

MIP - UKCP ACCREDITATION HANDBOOK

SEPTEMBER 2020

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INTRODUCTION

This handbook is information required for MIP graduates who are planning to be registered by MIP as UKCP psychotherapists. They will then sit in the Humanistic Integrative Psychotherapy College within the UKCP.

All the information in this handbook is accurate at the time of writing, July 2020. Please note that if there is any new information which is required by the UKCP for the registration process we will add this to the handbook as soon as the UKCP inform us of the new documentation.

Also, please note that though you can put this documentation together on an individual basis with a MIP trainer, it is far better and more supportive that you put the portfolio together with the support of the MIP registration training group.

On a final note, if you decide to put your portfolio together individually, it must be with a MIP trainer as it is the trainer who evaluates your case study and audio recording transcript and it is MIP that registers you for UKCP purposes.

General Information with regards to Panels

The final process for formal registration by MIP with regards to the UKCP process is that the candidate will need to attend one of the panels where the final documentation is submitted, and panel members will endorse the candidate with regards to readiness for MIP registering the candidate for UKCP purposes. Once MIP has formally registered the candidate to the UKCP, the candidates after applying for full clinical membership to the UKCP, will be formally titled **A UKCP Psychotherapist**.

Please remember that you will need to inform your trainer who is responsible for the registration group the timetable when you wish to put the documentation together and finally attend the panel process.

The MIP registration “panels” meet twice a year - January and July - please note that all documentation will need to be completed at least one month before the panel meets.

THE FOLLOWING ARE THE REQUIREMENTS THAT NEED TO BE SUCCESSFULLY COMPLETED FOR MIP TO BE ABLE TO REGISTER FOR UKCP PURPOSES:

Clinical Case study

A Clinical case study of 10,000 words

This will be taken from student's own field of clinical practice and will need to show competent translation into practice of concepts and methods.

It is particularly important for the student to show his/her role as a Psychotherapist and not focus on the client only in the course of therapy, but on the relationship between the student's process (and interventions) and the client's process.

The case study should be typed, double-spaced on one side of the paper only, and should be 10,000 words in length. Mention must be made of the authors from whom the concepts are taken, and a bibliography in alphabetical order must be included at the end of the case study. Pages should be numbered at the bottom of each page consecutively.

The following guidelines are a checklist of what needs to be included.

Introduction -

This should be a brief overview to help the examiner become familiar with the client and client's initial process. It should not be overly comprehensive and normally not exceed 20% of the case exploration. The following are some guidelines of material for inclusion.

1. Brief description of client:

- * Sex, age, marital status, members of the family at present, social relationships at present, job status.
- * Source of the referral.
- * Other therapy, medical/ therapeutic history.

2. Presenting problems/ situation/ purpose of therapy: why she/he came, expectations realistic otherwise.
3. Initial contracts or agreements established.
4. First impressions:
 - * General appearance
 - * Physical stature and posture
 - * Mannerisms
 - * Voice quality
 - * Movement
 - * Self/environmental support
 - * Quality of contact
 - * Other
5. Therapist's initial reaction to client
 - * Likes/dislikes /curiosity ...
 - * Early "hunches"
 - * Who might I represent to the client?
 - * What immediate pitfalls might present in the parallel process?
6. Give historical information about your client in the following areas
 - * Family
 - * Development
 - * Medical
 - * Sexual relationships
 - * Significant relationships

- * Education
- * Works and employment

7. Initial Diagnostic Picture

- * Give a diagnosis based on Transactional Analysis, analysing the client's present situation using two or three Transactional Analysis concepts.
- * Give a diagnosis on the basis of a non TA system that is familiar to you. For example, from the last edition of the Diagnostic and Statistical Manual of Mental Disorders.
- * Describe how you arrived at this diagnosis, and show how you made differential diagnoses to exclude other options

8. Define the presenting problem, making a clear distinction between your understanding and your client's point of view.

9. What was the final treatment contract between you and your client?

10. Treatment plan

- * Describe your overall treatment plan referring to your diagnosis of the client.
- * What did you envisage to be the stages and final goal of your treatment?

