



Report of the Re-accreditation Visit to the Birmingham Trust for Psychoanalytic Psychotherapy (BTPP) Training

5th & 6th June 2014

Composition of ACP re-accreditation team Panel

Rajni Sharma	Panel Convenor. Consultant Child & Adolescent Psychotherapist – Manchester CAMHS & Northern School of Child & Adolescent Psychotherapy, (NSCAP)
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Graham Shulman	Consultant Child & Adolescent Psychotherapist – Head of Child & Adolescent Psychotherapy, Lanarkshire CAMHS and External Tutor and Training Committee Member for the Child & Adolescent Psychotherapy Clinical Training, Human Development Scotland
Ana Ferreira	Child & Adolescent Psychotherapist, Dartford CAMHS and Joint Organising Tutor of the Independent Psychoanalytic Child & Adolescent Psychotherapy Association, (IPCAPA)
Judith Cousins	Child & Adolescent Psychotherapist recently qualified from BTPP & in Independent practice, LAC service

ACP Training Council link

Lydia Hartland-Rowe, Co-Chair

1. Introduction

This re-accreditation took place during a significant milestone in the history of the BTPP training school, with the retirement of its Organising Tutor and a new appointment due to start in the autumn, 2014. The panel was aware of the complexities of engaging in the re-accreditation when the school's priorities would inevitably be focused on a smooth changeover of leadership. Both the School and Panel were also aware of the tight time frames to complete this re-accreditation before the end of the academic year as the last re-accreditation had taken place in 2009.

This report will evidence a high level of satisfaction of BTPP trainees and the value trainees give to the close attention, consideration and quality of their training experience. BTPP provides an out of London training to students who demonstrate a potential psychoanalytic talent to work clinically with children and young people. Some of the students who may not



have the financial resources to commit to intensive four year training but with support of the BTTPP charity students are provided with a level of resources, (e.g. computers or financial support to cover additional costs relating to travelling arrangements for attendance to analytic sessions) which is of great benefit.

There were two contrasting qualities to the experience of the re-accreditation panel. On the one hand BTTPP worked conscientiously with the preliminary meetings and paper work. This required making arrangements at short notice for Shirley Truckle (Organising Tutor), Kevin Booth, (visiting teacher and new Organising Tutor from September 2014) and Sonia Lloyd, (programme administrator) to meet over telephone-conference with Rajni Sharma, (panel convenor) for the pre-meeting. Information was provided promptly on request, (e.g. list and contact details of Service Supervisors, electronic copy of Handbook and Annual reports since last accreditation), dates were agreed to receive the Self-Evaluation Document, and it was possible to draft a timetable for the visit on 5th & 6th June. A room at BTTPP was made available for the panel during the visit where additional documents were laid out, (e.g. student feedback forms). Lunch and refreshments were thoughtfully provided. The panel chose two placements to visit and the Lead Child Psychotherapists, Jackie Alexander and Jasmin Gill were both very helpful in the preparations for these CAMHS visits. However, on the day of the visit to BTTPP itself, the panel also had the experience in the briefing and feedback meetings that their expressed aim of working to the remit and framework of the ACP Quality Standards did not seem to be implicitly trusted or accepted, and in these meetings the school conveyed a strong apprehension that the panel and the ACP would mandate them to do the impossible. There seemed to be a tense atmosphere that made task-oriented collaborative and exploratory thinking and discussion difficult at times.

Within the context of unprecedented challenges and reconfiguration of NHS CAMHS the regulatory and governance functions of the ACP has to be open to clear and transparent external evaluation. Training schools more than ever need to evidence explicit compliance with quality standards. It was possible to acknowledge the tensions that this creates with the ethos of the training school and for the school and panel to navigate through the process. Access to paper work, placements, students and observation of teaching was achieved and, after the visit, information and documents were helpfully provided in response to clarifying questions.

Preliminary feedback was provided at the end of the visit with commendations, requirements and recommendations. These are finalised at the end of this report. The training meets the ACP Quality Standards framework as laid out in the July 2013 document.

For this re-accreditation the information and evidence was drawn from the following documents, meetings and observations of teaching:

Documents, meetings and observation of teaching

- Self Evaluation Document – 2014



- Report of ACP Re- accreditation Visit to BTPP 2009
- BTPP Annual Report to ACP Training Council 2011-2012
- BTPP Annual Report to ACP Training Council 2012-2013
- Observation of training Seminars by the panel on Friday 6th June, (Research, Year 1 Issues, Year 2 theory, Year 3 theory, Year 4 theory, Assessment seminar & clinical seminar),
- Panel met with year 1 & 2 trainees and year 3 & 4 trainees on Friday 6th June.
- BTPP website
- Meetings with Training Group on 6th June.
- Feedback from re-accreditation panels' questionnaires to BTPP Service Supervisors
- Meetings with Service Supervisors during CAMHS placement visits.
- Meetings with Trainees during CAMHS placement visits
- CAMHS placement Visit to West Bromwich and Dudley CAMHS
- Clinical Training Handbook 2013-2014
- Trainee Logs & qualifying papers
- Supplementary information about management structures and functions in email contact from BTPP after the re-accreditation visit

2. Action points from last re-accreditation visit – 2009

2.1 Requirements

2.11 The development of a local academic link and doctorate.

This has taken a back seat, due to the push to develop research teaching and “safeguard the position of Child Psychotherapy within CAMHS and the NHS locally.” (**Annual report 2011-2012, page 14**). Funding concerns in relation to national changes with the SHA described in the **2012-2013 Annual Report** also meant that it was not possible to prioritise the development of academic links. The training school also needed to manage a major move in premises in 2013-2014. The **Self Evaluation Document, (page 29)** states “*We have not managed to secure a Doctorate linked to Child Psychotherapy and profoundly disagree with this strategy*”.



2.12 To plan a succession strategy for the school's leadership within the Birmingham Children's Hospital (BCH) structure.

BTTPP has recently appointed Kevin Booth to take over the role of Organising Tutor from September 2014. Shirley Truckle, the current Organising Tutor will stay on in an assistant role for three days a week until 2017. This is with the aim of providing a smooth transition. The school has not become part of the BCH and there are no plans for this to happen in the future. Both the school and Health Education West Midlands agreed that this link would not be in the school's best interest (**Self Evaluation Document page 29**).

2.2 Recommendations which can be implemented over time as agreed with the Training Council

2.21 Develop a new handbook.

A handbook has been revised and developed for this academic year.

2.22 To create posts which combine clinical and teaching responsibilities within Birmingham Children's Hospital to facilitate the development of local expertise.

One Child & Adolescent Psychotherapist has a 0.8 position in a local NHS Trust and also works 0.2 at BTTPP. Another member of the teaching team works on a part time contract for BTTPP and has a 0.8 whole time equivalent post in a CAMHS within the region. A further two members of the teaching team work full time for Birmingham Children's hospital and are facilitated to teach form BTTPP as part of these posts.

2.23 Training "escalator" – deploy training expertise more widely

"The training escalator has been impossible to implement due to cut-backs" (**Self Evaluation Document, page 29**). But the school may look for opportunities to enable this in the future.

2.24 ACP Regional Advisors to encourage a Heads of Service/Service Supervisors' forum.

The 2011-2012 Annual Report states that Rose Cull has taken on the role of chair for the ACP regional forum. This meets three times a year at the school where space and facilities are provided for the meeting, (**Self Evaluation Document, page 29**). The school has made a lot of effort to facilitate the addition of a Service Supervisors' group but due to time constraints within the group, this has not got off the ground. The Service Supervisors' **written feedback** to the panel conveys the difficulty in making time for this although there is a continuing desire for such a



forum. The school provides regular individual support/mentoring to service supervisors that are utilised regularly and also offers Continuing Professional Development (CPD) opportunities for new service supervisors. Service supervisors have stated that they experience the school as accessible and helpful when concerns arise with trainees. The Organising Tutor has described how she has repeatedly tried to offer space and resources to enable a service supervisors group meeting to take place. While accepting the considerable difficulties in setting this up, the value and need for this, (particularly at such complex and challenging times within CAMHS) is evident both in the Service Supervisors feedback and from the experience of the visiting panel.

2.25 BTPP to clarify with the SHA the circumstances or processes under which the contract may be terminated.

This was achieved as stated in the **2009 panel report, (page 20)**.

