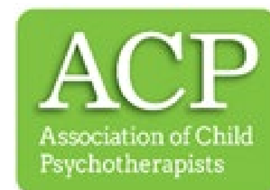
Report of the re-accreditation visit to the Birmingham Trust for Psychoanalytic Psychotherapy (BTPP) Training



Date of visit: 8 – 9 March 2018	
Names and roles of panel members, including job titles where appropriate	
Rajni Sharma	Panel Convener. Consultant Child & Adolescent Psychotherapist – Manchester & Salford CAMHS & Northern School of Child & Adolescent Psychotherapy, (NSCAP)
Teresa Cooke	Lay member of the ACP Training Council
Penny de Ruyter	Child & Adolescent Psychotherapist, Sheffield CAMHS
Robin Solomon	Lay member of the ACP Training Council
Naomi Jackman	Child & Adolescent Psychotherapist recently qualified from BTPP & working in Wirral CAMHS
Training Council link member:	
Phillip McGill, Chair of Training Council	
Introduction part 1: Background to the visit including the process by which planning took place	
Since the last BTPP training school re-accreditation in 2014 there has been a major transition of leadership to a new head of training. With any significant change there are challenges. Our view is that the clinical training has effectively navigated this transition with a close collaborative relationship between the out-going and in-coming heads of training. This is one of the many examples that the re-accreditation panel found which evidenced a strong and creative organization, within which the clinical training school is at the heart. The school continues to provide a high quality psychoanalytic training that is evidenced through trainee evaluation, the progress of trainees to qualified posts and feedback from service supervisors and multi-disciplinary CAMHS teams. The panel was well supported by BTPP with timely documentation, comprehensive feedback from service supervisors, multi-disciplinary placement visits, observation of teaching and meetings with tutors and trainees. Documents were received within the timeframes stipulated in the ACP Quality Assurance Framework (QAF). The panel met	

over a conference call to discuss the documents, which included a comprehensive Self Evaluation Document (SED). As required in the QAF the panel then formulated “key lines of enquiry”. These were:

1.The financial security of the training further to information in the SED, about the constraints and restrictions on funding which is such a feature of public sector pressures on training. This is discussed in section 1 - Training School Management, Organisation & Host Organisation.

2. The delineation of the role of personal tutor as a distinct and central role for the trainee. This is considered in section 5 - Trainee Selection, Progress and Achievement and is also a recommendation from this re-accreditation process.

3. Integration of learning about difference and diversity in the aims and objectives of the training - these seem to only be mentioned in the Parent Work objectives. This is discussed in section 4 - Use of Learning Outcomes and is also a recommendation at the end of this report.

4. The loss of two trainees at the cusp or at the very beginning of training. This is discussed in section 5 of this report.

5. Experience of writing the qualifying paper for trainees who are not required to submit written/academic work until this final piece. This is discussed in section 6 - Trainee Support and section 9 - Qualification.

6. Tenure of external assessor who reads qualifying papers - how external is this if the person has been in post for many years? This is discussed in the section sub headed External Assessors and External Consultant.

The panel convener communicated these to the head of training and these were thoroughly addressed and discussed with a commitment and openness that greatly facilitated that process of re-accreditation.

The panel received a generous and well organised BTPP welcome. The accreditation panel and the training school worked to the structure and remit of the ACP QAF. We experienced a shared recognition of the importance of regulatory standards and the value of external evaluation as well as the opportunities that this provides for development and innovation.

This report will demonstrate how the school has thoroughly attended to all the action points from the 2014 re-accreditation. The further significant development of lines of communication and involvement of service supervisors is another noteworthy achievement for the school over the last four years and is a point of commendation stated at the end of this report.

The panel has not stipulated any conditions for reaccreditation. A number of recommendations are identified which were discussed in the preliminary feedback on 9th March 2018 and were formulated out of open and collaborative discussions with the head of training and training team.

Introduction part 2: Documents, meetings and observation of teaching
1. BTPP Self Evaluation Document – January 2018 2. BTPP Briefing Document for Health Education West Midland and Local Education and Training Council 3. BTPP cost benefit analysis 2015 4. BTPP Self Evaluation Document – 2014 5. Brief description of BTPP Placements, Service Supervisors and Trainees for reaccreditation visit – December 2017 6. BTPP Annual Report to ACP Training Council 7. Memorandum and articles of association – 16th February 1996 8. Report of the Trustees and Financial statements – 31st July 2016 9. Observation of training seminars by the panel on Friday 9th March. Penny de Ruyter observed the Assessment Seminar and Robin Solomon observed a clinical seminar 10. Panel met with year 1 & 2 trainees and year 3 & 4 trainees, in two separate meetings on Friday 9th March 11. Meetings with Training Group on 9th March 12. Feedback from BTPP Service Supervisors via questionnaires 13. Meetings with Service Supervisors during CAMHS placement visits 14. Meetings with Trainees during CAMHS placement visits 15. CAMHS placement visits to two contrasting services in terms or locality, size of child psychotherapy team and number of trainees. 16. Clinical Training Handbook 2017 - 2018 17. Trainee qualifying papers 18. Supplementary information requested and provided by the head of training about management structures and functions after the re-accreditation visit 19. Telephone discussion about BTPP advisory group and trainee's analysis between Kevin Booth & Penny de Ruyter
Introduction part 3: Actions since previous re-accreditation 2014 - An update
Requirements for continued ACP registration. 1. **Continue to update and develop the student handbook in consultation with trainees, tutors and service supervisors.** The handbook has been updated every year and circulated to Service Supervisors and Service Leads as well as trainees and tutors. **Achieved.** 2. **To establish annual student progress meetings towards the end of each year of training. This should be with the Service Supervisor/Senior Child and Adolescent Psychotherapist in the CAMHS clinic, trainee and tutor.** This has been established and is evidenced in the Annual Reports and also in comprehensive feedback from service supervisors. Visits take place to review trainee progress and the context of these gives "a very lively picture of the strengths and struggles of each placement", and "reveal the often immense achievement and developments of a year's work. As such these meetings provide a useful context to celebrate what are at times impressive achievements for all concerned", (Annual report 2017). Service supervisors describe how valuable these

visits are and that they often occur more frequently than once a year, responding to the individual needs of each trainee and placement. **Achieved**

3. **To develop the reading lists by incorporating recent papers by child psychotherapists that track theoretical and technical developments.** Psychoanalytic theory reading lists are provided at the end of the Student Handbook and review of theory teaching evidences satisfaction by both trainees and teachers. Additional reading lists have been created in collaboration with seminar leaders, senior staff and service supervisors. Although this action has been achieved we encourage the school to continue to develop the clinical specialist reading lists in core areas such as Looked After Children, Adoption and Eating Disorders. **Achieved**

Recommendations over time (to be regularly reviewed as part of the ACP Training Council Annual Report process)

1. Continue to develop a creative integration of aims and learning objectives for the training as a whole and the specific modules within it. There are programme level and seminar level aims and objectives and these are reviewed and updated each year. We noted that these do not quite do justice to the quality and depth of teaching and learning the trainees receive. For example, one of the school's strengths in relation to difference and diversity is not comprehensively captured and we would encourage the school to further develop these to highlight the quality of training the school provides. **Achieved**

2. Continue to explore opportunities to influence Service Supervisors (and Senior Child & Adolescent Psychotherapists taking on some service supervision tasks) to meet as a group led by a Child & Adolescent Psychotherapist in a regional advisor role. There are regular service supervisor meetings at BTPP which has built on the strong established relationship between the school and service supervisors. The panel noted how this development has been valuable. These meetings are repeatedly referenced across the service supervisor feedback and the training team as a very important focal point and space for close communication and planning. These meetings draw on the resources of a group where good practice and innovations can be shared and problems can be discussed and learning can be quickly disseminated. There is an annual review and planning day at the end of each academic year that is another creative forum that is valued by all involved with providing this training. **Achieved**

3. To explore and take the opportunities and resources for seminar leaders to receive CPD particularly related to their teaching and specify how this is progressed in the school's annual reports. BTPP have a well-established approach to supporting new tutors to develop their teaching with opportunities to co-teach seminars with more experienced colleagues and to receive mentoring and support. Weekly peer supervision of teaching is also available over the lunchtime meeting. Staff from BTPP also attend Learning and Teaching conferences. **Achieved**

4. To address the collective wish, expressed by the Service Supervisors feedback, to be more closely involved and informed about training and developments. Commitment to the annual reviews in clinics, service supervisors' meetings and multiple communications between school and service supervisors in-between these times has enabled a deepening relationship between service supervisors and the school. In addition,

the perspectives of the service supervisor are used as a resource in the training school to inform a training that is psychoanalytically rooted as well as responsive to an ever-changing NHS. The experience of the panel was that feedback, collaboration and information sharing has increased and creatively developed between the school and placements since the last reaccreditation visit (Annual Reports & service supervisor and training team feedback). **Achieved**

5. To put in place a process for the submission by trainees, to the Training School, of (anonymised) written reports, as part of the assessment for qualification process. This has become a fixture of the annual trainee review process each year. This enables a close assessment of the trainee's professional writing which is a requirement for qualification as laid out in the ACP Quality Standards Framework 7.9.1. **Achieved**

Recommendations that the training school may wish to consider but are not required to implement.

