

Annual Report – Academic Year 2016- 2017
ANNUAL REPORT TO THE TRAINING COUNCIL OF THE ACP

1. Summary of Management Structure, Staffing and Resources

The incumbent Senior Tutor to the programme resigned unexpectedly in February 2016. Given that this cohort of trainees was entering their final year, the HDS Training Committee considered that there was little to be gained by filling the role. It was decided to not seek a replacement as there was little likelihood of finding a replacement, given the restricted supply of available candidates in Scotland.

The responsibilities and roles of the Senior Tutor post were able to be met by senior child psychotherapists involved with the training. This involved teaching seminars as well as the personal tutor roles for 2 trainees. The new Training Committee chair was able to extend her teaching input to the course, and to assist the Organizing Tutor with management issues. The responsibilities of the role in respect to the personal tutor (involving 2 trainees) were taken up by the Organising Tutor and by a member of the tutoring staff (who also has an extensive teaching commitment to the training), in order to minimise disruption to trainees' learning experience.

Human Development Scotland secured the contract to deliver a new cohort of child & adolescent psychotherapy training in February 2013 following a competitive tender. NHS Education for Scotland fully funds the training and training places.

HDS moved its headquarters to Glasgow in January 2016. The new headquarters has good provision for training with a self-contained training suite plus three additional seminar rooms and a library. HDS was awarded the contract for the provision of the training to a new cohort of four students beginning in September 2017 which will be delivered from the Glasgow premises. Small-scale video conferencing facilities are currently available for supervision and one-to-one discussion. These will be developed longer term to provide a more comprehensive VC facility. For the present cohort, training days will continue to take place at Cupar, Fife. Intensive Study Events and meetings now all take place in the new headquarters for the current cohort.

Organisational Structure

The management structure of the organisation was unchanged since the previous annual report.

HDS is governed by a board of trustees made up of practitioners from within the HDS membership and trustees appointed from elsewhere who bring complementary skills and knowledge to support the effective governance of the charity. HDS is an incorporated charity regulated by the Office of the Scottish Charity Regulator (OSCR).

In July 2016, HDS was accepted as a Pilotlight partner charity. Pilotlight is a charity which works with other charities throughout the UK, helping them to grow and develop into strategically strong, efficient and sustainable organisations. HDS will be working with Pilotlight over a 12-18 month period to develop our strategic and financial plans and governance arrangements.

In January 2016, a new chair was appointed to the Training committee. This chair person has remained in position until now.

2. Staffing

With the exception of the loss of the senior tutor role (above), the staffing remains the same.

There are 5 visiting tutors (all senior child psychotherapists) who contribute to the teaching.

In addition there is one Intensive Study Event per term, which involves a visiting Child Psychotherapist, from Scotland or further afield.

There is a close link between the personal tutor for each student and the service supervisor. There is at least one annual site visit (more if deemed necessary), which includes the line manager, service supervisor and personal tutor.

The course has an academic administrator (0.5 FTE) and has general admin support from the HDS administrative team when required.

3. CPD for Staff

Once per term, there is a workshop for the service supervisors facilitated by a senior child psychotherapist not involved in the training. Intensive study events are open to all tutors, and all contributors to the course are responsible for their own CPD and encouraged to attend the annual ACP conference.

A new CPD programme for all HDS tutors is being developed to begin in March 2017. Tutors will be required to attend at least one CPD event in the programme each year and encouraged to attend all.

There was a study day on Race and Culture, led by Anne Hurley in November 2015. Other events open to staff included workshops with Ricky Emmanuel and Monica Lanyado.

4. Developments in the Curriculum

We continue to provide a varied training programme for Trainees. There is a rolling programme of theory seminars and a clinical group seminar each term. Specialist Workshop seminars continue, one per term, led by visiting tutors. There is one Intensive Study Event per term; Service Supervisors, Intensive Case Supervisors and Personal Tutors are encouraged to attend. This is a full day workshop, which includes a presentation by a visiting child psychotherapist on a specialist topic usually related to the taught courses for that term. This is followed by a group supervision for 2 trainee clinical presentations, led by the visiting child psychotherapist. Service Supervisors and Intensive Case supervisors attend and contribute to the clinical supervision group.

A series of seminars on STPP, narrative stem analysis and brief work with adolescents (all new to the curriculum) took place this year (16/17). There was a seminar series on Scottish Psychoanalysis and Object Relations theory in the 4th year. This is new to the curriculum for this cohort.

5. Student Intake and Placements (*no changes in 2016/17*)

Five trainees began clinical training in child psychotherapy at HDS in September 2013. There was a wish to locate trainees in health boards where there had been no child psychotherapy trainees in the past. This was achieved at Tayside and Forth Valley. The five trainees have clinical placements in Glasgow (2 trainees); Grampian; Tayside and Forth Valley. One trainee's placement has been altered; the trainee now works 3 days in a placement where there is a large child psychotherapy team and remains one day in her original placement.