The Psychotherapy Process

Summarise the psychotherapy process, describing its separate stages and using appropriate Transactional Analysis concepts to describe what is happening. Give examples of your interaction with client, including literal

transcripts, focussing in particular on your significant interventions and how the client responded.

- * Note any connections between your interaction and the problem that you defined in the beginning
- * State to what extent you consider the contract or contracts to have been completed and what criteria you used to assess this
- * Describe difficulties you experienced with transference and counter transference phenomena with your relationship with the client.
- * Include description of your use of supervision

Prognosis

- * Describe the present state of the treatment process and say whether you are still working with this client
- * What is your prognosis?

Concluding remarks

- * Describe your learning experience during your work with this client. For example, Mistakes –realisations / what I would have done there been a rewind button.
- * Particular rewards, sources of satisfactions, “what I’m proud of “, “what I did not regret “.

Assessment

From the Case Study (as with the audio recording transcript) the examiners will be looking for evidence of the student's integration of theory, skill, self-support and ethical practice

Specifically, the students will be assessed in the following 7 areas:

1. Problem formulation (the ability to formulate the client's problem in terms of Transactional Analysis
2. Effectiveness (clarity, precision, timing, and effectiveness of interventions)
3. Intuition and Creativity (range, flexibility and creativity of therapist's approach.)
4. Quality of contact between psychotherapy and client (including the awareness and availability of therapist's own process)
5. Professionalism (Awareness of ethical considerations and limits of own competence).
6. Anticipations and Predictions of Psychotherapy Process.
(The ability to chart the direction of psychotherapy).
7. Theory (Knowledge of significant aspects of Transactional Analysis psychotherapy theory revealed in the dissertation case study).

AUDIO RECORDING AND AUDIO RECORDING TRANSCRIPT WITH COMMENTARY

An audio recording, together with a typed transcript with commentary, of the student engaging in psychotherapy with a client, is submitted for critical analysis. It is not required, but it is recommended, that the audio recording be your case study client.

The recording will be approximately 50 minutes duration and should not be longer than this. The Transcript will be a maximum of 20 minutes. The student will submit the audio recording of the whole session and it must not have been edited.

Appropriate quality

Sound must be of a good quality so that both student and client can be understood without difficulty (low background noise/interference).

There should be relatively fluent interaction, i.e. breaks in the audio recording will not normally be too long.

It is particularly important that the audio recording demonstrates the student's work.

His/hers interventions/comments will need to be heard, at frequent intervals throughout.

It is important to bear in mind that the recording is not meant to show a brilliant psychotherapist, and "flaws" may be commented upon constructively.

THE TRANSCRIPT WITH COMMENTARY

The transcript will be a maximum of 20 minutes.

The transcript with commentary will be typed on A4 paper.

Presentation:

The audio recording will have a transcript typed on A4 paper and typed on the left hand 2/3rds side of each page. On the right hand 1/3 side of each page the trainee will type their commentary (eg observations, speculations, personal reactions to the client, interventions and client's reaction, relevant theoretical reflection).

This will provide simultaneously, verbal sound, transcript and commentary.

The transcript may include appropriate supporting material, e.g. a seating plan if a group/couple; a brief prologue and epilogue

The student is asked to include a Prologue – in which the client is introduced and his/her presenting difficulties outlined – and an Epilogue – which discusses how the work has helped the client move on or how the therapeutic relationship is changed in some way.

Each transaction in the transcript, by both the client and trainee, is to be numbered, eg CL1 and T1 consecutively.

Page will be numbered consecutively at the bottom of each page.

Assessment Criteria

From the audio recording transcript, the examiners will be looking for evidence of the student's integration of theory, skill, self-support and ethical practice. Specifically, the students will be assessed in the same 7 areas as with the case study:

1. Problem formulation (the ability to formulate the client's problem in terms of Transactional Analysis).
2. Effectiveness (clarity, pacing, timing of interventions).
3. Intuition and Creativity (range, flexibility and creativity of therapist's approach).
4. Quality of contact between Psychotherapy and Client (including Awareness and availability of therapist's own process).
5. Professionalism (awareness of ethical considerations, boundaries, and limits of own competence).
6. Anticipation and Predictions of Psychotherapy Process (the ability to chart the direction of psychotherapy).
7. Theory (knowledge of significant aspects of Transactional Analysis theory, revealed in the case study).
8. Culture, diversity and empathy to the client's frame of reference.

