



HUMANISTIC AND INTEGRATIVE
PSYCHOTHERAPY COLLEGE

Humanistic and Integrative Psychotherapy College (HIPC)

Continuing Professional Development (CPD)

Requirements and Minimum Standards

Introduction

Continuing Professional Development (CPD) is an ethical obligation of all UKCP registrants. CPD schemes are now specified as a part of UKCP training standards and *evidence* of CPD is becoming established as a central element in UKCP 5-yearly practitioner reaccreditation requirements. Consequently all Colleges of the UKCP have had the responsibility for ensuring that their Organisational Members (OMs) have in place a CPD framework, including a monitoring system that is in line with the UKCP document: *UKCP Policy for Continuing Professional Development (CPD) – January 2015*. Colleges also have the responsibility for monitoring Direct Members and ensuring that a system is in place for their 5-yearly reaccreditation.

The purpose of this document is to establish some realistic standardisation of CPD frameworks within HIP College whilst ensuring that in this process, we allow for individual and organizational creativity and flexibility. We believe that as a College we need to develop a consensus of what is 'good enough' so that all Registrants can be assessed fairly against the same criteria whilst respecting the diversity in HIP College, which is likely to be reflected in CPD policies. These proposals and guidelines have been developed through consultation with OMs, and should be read alongside the UKCP document: *UKCP Policy for Continuing Professional Development (CPD) – January 2015*.

General Considerations and Values

The fundamental intention underpinning all CPD activity is protection of the public through maintenance and improvement of professional standards.

Just as importantly, CPD is about an ongoing ethical belief in, and commitment to, our growth, freshness, and development as practicing psychotherapists. Implicit in this statement is an assumption that effective psychotherapists have a sense of liveliness and curiosity about their work, are critically reflective about psychotherapy itself and regularly ask questions about their work and the field. We believe, therefore, that any activity or experience, that can be shown to alert us to new dilemmas or new ways of thinking about and engaging in clinical work, should be included as continuing professional development. This includes not

only experiences with clients, or formal structures for further learning, but also all of our experiences outside the consulting room or seminar room.

For CPD strategies to have any credibility we believe it is essential that practitioners are responsible for demonstrating how they have integrated any CPD activities into their professional practice.

All CPD frameworks should have a system whereby registrants can articulate to others their active ongoing learning and clinical development. Monitoring of CPD is therefore not merely an annual or quinquennial audit of activities, although recording of activities is inevitably required. We seek a minimum structure that both trusts the integrity of individuals to fulfill their ethical obligations whilst also meeting public professional standards of accountability and transparency.

Ethical practice implies that individuals demonstrate active consideration of and reflection on their ethical position in relation to practice issues, which include issues of equality and diversity.

CPD structures should be flexible and supportive enough to allow for differing personal and professional development needs and circumstances. A newly qualified practitioner may have different needs from a more experienced or semi-retired practitioner. Time out due to illness or sabbatical leave should equally be taken into consideration.

We consider the principle of non-familiarity important when formulating a monitoring structure. Therefore a peer group approach (see below) should always include non-familiar participants.

CPD structures should include evidence of keeping up to date with one's own core model as well as encouraging learning across models.

Requirements and Guidelines

- According to UKCP guidelines CPD policies should work within a 5 yearly cycle. It makes sense, therefore, to link the monitoring of registrants' CPD with the 5-yearly reaccreditation.
- The minimum requirement is 250 hours over a 5-year period normally with a minimum of 20 hours in any one year. Up to 50 of the 250 hours can be counted from clinical supervision, in particular if this provides additional training in another model.
- OMs have a duty to inform their graduates of College CPD requirements and monitoring procedures. DMs have a duty to inform themselves via the Direct Members area of the College website.

Consideration must be given to the minimum number of client contact hours a registrant should be managing per week, given their personal and professional circumstances. We recommend, as a minimum, an average of 4 client contact hours per week for the first 5 years of practice, after which time criteria can be more flexible based on individual circumstances. *Irrespective of a registrant's*

training and supervisory activities, they must also maintain some direct client work, bearing in mind planned or unplanned (in the case of illness, bereavement etc) "time out"/sabbaticals. We recommend OMs have some supportive system in place to help practitioners returning to practice, particularly if their break has been extensive. Normally if a practitioner is not practicing for more than 3 months they should inform their OM or the Direct Members Committee of the College (in the case of a DM)

One to one or group supervision, with a Recognised Supervisor, is required consistently for the first 5 years of practice. Subsequently this requirement may be adapted to suit individual needs such as with peer supervision. For the purposes of this document supervision involves the registrant having the use of a "formalised space" in which they can regularly reflect on their work with another, or group, who is, at least, a peer of equivalent experience though possibly, different expertise. This could be a vertical or horizontal arrangement, or both, depending on demands of the registrant's caseload and severity of clients. Supervision is a requirement for all practitioners and forms a part of the required CPD hours.

