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Audit of Continuing Professional Development (CPD)

for September 2017 – August 2018

INTRODUCTION

The aim of the audit is to report on whether members are meeting the Continuing Professional Development (CPD) requirements and guidelines of the Association of Child Psychotherapists (ACP) and so fit to continue to practise as ACP Child and Adolescent Psychotherapists. The audit also provides the opportunity for members to further reflect on their CPD learning and what they wish or need to develop in the years ahead and for the ACP to gain feedback from members about the CPD policy and guidelines. It can highlight any areas of difficulty in order to support members either individually, or through the work of the ACP.

The context for the audit continues to be one of increased demand for child mental health services and in many areas, significant challenges in funding to provide for this. Within this context, findings from the audit suggest that ACP child and adolescent psychotherapists continue to fulfil a high level of CPD, most far exceeding the minimum hours required. The response to this year's audit has been good, with at least two thirds of members returning forms on time with documentation. A small proportion of members required further communication in order to return these. Evidence to cover minimum requirements was submitted by all but one respondent who has been able to produce evidence for around half of the requirements. This member's registration status is currently being discussed and as stated in the rules, the member will not be allowed to register until the matter is resolved, with appropriate CPD confirmed to be in place for the year ahead. From the previous year's audit (2016 - 2017) one member who was no longer undertaking direct work declined to complete the CPD audit and was withdrawn from full membership.

The process and findings of the CPD are presented here.

The Membership

The audit period covers the period September 2017 - August 2018 and at that time there were 940 members across all categories of membership: trainee, full, not working, retired, overseas and honoured.

CPD returns

Of the 940 members across the categories, 634 full and honoured members were required to submit a CPD return (online form). These forms were then verified by the named clinical supervisor for the member.

CPD AUDIT METHODOLOGY

Selection of participants

Excluded from the selection were members who completed the audit within the past five years and members who qualified at the end of the audit period (their training requirements would automatically cover and exceed CPD requirements). Members were then selected from the categories as follows:
4 – work in NHS only, 4 – work in other organization, 2 – work in NHS and other, 2 – work in NHS/other organization and in independent practice, 4 – work in independent practice, 2 – do supervision & consultation but no clinical work, 4 – are 3-9 years post qualification, 4 – are 10+ years post qualification, 12 – random sample

Following selection, two members were excluded due to significant personal circumstances. The number of members required to complete the audit was 36 (6 % of the full/honoured members). This selection allowed for a sample of members with a good range of experience post-qualification and across different sectors (NHS, other organisations, independent practice) As such, the audit findings can be considered to be broadly representative of the wider membership.

Procedure

1. The previous year's audit process and forms were reviewed by the CPD Lead and the Professional Standards Committee (PSC).

2. Members were selected for audit, requested to complete the audit form and to provide evidence for their CPD activities. Members can request exclusion for significant personal circumstances (i.e. recent bereavement or illness) and be re-selected for the next year. Members with close connection to the auditor were also excluded.

3. Completed forms were reviewed by the CPD lead and divided between the CPD lead and four additional auditors (three members of the PSC committee and one member from the Independent Practice Group) for review. Auditors were asked to declare any conflict of interest and forms are divided accordingly. Each auditor provided feedback on whether the respondent had met the CPD requirements for this year. Audit forms were accompanied by respondents' annual online CPD return for the period evaluated. This allowed examiners to cross-reference where necessary. Accompanying evidence (e.g. course certificates) was reviewed and needed to cover the minimum CPD hours for clinical and general CPD.

4. A period of follow up by CPD lead to query any concerns or where evidence had not been correctly provided.

5. Members received an email thanking them for their participation.

6. The audit report was completed by CPD lead and made available to the membership via the website.

7. Any issues of non-compliance that could not be resolved were passed to the PSC and ACP board.

8. Comments made by respondents about the CPD policy were discussed in the PSC committee and the policy and process reviewed in response to these.

