

Appendices to the IACP Submission to the Department of Health in Response to the Proposed Regulation of Counsellors and Psychotherapists

Appendix 1

Counselling/Psychotherapy: Comparable Practices

IACP does not distinguish between counselling and psychotherapy as it has found no practical or research evidence to support such a distinction. Counselling and psychotherapy are terms that are often used interchangeably and there is abundant evidence to suggest that no meaningful proficiency difference exists between the activities.

This position is supported by the QQI framework. In the *QQI Awards Standards for Counselling and Psychotherapy* (2014) no attempt was made to differentiate between the terms, and the standards presented therein can be applied to either or both counselling and psychotherapy. Similarly, the UK's Quality Assurance Agency for Higher Education (QAA) has found no reliable evidence of a significant difference between counselling/psychotherapy. The QAA benchmark statement on counselling and psychotherapy states: "Despite numerous attempts by organisations and individuals to distinguish between the knowledge base, skills, responsibilities and activities associated with counselling and psychotherapy, there is no reliable evidence that indicates any significant difference . . . both terms are used to describe the explicitly contracted therapeutic process through which personal concerns are described, explored and processed" (2013).

We have found a high level of common usage of the terms by a wide variety of practitioners, course providers, agencies and associations throughout the profession, both in Ireland and abroad (IACP's list of courses, viewable at www.iacp.ie, demonstrates this fact). Our most recent membership survey, for example (conducted in 2015), showed that approximately 70% of IACP members identify as both counsellors and psychotherapists. The variable standards of training mean that titles do not necessarily indicate a difference in the level of skills or competency, and regulation that differentiated two professions would risk introducing unwarranted confusion and inequality into the field. Differentiation would infer evidence-based client outcome differences where no such evidence exists, creating a division in the therapeutic field that does not exist in the marketplace and creating confusion both within the profession and in public perception.

Indeed, research on the outcomes of counselling/psychotherapy consistently suggests that the orientation of the practitioner is not a reliable guide to the effectiveness of the treatment and that "common factors play major roles in determining therapy effectiveness" (Norcross 2006). Studies that compare the outcomes of different therapies, as Mick Cooper has observed, "almost invariably find that they are of about equal efficacy" and notes that some researchers "have estimated that therapist orientation accounts for just 1% of the variance in outcomes." He argues that "while many therapists remain closely identified with a particular therapeutic orientation, there is little evidence to suggest that this affects the

effectiveness of their work” (Cooper 2010). As Marcella Finnerty has noted, counselling and psychotherapy “have much more in common than any serious and demonstrable differences”: she draws on a number of studies to support her contention that “therapy outcome depends more upon the quality of the therapeutic relationship rather than upon the theoretical model used by the therapist” (2005). Similarly, M.J. Lambert finds that there is a “substantial and multidimensional” research base to suggest that “common factors are probably much more powerful than the contribution of specific techniques” in determining treatment outcome (2005).

A survey of the literature on counselling and psychotherapy attests to a widespread acceptance that these “common factors, such as the therapeutic alliance, are now regarded as being at the core of psychotherapeutic effectiveness” (Castonguay et al 1996; see also Eubanks-Carter et al 2006, Lambert and Barley 2001); it also demonstrates the frequency with which the two activities are discussed in interchangeable terms (see for example Bager-Charleson 2010, Claringbull 2010, Dryden and Mytton 1999, McLeod 2013, Patterson 1986, Short and Thomas 2015). Richard Kwiatkowski observes that many authors and prominent educators deliberately use the terms interchangeably in order to highlight the fact that they do not see a significant difference (1998).

In a recent edition of his textbook *Theories of Psychotherapy and Counseling: Concepts and Cases* (2012), for example, Richard S. Sharf notes several difficulties in drawing a meaningful distinction between the two practices. While some have proposed a distinction based on the severity of the disturbance to be treated in the patient, Sharf observes not only that it is “difficult to differentiate severity of disturbance,” but that practitioners frequently “set the same set of techniques for clients of varying severity levels.” Others have suggested that psychotherapists work primarily in hospitals, while counsellors will often work in “schools or guidance clinics”: in response to this, Sharf notes that since the “overlap of patient problems is great regardless of work setting, such a distinction is not helpful” (2012). Ultimately, he suggests that the differences between the practices are located in tradition and terminology rather than aims and outcomes; he thus opts for a wide definition of the two practices that focuses on their common elements and uses the two terms interchangeably.

In addition to this, we note that many international organisations do not specify a difference. For example, neither the Canadian Counselling and Psychotherapy Association (CCPA), which has approximately 5,300 members, nor the British Association for Counselling and Psychotherapy (BACP), which has approximately 44,000 members, differentiate between counselling and psychotherapy. Indeed, the situation as regards the practice of counselling and psychotherapy in Ireland can most readily be compared to that in the UK, where the practices have similarly coexisted for decades and where corresponding debates on their relationship have taken place. The BACP (the leading body for counsellors and psychotherapists in the UK) has set out its position most clearly in a response to a consultation on the statutory regulation of psychotherapists and counsellors by the Health Professional Council in 2009.

Here, the BACP describes how “the current situation is that standards of training are so variable that existing titles are no reliable guide to the skills and competence of the

practitioner.” It argues that the desire for differentiation “seems to arise from a discourse of status and power rather than having regard for the actualities of practice” and suggests that in terms of “role, value and effectiveness . . . each occupational area has equal value”. It points to “workplace evidence that counsellors and psychotherapists are doing the same work and that the two titles are used interchangeably” and warns against introducing an artificial distinction that would not only have negative impacts on counsellors and psychotherapists in employment but would, for the public, “have the effect of reducing access and increasing stigma.” As an example of the latter problem, the BACP highlights the ethical implications arising from the existence of distinct titles and competencies, pointing out that mental health problems often emerge during the therapeutic process; if a counsellor were obliged to stop working with a client who disclosed such difficulties, the result would effectively be “to increase the stigma related to mental illness and damage the therapeutic relationship” (BACP 2009).

The BACP’s position on this is bolstered by research and empirical evidence. In 2006, the organisation commissioned a Research Committee – an independent committee including several non-members of BACP comprising international scholars of counselling and psychotherapy – to investigate whether counselling and psychotherapy could be differentiated. The report’s authors wrote that “there is abundant scientific evidence that modality makes no difference” and that “in practice, counselling and psychotherapy are both generic terms, describing generic activities, with a huge overlap between them.” It found clear empirical evidence to suggest that the common element of the relationship (or therapeutic alliance) was of greater significance than any differences, noting that “treatment modalities tend to have equivalently positive outcomes despite non-equivalent theories and techniques.” The Committee’s report reached a clear conclusion, finding that “that there is no science or research base to justify differentiation of counselling and psychotherapy and regulation by these titles” (BACP 2009).

IACP concurs with these findings and urges the Government to recognise the clear body of research and practical evidence demonstrating that counselling and psychotherapy should be considered as comparable practices.

Appendix 2

IACP Code of Ethics and Practice for Counsellors/Psychotherapists

Preamble

The first paragraph of the preamble defines counselling and psychotherapy as professional activities involving Association Members, hereafter called practitioners, and their clients. The practitioner offers an impartial helping relationship which respects the client's personal values and autonomy.

Practitioners recognise the importance of confidentiality in establishing such a relationship. Counselling and psychotherapy are formal activities involving an agreed contract. To maintain their effectiveness, practitioners review their work regularly in a confidential setting with a supervisor.

In joining the Association, Members agree to comply with the provisions of the Code of Ethics and Practice. The Code of Ethics and Practice applies to their professional activities and any behaviour that might impinge on those.

