

Fitness to practise in the counselling professions

**Good Practice in Action 078
Fact Sheet**

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Context

This resource is one of a suite prepared by BACP to enable members to engage with the BACP *Ethical Framework for the Counselling Professions* in respect of fitness to practise.

Using Fact Sheet resources

BACP members have a contractual commitment to work in accordance with the current BACP *Ethical Framework for the Counselling Professions*. Resources are not contractually binding on members, but are intended to support practitioners by providing information and identifying questions and observations practitioners may need to ask themselves as they make ethical decisions within their practice in the context of the core ethical principles, values and personal moral qualities of BACP.

Specific issues in practice will vary depending on clients, particular models of working, the context of the work and the kind of therapeutic intervention provided. As specific issues arising from work with clients are often complex, BACP always recommends that you discuss practice dilemmas with a supervisor and/or consult a suitably qualified and experienced legal or other relevant practitioner.

In this resource, the terms 'practitioner' and 'counselling related services' are used generically in a wider sense, to include the practice of counselling, psychotherapy, coaching and pastoral care. The terms 'therapist' or 'counsellor' are used to refer to those trained specifically as psychotherapists and counsellors.

Introduction

In 1962, the paediatrician and psychoanalyst Donald Winnicott told the British Psychoanalytical Society that when practising, he resolved to 'keep alive and well, stay awake, be myself and behave myself' (Winnicott, 1962).

Today, BACP members make a formal commitment regarding fitness to practise – a commitment made to anyone who uses their services, the profession and themselves.

This resource provides information about fitness to practise for practitioners, supervisors, service managers, trainers and trainees. It references relevant parts of the *Ethical Framework for the Counselling Professions* (BACP, 2018) and, whilst not intended as a definitive guide, it aims to stimulate ethical thinking and inform practice. It will help to have a copy of the *Ethical Framework* to refer to alongside as you read this resource.

As fitness to practise is closely linked to practitioner self-care, it would be useful to also read GPiA 088 Fact Sheet: *Self-care for the counselling professions*. There is also a GPiA Clinical Reflections for Practice 094: *Fitness to practise within the counselling professions*.

1 Why is fitness to practise important?

Most practitioners have days that feel more difficult than others. But at times when we cannot work effectively and safely, we must consider whether we are fit to practise.

The term 'fitness to practise' is not explicitly mentioned in the *Ethical Framework*. However, by agreeing to abide by the commitments, values, principles, personal moral qualities and good practice described within it, we make a promise to attend to the three components of fitness to practise:

- a.** our *wellbeing* (state of feeling healthy and happy)
- b.** our *competence* (the ability to do something well)
- c.** our *conduct* (behaviour).

If a practitioner does not monitor and attend to their fitness to practise, they put at risk clients, supervisees, colleagues, trainees, the counselling professions and themselves.

2 Components of fitness to practise: wellbeing, competence and conduct

Tim Bond states: 'When we start work with a client, it truly is a journey into the unknown' (*Ethical Framework* video resource at: www.bacp.co.uk/ethical_framework/care_of_self.php).

Like any journey, we need to be fit enough, to know (more or less) where we and the client want to end up, how we might get there and why we have set out. Finally, we need to observe the 'rules of the road' and behave well as we travel.

2.1 Wellbeing

Tim Bond states: ;

The care of ourselves as practitioners matters to our clients. They need to know that we are sufficiently resilient to be able to work with them and to withstand the challenges of that work.

(*Ethical Framework* video resource at: www.bacp.co.uk/ethical_framework/care_of_self.php see also Good Practice, points 91a-d in the *Ethical Framework*).

We are committed through the *Ethical Framework* (Our Commitment to Clients, point 2d) to:

Work to professional standards by ensuring that our wellbeing is sufficient to sustain the quality of the work.