The response to the audit questions

Section 1: Core skills practice

Non-intensive work

Members are required to undertake three cases of non-intensive psychoanalytic work (or '12 hours of psychotherapeutic contact') with a child, parent or parent/child together. All respondents who were undertaking clinical work met this requirement. (A number of full members only provide teaching, consultation or supervision are not required to fulfil this requirement). The majority of members provided details of three cases of longer term work. Several respondents included examples of parent work, shorter term consultation and assessment work, for example, with children in care or in adoption work. One member was only providing consultation work; whilst longer term work is recommended it is understood that consultation work may be a model used in work with looked after children; the guidelines remain flexible in this way to provide for the specialist interventions with vulnerable groups such as this. There were some very thoughtful and reflective descriptions provided of work with children, parents and their networks, highlighting an excellent commitment by ACP child and adolescent psychotherapists to reflect on their work within the psychoanalytic model, to safeguard children, manage risk and to work with the child's network. Cases included a range of clinical work including with adopted children, children in inpatient settings, presentations of complex trauma, specialist gender work, forensic work and parent infant psychotherapy, work with refugees.

Intensive work
Respondents were asked if it had been possible to undertake an intensive case (twice weekly or more) within the past seven years. Out of the 36, 19 had been able to do so (53%). Of the 19, six of these were during their child psychotherapy training and 13 had completed intensive cases since qualifying. This is a higher number than in two previous audits (34 % in 2016 - 2017, 38% in 2015 - 2016, 62% in 2014 - 2015). Two of the intensive cases undertaken involved gender as a main issue. Of the cases completed post qualification, around two thirds were stated to be twice weekly and the numbers included several older adolescents/young adults seen in intensive psychotherapy. One case was shorter term. Not included in these figures were one member who had supervised an intensive case and another had seen a parent and infant both in a group and individually each week.

For those who had been unable to undertake an intensive cases, reasons provided were service constraints/clinical capacity, shorter term work in posts, reducing clinical work cases towards retirement, part time working and for one member, this not being needed by the children referred to her. Two respondents mentioned constraints in funding in adoption or children in care services which would not allow for intensive work. Two respondents commented that only trainees would be able to do this in their clinic and one stated that a CAMHS manager had said that CAMHS no longer had the resources to provide intensive work. Despite these challenges, the membership is managing to provide intensive (twice weekly +) work, often for particularly vulnerable children and young people.

Respondents can add additional comments about their clinical work; 26 members did so. Comments were varied but included that members provided a balance of briefer and longer term work, one member described increasingly providing parent sessions as a first treatment option, other members commenting that they undertook service transformation work, court work, work with refugees and there were comments that the consultant/service supervisor role can involve more parent work and support for cases than individual child psychotherapy.

Section 2: CPD activities

This section asks members for details and reflections on the supervision they receive, supervision/consultation that they provide, and any other examples of clinical learning. Minimum requirements for receiving supervision, clinical learning and general learning (see guidelines) need to be met.

Clinical Learning – Activities undertaken

Attending supervision
Of the respondents, 33 members met this requirement fully and most exceeded the guidelines. A significant number of members, likely to be those working for organisations, were attending both peer multi-disciplinary discussion in addition to their ACP clinical supervision, others attended supervision for their NHS work and for their private work. Of the 36 respondents, 28 were attending peer supervision; of these a small number attended peer supervision as their sole or main supervision. At least a third of peer supervision attended was stated to be with other ACP child psychotherapists or adult psychotherapists/psychoanalysts. Several respondents were receiving supervisory meetings with course leads. All respondents said that felt they had enough supervision to support their work; one member mentioned more could be helpful with a large caseload and high risk cases. Within the 33 who met the current guidelines, one member had a family member as supervisor. This was discussed in the PSC committee and it was felt not to be appropriate (the guidelines will be amended accordingly); it has been discussed with the member who has been asked to find a new supervisor.

Three members did not meet the requirements in this area:

1. Member having supervision with a non-ACP supervisor and has since changed to ACP supervisor.

2. Less hours of ACP supervision attended than requirements, however there was ongoing supervision with the multi-disciplinary team; this was felt to be appropriate to the members' role and was approved.

3. Member not meeting required supervision level, providing only small number of teaching hours and consultation: whilst difficult for this member to access clinical supervision (having very little material to be supervised on), advice has been provided to the member on attending peer supervision and liaison with ACP child psychotherapists in the next year.

It was clear that respondents attending regular supervision greatly value this and view it as an integral and essential part of their own development. One member commented: 'Clinical supervision is an essential part of my clinical practice, enabling me to develop my clinical skills and offering new perspectives'. It was seen as equally important for those newly qualified and those most experienced in the profession.

