

# Annual review of accreditation 2019/20

The Association of Child Psychotherapists (ACP)

October 2020

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## **About the Association of Child Psychotherapists (the ACP):**

The ACP registers:

- Child and Adolescent Psychoanalytic Psychotherapists in the United Kingdom

Its work includes:

- Setting and maintaining standards of practise and conduct
- Maintaining a register of qualified professionals
- Assuring the quality of education and training
- Requiring registrants to keep up their skills up to date through continuing professional development
- Handling complaints and concerns raised against registrants and issuing sanctions where appropriate.

As of May 2020, there were 681 registrants on the ACP's register.

The ACP was first accredited on 20 November 2014. This is the ACP's sixth annual review and this report covers 20 June 2019 to 20 June 2020.

## Background

The Professional Standards Authority accredits registers of people working in a variety of health and social care occupations not regulated by law. To be accredited, organisations holding such registers must prove that they meet our demanding [Standards for Accredited Registers](#) (the Standards). Accreditation is reviewed every 12 months.

Accreditation can be renewed by a Moderator in cases where all Standards are evidenced to be met. A Moderator can issue Recommendations and note Achievements.

Where concerns do exist, or information is not clear, a targeted review will be initiated by a Moderator. The outcome of this review is assessed by an Accreditation Panel, who can decide to renew accreditation, renew accreditation with conditions, suspend accreditation or remove accreditation. Panels may also issue Recommendations and note Achievements.

- **Condition** – Changes that must be made within a specified timeframe to maintain accreditation
- **Recommendation** – Actions that would improve practice and benefit the operation of the register, but do not need to be completed for compliance with the Standards to be maintained. Implementation of recommendations will be reviewed at annual renewal
- **Achievement** – Areas where a register has demonstrated a positive impact on one of the four pillars of the programme; protection, choice, confidence and quality.

## Outcome

Accreditation for the ACP was renewed for the period of 20 June 2020 to 20 June 2021.

Accreditation was renewed a Moderator following a review of evidence gathered by the Accreditation team and supplied by the ACP.

The following Recommendations were issued to be implemented by submission of annual renewal documentation.

1. The ACP should consider how it could make complaints information on the register website more accessible. (Paragraph 7.6)
2. The ACP should ensure that information within its *Independent Practice Guidelines* is clear on its requirements for good standards of advertising. (Paragraph 8.8)
3. The ACP should ensure guidance issued to support its Disciplinary Procedures is up to date and provides plain-English descriptions of its processes. (Paragraph 11.6)
4. The ACP should ensure routes of appeal are made clear within its Disciplinary Procedures and supporting guidance. (Paragraph 11.8)

The following report provides detail supporting the outcome.

# Assessment against the Standards for Accredited Registers

## Standard 1: the organisation holds a voluntary register of people in health and/or social care occupations

- 1.1 The ACP reported an increase of registrant numbers over the previous year of accreditation (from 646 to 681). Registrants left for reasons including maternity leave, retirement, and no longer working as Child and Adolescent Psychotherapists.
- 1.2 The Authority found that this Standard continues to be met.

## Standard 2: the organisation demonstrates that it is committed to protecting the public and promoting public confidence in the occupation it registers

- 2.1 The ACP advised that a member of its Professional Standards Committee led on safeguarding matters, to review and develop policies as appropriate. The ACP reported that over the last year all employees had completed enhanced DBS checks and that three training sessions had been provided to registrants.
- 2.2 The ACP reported challenges regarding the current system of registration of child and adolescent psychotherapists, which it had addressed to the Authority. The ACP also contributed a briefing paper to the House of Lords debate in March 2020, on the impact of treatment by unregulated and unregistered persons offering psychotherapy or counselling services on the mental health and wellbeing of their clients. That paper encouraged consideration of 'the current inequity between regulated healthcare professions and those on accredited registers' and the need for 'parity of esteem between physical and mental health'.
- 2.3 The Authority found that this Standard continues to be met.