1.Continue to explore the possibilities of developing a partnership with an academic institution with a view of offering trainees an academic qualification alongside their ACP clinical accreditation. As highlighted in the last re-accreditation trainees value the clinical emphasis and focus provided by BTPP without the additional pressures of an academic programme. However as this is the only British training without an academic qualification the 2014 panel felt it would be important to explore this further. BTPP have attended to this by developing relationships with Birmingham City University and linking with the University of Essex to explore doctoral study after the clinical training. In this reaccreditation process, trainees have expressed how they are not concerned about the absence of an academic programme and indeed feel the benefits of concentrating on developing their clinical experience. In the third and fourth years trainee meeting with the panel, there was knowledge about and interest in the opportunities for pursuing research and academic study after the end of the clinical training. **Achieved**

2.To take into account a strong theme in the Service Supervisors' feedback of a wish to be an active participant and more closely involved in the detailed thinking, discussion and decision making about the matching of a trainee with a CAMHS placement. Creative and effective attention has led to a repeating theme in the service supervisor feedback of there being more explicit and clear communications around the matching process of trainee to CAMHS. Service supervisors have valued the inclusion of someone in this role being included in the interview panel. The SED states that there has always been detailed and careful thinking and a clear rational for the matching process and the panel has noted that this is experienced as being more explicitly communicated. Service supervisors value the discussions that take place with the head of training well in advance of a trainee starting in the clinic and are supportive of the complex decisions made around matching trainees with CAMHS teams. **Achieved**

1.Training School's management and organisation

BTPP was created in 1996, with the explicit aim of continuing to develop psychoanalytic thinking and training in the West Midlands. It was validated in 1991, by the Association of Child Psychotherapists as one of its approved training schools for Child and Adolescent

Psychotherapy. BTPP became a registered charity and limited company in 1996. There is a Board of Trustees, to whom the Head of Training is accountable.

Since the last re-accreditation visit, the planned transition in the Head of Training role has happened and the new Head of Training has taken up the position. During the visit, the panel heard from both members of staff how they have been able to work together during this period of change in order to ensure the successful continuity of the training. Both the current and previous head of training expressed their satisfaction with the transition process and the previous head of training retains a significant teaching role in the school.

BTPP is commissioned through Health Education England to provide the clinical training. In 2015, BTPP responded to a request from HEE to provide evidence that BTPP was able to deliver 'Best Value for Money'. This was a substantial exercise for the training school and the panel had access to the report that was produced, including a comprehensive Cost Benefit Analysis undertaken in conjunction with a senior Health Economics expert from St Anne's College, Oxford. The panel was particularly impressed with the huge support garnered from local stakeholders in education, local authorities and health. The outcome of the exercise was that HEE has continued to commission 5 trainees per year and BTPP has developed an effective and close working relationship with the Education Commissioning Programme Lead. However, there is no guarantee that similar levels of funding will continue beyond the trainee intake of 2018. This is a nationwide situation affecting all training schools. From the detailed information provided in the SED, it is clear that there is close and rigorous management of finances at all levels, including by the head of training and the Board of Trustees. As a key line of enquiry for this re-accreditation the panel are of the view that the training school is thoroughly cognizant, proactively engaged and garners specialist support in doing their utmost to address the financial pressures that are faced by child psychotherapy training.

Structurally, the Training School is separate from BTPP as a charity. The Training School has a Management Team that is comprised of the head of training, senior tutors and BTPP's administrator. The team has clear terms of reference and its main purpose is to cooperate in the daily management and delivery of BTPP's trainings. It meets weekly to consider issues to do with the direct delivery of trainings. It was clear from the panel's visit and meetings with staff members, service supervisors and trainees, as well as documentation provided, that the head of training is crucial to the success of the school. Currently, the head of training has comprehensive management and teaching responsibilities, as well as monitoring the progress of each individual trainee through annual placement visits.

The panel discussed how dependent the school is on one individual and this view was echoed in the service supervisor feedback. The SED makes reference to a wish for a wider management structure, with delegated responsibilities across the team. The panel would like to encourage the school with this wish and a firming up and further delegation of personal tutor roles may well support this.

There is a Training Group, which is concerned mainly with the clinical training. It has clear terms of reference and membership includes the chair of training, head of training, senior tutors and it has recently been decided that the trainee rep will also attend. The Group's main focus is to consider and provide advice on all issues relating to the clinical training and qualification process. Since the previous re-accreditation visit in 2014, the chair has retired and a new chair has taken up the position. Both the previous and present chairs

are well established, well respected and highly experienced members of the child psychotherapy profession. The head of training said that the chair has brought a wealth of expertise and clarity to their role. The training group now meets on a formal basis three times a year and the panel were provided with minutes from the first meeting in December 2017.

There is an Advisory Group which consists of senior members of the child psychotherapy profession, including those linked to BTPP in their roles of external assessors, service supervisors and visiting tutors. Other members of the group include senior colleagues from CAMHS, Human Resources, NHS and university and organisational consultants. It meets rarely as a group but acts as a pool of people with specific expertise, which the head of training can draw on for advice and support around strategic and complex issues.

In addition to the clinical training, BTPP also delivers the pre-clinical training, Working with children, young people and families: a psychoanalytic observational approach, M7, as an associate centre to the Tavistock and Portman Clinic and the University of Essex. In addition, there are Infant Mental Health workshops and trainings. Although these programmes are outside the remit of this accreditation visit, they are evidence of BTPP's wider involvement in the delivery of psychoanalytic education and training for those working with children, young people and families in the West Midlands region. It is also worth noting the close links between the pre-clinical and clinical training, with tutors teaching on both trainings. This allows for continuity between the trainings and gives tutors the opportunity to meet and get to know potential candidates for the training.

The school are alert to the differences for those trainees who embark on the BTPP clinical training who have not undertaken the pre-clinical training delivered at BTPP. For a small training school with a family ethos it can be challenging for trainees who are coming from other pre-clinical trainings. Additional support both in relation to theory and individual supervision is offered in such circumstances and the school is sensitive of the particular demands this places on an "external trainee" and the training group as a whole. Innovative uses of technology on the pre-clinical training are in the process of being transferred to the clinical training, where relevant.

The panel is confident that BTPP is well managed and organised and the cost benefit analysis that has been done as part of the HEE exercise could be usefully shared at the ACP training council if this has not already been done so.

2.Staffing and effective use of resources

Staff expertise and experience

All members of the BTPP clinical training core staff group are ACP members and are a mixture of graduates from BTPP and the Tavistock. A file devoted to staff CVs was made available to the panel and was testament to the wealth of clinical experience in the team. The clinical training core staff team all teach on both the clinical training and the M7 course, almost all of its members are practising senior child psychotherapists in NHS Trusts and current intensive training case supervisors. According to the SED 'the practice in BTPP has always been to try to "play to the strengths" of the Teaching Staff, where tutors with special interests teach on their subject of expertise.' Two regular trainers, both senior psychoanalysts, supplement the core team. There are "Big Days" and Saturday lectures once per term each year which are supported by visiting teachers, senior child

psychotherapists and psychoanalysts, whose contributions ‘greatly enrich the Clinical Training’, according to the SED. Feedback from trainees confirms this, indicating that input to the curriculum from visiting teachers is often highly valued.

The small core staff group is led by the head of training, who is on a 0.8 WTE permanent contract. There are three further members of the clinical training staff who have permanent contracts: one on 0.4 WTE, one on 0.2 WTE and one on 0.1 WTE. These three staff members take on the roles of transition tutor, senior tutor and personal tutors. The BTPP training school is small and it is therefore inevitable that staff members take on more than one role and indeed it is not unusual that larger schools will have staff members with several roles.

