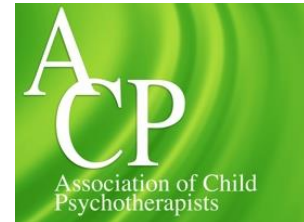


Report of the re-accreditation visit to the Tavistock and Portman NHS Foundation Trust



Date of visit: 23rd - 25th February 2016

Names and roles of panel members, including job titles where appropriate

Kathryn Hinchliff: Lay member of ACP and Panel Convenor

Penny de Ruyter: Child and Adolescent Psychotherapist

Teresa Cooke: Lay member on ACP Training Council

Milly Jenkins: Child and Adolescent Psychotherapist (recently qualified from Tavistock)

Andrew Dawson: Child and Adolescent Psychotherapist

Training Council link member:

Jeremy Gunson: Member of ACP Training Council

Isobel Pick: Chair of Training Council

Introduction part 1: Background to the visit including the process by which planning took place

The Directorate of Education and Training (DET) within the Tavistock and Portman NHS Foundation Trust (the Tavistock) provides the Clinical Training in Child and Adolescent Psychotherapy and the Professional Doctorate M80 in collaboration with the Universities of East London and Essex.

At the time of the visit the Trust and in particular DET was going through significant organisational change. The panel would like to thank all the staff for their help and support before, during and after the visit.

It is a great testament to everyone involved but especially the Head of Training, that they organised and managed the visit with great efficiency and good humour.

All essential and supplementary documents were sent out to panel members by agreed timescales and both internal meetings, workshops and seminars and external meetings in placements were well organised and planned, and panel members were made welcome on all occasions.

Comprehensive information was made available in the panel's base room as hard copies and all panel members were given an encrypted memory stick to take away with them which has been of great assistance to us in completing this report.

A letter of introduction from the panel convenor was sent out to all participants in the re accreditation process a week before the visit facilitated by the Head of Training these appeared to be well received and cut down the amount of time spent on explanations during the visit.

Because of the complexities associated with such a big provider of Child and Adolescent Psychotherapy training the panel visits to placement providers were limited to Central London and with hindsight it may have been better to include a regional placement too as this would have provided a different perspective on the trainee experience.

The panel therefore will recommend to the ACP that this should be considered for the next re accreditation visit.

A Self Evaluation Document (SED) was completed by the Head of Training and covered all areas set out in the ACP's Quality Assurance Framework document. Some sections were quite brief but the comprehensive range of supplementary documents were made available to the panel during the visit.

Ken Foote, Chair of the ACP/BPC Independent Scrutiny and Advisory Committee (ISAAC), was present for the visit (except for the final meeting) in the role of observer. ISAAC is a joint lay committee of the ACP and the British Psychoanalytical Council and is responsible for ensuring that both organisations discharge their regulatory functions in accordance with their standards.

The convenor of panel met with the Head of Training in early November 2015 to discuss the visit and agree the requirements for meetings with key stakeholders and placement providers. Later in November the panel met with the Chair and Honorary Secretary of ACP Training Council to clarify the ACP requirements for re accrediting training provision and also discuss the key issues facing the profession including the service reconfigurations and workload pressures especially in Child and Adolescent Mental Health Services (CAMHS), and how these are impacting on training places and employment prospects for new graduates.

In January, once the SED document had been read by all panel members, 5 key

lines of enquiry were identified as warranting more in depth investigation and would provide more of a focus for the panel during the visit.

Placement visits were made to University College Hospital London NHS Foundation Trust (UCLH) and Islington CAMHS on Tuesday 23rd February 2016.

Meetings were held at DET with the Head of Training and service supervisors on Tuesday 23rd of February, with trainees, teaching staff, managers and service supervisors on Wednesday 24th February and with the Librarian, Head of Technology Enhanced Learning (TEL) systems and Head of Administration on Wednesday 24th and Thursday the 25th February respectively.

Several panel members had the opportunity to observe teaching in seminars and workshops which were held on Wednesday 24th February.

A meeting with DET senior staff, Head of Training and M80 teaching staff was held on Thursday 25th February to provide the team with preliminary panel feedback.

Introduction part 2: Documents, meetings and observation of teaching and placements – a dated list of all “evidence” seen including the self-evaluation document and other submitted documentation, as well as the seminars observed and placements visited

1. Tavistock and Portman NHS Foundation Trust Self Evaluation Document (SED) for Clinical Training in Child and Adolescent Psychotherapy and the Professional Doctorate M80 (2016)
2. Appendices to Self-Evaluation Document (2016)
3. Report of ACP re-accreditation visit 2011
4. Tavistock Annual Reports to ACP Training Council 2012-2013/2013-2014/2014-2015
5. University of East London re validation report 2012
6. University of Essex validation report 2014/15
7. Placement Handbook 2015/16 University of Essex
8. Placement Handbook 2011 University of East London
9. Health Education England North, Central and East London (HEE NCEL) Education Commissioning Quality Reports and Contracts
10. Meeting with HEE
11. NCEL lead commissioner on Tuesday 23rd February.
12. Meetings with 2 groups of Service Supervisors (SS) both in person and via SKYPE on Tuesday 23rd and Wednesday 24th February and with individual SS's in placement areas plus feedback via e mail from several SS's unable to attend meetings in person.
13. Meetings with DET Senior Managers, Teachers and Visiting Lecturers on

Wednesday 24th February

14. Meetings with 2 groups of mixed year trainees and 1 group of year 1 trainees, were held on Wednesday 24th February and with individual trainees in placement areas.
15. Meetings with the Head of Training on Tuesday 23rd, Placement Manager on Wednesday 24th, Administrative officer and TEL manager on Thursday 25th February.
16. Observation of teaching and supervision sessions on Wednesday 24th February.
17. Summary of recommendations of the panel for the University of Essex Validation 2015.

Introduction part 3: Actions since previous re-accreditation report (2012) and an update on the Tavistock's progress.

No conditions were stipulated.

The following recommendations were made:

1. *That the training school should undertake a review of assessment tasks and assessment criteria and the relationship between these and the intended learning outcomes for each module and this should be informed by a review of the relationship between academic learning outcomes and professional competencies and revise all documentation in light of this.*

Action: The Handbook was revised and updated in 2013/14 and the Tavistock training school is heavily involved in working with the ACP on reviewing professional competencies and benchmark learning outcomes.

2. *That the training school should undertake a review of student feedback processes in an effort to improve both engagement and the narrative quality of the data.*

Action: A review was undertaken and work with the Tavistock to ensure that the professional training aspects of the Doctorate Programme are reflected in feedback gathered and subsequent reports. Completed in 2013-14 academic year

Two separate surveys, for 'taught' and 'research' aspects of Programmes were used in 2013 and improved for 2014. This led to fuller feedback being gathered.

In addition, the timing of the course placement feedback survey was changed so as not to make too many requests for feedback too close together.

1. Training School's management and organisation

Information and evidence gathered from the SED and supplementary information (organisational chart) and from meetings with the Dean and Senior Managers of the Directorate of Education and Training and meetings with Head of Training and the manager responsible for overseeing the re organisation of administrative support.

Meeting with HEE NCEL commissioning manager.

The Tavistock Clinic was founded in 1920, and became a part of the NHS at the point of its inception in 1948. It became an NHS Trust in 1994 bringing together the Tavistock Clinic and the previously separate Portman Clinic, (a forensic service founded in 1933.) and achieved the status of an NHS Foundation Trust in 2006.

The Trust is a changing organisation; it is well known both nationally and internationally as a specialist mental health service provider but it now aspires to being much more by giving far more prominence to its education and training role and putting it more at the heart of the organisation.

The Chief Executive Officer (CEO) was appointed 2 years ago and was the first non clinical CEO the organisation has had. The current Dean has also been in post for 2 years and since that time a Directorate of Education and Training (DET) has been formed, providing a wide ranging portfolio of courses including the M80 and other training provision for staff working in the field of mental health.

The directorate has its own Programme Management Board, with representatives from senior managers across the trust bringing about closer links to clinical services.

Academic governance and quality assurance processes are being centralised and closer collaboration with higher education (HE) partners, including developing links to a HE Academy, and fellowships are being discussed.

New appointments to the directorate have been made including a Director of Marketing and Public Relations.

It was reported to the panel by the Dean that the Tavistock is currently in a sound financial state, however with changes on the horizon to the way education and training in the NHS is funded and commissioned there is no room for complacency and the Dean and his team are in high level discussions with Health Education England (HEE) in respect of:

- Maintaining financial stability
- Securing the national training contract with HEE.

