

## **NCH Code of Ethical Conduct and Performance**

New Bye Law 1

Review

Date of last update: February 2020

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Date of Review: The Code and the accompanying explanatory guidelines will be reviewed as required. This will be to a minimum of three years.

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Last Reviewed: July 2019

Reviewed by: NCH Director of Ethics

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### **A. Introduction**

The protection of the health and wellbeing of all those who use NCH Members' hypnotherapy services is governed by a set of standards of conduct and performance which are underpinned by important ethical understandings.

Our standards are laid down as the Code of Ethical Conduct and Performance. These standards are requirements all NCH Members are expected to uphold, both in terms of the specific wording given and also the spirit of the Code.

Our Code of Ethical Conduct and Performance (CECP) is intended to give the public confidence in the quality of practice and the care expected to be provided by NCH Members. It is designed to provide NCH members and their clients with a secure ethical framework for therapeutic work.

The guidance notes accompanying the code are not exhaustive; they provide direction to NCH Members to meet the standards of the CECP.

### **Guidance**

Ethics deals with values, principles and moral qualities that should inform our clinical work and supervision

as hypnotherapists. Further references will be provided in the members' resource section.

In this document specific meanings have been given to the following terms.

- **Must.** When the term 'must' is used, this means that the member has to comply. To comply, members will need to exercise their professional judgement.
- **Should.** We use the term 'should' when offering guidance on how to meet an overriding duty (that is, a statement containing 'must'). It is also used when the duty does not apply in all circumstances or where there are factors outside your control that affect whether or how you can comply with the guidance.

- **May.** When the term 'May' is used, this means that members have a choice as to whether to carry out certain actions or not. The term 'may' is most often used to introduce the range of approaches from which a member might choose.

## **B. Members' Duties**

All NCH Members are personally accountable for their actions and must be able to explain and justify their conduct and performance when asked to do so.

If a complaint is made against a Member the standards in the Code of Ethical Conduct and Performance are used to assess misconduct or inadequate performance which could result in suspension or cessation of NCH membership or other sanctions as laid out in our complaints procedure.

As a member you are required to fully cooperate in any NCH investigations.

This document will be reviewed and updated. It is the responsibility of all current membership grades to review and update their practice in accordance with the contents of the CECP.

Full members of the NCH are entitled to use letters after their name, reflecting on their level of qualifications and experience. Should your membership of the NCH end, you are no longer entitled to use these letters.

NCH Members have a primary duty to protect the health and wellbeing of their clients. They must keep to the following important principles:

- To respect their client's dignity, individuality and privacy
- To be sensitive to cultural differences
- To respect each client's right to be involved in decisions about their therapy and care
- To be trustworthy and honest
- To provide a good standard of hypnotherapy practice
- To protect their clients from risk of harm
- To cooperate with other healthcare colleagues as necessary

This document outlines the standards expected of NCH Members in the form of the Code of Ethical Conduct and Performance and also provides explanatory guidelines. It should be read in conjunction with the additional current Codes and policies of the NCH.

All applicants for NCH membership will be required to confirm that they have read and agree to observe the standards set in this document.

Members who are registered with a Professional Standards Authority (PSA) are required to observe that the NCH CECP is independent of the PSA Code. Where there may be inconsistencies in practice the PSA Code will take precedence.

## **C. The Code of Ethical Conduct and Performance**

The main responsibilities and duties of NCH Members are labelled **C1-C21** and are accompanied with explanatory guidelines.

### **C1. You must always act in the best interests of your clients**

You are personally responsible for making sure that you promote and protect the best interests of your clients.

- You must provide the best possible standard of hypnotherapy care to your clients
- You must act with honesty and integrity
- You must not exploit or abuse the therapeutic relationship with your client
- You must not act to deceive or coerce your client in any way
- You must be sensitive to cultural differences and not allow your beliefs or values about your clients' age, disability, gender identity, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation to adversely affect the way you provide hypnotherapy for them or the professional advice that you give
- You must be sensitive to factors such as a client's lifestyle in order to provide a good standard of hypnotherapy

### **Guidance**

1. As you provide services to the public you have a duty to promote equality and tackle discrimination within your services.
2. Discrimination when providing services means:
  - a. refusing to provide a service for reasons that are discriminatory. Discrimination includes allowing your belief of a clients protected characteristic (age, disability, gender identity, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation) to influence the standard of care you provide
  - b. providing a lower standard of service
  - c. offering a service on different terms from those offered to other people
3. You should consider how you can provide services to everyone who may want to use your service-for example, by changing the way you communicate with clients and giving extra help for clients with disabilities.
4. If you supply services to public sector organisations, (for example the NHS) you may have other legal responsibilities about positively promoting equality.

