

FIP Code of Practice

1. Introduction

1. This code seeks to establish some of the practical applications of the values and principles set out in the Code of Ethics. Like the Code of Ethics, this code applies to all professional members of FiP Limited.
2. Throughout this Code of Practice, the designation “FiP” shall refer to the Forum for Independent Psychotherapists Limited. The designation “Member” refers to professional members of FiP, who are engaged in the provision of psychotherapeutic services including, but not limited to, psychotherapy, counselling, assessment for treatment and supervision of clinical practice. The designation “patient” refers to patients and clients and anyone seeking, or participating in, clinical activity with a member of FiP Ltd.

2. Professional Conduct

1. Members should seek to maintain a treatment setting which is conducive to good practice, and in which there is minimal risk of intrusion or interruption.
2. Members must undertake work within professional boundaries. As such, Members should not work therapeutically with their relatives, friends or colleagues nor, preferably, anyone closely connected with an existing patient. Members should consider carefully before taking into treatment any patient who is currently undergoing similar treatment, without the agreement of the parties concerned.
3. Members must not work professionally when under the influence of alcohol or intoxicating drugs or when incapacitated by illness. Members recognise that personal problems and other conflicts may, on occasion, interfere with their professional abilities and in such circumstances they should refrain from practice and/or seek appropriate professional assistance.
4. Members may work in organisational settings as well as in private practice. Care should be taken that the correct transfer/referral procedures of the organisational setting are followed when considering moving a patient from one setting to another, and this must only be done with the agreement of the organisation concerned.
5. The charging of commission for referrals by and to individual colleagues is prohibited.
6. When working in organisational settings, Members may be required to abide by codes of practice which are determined by their employer. Where such codes are at sufficient variance with those of FiP, Members are required to make contact with the Chair of the Ethics Committee to discuss this.

3. Responsibilities to Patients

1. Members must have adequate professional indemnity insurance cover so that they are in a position to meet a legal claim or complaint that a patient might make.
2. Members should make clear from the outset of treatment the time and length of sessions, the place of the meetings and arrangements for the payment of fees. Members should give patients adequate notice of any changes to the above, and of any planned breaks or absences. It is acceptable for fees to be revised according to a patient's change of personal circumstances and/or due to a reasonable annual increase. However, payment in kind, substantial gifts and favours are prohibited from the professional relationship.
3. Members should consider whether her/his approach to the work is appropriate for a particular patient, and should make an appropriate referral at any stage of the work if that appears to be in the patient's best interests. Clinical referrals should be made responsibly, and any liaison with other professionals should be with the patient's knowledge.
4. Members should be aware of the value of supervision and case consultation in their on-going clinical practice. It is expected that Members will seek adequate case consultation or supervision when providing professional services to others.
5. Members should have awareness of how patients may access psychiatric assistance should this become necessary.
6. Members are strongly advised to appoint a professional colleague in the role of clinical executor. This executor agrees to take responsibility to inform patients, supervisees and FiP, in the event of a Member's death or incapacity to work due to severe illness.
7. There must never be any sexual involvement between Members and their current or previous patients, supervisees or trainees. Social contact with the above groups should be avoided wherever possible during the course of the professional working relationship.
8. Before proceeding with any personal relationship with an ex-patient, Members must exercise considerable caution, and carefully consider matters such as the time scale involved, the ex-patient's state of mind, the impact on the therapeutic work undertaken, and whether the therapy has concluded satisfactorily. Discussion with senior colleagues is advised. In any event, Members should expect to be professionally accountable if a personal relationship with an ex-patient becomes detrimental to the ex-patient or to the standing of the profession.

4. Confidentiality

1. Members should discuss clinical material only with their supervisor or within a supervision or case discussion group. Members may also discuss the impact of clinical work with their personal therapist. Any such discussions must preserve patient anonymity at all times. Any information gained during the provision of supervision is subject to the same rules of confidentiality as in the treatment setting.
2. Any written presentation of clinical material must preserve the anonymity of the patient. In situations where it is likely a patient may encounter such material, written permission must first be obtained from the patient. The Member must act in the best interests of the patient, and therefore refrain from publishing material where to seek written permission might disturb or disrupt the therapeutic work.
3. Members must try to obtain a patient's permission when there is a need to speak to another professional such as a GP. If permission is not given or actively refused, the patient must be told about any such consultation or discussion.
4. A Member's duty of confidence to patients does not prevent them being obliged to disclose otherwise confidential information when required by the law. Whenever confidentiality is challenged by legal process Members should take appropriate professional advice. In the first instance this should be with their insurer who would usually be able to give appropriate legal advice. If in any doubt, the Member is advised to consult with the Chair of FiP's Ethics Committee. If there is a legal obligation to disclose, the Member should first discuss the matter with the patient and try to obtain permission for disclosure. Any disclosure should be kept to the minimum necessary.
5. Members should act in accordance with the all applicable data protection requirements. Members are required to keep abreast of legislative changes as they may affect the practice of psychotherapy.

5. Advertising of Professional Services

1. Any advertising and/or use of the media should not bring FiP, or the profession as a whole, into disrepute.
2. Members should ensure that the content of all advertising (including Members' websites) should be legal and truthful. Any statements made should be descriptive but not evaluative, and should not imply guarantees or efficacy of psychotherapeutic treatment. Ideally, publicity material should be limited to information regarding training, qualifications, and the nature of the services offered. Demeaning or comparative statements about other therapists or therapeutic modalities is not acceptable.

6. General

1. If during the conduct of professional work doubts occur as to whether a particular course of action is ethical, the Member should consult the Chair of the Ethics Committee as soon as possible.
2. Any Member who has been convicted of a criminal offence in a court of law must notify the Chair of FiP's Ethics Committee immediately. Failure to give such notification will be deemed disreputable conduct and may lead to termination of membership.
3. The conviction of a Member for a criminal offence shall be automatically reviewed by a disciplinary committee, who may recommend termination of membership of FiP.
4. Where a Member has been removed from one of the voluntary psychotherapeutic registers, or another professional register, the Ethics Committee Chair must be notified immediately.
5. Where a Member has knowledge of unethical conduct by a professional colleague, either within FiP or within another professional membership organisation, such concerns should be made known to the relevant executive body of the colleague's professional organisation.
6. Members should not employ, make referrals to, or recommend the services of a practitioner who has been struck off a roll or professional register for unethical conduct. Where a member finds a person who is continuing to practice in such circumstances, they must report this to the Chair of the Ethics Committee immediately.