored and any recurrent lapses are notified to the student's supervisor. Similarly, students' full attention and engagement in the teaching and associated activities is expected, just as in the workplace. Students are expected to be out of the office if the teaching falls on a working day, so emails and work accounts closed down and suitable cover arranged. Any recurrent lack of engagement will be notified to the service supervisor and may result in ceasing the programme place.
- **Support, study support, accessibility and wellbeing:** All students are allocated a personal academic tutor to provide support for personal or service issues that arise and impact a student's ability to attend or engage, and as main point of contact for their service supervisor. In addition, all students can access the University's study skills support, AccessAbility team, IT support and Wellbeing services - see [Appendix 7](#) for full details. **Students who may need an Individual Learning Plan (ILP) to support their learning due to physical or learning needs or other additional needs are advised to contact the AccessAbility team as soon as possible, preferably prior to starting the course, as there are many adjustments (including extensions to**

deadlines and extended examination times) that the teaching team can make, but only where there is a documented ILP in place advising such.

- **Liaison with managers/supervisors/clinical leads:** Academic tutors discuss marks, performance and any difficulties with service supervisors/clinical leads. At the start of the course, the personal tutors will set up calls to service supervisors to give details of upcoming modules/assessments and to offer clarification on any aspect of the course as needed. Personal tutors will also arrange a mid-point review call with service supervisors, which will be an opportunity to check-in with progress of the course and that the student is receiving the most appropriate service support. Service supervisors may contact a student's personal tutor or any member of the programme team at any time to discuss course requirements or students' needs.
- **Professional practice:** All students must always seek to act within the Codes of Practice and Professional Conduct as defined by their service and a professional and/or accreditation body. As such students are encouraged to join an appropriate professional body, such as the British Association of Behavioural and Cognitive Psychotherapies or British Psychological Society.
- **Confidentiality:** Students must ensure that at all times, when discussing or describing their work and their personal response to their work, that they protect patient, colleague and family and friends' confidentiality by not revealing information that could identify an individual in **any way**. The only exception is if they have concerns relating to the safety of a cohort peer or risk of harm to others. In such exceptions they should discuss with the teaching team to whom information should be disclosed and to what extent. For full guidelines see [Appendix 6](#).

Course content, assessments and passing or failing the course

- **There are 4 modules. Two out of three of the optional modules must be chosen:**
 - Supervising Evidence-based Psychological Therapies (Low Intensity Cognitive Behavioural Therapy) (Compulsory)
 - Introduction to Leadership (Optional)
 - Enhanced Practice (Optional)
 - Evidence-Based Practice (Optional)
- **Each module has 2-3 assessments, which could be clinical, academic or service-based.**
- **Two attempts for each assessment are allowed.** Second attempts are capped at the pass mark, which also results in the overall mark for the module being capped at the bare pass mark. Failure of a second attempt results in failure of the programme and termination from the course. (See [Appendix 1](#))
- **Failing the course:** Failure of a second attempt at an assessment (less than 50% for clinical assessments or less than 50% (40% for GradDip pathway) for an academic assessment) results in termination from the programme. Under such circumstances training cannot be completed and no academic credit is awarded for any modules with individual assessments failed. (See [Appendix 1](#))
- **Assessment submissions and late or non-submissions:** (See [Appendix 2](#)). All work must be submitted on time through the procedures specified and according to the Cohort timetable. Late submissions of first attempts within an hour of the deadline will be docked 5 marks. Late submissions (up to 2 weeks) are capped at the pass mark; submissions beyond 2 weeks are considered non-submissions and therefore score 0 and the whole module is capped at the pass mark. For second attempts there is no 2-week period grace period; submitting beyond the assessment deadline will result in a failure mark being recorded (and also results in a failure of the course). Extensions cannot be granted except by Mitigation. **Any student experiencing difficulties with submitting work on time should speak to their personal tutor as soon as possible.**
- **Adverse circumstances, Mitigation and Interruption:** If a student is unable to submit an assignment of appropriate quality within the deadline due to short term circumstances beyond their control (e.g., short term illness, difficulties with caseloads etc) they may request Mitigation by submitting a mitigation request via the form on ELE. The Mitigation Committee reviews the request and decides whether to grant mitigation, such as an extension. If a student experiences longer term circumstances that impact severely on their ability to engage with the programme it may be possible to interrupt, i.e., to pause studies and resume them again at a later date. See [Appendix 4](#) for full details (Please be aware that at the time of writing this is a pilot delivery of the programme, therefore subsequent deliveries of this programme cannot be guaranteed). **In all cases students and/or supervisors are advised to speak to their course tutor if experiencing difficulties.**
- **Marking turnaround and results:** The turnaround time for marking of academic work is 3 weeks, and 5 weeks for clinical assessments. Results are sent out via email to the student's University email account and copied to designated service supervisors.

Supervising Evidence-based Psychological Therapies (Low Intensity Cognitive Behavioural Therapy)

Learning objectives and key topics covered

This compulsory Supervision module is based upon the Roth & Pilling (2010) competency framework and NHS-TTad Supervision Guidance and covers generic supervision competencies in addition to Low Intensity specific supervision competencies. The 5 days are delivered in 3 blocks and spread out across 4 months to give time to practice and consolidate new learning.

Key topics covered

- Days 1 & 2 Generic supervision competencies (contracting, agenda setting, principles of learning theory, supervisory relationship, evaluation of supervisees).
- Days 3 & 4 PWP specific competencies (case management and clinical skills supervision, use of supervision questions, group supervision, supervision challenges)
- Day 5 Consolidation, reflection, supervision of supervision and ethical practice.
- Supervision of supervision. This will be a combination of university-led peer supervision sessions, as well as feedback which will be provided by your university tutor based on the formative and summative competency assessments.

Assessments

Formative Supervisor Clinical Competency Assessment

For taught day 5 you will be asked to bring along a 15-minute extract from a genuine supervision session. You will be required to play a section of this extract within small groups and will have 10 minutes for your group to provide peer feedback. For those undertaking the Grad/PGDip, you will also be required to submit this 15-minute extract as a formative supervisor competency assessment. Your personal tutor will schedule a call to provide feedback, which should inform future supervision sessions and your summative supervisor competency assessment.

For the formative assessment, students must fill out a self-rated case management supervision assessment form and submit this along with their recording to inform discussions with their tutor. Details of these deadlines will be communicated to you on commencement of the course.

- **Submission** - by 11am on the day of submission, remotely by uploading to a secure form (link on ELE). You must also submit the Coversheet and Consent form signed by yourself and the relevant supervisee.
- **Feedback generated** using the Supervisor Competency Assessment Marking Scheme, which can be found in the Supervision Portfolio and on ELE.

Formative Reflective Commentary

You will need to provide a 500-word reflective commentary, based on a recent supervision session, in which you were the supervisor. A guidance document detailing what to include and how to

structure your reflections will be made available on ELE. This is an opportunity for you to explore what is going well in your supervisory practice and identify areas for you to refine and improve. Your reflections should inform future supervision sessions and your summative supervision competency assessment.

- **Submission** by 11am on the day of submission, via blog on ELE. The staff team will provide feedback by replying to your blog. You are encouraged to read through reflective commentaries submitted by your peers, as well as feedback given in response.

Summative Supervisor Clinical Competency Assessment

- **Recording of a genuine unedited low-intensity Clinical Case Management Supervision session of between 45 and 60 minutes.**
- **Submission** - by 11am on the day of submission, remotely by uploading to a secure form (link on ELE). You must also submit the Coversheet and Consent form signed by yourself and the relevant supervisee.
- **Marked** using the Supervisor Competency Assessment Marking Scheme, which can be found in the Supervision Portfolio and on ELE.
- **To pass a student must gain: 50% overall, with a minimum of 50% in sections 2 and 3, and a minimum of 50% in the risk section.**
- **Failure in this assessment will result in a maximum failure mark of 49.**
- Please note the following:
 - **the Risk Assessment is an auto-fail section**, i.e., failing the risk assessment means failing the whole assessment.
- **Results are given 5 weeks from date of assessment**, via email to the student (using their university email address) and service supervisor
- **In the event of failure**, students will receive detailed feedback and be invited to attend a Skills Top-Up session.
- **Reassessment:** 4 weeks from the Skills Top-Up session. Marks for reassessments are capped at 50%, and the overall module mark is also capped at the bare pass mark.

