

# General Ethical Principles and Code of Conduct of the NAPCP

## Introduction

The general principles outlined below are intended to guide members, pre-accredited members, and others (being individuals or incorporated bodies) responsible for operating training courses accredited from time to time by the NAPCP towards the highest ideals and practices of counselling and psychotherapy. Consequently, they should be considered by members, pre-accredited members and those operating courses accredited by the NAPCP to be guiding factors in arriving at an ethical course of action; furthermore, the Code of Ethics is to be interpreted by the Ethics Committee in the light of these General Principles.

The Code of Ethics of the NAPCP is presented as a set of enforceable rules of conduct and practice for members of this organisation (and where reference is made hereafter to 'members' it is to be understood that this includes pre-accredited members and others (being individuals or incorporated bodies) responsible for operating training courses accredited from time to time by the NAPCP). However, the fact that a given conduct is not specifically treated in what follows does not mean that it is either ethical or unethical. The application of the General Principles is meant to allow issues of dispute in the Code of Ethics to be brought to resolution and new articles to be appended whenever such seems desirable or necessary by the competent authorities of the NAPCP.

It is clearly to be understood that membership of the NAPCP (and for this purpose membership shall be understood to include those individuals or directors of businesses responsible for operating training courses accredited from time to time by the NAPCP) commits those concerned to adhere to the Code of Ethics and to the rules and regulations used to implement it. There are also legal and insurance related aspects of this Code, which may be applied by outside agencies, e.g. courts, civil boards, or other state bodies. The Code applies to members' work-related activities, i.e. activities that are part of their professional counselling and psychotherapy work. Included in this are private practice, group work, teaching, supervision of trainees and other professional interventions. The purely private and personal conduct of members does not ordinarily fall within the remit of this Code, unless such conduct brings the profession itself and/or the NAPCP into public disrepute. It should also be noted that compliance with or violation of the Code of Ethics may be admissible as evidence in certain legal proceedings, depending on circumstances.

In effect, then, members must also consider this Code of Ethics even when it lays down standards of conduct that are higher than that required by law. Where a conflict between Law and the Code of

Ethics occurs, members will make known their commitment to the Code of Ethics and take steps to resolve the conflict in a reasonable manner.

The Procedures for instigating, investigating and resolving complaints of unethical conduct are set out in the prevailing Rules and Procedures of the NAPCP Ethics Committee. Actions which may be taken include reprimands, censures, termination of membership, as well as referral to other bodies and sanctions on the part of those other bodies. Action to terminate membership may be taken on foot of conviction for a felony, legal precedent, expulsion from another professional organisation, or other such suspension.

## Preamble

In joining the NAPCP, members agree to comply with the Code of Ethics.

This applies to their professional activities and any behaviours that might impinge on those activities. Whilst this code cannot resolve all ethical and practice related issues, it aims to provide a framework for addressing ethical issues and to encourage optimum levels of practice. Members will need to judge which parts of this code to apply to particular situations. They may also have to decide between conflicting responsibilities.

Where ethical issues are unclear, practitioners are required to follow a formal procedure to assist in examining the ethical merits of their work and to provide justification for any ethical decisions they make. This procedure is detailed in full in Appendix 2.

Like all other professionals, therapists are subject to the law, and their practice must conform to the law. In addition, therapists are expected to adhere to NAPCP's Code of Ethics, particularly in cases where referral criteria, employment requests, or online conduct may pose a challenge to the Code of Ethics. This Association has a Complaints Procedure that can lead to the expulsion of members for breaches of its Codes of Ethics & Conduct.

## The Nature of Counselling and Psychotherapy

Counselling and psychotherapy are activities whereby a practitioner offers a professional service, in a helping capacity, to a client, who seeks the service. The term "client" refers to individuals, couples or groups of people. The counsellor's/psychotherapist's role is to facilitate the client's functioning in ways that respect the client's values, personal resources and capacity for self-determination. Counselling & Psychotherapy can take different forms including directive and non- directive approaches.

The principle of informed consent is the cornerstone of ethical counselling and psychotherapy and practitioners should recognise and uphold the importance of confidentiality in establishing a trustworthy therapeutic relationship.

Counselling and psychotherapy are formal activities involving an agreed contract. To maintain their effectiveness, practitioners review their work regularly in a confidential setting with a supervisor. In joining the Association, Members agree to comply with the provisions of the Code. The Code applies to their professional activities and any behaviour that might impinge on those.

NAPCP expects each member to respect the uniqueness of each person with whom they work, valuing individual characteristics, personal resources, core experiences personal values and meanings and the capacity for self-determination.

Respect for the whole person lies at the core of NAPCP's ethical stance. The goal of wholeness which characterises our work, and the professional relationship which serves it, requires a conscious ethical stance ultimately rooted in the ancient rule 'do no harm'. We favour awareness, respect for all aspects of what it means to be human, awareness of pain, of the ultimate questions of life, death and destiny. We encourage the beginner's mind, the ability to see things afresh, to strive for autonomy and to help change take place. Ultimately, we believe that everyone deserves the chance to experience renewal and growth from pain and suffering.

To ensure that their practice remains effective and appropriate, practitioners are obliged to meet regularly with a professional supervisor, who is an experienced colleague with whom they review their work. Information discussed during supervision is regarded as confidential.

## Overall principles

The Code of Ethics outlines the core values of counselling and psychotherapy and the principles arising from these. These core values are as follows:

Autonomy: Fostering the right to control the direction of one's life;

Nonmaleficence: Avoiding actions that cause harm;

Beneficence: Working for the good of the individual and society by promoting mental health and well-being

Justice: Treating individuals equitably and fostering fairness and equality;

Fidelity: Honouring commitments and keeping promises, including fulfilling one's responsibilities of trust in professional relationships; and

Veracity: Dealing truthfully with individuals with whom counsellors come into professional contact.

## Core Values

### 1. Competence

Members are committed to high standards in their work. This means that they recognise the boundaries imposed by their own competence, experience and present level of training. Hence, they provide only such services and use only those techniques in which they have been qualified by education, training and experience. This is a context that requires careful judgment. Members take appropriate steps to protect the welfare of those with whom they work and relevant supervision, issues of central importance.

## 2. Integrity

Integrity is a core value for all counsellors, psychotherapists and supervisors (trainees). This also applies to supervising and teaching people in training. This raises issues of fairness, honesty and respect for others. Hence, in describing their qualifications, experience, services and fees, they avoid all statements that are false, deceptive or misleading. It also means that they are aware of their own belief systems, values, needs and limitations and how these impinge on their work. In this context, members must be prepared to clarify these factors to relevant parties. They will also avoid improper relationships that may put the therapeutic alliance at risk.

