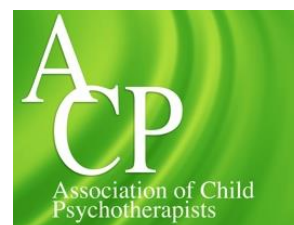


**Report of the re- accreditation visit to the Independent Psychoanalytic Child and Adolescent Psychotherapy Association/British Psychotherapy Foundation for the Clinical Training in Child and Adolescent Psychotherapy/ Professional Doctorate in Child and Adolescent Psychotherapy**



<p><b>Date of the visit: Monday 6<sup>th</sup> - Wednesday 8<sup>th</sup> March 2017</b></p>
<p><b>Names and roles of panel members, including job titles where appropriate</b></p>
<p>Kathryn Hinchliff: Lay member of ACP and Panel Convenor  Teresa Cooke: Lay member on ACP Training Council  Francesca Calvocoressi: Child and Adolescent Psychotherapist  Jeremy Gunson: Child and Adolescent Psychotherapist  Eva Crasnow: Child and Adolescent Psychotherapist (IPCAPA graduate)</p>
<p><b>Training Council link members:</b></p>
<p>Philip McGill: Vice Chair of ACP Training Council</p>
<p><b>Introduction part 1: Background to the visit.</b></p>
<p>The Independent Psychoanalytic Child and Adolescent Psychotherapy Association (IPCAPA) is one of four professional and training associations making up the British Psychotherapy Foundation (<i>bpf</i>) which was established in 2013 through the merger of 3 founding organisations: The British Association of Psychotherapists (BAP), The London Centre for Psychotherapy and The Lincoln Clinic &amp; Centre for Psychotherapy.</p> <p>IPCAPA Child and Adolescent Psychotherapy training has been in place within the BAP for almost 35 years and has trained approximately 100 Child and Adolescent Psychotherapists most of whom have gone on to work in the NHS. The four-year Clinical Doctorate in Child and Adolescent Psychotherapy programme is delivered in a collaboration between IPCAPA, the Anna Freud Centre for Children and Families (AFC) and the University College London (UCL). The previous doctorate programme between IPCAPA and Birkbeck College is in its final year. The purpose of the visit is to review whether the clinical training continues to meet the standards of the</p>

Association of Child Psychotherapy (ACP) in order re-accredit the programme for a further period of five years. At the time of the visit the *bpf* announced that their Chief Executive Officer was moving on and the post was out to advert.

Each re-accreditation panel includes a recently qualified graduate of that Training School nominated by the Training School, who can bring their experience of the Training School while also now being independent of it. At the panel's initial meeting it was discovered that the nominated graduate was also working within the Training School as a teacher and advisor, a situation that arose as IPCAPA had not been sent the document on conflict of interest. Efforts were immediately made to identify another graduate however this proved not possible within the planned timescale. Rather than postpone the panel visit the Training Council link member recommended that the panel visit go ahead and agreed with the panel convenor to limit the role of the graduate panel member within the work of the panel

The panel would like to take this opportunity to thank all the staff at the *bpf*/ IPCAPA and AFC for their help and positive approach in supporting the re-accreditation process before, during and after the visit. All essential and supplementary documents were sent out to panel members by agreed timescales. Meetings with IPCAPA and relevant *bpf* staff, external stakeholders including NHS education commissioners, service supervisors and colleagues from AFC were organised prior to the visit. The panel members were given unlimited access by IPCAPA to trainee workshops and seminars including the research workshops at the AFC during the visit, these were well organised and planned.

Prior to the visit a letter of introduction was provided by the visiting panel and sent out to all participating organisations and individuals in the re-accreditation process a few weeks before the visit, this was facilitated by the Business Manager at IPCAPA.

A list of service supervisors was made available to the panel convenor who sent out a copy of the ACP's standard letter explaining the purpose of the review and inviting participation in the process, the letter encouraged service supervisors to either, attend a meeting with panel members at IPCAPA during the visit or complete the pro-forma and return it via e mail directly to the panel convenor. It came to light during the visit that service supervisors whose trainees were on maternity leave at the time of the visit were not included on the list. It was the view of the panel that this omission should be avoided in future re-accreditation reviews.

The panel convenor met with the clinical course director and business manager at IPCAPA in early December 2016 to discuss the visit and agree the requirements for the review including meetings with key stakeholders and placement providers. A Self Evaluation Document (SED) was completed by the clinical course director and business manager. The document was very comprehensive and very well referenced to a wide range of relevant course and organisational policy documents and agreements many of which were sent to each panel member in advance of the visit whilst others containing more sensitive information were made available to the panel in their base room during the visit.

In February 2017, following scrutiny of IPCAPA's SED three panel members met and together with verbal/written contributions from the other two panel members drew up some 'key lines of enquiry' which would enable the panel to focus their attention more specifically although not exclusively on certain areas of the organisation and

the training during the re-accreditation process. These were in the areas of: management and organisation; curriculum; trainee selection, progress and achievement; trainee support; trainee placement learning and experience; quality enhancement and: values equality and diversity.

**Introduction part 2: Documents, stakeholder / senior management meetings, seminars/workshops observed and placement site visits undertaken during the visit.**

**Documents:**

- IPCAPA Self Evaluation Document January 2017
- IPCAPA Management Structures
- Summary programmes
- Selection and NHS recruitment process
- Completed Selection Process Questionnaire
- Progress Advisor Pack
- Anonymised Trainee Reports
- Location of IPCAPA trainees in 2016/17
- Placement Review Meeting Guidelines and Form 2016/17
- Minutes of Service Supervisors & Staff Network meetings
- IPCAPA Annual Reports to ACP
- *bpf*'s Equity and diversity policy
- IPCAPA's Skype seminars policy
- Psychotherapy Today Flyer
- AFC. UCL. IPCAPA Handbook 2016/17
- Birkbeck. IPCAPA Handbook 2016/17
- *bpf* Accounts 2015/16
- Guidelines for Trainee Bid (Dec 2016)
- UCL IQR PaLS Professional Training Programmes SES and Report
- Final 2015/16 QCPM Handbook
- *bpf* Annual Report for 2014/15
- Documents, including correspondence, with the Trusts and others involved in the arrangements for a range of trainee placements.

**Monday 6<sup>th</sup> March 2017** meetings were held between the Panel Convenor and:

- Academic Course Director and colleagues from the AFC,
- Clinical Course Director and Business Manager IPCAPA
- Education Commissioning Manager for North, Central and East London at Health Education England (HEE NCEL)

Four panel members conducted placement visits to three NHS Trusts - two in Central London and one outside of London.

**Tuesday 7<sup>th</sup> March 2017** meetings were held between panel members and:

- Chief Executive Officer (*bpf*)

- Clinical Course Director (IPCAPA)
- Director of Finance (*bpf*)
- Training Co-ordinator for IPCAPA trainees
- Trainees in research workshop at AFC
- Teachers, Visiting Lecturers, Year Tutors and Intensive Case Supervisors
- Service Supervisors and Progress Advisors
- Year 1 Trainees
- Year 2-4 Trainees

All the Child and Adolescent Psychotherapist panel members had the opportunity to observe the teaching in seminars and clinical workshops which were held on Tuesday 7<sup>th</sup> March 2017.

### **Wednesday the 8<sup>th</sup> of March 2017**

- A meeting with the *bpf*'s CEO, IPCAPA's Clinical Course Director and Business Manager, and Academic Course Director (AFC)

The purpose of this meeting was to provide the *bpf*/IPCAPA team with preliminary findings from the visit.

### **Introduction part 3: Actions since the ACP's previous re-accreditation report in 2013 and an update on IPCAPA's progress.**

#### **Conditions that must be implemented.**

- *That there are updated written descriptions for the responsibilities and terms of reference for each committee in IPCAPA, so that the relationship of IPCAPA's training to the other parts of IPCAPA and to bpf is clearly defined.*

Considerable work has been done on various issues of structure within the organisation, which is a complex one. For many years, the BAP had 3 trainings operating within it, 2 for work with adults and one for work with children and then over time increased to include 2 further adult trainings. When IPCAPA merged with 2 other psychoanalytic psychotherapy organisations to form the *bpf* further complexity was added.

IPCAPA has over the last 3 years worked hard on its own lines of accountability and documentation, over time making it clear in what ways the 'old patterns' previously operating when all trainings were run by voluntary members, are no longer relevant.

Terms of reference have been created for each committee and the responsibility for the day to day running of the Child and Adolescent Psychotherapy training being devolved to the clinical course director and the business manager has been clarified. The *bpf* board has agreed that a comprehensive constitutional and governance review should be carried out. It is envisaged that the outcome of the review will be that an appropriate framework together with a new set of Articles of Association will be in place for the 2017 AGM. A significant part of the review will

be to ensure, 3 years' post-merger, that there are appropriate descriptions of areas of accountabilities and terms of reference for its committees in place.

- *That equality and diversity issues should be made more explicit in the curriculum and in documentation, including the SED and the Student Handbook. The visiting team felt that there should be evidence of further developments in this area by the time of the Annual Report in 2015.*

While issues of equality and diversity had always been embedded within the curriculum and within the wider organisation (through specific working sub groups, clinical sharing opportunities and training days as well as through specific policies) the updated handbook makes these more explicit.

- *That the learning objectives and outcomes that are implied in many areas of the course are formalised in the handbook. It is hoped that this might be possible to have in the handbook for entrants in 2014.*

IPCAPA has created clear expectations of how it expects its trainees to develop over the course of the 4-year programme, both in terms of academic, learning including research and what it calls (using the language its new academic partner UCL uses) the 'practicum component'. This document is then used for monitoring both within the placement and at key points when the trainee's progress is discussed throughout the year. In addition, all assessed elements of the UCL professional doctorate have specified learning outcomes and assessment criteria, which are made clear to the trainees via the handbook.

- *That the training school put plans in place to ensure that the role of link tutor/ research co-ordinator continues post June 2014.*

The role of link tutor/research co-ordinator has continued for those on the Birkbeck/bpf doctorate programme. After a careful handover from the previous staff member who was relocating, the task was taken over by a member of the teaching staff. The Birkbeck programme is closed and it is only those in year 4 and already qualified who are engaged in it.

Since 2014 IPCAPA has had a new doctoral partner, The Anna Freud National Centre for Children and Families (AFC)/ University College London (UCL) and this has necessitated a major review of both the curriculum and the way it is delivered. Dr Nick Midgley is the Academic Course Director. He works alongside the Clinical Course Director, Janine Sternberg, to ensure close cooperation between the different partners in the training, and that the whole training is in line with both ACP and UCL requirements. The research component of the programme is led by Dr Saul Hillman, the 4- year integrated programme is designed so that its graduates will be clinician researchers.

