



**Report of the Association of Child  
Psychotherapists  
Re-Accreditation of the Northern School of Child  
and Adolescent Psychotherapy**

**Visit Date: February 2021**



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**Date of visit** 11<sup>th</sup> – 25<sup>th</sup> February 2021

**Names and Roles of Panel Members**

**David Hadley**, Child and Adolescent Psychotherapist and convenor

**Kara Gledsdale**, Child and Adolescent Psychotherapist

**Katy Hole**, Child and Adolescent Psychotherapist and recently qualified member from NSCAP

**Katie Lewis**, Child and Adolescent Psychotherapist

**Robin Solomon**, Lay member of ACP Training Council

**Jeremy Gunson**, Child and Adolescent Psychotherapist and member of the previous re accreditation of NSCAP.

Jeremy contributed substantially to the preliminary thinking but had to withdraw as a panel member on 10<sup>th</sup> February 2021 for family reasons.

**ACP Training Council link**

**Andrew Satchwell**, Training Council Deputy Director

## Introduction

### i. Background to the visit

The re accreditation of the Northern School of Child and Adolescent Psychotherapy (NSCAP) training in Child and Adolescent Psychotherapy (M80N) is undertaken to assess and provide feedback to the training in relation to the Quality Standards for Training of the Association of Child Psychotherapists (ACP). The ACP is in turn regulated by the Professional Standards Authority which ensures there are robust procedures to protect service users and trainees. The training provides academic qualifications of Master's degree and Professional Doctorate which are quality reviewed independently by the University of Essex and previously the University of East London.

As a lead in to the introduction the panel would like to include a quote from the Self Evaluation Document (SED) which we feel captures the spirit of NSCAP as we encountered it.

*"This report has been written by members of the team, working from home and completed during a second British lockdown. It is the collective effort of a committed organisation that has enabled a comprehensive collation of experience and evidence that forms this report. But foremost, this SED highlights the extraordinary resilience, engagement and determination of our trainees in finding ways to meet the needs of their vulnerable and complex patients by attending to their training commitments at a time of ongoing and shifting crisis."*

The re accreditation was due in May 2020 and planning started in February 2020. However, because of the uncertainty about the duration of lockdown occasioned by the global pandemic of Covid-19, this was paused as NSCAP and the ACP moved almost all activity online in March 2020. The disruption caused by this, the subsequent need to create safe working environments and to adapt the requirements of the training to accommodate these unprecedented disruptions led to the decision to postpone the re accreditation until February 2021 with all meetings and 'visits' conducted through video links. A Statement of Variance on guidance and requirements for qualification was issued by the ACP Training Council in May 2020 and a further Statement of Variance came while the re accreditation was in progress.

The organisational tasks for NSCAP over 2020, within the upheaval created by the pandemic, were the implementation of planned major changes of key senior staff and to the structure of NSCAP. In this time the training had to manage the retirement and replacement of the Lead Director and the Director of Training, accommodate the revalidation process with UEL, the Periodic Review with the University of Essex, the introduction of the ACP competence framework, the doubling of

the 2020 intake, the continuing pressures of incorporating research within the four-year doctorate programme and the heightened awareness of issues around equality and diversity.

A preliminary planning meeting involving the Training Programme Director, Director, members of the business and administrative team of NSCAP, ACP Training Council liaison member and convenor of the reaccreditation panel took place on 30.11.20 to establish a frame for the reaccreditation. The re accreditation panel met on 18.12.20 and 21.1.21 to plan the visit and finalise the timetable. A self-evaluation document (SED) which included an analysis of the strengths and challenges of the training was provided in good time by the Training Programme Director and Director and was invaluable for the panel in establishing key lines of enquiry. These were developed to focus the attention particularly but not exclusively on questions arising from the SED and other information made available. In advance of the visit management, administrative and teaching staff, Service Supervisors, Intensive Case Supervisors and all trainees were sent introductory letters inviting participation in writing or in meetings.

Teaching and administration of the course was being conducted by everyone working from home with all the constraints of child care and other pressures that this entailed. Only a small clinical service operated from Bevan House, the NSCAP base. The pressures that trainees and Service Supervisors in particular faced in decisions about working with patients face to face or remotely compounded wider anxieties and uncertainty about changes to clinical course requirements

At the time of the re accreditation most staff and students had not met in person with one another and had not been in the building since March 2020. The intake of 2020 was nearly doubled at very short notice following additional funding from Health Education England and, although all ten posts were recruited to, six had to have their start in placement and clinical training delayed until January 2021. Many of this 2020 intake have never been to Bevan House.

The re accreditation was conducted via online video meetings between 11<sup>th</sup> and 25<sup>th</sup> February 2021. The majority of these took place on 24<sup>th</sup> and 25<sup>th</sup> February with remote 'visits' to placements and attendance at the training day as is customary. Actual visits were precluded as only those delivering clinical services were permitted in NHS centres. The complex logistics of this were managed superbly, without a hitch, by NSCAP and the training placements. The ACP administrators provided the panel with an online platform to facilitate discussions and the collective writing of this report. Placement 'visits' were made to Northallerton Child and Adolescent Mental Health Service by Robin Solomon and Kara Gledsdale and to Wirral CAMHS by Katie Lewis and Katy Hole.

The panel wish to thank and pay tribute to the leadership, business and administrative team of NSCAP for the prior communications with contributors to the re accreditation, the timely provision of the necessary documentation in advance and the prompt delivery of further documentation, password protected as necessary, during the 'visit'. Their response was unfailingly positive, helpful and efficient, indicative of an organisation that had adapted superbly to the challenges of remote working.

The volume and quality of written responses from Service Supervisors and Intensive Case Supervisors indicated to us that NSCAP is a school held in high regard and open to the thoughtful contributions of its constituents. Teaching staff, Service Supervisors, CAMHS teams and trainees similarly engaged with us directly with enthusiasm, despite the constraints of the medium of communication. The Training Programme Director, Director of NSCAP and the Deputy Chief Operating Officer of the Leeds and York Partnership NHS Foundation Trust, who is the line manager for NSCAP into the host Trust, were generous with their time and readily accessible.

This report follows the structure of the Quality Standards for Training Schools and uses the template provided by the ACP in the Quality Assurance Framework for Training in Child and Adolescent Psychoanalytic Psychotherapy. We use the term 'trainee' throughout this document to emphasise that we are describing a course of practice and study leading to a professional qualification as an independent practitioner recognised as a core member of the NHS.

## ii. List of documents provided and meetings attended

### Documents:

NSCAP Self Evaluation Document 2015  
Annual Reports to ACP 2016-2020  
NSCAP Self Evaluation Document 2021, Strengths and Challenges and Appendices  
NSCAP Course Handbook 2020/21  
Trainee Placement Handbook 2020/21  
Guidance on the provision and accreditation of clinical placements for NHS Trusts 2020  
Anonymised Three-Way Review example for each year group  
Feedback from Service Supervisors and Intensive Case Supervisors  
Clinical Training Timetables: face to face and remote  
External Examiner Reports 2019 and 2020  
Essex University Periodic Review, Summary of Outcomes Nov 2020  
NSCAP draft response to Essex Review recommendations re EDI Programme for NSCAP EDI training event, March 2021  
NSCAP Governance Map, February 2020  
Recent Minutes and Notes, suitably redacted, for Business Development Unit, Strategy and Partnership Group, Tutors Group

Terms of Reference for the Leadership, Business and Innovation Group  
Job and Role Descriptions for a range of staff  
Curriculum Vitae for recently appointed staff

Members of the panel met with:

February 17th: Service Supervisors Group  
Research Lead  
18<sup>th</sup>: Director NSCAP  
19<sup>th</sup>: Deputy Chief Operating Officer LYPFT  
22<sup>nd</sup>: Service Supervisor Lead  
23<sup>rd</sup>: Director and Training Programme Director  
24<sup>th</sup>: Senior Staff Team  
Wirral CAMHS  
North Allerton CAMHS  
25<sup>th</sup>: Trainees in year groups 1; 2&3; 4&5  
Business and Admin team  
Senior staff and Tutors for preliminary feedback

Panel members were also able to join and observe Research Seminars Yrs 1&2, Theory Seminars for all years and mixed year supervision groups.

iii. Requirements from the previous ACP re accreditation report in 2015 and updates on progress.

*1. NSCAP is recommended to provide a variety of opportunities for trainees and Service Supervisors to provide feedback on the training. However, trainees would welcome the opportunity to get together as a whole student body. The panel therefore recommends that this opportunity is provided, details to be decided in conjunction with the trainees. One suggestion was that there could be a whole student body meeting before the bi-annual Course Committee meeting in order to discuss the issues that they would like to raise.*

NSCAP reports relationships with Service Supervisors have deepened over the last 5 years. The Service Supervisors' Lead provides monthly meetings available to support all Service Supervisors and provide a route for feedback to the training. In the context of Covid-19 the Training Programme Director has joined these meetings regularly to enhance communication. Additional meetings were provided for Service Supervisors to comment on the changes to the training in the move to Essex. Meetings between Tutors and Service Supervisors take place at least 3 times a year and complement the formal three-way review that happens twice in the Year 1 and annually thereafter.

*2. There is a recommendation to provide some formal training for personal tutors. This could look in depth at the role of a tutor, the associated challenges and how to manage them, the preparation and support a staff member needs to take on the role for the first time and a sharing of best practice. It could include consideration of what to do when the trainee/tutor relationship breaks down and how to put in place the opportunity for reflection for both parties with regard to the set of circumstances that led to the breakdown.*

Meetings in 2015/16 focussed on the Tutor role, clarifying the tasks involved and generating a pathway for managing difficulties in the relationship between tutor and trainee, should they arise. Regular meetings with the Training Programme Director for new Tutors provide opportunity for induction and support into the role. Weekly meetings for Tutors are a source of continuing support for the role which is reported as increasingly demanding through Covid 19.

*In addition, the panel supports the following recommendations:*

*1. The recommendation made by the recent joint Tavistock and Portman NHS Foundation Trust / University of East London collaborative review: that “the programme team examine the obstacles to representation on the programmes in relation to gender and ethnic diversity of the local constituency and to consider ways of addressing these”.*

NSCAP commissioned consultants and set up an Equality and Widening Participation Group. These researched the demographics of the training and focussed on widening participation and the barriers to people accessing training from more diverse communities. This will inform the welcome development of the appointment of an EDI lead for all ACP training schools and additional HEE funding to improve equity of access and inclusion for Black, Asian and minority ethnic entrants to child and adolescent psychotherapy trainings.

*2. The recommendation from the Tavistock/University of Essex validation event: that NSCAP “consider running the Group Relations event sooner within the curriculum to provide students with opportunities to develop earlier knowledge and experience that can be used to build on the teaching of understanding groups and organisations.”*

This event was relaunched to be attended by 3<sup>rd</sup>, 4<sup>th</sup> and 5<sup>th</sup> Year trainees every 2 years. It did take place in 2016 and 2018. The 2020 event was postponed due to Covid-19 and is planned for 2021.



*Panel recommendations that the training school may wish to consider:*

*1. The panel recommends that NSCAP consider whether there is a need for more routine, regular formal three-way meetings, particularly where the Service Supervisor does not have another role at NSCAP, and whether the new programme will increase this need.*

More routine, formal three-way meetings were not considered necessary. Instead, additional three-way meetings are called as necessary. This is not unusual and happens, in particular, if a trainee's circumstances change or a difficulty is encountered. Additional meetings occur routinely if a training competence is not met in the annual three-way meeting.

*2. NSCAP should consider whether the demand for computers and printer(s) is adequately met on a Thursday and whether the current provision would be sufficient if trainee numbers were to increase to the maximum of 28.*

An additional computer was placed in the student work room in 2016 and additional laptops have been provided.

*3. NSCAP should align the Course handbook with the Equal Opportunities Policy to ensure statements relating to assessment criteria are consistent.*

The Course Handbook was reviewed in conjunction with the Tavistock training as it is a shared document.

*4. NSCAP should provide further training sessions in and discussion of working with diversity for both staff and students to ensure that staff and students continue to reflect on the implications of working with a diverse client group.*

This is work in progress. The Group Relations Conferences in particular provide immersive, experiential learning that bring issues of unconscious prejudice and discrimination to the surface.

## 1. Training school management and organisation

NSCAP is a Leeds based resource centre, established in 2003 to deliver clinical and pre-clinical training in Child and Adolescent Psychotherapy accredited by the Association of Child Psychotherapists (ACP). NSCAP feeds workforce development for child and adolescent psychotherapy across the large and geographically diverse Northern Region of England. The training is commissioned by Health Education England (HEE) who fund the cost of the clinical training both in terms of infrastructure costs and salary support for trainees.

As an NHS provision NSCAP is hosted by Leeds and York Partnership NHS Foundation Trust (LYPFT) which provides organisational, financial, estates and human resources support. The organisation as a whole is held within the Specialist Clinical Directorate of the Trust and includes the clinical training, a specialist psychoanalytically informed clinical and organisational consultancy service, a research and evaluation function and a Business Development Unit. The contract with Health Education England is managed through a bi-annual Contract Review Meeting. This regional resource is the product of HEE investment, LYPFT support and the strategic generation of new business by NSCAP.

NSCAP also offers other programmes and a wide range of short courses and Continuing Professional Development activity responsive to multi-disciplinary workforce training needs across the Northern region. These courses fall outside the remit of the accreditation visit but are evidence of the school's involvement in psychoanalytic education and training. A number of these programmes make an important contribution to the strategic development of the training and the place of child psychotherapy in the region.

