**IPT UK Meeting – Business Meeting**

**Date**: 6 November 2015

**Location**: Kings College, London

**Attendees**: Julia Fox-Clinch, Susan Howard, Philip McGarry, Matthias Schwannauer, Roslyn Law, Liz Robinson, Flora Blackwood, Zaitoon Cassam, Marie Wardle, Louise Deacon, Michelle Burden and Ruth McCutcheon

Welcome and introductions and changes

Susan Howard has taken flexi-retirement working 1 day a week. Louise Deacon is now the IPT Centre Director for Surrey-Sussex.

Roslyn Law will take up a new post in January as deputy director of CYP IAPT in London and the South East, as well as Lead of CYP IAPT IPTA. She will spend clinical time with the Helping Families team.

1. **Minutes from last meeting**

Accepted without changes

1. **Training Committee Feedback**

We welcomed 3 new members, Philip McGarry (Belfast) ,Matthias Schwannauer (Edinburgh) and Miriam Kennedy (N Ireland)

We have received a response from the BPS regarding accreditation for courses. It is a robust but costly plan. It will be inspected, discussed and shared with colleagues before returning to the BPS.

It is vital for IAPT and will increase the professional standing of IPT UK.

The cost to approve 1 course will be £1,200 plus VAT but with more courses the cost decreases per course down to £840 plus VAT for 10+ courses

If accepted then SH And RL will do a pilot in Surrey and London, however we do not have a timescale for this yet.

We are looking at instating a minimum number of hours of CPD and will link to the upcoming membership scheme. We are looking to match the recommendations made by the BPS.

It might not be that we approve all courses with the BPS but were definitely looking at Level A and Supervisor training.

1. **IAPT Update**

There seems to be an issue with staff not being released for training, which we should take back to the national team.

Surrey – 3 trainees (from Sussex partnership)

West Midlands – 7 practitioners (2 are paying)

London - 30 places were taken up in June and November (28 of these were funded). There will be 22 more funded places next time.

It is noted that RL specifically asked each service to write to their commissioner and request places on the training. Sometimes the commissioner needs to hear that the training is running so they can give places. This information was gathered from the HEE lead for London and SE.

Leeds – 18 practitioners

RL noted this is a different method to London where by commissioners fund a course and then find attendees. The commissioners have also provided funds for supervisor and supervisor refresher training but we are waiting on numbers.

Durham – 5 practitioners

LR commented that she is not able to have access to the commissioner. The service managers have a forum with them about place numbers. It was recommended that she encourage the service managers to ask for training places.

1. **Action for Choice Committee**

This is a grouping of non-CBT leads and is chaired by Peter Fonagy and David Clark (DC).

At a recent meeting items were passed without opposition but subsequently identified as being against some council members’ wishes and so a written complaint about lack of therapy choice in IAPT went to the minister. In his response he quotes the approved DC paper, which wasn’t believed to be public as it was being challenged.

The letter stated that ‘advice from David Clark says services should be routinely provided to match: 67.5% high intensity therapy, 17.5% IPT and 15% couples, counselling and brief dynamic therapies. If this was implemented it would be a huge leap for IPT (currently 3%) but not for other strands.

Increasingly more and more counsellors are undertaking IAPT courses. Currently 37.5% of IAPT workforce are providing therapy in an area they are not sufficiently trained in and many of these are counsellors. It was commented that it seems to be a waste of money to retrain people and not up-skill the workforce.

Is there a conflict between IPT and CYP IAPT? IPT wants to further train the trained whereas CYP IAPT wants to train less skilled. The way to balance this is to state that the CYP IAPT course is more intense and includes a year long simultaneous course in core skills, which is not included in the standard IPT training.

1. **Regional Reports**

**North East**

There continues to be a consistent and steady interest in IPT in the North East. There continue to be a small number of IPT posts have been advertised (and filled) in IAPT services around the region. The bimonthly meetings are well attended with the educational aspect of this is well received. The details of this are in the table below. There is good variety and an on-going willingness of the IPT therapists to contribute to this group. We have tried to alter the times and days of this meeting to give everyone a fair chance at attending the days.

There was an IPT practitioner’s course in June 2015, which had 13 delegates and most have arranged supervision to work towards their accreditation. There was an IAPT IPT Practitioner course in September with 6 places allocated but 5 places were taken. This was due to recent service changes in IAPT and staff could not be released for training. All trainees have got started with their casework.

The CYP IAPT IPT training course started at University of Northumbria in January 2015, 12 places had been agreed and 9 people started, however one dropped out within the first week. One student went on long term sick and the 6/7 trainees have completed their casework. There will be another course starting in January 2016 with 11-12 students expected.

The IPT supervisors’ course commenced in October 2015 with 5 trainees.

The next practitioners course is scheduled for March 2015; 7 places have been commissioned.