### **Recommendations that would improve the quality of the training and can be implemented over a time-scale agreed at the Training Council.**

- *That research-mindedness might become a part of the way in which all aspects of the training are developed, so that an understanding of research and thinking about possibilities of research become an integral part of the clinical training. The team felt that this would need to happen over a period*

*but would expect some evidence of this being incorporated into the training by the time of the next visit.*

In this aspect IPCAPA claims to have become a leader in the child psychotherapy field by designing a new programme in collaboration with the Anna Freud National Centre for Children and Families and UCL. It has been created with an emphasis on the practical research skills that will be needed by a modern practitioner and designed specifically to be completed within 4 full-time academic years. In this integrated programme research thinking sits alongside the clinical programme so that graduates will become able to use research to inform their clinical practice. Although the new programme is only in its third year and full-time trainees on it have one more year before graduating it is becoming clear that the trainees are discovering how research is essential to evaluating and improving the clinical work of Child and Adolescent Psychotherapists.

- *That it would be advantageous to have administrative staff specific to the Child and Adolescent Psychotherapy training given the many complex partnerships that the training school has with other academic institutions, the ACP and NHS organisations, including the Health Education board and the many Trusts where placements are established.*

Since the accreditation visit, new staffing structures at the *bpf* have been agreed and IPCAPA has had a full-time dedicated administrator from September 2013.

### **Recommendations that the Training School may wish to consider but are not required to implement.**

- *That continued consideration be given to the process of selecting and appointing intensive case supervisors (ICS) so that this opportunity can be opened to a wider field of clinicians, including non-BAP-trained child psychotherapists.*

IPCAPA has instituted a course for those wishing to become intensive case supervisors. Three courses have now taken place, increasing the pool of suitable ICS by approximately 20 who are a mix of graduates from the *bpf* and other training schools. The ICS advisory group has also recognised and welcomed other senior child psychotherapists on to the list of agreed IPCAPA supervisors without them taking part in the course.

## **1. Management and Organisation**

**Information and evidence gathered from the SED and supplementary information including *bpf* strategic plan, the organisational chart and from meetings with: The Chief Executive Officer; the Director of Finance of the *bpf*; the Clinical Course Director; the Business Manager and the Training Coordinator of IPCAPA. Also from a meeting with the Senior Education Commissioning Manager for HEE NCEL.**

### Organisational and decision-making structure

The Independent Psychoanalytic Child and Adolescent Psychotherapy Association (IPCAPA) is one of four professional and training associations within the British Psychotherapy Foundation (*bpf*) which was established in 2013 through the merger of 3 founding organisations: The British Association of Psychotherapists (BAP), The London Centre for Psychotherapy and The Lincoln Clinic & Centre for Psychotherapy. The *bpf* is constituted as 'A Company Limited by Guarantee' and governed by 'A Memorandum and Articles of Association'. It is a charity registered with the Charity Commission.

The organisation is a membership organisation governed by a Board of Trustees elected mostly from the membership who are also directors of the company and are responsible for the overall management, effective corporate governance and setting the strategic direction of the organisation. In a recent board review, skills gaps were identified and now the *bpf* is starting to co-opt non-member trustees/directors to the Board from more diverse backgrounds to fill some of those skills gaps.

The Board delegates day to day operational responsibility to a Chief Executive Officer who provided a member of the panel with an over view of the organisational strategy and a chart describing this was made available to the panel.

The CEO described the considerable challenges of establishing a new organisation from the merger of 3 quite distinct organisations.

The strategic plan (2015-2020) is supported by organisational policies and procedures including those for financial and corporate governance; human resource management; health and safety and data protection and information management.

The *bpf*'s stated mission is described in the strategic plan as follows:

***To be a strong professional organisation, providing access to treatment for the public, comprehensive support to our members and education and training to the next generation of psychotherapists. It will ensure its activities are:***

- *accessible to everyone from whatever background throughout Britain who is interested in psychotherapy treatment, training or understanding;*
- *offer a range of high quality, specialist training, clinical and academic services*
- *demonstrate a commitment to equality and diversity.*

Since the merger training for all key staff has taken place in areas such as data protection; budget management/control; risk management and information governance. The CEO stated that she is committed to the organisation having a more inclusive approach to involving staff in decision making, building resilience and organisational management capacity and effectiveness.

### Information Governance

IPCAPA must comply with information governance requirements of its university and other partners and each trainee is issued with a unique e-mail address, user ID and password and the process for obtaining these is clearly documented in the course handbook.

The requirements relating to trainee and patient confidentiality and compliance with employing services and NHS trust policies including those for 'Confidentiality of Information', 'Data Protection', 'Access to Health Records', 'Record Keeping' and keeping notes and writing reports are clearly documented in the course handbook.

The CEO has devolved managerial and budgetary responsibility for IPCAPA training to the clinical course director and business manager (both part time) who are along with the full-time Training Coordinator the only IPCAPA staff directly employed by the *bpf*. All have appropriate job descriptions in place and there are organisational policies and procedures in place to manage appraisal and performance.

The CEO and Chairman of the Board of Trustees have established an open forum for all *bpf* trainees including those from IPCAPA. Meetings take place once per term and provide an opportunity for trainees to give direct feedback on the organisation and to listen to suggestions for improvements.

The CEO and Board recognise the limitations of the *bpf*'s current location and accommodation and that to achieve all the organisation's aspirations and strategic objectives the *bpf* will have to relocate. Re-locating will enable the organisation to address the shortcomings in the available teaching space and improve the environment for staff, trainees and service users. The CEO recognises that it will also address some of the issues relating to widening access to their services and to reaching out to more diverse communities and will also assist in the compliance with disability access legislation

During the visit, the panel were made aware of the CEO's intention to leave the organisation in the summer (2017) and that currently her post was out to advert, despite the CEO's assurances about continued Board support for the IPCAPA training the panel are concerned that any change to the leadership of an organisation especially such a new one will inevitably result in a period of uncertainty for the team.

### Financial and contractual Issues

The *bpf* provided the panel with copies of its Annual Report 2015/16 including financial summaries. It is financially stable. Despite an operating deficit (for which an action plan has been put in place) an overall surplus was reported.

During a meeting with the Director of Finance the panel heard that NHS funding for the IPCAPA training covers all the 'direct costs' of the training and contributes to the organisational overhead cost (in the last financial year the IPCAPA allocated cost for these 'indirect costs' was not fully met by the training).

Internal control systems are in place for example authorising payment to tutors to ensure prompt payment and payment schedules so that invoices are raised in an efficient and timely way.

The panel was provided with copies of the contracts and agreements which are in place between *bpf*/IPCAPA and HEE; the 3-way agreement for the IPCAPA, AFC, UCL collaboration, honorary contracts with UCL for core teaching and those involved in formal assessments and contracts for visiting lecturers and teachers.

### Organisational Partnerships



IPCAPA continues to work with Birkbeck College (University of London) which has been their doctoral programme partner since 2008 however this programme has been closed to new entrants since 2013 and the partnership will end when the trainees complete their research component of the programme (after qualifying from the clinical training).

In 2014, a new partnership was formed between IPCAPA, the Anna Freud Centre for Children and Families and University College London for a 4-year full time clinical doctorate programme as part of UCL's Research Department of Clinical, Educational and Health Psychology. The IPCAPA collaboration with the AFC is an unusual one between two distinct institutions but one which appears to be mutually beneficial and it operates under a Memorandum of Understanding (MoU) enabling the delivery of a fully integrated UCL accredited four- year clinical doctoral programme.

The challenges of managing partnerships with 2 academic institutions have been onerous for this small teaching team and it is a great testament to them that they have been able to keep communications open and to have maintained and met all the required standards and regulations for 2 academic providers.

#### NHS Education Commissioning

IPCAPA and its predecessor the BAP has had NHS funded places for the past 10 years of between 5-8 trainees per year half of whom are based in London and others in Kent, Surrey, Sussex and the East of England.

In discussion with the Senior Commissioning Manager for HEE NCEL the relationship with IPCAPA was described to a panel member as "an open and transparent one which provides a supportive environment for trainees and has good working relationships with the placement provider organisations" on whose behalf he commissions trainee places.

IPCAPA is fully compliant with HEE's contract and performance management process and indeed the senior commissioning manager cited IPCAPA's recruitment process for trainees which incorporates service user involvement as an example of 'best practice' and totally in line with the values listed in the NHS Constitution.

The senior commissioning manager reported that he was consulted on the plans to develop the new programme and partnership with the AFC and UCL and that HEE fully supported the developments. On average, HEE NCEL commissions 7 places per year from IPCAPA and there are currently 31 fully NHS funded trainees in total. Annual commissions are based on workforce needs and the commissioner expressed a hope that this would continue in the future but could give no guarantees after 2018. NHS education commissioning and funding is being revised and there are still no firm plans for how the training of child and adolescent psychotherapists will be commissioned in future.

This unsettling situation is not unique to IPCAPA, uncertainty regarding future funding for training applies to every training provider of child and adolescent psychotherapists in the UK. The Head of IPCAPA training and CEO of the *bpf* are both involved in lobbying relevant bodies such as the Department of Health.

**The panel is confident that the Clinical Training in Child and Adolescent**

**Psychotherapy and the Professional Doctorate is being well organised and managed.**

**The panel recommends that IPCAPA reports on the impact of change of leadership on the *bpf* and other organisational changes including progress in relocation of premises to the ACP in its next annual report.**

**ACP standards are met**

## **2. Staffing and Effective Use of Resources**

**Evidence gathered from SED and supplementary information (including minutes of meetings); meetings with the teaching and tutor teams at IPCAPA and AFC; a meeting with the clinical course director and business manager; meetings with progress advisors and intensive case supervisors and a meeting with service supervisors; and written feedback from those service supervisors who could not attend the panel meeting.**

### Course staffing

#### Clinical teaching

The IPCAPA course teaching team is made up of the Clinical Course Director who is part-time and a core teaching team of long standing and very experienced, dedicated and qualified Child and Adolescent Psychotherapists, most of whom have a specialist interest in the areas they are teaching, including a Curriculum Lead and Seminar Leaders. There are approximately 20 teachers including Year Tutors (4) and Visiting Lecturers providing support to the programme. Apart from the clinical course director all other members of the teaching team have contracts with the *bpf* and are remunerated for the hours that they work. The services of other professions for example Consultant Family Therapists, Child Psychiatrists are used to lead workshops/seminars to ensure that trainees are prepared adequately to work within multi-professional teams (MDT's).

