

BRITISH/ PSYCHOANALYTIC /COUNCIL

Training Criteria

Training modality: Psychodynamic psychotherapy (PD)

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, further training cases, or assessed written work.

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 course in psychoanalytic theory or an equivalent
- Ideally have a background in allied professions, and have a degree, usually but not necessarily in medicine, nursing, psychology or social work and be able to demonstrate an ability to work to a high academic standard

Duration of training:

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

Training components:

- Academic teaching
- Clinical work
- Personal psychoanalytic psychotherapy

Academic Teaching:

This should include theory seminars, workshops and clinical seminars, 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.

The clinical seminar programme should last at least three years and until qualification.

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 and its clinical application to psychodynamic work.

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

There must be some teaching on the interface between psychiatry and psychodynamic work in order for practitioners to understand when to seek further advice about patients.

Clinical Work

Psychiatric experience

This is a requirement if the trainee has not had sufficient experience of working with mental illness and observing psychiatric conditions, as detailed in the *Psychiatric Experience* document (currently being updated).

Patient Assessment

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

Infant observation

It is recommended that training organisations require trainees to undertake an infant observation.



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 and no more than twice 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 committee 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.

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.

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 and Training Therapists

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 *BPC Guidelines for Selecting Training Analysts, Therapists and Training Supervisors* document.

Assessment of Trainees

Trainees should be assessed throughout their training, and given written feedback at least once per year.

It is recommended that training organisations require trainees to write six monthly patient reports and a qualifying paper.

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. In addition, the external examiner provides a more distanced assessment of the clinical standard of the trainee, as shown in their clinical patient reports and assessments by supervisors and teaching staff.



The external examiner should be available to be consulted at any stage of the training.

Qualification and BPC registration

In order to qualify, trainees must show sufficient competence in all areas outlined in the training institution's standards of proficiency.

The central qualifying process is the trainer's assessment of the trainee. Trainees can only graduate and be put on the BPC register once they have met the training requirements. We recommend that training organisations require trainees to write a qualifying paper.

BPC registration is offered following successful qualification from an accredited Member Institution (MI).

Accreditation of the MI involves a periodic thorough assessment of the training process and the MIs structure and postgraduate body. In addition, annual reports from the external examiner provide a regular assessment of the standard of the training.

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 the training committee needs to have an appropriate balance of psychodynamic and psychoanalytic members.

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.

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