



**Cornwall Partnership**  
NHS Foundation Trust



# Developing the CAP Programme.



Prof. Eugene Mullan & Prof. Ken Laidlaw, PhD



# The CAP Programme-Cohort 1.

- Before we start we need to acknowledge everyone who helped develop the CAP Programme.
- ***In Cornwall:*** Phil Confue, Mike Hodgkinson, Kim Bowen Jones, Liz Piper, Debbie Hunter, Barbara Vann, David Barton, Simon Cowley, all the supervisors, Di Doyle, Donna Lane.
- ***From University of Exeter:*** Rachel Handley, Ian Frampton, Ali Stephen, Raluca Topciu, Susanna Cole, Jodie Rawlings, Gemma Farndon, David Mussell, Alessa Werson.

# The First Annual CAP Conference

- Attended by delegates from England and beyond.
- Keynotes from Claire Murdoch, Sean Duggan, Lisa Bayliss-Pratt and our CAPs trainees, supervisors and Service Leads.
- Powerpoints will be available.
- Proposal is to have an Annual Conference.

First National Conference on

## Clinical Associates in Psychology

25 October 2019 - The Eden Project, Bodelva, Par, PL24 2SG

### agenda

- 9.15 am **Open**  
Why Cornwall has pursued this option  
Phil Confue, Chief Executive, Cornwall Partnership NHS FT
- 9.45 am Overview of MH LTP and how CAPs can help  
Claire Murdoch, National MH Director, NHSE
- 10.30 am Workforce Challenges and the benefits of CAPs  
Professor Lisa Bayliss-Pratt, Chief Nurse, Health Education England
- 11.00 am **Break**
- 11.20 am Employer Perspective on the new CAP workforce  
Sean Duggan, Chief Executive MH Network, NHS Confederation
- 11.50 am Local Deployment of CAPs  
Liz Cahill, Children and Young People's Commissioner, NHS Kernow CCG
- 12.10 pm Developing the CAP programme  
Ken Laidlaw PhD, Professor of Clinical Psychology, University of Exeter
- 12.40 pm **Lunch**
- 1.45 pm The Cornish Experience  
Mike Hodgkinson
- 3.00 pm The Scottish Experience  
William Goodall
- 3.30 pm **Close**  
Barbara Vann, Chair, Cornwall Partnership NHS FT

# CAPs and Degree Apprenticeships: The journey so far.



# The CAP Programme

- The CAP Programme was developed partly as a response to the fact that there have been many barriers to entry into the NHS as a Professional Applied Psychology.
- Annually 12,000 people graduate with a Psychology degree and about 2/3rds want to apply their degree to work in the clinical domain.
- These are people who have the talent, the right values, and attitudes to make a difference to clinical healthcare in the NHS. CAPs can help deliver on the LTP.
- 4,000 annually apply for Clinical Psychology training, but only 600 are offered a place.
- The CAP Programme can give many people a second chance, an alternative career option to work in the NHS.
- CAPs offer services an opportunity to grow their own talent as well as bring in where previous efforts have failed.





# CAP Degree Apprenticeship (DA) timescales.

## 2018

- October 23rd CAP DA Trailblazer group forms. 23 employers and 5 HEIs expressed interest. NHS Confederation and HEE supportive from the beginning and attend first meeting.
- November 7<sup>th</sup> CAP Occupational Proposal submitted to Institute for Apprenticeships (IfATE). Approved, 20<sup>th</sup> December 2018.

## 2019

- January 25<sup>th</sup> Trailblazer group approves draft Occupational Standards document taking account of feedback from group.
- February – March 2019 Occupational Standards open for public consultation for six weeks on HASO website.
- June 2019 Occupational Standards revised and then submitted to the IfATE for approval.
- August 2019 Occupational Standards approved by IfATE
- October 2019 EPA plan and financial plan for funding bands submitted to the IfATE for final approval of DA for CAPs.

## 2020

- Proposed launch of Degree Apprenticeship for CAPs in Cornwall and Nationally.

