BRITISH/
PSYCHOANALYTIC
/COUNCIL

Consultation on Standards of Conduct, Practice and Ethics and supporting guidance

Consultation report

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1. Introduction

1.1 We consulted between 28 April 2023 and 9 September 2023 on our proposed Standards of conduct, performance and ethics and supporting guidance.

1.2 We consulted on replacing the existing BPC Code of Ethics with new Standards of conduct, performance. We also consulted on supporting guidance to the Standards which would replace the existing BPC Ethical guidelines.

1.3 We informed a range of stakeholders about the consultation including our Registrants, Membership Institutions, other professional associations, accredited registers and patient representatives. Information about the consultation was promoted on the BPC website and via social media and other communication channels.

1.4 We have read each and every response we received and considered what changes we may need to make to the Standards and Guidance we consulted on. This document provides a high level analysis and summary of the responses we received to the consultation and outlines how we have used the feedback we received.

About the British Psychoanalytic Council (BPC)

1.5 We are the leading professional association and a Professional Standards Authority (PSA) Accredited Register for the psychoanalytic and psychodynamic psychotherapy profession in the UK.

1.6 We:

- set standards;
- accredit training;
- register qualified practitioners; and
- consider concerns about the fitness to practise of our Registrants.

1.7 We work closely with our Member Institutions who are training organisations and professional associations.

About the structure of this document

1.8 This document is divided in the following sections:

- Section two explains how we handled and analysed the consultation responses we received, providing some overall statistics from responses.
- Section three provides an executive summary of the responses we received.
- Section four is structured around the comments we received to specific questions.
- Section five explains outlines how we have used the feedback we received.
- Annex A includes the consultation questions in full.
- Annex B lists the names of the organisations that responded to the consultation.

1.9 In this document:

- 'you' or 'your' is a reference to respondents to the consultation
- 'we, 'us' and 'our' are references to the BPC
- 'The Standards' is a reference to the draft Standards of Conduct, Performance and Ethics we consulted on.
- 'The Guidance' is a reference to the draft supporting guidance we consulted on.

2. Analysing your responses

2.1 Now that the consultation has ended, we have analysed all the responses we received.

Method of recording and analysis

2.2 The majority of respondents used our online survey tool to respond to the consultation. They self-selected from a pre-defined list the stakeholder group which best described them. If responding on behalf of an organisation, we asked for the name of the organisation. Respondents were able to select their response to each question (e.g. yes; no; I don't know) and provide free text comments. We also received emailed responses.

2.3 When deciding what information to include in this document, we assessed the frequency of the comments made and identified themes. This document summarises the common themes across all responses.

Statistical analysis

2.4 We received 124 responses to the consultation document. 112 responses (90%) were made using the survey tool.

2.5 Table 1 breaks down the responses we received in all formats by category of respondent.

2.6 80% of responses were received from BPC Registrants and 13% from BPC Member Institutions. Respondents who selected 'Other' included the relatives of former patients of psychotherapy, including previous witnesses in BPC fitness to practise cases.

Table 1: Responses by category of respondent

Category	Total	%
BPC Member Institution representative	16	13%
BPC Registrant	99	80%
Current or former patient of psychoanalytical / psychodynamic therapy	1	0.8%
Government / PSA or similar	1	0.8%
Other mental health sector	2	1.6%

Psychoanalytic / psychodynamic practitioner not registered with the BPC	2	1.6%
Other	3	2%
Total responses	**124**	

Notes

- Respondents who used the survey tool self-selected the most appropriate category. Respondents who emailed their responses have been manually coded and included in this data.
- Percentages have been rounded.

2.7 Table 2 below provides a breakdown of responses to each consultation question. Please note, this data is taken from the large majority of responses that were made using the survey tool. Where quantitative data is cited elsewhere in this document, it is from this dataset.