The head of training is ably supported by two well-established part-time administrators, key members of the clinical training team, members of the training committee and an advisory group. However, many responsibilities fall on the shoulders of the head of training in terms of the day-to-day management of the various strands of the clinical training as well as longer-term strategic elements. The SED notes that [the School continues]. “to work on further establishing the next generation of management and leadership structure to go forward with” but admits that “the struggle to achieve this is made more difficult in very hard financial times”. The SED rightly states “the heavy reliance as an organisation on the single post of Head of Clinical Training…means that BTPP could be [structurally] vulnerable”.

The panel supports the school’s continuing commitment to think creatively about the process of developing the management skillset of others in the team and about how some of the responsibilities of the head of training could be delegated to others. This recommendation is stated at the end of this report. This is while recognizing that there is a strong collective ethos within the school and a depth of commitment and experience that leads the panel to feel some confidence that the school would respond to an unexpected staffing issue effectively.

CPD for staff

In the previous, 2014 reaccreditation report, BTPP were asked to afford seminar leaders the opportunity to receive CPD, particularly related to their teaching. Examples of how this is being achieved are given in the SED. These include: at an annual review and planning day staff engaged in a workshop focusing on the facilitation of group-based teaching seminars within a psychoanalytic orientation; new tutors co-tutor with more experienced colleagues; staff from BTPP have attended the annual Tavistock Learning and Teaching conference and ACP conference. In addition, all staff that are members of the ACP complete CPD returns annually as part of their professional registration as child psychotherapists. The CVs made available to the panel included evidence of CPD through the clinical work of BTPP staff in their NHS Trusts in addition to attendance at the ACP annual conference and the Friday and Saturday Open Lecture series run by BTPP (also open to service supervisors). Some members of the BTPP staff also play an active role in the ACP, for example, on the ethical practice group or being part of an expert reference group for the recent development of the competencies framework for child psychotherapy.

At the time of the previous reaccreditation visit service supervisors voiced a collective wish for closer involvement in the development of the clinical training and for training opportunities. In written feedback to the panel, service supervisors were very positive

about the opportunities for involvement and for the training that has been offered since the last visit. Regular service supervisor meetings, where invaluable discussions re the complexities of the role can take place, are now a feature of the BTPP calendar. Some service supervisors have attended supervision courses and two service supervisors have taught on them. An induction workshop for those new to service supervision has been organised with an end of year review meeting planned for later in the year. This thorough and well organised process ensures that the quality and integration of service supervision which is so central to the clinical training is effective and of a high standard.

Premises and facilities

BTPP leases rooms at the Custard Factory, close to the city centre, the accommodation forming part of an attractive campus of small businesses/ enterprises. The pleasant accommodation affords BTPP a large room suitable for a big meeting or small conference on one side of a corridor and a central area for socialising, equipped for making hot drinks and simple food, on the other side of the corridor, off which are five seminar rooms, two of which have additional uses: one as the library and the other as a bookshop and office for the head of training and administrative staff. The large meeting/conference room may be shared with another small enterprise in the foreseeable future to reduce costs but without loss of access when it's needed. Wi-Fi is available to trainees so that they can use their laptops as necessary.

In meetings with trainees there seemed to be a good level of satisfaction with the facilities. Trainees were not concerned at the lack of quiet space at BTPP. There were some more ordinary limitations in relation to heating and the sound quality of one room, but this was well within satisfactory parameters for teaching spaces. Trainees expressed that if anything, the lack of quiet space was sometimes an issue at their busy CAMHS placements. They commented on how helpful and supportive the two administrative staff were, for example, in terms of photocopying materials for them. The panel members saw a well-stocked library, with books available to borrow and others available for reference. Academic and clinical papers were made available to trainees online to supplement the books on the shelves and some journals are stocked, e.g. The Child Psychotherapy Journal. A senior member of staff takes responsibility for keeping the stock of books up-to-date and takes suggestions from trainees for new volumes. There is a computer for trainee use in the library and a printer. Trainees' feedback that they had good access to reading materials.

3.Curriculum

The taught element of the clinical training takes place on Fridays and some Saturday mornings at BTPP premises. The previous re-accreditation made two recommendations related to the curriculum. The first was to develop the reading lists. As stated at the beginning of this report the panel recommend an extension of these to include the large body of literature produced in recent years particularly in relation to looked after children and adoption papers where there is also attention to multi-disciplinary, legal, policy and ethical perspectives. In relation to the second recommendation about report writing, this

has also been achieved as stated at the beginning of this report. In addition, BTPP has delivered teaching to trainees on report writing and record keeping.

Another change since the 2014 reaccreditation relates to the introduction of a workshop on STPP (Short Term Psychoanalytic Psychotherapy). The course handbook (p.33) reports that BTPP plans to develop this further, through a clinical seminar entitled 'Applications' workshop, which as well as STPP will also cover Time Limited Psychoanalytic Psychotherapy with Adolescents and the Tavistock Under 5's model.

The core curriculum includes: theory, specialist seminars in assessment and parent work and clinical seminars. In the first year, trainees have a specific seminar to focus on the experience of beginning the clinical training and taking up their new role. Theoretical concepts are revisited or taught as part of this seminar in the first year. In addition, there are Saturday workshops and so-called "Big Days", which are whole day events arranged throughout the academic years. These workshops and events cover a wide range of relevant topics. The 2017/18 programme includes workshops on research, safeguarding, management and leadership in child psychotherapy and working in a nursery and infant schools. Experienced child and adolescent psychotherapists as well as colleagues from other professions such as psychiatry and social work deliver the lectures.

During the visit the panel heard that teachers of theory value being able to focus on one key psychoanalytic paper per seminar, which they feel allows for a thorough exploration of concepts and ideas. In meeting with the first and second year trainees, members of the panel were told by some first-year trainees that there was a 'drip feed' of theory which they felt was appropriate and enabling; while the second years described the theory seminars as 'thought-provoking, where lively discussions take place'. There was also some lively curriculum discussion with the senior tutors of the training school about whether papers focusing on diversity should be introduced as foundational literature or if key psychoanalytic papers need to be bedded in and then in subsequent seminars or 'Big Days' revisited in light of more contemporary critical thought.

The panel was interested in how trainees are being prepared for the realities of modern day CAMHS with its current emphasis on outcome measures. The panel heard from trainees that they are learning through a combination of placement experience and direct teaching at BTPP, which has encouraged them to engage in the use of outcome measures whilst also questioning and reflecting on the issues arising from attempts to measure a psychoanalytic treatment.

The BTPP programme is a clinically focused program without formal academic requirements. This allows more attention to be paid in the curriculum to clinical and theory papers (including evidence-based literature) without regular academic assignments or research. The general tenor of the trainees was that they were pleased that the program did not overwhelm them with preparation for multiple assignments or doctoral research preparation.

4.Use of learning outcomes

As this clinical training is not linked to an academic institution which leads to a post graduate academic qualification the quality assurance around outcomes has a different

texture to those courses tied to learning outcomes generated in academic institutions. The previous re-accreditation visit encouraged the development of learning outcomes for individual aspects of the course. This has been achieved without too great a compromise of their learning ethos. The school has been able to strike a balance between the requirements for an outward looking profession where trainees can be assessed through a formalised competency framework, while holding the psychoanalytic approach of learning from experience so that trainees are as receptive, open and containing as possible to their patients. The training is bearing the tension, which is developmental, and creative, between knowledge-based outcomes and achieving a clinical psychoanalytic capacity in their trainees.

The training school sets out 19 whole course objectives and learning outcomes are set for each of the clinical and theory seminars across the training. The SED states that it is through an accumulation of experience and learning across a four-year training that the school can be confident that their trainees are well equipped with the fundamental clinical abilities and experience at the point of qualification. There are detailed guidelines for the training records and portfolios and learning logs that track trainee's progress and provide sources of evidence. Competencies are listed with space to note whether or not trainees have achieved these competencies and how these have been achieved. Detailed learning outcomes for practice-based learning for each year of training are also listed and are used, in addition to the evidence for achievement of competencies, as tools for progress meetings.

Theoretical aspects of learning are sensitively and thoroughly linked to clinical work undertaken with a strong prioritisation of clinical experience. The head of training has been a member of the expert reference group to develop a training competency framework for the ACP and is committed to ensuring that the course objectives and learning outcomes reflect the competency framework in line with developments in the ACP overall. Although there is plenty of evidence for the embedding of learning objectives across the training it is important to note that without an academic programme it is not possible to assess how learning is achieved through a formal academic lens. However, there was evidence that there was a coherent whole experience that achieved the 19 overall objectives set out in the handbook.

