

College of Outcome Oriented and Hypno-Psychotherapies (COOHP)

Continuing Professional Development Policy

Introduction

This document should be read in conjunction with the UKCP Generic CPD Policy, the COOHP Re-accreditation Statement, the College Supervision Standards, your OM's CPD policy and your OM's re-accreditation policy (if you belong to an OM).

Minimum practice

Members would normally be expected to undertake a minimum of 50 client hours per annum.

Hours of CPD

The requirement is that members normally conduct a minimum of 250 hours of CPD over any five year period and a minimum of 20 hours in any one year. See below for information applicable in the case of breaks in practice.

Acceptable CPD activities include (please note this is not an exhaustive list):

- clinical supervision
- peer support groups
- professional qualifications or formal courses of study e.g. Masters degrees, PhD
- attendance at events such as
 - o conferences
 - o workshops
 - o webinars,
- private study such as
 - o reading relevant books
 - o research
 - writing of
 - articles
 - case studies
 - books
 - watching relevant DVDs, online resources
- participation in profession-related work such as
 - o committee participation
 - o attendance at professional gatherings



Normally a proportion of CPD will address the awareness of developments in contemporary thinking and best practice, particularly with regard to diversity and equality and give evidence of reflective/reflexive practice.

Members should undertake an appropriate range of CPD activities. Above you will find a list of activities that may be included*. It is up to the individual therapist to determine the right mix for themselves as long as they can justify it. Each member needs to demonstrate a balance of activities which are applicable to their level of practice.

Normally registrants would be able to demonstrate a proportion of their activities via objective processes (eg certificates of attendance) and be able to justify the reason why they cannot if that is the case. The aim is to provide the maximum flexibility while recognising that as a regulator UKCP needs to see evidence to back up members' claims.

Review of CPD

Your CPD will be reviewed at your five-yearly re-accreditation and possibly at your annual renewal by your OM (if you belong to one).

If you take a break in practice you will also need to supply details of your CPD activity as part of your return to practice and restoration to the register processes.

Use of Supervision: Professional Obligations

- a. Clinical competence includes being able to recognise and act appropriately when the situation requires a heightened duty of care towards vulnerable and / or unstable clients.
- b. It is recommended that even very experienced practitioners seek the guidance and support of professional supervision (non-peer) from time to time.
- c. It is mandatory that recently qualified practitioners (less than three years in practice as a registrant) and ALL trainees working with clients are in professional supervision.
- d. In the case of the recently qualified practitioner normally they should
- e. have regular professional supervision alongside any peer supervision arrangements that may be in place.
- f. For the first three years post registration a supervisionary relationship must be in place with a supervisor who meets the current requirements of the College for being a supervisor. It is the joint responsibility of the supervisor and supervisee to determine the appropriate frequency and duration of supervision sessions and the justification of these factors will form part of the registrant's renewal of membership with their organisational member (if they belong to one) or with the College (if they are a direct registrant).



- a. Traditionally face to face supervision is considered to be preferable. Online Supervision is increasingly common and for those who choose online Supervision they may be asked about their rationale for this arrangement. If possible, an initial meeting face to face for Supervision is ideal, before these meetings are taken online. Any other form of contact would need to be justified as above.
- b. In the first three years participation in peer support groups is to be encouraged, as a CPD process, but does not replace supervision as above.
- c. Following the first three years of registration the registrant may opt for peervision. In this case the responsibility for frequency and duration is held jointly by all members of the peergroup and all would be expected to take part in the justification as above.
- d. For all practitioners it is recognized that working with severely disturbed, traumatized or abused clients will require higher rates of supervision.
- e. Supervisors may advise additional supervision where deemed necessary.
- f. Failure on the part of the supervisee to heed such advice must be addressed in supervision and should be noted by the supervisor.
- g. Supervisors should be encouraged to seek guidance, advice and support from their own supervision supervisor, from the College or UKCP centrally dependant on the nature of the issue.
- h. Where the refusal to heed the advice given is understood by the supervisor as in any way an endangerment to the client the supervisor must inform the appropriate professional bodies of the practitioner. The supervisor must inform the supervisee in writing of this action and keep a copy on file.

Ratios for Group Supervision and additional obligations

- a. Group supervision provides the practitioner with invaluable opportunities for shared learning and support.
- b. Group supervision normally should be on a ratio of a minimum of 30 minutes of supervision per supervisee.
- c. The maximum group size normally would be four.

Rules for breaks in practice

This section gives the minimum criteria for those who take a break in practice, whether voluntarily or not. It does not, however, cover those whose break is a result of the Complaints and Conduct Process or those who allow their registration to lapse.



It is recognised that members may take breaks for many reasons and that these should be considered on a case by case basis. There is a difference between someone taking a break to have a baby, or to go travelling, or because of a bereavement or an illness.

Any member who takes a break from practice for three months or more must inform their OM (or the College Membership Secretary if they are not a member of an OM). They will be allocated an advisor to assist their return and the advisor will report to the College panel to ensure consistency of care.

Any break between three and six months can be ended by submission of a letter from a regular supervisor to say that the member is fit to return to practice. Any break longer than six months will also require a plan of CPD to catch up confirmed by the supervisor. This need not be overly detailed but should address, if applicable, the reasons for the break.

Any break longer than 12 months will require a Return to Practice and Restoration to the Register application and process. For further details see "Application for Restoration to the Register after a Voluntary Break from Registration – Guidance notes"