NHS
Cornwall Partnership
NHS Foundation Trust

First National Conference on

Clinical Associates in Psychology

25 OCTOBER 2019

THE EDEN PROJECT

UNIVERSITY OF EXETER

NHS Kernow Clinical Commissioning Group

NHS Health Education England

NHS
Cornwall Partnership
NHS Foundation Trust

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

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NHS Kernow Clinical Commissioning Group

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CLINICAL ASSOCIATE PSYCHOLOGISTS

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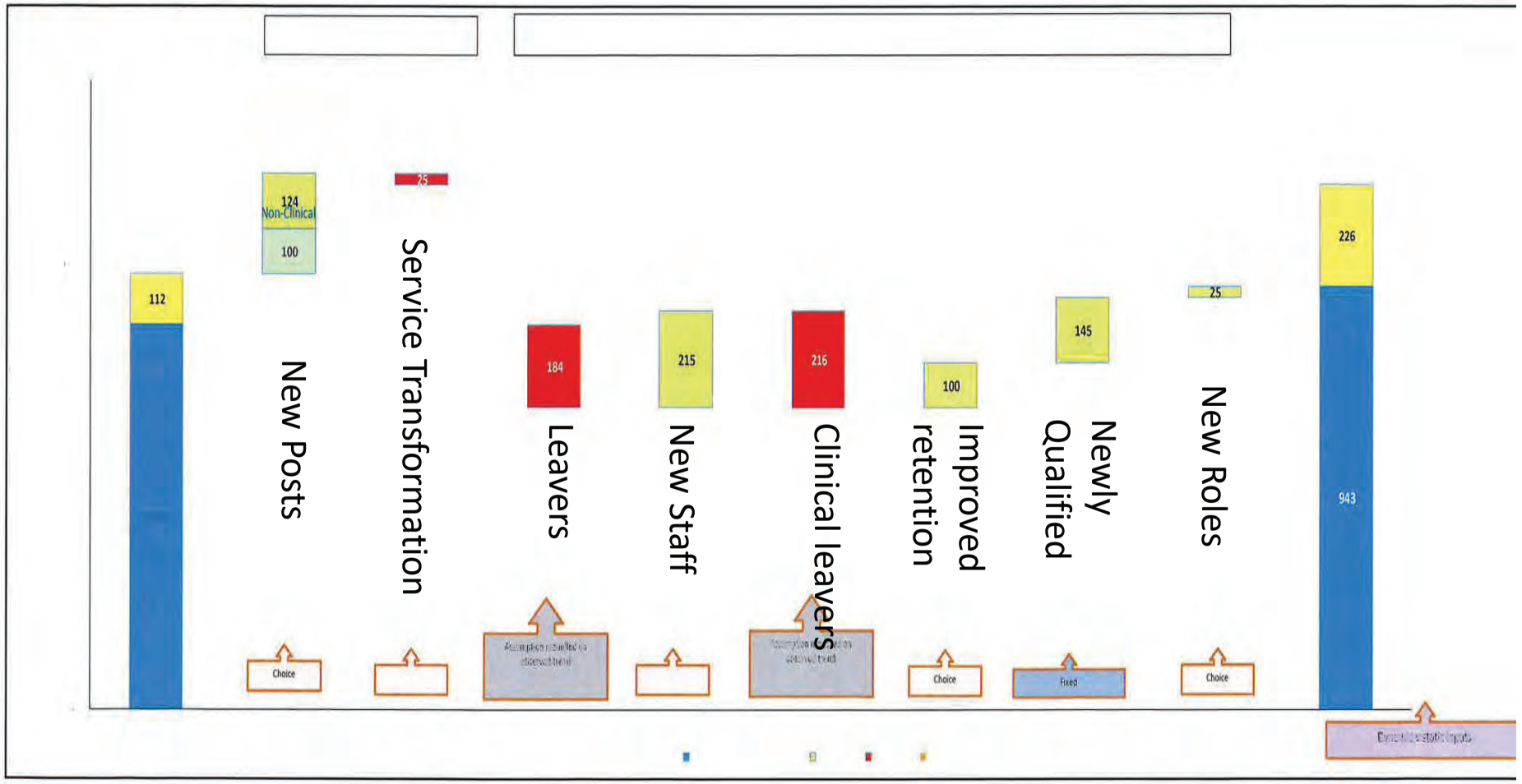
Clinical Associate Psychologists

Phil Confue

&

Professor Ken Laidlaw



Why do we need CAPs?

The waterfall diagram show between 2016 and 2021 the Trust will move from 112 vacancies to 226 vacancies

Ambition

To create a new workforce that fills the gap between graduate psychologist and Clinical Psychologist, creating a psychologically informed workforce that meets service needs

Clinical Associate in Psychologists

- CAPs are graduate psychologists trained to work as professional applied psychologists. They work within a scope of practice under the direct supervision of a qualified Clinical Psychologist.

- CAP Core competences:
  - *Assessment*
  - *Formulation*
  - *Intervention*
  - *Evaluation and Research*
  - *Communication*
  - *Professional, personal & values-based practice.*

CAP Degree Apprenticeship

- CAPs is not a regional development! A new degree apprentice trailblazer chaired by Phil Confue was established to create a level 7 (masters) degree apprenticeship.

- At the initial meeting of the Trailblazer group, 23 employers from across England and 5 HEIs attended. NHS confederation supports this development.

- Progress has been swift. The occupational proposal for a Clinical Associate Psychologist (CAP) apprenticeship standard was approved in December 2018.

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JOB DESCRIPTION

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job description : trainee CAP

1. job identification

Job Title:	**Trainee Clinical Associate Psychologist** (MSc in Clinical Associate Psychology)
Responsible to:	**NHS Manager and Programme Director**
Department(s):	College of Life and Environmental Sciences, University of Exeter
Directorate:	
Operating Division:	
Job Reference:	
No of Job Holders:	
Last Update:	June 2018

2. job purpose

- To undertake a structured programme of learning including personal study, academic work, research, placement learning and assessment leading to the award of the MSc in Clinical Associate Psychology
- To undertake specialised psychological assessments, treatments and other types of clinical intervention appropriate to this level of training with individual clients/groups of clients and research activity.
- To become able to work independently, initially under supervision, on a day to day basis. This work will be supervised and reviewed regularly with supervision usually being offered by a qualified Clinical Psychologist (although other qualified healthcare professionals may also contribute as deemed appropriate by head of department).

Stonewall DIVERSITY CHAMPION

DELIVERING HIGH QUALITY CARE · EMPOWERING PEOPLE · COMPASSIONATE SERVICES · ACHIEVING HIGH STANDARDS · RESPECTING INDIVIDUALS

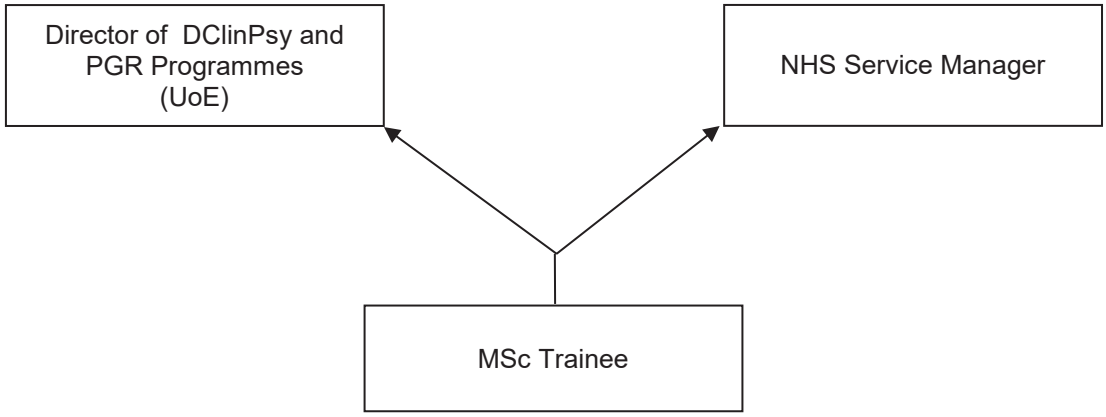
3. dimensions

Masters Training in Southwest England is organised and managed through a partnership between the Universities of Exeter and Cornwall Partnership NHS Foundation Trust (CFT). Trainees are sponsored and employed by CFT where they complete all training placements.

MSc Trainees are required to fulfil both academic and clinical requirements in order to progress in training and to qualify.

Mandatory Standards and Codes for Healthcare Support Workers apply to all NHS staff delivering Psychology/Psychosocial Therapy Services who are not subject to statutory regulation. Trainee Clinical Associate Psychologists are required to abide by the BPS Code of Conduct and meet induction standards, and NHS employers are required to abide by the Code of Practice for employers.

4. organisational position



5. role of department

The Department provides psychological services to the relevant populations within the NHS area.

The Department provides clinical placements and supervision to the Trainee to ensure that they meet the required levels of competence.

6. key result areas

Overview

1. Works as part of a multi-disciplinary community team or in specialised clinical settings.
2. Carries out psychological assessments sensitively and independently with a broad range of client groups including individual psychometric testing.
3. Formulates the nature, causes and maintaining factors of psychological difficulties and presentations informed by a broad range of potentially conflicting clinical, theoretical and conceptual models, the empirical, experimental and clinical literature base and the results of assessment. Communicates formulations professionally, sensitively and diplomatically frequently in an emotive atmosphere to clients, relatives, carers and other healthcare professionals.
4. Plans and implements bespoke, formulation-driven psychological interventions empathically, sensitively and independently, with a range of client groups/groups of clients, and evaluates the impact of such intervention.
5. Plans and ers group sessions for clients.
6. Consults with relevant external agencies such as social services, independent and voluntary sector, to facilitate and enable intervention at multiple levels.
7. Formal research culminating in the award of the MSc in Clinical Associate Psychology.
8. Special emphasis is placed on personal and professional development activity such as weekly clinical supervision, shadowing, joint working, personal study and reflection. Work is managed and goals agreed and reviewed regularly; works independently on a day to day basis.
9. Attends formal teaching and training sessions provided by the Programme and completes assessment and evaluation procedures as required by the Programme.
10. Is required to travel to placements across a large geographical area and visit a range of settings on placement, including home visits.
11. To undertake clerical functions including literature searches, developing and maintaining training packs, information leaflets, inputting data and other tasks necessary for the efficient running of the service and/or training needs.
12. Comply with Induction Standards and Code of Conduct for HealthCare Support Workers.

Clinical:

1. To undertake structured interviews, psychological assessments and observations of individuals and groups.
2. To assist in the development of psychological formulations of complex clinical problems and the development and delivery of care plans, which include psychological treatment and/or management of clients' problems.
3. To determine appropriate psychological intervention, taking into account a range of potentially conflicting clinical information and dynamics.
4. To carry out psychological and psychometric tests, to develop interview and observation skills and to assess client/patient needs.
5. To design, implement and modify as appropriate, bespoke psychological interventions with clients and groups.
6. To communicate confidential and personal information concerning psychological needs, obtained through assessments and interventions, to referring agents and to the client themselves.
7. To assist in the coordination and running of therapeutic groups.

8. To provide emotional support for clients.
9. To keep appropriate records of work and inform referrers and relevant others through letters or reports.
10. To work as a member of a multidisciplinary team.
11. To follow a person-focused and evidence based approach.
12. To work in partnership with service users.
13. To work in accordance with National NHS and placement providers' policies and regulations, as well as those of relevant professional bodies.
14. To work in a variety of settings including the client's own home.
15. To carry clinic files, psychometric test equipment and lap top computer to and from all sites and clinics as required.
16. The post holder will be required to work in a highly emotive atmosphere, frequently encountering highly distressing problems and circumstances and must maintain a high degree of professionalism at all times.
17. The post holder will be required to work in situations where there are barriers to acceptance and possible exposure to aggression.
18. Receives regular clinical supervision in accordance with Programme requirements.