There was also a lively and thoughtful discussion with the staff team about the pedagogical issues of teaching critical and contemporary theory while maintaining the rigor of ensuring adequate digestion of an established theoretical framework. There might be room for considering critical theory and incorporating issues of diversity in the clinical and theoretical domains when further developing learning outcomes.

5.Trainee selection, progress and achievement

Selection

The clinical training is open to students who have successfully completed the Psychoanalytic Infant Observation course, M7, or equivalent. Some trainees have completed M7 at BTPP and others have come from other infant observation courses from across the country. BTPP is commissioned by HEE in the West Midlands to recruit five

Child Psychotherapy Trainees each year. This may change in the future as full funding for child & adolescent training across the board is currently under discussion by HEE.

BTPP's recruitment and selection practices aim to adhere strictly to principles of equality and to equal opportunities legislation. The SED gives an account of the steps taken to achieve this, which include the advertisement of training places on the BTPP website and the positive steps taken to encourage applications from under-represented groups. All applications are considered against a person specification. A human resources consultant advises on the whole process of selection and attends on the day that interviews take place to monitor proceedings. Records of selection processes are kept.

Candidates are chosen on their ability and on their potential to work with children and young people. The pre-clinical training and interview process looks for a candidate's capacity to be present in an emotionally alive way according to the SED. In order to be eligible for training applicants must also have an honours degree, or equivalent, and considerable experience of working with children/adolescents in addition to having completed an ACP-recognised infant observation course, as stated above.

Interested candidates are informed about what BTPP are looking for in the recruitment processes and can spend a day with current trainees in seminars, with a first-year trainee allocated to each candidate as a mentor. BTPP believe spending a day at the school affords candidates the opportunity to reflect on whether the training is for them. The selection/recruitment for the clinical training then follows an appointment process of three stages involving the screening of application forms, followed by an invitation to an informal interview and finally a formal interview. Throughout the process candidates' responses are assessed using the same criteria for all. A recent development has been the involvement of a service supervisor/head of service in the recruitment process and interview panel.

Even with the rigor of BTPP selection and recruitment processes there have been two trainees who withdrew from the clinical training since the last reaccreditation visit. One trainee withdrew in the first term of the training and the other just before starting the training. The school have reviewed both circumstances thoroughly and discussed this with all concerned in detail to understand the issues and to consider what can be learned and taken forward. The training school took advice from a human resources expert. Discussion with the advisory committee also took place and learning from this experience will be taken forward particularly in relation to taking up references earlier in the process of recruitment. The challenge is of striking a balance between inclusivity and recruiting those who can take up and successfully complete the training so that all commissioned placed are filled. The panel noted that even with a wide range of recruitment opportunities for prospective candidates and close communication with those successful in preparation for starting the training, there are times that for a unique set of circumstances a trainee is not able to continue. The fact that this was caught sooner rather than later in the training is of value and the training school's close relationship and consultation with HR colleagues is important in complex circumstances.

The head of training leads on the detailed matching of successful candidates to placements and the process is discussed with each service supervisor. The system is currently being reviewed and its effectiveness audited with the support of feedback from service supervisors at regular meetings, according to the SED. At a placement visit

members of the panel also heard how the recently introduced invitation to service supervisors to be more involved in the recruitment/selection of candidates and matching to placements was very welcome. From next year, following a suggestion from service supervisors, the formal offer of a training place will not be given until the prospective trainees have visited their placement so that they have a clearer understanding of the daily demands of the training. At a meeting with trainees from years 1 and 2, panel members heard that the trainees were grateful to the school for the careful thought given to where trainees would be best placed. There was a shared sense of relief that the responsibility for finding a suitable placement lay with the school.

Once the selection process has been completed and placements allocated, a comprehensive induction programme is offered to trainees both by BTPP and in the CAMHS that trainees have been allocated. The SED gives a clear account of how BTPP supports the new trainees in the lead-up to the beginning of the training and throughout the first year, including the use of the same senior tutor for both recruitment and first year induction so that continuity is provided.

Progress and Achievement

Trainees' progress and achievement are monitored and supported in various ways (see also section on trainee support). The Course Handbook 2017-18, seen by the panel, has a clear section on how trainees' progress is assessed and who is involved both at the training school and at the placement. According to the handbook the assessment of a trainee's progress occurs throughout the 4-year training and is 'coordinated by the Organising Tutor [at BTPP] in collaboration with the Service Supervisor, Tutors and Intensive Case Supervisors'. Feedback from teaching staff, including clinical and other seminar leaders as well as external staff, also contributes to the assessment process.

An annual 3-way review meeting takes place between a senior member of the training school staff, most commonly the head of training, with the service supervisor and the trainee. The annual meetings in the CAMHS clinics are a much more comprehensive and established feature of the BTPP calendar since the last reaccreditation visit. All parties prepare for this meeting with written and verbal reports from teaching and clinical staff and the trainee's training Log. A consideration of the content of the reports and the log is the focus for a conversation at the meeting, which results in the creation of a plan for the trainee's future training. Copies are kept by the trainee, his/her line manager and in his/her personal file. The creation of the plan is aided by referring to the learning objectives for the 4-year clinical training and the teaching objectives, as set out in the course handbook, as well as the 'Criteria for reviewing Child Psychotherapy Trainee Progress' document which is divided into skills and competencies for years 1-4. The meeting also serves as an opportunity to complete a review of the placement to ensure that it continues to offer suitable experiences, sufficient for trainees' needs (see also section 10: Quality enhancement and maintenance, for further details) and sometimes provides an opportunity to address organisational issues that have arisen for the child psychotherapy team, as noted in the BTPP 2017 Annual Report to the ACP.

Contact and communication between the head of training and senior tutors, placement service supervisors and trainees beyond the annual review meeting take place as necessary on a more informal basis. The panel believes there is an opportunity to develop these processes, by developing the role of personal tutor and for more clearly demarcated termly tutorials to take place between the personal tutor and trainee. Service supervisors

and trainees, in their feedback to the panel, made it clear that BTPP staff were available and approachable when an issue needed to be discussed. The panel heard how the head of training and senior tutors will proactively make contact with a trainee if they have not heard from a trainee for a while. Helpful sections in the BTPP clinical training handbook 2017-18 clearly describe the responsibilities of those who have a stake in the progress of a trainee and who can be approached for support if a relationship between stakeholders becomes difficult.

The training committee holds regular meetings where trainee progress is discussed. According to the SED, the system that BTPP has put in place to help year 1 groups coalesce as a supportive learning group and the weekly supervision offered by a senior tutor to year 1 trainees, in support of service supervision, 'facilitates the head of training and the senior team to gain an intimate knowledge of the trainees' learning styles, strengths and difficulties'. The staff will better know some trainees than others through studying for their M7 at BTPP and barriers to learning such as dyslexia might well have been brought to the training school's attention prior to the clinical training. Supervision from a very experienced and senior child and adolescent psychotherapist, as described above, aims to ensure that all new trainees become well known and understood by staff early on in the training.

The SED describes 'the multiple methods for monitoring the academic and intellectual progression of Trainees and [the] process for identifying Special Learning Needs and Subsequent Support'. The collection and assessment of examples of each trainee's writing, letters and reports 'often gives an indication of particular struggles and [the] need for extra support'. If struggles are identified an agreed plan of action is set up with senior tutors and service supervisor. Examples of additional support available are given in the SED including 1:1 meetings and trainee use of additional technological equipment to aid writing.

The majority of trainee's progress without interruption from one year to the next and complete the training as planned. However, the progress of a minority is affected by ill health or taking parental leave. Action plans are amended accordingly and finishing dates adjusted. Feedback from one trainee on maternity leave attested to the high level of support and appreciation of the school during her pregnancy and preparation for a break in her training and return. In a meeting with years 3 and 4, trainees told members of the panel that preparation for life beyond the clinical training is well catered for with discussions about emerging interests taking place and seminars offered on writing job applications and interview technique. Previous trainees are invited back to the training school to share their experiences with current trainees and trainees are encouraged by their service supervisors to do joint work with other professionals at their placements, experiences regarded as useful to talk about at job interviews.

6.Trainee support

Before the final decision is made on the new intake of trainees, there is a linking up between training school and the potential trainee's pre-clinical infant observation studies team. This now happens earlier in the process than in previous years. There is conversation between BTPP's head of training and the pre-clinical course especially if the potential trainee studied outside of BTPP, to get a feel for the student's suitability and

readiness for training. As described above in section 5 about trainee selection, potential trainees, if successful in securing an interview, have the opportunity for a first-hand experience of the training school. For successful candidates into the clinical training, this enables links to already have been made with the school and with other students that begin a process of peer support networking.