We will attend to care of self as a practitioner:

We will take responsibility for our own wellbeing as essential to sustaining good practice. (Good Practice, point 91a-d)

The ethical principle of self-respect (fostering the practitioner's self-knowledge, integrity and care of self) enables us to apply the five remaining principles to our wellbeing (Principles, points 5-6 in the *Ethical Framework*):

- being trustworthy (e.g. can I count on myself to take care of me – or might I neglect my own needs in favour of those of my client?)
- autonomy (e.g. must I continue to work with a client who acts abusively towards me?)
- beneficence (e.g. does working still give me a sense of professional fulfilment?)

- non-maleficence (e.g. is work so tiring that it is affecting my personal/family relationships?)
- justice (e.g. am I being fair to myself when I continue to work with this challenging client group?)

Wellbeing involves the physical, emotional, psychological, social and spiritual parts of us.

While the work of many practitioners may appear sedentary, active processes are happening within us – for example, our mirror neurones fire (Henderson, 2009) and our bodies act as 'antennae and barometer' (Soth, online). Somatic counter-transferences may be triggered, such as 'the therapist's awareness of their own body, of sensations, images, impulses and feelings that offer a link to the clients' healing process' (Orbach and Carroll, 2006).

Fitness to practise may be impaired when exposure to client issues becomes overwhelming (see Vignette one – Anna in GPiA 106 CRP: *Safe working in the context of the counselling professions*) or where practitioner response to a client may impact our ability to work ethically (see GPiA 119 Fact Sheet: *Recognising and managing attraction within the counselling professions* as an example).

Like anyone, we are vulnerable to illness and accident. Situations may arise over time where a practitioner's functioning becomes impaired by chronic illness; what Bond refers to as 'the insidious erosion of ability due to illness or disability' (Bond, 2015).

It is important that practitioners consider having a clinical will in place when they start practising, and possibly a power of attorney arranged. See GPiA 072 Fact Sheet: *Unplanned endings for more information*.

We help others to bear difficult emotions but what about our own emotional needs and psychological processes as practitioners? Practitioners sometimes work in isolated conditions and our social need for others can become undernourished.

The spiritual and existential elements of our lives involve meaning and purpose, and connect us with the finite nature of our lives, freedom, responsibility and belongingness. At times, these concepts loom large in our lives.

We may also find ourselves navigating the demands of busy services or private practices, where practical necessities such as living costs or employer targets might be at odds with our personal emotional or physical needs. See GPiA 099 Fact Sheet: *Workloads and the counselling professions*.

Making decisions about wellbeing is a very personal and complex area founded on self-awareness and self-compassion. Consultation with a supervisor or trusted others can support you. It is important, however, that you (and the other person) are clear about any limitations to confidentiality.

2.2 Competence

All practitioners have an ethical responsibility to work within the scope of practice in which they have competence. For example, a practitioner may be competent to work within an adult generic service but not with specialist groups such as children or young people. Practitioners must have confidence in their own ability to practise competently and safely, which, in turn, can inspire client confidence.

Competence is a developmental process that varies according to context, modality and culture. It differs from 'quality' (the extent to which a treatment is delivered well enough for it to achieve its expected effects).

A competent practitioner:

- a.** fulfils commitments made to clients, colleagues and the profession
- b.** applies skills and knowledge
- c.** performs the work to, at least, professional standards and within the limits of their skills, training and experience.

BACP's *Ethical Framework for the Counselling Professions* (Our Commitment to Clients, point 2d) commits us to:

work to professional standards by ensuring that our wellbeing is sufficient to sustain the quality of the work.

In terms of good practice, we are also 'committed to sustaining and advancing good practice' (Good Practice, point 1 in the *Ethical Framework*). We do this in part by 'working to professional standards' (Good Practice, points 13 and 14a–f).

All six ethical principles (which are listed in section 3.2 of this resource) are undermined when a practitioner is not competent.

A foundation for competent practice has been put forward by Tim Bond (2015):

- a.** Know why you are doing or saying something to your client.
- b.** Be sure you are saying or doing what you intend.
- c.** Know what its effect is likely to be.
- d.** Adjust your interventions according to the client's actual response.
- e.** Review your practice regularly in supervision.