- Securing the resources to deliver the DET strategic plan and carry out the re organisation/ re structure.

It was noted by the panel that the Tavistock had just been through a Care Quality Commission (CQC) inspection/ visit and was commended on the commitment of its staff and came 21st in the recently published NHS national staff survey.

The M80 programme is NHS funded through 3 main contracts with education commissioners across the south of the UK:

Health Education England for

- North, Central and East London (HEE NCEL) and East of England and this is the Tavistock's largest contract with approximately 13 trainees per year.
- South West
- Thames Valley, East Midlands and South East

There is also 1 trainee from Northern Ireland (NHS) and several trainees from overseas who are not funded by the NHS.

Contracts with commissioners and service specifications and agreements between the placement trusts/ organisations and the Tavistock were made available to the panel.

The 4-year Professional Doctorate in Child Psychoanalytic Psychotherapy M80 is jointly validated by the Tavistock and the University of East London. Trainees can exit this programme with a Professional Doctorate or Professional Master's Degree. This UEL programme however will cease once current cohorts of trainees have completed their training (approximately 2020) and new trainees recruited in September 2015 are following the Essex programme.

The Tavistock and its associate centre The Northern School of Child and Adolescent Psychotherapy (NSCAP) has developed a new 4-year Doctorate programme jointly validated with the University of Essex and the first cohort of trainees was recruited in September 2015.

The reasons for this change are well documented in the SED and there was also supplementary information provided by the Tavistock relating to the exhaustive consultation process carried out prior to the change with key stakeholders. Importantly, service colleagues, on the whole, support the change and view the revised curriculum as being much more responsive to service needs by equipping CAPT's with the range of skills and competencies to work effectively in multidisciplinary teams. An example of this was provided during one of the placement visits where the panel heard about the range of work being undertaken by CAPT's and trainees in collaboration with clinical psychology

colleagues in the Trust who were supporting and running supervision groups for nurses, specialist nurses and junior doctors.

The staff delivering the M80 programme work closely with those delivering the M7 Psychoanalytic Observational Studies course as well as participating in the delivery of a wide range of CPD provision.

The panel is confident that the Clinical Training in Child and Adolescent Psychotherapy and the Professional Doctorate M80 is being well organised and managed at both organisational and programme levels and that graduates entering the workforce are confident and competent to practice safely and effectively.

ACP standards are met.

2. Staffing and effective use of resources

Evidence gathered from SED and supplementary information (including minutes of meetings), meetings with the teaching and tutor teams, visiting lecturers and Head of Training, meetings and feedback from Service Supervisors, Librarian and from demonstrations and observations of TEL system and tour of facilities.

Course staffing

The course teaching team is made up of a Head of Training and 9 other posts 1 of which was vacant although an appointment was imminent. All are part time appointments, combined with clinical and or academic posts. All are qualified senior, very experienced Child and Adolescent Psychotherapists, most having specialist knowledge: for example, research/ethics/shorter term therapies. Teaching staff CVs were made available to the panel.

The course teaching team is supported by a very committed and enthusiastic small team of placement managers (2), visiting/personal tutors and lecturers making 35 people in total. Over the past 3 years there have been many changes to the course team due mainly to retirements or redundancy. Fortunately, many retirees continue in their tutor roles in the capacity of visiting lecturers/tutors which gives trainees the continuity they need throughout their training and allows the Tavistock M80 core teaching team to prepare a new generation of tutors although from comments made when panel members met with the teaching team this seemed to be happening in an opportunistic rather than a structured way.

There is now a larger group of experienced research supervisors recruited from those who have completed Doctorates. This has enabled the implementation of

the new 4-year Doctorate programme as the trainees embark on research at a much earlier stage.

Up until the end of February the course team received administrative support from a dedicated course administrator. However according to the SED a part of the DET re-organisation included moving the administrative function from being course based to a portfolio arrangement. (This issue is covered further later in this report).

The training is predicated on a partnership between a trainee, their personal tutor and service supervisor. This triumvirate arrangement is supported by the 2 placement managers who both monitor the quality of training in placement and have a troubleshooting role when difficult placement issues arise.

The integration of training and clinical work is central to the model developed by the Tavistock but it is recognised that this has to be supplemented with input from a range of contributions from a variety of multi professional colleagues to ensure that trainees are prepared to work effectively in multi- disciplinary teams (MDT's). According to the SED members of other professions do input to the course.

There is a Training Management Group which includes Heads of Child Psychotherapy services from other areas of the Trust and the Lead and Organising Tutor for the Observation Course (M7) which is the feeder course for the clinical training programme M80.

At the time of the visit there were over 80 trainees involved in the clinical training and a further 20, completing their doctorate post-qualification which presents the teaching staff a considerable workload.

As an inevitable consequence many of the staff undertake multiple roles and in addition to those already mentioned these include research supervisors, service supervisors, intensive case supervisors and for most Tavistock based staff they will also be personal tutors.

To prevent trainees, especially new starters, being totally confused the Tavistock has put in place a comprehensive induction which explains the different roles and offers some context. This was clearly effective as the issue of multiple roles did not feature as a concern when panel members met with trainees.

Staff Development

The panel met with a range of teaching staff and tutors which included both Tavistock based and those based in other organisations or who were retired from NHS employment. It was clear from the discussions that there was great enthusiasm for their roles in preparing the future CAPT workforce.

There was however less enthusiasm for the “increased bureaucracy”, as several participants expressed it, arising from the DET re-organisation. An example of this was from the visiting lecturers who were concerned that, under new management arrangements, they would be required to undertake all the mandatory training required of Trust employees in addition to their CPD requirements.

The teaching staff and tutors commended the quality of trainees, their commitment to the training, their ability to creatively problem solve, adapt to the increasing workloads, especially in CAMH services, and their enthusiasm to work collaboratively.

Concerns were expressed about the changes to the programme, especially in terms of the increased workload over the period when the M80 course moved from their existing academic partner to a new one, but it was clear that all the team have been well prepared and involved in the new developments and considered the change to the 4year Professional Doctorate positively and long overdue.

The teaching team for the M80 runs fortnightly groups for new tutors and clinical supervisors “to develop their understanding of the complexity of the role”, a forum where the “wider issues of the tutor role can [also] be thought about”. (Annual Report, 2014-15, p.3). A course is also run for Service Supervisors who are new to the role.

Doctoral supervision training has taken place for those involved in supervising trainees undertaking the 4-year course accredited with the University of East London

Further details in relation to staff professional activity, scholarship and publications were made available to the panel (2014/15 annual report to ACP).

A comprehensive programme of CPD events was organised during 2015 by the Tavistock in addition to a ‘research week’ and these are open to all those involved in the M80. Additional and more specific training for service supervisors was also in evidence for clinical staff. During panel meetings service supervisors reported how much they valued this training.

The panel members were also informed about the in-house training being given to the administration team to prepare them for the new ways of working detailed below.

Administrative support

It was clear from information provided in the SED and from discussions with teaching and support staff for the M80 that the setting up of a dedicated student

support team serving all trainees/students, as opposed to having an individual course administrator, was a cause for concern. At the time of the panel visit these changes were at an early stage but it was clear from a panel meeting with the administration manager that staff had been consulted about the reorganisation and there was a commitment from senior managers that they were listening to concerns.

The panel queried whether these new administrative arrangements might impact on support for trainees. It was agreed by DET managers that this will need to be reviewed but reported to the panel that, to date, there has been no negative feedback from trainees.

Learning and teaching resources and facilities

The panel were given a tour of the physical resources available at the Tavistock and heard that all trainees, staff, visiting lecturers, service supervisors (including those external to the Trust) involved in the M80 course were able to access them.

For trainees there was a wide range of study/supervision rooms available, many with computers. There were also well appointed and well used common rooms with space for trainees to keep personal belongings, prepare drinks/ refreshments and each trainee had a personalised tray for post and other course correspondence.

The building offers a range of spacious and well-appointed seminar rooms of differing sizes. These are well used, especially on a Wednesday which is the main training day for the 80+ trainees.

Several seminar rooms are fitted with up to date teaching aids and most have screens and computer aided equipment for SKYPE and video linked teaching.

The library is an excellent resource and has dedicated professional librarian support. Although library provision is mainly electronic in nature the library still stocks a range of relevant books, journals and periodicals and offers a quiet space for personal study as well as expertise to assist users navigate their way around the extensive electronic resources.

Trainees on the M80 course are also provided with access to the library and other learning resources at the University of East London or University of Essex once they have been enrolled and the Tavistock librarian works closely with these organisations.

