

Strategic Plan (January 2007 – December 2009)

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1. Executive Summary

The proposed introduction of Statutory Regulation has prompted the Trustees to consider the future direction for BASRT. Various steps have been taken culminating in the setting up of a Strategy Group which was charged with “creating a revised Strategic Framework to provide a sustainable future for BASRT during the transition to Statutory Regulation and to enable the next three-year business plan to be produced.”

The Strategy Group have closely followed developments with Statutory Regulation primarily through excellent contacts with UKCP but also through links and discussions with other relevant organisations such as BACP and Relate. The position remains unclear and constantly shifting. In addition the results of BASRT’s first membership survey has provided much valuable information about the membership and their needs. What is clear from this is that the membership values belonging to a professional body.

The Strategy Group have concluded that the best way forward is for BASRT to have an agreed strategic direction that is responsive to the changing external environment but which also meets the needs of members and the public.

The vision, mission and values have been restated and a goal, objectives and outcomes defined for the next three years together with financial projections which show increased turnover and a breakeven position for the organisation over the period. A summary is given below:

Vision: we believe in a world in which there is access to high quality sexual and relationship health for all in the UK. (Strategy Development Day 2005)

Mission: “BASRT promotes healthy sexual and relationship intimacy through the work of professional and well-informed practitioners for the benefit of the public.” (Strategy Development Sub Group 2006)

BASRT’s Values and Beliefs:

- Intimate relationships play a vital role in sustaining stability of family life in its many modern day forms
- Healthy sexual life is important to self esteem and well-being
- We will work in an inclusive, non-judgemental way for individuals and couples irrespective of ethnic origin, gender, age, sexual orientation and disability

- We will maintaining trust, ethical standards and credibility to inform and protect the public
- We will act in a professional knowledgeable and expert way by setting high standards of professional practice (Strategy Development Day 2005 and Business Plan 2003)

BASRT's Goal, Objective and Outcomes 2007 – 2009

Goal: “By 2009, BASRT will become a wider membership organisation promoting high standards of knowledge and professional practice in sexual and relationship work for the benefit of the public.”

Objectives: This will be achieved through the following strategic objectives:

1. Identifying new sources of income and establishing dedicated fundraising effort
2. Expanding membership
3. Maintaining and raising professional standards
4. Exploring the options for forming a college
5. Creating a new Marketing Strategy
6. Redeveloping the website

Outcomes:

1. Fundraising Outcome

- £50,000 additional funds to be raised in 2007, rising to £60,000 in 2009
- Dedicated fundraising effort established in 2007
- Fundraising strategy in place by mid 2007

2. Membership Outcome

- Affiliate membership launched in 2007
- Membership increased by 10% annually
- Two new groups or professions targeted annually
- Development of new or enhanced membership services

3. Professional Standards Outcome

- Ensuring necessary policies and procedures are in place for introduction of statutory regulation in 2008
- Sexual and relationship competencies are defined for UKCP and DoH
- Three new training courses identified for BASRT approval by 2008
- Couple counselling training competencies and course approval established in 2007

- Three supervision courses approved in 2007
 - Improved career progression ladder in BASRT established in 2008
4. College Outcome
- Explore options for formation of an independent college by May 2008 (BASRT AGM)
 - Collaborate with UKCP on their college development to March 2008 (UKCP AGM)
 - Work closely with other organisations to form partnerships to end 2009
5. Marketing Outcome
- PR strategy in place in 2008
 - BASRT re-branded in 2008
 - One “issue/health campaign” raising awareness with public, attracting funding and influencing policy/practice, educating workers undertaken in 2009
6. Website Outcome
- New website content written in 2007
 - Redesign with new brand in 2008

2. Introduction

The long awaited advent of statutory regulation of the talking therapies seems at last to be becoming a reality. Throughout 2005 the Trustees and members have discussed the Government’s proposal to seek a common regulatory framework for the health professions. The Health Professions Council (HPC), as the subsidiary regulating body for the Council for Health Care Regulatory Excellence (CHRE), does not appear to be a suitable body for the regulation of the talking therapies but a suitable alternative has not yet been identified. BASRT’s future role in the area of regulation remains unclear, but what is clear is that the world of the talking therapies is changing. BASRT intends to be as well informed as possible about the proposed changes, be able to influence those changes as far as possible and be in a position to respond flexibly to the opportunities the changes offer while protecting itself from the risks.

In 2005 the organisation commissioned an external situational analysis which included a SWOT and PEST analysis (See Amazon Report 2005 and BASRT Report 2001). The conclusion of this analysis was that BASRT needed to be clearer about its purpose i.e. what is the point of BASRT? A membership survey reported in 2006 and extracts from the results have been included in the strategic thinking (Appendix A). The Trustees and Chairs of the main committees participated in an externally facilitated Strategy Development Day on 9th December 2005 to review the organisation’s strategy in view of the future regulatory change.

This produced a number of recommendations for development and alignment of the organisation in preparation for the future. (Transform Report 2005). Following this strategy development day there was a short presentation to the Trustee Meeting on 27th January comparing BASRT's current strategy with that outlined on the Strategic Development Day. The Trustees established a Strategy Group to "create a revised Strategic Framework to provide a sustainable future for BASRT during the transition to Statutory Regulation and enable the next three-year business plan to be produced." (Appendix B Terms of Reference)

During several meetings of the Strategy Group, BASRT's current role in accreditation and regulation and overall future role were debated. A draft of the Strategic Framework document was presented for discussion to the April and July Trustee meetings. There was majority support for continuing to explore the proposed aims and objectives.

This paper has been developed by the Strategy Group and introduces a strategic plan to inform BASRT's future business planning and enable it to be better positioned during this period of change.

3. Present Position

BASRT was founded in 1976 by those concerned at the lack of public information, research, education and training in sexual issues and its impact. The charitable objects given in the Memorandum & Articles are "to advance education in sexual, couple and relationship therapy for the benefit of the public", in particular but not exclusively through three main areas of work: training, standards and research. The charity was unincorporated initially and then became a charitable company limited by guarantee in April 2004. It is managed by a Board of elected Trustees each with a three year term of office (renewable twice) who meet a minimum of four times per year. BASRT is a virtual organisation with no office. There is a half time Chief Executive Officer (CEO) and full time Administrator. Members, who are either voluntary or (partly) remunerated, fill all other posts and make up the Committees (Appendix C).