## 3. Respect

Members grant appropriate respect to the basic rights, dignity and self-worth of all people. This respect reaches out to people's privacy, confidentiality, autonomy, religion, spirituality, morality, responsibility and self-determination. However, it is important to be mindful that, from time to time, legal and other obligations may lead to conflict and other difficulties with the exercise of these rights. Members need to be aware of individual, cultural, ethnic, role and other differences such as, those due to age, gender, sexual orientation, religion, race, disability, involvements and socio-economic status. Biases and prejudices which derive from such differences require self-awareness and a commitment from members to try honestly to eliminate them from their working relationships. It also requires that they do not knowingly participate in or condone any kind of discrimination on whatever grounds.

## 4. Concern

Counsellors and psychotherapists are concerned to contribute to the welfare of those with whom they work professionally. This means that members always have regard to the welfare of others and do everything they reasonably can to perform their roles in a way that minimises or avoids harm. The therapeutic task requires a safe context in which issues of power and other forms of manipulation and exploitation play no part.

## 5. Social Responsibility

Counsellors and psychotherapists work to mitigate and bring healing into areas of human suffering. Hence, use of their skills and education outside of this context needs to be prudently weighed. They are also encouraged to contribute of their time for little or no personal or financial advantage to the best of their ability when circumstances permit.

## 6. Professional Responsibility

Counsellors, psychotherapists, supervisors and teachers of trainees, will uphold high standards of professional conduct in their work. This means that they are clear about their professional roles and obligations. This requires that they accept appropriate responsibility for their professional behaviour. Members' moral standards and conduct are personal matters, except where these may compromise professional responsibilities or reduce people's trust in counselling and psychotherapy.

# Ethical Practice & Professional Competence

Counselling and Psychotherapy are non-exploitative in nature and are underpinned by core values of integrity, impartiality, and respect. Counsellors and Psychotherapists should apply the same degree of care to work ethically whether the work is paid, voluntary or work related.

Counsellors and Psychotherapists do not condone, engage in discrimination or refuse professional service to anyone on the basis of race, gender, religion, national origin, age, sexual orientation, disability, and socioeconomic or marital status. They should also make reasonable efforts to accommodate clients who have physical disabilities.

Counsellors and Psychotherapists are expected to take all reasonable steps to monitor and develop their own competence and to work within the limits of that competence. Where circumstances exceed the counsellor's level of competence, supervision should be sought and referral considered. All members of NAPCP require on-going professional supervision and continued professional development.

## Ethical Standards

### 1. In General

#### 1.01 Applicability

Members' activities may be reviewed under these standards only when work-related issues are concerned. Personal activities having no bearing on their roles as Counsellors and Psychotherapists are not subject to this code.

#### 1.02 Ethics and law

Where a conflict arises between the Code of Ethics and Law, members will make their commitment to this Code known and then take responsible steps to resolve the conflict.

#### 1.03 Professional Relationship

Members provide therapeutic, teaching, supervisory and related services in the context of a defined professional role.

#### 1.04 Boundaries of Competence

(a) Members work within the boundaries of their competence. This is based on their education, training, supervised and/or other appropriate experience.

(b) Movement into new areas that involve further skills will be undertaken only in foot of appropriate study, training, supervision and/or consultation with those who are competent.

(c) In newly emerging areas where appropriate training does not yet exist, members will take personal responsibility to protect the welfare and dignity of those with whom they work, and will consult others in the field, as appropriate.

(d) Counsellors/psychotherapists should continually monitor their effectiveness as professionals and take steps to improve when necessary.

## 1.05 Receiving Gifts

While accepting gifts is discouraged, counsellors/psychotherapists should recognize that in some cultures (and in relation to children) small gifts are a token of respect and gratitude. When determining whether to accept a gift from clients, counsellors/psychotherapists take into account the therapeutic relationship, the monetary value of the gift, the client's motivation for giving the gift, and the counsellor/psychotherapist's motivation for wanting to accept or decline the gift.

## 1.06 Client Safety

Members of NAPCP should take all reasonable steps to ensure that the client suffers neither physical nor psychological harm during counselling and psychotherapy. Counsellors and Psychotherapists do not normally give advice but this may depend on the role of the counsellor/psychotherapist i.e. advocacy and the modality within which they choose to work.

When therapy occurs by electronic means, counsellors and psychotherapists should inform clients of the potential risks and benefits, including but not limited to issues of confidentiality, clinical limitations, transmission difficulties and ability to respond to emergencies.

Counsellors and Psychotherapists should uphold their responsibilities to provide consistent care to clients and to not abandon or neglect clients. Such practices and procedures include providing accurate contact information (and appropriate contact times) as well as specified procedures in case of emergency, therapist absence and conducting appropriate terminations.

## 1.07 Responsibilities to Self and Other Professionals

Members should not counsel when their functioning is impaired due to personal or emotional difficulties, illness, disability, alcohol and drug use or for any other reason. It is an indication of the competence of Counsellors and Psychotherapists when they recognise their inability to counsel a client or clients and make appropriate referrals. Counsellors/psychotherapists should also act in a collegial manner and assist colleagues or supervisors in recognizing their own professional impairment and provide assistance when warranted with colleagues showing signs of impairment and intervene as appropriate to prevent imminent harm to clients.

Members concerned about a colleagues' professional conduct may consult with the therapist in question in order to avoid or prevent unethical conduct. Alternatively, the member may choose to

discuss the situation with a supervisor (or further information on ethical decision-making refer to Appendix 1). At all times the welfare of the client is paramount.

If a member is satisfied that part of the Code of Ethics is being breached, whether by a member or non-member, in an establishment running a training course accredited by the NAPCP, they shall have a duty to inform the NAPCP of such suspected breaches in writing as soon as possible.

## **1.08 Personal Virtual Relationships with Current Clients**

Counsellors/psychotherapists are prohibited from engaging in a personal virtual relationship with individuals with whom they have a current counselling relationship (e.g., through social and other media).

## **1.09 Confidentiality**

Counsellors/psychotherapists should maintain and protect the confidentiality of prospective and current clients. Counsellors/psychotherapists should only disclose information with the client's consent or with sound legal or ethical justification.

