

Audit of Continuing Professional Development (CPD) for September 2018 – August 2019

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 reflect on their CPD learning 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.

This year, the audit was delayed by a few months due to the COVID-19 pandemic. The response to this year's audit has been good, with the majority of members returning forms on time with documentation. A small proportion of members required an extension, most were able to complete their submissions within the extension given.

The 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.

CPD returns were required from 662 full and honoured members. These forms were then verified by the named clinical supervisor for the member.

Sample

The number of members required to complete the audit was 40 (6 % of the full/NQ/honoured members), which was achieved. 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.

Findings

Out of the 40 members, all passed except for 2 – who were unable to meet requirements due to extenuating circumstances.

Section 1: Core skills practice non-intensive work

- **Members are required to undertake three cases of non-intensive psychoanalytic work or '12 hours a month of psychotherapeutic contact with a child, parent or parent/child together.**

All but two respondents who were undertaking clinical work met this requirement. The majority of members provided thoughtful and reflective descriptions of three cases of longer term work with children and young people across a variety of ages, presenting with a range of difficulties, and within diverse settings.

The auditors noted a discrepancy in terms of the amount of description that was provided by members. The auditors agreed that clearer guidance for members could be produced.

There were seven members who were not engaged in once weekly work, as they worked in services which offered shorter term work. There were four members who were doing no clinical work (and so did not need to fulfil this requirement). The two members who did not meet minimum clinical hours were followed up.

The Professional Standards Committee (PSC) have thought more about the clinical requirements for all members, which are problematic for members who teach and supervise, alongside an occasional parent work case. Therefore, after discussion with the PSC and the board, it has been agreed that the 12 hours of clinical work required will now include, clinical teaching, supervision, consultation as well as direct clinical work. However, this may remain problematic for members who are working very few hours and may need further review by the PSC.

Types of work that members are engaged in was discussed with the PSC as a wider issue. Whilst longer term work is recommended, consultation and shorter term work may be appropriate in certain settings.

Intensive work

Out of the 40 respondents, 12 had been able to undertake an intensive case (a more than once weekly case) in that CPD year, and a further 6 members had met this requirement within the last 7 years – so in total 18 members.

Of the 18 respondents, 14 had completed intensive cases since qualifying. This is approximately 45% of those audited. This is slightly fewer than the previous year (53%), but higher than the two previous audits (34 % in 2016 - 2017, 38% in 2015 – 2016).

Reasons provided for not providing intensive work were; service constraints/clinical capacity, shorter term work in posts, reducing clinical work cases towards retirement, families being unable to commit financially, if in the independent sector, and being inappropriate in the role that the member was employed in. Despite these challenges, the membership is managing to provide intensive (twice weekly +) work, often for particularly vulnerable children and young people.

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

All but three members met this requirement fully, and most exceeded the guidelines. These three members were followed up and supervision arrangements have been established. The ACP supervision guidelines have been slightly amended to emphasise the need to have an ACP supervisor when working in the NHS.

Many members working privately had additional supervision for their private work. Of the respondents, 25 were attending peer supervision; (62.5%). It was clear that respondents attending regular supervision greatly value this and view it as an integral and essential part of their own development. It was seen as equally important for those newly qualified and those most experienced in the profession.

Providing supervision

Many of the respondents were providing supervision.

Professional supervised	Number of respondents offering this
CAPT	10
CAPT Trainees	8
Students on other clinical courses	6
Psychologists	4

Art therapists	3
Junior Doctors	2
Consultant Psychiatrists	2
Adult psychotherapists	2
Creative therapist – music/drama	2
Health visitor	1
Play therapist	1
Family therapist	1
Residential social worker	1

- **Providing consultation**

Of the 40 respondents, 30 were providing consultation.

