Professional Conduct Policy

Includes guidance on:

- Standards of professional behaviour
- Responsibilities of MCS, supervisors and therapists
- Disclosures and Conflicts of Interests
- Private Practice and Involvement in Private Business

Document Type:	Staff Policy
Reference:	S-006
Original Document Author:	Policy and Procedures Group
Document Purpose:	This policy outlines the standards in place for the professional conduct of Marches Counselling Service staff
Target Group:	Directors, Board of Trustees, Clinicians and Volunteers
Initial Date Ratified:	10.01.2018
Where this is to be held:	In the main MCS office and induction packs

Related Documents:

- BACP Ethical Framework for the Counselling Professions
- MCS Policies and Procedures
- MCS Roles and Responsibilities document
- MCS Staff Handbook

The validity of this document is only assured for the version held in the office. If this document is printed into hard copy or saved to another location its validity must be checked against the reference number on the office version. The office version is the definitive version.
If you would like this document in another format, please contact the administrator.

Version History:

Reference Number	Reviewed Date	Responsible Person
S-006	21st August 2017	HM
	10th September 2020	CC
	31st August 2022	CC

Contents

1. Introduction

1.1 MCS prides itself on the quality of its staff and services and holds professional conduct as the cornerstone for trust in its business. We believe in our clinicians and fully support their continuing professional development.

1.2 In this policy we seek to define our standards for professional conduct. It may be that aspects of this overlap with other policies of MCS, and where it has been possible to do so, relevant policies and procedures are sign-posted.

2. How the Policy is to be Applied

2.1 MCS takes equality and diversity very seriously and strives to ensure an equitable service irrespective of sex, gender identity, disability, race, age, sexual orientation, culture, religion or belief. (See MCS Equal Opportunities Policy S-003)

2.2 We recognise that diversity is an important factor in therapeutic relationships, and by its nature therapy is idiosyncratic. How the 'personhood' of the therapist comes across can be key in establishing a good and effective relationship and this can relate also to the professional conduct of the therapist involved. We expect that any barriers to applying this policy will be appropriately addressed with a senior member of staff or trustee.

2.3 We recognise that this is a rapidly changing field and welcome new perspectives on all of the issues addressed by this policy.

3. Definition of Terms

3.1 The term 'therapist' and 'counsellor' will apply to those working directly with clients in a therapeutic capacity.

3.2 The term 'clinician' refers to therapists, counsellors, assessors and supervisors.

3.3 The term 'staff' is occasionally used and refers to clinicians, administrators, directors and trustees, whether those 'staff' are paid, voluntary or students on placement

4. BACP Code of Ethics

4.1 MCS provides a counselling service accredited by the British Association of Counsellors and Psychotherapists (BACP) and as an organisation adheres to their Code of Ethics using this as the baseline for its own set of professional standards.

4.2 All clinicians will also work to their professional training/accrediting organisation's code of ethics, for example BACP, UKCP, BPS, BABCP etc. It is expected that as MCS abides by the BACP Ethical Framework for the Counselling Professions and that this is upheld by staff as a minimum standard guiding practice whether or not the practitioner has followed a BACP affiliated training or has qualified through a different training pathway.

4.3 As part of this, it is expected that staff always act in the best interest of their clients and MCS.

5. Responsibilities of the Clinicians to MCS

5.1 **Insurance**

5.1.1 It is the responsibility of each clinician to obtain and maintain their own personal professional indemnity insurance. Copies are lodged with administration and updated annually.

5.2 **Training and Competency**

5.2.1 Each clinician is expected to declare all relevant professional training so that MCS can stay informed about level of provision across its services and also of the training needs.

5.2.2 Clinicians are expected to keep up-to-date with their Continuing Professional Development (CPD). MCS will do as much as it can to support this, and provides various training opportunities across the year for its members. In accordance with our BACP accreditation there is an expectation that this will be a minimum of 30 hours per annum.

5.2.3 Clinicians are expected to be aware of any new, significant changes in the understanding of wellbeing and therapeutic treatments. This is not to say that we expect our clinicians to be reviewing literature and research in their work, but simply that they continue to keep an awareness generally of developments within the field of psychological therapies. To this end MCS encourages professional discussions, CPD and training events. There is also a notice board in the kitchen to share any interesting articles or promote discussion.