2.3 Recommendations to be considered by the training school

2.31 Broaden depth of psychoanalytic theory.

The **Self Evaluation Document (page 29)** articulates how after consideration, the theory reading lists are felt to be appropriate and the school does not agree with the last panel's view (**2009 panel report**) that the theory is "*narrow*". The **2011- 2012 (page16) & 2012 – 2013 Annual Report (page 5)** states, "*Tutors and trainees make reference to relevant papers in clinical and assessment seminars as appropriate to the material presented*". Reading lists are considered in section 5 of this report under the sub-heading of course curriculum /content.

2.32 Clearer description of learning outcomes and BTPPs response to this suggestion.

The Handbook provides a list of general course Learning Objectives for the training. Further development to move towards more comprehensive outcomes is discussed in section 6 of this report and forms a recommendation of this panel.

2.33 Continue to review links with and between Service Supervisors and the process of training new Service Supervisors.

The **2011-2012 Annual Report** explains that links are regularly reviewed between Service Supervisors and there is a "*process of apprenticing new supervisors, of quality, so as to be able to use more people locally*", (**page 16**)



3. Training School Management and Organisation

BTPP was formed in 1986 to continue the development of psychoanalytic thinking and training in the Midlands. In 1991 BTPP was registered and validated as an approved Training School in Child and Adolescent Psychotherapy by the Association of Child Psychotherapists. It became a registered charity and limited company in 1996, **(2013-2014 Student Handbook)**.

The Charity BTPP is run by a group of independent Trustees (7 Trustees plus the Organising Tutor as Secretary) who oversee the strategy of the organisation as an educational Charity under the Charity Commission. The School of Child Psychotherapy is financially and structurally separate from BTPP the Charity. The School has a good relationship with Health Education West Midlands, the Education Commissioner, with whom they have a contract for 5 training places each year. This funds the salary, fees, analytic fees for four times weekly analytic sessions, intensive training case supervision, and £4000 towards travel costs for these 5 places.

The structure of the School as described in the 2013-14 Handbook includes a Training Group (to oversee training issues) and a Management Group (to deal with day-to-day issues). The School is a small organisation and the same five staff including the Organising Tutor and the Chair of Training (currently Sheila Miller) belongs to both the Training Group and the Management Group – in fact, the organogram on **page 63 of the Handbook** shows the 2 groups as one. Sheila Miller is shown on the organogram as sitting on both these groups as “Chair of Training”. The panel was unclear about this important role. With clarification it may be that the Chair of Training should be available for future ACP re-accreditations.

The functions of the Training Group as outlined in an **email from the Organising Tutor to the panel on 7th July 2014** are to:

- Monitor the quality of the teaching programme, ensuring compliance with the ACP guidelines on quality standards;
- Monitor developments in practice, theory and management within the profession and in Child and Adolescent Mental Health Services to ensure the teaching events are in line with and informed by current thinking - where compatible with BTPP standards and philosophy;
- Monitor the quality of teaching staff, ensuring staff development and advising the Director/Organising Tutor on possible changes.

The Management Group is accountable to the Trustees and its function is the day to day running of the training School and its courses. They meet at lunchtime every Friday in term time.



In addition there is an Advisory Group, a collection of individuals with special interests, qualifications and experience who are called upon to advise the Organising Tutor, Chair of Training and/or the Trustees in specific areas as required. Many are senior members of the profession or are senior psychoanalysts or Human Resources professionals. The consultations are done on a voluntary basis and individuals are approached following discussions between the Organising Tutor, Chair of Training and sometimes other senior members of the profession.

The external assessor is appointed by the Organising Tutor in consultation with members of the Advisory Group. This appointment is unpaid except for remuneration for marking qualifying papers.

The School is responsible to the Association of Child Psychotherapists for delivery of quality training within its guidelines. The Organising Tutor is accountable to the Trustees as outlined in an **email from the Organising Tutor to the panel on 7th July 2014** are for:

- Efficient management of the school;
- Financial day to day management within the agreed limits set;
- Working within the Charity Commission remit for an educational charity.

The Trustees are responsible for the appropriate use of the funding from Health Education West Midlands. This goes directly to the Charitable Trust and is administered by them to pay for staff salaries, analysis, supervision, tuition and running costs. The Trustees are responsible for strategic issues and legal issues and meet regularly, usually four times a year. Minutes are taken for these meetings. There are also meetings as and when required between the Trustees and the Organising Tutor and Chair of Training and there is regular communication by email/ telephone. Major changes such as changes to existing roles or creation of new roles within BTPP are discussed in principle at Trustee meetings and, if agreed, are implemented.

The Trustees are presented with the audited accounts at the Annual General Meeting and the Chair is responsible for producing a report for the Charities Commission and Companies House. Copies of this go to Health Education West Midlands.

The School promotes its informal style and it is the School's view that its smallness and informality facilitate trainees and staff discussion and provide the opportunity to resolve any issues at a very early stage. The visiting team's overall impression of the School was of an informal and closely integrated structure where roles and responsibilities are not clearly described and where responsibilities may change in response to perceived need. It is clear that the current Organising Tutor provides much of the vision and leadership for the School though there can be no questioning the dedication of the rest of the "*passionately committed staff*" (**Self Evaluation Document page 7**). For outsiders such as the visiting



team the informality of structures can be problematic when it comes to understanding how decisions relating to the management of the School are made and in deciding whether there are any areas of potential concern in an organisation which is so strongly influenced by one individual. One of the requirements from the 2009 visit was for the School to plan a succession strategy for the School's leadership. This has been addressed by the appointment of the new Head of Training, with the departing Head of Training in an Assistant role until 2017. As in other organisations where those taking up a leadership role continue to work alongside their predecessor, the balance between making best use of the advantages of the passing on of experience in this way, whilst being able to direct and manage change and new directions, is a complex one, and may pose challenges which the panel feels it will be important to have in mind. The new Handbook helpfully provides all the School policies and the Code of Professional Conduct and Ethics in one place. The Organising Tutor and/or deputy maintain close contact with line managers/service supervisors by email and telephone. The **Self Evaluation Document (page 7)** acknowledges that all of them originally trained at BTPP, which the School sees as a strength though acknowledging it as a complicating factor.

4. Staffing and effective use of resources

Staffing

The teaching team composition and structure has remained steady over the last four years. A new tutor has joined the core group of tutors and "*team-teaches in parent work and theory*" (**Self Evaluation Document page 9**). The training continues to use a model of a central close knit group of tutors supplemented by nine visiting teachers who contribute to the seminars. The training school values this structure because "*students can acquire many dialects of the same language so that they can develop their own way of speaking*" (**Self Evaluation Document page 9**). It also addresses the concern of teaching becoming too "*inbred*" and narrow because of the high level of teaching and supervision delivered by the core team.

There is a long list of experienced intensive case supervisors which are carefully allocated to trainees by the Organising Tutor. She has a detailed knowledge of the student and gathers information about the patient through the assessing clinician, (**Self Evaluation Document page 9**).

The last re-accreditation team (**2009 panel report, page 7**) commented on the lack of opportunity for trainees to gain familiarity with each visiting teacher's way of thinking and working and to also to be able to track each trainee's progress. The BTPP gathered students' feedback on this concern through a questionnaire to which all students responded, (two were on sick leave, therefore were not asked to contribute). The summarised student feedback, (**Self Evaluation Document page 11**) captures the advantages of visiting teachers who bring a "*fresh pair of eyes and ears*", "*a more independent perspective on my work*" and gaining a "*variety of ways of working and*



thinking". Alongside students who fed back that they felt visiting teachers got to know them well over the course of the training, some students also fed back that it was frustrating to re-introduce clinical material to a new teacher when the group knows the patient well.

As a small training school it is not possible to provide specialist clinical workshops. The three/four "*Big Days*" of teaching a year provides an opportunity to look at specialist areas, (e.g. Autism, neuroscience, forensic). Student feedback is positive and their suggestions for particular presenters and topics are taken into consideration.

In relation to continuing professional development, (CPD) for the teaching staff the "*team teach*" approach for a new tutor is a solid model for developing teaching skills. Further thoughts about CPD are provided later in this report in section 5 under the sub-heading of Teaching.

Resources

The training moved to a new central site close to public transport. There is a good library, suitable seminar rooms, tea and lunch facilities and administrative support, (e.g. free photocopying and shredding). The training provides financial support for computers and cars for students who are experiencing hardship.

5. Curriculum

Visiting Team Members sat in on a range of seminars: Research Seminar, Year 1 Clinical/Issues Seminar, Year 2 Theory Seminar, Year 3 Theory Seminar, Year 4 Theory Seminar, Assessment Seminar and a mixed Clinical Seminar. Several of the seminars were jointly led by two teachers.