To ensure that they behave in an ethical manner, practitioners are required to use a formal procedure in examining ethical aspects of their work. In situations where ethical decisions can be complex and difficult, and different ethical principles may be in conflict, the best decision comes from considering issues systematically. Details of the recommended decision-making procedure are presented in Appendix A.

Like all other citizens, practitioners are subject to the Law, and their practice must conform to the Law.

Content of the Code

The Code of Ethics and Practice is based on four overall ethical principles, under which specific ethical standards are elaborated in greater detail.

Principle 1:

Respect for the rights and dignity of the client. Practitioners are required to treat their clients as persons of intrinsic worth with a right to determine their own priorities, to respect clients' dignity and to give due regard to their moral and cultural values. Practitioners take care not to intrude inappropriately on clients' privacy. They treat as confidential all information obtained in the course of their work. As far as possible, they ensure that clients understand and consent to whatever professional action they propose.

Principle 2:

Competence. Practitioners are required to monitor and develop their professional skills and ethical awareness on an ongoing basis. They recognize that their expertise and capacity for work are limited, and take care not to exceed the limits.

Principle 3:

Responsibility. In their professional activities, practitioners are required to act in a trustworthy and reputable manner towards clients and the community. They refer clients to colleagues and other professionals, as appropriate, to ensure the best service to clients. They act appropriately to resolve ethical dilemmas and conflicts of interest.

Principle 4:

Integrity. Practitioners take steps to manage personal stress, maintain their own mental health, and ensure that their work is professionally supervised. They are required to be honest and accurate about their qualifications and the effectiveness of the services which they offer. They treat others in a fair, open and straightforward manner, honour professional commitments, and act to clarify any confusion about their role or responsibilities. They do not use the professional relationship to exploit clients and they deal appropriately with personal conflicts of interest. They take action against harmful or unethical behaviour in colleagues.

The Code of Ethics and Practice in Detail

1. Respect for the Rights and Dignity of the client

Practitioners honour and promote the fundamental rights, dignity and worth of clients. They respect clients' rights to privacy, confidentiality, self-determination and autonomy, consistent with the practitioner's other professional obligations and with the law.

More specifically, practitioners shall:

1.1. General Respect

1.1.1. Have sensible regard for clients' beliefs and values.

1.1.2. Not allow their service to clients to be diminished by factors such as gender, sexual orientation, disability, religion, race, ethnicity, age, national origin, party politics, social standing or class.

1.1.3. Convey sensible respect for prevailing community mores, social customs and cultural expectations.

1.1.4. Work in ways which promote clients' personal autonomy.

1.2. Privacy and Confidentiality.

1.2.1. Ensure that the setting for sessions is appropriately private.

1.2.2 Treat in confidence personal information about clients, whether obtained directly or indirectly or by inference. Such information includes name, address, biographical details, and any descriptions of the client's life and circumstances which might make the client identifiable by others.

1.2.2. Ensure that information which may lead to the identification of clients is not transmitted through overlapping networks of confidential relationships.

1.2.3. Break confidentiality only where required by law, or where there are grounds for believing that clients will cause physical harm to themselves or others. Where feasible, practitioners shall endeavour to obtain the client's consent, and consult their supervisor or an experienced colleague, in advance of any such disclosure. However, in emergencies, practitioners shall make their own judgment as to what action is best.

1.2.4. Minimize any breach of confidentiality by conveying only that information which is necessary, and only to relevant persons.

1.2.5. In supervision and consultation with colleagues, reveal only that information about clients which is relevant for those purposes.

1.2.6. Discuss the limits of confidentiality with the client at the time of initial contracting, the discussion to include the implications for confidentiality of the supervisory relationship.

1.2.7. Store, handle, transfer and dispose of all records (including written, electronic, audio and video) securely and in a way that safeguards the client's right to privacy.

1.3. Informed Consent and Freedom of Consent.

1.3.1. Ensure that the client consents to participate at all stages and respect clients' right to discontinue at any time.

1.3.2. Provide reasonable opportunity during the course of the relationship for review of the terms on which the service is being offered.

1.3.3. Not normally act on behalf of their clients. If they do, they shall ensure that the client consents in advance to any proposed action.

1.3.4. Where the client is concurrently engaged in another professional helping relationship, obtain the client's permission before conferring with the other professional.

1.3.5. Obtain the client's consent before making audio or video recordings of sessions.

1.3.6. Obtain the client's consent to attendance at sessions by third parties.

1.3.7. When publishing research or case studies concerning clients or supervisees, ensure that identities are carefully disguised and obtain appropriate consent.

1.3.8. Written Permission from both parents / legal guardians should be obtained (where possible) by therapists before commencing therapy with a minor.

1.3.9 If it is not possible to obtain written permission from both parents / legal guardians then written permission must be obtained by at least one parent / legal guardian prior to the commencement of therapy.

2. Competence

Practitioners strive to ensure and maintain high standards of competence in their work. They recognize the boundaries of their competence and the limitations of their expertise. They provide only those services and use only those techniques for which they are qualified by training and experience. It is an indication of competence that they recognize when they are unable to offer a professional service. More specifically, practitioners shall:

2.1. Demonstrate Ethical Awareness

2.1.1. Accept the obligation to study and understand the provisions of this Code of Ethics and Practice.

2.2. Limits of Competence.

2.2.1. Offer or carry out only those professional activities for which they have established their competence to practice.

2.2.2. Recognise the boundaries of their competence, and take care not to exceed these.

2.2.3. Refrain from offering a service when their functioning is impaired due to personal or emotional difficulties, illness, disability, alcohol, drugs or any other cause.

2.3. Continuing Professional Development.

2.3.1. Monitor and develop their professional competence.

3. Responsibility

Practitioners are aware of their professional responsibilities, and at all times take positive action to fulfil these responsibilities. More specifically, practitioners shall:

3.1. General Responsibility.

- 3.1.1. Review and evaluate the effectiveness of their professional activities.
- 3.1.2. Behave in professional activities in such a way as not to undermine public confidence in the profession.
- 3.1.3. Exercise appropriate respect towards colleagues.
- 3.2. Avoidance of Harm.
 - 3.2.1. Set and monitor appropriate boundaries during the practitioner/client relationship, and make these explicit to the client.
 - 3.2.2. Take all reasonable steps to ensure that the client suffers neither physical nor psychological harm during the practitioner/client relationship.
- 3.3. Continuity of Care.
 - 3.3.1. Refer clients to other appropriately qualified practitioners or other professionals when it is appropriate to do so.
 - 3.3.2. When referring a client, maintain support and responsibility for caring until contact has commenced with the person to whom referral was made.
 - 3.3.3. Give reasonable notice, and make reasonably certain that discontinuation will cause no harm to the client, before discontinuing services.
 - 3.3.4. Contribute where appropriate to the co-ordination of client services in order to avoid duplication or working at cross purposes. To facilitate this process, practitioners shall maintain adequate records and communicate with other service providers.
- 3.4. Resolving Dilemmas.
 - 3.4.1. Use a systematic procedure for making ethical decisions and resolving ethical dilemmas (see Appendix A for the recommended procedure).
 - 3.4.2. Take an active role in resolving conflicts of interest between themselves and third parties (for example, colleagues, employers, employing agencies) where there are implications for the client.

4. Integrity

Practitioners seek to promote integrity in the practice of their profession. They recognise their professional limitations and ensure that they receive appropriate support and supervision from colleagues.

In their professional activities they are honest, fair and respectful of others. They clarify for relevant parties the roles which they are performing, and attempt to function appropriately in accordance with these roles.

More specifically, practitioners shall:

- 4.1. Recognition of Professional Limitations.
 - 4.1.1. Engage in self-care activities which help to avoid conditions (for example, burnout, and addictions) which could result in impaired judgment and interfere with their ability to benefit their clients.
 - 4.1.2. Monitor their own personal functioning and seek help when their personal resources are sufficiently depleted to require such action.
 - 4.1.3. Obtain professional supervision regularly in proportion to the amount of their work with clients.
 - 4.1.4. Where appropriate, seek consultative support from colleagues.
- 4.2. Honesty and Accuracy.

