

# BPA Guidance for 5-year reaccreditation participants and group convenors, with examples.

Adopted 14 June 2021 by BPA TAC, updated 22 February 2024

## Note for peer group participants and convenors:

These guidance notes provide an example of what each participant in the group should send to their colleagues in the peer group in preparation for the peer group meeting. This is the portfolio of evidence. Please send the material to your colleagues far enough in advance of the meeting so that your colleagues have time to read your portfolio before you meet.

These guidance notes also provide an example of what the participants should send to the convenor of the group AFTER the peer group meets. This includes some reflections on the process of meeting as a peer group.

## Peer group participants:

Please use this guide as a reference / example of what to provide for your peer group colleagues before the meeting, and what to provide to your peer group convenor after the meeting.



## Convenors:

Please use this guide as a reference / example of how to present and what to include in the peer reaccreditation group report to be sent by you (electronically, in PDF format, consolidated into one document) to the BPA Administrator.

# Table of contents

<b><u>Excerpt from BPA Policy document describing CPD and the quinquennial review process</u></b>	<b>Page 3</b>
<b><u>For peer group participants: Example of a portfolio, to be sent to colleagues in your reaccreditation peer group.</u></b>	<b>Page 6</b>
<b><u>For peer groups participants and convenors: Example of a peer group reaccreditation report for convenors to send the BPA Administrator</u></b>	<b>Page 19</b>
<b><u>Checklist for BPA Administrator, to confirm correct evidence has been provided for each participant in the reaccreditation group</u></b>	<b>Page 35</b>

**Note:** This guide is meant to be read in conjunction with this BPA policy document (or its subsequent modifications), available from the BPA website or the BPA Administrator:

 British Psychodrama Association		 <small>UK Council for Psychotherapy</small>	
policy title	<b>Registration and Accreditation for Psychodrama          Psychotherapists, Supervisors and Trainers          (AKA CPD and RE-accreditation)</b>		
policy code	TAC/1		
author(s) (name and title/role)	Dr Lisle Scott		
Approval history			
name of committee		date	
Accreditation Committee		14/06/19	
SC Chair on behalf of Executive Committee		14/06/19	
Committee which approved current version		Date of approval for current version	
date of next review		June 2020	
Peter Haworth of Steering Committee (SC) Signature.... <i>Peter Haworth</i> ..... Title Member of Steering Committee..... Date 14/06/19.....  All policies are copy controlled. When a revision is issued previous versions will be withdrawn. An electronic copy will be posted on the BPA website for information.			

**The following text is from pages 6 to 8 of the above document, which is the section describing the quinquennial review process and what counts as CPD. This is only an excerpt; please read the full document for full information. The 'Appendix 4' referred to is at the end of that document.**

### Continuing Professional Development

The overarching function of all CPD activity is the protection of the public through maintenance and improvement of professional standards. It is about developing a life-long learning approach based on an ethical belief in, and commitment to, professional and personal growth, development and spontaneity as psychodrama psychotherapists. Implicit in this statement is an assumption that effective psychotherapists maintain a sense of curiosity about their practice and are critically reflective about psychotherapy as a whole; regularly posing questions which broaden and deepen knowledge and understanding of both clinical effectiveness and potential for negative outcomes of their clinical interventions. For this reason it is important that psychodrama psychotherapists engage widely in the field of psychotherapy and psychiatry, while maintaining adequate knowledge of current and relevant mental health legislation.

### **What constitutes CPD is therefore varied in content and context including:**

- experiences with clients;
- participation in formal structures of further learning such as courses, workshops, seminars and conferences;
- self-study such as reading relevant journals, academic writing or engaging in online webinars or educational programmes;
- engaging in research or clinical governance activities;
- Undertaking professional leadership roles.

It is essential that CPD includes learning experiences involving psychodrama and action methods which is facilitated by BPA or internationally accredited trainers in addition to learning in another psychotherapy modality.

While individuals are responsible for managing their own CPD, it is considered good practice to plan, reflect on and evaluate learning/development in their regular peer group, and maintain adequate records which evidence that they meet these standards across the range of professional roles they may hold.