Summative Reflective Commentary

- **1500-word reflective commentary** providing a critically reflective account of the student's practice as a low-intensity clinical supervisor as demonstrated in the summative supervisor competency assessment.
- **Content:** the assignment is divided into three sections:
 - **Section 1 (approx. 250 words)** describing one or two aspects of the student's practice as a clinical supervisor as demonstrated in the summative supervisor competency assessment

- **Section 2 & Section 3 (approx. 1250 words)** providing a critical reflection, with detailed reference to both supporting and contrasting views from the evidence base, of an aspect or aspects of the student's approach to supervising as described in Section 1, including any wider implications for their supervisee, patients and service. From this, students should draw conclusions about ways forward to improve their practice as a clinical supervisor. NB, an Action Plan may be optionally included as an Appendix (additional to the main word count but within a maximum of 500 words).
- **Submission** via ELE2 module page by no later than 11 am on the date of assessment.
- **Confidentiality MUST be maintained (failure to do so results in auto-fail).** Students must anonymise any supervisees or patient cases referred to, removing all reference to actual supervisee or patient names or identifying features (including but not limited to: place of residence, service within which supervisee works or patient was seen, family or children names, ages, anything too specific regarding their circumstances, health conditions, background, job etc that could lead to possible identification).
- **Marked using University-wide marking criteria** for Level 6 (GradDip) and Level 7 (PGDip) assessments using the College of Life and Environmental Science (CLES) notched marking scheme ([Appendix 2](#)), focussing particularly on the following:
 - **Structure and organisation** - students are expected to clearly adhere to the required structure for this reflective piece, and for their writing to be clear and accessible with points made linking into clearly understandable arguments/viewpoints.
 - **Knowledge and understanding** - students are expected to display a sound breadth and depth of knowledge and understanding of supervisory practice, particularly as it relates to LI working, and the ability to show relevant and correct information about the chosen topic, with references to the literature base.
 - **Theory into practice links** - students should use literature and the evidence base to support their knowledge, understanding and reflections on their practice as a low-intensity clinical supervisor.
 - **Critical reflection** - students should demonstrate the ability to reflect on their practice as a clinical supervisor using a critical and evaluative stance taking into account varied standpoints evidenced in the literature base, then to draw conclusions from these reflections about ways forward in the future.
 - **Sourcing** – students should demonstrate the depth and breadth of their reading, use a variety of literature to support their writing, show ability to critically evaluate sources and use APA referencing protocols appropriately.
- **To pass** a student must gain **50% or more for the PGDip qualification**, and **40% or more for the GradDip qualification**.
- **Results are given 3 weeks after the date of assessment**, via email to the student (using their university email address) and service supervisor
- **In the event of failure**, students should contact the teaching team to receive detailed feedback.
- **Reassessment:** 4 weeks from the date initial results were provided. Second attempts are capped at the pass mark. The overall mark for the module is also capped at the bare pass mark.

Supervision Portfolio

- **This document (see ELE) provides a portfolio of a student's work-based evidence demonstrating the following.**
 1. Consent to record CMS Sessions
 2. Supervision Contracting
 3. Participation in University Supervision of Supervision
 4. Delivery of CMS & Clinical Skills Supervision
 5. Reflective Practice as a Supervisor
 6. Evaluation of own Supervisory Practice
 7. Roth & Pilling Supervisor Competences
 8. Service Supervisor Statement of Competence*
- ***The portfolio requires 'signing off' by the appropriate supervisor(s) – where hand signatures are not possible due to remote working see 'Submission' below for remote signing instructions.**
- **Evidence provided to the in-service supervisor can be:** direct observation by the clinical supervisor; via discussion and questioning by the clinical supervisor; testimony from other colleagues; written supervision records; audio/video recordings of supervision sessions; reflective accounts of how the student has achieved the outcome(s) drawing upon the research evidence base; feedback volunteered by supervisees etc.
- **Log of conducting case management supervision hours** - a minimum of **10 hours** of conducting formal case management supervision is required by the end of the course. Students should record and sign off each supervision session to date (in minutes), then the service supervisor countersigns as a true record.
- **Log of conducting clinical skills supervision hours to date** - a minimum of **5 hours** of conducting formal clinical skills supervision is required by the end of the course. Only formal clinical skills sessions can be recorded: they must be pre-arranged 1-1 or small group sessions focussed on case review and/or clinical skills development. Record each session (in minutes), each signed off by the student and countersigned by the service supervisor as a true record.
- **Multiple supervisors** – if multiple supervisors are signing the outcome document, each of their names, signatures (if applicable) and contact details must be on page 1 of the document.
- **Submission** - via ELE2 module page by no later than 11am on the deadline date. Students must print the document, hand sign it themselves and have it reviewed and countersigned by their service supervisor in each of the required places, then scan the signed document and submit as a pdf. **Where printing and/or hand signing is not possible use the remote sign off procedure as follows:**
 1. Student signatures – name can be typed
 2. Supervisor signatures – name can be typed
 3. The document can then be uploaded to ELE as usual

4. **In addition, the supervisor should email PWP-PGDip@exeter.ac.uk with the completed document attached and the appropriate statement included in the body of the email:**
- a. **If all competencies are met** include in the email body "I can confirm that I am signing off all elements of the module outcome document for [student name], as attached to this email".
 - b. **If a student has failed one or more competencies** include in the email body "I can confirm I am signing off all elements of the module outcome document for [student name], as attached to this email, except for the signatures on pages/against specific competences [state which competence(s)]"

If more than one supervisor has signed the document, only one supervisor should email but they should state they are signing on behalf of the other named supervisor(s) who have signed off the document.

- **To pass**, the student's service supervisor must review the document and evidence within and sign off all elements (including the logs and the Final Statement of Achievement) by hand signing or using the remote signing procedure described above. All elements must also be signed off by the student. The document must then be submitted as above.
- **To fail**, the service supervisor is making themselves accountable for the competency of the student, therefore the supervisor should NOT sign the student as competent on an outcome if they feel the student has not demonstrated the required competency. Instead, following discussion with the service clinical lead, the academic tutor and the student, supervisors should leave unsigned any outcomes not yet fully met, sign off the student as 'Unsuccessful' in the Final Statement of Achievement and include a short report detailing why the student has not yet met the competencies and the proposed actions to be taken by the student to remedy the situation. Then submit as above.
- **Errors** - any minor errors noted after submission by programme staff will be reported to the student with a 2-week turnaround to correct. Any major errors will be reported to the student with a 6-week turnaround to correct. Correcting the errors within the allocated timeframe leads to no penalties. Failing to resubmit a corrected and appropriately signed off document within this correction period counts as a failure.
- **In the event of failure**, the student's academic tutor will meet with the supervisor and student to agree and record an action plan designed to achieve the failed competency and agree a resubmission date. The overall module mark will be capped at the bare pass mark.

Reassessment: 4 weeks from the feedback being given (or as agreed in discussions).

Introduction to Leadership

Learning objectives and key topics covered

In this module you will gain a critical understanding of key leadership topics relevant to the role to help you work effectively as a leader and implement change. This module will provide a tailored introduction to leadership, enabling students to develop knowledge and competency in leadership, organizational theory and principles of implementation science applied to NHS-TTad Step 2 and Senior Practitioner roles. It will include content on values-based service improvement within NHS-TTad and achieving and sustaining a culture for effective delivery and improvement. You will broaden the knowledge and skills that contribute to sustained personal and system resilience. You will develop your knowledge of the fundamental principles of leadership, how successful team development is achieved and develop an advanced knowledge of competencies necessary for leading team improvement.

Key topics covered

- **Why is leadership important? Where do you fit?**
- **Leadership vs management**
- **Compassionate leadership (personal resilience)**
- **Supporting resilience of team members**
- **Challenges in leadership**
- **Leading high-performance teams and what does your team expect from you?**
- **Building relationships and establishing influence**
- **Improvement as a social movement**

The teaching is spread across five teaching days, with a sixth scheduled for the live presentations. There will be a blend of many different teaching styles to help students get the optimal experience, but you will also have an opportunity to reflect on your role as a leader, using a variety of tools to support putting your learning into practice, for example the NHS 360 feedback and tailored coaching sessions. You will have 2 x 60 minute coaching sessions, spread across the duration of the course. The first coaching session will be approximately mid-way through the module and will form part of the formative assessment. The second session will be directly related to your summative presentation, which will be based on how you have/intend to put an element of your learning into practice in your service. This will be scheduled after the module finishes in order to give students time to put learning into practice and will be to review implementation and progression of acquired leadership skills.

Assessments

Formative Reflective Commentary

For this submission, you will need to provide 2 x 250-500-word reflective commentaries based on your learning and reflections from Days 1 & 2, and later Days 3 & 4. It is an opportunity for you to reflect on what is going well in your role already and begin to identify areas to refine and improve moving forwards.

- **Submission** via blogs on ELE. Further guidance will be given on Days 2 & 4.

Summative Reflective Commentary

- **2500-word reflective commentary** providing a critically reflective account of the student's implementation of **one example** of applying leadership skills within their current service-based role.
- **Content:** the assignment is divided into three sections:
 - **Section 1[WHAT?] (approx. 300-400 words)** describing an aspect of the student's professional practice as a leader within service.
 - **Section 2[SO WHAT?] & Section 3[NOW WHAT?] (approx. 2100-2200 words)** providing a critical reflection, with detailed reference to both supporting and contrasting views from the evidence base, of an aspect of the student's approach to leadership as described in Section 1, including any wider implications for their colleagues and service (including other stakeholders e.g. patients, the wider community, other services). From this, students should draw conclusions about specific ways forward to improve their professional practice as a leader. NB, an Action Plan may be optionally included as an Appendix (additional to the main word count but within a maximum of 500 words).
- Please use the **Rolfe, Freshwater & Jasper (2001)** model of reflection (What? So What? Now What?)
- **Marked using University-wide marking criteria** for Level 6 (GradDip) and Level 7 (PGDip) assessments using the College of Life and Environmental Science (CLES) notched marking scheme (See [Appendix 2](#)), focussing particularly on the following:
 - **Structure and organisation** - students are expected to clearly adhere to the required structure for this reflective piece, and for their writing to be clear and accessible with points made linking into clearly understandable arguments/viewpoints.
 - **Knowledge and understanding** - students are expected to display a sound breadth and depth of knowledge and understanding of theories concerning leadership, particularly in relation to your current role, and the ability to show relevant and correct information about the chosen topic, with references to the literature base.
 - **Theory into practice links** - students should use literature and the evidence base to support their knowledge, understanding and reflections on their implementation of leadership skills.
 - **Critical reflection** - students should demonstrate the ability to reflect on their implementation of leadership skills using a critical and evaluative stance taking into account varied standpoints evidenced in the literature base, then to draw conclusions from these reflections about ways forward in the future.
 - **Sourcing** – students should demonstrate the depth and breadth of their reading, use a variety of literature to support their writing, show ability to critically evaluate sources and use APA referencing protocols appropriately.
- **To pass** a student must gain **50% or more for the PGDip qualification, and 40% or more for the GradDip certification.**

- **Submission** via ELE2 module page by **no later than 11am on the date of assessment** and accompanied by associated cover sheet (available on ELE). Please note that the reflective commentary and the coversheet are submitted separately.
- **Results are given 3 weeks after the date of assessment**, via email to the student (using their university email address) and service supervisor
- **In the event of failure**, students should contact the teaching team to receive detailed feedback.
- **Reassessment:** 4 weeks from the date initial results were provided. Second attempts are capped at the pass mark. The overall mark for the module is also capped at the bare pass mark.

