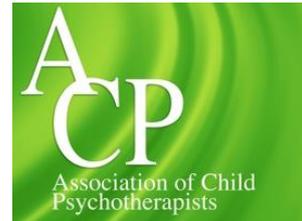


Report of the re-accreditation visit to Northern School of Child and Adolescent Psychotherapy



Date of visit: 8 – 9 July 2015

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

Barbara Lund: Contracts Manager, Health Education South West (Convenor)
Lynne Amidon: Child and Adolescent Psychotherapist
Jeremy Gunson: Consultant Child and Adolescent Psychotherapist
Penny de Ruyter: Child and Adolescent Psychotherapist (recently qualified from NSCAP)
Teresa Cooke: Lay member on Training Council

Training Council link member:

Isobel Pick, Chair of Training Council

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

The accreditation panel would like to thank the Northern School of Child and Adolescent Psychotherapy (NSCAP) for the high level of organisation for the visit. All preliminary documents were received in good time and requests for further documents were dealt with promptly. The panel was made very welcome, and our task was facilitated by the provision of a spacious room to use for the day as our base, and a clear timetable of meetings and seminars. The excellent management of the visit as a whole, including the obvious preparation for both staff and students, seemed to be an example of a healthy and well-managed organisation in action. The planning included the provision of lunches which facilitated the work of the panel and meetings between the panel and staff and students. The panel would like to give particular thanks to the administrative team who provided so much of the support which ensured the smooth running of the visit.

As required by the Quality Assurance Framework for the Training of Child and Adolescent Psychotherapists NSCAP provided a Self Evaluation Document (SED) covering the areas set out in the framework. The document is very well crafted and comprehensive, well-structured and reflective. It is evidence of NSCAP's awareness of its strengths and the areas of potential improvement. It

facilitated the process of re-accreditation and, as for the 2010 Association of Child Psychotherapy (ACP) visit; the panel recommends it and the accompanying documents as examples of best practice.

Leslie Brissett, a member of the Independent Scrutiny and Advisory Committee (ISAC) attended the visit in the role of observer. ISAC is a joint lay committee of the ACP and the British Psychoanalytic Council and has responsibility for scrutinising the ACP and BPC activities and procedures to ensure the public are adequately protected when the organisations discharge their regulatory functions. Its remit relates to the ACP systems and processes not those of NSCAP

A preliminary meeting of the panel was held at the Tavistock and Portman NHS Foundation Trust on 1 June 2015 to discuss the SED and related documentation. The panel observed that child psychotherapy is now taking place in a changing world, including the growth of time limited, short term psychological treatments in Child and Adolescent Mental Health Services (CAMHS), cut backs in the NHS and the scarcity of posts for qualified child psychotherapists. The added emphasis on research in order to keep in step with the changing times has also had implications for the clinical training.

Lynne and Jeremy visited placements in Newcastle and Durham, while Barbara and Teresa visited two placements in Leeds on 7 July 2015. The team then met together in Leeds on the evening of the 7 July to discuss what had been observed in the placements, and to make final preparations for the visit over the next two days to the training school.

Meetings and observations took place at the NSCAP base, Bevan House, on 8 and 9 July 2015. Meetings were held with the senior staff, the Training Group, the administrative staff, the trainees, and the service supervisors. Observations of a range of seminars took place. There was also a meeting with a broad range of staff at the end of the day on 9 July 2015 to provide feedback on the panel's preliminary findings.

This report follows the template set out in Appendix 2 of the Association of Child Psychotherapists (ACP) Quality Assurance Framework. All members of the panel have contributed to the report.

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

1. NSCAP Self Evaluation Document – 2015
2. Appendices to Self Evaluation Document
3. Report of ACP Re- accreditation visit to NSCAP 2010
4. NSCAP Annual Report to ACP Training Council 2011-2012
5. NSCAP Annual Report to ACP Training Council 2012-2013
6. NSCAP Annual Report to ACP Training Council 2013-2014
7. University of East London re-validation report 2011
8. Tavistock and Portman NHS Foundation Trust review of Associative

Centres 2014

9. Report of the major review of the collaborative partnership between NSCAP, the Tavistock and Portman NHS Trust and the University of East London 2015
10. Document produced for the University of Essex validation of Tavistock/NSCAP Professional Doctorate in Psychoanalytic Child and Adolescent Psychotherapy 2015
11. Summary of recommendations of the panel for the University of Essex validation 2015
12. Feedback from re-accreditation panels' questionnaires to NSCAP Service Supervisors
13. Meetings with Service Supervisors during CAMHS placement visits to Durham, Leeds and Newcastle CAMHS on 7 July.
14. Meetings with Trainees during CAMHS placement visits to Durham, Leeds and Newcastle CAMHS on 7 July
15. Meetings with NSCAP staff on 8 and 9 July
16. Meetings with Service Supervisors on Wednesday 8 July
17. Observation of Seminars by the panel on Thursday 9 July
18. Meetings with all trainee year groups on Thursday 9 July
19. Supplementary information about management structures and functions in email contact from NSCAP after the re-accreditation visit

Introduction part 3: Actions since previous re-accreditation report - an update on the Training School's progress with the previous action plan

- **Conditions**
- **Recommendations over time**

The previous ACP accreditation visit took place in 2010. There were no conditions. Three recommendations were made:

1. There should be formal training for seminar leaders - who are well qualified as clinicians, but have not been taught how to teach. This is a recommendation that we believe should be implemented within a strict timescale.
2. We would like to highlight a further recommendation which the training school may wish to consider. We realise that the teaching day is very full. However, the trainees mentioned how much they would value some time together on Thursdays. Given how much the staff group appreciate their half hour together, we wondered whether it would be possible to provide a similar half hour for the trainees. If this is not possible, trainees would welcome some time together on the "eleventh Thursdays".
3. The third issue, which we would like to take to the Training Council, is the workload that is expected of the trainees. We think that too much is expected, in terms of completing the clinical training and the doctorate, and this must be an issue for trainees in all the schools. NSCAP trainees made suggestions about ways in which a more integrated model could be worked out, which would enable the doctorate to be completed within the

four years of the training. However, for this to be possible, there would probably need to be a review of the existing clinical requirements.

NSCAP's responses to these recommendations are set out on pages 3–5 of the SED. A summary is set out below:

1. Two formal training days for Training Group members were arranged in July 2011 and July 2012, facilitated by an emeritus Professor of Education. A process for the peer review of teaching was instigated in 2011 and takes place every academic year. There is a Staff Development session every term which takes place after the Student Progress meeting on the Additional Training Day. New teachers shadow and team teach with more senior colleagues.
2. The trainees have unstructured time at lunchtimes on the Additional Training Days at the end of each term when they often organise a shared lunch and there is a whole group meeting at the end of the Extra Training Day in the summer term.
3. A revalidation of the Professional Doctorate in Child Psychoanalytic Psychotherapy took place with the Tavistock/University of East London in June 2011. The new programme created an intermediate award, the MProf that enabled trainees to leave the programme without submitting a thesis for the Professional Doctorate award. Many trainees have chosen this option. However, it did not solve the problem of achieving a doctorate award within the 4 year period of training. In 2014 the Tavistock and Portman NHS Foundation Trust made a decision to withdraw its academic programmes (and those of its Associate Centres) from the University of East London, and seek validation of a professional doctorate that can be achieved in the four year period from the University of Essex. The validation of this programme took place on 29 June 2015.

1. Training School's management and organisation

NSCAP is an NHS training organisation which was set up by the NHS in 2003 and which serves the whole of the north of England. NSCAP is not a separate legal entity and operates as part of Leeds and York Partnerships NHS Foundation Trust. This includes employment of core staff and provision of finance, human resources, and other organisational support.

NSCAP is funded through a contract with Health Education England via Health Education Yorkshire and the Humber (HEYH). NSCAP delivers services on behalf of the three Local Education and Training Boards in the north of England: Health Education Yorkshire and the Humber, Health Education North East and Health Education North West. Funding covers the infrastructure costs of the school as well as the salary costs, fees, travel expenses and analysis costs of the trainees. Trainees are employed by NHS Trusts in training posts accredited by NSCAP and there is a Service Level Agreement between each employing Trust and the training school. An example of the Service Level Agreement was provided in the accreditation documentation.

