

**THE ASSOCIATION OF CHILD PSYCHOTHERAPISTS  
QUALITY ASSURANCE FRAMEWORK FOR THE TRAINING OF CHILD  
PSYCHOTHERAPISTS**

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## **THE PROFESSION OF CHILD PSYCHOTHERAPY**

### **1.1 PHILOSOPHY**

Child Psychotherapists accept that each human being has a unique combination of neurological, physiological, emotional, social, cultural, genetic and psychological factors, conscious and unconscious, which influence their relationships to people and events. The work of a CPT is informed primarily by psychoanalytic theory, as well as attachment theory and a knowledge of child development. The CPT is committed to maintaining a thoughtful, objective stance in work with child patients, their families or carers, and all colleagues.

Clinical training in child psychotherapy includes a personal psychoanalysis which begins before clinical work is undertaken and lasts at least for the duration of the training. This safeguards a thoughtful and objective stance and supports the development of self-awareness necessary for the understanding and tolerance of emotional states in others. It also promotes the emotional resilience that is necessary to be able to practice.

Child psychotherapists will at all times uphold the code of conduct set out by the professional association, and maintain the professional ethic of confidentiality and respect for the dignity and value of each individual seen.

### **1.2 PURPOSE**

The profession aims to help infants, children and young people adversely affected by emotional difficulties. A CPT is trained to endeavour to understand conscious and unconscious communications to provide a therapeutic mutative experience which helps the development of self-awareness and understanding of relationships.

The focus of the work can be individual children or young people, parents, families or groups. The work is non-directive and child led, and the aim is to promote long term mental health.

### **1.3 AIM**

To provide a service to infants, children, young people, their families and carers that is non-discriminatory and responsive to their emotional needs. The aim of treatment is to promote the resolution of internal conflicts, resulting in enhanced self-understanding, a better ability to relate to the world, a sturdier sense of self-worth and resilience to face new developmental challenges.

The CPT will work respectfully with all colleagues, and ensure that the child's best interests are kept firmly in mind through liaison, training and consultation. Child psychotherapists work within multi-disciplinary teams and as members of inter-agency, professional networks. Participating in outcome monitoring and research projects is also an integral part of the work of a Child Psychotherapist.

## **THE TRAINING COUNCIL OF THE ASSOCIATION OF CHILD PSYCHOTHERAPISTS AND ITS GOVERNANCE**

### **2.1 REMIT**

The Training Council of the Association of Child psychotherapists is a committee charged by the association with the duty of monitoring and maintaining the standards in the training of child and adolescent psychotherapists.

The monitoring and maintenance of standards is performed in the following ways:

There is an agreed outline of training.

Training Schools report annually to Training Council.

Training Schools are re accredited every four years by a visiting team selected by Training Council. The guidance for the above forms the central part of this document.

### **2.2 ACCOUNTABILITY**

The Training Council is accountable to the Membership Committee of the Association for all aspects of its work. The chair of the Council is an ex officio member of the Membership Committee and reports to the membership Committee regularly on all matters pertaining to the quality assurance of the trainings and any difficulties, which may arise.

An annual report on the work of the Council is distributed to the whole membership of the association. This report can be discussed at the Annual General Meeting of the Association where it is either accepted or rejected.

### **2.3 TRAINEES' ANALYSTS AND THERAPISTS COMMITTEE**

The Trainees' Analysts and Therapists committee is a sub-committee of Training Council. It has the primary function of monitoring the qualifications of those analysts and therapists suggested by each training school as being suitable to offer analysis to the trainees throughout their training. The chair of this committee is a member of Training Council. Its members include representatives of the Training Schools and Child Psychotherapists who are also analysts.

## **2.4 COMPOSITION OF TRAINING COUNCIL**

Chair (elected every three years)

Vice Chair

Chair of Association

Chair of Trainee's Analysts and Therapists Sub-Committee

A Representative of each Training School

Elected Members of the Association numbering 4

Member responsible for student registration

A Representative from Child Psychiatry and Psychology.

Training Council may co-opt additional Child psychotherapist members for specific tasks.

At least 2 lay members

## **2.5 MEMBERSHIP COMMITTEE**

Training Council is closely linked to the Membership Committee. The Chair of Training Council is also a member of this committee.

The Memberships Committee concerns itself with matters related to who becomes and who remains a member of the ACP. Candidates records are scrutinised before they receive student membership, and again on qualification when the Training Schools present them for membership. The Committee also deals with continuing professional development and implements decisions about membership.

(based on reports from the Training Council, and the Ethics Committee) The Membership Committee reports to the BPC/ACP Protecting the Public Committee.