Moodle

The panel were given a demonstration of the Tavistock's Technology Enhance Learning (TEL) system 'Moodle'. This offers a comprehensive on-line study

system for trainees which is invaluable, especially for trainees based outside of London.

This system is developing by the day and is not yet used to its full potential. It should be further developed for those involved with M80 as it greatly reduces the stress for trainees in completing academic work and submitting it on line, as well as facilitating the receipt of timely feedback.

It is fair to say that the panel observed and heard during their discussions/ meetings that not all tutors and service supervisors take full advantage of what Moodle has to offer for a variety of understandable reasons, not least workload and IT literacy, but if some of the barriers can be overcome there is no doubt that the system has the potential to assist them in their roles very significantly.

Staff are well qualified committed and enthusiastic about their teaching and tutor roles, however with an ageing workforce the Trust may wish to take a more structured approach to developing their future teaching workforce.

Teaching and learning resources are excellent especially the Trusts TEL system and the staff involved in the M80 programme should be encouraged to contribute to its further development and use it to its full potential.

The impact of changes to the administrative support need to be monitored and incorporated into the next annual report to the ACP.

All ACP standards are met and exceeded.

3. Curriculum

Evidence gathered from the SED and supplementary documents (Annual Report to ACP 2014-15, Minutes of M80 Service Supervisors' Meeting – 20th March 2015; Essex Validation documentation), panel meetings with trainees and service supervisors.

Curriculum Content

ACP standards relate to three main areas:

- Curriculum content, as set out in Section 5 of the Quality Assurance Framework
- Ensuring the course reflects the needs of current NHS practice
- Having processes in place which allow for Service Supervisors to be involved in curriculum development

The panel's visit came at a time of significant transition with two course

programmes currently overlapping as the M80 moves to a new academic partner. Trainees in Years 2, 3 and 4 will remain on the programme accredited by the University of East London and complete their training according to that course structure and curriculum, while trainees who joined in September 2015 have begun the new University of Essex programme, as will all trainees in the coming years.

Although there are some key changes to the new programme, the core curriculum remains consistent with an emphasis on 'learning from experience': intensive case work and a range of other clinical work, all supervised. Both programmes have a taught course component, made up of a mix of small group seminars including clinical supervision, theory, research and clinical specialisms. The latter are of particular note for being at the forefront of contemporary clinical practice and cover a broad range of clinical work: Young Person's Consultation Service; Infant Mental Health; Fostering, Adoption and Kinship Care; Narcissistic Structures including Eating Disorders; Autism; Working with Groups; Clinical Implications of Attachment Theory and Neuroscience; Violence, Delinquency and Sexual Acting Out and Adolescent Psychotherapy Workshop, etc. This list is not exhaustive and can vary according to availability and need. Seminars are led by the course staff team alongside Visiting Lecturers, who are experienced clinicians, well established in the profession. Hence there is a real opportunity for trainees to draw on highly specialist expertise.

All workshops are optional except for Work with Parents and Parental Couples, which trainees must attend at some point in their training, as this is where adult mental health and the impact of having a parent with mental health difficulties is discussed. The curriculum in Years 1 and 4 includes seminars specific to the stage of training, for example Professional Context in Year 1 and a Final Year Seminar in Year 4 which focuses on the endings of clinical work as well as preparing trainees for leaving the training and entering employment as a qualified practitioner. Trainees that the panel met with described how the curriculum very much has a progressive feel to it. Concepts introduced at an early stage are revisited at a different level as trainees' own thinking evolves and deepens.

There is a new theory programme being piloted this year in Year 4 with an emphasis on 'an applied focus' and the chance to consider issues around diversity and difference and how psychoanalytic thinking relates to a contemporary, multicultural context (SED, p.12).

Trainees also participate in a number of Tavistock-wide training events, including the Group Relations Event, which is a 5-day experiential learning opportunity in group dynamics.

The new course programme has been developed in conjunction with NSCAP (the partner centre in Leeds which follows the same academic programme) and there

are several key changes:

- A 're-envisioning' (Annual report to ACP 2014-15) of the research component of the programme, making research more integrated into the training with teaching seminars in Years 1 and 2 which aim to develop knowledge and skills, progressing towards a Research Dissertation Project in Years 3 and 4. Trainees will produce a 'research portfolio' which replaces the previous thesis structure.
- 'Practice based learning' modules have been introduced in order to give better recognition to the professional competencies which trainees need to develop. The modules include: assessment of all kinds; time-limited and brief work (especially STPP) and 'applied' work (consultation, outreach, networking and teamwork).

As this is a clinical training, the curriculum inevitably intertwines with the clinical experience. The requirements for clinical work under supervision are clearly set out in the ACP Quality Assurance Framework. (intensive therapy with three children three times per week) The Tavistock's Validation Document for the University of Essex describes a model of 'two plus one', that is two intensive cases of three times per week plus one case of twice per week. The panel noted the difference in emphasis in the wording of the ACP's Quality Assurance Framework in relation to this. On closer examination the panel were advised that some flexibility has had to be introduced in order to make room for the new demands on the training to equip trainees in time limited work and research.

Given the ACP's current work to introduce competencies and review the QAF it may wish to consider this issue too.

Ensuring the course reflects the needs of current NHS practice

The curriculum is a dynamic one. It is constantly evolving and developing according to a clear desire on the part of the course team to ensure that trainees emerge with relevant skills and competencies which are rooted in psychoanalytic thinking within the context of ever changing government priorities. The integration of the Short Term Psychoanalytic Psychotherapy (STPP) is a case in point, as is the re-working of the research element. All trainees we met were clearly aware of the need for outcome measures and how important it is for the profession to find ways to evaluate practice.

It is worth noting that the SED highlights the pressure on the curriculum if the course is to continue to remain responsive. The new emphasis on parent-infant psychotherapy is one example, which brings opportunities with it but which are currently hard to take full advantage of. The SED expresses a hope that the work currently being undertaken on professional competencies within the Training Council will lead to greater flexibility and it is helpful that the Head of

Training is a member of the ACP working group.

Service Supervisor involvement in curriculum development

Service Supervisors can give formal feedback on the curriculum through an annual meeting which is held each September. There was an additional consultation event in March 2015 in order to involve Service Supervisors in discussions around the proposed changes to the curriculum ahead of the re-accreditation by the University of Essex. Minutes from that meeting were made available to the panel. The meeting was well attended and there were wide-ranging discussions. It was felt that the proposed changes will inevitably alter the shape of the trainees' learning and experiences in their placements and there is an issue around time (how much is needed for the extra requirements and how can trainees be supported to manage the balance of clinical requirements and academic study).

During their visit, members of the panel heard from Service Supervisors directly that they felt the Service Supervisor meetings provided an opportunity for input to the curriculum in terms of what is happening in their clinics and they have seen this input reflected in the new programme.

The curriculum was found to be responsive to the needs of the NHS, was being taught by research active staff and more opportunities for trainees to attend workshops on clinical specialisms were in evidence.

The ACP standards are met.

4. Use of learning outcomes

Evidence gathered from the SED, Course Handbooks and from discussions in panel meetings with Head of Training, Tutors, Service Supervisors and trainees.

The previous ACP Reaccreditation Report, written in 2012, made recommendations that the Training 'should undertake a review of assessment tasks and assessment criteria and the relationship between these and the intended learning outcomes for each module' and that it should be informed by 'a review of the relationship between academic learning outcomes and professional competencies' and 'the methods used for assessing each' (Report to ACP Training Council, 2014/15 p8). Appropriate action has been taken to address these recommendations and the Head of Training continues to take an active role in an ACP working group which is reviewing professional competencies and benchmarking learning outcomes.

University of East London Professional Doctorate (as followed by years 2, 3 and 4 trainees)

There is clear evidence of use of detailed, course learning outcomes, as well as unit learning outcomes in the Course Handbook, 2013/14. Both levels of learning outcomes are sub-divided under headings of Knowledge, Thinking skills, Subject-based Practical Skills and Skills for Life and Work (general skills) and reflect the high expectations set in relation to, as examples:- knowledge of psychoanalytical theory and its use in understanding clinical findings, use of thinking skills in assessment of pathology, applying knowledge of cutting-edge discoveries towards enhancing good clinical practice and critically reflecting on research methods as used and developed in psychotherapy and psychoanalysis (section 3 of this report on Curriculum).

The Course Handbook states that the marking criteria for each unit are directly related to the unit learning outcomes and there is strong evidence of this looking at the relationship of the two across the units. Certainly, in a meeting with trainees from years 2 and 3, who, in addition to year 4, follow the course as laid out in the 2013/14 Handbook, the learning outcomes were generally found to be very useful in conjunction with assessment criteria, but trainees also said that they needed refining in one or two instances where a lack of consistency between the two could lead to confusion in establishing what is required in an assignment.