Professional

1. To follow the advice and policies of the placement provider, including knowledge, awareness of, and compliance with the legal framework relevant to the placement and client group within the NHS.
2. To be familiar with and abide by confidentiality and information handling and storage guidelines of the placement provider and the Programme
3. To participate in regular developmental reviews with the Programme Director or his/her representative, identifying CPD needs, agreeing objectives, identifying training needs and formulating a personal plan.
4. To cooperate in the use of rooms, books, tests and other equipment needed to carry out duties.
5. To attend and participate in administrative and service planning meetings. as determined by the clinical supervisor(s)
6. To undertake any other duties as requested by the Programme Director, such as supporting trainee selection procedures.
7. To participate in evaluation and monitoring of the University programme and associated placements as required.
8. To practice and conduct oneself in accordance with the University codes of conduct and fitness for practice requirements.

Clinical Supervision, Teaching and Training

1. In conjunction with supervisor and University Tutor, to plan and prioritise own workload, research, and individual and group sessions.
2. May assist with providing specialist training to other psychologists, trainees and assistants as appropriate.
3. May be required to demonstrate own duties to other graduate psychologists.

Research and Development Activity

1. To plan, monitor and evaluate own work, using clinical outcomes assessments, small-scale research methodology and statistical procedures.

2. To plan and undertake formal MSc research, as agreed with the University programme staff as required by the Programme.
3. To plan and undertake relevant research, using appropriate methodology and statistical procedures, as agreed with the clinical supervisor(s).
4. To enhance own knowledge of clinical psychology, specific client groups and types of psychological difficulty through reading, literature searches and personal study
5. To comply with the requirements of research governance, evidence-based practice and ethical considerations.

7a. equipment and machinery

- Computer/laptop/PowerPoint projector for database, research, e-mail, Internet, presentations.
- Computerised and Audio-visual recording equipment for use in assessment and specialist treatment programmes
- Psychological assessment tests and associated materials
- Expected to have knowledge of manual handling and other equipment within the area.
- *Potential* car use for clinical travel

7b. systems

- To maintain appropriate records of own work, in electronic and hard copy, in line with NHS and Social Care policies and professional guidelines.
- To maintain relevant administrative systems of own work, electronic and hard copy, in line with relevant guidelines.
- To submit statistical information, activity and quality data of own work as required by the University programme, regional, national bodies or NHS.
- To word process material relevant to the MSc programme (such as essays, case studies, service- oriented research projects, clinical audits and the MSc thesis), using suitable word processing and spreadsheet software.
- To use information technology as appropriate, within direct clinical work, research and treatment interventions.
- To undertake clerical functions requiring some familiarity with applied psychology, including literature searches, maintaining training packs, information leaflets, inputting data and other tasks necessary for the efficient running of the service and/or training needs.
- To undertake computerised literature searches using major clinical databases such as PsychInfo, Medline and Cochrane, to inform routine clinical work and as preparation for the design of MSc research and smaller scale placement-based projects.
- To develop competence in advanced statistical software (such as SPSS) for the analysis of clinical research and research data.

8. assignment and review of work

Clinical work is assigned and reviewed by the clinical supervisor on a weekly basis. On a day to day basis trainees work independently within set guidelines, referring as necessary to the clinical supervisor.

Academic, research and clinical learning outcomes are assigned as per the curriculum of the MSc Course with accountability to the Director of the University Programme.

Trainees are responsible for managing the competing requirements of both academic and clinical components of training.

9. decisions and judgements

Trainees are required to make independent day to day clinical decisions and judgements based on detailed psychological assessment, within the parameters permitted by their professional guidelines and under the general guidance of their clinical supervisor who is available for consultation as required. Increasingly complex decisions and issues of clinical risk are referred for discussion with the clinical supervisor.

Planning for day to day clinical assessments and interventions takes place under the supervisor's overall guidance provided on a weekly basis by a designated Clinical Psychology clinician.

10. most challenging/difficult parts of the job

- Working alone in very emotionally demanding situations, sometimes in clients' homes, being faced with significant levels of distress and anger, or other challenging behaviours.
- Dealing with potentially suicidal patients
- Dealing with deteriorating conditions, and dealing with the breaking of bad news patients or carers have had about their condition
- Tackling barriers to assessment and interventions such as lack of insight, impairment in communication, sensory impairment or other brain impairments
- Being exposed to the threat of physical or verbal abuse.
- Balancing the clinical and academic requirements required to progress on the Course
- Developing capacity for accurate self awareness about their current knowledge and skills, and to develop their own learning objectives to meet needs identified by self and others.
- Working in multiple and changing organisational and professional contexts, and in respect of several client groups.

11. communications and relationships

Trainees have ongoing communication with:

- Course staff (academic and clinical) in relation to the intended learning outcomes of the programme.
- Local NHS Psychology Tutors
- NHS Psychology services managers who have managerial responsibility for the Trainee as an employee

In addition trainees will develop circumscribed supervisory relationships with a number of service-based clinical and research supervisors with responsibility for supervision of specific aspects of their clinical and/or research work.

Within clinical work:

- Communicate clearly and emphatically to clients, families and carers;
- Establish a rapport with individuals who have mental health disorders or other difficulties, some of whom may be aggressive or distressed;
- Discuss and negotiate clinical work with colleagues within a multi-disciplinary team;
- Discuss clinical work with other agencies and professionals
- Provide written reports and assessments for clients, their families and other agencies

12. physical, mental, emotional and environmental demands of the job

Physical

- Keyboard skills, sitting in one position for long periods when seeing patients.
- Carry bulky test materials to various clinic venues
- Drive long distances as required

Mental effort

- Sustain concentration for long periods of time on information from a number of sources, such as clinical sessions with clients, clinical meetings, service planning meetings, telephone consultation with staff and other professionals
- The use of good time management skills, requirement to change subject focus frequently and without prior notice.
- Workload can be unpredictable e.g. attendance at meetings is often required at short notice and at times, clients or staff may need to be seen urgently.

Emotional

- Often required to deal with highly distressing, chronic and /or deteriorating conditions, where progress may be very slow and require long term commitment.
- Deal with clients and families distressed by the effects of severe physical or mental illness.
- Required to help other professionals, care staff and relatives deal with highly distressing situations.
- Risks associated with lone home visits eg verbal and physical aggression and exposure to hazards eg passive smoking.

13. knowledge, training and experience required to do the job

- Single or Joint Honours degree in Psychology (2:1 or above, if 2.2 must also have completed a postgraduate Research **course – either at Masters, DPhil or PhD level**).
- Eligible for Graduate Basis for Chartered Membership (GBC) of the British Psychological Society via qualification recognition or by alternative route.
- Evidence of capacity to undertake research at postgraduate level
- Graduate level knowledge of psychological theory and research.
- Awareness and understanding of professional level/requirements of role.
- Excellent communications skills, both verbal and written
- Ability to communicate diplomatically, confidently, empathically.
- Excellent organisational skills and an understanding of working with multiple priorities.
- Flexible approach to working, balancing academic and clinical demands.
- Ability to work autonomously and as part of a team.
- IT skills to a level required to work regularly with Microsoft Office packages and local specialist packages as required.
- Awareness of own competency limitations
- Ability to cope with pressurised working environment

3

STANDARDS

Standard
L7: Clinical Associate in Psychology (CAP)

Institute for Apprenticeships & Technical Education

UOS reference number
ST0820

Title of occupation
Clinical Associate in Psychology (CAP)

Core and options
No

Resubmission
No

Level of occupation
Level 7

Route
Health and science

Typical duration of apprenticeship
18 months

Target date for approval
31 December 2019

Occupational profile

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 to the wider health or social care teams. * complement the work of Clinical Psychologists. * often deliver treatment interventions developed with a Clinical Psychologist who will review their practice through supervision. * work within their scope of practice, whilst the supervising Clinical Psychologist retains overall clinical responsibility for their work. * report to a Clinical Psychologist in terms of psychological assessment, formulation and intervention. Clinical Associates in Psychology work alongside existing psychological practitioners such as Assistant Psychologists, as well as Psychological Wellbeing Practitioners and High Intensity Therapists (Improving Access to Psychological Therapies-IAPT). Unlike practitioners within the IAPT portfolio (e.g. Psychological Wellbeing Practitioners and High Intensity Therapists), their work is informed, but not wholly determined, by problem-specific treatment protocols. For example, Clinical Associates in Psychology would draw upon the developing evidence-base to inform the management of psychological distress associated with multiple long-term conditions such as depression and physical impairment in dementia. They use applied service research and evaluation to formulate interventions which further sets this role apart from Assistant Psychologists, Psychological Wellbeing Practitioners and High Intensity CBT Practitioners. In their daily work, an employee in this occupation interacts with: * a range of healthcare professionals in a variety of services * nurses, social workers, allied health professionals (AHPs) and medical colleagues as part of a multidisciplinary team * the psychology team, alongside assistant psychologists and trainee clinical psychologists, while reporting to a Clinical Psychologist regarding psychological assessment, formulation and intervention * professionals in schools, probation services, the police and the courts, depending upon the appropriate training and supervised clinical practice delivered as part of their apprenticeship. Clinical Associates in Psychology may work outside of normal hours depending on the service requirements. An employee in this occupation will be responsible for providing psychological assessment and interventions within their scope of practice across a range of service settings, such as in the community or in hospital, and including individual or group settings. Scope of practice is determined by a range of factors and defines the procedures, actions and processes that a CAP is qualified to deliver. Clinical Associates in Psychology are responsible for: * planning, delivering and evaluating psychological interventions which may include more long-term and complex presentations. * working with individuals or groups with long-term and complex needs. * acting as a psychological resource to the wider health or social care teams including residential settings. * managing their own caseload while undertaking their own clinical programmes of work, within their scope of practice. * seeing patients in their own homes or in the community. * performing assessments as well as planning and evaluating their own psychological interventions. * conducting risk management assessments and evaluations. * their own learning and development using reflection and feedback to analyse their own capabilities. * ensuring that resources are managed effectively. * participating in the delivery of audit and service improvement projects. * engaging in their own Continuing Professional Development (CPD) to maintain and update their psychological scope of practice. * meeting their clinical psychology supervisor on a weekly basis in accordance with British Psychological Society (BPS) standards for accredited practice.

Typical job titles
Typical job titles include Clinical Associate in Psychology (CAP).

Duties

Duty	Knowledge	Skills	Behaviours
D1: Be an accountable professional acting in the best interests of patients, by providing personalised psychological interventions that are evidence-based, compassionate and empowering.	K1, K2, K3, K4, K5, K6	S1, S2, S3, S4	B1, B2, B3
D2: Communicate effectively through creating and maintaining clinical records.	K7, K8, K9, K10, K11	S5, S6, S7, S8	B1, B2, B3
D3: Conduct psychological assessment to identify the priorities and requirements for personalised, evidence-based psychological interventions.	K12, K13, K14, K15, K16, K17	S9, S10, S11, S12	B1, B2, B3
D4: Develop psychological formulations to inform the delivery of effective personalised care and to enhance the range of psychological interventions that other healthcare professionals may utilise in clinical practice.	K18, K19, K20, K21, K22, K23	S13, S14, S15, S16	B1, B2, B3
D5: Provide a range of psychological treatments to individuals and groups appropriate to the needs of patients in the context in which they experience distress.	K24, K25, K26, K27, K28, K29, K30, K31	S17, S18, S19, S20, S21, S22	B1, B2, B3
D6: Provide a range of psychological interventions when working with complex and chronic needs within scope of practice, selecting and implementing interventions where an established evidence-base is absent.	K32, K33, K34, K35, K36	S23, S24, S25, S26, S27, S28, S29	B1, B2, B3
D7: Choose appropriate psychological measurement tools for ongoing evaluation of psychological treatments that make a significant contribution to the continuous enhancement and quality improvement of clinical practice.	K37, K38, K39, K40	S30, S31, S32	B1, B2, B3
D8: Provide support and guidance as part of the multidisciplinary teams.	K41, K42, K43, K44	S33, S34, S35, S36	B1, B2, B3
D9: Provide training to others in order to inform psychological interventions across a range of service settings.	K45, K46, K47, K48, K49	S37, S38, S39, S40, S41	B1, B2, B3
D10: Undertake research and service development activities to inform change in the area of work.	K50, K51, K52, K53, K54, K55	S42, S43, S44, S45, S46	B1, B2, B3
D11: Provide psychological models of clinical supervision to the broader mental health workforce within scope of practice.	K56, K57, K58	S47, S48, S49, S50	B1, B2, B3
D12: Conduct risk assessments and risk formulations.	K59, K60, K61, K62, K63	S51, S52, S53	B1, B2, B3

Knowledge

K1: Understand British Psychological Society (BPS) Professional Code of Conduct, local and national policies and procedures that define scope of practice.

