

**BACP PPC Committee Meeting  
Thursday 4<sup>th</sup> July 2024  
MS Teams at 10:00hrs**

**Report Information**

<b>Meeting Date</b>	4 July 2024
<b>Venue</b>	Teams
<b>Confidential/Non-Confidential</b>	Confidential
<b>Author/Presenter</b>	Ruzina Miah, Governance Manager

**Purpose of the Report  
(Please tick all that apply)**

To obtain approval	✓	To canvas opinion	
For information/ to note	✓	Regulatory requirement	
To provide advice		To highlight any emerging risks	

**Summary of Report**

(Include key points and additional information as necessary regarding the purpose of the report.)

Minutes from the BACP PPC Committee Meeting held on 4<sup>th</sup> July 2024.

**Recommendations**  
The PPC Committee are invited to:

**Consider** and **approve** the minutes of the Meeting of the BACP PPC Committee Meeting on 4<sup>th</sup> July 2024 and **confirm** actions allocated at that meeting have been completed.

<b>BACP PPC Committee Meeting</b> <b>Thursday 4<sup>th</sup> July 2024</b> <b>MS Teams at 10:00 hrs</b>		
<b>Committee Members Present</b>	Marc Leppard	Chair of PPC and Trustee
	Ciaran Doyle	Committee Member
	Leon White	Committee Member
	Dr Paul Taylor	Committee Member
<b>BACP Staff Present</b>	Emma Hayes	Registrar
	Beckie Grace	Assistant Registrar
	Dr Phil James	CEO
	Dr Lisa Morrison Coulthard	Director of Professional standards, Policy and Research
	Ruzina Miah	Governance Manager
<b>Apologies</b>	Philip Matthews	Committee Member
	Judy White	Head of Governance

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 10:00 - 12:30 hrs via Microsoft Teams

Chair: Marc Leppard  
 In attendance: PPC Committee Members and BACP Staff

Item No	General business
1.0	<b>Preliminary matters</b>
1.1	<p>Welcome, introductions, apologies and quoracy</p> <p>The Chair welcomed all in attendance. Apologies were noted from Philip Matthews and Judy White. The meeting was noted as quorate.</p>
1.2	<p>Declarations of interest</p> <p>No declarations of interest were made.</p>
1.3	<p>Minutes of last meeting held on 25 April 2024</p> <p>The minutes were agreed as an accurate record of the meeting.</p>
1.4	<p>Items requiring redaction in minutes of 25 April 2024</p> <p>It was clarified that, difficult conversations are the ones that need redacting to protect individuals. The primary concern was ensuring the protection of views, but beyond that, there were no other significant issues.</p>
1.5	<p>Matters arising and review of action tracker</p> <p>The actions marked as complete were agreed to be closed.</p> <p>DBS disclosures- The action should be updated to reflect that the paper was originally going to be presented at this meeting. However, it was decided to seek further advice, requiring additional work to be done on it. As a result, the paper will now be presented at the October meeting.</p> <p>Expanding the risk register within the working group - The action was noted to be discussed later in the meeting. There was concern about how to integrate the risk structure into the wider corporate risk register. Upon reviewing the risks, it was observed that no ratings were visible. Therefore, understanding the perceived severity of these risks would be beneficial. Key risks that impact the public protection strategy may need to be escalated to the Committee for further review. This issue will be addressed as the report is examined.</p> <p>PPC TORs - The draft terms of reference for the PPC were reviewed, and several items were amended. The draft terms of reference were updated to include responsibilities related to the ethical framework and the accreditation of members. Additionally, responsibilities concerning the scope or membership in terms of fitness and propriety were incorporated.</p> <p>The revised terms of reference were then forwarded to the GRaN Committee for further review. It was anticipated that there would be minimal changes. However, it was noted that the Board</p>

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might consider whether a separate membership committee should be established and how limitations should be addressed.

It was observed that the PPC should focus on accreditation, fitness, propriety, and similar issues. Commercial matters, such as charging strategies that could impact member retention, were deemed outside the PPC's purview and should be addressed elsewhere within the organisation. The Board was expected to review these aspects, with the PPC involved only if competition or antitrust issues arose.

The Committee was asked to consider items that should be included in the terms of reference. A request was made to circulate the draft terms of reference to the Committee for review, allowing time for any major issues or additional discussion points to be identified before finalising the document.