During the panel's visit we were able to speak to some of the trainees to gather more insight into how they felt they were supported during their training. One of the first-year trainees, who had completed their pre-clinical studies outside of BTPP and had no prior geographical knowledge of Birmingham, felt that her re-location was supported by BTPP. She talked about having contact with the lead for transition months before her move and received advice on where the most helpful place would be to live, in relation to where she would be working and the location of her analysis. The first-year trainees join the lead on transition for a meal prior to their start date, where the trainees get to know each other and start to establish peer relationships and a peer support network, and the tutor gets to know them on a more personal level. The trainees communicated that they felt they were known on a personal level by the staff and that a lot of thought had taken place behind the scenes about them especially regarding placement allocations.

All the first-year trainees have one-to-one supervision with the lead tutor for transition for the first six to nine months of their training and there is time made at the beginning of a supervision session for some personal tutor time. After this period there is a review where it is decided which tutors are best allocated to which student based on their relationships. Weekly supervision is then provided throughout the rest of the training and trainees are told they can phone their tutors or the school if they need extra support in-between supervision. The tutors felt they had close relationships with trainees and if a trainee was struggling it could be quickly picked up and then the relevant support given.

The first-year trainees have a seminar with the head of training and the lead tutor for transition. In these weekly seminars there is space to discuss some theoretical concepts to help continue the thinking that would have been taught in pre-clinical courses, but most of the time is spent exploring and discussing issues that arise from being in the first year of the training. The trainee's explained to the panel that they felt supported by this space where they felt able to discuss new cases and personal issues freely.

As a small training school, the head of training and senior tutors get to know the students very well and as described in the last reaccreditation the accessibility of the head of training and the role of the transition tutor means that trainees naturally gravitate to these two members of staff rather than to their personal tutor. Students described how useful they find this fluid approach to receiving support as they are able to get help quickly and effectively. They liked that it was open and flexible, but some students felt in the beginning this was confusing and it took them the first few months to figure out whom to take what to. Once they figured out for themselves where things best matched for them they said that it worked.

The experience of the panel is that the tasks and functions of the personal tutor are concentrated in the head of training and the senior tutor for transition. Although this is effective it does add to the concentration of responsibilities with the head of training. The panel recommend that the opportunity to develop and support the further delegation and forming up of the personal tutor role amongst a broader number of tutors with support from

the head of training (in the shape of supervision and mentoring) would address the concern about too much being held by the head of training.

Trainees reported that they felt listened to and were encouraged to give feedback on seminars. Where they suggested changes could be made there was evidence that this was considered by the head of training and the teaching staff, and if feasible, changes were made. The students felt listened to and supported. They communicated to the panel that they felt they were able to ask questions, speak freely and disagree with staff during seminars; that their thoughts were welcomed and important.

There is a student council arrangement at BTPP where the students elect a chair person (sometimes it's been two people) to represent them. There are student council meetings a few times a year where issues can be raised and things such as social events can be arranged amongst the student group. The selected chair attends meetings with the tutors and senior staff members to address any issues the students may have raised in meetings or come to them directly about.

The trainees also had a variety of workshops to support their writing skills and needs. "Developing Writing" seminars were held where trainees had a chance to develop their letter and report writing techniques and would learn how to write court reports. There are also seminars that take place to help support the fourth years as they approach the end of their training. These seminars focus on job applications and interview techniques.

The third and fourth years have a seminar relating to the qualifying paper which supports the students in thinking about starting their qualifying paper. The students are given some practical advice and can ask any questions they might have. When writing the qualifying paper, the tutors offer to read the drafts through first and will offer advice as many times as the trainee might need. Newly qualified Child & Adolescent Psychotherapists were contacted about their experience of writing their qualifying papers. One of the four students felt they didn't receive the support they needed and didn't know enough about the structure of the paper and therefore struggled. However, the consensus was that trainees felt supported by the school when writing their papers and that relevant help was offered for areas where they struggled. Criteria for qualifying papers are well described in the student handbook. Trainees can take two weeks of study leave and found this helpful.

BTPP support their trainees when they have time off from working and studying for circumstances such as a bereavement, sickness or maternity leave. The trainees will still receive funds to continue their analysis at this time and someone from the school regularly checks in with the trainee to offer support. Close peers to the trainees are encouraged, if appropriate, to maintain contact and to support the trainee.

7.Trainee placement learning and teaching

A comprehensive list of placements with helpful summary descriptors was provided by BTPP in a document to the panel - Brief description of BTPP Placements, Service Supervisors and Trainees for Reaccreditation visit (December 2017). This assisted the panel in choosing placements as part of the re-accreditation process. Currently BTPP offer seven placements in CAMHS across the Midlands. The placement document outlined the Child & adolescent psychotherapists and trainees based within each service and the strengths and challenges of each placement. The panel chose

two contrasting placements that offered some representation of the range of CAMHS that the training school draws upon. The child psychotherapy leads for both services prioritised the panel visits and were incredibly helpful in attending to the task and timetabling.

CAMHS Team 1

Penny de Ruyter, Teresa Cooke & Naomi Jackman were the panel members who visited. The BTPP placement document explained that although there has been an established child psychotherapy presence, this has changed since the last re-accreditation visit. The Service Lead is the CAMHS Director and Consultant Child Psychotherapist who has been creative in establishing and growing psychotherapy in this service. The child psychotherapy team includes a lead child psychotherapist with four child psychotherapy colleagues. There are four trainees in this CAMHS, one first year, two third years and one fourth year who is on maternity leave.

The panel members who visited this team found the placement enabled learning to flourish within a dynamic, robust and well-established psychotherapy service. The consultant child psychotherapist and CAMHS director has been able to develop specific initiatives around infant mental health and LAC-related work, which has led to new posts. The trainees are able to be part of these exciting developments and are actively working alongside their qualified colleagues.

There was a strong welcome from the lead child psychotherapist who described close working links with BTPP and it was clear that the service supervisors can readily access BTPP tutors whenever necessary. The service supervisors spoke about the importance for them that trainees have a good grounding in their psychoanalytic frame but are also able to translate relevant ideas into ordinary language. They felt that BTPP was central to this process and that it is in fact one of the training school's strengths.

There are currently three trainees on placement. All have their own desk and computer, close to qualified psychotherapists and within a large multidisciplinary office with sound administrative support. The Trust provides financial support for attendance at the annual ACP conference. The panel met with one trainee (the other two had clinical commitments at the time of the visit) and although in her first year of training, the trainee was already well integrated into the team and working alongside more experienced colleagues.

The panel was provided with precise details of caseloads and it was clear that it is possible to meet the training needs of the trainees. This is an experienced psychotherapy team and much thought is given to ensuring a flow of referrals which are workable. All cases have parent work support. The team uses the CAPA (Choice and Partnership Approach) model and there is ample opportunity for trainees to develop generic skills and learn how psychotherapy can fit into a large multi-disciplinary team.

Trainees have clearly established positive working relationships with multidisciplinary colleagues and are highly regarded for the work they do with patients. The panel was very impressed by the multidisciplinary colleagues who attended in high numbers to speak about the contribution of the trainees. Colleagues spoke in detail about how the trainees had helped them to think about the care plans of cases and described feeling helped and supported by these discussions. In particular, the panel learnt about the huge amount of support given to the LAC service. Colleagues also described close working relationships,

with regular conversations around cases and an experience of the trainees as respectful and confident in working with complexity.

Some colleagues felt that due to the length of the placement, the trainees become so embedded within the team that, over time, they feel more like colleagues than trainees. They are thought to bring a certain disciplined and consistent presence to the team. Comments were also made about how the trainees are part of a cohesive and well-led service within this CAMHS.

Likewise, the Clinical Lead for the service contacted us to convey the view that trainees are highly valued members of the team and extremely committed to their profession.

CAMHS Team 2

Robin Solomon and Rajni Sharma were the visiting panel members. The BTPP placement document described how there has been a lot of change in this CAMHS, related to re-commissioning, leading to a period of time where there was no child psychotherapist in one part of the CAMHS and the end of this as a placement for trainees. It is heartening to hear that there has recently been the creation of a post that has been filled by a child psychotherapist who is a first-time service supervisor. With a change in management in another part of this service and the appointment of a child psychotherapist, a strong alliance has been built between the child psychotherapist and management team, which has led to a strengthening of the psychotherapy service. The new service supervisor receives regular support from the head of training as part of a mentorship process, which the panel found to be working very effectively. There is one first year trainee placed in this service.