### **Useful information**

- Section 3 of the Equality Act 2010  
<http://www.legislation.gov.uk/ukpga/2010/15/part/3>
- You can find guidance on promoting equality and diversity in Great Britain on the Equality and Human Rights Commission (EHRC) website <http://www.equalityhumanrights.com/advice-and-guidance/>
- The EHRC website has links to separate Commissions in Wales and Scotland.
- Northern Ireland does not have a single equality act but separate pieces of anti-discrimination legislation and other relevant laws, more information can be found at <https://www.equalityni.org/Hom>

## **C2. You must consider your conduct with regards to clients, colleagues and others**

The professional relationship between a member and a client depends on confidence and trust.

Your clients' safety whilst in your care, must be a primary consideration.

You must not do (or omit to do) anything or allow anything to be done by others under your instruction which could put your client or another associated person at risk of harm.

The safety of your clients must come before any personal, commercial, business and professional loyalties at all times.

Appropriate professional boundaries must always be maintained between practitioners and clients. These include physical, emotional, and socially intimate relationships.

If you find yourself sexually attracted to clients or their carers, it is your responsibility not to act on these feelings and to recognise the harm that any such actions can cause.

If you are sexually attracted to a client and are concerned that it may affect your professional relationship with the client (or if you believe that a client is sexually attracted to you), you should consult with your Supervisor in the first instance. If, having received advice, you do not believe you can remain objective and professional, you must end the therapeutic relationship and recommend the client sources another therapist.

Engaging in sexual activity with a current client will constitute sexual misconduct regardless of whether the client consented to the activity or not.

The circumstances of each professional/client relationship are different. In the event of a finding of misconduct the member will be under scrutiny, with regards to both the interpersonal relationship and their professional standing.

Physical contact with a client during therapy must be clearly explained with full recorded consent of the client.

You must keep to the relevant health and safety laws and manage any risks to health and safety in your work environment. Your clinic space and any access areas, waiting or reception spaces must be fit for purpose for hypnotherapy offering adequate facilities in terms of cleanliness, privacy, comfort and safety.

You should be aware of any conflicts of interest in your work and act in accordance with the CECP.

## **Guidance**

The Council for Healthcare Regulatory Excellence (now known as the Professional Standards Authority for Health and Social Care) guidance on sexual boundaries emphasizes:

1. The professional relationship between a health practitioner and a client depends on confidence and trust. A healthcare professional who displays sexualised behaviour towards a client breaks that trust, acts unprofessionally and may also be committing a criminal act. Breaches of sexual boundaries by health professionals can damage confidence in healthcare professionals generally and lessen the trust between clients, their families and healthcare professionals.

2. Sexualised behaviour is defined as: 'acts, words or behaviour designed or intended to arouse or gratify sexual impulses or desires'
3. If you find yourself sexually attracted to clients or their carers, it is your responsibility not to act on these feelings and to recognize the harm that any such actions can cause. If you are sexually attracted to a client and concerned that it may affect your professional relationship with the client (or if you believe that a client is sexually attracted to you), you should ask for help and advice from a colleague or an appropriate professional body so you can decide on the most suitable course of action to take. If, having received advice, you do not believe you can remain objective and professional you should find alternative care for the client and make sure there is a proper handover to another healthcare practitioner.