The professional Doctorate in Child Psychoanalytic Psychotherapy M80N is

validated jointly by Tavistock and Portman NHS Foundation Trust and the University of East London. A new M80 programme was validated jointly by the Tavistock and Portman NHS Foundation Trust and the University of Essex in June 2015 and students from the 2015-16 cohort onwards will be enrolled with the University of Essex.

As mentioned in the introduction the SED, supporting appendices and other documents provided to the panel were comprehensive and clear, enabling the panel to obtain an overview of many aspects of the organisation and the training before the visit. There is a clear organogram (SED p8) showing internal lines of accountability as well as a diagrammatic representation of the key external bodies to whom NSCAP relates. Part of the ethos of the organisation seems to be that of good communication and openness. There is also a clear table (SED p7) which sets out staff teams.

The School runs several other programmes in addition to the M80. These include:

- Masters/PG Diploma in Psychoanalytic Observational Studies in Liverpool (M7L) (Tavistock/UEL);
- Masters/PG Dip/PG Cert in Psychodynamic Approaches to Working with Adolescents (M33N) (Tavistock/UEL);
- Masters/PG Dip in Foundation Course in Psychodynamic Psychotherapy: part 1 (D58L) (Tavistock/Essex);
- Inter-cultural Psychodynamic Psychotherapy: part 2 (D59L);
- Masters/PG Diploma in Psychoanalytic Observational Studies in Leeds (Leeds University).

NSCAP also offer a range of short courses and Continuing Professional Development activity responsive to workforce training needs across the northern region. These programmes fall outside the remit of this accreditation visit. However, they are evidence of the School's wide-ranging awareness of and involvement in psychoanalytic education and training, and the panel is of the opinion that this awareness and knowledge has a positive impact on the delivery of the M80. The School is clearly aware of the need for the clinical training to keep in step with changing times and is pro-active in this regard.

At the end of the 2010 ACP accreditation the school discussed their vision for the next few years. This included the desire to be able to diversify and develop thus widening their influence and the panel was supportive of this vision. Since then NSCAP has:

- developed an organisational and clinical consultancy;
- expanded the delivery of work-based learning for the wider workforce;
- continued to develop as a resource centre for the North.

Further detail is set out in the 2014-15 Annual report submitted to Health Education Yorkshire and the Humber.

In relationship to the M80 programme the positive impact of the NSCAP training continues.

- When the School started in 2003 there were 14 qualified Child and Adolescent Psychotherapists (CAPTs) in the north;
- In 2010 there were 38 qualified CAPTs and 22 fully supported NSCAP

trainees;

- Today there are 62 qualified CAPTs and trainee numbers are currently 21 (the maximum number of places funded by HEYH is 28);
- By the end of the 2014-15 academic year 42 people will have qualified as CAPTs with NSCAP adding significantly to the CAMHS workforce.

The visiting team is confident that NSCAP is being well managed. The School's evident knowledge of the place of child and adolescent psychotherapy within the wider Child and Adolescent Mental Health Services, the NHS and public service, impacts positively on the training, producing Child and Adolescent Psychotherapists who are fit for purpose and practice in the contemporary multi-professional healthcare workforce.

ACP standards were met.

2. Staffing and effective use of resources

Staff expertise and experience.

All Training Group members are employed within Leeds and York Partnership NHS Foundation Trust or on the basis of a Service Level Agreement between NSCAP and Leeds and York Partnership NHS Foundation Trust and their employing NHS Trust (SED p 16). The majority of staff teaching on the clinical training are senior child and adolescent psychotherapists, and have a specialist interest in the areas in which they are teaching (SED p 16). Visiting lecturers are contracted for specific training events. The University of East London Collaborative Review 2015 (Appendix 20) noted the "high level of expertise and experience" of the teaching team. There are clear line management arrangements in place.

Documents provided before the visit included lists of all the following staff:

- Training Group members (those staff who deliver the clinical training);
- Intensive case supervisors;
- Doctorate supervisors.

NSCAP benefits from an excellent Operational Director and is very ably supported by a small business and administration team.

The panel felt welcomed by all staff and the atmosphere of the School was cheerful and relaxed, despite the undoubted stress of managing an accreditation visit on a full teaching day.

The section in the SED on continuing professional development for staff contains considerably more detail since the 2010 accreditation visit, reflecting increased activity. Most members of the Training Group teaching on the clinical training are Child and Adolescent Psychotherapists employed in NHS Trusts and are members of the ACP. A requirement for continuing professional registration with the ACP is to be engaged in continuing professional development relating to psychoanalytic child psychotherapy and its applied disciplines (SED pp 16 & 17).

NSCAP provides staff with financial support to attend the annual ACP conference and NSCAP Training Group members also regularly present both main and parallel papers there. Since the last ACP reaccreditation four members of staff have presented papers (SED p17). In addition, three members of the Training

Group have been involved in a major Randomised Controlled Trial into short term psychotherapy with young people with depression. One member of the Training Group is Chair of the national short term psychotherapy implementation group and is taking a lead in supporting colleagues in the north with this approach. (SED p17). NSCAP ring-fences a staff training budget to ensure that there is adequate funding to support continuing professional development requirements and further continuing professional development activity is outlined in the SED.

One of the recommendations from the 2010 visit was that there should be formal training for seminar leaders. The SED and the introduction to this report detail the actions that have been taken to implement this recommendation. There is a weekly meeting for course tutors in the Training Group to discuss any issues in relation to delivery of the clinical training and according to the SED (p19) this meeting is often the starting point for recognising development and training needs and opportunities for the course tutors.

Training of Service Supervisors

Since the last accreditation visit NSCAP has appointed a Lead for Service Supervision. The Lead provides the initial and ongoing training for Service Supervisors each year. There are 10 monthly sessions, each lasting 2 hours, which lead to NSCAP Service Supervisor accreditation. In addition to the 10 session course there are 3 Service Supervisor Days each year, one of which takes place on Induction Day at the start of the academic year. The Lead also has telephone contact with Service Supervisors if necessary.

The accreditation panel met with 12 of the 18 service supervisors on 8 July. The overall feedback from the meeting was positive and all the Service Supervisors spoke highly of the role of Lead for Service Supervision and the training that is provided. Service Supervisors report feeling supported by the School even when a considerable distance from the School. The Service Level Agreement between NSCAP and Trusts which provide placements is seen as a useful document to ensure placement quality.

There was a discussion at the meeting about whether one three-way meeting between Service Supervisor, Trainee and Personal Tutor a year was sufficient. The consensus seemed to be that this was the case although it was acknowledged that some of the Service Supervisors have another role at the school and are therefore in more regular contact. The question was raised as to whether the new programme would drive a need for more routine, regular formal three-way meetings.

Premises and Facilities

Bevan House is purpose built and offers a good space for current needs, having a spacious feel with many rooms of differing sizes for different functions. It is well furnished, well decorated and comfortable. Pictures in the seminar rooms were chosen to reflect the different parts of the region that the NSCAP training contract covers – the northeast, northwest and Yorkshire. The venue has become a hub for those in the wider field of mental health, not just those training specifically in child and adolescent psychotherapy.

Library and Online Resources

There is an on-site library with a growing reference collection and stock of back copies of psychoanalytic journals. Up to date electronic access is available for all

students to the Tavistock and Portman NHS Foundation Trust and University of East London libraries. Students have electronic study packs for on-line access to material and can also use Moodle (See 2014-15 Handbook p 40).

Staff are well qualified and experienced and the School is well supported by the Business and Administration team.

The post of Lead for Service Supervision and the regular training provided is appreciated by the Service Supervisors.

Bevan House continues to provide a focus for the child psychotherapy training, and for training in other aspects of mental health.

The library continues to develop and has good online resources. Four computers and one printer are available for student use and Wifi is accessible throughout the building so that students can use their laptops. However NSCAP should consider whether the demand for computers and printer is adequately met on a Thursday. Current provision might be insufficient if trainee numbers were to increase to the maximum of 28.

ACP standards were met.