An appropriate range of CPD activities would include personal work, updating in one's core model and some development across models; committee work; further training and research. Other complementary professional activities such as writing, reading, spiritual practice, personal therapy and relevant life experiences could all be included in the registrant's overall CPD portfolio.

Monitoring Procedures

Organisational members (OMs) and the Direct Members Committee will have transparent, and fair, processes for monitoring how their registrants are pursuing their Continuing Professional Development, which take into account the College's requirements for Continuing Professional Development as outlined above. OM monitoring processes are based on the College Reaccreditation Policy. We strongly recommend this includes regular processes of peer review.

Organisational Members need to make clear what their processes would be if there is a concern about one of their registrants in this respect and criteria for refusal to reaccredit must be made clear.

Organisational Members will also need to articulate procedures by which a registrant can appeal against any decisions re: CPD and reaccreditation. In the case of a practitioner failing to meet the OM's or Direct Members' Committee requirements for reaccreditation they may be referred to the UKCP Registrar and UKCP Membership Committee who will review the circumstances. The UKCP Membership Committee will have the authority to recommend suspension or removal from registration if it decides an individual is not meeting the requirements for re-accreditation.

Organisational Members are free to devise more explicit and/or developed procedures of their own provided they are congruent with both the letter and spirit of this document. The following appendix is included as an example of an informal and formal monitoring procedure. This is a recommended procedure

only.

Final Comments

It is our hope that we in HIPC, in the face of increasing professional regulation, can find a way of holding the difficult tension between trusting in the professional integrity of our members and fulfilling the demands and rigours of psychotherapy of the highest standard.

It is also our hope that this process could be experienced as a supportive professional structure for the individual practitioner.

Please note that this policy statement has been developed through dialogue and consultation and in accordance with UKCP guidelines. It is our intention that the policy will continue to develop and be refined in this way.

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APPENDIX A

The following is a suggested model for Monitoring Procedures – this is outlined in detail in the College Reaccreditation policy. We suggest that organizational members liaise with each other and DMs consult the College procedure in order to see the diversity of specific CPD strategies within HIPC

Informal: At the time of their yearly re-registration registrants must submit a brief summary of their work in the mandatory elements of CPD. This need only be a numerical summary. We suggest that OM's have an annual CPD record form that registrants fill in for this purpose. If there is ever a dispute about a registrant's ongoing CPD activities the information on these forms can be used as supportive evidence.

Formal: When notified of their 5-yearly reaccreditation by their OM or College each registrant will present a portfolio of their CPD activities, to a group of colleagues, for the purpose of demonstrating how they have integrated these activities into their sense of themselves as practitioners and their understanding of their practice.

The group could take the form of a designated panel or a collegial peer group, or any other combination of colleagues. It must include people non-familiar to the registrant and honour the strictures of existing disallowed relationships for HIPC registrants. This group has a formal monitoring responsibility and will be required to make a formal summary of their decisions to the relevant body of the registrant's OM or to the DM Committee of the College.

The core of a meaningful CPD strategy is this process of registrants *sharing with*, and *demonstrating* to, colleagues *how* they are using all the activities they want considered as part of their CPD to maintain

standards of practice. The question to be addressed with, and by, the group is how is any of this contributing to your maintenance of acceptable professional standards. The group will work together with the registrant in a lively spirit of cooperation, open inquiry, mutual respect and informed humility. At best this process will be informative, educative, normative and nourishing for all members of the group.

The task for the group/panel will be to critically appreciate and evaluate their colleague's presentation and to reach a consensus, (preferably with the presenter as well) as to any recommendations they make to the OM/ College DM Committee

A written report of the process and outcome of the CPD monitoring meeting be passed to both the presenting registrant and a designated person(s) in the OM/ College Committee for formal noting and for any concerns regarding professional practice and reaccreditation to be addressed. To the extent that CPD and reaccreditation are linked, any final decision, especially where there are grey areas, rest with the OM/ College DM Committee. The options here are:

- An unequivocal yes
- An outright no
- A partial or conditional yes with time limited recommendations that are to be recorded and monitored.

The OM/DM Committee will also need to articulate procedures for appealing against any decisions.

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