K2: Understand how to assess limits of professional boundaries and capacity and understand when to seek appropriate supervision/advice on practice and whom to refer to so as to ensure best care.

K3: Understand the principles of clinical supervision and how this provides a safe and supportive environment to reflect, review and discuss personal and professional responses to work.

K4: Understand principles of handling confidential information and knowing how and when to share this information for appropriate professional purposes and only with appropriate individuals, and as necessary with consent.

K5: Understand how to maintain knowledge of contemporary evidence-based practice through appropriate continued professional development.

K6: Understand and recognise professional duty to challenge and report discriminatory behaviour.

K7: Understand responsibility for fulfilling and maintaining local and national information governance policies.

K8: Understand the need to maintain accurate clinical records and why all entries in clinical and practice records are dated, timed and signed.

K9: Understand policy and practice with regard to incident reporting within your organisation.

K10: Understand how to communicate confidential information.

K11: Understand the need for recording of patient consent, including verbal consent where appropriate, and the necessity of ensuring that consent is given for sharing of information for professional purposes.

K12: Understand how individual life experiences and life-events may be relevant, when taking an individual history for the purposes of specialist psychological assessment, to enable personalised psychological interventions.

K13: Understand cognitive functioning, possessing knowledge of causes and other factors which may determine performance, when conducting an assessment.

K14: Understand how to conduct both individualised psychological and cognitive assessments, utilising behavioural observation and measurement, use of self and other observation data, and incorporating data from formal and informal carers.

K15: Understand fundamentals of psychometric principles to guide the use of standardised assessment tools with specific populations.

K16: Understand how to analyse and appraise the range of cognitive-behavioural and other psychological assessment methods used within applied clinical practice to underpin assessment.

K17: Understand how to analyse outputs from specialist psychological assessments across a broad range of patient needs.

K18: Understand formulation is derived from and integrates psychological, biological, emotional, interpersonal, social cultural and interpersonal factors.

K19: Understand that formulations draw upon psychological theory, providing a clinical framework describing an individual's problem and/or needs, whilst providing a rationale for how problems have developed and are maintained.

K20: Understand a range of psychological hypotheses to explain the development and maintenance of distress in patients.

K21: Understand that formulation informs treatment and can inform the work of others in a multidisciplinary team.

K22: Understand how to analyse and appraise the range of cognitive-behavioural and other psychological assessment methods used within applied clinical practice to underpin diagnosis and/or formulation.

K23: Understand the need to take into account the preferences of the person with complex and chronic conditions, and that of their caregivers when planning a psychological intervention.

K24: Understand mental health issues by maintaining awareness of prevalence, incidence and impact of common mental health myths, misconceptions and stereotypes on patients.

K25: Understand the importance of therapeutic alliance in embedding positive behaviour change and maintain awareness that mental health stigma and discrimination are major barriers to effective psychological interventions in the management of psychological problems.

K26: Understand the appropriateness of the range of evidence-based psychological models and protocols when addressing individualised patient need.

K27: Critically appraise a range of psychological models and interventions (including CBT) to inform treatment planning and appropriate choice of treatment protocols.

K28: Understand how to analyse and appraise key theoretical concepts of psychological models of treatment both at individual and group level recognised in evidence-based national guidelines.

K29: Understand how psychological interventions may impact upon self-management strategies and action plans already in place.

K30: Understand that working with people requires setting appropriate intervention goals and agreeing these with patients, their families and their caregivers.

K31: Understand that it is necessary for psychological interventions to minimise harm, maximise benefits and result in improvement of overall quality of life indices.

K32: Understand how to interpret evidence-based psychological treatment choices with individuals, groups and other healthcare colleagues, when managing complex and chronic needs.

K33: Understand how lifespan development affects an individual's performance and that it is necessary to adjust psychological interventions based on this understanding to enable patients to access and benefit from psychological interventions.

K34: Understand how to implement, plan and manage psychological interventions when working with complex and long term needs.

K35: Understand and critically appraise best evidence and existing practice to inform clinical decision making where there is no agreed consensus on treatment protocols and evaluate outcome.

K36: Understand the range of behavioural change models including health belief models to synthesise best practice in the absence of a strong evidence base, or existence of clinical practice guidelines.

K37: Understand, appraise and discriminate the selection of appropriate measurement tools from a range of possible options in the context of individual and service level change.

K38: Understand how to conduct an individualised psychological evaluation utilising behavioural observation and measurement.

K39: Understand the use of valid and reliable measurement tools for the purposes of self and other observation of outcome and evaluation of treatment, incorporating evaluation from formal and informal carers.

K40: Understand fundamentals of psychometric principles to guide the use of standardised evaluation with specific populations to identify appropriate quality improvement strategies.

K41: Understand how to communicate to non-psychology colleagues, a range of psychological hypotheses explaining the development and maintenance of distress in patients.

K42: Understand, how to support and guide contributions from multidisciplinary team members in order to provide safe, integrated and effective psychological practice. Understand the importance and impact of team and organisational dynamics and culture in service delivery and development.

K43: Understand the principles of leadership theory to influence best psychological practice when working in teams.

K44: Understand impact of multiple perspectives within the context of multidisciplinary teams.

K45: Understand psychological practice requirements and safe practice and how to convey this to the broader clinical workforce in line with the evidence-base.

K46: Understand different learning styles and how this can affect the success of training delivery.

K47: Understand the range of tools and techniques that can be used to support learning, set goals and evaluate learning.

K48: Understand different training approaches using psychological theory and research to bring about changes in the delivery of treatments.

K49: Understand the impact of teaching others to enhance reflective practice in the context of a range of service settings.

K50: Understand how research is conducted and implemented at an appropriate level to inform effectiveness in clinical practice.

K51: Understand the range of legal, ethical, professional, financial and organisational policies and procedures that apply to clinical research activities.

K52: Understand the importance and impact of organisational culture in service delivery and development.

K53: Understand a range of quantitative and qualitative research methodologies relevant to situation and service context.

K54: Understand a range of research approaches drawing on specialist psychological tools to collect data to evaluate own practice as well as to enhance service delivery.

K55: Understand knowledge of evidence-based practice through supporting others in planning audit, evaluation and research of their work.

K56: Understand models of clinical supervision and requirements for practice in line with the evidence-base and professional codes of conduct.

K57: Understand clinical supervision provides opportunities for others to review and modify their
practice, maintain high professional standards of competence and to enhance the delivery of individualised care.

K58: Understand the appropriate boundaries of professional competency in offering support and supervision to others and recognise the requirement to seek regular supervision for own practice.

K59: Understand the evidence base including contemporary approaches to assessing and managing risks in different contexts.

K60: Understand how to assess risk in relation to psychological distress and to ensure that risk formulations are integrated with interventions.

K61: Understand contingency management and the use of risk indicators in mitigating against crises.

K62: Understand the appropriateness of crisis interventions that are safe, effective and compassionate and follow a rights-based approach consistent with service standards.

K63: Understand the identification of, reporting and reflection upon critical incidents and serious adverse events influencing and changing clinical practice.

Skills

S1: Work within the scope of practice of the role and within the bounds of professional competence, in line with employer's requirements around values, conduct and ethics.

S2: In all clinical and professional activities, act in accordance with the BPS Professional Code of Conduct, identifying and challenging discriminatory behaviour.

S3: Actively participate in clinical and professional supervision in order to develop individual scope of practice within legal and ethical boundaries to manage risk and enhance clinical practice.

S4: Take responsibility for continuous self-reflection, seeking and responding to support and feedback to develop professional knowledge and skills.

S5: Communicate effectively, share information and check understanding using clear language and appropriate, written materials, making reasonable adjustments where appropriate in order to optimise people's understanding.

S6: Recognise and accommodate sensory impairments during all communications and the use of personal communication aids.

S7: Implement, produce and maintain clear, legible and contemporaneous patient records regarding direct and indirect patient contacts and wider working within teams adhering to professional and ethical standards.

S8: Act on the duty to comply with service and national standards of clinical record-keeping.

S9: Assess individuals and/or families using a variety of approaches and a range of psychological assessment methods to assess baseline and change post-intervention.

S10: Analyse outputs from specialist psychological and cognitive assessments across a broad range of patient needs and disseminate reports to influence own practice and that of others within the multidisciplinary team.

S11: Implement best practice by conducting assessments and treatment interventions according to evidence-based practice where there are limited treatment protocols to guide practice.

S12: Take account of how conflicting and sometimes contradictory information from carers and other healthcare professionals, in emotive and challenging situations and contexts, may impact on the outcome of assessment.

S13: Formulate individual distress to explain how psychological difficulties and presentations are influenced by potentially conflicting sociocultural and attitudinal factors.

S14: Create, implement and appraise formulations based upon multiple sources of clinical and other data to inform the management of psychological interventions and where no protocols or treatment guidance exists.

S15: Develop collaborative formulations with patients so as to sense-check understandings and influence delivery of evidenced-based individualised psychological interventions.

S16: Share formulations with others in a multidisciplinary team to promote patient engagement and to anticipate treatment obstacles and to prevent disengagement.

S17: Apply a range of psychological interventions (including CBT) consistent with assessment and diagnosis/formulation.

S18: Explain the rationales to individuals, groups and other healthcare colleagues, for evidence-based psychological treatment models and protocols.

S19: Deliver psychological treatments appropriate to the level of patient need and provide treatment at an appropriate level of frequency and duration in the context of distress and complexity.

S20: Recognise and respond to individual distress using evidence-based psychological treatment models and protocols.

S21: Analyse and appraise the appropriateness of the range of psychological models and protocols when addressing individualised patient need.

S22: Analyse and appraise principles of psychological interventions at individual and group level and evaluate episodes of treatment drawing upon evidence-based models and protocols to inform treatment planning and implementation.

S23: Plan and implement evidence-based treatment protocols specific to individual or group need for managing complexity and chronicity of presentations.

S24: Generate evidence-based psychological interventions taking into account a range of potentially conflicting clinical data.

S25: Actively engage patients in treatment regimes to address and resolve emotive contexts and circumstances.

S26: Apply psychological interventions that are consistent with self-management strategies and action plans for people with complex and chronic needs.

S27: Apply evidence-based psychological interventions addressing complex and/or long-term needs consistent with psychological models of change.

S28: Implement evidence-based psychological interventions for people with complex and/or long-term needs with appropriate intervention goals agreed with patients, their families and their caregivers.

S29: Plan and implement evidence-based psychological treatment models and protocols while providing an individual patient rationale.

S30: Accurately measure and evaluate outcomes in a range of care settings, by selecting the appropriate measurement tools from a range of possible options in the context of individual and service level change.

S31: Engage in all stages of audit and evaluation activity, leading to the continuous enhancement and quality improvement of clinical practice.

S32: Implement a range of psychological measurement tools with individuals, families, or services to evaluate treatment, individual, service or organisational change.

S33: Provide guidance, support and facilitation to multidisciplinary team members in the delivery of psychologically enhanced approaches.

S34: Act as a psychological resource within the multidisciplinary team to demonstrate how psychological theories and models can facilitate practice innovations.

S35: Apply psychological theory and research to address emotive and challenging situations, taking account of conflicting and contradictory information from carers and other healthcare professionals.

S36: Work as part of a multidisciplinary community team or in specialised clinical settings and liaise with relevant external agencies to facilitate and enable psychological interventions.

S37: Work collaboratively to identify and meet the learning and development needs of health or care professionals.

S38: Communicate new learning approaches and provide constructive feedback to challenge and overcome barriers to implementation of best psychological practice.

S39: Communicate to others the core concepts of psychological theory, research and practice in order to enhance their delivery of psychological interventions.

S40: Provide training for others to inform and support psychological models of change.

S41: Provide training within teams to enhance delivery of clinical and research practice interventions appropriate to the health and psychological needs of patients across a range of service settings.

S42: Engage in research activity to identify service gaps and problems so that new approaches and solutions can be implemented to solve clinical and service problems.

S43: Communicate clinically relevant research material to a range of practitioners.