## **1.10 Court-ordered Disclosure**

If a counsellor/psychotherapist is ordered by a court to release confidential information (without the consent or agreement of the client) the counsellor/psychotherapist should make every effort to prohibit the disclosure or have it limited as narrowly so as to reduce any potential harm to the client or the counselling relationship.

## **1.11 Information Shared with Others**

Counsellors/psychotherapists should make every effort to ensure that the privacy of clients is maintained by subordinates, including employees, supervisees, students, clerical assistants, and volunteers.

## **1.12 Interdisciplinary Teams**

Where the counsellor/psychotherapist is part of an interdisciplinary team, the client must be informed of the team's existence and composition, what information is being shared, and the purposes of sharing such information.

## **1.13 Third-Party Payers**

Counsellors/psychotherapists should only disclose information to third-party payers if clients have authorized and given their consent for such disclosure. The parameters of the information shared should be made clear to the client and their consent sought on this basis.

## **1.14 Confidentiality and Advocacy**

Where appropriate, members may advocate at individual, group, institutional or societal levels to address potential barriers and obstacles that inhibit the growth and/or development of clients. Counsellors/psychotherapists must obtain client consent prior to engaging in advocacy efforts on behalf of a client to improve the provision of services and to work toward removal of barriers or obstacles that inhibit client growth and development.

## 1.15 Sexual Harassment

(a) Members do not engage in sexual harassment i.e. solicitation, physical advances and verbal or non-verbal conduct that is sexual in nature that occurs in the context of their work as a counsellor, psychotherapist or supervisor. Two forms of this are particularly of concern:

(b) Sexual harassment, as defined in (a) may consist of one intense or severe act or of a number of persistent or pervasive acts. Such acts should be brought to the attention of the Ethics Committee and other concerned bodies as a matter of urgency for the appropriate investigation. Complainants will be afforded every respect and dignity without prejudice.

## 1.16 Misuse of influence and Multiple Relationships

a) Members will take reasonable steps to avoid harming those with whom they work and to minimise and contain it as much as possible when it is unavoidable. Consequently, members are alert to, and guard against misusing their influence on those with whom they work in any way that is to their own advantage and the other's harm.

b) Members will also take due care in regard to dual or multiple relationships with clients and students, particularly if such non-therapeutic relationships have a potential to impair the counselling or psychotherapeutic relationship. Members do not engage in business or other financial affairs or advisory roles with clients or students, nor do they suggest or promote training courses to their counselling or psychotherapy patients, or suggest to others to do the same to their clients.

c) Counsellors/psychotherapists are prohibited from engaging in counselling relationships with friends, family members with whom they have an inability to remain objective.

d) When, due to unforeseen factors, such multiple relationships have arisen, the member will take all such steps as are necessary to observe this Code of Ethics and bring any conflicts of interest to a prompt end.

e) Members will not exploit persons over whom they hold supervisory or training influence.

f) Members must not exploit clients, students or trainees financially, sexually, emotionally, or in any other way. Sexual intercourse, sexual contact or sexual intimacy with a client, or a client's spouse or partner, during the therapeutic relationship, or during the two years following the termination of the therapeutic relationship, is unethical.

g) Counsellors/psychotherapists working in their capacity as a teacher/lecturer should not provide counselling to students.

## 1.17 Privacy

Clients should be offered privacy for counselling sessions, unless otherwise agreed. Online counselling, in-vivo counselling, exposure therapy, outdoor therapy and other forms of therapy that offer reduced levels of privacy require that the counsellor/psychotherapist collects separate, informed consent from the client. This also applies to audio/video taping of counselling sessions.

## 2. Contracting

Clear contracting is the bedrock of ethical clinical practice. Counsellors and psychotherapists are responsible for communicating the terms on which counselling is being offered.

Counsellors/psychotherapists should explicitly explain to clients the nature of all services provided. This means informing clients about issues such as, but not limited to, the following: the purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services; the counsellor/psychotherapist's qualifications, credentials, relevant experience, insurance details and approach to counselling; continuation of services upon the incapacitation or death of the counsellor; the role of technology; and other pertinent information. Additionally, counsellors/psychotherapists should inform clients about fees and billing arrangements, including procedures for non-payment of fees, as well as the cancellation and rescheduling of appointments.

Counsellors/psychotherapists should specify clear professional boundaries and include same within the counselling contract.

It is the client's choice whether or not to participate in counselling. Third party referrals should be treated as circumspect. Reasonable steps should be taken in the course of the counselling relationship to ensure that the client is given an opportunity to review the terms on which counselling is being offered and the methods counselling being used.

Counsellors and Psychotherapists should be aware of the provisions of the freedom of information act as it applies to them and other relevant legislation.

### 2.1 Termination of the Therapeutic Relationship

Members do not abandon clients. (cf 1.14 above). Termination is indicated when it becomes clear that the client no longer needs the service, is not benefiting from it, or is being blocked or harmed in some way by it. Whatever the reason for termination, provided it is not due to the client's own conduct and choice, the member will discuss the issue, taking into account the client's needs and views, and will suggest such other helps or services that may seem appropriate.

Particularly in psychotherapy, bringing the unaware to awareness, reconciling elements in painful conflict, and dealing with defence mechanisms among many similar factors, should only be done if it is possible without harmful effects. Given the paramount nature of the concern for the client, counsellors/psychotherapists are responsible for stopping the process if it is dangerous to proceed, and for terminating the relationship when this is necessary.

## 3. Informed Consent

a) Counsellors/Psychotherapists should ensure that the client consents to participate at all stages of the therapeutic process and respect the client's right to withdraw from therapy at any time.

b) Consent is an ongoing process and so counsellors/psychotherapists should provide opportunity during the course of the therapeutic relationship to review the contract. This is particularly so if new or previously undisclosed information comes to light.

- c) Counsellors/psychotherapists can in some cases advocate on behalf of their clients. If they do, they should ensure that consent is obtained in advance of any proposed action.
- d) Where the client is engaged with another healthcare professional, the counsellor/psychotherapist should obtain the client's permission (preferably in writing) before conferring with the other professional if such conferring is necessary in the interests of the client.
- e) Counsellors/psychotherapists should make clear during contracting whether they provide reports to third parties on behalf of the client. In such cases, counsellors/psychotherapists must obtain the permission of their client. The client must also be supplied with a copy of any report.
- f) Obtain the client's consent before making audio or video recordings of sessions (be they in person, online or other means), making him or her aware of the purpose, storage and disposal of same.
- g) Obtain in advance the client's consent to attendance at sessions by third parties.
- h) Ensure that identities are carefully disguised and consent is obtained when publishing research or case studies concerning clients or supervisees,
- i) Obtain written permission from both parents/legal guardians before commencing therapy with a minor. If it is not possible to obtain written permission from both parents/legal guardians, then written permission must be obtained from at least one parent/legal guardian prior to the commencement of therapy.