Every trainee has a specific year tutor and a designated progress advisor of which there are 25, who remains with them for the duration of their training and is a qualified child and adolescent psychotherapist. This role will be discussed in more detail later in the report, however suffice to say here that primarily the progress advisor acts as the link person between the school and trainee in placement to ensure that the trainee meets the clinical practice learning outcomes required of the programme. The progress advisors can often play a very important role in resolving practical problems and issues arising in the placement in the first instance, informing the training school but not looking for their active help unless they are unable to solve a problem. In meetings with trainees' panel members were made aware of how much the trainees value their progress advisor and were provided with examples of where the progress advisor has helped to resolve difficulties in the professional practice.

Inevitably with such a small teaching team individuals may occupy several roles at once for example a Year tutor may also be a progress advisor and teacher or on

occasion an intensive case supervisor to trainees not in his/her year group. This may give rise to confusion especially for new trainees but the 'handbook' sets out the roles very clearly and a thorough induction process is in place.

The majority of the teachers are trained in the 'Independent school'<sup>1</sup> and many are recruited from the former BAP and AFC. Graduates of the IPCAPA programme are actively encouraged to remain involved with the programme and some participate in the teaching on the pre-clinical training programmes, this helps to develop their teaching skills and some may go on then to teach on the clinical programme and or become progress advisors, service supervisors and intensive case supervisors.

Several members of the core teaching team are retirees and efforts have been made to recruit younger teachers, however there is no clearly documented plan for securing the future teaching workforce at IPCAPA.

The panel met with a range of teaching staff and year tutors including those still in NHS employment and others who are now retired, their passion and commitment to teaching on the programme came across very strongly despite receiving little in the way of financial reward. As the training school is a small one there is a real sense amongst the teachers that they know what is going on with all the trainees and can put the most appropriate teaching support in place if issues arise.

The Curriculum lead spoke about the difficult transition for trainees and teachers alike when the decision was taken to move academic partners from Birkbeck to AFC/UCL. The team has had to continually manage the disappointment of trainees who were on the old programme which arise from the difficulties in having to complete their doctorate after they have qualified. Staff reported that they were proud of and engaged with the level of thought that went into the new programme and expressed a sense of satisfaction and pleasure in making a "contribution to the development of the profession".

### Research teaching

Research teaching is undertaken by a small team of highly motivated and highly qualified research teaching staff from the AFC led by the Academic Course Director and two course tutors.

By the end of the four-year programme trainees complete a systematic literature review and an empirical study (written so that it can become a journal article), focused on a topic of relevance to the field of child psychotherapy; plus, a reflective commentary that considers how the clinical and research learning across the four-year training have contributed to their development as child psychotherapists.

### Staff development

All staff who teach on the course submit a CV which provides evidence of their experience and competence for the teaching they do and copies of these were seen by the panel. The core teaching team have access to the UCL preparation and teacher training programme. Feedback from trainees' can influence who is asked to

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<sup>1</sup> The Independent Tradition in Psychoanalysis includes Freud's core thinking, it covers Klein, Bion, Anna Freudian and contemporary Freudian thinking and the object relations approach of Fairburn, Winnicott and later Independents.

return and teach again. New teachers, are prepared by the year tutor, who will give guidance on the dynamics of the group and their learning needs. A range of continuing professional development opportunities (CPD) are offered to teaching and tutorial staff and progress advisors. The Training School reported that these are also offered to service supervisors and intensive case supervisors.

### Administrative support

The IPCAPA programme now has the support of a full-time Training Coordinator whose role it is to provide comprehensive administrative services to the training including providing trainees with all their information, documents and timetables, liaising with the teaching staff on timetabling issues and supporting the chair of the training analysts' committee. She works closely with the administrator at the AFC resulting in a good level of communication between the two organisations in relation to recording and keeping track of trainee progress. It was clear that this post and post holder are highly valued by the teaching team and trainees alike.

### Learning and teaching facilities

#### At the *bpf*

The *bpf* office is situated in North London within walking distance of Kilburn tube station, the building was previously a large family home which has now been converted into the main office of the *bpf*.

Teaching facilities are situated on 2 levels and are shared with other students/trainees from different courses. Teaching space comprises a couple of larger rooms one on each floor which are fitted with AV teaching aids including for SKYPE and video linked teaching. There are several smaller rooms for small group work and supervision sessions. There is a library containing relevant books and periodicals as well as electronic journals. A qualified librarian supports trainees but was not there at the time of the visit.

The library has 2 computers for trainees to use but space is tight especially on Tuesday afternoons when all year groups are there. Access to these computers is limited when there is a meeting taking place in the library. Trainees did express concern over Library issues, noting how some books have been sold off and that there is little computer availability in the building for use by trainees however they also said how they had little or no expectation of such availability and would have little or no time in which to make use of such provision if it were available.

Another issue raised by trainees was the current incompatibility between the library systems at the *bpf*/AFC and UCL and a plea that in the future these could be streamlined making access to learning resources as easy as possible.

Mostly shared office accommodation for both *bpf* and IPCAPA staff is provided. A spacious garden, kitchen and a trainee common room do create a homely and relaxed atmosphere which is much appreciated by the trainees but the accommodation has significant limitations especially in terms of providing adequate space for all the trainings taking place at the *bpf*.

Several trainees said that they would welcome more comfortable seating which

doesn't have to be constantly moved around or set out prior to starting a seminar /workshop. Adaptations to enable easier access to the building for people with a disability have been made but this only gives access to the ground floor and much of the small group work routinely takes place on the first floor, although seminars can be located on the ground floor if participants' needs demand that. These limitations are recognised by the Board and CEO and plans are in place to relocate as their strategic plan indicates a strong desire to widen access to their services and facilities.

#### At the Anna Freud Centre

The AFC is currently located in North London a few miles from the *bpf* but on the same tube line. The accommodation is also on several levels making access difficult for those with mobility problems, however during the visit the panel learned that the AFC is moving soon to purpose built facilities in Kings Cross.

The AFC has computer access available for all trainees and a large library plus teaching and tutorial space for teaching the research elements of the programme. In speaking with a mixed year group of trainees it was noted that the UCL/AFC/IPCAPA trainees have much better access to teaching and learning facilities and resources than those studying under the Birkbeck arrangements whose trainees seemed stoical about their relatively different positions. Trainees referred to their multiple 'citizenship' of a group of agencies/institutions that have varying provision but they essentially wanted to convey that they know where to go to get what they need.

**Staff are well qualified, committed and enthusiastic about their teaching and tutor roles.**

**IPCAPA should consider having a more structured approach to planning the future teaching workforce and puts a succession plan in place by September 2018.**

**It is recommended that short- term measures are put in place to improve the learning environment for trainees especially access to library resources, computers and use of the internet on *bpf* premises including promoting the use of moodle.**

**ACP standards are met.**

### **3. Curriculum**

**Evidence was gathered from the SED, supplementary documents, visits to the AFC and meetings at the *bpf* the with the organising tutor, year tutors, service supervisors, and trainee groups.**

#### Curriculum Content

ACP standards relate to the three main areas:

- Curriculum content, as set out in Section 5 of the quality assurance framework
- Ensuring the course reflects the needs of the current NHS practice
- Having processes in place which allow for service supervisors to be involved in curriculum development at specific workshops and or at the regular service supervisor meetings.

The panel's visit came at a time of transition, with two course programmes currently overlapping. Trainees in Year 4 remain on the doctoral programme accredited by Birkbeck College (Department of Psychosocial Studies), University of London. Years 1, 2 and 3 are on the programme delivered through a collaborative partnership between IPCAPA and the AFC and UCL. This is a 4- year full-time clinical doctorate programme, located in the Research Department of Clinical, Educational and Health Psychology. It is a major development since the last re-accreditation visit.

There is additional emphasis on Assessment in year 2 provided by seminars focussing on theoretical and clinical aspects of assessment and linking with NHS guidelines on assessment and treatment recommendations.

### Learning in the Placement

The core curriculum is embedded in the clinical work undertaken. The range of clinical experience in trainees' CAMHS placements enables them to cover the requirements for training (as defined in the ACP Quality Assurance Framework), including a range of assessments with children and young people of different ages and genders, and presenting problems, as well as short and long-term work. Trainees gain experience working with families, parents, groups, and 'under 5s' consultation. Non-intensive cases are supervised by the CAMHS service supervisor.

Intensive psychotherapy is undertaken with a pre-latency child, a latency child and an adolescent. Each case is supervised weekly, by an intensive case supervisor accredited by IPCAPA. Towards the end of the training, there are some opportunities to work under supervision in a specialist service, e.g. Neonatal Intensive Care Unit or Paediatric Intensive Care Unit. In recent years, there has been additional emphasis within CAMHS placements, on trainees receiving training on child sexual exploitation, female genital mutilation, working with asylum seekers and unaccompanied minors, and understanding and working with risk of radicalisation.

### Research training

First year students attend the Anna Freud National Centre (AFC) weekly on Tuesday mornings over the three terms. The Year 1 Research Methods module focuses on the development of clinical research skills. It is divided into three parts over the three terms, to include research methods, introduction to psychotherapy research, and evaluating clinical interventions. In Year 2 and 3 students attend the AFC three days per term, to attend a research supervision group and a research workshop. These seminars prepare students for their (non-assessed) research proposal and with support to carry out a systematic literature review on a chosen topic. In Year 3 a formative research proposal is completed and an empirical research project is submitted. A UCL research student log forms part of the research component of the training.

The visit occurred at a point at which two groups were just weeks away from their

presentation of their research projects and the tutors then asked participants to provide insight into progress in their respective tasks to allow feedback and critical thinking about what they might need to work on.

The panel member was impressed by the participants' strong motivation in their display of the considerable thinking that was informing their work on the respective tasks and the tutors were pleased with the progress they had made. The tutors commented upon how they have been impressed by the creativity of participants on this course. The tutors have been able to learn from their experience of providing the course last year and were able to make small changes to improve efficacy for this years' cohort of trainees. The tutors were sensitive, thoughtful and had a very thorough approach that clearly encouraged a lively reciprocal engagement.

### Clinical training

The child and adolescent psychotherapy psychoanalytic academic training takes place at the *bpf*. IPCAPA training stands within the Independent tradition. The day runs from 2pm to 8.15pm, allowing for time at the AFC and research training in the morning. There are plans in place to change the timing of this programme from September to being 9.30am to 6.15pm.

