

BRITISH/ PSYCHOANALYTIC /COUNCIL

Accreditation Criteria

Training modality: Medical Psychodynamic psychotherapy

Patient group: Adult

These requirements are considered to be a **minimum** and it is the case that most trainings include additional training elements, for example an Infant Observation, a third year of theory seminars or further training cases.

Selection of suitable candidates:

Applicants should:

- be evaluated in terms of integrity and psychological aptitude as suitable to work at depth with adults
- have completed a basic introductory training in psychodynamic work and psychoanalytic theory, or the equivalent, for a minimum of one year
- Have a degree in medicine, specialising in psychiatry

Duration of training:

A minimum of four years must be completed before qualification. At least three of the four years must consist of thirty weeks per year with three hours teaching per week. One year of any entry requirement course may be included in the four years.

Training components:

- Academic teaching
- Clinical work
- Personal psychoanalytic psychotherapy

Academic Teaching:

This should include theory seminars, workshops and clinical presentations, of not less than 360 hours. The theory seminar programme should last at least two years with a minimum of 3 x 10 week terms of 3 hours teaching per week.



Psychoanalytic theory is to be taught by experienced and knowledgeable psychoanalytic, Jungian analytic, and psychodynamic psychotherapists and encompass a thorough grounding in theory and psychoanalytic thought and practice. A range of psychoanalytic approaches from the British clinical tradition as detailed in the *Theory and Practice Requirements* document must be taught, to enable trainees to develop a flexible and thorough understanding of the theory base, critical appraisal and clinical application to psychodynamic work.

In clinical seminars trainees take turns to present their clinical work to the seminar leader and other trainees in conditions of strict confidentiality. Clinical seminars should expose the trainees to different approaches in the British clinical tradition from the ones offered by their supervisors and training therapists.

Clinical Work

Training in diagnosis and patient assessment

Training organisations must ensure that trainees are appropriately trained in diagnosis, psychodynamic patient assessment and formulation.

Training cases

Trainees are required to treat two cases in person under weekly supervision. Each of the two cases, of different sexes, is to be treated at a frequency of not less than once weekly for a minimum of one year each. Wherever possible the trainee should have the experience of working in an open ended way. A training case cannot be seen twice weekly unless the student's training therapy is also twice weekly or more.

A psychoanalytic assessment of a potential training patient is required and where possible completed by a BPC registrant from the psychoanalytic or Jungian analytic part of the register. It is the responsibility of the training organisation to ensure the ability of the assessor to make a psychoanalytic assessment. The final decision as to whether a case is suitable for a particular trainee is made by the training supervisor.

Clinical responsibility

Training Institutions must adhere to the BPC's protocol for clinical responsibility for training cases.



Please see clinical responsibility protocol and clinical responsibility proforma documents of 2011 (currently being updated).

Supervision

Each training case must be supervised by an approved training supervisor on an individual or small group basis until qualification. If supervision occurs in a small group there must be no more than three trainees. Trainees must have at least one supervision per week.

The supervision should consist of a detailed discussion of the clinical material presented by the trainee about the treatment sessions. The trainee should bring comprehensive process notes detailing their observations, interactions and dialogue of the treatment session.

Personal psychoanalytic psychotherapy (Training therapy)

A trainee's personal psychoanalytic psychotherapy must be conducted in person by an approved training therapist (see below) for the entire length of his or her training.

Wherever possible the training therapy should be initiated at least six months before starting academic seminars. The training therapy must continue at least until qualification.

The frequency of the training therapy is preferably three times weekly and no less than once weekly. A training case cannot be seen twice weekly unless the student's training therapy is also twice weekly or more.

Selection of Supervisors, Training Therapists and Clinical Seminar leaders.

Supervisors and Training Therapists should be selected by the training institution, and there must be written criteria and procedures in place and available. The selection should be made by a training therapist committee or a subcommittee.

Only psychoanalysts, Jungian analysts and psychoanalytic psychotherapists registered with the BPC are eligible to be considered as supervisors and as training therapists, once they have the required amount of postgraduate clinical experience. This is generally 5 years post qualification and a substantial number of clinical hours (usually three intensive cases) as detailed



in the Selection of Training Analysts/Therapists and Training Supervisors document

Clinical seminar leaders should be psychoanalysts, Jungian analysts and psychoanalytic psychotherapists registered with the BPC.

Assessment of Trainees

Trainees should be involved in workplace based assessment throughout their training, and given written feedback at least once a year. Normally the assessment will include Royal College of Psychiatrists online WPBSs (workplace based assessments) within the advanced psychiatric medical psychotherapy training portfolio.

The assessment should include feedback from all staff involved with the trainee, with the exception of the training therapist. The trainees' regular reports on their patients, and the assessment of their contribution to theoretical and clinical seminars, by teaching staff who are familiar with the trainee, should be discussed and critically evaluated by the members of the training committee.

Qualification and BPC registration

In order to qualify, trainees must show sufficient competence in all areas outlined in the MRCPsych standards of proficiency. This is normally through the awarding of CCT (Certificate of Completion of Training) although applications can be accepted where it is possible to show equivalence.

The central qualifying process is the assessment of the trainee made by the trainers. Trainees may not graduate or be put on the register until they have met the training requirements.

BPC registration is available by joining a BPC Member Institution (MI). The final decision about acceptance rests with the relevant committee which will reach a professional judgement about the standards the applicant reaches.

The BPC wishes to ensure the psychoanalytic basis of all trainings, and therefore requires that the training therapists, supervisors and clinical seminar leaders are BPC registrants from the psychoanalytic or Jungian analytic section of the register.



To ensure the psychoanalytic basis of the training is maintained an appropriate balance of training committee members (psychodynamic and psychoanalytic psychotherapists) should be sought.

Training institutions have the discretion to vary training requirements in exceptional circumstances and as an interim measure. Any variations should be documented, indicating by whom agreed and brief details of the reasons, to be produced for the next reaccreditation.