4.2.1. Ensure that they and others accurately represent their education, training, experience, membership status within the Association, and the effectiveness of the services which they offer, in all spoken, written or printed communications.

4.2.2. Make a clear contract with the client which includes issues such as availability, fees, and cancelled appointments. They shall ensure that the contract is agreed before work commences. Any subsequent revisions of the contract shall be agreed with the client before they take effect.

4.2.3. When advertising, avoid misrepresentation or exaggeration about services offered.

4.3. Conflict of Interests and Exploitation.

4.3.1. Be acutely aware of the power dynamics of the practitioner/client relationship and shall not exploit clients in any way, either during the relationship or after its conclusion.

4.3.2. Be acutely aware of the problematic nature of dual relationships (for example, with students, business associates, employees or clients), and recognize that it is not always possible to avoid them (e.g. when offering services in a small community, or engaging in training).

Where it is possible, practitioners shall avoid such relationships; where it is not, they shall take appropriate steps to safeguard the interests of those involved.

4.3.3. Where possible, avoid conflicts of interest that may affect their relationship with the client, and where it is not possible, shall make these conflicts of interest explicit to the client.

4.3.4. Offer the same standard of service whether the work is paid or voluntary.

4.3.5. Seek supervision and / or consultative support on all issues relating to conflict of interests.

4.3.6. Ensure that their supervisor does not occupy other significant roles in their lives.

4.4. Actions of Colleagues.

4.4.1. Remonstrate privately with a colleague if that colleague appears to be engaging in unethical behaviour; where this action does not resolve the issue, they shall bring the matter confidentially and without malice to the attention of the Association's Complaints Committee.

The first edition of this code was adopted prior to 1991.

The second edition became operative on 25th April, 1998.

This Code of Ethics was ratified at the AGM 2005.

Appendix A

Recommended Procedure for Ethical Decision-Making.

Section 2.1 of the Code of Ethics and Practice deals with ethical awareness, and Clause 3.4.1 states that practitioners shall use a systematic procedure for making ethical decisions. The following procedure is recommended for dealing with both immediate dilemmas and routine work-related issues.

1. Define carefully the issues and parties involved (the latter may include the practitioner, the client, members of the client's family, the practitioner's own employer and co-workers' organisations purchasing or providing services, and the general public).

2. Consult the Code of Ethics and Practice, and identify relevant principles and clauses. Also consult other applicable professional guidelines (e.g. from government departments, health boards) and any pertinent legislation.
3. Evaluate the rights, responsibilities and welfare of all affected parties.
4. Generate as many alternative decisions as possible - the more the better.
5. Evaluate carefully the likely outcome of each decision.
6. Choose what, in your professional judgment, is the best decision, implement it, and inform relevant parties.
7. Finally, take responsibility for the consequences of the decision.

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

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

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

It is desirable to keep a written record of deliberations at each stage of the process.

Additional Code of Ethics & Practice for IACP Accredited Supervisors of Counsellors and Psychotherapists

Introduction

Supervision is a formal mutually agreed arrangement within which the supervisee discusses work regularly with the supervisor.

The term "supervision" encompasses a number of functions concerned with monitoring, educating, developing and supporting individuals in their counselling / psychotherapy work.

To this end supervision is concerned with:

- a) The relationship between supervisee and client, to enhance its therapeutic effectiveness.
- b) Monitoring and supporting the supervisee in the counselling / psychotherapy role.
- c) The relationship between the supervisee and the supervisor so as to enable the supervisee to develop and enhance professional skills and abilities through reflection and exploration on the work.
- d) Ensuring that ethical standards are maintained throughout the counselling / psychotherapy work and that it is conducted in an appropriate setting.

A. Code of Ethics

A1 The purpose of this Code of Ethics is to establish and maintain standards for supervisors in their supervision work with counsellors / psychotherapists, hereinafter referred to as supervisees, and to inform and protect supervisees seeking supervision.

A1.1. Ethical standards comprise such values as integrity, responsibility, competence and confidentiality.

A1.2. Supervisors in assenting to this Code of Ethics reaffirm their assent to all other Codes of Ethics and Practice of the IACP and accept their responsibilities to supervisees and their clients, their agencies, to colleagues, the wider community and this Association.

A1.3. There are various models of supervision. This Code applies to all supervision arrangements.

A2. Issues of Responsibility.

A2.1 Given that the primary purpose of supervision is to ensure that the supervisee is addressing the needs of the client:

- a) Supervisees are responsible for their work with the client, and for presenting and exploring as honestly as possible that work with their supervisor.
- b) Supervisors are responsible for helping supervisees reflect critically upon that work.

A2.2 Supervisors and supervisees are both responsible for setting and maintaining clear boundaries between working relationships and friendships or other relationships, and making explicit the boundaries between supervision, consultancy, therapy and training.

A2.3 Supervisors and supervisees must distinguish between supervising and counselling the supervisee.

A2.4 Supervisors are responsible for adhering to the principles embodied in this Code of Ethics and Practice for the Supervision of Counsellors/Psychotherapists, and the Code of Ethics and Practice for Counsellors/Psychotherapists.

A2.5 Supervisors must recognise the value and dignity of supervisees and clients as people, irrespective of origin, status, sex, sexual orientation, age or belief.

A2.6 Supervisors should not exploit supervisees financially, sexually, emotionally or in any other way.

A2.7 Supervisors are responsible for establishing clear working agreements, which indicate the responsibility of supervisees for their own continued learning and self-monitoring.

A2.8 Both are responsible for regularly reviewing the effectiveness of the supervision arrangement and changing it when appropriate.

A2.9 The supervisor and supervisee should consider their respective legal liabilities to each other, the employing or training organisation, if any, and to the client.

A3. Supervision of Students.

A3.1 Supervisors must ensure, when working with student counsellors/psychotherapists, that the supervision contract includes assessment of the client work. Such assessment is in the interests of clients, the profession and those responsible for the training of the supervisee.

The criteria by which assessments are to be made must be agreed between supervisees and the course providers, or other bodies responsible for the accreditation of student counsellors / Psychotherapists.

A3.2 All external supervisors must supply reports on student work to the course provider's assessment panel, and these reports should be co-evaluated by the student and supervisor.

A4. Issues of Competence.

A4.1 Supervisors should continually seek ways of increasing their own professional development, including, wherever possible, specific training in the development of supervision skills.

A4.2 Supervisors are expected to make arrangements for their own consultancy and support to help them monitor and evaluate their supervision. This includes having supervision of their supervision work.

A4.3 Supervisors have a responsibility to monitor and maintain their own effectiveness. There may be a need to seek help and/or withdraw from the practice of supervision, whether temporary or permanently.

A4.4 All supervisors should maintain a practice in counselling / psychotherapy.

B. Code of Practice

B1. Introduction

This Code of Practice is intended to give more specific information and guidance regarding the implementation of the principles embodied in the Code of Ethics for Supervision of counsellors/psychotherapists.

B.2 The Management of the Supervision Work.

B2.1 Supervisors should ensure that their supervisees subscribe and adhere to the IACP Code of Ethics and Practice for counsellors/psychotherapists or an equivalent Code of Ethics and Practice.

B2.2 Supervisors should be explicit regarding practical arrangements for supervision, paying particular regard to the length of contact time, the frequency of contact and the privacy and safety of the venue.

B2.3 Fees required should be agreed in advance and any increase in fees should be negotiated.

B2.4 Supervisors and supervisees should make explicit the expectations and requirements they have of each other. This should include the manner in which any formal assessment of the supervisee's work will be conducted. Each party should assess the value of working with the other and review this regularly.

