

- 3.2 The Forum is proposing a minimum standard, & is aware there are some excellent courses, which exceed this minimum. Requirements for primary care specific trainings are:
- Psychotropic drugs/Medication
 - Primary Health Care Team Relationships
 - NHS Structure
 - Assessment particularly when working to a time limit
 - Knowledge of mental health referral pathways and procedures
 - Brief focused therapy methods
- 3.3 Trainings will take into account the need to fit the theoretical model respectfully to the patient, rather than the other way around.
- 3.4 We would recommend in all training, and require for primary care training, input on:
- Interactive processes in families
 - Systemic Theory
 - Audit and evaluation methodologies

4 Supervision

- 4.1 The Forum recognises the key role that supervisors play in the development of trainees' and practitioners' practice.
- 4.2 The following principles have been agreed:
- 4.2.1 Supervision must be relevant to primary care.
- 4.2.2 The training supervisor should have specific knowledge or experience of primary care counselling, and of brief focused therapy.
- 4.2.3 The training should include an agreed number of supervised clinical hours with a ratio of 1 hour of supervision to 6 hours clinical practice and with flexibility to increase the ratio for the beginning practitioner, at the discretion of the supervisor.

5 Mentoring

- 5.1 The Forum recommends that clinical placements for trainees in primary care are best offered only under the guidance of a mentor, and where the practice has a standard commensurate with that of a training practice.
- 5.2 The mentor must be an experienced practice counsellor working in that practice or in another practice that can accommodate the work undertaken by the mentor.
- 5.3 The provision of mentoring is distinct from clinical supervision and involves various essential components such as: assessment of suitable patients, teaching, training and management of the placement.

6 Clinical Accountability during placements

- 6.1 The Forum recommends that clear and written agreements as to clinical accountability for the student's work should be made between the GP Surgery, the Training Supervisor, the Mentor and the Training Institution.

7 Remit of The Forum regarding Training Standards

- 7.1 It is envisaged that this document provided by The Forum will help applicants choose suitable courses for the training of primary care counsellors, and help course and placement providers to review their provision.

Last update: November 2001



The Counselling & Psychotherapy Forum for Primary Care

Minimum Training Standards for Primary Care Counsellors

This Protocol should be read in conjunction with the Person Specification Protocol

Participating Organisations in the preparation of this protocol include:

BACP	British Association for Counselling & Psychotherapy (member until 2003)
BPS	The British Psychological Society (Counselling Psychology Division)
CPC	The Association of Counsellors & Psychotherapists in Primary Care
CPCT	The Counselling in Primary Care Trust
RELATE	
QCA	Qualifications and Curriculum Authority
SMG	SMG Professional Risks (and conference sponsors)
UKATC	United Kingdom Association of Therapeutic Counsellors
UKCP	United Kingdom Council for Psychotherapy

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1 Introduction

- 1.1 The Counselling and Psychotherapy Forum for Primary Healthcare (known hereafter as The Forum) was set up in 1999 by a number of interested parties. Professor Douglas Hooper is the Chairman. Its membership is listed on page 1.
- 1.2 The members of the Forum came together with a joint purpose, which was to address the diverse nature of training for primary care counsellors. **The overall aim of The Forum is to set quality, standards and excellence for education, training and professional development of counsellors, psychotherapists and psychologists working in primary care.**
- 1.3 It is up to the individual professional member organisations to adopt and implement these standards.
- 1.4 Ultimately, the concern of Forum members is that the care offered to clients & patients is of the highest standard. The Forum believes that care is based on sound research, & that practitioners should be able to communicate in a professional way with their primary care employers and their fellow care workers. The Forum believes that setting the minimum set of criteria for clinical academic and clinical training underpins all else & that the setting for the provision of primary care counselling is what defines it.
- 1.5 Prior to its formation some of the major parties met with a view to developing understanding and common causes. This group ran a consultation day in April 1999 and a conference in November 1999. Training organisations were particularly invited and represented. The Forum grew out of these meetings and events.
- 1.6 The use of the term “primary care counselling” (sometimes shortened to “counselling” in this document) is used as a short hand for all the psychological therapies used in primary care, including, counselling, psychotherapy and psychology. It is the setting that determines the term.
- 1.7 Its policy development is concerned with the delivery of quality psychological services in primary healthcare.
- 1.8 The Forum has undertaken extensive discussions and consultation in this area. It sees its role as that of setting minimum training standards & of providing expertise and advice to interested parties about training for counselling in primary care.
- 1.9 This document is one result of a training mapping exercise examining the content of training courses and a needs analysis for primary care counsellors, which was completed in Spring 2001.

2 Generic Training Requirements

- 2.1 Primary care counselling is a more skilled task than that most initial Diploma courses prepare students for. This is because of the range of patients seen & the brief therapy utilised. The Forum wishes to emphasise the central importance of development of the trainee’s capacity to create and sustain an appropriate therapeutic alliance.
- 2.2 Time is required for students to consolidate reflective practice and benefit from the developmental nature of counselling training. Consequently, a professional, generic counselling/psychotherapy training needs to be undertaken over a substantial period and provide the necessary theoretical, clinical and experiential components.
- 2.3 **Selection**
- 2.3.1 The selection of students onto such counselling and psychotherapy courses whether delivered in training institutions or academic institutions needs to evaluate

the psychological availability of the candidate for the training ahead as well as their educational, work experience and personal qualifications. Rigorous procedures for all components of selection need to be in place and monitored. Further selection for suitability for training in Primary Care is also necessary. The Forum will shortly be able to provide guidelines as to selection criteria and procedures.

2.4 **Assessment**

- 2.4.1 Criteria and procedures for the assessment of competency are needed for ongoing assessment during training and on completion of training.

2.5 **Personal Therapy**

- 2.5.1 Personal therapy is a requirement for training in Counselling and Psychotherapy in Primary Care for the following reasons:
 - It allows the practitioner the opportunity to explore their unconscious reasons for undertaking this training/work.
 - It enables the practitioner to experience and understand the process of examining their internal world in relation to another, before asking it of patients.
 - It allows for the working through of the practitioner’s own psychological material which may otherwise impede the work with patients.
 - It gives the practitioner the opportunity to understand, develop and monitor safe practice and the centrality of therapeutic boundaries.
 - It is expected that practitioners will continue to monitor their psychological health after the training therapy has been completed and undertake further personal therapy through the process of their professional life as and when required or desirable.
 - It is recommended that practitioners only enter into contracts with patients of the frequency experienced by the practitioner as a patient/trainee/client undergoing therapy.

2.6 **Models of Training**

- 2.6.1 Two models of training are considered particularly appropriate:
 - A minimum of 3 years generic counselling/psychotherapy training plus a minimum of 1 year post qualification for primary care counselling training.
 - or*
 - A 4 year training, which includes all requirements. The final year would introduce a brief/focal model or demonstrate how the taught model is applied in a brief/focal way.

2.7 **Generic Trainings**

- 2.7.1 The expectation is that generic trainings will include:
 - Psychiatric/Mental Health Assessment
 - Risk Assessment and Assessment Skills
 - Management of Practice
 - Ethical and Legal Issues
 - Knowledge of mental illness
 - Sexual Issues
- 2.7.2 We consider that the therapeutic alliance is a critical factor in counselling, and understand it to be an essential component of all trainings.

3 Primary Care Specific Trainings

- 3.1 Training for primary care counselling needs additionally to be context specific, & to prepare trainees to work competently in a time limited way. There may be a number of routes to achieve this.