The panel members who visited this CAMHS found it to be an excellent service within which to train. The child psychotherapist organised the visit so that it was possible to meet with the CAMHS team lead and lead for psychological interventions. Both described their appreciation of child psychotherapy in the MDT and their support and commitment to a trainee. Close working relationships have quickly established with the child psychotherapist who is well integrated into the MDT. There is commitment and thought to opportunities for growing a child psychotherapy team within the service. The service provides a solid and well-supported environment for training. There is an appropriate clinical room set aside for child psychotherapy and access to therapeutic resources. The trainee has their own desk and good access to IT and administrative support. The first-year trainee is integrating into the MDT and has been supported to take on clinical work at an appropriate pace and level for their development. There is regular weekly service supervision for the trainee and ad hoc contact as needed.

One of the main challenges for this trainee is the distance of their analysis which means that they have to stay away from home one night a week and can only access three analytic sessions per week. The trainee described how this is challenging. They feel that the strain of this is well understood by their service supervisor and the school who monitor and support them sensitively and closely with this logistical pressure. The trainee described how their entry into the training was well organised, thoughtful and planned. The trainee felt included in the reasoning and decision making about which placement they were allocated and has received a comprehensive and helpful induction and has all the information they need. The trainee is also confident that they know who to speak in

case of any difficulties or if a situation of conflict or complaint arises. Although the trainee has only been in placement for six months they are pleased with how this major transition into an intensive training has been supported by their service supervisor and school.

The new service supervisor has felt well connected and supported by the head of training and BTPP. They have received training through service supervisor meetings and mentoring from the head of training. Although relatively recently qualified for a service supervisor, they demonstrated a depth of understanding and professionalism that, coupled with the mentoring by the head of training, is enabling them to provide a good supervisory experience to the trainee. We understand in acknowledgement of the seniority and responsibilities that this child psychotherapist is holding that they have been re-banded commensurate to their role. As a new service supervisor, the head of training explained how impressed he has been with how this colleague has embraced the additional responsibility and tasks related to this re-accreditation visit and how they have managed their central role in supporting a training placement. We found this to be an excellent example of work force development through bringing talented candidates into the BTPP clinical training and developing high quality clinicians to provide effective service supervision and take on the role of trainers for the next generation.

Feedback from Service Supervisors

There was a high response rate to our request for feedback from the BTPP supervisors with eight out of nine responding to questions about the information the school provides about the training and curriculum; training and support for service supervisors; how problems are managed; placements visits; helpful and unhelpful aspects of the relationship with the school; influencing the curriculum and how problems are managed. The replies were detailed, thoughtful and comprehensive. Overwhelmingly positive, there were repeated descriptions of open, respectful and accessible lines of communication from the head of training and training team to service supervisors.

Service supervisors are confident in getting in touch with the school about any concerns or difficulties they may have, and they experience the school as responsive and with a commitment to working to a solution. Close communication enables problems to be pinpointed early so that guidance and support can be put in place. When serious difficulties arise, such as one that lead to a trainee leaving the training, a service supervisor described how there was a lot of sensitive and thoughtful discussion and close communication which meant that the process was as clear and carefully organized as possible.

Feedback from service supervisors described how regular meetings with the training school provide a protected and confidential space where it is possible to talk about difficulties. Differences of opinions are expected and honestly expressed and creatively discussed with an openness that enables an effective working these through to meet the clinical needs and the development of trainees. Problems are managed through close working relationships and strong lines of communication.

One issue that was expressed in the service supervisor feedback was whether there could be closer communication if there were attendance concerns for the training day which may

not be related back to the service supervisor in a way that could more effectively attend to this concern.

The service supervisors experience BTPP as an evolving organisation with a strong culture of information and formal communication. It is seen as a hub that generously and effectively offers expertise and a collaborative approach to training including involvement in reviewing the curriculum. One example of this is drawing on the resources of service supervisors in teaching professional report writing skills. One service supervisor described how this is one of the most valued roles that she takes in her professional life. The feedback from the service supervisors are a credit to the training school as they evidence a wealth of experience, expertise and deep commitment to developing the child psychotherapy workforce. As mentioned earlier in the report service supervisors are insightful about the complexities of matching trainees to placements and appreciate being in the loop about the discussions and reasoning for this.

8. Assessment

As highlighted in the last reaccreditation process the school's important emphasis on assessment as a continual process from the start of training, with strong feedback loops between training school, service supervisor and trainee, continues to be an effective approach that is well implemented with close attention to the detail of trainee progress. There is a range of different ways that student progress is assessed which captures the range of clinical and professional development that is required of the trainee through an intensive and specialist training. There is an impressive level of close communication between the school and service supervisors about trainee progress and this is also captured in written reports. The long-established custom of gathering written reports from clinical seminar leaders about trainees' work grounds assessment and feedback to trainees.

The assessment structures are strongly focused on clinical and professional development and are closely moulded by a detailed attention to each trainee's individual development. The third and fourth year trainees described how arduous and stretching the training is. They appreciate the need for this, in the service of doing the best work they can for their patients. They are relieved not to have a formal academic research curriculum in addition to this. This is echoed by trainees in the first and second year. However, a small number would be interested in the opportunity of progressing to doctoral level study at the end of their clinical training.

One of the "key lines of investigation" identified by the panel from the SED and related documents were the process of assessment in regard of the qualification paper. There was a question about how trainees are supported with this major written assignment when they are not required to submit substantial pieces of written work prior to this final major written assignment. As highlighted in section 6, newly qualified child psychotherapists from the school were contacted. Three out of four fed back that they were well prepared for writing this assignment and given guidance, feedback and time to complete this qualification piece of work. The panel noted that there are detailed assessment criteria

and a clear structure for supporting trainees with drafts and opportunities to revise papers until they meet qualification standard.

9. Qualification

The training school requires the trainee to keep a training log which tracks key clinical experiences, capturing the range of work that is completed as required for full membership of the ACP. This is a working document throughout the training, which is formally reviewed at the end of each year as part of the annual progress review meeting. The qualification clinical paper is another substantial piece of work that needs to be successfully completed in order to recommend a trainee for qualification. The school has a robust system of support and internal readings of drafts to develop this paper. An external consultant then assesses the quality of the qualifying papers. Discussion with the head of training and information from the SED confirmed the external consultant is highly experienced and is also involved in making decisions about qualifying papers in another training school.

As the external position of the consultant was a "key line of enquiry" for this reaccreditation, considering the many years they have been in this role, the head of training took some time to explore and discuss this issue. He described how the external consultant has no hesitation in returning a qualifying paper for amendments to be made if she feels that it does not conform to the required standard. The external consultant can benchmark her decision by drawing on a large number of qualifying papers that she has assessed over many years and across several training schools.

The panel discussed the strengths and weaknesses of having someone with such a long tenure and a connection to the training school, with the head of training and others in the senior team. This was followed up by the panel having access to a selection of qualifying papers with comments from the external assessor as to the quality and standard. The panel had access to one qualifying paper where there had been significant concern expressed by the external consultant about the quality of the paper and how this was addressed. The trainee was supported to develop his/her work to a level that met qualification standard.

The panel is confident that the qualifying papers are of a standard required by the ACP. A discussion between the panel and senior members of the training school considered whether there are opportunities to find a senior member of the profession to shadow the external assessor and to give some thought around succession planning. This is a recommendation for consideration by the school.

The training school also uses a second external consultant to review the training logs during the qualifying process and assesses these in conjunction with the head of training. The logs are assessed using the levels of clinical experience, as set out in the ACP's QAF.

This training school is unique in Britain in not having an integrated academic programme. This means that the qualification paper is the only substantial piece of formal written work required for this training, in contrast with the assignments that trainees from other schools are required to write throughout their training. As stated in section 6 of this report, trainees feel well prepared and supported in completing their qualification paper. In addition there is a more systematic process to ensure that trainees ability to write reports and letters, as

part of their developing professional role, is closely monitored and developed through teaching and close supervision of anonymised samples of work.

10.Quality enhancement and maintenance

Processes for monitoring and maintaining quality standards for the Commissioning Body

According to the SED, BTPP enjoys a close working relationship with the Education Commissioning Programme Lead with the Workforce, Education and Quality Team in HEE and this positive relationship has been 'pivotal in developing Child Psychotherapy in the West Midlands'. The Training School is commissioned to provide training for 5 trainees each year at present and has three times per year contract review meetings with HEE where each party is informed of, and given the opportunity to discuss, updates in relation to the work of each organisation. Consideration is given to any issues that have arisen with regard to the commissioned trainings. Minutes of a recent Contract Review Meeting were made available to the panel.

