

BRITISH/ PSYCHOANALYTIC /COUNCIL

BPC Fitness to Practise complaints and enquiries analysis 2017 - 2023

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Executive summary

- The BPC commissioned an analysis of the Fitness to Practise complaints and enquiries it handles.
- The analysis included all 129 closed complaints and enquiries ('cases') considered by the BPC in the period 2017 to 2023. The majority of these cases were reviewed in accordance with the pre 2022 complaints process. A new Fitness to Practise process was introduced by the BPC on 31 January 2022, further information can be found [here](#).
- Cases were reviewed to collect data including the source of complaints and case outcomes. Cases were also reviewed to identify themes.
- The majority of cases were enquiries, followed by complaints closed before or by the Screening Committee. The majority of complaints and enquiries were made by patients or prospective patients.
- There were five cases considered by a Practice Review Panel (under pre 2022 process), all of which resulted in a Letter of Advice or a Letter of Advice and Warning.
- There were eight final hearings, four of which resulted in a finding of impairment and a sanction being applied.
- The most prevalent themes identified in cases were, in order of prevalence:
 - Communication issues
 - Professional boundaries
 - Confidentiality
 - Contracting issues
 - Inappropriate/ineffective treatment
 - Exploitation and/or abuse
 - Discrimination
- A proportion of complaints and enquiries that did not progress through the Fitness to Practise process appeared to be a result of lack of understanding of and/or frustration with the therapeutic process by patients.

- It was clear from a number of complaints and enquiries that some complainants were experiencing significant distress and/or had complex mental health needs at the time they contacted the BPC.
- There is also a section on learnings from this complaint analysis.

1. Introduction

- 1.1. The British Psychoanalytic Council (BPC) is a UK based regulator with a strong, psychoanalytic focus. The BPC is an accredited register with the Professional Standards Authority. It sets standards, accredits training, registers qualified practitioners, and considers concerns about the Fitness to Practise of its Registrants. The BPC works closely with its Member Institutions who are training organisations and professional associations.
- 1.2. This is an analysis of the Fitness to Practise complaints and enquiries the BPC deals with. This analysis included collecting and reporting on data from complaints and enquiries and identifying prevalent themes. The intention is to better understand the profile of the matters the BPC handles and to consider what the BPC, the profession and the public might learn from them.
- 1.3. This report is divided into five sections:
 - Section one introduces the paper.
 - Section two summarises the BPC's Fitness to Practise process.
 - Section three outlines the methodology used in the analysis.
 - Section four reports data from Fitness to Practise complaints and enquiries.
 - Section five reports and discusses an analysis of the themes identified in Fitness to Practise complaints and enquiries.
 - Section six discusses possible learnings from the analysis.
- 1.4. In this report, 'cases' is sometimes used as a collective term to refer to complaints and enquiries.

2. About the BPC Fitness to Practise process

2.1. The BPC is able to consider complaints about the conduct, performance, character and health of its Registrants via its Fitness to Practise process.

2.2. The BPC Fitness to Practise Procedure (2022)¹ sets out the process that is followed when a Fitness to Practise complaint is received. In summary, it includes the following steps.

- A complaint is received by the BPC. The BPC determines whether to formally accept the complaint for investigation, using its acceptance criteria. These criteria include that the complaint is about a BPC Registrant, has normally been made within five years of the conduct being complained about, relates to a breach of the BPC Code of Ethics, and may be capable of amounting to one of the grounds of impaired Fitness to Practise (for example, professional misconduct or deficient professional performance).
- Where a complaint is accepted for investigation, further information will be gathered, which may include, for example, obtaining witnesses statements and gathering documentary evidence.
- If upon obtaining evidence there is a case to answer the Registrant is sent the evidence gathered and invited to submit their written response to the allegations made about them. The Screening Committee will then meet to consider all the information, applying the 'realistic prospect' test to determine whether the complaint should be closed, the Registrant should be issued with a letter of advice or a warning, or the matter should be referred to be considered at a hearing of the Fitness to Practise Committee or Health Committee.
- At a final hearing, witnesses can be called and cross-examined by the BPC and by or on behalf of the Registrant. The panel decides whether the facts of the case are proven, whether those proven facts amount to the grounds of allegation and whether, as a result, the Registrant's Fitness to Practise is impaired (negatively affected to an extent that justifies action being taken in respect of their registration).

