



**UNIVERSITY OF  
PLYMOUTH**  
Faculty of Health

School of Psychology

# **Programme Specification**

MSc Clinical Associate Psychologist:

Adult Mental Health  
Children and young people  
Older adults  
Physical health  
Learning Disability  
Urgent and inpatient care  
Neuropsychology  
Paediatrics  
Forensic Psychology

**2022/23 Academic Year**

Date of Approval: 1 April 2021  
Date of Implementation: May 2021  
Year of first award: 2022

Internal Programme Code	Award Title	Site	Mode of Study
7166	MSc Clinical Associate Psychologist	Ply	FT (May start)
7277	MSc Clinical Associate Psychologist	Ply	FT (Sep start)

Reviewed	Amended following review (Y/N)	Sections amended
09/11/2022	Y - Minor change	Mapping

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## **MSc Clinical Associate Psychologist**

### **1. Final award title:**

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Adult Mental Health  
Children and young people  
Older adults  
Physical health  
Learning Disability  
Urgent and inpatient care  
Neuropsychology  
Paediatrics  
Forensic Psychology

**UCAS code:** C8 Psychology (JACS C842)

**HECOS code:** 100494 (Clinical Psychology)

Unnamed PgCert and PgDip awards are also available as intermediate exit awards for students completing the requisite number of credits.

### **2. Awarding Institution**

University of Plymouth

Teaching institution(s): University of Plymouth

### **3. Accrediting body(ies)**

British Psychological Society.

These awards conform with the Institute for Apprenticeships' (IfA) standard for Clinical Associate Psychologist, and the BPS standards for accredited Clinical Associate awards: <https://www.bps.org.uk/sites/www.bps.org.uk/files/Member%20Networks/Divisions/DCP/CAP%20Scheme%20Briefing%20Paper.pdf>

*Summary of specific conditions/regulations:*

*Date of re-accreditation:* BPS accreditation guidelines are newly published. On approval of the programme the team will seek accreditation from the BPS.

## 4. Distinctive Features of the Programme and the Student Experience

The MSc Clinical Associate Psychologist [degree apprenticeship] is a masters award in the School of Psychology, based on the apprenticeship framework of the same name. Apprentices pursuing the MSc CAP will be employed in a substantive clinical role. They will study during periods allocated by the employer for them to gain the qualification; over the course of the degree this study will comprise no less than 20% of a full-time-equivalent role. Degree credits are awarded for both the academic teaching components of the course and accredited work-based learning.

Clinical Associate Psychologist is a new occupation designed to provide greater access to psychologically informed health services. Clinical associates fill a 'skills gap' that has been identified between assistant psychologists and qualified clinical psychologists. They are able to practice autonomously with appropriate support, working within their scope of practice, under the supervision of a registered clinical psychologist. The broad purpose of the occupation is to provide high quality, evidence based psychological interventions to inform practice, with formulations derived from specialist psychological measurement and assessment tools. CAPs will work with individuals across the lifespan from different backgrounds, cultures and beliefs. However, CAPs will develop expertise with specific populations and therefore provide a more prescribed range of activities than Clinical Psychologists. This restricted scope of practice is reflected in the subtitles of our named awards.

As defined in the apprenticeship standards, Clinical Associates in Psychology:

- are accountable professionals delivering psychological assessments, formulations, interventions and research within their scope of practice.
- use applied service research and evaluation to inform interventions.
- may work with and communicate with patients in their own home, in the community or hospital, or in any settings where their needs are supported and managed.
- may work with individuals and groups with complex and long-term needs.
- act as a psychological resource providing support, guidance and supervision using psychological models to the wider health or social care teams
- provide training to others to inform psychological interventions
- use psychological measurement tools to evaluate psychological treatments and improve the quality of clinical practice
- complement the work of Clinical Psychologists
- often deliver treatment interventions developed with a Clinical Psychologist who will review their practice through supervision.
- provide a range of psychological treatments working within their scope of practice, whilst the supervising Clinical Psychologist retains overall clinical responsibility for their work.
- undertake research

- report to a Clinical Psychologist in terms of psychological assessment, formulation and intervention

The innovative work-based programme of study described in this document prepares Apprentices for the CAP role. The course combines academic and work-based learning to support Apprentices as they develop the knowledge, skills and behaviours defined in the apprenticeship standard. The CAP standards were developed as part of a national process involving employers, health care providers and higher education institutions and are highly attuned to the requirements of concerns of employers. The role description and professional standards closely match the requirements identified by clinical supervisors, and have been drawn with sufficient flexibility to respond to local and domain-specific requirements. As part of our programme development process we have consulted with local clinicians and managers to highlight the areas of most pressing need (e.g. adult health services for clients with a history of trauma or otherwise complex needs). We have also listened to feedback from students on our current doctoral and masters-level programmes in clinical psychology: Our programme design is intended to meet the oft-cited need to build clinical skills quickly, and to give Apprentices the confidence to work in challenging clinical situations as early as is possible.

On completion of this masters-level programme, the Apprentice will have achieved 180 credits at level 7, delivered over an 18-month period<sup>1</sup>. In alignment with the requirements for the apprenticeship, 160 credits of the programme must be completed before Apprentices progress to the final component: an independent endpoint assessment, that is integrated within the degree programme.

The course will be delivered by the University of Plymouth School of Psychology in collaboration with health-service employers who will provide supervision and support during accredited work-based learning components. Through taught components of the MSc CAP Apprentices will be exposed to foundational methods for psychological research, forming the basis for a professional career as a clinical psychologist in their role as scientist practitioner. However, the programme will be focussed on the development and practice of core clinical skills and competencies that will prepare them for demanding clinical careers post-qualification.

Teaching on the programme is 'front-loaded' and in the early stages of training we will use innovative and engaging techniques to provide practical training in key clinical skills and competencies. In addition to gaining foundational knowledge of the relevant clinical guidelines and regulations, Apprentices will learn within an environment which fosters the development of key attributes of clinicians. Apprentice clinical associates will be expected to demonstrate the principles of values-based practice and to be governed by professional

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<sup>1</sup> Because of the nature of the apprenticeship process and the requirements of the endpoint assessment, the exact duration may vary but will be not less than 15months and not more than 24 months. More details of progression and completion are provided below.

and regulatory codes of conduct and ethics. Reflective practice will be fostered through opportunities to engage in personal and professional development.

Apprentices will work and study alongside other clinicians, including doctoral Apprentices, who will provide a model for the attributes and qualities required of learners. Through tutorials and reflective practice students will be encouraged to engage in personal and professional development and develop an identity as a professional clinician. This period of intensive study at the start of the programme has many advantages: students can engage with important clinical skills in a safe environment, with structured and intensive feedback on their performance, and without the complexities and limitations of trying to develop these clinical skills solely in the workplace, alongside the inevitable competing administrative and financial considerations. As they develop and reflect on these core clinical competencies, Apprentices will become valued professionals within the workplace, practicing safely and effectively under the supervision of a practicing psychologist. For employers this approach is also beneficial: this initial period of intensive study and practice away from the workplace reduces burdens on clinical supervisors and ensures all Apprentices are able to practice with confidence and growing autonomy in complex clinical settings.

Students will receive regular clinical supervision through their employment. This will take place with a registered practitioner, in line with BPS accreditation requirements (accreditation standard 2.4.6), and consist of at least one hour of formal supervision per week. Supervision will include both individual and group components. In addition, supervisors will be available to support Apprentices during at least three additional hours per week. The programme team will provide support to clinical supervisors through explicit training and through support with reflective practice and supervision. This will be provided regularly through the course but with an initial 2-day induction for clinical supervisors, organised and hosted by the course team, will provide academic and clinical staff a chance to meet with Apprentices, and for the cohort to meet.

The taught components of the programme will provide students with a high-level understanding of clinical psychology, at level 7. However, as required by the BPS (accreditation standards 1.3.1 and 1.3.2) our CAP programme requires that Apprentices contextualise their learning, adapting and applying knowledge skills and behaviours acquired within the specific clinical context in which they practice. The named pathway award each Apprentice achieves will index the clinical context in which they train, and so defines the scope of their practice upon qualification. For each specific clinical setting or population (e.g. 'children and young people', or 'urgent and inpatient care') students will be required to achieve domain-specific outcomes that align with module and programme learning outcomes. Tasks to fulfil this requirement will be set by personal tutors, clinical supervisors (in the workplace), and through assessed coursework and will be completed during work-based learning and self-guided study. In particular, the requirement for students to build a clinical portfolio to fulfil the requirements of PSYC7992 will be tailored to suit the needs of individual clinical settings. In setting assessments and portfolio requirements we will be guided by existing context-specific clinical standards. For

example, the BPS guidelines for practice with older adults<sup>2</sup> with early stage dementia<sup>3</sup>, or adults with learning disabilities<sup>4</sup>, among others.

The MSc CAP requires Apprentices to demonstrate professional values and behaviours at all times. This will be assessed through pass/fail components in each module that monitor attendance, and via evidence collected through clinical portfolios and reports from clinical supervisors. For students who do not fulfil these criteria, the programme team will provide a remediation process where activities will be examined against module and programme learning outcomes to assess whether students have met the programme requirements. Arrangements for remediation will align with apprenticeship regulations for absence and 'break in learning' provisions. As part of the apprenticeship agreement and learning plan Apprentices are required to evidence the duration of their 'off-the-job' learning through records of training attendance, and of their study within the workplace. Where training is missed students may be required to attend catch-up sessions, or work with the programme team or clinical supervisors to ensure that apprenticeship study requirements have been satisfied. The programme team will review each case, in conjunction with the employment supervisor and the student, to determine how feasible it will be for students to catch up within the current academic year, or whether the student will be required to wait for a subsequent cohort to complete a module. In some cases this may require employers to alter contractual arrangements with the student — for example extend a contract to enable students to repeat modules in the next academic year. Best efforts will be made to minimise disruption or delay to training, but the university cannot guarantee that students who experience absences from work and study will complete within programme the initially planned timeframe.