5.2.4 Therapists (and supervisors) are expected to use supervision as an arena to develop professional skills and further develop core competencies. It is hoped supervision will encourage and promote non defensive reflective practice and be used to contemplate a broad spectrum of practice based issues whilst working within MCS.

5.2.5 MCS expects staff to know and adhere to our policies, procedures and protocols. To help with this much of this information is contained in the MCS Staff Handbook, which we provide on induction. Up-to-date policies, procedures and protocols are held in the main office.

5.2.6 It is important for every clinician to work within their competency and with reflection on the skills involved in the work with the clients they see

5.2.7 If in initial doubt of this, or if it seems that the work has become outside of the clinician's competency this must be raised in supervision at the earliest opportunity. Discussion should enable a decision to be made about any additional support needed and how this will happen.

5.2.8 Clinicians are expected to advise their supervisor and/or the Clinical Director about any personal concerns or situations which may affect the quality of the work. This can be done discreetly, outside of the supervision group.

5.2.9 In the circumstance where it is deemed that the client should be passed on to another member of the team, or signposted elsewhere, this should be clearly discussed and any action agreed recorded in the client's notes with an action date.

5.2.10 MCS may undertake a review of training needs across the staff from time to time and we encourage staff to participate as much as possible in this so that we can best meet the needs of our staff and clients.

5.2.11 Any clinician having a particular interest in training within the organisation is encouraged to join the training group which plans and organises the year's programme.

5.3 **Criminal Offences**

5.3.1 Past offences should be declared on application for a position with MCS and any new offences declared to the clinical director. Any failure to do this may result in the termination of your work with MCS.

5.4 **Professional Dress Code**

5.4.1 Staff and volunteers must dress in reasonable attire. Certain items of dress might benefit from one's own reflection and exploration, for example see-through clothes, low-cut tops, ripped or stained clothes, clothes or accessories that disclose personal or private interests you might have. The impact on clients should always be considered and applies when in the building, whether or not there is planned client contact.

5.5 **Conduct outside of the Workplace**

5.5.1 Even outside of the workplace staff may be seen as representative of MCS standards and professionalism. Staff should bear this in mind and act appropriately.

5.5.2 Staff should be aware of the potential for any personal online activity to bring the organisation into disrepute, and consider carefully how this might be managed. Any doubts should be brought to the attention of management.

5.6 **Relationships with Colleagues**

5.6.1 If meeting colleagues outside of work all client information and organisational matters should be kept as confidential (See also MCS Confidentiality Policy C-002)

5.6.2 It is accepted that some members of staff might not want to engage in discussion of work outside of their work hours, and that this should as far as possible be respected. However, for the efficient running of the service, it is expected that work related emails and telephone messages be dealt with by all concerned as soon as possible.

6. Responsibilities of the Therapist to Themselves and the Client

6.1 Therapeutic work can be incredibly complex and nuanced, and sometimes touch upon matters very personal and private. MCS strongly recommends clinicians make full use of their own therapy, or consider personal therapy, as a way to support themselves and protect clients from any personal matters making their way into the relationship.

6.2 It is each therapist's responsibility to ensure they are getting enough supervision and to raise the issue if for any reason it feels inadequate. For a variety of reasons supervision contact may by uneven, and it is up to the therapist to contact the supervisor and discuss it with them. It is part of the counsellor's duty of care to make full use of supervision, both for the protection of themselves and the client and for their own learning potential.

7. Responsibilities of the Supervisor to the Therapists

7.1 MCS sees supervision as playing an important role in the therapeutic encounter, containing and traversing as it does the direct therapeutic processes, professional processes, and organisational processes. The supervisor's role and responsibilities are outlined in detail in their agreement with MCS. (Please see Supervisor / Assessor Agreement)

7.2 MCS includes supervisors in the principles outlined above and also expects the supervisors to be continually aware of the influence they have as a role model, in professional authority, accountability for the clients of their supervisees and in representing MCS.

8. Responsibilities of MCS to its Clinicians

8.1 At MCS we are aware that organisational culture is created and moulded by the standards and principles we set, from the Directors and Board of Trustees and cascaded down through the people we meet and work we do. It is expected that the Directors and Board of Trustees in particular uphold admirable professional conduct, blended with the support and understanding we want associated with this service.

8.2 With that in mind it is the responsibility of MCS to create a professional working environment, with an effective business model to provide a stable service for its staff and clients.