A range of teaching techniques were used, and as would be expected there is a range of teaching styles across different teachers. The tutors conveyed enthusiasm and engagement and commitment to the topics or material under discussion. Regular collaborative joint teaching of some seminars (described as "*team teach*" by school) is a particular strength, where new tutors can gain experience of teaching and trainees can benefit from both complementary and diverse perspectives and ideas. Seminar group discussions were exploratory and thoughtful, with space for trainees to grapple with ideas and issues, and a mixture of trainee and seminar leader contributions. Trainees mostly engaged extremely well and actively took part in and contributed to discussions, though there were a few exceptions that stood out, and in one group there was very little group discussion.

It was clear from the Self Evaluation Document that the Organising Tutor has an overview of teaching and tutors, and reference was made in the **Self Evaluation Document** to "*the constant reviewing of ways of getting ideas across*". The panel also understood that tutors



from both the clinical training and the infant observation course meet weekly to share ideas and techniques relating to that week's teaching.

There is clear evidence of teaching staff engaging in appropriate continuing professional development, (CPD) as psychoanalytic clinicians and supervisors. It is unclear whether there is any CPD undertaken that is specific to the task of teaching. Peer observation and review would for instance be one example of this, though there are obviously a number of different types of teaching CPD. The ACP Quality Assurance Framework does not specify a requirement for this latter type of CPD, but it is something the training school might wish to consider.

Course curriculum /content

The previous accreditation report found the curriculum to be in line with ACP requirements, and this has continued to be the case. The main development in the curriculum has been the introduction of research seminars. This consists of 5 seminars alternating with Work with Parents seminars in one term, and covers the headings '*What is research?*' *Audit, Critical Evaluation and Evidence in Child Psychotherapy*. This is a significant step in incorporating the research component and agenda into the training (see below in the section **Research Methods** for further comment).

Theory reading lists are reviewed/revised on an annual basis in response to trainee and teacher feedback. There continues to be a rolling programme of half and full days on Fridays given to key topics and issues that cannot be covered in regular timetabled seminar slots, together with Saturday half-day lectures on relevant themes which are open to trainees.

There are two noteworthy points in relation to curriculum. The first is the very limited presence of recent theoretical and technical developments in child psychotherapy in the 'Theory' Reading Lists; this does not seem to reflect the substantive published contributions to the theory and technique of child psychotherapy, even from those within the particular post-Kleinian theoretical orientation of the BTPP training. Awareness of "*current theoretical developments*" is a stated aim of the training in the **Handbook (p.8)**, and would be assumed under the listed "*key elements*" of theory and technique in the **ACP Quality Assurance Framework for the Training of Child Psychotherapists, (July 2013)**.

The second point is in relation to the task of teaching report writing skills and techniques. Report writing is identified as one element of training in the **ACP Quality Assurance Framework for the Training of Child Psychotherapists (July 2013)**, which states that trainees are required to have "*submitted [to the training school]...evidence of capacity for report writing*" [p.21]. Effective communication "*with a wide range of other professionals including by written reports*" is a stated learning objective in the BTPP child psychotherapy clinical training **Handbook (p.8, and reiterated on p.21)**, and trainees are required to



“show evidence” of this “including...written reports” (p.21). Report writing as part of assessment is taught in the Assessment Seminars, and further report writing is considered in the work setting with the trainee’s service supervisor. However there is limited and intermittent opportunity for more systematic focused and shared learning of report writing skills and techniques as part of the curriculum. Furthermore, while overall there is an ethos of thorough and systematic on-going monitoring and assessment of trainees and their progress, and although there is a stated requirement in the **Handbook** for trainees to “evidence” report writing skills, there is no requirement for trainees to keep a portfolio of work-based written tasks where a sample of reports etc could provide a means for evaluation and assessment of a trainee’s competency and possible needs in this area.

A greater emphasis and focus could be given to the importance of this core professional skill within the curriculum. This is a very different skill from that required to write a clinical qualifying paper, and from verbal communication with other professionals or in seminars, and report writing extends well beyond the scope of clinical assessment. Some form of designated, timetabled, taught report writing component in the curriculum would enhance the learning opportunities for trainees, would provide trainees with the opportunity for more systematic shared learning and exchange about report writing, and would better match the degree of importance of this task and skill for the professional practice of child psychotherapists. [See also related comment in **Section 10** on course Assessment.]

Course Handbook (2013-14 version)

The Handbook has been revised and expanded since the previous accreditation visit and report. This was acknowledged by the training school as work in progress. Previously, thinking about the development of a Handbook was within the context of developing an academic partnership. Although the school has not found it possible or felt it to be appropriate to develop an academic partner, the updated course Handbook has been positively received by the wider school, trainees and those service supervisors who have received it. Indeed the service supervisor’s feedback expressed the usefulness of it to help them to be up to date with the curriculum, learning and reading lists so that they can be further aware and integrated in their understanding of the curriculum. It is clear that the handbook can function as a source of information and orientation (programme specification), and fulfil a containing function for trainees. This does require clarity, consistency and coherence. Inconsistencies in the accounts of key processes, e.g. suitability and selection of intensive training cases (**page 13 & page 42**), and the wording of learning objectives (**pages 8-9 and 21-22**), would be straightforward to address.

Also, regarding **Submission of the Qualifying Paper (p.20)**, no mention is made in the Handbook of a process where the submitted qualifying paper is considered by the External Assessor not to meet the qualifying standards of the ACP. It would be helpful to specify in the Handbook whether or not there is a re-submission process, and if so what it is.



Research Methods

The School is to be commended for beginning research teaching and prioritising resources for this. The school states that “*Research is one of our weak areas which we hope to address in the future*” (**Self Evaluation Document page 12**). The panel agrees that this is a prioritised area for continued development, and the trainees also voiced their view about the relevance and importance of research both in relation to the potential research uses of data gathered in their work placements, and in relation to employment. Development of the Research Module could be achieved for instance through bringing in clinical researchers from other fields and by contributions/presentations by child psychotherapists who have carried out clinically relevant PhDs or professional doctorates. The theme of research is of course closely linked to the first requirement of the previous Accreditation Report, namely the development of a local academic link and establishment of a professional doctorate.

6. Learning Outcomes

The **Handbook** provides a list of *general* course Learning Objectives for the training (**pp.8-9 & 21-22**). The previous accreditation report highlighted that while there are clearly *implicit* learning outcomes in all areas of the training, and that these closely inform the Training School’s very careful and considered monitoring and assessment of progress of trainees, these outcomes for the different components of the training are not written out in the programme specification in the Handbook. The previous accreditation report recommended a more detailed and systematic elaboration of Learning Outcomes. The school have expressed their conviction that Learning Outcomes are simplistic and reductionist and incompatible with the training school’s ethos and values; and that they could encourage or result in an unhelpful mind set in trainees. It seems as if a principled objection to written Learning Outcomes – which appears to derive from the perception that they are incompatible with psychoanalytic thinking and ‘learning from experience’ – has carried over in relation to all the individual components and areas of the training. Yet the inclusion of general learning outcomes in the handbook and a list of Learning Objectives for the then newly introduced Research Module (**the BTPP Annual Report 2011-12**) highlights that many elements and formulations akin to learning outcomes are already used within course documentation, and could be drawn on to provide a comprehensive set of written learning outcomes with some appropriate changes of wording. During meetings between the panel and the training school there was some consideration of how linking with other training schools around this task could advance this process in a way that ought not to undermine or conflict with the ethos of BTPP.

7. Trainee Selection, Progression and Achievement

Trainee selection

Selection of home-grown trainees starts from their first enquiry as prospective observation course students. Following an initial discussion with the Organising Tutor they are invited



along to open events and are paired with a mentor who is a current student or trainee. Those who embark on the observation course are followed closely by teaching staff so by the time they apply for the training they are well known to the training school. For those who apply after completing a recognised observation course external to the BTPP, care is taken to ensure they are not disadvantaged by having only selection interviews. They are offered the opportunity to have a couple of 'trial' interviews in the build up to their selection interviews.

The selection process for BTPP trainees aims to adhere to the pre-training requirements laid out by the ACP, both for academic level qualifications and work experience with children of different age groups. The panel understood that most trainees hold an honours degree level qualification or equivalent and have completed a course on observational psychoanalytic studies leading to a post-graduate Diploma/MA or equivalent qualification. Applications are marked against the ACP person specification and selected candidates are taken through a two stage interview process. For those who are accepted all necessary checks and clearances are carried out. As they start the training, trainees engage in the induction process as required by their clinic and employing Trust. They are very closely held in the first year in a way that could be seen as a prolonged induction process in itself.