Type of consultation:	Number of respondents offering:
MDT	7
Social workers/ foster carers	6
Schools	6
Health visitors/GP	4
Infant mental health	3
Clinical Teaching staff	2
Counsellors	1
Nurses	1
Family support workers	1

- **Respondents were asked how their CPD had enhanced their practice**

Clinical supervision was commented on positively by 12 out of 40 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 providing supervision were also commented on as being important areas of learning for members.

Section 3: 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.**

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. However, some members did require a significant amount of liaison to produce evidence.

- **Professional work/involvement in ACP/other child psychotherapy organisations**

23 members out of 40 reported CPD activities in this area. These included involvement with ACP training schools as well as with Universities and other psychodynamic/psychoanalytic trainings, a role in the ACP and with the Journal of Child Psychotherapy.

- **Continuing education: self-directed learning/reading/writing**

25 members reported completing this area of CPD, which included reading journal articles (e.g. Journal of Child Psychotherapy, research papers) and reading in specialist clinical, theoretical and organisational areas. Reading was both for interest, to help with cases, and in preparation for teaching, writing and delivering presentations. Three members had written journal articles and 1 member had contributed to a book that had been published.

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

30 members had attended and/or presented at conferences. This included delivering shorter workshop style presentations as well as lecturing at conferences in Europe and internationally. Members were engaged with areas of specialism, both through attending events and teaching. A further 16 members were engaged in teaching child psychotherapy in a range of training schools, and this encompassed a range of roles, including – chairing committees, interviewing applicants, offering doctoral supervision, curriculum development, Year Tutor, External and internal examining as well as taking seminars and supervising trainees.

Members took on particular CPD relating to their own development, the needs of the profession and their service.

- **Research activities (including doctorate and audit)**

Of the 40 respondents, 16 were involved in research or audit activities (40%). This is less than last year (19 out of 36, 52%). Four members were completing doctorates and one was engaged with postgraduate university research. Several members were involved in research and audit within the service. Therefore, 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.

- **Respondents were asked to describe how their general CPD activity enhanced their practice.**

Comments included valuing the learning from research doctorates. 9 members commented on the benefit of teaching or delivering presentations for learning. One member commented ‘the teaching and training I do keeps me focused on the latest research and this helps me in clinical practice keep abreast of advances in healthcare, so that I can adapt my practice as necessary.’ Members also wrote of the benefit of attending events with ACP colleagues to feel part of the profession, and to develop their identity as a child psychotherapist. Another member commented on the value of linking with the specialist ACP groups.

Safeguarding

All members said that they were compliant with safeguarding requirements. The ACP are now offering an online safeguarding course. Furthermore, following discussions within the PSC, we will now be asking members to confirm the date of their safeguarding training, and any members selected for audit, will need to show evidence of this.

Feedback on the CPD progress

Three members commented that the CPD form did not capture the work of more senior members, such as service level management and commissioning. There was also a suggestion that the CPD form should place more emphasis on developing leadership skills.

There were comments on the difficulties for members who had retired from child psychotherapy posts and/or clinical work, capturing their work to fit the requirements. The PSC has spent some time looking at the membership categories and trying to better correlate the CPD requirements to fit these – see above.

There were comments about difficulties in finding evidence for CPD that was completed some time ago. There were also some comments about the difficulties of the timing of this audit, given the ongoing pandemic.

There was one request for more webinars/CPD provided by the ACP online. This is something that the ACP are already looking into.

Overview and conclusions

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. 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. A small number of members were less involved with colleagues and less engaged in CPD; this was partly linked to working a small number of hours, and often when members were not working primarily as a child psychotherapist. It will be important to keep under review whether the adapted clinical core requirements are helpful to members and the organisation.

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). There was some increasing interest about virtual learning opportunities, which is likely to increase next CPD year, as working life continues to be affected by the ongoing pandemic.

The auditors felt that the auditors' forms, did not correlate well with the members' audit forms. The CPD forms have been changed to reflect the change in guidelines. However, the audit form, and the auditors' form need to be reviewed.

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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