The University offers specialist guidance and teaching on information literacy for all masters students through specialist librarians. In common with other masters-level students CAP students will be encouraged to access these resources as required to complete academic components of the course. This may be particularly relevant when students are returning from a longer break from study, and personal tutors will work with Apprentices to identify and fill gaps in expertise and confidence in this area.

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<sup>2</sup> BPS 2006, Good Practice Guidelines for UK Clinical Psychology Training Providers for the Training and Consolidation of Clinical Practice in Relation to Older People

<https://shop.bps.org.uk/publications/publication-by-series/good-practice-guidelines/psychological-best-practice-in-inpatient-services-for-older-people.html>

<sup>3</sup> BPS 2014, *Clinical Psychology in the Early Stage Dementia Care Pathway*

[https://www.bps.org.uk/sites/www.bps.org.uk/files/Member%20Networks/Divisions/DCP/clinical\\_psychology\\_in\\_early\\_stage\\_dementia\\_care\\_pathway.pdf](https://www.bps.org.uk/sites/www.bps.org.uk/files/Member%20Networks/Divisions/DCP/clinical_psychology_in_early_stage_dementia_care_pathway.pdf)

<sup>4</sup> BPS 2012, Good Practice Guidelines for UK Clinical Psychology Training Providers for the Training and Consolidation of Clinical Practice in Relation to Adults with Learning Disabilities

<https://www.bps.org.uk/sites/www.bps.org.uk/files/Member%20Networks/Faculties/Intellectual%20Disabilities/Good%20Practice%20Guidelines%20for%20UK%20Clinical%20Psych%20Training%20Providers%20for%20the%20Training%20%26%20Consolidation%20of%20CP%20in%20Relation%20to%20Adults%20with%20LD.pdf>



As part of the learning agreement Apprentices will be required to take annual leave within academic vacations or other periods in which scheduled teaching is not due to take place.

## **5. Relevant QAA Subject Benchmark Group(s)**

None

## 6. Programme Structure

School	School of Psychology	Programme Title	MSc Clinical Associate Psychologist
		Mode of Attendance	Full Time
Plymouth Programme Code	7166	Total Credits	180
		Course Duration	Typically 1.5 academic years; 2 years maximum.

Because the MSc CAP is a degree apprenticeship, conventional definitions of full time and part time degrees may be misleading. For clarity we highlight that Apprentices are, first and foremost, employees. The programme requires that Apprentices spend 20% of their full time equivalent (FTE) hours engaged in so called “off-the-job” training, led by the university; by convention Apprentices might be considered to be studying part time.

However, an important feature of all apprenticeships is that assessed learning is contextualised and embedded within the workplace. Consequently, a proportion of the total hours allocated for CAP modules are defined as work-based learning, as noted in each definitive module record (DMR). Thus, because they are learning both in the classroom and at work, Apprentices will engage in learning equivalent to that demanded of full-time students. We describe the course as full time because this better-reflects the commitment involved.

The table below shows how learning is structured across stages and modules. To gain an overview of the allocation of hours across the programme, and in particular the distinction between activities which are accounted for within the 20% of FTE hours that Apprentices must spend in off-the-job training, please also refer to appendix E.

Table 1: Allocation of academic credits between modules and stages.

MSc Clinical Associate Psychologist				
Year	When in Year?	Core/Optional	Credits	Module
FHEQ - Level 7 (150 credits) Year 1				
1	Month 1	Core	30	PSYC7990: Assessment, formulation and therapeutic Skills
1	Month 2-7	Core	30	PSYC7991: Psychological interventions: Cognitive behavioural therapies and beyond
1	Months 2-12	Core	60	PSYC7992: Accredited clinical Practice
1	Months 1-4 & 9-10	Core	30	PSYC7993: Professional, ethical and evidence-based practice
1	Month 10-12	Core	10	PSYC7994: Advanced professional practice: leadership, consultation, and service improvement
GATEWAY Period – 3 months				
FHEQ - Level 7 (30 credits) Year 2				
1	Month 16/18	Core	20	PSYC7995: Building Clinical Competency  <i>This module facilitates the End Point Assessment</i>

Notes to Table 1:

1. We provide course dates in months from induction because we anticipate that cohorts of CAP students will start at multiple times throughout the academic year. The learning timetable is defined by the cohort start date and the expected duration of 18 months (set by the apprenticeship standard).
2. Students may only enrol on the final module (PSYC7995) after they complete and achieve PSYC7990-4 *and* have been signed-off by the employer as ready to undertake the EPA, by confirming they are satisfied that the apprentice is consistently working at or above the level set out in the occupational standard. In the parlance of apprenticeships this is known as the 'gateway'. Thus, the latency between completing the 160 credits required as part of the gateway criteria and

initiating PSYC7995 may differ between students depending on the input of the employer.

3. The EPA will be completed within an EPA period lasting typically 3 months after the EPA gateway. If an EPA assessment is failed, any resits or retakes should occur within the EPA period of 3 months. Only the method failed will be required to be resit or retaken.

## 7. Programme Aims

The aim of this apprenticeship is to provide high-quality vocational training, enabling Apprentices to develop the knowledge skills and behaviours required for qualification as a CAP. As previously noted, and as defined in the apprenticeship standard, the role of a CAP is to *'provide high quality, evidence based psychological interventions to inform practice, with formulations derived from specialist psychological measurement and assessment tools to work with populations across the lifespan from different backgrounds, cultures and beliefs'*.

Because CAPs work with specific populations during their training their scope of practice on qualification is necessarily restricted to this clinical setting. At a programme-level our aim is:

1. To provide high quality evidence-based training in psychological interventions to inform clinical practice.
2. To guide students in case formulation derived from specialist psychological measurement and assessment tools, and to work with populations across the lifespan from different backgrounds, cultures and beliefs
3. To provide specialist knowledge of working with specific populations to enhance clinical practice within particular areas of need.
4. To offer opportunities to develop reflective skills and practice.
5. To enable students to develop analytical and evaluative skills.
6. To explore, from a variety of perspectives, the nature of the individual in a social context.

## 8. Programme Intended Learning Outcomes

Our programme learning outcomes synthesise the knowledge, skills and behaviours defined in the apprenticeship standard. Achieving these standards is necessary for Apprentices to successfully fulfil the 12 duties of the Clinical Associate, defined as:

1. Be an accountable professional acting in the best interests of patients, by providing personalised psychological interventions that are evidence-based, compassionate and empowering.
2. Communicate effectively through creating and maintaining clinical records.
3. Conduct psychological assessment to identify the priorities and requirements for personalised, evidence-based psychological interventions.
4. Develop psychological formulations to inform the delivery of effective personalised care and to enhance the range of psychological interventions that other healthcare professionals may utilise in clinical practice.
5. Provide a range of psychological treatments to individuals and groups appropriate to the needs of patients in the context in which they experience distress.
6. Provide a range of psychological interventions when working with complex and chronic needs within scope of practice, selecting and implementing interventions where an established evidence-base is absent.
7. Choose appropriate psychological measurement tools for ongoing evaluation of psychological treatments that make a significant contribution to the continuous enhancement and quality improvement of clinical practice.
8. Provide support and guidance as part of the multidisciplinary teams.
9. Provide training to others in order to inform psychological interventions across a range of service settings.
10. Undertake research and service development activities to inform change in the area of work.
11. Provide psychological models of clinical supervision to the broader mental health workforce within scope of practice.
12. Conduct risk assessments and risk formulations.

These duties of the CAP — and the knowledge, skills and behaviours required to fulfil them — underpin the learning and assessment strategies of the programme and the

programme learning outcomes below. As we explicitly note within employment-related learning outcome 6, and within the module learning outcomes of PSYC7992 and PSYC7995, to be awarded the MSc CAP Apprentices must *also* provide evidence that they satisfy the 63 knowledge elements, 53 skills and 3 behaviours defined in the apprenticeship standard as well as all competencies defined by the BPS standard (Appendix G shows mapping of these competencies).

The programme learning outcomes for the MSc CAP awards are:

### **8.1. Knowledge and understanding**

On successful completion graduates should have developed:

1. Systematic and critical understanding of the professional and ethical practice of CAPs within a specific clinical context.
2. Critical understanding of key theories in clinical psychology, and the relationship between theory and clinical practice.
3. Advanced understanding of the role of CAPs and the scope of practice, and their relationship with other health professionals and the broader context of clinical provision.  
Critical understanding of appropriate research methodologies for audit and clinical evaluation, and their implications for clinical practice.

### **8.2. Cognitive and intellectual skills**

On successful completion graduates should have developed:

1. Critically integrate psychological theory and research into clinical practice and consider novel concepts and approaches.
2. Demonstrate advanced problem solving, flexibility and reflective skills in complex clinical contexts.
3. Integrate and synthesise complex information when working with individuals, systems and teams.  
Analyse and critique clinical interventions where complex, incomplete or contradictory evidence may be present.

