

British Infertility Counselling Association

GUIDELINES FOR GOOD PRACTICE IN INFERTILITY COUNSELLING

PREFACE

These Guidelines were written by a working group chaired by Jennifer Hunt with core members Sheila Pike and Amanda Turner. Assistance in drafting and further amendments came from Jim Monach, chair of the National Accreditation Board for Infertility Counselling, the BICA Executive Committee and Advisory Group. Comments and contributions were invited from the BICA membership during the process. The Guidelines were subsequently approved by the BICA Executive Committee in Summer 2006 for publication to members and other interested bodies as part of the work in developing standards for Assisted Conception Services under the EU Human Tissues Directive.

© BICA	ISBN: 1-901406-35-0
Published by	BICA Publications
First printed	2006
2 nd edition	2007
Produced by	British Infertility Counselling Association. c/o 111 Harley Street, London W19 6AW
Registered Charity No.	803743
Printed by	Sheffield Hallam University Print Services, SHEFFIELD S1 1WB

<u>CONTENTS</u>	PAGE
1. WHAT IS COUNSELLING?	1
2. GOOD QUALITY OF CARE	1
3. REGULATORY FRAMEWORK	2
4. COUNSELLING FOR INFERTILITY AND ASSISTED CONCEPTION	2
5. GAMETE / EMBRYO DONATION, EGG-SHARING OR SURROGACY	4
5.1 Complex issues	4
5.2 Process	4
5.3 Information	4
5.4 Information needs in donation	4
5.5 Information needs in surrogacy	5
5.6 Counselling potential recipients or commissioning couples	5
5.7 Counselling gamete / embryo donors, egg-sharers and women offering to be surrogate mothers	6
6. PGD, PGD/HLA & OTHER GENETIC COUNSELLING	7
7. QUALIFICATIONS, TRAINING & ACCREDITATION	7
7.1 Requirements for professional practice	7
7.2 Qualifications	7
7.3 Required competencies	8
7.4 Required knowledge	8
7.5 Supervision	9
7.6 Continuing Professional Development (CPD)	9

<u>CONTENTS</u> <i>cont'd.</i>	<i>PAGE</i>
8. QUALITY SYSTEM	10
8.1 Good quality management	10
8.2 Codes of Ethics	10
8.3 Facilities	10
8.4 Staffing levels and workloads	11
8.5 Confidentiality	11
8.6 Fitness to practise	12
8.7 Equal Opportunities	12
8.8 Complaints	12
8.9 Patient information	13
8.10 Records	13
8.11 Employment contract	14
8.12 Standard operating procedures/protocols	14
8.13 Monitoring and evaluation	14
8.14 Meetings / communications	15
ANNEX A BICA COUNSELLOR ACCREDITATION SCHEME	16
ANNEX B CODES OF ETHICS	21
ANNEX C CONTINUING PROFESSIONAL DEVELOPMENT	24
ANNEX D FITNESS TO PRACTISE POLICY– APPOINTMENT OF AN EXECUTOR	26
ANNEX E JOB DESCRIPTION	29
ANNEX F COMPLAINTS & APPEALS POLICY & PROCEDURES	33
ANNEX G EQUAL OPPORTUNITIES	36

1. WHAT IS COUNSELLING?

Counselling is a distinct professional process informed by a body of theoretical knowledge and based on agreed codes of ethics and values. Counselling takes place when a counsellor meets with a client in a private and confidential setting to explore any difficulty, distress or dissatisfaction with life that the client may be experiencing. Counselling can increase a client's ability to make choices and change aspects of their situation. It is more than the use of counselling skills and may include the offer of information but does not involve giving advice or directing a client to take a particular course of action.