S44: Apply and analyse a range of research approaches including both qualitative and quantitative methods in clinical practice.

S45: Act as a wider resource within teams to inform clinical and research practice, critically appraise, interpret and implement the outcomes of research methodologies such as service evaluation and clinical audit.

S46: Evaluate and audit clinical practice through conducting service evaluations to inform change through dissemination of findings ensuring best use of publicly funded resources.

S47: Act as a wider psychological resource by offering support and clinical supervision to identify psychological issues in a safe, supportive and professional manner.

S48: Provide a supportive, safe space to enable a clinical supervisory process for a broader mental health workforce supporting better psychological treatment outcomes.

S49: Act appropriately following employment procedures when serious concerns are raised in clinical supervision about the conduct, competence, or health of a practitioner.

S50: Enable support and clinical supervision of team members to promote the implementation of models of psychological change enhancing treatment outcomes.

S51: Apply and review an risk assessments and formulations when working with complex patients within scope of practice.

S52: To effectively communicate decision making processes which have informed the psychological management of risk. Implement and respond appropriately to risk, using appropriate guidance and support, maintaining compliance with service policy and values.

S53: Assess and identify appropriate practice in relation to critical incident and severe adverse events.

Behaviours

B1: Treat patients with dignity, respecting individuals' diversity, beliefs, culture, needs, values, privacy and preferences.

B2: Show respect and empathy for those worked with and have the courage to challenge areas of concern and work to evidence-based best practice.

B3: Be adaptable, reliable and consistent, show discretion, resilience and self-awareness and demonstrate professional and clinical competence.

Institute for Apprenticeships & Technical Education

Duty	Training requirement	Method of delivery	Provider type	OTJ days
D1: Be an accountable professional acting in the best interests of patients, by providing personalised psychological interventions that are evidence-based, compassionate and empowering.				0
D2: Communicate effectively through creating and maintaining clinical records.				0
D3: Conduct psychological assessment to identify the priorities and requirements for personalised, evidence-based psychological interventions.				0
D4: Develop psychological formulations to inform the delivery of effective personalised care and to enhance the range of psychological interventions that other healthcare professionals may utilise in clinical practice.				0
D5: Provide a range of psychological treatments to individuals and groups appropriate to the needs of patients in the context in which they experience distress.				0
D6: Provide a range of psychological interventions when working with complex and chronic needs within scope of practice, selecting and implementing interventions where an established evidence-base is absent.				0
D7: Choose appropriate psychological measurement tools for ongoing evaluation of psychological treatments that make a significant contribution to the continuous enhancement and quality improvement of clinical practice.				0
D8: Provide support and guidance as part of the multidisciplinary teams.				0
D9: Provide training to others in order to inform psychological interventions across a range of service settings.				0
D10: Undertake research and service development activities to inform change in the area of work.				0

Duty	Training requirement	Method of delivery	Provider type	OTJ days
D11: Provide psychological models of clinical supervision to the broader mental health workforce within scope of practice.				0
D12: Conduct risk assessments and risk formulations.				0

Qualification	Basis for mandation
Masters Clinical Associate in Psychology	**Hard sift**
Level: 7 (integrated degree)	—
Type: Type 1 qualification that accredits occupational competence	Please see attached evidence file.
Ofqual regulated: No	—
Awarding bodies • University of Exeter; University of East Anglia; Coventry University.	

Entry requirements

Graduate basis for chartered membership for British Psychological Society (GBC).

Professional recognition

Professional body	Level
British Psychological Society	Masters level

4

DEGREE APPRENTICESHIP STANDARD LEVEL 7

The British Psychological Society

Division of Clinical Psychology

General comments

Clinical Associates Psychologist Degree Apprenticeship Standard at Level 7

This initiative is welcomed and could provide an important addition to the psychological workforce and make a valuable contribution to the delivery of mental health services. There has already been a great deal of interest from service providers locally and nationally. Our comments are intended to help shape the standards so that they provide realistic expectations about the role and what can be delivered and assessed during the training period of 18 months.

We have provided very detailed feedback in the formal response with suggestions about changes to the standards and wording of the standards. We thought it would be useful to contextualise these specific comments with some more general comments.

1. There was support for many of the duties, knowledge and skills statements although they did seem too numerous and over-inclusive. This is particularly evident if compared with other apprenticeship standards at level 7 in related areas, such as the Physician Associate. For example, Physician Associate has a 36-month training, 12 duties, 27 skills, and 35 knowledge items. Bioinformatics Scientist has a 30-month training, 8 duties, and 53 knowledge, skill and behaviour items. Advanced Clinical Practitioner has a 36-month training, 8 duties, 25 skills and 25 knowledge items. In contrast, the Clinical Associate Psychologist has an 18-month training, 12 duties, 92 knowledge items, and 71 skills. This is three times the standards agreed for Physician Associates and it is difficult to understand why. This appears to create problems for the end point assessment. It is difficult to see how 163 standards can be easily assessed.

   We suggest that they are reviewed and some removed or combined. We have made some specific suggestions in the detailed response.

2. The three behaviour statements repeated for each duty are positive and seem appropriate for the role.

3. It is stated in the introduction that people in these roles will be supervised by clinical psychologists. This is a very positive proposal and supports good governance and safe and effective practice. The wording in the introduction in terms of the individual's level does not reflect this arrangement, however. Neither is the need for supervision stated clearly in the actual standards themselves. This is curious, as there is such a statement in the second line of the standards for physician associates. We would suggest that the issue around the need for clinical supervision is also very pertinent to physician associates, if not more so. We therefore strongly suggest that similar wording is used to that contained in the Physician Associate Standard, that is, 'These are dependant practitioners which means they work with a clinical psychology supervisor but are able to work autonomously with appropriate support.' This wording seems to better reflect the intention in the proposal and will help considerably to securing widespread professional support.

4. It seems important to be clear which populations the apprenticeship will train CAPs to work with as the training is unlikely to cover a broad range of client groups. This has proved important in the Scottish model and is important to clarify here. The reason is that the clinical experience covered during the training will be with a particular population and the assessments and interventions used will be those with evidence for use with those populations. This is also important for the teaching element of the programme as it would be more appropriate (given the time available and the depth of coverage required) at Level 7 to focus on particular client groups (for example, Adults, Children, People with Learning Difficulties).

   The introduction names different populations and service contexts but suggests that CAPS may work very broadly; later, however, it adds a line linking working in different settings to the training and supervision obtained in the apprenticeship; this seems to imply that different CAP apprenticeship training may focus on particular populations/ settings, in line with the suggestion above, but this needs to be much clearer.

5. Related to point 4, the standard often refers to a range of assessments, interventions and models without specifying what they are and this needs to be clarified. There are a number of places where CBT-based assessments and interventions are specified which is very good and clear. If the intention is to include other models or types of intervention they should be specified in the same way. Reference to knowledge of health behaviour change models does not cover this.

   This is clearly important in designing, the nature of the clinical experience required during training and designing the teaching and assessments. Most important of all this is to ensure service users receive interventions from people qualified to deliver those interventions. This is clearly a crucial issue for employers.

Conclusion

The DCP offers the above comments and the detailed feedback to help support what is considered to be a very positive initiative. We think it can make an important contribution to the development of mental health services as outlined in *Stepping Forward* and the *NHS Long Term Plan*. We would like to play an active role in helping to develop the proposal to make it a successful development.

Drafted by **Tony Lavender**, Chair of the DCP Workforce and Training Sub-Committee; and **Gary Latchford**, Co-chair of the Group of Trainers in Clinical Psychology.

5

RESPONSE TO PUBLIC CONSULTATION

SUBJECT: CAPs

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Ms Claire Tilley
Education and Training Manager,
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St. Andrews House,
48 Princess Road East,
Leicester,
LE1 7DR

25 June 2019

Dear Claire

RE: Response to BPS input to Public Consultation on Occupational Standards for Clinical Associate in Psychology (CAPs) Degree Apprenticeship at Level 7.

Thank you for your continuing support and commitment to the development of this exciting new psychological workforce.

As you will be aware over the last three months, we have been working through the feedback on the first iteration of the Occupational Standards for the Clinical Associate in Psychology (CAPs) Degree Apprenticeship. This was the largest feedback response that the Institute for Apprenticeship and Technical Education has been involved with so far. The CAPs Degree Apprenticeship Trailblazer group has been very active in working through this feedback. We have also convened two national meetings with the wider Trailblazer group (including senior BPS representation) as well as arranging to hold a face to face meeting with Sarb Bajwa, BPS Chief Executive, and some other key colleagues. There have also been consultations with DCP and GTiCP as well as ACP and HCPC.

In your response to the National consultation on the draft occupational standards for the CAPs degree apprenticeship, some areas of clarification were raised by you and we have now addressed these within our revised submission for the CAPs occupational standards. Some of these concerns (dependent practitioner, scope of practice and number of KSBs) echo those

raised by the DCP in their response to the consultation. We have written separately to the DCP to address any concerns.

The CAP Degree Apprentice Trailblazer Group have subsequently used this feedback to revise our Standards and at our most recent Trailblazer Group meeting on the 7th June at Broadway House in London we adopted our final revised version of our Occupational Standards document for the CAPs degree apprenticeship. As such we are now in a position to respond to your feedback issued on behalf of the BPS.

As we revised our Occupational Standards for the CAPs degree apprenticeship, we consulted widely and we sought always, to be collegiate, inclusive and proactive. To that end, we responded to a request from the HCPC to discuss the CAPs title. Our conversation was very positive and productive. We were not invited to make any changes to the title but we nevertheless suggested that the CAP role be known as *Clinical Associate in Psychology* to ensure differentiation of title and role from Clinical Psychology. There remains no bar to using CAP as an abbreviation, and in practice people may call themselves Clinical Associate Psychologists.

We welcomed your feedback and we are very happy to have your input in shaping the Occupational Standards (OS) document. There were a number of points outlined by you. The response to each of the comments received by you is summarised below.

Duties and KSBs too numerous and over-inclusive

On this point, your feedback resonated with a number of comments more generally received and as such we sought to retain the distinctiveness and coherence of our occupational standards while removing any repetition or items that were not optimally effective in characterising the role in terms of KSBs and Duties. Overall, we reduced the number of KSBs from 165 to 118 in the new revised OS document (a reduction of 28%) while retaining key information in our standards to enable us to create an effective end-point assessment (EPA) plan. The challenge in revising the OS is that each KSB statement must uniquely describe each duty with no repetition or duplication of any individual item in the OS document. In this revised version of the OS, we believe we have reduced our statements to the point that strikes the optimal balance of clarity and comprehensiveness. The revised OS meets many of your comments and reflects a concentrated attempt by our Trailblazer group to honour and respect feedback we received. The number of KSB statements in our revision OS is now much more in line with that of contemporary degree apprenticeships under development for healthcare roles. For example, the Level 7 District Nurse OS has 10 Duties and 82 KSBs. The Specialist Community and Public Health Nurse, Level 7 OS has 14 Duties and 140 KSBs. There is now a higher threshold for KSBs and Duties for Healthcare apprenticeships. As such degree apprenticeships already established do not function as a good baseline comparator for new OS proposals.

Level and scope of the CAP role is clearly articulated and defined within the standard

We have taken account of this comment about the level and scope of the role and within the standards document we are keen to state more clearly that CAPs work under the supervision of Clinical Psychologists. We have also, enhanced statements about the necessity of the requirement for supervision from a Clinical Psychologist. Following guidance from our

colleagues at the Institute for Apprenticeships and Technical Education (IfATE), and Skills for Health, we are advised that we need to avoid repetition of statements. As such, requirement for supervision will not necessarily appear in the KSB statements. Nevertheless, the introduction section of the OS serves to ensure that supervision is a clear and prescribed activity undertaken by the CAP under the direct supervision of a HCPC registered Clinical Psychologist.

Given your involvement with the Degree Apprentice Trailblazer Group, you will be aware the threshold for degree apprentice occupational standards has increased and what was acceptable for previously approved apprenticeships is now no longer valid. Therefore, we have been advised that for a new Level 7 degree apprenticeship, dependent practitioner is no longer considered an appropriate or acceptable descriptor. Therefore, after much review and consideration by the Trailblazer feedback subgroup and taking account of the wider feedback received, we have adopted a statement about the role of CAPs that takes account of your position but is more robust in terms of governance. This statement has been shared with and approved by our Trailblazer reference group. Thus, we propose the following:

CAPs are able to practice autonomously with appropriate support, working within their scope of practice, under the supervision of a registered clinical psychologist.

