



BRITISH INSTITUTE  
OF HYPNOTHERAPY & NLP  
Est. 1984

## Code of Ethics, Conduct & Best Practice

**The British Institute of Hypnotherapy & NLP**

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Reviewed Nov: 2014

## Introduction

The British Institute of Hypnotherapy (BIH) Code of Ethics, Conduct & Best Practice (the Code), is provided as the basis for guidance to all members in the pursuance of their professional duties. The Code sets out minimum standards of good conduct, with which all members are expected to achieve and work beyond. Working with members of the public involves recognising the boundaries of professional practice which protect the integrity and commitment of the client/therapist relationship.

At all times members shall be fit to practise and be of good character. To conduct themselves in a manner that does not bring themselves, the BIH or the profession of Hypnotherapy into disrepute. Members of the BIH agree to adhere to the Code at all times.

As a member you are expected to maintain and update your skills by undertaking CPD on an annual basis. As well as having in place, current and appropriate insurance to work with members of the public. The BIH management actively monitors both requirements upon renewal of membership and those members who do not meet these requirements risk removal from the practitioner register. Members are also expected to cooperate when asked to give information that helps the management team perform it's function.

As a member it is in your best interests and the interests of your clients, to familiarise yourself with the contents of this Code. You are also required to keep a copy at your place of work, available for inspection by any client who requests it. You are encouraged to give a copy to each client to highlight and communicate the professional standards that you adhere to.

The purpose of the BIH Code is to help clients understand the quality of care they are entitled to receive from members. For members, the Code sets out the standards they will be measured against if BIH management receives a complaint about them.

Because the BIH has a policy of seeking to improve standards of professional practice across time, this document may be subject to alteration or amendment if it is in the interests of the public good and the membership as a whole.

## BIH Code of Ethics, Conduct & Best Practice

- 1** Client confidentiality must be observed at all times.  
The only exceptions to this are:
  - a** when full consent is given or there is a legal requirement to do so for the purpose of criminal proceedings.
  - b** when not disclosed, leads to the harm of the client by the client or others.
  - c** the sharing of information with professional colleagues undergoing supervision, may be necessary. However, in this case the client's anonymity must be safeguarded.
- 2** BIH members have the responsibility to provide a service to their clients in a climate of respect for the client's needs, their human rights, and promote dignity, integrity, equanimity, understanding and compassion. No member may discriminate against a client on grounds of race, colour, gender, political or religious belief, social standing or handicap.
- 3** All members have a duty to put the welfare of their clients first. This includes identifying when it is appropriate and necessary for another person to be present when members are assessing or caring for a client and to make the appropriate arrangements for this to happen. This also includes cooperating with colleagues and other professionals, in order to achieve positive outcomes for the client. In the event of any difficulty arising where it would be in the best interests of the client to receive medical assistance, or if there is a conflict of interests within the therapeutic relationship, or for any other reason where the therapist feels unable to operate within the field of his/her competency, the client must be referred to an appropriate health care professional at the earliest opportunity. After ensuring the withdrawal of services does not put the client at unnecessary risk.
- 4** The client has a right to be involved in the decisions about their own care. Members will provide effective communication at all times and in a professional manner when assessing the health needs of the client and obtaining a case history.
- 5** Providing a good standard of practise and care includes planning care and communicating the care in writing from discussions with the client. Care planning will include reviewing progress whilst in your care and to modify the plan of care when necessary. The care a member provides must be based on the best available evidence from research, the values of the client and the expertise of the member. The care a member provides will be based upon the client's needs and is that to which they actively consent. Treatment should not be prolonged beyond a time that is relevant to the needs, wishes and well-being of the client. Extreme care and professional competence must be exercised by those members who use regression or past life regression as part of any treatment. To guard against the risk of false memory recall, known as False Memory Syndrome. A practitioner must not deliberately lead, or prompt a client to search for evidence of abuse simply to satisfy the belief of the practitioner that it exists.

- 6** Members must not abuse the trust placed in them by a person seeking their assistance, or by abusing their position as a practitioner member. Condoning any behaviour which construed as taking advantage of their position for financial rewards in excess of the fees that would normally be charged. Nor shall any member abuse the trust by encouraging a relationship to develop beyond the therapeutic requirement, or for sexual favour or personal gratification, or which in any other way is likely to cause distress. It is acknowledged that strong feelings sometimes occur between the client and the therapist, but these must be approached in a responsible and professional manner by the member and not be allowed to undermine the therapeutic relationship. All members have a duty to establish and maintain clear sexual boundaries between themselves and the client. It is the responsibility of the member to maintain the professional therapeutic relationship at all times.

Particular care must be taken by members when dealing with persons under the age of 16 and vulnerable adults. The consent of a parent or guardian should be sought in writing prior to the commencement of treatment. Whilst the therapist's discretion must be relied upon it is best practise to have an appropriate third party in attendance during consultations.

