

### A Introduction

1. It is a requirement of the BPC's Code of Ethics that practicing psychotherapists appoint Clinical Trustees and that each year all members must lodge the details of their Clinical Trustees with the society to which they belong.

2. Paragraph 20 of the Code of Ethics states:

*Registrants must nominate two colleagues to hold a list of their patients and supervisees in confidence, in the event of death or an inability to work. The names of these nominees must be lodged with the MI's.*

3. Members must appoint two appropriate Clinical Trustees as this will allow flexibility in the event that one Clinical Trustee is unavailable.

4. Clinical Trustees would only become involved in the event that a therapist is for any reason unable to work.

### B Appointment of Clinical Trustees

5. Two Clinical Trustees must be appointed and each made aware of the name and contact details of the other.

6. Therapists must think very carefully of the effect that their inability to work might have on a Clinical Trustee before nominating them. For example, it is inappropriate to appoint an immediate family member as a Clinical Trustee.

7. It is desirable that at least one of the Clinical Trustees be familiar with the therapist's clinical work, e.g. a member of a peer group.

8. Geographical location of Clinical Trustees should be borne in mind as they may have to see the therapist's patients in the event of their death or inability to work.

9. It is not advisable on qualification to choose as a Clinical Trustee someone who was in the same training year and who has also just recently qualified.

10. Unless there are good reasons, Clinical Trustees would normally be members of the BPC.

### C The Role and Responsibilities of Clinical Trustees

11. The prime responsibility of Clinical Trustees is to ensure that patients, supervisees and trainees are informed of their options. To this end, the two Clinical Trustees should confer to work out a strategy for approaching the names on the therapist's list.

Other responsibilities might include:

- Offering to see them or arranging for other professional colleagues to do so.
- Providing the names of appropriate therapists or supervisors as relevant.
- Informing their MI's in the case of the death of the registrant.

12. In the event of their death to deal with the notes, files and other confidential material in a professional manner. This may involve destroying the material or passing it on to the relevant person within the MI, in accordance with the instructions of the therapist.

13. In any situation where difficulties arise in carrying out their role, the Clinical Trustee should enlist the help of the Ethics Committee of their Member Institution or the Ethics Committee of the BPC.

14. There may be occasions when a registrant is unable to work because of a sanction imposed by the BPC e.g. suspension, de-registration or where a registrant is non-compliant causing their fitness to practice to be called into question. At this point, the Clinical Trustee is obligated to hand over the registrant's list to the MI Ethics Chair; this may involve discussion between the Trustee and the Chair as to the best way forward e.g. who will contact those on the list. If the Clinical Trustee(s) is unwilling or feels it inappropriate to perform their role in these circumstances, there is an alternative procedure outlined in the Guidelines for Managing Sanctions document which should be followed.

#### **D Responsibilities of the Therapist**

15. To nominate a third party (family member or close friend) who would agree to hold the names of the two Clinical Trustees and to contact them as soon as possible in an emergency. To inform this person of the whereabouts of important confidential records.

16. To confirm in writing to each Clinical Trustee that they have been appointed and to ensure that these names are lodged with the MI and the immediate person who has knowledge of the whereabouts of their records.

17. To ensure that Clinical Trustees have access to the relevant details of the therapist's current practice and any other organisations that would need to be contacted. The list, which should be updated on a regular basis, should include the names, telephone numbers and days of the week seen of patients and supervisees. Therapists may want to include information as to whether a patient is at any particular risk.

#### **E General**

Sometimes therapists become unable to function professionally, but for any number of reasons are unaware of their position. It is therefore recommended that therapists, while in good health and in full control of their faculties, give their Clinical Trustees full instructions on how they would like such a situation to be handled in the unlikely event that it were to arise.

BPC Ethics Committee  
BPC Professional Standards Committee

BPC Council Approved

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