## **ACP – QUALITY STANDARDS FOR CHILD PSYCHOTHERAPISTS IN TRAINING**

### **3.1 INTRODUCTION**

The Association of Child Psychotherapists has vested in its Training Council the responsibility for granting recognition of new training schools, monitoring the standards of existing schools, or the suspension of recognition of existing courses in psychoanalytic psychotherapy with children and young people and work with their parents.

The procedures pertaining to recognition are contained in Rule 32 of the Association (as amended in 1982), which also places upon the Training Council the responsibility “for all matters relating to the training of Child Psychotherapists, in that it shall take such steps as it deems necessary to promote good standards of training”. The Council, which is responsible to the Membership Committee of the Association, is similarly responsible for determining “the principles governing the selection of students for training and the recognition of their competence on completing the course”.

The Association of Child Psychotherapists sets minimum quality standards for training posts for child and adolescent psychotherapists in training. These are intended as guidance for ACP Accredited Training Schools, NHS Trusts, Strategic Health Authorities, and others in planning and monitoring trainee placements.

### **3.2 THE TRAINING SCHOOL**

The Training School providing training in psychoanalytic psychotherapy should have a reasonable degree of permanence in its establishment and organisation to enable entrants to commence on such a course with confidence, which is normally of minimum four years' duration. All teaching staff and supervisors should be appropriately qualified with evidence of continued professional development.

Training schools should ensure that their courses reflect the needs of current NHS practice.

All Training Schools are to offer the curriculum as agreed in section 3.5 of the Quality Standards for Child Psychotherapists in Training as agreed by the Training Council.

To ensure the maintenance of satisfactory standards of training, the Training Council will undertake the assessment of each approved course at intervals of approximately four years. Each Training School is required to agree to such visitations and act in accordance with any conditions or recommendations, which are made.

Each training school will submit an Annual Report to the Training Council, to be tabled at the first Training Council meeting of the academic year, which will address the Quality Standards agreed by the Training Council and the progress made in implementation of recommendations of the last accreditation visit. The Annual Report should address any changes in the curriculum and any reports of accreditation visits to the school conducted by other supervisory bodies in the previous year, such as academic accreditation by the university.

Training Schools are to provide appropriate information, advice and support to trainees during the training period.

### **3.3 SUMMARY OF THE TRAINING OF CHILD AND ADOLESCENT PSYCHOTHERAPISTS**

Child and Adolescent Psychotherapists are core members of multi-disciplinary child and adolescent mental health teams as well as working in other settings in health, social services, education and the voluntary sector. Their training equips them to make a unique contribution in understanding the child's perspective of the world. The Child and Adolescent Psychotherapist's primary task is the assessment and treatment of children and their families, with the ability to offer a long-term individual psychotherapy when necessary. They also contribute to the service with short-term work, parent-infant and under-fives work, group work, family assessments; and provide supervision, teaching and consultation across all tiers and professions, and with other agencies such as social services and education.

The training in child and adolescent psychotherapy will enable trainees to develop the academic, clinical and research skills needed to prepare them for practice as professional Child and Adolescent Psychotherapists, eligible for membership of the Association of Child Psychotherapists (ACP). Theory and practice are closely linked and the training reflects a coordinated approach, including close attention to the development of psychoanalytic clinical skills. The training provides a thorough grounding in the emotional development of children and adolescents, drawing on psychoanalytically orientated developmental perspectives. It equips trainees to assess and treat a broad range of disturbances in childhood and adolescence. It encourages clinical sensitivity and solid practice enabling trainees to respond with sensitivity to the multi-cultural contexts encountered in clinical work. Supervision and personal analysis are essential parts of the support systems for the training, and help develop in the trainee the personal qualities necessary for safe and effective clinical practice.



**The ACP Training Council set out the minimum requirements for training in child psychotherapy as follows:**

### **3.4 PRE-TRAINING REQUIREMENTS**

Child psychotherapy is a graduate entry profession. The pre-training qualifications of each trainee must be approved by the Training Council of the ACP. The criteria are:

- An enhanced check from the DBS
- An honours degree or equivalent
- Pre-clinical studies – Before commencing the clinical training, students must have completed a course of psychoanalytic observational studies leading to a Postgraduate Diploma/MA or equivalent qualification. Candidates who do not have an honours degree must complete the pre-clinical course to Masters level.
- Work experience – Trainees are required to have substantial experience of working with children and adolescents of varying ages. This experience may have been gained in a number of settings, including; health, education and social care.
- Personal suitability – The pre-clinical studies provide an opportunity for assessment of suitability for working in psychotherapy and an opportunity to discuss with tutors the appropriateness of applying for clinical training.
- Personal analysis – This is optional in the pre-clinical phase but an essential component of the clinical training. Trainees must have completed sufficient analysis to be competent to commence intensive casework. The responsibility for making this decision lies with the Training School in consultation with the analyst. The expected minimum is 12 months personal analysis prior to starting intensive casework.

