

Handling complaints about therapists

**Report of the UKCP
Professional Conduct Committee
1 January 2016–31 December 2016**



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Introduction

The Professional Conduct Committee (PCC) plays a key role in enabling UKCP to meet its responsibility to maintain professional standards. It oversees the role, function and management of the Complaints and Conduct Process (CCP). This involves working closely with the Complaints and Conduct Team and other UKCP staff.

Foreword

Welcome to my third report as Chair of your PCC. This has been a busy year for the Committee. In addition to our normal duties, we have facilitated two very well-attended workshops, one in London and the other in Manchester. These were about our work and the triggers for the complaints we receive. Members' feedback on both was extremely positive, with the Manchester event achieving a 100 per cent satisfaction rating from the 55 members who attended. It was also great to see and speak to colleagues from the British Association for Counselling and Psychotherapy (BACP) and British Psychoanalytic Council (BPC) who came. Following the success of these two events we will be holding another workshop in 2017.

Supervision has been a subject that has kept cropping up in complaints over the last two years and was a topic that animated members in Manchester. I was pleased to hear that UKCP will hold a workshop in 2017 to explore the role of supervision from the perspective of both supervisors and supervisees. Members also asked for advice on contracts, complaint leaflets and record keeping. We are looking into this and will report back later in the year.

It also became apparent that members were keen to know about all complaints made against them. At present we receive some complaints that do not fall within the scope of the CCP. For example, complaints may be out of time, have contractual issues or be anonymous. We do not currently see any benefit in informing members about these cases, however we are open to exploring this issue.

At the workshops, members heard me say that 'an organisation that has good publicity, that welcomes complaints as an opportunity to learn and to improve services, and that has a non-defensive approach in responding to complaints may be expected to receive a higher number of complaints than an organisation with poor publicity and a defensive approach in responding. Yet one might also expect the first organisation's services to be of a higher quality.'

UKCP is visible, in the public domain and welcomes complaints. However, our complaint levels have remained steady and I am pleased to say that the level of complaints against members remains low.

I would like to pass on my sincere thanks to Ruth Yudkin, Jane Hetherington and Margaret Headland. All three UKCP members have left the PCC over the last 12 months and will be greatly missed. It was fantastic to work with true professionals who clearly respected and wished to maintain the public's confidence in psychotherapy and UKCP as a first-class regulator.

I welcome four new PCC members. Three are professional UKCP members, Sheila Foxgold, Henry Adeane and Kedzie Penfield. The fourth is a new lay member, Graham Briscoe. You can find out more about them later in the report.

The Complaints and Conduct Process is working extremely well. As you are hopefully all aware, we have held a consultation on our Alternative Dispute Resolution (ADR) process. The results can be found on our website at www.psychotherapy.org.uk/news/alternative-dispute-resolution-adr-consultation-results/. We are now looking at how this process can be developed.

Finally I am proud that we can assure the public and members that UKCP have a complaints process that is fit for purpose and working well.

Brian Linfield MBE
Chair, PCC

About UKCP

The UK Council for Psychotherapy (UKCP) is the UK's leading professional body for the education, training and accreditation of psychotherapists and psychotherapeutic counsellors. Our membership includes over 8,500 individual therapists and more than 70 training and accrediting organisations.

We hold the following national register of health care professionals consisting of:¹

- psychotherapists
- psychotherapeutic counsellors
- psychotherapists who work with children and young people.

Our register is accredited with the Professional Standards Authority for Health and Social Care.

The Complaints and Conduct Process

UKCP's Complaints and Conduct Process (CCP)² has been in place since December 2012. It provides a centralised, transparent process for considering complaints or concerns raised by members of the public and clients about therapists on our register (also known as registrants).

The CCP has streamlined the way complaints are made and handled, resulting in a process that is much easier for people to understand and engage with.

The CCP aims to:

- provide an objective and transparent way of dealing with concerns or complaints about therapists
- be relevant to the psychotherapy profession
- meet the Professional Standards Authority's accreditation requirements for voluntary registers.

1. Defined by the Health and Social Care Act 2012.

2. For more information about the CCP visit <http://www.psychotherapy.org.uk/complaints>

The Professional Conduct Committee

The Professional Conduct Committee (PCC) plays a key part in enabling us to meet our responsibility to maintain professional standards.

The Committee's remit is to contribute to the successful functioning of the CCP. The PCC provides advice and guidance to the Complaints and Conduct Team and has oversight of each complaint that progresses through the CCP. The PCC may also be asked to make the screening decision for an individual case if the Case Manager feels unable to do so.

A key function of the PCC is to help the organisation learn from complaints. This includes identifying common themes, concerns or training gaps that may exist, and communicating these to our members to help them improve the therapeutic services they provide. The PCC undertakes root cause analysis work at the conclusion of each case heard under the CCP. This is to determine driving points for complaints and to identify key areas of concern. This information is then used to help shape training programs and policy.