B2.5 Supervisors should ensure that their Supervisees are aware of the Supervisor's qualifications, theoretical approach and method of working.

For further information, please visit <http://www.irish-counselling.ie/about-irish-association-for-psychotherapists-counsellors>

Appendix 3

IACP Fitness to Practice and Complaints Procedure

Please note that these procedures are currently under review and will be approved by the Board of Directors in due course; the updated versions will be viewable on the IACP website (<http://www.iacp.ie/>).

A. Introduction

(i) The establishment of a Complaints Procedure follows logically on the establishment of an Accreditation Scheme. The purpose of such a procedure is to provide a means of processing any complaint about an infringement of the Code of Ethics and Practice of the Irish Association for Counselling and Psychotherapy on the part of an Accredited Member or Pre-Accredited Member working towards Accreditation of the IACP.

(ii) It is the guiding principle of this Complaints Procedure that, where possible or appropriate, an amicable solution will be sought.

B. The Complaints Committee

(i) The Complaints Committee shall consist of

Six to eight Accredited Members, appointed by the Board of Directors, who will be asked to serve for a period of four years. Retiring members may be reappointed by the Board of Directors for a further period of four years *and*

An External Member who is not a member of the IACP appointed by the Board of Directors for a period of three years, who can be re-appointed for one further period of three years only.

(ii) Appointments will normally be made in January, and each member of the Complaints Committee will sign a declaration of confidentiality.

C. The Complaints Procedure

There are three possible stages to the Complaints Procedure:

(i) Stage One

1. When a complaint is received, it will be referred to the Secretary of the Complaints Committee. Only written and signed complaints will be considered. Anonymous written complaints have no validity and will be destroyed. Only complaints made within seven years of the event(s) complained of will be considered (except in cases where the complainant was being counselled as a child i.e. under eighteen years of age, and where the period under investigation shall not be more than twenty-five years ago).
2. The Secretary will seek written authorisation from the complainant to show the letter of complaint to the Counsellor/Therapist (hereinafter referred to as the Counsellor) in all cases. If the complainant requests that the Counsellor not be shown his/her letter of

complaint, the Secretary will write to point out that the Complaints Procedure demands that the Counsellor be aware of the complaint alleged against him/her before there can be further investigation, and requesting either a further written complaint which can be shown to the Counsellor, or a written authorisation permitting release of the first letter of complaint.

3. If the Complainant does not respond within two months, then the Secretary will write to the Complainant by registered post to ascertain if s/he wishes to bring the complaint further. If, after a further two weeks, the necessary authorisation is not forthcoming, the Complainant will be informed in writing that the complaint cannot be considered further.
4. When, and if, the required authorisation is received, the Secretary shall appoint two members of the Complaints Committee (hereinafter referred to as the Examiners) to investigate the matter. Members of the Complaints Committee must declare any interest they may have in relation to any complaint, and shall be ineligible to be appointed Examiner in that case.
5. The Examiners will try to conclude their investigation as quickly as possible, recognising that a serious allegation has been made against a Counsellor in the conduct of his/her professional duties.
6. The Examiners shall inform the Counsellor of the complaint. The complaint letter shall be made available to the Counsellor, in person at a preliminary meeting in the IACP registered office or, with the Counsellor's agreement, by registered post.
7. At that preliminary meeting, or by post, the Counsellor is asked to respond in writing, and is informed that this letter will be made available to the Complainant, again either by registered post or at a meeting.
8. At the discretion of the Examiners, exploratory meetings involving either or both parties may be held. The complainant may be accompanied to such meetings by a support person, and the counsellor concerned by his/her supervisor.
9. If the Counsellor refuses to co-operate fully in the Complaints Procedure, the Complaints Committee may recommend appropriate action to the Board of Directors.
10. If the Complainant is satisfied with the written reply, or with the exploratory meeting (if it took place), the procedure may be completed at this stage, if the Complaints Committee thinks fit. The Counsellor will be informed if the procedure is thus completed. If the Committee decides that a case remains to be answered, then the procedure will move on to Stage 2, or the Committee may determine sanctions as in section D(ii).

(ii) Stage Two

1. The Examiners will consider the issues raised, and will have the discretion to arrange to meet both parties, together or separately, as they see fit.
2. The Complainant will be advised that s/he may be accompanied to meetings by an independent supporter of his/her choice, or if s/he prefers, by an Accredited Member

nominated by the Complaints Committee, (in either case, hereinafter referred to as the Advocate), and the Counsellor will be advised that s/he should be accompanied by his/her Supervisor.

3. The meeting(s) will be chaired by one of the Examiners, will last for a maximum of one hour, and will allow statement of complaint, response, and questions by all present. The meeting shall be recorded.
4. If the Complainant does not attend this meeting, an explanation will be sought. If a reasonable explanation is forthcoming, the procedure will be re-activated once more. If not, the complaint will lapse.
5. Following on these meeting(s) the Examiners shall make a written report and recommendations to the Complaints Committee. The Committee and the Extern will meet, as soon as possible, to consider this report and will make a decision based on the report, or will proceed to Stage 3.
6. The procedure may be completed at this stage, if the Complaints Committee thinks fit. Both the Counsellor and the Complainant will be informed if the procedure is thus completed. If the Committee decides that a case remains to be answered, then the procedure will either move on to Stage 3, or the Committee may determine sanctions as in section D(ii).
7. If a decision is made based on the report, it will be relayed to both the Complainant and the Counsellor, and may be recommended to the Board of Directors for ratification.
8. If within two weeks of having been notified of the decision of the Complaints Committee, either party requests, on reasonable grounds, a more formal meeting, then Stage 3 can be implemented.

(iii) Stage Three

1. The Committee will call the Complainant and Advocate, the Counsellor and his/her Supervisor to a meeting, where the Committee will be represented by a Panel made up of the Extern, the two Examiners and a third member of the Complaints Committee to act as Chairperson. The Secretary of the Committee will facilitate the ensuing discussion.
2. Both the Complainant and the Counsellor are at liberty to engage their own legal advisors to attend the formal meeting, provided that the Secretary will have been given prior notification thereof in writing as to the name of such representative, a week before this meeting.
3. The Complaints Committee reserves the right to engage its own legal advisor to attend these meetings, for the purposes of assisting the Panel in examining and interviewing the person/s appearing before it, and with a view to considering all or any material produced.
4. The Formal Meeting will be recorded, and will follow these stages:
 - A. Complainant explains the nature of the complaint and may subsequently be questioned by members of the Panel.

- B. Counsellor will answer complaint, and may be questioned by members of the Panel.
- C. The Complainant may add further points, may then be questioned, and sum up his/her position.
- D. The Counsellor may add further points, may then be questioned, and may sum up his/her position.
- E. The Panel will prepare a report and recommendations for the Committee, which will meet to consider the matter within four weeks. The Committee will make a decision for appropriate action, and when withdrawal of membership of IACP is involved, will seek ratification from the Board of Directors. The Committee will communicate such action to the parties concerned in writing.

D. Conclusion

(i) The Committee may find that no breach of the Code of Ethics and Practice has occurred, and no action need be taken.

(ii) Where action is required, this may include sanctions to be imposed on the Counsellor, which may be one or more of the following:

1. Requirement to change in a specific way by a specific date, which may include further training.
2. Requirement to work under a nominated supervisor for a specified period of time.
3. Withdrawal of accreditation and/or membership for a specified period and/or until specific changes have been undertaken.
4. Permanent withdrawal of accreditation and membership.

(iii) Any Counsellor whose accreditation has been withdrawn shall be asked to cease counselling for as long as such withdrawal of membership remains in force.