- f. Develop strategies for keeping up to date, and seek CPD opportunities.
- g. Assess whether your level of skill is the same or better than that of other practitioners offering a service on similar terms or holding similar posts.

See also BACP's *Ethical Framework for the Counselling Professions* video resources (available at: www.bacp.co.uk/ethical_framework/working_to_professional.php).

Sometimes, we take on work that seems to be within the areas and levels of our competence but that becomes more complex as sessions progress. The challenge here is to assess whether to stay with the work (perhaps increasing supervision, seeking specialist consultation or engaging with CPD) or refer the client to another practitioner with more experience in the field.

As practitioners move through their professional lives, they must learn new competences and revisit existing ones. Those who provide training have additional ethical responsibilities (Good Practice, points 74-80 in the *Ethical Framework*). Those who supervise will have 'additional skills and knowledge to those used for providing services directly to clients' (Good Practice, point 62).

Trainees are at the beginning of a process of learning about therapeutic practice, and the *Ethical Framework* reminds us that: 'trainees on a practitioner-qualifying course working with clients will inform clients (or ensure that clients have been informed) that they are trainees' (Good Practice, point 82a). As Tim Bond states in the *Ethical Framework* video resource (training and education, question 2, www.bacp.co.uk/ethical_framework/working_to_professional.php):

The ethical basis for clients knowing that they are receiving services from a trainee is very much about the integrity of us as a profession of putting clients in the situation where they can make informed choices about the sort of services they receive.

And that's fairly clear cut and straightforward with people who are receiving basic training, in whatever role that falls within the counselling professions.

When it comes to practitioners who are undertaking post-qualification training, this will of course depend on the particular context and client group and should be discussed within supervision.

Supervisors have extra responsibilities when supervising trainees and will collaborate with training and placement providers in order to ensure that the trainee's work satisfies professional standards (see Good Practice, point 66 of the *Ethical Framework*).

Researchers also have ethical responsibilities regarding their competence and good practice (see Good Practice, points 84-90).

Assessment of competence is a complex issue. BACP members have access to a number of competence frameworks that are based on research (Roth and Pilling, 2009a; 2009b) and show the kinds of skills, training and expertise needed to work in particular contexts (see www.bacp.co.uk/events-and-resources/ethics-and-standards/competences-and-curricula for more information). BACP and others are also looking at the whole question of scope of practice and competence within particular contexts and types of work.

Membership of BACP is also assessed on competence through accredited training courses and registration (see: www.bacpregister.org.uk for more information). Registration requires completion of a certificate of proficiency, which is a computer-based, multiple-choice assessment that allows members to demonstrate their awareness of the knowledge, skills and abilities required to be a professional counsellor/psychotherapist. Experienced members can work towards gaining individual, organisational or course accreditation. This is a quality standard demonstrating high standards of competent and ethical practice. (See www.bacp.co.uk/accreditation/Individual%20Practitioners for more information).

Monitoring of competence depends on work context, for example whether the practitioner works in isolation or as part of a team. Colleagues, managers, supervisors, supervision groups and peer support groups can all be sources of feedback. Client and service questionnaires are sometimes used.

As Tim Bond points out in the *Ethical Framework* video resource at: www.bacp.co.uk/events-and-resources/ethics-and-standards/ethical-framework-for-the-counselling-professions/accountability-and-candour:

There are aspects of the work that no matter how we work, it is the client's response that determines the outcome.

Accountability needs to be approached in a way which asks what is the responsibility as a practitioner and what is the responsibility of the client for their input to the outcome of their work with us?

Any practitioner can make a mistake (which does not necessarily mean they are not competent). When this happens, the duty of candour applies and there are active steps a practitioner needs to take. The *Ethical Framework* (Good Practice, point 52) states:

We will ensure candour by being open and honest about anything going wrong and promptly inform our clients of anything in our work that places clients at risk of harm, or has caused them harm, whether or not the client(s) affected are aware of what has occurred by:

- a.** *taking immediate action to prevent or limit any harm*
- b.** *repairing any harm caused, so far as possible*
- c.** *offer an apology when this is appropriate*

- d. *notifying and discussing with our supervisor and/or manager what has occurred*
- e. *investigating and take action to avoid whatever has gone wrong being repeated.*

2.3 Conduct

In terms of conduct, being fit to practise means that we undertake to act ethically, lawfully, with honesty and integrity, both within our therapeutic practice and in the wider world.

