

BRITISH INSTITUTE
OF HYPNOTHERAPY & NLP
Est. 1984

Complaints Procedure

For BIH Practitioners & the Public

The British Institute of Hypnotherapy & NLP
Newbury • RG14 1BA Telephone: 07906 503566

Reviewed March 2021

NOTES FOR GUIDANCE

The purpose of the British Institute of Hypnotherapy (BIH) complaints procedure is to provide a means of resolving, where possible, any dispute, complaint or allegation brought against a member either by a member of the public or another member.

At all times the BIH will observe its obligations as an impartial mediator, in a spirit of fairness and integrity and will honour both parties' rights to confidentiality within the rule of law. The BIH complaints process is the first step in the attempt to resolve any unprofessional conduct between a member of the public and/or a member of the Institute.

Obligations of all parties

The BIH reserves the right to make any enquiries necessary to establish the validity of the complaint, to interview both parties and attempt to establish a dialogue with a view to resolving the issue to the satisfaction of both sides.

The person complained against has a responsibility under the rules of the code of practice to cooperate in full in any investigation, and to provide any documentation or other information that may be required which is relevant to his or her case.

The complainant should be aware that making a complaint against a member practitioner is taken very seriously by the BIH. Even though full support and assistance will be given, you should still discuss this with someone you can trust to be absolutely sure you wish to pursue this course of action.

A member of the management committee may not act as a mediator at any level of negotiations if that member is related to either party, i.e. spouse, family, close friend.

Receipt of Complaint:

Upon receipt of a complaint, the BIH Complaints Officer will acknowledge receipt and notification of the complaint will be sent to the person or persons complained against. Each party will be sent a copy of the Complaints Procedure, and the complainant will be required to complete the form provided and return to the address shown within 21 days from date of receipt. If you have any difficulty in filling in the complaint registration form, please contact one of the BIH help line numbers below, where every assistance will be given.

Outcomes:

The rights of the public are of paramount importance. To this end the BIH will strive to assist in achieving the best possible outcome for the aggrieved party. It should however, be borne in mind that the aggrieved party may not always be a member of the public. The CNHC will be notified of any practitioner dismissed from it's register where the outcome from any complaint hearing results in a breach of it's Code of Conduct.

In General:

As the complainant, if you feel you have cause for concern /dispute, you do not need to register a formal complaint at this stage. Simply contact one of the numbers below for impartial assistance. If however, you feel aggrieved and consider the BIH Code of Practice has been seriously breached, you must make a formal complaint in writing. This should be done as soon as possible after the event.

Prior to a formal complaint being registered and in the event that for reasons of personal distress or fear of any consequences (real or imagined) you are undecided about the best course of action to take, please remember that you can seek impartial advice or guidance from a member of the BIH staff, by telephoning the number below.