The minimum requirement over a five year period is for 250 hours of CPD activity. Normally practitioners would be expected to undertake at least 20 hours of CPD in any one year. Exception to the annual requirement is permitted when a psychodrama psychotherapist experiences extraordinary circumstances related to severe illness, bereavement or caring responsibilities for example. However, the minimum requirement of 250 hours over five years is not negotiable.

It is essential that registered supervisors and trainers engage in CPD activity that is specifically related to clinical supervision and psychodrama psychotherapy training respectively. The latter may include involvement in a psychodrama training organisation, facilitating BPA/psychodrama conference workshops, specific psychodrama training workshops, FEPTO meetings, etc.

CPD is a compulsory component of re-accreditation.

### **Quinquennial (5 yearly) Re-accreditation**

In order to maintain professional registration, all BPA registered psychodrama psychotherapists must participate in a 5 yearly re-accreditation review process. This review encompasses all aspects of professional practice including clinical practice and supervision, academic and non-academic CPD activities, clinical governance engagement such as audit, research and management/leadership roles.

The review process has three distinct phases:

- Development and maintenance of a reflective practice portfolio;
- Formal peer review meeting;
- The **electronic submission** [by the convenor] of a peer-signed re-accreditation review form (Appendix 4) to the BPA Administrator.

The **reflective practice portfolio** is intended to be a working document reflecting the preceding five years of practice and should contain the following elements:

- an introduction which includes a details of clinical practice and all other professional roles undertaken
- individuals could consider participating in a 360 feedback exercise to evidence these activities and facilitate reflection in the peer review meeting;

- details of supervision and at least one report from a supervisor, including for the supervision of supervision in the case of registered supervisors;
- evidence from regular peer group demonstrating participation in planning, reviewing assessing CPD activities
- outline of non-professional activities or experiences which have had an impact on their professional practice;
- a list of all CPD activities undertaken and evidenced with attendance certificates or written reflections of learning with former comprising a minimum of 50% of the evidence provided

The formal re-accreditation **peer review group** should ideally not be comprised of only the individual's regular peer group and should consist of four to six members. There should be at least one member who does not have a close working/social relationship with the re-accreditation applicant. The composition of the group should also reflect consideration of how individual members' with different levels of experience may require different approaches. Supervisors and trainers must have at least one other supervisor or trainer in their peer review group.

If there are any difficulties finding a peer review group, individuals should contact the BPA training and accrediting committee in good time so that they can be signposted to an appropriate group. Although engaging in a face to face meeting is preferable, internet platforms such as Skype may be considered.

At commencement, the group will appoint a convenor to collect completed individual review forms to be submitted electronically to the BPA administrator. Enough time should be allocated to the meeting to:

- enable each member's portfolio and evidence to be reviewed thoroughly, demonstrating how they have integrated CPD activities into their practice;
- allow for adequate reflection of future learning and development needs, including supervision requirements and arrangements;
- Generate a comprehensive summary and plan to be recorded on the review form [Appendix 4].

The review should therefore be a supportive summative and formative process; acknowledging strengths, weaknesses, achievements and aspects of improvement required. Members' should consider using SMART principles in planning and recording future CPD goals.

Upon conclusion of the meeting, each member of the peer review group should complete the peer review form [Appendix 4] including:

- a comprehensive summary of the reflective discussion;
- clear goals for future CPD activities;
- a statement recommending re-accreditation or identifying any specific remedial steps which need to be undertaken before re-accreditation can be recommended;
- Being signed by all the other member of the peer review group. **By signing the form each member of the peer review groups is confirming that they have verified the portfolio evidence and outcome of the review.**

**The convenor then collects all the completed forms and electronically submits these to the BPA administrator by email. Please note that portfolios should not be forwarded to the administrator.**

The process is concluded by formal confirmation of re-accreditation from the Chair of the BPA TAC. In the case of deferred re-accreditation, the BPA TAC will consider the peer review group's recommendations and advise the individual psychodrama psychotherapist of any additional requirements that may be relevant. S/he will not be registered to practice until the remedial recommendations have been fully met.