Formative Presentation (proposal for implementing leadership skills)

- **You will need to submit draft slides of a presentation**, showcasing how you intend to, or are currently, implementing your learning from a specific topic(s) from the leadership module into practice in your current job role within your service, your reflections and ways forward. (Note, the scenario you focus on should be different from that focussed on in the reflective commentary).
 - Your implementation of this will go on to form the basis of your summative presentation which will provide the opportunity for you showcase the learning and reflections you have acquired on this aspect of leadership.
 - Submission as a PDF, with one slide per page and any notes underneath (notes should not carry onto a second page) via ELE2 module page.

Summative Presentation (implementing leadership skills for service improvement)

- **Live 15-minute (plus 5 minutes for questions) clinical case presentation** showcasing your understanding of leadership. This will be an opportunity for you to showcase how you have put your learning from a specific topic(s) from the leadership module into practice in your current job role within your service, your reflections and ways forward. (Note, the chosen scenario should be different from that focussed on in the reflective commentary).
- **Content:** The presentation should critically examine how you are implementing your learning from a specific element of the leadership module into your job role (note this should related to the leadership element of your role, rather than your clinical work). The presentation should show your knowledge and understanding of the theory and evidence-base behind your chosen leadership topic, and should cover how you planned to put this learning into practice, how the implementation has progressed, outcomes and reflections. It should be a critical reflection drawing strongly on the evidence base and identifying any learning to be carried forward. If you are in any doubt about whether a scenario is suitable for the presentation, please contact your personal tutor for clarification.
- **Submission.** Students should submit the **PowerPoint presentation file**, which they will use for their presentation the **day before the live presentation**, remotely by uploading to a secure form. Note the following essential submission criteria:

- **Confidentiality MUST be maintained (failure to do so results in auto-fail).** Students must anonymise their presentation removing all reference to any names or possible identifying features. See [Appendix 6](#).
- **Confidentiality and ethics statement must be included** in the initial presentation slides, this statement is available on ELE. (NB: Marking and associated timing will only start after the statement has been given.)
- **All presentations must be specifically relevant to the PWP/ Senior PWP role.** The student will be required to do the presentation in front of the academic tutors and the rest of their cohort, so it is important they feel comfortable in openly discussing their chosen subject matter within this forum.
- **Marked** using the Presentation Marking Scheme (see ELE). Marks are awarded according to:
 1. **Structure & organisation 10%**
 2. **Delivery & timing 10%**
 3. **Knowledge & understanding 30%**
 4. **Theory into practice 40%**
 5. **Use of source materials 10%**
 6. **Confidentiality** - no marks but auto-fail if not adhered to
- **To pass, a student must gain: 50% or more for the PGDip qualification, and 40% or more for the GradDip certification.**
- **Results are given 3 weeks from date of assessment,** via email to the students (using their university email address) and service supervisor
- **In the event of failure, students** can request detailed feedback from the teaching team.
- **Reassessment:** 4 weeks from the day results were provided. Marks for reassessment are capped at 50% and the whole module is capped at the bare pass mark.

Enhanced Practice

Learning objectives and key topics covered

This module will help ensure you are kept up to date with the latest developments in low-intensity CBT practice and enable you to maintain your competencies in emergent competencies and knowledge arising from curriculum revision. It will develop enhanced knowledge and clinical practice skills to work with a more diverse range of patients, with potentially more complex and therefore challenging presenting problems/surrounding contexts, while adhering to the low-intensity evidence-base. It will also support you with disseminating this knowledge to your teams and building up knowledge and confidence to translate this into practice with their patients.

The first teaching day will require all students who have selected this module to attend. This initial session will introduce you to features associated with enhanced practice that will complement content addressed within all other modules available within the course. This will be followed by 4 masterclasses which will have been pre-selected by the student, which will be spread over 2 terms to enhance personal reflection and ongoing embedding of learning and putting competencies into practice. The masterclasses available include:

1. Working with Autistic Spectrum Disorder at Step 2
2. Delivering LICBT Groups
3. Working with Perinatal Mental Health at Step 2
4. LICBT for Panic Disorder
5. LICBT for Insomnia
6. LICBT for Obsessive Compulsive Disorder
7. Step 2 Assessments: Complex Presentations
8. Cultural Competence

A final 'Presentation' day will provide an opportunity to reflect on learning along with your peers to demonstrate how you have embedded learning into individual practice and at the level of the service.

Practice-based requirements:

To facilitate reflection-on-practice, for each masterclass attended you should have the opportunity to apply the competencies learnt to at least two relevant patient cases. The patient cases do not need to be complete by the end of the training programme, however:

- You will need to evidence of completion of at least three clinical sessions per patient
- For '**Step 2 Assessments: Complex Presentations**' you should instead demonstrate **assessment with at least 4 different patients**, but you do not need to evidence any treatment sessions for this masterclass (however, your written reflections may include reference to subsequent 'follow-up' or treatment sessions if relevant to your 'learning into practice').
- For '**Delivering LICBT Groups**' your patient logs should demonstrate that you have run at least **2 different LICBT groups**. These may be one day workshops or groups with multiple sessions but evidence that you have delivered at least one session per group will suffice. For 'Patient ID', please **state the name of the LICBT group delivered** instead of an individual patient ID. You will still need to demonstrate that you have received LI Supervision in relation to both groups delivered.

Assessments

1. Reflective Portfolio

The purpose of Reflective Portfolio is to evidence 'learning into practice' and reflective practice across all 4 masterclasses attended. The portfolio includes a 2000-word reflective commentary.

Formative (Reflective Commentary only)

- **A 500-word reflective commentary based on your experience of applying learning from one of the masterclasses to your clinical practice and how you intend to take your learning forward within your clinical role.** This is an opportunity for you to reflect on what is going well in this area of your clinical practice and identify areas for you to refine and improve.
- You will be able to review each other's reflections and tutor feedback, to facilitate peer learning. Feedback will be provided by the teaching team to inform the summative reflective commentary, which forms part of the reflective portfolio.
- The patient case used for this formative assessment should be different to that used to inform the summative reflective commentary. This is to encourage reflection and learning across a broader range of topics within the module.
- Submission - via ELE blog. You should blog your completed table as per instructions in the Formative Reflective Commentary Guidance document found on ELE.

Summative Reflective Portfolio

- **You will need to submit a reflective portfolio, which also includes a 2000-word reflective commentary.** The portfolio is an opportunity to provide a detailed reflective account of your developed clinical practice as a result of attending your chosen masterclasses. It will require signatures from your clinical supervisor who oversees your patient cases, and a patient contact log to detail your relevant clinical work. All components of the portfolio are marked as pass/fail, with the exception of the reflective commentary component which will be assigned a mark based on Grad/PG criteria. You must pass all components in order to pass the assignment.
- The portfolio includes:
 - A List of Masterclasses attended
 - A log of contacts with patients evidencing your clinical work in relation to each masterclass (specific clinical contact requirements covered earlier)
 - A log of case management supervision hours demonstrating engagement with clinical supervision sought for patients logged in relation to each masterclass.
 - Evidence of reflection on practice for each masterclass, in the form of either a short reflective statement (3 required) or an extended reflective commentary (1 required).
 - A 'Supervisor Statement of Competence' for each Masterclass attended.
- **2000-word Reflective Commentary Component:** The reflective commentary within the portfolio needs to be based on a patient case included on your patient contact log. It should be a critical reflection on your experience of applying learning from one of the masterclasses to your clinical

practice. It should discuss how you intend to take your learning forward within your clinical role. It is an opportunity for you to reflect on what is going well and identify areas for you to refine and improve. **Please see the Reflective Portfolio Guidance Document for further details of what must be evidenced in the portfolio and how to structure and write your reflective commentary.**

*the presentation and reflective commentary should demonstrate learning from two **different** masterclasses and as such should be based on two different patient cases*

- **Submission:** via ELE2 module page.
- **Results are given 3 weeks after the date of assessment,** via email to the student (using their university email address) and service supervisor
- **In the event of failure,** students should contact the teaching team to receive detailed feedback.
- **Reassessment:** 4 weeks from the date initial results were provided. Second attempts are capped at the pass mark. The overall mark for the module is also capped at the bare pass mark.

Clinical Case Presentation

Formative Presentation: Draft presentation slides

- **You will need to submit draft slides of a presentation, based on a patient case you have worked with relevant to one of the masterclasses attended (content covered below in 'summative').** This is an opportunity for you to receive tutor feedback on the content of your clinical case presentation, which should inform the summative submission.

