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Statement of Variance

A variance of the ACP's Quality Assurance Framework for clinical trainings, with regard to the pre-clinical standards for entry to the ACP approved clinical trainings and for the qualification standards for those qualifying from ACP accredited trainings in Child & Adolescent Psychotherapy.

Context

In the ongoing context of COVID-19 pandemic, lockdown and social distancing there is concern about how students will fulfil the pre-clinical requirements in order to be able to apply for one of the ACP approved trainings as a Child & Adolescent Psychotherapist (CAPT). There is also concern about how current trainees will meet the core competences to qualify as CAPTs.

The purpose of this document is as a second statement on the position of the Association of Child Psychotherapists (ACP) on these important issues, specifically with regards to clarification and temporary variance of guidance and standards for those finishing pre-clinical courses in 2021 and considering applying for the clinical trainings, those starting or in ongoing pre-clinical courses, or for those currently on CAPT clinical trainings.

This statement should be read alongside other ACP COVID-19 statements and the ACP Quality Assurance Framework (QAF) for clinical trainings.

The ACP is sensitive to the additional emotional work required at this time and offers encouragement to all involved in training at all levels.

Requirements for starting clinical trainings

With regards to pre-clinical courses, it is recognised that there will have been disruptions to many parts of the courses and also to students' ability to attend and fulfil the requirements of these courses and the pre-clinical requirements of the ACP.

The ACP is minded to be flexible in applying the existing standards so that ongoing disruption from March 2020 will be taken into account, as long as the course staff are convinced that the students made reasonable efforts to fulfil their course with current adjustments already in place, and used what was on offer appropriately to meet the aims and outcomes of the course.

A specific example might be where the current pandemic has led to disruption of observations.

It is important that if possible, students have been maintaining contact with families where observations were taking place for the full length of the observation period (one year for a young child and two years for an infant). We acknowledge this might no longer be possible in person but might be with phone calls or possibly video. In some cases, observations will have stopped, and courses will have in place adaptations to allow students to continue their development.

In all cases where circumstances might have allowed, students should have kept attending observation seminars either in person or via video/phone link in order to keep thinking with the seminar leader and each other about the situation and processes and reflecting on this together in the seminars. The specific form of courses will be agreed between the individual courses and validating universities.

Training schools might accept trainees whose observations or other course components are ongoing and will be completed sometime in the first year of clinical training. The same might apply for students who are given extensions to complete academic requirements. Failure to complete these requirements without specific extenuating circumstances might lead to the trainee having to leave the training during the first year. It is acknowledged that training schools will not do this lightly as they will not want to risk training placements nor to fail to support service requirements of the placements.

Training schools might want to ask pre-clinical tutors for enhanced references in terms of specific course outcomes which are relevant to the clinical training, capacities and competences which may be gained and demonstrated in a variety of ways and settings. What has not been possible should also be commented upon. In writing these references for clinical training places, observation course staff should comment on these matters in support of their students.

Standards for completing clinical trainings

With regard to CAPT clinical trainings it is recognised that progress through the training will have been disrupted and especially difficult for many trainees during this COVID-19 crisis. Trainees might not have been in their clinics for long periods, might not have been doing as much clinical work as previously or work may have been delivered remotely and Trainees might not be physically in their training schools. In all cases we are confident that trainings schools will work with Trusts, professional leads and service supervisors to judge the clinical competences of their trainees. It is important that core competences for psychoanalytic and safe work as CAPTs (e.g. working in the transference, managing risk and safeguarding) are met. This work should be ongoing throughout the training. Pandemic restrictions may result in some trainees not having as wide an experience as in other years, but the ACP needs to be confident that any variation still meets the high quality of a specialist training, with those qualifying fully meeting both clinical and professional standards. Training Schools need to demonstrate that qualification processes ensure that trainees qualifying have these.

The ACP suggests increased use of the ACP competence framework to judge readiness for qualification and that it is for each training school to evaluate each trainee's readiness, having regard for the quality and depth of the experience rather than the length of time a patient is seen for or frequency of sessions, though the agreed experiences are still an aim.

In all cases it is recognised and reiterated that it is the Training Schools that assess and qualify trainees and that this statement is in support of their task.

The QAF already allows for training schools to take the trainee's total experience into account not just specific pieces of experience. The current QAF describes that the third of three intensive training cases can be "adapted to circumstances where there has been a time pressure, breakdown of cases or a limited availability of cases".

This approach may need to extend further as a result of COVID-19 and the disruption to clinical work that it has caused.

In the current context and for a time limited period, guidelines will be adapted to support the training schools when making the decision about a trainee's readiness to qualify:

- More than one of the intensive training cases can be approached flexibly so long as the trainee meets the competences. A central aspect is that there is an "intensive training case quality" in the work and supervision undertaken.

- Some intensive training experiences can comprise of a portfolio of age-related cases, including a range of assessments/once/twice and three times per week work. In the case of under 5's/pre-latency this might include the under 5's brief work model, assessments, family work, joint work, observational model work (like 'Watch Me Play' or 'Watch Wait and Wonder'), consultations and multi-agency work.

- A portfolio of 'intensive training case work' should receive the same once per week intensive case supervision and, using the competency framework the intensive case supervisor, service supervisor and head of training can attest to whether the trainee has met the competences required.

These adaptations will apply to all of those trainees whose capacity to have intensive training cases has been impacted and may extend to those qualifying over the next 2-3 years.

When the COVID-19 crisis passes the caseload log requirements will be reviewed and may revert gradually to how it was previously. Some of the changes may be positive and retained as part of caseload log requirements.

It might also be the case that specific experiences not yet achieved due to COVID-19 could in a more ordinary manner mean some trainees have to extend their training for one or two terms to gain and evidence specific competences. There is no agreement on this happening across the board, but each case would be negotiated by the training school, universities and their regional HEE commissioners.

Some specific lack of experiences may be clearly described to the trainee as future CPD needs and supervisors of newly qualifying CAPTs can ask about these identified needs.

In the first post-qualification year there should be heavy emphasis on CPD and on-going supervision (AfC band 7) which should include reference to training requirements and training school recommendations.

Furthermore, in keeping with our support for the NHS long term plan, newly qualified CAPTs are encouraged to obtain further specialist postgraduate training, such as in specific areas of psychotherapy not gained during their training, or NHS leadership skills, whilst continuing to increase their clinical experience with client work.

Jason B. Kaushal
Director of Training
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