BASRT's Objectives in the Business Plan 2004 - 2006 were (for more detail see Annual Review 2005):

- To develop our role as a provider of reliable and accurate information on sexual and relationship therapy for the general public, the Government and the media
- To raise the profile of sexual and relationship therapy amongst related professions and throughout the NHS

- To continue to improve the services offered to our members thus enhancing delivery to the public
- To welcome more members from a wider range of disciplines

Whilst much was achieved through the three year period, some major objectives remain outstanding, such as raising the profile of the organisation, which was largely due to a lack of resources to devote to the work.

BASRT is primarily a membership organisation reflecting a wide range of practitioners from psychosexual and relationship therapy, medicine, psychotherapy, nursing, social work and psychiatry as well as people working in the media and journalism. The organisation provides the following services:

- Managing a membership of up to 750 with up to 50 leavers and joiners each year
- Providing information for members through a regular newsletter (4 times a year) and email circulation
- Accrediting new members and supervisors who reach the established criteria and renewing existing accreditation for 290 members annually
- Offering a pathway to UKCP registration to suitably qualified members (currently 256 members)
- Running up to 12 CPD training days annually for members and non-members
- Running two conferences each year for up to 200 delegates
- Approving relevant training courses
- Managing a complaints and disciplinary procedure to maintain standards and protect the public
- Providing a personal information service to some 1500 public and member enquiries per year and hosting a website receiving over 100,000 visitors a year
- Publishing an international journal four times a year providing the latest research and clinical learning with a readership/circulation of 1,100
- Raising the profile of sexual and relationship therapy through the provision of advice and through links with other related organisations

4. Rationale for Change

Much has changed since the last business plan was written. This is summarised in the updated SWOT and PEST analyses (Appendix D). With the regulatory changes in the pipeline the major players in the talking therapy professions are proposing changes to the way

they work as they establish their relative positions. The expected date for regulation is 2008. The feedback to date from representatives at UKCP is that regulation will remain within the professional groups, audited by a regulator of the regulators. The Foster Report became available in July and continues to suggest that HPC will be the regulator of non-medical professional health care workers. The report suggests a continued involvement by professional bodies in regulation matters. The DoH has written to all professional organisations to explain that Skills for Health will coordinate the production of an initial framework of competencies in psychotherapy and counselling. UKCP have requested that psychotherapy training standard competencies are written and submitted by 31st August 2006 to provide a baseline for justification for professional titles and this work is currently being done for BASRT.

UKCP membership voted at the AGM in March 2006 to replace the present Sections with modality specific colleges. BASRT has historically been within a modality specific college which does not represent the theoretical background of the majority of its members. BASRT identified four options (Appendix E). The Family Couple Sexual & Systemic Section held a facilitated meeting on 30th June to consider the way forward. There were mixed views about the continued inclusion of BASRT in the Section. There was agreement by the Member Organisations concerned to stay within the current Section for the time being and to explore the possibility of extending the membership. Further meetings will be held between UKCP and BASRT's UKCP representatives to actively progress this work. The Chair of BASRT is in correspondence with UKCP to explore the implications of BASRT setting up a college on its own. Options B and D have not been considered further.

BACP are struggling with Statutory Regulation and are finding it very difficult to work with the DoH. Their view is that the professional bodies are being sidelined with the move by the DoH to ask Skills for Health to carry out a competency mapping exercise. They seem to know no more than BASRT does about likely outcomes.

Relate are in a period of change with the development of the Relate Institute. This is a partnership arrangement with Doncaster College and an eventual transfer to University of Hull is anticipated to enable them to establish five new training courses. All the courses are at Masters (MSc) level and one will focus on sexual and relationship therapy. The Strategy Group held a meeting with Relate in June to share strategic ideas. Relate are interested in BASRT's expertise as a membership organisation. They are also keen on benefiting from our relationship with UKCP as they seek to become a UKCP member organisation. There are opportunities here for joint project working if BASRT wishes to take advantage of them.

Internally BASRT has learned much more about its membership as a result of the recent membership survey. Members value highly belonging to a professional organisation, they also value highly the protection offered by the Code of Ethics. All the current activities of BASRT are valued by the membership. It is also apparent from the survey that half the membership is over 50 and we can therefore expect a large number of retirements. In addition many of the traditional sources of new members, the training courses, have dried up, with the closure of all but two small courses and Relate's training. To date the membership numbers have steadily, if slowly, grown. This Strategic Plan begins to provide the basis on which to address how we develop the membership in the longer term and who is going to provide sex therapy in the future.

5. Proposed Strategic Direction

The rationale set out above has led the Strategy Group to conclude that the best way forward for BASRT is to have an agreed strategic direction that is responsive to the changing external environment but which also meets the needs of members and the public for sexual and relationship therapy in the near future.

The Strategy Group are therefore proposing a revised vision, mission and values statement building on the work done at the Strategic Development Day, together with strategic goal and objectives for the next three years.

BASRT described its visionary thinking in the 2004-6 business plan (p4), however no statement was written. The vision statement given below originated from the Strategic Development Day. The current mission statement was amended by the Strategy Group. The values and beliefs identified on the Development Day have been merged with those from the current business plan. These create the platform from which to build the future strategic goal. Six strategic objectives then describe the organisational activity required to reach the goal, with strategic outcomes to measure how and when they have been achieved.

The strategic goal was arrived at as a result of the feedback from the membership which suggested they valued a professional membership organisation and were in effect asking BASRT to do more of the same. So much of the present business of the organisation must continue alongside new initiatives.

Informal research and comments from Amazon and those at the Strategy Day (9th December 2005) suggest that the present name and brand is not widely recognised or

valued. There is a need for the organisation to become more of a force to be reckoned with, more widely known and better able to serve the needs of its members and the wider public.

To achieve this, a number of strategic objectives have been defined and prioritised.

The first requirement is for additional funds. We have learned throughout the last business planning period that our resources are very limited and while much was achieved, major new projects such as raising the profile of the organisation will not be achieved without additional resources. Without more income, good intentions are likely to remain just that, so fundraising and increasing income must be the first objective with priority in the first year of the Plan.

Increasing the membership will contribute to increasing income, though there will of course be associated costs. A larger membership, consisting both of dedicated professionals and other professionals with an interest in the field, will increase the influence, profile and impact of BASRT thus contributing towards the overall strategic goal. However to attract and retain new members it will be important that we continue to sustain and develop the services offered to members.

At the same time BASRT must remain a credible and trustworthy organisation which leads the development of the profession. The major task here is to ensure that the necessary policies and procedures are in place for the introduction of Statutory Regulation in 2008 and that the membership are therefore best placed to benefit from the changes. This will include work to develop sexual and relationship therapy competencies for UKCP and the DoH. BASRT will continue to approve new and existing training courses, expanding this work to include supervision and couple counselling courses. In addition BASRT must find ways to offer members a clearer career progression ladder within the organisation.