The venue for the training is Playfield House, Stratheden Hospital, Cupar. This is part of NHS Fife and is co-located with the CAMHS service. Travel is always an issue for Scottish Trainees. The Playfield site is reasonably accessible to all trainees, i.e. it is as close to a mid-point for all trainees who come from across Scotland for the training day.

6. Student Progression

There is an intake every 4 years - the current cohort has all progressed through their 4th and final year of training.

7. Qualifications since Last Report

Three of the Trainees submitted their qualifying paper to the ACP, passed and were accepted to qualify and register with the ACP. Two Trainees required an extension until the end of 2017 to complete the training requirements. They submitted their qualifying paper in August 2017. Both passed and were accepted to qualify and register with the ACP.

8. Post-Qualification Employment

All five trainees are now in full employment in the NHS.

9. Academic Completions

All 5 Trainees are predicted to submit (and pass) their 401 submissions (for the MPsychPsych) by September 2017. This can be updated in next year's report.

10. Issues for the Training School and Host Organisation (where appropriate)

The small scale of the ACP profession in Scotland creates challenges for the training by restricting the potential pool of appropriately qualified individuals to work as tutors and provide supervision. Experience has shown the clinical and learning disadvantages of locating trainees in NHS Boards without an existing qualified child psychotherapist. As a result, training places in the cohort due to begin training in September 2017 will be limited to NHS Boards where at least one qualified child psychotherapist is already in post.

The limited availability and location of ACP-approved training analysts means that Scottish trainees may have to travel considerable distances for analysis in addition to attending training days.

11. Quality Monitoring (Including Any Complaints and with Reference to University/SHA processes)

There were no complaints made formally by or about any of our trainees.

12. Response to Conditions/Recommendations of the last ACP Accreditation Visit. (Including Action Plans and progress made since Last Report)

See action plan below.

ACTION PLAN RE CONDITIONS/RECOMMENDATIONS OF LAST ACP ACCREDITATION VISIT.

CONDITION <i>(as detailed in most recent Re- accreditation Report)</i>	ACTION NEEDED	PROGRESS TO DATE	TIMESCALE FOR COMPLETION
<p>1. HDS should take action to review and improve their support of 'long distance' service supervision.</p>	<p>This should include providing greater clarity about the roles and responsibilities for those service managers new to hosting a trainee and strengthen the IT and other infrastructure to support long distance service supervision, in particular using the telephone and Skype more effectively.</p> <p>In addition, the training school may wish to explore examples of best practice used by other training schools supporting long distance service supervision.</p>	<p>HDS has created a conference call link, which has been successfully used for meetings between service managers, supervisors and the intensive case supervisors for group meetings.</p> <p>The new HDS headquarters will have video conferencing technology in the near future.</p> <p>Skype and telephone contacts with personal tutors and intensive case supervisors has been ongoing for several years, without any complaints or problems noted.</p> <p>For the 2 students who are placed in teams without child psychotherapists, there are face-to-face meetings on a weekly basis, and telephone or Skype contact as needed. One of the trainees has been moved to another CAMHS service for a good part of her working week. This service has a large child psychotherapy team and the trainee has access to the service supervisor on site.</p> <p>Plans for the new cohort (17/18) are that no trainees will be placed in services where there are no senior child psychotherapists.</p> <p>The Staff Information Handbook has been comprehensively rewritten and circulated to all tutors and supervisors. It includes a detailed outline of roles and responsibilities, pro-formas for reports, etc.</p>	<p>Evidenced in the 2015-16 Annual Report</p>

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		Service supervisors attend a regular meeting, facilitated by an external, senior CAP. As the trainees are all in synch (not a yearly intake) the issue of intensive case supervision is not imminent. The issue of providing intensive case supervision will be addressed with the new intake in 2017.	
2. HDS puts in place a programme of CPD specifically related to teaching, training and service supervision (i.e. not clinical practice) for staff in the training school.	This will ensure that those staff who are retired from practice are up to date with current relevant health and social care policies and service developments and that service supervisors receive specific CPD support for their roles and for their development as service supervisors, independently of training school staff.	<p>HDS has proposed a series of seminars (once per term) which are CPD specifically related to teaching, training and service supervision. All tutors and supervisors will be required to attend at least one per year, beginning in Spring 2017. Unfortunately, there has been a delay in these sessions starting due to ill health of the organiser. They are planned to begin in 2018.</p> <p>All current Service Supervisors are qualified and registered child psychotherapists, in employment and/or clinical practice. They all have their own CPD which ensures they are keeping up to date with current research, policy and clinical practice. This can be partly achieved by attendance at our Intensive Study Events.</p> <p>Service Supervisors meet once per term, with an external facilitator, to reflect on their roles as Service Supervisors</p>	Evidenced in the 2015-2016 Annual Report
3. That HDS reviews the leadership and membership of the Training Committee to ensure good attendance and there is input from a wider range of stakeholders.		<p>Kathy Duguid, a senior child psychotherapist, was appointed to chair the Training Committee by the HDS Board of Trustees in January 2016.</p> <p>Participation in training committee meetings by representatives of NHS Education for Scotland is routine. HDS is working to ensure CAPTC membership is</p>	Evidenced in the 2015-16 Annual Report