In this new revised role descriptor we place emphasis on the modifier term, *Scope of Practice*, this is to signify that CAPs have a depth to their practice but their work can be differentiated from that of a qualified Clinical Psychologist. This differentiation is evident in the much broader domains of knowledge and skills displayed by Clinical Psychologists. As will be evident in the new OS, the supervising Clinical Psychologist retains overall clinical responsibility for the CAPs work. We believe that our response to your comments, and the feedback we received in terms of this domain, sufficiently addresses any concerns.

Length of training set at 18 months the breadth of client groups currently covered in the standards would not be feasible...

In reviewing your feedback, it was clear to us that there was a level of confusion about the breadth of training adopted to ensure trainee CAPs gain competence working within a scope of practice with specific populations. To avoid any confusion, what is advocated here is that over the course of the degree apprenticeship, CAPs are trained to work with a single clinical population. In our pilot CAP training development in Cornwall, our senior psychology service leads were keen that the CAPS, working in CAMHS, should know about the development of psychological interventions with adults as they will come into contact with distressed adults when working with Children. Additional teaching that is also not population specific, but of equal importance, focuses on instilling professionalism and ethical practice and competence in the use and production of clinical applied research (primarily audit, and service evaluation).

Teaching adopts a lifespan development frame of reference to understanding psychological distress. We believe that CAPs working with Children and Adolescents, or CAPs working with Adults, are better prepared to function as an effective practitioner if they have a broad perspective to help them plan psychological interventions. More specifically, the curriculum instils in our CAPs the knowledge and skills necessary to develop evidence-based psychological interventions taking account of a range of perspectives. CAP teaching is aligned to population-

specific clinical placements where the trainee is exposed to experiences and opportunities to become proficient in practicing the fundamental principles of psychological assessment, formulation, intervention and evaluation. This learning is embedded in service settings under the supervision of registered Clinical Psychologists, trained and verified by the HEI delivering training. We believe that our robust pedagogical approach to development of the CAP curricula and placement exposure co-constructed with our colleagues in the services hosting CAP trainees provides a valid and high quality professional psychological training. In summary, no CAP is being trained to work with more than one clinical population and we are delivering a training model co-constructed with employers targeted to meet specific clinical needs. We believe this is an optimal approach to training innovation.

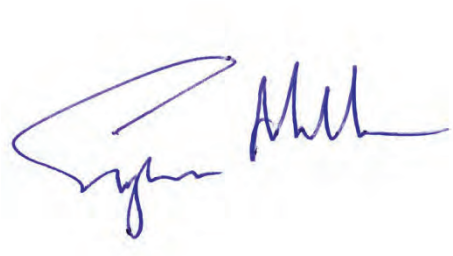
Recommend the level and duties related to leadership (in particular Duty 8) be revised, to more appropriately reflect the type of duties likely to be commensurate with this role within a distributed leadership model.

With regard to the above issue we have revised Duty 8 in line with the feedback received from you and others. The feedback subgroup of the Trailblazer group took great care to ensure that the KSBs attached to this duty are commensurate with the scope of practice outlined for the CAPs. In terms of D8 we have modified the descriptor here to talk about 'aspects of leadership' and we have edited the KSBs by removing 3 Knowledge items and 3 Skills items, whilst adding a new Knowledge item in the standards document. The Trailblazer Group believes the remaining KSBs are more consistent with that required for the role and consistent with the values and goals of a distributed leadership model.

We very much hope that the above summary of our approach to managing feedback of the OS meets with your expectation for a constructive engagement as we revise our standards and work collaboratively to embedding this new psychological workforce in our services. We have also been involved in very positive dialogues with the DCP and ACP on addressing their concerns. We look forward to continuation of our positive partnership in the development of this important initiative.

Yours Sincerely

Professor Ken Laidlaw, PhD.
Professor of Clinical Psychology,
DClinPsy Programme Director,
Director of PGR Programmes within CEDAR,
University of Exeter.



Professor Eugene Mullan
Director of Clinical Training (CEDAR).
University of Exeter

Phil Confue
Chief Executive
Cornwall Partnership NHS Foundation Trust
Chair: CAPs Degree Apprenticeship Trailblazer Group

Written and signed on behalf of the CAPs National Degree Apprenticeship Trailblazer Group.

6

SURVEY FEEDBACK

Skills for Health

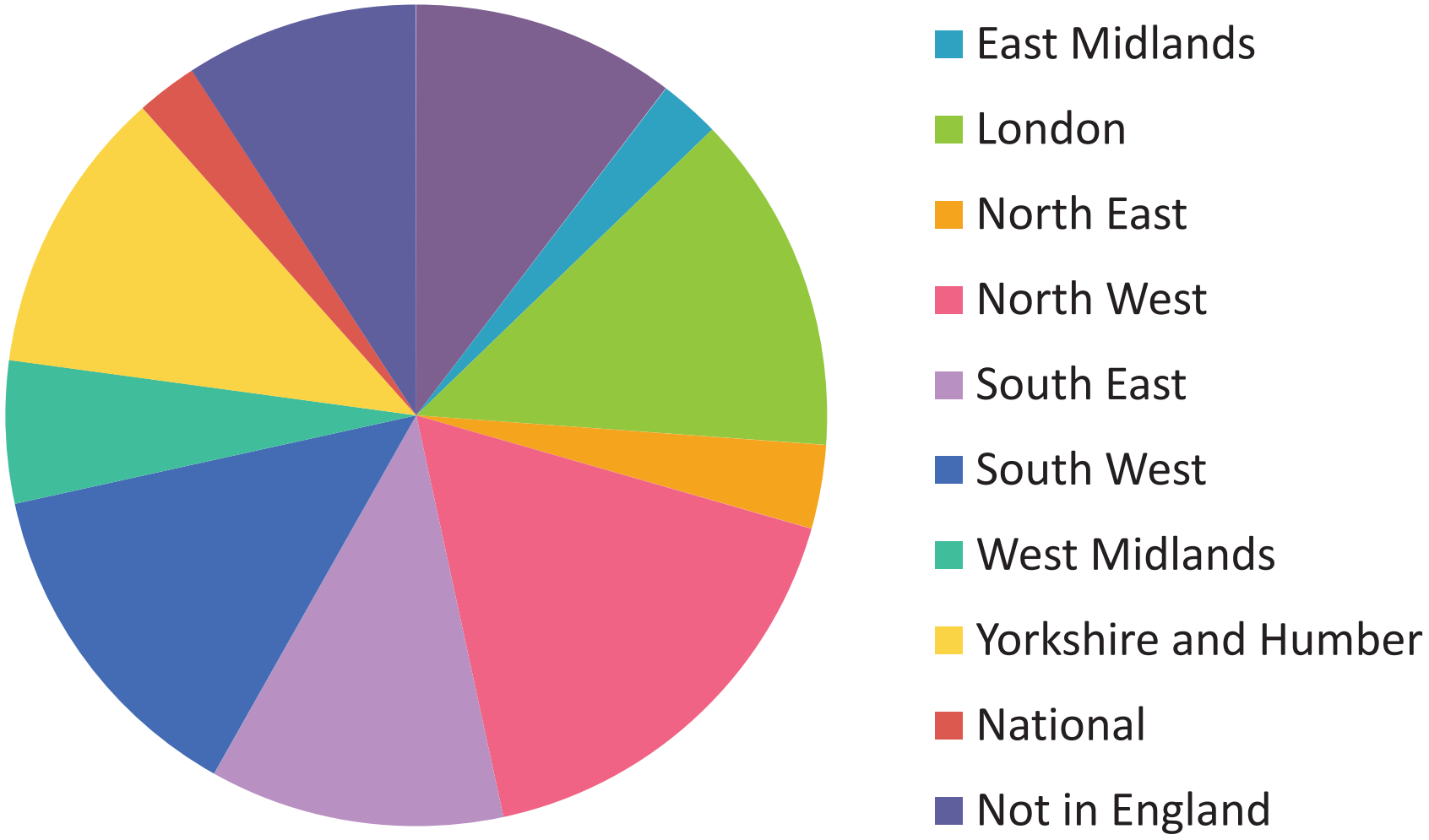
Better Skills | Better Jobs | Better Health

Survey Feedback - Clinical Associate Psychologist

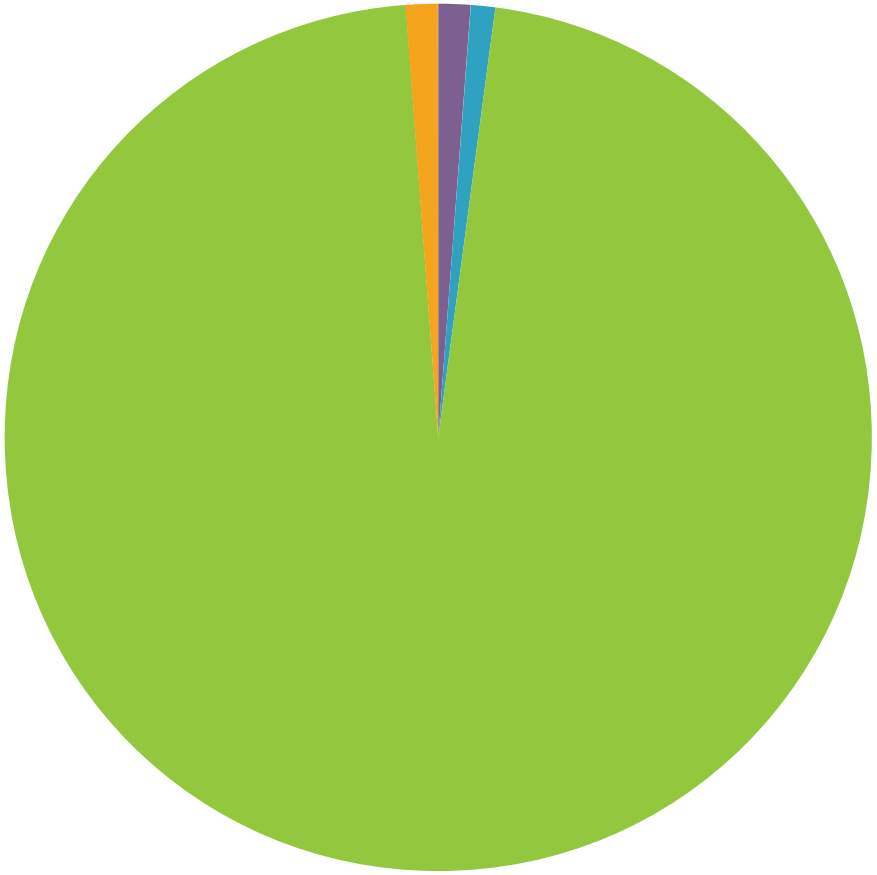
March 2019

739 Responses – all regions

164 Complete, 575 Partial

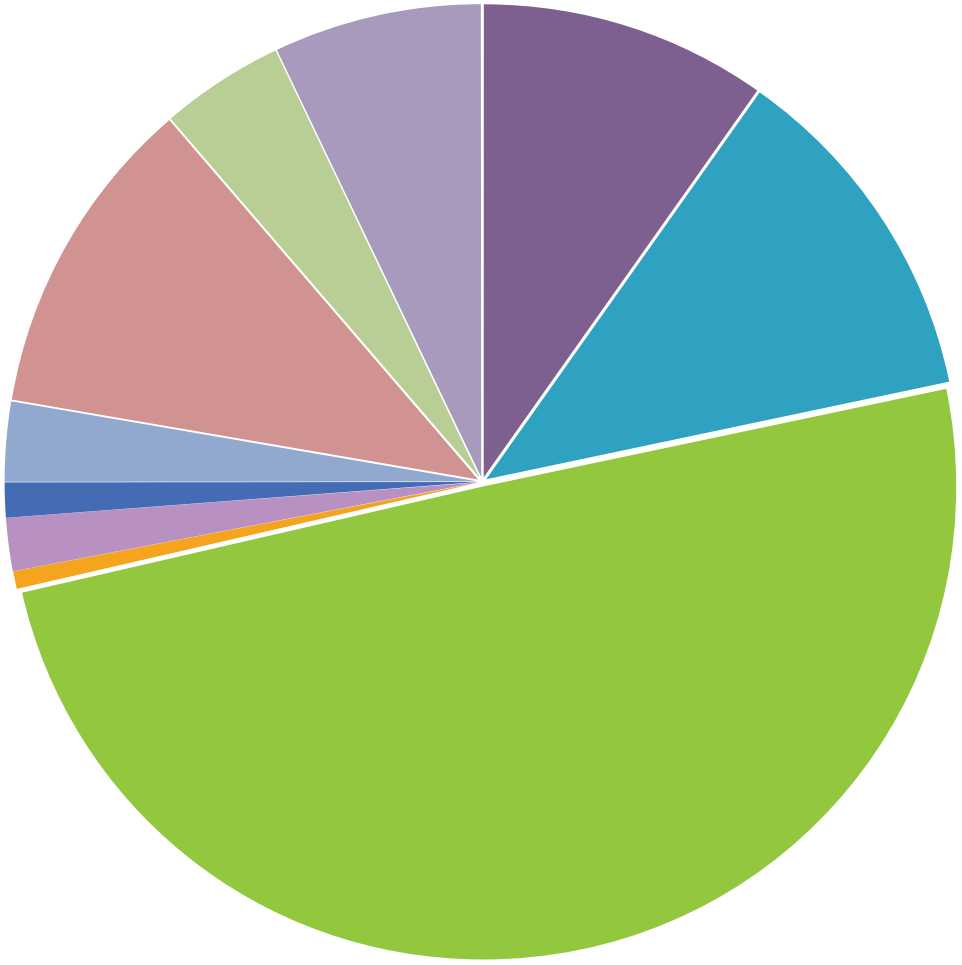


Previously involved?