If BASRT is to expand, the shape of the organisation needs to be thought about. We should explore the establishment of a college for sexual and relationship therapy which could raise BASRT's credibility and standing. This may or may not follow the UKCP model for colleges depending on how this develops. Developments with statutory regulation will also be very influential here.

To establish the new organisation a marketing strategy will be essential. This needs to include a re-branding exercise together with a PR plan. This should directly support further fundraising.

As a virtual organisation, the easiest way for everyone, whether a member or the general public, to access the organisation is through the website. It is in effect the public face of BASRT. It needs to be greatly enhanced and developed to become the heart of the organisation. It could for example allow payment of subs online, provision of information for professional, media and the general public, offer discussion sites, contain a section for donations and legacy giving and much more. It needs to be comprehensive, responsive and interactive.

The summary of vision, mission, values, strategic goal, objectives and outcomes are given on the following pages. The benefits of this way forward are summarised in appendix F. Financial projections are given in Section 7 (page 13).

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Mission: “BASRT promotes healthy sexual and relationship intimacy through the work of professional and well-informed practitioners for the benefit of the public.” (Strategy Development Sub Group 2006)

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7. Financial Projections

The chart below represents the additional income and expenditure for BASRT over the three financial years of this strategy. This is over and above the current income and expenditure. The fundraising target of £50,000 is a reasonable estimate. Much if not all of this should be raised in 2007 through Gift Aid which will be bigger in the first year as we can claim the backdated tax rebate but should provide additional income of up to £25,000 each year. In addition provision has been made for dedicated fundraising effort.

The target of 10% additional membership each year is also a reasonable target giving additional income year on year. However there are higher costs associated with managing a larger membership and this has been allowed for.

Costs for the named activities have been allocated and will be further refined in the business plan.

	2007	2008	2009
INCOME			
Strategic Objective 1 - Fundraising			
Additional funds raised	£50,000	£55,000	£60,000
Strategic Objective 2 - Membership			
10% increase in membership annually	£10,000	£21,000	£32,000
Strategic Objective 3 - Professional Standards			

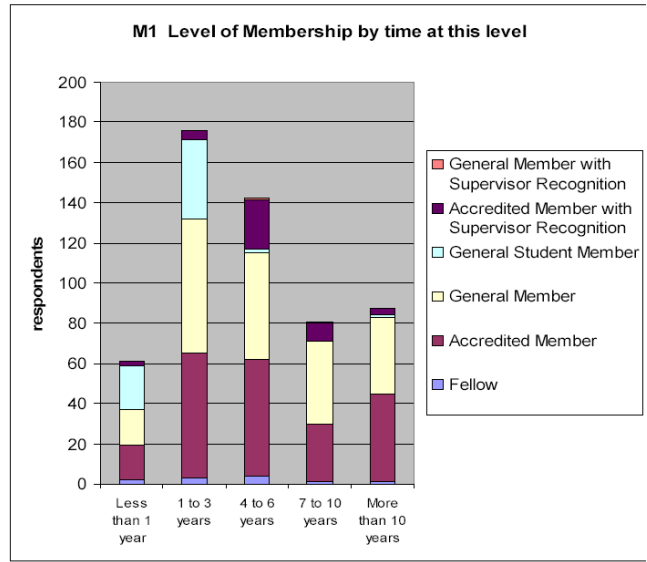
Income from course approvals	£1,000	£1,000	£1,000
Strategic Objective 4 - College			
Grant from UKCP	£5,000		
Strategic Objective 5 - Marketing			
Strategic Objective 6 - Website			
TOTAL	£66,000	£77,000	£93,000
EXPENDITURE			
Strategic objective 1 - Fundraising			
Writing fundraising strategy	£5,000		
Dedicated fundraising effort	£15,000	£16,000	£17,000
Strategic objective 2 - Membership			
Launch of affiliates – publicity	£5,000		
Increased membership - publicity	£5,000	£6,000	£7,000
Management Costs	£6,000	£8,000	£11,000
Development of membership services	£11,000	£17,000	£32,000
Strategic objective 3 - Professional Standards			
Statutory Regulation work	£5,000	£5,000	
Additional working party budgets for course approval work	£2,000	£2,000	£2,000
Career progression enhancement		£2,000	
Strategic objective 4 - College			
College development work	£8,000	£5,000	
Partnerships formation		£2,000	£2,000
Strategic objective 5 - Marketing			
Marketing Strategy		£10,000	
Re-brand		£5,000	
Campaign			£10,000
Strategic objective 6 - Website			
Development of content	£10,000		
Re-brand		£5,000	
TOTAL	£72,000	£83,000	£81,000
BALANCE	-£6,000	-£6,000	£12,000

8. Conclusion

Overall BASRT's membership survey, Trustees, Committee members and organisational staff have confirmed that belonging to a professional organisation and the protection offered by the Code of Ethics are valued highly. So, for BASRT to build on these current strengths, through prioritising fundraising, raising its professional profile and widening its membership is in keeping with BASRT's revised organisational vision and mission. To achieve a sustainable organisational form, create a credible and better known organisational image whilst ensuring a responsiveness to the internal and external changes in the provision and regulation of Sexual and Relationship/talking therapies BASRT needs to give urgent attention to the options for future income. BASRT recognises that it needs to consider future income beyond that acquired through membership and therefore a Fundraising Strategy combined with dedicated fundraising effort has been seen as a top priority within this strategic framework. This will enable the estimated expenditure on the strategy to be implemented. We believe this Strategic Framework document forms the basis on which BASRT can build its future.

APPENDIX A
EXTRACTS FROM BASRT MEMBERSHIP SURVEY 2005

Membership Survey



BASRT Survey 2005: Membership

1

Apr

M2. What benefits do you get from being a member of BASRT?

The following percentage thought it was very and quite important

97% being a member of a professional body

92% access to CPD opportunities

95% protection offered by the Code of Ethics and Guidelines to Good Practice.