International registrants - The paper on international registrants was being developed further and was expected to be submitted subsequently. Additionally, another paper, which was being prepared in collaboration with the CEO, was anticipated to be presented to the PPC and then the Board as part of the international membership strategy.

**Action 1: Registrar to circulate the amended draft PPC TORs to the Committee for review.**

**2.0 Briefing and Reports**

**2.1 Register Development Report**

The Registrar spoke her report on the activity that is ongoing within the Register Department which contributes to BACP's wider Public Protection remit.

PSA Targeted Review outcome

The outcome of the targeted review imposed several conditions, which were addressed by the deadline of June 28th. The PSA would review the evidence within 10 weeks and provide a report confirming whether the conditions had been met. If there were any queries or need for further evidence, the PSA would request it within this period.

PSA re-accreditation

The reaccreditation process was ongoing. The lengthy process had been underway since April, with final evidence collection being completed. Deadlines had shifted, with submission due on July 26th. The report, focusing on BACP's operational activities, would be shared with PPC and the Board before submission.

In addition to the reaccreditation application, other tasks included submitting the operational and practitioner risk registers and undergoing a professional conduct audit, which required deep dives into specific cases. The outcome would be known in three to five months and could result in either full approval, recommendations, or conditions set against accreditation status. The PSA attended to observe the Board.

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Practitioner risk register

The practitioner risk register was reviewed quarterly. The lead for this task suggested expanding the document with the working group made of BACP colleagues. However, it was decided to adhere to the PSA's required template. Instead, additional risks would be addressed through a separate mechanism. Preliminary work had begun to ensure that these risks were captured without altering the focus of the practitioner risk register. The latest version of the register, with changes highlighted, was appended to the paper, and the register would continue to be reviewed quarterly.

It was suggested to have a more detailed discussion on the risk register at the next meeting, focusing on the highest risks. A proposal was made to add a column indicating whether the PPC had reviewed each risk and confirmed the adequacy of control mechanisms. It was agreed that including such a column would improve assurance and align with standard risk management practices. This addition was considered acceptable and would be incorporated into the agenda for the next meeting, along with a review of the terms of reference.

It was noted that there was work needed to align the specific risk with the organisation's overall strategic risk register, which includes operational risks from various departments. The goal was to ensure formatting aligned with the Board's risk management approach. The need to potentially reformat the risk register to fit FRAPP requirements was also mentioned.

Case Management System

The case management system, which went live in May 2024, was purchased in 2022 but experienced delays due to the acquisition of the provider company. Despite the two-year delay, the system is now operational and offers process efficiency benefits. A major improvement is the introduction of closed communication between parties involved in complaints and staff, reducing reliance on email and minimising data breach risks. The system has already processed 27 complaints, and early feedback from the public has been positive. The system will be monitored, and any necessary adjustments will be made based on ongoing feedback.

NMC vs Sommerville

A recent case between the Nursing and Midwifery Council (NMC) and Mr. Somerville has set a precedent, classifying panel members who sit on fitness to practice and professional conduct panels as workers entitled to employment benefits like holiday pay. This change, which has been through all possible appeal courts, affects the entire health and social care sector, not just BACP. The risk is that these panel members may be perceived as lacking independence from their regulators.

The NMC has provided information to its panel members, and BACP is seeking legal advice to ensure compliance while maintaining the self-employed status for tax purposes. BACP has engaged with legal and tax specialists and is taking steps to address the implications. The issue is being monitored closely, and while it is expected to be manageable, it is important for stakeholders to be aware of these developments.

The legal advisors assessed the risk of a legal challenge regarding panel members' independence as relatively low. As long as the organisation maintains that panel members are not staff, and

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avoids any blurring of lines, it is believed that a court would uphold this position. The focus was on ensuring clear separation and compliance with the guidance provided by RSM.

Audit of decisions

A project began some time ago but did not progress as expected. By March 2023, it was noted that no routine audit mechanisms were in place for professional conduct decisions, which had been handled ad hoc and relied heavily on an associate solicitor. This was flagged as a concern, and a new approach was developed and approved by the PSA.

The new audit process included three sets of decisions to be reviewed, with some work already underway and solicitors engaged for further auditing. This involved examining decisions made at the assessment stage, where about 26 out of 50 to 60 monthly complaints were closed. While internal checks revealed no major issues, external oversight was deemed necessary to ensure proper review.

