



Minutes of the ACP Board of Directors Meeting

Held on Friday, 22nd July 2022 from 15:00 to 17:30

Summary for Publication

1. Present and Apologies

Present: Kate Robertson (Chair)
Olatayo Afuape
Marie Bradley
Francesca Calvocoressi
Jane Elfer
Sarah Gilmour
Kath Hinchliff
Claire Hopkins
Anjum Iqbal
Isobel Pick
Brian Waring

In attendance: Nick Waggett, CEO (Minutes)

Apologies: Janine Sternberg

2. Minutes of Previous Meeting

The full minutes and summary minutes of the meeting held on 22nd April 2022 were agreed as a correct record.

3. AGM and Committees Annual Report

Draft annual report had been presented to the Board at the last meeting, but this was now completed and available for review.

KR noted that approx. 70 members had attended the AGM on 8th July 2022. There had been more questions and engagement than last year but fewer attendees than last year (and a lot less than 150 in 2020). Consideration was given to the reduction in attendance including 'Zoom fatigue', being on a weekday, and timing in relation to the annual conference. The number of members who voted online prior to the AGM was also low. This raised concerns about the level of member engagement with the business of the ACP. This was on the Board agenda to discuss. It was noted that a new member survey was planned. A question was asked about the extent to which issues raised by the previous survey had been addressed. It was agreed that this would be reviewed by the Community Matters Committee.

4. Membership category – reduced hours

It had been agreed at the Board meeting in April 22 that a new registration category of 'Full Member – Reduced Hours' should be introduced. A survey of members has been undertaken to gauge potential take-

up so that a decision could be made about the fee for this category. Feedback from members was positive about the proposal. The purpose is for people approaching retirement or who are otherwise reducing their working hours, such as carers, to enable them to continue to be registered as a full member and continue engagement with the ACP. If there was to be a reduced fee for this category it is important to assess the number who might apply for it so that the impact on the budget could be assessed. CH will present data under Item 7c. A question was asked about Not-Working Members in relation to Reduced Hours members. Not-Working Members should not be undertaking any child psychotherapy. It is possible that some Not-Working Members might choose to move to Full Member - Reduced Hours so that they can do some work as a child psychotherapist. It would be safer as their work would be regulated and they would have to meet criteria about safeguarding and CPD. An issue was raised about whether members were aware of the risks related to complaints if they were not registered. This point should be made in communications about the Rule change. It was also agreed that the ACP should communicate more widely that patients should only choose practitioners who are registered.

5. Governance

a) GDPR/HR policies update

NW provided an update on the work to date to introduce new employment contracts for ACP staff, Directors and Officers and a volunteer agreement for all others in ACP roles. The staff contracts were now in place, but others were delayed because of the complexities of the change in status for members and lay people in these roles. It was noted by the Board that individuals have employment rights whether or not they have a written contract so it was important to proceed as quickly as possible to implement the new contracts and agreements as this would provide clarity for all.

b) Summary of complaints received

Two papers by Jo Goldsmith, Chair of the Ethical Practice Group, had been sent to the Board: the quarterly summary of complaints received by the ACP and an annual summary and overview.

c) ACP Risk Register

At the April Board meeting it has been agreed that two items from the organisational Risk Register would be considered in detail to assess actions to mitigate the risks.

Item 2: Risks related to the protection of the public function and actions of ACP members

FC and KR spoke to this item including the following highlighted actions:

- Focus guidance and CPD on areas of practice where complaints and 'near misses' arise more frequently.
- Consider CPD and guidance to ensure registrants remain up to date in their practise on risk of self-harm and suicide

It was noted that there was a need to offer updated training about the risks of self-harm and suicide, especially for members in independent practice who may not easily have access to it. It was also felt to be helpful for all members to be able to access training on this area of risk that included thinking from a psychoanalytic perspective. PSC are in the process of identifying someone to deliver this. The Supervision Policy will be updated to ensure risk is considered. IP noted that the training standards were currently being updated to include more detail about risk assessment and it would be important for qualified members to have the same level of training.

Item 4: Risk of loss of membership support for the ACP

JE spoke to this item. It was agreed that the change indicator on the Risk Register related to this item should be increasing rather than decreasing as this was an area of concern to the Board Key identified actions are:

- Need to ensure activities are inclusive of all sections of the membership.

- Resources for Members and Members Networks sections on website need to be reviewed and updated.
- New member survey needed to assess support and to increase interaction with all sections of membership.

