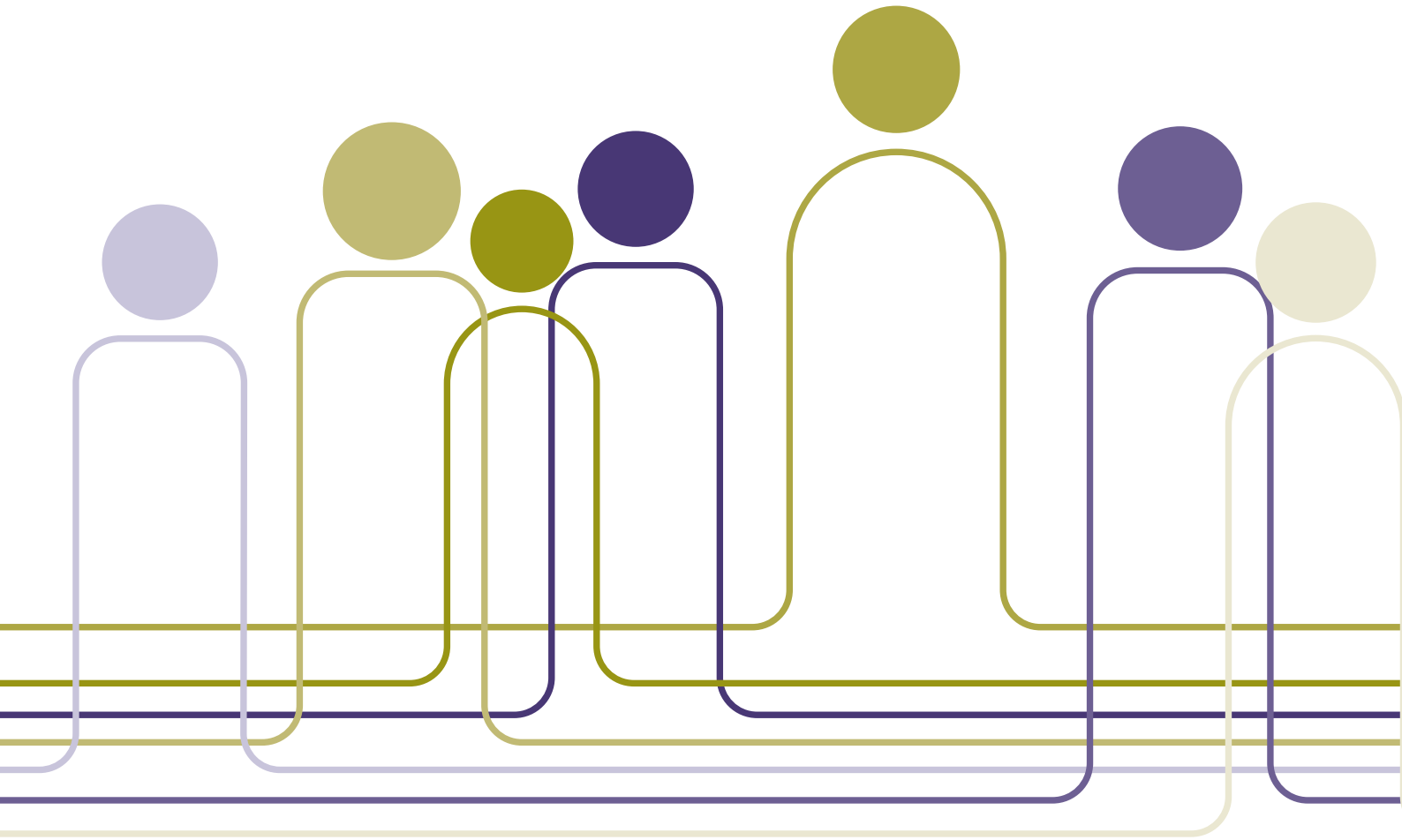
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007

Fitness to practise in the counselling professions



Fact sheet

Ethics in Practice

Ethics in Practice 007
Fact Sheet

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Using Fact Sheet resources

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In this resource, the term 'practitioner' is used generically in a wider sense, to include the practice of counselling, psychotherapy, coaching and pastoral care. The terms 'therapist' or 'counsellor' are used to refer to those trained specifically as psychotherapists and counsellors.