(iv) The Board of Directors shall record sanctions involving permanent withdrawal of accreditation and membership (as in Dii4 above) in the following edition of its professional publication, and shall notify the Counsellor's current Supervisor.

(v) The IACP reserves the right to notify whomsoever the Complaints Committee and the Board of Directors consider appropriate.

(vi) The Complaints Committee shall monitor, as far as possible, any sanctions imposed, and when these are lifted, shall notify the Counsellor and the Supervisor, and in cases where membership has been withdrawn, the Board of Directors.

(vii) Re-application for membership may be necessary in some instances, and the Complaints Committee shall then inform the Accreditation Committee that, in the opinion of the Complaints Committee, the former criteria for accreditation may stand.

(viii) All investigative procedures shall be conducted in strictest confidence. Discussion of complaints outside the Complaints Committee should never identify the individuals concerned, until withdrawal of accreditation is recommended.

E. General

(i) The IACP does not undertake to investigate, according to these procedures, a complaint by a member of the public against counsellors who are not Accredited Members of IACP.

(ii) The acceptance of a complaint for investigation by the Complaints Committee does not mean that the Committee accepts the Complainant's view. Each case will be investigated on its merits. Expenses are not paid to any of the parties involved, with the exception of the Extern.

(iii) The Code of Ethics and Practice is indivisible; Members must comply with all guidelines and stipulations laid down by the IACP.

(iv) Complainants and those complained against must provide documentary evidence to substantiate all claims and statements where it becomes appropriate. All communication and reporting will be in writing.

(v) For complaints to be considered, counselling confidentiality will be suspended, insofar as it pertains to the investigation of the complaint.

(vi) Persons such as counsellors have the right under the law to communicate freely with an inquiry body considering a complaint against them, and providing that communications will be considered to be occasions of qualified privilege. IACP investigate procedures operate on the basis that, in general, communications by counsellors within the complaints procedures are protected, providing they were not motivated by malice.

(vii) When work on a complaint has been finalised, all the related documentation will be placed in a sealed envelope, the date and names of Complainant and Counsellor only on the outside of the envelope, and kept in the IACP registered office. Records will be kept for ten years, and destroyed thereafter.

(viii) Appeals will only be entertained on the grounds of a serious departure from the procedures by the Complaints Committee.

(ix) This procedure will be reviewed yearly by the current Complaints Committee, and the Committee will have the discretion to design a process having regard to a particular case, adhering as closely as possible to these guidelines.

(x) This Procedure takes effect from 18th October 2003.

For further information, please visit <http://www.irish-counselling.ie/iacp-complaints-procedure>.

Appendix 4

IACP Garda Vetting Policy

Rationale

The Irish Association for Counselling and Psychotherapy (IACP) have a responsibility to ensure that the Association provides a safe, secure and professional service for all stakeholders. It also endeavours to ensure that Garda Vetting is part of a wider process ensuring the protection and safety of all vulnerable members of the community.

IACP is committed to ensuring the safety and welfare of all people attending its Accredited Counsellors and Psychotherapists. As a 'relevant organisation', all of our staff and registered members are subject to vetting procedures as part of the accreditation and recruitment process.

Legislation impacting on Garda Vetting

1. Civil Service Commissioners Act 1956
2. Child Care Act 1991 – Sections 5; 61; 65
3. Data Protection Act 1988/2003
4. Children's Act 2001 – Section 258
5. Private Security Authority Act 2004
6. Protection of Children Act 2012
7. National Vetting Bureau (Children and Vulnerable Persons) Act 2012
8. Withholding of Information Offences against Children and Vulnerable Persons Act 2012
9. Other relevant legislation which may come into force before this document is revised

What is Garda Vetting?

Garda Vetting is conducted in respect of any person who is carrying out work or activity, a necessary and regular part of which consists mainly of the person having access to, or contact with, children or vulnerable persons. The National Vetting Bureau make such enquiries with An Garda Síochána or a scheduled organisation, as they deem necessary, to establish whether there is any criminal record or specified information relating to the applicant.

Garda Vetting Procedure

1. Completed application for vetting disclosure is forwarded by the IACP Liaison Person to the National Vetting Bureau (NVB) in Thurles, Co. Tipperary.
2. The NVB will undertake an examination of its own database and Garda records for details of all convictions and/or prosecutions successful or not, pending or completed, in the State or elsewhere relating to the applicant.
3. The NVB will release a vetting disclosure upon completion of all necessary enquiries and procedures as required – it may state that there are no disclosures in relation to the applicant.
4. When vetted, the returned forms are sent back to the Liaison Person within any disclosures. Where there are conviction(s) or pending prosecutions the form will indicate

as such. It will also be stated whether the named person is an exact match or possible match.

5. An exact match is where the details provided on the vetting form match exactly the details of the individual with the conviction/prosecution on their record. A possible match is when most of the details match but there is some discrepancy for example, the date of birth on the form doesn't match the date of birth of the person convicted.
6. The details of the disclosure will be communicated to the person being vetted by the IACP Liaison Person. The applicant may be requested to provide further details relating to the incident(s) as disclosed.
7. The individual being vetted will be given an opportunity to appeal the disclosure in advance of any decision being made which may affect them. If further information is required, the Liaison Person should make enquiries with the NVB. The person being vetted must be informed and consent to such additional enquiries being made.
8. The person being vetted must be informed and consent to such additional enquiries being made. If a disclosure has been made by the NBV in relation to an applicant, and the findings are accurate, the applicant may, if they wish, make an appeal to the Garda Vetting Appeal Panel in the IACP. If the findings are not accurate the applicant may, if they wish, make an appeal to the NBV.
9. The person being vetted may, on request, receive a copy of their processed Garda Vetting application form from the Liaison Person. It should be clearly indicated on any such copy that it is a copy.
10. Where a disclosure with a criminal record is made by the NVB, the applicant may be deemed unsuccessful for the position applied for. Disclosure of a criminal conviction may disqualify the applicant from working / being a member / volunteer of IACP.

Garda Vetting is non-transferable between organisations. Though you may have been previously vetted by another organisation, or by your university/college, in this case IACP is the relevant organisation and is responsible for its own vetting. Therefore, IACP cannot accept vetting letters from another organisation.

Please Note: By engaging in the Garda Vetting process applicants agree that they have read, understand and agree to the IACP Garda Vetting Policy.

Who will be required to be Garda Vetted?

Student (first year student members exempt), Pre-Accredited and Accredited members, all staff and volunteers of IACP and any other personnel deemed appropriate by IACP.

Who is responsible within IACP?

Nominated Garda Vetting Authorised Signatory

The Nominated Liaison Person in the IACP is registered with the NVB. It is their role to manage all Garda Vetting forms submitted by the Organisation and information received from the NVB. The IACP's nominated Liaison Person is Grace Duffy (Vetting Compliance Officer), who is:

- Appointed and registered with the NVB

- Acting as liaison between NVB and IACP
- Responsible for distribution of all Garda Vetting forms, submissions to and information received from the NVB.
- Responsible for maintaining the confidentiality of information received from both the individual and the NVB

Verification of Identity

Before Garda Vetting Forms can be processed, the NVB require that an applicant's identity is verified by IACP. Applicants must complete a 100 Point Identification Check as stipulated on the Garda Vetting Validation of Identity form. This form must be signed by a designated responsible person and forwarded, along with copies of your ID, to the authorised Liaison Person in the IACP.

The following designated responsible persons may verify applicant's identification and sign the verification of identity form:

- IACP Head Office, Dun Laoghaire, County Dublin
- Solicitor, Commissioner of Oaths, Notary or Peace Commissioner

ID proofing must be verified, in person, by a designated responsible person. Original documents must be viewed by the designated responsible person.

Exclusions

The IACP recognises that there are some areas / instances, in particular that would automatically deem an individual unsuitable to work / be a member / volunteer of the IACP. These exclusion clauses are outlined below.

