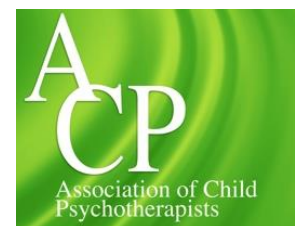


Report of the re- accreditation visit to Human Development Scotland for the Clinical Training in Child and Adolescent Psychoanalytic Psychotherapy/ Professional Doctorate of Child and Adolescent Psychoanalytic Psychotherapy



Date of the visit: Tuesday 12th – Thursday 14th March 2019

Names and roles of panel members.

Kathryn Hinchliff Lay member of ACP and Panel Convenor

Jeremy Gunson Child and Adolescent Psychoanalytic Psychotherapist

Fiona McIntosh Child and Adolescent Psychoanalytic Psychotherapist

Valsamina Mavrommati Child and Adolescent Psychoanalytic Psychotherapist

David Hadley Child and Adolescent Psychoanalytic Psychotherapist [nominated as a panel member but had to withdraw for family reasons on Tuesday 12th March]

ACP Training Council link member:

Jason Kaushal Training Deputy Director

1. Introduction

1.1 Background to the visit.

Human Development Scotland (HDS) offers the training and services previously delivered by the Scottish Institute of Human Relations. These have at their heart the psychodynamic, psychoanalytic and systemic ideas that offer a profound understanding of how people relate to one another.

The training courses for professionals provided by HDS are specifically for those working in the NHS and other public and third sector organisations. HDS has been in existence since January 2013 and is the host organisation for the new four year Doctorate in Child and Adolescent Psychoanalytic Psychotherapy which started in September 2017 in collaboration with and accredited by Robert Gordon University (RGU) which is based in Aberdeen.

The doctorate programme delivered at HDS remains the only training in child and adolescent psychoanalytic psychotherapy in Scotland. Of the five students registered on the programme four are fully funded by NHS Education for Scotland (NES) and one is funded by a Scottish Health Board.

The purpose of the visit is to review whether The Doctorate in Child and Adolescent Psychoanalytic Psychotherapy meets the standards of the Association of Child Psychotherapy (ACP) two years into the new programme and to assess whether re-accreditation is recommended for a further five years.

NB: The terms student and trainee have been used interchangeably throughout this report and both refer to those undertaking the Professional Doctorate of Child and Adolescent Psychoanalytic Psychotherapy.

The panel would like to take this opportunity to thank all the team at HDS and Robert Gordon University for their help and positive approach in supporting this re-accreditation process before, during and after the visit. All essential and supplementary documents were sent out to panel members by agreed timescales. Meetings with HDS employees, external stakeholders including NHS managers, service supervisors, tutors and colleagues from Robert Gordon University were organised prior to the visit. Panel members were given unlimited access by HDS to student workshops and seminars which were well organised and planned.

Prior to the visit a letter of introduction was provided by the visiting panel and sent out to all participating organisations and individuals in the re-accreditation process a few weeks before the visit, this was facilitated by the Academic Administrator at HDS.

A list of service supervisors was made available to the panel convenor who sent out a copy of the ACP's standard letter explaining the purpose of the review and inviting participation in the process. The letter encouraged service supervisors to attend meetings with panel members during their visits to training placement sites, to come to HDS headquarters during the visit or to write via e mail directly to the Panel Convenor. In any event all five service supervisors currently involved in the supervision of students contributed to the review process in some way.

The panel convenor met with the two Course Directors via 'zoom' in early December 2018 to discuss the visit and agree the requirements for the review. They have been in post since July 2017 in order to complete the validation process with RGU and prior to the new cohort of students' starting and therefore this re-accreditation process was very new to them. The panel wish to acknowledge their engagement and tenacity in navigating their way through the accreditation process at such an early stage in implementing the new Doctorate programme.

A Self Evaluation Document (SED) was completed jointly by both course directors. This referenced a wide range of relevant course and organisational policy documents which were sent to each panel member in advance of the visit as appendices to the SED. Further documents including meeting notes and minutes containing more sensitive information were made available to the panel in their 'base room' for scrutiny during the visit.

Two 'zoom' meetings were held between the panel members to discuss the SED out of which a schedule of questions was agreed which formed 'key lines of enquiry'. This schedule enabled the panel to focus their attention more specifically although not exclusively on specific areas of the SED which either needed further clarification /information in order to assure the public and other key stakeholders that the programme was meeting ACP standards. The key lines of enquiry domains are based on those set out in the ACP's Quality Assurance Framework (QAF) namely: Management and Organisation; Curriculum; Use of Learning Outcomes; Trainee Placement Learning and Teaching; Assessment; Qualification; Quality Enhancement and Maintenance; Values Equality and Diversity.

1.2 List of Documents, meetings, and visits.

1.2.1 Documents:

- HDS Self Evaluation Document February 2019
- HDS Management Structures
- Selection and NHS recruitment process
- Anonymised Trainee Reports
- Location of HDS trainees in 2017 intake
- Minutes of Service Supervisors & Staff meetings
- Minutes of Course Management Team meetings with RGU
- HDS Training Committee: membership; terms of reference and meeting minutes
- Annual Reports to ACP 2016/17 and 2017/18
- HDS Equity and diversity policy
- HDS /RGU student Handbook 2017
- RGU Link Coordinator Annual Report
- Training group members
- Lists of Intensive Case Supervisors and Doctorate Supervisors, the Core Teaching and Tutorial Team and Visiting Lecturers.
- Timetables and theory seminar reading lists years 1 and 2
- Module Descriptors
- Student selection process: admission & selection; applicant guide; criteria and scoring; interview question sheet
- Student seminar evaluation form
- Student ISE evaluation form
- Clinical and research marking grids
- Teaching staff self-evaluation form
- External Examiner's Reports
- Intensive Case Supervisors' Welcome Pack

1.2.2 Meetings:

Tuesday 12th March 2019

Four panel members conducted placement visits to three Scottish NHS Health Boards - two in and around Glasgow Central and one outside of Glasgow. Between them these three institutions are training four of the five students currently in training.

Wednesday 13th March 2019

Meetings were held between panel members and:

- HDS Chief Executive Officer
- Joint Course Directors
- HDS Finance manager
- Academic Course Administrator
- Year 2 students
- Teachers, Visiting Lecturers, Intensive Case Supervisors
- Service Supervisors
- Chair of Training Committee
- External Independent Organisational Consultant
- Robert Gordon University representatives

All the Child and Adolescent Psychotherapist panel members had the opportunity to observe the teaching in seminars and clinical workshops during the visit.

Thursday 14th March 2019

The panel met with the CEO and joint Course Directors to provide HDS with preliminary findings from the visit.

Wednesday 1st May 2019

The panel convenor conducted a 'zoom' meeting with Director of Training for Psychology Services at NHS Education Scotland (NES) in her capacity as NHS education and training commissioner for Scotland.

1.3 Requirements from the ACP's previous re-accreditation report in 2015 and an update on progress

The 2015 ACP re-accreditation review stipulated that the clinical training programme had to meet ten conditions. However, it is important to state here that there have been significant changes to the previous training structure (2013-2017) including the appointment of two new joint Course Directors, (July 2017) and several changes within the teaching and tutorial team. Updates on the requirements are in italic.

1.3.1 HDS should take action to review and improve their support of 'long distance' service supervision.

From the 2017 cohort students were only placed where there is a service supervisor on site. All 5 Trainees have a supervisor in their team.

1.3.2 HDS puts in place a programme of CPD specifically related to teaching, training and service supervision (not clinical practice) for staff in the training school.

A CPD programme covering a range of subject areas has been organised by HDS and is scheduled to take place in 2019. Tutors will be required to attend at least one CPD event in the programme each year and encouraged to attend all.

Termly staff meetings with the core group of teaching staff to consider their training needs are in place.

1.3.3 That HDS reviews the leadership and membership of the Training Committee to ensure good attendance and there is input from a wider range of stakeholders

More members have been recruited to the Training Committee and attendance is monitored, recorded and has improved.

1.3.4 When reviewing, updating and developing the curriculum the views of service supervisors should be taken into account.

The new Doctorate Programme was drawn up by the joint Course Directors and in collaboration with one of the Service Supervisors, The new working relationship with Robert Gordon University and course accreditation involved a high level of collaboration. Consultation also took place with other Heads of Training Schools who were generous in sharing their experience, particularly in relation to the programming of the research component. The timing of creating this new course and university accreditation took place at the same time as new students were being appointed to their clinical placements, and subsequently it was not possible to consult with the entire service supervisor group about the course at that stage.

Within Service Supervisor meetings now there is space to consider service aspects of the curriculum.

1.3.5 That HDS considers the development of a strategy and plans for the continuation of the training aimed at hoping to secure longer term contracts with NES and service providers, in order to secure trainee numbers, extension of training in extenuating circumstances and possibly include more frequent intakes driven, evidenced and supported by workforce planning and service needs. Whilst it is the case that HDS can only work within the policy framework of NES, extending and

building further upon the relationships with NES and new service providers and other organisations could help to secure the future for training in Scotland.

HDS responded to the Scottish Government's consultation on a 10-year mental health strategy and will take all future, similar opportunities to contribute. In addition, HDS is seeking other approaches to influencing future policy relevant to child psychotherapy by raising the profile of the organisation generally and the CAP training specifically through exhibitions e.g. the Children in Scotland annual conference, the NHS Scotland annual conference and other similar events. HDS have been active in developing a new programme of 'open days' and evenings that take place four times per year. These events have as a central aim the promotion of courses being delivered at HDS, and include the pre-clinical observation MSc course, as well as the Clinical Training. HDS has continued to develop its relationship with NES in relation to the clinical training. In late 2018, the HDS Chief Executive and ACP Scotland representative met with the NES Director of Training for Psychology Services to discuss the long-term future of the training. NES representatives attend the training committee meetings periodically and the HDS Chief Executive maintains regular contact with the Psychology Services department. HDS will continue to foster the good relationship but recognise that NES can only commission funding for training places on the basis of the overall NHS workforce planning models.

1.3.6 Changes to the curriculum should be reflected in the trainee handbook.

The Handbook has been entirely rewritten at the point of validation with Robert Gordon University and details of the new curriculum are contained therein.

1.3.7 When selecting future students HDS should try to ensure that the cohort reflects the diversity of the current CAMHS workforce.

Although the current Course Directors were not involved in the selection process for this cohort, the student group reflects the diversity of the current CAMHS workforce.

1.3.8 In response to the direct wish of the students HDS managers to consider how best to monitor and review interpersonal relationships within the school and intervene and take positive corrective action when/if any evidence of difficulties arise.

The Course Directors are aware of the need for positive and well-functioning interpersonal relationships and pay close attention to such dynamics. Course Directors take part in a joint process of external supervision with a Psychoanalytic Organisational Consultant on a bi-monthly basis to attend to the ongoing healthy functioning of their working relationship and that of the staff group. Termly meetings are held with the staff group, where interpersonal relationships are considered and monitored.

1.3.9 HDS should find ways of ensuring that trainees have access to laptops which will help them when they are out in the community and to receive service supervision in a timely way.

Laptops are available for students from within their NHS boards. However, each student has access to a PC and a desk, and ample opportunity to complete administrative tasks and writing up within their working week.

1.3.10 HDS may wish to consider developing a relationship with the ACP in Scotland to establish a more collaborative and structured plan/programme of innovative and inclusive CPD opportunities for Child Psychotherapists across the country.