## Example of an individual's portfolio:

# Name

### Continuing professional development as a Psychodrama Psychotherapist 2016-2020

Dated [redacted] 2020

#### An account of my practice and the type of work I do:

- Psychotherapy clients: [redacted]
- Supervision clients: [redacted]
- [redacted]: [redacted]
- Between 2016 and 2020, I have offered [redacted]
- My other work [redacted] includes offering training in [redacted] treatment programmes. I offer this training to [redacted]

Average number of hours per week as a psychotherapist during [redacted]: [redacted]

Average number of hours per week as a supervisor during [redacted]: [redacted]

Notes: [redacted]

### Continuing Professional Development, 2016-2020

#### Courses, conferences, and training between 2016 and 2020:

##### Conferences (207 hours):

- BPA conferences in 2017 (Sheffield), 2018 (Malvern) and 2019 (Malvern). 72 hours.
- [redacted] conference: 2016. 24 hours.
- [redacted] conference, 2018 [redacted] 2019 [redacted] 30 hours.
- Psychodrama Association for Europe, 2019 [redacted] 18 hours.
- [redacted] Psychodrama Conference, 23-24 September 2016 [redacted] 6 hours.
- [redacted] annual conferences, 2018 [redacted] and 2019 [redacted] 48 hours.



[REDACTED]

Hours of writing and editorial duties (2016-2020): [REDACTED]

### BPA work:

[REDACTED]

Hours (2016-2020): [REDACTED]

### Research, self-study, and policy and governance work:

[REDACTED]

Hours (2016-2020): [REDACTED]

## Other service / roles

### Roles and duties

[REDACTED]

## Supervision

### Supervision of clinical practice and supervision:

With [REDACTED] (UKCP) since 2019. Prior to that, with [REDACTED] supervision of my clinical work and my supervision [REDACTED]

### Peer Supervision Group:

I meet regularly with colleague trainers in [REDACTED] for peer support, case discussions and learning. These meetings happen monthly and last one to two hours. [REDACTED] have backgrounds in psychotherapy, psychology, psychiatry, social work and nursing. I also have regular peer supervision with [REDACTED] with the [REDACTED] programme.

## Memberships

- UKCP
- BPA

[REDACTED]

- IAGP – International Association for Group Psychotherapy

[REDACTED]

## Personal statement / reflection

During the past five years, I [REDACTED] also done a range of professional and personal development as outlined above, been active as [REDACTED] and published a [REDACTED] on topics including psychodrama, [REDACTED]

[REDACTED]

[REDACTED] I will continue to [REDACTED] I have also taken on responsibility as [REDACTED] in particular a [REDACTED]

[REDACTED] I took on this role in [REDACTED]

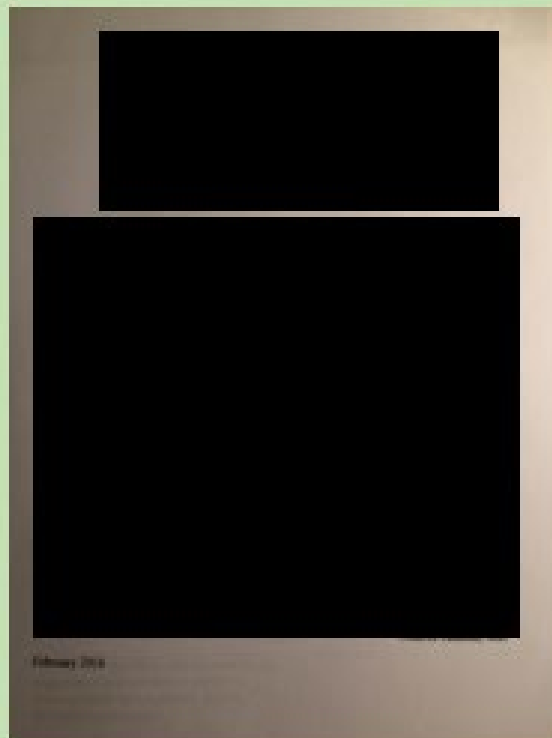
During the coming five years, I will continue my work [redacted] I will continue to [redacted]  
[redacted] I will continue to [redacted]  
I will continue [redacted] I will  
continue to [redacted]  
[redacted] I will continue to [redacted]  
[redacted] I will continue to [redacted]  
[redacted] I am [redacted]  
[redacted] adapted for online working. I will  
continue to write [redacted] in psychodrama, [redacted]  
[redacted].