1 Introduction

Being considered fit to practise as a therapist is an ongoing state rather than a fixed point. Our fitness may change at any time. There are multiple factors involved, any of which may shift as our personal and professional lives evolve. Judgments on our current state of fitness may be clear cut or incredibly nuanced. We may easily be able to spot when we are at risk, or at times it may be those around us who notice the signs before we do. It is vital therefore that practitioners include the monitoring of their fitness to practise as part of their ongoing ethical commitment to their clients, their colleagues and themselves.

This resource begins with an overview of issues around fitness to practise, including the introduction of three core components to consider. Section 2 moves to examine fitness to practise in relation to the ethical principles and core responsibilities in more detail. Then, there is opportunity in section 3 to apply this learning to your own practice, and reflect on how the points raised in this resource relate to your own work, using the case study and points for reflection. It may be helpful to have a copy of the *Ethical Framework* alongside you as you read this resource. And as fitness to practise is closely linked to practitioner self-care, it would be useful to consider your own self-care in relation to practice while you read this resource. There are also resources on self-care on the BACP website.

A useful way to reflect on fitness to practise is by considering three components:

a. our *wellbeing* (state of feeling healthy and happy)

b. our *competence* (the ability to do something well)

c. our *conduct* (behaviour).

The commitment to monitoring these transcends the modalities in which we work, and while the term 'fitness to practise' is not used explicitly in the *Ethical Framework*, by agreeing to abide by the principles and core responsibilities outlined, we commit to making these a core element of our ethical practice.

Any practitioner may be vulnerable to mistakes, or be revealed to have a blind spot around their fitness to practise.

However by prioritising and monitoring ourselves, we reduce the possibility we may have negative impact on clients, supervisees, colleagues, trainees, the counselling professions and ourselves. You can see examples of this potential impact on the BACP website at *Competence and Fitness to Practise – what complaints tell us* (www.bacp.co.uk/about-us/protecting-the-public/professional-conduct/what-complaints-tell-us/competence).

2 Fitness to practise

In this section we reflect on what makes up our fitness to practise, what monitoring it might include and what to consider if we need to take action. We will also consider fitness to practise in relation to the *Ethical Framework*, specifically our Ethical Principles and Core Responsibilities.

While many of our core responsibilities can be applied to fitness to practise, in particular section 2.3 of the *Ethical Framework* (2026) compels us to maintain our health and wellbeing (Core Responsibility 2.3). To achieve this, we must:

a) monitor and respond to our psychological and physical health needs.

b) ensure we are sufficiently resilient to undertake work with the people using our services.

c) seek appropriately qualified and experienced professional support and services as required.

2.1 Components of fitness to practise

These three components of fitness to practise are a useful focus when considering our current position.

Wellbeing

Wellbeing is shaped through the interplay of our physical, emotional, psychological, social and spiritual parts. Each of these parts influence and respond to one another creating a unique set of needs for us as individuals.

These needs will be different in different phases of our lives when we experience different circumstances, different relationships and different pressures. These may include ill health, bereavement, relationship rupture, caring roles, workplace strain or redundancy, or financial stressors. Within the wider turbulence of contemporary social and political life, as practitioners we can also become more vulnerable to existential strain and shifts in mental health. While such periods do not automatically render us unfit to practise, we should take time for reflection on our resilience and wellbeing as a whole, not just the immediate problem (Core Responsibility 2.3). Some important questions to ask ourselves are: What gaps are there in our emotional or physical self-care? Do these gaps leave us vulnerable to reducing our fitness to practise? Do we use client work to fill those gaps?

The *Ethical Framework* reminds us of the need to work collaboratively, and this might mean drawing on our support networks to monitor and make decisions about wellbeing (Core Responsibility 2.3). Given the counselling professions can be isolating, such networks will also contribute positively to the social aspects of our wellbeing. Such collaboration will be invaluable support should we need to step away from our practice suddenly because we're not well. As practitioners we need to ensure that we have sufficient arrangements in place, such as a clinical will (Core Responsibility 4.5).