¹ BPC (2022). Fitness to Practise Procedure. [Fitness to Practise Documents - British Psychoanalytic Council](#)

- If a hearing panel finds that Fitness to Practise is impaired, they can impose a sanction to protect the public. In the most serious of cases, this includes termination of registration (not available in health cases).
- 2.3. The current Fitness to Practise Procedure (2022) replaced the BPC Complaints Procedure (2016). The complaints and enquiries included in this analysis include matters considered under both procedures.
- 2.4. The complaints and enquiries have been segmented by the following key Fitness to Practise stages.
- **Enquiries:** From 2021 onwards, all correspondence and phone calls which appear to raise a potential Fitness to Practise issue are logged as enquiries. This includes, for example, a patient seeking advice on a potential concern before they decide whether to make a formal complaint.
 - **Closed before Screening Committee :** These are complaints which were formally closed without the need for consideration by the Screening Committee. Most of these complaints were closed under the Fitness to Practise Procedure (2022) because the relevant acceptance criteria were judged not to have been met.
 - **Closed by Screening Committee :** The Screening Committee determines whether a complaint should be referred for further consideration by a Practice Review Panel (2016 procedure only) or at a Fitness to Practise hearing.
 - **Practice Review Panel .** Under the Complaints Procedure (2016), complaints could be referred by the Screening Committee to a Practice Review Panel. Such a referral could be made where both the complainant and Registrant agreed to the Practice Review Procedure being used, and where the Screening Committee considered that the seriousness of any potential findings did not make it contrary to the public interest to do so. A Practice Review Panel was able to consider the documentation and could meet with the complainant and Registrant. They could dismiss the complaint, issue a Letter of Advice, or issue a Warning to the Registrant. The Practice Review Procedure does not exist in the 2022 Procedure.

- **Final hearing:** At a final hearing, a panel considers whether a case about a Registrant is well founded and, if so, what sanction (if any) to impose.

3. Methodology

3.1. This section outlines the methodology used in this analysis.

Complaints and enquiries

3.2. The analysis includes all closed complaints and enquiries considered by the BPC in the period 2017 to 2023. It does not include any outstanding matters that had not been concluded by the end of 2023.

3.3. The BPC identified and removed duplicates. For example, a matter which is initially logged as an enquiry may subsequently become a complaint requiring consideration at one of the other stages. Such matters only appear once in the dataset – in the stage and year at which the enquiry or complaint was closed. During the process of analysis, further such duplicates were identified and removed as necessary.

3.4. Table 1 outlines the documentation typically reviewed at each Fitness to Practise stage. The available documentation varied, dependent on the circumstances of each case. However, this describes the documentation reviewed in the vast majority of cases.

Table 1: Documentation typically reviewed at each Fitness to Practise stage

Type of case	Documentation
Enquiries	• Correspondence to/from enquirer
Closed before Screening Committee	• Correspondence to/from complainant including notification of closure decision
Closed by Screening Committee	• Correspondence to/from complainant • Registrant's response(s) to complaint • Screening Committee decision
Practice Review Panel	• Correspondence to/from complainant • Registrant's response(s) to complaint • Practice Review Panel decision
Final Hearing	• Final hearing panel decision

Collection of data

3.5. For each Fitness to Practise stage, the following information was recorded for each case:

- A unique reference number.
- A short summary of each case.
- The source of the case (e.g. Member Institution, Employer).
- The themes in each case (see below for more information).
- The reason for closure / outcome of each case (e.g. did not meet acceptance criteria; termination of registration).
- For final hearings, the type of allegation (e.g. Conviction, Misconduct).

Coding for themes

3.6. Each case was reviewed to identify themes. These themes seek to describe succinctly the substance of the issue or concern being raised with the BPC – for example, advertising, or confidentiality.