*The presentation and reflective commentary should demonstrate learning from two **different** masterclasses and as such should be based on two different patient cases.*

- **Consent:** you must obtain consent from your patient to use their anonymised information from your sessions in this assessment and submit valid evidence of this consent alongside your presentation submission. Different consent processes are used depending on whether consent is gained in-person or remotely. You must use the correct consent form, found on ELE.
- **Submission** via a secure form by no later than 11 am, Monday 12th June, and accompanied by associated coversheet (available on ELE). Please submit your draft slides in the form of an electronic PDF handout with one slide per page. You must also submit the correct consent form signed by yourself and the relevant patient in the same way, by the same deadline.

Summative Presentation

- **Live 15-minute (plus 5 minutes for questions) presentation** showcasing student's understanding of the masterclass content, and ability to apply this to clinical practice. The summative presentation will be an opportunity for you to build on your formative proposal and should be informed by the feedback received in response to this.

*the presentation and reflective commentary should demonstrate learning from two **different** masterclasses and as such should be based on two different patient cases*

- **Content:** Your presentation should demonstrate knowledge and understanding of a specific topic from one of the masterclasses and demonstrate how you have applied this learning to a relevant patient case. You should critically reflect upon your experience of this case, discussing how coupled with broader learning from the masterclass and wider reading, it will inform your clinical practice going forwards. You should consider how you will embed this learning into your individual practice and at a service-level. The presentation should demonstrate understanding of the theory and draw strongly on the evidence-base. Please see the full Clinical Case Presentation Marking Scheme and Guidance Document in the Enhanced Practice tile on ELE.

If in any doubt about whether a patient case is suitable for the presentation, please contact your personal tutor for further guidance.

- **Consent:** You must obtain consent from your patient to use their anonymised information from your sessions in this assessment and submit valid evidence of this consent alongside your presentation submission. Different consent processes are used depending on whether consent is gained in-person or remotely. You must use the correct consent form found on ELE.
- **Submission:** You should submit the PowerPoint presentation file which you will use for your presentation **the day before the live presentations**, remotely by uploading to a secure form (link on ELE). You must also submit the correct Consent form signed by yourself and the relevant patient in the same way, by the same deadline. Note the following essential submission criteria:
 - **Confidentiality MUST be maintained (failure to do so results in auto-fail).** Students must anonymise their presentation removing all reference to any names or possible identifying features. See [Appendix 6](#).
 - **Confidentiality and ethics statement must be included** in the initial presentation slides, this statement is available on ELE. (NB: Marking and associated timing will only start after the statement has been given.)
 - **The student will be required to present the presentation in front of the academic tutors and the rest of their cohort**, so it is important they feel comfortable in openly discussing their chosen subject matter within this forum.
- **Marked** using the Presentation Marking Scheme (see ELE). Marks are awarded according to:
 - **Structure & organisation 10%**
 - **Delivery & timing 10%**
 - **Knowledge & understanding 30%**
 - **Theory into practice 40%**
 - **Use of source materials 10%**
 - **Confidentiality** - no marks but auto-fail if not adhered to
- **Results are given 3 weeks from date of assessment**, via email to the students (using their university email address) and service supervisor
- **In the event of failure, students** can request detailed feedback from the teaching team.

- **Reassessment:** 4 weeks from the day results were provided. Marks for reassessment are capped at 50% and the whole module is capped at the bare pass mark.

Evidence-Based Practice

Learning objectives and key topics covered

PWPs will appreciate the interaction between the main components –Best Research Evidence, Clinical Expertise, Patient Values– associated with Evidence-Based Practice. This module will help you appreciate a range of methodological approaches to inform these areas of practice, alongside developing competency in evaluating research evidence prior to considering implementation. However, being an evidence-based practitioner extends beyond understanding, appreciating, and evaluating research evidence. Evidence-based practice also involves appreciating the way in which patient values and clinical expertise should be appropriately balanced in practice. This collaborative approach will enable clinical practice to be tailored to meet the specific needs of patients and will enable you to consider meaningful adaptations to practice in order to accommodate the diverse needs of individual patients, as well as considering wider need and being able to inform service developments, for example to maintain effectiveness when delivering interventions, or enhancing access to identified patient populations. This module will enable you to reach the conscientious, explicit, and sagacious use of current best evidence in making decisions about the care of individual patients, evaluating, and enhancing service delivery and informing leadership.

This module will help you appreciate the core and essential features of evidence-based practice, which will enable you to challenge the notion that it is all about directly undertaking research. The module will enable you to evaluate the evidence-base and extend your practice beyond simply adopting research based on publication. This knowledge will enhance your competency in effective team leadership, as well as provide foundations and guidance for implementing service delivery or evaluation. You will also develop and further refine competencies around performance management in relation to the evidence-base, drawing on effective measures for improvement and how to meaningfully analyse performance and support PWPs make sense of this information.

Key topics covered

- Fundamentals of evidence-based practice and how may this inform your practice as a Senior Practitioner and more widely within your service.
- Appreciating essentials of service evaluation, audit and research within the MRC Complex Interventions framework and utility within services.
- Evaluating evidence and research quality.
- Incorporating evidence-based practice into the Practitioner role.
- Implementation Science and how does it inform practice as an evidence-based practitioner.

The module will run over 6 taught days, which includes a day for your presentation. It will run predominantly across the third term but with the assessed presentation day falling at the start of the new academic year, to allow sufficient time for consolidation of learning and personal reflection

before assessment. Time in class will be a combination of theoretical teaching and discussion, working with case studies, skills practice and reflective groups and independent reflective practice.

Assessments

Formative draft proposal overview for service evaluation

A 500-word overview of a proposal for a service evaluation you intend to carry out within your service. This has some key differences to more formal research, your understanding of which will be supported by the content of the module. This will give you a valuable opportunity to think about your project and get some feedback from your tutors in order to set you up for success.

We would like you to use the SBAR (Situation, Background, Assessment, Recommendation) framework to structure your proposal overview. For the purposes of this formative assessment, you can bullet point your ideas/content, if helpful.

- **Submission** via ELE2 module page by **no later than 11 am on the date of assessment** and accompanied by associated cover sheet (available on ELE). Please note that essay and the coversheet are submitted separately.

Formative presentation overview

You will need to submit draft slides of your presentation showcasing your understanding of evidence-based practice and how you plan to apply this within your current service role, to improve service delivery and ultimately patient experience and/ or outcomes. This should draw directly on your learning from the module and demonstrate how you intend to put this learning into practice within your service. This should be specifically related to an aspect of your current job role.

For further guidance about this assignment: Please see the **'Presentation (Summative Assessment): Guidance and Marking Scheme'** Document on ELE.

This formative submission should provide an overview of the slide presentation and the intended content (in the form of a PDF handout with 1 slide per page and relevant notes visible below each slide).

- **Submission** via ELE2 module page by **no later than 11 am on the submission deadline date**.

Summative Proposal for a service evaluation

You will need to submit a 2000-word concise structured report for a service evaluation proposal related to your clinical/ professional practice in service. This has some key differences to more formal research, your understanding of which will be supported by the content of the module.

We would like you to use the SBAR (Situation, Background, Assessment, Recommendation) framework to structure your proposal.

- **Submission** via ELE2 module page by **no later than 11am on the deadline submission date**.
- **Marked using University-wide marking criteria** or Level 6 (GradDip) and Level 7 (PGDip) assessments. To pass a student must gain 50% or more for the PGDip qualification, and 40% or more for the GradDip certification.

- **To pass** a student must gain **50% or more for the PGDip qualification**, and **40% or more for the GradDip certification**.
- **Results are given 3 weeks after the date of assessment**, via email to the student (using their university email address) and service supervisor
- **In the event of failure**, students should contact the teaching team to receive detailed feedback.
- **Reassessment**: 4 weeks from the date initial results were provided. Second attempts are capped at the pass mark. The overall mark for the module is also capped at the bare pass mark.

Summative Presentation exploring ways in which evidence-based practice have been applied in your role

This is a Live 15-minute (plus 5 minutes for questions) presentation showcasing your understanding of evidence-based practice and how you plan to apply this within your current service role, to improve service delivery and ultimately patient experience and/ or outcomes. This will be an opportunity for you to build on your formative proposal: for you to showcase your learning and reflections across the evidence-based practice module and demonstrate how you intend to put this learning into practice within your service. This should be specifically related to an aspect of your current job role.

Guidance: Your presentation must include:

- **An ethics and confidentiality slide including the following statement:**
“I have conducted the work within this presentation in line with the appropriate professional practice guidelines. I certify that the work reported in this presentation took place as described and can confirm that all names and identifying information have been changed to protect confidentiality.”

(Please also read this statement **in full at the start of your presentation**. We will start timing your presentation AFTER you have finished reading the confidentiality slide. We will stop marking your presentation when 15 minutes have elapsed)

- **An Introduction:**
 - This should be an overview of what you plan to cover in your presentation.
- **Background information, which should include:**
 - A brief summary of the problem/ issue identified, in relation to current service delivery.
 - Your understanding of relevant theory which will be applied to the problem/ issue identified.
 - A clear account of your proposed plan to improve service delivery, including how you will collaborate with others (e.g., colleagues, ‘experts by experience’, other stakeholders) and how the plan will be implemented to maximise the chance of successful/ desired outcome(s).
 - A clear account of how the proposal seeks to improve patient experience and outcomes (directly or indirectly).