Table 2: Breakdown of responses to each question

Question	Yes	No	I don't know	No response
Q3. Do you agree that the Code of Ethics should be renamed 'Standards of conduct, performance and ethics'?	74% (82)	15% (17)	11% (12)	 (1)
Q5. Do you consider that the draft Standards reflect professional and public expectations of psychoanalysts, Jungian analysts, psychoanalytic and psychodynamic psychotherapists, psychodynamic counsellors and all other titles on the BPC Register?	74% (83)	13% (14)	13% (15)	
Q7. Do you consider that there are any standards which should be amended or removed?	46% (52)	42% (47)	12% (13)	
Q9. Do you consider that any additional standards are necessary?	27% (30)	49% (55)	24% (27)	

Notes

- Quantitative data from responses using the survey tool only.
- Questions where a quantitative (yes, no, I don't know) response was possible / captured.

- One ‘no response’ in Question 3 is not incl-uded in calculation of percentages.
- Percentages have been rounded.

3. Executive summary

Change of title

- A large majority of respondents agreed that the existing Code of Ethics should be renamed 'Standards of Conduct, Performance and Ethics'.

- Where respondents agreed with the change in title, they considered it to be clear, easily understood and more accessible. Where respondents disagreed, they considered that the Standards represented a shift to a more legalistic, rigid and rules-based approach to ethics which they considered was inappropriate for, or inconsistent with, psychoanalytic practice.

Professional and public expectations

- A large majority of respondents agreed that the Standards reflected professional and public expectations of BPC Registrants.

- Where respondents agreed, they considered that the Standards were clear, appropriately detailed and consistent with current practice. Where respondents disagreed, they were concerned that the Standards were too prescriptive and lacked understanding of the complexity of psychoanalytic work and ethics.

Changes to standards and guidance

- The majority of responses to this question were positive about the Standards and Guidance overall, whilst indicating where further refinement was necessary or would be helpful.

- There were a minority of respondents that considered that more significant changes were required. These respondents typically considered that the Standards were insufficiently psychoanalytic in content and language; failed to recognise the role of the unconscious inherent in psychoanalytic work; were too vague to be meaningful; and/or were too prescriptive.

- Respondents made thoughtful and helpful comments about how the Standards and Guidance might be further revised, with comments most frequently made about the following areas:

    - Best interests
    - Professional boundaries
    - Unlawful discrimination

- Conversion therapy
- Supervision
- Professional candour
- Structure and language

4. Responses to consultation questions

Q3. Do you agree that the Code of Ethics should be renamed 'Standards of conduct, performance and ethics'?
Q4. Please give reasons for your answer to question 3.

Summary

4.1 In the consultation document, we explained that we intended to replace the Code of Ethics with renamed 'Standards of conduct, performance and ethics'. We said that this new title was intended to be clearer for the public and professionals alike that these are standards which must be met by our Registrants.

4.2 The majority of respondents that used the survey tool – 80% - agreed that the Code of Ethics should be renamed 'Standards of conduct, performance and ethics'. 15% disagreed. 75% of BPC Registrants were in agreement with the proposed title, compared to 63% of Member Institutions.

4.3 Responses to question four overlapped in content with responses to question six. This is perhaps unsurprising given the link between the title of the Standards and their content.

Agree

4.4 Where respondents agreed with the proposed title and provided comments in support, reasons given included the following.

- The new title was clearer, more easily understood and more accessible, including for patients and the public.
- The new title was an accurate description of the content of the Standards which were considered to be more comprehensive and inclusive than previously.
- The new title appropriately reflects a movement away from rigid 'rules' implied by 'Code', to standards setting clear expectations within which there can be professional judgement and flexibility in practice.

Disagree

4.5 Where respondents disagreed with the proposed title or did not know and provided comments, reasons given included the following.

- The new title marks or infers a shift to a more concrete, legalistic, rules-based approach which is inconsistent with / inappropriate for psychoanalytic practice.

- The new title emphasises behaviour when the focus should be on ethical thinking.

- 'Performance' lacks clarity, is inappropriate in the context of psychoanalytic work and/or is unnecessary.