The Course Directors attend ACP regional meetings and are a significant presence there. All Scottish Child and Adolescent Psychotherapists are invited to the Training School Intensive Study Events. The Course Directors attend CPD events organised from within the ACP regional group, as well as contributing to the planned programme of events. The Course Directors are actively involved in the planning for the forthcoming ACP annual conference in Glasgow.

2. Management and Organisation

Information and evidence gathered from: the Course Handbook (2017); SED and additional information sources; HDS web site; Policy documents relating to HDS vision, strategic, delivery and business objectives; the Office of Scottish Charity Regulator's web site

Meetings with: The Chief Executive Officer; Finance Manager; Academic Course Administrator; Course Directors; and a meeting with the Director of Training for Psychology Services at NHS Education Scotland.

2.1 Human Development Scotland background and organisation

HDS Human Development Scotland (HDS) became a charity in 2012 and opened its doors in January 2013 it is the successor organisation to The Scottish Institute of Human Relations (SIHR) and much of the work was transferred from SIHR to HDS at that time.

HDS is regulated by The Office of Scottish Charity Regulator (OSCR) and is governed by a Board of six Trustees the Chairman is Graham Monteith.

The panel noted that Board membership comprises at least one member who is a graduate of training provided by HDS and several others who contribute to committee memberships. Additional Trustees to strengthen the organisation in the areas of fundraising and marketing are being sought.

The Board delegates day to day operational responsibility to the Chief Executive Officer (CEO) who was able to provide the panel with an over view of the organisation including strategic and operational plans and a risk analysis.

The mission of the organisation is **'To relieve mental and emotional distress by increasing the availability of and access to, high quality psychodynamic and psychoanalytic counselling & psychotherapy for all who need them'.**

Training provided by HDS includes:

- Doctorate in Child and Adolescent Psychoanalytic Psychotherapy (CAPP) training.
- Postgraduate Diploma/MSc in Psychoanalytic Observation and Reflective Practice: Therapeutic Work with Children & Young People (TWCYP).
- A suite of short courses in relation to infant and adolescent mental health.

HDS is the only provider of this type of training in Scotland its main clients are from public and third sector organisations.

During the panel meeting with the CEO she advised that the organisation has identified the following risks on its risk register relating to the professional training they provide:

- The TWCYP course is currently running at a financial loss to HDS and it is also becoming harder for prospective students to be released from work to complete the course resulting in a drop in applications.
- The majority of students on the Doctorate programme are currently funded by NHS Education Scotland (NES) and there is still uncertainty about sustainability of this funding.

HDS has a small team all of whom work part time comprising: the CEO; Business Manager; Finance Manager; Marketing officer and an Academic Course Administrator. During the visit, the panel were made aware of the CEO's intention to leave the organisation at the end of May (2019) and that the post will soon be advertised. Despite the CEO's assurances about continued Board support for the training the panel are concerned that any change to the leadership of an organisation will inevitably result in a period of uncertainty for that organisation.

The panel noted that nationally the Scottish Government is engaged in a systematic review of infant, child and adolescent mental health services which may have serious implications for future service provision and therefore the potential for further improving access to Child and Adolescent Psychoanalytic Psychotherapists, (CAPP).

HDS does not have a social media advocacy strategy that could promote both the objectives of the organisation to improve mental health across Scotland and raise the profile of the role of Child and Adolescent Psychoanalytic Psychotherapists.

The panel are minded to prompt the ACP nationally of the significant opportunities engagement in this process may hold for the profession in Scotland.

2.2 HDS Premises and infrastructure

In 2016, Human Development Scotland moved to its new premises in Glasgow (4th floor Victoria Chambers, 142 West Nile Street, Glasgow, G1 2RQ). The new offices now offer a suitable venue for all seminars, group discussion and events. This development has been a very positive one as traveling to the centre of Glasgow is much easier for students, supervisors and the teaching team.

2.3 Governance arrangements

The panel is assured that HDS has sound policies in place covering human resource management, equal opportunities, health and safety, data protection, disciplinary & complaints handling and appeals procedures. The organisation is registered with 'Volunteer Scotland' who provide disclosure services to charities and other third sector organisations and appropriate checks are undertaken for employees of HDS and students.

HDS has to comply with the governance requirements of its university partner Robert Gordon University (RGU).

As students commence their training, they are required to sign a written undertaking to abide by the 'Codes of Ethics', of HDS, RGU and the ACP in addition to HDS's relevant policies, procedures, and training requirements which are clearly set out in the 'Course Handbook' (2017).

Students are reminded that they have to comply with their employing organisation's policies, procedures and guidelines, including those related to equal opportunities, health & safety, confidentiality of information, child protection, record keeping, restriction of liberty (control & restraint), diversity, data protection and the 'Access to Health Records Act' (1990) in keeping notes and writing reports.

Confidentiality applies to all information concerning training patients and patients of other students discussed in seminars. It extends to information both given to individuals and gained from them, to written material and to formal and informal discussion with colleagues.

Whilst it is recognised that, for the purpose of training, information about a patient will be open to other professionals, students must confine discussion of case material to these settings and guard against accidental or inappropriate disclosure. In all notes and in any presented material by a student, pseudonyms or initials must be used for the individuals.

Both HDS and RGU have equal opportunities policies to which they conform. The course promotes and monitors these policies and they are reviewed regularly in staff meetings and equal opportunity is included on the course evaluation forms.

2.4 Financial and contractual issues

HDS provided the panel with a copy of its Annual Report 2016/17 excluding financial summaries. However after scrutinising OSCR's website the panel was able to confirm that HDS is financially stable.

The finance manager has responsibility for managing the NES block contract for the CAPP training including:- training school employee salaries; visiting tutor and supervision payments; travel and subsistence reimbursements; Continuing Professional Development (CPD) staff costs; payments to NHS organisations' and to RGU. Appropriate Service Level Agreements (SLA's) are in place between HDS and RGU, teaching/tutorial team members and intensive case supervisors.

A block contract in place with annual schedules for NES funding and is accounted for separately from the rest of the HDS annual budget.

HDS is able to carry forward any NES funding under- spend into the next financial year to support extensions for students who may for example have to take extended sick or maternity leave. (NES has agreed to fund such extensions in the past).

No formal contract monitoring of the block contract is required by NES.

2.5 Organisational Partnerships

2.5.1 Robert Gordon University

The four year Doctorate in Child and Adolescent Psychoanalytic Psychotherapy was validated by RGU in a new partnership with HDS in July 2017. RGU has a track record in health professional education including a 'Professional Doctorate in Physiotherapy' and wanted to extend its portfolio of provision to include other professions.

Over the last decade RGU has consistently been reported as having one of the best records of any UK university for graduate-level employment and was quoted in the Guardian University Guide 2017 as the top university in Scotland for the Health Professions, Journalism, Architecture and Pharmacy.

The panel gained the impression of the partnership between HDS and RGU as one of mutual respect, with a willingness on the part of RGU to be flexible and responsive to the unique nature of the clinical training whilst maintaining academic standards.

Current students have encountered problems in relation to the research elements of the course which are detailed later in this report but the panel is confident that these are well understood by both the training school and RGU and are being fully addressed.

2.5.2 NHS Education Scotland (NES)

The HDS Chief Executive and the ACP Scotland representative have worked hard to develop closer communications with NES, and both parties have been active in developing this relationship. Since the last accreditation there has been a new Chair of the Scottish ACP group appointed, who has also become part of the doctoral supervision team and teaches on the MSc observation course, and thus has a closer working relationship with the training school and teaching team.

The current intake of five students started in September 2017 and NES has suggested to HDS that it may be possible to increase the next intake in 2021 to six trainees but is unlikely to commission more frequent intakes in the short/medium terms. However this was not endorsed during the panel convenors meeting with NES.

During discussions with service supervisors and students it became clear that when the current cohort qualify they will at best only be replacing the CAPP's planning retirement in the next 2-3 years. This unsettling situation is not unique to HDS as uncertainty regarding future funding and training numbers in the context of an ageing CAPP workforce versus expanding service needs applies to every training provider of child and adolescent psychotherapists in the UK.

According to the SED, HDS is to explore how it may find routes to expand the availability of child psychotherapy, has begun considering how this could be achieved through working with third sector organisations and is in the process of developing a plan over the coming 12 to 18 months.

A SKYPE meeting between the panel convenor and the Director of Training Services in Psychology at NES confirmed that NES is highly satisfied with the current provision and described the new course as both strengthened and improved. There is a recognition that huge challenges exist in building CAPP capacity in the areas of Scotland which remain without any CAPP provision but NES stood by the decision made in collaboration with HDS not to place students in CAMHS teams within Health Boards who have no CAPP in post able to supervise on a regular basis.

The Director was able to confirm that NES is able in the short term to maintain current levels of commissions (4 students) but could not make any guarantees about future commissions after 2021 when the NHS spending review is announced by the Scottish Government.

When asked about funding for the Pre-clinical MSc course the Director would not make a firm commitment but said that negotiations with HDS are on-going. She stated that she fully understood the implications for CAPP training provision should the MSc course fold, was very sympathetic and had been able to provide some ad-hoc financial support but did not have the resources to make a firm annual commitment at this stage.

2.6 Summary and recommendations

The panel is confident that the Clinical Training in Child and Adolescent Psychoanalytic Psychotherapy and the Professional Doctorate is being well organised and managed despite the uncertainties surrounding long term funding and commissioning arrangements.

The panel recommends that:

- The training school keeps the ACP informed about progress in the appointment of a new CEO via their 'Annual Report' to the ACP.
- The ACP supports HDS to engage with the Scottish Government in the current systematic review of infant, child and adolescent mental health services which promotes the role of CAPP's
- That HDS continues to build on its relationship with NES and press to resolve the fragile situation in relation to the financial provision of the MSc in Psychoanalytic Observation and Reflective Practice

ACP standards are met.

3. Staffing and Effective Use of Resources

Evidence gathered from: SED and supplementary information (including minutes of meetings); meetings with the teaching and tutor teams at HDS; a meeting with both Course Directors; meeting with Service Supervisors and also written feedback from Service Supervisors not able to meet panel members in person.

3.1 Course teaching

3.1.1 Clinical teaching

The HDS course teaching team is made up of the two course directors who are in a 'job share' and are seconded on a part-time basis from a local NHS Health Board. Their combined contribution to the training school is six sessions per week.

The teaching team involved in the current doctoral programme have either been trained in Scotland, at the Scottish Institute of Human Relations or at the Tavistock Clinic, and therefore are embedded in theoretical and clinical traditions from these trainings.

The core teaching team are long standing, very experienced, dedicated qualified Child and Adolescent Psychoanalytic Psychotherapists, many have a specialist interest and clinical experience in the areas they are teaching,

There are six clinical teachers and also a range of visiting lecturers providing support to the course. Several members of the core teaching team are retirees and efforts have been made to recruit younger teachers, however there is no clearly documented plan for securing the future teaching workforce at HDS

The panel found evidence of non-child psychotherapy colleagues' involvement in teaching specific seminars. They are asked to do so because of particular expertise, for example in the area of sexually harmful behaviours and contributing to the achievement of specific competences within the ACP Competence Framework. Visiting lecturers also appear to contribute to the research strand of the programme and there is close collaboration with RGU.