The laws covering health and safety include those on:

- a. Health and safety at work
- b. Control of substances hazardous to health
- c. Moving and handling
- d. Environmental protection

### **Useful Information**

- Five steps to risk assessment, Health & Safety Executive (HSE), 2011  
<https://www.hseni.gov.uk/articles/risk-assessment>
- Clear sexual boundaries: responsibilities of healthcare professionals  
[https://www.professionalstandards.org.uk/docs/default-source/publications/policy-advice/sexual-boundaries-responsibilities-of-healthcare-professionals-2008.pdf?sfvrsn=a8c77f20\\_8](https://www.professionalstandards.org.uk/docs/default-source/publications/policy-advice/sexual-boundaries-responsibilities-of-healthcare-professionals-2008.pdf?sfvrsn=a8c77f20_8)

### **C3. You must safeguard and promote the welfare of children, young people and adults with additional vulnerabilities you work with**

You must cooperate with any local disclosure procedures via your local statutory social services concerning any children, young people or any persons with additional needs who you consider to be at risk of suffering significant harm due to physical, sexual, psychological or emotional abuse or neglect.

The NCH recommend all Members have a current DBS check (enhanced) and you must have this check when working with all children under 18 and any persons with additional needs.

NCH members who are also registered with the CNHC should be aware that their guidance states that '*If the client is a child under the age of 16, another person should always be present. This may be someone with parental responsibility*'

### **Guidance**

1. If you have concerns about the welfare of a child, young person or vulnerable adult you should discuss your concerns with your supervisor. If after these discussions, you consider that the person is, or may be in need, you should contact your statutory social services department. This includes cases when you think someone may be at risk of suffering significant harm.
2. In general, you should try to discuss your concerns with the child, young person or vulnerable adult – as far as their age and understanding allow – and with their parents or guardians. You should try to get their agreement to make a referral to statutory social

services, unless you consider that such a discussion would place the child or yourself at risk of significant harm.

### **Useful Information**

- Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children, July 2018, HM Government – England  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/779401/Working\\_Together\\_to\\_Safeguard-Children.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf)
- Safeguarding Children: Working Together Under the Children Act 2004, Welsh Assembly Government, 2006 – Wales  
<http://www.wales.nhs.uk/sitesplus/documents/863/Safeguarding%20Children%20Working%20Together%20under%20the%20Children%20Act%202004%20%282006%29.pdf>
- National Guidance for Child Protection in Scotland 2010, The Scottish Government – Scotland  
<http://www.scotland.gov.uk/Resource/Doc/334290/0109279.pdf>
- Cooperating to Safeguard Children, 2003, DHSPSS – Northern Ireland  
<https://www.health-ni.gov.uk/publications/co-operating-safeguard-children-and-young-people-northern-ireland>

### **C4. You must maintain safe and effective communications with clients and colleagues**

Your clinic space must allow for safe and effective communication between yourself and your clients; respecting the physical boundaries of confidentiality including providing secure links when working virtually.

It is your responsibility as a member to check your insurance companies terms and conditions when using virtual means of communication.

Online or virtual hypnotherapy services must take confidential, effective communication as a priority to protect the best interests, privacy and safety of the client. At the outset of the online therapy a process must be agreed to be followed in the event of technological failure.

Client consent must be obtained regarding online communication about that client (whether disguised personal information or not) on any social media platform; whether a private forum or publicly accessed.

You must be mindful of the data protection rules at all times. (C8)

You must make sure your facilities, including technology if used, are fit for purpose.

### **C5. You must cooperate with others for the best interest of your clients**

You must respect the skills and contributions that others bring to the wellbeing of your client.

You must not attempt to dissuade clients from seeking or continuing with treatment by their registered medical practitioner.

When working in a team you must remain accountable for your professional conduct, any care or professional advice you provide, any failure to act and any reason for the tasks you may delegate.

### **Guidance**

When working in a team or jointly with others there is a particular need to be clear about who is responsible for the safekeeping of client records (Data Protection Act 1998)

### **C6. You must obtain informed consent**

Clients must be able to make informed decisions about any ongoing therapy.

Clients should give consent to their participation in research or the training and education of others.

You must obtain consent in writing from the client, or someone able to act on their behalf, before you commence therapy.

You must obtain written client consent before disclosing client information to any third party.

Before accepting a client's consent you should consider how thoroughly a client understands what is proposed.

The client must not be under any pressure or undue influence from you.

If an individual is considered unable to give informed consent, another person may be authorised to give written consent on his behalf, e.g., primary care givers, parents or those with parental responsibility of a child under 16.

Those over 16 years of age are generally considered fully competent to consent and many under 16 may be able to give informed consent also, according to maturity levels and the decisions involved.