### **3.5 CLINICAL TRAINING**

The clinical training in child psychotherapy is an intensive course covering theory, technique and clinical practice under supervision for a range of ages, disturbances and clinical settings. The theory and technique elements will be delivered through a variety of teaching methods. The clinical work under supervision will be gained through the clinical placement in a CAMHS team or other suitable setting. Through the use of individual and group supervision and clinical seminars the trainee will be enabled to integrate theory and practice. The training period is usually four years.

The key elements of the clinical training are:

#### **3.51 Theory and technique**

Trainees will need to demonstrate an understanding of and an ability to articulate:

- Human growth and development
- Disturbances of development and psychopathology
- Psychoanalytic theories
- Philosophical and theoretical underpinnings of research models.
- Evidence on research in child psychotherapy
- Psychotherapeutic techniques
- Forms of adult mental illness and the impact of parental mental illness on children

#### **3.52 Clinical work under supervision**

Intensive psychotherapy with children

Trainees will undertake intensive therapy with three patients:

- 1 pre-latency

1 latency

1 adolescent

Each patient will be seen between three and five times per week

The training school will form a judgement informed by the views of the intensive case supervisor, course tutors, and service supervisors as to whether there has been appropriate intensive and supervised experience within each age group of establishing and sustaining a clinical relationship and of the process of therapeutic change. This is unlikely to be attained without experience of a two year treatment.

There should be a mix of girls and boys.

Each of the 3 cases is individually supervised by a different senior Child Psychotherapist to give the trainee a range of supervision experiences. It is the responsibility of the Training School to select intensive case supervisors

In the event of time pressure, the breakdown of a training case or the limited availability of cases in a particular age range, the requirements for the third training case may be adapted to circumstances. It is the responsibility of the Training School to ensure that adequate, externally supervised, alternative experience within the age group is achieved. The Training School will record in their annual report to the Training Council the number of trainees requiring such adaptations in the qualifying year.

**Also required is experience and competency in all of the following:**

Experience of clinical work should cover a range of disturbances and disorders and with work across the age range and with both sexes.

1 - Long term non-intensive psychoanalytical psychotherapy

2 - Psychotherapy in a time limited model e.g. cases seen for short term psychoanalytic psychotherapy or 30 session intervention for depression

3 - Psycho-dynamic work with parents and parental couples informed by a psychoanalytic perspective.

4 - Assessment for and on-going therapeutic work with families

5 - One brief work model e.g. YPCS, Under 5s or parent consultation.

6 – Assessment of children and young people

Assessment for psychotherapy with the capacity to distinguish the level of need: intensive, weekly; time limited or brief work.

Assessment of various generic kinds in line with the local clinic practice eg: CAPA; assessment of risk alongside other professionals;

State of mind assessment to add to network understanding and to inform decision making

7 - Work with other professionals and networks involved with particular cases assessed or seen for therapy ( Team around the Child)

8 - Teaching or supervision of other professionals

9 - Competency in applying psychoanalytic understanding in one or more of the following:

Parent/infant work

Group work with children

Group work with parents, foster parents or other professionals

Consultation: applying understanding of dynamics of groups/institutions to groups of professionals or teams concerned with children not on caseload

A contrasting model of work, possibly alongside other colleagues (CAPA, manualised individual or group treatment approach, family therapy, IPT, CBT)

A second brief work model

Work in a community or specialist setting: Inpatient unit, LAC team, hospital setting or Primary Care

### **3.53 An understanding the context of work with children, adolescents and their families**

1 - Working in Child and Adolescent Mental Health Services

Trainees will demonstrate knowledge of:

Structure and management of Child and Adolescent Mental Health Services

Referral systems and pathways

Theoretical underpinnings of other disciplines

Current relevant legislation and guidance

Child protection and risk procedures

Critical evaluation of current research in the NHS

The value and process of service evaluation and audit

Report writing – court reports, letters to GPs and others, social services assessments

## 2 - Multi agency working

Trainees need to have knowledge of the variety of settings across health, education, social service and forensic provision within which children and young people are at higher risk of mental ill health. These include paediatric wards, child development centres, residential children's homes, special schools and off site educational units and young offender units. Training Schools and work placements should liaise together to ensure that such knowledge is provided.

### **3.54 Recommended Further Training**

- Dynamics of groups and institutions.
- Teaching courses to other professionals and care givers
- Understanding of other forms of treatment eg. cognitive and behavioural methods, family therapy, medication
- Experience of consultation to other professionals

### **3.6 PERSONAL ANALYSIS**

Trainees will be in their own psychoanalysis for a minimum of 4 times a week. In circumstances where there is a scarcity of analysts, at the discretion of the Training School and in consultation with the analyst, this may be reduced to three times a week. This is an essential and central requirement of training. The requirements prior to commencing the training are laid out in section 3.4.