# CAPs DA Occupational Standards



- One of the largest responses to a Standards consultation
- 739 responses with over 1200 individual feedback items
- Feedback covers a very wide range of viewpoints
  - From: I am very excited by this development and believe it will be a great benefit for the future development of the profession
  - To: I'm absolutely in disgust with this proposal. This is the most dangerous move in redeveloping the profession since the beginning of Clinical Psychology in the UK

# DCP, BPS & ACP responses to first consultation

- BPS, DCP and ACP all saw this as a positive development that was broadly welcomed. Concerns were expressed *and* answered...
- All three originally recommended adoption of Dependent Practitioner (AP) over concerns about supervision-*new definition*.
- Concerns about number of KSBs and EPA as well as concern about making explicit the population specific training-*reduced by a third and clarity on role definition with scope of practice*.
- ACP raised similar concerns as well as retention, learning from Scotland on CAAPs, job title as well as consideration of CAP career development/opportunity-*all addressed including communication with HCPC on title/role*.



The British  
Psychological Society



Division of  
Clinical Psychology

ACP UK  
ASSOCIATION OF CLINICAL PSYCHOLOGISTS

# CAP – Occupational Standards

- Approved in August 2019
- Comprehensive robust document outlining 12 key Duties of a CAP, with 119 Knowledge, Skills and Behaviour (KSBs) statements that determine the competences of the CAP.
- Outlines that CAPs work to a specific scope of practice and under supervision.

## CLINICAL ASSOCIATE IN PSYCHOLOGY (CAP)

### Details of standard

#### Occupation summary

This is a new occupation, developed for implementation in England, introduced as part of a programme of work to provide greater access to psychologically informed mental health services. Clinical Associates in Psychology fill an identified skills gap between assistant psychologist and qualified clinical psychologists. They are able to practice autonomously with appropriate support, working within their scope of practice, under the supervision of a registered clinical psychologist.

The broad purpose of the occupation is to provide high quality, evidence based psychological interventions to inform practice, with formulations derived from specialist psychological measurement and assessment tools to work with populations across the lifespan from different backgrounds, cultures and beliefs. They work with specific populations and therefore provide a more proscribed range of activities than Clinical Psychologists.

Clinical Associates in Psychology:

- are accountable professionals delivering psychological assessments, formulations, interventions and research within their scope of practice.
- use applied service research and evaluation to inform interventions.
- may work with and communicate with patients in their own home, in the community or hospital, or in any settings where their needs are supported and managed.
- may work with individuals and groups with complex and long-term needs.
- act as a psychological resource providing support, guidance and supervision using psychological models to the wider health or social care teams
- provide training to others to inform psychological interventions
- use psychological measurement tools to evaluate psychological treatments and improve the quality of clinical practice
- complement the work of Clinical Psychologists
- often deliver treatment developed with a Clinical Psychologist who will review their practice through supervision

# CAP Development: EPA Document

- The EPA is our competence assessment.
- The employer decides when the apprentice is ready.
- The EPA doc contains the national grading criteria and details of assessment procedures.
- EPA is a 2-part clinical assessment.
  1. Professional Discussion
  2. DoP Stations x 4
- We submitted the EPA plan and the financial evidence for the funding bands in October and we are awaiting approval of the CAP Degree Apprenticeship.