This year 4 trainees were recruited, one short of the 5 commissioned training posts. Last year five were recruited but one withdrew after two terms. The School's links to local institutions and longstanding connections to various services actively foster interest in psychoanalytic thinking and its clinical applications. It has an enabling and creative approach to considering prospective trainees from the very early stages of enquiry, and will actively assist individuals with their educational, personal and work journeys towards making an application to the training. The BTPP and the Trust / Charity is also in a position to offer very generous practical and financial assistance to prospective trainees whose financial situation would preclude them for applying for the training. This means the school is in a position to attract a mixed pool of candidates from varied socio-economic and educational backgrounds.

On occasions candidates have been accepted onto the training without having yet fulfilled the ACP entry requirements, starting the training before completing their previous master's studies, whilst not holding an honours degree or recognised equivalent. This has affected their ability to fully engage with the start of the training because of the need to take time to complete assignments.

In the first year trainees are very closely and actively monitored and supported by the Organising Tutor, with whom they have clinical seminars in the Training School and weekly service supervision for their work placements. The rationale for these arrangements is laid out in considerable detail in the BTPP handbook and the Self Evaluation Document, and it is seen by the school as an important aspect of the unique culture of the BTPP training. It provides trainees with an intense holding experience with the Organising Tutor, and allows intimate nurturing and moulding of their development in the early stages. The re-



accreditation team viewed this arrangement as blurring clinical and managerial boundaries between training school and placement supervisor / team, and an over-reliance on the central figure of Organising Tutor as an educational and personal mentor to every trainee. A more devolved tutor, clinical and service supervision system within the training school could be helpful, and stronger formal links with service supervisors where these are not in place would ensure continuing holding of trainees and close tracking of their progress from the start.

Trainees in the first year of the training conveyed a very strong sense of belonging to the training school, and it is openly the school's belief that this is important and should be very actively encouraged. The last accreditation team remarked that this was '*in contrast to the general thoughts about trainees' position within their NHS Trusts*'. **(2009 Panel Report)**. This position seems to be maintained. Trainees were aware that geographical considerations had been taken into account when allocated a placement, and were unperturbed about not having choice over placements. It seemed for some a relief that the Organising Tutor selected their placement. Some service supervisors did raise specific concerns about their and the service's lack of influence into this process and how this can contribute to a diminished sense of ownership or investment in the trainee, **(From written feedback to 2014 Panel's questionnaires to BTPP service supervisors)**. In several cases the service supervisors' written feedback described the trainees' needs not matching the needs or expectations of the placement. In one particular example the service supervisor felt that the trainee allocated to the placement was not ready to embark on the training.

Progression

There are a range of mechanisms in place to support trainees through their training. At the heart of this is the relationship between each trainee and the Organising Tutor, who develops a close and intimate knowledge of the trainees work and cases, and who becomes a key clinical supervisor and pastoral tutor for the trainees. Trainees value this intensity of support and it has meant that when a trainee has been identified as struggling, their difficulties could be identified quickly and additional support put in place. In one case this involved supplementary weekly individual supervision with the Organising Tutor. In this case even closer monitoring of the trainee's development was maintained as the trainee continued to struggle and after two terms was facilitated to withdraw from the training.

This level of individual investment is clearly much valued by trainees. In relation to the transition plan the first year trainees had been reassured that their supervision arrangements with the current Organising Tutor would continue for the remainder of their training. This fits with the three year handover plan. In the view of the panel it would be valuable in this period for there to be a gradual handover of supervision arrangements to service supervisors who may be helped to grow into the role if they lack supervisory experience and who could be themselves supervised and in future actively supported to take over direct clinical supervision from the first year. This would communicate to trainees



the confidence the school has in its team of tutors and chosen service supervisors. It would further support the development of service supervisors and the tutor body, and help grow the training and shore up its future. We are aware of the delicate political considerations these arrangements entail, and thought would need to be given to how to achieve this whilst continuing to support the work of clinic or service managers to create new posts and further opportunities for Child Psychotherapists' career progression into higher bandings.

There is an annual review process in place and each trainee is asked to complete an individual self-evaluation form. This is kept as confidential to the trainee and the Organising Tutor.

The Panel heard how a great deal of thought is given to picking up difficulties in clinical work, and when these difficulties arise there is active liaison with service supervisors. The extent to which this is experienced as working well seems to be dependent on how close the ties are between the school and the clinic. The panel heard that when service supervisors are closely involved the lines of communication are felt to work very well; difficulties are dealt with as they arise and there is much informal discussion about student progress. Trainees in these placements felt that these discussions happened as a matter of course and helped keep track of their development and any issues arising from their experience in the placement.

Where the service supervisors and school's paths do not cross so regularly, there are regular phone calls and close linking, particularly when there are concerns or difficulties. The service supervisors' feedback attests to an accessible and responsive school. However there was also a sense that this could be improved by more formal mechanisms of regular meetings between trainee, the training school and the service supervisor. This was evidenced in some feedback from trainees which would allow for an explicit joining up of the two with the trainee at the centre of the process.

The school does formulate a written development plan for the trainee for the ensuing year. Written feedback is asked of the Service Supervisor and the yearly development plan is then forwarded by the Organising Tutor to the Service Supervisors. The experience of this process occurring within regular face-to-face three way meetings (when this has happened in the past) with the Organising Tutor and their Service Supervisor, is clearly valued in the feedback from service supervisors and trainees. A number of trainees who had not had this experience said they would welcome the opportunity as a way of formally tracking their development and helping the process of further integrating their learning. These meetings could also help to locate shared ownership of trainee's development, in a way that is not experienced by all at present. It would also help trainees identify and articulate their learning, skills and experience in the applied way they will be required to do if they continue in NHS employment, and to make best use of performance appraisal processes. From the perspective of service supervisors, those who did not have established links with the training school said they would welcome the process to be clarified and joined up..



Achievement

The **Self Evaluation Document** speaks both to the commitment and struggle it has been to create opportunities in the region for trainees post-qualification, and how this has become increasingly more difficult over time.

In recent years one trainee secured employment with a voluntary agency working with disabled looked after children, and some have found work in private children's homes. The Organising Tutor was successful in encouraging the development of a full-time Child Psychotherapy post in a secondary school and some who qualified have remained in the NHS, taking up generic mental health posts. In one CAMHS this has led to a new Child Psychotherapy post. In the past year the same BTPP graduate has taken up employment with the training school as part of the core teaching staff. The incoming Organising Tutor is also a BTPP graduate.

Although the scarcity of Child Psychotherapist posts is part of a national picture, according to the **Self Evaluation Document** there is a hope that more of the incoming Organising Tutor's time can be dedicated to growing opportunities for trainees after they qualify.

8. Trainee Support

Induction process in Training School and training post

Prior to the student beginning in their work setting discussions between the Training School and the line manager and/or service supervisor will have taken place. These are described as serving a dual role in terms of 'handing over' the student to the placement and also beginning the formal process of forwarding the 'interview pack' that enables the processes such as Disclosure and Barring Service and Occupational Health checks to begin. The administrator supports this process, undertaking a liaison function between the school and the placement overseeing the necessary paperwork so that at the start of the academic year all of these tasks are well in hand, allowing the trainee to begin on the 1st September. Each trust and placement has mandatory procedures around induction that are undertaken when in post. The students generally experienced this process to be thorough and thoughtful.

As stated in the **Self Evaluation Document** the student cohort for the clinical training will often come from different Psychoanalytic Observational Studies courses. The Training School is clearly aware of the need and value for these individuals to come together in a way that facilitates a cohesive and supportive group. It is recognised that the strenuous and challenging training requires an understanding of the need for individuals to share and support each other over the duration of the training and for them to gel as a group. There are clear structures in place for these students to spend time forming a '*collective*' identity when members of this group may be strangers to one another. The informal process of a '*long celebratory lunch with the Organising Tutor*' at the start of the training is one of the



means by which this is established. Further to this students are offered a 'buddy system' from a student in another year group allowing them access to a peer who has already experienced the challenges faced as a new student on the clinical training. This is especially useful to those who are new to the school. The induction process is conducted at a steady pace and in a thoughtful manner.

In terms of more formal structures students are introduced to the course administrator who offers timely responses and an open door policy to students in addition to providing and maintaining paperwork systems that are required by the Trust, the ACP and the placements, including explaining how to use the library and online facilities in the school and BTPP's own paperwork. Practical support in this way is offered by the administrator in a personable and professional manner.

