

Accreditation as a Psychological Wellbeing Practitioner with the BABCP means that the Entry Criteria and Minimum Training Standards for PWP Accreditation have been achieved

PWP Accreditation is for a period of three years, after which Accredited members will be required to apply for Re-accreditation every three years

ROUTES FOR PWP ACCREDITATION

There are two Routes to PWP Accreditation; Routes A and B

ROUTE A – for those PWP’s who have graduated from an Accredited Full Low Intensity (PWP) training course

ROUTE B – for those who have sufficient previous training in a relevant recognised Core Profession for PWP, and have completed an Accredited PWP top-up training

CRITERIA FOR PWP ACCREDITATION

The following seven criteria must be met in order to gain PWP Accreditation:

1. Have been accountable for their own professional practice to a senior member of the IAPT or equivalent service whilst working as a PWP continuously for the last 6 months
2. Provide evidence of successfully completing training as a Psychological Wellbeing Practitioner on an Accredited Full PWP Course (*Route A*), or provide evidence of having a relevant recognised Core Professional Training, plus evidence of successfully completing top-up training on an Accredited PWP Course (*Route B*)
3. Evidence at least 80 hours of direct PWP clinical practice using the range of PWP assessment and intervention techniques
4. Evidence at least 25 hours of Clinical Skills Supervision and 25 hours of Clinical Case Management Supervision
5. Sign a statement of intent to submit an application for Re-accreditation in 3 years, and to sustained commitment to the theory and practice of PWP working, which includes Continuing Professional Development, and ongoing Clinical Skills Supervision including regular live element and Case Management Supervision
6. Demonstrate knowledge and understanding of the therapeutic relationship and competence in the development, maintenance and ending of such relationships, evidenced through the Supervisor’s Report
7. Adhere to the BABCP Standards of Conduct, Performance and Ethics for Members, and be willing to be scrutinised in this adherence as required

CRITERIA & GUIDELINES FOR PWP ACCREDITATION

GENERAL NOTES ON MAKING AN APPLICATION FOR PWP ACCREDITATION

All applications must be presented on the most up to date forms relating to PWP Accreditation. Please ensure you check with the BABCP Office, or check the Accreditation section of the BABCP website, to ensure you have the most up to date forms, information, criteria and guidelines

Forms and documents required for information purposes or completion are:

- **Criteria and Guidelines for PWP Accreditation** (*for information purposes*)
- **Application for PWP Accreditation – Route A or Route B** (*for completion and submission*) – you must complete ALL relevant sections of the form, and it should be signed within one month prior to receipt at the BABCP office
- **PWP Clinical Skills Supervisor’s Report** (*for completion and submission*) – this must be completed by your current Clinical Skills Supervisor. This document should be completed and signed within one month prior to your application submission. Also see PWP Clinical Skills Supervisor’s Report SAMPLE

Additional documents available, if required

- **Clinical Skills Supervision Log Book** (*for completion and submission*)
- **Clinical Case Management Supervision Log Book** (*for completion and submission*)

MAKING YOUR APPLICATION

- Check with the BABCP Office, or the Accreditation section of the website, for current fees
- All forms should be typed in Word, not hand-written (contact the BABCP office if this is not possible)
- Do not provide original certificates, please only send photocopies
- Attach additional sheets if needed
- Ask your Clinical Skills Supervisor to complete the PWP Supervisor’s Report

APPLICANT’S DETAILS

Please complete this section as fully as possible

Contact information provided will be used for all BABCP correspondence – the BABCP database will be updated with this information, and it will be used for Accreditors to contact you during processing of your application if necessary

Applicant’s Name Fred Bloggs

- All forms to be typed in Word, not hand-written (*contact the BABCP office if this is not possible*)
- Attach additional sheets if needed
- Ask your Clinical Skills Supervisor to complete the PWP Supervisor’s Report
- Refer to the Criteria and Guidelines for PWP Accreditation when completing the application form

APPLICANT’S DETAILS

Full Name	Frederick Simon Bloggs
Title	Mr <input checked="" type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Prof <input type="checkbox"/> Other (state)
Job Title	Psychological Wellbeing Practitioner
Address	100 Any Address, Any Town, Anywhere Post Code ANY ONE

CRITERIA & GUIDELINES FOR PWP ACCREDITATION

Tel Work	020 7946 0123
Tel Home / Mobile	07700 901234
E-mail	fred.bloggs@anyemail.com

