

## Practice and Theory Requirements for BPC Accredited Trainings

### ***Background - The role of the BPC as regulator***

The BPC is one of several regulators, both statutory and non-statutory, which are accredited and overseen by the Professional Standards Authority for Health and Social Care (PSA). The PSA is an independent body, accountable to the UK Parliament. It aims to promote *"the health, safety and wellbeing of patients, service users and the public by raising standards of regulation and voluntary registration of people working in health and care"*. It assesses the performance of each regulator, conducts audits, scrutinises their decisions and reports to Parliament.

The Authority covers the nine statutory bodies, such as the General Medical Council, that regulate health professionals in the UK and social workers in England. These professionals are required by law to register with the relevant regulator.

The PSA also covers the many non-statutory bodies, such as the BPC, which instead offer a voluntary register for those professionals whose occupation is not subject to statutory regulation. These professionals are not required by law to register with a regulator but usually wish to do so as a mark of their training. The Accredited Registers programme set up by Government in 2012 provides for the PSA to set standards for the various organisations holding a voluntary register and accredits those organisations that meet them.

In order to use the PSA accreditation mark, organisations that hold voluntary registers must prove that they meet these standards, which fall into the following areas:

- Governance
- Setting standards for registrants
- Education and training
- Managing the register



- Providing information
- Handling Complaints

The BPC is thus a non-statutory regulator for the profession of psychoanalytic and psychodynamic psychotherapy, and psychodynamic counselling. Its Register was accredited by the PSA in 2014, at which point it joined thirteen other such organisations regulating a variety of health and social care occupations, including the ACP, UKCP and BACP. BPC Registrants are therefore in effect accredited by the PSA and join one of its Accredited Registers. The BPC Register is itself one of ten listed by the PSA covering the broader field of 'psychotherapy', including various non-analytic modes of practice.

The BPC is required to show a clear line of governance. This includes the need for supervisors and other trainers to be BPC registered.

## ***Practice and theory requirements***

The professional governance of BPC Registrants has been devolved to the BPC by the PSA. As a specialist regulator of psychoanalytic and psychodynamic psychotherapists, and psychodynamic counsellors, the BPC is required by the PSA to be specific about which professional practice it is regulating. The BPC must therefore have a coherent practice and theory base, which is taught by all its accredited trainings and to which all its Registrants adhere.

## **The practice base**

### Central "Core Competencies"

These are the competencies required of *all* Registrants of BPC, UKCP and BACP regardless of their category, as agreed by the three regulators in collaboration. In order to qualify and continue to practice, clinicians must be able to:

1. Make and maintain therapeutic relationships



2. Hold appropriate boundaries and provide secure settings
3. Have a good understanding of relevant theory and practice
4. Apply theory appropriately to the particular clinical situation.

### Competencies specific to psychoanalytic and psychodynamic psychotherapy, and psychodynamic counselling

These are the competencies required of all BPC Registrants and other PSA registrants working in this modality as agreed by the three regulators in collaboration.

In order to qualify and continue to practice, clinicians must:

1. Have a working understanding of unconscious processes
2. Be able to make appropriate psychoanalytic interpretations
3. Be able to grasp and understand transference and countertransference and interpret them when appropriate
4. Know when they have reached the limits of their level of competence and not try to exceed them. Normally this would mean that the clinician would not work with patients at a greater frequency than was included in their own training, and certainly not more frequently than they themselves received.

### Competencies specific to BPC Registrants

These are required of all BPC Registrants, in all categories of practice. They must be able to understand:

1. **Analytic Neutrality** . This 'way of being' in the clinical situation requires that clinicians operate from a position of self-restraint and do not use personal disclosure, or give advice and/or opinions, as part of the



therapeutic process. In the individual context this is a professional judgement made by the clinician in the here-and-now of the work; however this concept is a basic requirement of psychoanalytic and psychodynamic practice

2. **Reliability of External Frame** . This requires that patients know what to expect in terms of the boundaries of the clinical encounter. This means that usually sessions should be held at the same times, the same place, and for the same length of time (50 minutes). If the setting (e.g. working in schools or other institutions) makes this impossible, clinicians must make every other endeavour to secure the reliability of the frame
3. **Transference and Countertransference** . Clinicians in different categories will have different requirements as to how much consideration and direct interpretation of transference and countertransference is appropriate for their work. All clinicians make a professional judgement as to the degree of attention to these matters which is clinically appropriate in individual situations. However, all clinicians must be trained to think about the clinical work from this perspective
4. **Free Association** . This basic technique requires that patients be free to say uncensored whatever comes to mind and to follow their own train of thought
5. **Unconscious Meaning and the Analytic Attitude** . Clinicians are required to understand unconscious processes and maintain a position of curiosity about the unconscious meaning of what the patient brings. This includes listening to what is said rather than listening for something which fits the clinician's theories or preconceptions
6. **Self-Awareness**. All BPC Registrants have had substantial personal therapy as part of their training. This gives clinicians the tools to constantly examine their own experiences and preconceptions; this is a central requirement of psychoanalytic and psychodynamic work. Clinicians should continue to maintain and develop their self-awareness through supervision, consultation, and other developmental activities.



## The theory base

The mode of practice regulated by the BPC is that of the British clinical tradition, which is based upon the theories of:

- Freud and the contemporary Freudians
- Klein and the post-Kleinians
- Winnicott and the British Independents
- Jung and the post Jungians

While differences in emphasis exist between these four orientations, they are sufficiently closely linked in their theory base, and especially in their clinical practice, to form a coherent and consistent mode of practice.

The theory taught in a BPC training must support the BPC mode of clinical practice as outlined above.

### ***Modes of practice which the BPC cannot regulate***

The BPC wishes to be clear about what it *cannot* regulate. It is often the case that BPC Registrants are also trained in other modalities of practice, and the BPC makes no comment upon the value of these except to note that they will not come under its the regulatory auspices of BPC. It can only regulate those clinicians practicing according to the BPC practice and theory requirements.

For example, the clinical practices of Lacanian analysis, attachment-based therapy and relational psychotherapy cannot be regulated by the BPC as they are techniques which are too far removed from the BPC's definition of psychoanalytic and psychodynamic psychotherapy, and psychodynamic counselling.

This would mean that clinicians offering a different model of treatment would not have BPC support or protection in the case of a complaint.

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