The following grounds shall be a non-exhaustive list of reasons why the IACP will be entitled not to proceed with an interview, appointment, application for membership or termination of existing position / membership of an individual. The IACP reserves discretion to deal with any information or findings as part of this procedure, as it believes to be fair and reasonable in all circumstances.

- The applicant has been convicted of a crime that relates to the ill treatment, abuse or neglect of children / minors / vulnerable people
- The applicant has drug and/or alcohol related charges / convictions
- The applicant has charges / convictions relating to the ownership, production, possession or distribution of child pornography
- The applicant is known to the Child Protection services where this knowledge would involve concerns around the applicant's suitability to work with children
- There is a finding of confirmed child abuse or neglect by the Health Services Executive, but may not have attracted a criminal conviction. There are three categories that the Health Service Executive can confirm abuse – Through a medical examination
- Through an admission of guilt by the alleged perpetrator
- Via a ruling of a court
- The applicant has public disorder and/or assault related charges / convictions

- The applicant has similar / 'equivalent crimes' in a different jurisdiction that may be under a different name
- The IACP has received specified information in relation to the applicant
- The applicant has been dishonest in his / her application and / or Garda Vetting forms
- In the event whereby a charge arises, a declaration has not been made to the IACP
- The IACP deem the number of minor convictions excessive
- Failure to notify IACP of the outcome of pending prosecutions or the outcome of prosecutions since application for Garda Vetting
- Non-completion and return of the Garda Vetting Form and supporting documents within 28 days from the notification date on the invitation to vetting email
- Failure to provide further information, as requested, to the IACP regarding a disclosure made by the NVB within 21 days
- A Police Clearance Certificate has been requested, and has not been submitted to the IACP within three months
- Any offence that in IACP's opinion deems the person unfit to work and / or practice

Decisions on whether to accept an applicant will involve consideration of all administration information, selection procedure as well as the NVB findings.

Specified Information

Specified information in relation to a person who is the subject of an application for a vetting disclosure, means information concerning a finding or allegation of harm to another person received by the National Vetting Bureau from An Garda Síochána or a scheduled organisation.

- It is information that is considered to reasonably give rise to a bona fide concern that the applicant may
 - harm any child or vulnerable person,
 - cause any child or vulnerable person to be harmed,
 - put any child or vulnerable person at risk of harm,
 - attempt to harm any child or vulnerable person, or,
 - incite another person to harm any child or vulnerable person

Notification of a determination

If specified information is to be disclosed to a relevant organisation the Chief Bureau Officer must, in advance, notify the applicant of the intention to disclose the information.

The applicant will be notified directly by the Chief Bureau Officer that he/she is considering disclosure of the information and the Chief Bureau Officer will provide a summary in writing of the specified information and inform the applicant that he or she may make a written submission in relation to the specified information.

On receiving this notification, the applicant may make a submission in writing to the Chief Bureau Officer concerning the information, not later than 14 days, from the date of notification, or a longer period if the Chief Bureau Officer specifies.

When the Chief Bureau Officer is making a determination as to whether the specified information should be disclosed, he or she must reasonably believe that the information is of such a nature as to give rise to a bona fide concern that the applicant may harm, attempt to harm or put at risk of harm, a child or vulnerable person and must be satisfied that the disclosure of this information is necessary, proportionate and reasonable in the circumstances for the protection of children or vulnerable persons.

Making a determination

In making a determination, the Chief Bureau Officer must take a number of matters into account, including the relevance of the type of work concerned, and the rights of the applicant. The Chief Bureau Officer can make any further enquiries necessary from An Garda Síochána or a scheduled organisation, to assist in making a determination.

When the Chief Bureau Officer has made a determination that specified information should be disclosed, he or she shall

- notify the applicant in writing of the determination and the reasons for it,
- provide a copy of the specified information proposed to be disclosed,
- notify the applicant of the intention to disclose the specified information to a liaison person for the relevant organisation concerned after the expiry of 14 days, and
- inform the applicant that he or she may appeal the determination to an appeals officer not later than 14 days, or such longer period as the appeals officer may determine, after the date of the notification is sent to the applicant.

It is important to note that the National Vetting Bureau will not make any disclosure in relation to the applicant until the 14 days allowed for the making of an appeal has elapsed, or where an appeal is lodged, until the determination or withdrawal of the appeal.

Prosecution Pending

In the case whereby an applicant has a prosecution pending, this information will be transmitted to the IACP by the NVB.

For **existing personnel / members** the applicant will remain in their position / as a member while awaiting the outcome of the prosecution.

Although, there are automatic exclusions under which an individual's position with IACP will be suspended. These include:

- Murder, attempted murder, manslaughter
- Rape, attempted rape
- Any conviction leading to inclusion in the Sex Offenders Register
- Ownership, production, possession or distribution of child pornography
- Ill treatment, abuse or neglect of children / minors / vulnerable people

Members **must** notify IACP of the outcome of the prosecution. In the case of **new applicants** with a prosecution pending, their application will be put on hold pending the outcome of the prosecution.

Specified information

Members **must** notify IACP of the outcome of the prosecution. In the case of **new applicants** with a prosecution pending, their application will be put on hold pending the outcome of the prosecution.

Completing the Garda Vetting Form

The original Garda Vetting forms must be signed and dated by the applicant and forwarded to the nominated Liaison Person (by post), along with international vetting documentation (if required). No time gaps should be left in the dates of residency at the declared addresses. Guidelines to filling in Garda Vetting Form must be followed.

Please Note: A copy of the vetting disclosure will be made available to applicants upon request.

Residency Abroad

International Police Vetting

If the applicant has resided in countries outside of the Republic of Ireland and Northern Ireland for a period of 6 months or more, they may be required to obtain a Police Clearance Certificate from Countries stating that they have no convictions recorded against them while residing there. Seeking security clearances from other countries (e.g. UK, USA etc.) are the responsibility of the applicant.

Only original Police Clearance Certificate should be submitted (copies not accepted).

The right to request a Police Clearance Certificate is at the discretion of the VCO.

Communication Protocol

Telephone -Verification of Applicant

If the nominated Liaison Person is required to communicate with the applicant by telephone the following protocol will be adhered to:

- The Liaison Person will verify the person is the applicant
- No messages will be left
- No discussion will take place with any other person, spouse or partner
- The Liaison Person will give an assurance of confidentiality

If the Liaison Person is required to verify disclosed details the applicant will be asked:

- Is there anything they remember concerning the time of the offence
- Have they ever been to court
- For any relevant information concerning the disclosed information
- To consider the significance of the disclosure in relation to the position applied for
- All responses should be noted

Dispute Handling Mechanism

Disputes Concerning Information Supplied by the NBV

Where an applicant disputes the detail contained in a vetting disclosure from the NVB, he or she may refer the issue to the NVB dispute process.

- This process is activated by the applicant, who should outline the basis of his or her dispute, in writing, to the Liaison Person for the organisation who is conducting vetting. The Liaison Person then submits the complete application file to the NVB for further checks.
- In instances where an applicant wishes to dispute any detail contained in a Garda Vetting Disclosure issued to a Liaison Person in respect of them, the following procedure should be implemented:
 - The applicant should outline the exact basis of their dispute and submit it in writing to the Liaison Person.
 - The Liaison Person should submit the report received from the applicant, along with the original Garda Vetting Application Form in respect of them, to the NVB for further checks to be conducted.
 - If the applicant indicates there were errors or omissions made by them while completing the original application form, they should be requested to complete a new application form; and both the original and the new application forms should then be submitted together with the request for further checks to be conducted.
 - If, following the result of further checks, the applicant still disputes any detail in the Garda Vetting Disclosure issued in respect of them, arrangements will be made for further validation procedures to be undertaken in order to resolve the matters at issue in the dispute.
 - At the conclusion of the dispute resolution procedure, decisions in respect of the suitability of the applicant for a position within the relevant organisation are the responsibility of the Decision Maker/Decision Making committee within the relevant organisation concerned, and the NVB will have no input into any such decisions.