Exceptions are to be noted in an anonymised form in the Training School's annual report.

The analysis shall be concurrent with the training and with a person whose qualifications have been approved by the Trainees' Analysts Sub-Committee as laid down in the Memorandum on Qualifications for Trainees' Analysts (See Section 2).

In exceptional cases where the analysis is terminated before the end of training, this must be reported to the Training Council in the Annual Report to the Training Council. Any change of analyst or interruption of analysis must similarly be notified.

Training schools will contact the analyst/therapist before a student starts intensive casework and again before qualification. Analysts/therapists are requested to confirm at these points of transition that they know of no reason why the trainee should not proceed.

Each Training School must notify to the Chair of the Training Council and Chair of the Trainees' Analysts Sub-Committee annually the names of the analysts of current trainees.

### **3.7 STANDARDS FOR PROVIDERS OF CLINICAL TRAINING POSTS**

The ACP wishes as many NHS Trusts and other providers as possible to offer clinical training posts for Child and Adolescent Psychotherapists but only where it can be clearly demonstrated, through the meeting of the following standards, that the post can provide the learning environment, clinical caseload and supervision necessary for the trainee to complete the clinical requirements of the training. Where providers are not currently able to meet certain of the criteria, the ACP, Training School and commissioning body will work actively with them to help put the necessary requirements in place. The criteria are as follows:

### **3.71 The Environment**

The training post must be based within a multi-disciplinary team that is supportive of child psychotherapy. For example, the team should have staff who are willing and able to work with the parents of children who are being seen for therapy.

Trainees need a secure base that ensures the mix of casework needed to achieve the requirements of clinical training. They also need a close relationship with other MDT members and their service supervisor, who must also have a co-operative relationship with the whole team, not just the trainee.

The placements should provide access to treatment, administrative and storage facilities that are fit for purpose: administrative, I.T. and library resources that are equivalent to other members of the multi-disciplinary team

### **3.72 Service Supervision**

Service supervision involves a number of functions, some of which require skills and access to levels of clinical governance and strategic planning inside and outside the provider organisation that can only be delivered by a Child and Adolescent Psychotherapy Head of Profession or child and adolescent psychotherapist acting in that capacity. These are:

- To ensure that placements meets the standards laid down by the ACP and that appropriate oversight and contractual arrangements are in place between the provider, commissioning body and Training School
- To represent training needs in the workforce planning forums of the Trust and the commissioning body
- To represent the interests and needs of trainees in clinical governance forums of the Trust, ensuring that training needs are not compromised by prioritising service delivery or the expectations of other senior clinical staff.
- To ensure that service supervisors in the Trust are appropriately trained and to provide supervision to less experienced supervisors

Other functions supporting the trainee can be delegated to an experienced child and adolescent psychotherapist who has the requisite training and supervision. These are:

- To ensure that the trainee has appropriate induction and in house training on issues such as working with diversity, child protection, health and safety and access to facilities that are the equivalent of other staff members
- To provide weekly clinical supervision of non-intensive cases
- To ensure that there is weekly provision for the discussion of management of cases, joint working, liaison and report writing
- To ensure that cases are appropriately assessed as suitable for treatment by the trainee and appropriately supported
- To ensure, in consultation with the Training School, that the trainee meets the casework requirements of the training and that there is an adequate supply of intensive and non-intensive training cases
- To communicate on a regular basis as necessary, and at least annually, with the Training School to ensure that the trainee meets the requirements of training to be provided by the placement
- To meet annually with the Training School to discuss issues that impact upon the training
- To maintain their own continuing professional development to fulfil the function of service supervisor

All trainees must be supervised by a Child and Adolescent Psychotherapist who has had the requisite training. The Service Supervisor has clinical responsibility for the trainee's work with patients and will hold case management responsibility for the employing provider's cases not held by other senior clinical staff. To provide the necessary support for the trainee, and clinical governance for the placement, requires that this supervision should be undertaken by a Child Psychotherapist who is an employee of the same provider as the trainee: ideally, the supervisor should be based in the same multi-disciplinary team. Given the limited number of senior Child Psychotherapists currently employed



in some regions, the ACP recognises that Training Schools will have to work with providers to support them in a process of fulfilling the requirement to have a service supervisor who is an employee. It may be possible to achieve this by, for example, providers employing a suitably experienced Child Psychotherapist on a sessional basis to provide the necessary functions of clinical governance or to supervise a trainee or both. The cost of doing this would be the responsibility of the provider. If the service supervision is provided by a senior member of the profession who is employed from outside the service, arrangements must be put in place for another senior clinician to take management responsibility for the trainee and clinical responsibility for his/her cases. These arrangements should be confirmed in writing.