The governance functions of finance, estates, human resources and risk reporting are well established and effectively held within the host trust. They are line managed through the LYPFT Deputy Chief Operating Officer who has good understanding of the place and value of child psychotherapy in CAMHS and of the issues around developing the workforce.

Since the last re accreditation in 2015 there have been number of changes in the senior management structure of NSCAP which then comprised Operational Director, Clinical Director and Head of Clinical Training. The complex evolution of these roles is taken from Annual Reports, though the reasons for changes are not clear. In 2016 the Head of Clinical Training became a Director and by 2017 the senior management team comprised a Lead Director, Operational Director and Director of Clinical Training. The Operational Director post became vacant, was reconfigured to that of Operations and Business

Manager and filled in October 2018. More recently there have been major changes in personnel and structure following the retirement in December 2019 of the Director of Clinical Training and in December 2020 of the Lead Director. Both of these were founder members so this represents a significant moment in the life of NSCAP.

NSCAP now has a Director responsible for all aspects of the organisation, who started fully in post in December 2020, overlapping with the departing Lead Director from September 2020 and taking on this new structure. The lead for the Child and Adolescent Psychotherapy Training, confusingly, is still called the Programme Director – Child & Adolescent Psychotherapy Training. There are also separate leads for Clinical Services, Adolescent Development and for Research and Development. The Operations and Business Manager leads the newly created Business Development Unit. The Training Portfolio Lead post, which coordinated a range of trainings other than the clinical training, was discontinued.

Each of these leads was reporting to the Leadership, Business and Innovation Group, created in 2017 and chaired by the Lead Director. Discussion during and clarification sought following the visit brought to light changes to the structure that were driven by pressures of events early on in lockdown. These led to the Business Development Unit meeting weekly and the creation of another impromptu group dealing with additional trainee commissions. These took over some functions of the LBI group and the BDU was programmed to be chaired in rotation by the Director, the Operations and Business Development Manager and the Business Manager.

The panel came to the view that the collective response of senior staff, tutors, business and administrative staff in engaging with the challenges of lockdown had been exceptional. The process of moving teaching and supervision online and raising the level of support for trainees and their Service Supervisors in meeting the needs of their young patients and their families had been accomplished with remarkable dedication and efficiency. Service Supervisors and trainees were fulsome in their appreciation of this and had responded accordingly.

However, this came at some cost. The scale of the task facing a newly appointed leadership team was evident. The Training Programme Director took up role at the beginning and the NSCAP Director, externally appointed, arrived in the middle of a major process of change that collided with the unprecedented obstacles created by a global pandemic and a doubling of trainee intake. The scale of the response needed to shift work and communications online diverted energy from the planned organisational changes and compounded a lack of clarity about role boundaries, lines of accountability, authority and responsibility. This was apparent from the intrusion of previous organisational structures into the documentation we received, and in

the content, composition and management of some meetings attended. In NSCAP, as in other training schools, individual staff can occupy a number of roles so that lines of authority and accountability can reverse depending on context. As a result, these organisational issues extend beyond the clinical training and require attention across NSCAP. This was commented on in the SED as follows:

*“Management structures have developed an overlap of functions across meetings and lines of responsibility and accountability which leads to some replication which needs review and possible revision.”*

The view of the panel is that these organisational issues now need urgent attention before the role conflicts and tensions undermine the effective functioning and development of the training. Particular elements of this are referred to later in the report.

### **Commendation**

The panel wish to commend the pride, commitment, energy and enthusiasm of the staff and trainees at NSCAP and of the Service Supervisors on the way they have sustained core learning and work in placements with patients through unprecedented times.

### **Condition**

The panel request that the senior management team of NSCAP provide for the September 2021 meeting of the ACP Training Council a plan and timescale to achieve clarification and consolidation of the organisational structure of NSCAP as it relates to the clinical training. Given the overlap of roles in the wider organisation this may need to include attention to lines of accountability, responsibility and authority beyond the training. We would hope, eventually, to see an organisational chart that includes these and updating of job descriptions to reflect the new structure. This work would be best undertaken face to face and once the role of Academic Tutor has been filled, but may not be able to wait on that. External consultation might be necessary in this, or for elements of the process, in particular managing planning in the aftermath of Covid 19 and the pressures on the curriculum.

**ACP standards were met.**

## 2. Staffing and effective use of resources

### Teaching staff

The Clinical Training is led by the Training Programme Director who came into post in January 2020. Within the clinical training a new Research Lead was appointed in 2017 and new Service Supervisors' Lead in 2019. The post of Academic Tutor, vacant since January 2020 has been advertised but not yet filled. Training group members are variously employed by LYPFT, on a service level agreement or on a private contract. There are a total of 7 part time members of teaching staff, 6 of whom are senior, experienced Child and Adolescent Psychoanalytic Psychotherapists (CAPTs), sharing a variety of specialisms, and the Research Lead has a background in teaching, coaching, occupational psychology and research. Members of the teaching team also hold roles in the wider organisation of NSCAP of Director; Research and Development Lead and Adolescent Development Lead. The teaching team is notable for its ethnic diversity and gender balance.

There is the expectation that tutors will take on the first intensive case supervision of their tutees if this is possible, some are also Service Supervisors and holding these multiple roles is seen as benefiting the trainees and the organisation. In addition, Tutors are expected to take up roles as Research Supervisors whose availability and confidence is a work in progress as the numbers of CAPTs with doctorates gradually increases. As the number of trainees pursuing doctorates increases, so will the need for numbers of Research Supervisors and drawing from a wider pool may be beneficial. Just as NSCAP may consider which external Intensive Case Supervisors may be suitable for particular patients and their presentation, so it might be possible to think about which Research Supervisors might be most appropriate for the research topic. This may include support from the University of Essex or other disciplines.

Continuing Professional Development is a key requirement for registration to practice as a CAPT and the wider activities of the teaching team include holding significant, senior roles in regional CAMHS and in the Association of Child Psychotherapy. Their wider practice includes psychoanalytic psychotherapy with adults, couples work, coaching, organisational consultancy and group relations conference consultancy. Tutors have been involved in publication of papers, reviewing papers for the professional journal, organising and chairing national and regional conferences. Staff report that attendance at conferences and CPD events on clinical, research, organisational development and leadership courses has accelerated during the pandemic as a result of increased access to video conferencing.

Teaching quality is enhanced by a continuing annual peer review process and weekly course tutor meetings address issues both regarding the delivery of the training and the training needs and opportunities for staff.

The Essex University Periodic Review Panel in its November 2020 report on the academic component of the training “*commended the course team on the quality of teaching, tutorial and additional support they provided, especially during any adverse environments students might encounter through the duration of their studies*”.

### Business and administrative staff

Staff reported the move to remote working had taken its toll; the building referred to as ‘*like the ‘Marie Celeste*’ and the administration team missing the opportunities for students to ‘*knock on our door*’. In the face of this the team had worked hard to make themselves available digitally. It was of significance that the administration team had worked together for a long time and had close working relationships as a team. They felt valued, respected and listened to, very much a part of the larger organisation. They were appreciative of regular trust bulletins and encouragement to attend Trust Based Training, for example on BAME. The loss of key senior staff at NSCAP had been difficult but they felt well managed, however establishing and maintaining strong relationships with the new senior leaders will be vital in continuing their success. Frequent arranged meetings had not yet been possible with the Director. There was a sense of anticipation that the uplift in training posts would place increasing strain upon their capacity as a team and this needs serious consideration and future planning by NSCAP to ensure the team continue to feel supported and in turn continue to support the trainees. The administration team felt it had needed to adapt to meet the needs of the organisation. They were afraid that the ‘*team would not grow along with the growing task*’. They added that ‘*no matter how much stress we’re under, our team remains close*’ and spoke of their own WhatsApp group that supported this.

### Building and library resources

The lease of Bevan House fell due for renewal in 2020 and, with the potential increase in size of the trainee intake and other activities of NSCAP, a search for larger premises had started. In the event increased space in the adjacent building became available so that potential for expansion is now available for the period of the new lease, with requests for improvements to the current facilities such as sound proofing, lighting and air conditioning upgrades.

A tour of the premises was not possible but members of the panel who had not visited the building in the past were shown photographs and given a virtual tour by administrative staff. Their pride in the building and the sense of loss in not currently making use of it due to Covid-19

was palpable. The building is well located with parking and train access, a rarity for such a city location. The library is locked, so trainees are increasingly reliant on online access to resources via Moodle, though they continue to value *'holding a book'*. Administrative staff in particular were mindful of changes since the trainees last used the building and how their relocation to a more private administration office could counteract their previously well-used 'open door' policy for trainees. Some alterations were to allow safe working and how occupancy of rooms have shifted to accommodate the changes in staffing. These changes have yet to impact on the majority of teaching staff. Trainees reflected on what had been lost and were looking ahead to what the experience might be on return to the physical building. They were acknowledging the physical changes to the building and to the differences that reflected the changes in the structure of the organisation, the rooms being no longer occupied by the familiar members of staff, other staff moving into vacated spaces.

### Service Supervisors

The 24 Service Supervisors of placements over the last 5 years are described in the SED as the cornerstone of the organisation. All are experienced CAPTs, most with many more than the required minimum of 4 years' experience. All new supervisors are provided with two half days training as induction into the role. All Service Supervisors are invited to attend a monthly Service Supervisors meeting, ably facilitated by the Service Supervisor Lead who is greatly appreciated. The membership of the group fluctuates from month to month, but interestingly members felt a core group do attend. The optional attendance seems beneficial in managing workloads and using the group when needed, but the panel wondered if it perhaps misses the experiences of those who have been Service Supervisors for a longer period, as it appeared that the majority that attended were new to the position of Service Supervisor or had new first year trainees. Interestingly one more experienced member talked of returning to the group for support due to the current Covid-19 pandemic. Helpfully the Service Supervisor Lead had incorporated increasing space for CPD and training within the meetings and the Service Supervisors found this valuable. Key NSCAP staff could be and were invited to attend upon request. There was a direct line of feedback following each meeting to NSCAP from the Service Supervisor Lead, providing a two-way channel of communication and enabling Service Supervisors to feel informed about and able to influence the training process within NSCAP.

The group the panel attended were from a variety of clinic settings across a wide geographical area. Previously held in person, it was acknowledged that regular attendance of the group felt more possible

using a virtual meeting as instigated by Covid-19. There was a sense of loss of an in-person meeting, but the advantage of being able to attend without taking a day out of the clinic for travel was seen to outweigh this and there were thoughts of the importance of continuing in this way of meeting post Covid-19.

Despite the thread of concern around BAME issues in the NSCAP self-evaluation document, there was a noticeable absence of this in the Service Supervisor meeting and an agreement that this was something that remained absent and not visible in these meetings. It was recalled that some useful YouTube videos had been circulated in the summer. It was thought that generally the meetings allowed themes to emerge. However, as issues of difference and diversity had not found a place, there was perhaps a need for a dedicated space or structure as part of the meeting.

The presence of the Training Programme Director at part of these monthly meetings during lockdown was seen as most helpful for keeping abreast of developments over a difficult time. This is a lively group who clearly feel able to make an active contribution to thinking about the training at NSCAP.

If trainee numbers continue to grow the provision of Service Supervisors will need attention and it was suggested that potential Service Supervisors, for example those supporting trainees where there is an external Service Supervisor, might be given access to the monthly group. We are aware of the possible obstacles to this in terms of CAMHS job descriptions and banding of posts but it does indicate the key part played by this group.

The SED comments on how Service Supervisors are *“largely drawn from CAPTs who trained at NSCAP”* and whilst this clearly describes the strength offered by existing relationships with NSCAP, we wonder whether the need for further training placements to support the increase in commissioned training posts may be an opportunity to engage with a wider pool of qualified Child & Adolescent Psychotherapists, beyond those who trained at NSCAP.

With notice of a continued doubling of the intake at NSCAP and elsewhere this coming year the panel do not need to highlight the urgency with which the availability of Service Supervisors to support placements has to be addressed. This will need representation at forums for workforce development at regional and national level.



## Intensive Case Supervisors

There have been 18 External Intensive Case Supervisors over the last 5 years, providing supervision for two of the three trainees' intensive cases, bringing a breadth and depth to their clinical experience. Lockdown has increased the use of online supervision, already in play because of geographic spread, though there is an attempt to have the first supervision in person.

Feedback from external Intensive Case Supervisors was positive about the quality of communication available through the termly three-way meetings and appreciative of the high calibre of NSCAP trainees. A number also raised the possibility of, at the least, an introductory meeting with the Service Supervisor, to include the trainee, so that a relationship could be established and lines of responsibility made clear. This is discussed further in the section on Trainee Support. The SED also raises the prospect of a supervision group for new Intensive Case Supervisors to ensure a ready supply as senior members of the profession retire. This too the panel would support.

## **Commendations**

The step change in the efforts of NSCAP staff to support trainees and Service Supervisors in response to the constraints of lockdown is acknowledged and appreciated across the board. This can only have been delivered by extraordinary commitment on the part of the clinical and administrative staff available, most of whom are part time.

The supportive relationships with Service Supervisors and between Service Supervisors and CAMHS teams are excellent. This made it possible to accommodate this year's increase in trainees at short notice.