We aim to build, maintain and monitor trustworthy professional relationships with clients and colleagues and work towards treating others and ourselves fairly, justly and without discrimination.

The *Ethical Framework* (Good Practice, point 47) commits us to:

...promptly notify this Association [BACP] about any criminal charges or disciplinary procedures brought against us. We will also notify this Association of civil claims arising from work in the counselling professions, or if we have been declared bankrupt.

On occasions such as this, the practitioner is encouraged and supported to consider any possible impact on their practice. However, in the last resort, it is BACP's responsibility to protect the integrity of the counselling professions. See the *Ethical Framework* video resources in respect of integrity at: www.bacp.co.uk/ethical_framework/integrity.php for more information.

Whilst practitioners are entitled to a private life, we are committed through the *Ethical Framework* (Good Practice, point 48) to 'avoid any actions that will bring our profession into disrepute'.

'Bringing the profession into disrepute' means that the practitioner has acted in 'such an infamous and/or disgraceful way that the public's trust in the profession might reasonably be undermined if they were accurately informed of the facts'. The behaviour must amount to 'disgraceful conduct in a professional respect' (BACP, 2017), for example, engaging in sexualised behaviour with a client.

The Council for Healthcare Regulatory Excellence (2009) also provides guidance on this issue. See www.professionalstandards.org.uk/docs/default-source/publications/policy-advice/clear-sexual-boundaries-information-for-patients-and-carers.pdf for more information. See also GPiA 119 Fact Sheet: *Recognising and managing attraction within the counselling professions*.

If a client, supervisee, trainee, colleague or member of the public has concerns about a practitioner's conduct, they can raise them with BACP through BACP's Professional Conduct Procedure. You can find more about this at: www.bacp.co.uk/about-us/protecting-the-public/professional-conduct.

However, before taking this action, potential complainants are encouraged to attempt to remedy their differences between themselves (BACP, 2018).

In conclusion, fitness to practise involves our wellbeing, competence and conduct, all of which can act independently or impact upon each other.

3 Deciding about fitness to practise

While 'unfit to practise' can sound judgmental or punitive, recognition that we are not currently fit to practise 'is a highly appropriate and professional activity' (Bond and Mitchels, 2015). Primarily it is our responsibility to monitor fitness to practise – but how do we do this? Personal reflection and listening to our internal supervisor (Casement, 1985) are vital, as is seeking feedback from our supervisor and others (e.g. colleagues). On occasion, a client will also draw a practitioner's attention to it.

Sometimes, making the decision is easy, such as when we just feel too ill to work, have an accident or an extreme emergency arises. At other times, the decision feels harder as we wrestle between a commitment to ourselves and our clients, considering the 'push and pull factors' referred to in GPiA 089 Fact Sheet: *Retirement from the counselling professions*. We may make the decision following input from another person, such as a supervisor. More rarely the decision is taken out of a practitioner's hands completely, such as when a client has made a serious complaint against a practitioner who is employed by or volunteers at an organisation.

3.1 Decision-making process

When there is a choice, a decision-making process can help find a way through what might feel like a complex situation. The following is based on a process proposed by Heather Dale.

1. Identify risks by considering:
 - i. the possible impact and consequences on both practitioner and client of practitioner illness, life crisis or sudden change in circumstances etc.
 - ii. the likelihood that the relationship will be adversely affected

iii. the frequency with which it may be adversely affected

iv. what the *Ethical Framework* says.

2. Make an assessment by considering:

i. strategies that might enable management of the illness, crisis etc.

ii. the impact of strategies on the relationship

iii. the impact of strategies on the contract (and whether it may need to be changed)

iv. any risks involved in the illness or situation manifesting in single or multiple sessions

v. how this might affect the client, practitioner and relationship.