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		representative of the field in Scotland and includes external and independent members. This is an ongoing process.	
4. When reviewing, updating and developing the curriculum the views of service supervisors should be taken into account.	The curriculum is circulated to all Service Supervisors to be discussed and refined based on their suggestions.	<p>This has been done. Several changes have been made to the curriculum on this basis, e.g. the inclusion of a seminar series on infant mental health, STPP, etc. There is a once termly meeting with all service supervisors where there is the opportunity to make suggestions and give feedback.</p> <p>Further work on aims and learning objectives will follow when the curriculum undergoes a complete revision based on arrangements with a new academic partner.</p>	Evidenced in the 2015/16 annual report
5. That HDS considers the development of a strategy and plans for the continuation of the training aimed at hoping to secure longer term contracts with NES and service providers, in order to secure trainee numbers, extension of training in extenuating circumstances and possibly includes more frequent intakes driven, evidenced and supported by workforce planning and service needs. Whilst it is the case that HDS can only work within the policy framework of NES, extending and building further upon the relationships with NES and new service providers and	<p>Build relationships with the ACP in Scotland to support, where appropriate, the profession's work to raise the profile of child psychotherapy; contribute to the development of Scottish Government policy relevant to child psychotherapy; liaise with NES/NHS Boards on commissioning of future cohorts of trainees.</p> <p>Work with new university partner in Scotland to develop a collaborative relationship that will facilitate and support the development of relevant research.</p>	<p>The HDS chief executive and the ACP Scotland rep have agreed an approach to closer communication.</p> <p>HDS responded to the Scottish Government's consultation on a 10-year mental health strategy and will take all future, similar opportunities to contribute. In addition, HDS is seeking other approaches to influencing future policy relevant to child psychotherapy by raising the profile of the organisation generally and the CAP training specifically through exhibitions e.g. the Children in Scotland annual conference, the NHS Scotland annual conference and other similar events. HDS plans to hold 'open days' and evenings, at least once a year, to promote courses being delivered at HDS, including the CAP training.</p>	Over time

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other organisations could help to secure the future for training in Scotland.			
6. Changes to the curriculum should be reflected in the trainee handbook.		The Organising Tutor has written a substantial Handbook. A new handbook will be available for the 2017/18 intake, with all new curriculum changes clearly set out.	Completed for 2013-2017 intake
7. When selecting future trainees HDS should try to ensure that the cohort reflects the diversity of the current CAMHS workforce.	Put in place and monitor a recruitment process in keeping with good practice in encouraging applications from all sections of the community.	<p>HDS is working jointly with NES to manage trainee recruitment. The process complies with all current NHS policies on recruitment in relation to equality & diversity.</p> <p>HDS has its own policy on equality & diversity which complies with all relevant legislation.</p> <p>Trainees are often graduates of the Observation course in Scotland, which reflects the diversity of the population of Scotland currently working in the area of child and family mental health.</p>	Over time
8. In response to the direct wish of the trainees HDS managers to consider how best to monitor and review interpersonal relationships within the school and intervene and take positive corrective action when/if any evidence of difficulties arises.		<p>A once termly meeting was held with the chair of the training committee for all senior training staff. The current chair of the training committee met with the students once per term, in confidence, to listen to the trainees' views and take action as required.</p> <p>The HDS Chief Executive met the organising tutor once per term. The aim of these meetings was to develop good working relationships within the course team.</p> <p>The process of noting, monitoring and reviewing interpersonal relationships is an ongoing process. Further</p>	Completed 2016-17

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		changes will be evidenced in the 2017-18 report.	
9. HDS should find ways of ensuring that trainees have access to laptops which will help them when they are out in the community and to receive service supervision in a timely way.		Ongoing. Provision of equipment for trainees in their placements is the responsibility of the host NHS Board. HDS will seek to include laptops in the agreements on trainee working conditions between the Training School and NHS Boards.	Over time
10. HDS/the training school may wish to consider developing a relationship with the ACP in Scotland to establish a more collaborative and structured plan/programme of innovative and inclusive CPD opportunities for Child Psychotherapists across the country.		Completed. Joanne Young was appointed as Chair of the ACP regional branch for Scotland in 2016. This has contributed to a more collaborative and structured programme of meetings, which are well attended. The Organising Tutor gave regular updates to these meetings, from the Training School. See Point 5 above.	Completed 2016-17