Enclosures

Please tick enclosure checklist below when you have included all enclosures

Application Fee payable to BABCP <i>(check with BABCP office for current fees)</i>	<input checked="" type="checkbox"/>	Return all documentation to: BABCP Imperial House Hornby Street Bury BL9 5BN T: 0161 705 4304 E: babcp@babcp.com
Clinical Skills Supervisor's Report	<input checked="" type="checkbox"/>	
Certificates / Evidence of Qualifications	<input checked="" type="checkbox"/>	
Record Logs	<input checked="" type="checkbox"/>	
Additional Information (where necessary)	<input type="checkbox"/>	

CRITERION ONE: PWP Professional Accountability & Practice

This section is about your Professional Accountability within your PWP PRACTICE ONLY

You are asked to evidence your commitment to the Practice of the Psychological Wellbeing Practitioner. In order to be eligible for Accreditation with the BABCP, you must be currently practicing as a PWP, and must have been working as a PWP continuously for the last 6 months in a stepped-care service using guided self-help. A PWP may not be practicing independently

Give details of at least the last 6 months of your employment. You are required to state the lines of accountability for this professional practice to a senior member of an IAPT service or equivalent service with an explicit stepped-care model

Applicants must have been working as a PWP continuously for the last 6 months in a stepped-care service using guided self-help in order to be eligible for PWP Accreditation

Give details of the last 6 months of your PWP Practice only, including to whom you are accountable

Dates (from & to)	Employer	Employed As	Professionally Accountable To	
			Name	Professional Position
April – August 2009	NAMED Private IAPT Service Provider	PWP	Jane Jones	Psychotherapy Service Manager
August 2009 - date	NAMED NHS TRUST, IAPT Service	PWP	Mark Smith	Primary Care Mental Health Locality Manager

CRITERIA & GUIDELINES FOR PWP ACCREDITATION

This section is about your PWP PRACTICE ONLY

When considering all of your dedicated practice as a PWP, allocate the proportions of your practice across the areas Clinical Practice, Supervision, Receiving Training, and other relevant activities

Please also tell us some information about your current PWP practice; this will provide Accreditors with an overall sense of the setting within which you are practicing, and should also provide information about the Low Intensity CBT informed approaches that you use

For your PWP practice only, give details of the proportions of your practice spent on Clinical Practice, Supervision, and other activities, and give a summary of your current PWP practice

PWP Clinical Practice	% = 75 (4 days in GP surgeries)
Receiving Case Management Supervision	% = 7 (one hour per week individual)
Receiving Clinical Skills Supervision	% = 3 (one hour per fortnight in group of 4)
Receiving Training	% = 0 (Recently completed PWP Course)
Other (state)	Administration % = 15
<p>Summary of, and Additional Comments on Current PWP Practice</p> <p>Provide information about the Low Intensity CBT informed approaches that you use</p>	<p>I currently provide 4 days per week PWP practice. This is usually based in GP surgeries and involves a mixture of 1:1 sessions and telephone consultations.</p> <p>I work within a team consisting of High Intensity Workers, Counsellors and Community Mental Health Nurses. My referrals come from the GP surgeries I work within, or self-referral, via IAPT service.</p> <p>On a daily basis I generally work with six patients, supporting them with guided self help. Materials that I use include Chris Williams' CBT handouts, and the Northumberland leaflets. Much of the client work I undertake involves significant psych-education. I regularly work with clients on exposure programmes for panic, anxiety & avoidance issues. I also utilise cognitive restructuring, behavioural activation, and relaxation techniques.</p> <p>I also support patients using cCBT in a local community centre.</p> <p>I am about to assist in the development of a CPD programme for PWPs in my local trust.</p>

CRITERION TWO: Specialist PWP Training

ROUTE A

This section is about your SPECIALIST PSYCHOLOGICAL WELLBEING PRACTITIONER TRAINING

You must evidence to the Accreditors how you have met the Minimum Training Standards for PWP Practice. These standards are the minimum level of training, experience and practice that must be evidenced for Accreditation

You should contact BABCP Accreditation Liaison Officers by e-mailing accreditation@babcp.com if your course is not accredited for advice. Give details of your course as requested, including the title of the course, the institution, and course start and end dates

Provide evidence of your PWP qualification, for example, certificate, or formal statement of achievement

Please label the document/s for easy reference, for example write “2/1” at the top of the page

Route A PWP Accreditation is for those who have graduated from an Accredited Full PWP training course

Give details of your PWP Training Course

Course Title	Institution	Start Date	End Date	Certificate or Statement of Achievement Enclosed	Labelled as
PSY-PSTY15 PG Certificate in Low Intensity Psychological Interventions (2009-10)	University of Sheffield	03/04/09	22/01/10	<input checked="" type="checkbox"/>	2/1