2. GOOD QUALITY OF CARE

- 2.1 All clients are entitled to good standards of care from their counselling practitioners. This requires counsellors to maintain professional competence, to develop good relationships with clients and colleagues and to uphold professional values and ethics.
- 2.2 Infertility counselling practitioners should
- pay careful attention to client consent and confidentiality,
 - respect client self-determination, dignity and privacy
 - take account of the client's cultural and faith context
 - clarify and agree the rights of both practitioner and client
 - take appropriate action to protect the client and others from risk of serious harm
 - resolve conflicting responsibilities
 - ensure that their personal beliefs do not prejudice their relationship with a client
 - be clear about and honour their commitment to be available to clients
 - provide information that enables the client to make informed decisions
 - work with colleagues in ways that best serve the client's interests
 - monitor and maintain fitness to practise
 - be appropriately supported and accountable
 - avoid any actions that would constitute abuse of the client/practitioner relationship
 - respond appropriately and promptly to any complaint
 - recognise and work within the limitations of their training and experience

- keep appropriate records
- keep knowledge and skills up to date
- review periodically the effectiveness, quality and accessibility of the service they deliver.
- adhere to professional codes of practice including those in relation to ethics, fitness to practise and complaints and equal opportunities, (see Annexes B, D, F and G).

3. REGULATORY FRAMEWORK

3.1 Assisted conception services in the UK are regulated by the Human Fertilisation and Embryology Act 1990. In recognition of the complexity of the psychological and social issues arising from infertility and licensed treatments, the Act stipulates that no woman shall be provided with licensed treatment services

“unless the woman being treated and, where she is being treated together with a man, the man, has been given a suitable opportunity to receive proper counselling about the implications of the proposed steps and have been provided with such relevant information as is proper”¹.

3.2 It should be noted that, since the provision of services is not limited to single women or those being treated with a man, BICA takes this clause to include any individual and where h/she is being treated together with a partner, the partner.

4. COUNSELLING FOR INFERTILITY AND ASSISTED CONCEPTION

4.1 The psychological and social stress of infertility and assisted conception treatment has been well documented. There is general agreement in the literature that stress and distress in some form are significant sequelae of infertility. This may involve depression, anxiety, sexual dysfunction, damaged self esteem and a range of difficulties in interpersonal relationships. A review ² of the evidence into the efficacy of counselling suggests that psychological therapies have benefit in a range of somatic complaints including gynaecological problems, bereavement/loss and depressive disorders.

4.2 The purpose of counselling for infertility and assisted conception is to

- enable people to reflect upon and understand the implications of a proposed course of action for that person, their family, children born as a result and anyone else affected by the treatment or donation of gametes and embryos.
 - to provide emotional support before, during and after treatment or donation of gametes and embryos, particularly if the person is experiencing stress, ambivalence or distress
 - to assist people in developing successful coping strategies for dealing with both the short and longer term consequences of infertility and treatment
 - to help people to try to adjust and to accommodate to their particular situation.
- 4.3 Counselling may be an on-going process and can be continued, or take place for the first time, after a course of treatment has been completed. The duration of counselling should be determined by the individual's needs and wishes. Any referral to alternative or other sources of counselling should only be made with the agreement of the client.
- 4.4 Counselling should be
- provided by a qualified counsellor who meets the criteria set out in Annex A of these guidelines
 - accessible and without prejudice to origin, ethnicity, class, status, sex, sexual orientation, age, disability, beliefs
 - responsive to variations in need in terms of duration and sessions available.

5. GAMETE/EMBRYO DONATION, EGG-SHARING OR SURROGACY

- 5.1 People considering the creation of a family where others may play a key part in the conception and / or pre-natal development of their child(ren), face particularly **complex issues**. The decision to be the person or couple who enables others to become parents by donating gametes or embryos or carrying a pregnancy, is a considerable one which has implications for them and their family in the short and longer term. It is essential that all such people are in a position to make an emotionally and factually informed decision.
- 5.2 **Process**
Prior to any commitment to proceed with these treatments
- a referral to the counsellor should be routinely offered, strongly encouraged and people expected to take it up
 - the offer should also be made available if they return to the centre at a later date
 - it is expected that a minimum of 2 counselling sessions is made available to people considering involvement in these treatments.
- 5.3 **Information**
People attending clinics should be provided with verbal and written information about
- the availability of counselling (see Quality Management)
 - relevant community and other support organisations
 - the HF&E Act 1990
 - the existence and purpose of the HFEA Register
 - their legal status in relation to the child that may be born
 - the possibility of future changes to legislation
 - contact details for the HFEA.
- 5.4 Those involved in **donation** should be given additional information on
- the information that may be given to recipients, donors and donor conceived people and when it may be received
 - the legal requirement to offer counselling to donor-conceived people if they request information from the HFEA Register
 - the recruitment, screening and matching of donors
 - the posthumous use of sperm, eggs and embryos
 - the donor's right to withdraw consent

