PWP CURRICULUM REVIEW – WHAT DOES IT MEAN FOR YOU?

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COMMISSIONING UPDATE

- PWP PROGRAMME CLASSIFIED AS A PRE-REGISTRATION TRAINING COURSE
  - 1 DAY IN UNIVERSITY AND 4 DAYS ON PLACEMENT
  - FUNDING SHOULD BE IN LINE WITH ALL PRE-REG COURSES
  - I.E. ALL **NEW** POSITIONS FUNDING BY HENW
  - NUMBERS FOR FOLLOWING YEAR SHOULD BE SUBMITTED AT APPROPRIATE TIME – FORWARD THINKING

PLACEMENTS

- 80% OF PWP TRAINING TIME IS ON PLACEMENT
- SERVICES MUST PROVIDE APPROPRIATE FACILITIES AND RESOURCES (IT, APPROPRIATE CLINICAL ROOMS, APPROPRIATE SUPERVISION)
- IDENTIFY PWP EDUCATION LEAD TO MAINTAIN REGULAR COMMUNICATION WITH THE UNIVERSITIES

"APPROVED TRAINING SITES"

- PWP TRAINING PROVIDERS' (HEI) RESPONSIBILITY TO ENSURE PLACEMENT STANDARDS ARE MET
- IDENTIFIED LINK PERSON WITHIN THE SERVICE TO SUPPORT PWP
- PLACEMENT AND HEI UNDERTAKE JOINT AUDITS TO IDENTIFY AREAS OF NEED, DEVELOPMENT AND GOOD PRACTICE
- PLACEMENTS NOT MEETING REQUIRED STANDARDS WILL NOT BE USED AS COURSE PLACEMENTS – IF ISSUES CANNOT BE RESOLVED AT LOCAL LEVEL, HENW MAY ALSO BE INVOLVED

PLACEMENT STANDARDS

- FOLLOW A STEPPED CARE SYSTEM WITH COHERENT INTEGRATED CARE PATHWAYS AND CLEAR PROTOCOLS FOR INITIAL ALLOCATION AND STEPPING UP/DOWN
- PROVIDE INTERVENTIONS THAT ARE IN LINE WITH NICE GUIDANCE
- HAVE GOOD QUALITY CBT-BASED SELF-HELP MATERIALS AND CCBT PACKAGES AVAILABLE FOR TRAINEES TO USE
- HAVE SUITABLE OFFICE AND CLINICAL ACCOMMODATION FOR PWP TRAINEES TO USE

PLACEMENT STANDARDS (CONT.)

- PWP TRAINEES HAVE CASELOADS THAT ARE COMPATIBLE WITH AN EFFECTIVE TRAINING EXPERIENCE (E.G. GRADUAL BUILD UP OF CASELOAD; TYPE OF PATIENTS SEEN) AND SERVICES SHOULD COMMIT TO AGREEING APPROPRIATE CASELOADS WITH THE RELEVANT COURSES
- PWP TRAINEES HAVE ACCESS TO THE FULL RANGE OF PRESENTATIONS AND MODES OF ASSESSMENT AND TREATMENT THAT ARE REQUIRED FOR COMPLETION OF THE COURSE
- SUPERVISORS HAVE DEMONSTRABLE KNOWLEDGE AND EXPERIENCE OF DELIVERING LI INTERVENTIONS AND ARE CONVERSANT WITH THE SERVICE'S CBT-BASED SELF-HELP AND ONLINE MATERIALS AND SITE PROTOCOLS

PLACEMENT STANDARDS (CONT.)