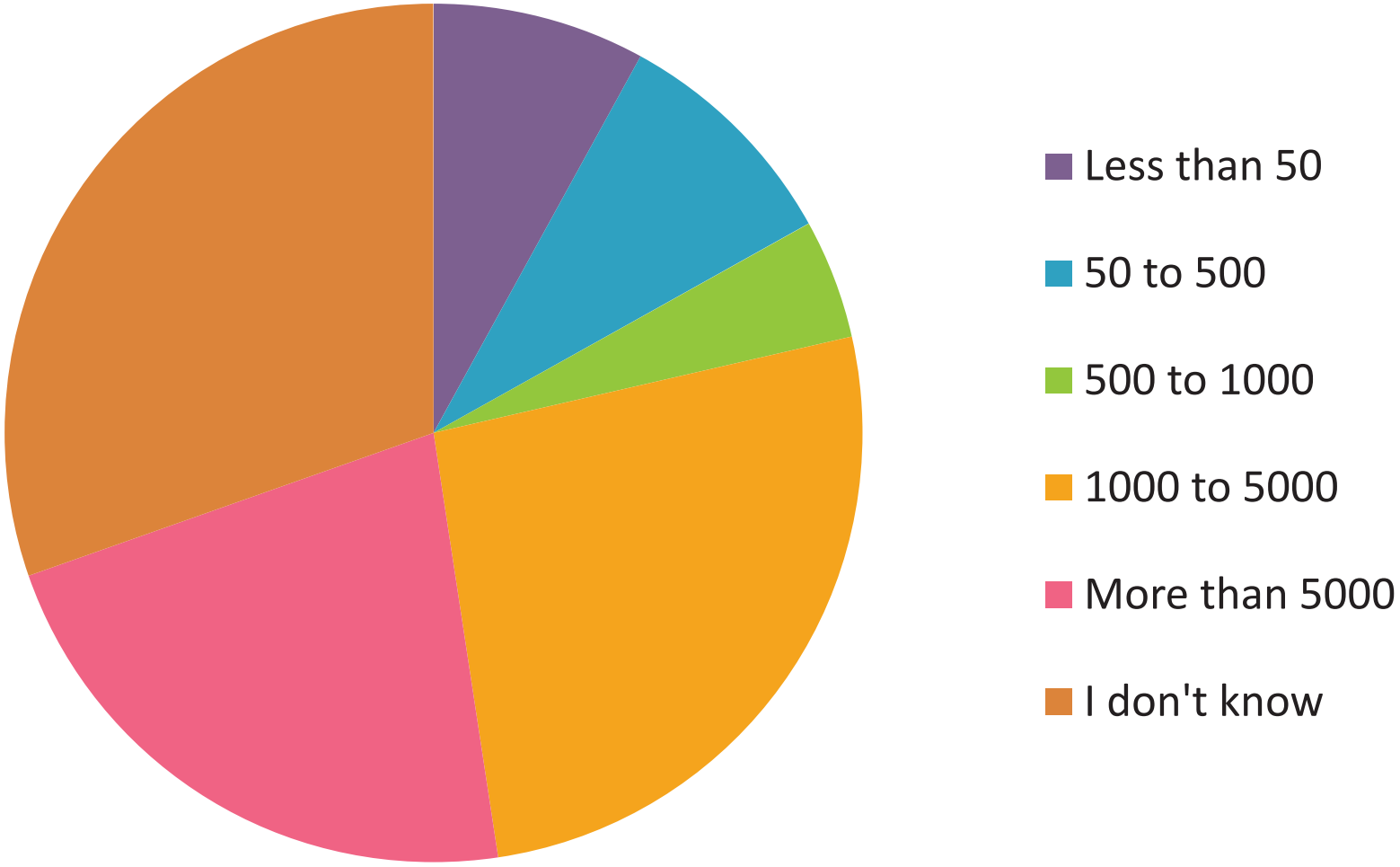
- Yes, I have attended the group meetings
- Yes, I have been involved in another capacity
- No, I have not been involved
- I don't know

Organisation types

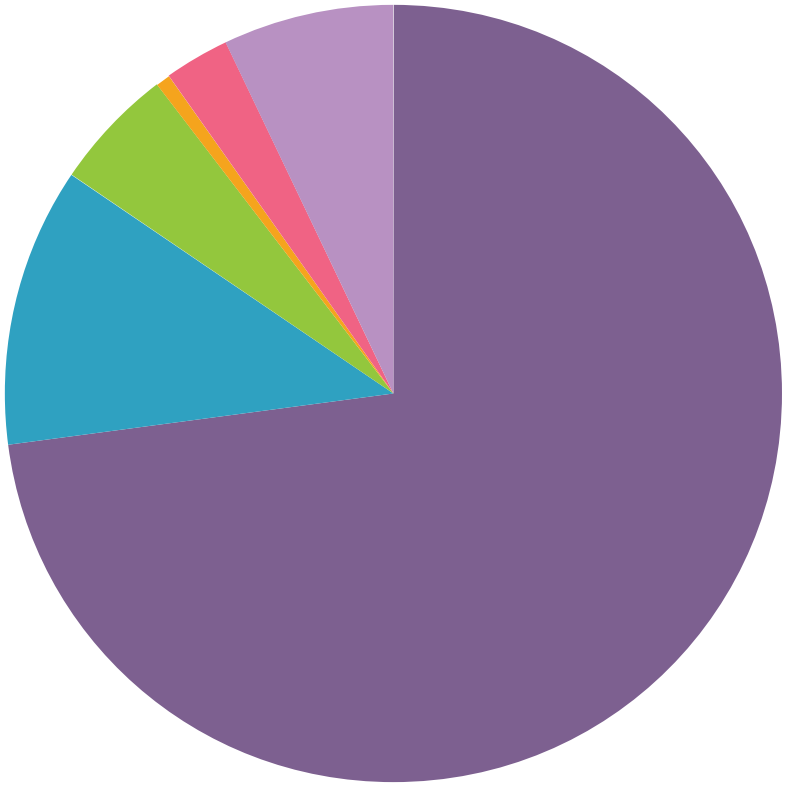


- NHS Trust - acute
- NHS Trust - community care
- NHS Trust - mental health care
- General Practice/Primary care
- Social Care Provider
- Professional body
- Non-NHS Provider
- Higher Education Institution
- Voluntary/Independent sector
- Other

Size of Organisation

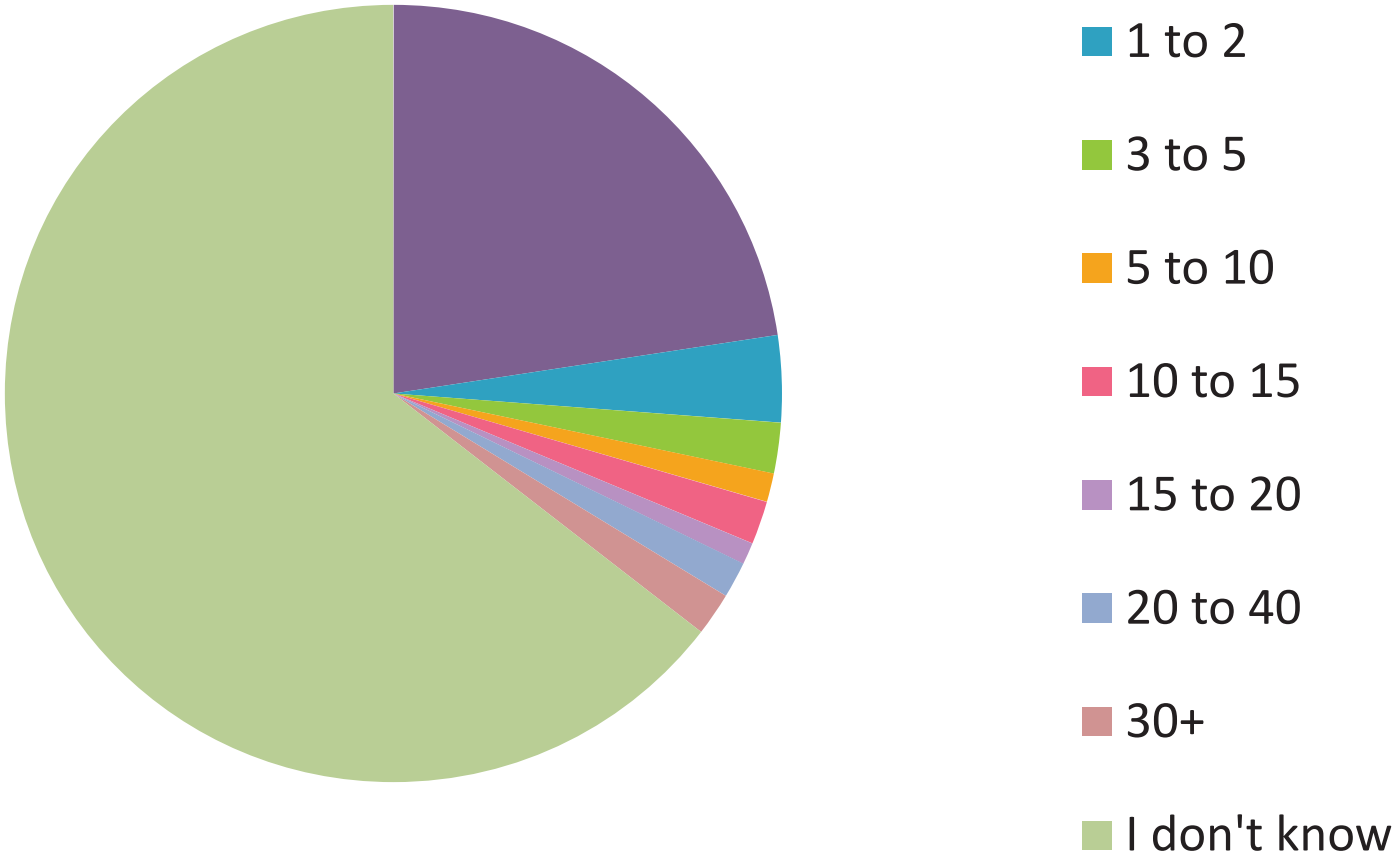


Strategic responsibility for CAP



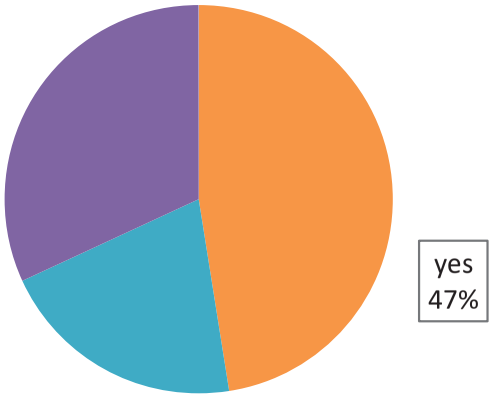
- No
- Yes, within my department or team
- Yes, on behalf of my organisation
- Yes, on a regional level
- Yes, on a national level
- Other

Number of CAP apprentices to train each year

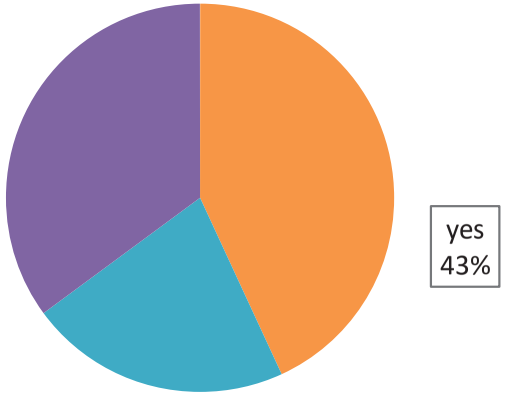


Does the content apply to CAP?