- **Clear explanations of why and how learning from the module was applied to your practice, in collaboration with others.** These explanations should be incorporated throughout your presentation whenever relevant. You should also demonstrate why and how independent learning beyond the module was applied.
 - It is important that literature is used to support your ideas throughout.
 - It is important to be clear about how the proposal described clearly links to the problem/ issue with service delivery, as identified.
 - You should take a critical approach to your proposal and the literature used in support. Try to consider the potential impact of implementation from multiple perspectives. Consider the relevance as well as any strengths and weaknesses of literature referenced.
- **Conclusions**
 - This could include any reflections on your proposal so far. Are there any relevant factors, remaining uncertainties or potential barriers yet to be explored. Are there aspects of your proposal that require further thought and investigation before implementation? How will these be addressed going forwards (you may also give any details here of any implementation which has already taken place and reflections on impact so far)? Lastly, have you learnt anything from this experience which will shape your practice, in a broader sense, going forwards?
- **Submission.** You should submit the PowerPoint presentation file, which you will use for your presentation by **11am, the day before the live presentations**, remotely by uploading to a secure form (link on ELE), with accompanying coversheet.
 - **Confidentiality must be maintained (failure to do so results in auto-fail).** Students must anonymise their presentation removing all reference to actual patient/ colleague names or possible identifying features (including but not limited to: place of residence, service within which patient was seen, family or children names, ages, anything too specific regarding their circumstances, rare health conditions, background, job etc. that could lead to possible identification).
 - **Confidentiality and ethics statement must be included** in the initial presentation slides, this statement is included in the guidance above. (NB: Marking and associated timing will only start after the statement has been given).
 - **The student will be required to present the presentation in front of the academic tutors and the rest of their cohort**, so it is important they feel comfortable in openly discussing their chosen subject matter within this forum.
- **Marked** using the Presentation Marking Scheme (see ELE). Marks are awarded according to the following criteria:
 - **Structure & Organisation 10%**
 - **Delivery & timing 10%**
 - **Knowledge & understanding 30%**
 - **Theory into practice 40%**
 - **Use of source materials 10%**

- **Confidentiality** - no marks but auto-fail if not adhered to
- **To pass, a student must gain: 50% or more for the PGDip qualification, and 40% or more for the GradDip certification.**
- **Results are given 3 weeks from date of assessment**, via email to the students (using their university email address) and service supervisor
- **In the event of failure, students** can request detailed feedback from the teaching team.
- **Reassessment:** 4 weeks from the day results were provided. Marks for reassessment are capped at 50% and the whole module is capped at the bare pass mark.

Part 2 – Appendices

Appendix 1: Passing or failing the course and Appeals

Passing the course and final awards

Students must pass all module assessments to pass a module and all three modules taken to pass the course. Attendance must be no less than 80%. Final awards are calculated on an average of the module marks. Overall module marks are calculated using the following weightings:

Module weighting:

- **Supervision:** Clinical Competency Assessment - 70%, Reflective Commentary - 30%
- **Leadership:** Reflective Commentary - 50%, Presentation - 50%
- **Enhanced Practice:** Presentation - 50%, Reflective Portfolio - 50%
- **Evidence-Based Practice:** Presentation – 40%, Service evaluation/audit proposal – 60%

Final award calculation:

Final awards are calculated by adding together the overall marks from each module and dividing by 3 and are as follows:

GradDip

Qualifies for Distinction award	A final credit-weighted mark greater than or equal to 69.50% or A final credit-weighted mark greater than or equal to 68.00% and modules to the value of at least 50% with a module mark greater than or equal to 70%
Qualifies for Merit award	A final credit-weighted mark greater than or equal to 59.50% or A final credit-weighted mark greater than or equal to 58.00% and modules to the value of at least 50% with a module mark greater than or equal to 60%
Overall pass mark	A final credit-weighted mark greater than or equal to 40.00%

PGDip

Qualifies for Distinction award	A final credit-weighted mark greater than or equal to 69.50% or A final credit-weighted mark greater than or equal to 68.00% and modules to the value of at least 50% with a module mark greater than or equal to 70%
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Qualifies for Merit award	A final credit-weighted mark greater than or equal to 59.50% or A final credit-weighted mark greater than or equal to 58.00% and modules to the value of at least 50% with a module mark greater than or equal to 60%
Overall pass mark	A final credit-weighted mark greater than or equal to 50.00%

Receiving certificates

All final marks are ratified by the exam board before certificates can be issued. Once the exam board ratification has occurred, certificates will be sent to the student's home address, as recorded on the University of Exeter Student Record System. This process may take 2 – 3 months after final marks are awarded. Students should ensure that any changes of address are notified to the University.

Graduation

As a student of the University of Exeter, all students that pass the course will be invited to attend one of the University's graduation days. Students will be notified of the dates and invited via email to their University of Exeter email address. Two ceremonies take place a year, one in the summer and one in the winter, however please note that your graduation ceremony may not be the one closest to the end of your course, so check with the programme administrators before making any advance bookings.

Failing the course

Students must pass all three assignments in a module to pass the module, and all three modules to pass the course.

If a student fails a first attempt at an assignment, they are allowed a second attempt. If a student submits a second attempt at an assessment late, fails to submit or the assignment is marked as a fail (less than 50% for clinical assessments or 40% for academic assessments), then they fail the whole module and this therefore constitutes a programme fail. Training ceases and registration on the course is ended.

Appeals

All students of the University have the right of appeal against academic decisions and recommendations made by the Assessment, Progression and Awarding Committee (APAC) and Faculty Boards (or Deans acting on their behalf) that affect their academic progress.

If considering an appeal, students are strongly advised to read the [Appeals page on the main University website](#). Students can also contact their University Tutor, the Programme Lead and the Course Administrator for further advice and guidance.

Appendix 2: Assignment guidance and submission

Specific assignment guidance

For each assignment detailed guidance is given on ELE. Students can refer to ELE and click the appropriate links under each module.

Assignment marking schemes

Clinical assessment marking schemes

For the supervision competency assessment there is an associated marking scheme, which is geared towards assessing the competencies necessary for safe, effective, and collaborative supervisory practice.

The competency assessment marking scheme and can be found on ELE. The marking scheme attempts to track the degree of competency in each of the important elements of PWP Case Management Supervision. As such it is a highly useful tool to aid student development and student and supervisor reflections on role play and observation of actual supervisory practice.

Please note: for the competency assessment the overall section mark is NOT an average of marks for each element within that section, but rather a reflection of the overall degree of competency for that section. As such, if a student fails to achieve competency in one or more important areas, their overall section mark may be below a pass.

Academic assessment marking schemes

Academic assessments are marked with consideration given to the following components:

- **Structure and organisation** - students are expected to clearly adhere to the required structure for any assignment and for their writing and/or presentation to be clear and accessible with points made being well referenced and linking into clearly understandable arguments/viewpoints which stay strictly focussed on the assignment topic.
- **Knowledge and understanding** - students are expected to display a sound breadth and depth of knowledge and understanding of the topic, particularly as it relates the Senior PWP role, and the ability to supply relevant and correct information.
- **Theory into practice** - students should use literature and the evidence base to support their knowledge, understanding and reflections on their practice.
- **Critical reflection** - students should demonstrate the ability to reflect on their discussion and their practice using a critical and evaluative stance taking into account varied standpoints evidenced in the literature base, then to draw conclusions from these reflections.
- **Sourcing** - students must demonstrate the depth and breadth of their reading, use a variety of literature to support their writing, show ability to evaluate sources and use APA referencing protocols appropriately.

Marking is numerical against the University-wide marking criteria for Level 6 (degree level) and Level 7 (postgraduate level) assessments using the College of Life and Environmental Science (CLES) notched marking scheme, see [CLES notched marking scheme](#).

Submission methods

The table below offers an overview of the submission process, please see the text below for further details.

Assignment	Method of Submission	Required:
Supervision Competency Assessment (Formative & Summative)	Submitted via secure form by 11 am Students submit the components of their submission via the secure form	<ul style="list-style-type: none"> Recording of session e.g., mp3 or .wav file Electronic copies of: <ul style="list-style-type: none"> Signed Coversheet pdf*¹ Consent form
Supervision Portfolio	Submitted via ELE2 module page by 11am	<ul style="list-style-type: none"> Signed Statement of Competence by service supervisor*²
Written Work (reflective commentaries, service evaluation/ audit proposal)	Submitted via ELE2 module page by 11am Students MUST put their student number into the header or footer, but NOT their name (so it can be blind marked)	<ul style="list-style-type: none"> Word processed written work, e.g. .pdf
Presentations	<ul style="list-style-type: none"> Consent file (if applicable e.g based on a patient case) and PowerPoint submitted via secure form by 11am 	<ul style="list-style-type: none"> Presentation file (e.g., Microsoft PowerPoint file) Consent file (form or audio file)
<p>*¹ Hand sign and scan these documents or use the remote signing procedure as detailed in the main document above (Supervision Portfolio section under 'submission').</p> <p>*² Submit a scanned version of the original hard copy signed by student and supervisor, or use the remote signing procedure as detailed in the main document above (Supervision Portfolio section under 'submission').</p>		

Passing or failing assessments

For each assessment, two attempts are allowed.

Passing an assessment and grade boundaries

For the supervision competency assessment an overall mark of at least 50% must be achieved and all compulsory sections must pass with at least 50%, including the competency regarding identification and management of potential risk which is an auto-fail sub-section. This applies to both PGDip and GradDip routes. Marks below these levels will be deemed fails.

For all academic assessments students following the PGDip award must pass with a mark of at least 50% and those following the GradDip award must pass with a mark of at least 40%. Marks below these levels will be deemed fails.