### **8.3. Key and transferable skills**

On successful completion graduates should have developed the ability to:

1. Communicate complex theoretical and clinical information to clients, family members and carers, and members of a broader multidisciplinary team.
2. Plan and deliver effective teaching, training and supervision for other members of a clinical team.
3. Demonstrate a commitment to lifelong learning at a level appropriate for working in complex clinical settings.
4. Collaborate effectively with others to promote effective inter-professional and psychologically-informed practice.

#### **8.4. Employment related skills**

On successful completion graduates should:

1. Make effective decisions in complex clinical contexts.
2. Demonstrate initiative and persistence in the pursuing appropriate continued professional development.
3. Advanced understanding of the importance of evidenced-based practice to the delivery of safe, ethical, high quality and effective care.
4. Independence in seeking and making use of appropriate clinical supervision.
5. The ability to evaluate service delivery and support the development of effective clinical governance.
6. To meet the knowledge, skills and behavioural standards for the CAPs apprenticeship scheme.

#### **8.5. Practical skills**

On successful completion graduates should have developed:

1. The ability to make ethical, reflective, collaborative and effective decisions, under supervision, in the provision of a range of evidence-based psychological assessment, formulation, intervention and evaluation within their scope of practice.
2. Robust research skills (both qualitative and quantitative) in deploying and analysing psychological measurement tools in the context of audit and service evaluation to drive improved care provision
3. Effective communication and working within, and beyond, MDT contexts including the delivery of support, supervision, service improvement and teaching.
4. Adaptable and profession practice, treating people with dignity, respect, embracing diversity and inclusion, and working within the scope of the CAP role.



## 9. Admissions Criteria

(Including APCL, APEL and Disability Service arrangements)

Recruitment of students on to the MSc CAP will adopt a collaborative approach between the University and employers. The precise arrangements will vary depending on the needs of the employer, but in common with other apprenticeships advertisements for training places, development of selection criteria and undertaking of shortlisting and interviewing processes will be undertaken by employers. The programme team will be happy to advise employers in these matters, and by agreement may be involved in shortlisting and interviewing. The university reserves the right to restrict access to the programme where Apprentices do not meet the university's criteria for admission. Following the initial needs assessment common to all apprenticeship programmes (and conducted by Academic Partnerships) the programme team will be responsible for confirming selection criteria, checking and validation of qualifications and standards, and making the final acceptance decision for individual applicants (as required by BPS accreditation standard 4.3.3). In addition to qualifications in English and Mathematics at level 2, all applicants must have a minimum of lower-second class BSc (Hons) Psychology degree accredited by the British Psychological Society with Graduate Basis for Chartered Membership with the British Psychological Society.

Accreditation of Prior Learning (APL), as either APCL or APEL is not permitted for this programme.

Students reporting disabilities will be able to access the disability service with support arrangements being considered on an individual basis.

Employers will vet apprenticeship candidates as part of normal safer-recruiting practices and will provide key information from the DBS certificate to the university as part of the apprenticeship Initial Needs Assessment, alongside any adjustments identified through occupational health checks. These data will be handled by the Faculty Compliance Team in accordance with the faculty's policy.

In addition, the Faculty Compliance Team works with Academic Partnerships to ensure applicants complete a self-declaration for health issues which may affect their participation in the course. These self-declarations are part of the enrolment procedure and any issues which arise are considered at a faculty committee of admissions tutors.

We note that Apprentices will be accepted onto one of the named MSc CAP awards, and the title of their award must be agreed by both employer and the programme team. The award title will reflect the nature of the Apprentice's workplace, and the experience they will gain during the period of their training. Where an Apprentice's work environment changes during the training period, it may be possible to allow a student to switch to a different named award. However such a transfer will only be possible where all

accreditation and apprenticeships standards can be met in the time remaining, and will only be permitted with the agreement of both the employer and the programme team.

## **10. Progression routes**

There are no intermediate awards available on this programme.

## **11. Non-standard regulations**

The following non-standard regulations are requested:

1. Accreditation of Prior Learning, as either APCL or APEL, is not permitted for this programme.
2. Modules contributing to this award vary in credit value, and include a 10 credit module, 20 credit module (end point assessment), 30 credit modules and a 60 credit clinical module.
3. A project module worth 30 credits is included in this programme.
4. Progression to the End Point Assessment (EPA), as detailed in the Apprenticeship Standard:

The EPA period should only start once the employer is satisfied that the apprentice is consistently working at or above the level set out in the occupational standard, that is to say they are deemed to have achieved occupational competence. In making this decision, the employer may take advice from the apprentice's training provider(s), but the decision must ultimately be made solely by the employer. Apprentices must achieve the following approved qualifications as mandated in the occupational standard:

- Achievement of 160 credits of the Master's degree for Clinical Associate in Psychology.
  - English and Mathematics Level 2
  - For those with an education, health and care plan, or a legacy statement, the apprenticeships English and Mathematics minimum requirement is Entry Level 3 and British Sign Language qualification are an alternative to English qualifications for whom this is their primary language.
5. Referral of the End Point Assessment (EPA), as detailed in the Apprenticeship Standard:

Apprentices who fail one or more assessment method will be offered the opportunity to take a re-sit or a re-take. The apprentice's employer will need to agree that either a re-sit or re-take is an appropriate course of action. An apprentice

who fails an assessment method, and therefore the EPA in the first instance, will be required to re-sit or re-take any failed assessment methods only. Any assessment method re-sit or re-take must be taken during the maximum EPA period of 3 months, otherwise the entire EPA must be taken again, unless in the opinion of the End Point Assessment Organisation exceptional circumstances apply outside the control of the apprentice or their employer.

6. As all modules contributing to this award are assessed as Pass/fail, the awards of merit or distinction are not applicable for PgCert, PgDip or MSc.
7. Students exiting with either a PgCert or PgDip will not receive a named award of Clinical Associate Psychologist, but will be eligible for an unnamed award of PgCert or PgDip.
8. An Aegrotat award of MSc Clinical Associate Psychologist is not permitted; other aegrotat awards may be considered.

## **12. Transitional Arrangements for existing students looking to progress onto the programme**

Not applicable.

## **13. Appendices**

### **Appendix 1: Programme Specification Mapping**

**Appendix A: Apprenticeship EPA standards**

**Appendix B: Mapped CAP Apprenticeship Standards and BPS Competencies to Course Programme**

### Appendix 1: Programme Specification Mapping (UG): module contribution to the meeting of Award Learning Outcomes

Core Modules		Award Learning Outcomes contributed to (for more information see Section 8)																				Compen- sation Y/N	Assessment Element(s) and weightings E1- exam E2 – clinical exam T1- test C1- coursework A1 – generic assessment P1 - practical		
		Knowledge & Understanding				Cognitive & Intellectual Skills				Key & Transferable Skills				Employment Related Skills						Practical Skills					
		1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	5	6	1	2			3	4
Level 7	PSYC7990		X			X	X	X	X	X				X		X		X	X	X	X	X	N	P1 ( Pass/fail ) A1 (Pass/fail)	
	PSYC7991	X	X		X	X	X	X	X				X	X	X	X	X	X	X	X	X	X	N	C1 (Pass/fail) A1 (Pass/fail)	
	PSYC7992	X	X		X		X	X	X	X	X		X	X	X	X	X		X	X	X	X	N	P1 (Pass/fail) A1 (Pass/fail)	
	PSYC7993	X		X	X			X	X			X		X		X	X	X	X		X	X	N	C1 (Pass/fail) A1 (Pass/fail)	
	PSYC7994	X		X				X	X		X	X	X	X	X			X	X			X	X	N	C1 (Pass/fail) A1 (Pass/fail)
	PSYC7995	X	X	X		X		X	X	X	X			X		X	X		X	X		X	X	N	E2 (Pass/fail) P1 (Pass/fail)
Level 7 LOs		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			
Confirmed Award LOs		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			

## Appendix A: Apprenticeship EPA standards



# End-point assessment plan for Clinical Associate in Psychology (CAP) apprenticeship standard

Apprenticeship standard number	Apprenticeship standard level	Integrated end-point assessment
ST0820	7	Integrated degree apprenticeship

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### Introduction and overview

This document sets out the requirements for end-point assessment (EPA) for the Clinical Associate in Psychology (CAP) apprenticeship standard. It is for end-point

assessment organisations (EPAOs) who need to know how EPA for this apprenticeship must operate. It will also be of interest to Clinical Associate in Psychology (CAP) apprentices, their employers and training providers. Full time apprentices will typically spend 18 months on-programme (including the gateway) working towards the occupational standard, with a minimum of 20% off-the-job training. All apprentices must spend a minimum of 12 months on-programme.

The EPA period should only start, and the EPA be arranged, once the employer is satisfied that the apprentice is deemed to be consistently working at or above the level set out in the occupational standard, all of the pre-requisite gateway requirements for EPA have been met and can be evidenced to an EPAO.

As a gateway requirement and prior to taking the EPA, apprentices must achieve all approved qualifications mandated in the Clinical Associate in Psychology (CAP) standard. These are:

- Achievement of 160 credits of the Masters degree for Clinical Associate in Psychology from the on-programme apprenticeship formally confirmed prior to the gateway progression.

For level 3 apprenticeships and above apprentices without English and mathematics at level 2 must achieve level 2 prior to taking their EPA.

The EPA must be completed within an EPA period lasting typically 3 month(s), after the EPA gateway. The EPA consists of 2 discrete assessment methods.