Inevitably with such a small teaching team individuals may undertake several roles at once for example the two course directors also act as personal tutors however they made the panel aware that they are mindful of these role differences across the whole team and have tried to be explicit about specific roles and expectations both in the Course Handbook and during the thorough induction process undertaken by the students.

Support and guidance is offered to the student for the duration of the training by a personal tutor who meets with the student once a term. The personal tutor provides the main channel of communication between students and the Training Committee, whilst also liaising with the service supervisor and intensive case supervisors. Students have a separate intensive case supervisor for each of their intensive clinical cases. This supervisor offers weekly supervision and is responsible for the student's learning from the case, supervising the student's understanding of the clinical material.

The panel met with most members of the teaching team and personal tutors including those still working in the NHS or other employment and others who are now retired, their passion and commitment to teaching on the programme came across very strongly. The group consensus was that there is now a much more collaborative team approach within the training school with individuals feeling that their contributions are valued. It was noted by the panel that the two course directors have made a big difference and it was confirmed that they work well together. The team described that "It feels completely different to how it did before. There are still anxieties but these are focused in appropriate places rather than in dealing with angst".

There is improved working between the pre-clinical and clinical trainings now, with joint events being planned.

The teaching team were able to speak positively about their involvement with the training school in planning for the future including:-

- Tapping into all the relevant expertise from across Scotland to enhance and improve the range and quality of teaching on the course
- Further develop the team approach and shared responsibility for improving structures and processes.
- Develop the future generation of teachers [the group recognise that there is recruitment potential from within the TWCYP teaching team]
- There is a plan to hold some Alumni events at HDS through ACP Scotland.
- Open up the intensive study events to teaching staff

3.1.2 Research teaching

Research teaching is undertaken by a small team of highly motivated and highly qualified research teaching staff from RGU, often using Skype.

At the panel meeting with RGU they explained that in order to achieve a balance of clinical /theoretical elements of the course v research aspects of the curriculum they have put in place a three stage process

- Stage 1 systematic review to establish what the student's research question is [based in practice]

- Stage 2 test this out by undertaking a practice based audit
- Stage 3 refine and add to the literature review

3.2 Teaching and supervisory team development

All those who teach on a regular basis on the course submit a CV which provides evidence of their experience and competence for the teaching they do and copies of these were seen by the panel.

A range of CPD opportunities are being planned and offered to the teaching and tutorial team in 2019 and all will be required to attend at least one of these CPD events and encouraged to attend all throughout the year.

The panel saw evidence of the teaching and tutorial team being involved in wider CPD and development activities as part of their roles as child and adolescent psychotherapists. These include: representation on 'Managed Clinical Networks' for child protection in place across Scotland; involvement in new infant mental health services and providing consultation for an under 12's in patient unit.

Evidence was also provided on course and training events undertaken by the core teaching team, examples of which are set out below:

- A number of the core staff teaching group have attended mentalization trainings that include MBT-A, MBT-F and AMBIT training delivered by the Anna Freud Centre. (Both course directors are accredited 'Mentalization Based Treatment Supervisors').
- Two members have attended the Anna Freud Centre 'Story Stem Assessment Training' and the three-day training in parent-infant psychotherapy at the Anna Freud Centre
- Attendance at the Teaching Infant Observation Conference, Tavistock and Portman Trust
- Attendance at the Royal College of Psychiatrists Conference, Institutional Processes Conference

Core teaching team members have been and currently are involved in reviewing papers for the Journal of Child Psychotherapy and for the International Journal of Infant Observation as well as presenting at conferences and seminars.

The panel heard that there is a shared responsibility for the development of skill and expertise in teaching, and for the team members to teach together in 'paired teaching' enabling each member, especially those less experienced, to observe and learn from others. As well as the clinical seminars, this appears to have been applied to the research seminars, particularly when external tutors have been invited to teach. It is recognised by the panel that the new course is less than two years old and therefore the course directors have not yet had the chance to develop a more strategic approach to developing their future teaching workforce.

The training school is able to demonstrate that despite the challenge of being such a small team they have plans to build teaching and supervision capacity and capability in a more systematic way. This includes, the development of modular seminars that teachers, service and intensive case supervisors can take part in and are a result of closer cooperation with other training schools such as the Northern School of Child and Adolescent Psychotherapy (NSCAP) and the Independent Psychoanalytic Child & Adolescent Psychotherapy Association (IPCAPA) who are already providing on- going training and CPD for the service supervisors supporting the students at HDS.

Increasing capacity in Doctoral level supervision skills was highlighted by the teaching team as a key development need and it was noted that RGU have seminars for doctoral supervision that teachers and supervisors could have access to in the near future which should be taken advantage of if this is made possible.

An invitation to attend a virtual seminar on teaching, supervision, and disability has been accepted by the course directors and this invitation from the Tavistock Clinic has been extended to other members of the teaching team.

3.3 Administrative support

The HDS course has the support of a dedicated part-time Academic Course Administrator who has been at HDS for four years whose role it is to:

- Provide support to the Doctorate, TWCYP, and PG Dip in Human Relations and Counselling courses.
- Organise reading lists for students on Moodle, study events, administrative requirements in relation to student assignments and examination boards.
- Liaise with RGU to organise meetings and events
- Link with tutors, service and intensive case supervisors' ensuring that documentation is received on time and gets to the right committee.
- Provides support to the intensive case training events.

The post holder works closely with the administrator at RGU resulting in a good level of communication between the two organisations in relation to recording and keeping track of student's progress. It was clear to the panel that this post and the particular post holder are highly valued by the teaching team and students.

3.4 Learning and teaching facilities and resources

3.4.1 HDS:

The training suite at HDS offices in the centre of Glasgow offers well equipped and spacious accommodation with a flexible range of rooms for teaching, small group and individual work. It provides library and study facilities and wireless internet access. In addition, students have access to a common room area during their teaching contact time within HDS premises and access to kitchen facilities.

Students have access to a specialist library containing key psychoanalytic literature and there is a dedicated library space for quiet study within the building.

The building is situated in the centre of Glasgow which has good transport and road links, training events take place every Wednesday during term time and it was noted by the panel that most students receive their personal analysis from analysts based in Glasgow and are able to cut down on travel by accessing these sessions on training days.

3.4.2 Moodle

Is the Virtual Learning Environment (VLE) used by HDS to support students. Moodle is an online platform, similar to a website, where they will find a page dedicated to the course with useful information on the course structure and timetables as well as course materials and access to readings. User names and passwords to access the site are given to students at the start of each academic year.

3.4.3 RGU:

The library is available to all students; it is a source of both eBooks and journals. The University offers borrowing privileges and special services for distance learners, including postal loan and photocopy request facilities. Library resources such as texts and journal articles not available online can be obtained by post; this is particularly useful to students based in the Aberdeen area. The Library is a student's starting point for advice on electronic resources, books and journals that they will need on the course. If students attend the University in person, an orientation session is arranged. Most learning resources at RGU are online and can be accessed directly through the internet from home or work.

The Student Portal from within RGU's website is a key resource which provides students access to information and services online, including access to forms such as coursework extension and deferral request forms.

3.4.4 NHS:

Students employed in an NHS training post have access to NHS library facilities, and the NHS e-library. Students are advised in the Course Handbook about how to register to use this facility in their employing organisation. This is a useful resource and offers access to a wide range of journals and electronic resources.

3.5 Summary and recommendations

The teaching and tutorial team at HDS are well qualified, committed and enthusiastic about their roles, and facilities for learning and teaching are suitable.

The panel recommends that:

- HDS develops a strategic approach to planning the future teaching workforce and a formal structure for identifying training and development needs for new teachers
- HDS teaching team and service supervisors be encouraged to take advantage of the opportunities for developing their Doctorate level supervisory skills

ACP standards are met.

4. Curriculum

Evidence was gathered from the SED, 'Course Handbook', Supplementary documents (timetables and module descriptors).

Meetings with Course Directors & teaching team, RGU, Service Supervisors, Training Committee Chair & members.

4.1 Curriculum Content and context

The panel's visit came midway through a new four year doctorate level course accredited by RGU 'School of Health Science'. It is a major development since the last ACP re-accreditation visit. The current cohort of students is in year 2 of the course and therefore it was only possible to scrutinise in detail the curriculum content for years one and two. It is noted by the panel that the curriculum for years three and four is not yet finalised however the outlines are consistent with ACP requirements.

According to the SED the professional doctorate has been designed to provide students with '*an excellent clinical training, fully integrated with a knowledge and experience of the research skills that will be necessary for those working in the modern NHS and third sector*'. The course directors who have steered the design and delivery of the course have created an integrated programme in which research thinking sits alongside the clinical component of the training with the expectation that graduates from the course will become able to use research to further and deepen their clinical practice.

4.2 Learning in the Placement

The core curriculum is embedded in the clinical work undertaken whilst students are in Child and Adolescent Mental Health Service (CAMHS) placements.

The range of clinical experience to which students are exposed in their placements enables them to cover the requirements for training as defined in the ACP Quality Assurance Framework, including a range of assessments with children and young people of different ages and genders, and presenting problems, as well as short and long-term

work. Trainees gain experience working with families, parents, groups, and 'under 5s' consultation. All non-intensive cases are supervised by their CAMHS service supervisor. Students have a separate Intensive Case Supervisor for each of their three intensive clinical cases. This supervisor offers weekly supervision and is responsible for the student's learning from the case, supervising the student's understanding of the clinical material, discussion of technical issues and making appropriate links to psychoanalytic and developmental theory and research.

The Intensive Case Training Supervisors have been approved for intensive case supervision by the Training Committee, and are experienced Child and Adolescent Psychotherapists, and registered members of the ACP.

4.3 Research training

The research element of the course focus on the philosophy of science and psychoanalysis, research methods, literature review, critical evaluation, audit and the practical skills involved in conducting doctoral quality research related to psychoanalytic psychotherapy with children and adolescents. The research component is designed to cross-reference the other modules and to be completed within the four year training programme.

The course directors and representatives from RGU are very open and candid about the significant issues that have been encountered by the current students in relation to undertaking and completing the research components of the course. Complaints of high workloads and a sense of being over-burdened were descriptions used by students to visiting panel members. It is clear from panel discussions with the course directors, RGU and confirmed in team meeting minutes that they continue to learn from their experience and student feedback, for example, further to the submissions at the end of the first year, they programmed some teaching on critical appraisal as this was found to be an area in which students required further input.

It is clear to the panel that these concerns are considered seriously and action to alleviate them is being taken in the short term, including, modifications to the curriculum in years 3 and 4. Modifications for the current cohort have been made which include allowing extra research study time out of term times and by increasing study leave prior to their research submission date. In the longer term from 2021 more major modifications are planned.

4.4 Clinical training

The child and adolescent psychotherapy psychoanalytic academic training takes place at the HDS office training suite. The day runs from 10.00 until 17.00 hours every Wednesday during term time.

There are four seminars consisting of theory, clinical, research, and specialist workshops. These seminars cover theory and technique in the following broad areas: human growth and development; disturbances of development and psychopathology; psychoanalytic theories; psychotherapeutic techniques; the impact of parental mental illness on children. Specific topics are covered throughout the year, for example assessment, trauma, and child hood sexual abuse.

Clinical seminars on the training day, allows students to develop skills in writing process recordings, learning the techniques of child psychotherapy, and reflecting on the emotional experience of the session. The clinical seminar aims to develop students' ability to make links to theory, and to begin to learn how to apply the learning in the seminar to subsequent sessions. Students have the opportunity to present clinical work at least twice per term. Clinical skills are further developed and refined through intensive case supervision.