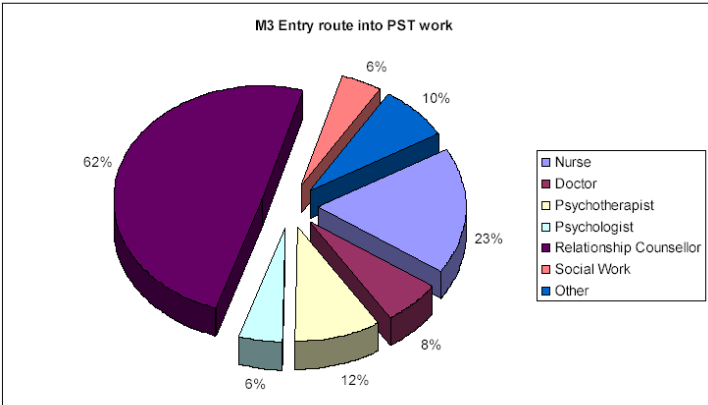
81% eligibility to UKCP registration

97% receiving the Sexual and Relationship Therapy journal

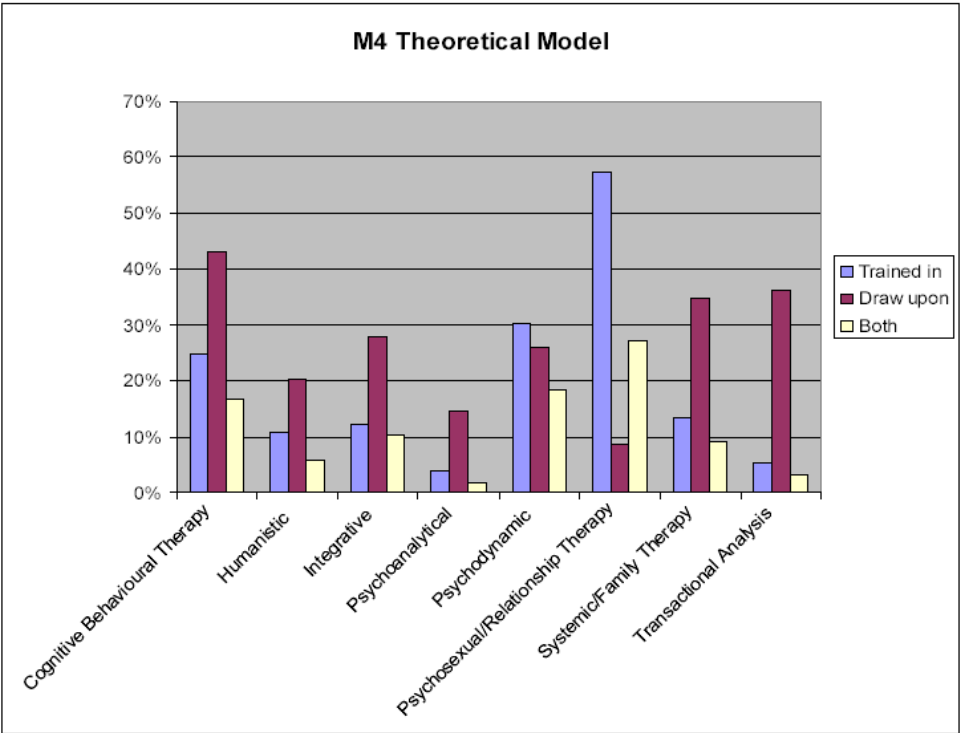
98% regular information and developments in the field

73% accredited status for employment

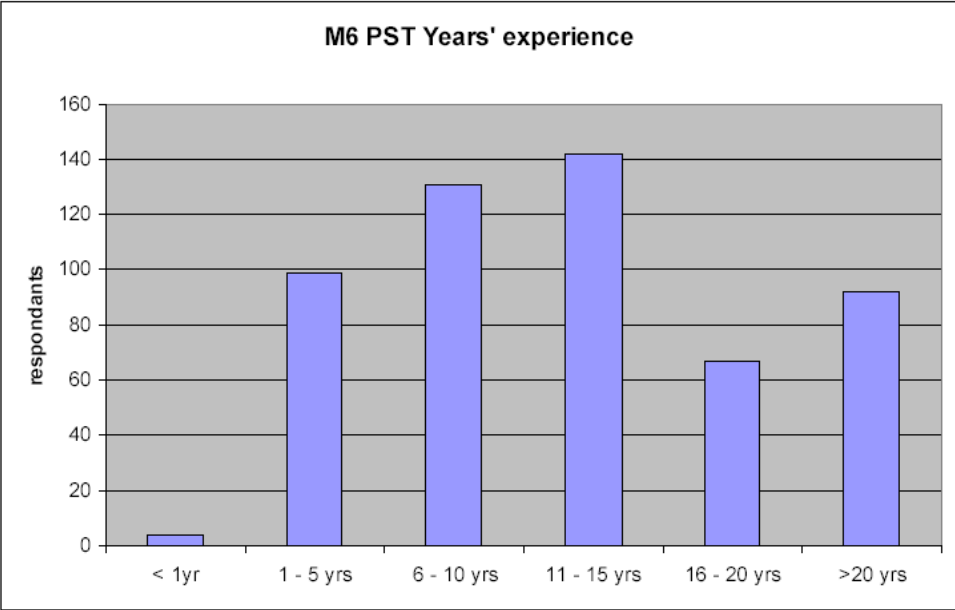
M3. What was your route into psychosexual therapy/relationship work?



M4. Which theoretical model(s) do you (a) have accredited training in, and (b) draw upon in your psychosexual/relationship work?



M6. How many years' experience do you have, including training, in psychosexual/ relationship work?



M7. Please state which disorders you are competent to work with.

Percentages = of respondents who say they treat disorder.	Please tick		Please tick
Abuse	78%	Premature ejaculation	96%
Dyspareunia	92%	Relationship problems	96%
Erectile failure	97%	Sexual addiction disorder	46%
Gender dysphoria	40%	Sexual aversion disorder	50%
Loss of desire	98%	Sexual offending	13%
Orgasmic dysfunction	96%	Sexuality and children	18%
Paraphilia	34%	Sexuality and mental health	42%
Perpetrating abuse	16%	Sexuality issues for people living with disabilities	59%
Post-traumatic stress disorder	41%	Vaginismus	94%
<i>Others (please say which):</i>			
41 – 8% - of respondents detailed another disorder or disorders			