The day is divided into clinical seminars, practice groups, a weekly afternoon programme and theory seminars. Practice groups are attended by Years 1-4. Students in Year 1, however, have their own practice group and in addition have a 10-week experience of an adult psychiatric service and focussed seminars in the summer term to support their experience. The weekly afternoon programme is attended by the whole training group and provides a variety of workshops and speakers addressing contemporary policies and practice in the NHS. Theory seminars, taught in blocks of 5-10 weeks, cover the study of psychoanalytic concepts in the widest sense, from Freud and Winnicott to Klein and contemporary Freudian, post-Kleinian and neuro-developmental theoreticians. Specialist seminars such as adolescence, bereavement, separation and divorce, endings and Bion seminars, are also offered by specialists in these respective subjects. The new curriculum offers a term of seminars on assessment culminating in an examined 20-minute presentation on an assessment undertaken. An additional change to the curriculum has been the introduction of STPP. For the last cohort of IPCAPA/ Birkbeck students, a programme of Advanced Practice seminars has been running aimed at developing competencies specifically relevant to working in the NHS.

Panel members attended a range of seminars, including at the AFC, during the re-accreditation and their assessment was very positive. Trainees contributed well and in mixed year groups there was a helpful balance between the more advanced students and those in the early part of the training.

The transition from the former academic partner (Birkbeck) to the new partner (AFC) for the doctoral programme has inevitably created some tensions; there was disappointment for some trainees still on the Birkbeck programme, and those who were not going to be able to complete their doctorate with Birkbeck. Following discussion with the CEO, year tutors and teaching staff, however, the view was that the new doctoral programme was a better fit with the training school, better suited to work in the NHS and relevant to direct clinical practice.

The issue of creating enough space to work on the research component of the

training was constantly under revision. Flexibility is regarded as key; for example, there were minor changes to the curriculum recently to accommodate the oral exam in Year 2. The relatively small size of the training school makes it possible to make space and move seminars where necessary. For example, this year the parent work seminar was brought forward from Year 3 to 2 to meet trainee experience and clinical need. The quality of teaching is upheld via regular feedback from students (given via the year tutor). Trainee views have a bearing on who may be asked back to teach. Reports from trainees were very positive about the teaching both at the AFC and at IPCAPA.

The new partnership between IPCAPA and the AFC was regarded positively by the staff. There was clear communication and co-operation between the AFC academic course director and the IPCAPA clinical course director. The programme came across as fully integrated, and students reported enjoying the research component of the training. There were some minor reports from first year students of feeling initially split between the *bpf* and the AFC, (there had been initial difficulties with different logins), but these difficulties and feeling of confusion had reduced significantly.

**ACP standards are met.**

#### **4. Use of Learning Outcomes**

**Evidence gathered from the SED, trainee handbooks, minutes of meetings, panel observation in seminars and workshops, panel discussions with teaching staff, service supervisors and trainees.**

The SED outlines how all learning outcomes and objectives for the various aspects of the teaching programme, observational placements (include 10-week adult or adolescent mental health placements (depending on previous experience) for all Year 1 trainees). Each piece of assessed work is included in the handbooks for both the *bpf*/AFC/UCL Doctorate in Child and Adolescent Psychotherapy and the *bpf* /Birkbeck programme.

The SED reports how learning outcomes for the *bpf* /AFC/UCL Doctorate in Child and Adolescent Psychoanalytic Psychotherapy “were incorporated into the adapted course ready for the first intake in September 2014”. It also notes how learning outcomes were and continue to be “made more explicit for those on the *bpf* /Birkbeck programme” that is now ending.

The panel noted how while those who have been enrolled onto the *bpf* /AFC/UCL doctoral course were very positive about their experience to date and excited about the prospect of what was to come, those who have yet to complete the *bpf* /Birkbeck programme were less buoyant but impressive in their generosity towards their peers.

The handbook for the *bpf* /AFC/UCL Doctorate in Child and Adolescent Psychotherapy clearly sets out how progression will be measured noting at the outset of the section on ‘assessment of trainees’ progress’ how the “successful completion of the doctoral training is based on on-going assessments of the trainees academic, clinical and research competence throughout all four years of the training.” Panel members sat in on seminars and were impressed by the level of engagement and quality of dialogue between participants, the commitment of teaching staff was also very clear as was their aim to ensure a high-quality learning experience.



The doctoral course involves both practicum (clinical practice) and academic components with separate systems for evaluating research competencies. The SED notes how the “academic component is evaluated through written work, although in assessing the practicum element we are also evaluating how the theories learned are being integrated and made use of in the clinical setting.”

Panel members noted the positive way in which IPCAPA was perceived by service supervisors who reported a generally sensitive and responsive experience to concerns and or issues as they arise, demonstrating how learning outcomes are supported within practice settings. The SED notes how the formulation of learning objectives recognises the essential developmental process involved in “becoming a sensitive and competent clinician” and describes the “necessary stages and accomplishments” within “a broad timescale” for their achievement along with a limit “beyond which concern would be raised”.

Appendices included in the handbook provide detailed insight into the various components of course requirements, forms of assessment and their regulation, including the role of the placement review meeting in monitoring the Trainee’s conduct and progress within their practice context. Panel members who visited one placement noted an account of how the placement review meeting had been used to address a difficulty concerning a trainee’s need to recognise their ‘dual citizenship’ that required them to adhere to operational policies of their placement trust and those of the *bpf*/University partners.

The SED notes how much effort has been put into identifying meaningful learning outcomes and observes how the process of delineation has enabled recognition of specific problems a trainee may be struggling with that in turn facilitates focus in resolving difficulties.

**The detailed and rigorous ‘Course Objectives’ and ‘Learning Outcomes’ are clearly defined and meet ACP standards.**

**Course Aims apply equally to clinical placements and accordingly contribute to fulfilling ACP requirements.**

**All standards are met.**

#### **5. Trainee Selection, Progress and Achievement.**

**Evidence taken from SED, Annual Report 2015-2016, course and clinical placement handbooks, documentation provided to the panel, meetings with training school and clinical placement staff and trainees.**

#### Selection

According to the SED, “IPCAPA accepts its trainees from a wide variety of courses, rather than having a specific feeder course”, including acceptance of those from the *bpf*/Birkbeck MSc, the AFC PDP and DCPC Masters, the *bpf*’s introductory course and the Tavistock’s M7. All prospective applicants can access information on the *bpf* website about the clinical training and pre-training pre-requisites: for example, in addition to a certain level of academic achievement, they need to have had

substantial experience working with children and adolescents and to have been in analysis for a year at least 3 times a week. IPCAPA also has a part-time, paid pre-training coordinator who can guide and support applicants through the application process, according to the SED 'this results in the receipt of hardly any applications from those who have not fulfilled the necessary prerequisites for training'. The availability of a pre-application form also allows prospective candidates to assess their readiness for making an application.

The *bpf* holds an Open Day in March offering information about all their courses/trainings where IPCAPA staff are available to talk informally about the training and IPCAPA has their own Open afternoon in November where there is opportunity for potential applicants to talk through the application and selection process for both a place on the course and a training placement. Comprehensive guidance, seen by the panel, is available re the content of the application form, including the personal reflective statement.

Selection at every stage of the process uses set questions and consistently applied criteria for assessing applications and candidates, according to documentation seen by the panel. Senior staff (including some who are currently service supervisors), a service-users panel and clinical consultants are all involved in the interview process for places on the training. Service supervisors and senior staff are involved in interviews for placements.

In meetings with current trainees, panel members received feedback about the selection process. Trainees described it as 'long', 'arduous', 'rigorous' and 'challenging' but saw this as necessary in order to assess readiness to embark on the clinical training. They felt that although it had been 'tough' it was well-organised and they had felt well-supported throughout. In meetings with service supervisors, panel members heard that the process was "highly professional, thorough and well-thought out".

The small number of trainees who were offered out of London placements seemed to have found the process more stressful than those with London placements, one or two saying that they had not gained a place at their first choice of placement and that they had to travel further than they would have liked, however they commented on the appropriate level of support available from staff in helping them manage the stress and practical aspects such as travel costs.

Successful candidates are invited to an IPCAPA welcome/induction meeting in July, when they spend time with their service supervisor and progress advisor and where the clinical course director and the business manager inform prospective trainees and other stakeholders about key elements of the programme.

They start the training in September. At meetings with trainees, panel members heard that inductions at IPCAPA, AFC, UCL and at placements were very different but fitted neatly together. It was not felt that there was much duplication. Year 4 Trainees, however, said that there had not been such a good fit between the training school and Birkbeck inductions.

Trainees in Years 2, 3 and 4, panel members heard, were a valuable source of information and reassurance to Year 1's, as were colleagues in their placements. The handbook was felt to be an invaluable source of information which was best

used by “dipping into it” as and when required. There was some confusion at first, according to Year 1 trainees, re different logins for different institutions (i.e. between UCL, *bpf* and AFC) but this has reduced in difficulty over time.

### Progression and Achievement

Trainees’ progress and achievement is monitored in various ways, some of which are also covered in sections 6 (trainee support), 8 and 9 (Assessment and Qualification) and 10 (Quality Enhancement and Maintenance) of this report.

The 2016-2017 course handbook of the *bpf*/AFC and UCL doctoral programme, followed by Years 1, 2 and 3 and the 2016-2017 course handbook for the Birkbeck/IPCAPA doctorate programme, followed by Year 4, are invaluable resources in the monitoring process for both trainees and staff. For example, they contain learning outcomes for the programme and give lists of skills and capacities which are expected of trainees at the end of each year of the practicum element of the course: all useful reference points for discussion of trainee progress and achievement. trainees’ progress and achievement is monitored in the three overarching components of the course: the development of skills in their clinical work, research competence and academic work.

According to the SED, IPCAPA has ‘a very tight system that ensures that [the staff] are always aware of the progress of trainees, panel members were told by staff, that this is due to the intimacy of what is a small training school. At the heart of the system are the Mid-term Review and the Annual Review Meeting (ARM) where the progress of trainees in each year group is discussed by the Training Advisory Group (TAG) with the input of each trainee’s progress advisor, year tutor, service supervisor, intensive case supervisor, seminar leaders and research supervisor or other AFC research staff. The ARM, held in July, ‘acts as a forum which makes a recommendation to the UCL Examination Board as to whether a trainee.... can continue on to the next year of the course’ (SED).

The progress advisor role is fundamental to the monitoring of trainee progress and achievement as (s)he is expected to be available to individual trainees on an ad hoc and, as a minimum, termly basis and provides the conduit for information re progress between trainee and others, for example, the TAG. In addition (s)he conducts an annual Placement Review Meeting (PRM) where all parties: progress advisor, service supervisor and trainee, contribute to and sign as accurate a comprehensive written record (the placement review form).

The panel members have seen the PRM guidelines/ form and it is apparent that it provides the means for not only an in-depth assessment of the trainee’s progress in placement but also of the clinical experiences available to the trainee and the overall quality of the placement. The progress advisor also has a key role in monitoring academic progress and discusses with trainees the feedback they receive from their academic assignments.