- the Congenital Disabilities (Civil Liability) Act 1976
 - relevant organisations that offer support
 - relevant literature.
- 5.5 Those involved in **surrogacy** should be given additional information on
- the Surrogacy Arrangements Act 1985
 - Parental Responsibility Agreement (England and N Ireland only)
 - Section 30 of the HF&E Act 1990 and the legal procedures that are required
 - the role of the Children's Guardian (England and Wales), Curator ad Litem (Scotland) or Guardian ad Litem (N. Ireland)
 - relevant organisations that offer support and facilitate surrogacy arrangements
 - relevant literature.
- 5.6 **Counselling potential recipients or commissioning couples**
- In addition to providing emotional support and therapy, counselling can make a significant contribution to a person's preparation for parenthood through donation or surrogacy. The purpose of this counselling should be to encourage the client(s) to reflect upon and understand:
- their feelings about the medical diagnosis and cause of infertility
 - their initial reactions to the option of using donation / surrogacy and changes to attitudes and feelings over time
 - their acceptance, emotional preparedness and expectations of parenthood through donation / surrogacy
 - the implications of differences and similarities between their feelings and those of their partner (if they have one) to the option of donation / surrogacy
 - the personal implications of donation / surrogacy for them in the short and longer term including cultural issues
 - the impact on their wider family and social relationships
 - their attitudes to and preparation for sharing biographical and genetic origins information with children conceived by donation / surrogacy
 - the welfare of children and families in relation to the manner and timing of sharing information on genetic origins.

- the implications for parents and donor-conceived children of the current use and potential development of genetic testing

5.7 **Counselling gamete / embryo donors, egg-sharers and women offering to be surrogate mothers**

In addition to providing emotional support, the purpose of counselling in relation to donors, egg-sharers or surrogates should be to encourage the person or couple to reflect upon and understand

- their reasons for wanting to provide gametes / embryos or act as surrogates
- their attitudes and possible feelings towards any resulting children
- the implications for any current or future partner they may have
- the implications for themselves and their own family where it is likely or anticipated that they will maintain contact with the recipients / commissioning parents as the child(ren) grow up.
- the needs of resultant children for full biographical information and the importance of providing such information on the HFEA register form
- the needs of such children when they reach adulthood and the possibility of future contact
- the importance to their own existing or future children of information about the donation or surrogacy and these children's potential needs
- the importance of sharing information wherever possible with their own parents and wider family
- the implications with embryo donation of resulting children being full genetic siblings to their own children
- the possibility that treatment will fail or that other, pregnancy-related difficulties will arise.

6. PGD, PGD / HLA & OTHER GENETIC COUNSELLING

Genetic counselling requires specialist training and knowledge. It should only be undertaken by an infertility counsellor if he or she has additional qualifications in genetic counselling and, in the absence of this, patients should be referred to specialist genetic counselling services. Genetic counselling addresses the risks of patients using their own gametes but it does not address the emotional issues associated with infertility. Therefore, the centre's counselling service should continue to be available throughout investigations, decision making and treatment³.

7. QUALIFICATIONS, TRAINING AND ACCREDITATION

7.1 Patient safety can only be protected and high standards of care in counselling practice maintained if there is strict adherence to requirements for professional qualifications, practice, training and accreditation.

Professional supervision underpins a counsellor's continuing professional development. The specialist nature of infertility counselling work requires the practitioner to obtain additional training and skills beyond those of their basic qualification. At present the BICA Counsellor Accreditation Scheme recognises the following levels of competence to practice:

- Member of BICA
- Accredited Member of BICA
- Senior Accredited Member of BICA.