Competence

As part of our ethical commitment, as practitioners we must be competent to carry out the work we are required to do. Competence is a developmental process that varies according to context, modality and culture. It differs from 'quality' (the extent to which a therapy is delivered well enough for it to achieve its expected effects).

There are a variety of ways competence can be considered; the main elements when monitoring fitness to practise are around training, such as any specialist training required in order to work with the client group in question, around our own personal values such as competence to work with different cultures and our understanding of intersectionality. Additionally, we need to be competent to complete the important administrative and legal processes required as part of our work in the counselling professions.

Training

Considering our commitment to competence in terms of training, we achieve this through our commitment to ongoing training (Core Responsibilities 2.4, 4.1), and to using supervision to monitor areas where development and additional support may be required (Core Responsibility 4.3).

Some examples from practice include:

- A counsellor experienced in working with adult clients would need additional training to work competently with children and young people
- A trainee counsellor who has only learnt about working in person would require additional knowledge and support if starting placement hours via an online platform
- A practitioner looking to expand their professional development may need additional supervisory support when first embedding a new tool or skill following CPD or a qualification.

Whatever our level of training in an area, we must provide an honest representation of what we can competently offer (Core Responsibilities 1.2, 2.1, 4.4).

Diversity, Equity, Inclusion and Belonging (DEIB)

Our competence should also be considered in terms of DEIB and anti-oppressive practice. Competence in this area is not just about our ability to work well technically, but also a willingness to embrace the wide range of humanity which our clients and colleagues bring.

DEIB is woven into the *Ethical Framework* from the start, with Core Responsibility 1.1 compelling us to treat people with respect and reminding us to:

d) make reasonable adjustments and ensure fair and impartial provision of services.

e) uphold people's right to dignity, respect and equality.

f) avoid making assumptions about people, recognising diversity and individual choice.

Closely linked to this is the reminder that we must do no harm to clients, including by trying to engage in therapy which aims at changing or suppressing gender or sexual identities (Core Responsibility 2.4). Indeed, Core Responsibility 4.4 asks us to treat people fairly, including understanding and complying with DEIB obligations in the Equality Act 2010, and avoiding discrimination.

Many resources to support this can be found on the BACP website, including a useful set of reflective questions around practitioner cultural identity and its impact on clients from Myira Khan (Anti-Oppressive Practice, *Private Practice* journal, June 2023) and a checklist of practitioner assumptions and competences around gender, sexual and relationship diversity (GSRD) from Silva Neves (The Big Issue: Are You GSRD Competent?, *Therapy Today*, June 2023). There is also the BACP resource EiP 001 *Gender, sexuality and relationship diversity* and an Ethics Essential resource on anti-oppressive practice (www.bacp.co.uk/events-and-resources/ethics-and-standards/ethical-framework-for-the-counselling-professions/ethics-essentials).

We must also monitor our fitness to practise in terms of competence with the administrative and legal processes required as part of the day-to-day practicalities of working as a counsellor. Competence in these areas will include sufficient knowledge around safeguarding (Core Responsibilities 2.4, 3.3), as well as the confidence to carry out the required processes. Legal responsibilities must be adequately attended to, such as adhering to GDPR or having the correct arrangements around tax and insurance (Core Responsibilities 3 and 4). Client records must be kept in good order, made available when needed, and confidentiality must be protected as well as adequate notes taken and retained appropriately (Core Responsibilities 1, 2 and 3) ensuring that all communication is respectful (Core Responsibility 1.1). In short, as practitioners we must be sufficiently competent with our administrative practices so as to adhere to the *Ethical Framework* and be considered fit to practise.

Monitoring our competence involves many elements. There will also be added demands for counselling trainees, trainers, supervisors and researchers within the counselling professions.

Additionally, it is not uncommon to take on work that seems to be within the areas and levels of our competence but that becomes more complex as sessions progress. The challenge here is to assess whether to stay with the work (perhaps increasing supervision, seeking specialist consultation or engaging with CPD) or refer the client to another practitioner with more experience in the field.

A foundation for competent practice has been put forward by Tim Bond (2015):

a. Know why you are doing or saying something to your client.

b. Be sure you are saying or doing what you intend.

c. Know what its effect is likely to be.

d. Adjust your interventions according to the client's actual response.

e. Review your practice regularly in supervision.

f. Develop strategies for keeping up to date and seek CPD opportunities.

g. Assess whether your level of skill is the same or better than that of other practitioners offering a service on similar terms or holding similar posts.