Preparing The Audio Recording

Sound must be of good quality so that both trainee and client can be understood without difficulty.

There should be relatively fluent interaction, ie breaks in the audio recording will normally not be too long.

It is important that the recording demonstrates the trainee's work. His/her intervention/comments will need to be heard at frequent intervals throughout.

It is important to bear in mind that the audio recording is not meant to show a brilliant psychotherapist and “flaws” may be commented upon constructively.

The transcript may include appropriate supporting material, e.g. a seating plan or room plan; if it's a group/couple; a brief prologue and epilogue.

**10,000 WORD CASE STUDY TUTOR FEEDBACK FORM
TRANSACTIONAL ANALYSIS PSYCHOTHERAPY COURSE
WITH AN INTEGRATIVE APPROACH**

Student's Name _____ **Date** _____

Marked By _____ **Grade** _____

1. ORGANISATION & PLANNING

(Shows a clear structure, the use of diagrams, is grammatically correct, and keeps to word count)

2. PROBLEM FORMULATION

(Diagnosis and assessment, contracting and differential diagnosis)

3. INTUITION & CREATIVITY

(Pacing, use of techniques, concepts and Schools of TA)

4. APPLICATION OF THEORY TO PRACTICE

(Able to demonstrate a clear understanding of the client's process through application of practice to theory)

5. QUALITY OF CONTACT

(Reflections, use of transference and intersubjectivity)

6. PROFESSIONALISM (Shows awareness of ethical issues according to the UKCP Code of Ethics and Professional Practice, of diversity and culture, and of limits of own competence. Evidences the effective use of supervision)

7. CONTRACT RESOLUTION

(Retrospective considerations and future prognosis, if applicable)

MARKING CRITERIA FOR 10,000 WORD CASE STUDY PSYCHOTHERAPY COURSE IN TRANSACTIONAL ANALYSIS WITH AN INTEGRATIVE APPROACH

Student's name _____

Date _____

Marked by _____

Grade _____

	A	B	C	D	U
1. ORGANISATION AND PLANNING (Shows a clear structure, the use of diagrams, is grammatically correct with few errors, does not plagiarise and keeps to the word limit. Referencing is accurate.)					
2. PROBLEM FORMULATION (Diagnosis and assessment, contracting and differential diagnosis)					
3. INTUITION AND CREATIVITY (Pacing, use of techniques, concepts and Schools of TA)					
4. APPLICATION OF THEORY TO PRACTICE (Able to demonstrate a clear understanding of the client's process through applying theory to practice)					
5. QUALITY OF CONTACT (Reflections, use of transference and intersubjectivity).					
6. PROFESSIONALISM (Shows awareness of ethical issues according to the UKCP Code of Ethics and Professional Practice, of diversity and culture, and of limits of own competence. Evidences the effective use of supervision.)					
7. CONTRACT RESOLUTION (Retrospective considerations and future prognosis, if applicable)					
Grading Scale A. Excellent in most respects B. Very good in most respects C. Good in most respects D. Satisfactory in most respects U. Unsatisfactory - some aspects of the case study need further work (see feedback sheet from marker)					

GRADING SCALE FOR 10,000 WORD CASE STUDY

Grade Descriptor	Criterion Grade	Numerical Grade	<i>Cut off points between grades</i>
Excellent in most respects	A	22	17.5
Very good in most respects	B	16	14.5
Good in most respects	C	13	12.5
Satisfactory in most respects	D	11	9.5
Unsatisfactory, needs further work	U	8	-

How to mark using grading scale:

1. Assign a relevant grade (A-D, and U) to each criterion on the Marking Criteria Sheet.
2. Using the above table convert each alphabetical grade to a corresponding numerical grade.
3. Add them up and divide by 7 to get the average number.
4. Change the number back to a letter. This is the overall grade.
5. The last vertical column gives you the cut-off points between grades.

