



HGI Registration and Professional Standards Committee

Minutes of Annual Review Meeting

Date of Meeting: 13th March 2015

Venue: The Engine Shed, Station Approach, Bristol, BS1 6QH

Present: Sue Saunders (Chair), Ian Thomson (Deputy Chair), Amanda Hargreaves, Jo Ham, Lucy Evans, Owen Davies, Richard Cavaliero, Phil Sheardown (Lay Member)

1. **Welcome and introductions:** Sue Saunders welcomed everyone to the meeting and each member introduced her/himself.
2. **Apologies for absence:** Sarah Jeffrey-Gray. Note: Sarah attended during the lunch break.
3. **Minutes of last ARM held on 16.02.14:** It was agreed that these constitute a full and accurate account of the proceedings.
4. **Matters arising:** It was noted that the great majority of action points highlighted in the minutes had been completed. Re: Item 7 (*Sanctions against members – need for a ‘tariff’?*), in relation to the nature and length of sanctions, see Item 9 below (response to PSA requirements).
5. **Review of HGI complaints procedure and the Ethics and Professional Conduct Policy:**

- The complaints procedure for the public as displayed on the HGI website was deemed to be clear and fit for purpose.
(http://www.hgi.org.uk/downloads/HGI_Complaints_Process_Public.pdf)
- Some minor changes were agreed in relation to the complaints procedure as it applies to HGI Registrants.
(http://www.hgiform.org/professional/downloads/HGI_Complaints_Process_for_Registrants_and_Trainees.pdf) The changes relate to the arrangement whereby the HGI Board will support therapists who are the subject of a complaint, if requested to do so. It was also agreed that the Board should have at its disposal a panel of HG supervisors and other experienced HGI members willing to provide such support.

Action: a) Ian Thomson to ask the HGI office to make the necessary changes to the complaints procedure for Registrants. **Outcome: Done;**
b) Sue and Ian to advise the HGI Board that it might like to establish a

panel of HGI members willing to support therapists who are the subject of a complaint. **Outcome: Done.**

In the context of discussing complaints, Ian described the **HGI appeals procedure**. It was agreed that it will be wise to establish whether the current appeal panel pool members are still able available and take steps to expand the pool.

Action: a) Ian to establish whether the existing appeal pool members remain available. **Outcome: Done;** b) Committee members to suggest additional HGI members who might make suitable appeal panel pool members. **Outcome: Four new members added; one longer-serving member retired. Total membership: 7.**

It was noted that continuing efforts are needed to keep HGI members up-to-date with developments in relation to ethics and associated procedures. Although these are highlighted in HGI newsletters and available on the HGI website, it was agreed that further steps should be taken to communicate important changes. Ideas put forward: Make summaries of RPSC meetings available to members via the HGI website; create a 'storyboard' version of relevant topics for members.

Action: Further discussion and implementation when measures finalised.

Ethics and Professional Conduct Policy

Having reviewed the policy prior to the meeting, the members were complimentary about the document, also commenting on the usefulness of the appendices. Ian acknowledged the work of former Committee members, Sue Cheshire and Richard Rowland, in undertaking a major revision of the policy.

Sue noted that it's important for HGI members to be familiar with the policy and ethical matters in general. To help ensure this, it was suggested that some online training in ethics is set up, perhaps involving scenarios to address. Also, peer group leaders could be asked to cover ethics-related issues at meetings.

Action: Consider how the above might be structured and implemented.

It was noted that Phil, as a lay member, does not have access to the Professional Members Area of the HGI website.