**DURHAM REGIONAL MEETINGS**

|  |  |  |  |
| --- | --- | --- | --- |
| Monday 2nd February 2015 | 9 -10.30am | IPT – A – an overview – differences from IPT for adults | Liz Robinson |
| Tuesday 14th April 2015 | 9 -10.30am | Journal club presentation, looking at IPT literature | Mark Jackman |
| Monday 1st  June 2015 | 9 -10.30am | Overview of IPT A (adolescent) research literature | Liz Robinson |
| Monday 3rd August 2015 | 9 -10.30am | IPT in early recovery and IAPT services | Heather, Karen, Denise |
| Tuesday 6th October 2015 | 9 -10.30am | Case study of IPT with eating disorders; common issues arising. | Donna Davidson |
| Wednesday 9thth December 2015 | 9 -10.30am | Considering using IPT in a business model:  Role disputes in the workplace | Sally Robinson |

**Northern Ireland**

From October 26-30 Philip Mc Garry and Liz Robinson, assisted by Lorraine Fitzpatrick, ran an Introductory Course in Belfast for 13 mental health professionals, 12 of whom will be taking on 4 cases each to attain Level B.

Funding had been provided by the Health and Social Care Board. The Board have indicated a willingness to fund a further course in 2017.

This is a very major development and augurs well for the future.

Philip and Lorraine provided a one-day course in Craigavon earlier this year, and plan a further one in the New Year.

On November 4 they provided a 2 hour presentation to the MRCPsych Part 1 course in Belfast.

We are extremely grateful for the support we have had and continue to have from Liz, and Philip and Lorraine will be going to Durham in March.

Meanwhile further links are taking place with colleagues in the Republic of Ireland, and we hope to link up in the New Year.

**West Midlands**

**Training**

Level B Practitioner training

The training course commenced on 1st September 2015 and 9 people attended with 7 places funded. All 9 trainees have started their cases and are working towards their accreditation.

The next IAPT IPT Practitioner training course starts on 6 January 2016. 11 funded places are available, 10 applications are currently being processed.

Level D Advanced/Supervisor training

The training course commenced on 12th October 2015. 6 places were available and 4 were taken up.

**Accreditation**

Level B Practitioner

8 people have completed Level B Practitioner training. All portfolios have been externally marked by Sandra Johnson or Zee Cassam before accreditation could be approved.

Level D Advanced/Supervisor

4 people have recently been approved as Level D Advanced/Supervisor. Portfolios have been marked by Sandra Johnson or Zee Cassam with minor amendments being made to some before accreditation could be approved. 1 person is shortly to have their portfolio externally marked. 4 people are currently still working on Level D towards their accreditation.

**Health Education England (West Midlands)**

A meeting has been arranged to take place in Birmingham on Tuesday 17th November 2015 to discuss funding for the following year.

**London**

AFC practitioner training has continued to sell out: 28 in November 2015 (22 IAPT funded) and the first IPT-A practitioner training ran with 15 attendees. The next adult IPT practitioner course is scheduled for June 2016.

The practitioner follow-up day, which is open to all IPT trainees and recently qualified practitioners, will run in February 2016. Booking can be made via [www.annafreud.org](http://www.annafreud.org).

A new cohort of CYP IAPT supervisor trainees (n=4) will began training in Sept 2015 and practitioner trainees will begin in Jan 2016 (n=16). All students from the 2015 practitioner training are on track to complete in time for the March 2016 exam board.

With RL’s appointment to IPT/IPT-A lead role at AFC a new CPD programme is being developed to cover IPT for PTSD, presented by John Markowitz and IPSRT for Bipolar Disorder presented by Ellen Frank.

**Network Meeting**

London network meeting continues to take place every quarter and is co-ordinated by Bob Prtitcahrd. The group now has 49 members, although attendance has dipped. Group members have been invited to opt in and spare places will be offered to the newly qualified practitioners and trainees in the London area. If numbers exceed 50 we will start to charge a small admin fee for the group.

The next meeting is in Jan 2016 and we will review IPT in context of religious festivals.

New members from London and surrounding areas are welcome to join us. Please contact [contact@iptuk.net](mailto:contact@iptuk.net) for details.

**Scotland**

All training will now run out of Edinburgh and will be credit bearing for the certificate, diploma or MSc. There are currently 50 clinical psychology students being trained between Glasgow and Edinburgh – 20% of these are getting IPT specific placements.

There are 12-20 people doing the 5 day course and 8 doing IPTa.

NES just got Scottish government funding to include IPT. They have also secured funding to cover backfill, which will help students keep to tighter deadlines. This means that there will be an additional 20 trained in IPT some of whom will go on to supervisor level (estimated to be 6-8)

