



# **Report of the Association of Child Psychotherapists**

## **Re-accreditation of the Professional Doctorate in Child and Adolescent Psychoanalytic Psychotherapy**

## **Human Development Scotland (HDS)**

**Visit Date: May 2024**

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#### Acknowledgements:

Some panel members were supported by their NHS Trusts, who provided dedicated time to enable members to take part and contribute.

## Part One: Background to the accreditation visit

### 1. Dates and Panel Members

**Date of visit:** 7<sup>th</sup> and 8<sup>th</sup> May 2024

**Names and Roles of Panel Members**

Dr Nikki Eriksen (recent graduate)

Valsamina Mavrommati (member of previous reaccreditation panel)

Dr Jillian MacKenzie (Child Psychotherapist, member of Training Council)

Dr Janine Sternberg (Convenor; Child Psychotherapist and ACP NED).

Dr Mary Short, Consultant Psychiatrist and Child Psychotherapist, was due to be the co-convenor but had to withdraw in April after a number of preliminary meetings for health reasons. After consideration it was decided that it was not feasible to have a new panel member at such late notice.

### 2. ACP Training Council Links

Anne Hurley, Director of Training until her resignation February 2024

Jessie Woods, Director of Training

### 3. Introduction to the HDS training

Note on terminology: We have used the formal title 'Heads of Training' throughout, consistent with the title for this role in other accredited ACP trainings, although acknowledge that in some HDS documentation, including sections of the SED quoted from in Section 1, the term 'Course Leads' is adopted instead.

This information was gathered from the Self-Evaluation Document (SED) provided prior to our visit. The course team, led by Heads of Training Lynne Conway and Dr Gillian Sloan Donachy, delivers the doctoral level training in Child and Adolescent Psychoanalytic Psychotherapy, which sits within Human Development Scotland. HDS is a charitable Trust and provides some other closely linked courses, such as an MSc/Postgraduate Diploma in Psychoanalytic Observation and Reflective Practice: Therapeutic Work with Children and Young People (TWCYP), which acts as a feeder course for the doctoral training, as well as a foundation course and a postgraduate diploma course in Human Relations and Counselling. HDS also offers Intensive Study Events, led by the psychotherapy training team, and various short courses and CPD to which they are major contributors. HDS also offer affordable counselling and therapeutic services.

The Professional Doctorate in Child and Adolescent Psychoanalytic Psychotherapy is delivered in partnership with Robert Gordon University, whose staff act as research supervisors, together with HDS lead research tutors, and who are the awarding body of the doctoral qualification.

The clinical placements for trainees are delivered via a wide range of partnerships with clinical services across Scotland. There are 5 trainees across the programme, all in year 3 at the time of the visit.

There had been a hybrid model of teaching in place, with trainees alternating between online and in-person teaching on a weekly basis, but this has recently reverted to all in-person teaching.

### 4. Timing of the Visit

The training school is very well held despite many internal and external challenges. The pandemic era appears to be over, and trainees and staff have been able to enjoy in-person teaching and clinical work. The course Directors are in the 7<sup>th</sup> year of their tenure but did flag up in their SED that they will not be in role for the next cohort, due to start Autumn 2025.

## 5. Key Lines of Enquiry:

1. **Training School Management and Organisation** - We wanted to better understand the expectations of the host organisation in terms of their responsibility for this training and to clarify the support given to the Heads of Training.

2. **Commissioning and Finance** - The panel was conscious of the fact that despite the substantial growth that there had been for the commissioning of child and adolescent psychotherapy in England, NES had not increased the amount of child and adolescent psychotherapy training in Scotland. We were interested in considering with HDS and the Heads of Training whether they could accommodate more trainees/more frequent intakes, and also to understand better their mechanisms for negotiating with NES.

The Panel also wanted to give attention to the financial implications of the fact that some of those teaching on the course are seconded by their Health Boards. This suggests that the NHS bears cost-budget implications of this. Is this likely to be sustained?

3. **Sustainability** - widening the teaching team, thinking about succession.

4. **Analysis** - we were not clear from the information given before the visit what proportion of the trainees had less than 4x per week analysis and wanted to check on this and the funding arrangements.

5. We wanted to consider the wider issue of **growing a training**, to understand better how the 'by distance Service Supervisor' model is working/supported by NES/Health Boards. We hoped to find a model that could be adapted to other parts of the UK.

6. **Values, Equality and Diversity**. We wanted to gather more evidence of how this was working in practice and wished to consider how an understanding of cultural diversity was achieved by trainees.

7. We had questions about how **research** was managed given the extra demands it poses. This was linked to **curriculum/teaching issues** - based on the reading lists, we wondered if there might be room for more contemporary reading of theory.

## 6. Documents, meetings, placement visits and observation of teaching

### Documents reviewed:

- Annual Report to the Training Council of the ACP (2022-3)
- Self-Evaluation Document (Spring 2024), with comprehensive appendices
- HDS Course Handbook 2021/2025 and appendices
- Sample of qualifying papers from final year trainees with external marker's comments
- Samples of clinical papers and research proposal and review, together with marking grids completed on them.
- Full response to questions raised as a result of initial SED and appendices.
- List of Intensive Study Events
- Specialist Workshop Document
- Timetables 2020-24
- Theory Reading Lists 2021-2025
- Documents relating to selection: Interview questions for applicants, essay question asked as part of selection process, group interview scenario and grid, person spec used.
- ACP report to NES April 2023
- List of intensive case supervisors
- List of trainees and placements
- Map of qualified child & adolescent psychotherapists in Scotland
- Complaints & Appeals Policy
- HDS Data Privacy Notice
- Terms of Reference for the Child Psychoanalytic Psychotherapy Training Committee
- Job Description and Person Spec for Child & Adolescent Psychotherapy Training Course Lead

### List of meetings

Having in mind the vast distances to be travelled for attendance at meetings in Scotland the panel decided to conduct as many meetings as possible online before the visit, leaving the days in Glasgow for meetings with the Heads of Training, HDS Director, members of the training committee and the Board and observation of teaching.

Service Supervisors, teachers and intensive case supervisors were invited to online meetings in advance of the visit, using a template invitation created by the ACP. This template also invited people to contact

named panel members in confidence if they wished to. Some who could not attend meetings wrote brief reports and two came to in-person meetings on 8/5 by arrangement.

#### *Ahead of visit*

18/4 Online meeting of JM with 'lone' trainee and her Service Supervisor

19/4 Online meeting with Service Supervisors with VM

24/4 Online meeting of RGU staff and HDS staff involved in delivering research with NE & JS

30/4 Online meeting with intensive case supervisors and NE&JS

1/5 In person meeting NE & trainees at HDS to discuss their experience of the research tasks

2/5 Online meeting JM & JS with HDS teaching staff

#### *At Visit*

7/5 Lunchtime & early afternoon meeting of panel with Heads of Training; 3-4p.m. in person visit to trainee & supervisor in one of the Glasgow City placements by VM & JS

8/5

- 10.00-11.15 Observation of theory seminar by VM & JS

- 11.15-11.45 JM & JS meeting with HDS staff member who is teacher, intensive case supervisor and Board member

- 11.45-12.45 Meeting JM & JS with Heads with Heads of Traing , Training, later joined by HDS Director, and (online) member of the Board. Unfortunately, the Chair of the Board (also currently Chair of the Training Committee) had let us know in advance that she would not be able to attend. Unfortunately, the online connection was very poor, and many questions were not answered.

A further meeting was set up subsequent to the visit. This meeting with the HDS Director and the HDS Treasurer took place online with JM and JS on 3/6/24

- 11.30-12.45 Observation of Clinical Seminar by NE

- 12.45-1.45 Lunchtime meeting with trainees by NE & JS

- 1.45-3.00 Observation of Parent work seminar by NE & VM

- 2.00-2.45 JM & JS meeting with HDS teacher

- 3.15-4.15 Panel reconvened

- 4.15-5.00 Panel meeting with HDS Director and Heads of Training for initial feedback

Those panel members not directly involved in observing teaching or at meetings were examining documentation.

Thanks to HDS staff for providing this and for looking after the panel during the visit.

#### **Placement visits**

Panel members visited two different placements (1 online and 1 in person) and we would like to acknowledge the time that the CAMHS teams gave us and thank those who took part. We would also like to thank the administrative staff at HDS who worked to ensure the smooth running of the visits. The information gathered from the visits has been referred to throughout this report, without mentioning the particular source.

## **7. Actions since the previous re-accreditation visit**

There were no conditions from the previous accreditation visit.

There were 14 recommendations which the SED addressed in turn. Progress on these points has been updated in annual reports to the ACP.

1. The training school keeps the ACP informed about progress in the appointment of a new CEO via their Annual Report to the ACP. Becky Smith was appointed Director of HDS in May 2019 and continues in post at the present time.
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 CAPT's. Head of Training invited Nick Waggett, then Chief Executive of the ACP, into a process of consultation with

HDS and the ACP Regional Group, including senior members of the profession in Scotland. From this working group, a process of engagement with NES (NHS Education for Scotland) was initiated.

