

British Psychoanalytic Council

Clinical responsibility protocol

From BPC Executive to all MIs

Introduction

The Registration Committee has now had sight of the various arrangements and systems of the MIs for the acceptance of and procedures for clinical responsibility for trainees' training cases.

Mindful of the various requirements of public protection, future regulation and MIs' needs, the following is the BPC protocol which should be in place after Easter 2012.

Protocol

The patient must be assessed by a Registered BPC Psychoanalytic Psychotherapist/ Psychoanalyst/Jungian Analyst who is CPD compliant. If there is no suitable referral, an assessment of the patient by such a practitioner must be done. The Clinical Responsibility Coordinator (CRC) and/or assessor and the supervisor together will discuss whether this is a suitable training case. The CRC will also be responsible for liaison with the NHS consultant if it is an NHS case.

The CRC will receive 6 month reports from supervisor and trainee.

In the situation where all training cases come from, and are assessed by, a clinic held within the relevant MI, the clinic coordinator can be considered as the CRC.

Whoever acts as CRC must be part of a committee or other group where the case is discussed regularly – although in practice the clinical responsibility is held within a small committee, there does need to be a named person. In the absence of such a person, this role will be deemed to be held by the Course Director/ Head of Training.

Where the training case is an NHS case, the local NHS arrangements in respect of a responsible clinician (e.g. RMO) will also need to be included, but this person cannot be the CRC for the case unless they are also a member of the training committee.

There needs to be a written contract between the trainee, supervisor and CRC and NHS consultant where appropriate, detailing the responsibilities of each, and specifying what will happen if either the supervisor or the CRC have concerns about the safety of the patient and/or trainee, or if they have concerns about the progress of the treatment.

The trainee will agree to discuss all aspects of the case with the supervisor.

(Attached is a pro forma contract setting out the arrangements between the training institution / supervisor and the trainee, which can be adjusted to take account of local specific arrangements)

All parties – trainee, supervisor and training – should have insurance.

Trainees seeing cases other than training cases

Generally, the BPC recommend that this should not happen unless the trainee is seeing cases as part of their paid employment.

If however an MI decides that the trainee needs to see additional patients to extend their experience as part of their training, they need to provide a 'suitably qualified person' to have clinical responsibility for the case even though it is not a training case. This applies when the trainee is seeing patients in a private capacity, or where a trainee has a placement wherein there is not another system for accepting clinical responsibility for psychoanalytic treatment.

If the trainee's other qualifications would equip them to work independently, they should not use the title *psychotherapist* until they are qualified.

Please see also:

Discussion doc on Clinical Responsibility March 2011
Proforma contract for clinical responsibility 2011