

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

As many people know a new grade of professional psychologist (Clinical Associate Psychologist) is emerging in the NHS in England. This brief FAQ provides a summary of recent developments. The development of CAPs provides a new opportunity for large numbers of highly motivated and well qualified psychology graduates to join the NHS where previously they may have been unsuccessful with entry onto doctoral clinical psychology training.

Currently a public consultation on the occupational standards for the CAP Degree apprenticeship for this new role in the NHS in England is open. The 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, working 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 so that CAP trainees can put their academic teaching into practice. Although the CAP role is of utility in a broad range of settings, and 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 Exeter, we expose our trainees to a curriculum that emphasises fundamentals of professional psychological practice across the lifespan but we use problem-based learning and the supervised clinical placement as the medium through which our trainees 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 to become a CAP.

Are CAPs a threat to the future of Clinical Psychology?

CAPs provide our 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 matter of concern to us all and we should seek opportunities to increase our visibility and relevance more nationally. CAPs may provide our 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 our profession; this new role will make a positive impact on enhancing the current workforce provision serving the mental health needs of the nation. The CAPs are a flexible workforce, competent in the planning, delivery and evaluation of evidence-based psychological interventions. They will become valuable members of our teams in healthcare.

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 will start training with Exeter University to work in CAMHS linked to all 31 secondary schools in Cornwall. That means 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. We are currently working on developing an apprenticeship route to training so that employers who wish to increase their Clinical Psychology provision can use the apprenticeship levy to pay training costs for CAPs. When training, CAPs are paid at AfC band 5 by the Trust and when trained they will be paid at AfC band 6. In Cornwall, where this training is being piloted, the Employing Trust has created new Clinical Psychology posts (at AfC 8a) to support the development and supervision of CAPs in the region.

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

This development is absolutely not driven by a desire to undermine our profession or to dismantle Clinical Psychology Doctoral training. It is a high quality training and it 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 2/3rds of these graduates 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, meaning only 15% of applicants are able to train as a Clinical Psychologist. That 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 a significant part of the workforce (10% of the Psychological workforce). If similar developments were to take place in England, then the CAPs development has the potential to offer these talented people an alternative career opportunity. As we never get close to making good use of the talented individuals who wish to train as a psychologist we are not dumbing down by accepting less qualified candidates. The entry standards for CAPs remain high as applicants need to have GBC, and are usually expected to have a 2.1 (or higher) degree in psychology. Employers may ask for other qualifications or specific experience.

Nor are we 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 also taught about ethical and professional practice and about working within one's limit of competence. CAPs are also taught 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 what has been developed in Scotland in terms of associate Psychologists as there are different service needs and drivers in the two separate NHS. The role of Associate Psychologist in Scotland is different in the scope of practice from the CAP development as *The NHS in Scotland does not have IAPT* so that is an important workforce difference in terms of service context. In the NHS in England, the existence of IAPT whose curriculum is based on highly specified therapies competences means that we are creating a new psychological workforce complementary to IAPT that focuses instead upon delivering evidence-based *psychological interventions* that are formulation driven. Our model is a simple one of psychological assessment, formulation, intervention, evaluation and review.

What is similar however is that when this role was introduced in Scotland there was not universal approval for the role and scepticism of the need for the role. Now, however, 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.

What may be helpful when considering the Scottish development, is the fact that an Associate Psychology workforce has developed in the 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, up from 435wte in 2006, to 783wte in 2018. Of course, as the NHS in Scotland has different needs and different priorities from that of the NHS in England, these figures need to be considered carefully as they simply provide an opportunity to observe the potential impact on Clinical Psychology of creating a new Psychological workforce.

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. Nevertheless, the CAPs role is different in that Assistant Psychologists have no nationally agreed training nor are they exposed to a national curriculum. Additionally, assistant psychologist posts cannot compare on key criteria to that offered by the CAPs role. In Cornwall, trainee CAPs are paid a wage whilst training (at AfC band 5) as well as having their fees paid for them. The CAP role has not been developed to create a stepping stone for Clinical Psychology training. However, the more in-depth training and exposure to supervised practice under the guidance of Clinical Psychologists offers a better development opportunity for people than the majority of assistant psychologist posts. For many people, the CAPs role provides an alternative career opportunity to work as a professional psychologist. Of the first cohort of Associate Psychologists who completed their training in Scotland in 2006, 50% remain in this role. This suggests that the role is 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. As such supervising this new workforce is a good opportunity for many as it provides a new role supervising a qualified workforce. The DCP recognizes 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 also be matched to an occupational proposal and an occupational standards document approved by the Institute For Apprenticeships. 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 and they have shaped these documents. The DCP has also been briefed on developments as they have happened.

The standards document also 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. This is what is 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, so the connection is simply that degree apprenticeships are one funding route to training for 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 Master’s degree route as there is the need for completion of an additional end-point assessment.

Further information?

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