CRITERION THREE: Supervised PWP Clinical Practice

This section is about your SUPERVISED PWP CLINICAL PRACTICE

Here you must demonstrate that you have completed at least 80 hours of direct PWP clinical practice with patients

You are asked to give details of 8 cases, indicating the low intensity interventions used to support the patients

Of these cases, at least 4 should demonstrate use of one of each of the following low intensity interventions – behavioural activation, exposure therapy, cognitive restructuring, panic management. The remainder of the cases may also include the following interventions – support for written self-help CBT, support for cCBT, sleep management, problem solving. List multiple interventions if they are used

Give details as requested, including the intervention/s used, number of patient hours (hours spent assessing and providing treatment), and the name of the supervisor. The relevant supervisor/s must sign the application form

The relevant supervisor should also sign to testify that additional hours of practice have been undertaken to bring total hours to at least 80

Give details of 80 hours of clinical practice, including 8 cases, and specify the low intensity intervention used. The relevant supervisor must sign the grid below; should this not be possible, contact the PWP Accreditation Liaison Officers by e-mailing accreditation@babcp.com to identify alternative evidence

NOTE TO SUPERVISORS

By signing below, you are stating that the case was brought to supervision. For the remainder of the 80 hours, you are signing to attest that these have additionally been completed.

Patient Identifier	PWP Intervention	No of Patient Hours	Supervisor Name	Signature of Supervisor
1 20956	Behavioural Activation	6	N Hakimi	<i>NHakimi</i>
2 34980	Exposure Therapy	8	N Hakimi	<i>NHakimi</i>
3 56473	Cognitive Restructuring	8	N Hakimi	<i>NHakimi</i>
4 3478	Panic Management	10	N Hakimi	<i>NHakimi</i>
5 8476	cCBT for Depression	5	N Hakimi	<i>NHakimi</i>
6 56886	Behavioural Activation Sleep Hygiene Problem Solving	8	N Hakimi	<i>NHakimi</i>
7 8793	Relaxation Stress Management	5	N Hakimi	<i>NHakimi</i>
8 1232	Cognitive Restructuring Panic Management	10	N Hakimi	<i>NHakimi</i>
Total Hours from 8 clients		60		
Total Additional Hours		76	N Hakimi	<i>NHakimi</i>
Grand Total Hours		136		

CRITERION FOUR: PWP Supervision

This section is about your PWP SUPERVISION

You must evidence that you have completed at least 25 hours of Clinical Case Management Supervision. You should provide a signed log. Clinical Case Management Supervision should be an hour per week of individual Case Management Supervision, to meet the IAPT standards

You must evidence that you have completed at least 25 hours of Clinical Skills Supervision. Up to 10 hours of your Clinical Skills Supervision may have been received as part of your formal PWP training. You should provide a signed log. Clinical Skills Supervision should be on average a minimum of an hour per fortnight. Clinical skills Supervision may be individual or in groups of no more than 12

If your training provider or workplace have not provided you with a suitable log (equivalent to the BABCP log), you can download them from the PWP Accreditation section of the website

Clinical Skills Supervision should be provided by a practitioner who is appropriately experienced in Low Intensity CBT informed approaches. Supervisors must also be currently practicing and utilising CBT informed approaches

In addition, PWP Clinical Skills and Case Management Supervisors who are signing off trainees as clinically competent, must have completed supervision training on an IAPT Supervision training course or undertaken a CPD event in case management supervision

One PWP Supervisor's Report is required. This must be from your current PWP Clinical Skills Supervisor. If your current Clinical Skills Supervisor has been in place for less than six months, you must additionally provide a PWP Supervisor's Report from your previous Clinical Skills Supervisor.

You are responsible for obtaining the Supervisor's Report. This should be given to you in a sealed envelope, although it is up to the provider if they wish to show you it

A sample PWP Supervisor's Report is available; please provide these to your Supervisor to assist them in completing their form, which will ensure Accreditors are provided with all of the information they require. The Supervisor's Report should be typed in Word, not handwritten. You should inform your Supervisor where to find the downloadable Word documents

The Supervisor's Report should be signed and dated within the last month.