### 3.1 Inability to Give Consent

When counselling minors, incapacitated adults, or other persons unable to give voluntary consent, counsellors/psychotherapists should seek the consent of clients to services and include them in decision making as appropriate. Counsellors/psychotherapists should weigh up the client's right to autonomy, their capacity to give consent to receive services, and parental or familial legal rights and responsibilities to protect these clients and make decisions on their behalf.

### 3.2 Confidentiality for those unable to give Consent

When counselling clients who lack the capacity to give voluntary consent to release confidential information, counsellors should seek permission from an appropriate third party to disclose information. In such instances, counsellors must inform clients consistent with their level of understanding and take appropriate measures to safeguard the client's confidentiality.

### 3.3 Referrals:

Members can arrange for appropriate referrals when these are in the best interest of the client, have their consent, and respect the principles of confidentiality.

### 3.4 Third Party Requests:

Members should be circumspect about third party referrals. Clients over the age of 18 must make the initial call for counselling/psychotherapy.

### 3.5 Records:

Such records as members keep are done in accordance with the Code of Ethics, i.e. are adequate, relevant and limited to what is necessary for the type of service being provided and comply with the applicable data protection requirements.

### 3.6 Fees:

Agreement should be reached as soon as possible (and under contract) with regard to fees and the arrangement for collecting them. All will be done with respect to the law. In payment of counselling and psychotherapy sessions, fees shall be charged at the end of each session or in arrears and not for a number of sessions in advance in payment of counselling and psychotherapy for sessions. Members shall not suggest borrowings of any sort. Members of NAPCP shall never in any circumstances pursue or harass clients for outstanding fees apart from sending invoices in the usual way.

### 3.7 Advertising:

Members will advertise in a way that is prudent and discreet. They will avoid false claims and/or deceptive statements. They do not solicit testimonials from current clients or other vulnerable persons. Use of testimonials is forbidden. In addition, members should avoid advertising expertise in specific areas unless they have completed training/education in the that field or have sufficient experience to support such claims. Counsellors must accurately represent the accreditation and membership status they currently hold.

### 3.8 Relationship with Colleagues

Counsellors/psychotherapists should be respectful of validated approaches that differ from their own. Counsellors/psychotherapists should acknowledge the expertise of fellow professionals and be respectful of their practices.

### 3.9 Interdisciplinary work

Counsellors/psychotherapists who are members of interdisciplinary teams must remain focused on how to best serve clients. They should participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the counselling profession, integrate the input of other members and respect the hierarchy that exists in all multidisciplinary teams.

## 4. Use of Assessment Instruments

Counsellors/psychotherapists may use psychometric assessments as part of the counselling process. Counsellors/psychotherapists should use appropriate educational, mental health, psychological and career assessments to promote the well-being of individual clients or groups.

Counsellors/psychotherapists should not misuse assessment results and interpretations, and should take reasonable steps to prevent others from misusing the information provided. They should also respect the client's right to know the results, the interpretations made, and the bases for counsellors' conclusions and recommendations.

Counsellors/psychotherapists are responsible for the appropriate application, scoring, interpretation, and use of assessment instruments relevant to the needs of the client, whether they score and interpret such assessments themselves or use technology or other services.

#### 4.1 Consent and Assessment

Counsellors/psychotherapists must always receive the client's full, informed consent (this should include a clear understanding and acknowledgment of the method, length and disposal of data) prior to the use of any psychometric assessment.

Prior to assessment, counsellors/psychotherapists must explain the nature and purposes of assessment and the specific use of result. The explanation should be given in terms and language that the client can understand.

#### 4.2 Instrument Selection

Counsellors/psychotherapists should carefully consider the validity, reliability, psychometric limitations, and appropriateness of instruments when selecting assessments and, when possible, use multiple forms of assessment, data, and/or instruments in forming interpretations.

#### 4.3 Limits to Competence

Counsellors/psychotherapists must only use testing and assessment services for which they have been trained and are competent. It is the counsellor/psychotherapist's individual responsibility to ensure that the tests they use are appropriate to and in line with their level of competence and qualifications. Standardized tests should be carried out in accordance with the instructions provided.

In addition, counsellors/psychotherapists using technology-assisted test interpretations should be trained in the construct being measured and the specific instrument being used prior to using its application. Counsellors/psychotherapists take reasonable measures to ensure the proper use of assessment techniques by persons under their supervision.

Counsellors/psychotherapists must provide an appropriate environment for the administration of assessments (e.g., privacy, comfort, freedom from distraction).

#### 4.4 Feedback

When providing feedback, counsellors and psychotherapists must consider the client's personal and cultural background, the client's level of understanding of the results, and the impact of the results on the client. In reporting assessment results, counsellors should be sensitive, empathetic and consider the effects that any results may have both at the time of feedback and afterwards.

N.B. Counsellors/psychotherapists cannot make clinical diagnoses, but can, with the assent of the client refer the client for a full assessment should they have reasonable grounds to do so.

A full list of assessments available to counsellors and psychotherapists is available via the NCGE advisory committee on psychometric testing.

## 5. Keeping Records

(a) To minimise intrusions on privacy, care will be taken in keeping records. Only such information as is essential for the process is to be kept in written form. Reports to others will contain only what is required and then only with the express permission of the client. Those who teach will use case material only with the client's permission and then only when all reasonable care to protect personal identity has been taken.

(b) Confidentiality is appropriately maintained in storing, accessing and disposing of records. This is done in accordance with civic laws.

(c) Where records are stored digitally, a password protected folder should be used at all times. If client information is being relayed digitally, adequate protections should also be employed (for example via Dropbox or a password protected PDF).

(d) The above applies particularly to any confidential information contained in databases. Means of deletion must be available to protect privacy and confidentiality.

(e) The civil laws concerning ownership of records will be observed.

(f) Members will make prudent arrangements to see that confidentiality is preserved in the event of death, incapacity, retirement, or other form of withdrawal from their work as pastoral counsellors and psychotherapists.

(g) Unless exceptions to confidentiality exist, counsellors should obtain written permission from clients to disclose or transfer records to legitimate third parties. Steps should be taken to ensure that receivers of counselling records are sensitive to their confidential nature.