This process culminated in NES commissioning a report which was submitted in April 2023. This report gave consideration to workforce planning, feasibility and sustainability of the profession, including the MSc and the CAP Training. This process was also linked to questions of inequality within the United Kingdom; the significant expansion of the profession in England, increases in clinical placements and funding commitments from HEE to support this growth. NES has yet to make a formal response to this document.

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. Representatives from NES are invited to attend Training Committee meetings and receive minutes. There is an ongoing tendering process between HDS and NES. In relation to the MSc (pre-clinical) course, HDS was successful in securing funding for 10 places to complete the full Masters course from January 2021 to September 2023. A further 5 places (PG Dip level) from October 2023 to September 2025 were supported by NES. HDS is in continued communication with NES regarding additional supports and to work with them to achieve financial stability for the MSc course. In relation to the CAP Training, NES invites interested parties to tender for the contract of delivering this training for each cohort once every four years. HDS were successful in securing this contract in 2021. Heads of Training are in a process of setting up meetings to discuss the next intake, hoping to begin the process in October 2024 in preparation for the 2025 intake.
4. HDS develops a strategic approach to planning the future teaching workforce and a formal structure for identifying training and development needs for new teachers. This is being discussed within the organisation, both at Board level and within the Training Committee. HDS is currently giving consideration to how to bring in graduates to deliver teaching.

We have been successful in recruiting new teaching staff in the last 12 months. We had positive feedback from Trainees about on-line teaching and we continue to take a blended approach to this. This hybrid approach allows Trainees to access inputs from tutors from across Scotland.

Issues around drawing clinicians into the delivery of teaching is a continued challenge, particularly in light of pressures within NHS and voluntary sectors. Senior managers are encouraged to support psychotherapists to engage in teaching specific seminars (time limited), and as a way of offering CPD to individual clinicians within the profession. Regular meetings with new staff to support them in this role take place. Feedback from both tutors and Trainees also supports the development of clinicians in the role of tutor. Tutors are encouraged to take part in CPD programmes offered by HDS, as well as attending study events.

5. HDS teaching team and service supervisors be encouraged to take advantage of the opportunities for developing their doctorate level supervisory skills.

A course is available at RGU in relation to research supervision that is available for internal teaching staff. We encourage service supervisors and the teaching team to attend research forums and any related CPD events.

There is one recently qualified CAPT (from Scotland) who has successfully completed the Doctoral programme. We are encouraging this person to contribute to teaching (on both courses) and to present their work in order to develop doctorate level supervisory skills. We have made links with other training schools to draw on their experience and expertise including supervising current doctoral Trainees.

We work in a collaborative way with RGU staff in convening the research transfer vivas that take place at the end of Year Two, ensuring that Trainees present a robust and detailed research proposal at Doctorate level.

The core teaching team continues to accumulate research supervision experience with Trainees and examining doctoral theses of Trainees from other schools. Further to a recent presentation at

the ACP Research Forum, discussion about how to formalise links between the different Training Schools is taking place, sharing practice and experience.

We recognise Service Supervisors come from previous trainings without completing doctorates. We are investing in a long-term plan in setting up a research community with plans to develop an annual event focusing on research, hearing about initiatives and generating research ideas.

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. A document has been created that outlines the process of the research component. Details are in the Handbook. We delivered two days of induction to the research component in the month before the course begins. From the outset with the 2021 cohort, we have encouraged Trainees to think about the research component not as an 'add on' but as an integral part of the clinical training; to encourage them to see that clinical practice is research and it is something they are already doing.

To this end, we guided students to base their projects on an aspect of infant mental health, which is aligned with their current practice and with the focus of the Scottish government i.e. having a strategic approach to proposed areas of research, thus ensuring that proposals are live and current within the field of policy and practice.

We continue to gather student feedback throughout the academic year that is taken into account on an annual basis and informs the curriculum. Feedback has informed ongoing revision of the curriculum, delivery and timing of areas of study. For example, a Test of Change was introduced to Trainees as the type of activity which can readily and usefully be undertaken in NHS clinics.

We work closely with our RGU partner particularly in relation to the teaching of research components, involving them in direct teaching, thus evidencing that we take student feedback seriously and that Trainee experience contributes to change and development within our training.

We have given ongoing consideration, alongside our Service Supervisor partners, to the Trainee's experience in terms of time to attend to the research components of the programme. We are mindful of the pastoral care of Trainees and their workloads. We have introduced study weeks across the year to allow time to complete research submissions. We have recently reviewed study time to include weekly study time within Year 3, to support with the tasks of securing ethical approval, gathering data, preparing for monthly research supervisions etc.

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.

In collaboration with RGU we have updated the recruitment and selection process. This has been ratified by the University and NES. We made two significant changes to the application and assessment process, which was to request applicants to complete an academic essay (to assess readiness for a doctoral programme) and to include a group as well as an individual interview. This change has proved to be successful as evidenced by the calibre of the current cohort of Trainees.

HDS is investing in a process to give consideration to the recruitment and selection process, widening access and EDI - at different levels within the organisation that include the Board, Training Committee and staff group.

HDS equality and diversity policy document available on request, including information about recruitment.

8. HDS develops a structure for training and supervising new service supervisors. Currently, the training school has four experienced service supervisors and one relatively new service supervisor. All service supervisors attend a termly meeting which includes a session with an external facilitator who is a senior member of the training community. The small nature of the group allows for the training school to respond on a needs led basis, as well as providing formal structures that offer a space for reflection and support, aiming to build solid links between the training school and Service Supervisors.

For the current cohort, we recruited two new service supervisors both of whom qualified in 2017. As well as the service supervisors' induction pack, we created a support structure for these two new service supervisors. The Course Leads met with the service supervisors to go over items including clarity of role; thinking about suitable cases; clinical need versus Trainee need; and ensuring the supervisor was clear about arrangements for payment of analytic fees and other expenses connected with the work placement. As both new service supervisors are based in Glasgow, the Course Leads were able to provide support as and when issues arose. Looking forward, we are looking to recruit at least one new service supervisor who qualified in 2021 and to provide a similar series of induction sessions.

9. A formal process for accrediting and reaccrediting training placements is adopted prior to recruitment of the next cohort of Trainees.  
Prior to the appointment of a new cohort of Trainees, NES invite applications from Boards across Scotland to secure a Trainee. Within this documentation, individual applications are assessed to ensure that Trainees are offered suitable placements that would support clinical training.

The Placement Review Meeting (detailed in section 6.3.) reviews any issues where placements are unable to deliver specific aspects of the training.

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.

The Course Leads have made links with Course Leads from the four other Training schools in England. We are making full use of resources from the ACP which now includes the Race is Complicated Toolkit, and the recent paper circulated that reported on the experiences of students on the MSc courses within England. One of the Course Leads attends an ACP diversity reading group.

We have begun several processes of consultation with external facilitators in relation to the process of thinking about integrating EDI within the curriculum at different levels to include course materials and seminars; CPD sessions with staff; consultation with RGU staff; engaging in a process to focus on 'decolonising the curriculum', the latter being something our RGU colleagues are interested in meeting us to explore and discuss.

Regular attendance at training events and webinars in this area.

HDS has recently created a Diversity Working Group to ensure the organisation is up to date and in line with policy and practice in relation to equality, diversity and inclusion. Action points from this group include a review of all Handbooks from different training courses; updating information on the website; the development of a CPD programme offered to all staff across the organisation. This group has an aim to write an EDI document with action points to inform change and development in all strands of the organisation.

11. HDS should seek ways of ensuring that all Trainees are treated equally in relation to how the fourth weekly analysis session is funded.

All Trainees are made aware of relevant information. All Trainees have been informed of possible sources of funding for the 4th session, and several Trainees have managed to secure some support from trust funds. There is no disparity in funding from NES in relation to analytic fees.

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.

This issue continues to be raised within the ACP Scottish regional meetings and the ACP Analysts Sub-Committee meetings. The aforementioned report commissioned by NES gives consideration to the issue of availability of analysts across Scotland. We have been advised by a member of this



Sub-Committee that there is the possibility of working towards more availability of training analysts in Scotland and we hope to meet with her in April.

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.  
This issue continues to be raised within the ACP Scottish regional meetings and the ACP Analysts Sub-Committee meetings. The aforementioned report commissioned by NES gives consideration to the issue of availability of analysts across Scotland. We have been advised by a member of this Sub-Committee that there is the possibility of working towards more availability of training analysts in Scotland and we hope to meet with her in April.

13. HDS addresses the inconsistencies in the number of analytic sessions undertaken by Trainees.  
The Handbook has been updated to reflect this. NES funds three analytic sessions for the duration of the training (see the next point).