Independent Assessment Committee (IAC) Audit

The Independent Assessment Committee decided if allegations would proceed as practice reviews or disciplinary actions. An external service audited these low-risk decisions.

Concerns arose about potential bias due to the close relationship with Russell Cooke and Ward Hadaway. Though these firms were initially deemed suitable, their use would be evaluated to avoid perceived bias. Currently, Ward Hadaway gives post-decision advice, while Russell Cooke advises before decisions reach the Committee. The firms' independence would be reviewed to address any bias risks, with further discussions planned for October, including a review of the firms' roles and independence.

PSA - New Head of Accreditation

The head of accreditation at the PSA had transitioned to a new role as the Director of Policy and Communication. A new head of accreditation, previously with the General Dental Council, had been appointed. The team had not yet met the new appointee but anticipated doing so soon. This change was noted for informational purposes.

**Action 2: Assistant Registrar to incorporate a detailed discussion on the risk register into the agenda for the next meeting. The discussion to focus on the highest risks and include a review of the terms of reference. Additionally, a column indicating whether the PPC has reviewed each risk and confirmed the adequacy of control mechanisms to be added to the risk register.**

2.2

Register Operational Report

The Assistant Registrar presented the Register the Operational Report which highlighted the key performance indicators which demonstrate the effective delivery of key services within BACP's Register Department.

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There were no operational challenges noted. The primary message was to address the increasing volume of enquiries and to consider improving the messaging and promotion of the "Get Help" service. Despite the year-on-year growth, the service was still managing within the SLA.

No issues in compliance with the audit process reported. Members who failed to comply were given notice but in this period had all complied by the required date. The process remained effective, with referrals to professional conduct occurring if compliance was not met within approximately two to three months.

**2.3 Reasonable Adjustments Policy**

The Registrar identified a gap in having a unified policy for reasonable adjustments for members and the public, despite having mechanisms in place. While the professional standards team and other departments already support members and the public on a case-by-case basis, an overarching policy was lacking. A new policy was proposed to standardise the approach across all departments without introducing operational changes. The policy would not require medical certification for adjustments but would ensure consistent handling of requests.

**The Committee agreed to recommend to the Board the adoption of the Reasonable Adjustments Policy.**

**2.4 Complaints Review**

There were 244 active complaints, covering all stages from assessment to resolution. Comparing year-on-year figures, there was a slight increase in new complaints from 105 (April-June last year) to 109 (April-June this year), representing a 3.7% rise. While this increase was not concerning, there were notable fluctuations in complaint volumes, with peaks and troughs observed throughout the year, including a particularly high March and a lower April.

Four cases were over the 12-month period, listed in the appendix. Though the progress was better than earlier in the year, continued efforts were needed to manage complaints within the published timelines.

There was a suggestion about improving the report by highlighting key themes and trends in complaints. It was suggested to include details such as the percentage of complaints against new members within their first year and whether this indicates issues with the accreditation process or support for new members. Additionally, there was interest in understanding the depth of the audit process, including areas of inquiry and whether former clients were sampled, while maintaining confidentiality.

**3.0 Updates**

**3.1 Ethical Framework Update**

The review of the ethical framework was ongoing, with recent developments including the Board's approval of a position statement on gender identity. This statement established

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expectations for members regarding the treatment of clients regardless of gender identity, emphasizing that personal beliefs should not impact professional conduct. The update aimed to address concerns about discriminatory or offensive comments related to gender identity and ensure that all members adhere to respectful behavior. The agreed position statement, supported by legal advice, would be reflected in updated gender, sexual and relationships diversity guidance as well as in the Ethical Framework review. Additionally, it was noted that that verbal abuse or harassment, including the use of transphobic language, would be treated as a serious professional conduct issue.

The Committee suggested that the document should be detailed but not overly lengthy. The updated framework was expected to return to the Committee in June and then be presented to the Board.

3.2 PSA review /responses update

This item was discussed in 2.1 Register Development Report.

3.3 Update on SCoPED

The Director of Professional Standards, Policy and Research presented the SCoPED update to update the Committee on the progress of the workstreams on the transition towards the full integration of the SCoPED framework in February 2026. The report aimed to provide advanced notification of the SCoPED aligned accreditation schemes and routes requiring consideration, approval referral to the Board at the September meeting. The approval of these schemes and routes is time critical for the delivery of full SCoPED implementation by February 2026.