- Suggested alternatives included Code of Ethics; Code of Ethics and Professional Standards; and Standards of Conduct and Ethics.

Q5. Do you consider that the draft Standards reflect professional and public expectations of psychoanalysts, Jungian analysts, psychoanalytic and psychodynamic psychotherapists, psychodynamic counsellors and all other titles on the BPC Register?

Q6. Please give reasons for your answer to question 5.

Summary

4.6 In the consultation document, we explained that the Standards were more detailed or specific than the existing Code of Ethics. We said that our intention was to draft standards which continue to provide a framework for ethical decision making, allowing ample room for professional judgement and creativity whilst including enough detail so that what we require of our Registrants is clear.

4.7 We asked whether respondents considered that the Standards reflected professional and public expectations of the professions we regulate and asked respondents to provide reasons for their answers.

4.8 The majority of respondents that used the survey tool – 74% - agreed that the Standards reflect professional and public expectations of our Registrants. 13% disagreed. 78% of BPC Registrants agreed compared to 63% of Member Institutions.

Agree

4.9 Where respondents agreed that the Standards did reflect professional and public expectations of BPC Registrants and provided comments in support, reasons given included the following.

- The draft Standards are appropriately detailed, consistent with other registration bodies and reflect current practice.

- The draft Standards are clear and concise and will be readily understood by both Registrants and the public.

- The draft Standards reflect the high standards that the public will or should expect.

4.10 Some respondents highlighted areas of the draft standards they particularly welcomed in their responses, or commented that they considered that they were comprehensive.

4.11 In keeping with some respondents who disagreed, some respondents noted that the public may not understand the various professions that the BPC regulates or the role of the BPC. One respondent, for example, noted that some language such as 'boundaries', 'professional candour' and 'protocols' may be less clear to members of the public.

Disagree

4.12 Where respondents said that the Standards did not reflect professional and public expectations of BPC Registrants, or said they did not know, and provided supporting comments, reasons given included the following.

- The Standards are too detailed, prescriptive and concrete for psychoanalytic practice. Some respondents commented that the Standards may be appropriate for some modalities, including those based on a 'medical' or 'treatment planning' model, but they were incompatible with psychoanalytic work.

- The Standards lack a depth of thought and understanding of the complexity of psychoanalytic work and ethics – in particular the central role of unconscious processes.

- The Standards require further work to ensure their applicability to all modalities and sectors including the NHS, private practice and work with and for organisations.

- The public lack understanding of psychotherapy.

4.13 Some respondents said that they were unable to comment on whether the Standards were suitable for professional titles / modalities other than their own.

4.14 Some respondents highlighted specific areas of the Standards they considered required amendment or removal.

Q7. Do you consider that there are any standards which should be amended or removed?
Q8. Please give reasons for your answer to question 7.

4.15 46% of respondents that used the survey tool considered that there were standards which should be amended or removed. A similar percentage – 42% - said there were not. 45% of BPC Registrants agreed compared to 38% of Member Institutions.

4.16 The majority of responses to this question were positive about the Standards and Guidance overall, whilst indicating where further refinement was necessary or would be helpful.

4.17 There were a minority of respondents that considered that more significant changes were required. These respondents typically considered that the Standards were insufficiently psychoanalytic in content and language; failed to recognise the role of the unconscious inherent in psychoanalytic work; were too vague to be meaningful; and/or were too prescriptive.

4.18 We received thoughtful and detailed responses suggesting changes to specific standards or discussing the challenges of interpreting specific standards in the context of psychoanalytic practice.

4.19 The following provides a summary of the specific areas of the Standards where comments were most frequently made by respondents.

Standard 1: Act in the patient's best interests

4.20 Standard 1.1 says that Registrants must: 'Act in a patient's best interests at all times.'

4.21 Some respondents questioned whether the language of 'best interests' here was appropriate for psychoanalytic work and whether it was indeed possible to act in a patient's best interests 'at all times'. Points raised included the following.