Action: Arrange for the HGI office to provide Phil with the necessary log-in information, and also for Celia Nicholson, the HGI Board lay member. **Outcome: Implemented.**

Online therapy guidelines

There was discussion of the appendix relating to online therapy. It was noted that the guidelines strongly recommend that HG therapists do not

use the rewind technique online. In this context however, it was pointed out that where no other option is available to clients in desperate need of detraumatization, it would be unethical to withhold treatment. Two possible approaches to this matter emerged: 1. Retain the guidelines as they are; 2. Amend them to say that where no other option is available, online rewind may be undertaken, but only with certain safeguards. These would include ensuring that an alternative means of communication* has been arranged in the event of an online failure, and that a third party is on hand to support the client if they become distressed, this individual to be briefed beforehand. *Via telephone, texting, instant messaging, e-mail, i.e. as the guidelines recommend in relation to more general online work.

It was also suggested that therapists planning to undertake online rewind should consult their supervisor and/or the RPSC.

Action: Further discussion and decision as soon as possible.

Outcome: Amended online therapy guidelines produced and uploaded to the Professional Members Area of the HGI website; members' attention drawn to the changes via an e-newsletter.

Attention was also drawn to the relative lack of control in relation to the therapeutic environment and behaviour where online therapy is concerned, e.g. clients have been known to text or e-mail during the session. Lucy added that she asks clients to arrange their environment as closely as possible to that of her own therapy room. **Outcome:** Covered by amended guidelines.

The need to check the implication of overseas jurisdictions and insurance cover in relation to online therapy was highlighted. (These features are already covered by the guidelines.)

Strengthening the re-accreditation process for HGI Registrants

It was agreed that the existing re-accreditation process could be strengthened, for example by the introduction of a registration panel, which would adjudicate fitness for re-registration where the need arises.

Outcome: The formation of a registration panel has been agreed and several additional options are under consideration.

6. Discussion of ECC/R&PSC summary of activities 2014-15, to include a review of remit of the R&PSC.

The members considered the document provided prior to the meeting. As one case highlighted a need for more information on medication, it was agreed that steps should be taken to make a psychiatric drugs information sheet available to HGI members. (This could be downloadable from the HGI website.) Sue is aware that a medically qualified colleague has produced such a sheet. It was also pointed out

that information can be obtained from the British National Formulary and from the Mims online directory (<http://www.mims.co.uk/>).

Action: Sue to ask whether the colleague is prepared to share his information sheet. **Outcome:** [Guidance regarding medication, including links to recognised websites, has been uploaded to the Professional Members Area of the HGI website. Members' attention was drawn to this via an e-newsletter.](#)

No issues were raised in relation to the remit of the RPSC.

7. Discussion of case example.

The members considered and commented on an anonymised complaint example. As an aspect of the case involved a rare and often complicated condition, the need for a downloadable information sheet describing the rarer psychopathologies was identified.

Action: [An RPSC member is currently producing an information sheet for members.](#)

8. Demonstration of Glasscubes secure database.

Sue demonstrated the Glasscubes system and provided training in its use. She added members' details, giving them access to the database.

Action: Members to practise with Glasscubes and begin using it for group communication purposes. **Outcome:** [Glasscubes is in regular use.](#)

9. Discussion of the Professional Standards Authority (PSA) requirements of the HGI and the response of the RPSC to these.

Sue explained that that the Professional Standards Authority (PSA) response to the HGI's draft application to join the Accredited Voluntary Register scheme was received towards the end of February 2015. The PSA requires the HGI to address a number of points, which fall under the following four headings: governance, education, finance and matters that are the direct responsibility of the RPSC.

Sue reported that the PSA is concerned only with therapists whose details appear on the HGI Register.

PSA points to be addressed by the RPSC

- The PSA requires that all Part 3 graduates be accessible to the public via the HGI Register. A possible exception to this is where the safety of a Registrant is at risk.

Action: Produce a policy to address the above. This will delineate exceptions to the requirement and make clear that the details of graduates who work in areas such as education, etc.

must appear on the Register, but with a note to the effect that they are not available to treat clients. [Outcome: Policy produced and adopted.](#)

- Where Registrants belong to more than one professional register, this must be listed as part of their entry on the HGI Register.