The Committee was informed that new routes to recognition under the SCoPED framework would be presented for scrutiny in early September. These routes, developed over 18 months, focused on recognising training, qualifications, and competencies on an individual basis through Recognition of Prior Learning (RPL). The routes aimed to provide flexibility for members seeking recognition across various columns and address concerns related to senior accreditation. They represented a significant step forward in individual accreditation and the implementation of the SCoPED framework.

Developed with input from the head of professional standards, a clinical group, and an expert reference group, these routes had undergone extensive scrutiny. Their approval was crucial for the development of online provisions. The Committee was given advanced notice rather than requiring in-depth discussion at this stage, with further scrutiny expected in September. Concerns about resource requirements and potential financial burdens for members were acknowledged. The routes were expected to be reviewed by the Committee before the Board meeting in September.

**Action 3: Governance to arrange PPC meeting in September 2024, for the SCoPED paper, to ensure the Committee could review and provide feedback on the routes to recognition under the SCoPED framework before the Board meeting.**



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3.4

EDI update

The Registrar presented the paper on EDI data and analysis summary for information and monitoring purposes.

They undertook work as recommended by the PPC to review the EDI of panel members and chairs. This allowed reflection on recruitment practices, which were based on experience and expertise, with random allocation to panels. The review highlighted issues such as a predominance of women over men and a higher proportion of white members than anticipated, both at around 56%. There are plans to recruit chairs and panel members by mid-2025 to cover normal attrition. Additionally, no chairs or panel members were under 45, with some indicating they would step down next year. Recruitment had been through internal channels, but they planned to diversify their approach to reach a broader audience. Opportunities to improve and diversify recruitment were identified, and there was agreement on the aspiration to match societal standards and publicly declare this aim as part of the Public Protection Strategy.

EDI Strategy Implementation Progress Report

The Director of Professional Standards, Policy and Research presented this report which gave a narrative update on the implementation of the EDI Strategy and specific aspects that are of key relevance to PPC. The report covered the period of three months in Q1 2024.

Development in this area had been under-resourced due to the departure of two key personnel, but a new operations manager was appointed to start within four weeks. Key actions included supporting new members with individual accreditation, embedding EDI elements in course documentation, appointing additional accreditation assessors, and progressing a bursaries pilot for counselling and psychotherapy training. Plans were also in place to reintroduce a mentoring scheme. A review will be conducted of the five-year strategy's goals to ensure they remain relevant, with a senior EDI lead expected to be appointed by the end of the year.

The Committee discussed recruiting new members, emphasising the importance of considering both skill and diversity in the recruitment process. They suggested incorporating this focus into the Committee recruitment process and discussed the significance of the recruitment panel. They also mentioned the idea of creating a pathway to Board or Committee roles to increase diversity and establish a pipeline.

3.5

Boundary Violations

The Assistant Registrar present the report on Boundary Violations which explained the various aspects of boundary violations in respect of members' behaviour.

The report summarised two years of work categorising enquiries and complaints within BACP. Prior to this there had been a lack of unified approach, prompting the Register team to create categories for issues, focusing on boundaries. The Get Help and ethics teams, who handle client and member enquiries, will use these categories, with the Professional Conduct team to begin using shortly.

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Key findings showed 45% of enquiries to the Get Help service involved boundaries, while only 3% of ethics team enquiries did. Main concerns included therapist behaviour and relationships. The professional conduct team will use a separate category for urgent sexual allegations. The categorisation process will continue to evolve for improvement.

During the discussion, a Committee member asked about the potential use of the categorisation system for training purposes of contractors involved in the Register processes. They suggested that the detailed examples of boundary issues could be valuable for new contractors who don't have a therapeutic background.

In response, it was acknowledged that the categorisation system was designed with some explanatory narratives, but this will be kept under review and adapted where necessary. The intention is to provide an overview to professional conduct staff, prior to their adoption of the framework, to aid in understanding and applying the categories effectively. The committee also considered revisiting the training approach in the future to ensure it aligns with evolving needs and processes.

During the discussion, members reflected on the value of the data concerning enquiries and complaints. One member noted the potential for using this data to influence continuing professional development (CPD) and training. They suggested that aligning the ethical framework with the data could improve cohesion between reporting and expectations.

Another member highlighted the discrepancies between how members seek ethical guidance and the issues reported, particularly regarding dual relationships. They proposed that sharing this data could prompt self-reflection among practitioners and suggested considering how to effectively communicate these insights to stakeholders.