To safeguard clients in respect of possible medical or organic factors, members are advised to talk with clients about the value of making their medical doctor aware that they are undertaking a therapeutic process. When in doubt, members may suggest a medical examination and should advise clients who do not have a doctor to contact one.

## 6. Resolving Ethical Issues

### 6.1 Familiarity with the NAPCP Code

Members have a responsibility to be familiar with this Code and such other legal and ethical standards and obligations that apply to their professional work. Lack of awareness is not in itself a defence to charges of unethical conduct.

### 6.2 Ethical Doubts and Conflicts

In situations of doubt or conflict regarding the ethical course of action, members will consult others held to be knowledgeable in the field of ethics and, where necessary, of law. The Ethics Committee and other similar bodies may be approached provided all due care for confidentiality is taken.

### 6.3 Conflicts between this Code and other Organisational Demands

If the demands of another organisation to which members are affiliated conflict with this Code of Ethics, members are required to clarify the nature of the conflict, make known their professional commitment to this Code, and then seek a way to resolve the conflict so as to permit adherence to this Code and maintain the paramount importance of a client's welfare.

#### 6.4 Resolution of Ethical Violations

(a) Informal

When members believe that a colleague has transgressed against this Code, they attempt to resolve the issue informally by bringing it to that person's attention, particularly when no violation of rights may be involved.

(b) Formal

If the informal procedure in 4.04 (a) is not appropriate, or is not satisfactorily resolved, members take such further action as is appropriate to the situation, unless such action conflicts with confidentiality rights which cannot be ignored. Such action may include referral to the NAPCP Ethics Committee or other relevant bodies.

#### 6.5 Co-operation with the Ethics Committee

Members co-operate in ethics proceedings and investigations, as well as with the resulting requirements of the NAPCP. In all such cases, reasonable efforts will be made to resolve any issues to do with confidentiality. It is to be noted that failure to co-operate in such processes is itself a violation of this Code.

#### 6.6 Making Formal Complaints

Formal complaints regarding the ethical conduct of members of the NAPCP should be made in writing to the Chairperson of the Ethics Committee, if the issues around confidentiality rights of a client have been resolved. Those complaints will then be brought to the attention of the board and will be discussed in the presence of the respondent with all due regard to natural justice. It is recommended that intense procedures be followed before more public processes are set in train. In all of this the welfare of clients remains paramount.

### 7. Other Issues

7.1 Members are personally responsible for keeping up with national and international legal and professional requirements as these bear on the therapeutic relationship.

7.2 Members who have doubts about their ability to work as Counsellors and Psychotherapists under the Code of the NAPCP are required to take competent advice and if possible, resolve their conflict.

7.3 Unless there are valid reasons, a member taking on a self-referred client currently working with a colleague, should do so only when the previous arrangement has been properly terminated.

7.4 Members should be aware of the ways in which they may be drawn into the drama of cause and purpose underlying a client's complex, crisis or trauma. Issues around the member's own unrecognised and/or resolved personal process may be activated under these circumstances. When such is the case, members will take responsibility to re-enter personal therapy and inform their supervisor.

## 8. Research

In conducting and presenting research, members will hold the clients' interest as paramount in keeping with confidentiality rights. Permission to use material arising from case work must be obtained in writing.

## 9 Online/Remote Counselling, Technology and Social Media

Online/remote counselling is becoming more commonplace within the profession. Therefore, counsellors should actively attempt to understand the evolving nature of technology with regard to distance counselling, social media and how such resources may be used to better serve their clients.

Counsellors/psychotherapists should also make themselves aware of the additional concerns related to the use of distance counselling, technology, and social media and make every attempt to protect client confidentiality, data protection and uphold the ethical standards of NAPCP.

### 9.1 Competency

Counsellors and psychotherapists who engage in the use of distance counselling should make every attempt to develop knowledge and skills relating to technical, ethical, and legal considerations (e.g., special certifications, additional course work).

### 9.2 Legal Statutes and International Boundaries

Counsellors/psychotherapists who engage in the use of distance counselling within their practice may be subject to laws and regulations of both the counsellor's practicing location and the client's place of residence. Counsellors and psychotherapists should ensure that their clients are aware of the relevant legal rights and limitations governing the practice of counselling across international boundaries.

### 9.3 Informed Consent and Disclosure

Clients have the freedom to choose whether to use distance counselling and/or technology within the counselling process.

The following issues, unique to the use of distance counselling should be fully addressed during the informed consent process:

- distance counselling credentials, experience and physical location of practice,
- risks and benefits of engaging in the use of distance counselling and technology;
- possibility of technology failure and alternate methods of service delivery;
- emergency procedures to follow when the counsellor is not available;
- time zone differences;
- cultural and/or language differences that may affect delivery of services;

## 9.4 Online Security

Counsellors/psychotherapists should use current encryption methods to ensure communications meet applicable legal requirements. Counsellors/psychotherapists should take reasonable precautions to ensure the confidentiality of information transmitted through any electronic means. At present a Virtual Private Network (or VPN) is recommended to ensure all internet traffic is encrypted (this will also block malicious websites, ads and trackers).

## 9.5 Online Counselling and the Therapeutic Relationship

Regardless of the form that therapy takes, counsellors and psychotherapists should maintain a professional and ethical relationship with their clients. This includes establishing professional boundaries with clients regarding the appropriate use and/or application of technology and the limitations of its use within the counselling relationship. Every effort should be made to ensure confidentiality at both ends and the use of encryption apps or software. This also applies to any data collection and storage.

When distance counselling services are deemed ineffective by the counsellor or client, counsellors/psychotherapists should consider delivering services face-to-face. If the counsellor is not able to provide face-to-face services (due to distance or mobility/access problems), the counsellor/psychotherapist should assist the client in referral to another therapist.

Online counselling and psychotherapy has unavoidable limitations (including a lack of intimacy, difficulties around verbal and non-verbal cues, interruptions, etc). These may affect the counselling process. Counsellors and psychotherapists should educate clients on how to prevent and address potential misunderstandings arising from the lack of visual cues and voice intonations when communicating electronically.

## 10. Social Media

### Personal and Professional Presence:

In cases where counsellors wish to maintain a professional and personal presence on social media, there must be a clear separation between the two. Counsellors and psychotherapists should not contribute or invite involvement from clients to their personal sites/pages, etc.

Counsellors/psychotherapists should take precautions to avoid disclosing confidential information through public social media and understand that miscommunication and issues around anonymity, confidentiality and safety can occur as a result of poor maintenance around social media boundaries.