The individual assessment methods will have the following grades:

**Assessment method 1: Demonstration of Practice**

- Pass
- Fail

**Assessment method 2: Professional Discussion**

- underpinned by portfolio
- Pass
  - Fail
  - Distinction

Performance in the EPA will determine the overall apprenticeship standard grade of:

- Pass
- Fail
- Distinction

**EPA summary table**

<b>On-programme</b> (typically 18 months)	Training to develop the occupation standard's knowledge, skills and behaviours (KSBs).
<b>End-point assessment gateway</b>	<ul style="list-style-type: none"> <li>• The EPA Gateway is triggered when the employer is satisfied that the apprentice is consistently working at, or above, the level of the occupational standard.</li> <li>• English and Mathematics Level 2.</li> <li>• Achievement of 160 credits of the Master's degree for Clinical Associate in Psychology.</li> <li>• Completion of a portfolio of clinical experience (PCE) underpinning the professional discussion, mapped to the KSBs allocated to this method.</li> </ul>
<b>End-point assessment</b> (which will typically take 3 months)	<p>Assessment method 1: Demonstration of Practice With the following grades:</p> <ul style="list-style-type: none"> <li>• Fail</li> <li>• Pass</li> </ul> <p>Assessment method 2: Professional Discussion With the following grades:</p> <ul style="list-style-type: none"> <li>• Fail</li> <li>• Pass</li> <li>• Distinction</li> </ul>
<b>Professional recognition</b>	<p>Aligns with recognition by:</p> <ul style="list-style-type: none"> <li>• Graduate Membership of the British Psychological Society</li> </ul>

### **Length of end-point assessment period**

The EPA will be completed within an EPA period lasting typically of 3 month(s), after the EPA gateway. If an EPA assessment method is failed, any resits or retakes should occur within the EPA period (3 months) and in-line with the requirements as set out in this assessment plan. Only the method failed will be required to be a resit or retaken.

### **Order of assessment methods**

The two assessment methods can be delivered in any order.



## Gateway

The EPA period should only start once the employer is satisfied that the apprentice is consistently working at or above the level set out in the occupational standard, that is to say they are deemed to have achieved occupational competence. In making this decision, the employer may take advice from the apprentice's training provider(s), but the decision must ultimately be made solely by the employer.

Apprentices must achieve the following approved qualifications as mandated in the occupational standard:

- Achievement of 160 credits of the Master's degree for Clinical Associate in Psychology.
- English and Mathematics Level 2
- For those with an education, health and care plan, or a legacy statement, the apprenticeships English and Mathematics minimum requirement is Entry Level 3 and British Sign Language qualification are an alternative to English qualifications for whom this is their primary language.

For Demonstration of Practice:

The apprentice is not required to submit anything additional for this assessment method in advance of the EPA when attending the demonstration of practice assessment element of the EPA.

For Professional Discussion, the apprentice will be required to:

- Complete and submit a portfolio of clinical experience (PCE) that is anonymised for all identifying clinical information. The format of the portfolio of clinical experience (PCE) needs to be agreed between the employer and the training provider, (e.g. hard copy or on-line).
- Within the portfolio of clinical experience (PCE) evidence must relate to the KSBs that must be evidenced during the Professional Discussion.
- One piece of evidence can be referenced against more than one knowledge, skill or behavioural requirement.
- The portfolio of clinical experience (PCE) is used to underpin the Professional Discussion between the apprentice and the independent assessor. The apprentice will draw upon the PCE to support their answers. The PCE itself is not assessed. The PCE consists of:
  - Typically 12 pieces of evidence including data on clinical activity including clinical cases, reports and formulations
  - Evaluation of clinical competence forms including clinical supervisor feedback
  - In service research proposal submitted as part of Master's research
  - Reflection on learning at different time points from across the apprenticeship

## Assessment methods

**Assessment method 1: Demonstration of Practice (DoP)** (this assessment method has 1 component).

### Assessment method 1 component 1: DoP station 1 - 4

#### Overview

Apprentices must be observed by an independent station assessor completing 4 practical demonstrations in which they will demonstrate the KSBs assigned to this assessment method. The end-point assessment organisation will arrange for the observation to take place, in consultation with the employer. The EPAO will need to provide a station assessor for each station and a senior independent assessor to oversee the assessment and 4 actors (one for each station). The station assessor may conduct and observe only one apprentice at a time during this assessment method. Practical demonstrations must be carried out over an assessment period of 160 minutes maximum. The station assessor can increase the time of the station by up to 10% to allow the apprentice to complete the assessment.

The rationale for this assessment method is:

The occupation requires practical delivery of evidence-based psychological interventions and this method of assessment has been chosen as the most efficient method for an apprentice to demonstrate competence in a range of KSBs pertaining to the occupation. Without in-vivo assessment of competences in the DoP it would be difficult to replicate the working environment in a valid way.

The table below outlines how the Demonstration of Practice assessment element should be conducted:

	Apprentice	40 mins	40 mins	40 mins	40 mins	TOTAL
<b>Senior Independent Assessor welcomes apprentices to the EPA and explains the examination process.</b>	1	Assessment station 1	Assessment station 2	Assessment station 3	Assessment station 4	160 minutes  END
	2	Assessment station 2	Assessment station 3	Assessment station 4	Assessment station 1	
	3	Assessment station 3	Assessment station 4	Assessment station 1	Assessment station 2	
	4	Assessment station 4	Assessment station 1	Assessment station 2	Assessment station 3	

## Delivery

Apprentices must be provided with both written and verbal instructions at each station on the tasks they must complete, including the timescales they are working to. Apprentices must return any written instructions to the station assessor before leaving the station.

The practical demonstration should be conducted in the following way to take account of the occupational context in which the apprentice operates:

- The apprentice will familiarise themselves with simulated clinical scenario - 10 minutes
- The apprentice will be observed in a simulated clinical scenario - 20 minutes
- The apprentice will complete question and answer session there must be 4 verbal questions with supplementary questions asked by the station assessor for clarification - 10 minutes
- The station assessor will complete marking template & give to senior independent assessor
- The marks from the station assessors will be used by the senior independent assessor to determine grade for this assessment.

The following activities **MUST** be observed during the practical demonstration, that is, a practical demonstration without these tasks would seriously hamper the opportunity for the apprentice to demonstrate occupational competence in the KSBs assigned to this assessment method. This demonstration of practice assessment element of the EPA will be delivered in a single setting and overseen by a senior independent assessor. The apprentice will enter the assessment stations on a rolling basis, moving from one to another, as directed by the senior independent assessor until all four stations are completed. All four stations will be in use concurrently with an apprentice starting the assessment at each station. The assessment will be conducted under examination conditions so that apprentices cannot discuss the stations and activities with each other.

Apprentices will be taken through four consecutive stations, each taking no more than **40 minutes**, with **5 minutes** to move from one station to another.

The DoP Stations allow demonstration of clinical competence in psychological practice.

The DoP stations must enable the apprentice to demonstrate competence in the KSBs assigned to this method.

The apprentice will be required to complete the following stations:

**Station 1 – Governance and Practice:** Communication, ethical practice and compliance with employers and external bodies' policy.

**Station 2 – Assessment & Risk:** Reviewing clinical data, identifying and developing a risk management plan.

**Station 3 – Psychological Formulation:** Making sense of a range of clinical and other information and integrating this to form a coherent understanding to guide treatment or service intervention.

**Station 4 – Evidence-Based Interventions:** Exercising judgement in how to develop effective interventions making best of applied research.

### **Overview of individual stations Station 1 – Governance and practice**

This station must focus on facilitating the resolution of ethical dilemmas experienced in clinical practice. The apprentice is presented with one 350-400 word scenario describing an ethical dilemma which they bring to a supervisor to discuss their plan for dealing with an ethical situation that has arisen from clinical practice. The actor is role-playing the supervisor who is being briefed by the apprentice in terms of their proposed approach to the ethical dilemma.

Scenarios:

For example:

- Safeguarding issue in relation to a family system
- Disclosure of historical trauma

### **Station 2 – Assessment and Risk**

This station must focus on facilitating risk assessment and management commonly experienced in clinical practice. The apprentice is presented with one 350-400 word scenario which includes a completed standardised psychological measure describing a situation before meeting with a patient. The actor will role-play as the patient. The apprentice will conduct an interview to assess risk. The apprentice should discuss and agree approaches to the identified risks with the patient.

Scenarios:

For example:

- Assessment of expressed risk to others
- Disclosure of suicidal ideation

### **Station 3 – Formulation**

This station must focus on developing a formulation in collaboration with actor drawing upon psychological models of practice. The apprentice is presented with one 350-400 word scenario describing a patient with a preliminary diagnosis (which may include physical and/or psychiatric comorbidity). The actor will role-play the

patient. The apprentice will conduct an interview to develop a formulation that integrates information from the written scenario and subsequently developed in the interview.

Scenarios:

For example:

- Working with comorbidity of physical and psychological problems.
- Working with external and internal barriers to change at an individual level.

#### **Station 4 – Evidence-based Interventions**

This station must focus on developing evidence-based psychological interventions in clinical practice. The apprentice is presented with one 350-400 word scenario describing a completed formulation plan where there is uncertainty about best treatment approaches. The actor will role-play the supervisor. The apprentice discusses with the supervisor how they would develop a psychological intervention with a patient based on the formulation plan provided in the written scenario demonstrating clinical judgement where the consensus on evidence-based practice is not well-established.

Scenarios:

For example:

- An evidence-based psychological intervention for an individual experiencing early cognitive decline.
- An evidence based intervention for challenging behaviour.

The above examples of scenarios are just for illustrative purposes, it is up to the EPAO to develop a suitable 'bank of scenarios' of this type to be used during the demonstration of practice.