## Standard 3: risk management

- 3.1 When applying for Accreditation and at annual review, registers provide a risk matrix demonstrating their identification and mitigation of risks to the public associated with their registrants' practice, including their personal behaviour, technical competence and business practice. Registers detail the likelihood and impact of risks and any mitigations.
- 3.2 The ACP updated scores for several risks, reflecting the effects of the ACP's mitigating actions against risks such as employers requiring registrants to work outside their competence, problems arising from court-report work, and financial or contractual conflicts.
- 3.3 The ACP had added specific consideration of how the Covid-19 pandemic (discussed under Standard 10) had affected existing risks on the matrix. The ACP noted, for example, that therapists and patients were at risk of infection if required to keep working face-to-face. In response the ACP had circulated NHS and government advice and developed its own guidance. The ACP assured registrants' clinical trustees were available should they be unable to continue working with existing clients.

- 3.4 The ACP added two new risks to its matrix. The first was for adjunctive therapies, practices performed by registrants during their work that are outside of a register's explicit scope of practice or competence. ACP had reported risks including that registrants may not be qualified to offer such services and that the public may believe that these are covered by ACP registration. Mitigating actions reported by the ACP included requiring approval of 'Find a Therapist' advertising on the register website, guidance on setting out information on registrants' own websites, and spot checks of these by the ACP.
- 3.5 The second was for risks associated with online and digital working. The ACP noted that registrants' use of this had grown under Covid-19 and that related risks were not covered under registrants' core training. The ACP noted increased risks of boundary violations and risks relating to assessing new patients online, and potential failures to protect confidentiality and comply with data protection regulations in this new context. The ACP had issued guidance to registrants and provided this on the register website. The ACP had also set up a Covid-19 Response Group to address specific issues raised.
- 3.6 The Authority found that this Standard continues to be met.

**Standard 4: the organisation demonstrates that it has sufficient finance to enable it to fulfil its voluntary register functions effectively including setting standards, education, registration, complaints and removal from the register**

- 4.1 The ACP reported that it had set a deficit budget in 2019 and 2020 and drawn from reserves to 'fund developments and address challenges such as the need to campaign to secure the funding the child psychotherapy training.' To address this the ACP had raised registration fees, with the support of the majority of its membership, and aimed to return to a balanced budget in 2021. Discussion of ACP's plans was published within its public 2019 AGM report.
- 4.2 As part of its due diligence, the Accreditation team reviewed records from Companies House and noted the ACP appears to be financially sustainable.
- 4.3 The Authority found that this Standard continues to be met.

**Standard 5: the organisation demonstrates that it has the capacity to inspire confidence in its ability to manage the register effectively**

- 5.1 The Authority had noted that several registers had considered their approach, should registrants be arrested for participating in climate-change protests that occurred over the last couple of years. The Authority noted that the ACP had provided guidance to its registrants highlighting their obligation to abide by the Code of Professional Conduct and Ethics and disciplinary procedures. This included the need to report any caution or conviction to the ACP. The ACP advised that all declarations would be considered on a case by case basis as to whether the profession of child psychotherapy was brought into disrepute. Registrants were also advised to consider the effect that an arrest may have on their patients, on DBS checks, and provision of indemnity insurance.
- 5.2 The ACP continues to make minutes of its meetings available to the public. The Authority checked published Board minutes and ACP's 2019 AGM report.

5.3 The Authority found that this Standard continues to be met.

**Standard 6: the organisation demonstrates that there is a defined knowledge base underpinning the health and social care occupations covered by its register or, alternatively, how it is actively developing one. The organisation makes the defined knowledge base or its development explicit to the public**

6.1 There were no significant changes reported or noted in the past year.

6.2 The Authority found that this Standard continues to be met.

### **Standard 7: governance**

7.1 The ACP reported several changes to the ACP Board of Directors and staff roles, including a new Registrar, Director of Professional Standards, Director of Training, and four new Lay Non-Executive Directors, who started in May 2020. The ACP provided an updated governance organogram to the Authority. Public information about the ACP's directors and staff is available on the [register website](#). The ACP's 2019 AGM report recognised the work of its former Chair / Director of Professional Standards for transforming ACP into a 'a more professional and outward looking organisation'.

