

METANOIA INSTITUTE

COMPLAINTS AND PROFESSIONAL CONDUCT PROCEDURE



Preamble

The purpose of the Metanoia Institute's Complaints and Professional Conduct Procedure is to provide a means of examining a complaint about alleged breaches in the Metanoia Institute's Code of Ethics and Conduct and/or Code of Research Ethics and other relevant codes which may apply by a student who is a member of the Institute and acting in a professional capacity as a psychotherapist, counselling psychologist or coach. It is also intended that the document provide guidelines for making decisions regarding a member's fitness to practice.

The aim is to protect individual members of the public, and maintain public confidence in the professions of psychotherapy, counselling psychology, and coaching, and the reputation of the Institute.

This Complaints and Professional Conduct Procedure should be read in conjunction with the Metanoia Institute's Code of Ethics and Professional Conduct and/or the Metanoia Institute's Code of Research Ethics, and other relevant codes which may apply, and which may be referred to when a complaint is being considered under these formal procedures.

Throughout this document 'member' refers to a student member or a graduate member who was a student at the time the events in the complaint took place, unless stated otherwise.

1.0 The Scope of the Complaints and Professional Conduct Procedure is limited and can only operate within the remit allowed by the Institute's Code of Ethics and Professional Conduct and/or the Code of Research Ethics, and other codes which may apply, and by the fitness to practice test.

1.1 The Metanoia Institute will consider any complaint in respect of the foregoing members of the Institute which demonstrates evidence calling into question the member's professional conduct and may be related to any of the following:

1.1.1 Misconduct

1.1.2 Professional Competence

1.1.3 Conviction or caution in the UK for a criminal offence which is relevant to the member's professional practice.

1.1.4 Ill-health of the member which is relevant to the member's professional practice.

1.2 In considering a complaint due regard will be paid to the Institute's Code of Ethics and Professional Conduct and/or the Institute's Code of Research Ethics and/or any other codes which may apply, and the relevant parts of the said Codes will be identified and highlighted by the Case Officer. The Case Officer will be either the Chair of the Clinical Ethics Committee or any other recognised and identified person appointed by the Chair of the Clinical Ethics Committee or by the Executive Committee of the Institute. See also clause 6.0.1

2.0 In respect of clause 1.0 above, a complaint may be raised by:

2.0.1 A member of the public who has been a recipient of a member's services in their role as psychotherapist, counselling psychologist or coach.

2.0.2 Other professional organisations, including student placements.

2.0.3 Third parties in circumstances where the recipient of the member's service is a minor or an adult lacking capacity, and may be represented by a legal guardian or appropriately authorised adult, respectively.

2.0.4 Third parties where the recipient of the member's services is unable to represent themselves. In these circumstances both written permission from the recipient of the member's services and a written explanation addressing the nature of the inability is required.

2.0.5 Third parties who have been directly affected by the behaviour of the member, and where sufficient interest can be demonstrated.

2.0.6 The Executive of the Metanoia Institute

2.0.7 The Police or other statutory body demonstrating a sufficient interest in the member's fitness to practice.

3.0 Complaints submitted to the Institute may be brought in respect of the following categories of membership:

3.0.1 The student member or graduate member named in the complaint must have been a student member at the Institute at the time the events described in the complaint took place.

3.0.2 Complaints about graduate members cannot be dealt with under this procedure unless the graduate member was a student member at the Institute at the time the events described in the complaint took place.

3.0.3 Complaints about former student members who are no longer members of the Institute will be kept on file, and other organisations may be informed that there is a complaint outstanding.

3.1 Should the member complained against fail to renew their membership and/or withdraws from the course following receipt of a written complaint the Institute may continue the case if it is in the public interest to do so. This clause will also apply where the member complained

about initiates voluntary erasure (voluntary termination of membership and/or disclosure of intention to non-compliance with the complaints procedure) on receipt of the details of a complaint.