Part of the panel's discussion with first and second year students was to do with there not being a theory module in the first year. Students described how this provided additional space to receive support and thinking about the beginnings of an intensive and specialist training (often within the context of significant changes in personal and professional circumstances), and the impact of this for the trainees. A seminar called 'Issues' provides a space for the first years to share experiences of the training and discuss specific concerns and queries related to entering into a new professional training. It was established that this first year is not 'theory-less' and there was evidence that students had access to theoretical papers around establishing a therapeutic environment and relationship which the students found valuable. One student commented on the feeling that they had in the past relied on theoretical knowledge as a defensive strategy and that they found this first year valuable in its opportunity to explore all the issues arising from the practice and experience as working as a Child Psychotherapist in Training.

Tutorial System

Students are formally allocated a Tutor but it is custom and practice of the Training School that this arrangement is fluid with tutorials arranged on an 'as and when' and with whomever the trainee feels is best place to discuss their concerns in response to need basis. There is a tendency for trainees to gravitate towards the Organising Tutor as she is the key, central member of the tutor team who monitors the trainee's log on termly basis, carries out annual reviews with the trainee, placement liaison and monitoring of trainee's progression through the training as well as overseeing the progress in their learning, choosing and liaising with intensive case supervisors and contact with analysts..

The Organising Tutor has approached the student group via the student representative to ascertain if this arrangement is in line with what they would like or expect. **Feedback via this student forum** is as follows:

"In our last student meeting which we have each term, all the trainees agreed that we like the arrangement of having informal tutorials as and when



we need them. We all know we can contact (The Organising Tutor) or any other member of the teaching staff to arrange tutorials or, if we have any other problem, they will always make an available time for us to meet.”

When discussing support for students during the visit it was noted that students expressed high levels of satisfaction with support that they receive from tutors, talking of how easy it was to access and arrange formal and informal tutorials.

It is important to note that the vast majority of the tasks related to student support rests with the dedication and passion of the current Organising Tutor. These qualities have enabled the remarkable establishment and growth of the training where before there had been none. Within the context of the Organising Tutor's retirement the wider teaching team will need to share and establish a system that divides out much of what was held in one individual. Reviewing tutorial structures is part of the recommendations from the last re-accreditation report and it would be an enabling development if the role of the trainee's personal tutor could be expanded to take on more of the above functions.

Review of Trainee progress

Formal feedback between the training post and the Training School comes from a variety of sources;

- Service supervisors/Seniors/line managers are asked to compile a written report annually that is sent to the Organising Tutor.
- Feedback is also provided by the intensive psychotherapy training case supervisors
- Students are required to provide an updated student log detailing work undertaken so that a careful overview can be kept on how this aspect of the training is progressing. This log is assessed at the end of the year so that training needs regarding cases and experience can be prioritised and this is shared with Service supervisors/Seniors/line managers.
- Students are asked to produce a self-assessment form regarding their progress and development that is shared with the Organising Tutor. This is used solely for students to reflect on the formal feedback from service and training case supervisors and line managers in light of their self-assessment and to reflect on this. The Training School note that the trainees often underestimate their progress in comparison to supervisors' reports.
- Regular 'visiting teachers' reports' on clinical presentations every Friday are another important part of the review of student progress.



Exit Interviews

The training school undertakes a detailed and careful selection process however it is not the case that all trainees will be able to complete their training within the normal timescale. When circumstances dictate that trainees have to take breaks during the training process careful thought and support is offered through various means. Continuation of analysis is offered and financially supported through the Charitable Trust if this is deemed appropriate and a planned and managed re-introduction to placement and training is supported. When a cessation of training is deemed appropriate a thorough supportive programme is offered by the school through tutorial and consultation. This includes offering to pay for continued analysis for an appropriate period.

Trainee support arrangements in the future

The level of mentoring and the dedication the Organising Tutor provides to each trainee's progress is evident, and trainees and some supervisors value and rely on her clinical and theoretical experience, but it has meant that much of the support system for trainees relies heavily on a single individual. This has enabled the remarkable achievement of growing the BPTT training when the ground was anything but fertile. The panel suggest that, with the Organising Tutor's retirement, the incoming Organising Tutor and other staff members may wish to take the opportunity to set up more formal and distributed systems and work as a team to share support arrangements.

9. Placement Learning and Teaching

During the telephone conference pre-meeting between the panel convenor and the Training School a list of training placements was provided with some contextual information, (e.g. service supervisor, number of trainees). It was agreed that the panel would select two placements as a sample of the six CAMHS used the BTPP training. **West Bromwich and Dudley, (Halesowen) CAMHS** were chosen because they had not been visited in the last re-accreditation and because both accommodated several trainees:

West Bromwich/Sandwell CAMHS – Child & Adolescent Psychotherapist (Band 7) & Organising Tutor, (one honorary session per week) Service Supervisor to two second year trainees and one first year trainee. Graham Shulman & Ana Ferreira were the visiting panel members.

Dudley, (Halesowen) – One Consultant Child & Adolescent Psychotherapist/Service Supervisor with the first year trainee and another (recently retired) Consultant Child and Adolescent Psychotherapist/Service Supervisor who has been enabled to continue to offer service supervision with two fourth year trainees, post retirement. Rajni Sharma & Barbara Lund were the visiting panel members.



Both Lead Child & Adolescent Psychotherapists in these two clinics were supportive in making the practical arrangements for the visits at short notice. This was significant considering the central importance of these visits in the re-accreditation process and the opportunity these visits gave for the panel to gain a direct sense of a small sample of the placements offered to BTPP trainees.

West Bromwich CAMHS

During the visit two panel members met with the Team Manager and the Child & Adolescent Psychotherapist responsible for management supervision of the trainees. They also met separately with the three trainees currently on placement in the clinic. West Bromwich CAMHS is a well-established service. The wider CAMHS service has undergone a reconfiguration in recent years, which has particularly affected the specialist Learning Disabilities and Looked After Children services, both of which are co-located in the large clinic. Facilities are good with a welcoming reception. Trainees share an open office with other members of the team and although a bookable system for clinical rooms is in operation, the service ensures they have priority use of specific rooms to see children for psychotherapy. There is a good provision of toys and materials trainees can use in their work and secure places to store childrens' boxes.

Of the current trainees, two are in their second year and one in his first year of training. One of the second year trainees transferred from another CAMHS which the training school felt could no longer provide a sufficiently adequate training experience. Trainees placed in West Bromwich CAMHS reported there is a good availability of appropriate intensive and non-intensive training cases. Parent work is carried out either by the Child & Adolescent Psychotherapist, the Team Manager or by one of the other trainees. It is very positive that the trainees in this placement are encouraged to take an active role in the life of the multi-disciplinary team and to contribute a psychoanalytic perspective to the team's thinking. For instance the first year trainee is a regular participant in the Looked After Children's consultations. Another of the trainees had been involved in delivering a half-day Attachment workshop.

The Team Manager, a Clinical Psychologist, has been an active and committed champion of the Child and Adolescent Psychotherapy discipline within the Trust. She was instrumental in the creation of the current band 7 post and her vision is to grow the discipline further to secure also a band 8 post in the clinic. She is unequivocally supportive of the presence of trainees in the clinic and very positive about their contribution. Over the years the BTPP Organising Tutor supervised a number of clinicians in the service and encouraged a number to complete the pre-clinical course at the BTPP.

The 0.8WTE band 7 Child & Adolescent Psychotherapist trained in the Birmingham Childrens' Hospital and qualified four years ago. Post qualification she worked as a Primary Mental Health Worker and was successfully appointed for the Child & Adolescent Psychotherapist post when it was created. Three years ago she also joined the BTPP core



teaching team and co-teaches a range of seminars. This post is a significant professional development of a Child Psychotherapist who trained at BTPP. Psychoanalytic ways of thinking and working has been established for a number of years in this clinic and is generally well respected. She offers a monthly work discussion group to multi-disciplinary team colleagues. The BTPP Organising Tutor has had herself a long standing relationship with the service and currently provides weekly clinical supervision to all the trainees, as well as consultation slots to other members of the multi-disciplinary team, support to the Band 7 Child and Adolescent Psychotherapist, and on occasions has also engaged in direct clinical work related to trainees' cases.

