

Feedback from the IPSIG Committee With Regard To The Draft Strategic Plan

We appreciate that the Draft Strategic Plan was circulated for comments in February 2019, with a response deadline of March, but, nonetheless, we hope that the Board will take note of our comments despite their being submitted in August 2019. The IPSIG Committee would welcome the opportunity to discuss the issues raised below with other BABCP colleagues.

This feedback is informed by a Survey Monkey survey of our membership and a consultation we held as part of a training day on May 11th 2019. The survey asked very general, open questions and was intended to canvas for ideas and suggestions rather than identify what proportion of our membership would support specific proposals. Whilst the proposals below are informed by the survey and training day, they represent the collective opinion of the IPSIG Committee.

Streamline accreditation, especially the KSA route

Whilst we do not want to see a reduction in the relevant standards i.e. therapist competence, experience, and qualifications, we would like to see the process of application made easier. Colleagues have told us that they have sought accreditation with other bodies because they found constructing a portfolio for their BABCP accreditation application too onerous.

BABCP accreditation as the gold standard for CBT practitioners.

Our members tell us that a key reason for belonging to BABCP is the accreditation. However BABCP itself, and the BABCP accreditation does not enjoy a very high public profile and we have the impression the profile is dropping. We are losing ground to the BACP and BPS. We think BABCP should be devoting more resources to promoting BABCP accreditation by ensuring BABCP and BABCP accreditation is mentioned in more psychotherapy, mental health, and CBT-related news stories in the mass media and social media and by lobbying Psychotherapist employers, especially within the NHS, to make BABCP accreditation a requirement for employment as a CBT psychotherapist. Accreditation is underpinned by a robust complaints process. We would like to see BABCP publish information on what complaints are made and whether they are upheld.

A Better Designed And More Useful Website

The existing site is old and stale. BABCP announced there would be the facility for accredited practitioners to record their CPD online via the BABCP website five years ago. We have correspondence with Chris Williams from three years ago noting the BABCP web site would be revamped shortly, and that key features of the IPSIG web site would be incorporated into the new site. Deadlines for these changes keep passing. Guidance for independent practitioners such as what business expenses can be claimed against tax; information about sickness pay; lone working; pensions etc should be made available on the BABCP web site. We would be pleased to help contribute to this resource. The BABCP web site needs to be more visually appealing, accessible, and relevant to the needs of both members, and the public.

Membership Services And A Customer Service Ethos Extended To Members

We support last year's changes to the Memorandum and Articles of Association recognising BABCP as a membership body. We would support further changes to enable

SIGs to raise their own funds by charging membership fees of their own, and for services to members in addition to training.

By their nature, SIGs draw their membership from all over the country, unlike branches. We would like BABCP central funding made available to cover the costs of at least one face-to-face SIG meeting and AGM annually.

We agree that the PSA quality mark would benefit members and support the Board in pursuing this standard.

We would like to see the development of a customer service culture towards BABCP members. We do not think commitments to CBT and to research in CBT are sufficient motivating factors for some CBT practitioners to retain their BABCP membership in the long term. BABCP has an arrangement with Balens to provide practice insurance at a beneficial rate to its members. This benefits BABCP members and the organisation, which receives payments from Balens when members sign up. We would like to see this approach applied to other goods and services, such as office space, practice management software, and office supplies.

Independent Practitioner Support

We were surprised how strongly feedback in the survey and comments made at our May 11th day indicated the degree of isolation IPSIG members feel. We would like to see BABCP producing materials for practitioners starting out in independent practice; running workshops and webinars; fielding individual enquiries; and developing mentoring support, clinical supervision, and peer-to-peer-networks. Some of this provision would best be done centrally, by head office, and some by the IPSIG. We would appreciate further discussion about internal areas of responsibility and the provision of funding for these activities.

Setting Standards For Referral Agencies

Independent practitioners regularly complain about the diversity of administrative systems and contracts of third party referral agencies, many of which appear not to be designed with end users or CBT practitioners in mind. We think this situation represents a business opportunity for BABCP. BABCP could set some practice standards (e.g. for maximum acceptable delays between assessment and treatment; therapist remuneration for failures to attend; guidelines on confidentiality and reporting etc) and build these standards into a kite-marked referral agency accreditation system. Agencies could be invited to pay for accreditation. This would raise service delivery standards and generate income for BABCP.

Adam May

Chair, IPSIG, on behalf of the IPSIG Committee.