3. Curriculum

The curriculum has a dual purpose, as NSCAP provides both a clinical training and an academic programme and the curriculum needs to ensure that trainees can progress to ACP professional membership as well as to the Professional Doctorate in Child Psychoanalytic Psychotherapy (as validated by the Tavistock and Portman NHS Foundation Trust /University of East London at the time of this panel's visit). There is therefore a complex mix of both clinical and academic work, which is reflected in the curriculum. Trainees need to meet minimum standards in both aspects and these standards are clearly laid out in the Course Handbook. Learning outcomes are clearly described in detail and well presented. Trainees can be clear about the skills they are expected to develop, as well as the assessment criteria.

The clinical aspect of the training is the responsibility of the trainees' service supervisors, in close liaison with NSCAP. Trainees submit regular 'training logs' to their personal tutors which allow for close monitoring of how the trainee is progressing (SED p33). The panel heard about the rigorous re-accreditation process of clinical placements, also referred to in Section 7 of this report.

The taught element of the curriculum continues to take place on a Thursday at NSCAP. The SED describes the programme in detail (pp 6 – 36). It is a mix of clinical and theoretical seminars and varies according to the year of training but trainees in all years attend clinical supervision and theory seminars. Other seminars are Specialist Workshops and include an Assessment Workshop, Adoption and Fostering Workshop, Adolescent Workshop, as well as seminars related to working with parents/carers and healthcare research. The curriculum in Years 1 and 4 includes particular seminars relevant to the stage of training, for example, Professional Context in Year 1 and Endings Seminar in Year 4. The weekly programme is supplemented by Additional Training Events, as there is a recognition that the size of NSCAP means that not all specialist areas (for example, Autism) can be covered through a weekly workshop. Recent training

events have included Infant Mental Health, Autism, Working with Difference and Risk Assessment. These are usually delivered by child and adolescent psychotherapists (and in one case an adult psychoanalyst) who are not members of the NSCAP teaching staff but who have expertise in particular areas.

Panel members attended a range of seminars during the re-accreditation visit and their assessment was very positive. Trainees seemed committed and focussed and it was felt that there was a good balance achieved between allowing trainees space and time to express their own ideas and thinking and seminar leaders making sure that relevant psychoanalytic concepts were discussed and clarified, where appropriate.

There have been some additions to the programme since the last re-accreditation visit. These are:

- An additional teaching unit (Healthcare Research);
- An MProf exit award for trainees not wishing to proceed to the doctoral research thesis;
- Submission of the Qualifying paper as a dissertation.

These additions reflect the change in the academic part of the programme, which means that current trainees can choose whether to exit with an MProf qualification or whether to proceed with a doctoral thesis, post qualification. There are bound to be further changes with the validation of the new programme by the Tavistock and Portman NHS Trust/University of Essex (see below).

There were a number of discussions during the re-accreditation visit about the ways in which the whole training experience might need to evolve and develop. There is inevitably a challenge for all clinical trainings to ensure that changes are made which allow trainees to remain up-to-date and knowledgeable of significant developments not only in the field of child and adolescent psychotherapy but also in the wider context of changes in CAMHS. For example, the IAPT (Improving access to Psychological Therapies) programme is being introduced to many CAMHS services and bringing about an emphasis on routine outcome monitoring and an overall so-called “service transformation”. The author of a particularly relevant paper for the child psychotherapy profession, Ricky Emanuel, gave a presentation to NSCAP trainees on an Additional Training Event, which outlined ways in which outcome measures can be incorporated into clinical work. The SED outlines the involvement of some NSCAP staff in the IMPACT study, a major randomised controlled trial research into Short Term Psychoanalytic Psychotherapy with young people with depression. NSCAP plans to incorporate this model of treatment into the clinical training.

The SED makes reference to the “shortfall” in providing a Group Relations experience for trainees. The last 3 day Group Relations Conference was delivered in September 2011, although there was a Management Event in December 2012, which included group relations activities. However, this was not strictly speaking a Group Relations Event and although trainees from NSCAP are invited onto the annual Group Relations Event provided by the Tavistock and Portman NHS Foundation Trust, this has not been taken up by trainees. The panel considers group relations to be particularly relevant for child and adolescent psychotherapists given the changing nature of CAMHS teams in the

NHS, which inevitably brings a range of anxieties and pressures to bear on a team. Child psychotherapists need to show a capacity to reflect on their own position in teams as well as being able to develop their own voice within a large multi-disciplinary team setting. It is felt that a Group Relations experience can contribute to this aspect of the skillset. At the time of the panel's visit, there were no concrete plans to hold a Group Relations Conference at NSCAP.

The new programme validated by the Tavistock/University of Essex will inevitably bring about further changes to the curriculum, as the doctorate award will be made in future at the end of the 4-year clinical training. In discussion with the Head of Training and Clinical Director, the panel heard how a 4-year doctoral programme will be unable to deliver the same clinical training as previously and there may need to be some compromises, such as one intensive case being twice per week, instead of three times per week. One half day per week will be focussed on research. The 2015-16 Course Handbook describes in detail the ways in which the research dissertation project will be embedded in the curriculum. This will add a different dimension to the academic aspect of the programme and therefore, inevitably, the training itself.

NSCAP has been able to respond to the wider context of changes not only in the NHS but also in the profession of child psychotherapy by ensuring trainees are kept up-to-date with key developments. It is a particular strength that members of staff have taken important roles in a major randomised controlled trial (IMPACT) and therefore NSCAP will be able to introduce the new model of Short Term Psychoanalytic Psychotherapy into the curriculum from a position of some knowledge and authority.

NSCAP needs to consider how trainees can have a Group Relations Experience. This is considered again on pages 24 and 25 of this report.

The new academic programme will inevitably bring about changes to the current curriculum and it is yet to be seen exactly how this impacts on the wider curriculum as it comprises both a clinical training and an academic programme.

The curriculum meets ACP standards.

4. Use of learning outcomes

This reaccreditation comes at a point of very significant change and development as NSCAP is undergoing a transition from the Tavistock/University of East London Professional Doctorate in Child Psychoanalytic Psychotherapy to the Tavistock/University of Essex Professional Doctorate in Psychoanalytic Child and Adolescent Psychotherapy.

The SED (p27) outlines how the learning outcomes for the Tavistock/UEL Professional Doctorate were rewritten for the validation of the redesigned course in 2011 and both generic course learning outcomes together with those relating to specific units are included in the Student Handbook. A further revalidation exercise has been completed this year and all Trainees from third year onward will continue in this course structure while Trainees in their second year may be

able to opt into the new arrangements. All those beginning their clinical training in 2015 will be enrolled onto the Tavistock/University of Essex Professional Doctorate.

University of East London Professional Doctorate

The SED (p27) lists the course aims for the Tavistock/University of East London Professional Doctorate in Child Psychoanalytic Psychotherapy (M80N). These set high expectations in relation to knowledge of theory and its application in clinical work; detailed understanding of normative and pathological emotional development, alongside the impact of trauma and adversity to enable recognition and sensitivity towards and within diverse contexts and experience.

High aspirations are expressed in relation to knowledge and understanding of ethical standards, innovation and creativity in addressing ethical dilemmas, the development of child psychotherapy within the NHS as well as the ability to take on a variety of roles within child mental health services including leadership, the capacity to manage and demonstrate learning from experience.

The SED (p28) outlines how graduate Trainees will also be expected to “discover, interpret and communicate new knowledge derived from clinical practice and research”, to aspire to be at the forefront in their field demonstrating original thinking in the application of original clinical work combined with research expressed in peer reviewed publications.

There are Learning Outcomes identified for each of the units identified in the Handbook. Headings include Knowledge, Thinking Skills, Practical Skills and Life and Work. More detailed description of the aims of the First Year Clinical Practice Unit or module on page 29 of the SED render explicit the multiple inter-related aims in learning about and applying theory to practice, promoting awareness of various aspects of the therapeutic encounter, including for example “how the transference is present in the psychotherapy session and how it may be affecting the patient’s perception of the Therapist”; alongside critical thinking skills and appreciation of the importance of the experience of the therapist in understanding the patient’s presentation and development in therapeutic work.