AUDIO RECORDING TRANSCRIPT - GUIDELINES

1. AUDIO AND TRANSCRIPT WITH COMMENTARY

It is not required, but it is recommended, that the audio recording be your case study client. The transcript will be a maximum of 20 minutes. The student will submit to the marker the audio recording of the whole session and it must not have been edited.

The Audio - appropriate quality

The recording will be of approximately 50 minutes duration and should be no longer than this.

Sound must be of a good quality so that both student and client can be understood without difficulty and without background noise or interference.

There should be relatively fluent interaction, i.e. silences in the recording will not normally be too long.

It is particularly important that the recording demonstrates the student's work. His/her interventions and comments will need to be heard at frequent intervals throughout.

It is important to bear in mind that the recording is not meant to show a brilliant psychotherapist, and errors may be commented upon constructively.

2. THE TRANSCRIPT WITH COMMENTARY

The transcript will be a maximum of 20 minutes and the commentary will be typed on A4 paper.

On each page:

- * The transcript will be typed on the left-hand side, across two-thirds the width of the page. Next to it, on the right-hand third of the page the student will type their commentary. This can be set up in MS Word.
- * This commentary will include observations, speculations, personal reactions to the client, interventions and client's reaction, relevant theoretical reflection and any other comments pertinent to the process.
- * The transcript may include appropriate supporting material if it is of relevance to the client's process.
- * The transcript will include a **Prologue**, in which the client is introduced and their presenting difficulties outlined, and an **Epilogue**, which discusses how the work has helped the client move on or how the therapeutic relationship is changing.
- * Pages will be numbered consecutively at the bottom of the page.

**AUDIO TRANSCRIPT - TUTOR FEEDBACK FORM
TRANSACTIONAL ANALYSIS PSYCHOTHERAPY COURSE
WITH AN INTEGRATIVE APPROACH**

Student's Name _____ **Date** _____

Marked By _____ **Grade** _____

1. PROBLEM FORMULATION

(the ability to formulate the client's problem in terms of Transactional Analysis psychotherapy from an Integrative approach as demonstrated in the prologue)

2. EFFECTIVENESS

(clarity, precision, timing and effectiveness of interventions)

3. INTUITION & CREATIVITY

(Range, flexibility and creativity of therapist's approach)

4. QUALITY OF CONTACT BETWEEN PSYCHOTHERAPIST AND CLIENT

(including the awareness and availability of therapist's own process, transference and counter-transference)

5. PROFESSIONALISM

(therapist demonstrates an awareness of diversity, ethical, cultural issues and the limits of their own competence)

6. ANTICIPATION AND PREDICTIONS OF PSYCHOTHERAPY PROCESS

(ability to chart the direction of the psychotherapy which will be reflected in the prologue)

7. THEORY

(knowledge of significant aspects of Integrative Transactional Analysis psychotherapy theory)

MARKING CRITERIA FOR THE AUDIO TRANSCRIPT PSYCHOTHERAPY COURSE IN TRANSACTIONAL ANALYSIS WITH AN INTEGRATIVE APPROACH

Student's name _____ Date _____

Marked by _____ Grade _____

	A	B	C	D	U
1. PROBLEM FORMULATION (the ability to formulate the client's problem in terms of Transactional Analysis psychotherapy from an Integrative approach as demonstrated in the prologue.					
2. EFFECTIVENESS (clarity, precision, timing and effectiveness of interventions)					
3. INTUITION AND CREATIVITY (range, flexibility and creativity of therapist's approach)					
4. QUALITY OF CONTACT BETWEEN PSYCHOTHERAPIST AND CLIENT (including the awareness and availability of therapist's own process, transference and counter-transference).					
5. PROFESSIONALISM (therapist demonstrates an awareness of diversity, ethical, cultural issues and the limits of their own competence)					
6. ANTICIPATION AND PREDICTIONS OF PSYCHOTHERAPY PROCESS (ability to chart the direction of the psychotherapy which will be reflected in the prologue)					
7. THEORY (knowledge of significant aspects of Integrative Transactional Analysis psychotherapy theory)					
Grading Scale A. Excellent in most respects B. Very good in most respects C. Good in most respects D. Satisfactory in most respects U. Unsatisfactory - some aspects of the case study need further work (see feedback sheet from marker)					

