[TEMPLATE] INSTRUCTIONS TO PROFESSIONAL TRUSTEES

1. These Instructions to Professional Trustees record the agreement between us for the appointment of [insert details including name, telephone numbers and email address] to act as my first Professional Trustee, together with [insert details including name, telephone numbers and email address] as second Professional Trustee, of my psychotherapy practice and my supervisory practice.

2. The ethical background to these Instructions to Professional Trustees is my recognition of my responsibility to seek to reduce the risk of harm to my patients in the event of becoming unable to communicate directly with them, in particular, as a result of incapacity or serious illness or death affecting myself or close family members.

3. Patient List, Supervisee List and Access Document

I attach to these Instructions to Professional Trustees the following:

(1) a dated list ('**the Patient List'**) identifying:

(a) my current patients, including their contact details, the day(s) and time(s) of their sessions and the duration of the work to date, details of the practice location where we meet and whether we work face-to-face or on the telephone or by video-link, levels of frequency, any concerns regarding risk or safeguarding including any contact with mental health or social care services; and the identity and contact details of any relevant psychiatric or other mental health professional;

(b) any past patients to be contacted in the event of my death, including their contact details and the duration of the work;

(c) the identity and contact details of my supervisor(s) and clinical practice manager(s) for all patients and all relevant practice locations;

(2) a list ('**the Supervisee List'**) identifying my current supervisees, including their contact details, the day(s) and time(s) of supervision and details of the practice location where we meet;

(3) a document ('**the Access Document'**) specifying in detail how (in the event of incapacity, serious illness or death) my Professional Trustees might verify the completeness and accuracy of the Patient List and Supervisee List and access communications from patients and supervisees, including:

(a) Where up-to-date patient and supervisee details are kept (whether in hard-copy, on a computer's hard drive or other local storage device, or in a remote database) and/or any relevant computer or encryption or device passwords;

(b) How those up-to-date details might be accessed, including at least 2 people within my family or professional or friendship network to contact to obtain access to any physical location where they might be stored and/or the location of any keys to relevant premises and/or any relevant computer or encryption or device passwords;

(c) Instructions to enable my Professional Trustees to access voicemail messages left by patients or supervisees on my landline and/or mobile telephone and emails from patients or supervisees to my email address.

4. My undertakings:

I undertake:

(1) To provide a copy of these Instructions to Professional Trustees and Access Document (excluding my Patient List and Supervisee List) to the person/people within my family or professional or friendship network referred to in 3 above;

(2) To request the person/people identified in 3 above to notify my Professional Trustees as a matter of urgency in the event of my incapacity, serious illness or death and to assist them to obtain any information they need;

(3) Every 6 months to update and provide to my Professional Trustees an updated version of my Patient List, Supervisee List and Access Document UNLESS at the end of any 6-month period either the Patient List or Supervisee List or the Access Document provided 6 months previously does not require to be updated, in which case I will notify my Professional Trustees of this fact;

(4) To maintain an Active Patient List and an Active Supervisee List which accurately reflect my current practice and can be referred to for the up-to-date information referred to in 3 above.

5. Professional Trustees' undertakings:

(1) To collaborate with each other in order to discharge the responsibilities described below;

(2) To keep secure and confidential the Patient List, Supervisee List and Access Document and to destroy them securely when no longer needed;

(3) Upon being notified of my serious incapacitating illness or death, promptly to notify my unavailability to: (a) my patients; (b) my supervisees; (c) my supervisor(s); (d) any psychiatrist(s) or other mental health professional or social care worker(s) identified in my Patient List; (e) any clinical practice managers identified in my Patient List; (f) the Head of Counselling [insert details] in the counselling service where I work [insert details]; (g) the training institution(s) [insert details] where I have training responsibilities and their training director(s) [insert details]; and (h) [insert details] for whom I have agreed to act as their Professional Trustee.

(4) Regarding my patients specifically:

(a) To liaise with my supervisor regarding how best to support and communicate with each of them in the events which have happened.

(b) To exercise their own clinical judgment in liaison with my supervisor regarding the content of their communications with my patients having regard to my wishes expressed below:

(i) In the case of serious illness, to provide basic information regarding that illness (e.g., “they have had to stop working because they are very ill”.

(ii) In the case of death, to provide basic information regarding the cause of death.

(iii) To keep confidential my home address, any relevant hospital address, and the existence and identity of family members.

(iv) To advise, if the question is asked, that any funeral service or memorial service will/will not be private.

(v) In the event of death or serious illness of a family member affecting my Fitness to Practise, to advise my patients and supervisees that I am “unable to work owing to a family situation” and offer to update them with a further telephone call in due course, such weekly update (by telephone or letter or email) to be repeated for as long as may be necessary in the circumstances.

(c) To provide my patients with their contact details; to invite my patients to meet with them; if they are undecided about that, to offer to telephone again or text or email in due course, that invitation to be repeated for as long as appropriate in the circumstances.

(d) Whether at a later meeting or during a later telephone conversation or email exchange, to invite my patients to consider their future in light of my unavailability and help them to consider the possibility of a referral to another psychoanalytic or psychodynamic psychotherapist, making them aware of BPC’s online register of therapists and, if requested and practicable, making a referral to a named psychoanalytic or psychodynamic psychotherapist.

(5) In the case of death or serious incapacity to arrange the confidential disposal and destruction of the papers referred to in (6)(a)-(d) below, after allowing reasonable time to respond appropriately to requests from my patients regarding such papers and after permitting my accountants [insert details] and the executors of my will [insert details] to have such access as may be necessary for the purposes of finalising my financial affairs.

(6) My papers and items referred to in (5) are:

(a) Professional notebooks and professional address books and all patient and supervisee lists.

(b) Patient process notes and supervision notes.

(c) Notes and other resources compiled in the course of training and for the purposes of CPD.

(d) Invoices, payment receipts, records of expenses (including invoices for therapy and supervision), sets of accounts and other accounting or financial documents.

(7) After allowing reasonable time to respond appropriately to requests from my patients and supervisees regarding such information to arrange the confidential destruction of all information relating to my patients and my supervisees kept on

my mobile telephone or computer's hard drive or other local storage device, or in a remote database.

(8) In the event of my death specifically, as soon as practicable to notify my insurers (insert details) and my member organisation [insert details] and BPC [and UKCP and BACP] of my death and ask them to remove my details from their membership lists and registers as soon as possible.

1. My Professional Trustees will be paid for their time discharging their duties under these Instructions to Professional Trustees at their usual hourly rate on provision of an itemised invoice (either to me on my recovery from illness or to the executors of my will).

2. My Professional Trustees are not responsible for collecting unpaid fees, arranging payment of sums owing to my therapist, supervisor(s) or practice manager(s) or to anyone else, or for any other commercial matters relating to the temporary or permanent closure of my practice.

SIGNED

Registrant

Dated …….

SIGNED

Professional Trustee (1)

Dated ……..

Professional Trustee (2)

Dated ……..