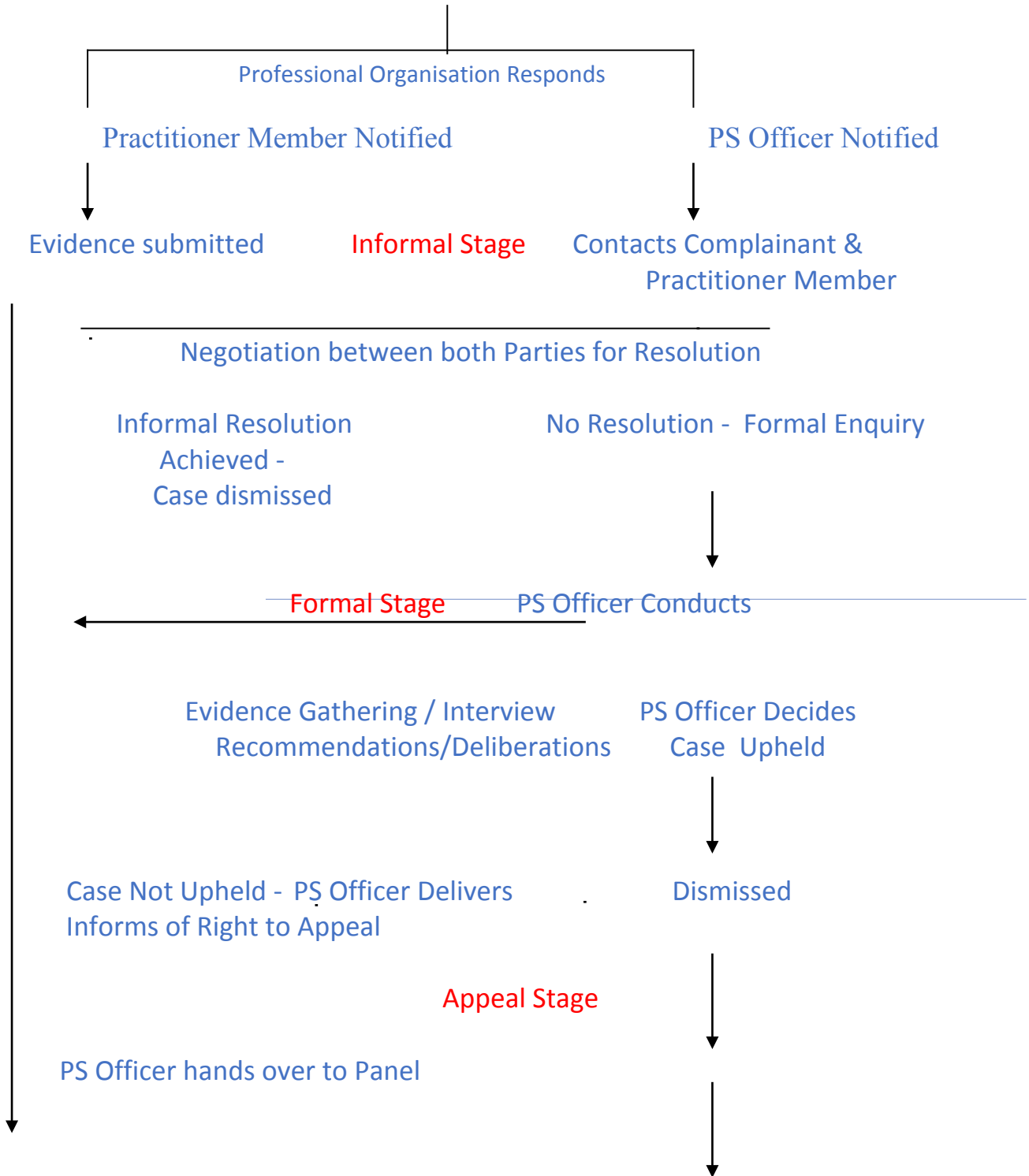
In its role as mediator, the BIH accepts no liability in any claim for compensation, whether financial or otherwise, against a member. You must pursue this through the member's own insurance provider, or a solicitor.

This complaints process does not apply in cases of stage hypnosis, or hypnosis used specifically for entertainment or non-therapeutic purposes.

The BIH cannot investigate any member practitioner that is not on the practitioner register. The BIH Code of Practice shall form the framework by which all complaints are resolved. In all cases the ruling of the BIH is final.

THE COMPLAINTS PROCEDURE for the Client with Concerns

Contact the Practitioners Professional Organisation



Stage 1 - Informal

At this stage, upon receipt of a complaint in writing, both parties will be approached individually by the BIH Complaints Officer. The stance at this stage is to decide whether common ground exists, to resolve the complaint to the satisfaction of both sides without prejudice. On hearing both sides of the dispute, and if no agreement can be reached, the BIH Complaints Officer may suggest an informal meeting between the parties, in a neutral location with a member of the management panel present as mediator. When an informal meeting is not appropriate, due to the nature of the complaint, no pressure will be placed upon the complainant to informally meet the other party. The mediator may only offer advice or suggestions within the scope of this complaints procedure and may not exercise what could be construed as unfair pressure on either party to resolve the conflict. It has to be clear that the complaint is not of a frivolous nature, or is lacking any basis in fact, or has been brought solely out of malice, or the accused party refuses to take part in any discussion.

Should it not be possible to resolve the complaint at this stage, or if the offended party is dissatisfied with the outcome, then both sides will be informed verbally, to be confirmed in writing, that the complaint is to be referred on to Stage 2.