## End-point assessment plan for **Clinical Associate in Psychology (CAP)** apprenticeship standard

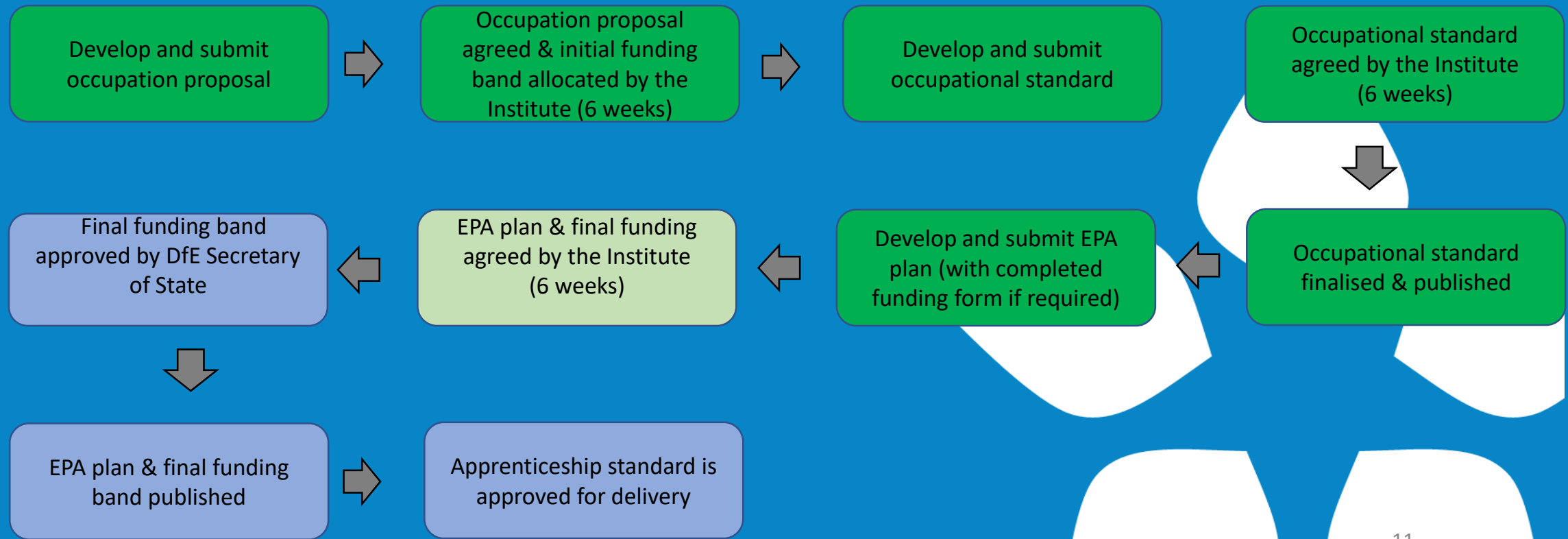
Apprenticeship standard number	Apprenticeship standard level	Integrated end-point assessment
ST0820	7	Integrated degree apprenticeship

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# Overview of the development process for DA Approval

The development process



# BPS Accreditation of Associate Programmes

- BPS Partnership and Accreditation Team announced consultation on the revised draft standards for the accreditation of applied psychology training programmes for associate psychologists ending 27<sup>th</sup> September 2019.
- <https://www.bps.org.uk/news-and-policy/consultation-revised-draft-standards-accreditation-applied-psychology-training>

## REVISED PROGRAMME STANDARDS FOR THE ACCREDITATION OF APPLIED PSYCHOLOGY PROGRAMMES FOR ASSOCIATE PSYCHOLOGISTS



The British  
Psychological Society  
Partnership & Accreditation  
Committee

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# CAPs-what are they?



# Clinical Associate Psychologists

- CAP trainees are at band 5 graduating to band 6 practitioners on completion of their training.
- CAPs are able to practice autonomously with appropriate support, working within their scope of practice, under the supervision of a registered clinical psychologist.
- CAP Core competences:
  - *Assessment*
  - *Formulation*
  - *Intervention*
  - *Evaluation and Research*
  - *Communication*
  - *Professional, & values-based practice.*
- CAP trainees see a minimum of 24 cases, with clinical practice observed on 12 occasions.



# CAPs : what do they do?

- CAPs provide high quality, evidence based psychological interventions based on formulations derived from specialist psychological assessment. They are trained in research so they can evaluate what they do and as necessary conduct audits and service evaluations.
- The academic curriculum provides them with knowledge of the fundamentals of applied professional psychological practice.
- As CAPs learn their skills on clinical placement this is a flexible workforce that is aligned to Clinical Psychology but is different from the IAPT workforce.
- They work very well as active members of teams.



