

# **British Psychoanalytic Council**

## **Continuing professional development policy**

### **Introduction**

Continuing professional development (CPD) has traditionally been part of the expectation of all psychoanalytic psychotherapists. This has taken the form of an active scientific life and post qualifying stages of membership and a tradition of seeking the advice and consultation of experienced colleagues. Public expectation has now grown to require that all practitioners should maintain their practice through continuing development and that this should be monitored. The BPC and its Member Institutions welcome this development. In anticipation of statutory registration the BPC has modified the basis of its register to incorporate CPD as a requirement of all registrants to provide evidence of a minimum standard of fitness to practice.

For psychoanalytic psychotherapists continuing professional development consists of keeping up to date with current scientific and clinical developments and ensuring that their clinical sensitivity and objectivity remain on a level adequate for independent practice. The practice of psychoanalytic psychotherapy is a private activity and continuing professional development seeks to maintain fitness to practice through clinical discussions with colleagues as well as study.

### **Definitions of the Registration Standard of Fitness to Practice**

The fitness to practice standards, used as the requirement for inclusion in the Register of Clinical Practitioners, are as follows:

- that the practitioner has qualified under a BPC accredited training.
- that the practitioner is a member of good standing in their own professional institution which is a member organisation of BPC
- that the practitioner subscribes to and is governed by the BPC's published Code of Ethics
- that the practitioner is regulated by the BPC's Complaints Procedure
- that the practitioner has maintained an annual programme of continuing professional development, monitored and approved by the BPC, which includes consultation on their clinical work, attending lectures and courses and a broad range of professional activity.

## **CPD Committee**

The CPD Committee is responsible for recommending CPD policy and procedures, subject to Executive approval. It is also responsible for making annual arrangements to enable members of institutions to register, undertaking an audit to ensure compliance and reviewing the policy and procedures.

The Chair of the CPD Committee is appointed by the BPC Executive and is a senior member of one of the Member Institutions. The Committee consists of a representative from each member institution. The representatives act as advisors to their members and provide liaison with the Member Institution.

## **CPD Requirements**

- Registrants are required to complete an annual declaration of CPD activity on the approved forms, countersigned by a colleague who has heard their clinical work being presented during the previous year.
- There is a minimum amount of CPD activity identified as 30 hours for all registrants divided into categories of which 15 hours should be clinical learning. There are 4 more general categories: continuing education; professional activity; self directed learning; and professional administration. These definitions correspond to the categories adopted by the HPC. These minimum hours apply regardless of how much clinical work is undertaken.
- The policy sets a minimum standard, but most psychotherapists will exceed the number of minimum hours, particularly in relation to some areas such as self directed learning.
- Clinical learning is based on the presentation of clinical practice which can either be in individual consultation with a colleague or in clinical workshops/ supervision. The latter can be in the form of a seminar with a senior colleague or a peer group. Either may be institutionally organised or privately arranged. No criteria, such as frequency of sessions, are set regarding the clinical work undertaken providing it is psychoanalytic psychotherapy. Other forms of psychological or psychiatric practice are not included. It may, however, be private or institutional.
- The minimum standard of clinical learning does not require 15 hours of direct presentation, although that may be the case, but it does require some direct presentation and participation in clinical discussion in which clinical skills are demonstrated.
- The remaining 15 hours are made up of a variety of other activities, spread across the categories and tailored to the registrant's particular needs. This is not an appraisal scheme but registrants should think ahead on an annual basis about areas that would benefit from further learning and development, perhaps with the help of another colleague or group of colleagues.

- The counter-signature should if at all possible be another BPC registrant otherwise an explanation of the registrant's circumstances is required. A counter-signature does not indicate professional comment or validation of the work presented. It is a statement confirming that the colleague was present. It is for this colleague to decide whether or not they wish to use their name in this way.
- Registrants should keep an ongoing record of their CPD and evidence that the activities have been undertaken, such as receipts, conference programmes etc. These may be required at the discretion of the Committee if the forms are audited.
- The CPD committee will conduct an audit of 5 per cent of the returns, randomly chosen, every year. The audit will involve the committee verifying that those selected have completed the submitted CPD activities in their return, through checking the documentation. The CPD Committee must vouch for the full list of names to the BPC and these will be published in the following year's register.
- All newly qualified members are placed automatically on the register. A CPD return is then required on a pro rata basis to retain registration for the following year.
- If for any reason there has been a break in continuous clinical practice, the CPD standard required may be counted on a pro rata basis. If the break has been longer than one year and no CPD has been undertaken, then evidence will need to be provided of CPD plans for the coming year, particularly in respect of clinical learning. If CPD is undertaken during a break then this should be recorded and submitted with the re-registration application. A covering letter outlining the circumstances and CPD arrangements in place will be required in such cases and considered by the CPD Committee on an individual basis. Registrants may be re-instated in advance of resuming clinical practice if their CPD plans are satisfactory and will then be monitored when the subsequent return is submitted.
- If in an exceptional case there is any doubt concerning an individual's CPD record and their registration, this will first be discussed internally to the BPC. If necessary and with the individual's consent, the CPD record will be discussed with their Member Institution and proposals made to monitor CPD activities in the succeeding year. It remains open to the BPC to withdraw the member's name from the register, if there is doubt on the member's capacity to practice to a satisfactory standard and their CPD has not been maintained.

### **Note for overseas members**

Registration to practice is a matter of national regulation. Each country sets up its own standards. This BPC scheme is voluntary, but is directed towards the UK situation. It therefore does not include members of Member Institutions who are resident and practising overseas. Overseas members will need to meet their own national criteria. However, they will continue to appear in the members' listing of the BPC Register, but not in the list of Clinical Practitioners which will be a UK based listing. Should members be abroad temporarily and wish to take up registration on their return, then the general recommendations on a break in practice apply.

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