# Rules and Regulations of the National Association for Professional Counselling And Psychotherapy

## Clause I

The name of this Association is National Association for Professional Counselling and Psychotherapy.

*As of January 2018, the titles of counsellor and psychotherapist are protected under CORU. As a result, the terms counsellor and psychotherapist will only apply to those who have reached the appropriate level of qualifications and training that apply to each title.*

## Clause II

The objects for which the Association is established are:

To carry on the service and to promote high standards of professionalism amongst its members who are counsellors and psychotherapists. It is a self-governing, non-profit-making organisation promoting a professional Code of Ethics and discipline amongst its members. The NAPCP will represent its members in Ireland and in Europe, with other counselling organisations and with civil and church authorities. On behalf of its members, it will address directives insofar as these refer to the counselling and psychotherapeutic professions. It is intended to regulate counselling and psychotherapy for its members through accreditation and credentialing.

## Clause III Classes of Membership

- (i) Accredited Counsellor and Psychotherapist
- (ii) Pre-accredited Member
- (iii) Student Counsellor and Psychotherapist
- (iv) Supervisor

All classes of membership are renewable after a period of five years unless membership has already been withdrawn or rescinded.

A member is deemed to have voting rights provided always that s/he is a fully paid up Accredited Member for the year in which a vote is taken. As a condition of membership, all members are required to continue in regular supervision for as long as they practice in the counselling field.

## Clause IV Founder Members

The founder members are those whose names are appended to the official certificate of incorporation dated 9th day of November 1995, and Dr Brian McCaffrey, who was co-opted to the Board of NAPCP on 31st January 1996.

## Clause V Accredited counsellors and psychotherapists

Full membership and accreditation will be open to those who:

- (a) make application to the Secretary of the Board for such membership on the official application form, and
- (b) satisfy the criteria as laid down in Clause 1X of this document,
- (c) are willing to support and abide by the ethical principles for Counselling and Psychotherapy set out in the NAPCP Code of Ethics.

Only such members as have satisfied Clauses a, b and c above may use the letters M.NAPCP or the words Member of the National Association for Counselling and Psychotherapy in any advertisement, C.V., or other communication or published medium.

## Clause VI Pre-accredited Members

Pre-accredited membership of the NAPCP is open to all those in the field of counselling/psychotherapy who

- (a) have completed the required class contact hours in a counselling/psychotherapy programme, but who have not yet completed the supervised practicum requirement
- (b) apply for pre-accredited membership on the official application form of the NAPCP, and (c) are willing to support and abide by the ethical principles for Counselling and Psychotherapy which are set out in the NAPCP Code of Ethics.

N.B. Pre-accredited Members may NOT use the title A.M.NAPCP

## Clause VII Student Membership

Student Members are those who are currently participating in a recognised programme of training in counselling or psychotherapy.

## Clause VIII Board Membership

The Board of the NAPCP, hereafter called the 'Board', shall consist of a Chairperson, Secretary, Treasurer and Education Officer and as many members as is agreed at the Annual General meeting, which shall take place each year. It shall be the responsibility of the Board to uphold the

memorandum and Articles of Association, the Code of Ethics and the Constitution in the interest of the members of NAPCP, their clients and the public at large.

Officers of the Board shall hold office for a period of three years, after which they may be deemed eligible for re-election.

An Ethics Committee shall also be elected at this time to deal with issues of ethical practice. This Committee shall hold office for a period of three years, after which they may be deemed eligible for re-election.

## Clause IX Criteria for Fully Accredited Membership

The following are the paths by which a person may gain accreditation for the practice of Counselling from the National Association for Professional Counselling and Psychotherapy:

1. By University Graduation in a recognised counselling\psychotherapy programme.
2. By a Substantial Course of Training over two years full-time or three years part time.
3. By accumulation over ten years of courses that together can be shown to constitute a Substantial Course of Training. This has been discontinued since January 2002.

A Substantial Course of Training will normally include:

- (a) Learning Group Contact Hours: A minimum of 450 learning group contact hours, facilitated by a reputable and qualified tutorial faculty.
- (b) 50 hours personal counselling
- (c) 100 supervised client hours

## Supervision

According to NAPCP, the term supervision refers to the conduct of a process in a formal contractual session in either a personal or group setting and which includes the following: exploring and assessing counsellor practice; facilitating counsellors so that they can develop and improve their professional competence, offer new perspectives, set goals, intervene and evaluate more efficiently and effectively both the personal and professional development of the counsellor. Client welfare is always the core issue of supervision work.

Criteria regarding Supervision is set out on the NAPCP website for all members to access.

## The Supervisory Relationship

The supervisory relationship is a collaborative one that aims to encourage and inform the Supervisees' clinical competence. The Supervisor must be aware of the power differential in the relationship. They must strive to use their experience and education in a positive way and never attempt to exploit the power differential in any way.

The Supervisor should also strive to balance support with constructive criticism so that the supervisee is both encouraged and challenged in their professional and clinical work.

The Supervisor must clearly set, define and maintain ethical boundaries between professional, personal and social relationships with their Supervisees. The Supervisor must not enter into any sexual relationships with Supervisees.

## Supervisors Responsibilities

Supervisors should assist supervisees to reflect on their work and adhere to the principles embodied in this Code of Ethics and Practice.

Supervisors should also ensure that Supervisees are not exploited financially, sexually, emotionally or in any other way in the supervisory relationship.

Supervisors should ensure that both parties are clear on their respective roles and responsibilities within the relationship. They should also clarify the responsibility that supervisees hold for their own continued learning and self-monitoring.

Supervisors should declare their specific areas of competencies and non-competence (i.e., working with minors, couples counselling, addiction counselling, etc).

Supervisors should treat their Supervisees equally regardless of age, class, disability, ethnicity, gender, race, religion or social standing.

NAPCP supervisors must hold appropriate malpractice and professional indemnity insurance as well as public liability insurance for their supervision work.

Supervisors should ensure that their Supervisees (other than trainees) have the following measures in place

1. They belong to a Professional Counselling/Psychotherapy Association
2. They subscribe to and adhere to the code of ethics and practice of that Association
3. They are subject to the Association's complaints procedure
4. They have appropriate malpractice and professional indemnity insurance as well as public liability insurance cover.
5. That their client is working within their own level of competence and training.

Supervisors are expected to monitor their own professional competency. This means engaging in supervision and continuous learning in order to develop to their supervisory competence.