In 2015 BTPP were required by HEE (known as HEWM then) to provide evidence that BTPP delivered 'Best value for Money' in their provision of Child Psychotherapy Clinical Training in the West Midlands. The panel has seen the briefing document and a cost-benefit analysis, the latter co-written with two Oxford academics, sent to Health Education West Midland and Local Education and Training Council. HEWM decided that the commissioning of child psychotherapy training should continue to be provided by BTPP.

Association of Child Psychotherapists (ACP)

The ACP is the professional body responsible for accrediting the clinical training for the professional qualification. The Training Council of the ACP ensures that all training providers, including BTPP, are reaccredited once every 5 years. The ACP is, in turn, on the Professional Standards Authority (PSA) accredited register. The panel members, appointed for the reaccreditation, use a Quality Assurance Framework devised by the training council to assess whether the training provider therein has met the detailed Quality Standards.

The previous reaccreditation took place in 2014 and the conditions for reaccreditation and recommendations made by the panel in 2014, with attached timescales, are listed in the introduction of this report. Actions have been thoroughly and systematically attended to by the training school and outlined in Annual Reports to the ACP training council. The Head of Training regularly attends ACP Training Council meetings or participates in them via telephone link.

Trainee Feedback

The importance BTPP attaches to the role of trainee feedback in quality enhancement is evidenced in the Welcome and Introduction of the 2017-18 section of the course handbook where an example of a change to the year 1 curriculum, in response to trainee feedback, is announced and where trainees are given the name of the student representative who facilitates 'the whole student body in having a strong voice in contributing to the development of [the] training'. The handbook has a separate section dedicated to feedback later in the handbook and explains to trainees why it is so important to evaluate

the 'teaching programme, communication structures and the supports provided…and to make improvements'.

It was clear to the panel during the reaccreditation visit that the head of training was open to new ideas and welcomed trainee feedback. Trainees are given opportunities to feedback formally on clinical seminars and theory sequences at the end of each academic year. The panel saw sample feedback forms. Two sessions per annual programme are dedicated to reviewing the experience of theory seminars enabling changes to be made during the term, including the use of papers suggested by trainees.

The SED gives two recent examples of alterations and amendments that have been made to the theory curriculum as a result of trainee feedback and describe the core theory reading list as 'work in progress' fed by 'ongoing feedback from Trainees and Tutors'. Informal verbal feedback is also often solicited at the end of a teaching session.

In a recent meeting of the Management Team, the minutes seen by the panel, one member of the Management Team made suggestions as to how informal feedback could be formalised and documented and formal feedback enhanced using an on-line approach/software already in use for students on the M7 Infant Observation course and it was agreed that use of it should be extended to the trainees on the Clinical Training in 2018.

In a Theory and Clinical Seminar Teaching Review from September 2017, summarising the content of trainee feedback forms, it was noted that in general 'the level of satisfaction with teaching is gratifyingly high'. However, the SED identified that more needed to be done to encourage a larger number of trainees to complete the forms (9 out of a possible 19 were returned in 2017) and that a change in the format would be useful so that the emphasis was more on inviting trainees to say how the training could be improved and less on rating teachers in a tick box style, a format which was not generally popular with the trainees.

At a meeting with years 3 and 4 trainees during the accreditation visit members of the panel heard that the Head of Training was always keen to receive verbal feedback in addition to the formal opportunities to give feedback. Trainees thought that they were listened to and suggestions and comments were acted upon. For example, changes in the way the curriculum was delivered are tried and then the trainees' opinion on the changes sought.

When asked whether they were inhibited when giving their feedback, due to the small size of the training school and associated difficulties in preserving anonymity, if desired, trainees said that they felt empowered by the ethos of the training school to be open and honest. The SED draws attention to a potential barrier to receiving honest feedback from trainees about their placements: it describes the tendency to 'have a loyalty to their Training and their Service Supervisor [which can result in an avoidance] …. of directly criticising them. It suggests that 'creating a context where feedback is invited, welcomed, taken seriously and responded to accordingly while achieving a proper balance in trying to address these concerns is a delicate matter'. It is one that the panel felt was well met. There was a live example of this during the panel visit. This was when a panel member fed back to the senior tutors about her observation of a clinical seminar. During the trainee's presentation of clinical material, the ethnicity and cultural background of the patient was not picked up in the discussion. This immediately led to a lively and

undefended discussion with the panel and senior tutors and highlighted how feedback is openly and enthusiastically received.

Internal Quality Monitoring and Maintenance Processes

BTPP has various processes in place that contribute to the maintenance and enhancement of the quality of the clinical training in addition to soliciting trainee feedback. The management team is accountable through the head of training to the board of trustees and its chair. There are regular meetings to seek advice from members who have a wealth of experience from a range of relevant professions and to discuss issues relevant to the clinical training (see also section 1 of this report). An ad-hoc advisory group is also available to give advice and guidance on aspects of the clinical training.

The challenge of maintaining the quality of clinical placement experience offered to trainees, in a national context of considerable pressure and change for NHS CAMHS, is one that is familiar not only to BTPP but to all providers of child and adolescent psychotherapy clinical training.

The SED states that 'Partnership, collaboration and joint planning are...the key words to guide thinking about Training Placements'. According to the SED the planning for provision of appropriate placements for the next cohort of trainees begins in the January before the new academic year in September. Current placements are considered carefully in the light of the impact of organisational changes, the monitoring of trainee progress (see also sections 6 and 7 of this report) and annual reviews. The SED states that there is 'a consensus between the Clinical Placement and the Training School about the viability of a new Training Placement'. There are occasions when the training school has to be clear that they cannot place a new trainee at a current placement, for example, due to organisational turmoil. Alternatively, a situation may arise whereby established placements can no longer guarantee a 4-year training, due to the re-commissioning of services and concomitant uncertainty about the future role of psychotherapy in services.

BTPP has a training agreement document which describes in detail the responsibilities of both the training placement provider and the training school in ensuring that a trainee has an appropriate learning environment, clinical caseload and supervision at their clinical placement. This document can be referred to if there is a problem with the placement. The annual review visit is the cornerstone of ongoing processes for monitoring the quality placement experience. Not only does the visit review each trainee's progress but also how well the placement is doing in terms of meeting the trainee's training requirements. The head of training usually conducts the visit and meets with the service supervisor and/or the psychotherapy service lead to discuss pressures on the service and whether such pressures might compromise the placement's capacity to meet training needs. The SED explains any struggles in trainee development and progression are caught early and can be tracked year-on-year in a trainee's training log.

At a meeting with first and second year trainees, members of the panel were told by trainees that there were close links and effective liaison between BTPP and their placements. One trainee spoke of her annual review with the head of training and service supervisor as an enjoyable process and all felt that staff at BTPP were readily available to discuss problems or issues which might compromise their training experience. Similarly, in written feedback from service supervisors (9 out of 12 Service Supervisors who were approached responded), the overall impression was one of sound communication

channels that have developed in particular over the past few years and a sense of partnership between placements and BTPP, not only with the aim of maintaining and enhancing the trainee experience but also to learn from one another.

The feedback highlights the open, two-way communication between placements and BTPP as being vital in naming and addressing the difficulties and complexities of the relationship between trainee, placement and service supervisor. The meetings organised by BTPP for service supervisors were valued, as a forum for creatively thinking about training needs, thinking that in turn informs the training programme. CPD opportunities for service supervisors were also valued, on a personal and professional level, and seen as having an important role in the development and enhancement of quality of trainees' clinical placement experience. One service supervisor gave a detailed account of the responsiveness of BTPP staff to suggestions from service supervisor meetings but also gave examples of the need to improve mechanisms for 'flagging up' certain difficulties presented by trainees before they become magnified.

See also section 9 of this report regarding the external consultant role in monitoring the standards of the qualifying papers and training logs.

Formal Complaints Process

The ACP QAF states that 'Training Schools should have full and appropriate complaints processes in place and the detail of how to use these should be easily available to anyone who may require it'. The BTPP policy is available on request to trainees and other stakeholders and was made available to members of the panel during the visit. There is a section about grievances and complaints in the clinical training handbook which describes initial procedures including who to approach.

