

# British Psychotherapy Foundation Professional Standards Guidelines

The British Psychotherapy Foundation is one of the largest professional membership communities for psychoanalytic and analytic psychotherapists practising in the UK. Members comprise a unique and cross-disciplinary community of both adult psychotherapists, child and adolescent psychotherapists, trainee psychotherapists and MSc students. The BPF is committed to the highest standards of clinical practice and aims to ensure that its members carry out safe, effective and ethical practice. We have developed the following guidelines that we expect all our members to follow. While we are not a regulatory body, we do advise all our psychotherapists and trainees to review and follow the standards set by the British Psychoanalytic Council, and our Child and Adolescent psychotherapy members (IPCAPA) to follow the standards set by the Association of Child Psychotherapists in addition to the Guidelines set out here.

### 1.0 Safe Practice

At BPF, our therapists are trained to work to help patients understand how their unconscious thoughts may be impacting their current life situation and difficulties. The relationship between therapists and patients is not symmetrical and the BPF is committed to ensuring all its members practise psychotherapy in a safe and ethical manner and that the safety and welfare of patients is always prioritised. As an organisation we aim to ensure that patients are protected against significant harm, from within the therapeutic relationship, and, within reason, from others in the external world.

All psychotherapeutic and analytic sessions necessarily involve working with boundaries. Boundary transgressions need to be recognised by the therapist and thought about in supervision. Therapists who find themselves transgressing professional boundaries themselves, for whatever reason, must bring this to the attention of the Ethics and Professional Standards Committee (EPSC) for consideration.





#### 1.1 Safeguarding children, adolescents and 'adults at risk'

The nature of psychotherapeutic work means that practitioners are often privy to the difficult relationships and challenging environments patients might find themselves in. While practitioners are trained to think about risk and what might be happening in the relationship with the patient, there are certain situations where members may need to take action. Our members have a duty to safeguard and protect children, adolescents and adults at risk from abuse and neglect and we expect our members to make this a priority.

Members should read the BPF's <u>Safeguarding Policy and Safeguarding</u> <u>guidance</u>, which includes information about sharing safeguarding concerns and helpful resources.

# 1.2 Professional Boundaries

We expect all our members to maintain professional boundaries and not to exploit patients in any way (financially, sexually, emotionally or physically) throughout the course of therapy and also after its termination. Professional fees are set out in advance of therapy commencing and are made explicit in the therapist's terms and conditions of service. Personal relationships with patients after termination of their therapy will also be seen as a breach of the professional relationship. If a member is unsure if they have breached a professional boundary, we advise that you bring the matter to the attention of the Ethics & Professional Standards Committee without delay for guidance.

If a member of the BPF has any kind of civil or criminal proceedings raised against them or has proceedings brought against them by any professional body, they must inform the Chair of the EPSC. Similarly, any member of the BPF who is aware of any criminal proceedings against a fellow member, or has concerns about a member's conduct, must also raise this with the EPS Committee.

#### 1.3 Gifts

The BPF advises against accepting, or in any way encouraging, gifts from patients, with the possible exception of token gifts of nominal value, for example at the end of a patient's treatment. Nevertheless, in any such circumstance, members are expected to consider carefully both the clinical context and the patient's wider interest prior to acceptance of a gift from a patient.



Should a patient tell you that they have left or intend to leave you a gift in their Will, we strongly advise that you inform the EPS Committee without delay, as this places you at risk of an allegation of financial exploitation of the patient.

### 2.0 Clinical Trustees

As a BPF member and BPC registrant, you are required to **nominate two colleagues as Clinical Trustees** to hold a list of your patients and supervisees so that they can be contacted in the event of your death or your inability to work. Further guidance is provided on the BPC website to assist you in appointing Clinical Trustees and setting up a Living Will, and guidance is provided for Clinical Trustees in the proper discharge of their duties. (see link below on appointing Clinical Trustees and setting up a Living Will). It is important to note that the process of setting up a Living Will and appointing Trustees requires time and thought, and you should attend to this without delay if you do not already have this in place.

https://www.bpc.org.uk/download/5102/Professional-Trustees-Guidance.pdf

The names of your Clinical Trustees must be registered **with the BPF**. You will be asked to provide this information when you are paying your membership fees each year.

Once you have agreed to start working with a patient, you should consider carefully how best to communicate this with your patients, bearing in mind confidentiality considerations and GDPR requirements.

### 3.0 Supervision

Regular clinical supervision is essential in therapeutic practice for both trainees and qualified members and is a significant requirement for all BPC registrants. Supervision offers you a space to reflect on your clinical work not just in terms of the patient's presentation, unconscious processes and progress within therapy but also a reflective space to consider your countertransference feelings and experience in all its complexity. Regular supervision not only enhances your practice, skills and awareness of unconscious dynamics but helps protect the professional boundary between therapist and patient.



### 4.0 Continuing Professional Development

All members of the BPF are expected to maintain their clinical competence and fitness to practise through engaging in regular Professional Development. CPD can take many forms and may include; reading literature/journal articles, writing papers, presenting papers, listening to podcasts, attending seminars, workshops or conferences, attending group supervisions, meetings with peers to discuss shared ideas as well as attending further academic studies and psychoanalytic or analytic training. Both the BPC and ACP set out their minimum standards for professional development and members are advised to review these standards and to record their professional development activities. Both the BPC and ACP carry out regular audits of members' CPD activities.