Stage 2 - Formal

Before the formal process can proceed, the complainant will be required to complete the complaint form (if they had not already done so) found at the back of this document, detach and return to the address shown on the bottom of the registration form, within 21 days of receipt.

A copy of the complaint response form will be sent to the member complained against. This must be completed in full and returned to the address shown at the bottom of the complaint response form, within 21 days of receipt.

At any stage, if the person complained against refuses to respond without good reason or due notice, s/he will be advised in writing that they have a further 14 days in which to respond, after which time if there is still no response, the BIH can decide at its discretion, either:

- 1 to find the complaint proved by default and take appropriate disciplinary actions, or
- 2 refer the complaint on to the next stage of the process, if appropriate.

If a complainant fails to respond, without good reason or due notice, s/he will be advised in writing that they have a further 7 days in which to respond, after which time if there is still no response, the BIH may exercise its right to reject the complaint and inform the complainant, in writing of this decision.

Please Note: Once the formal complaint has been registered with the BIH, no communication may take place between the complainant or the person complained against, either verbally or in writing. Any attempt at communication in writing must be passed directly to the BIH unanswered.

Within one calendar month of receipt of the depositions from both parties, the management panel of the BIH will appoint a disciplinary committee which will be made up of the following members:

- One independent lay member
- One management panel member
- One BIH Fully Registered member

The Disciplinary Committee - will be bound by the following rules:

The Independent lay member shall be someone of suitable professional standing and may not be related to any other committee member in any way, i.e. spouse, family etc.

The Management Committee Member may not be the mediator involved in stage 1 of this process, may not use his/her position as a management panel member to influence the disciplinary committee in any way and must also not be related to the other two members, i.e. spouse, family, etc.

The BIH fully registered member may not be related to any of the above, i.e. spouse, family, etc. A disciplinary committee member found to have any connection to the complainant, or the person complained against, will be disqualified, and a new member appointed.

Strict confidentiality is to be observed at all times. Under no circumstances may a committee member discuss the business of the disciplinary committee with anyone, other than another committee member.

No person may serve on a disciplinary committee if they have been, or are, the subject of any form of investigation.

The Disciplinary Committee is an independent entity which acts within its own remit to ensure a fair and impartial outcome. The BIH management, as a body, has no influence what so ever in the decision-making process of the disciplinary committee.

The Disciplinary Committee

Upon nomination, will examine all evidence in the form of documents and statements, interview witnesses or any other parties involved, and when they are satisfied there is a case to answer, set a date for the hearing. Both parties will then be advised in writing, of the time and place for the hearing to be convened. This date will be within a period of 6 weeks from the date of agreement. Due attention will be paid to the choice of venue with a view to confidentiality and location. The nature of some complaints may well make a formal face to face meeting difficult. In this instance, no pressure will be placed upon the complainant to formally meet the other party complained against.

The Hearing

Both of the parties involved will be allowed to have one witness or friend with them at all stages of the hearing. The friend or witness may not take part in the hearing until instructed to do so by the committee. The exception to this rule would be if the complainer is unable to comprehend to take part in the hearing due to disability, in which case a third party would be allowed to speak on their behalf, providing this is sanctioned by the complainer, and agreed to by the Disciplinary Committee.

Each party will be interviewed separately, after which the disciplinary committee will retire for a short period of time to discuss the information presented, then both parties will be asked to be present for the disciplinary committee to summarise the evidence and reach a decision.

At all times it is expected of both parties that they conduct themselves in a manner which supports and protects the integrity of the complaints procedure.

Upon reaching a decision – the chairman of the disciplinary committee will provide a written report to the BIH management panel, signed and dated by all members, together with the recommendation of what action (if any) should be taken.

Note: If a hearing reaches a decision and it is discovered shortly after, that one or more of the members of the disciplinary committee have a personal interest in either party, the decision will be declared null and void and the management pane will appoint a new disciplinary committee, who will then reinstate the hearing.

Stage 2 - Additional Notes:

If the final verdict is in favour of the complainant, the BIH will decide what disciplinary action is to be taken and inform both parties of the outcome in writing.

If the party complained against is a member and is exonerated, a statement to this effect will be placed in that BIH member's file.