**Questioning must be completed within the total time allowed for the practical demonstration.**

## **Questions and resources development**

EPAOs will create and set open questions to assess related underpinning KSBs. EPAOs will produce specifications to outline in detail how the practical demonstrations will operate, what it will cover and what should be looked for. It is recommended that this be done in consultation with employers. EPAOs should put measures and procedures in place to maintain the security and confidentiality of their specifications if employers are consulted. Specifications must be standardised by the EPAO.

EPAOs must develop 'practical specification banks' of sufficient size to prevent predictability and review them regularly (and at least once a year) to ensure they, and the specifications they contain, are fit for purpose. The specifications, including questions relating to underpinning KSBs must be varied, yet allow assessment of the relevant KSBs.

## **Venue**

Practical demonstrations must be conducted in one of the following locations:

- A suitable venue selected by the EPAO (e.g. a training provider's premises or another employer's premises).

The venue must:

Provide sufficient rooms suitable for 4 stations to occur at the same time

EPAOs will produce the following material to support this assessment method:

- a bank of scenarios for the stations that are 350-400 words each that must provide sufficient stimulus material that allows the apprentice competence to be assessed.
- provide working summaries of 50-100 words for the actor which includes all relevant data pertaining to each simulation exercise

## **Assessment method 2: Professional Discussion (this assessment method has 1 component)**

### **Assessment method 2 component 1: Professional Discussion**

#### ***verview***

This assessment will take the form of a professional discussion which must be appropriately structured to draw out the best of the apprentice's competence and excellence and cover the KSBs assigned to this assessment method. It will involve the questions that will focus on coverage of prior learning or activity.

The rationale for this assessment method is:

To provide an opportunity for the apprentice to demonstrate their competence as an applied evidence based psychological practitioner. The professional discussion is a structured two-way discussion between the senior independent assessor and apprentice in order to assess the apprentice's in-depth knowledge, understanding and application of their work.

### ***elivery***

The senior independent assessor will conduct and assess the professional discussion.

The professional discussion must last for 60 minutes (+10% at the independent assessor's discretion to allow an apprentice to finish the answer they are giving).

During this method, the senior independent assessor must ask a minimum of 6 questions which will be taken from the EPAO's question bank. The senior independent assessor may ask supplementary questions for clarification. All questioning will be completed within the 60 minutes +10% if required.

The professional discussion will be conducted as set out here:

- The Professional discussion is a two-way conversation where the senior independent assessor uses open questions and the pre-gateway evidence (portfolio of clinical experience) that takes place in a controlled environment.
- The apprentice will bring a copy of their completed portfolio of evidence to the professional discussion, so they can draw on the contents of the portfolio to underpin the discussion, selecting items to inform and enhance the discussion.

### **Venue**

The professional discussion should take place in a quiet room, free from distractions and influence.

The professional discussion can take place in any of the following:

- A suitable venue selected by the EPAO (for example a training provider's premises).
- The Professional Discussion must take place in a face to face meeting and there is no provision for video-conferencing of this assessment element.

### **Other relevant information**

A question bank of open questions for use in the professional discussion must be developed by EPAOs. The 'question bank' must be of sufficient size to prevent predictability and the EPAO must reviewed regularly (at least once a year) to ensure that it, and its content, are fit for purpose. The specifications, including questions relating to the underpinning KSBs, must be varied yet allow assessment of the relevant KSBs.

EPAOs must ensure that apprentices have a different set of questions in the case of re-sits/re-takes. Independent assessors must be developed and trained by the EPAO in the conduct of professional discussion and reaching consistent judgement.

### **Reasonable adjustments**

The EPAO must have in place clear and fair arrangements for making reasonable adjustments for this apprenticeship standard. This should include how an apprentice qualifies for reasonable adjustment and what reasonable adjustments will be made. The adjustments must maintain the validity, reliability and integrity of the assessment methods outlined in this assessment plan.

### **Weighting of assessment methods**

All assessment methods are weighted equally in their contribution to the overall EPA grade.



## Grading

Assessment method 1: Demonstration of Practice

KSBs	Fail	Pass
<p>K1 K2 K3 K4 K7 K8 K9 K10 K11 K12 K13 K14 K15 K16 K17 K18 K19 K20 K21 K22 K23 K25 K26 K27 K28 K29 K30 K32 K33 K34 K35 K36 K37 K38 K39 K40 K56 K57 K58 K59 K60 K61 K62 K63</p> <p>S1 S2 S3 S5 S6 S7 S8 S9 S10 S11 S12 S13 S14 S15 S16 S17 S18 S19 S20 S21 S22 S23 S24 S25 S26 S27 S28 S29 S30 S32 S47 S48 S49 S50 S51 S52 S53</p> <p>B3</p>	<p>Does not meet the pass criteria</p>	<p>To achieve a pass, the apprentice must be able to:</p> <p>Demonstrates ethical practice through the use of clinical supervision in line with professional and employer policies and practice, adhering to boundaries of competence within scope of practice (K2, K3, S1, S3).</p> <p>Applies professional codes of conduct and practice in the handling of confidential information taking appropriate action (K1, K4, S2, B3).</p> <p>Keeps accurate records and maintains confidentiality requirements (K8, K10, S7, S8).</p> <p>Applies local and national professional policies regarding information governance and incident reporting (K7, K9, S49).</p> <p>Adapt communication style by making reasonable adjustments in a manner that demonstrates treating people with dignity and respect (K11, S5, S6,).</p> <p>Demonstrates the use of psychological approaches in a supervisory process to enable others to enhance treatment outcomes (K56, K57, S48).</p> <p>Applies supervisory models of practice, demonstrating boundaries of professional competence providing opportunities for others to review and modify their practice (K58, S47, S50).</p> <p>Demonstrates how to conduct a specialist psychological assessment, taking account of life events and information. (K12, K14, S9, S12).</p>

		<p>Uses specialist psychological assessments across a broad range of presenting problems and analyses results to influence own practice and that of others within the multidisciplinary team (K13, K17, S10).</p> <p>Applies psychometric principles in using psychological assessment methods to guide and measure practice (K15, K16, K39, S11).</p> <p>Demonstrates adherence to contemporary, evidence-based assessment and management of risk responding to different contexts and presentations (K59, K60, S51, S52).</p> <p>Applies approaches to mitigate risk adhering to best practice for reporting of serious adverse events within scope of practice (K61, K62, K63, S53).</p> <p>Applies psychology theory to develop a formulation as a way of describing the development and maintenance of problems providing a rationale for psychological interventions (K18, K19, S13, S17).</p> <p>Analyses and critically appraises psychological approaches to formulation and demonstrates the use of clinically derived data to guide interventions (K20, K22, S14, S15).</p> <p>Demonstrates how formulation informs treatment and influences the work of others when in overcoming treatment obstacles when delivering a psychological intervention (K21, K23, S16, S22).</p> <p>Applies appropriate evidence-based psychological protocols to inform treatment planning for individualized care in complex systems. (K26, K27, S19, S29).</p> <p>Demonstrates importance of establishing therapeutic alliance to set appropriate intervention goals (K25, K30, S18, S20).</p> <p>Applies psychological models of treatment consistent with best practice, using clinical judgement about evidence based practice where there is no agreed consensus on treatment protocols (K28, K35, S21,)</p> <p>Applies psychological interventions to engage patients in self-management strategies addressing complex and/or long-term conditions (K29, K33, K34, S25, S26).</p>
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		<p>Demonstrates use of behavioural change models and behavioural observation methods taking account of potentially conflicting clinical information to implement individualized treatment plans (K36, K38, S24, S27).</p> <p>Selects and applies appropriate measurement tools to conduct a psychological evaluation to guide evaluation of outcome (K37, S30, S32).</p> <p>Demonstrate use of psychometric principles of measurement when planning and evaluating psychological interventions with appropriate goals for complex presentations (K32, K40, S23, S28).</p>
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*Assessment method 2: Professional Discussion*

KSBs	Fail	Pass All must be achieved for a pass	Distinction All pass and all distinction must be achieved for a distinction
<p><b>K5 K6 K24 K31 K41 K42 K43 K44 K45 K46 K47 K48 K49 K50 K51 K52 K53 K54 K55</b></p> <p><b>S4 S31 S33 S34 S35 S36 S37 S38 S39 S40 S41 S42 S43 S44 S45 S46</b></p> <p><b>B1 B2</b></p>	<p>Does not meet the pass criteria</p>	<p>Demonstrates self-reflection and continued professional development to maintain knowledge of evidence-based practice (K5, K6, S4).</p> <p>Explains the fundamentals of psychological health and stigma and models of treatment through training of others in order to enhance their delivery of psychological interventions (K24, K41, S39, S41).</p> <p>Describes how to guide others to provide psychological interventions and</p>	<p>Analyses the outcome of training given to multi-disciplinary teams to measure the success of supporting psychological models of change (K42, K48, S33, S40).</p> <p>Critically evaluates approaches to engage and support others delivering research, audit and service evaluation that informs clinical practice at organizational and service level using different research approaches (K52, K54, K55, S42, S45).</p> <p>Evaluates how they have overcome barriers</p>