During the discussion, several key points were raised. One member questioned whether new position statements, such as those on transgender issues, should introduce separate categories or be included as subcategories. They also suggested enhancing communication by including case studies in the annual report to help members understand common issues and lessons learned.

The importance of balancing a static ethical framework with supplementary guidance that can be updated regularly to reflect changes in practices and legislation was emphasised. They cautioned that while guidance is useful, it cannot be used for disciplinary actions, and thus any emerging trends should be reflected in the ethical framework to maintain enforceability and clarity.

It was noted that a piece of work done in early 2023, based on 2022 data, identified six key themes in complaints, leading to the creation of resources titled "What Complaints Tell Us." These resources, including blogs and thematic reviews, focused on issues like contracting and confidentiality and are open access on the website.

Plans were mentioned to release a new blog based on data from January to June 2024 using the information from Professional Conduct notices page on the website while ensuring anonymity.

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The intention was to provide accessible, concise summaries for members and the public, linking to additional resources. The importance of addressing themes, such as judgmental behaviour, in future reports was emphasised, with a suggestion to include such themes in the upcoming reports to enhance understanding.

The discussion centred on how often to review and present reports on these themes. There was a preference for continuing to examine boundary violations but avoiding overly lengthy reports. The suggestion was to include themes and trends in future reports and review them in six months.

**Action 4: Boundary violations to be reported on a six-monthly basis and to be added as a six-monthly agenda item.**

3.6 Safeguarding of members

The Safeguarding Lead presented the Safeguarding Report providing an overview regarding the number and nature of safeguarding concerns since January 2023, with a breakdown of concerns raised in the last six months.

The discussion focused on the implementation and effectiveness of a safeguarding policy launched in 2022. The policy was now well-integrated into daily operations, with staff trained and familiar with the procedures. On average, three concerns were raised weekly, primarily by members. Although safeguarding had always been part of the organization's practices, the new policies and triaging procedures improved the handling of concerns.

There were some challenges, including the potential loss of a key staff member who had been instrumental in managing initial referrals and concerns. Recommendations included considering staff payment and recruitment to support the safeguarding team.

Additionally, efforts were being made to compile a comprehensive resource on support services across different regions, acknowledging the varying legalities in the UK's devolved nations. The intention was to create a useful web page for signposting support and to seek feedback to refine it further.

There was a suggestion to consider whether oversight should fall under the PPC or FRAPP Committee. There was a preference for starting with a six-monthly report, considering the importance of safeguarding, but also a recognition of the need to coordinate with other relevant Committees and trustees. The lead trustee for safeguarding might have differing views, requiring a collaborative approach.

It was noted that regular meetings with the lead trustee would ensure consistent reporting. The consensus was to supplement frequent updates to the lead trustee with semi-annual reports to the Committee. The discussion concluded with an emphasis on maintaining communication and ensuring the Committee remained well-informed on safeguarding issues.

4.0 AOB

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4.1 The Chair reflected on the changes observed in reporting. A shift from data-focused reporting to more thematic issues was noted and the Chair expressed hope that Committee members felt the direction was correct. The improved quality of reporting and insights received was acknowledged, extending thanks to the staff involved for their contributions.

**5.0 2024 meetings**

5.1 The dates of the next meeting were noted as:

04th October 2024  
13th February 2025

**Meeting closed: 12:35 hrs**

**Summary of actions**

Action No.	Agenda Item	Actions
1	1.5	Registrar to circulate the amended draft PPC TORs to the Committee for review.
2	2.1	Assistant Registrar to incorporate a detailed discussion on the risk register into the agenda for the next meeting. The discussion to focus on the highest risks and include a review of the terms of reference. Additionally, a column indicating whether the PPC has reviewed each risk and confirmed the adequacy of control mechanisms to be added to the risk register.
3	3.3	Governance to arrange PPC meeting in September 2024, for the SCoPEd paper, to ensure the Committee could review and provide feedback on the routes to recognition under the SCoPEd framework before the Board meeting.
4	3.5	Boundary violations to be reported on a six-monthly basis and to be added as a six-monthly agenda item.

**Recommendations**

Number.	Agenda Item	Recommendation
1	2.3	The Committee agreed to recommend to the Board the adoption of the Reasonable Adjustments Policy.

Approved by Chair Marc Leppard on behalf of the Committee	
Date	