14. Information on the analyst self-funding requirements is made explicit to prospective Trainees in pre course information and HDS 'open days'.  
Pre-course information and open day presentations have been updated to include the information that 3 sessions are funded by NES, but that Trainees are encouraged to have 4 sessions. Information is provided as to possible sources of funding, and Trainees have been advised as to possible sources of funding. Applications can also be made to the Trainee's Health Board.

## Part Two: Report on the training delivered in 2022/23 in relation to the standards set out in the ACP Quality Assurance Framework.

### 1. Training School Management and organisation Standards

*8.1.1. The Training School should have in place a clear, transparent organisational structure which ensures efficient management of the training and delivery of the curriculum. It should have a sufficient degree of permanence in its establishment and organisation to enable entrants to commence a training course, which is normally of a minimum of four years' duration, with confidence.*

*8.1.2. The Training School should monitor the circumstances of their own sustainability and viability and have plans in place, detailing the measures and initiatives being undertaken in the immediate and the longer term, to address any concern and to protect its future.*

*8.1.3. The organisational management should include systems and processes to ensure good communication between the Training School, service supervisor, training case supervisor and analyst as well as clearly delineated roles and responsibilities.*

*8.1.4. The Training School should have clear, transparent policies and procedures to indicate how it meets the requirements of all relevant legal frameworks, including Data Protection, Information Governance and Equal Opportunity.*

*8.1.5. Information about any issues arising from the Training School in relation to compliance with any of the relevant legal frameworks should be reported in the Annual report and in the Re-accreditation SED.*

*8.1.6. Where training schools are embedded in a host organisation, information should be included to indicate how the host organisation meets the requirements of legal frameworks which are relevant to the Training School and its functions.*

## **Information gathered from:**

SED

Course Handbook

Meeting with the Heads of Training.

Meeting with the Head of Training and HDS Director and member of the Board of Trustees.

Meeting with the Service Supervisors online and inviting written feedback.

Meeting with HDS Director and HDS Treasurer online

Evidence of the Training School policy documents; a sample job description was seen; details of the employment process for Trainee Child and Adolescent Psychotherapist shared with us in respective documents and the panels also had the direct experience of being introduced to the building during its visit – for example with reference to its fire procedures.

### *Panel Consideration*

The panel wished to consider the structure of the Training School within its host organisation of Human Development Scotland (HDS) and integrally its financial and operational position and sustainability in the context of the process of the 4-year tender process, with its funders NHS Education for Scotland (NES).

## **Findings**

### *Structure and Finance*

The HDS Four Year Doctoral Clinical Training, as evidenced in the Self-evaluation document has a clear organisational structure and place within the HDS not for profit Charity host organisation.

The Heads of Training, referred to as Course Directors in the structural chart have a relationship into the Course Training Committee and HDS Board as well as operational relationships with good communication with the NHS Health Board Service Providers and Trainee Service Supervisors and Analysts. There are 14 NHS Health Boards in Scotland.

The clinical training is funded by NHS Education Scotland on a 4-year basis with the contract out to tender at the end of each 4-year period. The Training School plans to make an early application in the autumn 2024 for the 2025 tender. Whilst there is confidence that the application will be successful, there is no certainty.

The Panel learnt from meeting with the HDS Director and Board Treasurer that NES invites a tender application every four years for 4,5 or 6 Trainees. The Heads of Training have a role with the Director in submitting a detailed financial analysis of costs for the tender.

The four-year cycle of tender inevitably brings much financial and operational uncertainty to the training and the training team; and precludes long term planning for the development and expansion of child and adolescent psychotherapy provision through Scotland.

Within the current structure the Training School has a clinical training intake every four years. NES funds 4 trainees through the four-year period, though a tender application, as noted above invites a tender for 4,5 or 6 Trainees. There is currently a cohort of five trainees

Upon successful tender application the funding stream from NES is to Human Development Scotland and from this a budget is set for Clinical Training. Specific figures for this were requested by the Panel but have not been made available. The Panel were informed in their meeting with the HDS Director and Board Treasurer that there were information sharing limits on what could be shared with the panel

and that such a request had not been made by previous re- accreditation panels. The Panel are thus not aware of the specific funding that HDS receive for the Clinical Training delivery.

In the context of much uncertainty in the above financial frame and process; and with the need for long term secure planning, the Association of Child Psychotherapists has submitted a development training/workforce planning report in relation to the Scottish Training to NES. Its title is 'Improving access to NHS Psychoanalytic Child and Adolescent Psychotherapy (CAPT) in Scotland'. This was submitted in April 2023 and a reply is awaited.

Helpfully the panel understood that an employee of NES is a member of the HDS Training Committee though we understand their attendance is infrequent.

### *Employment*

*HDS refers to those who are in charge of the delivery of the training as Course Leads, in line with other courses offered by HDS. The panel are calling them Heads of Training in this report to make their role, similar to those in other ACP accredited trainings, clear.*

The current Heads of Training are currently employed by HDS on fixed term contracts given the tender uncertainty. Initially they were seconded into post during their first four-year term and are now employed on a 0.6 basis. The arrangement had been that each worked 0.3 WTE per week. This has more recently changed to 0.2 and 0.4 given a change in the clinical employment status of one of the Heads of Training. The panel were of the opinion that the wider aims of the organisation and training would be better met through an 0.8 funding for the Heads of Training position (WTE).

The two Heads of Training who have each led the training over two four-year cohorts have tendered their resignation from 2025. The new tender/cohort, should the tender be successful, will thus have a new Head of Training/Heads.

The role and task of the Heads of Training is wide, demanding and challenging and the panel learnt that two Heads of Training or perhaps a 'Heads of Training Team' could helpfully be considered going forward.

In this regard too, the panel recognised that the specific roles of Business Management and Development which fall to the Heads of Training could more reasonably and effectively be allocated to an appointed and employed Business Manager who can advocate for the training and workforce development plan for Child and Adolescent Psychotherapy at a senior NES level.

### *The Board*

The HDS Board is very aware of the precarious/fragile financial position of Clinical Training and aware too of the large task for the Heads of Training in their multiple roles and capacities. They have a supportive role in this and work hard in the interests of the children and young people.

The remit of the Board is however not clear at this stage and the panel would wish the Board to consider an active advocacy role with a clear strategy for its work with NES to ensure that the voice of Child and Adolescent Psychotherapy is represented at senior levels, financially, politically and operationally to ensure its sustainability for the long-term provision of Child and Adolescent Psychotherapy in Scotland. In meeting with the HDS Director and Board Treasurer the latter advocated that a Board Working party might be a helpful structure within which next steps can be taken.

### *The ACP*

The Heads of Training have worked closely with and received rich support from the CEO of the ACP in the past. They are taking this forward into their work with the new Chair and CEO too.

## *Governance*

The panel found that the Human Development Scotland Clinical Training had clear, transparent policies and procedures in place to meet their relevant legal frameworks, including Data Protection, Information Governance and Equal Opportunity.

## **Conclusion**

**ACP Standards are met.**

## *Commendations*

- The Panel commends the work of the two Heads of Training. They have worked diligently over seven years to deliver a clinical training of a very high quality and to ensure that the voice of Child and Adolescent Psychotherapy and its training, importantly remains on the agenda to serve the infant, child and adolescent population and their families and carers in Scotland.
- The Heads of Training are seen to be supportive and responsive in their roles at multiple levels, working within a philosophy of thoughtfulness, skill, care, kindness and appropriate challenge.
- The panel recognise the significant value added to the organisational process by the work of the Heads of Training with an external organisational consultant.

## *Recommendations*

- That HDS give due consideration to the part time appointment of a Clinical Training Course Business Manager, to hold and deliver on the key operational aspects of the training and to take forward key developmental aspects in partnership with the HDS Board. This role would be separate from the role of the Course Administrator.
- That HDS consider the appointment of Head(s) of Training / Heads of Training Team at a 0.8 level, paid at Band 8c Agenda for change with corresponding employment increments.
- For ongoing consideration to be given to succession planning for Heads of Training, perhaps a process of one remaining when another steps down, and another hence stepping up, creating a way of experience being handed on. This will naturally be shaped by future tender arrangements. The current 4-year tender with fixed term employment HDS contracts will naturally hinder recruitment.
- That the Heads of Training are provided with the budgetary financial detail of monies received from NES for the clinical training, by the HDS Director on an ongoing basis. This would promote financial transparency and would aid future planning.
- That the HDS Board consider its terms and conditions with a view to becoming an active advocacy body working with NES to ensure that the voice of Child and Adolescent Psychotherapy and its training is represented with energy and vitality at senior levels, financially, politically (perhaps to present a briefing paper/ ask a question in Parliament etc.) and operationally. The identification of a named person at an appropriate level of authority within NES with whom negotiations can take place is indicated and perhaps a secondment considered to develop understanding and relationships further. The overall aim of these details would be to ensure the sustainability of the Training for the long-term provision of Child and Adolescent Psychotherapy in Scotland with increasing intake into the course over time and the establishment of a strong and robust Child and Adolescent Psychotherapy workforce across the country.
- As part of the above that the HDS Director, Heads of Training and Board negotiate with NES at an early stage on the number of Trainee posts that can be funded, over and above the current invitation to tender for 4,5 or 6 posts. Can a larger number be advocated for in partnership with the NHS Health Boards for example?
- That the Heads of Training approach the ACP to ensure a response to the ACP report submitted to NES in April 2023.
- That the Heads of Training approach the ACP to consider with them the appointment of a Training Development Lead for Scotland, as there is in England.