### **3.72(i)**

#### **Training Standards for Service Supervisors**

The training should comprise two parts to address the context and process of supervision.

##### **Initial training**

This should contain elements that address the context of service supervision: responsibilities of the role; relationships and lines of communication; the group dynamics of multi-disciplinary teams in relation to trainees in placement and workforce planning.

This part of the training can be delivered through group teaching and workshops or individual mentoring by an experienced supervisor. The minimum requirement is of two half day workshops.

##### **Supervision**

Following the initial training it is recommended, as a minimum, that there are 10 monthly supervisions of the service supervisors work with a trainee, either through attending a small, facilitated group of no more than 5, or individually, over a 2 year period. The ideal would be for 20 such sessions over a two year period. Consideration should be given to sessions that address the ending of placements. Supervision should address both the work with the clinical material and the dynamics of the training environment.

### Eligibility

The training should be available for child psychotherapists at the recommendation of the Head of Training, in agreement with the Head of Profession.

Service supervisors who have already supervised two trainees to qualification will not need to attend the initial training but will need to meet the requirements for CPD.

### Continuing professional development

Service supervisors are required to attend a facilitated small supervision group or individual supervision for a minimum of 10 monthly sessions every 6 years of accumulated work as a supervisor.

At the discretion of the Training Schools there may also be some taught component in addition to address changes in practice and context.

These are minimum standards and it is seen as good practice that service supervisors attend peer supervision groups for this work on a regular basis.

### Accreditation

Monitoring of training and cpd for service supervisors is via Training School annual reports to the Training Council and re-accreditation visits. In order to ensure that placements and Service Supervisors are acceptable, the Training Schools have the responsibility and authority to accredit new placements and supervisors before a placement is agreed. Any new Service Supervisor, once accepted, must attend the next initial training from the Training School. This would ideally be before the placement starts. Supervision of Service Supervisors should begin once trainees are in placement.

Minimum standards on placements and service supervision need to be agreed between Training Schools and, in the case of initial training, certificated and transferable.

### **3.73 Involvement of a “Partner Organisation”**

NHS Trusts may wish to make use of another service or organisation to help meet the training requirements. There are a number of areas where it might prove useful for the trainee to undertake sessional work, under the continuing supervision of their service supervisor, outside their base CAMHS Team. Examples of this include:

- Work with other agencies such as social services, a youth offender team or the voluntary sector, to gain experience of inter-agency working and the understanding of children, adolescents and professionals in these environments:
- Work with another CAMHS team within the same NHS Trust to enable the fulfilment of the caseload requirements, if necessary cases are not available within the base team. This would also be of benefit to the other CAMHS team who would gain experience of working closely with a Child and Adolescent Psychotherapist.
- Work with another local NHS Trust that is not able to meet the criterion of providing service supervision currently but which wishes to develop a child psychotherapy service and which could benefit from the experience of working closely with a Child and Adolescent Psychotherapist.

Options of this nature may arise partway through the training period and it would be the responsibility of the host Trust to demonstrate to the Training School or commissioning body that the partner organisation was able to provide a suitable environment for the trainee.

These guidelines do not exclude the possibility of training posts being placed wholly in non-NHS organisations but the host organisation will need to demonstrate the ability to meet quality standards.

There must be a suitable contractual arrangement or Service Level Agreement to clarify responsibility between partners, including clinical governance, management accountability, supervision and obligations. This will include any honorary arrangements and additional placements with other agencies'

### **3.8 MONITORING STANDARDS AND GUIDELINES**

These standards for monitoring of training posts are intended to accommodate differing arrangements, for example where Training Schools and SHAs delegate responsibility for training posts to a commissioning body.

- Standards for training posts and guidelines for communication between the Training school, placement provider, and funding SHA shall be agreed between them.
- It will be the responsibility of the relevant ACP Training School and funding SHA, advised by service supervisors, to formulate and document monitoring arrangements of these quality standards. This will include identifying clear lines of responsibility for supporting and monitoring placements experiencing difficulties in meeting ACP standards.
- These standards and processes shall be reviewed regularly by the Training Council of the ACP through Annual Reports of Training Schools and commissioning groups and through accreditation visits.

### **3.81 Training Agreement**

A provider offering a training post shall have an agreement with the Training School or commissioning body that it undertakes to provide all of the requirements for the trainee as set out above. It is the responsibility of each Training School or commissioning body to agree a process of regular liaison with the training placement to ensure that their trainees' placements and service supervision are appropriate to their training needs.

A minimum of an annual review of the trainee's progress is required, involving the trainee's Tutor from the Training School, Service Supervisor, and trainee. A development plan for the next 12 months will be formulated in writing and copied to all review participants. This process is integrated with the trainee's annual KSF appraisal within the NHS.