The 'specialist' workshops which are held weekly for ten weeks provide students with the opportunity to focus on a specific area of practice for example trauma, formulation and learning disabilities. Workshops are taught by a combination of core teaching staff and non-psychotherapy guest speakers. Guest speakers are invited to deliver presentations, allowing students to think about clinical cases which they are likely to have in the area

being covered. Feedback from students' evaluation of these sessions is very positive and they describe greatly valuing topics from the 'external world'.

Panel members attended a range of seminars where students contributed well and there was clear evidence that topics were related to relevant health policies in Scotland, for example 'Getting it Right for Every Child (GIRfEC), and that appropriate links are in place with the ACP's competence framework.

The transition from the former course to the doctoral programme has inevitably created some tensions for students and members of the teaching/tutor team and service supervisors whose workload has increased by their contributing to the design and delivery of the new curriculum. However, the view was that the new doctoral programme was a better fit with the training school, better suited to work in the NHS and relevant to direct clinical practice.

4.5 Summary and recommendations:

ACP standards are met

5. Use of Learning Outcomes

Evidence gathered from the SED, Course Handbook, and Panel Observation in Seminars, Panel Discussion with Teaching Staff, Service Supervisors and Trainees.

5.1 Context

The Professional Doctorate offered by HDS and RGU Aberdeen aims to integrate high quality clinical practice, informed by and building upon the classic psychoanalytic tradition, with knowledge and experience of research skills to equip students to deliver Child & Adolescent Psychoanalytic Psychotherapy in a contemporary context set within a changing and challenging environment in which research is integral to practice.

The course combines working within a clinical setting with lectures and seminars to support academic and practice development with reference to the ACP Core Competency Framework and the opportunity to complete a doctoral level research project under the supervision of staff from HDS and RGU.

These aims include the ability to work within the Scottish Government's national practice model 'Getting It Right For Every Child' (GIRfEC) which is designed to improve outcomes and support the wellbeing of children and young people 'by ensuring they receive the right help, at the right time, from the right people'.

This approach is informed by eight principles or wellbeing indicators often represented by the acronym SHANARRI, referring to how every child and young person should be safe, healthy, achieving, nurtured, active, respected, responsible and included at home, in school and in the wider community. GIRfEC also refers to research recognising Adverse Childhood Experiences (ACEs) and promotes addressing emotional developmental difficulties.

The Professional Doctorate Learning Outcomes provide evidence of how the clinical training is compatible with and well placed to promote Scottish Governmental ambitions to address adversity and promote emotional wellbeing for children and young people across the country.

The SED outlines how, "Teaching is offered in a small-group setting and aims to provide a thorough understanding of normal child development, childhood psychopathology and psychotherapeutic techniques linked with direct experience of clinical work and conducting relevant research."

5.2 Learning Outcomes

The Learning Outcomes developed by HDS with RGU are set within a clear modular framework that describe the aims and expectations in 8 components that detail prerequisite requirements, teaching methods and assessment criteria with time and resource requirements for each aspect of the course and an indicative Bibliography.

The SED identifies how Learning Outcomes as a whole have been designed to enable the student to demonstrate:

- The capacity for critical evaluation of theory and concepts that inform practice, appreciation of normative and pathological emotional development including understanding the impact of adversity, including trauma, abuse, disadvantage and discrimination upon the individual and their families, with reference to various forms of legacy;
- The effective application of knowledge, skills and reflective capacity in clinical practice within a strong ethical framework ensuring reference to diversity and difference, equity and equality evident in communication with children, their parent(s) and/or Carer(s) and in engagement with multidisciplinary and multiagency professional colleagues; and in effective written communication and presentation skills, including ICT skills, relevant to the nature and context of the task;
- The ability to take a leading role in practice contexts, to constructively engage with complexity in clinical work, to offer specialist consultation, supervision and training, and to initiate and participate in service development and delivery;
- The capacity to critically evaluate research methods, their underlying principles and concepts, findings and conclusions that contribute and advance the evidence base and body of knowledge supporting the theory and practice of Child & Adolescent Psychoanalytic Psychotherapy, alongside the ability to develop, design and apply a range of research skills and methods;
- The capacity to continue to critically evaluate and integrate theoretical, clinical and research components in various aspects of the role in order to facilitate further development as an innovative, flexible Practitioner with highly developed doctoral level research skills and clinical experience transferable across a range of employment settings.

The SED notes how although it proved possible to make reference to the then newly published ACP Competence Framework in the compilation of Module Descriptors, the task of full incorporation into the Course Curriculum requires further attention and consideration, particularly in relation to how to support students and service supervisors evidence progress and development.

5.3 Managing demands of clinical practice and research outcomes

Students expressed concern in relation to potential 'bottlenecks' in demands for both clinical and research submissions at certain points. The course directors and staff from RGU acknowledged the need for modification in relation to some expectations in accordance with learning from experience as the Clinical Doctorate is established.

The panel were impressed by the quality of the working relationship between the course directors and staff from RGU evident in the discussion of how practice and research component modules have been developed and areas that may require further attention and adjustment.

The framework of Module Descriptors detail objectives and requirements that encourage a sense of dual citizenship that needs to grow and reflect the joint nature of the enterprise between HDS and RGU.

5.3 Summary and recommendations:

Learning Outcomes are clearly defined and ACP standards are met.

6. Trainee Selection, Progress and Achievement.

Evidence taken from SED, Course Handbook, and additional documentation provided to the panel, meetings with the training school and clinical placement, staff and students

6.1 Selection

The Doctorate in Child and Adolescent Psychoanalytic Psychotherapy Training recruits primarily from the HDS MSc course: Psychoanalytic Observation and Reflective Practice: Therapeutic Work with Children and Young People (TWCYP), accredited by the University of Strathclyde. Applicants come from a wide range of professional backgrounds, including health, social work, and education, private and voluntary sectors. This a modular course and is taught on a part time day release basis at HDS premises in central Glasgow. The current cohort of students was all recruited from this course. This is the only pre-clinical course in Scotland and the fact that the Doctorate programme only recruits every four years may deter students who wish to progress onto the training. There are also concerns that current economic and employment pressures may affect recruitment to the MSc due to prospective candidates finding it difficult to attend while working. The ongoing financial viability of the MSc is also of concern. The Doctorate training is funded by NES but the MSc is not apart from the ad-hoc funding referred to in section 2.5.

Recruitment to the course takes place in two stages, the first being the HDS selection process followed by the second led by the NHS. Only candidates successful in the first stage will progress to the second. Entry criterion is set and reviewed by the HDS Training Committee.

Approximately a year before the Doctorate programme is due to start; HDS notifies other training schools offering pre-clinical training and current students attending the MSc who have expressed an interest in the clinical training. HDS identifies four members for the selection panel, including the chair of the Training Committee, a Course Director and at least one practicing Child and Adolescent Psychoanalytic Psychotherapist.

HDS then advertises the training through the ACP and HDS websites, membership networks and to current students. Simultaneously, NHS trainee placements are advertised.

Four open days are held each year by HDS for individuals interested in either the MSc or the Doctorate to find out what is required in each programme. Potential students are informed of these events by their tutors and information is available on the HDS website. The open day event allows individuals to discuss their decision to apply for the Doctorate and they are also advised to discuss this with their personal tutor from the MSc course. The application process is outlined and it is explained that successful completion of the MSc, application form and HDS interview does not guarantee a place on the training. In order for this, the student needs to be successful at an employment interview with the CAMHS service offering the trainee post.

Two separate application forms are required. The first is submitted to HDS and must be accompanied by two essays from the pre-clinical course, preferably from the 'Infant Observation and Work Discussions' modules of the course. The second is required by the NHS employers. Candidates must also complete a 'tutor reference request form' and a 'Health Board Places Options form', outlining their preferred placement location. The

present cohort had the choice of four Health Boards in Fife, Lanarkshire, Greater Glasgow & Clyde and Ayrshire & Arran. Four trainee placements were initially available, funded by NES. A fifth placement was created in Ayrshire & Arran following negotiation to use the finance that became available when a Child Psychotherapist within the health board retired.

Six months prior to the course commencing application forms are screened by an HDS panel and a short list is drawn up, references from tutors on the pre-clinical training are reviewed. Candidates on the shortlist are then given lists of ACP approved analysts with whom to arrange an initial discussion.

The next stage consists of candidates having an HDS interview, which is observed by a representative from NES. Successful candidates are then notified that they can progress to the next stage and their applications are reviewed by NES and the NHS Boards hosting a trainee. The NHS interview follows and is again attended by an observer from NES. The candidates are then advised of the outcome of their stage 2 interviews and asked to begin their analysis. It is timetabled that application forms are screened in early February and the outcome of the selection process is communicated to candidates by the end of March-early April, thus allowing approximately 6 months (3 times weekly) pre-clinical analysis prior to the course commencing at the end of September.

For the current cohort there were more applicants than trainee posts available and so it was competitive. Following appointment, this cohort was the first to be financially supported to begin analysis six months prior to the start of the course and it was noted that this had a positive impact on their readiness to begin work on their first intensive case.

6.2 Progression and Achievement

Trainees' progress and achievement is monitored in various ways.

The Personal Tutor is the key person linking between the student the academic team, service supervisor and intensive case supervisor about how the student is progressing. Their role requires that they ensure the student is meeting regularly with their service supervisor. Intensive case supervisors are required to link with the personal tutor once per term or if they have any concerns about how a student is managing a case.

Two formal meetings are held between the student, service supervisor and personal tutor during the academic year, a Placement Review Meeting (PRM) in the 1st term of the year and an Annual Review Meeting (ARM) in the 3rd term.

The PRM considers the student's conduct and progression in the placement and is attended by the service supervisor, personal tutor and student. Feedback and views from other members of the multi-disciplinary team can also be included. It takes the form of a semi-structured interview and the students clinical performance is assessed in the areas of; practice placement, basic clinical competencies, professional competencies, professional skills, professional and ethical standards, working with colleagues and use of supervision. These areas in keeping with the aims and objectives as set out within the ACP regulations and Competence Framework.

This meeting considers evidence that the student is making progress and considers targets for the remainder of the placement. Areas where the student is underperforming and any other concerns are also noted. If these concerns are regarding the conduct or competency of the student and need to be dealt with urgently the Course Directors may ask for a special Training Committee to be convened to address these.

Following the PRM the personal tutor writes a report, which summarises the main points of the meeting and agreed action. This is then given to the student and the service

supervisor to amend any factual errors and for the trainee to add any comments before being signed by both.

The ARM takes an overview of the student's development at the end of the academic year and considers evidence from a number of sources that include the trainee's log; a report from the personal tutor; a report from the service supervisor; and reports from intensive case supervisors. The student is given these reports prior to the ARM and any concerns about poor performance are discussed with the student prior to the meeting.

The ARM will monitor the student's progress overall, including within the placement and a minute will be written by the personal tutor including recommendations to pass or fail or pass with stipulations. It is given then to the service supervisor and student and signed and along with records of tutorials, annual reports from tutors, service supervisors and intensive case supervisors becomes part of the 'Student Progress Record'

These recommendations are then given to the Training Committee who can recommend that the student:

- Pass the practicum component of the course for that year;
- Pass 'with stipulated requirements'; in this case, the stipulated requirements must be clearly stated in the concluding section of the report, with details about how these requirements should be monitored and any support the student may need to fulfil these requirements;
- Fail the practicum component of the course;

The Training Committee then makes a recommendation to the Examination Board for that particular student for that year. The course directors attend the examination board.