3. Think about control and management. Can you:

i. eliminate the risk?

ii. influence or control the risk?

4. Potential people and organisations to consult:

i. Supervisor (see later, in section 6)

ii. Medical practitioner

iii. Insurer

iv. Employer

v. Colleagues

vi. BACP

vii. Legal advisor

viii. Others.

5. Document:

i. the problem

ii. the options available

iii. the process by which any decision is reached

iv. with whom you have consulted and their opinions

v. the rationale for any decision

vi. plans that will put your decision into practice.

To supplement this, there are various models to guide ethical decision-making.

You can find some of these in the Good Practice in Action Fact Sheet 044: *Ethical decision-making in the context of the counselling professions*, and E-learning resource EL001 www.bacp.co.uk/gpia and in a *Therapy Today* article by Susan Dale (2016).

The following fictional vignette demonstrates how this may work in practice. It is followed by a series of questions to help you consider fitness to practise in this context.

3.2 Vignette 1: Stan

Stan manages a small charity that provides a telephone helpline to men who have been sexually abused. Lately, he has noticed that the administrative part of the work is becoming increasingly difficult. It seems harder to work out the shift rotas and, with increasing frequency, he has either double booked volunteers or not allocated any. At these times, Stan has stepped in to cover the shift. He enjoys 'keeping his hand in' but finds it very stressful, especially when callers disclose suicidal ideation.

He feels overwhelmed and on occasion finds himself saying things like 'I don't see why you think killing yourself is the answer'. Once, he just hung up on a caller as he could not bear hearing any more.

Can Stan meet his commitment to the six ethical principles set out in the *Ethical Framework*?

- Being trustworthy – Can Stan provide the service that the helpline advertises?
- Autonomy – Is Stan respectful of the caller's right to make their own decisions (even if this is difficult for him)?
- Beneficence – Can Stan provide the emotional containment callers seek?
- Non-maleficence – Stan ends one call prematurely. What effect might this have had on a caller?
- Justice – Is Stan able to treat callers fairly?
- Self-respect – Is trying to continue managing the charity causing Stan increased levels of stress?

Fitness to practise is usually best considered within supervision and with other trusted individuals. Practitioners, supervisors and managers also have responsibilities regarding others (see sections 5 and 6).

4 Exploring options when fitness to practise is compromised

Options available to a practitioner depend on the nature of the 'fitness' issue and who must make the decision.

A practitioner may decide to:

- stop seeing clients for an agreed period of time
- modify work patterns
- only see a limited number of clients
- carefully consider within supervision whether particular issues presented by clients are compounding any personal difficulties experienced by the practitioner, and limit their ability to 'put clients first' (Our Commitment to Clients, point 1 in the *Ethical Framework*)
- engage with supportive CPD
- increase supervision
- have specialist or increased levels of supervision/consultation.

A practitioner may realise the unethical nature of their own behaviour and decide to stop work whilst they address the issue. For example, before he re-trained, Robin worked in banking and used cocaine to cope with the stress he encountered there. Pressures are increasing in his role as adolescent support worker and he has begun to use the drug again. Recognising this is a problem, he speaks to his manager and suspends his client work whilst he addresses both his drug use, and the causes of his workplace stress.

Sometimes there is no choice but to end the work, for example, if a practitioner is admitted to hospital following a heart attack, or if they are an employee, they may lose their job, the post, or the funding for the post. It is important to have contingency (crisis-management) plans in place for unexpected events so that the impact of any unplanned endings (on both practitioner and client) might be lessened.

Those working within organisations are advised to ensure that their contract or agreement with the organisation is clear in terms of how the client(s)' needs are appropriately addressed, and that this information is shared with the client when making the therapeutic agreement.

Those in private practice are responsible for forming their own policies and including details in their contracting process. For more information, see GPiA 072 CAQ: *Unplanned endings within the counselling professions*, GPiA 102 Fact Sheet: *Planned breaks in practice within the counselling professions* and GPiA 004 CAQ: *Working in private practice within the counselling professions*.