University of Essex Professional Doctorate (as followed by year 1 trainees)

Following the successful validation event in June 2015 for the professional doctorate to be delivered with a new academic partner, The University of Essex, 21 Year 1 trainees (M80) enrolled on the new 4-year course.

The accreditation panel had access to the University of Essex validation documentation where the University of Essex Validation Panel noted that they were impressed by the coherence of the course, the structure conveying a clear sense of continuity and progression. The Course Handbook sets out comprehensive Course Aims and then Course Learning Outcomes under the headings of Knowledge and Understanding, Intellectual/Cognitive Skills, Practical Skills and Key Skills. Each module has a Module Descriptor, Aims and detailed Learning Outcomes as well as clear descriptions of both the method of assessment and assessment criteria.

This is complemented by the Placement Handbook where sources of evidence are given for the evaluation of Placement Competencies of trainees as they progress through the clinical training. Competencies are listed with space to document whether or not/how trainees have achieved them. Detailed Learning Outcomes for Practice-based Learning, Years 1, 2, 3 and 4 are also listed and

are used, in addition to the evidence for achievement of competencies, as tools for progress meetings (See also sections 5 and 6 of this report).

In a meeting with Service Supervisors on Wednesday 24th February the panel heard very positive feedback from them on the new form of documentation for the new course in-particular the clarity using learning outcomes brings when assessing progress and appropriateness to working in a changing and challenging NHS. One Service Supervisor stated that the documentation helped her to decide which cases to recommend for her trainee(s) and made her supervision more meaningful.

Learning outcomes, at both course and unit level, are all clearly defined in the academic programme and learning required for the clinical training is also made clear using practice-based outcomes and professional competencies.

The ACP standards are met.

5.Trainee selection, progress and achievement

Evidence taken from SED, Annual Report to ACP Training Council 2014/15, Course and Placement Handbooks, Documentation provided to panel, meetings with trainees and staff.

Selection

The Clinical Training (M80) is open to application from students who successfully complete the Psychoanalytic Infant Observation Course (M7) and trainees are drawn from a wide geographical area of the UK and beyond. There is no shortage of good quality applicants. 'Regular Open Days [are held] for prospective students' (SED) and a guidance letter is available to those who are interested in applying. The letter sets out clearly the criteria used for selection: academic achievement, range of experience of working with infants, children and adolescents, applicant's length of time in analysis and readiness to apply, according to the applicant's M7 tutors' /seminar leaders. The letter also highlights the importance of applicants giving careful consideration to issues such as having appropriate levels of time and funding at their disposal plus a willingness to travel, sometimes considerable distances, for the duration of the training.

For staff involved in the selection process there is a guidance document detailing what they should be looking for in a candidate. The Interview Record Form is used as a prompt for the interviewer to check/record the necessary pre-requisites, as above, as well as to provide information to the applicant about the considerable challenges of the training. The Interview Record Form goes on file

after use.

In a group meeting with year 1 trainees a member of the panel was told that the interviews for M80 had been a positive experience. Interviews were described as having been 'good', 'relaxed' and providing a 'thoughtful' experience.

Those successful at interview are then required to apply successfully for a CAMHS trainee Child and Adolescent Psychotherapy post (CAPt.) before they can begin the Clinical Training. Prospective trainees are given detailed information about how the process works, as are those offering posts, and there was evidence of this in the documentation available to the panel, particularly for those interested in HEE NCEL (London and South of England) posts. However, in the same year 1 trainee /panel meeting with a panel member, there was a general feeling among those now in HEE NCEL posts that, as a group, they were still "recovering" from the 'grueling' selection process.

Trainees acknowledged that the process had to be competitive and therefore stressful on some level, and they realised that the process was complex in that those offering posts were asked to express their preferences alongside the Tavistock's efforts to match trainees and posts effectively. Indeed, the SED, describes the challenge of the matching process when the number of CAPt HEE NCEL posts is not confirmed until after offers of places on M80 have been made. The trainees suggested that key information about the posts be made available earlier so that informed choices about applications were made easier and the application process less rushed. They thought that their experience at a job fair for CAPt posts, described by them as similar to 'speed-dating,' could be improved. Trainee feedback to the course team prior to the reaccreditation visit has already stimulated an ongoing review of this aspect of the process and it is recommended that the staff team continue the review process, informed by year 1 trainee input. Interviews with CAMHS were seen by the trainees, in general, as a more positive stage of the process, an opportunity to show their skills and experience.

In contrast, trainees beyond the HEE NCEL area described to the panel a very different, more relaxed process of application with one trainee gaining a post in the team in which s/he had been working in another capacity and a second trainee describing a scheme whereby they had secured a post in advance of spending a year working as an Assistant Psychotherapist.

Once the selection process has been completed a comprehensive induction programme is undertaken by trainees relating to both their academic course work and in their placement organisation(s).

Progression and Achievement

There are various ways in which trainees' progression and achievement are

monitored. The Course Handbook (examples seen: 2013/14 and 2015/16) and Placement Handbook (2015/16) are invaluable resources for both trainees and staff in the monitoring process. The Course Handbooks list the taught course components and give clear course and unit aims with comprehensive listings of learning outcomes (see section 4: Use of Learning Outcomes for more details). In the Course Handbook 2013/14, followed by current trainees in years 2 and above, and in the Course Handbook 2015/16, followed by current year 1 trainees,

Accreditation and Clinical requirements are listed in the appendix. The Placement Handbook (2015/16), used by current year 1 trainees, sets out the Learning Outcomes for Practice Based Learning and lists Placement Competencies to be achieved. All this information can be used as reference points for discussion of trainee progression and achievement.

Systems for reviewing trainee progress involve the trainee, tutor, M80 senior staff, intensive-case supervisor and service supervisor and are ongoing throughout the 4 years of clinical training (See section 6: Trainee Support) with an opportunity, for example at the progress meeting at the end of each year, for the triumvirate of trainee, tutor and service supervisor to evaluate the trainee's experience in their placement, to evaluate their progress in relation to learning outcomes and competencies and to devise an action plan which addresses gaps in the trainee's knowledge, understanding and experience. The Placement handbook for the new course describes the Three Way progress meeting as 'a gateway for progression on to the next academic year of the course' (Placement Handbook 2015/16, p5.) Forms from the meetings will be presented at an annual Progression Board where senior staff review each trainee's readiness to progress to the next year of the training/programme. (Year's 2-4 will continue using the old forms). This Three-way meeting will be supplemented by a mid-year review of trainee progress and other regular meetings between trainee and tutor and/or service supervisor but it was clear to the panel from meetings with trainees that there are also opportunities to make contact on a more informal, ad hoc basis with their Service Supervisors and Tutors to discuss progress and any difficulties.

The robust selection process, as described above, aims to take on those trainees who are ready and able to meet the demands and challenges of the training. The SED describes 'a good training experience [as] one where difficulties emerge and can be worked through with the support available'. Trainees will require different levels of support depending on strengths and weaknesses and their clinical experiences. Careful tracking of trainee progress and good communication channels enable the staff team, in particular the academic tutor, to identify those trainees who need additional support with assessed writing tasks. This support can take the form of giving feedback on draft written assignments before resubmission of a unit assignment but also providing

clarification of the demands of the task (see SED). Trainees with, for example, dyslexia or dyspraxia, can be referred to a Trust-wide support service via the disability liaison officer.

Trainee feedback to the panel about the management of difficulties at placement by the staff team was universally positive. In the event of a trainee struggling to access the appropriate experience the experienced placements team can facilitate improved communications between partners and act as troubleshooters (See section 10, Quality enhancement and maintenance, for monitoring quality of placements).

Most trainees progress without interruption from one year to the next and complete the training as planned, however the progress of a few is affected by ill-health or taking parental (usually maternity) leave and action plans are amended accordingly with discussions taking place with regard to how best to support the trainee. Trainees have often struggled to achieve the professional doctorate alongside completing the clinical training on the programme run in collaboration with the University of East London (UEL), many taking the exit award of Masters in Professional Studies in Child and Adolescent Psychotherapy (MProf). However, despite the considerable challenge of completing 'a research thesis in the context of having left the training and started in a job' (SED), many have been awarded their doctorate, some in the form of a top-up doctorate award. With the introduction of the new doctoral programme in September 2015 comes the expectation of trainees being able to achieve the doctoral-level award on exit from the clinical training, although the SED acknowledges that implementing the new University of Essex programme requires 'securing resources to manage the doctorate processes.... for larger numbers of trainees and in shorter time frames than we have so far' (SED).