#### 5.0 Record Keeping & GDPR Compliance

The 2018 Data Protection Act introduced new rules and regulations for the management and storage of personal data known as General Data Protection Regulation or GDPR. This important change in legislation gives individuals more control over how their personal information is recorded and stored. GDPR rules apply to any individual or organisation who records or processes information about a UK or EU citizen. This includes recording your patient's name, address, phone number, GP, next of kin or any information that would identify them. The rules apply to both manual and electronic records and extend not just to basic information about your patient's contact details but also emails, phone messages as well as clinical notes.

Sensitive personal information, known as **Special Category Data**, relates to notes made about a patient's ethnic origin, religious beliefs, political affiliations, sexual orientation, trade union membership etc. and is subject to even more stringent controls than basic data outlined above. **All psychotherapists working in independent practice are required to register with the Information Commissioner's Office** (www.ico.org). Therapists working in the NHS or for a private organisation should expect that their organisation has registered with the ICO. You can check the register here https://ico.org.uk/about-the-ico/what-we-do/register-of-fee-payers/

As an independent practitioner you need to inform your patient at the time of collecting information about the information you are keeping about them and



about their right to privacy. GDPR requires that you provide your patient with a **Privacy Notice**. This notice outlines the service you are providing to the patient, why you collect information about your patient, how you will store their data and for how long, whether anyone else will be viewing their data (e.g. a secretary or Clinical Trustee) and whether you intend to transfer their data to another country. The Privacy Notice should also outline all of the patient's rights (as applicable to your practice/ professional context), which are as follows:

- > the right to be informed if your personal data is being used
- > the right to make a data protection complaint
- > the right to get copies of your data
- > the right to have your data corrected
- > the right to have your data deleted
- > the right to limit how organisations use your data
- > the right to data portability
- > the right to object to the use of your data
- > the rights relating to decisions made about you without human involvement
- > the right to access information from a public body

The ICO provides a template for writing your own privacy notice and can be accessed here - <u>https://ico.org.uk/about-the-ico/what-we-do/register-of-fee-payers/</u>

#### 5.1 When a patient requests access to their records

Patients have the right to request access to their records. Under GDPR rules, **you must have procedures in place to respond to such a request**, known as



Subject Access Request, *within one month of the request*. The request can be made verbally or in writing. A third party can make a Subject Access Request on behalf of that person, but you must ensure that the patient has given their consent for the Subject Access Request before disclosing any information. Patients have the right to access information that is held about them free of charge so you cannot charge a patient the time it takes to gather this information. The BPC has information about recordkeeping on their website https://www.bpc.org.uk/professionals/registrants/confidentiality/

### 5.2 Request to access records from police or the Courts

Occasionally, police or the Courts request access to your records held about a patient. We advise that you contact the Ethics & Professional Standards Committee to inform them of any such request and that you speak to the Ethics & Professional Standards Committee and your insurer before disclosing such information. Further guidance is available on the <u>British Psychoanalytic Council</u> <u>website for registrants</u>

[https://www.bpc.org.uk/professionals/registrants/confidentiality/].

#### 5.3 Data breaches

The ICO defines data breaches as the following: "A personal data breach means a breach of security leading to the accidental or unlawful destruction, loss, alteration, unauthorised disclosure of, or access to, personal data. This includes breaches that are the result of both accidental and deliberate causes. It also means that a breach is more than just about losing personal data". All data breaches, no matter how small, must be reported to the ICO **within 72 hours** as well as to the individual whose data has been breached.

### 6.0 Complaints

Patients have the right to complain about services they have received. In independent practice, we advise that you try to resolve complaints at an informal level with the patient, taking the time to hear their concerns, and the resolution they are seeking, and taking into account the context of the therapeutic relationship to include unconscious dynamics. If this is unsuccessful, patients may wish to contact the BPF (usually via Clinical Services or the Ethics Committee) or the therapist's Regulatory Body to make a formal complaint. In the NHS or other organisations, there will be complaints policies in place with the



option of directing patients to the Patient Advice and Liaison Service (PALS) should it not prove possible to resolve complaints at an informal level.

# 7.0 Psychotherapists in Training

We ask that all BPF analytic and psychoanalytic psychotherapists in training familiarise themselves with the Professional Practice Guidelines set out above, which they too are expected to follow. Any questions or queries regarding the standards can be discussed with your supervisor or line manager. Please note that **GDPR rules apply to trainees as well as to qualified staff** and you are responsible for the safe storage of a patient's data.

#### 8.0. Infant Observation

Foundation students or trainees who are starting out on their psychotherapy training will undertake an Infant Observation as part of their training. Occasionally, there may be times when you have concerns about your observations of the parent's behaviour, or state of mind towards the child, or the child's ability to thrive in their environment. We ask that you share these concerns with your Course Lead and the Designated Safeguarding Lead as these may need to be shared with the Local Authority.

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Serena Heller

Chair of Ethics & Professional Standards Committee

British Psychotherapy Foundation