(For further details of membership and accreditation requirements see Annex A)

7.2 **Qualifications**

Infertility counselling practitioners should have

- a recognised qualification at diploma of higher education level or above in counselling, psychotherapy, clinical or counselling psychology and/or be an accredited member of BICA
- evidence of membership of a relevant professional body with a complaints / disciplinary procedure and agreement to abide by an appropriate code of conduct or ethics
- membership of the British Infertility Counselling Association
- indemnity insurance or equivalent.

7.3 **Required competencies**

There should be evidence of competence in

- integrating counselling / psychological / social theory into practice
- accessing and reviewing the literature on the psychosocial aspects of infertility and assisted conception
- integrating new knowledge into counselling practice
- evaluating and developing own work
- making use of supervision
- operating referral procedures
- ensuring a structured counselling setting
- developing counselling work with a client
- monitoring the counselling process
- monitoring self within the counselling process
- providing counselling in accordance with the HF&E Act and this BICA Guidance
- working with teams
- compliance with the requirements of a quality management system including a commitment to quality assurance activities.
- practising in a non-discriminatory manner

7.4 **Required knowledge**

When recruiting new staff or monitoring the CPD needs of existing staff, centres should ensure that induction and further training will provide the counsellor with current knowledge of

- the psychosocial literature on infertility and assisted conception treatments
- the particular ethical, social, psychological and legal issues relating to gamete / embryo donation, surrogacy and any new biomedical developments as they arise
- theory and practice in working with grief and bereavement
- theories of child development, family dynamics, identity formation, psychological issues of parenting and sub-fertility
- the ethical, cultural, social and faith issues raised by assisted conception treatments and research
- the dynamics of sexual dysfunction
- the causes, medical investigations and treatments for infertility and assisted conception

- work with individuals and couples
- the roles, responsibilities and boundaries of work in a multi-disciplinary setting
- the requirements of the HF&E Act 1990 and associated UK Standards / Guidance for assisted conception centres.
- the requirements of the Surrogacy Arrangements Act 1985
- current adoption legislation and practice
- current child protection legislation and practice
- data protection under the Data Protection Act 1998.

7.5 **Supervision**

Infertility counsellors are required to receive supervision that

- is distinguished from any arrangement for line management
- is provided by an independent counsellor supervisor
- involves a contract for a minimum of one and a half hours per month for each month in which practice is undertaken.

7.6 **Continuing Professional Development (CPD)**

Infertility counsellors must have a commitment to maintain accreditation that

- is drawn from a variety of activities
- includes a minimum of 30 hours CPD activity each year including at least 10 hours which relates directly to infertility counselling practice
- includes the maintenance of a CPD diary detailing how CPD activities have contributed to practise as an infertility counsellor
- is supported by the licensed treatment centre.

(For further details of BICA's CPD policy see Annex C)

8. QUALITY SYSTEM

8.1 Quality Management

The organisation of the counselling service should reflect the principles of good quality management. There should be evidence that there are systems in place to

- identify the requirements of counselling provision
- ensure the availability of resources required
- monitor, measure and evaluate the effectiveness of the service, (including that of each member of the counselling service where there are two or more counsellors in a centre)
- implement actions to achieve planned results and continual improvement
- ensure compliance with all regulatory requirements
- provide training for counsellors to achieve these tasks.

8.2 Codes of Ethics

All counsellors are required to work within an ethical framework relevant to their practice. The main professional bodies covering generic practice publish, and require adherence to, suitable codes of practice. For the purposes of illustration, the areas to be covered in an acceptable Code of Ethics are outlined at Annex B. BICA requires all practising infertility counsellors to subscribe to an approved professional code of this kind.

8.3 Facilities

- (i) Clients must be confident that counselling facilities will afford them
 - privacy and confidentiality
 - freedom from interruption
 - an environment conducive to reflection and discussion.
 - secure, confidential record storage
 - confidential telephone access for telephone counselling sessions, discussion, appointments etc.
- (ii) Counsellors should have access to
 - administrative support
 - IT equipment.