- For the Heads of Training and Human Development Scotland Director consider a close working relationship with the HDS Marketing Officer, to ensure not only that the Clinical Training is marketed with a specific **prospectus** for this unique / flagship clinical training in Scotland; and in its advertising e.g. in the alumni newsletter and HDS newsletter in order for it to grow and flourish; and that their skill can be utilized in an outward facing way too with Health Boards and NES.
- That monies continue to be available for external operational consultation for the Heads of Training and Trainees. Perhaps something similar could be available to consider the workings of the Training Directors and Director of HDS, which would be valuable too.

## **2. Staffing and effective use of resources**

### **Standard**

**8.2.1. All teaching staff and supervisors should be appropriately qualified. There should also be evidence of continued professional development for tutors in their teaching role specifically. The training school should ensure that all staff are used effectively in the delivery of the training.**

#### **Information was gathered from:**

Meetings with teaching staff  
 Meetings with research staff RGU and HDS  
 Meetings with trainees  
 Meetings with Course Directors  
 The Course Handbook  
 The SED

#### **Findings**

Although there has been some expansion and development within the staff group, because of new qualified staff who have relocated to Scotland, and the use of some recent graduates, nevertheless the teaching team is small, often with the Heads of Training or those who are Service Supervisors to some trainees having these responsibilities. A wider range of voices has been made more possible, following the necessity for online learning during Covid, and this has led to innovation and a blend of online and in person teaching and learning, enabling more geographically distanced staff to also make a contribution.

There are ample opportunities for CPD through invitations to staff and supervisors to the intensive study days which are held throughout the year. Staff are also invited to attend events put on by RGU, although the timing of them means that few of those with clinical commitments can attend.

CPD/discussion opportunities are put on for the Service Supervisors, who described in their meetings how much they find these helpful and appreciate what is on offer. appreciated **them**

The Heads of Training have organised regular external consultations for them in their roles and this was seen as an important activity that played its part in enabling them to offer such a high standard of care and responsiveness to their staff as well as the trainees.

We were impressed by the thoughtful, respectful, creative and cooperative relationship between HDS staff and staff from RGU, the University partner. Clearly both institutions have worked hard to enable this.

#### **Conclusion**

ACP Standards are met.

### *Commendation*

The panel commends the School for the work discussion opportunities which are offered to the service supervisors.

The panel commends the School for the use of an external consultant for those in the Heads of Training roles.

The School already has helpful and innovative ways of encouraging NHS employed staff to be seconded from their Trusts in order to make a contribution to the training. It also has a history of having 2 teaching staff for some seminars which may help to increase the confidence of those new to the task. These are worthy of commendation and can also be used to increase the teaching staff as recommended below.

### *Recommendation*

That the School look to find ways to increase its pool of teachers.

## **3. Curriculum**

### **Standard**

**8.3.1 All Training Schools are to offer the curriculum set out in sections 5.0 and 6.0 of the ACP Quality Assurance Framework. Training Schools should ensure that their courses reflect the needs of current NHS practice and that there are processes in place for monitoring the quality of teaching and should ensure that processes are in place to allow service supervisors to be involved in curriculum development.**

### **Information was gathered from:**

Attending teaching seminars  
Course Handbook  
Meetings with Teaching Staff, Heads of Training and University Partnership staff  
Meetings/email communication with Intensive Case Supervisors  
Information shared in email communication: Theory Reading Lists, Specialist Workshop Programme, List of Intensive Study Events  
Meetings with Service Supervisors  
The SED

### **Findings:**

The core curriculum is described in the handbook and covers a wide range of traditional psychoanalytic theory and practice, through weekly theory reading and seminars, as well as more contemporary theory and practice with trauma. This is enriched by additional seminars on key specialist topics such as parent work/autism, with teaching in these areas provided by highly experienced child psychotherapists. A programme of Intensive Study Events and Specialist Workshops also provides access to a large range of topics and active learning experiences, presented by an impressive range of external Child Psychotherapists, often leaders in their area of interest.

Observed teaching was of a high standard with trainees engaging actively and deeply with written materials and seminar discussion. Teaching staff fed back their enjoyment of and commitment to teaching. In terms of the theory offered, teaching staff felt able to add to and update the reading list following their own interests. One teacher described it as having a focus “on weaving the curriculum into “contemporary practice”. In terms of theory teaching this was described as aiming to teach “psychoanalytic reasoning” rather than theory. We were told that the philosophy is one of teaching

theory in an applied form - a “method driven theory”- considering what it brings to and how it aids clinical practice e.g. in relation to intensive cases. An ethos is promoted of critical thinking and reflection on the value of theory and discussion of differences of opinion.

Some Service Supervisors commented that they felt able to contribute to thinking about the curriculum, and that their suggestions were welcome. Others noted that there is no formal mechanism for asking them, and they would welcome it.

### **Conclusion:**

This ambitious curriculum is meeting the requirements of the ACP’s Quality Assurance Framework and there is a robust system of assessment in place both internally and with university partners. Teaching is provided and research supervised by appropriately qualified academic staff.

It is noted that due to the small size of the training and the profession as a whole in Scotland, the Heads of Training tend to have to rely heavily on a small team of teaching staff for delivery of the core curriculum and expanding this teaching team is a priority task.

### *Commendations:*

Leadership, Equality, Diversity and Inclusion, as well as the critical thinking and evaluation skills central to Research strands, have rapidly become embedded through integration of these themes in discussion within weekly seminars, and provision of additional workshops on these themes. The integration of these aspects of learning was evident both in the quality of observed teacher and trainee participation in seminars, as well as being evident in the writing of qualifying papers, where space was given for example to critical consideration of psychoanalytic case study as methodology.

The panel was impressed by the approach to teaching which started with traditional texts, but encouraged a questioning attitude which led to a creative and responsive approach to evolving clinical practice in the NHS.

In addition, an assessed written outcome at the end of year 3 consists of a succinct GP letter or report with commentary provided by the trainee describing how the assessment and formulation is arrived at; this task was highlighted by the panel as a challenging yet innovative and effective way of ensuring development and demonstration of key competences and skills of central relevance to NHS practice.

It is noted that all of the current cohort are approaching their research projects with confidence and have succeeded so far with their interim research submissions to the university.

### *Recommendations:*

- Heads of Training, allocated development time to be able to engage with the on-going process of curriculum planning, delivering and reviewing in order to maintain the highest standards and the demanding range of knowledge and skills required by the QAF. This links to and re-enforces the general recommendation we have made for increased time required to fulfil the role of Head/s of Training.
- Heads of Training ensure that all Service Supervisors are invited to comment on the curriculum.
- In discussion with service supervisors and Heads of Training during the visit it was suggested that organising some CPD for service supervisors around the requirements and practical/ethical issues around research projects undertaken in placements would be helpful.
- The direct teaching inputs provided by the Robert Gordon University especially the input on Ethics and process of ethical approval, could be even more useful if timetabled during the earlier stages of research planning, a point highlighted by current cohort of trainees. Some additional input on the complex practical processes involved in gaining both the NHS and University Ethics permissions was seen by trainees as something which would reduce anxiety and be of benefit early on in year 3.

- The course handbook states that it is a requirement for non-intensive clinical training to complete an 'STPP or other time-limited form of psychotherapy', yet in one of the seminars it emerged that it remains ambiguous in trainee minds as to whether this is a desirable or essential requirement. This should be clarified.

#### **4. Use of Learning Outcomes**

##### **Standard**

- **8.4.1 Details of the learning outcomes for all aspects of the training should be in place and provided to trainees**

##### **Information gathered from:**

SED

Course handbook

Meeting with HDS staff and RGU staff involved in the research component

Attendance at Teaching Seminars

Meeting with trainees concentrating on their experience of conducting research

Meeting with trainees about their experience of the course

##### **Findings:**

From the meetings with staff it was apparent that much thought has gone into the learning objectives of every seminar taught, as well as the way the teaching of research skills is delivered. As is detailed in the section on Curriculum, changes are made to what is delivered making use of the particular interests and skills of the trainee cohort. The meetings with trainees also showed them to be aware of the learning outcomes and to be engaging with them.

##### **Conclusion**

ACP Standards are met.