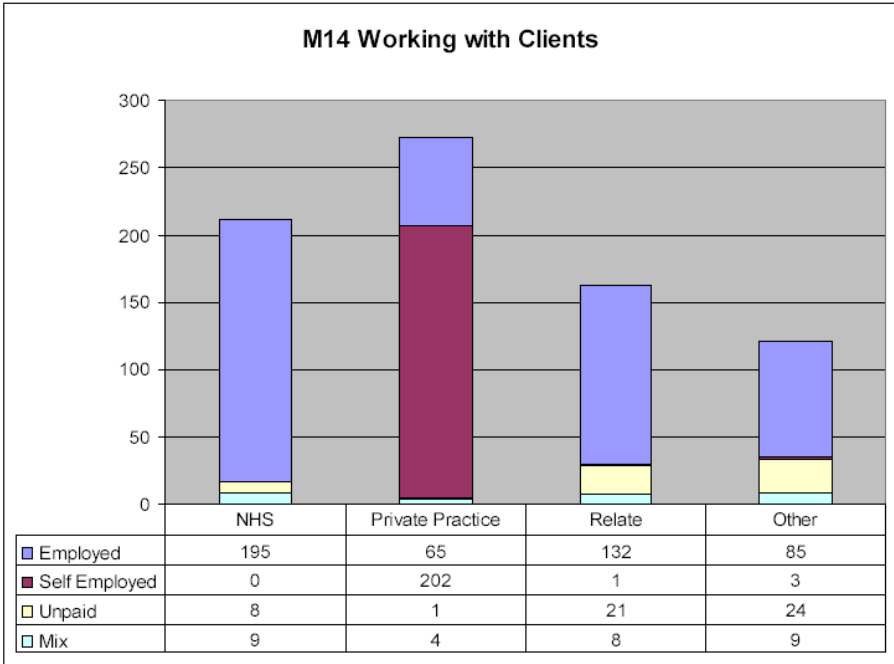
M8. If you are able to work with clients in languages other than English, or are able to use other methods of communication such as sign language, Braille, Makaton, etc., please say which ones:

73 - 13% of all respondents are able to work with clients in languages other than English

M12. If you do not currently work in the psychosexual/relationship field, please say why you continue to be a member of BASRT:

The 20 members who answered this question gave a number of reasons, shown in full below. This can be broadly summarised as: ‘have some contact with PST work’, ‘temporarily out of employment’, ‘CPD/want to keep up to date’, and ‘retired/retiring’. The number shown as retired is lower than might be expected. It is probable (from comments on questionnaires) that there is a small number of other respondents who are retired or semi-retired but did not address this question. One Honorary Member who is retired, sent an email rather than completing the questionnaire.

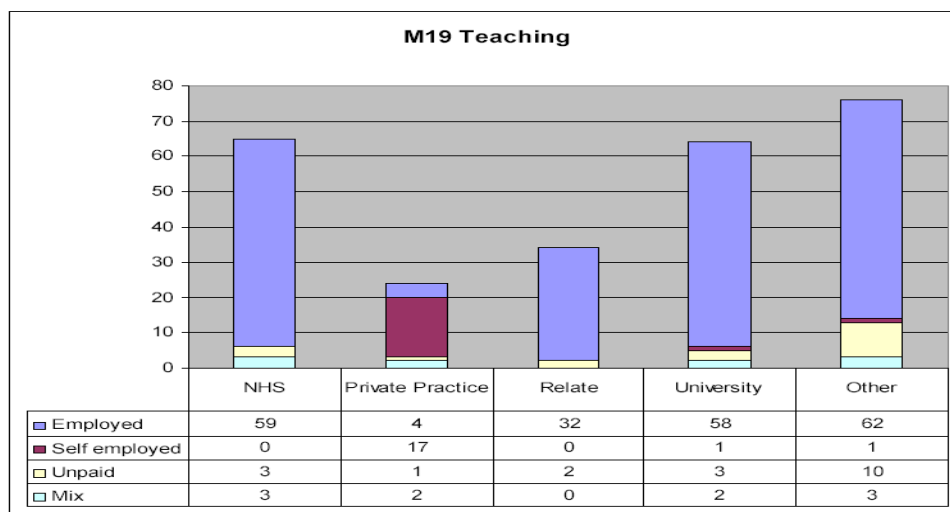
M14. Which organisation(s) do you work for when carrying out your activities with clients...



M15. On average, how many hours per week in total do you spend in contact with clients?

Less than 10	10 to 15	16 to 20	21 to 25	26 to 30	More than 30
35%	30%	18%	12%	3%	2%

M19. If you carry out any teaching in the psychosexual/relationship field, which organisation(s) do you work...



M33. If you are a member of any other psychosexual organisation(s)...

	Please tick
Association of Psychosexual Nursing	7
British Psychological Society	22
British Society of Psychosomatic Obstetrics, Gynaecology and Andrology	7
British Society of Sexual Medicine	20
Institute of Psychosexual Medicine	4
Institute of Psychosexual Nurses	1
Sexual Dysfunction Association	23
World Association for Sexology	8
Other(s) (please say which):	
38 respondents indicate membership of one or more other psychosexual organisations	

Annexe 5 - M33/34. Benefits from other organisations.

Name of organisations, networks etc	Comments	Name of organisations, networks etc	Comments
Association of Psychosexual Nursing (APN)	<ul style="list-style-type: none"> Networking with colleagues Access to BALINT- style seminars 		<ul style="list-style-type: none"> Wider networking opportunity Different perspective
British Psychological Society (BPS)	<ul style="list-style-type: none"> BPS offer a very 'newsy' monthly magazine, which is less literature based than the Journal. A much less formal way of keeping in touch Pure psychological information Different range of members, links with primary professional group Latest research news More mainstream benefits relating to CBT More readable journal My registering body, which keeps me up to date with advances in clinical psychology, adult mental health, HIV, etc, clinical health psychology Matters related to professional development in clinical psychology Offers different training opportunities 		<ul style="list-style-type: none"> Referral lists of therapists and counsellors/specialist in sexual dysfunction - both NHS and private - especially useful for specialist referral Information on treatments available fo SD and conference/newsletter information
British Society of Sexual Medicine (BSSM)	<ul style="list-style-type: none"> Different perspective More up to date medically Access to different network of psychosexual providers (doctors) To keep abreast of medical developments in sexual medicine Planning to join - medical management of sexual dysfunction, and networking with medics 	World Association for Sexology (WAS)	<ul style="list-style-type: none"> Nothing that I Know, plus the fact that BASRT offers its members the great Journal of Sexual and Relationship Therapy An additional resource of up-to-date thinking and research
Institute of Psychosexual Medicine (IPM)	<ul style="list-style-type: none"> Conferences have been more local to the Midlands Have only recently found BASRT so difficult to say I have attended casework study groups, which I find very useful I discontinued membership in order to join BASRT 	Royal Society of Medicine - Sexual Health and Reproductive Medicine Section	<ul style="list-style-type: none"> Broader medical updates, and specialist childbirth interests
Sexual Dysfunction Association (SDA)	<ul style="list-style-type: none"> Information leaflets for parents Broad newsletter and leaflets Information Telephone advice for practitioners and their clients Helpline and newsletter Access for clients to information 	Royal Society of Medicine - Sexual Health and Reproductive Psychiatry Section	<ul style="list-style-type: none"> High quality, very moderately priced lectures, social functions, an excellent library, a slightly different perspective. Restaurant and accommodation in London
		Andrology Society	<ul style="list-style-type: none"> Attendance at medical conferences, information about current medical research, international specialist speakers
		British Association for Behavioural and Cognitive Psychotherapies (BABCP) and United Kingdom Council for Psychotherapy (UKCP)	<ul style="list-style-type: none"> Broader therapy training, professional body - registration, etc Literature relating to CBT (approaches). Different meetings
		Royal College of Nursing (RCN), British Association for Counselling and Psychotherapy (BACP), Adlerian Society and the Institute for Individual Psychology (ASIIIP), PSIGE - Psychology Specialists Working With Older People (BPS), Nursing and Midwifery Council (NMC) and Northern Guild for Counselling & Psychology	<ul style="list-style-type: none"> RCN - nursing journals and news, access to nursing library BACP - work requirement for other counselling commitments - journals, etc ASIIIP - qualifications and link with theoretical framework, CPD, etc PSIGE - link with issues relating to older adults NMC - nursing registration - employment requirement
		Royal College of Nursing (RCN) Sexual Health Forum	<ul style="list-style-type: none"> Continuing Professional Development – sexual and reproductive health nursing
		National Organisation for the Treatment of Abusers (NOTA) and Association for Family Therapy	<ul style="list-style-type: none"> Very good, up-to-date and correct information on medical/psychological/ surgical issues and new research and