Grading Scale for Audio Transcript

Grade Descriptor	Criterion Grade	Numerical Grade	Cut off points between grades
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Excellent in most respects	A	22	17.5
Very good in most respects	B	16	14.5
Good in most respects	C	13	12.5
Satisfactory in most respects	D	11	9.5
Unsatisfactory, needs further work	U	8	-

How to mark using grading scale:

1. Assign a relevant grade (A-D, and U) to each criterion on the Marking Criteria Sheet
2. Using the above table convert each alphabetical grade to a corresponding numerical grade
3. Add them up and divide by 7 to get the average number
4. Change the number back to a letter. This is the overall grade
5. The last vertical column gives you the cut-off points between grades

MENTAL HEALTH FAMILIARISATION PART TWO (PLACEMENTS)

Mental Health Familiarisation is a required component of UKCP and HIPC accredited trainings.

Psychotherapists will require awareness, knowledge and understanding that equips them to work within or alongside other mental health professionals and services, with clients who have extraordinary needs and with family members of mental health service users.

Psychotherapists will require an understanding of their role within a system of restoring balance and justice towards better treatment of people with exceptional needs and prevention of additional mental health distress caused by normative social expectation and/or exclusion.

Therefore, trainees are required to understand the wider contexts and considerations of mental health provision to develop sensitive and reflexive practice of psychotherapy appropriate to the needs of people who experience significant mental difficulties and emotional distress.

HIPC believes experiential learning supports in depth engagement, levels of understanding and reflection different from those gained through direct teaching or individual study. Students are required to undertake an element of direct experience as part of their mental health familiarisation.

1. The Social Responsibility Framework

Psychotherapists need opportunities to understand the historical and cultural influences on societal understanding of, and attitudes to, mental health and illness. To develop a capacity to work reflexively within a social responsibility framework. These can be gained through training input, placement experience, or a combination of the two, including relevant coverage of the following:

- a) Historical and cultural models of mental health, illness and mental health care.
- b) The impact on mental health service users and their families of diagnosis, stigma, normativity and minority experience.
- c) The influence of socio-economics, class, gender, disability, age, culture, religion, race and sexuality on the incidence, definition, diagnosis and treatment of mental illness and mental health.
- d) The intensifying impact of intersectionality (where a person belongs to more than one marginalised group).
- e) Familiarity with the role of minority community organisations and mental health advocacy organisations and how to engage with them.
- f) Practices for non-discriminatory service provision.

2. Working within a Wider System of Care

Psychotherapists require knowledge, understanding, sensitivity and awareness which equips them to work within and alongside other mental health services in the field.

- a) Recognition that clients with more complex, significant, enduring or exceptional needs, including how to differentiate between severe mental illness and the range of human responses to life challenge, such as trauma, shock, bereavement and spiritual crisis.
- b) How and when to refer on to appropriate inter-disciplinary professionals and relevant agencies.
- c) When to provide, when necessary, psychotherapy as part of an appropriate package of care including the parameters for keeping therapeutic work safe with severely disturbed people.
- d) The social and cultural context in which service is delivered to understand and empathise with the lived experience of service-users.
- e) The different personal and professional roles in care for people with complex or enduring needs including current knowledge of local services.
- f) An informed and critical awareness of the differences in paradigms between the medical model and a psychotherapeutic approach including the psychotherapist's role in collaborative care.
- g) The psychotherapist's role in the provision of non-discriminatory services.
- h) The role of medication (prescribed and non-prescribed) and its impact.
- i) Ethical and legal consideration pertaining to the above including appropriate familiarity with the Mental Health Act 2007 and the Equality Act 2010.
- j) The basic structure of the mental health services in the UK, and the role of NICE guidelines.
- k) Diagnosis and classification of mental illness within the medical model including a working knowledge of the DSM V and a capacity to reflect on and evaluate its use as a system of assessment.
- l) The types of interventions and treatments used, their rationale and side effects.
- m) Understanding and appreciation of different professional and personal roles in mental health care.

- n) How to work in a client-centred way which safeguards the wellbeing of the client (and their dependents) and ensures that the psychotherapy received forms part of an appropriate package of care.
- o) When and how to make appropriate referrals to other professional agencies.