It took the visiting team some time to clarify supervisory arrangements and lines of accountability in this placement. The Organising Tutor has a 0.1 WTE honorary contract with the Trust/ or works in the clinic 'on BTPP time', (**Self Evaluation Document page 23**) within which she carries out the above roles. Although the Organising Tutor offers clinical supervision on cases, the band 7 Child & Adolescent Psychotherapist is clinically accountable for the trainee's work, and would be responsible for responding and addressing any difficulties that may arise. She meets the trainees individually on a weekly basis. There is also a monthly meeting that includes the Organising Tutor, in her honorary contract role, alongside the Band 7 Child Psychotherapist with the trainees on placement there to discuss issues affecting the CPT discipline and general management issues.

In discussion with the Child & Adolescent Psychotherapist, she communicated that she greatly valued the close input and support of the BTPP Organising Tutor as she has settled in her role. She understood she would need to be of a higher banding to take on full responsibility for the trainees, but she did convey that she would feel able to offer the trainees direct supervision and support the management of their cases. She was at the beginning stages of investigating how she may grow further and develop in the role, and it felt to visiting team that there was an important opportunity to actively support her in this. In this context the Training School has a useful role to play in supporting and advising the team manager about her objective to develop an band 8 post.

Dudley, (Halesowen)

This is a well-established and experienced CAMHS placement for Trainees. The two fourth years continue to be supervised by a Consultant Child Psychotherapist who has recently retired. The Service was able to secure continuity of service supervision, post retirement, as a prioritised training resource for these trainees the final stages of their training. The first year trainee receives service supervision from an experienced Consultant Child & Adolescent Psychotherapist. The clinic is welcoming with excellent clinical rooms, a solid stock of therapy materials with safe storage and well equipped and reliably allocated desk and IT facilities. Child Psychotherapy is integrated into the managerial, multi-disciplinary and administrative structures. The trainees describe how their training needs are well met, both in terms of appropriate training cases and interface within the multi-disciplinary team. The trainees felt well supported by their Service Supervisors and the CAMHS. The links



between placement and school functioned well; if anything the trainees thought that a clearer delineation between the roles of tutor and service supervisor would be useful and that this could be helpfully demonstrated in annual meetings between trainee, tutor and service supervisor.

Child & Adolescent Psychotherapy is held in high regard by multi-disciplinary colleagues. The meeting with a Consultant Psychiatrist and lead Clinical Psychologist highlighted how the clinical opinion/consultations and clinical interventions provided by Child Psychotherapy are valued and appropriately sought. The trainees are seen as an asset by the multi-disciplinary team, adding the richness and diversity of the multi-disciplinary trainees that are supported in the clinic. These team members did not have any concerns about supporting trainees, rather there was a sense that they valued the clinical contribution they made and trusted the supervision and management of the trainees by the Consultant Child Psychotherapists. It was significant to note that key members of the -disciplinary team have completed a psychoanalytic infant observation at BTPP. This seems to enhance their understanding and commitment to psychoanalytic perspectives and interventions within CAMHS. Trainees are encouraged to attend -disciplinary team meetings and co-work with other professions and gain a breadth of CAMHS experience alongside their core psychoanalytic training requirements. Trainees are also encouraged to link with the wider Child & Adolescent Psychotherapy profession through the annual professional conference.

Feedback from Service Supervisors

Written feedback was sought from the 10 service supervisors/seniors, (for the purposes of the report they will be referred to as service supervisors) linked to the Training School. We received 9 replies and the feedback fell into the following key themes: All the service supervisors described the advantages of having Trainees in CAMHS both in terms of the clinical interventions they offer patients and how they enrich multi-disciplinary teams. In terms of clinical provision they boost Child Psychotherapy resource, particularly intensive psychotherapy; sustain certain specialist clinics (e.g. under-fives clinic), and their contribution to generic CAMHS work such as CAPA. Service supervisors also describe how their own thinking and clinical practice is refreshed, enlivened and developed by supervising trainees.

Evidence of partnership planning to ensure adequate numbers of training posts

The school continues to successfully find appropriate CAMHS clinics to create posts for their trainees. This is an increasingly challenging and complex task with the massive national re-configuration of CAMHS. The school has developed new training posts and there are previous posts that have not been available due to dramatic changes in those clinics. The school's commitment is evident and the experienced knowledge of regional services and the networks built over time facilitate the matching of trainee with a post. This matching process is held within the training school and feedback from trainees and clinics suggest that this broadly works well. There is some feedback from service



supervisors/seniors who describe that as the clinics are not more directly involved in the decisions on which trainee is recruited to the post, this can limit the sense of ownership and investment the service might feel to the trainee.

Evidence that service supervisors are appropriately qualified

The school goes to considerable lengths to ensure that service supervision is properly provided within a diverse and challenging CAMHS landscape. For example some posts have highly experienced and skilled supervisors in the CAMHS clinic. In other clinics the Child Psychotherapist may not have the required experience and skills to take on the role of service supervisor or the Child Psychotherapist in post is not able to free up time to take on all the responsibilities that service supervision entails. The school aims to fill in the gaps to ensure that trainees receive the support they require. This creates a multiplicity of particular arrangements to fit in with the specific circumstances and requirements of each trainee, CAMHS clinic and service supervisor/senior. Inevitably the definition and delineation of the Service Supervisor role becomes complex. The **Self Evaluation Document (page 21)** explains that Child & Adolescent Psychotherapists are “*are so short staffed and strapped for time*” that they can only take on trainees if the school agrees to do the service supervision. Feedback from seniors is that they appreciate the support from the Organising Tutor as it would not be possible to have trainees without it. However, at times, there is some uncertainty and tension as to why more supervisory autonomy cannot reside in the Service Supervisor. For example, the Training School has a particular approach to new trainees who have not completed their Pre-Clinical Training at BTPP (described as “*outsiders*” **Self Evaluation Document page 21**). These trainees are supervised and are closely monitored by the Organising Tutor (**Self Evaluation Document page 21**) which seems to encompass service supervisory elements that would ordinarily reside with the service supervisor if the trainee had completed their pre-training at BTPP. Some service supervisors believe that as they are not banded at 8c they cannot take on a formal Service Supervisory role, which is not a stipulation of the ACP.

Strategy for managing placement learning

The placements are able to provide appropriate training cases and clinical work within NHS governance requirements. Providing such a central training resource over an extensive period within dramatically changing services places considerable pressure on service supervisors/seniors. This is accepted as part of the professional commitment and responsibility and Child Psychotherapists based in the clinics convey an investment in the task. The school works very closely with these clinicians and the trainees to ensure that the appropriate training cases are identified to meet the training requirements and in a way that best meets each trainee’s needs and capacities at any given time. There is a complex balance to be struck between supporting trainees alongside the unpredictable and ever changing CAMHS workforce. The challenges are increased if Trainees come with less than expected experience and professional maturity and require more support, monitoring and time to enable them to move towards the requirements of the training. These less



experienced trainees are more noticeable in stretched multi-disciplinary teams, as the balance between service needs and trainee needs becomes difficult to strike.

The panel believes that there needs to be clarification of the difference in procedures and channels of communication for intensive case supervisors, and for trainees. There are occasions when an intensive case supervisor may have a concern about a trainee's learning and development as a psychoanalytic clinician, but where they are not necessarily concerned about an acceptable level of patient care. In this case it is likely that the main dialogue would helpfully be between the intensive case supervisor and tutor, and possibly with the service supervisor if that is felt to be helpful. In some cases, however, an intensive case supervisor might have concerns either about the management of the case, or about the level of care being offered to the patient by the trainee in terms of clinical governance (ie that they are aware of practice that is potentially in breach of our professional code of ethics). In these cases in addition to linking with the tutor, clearly it would be important for the intensive case supervisor also to be in contact with the service supervisor. The panel feels that if this was clarified in the Handbook then it would be helpful for both intensive case supervisors and trainees to be aware of what may need to happen when these circumstances arise.

Overall Service Supervisors report that whenever there is a concern, the Organising Tutor is accessible in a timely way to attend to this. This is also stated in the **Self Evaluation Document (page 22)**, where Service Supervisor feedback indicated that problems were effectively dealt with and that they felt well informed about any difficulties with the trainee.

Evidence of partnership working on placement quality issues

The **Self Evaluation Document (page 26)** clearly conveys how closely trainee's caseloads are monitored and the complexity of cases is carefully tracked. The school liaises closely with service supervisors about the types of training cases that are required to develop the trainees experience, (e.g. in relation to age, gender, clinical presentations). Service Supervisors who regularly teach at the Training School can easily link experiences of the trainee's progress at the clinic and at the Training School. Those Service Supervisors who do not have a direct role within the School have fewer opportunities for on-going discussions about trainees' progress and their feedback describes how they would like to be kept updated about developments in the training, (e.g. curriculum, reading lists) so that they can be more insightful about this.