3.7. The following process was carried out:

- Each case was initially reviewed to identify up to three themes based on the reviewer's understanding of the case. Duplicate and overlapping themes were then identified and corrected.
- The BPC's Code of Ethics and the consultation draft of Standards of Conduct, Practice and Ethics were reviewed and compared to the themes identified to date. Further adjustments were made to ensure comprehensiveness and consistency in terminology.
- Through a process of continual refinement, cases and themes were reviewed, duplicate or overlapping themes removed and themes reworded. This sought to strike a balance – to accurately reflect the issues or concerns raised in each case, whilst avoiding an overly lengthy list of duplicate or overlapping themes. This resulted in 31 themes.

3.8. At least one theme was attached to the vast majority of cases. However, every case is very individual and for some cases the complainant was insufficiently clear about what they were complaining about to allow a theme to be attached.

- 3.9. The cases varied enormously as to how detailed or specific the complainant was about the matters they were complaining about. As a result, the themes are a mixture of very specific codes (e.g. 'Professional boundaries – Sexual') and codes which are more general in nature (e.g. 'Conduct – unprofessional behaviour / dishonesty'). Cases which had reached a Screening Committee, Practice Review Panel or Final Hearing were typically easier to code, because the matters being alleged had been clearly established and/or adjudicated in some respects by a panel.
- 3.10. Appendix 1 provides a description of each theme identified in cases.

Limitations

- 3.11. The following outlines some of the limitations of the analysis.
- Cases were analysed by a single reviewer; other reviewers might code for themes differently.
 - Cases were analysed by a reviewer with a professional regulation rather than a psychoanalytic or psychodynamic psychotherapy background, which might influence the themes identified. The report has subsequently been reviewed and edited by a psychoanalytic clinician, including developing the possible learnings section.
 - How case information was filed varied over the time period of cases, which could affect the accuracy of the data reported.
 - Cases and complainants varied - in terms of complexity and how clearly and specifically the issues and concerns being raised were articulated by the complainant. This will have influenced the type and number of themes identified, even where the underlying issues being raised may have been ostensibly similar.
 - The reviewer did not consider all case information, which may have impacted on the coding (see Table 1).

4. Fitness to Practise data

- 4.1. This section reports data collected from Fitness to Practise cases.
- 4.2. Table 2 below reports the number of complaints and enquiries considered by the BPC and included in this analysis, segmented by Fitness to Practise stage and year.

Table 2: Complaints and enquiries by Fitness to Practise stage and year

FTP stage	Year							Total
	2017	2018	2019	2020	2021	2022	2023	
Enquiries					15	29	32	76
Closed before Screening Committee			1*			9	7	17
Closed by Screening Committee	2	2	5	5	4	4	1	23
Practice Review Panel			1	3	1			5
Final Hearing		1	3	2	1	1		8
Total	2	3	10	10	21	43	40	129

Note

*This case was an exception to the usual process in place at the time.

- 4.3. The majority of cases were enquiries (59% of the total), followed by complaints closed before or by the Screening Committee (13% and 18%).
- 4.4. Table 3 below reports complaints and enquiries by source – i.e. who raised the issue or concern with the BPC. The majority of cases are from patients or prospective patients (56%), followed by Registrants (13%), Member Institutions (8%) and the public (8%). Concerns from patients or prospective patients represent 100% of cases considered by a Practice Review Panel; 76% of cases closed before consideration by a Screening Committee; and 70% of those closed by the Screening Committee.
- 4.5. The remainder of this section reports data for each of the Fitness to Practise stages.

Table 3: Complaints and enquiries by source

Source	Enquiries	Closed before Screening Committee	Closed by Screening Committee	Practice Review Panel	Final hearing	% of all complaints and enquiries
Patient / prospective patient	35	13	16	5	3	56%
Registrant	16				1	13%
Member Institution	8				2	8%
Public	6	2	2			8%
Friend or relative of patient / prospective patient	2	2	1			4%
Accredited register	1				2	2%
Employer	1		1			2%
Other	3					2%
Self-referral	1		1			2%
Trainee			2			2%
Unknown	3					2%
Total	76	17	23	5	8	129

Note

Percentages in this table and in other tables have been rounded so may not add to 100%.