The different elements of the system to monitor progress and achievement are designed to identify strengths and weaknesses and early poor performance so that action plans can be put in place to help the trainee to improve, for example, their conduct or competence.

In meetings with service supervisors, teaching staff and trainees, panel members

listened to almost universally positive comments about the processes and communication channels, both formal and informal, which enabled all parties to give and receive information about trainee progress and achievement. Service supervisors and trainees frequently commended the staff at IPCAPA for being passionate about their role in helping to develop future members of the psychotherapy workforce, for being approachable, available and responsive, including the clinical course director. Difficulties at placements which might hinder trainees' progress and achievement were, members of the panel heard, dealt with calmly and professionally.

The rigorous selection process, as described above, aims to take on trainees who are well-equipped to manage the considerable demands and challenges of the training. Trainees who have specific learning needs or disabilities which might present barriers to progress and achievement are asked to make their needs known to the staff on the admission form where such disclosures are 'treated with confidentiality and discretion' (*bpf/AFC/UCL handbook 2016-2017*). A meeting is set up at the relevant department of the academic partner where ways of supporting the trainee are discussed. Guidance is then passed on to IPCAPA regarding adaptations to be made to support the trainee's learning (SED).

Specific instances of this approach in action were not mentioned during our visit, but teaching staff, in their discussion of the benefits of small group teaching, described how they could adapt their teaching methods to accommodate members of the group in response to knowing well the trainees' strengths and weaknesses. Most trainees progress seamlessly from one year to the next and complete the training in 4 years.

The progress of a very small minority is compromised by ill-health. For others life events such as pregnancy and the ensuing parental leave mean that completion of training will require a fifth year, or beyond if trainees return on a part-time basis. Occasionally disruptions in a placement can also mean a delay to the normal pattern of progression (IPCAPA Annual Report to TC of ACP 2015-2016). The DPsych programme run by *bpf/AFC* and UCL, currently followed by Years 1-3, will mean that next year the first cohort of trainees will complete their clinical training and gain a doctorate-level qualification simultaneously.

In a meeting with Year 4 trainees, members of the panel were told that IPCAPA staff were providing sessions on finding a job and that progress advisors, service supervisors and other child and adolescent psychotherapists were very helpful in giving advice and information. However, there were concerns that, although there are jobs available in the NHS, there are issues about career progression and not being able to move on from band 7 posts. According to the IPCAPA Annual Report, as above, all graduates found 'suitable first destination employment' at the end of the academic year 2015-2016, however it is not clear how many of these jobs were generic positions or child and adolescent psychotherapy posts.

**The selection process is thorough and well-organised and results in the recruitment of trainees who are well-equipped to undertake the clinical training and academic elements of the course. However, IPCAPA receives fewer applications from male and from BME applicants than they would like - this is discussed in section 11.**

**There are also robust systems for monitoring progress and achievement in all aspects of the course/training and the panel is confident that graduates entering the workforce have the necessary skills and attributes to practise**

safely.

**The opportunity for simultaneous completion of professional training and a qualification at doctorate level, offered to final year trainees from 2017-2018, is to be strongly welcomed.**

**ACP standards are met.**

## **6. Trainee Support**

**Evidence gathered from the SED, meetings with Year 1-4 trainees, IPCAPA staff and service supervisors.**

### Induction process for the Training School and the training post (See also section 5)

Trainees reported their experience of the summer IPCAPA orientation event with service supervisors and progress advisors as helpful. One trainee reported the NHS induction (4 days long) was a useful start for them. Several Year 4 trainees felt there was a lack of induction for the Birkbeck College aspect of their training.

The SED details the July IPCAPA induction event, where the trainee, service supervisor, progress advisor and year tutor are all present. This event allows for practical issues to be managed through the attendance of the business manager in addition to catering for 'softer' matters such as meeting with training peers and key staff. The service supervisor coordinates the Trust induction for their trainee.

The AFC has an induction 'event' where the structure of the doctorate as part of clinical training is outlined. Trainees can attend UCL induction programmes as they wish. The first day of term at the *bpf* is an induction day where the different years mix and share advice and experiences in the workshop slot of the timetable.

### The Tutorial System

From the panel's meetings with trainees, their consistent use and appreciation of the role of progress advisor was apparent. The progress advisor is akin to a personal tutor, the role being a coordinating one between trainee, placement and training school. Year 1 trainees also spoke about the value and use of their year tutor who they see every week for support and guidance. Panel meetings with service supervisors and written feedback from them confirmed that overall there is support and approval for the role of progress advisor with such descriptions as competent and helpful used.

The SED outlines the "support systems" within the IPCAPA structure. There are several different roles to support the development of trainees: progress advisor, year tutor, intensive case supervisor, service supervisor. It is acknowledged that these different roles are reliant on the high standard of administrative support from IPCAPA to aid communication. With regards to communication, the progress advisor holds a central role between all the parties and IPCAPA has put in place a job description, terms of reference, comprehensive training and mentoring. There is a formalised and transparent process for the review of trainee progress which involves the service

supervisor, progress advisor, trainee and training school. It takes place annually in the clinical setting. During separate panel meetings with trainees and service supervisors each group confirmed this as a very helpful system.

There is a standard form which is used by all parties to document a trainee's progress and areas for development, a trainee log records clinical work, which is used, contributed to and agreed by the service supervisor, progress advisor and trainee during the annual PRM.

Other formal processes for reviewing trainee progress includes, a mid-term review and an annual review. There are monthly meetings of the Training Advisory Group (TAG) where any concerns or issues can be raised.

#### Trainee feedback process for placement and Training School (See also section 10)

Trainees spoke to the panel about the ongoing feedback mechanisms in place at the training school. Examples of changes to the course following trainee feedback were made. Similarly, several service supervisors stated that feedback was both sought and acted upon by the training school.

The SED details formal and informal systems of feedback. The formal mechanisms for feedback are via the annual PRM, termly feedback forms on the seminars, which have recently moved to being done online via the UCL system "Opinio". This is an anonymous system, which is cited in the SED to: "meet the challenge of providing 'safe' feedback in such a small organisation" where there is always a chance that comments can be ascribed to an individual.

formal mechanisms of feedback are via the progress advisor and year tutor meetings, and plenaries held at the end of every term.

#### Raising an issue or concern

When the panel asked a group of mixed year trainees about evidence to demonstrate how a trainee's complaint might be dealt with, one trainee reported how they had raised an issue within a PRM that had subsequently been taken seriously and successfully dealt with to their satisfaction. Trainees indicated and expressed their awareness of how to raise concern/make a complaint and there was a consensus that any/all complaint(s) made have been accepted for investigation and dealt with, and all present were aware of how to make a complaint and felt able to approach staff to make a complaint if necessary.

The SED details complaints and appeals structures which are organised under *bpf* wide protocols.

#### An appeals mechanism

All trainees present at the panel meeting reported having received a copy of the course handbook and reported that they felt it had improved over time. The trainees use the handbook as the first step for finding the answer to questions about process, and report that this is working well.

#### Exit interviews

All information relevant to exit interviews appears to be focussed on how the trainee gains employment. Trainees reported having career guidance seminars in Year 4,

which confirms what was reported in the SED as well as more informal processes of 'what next' discussions with the year tutor.

#### Additional sources of trainee support

Trainees with disabilities can access support from their university Disability Liaison Officer as well as being able to access NHS disability support services as with any other NHS employee. As well as personal analysis, trainees are eligible to access the confidential and independent Student Advice and Consultation service at their relevant university. It was also evident to the panel that there was strong peer support amongst trainees which should not be underestimated.

**In summary, there are robust systems for trainee support both formal and informal throughout the training journey. Trainees are clear about who they can go to for advice and guidance. Most of the service supervisors who contributed to the re-accreditation process feel well supported by the progress advisors and training school in managing the trainee's development and progress.**

**ACP Standards have been met.**

#### **7. Trainee Placement Learning and Teaching**

**Evidence gathered during panel visits to clinical placements, face to face meetings with trainees, IPCAPA staff and service supervisors and the SED.**

#### Standards for Providers of Clinical Training Posts (See also section 10)

The SED details the process of setting up training posts by the training school and clinical providers. Formal agreements are in place with all placements and the training school. On the occasion that a training placement no longer meets the required standards, the trainee is moved as has happened since the last accreditation.

Placement visits by the panel featured extensive discussion regarding the current challenges faced by training placements in the context of public sector cuts and pressure on CAMHS.

#### Communications with placement providers

The panel received feedback from the service supervisors involved in the course from several sources; during placement visits; in a face to face meeting and from the written feedback approximately 25 service supervisors contributed to the review. Participants consistently report that IPCAPA initiates communications and is responsive to service supervisors in time and content. One notable exception to this came in the form of a letter from a service supervisor to the ACP link person which was passed to the panel convenor. The letter discussed the significant concerns of the service supervisor about the conduct of the Training School in several specific actions and processes. This matter is further discussed in section 10.

The SED details the role of progress advisor as key in ensuring smooth communication between the training placement and training school. There are termly meetings and training events for service supervisors run by IPCAPA. Service supervisors who attend these, report they are helpful, with distance from the *bpf* office for those living outside of London being cited as the main reason for non-attendance. The business manager and the training co-ordinator were named as exemplars of excellent practice by most of service supervisors, in terms of communication and support offered by IPCAPA.

Trainees and service supervisors report that the annual 3- way review, the PRM, works well in assessing and evaluating the trainees' progress.

The SED states the PRM has the function of examining:

- the clinical experience available to the trainee
- the trainees progress in the placement
- the quality of the placement

The PRM is attended by the trainee, service supervisor, progress advisor and occasionally the business manager. Additionally, trainees' progress is evaluated in an annual review in the TAG.

The panel wishes to recognise the dedication and hard work of the service supervisors who support trainees often in difficult environments. All service supervisors who met panel members reported that they were pleased to have trainees and that they could provide a range of training opportunities for them. There was a desire to have more qualified CAPT appointments to help develop services further but this was very difficult to achieve in the current circumstances.

#### London CAMHS setting one

Setting: The service supervisor described her organisation as non- hierarchical, with a lead in family therapy, psychiatry, psychology and child psychotherapy. There is a recently appointed service manager, who is supportive of Child and Adolescent Psychotherapists and believes in the importance of them being integrated into MDT's. The service supervisor is very experienced and trained at IPCAPA herself and qualified in 1993. She contributes to the training at IPCAPA in delivering clinical seminars and Year 4 advanced practice seminars. She is also part of the interviewing panel for trainees applying to IPCAPA. Child psychotherapy is well embedded in the MDT and has been for many years. They moved to the current premises in 1998 from the local hospital and are now a community based service. There is a relatively large group of Child and Adolescent Psychotherapists in the team: 5 qualified and 2 trainees (years 3 and 4), there is also a good link with the education therapy team.

