CPD Requirements for Full Membership of the Irish Analytical Psychology Association (IAPA )

A commitment to Continuing Professional Development is, and has always been, a requirement for those who wish to gain or retain accreditation with the IAPA. Our umbrella organisation, the Irish Council for Psychotherapy, (ICP) has made mandatory a vouched record of such CPD as a condition for reaccreditation as well as a basis for the granting of a professional licence when statutory registration of psychotherapists becomes a reality.

To this end, there are three developmental strands which constitute CPD for IAPA Full Members.

These are:

1. **Strand One** The continuing care and development of the person
2. **Strand Two** The continuing care and development of personal professional abilities
3. **Strand Three** The continuing care, development and professional regulation of the profession of Analytical Psychology, particularly as represented by the IAPA in this jurisdiction

**Members are required to show evidence of a minimum of 50 hours CPD per year, seventy per cent of which must be in the specific area of Analytical Psychology.**

*Strand One*

Activities of self-reflection such as meditation, personal therapy, self-care activities, personal development, participation in work related to personal responsibilities. **(cf. IAPA Code of Ethics, Section VI, (b) “Members are required to maintain their physical and mental health …”)**

*Strand Two*

Activities developing and enhancing personal professional competence and encouraging the development of others, such as attendance at advanced/additional professional trainings; engagement in professional supervision and peer **supervision (mandatory minimum 15 hours/year)**; attendance at Jungian conferences, symposia, lectures, workshops, reading and discussion groups **(mandatory minimum 20 hours per year )**; publication of professional works **(10 hours per year maximum)**; participation in training, teaching, supervising, researching; engagement in professional activities in related fields – e.g. mental health studies, sociology, anthropology, relevant literature studies, specialised practices, etc. IAPA February 2016 **(cf. Section VI, (a), ibid. “…keeping abreast of current clinical and theoretical advances in our field. In particular, each Member is expected to maintain a programme of on-going professional training involving supervision, reading group attendance and attending professional seminars and lectures. The fundamental element here is reasonably frequent participation in discussion with other, usually senior, practitioners, involving client material and client problems. This technical contact with colleagues helps guard against countertransference drift.”)**

*Strand Three*

Activities supporting and promoting Analytical Psychology and its representative body, the IAPA, such as committee work, AGM attendance, participation in professional association work on boards, working parties, subcommittees, etc; engagement in promoting and raising the profile of Analytical Psychology; maintaining standards in professional practice; mentoring; working with the media. **(maximum 15 hours per year)**

IAPA Annual Record of Supervision

YEAR ..........…………………………….

NAME ..........…………………………….

NO. OF CLIENTS JAN – DEC ..........…………………………….

TOTAL NO. OF CLIENT HOURS ..........…………………………….

I HAVE ADHERED TO THE IAPA CODE OF ETHICS? (Y/N) ..........…………………………….

Individual Supervision

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Supervisor** | **Hours Face to Face** | **Frequency Weekly etc** | **Hours by Phone** | **Frequency Weekly etc** | **Hours by Video Call** | **Frequency Weekly etc** | **Total per annum** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

Peer Supervision

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Supervisor** | **Hours Face to Face** | **Frequency Weekly etc** | **Hours by Phone** | **Frequency Weekly etc** | **Hours by Video Call** | **Frequency Weekly etc** | **Total per annum** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
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Other Supervision

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Supervisor** | **Hours Face to Face** | **Frequency Weekly etc** | **Hours by Phone** | **Frequency Weekly etc** | **Hours by Video Call** | **Frequency Weekly etc** | **Total per annum** |
|  |  |  |  |  |  |  |  |
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Group Supervision

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Supervisor** | **Hours** | **Frequency Weekly etc** | **Total per annum** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Declaration

I hereby declare that the information provided above and on my CPD forms is complete and true.

**SIGNED ..........…………………………….**

**DATE ..........…………………………….**