Action: Ensure this happens. [Outcome: Steps have been taken to ensure this requirement is met via the Fitness to Practise Declaration.](#)

- The PSA has asked about how the HGI goes about publishing details of upheld complaints. It was proposed that an area of the HGI website containing complaint information be created. A hyperlink from each Register entry would connect to this area thus allowing members of the public to check for upheld complaints against individual therapists, if they wish. The idea of categorizing upheld complaints as minor, moderate, more serious and very serious was mooted. In the interests of the public, an online entry relating to any therapist struck off for professional misconduct would be maintained.

Action: Further discussion and implementation when agreed. [Outcome: Decision to make details of any sanctions relating to serious or critical upheld complaints available to view via the HGI Register.](#)

In the same context, the PSA raised the matter of professional conduct hearings. It was agreed that in-person conduct hearings will take place in very serious cases (i.e. allegations of gross professional misconduct where de-registration is a possibility), where required. IT reported that no such hearings have been necessary to date.

- In a similar context, there is a question about 'indicative sanctions' in relation to upheld complaints. Whilst acknowledging that circumstances alter cases, together with the need to maintain consistency based on previous cases, the following were agreed:
 - minor infringements: additional supervision and/or some form of related learning requirement;
 - moderate infringements: further training and/or additional supervision;
 - more serious infringements: suspension from the Register for an agreed period of time, together with a combination of the above where appropriate;
 - serious professional misconduct: de-registration.

- **Action:** Produce a policy document around the above and respond to the PSA along the lines described.
Outcome: *A document entitled [Indicative Sanctions Guidance](#) has been produced and adopted.*
- Again, in a similar context, there is a question concerning criteria for individuals wishing to return to the Register.
- **Action:** Agree criteria. **Outcome:** *The new [Registration Policy](#) document covers this feature.*
- The PSA wants the HGI to further clarify/expand on the criteria for entry to its Register. The analysis of learning outcomes relating to Parts 2 and 3 already done by Sue can be used to inform the response here. Sue spoke of proposing a process whereby a panel consisting of a candidate's tutors, supervisor and Part 3 assessor would decide on his or her suitability for entry to the Register.

Action: For further discussion and implementation, if agreed.
Outcome: *The [structure and function of a registration panel](#) has been agreed and adopted.*

- The PSA has asked the HGI to describe how it addresses confidentiality around record keeping, the use of information technology and telecounselling. It was pointed out that the HGI has already produced detailed guidelines for its members in relation to the protection of sensitive client data and online counselling.

Action: Refer to the above measures in the response to the PSA. **Outcome:** *[Reference made to the above on the PSA application form.](#)*

- How does the RPSC work together as a team?

Action: Describe collaboration via Glasscubes and meetings (online and face-to-face), citing the meeting of 13.03.15 as an example. Also, how collaboration between members is the norm conducted when dealing with complaints. **Outcome:** *[Reference to the above made on the PSA application form.](#)*

- How are CPD and supervision standards assured?
- **Action:** Monitor conformity with the required standards. This would involve checking a random sample (e.g. five per cent) of therapists' CPD and supervision records on an annual basis. Note: It was pointed that out in view of the requirement to sign the Fitness to Practice Declaration on annual re-registration, therapists are no longer required to submit copies of CPD and supervision records, although required to declare that they have completed these documents. It was agreed that to facilitate

monitoring, therapists should be required to submit the above documents. [Outcome: An audit procedure has been agreed and adopted.](#)

- Are all members of the RPSC HGI Registrants? The lay member of the Committee is by definition not an HGI Registrant.

10. Monitoring of the HGI CPD and supervision requirements as they apply to HGI Registrants.

This item was covered as part of Item 9 – see above.

11. Future meeting arrangements

Meetings will be conducted via virtual means as and when needed. A full face-to-face Annual Review Meeting will take place at the 2016 HGI Conference in Dublin.

12. Any other business.

None.

(Ian Thomson, March 2015)