- Whilst therapists can endeavour to make the best interests or welfare of the patient at the heart of therapeutic relationships, what a patient's best interests are may not always be clear and may only become apparent as work progresses.

- 'Acting in a patient's best interests at all times' is too absolute, and consideration must also be given to the interests of the therapist and/or the therapists' assessment of the therapy required.

- 'Best interests' is not language used in other comparable standards for psychotherapists.

- 'Best interests' has specific currency in relation to legislation about mental health capacity which creates confusion as what is meant here.
- Where alternatives were suggested, these were about the therapist keeping the welfare or needs of the patient as their primary concern.

Professional boundaries

4.22 Standards 1.3 to 1.8 set out various requirements in relation to professional boundaries:

> 1.3 Maintain professional boundaries with a patient at all times during treatment and following termination of the treatment.
>
> 1.4 Not ask for, accept, or indicate a willingness to accept gifts or bequests from patients, except token gifts of nominal value.
>
> 1.5 Not enter financial, commercial, or other professional relationships or arrangements with patients.
>
> 1.6 Not have sexual contact or sexual relationships with patients.
>
> 1.7 Not exploit or abuse your relationship with current or former patients for any purposes including your own emotional, sexual or financial gain.
>
> 1.8 Mitigate, where possible, dual or multiple relationships with a patient which may adversely impact the patient.

4.23 Some respondents sought clarity on these standards. Points raised included the following.

- There is a lack of clarity about how the Standards should be interpreted – for example, a lack of clarity about what is meant by 'professional boundaries', gifts of 'nominal value' and 'dual or multiple relationships'.

- Clarity is required to make clear that the prohibition on entering in to financial relationships with patients (1.5) does not extend to patients paying for therapy sessions.

- There is some duplication between some of the Standards – for example, 1.5, 1.6 and 1.7 - which makes them less clear.

- Standards 1.3 and 1.7 are explicit that they extend both to existing and former patients. However, 1.4, 1.5 and 1.6 only explicitly apply to existing patients. Clarity is required to reinforce the importance of therapists not having sexual, financial or other professional relationships with former patients.

- The applicability of the professional boundaries standards to relationships with trainees and supervisor-supervisee relationships.

Agreeing to work with patients

4.24 Standard 1.11 requires Registrants to obtain consent for treatment after they have agreed with a patient to work together.

4.25 Standard 1.12 requires Registrants to provide specific information to patients, including information about therapy sessions; fees arrangements; data privacy; and information about the BPC and how to raise a concern.

4.26 Some respondents questioned the concept of 'consent' in standard 1.11 as it applies to psychotherapy. Points raised included:

- The concept of 'consent' can be challenging as neither patient nor therapist will always know how therapy is likely to progress.

- If a patient has agreed to work with a therapist and to pay a fee, this clearly implies consent for treatment.

- There needs to be clarity about whether this Standard is intended to require written consent or not. A minority of respondents said they disagreed with any standard that inferred the necessity for a written contract.

4.27 In relation to standard 1.12, some respondents questioned whether it was necessary, consistent with psychoanalytic practice or consistent with other comparable professions to need to prescribe such a list of information that Registrants must provide to patients at the beginning of therapy. Some argued that providing this information would interfere with the therapeutic

process and cause patients undue concern. Others raised specific concerns with needing to raise information about data privacy and information about how to raise a concern with the BPC (as opposed to this information being readily available on request).

Standard 4: Must not unlawfully discriminate

4.28 Standard 4.1 says that Registrants must 'not unlawfully discriminate against actual or prospective patients, whether directly or indirectly on the grounds of:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race, including colour, nationality, culture, ethnic or national origin
- Religion or belief
- Sex
- Sexual orientation.'

4.29 The list above are protected characteristics set out in the Equality Act 2010.

4.30 Comments on this standard included the following.

- The wording requires amendment – 'unlawful discrimination' is unclear and infers that there are lawful ways to discriminate.

- 'You must' is too strong in relation to this standard because it fails to acknowledge the role of unconscious processes. It may be impossible for a therapist's beliefs not to influence their treatment in some way.