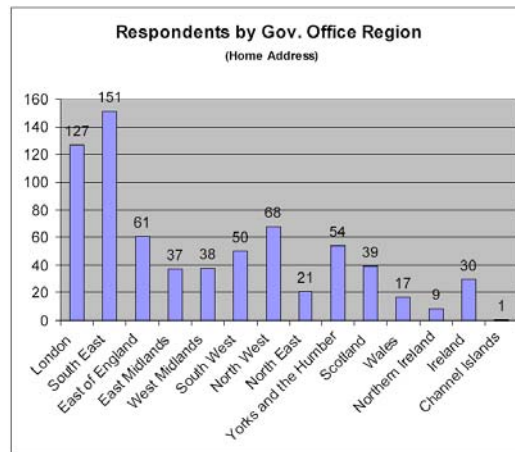
Name of organisations, networks etc	Comments
(AFT)	<ul style="list-style-type: none"> different delegate base Good relevant information on sexual aggression and sexual abusers' treatment/approach
International Academy of Sex Research	<ul style="list-style-type: none"> Regular international meetings
ASN (?), British Society of Psychosomatic Obstetrics, Gynaecology and Andrology (BSPOGA) and SDA	<ul style="list-style-type: none"> Their meetings are cheaper and also very good
British Association for Sexual Health and HIV (BASHH) and International Society for the Study of Women's Sexual Health (ISSWSH)	<ul style="list-style-type: none"> Much wider review of research
ISSWSH	<ul style="list-style-type: none"> Very good list-serv, lots of input and therefore information
Society of Couple Psychological (?? Illegible)	<ul style="list-style-type: none"> UKCP registration/professional development
BPS and British Association for Behavioural and Cognitive Psychotherapies (BABCT)	<ul style="list-style-type: none"> Reduced fees when attending international conferences - quite important
BPS and The Association for Humanistic Psychology in Britain (AHP(B))	<ul style="list-style-type: none"> Larger professional organisation, relevant research based conferences, multi-disciplinary acceptance, holistic approach
Royal College of Psychiatrists	<ul style="list-style-type: none"> Journals, annual conference
BSSM and SDA	<ul style="list-style-type: none"> BASRT - excellent benefits as others BSSM/SDA - more medical focus, Good international research papers
BSPOGA	<ul style="list-style-type: none"> Weekdays CPD instead of weekends
SDA and Gender Identity Research and Education Society (GIRES)	<ul style="list-style-type: none"> More in-depth focus on a particular issue
BASHH	<ul style="list-style-type: none"> Special interest group in sexual dysfunction
SDA and WAS	<ul style="list-style-type: none"> Medical information/developments Chance to hear speakers from overseas
European Federation of Sexology (EFS)	<ul style="list-style-type: none"> Wider exposure
BSSM and WAS	<ul style="list-style-type: none"> Conferences
Ageing Male Society and British Menopause Society	<ul style="list-style-type: none"> Medical input and updates
Psychosexual network	<ul style="list-style-type: none"> Bi-monthly meetings - support - supervision - regular information
Leeds General Infirmary Sexual Dysfunction Special Interest Group	<ul style="list-style-type: none"> Regular contact with members of other disciplines
From a member with 2 European and 2 international memberships	<ul style="list-style-type: none"> Receiving other journals

BASRT Survey 2005. Membership

40

April 2006

Name of organisations, networks etc	Comments
	<ul style="list-style-type: none"> Broad continuing professional developments in other disciplines and specialities Meeting colleagues at conferences Forming working relationships in clinical practice and research
Other non-attributed comments	<ul style="list-style-type: none"> Good time of the year for me [sic], not worth coming to UK for 1 - 2 day conference. OK if I'm in UK to start with [from Australia] It gives me opportunity to meet other people working in psychosexual medicine and sexual health, and it keeps me up to date in what is going on in other fields