Commendation

None

Recommendation

None

#### **5. Trainee selection, progress and achievement**

##### **Standard**

**8.5.1 Training schools should have in place robust, transparent processes for trainee selection as well as processes in place to ensure trainee progress and achievement towards competencies required for qualification. This should include:**

**A robust induction process;**

**Systems for monitoring of academic and clinical skills of trainees, developing towards the qualifying competencies;**

**A process for identifying early poor performance and/or special learning needs and subsequent support;**

**Processes for monitoring placement experiences to ensure they are sufficient for trainees' needs; Career guidance.**



### ***Information gathered from:***

SED

Meeting with Heads of Training and teaching staff

Placement visits

Course Handbook

Meeting with Service Supervisors

Meeting with intensive case supervisors and written feedback from them

Meetings with trainees

### ***Findings***

The documents reviewed show that there are robust selection processes in place. For selection the panel were shown a comprehensive array of documents, including the application form, the person spec, questions asked in interview and in the group interview and the essay question. All were thoughtful and admirable. The Panel wondered if the question for the Research Essay was too onerous for someone who had not already covered such a topic in the HDS pre-clinical course and might therefore skew the acceptance process.

There are induction days which aim at introducing the trainees to child psychotherapy, covering practical and theoretical aspects, as well as an acknowledgement of the emotional impact that comes with the transition onto the training. This emphasis continues during the 1st year.

The progress of trainees is closely monitored, both less formally with regular staff meetings and formally at the Annual Review Meeting for which written reports are gathered. Both teaching staff and intensive case supervisors spoke of their sense that they could contribute both formally and informally to the process and that their views were treated respectfully. Service Supervisors have regular meetings with the Heads of Training and are expected to share their views about their trainees and to raise concerns before they become more serious issues. They contribute to the ARM in writing.

The Panel was shown redacted Annual Review forms and copies of assignments carried out with a marking sheet that was extremely thorough.

The current cohort has not yet reached the point of qualification, but paperwork related to the previous cohort was shared, including a sample of qualifying papers. The standard of those, together with the examiners' comments was admirable. The Panel wondered about the length of these qualifying papers (over 12000 words), noting that the length would preclude publication or conference presentation (always assuming permission had been given to share such confidential material) and suggested consideration of other ways of writing those papers yet sustaining a word count that satisfies RGU requirements.

In terms of career guidance, it was clear that because of the relatively small size of the profession in Scotland those who teach and supervise are very aware of professional opportunities and encourage those qualifying appropriately. Recent graduates have access to teaching opportunities on the pre-clinical courses and their contribution to that and to the future of the profession is much appreciated.

### **ACP standards are met.**

#### *Commendation*

- The panel commends the thoughtful and thorough approach to recruitment, from the pre-clinical into the clinical training.
- The panel commends the clear and thorough marking systems in place.

## *Recommendation*

- While understanding the preclinical course and MSc as the main routes onto the doctorate training, the Heads of Training need to ensure that the selection process, especially the essay, is fully accessible to those who have done other preclinical trainings. Making the essay task less onerous, by setting it to be answered within a timed task, perhaps responding to a paper only given to all candidates at that point, might be a way forward.
- The panel suggests that the course leads consider other ways of writing qualifying papers, sustaining a word count that satisfies RGU requirements, but which would enable publication where possible.

## **6. Trainee Support Standards**

### **8.6.1. Training Schools are to provide appropriate information, advice and support to trainees during the training period.**

#### **8.6.2 Systems and processes should include:**

***Induction process for the Training School and the training post;***  
***A robust tutorial system;***  
***A formalised and transparent process for the review of trainee progress which involves both the training post and Training School;***  
***Trainee feedback process for placement and Training School;***  
***A complaints procedure;***  
***An appeals mechanism;***  
***Exit interviews.***

#### **Information was gathered from:**

Course handbook  
Placement visits  
Meetings with service supervisors  
Information provided by Heads of Training  
Meeting with trainees  
The SED  
Complaints and Appeals procedure  
Example of anonymized Annual Review Minute provided

#### **Findings:**

The course handbook provides a comprehensive guide to the integrated clinical and research doctoral training, including an introductory welcome included from the head of the school of Applied Social Studies with a link to information on how to access a full range of additional support such as study skills and dyslexia/disability support should these be required. The ethos and expectation for self-directed learning within a work task group is clearly conveyed.

The trainees are provided with two days course induction prior to the start of Term 1 and also undertake induction courses through their various NHS boards arrangements and employment policies.

The Group Learning Experience facilitated once per term by an outside consultant, provides the small cohort of trainees with a mechanism for helping to contain feelings of anxiety about the course and each other, recognising the intensity of the small group learning experience. The purpose of this group is clearly outlined in the handbook in a helpful way. Trainees expressed clarity about the channels they can use and feel confident in approaching their personal tutor to raise any concerns if issues arise in

their placements or when they need some additional support. Meetings with personal tutors are a minimum of once per term.

Procedures for obtaining termly and end of year trainee feedback about the training are in place, as is a formal process of monitoring and recording progress tracking through the mechanism of the Annual Review Report completed by Service Supervisors, and the annual Placement Review Meeting. The latter is an in person semi-structured interview carried out with trainee, service supervisor and personal tutor. Trainees are encouraged to prepare for the latter by familiarisation and self-reflection on their progress using the framework of ACP competencies. A development plan is agreed upon to address any areas which need further attention.

There is a clear description in the handbook of how to access the complaints procedure and the procedure for academic appeals is also described.

Up to now, there have not been formal 'exit interviews' from the course at end of year 4.

## **Conclusion**

ACP standards are met.

### *Commendations*

- The provision of 4 weeks additional study leave, added to the traditional holiday breaks in treatment for children, specifically for the completion of research tasks is noted as a helpful and necessary adaptation, which has so far with the current cohort ensured the time necessary for success with research submissions, at the same time aiming to ensure that clinical cases are not impacted.
- The Heads of Training are commended by the panel for their responsiveness to trainees' expression of need for changes, for example they have largely returned to regular weekly face to face learning as opposed to the alternate on-line/face to face pattern previously followed. In another example of such responsiveness, the frequency of the Group Learning Experience is being increased from once to twice termly.
- The panel found that there was a high level of local and structural support in place for the Trainee in the lone training post. This was greatly valued by the Trainee and would be a valuable model too in the establishment of further lone Training posts where Child and Adolescent Psychotherapy is not already established.

### *Recommendations*

- The expectation for the clinical and research elements of any doctoral programme to be achievable is noted by the panel to place extremely high demands on the time and emotional resources of trainees. This is an issue that has been recognised as not only at HDS but at all training schools where doctoral programmes are under development. It was noted that some Service Supervisors also expressed a wish to be better briefed about the research task and better supported in being able to support their trainees with this current cohort at HDS are on track and succeeding in meeting their deadlines so that most will begin their data collection at the beginning of year 4. However, it remains to be seen if it is achievable for them to write up not only their essential clinical paper but their research paper by the end of that year and the panel understands that there is flexibility about submission dates for the thesis from the university's point of view. From meeting with the trainees, the panel feel they could be helped by a discussion and realistic acceptance about this challenge and awareness of the potential for extending their thesis deadlines post qualification if necessary and where justified. Linked to this and the importance of research projects staying on track, and where there is unavoidable delay this being documented, some trainees expressed uncertainty as to the expectations around the etiquette and frequency of research supervision meetings with the university and HDS research tutor. It is recommended that this also be made more explicit.

The panel wondered whether there might be scope for reducing the word count for the clinical paper which is longer than some other training schools require and which might also help balance the need for attending to clinical and research submissions during the last part of the fourth year.

The panel recommends that a formal exit interview be instituted at end of year 4, which would provide an opportunity not only to reflect on aspects of trainee support, but also perhaps individual views on the experience of equality, diversion and inclusion. (See also section 8.11)

## **7. Trainee Placement Learning and Teaching Standard Standards**

***8.7.1 Training Schools should ensure that training posts are able to provide a training placement that will meet the Standards for Providers of Clinical Training Posts set out in Appendix 3***

***Appendix 3 states that the trainee placement must provide the: learning environment, clinical caseload and supervision necessary for the trainee to complete the clinical requirements of the training.***

***8.7.2 The Training School shall ensure that:***

***There is an annual 3-way review of each trainee's progress, involving the trainee, the trainee's Tutor from the Training School and the service supervisor;***  
***There are systems and processes in place to ensure good communication between the Training School and the service supervisor.***

### **Information gathered from:**

SED

Placement visits x2

Meetings with teaching staff

Meetings with trainees

Meeting with service supervisors

Email contact

### **Findings**

The panel found through their enquiry that Training Post placements are within multi-disciplinary teams where the service supervisors are, in the main, based. Where the service supervisor is provided by a neighbouring Health Board as for the Trainee in Argyle and Bute, and hence not on site, there is close communication with the Team and an arrangement is in place for regular service supervisor to take place on site fortnightly, in addition to online.