		<p>demonstrate when and how to seek appropriate supervision and advice (K42, K45, S33, S40).</p> <p>Describes how to address emotive and challenging situations affecting individuals and multidisciplinary teams where multiple perspectives are reconciled to enhance treatment outcome (K44, S35, B1, B2).</p> <p>Describes models of leadership and demonstrates how these can influence multidisciplinary teams consistent with service and organization context (K43, S36).</p> <p>Explains different styles of learning and training approaches to maximise benefits in bringing about change in the delivery of treatments (K31, K46, K48, S38)</p> <p>Describes how reflective practice supports the use of psychological tools and techniques to meet the learning needs of others facilitating practice</p>	<p>to deliver service innovation drawing upon knowledge of local and national policy and practice in healthcare (K42, K44, S33, S34).</p> <p>Critically analyses how leadership principles can influence the practice of others while demonstrating the ability to select from multiple and contradictory perspectives to enhance practice (K43, K44, S35, S36).</p> <p>Critically evaluates tools and techniques used to measure change and outlines the constraints. (K47, S36).</p>
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		<p>innovation (K47, K49, S34, S37).</p> <p>Explains the importance of conducting research compliant with national</p>	
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		<p>and organizational standards through communication of research outcomes to others to ensure dissemination of best practice (K50, K51, S42, S43).</p> <p>Describes the importance of organisational culture through selecting different approaches to research to implement outcomes such as service evaluation and clinical audit (K52, K55, S31, S45)</p> <p>Summarises the application of different research methodologies in the context of service need and demonstrates how qualitative or quantitative approaches are suitable to inform innovation in clinical practice (K53, S44).</p> <p>Explains the use and application of research tools in the routine collection of data and demonstrate how dissemination of service evaluation and clinical audit informs effectiveness in clinical practice (K54, S46).</p>	
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## Overall EPA grading

All EPA methods must be passed for the EPA to be passed overall.

There are two assessment elements to the EPA. Apprentices must pass each assessment element of the EPA in order to gain a pass. Any fail in any assessment element of the EPA results in a fail for the EPA as a whole.

Grades from individual assessment methods should be combined in the following way to determine the grade of the EPA as a whole:

Assessment method 1: Demonstration of Practice	Assessment method 2: Professional Discussion	Overall grading
Fail	Any grade	Fail
Any grade	Fail	Fail
Pass	Pass	Pass
Pass	Distinction	Distinction

### Re-sits and re-takes

Apprentices who fail one or more assessment method will be offered the opportunity to take a re-sit or a re-take. A re-sit does not require further learning, whereas a re-take does. Apprentices should have a supportive action plan to prepare for the re-sit or a re-take. The apprentice's employer will need to agree that either a re-sit or re-take is an appropriate course of action.

An apprentice who fails an assessment method, and therefore the EPA in the first instance, will be required to re-sit or re-take any failed assessment methods only.

Any assessment method re-sit or re-take must be taken during the maximum EPA period, otherwise the entire EPA must be taken again, unless in the opinion of the EPAO exceptional circumstances apply outside the control of the apprentice or their employer.

Re-sits and re-takes are not offered to apprentices wishing to move from pass to distinction.

Where any assessment method has to be re-sat or re-taken, the apprentice will be awarded a maximum EPA grade of distinction.



## Roles and responsibilities

Role	Responsibility
Apprentice	<p>As a minimum the apprentice should:</p> <ul style="list-style-type: none"> <li>• participate in development opportunities to improve their knowledge skills and behaviours as outlined in the standard</li> <li>• meet all gateway requirements when advised by the employer</li> <li>• understand the purpose and importance of EPA and undertake EPA</li> </ul>
Employer	<p>As a minimum the employer should:</p> <ul style="list-style-type: none"> <li>• support the apprentice to achieve the KSBs outlined in the standard to their best ability</li> <li>• determines when the apprentice is working at or above the level outlined in the standard and is ready for EPA</li> <li>• select the EPAO</li> <li>• confirm arrangements with EPAO for the EPA (who, when, where) in a timely manner</li> <li>• ensure apprentice is well prepared for the EPA</li> <li>• Should not be involved in the delivery of the EPA</li> </ul>
EPAO	<p>As a minimum EPAOs should:</p> <ul style="list-style-type: none"> <li>• understand the occupational role</li> <li>• appoint administrators/invigilators and markers to administer/invigilate and mark the EPA</li> <li>• provide training and CPD to all assessors (station and senior independent) they employ to undertake the EPA</li> <li>• provide adequate information, advice and guidance documentation to enable apprentices, employers and providers to prepare for the EPA</li> <li>• provide actors varying in ages, genders and ethnicities</li> <li>• provide training to actors to ensure they can portray both simple and complex stations and interpret and accurately portray a variety of signs to enable accurate formulation</li> <li>• Provide guidance about actor role and about how much interaction is allowed with the apprentice in the station.</li> <li>• moderate a role to achieve consistency across all actors playing the same role</li> <li>• deliver the end-point assessment outlined in this EPA plan in a timely manner</li> <li>• prepare and provide all required material and resources required for delivery of the EPA in-line with best practices</li> </ul>

	<ul style="list-style-type: none"><li>• use appropriate assessment recording documentation to ensure a clear and auditable mechanism for providing assessment decision feedback to the apprentice</li><li>• have no direct connection with the apprentice, their employer or training provider i.e. there must be no conflict of interest</li><li>• maintain robust internal quality assurance (IQA) procedures and processes, and conducts these on a regular basis</li><li>• conform to the requirements of the nominated external quality assurance body</li><li>• organise standardisation events and activities in accordance with this plan's IQA section</li><li>• organise and conduct moderation of independent assessors' marking in accordance with this plan</li><li>• have, and operate, an appeals process</li><li>• arrange for certification with the relevant training provider</li><li>• ensure the assessment room and stations are in a controlled environment.</li><li>• develop a bank of demonstration of practice scenarios for the stations that are 350-400 words each that must provide sufficient stimulus material that allows the apprentice's competence to be assessed.</li><li>• recruit actors to carry out the 'clinical' role (patient, team member, supervisor) in the demonstration of practice scenarios.</li><li>• provide working summaries of 50-100 words for the actor which includes all relevant data pertaining to each simulation exercise.</li><li>• Develop a bank of open questions for the professional discussion</li><li>• ensure the stations are completed on the same day.</li><li>• provide a structured template for the station assessor to use for marking the assessment to ensure consistency and moderation.</li><li>• provide a grading criteria for the independent assessors to use for each station and the grade criteria for the overall grade (pass/fail) for this assessment method.</li></ul>
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Senior Independent assessor	<p>As a minimum an independent assessor should:</p> <ul style="list-style-type: none"> <li>• understand the standard and assessment plan</li> <li>• deliver the end-point assessment in-line with the EPA plan</li> <li>• comply to the IQA requirements of the EPAO</li> <li>• be independent of the apprentice, their employer and training provider(s) i.e. there must be no conflict of interest</li> <li>• satisfy the criteria outlined in this EPA plan</li> <li>• have had training from their EPAO in terms of good assessment practice, operating the assessment tools and grading</li> <li>• have the capability to assess the apprentice at this level</li> <li>• attend the required number of EPAOs standardisation and training events per year (as defined in the IQA section)</li> </ul>
	<ul style="list-style-type: none"> <li>• make all grading decisions.</li> <li>• use the assessment tools and procedures that are set by the EPAO to conduct and record the Professional Discussion.</li> </ul>
Actor	<p>As a minimum the actor should:</p> <ul style="list-style-type: none"> <li>• be a member of a recognised medical actor or professional role playing organisation specialising in healthcare examinations</li> <li>• accurately recall learnt facts</li> <li>• not 'feed' the apprentice information</li> <li>• portray both simple and complex examination stations</li> <li>• interpret and accurately portray a variety of signs to enable accurate formulation</li> <li>• be independent of the apprentice, their employer and the training provider</li> <li>• read the scenario for the role play.</li> <li>• carry out instructions set out in the brief provided for the role play in each assessment station.</li> <li>• adhere to confidentiality about all aspects of the assessment and the working summaries they have been provided with.</li> </ul>
Training provider	<p>As a minimum the training provider should:</p> <ul style="list-style-type: none"> <li>• work with the employer to ensure that the apprentice is given the opportunities to develop the KSBs outlined in the standard and monitor their progress during the on-programme period</li> <li>• advise the employer, upon request, on the apprentice's readiness for EPA prior to the gateway</li> <li>• play no part in the EPA itself</li> </ul>

Station Assessor	<p>As a minimum the station assessor should:</p> <ul style="list-style-type: none"> <li>• manage a demonstration of practice station</li> <li>• mark the demonstration of practice using the grading criteria developed by the EPAO</li> <li>• pass the mark to the independent assessor who is responsible for the final grading decisions</li> <li>• observe the apprentice demonstrating the KSBs mapped to the assessment method.</li> <li>• use the assessment tools and procedures set by the EPAO.</li> <li>• use the structured template to conduct the assessment.</li> <li>• ask a minimum of 4 questions at the end of each demonstration of practice simulation and is allowed to ask follow up questions to seek further clarity.</li> </ul>
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### **Internal Quality Assurance (IQA)**

Internal quality assurance refers to the requirements that EPA organisations must have in place to ensure consistent (reliable) and accurate (valid) assessment decisions. EPA organisations for this EPA must:

- Appoint independent assessors who have knowledge of the following occupational areas: The assessor must be a Health and Care Professions Council (HCPC) registered Practitioner Psychologist or a qualified Clinical Associate in Psychology with at least one year's post qualification experience of clinical education and training.
- appoint independent assessors who are competent to deliver the end-point assessment and who meet the following minimum requirements:
  - Undertake CPD training in delivering EPA methods.
- provide training for independent assessors in terms of good assessment practice, operating the assessment tools and grading
- have robust quality assurance systems and procedures that support fair, reliable and consistent assessment across the organisation and over time
- operate induction training and standardisation events for independent assessors when they begin working for the EPAO on this standard and before they deliver an updated assessment method for the first time
- ensure independent assessors attend standardisation events on an ongoing basis and at least once per year

### **Affordability**

Affordability of the EPA will be aided by using at least some of the following practice:

- May use employer premises.