Enquiries

4.6. Table 4 below reports enquiries by reason for closure – the reason why the matter did not progress any further through the Fitness to Practise process.

Table 4: Enquiries by reason for closure

Reason for closure	Number	%
No formal complaint	55	72%
General query	10	13%
Not registered with BPC	10	13%
Lack of evidence to reopen case	1	1%

- 4.7. General queries include general questions from Registrants, Member Institutions and members of the public about the Fitness to Practise process, or about aspects of ethical practice.
- 4.8. In ten cases, complaints were raised with the BPC related to practitioners who were not registered with the BPC. Where possible, the BPC signposted to other registers and regulators. In two instances, concerns were raised about a former Registrant whose BPC registration was terminated at a Fitness to Practise panel and who was reported to be continuing to practise.
- 4.9. The majority of enquiries related to concerns about Registrants where no formal complaint was subsequently made. In some cases, the substance of the concerns being raised was highly unclear and more information was required to identify the Registrant concerned or to fully understand the complaint. In some cases, patients sought the advice of the BPC in an attempt to understand whether the behaviour or practice they were worried about would be expected or not.
- 4.10. One case related to a historic matter previously dismissed by a Screening Committee where there continued to be a lack of compelling new evidence to justify reopening the case under the Fitness to Practise Procedure.

Closed before Screening Committee

- 4.11. In all but two cases closed without the need for consideration by a Screening Committee (88%), the acceptance criteria under the Fitness to Practise Procedure (2022) were judged not to have been met. In the other cases, one

was resolved locally by a training provider and did not require referral to the Screening Committee; the other concerned a Registrant who was subsequently removed from the Register in another case.

Closed by Screening Committee

4.12. Table 5 below reports cases closed by the Screening Committee by reason for closure.

Table 5: Closed by Screening Committee by reason for closure

Reason for closure	Number	%
Did not meet realistic prospect test	18	78%
Discontinued after referral	2	9%
Not registered with BPC at time of alleged behaviour	1	4%
Not registered with BPC at time of complaint	1	4%
Referred to another regulator	1	4%

4.13. The majority of cases were closed by the Screening Committee because they did not meet the realistic prospect test – that is the Committee concluded that there was no realistic prospect of the facts alleged being proven, and/or there was no realistic prospect that the Registrant's Fitness to Practise would be found impaired.

4.14. In two cases, the Screening Committee discontinued a case after a previous referral to a final hearing. In each case, this was primarily because a witness withdrew from the process, which, despite best efforts, meant there was no longer a realistic prospect of the facts alleged and/or impairment being established.

Practice Review Panels

4.15. Table 6 below reports cases considered by the Practice Review Panel by outcome.

Table 6: Practice Review Panels, by outcome

Outcome	Number	%
Letter of Advice	3	60%

Letter of Advice and Warning	2	40%
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4.16. All cases considered by a Practice Review Panel resulted in a Letter of Advice or a Letter of Advice and Warning.

Final hearings

4.17. Table 7 below reports the number of final hearings by the type of allegation.

Table 7: Final hearings by type of allegation

Type of allegation	Number	%
Misconduct	4	50%
Determination of another regulator	2	25%
Criminal conviction	1	13%
Health – mental health impairment	1	13%

4.18. In 50% of cases considered by a final hearing panel, impairment by reason of misconduct was alleged. Two cases concerned an adverse determination of another regulator – in both cases these were decisions of another PSA accredited register.

4.19. Table 8 reports on the outcomes of final hearings.

Table 8: Outcomes of final hearings

Outcome	Number	%
Admonishment	2	25%
Not well founded - grounds	2	25%
Not well founded - impairment	2	25%
Termination of registration	2	25%

This shows that 50% of cases considered at final hearing resulted in a finding of impairment and a sanction being applied. 50% were not well founded on the basis of grounds (the facts proven were not considered to be significant enough to constitute misconduct) or impairment (a determination of another regulator and a health condition were not considered to impair Fitness to Practise).

