

The 'what' of BABCP accreditation

Dr Alesia Moulton-Perkins, Senior Teaching Fellow, University of Surrey

Dr Alex Fowke, Clinical Tutor & Lecturer, RHUL

Dr Henry Clements, Principal Clinical Tutor, UCL



What needs to happen to implement a pathway?

- **Support from senior course staff** – positive attitude to CBT and potential value of specialist accreditation pathways
- **BABCP-accredited tutors to lead** and deliver on implementing the pathway
- **Access to BABCP-accredited teaching staff** – Surrey joint teaching with CBT diploma; UCL & RHUL accredited course staff and external lecturers, map curriculum
- **Supply of BABCP- accredited supervisors to provide placements.** Supervisors must be accredited not 'accreditable' unless of national/international standing; pathway model as opposed to all trainee model allows for course to match availability of (limited) accredited supervisors across the region with number of trainees who can be on pathway
- **Trainees that are interested!** Surrey first cohort 2018-2019 – 7 trainees, RHUL first cohort 2017 13 trainees, 2018 cohort 16 trainees, UCL first cohort qualified 2017 (2 trainees), second this year (7 trainees), approx. 16 trainees expected 2019, approx. half of first year intake in 2018 on the pathway

What are the actual pains?

Time and paperwork

- Surrey: Extra teaching load. Not increased at UCL or RHUL – all trainees (i.e. those on and not on the pathway) have the same CBT teaching

Increased marking load

- Time spent checking portfolios/moderating tapes increased. UCL recruited accredited clinicians from region as external markers to help with case report and theory essay marking.
- Rating recordings (3 competent session requirement). Ideally in-house, but UCL done by placement supervisors. Standardization workshops offered (UCL and RHUL joint one, Surrey with CBT diploma). UCL - plus 10% of recordings rated by supervisors are moderated by UCL accredited staff.

Clarifying BABCP requirements: doctoral programmes v CBT diplomas

- Difference in level of complexity of presentation tolerated by CBT pathway as opposed to more purist approach of some CBT diplomas
- not just about making trainees IAPT-ready but also preparing them to work as CBT clinicians in services dealing with more complexity

What are the actual pains?

Impact on other subjects balanced by attempts to resist dominance of CBT

- UCL since Nov 2017 accredited by Association for Family Therapy and Systemic Practice (AFT) - all trainees eligible for Foundation Level accreditation with AFT on qualification http://www.ucl.ac.uk/dclinpsy/systemic_pathway
- RHUL & Surrey working towards applying for AFT Foundation Level 2019/2020

Attitudes of trainees towards CBT

- Surrey: delivering joint teaching with CBT diploma > increased amount of CBT on programme – some trainees not liking CBT. Difficult dynamics between CBT trainees and PsychD trainees
- UCL & RHUL: no joint teaching and not received significant feedback from trainees that course is too CBT dominated

Trainees' concerns about complexity

- Surrey: trainees anxious about starting secondary care placements & requesting more on complexity
- UCL specific session in first year on working with complexity
- BABCP - complex cases can be counted provided BABCP minimum standards met

What are the actual pleasures?

- Pride in our new offer: increased quality and amount of CBT training – trainees better prepared for placement and better prepared for some roles post-qualification.
- Excellent teaching from CBT diploma staff (Surrey)– opening trainees’ eyes to how creative, individualised and powerful CBT can be. Also challenging potential stereotypes some may have about what CBT therapists are like
- Working as a team to make this happen
- Networking with other programmes
- Avoids potential duplication of training and makes accreditation more straightforward

How can the obstacles be overcome

- Presence of senior course staff sympathetic to this endeavor: if none then encourage them to look at benefits
- Hire more BABCP-accredited tutors to build course capacity or support existing course staff in applications for accreditation where appropriate (RHUL)
- If you don't have sufficient accredited course staff helpful to link to CBT diploma at your institution (Surrey). UCL have not linked to a CBT diploma; RHUL linked with Diploma during accreditation process for support with building accreditation portfolio
- Linking with psychology leads in the area to build number of BABCP-accredited supervisors -important to continue to liaise with BABCP supervisors and build good relationships with them
- Use paperwork UCL, RHUL and Surrey have created e.g. <http://www.ucl.ac.uk/dclinpsy/babcp>
- Good linking with BABCP staff

Doing it the rather more challenging way: applying for accreditation after the doctorate

“.....I had to document things in detail and very explicitly (e.g. list of all credentials of all the lecturers and supervisors I have had) in order to be accepted.

I have done 2 post grad courses and lots and lots of shorter CBT training courses and workshops; this does help.

You need to document everything around supervision and this needs to be evidenced. Supervisors need to be accredited - though actual BABCP wording is 'accredited or accreditable'

The 4 cases studies that need to be written need to be 'marked' by an accredited CBT person; who is not your supervisor, again this can be a challenge to find once you're out of the training loop.

Everything needs to be timed very closely, e.g. you need to have had your last supervision *session by an accredited CBT person within 1 month of submitting your form*”

(Leeds trainee who applied for accreditation via the independent route after the doctorate)

Benefits...trainee perspective

“I am extremely glad I was able to complete the work required for accreditation as part of my doctorate. It was a relatively simple process. I was able to meet my clinical requirements within my first year placement. A lot of the academic requirements are met by the doctoral teaching and case reports, and the additional work required was fairly easy to complete alongside the doctorate.

I would definitely recommend this pathway to those interested in getting their CBT accreditation.”

UCL trainee who successfully passed the pathway 2018

Benefits...training perspective

“We know that all trainees leave training with a solid foundation in CBT. For those who choose to take a CBT pathway it provides an opportunity to deepen this knowledge and enhance their CBT competencies in practice. For those who are committed to this therapeutic approach it allows access to specific clinical and research career options on qualification.”

Mary John, Course Director, University of Surrey

The benefits...employer perspective

“The trainees coming from this CBT pathway may be at an advantage when seeking jobs in our trust, as we can be better assured that they have some of the key competences our service users need”

Nick Grey, Sussex Partnership NHS Foundation Trust