BACP members also have access to a number of competence frameworks and show the kinds of skills, training and expertise needed to work in particular contexts (see www.bacp.co.uk/events-and-resources/ethics-and-standards/competences-and-curricula for more information).

The 12 ethical principles outlined in the *Ethical Framework* are undermined if we as practitioners are not competent; see the Ethical Principles in a later section of this resource. In particular think about how the EF asks us to work collaboratively and to be transparent with the people we are working with about any limits to our competence. Using the ethical rationale in the *Ethical Framework* can help us demonstrate our thinking around this.

Conduct

A final component which impacts whether we can be considered fit to practise is our conduct. Are we acting ethically and lawfully, with honesty and integrity, within our professional therapeutic contexts and in the wider world?

As members of BACP we agree to commit to building appropriate relationships, and we do this by treating people with respect and working to keep all parties safe (Core Responsibilities 1 and 2).

This is often achieved by maintaining boundaries. By working within our agreed ethical boundaries for good practice, we ensure our clients are not taken advantage of or harmed (Core Responsibilities 1 and 2). Harm may be emotional, financial, physical or sexual. Indeed, Core Responsibility 1.3 explicitly prohibits sexual relationships between practitioners and those whom we have responsibility towards or hold power over.

Misconduct, sexual or otherwise, as well as harming the people we are working with, run the risk of bringing the counselling profession into disrepute and potentially undermining the public's trust in the profession were they to become aware. As practitioners we are, therefore, required to act in such a way to avoid any threat to the public perception of the profession (Core Responsibility 1.3).

In conclusion, fitness to practise involves our wellbeing, competence and conduct, all of which can act independently or impact each other. The *Ethical Framework* reflects this, through its principles and with many core responsibilities applicable to more than one component, showing fitness to practise runs through all threads of our practice and commitment.

2.2 Monitoring and taking action

Having established the importance of being fit to practise, we now address how to go about monitoring this and what action might then be required.

As professionals, we hold the primary responsibility for monitoring our fitness to practise (Core Responsibility 2.3). In addition to our self-reflection, there are many invaluable ways we can draw on those around us to assist, building a rounded picture of our current state of fitness.

Our use of supervision to monitor fitness is invaluable and personal therapy can be similarly enriching (Core Responsibilities 2 and 4), but invaluable feedback is also available from other sources such as colleagues, service feedback, and by reflecting on the ways our clients are speaking and responding to us. In addition, those in our lives outside work can be useful sources of information for reflection, perhaps seeing the knock-on effect of our work on us unpolluted from considering all the factors which can pull us towards maintaining our current working rhythm. In short, we have an ethical responsibility to monitor our practice, and the internal and external factors in the *Ethical Framework*'s rationale for ethical decision-making (BACP, 2026) can be drawn on here.

Decision-making

While 'unfit to practise' can sound judgmental or punitive, recognition that we are not currently fit to practise 'is a highly appropriate and professional activity' (Bond and Mitchels, 2015). Sometimes, this will be a clear decision, where we recognise and accept that due to the state of our wellbeing, competence or conduct, it would be unethical to continue practising as we are and we must take action to remedy this.

Sometimes the decision is taken out of our hands, such as the result of a complaints' process, or being removed from placement as a student. Situations such as these will be very difficult, so it remains important for us as practitioners to access the support necessary to maintain or regain equilibrium (Core Responsibility 2.3).

At times, however, judgments about being fit to practise may be more nuanced and require us to spend considerable time reflecting and monitoring ourselves and our circumstances. Working collaboratively with our support networks during this time is invaluable and ethically necessary (Core Responsibility 1.4). We should make use of the resources available to us, including supervision, personal therapy, self-reflection and decision-making resources such as the 'Rationale for Ethical Decision-Making tool and other resources on the BACP website, see www.bacp.co.uk/events-and-resources/ethics-and-standards/ethics-hub/decision-making-for-ethical-practice.

However we go about our decision-making process, it is important to keep records of this and also the decisions made (BACP, 2026 'collaborative process', Core Responsibility 1.4). Using the rationale for ethical decision-making can help us show how we have come to the decisions we have made (EF 2026).