## **Recommendation**

NSCAP to consider using a wider sourcing of research supervisors as the number of doctorates increase over time.

**ACP standards are met.**

### 3. Curriculum

#### Overview

The four-year curriculum at NSCAP has three elements: a clinical placement supported by Service Supervisors; an academic syllabus and a research programme leading to a Professional Doctorate. Since the change of academic partners to Essex University the doctorate is to be completed within the four years. Trainees can choose to step off the research component and complete with a master's degree. A part time training (0.8) is also available, to be completed in 5 years. The training also needs to meet the standards for membership of the ACP.

The overlapping transfer from the University of East London to the University of Essex which started in 2015-16, is now complete, with the last trainee graduating from UEL in September 2020. The transition went well with commonalities between the core seminars and specialisms allowing trainees to be largely taught together. The request of Year 2 UEL trainees in 2015 to transfer to the four-year Essex doctoral programme, unfortunately, could not be met and they went on to qualify with UEL awards. The Collaborative Review of the UEL programme took place in September 2020 describing the NSCAP training as an '*exemplary course*' and commending the clear communication and support offered to trainees in the transition to Essex and a new curriculum.

The rigorous clinical requirements of brief, long term and intensive, psychoanalytic work with patients from 0-25 and their carers are met by a broad mix of work in multi-disciplinary CAMHS clinics overseen by trainees' individual Service Supervisors. Intensive, long term psychotherapy of three patients across the age range is supported by separate individual Intensive Case Supervisors. The integration of the complex mix of the theoretical, clinical and research elements of the work is the object of the Thursday training day at NSCAP and the particular task of each trainee's Personal Tutor. The core of the course comprises three modules which evolve through the four years and are presented lucidly and comprehensively in the Course Handbook and in the Trainee Placement Handbook. In each of these Handbooks the modules have clear and concise learning outcomes to be achieved in each year. The panel wish to acknowledge the thought and care over time that has gone into the descriptors of each of these modules and the clarity of the learning outcomes identified, against which trainee progress is tracked.

From the summer term of 2020 all teaching moved online and, because of the intensity of working on a screen, teaching sessions were reduced from 1 hour 15 minutes to 1 hour. This provided a 15-minute turnaround time between seminars and was much appreciated by the trainees for the opportunities for informal exchange afforded

that were otherwise absent. Conversely it reduced what was possible to include in seminars. Challenges presented by working from home were identified and worked with for each trainee and, despite the difficulties, attendance for seminars improved. The trainees described teething difficulties with remote teaching but were overwhelmingly positive about the speed with which a full day's teaching was established online. They were appreciative of the steadiness provided by the smooth running and the continuity of weekly intensive case supervision. They also recognised that circumstances, such as needing to be at home with a sick child, would ordinarily have precluded attendance but with virtual seminars it was possible to join the group. There was some discussion amongst staff and trainees as to whether blended learning could usefully continue to play a more significant part in teaching, reducing travel time in a regionally spread trainee body.

The obstacles to trainees continuing work in clinics across the UK led to two progressive 'Statements of Variance' from the ACP Training Council which permitted adaptations to the clinical requirements to accommodate the limitations imposed. NSCAP have been alert to the need for adaptations and responded with sensitivity to individual circumstances. The panel wish to recognise the extraordinary efforts of NSCAP staff, Service Supervisors and trainees to maintain the momentum of the training in these extraordinary circumstances and emphasise that the commentary that follows descriptions for each of the modules needs to be read with the constraints imposed in mind.

### Clinical Conceptualisations Curriculum

This is very similar to what has been taught on clinical trainings over the years, engaging with the experience of patients of mixed gender in the pre-school, latency, adolescent and young adult age range, with a complex range of presenting problems. Each year has clinical group supervision and theory seminars with additional specialist seminars covering adoption, fostering and kinship care, adolescence, Short Term Psychoanalytic Psychotherapy and parent/carer work. Increased emphasis is apparent on the attention to work with more complex and varied families and carer presentations including mixed race, same sex, traveller communities, families with disabilities and to the importance of engagement with fathers.

The SED reports that providing therapeutic group work experience has been difficult as this is not a service delivered by CAMHS in the region. As the age cut off for CAMHS is 17 years, working with young adults 18-25 must wait for the evolution of the NHS long term plan. Similarly, many CAMHS in the region see very few children under 5 and preparatory work with placements is needed to ensure this is a possibility. It is sometimes necessary to supplement the Under 5s intensive work with once weekly or brief interventions to meet

competences. In addition, where possible, parent-infant work has been set up with specialist supervision provided. The ambition of NSCAP, subject to continuing increases of intake and hence staff numbers, is to provide for training opportunities across the 5 developmental stages of perinatal, under 5s, latency, adolescence and young adult.

The panel wish to acknowledge the very high quality and breadth of provision both in terms of placement experiences and course teaching of this element of the course and the way in which this has been sustained through adversity. We also wish to acknowledge the reality that, as additional elements are added to an already packed curriculum, within a fixed time frame, then some elements will have to be relinquished.

### Practice Based Learning Curriculum

The timetable is having to incorporate additional elements that include increased focus on the psycho-social, economic and socio-political dynamics of diversity and difference that are encountered in therapeutic and professional relationships, in particular on the experience of BAME and LGBT communities. Anticipating the NHS long term plan has led to increased focus on systemic leadership skills and the development of consultancy skills to individuals and organisations. These elements are addressed through Essex's newly established Practice Based Learning Curriculum and NSCAP's continuing commitment to Group Relations Conferences, which are to take place every two years. Additional end of term training days, often with outside speakers, augment the curriculum, covering issues including routine outcomes monitoring, gender identity, impact of parental mental health issues on children, psychosomatic presentations and an under 5s manualised intervention 'Watch me play'.

This curriculum is impressive in the way in which it engages with the complexities of multi-disciplinary CAMHS working and builds expectations of trainees gradually through the detail of learning outcomes to be found in the Trainee Placement Handbook.

The considerable efforts of NSCAP to improve the diversity of its staff and trainees and to engage with issues around equality, diversity and inclusion is recognised elsewhere in this document. The Black Lives Matter movement and the differential impact of Covid-19 on BAME communities have highlighted inequalities in health care in particular and lead to increased focus on these matters. These find expression in the SED in relation to this curriculum where in Year 1 there is the expectation that *"Trainees are expected to be open and thoughtful to the experiences of difference and diversity in their clinical and organisational experiences from the start of their training"*. And then in Year 3 *"Trainees will be developing an integrated understanding of the central relevance of difference and diversity, (particularly race,*

*gender, sexuality, disability and class) and the unconscious, relational and group expressions of this in all aspects of their work”.*

The panel would like to see these aspirations reflected explicitly in the learning outcomes in the Course Handbook and the Trainee Placement Handbook. This needs to be in relation to work with Trainees’ patients and their families, and also with their CAMHS colleagues, with teachers and supervisors and with one another. Similarly, the reading lists from Year 1 need to include papers, which may possibly include other than psychoanalytic texts, addressing issues of difference and diversity.

Trainees in their feedback recognised the work of NSCAP in the events that had been delivered and planned in relation to issues of difference and diversity. Their consistent message, across the year groups was, however, that these issues did not easily find a place in the everyday exchanges in seminars or in consideration of work relationships in placements. They were clear that they wanted consideration of diversity to be threaded through the curriculum and placement experiences, *“It should be in our pores”.*

Shortly after the visit the Training Programme Director made the panel aware of the draft response of NSCAP and the Tavistock Clinic to the Essex University Periodic Review recommendation in this respect and we were struck by the commonalities between our recommendations and that response. However, these are particular to the curriculum and do not address the development of a culture for exploration of issues of diversity and the anxiety inherent in this. This is engaged with in Section 11: Values, Equity and Diversity.

### Research Curriculum

The major challenge at NSCAP, as in other ACP UK trainings, has been the integration of the Research Curriculum, to be completed within the 4 years of the Essex Professional Doctorate, into an already packed training. It is apparent that the greatest effort and thought has been brought to bear by NSCAP staff in making this achievable and it is also apparent that this remains the most difficult of tasks to accomplish.

Trainees are introduced to key research paradigms and methodologies in Year 1 to enable them: *“to acquire systematic knowledge and detailed understanding of key theoretical paradigms and techniques for research and advanced academic enquiry in child psychotherapy, comprising concepts, methodologies, designs, and methods.”* (Course Handbook, p 23) Seminars are co-taught by the Research Lead, whose background is in health research and not child psychotherapy, together with a staff CAPTs to support the integration of research and clinical perspectives. This also is intended to provide

CPD for tutors to assist the integration of research across the curriculum.

In Year 2 the goal is for trainees “*to conceptualise, design, and undertake small-scale quantitative and qualitative data collection and analysis projects within the context of child psychotherapy in the NHS*”. (Course Handbook p 36) To achieve these goals there has been a move from a flexible arrangement to trainees being supported to establish a half day per week as a fixture in placement to be reserved for work on research. Because of the dictates of the timetable to receive ethical approval for a research project, trainees are expected to make a decision at a gateway at the end of Year 2 whether they wish to proceed to the Professional Doctorate or step off to focus on clinical work and achieve an M.Prof.

It was clear to the re accrediting panel from commentary in the SED, from individual meetings with senior staff and with the teaching staff group that balancing and integrating the research curriculum with the demands of the academic and placement learning components of the training are a source of considerable tension and difficulty.

*“The research and clinical elements of the training have a tendency to polarise and create a false dichotomy.”* (SED)

This was emphasised by the chorus of concern from trainees across the year groups. These views were repeated, summarised here:

- The content of the Year 1 research syllabus was felt not have a relevance to clinical practice, it stood apart from the rest of the training. This was described by trainees as “odd”. The attempt to address this by seminars being co-taught by the Research Lead and a CAPT could be helpful but was undermined by the pressures of the syllabus often leaving too little space for this to occur effectively, resulting in an awkward dynamic with little sense of why the CAPT was there. There was a need expressed for a greater connection to be made about the relevance of research to the clinical practice of psychotherapy. The research doctorate felt “bolted on” and not integrated with the clinical training.
- There was a shared unhappiness amongst trainees, arising spontaneously in two different year groups, with the pedagogical style for research methods. One trainee described this as: “working through the textbook and checking if they had learned the material with little engagement, discussion or questioning”.
- There were doubts about how much depth of understanding of statistics was needed, as opposed to a working knowledge of concepts. There was no sense provided as to how the research teaching would be relevant to the project they might wish to undertake.
- The dedicated time in the trainees’ working week, despite support, felt difficult for trainees to protect against the pressing clinical demands of recording or report writing. Trainees stated, ‘*It can feel impossible*’,

*'Half a day is not enough and difficult to fit in because of clinical requirements – it's in the diary but other things take precedence', the 'Third year of research feels too much, it impacts on home life'.*

- Trainees felt the workload was not sustainable, particularly if a part-time trainee or if a trainee had personal caring responsibilities for a child or relative. The trainees felt that such circumstances created a particularly difficult “extra layer” to the training and wondered if a space to think about this was needed.
- Trainees at later stages described how decisions to step off to date had not been cleanly done but taken painfully. There was a feeling of considerable loss and effort wasted, with no alternative route to a Professional Doctorate post qualification. They felt that if this had been a possibility it may have made stepping down a more emotionally bearable process. There was strong expression of the perceived tension between research and clinical work: There is a *'conflict between cognitive and psychoanalytic ways of thinking – two universes that don't meet'* and we *'need time to go between them'*. They wondered if research could be used *"to frame our clinical work"* and wanted more space for creativity. A desire was expressed that *'research could be more tailored to trainees not a one-size-fits-all'*.
- There was acknowledgement of two *'new languages'* for trainees as they begin their clinical training, particularly for those with no prior experience of research. There was a suggestion that this might be included in the pre-clinical training but also an observation that this might deter some people from applying. Trainees also wondered about the possibility of introducing research papers into the theory seminars, so that it became a familiar *'language'* of the training.

Importantly, it was acknowledged that conversations with other modalities were more possible with an evidence base to draw on and it was useful to have an understanding of the research language in exchanges with other disciplines. Also, a trainee who had benefitted from an extension of training commented that it took time to find something they were interested in and they had returned to their research with a *'renewed passion'* about its relevance to their clinical work. The common view was that an option to continue research post qualification was needed.

It is possible to imagine how research could be a lightning rod for all the other pressures within the training, most particularly over a period of lockdown, but there do appear to be systemic issues in the difficulties of the research curriculum being seen as relevant or timely in relation to practice-based experience. The possibility of overload in Year 1 when accommodating to the multiple initiations into the culture of NHS CAMHS clinics, psychoanalytic theory and practice, personal psychoanalysis and research culture would be compounded if there is not a close sense of connection established between the elements so that they are able to complement one another.

Service Supervisors commented in their meeting that due to the introduction of the half day research time, trainees are seeing fewer patients than historically would have been seen, however it was not felt this detracted from their training experience. There was some discussion about whether the research time should be reduced if the trainee were part time. (One Service Supervisor had raised this with NSCAP and was informed it should still be half a day). There were differing opinions about the impact of the research on day-to-day work: one supervisor felt strongly that the research should be part of the ordinary supervision to help trainees in deciding where to focus time at any given point; one voiced their disappointment when a trainee decided not to complete their doctorate; another noted that some trainees might retreat into the safety of the more academic areas of the training at the expense of clinical development. There was agreement about the desirability of flexibility about focus and time spent on research as opposed to clinical development at different stages of training.