It was noted that one of the challenges was to balance the range of responsibilities of the ACP in both regulating and supporting its members. There had been a growth in engagement through online events but a concern that attendance at the AGM was down. Was this due to 'Zoom burnout' or an indication of alienation from the ACP? The Operations and Liaison Committee has changed its name to ACP Community Matters to reflect an increased focus on member engagement and developing the professional community. In relation to focus on specific sections, a focus group had been held with newly qualified members who identified a feeling of being alone. However, take-up of the work discussion group for newly qualified had been low. There was a wider concern that when ACP roles were advertised, they were not being responded to. It was felt that the ACP was doing more for its members but there was a sense of disconnect. Other factors that might be contributing to this were the lack of an in-person conference and paper copies of the Bulletin. Equally, members were very busy and under pressure and perhaps felt the ACP was now professionally managed. It was agreed that a further member survey was needed to test these hypotheses and gain data on member engagement. It was noted that engagement of members was not just an issue for ACP but across other professional bodies too. It was also noted that there is a general difficulty of recruitment across a wide variety of sectors including health.

d) Rule change

Changes to the Rules of the Association related to online working internationally and the reduced hours category had been agreed in April by the Board, but some minor wording changes had been made prior to putting the changes to the members to vote so they were being presented for final approval. The changes were approved.

e) Code of Professional Conduct and Ethics

KR presented substantial revisions to the Code of Professional Conduct and Ethics to take greater account of equality, diversity and inclusion and to strengthen the Code in relation to this. The changes make it clear that issues of equality, diversity and inclusion affect all aspects of psychotherapy and that members must actively avoid and challenge unlawful discrimination based on the legally protected characteristics. They must also promote fair access to psychotherapy and not allow potential or actual patients' characteristics to influence decisions about offering access to psychotherapy. A further change was made to clarify that any actions to pressurise or coerce patients in any particular direction, for example in relation to decisions about their sexuality or gender, are not acceptable. The ACP had sought legal advice about how to make change the code; consulted with a group representing the ACP committees, and the Diversity and Equality Working Group, before agreement by the Professional Standards Committee.

The changes to the Code were approved by the Board. A typo was noted at point 2.6. Add 'of' to 'take account of their capacity'. It was noted that a communications campaign will be needed to launch the revised Code to members and advise them of the changes.

6. Finance

CH introduced a draft budget for 2023 which was being presented in order to inform a decision about membership fees for 2023.

a) Budget 2023

A number of different scenarios were presented in relation to increases in staff and Director pay. With current high levels of inflation, it was a balance between fairness and what can be afforded. Other outgoings are predicted to be largely the same as last and current year (other than increases due to inflation). Journal contributions will be down slightly. In the current year a small underspend is forecast which means we will not have the bill for corporation tax as in 2021.

b) Member Fees – including reduced hours category

Member fees have not been increased in either of the two previous years and with inflation rising and in order to maintain a balanced budget it was felt that a small overall increase in fees was required to avoid

a large increase the following year. The reduction for the Reduced Hours category would be done at the same time.

The Board agreed a 2% increase in fees for all categories and a reduction in the fee for Full Members – Reduced Hours.

A question was asked about payment of fees in instalments. It is not possible to do this with the current computer system but will be considered when a new customer relationship management system is introduced in 2023. Currently the office offers an arrangement to pay in instalments for those who are in particular need.

c) Management of cash reserves

CH updated the meeting on the transfer of reserves to Tilney which was being invested gradually over three months. It was noted that the Rules require the equivalent of two years of operational costs to be held as cash reserves. It was agreed that this should be reviewed and also checked against the Articles of the ACP.

7. Diversity work (standing item)

KR reported that she and NW are receiving consultation about diversity work taking place in the ACP including the Forum for Black, Asian and Minority Ethnic Members. Training Development Group had received an excellent presentation from the authors of a toolkit for working with diversity in training and supervision that the ACP has contributed funding to. This would be available by the end of the year. Concerns were noted about the continuation of the equality, diversity and inclusion project that Jemima Phorson had presented to the Board at the last meeting. It was currently unclear if funding to continue this for a further year would be made available. The Board were very supportive of this important work being continued and asked if Health Education England could be approached for further funding.

8. ACP organisational review – priorities

This item was not discussed as the meeting with KR and NW with the Scrutiny Group had been postponed.

9. AOB

The announcement from HEE about the re-commissioning of the clinical training has been delayed. A proposal was put forward by KR that members of the ACP should be able to attend Board meetings as observers in future. This would provide greater transparency and may promote engagement with members. It was agreed that this should be trialled with a small number of observers initially. Any confidential items would be considered at the end of the agenda in a closed session.