**South West**

**Gloucestershire**

1. The SW Region has a monthly peer supervision group in Cheltenham, and two new colleagues from Herefordshire Alice and Carla join us regularly along with Mary in IAPT, Zoe and I in Eating Disorders and Selena in Psychological Therapies Oxfordshire and Kate Halliday in Salisbury in the Elderly team there. The address is below, and the group is fluid and is open to anyone trained in IPT in the SW and bordering counties working in mental health services. Current senior members cover specialties including Working Age Adult, Children and Young People Services, Eating Disorders, Psychological Therapies and Primary Care. We meet face to face and via telephone link when required.
2. Julia Fox-Clinch hosted a CPD event for those across the SW UK region in 2014 and together with three IPT colleagues delivered a workshop in keeping supervision thriving outside the training hubs at the highly successful ISIPT UK London Conference in June 2015 which was well attended. We also have plans locally in the Eating Disorders Service, to run a pilot IPT-G group for those experiencing binge eating (some also with depression), in 2016.
3. Clinicians who have attended the Ipt Supervisor’s update or full Ipt supervisor course continue to supervise clinicians following the current IAPT IPT Guidelines. Julia currently has five supervisees working towards practitioner accreditation both Cyps, WAA, (Iapt and non Iapt). Julia is a practice tutor on the UCL Cyps IAPT Diploma course and is a member of the IPT Training Committee.

We are committed to continuing to support the development of IPT in the South West and bordering counties and attend the IPTUK national meetings held in London

Interested? Feel free to contact Julia Fox-Clinch, Specialist Clinician Eating Disorders (SROT HCPC Reg) and IPT Rep South West:

Email: Julia.Fox-Clinch@nhs.net

**In Oxford Health**

We continue to have good IPT provision in IAPT services provided by two full time IPT clinicians in Bucks, and 3 part time IPT clinicians in Oxfordshire. Two of the latter are also qualified or soon-to-qualified as supervisors. We meet regularly for supervision. In Oxfordshire we have a supervision group where some other clinicians from Step 4 services who have an interest in or are trained in IPT can join us.

My Bucks colleagues have recently completed the IPT Group training and are running groups regularly.

We are hoping to arrange a CPS event for all IPT clinicians in June next year, and to be able to join with colleagues from other Trusts but this is still in the planning stage at the moment.

Selena Elcombe

**In Cornwall**

No change here - working to six sessions at step 3 - I am the only IPT practitioner and have one full protocol IPT case at any time to maintain my skills/accreditation. I have no trainees. Frankie Van Beek and I have an hour peer support via telephone, which is very helpful.

Hope to have one, possibly two Counsellors going for the IPT training in Exeter.

Paula May

**In Devon excluding Plymouth**

I continue to offer IPT to patients in our Independent NHS Commissioned service.

Currently I am the only IPT Practitioner and Supervisor in Devon excluding Plymouth.

Interestingly I have a private practice and I am now being asked specifically for IPT!!

No supervises currently.

Hazel Broom

**In Gloucestershire IAPT**  
I am continuing to work with IPT patients. Out of a caseload of 13 to 14 patients I usually have 2 to 3 IPT patients and the remainders are CBT. I am currently the only IPT therapist in the Gloucestershire IAPT service, Let's Talk.

I have no trainee therapists or supervisees.

I am very fortunate to be able to attend a monthly peer supervision group here in Cheltenham, which is very helpful, educative and supportive.

New email: mary.galvin3@nhs.net

Mary Galvin

**Update from Somerset:**

Jon Lyon working 80% on IPT cases, but my IPT caseload has been cut back to 10, due to other commitments. Somerset has provisionally asked for two training places at the Exeter IPT training programme, which is certainly positive given that IPT still maintains only a small role among other clinical disciplines/approaches. Peer supervision continuing to run smoothly and is experienced as effective by the undersigned (and I hope Kate would agree :)).

Dr. Peter Shepard

**Update from Wales Cwm Taf and Cardiff and Vale HBs**

Debbie Woodward says she is supervising two other clinicians at the moment in a monthly group that covers Cwm Taf and Cardiff and Vale HBs.  She had some excellent training from Susan Howard on 5th and 6th of October 2015. She has about two people on her current caseload and is endeavouring to try to set up supervision for herself with Susan, if her HB will allow.

She hopes to get to The IPT Peer supervision group in Cheltenham in some form- perhaps by phone again, as soon as she can

**Surrey**

1. **Treasurer’s Report**

For a long time there was £9,000 in the bank account but this has changed since the conference.

The income from the conference was c. £60,000 and with outgoings of £41,000 we have a current balance of £35,000. However there is a final bill to be paid to Senate House for room hire, which will use up a chunk of this.

IPT UK is now a registered company, which has the on-going costs of the administrator. We will need to submit yearly accounts to Company House.

Now the company is up and running we will shortly be looking into a membership scheme. This will be paid for via standing order and will provide a member’s area on the website with access to resources, presentations, conference videos and a financial incentive for CPD training. We are looking to make it happen in the next 6 month block.

1. **Educational aspect of the day**

There was an agreement that each area would take it in turns to present and that this task would be shared. RL has stepped in today but this should not have been the case.

The presentation doesn’t need to be a person’s own research or ideas but could take the form of a literary review etc. It is a responsibility to lead.

A new rule will commence from today. **It is the responsibility of the area who pulls out from presenting to find a replacement and not that of the chair.**

The following areas have responsibility at the next meetings.

May 16 Oxford

November 16 Leicester

May 17 North West

November 17 Northern Ireland

**ACTION**

RL/FB to send feedback forms from teaching