Pass marks are as follows:

- **Clinical assessments:** 50% and above
- **Academic assessments (PGDip):** 50% and above
- **Academic assessments (GradDip):** 40% and above
- **Supervision Portfolio:** Pass or Fail

Failing an assessment

Failing a first attempt

If a first attempt at an assessment fails, the following applies:

- **Students can contact the teaching team for detailed feedback** (this is strongly advised).
- **For the supervision clinical competency assessment students will also be invited to an optional (but strongly recommended) Skills Top-Up Session** with their university tutor to help improve specific areas of development needed to pass.
- **A resubmission/resit date will be agreed** usually within 4 weeks of receiving notification of results (or 4 weeks from the Skills Top-Up Session for the Supervision competency assessment).
- **Marks will be capped** at a maximum 50% for second attempts of clinical assessments, and for academic assessments at 50% for postgraduate routes and 40% for degree routes.
- **In addition, marks for the whole module will be capped at the bare pass mark.**

Failing a second attempt

If a second attempt fails, the following applies:

- **For academic assessment fails, a PGDip (postgraduate route) student may be allowed to continue training by transferring to the GradDip (degree-level route)** where their attempt has received a mark of 40-49% (i.e., within GradDip pass boundaries).
- **In all other cases a second attempt fail constitutes a fail in the module and therefore overall fail of the programme.** Registration as a student of the University is terminated.

Late/non submissions

If students are experiencing difficulties in submitting assignments on time, **they are strongly advised to speak to their personal tutor** who will be able to offer support and discuss ways forward.

Penalties for late or non-submission without a valid mitigation are as follows:

First Attempts:	
Submitted within 1 hour of the deadline	Penalty of 5% of the total marks available (down to a pass mark) applied. If student has not achieved a pass mark the penalty of 5% of the total marks will not be applied.
Submitted between 1 hour and 24 hours of the deadline	Penalty is mark will be capped at a pass mark.
Submitted later than 24 hours after the deadline	Penalty is a mark of 0 will be applied.
Resubmissions/Referred Attempts:	
Submitted any time after the deadline	Penalty is a mark of 0 will be applied.

	For CEDAR students, failure of a referred assignment will result in failure of the module and the programme.
First Attempts where 3-week mitigation has been granted (excludes Deferred deadlines):	
Submitted on time	No penalty applied.
Submitted any time after the deadline	Penalty is a mark of 0 will be applied.

Where incomplete submissions are made (for example submitting without a required consent form) this is considered a non-submission. Late penalties are applied based on the point that all elements of the submission are received (e.g., if within 24 hours, mark capped at a pass mark).

Full guidance, including late penalties for online exams will be available here:

<http://as.exeter.ac.uk/academic-policy-standards/tqa-manual/aph/settingandsubmission/#late>

Where students are unable to meet an assignment deadline due to extenuating circumstances, students may be able to apply for an extension via the mitigation procedure (see [Appendix 4](#)).

Formatting work

All written assessments (reflective commentaries, service evaluation/audit proposals etc) should be word-processed with the following conventions:

- Use 1.5 line spacing on A4 paper.
- Use a font size of 12 pt.
- Use only Times New Roman, Arial or Calibri.
- Margins: 30mm on the left-hand side, 20mm on the right-hand side and 20mm for top/bottom margins.
- All pages (including appendices etc) should be numbered consecutively in one sequence starting with the title page as 1.
- Include the student number in the header but students should **NOT** include their name anywhere on the assignment, as this will prevent work being blind-marked.

Word count guidance

Please note that any words over the word count will not be marked.

The following content is **not** included in a final word count:

- Title
- Reference list
- Appendices
- Words used in tables, graphs and other forms of data presentation (including titles of figures)

The following content **is** included in a final word count:

- Main body of text
- In text quotations
- In text references
- Section headings

- Footnotes containing large amounts of text (unless indicated otherwise by module convenor)

Citing and referencing

We require in text citations and a reference list (not a bibliography).

Psychology has adopted the American Psychological Association (APA) conventions as the standard for citations and references. References must therefore be completed using the precise details for APA style. We use the standard of 'a publishable article' and expect citations and references to adhere to that standard. The information given here is based on the latest edition of the Publication Manual of the APA. We would encourage students to consult these guidelines and copies are kept in the library or can be obtained online at www.apastyle.org and links to online training are on ELE. There are many web sites providing summaries of the APA Style Guide (a Google search will identify these).

The main conventions are as follows:

Journal Articles

A typical citation would be (Ablon & Jones, 1999) and the reference would appear as:

Ablon, J. S., & Jones, E. E. (1999). Psychotherapy process in the national institute of mental health treatment of depression collaborative research program. *Journal of Consulting and Clinical Psychology, 67*, 6-7.

Another example would be:

Kasen, S., Cohen, P., Skodol, A. E., Johnson, J. G., Smailes, E., & Brook, J. S. (2001). Childhood depression and adult personality disorder - Alternative pathways of continuity. *Archives of General Psychiatry, 58*, 231-236.

Books

A typical citation would be (Bateman, Brown, & Pedder, 2000) and the reference would appear as:

Bateman, A., Brown, D., & Pedder, J. (2000). *An introduction to psychotherapy* (3rd ed.). London: Routledge.

Chapters in a Book

If you have read a chapter in an edited book, you would put the following citation in the text: (Aveline, 2006). In the reference section you would list it as:

Aveline, M., Strauss, B., & Stiles, W. B. (2005). Psychotherapy research. In G. Gabbard, J. S. Beck, & J. Holmes (Eds.), *Oxford textbook of psychotherapy* (pp. 449-462). Oxford: Oxford University Press.

Citations in the Main Text

Citing in text means referring to author(s) with the dates (e.g., Eells, 1997) so that the reader can then go to the References and find them in more detail.

Eells, T. D. (1997). *Handbook of psychotherapy case formulation*. New York: Guilford Press.

Reference citations for two or more works within the same parentheses. List two or more works by different authors who are cited within the same parentheses in alphabetical order by the first author's surname. Separate the citations with semicolons. For example: Several studies (Balda, 1980; Kamil, 1988; Pepperberg & Funk, 1990).

Exception: You may separate a major citation from other citations within parentheses by inserting a phrase such as see also, before the first of the remaining citations, which should be in alphabetical order. For example: (Minor, 2001; see also Adams, 1999; Storandt, 1997).

There are many different instances of citing and referencing (e.g., internet resources, personal communication, conference papers, case examples, and you are advised to consult the Publication Manual for these).

Plagiarism and academic misconduct

Plagiarism and academic misconduct is a growing problem in all sectors of education, and the number of reported cases in UK universities has risen dramatically in recent years.

Plagiarism and academic or clinical misconduct are serious breaches of professional ethics. Students can fail the programme and can be expelled from the University.

Plagiarism and academic misconduct are defined as follows:

1. **Unauthorised collusion**, i.e., either aiding or obtaining aid from another candidate, or any other person, where such aid is not explicitly required and/or declared;
2. **Acting dishonestly in any way**, whether before, during or after an examination or other assessment so as to either obtain or offer to others an unfair advantage in that examination or assessment;
3. **Deliberate plagiarism** (see below for definition of plagiarism)
4. **Misrepresentation of clinical practice** (for example, in a case report or live patient recording)

Plagiarism

The act of presenting someone else's words or ideas, whether published or not, without proper acknowledgement is called plagiarism. There are three main types of plagiarism, which could occur within all modules of assessment:

1. **Direct copying of text, or illustrations** from a book, article, fellow student's essay, handout, thesis, web page or other source without proper acknowledgement. *NB: this can occur unintentionally by failing to use quote marks accurately when quoting from a source.*
2. **Claiming individual ideas derived from a book, article etc as one's own**, and incorporating them into one's work without acknowledging the source of those ideas. This includes paraphrasing a source, or altering the material taken from the source so it appears to be one's own work.
3. **Overly depending on the work of one or more others without proper acknowledgement** of the source, by constructing an essay, project etc by extracting large sections of text from another source, and merely linking these together with a few of one's own sentences.

Plagiarism and academic misconduct of any kind are highly serious, and there can be far reaching consequences.

In addition to ensuring you only ever submit your own work based on your own genuine clinical and theoretical practice we would strongly recommend you work through the online resource about [Understanding Plagiarism](#) on ELE to clarify the differences between academic honesty and plagiarism, and to identify ways in which you can directly or inadvertently plagiarise.

If you are in any doubt at all or are in anyway unsure how to submit work of clinical and academic honesty please contact your personal tutor.

4. **The re-submission or re-use of the student's own work in another assignment** whether this was submitted at the University of Exeter or any other academic institution worldwide. (This is not intended to prevent a student from developing an academic idea over the period of a course, for example stating an argument in an essay for a particular module and then developing this argument in a dissertation, but to prevent the counting of credit twice for the same piece of work. However, this operates at the discretion of the Panel considering the offence.)

Appendix 3: Gaining consent and obtaining recordings

Gaining consent to record from supervisees

For any live recordings of actual supervision sessions consent must be gained for the supervisee. Consent forms detailing how to gain and record consent are on ELE and can be found within the Supervision Portfolio.

Guidance on recording supervision sessions

For the supervision module, students must submit a 15-minute recording of an extract of a real supervision session for their formative submission, and a 45–60-minute recording of a real and complete supervision session for their summative submission. All guidance for this assessment is on ELE.

Recordings must be clearly audible and of a genuine supervision session (not a role play).