In an extreme case where it is found that a criminal act has taken place, the BIH must act within the limits of the law, which may include reporting the offence to the relevant authorities after consultation with the offended party.

Appeals:

Either party will have up to 1 months from the date of the hearing to lodge an appeal, but this will only be granted if there is sufficient evidence to prove beyond reasonable doubt one or more of the following:

- 1 An attempt was made to deliberately distort the truth or the facts of the original investigation, by either party.
- 2 Actual evidence which comes to light after the hearing which proves involvement of a committee member with either one of the parties.
- 3 Evidence which comes to light after the hearing that proves an attempt, or attempts, were made to intimidate or coerce either party or their witnesses during the investigation.

If an appeal is granted, the management panel of the BIH will advise each party on what course of action will follow.

Contacts:

Ethics & Complaints – Principal Officer:

- Mark Taylor

BIH help line:

- 07906 503 566
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Complaints Form

Making a Complaint about a Practitioner on the BIH Register.

About this form

This is the information that we need if you want to make a complaint about a registered practitioner's fitness to practise or his/her conduct. You should read the relevant section on the BIH website and the Complaints & Disciplinary Procedure document, before you complete this form. This will help you to understand how the BIH deals with complaints against members.

If you need help with this form please telephone the BIH office and we will do our best to help you.

Your Details

Name _____

Address _____

Post Code _____

Daytime tel No. _____

Mobile No. _____

Email address _____

The practitioner you are complaining about

Please provide as much information as you can about the practitioner that you are reporting. This will help us to identify them on the BIH Register.

Name _____

Address _____

Post Code _____

The matter you are complaining about

When did the incident take place? _____

Where did it take place? _____

Please describe what you think happened _____

Did anyone else see what happened? If so, please give us their contact details. _____

Other Organisations

Have you reported this matter to anybody else? _____

(e.g. police, the person's employer, another professional body)

If so, what was their response _____

If more than 6 weeks has elapsed since the alleged incident took place,
do you wish to give your reasons for this. _____

Name & Contact Details of any Witness

Name _____

Address _____

_____ Post Code _____

Daytime telephone No. _____

Mobile No. _____

Additional Information

Please list below any documents that you are sending us with this form

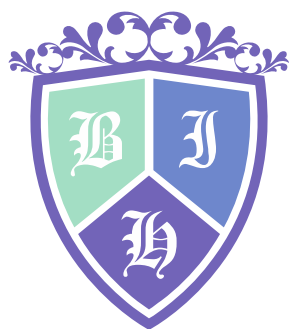
Please use the space below to provide us with any additional information that might help us to deal with this matter. Please continue on another page if necessary.

Signed _____ Date _____

Please Note: When you sign this form, you agree not to enter into any communication with the practitioner you are complaining about. If you receive any communication from the practitioner you are complaining about, please pass this onto the BIH unanswered. You must also advise the BIH of any attempt at intimidation. After completing this form, please send it to the BIH Complaints & Disciplinary Officers, at our Head Office:

Mark Taylor - Ethics Officer

British Institute of Hypnotherapy : E: info@bih-nlp.co.uk and mark this Confidential: Complaints



BRITISH INSTITUTE OF HYPNOTHERAPY & NLP

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The Single Code of Ethics, Conduct & Best Practise

Introduction for the Practitioner

- A. Ethical Principles
- B. Professional Conduct
- C. Therapeutic performance and behaviour

The Single Code of Ethics & Best Practise is for the guidance and adherence of BIH practitioner members, regardless of the degree of experience of working with the public and who their clients happen to be. All clients are regarded equal.

The Single Code of Ethics & Best Practise, aims to clarify for the Public the ethical guidance and standards of best practise of hypnotherapy practitioners. Also, to identify expectations of best practise to be used by practitioners, when a member of the public engages the services of a registered hypnotherapy practitioner. The professional associations belonging to UKCHO, including the BIH, will all therefore adhere to this Single Code of Ethics & Best Practice, as will all individual practitioners registered with those organisations.