It may be the curriculum changes and pathways recently put into place will, in time, produce greater integration for trainees and make early choices of doctorate versus masters program less painful, but the current experience and views of trainees and Service Supervisors need to be taken into account. We see a competence-based approach in relation to research, bringing the Service Supervisors more actively into the thinking, will be of benefit to the curriculum and the integration of research into practice. This needs to be implemented both in consideration of those who choose to concentrate on clinical work and those who continue with the doctoral programme. Both pathways should enable trainees to feel they have gained from their engagement with this element of the curriculum. Being research aware is different to being a researcher.

Our view is that systemic issues related to the organisational issues referred to earlier are relevant here. The SED comments that a significant burden of the work on this has fallen to the Research Lead and Training Programme Director, as other staff become more confident in their knowledge and understanding of research. The post of Academic Tutor, remaining vacant for over a year and the Director only fully occupying the role for 2 months at the time of the reaccreditation, in the midst of a pandemic, can only have made that burden harder to share.

### **Commendations**

The energy and creativity of NSCAP in engaging with and implementing the new Essex curriculum is commended.



The establishment of a clear choice point for moving to a doctoral research pathway is seen as a good way forward as is the protection of the time needed for research.

## **Recommendations**

The panel would like to see attention to diversity and difference in relation to children, families, one another, teachers and colleagues incorporated into all trainee year groups' learning outcomes, reading lists and teaching. The balance between dedicated time for these issues and threading them through trainees' learning needs to be held in mind and addressed by staff and service supervisors' groups in particular.

The ways in which clinical, academic and research components of the curriculum are balanced and integrated at different stages of the training need to be reconsidered. Continuing tensions and difficulties, despite considerable effort, suggest a working group, including representation from Service Supervisors, possibly with external facilitation, may be beneficial once there is clarity about organisational structures, roles and responsibilities.

Consideration should be given, in discussion with Essex University, to the possibility of completing the research beyond the clinical qualification.

**ACP standards are met.**

## 4. Use of learning outcomes and competences

### Learning outcomes

The NSCAP Course Handbook contains detailed learning outcomes now structured in terms of the elements of the Essex curriculum. These learning outcomes, evolved over a number of years by NSCAP in collaboration with the Tavistock and Portman clinical training, are clear, detailed, comprehensive and developmental. They inform the Annual Three-Way assessment of trainees and the Trainee Placement Handbook provides a framework for that to happen. Should learning outcomes not be met there are clear processes in place as to how this might be addressed.

Some concern was expressed in the SED that trainees might experience too great a burden of assessment and there is always the fear that such processes can become bureaucratic and detached from reality. This was not born out by the examples of anonymised three-way assessments that were provided for each of the year groups or by the comments of trainees. The assessments provided a lively, three-dimensional picture of the trainees' development and their value was acknowledged by trainees, even when they identified difficulties.

### Competences

For the first time the ACP Competence Framework for Child and Adolescent Psychoanalytic Psychotherapy has been included as a component of the ACP Quality Standards against which the training is to be assessed.

The framework comprises seven domains, two of which are common to all professionals working in CAMHS. The domains specific to CAPT provide a broad, hierarchical structure within which details of specific competences are layered. These competences describe the combination of skills, knowledge and experience expected of a qualified Child and Adolescent Psychoanalytic Psychotherapist that can be applied to a wide range of patients, groups and work contexts. They equip CAPTs with the capacity to make a full contribution to multi-disciplinary CAMHS teams, in particular in work with complex cases characterised by severity of disturbance, co-morbidity and, often, multi-agency involvement.

The panel had reports from the SED and tutors that the competence framework had proven useful, most particularly if a trainee was in difficulties. In the meeting with the Service Supervisors the competence framework did not come up spontaneously in the conversation and was introduced by the panel members. There was mixed feedback about the use of competences: some seeing them as

the trainees' responsibility; some finding them as hard to implement during covid, others, by contrast, found them very helpful in offering something more tangible and less subjective in feeding back on the trainees' progress. They saw them as particularly useful with trainees who were struggling, where areas requiring some attention could be identified and development focussed accordingly.

Asked about the place of competences, trainees described the framework as a *“useful point of reference for our own reflection”* *“useful language between service supervisors and tutors, especially in three-way meetings”*, *“a good way to orientate, acknowledge ‘extras’ and pull (them) together”*, *“helpful in ‘tracking clinical work, practice in relation to transference and developing specialisms”*, *“daunting on paper but the approach from tutors to not worry about them and use them as guidance was helpful with this”*, *“They were most helpful afterwards, capturing the learning we had done and were not aware of, rather than before”*.

There was discussion amongst Service Supervisors about how the Competence Framework might perpetuate the split between clinical and research elements of the training as its use in the three-way meetings was seen as clinically focussed. This led to ideas about how the competence framework might be developed in the service of integrating the two strands more effectively. We note there is no reference to research in the Trainee Placement Handbook learning outcomes and competences, despite the presence of research competences in the ACP framework. The SED suggests it is the responsibility of trainees to raise research issues with their supervisors rather than this being built in, as with the other competences. So, the Service Supervisor's observation that they are seen as clinically focussed is not surprising and we consider this needs to be remedied. Competences stand apart from learning outcomes, which are curriculum driven, and can be used to inform the content of the curriculum. It is the ability to draw on and integrate the knowledge and skills derived from learning and apply them in clinical situations that marks out competence. To use competences to examine learning outcomes, in a sense, they need to be reverse engineered. The way in which NSCAP describes their use, to explore in more detail and hone in on the difficulty when a learning outcome is challenging, seems to the panel to be a good way forward as long as competences do not become associated with critical assessment. Equally if a learning outcome proves difficult for a number of trainees it may be the problem lies with the relevance of the learning outcome for the task, or the task itself, and the competence framework can help explore that.

There is some confusion generated by the way in which competences are introduced into the Trainee Placement Handbook. The excellent learning outcomes, proven to be so useful, are provided to support the

recording for the three-way assessment for each year. The matching categories for recording these, however, are described as competences. They are also referred to in this way in the introduction to the Training Placement handbook and in the SED. There is no rationale offered for the shift, no mapping from one to the other and no narrative in the Course Handbook that might help with this.

We have statements from staff and trainees that the competence framework is helpfully being put to use but no evidence as to how this had happened. There are indications in the language used that the competence framework may have influenced the learning outcomes, or vice versa, with some confusion between and no formal linking of the two. This linkage needs to become explicit and we accept this is going to be an iterative process informed by practice. It is possible that changes to the competence framework, which is acknowledged to be a 'living document', may emerge as becoming necessary.

### **Commendation**

The work of NSCAP in developing the learning outcomes as a key contributor to the integration of the new curriculum into clinical practice is commended.

### **Recommendations**

The panel recommend that NSCAP begin a process of mapping of learning outcomes against competences. This might best be based, in the first instance, on when trainees' learning is explored in the three-way meetings as the input of Service Supervisors is important. Cooperation with other training schools will be necessary to assist this process.

The panel would like to see choices of training pathways informed by a competence-based approach. For example, to help distinguish between the research awareness required of all CAPTs as opposed to the competences required of a researcher. This would apply equally to awareness of leadership as a quality and function as different from aspirations toward management.

### **ACP standards are met.**

## 5. Trainee selection, progress and achievement

### Trainee Selection

There is a thorough multi-stage process for selection of trainees onto the clinical training that reveals the relationship between the needs of the trainee, the needs of NSCAP and the needs of the CAMHS placements. This acts as a starting block for the continual negotiation between these to provide a supportive training experience. The process not only appropriately assesses academic credentials, but also the level of personal commitment required.

There are an increasing number of applicants from pre-clinical courses outside of the North of England, often choosing to relocate to the area. Whilst historically there have been more applications than commissioned posts, it was noted that in January 2020 there was a dip and not all posts were filled in that first round. Last minute funding from Health Education England led to a near doubling of the overall 2020 intake. Despite the impact of the Covid-19 pandemic, a second round of recruitment took place and all the posts were filled. This required a two-stage entry in September and January to accommodate the trainees in placements. It is important to note that the additional placements were found at such short notice and this indicates the high regard for the training and the commitment of CAMHS teams who host, and the CAPTs who supervise the placements.

The move to remote online recruitment was reported to be implemented as thoroughly as the traditional process. An increase in training posts and more specifically a second intake created additional (and in many cases double the) demands on the NSCAP administration team, NSCAP teaching staff and CAMHS placement hosts, an increase in workload that they have had to absorb. Whilst they can all be commended for their speed in achievement, this would not be sustainable on a permanent basis and needs the attention of NSCAP in its planning of future resources. The increase has been confirmed for the 2021 intake which is welcomed but presents these workforce challenges, and these will escalate if this increase is permanent. As yet the necessary linkage between increases of intake and the scaling up of posts to provide the supervisory structure in CAMHS teams has not been made. This is both a regional and national concern.

In addition, the closure of the Liverpool and Newcastle pre-clinical training courses will contribute to the distribution of applicants to the training and in the long-term likely impact the availability and

recruitment to qualified posts in the region. It is a difficult task matching the needs of each trainee across such a large geographical area. Attempts to widen the pool of applicants in line with increases in training posts will add to the complexity of this. Whilst it is acknowledged that applicants deemed not yet ready for the training are offered feedback from their interviews, it may be that a more formalised offer of support could be made available that fosters the qualities and skills needed for a future successful application. New ACP funding offers the opportunity for an increase in the diversity of applicants and the impact will be able to be assessed by Annual Reports to the ACP.

We have heard some of the struggles the current trainees have had in feeling able to complete the research doctorate element of the training, some feeling they were not aware of the additional requirements it entailed. We consider more information on this needs to be incorporated into the recruitment process.

The high quality of the NSCAP trainees was commented on positively by external Intensive Case Supervisors and Service Supervisors, trainees were seen as “steady”, “organised” and “practical”.

### Trainee Progress and Achievement

Despite the move to remote working, the closure and re-opening of clinics and the use of PPE and other restrictions to clinical work in the context of Covid-19, trainee progress had continued. Trainees and their Service Supervisors felt appropriately held by NSCAP and its surrounding support networks, allowing the trainees to feel sufficiently contained to continue in their training and maintain the quality of clinical work and training experience necessary and not to halt their learning or qualification experience. All staff working around these trainees must be applauded for this remarkable achievement. We wonder if following the return to a more ordinary training experience, the differences and limitations of working during these times will become more apparent.

Trainee progress is monitored by NSCAP in three ways; through the learning outcomes, supported by the ACP training competences framework discussed in the annual three-way trainee progress meetings, annual clinical and research written assignments. Monitoring of trainee progress is seen as a continuous process, with termly discussions between NSCAP staff facilitating trainees to feel contained and supported and address any arising concerns in a timely manner.

We heard how NSCAP have supported a number of trainees through pregnancy and maternity leave, enabling them to continue their training and doctoral research.

Those trainees recruited through the recent second cohort expressed their concern during our visit that they had to meet the same academic deadlines as their peers who began in September and their struggle to feel ready to do so and wish for some accommodation for this.

### Career Guidance

The SED refers to the support given to trainees upon approaching qualification. It wasn't brought to our attention during the visit how or how much this process had been impacted by Covid-19. We did hear the concern from Service Supervisors about the ability to create appropriate posts for trainees within their services upon qualification. Interestingly in the Service Supervisor meeting attended by the panel there was a recognition that trainees often finished their training without a CAPT job, as had been the experience for many of the supervisors, and they might expect to put a portfolio of work together until a CAPT job emerged in a CAMHS service. We wondered if the table in the SED providing details of the post-qualification employment outcomes did not fully capture this process of finding or creating post qualification posts and if it accounted for whether trainees gained the number of hours of employment within the NHS that they had hoped for. Service Supervisors also spoke of their concern about meta-employability and the need to develop CAPTs interview skills in this respect. The new emphasis on integrating leaderships skills into the training was acknowledged and welcomed. There were differing views about encouraging qualifying CAPTs to apply for more generic mental health positions but an agreement that it would be helpful to encourage interest in specialist services e.g., Parent-Infant work. It would be interesting to know whether newly qualified CAPTs remain in their NHS posts or supplement them with private work or additional roles. We would suggest that the training may benefit from a follow up with newly qualified CAPTs to feedback on their career progression and anything additional they felt could have been offered to assist them during their training experience. With such a wide geographical area it will be a continual challenge to provide sufficient training placements and therefore then post-qualification posts that meet the location needs for not only the trainees but the patient population.



## **Commendations**

There is a thorough multi-stage process for selection of trainees onto the clinical training that has withstood the pressures of Covid-19 and HEE increase in commissioned posts.

Trainees and their Service Supervisors felt appropriately held by NSCAP and its surrounding support networks, so that trainees were able to continue to progress in their training despite the global pandemic of Covid-19.

## **Recommendations**

Further information on the requirements of the research doctorate should be incorporated into the recruitment process.

Formalised offer of support to be made to unsuccessful applicants to foster the qualities and skills needed for future successful application, particularly to support an increase in diversity of applicants.

**ACP standards are met.**



## 6. Trainee Support

There is a comprehensive network of support around the NSCAP Trainees. Particular focus is given to the central role of the Trainees' Personal Tutor ensuring effective communication between all parties throughout the duration of the trainee's training. The capacity for each of the support roles has been tested with the impact of Covid-19 and its associated difficulties and anxieties as well as the uplift in trainee placements. Once again, the team must be commended for their absorbency of these and long-term planning is needed from NSCAP to recognise and future-proof these strains.