8.4 **Staffing levels and workloads**

- (i) The staffing level of the counselling service should be based on the average number of patients attending the centre in any year, taking into account the need to ensure
- clients are able to access the service according to need with minimal delay
 - emergency access
 - a minimum allowance of 60 minutes per session
 - the offer of a minimum of 2 sessions to clients considering donation or surrogacy
 - compliance with HFEA guidance on counselling for donation, surrogacy and egg-sharing arrangements
- (ii) The counsellor must be able to
- deal with administrative and record-keeping tasks
 - attend meetings
 - maintain continuing professional development including professional supervision
 - take annual leave entitlement
 - have cover for sickness.
- (iii) It is recommended that counsellors be available in the Clinic to offer a service in the ratio of 6 hours counselling contact sessions to 4 hours associated professional activity meetings, research, CPD, liaison, supervision, administration etc.] It is accepted that the nature of the specific practice may permit this ratio to be exceeded in some circumstances, but not beyond 23 contact hours per counsellor per week in all practice settings without the agreement and support of professional supervision.

8.5 **Confidentiality**

- (i) Respecting confidentiality is a fundamental requirement of counselling practice. The counsellor is responsible for the protection of personally identifiable and sensitive client information from unauthorised disclosure. Clients must be informed about the boundaries of confidentiality and any disclosures should only be undertaken
- in the client's best interests
 - with the client's prior consent unless there are exceptional circumstances involving serious risk of harm or disclosure as authorised by law.

- (ii) Licensed treatment centres are required to assess the potential risk of harm to children that may be conceived as a result of treatment. Should the counsellor receive information about a client that indicated a serious risk, it is expected that s/he would seek guidance from an appropriate person. This might be the counsellor's supervisor, the Person Responsible or another member of the centre team. It is the responsibility of the counsellor to assess the level of risk and ensure that confidential information is only shared when necessary for the safety of the client or another person. Prior consent should be obtained from the client wherever possible.

8.6 **Fitness to practise**

Counsellors have a responsibility to monitor and maintain their fitness to practise at a level that enables them to provide an effective service. If their effectiveness becomes impaired for any reason they should

- seek advice of their supervisor, experienced colleagues or line manager
- withdraw from practice until their fitness returns if so advised
- make suitable arrangements for clients who may be adversely affected.

(For further details of BICA's Fitness to Practise policy, see Annex D)

8.7 **Equal Opportunities**

Counsellors are committed to promoting equal opportunities. This principle will apply in respect of all their activities and services and recognises that no clients or colleagues should experience discrimination on any grounds.

(For further details of BICA's Equal Opportunities policy, see Annex G)

8.8 **Complaints**

All infertility counsellors must subscribe to a recognised complaints procedure accessible to clients and colleagues. Should it become apparent that a member's behaviour is believed to be professionally inappropriate, damaging to clients or likely to bring the profession or BICA into disrepute, or creates unacceptable risk to themselves or others, or in any other way is seen as incompatible with that expected of a professional infertility counsellor, the disciplinary procedures

will be invoked. An appeal system must also be available to complainants and counsellors.

(For further details of BICA's Complaints and Appeals policy, see Annex E)

8.9 Patient information

People attending the treatment centre should routinely receive verbal and written information about the availability of counselling. The written information must include

- an explanation of the role and benefits of counselling in relation to infertility and assisted conception treatments
- the legal requirement for counselling to be offered
- details about the availability of counselling
- the boundaries of confidentiality in counselling
- the contact details for the counsellor(s).

8.10 Records

- (i) Counsellors should keep appropriate records on work undertaken with individual clients. Records should be
- accurate
 - respectful of the client's rights under data protection
 - protected from unauthorised disclosure.