The quality of the training environment and the program of the trainee will be regularly monitored by the process agreed between the provider, the Training School and commissioning body. Regular liaison will take place between the provider and the school or the body commissioned by the SHA to support the training process. As a minimum one visit to the training placement shall be made by a representative of the Training School or commissioning body.

### **3.82 Support, Monitoring and Qualification**

Trainees should be in consultation throughout their training with progress advisors or tutors, with regular progress reports and a training record held for each student. There should be a course evaluation and complaints procedures in place known to all trainees as well as an appeals mechanism.

A trainee seeking qualification must have satisfied all of the requirements, and submitted to the satisfaction of his/her training course written work including, as a minimum:

- A clinical paper demonstrating a capacity to integrate theory and practice
- Evidence of capacity for report writing as in 3.51

It is the responsibility of the Training School to determine a trainee's readiness for qualification, having sought the opinion of the trainee's analyst/therapist and supervisors (including service supervisor), and then to put them forward to the Membership Committee.

In very exceptional circumstances a Training School may recommend the qualification of a trainee where the requirements of 3.52 have not been precisely met, but indicating how an equivalent level of achievement is thought to have been reached.

### **3.83 Financial arrangements**

Financial arrangements for the trainee post, for example, training salary, personal analysis, travel expenses, intensive training case supervision, will be clearly articulated in writing and be available to the trainee.

## **3.9 SELECTION PROCEDURE AND REGISTER OF TRAINEES**

The Training Council has responsibility for looking at the pre-clinical credentials of prospective student members. The Membership committee has responsibility for inviting the successful candidates to become student members. On the completion of training, the Membership Committee will invite them into full membership. If a trainee drops out of the training, The training school should notify the Association so that the register can be modified. This should also be recorded as part of the Annual Report to the Training Council. All trainees who successfully complete their training requirements are to be presented to the Training Council and their qualification recommended to the Membership Committee of the ACP.

## **TERMS OF REFERENCE FOR ANNUAL REPORTS OF TRAINING SCHOOLS**

The annual report will address itself to ACP quality standards, with appropriate evidence, as follows:

**4.1** Equality of access to training by a range of trainees who have the appropriate qualifications, are approved by the ACP, (3.4), with attention to diversity issues (6.25).

**4.2** Continuing professional development of staff (3.2, 6.22)

**4.3** Trainees qualifying and those that have withdrawn, with information on first posts following qualification. If a trainee has withdrawn, their name has to be given so that it can be checked that it has been removed from the register.

**4.4** The curriculum, with particular reference to changes and to how awareness of research, evidence based methodologies, changes in NHS structure and legislation are being addressed in the training programme. (3.5, 6.23)

**4.5** Analytic exceptions should be noted in anonymised form, with brief explanation, if a trainee

- has started intensive casework after less than a year in analysis (3.4)
- has changed analyst
- has finished analysis
- shows any other exception (3.6)

**4.6** It must be noted in anonymised form if there is a breakdown of a training post or difficulties requiring a trainee to change work placement. It must also be noted anonymously if there is a work placement that is failing to meet the Quality Standards of the ACP and the action taken. (3.7, 3.8)

**4.7** Any activation of the formal complaints procedure should be briefly summarized. (3.2, 6.26)

4.8 The progress of the action plan arising out of the accreditation visit is updated annually.

**A TEMPLATE FOR REPORTS IS APPENDED TO THIS DOCUMENT**

**TERMS OF REFERENCE FOR A.C.P ACCREDITATION VISITS AND REPORTS**

**5.1 REMIT**

5.11 The task of the visiting team is to assess the quality of the training, to check that the training satisfies the Quality Standards and the Outline of Training of the ACP and to report to the Training Council.

5.12 Visits are collaboration between the visiting team and the Training School. The visiting team should be provided with all necessary information and remain unencumbered in carrying out their task.

5.13 The visiting team produces a report, which is discussed with the Training School before going to the Training Council for discussion.

**5.2 COMPOSITION OF VISITING TEAMS**

5.21 The selection of the accreditation visiting team is at the discretion of the Chair of the Training Council. Training schools have the right to object to a visiting team member. Any such objection must be tabled at the beginning of the process, prior to the visiting team being finalised by the Training Council and would be considered by the Chair, who would make the final decision

5.22 The co-ordinator of the visiting team is nominated by the Chair of the Training Council.

5.23 The team should normally consist of four or five members from among the following:

- A senior member working in the NHS with managerial responsibilities.
- A senior member of a Training School other than the one being visited.
- A newly qualified member of the school being accredited

- A member from the previous visiting team to ensure continuity.
- A current member from the Training Council.