4.0 Complaints must be submitted to the Institute within a reasonable time of the alleged behaviour taking place.

4.1 Written complaints must be sent to the Chair of the Clinical Ethics Committee as near as possible to the time that the events described in the complaint took place, and no later than three years from the time of the events described.

4.2 Except in exceptional circumstances the Institute will not deal with complaints which concern events that took place outside the three year time limit, unless it is in the public interest to do so.

5.0 Other considerations and conditions will apply as follows:

5.0.1 This procedure allows for the use of the informal Alternative Dispute Resolution to resolve complaints and concerns when both parties agree to participate, providing the content of the complaint does not indicate there are public safety issues. In cases where a recommendation is made to use the ADR, and both parties accept the recommendation, the Chair of the Clinical Ethics Committee will formally suspend this procedure. Should resolution of the complaint not be achieved using the ADR the complaint may be referred for consideration under this procedure.

5.0.2 Anonymous complaints will not be accepted, except in exceptional circumstances where the information received can be independently substantiated and verified.

5.0.3 Should the complainant withdraw their complaint at any time under this procedure the Institute may continue the case if it is in the public interest to do so.

5.0.4 Where a complaint has already been considered and not upheld by another professional organisation and is based substantially on the same events and behaviours it will not be accepted.

5.0.5 Should a complainant be referred to another organisation no inference whatsoever should be drawn as to the validity of the concern or complaint.

5.0.6 Complaints will not be accepted under this procedure should the complainant not give permission to disclose their identity to the member complained against.

5.0.7 Excepting clause 5.0.2, complaints will not be accepted under this procedure should the complainant decline to submit a signed Release of Confidential Information form.

5.0.8 In every event the Metanoia Institute confirms its commitment to the seriousness of all complaints procedures and is aware of the inevitability of emotional distress and potential for harm to the parties concerned. The Metanoia Institute is committed to proceed with due care and diligence and endeavours to process all complaints from initial contact to resolution as quickly as is practicable.

6.0 The Complaints procedure outlined in this document will be managed and overseen, and reviewed from time to time, by the Metanoia Institute Clinical Ethics Committee. The Clinical Ethics Committee is responsible and reports to the Executive. Upon receipt of a complaint the Clinical Ethics Committee will appoint a Case Officer whose responsibility is to maintain an overview of the procedure and ensure that due regard is paid to proper process.

6.0.1 The Case Officer may be any senior member of the Metanoia Institute, including members of the Clinical Ethics Committee, but they will not take an active part in the investigation of the complaint, nor the deliberations surrounding it. Their role is to ensure

due process is followed and to be available for consultation by all parties on questions of procedure.

6.1 During any period of absence by the Chair another member of the Clinical Ethics Committee will be appointed to act on their behalf.

6.2 The Institute reserve the right to seek legal advice concerning a complaint and/or appoint a solicitor to act on its behalf.

6.3 Should any conflict of interest arise for any senior member of the Institute, any external senior practitioner or any other professional person approached to deal with a concern or complaint under this procedure they are required to recuse themselves at the outset.

6.4 The Clinical Ethics Committee reserve the right to co-opt senior members of the Institute, or external senior practitioners at any time under this procedure.

6.5 The Chair of the Clinical Ethics Committee reserves the right to suspend proceedings under this procedure in the event of legal proceedings.

7.0 All records relating to matters referred to in this document will be confidentially retained for a period of seven years.

8.0 The Metanoia Institute will not be responsible for any expenses incurred by either, or any, party to a concern or complaint, and cannot require one party to reimburse another party's costs.

9.0 Correspondence relating to matters referred to in this document may be digital and sent by email or, if by post, by recorded delivery.

10.0 The Metanoia Institute expects all parties involved in a complaint to behave with due regard to process and professional decorum.

10.1 Both parties to the complaint are required to comply with the implementation of this procedure. Failure to do so may result in the termination of proceedings or action under the Institute's Student Conduct and Discipline Policy.

