



Statement of Variance

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 Psychoanalytic Psychotherapy where affected by the Covid-19 pandemic.

The ACP is minded to be flexible in applying the existing standards in a manner so that **disruptions from March 2020** will be taken into account, as long as the course staff are convinced that students and trainees are safe to practice and made reasonable efforts to fulfil their course or training and used what was on offer appropriately to meet the aims and outcomes.

In the current 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 Psychoanalytic Psychotherapist (CAPPT). There is also concern about how current trainees will meet the core competences to qualify as CAPPTs.

This document is a first statement on the position of the Association of Child Psychotherapists on these important issues, specifically with regards to temporary variance of guidance and standards for those finishing pre-clinical courses this year (2020) and who have already applied for the clinical trainings, or for those currently on CAPPT clinical trainings and hoping to qualify this year.

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

Pre-Clinical Courses

With regards to **pre-clinical courses finishing in 2020** it is recognised that there will have been disruptions to many parts of the courses and also to students' abilities and capacities to attend and fulfil the requirements of these courses and the pre-clinical requirements of the ACP.

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 that this might no longer be possible face to face but might be with phone calls or possibly video. In some cases, observations will have stopped.

In all cases where circumstance 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 during this period will be agreed with the individual courses and validating universities.

In this specific instance 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 recontact the pre-clinical tutors for enhanced references to make up for gaps in the completed courses. In writing these references for clinical training places observation course staff should comment on these matters in support of their students.

CAPPT Clinical Trainings

With regard to **CAPPT clinical trainings** ending in 2020 it is recognised that the end of the trainings will have been disrupted and especially difficult for many trainees who might not be in their clinics, might not be doing much if any clinical work and 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 help trainees gain and reflect on what experience is possible and to judge the clinical competences of their trainees.

It is still important that core competences for safe work as CAPPTs (e.g. working in the transference, managing risk and safeguarding) are met or very nearly met. This work should have been ongoing for the previous three and a half years. It may be that some trainees have not quite met all of their wider competences but are safe practitioners as judged by the staff training and supporting them.

There might also be some trainees who have not got sufficient specific experience in certain areas of work but are still considered generally safe to practice. The QAF already allows for training schools to take the trainee's total experience into account not just specific pieces of experience.

In these circumstances the ACP would suggest using the ACP competence framework to judge readiness for qualification. Specific experiences not yet achieved due to COVID-19 should be clearly described to the trainee as future CPD needs.

There is likely to be further work undertaken to outline the minimum essential competences for safe practice as a CAPPT.

The ACP is currently working with the HEE, NHS England and other psychological professions to see if the first three years of CPD might be given more structure and have mandated time or components linked to what wasn't achieved during the pandemic.

Furthermore in keeping with our support for the NHS long term plan, newly qualified CAPPTs 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. Expanding post graduate training is a current project for the ACP and training schools.

The position on mandatory post qualification CPD remains to be clarified but the above should allow trainees to qualify with clear knowledge of where they need further support and experience. If further guidance on post qualification CPD is forthcoming, then consideration of by whom and how this is monitored will be necessary.

This variance is only with regard to the effects of the pandemic on pre-clinical courses and clinical trainings.

It might also be the case that in a more ordinary manner some trainees have to extend their training for one or two terms to gain and evidence specific competences and experience. There is no agreement on this as happening across the board, but each case would be negotiated by the training school and their regional HEE commissioners.

The ACP will consider the position of students on pre-clinical courses which are ongoing and of clinical trainees earlier on in their trainings, and how their education and trainings has been affected by the current pandemic. This will be addressed in the near future.

Jason B. Kaushal
Director of Training
May 2020