

**Breaks in Practice Notification**

**Chair: Alistair Ross**

Associate Professor - Psychotherapy

Director - Psychodynamic Studies

Fellow-Kellogg College

Dear Clinical Member

**RE: Breaks in practice**

UPCA takes the view that the situation of each individual will be different and that the needs of those requiring a break in practice will be considered on a case by case basis. However, mechanisms need to be in place that ensure that UPCA has adequate information and records as part of their responsibility to patients and the individual practitioner.

The procedures for breaks in practice are as follows:

**1. Notification of a break in practice**

* Members are required to notify UPCA of any interruption, of over 3 months, from their practice.
* Depending on circumstances this may need to be done prospectively or retrospectively. A form is available for recording this intention along with any mitigating circumstance.
* Members will also need to complete a summary of their CPD plans while on a break from practice as part of the above form. However, UPCA also recognises that some situations may mean it is not possible to undertake such CPD and again the member needs to inform UPCA of this.

**2. Maintaining membership**

* During a break from practice members are required to maintain their membership status and pay their membership fees.

**3. Notification of return to practice**

* When the member intends to return to practice they will also be required to complete a summary of their CPD plan for that year of practice. A form is available for this.
* Where there has been a break from practice for a period of up to 18 months, and where appropriate CPD has not been possible, members would normally be required to provide evidence of structured / verifiable CPD or alternative / equivalent retraining, undertaken over a period of 6-12 months.
* Where there has been a break from practice of more than 18 months members would normally be required to provide evidence of structured / verifiable CPD or alternative / equivalent retraining, undertaken over a period of 12-18 months.

**NB. As of 1st September 2014 the Universities Training College (UTC) requires its members (UPCA is a member) to undertake 50\* hours of CPD activities per year (in line with current UKCP requirements of a minimum 250 hours over 5 years).**



# NOTIFICATION OF A BREAK IN PRACTICE

| 1. Name: Membership Number: |
| --- |
| 2. Membership category (please tick the relevant box): Clinical Member-Accredited (MUPCA) Accred. [ ]    Non-Accredited Clinical member (MUPCA) [ ] |

**3. ABOUT YOUR BREAK IN PRACTICE**

| **Reason for break in practice** (Please indicate below the relevant reason with a brief explanation) | | |
| --- | --- | --- |
| **Personal circumstances** | **Illness** | **Other** (please specify) |
| **Brief summary of your circumstances:** | | |
| **Please tell us the expected dates of your break:** | | |

**4. CPD plan**

| **Please indicate below your CPD plan during the break (**If it will not be possible for you to engage in CPD please indicate this in section 3 above.) | | | |
| --- | --- | --- | --- |
| **Additional Training** | | | |
| **Course Title / Recognition**  (credits, CEUs, PDUs, certificates) | **Institution** | **Date** | **CPD Hours** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

| **Professional Organisation / Focus of meeting**  (meetings, workshops, seminars) | **Date** | **CPD Hours** |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |

| **Publications, Production (i.e. portfolio), Research, Journals / Topic** | **Date** | **CPD Hours** |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |

| **Other professional growth activities / Topic** | **Date** | **CPD Hours** |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |

| **In Service TrainingTopic / Focus of Meeting** | **Date** | **CPD Hours** |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |

| **Total CPD Hours Planned** |  |
| --- | --- |

| **General Comments regarding progress toward professional goals and other issues not included above (eg. educational or community service opportunities).** |
| --- |

| **Signature: Date:**  **Please return to:** [**contactupca@gmail.com**](mailto:contactupca@gmail.com) |
| --- |
|  |

v2022 UPDATED 27.1.22