

The Guild of Psychotherapists

CODE OF ETHICS AND PROFESSIONAL PRACTICE

Introduction.

The term “practitioner” in this Code refers to an individual member of The Guild of Psychotherapists, being a qualified Member, a Student, or Trainee, who practises psychotherapy.

Where a qualified Member is also a member of an umbrella professional organisation in psychotherapy, the Guild Member shall abide by the Code of such an organisation according to the rules of membership. In the case of UKCP, its Code of Ethics and Professional Practice and Complaints Process take priority and apply to UKCP registrants.

A. Best interests of the patients.

1. Practitioners shall act in such a way that they reasonably believe to be in the best interests of their patient and undertake to respect the patient’s autonomy.
2. Practitioners shall not have sexual contact or sexual relationship with patients.
3. Practitioners shall not exploit or abuse their relationship with patients (current or former) in any way, including for their emotional, sexual, or financial gain.
4. Practitioners shall not commit or collude in any act of physical violence against a patient, except where physical restraint is necessary (in which case only the minimum amount of force necessary in the circumstances shall be used).

B. Professional relationship.

1. Practitioners shall decline any gifts by their patients, any favours, money (other than in respect of professional fees) or hospitality that might be interpreted as exploitative.
2. Practitioners shall carefully consider the possible implications of entering into dual or multiple relationships and shall make every effort to avoid entering into a relationship that may confuse or have potentially adverse effect upon an already existing relationship with their patient. For example, a dual or multiple relationship could include a social or a commercial relationship with the patient, or supervisory relationship which runs alongside a therapeutic one. If dual or multiple relationship is unavoidable, for example in a small community, practitioners shall take responsibility for clarifying and managing boundaries and protecting confidentiality.
3. Practitioners shall accept that if they enter into a personal or business relationship with a former patient, and should this relationship prove harmful to such former patient who raises it as a complaint, then this could be considered as a form of exploiting a relationship (see clause A.3).

C. Communication and Consent.

1. Practitioners shall not advertise to the public in a manner where any advertisement: (a) contains inaccurate or untruthful material; or (b) make false claims as to their qualifications, training or skills; or (c) use testimonials.

2. Practitioners shall not make unjustifiable statements relating to particular forms of psychotherapy or psychotherapists.

3. Practitioners shall prior to any person becoming their patient inform such person of the terms and conditions of the contract between themselves and such person, and where appropriate the methods and principles of their practice.

4. If publishing or presenting clinical material (other than for the purposes of supervision, requirement of training, see clause D.1), practitioners shall take all necessary steps to ensure the anonymity of the current or former patient and where possible shall seek the current or former patient's informed and verifiable consent to use the clinical material.

5. Practitioners shall make clear to their current or former patients the nature, purpose and conditions of any research in which the current or former patient is to be a subject and shall ensure that informed and verifiable consent is given before such research starts.

D. Records, confidentiality and disclosure.

1. Practitioners shall respect, protect and preserve patients' confidentiality. Practitioners owe to their current or former patients the duty of confidentiality, except where (a) there is a mandatory legal requirement to disclose; (b) practitioners have reasonable grounds for believing that the safety of a current patient or of others is at risk; (c) where the prior written consent by the patient to disclose material has been obtained; (d) the use of patient material that is customarily presented in the course of psychotherapy practice, including clinical training, supervision and peer-supervision. In the case of (c) and (d) all necessary steps must be taken to ensure that the identity of the patient is concealed.

2. Practitioners may keep such records as they consider necessary to their psychotherapeutic work with their patients. Any personally identifiable records shall be stored and disposed of securely to preserve the confidentiality of the patients, and in accordance with the current legal requirements of Data Protection.

3. It is good practice to obtain legal and ethical advice in relation to providing information for judicial or administrative proceedings, and as to the potential impact that this could have on the commitment of confidentiality to the patient, even when patient consent is given.

E. Professional knowledge, skills and experience.

1. Following from the clause on not making false claims (C.1), it is good practice that practitioners shall not knowingly seek to work beyond the limits of their knowledge, skills or experience.

2. Practitioners shall take the necessary steps to maintain their ability to practise competently and to this end shall commit to a continuing process of professional and personal enquiry (including appropriate supervision) as may from time to time be set out in any Continuing Professional Development document of the The Guild of Psychotherapists or any other document that may from time to time be relevant to this purpose.

3. Practitioners shall ensure they do not work with patients if they are not able to do so for physical or mental health reasons, or when impaired by the effects of drugs, alcohol, or medication.

4. It is good practice to make considered and timely arrangements for the termination of the therapeutic relationship, or if unable to continue to practise, ensuring that the patients are informed and alternative practitioners are suggested where possible.

5. Practitioners shall have arrangements in place for informing patients and, where appropriate, providing them with support in the event of the practitioner's illness or death. Practitioners shall appoint Clinical Executor(s) (at least one, it is recommended two). Should the practitioner become incapacitated for any reason, or has died, the Clinical Executor shall communicate with the practitioner's current patients and offer any support that may be necessary.

F. Social responsibility and trust.

1. Practitioners shall not discriminate against a patient because of the patient's age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation (any as may from time to time be defined as protected characteristics by the UK Equality and Human Rights Act) and social economic or immigration status, and these factors shall not affect adversely the way practitioners relate to their patients. Practitioners shall avoid behaviour that is abusive or detrimental to their patients based on the above factors.

2. Practitioners shall actively examine and challenge any bias in themselves in clinical situations through relevant CPD.

3. Practitioners shall during the course of their professional clinical practice conduct themselves in such a manner so as not to bring into disrepute The Guild of Psychotherapists, themselves, the profession, colleagues, or trainees.

4. Practitioners shall maintain an awareness of, and comply with, all legal and professional obligations which apply to their practice, including forming an understanding of The Guild's Ethics Code and Complaints Procedure, and any other related documents (eg Grievance Guideline) that may be published by The Guild.

5. Practitioners shall ensure that any communication in which they take part, and in particular their participation in social media, is carried out in a manner consistent with this Code.

6. Practitioners shall be aware of the legal requirements regarding the cases of Safeguarding Children and Vulnerable Adults in health or social care, and recognise the legal responsibilities concerning taking appropriate action if they consider that any such person is at risk of harm.

7. Practitioners shall be familiar with and understand UKCP's published policy and guidance on Safeguarding and the Memorandum of Understanding on Conversion Therapy,

8. Practitioners shall ensure that their professional work is adequately covered by appropriate indemnity insurance, and if employed by their employer's indemnity arrangements.

9. If practitioners (a) have been convicted of a criminal offence or have any criminal proceedings commenced against them; or (b) have been suspended, disciplined or placed under restriction by any employer, professional body or organisation responsible for regulating psychotherapy, health or social care profession, such practitioners shall without delay inform the Chair of the Council of The Guild of Psychotherapists.