7.2 At the time of its initial application for accreditation, the ACP had formed, with another register, the Independent Scrutiny and Advisory Committee (ISAAC) to scrutinize the work of the ACP and ensure 'ACP puts the public interest at the heart of its activities'. The work of the ISAAC had been noted in previous annual reviews by the Authority. This group had been succeeded by an ACP-specific Scrutiny Group composed of the Board's Vice Chair and three lay Non-Executive Directors.

7.3 The ACP provided a summary of the Scrutiny Group's recent findings:

- The group had considered complaints received from 2017 and noted that many related to registrants working independently. The ACP's Professional Standards Committee and Ethical Practice Group were directed to identify lessons learned from complaints received on a yearly basis.
- The group checked the work of ACP's Independent Practice Group (IPG). ACP had produced guidance for independent working (discussed under Standard 8)
- The group checked how the ACP communicated, including how its standards were communicated to trainees and the public. The group referred ACP's Training Development Group to check how such standards were referenced within their Quality Assurance Framework.
- The group noted the revised Quality Assurance Framework had been published. (discussed under Standard 9)
- The group noted that the ACP Diversity and Equality Working Group (DEWG)'s survey of registrants had a 69% response rate. Data from this would inform 'ongoing work to increase the diversity of the profession'.
- The group considered ACP membership-engagement surveys and noted that results had been considered by the Board and relevant committees.

- The group checked the ACP's organisational risk register that had been amended to add risks relating to Covid-19.
- 7.4 The Authority noted the Scrutiny Group's suggestion that complaints information be added to the front page of the ACP website and asked if this would be implemented. The ACP advised it had considered this to be unnecessary as its updated website made complaints information easier to find.
  - 7.5 The Authority noted that complaints information is was available on ACP's [website](#) by selecting the '[ACP Register & Standards](#)' dropdown. [Basic contact details](#) for the ACP is found through the '[About Us](#)' dropdown.
  - 7.6 In line with previous decisions, the Authority issued a Recommendation that the ACP consider how complaints information be made more accessible, for example by adding links to the website-footer and/or general contacts page. (Recommendation One)
  - 7.7 The Authority noted that the work of the Scrutiny Group appeared useful and effective.
  - 7.8 The Authority found that this Standard continues to be met.

### **Standard 8: setting standards for registrants**

- 8.1 At the previous annual review, the Authority had considered the ACP's approach to the duty of candour. The ACP had highlighted that as most registrants are employed in the NHS, local authorities, schools and charities, they would follow their employers' policies. The ACP however noted that while it encouraged members to be open about mistakes as an informal way of resolving complaints, it may need to be more explicit about the duty of candour. The Authority issued a Recommendation for the ACP to consider developing its policy on the duty of candour.
- 8.2 The ACP reported that wording had been included within its [Code of Professional Conduct and Ethics](#):
 

'Members must show respect for their patients, including by being honest and open with them. Members are expected to be candid and truthful whenever mistakes or significant omissions occur in their practices, and when they are, or may be, responsible for damage or suffering. This means being open not only with patients about what has happened (or with family members, carers or advocates, where appropriate), but with also colleagues, the ACP and any other investigating body. Members should also take corrective action and apologize meaningfully whenever appropriate. The NMC and GMC produce useful guidance on the candour expected of their members in similar circumstances.'
- 8.3 As a part of the Code, breaches may be considered by the ACP under its disciplinary procedures and sanctions may result accordingly.
- 8.4 The Authority found that the Recommendation had been considered.
- 8.5 The ACP advised it had reviewed its *Independent Practice Guidelines* which provides 'a reference point for all ACP members working privately,



independently and outside the more traditional institutional structures'. The guidelines set out requirements to ensure practitioners are registered with the Disclosure & Barring Update Service, hold professional indemnity insurance, ensure administration is in line with GDPR and ACP clinical note standards, and provides advice on advertising, and setting up websites.