Taking action

Following reflection on our fitness to practise, there may be a need for action to be taken. Sometimes, that action is out of the practitioner's hands, such as after a complaint or at times of serious illness but sometimes a range of action is available.

A practitioner may decide to:

- stop seeing clients for an agreed period of time
- modify work patterns
- see a limited number of clients
- carefully consider within supervision whether particular issues presented by clients are compounding any personal difficulties experienced by the practitioner

- engage with supportive CPD
- increase supervision
- have specialist or increased levels of supervision/consultation.

There may come a time when our wellbeing, be it physical or emotional, requires that we pause or even end our work. Where possible, such endings must be managed in such a way that any disruption to our clients is minimised. This is in line with the *Ethical Framework* requirement to treat others with respect (Core Responsibility 1.1) and to manage the end of our work appropriately (Core Responsibility 4.5). However, on occasion we may need to step away from our practice without warning; to prepare for such emergencies, practitioners should ensure they have a clinical will in place and have made arrangements for handover of any clinical responsibility (Core Responsibilities 4.3, 4.5).

In addition, stepping away from client work should be considered in terms of accountability, collaboration and self-disclosure.

Keeping in mind that the new *Ethical Framework* commits us to working collaboratively, dependent on the circumstances behind ending, as practitioners we will need to decide how much or little information to offer clients about the decision. We also need to think about whether any reparative action is required for the work which went before, such as an apology (Core Responsibilities 1.1, 1.2, 2.2), and what support the client might require as a result of such disclosures. Again remember that the rationale for ethical decision-making can help you in reaching and recording your decision.

2.3 Using supervision

Supervision is a core aspect of ethical practice, and a key requirement for BACP members (Core Responsibility 4.3). Supervision should be a place where the practitioner and supervisor work collaboratively to build a relationship which reflects the relational focus and ethical principles of the EF.

The normative, formative and restorative tasks of supervision (Inskipp and Proctor, 1995) all play a part in monitoring and maintaining a supervisee's fitness to practise.

The normative function is concerned with attending to professional and ethical guidelines, standards of practice, laws and so on, in part it:

a) protects the client from poor or malpractice

b) protects the reputation of the profession

c) helps the supervisee reflect on self-care.

This is particularly important during times of illness, personal crisis and so on, when a supervisor can help a practitioner assess their ability to practise ethically and safely.

Attending to skills and theoretical knowledge (the formative function) helps the supervisee develop and maintain their competence and identify areas for development or deficit (Core Responsibilities 2.1, 2.4, 4.1).

The restorative function helps the practitioner recharge batteries, dis-identify from the emotional charge of client work and attend to self-care (Core Responsibility 2.3). Whilst maintaining the boundary between therapy and supervision, it is beneficial to have discussions around the supervisee's current level of resilience and to make them a routine part of each supervision session.

Discussions around fitness to practise can work both ways, and it may be a supervisee who is concerned about their supervisor. In either case, there is a need for open and non-defensive communication, and both parties should aim to work collaboratively to resolve the ethical dilemmas or challenges monitoring may bring on a case-by-case basis (Core Responsibilities 1.1, 1.4, 4.1, 4.3).

The supervisory relationship 'can have long-term benefits if the incident can be addressed openly, or it can be the start of a negative spiral if avoided' (Henderson, 2009). This is one of the many reasons why building, looking after and monitoring the supervisory relationship are essential. There is a range of resources relating to supervision, which can be downloaded at: www.bacp.co.uk/membership/supervision.

2.4 Fitness to practise and the Ethical Principles

Given all we have reflected on in section 2, how might we consider fitness to practise in relation to the Ethical Principles? Some examples are as follows:

- **Confidentiality:** How might I make use of my support networks to obtain other people's observations of my fitness to practise and reflect collaboratively whilst ensuring I protect the confidentiality of my clients and others I work with?

- **Honesty:** Are there any areas of my practice I am avoiding facing honestly? Am I seeking to 'edit' the facts when considering my wellbeing, competence or conduct?

- **Transparency:** Am I bringing my full self, actions and emotional context to reflective discussions about my current fitness to practise?