### Personal Tutors

The SED helpfully summarises that each NSCAP Trainee is allocated a Personal Tutor one month prior to the start of their training and remains the same Personal Tutor throughout. They are encouraged to be proactive in developing and making use of their relationship with them. They meet twice termly in the first year and termly thereafter. Notes are taken and there is a pathway if difficulties arise in the relationship. Where two senior staff left the organisation, handover of the Personal Tutor role was planned for to provide a sense of continuous support for trainees. In addition, the Personal Tutor is usually the trainee's first Intensive Case Supervisor and this increases contact to weekly as a result. Whilst we heard from Personal Tutors about the positive impact of building their relationship with the trainee in this way, we also heard how painful it can then feel for the trainee when that case comes to an end and the relationship returns to a less intense Tutor-trainee one. During our visit trainees commented on how supported they felt by their Personal Tutors, however they felt that complaints about workload and the need to balance this with their personal life were heard but not actioned.

### Service Supervisors

The Service Supervisors regularly link with the Personal Tutor to monitor the Trainee's progress and support needs. Three-way progress meetings begin in the first year and are repeated annually throughout the training.

There was a recurrent theme that Service Supervisors described their trainees as "steady, organised and practical" amongst a description of services in a continual state of flux due to high staff turnovers, loss of managers, loss of clinic buildings and the introduction of covid processes including working from home and the use of PPE. We heard how trainees valued the knowledge and sense of history from their Service Supervisors and the "fresh perspective" they provided.

Where relationships were difficult or concerns needed to be addressed, they still felt supported and that it was possible to “find a way together” through open conversation. Trainees felt thought about, with a recognition of their individual needs.

In attending the Service Supervisor meeting, members of the panel heard about a wide range of experiences of face-to-face work in clinic and the use of PPE, each clinic seeming to use different procedures and at differing times. There was an acknowledgement of the challenge in providing an induction for new trainees virtually; helping them to feel they have the physical presence of a Service Supervisor and a presence in the wider MDT, as well as enabling them to engage with patients virtually without an internalised sense of what psychoanalytic psychotherapy is. There was recognition of the increased challenge for external Service Supervisors, that working remotely added to the felt distance between the external Service Supervisor and the trainee and the service in which they worked. When Service Supervisors had an existing relationship or additional role within NSCAP this naturally improved communication with NSCAP around trainee support.

### Intensive Case Supervisors

Intensive Case Supervisors are allocated to trainees with a preference for an internal Intensive Case Supervisor for their first training case. Feedback from Intensive Case Supervisors was overall positive with descriptions of NSCAP trainees such as “*impressed*”, “*absolutely outstanding*”, “*diligent in writing up, serious in making use of supervision and committed to their patients*”, “*sensitive, lively and engaged both in the work and in the supervision*”. Two common concerns were the impact of Covid-19 and the need for effective communication between the Personal Tutor, Service Supervisor and Intensive Case Supervisor.

The continuation of intensive training cases seemed to be felt to be a result of returning to face to face work within clinics. Whilst trainees had continued work remotely in the interim it was not ideal and we heard of one case that resulted in the breakdown of therapy. Some trainees had reported to their Intensive Case Supervisors that they felt their training experience was not what it should have been due to Covid-19 and we wonder if further support from NSCAP in processing these feelings may be helpful. NSCAP will have a vital role to play in informing and working alongside the ACP to monitor the impact of Covid-19 on the training quality and experience. “*Containment is more difficult and necessary than ever*” one Intensive Case Supervisor wrote poignantly.

Communication between the Personal Tutor, Service Supervisor and Intensive Case Supervisor seemed vital in ensuring the support of the trainee and the success of the training case experience and patient outcome. The need to model working together and 'joined-up thinking' seemed significant. This was reported to work well where Intensive Case Supervisors were known to NSCAP and had established relationships. Where Intensive Case Supervisors were external to NSCAP an increased level and clear channel for communication with others was requested. Equally we understood that a recurrent topic for the Service Supervisor meetings were the lines of communication between Service Supervisors, external Intensive Case Supervisors, Tutors and NSCAP. We heard at the meeting that a move towards direct contact with external Intensive Case Supervisors particularly at the start of an intensive training case was increasingly seen as positive and particularly important where the Service Supervisor holds clinical responsibility but is not the case manager or the parent worker. We understand a proposal for a more formal line of communication has been proposed by the Service Supervisors to NSCAP.

#### Admin support

Just as in many organisations, the administration team often act as a silent linchpin for the trainees. We heard from trainees the value they placed on their relationships with the administration team and in turn we heard the pride that the administration team take in watching the trainees develop from their induction to qualification, even ensuring they are a part of the trainees' ending ceremonies. There was a sense of a 'family' in which even the NSCAP building seemed to function as the 'mother ship' to both staff and trainees and was described with a sense of pride.

#### Research Supervisors

The role of the Research Supervisors was only mentioned to the panel by the fourth and fifth year trainees we met, only one of whom were continuing with the doctorate. They largely felt well supported by them in the emotionally painful process of withdrawing from the research doctorate. As research becomes more integrated with the training and the trainee's clinical practice, so links between Research Supervisors and Service Supervisors will need to develop.

### Seminar Leads

Information is regularly gathered from Seminar Leads to contribute to the three-way meetings in thinking about the trainee's needs. The panel were struck by how engaged, curious and expressive trainees were in the seminars observed; a clear indication of the supportive nature of the Seminar Leads.

### Reflective year group meetings

The SED details how year group meetings take place at the beginning of the academic year but have increased in frequency during Covid-19, at the trainees' request. We heard from trainees how both the year group meetings with a year group representative and the whole trainee group meetings with an NSCAP staff member present were seen as a valued source of support and trainees wished for the increased frequency to continue. We also heard at one placement visit how trainees nearer the start of their training valued the support of their peers nearer the end of their training, feeling they had "*ploughed the way*" for them.

### Analysts

Whilst analysts did not contribute to our panel's visit, we are aware that analysis moved online for trainees during Covid-19 in the same way that it did for their patients. We are also aware that access to analysis will need to be planned for by NSCAP in thinking about future increases in commissioned training posts. There was an interesting discussion in one seminar amongst trainees about the diversity of analysts and whether they could be allocated to an analyst upon this basis or not. There is further discussion of analysis in section 12 of this report.

### **Commendation**

There is a comprehensive support network around the trainees that has withstood the pressures of Covid-19 and an uplift in trainee numbers this year. Where relationships are difficult or concerns need to be addressed, Trainees feel they are supported and open conversations can be had.

### **Recommendation**

A formalised channel of communication between Service Supervisors, Intensive Case Supervisors and NSCAP is required. The panel recommend that the process includes an initial liaison meeting



between the external Intensive Case Supervisor and Service Supervisor, amongst other things, to address roles and responsibilities around case management. The report due from the Service Supervisors' group will doubtless contribute positively to the thinking on this.

**ACP standards are met.**

## 7. Trainee placement, learning and teaching

*“All NSCAP training takes place in regional CAMHS in training posts at NHS band 6 with complete NHS employment terms and conditions. These are fixed term posts for the durations of training. This is usually full-time for four years. However there is a 0.8 whole time equivalent training pathway for five years. This is available to trainees with caring duties or particularly personal circumstances. The vast majority of training posts have been established for many years within CAMHS that are experienced in supporting trainees. To meet our regional workforce obligations we aim to ensure as much coverage of these posts across the North West, Yorkshire and North East. However training posts invariably coalesce around the major conurbations. This is where there are experienced Child & Adolescent Psychotherapists to take up the roles of Service Supervisors, whether the concentrations of potential candidates live and where there are Training Psychoanalysts/Psychoanalytic Psychotherapists within commutable distances.” (SED)*

The process for establishing trainee posts is comprehensive and robust. As stated in Section 7 of the SED, every training post is accredited or re-accredited and a Service Level Agreement made to ensure the Trust, managers, senior clinicians and Service Supervisors are all aware of the requirements and responsibilities. NSCAP and the host Trusts have been faced with particularly challenging circumstances with the change in management structure at NSCAP, senior staff retiring and the doubling of intake at short notice resulting in a second cohort of trainees. All this was managed within the limitations imposed by Covid. *“It is extraordinary that we were able to fill these posts with strong applicants, highly recommended from their observational studies tutors and with considerable professional experience of working with children and adolescents. We are cautiously optimistic about this next generation of trainees courageously embarking on training in unrecognisable circumstances.” (SED)*

New Service Supervisors have felt supported by NSCAP in accommodating trainees from the second cohort. One of the service supervisors stated that she felt she was an integral part of the process.

Two virtual placement visits were arranged with members of the panel joining teams in North Allerton and the Wirral to gain an insight into working environments. These were decided on in discussion with NSCAP. They were placements that had not been involved in the 2015 reaccreditation and that were different to one another in makeup and context. These placements had their own challenges, were not easy settings, and the evidence we gained from the visits was echoed in feedback from Service Supervisors and trainees in other placements. The panel members met with trainees, their Service Supervisors and members of the multi-disciplinary teams to learn about the trainees’

work, to hear views on how child psychotherapy is viewed by other team members and the benefit of having a trainee in the service.

### Visit to Wirral CAMHS

This visit provided the two panel members with an example of a child psychotherapy service firmly embedded in the wider MDT. This is a tribute to the Service Supervisor and team. The Service Supervisor's long-standing relationship with managers in the Trust and with staff and systems in NSCAP is clearly a very significant factor in establishing and maintaining this 'secure base' for CAPT trainees. Conversations with representatives from a range of professions confirmed that the CAPTs and psychoanalytic thinking are highly valued. This was evident in the Reflective Practice group for the 0-18 team facilitated by one of the qualified CAPTs and the conviction expressed by one of the management team that '*We want to grow our own – encourage staff to do the training*'. To that effect the Trust is funding two places on the infant observation course/pre-clinical training.

Good communication has ensured that colleagues, including admin staff, are aware of the nature of psychoanalytic child psychotherapy. The child psychotherapy team includes the Service Supervisor (0.9 WTE), two qualified band 7 CAPTs (1.0 and 0.8 WTE) and a part time trainee in her first year of training. The team has dedicated office space and two therapy rooms in the main base with priority booking of a room in another building. There was a recognition that this privileged space might provoke envy in team members from other disciplines although in general the CAPTs felt this was not problematic and they were not seen as 'precious'. There was also a concern that the separate space might 'cut off' child psychotherapy from the MDT. The communication within the psychotherapy team was evident and the foresight of the Service Supervisor was appreciated. The progression of psychotherapy in the service and growing the training provision, preparing for what might come next within the service, for the psychotherapy team, was very much in mind.

The MDT members were positive about the placement of another trainee in the service. Geography, being part time and having no previous experience of CAMHS had led to the trainee having initial doubts about the placement. The trainee was very appreciative of the forethought and support from the Service Supervisor and CAPT team and the generosity of the wider team in their response to her particular needs. The Service Supervisor has worked closely with the trainee's Tutor to provide extra support. The trainee has begun to appreciate the time the commute provides between home and work although this remains time consuming. The demands of the research element of the curriculum are exacerbated by being part time and support from the academic staff has been important. The competency framework has

been experienced as extremely helpful to all parties in establishing a shared understanding and an action plan to address training needs.

Covid-19 has inevitably had an impact on the service and on training opportunities. Initially this impeded the trainee taking on cases and reduced working space has had ongoing implications for face-to-face work.

### Visit to Northallerton

Two members of the panel visited Brompton House CAMHS in North Allerton, North Yorkshire; a small multi-disciplinary CAMHS team that serves a wide rural geographical area with a predominantly White British population. The CAMHS team currently offers placements to one second year and one fourth year trainee with three direct sources of support: an external Service Supervisor, a band 7 CAPT within the service and line management supervision with the CAMHS Team Manager.

There had been several recent changes: a high turnover of staff; a relatively new team manager; the Covid-19 pandemic that included a move to remote working and use of PPE when on site; plus, the recent news that the team would be re-locating to a new building. It was commented, *“No doubt we will find a home but it will take time”*. Despite this, both trainees felt appropriately supported and valued by their supervisors, the wider CAMHS team and their relationship with NSCAP. The strength of the support seemed to lie in the history of existing relationships; the external Service Supervisor had previously worked in the service and supervised the band 7 CAPT and had a teaching role within NSCAP. The trainees felt a culture of respect for psychotherapy had been previously established in the team. Rather than seeing the external Service Supervisor at a distance accentuated by remote working, the trainees saw them as a *“fresh pair of eyes”* with a valuable perspective. We heard how working in a small CAMHS team with an external Service Supervisor enabled the trainees to establish close working relationships with the wider MDT. One trainee described the impact of Covid-19 on their training experience as *“a game of two halves”*, referring to pre and post Covid-19 and the other trainee felt their ability to manage this transition was greatly aided by an already internally established psychoanalytic frame.

The quality of the trainees and their work with patients shone through in meeting with some of their MDT colleagues and service leads. We heard what a *“pleasure”* and *“privilege”* they felt it was to have Child & Adolescent Psychotherapy trainees within their team. They valued their perspectives and felt it *“enhanced”* their MDT and they embraced the professional challenges offered with psychoanalytical thinking. As well as referrals accepted by the trainees for treatment, they spoke of valuing how assessments carried out and not accepted for further treatment helped inform the team. They described how the trainees



helped them to link the patients' early life experiences to current problems. They felt the trainees were “grounded”, “experienced” and “contained”.