10.2 The complainant and the member complained against are required to refrain from any contact with each other during the process.

10.3 Both parties are required to refrain from using abusive behaviour towards anyone, including members of the Clinical Ethics Committee, any other member of the Institute, staff and visitors to the Institute's premises. This includes contact by any other communication medium. Should this requirement not be observed by the complainant the proceedings may be terminated. Should this requirement not be observed by the member complained against they may be subject to action under the Institute's Student Conduct and Discipline Policy.

11.0 The following conditions will apply to the form of submission of complaint. In all events, if necessary, the Case Officer may be consulted for assistance by any party in order to comply with the conditions.

11.1 Complaints must be in writing. This can be emailed as an attachment to the Chair of the Clinical Ethics Committee, or marked "Private and Confidential" and sent by recorded delivery to the Chair of the Clinical Ethics Committee, at the Metanoia Institute office at 13, North Common Road, Ealing, London, W5 2QB. Written acknowledgement will be sent out within one week of receipt, outside of usual holiday periods.

11.2 In submitting the complaint in writing the Clinical and Ethics Committee would ask that the complainant outline what efforts, if any, have been made to resolve the matter prior to the complaint. It would also be helpful if the complainant could state why such means did not resolve the matter to their satisfaction.

11.3 The complaint must include a clear and detailed account of the events and behaviour being complained about, including dates, and include all supporting evidence. This may include reference to the Institute's Code of Ethics and Conduct and/or the Code of Research Ethics, other relevant Codes which may apply, or the equivalent Codes in force at the time the events took place.

11.4 The member complained against is named, is a current student member of the Institute, or was a student member of the Institute at time of the events described in the complaint and is now a graduate member.

11.5 The complaint is dated and signed, and includes a signed and dated Release of Confidential Information form which is available from the administrator's office as clause 11.1

11.6 The complaint is within the remit of the Institute's Complaints and Professional Conduct Procedure.

11.7 Should the complaint not satisfy the conditions for acceptance the Chair of the Clinical Ethics Committee will write to the complainant stating the reason(s) why the complaint cannot be considered.

12.0 On receipt of the written complaint the Chair of the Clinical Ethics Committee will be informed who will inform the Head of Faculty of the relevant course of the existence of the complaint. They will not at this stage inform the Head of Faculty of the content of the complaint unless immediate and credible harm would be likely in the event of not passing on the details. The Chair of the Clinical Ethics Committee will also appoint a Case Officer, unless they intend to carry out the role themselves.

12.1 The member complained against will be supplied with a copy of the complaint and all supporting evidence, and details of the procedure to follow. They are not required to respond at this stage.

13.0 The Chair of the Clinical Ethics Committee will appoint an Enquiry and Assessment Panel.

13.1 The Enquiry and Assessment Panel will be appointed within 14 days of the receipt of the complaint.

13.2 The Enquiry and Assessment Panel will consist of three persons, including at least one member of the Clinical Ethics Committee and one person representing the student member's modality.

13.3 The Panel will begin to consider the complaint within 21 days of receipt.

13.4 Further information and/or clarification may be requested from the complainant.

13.5 The member will be asked to respond to the complaint within 28 days of receipt of the request. The complainant will receive a copy of the response.

13.6 Further information may be requested from the complainant and/or the member complained against, and copies will be supplied to the other party. The complainant and/or the member complained against may be invited for interview.

14.0 The Enquiry and Assessment panel will consider the evidence before them and, on the basis of this evidence and applying a reasonable prospect test will decide whether or not there is sufficient evidence of unethical conduct and/or impaired fitness to practice.