Evidence of good practice will be assessed on the basis of the PWP Supervisor's Report provided; these include:

- Illustrative examples of practice
- an understanding and appropriate practice of the development, maintenance and ending of therapeutic relationship – such issues as not enabling collaboration and client choice, the misuse of power in the client-therapist relationship, and the role of value systems may all be addressed
- the applicant's general competency, skills and attitudes to practice PWP and Low intensity CBT informed approaches
- evidence of the PWP's cultural competency and their ability to manage access and diversity issues appropriately
- the applicant's adherence to the Standards of Conduct, Performance and Ethics for Members
- whilst inclusion of a regular live element is recommended for ongoing clinical supervision it is not a requirement between completing training and applying for accreditation

Applicants are required to adhere to IAPT PWP Supervision Guidance and Recommendations

CRITERIA & GUIDELINES FOR PWP ACCREDITATION

Applicants must evidence that they have completed at least 25 hours of Clinical Case Management Supervision, and at least 25 hours of Clinical Skills Supervision. Of the Clinical Skills Supervision, up to 10 hours may have been received as part of your formal PWP training

You should provide a log of your Clinical Case Management Supervision, and your Clinical Skills Supervision, signed by the relevant Supervisors (if you do not have a log from your training provider, you can download one from the BABCP website)

You must also provide a PWP Supervisor's Report from your current PWP Clinical Skills Supervisor. If you have been receiving Clinical Skills Supervision from your current Supervisor for less than six months, you must also provide a Supervisor's Report from your previous Supervisor

Check the boxes below to confirm that you have received at least 25 hours each of Clinical Case Management Supervision and Clinical Skills Supervision, and that you have enclosed logs as evidence

<p>I confirm I have received at least 25 hours of Clinical Case Management Supervision from: a qualified PWP or; a Supervisor who has completed the PWP Supervision training at an IAPT PWP training programme or attended a CPD event in Case Management Supervision.</p>	<p>YES <input checked="" type="checkbox"/></p>
<p>I have enclosed my completed Clinical Case Management Supervision Log</p>	<p>YES <input checked="" type="checkbox"/></p>
<p>I confirm I have received at least 25 hours of Clinical Skills Supervision from a Supervisor who has training and experience, and is currently utilising CBT informed approaches within their own practice (can include up to 10 hours that may have been provided as part of the PWP training)</p>	<p>YES <input checked="" type="checkbox"/></p>
<p>I have enclosed my completed Clinical Skills Supervision Log</p>	<p>YES <input checked="" type="checkbox"/></p>

Check the boxes below to confirm that you have enclosed your Supervisor's Report

<p>I enclose my PWP Clinical Skills Supervisor's Report, from my current Clinical Skills Supervisor, dated within the last month</p>	<p>YES <input checked="" type="checkbox"/></p>
<p>I enclose my PWP Clinical Skills Supervisor's Report, from my previous Supervisor (<i>only required if had current Supervisor for less than 6 months</i>)</p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>

CRITERION FIVE: Sustained Commitment to CPD and Supervision

Ensure that you sign and date the form here

PWP Accreditation is for a period of 3 years, after which an application for PWP Re-accreditation must be submitted, along with evidence of 16 hours of Continuing Professional Development per year, 3 years Supervision Logs (Clinical Skills and Case Management), and a PWP Supervisor's Report

BABCP PWP Accreditation is for those who have an interest in relevant CBT informed approaches, and so at least 8 hours of your CPD activity each year must relate to relevant CBT informed approaches. At least 8 hours of your CPD activity each year must be skills development

You must undertake regular live assessment of your practice as part of your Clinical Skills Supervision arrangements for reaccréditation purposes, taken to mean at least two instances of live assessment per year demonstrating at least two different interventions, and ensure that you record such instances within your Supervision Log, which should also demonstrate at least 1 hour per week individual Case Management Supervision, and on average 1 hour per fortnight Clinical Skills Supervision

DECLARATION

I understand my commitment to Continuing Professional Development, and Case Management and Clinical Skills Supervision

Signature

Fred Bloggs

Date 1st June 2011

Criminal, Civil, Investigatory & Disciplinary Declarations

You must check a box for each of the questions

If you check yes to any question, you must declare the details on a separate signed statement and enclose with your application; you may wish to discuss this with one of the Accreditation Liaison Officers in advance by e-mailing accreditation@babcp.com; details will be handled with discretion and you may include your statement in a sealed envelope

All applicants must answer each of the six questions below

If you answer YES to any question, please declare details on an attached statement