- Therapists may choose not to work with a specific patient or patient group because they consider that they are not well placed to do so without further supervision, analysis or training.

Standard 5 – Must not engage in conversion therapy

4.31 Standard 5 says: 'You must not offer, practise or advocate conversion therapy.' 'Conversion therapy' is an umbrella term for a therapeutic approach, or any model or individual viewpoint, that demonstrates an assumption that any sexual orientation or gender identity is inherently preferable to any other, and which attempts to bring about a change of

sexual orientation or gender identity, or seeks to suppress an individual's expression of sexual orientation or gender identity on that basis.[1]

4.32 Whilst respondents that commented on this standard generally acknowledged that therapy which expressly aimed to change a person's sexual orientation or gender identity was wrong, some questioned whether this standard was necessary or was sufficiently clear about the limits of 'conversion therapy' as opposed to therapy which explored a patient's sexual orientation or gender identity.

4.33 Points raised included the following.

- More detail is required in the Standards themselves to make the definition and scope of conversion therapy clearer. In particular, to make clear – as is outlined in the Guidance – that exploration with a patient of their sexual orientation or gender identity does not constitute conversion therapy.

- Some respondents considered that it was important to adopt an open therapeutic stance when working with patients who wished to explore their sexual orientation or gender identity. They were concerned that a failure to 'affirm' a patient's sexual orientation or gender identity would be considered an attempt at conversion and open up therapists to allegations of discrimination – particularly transphobia.

- Some respondents considered that sexual orientation and gender identity had been unhelpfully conflated and that gender identity should either be omitted or carefully re-considered.

4.34 Overall, responses indicated a desire from some respondents for more information and guidance from the BPC to help navigate this area.

Standard 7 - Ensure you have appropriate supervision in place

4.35 Standard 7.1 says that Registrants must: '…only practise if you obtain sufficient and competent supervision or consultation with a suitably qualified supervisor or supervision peer group, having regard to:

- your own level of competence and experience;
- the number of patients in your practice;
- the clinical demands of each individual patient within your practice;

[1] https://www.bpc.org.uk/professionals/memorandum-of-understanding-on-conversion-therapy-in-the-uk/

- whether the supervisory relationship has, for any reason, ceased to provide the level of challenge and depth necessary for competent work.'

4.36 The Guidance to this standard sets out our expectations for supervision including the following.

- Supervisors should be a senior clinicians with more experience than the supervisee.
- Newly qualified supervisors should not have peer supervision as their major or only supervisor if the entire peer group is recently qualified.
- There is a minimum requirement for 15 hours supervision per year, with more recommended for newly qualified practitioners – perhaps twice as much.

4.37 We received comments which were about both this standard and the supporting guidance. Comments included the following.

- Very experienced Registrants, including those who are nearing the end of their career, are a group for whom specific guidance is necessary, as they may not need nor be able to secure supervision from someone who is more experienced than them.
- We should specify a number of years post-qualification that supervision should be with a senior clinician, after which supervision could be with a peer.
- Some queried whether the last bullet point of the standard was referring to decisions to change supervisor and, if so, suggested that additional guidance about this would be helpful.
- One respondent drew on a personal experience to ask that we included more about the quality of supervision, including standards of supervisor behaviour.

Standard 11: Maintain professional candour

4.38 Standard 11.1 says: 'Be open and honest with patients when things go wrong, taking into consideration the impact on the patient's treatment.'

4.39 A number of respondents sought clarity about this standard. In particular, these respondents considered that 'when things go wrong' was unclear and too open to interpretation and misunderstanding. They asked for the standard to be clarified and/or for more guidance. For example, one respondent said we needed to address matters such as how to think ethically about when to inform the patient and the need to consult supervisors, senior colleagues and/or ethics advisers.

4.40 One Member Institution said that the standard appeared to refer to concrete errors such as sending a patient the wrong bill, but this was not apparent in the wording of the standard. Another respondent queried when issues that arise from therapy are best discussed in supervision rather than with the patient.