University of Essex Professional Doctorate

The panel had access to all the Tavistock/NSCAP documentation for the University of Essex Professional Doctorate validation event and were impressed by the clarity of the course outcomes set out in the programme specification and the learning outcomes set out in the Course Handbook 2015/2016. Each module has a Module Descriptor, Aims and Learning Outcomes as well as a clear description of the method of assessment and assessment criteria. The University of Essex Validation Panel noted the quality of thought that had featured in consideration of all aspects of the course construction and the clear sense of continuity and progression throughout its structure.

Panel members sat in on theory and clinical seminars and were impressed by the level of engagement and quality of dialogue. It was clear that staff are very focused on ensuring a high quality learning experience.

The Panel noted the mixed views and feelings expressed by Trainees in relation

to the move to the new doctorate, with some relieved by their perception of having avoided an anticipated increase in pressure while others expressing frustration that they had not had the same opportunity to complete a Doctoral qualification within arrangements that integrate clinical and academic research work more closely.

Both the course outcomes and learning outcomes are clearly defined and meet ACP standards.

Course aims apply equally to work placements, contributing to fulfilling the requirements of the ACP.

The panel wishes to acknowledge the significant achievement of those students who have been awarded either their Clinical Doctorate or their Professional Masters Degree within the Tavistock/University of East London programme.

5. Trainee selection, progress and achievement

Selection

The clinical training is open to application from students who successfully complete the Psychoanalytic Observation course and students are, in the main, drawn from the courses delivered at Liverpool, Leeds and Newcastle. There is an overlap of staff between the Psychoanalytic Observation courses and the Clinical Training (M80N) so there is opportunity to get to know some students well and advise those who are interested in M80N. Detailed information about the Clinical Training is available on the NSCAP website and at an open day event where prospective trainees are encouraged to think carefully about the considerable demands of M80N, both personal and professional, before applying.

The competitive process consists of submitting an application form and, if shortlisted, attending two interviews. All applicants are given the same information about the interviews in advance and interviews follow a standard protocol with the same criteria used to assess each applicant's responses. Those who are successful at interview then have to apply successfully for a CAMHS trainee Child and Adolescent Psychotherapy post. Recently a grid of selection criteria for use by Trusts to select candidates applying for trainee Child and Adolescent Psychotherapy posts has been drawn up by the Lead for Service Supervision and a group of Service Supervisors.

Until June 2014 NSCAP did not play a role in matching trainees and Child and Adolescent Psychotherapy posts but it was felt the old system was not as efficient as it could be - suitable candidates were sometimes left without a post and therefore could not start the clinical training and a few trainee places were left unfilled. After consultation with Service Supervisors a new system was therefore introduced last year whereby members of the NSCAP Training group and Child Psychotherapists from the employing Trusts jointly match prospective trainees with posts. This new system has been reviewed and, although it is acknowledged that it does not provide a perfect solution to issues raised by the

previous selection process, has been adopted as the system of appointing trainees to Trusts in future years.

Once the selection process has been completed both Training School and CAMHS placement provide induction programmes for trainees.

Progression and achievement

There are various ways in which trainees' progression and achievement are monitored. The Course Handbook 2014-5 (pp 2-3), which lists the taught course components and gives clear course and unit aims with comprehensive listing of learning outcomes, is an invaluable resource for both trainee and staff in the monitoring process. Clinical requirements are also clearly set out.

Systems for review of progress, involving the trainee, tutor, training school staff, intensive-case supervisor and placement service supervisor are ongoing throughout the 4 years of clinical training. The three-way meeting between trainee, personal tutor and placement service supervisor, which takes place annually, but more frequently if required, is structured by discussion of key themes which link to the trainee's stage of training. The trainee is encouraged to prepare in advance for the meetings, using a set three way meeting form for guidance. S/he is also required to keep a detailed Training Log which is an important focus for review of progress. Details of each three-way meeting are recorded and content circulated to participants for reference.

Training group staff hold weekly and then more formal termly meetings for discussion of student progress so that it is tracked carefully. The Training Group are aware of the importance of pre-empting and acting on student difficulties at an early stage. Contact has been made with Sheffield University and staff at NSCAP have accessed the University's expertise on assessing trainees for a dyslexia diagnosis. Dyslexia support for students who have received the diagnosis is available from the Dyslexia Advisor at the University of East London.. A range of interventions have been found to be helpful to those who may be struggling with an aspect of their academic work or clinical training (see SED p34) for as long as required. In addition, the thought given to structuring tutorials plus the recently devised selection criteria grid for Trusts are indicative of the focus given by the Training Group to minimising the risk of students leaving the programme before qualifying. Furthermore, the school re-accredited all its placements in 2013-4 in an effort to make sure that they were able to offer suitable experience and support for their trainees. Nonetheless two students have left the programme prematurely since the last accreditation - a difficult situation for all concerned, the management of which has been developing over the last few years, taking into account the effect on the student and the remaining members of the year group.

Good communication between Tutor, Service Supervisor and Trainee is fundamental to trainee progress, the tutor being the lynchpin in the triangular relationship and thereafter key to providing information to the Training Group for monitoring student progress. Occasionally the relationship between Service Supervisor and trainee breaks down, or more frequently - in the current context of change and uncertainty in the NHS - Service Supervisors move on, leave the

service and an alternative supervisor has to be found for the trainee. Tutors have a fundamental role in supporting students in such circumstances and, in conjunction with senior staff, managing these challenging situations. Feedback from students who had experienced such upheaval was almost universally complimentary about the way in which NSCAP had managed such situations, although one student felt, in the case of professional relationship breakdown, that the school needed to be more even-handed in reflecting on how or why the breakdown had occurred.

It is agreed that the course is very demanding with trainees facing a challenge of balancing all aspects of the training, including personal analysis 4 times a week. Trainees have often struggled to achieve the professional doctorate after the 4 years clinical training on the current programme. With the introduction of the recently developed and newly validated doctoral programme in September 2015 the professional doctorate award will be achievable alongside the clinical training.

The SED acknowledges the challenging employment situation for graduating trainees which the Training School can barely mitigate. Employment advice and interview technique are available from Training School staff and Service Supervisors. Almost all final year trainees this year have jobs to go to, although some are part-time and may not necessarily be CAMHS trainee Child and Adolescent Psychotherapy posts. Students are encouraged to think about the end of the course and employment opportunities as they enter the final year of the training in a series of seminars, in particular the final term's "Endings" seminars. However, although there was agreement that the seminars provided welcome support and a focus for students as the end of the course approached, not all students found the school's approach to "Endings" entirely helpful. Some said that they would have liked more unstructured time together, as a group, for reflection.

(Evidence from SED, Course Handbook 2014-2015, meetings with Staff, Service Supervisors and Trainees).

The system for recruitment and selection is well organised and thorough, as is the system for monitoring and tracking trainee progress.

A rigorous process of re-accrediting all the clinical placements was undertaken in 2013-14 to try to ensure that trainees are placed in a suitable setting for the development of their clinical skills over 4 years. However, the members of the Training Group acknowledge that, in times of unprecedented change and upheaval in the NHS and CAMHS, this needs to be an ongoing process, in order to mitigate the effects of such things as re-organisation of services and changes in clinical staff on trainee experience.

The newly validated programme should make it easier than on the current programme for students to achieve the Professional Doctorate award in addition to completing their clinical training.

ACP standards were met.

6.Trainee support

Trainees undergo induction programmes in their employing Trusts. Oversight of these induction programmes is the responsibility of their service supervisors and usually involves meeting and shadowing key members of the team and mandatory training events. Trainees also have an induction programme at NSCAP, which includes a whole day event, prior to the start of the academic term and includes an experiential session to reflect on “Beginnings”. The SED highlights the School’s awareness of the challenges facing trainees on different levels: *“It is recognised that most of the first term of training and often beyond has a primary and ongoing function of orientating and supporting the trainee into the dramatic changes that occur during this time. Often trainees are managing a start, or an increase in intensity, in their personal psychoanalysis, a new job as a trainee child psychotherapist in an unfamiliar CAMHS team and the start of an intensive long term professional training. The induction process aims to introduce a robust triangulation between the trainee, service supervisor and tutor”* (SED p39).