- ALL PWP SUPERVISORS HAVE ATTENDED A PWP SUPERVISOR TRAINING COURSE
- PWP TRAINEES RECEIVE REGULAR CASE MANAGEMENT (WEEKLY) AND CLINICAL SKILLS
- (FORTNIGHTLY) SUPERVISION
- PWP TRAINEES' PRACTICE BASED LEARNING DAYS ARE USED FOR THE PRACTICE-BASED LEARNING ASSIGNMENTS OF THE COURSE AND ARE NOT USED FOR ROUTINE CLINICAL WORK
- AVAILABILITY OF ADEQUATE EQUIPMENT FOR ROUTINE AUDIO AND VIDEO RECORDING OF SESSIONS BY PWP TRAINEES

SUPERVISION

- PWP TRAINING PROVIDERS WILL CONTINUE TO OFFER CASE MANAGEMENT, AND CLINICAL SKILLS SUPERVISION TRAINING FOR PLACEMENT SUPERVISORS
- SHOULD LOCAL SERVICE NEEDS VARY, SERVICE PROVIDERS MAY CONSULT WITH HEI AND HENW TO SUGGEST MODIFICATIONS TO TRAINING PROGRAMME– BUT THESE MUST REMAIN IN LINE WITH THE NATIONAL CURRICULUM AND BPS ACCREDITATION CRITERIA

CPD

- BOTH CLINICAL AND COST EFFECTIVE RATIONALE FOR ENSURING THAT PWPS ARE SUPPORTED TO CONTINUALLY IMPROVE IN COMPETENCE AND EFFECTIVENESS
- ORGANISATIONS PROVIDING IAPT SERVICES HAVE A RESPONSIBILITY FOR THE CPD OF THE PWPS THEY EMPLOY

CONTINUOUS PROFESSIONAL DEVELOPMENT

- PWPS SHOULD HAVE ACCESS TO TRAINING AND DEVELOPMENT OPPORTUNITIES (CPD-APPLY)
- TIME OUT FROM NORMAL DUTIES TO UNDERTAKE CPD
- FUNDING ON AN EQUAL FOOTING TO THE REST OF THE CLINICAL WORKFORCE IN THE TRUST
- FOCUS OF CPD RELEVANT TO THE ROLE (RESPONSIBILITY OF BOTH MANAGER AND PWP)