In summary, when fitness to practise is compromised, it is important to consider all possible options available and explore these with a supervisor or colleague.

5 The role of supervision

The *Ethical Framework* (Good Practice, point 60) states:

Supervision is essential to how practitioners sustain good practice throughout their working life. Supervision provides practitioners with regular and ongoing opportunities to reflect in depth about all aspects of their practice in order to work as effectively, safely and ethically as possible. Supervision also sustains the personal resourcefulness required to undertake the work.

See also Good Practice, point 61.

5.1 The normative, formative and restorative tasks of supervision

The normative, formative and restorative tasks of supervision (Inskipp and Proctor, 1995) all play a part in monitoring and maintaining a supervisee's fitness to practise.

The normative function is concerned with attending to professional and ethical guidelines, standards of practice, laws and so on, in part:

- a.** to protect the client from poor or malpractice
- b.** to protect the reputation of the profession
- c.** to help the supervisee reflect on self-care.

This is particularly important during times of illness, personal crisis and so on, when a supervisor can help a practitioner assess their ability to practise ethically and safely.

Attending to skills and theoretical knowledge (the formative function) helps the supervisee develop and maintain their competence and identify areas for development or deficit.

The restorative function helps the practitioner recharge batteries, dis-identify from the emotional charge of client work and attend to self-care.

Henderson (2009) comments:

It is important for all practitioners to be able to bring the issues to supervision and monitor how they are bearing the pain, and how their responses are affecting the professional work, and ask honestly whether and how, their work with clients is compromised or enhanced.

Whilst maintaining the boundary between therapy and supervision, it is beneficial to have discussions around the supervisee's current level of resilience and to make them a routine part of each supervision session (GPiA 054 CAQ: *Introduction to supervision in the counselling professions (members)*).

5.2 The supervisory skill

The supervisory skill is to maintain the supervisory alliance, such that the supervisee feels able to talk openly about vulnerabilities whilst having their work judged against acceptable levels of practice.

A supervisor may need courage to confront a situation in which they perceive a supervisee as 'unfit' while at the same time support the supervisee through a difficult time: 'The push of normative tasks is to confront the issue as sensitively and skilfully as possible, but not to duck the responsibility to do so' (Henderson, 2009).

The level of responsibility that a supervisor holds depends on the context in which the practitioner works and their level of training and experience. For more about responsibilities facing supervisors, see Good Practice, points 62-65 in the *Ethical Framework*, and Wheeler and King (2001).

In addition to the skills and knowledge needed for their non-supervisory practice, supervisors also require additional skills and knowledge (Good Practice, point 62) to supervise others.

What if a supervisee disagrees with a supervisor's opinion of their fitness to practise?

The supervisory relationship 'can have long-term benefits if the incident can be addressed openly, or it can be the start of a negative spiral if avoided' (Henderson, 2009). This is one of the many reasons why building, looking after and monitoring the supervisory relationship are essential. There is a range of Good Practice in Action resources relating to supervision, which can be downloaded at: www.bacp.co.uk/gpia.

Henderson (2009) points out that:

Challengingly, it is on these occasions when the supervisee disagrees with [the supervisor's] view, that the taking of supervisory authority is most complex, and the value of observation, description, and the clarity about behaviour or needs is crucial. [...] Supervision of supervision is also essential at this point; so is a genuine compassion, and a willingness to spell out the supervisor's concerns either for the wellbeing and resilience of the supervisee or to protect clients.

A fictional vignette follows demonstrating what may happen in practice.

5.3 Vignette 2: Sandi

Sandi is a life coach who works in private practice. She hasn't had many clients recently, her husband has lost his job and they are experiencing money difficulties. Sandi tells her supervisor she has decided not to renew her professional liabilities insurance, saying 'It's just more money down the drain.

What could a client possibly sue me for?' Her supervisor reminds her of her ethical commitments but Sandi is determined to work without any insurance. Her supervisor considers this unethical and unsafe.

Consider what you would do if you were Sandi's supervisor.