## Certificates

I include [here](#) a sampling of CPD certificates from the past five years:







Certificate of current UKCP registration:



Confirmation of supervision, received 5<sup>th</sup> October 2020 from [REDACTED]

[REDACTED]

**Statement of Supervision for [REDACTED]**

I confirm that the above named has attended individual supervision sessions with me on a regular basis since [REDACTED]

[REDACTED] further registration as a UKCP registered psychotherapist.

[REDACTED]

UKCP Registered Psychotherapist and Clinical Supervisor

[REDACTED]

Confirmation of current professional liability insurance




Date: 07 February 2020

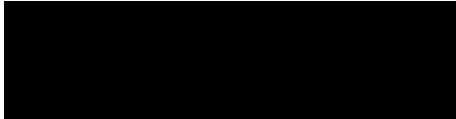
Policy Reference:

pro.liability@towergate.co.uk

Providing you with a clear breakdown of what you are paying for is important to us. You will find this on the reverse of this page in the **Your Insurance Policy** box - this includes any additional products you may have selected as part of this policy.



INVOICE	
Reason for Issue	Renewal
[Redacted]	



Receipt

Policy Reference		
Receipt Serial Number		
Transaction Date		
Payment Amount		
Payment Method		

Paid in Full

**“Appendix 4”** from BPA TAC/1 Policy for Registration and Accreditation for Psychodrama Psychotherapists, Supervisors and Trainers. To be completed after 2020 peer group reaccreditation meeting.

**Appendix 4**  
**Questionnaire for Accreditation Review Form**

- This form is to be returned within two weeks of your review meeting
- Please complete this questionnaire before the period since your last re-accreditation
- Details are relevant to accreditation
- Return a copy of this completed form as no documentation will be returned

**Your Name**  
[Redacted]

**Are you currently registered with the BACP (BACP)?**  **Any Other College?**

**Membership no.** [Redacted]  
**Original Training C** [Redacted]  
**Year of Qualifica** [Redacted]

**Professional Declaration**  
I declare a photocopy of my Professional Indemnity documents  for [Redacted]

**What arrangements have you made for your practice in the event of your death, accident, bereavement or illness leading to incapacity to work (professional will)?**  
[Redacted]

Page 18 of 27  
Policy number 2019

Names of supervisors/ register your supervisor referees

Please attach a statement signed by your supervisor/s

Please attach a copy of your reflective portfolio (not the full portfolio).

Peer Review Group

Names of Members	Signatures

Date of Meeting

I confirm on behalf of the above Peer Review Group that we have met with the applicant, verified evidence in the portfolio and recommend re-accreditation.

I recommend on behalf of the peer review group that the applicant's re-accreditation be deferred pending evidence of additional criteria outlined below.

Details of additional criteria required for re-accreditation.

Page 15 of 17

Signature

Address

Give a short summary of your reflections from your peer group meeting.

Comments

Applicant's signature:

Date:

Please return this form and relevant attachments electronically to the BPA Administrator and Chair of TAC:

E-mail: [administrator@psychiatrists.org.uk](mailto:administrator@psychiatrists.org.uk) Telephone: 07530 123456  
[accreditation@psychiatrists.org.uk](mailto:accreditation@psychiatrists.org.uk)

**NOTE for peer group participants (dated March 2021):** Please send or give this form (electronically or in paper version) with selected evidence (insurance and supervision evidence) **to the convener** of the group, **not** to the BPA Administrator. The **Convener has the responsibility of consolidating all of the information into one document** (PDF format) and sending it to the BPA Administrator, **as per the example on the following pages. Please see the following pages of the Convener's report to see what each participant should send to / give the convener after the peer reaccreditation group meets.**

**Note for peer group participants and convenors** (dated March 2021): What follows is an example of a summary report to be submitted by peer reaccreditation group **convenors** after the peer group meets.

**Peer group participants:** Please use this as a reference / example of what to provide for convenors after your meeting.

**Convenors:** Please use this as a reference / example of how to present and what to include in the peer reaccreditation group report.

**NOTE:** This particular example is of a group that **met in 2020** and thus **had to meet online**. There are some aspects of this report (e.g. the electronic signatures) that will not apply if your group meets in person. Also, the screen shot (at the end of the report) of the Zoom meeting is optional.

