

Consultation of RCPsychiS Members – Views on Delivery of Psychological Therapies and Interventions

Submission date: Friday 17 March

Q1-6:

The specification must take into account people who have long-standing and multi-diagnostic difficulties, where they need longer-term psychotherapy, such as psychodynamic psychotherapy, with appropriately-trained clinicians. It also should recognise the particular role that disciplines other than clinical psychology, such as nursing, medical psychotherapy, and adult psychotherapy, can offer.

Q19:

It is important to recognise that not all psychological treatments can appropriately be delivered with a relative present. This is, for example, the case in therapeutic modalities where the bounded therapeutic relationship between therapist and patient is used as a vehicle for assisting the patient in understanding themselves. A case of this is the use of the transference in psychodynamic psychotherapy.

Q25:

Spec 3.1 says that "the Matrix will be used to guide the delivery" of what is termed "the right kind of care". Clinicians do not know what will be in the new version of The Matrix, but that the current version weights randomised controlled trials highly. Patients seen in psychotherapy departments across Scotland, including by medical psychotherapists and adult psychotherapists, have a complexity of presentation, often with co-occurring conditions, that makes them a patient group rarely included in RCTs. This could disadvantage these patients. This specification could

include words like: "In complex conditions, where a formulation-based approach will guide treatment better than evidence related to single diagnostic categories, this will be used".

Q31:

Not all patients are able to show kindness to clinicians. Some need to experience unkind feelings as part of longer-term therapy that helps them, such as psychodynamic psychotherapy. This expectation would exclude their important developmental needs.

Q43:

It is important to recognise that not all modalities of psychological treatment would be deliverable while a relative is present in the room. This would be, for example, the case for psychodynamic psychotherapy. This standard also does not recognise the role that coercion can have in relationships, where clinicians need to be able to feel they can ask to see a patient by themselves.

Q49:

Spec 7.6 says "Psychologists will consider how to support those with complex needs and train and supervise the wider workforce". This could be excluding of other the training contributions of other staff, and also puts pressure onto one discipline. For example, many nurse therapists and adult psychotherapists have a range of trainings in therapeutic interventions and can supervise and train others. Consultant Psychiatrists in Medical Psychotherapy have a GMC-accredited training in psychological therapy that includes training in supervising and teaching others, and they have a mandatory role in the supervision of doctors in training in their psychological therapy competencies. It would be better to say "specialists in psychological and psychotherapeutic treatment will consider...".

It is important that the Director of Psychology post recognise that Consultant Psychiatrists in Medical Psychotherapy have distinct professional responsibilities and reporting structures.

Q50:

It would be important that clinicians not take time away from their clinical work to fill out or manage databases solely for reporting reasons. Clinicians

would be best able to serve their patients by spending time on clinical work, with any auditing done using routine collection of data, inputted and analysed by administrative staff.

Q53:

This is a large dataset. For this to work, there would need to be an increase in administrative staff and managerial work taken on by clinicians. The Scottish Government would need to decide whether this represented the best way to raise standards, or whether it will impact on time able to do clinical work.

Q54:

The most important indicator would be likely to be patient satisfaction with the treatment offered.

Q55:

Routine collection of data using systems like TrakCare could produce an analysis based on ethnic origin, race, and SIMD quintile, to compare these with patient satisfaction ratings of the treatment.