The PCC currently comprises a lay (non-therapist) chair, three professional UKCP members and three lay members. There is also a professional member from our Ethics Committee, providing an easy way for the two committees to work together.

During the period covered by this report, the Committee's membership was as follows:

Brian Linfield MBE, Lay Chair

Brian comes from a 15-year background of statutory regulation within the water industry and as a regional lay chairman for complaints within the NHS. He sits as a specialist magistrate in the family court and also sits as a disability-qualified panel member of the First-tier Tribunal Service of the Social Entitlement Chamber. He works as a civil servant for the Office for National Statistics.

Henry Adeane

Henry is a UKCP-registered psychotherapist. He divides his time between teaching, supervising and providing treatment. He works in the NHS, forensic settings, training placement organisations and private practice. He currently delivers clinical supervision at the Counselling Foundation, Cogwheel Trust and Centre 33. He is a programme lead on the BSc at Matrix College of Counselling and Psychotherapy.

Carmel Bamford

Carmel is a solicitor with more than 25 years' experience of working in private practice and commercial organisations in the UK and Asia. She was a chair and a member of the Panel of Adjudicators of the Solicitors Regulation Authority for five years and is a trustee of Age UK and the London Borough of Richmond upon Thames.

Graham Briscoe

Graham is a Chartered Engineer, Chartered Information Technology Professional, Certified Management Consultant and a Fellow of the British Institute of Facilities Management. Following his retirement in 2005, he has built up a portfolio of

community investment involvement, including further education college governance and visiting fellowships and lectureships at a number of universities. He is a Board Non-Executive Director of the British Institute of Facilities Management and he chairs their Board`s audit committee.

He also provides pro-bono change and facilities management support to charity, voluntary and not-for-profit organisations in the South West and Wales. Last year, he was elected as a member of the Governors` Council at Bristol University Hospital, representing North Somerset.

Sheila Foxgold

Sheila is a UKCP-registered psychotherapist who originally trained as a counsellor before qualifying as a psychotherapist in 2000. Her particular expertise and interest includes trauma work, the family dynamics of addiction, and therapeutic life story work with looked-after or adopted children and young people.

Emi Gutwenger

Emi is an associate solicitor with Clifford Chance LLP and focuses on financial regulation. He has a degree in Austrian Law and Economics from Leopold-Franzens University in Innsbruck, Austria, and a graduate diploma in Law from BPP Law School in London. Having previously worked as a judicial assistant in Austria and as a regular volunteer with various legal advice centres in London, he has considerable experience with judicial and quasi-judicial processes and complaints procedures.

Kedzie Penfield

Kedzie trained at the Scottish Institute of Human Relations. For the last 15 years, she has worked as a psychoanalytic psychotherapist with adults at a private practice in Edinburgh. She has served on various committees in voluntary organisations and is particularly interested in questions around complaints procedures and their relationship to ethics. As well as being a member of our PCC, she co-chairs the Ethics Committee for the Scottish Association of Psychoanalytic Psychotherapy. She is UKCP and BPC registered.

Niki Reeves

Niki attends the PCC as the UKCP Ethics Committee representative. Niki is an attachment-based psychoanalytic psychotherapist. Her previous roles include being a member of The Bowlby Centre Ethics Committee and Clinical Manager of Southampton Counselling Service. In addition to her busy private practice, Niki trains therapists and counsellors, and writes specifically in the area of attachment therapy.

The Complaints and Conduct Team

The PCC works very closely with the Complaints and Conduct Team, from the time we receive a complaint or allegation through to its resolution. The team currently consists of a Complaints and Conduct Manager and two Case Managers. Although these are lay staff, they have extensive experience of handling complaints and regulation in various fields.

The Complaints and Conduct Team receives all enquiries about complaints against psychotherapists registered with UKCP. It also addresses questions about best practice and provides information about the complaints process.

The Case Managers are responsible for collecting all available information from the complainant and UKCP registrant. They put the information before the PCC, along with their recommendations about the way the complaint should be dealt with, taking into account our procedural requirements. The PCC then offers advice to the Case Manager, who makes the final decision.

Neither the Case Managers nor the PCC make findings on the facts of the complaint. Instead, the Case Managers and PCC decide whether there is enough evidence to suggest that it is 'more likely than not' that the allegations are true. If they decide that there is, the complaint is referred to an independent Adjudication Panel, which comprises two professional psychotherapists and one lay chair. The panel makes findings on the facts of the case. It alone decides if an allegation is found proven and, if so, whether any sanction should be imposed on the therapist.