This Code sets out -

- a. the ethical principles, upon which practitioners must agree when joining the BIH and in your work with the public. As a practitioner you adhere to this Code of ethics.
- b. your 'professional conduct', concerns your behaviour, in all that you involve yourself with, as a hypnotherapy practitioner.
- c. your performance as a hypnotherapy practitioner concern the standard of services you offer and deliver when you work with clients. Also included are the duties and responsibilities you must follow in all that you do in your business in private practise/ or when working within a communal practise/ or working within the National Health Service.

A. Ethical Principles

A.1 Do no Harm – nor collude to do harm. Your actions as a practitioner, will reflect genuine regard and concern for the well-being and best interests of your client – at all times.

A.2 You will promote and protect the interests of your clients at all times.

A.3 You will avoid any form of exploitation of the client. Whilst the professional relationship with the client is ongoing and after it has ceased you will at no time for any reason exploit the client for your own interest.

A.4 Medical Diagnosis' for physical conditions is necessary prior to any intervention or treatment using hypnosis for therapeutic change. Any physical conditions presented by the client, will need a medical diagnosis before therapeutic work commences.

In addition, you will avoid the use of the term 'Cure' – unless you are medically qualified and able to practise as a GP. All other healthcare clinicians including hypnotherapists, will talk about the relief of symptoms, changing levels of pain, low mood or high anxiety; in their face to face conversations with the clients, in their advertising of services, or in any context with other professionals.

A.5 Confidentiality

A.5.1 As a practitioner you commit to respect, protect and preserve the confidentiality of your client(s) details and information.

A.5.2 You will inform each client about the legal and ethical limits of that confidentiality and the circumstances under which you, the practitioner, are required to disclose confidential information to a relevant third party, BEFORE, they happen to disclose this at consultation. Exceptions: for the purpose of criminal proceedings; when not to disclose could lead to harm of the client by the client or others; when sharing with professional colleagues in the supervision setting but preserving their identity.

A.5.3 As the practitioner you will commit to safeguard the welfare and anonymity of the client when any publication of clinical case studies is being considered and where necessary obtain their written consent.

A.5.4 If you discover that a client is at risk, you will by discussion, obtain their consent to take this to the relevant authority or third party, that will secure the safety and well-being of your client.

B. Professional Conduct:

B.1. Best Practice -

B.1.a You will respect the clients' dignity, individuality and privacy, both inside and outside of the professional setting.

B.1.b You will respect the clients' rights to be involved in decisions about their care

B.1.c You will be honest and trustworthy in your conduct with your clients and other professionals.

B.1.d You will provide a good standard of practice and care in your work with your clients

B.1.e You will protect clients from risk of harm and follow all Health & Safety Guidelines in the workplace.

B.1.f If you discover any practitioner who is in breach of the Code, it is your professional responsibility to draw this to the attention of your Professional Association.

B.2. Promoting Equality

B.2.a Your legal duty to promote equality in your practise and the services you offer will be in line with human rights and anti-discrimination law.

B.2.b. Discrimination when providing your services means:

i. Refusing to provide a service for reasons that are discriminatory

ii. Providing a lower standard of service

iii. Offering a service on different terms from those offered to other people.

iv. You should consider how you can provide services to everyone who may want to use your services— on the basis for example of age, disability, gender reassignment, marriage or civil partnership, race, religion and belief, sex and sexuality, by changing the way you communicate with clients and giving extra help for clients with disabilities.

v. You must also report any discrimination that comes to your attention to the relevant authority or third party in order to fulfil your duty of care to the client.

B.3. Avoiding discrimination in your own behaviour as a practitioner means you must make sure your own beliefs and values do not prejudice your clients' care and wellbeing. For your guidance 'prejudicing your clients' care' means allowing your views on any aspects of a client's lifestyle, age, culture, beliefs, race, gender, sexuality, disability or social or economic status to inappropriately affect your assessment or care of a client. **However, you may take account of factors such as a client's lifestyle, that are relevant to their state of health in your decision making and in the subsequent care you provide them with.**

B.4. Create and construct a Care Plan, based upon the client's needs, abilities, evidence of best methods in line with your own competent abilities. Do this via discussion with the client and at all times avoid any exploitation of the client, their vulnerabilities, their beliefs, or standing in the community.