If a conviction/prosecution is confirmed, the applicant may be deemed unsuccessful in their application.

Results of the re-check by the NVB will be returned via the Liaison Person in the IACP. If, following a re-check, the applicant still disputes the data, arrangements will be made by the NVB for further identification procedures to be implemented e.g., fingerprinting so as to resolve the dispute. Pending the outcome of a dispute or appeal process the individual's membership will be suspended.

Outcome

Where the applicant is deemed suitable for the position applied for, this will be communicated to the individual and the person responsible for the recruitment or membership by the VCO.

Where the information disclosed by the NVB and/or self-disclosed by the applicant deems the individual to be unsuitable for the position applied for, they will be informed of such. If there is a disclosure from the NVB, the applicant may no longer be eligible for the position applied for in IACP.

The applicant can decide to withdraw their application at any stage during the Vetting Process.

For **existing personnel** and members, an assessment must be made of the suitability of the individual to hold their present position. This decision will be made based on the information received from the NVB. If the individual is deemed not suitable to work with vulnerable children or adults, they will be afforded the opportunity to withdraw from their current position. Where the individual is deemed suitable for their position this will be communicated to the individual and recorded on the vetting database.

Appeal to IACP Garda Vetting Appeal Panel

In the event whereby a disclosure had been made by the NVB in relation to an applicant, and the findings are accurate, the applicant may, if they wish, make an appeal to the IACP Garda Vetting Appeal Panel. The rationale is to give applicants with a conviction an opportunity to provide further information, and have an IACP Garda Vetting Appeal Panel consider it on an individual basis.

Exclusions for Appeal

There are automatic exclusions under which an individual cannot appeal.

These include:

- Murder, attempted murder, manslaughter
- Rape, attempted rape
- Any conviction leading to inclusion in the Sex Offenders Register
- Ownership, production, possession or distribution of child pornography
- Ill treatment, abuse or neglect of children / minors / vulnerable people
- Any prosecutions pending regarding any of the above
- Specified information

IACP Garda Vetting Appeal Panel Structure:

Number / Size:

- A panel of three members will adjudicate on applications at any one time. One must be an external individual.
- The panel will comprise IACP accredited members with relevant experience / qualifications in child protection / risk management / law
- The adjudicating panel of three members must contain an extern
- The VCO to act as a co-ordinator / information provider for the appeals panel (with no voting rights)
- The panel will be appointed by the Board of Directors for a period not longer than five years.

How to appeal

If an applicant wishes to appeal a decision in relation to Garda Vetting, they should follow the process of appeal which is outlined below.

- The applicant should submit a written comment on the recorded convictions to the Vetting Compliance Officer (VCO) in the IACP, marked 'private and confidential'. This

must be done within twenty-one days of the notification date on the letter stating that Garda Vetting has been unsuccessful.

- The submitted written comment should be up to 500 words, of comments or information pertinent to the reasons stated for rejection.
- The appeal must be accompanied by the fee of €38.
- The Garda Vetting Appeals Panel will hear this appeal and issue their findings to the VCO, who will notify the appellant by letter. The decision of the appeal panel is final.

Re-Vetting

IACP require that its members, staff and other relevant personnel be vetted every three years. IACP reserve the right to request vetting at any time and failure to comply will result in position being withdrawn.

If during the three-year period an applicant's circumstances change, a declaration must be made to the IACP notifying of any prosecution, prosecution pending or offence. This will be dealt with in line with the procedures outlined in the Garda Vetting Policy.

Data Protection

All rules of Data Protection will be observed in respect of any data received following a Garda Vetting request:

- Information will be obtained and processed fairly
- Information will be kept for a specified, explicit and lawful purpose
- Use of and disclosure of information obtained occurs only in ways compatible with these purposes
- Information will be kept safe and secure
- Information will be accurate complete and up to date
- It will be retained only while necessary for the purpose obtained
- Information received from the NVB will be shared with the individual at their request

All data is kept in accordance with the Data Protection Acts 1988/2003 by the Liaison Person on behalf of IACP. All information is kept in a secure cabinet in IACP Head Office. Files relating to Garda Vetting will be kept for a period of 1 year, with the exception of the reference number and date. Only those deemed relevant will have access to the secure cabinet.

For further information, please visit <http://www.irish-counselling.ie/garda-vetting>

Appendix 5

IACP Continuing Professional Development (CPD) Framework

Please note that this framework is currently under review and will be approved by the Board of Directors in due course; the updated version will be viewable on the IACP website (<http://www.iacp.ie/>).

Introduction

Continuing Professional Development (CPD), allows Counsellors and Psychotherapists to maintain, develop and enhance their professional competency. CPD is essential for the profession to maintain and preserve the integrity of the practitioner, as well as safeguard the client. Continuously educating oneself demonstrates commitment to the importance of the profession as a whole and fosters high standards of protection for clients. IACP requires Members to take part in CPD on an on-going and effective basis, to maintain a record of such activities and to comply with the IACP requirement to maintain Membership at *every* stage.

Background

Since 2013 the CPD Committee undertook a review of the CPD requirements for IACP Members. Having considered the changing therapeutic environment, taking cognisance of the requirements of other accrediting bodies and consulting various specialist committees within IACP, the Committee propose changes which will allow Members to keep their knowledge, skills and performance up to date *without* incurring excessive costs. IACP already provides a number of free and subsidised workshops and seminars to the Membership body, to facilitate Members to complete CPD requirements.

The Committee drew from the CORU Framework for Registration Boards, Continuous Development Standards and Requirements. The extract below outlines the Principles for the Development of a Revised CPD Requirement. The CPD Committee reviewed traditional methods of accruing the required CPD hours. Clear lines of distinction must be drawn around the requirement for Continuous Professional Development, Fitness to Practice, Self-Care and Personal Development (IACP Code of Ethics 4.1.1).

CORU Framework for Registration Boards

1.4 Principles for the development of a CPD model

The following principles for the development of a CPD model for the designated professions were adopted by Council following the review of national and international regulatory provision (The Development of a Continuing Professional Development Model for Registrants under the Health and Social Care Professionals Act, 2005 (as amended). Phase 1: Research. December 2012)

1. CPD is a requirement under the Code of Professional Conduct and Ethics adopted by the Registration Board of that profession. The CPD model should be appropriate for all registrants of the designated professions regardless of occupational role, career stage or employment sector. Requirements should be established, setting out the minimum CPD requirements for registrants.
2. The CPD model should be directed towards the protection and safety of the public, the improvement of patient care and the maintenance and development of the professional competence of registrants.
3. The model should provide a cost-effective, systematic, cyclical process for maintaining professional competence. It should include a self-directed review of knowledge, skills and personal qualities; the identification of learning needs; the development of a personal learning plan and self-reflection on progress towards meeting the learning needs and the impact on practice and service delivery.
4. Each health and social care professional bears ultimate responsibility for both maintaining and demonstrating professional competence (as guided by the Act, the Standards of Proficiency and the Code of Professional Conduct and Ethics adopted by the Registration Board of that profession).
5. The CPD model should reflect the fact that professionals at different stages of their careers have different professional development needs and that maintaining competence is a process that continues over the course of an entire career, adapting to changes in practice, professional activities and the needs of the health and social care system.
6. A broad, flexible range of learning styles and activities should be recognised for CPD purposes, including work-based activity, professional activity, formal education and self-directed learning. Registrants should engage in a balance of such learning activities.
7. The CPD model should be easy to follow and understand. The design of the model should be flexible so that CPD can be tailored to individual needs and integrated with workplace requirements, professional tasks and roles. Documentation of CPD should be clear and concise, maximising the use of electronic technology.
8. Compliance with the CPD standard should be confirmed by a registrant's annual declaration of compliance with that profession's Code of Professional Conduct and Ethics and that he/she continues to be competent to practise.