# Masters Clinical Associate in Psychology (MCAP)

- The Exeter curriculum comprises 180 credits (Masters) and covers
  - Fundamentals of Professional Practice & Ethics (PPE)
  - Assessment, Diagnosis & Formulation (ADF)
  - Evidence-based practice interventions (EBP-I)
  - Clinical Research (CR)
  - Clinical placement

The academic training element of the Programme equips CAP trainees to understand and acquire fundamental skills while the clinical placement develops the specific competencies.



# CAPs: Their story.



# This is what our CAPs said at the start of training...

- Overall its just been utterly fantastic...it's just been a dream so far!... Thank you for this great experience and opportunity.
- I am so glad and privileged to be doing this - it's absolutely perfect for what I want to be doing and I'm very excited for the future!
- The CAPs training has been an amazing opportunity and a privilege to be part of for the first cohort.



# This is what our CAPs say now..

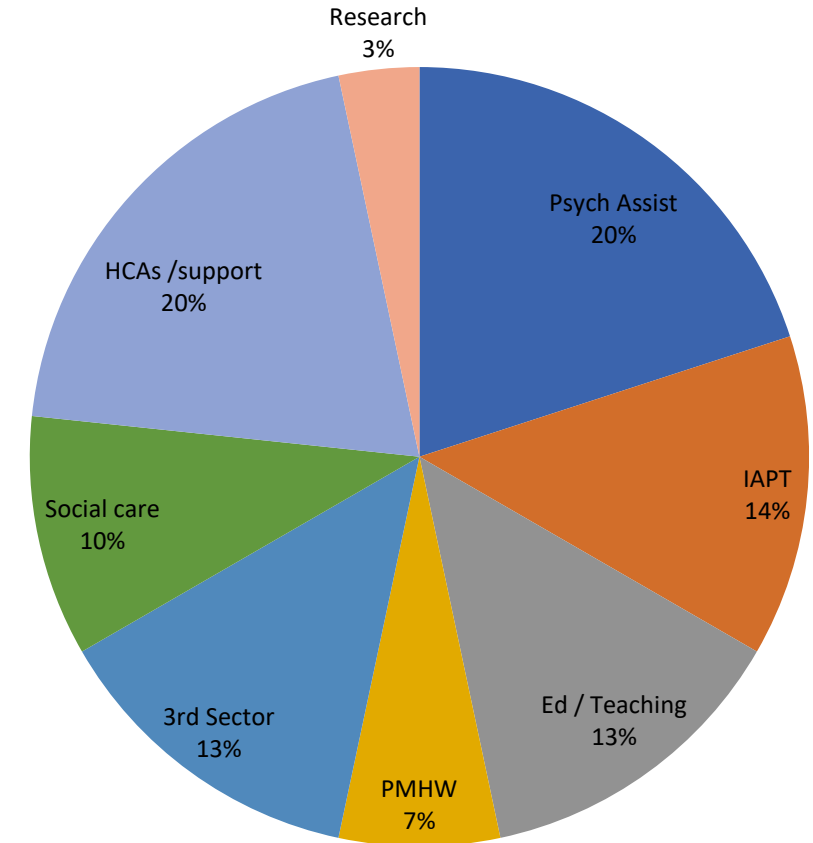
- *I don't think I have got more responsibility that I had as an assistant but I do a much better job...I've had the teaching to really think about what I am doing, to think about those relationships, whereas as an assistant I was kind of running blind."*
- *"We've all been assistant psychologists for years trying to get onto the doctorate training for years... and I think this was that opportunity to do what we want to do, quickly within a year of training and actually be in Cornwall doing what we want to be doing so we are all very motivated and passionate."*
- *"I think this gives me a career, I don't need to go onto clinical psychology anymore. I am happy being a CAP and, you know... making a career out of this, where there wasn't a step up from, assistant, there was just clinical psychology, and that's a huge jump, so this feels like I am way more skilled than I was as an assistant psychologist..."*



# CAP Development

- *The CAP workforce does not drain from one service sector but rather it develops both the existing workforce and also brings in new colleagues*
  - Diverse backgrounds bring a broader skill-set with a range of pre-training experience
  - CAPs appear to be both a *new* and *additional* workforce for mental health services
  - Achievement of the net increase in mental health practitioners required by the *Long Term Plan* and *Stepping forward to 2020/21: The mental health workforce plan for England (July 2017)* needs **new** people to be joining health services who would not have previously had a route in.