- **Do no harm:** Have I taken time to consider the implications of my fitness to practise on others, whether that is clients, supervisees, colleagues, students or research participants, both at this current time and also in the future should areas challenging to my fitness remain unaddressed?

- **Best interest:** Do I currently have the resources, resilience and skills to prioritise clients' wellbeing, including sufficient mental resource to reflect sensitively on each client's individual needs, and the capacity to maintain any bespoke arrangements in our therapeutic work?

- **Respect:** Does my conduct support my clients to make their own decisions and act independently? Am I inserting myself unnecessarily into their lives or undermining their autonomy in any way?

- **Fairness:** Does my current awareness of difference allow all clients to be treated fairly, equitably and inclusively?

- **Anti-oppression:** Do I have sufficient mental and emotional energy to tend to relational power dynamics? And is my engagement with issues of DEIB sufficient to ensure relational power imbalances do not create or lead to marginalisation or minoritisation?

- **Trust:** Am I honouring the trust placed in me by my clients, or am I in any way using my power in the relationship for my own emotional, physical or financial gain?

- **Collaboration:** Am I working collaboratively with those around me to ensure I monitor my fitness and work in ethical partnership? Am I using all support networks available to me? How or should I collaborate with the people I work with over my fitness to practise?

- **Compassion:** Am I holding compassion and kindness at the core of all my work? This includes towards myself, especially if I might need to pause or end my work as a result of my lack of fitness to practise.

- **Integrity:** Am I embodying all the above ethical principles to ensure I act with integrity when considering my wellbeing, competence and conduct as a practitioner?

These principles are embedded within, and informed by, the Core responsibilities and Working ethically within relationships sections of the *Ethical Framework*.

3 Application to practice

The following section is aimed at translating the theory covered in this resource into practice with short case studies. It also gives you the opportunity to think about your own therapeutic practice by offering questions for you to reflect on.

This section introduces you to Thea, a counsellor in private practice. She is also in the middle of training to become a supervisor. You will read about a situation in which questions could be raised over Thea's fitness to practise. It will help to have the *Ethical Framework* with you as you read this resource, as the relevant sections are contained within brackets following each section. Questions for reflection regarding your own practice follow that you may wish to discuss with your supervisor or colleagues. Whilst this resource focuses on ethical thinking around fitness to practise, you may notice other ethical, legal or therapeutic issues that could usefully form the basis of supplementary thinking and discussion.

3.1 Case study – Thea

Thea is an experienced therapist, who works from home. She is in the process of completing a remote qualification to become a clinical supervisor. Her own supervisor, with whom Thea has just begun working, has been qualified in supervision for around a year.

As part of her supervision training Thea is required to undertake a number of hours of supervision practice. Luckily, one of her former colleagues has offered Thea the role of clinical supervisor at a counselling service they have established. Thea will be supervising the practice of counsellors and case workers within the service. To help with this work Thea intends to sign up to a digital notes and accounting system when she is able, but for now she is using her existing system comprising of a notebook for clinical notes and word processing app on her laptop for invoices.

As well as her busy work life, Thea is also raising young children. Recently she has also taken on caring responsibilities for her mother, who suffers from a chronic illness. Juggling all these responsibilities can be challenging, but Thea takes care to be organised and boundaried, and feels well supported by her family, friends and work colleagues.

A few months into Thea's supervision placement, she finds herself in session with Jakub, a case worker at the service. Jakub is struggling with the workload expected of him. He feels the way the service is run is a large factor in his unhappiness; he does not believe the manager, Thea's former colleague, is sufficiently competent for the job. Thea is aware she feels guilty for listening to the things being said about her friend, though she rationalises this by reminding herself she doesn't have to agree with them to support her supervisee, and that her friend must expect such feelings from others having now become a manager.

Just as the session with Jakub has ended, Thea's phone rings. It is her mother, wondering where Thea is, as she was due to take her to an important hospital appointment. Flustered, Thea reassures her mother she will be there as soon as she can. She hurries to her car and heads to her mother's house.

When Thea leaves the hospital a few hours later, she finds a voicemail on her phone. It is from her friend at the service. Did Thea know she had left her notebook behind, her colleague wonders? But don't worry, she has found it and will keep it safe. The voicemail continues: 'of course I did have to take a look to see who it belonged to, so I briefly read over the notes about Jakob. I can't believe he'd say such terrible things about me, he knows I'm doing my best!