It is the therapist's responsibility to be aware that child protection legislation remains in force until the child turns 18.

You should check with your insurer regarding their specific requirements as these can differ.

### **Guidance**

1. Consent and communication
  - a. Consent is not a 'one-off' exercise. It is a continuing process and needs effective and ongoing communication with clients.
2. Consent of adults – weighing up capacity to understand.
  - a. No one else can make a decision on behalf of an adult who has the capacity to do so.
  - b. A person has capacity if they can understand, remember, use and weigh up the information needed to make a decision, and can communicate their wishes.

- c. It should always be assumed that adults have the capacity to make a decision unless it is shown to be otherwise. If you have any doubts ask yourself: 'Can this client understand and weigh up the information needed to make this decision?'
3. Someone with parental responsibility should give written consent on behalf of a child under the age of 16. The Children Act 1989 lists the people who may have parental responsibility. These include:
  - a. The child's parents, if they were married at the time of conception or birth.
  - b. The child's mother, but not the father, if they were not married at the time of conception or birth (even if they later marry) unless the father has acquired parental responsibility through one of the following: becoming registered as the child's father; a court order; a parental responsibility agreement
  - c. The child's legally appointed guardian
  - d. A person in whose favour the court has made a residence order about the child
  - e. A local authority named in a care order for the child
  - f. A local authority or authorized person that holds an emergency protection order for the child
4. At age 16 a young person can be treated as an adult and can be presumed to have the capacity to give consent for themselves. Under section 8 of the Family Law Reform Act 1969, people aged 16 or 17 are entitled to consent to their own treatment.

### **Useful Information**

- Reference guide to consent for examination or treatment, 2<sup>nd</sup> edition 2009 England
- <https://www.gov.uk/government/publications/reference-guide-to-consent-for-examination-or-treatment-second-edition>
- Wales
- <http://www.wales.nhs.uk/sitesplus/documents/1064/Welsh%20Government%20Guide%20to%20Consent%20for%20Examination%20or%20Treatment%20%28July%202017%29.pdf>
- A Good Practice Guide on Consent for Health Professionals in NHS Scotland, Scottish Executive Health Department, June 2006  
[www.sehd.scot.nhs.uk/mels/HDL2006\\_34.pdf](http://www.sehd.scot.nhs.uk/mels/HDL2006_34.pdf)
- Reference guide to consent for examination, treatment or care & 12 key points on consent: the law in Northern Ireland <https://www.health-ni.gov.uk/>
- <https://learning.nspcc.org.uk/media/1541/gillick-competency-factsheet.pdf>

### **C7. You must respect the confidentiality of your clients**

**C7-C9** are sections of the Code which deal with confidentiality and information privacy issues.

You have a duty of confidentiality towards your client which you must understand is fundamental to the trust placed in you as a therapist.

You must disclose the limits of any confidentiality to your clients at the earliest opportunity and before informed consent is obtained.

You must not knowingly release any personal or confidential information to anyone who is not entitled to it.

You must check that people who ask for client information are entitled to it and adherent to all related laws protecting data and codes of confidentiality.



If you work with others, such as therapists, healthcare workers and practice staff, it is important that you have proper procedures in place. All should be aware of their duty of confidentiality, whether or not they have professional or contractual obligations to protect confidentiality.

### **Guidance**

People who are allowed to have access to the client's records are:

- a. The client
- b. Someone with parental responsibility if the client is a child under 16.
- c. Any practitioner other than yourself when client consent has been given
- d. Administrative staff, should you work in a clinic setting where there is a practice manager or receptionist.

## **C8. You must respect your client's information privacy**

Each individual Member is responsible for keeping up to date with current legislation (ref GDPR, DPA) and any legislation that occurs relating to the country in which they practice.

Members should note that reference to clients on social media, even where anonymised, may breach clients' consent and privacy.

