Why?
would clinical psychology programmes want to go anywhere near CBT accreditation?
Changing landscape

• BABCP Dual accreditation
  – Dual accreditation course
  – Courses with BABCP pathway

• Other developments in dual accreditation/APL:
  – Neuropsychology
  – Systemic
  – CAT?

• Appetite for thinking about second accreditation during DClin training

• Though we can’t do everything!
Perspectives

- Strategic
- Trainees/Supervisors
- Services
- Courses
IAPT Team at NHS England

• Expanding effective psychological therapy provision
• Values clinical psychologists in adding quantity and quality
Leeds

- No dual BABCP accreditation
- Developing systemic therapy link
Strategic perspective

• Adult IAPT programme is the fastest expanding mental health programme in England.
• It aims to provide NICE guided psychological therapy to 25% of those with anxiety and depression by 2021
• NHS Long Term Plan...?
• Clinical Psychologists have been instrumental in leading, training, supervising and providing therapy in IAPT services
• Renewed effort to promote clinical psychology as a route into IAPT
• For NHSE: Leaders, trainers, supervisors of the future
• For CPs: Be part of a revolutionary world-leading expansion of psychological healthcare
Trainee/clinician perspectives

- Leeds survey in 2011:
  - 24/48 trainees
  - 47 local Clinicians

- Is lack of dual accreditation a disadvantage?
  - Only 5/24 trainees said yes

- Should Leeds pursue any joint accreditation?
  - Trainees: 50% yes, 42% no
  - Clinicians: 34% yes, 66% no

- If it did, what model?
  - BABCP: 9% trainees and 4% clinicians

- 22/24 would consider further accreditation after qualifying
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Qualitative feedback: concerns

teaching might be driven by a therapy accreditation agenda

Don’t want to lose the reflective, eclectic, individualised approach that typifies clinical psychology practice

might limit our ability to be responsive to other drivers such as national or local changes

some trainees may be ‘forced along a CBT route’ when they didn’t feel the approach was a good fit for them

Don’t want to lose the reflective, eclectic, individualised approach that typifies clinical psychology practice
Trainee mini survey 2018

• “I think it would be great”
  – 2 would like CBT “a lot of different areas require further formal training in CBT (psychosis etc).”
  – 2 would prefer CAT or systemic rather than CBT “in almost all services I've worked in CBT is provided by CBT therapists, not psychologists”
  – 4 would like BABCP accreditation, with choice of accreditation for another approach

• 1 no strong feeling
• 1 no
Service perspectives

• Nationally:
  – Involvement in IAPT is attractive and there may be opportunities for clinical psychologists

• Locally:
  – HEE have never brought it up
  – I asked our local heads of service group in West Yorkshire (1 AMH, 2 AMH+other services, 3 Physical Health, 1 Child):
    1. Does your service view BABCP accreditation of clinical psychologists as important when you are recruiting?
    2. Do you think the DClin programme ought to look at BABCP accreditation of graduates?
Important to recruitment?

- No
- No
- No
- No
- No
- No
- No

- “desirable not essential”
- “I wonder whether a particular emphasis or focus on this would detract from the broader role which CPs have”
Course BABCP accreditation?

Yes

Yes

No

No

No

Yes if “this can be achieved without distorting the key aspect of training – that it is in more than one model of psychological therapy”

• “Clin psychs are well positioned to provide supervision, education and training to IAPT workers/services; this would ideally be delivered within a BABCP accredited standard; this is of increasing significance given the integrated care agenda and the drive to eliminate barriers and boundaries between services to the benefit of patients”

• “I am concerned that this would detract for core skills needed for core roles”

• “We need to be careful that we do not price ourselves out of the market as ‘expensive therapists’, which we are not”
UK DClin programmes

• 19 replied
• BABCP accreditation?
  – Two have optional routes
  – One has full accreditation
  – One has applied for 2018
  – One hopes to apply for 2019
• Thinking about it?
  – One yes
  – Two encouraging individual applications after the course
  – One would – but shortage of local supervisors
UK DClin programmes

• Other accreditation or APL routes?
  – Family therapy/systemic
    • 6 have it in some form
    • 3 applying, + 5 at early stage
  – Neuro
    • 1 in place
    • 3 with teaching ‘compliant with the Bristol Neuropsychology Programme’
    • 9 considering, early stage
  – Other?
    • 1 DIT teaching in place
    • 1 considering CAT
Leeds Team views?

• Enthusiasm for thinking about therapy – all our trainees record process and outcome data on their clients using CORE Net

• But concerns:
  – Lack of available BABCP accredited supervisors
  – Limited space in the timetable – what do we drop?
  – Aware of competing dual accreditation routes: BABCP, systemic therapy, neuropsychology
  – Aware of competing foci: leadership, consultancy, physical health etc
  – Supportive of CBT but also have other allegiances, not least to evidence demonstrating little advantage of one therapy model over another
NHSE views?

- Want Clinical Psychologists to work in and shape IAPT services
- Will go ahead with IAPT expansion with or without Clinical Psychologists on board
- Want to support courses to make the route in easier for clinical psychologists
- Are aware of some of the challenges and want to work with you to overcome them
Questions?