- 8.6 The Authority has been checking registers' approach to registrants' advertising in general, and in social media. The Authority noted the ACP Codes stated:

'If a Member advertises their services, such advertising may include name, relevant qualifications, e mail and postal address, telephone number and details of the services offered. Such statements must be descriptive, factually correct and supportable and not evaluative or comparative.'

- 8.7 The Authority asked the ACP what guidance was provided regarding registrants' advertising on social media, and if it referenced Advertising Standards Authority guidelines or [CAP Codes](#). The ACP responded that it provided information about 'How to Advertise' but did not provide further guidance outside requirements to comply with its Code of Professional Conduct and Ethics. The Code requires advertising to be 'descriptive, factually correct and supportable and not evaluative or comparative'. The Authority noted that it had not seen evidence of potential breaches of the above Codes by ACP registrants at this time.
- 8.8 The Authority considered that it would be of benefit for registrants working independently to be aware of such requirements. The Authority issued a Recommendation for the ACP to consider including information within its guidelines that could assist independent practitioners to ensure their advertising was in-line with ASA/CAP codes. (Recommendation Two)
- 8.9 The Authority found that this Standard continues to be met.

## Standard 9: education and training

- 9.1 The ACP reported positive results from Health Education England (HEE)'s two-year review of funding for Child and Adolescent Psychotherapy training and that it would continue funding for the salary, training, travel costs and analysis of trainees. The training programme would be referred to (in England) as the National Child and Adolescent Psychotherapy Training Scheme. The ACP stated that while funding arrangements were different within the four countries, the [training programme was consistent throughout](#).
- 9.2 The ACP highlighted that further work was required to align its curriculum with the [NHS Long Term Plan](#).
- 9.3 The ACP reported that it had published its revised [Quality Assurance Framework for Training in Child and Adolescent Psychoanalytic Psychotherapy](#). The framework sets the standards for the clinical training in child and adolescent psychotherapy including requirements that trainees must meet to become eligible to join the register.

- 9.4 The framework also details the accreditation of training schools by the Training Council of the ACP. Accreditation, and annual reports of training schools are published on the [ACP website](#).
- 9.5 The ACP highlighted that a group within its Training Council was reviewing 'current pre-clinical standards for child and adolescent psychoanalytic psychotherapy training with the aim of revising them to ensure they do not impose any unnecessary barriers to entry to the profession.' The project aimed to consider whether a competence-based approach may assist to increase the pool and diversity of applicants to training and the register. Current requirements (graduate-entry having completed a recognised pre-clinical course) are set out on the [register website](#).
- 9.6 The Authority found that this Standard continues to be met.

#### **Standard 10: management of the register**

- 10.1 The Authority considered the ACP's approach to the Covid-19 pandemic. The ACP advised it had set up a COVID-19 Response Team (CRT), made up of relevant Directors and leads across the ACP, to provide guidance to registrants. Advice and guidance to ACP's registrants were collected on a dedicated webpage.
- 10.2 The team checked the ACP's Covid-19 guidance, which required registrants to follow the directions issued by their employer, but to report concerns if required to work unsafely or outside their competence. The guidance considered risks of remote working and suggested that should this not be appropriate for work with young and vulnerable clients, to consider how the relationship could be maintained if therapy was not possible. Registrants were required to know local referral pathways if remote-working from home or otherwise outside their usual location. Standards of consent and maintaining boundaries were set out.
- 10.3 The ACP highlighted that the Psychological Professions Workforce Group (PPWG) and professional bodies including the ACP had published [Guidance for Psychological Professionals](#).
- 10.4 The ACP reported that its offices had smoothly transitioned to virtual working and addressed organisational risks relating to Covid-19 within its organisational risk register.
- 10.5 The Authority found that this Standard continues to be met.