## Professional body recognition

The apprenticeship is designed to align with Master's degree level training as a Clinical Associate in Psychology accredited by the British Psychological Society.

## Mapping of knowledge, skills and behaviours (KSBs)

### Assessment method 1: Demonstration of Practice

Knowledge
<b>K1</b> Understand British Psychological Society (BPS) Professional Code of Conduct, local and national policies and procedures that define scope of practice.
<b>K2</b> Understand how to assess limits of professional boundaries and capacity and understand when to seek appropriate supervision/advice on practice and whom to refer to so as to ensure best care.
<b>K3</b> Understand the principles of clinical supervision and how this provides a safe and supportive environment to reflect, review and discuss personal and professional responses to work.
<b>K4</b> Understand principles of handling confidential information and knowing how and when to share this information for appropriate professional purposes and only with appropriate individuals, and as necessary with consent.
<b>K7</b> Understand responsibility for fulfilling and maintaining local and national information governance policies.
<b>K8</b> Understand the need to maintain accurate clinical records and why all entries in clinical and practice records are dated, timed and signed.
<b>K9</b> Understand policy and practice with regard to incident reporting within your organisation.
<b>K10</b> Understand how to communicate confidential information.
<b>K11</b> Understand the need for recording of patient consent, including verbal consent where appropriate, and the necessity of ensuring that consent is given for sharing of information for professional purposes.
<b>K12</b> Understand how individual life experiences and life-events may be relevant, when taking an individual history for the purposes of specialist psychological assessment, to enable personalised psychological interventions.
<b>K13</b> Understand cognitive functioning, possessing knowledge of causes and other factors which may determine performance, when conducting an assessment.
<b>K14</b> Understand how to conduct both individualised psychological and cognitive assessments, utilising behavioural observation and measurement, use of self and other observation data, and incorporating data from formal and informal carers.
<b>K15</b> Understand fundamentals of psychometric principles to guide the use of standardised assessment tools with specific populations.
<b>K16</b> Understand how to analyse and appraise the range of cognitive-behavioural and other psychological assessment methods used within applied clinical practice to underpin assessment.

**K17** Understand how to analyse outputs from specialist psychological assessments across a broad range of patient needs.

**K18** Understand formulation is derived from and integrates psychological, biological, emotional, interpersonal, social cultural and interpersonal factors.

**K19** Understand that formulations draw upon psychological theory, providing a clinical framework describing an individual's problem and/or needs, whilst providing a rationale for how problems have developed and are maintained.

**K20** Understand a range of psychological hypotheses to explain the development and maintenance of distress in patients.

**K21** Understand that formulation informs treatment and can inform the work of others in a multidisciplinary team.

**K22** Understand how to analyse and appraise the range of cognitive-behavioural and other psychological assessment methods used within applied clinical practice to underpin diagnosis and/or formulation.

**K23** Understand the need to take into account the preferences of the person with complex and chronic conditions, and that of their caregivers when planning a psychological intervention.

**K25** Understand the importance of therapeutic alliance in embedding positive behaviour change and maintain awareness that mental health stigma and discrimination are major barriers to effective psychological interventions in the management of psychological problems.

**K26** Understand the appropriateness of the range of evidence-based psychological models and protocols when addressing individualised patient need.

**K27** Critically appraise a range of psychological models and interventions (including CBT) to inform treatment planning and appropriate choice of treatment protocols.

**K28** Understand how to analyse and appraise key theoretical concepts of psychological models of treatment both at individual and group level recognised in evidence-based national guidelines.

**K29** Understand how psychological interventions may impact upon self-management strategies and action plans already in place.

**K30** Understand that working with people requires setting appropriate intervention goals and agreeing these with patients, their families and their caregivers.

**K32** Understand how to interpret evidence-based psychological treatment choices with individuals, groups and other healthcare colleagues, when managing complex and chronic needs.

**K33** Understand how lifespan development affects an individual's performance and that it is necessary to adjust psychological interventions based on this understanding to enable patients to access and benefit from psychological interventions.

**K34** Understand how to implement, plan and manage psychological interventions when working with complex and long term needs.

**K35** Understand and critically appraise best evidence and existing practice to inform clinical decision making where there is no agreed consensus on treatment protocols and evaluate outcome.

<b>K36</b> Understand the range of behavioural change models including health belief models to synthesise best practice in the absence of a strong evidence base, or existence of clinical practice guidelines.
<b>K37</b> Understand, appraise and discriminate the selection of appropriate measurement tools from a range of possible options in the context of individual and service level change.
<b>K38</b> Understand how to conduct an individualised psychological evaluation utilising behavioural observation and measurement.
<b>K39</b> Understand the use of valid and reliable measurement tools for the purposes of self and other observation of outcome and evaluation of treatment, incorporating evaluation from formal and informal carers.
<b>K40</b> Understand fundamentals of psychometric principles to guide the use of standardised evaluation with specific populations to identify appropriate quality improvement strategies.
<b>K56</b> Understand models of clinical supervision and requirements for practice in line with the evidence-base and professional codes of conduct.
<b>K57</b> Understand clinical supervision provides opportunities for others to review and modify their practice, maintain high professional standards of competence and to enhance the delivery of individualised care.
<b>K58</b> Understand the appropriate boundaries of professional competency in offering support and supervision to others and recognise the requirement to seek regular supervision for own practice.
<b>K59</b> Understand the evidence base including contemporary approaches to assessing and managing risks in different contexts.
<b>K60</b> Understand how to assess risk in relation to psychological distress and to ensure that risk formulations are integrated with interventions.
<b>K61</b> Understand contingency management and the use of risk indicators in mitigating against crises.
<b>K62</b> Understand the appropriateness of crisis interventions that are safe, effective and compassionate and follow a rights-based approach consistent with service standards.
<b>K63</b> Understand the identification of, reporting and reflection upon critical incidents and serious adverse events influencing and changing clinical practice.

<b>Skills</b>
<b>S1</b> Work within the scope of practice of the role and within the bounds of professional competence, in line with employer's requirements around values, conduct and ethics.
<b>S2</b> In all clinical and professional activities, act in accordance with the BPS Professional Code of Conduct, identifying and challenging discriminatory behaviour.
<b>S3</b> Actively participate in clinical and professional supervision in order to develop individual scope of practice within legal and ethical boundaries to manage risk and enhance clinical practice.
<b>S5</b> Communicate effectively, share information and check understanding using clear language and appropriate, written materials, making reasonable adjustments where appropriate in order to optimise people's understanding.
<b>S6</b> Recognise and accommodate sensory impairments during all communications and the use of personal communication aids.

**S7** Implement, produce and maintain clear, legible and contemporaneous patient records regarding direct and indirect patient contacts and wider working within teams adhering to professional and ethical standards.

**S8** Act on the duty to comply with service and national standards of clinical record-keeping.

**S9** Assess individuals and/or families using a variety of approaches and a range of psychological assessment methods to assess baseline and change post-intervention.

**S10** Analyse outputs from specialist psychological and cognitive assessments across a broad range of patient needs and disseminate reports to influence own practice and that of others within the multidisciplinary team.

**S11** Implement best practice by conducting assessments and treatment interventions according to evidence-based practice where there are limited treatment protocols to guide practice.

**S12** Take account of how conflicting and sometimes contradictory information from carers and other healthcare professionals, in emotive and challenging situations and contexts, may impact on the outcome of assessment.

**S13** Formulate individual distress to explain how psychological difficulties and presentations are influenced by potentially conflicting sociocultural and attitudinal factors.

**S14** Create, implement and appraise formulations based upon multiple sources of clinical and other data to inform the management of psychological interventions and where no protocols or treatment guidance exists.

**S15** Develop collaborative formulations with patients so as to sense-check understandings and influence delivery of evidenced-based individualised psychological interventions.

**S16** Share formulations with others in a multidisciplinary team to promote patient engagement and to anticipate treatment obstacles and to prevent disengagement.

**S17** Apply a range of psychological interventions (including CBT) consistent with assessment and diagnosis/formulation.

**S18** Explain the rationales to individuals, groups and other healthcare colleagues, for evidence-based psychological treatment models and protocols.

**S19** Deliver psychological treatments appropriate to the level of patient need and provide treatment at an appropriate level of frequency and duration in the context of distress and complexity.

**S20** Recognise and respond to individual distress using evidence-based psychological treatment models and protocols.

**S21** Analyse and appraise the appropriateness of the range of psychological models and protocols when addressing individualised patient need.

**S22** Analyse and appraise principles of psychological interventions at individual and group level and evaluate episodes of treatment drawing upon evidence-based models and protocols to inform treatment planning and implementation.

**S23** Plan and implement evidence-based treatment protocols specific to individual or group need for managing complexity and chronicity of presentations.

**S24** Generate evidence-based psychological interventions taking into account a range of potentially conflicting clinical data.

**S25** Actively engage patients in treatment regimes to address and resolve emotive contexts and circumstances.



**S26** Apply psychological interventions that are consistent with self-management strategies and action plans for people with complex and chronic needs.

**S27** Apply evidence-based psychological interventions addressing complex and/or long-term needs consistent with psychological models of change.