Providing supervision
Of the 36 respondents, 28 were providing supervision to other professionals during the audit period. Supervision was provided to trainee and qualified child psychotherapists, and professionals including nurses, social services, ward staff, creative therapists, perinatal staff and trainees from child counselling and adult psychotherapy courses. Several respondents were leading reflective practice groups.

Providing consultation
Of the 36 respondents, 28 were providing consultation. This included consultation to colleagues working with complex cases, on safeguarding issues, providing staff reflection within CAMHS, to other services such as post adoption team, children's social services, residential care for children, perinatal/neonatal and parent infant services, intake service, colleagues undertaking infant observation and seven respondents were providing consultation to schools.

Other clinical learning
The majority of respondents (28 out of 36) answered this question, providing details of other activities. These activities were rich and varied in nature and relevant to the specialisms and interests of those responding. Activities included ACP court training, teaching abroad, writing book reviews, teaching on ACP child psychotherapy trainings, attending the Anna Freud Centre's colloquium, completing supervision/service supervisors' course and attending sensory integration training. Two members were undertaking training in adult psychotherapy /psychoanalysis. Of the teaching members had delivered, specialist areas mentioned were gender, forensic issues and working with sexually-harmful behaviour.

How has this CPD enhanced practice
Respondents were asked how their CPD had enhanced their practice; 32 members completed this section. (It will be required next year that respondents complete one of the questions requiring reflection on CPD as this is an important part of the process). Many of the answers were thoughtful and detailed. Clinical supervision was commented on positively by a large number of respondents; members felt it had helped them to reflect on work, understand their patients further and develop their skills as clinicians, supervisors and managers. Peer supervision and informal conversations with ACP colleagues were described as enhancing practice through members gaining ideas that could challenge them and help the children they work with. One member commented 'being with colleagues that I know and trust contributes to a real depth of sharing and understanding'. This area also appeared helpful in members' sense of well-being and identity as ACP child psychotherapists, enabling them to feel grounded in the psychoanalytic model, protected against 'secondary trauma' from the work and supported with the stress of the context around the services. It is positive that members are taking this time, in many cases in addition to paid hours, to help their patients and to safeguard their own capacities as therapists. Providing supervision presented as an important area of learning for our members: one member commented, 'supervising other psychotherapists and trainees helps me to constantly think about and review my own clinical practice' and another 'work with trainees' material and supervising enhances the depth of my own work.'

GENERAL CPD – ACTIVITIES UNDERTAKEN

The CPD guidelines recommend that members undertake four areas of CPD (see below), to a minimum of 15 hours per year over the four categories. Whilst CPD over the categories is important, it can be helpful for members to focus on one or two particular areas for a period of time (e.g. whilst undertaking a research doctorate, writing for publication or undertaking a particular professional role). There is also an overlap between categories (e.g. research will also involve self-directed learning). All members described involvement in at least two areas, with the majority undertaking activities in three or four areas. Most members far exceeded the minimum hours. One member was unable to provide evidence for the minimum hours in this area (see details earlier), although did provide details which covered minimum hours for the next year.

Professional work/involvement in ACP/other child psychotherapy organisations
About two third of respondents (21 out of 36) reported CPD activities in this area. These included involvement with ACP training schools (teaching, administration, examiner) and other psychodynamic/psychoanalytic trainings

(e.g. Institute of Psychoanalysis, parent infant psychotherapy training), a role in the ACP (e.g. training analysts group, conference organising group), with the Journal of Child Psychotherapy (editor, writer, reader) and involvement with a regional group of ACP members.

Continuing education: self-directed learning/reading/writing

Almost all respondents (34 out of 36) reported completing this area of CPD. Activities were relevant to the member's role and to continuing learning as a child psychotherapist. These included reading journal articles (e.g. Journal of Child Psychotherapy, research papers) and reading relating to specialist clinical, theoretical and organisational areas (e.g. trauma, forensic work, infant observation, supervision, adoption, CAPA, routine outcome measures). Reading was both for interest, to help with cases, and in preparation for teaching, writing and delivering presentations. Several members had written journal articles and one written a book chapter.