During the meeting with Year 1 trainees, there was a discussion about the “dramatic changes” that trainees did indeed feel they had undergone when beginning the training, which often involves the loss of a previous professional identity. Several trainees spoke about the time needed to settle into the new workplace, especially in a team which had not previously hosted a trainee. All Year 1 trainees concurred that one of the seminars at NSCAP, called Professional Context, was a very useful place to bring their thoughts and anxieties about their experiences and all voiced their sense of support from this seminar. There was some regret that the seminar had not continued beyond the first two terms because it had been felt to be so useful. The Year 1 trainees also indicated an appreciation of their service supervisors as a source of support, in the form of weekly supervision.

The course handbook outlines the tutorial system in place for trainees. The SED gives more detail about the way in which feedback is given to trainees about their progress as well as the systems in place which establish the tutor as the “central point of call for the trainee and for the professional system around the trainee” (SED p40). To this end trainees have access to once termly tutorials which can be supplemented if necessary. In the meeting with the staff team one member of staff voiced her view that it can take a while for trainees to understand that they are on a clinical training rather than an academic programme and it was felt that the tutorials are a way of helping trainees to understand this.

There are once yearly three-way meetings with the tutor, trainee and service supervisor, in order to review the progress that the trainee is making on the placement. The SED describes in detail the issues that will be considered at each meeting, which differ according to the year the trainee is in. For example, the themes in the first year include thinking about how the trainee is integrating into the multi-disciplinary team while the third year meeting considers, amongst other issues, how confident the trainee is in applying psychoanalytic concepts and methods in a range of clinical and service contexts.

Trainees spoke to the panel about how helpful they found the feedback report

from their three-way meeting, as it gave them a sense of the progress they were making.

The SED acknowledges that difficulties in the tutor-tutee relationship may arise at times. The SED gives clear details about how there is a hope that an effective working relationship will develop between tutor and tutee but in cases where there are difficulties the trainee can speak to the Head of Training, with an option to have a change in tutor if necessary.

The previous re-accreditation report identified that the trainees felt that they wanted the opportunity to meet other trainees through a whole course meeting as a way of accessing more peer support. Such meetings are now a regular feature of the NSCAP programme, through a number of extra training days, usually at the end of each academic term. The course handbook highlights to trainees the importance of their voice to NSCAP. The SED acknowledges that NSCAP is “*a relatively small and intimate clinical training in terms of the relationships that trainees can build with their tutors*” (SED p41). There are weekly training group meetings, among the staff group, which enable any particular difficulties with trainees to be gathered and thought about. However, given that roles can overlap at the training school, there are a number of mechanisms in place which allow trainees to give anonymous feedback on the training. These include: twice yearly course committee meetings; NSCAP evaluation forms and the Tavistock and Portman NHS Foundation Trust/ University of East London feedback processes. Nonetheless, the issue of trainees being able to give criticism appears to be complicated and in one of the meetings with trainees, a slight reluctance to do this was noted. Some trainees talked about the need for job references and that their priority was to make sure their references would not be jeopardised. There was a general consensus that not enough time is allowed for trainees to adequately prepare for the twice yearly course committee meetings and they would welcome some time together to do this, so that they can discuss as a group the issues facing them which they may wish to raise with the course committee.

The course handbook points trainees to the complaints procedure, which they have access to through Moodle.

Finally, it is worth noting the excellent support given the trainees by the small administrative team at NSCAP. There are efficient systems in place and trainees made specific reference to their appreciation of the administration team.

There are high levels of trainee support available, not only through the tutorial system but also through other channels such as weekly service supervision, peer support and specific seminars.

Recommendation: The panel was of the view that training for the staff group around the role of the personal tutor would be of benefit to the relevant staff group, given that inevitably difficulties will arise.

The SED acknowledges that difficulties in the tutor-tutee relationship may arise at times. The panel recommends that NSCAP review their current processes to ensure impartiality in managing this scenario. The panel also recommends that this form part of any formal training for personal tutors –

see Recommendation 2, page 30.

ACP standards were met.

7. Trainee placement learning and teaching

NSCAP recognises the importance of the training placement in providing the working context in which learning can be applied with the support of service supervision working in combination with the trainee's Personal Tutor. Accordingly trainees are placed within established multidisciplinary teams following a placement accreditation process designed to ensure adequate provision is made for them to complete their training tasks. Where, on rare occasions, trainees are placed in a setting with external (off-site) supervision NSCAP have clearly thought carefully, and in detail, about how to provide appropriate support to the trainee and ensure the placement is of good quality (SED pp 48-49)

NSCAP has had to contend with a degree of change that has pervaded service management and provision nationally within NHS CAMHS. There have been examples, as outlined in the SED, in which rapidly implemented alteration in arrangements have allowed little time for consideration of potential implications for a trainee. In these situations the Training School has had to work with the Service Supervisors to ensure sufficient support remains available to allow the Trainee to complete their training requirements.

In order to gain insight into placement working environments the panel visited placements in Leeds, Newcastle and Durham. They met with trainees, their Service Supervisors and members of the multi-disciplinary teams to learn about the trainees' work, to hear views on how child psychotherapy is viewed by other team members and the benefit of having a trainee in the service.

Leeds:

Two placements were visited in which trainees at the beginning and at the end of their respective training were supported by the same Service Supervisor.

One trainee had experienced some disruption in the continuity of their service supervision which had been compounded by a change in service accommodation. However, there was some promise that new arrangements might improve conditions.

Feedback from the multi-disciplinary team about the trainee and their contribution to the team was very positive and spoke about the "added value" they had brought to work of the service. They particularly noted how the trainee had been "non-pathologising" in their approach to thinking about children and their needs, commenting upon "the refreshing difference" this made and "the reflective presence" they had promoted within the team.

The other trainee was placed within a very well-resourced physical environment in which there was also encouragement to be fully integrated into the multidisciplinary team. There was a strong sense of welcome from multidisciplinary colleagues within the team, and they expressed views about the benefit of the different way of thinking the trainee brought to the team and the

usefulness of the long-term intervention they were able to provide.

There was a strong sense that both trainees in these placements felt well supported by both their Service Supervisor and their respective Personal Tutor.

Newcastle CAMHS:

This visit provided insight into how a trainee and their Service Supervisor had been successfully negotiating a significant and evolving re-organisation in the structure of the relatively large service in which they were working.

The multidisciplinary team had given way to 'Clinical Networks' that support broad care pathways. Arrangements that had previously included weekly meetings involving clinicians who were relatively well known to one another had been replaced by fortnightly meetings with a larger number of clinical staff who migrate in their work between sites in Newcastle and Gateshead.

While some aspects of these changes had been thought to be positive there was also a sense that child psychotherapy had become less visible. The pace of change had been so rapid it had proved challenging for staff to recognise colleagues amidst new arrangements that were too expansive for child psychotherapy to be represented in all of the clinical networks.

Although the trainee's heavy training commitments effectively precluded attendance of clinical networks at fortnightly meetings it had been possible to cater for their clinical training needs and in spite of clear challenges a strong sense of support had been maintained. This reflected the Service Supervisor's confidence and a good working relationship with the training school.

The panel members were duly impressed by the considerable sensitivity and skill in negotiating very dynamic circumstances demonstrated by the Service Supervisor. We also noted the commendable commitment of the trainee to their tasks within a very challenging working context while, as is so common but not often recognised, also managing demands from personal circumstances, including their role as a parent.

Durham CAMHS

In common with other services the growing demand for CAMHS in Durham has led to service reorganisation and encouraged an increasing focus upon assessment in managing waiting times. However, the rapid pace of change had been accompanied by a strong sense of reciprocity within the multidisciplinary team and service management that had preserved a measure of stability and in turn allowed successful adaptation to new conditions.

Indeed by maintaining reflective capacity that is possible within a relatively well functioning team and service management a sense of a platform on which to build had emerged alongside a more aspirant outlook. Accordingly the Service Manager with whom we were able to meet spoke about an ambition to increase child psychotherapy provision within the service through exploring funding opportunities that may lie within the promotion of infant mental health and early intervention.

