

Avon Counselling and Psychotherapy Service

CODE OF ETHICS. 2018

Preamble.

Part 1 Membership of ACPS

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Preamble.

In the interest of readability, as most of our therapist are female, the feminine form of personal pronouns is used throughout. Readers should understand everything it relates to applies equally to men.

Part 1

Membership of ACPS

All members are required to be registered with an appropriate professional body that can validate their clinical practice and provide a detailed code of ethics which they are required to fully comply with in order to meet the requirements of ACPS code of ethics. Normally this would be either BACP, BPC or UKCP.

Members are required to hold an appropriate level of professional Insurance which should also include public liability insurance.

Members are required to give the secretary or other appropriate person sight of their current certificate of registration and their current certificate of insurance on an annual basis on a date agreed by the organisation as a whole.

As a matter of good governance members who fail to comply with this basic requirement will be subject to automatic suspension of membership privileges until the matter is satisfactorily resolved. A member so affected will remain liable for maintaining membership subscriptions during this period.

Members are required to be proactive and prompt in informing the organisation of any changes in their professional registration and insurance cover and not wait for the next annual review of documentation.

Members must be likewise proactive in informing ACPS of any civil or criminal actions being brought against them or formal complaints arising out of their practice.

Members must not claim qualifications they are not entitled to, or in other ways give misleading impressions of their professional status.

Lack of honesty in the above areas will be regarded as a serious breach of the ACPS Code of Ethics and something that brings the organisation into ill repute as well as attacking the basis of trust we need as colleagues. A member who so acts may expect to be told to leave the service forthwith.

Conduct within ACPS.

Members are expected to take seriously the need to be an active part of ACPS. The most immediate aspect of this is our weekly Wednesday afternoon meeting. Members are

required to attend this meeting regularly. Where absence is unavoidable members are expected to inform colleagues as soon as their need for absence is known and preferably make suitable provision to be represented in the meeting.

Members are reminded that all meetings are business meetings, be the matter clinical or organisational. Members are expected to conduct themselves courteously and sort out interpersonal issues directly with the person involved in private. Where the issue is with the group as a whole members are expected to request this as a specific agenda item or bring it to the attention of the management committee or the Chair for consideration and action.

All of the above equally applies to emails and other electronic communications. Our electronic data is mutually shared to conduct ACPS business effectively and no other purpose.

Where a members feels herself persistently bullied or harassed the grievance procedure should be invoked.

Interactions with the public and other professional organisations.

Members at all times should take care that their actions do not bring ACPS into ill repute and in interacting with other professionals remember that they are representing ACPS and not themselves.

Assessment.

It is unethical for members to use the interview as an opportunity to garner patients into their own practice for any reason, however plausible. The assessment must remain unambiguously a portal into ACPS as a whole. This is the basis on which the client is attending. It is acceptable, and good practice, however where ACPS cannot provide a service for the assessor to advise the person where they might find what they need from another reputable organisation.

Where the assessor finds herself in disagreement with ACPS, for example over the suitability of a particular person for therapy or the eligibility for subsidised treatment then it is the referral group that ultimately represents ACPS and not the assessor. The assessor must respect this.

Disagreements must remain between the assessing therapist and colleagues and not be publically articulated.

Part 2

Conduct of clinical practice.

While therapists are self-employed agents responsible for their own practices referrals are made on the basis that therapists are fully compliant with their professional body's code of ethics which all cover, but are not limited to, such matters as confidentiality, safeguarding, supervision, the physical setting, medical cover, health and well-being, and having a professional executor(s) to act in the event of sudden illness or death.

This is a substantive part of the reason ACPS insists all therapists, members and network members, belong to an appropriate professional body and takes extremely seriously compliance in this area.

We are too small as an organisation to have a permanently standing ethics committee so in this complex area it is entirely appropriate to refer members to their professional organisations well drawn up codes of ethics.

ACPS makes referrals on the understanding that therapist's fees do not exceed the maximum agreed fee.

There is currently no specified minimum fee. However, based on our collective experience, ACPS recommends serious self-reflection if a therapist finds herself repeatedly setting significantly low fees