8.3 MCS will be clear and transparent about its business aims and conflicts of interest.

9. Disclosures and Conflicts of Interests

9.1 This is defined as 'A situation in which a professional has private or personal interest sufficient to appear to influence the objective exercise of his or her professional duties.' In this policy statement Conflict of Interest should be assessed in terms of whether the interests or personal circumstances of any person associated with MCS could influence, or could appear to influence, professional performance.

9.2 Trust is at the ethical heart or core of this issue. Conflicts of interest involve the abuse, actual or potential, of the trust people have in us as professionals. This is why conflicts of interest not only injure particular clients and colleagues, but may also damage the reputation of MCS and the entire Counselling and Psychotherapy professions by reducing the trust people generally have in us.

9.3 All personnel involved with MCS shall as far as is possible avoid situations in which a conflict of interest exists, or could be perceived to exist. (See also Conflict of Interest Policy S-001)

9.4 We recognise that many of our clinicians may work for other organisations alongside MCS and/or work privately. To that end it is important to establish clear boundaries and distinctions between work for MCS and work that is not for MCS.

9.5 All staff, including Directors, Trustees, clinicians, volunteers and administrators must declare any conflicts of interest in writing. In some cases, the declaration itself helps to distinguish boundaries and heighten awareness to ways there can be compliments or breaches to contract.

9.6 **Appeals**

9.6.1 In the circumstances where a possible conflict seems unavoidable, we will look to resolve the matter in-house but may seek the guidance of a professional third party.

9.6.2 In the event of a conflict, or suspected conflict of interest situation, MCS reserves the right to suspend involvement with the service. We recognise that in the case of therapists, this can have a serious impact on any clients being seen.

9.6.3 We are committed to ensuring resolution informally but with thorough consultation with other specialists in the field of Counselling and Psychotherapy. Should a decision be made to suspend your involvement with MCS as a result of proven conflict of interest, you will have the right to appeal against this decision. Appeals can initially be lodged with the board of trustees under the MCS Complaints Policy (O-002).

10. Other Areas of Concern

10.1 **Using confidential information.** Within MCS you will be party to confidential information. No individual associated with MCS shall use confidential information as a means of financial gain for themselves or others. No individual will use confidential information for unfair advantage over another person.

10.2 **Gifts**. Gifts include not only articles of value, but also include, and are not limited to, travel, accommodation, meals, and the like. From time to time clients may wish to offer a gift of thanks. If a gift or thank you card is received the Administrator should be informed so a record of appreciation can be kept. This helps in indicating the value of the service to its clients, for example to funders. Gifts received in the course of counselling should always be discussed in supervision as part of the therapeutic process. Whereas small tokens of appreciation are normal, counsellors should discourage personal gifts of high value and suggest a donation to the service.

10.3 **Outside business interests.** Any individual connected with MCS will ensure that outside business activities and interests do not interfere with the normal duties of the service nor represent a conflict of interest [see Private Work protocol (P-005)].

10.4 **Use of MCS stationery, publicity materials, logo, website.** All documents and materials created for the use of MCS may not be used in any outside business, personal, or other private activities, or to promote or endorse individual enterprise, or to otherwise enhance private gain without written permission of the Clinical Director.

11. Private Practice

11.1 Clinicians are expected never to accept a client of MCS for private work, unless agreed as appropriate by the MCS supervisor and a reasonable period has elapsed since termination.

11.2 It is not permissible to use MCS equipment or resources for private practice. We do have rooms to hire to therapists and there is a clear process for room hire.

11.3 It would not be appropriate to see a private client in the MCS rooms if that person has previously been seen in MCS.

11.4 **Leaving the Service**

11.4.1 If a clinician leaves the service but continues to work privately, it is possible that clients seen as part of MCS may contact them. It is understandable that, having built up a relationship of trust, clients may prefer to come back to their previous counsellor. We are sometimes approached by an ex-client asking if they can see the same person and they may ask for contact details if the clinician is no longer with us. Clinicians comfortable with this may leave us details of how they would prefer clients to approach them (for example through their professional organisation's website). We do not give out personal details of anyone who has worked with us. If a clinician sees an ex-client of MCS privately they should be clear in contracting with them that this is a new relationship and not an extension of the work with MCS.