Question	Declaration	Additional Statement Enclosed	Labelled as
1. Have you ever been convicted of any criminal offence in any court in the UK or elsewhere which might prejudice the public's trust in you, your profession, or the BABCP, if accurately informed about all the circumstances of the case?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Have you ever been found guilty of a civil offence?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	<input checked="" type="checkbox"/>	Env. labelled Confidential
3. Have you ever been refused / expelled from membership of any other professional body / register on the grounds of professional misconduct or other professionally related offence?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Have you ever been the subject of any professionally related disciplinary action (which may or may not have ended in dismissal)?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Are you currently / likely to be the subject of any criminal, civil, investigatory or disciplinary proceedings or enquiries?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. To your knowledge, have you ever been, or are you likely to be involved in a situation or incident likely to result in disciplinary action against you as a member of the BABCP?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<input type="checkbox"/>	


DELIBERATELY FALSE STATEMENTS WILL RESULT IN YOUR REMOVAL FROM THE LIST OF ACCREDITED MEMBERS

Ensure that you sign and date the form, within one month prior to submitting your application

DECLARATION

I am a Member of the BABCP, and I adhere to the Standards of Conduct, Performance and Ethics for Members

The information contained in this application and any accompanying papers is accurate to the best of my knowledge

Signature 	Date 1st June 2011
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The Accreditation and Registration Committee Reserves the right to seek further information from relevant parties to the application

Standards of Conduct, Performance and Ethics for Members – Summary Document

Adopted AGM 16 July 2009

Your Duties as a Member of BABCP: The Standards of Conduct, Performance and Ethics you must keep to

- You must act in the best interests of service users
- You must maintain high standards of assessment and practice
- You must respect the confidentiality of service users
- You must keep high standards of personal conduct
- You must provide (to us and any other relevant regulators and/or professional bodies) any important information about your conduct and competence
- You must keep your professional knowledge and skills up to date
- You must act within the limits of your knowledge, skills and experience and, if necessary, refer the matter to another practitioner
- You must communicate properly and effectively with service users and other practitioners
- You must effectively supervise tasks that you have asked other people to carry out
- You must get informed consent to give treatment (except in an emergency)
- You must keep accurate records
- You must deal fairly and safely with the risks of infection
- You must limit your work or stop practising if your performance or judgement is affected by your health
- You must behave with honesty and integrity and make sure that your behaviour does not damage the public's confidence in you or your profession
- You must make sure that any advertising you do is accurate

Introductory Statement

1. As a member of the BABCP you are required to make sure that you are familiar with the standards and that you keep to them. If you are applying for membership or Accreditation as a CBT practitioner, trainer or supervisor, you will be asked to sign a declaration to confirm that you have read and will keep to the standards.

2. It is important that you meet BABCP standards and are able to practise CBT safely and effectively. We also want to make sure that you maintain high standards of personal conduct and do not do anything which might affect the public's confidence in you, the BABCP or any profession to which you may belong. However, we do not dictate how you should meet our standards.

Each standard can normally be met in more than one way. The way in which you meet our standards might change over time because of improvements in technology or changes in your practice.

As an autonomous and accountable professional, you need to make informed and reasonable decisions about your practice to make sure that you meet the standards that are relevant to your practice. This might include getting advice and support from education providers, employers, your clinical supervisor, colleagues and other people to make sure that you protect the wellbeing of service users at all times.

Many BABCP members are also members of other professional bodies and will therefore be bound by codes of practice of those professions. BABCP recognises the valuable role other professional bodies play in representing and promoting the interests of their members. This often includes providing guidance and advice about good practice, which can help you meet their standards and those in this document.

3. It is expected that all members of BABCP approach their work with the aim of resolving problems and promoting the well-being of service users and will endeavour to use their ability and skills to service users' best advantage without prejudice and with due recognition of the value and dignity of every human being. If you make informed, reasonable and professional judgements about your practice, with the best interests of your service users as your prime concern, and you can justify your decisions if you are asked to, it is very likely that you will meet our standards.

By 'informed', we mean that you have enough information to make a decision. This would include reading these standards and taking account of any other relevant guidance or laws. By 'reasonable', we mean that you need to make sensible, practical decisions about your practice, taking account of all relevant information and the best interests of the people who use or are affected by your services. You should also be able to justify your decisions if you are asked to.

4. Throughout these standards, we have used the term 'service user' to refer to anyone who uses or is affected by a member's services. Who your service users are will depend on how and where you work. For example, if you work in clinical practice, your service users might be your patients/clients. In some circumstances, your service users might be organisations rather than individuals. The term also includes other people who might be affected by your practice, such as carers and relatives.

We have used the word 'treatment' in its broadest sense to include a number of actions members carry out. These actions could include diagnostic, monitoring or assessment procedures, therapy or advice.

Refer to the FULL document **BABCP Standards of Conduct, Performance and Ethics** for further detailed information www.babcp.com/Membership/files/conduct-and-ethics.pdf