In the interest of validating the multi-disciplinary aspects of our work and our openness to public accountability, it should also include a non-ACP member who is an established member of an allied profession, e.g.

- A senior representative of another CAMHS profession.
- A University-based clinically informed academic
- A representative from a commissioning body.

**5.24** The composition of the visiting team should reflect a mix of training school backgrounds.

### **5.3 PREPARATION FOR VISIT**

The Training School needs to write a self-evaluation document and it should be written using the headings set out in section 6.2.

The Training School will also ensure that evidence of processes for monitoring the quality of training placements and their implementation is made available.

### **5.4 METHODOLOGY**

#### **5.41** Training School meetings and internal visits

- Meeting with senior staff of the school – the composition of this group and the agenda for the meeting is to be discussed at the pre-meeting between the school and the visiting panel co-ordinator
- Meeting with teaching staff: tutor-in-charge, clinical tutors and supervisors, individually and in groups
- Visits to a sample of teaching seminars.



- Feedback meeting with staff
- Meeting with trainees including the newly qualified member of the visiting team meeting on their own with trainees. Students travelling from outside the location of the training school should be included in the sum of the students met.
- See physical conditions for trainees: meeting rooms, common rooms, studies etc.

**5.42** Visits with a sample of training placements:

- Visit placements, see physical conditions for trainees and meet with service supervisors and other members of the multi-disciplinary team

**The purpose of placement visits and meetings is to ensure that the quality monitoring standards and processes in place are being implemented and are effective.**

## **5.5 REPORTS**

Matters of fact should be corrected before the report comes to the Training Council for discussion. The whole report, once accepted by the Training Council, is a public document. There is a template for the report appended to this document.

## **5.6 RECOMMENDATIONS AND ACTION PLAN**

**5.61** Two different types of recommendations can be made:

- Requirements that must be implemented over a time-scale agreed at the Training Council
- Recommendations that the Training School may wish to consider, but are not required to implement.

**5.62** The Training School will produce an action plan in response to the report and its recommendations and requirements, identifying time scales for implementation where appropriate. This will be appended to the report and incorporated into the next Annual Report.

**5.63** Requirements that must be implemented are reported on at meetings of the Training Council until they are met satisfactorily.

## 5.7 FLOW CHART FOR ACCREDITATION VISITS WITH TIME SCALES

The Training Council sets a series of dates for visits
<b>Training Council:</b> <ul style="list-style-type: none"><li>• signals to the Training School that it should start to prepare for the visit;</li><li>• recruits the visiting panel</li></ul>
<b>Pre-meeting</b> Between panel Chair and Training School School representatives to include Head, Business Manager, Asst Head/ Snr Tutor Meeting to discuss and agree: <ul style="list-style-type: none"><li>• timescales</li><li>• timetable</li><li>• practical arrangements including visits to placements, agenda for meeting with senior staff</li></ul>
<b>Training School submits self evaluation document (SED) and evidence</b>
<b>Panel convene:</b> <ul style="list-style-type: none"><li>• get to know each other;</li><li>• discuss issues arising from SED and identify key lines of enquiry and request evidence</li><li>• decide who will do which part of visit;</li></ul>
<b>Chair informs school re key lines of enquiry</b>

<b>VISIT</b>
<b>Draft report to the Training School</b>
<b>Training School responds re factual inaccuracies</b>
<b>Final report to Training Council</b> At this meeting the Training School has an opportunity to give feedback to the Training Council on the visit
<b>Training School submits action plan which is appended to the report.</b>
<b>Training School follows up action plan</b>

**STRUCTURE OF SELF EVALUATION DOCUMENT AND SOURCES OF EVIDENCE FOR ACCREDITATION VISITS AND ANNUAL REPORTS OF TRAINING SCHOOLS**

**6.1 STRUCTURE OF SELF EVALUATION DOCUMENT**

The self-evaluation document (SED) should address the following:-

Training School's management and organisation  
Staffing and effective use of resources  
Curriculum  
Learning outcomes  
Trainee selection, progression and achievement  
Trainee support  
Trainee placement, learning and teaching  
Assessment  
Quality enhancement and maintenance  
Values, equality and diversity

## **6.2 SUGGESTED SOURCES OF EVIDENCE**

Items in capitals will need to be provided for all accreditation visits. The lists are intended to guide the school in preparing for the visit...they are not checklists.

Between the submission of the SED and the visit the visiting teams will identify any additional information they will require from the Training School.