Structure and language

4.41 In addition to comments about specific areas of the Standards, we also received comments about the structure and language of the Standards. They included the following.

- The Standards require revision to be more explicitly psychoanalytic in form and content, or require more information in the introduction to provide psychoanalytic context.

- The Standards require restructuring to differentiate between ethical standards, professional standards; and the requirements of good clinical practice.

- The language used requires amendment or further thought including the use of words such as 'treatment' and 'patient'. Some respondents considered these terms reflected a medical model of practice or did not apply to all practice contexts, including work with organisational clients. We received some suggestions for alternatives including, for example, 'therapeutic relationship' and 'client'. A few respondents pointed out that the Standards document explained when 'must' and 'should' were used but then did not use 'should'. Others said they were uncomfortable with the use of 'must' in the document because it was too 'absolute' – alternatives suggested included 'should', 'commits to' and 'agrees to'.

- The Standards should include hyperlinks to BPC guidance and to the external requirements that are cited – for example, to health and safety legislation and to the Advertising Standards Agency Code of Practice.

Q9. Do you consider that any additional standards are necessary?
Q10. Please give reasons for your answer to question 9.

4.42 A majority of respondents that used the survey tool – 49% - said that no additional standards were necessary. 27% said that there were. A larger proportion of respondents than for other questions said that they did not

know – 24%. 24% of BPC Registrants said that additional standards were required, compared to 38% of Member Institutions.

4.43 The majority of responses we received only commented on specific draft standards or areas of the Guidance that they considered required amendment or further thought.

4.44 Relatively few responses suggested additional standards and these responses did not appear to indicate significant gaps of coverage in the draft.

4.45 In summary, suggestions for additional standards were made in relation to areas including the following.

- The use of technology including working with patients online, social media and related risks to confidentiality.
- Behaviour between those within the profession (in light of reported behaviour by senior colleagues to those who are more junior).
- Power imbalances between Registrants, patients and colleagues.
- The importance of the therapist making every effort to counter unconscious bias through consultation, supervision or analysis/ therapy.
- Protection and support for the safety of practitioners.
- Paragraph 9 of the existing Code of Ethics: 'Registrants shall take all reasonable steps to ensure that those working under their direct supervision adhere to this code and do not attempt to practise beyond their competence.'
- Requirements in the Children Act to prioritise the needs of children, including passing on information to prevent or address harm.
- Professional conduct whilst acting as a supervisor.
- Standards about trainees – particularly in relation to professional boundaries.
- Reference to the climate emergency.

Q11. Do you think any further guidance about the draft Standards are needed in the draft Guidance? If so, please provide further details.

4.46 We received relatively few comments in response to this question that were specifically or explicitly about the content of the Guidance, with some respondents repeating their comments on the Standards.

4.47 Some respondents addressed the Standards and Guidance together in their responses. This is perhaps unsurprising given the Standards and Guidance relate to each other and most of the consultation questions focused specifically on the Standards, Subsequent careful consideration of all the comments we received about the Standards may also indicate that amended or additional guidance is required.

4.48 Where respondents commented generally on the Guidance, some said it was clear and concise, whilst others said that it was too brief and more detail was required. Some considered that parts or all of the Guidance should be transferred to the Standards document.

4.49 The need for further guidance was most frequently mentioned in relation to the Standards on best interests, unlawful discrimination, conversion therapy, supervision and professional candour. See questions seven and eight for more information about comments received about these areas.

4.50 In addition to those areas, suggestions for further guidance were made in relation to aspects including the following.

- The potential conflict between the requirement not to discriminate and the requirement to work within the limits of competence.
- The applicability of the Guidance (and the Standards) as currently drafted to Registrants that work with and for organisations and organisational clients.
- The role of Member Institutions, including their Ethics Committees – particularly as a source of advice for Registrants.
- Safeguarding, raising concerns and whistleblowing.
- Guidance / support for trainees, particularly in relation to reporting concerns.
- How concerns raised about Registrants will be handled by the BPC.