Professional activity (e.g. conferences, teaching, training)

All but one respondent cited professional activity that they had undertaken. About half of members had delivered teaching, training or presentations (including teaching theory, work discussion, specialist areas e.g. neuroscience) both at ACP child psychotherapy training schools and for other organisations (e.g. social care). This included delivering papers and training in Europe and internationally. Activities attended included leadership forums, study days and training/conferences on specialist topics (gender, group processes, parent infant work, trauma, ASD and ADHD, psychoanalytic theory, adolescent depression, mental health in schools). Members were engaged with areas of specialism, both through attending events and teaching. Members took on particular CPD relating to their own development, the needs of the profession and their service, for example, one member had undertaken a supervision course which could lead to being able to offer trainee placements within the team, another member was working on transgender policy, responding to the increased risks for this group.

Research activities (including doctorate and audit)

Of the 36 respondents, 19 were involved in research or audit activities. This is felt to be very positive, given that the majority of child psychotherapists are employed in clinical posts. Four members were completing doctorates and two were supervisors/examiners for doctorates. Several members were involved in research and audit relating to under 5s, parent infant work and one was involved in research on adolescent parent work. Findings show that members remain committed to developing their knowledge and skills through research activities and contribute to the development of new approaches and the evidence base in this way.

How has this CPD enhanced practice

Respondents were asked to describe how their general CPD activity enhanced their practice. Of the 36 respondents, 27 completed this section. Comments included learning from research doctorates (that this had a direct benefit also to clinical learning and practice), insights gained from undertaking adult psychotherapy training and from other shorter trainings, such as in areas of safeguarding (online abuse, gangs, FGM), gender, ASD and neurobiology. Several members described how their CPD had challenged them and helped them to develop confidence and learn through new roles or activities (e.g. organising events, research trials).

One member reflected on how working with outcome measures and collating reports had helped in being further able to examine practice and the model of delivery provided. One member commented on particular CPD had helped with career progression, which in turn had brought new learning. A number of comments were around the benefit of teaching or delivering presentations for learning, one commented on gaining a broader view from teaching abroad (understanding the constraints and different contexts for child mental health work in other countries), others spoke about how teaching helped with thinking again about psychoanalytic concepts, 'translating' these for different audiences. One member commented, 'It has been heartening to have been involved in the training of the profession and it has been a process of continuing education, learning from students and colleagues.' Members also wrote of the benefit of attending events with ACP colleagues to feel 'rooted' back it the profession.

Overview and conclusions

The sample selected for audit appears to be properly representative of the membership body and as such, it seems appropriate to generalise these findings to reflect the CPD of the wider membership. The audit returns reflected an energised and committed professional group, working to a high level of CPD. Core skills accounts involved descriptions of thoughtful and in-depth work with children and families often with very complex needs. Members worked with the network, with risk and safeguarding issues appropriately. Supervision continued to be strongly valued by the majority of members. Several respondents were advised to change or increase supervision arrangements for next year. Delivering supervision and teaching continued to be an important way of learning for the membership. Members challenged themselves by learning in specialist areas and taking on new roles and

activities. There was a strong sense, from the findings, of the profession's coherence and community as ACP child psychotherapists and of its commitment to develop thinking and practice in response to clinical and service needs. Generally, the response to the audit was positive. One member described the process as time-consuming but also 'a vigorous process to ensure that professionals continue to learn and develop.' Several respondents had difficulties finding their CPD documents, one being unable to provide these fully within the audit period; the ACP has increased communication about the requirement to maintain a CPD log with evidence/documents. A small number of members were noticeably less involved with colleagues and less engaged in CPD; this was partly linked to working only a small number of hours. The ACP continues to support members to joining with others (e.g. through events, ACP committees, supported clinical networks) and to access opportunities for learning (by organising courses, events and an annual conference). Visits were made to ACP training schools this year which addressed both these issues, to encourage members to be involved with colleagues and the ACP and to inform of the CPD process and requirements. A number of comments from members were made about the policy and audit process (some seeking further clarity, other suggestions - whether requirements could be pro rata for hours worked, if feedback would be provided on an individual level); these will be discussed in the PSC.

I would like to thank the members that completed audit returns this year, the office team and the auditors for their assistance.

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