"The ARM acts as a threshold point of recommendation to progress onto the following year in terms of the clinical placement, subject to the passing of academic submissions. The rigour in assessing student progress and clarity with which this is communicated is a key aim of the training school, whilst also acknowledging the complexity of this task as the experiences and competencies are necessarily different at each stage of the Clinical Training." (Details of the agenda for these meetings, their role and format are contained within the Course Handbook).

Out with these meetings, issues of concern in relation to clinical or academic performance of students are discussed in tutorials and service supervision and further support is available for students with; additional three way meetings, additional clinical supervision, increased contact between the personal tutor and service supervisor, wider teaching team discussions and increased tutorial discussions for assignments.

A further course requirement to monitor the students' progress is that they keep a detailed record of their clinical experiences and training events they attend. This is regularly reviewed by their service supervisors and personal tutors.

There is recognition by HDS that a psychoanalytic training may put trainees' under emotional pressures. In view of this, personal tutors have an ongoing pastoral duty to students. In addition, a psychoanalytic organisational consultant meets with the cohort twice a term to help process issues as they arise. Students also stated that they felt that the Course Handbook was informative and provided guidance for them if they felt they needed to raise concerns with the teaching team.

The Training Committee also monitors the measures to support students' and their concerns. A student representative attends a part of the Training Committee meeting each term and feeds back to the trainee group. Students' were able to give a recent example when they had written a letter to the Training Committee expressing concerns about the challenges and demands of the research aspect of the training. This letter expressed their views in a thoughtful and sensitive manner and included suggestions

about how things might be improved. Consequently, it was agreed to increase the amount of study leave available to the students and an agreement to reconsider the order of the components in the research module for future students'.

At the end of year 2 a student can exit the Doctorate and progress to Masters level whilst completing their clinical training and registering with the ACP after 4 years. When students enter their 4th year there is increased focus on future employment possibilities. Previous course graduates have all been successfully employed within the NHS with one exception, who gained employment in the voluntary sector before moving into private practice. Although there are very few Child Psychotherapists within Scotland training posts have assisted the development of substantive posts within the NHS.

All of the teaching team, supervisors and students agreed that the ACP's Competence Framework has been extremely useful in monitoring and supporting progress and achievement of all aspects of the training and ensuring that the students will have the necessary skills to enter the workforce and practice safely.

6.3 Summary and recommendations

The opportunity for simultaneous completion of the professional training and a qualification at doctorate level for this cohort of trainees is a very positive step in the development of Child and Adolescent Psychoanalytic Psychotherapy within Scotland.

The panel recommends that:

- HDS and RGU set out the improvements/amendments they intend to make in response to student feedback to the research component of the course in all relevant course documents.
- HDS sets out in all relevant course information documents the improvements it intends to make to the recruitment and selection process prior to recruitment of the new cohort starting in 2021

ACP standards are met.

7. Trainee Support

Evidence taken from SED, Course Handbook, meetings with the teaching team, service supervisors, service managers in clinical placements, and students

7.1 Induction

The SED states that each student will be provided with an induction programme in their employing trust, which is tailored to fit with the particular circumstances of each placement. The Personal Tutor is expected to liaise with the Service Supervisor about this prior or very early on in the start of the training. During the panel's discussions with the students a range of experiences were described, from positive to frustrating, in relation to the period between their interviews and the start of their training posts. All students demonstrated a sound understanding of the particular characteristics and nature of their posts and expressed great satisfaction with the support they receive from their service supervisors. The SED also stresses how during the first term of the training there is an overarching theme of general orientation to the course, which the students experienced as helpful.

In a panel meeting with the students it was highlighted that a common aspect of each students' experience prior the start of the training was a limited understanding of what the training would really involve, particularly the research component of the training. The students agreed that it would be helpful to have a course induction, as a way of familiarising themselves particularly with the academic/research expectations of the training. The students also expressed frustration in relation to the requirement of pre-

clinical analysis and how taxing this was for most of them. Similarly, the students were all in agreement that more clarity around the process of pre-clinical analysis, particularly regarding cost and frequency would be very helpful for future training groups.

During the first term of their training the students also received an introductory session to Robert Gordon University, library and student support services, as well as introduction to the ACP roles and responsibilities, the ACP competence framework and the structure of the training school, HDS, and the role of the Training Committee. During discussions with the students it was apparent that by their second year the trainees were all very familiar with various systems and bodies that supported their training.

7.2 Tutorial system

The SED outlines a clear system of personal tutors and service supervisors, what each one's role entails and the frequency and purpose of tutorials. There is great emphasis in the personal tutor and service supervisor to work closely together and the importance and clarity regarding the avenues of communication between them is stressed. Understandably, within the small group of teachers (as well as a small group of students) a member can carry more than one role at a time in relation to the same trainee. This was something that students, personal tutors and service supervisors all acknowledged. The SED gives clear pathways of what action can be taken when conflict arises in situations where the roles are overlapping and the students were very clear in acknowledging both their initial frustration/confusion regarding the overlapping roles as well their increased trust in how the teaching team are working together to provide a close knit support system during their training experience.

During separate panel meetings with the students, service supervisors and tutors it was acknowledged that the fact of having a small teaching group was a reality and something that everyone involved worked to their best of their ability to manage in the best way possible.

Each student recognised the value of their personal tutor, who is a member of the core teaching team. This is a central relationship from the student perspective and follows a system of a minimum of termly tutorials with the student able to request more tutorials as and when the need arises. The personal tutorials provide a forum to discuss a range of issues, and are where the student can present his/her Log for reference.

The record of these tutorial minutes has to be agreed upon by the student before the document becomes part of the student record. The service supervisor who is the lead person responsible for the student during their clinical work is offering a minimum of once weekly supervision. Three way meetings, between the trainee, service supervisor and personal tutor take place at the first term of each academic year, and are recorded in the placement review meeting note, which again once agreed upon by all parties contributes to the student record. The intensive case supervisors' feedback is given annually with a written report. A further contact between the Intensive Case Supervisors and the Personal Tutor on a termly basis is also being considered. This would greatly add to ensuring that any issues of concern are identified at the earliest opportunity.

7.3 Student feedback processes in placement and Training School

During the panel meeting with the students it was apparent that those present were familiar with and using the ongoing feedback mechanisms in place within the training school. They gave examples of how their feedback in relation to the various aspects of the research component of the training was communicated to the teaching team and how they felt appropriate changes were made. Similarly, during the meeting of panel members with the RGU it was highlighted how student feedback was taken seriously and was being acted upon, particularly considering this being the first collaboration between the two educational bodies, HDS and RGU.

The SED details formal and informal systems of feedback, both within HDS and RGU. Students are encouraged to offer feedback for any aspect of their training experience through 'Self Evaluation Forms' online 'Student Evaluation Questionnaires' (RGU) and during all the tutorial system and various meetings, such as the three-way meetings (the PRM and the ARM). The data gathered is used to evaluate and improve the current training experience as well as to identify future areas of improvement. Special consideration is given to the dynamics and challenges, as well as benefits, of being part of a small and intimate clinical training team and it is highlighted how this is being approached sensitively and with the anonymised feedback mechanisms in place to ensure the process of quality assurance. Furthermore, a student representative is strongly encouraged to attend the Training Committee meetings, and the student group expressed their appreciation in having their presence and voice heard within these meetings.

7.4 Raising an issue or concern

During the panel's meeting with the group of students, they were asked about evidence to demonstrate how a students' complaint might be dealt with. They were keen to show the members of the panel present a letter they wrote as a group regarding a serious concern they all shared to various degrees. They explained how one of them represented the whole group during a Training Committee meeting and presented the letter to the members of this committee. One student shared her experience of making an informal complaint and expressed her frustration as at the time she felt that her complaint was not sensitively responded to. However, this student also acknowledged that she really values the level of support she receives.

Overall, the students expressed their awareness of how to raise a concern and/or how to make a complaint and all present felt able to approach a member of staff to make a complaint if necessary. Regarding the experience of raising an issue as a group the trainees shared the view that their concerns were heard. The students were familiar through their Course Handbook regarding the processes available to them regarding raising issue/concerns and/or making a complaint. The SED details complaints and appeals structures as they relate to the two different bodies: HDS and RGU.

All present at the meeting with panel members reported having received a copy of the Course Handbook and expressed their satisfaction regarding the information it contained. The students use their handbooks as the first step for guidance through the various processes and reported no issues relating to the information it includes.

7.5 Exit of course interviews

This doctorate programme is currently in its second year and as such the students have not yet had an experience of exit interviews to comment on.

The SED acknowledges being at the half way point of this doctorate programme and the final stage of the training is actively being considered. From the information in the SED it appears that exit interviews will not simply focus on how the student gains employment post training and CPD opportunities beyond qualification, but it will provide an overarching theme of endings and loss during the final year where all aspects of endings and how to move on will be considered. It also aims to provide space for reflection on the ending of the training experience as well as offer a further opportunity for evaluation of how the training had been.

7.6 Additional sources of student support

Students with disabilities can access support through the various support services offered by RGU. One student gave an example of how helpful it was to receive support from the Dyslexia Support Service. Students also have access to NHS disability support

services via their roles as NHS employees. Personal analysis was considered amongst the students as a confidential space where they all felt supported.

As a group the students are receiving group support meetings twice per term from a psychoanalytic organisational consultant. They expressed their appreciation of having this space and are aware that this group has limited confidentiality and how this may affect their experience. It is not the role of the consultant who facilitates this group to report to the course directors in an ongoing basis, rather to advise and support the students on who best to approach and communicate issues as and when they arise.

7.7 Summary and recommendations:

There is a robust system of tutorial support for students during their four year journey through their clinical training. The students are clear about who they can seek advice from and how to make use of the various supportive systems on offer.

ACP standards are met

8. Trainees Placement Learning and Teaching

Evidence gathered from the SED; Panel Visits to Clinical Placements & meetings with Employers, Students and other Multi-disciplinary team members; Service Supervisors, alongside correspondence.

The clinical training aims to ensure equitable access to treatment through the continuing provision of well-qualified Child & Adolescent Psychoanalytic Psychotherapists working within the national practice model 'Getting It Right For Every Child' (GIRFEC) to relieve distress and promote emotional well-being and mental health in Scotland .

The SED reports upon how all five students are placed within multidisciplinary CAMHS with a service supervisor on site, four of whom are Consultant Child & Adolescent Psychoanalytic Psychotherapists and Heads of Service. These arrangements enable close observation and monitoring of student's learning and development alongside matching selection of appropriate referrals for training needs.

All students are required to complete any mandatory training within their NHS Health Board in compliance with respective clinical governance procedures.

8.1 Accreditation of training placements

There is presently no formal process for the accrediting and reaccreditation of training placements due to the small scale of need and the imperative to build capacity within and across NHS Scotland's 14 Regional Health Boards. An event is being planned to involve a number of Child & Adolescent Psychoanalytic Psychotherapists working in Scotland in co-operation with the ACP to promote the discipline across the country later this year. It is hoped this initiative might lead to greater awareness of child & adolescent psychotherapy and potential expansion in provision, possibly including future training placement opportunities.

The SED noted changes in the geographical location of placements since the last cohort with two students placed in an area for the first time following considerable effort invested by the training school and with a view to these arrangements becoming established. The other well-founded and respected training placements for this cohort of students are located in Glasgow, Fife and North Lanarkshire. Panel members visited four placement areas with varying characteristics set within different contexts.