14.0.1 Unethical conduct will be tested against the published Metanoia Institute's ethical codes, and other ethical codes which may apply, and against behaviour that would be seen as ethically acceptable to a group of professional peers. Unethical conduct refers to conduct which falls outside the ethical standards practitioners are expected to maintain. This may, for example, include exploitation of clients in any way, failure to maintain professional boundaries, failure to provide an adequate service, failure to work within limits of competence, breaches of confidentiality and making false claims in regard to services offered and advertised and/or qualifications. Unethical conduct also includes criminal convictions directly relevant to clinical practice, using behaviours which are abusive, discriminatory or detrimental to clients and colleagues, and/or undermine the trust clients and members of the public place in practitioners and are entitled to rely on.

14.0.2 Impaired fitness to practice will be tested against the published Metanoia Institute's ethical codes, and other ethical codes which may apply, and against competence that would be seen as satisfactory to a group of professional peers. Impaired fitness to practice refers to the inability of the practitioner to provide a service which is competent, safe, and meets the needs of the client to a satisfactory standard over time. This may, for example, be because of ill health, including lack of self-care and failure/inability to seek medical care or other appropriate assistance, or because of lack of skills and knowledge, poor clinical judgement, failure to seek sufficient confidential supervision and consultation, or failure to maintain sufficient on-going professional development to keep up to date with current practice and legislation.

14.1 Should there be insufficient evidence of unethical conduct and/or impaired fitness to practice the Panel will dismiss the complaint and inform both parties of the decision within 7 days. A statement of reasons why the complaint has not been upheld will be provided to both parties.

14.2 Should sufficient evidence of unethical conduct and/or impaired fitness to practice have been presented the case will be upheld when the following sanctions apply:

14.2.1 A written apology

14.2.2 A written warning.

14.2.3 A requirement that the student member write a report of what they have learned from the experience, with a date for completion.

14.2.4 Further training in a specified area(s), with a date for completion.

14.2.5 Further supervision and/or personal therapy for a minimum length of time, identifying the goals to be achieved.

15.0 The Panel will write a report of the findings. Both parties will be sent a copy of the report. The Panel will also send a copy of the report to the appropriate Head of Faculty who will decide

how successful compliance will be achieved and monitored. All reports will be distributed and delivered within 21 days of the conclusion of the Enquiry and Assessment Panel's deliberations.

16.0 The Chair of the Clinical Ethics Committee will be responsible for ensuring the implementation of sanctions, after the time for appeal has lapsed, or the appeal has been heard. The Chair of the Clinical Ethics Committee will also inform the Executive Committee and the Board of Trustees of the outcome of the complaints process.

17.0 In accordance with contemporary practice in professional complaints procedures this document makes allowance for consensual disposal following the reporting stage of the Enquiry and Assessment panel.

17.1 Consensual disposal may be applied for by the member complained against where the following conditions apply:

17.1.1 Where there is little or no disagreement to the facts of the complaint.

17.1.2 The member complained against and the complainant agree and submit to the finding and sanctions of the Enquiry and Assessment Panel.

17.1.3 That to continue to an Adjudication Panel would not be in the interests of the parties concerned nor of the public.

17.2 Where consensual disposal is agreed by all parties to be an appropriate and acceptable resolution and the member complained against agrees to accept the likely sanctions an Adjudication Panel may impose, the case will be upheld and one of the following sanctions will apply:

17.2.1 Consensual conditions of practice for a specified period of time.

17.2.2 Consensual suspension for a maximum period of two years, accompanied by further training and/or personal therapy.

17.2.3 Consensual termination of the training contract and/or membership of the Institute.

18.0 Where necessary and appropriate the UKCP, BPS, HCPC, and other relevant parties will be informed of the outcome. Where the outcome may be published in relevant professional journals or on websites, all parties involved in the complaint procedure will be informed of this.

19.0 Where the complainant or the member complained against wishes to appeal the findings of the Enquiry and Assessment Panel they may do so, in writing to the Chair of the Clinical Ethics Committee within 14 days of receipt of the findings.