- 7** All members must be aware of the importance of ongoing study and self improvement to maintain a level of competence, which keeps pace with the constantly evolving field of Hypnotherapy, Psychotherapy & NLP. This includes attendance at seminars, workshops, professional supervision, research, additional training to develop new skill sets.

The BIH requires a minimum 15 hours per annum in order to renew membership and comply with CPD guidelines identified by UKCHO & CNHC. For newly qualified Licentiate members, a mandatory period of 3 years supervision is required and renewal of annual membership is dependent upon this. Supervision can constitute the CPD requirement as a standard of professional development.

- 8** It is expected of all members conduct their businesses with members of the public in a manner that is professional and beyond reproach.

**This includes:**

- a** Ensuring that premises or facilities are suitable for the safety and well being of the client, together with any third party who may accompany them. Taking into account any obligations they may have under the Health & Safety at Work Act which also includes the control of infection in the work place.
- b** Members must be covered by an appropriate policy for public liability and professional indemnity insurance in order to practice with members of the public. The insurance must be displayed at the place of work where it is visible to clients and anyone who has a right to inspect it.

- c** All advertising of businesses must adhere to British Advertising Standards Authority guidelines and any subsequent legislation. All marketing materials and websites may only make claims about qualification specific to the field which the practitioner is accredited. Claims regarding benefit of taking services, must be able to be substantiated. Exaggerated and/or misleading claims regarding treatment outcomes, is unethical and therefore a breach of the BIH Code; and unlawful and may form the basis of prosecution by the Trading Standards Authority.
  - d** Members should be aware of the importance of self monitoring to maintain their own health and well-being as they have a duty of care and responsibility towards the client. Members must seek assistance if they have any doubts about their own well-being. Or if they discover unresolved issues which influences the work with clients. This needs to be addressed directly via supervision. It is a requirement that members make arrangements to take 1-2-1 or peer group supervision regardless of membership status.
  - 9** No member may take part in, condone the use of, or practice hypnosis for the purpose of entertainment e.g. stage or cabaret hypnosis. However, the use of hypnosis in a clinical or lecture demonstration, to purely educate via demonstration, is acceptable.
  - 10** Members must keep adequate records in a way that safeguards the confidentiality of the therapist/client relationship. Records maintained on computer must be secure and conform to the requirements of the Data Protection Act of 1998 and any subsequent versions. Members need to register with the Information Commissioners Office (ICO) in order to store client data either electronically or in paper format. Audio or visual recordings of therapy sessions may only be made with the knowledge and consent of the client, only to be used as a source of reference by the therapist. If information and case histories obtained in this way are to be used for commercial purposes, it must be on the understanding that the client is in agreement with this and consent if given in writing. Members will keep case study notes for a minimum of 8 years and make it clear to clients how to access their notes after this time, on the retirement/death of the member.
  - 11** No member may practice if it is considered that their judgement is impaired through the use of drugs or alcohol, or if their mental state is such that they require extensive treatment/regular periods of hospitalisation as an in/out patient. Any breach of this bye-law will render that member liable to expulsion.
  - 12** Membership shall be suspended as a result of legal proceedings. If a member is convicted of a criminal offence they will be removed from the register. It is accepted that many traffic offences do not carry a criminal conviction and so are not included. However, some do and whilst these will be examined individually, as a general rule of thumb, a criminal conviction is recognised as a criminal conviction.
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- 13** It is expressly forbidden to use membership of the BIH in itself, as a qualification to practice. Any written or spoken word by a member which is intended to mislead the public in this way will result in the expulsion of that member.
- 14** All members shall provide a written copy of the BIH Complaints Procedure which is easily accessible to clients. Members must deal promptly and fairly with any complaint or claim made by a client and inform the client of their rights to refer any unresolved complaint to the BIH Complaints Officers.
- 15** Any member who has a complaint made against them which cannot be dealt with at source, by a member of the public or another member, must immediately inform the BIH Complaints Officer in confidence. The nature of the complaint needs to be given and the parties involved in the complaint. Failure to do so may prejudice his/her position in any subsequent proceedings. Members are also advised that they have a duty to inform the BIH, in confidence, and without malice, if they have just cause to doubt the professional behaviour of a fellow member.
- 16** In keeping with other registering organisations, the BIH has its own complaints procedure. All complaints are kept in strictest confidence but the BIH reserves the right to investigate complaints and, as mediator, to seek to achieve an outcome which is fair and just and where appropriate, instigate disciplinary action and/or expulsion of a member if s/he is in breach of the Code.
- 17** Members should also make themselves familiar with any obligations they may have under the Mental Health Act, 2007, and any subsequent legislation. The Mental Health Act 2007 (the 2007 Act) received Royal Assent on 19 July 2007. It amends the Mental Health Act 1983 (the 1983 Act), the Mental Capacity Act 2005 (MCA) and the Domestic Violence, Crime and Victims Act 2004.

**END**