5. Themes in complaints and enquiries

- 5.1. This section reports and discusses the themes identified in cases.
- 5.2. Table 9 below reports the prevalence of themes identified in cases as a percentage of total complaints and enquiries. The limitations of this part of the analysis have previously been described in this report, but these figures provide a broad indication of the prevalence of particular issues in the BPC's Fitness to Practise caseload.
- 5.3. See Appendix 1 for descriptors of each theme.

Table 9: Prevalence of themes in complaints and enquiries

Theme	% of total complaints and enquiries
Confidentiality	12%
Inappropriate comments during therapy	12%
Inappropriate and/or ineffective treatment	9%
Exploitation and/or abuse	8%
Contracting – Fees	7%
Conduct – Unprofessional behaviour / dishonesty	6%
Professional boundaries – sexual	6%
Interruption to, and/or ending of, therapy	5%
Professional boundaries – personal	5%
Contracting – Principles and practicalities	4%
Discrimination – Disability	4%
Discrimination – Gender identity	3%
Expert evidence in statutory proceedings	3%
Inappropriate communication	3%
Record keeping	3%
Criminal charge / conviction	2%
Failure to provide or seek medical / second opinion	2%
Health – mental health impairment	2%
Professional boundaries – financial	2%
Supervision	2%
Advertising	1%
Contracting – Terms and conditions	1%
Conversion therapy	1%
Discrimination	1%
Failure to assist in police investigation	1%

Failure to provide adequate feedback	1%
Failure to work effectively with other professionals	1%
Managerial supervision	1%
Professional indemnity	1%
Safeguarding	1%
Scope of practice	1%

5.4. Grouping together related themes above, the following were the most prevalent themes in cases:

- **Communication issues** – including alleged inappropriate comments during therapy and alleged inappropriate communication in other contexts (16%).
- **Professional boundaries** – including alleged breaches of safe personal, financial and sexual boundaries between patients and therapists (13%).
- **Confidentiality** (12%).
- **Contracting issues** – including those related to fees, terms and conditions and the principles and practicalities of therapy (12%).
- **Inappropriate/ineffective treatment** (9%).
- **Exploitation and/or abuse** (8%).
- **Discrimination** - including alleged discrimination on the basis of disability and gender identity (8%).

5.5. The remainder of this section describes each of these themes. Cases frequently raised concerns which addressed multiple themes.

Communication

5.6. Two themes were identified related to communication.

5.7. 'Inappropriate comments during therapy' relates to allegations from complainants, normally patients or their friends or relatives, that a therapist has made comments which they consider to be inappropriate during the course of their therapy. For example, this includes allegations that what a therapist has said about and to them was untrue, offensive or derogatory in some way.

5.8. The second related theme was 'inappropriate communication'. This theme captures alleged inappropriate communication outside of the therapeutic relationship. This included, for example, interactions with prospective patients and concerns about the content of publications written by therapists.

Professional boundaries

5.9. Three themes were about professional boundaries:

- **Professional boundaries - Financial** included allegations of financial and business relationships between therapists and patients and an allegation of payment outside of the therapeutic contract.
- **Professional boundaries - Personal** included allegations of over-familiar relationships between therapists and patients and inappropriate disclosures of personal information to patients.
- **Professional boundaries - Sexual** included allegations of sexual relationships between therapists and patients and allegations of sexualised comments or behaviour by therapists.

Confidentiality

5.10. Various concerns were raised about confidentiality, including, for example, alleged inappropriate access to confidential records; alleged inappropriate referrals to third parties; and alleged inappropriate communication via insecure communication channels. Confidentiality concerns were often secondary to other concerns raised by complainants.

Contracting issues

5.11. Complaints which were about the agreement or working relationship between therapist and patient ('contracting') included:

- Concerns about the fees charged by registrants – for example, lack of concessionary rates and lack of transparency about the fees which will be charged for sessions.

- Concerns about the principles and practicalities of therapy – for example, lack of therapist availability and the time and location of sessions.
- Concerns about alleged failure to explain terms and conditions at the outset of therapy.

Inappropriate and/or ineffective treatment

Exploitation and/or abuse

5.12. These themes were often closely related and the exact nature of the concerns being raised was not always clear from initial correspondence.