**Example of a summary report to be submitted by peer reaccreditation group convenors**

**British Psychodrama Association (BPA)  
Summary Document and Report for  
Reaccreditation of:**

**NAME**

**NAME**

**NAME**

**NAME**

**dated XX<sup>th</sup> XXXXXXXXX 20XX**

**For: Natasha Campbell, British Psychodrama Association Administrator**

**From: NAME, convenor of the reaccreditation group for MY NAME (i.e. the convenor's name), NAME, NAME AND NAME**

**Date: XX XXXXXXXXXXXX 20XX**

**Dear Natasha**

This document contains the completed peer review forms (Appendix 4 of the BPA TAC/1 Policy for Registration and Accreditation for Psychodrama Psychotherapists, Supervisors and Trainers) for me and NAME, NAME and NAME.

In lieu of signatures on the various forms, I include below the emails that I have received, confirming from each person that they have read and approved the portfolios and evidence of the others. I, in turn, confirm this with this email. In all of the areas on the various 'Appendix 4' documents contained in this document, in lieu of signatures I ask that you please accept this affirmation by myself, with the evidence of the emails from NAME, NAME and NAME, that all appropriate boxes have been ticked and all signatures given. *This includes the box that affirms that the person unfamiliar with your practice has signed the form.* This is because we acted as that person for each other. I ask that you accept the document with this evidence rather than signatures because of the difficulties in obtaining signatures when convening meetings online. Our group met via Zoom.

For each person, this report includes their evidence of supervision and of insurance. It also includes their summary reflections, either on the form (hand written) or below the form as text.

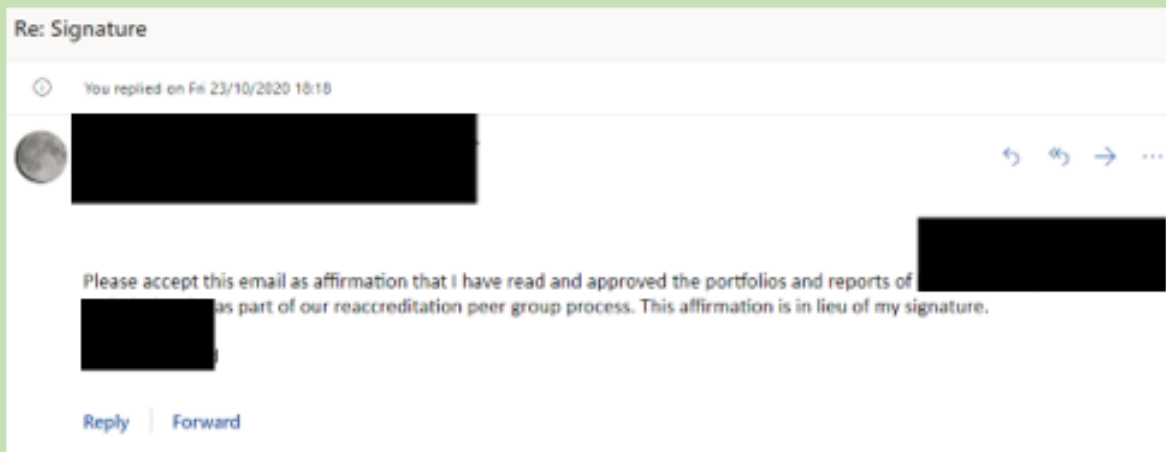
**In summary, please accept this report as my convenor's report and affirmation that the following people have met the requirements and are now confirmed as reaccredited until SPECIFY DATE FIVE YEARS FROM NOW: MY NAME, NAME, NAME and NAME.**

**Thank you and all good wishes**

**Signed: (electronic signature or actual signature) Dated: XX-XX-20XX**

**NAME printed / typed, Convenor of this reaccreditation peer group**

## Signature equivalent emails:



# Name - (Person 1)

## (Convenor of the group)

### Peer Review Form for Reaccreditation

Dated [redacted] 20XX

### Reflections from peer group meeting, [redacted] 2020

Our reaccreditation peer review group met on [redacted] for a four-hour meeting via Zoom. [redacted] experience. Each of us presented our portfolios of work to the others, answered questions, spoke about our work and our plans for the future. I received valuable feedback and [redacted]. I learned [redacted] experience. Our group met six weeks before this meeting in order to plan the meeting and to orient ourselves towards the documentation that we would need to assemble, forms to complete, when / how to submit the material, who was responsible for what, etc.