- A section of the Guidance or introduction to the Standards for the public.

- Record keeping.

Q12. Do you have comments on any other aspect of the draft Standards?

4.51 Most comments received in response to this question were about the overall approach taken in the Standards or Guidance or their content. These comments have been summarised elsewhere in this document.

5. Our comments and decisions

5.1 We have carefully considered all the responses we received to the consultation and have used them to improve the final versions of the Standards and supporting guidance.

5.2 The following provides a high-level summary of the main changes we have made to the Standards and supporting guidance. In addition, we made a variety of other minor amendments throughout both documents to take account of feedback, improve clarity, reduce overlap and remove duplication.

Standards and guidance

- We have renamed the Standards to 'Standards of Conduct, Practice and Ethics'. We consider that this accurately describes their focus and content. We have removed 'performance' which some respondents considered to be problematic in a psychotherapeutic context.

- We have retitled the supporting guidance 'Guidance notes for the Standards of Conduct, Practice and Ethics'. We have amended the structure of the guidance notes to more closely follow the detailed structure of the Standards.

Introduction

- We have made a variety of minor amendments to the introduction to the Standards. This includes clearer content which acknowledges the wide variety of working contexts of our Registrants, which includes work with adults, children, families, couples, organisations and other professionals. We have explained how we have tried to use clear, inclusive language in the Standards and how language such as 'patients' applies to the work of our Registrants.

Standard 1 – 'Make the care of patients your primary concern'

- We have renamed Standard 1 to: 'Make the care of patients your primary concern'. We consider that this language better reflects the intention of this standard and avoids the language of 'best interests' which some respondents considered lacked clarity and/or was problematic.

- We have streamlined the Standards on maintaining professional boundaries under Standard 1 into a single standard with three bullet points which address gifts and bequests, financial and commercial relationships,

and sexual relationships. This has removed unnecessary duplication and more clearly stated our requirements of Registrants. The final Standards are now much clearer that Registrants must not have sexual contact or enter into sexual relationships with patients and that this continues to apply following the termination of treatment.

- In light of the consultation feedback, we have streamlined the content under standard 1 which was about providing patients with specific types of information before agreeing to work together. We have tried to strike a more appropriate balance – ensuring that Registrants provide patients with the information they need before embarking upon therapy, whilst avoiding an unhelpful, lengthy, prescriptive list which might unnecessarily limit ways of working with patients.

- The final version now says that before agreeing to work with a patient Registrants must, as a minimum, explain orally or in writing their fees, arrangements for sessions and the limits to confidentiality. Registrants must also be prepared to answer candidly other patient questions should they arise – for example, those related to matters such as the length of treatment, how to complain or data storage. The Standards do not require Registrants to enter into written contracts with patients, although some may choose to do so.

Standard 3 – Raise concerns if patients or others are at risk

- We have made some minor changes to this standard to remove duplication and improve clarity.

- The guidance notes include new guidance on this standard. This includes content about safeguarding legislation, advice on what to do if a Registrant has safeguarding concerns about a child or adult at risk, and links to useful resources.

Standard 4 – Must not unlawfully discriminate

- We have retained the wording 'unlawfully discriminate' as this standard is about compliance with equalities legislation. A Registrant who decided they could not work with a patient or prospective patient because they objectively considered their needs were outside of their scope of practice would not be unlawfully discriminating against them.

- We have amended standard 7.2 so that it now reads: 'You must…Not let your own religious, moral, political, or personal beliefs and values prejudice or adversely affect the treatment provided to a patient.' The

wording has been changed from 'influence' to 'adversely affect'. Registrants' religious, moral, political or personal beliefs may influence their practice; our concern is to ensure that they do not prejudice or adversely affect a patient's treatment.

- We have streamlined this standard by removing specific standards on reasonable adjustments and disabilities as we considered these were more detailed than would be typical in standards of this type. We also considered that the Standards here and elsewhere already addressed the importance of avoiding unlawful discrimination including of disabled people and compliance with relevant legislation, including that related to reasonable adjustments.