The SED describes a continuing strength of the training and trainees being 'very low attrition, [providing] high quality graduates with a good record of gaining employment and remaining in NHS employment throughout their working lives'. The Annual Report 2014/5 to ACP Training Council reflects this with almost all those who have recently qualified moving into employment, the remaining few deferring employment for personal reasons. The Course handbooks outline the role of the Personal Tutor in providing guidance on career plans, giving references and advice about job interviews.

The panel's visit coming half way through the academic year perhaps meant that final year trainees were preoccupied with more pressing matters, such as completing their qualifying paper, than with support with seeking employment. In a meeting with a panel member the year 4 group trainees had little to say about the quality of career guidance. However, as outlined in Section 3: Curriculum, the final year trainees have a series of seminars offered to them, elements of which focus on moving into employment.

The system for recruitment and selection is, for the most part, well organised and thorough and results in a high calibre of trainee undertaking the clinical training.

The panel recommends that the staff team continue to review the process of matching trainees and placements so that trainee concerns are addressed. Actions taken as a result of the review should be outlined in the next annual report to ACP Training Council.

The Placements Team are experienced in addressing/resolving placement issues, acting as an invaluable resource to trainee and tutor, for example, in times of significant organisational change at placements, to ensure that trainees' needs are being met.

The programme now being followed by current year 1 trainees aims to facilitate the achievement of the Professional Doctorate Award on exit from clinical training.

ACP standards were met.

6.Trainee support

Evidence gathered from the SED, Course Handbooks and from panel meetings with a cross section of all year group trainees during their training day (Wednesday 24th February) and in placement (Tuesday 23rd February): 25 trainees in total

Provision of appropriate information, advice and support

The main source of information for trainees is the Tavistock's Moodle website where handbooks, reading lists, guidance on assessments and course diary events can be accessed. The handbook is comprehensive and a crucial source of information for trainees throughout the training. The panel heard from the new Technology Enhanced Learning unit about plans underway to increase information provision and learning opportunities on Moodle in future.

Induction process for the training school and training post

The course now has a full induction day which, according to the SED, provides "an opportunity for the new intake to begin to know each other, meet the course team, find out who does what and ask questions" (SED). Trainees also have an induction, variable in format and length, in their place of work. for example, those based at the Tavistock attend a two-day induction for new staff and trainees across a range of disciplines.

One of the trainees interviewed by the panel described the course induction as having been good and also that there had been a helpful, structured induction to the placement but that the Trust-wide induction had been less comprehensive. In addition, the training school runs a mentor scheme so that first year trainees have a more experienced trainee to support them.

Tutorial system

The M80 has a staff group of 28 tutors (SED), working clinically alongside their role as tutor. “The tutor has overall responsibility for each of their tutees throughout their training [and] are the main reference point for trainees to discuss their course, timetable, progress and any work or personal difficulties” (SED).

Tutors and tutees meet formally once a term. Tutors usually supervise trainees in their first intensive case and meet weekly to do this. Although the focus is the intensive case, these meetings are also an opportunity to discuss any issues that arise in early stages of the training. Trainees reported a high level of satisfaction with the tutor system and felt they could go to their tutors with any issues.

If problems arise between a service supervisor and a trainee, the tutor is the person a trainee can talk to about this – so, ideally, service supervisors are not also tutors to their trainees. This cannot always be avoided. The Service Supervisors reported good formal and informal relationships with tutors and said that tutors are generally available for them to talk to when required.

In response to a recommendation in the last ACP Re-accreditation visit in 2012, the training school has compiled a Placement Handbook for service supervisors and tutors which, amongst other things, details how the Annual Three Way Meeting should be conducted (see below) and how the new Clinical Training Record should be completed.

Formalised and transparent process for review of trainee progress involving both training school and post

Trainees now have a mid-year review with their tutors in the Spring. This is a formal opportunity for discussing progress, based on feedback reports from case supervisors and small supervision group leaders. According to the SED, this gives tutors and trainees a chance to address any issues that need attending to in advance of the Three Way Meeting between trainee, tutor and service supervisor at the end of the year. The Three Way Meeting is where the Training Record is reviewed and achievement of competencies is recorded. A new more robust structure and recording process have been introduced for these meetings for Summer 2016. For year 1 trainee’s others will use it to inform their thinking.

Trainee feedback process for training school and placement

Trainees can provide feedback about the M80 course via representatives from each year group who attend termly Trainee Committee meetings. Trainees interviewed by the panel said they felt they could, and did, use student reps to give feedback on the training. There are also termly, informal feedback sessions in seminars and anonymous questionnaires at the end of the year asking trainees to review individual seminars and workshops. In addition, there is a survey on their overall experience of the M80 course in 2 separate surveys for the 'taught' and 'research' elements of the course. Trainees are also able and encouraged to give feedback on placements in a placement feedback questionnaire ahead of the mid-year review so that any issues raised can be addressed during the year.

The panel heard from senior managers of DET who stated that the trainees' experience is of great importance to the training school, and that they analyse responses carefully and get positive feedback.

Complaints procedure and appeals mechanism

There is a complaints and appeals procedure, for both University of Essex and University of East London trainees, easily accessible on the Tavistock's website.

Exit interviews

Exit interviews are in the form of final tutorials during which tutors support the tutee in the difficult task of ending the training and beginning life as a qualified Child Psychotherapist; this includes supporting trainees in applying for posts. There is also a meeting between trainee, tutor and intensive case supervisor to discuss the qualification paper written about one of the intensive cases. According to the SED, "this is also where post qualification CPD needs are thought about as well as [being] an opportunity to discuss the trainee's overall experience of the training and to provide feedback about the strengths and difficulties in the training experience".

Additional sources of trainee support

Trainees with disabilities are able to get support from their university Disability Liaison Officer as well as being able to access NHS disability support services as with any other NHS employee. As well as personal analysis, trainees are eligible to access the confidential and independent Student Advice and Consultation service at their relevant university.

There also seems to be strong peer support amongst trainees which should not be underestimated. Trainees reported to the panel that they had suggested more time for reflection in trainee peer groups – a regular experiential group and this

had been put in place for first year trainees this year: further evidence that the teaching team acted on trainee feedback.

Trainees are given a high level of support throughout their training. They are given clear information and a thorough induction to the course; inductions to placements vary from employer to employer. The tutorial system is robust but also adaptable to individual needs. The process of review of trainee progress is transparent and has been strengthened with the introduction of a mid-year review. Trainee feedback processes have also been improved.

Overall, the trainees interviewed by the panel said that between tutors, service supervisors course teachers, and analysts, there is always someone they can turn to for help if issues arise.

ACP standards are met.

7.Trainee placement learning and teaching

Evidence gathered during panel visits to placements in London: University College London Hospital NHS Foundation Trust (UCLH) Cancer Centre and Islington CAMHS, two telephone consultations with placements at a distance, meetings with groups of trainees, and meetings with two groups of service supervisors.

The panel recognises the significant challenges faced by the Tavistock in securing sufficient and high quality training placements to meet the commissioned numbers especially given the NHS service pressures and changes which have been alluded to elsewhere in the report.

Because of the complexities associated with such a big provider of Child and Adolescent Psychotherapy training the panel visits to placement providers were limited to Central London and with hindsight it may have been better to include a regional placement too as this would have provided a different perspective on the trainee experience.

The M80 course benefits from the expertise of the 2 Child Psychotherapists /Placement Managers who each work 1day each per week helping the course team to source, set up new placements, monitor the quality and help to resolve difficult placement issues which cannot be resolved by service supervisors. It was clear from panel discussions with service supervisors, teaching team members and trainees that their input was highly valued.

The panel also wishes to recognise the dedication and hard work of the service

supervisors who also support trainees often in difficult environments.

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

The Tavistock has developed a training course for those new to service supervision and this course was reported to be beneficial to those attending. However, some service supervisors spoke of the difficulty of accessing any financial support, and of finding time to attend.

When the panel met with the current trainee groups, comments on placements were positive with all trainees reporting access to weekly supervision. There was a range of experience in terms of weekly, individual or group supervision, depending on placement. ACP guidelines do not make it clear whether the service supervision should be individual or group and this could be usefully clarified.

University College London Hospital NHS Foundation Trust

Setting: This is a small team of CAPTs working as part of a multi- disciplinary team in an acute hospital setting supporting children, young adults and their families who are coping with life threatening and life limiting illness within a Cancer Centre.