5.13. Some complainants described how treatment was not useful for them. Others alleged that their therapist had exploited their professional position by unnecessarily prolonging therapy for financial gain or by offering treatment that was inappropriate or ineffective for their needs. Other concerns raised under these themes included alleged manipulative personal relationships unrelated to any professional context and a therapist allegedly manipulating their patient into leaving their partner.

Discrimination

5.14. This theme is about allegations of unfair discrimination by therapists, including discrimination on the basis of disability and gender identity.

5.15. This theme included allegations that a Registrant had failed to understand a medical condition and adapt practice as a result. It also included concerns that publications or forthcoming publications reflected views which were discriminatory on the grounds of disability or gender identity.

6. Learnings from concerns and complaints

General

- 6.1. This report has analysed the Fitness to Practise complaints and enquiries handled by the BPC over a seven year period. There were only four cases that resulted in a finding of impairment at a final hearing and only two cases where the most serious sanction – termination of registration – was imposed.
- 6.2. Given the very small number of cases requiring any regulatory action, it can be easy to conclude that the learning possible from cases which are closed at other stages may be somewhat limited. However, almost every case, regardless of substance or merit, represents someone who has been sufficiently concerned or dissatisfied with the practice or behaviour of a Registrant to contact the BPC. Behind each case is also someone who may be upset or vulnerable and who will have expectations of what will happen as a result of their complaint. Each enquiry or complaint is a matter that has to be handled sensitively and appropriately by the BPC team, with expectations managed and decisions made and explained.
- 6.3. The complaints and enquiries considered by the BPC primarily concern issues about, or underpinning, communication and the therapeutic relationship between therapists and their patients. This is perhaps unsurprising given the fundamental importance of communication in developing effective therapeutic relationships in psychoanalysis and psychotherapy.
- 6.4. A proportion of complaints and enquiries which did not progress through the Fitness to Practise process appeared to be a result of lack of understanding of and/or frustration with the therapeutic process. Sometimes patients found the process of therapy, including (but not limited to) the analytical interpretations of their therapist and the boundaries of therapy, to be destabilising and confronting. As a result, what their therapist had said to them was experienced as being untrue or unkind, or worse still, indicative of exploitative and abusive behaviour. Where such cases were considered by panels, the context in which something was said during therapy was considered to be crucial. To quote one panel, a number of allegations appeared to centre on 'matters of perception and interpretation'.

- 6.5. It was clear from a number of complaints and enquiries that some complainants were experiencing significant distress and/or had complex mental health needs at the time they contacted the BPC. Some enquiries or complaints were from patients or prospective patients who did not want to complain but wished to voice their concerns, to be heard and/or to understand whether what had happened was wrong or not. The BPC provides proactive and sensitive advice and signposting within the limitations of a process which is about Fitness to Practise and public protection.
- 6.6. The BPC's website provides clear, accessible information for patients and the public about psychotherapy, how to find a therapist and what to expect in a therapy session. Links are provided to mental health charities who can also provide support. Clear information is also provided on the BPC website about how to make a Fitness to Practise complaint and for witnesses and Registrants involved in hearings.

Learnings by theme

Communication

– including alleged inappropriate comments during therapy and alleged inappropriate communication in other contexts (16% of total enquiries and complaints).

- 6.7. When Registrants communicate with their patients through texting or emailing (other than for factual information) it has led to people feeling confused, hurt and harmed.
- 6.8. Difficulties and harms have been experienced when the patient does not understand what a psychoanalytically informed therapy might involve.
- 6.9. Patients have been harmed and felt undermined when their therapist has said or done harmful things to them e.g. using derogatory language, laughing at them, checking their phone during sessions etc.
- 6.10. Patients and members of the public have been harmed when a Registrant has acted in damaging, destructive or hurtful ways in the public realm.

Key considerations for Registrants' practice

- 6.11. Consider carefully how you write to patients or prospective patients.
- 6.12. Check the patient or the guardian has given informed consent.