19.1 In appealing the finding, the complainant or the member complained against will be asked to demonstrate good cause and must submit information which would support their appeal. The Chair of the Clinical Ethics Committee will, in consultation with two other persons not previously part of the original Enquiry and Assessment Panel, decide whether there are adequate grounds for granting permission to appeal.

19.2 Permission to appeal can only be granted in the following circumstances:

19.2.1 New evidence has come to light which was not available at the time of the Enquiry and Assessment Panel,

19.2.2 The decision made was against the weight of evidence

19.2.3 It is demonstrated that due process, as defined within this document, has not reasonably and diligently been adhered to.

19.3 If permission to appeal is granted an external professional person will be appointed to consider the appeal. The decision will be final and the possible outcomes of the appeal will be:

19.3.1 Confirmation of the original findings of the Enquiry and Assessment Panel, with or without modification.

19.3.2 Rejection of the original findings of the Enquiry and Assessment Panel and recommendations for alternative resolution.

19.3.3 A recommendation to proceed to Adjudication.

20.0 Both parties will be sent a copy of the appeal report. The external appeal report will also be sent to the appropriate Head of Faculty and the Executive. All reports will be distributed and delivered within 21 days of the conclusion of the appeal process.

21.0 In the event that the Enquiry and Assessment Panel, and appeal where present, fails to reach a resolution upon which all parties can agree and accept the Chair of the Clinical Ethics Committee will convene an Adjudication Panel. Additionally, where the Enquiry and Assessment Panel consider the complaint to be of such a serious nature that there is a reasonable prospect of conditions of practice, suspension or termination of membership being imposed they may recommend immediate referral to the Adjudication Panel. The purpose of the adjudication panel is to review the findings and procedures of the Enquiry and Assessment Panel, seek evidence and clarification if necessary and to reach a conclusion which will be authoritative and binding upon the parties concerned. The Adjudication Panel will proceed formally with an investigation and hearing to which all parties will be invited.

22.0 The Chair of Clinical Ethics Committee will appoint an Adjudication Panel of at least three persons including one lay person and one person representing the modality of the student member complained against.

22.1 Both parties will be notified not less than 28 days in advance of the time, date and venue for the hearing.

22.2 The Adjudication Panel will receive the documentation not less than 28 days prior to the hearing.

22.3 Written submissions from both parties must be received by the Chair of the Ethics Committee not less than 28 days before the Hearing. The written submissions will be circulated to members of the Adjudication Panel and both parties.

22.4 If either or both parties wish to call witnesses they must notify the Chair of the Clinical Ethics Committee in writing not less than 28 days prior to the Hearing. Only witnesses who supplied written statements in the original submissions can be called. The Chair of the Adjudication Panel will decide whether the presence of any witnesses is necessary not less than 7 days prior to the Hearing. Witnesses may be questioned by the Panel and by either party to the complaint, or those representing them.

22.5 Both the complainant and the member complained against must attend the Hearing. If either the complainant or the member complained against fails to attend, or refuses to attend, the Chair may decide to proceed with the Hearing or adjourn the Hearing to a later date. If the member complained against fails to attend without reasonable cause they may be liable to termination of the training contract and/or termination of membership.

22.6 The complainant will be represented by a senior member of the Institute or an external person. The member complained against has the right to be represented by an advisor or a legally qualified person, at the member's cost.

22.7 The Adjudication Panel have the right to invite a legally qualified person to be present at the Hearing to advise them.

22.8 Should new evidence be presented at the Hearing the Chair of the Adjudication Panel will decide whether to adjourn the Hearing to a later date, or to continue with the Hearing.

22.9 The Adjudication Panel will examine all the written and oral evidence presented by both parties, and decide whether the complaint is upheld or not. If the complaint is upheld, the Panel will decide which sanctions should be imposed.

22.10 The Adjudication Panel will make a report of their findings within 21 days of the Hearing. Both parties will be sent a copy of the report.