You must only retain or use information about a client:

- To continue to care for that person
- To satisfy legal, financial or your insurance requirements
- If you have good cause to believe that your client, you, or others (or the public) may be harmed if you do not disclose information.
- For purposes where that person has given you express consent to use the information, for example to a third party

Further reference to data protection reference: <https://ico.org.uk>

### **Guidance**

1. The General Data Protection Regulation 2016 and the Data Protection Act 2018 set out the requirements for handling and processing personal data and 'special category' data.
2. Processing personal data includes, but is not limited to: holding, obtaining, recording, using, and disclosing information.
3. The General Data Protection Regulation 2016 introduces more detailed transparency and information-giving requirements, as well as data subject rights. The data subject rights include, for example, the right to be forgotten, the right to access personal data, and the right to have data corrected and erased. You should have privacy policies in place to communicate these effectively to clients.
4. Under the Data Protection Regulations 2018, every organization or sole trader that processes personal information must pay a data protection fee to the Information Commissioners Office (ICO)

Further reference to data protection reference: <https://ico.org.uk>

## **C9. You must protect your client's privacy when dealing with business and marketing**

You must comply with all electronic marketing and advertising rules (EC Directive 2003), General Data Protection Regulations 2016 and the Data Protection Act 2018.

You must gain written consent for the use of any client testimonials and further consent to disclose their name.

You must be compliant with the Advertising Standards Authority (ASA)

You must protect the privacy of any client's health records in your financial management where you employ a bookkeeper or an accountant.

### **Guidance**

1. The Privacy and Electronic Communications (EC Directive) Regulations 2003 set rules about sending marketing and advertising electronically (for example, by fax, email, instant message or text). You will need to make sure you comply with these rules when you contact clients by electronic means for marketing purposes (for example when sending a newsletter) Any electronic marketing communications should only be sent to a client if the client:
  - a. Has consented to this (and this consent needs to meet the General Data Protection Regulation 2016 consent requirements), or
  - b. Was given the opportunity to opt out from receiving the communications at the time the client's data was collected, and is given the opportunity to opt out each time a communication is sent.

### **Useful Information**

- General Data Protection Regulation 2016  
<https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32016R0679&from=EN>
- Data Protection Act 2018  
<http://www.legislation.gov.uk/ukpga/2018/12/contents/enacted>
- The Data Protection (Charges and Information) Regulations 2018  
<http://www.legislation.gov.uk/ukdsi/2018/9780111165782/contents>
- Information Commissioners Office  
[www.ico.org.uk](http://www.ico.org.uk)

## **C10. You must maintain high standards of personal conduct**

High standards of personal as well as professional conduct are expected.

You are expected to be law abiding.

Honesty, integrity and trustworthiness are qualities expected of all NCH members

If you are convicted of a criminal offence or have accepted either a **written or verbal** Police caution, the NCH Standards Officer must be informed at the earliest opportunity. Each case will be considered individually as to fitness for continuing NCH Membership (see section D.) and a decision made in the light of the circumstances of the case.

**Please note that a caution whether written or verbal may be treated as spent as far as the Rehabilitation of Offenders Act 1974 is concerned but is still likely to present on a DBS check.**

**A standard DBS check reveals details of both unspent and spent convictions, as well as any cautions or warnings. An enhanced DBS check provides the same details but includes any other information held on police record.**

Your membership will be terminated if you are convicted of a criminal offence that involves one of the following types of behaviour:

- Violence
- Abuse
- Sexual misconduct
- Supplying drugs
- Drink-driving offences where someone was hurt or killed
- Serious offences involving dishonesty
- Any serious criminal offences for which you received a prison sentence.

### **C11. You must provide, on request, any relevant information about your conduct or competence**

You must tell the NCH if you have any relevant information about your own conduct or competence that may impair your judgement or ability to practise.

You must let the NCH know straight away if you are:

- Convicted of a criminal offence (other than a minor motoring offence) or accept a Police caution
- Disciplined by any organisation responsible for regulating or licensing a healthcare practitioner or social care profession
- Suspended or placed under a practice restriction order by an employer or similar organisation because of concerns about your conduct or competence eg. CNHC
- Asked, or have been asked to leave a professional association or register

You are required to co-operate with any NCH investigation or formal inquiry into your professional conduct, performance or health, or the conduct of any other healthcare provider where appropriate.

Relevant information in connection with conduct or competence should be supplied to the Ethics Director or the Standards Officer.

### **C12. You must modify your practice when impaired by certain physical or mental conditions**

You must not practise while suffering from any physical or mental impairment, condition or disorder (including an addiction to alcohol or a drug whether prescribed or not) which is likely to detriment your ability to practice hypnotherapy or that places clients at risk of harm.