- 6.13. Ensure a thorough and full assessment has been carried out before embarking on therapy/analysis.
- 6.14. Be open and honest in supervision about mistakes made.
- 6.15. Consider making an apology to the patient if you have made a mistake.
- 6.16. Be aware of conduct in public and whether it could bring you or the profession into disrepute.

Professional boundaries

– including alleged breaches of safe personal, financial and sexual boundaries between patients and therapists (13% of total enquiries and complaints)

- 6.17. Gross boundary violations are more common than they might seem because many people do not report or feel able to complain. It raises many questions for the profession as a whole about how we deal with these issues in our organisations and institutions.
- 6.18. Having a sexual relationship with a patient is a serious physical, psychical and therefore ethical violation. It causes harm for all concerned and brings the profession into disrepute.
- 6.19. Financial boundaries are crossed when Registrant enters into any kind of financial arrangement with their patient other than payment for services. This is also a serious ethical breach.
- 6.20. Inappropriate personal self-disclosure by the Registrant is intrusive and unnecessary and is likely to lead to further breaches.

Key considerations for Registrants' practice

- 6.21. Monitor yourself, your behaviour and wellbeing including considering the need for self-analysis, personal therapy/analysis and appropriate supervision and/or consultation.
- 6.22. Be honest and candid about such issues in peer groups and in supervision and being alert to colleagues' health and wellbeing.
- 6.23. Attend suitable training courses and refresher courses to deepen understanding and knowledge of ethical practice.
- 6.24. Consider your level of competence and refer on when appropriate.
- 6.25. Keep up to date with Safeguarding guidance and attend training

Confidentiality

(12% of total enquiries and complaints)

- 6.26. Patients have been harmed when a Registrant has not sufficiently protected their privacy. Sharing or accessing confidential information without a patient's consent, or not encrypting and protecting information sufficiently, threatens a person's sense of trust and autonomy. Complaints about confidentiality were found to be secondary to other complaints.

Key considerations for Registrants' practice

- 6.27. Be aware of the limits to confidentiality. Attend training and deepen learning and make sure you understand when you are legally required to break confidentiality.
- 6.28. Be aware of BPC guidance on issues of confidentiality and GDPR.
- 6.29. Discuss with patients the limits to confidentiality as and when appropriate.

Contracting issues

– including those related to fees, terms and conditions and the principles and practicalities of therapy (12% of total enquiries and complaints).

- 6.30. Patients have experienced therapists as being dishonest or confusing when they have not understood the practical arrangements with regard to fees and timings of sessions, for example:
- Fees not being clear, lack of transparency.
 - Fees and conditions not explained by the clinician.
 - Complicated fee arrangements that have gone wrong.

Key considerations for Registrants' practice

- 6.31. Ensure the patient understands the practical arrangements. Be open and honest at the outset regarding fees and what you can realistically offer in terms of further sessions.
- 6.32. Don't rely on the patient reading and understanding information on your website if you have one.
- 6.33. Avoid and/or take advice with regard to entering into complicated fee paying arrangements.

- 6.34. Be aware of how such practical arrangements affect the therapeutic relationship and the setting.

Inappropriate and/or ineffective treatment

Exploitation and/or abuse

Inappropriate/ineffective treatment (9% of total enquiries and complaints) and **Exploitation and/or abuse** (8% of total enquiries and complaints).

- 6.35. People go to professionals to have help and to make improvements. But some patients have felt harmed by psychotherapy or analysis when they have felt they are not getting any benefit from it.

Key considerations for Registrants' practice

- 6.36. Consider having regular reviews with patients if and when appropriate.
- 6.37. Be aware of your own level of competence.
- 6.38. Balance potential short-and long-term risks of psychotherapy and consider if alternative treatments might be advisable.
- 6.39. Have a self-questioning approach in relation to the work; questioning what it is you think you are doing and what you are actually doing.
- 6.40. Take on board feedback from your patient.
- 6.41. Be honest about mistakes made and consider how to best address this with the patient.

Discrimination

- including alleged discrimination on the basis of disability and gender identity (8% of total enquiries and complaints).