It was noted by trainees that it was harder to acknowledge diversity when working with a largely White British population. They felt there was an absence of recognition of difference of ethnicity both in the patients and in the clinicians in the team. Also, one commented, ‘*difference is under the skin*’ indicating there are other forms of difference that are not so apparent yet need recognition. Trainees felt acknowledgement of diversity invariably stemmed from their own curiosity rather than being introduced by seminar leaders, supervisors and the wider MDT.

### Overview

The importance of strong historical relationships between Service Supervisors, NSCAP and respective Trusts was central to the success of these and other placements. Equally we have previously written that new service supervisors clearly felt well supported. Challenges to be faced are how to establish and maintain good relationships in the context of high turnover of staff in many NHS Trusts and, should the intake of trainees continue to rise, how to ensure a supply of Service Supervisors.

### **Commendation**

The process for accrediting and supporting placements is comprehensive, robust and has stood the test of establishing new placements, at short notice, in the context of Covid 19, with distinction.

### **Recommendation**

In anticipation of increased need, NSCAP to consider how to prepare CAPTS who have capability for and an interest in the role of Service Supervisor. For example, they might provide training opportunities for those who support trainees on a daily operational basis but are not in a formal Service Supervisor role or for those who are interested in developing a capacity for service supervision in the future.

**ACP standards are met.**

## 8. and 9. Assessment and Qualification

It is possible for trainees to achieve clinical and academic qualification through the NSCAP training. The clinical qualification provides membership and registration with the ACP as a qualified Child and Adolescent Psychotherapist. Alongside this is the opportunity for trainees to complete a Professional Doctorate qualification within the four-year training (or five-year if part time). Trainees can choose to step off the Professional Doctorate programme in the second year of training and qualify instead with a Master's degree. The academic components of the course are now accredited by the University of Essex following the change of university partner as previously described, and all current trainees are now undertaking this training. One qualified University of East London graduate is still enrolled in the doctorate component with NSCAP through their previous university partner as they deferred their studies due to maternity leave, and are due to complete this in 2022.

The training school outlines three main areas of assessment (SED):

- Training aims and learning outcomes linked to the ACP training competencies
- Academic assessment criteria
- Research assessment criteria

### Training aims and learning outcomes linked to the ACP training competencies

Trainees receive feedback through their personal tutor at the end of each term. The feedback draws on observations from the Service Supervisor, Intensive Case Supervisors, Seminar Leaders and Research Supervisors. Ongoing, weekly, feedback is provided by the Service Supervisor and Seminar Leaders. These various sources inform the more formal summative assessment of the three-way progress meetings that take place at the end of each year. Trainees are encouraged to be actively reflective in all areas of assessment. NSCAP provided examples of three-way meetings for years 1-5 which evidenced the effective implementation of this process. In discussion with trainees the panel found they felt actively involved and supported to reach qualification by these assessment processes.

The Training Record has been updated since the last reaccreditation and is designed “to capture the depth and breadth of clinical experience that underpins progress in training competencies.” (SED). This is populated by the trainee throughout their training and submitted to evidence the breadth of their clinical and learning experiences prior to qualification.

### The academic assessment criteria

The SED outlined the assessment and marking system with reference to academic governance and quality standards laid out by the University of Essex. Trainees are supported to prepare for their assignments via their seminar leaders, personal tutors and annual assignment workshops. Assignments are marked with reference to criteria and the marker provides constructive comments, particularly guiding trainees how to address areas of weakness if they have failed the criteria and would need to resubmit. Tavistock staff are involved in the marking process. It is the role of the Academic Tutor to address any concerns that the trainee may have in relation to marks and to liaise with the Tavistock if appropriate. Examples of assessment comment sheets were provided.

External examiners from the University of Essex reviewing the academic assessment at NSCAP commented on the high standard of trainees' written work and there is further evidence for this in the SED which shows that trainees are achieving strong marks. On the rare occasion that trainees fail an assignment they are supported to resubmit and thus far all trainees have passed on resubmission. If trainees did not pass when resubmitting they would have to leave the academic programme and would be supported to continue with the training and gain the clinical qualification.

### Research Assessment criteria

The SED describes a similar process for Research Methods learning with ongoing formative assessment through regular tasks and practice prior to submission of formal summative assignments. In Year 1 trainees submit two assignments, 3000 and 2000 words. In Year 2 trainees submit a 3000-word assignment and a 2000-word Research Dissertation proposal. The focus for the following year groups is on thesis projects. There is an annual Research Supervisory Panel for the trainee with the Research Supervisor and a member of the training team who is not involved in the trainee's research project, acting as chair. The trainee and Research Supervisor both complete forms which inform the meeting and are submitted along with the Chair's report to a Research Progression Board.

### Qualification

Since the last accreditation in 2015, 30 trainees have qualified with both clinical and academic qualifications. 40 trainees have embarked on the Essex programme, 10 are in the first year and 6 in the second year are approaching the choice point between M.Prof and doctorate. Of the 24 Essex trainees from the intakes of 2015 – 2018 one has been awarded the doctorate, 10 are continuing with their doctoral research project, 11 have chosen the M. Prof. route and 2 have left the course. One additional NSCAP graduate from a previous cohort is

also working toward completing their doctorate qualification through the University of East London and is currently on maternity leave.

The numbers of trainees who have chosen to step off the doctorate programme and instead complete their training with a master's degree is marked. This would seem to point to difficulties in how realistic it is for trainees to manage to follow the academic and research programme as it currently stands, within the four years, alongside the demands of the clinical qualification. Trainees' comments about how painful the choices have been lend weight to this concern. Some have been clear that the choice was a positive one, allowing them to focus on their clinical competences, which has been discussed more thoroughly in the Curriculum section of this report. NSCAP highlighted in their strengths and weaknesses document that the different academic qualifications available to trainees allows for flexibility with personal circumstances and academic ability; the panel heard from trainees that the idea of this flexibility is often not what is experienced in practice, and greater support may be needed in preparation for and at the point of this decision.

### **Commendation**

Assessment processes are clear, robust and well documented. The process of transition of university partner from the University of East London to the University of Essex has been well managed. This reflects a substantial amount of work and effort from those involved and the continued high quality of assessment and successful qualifications of trainees is acknowledged.

### **Recommendation**

NSCAP needs to take account of the experiences of numbers of trainees stepping off the doctorate programme to complete with a masters to date. Current and future cohorts of trainees might find this less painful if it is viewed as a choice from the beginning as to whether they step up to the doctorate.

**ACP standards are met.**

## 10. Quality enhancement and maintenance

### Validation and Accreditation

NSCAP is subject to periodic quality assessment from the ACP as well as their two university partners: the University of East London, now in the final stages of that programme, and the University of Essex, who validated their current academic programme in 2015. NSCAP also meet regularly with Heath Education Yorkshire and the Humber via Annual Strategy and Partnership Review meetings to consider issues relating to the training contract and funding.

The ACP is responsible for accrediting the NSCAP training for professional qualification, and the last reaccreditation visit was 2015. This current visit was postponed from May 2020 to Feb 2021 due to the onset of Covid and resultant pressure on services and restrictions. NSCAP is a member of the ACP Training Council and provides annual reports and updates on how they have responded to previous re accreditation recommendations and conditions.

The last and final University of East London re-validation took place in September 2020 and focused on the delivery of the final stages of the programme at NSCAP; NSCAP has one graduate who studied under this programme and is now in the doctorate stage of their studies due to complete in 2022. All current trainees are therefore studying under the University of Essex programme, and NSCAP had their first review of this programme in November 2020 which continued their validation and will next be reviewed in 2025/6.

In the SED, NSCAP outline that they have been working closely with their Tavistock partners and the University of Essex to consider aspects of the programme which have been more challenging and to further develop these working relationships. They gave the panel details of the recent review of the course by the University of Essex, which was in the main very positive particularly in regards to the standard of teaching and trainee support, and recommended continued validation. This review found that NSCAP demonstrated '*systemic monitoring, review and enhancement of the course*' and that this was of an '*equivalent standard to comparable awards throughout the UK*'. It was highlighted that there was a need to synchronise research and academic aspects of the course with clinical work in training placements, to this end they recommended opportunities be made for interactions between research and practice supervisors which the panel would agree would be helpful. The review included some conditions which NSCAP will respond to, including the need to provide clearer information in the handbook (detailing the supervisory procedures and trainee progression milestones), moving to graded assessment feedback rather than binary pass/fail, and combining the Research Student Progress Board and Exam board into a single progression board. Additionally, they highlighted the need to improve

Equality, Diversity and Inclusion with a clear action plan. The panel has had sight of the early draft of this EDI action plan, which is considered in more detail in this report under the Section 11 Values, Equity and Diversity, and it is clear that work is underway to address these issues.

As part of the University of Essex's ongoing quality assurance processes, external examiners regularly review and report on the NSCAP training course's academic quality and standards. The panel were pleased to read that these examiners found that the academic standard was *'very high'*, and that it was *'particularly impressive to see theory embedded in the practical work'*. Examiners also commented on the high quality of trainee's written work *'reflecting the strong calibre of students as well as the strong guidance and support they receive'*. When examining the course and modules over the past year the External Examiner commented that whilst there had been an increase in extensions and extenuating circumstances claims in the Covid context, there was no evidence of a drop in the standards of the trainee's work. This points to the high quality of support and training that has been possible to maintain even under the extreme pressures brought to bear on staff and trainees at NSCAP during the pandemic.

### Quality enhancement and maintenance systems

NSCAP has robust internal systems in place to try to gain feedback as to the quality of the training and ensure that issues or difficulties that may arise are brought to the attention of staff and responded to. Staff attend weekly Training Team meetings where issues relating to the training and trainee experiences can be discussed on a week-by-week basis.

Trainees are encouraged to feedback their experience of the training in a variety of formal and informal ways. They are encouraged to develop a close working relationship with their Tutor from the beginning of their training. They meet with their Tutor individually and via three-way meetings with their Service Supervisor, as previously described in the section on Trainee Support. It is hoped any issues of the quality of training within NSCAP or in placement could be discussed, thought about and responded to at an early stage in these meetings. The SED reports there have been no significant difficulties in trainee - tutor relationships and no need to replace Tutors, other than as a result of recent retirements, since the last ACP re accreditation report. Trainees and Tutors are encouraged to raise tensions and conflicts at the earliest opportunity with the Training Programme Director or, if she is the Tutor, with the Director of NSCAP. There is a clear procedure in place should such issues occur (SED Appendix C).

Anonymous feedback forms are encouraged to be completed by trainees regarding all seminars toward the end of the year, and this feeds in to planning for the training going forward. The course committee meets at least twice a year and a year representative from each trainee year group is invited to attend and give feedback on behalf of their year group. The training school responded to a request from trainees for reflective whole year group meetings facilitated by NSCAP staff, and these take place at the beginning of the academic year and within the Covid context have been increased from yearly to termly. Additionally, the Programme Director has met with trainee year group representatives over Zoom approximately two to three times per term since March 2020 in response to the increased pressure on trainees with the Covid-19 pandemic. Trainees commented to the panel that they had valued the increased frequency of these meetings.

The panel found evidence that NSCAP are reflective of the nature of the close-knit staff group who have overlapping roles and responsibilities, and the impact that this might have on trainees feeling they can voice difficulties or complaints without this having an adverse personal impact or detrimental effect on their training. In the SED, NSCAP highlight that they are alert to this issue and as a staff group work to support one another to *“take onboard trainee concerns and ensure that these are discussed in detail and responses are feedback to trainee/s”*.

The panel found that trainees were aware of the ways in which they can feedback their experiences of the training and took an active part in this. Despite there being a variety of channels through which to do this, some trainees did still describe finding it difficult to raise difficult or challenging aspects of their training experiences. In exploring what might hold them back from raising what is more critical or difficult to talk about, newer cohorts of trainees expressed the role of gratitude - they felt grateful to be on the training and so reticent about making comments that might be seen as negative. This feels even more pertinent within the Covid-19 context, when everyone is trying to manage so much and trainees are aware of this, it may feel more difficult to ‘rock the boat’ when the boat is feeling rather fragile. Trainees said that where they had raised concerns, they felt that these were listened to and thought about, but that action and change was slower coming, which was an area of frustration for them.

### Complaints procedures

NSCAP has complaints procedures in place that align with the organisations they are a part of (their host NHS Trust, academic university partners and the NHS Trusts within which the trainees are placed). Trainees are made aware of the complaints procedure in the

induction process and can find further information on Moodle (the virtual learning platform). There have been no informal or formal complaints made since the last ACP accreditation.

Complaints would initially be directed to the Director of Training, an investigation undertaken and the trainee would meet with their Tutor to discuss and try to find an agreeable solution. If no solution is possible complaints relating to NSCAP would then be considered in a meeting with the NSCAP Director and NSCAP Business and Operations Development Manager and/or a member of their host Trust. If required this can move to a formal hearing with members of the host Trust who had not been involved at an earlier stage and the Director of Training. NSCAP are aware that there may be a conflict of roles in the process of responding to complaints and would seek to ensure this is managed so that trainees' complaints could be responded to in a fair manner. If the complaint related to aspects of the doctoral programme these would be directed to the Tavistock or university partners. If the issue sat within the placement the trainee would be supported to follow their placement Trust complaints procedures.

