



# Counsellors & Psychotherapists in Primary Care

Member Organisation of the Psychotherapeutic Counselling Section of UKCP

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## CODE OF ETHICAL PRINCIPLES FOR MEMBERS OF THE ASSOCIATION OF COUNSELLORS AND PSYCHOTHERAPISTS IN PRIMARY CARE

### Introduction

- 1.1 The purpose of this code is to establish and maintain the highest standards for counsellors and psychotherapists who are members of The Association of Counsellors and Psychotherapists in Primary Care (hereinafter called CPC). It informs service users, members of Primary Health Care Teams and NHS staff of these standards, and protects service users.
- 1.2 This code takes effect from 17<sup>th</sup> September 2004 when it was accepted at the CPC Board Meeting and only applies to situations thereafter. It will not cover situations retrospectively prior to that date.
- 1.3 This code applies to all CPC members who work within the NHS and also covers their additional private practice.
- 1.4 The term 'CPC Member' herein is deemed as a professional counsellor, psychotherapist or psychologist who works as a psychological therapist, a student or a manager and has paid the appropriate fee for CPC Membership. The term 'client' herein is deemed to include any individual who uses the services of a CPC member in any therapeutic capacity.
- 1.5 All categories of membership of CPC commit the member to acceptance of the CPC Code of Ethical Principles.

### Overriding Principle

- 2.1 All members of CPC have a responsibility to uphold the good name of CPC and not bring it into disrepute.
- 2.2 Breaches of the Code of Ethical Principles may lead to termination from the membership of CPC or other sanctions that may be deemed appropriate.

### Competence

- 3.1 CPC members must adequately evaluate and develop their own level of competence.
- 3.2 CPC members must work within the limits of their qualifications.
- 3.3 CPC members recognise that they work in a highly developed and demanding context. As such, they must make specific and adequate on-going arrangements for monitoring and updating their own knowledge base and committing to continual professional development.
- 3.4 CPC members must have ongoing supervision/consultative support with a minimum of 1½ hours per month. CPC recommend supervision pro rata to one hour for every twenty-five client-contact hours that they work. CPC members recognise that newly qualified counsellors will require considerably more supervision. CPC recommend that student members should be receiving supervision at a ratio of one hour for every six client-contact hours.

### Confidentiality

- 4.1 CPC members respect the confidentiality and privacy of their clients, and work within the confines of the law.
- 4.2 Confidentiality varies according to the work setting. When CPC members work as an essential part of the Primary Health Care Team or in another NHS setting, for the successful health and well being of the client, some circumstances may occur in which the CPC member may wish to reflect the progress of a client's therapy with other members of the team who may be working with the client in parallel. It may therefore be appropriate for the counsellor to discuss with other members of the NHS team the process and progress of the therapy undertaken.
- 4.3 The personal content of the sessions with the client must remain confidential from other members of the specific team after due consideration of any legal requirements.

- 4.4 Any case material discussed within the team must not be taken outside of it without the informed consent of the client, except within the confines of the law.
- 4.5 Clients should be informed of the confidentiality boundaries of working in a professional team, either verbally at assessment session, or in the form of an introductory leaflet. CPC recommend that clients should provide their written informed consent to the counselling process in accordance with the guidelines issued by the Department of Health<sup>1</sup>.
- 4.6 Where a client specifically requests a certain piece of information to be kept confidential from other members of the team, the CPC member may agree, providing that the information is within the jurisdiction of the law, and providing that its content does not reveal danger to the client, the counsellor, or to others.
- 4.7 CPC members must undertake risk assessment of a client who reveals an intention to self-harm. The client must be informed that this information may be shared with other members of the team who are also working with the client's health and well-being for prescribing or other therapeutic interventions.
- 4.8 CPC members must undertake risk assessment of a client who reveals an intention to harm others. CPC members must acknowledge openly to the client that this cannot be condoned, and that steps may be taken to break confidentiality in order to protect third parties.
- 4.9 CPC members have a duty to protect their clients from abuses of confidentiality in particular over access to the client's notes. They also need to protect themselves against abuses by clients who use the confidentiality ethic as a means of concealing their abuse.
- 4.10 CPC members must ensure that all records and notes of counselling sessions are kept secure and that authorised personnel can only gain that access to them in pursuance of the client's therapy.

### **Client Autonomy**

- 5.1 CPC members must respect the autonomy of their clients in their views and behaviours, even when those views or behaviours might be antagonistic to their own.
- 5.2 CPC members must respect the dignity of clients.
- 5.3 CPC members must not adversely discriminate on the basis of ethnicity, religion, age, class, sexual orientation or disability.
- 5.4 CPC members must provide clients with accurate details of their training, qualifications, method of working and supervisory arrangements on request.
- 5.5 CPC members must not claim, either overtly or by implication, to have qualifications that they do not have.
- 5.6 If a CPC member is working privately within a NHS setting, the member must disclose their terms and conditions of working to the client at the outset of the counselling contract.
- 5.7 A CPC member must not have a sexual relationship with a person who is, or was, a client.
- 5.8 A CPC member must not have a sexual relationship with a supervisee or supervisor whilst in a supervisory contract.

### **Working Practice**

- 6.1 CPC members must ensure that all records and notes of counselling sessions are kept up to date.
- 6.2 Session notes must be written in compliance with relevant legislation, including The Data Protection Act 1998 & Access to Health Records Act 1990.
- 6.3 CPC members undertaking publications or research in which client material is used must ensure before commencement that the client gives written informed consent. Such material must always preserve the anonymity of the client.
- 6.4 CPC members must ensure that there is a procedure for contacting clients in the event of their own death or sudden prolonged incapacity, leaving instructions for the disposal of case notes.
- 6.5 CPC members must ensure that they hold, or are covered by, professional indemnity insurance.
- 6.6 For all cases of conflict of interests, dual roles, ethical dilemmas, and legal issues, CPC members must consult with their supervisors, their professional organisation or other nominated individuals or organisations.
- 6.7 CPC members have a duty to take action if they become aware of breaches of the CPC Code of Ethical Principles by another member of CPC. Taking action may include lodging a formal complaint against the CPC member (see CPC Complaints and Disciplinary Procedures) to the CPC Board. Two other colleagues, following discussion between all three, should support such submissions.

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<sup>1</sup> Reference Guide to Consent for Examination or Treatment. DoH. 2001