If a Supervisor has serious concerns regarding the quality of a Supervisee's work, they should take all reasonable steps to address and resolve the situation. This process includes options such as:

1. Bringing these concerns to the attention of the Supervisee

2. Seek Professional Consultation
3. Encouraging the supervisee to seek personal therapy or other professional help.
4. Referral of the matter, if necessary, to the Supervisee's accrediting body

## Defining Supervision

It is vital that both parties agree clear boundaries between the Supervisory relationship and friendships or other dual relationships. This includes a clear delineation of the boundaries between supervision, consultancy, therapy and training.

Supervision is not intended as a surrogate for personal therapy. While this should be made clear at the outset, supervisees should be free to discuss any personal problems that arise and have them dealt with in a sensitive manner and any appropriate referrals made by the supervisor.

As with any therapeutic relationship, the effectiveness of supervision can be reviewed and modified at any time.

Both parties should discuss any issues that arise from (adhering to and implementing) mandatory reporting guidelines.

While it is the role of the Supervisor to assist the supervisee in exploring and reflecting on their therapeutic work with clients, the ethical and legal responsibility for the work itself remains with the Supervisee.

Supervisees are responsible for their work with the Client, and for honestly presenting and exploring that work with their Supervisor.

## Contracting and Management of Supervision

The Supervisor must establish a contract with their supervisees that clarifies the expectations of both parties regarding tasks, roles, responsibilities and competencies. The contract should make explicit the expectations the supervisor and supervisee have of each other. This should include the manner in which any formal assessment of the Supervisees' work will be conducted.

The Supervisor should be clear and honest about their supervision qualifications, theoretical approach and method of working.

A contract should provide ongoing reviews

The Supervisor should be explicit regarding practical arrangements for supervision and ensure that this is an agreed arrangement by all parties. It will cover such practical arrangements such as:

1. Fees (incl. rescheduling and cancellation policy)
2. Length of contact time and frequency of contact

3. Confidentiality and limits/exceptions to confidentiality
4. Process of dealing with exceptions to confidentiality
5. Arrangements in the event of the illness or death of the Supervisee or Supervisor
6. How to monitor and report if there are concerns about professional competencies
7. Supervisee notes, Supervisor notes (ownership, storage, use, research).
8. For a Trainee Therapist, the establishment of a 3-way contract between Supervisor, Supervisee and the Training Institution (including responsibility for written assessments).

## Supervising Students

The Supervisor's role with students includes all the requirements as set out for supervising accredited and pre-accredited counsellors and psychotherapists with the addition of the following:

1. The Supervisor should be acutely aware of the power differential in his/her work with student Supervisees and should not exploit this power due to the increased role of evaluation and assessment.
2. The Supervisor must familiarise themselves with the criteria of the course providers and ensure that the student works within those standards.
3. The Supervisors role as an educator is of primary significance in working with students.
4. The Supervisor should provide the student with ongoing feedback regarding their work and schedule formal evaluative sessions (as required by their course provider).
5. Where a Supervisee exhibits a lack of professional competence, the Supervisor has an ethical responsibility to discuss this with the supervisee in a direct and supportive manner and if necessary, refer this to the course provider.
6. Before reports on the student's work are forwarded to the course provider, these reports should be discussed and evaluated by both the Supervisor and Student. The Supervisor must ensure that the student understands fully what is contained in the report.
7. If the Supervisor has concerns about a student's abilities or competencies the supervisor should
  - Address these concerns with the student
  - Seek professional consultation on the matter
  - If required address these concerns with the course provider

## Counselling/Psychotherapy

According to the NAPCP, counselling is defined as a formal contractual counselling session, understood as such by both counsellor and client. It refers to a way of relating and responding to another person so that the person is helped to explore personal thoughts, feelings and behaviours,

to reach a clearer self-understanding, and is helped to find and use his/her strengths so that s/he copes more effectively with his/her life by making appropriate decisions, or by taking relevant action. In other words, counselling is a purposeful relationship in which one person helps another to help him/herself.

For accredited membership, applicants are required to have completed 450 hours of supervised counselling within three years of graduation from an approved Course of Training.

As a condition of membership, all members are required to continue in regular supervision for as long as they practice in the counselling field.

It is taken for granted that applicants will have due regard for, and commitment to their own personal development.

Areas of Study expected to be covered in a recognised Programme of Study/Training include:

- (a) An Introduction to Counselling /Psychotherapy
- (b) Theory and Practice of Counselling/Psychotherapy
- (c) Group Counselling/Psychotherapy
- (d) Professional Aspects of Counselling/Psychotherapy
- (e) Skills Development – Practical
- (f) Psychology
- (g) Abnormal Psychology
- (h) Family, Marriage and Child Therapy
- (i) Addiction Studies
- (j) Personal Awareness, Growth and Spirituality
- (k) Understanding of psychometric measurement

## Clause X Criteria for Continued Membership

Compliance with the following conditions is necessary for those who wish to retain membership of the Association:

- (a) Fees must be paid on an annual basis.
- (b) Members must uphold, support and conform to the Articles of this Constitution and to the Code of Ethics of the NAPCP.
- (c) Members are required to attend in-service development, training, workshops and/or conferences on a regular basis.

(d) Members must have regular supervision and may be asked by the supervisor to discontinue professional practice when it is deemed necessary for the member to do so in the interest of the member's client or clients, or in the interest of the member him/herself.

## Clause XI Renewal of Accreditation

Members are required to apply for renewal of Accredited membership of the Association every five years.

## Clause XII Indemnity

Members will be required to indemnify themselves and the NAPCP against all claims arising out of negligence, malpractice or public liability.

## Clause XIII Breach of Ethics

A member deemed by the Ethics Committee to have breached the Code of Ethics or these Rules and Regulations may be asked to account to the Committee for any improper conduct or breach of the NAPCP Code of Ethics.

The Ethics Committee will report to the Board of Directors which may direct the Ethics Committee to instigate a formal investigation in accordance with the Rules and Procedures of the NAPCP Ethics Committee (see Appendix 1). On completion of such formal investigation, the Ethics Committee will formally report its findings in writing to the Board, and in particular will specify which if any parts of the Code of Ethics and/or Rules and Regulations of the NAPCP the member has been found to be in breach of and what if any sanctions the Ethics Committees recommends. The Board of Directors shall, within a month of receipt of this communication, send a copy of the report, together with the decision of the board as to which of the recommendations of the Committee it has decided to implement, to the relevant member(s) informing them also of their right to appeal. The Board of Directors has the power to suspend the relevant member's membership for the duration of an investigation and any subsequent appeal process.