### **Commendation**

The panel commend the way in which NSCAP have engaged with and responded to the validation and review procedures required of them by the different organisations of which they are a part. The timings of these different review processes have concertinaed together in the context of already pressured circumstances of responding to the Covid-19 crisis. This represents a significant amount of work and thought and the panel found that NSCAP took these different reviews as an opportunity to reflect on the quality of the training that they provide and how this could be built upon and improved.

### **ACP standards are met.**



## 11. Values, equity and diversity

The panel would like to recognise the wider context within which and through which we, and NSCAP have been discussing issues relating to values, equity and diversity. This is a broad, complex and emotive area, and this re accreditation comes in the midst of evolving ideas and language. Indeed, at the time of our visit and the writing of this report there has been reignited debate regarding the use of the acronym 'BAME', which NSCAP and the panel had been applying. This mirrors the struggles in general about how language cannot easily capture the richness of ideas around values, equity and diversity, and that the terms we use are often significantly limited and can, or can come to, embody the social injustices they seek to reflect.

Since the last re accreditation there has been a refocusing on issues to do with race and ethnicity, with painful reminders of the extent of prejudice and discrimination in our society highlighted by the Black Lives Matter movement. The SED was written and panel discussions with staff, trainees and one another were had in this external socio-political context and perhaps because of this, often focused on issues to do with ethnicity. It seems important to continue to hold in mind the intersecting issues of different experiences that relate to identity including age, class, disability, gender, race, religion and sexuality. In considering issues of values, equity and diversity panel members were reflective of the panel's own composition. What differences we do and do not embody has inevitably impacted on the questions we asked, what we observed and what we understand of these issues.

Whilst difficult, it has been necessary to observe and grapple with this, pushing us, the panel, like the ACP and all the training schools, to critically examine both curriculum and practice. NSCAP were clear in their SED document and in discussions with the panel in all areas, that responding to the challenges and improving Equality, Diversity and Inclusion (EDI) is a priority for the training school, as it is for the ACP, and that this is an area in which there is still work to do.

### Policies, procedures and building accessibility

NSCAP report that they adhere to the relevant policies and procedures set out by the University of Essex and the Leeds and York Partnerships NHS Foundation Trust (LYPFT). They have worked closely with the ACP and external consultants to look at issues relating to equality and widening participation. This led to them collating policy documents from across the different organisations they relate to and launching an Impact Assessment to inform future strategy.

NSCAP outline in the SED the policies and procedures that are in place to ensure staff and trainees are supported and protected, this includes the Bullying and Harassment Procedure, Grievance Procedure, and the Disciplinary Procedure, as well as compliance with the Disability Discrimination Act 2005 (DDA 2005) to ensure that trainees with disabilities are not disadvantaged and receive support for any learning or access needs. Staff members are required to undertake mandatory training in Equality and Diversity. Trainees, Tutors and Service Supervisors will also follow similar policies and procedures and undertake relevant training that is in place in the regional NHS Trusts where they work.

There is good disabled access to and within the NSCAP building.

### Staff

NSCAP are mindful and outline in their SED that they have successfully increased diversity in their staff team, with a gender balance and three BAME staff at a senior level. Significantly, they note that NSCAP is the first training school to appoint a Director of Training from a BAME background. In the staff team, (as in the trainee group discussed below), difference will inevitably be a part of group dynamics in ways that can be enriching and also at times could become a source of conflict and challenge - it will be important to observe, acknowledge and find a way to talk about the experiences within the staff group. The panel found evidence of staff interest in exploring and addressing issues that relate to values, equity and diversity, as well as the anxiety generated in discussing them.

From the SED and in discussion with staff members, the panel recognise that NSCAP staff are mindful of wanting to provide a space within which trainees might be able to think about how issues of prejudice, sexism, homophobia and racism come in to their work and are felt by individuals. Staff recognised that these topics are 'live' and painful in the social consciousness in the context of the Black Lives Matter movement and the ensuing spot light on social injustices. However, they also voiced an anxiety about how to talk about these issues, perhaps a worry of 'getting it right'. There was a reflection on how online learning platforms bring another layer of difficulty in to these discussions that could feel difficult for staff to navigate or ensure the discussion felt safe and containing for trainees. The panel felt that, perhaps when the staff group were physically able to be together again, finding a way to discuss these issues further together might help them feel supported to more explicitly enable trainees' exploration of this.

NSCAP note in their SED that they are working toward identifying an EDI lead and feel that this would support them in having a targeted resource to move forward strategy that would enable material change in the area of increasing equity and diversity. This position has not yet

been established but is included in their draft action plan following the University of Essex recent review (discussed in more detail below). Whilst an EDI lead may refocus energy and support change in this area it will of course continue to be something that the whole staff team will need to engage with, in order for the trainees to have an experience of these issues being thought about and integrated in to their whole training experience.

In our discussions with Service Supervisors, reported earlier, we found them keen to engage in support for one another to promote more open conversations on matters of difference and diversity in clinical settings.

### Trainees

NSCAP highlight that recruiting trainees from diverse backgrounds, representative of the community continues to be a challenge. The trainees like the broader profession, continue to largely consist of white women, with low numbers of men and people from ethnic minority backgrounds. NSCAP routinely collect demographic data on protected characteristics to audit and track progress. They report in their SED document that of current trainees 93% are female and 7% male, 86% are of White Ethnic background and 14% are of Black, Asian and Minority Ethnic background. Demographics relating to disability, sexuality and religion were not given. Although NSCAP highlight a slight increase in the diversity of the latest cohort of trainees in terms of ethnicity, compared to trainees starting over the past five years, they recognise that attracting trainees from a more diverse background remains an area in need of improvement.

The panel found evidence for a drive and motivation within NSCAP to develop the diversity of the trainee population, nonetheless they reflect the broader, systemic problems in developing diversity in the profession. Perhaps there are wider issues relating to historic views about psychoanalysis and who psychoanalytic thinking is seen as being 'for' that impacts on this. There is hope that NSCAP can be supported in their wish to improve the diversity of their trainee population with the opportunity for funding from HEE to increase the diversity of applicants to the training. The closure of two of the preclinical courses that traditionally fed in to the training from the region which NSCAP covers may impinge on the geographical spread of potential applicants (as outlined in section 5).

Evidence gathered by the panel from trainees in how they felt issues of values, equity and diversity were thought about and discussed within the training context, was mixed.

The panel were pleased to witness spontaneous conversations within the trainee group about how they experience issues of difference and diversity. They showed evident curiosity and a wish to be supported to think more deeply from a psychoanalytic perspective. The upcoming

plan for an NSCAP whole school training day on 'Psychotherapy and Our Racialized Identities' was appreciated, as was staff members actively bringing trainees' attention to other relevant events. There were several comments from trainees affirming the extent to which they felt the ethos of NSCAP to be generally supportive and thoughtful with a bedrock of values from which more open discussion about difficult aspects of identity, values, equity and difference could be had. Trainees gave examples of where their specific cultural and religious needs had been accommodated with sensitivity.

However, open discussion about the experiences of difference was felt to be more led by the trainees own curiosity and experiences than this being led by staff. This might reflect the general teaching style, where trainees are encouraged first to bring their own thoughts and responses, but in this context, this might need trainees to be offered an "open door" to these discussions. On equity and diversity, one trainee remarked, "someone *needs to ask*", another said "*we can talk politically, (but are) not helped to speak to it psychoanalytically*", and another "*we don't talk about difference when it enters the transference – we talk about aggression all the time*".

It was observed that these are discussions that are invited and had with patients but not raised in the day-to-day training. Trainees expressed that they did feel very aware of their own differences in relation to one another and their patients, for example around cultural differences in language leading to misunderstanding of expressions. They were unsure about whether they could raise this in seminars-wondering if this was down to them, or whether "*it belonged elsewhere, something for analysis*".

There was a wider body of evidence in this area from trainees that we felt unable to quote, given the small cohort, with an even smaller proportion from ethnic minorities making it possible to identify individuals talking freely about sensitive issues.

The panel believe that NSCAP will be able to build on the trainee's curiosity and concern about issues of diversity and difference and their wish to more openly discuss these from a psychoanalytic perspective so as to integrate clinical and personal experience, technique and theory.

### Curriculum

NSCAP state there is "*an increased profile on difference and diversity across the curriculum*" in the SED and the panel found evidence of NSCAP being alert to issues relating to values, equity and diversity in the curriculum and initial stages of plans to address some of the challenges. In the SED, NSCAP outline the work that they have been doing with colleagues at the Tavistock in learning from their

experiences of running a Difference and Diversity Workshop. Shortly after the panels visit there was a planned training event on 'Psychotherapy and Our Racialized Identities' for all NSCAP staff and trainees. NSCAP planned to use this training day as a jumping off point for planning actions relating to the training and the panel will be interested to see the outcome in Annual Reports.

Both staff and trainees seemed mindful of how conversations about values, equity and diversity could be more explicitly started and continued in the context of the curriculum. This takes account of an ongoing wider debate as to whether the issues are more helpfully woven through existing learning platforms, and whether they need special focus in specific workshops or training days. The panel found that some trainees wondered whether specific seminars focused on diversity would be helpful such as there are for other patient populations such as Cared for Children, or whether a questionnaire like that undertaken recently by the ACP would help these conversations to come to the fore.

It is only in the third-year learning outcomes that trainees are expected to *"be insightful and open to the effects of difference and diversity in all aspects of clinical, team and organisational work"* (Course Handbook). We would like to see this from the outset as is expressed in the SED.

The more complex expectation of the year 3 module that trainees understand the *"central relevance of difference and diversity (particularly race, gender, sexuality, disability and class) and the unconscious, relational and group expressions of this in all aspects of their work"* seems relevant for trainees who have had experience of a Group Relations Conference, as has occurred at this point of the training, and points to degrees of understanding and insight that are distinguished appropriately in learning outcomes.

Some trainees expressed that they felt uncomfortable this had been made a competency, *"it should go without saying"*, saying this made it feel reductive, an achievement, and it should instead be *"in our pores"*. The panel's view is that inclusion of this area in the competences and learning outcomes can provide an opportunity for explicit conversations to be had, in the three-way meetings, providing a platform for integrating these issues as they relate to trainees in their placements and training experiences.

The panel found that there were no specific papers in theory seminars on difference and diversity until year four of the training. There was evidence from panel observations of theory seminars of papers being helpfully contextualised by the seminar leader in a way that invited thought about issues relating to equality and diversity, but that was not in this instance taken up by trainees. The panel have recommended that NSCAP consider the possibility of bringing papers explicitly relating to difference and diversity earlier in the training to encourage

thinking and open up more discussion off these aspects across the whole training.

The panel found evidence from trainees that they felt difference and diversity was thought about in clinical work seminars to some extent, they expressed that these seminars felt to them to be a safe place for open discussion and this ethos was also felt by panel members observing these seminars. Trainees wanted this to be threaded throughout the training and felt that whilst this was on the agenda for NSCAP there was “a way to go”.

The SED highlights that the relaunching of the NSCAP Group Relations Conferences offers an immersive experience where issues of power and authority can be explored and will support greater acknowledgement of issues of values, equity and diversity. Whilst the 2020 Conference was postponed due to Covid, there is a plan to run this in 2021 and to continue to do so every two years.

NSCAP state in the SED that they are working alongside Tavistock colleagues to ‘decolonise’ the literature in the library and there was a sense of work having started but not yet being in full flow. This thinking about what literature the trainees have access to via the library and the ways in which this relates to changing values and socio-political ideas felt to the panel to be highly relevant and also a complex task. It will relate to wider issues of whether there are some texts we might now view as intrinsically prejudiced (for example racist or homophobic) that no longer feel appropriate or beneficial to include in the training and library, and whether there are other papers written at a time when these ideas permeated (and need explicit discussion in today’s social context and understanding) but there remains value in the theory and in reading these original texts.

NSCAPs challenge of teaching within the Covid-19 context over the past year, and within continued present restrictions, seems relevant to how topics relating to values, equity and diversity are brought in and addressed. As previously noted, these can be emotive, painful topics and the online platform makes it harder for subtle responses to be seen and responded to, the lack of physical space to hold the discussion safely might be felt by both staff and trainees.

### University of Essex Recommendations and Equality and Diversity Action Plan

As previously outlined, NSCAP have recently been re validated following a review by the University of Essex in November 2020. As part of this review there was a condition to re-evaluate the current Equality and Diversity Action plan, and NSCAP helpfully shared a draft of their response, drawn up in collaboration with their Tavistock colleagues, with the panel. Planned actions include work to improve the diversity of trainees by working to increase diversity and improve

inclusion in the pre-clinical course (following the successful HEE bid for work in this area) and by offering follow-up mentoring for unsuccessful BAME applicants to the training. NSCAP also plan to integrate and emphasise EDI issues in all areas of teaching, review their reading lists and revise learning outcomes and assessment criteria to increase and integrate EDI awareness in trainee assignments, as well as continue to offer the group Relations Conferences every two years. Furthermore, NSCAP plan to discuss with Service Supervisors issues relating to trainee's placement and integrate discussions relating to values, equity and diversity in to the Service Supervisor meetings. They are also considering monthly CPD staff groups to discuss EDI issues. Clearly this is an area which NSCAP have already given a lot of thought and made specific plans to address issues, which the panel would endorse and encourage.

