

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

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

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 160 minutes
Senior Independent Assessor welcomes apprentices to the EPA and explains the examination process.	Apprentice 1	Assessment station 1	Assessment station 2	Assessment station 3	Assessment station 4	END
	Apprentice 2	Assessment station 2	Assessment station 3	Assessment station 4	Assessment station 1	
	Apprentice 3	Assessment station 3	Assessment station 4	Assessment station 1	Assessment station 2	
	Apprentice 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, a family member or a caregiver. 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, a family member or a caregiver. 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

Overview

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.

Delivery

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
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	Does not meet the pass criteria	<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>
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		
B3		

		<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>K5 K6 K24 K31 K41 K42 K43 K44 K45 K46 K47 K48 K49 K50 K51 K52 K53 K54 K55</p> <p>S4 S31 S33 S34 S35 S36 S37 S38 S39 S40 S41 S42 S43 S44 S45 S46</p> <p>B1 B2</p>	Does not meet the pass criteria	<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 innovation (K47, K49, S34, S37).</p> <p>Explains the importance of conducting research compliant with national</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>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"> • participate in development opportunities to improve their knowledge skills and behaviours as outlined in the standard • meet all gateway requirements when advised by the employer • understand the purpose and importance of EPA and undertake EPA
Employer	<p>As a minimum the employer should:</p> <ul style="list-style-type: none"> • support the apprentice to achieve the KSBs outlined in the standard to their best ability • determines when the apprentice is working at or above the level outlined in the standard and is ready for EPA • select the EPAO • confirm arrangements with EPAO for the EPA (who, when, where) in a timely manner • ensure apprentice is well prepared for the EPA • Should not be involved in the delivery of the EPA
EPAO	<p>As a minimum EPAOs should:</p> <ul style="list-style-type: none"> • understand the occupational role • appoint administrators/invigilators and markers to administer/invigilate and mark the EPA • provide training and CPD to all assessors (station and senior independent) they employ to undertake the EPA • provide adequate information, advice and guidance documentation to enable apprentices, employers and providers to prepare for the EPA • provide actors varying in ages, genders and ethnicities • 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 • Provide guidance about actor role and about how much interaction is allowed with the apprentice in the station. • moderate a role to achieve consistency across all actors playing the same role • deliver the end-point assessment outlined in this EPA plan in a timely manner • prepare and provide all required material and resources required for delivery of the EPA in-line with best practices

	<ul style="list-style-type: none"> • use appropriate assessment recording documentation to ensure a clear and auditable mechanism for providing assessment decision feedback to the apprentice • have no direct connection with the apprentice, their employer or training provider i.e. there must be no conflict of interest • maintain robust internal quality assurance (IQA) procedures and processes, and conducts these on a regular basis • conform to the requirements of the nominated external quality assurance body • organise standardisation events and activities in accordance with this plan's IQA section • organise and conduct moderation of independent assessors' marking in accordance with this plan • have, and operate, an appeals process • arrange for certification with the relevant training provider • ensure the assessment room and stations are in a controlled environment. • 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. • recruit actors to carry out the 'clinical' role (patient, team member, supervisor) in the demonstration of practice scenarios. • provide working summaries of 50-100 words for the actor which includes all relevant data pertaining to each simulation exercise. • Develop a bank of open questions for the professional discussion • ensure the stations are completed on the same day. • provide a structured template for the station assessor to use for marking the assessment to ensure consistency and moderation. • 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.
Senior Independent assessor	<p>As a minimum an independent assessor should:</p> <ul style="list-style-type: none"> • understand the standard and assessment plan • deliver the end-point assessment in-line with the EPA plan • comply to the IQA requirements of the EPAO • be independent of the apprentice, their employer and training provider(s) i.e. there must be no conflict of interest • satisfy the criteria outlined in this EPA plan • have had training from their EPAO in terms of good assessment practice, operating the assessment tools and grading • have the capability to assess the apprentice at this level • attend the required number of EPAOs standardisation and training events per year (as defined in the IQA section)

	<ul style="list-style-type: none"> • make all grading decisions. • use the assessment tools and procedures that are set by the EPAO to conduct and record the Professional Discussion.
Actor	<p>As a minimum the actor should:</p> <ul style="list-style-type: none"> • be a member of a recognised medical actor or professional role playing organisation specialising in healthcare examinations <ul style="list-style-type: none"> • accurately recall learnt facts • not 'feed' the apprentice information • portray both simple and complex examination stations • interpret and accurately portray a variety of signs to enable accurate formulation • be independent of the apprentice, their employer and the training provider • read the scenario for the role play. • carry out instructions set out in the brief provided for the role play in each assessment station. • adhere to confidentiality about all aspects of the assessment and the working summaries they have been provided with.
Training provider	<p>As a minimum the training provider should:</p> <ul style="list-style-type: none"> • 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 • advise the employer, upon request, on the apprentice's readiness for EPA prior to the gateway • play no part in the EPA itself
Station Assessor	<p>As a minimum the station assessor should:</p> <ul style="list-style-type: none"> • manage a demonstration of practice station • mark the demonstration of practice using the grading criteria developed by the EPAO • pass the mark to the independent assessor who is responsible for the final grading decisions • observe the apprentice demonstrating the KSBs mapped to the assessment method. • use the assessment tools and procedures set by the EPAO. • use the structured template to conduct the assessment. • 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.