8.2 CAMHS Team 1

This service caters for a population of around 6-800,000 or approximately a third of the national population within contrasting city and rural contexts across a wide geographical area. Four CAPP's cater for distinct areas of work that in addition to out-patient CAMHS teams also includes 'tier 4 hosted services' with two national inpatient units and a children's hospital liaison service. A 'Joint Thinking Forum' engaging social work professionals has been well received engaging a wish for more input from CAPP's.

Limited resources with the service have shaped priorities with the promotion of psychoanalytic thinking over treatment, however, referrals are reportedly seen quite quickly in each constituent aspect of the service with colleagues able to offer support if/when required.

CAPP's within this service are able to offer

- Consultation to and brokerage with MDT colleagues in relation to referrals;
- Assessment for psychotherapy and 'State of Mind' assessments;
- Weekly psychotherapy with parallel parent work;
- Intensive psychotherapy with family support;
- Parent infant psychotherapy with under-5's;
- Short-term psychoanalytic psychotherapy;
- Mentalization Based Therapy (MBT) for adolescents and family work
- Parent work up to 6 sessions to support a therapeutic intervention with a child.

Goal based outcomes are used as a Routine Outcome Measure (ROM) with session by session feedback and audit alongside the case managers use of CORC ROMs. On-going psychotherapeutic treatment is reviewed on a termly basis.

In addition to working within the hosted tier 4 and liaison provision, the Head of Service is also involved in complex and 'stuck' presentations, while strategically supporting senior service managers with complaints and other service issues. This has also included contributing to training for related services including reporters of children's panels within the legal system.

The research theme within the service purposefully aims to contribute to the evidence base of the discipline and concerns 'the caregiving relationship under stress' focusing upon psychotherapy and complex trauma with reference to difficulty in personality development as a functional outcome rather than a disorder.

The student was not available at the time of the placement visit due to clinical commitments but was seen later in the reaccreditation process. The service supervisor reported that the student has a good range of work with two intensive training cases, one within kinship care arrangements and another based in a different locality alongside less intensive work with a number of adolescents and children. Training issues concerned time allowed for writing up notes that were potentially insufficient to account for the scale of the task.

8.3 CAMHS Team 2

This placement is located within a large deprived and mainly rural context served by seven locality CAMHS teams in addition to which there are two respective specialist services catering for looked after children and for infants with parent(s) diagnosed with serious and enduring mental illness (SEMI). The latter 'reach out' service is a unique resource in the UK.

As child and adolescent psychotherapy grew slowly in an essentially 'ad hoc' manner within this service it has not acquired the core status to enable inclusion in strategic development and so while there are and have been aspirations for expansion it has

essentially flat lined. In addition the loss of provision through anomalous arrangements, alongside the shifting nature of priorities within a service under stress as referrals increase, has led the consultant CAPP and service lead to promote the distinctive qualities of the discipline and provide clear added value in activity designed to promote awareness and potentially generate growth or at least stem further loss. Accordingly, limited resources allow 'State of Mind' assessments that are particularly valued by locality teams but do not lead onto further treatment, and priority is focused upon the specialist services in which the contribution of CAPP's gains greater recognition and potential for future development.

The success of this strategy was evident in the support expressed by the service manager in their meeting with panel members while they also noted how investment has effectively stopped in advance of the current National Task Force strategic review reporting on future service needs and priorities.

The building in which the placement is located presents challenges in accommodating teams with conflicting needs and ways of working. The service supervisor has an office that lacks a window and is not really fit for purpose, and there are sound proofing issues in relation to the dedicated playroom and its position within the building. There are problems with space, 'hot desking' within open plan arrangements that include administrative colleagues alongside clinical staff and create tensions for tasks such as phone-calls in which confidentiality and/or highly charged contact may be an issue. The student reported informal allocation through habitual use facilitates regular use of the same desk most of the time, but service management lack sympathy for a more secure arrangement. The student noted how this has led to four years of instability while observing how it is the same for all disciplines within this service context.

The student reported having two well established training cases and the specialist 'Reach Out' team provides bountiful opportunities for work with infants and their parents. The student described how the weekly psychotherapy team meetings alternate between business and peer supervision agendas with a rotating Chair taking minutes that includes them. The student expressed how this allowed continuity in process recording across training and practice contexts.

The student also described how the course structural requirements involving training and placement allowed good levels of contact and close working relations. However, the student also drew attention to tensions between clinical needs with associated workload pressures, and research commitments that have at times provoked stress and tensions in service supervision. The student raised the question of whether sufficient time has been allocated to allow them to achieve their ambition to do well in both clinical and research tasks whilst also noting how changes have been made at short notice to teaching the research agenda they thought would not be tolerated in the clinical context.

A further concern expressed how the prerequisite master's degree for the clinical training was not felt to have given sufficient skills or knowledge to succeed in the subsequent research task. The student positively suggested further consideration be given to increasing teaching time for the systematic review to include four sessions of individual supervision, introduce flexibility in clinical and research submission deadlines, while also noting that when submission commitments overlap this can cause stress and provoke fears of becoming overloaded and unable to succeed in either domain.

The student also suggested that it could be helpful if quality standards for clinical work could be extended to research requirements to support awareness and appreciation of the demands of each by staff involved in either domain.

8.4 CAMHS Team 3 and 4

These placements are located in CAMHS Teams serving three areas of high deprivation, with a significant number of Looked After and Adopted Children (LAAC), in which staff shortages feature, particularly in relation to Psychiatry and administrative staff. However, the Clinical Psychology discipline is well represented and there is respect and support for child and adolescent psychotherapy provision.

There was previously a Child & Adolescent Psychoanalytic Psychotherapist in each of the three CAMHS teams but the retirement of one colleague has reduced provision to two providing placements to two students all of whom meet on a fortnightly basis.

One student is located as a singleton within one CAMHS team and meets with their service supervisor on a twice weekly basis in addition to which they work together in two case presentations. The student has been able to secure two intensive training cases, however, there was some delay reported in finding an intensive case supervisor for one. Parent work is perhaps naturally problematic in this context and all referrals are discussed by the student and their service supervisor. There has been difficulty finding an infant intensive training case, but there are plans to remedy this.

The other student is able to receive referrals from either the multidisciplinary team meeting or their service supervisor and they are also able to join the initial generic assessment appointment. Parent work is also available, and they have been able to secure infant and adolescent intensive training cases. However, one service supervisor reported how their caseload comprises of approximately 70-80% of LAAC while their student caseload includes 100% LAAC presentations. The student benefits from involvement in consultation arrangements involving 'stuck cases' or complex presentations with schools, social work professionals and colleagues of other disciplines.

Further comments and observations concerned stresses managing expectations involved in the research components in the training. Concerns included whether workload pressures with the combination of commitments in personal analysis, clinical caseload requirements including session recording and supervision, academic submissions alongside travel requirements are adequately recognised and allowed for by RGU and, by implication, HDS.

Appreciation was expressed for opportunities to represent the student group and concerns within the training school. A number of constructive suggestions were offered including training in research prior to commencing the course and the use of intensive study days on research.

Gratitude was expressed for additional support accessed via RGU to cater for a hidden disability. However, difficulties had been experienced in linking with RGU staff and problems with communication technology had also reportedly occurred on occasion impacting upon group teaching.

One of the service supervisors commented upon how no training was available to them and suggested how they would benefit from some provision to cater for 'supervision of supervision'. Another reported having attended one CPD event with another planned this year after having no formal preparation prior to taking up the role while also noting support from the service supervisors group.

Further observations concerned the under-estimation in time commitment required for the role and the usefulness of the ACP Competence Framework in thinking about the requirements of the training course and the task of assessing student progress. Another comment drew attention to how it can be particularly useful when a student is struggling to clarify requirements and expectations, and for planning purposes, while noting how the degree of detail in various sub-sections can render it complicated.

8.5 Communication with Placement Providers

The consensus view from the CAMHS managers in which placements are located was that there is presently an insufficiency of CAPP provision across CAMHS. Managers were

appreciative of the range and richness of thinking CAPP's contribute to inform understanding and address complex needs in clinical work, including recognition of the need to engage with professional networks in promoting viability and the capacity to sustain potential therapeutic work.

The CAMHS managers who met with panel members in two placements drew attention to the National Task Force initiative being established by the Scottish Government to review present and establish future service provision in the light of ever-increasing demands upon the current structure. This strategic review includes four work streams focusing upon infant mental health, neurodevelopmental disorders, and CAMHS pathways and tier 4 inpatient services.

One service supervisor who is a consultant CAPP and head of service has been invited to participate in this initiative. This recognition follows contributions made by them and other senior CAPP's working in Scotland to raise awareness and appreciation of issues pertinent to emotional development, mental wellbeing and psychotherapeutic intervention. It is also hoped that this event prior to the ACP conference will also promote recognition and potential for growth of the discipline within Scotland. Much is anticipated from this work which is likely to determine where and in what investment will be made with £50 million thus far committed by the Scottish Government for services concerned with the health and development of infants across the country.

This very powerful reflective focus was also evident in a children's services review with Glasgow, part of which included a study of outcomes for children brought into care over 30 years that reportedly found no significant improvement over those in Kinship Care left within their extended family of origin. This has had a direct impact upon service provision as children identified as exposed to emotional abuse are no longer placed in care with consequent substantial financial savings being invested in service infrastructure to support kinship arrangements.

Although the contribution of CAPP's engaged in this work has prompted Local Authorities' wish to extend provision, CAMHS are presently the responsibility of Health Boards who want to maintain this position within separate funding streams. Accordingly, pressure is growing for reform with potential 'Health and Social Care Partnerships', while previous attempts at integration of services have not been successful. It was noted how issues may then arise for the capacity of HDS to cater for demand should the outcome include significant growth in child & adolescent psychotherapy provision.

8.6 Service supervisors

It was possible for panel members to meet with four service supervisors during placement visits with the remaining service supervisor contributing via letter. Service supervisors noted how accessible and responsive the course directors have been allowing a strong sense of containment and confidence in the integrity of arrangements. However, an issue was raised about the absence of opportunity to contribute to the initial selection process by which candidates are deemed as suitable for the training that meant it had only proved possible for concerns to be shared about the suitability of a candidate after a training post had been offered.

Further comments noted "a much improved" experience of taking on a student in the present cohort, alongside a perceived under-estimation in time commitment required for the role and lack of formal preparatory training. Suggestions included greater access to formal training in supervision and training to cater for 'supervision of supervision'. A service supervision CPD event had been helpful with more positively anticipated and service supervisor meetings were described as having been helpful and informative, with service supervisors as a group reported to have been very supportive.

Service supervisors positively commented upon the strong commitment of the course directors to the training evident in the work with RGU staff to introduce and incorporate the clinical doctorate into the existing four-year programme of requirements. Although some difficulty was anticipated as this process continues, awareness varied according to the experience of respective students. Other issues reported concerned the relative lack of recognition of child and adolescent psychotherapy in comparison to other CAMHS disciplines within NES training commitments; negotiation between NES and a Health Board over finance and small changes to study time.

Service supervisors also noted the particular usefulness of the ACP Competence Framework in thinking about the task of assessing students' progress and for planning purposes when a student is struggling to clarify requirements and expectations, while it was also suggested that the degree of detail in various sub-sections could render it complicated.