Recorded sessions are confidential materials and as such should be treated with the highest standards of Information Governance. Each workplace has its own policies and procedures for gaining consent, recording, storing and transporting recorded material. It is of paramount importance that students ensure they understand and adhere to these policies. If in any doubt students should consult their clinical supervisor/clinical lead/Information Governance Officer.

Recording equipment and file formats

As part of the requirement to support students during training, employing services should provide students with the necessary equipment to record sessions in audio. Recording equipment should only be used that meets service Information Governance policy standards and **under no circumstances should students use personal devices to record supervision sessions.** Please ensure that the recordings are saved as standard audio file types, eg .wav, .mp3 etc.

Confidentiality

As far as possible students **should avoid identifying a patient or another clinician by their full name or in any other way on the recording** (See [Appendix 6](#)). Consent forms, cover sheets and sound files must all be stored as separate files. Do not include names or any identifiable information in any of the filenames.

Obtaining and submitting consent for recording

Prior to making any recordings for university assessment purposes, consent must be gained to record the session for assessment and optionally teaching purposes. The University protocol for gaining and storing consent is as follows. **It is strongly recommended that students request consent for and record as many of their supervision sessions as possible.** This gives the best options for selecting an appropriate recording for the competency assessment, and additionally reflectively listening to sessions alone or with a supervisor is an excellent way of improving practice, and standard within psychological therapy practices.

Failure to record consent

No session will begin to be marked until the appropriate fully completed consent is submitted and ongoing consent can clearly be heard on the recording. **Failure to obtain written or recorded**

consent as indicated above will result in the recorded session not being marked, with a first attempt 'Fail' most likely being recorded, and the service supervisor being advised.

Storage and transportation of recordings

When transporting the recording and any associated cover sheets and consent forms, students must adhere to service policies. Recordings, cover sheets and consent forms must ONLY be stored and transported on secure, encrypted devices, in keeping with service policies.

How recordings are stored after submission

The programme timetable clearly identifies when and where recordings are submitted. Once accepted by programme staff, the following apply:

1. On submission, files are stored with the student's name, date of submission and details of the assessment (e.g., PYCM***). There should be no other identifiable information.
2. Recordings are transferred to the University's secure drive for the programme by the Programme Administrator. Access is restricted to the Programme Administrator, Programme Lead, IT Lead and designated Markers only.
3. The markers consist of the teaching team and Programme Lead and for some submissions, the Programme Director and External Examiner. All staff are responsible for adhering to the Data Protection Act, Information Governance and University of Exeter policies and procedures.
4. Markers will access the recordings in a private and appropriate working space to maintain confidentiality.

All recordings are stored on the University's secure drive for the programme as follows:

1. Recordings will be stored securely for up to 6 years from the date of submission, after which they will be securely destroyed.
2. Exceptions are where consent for use for training purposes has been given by the supervisee and student has been given. Recordings are therefore kept on an ongoing basis for training purposes on University of Exeter LICBT courses and deleted once no longer required.
3. No identifiable information is stored with the recordings.

Any failure in the process outlined above will be highlighted to the Programme Lead and the student in the first instance, followed by the student's manager. Where there is a continual failure to follow the agreed process, this will be escalated to the Caldicott Guardian or person responsible for Data Protection at each organisation so they may undertake a review.

Appendix 4: Mitigation and Interruption

Mitigation

If short term adverse circumstances in the workplace or in a student's personal life are impacting their ability to submit an assignment of appropriate quality on time, students may make a mitigation request for these circumstances to be taken into account and the type of consideration being requested, e.g., an extended deadline. The mitigation process is available for times when students suffer illness or other adverse personal circumstances which affect their ability to complete an assignment. In CEDAR the mitigation process may also be used when clinical or workplace challenges prevent you submitting clinical assignments (e.g., due to a lack of suitable caseload).

Once the request is submitted, decisions are made by a Mitigation Committee which is separate from the teaching staff. Confidentiality rules apply, information will only be shared with the programme team if necessary and wherever possible this will be agreed with the student first.

Mitigation procedures

Applications for mitigation will not always be accepted and **we would encourage students to speak to their tutor prior to submitting a request**. This page gives examples of acceptable reasons for mitigation: <http://as.exeter.ac.uk/academic-policy-standards/tqa-manual/aph/annex-e/> .

You can find guidance on how to request mitigation in the CEDAR PGT Handbook: <https://ele.exeter.ac.uk/course/view.php?id=8259>.

Please find a summary of the types of mitigation available below:

Self-certified extension via ELE2:
<ul style="list-style-type: none">• 72 hours evidence free extensions available on up to 4 assignments in a 12-month period• Requested via the 'Add Extension' button on ELE2• Can be used once per assignment• Not available on all assignments <p>If you use a 72-hour extension in ELE2 and then request evidence-based mitigation, the mitigation deadline (e.g., 1 week) will INCLUDE the 72 hours</p>
Evidence-based mitigation request:
<ul style="list-style-type: none">• Can be used after OR instead of a 72-hour self-certified extension in ELE2• Can be used when 72-hour self-certified extension in ELE2 is unavailable OR circumstances mean longer than 72 hours is needed• Students can request an extension of up to 2 weeks• In exceptional circumstance students can request an extension of up to 3 weeks• Where more than 2 weeks is needed students can request a deferred deadline* <p>*(Deferred deadlines are set by programme teams to support students to stay on track)</p>

- If more than 2 weeks is required (due to exceptional circumstances), students can request a deferred deadline on their first mitigation application

Students with 'Extension Supported' ILPs:

Self-certified mitigations via ELE2

- 72 hours evidence free extensions available on an unlimited number of assignments
- Requested via the 'Add Extension' button on ELE2
- Can be used once per assignment
- Not available on all assignments

Evidence-Based mitigations

- ILPs which state 'Extension Supported' can be used to request an extension of up to 2 weeks
- Where more than 2 weeks is needed, students will need to provide additional supporting evidence (relevant to the grounds on which they are requesting mitigation).

Important Information:

- Mitigation requests must be submitted within 24 hours of the deadline
- Supporting evidence must be provided (you have 10 working days from the assessment deadline to provide this)
- Mitigation requests submitted after 24 hours of the deadline, are considered late or retrospective.
- Late applications will be considered only in exceptional circumstances and require additional evidence to support why the application could not be made on time.
- **Mitigation Request Forms** are available here: [Course: Cedar PGT Handbook \(PYC PGT HANDBOOK\) \(exeter.ac.uk\)](#)
- **Guidance on supporting evidence** is available here: [Annex F - Mitigation - Teaching Quality Assurance Manual - University of Exeter](#)

Full guidance on the university policy can be found here: <http://as.exeter.ac.uk/academic-policy-standards/tqa-manual/aph/mitigation/>

Guidance on commonly accepted grounds and accepted supporting evidence can be found here: <http://as.exeter.ac.uk/academic-policy-standards/tqa-manual/aph/annex-f/>

Interruption

Whilst Mitigation is for short-term adverse circumstances, if a student is experiencing longer term (6-8 weeks or more) circumstances that make continuing with the course or submitting assessments of an appropriate quality difficult they may be able to Interrupt, i.e., pause their studies and resume again at a later date. Interruption is a more flexible process for longer term, ongoing difficult

circumstances as students may request Interruption without knowing a specific date of their return. Interruption is generally for periods of between 2 months and 1 year, although in exceptional circumstances a second year may be agreed (Please be aware that at the time of writing this is a pilot delivery of the programme, therefore subsequent deliveries of this programme cannot be guaranteed).

The process for Interruption is as follows:

- 1. Students should have an initial conversation with their personal tutor to see if Interruption is a practical option**, and similarly with their service. Service protocols may differ from university procedures, so students sure ensure this is a viable option with their service.
- 2. If Interruption is indicated, students should send an email to pwp-pgdip@exeter.ac.uk** requesting Interruption. They will be contacted by the mitigation admin team and supported to fill out a brief form outlining reasons for the request. NB students do not have to disclose extensive details of their adverse circumstances, but enough information that those reviewing the request can make an appropriate decision. For example, if a student has been signed off sick by their doctor, they can state this but are not obliged to detail the nature of the illness. Students will be asked for a date they expect to return to work, however this date can be changed at any time as new information arises or circumstances change.
- 3. The request is forwarded to the Programme Lead and a member of the senior programme staff, who make a joint decision** as to whether to agree Interruption.
- 4. If Interruption is agreed, training is suspended.**

Nothing further occurs until the student is able to return to work. The preliminary date for return can be changed as circumstances resolve or continue. When the student is ready to return, the student's academic tutor and workplace supervisor liaise together with the student to agree a return schedule. If the student had not completed all taught days by the time of Interruption, they will be able to join a future cohort at the same point in the timetable at which they interrupted (or earlier by agreement). (Please be aware that at the time of writing this is a pilot delivery of the programme, therefore subsequent deliveries of this programme cannot be guaranteed). New deadlines for assignment submissions are agreed that take into account the time needed for the student to rebuild an appropriate caseload etc.

If any trainee is experiencing ongoing adverse circumstances that affect their ability to engage with the course and produce work of an appropriate quality, we would strongly advise a discussion with their academic tutor to find a supportive way forward.

Appendix 5: Further educational and emotional support

Emotional and wellbeing support

Any form of professional training is potentially stressful. We recognise that the three components of the course: University attendance, clinical practice and independent study may be difficult to balance, and the nature of the work itself can be very demanding.

Within the programme we hope to promote a mutually supportive atmosphere in which students feel able to share concerns and issues with one another, with the programme team and with clinical supervisors. However, we recognise that the programme team and supervisors cannot necessarily provide all the support that may be required.

