

ADDENDUM 1. December 2018

Addendum to Criteria and Guidelines for Accreditation as a Psychoanalytic Psychotherapist with IPSS April 2016

A. POLICIES AND PROCEDURES

1. Applicants seeking Accreditation by the IPSS become an Accreditation Candidate Member of the IPSS and are subject to the organisation's policies and procedures and those policies and procedures of UKCP and CPJA that apply to Member Organisations, once they have passed Stage 1 of the Accreditation Process. This includes the UKCP Code of Ethics and the UKCP Common Complaints Procedure for members of the public.
2. In line with the UKCP/CPJA Standards of Education and Training the length of training Accreditation Candidate Members applicants are expected to have completed before accreditation is conferred by IPSS shall be appropriate to permit the consolidation and integration of theoretical knowledge and clinical experience. It shall not normally be shorter than four years or longer than ten years. (See also note 5 below).
3. Accreditation Candidate Members, as members of IPSS must be familiar with, and abide by the following policies.
 - a. The UKCP Ethical Principles and Code of Professional Conduct 2009 and the IPSS Code of Practice . A new UKCP Code of Ethics is in development which will supercede the current UKCP 2009 policy once introduced.
 - b. The IPSS Equalities and Diversity Policy.
 - c. The IPSS Grievance and Appeals Procedures apply to Accreditation candidates and are for internal complaints and appeals of members to be heard within the organisation.

B. ACCREDITATION STANDARDS.

4. All Accreditation Candidate Members, from the inception of the clinical work, must have professional indemnity insurance up to £1m. (it's now fairly standard to recommend £2 million).
5. The level of training for Accreditation Candidate Members must be at master's level. The course should not be less than 250 hours (not including an introductory year) and around 500 hours if tutorials, supervisions, time spent in library, group, observations etc are counted. This is roughly equivalent to a part-time MA in terms of the course and it should be equivalent in terms of academic standards.
6. The Accreditation Process includes assessment of Prior Learning (APL), Assessment of Prior Experiential Learning (APEL) and Credit Accumulation Transfer System (CATS) where relevant. Consideration of Prior learning and experience is an integral part of the Accreditation process. Normally no more than 50 per cent of any training should be achieved through any of the above.
7. The case study and two clinical vignettes required for Stage 3 of the Accreditation Process are read and marked by two IPSS Accreditation Committee members then externally moderated to ensure fairness and parity with national academic standards.
8. Mental Health Familiarisation (MHF) is a required component of UKCP accredited trainings and accreditation applications should include evidence of the details of MHF which embrace:

awareness of diagnosis and treatment in the context of UK mental healthcare services and a range of models of assessment which includes learning about how the medical model understands mental wellbeing and mental illness. Documents supporting the application should evidence a MHF understanding of:

- How mental illnesses are classified
- How to recognise more complex, significant or enduring mental health issues
- The reflexive awareness of context in diagnosis e.g. socio-economics, class, gender, disability, body type, age, culture, religion, race and sexuality
- How to work in a client-centred way which safeguards the wellbeing of the client (and their dependents) and ensures that the psychotherapy a client receives forms part of an appropriate package of care

MHF also requires gaining a working awareness of:

- Assessment
- The place of safeguarding in assessment
- Diagnosis and classification of mental illness
- Collaborative care: access to appropriate services
- Recognising complex, significant and enduring mental illness
- Awareness of current debates around evidence based research, practice and treatment
- How and when to refer.