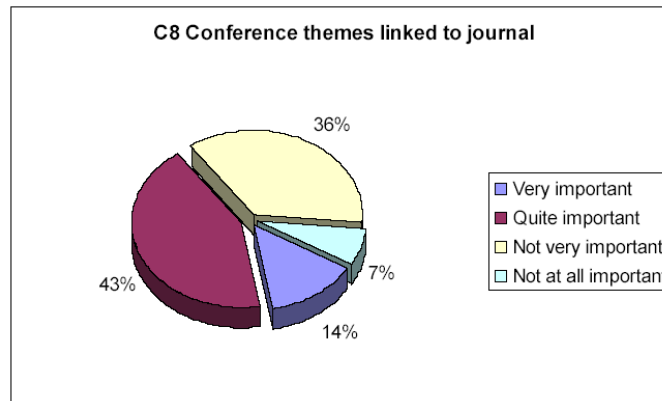


Conference Survey

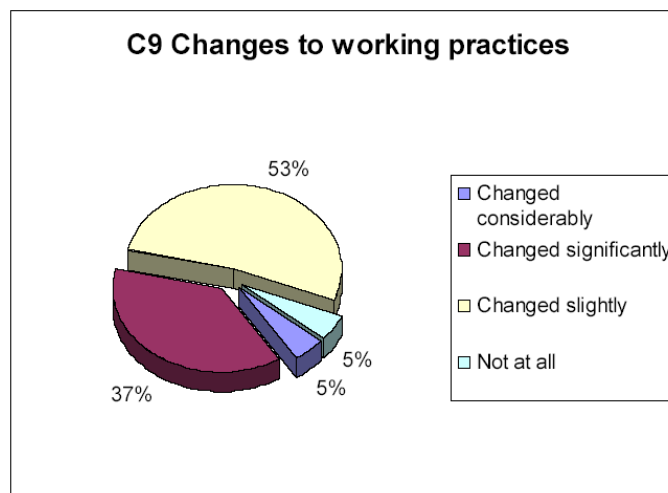
C2. If you have attended one or more BASRT conference(s), what was your overall level of satisfaction with the last conference you attended?

Very satisfied	Quite satisfied	Not very satisfied	Not at all satisfied
38%	48%	11%	2%
Date of last conference attended. Please give month and year:			<i>See comments below</i>

C8. How important is it that the themes of BASRT conferences are linked to the contents of the Journal (Sexual and Relationship Therapy)?

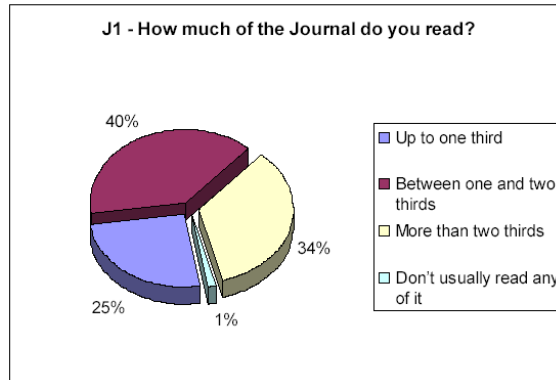


C9. To what extent do you consider your working practices have been influenced or changed as a result of attending a BASRT conference?

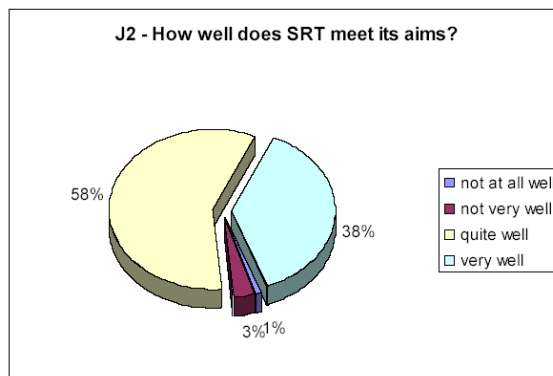


Journal Survey

J1. How much of each edition of Sexual and Relationship Therapy do you usually read?

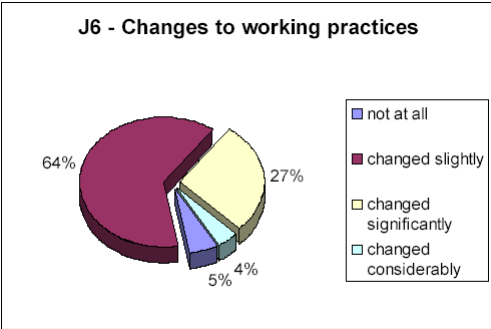
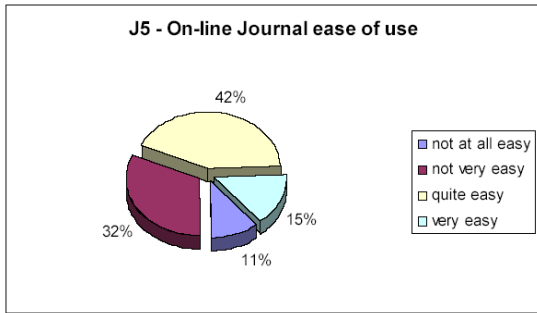


J2. How well you think Sexual and Relationship Therapy meets its published aims



J4. Sexual and Relationship Therapy is available in printed and online versions. How often do you use each version of past issues as a reference source?

	94% of respondents	50% of respondents
	Printed	Online
At least once per month	24%	8%
Once every 6 months	48%	14%
Once every 12 months	12%	5%
Less frequently than every 12 months	13%	10%
Never use it for reference	3%	63%



J12. Which new or additional topics would you like to see covered in Sexual and Relationship Therapy?

<i>% of actual respondents to this question</i>	Please tick
Data Protection issues	39%
Ethical dilemmas case studies	87%
Legal aspects of sexual and relationship therapy	69%
Letters and debate on articles	41%
Note keeping and the law	60%
Recruitment opportunities	32%
Supervision case histories	70%
Other (please say what):	
See Annexe 4 for a summary of responses and other comments	

APPENDIX B

BASRT STRATEGY GROUP TERMS OF REFERENCE February 2006

Purpose:

- To create a revised strategic framework document which provides a sustainable future for BASRT during the transition to statutory regulation
- In the short term to enable the next three year business plan to be produced.

Objectives:

- To report back to trustees and members for their comments
- Bring together additional intelligence of use to the above
- Consider current financial viability and sources of income for BASRT's future sustainability
- Consider and revise the SWOT and PEST as defined in the Amazon report
- Create a strategic vision/goal
- Define a schedule of work
- Review the members survey outcomes
- Begin to develop links with external organisations interested in the work of BASRT