The complaints process is available to service supervisors as they receive a copy of the handbook each year. The complaints policy itself gives further detail including methods of making a complaint, timescales for acknowledgement of receiving complaints, assessment of complaints and support given to the parties involved in the complaint. The SED states that BTPP have not had to use their complaints process since the last reaccreditation visit but offered a trainee support and were kept informed while NHS Trust procedures were followed to resolve an informal complaint made by the trainee at her placement.

11.Values, equity and diversity

Appropriate policies are in place to ensure the school does not discriminate within the meaning and scope of the Equalities Act 2010. The school is committed to widening access to the training and is recognised at being successful in doing so. This is seen through their policy of supplementing fees for analysis where socio-economic issues might prevent a trainee from taking up a place. It was evident that this is core to the school's thinking, when in a discussion about future funding issues, how to maintain this was one of the primary concerns raised. The school's home base in the Custard Factory offers an inclusive and unintimidating learning environment. There was thoughtful and appreciated black, minority and ethnic, (BME) representation in photos and displayed material. Given

the shared use of space for teaching and staff offices, it was assumed by the panel that there has been reflection on the impact of some personal photos in teaching rooms.

External consultants assessing and attempting to address the struggles to achieve sufficient ethnic and cultural diversity in the child psychotherapy profession visited the school. They were quoted in the Annual Report to the ACP as describing a sense that the school had interwoven into its ethos and structures, practices that are likely to result in inclusivity and diversity. (Annual Report to the Training Council & SED).

Men are significantly under-represented in the qualified psychotherapy workforce and this is reflected in this school. Unfortunately, one male who was offered a training post had to withdraw at the last minute due to health problems. The panel did not explore the issue of sexual orientation with either staff or students. This might be an issue that can be examined in future panel training. From discussion with some of the panel members and the head of training, it was clear that the individual needs of each trainee are carefully considered. Although there has not been any formal adjustments and specialist support required for students with a formal disability or access issue, the school are clear that they would attend to this as required.

Feedback solicited from recently qualified trainees confirmed observations about a culture of openness in addressing issues of diversity. It might be an interesting exercise to further explore how much of the attention given to such developments was trainee driven and how much was curriculum driven through recently qualified trainee feedback/survey; seminar observation; course handbook. Learning in the school is clearly rooted in attention to relationships, and comments from all stakeholders suggest that this has been harnessed as a helpful vehicle for driving further developments in this area, building on the widening representation of diversity within the trainee and patient populations. There was some direct feedback, which illustrated how supervision was able to focus on the racial similarities/differences between the trainee and patient and how this might have influenced the clinical encounter. While it is not clear that this is uniform across the staff team or in-service supervisions, an example of the culture of openness to exploring cultural diversity was reflected in how, during one of the panel discussions with the staff team, a spontaneous lively and undefended dialogue ensued where there was interest in grappling further with what this would mean throughout the curriculum and in supervision. Invitations to contemporary theorists such as Fakhry Davids were mentioned for *a 'Big Day'* or CPD events. The panel would encourage such developments both at the BTPP and in conjunction with the ACP Training Council.

Given the commitment of the school to this area of training, and the evident developments in achieving the goals, there was surprisingly less of this reflected in the handbook and other written material. Relevant references were sparse in the curriculum and reading lists. No mention was made about the race, ethnicity, culture, sexual orientation or socio-economic backgrounds of the service supervisors or their trainees, or about the patient populations, in the very fulsome and generous feedback they produced. It is not clear therefore whether this is not actively addressed or if it is not common practice to articulate such aspects. However, as stated in one of the service supervisor's feedback; "The small size of the training school means high quality attention is given to the learning needs of each individual trainee. The commitment to ensuring access to training for candidates from

all backgrounds and ethnicities is helpful in producing a workforce, which reflects the children, young people and families engaging with our clinical teams".

The Panel experienced an educational culture, which felt open to examining and evolving training which enabled the participation of a diversity of trainees and which re-examined the tenets of their curriculum. In turn, feedback from the trainees suggested that they experienced a commitment by the staff to address these issues in a forthright and genuine way, even if the goals have not been completely achieved

12.Personal analysis for trainees

The trainee's own psychoanalysis/psychoanalytic psychotherapy is an essential part of the trainee's development as a psychotherapist. All trainees at BTPP are in a training analysis with analysts or psychoanalytic psychotherapists who are on the ACP Analysts and Psychotherapists Register. BTPP allocates the trainees to analysts as part of the overall matching process of trainees to placements and analysts. The head of training confirmed that the overriding consideration is the availability of analytic places but thought is also given to the amount of travel involved when allocating trainees. This is according to individual circumstances and family situations, so that the practicalities of travelling between home, placement and analysis are realistic. Trainees reported that whilst the arrangements might seem daunting at first, they are manageable in practice.

BTPP funds the cost of analysis up to a maximum of four times per week, in line with their policy of attracting as diverse a student body as possible and with the expressed aim of being an inclusive training. Trainees begin their analysis attending three times per week and this is increased to four times per week, depending partly on the availability of analytic space.

There is a lack of suitably qualified analysts in the West Midlands area, which is typical of the situation nationally. However, there is a particular impact regionally, given that currently half of the current trainees are in analysis three times per week. The ACP Quality Assurance Framework for the Training of Child Psychotherapists (p.15) makes reference to the impact that a scarcity of analysts may have on the frequency of attendance. The SED (p. 99) gives details of the huge efforts that BTPP is making to not only keep abreast of the regional position but also to support the application and registration of potential training analysis/psychotherapist candidates. The panel is of the view that it could be useful for BTPP to explore this issue in more detail with the ACP Analysts and Therapists subcommittee.

13.Conclusion, Conditions and Recommendations

The panel's view is that the process of re-accreditation has been detailed and thorough. The openness, efficiency and prioritised level of engagement by the school has been incredibly enabling of the process. The school's response to the panel's key lines of enquiry exemplified the schools interest in different points of view and critique.

The panel was struck by the trainees confidence in expressing their opinions and experience constructively, thoughtfully and their ability to assert different views and perspectives. This was also true of the service supervisors who have been supported to deepen their engagement and involvement with the school over the last four years. There is an ongoing quality of rootedness in the core values and ethos of the training while

adapting and innovating. This ensures that the training is relevant, responsive and resilient in the face of significant change in public sector child and adolescent mental health services.

The panel experienced a close-knit team led by a dedicated and talented head of training. The school strikes a creative balance between the importance and value of the perspectives of seminal psychoanalytic thinkers and teachers that have greatly shaped the ethos of the school, with an increasing openness and interest in adaption and application of these ideas.

The school has met all the requirements as stated in the Association of Child Psychotherapists' Quality Assurance Framework and there are no conditions for re-accreditation. The panel highlight three significant areas of commendation and the recommendations listed are ones that the school already has in mind for further consideration and development.

Commendations

1. This reaccreditation process highlighted the impressive and successful transition of leadership that underscores the adaptive strength of the school stretching forth into the next generation.

2. Longstanding service supervisor involvement in the school has been improved with more regular direct and lively contact. The feedback from service supervisors repeatedly expresses appreciation of the high quality of training the school provides to trainees and the openness to service supervisor involvement in influencing decisions and being actively involved across all stages of the training. There is across the board appreciation of the ease of access that service supervisors have to the school and the school's responsiveness when problems arise.

3. The school has creatively integrated and struck a balance between their core ethos and commitment to a psychoanalytic learning from experience approach and embedding learning outcomes and competency frameworks that attend to public sector standards and requirements. The school is to be commended for their prioritised focus on clinical development and the close support trainees receive with this.

Recommendations

1. We are confident that there is a commitment to teaching related to difference and diversity and would recommend more explicit signposting of related issues such as class, race, gender, etc across the programme. One way of addressing this is to further develop and integrate aims and objectives so that they more comprehensively capture the quality and value of all the different aspects of the training.

2. Continue to develop specialist reading lists to highlight the considerable contribution that child and adolescent psychotherapists have made in specialist clinical fields such as work with Looked After and Adopted Children and Eating Disorders etc.

3. We encourage the school to review the personal tutor role. Although the panel recognised that the present system is reported to be effective by trainees and staff, the

opportunity to further define, delegate and authorise the personal tutor role amongst more of the training team would be useful. A clearer description of the personal tutor role in the handbook would also support this.

4. Receive consultation and support from the ACP Analysts and Therapists subcommittee to look at opportunities to develop the number of accredited training analysts/psychotherapists, so that more trainees are able to undertake four times per week psychoanalysis/psychotherapy closer to their work places/homes.

5. To increase the number of trainees returning evaluation forms and providing feedback by recommending the school's aim to redesign the feedback forms and processes to improve returns.

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