The Training School has been very keen to develop further Training posts across Scotland and has creatively been able to develop a post as noted above with NHS Argyle and Bute. The necessary structure: governance and support around this has come through a Service Level Agreement between Argyle and Bute and Greater Glasgow and Clyde (GGC) NHS.

The Service Supervisors at HDS are senior clinicians, and for one trainee, Service Supervision is proved by one of the Heads of Training. A Personal Tutor role is also provided by a Head of Training.

For the current cohort the training school recruited two new service supervisors, both of whom were qualified in 2017. The training school has put together a thorough induction pack for service supervisors and created a support structure around these two new service supervisors in order to secure the best support for their trainees.

Trainees have reported that their supervision happens weekly and that they are very well supported.

HDS has a small teaching team and where Service Supervision and Tutor roles are all provided by a Head of Training, the panel heard that much naturally depends on a good working relationship. One Trainee shared positively that for them one of the Heads of Training was 'their everything'. This worked well for them but naturally could be complex if relationships are challenging. Difficulties in this close relationship could be supported through external consultation at HDS, if they were to arise.

HDS Heads of Training promote good communication as the route to successful placements and we heard from multiple sources about supportive links and strong relationships between the Heads of Training, Service supervisors, NHS Professional Heads of Service and the respective NHS Health Boards.

The Heads of Training are experienced by everyone as very approachable and always available, and service supervisors' experience is that any issues that have arisen have all been dealt with satisfactorily.

The annual visit to the placement to review the trainee's progress for the Three-way meeting takes place in line with expected practice.

Trainees in post have access to the technology and physical resources necessary for their training. The trainees can also access the training and learning opportunities (both mandatory and other) available from their respective NHS Health Boards.

## **Conclusion**

ACP standards are met.

### *Commendation*

- The development of training posts across Scotland is to be commended. We heard of a very positive example of a training post being established in Argyle and Bute as part of a Service Level Agreement with neighbouring Greater Glasgow. The success of this placement suggests that the Training School continues to build on and learn from its experience of bringing child and adolescent psychotherapy to more remote parts of Scotland.
- The panel thought that learning from this would be of interest to other training schools, as they too seek to set up training posts where a service supervisor is not on site and where there has not been a history in the team of child and adolescent psychotherapy.
- The panel felt that the Training School's approach to supporting child psychotherapists to develop their skills in service supervision is insightful, and seems to take into consideration the current as well as the future needs of the training.

### *Recommendation*

None

## **8. Assessment**

### **Standards**

***8.8.1 Training Schools should ensure that trainees are in consultation throughout their training with progress advisors or tutors, with regular progress reports and a training record held for each student.***

***8.8.2 Documents about assessment processes should be transparent and available to trainees and service supervisors. There should be mechanisms in place for regularly assessing and feeding back to trainees on their development as clinicians.***

**Information was gathered from:**

The SED  
Course Handbook and appendices  
Placement visits  
Meeting with the teaching team  
Meetings with trainees  
Feedback from service supervisors  
Feedback from intensive case supervisors  
Copies of Annual review documents  
Marking sheets on assignments

**Findings**

The panel found that the assessment process was operating in a clear and helpful way. The panel gained an understanding from meeting both the teaching team and the intensive case supervisors separately about the process for feeding in thoughts about trainees and their progress. The small nature of the Training School, both in terms of the number of trainees to be thought about and the close working relationships between various staff members also added to the sense that the Heads of Training had a thorough grasp of trainee progress and development, as well as an awareness of any difficulties that might be arising.

Service Supervisors are encouraged to give their feedback and there are also forms for the Service Supervisors to complete on an annual basis and these differ according to the year the trainee is in, making it clear that the training is incremental in its approach.

Appendices to the handbook make it clear what is expected as the trainee progresses through the clinical placement, as well as giving guidelines for written assessments and showing the marking criteria. There is a document that explains how the practical component is assessed, both in terms of the competencies expected and also who within the organisation takes responsibility, how recommendations are made to the Exam Board etc. so that there is admirable transparency. The role of the personal tutor is also clearly laid out, and within that section the Placement Review Meeting and Annual Review Meeting processes are explained. Personal tutors have a form to complete to record the tutorials and this form details areas that should be covered in the meeting.

Intensive case supervisors are also asked to complete a form for the Annual Review, as well as being encouraged to make contact with the Heads of Training at any time they wish.

Trainees are expected to keep a training log.

Where complexities or difficulties arise, these can be considered further with the Personal Tutor, Heads of Training and would be taken to the Head of the Training Committee as necessary, and in partnership with the Service Supervisor.

The panel appreciated the openness that the Heads of Training have fostered to ensure that they and their team can be responsive to and contain any difficulties.

The end of year Annual Review is the formal means by which trainee progress and development is considered and where plans for the next steps are made. These meetings are fully documented.

**Conclusion**

ACP standards are met.

## Commendation

The level of information given in the appendices to the handbook displays an attention to detail and a level of care that is admirable.

## Recommendation

None.

## 9. Qualification

### Standards

**8.9.1 Training Schools must have systems and processes in place to ensure that trainees seeking qualification must have satisfied all of the requirements of the training, as noted in s.5 and s.6 above and have submitted satisfactory written work including as a minimum:**

- **A clinical paper demonstrating a capacity to integrate theory and practice.**
- **Evidence of capacity for report writing as set out in section 5.4.1. of the QAF.**

**8.9.2. It is the responsibility of the training school to ensure that the trainee has completed all aspects of the training curriculum recognised by the ACP in order to determine a trainees' readiness for qualification. The Training School will gather information from the trainee's supervisors (including the service supervisor) and will ask the trainee's analyst/therapist if they have any comment to make at this point. The Training School report on their qualifying trainees to the Registrar (Director of the Professional Standards Committee).**

**8.9.3. In very exceptional circumstances a Training School may recommend the qualification of a trainee where the curriculum requirements of s.5 have not been met in a significant way, but indicating how an equivalent level of achievement, matching with the competence framework requirements of s.6, are thought to have been reached.**

**8.9.4. Training Schools are required to include in their Annual Report to Training Council information about the number of trainees qualifying under sections 8.9.2. and 8.9.3. For any trainees qualifying under section 8.9.3. this information should be provided in a confidential appendix to the main report, including a brief summary of the circumstances and how the equivalent level of achievement has been reached.**

### Information gathered from:

SED

Course Handbook

Three qualifying papers and comments by markers

### Findings

The trainee handbook has a clear section outlining what is expected and the process that will lead to qualification, with ACP membership.

The SED makes it clear that there are two main bodies involved in accrediting and validating the work of the clinical training: the ACP as a professional body, and RGU as the academic partner. The award of Doctor of Child and Adolescent Psychoanalytic Psychotherapy (DPsychPsych) is awarded by the University to students who successfully complete the Course as detailed within the Course Specification. There are two other exit points within the

four-year programme. If a Trainee does not proceed to complete the full Doctorate, they may qualify with an MPsychPsych, and be eligible to practice as a Child and Adolescent Psychoanalytic Psychotherapist.

The qualifying papers seen were of a uniformly high standard. The markers' comments on them showed the readers engaging with the topics in a helpful way. The panel were aware that at 12000 words these papers are longer than those expected by other training schools. They include a section that is treated like a literature review, rather than just weaving theoretical references into the narrative, although that was done as well. This was thought to be an interesting approach, encouraging the clinician--researcher mindset that those on child psychotherapy doctoral programmes are encouraged to grow into, but it may also create additional problems in terms of these papers being much more demanding to write and then being too long for most journal publications.

**As the training only has an intake every 4 years the most recent annual reports to the ACP Training Council have not needed to comment on qualification.**

### **Conclusion**

ACP standards are met.

#### *Commendation*

As those who were the last 'qualifiers' in 2021 completed their training at the time of the pandemic we commend both those individual trainees and all those involved with the training who enabled that learning and the achievement of qualification to take place.

#### *Recommendation*

None.

## **10 Quality Enhancement and Maintenance Standards**

***8.10.1. Training Schools should have robust processes for monitoring and maintaining quality standards and be able to demonstrate these processes at work in response to accreditation visits and external audit such as academic validation or reviews by funding bodies.***

***8.10.2. Training School should have full and appropriate complaints processes in place and the detail of how to use these should be easily available to anyone who may require it. Training Schools should keep a complete record of every use made of their complaints processes and they should report on these in their Annual Report and in their Re-accreditation SED. Any confidential information provided in order to satisfy this criterion will be stored in confidential appendices and will not be published.***

#### **Information was gathered from:**

Complaints Policy  
Clinical Training Handbook  
SED



## Findings

The Training School is subject to the usual academic standards, processes and audits of Robert Gordon University and the standards and codes of practice of the Association of Child and Adolescent Psychotherapists. Details of these are available in the Course Handbook.