If you have concerns regarding another NCH member, if you believe they are failing to meet this requirement, you can raise your concerns with the NCH Standards Officer.

You should understand how your own wellbeing and health may compromise your provision of a good standard of practice.

You must be reflective of your practice and should take into account and act on any advice from qualified medical practitioners and/or supervisors.

## **Guidance**

You are encouraged to monitor your own health and wellbeing to reduce the risks to clients. If possible, you should use your professional insight to identify when your ill health may put clients at risk. It is recommended that you get the help, support and advice of an appropriate health professional in this.

### **C13. You must have suitable professional indemnity**

You must take out and maintain professional indemnity insurance and any other insurances the law in the jurisdiction in which you practise state that you must have.

## **Guidance**

### **Liability**

1. You are personally liable to individual clients for any assessment or care you provide.
2. You will need to:
  - a. Tell your insurance company about any changes in your circumstances that affect your policy
  - b. Make sure that your insurance has enough 'run-off' cover to protect you when you finish practicing.

### **C14. You must follow NCH guidelines in relation to advertising and promoting your services**

Any advertising you, or anyone acting on your behalf, undertake in relation to your professional activities must be factual and verifiable.

Advertisements must not be misleading, or likely to mislead, false, unfair or exaggerated.

Claims should not directly, or by inference, denigrate other practitioners, professional associations or other therapeutic techniques.

When advertising, promoting your business or marketing you must not exploit the public's lack of knowledge about health matters, nor instill fear in the public in any way. A Member must not use their qualifications to mislead or deceive their clients.

Any title or affiliation must not mislead the public about their meaning or significance.

The title Doctor (Dr.) must only be used by a fully qualified medical practitioner.

If you have an academic doctorate and use the title 'Dr.' you should be transparent and clarify the field of your 'doctorate' to avoid any misunderstanding and misleading potential clients.

## **Useful Information**

- The Cancer Act 1939, <http://www.legislation.gov.uk/ukpga/Geo6/2-3/13/section/4>
- Consumer Protection from Unfair Trading Regulations 2008 <http://www.legislation.gov.uk/ukdsi/2008/9780110811574/contents>
- Committee of Advertising Practice Code <https://www.asa.org.uk/codes-and-rulings/advertising-codes/non-broadcast-code.html>

- Committee of Advertising Practice Advice on the use of title 'Dr'  
<https://www.asa.org.uk/advice-online/use-of-the-term-dr.html>

### **C15. You must not be involved in any behaviour or activity that is likely to damage the NCH or undermine public confidence in hypnotherapy**

As a NCH Member your behaviour may be under scrutiny by members of the public and you must ensure you do nothing to bring the practice or profession of hypnotherapy into disrepute. This includes actions and communication in virtual space or through traditional media.

In the spirit of the CECP, NCH members are expected to act with integrity, dignity and behave respectfully to others on all platforms, whether in person or online.

Awareness of reputational damage to the profession and its permanent record should be considered before engaging in online dialogue/dispute.

#### **Guidance**

1. It is possible to undermine public confidence by your conduct in professional practice or in your personal life generally.
2. Actions in your professional practice that might undermine public confidence or bring the profession into disrepute would include:
  - a. Involving clients in, or telling them about, arguments between you and other registrants or other healthcare professionals.
  - b. Soliciting the clients of other healthcare professionals.
3. Areas of your personal life that might undermine public confidence or bring the profession into disrepute include, for example, misuse of drugs or alcohol, convictions for fraud or dishonesty, and convictions related to violence, sexual abuse or the use of pornography.
4. If your ability to practise is impaired because of your misuse of alcohol or other drugs, this may lead to a question of your fitness to practise.

### **C16. You must ensure that your knowledge, skills and performance are of a high quality, up to date, and relevant to the practice of hypnotherapy**

You must be capable of meeting the **Standards of Proficiency** for hypnotherapy, as defined by the NCH. You are required to meet these minimum standards of clinical practice.

You must stay up to date with any changes to the Standards of Proficiency that the NCH may make, as knowledge and techniques progress.