During the visit to UCLH, the panel heard that the 4th year trainee is based in the Cancer Centre within a multidisciplinary team and has access to a good range of closely supervised clinical work as well as insight into the wider working of the team in the hospital context.

The trainee has a joint training post between CAMHS at the Tavistock and does 1.5 days with UCHL because in her other post she does half a day of outreach work in a GP clinic so although she loses time at the hospital, she gains important community experience elsewhere.

Having had an intense caseload in years 1 and 2 she was able to meet all her core training requirements, apart from intensive cases early on and this has allowed more flexibility in the last two years of the training and enabled more network and liaison work within the MDT.

There is access to administrative support but the trainee feels she has enough for her needs often typing, printing and sending her own letters. She has the use of a shared desk space and clinical rooms in accordance with the UCHL's working practice.

Both brief and long-term work have been achieved in this placement including long-term cases lasting two years, supported by parent work. Feedback from the trainee highlighted that she has had a lot of training in brief work, using short-term models, having done the Young People's consultation service workshop, the infant mental health workshop and STPP supervision. She felt the training had changed in recent years so as to give trainees more experience in risk assessment, emergency and brief work.

The trainee reported that there had been an induction and training within the hospital setting including the electronic record keeping system. She has had access to a high level of service supervision during the early part of her training which has reduced to the ACP recommended level in the last two years of training.

The Service Supervisor and other Senior CAPT's had a high level of respect for the trainee. There was a strong commitment to developing skills in communication skills without the use of jargon. The trainee once established within the service had been encouraged to write her own letters to other professionals including GP's.

UCLH psychotherapy has an excellent record of gathering patient feedback data and can evidence the value of this placement to children and families.

It was acknowledged during the visit that the UCLH placement is an emotionally demanding environment and, while the senior staff ensure that trainees are not overwhelmed by the setting, they are helped to be able to regain and maintain an ability to think in the face of trauma and life-and-death anxieties. The panel thought that the placement was excellent in the way that colleagues managed to balance the need to protect the trainee with the need for her to develop the capacity to think psychoanalytically in the setting.

The service supervisor reported one concern he considered 1.5 days per week was not ideal for a trainee placement. In his opinion two days a week would give a richer experience.

When asked about support from the M80 course team, he said that he attends an annual meeting with the trainee's other service supervisor and that if there were any issues with the trainee he felt confident that he would know who to approach at the Tavistock, however he has never had to do this as all the trainees he has supervised in the past have all been excellent.

Islington CAMHS

Setting: This is a CAMHS team with an unusually wide range of non-NHS activities and over 50% of the team's income comes from outside the NHS. Non-NHS work includes team members working in primary schools and a

PRU (Pupil Referral Unit). One of the psychotherapists works at the PRU.

The service manager spoke about the huge pressures on the team, in particular targets set by the commissioners and the need for trainees to be able to work 'in the real world'. She said that trainees are highly valued because having a trainee means that they can offer additional long term work, which other MDT colleagues are less able to do and therefore trainees make a huge contribution.

The service has a long tradition of taking trainees and there is a large team of psychotherapists (between 7 and 8 at any one time) in post. However, there is never more than one psychotherapy trainee at a time, due to the lack of psychotherapists in the service on the banding required to supervise trainees. The 3rd year trainee reported feeling very well supported in her placement. All referrals come through the service supervisor and so far the placement has provided her with the necessary caseload. She reported having plenty of appropriate work in terms of the range of presentations and level of difficulty.

The trainee had experienced difficulties during one of her intensive cases when the intensive case supervisor reduced supervision to every 2 weeks and the trainee felt that she needed more support this difficulty had been resolved by her service supervisor.

The trainees working environment and facilities are good she has her own desk, computer and phone and access to good quality clinical rooms and facilities.

Service supervision was provided by a very experienced CAPT who is also a tutor for the M80 course he was involved in recruiting the trainee and has good working relationships with the training.

Panel members were very impressed by the service supervisor who was very supportive of the trainee.

Because of time pressures the panel was not able to visit any placements outside of the London area but did hold discussions (via 'Facetime' and SKYPE), with Service Supervisors based in three other regions they described receiving a good level of support from the Tavistock especially when placements were being established. The concerns which were raised by them focused on the service challenges in meeting the demands of the course rather than issues relating to the course itself or the Tavistock. One person commented that she had been able to contribute to the development of the new curriculum and had seen her views reflected in the new course. However, these discussions were not as in depth as those held within the panel placement visits and therefore the panel would recommend to the ACP that at least one regional placement visit is incorporated in the next reaccreditation review.

From the information gathered, the panel was impressed by the range and high quality of placements and in particular the work undertaken by the placement managers who ensure that placements are appropriate and accredited effectively.

The training school is providing high quality initial and on- going training and development to service supervisors.

High levels of commitment and support from service supervisors.

The panel recommends to the ACP that for the next re accreditation visit a regional placement should be included in the panel visit.

ACP standards are met.

8 & 9. Assessment and qualification

Evidence gathered from the SED, Course Handbook, Academic reports, Log books and from meetings with the M80 teaching team.

Qualification as a Clinical Child and Adolescent Psychotherapist requires trainees to undertake a combined academic and professional pathway.

Professional Assessment

This is achieved through continuous assessment of trainees in practice by a network of personal tutors, service supervisors, intensive case supervisors. The responsibility for managing assessment of the trainees' work lies with the Tavistock.

The Tavistock provided ample evidence of a clear and transparent process of assessment using a competencies model. Trainees are required to compile a detailed record of their clinical work.

In addition to this, for each year of the training there are specific competencies that the trainee is expected to develop and evidence. Progress towards these competencies are assessed jointly by the service supervisor and tutor. There are forms in the Placement Handbook that detail specific competencies and are jointly signed and dated by the trainee, service supervisor and tutor at the trainee's end of year meeting.

The record of competencies provides clear expectations of the trainees and allows them to proceed with confidence once competent in a particular area. It also allows trainees to use formative assessment and create an agreed action plan to improve clinical skills and provide evidence of progress, if this is required. We heard feedback from service supervisors that they found this to be very

helpful and thought that it took the mystery out of the assessment process and increased confidence in making recommendations or raising concerns.

Trainees also reported that they felt this was a useful, fair, and transparent way of assessing their progress on the course. Tutors reported that they felt this was a robust model for assessment and helped them to communicate clearly with trainees.

In the updated Placement Handbook, there is a section that is designed to increase transparency if a trainee is not progressing at acceptable rate. This specifies a process to bring the training to an end or to have an enhanced learning support and action plan put in place. In discussion with the Head of Training for the M80, it became clear that all trainees would have access to enhanced learning support and an action plan and the process to end the training will only be put into action after appropriate support plans have been exhausted. The intent of the handbook is correct but the Tavistock may want to amend the order of paragraphs in the handbook to make this clearer.

Academic Assessment.

In addition to the clinical competencies, trainees are assessed on their academic work including a professional development paper, a clinical dissertation, and a range of professional writing. The panel saw evidence of high quality written work and clear feedback to trainees. Trainees currently have a choice about whether to stop their academic work at the level of professional qualification and take the award of Master of Professional Studies, or they can continue on to complete a doctoral thesis. We saw evidence of an impressive number of completed doctorates of a high standard.

The course has a robust process in place for contacting training analysts before trainees begin intensive work and at the point of qualification.

As has already been stated the Tavistock is currently in the unusual and difficult position of transferring from one university partner to another, from the University of East London to The University of Essex. This means that they are running two academic programmes at once. The accreditation panel met with the senior management team and discussed the extra demands on tutors. The panel were satisfied that the M80 course team has received sufficient support from the Tavistock and Portman NHS Foundation to make this viable.

The updated processes for assessment and qualification impressed the panel members and the direction the training is going in this regard. The panel are confident that there a rigorous and fair process for assessment and that trainees can evidence a high standard of clinical and professional competencies before being put forward for qualification.

The panel commends the Tavistock on the high numbers of trainees completing the course each year, with 19 trainees qualifying in 2014-2015.

The M80 course team deserve praise for their continued efforts to integrate opportunities to complete a Professional Doctorate within the four-year clinical training.

All ACP standards are met.

10. Quality enhancement and maintenance

Evidence from the SED, Quality reports from academic partners and observations made by the panel during placement visits. Processes for monitoring and maintaining quality standards for Commissioning Bodies.

Processes for monitoring and maintaining quality standards for Commissioning Bodies

The SED, describes the annual Quality Contact Performance Monitoring Process (QCPM) which reports to Health Education England/North, Central and East London LETB (HEE NCEL) and other areas cross-commissioned by them. This is a comprehensive review of the child and adolescent psychotherapy training provided by the Tavistock and focuses on Contract Performance Indicators (CPIs) covering Recruitment, Academic Education, Placement Education, Trainee Professionalism, Innovation, Commitment and Transparency (which looks at Student feedback processes and reporting of identified weakness/recommendations/conditions).