Bond (2015) describes the steps a supervisor can consider if they are concerned about a supervisee's fitness to practise:

- a.** The practitioner is told about the supervisor's reservation about their competence to practise (in writing if necessary).
- b.** If both cannot agree about the practitioner's competence, the opinion of a mutually acceptable third person is sought to make the assessment.
- c.** If the situation remains unresolved, the supervisor may withdraw from that role, giving their reasons for doing so (usually in writing).

The supervisor may seek guidance from BACP or, in the last resort, implement the complaints procedure (see under Article 12.6 of the Article of Association; www.bacp.co.uk/media/1872/bacp-professional-conduct-article-126-faqs.pdf).

A supervisor may also consider contacting other agencies, for example, the agency where the practitioner works. Information about breaching a confidence can be found in GPiA 014 Legal Resource: *Managing confidentiality within the counselling professions*.

No practitioner is immune from 'making a mistake' and not all misjudgments indicate that fitness to practise is compromised.

The *Ethical Framework* commits members to demonstrate accountability and candour by 'reviewing our work with clients in supervision' (Our Commitment to Clients, point 6c in the *Ethical Framework*).

As dilemmas are an inevitable part of working in relationship with others, it confirms that we need to 'take responsibility for considering how best to act in such situations and will be ready to explain why we decided to respond in the way we did' (Good Practice, point 94).

However, supervisors also have the same responsibility to attend to their own fitness to practise and sometimes it is a supervisee who is concerned about their supervisor. It can take confidence to bring this to their supervisor's attention but, as members of BACP, supervisees have the same ethical responsibility as their supervisor to act if they have concerns (see Good Practice, point 11 in the *Ethical Framework* for more details).

If concerns cannot be addressed or resolved within the supervisory relationship, a supervisee may choose to raise the issue with the relevant agency or BACP.

For legal issues involving fitness to practise see GPiA 032 Legal Resource: *Supervision within the counselling professions in England, Northern Ireland and Wales*.

To conclude, supervision can lend tremendous support to our commitment to being fit to practise.

6 What if I am concerned about another practitioner's fitness to practise?

Sometimes we feel troubled about another practitioner's fitness to practise. For example, another practitioner might be continuing to work when we have reason to believe their effectiveness is severely impaired by illness. Others may seem to be working outside their current competence level. We might witness (or have credible information) that leads us to believe their behaviour is unethical or unlawful (see Vignette one – Narinder in GPiA 094 CRP: *Fitness to practise within the counselling professions* as an example).

These can be challenging times for the worried practitioner and speaking out can seem daunting. However, we are both obliged to, and supported, by the *Ethical Framework* (Good Practice, point 11):

We share a responsibility with all other members of our profession for the safety and wellbeing of all clients and their protection from exploitation or unsafe practice. We will take action to prevent harm caused by practitioners to any client.

It may be as simple as talking over concerns with the practitioner but if they take no action, the matter may need to be escalated to management, supervisor, professional body or other agency.

'Whistleblowing' (the process of formal disclosure) is 'the act of an individual worker or group of workers raising a concern so as to prevent malpractice or dangers to the public'. (Bowers, 2007, quoted in Jenkins, 2010).

Whistleblowing is legally defensible if it is in the public interest or helps prevent harm. Any potential whistleblower must consider how reliable and accurate their source of information is, if they reasonably believe it to be true and whether the concern is acceptable. Untrue accusations could be regarded as slanderous and/or libellous (Bond and Mitchels, 2015).

Personal grievances, such as bullying and complaints, are not covered by whistleblowing law unless they are in the public interest.

'Making a disclosure in the public interest' may be permitted (or even compulsory) within an agency. It may be required by law (e.g. Terrorism Act 2000 or court order). Other situations may be morally justifiable and left to the concerned practitioner's discretion. It is good practice for organisations to have a whistleblowing policy. Those in private practice are responsible for developing their own policy and guidance may be obtained from ACAS (www.acas.org.uk).

More information on whistleblowing and the counselling professions can be found in Jenkins (2010), and in general from ACAS at www.acas.org.uk.