You must as a minimum, be supervised in accordance with NCH requirements. Failure to do so may result in your website listing being suspended pending confirmation of satisfactory supervision arrangements.

### **C17. Practice Arrangements**

In addition to the Standards of Performance in **C16, C17–C20** set out what is required for ensuring adequate clinical practice.

All Members must work to this standard and clients can expect NCH members to do so.

Information on your practice arrangement, including your terms and conditions, fee structure, cancellation policy, data privacy policy, how you may be contacted, location of work, and any joint working arrangements if you work in collaboration with others should be easily available to clients.

You should deal respectfully, promptly and fairly with any complaint and tell any complainants that they have the right to resolve an unresolved complaint with the NCH or your PSA if you are a registrant. (see Standards/complaints procedure link).

### **Data protection and ICO**

You are reminded that you must by law be a data processor if not exempted.

You must give clients access to their personal records upon request, in accordance with legislative rights.

Under the Data Protection (Charges and Information) Regulations 2018, every organisation or sole trader that processes personal information must pay a data protection fee to the Information Commissioner's Office (ICO): <https://ico.org.uk>

### **C18. Health needs assessment and provision of care**

You should make available clear information about your procedures for assessing a client's health needs as related to the process and goals of hypnotherapy. These procedures should include applicable history taking and any gathering of further relevant information.

You should review progress in partnership with your client.

You must respect clients' decisions; clients have the right to make their own decisions, even if you think they are wrong.

#### **Guidance**

Clients have a right to receive information about the assessment and care that is available to them, which is presented in a way that is easy for them to follow and use. This places a considerable responsibility on you, but without this information clients cannot play a full part in their care or make decisions that are appropriate for them.

### **C19. Record keeping**

**The NCH requires members observe the recommendations of the CNHC as follows:**

You must keep records for all your clients.

All records must be a true representation of your interaction with clients.

Records must be complete and legible.

If you update a record, you must not erase information, or make that information difficult to read.

Insurance providers' requirements will vary, check with your provider.

You should keep written records stored securely for 8 years after the last interaction with an adult client and up until the age of 25 for a child under 16 when last seen as a client or 26yrs for a 17-year-old when last seen, check with your insurance provider.

You must make future provision for protection of your clients' records in the event of your death, this can include liaising with your supervisor, subject to the appropriate consent being obtained.

### **Guidance**

1. Client records include information such as:
  - a. The client's personal data
  - b. The case history of the client
  - c. The client's consent to assessment and care, or in the case of a child under 16 the consent of someone with parental responsibility
  - d. The initial and reviewed plans of care for the client
  - e. The care provided to the client, including advice given, face to face, over the phone or via email.
  - f. Copies of correspondence
2. The case history is a vital part of assessing clients' health and health needs, and a vital part of the client record. The case history would normally include:
  - a. The client's reason for wanting hypnotherapy
  - b. The characteristics of the presenting condition
  - c. The client's medical history
3. Storage of client records – while you are practising
  - The 'eight years' requirement is in line with those that cover general NHS hospital records and other forms of health records. The reason for this is to make sure that the client can have access to their recent health records and to protect you if any complaints are made.
4. Storage of client records - when you have finished practising
  - You are responsible for making sure that client records are kept safe when you finish practising, or in case you were to die before this.

### **C20. You must act within the limits of your knowledge skills and experience**

You must keep within the scope of your clinical hypnotherapy practice and be guided in this by the level of your therapy training, qualification and experience.

This code only applies to your hypnotherapy provision as an NCH Member.

Your duty of care to a client includes the obligation to advise them about further support or treatment they may find useful if it becomes clear that their clinical needs are beyond your own scope of practice.

You must have clear justification for any refusal to continue a client's care and you should where possible explain to a client how they can then access other services which may be able to care for them.

In all cases, termination of the therapy should always be done with the utmost care and with as much preparation as possible.

### **C21. You must effectively supervise tasks you have delegated**

People who consult you or receive treatment or services from you are entitled to assume that the person who provides care has the knowledge and skill to carry out their treatment.

You must make sure that anyone you disclose personal information to, understands that it is given to them in confidence and that they must respect this.

Whenever you give tasks to another person to carry out on your behalf, you must be sure that they have the knowledge, skills and experience to carry out the task safely and effectively.

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