There is a continued difficulty to facilitate annual three way progress meetings at some clinics between the trainee, Service Supervisor and Training School. The feedback from some Service Supervisors is that when this happens, it is valuable. For others the linking that takes place in a more informal way when colleagues meet for teaching at the training school is sufficient to connect up experiences of trainee's progress. The **Self Evaluation Document (page 23)** describes how it is difficult to organise three way meetings due to the enormous "*stress and overwork*" of the Service Supervisors. The Self Evaluation Document



states, *"It might be possible in future to offer to do the meeting on site although even this has been tried and failed due to lack of time. This is one I will have to leave with Kevin Booth to battle with."* (**Self Evaluation Document page 23**). Feedback from the Service Supervisors linked to feedback from students suggests that this is worth battling with to integrate it as an important partnership process. A clearly defined three way meeting at the clinic on an annual basis would more overtly highlight the integration of the student's progress across the two key contexts in which the trainee is experienced. This also avoids the idea that the Training School and Service Supervisor only link up if there is a concern or difficulty or a particular requirement that needs to be attended to.

Evidence of monitoring that training posts meet quality standards

Once trainees are recruited to the training school, usually in the spring, the Organising Tutor begins a process of identifying the training posts that will be required in terms of resources within the post and logistics for the trainee to travel between home, analysis, training post and the school. It is clear that the Organising Tutor approaches this task with an intimate knowledge of the specific needs of all the component parts. The placements meet the quality standards, (e.g. work with a CAMHS -disciplinary team where child psychotherapy is supported and valued by the team), however as with CAMHS services nation-wide, the resources for -disciplinary team colleagues to undertake the parallel parent work is limited. As services rapidly change circumstances can be difficult to predict over the course of a four year training. The school has a level of connectedness with clinics and trainees that enable any hindrances that might arise due to a service change, (e.g. the availability of appropriate clinical space) to be quickly attended to and largely resolved in a way that does not grossly impede the trainees progress. On occasion significant adjustments have needed to be made, such as change of placement and additional support and resources have be provided so as to limit the disruption.

Trainee evaluation of placement

There are regular feedback processes in place and students regularly complete evaluation forms. It would be helpful for the school and the panel if these forms could be processed and collated in a way that key themes and patterns can be summarised. This would make the "raw data" readily accessible and in turn be linked to any actions required as a result of the feedback. It was only possible for the Panel, during the visit, to gain an overall impression of the feedback forms which were positive.

Evidence of action on trainee feedback

The **Self Evaluation Document (page 26)** describes that feedback that requires action is undertaken sensitively and collaboratively.



10. Assessment

The **Handbook**, (page21) describes assessment as a “*a continuous process throughout the four year training, co-ordinated by the Organising Tutor in collaboration with the Service Supervisor and Intensive Case Supervisors*”. There is an important emphasis on a collaborative and exploratory approach, and on individual trajectories and pace of learning and professional development; and an appropriate wariness against a ‘tick box’ assessment mentality. However, it seems contradictory that assessment is regarded as having a “*pejorative overtone*” (**Self Evaluation Document, p.27**), as if all the very thorough monitoring and evaluation of trainees and their progress that the Training School undertakes were not part of ‘assessment’, or as if the notion of assessment pertains only to everything that is undesirable or inappropriate in relation to the Training School’s ethos and approach in this area.

As highlighted in the previous accreditation report, the panel feels that there are processes in place for assessment and monitoring of trainee progress through the training; there is a strong emphasis on close liaison and communication with the relevant parties involved – BTPP teaching staff, external teachers, service supervisors, intensive case supervisors, the trainees themselves. There are regular verbal reports and annual written reports from Service Supervisors, regular verbal or written reports from Intensive Case Supervisors including a written annual report for each intensive case, a personal log containing all learning and clinical activity that is reviewed by Organising Tutor and trainee together with a signed forward plan for the coming year (copies to trainee, line manager and personal file), and an annual individual self-appraisal form that trainees complete, which is only shared and discussed with the Organizing Tutor (**Self Evaluation Document, p. 24**) at the end of each year. The qualifying paper on an intensive case written at the end of the four years is read by two official readers (one the intensive case supervisor and one internal to the School) and then sent to the External Assessor.

Examples of good practice include written reports from clinical seminar leaders each time a trainee presents in a seminar (**Handbook, p.21**), close and regular ongoing contact and liaison with service supervisors, the explicit requirement for service supervisors to review with trainees the progress of *all* ongoing cases including intensive cases being supervised externally (**Handbook, p.13**), and visiting teachers also giving written feedback on trainees’ presentations (**Self Evaluation Document, p.18**).

One significant area of assessment which is not currently sufficient is in relation to report writing: this is an ACP required part of *assessment for qualification* at the end of training. **The ACP Quality Assurance Framework for the Training of Child and Adolescent Psychotherapists (June 2013)** states clearly, “A trainee seeking qualification must have satisfied all of the requirements, and *submitted...written work including, as a minimum:*

- A clinical paper...



- **Evidence of capacity for report writing...**

In this context an additional 'Recommendation over time' has been included in this report's final Recommendations list, concerning a requirement for trainees to submit to the Training School evidence of a capacity for report writing as part of the assessment process for qualification. (The **Course Handbook** sets out that trainees are required to "show evidence" of effective communication "including...written reports", and this is one of the specified learning outcomes (**Handbook p.8**). Student portfolios containing as a minimum a selection of anonymised written reports would, for example, be one simple way of fulfilling this ACP requirement.)

In relation to *assessment of the qualifying paper*, it states that "The decision of the External Assessor on whether the paper meets the qualifying standards of the ACP is final" (**p.20**). It would be helpful for trainees to know in the context of the assessment process, in the exceptional event of a paper being considered by the External Assessor not to meet the qualifying standards of the ACP, whether there is a re-submission process and what this is.

One more general point about assessment concerns the principle of adequate *distribution, separateness* and *independence* of roles and positions which carry an assessment component. There are some historical reasons and clear benefits to the unusual degree of involvement of the current Organising Tutor in workplace roles – i.e. service supervision or shared service supervision; honorary clinical and consultation work within a clinical service where the Organising Tutor provides the clinical supervision component of service supervision for trainees – in terms of the level of support both to trainee and the placement and service. However, the multiplicity of roles taken on by the Organising Tutor which span trainee workplace and training school (potentially including, additionally, intensive case supervisor), all of which have a bearing on the task of assessment of trainees, does raise a question about what constitutes a sufficient degree of distribution, separateness and independence of roles/positions with an assessment component.

The panel feels that there needs to be sufficient structural organisation and differentiation of roles in relation to assessment at all levels and stages. The capacity to value and make use of a third position or outside perspective in all areas of the assessment process is an important element in facilitating and supporting self-evaluation and self-appraisal in trainees, and is of course integral to a psychoanalytic outlook. Excessive reliance on one individual to fulfil multiple assessment roles that span training school and trainee placements has the potential to weaken or compromise the sense of an outside perspective in relation to assessment. It is recommended that this is given consideration for the future. Structural organisation and distribution/separateness/independence of roles pertinent to assessment are all the more important in relation to any future academic partnership for the training.



Finally, there appeared to be uncertainty and lack of clarity for some trainees about what issues were Training School issues and what were workplace/placement issues in relation to their being assessed. This could be clarified in the Handbook.

11. Quality Enhancement and Maintenance

Accreditation and Validation

The Association of Child Psychotherapists (ACP) is the professional body responsible for accrediting the training for the professional qualification. BTPP is a member of the ACP Training Council and provides it with an Annual Report which includes the actions the school has taken to address the quality issues that have arisen. Prior to this accreditation visit the most recent accreditation visit was in 2009. Details of the recommendations are in the introduction to this report. In the spirit with which the School usually meets with the demands of what is perceived as “bureaucratic”, the recommendations have been responded to in sometimes spirited language. This has been the experience of the current panel through the various re-accreditation processes and documentation. However the panel note that BTPP have responded to the 2009 recommendation to develop clearer descriptions of Learning Outcomes. The 2013-2014 Handbook does set out some broad “Learning Objectives” for the Programme which could be developed into detailed Learning Outcomes for each module.

Trainee Feedback on teaching and tutorials

There is a formal, annual process for obtaining Trainee feedback on teaching. Additionally, the Organising Tutor canvasses informal feedback on both the style and the substance of the teaching sessions. Annual student feedback evidences high levels of satisfaction with teaching standards. There is no formal feedback on tutorials but Trainees are informed that if an issue arises they do not have to go to their tutor but can go to any other member of the teaching staff. Trainees can change tutor but there have not been any changes in the last four years.