Although 'hot desking' had been an issue within Durham CAMHS it had been possible to accommodate most needs within the team and establish arrangements that could be relied upon. The trainee spoke about how the provision of a laptop had been particularly helpful in managing the lack of sufficient desks.

Multidisciplinary colleagues all spoke very highly about the value of child psychotherapy and the contribution of the trainee to the work of the service and team development. The panel learned about how the presence of trainees from a variety of disciplines encouraged a culture of acceptance and appreciation at the core of which is a belief that 'everyone should be listened to'. Team cohesion is promoted through attendance at regular clinical and business meetings augmented by regular 'away days' of which there are at least three per annum.

The service has a commitment to providing longer term therapeutic interventions and views 'a longer journey as valuable' in relation to the training and therapeutic work of Child & Adolescent Psychotherapists.

The panel was impressed by the Service Supervisor's skill and sensitivity evident in having established very positive working relationships and associated conditions within a very dynamic set of circumstances that demand the maintenance of high standards in oversight and negotiation as they continue to develop.

The Service Supervisor was clear in expressing how past and present NSCAP trainees have all been good advocates for the discipline, and in describing how supportive NSCAP were in supporting the placement of trainees and in efforts to find post-qualification employment.

Despite the level of change NSCAP has managed to maintain very high standards. There is a robust process for the accreditation of placements and the developmental programme for Service Supervisors via a Lead role has proved useful in a variety of ways. These include:

- promoting and/or maintaining awareness of child psychotherapy training requirements within the senior management structures of services providing training placements;
- ensuring that NSCAP are aware of changes in services in a timely manner in order to allow for appropriate responses;
- supporting the development of Service Supervisors to enhance consistency in the quality of training experience;

There is a robust process for the accreditation of placements and the developmental programme for Service Supervisors via a Lead role has proved useful.

NSCAP has managed to support and maintain very high standards in placement learning.

ACP standards were met.

8 & 9. Assessment and qualification

Qualification to practise as a Child Psychotherapist has both a professional and an academic component. The Course Handbook identifies both the professional and academic requirements of the clinical training.

Professional Qualification

The SED (p 53) outlines how clinical competence to qualify is assessed by the Training Group at NSCAP. Trainees' progress is closely monitored over the course of their training.

The Training Log aims to demonstrate the range of clinical work undertaken to meet ACP standards. In addition to this the Trainee must also submit a clinical paper of 8-12,000 words, usually focused upon an intensive training case, which is overseen by the relevant Intensive Case Supervisor in combination with the Clinical Tutor.

Once the Trainee has completed their training requirements their Tutor gathers reports from their Service Supervisor and Intensive Case Supervisors, and the views of the Trainee's Analyst/ Therapist and writes a letter of recommendation for full membership. This is then combined with the trainee's Training Log and presented to the Training Council by the Head of Training at NSCAP. Upon acceptance of this recommendation the student becomes a full member of the ACP and is able to practise as a qualified Child Psychotherapist.

Academic Qualification

From the autumn term 2011, clinical trainees in child psychotherapy at NSCAP have been enrolled on the revalidated postgraduate award of Professional Doctorate in Child Psychoanalytic Psychotherapy with the Tavistock and Portman NHS Foundation Trust / University of East London (SED p 53). Further detail of the programme is set out under the "University of East London" heading below.

The key concern in relation to the Doctorate was that it is difficult for many newly qualified child psychotherapists to write a thesis post-qualification in Year 5. In 2014 the Tavistock and Portman NHS Foundation Trust made a decision to withdraw its academic programmes (and those of its Associate Centres, including NSCAP) from the University of East London, and seek validation with a new University partner: the University of Essex. This new programme aims to validate a professional doctorate that can be achieved in the four year period of training (SED p 5).

NSCAP is therefore currently undertaking a transition from the University of East London to a new Clinical Doctorate provided by the University of Essex. The doctorate was developed in conjunction with the Tavistock and Portman NHS Foundation NHS Trust and aims to integrate clinical work and research components of the training more effectively and enable the completion of a Clinical Doctorate over the course of the four year training.

University of East London

Current trainees in the second year and above continue to follow assessment procedures that are overseen by NSCAP and the Tavistock/University of East London. These were designed to ensure assignments match tasks appropriate to the trainee's stage in their development as a Child Psychotherapist.

The written requirements that trainees must complete in order to achieve the academic qualification from the Tavistock and Portman NHS Foundation Trust / University of East London are set out in the SED (p 54). An MProf award was introduced as part of the 2011 revalidation and from 2011 Trainees have been able to exit the programme at the point of professional qualification at the end of year 4.

Trainees wishing to gain the Clinical Doctorate awarded by the University of East London need to submit a Clinical Research Thesis (40-60,000 words) in the period following professional qualification, namely Year 5+. The research thesis aims to demonstrate the Student's capacity to undertake a scholarly piece of research including the formulation of a research question or area of investigation; a section on methodology with a literature review; a presentation and analysis of data and a conclusion. It needs to be an original piece of work that contributes new knowledge to the academic field of child psychotherapy (SED p 55).

Progress in the doctorate Student's work is monitored through Annual Review and each thesis is subject to oral examination by Viva upon completion.

Overall responsibility for the assessment of the students' work across the entire span of the Clinical Doctorate lies with the Tavistock and Portman NHS Foundation Trust / University of East London Assessment board. The Assessment Board meets biannually and includes representation from the University of East London, NSCAP, the Tavistock and Portman NHS Foundation Trust and external examiners. Analysis of assessment data over the period 2011-14 shows NSCAP students performing well (SED p56). The following is a sample of comments from external examiners' reports:

- The professional doctorate in child psychoanalytic psychotherapy has robust assessment procedures in place.
- There is a good balance between academic knowledge and clinical skills
- Learning outcomes were clearly identified and candidates were assessed fairly and appropriately.
- Modules were varied and challenging and allowed the opportunity to demonstrate increasing understanding and competence.

University of Essex

The validation of the Tavistock Professional Doctorate in Psychoanalytic Child and Adolescent Psychotherapy (M80) took place on Monday 29 June 2015, with key NSCAP members of staff in attendance. The full programme will enable trainees to gain a professional doctorate award in four years but the validation also incorporated the exit award for the Masters in Professional Studies in Psychoanalytic Child and Adolescent Psychotherapy.

The panel had access to the documentation submitted for the validation event and were impressed by the clearly stated aims and outcomes for the programme as well as clearly stated learning outcomes, learning methods and assessment methods for the course as a whole as well as for each module.

In addition to commending the Tavistock/NSCAP on the reworking of the training in response to contemporary pressures the University of Essex validation panel commended the Tavistock/NSCAP on “the clear sense of continuity and progression throughout the course structure.”

The panel is of the view that rigorous and fair assessment processes are in place.

The panel was impressed with the work that has gone into preparing for the move to the University of Essex Professional Doctorate. The prospect of concurrent professional and academic doctoral qualification enabled through the new arrangements is welcomed.

There may be issues relating to the transition from University of East London to the University of Essex that the Tavistock and NSCAP as an Associate Centre will need to manage carefully and sensitively. Some trainees who started in 2014-15 have expressed a wish to transition to the the University of Essex programme and the Tavistock/NSCAP will need to decide whether this is feasible and, if so, will need to put processes in place to support and manage this.

ACP standards were met.

10. Quality enhancement and maintenance

Section 10 of NSCAP’s SED clearly sets out the various systems that are in place to promote/ensure a high-quality training. The Appendices contain copies of the forms used to underpin the quality assurance processes that the school has in place. These include forms to monitor or provide feedback on the following:

- The recruitment process
- Tutorials
- Three way meetings
- Seminar Feedback
- Placement Accreditation
- Placement experience (trainees perspective)
- Service supervisor feedback to NSCAP

The Professional Doctorate in Child Psychoanalytic Psychotherapy has a Course Committee which meets twice a year and is made up of staff and students, with a representative from each year group. It provides students with the opportunity to raise issues in relation to the training programme and also provides a forum to disseminate information to the student group about important events. One of the meetings has an agenda item on the action points from the Tavistock/UEL Review and Enhancement Process, (an annual review process to which all

NSCAP courses contribute and which includes student feedback) and provides information on how they have been addressed. The Course Committee meetings are a University of East London requirement and are an important part of the University's Quality Assurance standards.