- The guidance notes now include links to sources of guidance on equalities legislation.

Standard 5 – Must not engage in conversion practices

- Standard 5 is 'Must not engage in conversion practices'. We have amended the wording here from 'therapy' to 'practices' to demonstrate our position that conversion practices do not constitute therapy.

- The guidance notes have been amended to clearly set out:

    - Our definition of conversion practices.
    - Our opposition to all attempts at conversion practices on the basis that they are not only potentially harmful to the patient but are in contradiction to the ethics and principles of evidence-based, therapeutic practice with the welfare of the patient as the primary concern.
    - A clear statement that exploration with a patient of their sexual orientation or gender identity does not constitute conversion practice.

Standard 7 – Ensure you have appropriate supervision in place

- We have added an additional standard which recognises the role of supervisors in taking reasonable steps to ensure that Registrants who they supervise are adhering to these standards.

- The guidance notes include new advice about what supervisors should do if they have concerns that these standards are not being met. This includes speaking to their supervisee in the first instance and if, required, discussing the matter with their supervisor, a senior experienced colleague or with the

Chair of the Ethics Committee of their or the supervisee's Member Institution (MI). Any concerns about a supervisees fitness to practise should be raised with the BPC.

Standard 8 – Maintain and protect patient information

- We have separated out standards for clinical research or publication (8.11) and for training purposes (8.12).

Standard 9 – Work effectively with colleagues

- We removed two standards which were about not bullying, harassing or discriminating against colleagues and not making malicious statements about colleagues. We considered that the ground covered by these standards were already addressed adequately in this standard by standards about working collaboratively with colleagues and treating colleagues with fairness and respect. Standards elsewhere also address the importance of honesty, integrity and behaviour which upholds confidence in the profession.

Standard 11 – Maintain professional candour

- The guidance notes now include further advice about the duty of professional candour. This includes examples of when things might go wrong in psychoanalytic work and how Registrants might consider the appropriate action to take. There is also new guidance about how Registrants can best handle concerns and complaints from patients when they arise.

Annex A: Consultation questions

Q1. Please select which best describes you

- BPC Registrant
- BPC Member Institution representative
- Psychoanalytic/psychodynamic practitioner not registered with the BPC
- Member of the public
- Current or previous patient of psychoanalytic/psychodynamic therapy
- Other mental health sector professional
- Government, Professional Standards Authority or similar employee

Q2. If you are responding on behalf of an organisation, please provide the name of the organisation.

Q3. Do you agree that the Code of Ethics should be renamed 'Standards of conduct, performance and ethics'?

Q4. Please give reasons for your answer to question 3.

Q5. Do you consider that the draft Standards reflect professional and public expectations of psychoanalysts, Jungian analysts, psychoanalytic and psychodynamic psychotherapists, psychodynamic counsellors and all other titles on the BPC Register?

Q6. Please give reasons for your answer to question 5.

Q7. Do you consider that there are any standards which should be amended or removed?

Q8. Please give reasons for your answer to question 7.

Q9. Do you consider that any additional standards are necessary?

Q10. Please give reasons for your answer to question 9.

Q11. Do you think any further guidance about the draft Standards are needed in the draft Guidance? If so, please provide further details.

Q12. Do you have comments on any other aspect of the draft Standards?

Annex B: List of respondents

The organisations that responded to the consultation are listed below.

Association for Psychodynamic Practice and Counselling in Organisational Settings
Association of Christians in Counselling
British Psychoanalytic Association
British Psychotherapy Foundation
Foundation for Psychotherapy and Counselling
Gloucestershire Counselling Service
National Counselling and Psychotherapy Society
Scottish Association of Psychoanalytic Psychotherapists
Severnside Institute for Psychotherapy
Society of Analytical Psychotherapy
Tavistock Relationships
West Midlands Institute of Psychotherapy
Wessex Counselling and Psychotherapy

(Please note multiple responses were received from some Member Institutions.)