22.11 If the complaint is upheld, the Chair of the Clinical Ethics Committee will implement the sanctions after the period of time has elapsed for an application to appeal to be received, or, after the appeal has been heard. The Executive Committee and the Board of Trustees will be informed.

23.0 This document makes explicit the possibility of an appeal of the findings of the Adjudication Panel.

23.1 Should either party wish to make an application to appeal, this must be made, in writing, and sent to the Chair of the Clinical Ethics Committee within four weeks of receipt of the Adjudication Panel's report of the findings. The Chair of the Clinical Ethics Committee will appoint an external person to consider the application to appeal, and decide whether or not there are adequate grounds to grant leave to appeal.

23.2 The party making the appeal will be asked to demonstrate good cause and must submit information which would support their appeal. Permission to appeal will only be granted if:

23.2.1 New evidence has come to light which was not available at the time of the Adjudication Panel.

23.2.2 There have been one or more significant departures from the procedures, as outlined in this document, in dealing with the original complaint.

23.2.3 One of the parties is able to provide good grounds for arguing that the recommended sanctions were too severe or too lenient.

23.3 The Chair of the Clinical Ethics Committee will inform both parties of the decision of whether or not an appeal will be heard under the criteria outlined in clause 37.2 of this document.

24.0 Where an appeal is deemed appropriate and is allowed under the criteria outlined in clause 23.2 of this document the Chair of the Clinical Ethics Committee will appoint an Appeals Panel of three new persons, including one lay person and one person representing the student member's modality.

24.1 The Appeal Panel will receive all the documentation not less than 28 days prior to the Hearing.

24.2 Both parties will be given not less than 28 days' notice of procedure to be followed. In general the appeal procedure will be identical to the original Adjudication Panel procedure although the appeal panel will be aware that their deliberations are restricted to the criteria for appeal outlined in clause 37.2 of this document

24.3 The Appeal Panel will consider the appeal on the oral and/or written evidence presented to them.

24.4 The Appeal Panel will make a report of their conclusions and recommendations within 21 days of the Hearing. Copies of the report will be sent to both parties and the Chair of the Clinical Ethics Committee will implement the decision of the Appeals Panel, which will be final. The Executive Committee and the Board of Trustees will be informed.

25.0 Where necessary and appropriate the UKCP, BPS, HCPC, and other relevant parties will be informed of the outcome. Where the outcome may be published in relevant professional journals or on websites, all parties involved in the complaint procedure will be informed of this.

26.0 In the event that the final resolution of the Complaints and Professional Conduct procedure results in termination of membership of the Metanoia Institute for the member complained against this document makes explicit allowance for reinstatement of that membership in some circumstances.

26.1 Members who have had their membership terminated may make an application to the Chair of the Clinical Ethics Committee for restoration of membership not less than two years following the date on which such a sanction was imposed, and no earlier than any stipulation concerning minimum length of termination recommended by the Adjudication Panel or the Appeals Panel.

26.2 The Chair of the Clinical Ethics Committee will, in consultation with two other members of the Committee, decide whether there is an adequate case for granting permission to have the matter heard by a Re-Admissions Panel.

26.3 Should permission to have the matter heard by a Re-Admissions Panel be granted the Chair of the Clinical Ethics Committee will convene a Panel of three senior members of the Institute who have had no prior involvement in the case.

26.4 The Re-Admissions Panel will meet to consider the matter on the oral and/or written evidence presented to them. The person making the application for re-admission will be required to attend this Panel hearing.

26.5 The Re-Admissions Panel will report their conclusions and recommendations to the Clinical Ethics Committee. The Chair of the Clinical Ethics Committee will implement the decision of the Re-Admissions Panel, which will be final. The Executive and the Board of Trustees will be informed of the outcome of the Re-Admissions Hearing.

26.6 Names of those restored to membership of the Institute will be reported to the relevant governing bodies and organisations within 28 days.