[redacted]

### Personal statement / reflection

During the past five years, I completed [redacted]

[redacted]

[REDACTED]

[REDACTED] rules and standards.

During the coming five years, I will continue my work as [REDACTED]

[REDACTED]

[REDACTED]

**“Appendix 4”** from BPA TAC/1 Policy for Registration and Accreditation for Psychodrama Psychotherapists, Supervisors and Trainers.

Appendix 4  
Quinquennial Re-Accreditation Review Form

- This form to be returned within two weeks of peer review meeting
- Please answer the questions below for the period since your last re-accreditation
- Attach any relevant documentation
- Retain a copy of this completed form as no documentation will be returned

Title	First Name	Last Name
	[REDACTED]	[REDACTED]
Postal Address		
[REDACTED]		
Email		
[REDACTED]		
Are you currently registered with the UKCP HIPC?		Any Other College?
<input checked="" type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No
Membership number		
[REDACTED]		
Original Training Organisation		
[REDACTED]		
Year of Qualification		
[REDACTED]		

**Professional Declaration**  
I enclose a photocopy of my Professional Insurance document  Yes  No

What arrangements have you made for your practice in the event of your death, accident, bereavement or illness leading to incapacity to work (professional will)?

Detail

[REDACTED]

Page 14 of 17

Policy number DATE

Names of supervisor/ regular peer supervision colleagues

[Redacted]

Please attach a statement signed by your supervisor/s

Please attach a copy of your reflective portfolio (not the full portfolio).

Peer Review Group

Names of Members	Signatures
[Redacted]	[Redacted]
Date of Meeting:	[Redacted]

I confirm on behalf of the above Peer Review Group that we have met with the applicant, verified evidence in the portfolio and recommend re-accreditation.

I recommend on behalf of the peer review group that the applicants re-accreditation be deferred pending evidence of additional criteria outlined below.

Details of additional criteria required for re-accreditation.

[Redacted]

Policy number DATE

Page 15 of 17

Signature of the member unfamiliar to you/your practice:

[Redacted signature]

Address:

Give a short summary of your reflections from your peer group meeting)

Details

[Redacted content]

Applicant

[Redacted name]

Date: 2

Please return this form and relevant attachments electronically to the BPA Administrator and Chair of TAC:

E-mail: administrator@psychodrama.org.uk Telephone: 07582 842231

accreditation@psychodrama.org.uk

## Certificates

Confirmation of supervision, received 5<sup>th</sup> [REDACTED]

[REDACTED] G

### **Statement of Supervision for [REDACTED]**

I confirm that the above named has attended individual supervision sessions with me on a regular basis [REDACTED]

[REDACTED] further registration as a UKCP registered psychotherapist.

[REDACTED]

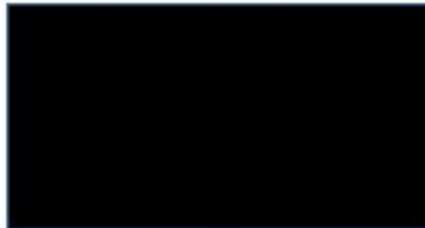
UKCP Registered Psychotherapist and Clinical Supervisor

UKCP Number - [REDACTED]

Confirmation of current professional liability insurance



Date: 07 February 2020



Renewing your Professional Liabilities Insurance

Towergate puts itself at the heart of what's important to you. As an insurance specialist we work hard to know our customers better than anyone else and we hope you have been happy with your policy and the relevant and personal service we provide.

Your Professional Liabilities Insurance is due for renewal on 05/03/2020 - and we'd like to invite you to accept cover for another 12 months.

**\*\*This claims made policy will only react to a claim being made against you whilst the policy is in force and active\*\***

**\*\*Please be aware that all cover ceases at expiry of the policy and no new claims can be reported to us\*\***

Providing you with a clear breakdown of what you are paying for is important to us. You will find this on the reverse of this page in the **Your Insurance Policy box** - this includes any additional products you may have selected as part of this policy.