9. A percentage of registrant’s will be selected to have their CPD records audited annually either in a randomly selected (general audit) or from specifically targeted groups of practitioners (targeted audit). The proportion of registrants involved in the audit process should be of a size to give confidence that it is representative and effective.

10. Registrants should be supported by the provision of clear guidance materials and supports.

11. The CPD model and its governance should be developed in collaboration and consultation with the relevant stakeholders and referenced against best practice in Ireland and internationally.

1.5 Acknowledgements

Association of Occupational Therapists of Ireland, Continuing Professional Development Portfolio (2009); Health and Care Professions Council, UK; Health Service Executive Health and Social Care Professionals Education and Development Advisory Group, Continuing Professional Development Statement (2012); Health Service Executive Therapy Project Office, Individual CPD Planning Tool (2008); Kolb, David A. (1984) Cycle of Experiential Learning; and the ongoing involvement of professional bodies of each of the designated professions.

Recognised CPD

The CPD committee recommend the following as relevant CPD for Members and Pre-Accredited Members. These courses need to be relevant to their roles and responsibilities.

Pre-Accredited Members	10 Hours
Accredited Members	30 Hours
Supervisors	30 Hours (10 hours related specifically to Supervision)

Workshops (Attending/Presenting)	Conference Attendance
Certificate Courses	E-learning / Webinars
Diploma Courses	Published Articles / Research
Degree Courses	IACP Committee Work
Post Graduate Courses	
<p><i>NOTE:</i> CPD for Supervisors is to include 10 hours of CPD directly related to Supervision, such as the Supervisors Forums and workshops related to Supervision and further lifelong learning in the field of Supervision.</p>	

Self-Care and Personal Development, Fitness to Practice

Paralleled with Continuous Professional Development are Fitness to Practice, Self-care and Personal Development. All of these to ensure the integrity of professional practice.

It is the CPD Committee recommendation that Self Care be a separate section on the re-accreditation form in compliance of section 4.1.1 of the IACP Code of Ethics, which deals with members' self-care.

The Fitness to Practice of every Member will be assessed continuously over the period of supervision. Hours spent on Self-care and Personal Development including Personal Therapy will not be recorded in the CPD log.

Proposed CPD Requirements:

- Pre-accredited Members will be required to complete 10 hours CPD annually.
- Accredited Members will be required to complete 30 hours CPD annually.
- Supervisors will be required to complete 30 hours CPD annually, 10 of which is directly related to supervision.

Member's Responsibility

Members will carry out a self-directed review of their knowledge, skills, performance and professional qualities in the context of their professional role while being mindful of current and future practice. This will be carried out in consultation with their supervisor.

Once registered with IACP, *all* Pre-accredited and Accredited Members are required to engage in CPD. It is the responsibility of each Member to make decisions about the kinds of CPD that are relevant to their role and responsibilities and to maintain relevant records. The requirements apply to all IACP Members whether they work in the public or private sector or whether they are in full-time or part-time employment.

Failure to comply with the CPD requirements will be subject to the Non-Compliance Procedure.

- To meet the CPD requirements as outlined, based on learning and development needs and relevant to the Member's area of professional practice.
- Reflect on the impact of selected CPD activities on their practice.
- All Members need to maintain a completed and up to date CPD Portfolio.
- To complete and sign the CPD portfolio on an annual basis.
- To plan CPD objectives for the upcoming year.
- To show original supporting documentation to the supervisor.
- To retain Certified Copies of Attendance.
- To obtain supervisor's signature on the CPD Portfolio.
- To retain original supporting documentation and CPD Portfolio for a period of 7 years.

Supervisor's Responsibility

- To ensure the CPD is relevant and appropriate – being mindful of current and future practice.
- Ensure Member engages in a range of CPD activities on an ongoing basis relevant to the Supervisee's area of professional practice.
- Review of CPD objectives on an annual basis with the Supervisee for the upcoming year.
- Have sight of original supporting documentation and Certified Copies ensuring satisfaction with its veracity.

- Sign the CPD Portfolio.
- Alert Member to retain all original supporting documents and CPD Portfolio for a period of 7 years.

Supervisors will be required to complete 10 hours specific to Supervisory Practice as part of their 30-hour annual CPD.

Compliance

The IACP's approach to CPD is facilitative, however it is important to know that as a final resort, a failure to comply with the CPD requirement may result in removal of Accreditation Status.

Incomplete CPD Portfolio submissions will be returned to the member without review or consideration. This is in keeping with best practice to ensure that CPD requirements are met.

Audit

To ensure compliance with the CPD scheme a random selection of members will be required to submit their CPD portfolio for audit at the end of each CPD cycle. The Members will be informed of the outcome of the Audit. IACP will determine the percentage of Member's CPD portfolios to be audited.

A representative percentage of Members will be selected. The IACP reserves the right to undertake an audit of an individual's CPD records or to target a particular group of members at any time.

It is recognised that it may not always be possible to meet your CPD requirements due to personal circumstances. These circumstances may include maternity/adoptive leave, career breaks or, long term illness. Requests for deferral of an audit can be made and will be considered by IACP on a case to case basis.

The IACP will publish annually the schedule of CPD audits.

Members will normally have 30 days to respond to submit their portfolio. Only members selected for an audit will be notified of an audit. If any element of the CPD Portfolio is deemed missing or incomplete, the member will be notified and given a date for the submission of those elements.

Each portfolio will be assessed by 2 assessors selected from the profession. The assessors will draw up a joint report on each portfolio.

CPD Portfolio Assessment Outcomes

Outcome 1 - CPD requirements are met. Member's reaccreditation is deemed Approved.

Outcome 2 - Most CPD requirements are met. More information is needed; the member will be required to resubmit the application with further information.

Outcome 3 - CPD requirements not met. The member is given additional time to acquire suitable CPD before resubmission.

Outcome 4 - CPD requirements not met in the following ways;

- No submission from Member.
- Failure to submit a completed CPD Portfolio to a supervisor.
- Portfolio prompts Fitness to Practice concerns.
- There are concerns about false declaration.

This list is not exhaustive.

Non-Compliance will result in a referral to the Accreditation Committee. The Member will be given a right of reply, The Accreditation Committee determine the Member to be “Compliant” or “Non-Compliant on “Compliant” or “Non-Compliant”. If Non- Compliant the Accreditation Committee makes a complaint to the National Executive on grounds of professional misconduct

Ref: CORU 2013

Recommended Changes

- A redefinition of what is eligible for CPD and Member’s responsibility.
- The importance of maintaining a CPD Portfolio
- The emphasis on the importance of Self Care to ensure Fitness to Practice. At the same time, it is no longer eligible to count as CPD.
- Personal Therapy will no longer qualify as CPD
- Pre Accredited Members will be required to partake in CPD
- To highlight the responsibility of the Supervisory Role in the CPD for Members.
- Separate CPD from Self-Care and Fitness to Practice
- Supervisor signs a separate section of Fitness to Practice on the Re-accreditation Form.
- The IACP to increase the number of Free CPD Courses available
- Compliance outcomes.
- Audit of 5% of Members
- IACP Publish Audit Statistics on an Annual Basis

References

IACP Code of Ethics 4.1.1

CORU 1.4

CORU Fig. 1.3 page 26

For further information, please visit <http://www.irish-counselling.ie/Continuing-Professional-Development-Framework>

Appendix 6

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