The performance summary uses a Red, Amber, Green (RAG) rating system and the Tavistock has been given a Green (the highest) rating across all CPIs in 2010/11, 11/12, 12/13 and 13/14. The team is currently waiting for the results of 2014/15. The latest available report describes a course continually looking for ways of improving and innovating.

When a member of the panel met with the lead commissioning manager at HEE for the training he was able to confirm that the commissioners were very content with the quality of training being provided by the Tavistock.

During the accreditation visit two panel members met with one of the two Placement Managers. In a discussion about contract management and Quality Assurance (QA) processes, it was clear to the panel members that QA processes took up a lot of the Placement Manager's allocated time for the role, reporting requirements having 'increased exponentially' over recent times. The SED, also identifies Quality Assurance for posts which are distant as 'work in progress' but

states that progress is being made with the introduction of the placement handbook, improvement of links/ communication between Service Supervisors and the Tavistock via Moodle and the use of technology to facilitate participation in meetings at a distance.

Although the equivalent of the QCPM reporting (see above) for those settings beyond the HEE NCEL area is not in place (except the South West HEE-funded posts which have their own reporting scheme), they are still subject to the same internal quality assurance and reporting processes: the internal accreditation of placements, the requirement for all Service Supervisors to undertake regular training, the completion of an annual monitoring form for all trainees, as well as following the same schedule of tutorials and meetings between tutor, Service Supervisor and trainee. Whereas there is funding in the HEE NCEL contract for placement managers to carry out monitoring visits of settings in years 1 and 3 of a trainee's clinical training and 'troubleshooting' activities, tutors take on the role of monitoring other settings and both tutors and members of the Course Team, the 'troubleshooting' activities. However, if the course team think that exploring the possibilities for another level of audit beyond the work that tutors do, to match that of the HEE NCEL posts using the Placement Team would be a positive step to achieve greater uniformity in quality, then they should do so.

Feeding into Trust-wide Quality Monitoring Processes and those required by Academic Partners/Agencies

The SED, states that in addition to the annual review process described above, the course reports to the Tavistock as part of a Trust-wide Review and Enhancement Process (REP) for all courses. This is, again, a wide-ranging and thorough report which looks at, amongst other elements of the provision, course improvements made since the previous report, staff development and scholarly activity, enhancement themes (which vary in their focus each year) and analysis of student feedback. The Tavistock then produces an action plan from the collated REP returns. According to the SED the REP report also goes to the University of East London (UEL), the academic partner for the course for current years 2, 3 and 4 and will also be sent to the new academic partner, University of Essex.

In addition, the Clinical Training quality reporting processes feed into 'wider audit processes' in the SED including the Quality Assurance Agency for Higher Education (QAA). Collaborative reviews of the tri-partite link between the Tavistock, UEL and Human Development Scotland (HDS) and NSCAP also take place as both HDS and NSCAP follow the Tavistock/UEL, and now University of Essex, M80 academic programmes.

The validation of the new Professional Doctorate programme, in June 2015, by the University of Essex, required a programme review in preparation for the

event (see Annual Report to the ACP Training Council for year 2014/15). The course team members were commended by the University validation panel for 'the reworking of the training offer in response to contemporary pressures and the intensity of thought that had gone into all aspects of the course'. A commendation was also given for 'the clear sense of continuity and progression throughout the course structure' (Validation of Professional Doctorate in Psychoanalytic Child and Adolescent Psychotherapy, Summary of recommendations, June 2015).

Association of Child Psychotherapists (ACP)

The Training Council of the ACP is responsible for accrediting the training for the professional qualification delivered by the training providers. The re-accreditation cycle results in each training provider being re-accredited once every 4 years. The professional body has devised a Quality Assurance Framework for the training of Child Psychotherapists, which is used by re-accreditation panels to assess whether the detailed Quality Standards therein have been met by the training providers.

The Tavistock's Head of Training regularly attends ACP Training Council meetings and provides the Training Council with an Annual report which includes actions the school has taken to address quality issues that have arisen. The latest report (2014/15, p8) outlines action taken with regard to a recommendation made in the previous ACP Reaccreditation Report (2012) about trainee feedback processes.

Trainee feedback

Trainee feedback processes operate at two levels: course level and Tavistock-wide level.

In the previous ACP reaccreditation report (2012) one of the panel's recommendations was that the M80 course 'should undertake a review of trainee feedback processes in an effort to improve both engagement and the narrative quality of the data'. The Annual Report to the ACP Training Council (2014/15, p8) sets out the actions taken by the school and ensuing benefits: 1) altering the timing of the course placement feedback survey so as to spread out requests for feedback and 2) having two separate surveys for 'taught' and 'research' aspects of the programme which has led to the gathering of fuller feedback. Feedback on student experience of the teaching programme is also gathered in seminars informally on a termly basis.

The SED, says that the course team take very seriously and think carefully about 'feedback students give on how to improve the programme'. There are termly course committee meetings with trainee representatives and an internal feedback loop operates to report back to trainees the discussions that have taken place at

the annual whole course meeting and course committee meetings.

At a meeting with trainees in years 2 and 3, panel members were told that there were plenty of opportunities to feed back on their experiences of the training. They participated in the student representative system and thought the feedback loop worked well as they were kept informed of what was done in response to concerns raised, via minutes of meetings on Moodle. They acknowledged that not everything could be addressed but gave an example of the system being responsive: a request for the Library hours to be extended over the summer months had been actioned.

A widespread concern, conveyed to the panel at more than one meeting, was the variation in study-leave which was at the discretion of their line manager and dependent on which Trust employed the trainee. This had been raised with the Head of Training who had said it was a difficult issue to resolve quickly. However, it is clear from the minutes of the most recent Annual Service Supervisors Meeting (September 2015), that efforts have been made by the Head of Training to set out when and why study leave is required; also to convey to service supervisors the importance of granting study leave to trainees as a generally supportive gesture, but in particular as an acknowledgement of the value of trainees carrying out research.

According to the SED, at the Tavistock-wide level trainee feedback is gathered on alternate years with the National Research Student Survey. Details of the various surveys are given in the Course handbooks where trainees are referred to the Tavistock and Portman Trust Academic Governance and Quality Assurance web pages for further information.

As stated above, in addition to having 'robust processes for monitoring and maintaining quality standards' the ACP Quality Assurance Framework states 'there should be clear complaints processes in place'. This process is outlined in the trainee handbooks for 2013/14 and 2015/16 where trainees are referred to Moodle for further details. According to the Annual Reports of 2012/2013, 2013/2014 and 2015 to ACP Training Council there have been no formal complaints during the last 3 years.

The visiting panel is confident that robust quality assurance processes, conforming to ACP standards, are in place and working well. The M80 course offers plenty of opportunities for trainees to provide feedback on the training.

It also participates fully in formal structures for feedback to, and monitoring by, other stakeholders. However, the Course Team could explore developing another level of audit to match that of the quality monitoring and reporting of HEE NCEL posts if they think it would improve

quality in those placements beyond the HEE NCEL area.

ACP standards are met.

11.Values, equity and diversity

Evidence gathered from SED, Course Handbook, The Trust web site, Trust policy documents and discussions with the M80 teaching team.

Improving the diversity of the Child and Adolescent Psychotherapy workforce

The SED is quite light on the recording of efforts to expand and improve access to child psychotherapy services and to making training opportunities more readily available.

There are Trust wide equality and diversity policies in place and on its website it states that “The Trust now has a single equalities scheme, developed with staff, service users, specific communities and our members” although this was not published / available at the time of the visit (and still not available on the Trust website at the time of writing this report) nevertheless this is a positive development.

According to the SED the Child Psychotherapy discipline has had a long standing project in collaboration with the London Local Education and Training board (LETB) in running a 10week ‘Access Course’ followed by a 1year ‘Introductory Course in Emotional Care of Babies, Children and young People’ which was specifically geared towards encouraging a more diverse group into training at all levels of the children’s mental health services workforce. It was anticipated by the Tavistock and the LETB that this may result in increased numbers of applications to the clinical training to achieve a better gender balance and stimulate interest from a more diverse group of applicants including those from different cultures, ethnic backgrounds, and those with a disability.

Unfortunately, no one has been recruited to the M80 from this initiative so far although several participants have gone on to do other CAMHS professional trainings and several have undertaken the M7 Infant Observation Course, so it may be that this situation changes over time as the main source of recruitment onto the M80 is through the M7 route.

