New accreditation criteria - outcomes from a pilot cohort

Birmingham
New Accreditation Criteria: Outcomes from the 2015/16 pilot cohort

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Centre for Applied Psychology
https://www.birmingham.ac.uk/schools/psychology/centres/cap/index.aspx
Baseline/context

- 20 trainees in 2015/16 cohort
  - 12/20 graduated at time of audit
- Integrated programme 2 modules 8 sub-courses (one sub course covered all models - now split into model strands)
- Continuous assessment
- Large diverse network of supervisors with capacity to support a range of therapeutic models
Key decisions

- Retain broad choice of models/strands CBT, systemic, psychodynamic, behavioural
- Focus for assessment of clinical skills to remain with clinical supervisors including CTS-R
- Frameworks
  - CBT framework – UCL CORE
  - Systemic framework – AFT
  - Behavioural – home grown
  - Psychodynamic – UCL CORE adapted by local group - 2 levels
- 'Tweak' rather than reconstruct
- Electronic solution needed for recording competencies
Timeline

- 2015 onwards consultation with stakeholders
- 2015 onwards training for supervisors
- 2015 electronic log developed
- 2018 12/20 of 2015 cohort completed
- 2018 feedback sought
  - Audit of competencies achieved
  - 17/09 stakeholder day
  - 21/09 feedback from cohort
- 2018 course requirements formally amended
Model strands and outcomes

- Choices (spring year 2)
  - 9 Systemic (5 graduated)
  - 7 Psychodynamic (5 graduated)
  - 4 Behavioural (2 graduated)

- Yr 3 outcomes
  - 12/12 achieved 2 models
  - 9/12 - all competencies achieved in chosen strands
    - 2 behavioural not achieved
    - 1 psychodynamic not achieved (1 element)

<table>
<thead>
<tr>
<th>CBT+1</th>
<th>CBT+2</th>
<th>CBT+3</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 systemic</td>
<td>2 behavioural + systemic</td>
<td>2 B+S+P</td>
</tr>
<tr>
<td>3 psychodynamic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 behavioural</td>
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Competency outcomes continued:

- **Behavioural**
  - 3 didn’t opt for behavioural but achieved competencies
  - Two who had specialist LD behavioral placement achieved assessment skills but not intervention skills

- **CBT**
  - 11/12 met requirements for 1 CTS-R (achieved in different speciality areas)

- **Psychodynamic**
  - 4/5 achieved (3 at higher level)

- **Systemic**
  - all 5 who chose strand achieved it (+3 who didn’t!)
Competencies in testing

- Large variation in types of tests and no of administrations

- All 12 achieved:
  - At least 1 test of premorbid ability
  - At least 1 neurocognitive test *(removed requirement for WMS)*
  - At least 1 measure of personal qualities (e.g. beliefs / values)
  - At least 2 measures of symptoms (1 anxiety, 1 depression)

- Not all achieved:
  - Cognitive screen (n=1 lack of understanding?)
  - WAIS minimum *(now changed to WAIS or WISC or WPPSI)*
  - Structured risk ax *(now rebadged as systematic ax of risk)*
### Feedback from trainees

<table>
<thead>
<tr>
<th>Went well</th>
<th>Didn’t go so well</th>
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<tbody>
<tr>
<td><strong>Process</strong></td>
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<tr>
<td>Meetings to discuss strands and being able to negotiate</td>
<td>Needed more information about models before deciding</td>
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<tr>
<td>Placements that supported strands</td>
<td></td>
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<tr>
<td>Supervisors actively looking for opportunities</td>
<td>Supervision not always model specific</td>
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<tr>
<td>Don’t always need placement in that model to get competency</td>
<td>Not having a placement in chosen model</td>
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<tr>
<td></td>
<td>Lack of opportunities to get psychodynamic competencies</td>
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<td></td>
<td>Some systemic competencies difficult to achieve</td>
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<tr>
<td>Easier to get CBT competencies in adult placement</td>
<td>CBT ‘parent training’ <em>(now changed to parent/carer training)</em></td>
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<tr>
<td></td>
<td>Arranging for observations/recordings</td>
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<td></td>
<td>Wording of some competencies</td>
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<tr>
<td></td>
<td>Inconsistency in how competencies judged and signed off ++</td>
</tr>
<tr>
<td></td>
<td>Requirements for psychodynamic competencies unclear</td>
</tr>
<tr>
<td><strong>Systems</strong></td>
<td></td>
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<tr>
<td>Electronic log</td>
<td>Changes to electronic log book</td>
</tr>
<tr>
<td></td>
<td>Too much paperwork</td>
</tr>
<tr>
<td><strong>Learning</strong></td>
<td></td>
</tr>
<tr>
<td>Took you out of comfort zone</td>
<td>Might have had broader experience if hadn’t felt pressure to focus on one model</td>
</tr>
<tr>
<td>Tangible goals, skills broken down and clear</td>
<td>Trying to get CTS-R in one sitting not like real life</td>
</tr>
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Feedback from placement providers

- Trainees too focused on certain competencies - need to understand what is expected of them and remain open to possibilities. *(continue to address in placement prep)*
- Hard to observe everything – increased time and lot of work for supervisors
- May be missing competencies that are being achieved as can’t observe everything.
- CTS-R can be tricky to achieve in LD *(consider using MAGIC)*
- Psychodynamic requirement for therapy to get higher level skills is controversial *(going back to psychodynamic group)*
- Service specifications can be restrictive e.g. only allowing use of NICE approved models
Feedback from placement providers - continued

- Logbook
  - IT systems and electronic log - trainees emailing to selves in NHS so can work through with supervisor
  - Need to review at least monthly *(we need to reinforce at MPV)*
- Appreciate summary feedback we send highlighting what trainees have achieved and what gaps they have *(but a lot of work for us!)*
General learning points

- Not as difficult for trainees to gain competencies as we anticipated
- Lot of work summarising outcomes at end
  - Need for robust electronic systems (moving towards electronic submission of all paperwork)
- Importance of appraisal tutors and supervisors being aware of gaps in competencies
- Ensure everyone is aware of CTS-R requirements
- Needed to clarify course requirements
  - When competencies not achieved discuss at progress board and make recommendations to exam board
- How do we ensure uniformity in signing off competencies?
Thank you for listening!
Group of Trainers in Clinical Psychology 2018 Annual Conference

Refreshment Break in the Foyer

#GTiCP2018