### **6.2.1 Training Schools management and organisation**

- TRAINING SCHOOL OR HOST ORGANISATION'S BUSINESS PLAN INCLUDING EVIDENCE OF FINANCIAL SECURITY
- ANNUAL REPORT TO ACP

### **6.2.2 Staffing and effective use of resources**

- PROFILE OF SUITABLY QUALIFIED STAFF
- Evidence of balance of permanent and short term contracts
- Staff appraisal and development policy
- EVIDENCE OF STAFF CPD IN LINE WITH ACP GUIDELINES
- Evidence of adequate CPD and training of service supervisors
- Evidence that staffs clinical and/or research activity informs their teaching
- List of analysts who meet requirements of Memorandum of Trainees' Analysts
- Learning resources policy and strategy, including library, IT and accommodation
- TRAINEE FEEDBACK

### **6.2.3 Curriculum**

- COURSE HANDBOOK
- Evidence of awareness of and involvement in curriculum development process by trainees and service supervisors

#### **6.2.4 Learning outcomes**

- Evidence from programme specification
- Trainee record of training and portfolio

#### **6.2.5 Trainee selection, progression and achievement**

- Evidence that selection processes meet requirements of single equalities policy.
- Evidence of induction process
- Evidence of monitoring of academic and intellectual progression of trainees
- Process for identifying special learning needs and subsequent support
- Evidence of mechanism in training post and/or Training School to recognise and act on early poor performance
- Evidence of clarity of responsibility and lines of communication between the Training School, service supervisor, training case supervisor and analyst
- Evidence of processes for monitoring that the placement experiences are sufficient for trainees needs and that these are implemented, e.g. in providing training cases
- Evidence of career guidance and pattern of employment of trainees qualifying

#### **6.2.6 Trainee support**

- Induction process in Training School and training post
- Tutorial System
- Trainee review process between training post and Training School formalised and transparent
- Trainee feedback process for placement and Training School
- Complaints procedure
- Exit interviews

#### **6.2.7 Trainee placement learning and teaching**

- Evidence of partnership planning to ensure adequate numbers of training posts
- Evidence that service supervisors are appropriately qualified
- Learning and teaching strategy
- Strategy for managing placement learning
- EVIDENCE OF PARTNERSHIP WORKING ON PLACEMENT QUALITY ISSUES
- Evidence of monitoring that training posts meet quality standards
- Trainee evaluation of placement
- Evidence of action on trainee feedback

#### **6.2.8 Assessment**

- Assessment strategy including trainee and placement involvement
- Trainee portfolio matches course requirements
- Assessment criteria against which progress is monitored
- Standard of written work submitted for qualification
- External examiner/moderator reports

#### **6.2.9 Quality enhancement and maintenance**

- Complaints/grievance/appeals procedure
- PREVIOUS REVIEWS AND ACCREDITATION WITH ACTION PLANS
- Evidence of accreditation by other supervisory bodies, such as academic accreditation by the university
- Evidence of partnership working with SHA and placement supervisors
- Trainee evaluations
- EVIDENCE THAT EVALUATIONS AND REVIEWS OF TRAINING SHOOOL AND TRAINING POSTS TRANSLATE INTO ACTION
- External examiners report

#### **6.2.10 Values, equalities and diversity**

- Evidence from trainee handbook, course handbook, minutes of meetings
- Equal opportunities policy
- Harassment policy
- Special needs provision policy
- Action plans and follow up

### **6.3 Further evidence the school may wish to make available for the visiting panel**

- Human resources policies, including contracts for staff
- Evidence of partnership working with training commissioners, Trusts and service users.( e.g. minutes of meetings)
- Strategy for managing placement learning including placement profiles.
- Health and safety policies

### **6.4 The visiting panel report**

The report will be written by the visiting team using the headings set out in the appended template. It is suggested that the writing of the report be divided up between the members of the visiting panel. The report is a public document and should be objective and written in such a way as to make it accessible to the public. It is anticipated that reports will run to approximately 6,000 words. The Executive Summary should be approximately 2 pages. The report may contain commendations as well as recommendations.

The report should address issues specific to the training school which has been visited. Any suggestions or recommendations to the ACP (e.g. re training requirements) should be submitted separately to the Training Council.

Training schools will be invited to submit a brief response /action plan which will be appended to the report when it is posted on the website.



## **Appendix 1.**

### **Annual Report to the Training Council of the ACP**

(All student and staff data should be anonymous. Sections should be brief and predominantly factual)

1. Student intake and placements (including issues of access and diversity)
2. Student Progression Years 2-4. (with comments re any difficulties in placements/ analytic arrangements/training school)
3. Qualifications since last report
4. Employment
5. Academic completions (where appropriate)
6. Developments in Curriculum
7. Staffing
8. CPD for staff
9. Issues for the Training School and host organisation (where appropriate)

10. Quality Monitoring (including any Complaints and with reference to University/SHA processes)

11. Response to conditions/recommendations of last ACP accreditation visit. (including Action Plans and progress made since last report)

**July 2013**