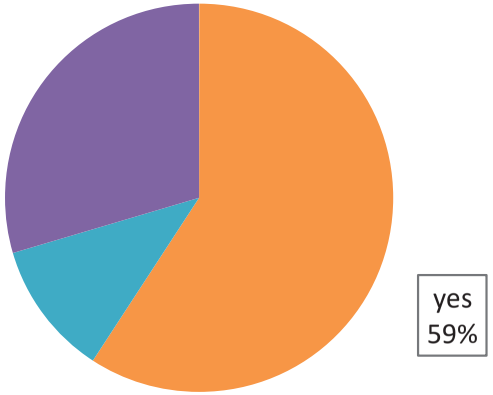
Introduction



Duties



Duty 1



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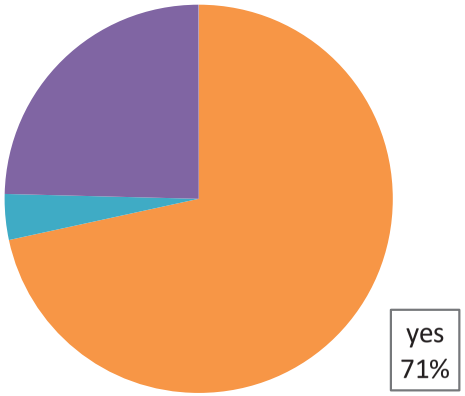
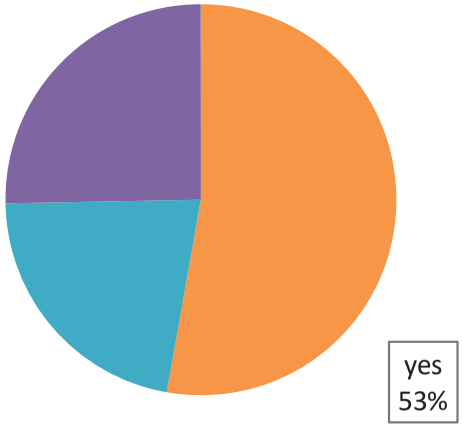
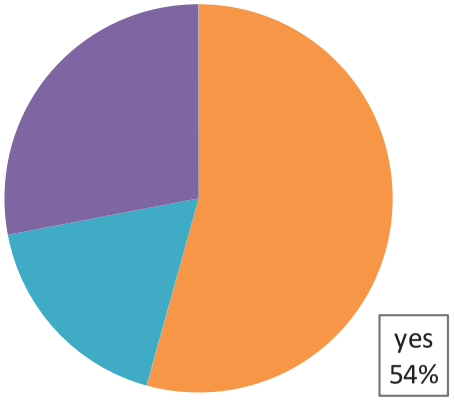


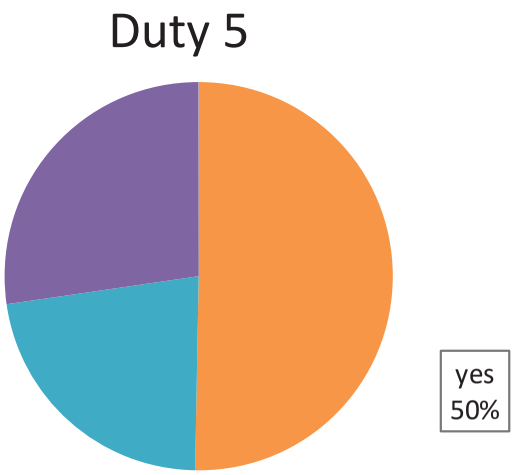
Duty 3

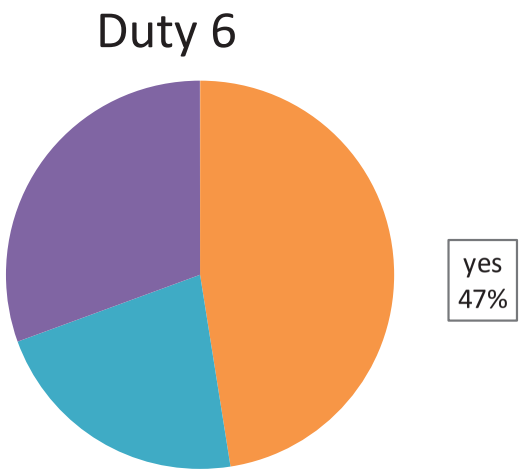


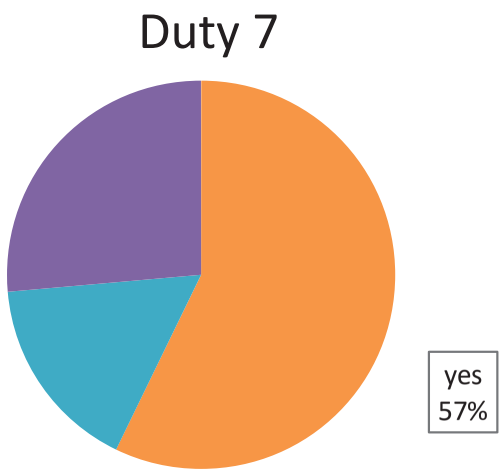
Duty 4

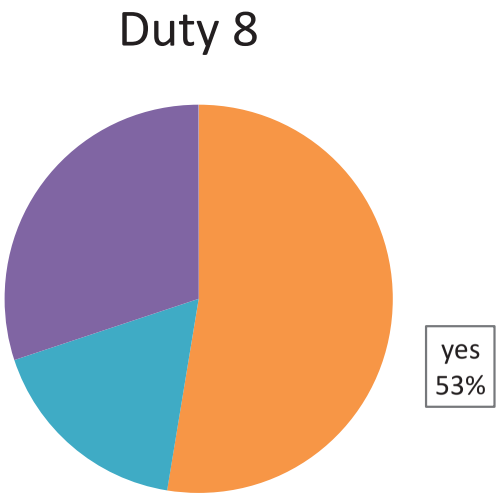


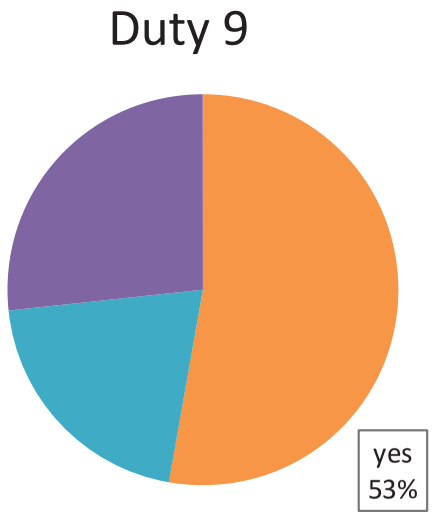
Does the content apply to CAP?