Succession planning was raised as a concern within a relatively small group of service supervisors, several of whom are at points in their respective careers when sustainability of capacity and learning from experience may become subject to incrementally increasing premium.

This reaccreditation of HDS comes at a highly sensitive time in which national priorities are being reconsidered and recalibrated. Service supervisors were very aware of the value of contributing to initiatives examining priorities that may lead to change in how services may be commissioned and the structure of their provision. Some comments alluded to how significant opportunities may arise while the scale of resource available to respond is presently limited. Questions perhaps naturally arose around the role of the ACP in supporting the development of the discipline in Scotland beyond the event planned prior to this year's annual conference in Glasgow.

8.7 Summary and recommendations

The panel recommends that:

- HDS develops a structure for training and supervising new service supervisors.
- A formal process for accrediting and reaccrediting training placements is adopted prior to recruitment of the next cohort of students.

ACP standards are met

9. Assessment of students

Evidence gathered from the SED, the Course Handbook, reports and meetings with Course Staff.

The SED outlines how overall responsibility for the assessment of students' work lies with the Training Committee and the Academic Assessment Board of RGU.

9.1 Academic Assessment Board

There is a minimum of one Academic Assessment Board per year to consider students' assessment results, progression and awards.

The Assessment Board is held within HDS premises and the Board membership comprises representation from both RGU and HDS and is approved in accordance with University requirements. The Moderator is a core member of the Assessment Board and a minimum of one External Examiner has been appointed to examine the course.

9.2 Clinical component

Continuous assessment of the clinical component of the training is undertaken through a combination of tutors, service supervisors and the student working together overseen by

the Training Group that meets on a quarterly basis. Intensive case supervisors also contribute by reporting upon a student's progress.

This dynamic ongoing set of arrangements is supported by weekly contact between course directors and tutors, formal termly reviews within Core Child & Adolescent Psychotherapist Staff Meetings informed by a programme of submissions scheduled throughout the course of the training.

Students are also required to maintain a Training Log with the oversight of tutors and service supervisors within tutorials. It is the student's responsibility to update this record of their clinical work, other forms of experience in their placement and training events attended. This is sent annually to the Training Committee.

The practical component of the training is formally assessed at a combination of Annual Review Meetings and Placement Review Meetings, with a view to any concerns about student's performance being identified and reported by the service supervisor to the course directors as early as possible within their placement. The Course Handbook describes how, for the purposes of the Training and Examination Boards, the duration of the training is effectively divided into a series of one year 'placement periods', and usually continues for four years in one setting. Each year must be passed before a student can progress.

The student's personal tutor is responsible for compiling a report summarising the main points of the Placement Review Meeting and any agreed actions, after amendment of any factual errors the student may add their comments and the document is signed and made available to the Training Committee for their information.

The ARM takes place at the end of each academic year and aims to maintain an overview of student progress and development in order to make recommendations to the Training Committee and the Examination Board.

The ARM makes reference to the Module Descriptors of the course components being undertaken, the ACP Competence Framework, as well as information from the Placement Review Meeting. A minute of the meeting is written by the student's personal tutor that is then signed by the service supervisor and student, and includes a recommendation of a pass, if required with stipulations, or a fail.

The research component of the training is interwoven within the structure of the training and assessed by a programme of academic submissions set within the modular framework, alongside feedback and a report from the student's Research Supervisors.

A 'Transfer Viva' due at the end of the second year aims to establish if a student's research proposal is of a sufficient quality and standard for them to progress to the Clinical Doctorate. Alternatively, students may progress to a Master's degree involving their submission of a Clinical Paper to meet the Qualification Standard for membership of the ACP.

The Course Handbook includes information about the process involved in the Transfer Viva including a preparatory mock presentation and how the examiners include the RGU School of Health Sciences Co-ordinator and a second independent assessor selected by the student's supervisory team.

The practicum assessment structure also includes an External Examiner, a senior member of the profession who receives a sample of submissions and holds oversight that the marking process is fair and equitable.

The external examiner submits an annual report and the Panel had access to that dated July 2018 in which conclusions are supported by detailed constructive criticism. In this report the external examiner expressed how they were "impressed by the thoughtfulness and rigour of the marking" before drawing attention to the structure of a course.

9.3 Summary and recommendations:

The panel is of the view that thorough, comprehensive assessment processes are in place with additional safeguards to ensure fairness and continuing reflection.

ACP Standards are met

10. Qualification

The SED outlines how the "training school will ensure that the student has completed all aspects of the training curriculum recognised by the ACP in order to determine their readiness for qualification."

The HDS qualification process follows the successful completion of clinical and academic components of the course supported by substantial evidence from the framework of continuous assessment overseen by the course directors and training committee including contributions from service and intensive case supervisors, clinical tutors and the student's log of their training and the training committee's formal approval and acceptance of their clinical qualification paper, alongside the satisfactory completion of the programme of academic submissions, research and the viva overseen by RGU staff. An endorsement is also required from the student's analyst to confirm their suitability to work independently as a Child & Adolescent Psychoanalytic Psychotherapist.

The SED describes how a student will then be "put forward by the course directors and HDS training committee for membership of the Association of Child Psychotherapists, following the ACP's stated process, including informing the Membership Committee of the ACP about the qualification of the student in preparation for them being registered by the ACP."

HDS in partnership with RGU award a formal qualification in recognition of the level reached by the individual student, namely a professional doctorate (D Psych Psych) if the research component has been satisfactorily completed, or a Master's degree if the student elected to omit the research component following the transfer viva at the end of Year 2. The SED notes how both of these awards permit the student to practice as a child psychotherapist eligible to seek employment and to practice within the NHS and the voluntary or third sector.

ACP standards are met

11. Quality Enhancement and Maintenance

Evidence taken from the SED, Supplementary documents: Service and Intensive Case Supervisors reports; Student evaluations; Student Seminar Evaluation forms; Student Feedback to Training Committee; Staff self- evaluation forms; Course Handbook 2017, External Examiner reports; HDS Annual Reports to the ACP; Meetings with: Course Tutors; Students, Service Supervisors, and the Independent Organisational Consultant.

The Doctorate in Child and Adolescent Psychoanalytic Psychotherapy was accredited by RGU in July 2017 and the course is aligned to the Scottish Credit and Qualifications level 12 Descriptors which provide a general overview of what would be expected of a typical learner at level 12.

The course is governed by the provisions of the University's Academic Regulations, which were made available to the panel via the RGU's website:

www.rgu.ac.uk/academicregulations

11.1 Course Specific Academic Regulations:

- All modules are central to the objectives of the course and so are not open to change
- A student who has successfully completed 120 credits but elects not to continue to the doctorate thesis may choose to either exit with the Post graduate Diploma Child and Adolescent Psychoanalytic Psychotherapy or undertake the additional 60 credits and exit with the MSc Child and Adolescent Psychoanalytic Psychotherapy (these exit awards do not provide eligibility for membership of the ACP).
- The taught provision is governed by the following university regulations incorporating 'Assessment and Recommendations of Assessment Boards, whilst the Doctorate Thesis element is governed by regulations for Research Degrees.
- English language requirements for entry on the course for applicants who do not have English as a first language are an overall IELTS score of 6.5 or more on application, with a score of 6.5 or more in each component. An equivalent English language qualification is acceptable.

11.2 Complaints mechanisms

11.2.1 RGU

The University operates a 'Complaints Handling Procedure' which is accessible at www.rgu.ac.uk/complaints this procedure applies to all enrolled students of the RGU. The University aims to resolve issues of dissatisfaction as close to the initial point of contact as possible and to conduct thorough and fair investigations of complaints. In the event a complaint escalates to a formal investigation then this shall be undertaken by a University appointed investigator.

11.2.2 HDS

HDS also operates an internal complaints procedure which is set out in the Course Handbook. Evidence from the panel meeting with students confirmed that it was clear to them how to approach and to whom to address any complaints they may have.

11.3 Monitoring of quality and standards

11.3.1 RGU

The University employs several organisation specific mechanisms for evaluating and improving the quality and standards of teaching, learning and assessment across all of its provision. Annual Course/Programme Appraisals are prepared for each course and reviewed and approved by Course Management Teams and School Academic Boards which consider, amongst other things, feedback generated from student questionnaires. Also Institution-Led Subject Review, involving external panel members, on a six-yearly basis formally reviews its major subject provision. This is followed by a three year interim review to monitor progress against actions/issues which are raised through the review process and External Examiner Annual Reports.

11.3.2 HDS

More specific to the Doctorate in Child and Adolescent Psychoanalytic Psychotherapy there is an annual review of each component of the HDS provision in the form of a group discussion to reflect on the learning experience and issues that have arisen. Students are given a Student Evaluation Questionnaire (SEQ) and complete these annually. The purpose of these systems is to maintain and develop the quality of the course through a process of structured dialogue with students and staff which include the following:

- Seminar Review: there is an annual review of each module in the form of a group discussion to reflect on the learning experience and issues that have arisen in the seminar.
- Course Evaluation Forms: are completed annually and are reviewed by course tutors/teachers
- Course Staff Meetings: the course core teaching team meets regularly to review student progress, review the course curriculum and to plan for the future.
- External Examiner's Reports: evaluations and recommendations arising from these reports are responded to, acted on and reflected in future planning.

11.3.3 HDS-RGU collaboration

- A Moderator is appointed by the University to take responsibility for the overall administration, general operation, coordination and monitoring of the collaboration and to provide the academic link between RGU and HDS to ensure adequate ongoing communication between the two institutions.
- The Moderator produces a Moderator Annual Report for the University on the operation of the collaboration, assessment and examination arrangements, which informs the Annual Course/Programme Appraisal.

11.4 The Training Committee

The panel met the Chair of Training Committee who was able to confirm that in her view the Doctorate programme is going very well. Having two Course Directors working together is very positive although it has been hard work getting all the new arrangements and procedures established, including relocating the Training School to HDS HQ in Glasgow from Cupar.

It was noted that the Training Committee is now responsible for the TWCYP course and therefore the Terms of Reference for the committee are currently being revised.

The Training Committee meets 4 times a year with additional meetings in relation to recruitment of new students and upon completion at the end of 4 years. Attendance at meetings has greatly improved since HDS relocated to the centre of Glasgow.

Training Committee membership comprises: five Child and Adolescent Psychoanalytic Psychotherapists; Director/ Deputy of Training for Psychology Services at NES; two Adult Psychotherapists; a former student and the CEO at HDS.

Key responsibilities:

- To time table activities at key points to ensure that the committee is taking the right action at the right times in order to fulfil the requirements of the course.
- Monitoring and measuring academic clinical standards across the 4 years of the programme now in year 2 of the new arrangements so still work in progress.
- Monitoring the progress of the year 2 students and a returning student undertaking year 4.
- Approve decisions to recommend qualification

The Chair of the training committee meets with students every term to discuss any specific issues and receive feedback from them and she too highlighted the difficulties they have had in completing the research module. (Described in more detail in section 4.3).

The Chair also oversees the student recruitment process and it was noted that the training committee has requested that ACP provide a clear steer on number of sessions of analysis students should have every week in-order to reduce the current ambiguity (ACP states it should be 4 sessions but there can be exceptions but these are not specified).

11.5 Feedback

11.5.1 Students

The panel found evidence to support the view that HDS and RGU are working in partnership to create an environment which stimulates the participation of students. This is achieved by empowering them to provide views and opinions in a supportive learning community where students and staff engage in meaningful dialogue and in the engagement of students in the design of solutions and enhancements.