When considering whistleblowing, objective thinking, courage, careful consideration of BACP's *Ethical Framework for the Counselling Professions* and supervision are essential (as may be consultation with a legal advisor). BACP's Ethics Hub may also be able to offer guidance. See Ania Dopierala's 2020 *Therapy Today* article 'Being the Whistleblower', Stephen Hitchcock's BACP blog *Concerns about another's fitness to practise* (available at www.bacp.co.uk/events-and-resources/ethics-and-standards/ethics-hub/ethics-blog/concerns-about-another-s-fitness-to-practise) and the *Therapy Today* Dilemma *Should I report my client's partner for unethical practice* (available at www.bacp.co.uk/bacp-journals/therapy-today/2018/september-2018/dilemma) for further discussion on the topic of whistleblowing.

7 Fitness to practise and the Covid-19 pandemic

Since early 2020, the world has been impacted by the Covid-19 pandemic. This has had a considerable effect on all those working in the counselling professions, and cemented fitness to practise as a central concern.

The three components – wellbeing, competence and conduct – have all been challenged, often on a day-to-day basis. Practical practitioner issues have included swift transition to online working, balancing work or study with family and caring responsibilities, possible loss of income, increased demand for services, unplanned endings, and ill health. Psychological challenges have included constant uncertainty and change, loss of separation between work and home spaces, increased demands from clients and supervisees, increased anxiety, trauma and bereavement issues in clients, personal health anxiety, and bereavement.

As a profession supreme efforts have been made to ensure the safety of our clients and ourselves. Yet it is perhaps inevitable that with unprecedented events unfolding quickly, many practitioners found themselves burnt out, exhausted or isolated yet feeling unable to step back from practise in the face of increased need from clients, or even personal financial hardships. Yet it is in these times that reflection on our wellbeing is most vital.

The full impact of the pandemic is yet to be seen, and further possible periods of social distancing, lockdowns and new variants could mean ongoing challenges for practitioners. BACP continues to offer a full range of Covid-19 resources to support members, including articles on wellbeing and self-care, available at www.bacp.co.uk/news/news-from-bacp/coronavirus/covid-19-resources.

Summary points

- Fitness to practise includes our wellbeing, competence and conduct.
- When we cannot work effectively and safely we must exercise the 'highly appropriate and professional activity' of recognising that we are currently not fit to practise.
- If we do not monitor and attend to our fitness to practise, we put at risk clients, supervisees, colleagues, trainees, the counselling professions and ourselves.
- A decision-making process can help us find a way through what might feel like a complex situation regarding fitness to practise.
- Subsequent options available will depend on the nature of the 'fitness' issue and who makes the decision.
- While, primarily, we are responsible for monitoring our own fitness to practise, the normative, formative and restorative tasks of supervision help oversee and maintain a supervisee's fitness to practise.
- We share responsibility with BACP members for the safety and wellbeing of all clients and their protection from exploitation or unsafe practice. This may involve us becoming involved in a process of whistleblowing.

Conclusion

Working as a counselling professional can be demanding. In addition, our humanity makes us vulnerable to the stresses and strains of life.

Making an ethical commitment to our fitness to practise, and that of other counselling professionals, contributes to the provision of safe and ethical services.

It is important to remember that by making that ethical commitment, we promise to take care of ourselves too (see GPiA 088 Fact Sheet: *Self-care for the counselling professions*).

Questions for reflection

- a. To support you further in your work, what organisational policies or guidelines relating to fitness to practise could you read? Might your organisation benefit from revisiting (or developing) such policies or guidelines?
- b. If you are a practitioner who works in private practice, do you have such policies or guidelines? If not, what could you develop (and who might help you)?
- c. How do you monitor your fitness to practise? For example, what would tell you that you were working beyond your current competence? Where do you 'draw the line' regarding illness?
- d. If you had to act as a whistleblower, what personal and professional factors might stand in your way? How could you address this?
- e. Thinking about the relationship between you and your supervisor or manager, how easily are you able to share concerns about your fitness to practise? What if you felt uneasy about their fitness to practise?

About the author

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