CURRICULUM UPDATES

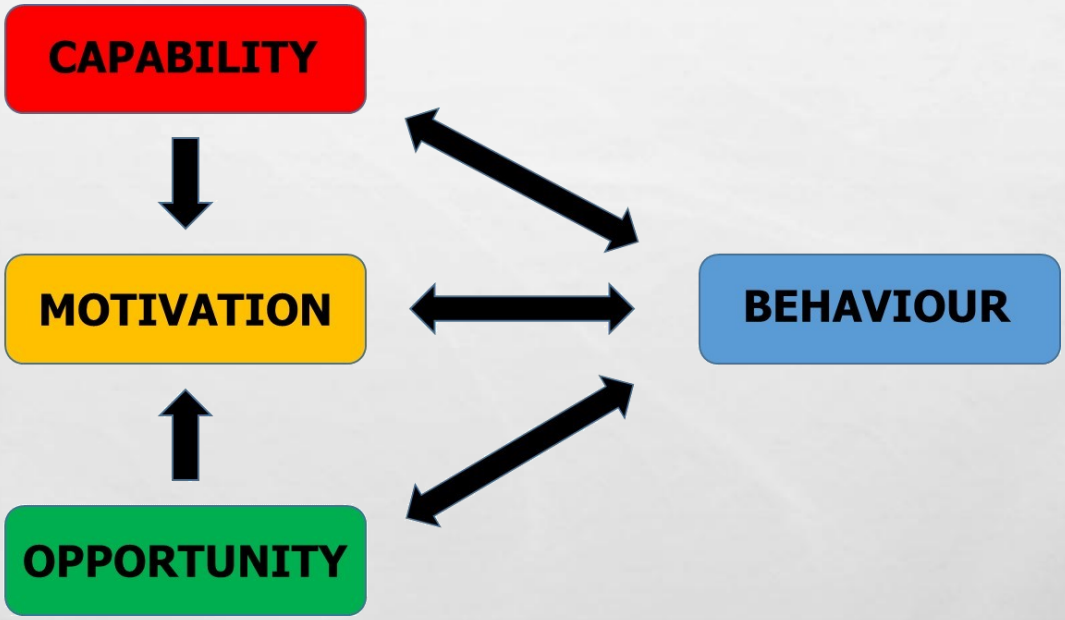
MAIN CHANGES

- COURSE STRUCTURE – 3 MODULES WITH MORE EMPHASIS ON SKILLS MODULES (UCLAN ALREADY HAS THIS STRUCTURE)
- ONE ASSESSMENT FROM MODULE 2 OR 3 MUST BE DONE IN PRACTICE
- UNDERPINNING THEORY BASE – CHANGE MANAGEMENT AND COM-B MODEL

IMPLICATIONS FOR SERVICE

- CLINICAL TAPES – INFORMATION GOVERNANCE
- UPSKILLING EXISTING WORKFORCE IN CHANGE MANAGEMENT AND COM-B MODEL
- MORE RIGOROUS PSAD DUE TO DIRECT OBSERVATIONS OF PRACTICE
- SUPERVISORS INVOLVED IN MARKING

COM-B MODEL



COM-B MODEL & PWP ROLE

- PROVIDES AN OVERARCHING MODEL WHICH FITS FULL BREADTH OF PWP ROLE (AND ROOM FOR FURTHER DEVELOPMENTS!)
- “THEORETICAL UNDERPINNING FOR CLINICAL WISDOM”
- FORMULATION TEMPLATE FOR ‘NON-CBT’ INTERVENTIONS (AS WELL AS CBT ONES) INCL. MEDICATION SUPPORT, AND SIGNPOSTING
- MOTIVATION IS PATIENT RESPONSIBILITY – PRIORITY FOR SUCCESSFUL TREATMENT AND RECOVERY

COM-B WITHIN A PWP ASSESSMENT

- ESPECIALLY USEFUL IN HELPING WITH IDENTIFYING GOALS AND DECIDING ON AN APPROPRIATE INTERVENTION
- CONSIDER WHICH OF 'CAPABILITY' 'OPPORTUNITY' OR 'MOTIVATION' ARE MOST RELEVANT FOR A TARGET OF BEHAVIOUR CHANGE, AND WHICH MIGHT PRESENT MAJOR OBSTACLES
- E.G. PATIENT WITH DEPRESSION:
  - MAJOR ADVERSE SOCIAL CIRCUMSTANCES (OPPORTUNITY)
  - SIGNIFICANT ALCOHOL PROBLEMS (MOTIVATION)
  - CBT BASED APPROACH RELATED TO BEHAVIOURS OR COGNITIONS WOULD TARGET CAPABILITY
  - COM-B WOULD THEREFORE SUGGEST FOCUS ON SOCIAL CIRCUMSTANCES OR ALCOHOL PROBLEMS FIRST

COM-B AT ASSESSMENT (CONT.)

- IDENTIFY GOALS
- IDENTIFY TARGET FOR CHANGE
- IDENTIFY OBSTACLES TO CHANGE
- USE COM-B ALONGSIDE PROBLEM STATEMENT SUMMARY
- COM-B CAN SUPPORT CLINICAL DECISION MAKING THROUGH PROVIDING A STRUCTURE FOR SYSTEMATICALLY CONSIDERING THE DIFFERENT FACTORS AND CHOOSING INTERVENTIONS
- THEORETICAL UNDERPINNING FOR CLINICAL WISDOM

CONCLUSION

- COM-B MODEL SUPPORTS:
  - ASSESSMENT – IDENTIFICATION OF TARGET BEHAVIOUR
  - TREATMENT – VIA ANALYSIS/FORMULATION USING COM-B
  - MOTIVATION – VIA IDENTIFICATION OF OBSTACLES AND BARRIERS
  - RESOURCES – VIA TAILORED DECISION MAKING PROCESSES
  - RECOVERY – VIA TAILORED AND FOCUSED PROGRAM

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