Recruitment and training in 2016

Recruitment of PCC members

This year, we have successfully recruited three new professional members, and one lay member for the PCC. This brings the Committee to maximum capacity. We have provided all new and existing committee members with up-to-date training on the role of the PCC and revised CCP.

Recruitment of new members for the Adjudication Panel

Following a recruitment drive, we now have 14 new Adjudication Panel members and lay chairs. We have provided all new and existing Adjudication Panel members with up-to-date training on the revised CCP, and their roles and responsibilities at a hearing.

Current work: Alternative Dispute Resolution (ADR) consultation

Last year our Board of Trustees approved a project to develop and implement a new ADR process to sit alongside the CCP.

The CCP is by necessity a legalistic and thorough process. Only the most serious complaints that suggest a member may not be fit to remain on our Register are sent down that route. ADR provides an alternate mechanism for resolving disputes or concerns, and will form an important part of our complaints process.

To ensure that our process was as helpful and practical as possible, we held a public consultation which ran between 16 October 2016 and 10 December 2016. The consultation survey covered a range of topics that members had told us were important considerations for an ADR policy. These included things such as the types of tools and solutions that people would find useful for mediation; the role of local organisations and UKCP; the independence and transparency of mediation; the cost of mediation; and training and support for members and organisations.

The responses were overwhelmingly positive. Although people recognised the importance of having a formal complaints procedure, most agreed that it was vital to try to resolve matters informally wherever possible. We have put together a report summarising the consultation responses. With the help of a working group, we will now look to start drafting a policy with a view to launching the process in the autumn of 2017.

Our Learning from Complaints events

Since we began handling all complaints against members through a centralised process in 2012, we have been able to collate information and statistics to identify some common themes and trends.

In February 2016, we carried out a Learning from Complaints workshop in London for our members and shared some of what we had learned. We received positive feedback from that workshop, and decided to hold another event in the North of England (Manchester) in October.

Our aims for these events were to:

- provide an introduction to how our CCP works
- highlight areas of good practice
- enable attendees to gain a greater understanding of how we assess complaints from beginning to end
- provide the opportunity for attendees to ask questions and alleviate concerns through dialogue and discussion groups
- provide an update on the work we are doing on ADR.

The feedback from both events was overwhelmingly positive. Although we gave participants a great deal of information to take in, they actively participated in lively discussions and debates throughout.

We are really pleased that those who attended either the London or Manchester workshop left feeling that they further understand the Complaints and Conduct Process and more aware now of common causes for complaints. Meeting members of our Complaints and Conduct Team assured them that, should a concern or complaint be raised about them, we will handle it professionally, fairly and with the utmost high standards.

Complaints and complaint enquiries handled during 2016

We take all complaints about our registrants seriously and are committed to safeguarding the public. However, it is important to remember that the vast majority of members practise every day and never have a complaint made against them.

Complaints can range from serious professional misconduct to expressions of dissatisfaction with a service. Whatever the cause or severity, each complaint is an opportunity for learning. By highlighting the causes of complaints in this report, we hope that members will review their current practices and procedures in order to avoid circumstances in which such trigger points may arise.

General enquiries

Our Complaints and Conduct Team receive enquiries every day. These can be registrants, organisational members, members of the public, or representatives from other professional organisations. Not all of these conversations are about complaints or are related to the CCP. For example, a therapist might contact the team to ask for advice about safely storing their client records.

Complaint enquiries

Before making a formal complaint, most people get in touch with the Complaints and Conduct Team to seek advice or to discuss their problem. We speak to members of the public who might want to make a complaint and therapists who might be concerned about a particular client making a complaint. We also receive calls from people wanting to understand more about the CCP.

Complaints received and accepted

Once we receive a written and signed complaint, we consider this to be a formal complaint. A Case Manager screens all complaints to see whether they are within the scope of the CCP, and whether to refer the matter to an Adjudication Panel. This decision is based on the seriousness of the allegations, the quality of evidence, and whether or not the allegations constitute a breach of our Ethical Principles and Code of Professional Conduct.

Complaints activity

	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
Number of CCP cases received	7	9	10	5
Number of cases accepted	0	0	0	2
Number of cases ongoing	0	0	3	3
General enquiries received	36	38	17	29
Complaint enquiries received	56	26	63	63
Number of Adjudication Panels	1	3	1	2
Number of Interim Suspension Hearings	0	0	0	1

Complaint outcomes

An Adjudication Panel must follow a three-step process when making a decision. First it must determine whether the allegations are found proven; secondly, whether the allegations constitute misconduct and suggest that the therapist's current ability to practise unrestricted is impaired; and thirdly what sanction, if any, can be applied to remedy the identified shortcomings. There are four possible outcomes:

- 1. No case to answer:** where the panel finds that there is insufficient evidence to prove the allegations against the therapist.
- 2. Allegations proved, but no misconduct or impairment:** where the panel finds that the alleged behaviour did occur, but that the therapist's ability to practise unrestricted is not currently impaired and the behaviour does not constitute misconduct.
- 3. Allegations proved and misconduct found, but no impairment:** where the panel finds that the alleged behaviour occurred and constitutes misconduct, but that the therapist's ability to practise unrestricted is not currently impaired.
- 4. Allegations proved, and misconduct and impairment found:** where the panel finds that the alleged behaviour occurred, and that the therapist's ability to practise unrestricted is impaired. The panel can only consider imposing a sanction if the therapist is found to be currently impaired.