Other sources of support:

- **University Personal Tutor:**

The academic personal tutor is there to support students if they begin to experience difficulties of any kind: personal, academic or otherwise that impact on their training. In the event of significant difficulties that may impede a student's ability to study, the personal academic tutor can liaise with the practice based clinical supervisor to discuss a supportive way forward. This can be far better than a student trying to 'keep going' when they are unable to produce work of an appropriate quality that may then result in an assignment or even programme fail.

- **Wellbeing Services**

The University Wellbeing Services offer free and confidential support for personal problems, emotional difficulties and difficulties with mental health, including 1-1 CBT and counselling as well as more general support, advice and signposting. It is available to all students of Exeter University including students. An initial telephone appointment is offered and from there an advisor will help work out the best route of support. Appointments are available by telephoning **01392 724381** or email wellbeing@exeter.ac.uk.

You can read more or book an appointment online here: <https://www.exeter.ac.uk/wellbeing/>

Support with additional learning needs, disabilities and health conditions

The University AccessAbility team offers support to students with disabilities, physical or mental health conditions and learning or literacy difficulties – or any circumstance that may impact negatively on a student's ability to engage with study and meet assessment requirements. The service endeavours to provide facilities and equipment suited to people's individual needs <https://www.exeter.ac.uk/students/wellbeing/support/>.

Following an assessment with the AccessAbility team, if recommendations are made to support the student with their learning these will be documented in an Individual Learning Plan (ILP) which programme staff can then use to make reasonable adjustments to the course or assessments. These could include a range of adjustments such as extra time in exams or separate rooms, course materials and lecture slides given out early or on coloured paper, additional time for academic assignments or anything else the team assess as appropriate. Without a documented ILP, the teaching team are unable to make any changes.

Any student who could benefit from an ILP is advised to contact the AccessAbility team as soon as possible – even before the course starts if adaptations could be helpful.

Library facilities and services

The main library facilities are at the University of Exeter Streatham Campus. The library catalogue, including access to electronic journals, and facilities for reserving and renewing books also available online www.exeter.ac.uk/library.

Library support is organised by subject, and this is the specific page for Psychology students: <https://libguides.exeter.ac.uk/psychology> . As well as access to all the Psychology texts, databases and resources the Library offers are highly helpful online tutorials, links and information, plus 1-1 support if needed around about the following:

- how (and where) to effectively search for articles, research, books and papers
- how to evaluate source materials and how to reference them
- how to understand different academic materials, e.g., statistics, reports, systematic reviews, policies, guidelines etc.
- where to find statistics

Access to external libraries and inter-library loans

Students can also access other higher education libraries via SCONUL (an arrangement between many higher education institutions) and are entitled to Inter-Library Loans.

More information can be found on the University Library website at www.exeter.ac.uk/library, or direct from SCONUL- www.sconul.ac.uk/sconul-access .

Study Skills Service

The Study Skills Service offers confidential help to any student who would like to improve their study skills. The Study Skills Advisors can help with the following:

- reading effectively
- selecting reading from book lists
- planning and writing assignments or essays
- taking useful notes
- revising for exams
- organising your time
- generally evaluating your study skills

This service is available to all students of the University including students, who can and do consult the Study Skills Advisors. Help is available throughout each term and during part of each vacation - see www.exeter.ac.uk/student-engagement-skills.

This support can be highly beneficial for anyone, especially if a student has not worked at post-graduate level before.

Appendix 6: Confidentiality

Working within NHS-TTad necessarily involves working with patients around distressing, sensitive and difficult issues. As practitioners we are given the power to influence the lives of patients who may be very vulnerable, and this requires a high degree of responsibility in respecting confidentiality and being fully aware of information governance. It is also a job that requires emotional resilience, self-awareness and self-care.

Patient and clinician confidentiality

The teaching team aim to facilitate an open learning environment in which information is shared appropriately and respectfully between staff, students and relevant others to enable students to develop and to ensure appropriate staff support and patient care.

When sharing information regarding supervisees, other colleagues/ clinicians or patients, students and staff alike must do so:

- i. **in a manner most likely to protect the identity of the relevant person(s), both directly and indirectly.** This means not disclosing any directly identifying information, such as names, identifying details of their contact with the service e.g., dates/times, the name of the service, clinic or location they attended/ work in etc., In addition no details should be disclosed that are so specific about the person or their family etc. that they could pinpoint who they are. Examples are: names of family members; GP; home, school or workplace locations; specific job; unusual health conditions; unusual hobbies or interests etc.
- ii. **in a manner and setting which is respectful,** for example not using inappropriate or caricaturising illustrations, captions or representations etc.
- iii. **in a manner which honours the limits of confidentiality,** explained previously to a patient.
- iv. **with an understanding that no member of the group will disclose any information** about such patients outside the sessions.

Student confidentiality

It is recognised that we all have life experiences and relationships that have shaped who we are and that we can all be emotionally affected by the work we do. It is for this reason that the programme promotes reflective practice, to ensure that we are mindful of the way our own experiences and assumptions about the world, people and relationships may influence our therapeutic practice.

We would like to promote an ethos which allows students the opportunity to reflect openly and honestly on the challenges of their role. This means that students may sometimes share personal information about themselves with staff and each other. Students can expect that colleagues and staff members will be thoughtful and sensitive about their right to confidentiality. As a staff team we also have to balance this with the need to ensure that we are protecting the interests of potential patients, supervisees and other clinicians; and to ensure that students are able to provide appropriate clinical interventions, supervision and staff support. For this reason, we provide the following information about confidentiality of students:

- i. **The details of any personal material remains confidential within the context in which it is shared.** It is not fitting for any student to disclose information about another, in their absence or presence, within the course or in conversation outside of sessions, without agreed permission.
- ii. **The only exception is if there are concerns about an individual's safety** (child or adult). In such cases students should consult a member of the programme team, and when possible, inform the person concerned that they are doing this and explain why.
- iii. **Students should expect that information about day-to-day aspects of training will be shared with relevant individuals** (e.g., the students' lead/service manager/supervisor as identified). This will routinely include sharing students' marks for the assessments within the programme and sharing an overview of the students' progress. Students will have consented to having this information shared as part of the application form.
- iv. **Personal matters affecting training can be kept confidential within or from the programme team.** Where a student shares personal details regarding circumstances affecting their training or ability to provide appropriate patient care/ supervision/ staff support, there should be a discussion about how best and with whom to share concerns. Although students should expect that the teaching team will need to discuss with one another how best to handle any issues, as far as possible this will be done in a way which keeps the specific details of student's circumstances confidential, even between members of the teaching team if the student desires. If necessary a confidentiality agreement can be drawn up between the student and appropriate staff/supervisors.
- v. **If a student discloses information indicating personal risk of harm to self or others, it is necessary to inform the student's service and/or their GP,** in accordance with standard mental health practice. Students will have consented to this as part of the application form. Where risk is a concern the teaching team will always, where possible, seek to inform others with the student's full knowledge.

Ground rules for groups, tutorials and supervision

- **Work with respect for each other**, even if you disagree.
- **Accept individual responsibility** for individual behaviour.
- **Pay attention to issues of difference** such as gender, gender reassignment, age, race and ethnicity, disability, marriage and civil partnership, pregnancy and maternity, religion and belief, sexual orientation, remembering that each person's experience is true for them and valid.
- **Clarify limits of confidentiality** and adhere to these.
- **Make your own decisions about how much information you wish to share** about personal or occupational matters.
- **Remember you are the "expert" about your own life** – any questions or suggestions from others may be rejected as inappropriate.

Supplementary guidance on the use of social media

All of the above applies as much to social media as to any other mode of communication. The British Psychological Society (BPS) Ethics Committee acknowledges that members are using social networking sites to communicate with friends, family, professionals and clients. The Ethics Committee has created a [supplementary guidance document](#) in line with the Society's Code of Ethics and Conduct that provides practical advice for using social networking sites responsibly.

Appendix 7: Campus and Washington Singer services

The University campus

The campus is compact and well signposted. [Click here for a map](#). Key buildings include:

- The Forum (for Student Information Desk, cafes and restaurants, non-academic enquiries & the Library)
- Devonshire House (café, shops, Student Union bar etc)
- Reed Hall Mews (Student Health Centre)
- Northcote House houses the University's administration
- The Sports Hall & open-air swimming pool adjacent to Cornwall House (open end of May to middle of September) and an indoor pool at St Luke's College.

Parking

The University encourages sustainable transport. However for many students travelling by car is the only practical option. **Parking is very restricted** on campus so it is strongly advised to read the University's web pages about [parking on campus](#).

Access to buildings

Washington Singer Laboratories and the adjacent Sir Henry Wellcome Building are home to the CEDAR programmes. Washington Singer hours of access are:

- Reception opening hours are 9am - 4.45pm term time.
- Open 24/7 with swipe card access

IT facilities

There are numerous desktop computers with scanning and printing facilities available for students use within Washington Singer. Ask at reception for details of how to use your university card for printing etc. The University has many additional IT facilities. Please see the following links for more information: [Exeter IT](#)

Bikes

The University of Exeter encourages a green transport scheme. There are bike racks at the front of Washington Singer Laboratories.

Showers

There are showers available in both the ground floor male and female toilets, that are free to use.

Refreshment facilities

A boiling water tap and microwave are available for student use in the Lea Hub on the ground floor. Coffee and snack vending machine facilities are available in the building.

There are numerous shops, eat-in and take away food and drink outlets right across the University available for student use. Please see here for full details: <http://www.exeter.ac.uk/campuservices/eatandshop>