The Training School reports annually to the Association of Child and Adolescent Psychotherapists Training Council and reports to the HDS Training Committee and HDS Board.

The Training School provides trainees with information about how to raise a complaint both informally and formally with reference to the HDS Complaints Policy.

In its SED the Training School reports that they have received no formal complaints from the current cohort. They have, however, addressed two 'potential complaints' which 'were resolved' without need of a formal complaint process. The SED also detailed an expression of dissatisfaction in relation to analysis and a further one of a difficulty within an intensive case supervision.

The Training School highlights the complexity of raising concerns and complaints within a small cohort group and seeks to address this sensitively. Consultation for the cohort with an organisational consultant is a rich resource in relation to this – a resource to consider process, position and dynamic.

The Course Handbook also details how students are 'encouraged to elect a Student Representative from their group', who can attend part of the Child and Adolescent Training Committee meeting to represent student views regarding the course. All student feedback and evaluations will be fed back to the Course Management Team.

## Conclusion

ACP standard met.

## Commendation

None.

## Recommendation

None.

## 11. Values, equity and diversity

### Standard

#### 8.11.1. *The Training School should:*

- *Have in place appropriate policies to ensure it does not discriminate within the meaning and scope of the Equalities Act 2010.*
- *Be able to demonstrate an active commitment to widening access to the training.*
- *Ensure that the training programme reflects an understanding of cultural diversity in relation to working practice as a psychoanalytic child psychotherapist*

#### Information was gathered from:

Course handbook  
SED  
Meetings with trainees

Meetings with Heads of Training  
Placement visit

## **Findings**

The trainees are introduced to both RGU's and HDS's Equal Opportunities Policies via the Course Handbook, where they are guided how to access (online) the relevant documents. RGU has a strong commitment to actively promote equality across all its functions, and the Course Handbook provides trainees with information on RGU's anti-discrimination practices, and how they can access additional support if they have a specific learning need or disability.

HDS has recently created a Diversity Working Group to ensure that their organisation operates in line with up-to-date policy and practice in relation to EDI. We understand from the SED that one of the action points from this group is to create CPD programme on EDI issues for all its staff.

A whole staff, trainees and other HDS student EDI training event is planned at the end of the summer term 2024 .

The commitment and dedication in ensuring how the training school attends to issues that relate to values, equality and diversity is evident on many different levels: the Heads of Training have made links with Heads of Training from the other four training schools in England, and one of them attends the ACP diversity reading group; trainees have the opportunity to attend dedicated Intensity Study Events that consider issues of race and culture; trainees are supported to reflect on and discuss any issues relating to difference within the structure of Review Meetings. Furthermore, the Course Directors have begun several processes of consultation with external facilitators as they work on moving towards integrating EDI within the curriculum at different levels to include course materials and seminars.

Both seminar leaders' and trainees' capacity and sensitivity when thinking about issues of difference was evident during the seminars attended by panel members. The trainees together with their seminar leaders were able to approach issues of EDI thoughtfully when thinking about work with parents, for example. During a placement visit, the panel members were impressed with the thinking the trainee demonstrated when talking about the responses of the families she was working with in relation to the location of the service. The trainee, was very mindful of the emotional meaning of the place for her patients. Moreover, she was able to draw from her own history and understand even deeper the experienced of her young patients and their families.

During the course of the re-accreditation process, the panel members became aware of the 'different' experiences the trainees may have considering the differences between their placements. Some of these differences are subtle and inherent to the nature of the training and others much more glaringly apparent, such as the trainee who is in a placement with no other child psychotherapist on site. It was admirable how the trainees were able to reflect on such differences during their seminars and their seminar leaders helped them stay engaged when thinking about difference.

## **Conclusion:**

ACP standards met

### *Commendations*

The panel commends the ethos which has been established within the training school that encourages everyone involved to feel safe to explore and discuss issues of race, values, equality and diversity. The Heads of Training are playing a key role in steering the training towards becoming a training programme that integrates in many active ways EDI in its curriculum.

## Recommendations

Given the small size of the profession in Scotland, and the geographical challenges when the profession is quite spread out, there is a particular need to maximise equality of opportunity and ensure continued recruitment and retention of a diverse and inclusive range of teaching staff. It will be important to make a broad invitation for expressions of interest in potential new teaching roles from both within Scotland and further afield. In addition including a review of experiences of EDI as part of an exit interview might provide a valuable additional information and feedback on the training experience. (see also section 6.2 trainee support recommendations).

## 12. Personal Analysis/Psychotherapy

### Standards

**8.12.1 Training schools should ensure that all trainees are in their own psychoanalysis/psychotherapy for a minimum of four times or five times a week. This is an essential and central requirement of training. The requirements prior to commencing the training are laid out in section 4.5. In circumstances where there is an evidenced scarcity of analysts accredited by the Association of Child Psychotherapists then at the discretion of the Training School and in consultation with the analyst, this may be reduced to three times a week. All exceptions and reasons for exception are to be noted in an anonymised form in the Training School's annual report.**

**8.12.2. The analysis shall be concurrent with the training and with a person whose qualifications have been approved by the Training Analysts and Therapist Sub-Committee as laid down in the Memorandum on Qualifications for Trainees' Analysts.**

**8.12.3. In exceptional cases where the analysis is terminated before the end of training, this must be reported in anonymised form to the Training Council in the Annual Report. Any change of analyst or interruption of analysis must similarly be notified.**

**8.12.4. Training schools will contact the analyst/therapist before a student starts intensive casework and again before qualification. Analysts/therapists are requested to confirm at these points of transition that they know of no reason why the trainee should not proceed.**

### **Information gathered from:**

SED and additional information requested by panel & responded to by Heads of Training in email.

Annual report to ACP

Meeting with the Heads of Training

Meetings with trainees

### **Findings:**

The Panel was informed that currently all trainees are having 4x a week analysis. Some sessions take place online/by phone because of distance to travel and other practical considerations. Details of such arrangements are agreed between analyst and analysand.

The Panel was told that NES pay for 6 months of 3x a week analysis to start at the point of acceptance onto the course once a training post has been offered so that the trainees can become established in their analysis before the course and clinical work start. This is very helpful, and it would be a useful model for HHS Education to adopt. However NES continues to fund only 3 sessions a week throughout training, when the ACP standard is for 4. This has left HDS trainees in a position where they have to/wish to have a 4th session in the week and have to find ways of funding this. HDS has been able to signpost those trainees who have requested financial help for this to various forms of funding, both through charities and through their employing Health Boards, although they have not been directly involved in

supporting those applications. The Panel was concerned about the inequity of access that this system allowed.

### **Conclusion**

ACP standards are met.

#### *Commendation*

Securing funding for analysis pre training was seen as helpful and other training schools might want to consider if they could ask for that.

#### *Recommendations*

That there are further negotiations with NES, making them aware of the ACP standards, and the need, in terms of equity of access across the UK, to support the analysis more fully.

That on acceptance to the training all prospective trainees are furnished with the same information from HDS about other sources of funding for analysis so that there is no longer inequity between the trainees.

## **Part Three: Conclusion, Conditions Commendations and Recommendations**

### **Conclusion**

The panel was of the view that there are no conditions for re-accreditation.

Below are our commendations and recommendations.

### **Commendations**

The panel commends the following:

1. a) The Panel commends the work of the two Directors of training. They have worked tirelessly and diligently over seven years to deliver a clinical training of a very high quality and to ensure that the voice of Child and Adolescent Psychotherapy and it's training importantly remains on the agenda to service the infant, child and adolescent population and their families and carers in Scotland.  
  
b) The Directors are seen to be supportive and responsive in their roles at multiple levels, working within a philosophy of thoughtfulness, skill, care, kindness and appropriate challenge.  
  
c)The panel recognise the significant value added to the organisational process by the work of the Directors with an external organisational consultant.

(Quality Standards 8.1)

2. a) The panel commends the School for the work discussion opportunities which are offered to the service supervisors.  
  
b) The panel commends the School for the use of an external consultant for those in the Heads of Training roles.

c) The School already has helpful and innovative ways of encouraging NHS employed staff to be seconded from their Trusts in order to make a contribution to the training. It also has a history of having 2 teaching staff for some seminars which may help to increase the confidence of those new to the task. These are worthy of commendation and can also be used to increase the teaching staff as recommended below.

(Quality standard 8.2.1)

3. a) Leadership, Equality, Diversity and Inclusion, as well as Research strands have rapidly become embedded through integration of these themes in weekly seminars, as well as provision of additional workshops. The integration of these aspects of learning was evident in the observed teacher and trainee participation in seminars, as well as writing of qualifying papers, where space was given for example to critical consideration of psychoanalytic case study as methodology.

b) In addition, an assessed written outcome at the end of year 3 consists of a succinct GP letter or report with a commentary provided by the trainee describing how an assessment and formulation is arrived at; this task was highlighted by the panel as an innovative and effective way of ensuring development and demonstration of key competences and skills of central relevance to NHS practice.

c) It is noted that all of the current cohort are approaching their research projects with confidence and have succeeded so far with their interim research submissions to the university.