#### **Standard 11: complaints and concerns handling**

- 11.1 The ACP reported that from June 2019-2020 it received six complaints against registrants, that were accepted under its previous disciplinary procedures, and new procedures, adopted in July 2019 (discussed below). The ACP had also concluded long-running cases over this period. The ACP stated it had also investigated one concern under its 'Fitness to Practise' policy, defined as "...where a Member's fitness to practise is so seriously impaired by reason of a physical or mental disability (including addiction) as to imperil his/her patients s/he should cease practising'. The ACP had held two

disciplinary processes held, resulting in [sanctions published on the ACP website](#).

- 11.2 At the previous annual review, the ACP had been reviewing its Disciplinary Procedures. The updated procedure was adopted in July 2019. The new procedures were developed by a joint group of the Ethical Practice Group and Board members and then approved by the Professional Standards Committee. The ACP highlighted that the main changes were:
- 1) 'The introduction of a practice review process following the recommendation by the PSA that the procedures have a less legalistic and more consensual approach.
  - 2) Removal of the reference to 'deemed complaints' which was felt to be unclear and unhelpful.
  - 3) Introduction of a time limit for historical complaints of 5 years. Complaints of a serious nature that could impact on public safety can be brought outside that time.
  - 4) The possibility of the Investigating panel having legal representation was included.
  - 5) Interim suspension was introduced for any serious matter including criminal charges or offences in order to protect the public, the profession and the member'.
- 11.3 The Authority checked the updated procedures and noted that the ACP retained the ability to consider complaints from any source that suggested a registrant had breached its Codes or could bring the profession into disrepute.
- 11.4 The Authority noted that the Practice Review Panel may refer cases back to ACP's Investigating Panel if a registrant does not comply with that process.
- 11.5 The Authority noted provisions for parties to the complaint to be updated throughout, including to issue apologies for delays suffered.
- 11.6 The Authority noted that ACP's currently published [Summary of ACP Complaints Process](#) was not up to date – it did not mention ACP's new Practice Review process and links were broken. The Authority noted it would be helpful to complainants and registrants to provide a plain-English description of the routes of complaint; including the aims of the Practice Review process. The ACP agreed this would be helpful. The Authority issued a Recommendation for the ACP to consider these actions. (Recommendation Three)
- 11.7 The Authority noted that ACP would provide training for its Ethical Practice Group (EPG) on complaints handling in October and November 2020. ACP advised that guidance from the EPG Chair was offered and that mentoring had been offered to new members of the group.
- 11.8 The Authority asked the ACP if complainants had the ability to appeal complaints decisions or petition the ACP to review a decision if felt to be inadequate. The ACP confirmed that complainants could petition to have Disciplinary Panel decisions set aside if suitable new evidence was available or could provide evidence that a decision was procedurally unfair. Complainants could also provide their feedback on whether referring a

registrant to the Practice Review was appropriate. The Authority issued a Recommendation for the ACP to ensure routes of appeal were made clear within its Disciplinary Procedures and supporting guidance. (Recommendation Four)

11.9 The ACP reported that no complaints had been received about the organisation over the year of accreditation.

11.10 The Authority found that this Standard continues to be met.

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### **Share your experience**

12.1 The Accreditation team did not receive any responses to the invitation to share experience and did not receive any concerns about the ACP during the accreditation year.

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### **Impact assessment**

13.1 ACP reported on its Diversity and Equality Working Group (DEWG)'s survey of registrants. Results from the survey informed plans to increase the pool and diversity of applicants to child psychotherapy training and subsequent registration.

13.2 The Authority took account of the impact of its decision.

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### **Equality duty under the Equality Act 2010**

14.1 The Authority had regard to its duty under the Equality Act 2010 when considering the application for renewal of accreditation.