- 6.42. People have complained when they have felt discriminated against by Registrants on the grounds of mental or physical ill health.
- 6.43. Patients have felt their physical condition has worsened when they followed advice given by the Registrant about how to manage their symptoms.
- 6.44. Member of the public expressed concerns about discrimination regarding gender identity, or if they perceived the Registrant to have advocated conversion therapy.

Key considerations for Registrants' practice

- 6.45. Be aware that you are not obliged to work with everyone and that you have to make your own judgement on this.
- 6.46. Consider your level of competence and understanding relating to disability issues patients might bring.
- 6.47. Be aware that you might need to make adjustments in your setting for people with physical disabilities if possible.
- 6.48. Be careful about offering advice or giving opinions about such issues.

September 2026

Appendix 1

Table 10: Description of themes

Theme	Description
Advertising	Concerns that advertising was misleading as to the qualifications and/or experience of a Registrant
Conduct – Unprofessional behaviour / dishonesty	Concerns that the behaviour of a Registrant was unprofessional and/or dishonest
Confidentiality	Concerns about alleged breaches of confidentiality
Contracting – Fees	Concerns about the fees charged by Registrants
Contracting – Principles and practicalities	Concerns about the principles and practicalities of therapy, including, for example, issues around availability, time and location of sessions
Contracting – Terms and conditions	Concerns about alleged failure to explain terms and conditions at the outset of therapy
Criminal charge / conviction	Criminal convictions and charges for criminal offences
Discrimination	Concerns alleging discrimination generally
Discrimination – Disability	Concerns alleging discrimination on the basis of disability
Discrimination – Gender identity	Concerns alleging discrimination on the basis of gender identity
Conversion therapy	Concerns alleging that a Registrant has advocated conversion therapy
Expert evidence in statutory proceedings	Concerns related to the professional judgement or behaviour of a Registrant providing expert evidence to a court or tribunal
Exploitation and/or abuse	Concerns alleging that a Registrant has used their professional position to exploit, abuse or otherwise psychologically manipulate someone
Failure to assist in police investigation	Concerns that a Registrant has failed to assist in a police investigation

Failure to provide adequate feedback	Concerns that a Registrant has failed to provide adequate feedback in an educational capacity
Failure to provide or seek medical / second opinion	Concerns that a Registrant has failed to provide a second opinion when requested and/or failed to seek such an opinion
Failure to work effectively with other professionals	Concerns that a Registrant has failed to work effectively with other health professionals
Health – mental health impairment	Concerns that a Registrant's Fitness to Practise is negatively affected by a mental health condition
Inappropriate and/or ineffective treatment	Concerns that treatment provided by a Registrant has been in some way inappropriate or ineffective in addressing a patient's needs
Inappropriate comments during therapy	Concerns that comments made by a Registrant during therapy sessions were inappropriate – for example, by being untrue or derogatory
Inappropriate communication	Concerns that a therapist has communicated inappropriately outside the therapeutic context – for example, in interactions with the public or in publications
Interruption to, and/or ending of, therapy	Concerns that relate to how a Registrant has managed interruptions to the therapeutic process and/or the ending of therapy – including decisions made by a Registrant to end therapy
Managerial supervision	Concerns that a Registrant, as an employee, has failed to provide adequate managerial supervision of a subordinate
Professional boundaries – financial	Concerns that a Registrant has breached safe professional boundaries with a patient through financial misconduct, for example, by entering into a financial relationship with a patient
Professional boundaries – personal	Concerns that a Registrant has breached safe professional boundaries through behaviour such as disclosure of personal information and personal relationships with patients.

Professional boundaries – sexual	Concerns that a Registrant has breached safe professional boundaries with a patient through sexual misconduct, for example, by entering into a sexual relationship with a patient or sexualised behaviour
Professional indemnity insurance	Concerns that a Registrant has failed to hold adequate professional indemnity insurance when required to do so
Record keeping	Concerns related to the making of clinical records
Safeguarding	Concerns related to alleged failure to safeguard the health and welfare of a patient – for example, by not making a referral to another professional or the police
Scope of practice	Concerns related to allegations of undertaking work for which a Registrant does not have the required qualifications and experience
Supervision	Concerns related to allegations of a failure to be supervised