Barriers to recruiting a more diverse cohort are varied and complex for example there is under representation at all levels in the current children’s mental health services workforce of people from black and ethnic minority backgrounds and clearly the Tavistock has attempted to explore and address some of these but it needs to do more if the child psychotherapy workforce is to reflect those communities it serves.

The child psychotherapy workforce nationally remains predominantly white and female.

Men are significantly under- represented in the qualified workforce and in trainee cohorts at the Tavistock despite an increase in the numbers of men recruited on the course in 2015 the total is approximately 22% of current trainees.

In terms of ethnic origin, equality and diversity monitoring reports indicate that only about 10% of the total trainees are from black or ethnic minority groups.

The Head of Training recognises that the lack of diversity in the trainees is a big issue for the course.

None of the current trainees declared a disability other than dyslexia/dyspraxia and the Tavistock has in collaboration with its partner universities good systems in place for supporting these trainees as evidenced in their student hand books.

Statistics on sexual orientation and religion are not routinely collected although it was noted by the panel that the Tavistock has been working with the charity Stonewall who have helped the whole organisation review its education and training provision in relation to meeting the needs of the LGBT community.

The Trust has a Race & Equity Student/Trainee Group which offers opportunities for students from all Tavistock run courses to meet together and support each other and share their experiences as students who are concerned with and interested in issues relating to culture, race and ethnicity in a predominantly white organisation.

It aims to empower all students and trainees to engage with these issues and to voice their experiences and thoughts. The Group also functions as a channel for communication and feed-back between students/trainees and DET. The Trust is keenly aware of the need to train mental health professionals from a diversity of backgrounds and of the need to listen to its current students and trainees from both minority and majority backgrounds in order to do this well (evidence from the Tavistock's website).

However, it is not clear whether the M80 course staff and trainees participate in these initiatives and whether any outcomes are fed into course design/content in any way, which seemed to the panel a missed opportunity.

Preparing Child and Adolescent Psychotherapy Trainees to work within a diverse client groups.

According to the SED the M80 frequently incorporates within clinical discussions/ seminars and supervision groups diversity and difference as a live topic backed up by clinical experience.

Trainees are required to record their patient's ethnic origin with a view to establishing the extent to which they are exposed to getting practice working with diverse groups so that their supervisors can ensure that trainees are achieving a balance in this regard. On the whole the trainee logs indicate that most of them do get a range of experience.

The new theory series in year 4 of the training incorporates engaging trainees with issues of diversity in psychoanalytic theory as a new way through the structure of a debate. This is being supported by wider Trust staff with specialist expertise in this area.

Trainees are encouraged to challenge assumptions about the value and meaning of psychoanalytic thinking and its relationship to a contemporary, multicultural context as well as to raise their awareness of responses to difference and bias within the therapeutic relationship.

The panel recognises the attempts made by the M80 course team to have a more diverse trainee group and notes the constraints and barriers that impact and impede progress. However, the panel advises that the course team could be more ambitious and aspirational to both improve the diversity (in its widest sense) of the trainee cohorts as well as in the way trainees are prepared to work effectively with diverse communities and thus improve access to services.

The Tavistock should consider identifying a lead with the time and resources to help the course team to develop a comprehensive equality and diversity strategy and or action plan drawing on expertise both within and out with the Trust.

ACP standards are met.

12. Personal analysis for trainees

Personal analysis is a key component of the clinical training and the standards including number of sessions that have to be attended is set by the ACP, trainees have to attend for a minimum of 4 sessions per week (sometimes 5) and there is clear evidence from the documentation that Tavistock trainees comply with this requirement.

Analyst fees up to a maximum of £4,800 per year are paid by the lead commissioner but this varies considerably between different commissioning organisations.

The training school has a robust process in place to ensure that trainees have access to appropriately accredited training analysts. A member of the teaching staff works closely with the ACP student analyst sub-committee and acts as a first point of contact for analysts or trainees if any difficulties arise. As the trainees come from a wide geographical area and may work at a distance from home, there are sometimes difficulties in sourcing suitable analytic vacancies. Given the large number of trainees involved, the panel thought that the training school does well to meet trainee needs.

The course puts a high value on a year of analysis before the clinical training and

there is an expectation that trainees should pay for this themselves, although some limited bursaries/loans are available for M7 students who are unable to meet this expense.

Support is focused on trainees where there is poor access to analysis. Also, if a trainee has an unexpected change of circumstances and is struggling with analytic fees then there is financial support from the Tavistock.

The disparity in the level of analyst fees funded for each trainee was confirmed when panel members met with different trainee groups and several trainees highlighted clear differences in relation to the level of subsidy of their analytic fees, depending on the trainee's sponsoring education commissioner and the range of fees charged by individual analysts.

This disparity did appear to leave some trainees facing financial difficulties before and during the training.

The analysis is an expensive part of the training and the training school's view is that trainees should contribute to the fee as it involves a high level of personal benefit.

The panel noted that some potential students from the M7 course might undertake a year of analysis in the hope of getting a place on the course. The financial demands of analysis may exclude some high quality students from being able to apply for the course. The panel heard that there was targeted support for trainees, if staff were made aware of these difficulties.

The panel thought this support was offered sensitively in many regards. However, the support available should be more transparent and open, so that potential trainees can request support without any barriers to access.

Some service supervisors especially those situated in remoter parts of the country cited lack of access to local analysts as a key factor affecting the quality of training as trainees in these areas have to spend long periods traveling to and from analysis.

The Tavistock complies with the ACP standards for personal analysis and is aware that it needs to work hard to fill some of the current gaps in analytic provision

ACP standards are met

13. Conclusion, Conditions and Recommendations

Conclusions

The Tavistock and Portman NHS Trust is a unique organisation recognised as both a national and international centre for specialist mental health services and provision of high quality and innovative education and training programmes.

The panel is confident that the Tavistock is committed to and fully supportive of the delivery of high quality clinical training in Child and Adolescent Psychotherapy and has the necessary systems and processes in place to:

- Meet the programme clinical and academic learning outcomes
- Recruit suitable trainees
- Effectively monitor the quality of placement experience
- Provide adequate numbers and quality of service and personal supervision to trainees
- Facilitate provision of personal analysis for trainees.

The Tavistock has a rigorous process in place for placement management and quality monitoring enhanced by the highly committed placement management team to troubleshoot and resolve a range of placement issues which minimises the risk of trainees failing to meet their training requirements.

It was very clear from panel discussions and feedback from service staff particularly those in CAMHS that workload pressures and service changes are increasing and that every effort has been made by the Tavistock to take these conditions into account when designing and implementing the new Clinical Doctorate in Child and Adolescent Psychotherapy.

Workload issues may arise for the small team of dedicated teaching and administrative staff for the M80 programme especially during the organisational change within DET and the transition from their long standing academic partner the University of East London to their new partner the University of Essex.

The panel is confident that the Tavistock will manage these issues effectively and consult with and support staff through the change.

All ACP standards are met

Commendations

The panel would like to commend the Tavistock on the following:

- The commitment and enthusiasm of the hardworking teaching team of permanent staff and visiting lecturers.
- Successful development and implementation of a new 4-year Doctorate

programme in consultation with service colleagues and wider stakeholders which incorporates flexibility and responsiveness to changing service needs.

- The quality of trainees who impressed the panel with their commitment, enthusiasm and willingness to learn often overcoming significant challenges such as long distance travel and workload pressures.
- The range and quality of placement provision and support from the highly motivated and committed placement managers and service supervisors.
- The high quality of teaching and learning resources especially the library and Advanced Technology Learning facilities.

Conditions

There are no conditions.

Recommendations

The panel recommends the following:

1. That the Tavistock reports on the impact of organisational change on the smooth running and management of the M80 programme in particular how changes to administrative support are working, in its next Annual Report to the ACP.
2. That the Tavistock amends section 2 points 11 and 12 of the new 'Placements Handbook' to improve clarity and reduce any ambiguity relating to trainee progression.
3. That the Tavistock adopts a more formal approach to developing its future M80 teachers and tutors and puts a succession plan in place by April 2017.
4. The panel recognises the actual and future potential of using Advanced Technology Learning systems in supporting the learning, personal and professional development of trainees, teaching staff and service supervisors and the Trust continues to explore with ATL staff to realise what MOODLE has to offer.
5. That the staff team continue to review the process of matching trainees and placements so that trainee concerns are addressed.
6. That The M80 management team requests resources from the Trust to provide additional expertise to support them in developing and implementing a comprehensive equality and diversity strategy and action plan.