There are a variety of opportunities for students to provide feedback to the University and HDS, and to become actively involved in shaping their learning experience; however there is limited scope for this due to their clinical workloads and other pressures.

This was evidenced by examples such as an open forum for students to reflect and feedback on their experiences of the academic year. This is organised in a way that allows anonymity for the students to report back on particular seminars. The process of feedback ensures that their experience is shared, and that they are able to positively influence the training.

11.5.2 Teachers, service and intensive case supervisors

Within the course the school has developed a rigorous structure of feedback mechanisms that are integral to the training.

The core teaching team are expected to complete a 'staff evaluation form' after each 'block of teaching', this includes comments on the students' contributions; group functioning and the teachers own reflections on their performance.

Service supervisors are expected to provide an annual written report on their student's progress to the personal tutor and to contribute feedback at the formal placement review meetings. Other less formal structures are in place where service supervisors can provide feedback for example at their meetings at HDS and during CPD events and the panel saw evidence of all of these methods during the visit. Most importantly service supervisors are encouraged to alert the students' personal tutor if they have any cause for concern.

In addition the intensive case supervisors are required to provide formal written feedback on students in the form of an annual report and panel members were able to see copies of these during the visit.

11.5.3 ACP

The Training Council of the ACP is responsible for accrediting the training for the professional qualification delivered by training providers. The ACP is, in turn, on the Professional Standards Authority (PSA) accredited register.

The course directors at HDS attend the ACP's UK wide Training and Development Group meetings and they have to provide the Training Council with an Annual Report which includes the actions the school has taken since the last ACP re-accreditation visit the most recent Annual Report was for 2017-2018.

11.6 Summary and recommendations:

The panel is confident that HDS is complying with its duties and obligations in maintaining and enhancing the quality of its education and training provision.

ACP standards are met

12. Values, Equality and Diversity

Evidence taken from SED, Course Handbook, and documentation provided to the panel, meetings with the training school and clinical placement, teaching team and students.

According to the SED "HDS keeps its policies and procedures under review in order to ensure that the realities of discrimination, exclusion, oppression and alienation that may

form part of the experience of its students as well as of their clients are addressed appropriately.”

12.1 Specialist Advice

As an outcome of a complaint in 2013 recommendations were made to HDS regarding the need to provide additional support for students from ethnic minority groups. Consequently, HDS contacted the Coalition for Racial Equality and Rights (CRER) in order to access specialised training and consultancy in the areas of equality and diversity. In addition it has put in place an Intensive Study Event (ISE) which encompasses a range of themes under this heading and HDS has tried to incorporate these themes throughout the course. A further ISE is scheduled to take place in the third year of training (2019/2020).

The course directors have also built a designated space for discussion on difference and diversity within the structure of the Annual Review Meetings

In addition, HDS has access to an additional resource via RGU in the form of training available to the HDS teaching team which also addresses equality and diversity issues. Every two years RGU publishes a mainstream report, including equality outcomes, which explains how the university is developing and implementing its inclusivity statement.

12.2 Services for students with disabilities

For students' with specific learning needs or disabilities HDS's 'Equality and Disability Policy' ensures that should they require additional support this is provided via the disabilities unit at RGU and their needs are discussed with their personal tutor, then together they develop an individual learning plan (ILP) for the student outlining the support measures that have been agreed. These could include specialised software, adaptations to hardware, provision of specialist equipment or additional study time. The ILP is reviewed throughout the course and adjustments made and a further special needs assessment could be arranged if necessary.

During the visit, one student advised the panel that she had received additional advice and help from the 'Dyslexia' service at RGU when she had highlighted her additional needs and she felt she had received an appropriate level of support as a result.

12.3 Policies

The Course Handbook gives basic information on equal opportunities policies for HDS and RGU citing that further information is available to students from the HDS office. RGU has detailed statements in relation to Equal Opportunities, Sexual and Racial Harassment and Disability, which are available to students via the university website. Students stated to the panel that they knew how to access this information should they require it.

12.4 Equality and diversity data/information

Information about ethnicity and disability is now recorded during the recruitment and selection process and in the training log kept by students recording their patients. The present cohort of students is a diverse group, consisting of three white trainees one of whom is Eastern European and two from other ethnic backgrounds, the group consists of one man and four women.

The panel recognises that while there is increased diversity amongst the student group the fact that Scotland is not as racially diverse as other areas of the UK may limit learning opportunities for students in this area of practice. Consequently the course directors stated to the panel that they recognise it is important for them to make links with other training schools and share good practice as well as seeking assistance from appropriate external agencies for specialist training and consultancy. There was no evidence of this however in the documentation provided.

12.5 Access to funding for analysis fees

The fact that trainees are required to self-fund their fourth weekly analysis session may create a barrier for some people considering the clinical training in future especially those individuals unable to afford these fees.

The panel found that there were inconsistencies across the cohort as to the amount each student is paying for the fourth analysis session which appears to depend on negotiation with each individual student and their analyst. The panel considers this somewhat unfair and where real financial hardship can be demonstrated HDS may wish to consider some sort of 'hardship fund' but as a minimum should ensure consistency across the cohort.

12.6 Summary and recommendations

The panel recommends that:

- HDS makes links with other training schools and external agencies in-order to access specialist training and consultancy in equality and diversity to inform both curriculum and internal policy developments at HDS.
- HDS should seek ways of ensuring that all students are treated equally in relation to how the fourth weekly analysis session is funded.

ACP standards are met

13. Personal Analysis for Trainees

HDS recognises that personal analysis is a core element in Child and Adolescent Psychoanalytic Psychotherapy training and this is made explicit in the course outline within their Course Handbook:

"This is a unique aspect of the training that begins before clinical work is undertaken and lasts at least for the duration of the training. This safeguards a thoughtful and objective stance and supports the development of self-awareness necessary for the understanding and tolerance of emotional states in others. It also promotes the emotional resilience that is necessary to be able to practice."

Successful applicants are required to begin personal analysis with an ACP/HDS accredited training analyst six months prior to starting their training. Students are given a list of suitable analysts from which to make a selection and their analysis costs are reimbursed by NES.

During the accreditation visit some students expressed frustration at the delay in being reimbursed for these fees and one student pointed out that they were unable to reclaim the cost of accommodation expenses incurred during this period, as they lived some distance away from the only available analysts. Fortunately, when they started training they moved home and this was no longer an issue

Students also expressed their confusion in relation to the ACP's actual requirements in relation to weekly analysis sessions. Four students are receiving four times weekly analysis, while the fifth trainee is attending only three sessions per week. Funding constraints mean that only three sessions are funded by NES and the students must pay for the fourth session. Students stated that they were unaware they would be required to self-fund a fourth session when they applied to the course.

Within the SED the training schools recommendation is that student's attend analysis for a minimum of four times a week, in accordance with the ACP recommendation. Following attendance at the national ACP Analysts' Sub Committee meeting in January 2019 it has been agreed that analysts in Scotland and the two Course Directors will meet annually to discuss the course and consider if any students may need additional support.

During the accreditation visit, it was acknowledged that the shortage of training analysts in Scotland is a cause for concern and also a widespread UK problem. Several of the

present cohort of students travels out with their health board geographical areas to attend analysis. Most analysts practice in and around Glasgow and the only analyst who has a practice in Dundee is planning to retire soon.

This situation also has implications for any future plans to increase access to Child Psychotherapy across the country as a whole and thus requires a national solution.

13.1 Summary and recommendations

The panel recommends that:

- HDS works with the ACP to find a solution to the shortage of analyst issues in Scotland, which may have to include different models of personal analysis
- HDS addresses the inconsistencies in the number of analyst sessions undertaken by students.
- Information on the analyst self-funding requirements are made explicit to prospective students in pre course information and HDS 'open days'

ACP standards are met

14. Conclusion, Commendations, Conditions and Recommendations

14.1 Conclusion

The panel is confident that the clinical training for Child and Adolescent Psychoanalytic Psychotherapists being delivered by the Training School at HDS is meeting the standards of the ACP.

Although HDS is a small training provider and the funding for the training remains precarious the panel is impressed with the high standards of teaching, supervision and pastoral care being provided to the students.

The small teaching team and in particular the two course directors have successfully led the development and implementation of a new four year Clinical Doctorate in collaboration with Robert Gordon University which has accredited the course.

Re location of HDS headquarters to their new more central location in Glasgow has resulted in improvements to the quality of teaching space and resources for the students and teaching team as well as significantly improving access through easier travel networks.

Panel member's discussions with service supervisors, NES and other members of CAMHS teams confirmed that the students are being well prepared to work effectively and safely in Child and Adolescent Mental Health Services in Scotland.

14.2 Commendations

The panel commends:

1. The teaching and support team responsible for managing the course, in particular the two course directors for their hard work, commitment and enthusiasm over the last two years in not only getting the new course up and running but also in bringing the CAPP community together and all pulling in the same direction.
2. The teaching team at HDS for implementing a new curriculum which incorporates specialist provision with evidence that this will prepare future practitioners to support the Scottish Government's aspirations to improve infant, child and adolescent mental health services.
3. The partnership between the Training School at HDS and Robert Gordon University which demonstrates a respect for psychanalytic thinking and an appreciation of the different needs of CAPP students.

14.3 Conditions

There are no conditions

14.4 Recommendations (to be reported on in Annual reports and Action Plans to ACP)

The panel recommends that:

1. The training school keeps the ACP informed about progress in the appointment of a new CEO and impact on the clinical training provision.
Timescale: next annual report.
2. The ACP supports HDS to engage with the Scottish Government in the current systematic review of infant, child and adolescent mental health services which promotes the role of CAPP's.
Timescale: immediately.
3. That HDS continues to build on its relationship with NES and press to resolve the fragile situation in relation to the financial provision of the MSc in Psychoanalytic Observation and Reflective Practice.
Timescale: by April 2020.
4. DS develops a strategic approach to planning the future teaching workforce and a formal structure for identifying training and development needs for new teachers.
Timescale: by September 2020.
5. HDS teaching team and service supervisors be encouraged to take advantage of the opportunities for developing their doctorate level supervisory skills.
Timescale: ongoing.
6. HDS and RGU set out the improvements/amendments they intend to make in response to student feedback to the research component of the course in all relevant course documents.
Timescale: by September 2019.
7. HDS sets out in all relevant course information documents the improvements it intends to make to the recruitment and selection process prior to recruitment of the new cohort starting in 2021.
Timescale: by December 2020.
8. HDS develops a structure for training and supervising new service supervisors.
Timescale: by September 2021.
9. A formal process for accrediting and reaccrediting training placements is adopted prior to recruitment of the next cohort of students.
Timescale: by September 2021.
10. HDS makes links with other training schools and external agencies in-order to access specialist training and consultancy in equality and diversity to inform both curriculum and internal policy developments at HDS.
Timescale: ongoing.
11. HDS should seek ways of ensuring that all students are treated equally in relation to how the fourth weekly analysis session is funded.
Timescale: by September 2019.
12. HDS works with the ACP to find a solution to the shortage of analyst issues in Scotland, which may have to include different models of personal analysis.
Timescale: ongoing.
13. HDS addresses the inconsistencies in the number of analyst sessions undertaken by students.
Timescale: September 2019.
14. Information on the analyst self-funding requirements are revised and made explicit to prospective students in pre course information and HDS 'open days'.
Timescale: by September 2020.