I am sure you were going to tell me so I could do something about it, but now I know I'd better challenge him on it straight away. Don't want the staff feeling unhappy because of something that's not my fault!'.

3.2 What's my view?

Here we see a situation with a number of areas where fitness to practise can be considered, along with other areas of good practice, which raise questions for further reflection. First, we should think about Thea's wider context. While it is not uncommon for discussions of fitness to practise to be sparked by specific events, such as this one with Thea's notebook, it is always valuable to reflect on our whole selves as practitioners. This is because depletion occurring acutely in one area of life might have the same impact as a lesser depletion over many different areas. Furthermore, these smaller examples might be more difficult to spot if only considered in isolation. This is why the *Ethical Framework* compels us to monitor and take care of our health and wellbeing both physically and emotionally (Core Responsibility 2.3).

We know that Thea leads a busy life with pulls from different personal and professional directions. Is she practically able to devote sufficient time and attention to each strand to be able to tackle it well and, in the case of her work, do this ethically and competently (Core Responsibility 2.1, 2.3)? The fact that she has recently taken on caring duties for her mother could lead to added practical and emotional challenges for Thea, so did she weigh up the decision to begin a new qualification against the demands already being made on her (Core Responsibility 1.4)? We could perhaps assume she did, as we know she likes to be organised and boundaried, suggesting that reflection on how best to manage her time and wellbeing does form part of her approach to her work (Core Responsibility 2.3). In fact, we also learn she has recently been reflecting on her work balance and is prepared to make changes – here Thea is demonstrating the monitoring of fitness to practise required by the *Ethical Framework* (Core Responsibilities 2.3, 4.1). She is thinking about the future, but is she able to clearly see her fitness to practise in the present moment?

What we don't know is how much Thea draws on her support networks.

She has family and friends from whom she can obtain feedback about how she seems to be coping; and for reflecting on her work, she should draw on her supervisor, using sessions to monitor the ethics of her current working practices (Core Responsibilities 1.4, 2.3, 4.3). However, we also know her supervisor is fairly recently qualified in this role, and it is a new relationship, so are they able to give Thea the support she needs at this time in line with Core Responsibilities 1.2, 2.1 and 4.1? It should also be mentioned that Thea's supervisor also holds a responsibility to monitor their own fitness to practise, especially in regards to supervising someone in supervision training when they themselves are still building up their own experience in this area. Core Responsibility 2.3 also invites Thea to draw on the trainers running the supervision course for advice and support in judging her current levels of fitness, as well as attending personal therapy.

Let's consider some specifics of Thea's situation. She practises from her own home, and her supervision course is also offered remotely. Does working at home allow her sufficient emotional distance from her work at the end of the day? In addition, could it be that she has become accustomed to working at home and has not fully reflected on the best administration processes for this new role supervising at an external service (Core Responsibility 2.1)? Certainly we know she has been considering moving to an electronic system but what has prevented her? At times we have all felt we do not have the resources for changing how we do certain things, but if this decision has been made due to compromised wellbeing rather than because it is the best process, that perhaps calls into question Thea's competence and conduct in those moments (Core Responsibilities 2.3, 4.1).

Thea is the supervisor for the service, but we do not know exactly what that entails. She supervises counsellors and case workers but two questions could be asked when considering her fitness to practise. Firstly, how many people is she agreeing to work with and does she have the mental and practical capacity to offer every one of them the same level of care and competence, especially in addition to her existing caseload (Core Responsibility 2.3, Ethical Principles; Fairness)?

The second question is around the case workers; what does their role entail and what additional training or information might Thea require to ethically support their work? Has she reflected and acted on this sufficiently to be considered competent (Core Responsibilities 1.4, 2.1, 4.1)?

Then, let us consider the specifics of the situation with Jakub. Take Thea's reaction to Jakub's unhappiness with the service manager. The material resonates with Thea, and this is a particularly draining period, so we could expect that Thea might need to expend some additional energy to hold boundaries and stay focused on the client's voice, and not get lost in how it relates to her own current circumstances. Does she have that energy to do this right now (Core Responsibility 2.3)?