3. Direct Experience

The developmental process of learning which integrates knowledge and experience can be gained through training input or direct experience, or a combination of the two. Some element of direct experience is required, as this is likely to be relevant to fully attaining the overall aims of mental health familiarisation process.

Training and accrediting organisations have discretion to require up to a maximum of 120 hours of direct mental health experience within the overall 900 training hours. They should include their requirements and the reasons for them within policy.

4. Experiential Learning

HIPC believes experiential learning supports levels of understanding and reflection different from those gained through direct teaching or individual study. Students are, therefore, required to undertake some element of direct experience. This may be met in a variety of ways including working, volunteering, attending events or otherwise spending time in settings such as the following:

- community mental health centres,
- psychiatric wards,
- day centres or drop in centres,
- voluntary organisations such as Mind,
- advocacy services,
- community services,
- specialist services such as those of homeless people,
- attending events held by groups such as the Schizophrenia and Bipolar Foundations, and the Recovery Learning Community.
- Adult Eating Disorder Clinic
- Addiction/Rehab Agencies
- Geriatric Mental Health Services
- Alzheimer's Clinic/Day Centre

This list is meant to be indicative and is not comprehensive.

There may be occasions where students have gained direct experience in their personal lives, professional careers, by undertaking research or in their counselling or psychotherapy practice. This may be included in students' experiential learning, however its relevance and currency must be demonstrated within the assessment.

MIP will Provide:

- * A range of training input, such as lectures and seminars, visits by external speakers (including service user groups) to support students achieving the aims of the MHF.
- * Support personal learning by providing access to, or signposting trainees to learning resources such as written materials, documentaries, films and videos.
- * Offer support to help students access appropriate experiential learning opportunities.
- * Make clear to students their responsibilities and limitations in undertaking experience in the field.
- * Manage the minimum requirements for experiential learning which balance opportunities for in depth engagement and learning with ensuring accessibility for a diverse student body.
- * Provide ways for students to evidence their experiential learning activities.
- * Create assessment procedures whereby students can demonstrate their learning.
- * Provide a rationale and documentation for the approach taken.

Trainees are expected/required to:

1. Take responsibility for arranging placements or direct experience elements to meet the Mental Health Familiarisation requirements.
2. Take responsibility for taking up opportunities to attend appropriate training input provided by their training organisation or other bodies.
3. Take responsibility for demonstrating that they can meet the requirements of the Mental Health Familiarisation in line with the UKCP HIPC College.
4. The trainee needs to write a short report, 1500 words, of their experience within the Mental Health placement outlining:
 - the agency's mission statement
 - the service user base
 - support received by the agency
 - the student's internal reflections overall of their experience of the placement.

5. The trainee must have a minimum of three different and distinct placement experiences in mental health settings, minimum 60 hours in total. Please note maximum 120 hours in totality.

There may be occasions where trainees have gained direct experience in mental health settings in their personal and professional careers. However, if their direct experience is not within the last 5 years from MIP graduation then they would still need to evidence 70 hours of current direct mental health experience.

6. Trainees will need to evidence their attendance at the mental health placement they work within, and this will need to be evident in their portfolio, with their short reports of 500 words per placement experience.

Additional Information:

It is important not to confuse the clinical placement that you completed in your 4 year training with the mental health placement for UKCP registration purposes. If you completed your clinical placement within one of the mental health services it cannot be counted towards the mental health familiarisation direct experience, as this would mean the student would be short of the expected 900 hours overall to complete UKCP registration.

As well as this, the focuses of the two placements are distinctly different in nature and experience.

Approved at UKCP HIC college meeting 12th July 2018. Discussed at and amended after the UKCP ETPC meeting July 20th July 2018.

Approved by MIP February 2019.

(updated June 2019)

MIP UKCP ACCREDITATION

PANEL MEMBER GUIDELINES FOR PORTFOLIO

These instructions are guidelines for Panel Members for marking the candidate's portfolio.

Please read the portfolio, sign the checklist and email or post the checklist back to MIP before the candidate's panel.