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
K1 Understand British Psychological Society (BPS) Professional Code of Conduct, local and national policies and procedures that define scope of practice.
K2 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.
K3 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.
K4 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.
K7 Understand responsibility for fulfilling and maintaining local and national information governance policies.
K8 Understand the need to maintain accurate clinical records and why all entries in clinical and practice records are dated, timed and signed.
K9 Understand policy and practice with regard to incident reporting within your organisation.
K10 Understand how to communicate confidential information.
K11 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.
K12 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.
K13 Understand cognitive functioning, possessing knowledge of causes and other factors which may determine performance, when conducting an assessment.
K14 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.
K15 Understand fundamentals of psychometric principles to guide the use of standardised assessment tools with specific populations.
K16 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 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.
K36 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.
K37 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.

K38 Understand how to conduct an individualised psychological evaluation utilising behavioural observation and measurement.
K39 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.
K40 Understand fundamentals of psychometric principles to guide the use of standardised evaluation with specific populations to identify appropriate quality improvement strategies.
K56 Understand models of clinical supervision and requirements for practice in line with the evidence-base and professional codes of conduct.
K57 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.
K58 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.
K59 Understand the evidence base including contemporary approaches to assessing and managing risks in different contexts.
K60 Understand how to assess risk in relation to psychological distress and to ensure that risk formulations are integrated with interventions.
K61 Understand contingency management and the use of risk indicators in mitigating against crises.
K62 Understand the appropriateness of crisis interventions that are safe, effective and compassionate and follow a rights-based approach consistent with service standards.
K63 Understand the identification of, reporting and reflection upon critical incidents and serious adverse events influencing and changing clinical practice.

Skills
S1 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.
S2 In all clinical and professional activities, act in accordance with the BPS Professional Code of Conduct, identifying and challenging discriminatory behaviour.
S3 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.
S5 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.
S6 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 consistent with assessment and diagnosis/formulation.
S18 Explain the rationales to individuals, groups and other professional 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.
K31 Understand that it is necessary for psychological interventions to minimise harm, maximise benefits and result in improvement of overall quality of life indices.
K41 Understand how to communicate to non-psychology colleagues, a range of psychological hypotheses explaining the development and maintenance of distress in patients.
K42 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.
K43 Understand the principles of leadership theory to influence best psychological practice when working in teams.
K44 Understand impact of multiple perspectives within the context of multidisciplinary teams.
K45 Understand psychological practice requirements and safe practice and how to convey this to the broader clinical workforce in line with the evidence-base.
K46 Understand different learning styles and how this can affect the success of training delivery.
K47 Understand the range of tools and techniques that can be used to support learning, set goals and evaluate learning.
K48 Understand different training approaches using psychological theory and research to bring about changes in the delivery of treatments.
K49 Understand the impact of teaching others to enhance reflective practice in the context of a range of service settings.
K50 Understand how research is conducted and implemented at an appropriate level to inform effectiveness in clinical practice.
K51 Understand the range of legal, ethical, professional, financial and organisational policies and procedures that apply to clinical research activities.
K52 Understand the importance and impact of organisational culture in service delivery and development.
K53 Understand a range of quantitative and qualitative research methodologies relevant to situation and service context.
K54 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.
K55 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.
S35 Apply psychological theory and research to address emotive and challenging situations, taking account of conflicting and contradictory information from carers and other healthcare professionals.
S36 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.
S37 Work collaboratively to identify and meet the learning and development needs of health or care professionals.

S38 Communicate new learning approaches and provide constructive feedback to challenge and overcome barriers to implementation of best psychological practice.
S39 Communicate to others the core concepts of psychological theory, research and practice in order to enhance their delivery of psychological interventions.
S40 Provide training for others to inform and support psychological models of change.
S41 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.
S42 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.
S43 Communicate clinically relevant research material to a range of practitioners.
S44 Apply and analyse a range of research approaches including both qualitative and quantitative methods in clinical practice.
S45 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.
S46 Evaluate and audit clinical practice through conducting service evaluations to inform change through dissemination of findings ensuring best use of publicly funded resources.

Behaviours

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