Accreditation and Validation

There are two main bodies involved in accrediting and validating the doctorate: the Association of Child Psychotherapists and the Tavistock and Portman/University of East London. From the start of the 2015-16 academic year the programme will be validated by the University of Essex and new students will be enrolled with the University of Essex.

Association of Child Psychotherapists (ACP)

The ACP is the professional body responsible for accrediting the training for the professional qualification. Prior to this accreditation visit the most recent accreditation visit was in 2010. Details of the recommendations are in the introduction to this report.

NSCAP 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. The panel received copies of the four reports produced between 2010 and 2014. The reports are clearly laid out and actions taken to address the recommendations from the 2010 accreditation visit are set out in each report. A summary action plan forms part of the 2013-14 report.

NSCAP/Tavistock and Portman Foundation Trust/ University of East London Collaborative Partnership

A Collaborative Agreement was established and signed by NSCAP, the Tavistock and Portman NHS Foundation Trust, and the University of East London, in 2006. The following reviews of the partnership have taken place since the 2010 ACP accreditation visit:

June 2011: a review of the collaborative partnership between NSCAP, the Tavistock and Portman NHS Trust and the University of East London. The Academic Board Quality and Standards Committee re-validated both the Professional Doctorate and the Masters in Professional Study in Child Psychoanalytic Psychotherapy.

September 2014: a Tavistock and Portman NHS Foundation Trust review of Associative Centres. This was a review of all Tavistock and Portman NHS Foundation Trust courses delivered by NSCAP, not just the M80N Professional Doctorate. The feedback (Appendix 19) included the following comments:

- There is a settled, professional teaching and administrative team delivering a number of programmes. Staff are well supported in terms of development opportunities;
- NSCAP is a financially secure organisation with the relevant management and governance structures and processes in place ensuring standards of quality and experience;
- The Review and Enhancement Process and External Examiner reports show a structured approach to evaluation;
- Overall the Trust is very satisfied with academic standards at NSCAP.

March 2015: a major review by the University of East London of the collaborative

partnership between NSCAP, the Tavistock and Portman NHS Trust and the University of East London. Approval was unconditional and granted for five years. The report was provided to the ACP Panel as Appendix 20. The NSCAP programme team were commended for the following:

- the strong synergy of the academic, clinical and pastoral support provided to students, the maintenance of a positive student experience, the high level of professionalism in respect to the assessment process, the improvements made with regards to staff development and the increase in the breadth of research methodologies in response to the previous collaborative review event.

There were two recommendations, one relating to Equality and Diversity the second to Programme Committee Minutes which NSCAP have since addressed. The recommendation in relation to Equality and Diversity is discussed further in section 11.

June 2015: The University of Essex validation of the Tavistock Professional Doctorate in Psychoanalytic Child and Adolescent Psychotherapy. This incorporates the exit award of Masters in Professional Studies in Psychoanalytic Child and Adolescent Psychotherapy

The University of Essex validation panel commended the Tavistock/NSCAP course team on:

- The reworking of the training offered in response to contemporary pressures and the intensity of thought that had gone into all aspects of the course.
- The clear sense of continuity and progression throughout the course structure

There were two conditions neither of which is of concern to this ACP visit. There were also two recommendations, one relating to the relationship with the Tavistock and Portman NHS Foundation Trust which is beyond the scope of this re-accreditation visit and report and the second to a Group Relations event. The ACP panel would like to reiterate the latter recommendation – *that NSCAP “consider running the Group Relations event sooner within the curriculum to provide students with opportunities to develop earlier knowledge and experience that can be used to build on the teaching of understanding groups and organisations.”*

Health Education Yorkshire and the Humber

Health Education Yorkshire and the Humber manages the contract for the services delivered by NSCAP on behalf of the three SHA's in the north of England. Health Education Yorkshire and the Humber, the directors of NSCAP and the host trust meet every six months to review the contract and provide the information required by the contract. This includes an Annual Report. (SED p9)

The panel contacted Health Education Yorkshire and the Humber for feedback on the nature of the relationship and received confirmation that NSCAP provides appropriate quality assurance documentation to both the Trust and Health Education Yorkshire and the Humber in a timely manner.

Trainee Feedback

The SED describes the following systems and processes which are in place for receiving trainee feedback:

- Trainees are encouraged to give regular feedback during their tutorials (SED p41);
- Each tutorial includes a summary, signed by the trainee and tutor, of the discussion and any action points; (SED p39)
- Formal structures for feedback include the Tavistock and Portman NHS Foundation Trust annual monitoring programme and the University of East London feedback exercise through the Review and Enhancement Process (SED p60)
- Once a year trainees are asked to complete NSCAP evaluation forms for all their seminars; this enables students to provide relatively anonymous information about the quality, content and clinical relevance of the teaching, as well as the work load, learning experience and teaching environment. This data is used to monitor the quality of the training delivered and to look at areas for improvement. (SED p41)
- There are bi-annual Course Committee meetings to which students can bring issues for discussion through their year representative; (SED p60)
- A complaints procedure which is outlined in the trainee handbook and described at page 61 of the SED.

At lunch time on the second day of the visit the panel met with trainees from all four years of the programme: first years in one group; second and third years together in one group; fourth and fifth years together in a third group. The trainees commented on the responsiveness of the tutors as well as the support they receive from the administrative staff. However, the groups also raised the fact that they don't feel they get enough reflective time together and that preparation for the Course Committee meetings can be rushed. Students would welcome an opportunity to voice their views together without feeling they are "out of line". One suggestion was that there could be a whole student body meeting before the bi-annual Course Committee meeting in order to discuss the issues that they would like to raise.

The visiting team is confident that there are robust quality assurance processes in place to ensure the range of activities to do with the training are well managed.

The ACP panel would like to reiterate the second recommendation from the University of Essex validation panel (June 2015) – that the Tavistock/ NSCAP “consider running the Group Relations event sooner within the curriculum to provide students with opportunities to develop earlier knowledge and experience that can be used to build on the teaching of understanding groups and organisations.”

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

ACP standards were met.

11.Values, equity and diversity

Although NSCAP 's values are not explicitly set out it is clear from the SED and in their actions that there is a strong "commitment to improving access to child psychotherapy services for the whole population and making training opportunities more readily available to all members of the community" (SED p64). However NSCAP's Training Management Group, that oversees all NSCAP courses, acknowledges that there is no room for complacency in this regard. One of the difficulties identified in this area in the SED is that there is "an ongoing challenge to help commissioners and NHS managers recognize the relevance of psychoanalytic psychotherapy and a psychoanalytic perspective to all sectors of the population" (SED p 65). Having said that, managers were universally enthusiastic about the contribution made by psychotherapists to the work of their multi-disciplinary team when panel members visited 4 trainee placements.

NSCAP has been reasonably successful in attracting a diverse population of practitioners to conferences and courses run at Bevan House who are, in turn, made aware of the clinical training. The proportion of male trainees on the clinical training is currently higher than in 2010, although still only four out of a total of 22, two of whom are qualifying this year with one male out of a total of seven being taken on this coming September, but representation of trainees from black and minority ethnic backgrounds is "extremely limited" (SED p 64) so more needs to be done to attract training groups more representative of the client group and general population. Examining the obstacles to attracting diverse trainee cohorts, in both gender and cultural background/ethnicity, has been a recommendation made by a recent joint Tavistock and Portman NHS Foundation Trust/ University of East London Collaborative Review and this is supported by the re-accreditation panel.

To this end and to consider issues of equality and diversity more comprehensively, NSCAP has drawn up a draft form of an Equality and Diversity Action Plan in 2015. The NSCAP Training Management Group acknowledges a lack of confidence in their own expertise in this complex area and has therefore decided to identify funding for the recruitment of a "suitably qualified individual to project manage the implementation of [the] action plan" (SED p65). The project plan is to be presented to the Training Management Group and Executive Group by January 2016 in order to "inform recruitment for 2016/7 and beyond" (SED p65) so the timescale is tight and momentum needs to be maintained.