The table below shows the outcomes of hearings held in 2016. Of the five cases referred to a panel in 2016, only two resulted in a sanction being issued. This demonstrates that our system is working robustly and shows that each complaint is fully investigated and judged on its merits.

Cases	Number
No case to answer	2
Misconduct found	1
Misconduct and impairment found	0
Sanctions issued	2

Panels often issue a combination of appropriate sanctions. Sanctions issued by the panels were:

Sanction	Number
Apology to the complainant	1
Additional or amended supervision	2
Additional or amended personal therapy	2
Conditions of practice order	1

The majority of the 30 complaints we received in 2016 were deemed not serious enough to warrant a referral to an Adjudication Panel. We dealt with some of these complaints by issuing letters of warning or supervision recommendations. These were cases where there were technical breaches of the Code of Ethics, but they were not serious enough to warrant a referral to an Adjudication Panel. Others were rejected as having insufficient evidence or not falling within the scope of the CCP.

Examples of rejected complaints include:

- financial disputes about the cost of therapy
- disagreements or arguments between a therapist and a client
- cancelled appointments
- length of therapy
- claims of bias in family therapy settings
- disagreements over written reports of the therapy
- failure to achieve therapy goals.

Root cause analysis

When each case is concluded, the PCC carries out detailed root cause analysis. This involves identifying the behaviours or situations that triggered the complaint, and considering whether, if they were removed, the complaint would still have occurred. The methodology is simple. For each complaint, we review the allegations and then categorise them into one or more broadly defined groups. This classification is useful because it gives us broad oversight of the areas that are driving complaints and throws up a red flag when certain issues recur.

Once we have this information, we can begin to drill down to try to understand the circumstances that are causing complaints within each category. For example, we know that there are many ways in which a therapist might breach confidentiality, but we seek to understand whether there is a specific situation that may be causing difficulties for our members and, if so, how we can help.

In 2016 one of the main root causes for complaints was breaches of confidentiality by the therapist, either caused by not protecting client information or disclosing information about clients without consent. Confidentiality was also one of the main root causes for complaints in 2014 and seems to be a recurring theme. We have some suggestions for therapists who find themselves in a situation where they feel the need to break confidentiality. For example, if there is a serious risk of harm to their clients or to others, they could seek immediate guidance, preferably from a supervisor; know and understand the thresholds for safeguarding; and always act with the consent of the client wherever possible.

Another useful action is to have a written or verbal agreement with the client at the beginning of a course of therapy sessions outlining the circumstances where it would be necessary to break confidentiality. A therapist can also contact our Complaints and Conduct Team or their professional indemnity insurers who can provide assistance and support. The PCC has written about confidentiality in the past – please see issue 60 of the Psychotherapist magazine for more information.

The root cause analysis of over 50 per cent of complaints assessed by the Complaints and Conduct Team in 2016 related to not acting in the best interests of the client. A common example is if the therapist breaks the boundaries between the therapist and client relationship. This could involve anything from engaging with the client outside of the therapy room on a personal level to engaging in a sexual relationship with the client.

If a therapist feels they are experiencing boundary issues between themselves and their client, their first point of call should be to discuss the matter with their supervisor. It may be that a therapist feels their client is becoming too emotionally attached and that another therapist may be in a better position to help. The PCC will continue to work on boundary issues between therapists and clients.

The role of supervision has appeared many times in our root cause analysis review, as well as being a lively topic of discussion at the Sharing Learning from Complaints workshop in Manchester. As stated previously, we are planning to hold a workshop on supervision later in 2017.

The next 12 months

As well as looking after the CCP, the PCC will work on a number of things asked for by members at the last complaints event. We will produce a complaints flyer for members within the next few months. We will follow this with information on contracts. We will work with the Case Managers to find a process within which we will notify members about all complaints made against them.

The PCC looks forward to seeing members at our next complaints event and to contributing to the workshop on supervision.

Sharing good practice

If you have examples of good practice relating to the way you run your practice and would like to share them with others, please get in touch with the Complaints and Conduct Team.

If you would like a member of the PCC or Complaints Team to come and talk to your organisation or speak at a meeting then please email complaints@ukcp.org.uk.