B.5. Your Personal Conduct. As part of the process of applying for membership of your Professional Association, you will be asked about your past personal conduct and you will be required to declare any past criminal convictions and/or any ongoing investigations regarding public complaints. You may have been asked to supply referees to give character references for your application. Your application and any character references will be considered as part of your application before the final decision is made. The information you declare will be treated in confidence and in line with the Data Protection Laws.

B.6. If you come under any investigation for alleged criminal activities, you must declare this to your Professional Associations. Your membership will be suspended whilst legal investigations take place or are ongoing until a resolution is reached. If you receive any criminal conviction of an offence (excluding driving offences) you will be

removed from the register of practitioners and this information. This information will be shared with other hypnotherapy registering organisations and the Regulator for the Hypnotherapy Profession in the UK.

B.7. If you are suspended or placed under a practice restriction by an employer or similar organisation because of concerns relating to your conduct, competency or health, you must notify your professional hypnotherapy organisation immediately and your insurance provider.

B.8. Personal Conduct that detrimentally influences your Professional Competency.

If you work with clients' when your own judgement and competency to practise is impaired through the use of drugs or alcohol, or if your mental health is impaired and requires regular periods of hospitalisation as in/out patient, this is a breach of this Code of Ethics and if discovered as such, you will be removed from the Register of practitioner members. This information will also be shared with other hypnotherapy registering organisations and the Regulator for the Hypnotherapy profession in the UK.

B.9. Your personal life outside of your profession life, may have an effect on the relationships you have with your clients. As the practitioner, you will need to consider if your personal life detrimentally effects your professional life. It is your professional responsibility to reduce any negative effects your personal life might have on the relationships you have with your clients.

C. Therapeutic performance and behaviour

C.1. a. Professional Boundaries – As the practitioner, you have a duty to establish and maintain clear professional boundaries with the client. The therapeutic relationship is one that is created via rapport, based upon trust, equality, openness, fairness, consideration and a comfortable professional distance that is decided by the client. This being recognised by the client, but is the responsibility of the practitioner to maintain, once created. Any abuse of the therapeutic relationship or advantage for the purpose of financial reward; for sexual favours; personal gratification on the part of the practitioner or any behaviour that causes distress to the client, is a breach of the Code of Ethics.

C.1. b. Dual or multiple relationships e.g. with another family member; another friend or working colleague, needs to be avoided for the sake of clarity on the part of your client. These need to be avoided by the practitioner if at all possible. Where this is not possible, due to the needs of the existing client, you the practitioner, will emphasise the importance of boundaries for the client's benefit and understanding and all others that are involved.

C.2 Providing a good standard of practise includes planning care for each individual client by discussion with that client. Following good practise, each care plan be communicated verbally and in writing. If necessary, further discussions with the client can be held in order to keep the client fully informed with the process of therapy as it proceeds. The care you provide as the practitioner, will be based upon the client's needs and is that to which they actively consent.

C.3. Therapeutic treatments should not be prolonged beyond a time that is relevant to the needs and wishes of the client.

C.4. Extreme care and professional competence, especially clean language (non-directive) must be exercised by practitioners who use regression or past life regression as part of any treatment.

C.5. Practitioners will work to ensure there is no risk of inadvertently creating false memory recall. (known as False Memory Syndrome). A practitioner must not or prompt a client to search for evidence of abuse, simply to satisfy some unfounded 'belief' on the part of the practitioner.

C.6. Practitioners will achieve the specified and mandatory number of Continuing Professional Development CPD hours annually. Practitioners will agree to create a record of such activity, for examination upon request, by the practitioner's professional organisation. Practitioners should seek consultation and supervision when indicated, particularly as circumstances begin to challenge their scientific or professional expertise.

C.7. Practitioners will engage in their work with the public, using the skills that are deemed as competent, only after obtaining the knowledge, skills training, education and experience necessary for such. Practitioners will remain aware of and acknowledge the limits of their methods and skills.

C.8. If the therapeutic relationship breaks down for any reason the therapist is responsible for referring the client to another suitably competent practitioner. Clients should be referred to alternative sources of assistance as appropriate, facilitating the transfer and continuity of care through reasonable collaboration with other professionals.

END