Policy Reference:

[Redacted]

LC

ite:

05/03/2020

The total cost for your policy is:

mont

easy

Claims

01438 739731

pro.liability@towergate.co.uk



INVOICE	
Reason for Issue	Renewal
Client Name	[Redacted]
Policy Number	[Redacted]
Policy Reference	[Redacted]
Effective Date	[Redacted]
Expiry Date	[Redacted]
Premium	[Redacted]
Insurance Premium Tax at 12.00%	[Redacted]
Customer Service Charge	[Redacted]
<b>Total</b>	[Redacted]



Receipt	
Policy Reference	
Receipt Serial Number	
Transaction Date	
Payment Amount	
Payment Method	Paid in Full

# **Name – (Person 2)**

## **Peer Review Form for Reaccreditation**

**[Person's reflections, personal statement, Appendix 4 information, and evidence of supervision and insurance, included here, as per the example for Person 1]**

# **Name – (Person 3)**

## **Peer Review Form for Reaccreditation**

**[Person's reflections, personal statement, Appendix 4 information, and evidence of supervision and insurance, included here, as per the example for Person 1]**

# **Name – (Person 4)**

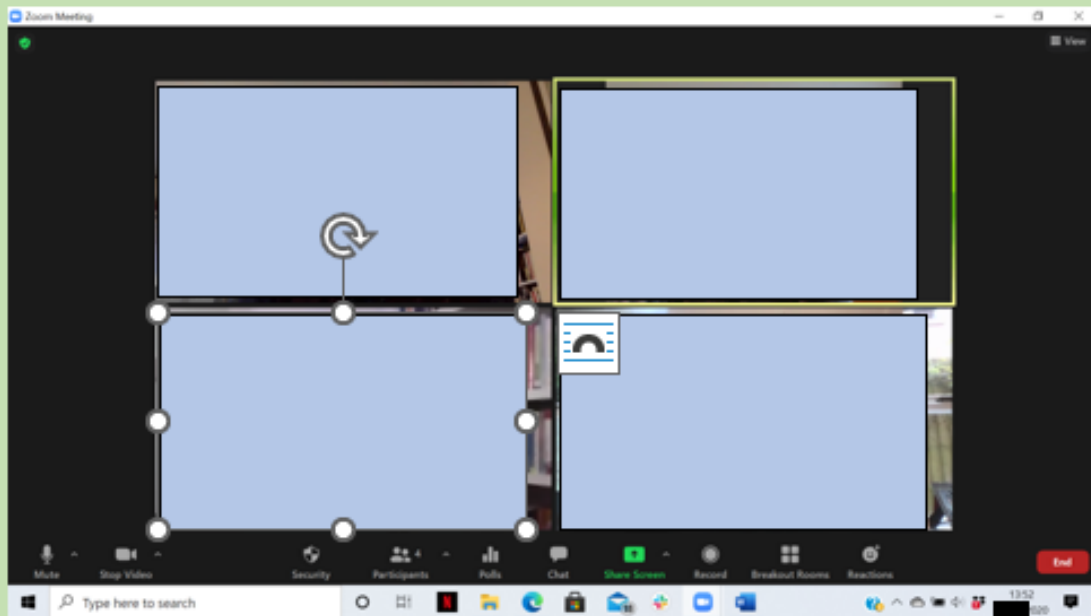
## **Peer Review Form for Reaccreditation**

**[Person's reflections, personal statement, Appendix 4 information, and evidence of supervision and insurance, included here, as per the example for Person 1]**

**(Optional):**

# Photographic record of the meeting,

**2020, on Zoom:**



**Checklist for BPA Administrator: to confirm correct evidence has been provided for each participant in the reaccreditation group.**

Name of participant / BPA member \_\_\_\_\_

Name of convenor of their peer reaccreditation group \_\_\_\_\_

Date of peer reaccreditation group report \_\_\_\_\_

1. Evidence of insurance? **Yes / No**
2. Evidence of supervision? **Yes / No**
3. Evidence that peer group read their portfolio (as per the boxes / items in the 'Appendix 4' section for their part of the report)? **Yes / No**
4. Was their portfolio approved by their peer group? **Yes / No.**
  - 4.1. If not, was a remediation plan agreed, e.g. additional criteria / further evidence needed? **Yes / No.** What is the planned follow-up with convenor and participant?

\_\_\_\_\_

Date confirmation sent by BPA Administrator to participant of their reaccreditation for five years: \_\_\_\_\_ 20\_\_

Person completing this checklist \_\_\_\_\_

Role / title: \_\_\_\_\_ Date \_\_\_\_\_