Additional funding had recently come through for CAMHS, which was welcomed, the service is expanding overall and another Child and Adolescent Psychotherapist post is expected, albeit probably to be advertised as a CAMHS clinician post. At present, there are no worries about future posts, however, a move to a new building was planned, and as an interim measure to accommodate the staff 'Porta- cabins' are to be set up in the car park.

#### Links with the training school



The service supervisor emphasised the close links with the training school and with the Course Director and had not experienced any crises with trainees in the past or currently, the current trainees have settled in very quickly and they all worked closely as a team.

There is a long waiting list and therefore no problem in trainees accessing referrals. Trainees undertake their own assessments and write their own reports to GP's. IPCAPA gives the trainees good guidance on how to complete these letters and reports. Liaison with GPs was felt to be vital as they are the principal referrers, along with Brent social care. It was confirmed that trainee progress meetings take place annually with the progress advisor and service supervisor and these were felt to be sufficient. Service supervisor meetings are held 3 times per year at IPCAPA for whole mornings and are usually centred on a theme. The meetings are an opportunity to relay any concerns about the service supervisor role or course changes.

#### London CAMHS setting two

Setting: The panel met with two service supervisors one of whom is also the Consultant for the Team, for looked after and adopted children. There is a supportive team manager in this team. There are currently no links with the 2 generic CAMHS teams (0-12 and adolescent) in the locality and there is also a separate Neuro assessment team. There are qualified Child and Adolescent Psychotherapist posts currently vacant in the CAMHS teams but it is not certain as to their future configuration.

Both supervisors present at the panel meeting reported that they felt informed and well versed in the context of ACP requirements. They thought that IPCAPA and the AFC had developed the new doctoral programme very well, in manageable blocks. Meetings at IPCAPA were regarded as well organised and both supervisors felt that they could feed into the agenda. They commended the good discussions and workshops for service supervisors.

There are 2 IPCAPA trainees (Years 1 and 3) and 2 trainees from the Tavistock programme placed here and there is a long history of trainees in the team and they are welcomed and valued. This team specialises in looked after and adopted children and an advantage of this, is that patients do not come with diagnostic labels. Children come to the service with a range of difficulties that the trainees encounter, in fact the whole 'gamut' of disturbance, so there is no shortage of suitable training cases. Adolescent intensive cases are most difficult to find, and to engage for a year.

Short term work is undertaken in the clinic, there are very close and good working relationships with the nearby social care officers. Trainees have an opportunity to attend the Neonatal Intensive Care Unit (NICU) and Paediatric Intensive Care Unit (PICU) at the local hospital, and can be involved in providing a reflective space for staff. Trainees in placement here spoke of having a very good training experience they were well integrated in the multi- disciplinary team and had both worked with colleagues from other disciplines. They felt very well supported and had formal weekly supervision with opportunities for informal meetings at other times. They confirmed that there was enough work but not so much that they felt overwhelmed. No one described any difficulty in finding intensive cases.

The NHS 4- day induction had been good and one trainee said that they had found it

helpful having other more experience trainees on hand to share information and get peer support.

Trainees confirmed that all patient records are computerised and a brief account of each clinical session is entered their training logs. GP letters are sent every 6 months from Child and Adolescent Psychotherapists on cases and outcome monitoring is in place.

#### Outside London CAMHS setting

Setting: The service includes a range of provision, generic CAMHS; looked after children (LAC); post adoption and some out of area work.

The Trust is going through significant re-structuring and organisational change. This has caused a degree of uncertainty for the Child and Adolescent Psychotherapists in the Trust not least because there has been a suggestion that there will be no more new trainees in September 2017.

Currently the Trust accepts trainees from both IPCAPA and the Tavistock and Portman NHS Trust and up until now senior managers have been supportive and have valued the contribution that trainees make to the service, so the suggestion to stop trainees for this coming September appears a baffling one. Panel members suggested that the ACP and IPCAPA may wish to become actively involved in discussions with the Trust if this decision is confirmed.

Panel members met with 2 service supervisors and they outlined that when trainees first arrive they spend time observing members of the MDT sitting in on the duty rota and learning about the referral and management process. Trainees participate in initial assessments with other members of the MDT, they also get involved in group work an example of which involves an adoption group every summer, culminating in an outdoor activity, where trainees participate, facilitated by qualified practitioners and the approach represents something different from other placements the trainees may encounter.

When asked about relationships with IPCAPA the service supervisors reported positively but suggested the current length of intensive case training requirements can be problematic given current demands on the service and stated that they intend to raise this with IPCAPA. They also queried whether they can influence the curriculum at present.

The two trainees on placement in the Trust advised the panel that they had gained experience in generic CAMHS working with less problematic children and have both subsequently moved on to working in the post adoption team, this has been much more challenging work, however each spoke positively about their training experience and despite 'being thrown in at the deep end' had received good supervision and support. They have been able to secure appropriate training cases in accordance with and often exceeding ACP requirements. They particularly valued the MDT approach and having peer support which helps when working in challenging circumstances. Good office and support facilities are provided for trainees alongside other members of the MDT.

#### **In summary:**

**There are solid systems in place for monitoring trainee development and ensuring effective communication between the training placement and the training school.**

**The quality of clinical experience offered to trainees in clinical placement areas visited by the panel was of a very high standard and the panel commends the service supervisors and progress advisors for their high levels of commitment and support despite significant organisational and service pressures.**

**It is noted that trainee placements in some NHS CAMHS provision is fragile and at risk especially if demand for children's mental health services continues to escalate and pressures on funding increases.**

**IPCAPA supported by the ACP should continue to work collaboratively with these organisations to emphasise the impact of providing fewer or even no training placements on the future NHS workforce and the profession.**

**ACP standards met.**

## **8. Assessment**

**Evidence gathered from the SED, course handbooks, academic reports, trainee log books and from meetings with the teaching team.**

### Professional Assessment

The IPCAPA course handbook 2016-17 outlines the on-going assessment of academic, clinical and research competencies over the four years of the doctoral training. Each trainee has an individual progress advisor who monitors their progress over the duration of the course. There is a progress advisor pack laying out the role and expectations of the progress advisor. The SED clearly outlines how clinical competence is assessed, during the PRM trainees are invited to write their views arising from this meeting and a record is made of the meeting and signed as an agreed record by all those present.

Trainee progress is discussed at a mid-term review of the training advisory group. Action points arising from the PRM are brought forward to the annual review meeting in July. The progress of all trainees is discussed at the Annual Review Meeting (ARM) with a log summary and reports submitted by seminar leaders, service supervisors, and intensive case supervisors for this meeting. The reports are read by the progress advisor, year tutor, and the clinical course director.

The clinical placement is assessed formally at the end of each year of the training. The method of assessment for the supervised clinical experience is described in '*assessment of the practicum component*' (appendix 13 of the course handbook). In the event of a trainee failing to satisfy the requirements in this area, an oral exam takes place with two examiners. This is to test the trainee's ability to integrate theory and research with practice.

## Academic Assessment

Since the last re-accreditation, there has been a change in the requirements that form part of the academic submissions (portfolio of reports) from trainees. This is owing to the additional demands of the AFC/UCL programme. Six monthly/ yearly reports are no longer submitted. Instead trainees are currently required to write a report after the first 3 months, giving background information on a case, in addition to the relevant information about assessment and formulation. A report on the first year of work and a letter to the referrer/ GP is requested as part of the requirements for Year 1 trainees. The academic requirements of the training are clearly laid out in the handbook. According to the SED the learning objectives for each task are clearly delineated. How the tasks will be assessed is given and trainees can expect feedback. When panel members met with trainees they acknowledged that they were given the opportunity to provide feedback.

The award of the doctorate is dependent on the satisfactory completion of all clinical, academic and the research elements of the course, including a systematic review of literature, a report of an empirical research project, a reflective account of the process of undertaking research, the completion of a dissertation and a satisfactory defence of the thesis in a viva examination.

The visit to IPCAPA was characterised by repeated confirmation of the accessibility of staff. Trainees spoke very positively of the access to their progress advisors, and service supervisors (in placement visits) underlined the accessibility of the tutors and of the organising tutor should any assessment concerns arise.

**The panel was of the view that clear, rigorous and fair assessment processes are in place.**

**The panel was impressed that staff are accessible to trainees in need of further clarification about the demands of an assessment task.**

**ACP standards were met.**

### **9. Qualification**

**Evidence gathered from the SED, course handbooks, academic reports, trainee log books and from meetings with the teaching team.**

The course handbook for the *bpf* /AFC/UCL Doctorate in Child and Adolescent Psychotherapy clearly sets out how qualification “Is based on on-going assessment of the trainees’ academic, clinical and research competence, throughout the four years of the course”.

The SED notes how the intention is that the *bpf* /AFC/UCL Doctorate is an integrated programme in which the qualification of DPsych. will be achieved within the allocated 4 years. However, it is also noted how although ACP requirements for qualification have been aligned with UCL doctoral specifications there are aspects that UCL: outline that are not necessary for full membership of the ACP.

This is recognised in the handbook which states that in the event of any delay in the completion of the doctoral dissertation it is still possible to become a full member of the ACP if:

- Requisite clinical work is recorded in the trainee log.
- Recommendation from the service supervisor and all intensive training case supervisors that a satisfactory level of clinical practice has been achieved and the candidate is ready to practice independently.
- An endorsement from the trainee's analyst/therapist of their suitability to work independently as a child and adolescent psychotherapist.
- The presentation of the clinical paper to members of IPCAPA at *bpf* has been completed.

The handbook outlines how upon qualification the trainee will become eligible to become a member of IPCAPA at the *bpf*; be registered as a qualified member of the ACP and seek employment in the NHS as a child and adolescent psychotherapist. They will also have access to the IPCAPA post graduate programme, attend scientific meetings and CPD courses provided by IPCAPA and other *bpf* constituent associations and have an opportunity to work towards becoming an intensive case supervisor at IPCAPA.