### **Commendation**

NSCAP have issues of equity and diversity firmly on their agenda, have already given this area much thought and consideration and have clear plans of action to improve things which the panel would endorse. The general ethos and values of NSCAP provide an environment in which trainees are well held, supported and are facilitated to think and talk about issues relating to values, equity and diversity. This is a solid bedrock that staff can be proud of and build upon with trainees who impressed us with their curiosity and wish to think more deeply about these issues.

### **Recommendations**

The panel recommend that NSCAP consider ways in which to promote and continue conversations in the training relating to values, equity and diversity more explicitly. It seems important that staff are supported to feel able to elicit these discussions with trainees and that aspects of the curriculum and reading lists are also revisited. Trainees gave a strong voice to the feeling that this is an area that is on NSCAP's agenda but they would like to see it more strongly brought in to their experiences of the training.

**ACP standards are met.**

## 12. Personal analysis for trainees

Personal analysis remains a core requirement of the clinical training at NSCAP. All trainees commit to undertaking ACP accredited psychoanalysis or psychoanalytic psychotherapy for the duration of their training, with a minimum of four sessions a week, which is sometimes increased to five sessions a week. Contact between NSCAP and the trainees' analysts is kept to a minimum to ensure this remains a separate personal space as far as it is possible. Analysts are contacted by NSCAP at two time points, to ascertain if they have a view on the trainee starting an intensive case and then later as to whether they have a view on the trainee qualifying as a member of the profession. There have been no breakdowns in trainees' analysis since the last reaccreditation report in 2015, and NSCAP have a process in place for managing this should it occur.

There was some disruption to analytic arrangements as the initial Covid-19 lockdown restrictions came in to place in March 2020, however work was possible to resume in some form (usually moving to telephone or online work), which was felt to be a containing and valued space for trainees. There is a varied experience across the trainee group as to whether it has yet been possible to return to 'in person' work and this largely relies upon the individual circumstances of both the trainee and analyst, as well as at times varied geographical Covid-19 restrictions. As demonstrated in the 2021 SED document, much thought has been given to these changing circumstances by NSCAP and they are working closely with the ACP Training Analysts' Sub-Committee to develop standards and guidelines which reflect this changing context.

Whilst most candidates coming into the training have had an experience of once-a-week psychotherapy, usually for a period of at least a year, or at least accessed analytic consultations, previous analysis is not a requirement for entering on to clinical training. NSCAP are mindful of the balance of the importance of prospective trainees having an experiential understanding of what personal psychoanalytic work would feel like and involve, but also the financial and time constraints such work requires and a concern to avoid this leading to issues of equity of access on to the training. NSCAP report in their SED that prospective trainees can request financial support for analytic consultations from NSCAP prior to applying for the clinical training. For the period of the training, trainee's analytic fees are possible to claim back via NSCAP up to a certain amount, however there is a recognition from NSCAP that a significant proportion of trainees need to pay a 'top up' of analytic fees.

In usual circumstances trainees must travel between home, their service clinic and analysis on a day-to-day basis. NSCAP have given particular attention to ensuring that trainees are guided to be mindful of this travel from the beginning of their training and that what is set up



is a “*sustainable travel triangle*” (SED). Nevertheless, given the geographical positioning of analysts and service clinics alongside negotiations around timing of analysis this can result in significant daily commutes for trainees. Trainees are supported in continued thinking about this commitment and what is logistically possible and sustainable with their Personal Tutor at NSCAP and with their Service Supervisor. Sometimes this leads to NSCAP offering additional support, in one instance supporting a trainee to stay in a hotel overnight to reduce time taken in travelling.

NSCAP have been mindful of the need to proactively ensure that there is a continued regional spread of analysts that can provide training analysis. As senior analysts have retired in specific areas over the past five years there was an acknowledgement of the impact of this on analytic resource for trainees. NSCAP has accessed support from the Chair of the ACP Training Analysts subcommittee to consider the need of new Training Analysts and the ACP has accredited 8 new Training Analysts across the North East, North West and Yorkshire and the Humber in the past five years. The training school has access to 18 accredited Analysts across this area. NSCAP has developed a close partnership with the Institute of Psychoanalysis and the development of a North of England Training which they hope will further support the analytic resources available to trainees moving forward. This is an area in which NSCAP are aware of continued challenges and they plan to undertake a review of training analysis and resource (SED). This ongoing work is vital in ensuring trainees continue to be able to access analysis from continuing and new Analysts, particularly in light of the increasing intake of trainees.

### **Commendations**

The panel were pleased to note that trainee’s Analysts were able to make flexible arrangements for analysis in the Covid-19 context to enable trainees to continue with their analytic work in these difficult times.

We commend the consideration given by NSCAP to how accessing personal analytic work links to issues of equity of access to the training for prospective candidates and the financial support needed for those who are successful in their application and enter in to training. NSCAP have been proactive in ensuring there continues to be analytic resources that meet the needs of trainees in this large geographical area following the retirement of longstanding analysts.



The panel support NSCAP's resolve and recommend that continued focus is kept and work undertaken to ensure that there is analytic resource to meet trainees needs in the event of increased intake. Their planned review of training analysis resources should support them in this.

**ACP standards are met.**

## 13. Conclusions, commendations, conditions and recommendations

### Conclusions

The panel is confident that the clinical training for Child and Adolescent Psychoanalytic Psychotherapists being delivered by NSCAP meets the standards of the ACP.

We are mindful that the timing of our re-accreditation visit gives a specific snapshot of the trainees' experience within NSCAP. Whilst this is true of any re-accreditation visit, it was particularly pertinent to ours. We visited during the Covid-19 global pandemic and can only express our admiration at how the staff have risen to the crisis in terms of sustaining the clinical work and learning of trainees. This crisis has also brought to light vulnerabilities in an organisational system that was in flux. These will require repair and also there is the possibility of reconfiguring where the need for change has been exposed.

The pandemic needs also to be considered as a traumatic event or series of events and its impact on staff and trainees will require its own process of recovery. In thinking with the Service Supervisor group there was a noticeable 'calm' to the group in the discussions, prompting an association to the eye at the centre of a storm. This opened up a discussion about a possible sense of 'muteness' in the chaos of covid, the absence of a space to mourn a number of losses and of detachment due to the ever-changing circumstances and the need to be prepared for continuing change. We heard how salient it was to "*adapt and survive*".

Working remotely online can flatten, polarise and otherwise distort communications. It also dislocates the evolving social context, making it more difficult for new arrivals and other changes to be integrated. Our recommendations below where we talk of the need for coming together physically with attention, possibly external, to group processes have this dislocation, the detachment and the losses in mind. We are confident that NSCAP's history of interest in understanding group relations will have primed their thinking for this. Our sense is that the work will need to start with the staff and then extend to the trainee group. Eventually what emerges could become a resource for the wider professional community.

### Commendations

The panel wish to commend the pride, commitment, energy and enthusiasm of the staff and trainees at NSCAP and of the Service Supervisors on the way they have sustained core learning and work in placements with patients through unprecedented times.

The step change in the efforts of NSCAP staff to support trainees and Service Supervisors in response to the constraints of lockdown is acknowledged and appreciated across the board. This can only have been delivered by extraordinary commitment on the part of the clinical and administrative staff available, most of whom are part-time.

The supportive relationships with Service Supervisors and between Service Supervisors and CAMHS teams are excellent. This made it possible to accommodate this year's increase in trainees at short notice.

The energy and creativity of NSCAP in engaging with and implementing the new Essex curriculum is commended.

The establishment of a clear choice point between greater focus on clinical or research pathways is seen as a good way forward, as is the protection of the time needed for research.

The work of NSCAP in developing the learning outcomes as a key contributor to the integration of the new curriculum into clinical practice is commended.

There is a thorough multi-stage process for selection of trainees onto the clinical training that has withstood the pressures of Covid-19 and HEE increase in commissioned posts.

Trainees and their Service Supervisors felt appropriately held by NSCAP and its surrounding support networks, so that trainees were able to continue to progress in their training despite the global pandemic of Covid-19.

The process for accrediting and supporting placements is comprehensive, robust and has stood the test of establishing new placements, at short notice, in the context of Covid-19, with distinction.

Assessment processes are clear, robust and well documented. The process of transition of university partner from the University of East London to the University of Essex has been well managed. This reflects a substantial amount of work and effort from those involved and the continued high quality of assessment and successful qualifications of trainees is acknowledged.

The panel commend the way in which NSCAP have engaged with and responded to the validation and review procedures required of them by the different organisations of which they are a part. The timings of these different review processes have concertinaed together in the context of already pressured circumstances of responding to the Covid-19 crisis. This represents a significant amount of work and thought and the panel found that NSCAP took these different reviews

as an opportunity to reflect on the quality of the training that they provide and how this could be built upon and improved.

There is a comprehensive support network around the trainees that has withstood the pressures of Covid-19 and an uplift in trainee numbers this year. Where relationships are difficult or concerns need to be addressed, trainees feel they are supported and open conversations can be had.

NSCAP have issues of equity and diversity firmly on their agenda, have already given this area much thought and consideration and have clear plans of action to improve things which the panel would endorse. The general ethos and values of NSCAP provide an environment in which trainees are well held, supported and are facilitated to think and talk about issues relating to values, equity and diversity. This is a solid bedrock that staff can be proud of and build upon with trainees who impressed us with their curiosity and wish to think more deeply about these issues.

The panel were pleased to note that trainee's analysts were able to make flexible arrangements for analysis in the Covid-19 context to enable trainees to continue with their analytic work in these difficult times.

We commend the consideration given by NSCAP to how accessing personal analytic work links to issues of equity of access to the training for prospective candidates and the financial support needed for those who are successful in their application and enter in to training. NSCAP have been proactive in ensuring there continues to be analytic resources that meet the needs of trainees in this large geographical area following the retirement of longstanding analysts.

### Conditions

1. The panel request that the senior management team of NSCAP provide for the September 2021 meeting of the ACP Training Council a plan and timescale to achieve clarification and consolidation of the organisational structure of NSCAP as it relates to the clinical training. Given the overlap of roles in the wider organisation this may need to include attention to lines of accountability, responsibility and authority beyond the training. We would hope, eventually, to see an organisational chart that includes these and updating of job descriptions to reflect the new structure. This work would be best undertaken face to face and once the role of Academic Tutor has been filled but may not be able to wait on that. External consultation might be necessary in this, or for elements of the process, in particular planning for the aftermath of Covid-19 and the pressures on the curriculum.

## Recommendations

1. NSCAP to consider using a wider sourcing of Research Supervisors as the number of doctorates increase over time.
2. The panel would like to see attention to diversity and difference in relation to children, families, one another, teachers and colleagues incorporated into all trainee year groups learning outcomes, reading lists and teaching. The balance between dedicated time for these issues and threading them through trainees' learning needs to be held in mind and addressed by staff and Service Supervisor groups in particular.
3. The ways in which clinical, academic and research components of the curriculum are balanced and integrated at different stages of the training need to be reconsidered. Continuing tensions and difficulties, despite considerable effort, suggest a working group, including representation from Service Supervisors, possibly with external facilitation, may be beneficial once there is clarity about organisational structures, roles and responsibilities.
4. Consideration should be given, in discussion with Essex University, to the possibility of completing the research beyond the clinical qualification.
5. NSCAP needs to take account of the experiences of numbers of trainees stepping off the doctorate programme to complete with a masters degree to date. Current and future cohorts of trainees might find this less painful if it can be viewed as a choice from the beginning as to whether they step up to the doctorate.
6. The panel recommend that NSCAP begin a process of mapping of learning outcomes against competences. This might best be based, in the first instance, on when trainees' learning is explored in the three-way meetings as the input of Service Supervisors is important. Cooperation with other training schools will be necessary to assist this process.
7. The panel would like to see choices of training pathways informed by a competence-based approach, for example to help distinguish between the research awareness required of all as opposed to competences required of a researcher. This would apply equally to awareness of leadership as a quality and function as different from aspirations toward management.

8. Further information on the requirements of the research doctorate should be incorporated into the recruitment process
9. Formalised offer of support to be made to unsuccessful applicants to foster the qualities and skills needed for future successful application, particularly to support an increase in diversity of applicants
10. A formalised channel of communication between Service Supervisors, Intensive Case Supervisors and NSCAP is required. The panel recommend that the process includes an initial liaison meeting between the external Intensive Case Supervisor and Service Supervisor to, amongst other things, address roles and responsibilities around case management. The report due from the Service Supervisor group will doubtless contribute positively to the thinking on this.
11. In anticipation of increased need, NSCAP to consider how to prepare CAPTS who have capability for and an interest in the role of Service Supervisor. For example, they might provide training opportunities for those who support trainees on a daily operational basis but are not in a formal Service Supervisor role or for those who are interested in developing a capacity for service supervision in the future.
12. The panel recommend that NSCAP consider ways in which to promote and continue conversations in the training relating to values, equity and diversity more explicitly. It seems important that staff are supported to feel able to elicit these discussions with trainees and that aspects of the curriculum and reading lists are also revisited. Trainees gave a strong voice to the feeling that this is an area that is on NSCAP's agenda but they would like to see it more strongly brought in to their experiences of the training.
13. The panel support NSCAP's resolve and recommend that continued focus is kept and work undertaken to ensure that there is analytic resource to meet trainees needs in the event of increased intake. Their planned review of training analysis resources should support them in this.