Secondly, Jakub is expressing resentment and doubt about the competence of Thea's friend, the service manager. This is making Thea uncomfortable – is she able to hold back her own feelings about what Jakub is saying or will her responses to him be impeded because of her relationship with the manager? Given the friendship and Thea's current busy schedule, did she take time to reflect on how she might react if this situation were to arise and whether she would have the resources to separate her personal and professional responses in the moment? As an aside, there is also the question of informed consent and whether Thea's supervisees are aware of her friendship with their manager, which might influence their engagement with supervision (Core Responsibilities 1.1, 1.3, 1.4).

When Thea's mother calls, it appears Thea has misjudged her capacity to fulfil all her commitments. This might indicate issues of competence and conduct in continuing to run a busy practice at this time of being stretched thin, closely linked to concerns about Thea's overall wellbeing (Core Responsibility 2.3). In rushing off to the appointment, Thea forgets her notebook. All practitioners are vulnerable to moments of mistakes, however, confidentiality is one of the top considerations for the counselling professions (Core Responsibility 3.1,Ethical Principles) so the implications here are serious.

Firstly, Jakub's confidentiality has been compromised (Thea is required to be accountable to him for this, including offering an apology if required (Core Responsibility 2.2, Ethical Principles; Transparency). Will she have sufficient resilience and energy to do this, and to gently hold whatever his reaction might be (Core Responsibility 1.4)?

Then, let's consider the boundaries of Thea's role as supervisor. The service manager seems to believe she has the right to speak to Jakub about material disclosed in his supervision session, so what were the agreed limits of confidentiality for sessions where an employer is paying for them? Thea has not worked with third party payments before in this way, so has she acted competently in how she set up the arrangement, and created her contract for both the service and supervisees to agree to? In short, are all parties clear on who is allowed to know what before the work even began, a key principle of informed consent (Core Responsibility 3.1, Ethical Principles; Transparency, Respect, Collaboration)?

A final point to consider is the conduct of the service manager. While we do not know what has been agreed, given the centrality of confidentiality within the counselling professions we might be concerned by the manager's planned defence of herself (Core Responsibility 3.1). Consider too the original complaint by Jakub, that the manager is not competent to run the service, and it could perhaps be the case that concerns about the manager's fitness to practise could be raised. Would Thea have the resources to address this, especially given the existing friendship?

3.3 Questions for reflection

a) How do you monitor your fitness to practise? For example, what would tell you that you were working beyond your current competence? Where do you 'draw the line' regarding illness?

b) What is the right balance for you if you are juggling different roles e.g. how many hours with supervisees vs time with clients, trainees, case workers, for research?

c) Or are there certain presenting issues which sap your resources in a different way than other issues, requiring greater attention to caseload balance? These might include bereavement, sexual abuse, addiction, gender dynamics and existential state-of-the-world content.

d) Do you have a clinical will in place should you need to step away from practice suddenly?

e) If you had to challenge someone's fitness to practise, what personal and professional factors might stand in your way? How could you address this?

f) Thinking about the relationship between you and your supervisor or manager, how easily are you able to share concerns about your fitness to practise? What if you felt uneasy about their fitness to practise?

g) What is currently the biggest threat to your fitness to practise, and how might you monitor that going forward?

In summary;

- Fitness to practise includes our wellbeing, competence and conduct.
- When we cannot work effectively and safely we must exercise the 'highly appropriate and professional activity' of recognising that we are currently not fit to practise (Bond and Mitchels, 2015).
- If we do not monitor and attend to our fitness to practise, we put at risk clients, supervisees, colleagues, trainees, the counselling professions and ourselves.
- A decision-making process can help us find a way through what might feel like a complex situation regarding fitness to practise.
- Subsequent options available will depend on the nature of the 'fitness' issue and who makes the decision.
- While, primarily, we are responsible for monitoring our own fitness to practise, the normative, formative and restorative tasks of supervision help oversee and maintain a supervisee's fitness to practise.
- We share responsibility with BACP members for the safety and wellbeing of all clients and their protection from exploitation or unsafe practice.

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Further reading

You will find a suite of resources on the BACP website, including resources on ethics, good practice and competence criteria.