11.4.2 If, on leaving the service, a clinician has clients with whom work has not been brought to a satisfactory conclusion, it is not ethically acceptable to take them into private work. Such clients will be offered a transfer to a new counsellor within the service. They will also be directed them to the BACP website, their GP, or other relevant counselling services dependent upon situation. If the client chooses to end their counselling with MCS and asks if it might be

possible to see the clinician privately, they should be given a clear 'cooling off' period of at least 3 months before being accepted as a client.

11.4.3 All decisions of this nature should be documented in case notes. If the client chooses to work with the clinician privately the following should take place:

i. The MCS supervisor should be informed of the possibility of this client engaging in a private arrangement. We have a duty of care to our clients and need to ensure that they are offered appropriate support wherever possible. The clinician concerned must have appropriate supervision in place for their private work.

ii. At least a 3-month gap should be left between the counselling provided under MCS and any private arrangement. This allows the client some time to process the work that has already taken place and to consider their decision. It also protects both the clinician and MCS as it presents a clear line between the existing work and any subsequent private arrangement.

iii. The client should be advised to make contact at least 10 weeks after the MCS counselling ends if they still wish to take up the option of counselling privately. There should not be a private appointment made before that time. Any difficulties for the client with this should be discussed with the supervisor.

iv. A written contract should be given to the client making it clear that this is a new arrangement and that they are responsible for paying normal fees. Fees should be negotiated irrespective of what they were paying MCS.

11.5 **Approaches Whilst Still in the Service**

11.5.1 It is possible that a client, learning that their clinician works privately, will ask if they might see them in that context rather than through MCS. They may explain this in terms of a need for greater confidentiality than they feel an organisation can offer, or it might be linked to the desire to renegotiate payment. Whatever their reasons this needs to be taken to supervision where the dynamics of what is taking place for the client in the context of the relationship can be discussed.

11.5.2 The clinician may choose to clearly state that this would be unethical and that they are unable to do so. However, it may be clinically more desirable to be less dismissive, and to take the opportunity of exploring what is going on for the client in therapy. It can be stated that any approach for private work would need to be after the existing piece of work within MCS has been completed.

12. Complaints and Grievances

12.1 MCS is aware of the difficult work the clinicians undertake, and the pressure this can put them under. When professionals do not act as expected it can be an upsetting and hurtful experience for all involved. It is our overall aim to create a supportive atmosphere for all involved with MCS, and believe dialogue and understanding is often the process needed for personal and professional development.

12.2 It is everyone's duty to report any unsafe practice they witness. MCS has a clear process for this, [see 'Complaints' Policy in the Staff Handbook (section 1.1)]. Sometimes it is enough to raise it directly with the person involved and the matter can be addressed without going through formal systems. However, there may be times when this is not possible, not effective, not desirable or does not feel safe to raise it directly and therefore reporting to a third party can be the most useful way forward.

12.3 It is recommended that any complaint should be raised with the therapist's supervisor in the first instance. If this is not appropriate for whatever reason the complaint can then be directed to either the Clinical Director or a Trustee.

12.4 There are certain circumstances, for example in the matter of gross professional misconduct, where a complaint needs to be raised with the accrediting or regulating body of the therapist involved. It is hoped and expected on these occasions the person making the complaint would make MCS aware, not least so we can be supportive and collaborate.

12.5 All complaints must be addressed with due and appropriate confidence and discretion.

12.6 In the event of personal circumstances preventing the Counsellor from working as anticipated, either in quality of work or quantity of clients, a mutual agreement for temporary suspension of services may be made. This should not extend more than 3 months, and will only be renewed in exceptional circumstances.

12.7 Complaints regarding the service will be disclosed to the Board of Trustees.

12.8 New clinicians will be taken on under a probationary period of 6 months, if any complaints or grievances are made or come to light during this period they shall be addressed immediately and in person, where possible.

12.9 Staff are advised to refer to the Disciplinary and Grievance Policy (S-002) or in the Staff Handbook (section 2.3)

13. Reviewing the Policy

13.1 This policy is subject to annual review by the policies group, or by approaching the Clinical Director or Board of Trustees upon request.

13.2 MCS encourages staff to engage with this policy and we are open to hearing any suggestions or feedback on it.

Declaration

I have read and agree to abide by MCS's code of professional conduct.

SIGNATURE: …… DATE: ……