NSCAP complies with clear policies and procedures on issues of values, equalities and diversity drawn up by their hosting Trust: Leeds and York Partnerships NHS Foundation Trust and by the current Tavistock and Portman NHS Foundation Trust / University of East London academic partnership, soon to be University of Essex. Trainees must comply with policies of the host NHS Trust where they are in post. There is wheelchair access throughout the NSCAP building and there is a hearing loop system in the large conference area but not in the smaller seminar rooms.

As outlined elsewhere in this report, NSCAP has explored different ways of supporting students with dyslexia. University of East London. The School should make sure that all their statements regarding assessment criteria are fully compatible and non-contradictory. For example, the Course Handbook 2014/15 p8 states, “in all assessments on this course, marks are awarded for the clarity and quality of the writing and lost for proof-reading, grammar and spelling errors” whereas the paragraph in the SED p64, plus Handbook 2015/6, NSCAP’s Equal Opportunities Policy mentions the certificate of dyslexia alerting markers to a student’s condition “...and to ensure that the content of their work, rather than the presentation, is the focus of attention”. This is an important issue for the M80 Training Group and all markers to discuss: should students with dyslexia be given extra support in writing assignments and then assessed using the same criteria as other students or should allowances be made for their difficulties, in addition to the extra support given? The course aims and learning outcomes (Course Handbook 2014-15 pp3-5) seem to suggest that, in order to qualify, students need to be able to communicate effectively both orally and in writing.

The frequency and quality of continuing staff development sessions is discussed elsewhere in this report but it is relevant to this section to note that in December 2013 the training group focused on “issues of difference and diversity arising in an example of an intensive case clinical presentation”. In March 2014 an external facilitator delivered a “Difference and Diversity” training session to both students and staff (NSCAP annual report 2014).

(Evidence from SED, Course Handbooks 14/15, 15/16, meetings with senior staff, placement visits.)

The standards of the ACP Quality Assurance Framework for Values, Equality and Diversity are met and NSCAP is clearly committed to promoting equality in both training and clinical practice. However, as members of the M80 Training Group acknowledge, there is plenty of work to be done to further demonstrate their active commitment and momentum should not be lost in doing this.

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

The timetable outlined in the Equality and Diversity Action Plan should be adhered to.

Regular training sessions in, and discussion of, working with diversity for both staff and students are essential to ensure that:-

- a) all students continue to be supported and assessed appropriately during training. In doing this the School should align the Course handbook with the Equal Opportunities Policy to ensure statements relating to assessment criteria are consistent.**

b) staff and students continue to reflect on the demands of working with a diverse client group.

ACP standards were met.

12. Personal analysis for trainees

Trainees' attendance for their own psychoanalysis, or psychoanalytic psychotherapy, is a core requirement of the clinical training at NSCAP. Trainees attend for a minimum of 4 sessions per week, sometimes 5 and NSCAP adheres to the need for this level of frequency. Trainees have their training analysis with an analyst approved by the ACP's Analyst's Subcommittee.

Potential candidates for the training are encouraged to have an experience of psychotherapy before making their application for the clinical training. However, NSCAP does not exclude trainees who do not have a prior significant analytic experience, as they wish to maintain equity of access to the clinical training and consider that the key requirements at the beginning of training are an aptitude for the work and a capacity to articulate emotional experience. There have been no breakdowns of analytic placements during this accreditation period. NSCAP makes contact twice with the analyst: firstly the analyst is asked if they have a view about the trainee starting an intensive training case and then later on, the analyst is asked again if they have a view about the trainee becoming a fully qualified member of the profession.

Analytic fees are covered by NSCAP, up to a maximum of £7,500 per year. Any further costs, for example, if a trainee attends for 5 sessions per week, are borne by the trainee. The funding is available for the whole of the clinical training.

The SED highlights the lack of suitable analytic placements in the North of England and in discussion with the Clinical Director, the panel heard that it is a cause for serious concern for NSCAP. The lack of placements is due to the fact that the profession of adult analysis is centred in the South of England and in the North there have been some recent retirements of key analysts. The panel also heard about a number of ways in which NSCAP is hoping to address this issue, such as considering whether there are psychoanalytic psychotherapists already in the North who might be eligible for accreditation by the ACP. It is also helpful that the Clinical Director has trained as an adult psychoanalyst during the last training period and has been making the profession aware of the opportunities available in the North of England. The situation is expected to ease in due course, as NSCAP now hosts the Institute of Psychoanalysis northern training and therefore more analysts will become available. In the meantime, however, the situation especially in Liverpool and Manchester is difficult.

NSCAP continues to adhere to the need for 4 times per week training analysis, as a core component of the clinical training and funds are available to trainees to cover the cost.

The lack of analytic placements in the North of England is an issue of concern and NSCAP continues to think of ways in which they might be able to address this issue over the next few years, before more analysts become

available through the Institute of Psychoanalysis northern training.

ACP standards were met.

13. Conclusion, Conditions and Recommendations

Conclusions:

The School provides a solid foundation for the training of Child and Adolescent Psychotherapists. It has rigorous and robust systems and processes in place.

Commendations:

The panel would like to commend NSCAP on the following:

- Excellent premises and facilities;
- An excellent handbook;
- The professionalism with which NSCAP manages the M80N and its other courses;
- The School's capacity to think about the training and support for students in innovative and flexible ways;
- The way in which the School manages to support service supervisors and trainees over a wide geographical area;
- The way in which the School successfully manages placements in what are sometimes very challenging contexts;
- The recognition of the importance of the Service Supervisor role, evidenced through the organisation of service supervisor meetings, structured training and the funding of the post of Lead for Service Supervision.
- Excellent and committed teaching and administrative staff;

Conditions:

There are no conditions

Recommendations:

There are two recommendations that the panel strongly advises NSCAP to implement within a timescale to be agreed with the ACP Training Council and reviewed as part of the Training Council Annual Report process.

1. NSCAP is recommended to provide a variety of opportunities for trainees and service supervisors to provide feedback on the training. However, trainees would welcome the opportunity to get together as a whole student body. The panel therefore recommends that this opportunity is provided, details to be decided in conjunction with the trainees. One suggestion was that there could be a whole student body meeting before the bi-annual Course Committee meeting in order to discuss the issues that they would like to raise.
2. There is a recommendation to provide some formal training for personal tutors. This could look in depth at the role of a tutor, the associated challenges and how to manage them, the preparation and support a staff

member needs to take on the role for the first time and a sharing of best practice. It could include consideration of what to do when the trainee/tutor relationship breaks down and how to put in place the opportunity for reflection for both parties with regard to the set of circumstances that led to the breakdown.

In addition the panel supports the following recommendations:

1. The recommendation made by the recent joint Tavistock and Portman NHS Foundation Trust / University of East London collaborative review: that “the programme team examine the obstacles to representation on the programmes in relation to gender and ethnic diversity of the local constituency and to consider ways of addressing these”.
2. The recommendation from the Tavistock/University of Essex validation event: that NSCAP “consider running the Group Relations event sooner within the curriculum to provide students with opportunities to develop earlier knowledge and experience that can be used to build on the teaching of understanding groups and organisations.”

Recommendations that the training school may wish to consider:

1. Difficulties in the tutor-tutee relationship may arise at times. In these instances trainees can speak to the Head of Training, with an option to have a change in tutor if necessary. This is clearly a difficult situation when it arises and the panel recommends that NSCAP review their current processes to ensure impartiality in managing this scenario. The panel also recommends that this form part of any formal training for personal tutors – see Recommendation 2, above.
2. The panel recommends that NSCAP consider whether there is a need for more routine, regular formal three-way meetings, particularly where the service supervisor does not have another role at NSCAP, and whether the new programme will increase this need.
3. NSCAP should consider whether the demand for computers and printer(s) is adequately met on a Thursday and whether the current provision would be sufficient if trainee numbers were to increase to the maximum of 28.
4. NSCAP should align the Course handbook with the Equal Opportunities Policy to ensure statements relating to assessment criteria are consistent.
5. NSCAP should provide further training sessions in and discussion of working with diversity for both staff and students to ensure that staff and students continue to reflect on the implications of working with a diverse client group.