The qualification process within IPCAPA is clearly described in both handbooks and the SED. The latter notes how once the 'practicum component' of the *bpf* /AFC/UCL doctorate and all written requirements have been satisfactorily completed the progress advisor informs the clinical course director. The training co-ordinator then writes to the trainee's analyst, service supervisor and intensive case supervisor to establish that they agree that the trainee is suitable for qualification. The training advisor subsequently writes to the ACP Qualification Sub Committee recommending the trainee for full membership of the ACP along with their training log that demonstrates the required clinical work has been undertaken. Once this has been accepted the trainee is registered as a full member of the ACP and is entitled to practise as a fully qualified member of the profession. The SED also notes how in "very exceptional circumstances where the requirements of section 5 have not been precisely met" "the supporting letter" draws attention to this but indicates how an equivalent level of achievement has been reached"

The SED notes how on the *bpf* /Birkbeck programme the qualification as a Child and Adolescent Psychotherapist and achievement of the Doctoral award were distinct from one another and observes how many of the trainees in the final intake (2014) have either not been accepted as suitable or have withdrawn from that part of the programme at various points. The SED also expresses immense pride for the 4 graduates who have achieved doctorates in the last 2 years following their qualification as child and adolescent psychotherapists

**ACP standards are met.**

## **10. Quality Enhancement and Maintenance**

**Evidence taken from the SED, supporting documents to the SED, AFC/UCL/*bpf* course handbook 2016-2017, IPCAPA annual reports to the ACP, meetings with trainees, service supervisors and staff.**

## Processes for monitoring and maintaining quality standards for the Commissioning Body

The *bpf/IPCAPA* reports to Health Education England North Central East London (HEENCEL), their main NHS commissioner, on the quality of the whole learning experience for the trainees and for the large sum of money invested in the training. The SED and other documents seen by panel members describe the annual assessment of all aspects of the programme, the Quality Contract Performance Monitoring (QCPM) Process, whereby the programme is assessed against a set of Contract Performance Indicators (CPIs) that require quantitative and qualitative evidence relating to areas including recruitment, academic education, placement learning, trainee professionalism, innovation and commitment and transparency. Placement providers complete a questionnaire and student feedback is sought. The performance summary uses a Red, Amber, Green (RAG) rating system and *bpf/IPCAPA* were awarded a 100% Green rating (the highest) in the academic years 2011-2012 and 2012-2013 and 96.3% Green rating in 2014-2015, with an overall high amber rating in 2013-2014 (one CPI did not receive the highest rating: 'completion', due to the number of trainees on maternity leave). *bpf/IPCAPA* are awaiting the 2015-2016 report but are expecting another Green rating overall. Comments in the 2014-2015 report described *bpf/IPCAPA* as 'a high-performing education institution offering an excellent student experience..... [it has] strong working relationships with NHS partners offering a good quality of clinical placement experiences and offers an innovative and supporting teaching environment'. A member of the panel met with a representative of the commissioning body who confirmed that they were highly satisfied with the quality of training at *bpf/IPCAPA*.

## Feeding into Quality Monitoring Processes required by Academic Partners

*bpf/IPCAPA* contributed to UCL's Internal Quality Review (IQR) 2015-2016 for the Division of Psychology and Language Sciences (PaLS) alongside other similar doctoral programmes. The panel has seen the Review document and the Review was thorough, covering all aspects of the course. The process involved a visit to the institution in March 2016 and meetings with some staff and students, according to the SED. One recommendation that had relevance to the programme was the need to review written partnerships agreements to ensure that they were in keeping with UCL's Academic Manual on Academic Partnerships Framework (SED).

## Association of Child Psychotherapists (ACP)

The Training Council of the ACP is responsible for accrediting the training for the professional qualification delivered by training providers. The ACP is, in turn, on the Professional Standards Authority (PSA) accredited register. The ACP reaccreditation cycle results in each training provider being reaccredited once every 4 years. The Training Council has devised a Quality Assurance Framework (QAF) for the training of child psychotherapists which is used by reaccreditation panels to assess whether the detailed Quality Standards therein have been met by the training providers.

The IPCAPA clinical course director regularly attends the Training Development Group meetings and provides the Training Council with an annual report which includes actions the school has taken to address quality issues that have been highlighted in reaccreditation reports. The most recent annual report (2015-2016)

included a clear table showing the conditions, recommendations and actions needed from the previous reaccreditation visit in 2013. All the actions needed have been addressed and carried out.

### Internal Quality Monitoring and Maintenance Processes

The *bpf*/IPCAPA have various processes in place with the aim of ensuring that quality is monitored and maintained. The panel members have seen examples of documents which form an important part of standardising these processes and assuring quality: there are comprehensive guidelines for organisations/ services who wish to bid for child and adolescent trainees and offer placements so that organisations are clear about what is required in a 'suitable' placement. In addition, the *bpf*/IPCAPA and the organisation offering a placement (usually a CAMHS provider in an NHS Trust) must enter into a comprehensive service-level agreement where expectations and responsibilities on both sides are clearly stated.

There is an annual review meeting where representatives of HEE, Placement provider and Training School meet to ensure that the service-level agreement is being adhered to. In a context of ongoing 'transformation' of services in the NHS, where conditions and provision can change very rapidly, clear expectations and regular reviews of agreements are vital for ensuring the quality of placement experience and support for trainees.

Despite there being systems and processes in place to pre-empt major problems for trainees in placement, issues do arise at short notice, sometimes because of changes in CAMHS provision by the hosting NHS Trust, and staff at *bpf*/IPCAPA must react quickly. Trainees and service supervisors who attended meetings with panel members and returned feedback questionnaires to the panel were very positive about IPCAPA staff, saying that they were 'quick to anticipate problems and .... resolve issues', some agreeing that 'nothing fazes them'. One service supervisor did have serious concerns (s)he wanted to raise. These concerns had already been raised with senior staff at IPCAPA, their resolution an ongoing and protracted process (see also formal complaints process below).

There are CPD opportunities for staff and service supervisors where suggestions can be made by service supervisors to enhance trainee experience and to contribute to the curriculum. There are also further meetings between trainees, service supervisors and progress advisors and other staff, all of which contribute to maintaining and monitoring quality of provision and open channels for communication, are discussed further in sections 2, 3, 5 and 6.

### Trainee feedback

According to the SED the staff at IPCAPA 'place huge importance on the feedback [they] receive from [their] trainees, whether informal or formal' so that the whole learning experience of the training can be evaluated: 'academic and placement learning, communication structures and supports provided', and so that problems can be addressed as they arise and improvements made.

The process starts with a written request from the course directors to stakeholders for comments which will enhance communication of information in the course handbook. Thereafter there are plenty of opportunities for trainees to feedback on all aspects of

the course, including anonymised individual trainee feedback forms each term, whole school termly plenary sessions and at the annual placement review as well as opportunities to raise issues on a Tuesday when trainees are at IPCAPA and AFC. The plenaries also function as UCL Staff Student Consultation Committee (SSCC) Meetings, in which students have the opportunity to feedback to staff on any aspects of the course they wish to raise. In the UCL Internal Quality Review 2015-2016 (as above) devising strategies to increase numbers attending the SSCC meetings was highlighted as being necessary for the professional programmes in general, although in the case of the child psychotherapy doctorate, attendance is already very high. Feedback is also provided on the course in other ways, e.g. through written student feedback on all teaching at the end of each term, as well as via meetings with progress advisors and other face-to-face contact.

In meetings with trainees, panel members heard that there were frequent (a few trainees felt there were too many) opportunities to give positive feedback or raise concerns about, for example, the quality of teaching from a visiting lecturer (they are likely to be invited back if the feedback is good and vice versa), as well as more general experiences at IPCAPA and AFC and placement. Both trainees and staff demonstrated awareness of the various channels available to them for feedback and the part they played in the process and trainees gave examples of issues raised and the training school making changes as a response and/or taking concerns seriously and resolving them satisfactorily. The various stages of the feedback process: of receiving information from the trainees, staff discussion of it at various forums and feedback to trainees as to steps taken as a response, are set out in the SED. It might be useful to have the feedback process set out clearly in the course handbook for reference, as although it is probably covered in the course Induction, trainees often experience information overload at the beginning of a course and need opportunities to revisit information.

Trainee feedback on courses where there are few trainees and staff and where relationships are close can sometimes be difficult if trainees think that feedback can be easily traced back to an individual and that there might be repercussions for their progress and trainee/staff relationships. However, when this was discussed with trainees they were keen to emphasise how approachable and responsive staff were and how they felt able to be honest in their communications with them.

#### Formal complaints process

The ACP QAF states that 'there should be clear complaints processes in place'. The process for trainees is outlined in the AFC, UCL, *bpf* handbook 2016-2017 the description of which could benefit from further detail, such as expected timescales, and a link to a formal policy with relevant documentation on Moodle and a link to the *bpf*/IPCAPA complaints policy for other stakeholders. The process for dealing with complaints also appears in the service level agreement with Trusts and the comprehensive guidance document for the Practice Review Meeting. In addition, the *bpf*'s website has an entry about how to make a complaint about a clinical member. A link for the trainees to the UCL complaints policy is also given in the 2016-2017 course handbook.

There were no formal complaints made by, or about, trainees in 2013-2014 and 2014-2015, according to the annual reports to the ACP for those academic years. It is not clear whether there was a formal complaint made by, or about, a trainee in the academic year 2015-2016 as the subject is not mentioned in the usual section of the



annual report for that year: section 11, quality monitoring.

The letter from a Service Supervisor noting their concerns, received via the ACP link person, was considered. Some of the issues raised in that letter were thought to be beyond the remit and capacity of the panel to assess the validity of the concerns. That said the letter highlighted some areas which came within the panel's remit, namely: to consider the stability of the organisation in the light of change in the *bpf* CEO role; to consider how information governance is managed; and to assess IPCAPA's communication channels for stakeholders to raise concerns, and how concerns are dealt with. According to senior staff at *bpf*/IPCAPA, when the Service Supervisor raised a formal complaint with them, their policies and procedures were followed.

The concerns raised, and in particular the opportunities for stakeholders, including service supervisors to raise issues at meetings and forums both formal and informal, are discussed in this section and other sections of the report. It is the view of the panel that there are robust systems in place to support service supervisors in their role and for their consultation re the selection of trainees, the quality of the relationship they have with their trainee(s), the progress of their trainee(s), and general issues regarding placements and curriculum development.

**The visiting panel is confident that robust processes for monitoring and maintaining quality standards, as required by the ACP, are in place and working effectively. There are plenty of opportunities for stakeholders to provide feedback on all aspects the training.**

**IPCAPA also participates in formal structures for feedback to and monitoring by academic partners and commissioning groups.**

**The panel recommends that IPCAPA ensures that those service supervisors who are temporarily without a trainee are given the same opportunity to give feedback to staff at IPCAPA as those who currently have trainees.**

**IPCAPA to make minor improvements to the complaints policy in relation to locating information for the various parties and making links to them in the handbooks.**

### **11. Values Equality and Diversity**

**Evidence gathered from SED, course handbooks, the *bpf* web site, *bpf* policy documents and discussions with the IPCAPA teaching team**

A copy of the *bpf*'s equality and diversity strategy was made available to the panel. The document makes explicit the organisations' values in relation to 'contributing to a society in which psychotherapy is available to everyone who needs it to promote their emotional well-being and mental health'. According to the SED the policy applies to every aspect of the *bpf*'s business including recruitment of the Board, staff, volunteers, contractors and trainees.