According to the recommendations of the Ethics Committee, the Board has the power to impose one or some of the following sanctions: to write to all or some complainants informing them of the findings and recommendations of the Ethics Committee, to provide any further material that any complainant reasonably requests to pursue a civil action pursuant to their allegation, to suspend the member's membership, to issue a reprimand, to cancel the member's membership, to stipulate a period of time within which a reapplication from the expelled member will not be considered (including an indefinite period of time), to publish any reprimand, findings and sanctions in the media (printed, 18 broadcast and electronic), to prepare a file and forward it to any relevant private or public competent authority the Board considers appropriate (bearing in mind the public interest) including the Garda Síochána, other Counselling or Psychotherapy associations, or government bodies. Should the Ethics Committee find a complaint to be not only unfounded but also vexatious and or malicious, the Board shall be entitled to take what steps including some of the above in the interests of restoring the reputation of the member.

## Appendix 1

### Rules and Procedures of the NAPCP Ethics Committee

On being directed by the Board of Directors to commence a formal investigation into an allegation of a breach of the Code of Ethics and/or the Rules and Regulations of the NAPCP, the committee shall in the first instance write to the relevant member (or members) and inform them of this development. They will outline the allegation in writing, attach a copy of the Code of Ethics and Rules and Regulations and these Rules and Procedures of the NAPCP Committee, and send all this to the relevant member(s), ensuring as soon as possible thereafter that these have been received and the address details for the relevant member(s) are up to date.

The Ethics Committee will examine all complaints and allegations against the member(s), requiring all to be put in writing and signed; the Committee may make such enquiries as it thinks fit to discover if there are further allegations and complaints yet to be lodged formally. It also has the power to speak and meet with complainants to satisfy itself with regard to the authenticity, scale, gravity and extent of any complaints. It also has the power to provide copies of the Code of Ethics and Rules of Regulations to anyone who has or is considering making a complaint against a member, and to answer any questions that arise about the meaning of any part of these documents.

The Ethics Committee is entitled to publicise to the media and any other public or private body the fact it is conducting an investigation into a named member (or members) if it deems it to be in the public interest so to act.

The Ethics Committee will have the right to establish a deadline after which it will be entitled to consider no further complaints, but such deadline will be no later than three calendar months following the date on which the Board directed the Committee to commence the formal investigation.

At the end of this period, the Ethics Committee will examine all the signed complaints received, and (provided the complainants give their written consent) shall no later than two calendar months following the closing date for receipt of complaints, forward copies of all such complaints to the relevant member(s) together with a written advice from the Ethics Committee to the member(s) as to which parts of the Code of Ethics and/or Rules and Regulations appear to have been breached in relation to the allegations made in the complaints. The member(s) shall be given one calendar month to respond, such notice commencing from the date of postage by registered mail of this material.

Should the relevant member(s) have failed to respond within a month, the Ethics Committee shall meet as soon as possible but, in any case, no later than two months following the date on which copies of the allegations were sent to the member(s) to consider the allegations and agree findings and recommendations to the board. Should the relevant member(s) respond within a month, then the Ethics Committee may if it deems fit forward copies of the response to the complainants requesting comment and/or take 20 professional advice, but shall in any case meet no later than three months following the date on which copies of the allegations were sent to the member(s), to consider the allegations and agree findings and recommendations to the board.

If the Ethics Committee cannot agree on findings and recommendations at such meeting, it may with the consent of the Board defer such decisions for a further month during which it may make such enquiries, take advice or interview further either complainants or the relevant member(s) as it sees fit. Then a majority decision will apply.

The Ethics Committee shall at all times be guided in its actions by the principles of natural justice, the Rules and Regulations of the NAPCP, a desire to bring the investigation to a close as quickly as possible as is consistent with fairness and justice, the public interest, the reputation of the N.APCP, the reputation of all its members, and reputation of counsellors and psychotherapists.

During the investigation the Ethics Committee may issue recommendations to the Board as to whether the suspension of membership of the relevant member(s) should be continued or ceased.

The Ethics Committee shall provide in writing to the Board of Directors its findings with regard to any complaints or allegations, and in particular will specify which if any parts of the Code of Ethics and Rules and Regulations of the NAPCP have been breached. They shall further specify what if any sanctions they recommend. If the Ethics Committee considers any complaint unfounded, vexatious and/or malicious it shall advise the Board to this effect in its findings, and may issue recommendations on a course of action in relation not only towards the member but also towards a complainant.

## Clause XIV Appeals

The member shall be notified of the right to appeal this decision to the Board of the NAPCP. The name and address of the Secretary with whom the appeal may be lodged shall be conveyed in writing to the member.

In the event of an appeal being lodged it shall be made in writing within three weeks of receipt of the letter of cancellation of membership.

The decision of the Board shall be conveyed in writing to the member concerned within three days of the meeting of the Board.

The decision of the Board shall be final

## Appendix 2

### Recommended Procedure for Ethical Decision-Making.

The following procedure is recommended for dealing with ethical dilemmas and situations where ethical guidelines and employment/contractual demands clash, overlap or are unclear.

1. Define carefully the issues and parties involved (the latter may include the practitioner, the client, members of the client's family, the practitioner's employer and co-workers and the general public).
2. Consult the Code, and identify relevant principles and clauses. Also consult other applicable professional guidelines (e.g. from government departments, health boards) and any pertinent legislation.
3. Consult and/or seek advice from your colleagues and/or supervisor.
4. Evaluate the rights, responsibilities and welfare of all affected parties.
5. Generate as many alternative decisions as possible - the more the better.
6. Evaluate carefully the likely outcome of each decision.
7. Choose what, in your professional judgment, is the best decision, ensure that you have a clear rationale for your decision, implement it, and inform relevant parties.
8. Keep records of the various choices open to you, why you chose the course of action you did and the various elements that informed that decision.
9. Finally, take responsibility for the consequences of the decision.

The complexity of ethical issues makes it likely that different principles and clauses will occasionally overlap; in addition, the provisions of the Code may also clash with the law and/or other relevant guidelines. Unfortunately, the resolution of ethical dilemmas is not guaranteed to be simple and contradictions are not uncommon.

However, the law accepts that professionals may make errors of judgment, and that these are not the same as malpractice.

The formal decision-making procedure is intended to reduce the incidence of decisions which are mistakes because they are taken in the heat of the moment, without consideration of all the relevant factors. What is required, in all cases, is a considered professional judgment taken in a systematic way and with a clear rationale behind it.