## What were CAPs doing before?



49% of CAPs have been recruited from within Cornwall. 32% have been recruited from outside the SW.



# Clinical Associate Psychologists

Service reflections on the first year  
of the Cornwall pilot experience

Dr Mike Hodgkinson

Head of Psychology & Psychological Therapies,  
CAP Programme Lead for CFT



Reflections on the 'real life' implementation of the first year of the CAP role by the CFT Programme Lead:

Focus on:

- Recruitment process, challenges and outcomes
- Supervision requirements and organisational impact
- Developing shared clarity around role expectations within the organisation
- System requirements



## Recruitment:

- **Cohort 2** : recruiting to 30+ posts, all of which commence in a new role on the same day was a wonderful problem to have – but was still a challenge to our system capacity !
- National advert in Guardian & TRAC / NHS Jobs
- Attracted 165 applications for 31 places
- Offered 64 interviews – two parallel panels over 4 days at end Jan/ early Feb 2019
- Verbal offers made mid-February, University induction started 7<sup>th</sup> May – very tight timescale to complete NHS safe recruitment processes
- Recruitment team worked relentlessly! Due to more diverse experience levels in the group of applicants and short-term / voluntary positions, some needed to provide up to 9 references to cover 3 prior years (and all needed checking by appointing manager!)



- **Expectations: What can / should CAPs contribute to services?**
  - this is a new role , so no precedent as reference point
  - Designed to be a developing role – so expectation of what can be delivered in services will necessarily change over the course of the first year and continue beyond
  - The aim is to produce a workforce fit for specific purposes – so a specific CAP's specialised skill-set and areas of application should reflect the *particular* needs of their target population.
  - CAPs are not a panacea for all Health workforce shortage areas, but provide very significant additional applied psychology capacity to enhance a team's service delivery.
  - Wherever there are clinical psychologists to supervise, there are potential roles to develop for CAPs as an integral part of a stepped, psychological care pathway – only limited by an organisation's imagination and supporting structures

## ➤ System requirements

- Employing an additional 45 applied psychology staff in a single year has implications for estate (office and clinical space): IT (lap-tops and mobile phones); travel (pressure on pool car system) and management capacity.
- Operational managers need to be aware of where trainee CAPs will fit into their teams and their requirements during and after the training year.
- Team managers have responded very positively but it would have been preferable if there had been more time to prepare them first.

## ➤ **Supervision:**

- Due to the diversity in baseline skills and experience of CAP trainees, regular and high level supervision from qualified clinical psychologists is **absolutely key**
- Supervisory capacity (and increasing it if needed as we did with new CP appointments) is a key consideration and *sine qua non* for any organisation looking to implement the CAP role safely
- Initial lack of clarity around expectations of placement experiences and trainee performance levels was helpfully raised early on by supervisors in cohort 1 – this was addressed but ideally would have been anticipated
- Similar issue around placement evaluation paperwork – easily addressed and solved but a function of the speed with which the first programme was developed
- CAP supervision demands need to be organisationally balanced with those for DClinPsy trainee placements as it tends to be same pool of supervisors with a finite capacity so growth is necessary and therefore a win/win.
- Impact can also include new training and new roles (and a re-evaluation of activities undertaken) within clinical practice for CPs