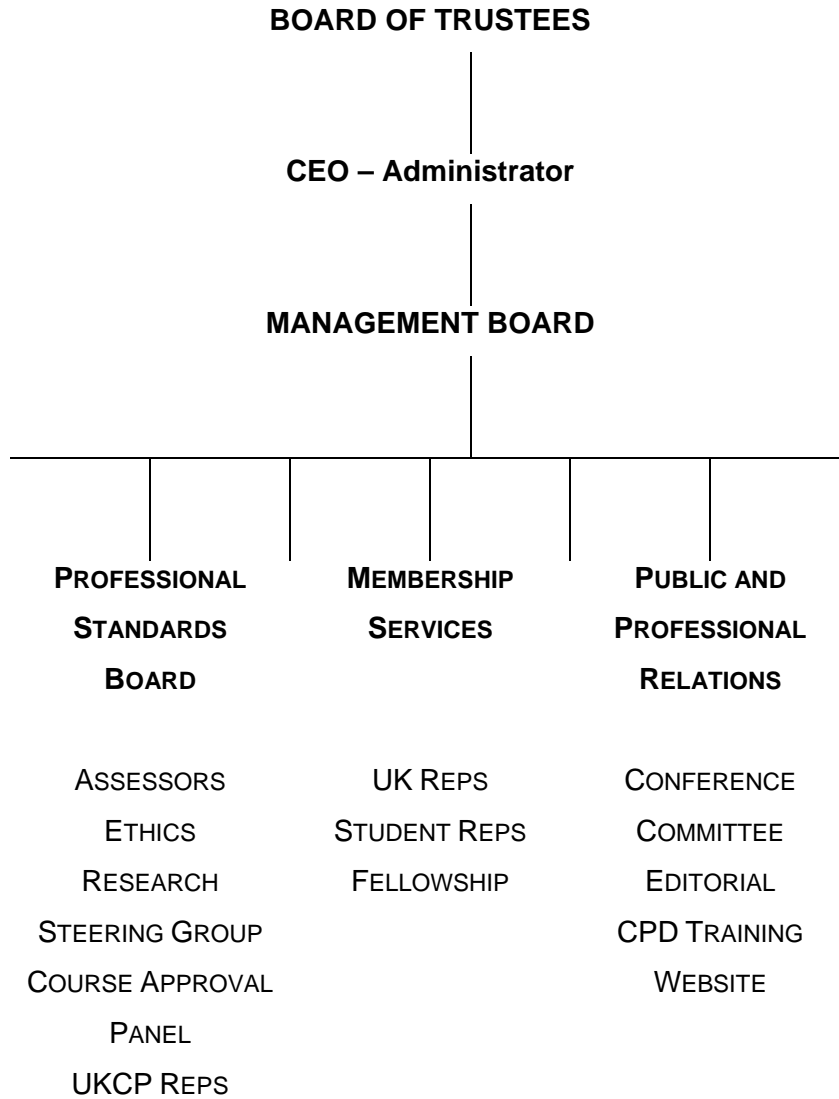
Outcomes

- Schedule of work
- Draft "Strategy" to guide the business planning process for 2007 and beyond

Timeframe

- Commencing January 2006 and completed Strategy report beginning of Autumn 2006
- Commence Business Planning Autumn 2006 for completion January 2007

APPENDIX C
CURRENT ORGANISATIONAL STRUCTURE



PEST ANALYSIS

Political	Source	Social	Source
Regulation proposed for 2008 Legislation to protect titles Minimum standards based on competency levels of interventions Jockeying for position by competitors Volatile external environment with unpredictable changes	UKCP/BACP UKCP UKCP UKCP UKCP/BACP	"25% women, 50% men with Diabetes can experience sexual difficulties". Association of impotence with heart disease Side effects of medication Effects of Cancer and treatment on relationships Help seeking behaviour using internet resources has increased access to BASRT Drug company developments have increased visibility of sexual dysfunction in general population	Amazon Amazon Amazon Amazon Website hits SDA
Economic		Technological	
Paying for therapy/services Private health care providers do not recognised BASRT accreditation Rreferrals from PCT's Availability of NHS practitioners Growing members of therapy organisations PCT's willing to commission work with private providers of services	Survey BUPA/PPP Questionnaire Questionnaire SHS	Internet information Chat rooms and online therapy Kiosk information Mobile phone information Interactive and virtual technology Increase in web based sexual addiction disorder	Wanless report Referral rates

APPENDIX E
FUTURE OPTIONS WITH UKCP

UKCP Report 28th April 2006
Marj Thoburn and Sally Openshaw

<p>A) Remain in present section of UKCP No obvious way forward. Wish from section to include by some. A great deal of work re establishing governance. BASRT is currently seen as the workhorse of the Section. Cross section conflict already present.</p> <p>BASRT has been invited to attend. Involvement here would seem to indicate a significant raft of work for BASRT and at this stage may be the least attractive option.</p>	<p>B) Join the HIPPS Section Close fit for BASRT practitioners who integrating a combination of skills/models in their work. This will be a large College and BASRT will be a small fish, perhaps getting smaller.</p> <p>Currently registrants would not meet this sections' criteria on personal therapy or mental health placement hours. This may be negotiable but may place BASRT in limbo if these negotiations are protracted.</p>
<p>C) Become a college Separate legal entity. Much of governance already exists. Heighten authority in the field. Power to set standards for the discipline of sexual and relationship therapy without the encumbrance of other member organisations. Benefits to registrants would continue.</p> <p>Unlikely to be an expanding one in terms of registrant numbers. The cost of maintaining a college may be considerable. The benefits to non-registrants may be seen as minimal.</p> <p>In the event of statutory regulation this may the position of choice.</p>	<p>D) Become an institutional member Status is given to the Universities Psychotherapy and Counselling Association (UPCA) and the British Association for Behavioural and Cognitive Psychotherapies (BABCP) UKCP Doc 03/03/06. Open to those psychotherapy organisations whose large size and complexity make it inappropriate for their membership to be confined to any individual Section. Less power and influence (two seats on the Governing Board). Sustain registrant's position.</p> <p>UKCP has set up a working party to review Institutional and Special Membership status in the new structure and this has yet to report and outcomes are unknown. If there are few changes to this category this could be a good option for BASRT.</p>

APPENDIX F
BENEFITS OF PROPOSED CHANGES

Benefits to Public:	Benefits to Members:	Benefits to BASRT:
<ul style="list-style-type: none"> • Access to nationwide resource of therapists • Explicit Standards of practice • Complaints procedure and disciplinary procedure • Whistle blowing requirement of all members • Regulation of fitness to practice and annual audit • Website information and downloads • Training and conferences open to public • Journal articles available online • Campaigns to empower help seeking behaviour • Clarity re titles and level of competency • Commitment to provide commentary on key issues 	<ul style="list-style-type: none"> • Networking with common specialist interest • Expert knowledge • Access to specialist training, workshops & conferences • Access to information via website, journal and Update. • Standards of practice – quality model • Continuing Membership of specific professional body • Raise value of accreditation status • Protected registered title • Clarity of levels of competency • Increased training opportunities • Access to partnership organisations 	<ul style="list-style-type: none"> • Inclusive membership with broader views across field • Increased representation • More diversity • Increased recognition • More power/survival • Clearer position for competitors, public and members • Increase profile of organisation • Compliance with DoH agenda • Build secure financial stability • Develop service for membership