(Quality standard 8.3)

4. a) The panel commends the thoughtful and thorough approach to recruitment, from the pre-clinical into the clinical training.

b) The panel commends the clear and thorough marking systems in place.

(Quality standard 8.5)

5. a) The provision of 4 weeks additional study leave, added to the traditional holiday breaks in treatment for children, specifically for the completion of research tasks is noted as a helpful and necessary adaptation, which has so far with the current cohort ensured the time necessary for success with research submissions, at the same time aiming to ensure that clinical cases are not impacted.

b) The Heads of Training are commended by the panel for their responsiveness to trainees' expression of need for changes, for example they have largely returned to regular weekly face to face learning as opposed to the alternate on-line/face to face pattern previously followed. In another example of such responsiveness, the frequency of the Group Learning Experience is being increased from once to twice termly.

c) The panel found that there was a high level of local and structural support in place for the Trainee in the lone training post. This was greatly valued by the Trainee and would be a valuable model too in the establishment of further lone Training posts where Child and Adolescent Psychotherapy is not already established.

The panel recommends that a formal exit interview be instituted at end of year 4, which would provide an opportunity not only to reflect on aspects of trainee support, but also perhaps individual views on the experience of equality, diversion and inclusion.

(Quality standard 8.6)

5. a) The provision of 4 weeks additional study leave, added to the traditional holiday breaks in treatment for children, specifically for the completion of research tasks is noted as a helpful and necessary adaptation, which has so far with the current cohort ensured the time necessary for success with research submissions, at the same time aiming to ensure that clinical cases are not impacted.

b) The Heads of Training are commended by the panel for their responsiveness to trainees' expression of need for changes, for example they have largely returned to regular weekly face to face learning as opposed to the alternate on-line/face to face pattern previously followed. In another example of such responsiveness, the frequency of the Group Learning Experience is being increased from once to twice termly.

c) The panel found that there was a high level of local and structural support in place for the Trainee in the lone training post. This was greatly valued by the Trainee and would be a valuable model too in the establishment of further lone Training posts where Child and Adolescent Psychotherapy is not already established.

(Quality standard 8.7)

6. The level of information given in the appendices to the handbook displays an attention to detail and a level of care that is admirable.

(Quality standard 8.8)

7. As those who were the last 'qualifiers' in 2021 completed their training at the time of the pandemic we commend both those individual trainees and all those involved with the training who enabled that learning and the achievement of qualification to take place.

(Quality standard 8.9)

8. The panel commends the ethos which has been established within the training school that encourages everyone involved to feel safe to explore and discuss issues of race, values, equality and diversity. The Heads of Training are playing a key role in steering the training towards becoming a training programme that integrates in many active ways EDI in its curriculum.

(Quality standard 8.11)

9. Securing funding for analysis pre training was seen as helpful and other training schools might want to consider if they could ask for that.

(Quality standard 8.12)

## Recommendations

- 1
  - a) That HDS give due consideration to the appointment of a Clinical Training Course Business Manager to hold and deliver on the key operational aspects of the training and to take forward key developmental aspects in partnership with the HDS Board. This role would be separate from the role of the Course Administrator.
  - b) That HDS consider the appointment of Heads of Training / Training Team at a 0.8 level paid at Band 8c agenda for change with corresponding employment increments.
  - c) For ongoing consideration to be given to succession planning for Heads of Training, perhaps a process of one remaining when another steps down, and another hence stepping up- creating a way of experience being handed on. This will naturally be shaped by future tender arrangements. The current 4-year tender with fixed term employment HDS contracts will naturally hinder recruitment.
  - d) That the Heads of Training are provided with the budgetary financial detail of monies received from NES for the clinical training, by the HDS Director on an ongoing basis. This would promote financial transparency and would aid future planning.
  - e) That the HDS Board consider its terms and conditions with a view to becoming an active advocacy body working with NES to ensure that the voice of Child and Adolescent Psychotherapy and its training is represented with energy and vitality at senior levels, financially, politically (perhaps to present a briefing paper/ ask a question in Parliament etc) and operationally. The identification of a named person at an appropriate level of authority within NES with whom negotiations can take place is indicated and perhaps a secondment considered to develop understanding and relationships further. The overall aim of these details would be to ensure the sustainability of the Training for the long-term provision of Child and Adolescent Psychotherapy in Scotland with increasing intake into the course over time and the establishment of a strong and robust Child and Adolescent Psychotherapy workforce across the country.
  - f) That the Heads of Training approach the ACP to ensure a response to the ACP report submitted to NES in April 2023.
  - g) That the Heads of Training approach the ACP to consider with them the appointment of a Training Development Lead for Scotland, as there is in England.
  - h) For the Heads of Training and Human Development Scotland to consider a close working relationship with the HDS Marketing Officer, to ensure for example that the Doctorate Clinical Training is actively promoted in publications; that there is a specific prospectus for the unique / flagship clinical training in Scotland; and in its advertising eg in the alumni newsletter and HDS newsletter in order for it to grow and flourish.
  - i) That monies continue to be available for external operational consultation for the Heads of training and Trainees. Perhaps something similar could be available to consider the workings of the Heads of Training and Director of HDS which would be valuable too. (Quality Standard 8.1)
2. That the School look to find ways to increase its pool of teachers. (Quality standard 8.2)
- 3
  - a) Heads of training expressed a wish for more allocated development time to be able to engage with the on-going process of curriculum planning, delivering and reviewing in order to

maintain the highest standards and the demanding range of knowledge and skills required by the QAF.

b) In discussion with service supervisors and course leads during the visit it was suggested that organising some CPD for service supervisors around the requirements and practical/ethical issues around research projects undertaken in placements would be helpful.

c) The direct teaching inputs provided by the Robert Gordon University could be even more useful if timetabled during the earlier stages of research planning, especially teaching on Ethics. Some additional input on the practical processes involved in gaining both the NHS and University Ethics permissions was seen by trainees as something which would reduce anxiety and be of benefit early on in year 3.

d) The course handbook states that it is a requirement for non-intensive clinical training to complete an STPP 'or other time-limited form of psychotherapy', yet in one of the seminars it emerged that this remains ambiguous in trainee minds as to whether this is a desirable or essential requirement. (Quality standard 8.3)

4. While understanding the preclinical course and MSc as the main routes onto the doctorate training, the Heads of Training need to ensure that the selection process, especially the essay, is fully accessible to those who have done other preclinical trainings. Making the essay task less onerous, by setting it to be answered within a timed task, perhaps responding to a paper only given to all candidates at that point, might be a way forward.

The panel suggests that the course leads consider other ways of writing qualifying papers, sustaining a word count that satisfies RGU requirements, but which would enable publication where possible. (Quality standard 8.5)

5. a) The expectation for the clinical and research elements of any doctoral programme to be achievable is noted by the panel to place extremely high demands on the time and emotional resources of trainees. This is an issue that has been recognised as not only at HDS but at all training schools where doctoral programmes are under development. It was noted that some Service Supervisors also expressed a wish to be better briefed about the research task and better supported in being able to support their trainees with this.

b) The current cohort at HDS are on track and succeeding in meeting their deadlines so that most will begin their data collection at the beginning of year 4. However, it remains to be seen if it is achievable for them to write up not only their essential clinical paper but their research paper by the end of that year and the panel understands that there is flexibility about submission dates for the thesis from the university's point of view. From meeting with the trainees, the panel feel they could be helped by a realistic discussion and acceptance about the potential and processes for extending their thesis deadlines post qualification if necessary and where justified. Linked to importance of Research staying on track, some trainees expressed uncertainty as to the expectations around the etiquette and frequency of research supervision meetings with the university and HDS research tutor. It is recommended that this be made more explicit. The panel wondered whether there might be scope for reducing the word count for the clinical paper which is longer than some other training schools require, and which might also help balance the need for attending to clinical and research submissions during the last part of the fourth year. (Quality standard 8.6)

6. Given the small size of the profession in Scotland, and the geographical challenges when the profession is quite spread out, there is a particular need to maximise equality of opportunity



and ensure continued recruitment and retention of a diverse and inclusive range of teaching staff. It will be important to make a broad invitation for expressions of interest in potential new teaching roles from both within Scotland and further afield. In addition including a review of experiences of EDI as part of an exit interview might provide valuable additional information and feedback on the training experience. (see also section 6. Trainee support recommendations) (Quality standard 8. 11)

7.
  - a) That there are further negotiations with NES, making them aware of the ACP standards, and the need, in terms of equity of access across the UK, to support the analysis more fully.
  - b) That on acceptance to the training all prospective trainees are furnished with the same information from HDS about other sources of funding for analysis so that there is no longer inequity between the trainees. (Quality standard 8.12)