Panel Member is required to:

- * Verify they have read the documentation outlined in the portfolio that has been sent to them by the candidate.
- * Verify that the candidate has successfully completed and evidenced all requirements.
- * Confirm, via the checklist, that the candidate has included all relevant documentation required by MIP and UKCP for full clinical membership and acceptance on the UKCP register.
- * If the panel member finds some "inaccuracy" or "documentation missing" from the candidate's portfolio they must contact MIP as soon as possible, in order that the candidate has time to resolve the issue, so that you can sign the checklist which needs to be sent back to MIP before the candidate can be put forward for the "live" panel.

Please remember that without the completed checklist, the candidate will not be able to go forward to the panel.

- * Ensure that if there anything is missing from the portfolio, MIP is notified as soon as possible.

MIP - UKCP ACCREDITATION

PANEL MEMBERS CHECKLIST

(please indicate in the box after verification of the related documentation).

- ☐ Copy of MIP Diploma (this indicates all the parallel obligations that the candidate will have to have achieved, ie training hours, therapy hours etc., to achieve the diploma)
- ☐ Statement from candidates and candidates' supervisor that the candidate has completed 450 clinical hours – please remember that the placement hours count for 100 of the 450 clinical hours.
- ☐ Evidence of 150 CPD/ALD hours
- ☐ Evidence of 75 hours supervision
- ☐ Copy of 10,000 word case study and a brief statement from their supervisor of successful completion. (This is where the supervisor might want to give some positive strokes).
- ☐ Copy of their 20 minute audio transcript and a brief statement from their supervisor of successful completion.
- ☐ Evidence of 60 hours acquired through the three mental health placements that they have participated in. A brief synopsis of no more than 500 words is required detailing what they gained therapeutically from their experience. Also, they will need a brief statement from their placement manager about attendance and competency.

Candidate Name

Panel Member Signature Date

Please sign and date this form and send back to MIP by email to bob@mcpt.co.uk or by post to MIP, 454 Barlow Moor Road, Chorlton, Manchester M21 0BQ.

MIP-UKCP ACCREDITATION PANEL VIVA

CANDIDATE GUIDELINES

This panel will be made up of one to three senior MIP trainers. It is important that the candidate is punctual and arrive at the time allocated for the panel session. Due to the Covid-19 situation, the 26th July 2020 panel will be by Zoom.

- * The accreditation process will be of 20-30 minutes duration.
- * If the candidate has any boundary issues with a member of the panel, this must be disclosed as soon as possible, to allow MIP to instate a trainer.
- * The panel is a 'verification and celebration process' and the candidate's portfolio will have been reviewed and verified in the month before the live panel by the panel members. Therefore, it is important that the candidate sees the panel as a 'passage of rites' rather than an examination or evaluation process.
- * Once the panel members have talked with the candidate or raised any queries or 'curiosity' questions, the chair of the panel will speak on behalf of the whole panel when verifying the readiness of the candidate for application to the UKCP for full clinical registration.

MIP - UKCP PANEL VIVA

CANDIDATES CHECKLIST OF REQUIREMENTS FOR PORTFOLIO

- Copy of MIP Diploma (this indicates all the parallel obligations that the candidate will have to have achieved, ie training hours, therapy hours etc., to achieve the diploma)
- Statement from candidates and candidates' supervisor that the candidate has completed 450 clinical hours – please remember that the placement hours count for 100 of the 450 clinical hours.
- Evidence of 150 CPD/ALD hours
- Evidence of 75 hours supervision
- Copy of 10,000 word case study and a brief statement from their trainer of successful completion. (This is where the trainer might want to give some positive strokes).
- Copy of their 20 minute audio transcript and a brief statement from their trainer of successful completion.
- Evidence of 60 hours acquired through the three mental health placements that they have participated in. A brief synopsis of no more than 500 words is required detailing what they gained therapeutically from their experience. Also, they will need a brief statement from their placement manager about attendance and competency.

FEES AND COSTS

*	Registration Group per module	£70
*	10,000 word case study - reading	£200
*	20 minutes Transcript - final marking	£100
*	Admin costs with regards to panel and second reading of case study and audio transcript	£600

Revised September 2020

REGISTRATION FLOWCHART