IPCAPA also works within the equalities policies and procedures of its university partners. This is of value to those trainees who have a disability and trainees can be referred to the Student Disability Services, UCL provides support for all disabled

students to make reasonable adjustments and is a member of SKILL, the Adult Dyslexia Organisation and the British Computer Society Disability Group which actively seeks to widen participation in higher education. IPCAPA has put in place a system for supporting trainees with dyslexia allowing them to record seminars (without breaching confidentiality) and giving extensions to deadlines. In the new doctorate programme, an oral examination has been introduced thus reducing reliance on written assessments in collaboration with academic partners.

### Improving the diversity of the Child and Adolescent Psychotherapy workforce

IPCAPA is aware that 'currently the trainee group is not as culturally or ethnically diverse as they would like it to be, and the ethnicity of trainees does not reflect adequately the ethnicity of the children and families who currently use CAMH's services'. (SED)

Of the current trainees:

#### *Ethnicity*

- 65% white British;
- 25% white non-British;
- 10% other ethnic backgrounds.

#### *Gender*

- 66% female
- 33% male (despite 1 year group being 50% male)

#### *Age*

- The average age range for most trainees is 30-39
- A few in their 20's and over 40

#### *Disability (declared)*

- 3 trainees (dyslexia)

#### *Sexual orientation*

- *Statistics were not included*

Barriers to recruiting a more diverse cohort are varied and complex and can be financial, cultural and social. For example, there is under representation at all levels in the current children's mental health services workforce of people from black and ethnic minority backgrounds which puts all training schools at a disadvantage.

IPCAPA has attempted to explore new and innovative ways to overcome some of the barriers including:

- Providing a bursary for pre-clinical training analysis, for those who are unable to afford the typical £6,500/annum fees. Since its launch in January 2016 there have been 11 recipients-3 of whom are from black/Asian ethnic backgrounds.
- Working closely with providers of the MSc pre-clinical programmes at Birkbeck, AFC and the Tavistock and Portman NHS Trust and hosting 'Open House' events at IPCAPA.

- Improving the information on the *bpf's* website to make it clearer and more welcoming to potential candidates.
- Designing new routes into training through an introductory and then a foundation course which it is hoped will be more attractive and affordable to a wider more diverse cohort of applicants.

IPCAPA should be commended for their efforts to widen access. The panel found little evidence that IPCAPA has accessed specialist advice in this field and the panel would recommend that collaboration with other training schools on this issue would be beneficial.

#### Preparing Child and Adolescent Psychotherapy Trainees to work with diverse client groups.

The SED clearly states that equality and diversity have always been embedded in the curriculum, teaching, learning outcomes and placement learning' this was confirmed by the panel members who sat in on several clinical seminars during the visit and from evidence gained during panel visits to clinical practice placements.

Trainees are required to record their patient's ethnic origin with a view to establishing the extent to which they are exposed to getting practice working with diverse groups so that their supervisors can ensure that trainees are achieving a balance in this regard. Overall, the trainee logs indicate that most of the trainees do get a range of experience especially those working in London where there is greater ethnic diversity than those serving communities for example on the South Coast.

**The panel recognises the attempts made by the IPCAPA to achieve a more diverse trainee group and notes the constraints on and barriers to progress. However, the panel advises that IPCAPA works collaboratively with other training schools and seek specialist advice from outside agencies to assist them in developing a more strategic approach to widening access to the profession.**

**ACP standards are met.**

#### **12. Personal Analysis for Trainees**

The SED is clear about the information it sends out to analysts of trainees on IPCAPA's programmes and recognises their invaluable contribution in the following statement which appears at the beginning of the document-"We fully recognise that the training analysis is the corner stone of the trainee's development, and without your skill and co-operation we could not hope to enable our trainees to develop into the rounded, balanced and sensitive clinicians they usually become".

The training is supported by a Training Analysis Committee (TAC) which is a small sub group composed of analysts in the independent tradition who generously give their time to consider the accreditation of suitable analysts as well as being a resource when difficulties in the analytic relationships occur. Prospective trainees are expected to have completed at least a year of 3 x weekly analysis alongside substantial working experience with children and adolescents prior to the clinical training. The SED notes how this requirement can be a barrier to attracting a more diverse pool of applicants, especially those from BME communities, so to mitigate

some of the financial barriers IPCAPA has secured a generous donation which can then be distributed to potential future trainees, in need, to provide help with analytic fees.

According to the SED if a trainee is already in analysis /therapy their analyst is encouraged to become accredited with IPCAPA, or if they are already agreed as a suitable training analyst by the ACP via another training school their suitability to continue over the training will be accepted.

IPCAPA trainees are required to attend analysis a minimum of 4 x weekly and the SED reports that some attend 5 x weekly sessions and those in NHS funded placements receive a contribution towards analyst costs (£4,500 per year) but are responsible for making up the deficit. To provide support where necessary IPCAPA has a bursary fund and loan scheme and the IPCAPA business manager can provide guidance on financial matters related to training analysis when needed. Analysis frequently continues following graduation from the training after which it is self - funded.

Points of contact and the confidential nature of any communication with a trainee's analyst are clearly set out in the SED and training handbook. The latter also deals with issues such as the need to take trainee's individual training requirements into consideration when planning personal analysis sessions and the pressures that may arise for trainees who are trying to balance these and fit them around considerable clinical commitments. The potential impact of first year observational placement which takes place for 10 weeks in an adult psychiatric setting is noted and how explicit encouragement is given to explore responses to this formative experience within analysis.

The handbook contains information about the terms and conditions of the NHS Psychotherapy Training Contract which includes the salary trainees can expect to receive throughout their training, which may for some be less than their previous employment, and the contribution the NHS is willing to make towards analysis fees. Trainees are expected to work 7 sessions in their placements with 3 sessions allocated for training including analysis and intensive supervision. The Chair of the TAC acts as the point of contact on the rare occasions when therapy may be disrupted, a recent occasion where an analyst refused to accept changes to the method of payment resulted in the Chair setting up a meeting with analysts to inform them of changes and issues were resolved.

Nationally there is a shortage of training analysts, London and the South East is better served than some areas of the country but even here it can be difficult for trainees to access analysis at a suitable time of day. The clinical course director outlined some of these concerns to panel members and IPCAPA constantly keeps this situation under review.

**ACP standards are met.**

### **13. Conclusions, Commendations, Conditions and Recommendations.**

#### **Conclusions:**

The panel is confident that the clinical training for Child and Adolescent

Psychotherapists being delivered by IPCAPA is meeting the standards of the ACP.

Although IPCAPA is a small training school the panel are impressed by its high standards of teaching, the pastoral care provided to the trainees as well as the commitment of clinical and academic course directors and the business manager who have successfully led, developed and implemented a new 4-year Clinical Doctorate programme in collaboration with the Anna Freud Centre for Children and Families and the University College London, now in its third year. This has been done in parallel coping with pressures from a significant organisational restructuring process.

The bpf/IPCAPA collaboration with the AFC is an unusual one between two distinct institutions but one which appears to be mutually beneficial and it operates under a Memorandum of Understanding (MoU) enabling the delivery of a fully integrated UCL accredited 4- year clinical doctoral programme. Through panel discussions and written feedback from service supervisors it is evident that the new programme is so far meeting the needs of stakeholder Child and Adolescent Mental Health Services.

A key feature of the new 4- year doctoral programme is the research component embedded throughout the whole programme. The research and audit projects undertaken by trainees appear to be highly valued by their service supervisors who commented positively on both their quality and relevance to the workplace.

Since 2013 when the *bpf* was formed the Chief Executive Officer has devolved managerial and budgetary responsibility for IPCAPA's training to the clinical course director and business manager. The ACP re-accreditation panel learned that the CEO would be leaving the organisation in the summer of 2017 which may cause some anxiety and a period of organisational instability until a successor is confirmed in post. The CEO confirmed that IPCAPA has the trust and support of the Chairman and Trustees of the *bpf*.

### **All ACP standards are met**

#### **Commendations:**

The panel would like to commend IPCAPA at the *bpf* on the following:

- The progress that the organisation has made post- merger in 2013 to form a new organisation including support from the Chair, Board of Trustees and Chief Executive.
- The high calibre of the IPCAPA management team and the accessibility and commitment of the clinical course director.
- The successful development and implementation of a new 4-year Doctorate programme in collaboration with the Anna Freud Centre for children and Families and University College London, that has been developed in consultation with service colleagues and other stakeholders and which incorporates flexibility and responsiveness to changing service needs and workload pressures.
- The quality of trainees especially the Year 4 trainees who impressed the panel with their commitment, enthusiasm and willingness to learn, often overcoming significant challenges.
- The range and quality of clinical placement provision and support from the

highly motivated and committed service supervisors and progress advisors.

- The high calibre, passion and commitment of the experienced and innovative teaching team.

**Conditions:**

None

**Recommendations:**

The panel recommends the following:

1. That IPCAPA reports on the impact of organisational change, stemming from the recruitment of a new CEO at the *bpf* on the stability, smooth running and financial management of the clinical training provision in its next Annual Report to the ACP.
2. That IPCAPA adopts a more formal approach to developing its future teachers and tutors and puts a succession plan in place by September 2018.
3. That short- term measures are put in place to improve the learning environment for trainees especially access to library resources, computers and internet access at *bpf* premises, and find ways to reduce the overcrowding on Tuesday afternoons/evenings and improving the quality and comfort of the learning environment.
4. In the longer-term consideration is given to ensuring that the Knowledge and Information Technology Management Systems of respective partners *bpf*, AFC and UCL are fully compatible.
5. That IPCAPA seeks additional expertise to support the team in developing and implementing a comprehensive equality and diversity strategy and should consider working in collaboration with similar training providers.
6. That IPCAPA ensures that those service supervisors who are temporarily without a trainee are given the same opportunity to give feedback to staff at IPCAPA as those who currently have trainees.
7. That IPCAPA supported by the ACP should continue to work collaboratively with NHS organisations to emphasise the impact of providing fewer or even no training placements on the future NHS workforce and the profession.
8. That IPCAPA make minor improvements to the complaints policy in relation to locating information for the various parties and making links to them in the handbooks.