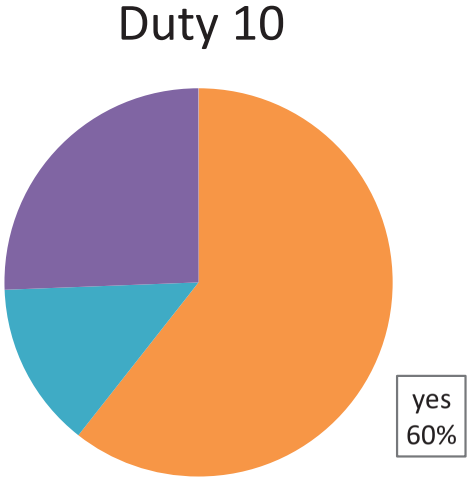




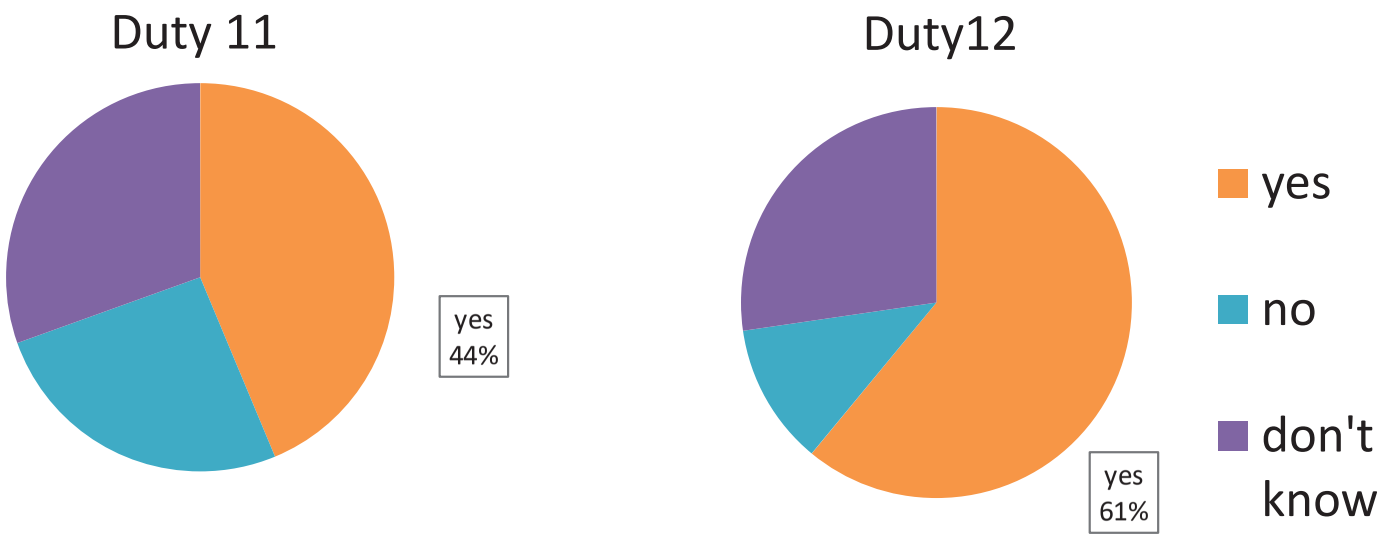




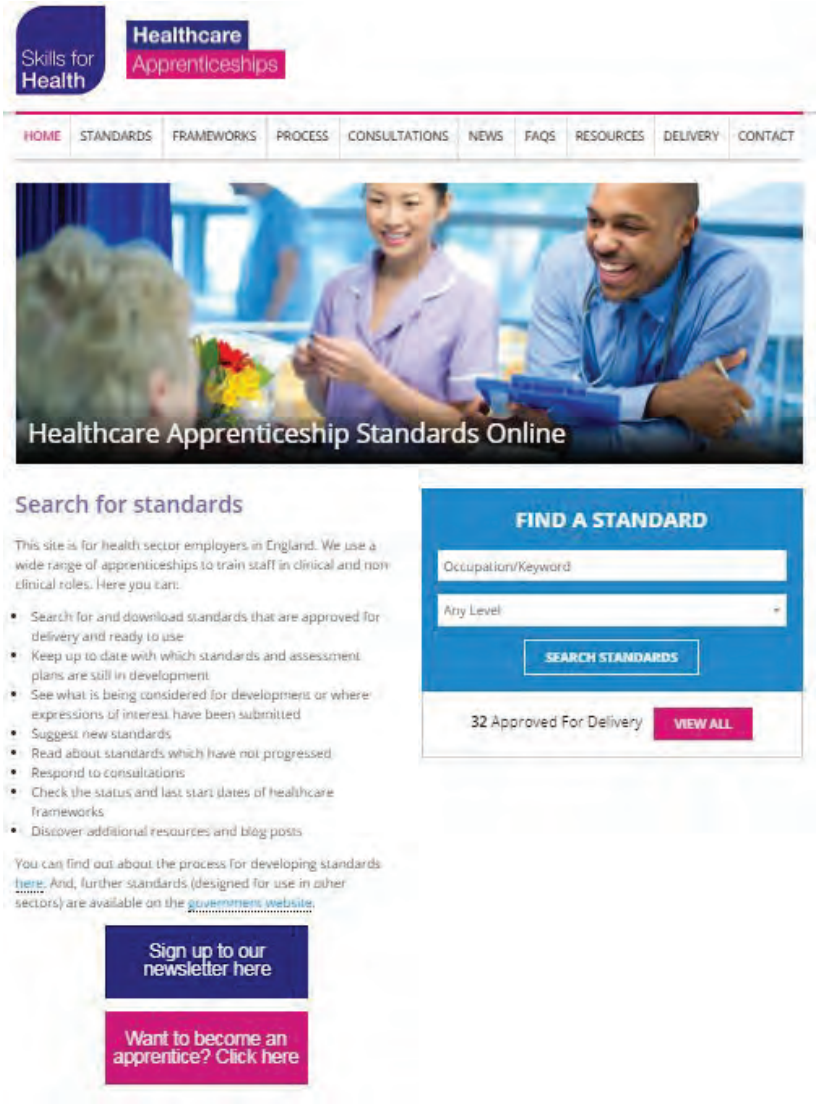




Does the content apply to CAP?



Healthcare Apprenticeship Standards Online



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Healthcare Apprenticeships

7

FREQUENTLY ASKED QUESTIONS

Frequently Asked Questions (FAQs): Clinical Associate Psychologists (CAPs)

A new grade of professional psychologist (Clinical Associate Psychologist or CAP) is emerging in the NHS in England. This FAQ provides a summary of recent developments.

The establishment of CAPs provides a new opportunity for large numbers of highly motivated and well qualified psychology graduates to join the NHS. Previously these highly skilled individuals may have been unsuccessful in gaining entry onto doctoral clinical psychology training.

A public consultation, on the occupational standards for the CAP Degree apprenticeship, is open. The Division of Clinical Psychology (DCP) are broadly supportive, *"This initiative is welcomed and could provide an important addition to the psychological workforce and make a valuable contribution to the delivery of mental health services."*

What are Clinical Associate Psychologists (CAPs)?

CAPs are psychology graduates who currently undergo a one-year training at Masters level in order to become a skilled professional applied psychologist. CAPs work within their scope of practice, under the direct supervision of a clinical psychologist. Up to half of their training is spent on clinical placement using the Clinical Psychology training model of teaching-placement synchronisation. This enables CAP trainees to put their academic teaching into practice. CAPs can be trained to work with a wide variety of clinical populations, in practice individual CAPs are trained to work with one population [initially].

At the University of Exeter, trainees are exposed to a curriculum that emphasises the fundamentals of professional psychological practice. Problem-based learning and the supervised clinical placement allows our trainees to develop competence in working with a specific clinical population. As such our trainee CAPs have a full year of supervised clinical practice, in a service and a clinical team, before they graduate as a CAP.

Are CAPs a threat to the future of Clinical Psychology?

CAPs provide the profession with an exciting opportunity to expand the applied psychological workforce. This development has been nationally driven by employers in response to the challenge of recruiting a sufficient workforce to meet Mental Health delivery targets.

You may be aware that Clinical Psychology is completely absent in the NHS Long Term Plan (see http://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/). This should be a concern to us all and we should seek opportunities to increase their visibility and relevance

more nationally. CAPs may provide the profession with a way to be part of the workforce implementation plan for the NHS Long Term Plan.

CAPs are very much an opportunity for the profession; this new role will make a positive impact on enhancing the current workforce provision serving the mental health needs of the nation. CAPs are a flexible workforce, competent in the planning, delivery and evaluation of evidence-based psychological interventions. They will become valuable members of our healthcare teams.

How many CAPs are there and who pays for their training?

Currently, CAPs are being trained by Cornwall Partnership NHS Foundation Trust (CFT) in collaboration with the University of Exeter who have designed the training model.

In October 2018, 15 CAP trainees started training with Exeter University working in Cornwall. This pilot has been so successful, that in May 2019 a new cohort of 31 CAPs started training with Exeter University. This second cohort will work in Child and Adolescent Mental Health Services linked to secondary schools in Cornwall. This means that in a short space of time a new flexible and highly trained psychological workforce has emerged.

CFT are currently paying all aspects of the training costs. CFT is currently working on the development of an apprenticeship route into training. This would enable employers who wish to increase their Clinical Psychology provision, to use the apprenticeship levy to pay the training costs for CAPs.

When training, the CAPs are paid, by CFT at Agenda for Change (AfC) Band 5. Once trained they will be paid at AfC Band 6. In Cornwall, where this training is being piloted, CFT has created new Clinical Psychology posts (at AfC 8a) to support the development and supervision of CAPs.

Is this dumbing down of Clinical Psychology training and a dilution of standards?

This development is absolutely not driven by a desire to undermine the profession, dumb down standards or to dismantle Clinical Psychology Doctoral training. It is a high quality training which provides the NHS with access to a highly skilled, highly motivated pool of talented psychology graduates.

Each year 12,000 psychologists graduate from our universities. It is said that two thirds of these had hopes of applying their knowledge in practice but regrettably, few are given that opportunity.

Over the last seven years, data from the national clearing house for Clinical Psychology (see http://www.leeds.ac.uk/chpccp/numbers.html) shows that 4,000 people apply every year and less than 600 are successful. This means that only 15% of applicants are able to train as a Clinical Psychologist. This is a terrible waste of talent and a terrible dashing of hopes every single year.

The NHS in Scotland faced similar challenges and in 2005 began to deliver an MSc training programme for psychology graduates. These Associate Psychologists now constitute 10% of

the Psychological workforce. If similar success as delivered in England, then CAP role has the potential to offer these talented people an alternative career opportunity.

The entry standards for CAPs remain high as applicants need to have Graduate Membership of the British Psychological Society. They are usually expected to have a 2.1 (or higher) degree in psychology. Employers may ask for other qualifications or specific experience.

We are not diluting psychological standards of practice as CAPs are trained to a high standard and are exposed to curriculum at a Masters degree level. The curriculum for CAPs provides essential training on the fundamentals of applied psychological practice and as well as being taught principles of psychological assessment, evaluation, formulation and intervention. CAPs are taught about ethical and professional practice and about working within one's limit of competence as well as being given research knowledge and skills.

Are CAPs the same as the Scottish CAAPs (Clinical Applied Associate Psychologists)?

The Clinical Associate Psychologist (CAP) development in England is separate from the role that has been developed in Scotland in terms of Associate Psychologists. This is because there are different service needs and drivers in the two separate NHS services.

The absence of Improving Access to Psychological Therapies (IAPT) within NHS Scotland means the CAAP are an important workforce within a different service context. In the NHS in England, the existence of IAPT means we are creating a new psychological workforce which is complementary to IAPT. Our model is a simple one, of psychological assessment, formulation, intervention, evaluation and review.

However, in noth NHS settings there has been scepticism about the need for the role. However in Scotland, annual training numbers for Associate Psychology Programmes now exceed initial commissioning by around 50%. As NHS Health Boards in Scotland have come to understand how flexible Associate Psychologists are, they are being used creatively in a range of settings.

The Associate Psychology workforce has developed in NHS Scotland without negative consequences for the Clinical Psychology profession. Indeed since the emergence of Associate Psychologists in Scotland, in 2006, there has been an increase in the numbers of Clinical Psychologists, from 435 wte in 2006, to 783 wte in 2018.

Wouldn't we be better sticking with assistant psychologists instead of CAPs?

CAPs are not intended to replace Assistant Psychologists, and in all likelihood there will still be a need for both roles.

The CAP role has not been developed to create a stepping stone to clinical psychology training. However, the more indepth training and exposure to supervised training under a Clinical Psychologist offers a better development opportunity. CAPs in Cornwall are paid a wage (Agenda for Change Band 5) as well as having their fees paid for them.

For many, the CAP role wil provide an alternative career pathway into the role of professional psychologist. Fifty per cent of the first cohort of Associate Psychologists who completed their training in Scotland in 2006, remain in this role. This suggests the role is both stimulating and fulfilling.

Will this damage the profession of Clinical Psychology/harm my employment or career prospects as a Clinical Psychologist?

It is very unlikely that career and employment prospects will be harmed by the emergence of a well-trained and well supervised new professional psychological workforce.

If anything, this provides an opportunity for psychology services to have a greater presence in clinical teams and to help improve the level of psychological-mindedness in the NHS workforce. This also provides the opportunity for Clincal Psychologists to gain further experience through the supervision of a qualified workforce.

The Division of Clinical Psychology (DCP) recognises that this offers a good safeguard and provides clinical psychologists opportunities to enhance their delivery of care, *"It is stated in the introduction [of the occupational standards] that people in these roles will be supervised by clinical psychologists. This is a very positive proposal and supports good governance and safe and effective practice."*

What are Degree Apprenticeships (England only)?

This information applies to England only, as separate arrangements apply in Scotland, Northern Ireland, and Wales.

Degree apprenticeships are a new way of training where apprentices combine work with studying. A Degree Apprenticeship will involve the apprentice completing a University degree as part of the apprenticeship either at Level 6 or Level 7. Usually all training costs are paid for by the employer. All employers with an annual pay bill of over £5m now have to pay an apprenticeship levy which is a form of tax used to fund apprenticeships. The proceeds of the levy are held in a digital account that employers can use to pay for apprenticeship training costs. The levy cannot be used for salary or backfill costs. This means funding for Clinical Psychology training will not be directly affected as a result of CAPs training costs.

Although degree apprentices are a new means of supporting training, CAP apprentices will still be trained by completing placements in the usual way and apprentices are still required to complete a Masters degree at a University. The difference is that degree apprentices are employed to train through the apprenticeship scheme and the tuition fees are paid from the apprenticeship levy.

All apprentices are required to complete an end-point assessment at the end of training. This is simply a way to assess competences of trainees.

What are Degree Apprenticeship Trailblazer Groups?

Apprenticeships must be matched to an occupational proposal and an occupational standards document approved by the Institute For Apprenticehips. Usually a Degree

Apprentice Trailblazer group, set up and led by employers, will write these documents. This is what has happened with the CAP development. The CEO of Cornwall Partnership NHS Foundation Trust (Phil Confue) is the chair of the CAP degree apprentice trailblazer group.

The degree apprentice trailblazer group has membership drawn from senior Clinical Psychologists and Service Leads from across England. They have shaped these documents. The Division of Clinical Psychology (DCP) has been briefed on developments as they have happened.

The stadards document reflects the advice and guidance received as part of the trailblazer process. Once the consultation on the occupational standards for the CAP Degree Apprenticeship ends, there will be a review of feedback and a revision to the document. The trailblazer group will make the final decision about how to proceed

Apprenticeships will likely become a more common pathway for training in the future, as highlighted in the NHS Long Term Plan,

> *"Apprenticeship offer important opportunities for widening social participation in the NHS workforce. They also provide career ladders for staff to develop their skills, expand the contribution they can make to patient care and strengthen their commitment to continue working for the NHS"* p81, NHS Long Term Plan, 2018.

What is the link between CAPs and Degree Apprenticeships?

Training funding for CAPs is likely to primarily come from the apprenticeship levy. The connection is simply that degree apprenticeships are one funding route to train CAPs.

CAPs can be trained in a more traditional way and do not have to be trained as a degree apprentice.CAPs trained via a degree apprenticeship are likely to be in training for 15 months as opposed to 12 months for the traditional Masters degree route, as there is the need for completion of an additional end-point assessment.

Further information?

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