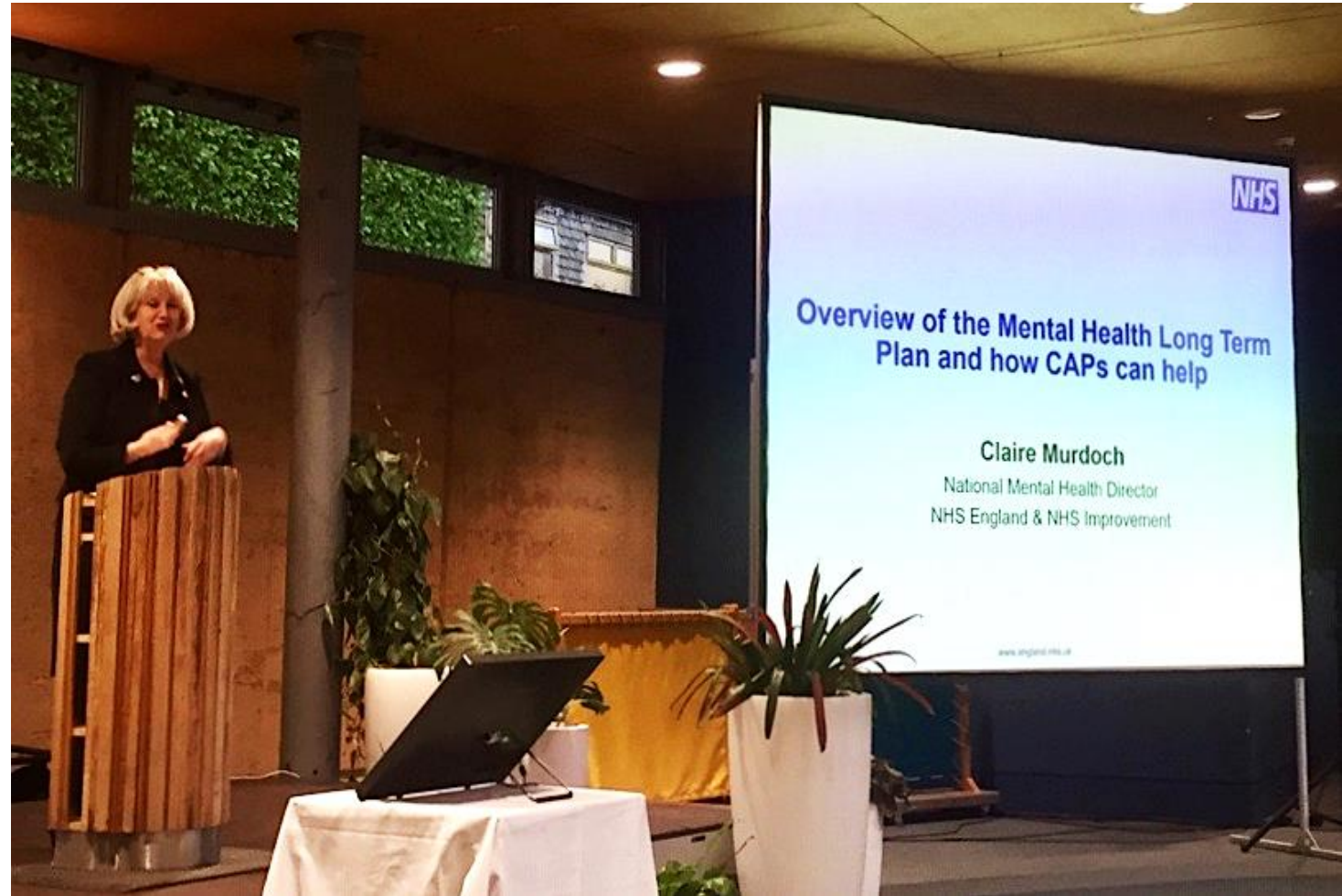
CAPs and the  
broader story.



# CAPs and the LTP

Claire Murdoch, National Mental Health Director, NHS England & NHS Innovation.

- *“I think the CAPs initiative is a really exciting and important Programme...”*
- *“I think what is really exciting about what is happening here with this programme, is that people are trying to come up with really practical ways to bridge the need that we have in Mental Health and the supply which exists through the potential in the CAPs programme...”*



# CAP Development: what has been achieved?

- A new psychological workforce has been created and funded
- The pilots for that new workforce of 45 are based in Cornwall
- A national trailblazer group has been working for a year on a degree apprenticeship plan for CAPs
- An innovative way to meet some of the objectives outlined in the LTP is being piloted by Cornwall.
- A new career alternative is now available for the thousands of talented graduates who were previously denied opportunities.



# CAPs or Degree Apprenticeships

*Questions?*