**S28** Implement evidence-based psychological interventions for people with complex and/or long-term needs with appropriate intervention goals agreed with patients, their families and their caregivers.

**S29** Plan and implement evidence-based psychological treatment models and protocols while providing an individual patient rationale.

**S30** Accurately measure and evaluate outcomes in a range of care settings, by selecting the appropriate measurement tools from a range of possible options in the context of individual and service level change.

**S32** Implement a range of psychological measurement tools with individuals, families, or services to evaluate treatment, individual, service or organisational change.

**S47** Act as a wider psychological resource by offering support and clinical supervision to identify psychological issues in a safe, supportive and professional manner.

**S48** Provide a supportive, safe space to enable a clinical supervisory process for a broader mental health workforce supporting better psychological treatment outcomes.

**S49** Act appropriately following employment procedures when serious concerns are raised in clinical supervision about the conduct, competence, or health of a practitioner.

**S50** Enable support and clinical supervision of team members to promote the implementation of models of psychological change enhancing treatment outcomes.

**S51** Apply and review risk assessments and formulations when working with complex patients within scope of practice.

**S52** To effectively communicate decision making processes which have informed the psychological management of risk. Implement and respond appropriately to risk, using appropriate guidance and support, maintaining compliance with service policy and values.

**S53** Assess and identify appropriate practice in relation to critical incident and severe adverse events.

**Behaviours**

**B3** Be adaptable, reliable and consistent, show discretion, resilience and self-awareness and demonstrate professional and clinical competence.

**Assessment method 2: Professional Discussion**

**Knowledge**

**K5** Understand how to maintain knowledge of contemporary evidence-based practice through appropriate continued professional development.

**K6** Understand and recognise professional duty to challenge and report discriminatory behaviour.

**K24** Understand mental health issues by maintaining awareness of prevalence, incidence and impact of common mental health myths, misconceptions and stereotypes on patients.

<b>K31</b> Understand that it is necessary for psychological interventions to minimise harm, maximise benefits and result in improvement of overall quality of life indices.
<b>K41</b> Understand how to communicate to non-psychology colleagues, a range of psychological hypotheses explaining the development and maintenance of distress in patients.
<b>K42</b> Understand, how to support and guide contributions from multidisciplinary team members in order to provide safe, integrated and effective psychological practice.
Understand the importance and impact of team and organisational dynamics and culture in service delivery and development.
<b>K43</b> Understand the principles of leadership theory to influence best psychological practice when working in teams.
<b>K44</b> Understand impact of multiple perspectives within the context of multidisciplinary teams.
<b>K45</b> Understand psychological practice requirements and safe practice and how to convey this to the broader clinical workforce in line with the evidence-base.
<b>K46</b> Understand different learning styles and how this can affect the success of training delivery.
<b>K47</b> Understand the range of tools and techniques that can be used to support learning, set goals and evaluate learning.
<b>K48</b> Understand different training approaches using psychological theory and research to bring about changes in the delivery of treatments.
<b>K49</b> Understand the impact of teaching others to enhance reflective practice in the context of a range of service settings.
<b>K50</b> Understand how research is conducted and implemented at an appropriate level to inform effectiveness in clinical practice.
<b>K51</b> Understand the range of legal, ethical, professional, financial and organisational policies and procedures that apply to clinical research activities.
<b>K52</b> Understand the importance and impact of organisational culture in service delivery and development.
<b>K53</b> Understand a range of quantitative and qualitative research methodologies relevant to situation and service context.
<b>K54</b> Understand a range of research approaches drawing on specialist psychological tools to collect data to evaluate own practice as well as to enhance service delivery.
<b>K55</b> Understand knowledge of evidence-based practice through supporting others in planning audit, evaluation and research of their work.

## Skills

**S4** Take responsibility for continuous self-reflection, seeking and responding to support and feedback to develop professional knowledge and skills.

**S31** Engage in all stages of audit and evaluation activity, leading to the continuous enhancement and quality improvement of clinical practice.

**S33** Provide guidance, support and facilitation to multidisciplinary team members in the delivery of psychologically enhanced approaches.

**S34** Act as a psychological resource within the multidisciplinary team to demonstrate how psychological theories and models can facilitate practice innovations.

<b>S35</b> Apply psychological theory and research to address emotive and challenging situations, taking account of conflicting and contradictory information from carers and other healthcare professionals.
<b>S36</b> Work as part of a multidisciplinary community team or in specialised clinical settings and liaise with relevant external agencies to facilitate and enable psychological interventions.
<b>S37</b> Work collaboratively to identify and meet the learning and development needs of health or care professionals.
<b>S38</b> Communicate new learning approaches and provide constructive feedback to challenge and overcome barriers to implementation of best psychological practice.
<b>S39</b> Communicate to others the core concepts of psychological theory, research and practice in order to enhance their delivery of psychological interventions.
<b>S40</b> Provide training for others to inform and support psychological models of change.
<b>S41</b> Provide training within teams to enhance delivery of clinical and research practice interventions appropriate to the health and psychological needs of patients across a range of service settings.
<b>S42</b> Engage in research activity to identify service gaps and problems so that new approaches and solutions can be implemented to solve clinical and service problems.
<b>S43</b> Communicate clinically relevant research material to a range of practitioners.
<b>S44</b> Apply and analyse a range of research approaches including both qualitative and quantitative methods in clinical practice.
<b>S45</b> Act as a wider resource within teams to inform clinical and research practice, critically appraise, interpret and implement the outcomes of research methodologies such as service evaluation and clinical audit.
<b>S46</b> Evaluate and audit clinical practice through conducting service evaluations to inform change through dissemination of findings ensuring best use of publicly funded resources.

## Behaviours

<b>B1</b> Treat patients with dignity, respecting individuals' diversity, beliefs, culture, needs, values, privacy and preferences.
<b>B2</b> Show respect and empathy for those worked with and have the courage to challenge areas of concern and work to evidence-based best practice.

## Appendix B: Mapped CAP Apprenticeship Standards and BPS Competencies to Course Programme

Module / focus	Credits	Programme Learning Outcomes	BPS Competencies –	Apprentice Standards KSBs
<b>Assessment, Formulation and Therapeutic Skills 7990</b>	30	KU2, CI1, CI2, CI3, CI4, KT1, ER1, ER3, ER5, ER6, PS1, PS2, PS3, PS4	1a, 1b, 1c, 2a, 2b, 2c, 2d, 2e, 3a, 3b, 3c, 4b, 7b, 8a, 8b, 8c, 8d,	K. 3, 4, 5, 7, 8, 9, 10, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 25, 37, 38, 56, 57, 58, 59, 60, 61  S. 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 32, 51, 52, 53  B. 1, 2, 3
<b>Psychological Interventions – Cognitive behavioural therapies and beyond 7991</b>	30	KU2, KU4, CI1, CI2, CI3, CI4, KT1, ER1, ER2, ER3, ER4, ER5, ER6, PS1, PS2, PS3, PS4	1b, 1c, 2c, 2e, 4a, 4b, 4c, 4d, 4e, 4f, 5a, 5b, 8a, 8b, 8c, 9a	K. 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 39, 62  S. 3, 4, 5, 6, 9, 10, 11, 12, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29  B. 1, 2, 3
<b>Accredited Clinical Practice 7992</b>	60	1) KU2, KU4, CI2, CI3, CI4, KT1, KT2, KT4, ER1, ER2, ER3, ER4, ER5, PS1, PS2, PS3, PS4  2) KU2, KU4, CI2, CI3, CI4, KT1, KT2, KT4, ER1, ER2, ER3, ER4, ER5, PS1, PS2, PS3, PS4	1a, 1b, 1c, 1d, 2a, 2b, 2c, 2d, 2e, 3a, 3b, 3c, 4a, 4b, 4c, 4d, 4e, 4f, 5a, 5b, 5c, 5d, 6a, 6b, 6c, 6d, 6e, 6f, 6g, 7a, 7b, 7c, 7d, 7e, 7g, 8a, 8b, 8c, 8d	K. 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 50, 51, 52, 53, 54, 55, 56, 58, 59, 60, 61, 62, 63  S. 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 42, 43, 44, 45, 46, 49, 50, 51, 52, 53

				B. 1, 2, 3
<b>Professional, Ethical and evidence-based Practice 7993</b>	30	1) KU1, KU3, KU4, CI3, CI4, KT3, ER1, ER3, ER4, ER5, ER6, PS1, PS3, PS4	1c, 1d, 1e, 5a, 5b, 5c, 5d, 6a, 6b, 6c, 6d, 6e, 6f, 6g, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 8a, 8b, 9c, 9d	K. 1, 2, 5, 6, 24, 50, 51, 53, 54, 55, 63 S. 1, 2, 10, 22, 24, 30, 31, 32, 33, 34, 35, 36, 42, 43, 44, 45, 46, 49, 50 B.
<b>Advanced Professional Practice: leadership, consultation and service improvement. 7994</b>	10	KU3, CI3, CI4, KT2, KT3, KT4, ER1, ER2, ER5, ER6, PS3, PS4	1d, 8a, 8b, 9a, 9b, 9c, 9d	K. 41, 42, 43, 44, 45, 46, 47, 48, 49, 52 S. 5, 32, 33, 34, 36, 37, 38, 39, 40, 41, 47, 48 B. 1, 2, 3
<b>Building Clinical Competency 7995</b>	20	KU1, KU2, KU3, CI1, , CI3, CI4, KT1, ER1, ER3, ER4, ER6, PS1, PS3, PS4	All	All