There is also opportunity for the trainees to raise concerns and voice opinions through the termly student forum that is specifically timetabled by the school and through the student representative communication can be passed onto the Training School. This forum is used effectively and regularly to ensure that an open process of communication is maintained and supported.

Trainee Feedback on Placements

The Training School note that there has never been a formal process for deriving trainee feedback about the training post. This information is captured and gathered informally through ongoing communications of both students and supervisors. Practical, technical and



inter-personal issues that may arise are dealt with through the tutorial systems, the ongoing communications between the school and the post and are in turn supported by the course administrator if necessary. When questioned during the visit, students expressed their satisfaction that any issues that arose within the training post were or had been satisfactorily managed with the trainees feeling that issues had been taken seriously by all concerned. Formal feedback on placements was requested and received specifically for the accreditation visit. It is unlikely that this will become a routine process partly because the School believes that it would not be possible for feedback on placements to be anonymised and that most Trainees would not wish to put anything in writing.

Complaints Procedure

The Self Evaluation Document, (page 24) stated that the complaints procedure was available on request by email. It was also part of the paper work made available to the panel during the re-accreditation visit. However, due to time constraints, the panel did not access this.

12. Values, Equality and Diversity

The School provided very little information in this section of the Self Evaluation Document, citing it as an irrelevance and suggesting that the panel should “*look around the student group to see the racial diversity, the representatives of different classes and those who have come through as second-chance learners. Ask who has had bursaries; speak to the students and I think you will get better evidence of the values and equalities and diversity at BTPP than can be given by minutes of meetings. I think actions in this case really do speak louder than words!*” (Self Evaluation Document page 31). The current student group is, indeed, ethnically diverse; in terms of gender there is an imbalance of male and female students characteristic of the Child and Adolescent Psychotherapy profession as a whole. The School did provide examples of how students who have disabilities, illness or have taken maternity leave have received support, sometimes of financial nature. The highly personal ethos of the training seems to provide the support structure for any student with individual and differing needs.

13. Conclusion and Recommendations

The training school was the first Child Psychotherapy training established outside of London. This considerable achievement is one to be particularly commended and celebrated at the point of Shirley Truckle’s retirement. The School has successfully maintained and built on its ethos and strengths since the last accreditation visit in 2009: the informal and closely supportive approach continues to be greatly valued and appreciated by trainees; there is an ongoing strategy and programme of developing funded trainee placements and this is well embedded in and supported by Health Education West Midlands and by the regional CAMHS services; the Training School has the full backing of BTPP charity, which enables an exceptional level of financial security and stability as well



as additional financial support to trainees where this is needed; and the dissemination of psychoanalytic understanding and promotion of a psychoanalytic culture within the region continues to provide fertile ground for the growth and development of child psychotherapy training in the region.

At the same time, this is a period of significant changes, both internal and external, which present a number of challenges and potential dilemmas for the School. A new Organising Tutor / Head of Training School has been appointed and will take up post in September and this is therefore a period of major transition for the School. Issues of employment and of professional standing and equivalence for child psychotherapists within the NHS have led to a general move amongst child psychotherapy training schools towards academic partnership and accreditation of a professional doctorate, alongside accreditation of the training by the professional body. There have been changes in the regulatory status and framework of the child psychotherapy profession in the NHS, which in turn have necessitated organisational changes within the Association of Child Psychotherapists; as a result there is a new focus on governance and a greater degree of external scrutiny, which require the profession in general and trainings in particular to give a clear, coherent and transparent account of themselves to NHS employers, service providers and funding bodies, as well as to the wider professional and public worlds. These changes of structure and ethos of the ACP inevitably have a relevance to and bearing on the accreditation of training schools. There are, in addition, well-recognised unprecedented pressures and challenges within NHS CAMHS services generally, which make the necessary and appropriate levels of support for trainees within placements all the more difficult to establish or maintain. Finally, the evolution of the increasingly complex relationship and interface between a training school and other relevant bodies' means there is a growing necessity for more explicit programme specification and for greater clarification of boundaries and differentiation of roles and tasks.

Therefore the training school is at a crossroads, negotiating and engaging with the changes in the wider environment while retaining the School's core values is a challenging management task for the future – an issue highlighted by the outgoing Organising Tutor in the Self Evaluation Document. It is likely to require some difficult choices and decisions. The BTTP Training School's historical way of functioning and management style, and in particular its informality and primary reliance on the charismatic leadership, influence and involvement in multiple roles of a single individual, the Organising Tutor, are likely to become increasingly anomalous and potentially out of step with more general changes and trends – an issue highlighted by the Organising Tutor in the **Self Evaluation Document**.

The challenge for the BTTP training school – as for the profession – is how to respond to and engage with the reality of these wider changes and trends while retaining its psychoanalytic outlook and professional integrity. The transition to a new Organising Tutor and Head of Training School is indeed a major challenge but could also be, the panel suggests, a major opportunity.



Commendations

1. The commitment to individually tailored support provided to a diverse group of trainees, some of whom would not ordinarily be able to access the training.
2. Excellent administrative support providing an efficient, facilitative and reliable resource to the trainees and tutors.
3. Successful recruitment to the new Organising Tutor post for the next academic year.
4. Beginning the development of research teaching which is well received by the trainees.
5. Wider dissemination of psychoanalytic thinking across multidisciplinary professionals and across agencies.

Requirements for continued ACP Re-accreditation

1. Continue to update and develop the student handbook in consultation with trainees, tutors and service supervisors. This should include greater clarity about the functions of the different organisational and management groups within the training school. It would also be important that this is circulated to service supervisors at the beginning of each academic year. **This will need to be evidenced in the 2014-2015 Annual Report and evidenced as established practice in subsequent annual reports leading to the next ACP re-accreditation.**
2. To establish annual student progress meetings towards the end of each year of training. This should be with the Service Supervisor/Senior Child and Adolescent Psychotherapist in the CAMHS clinic, trainee and tutor. Consideration of meeting in the clinic will also give an opportunity to meet with any relevant multi-disciplinary team colleagues/managers involved in supporting the trainee. This could also include the self-evaluation conducted by the trainee which could be thoughtfully linked up with the service supervisor/senior. **Achievement of this requirement should be outlined in the 2014-2015 Annual Report and the development and integration of these meetings in subsequent years should be included in future Annual Reports.**
3. To develop the reading lists by incorporating papers recent papers by Child Psychotherapists that track theoretical and technical developments. To make all the reading lists more readily accessible (both psychoanalytic theory and specialist reading lists, possibly in Appendix J of the handbook), particularly to service supervisors who can be better updated and linked into the training curriculum. **As necessitated in the above two requirements this too should be evidenced in each interim annual report in preparation for the next re-accreditation.**

Recommendations over time (to be regularly reviewed as part of the ACP Training Council Annual Report process)



1. Continue to develop a creative integration of aims and learning objectives for the training as a whole and the specific modules within it.
2. Continue to explore opportunities to influence Service Supervisors (and Senior Child & Adolescent Psychotherapists taking on some service supervision tasks) to meet as a group led by a Child & Adolescent Psychotherapist in a regional advisor role. This shared group forum would allow for different perspectives and experiences to be discussed, CPD and collective processing of the challenges and opportunities of supervising trainees within CAMHS. A service supervisors group would offer an important forum above and beyond the individual supervision provided by the training school to Service Supervisors. This will add to the CPD and mentoring already provided by the school and allows for a continued handover of service supervisory role to seniors with the CAMHS clinics.
3. To explore and take the opportunities and resources for seminar leaders to receive CPD particularly related to their teaching and specify how this progressed in the school's annual reports.
4. To address the collective wish, expressed by the Service Supervisors feedback, to be more closely involved and informed about training and developments.
5. To put in place a process for the submission by trainees, to the Training School, of (anonymised) written reports, as part of the assessment for qualification process.

Recommendations that the training school may wish to consider but are not required to implement.

1. Continue to explore the possibilities of developing a partnership with an academic institution with a view of offering trainees an academic qualification alongside their ACP clinical accreditation. This would provide an equitable opportunity for BTPP trainees (similar to those in other trainings) to attain an additional qualification.
2. To take into account a strong theme in the Service Supervisors' feedback of a wish to be an active participant and more closely involved in the detailed thinking, discussion and decision making about the matching of a trainee with a CAMHS placement.

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