- (ii) It is expected that data on the counselling service is maintained and presented in the form of an annual audit of work detailing

- the number of clients seen
- the percentage of clients in relation to people treated at the centre
- the number seen individually / as couples
- the number of counselling sessions taken up
- the percentage of DNA's and cancelled sessions
- a breakdown of client numbers in relation to
 - treatment type
 - gender
 - NHS/private
 - referral sources
 - initial/ single session or on-going counselling
 - individual / couple

- a breakdown of client numbers to indicate the primary focus of counselling
 - implications of the proposed treatment
 - support
 - therapeutic work in relation to personal difficulties
 - psychosexual difficulties
 - issues related to ending treatment

8.11 **Employment contract**

All counsellors should have agreed a job description and signed a contract for employment or consultancy before taking up the post. An annual review of personal performance should be undertaken with an appropriate senior member of the centre staff and documented.

(For further details of BICA's standard job description see Annex E)

8.12 **Standard operating procedures/protocols**

There should be standard operating procedures to ensure that

- the service is accessed, managed and delivered consistently
- proper audits of the management system can be undertaken.

8.13 **Monitoring and evaluation**

Systems must be in place to monitor and evaluate the effectiveness of the service in meeting client needs. These should include

- identified quality objectives
- feedback from clients
- review of outcomes
- evidence of actions for service improvement.

8.14 **Meetings / communications**

Assisted conception services are provided by multi-disciplinary teams. Whether the counsellor is employed as a member of the team or receives referrals as an independent practitioner, effective communication between the counsellor and the centre is essential.

- (i) It is expected that the counsellor
 - regularly attends relevant meetings at the centre
 - meets periodically with the Person Responsible
 - has access to all relevant internal and external communications
 - ensures that all communications about clients are on a professional basis and are therefore
 - purposeful
 - respectful
 - consistent with the boundaries of client confidentiality.

- (ii) Where the centre employs or contracts with more than one counsellor
 - there should be regular meetings of the counsellors
 - meetings should be minuted
 - access to minutes should be consistent with the centre policy in relation to other meetings.

1. Human Fertilisation and Embryology Act 1990. Section 6.
2. Monach J. 'The evidence base for infertility counselling'. Human Fertility 2003 (6) 2 Suppl. S17-S21
3. Human Genetics Commission. 'Making Babies: reproductive choices and genetic technologies'. Jan 2006.

COUNSELLOR ACCREDITATION SCHEME

INTRODUCTION

This scheme was agreed after consultation with the membership during 2005/6. It is modelled on that of the British Association for Counselling and Psychotherapy [BACP]. It is intended to ensure that infertility counsellors are properly accredited for the specialist work in which they are engaged. All practising infertility counsellors will eventually be required by the Human Fertilisation and Embryology Authority to be accredited under this scheme. The provisions of this scheme, alongside the BICA Guidelines for Good Practice for Infertility Counselling, will inform standards being developed under the EU Tissue Directive by the UK Assisted Conception Standards Working Group of the Human Fertilisation and Embryology Authority [HFEA]. It will also inform the work being done by the British Psychological Society [BPS], the United Kingdom Council for Psychotherapy [UKCP] and BACP under the auspices of the Department of Health in preparation for the regulation of counsellors under the Health Professions Council [HPC]. It is hoped that the implementation of this scheme will enable infertility counselling to lead the way in ensuring high quality, accredited standards of professional practice fully accountable to clients and their stakeholders in the field of assisted conception services.

An important part of the context is that we are attempting to achieve a solution that fully acknowledges the skills, accreditation and experience of established infertility counsellors. We wish to ensure the maintenance and encouragement of the highest standards in this specialist area, including a professional development route which acknowledges seniority and special expertise, and does not devalue either BACP or other counselling accreditation and cements the value of the Infertility Counselling Award. This also means valuing colleagues who qualified as infertility counsellors under previous provisions of the HFEA Code of Practice: i.e. who “hold either a recognised counselling, clinical psychology, counselling psychology or psychotherapy qualification to diploma of higher education level or above” or “hold a professional social work qualification recognised by one of the social care councils” [Code of Practice 6th edition 2003.

The title ‘counselling’ is used in this document in line with the terms of the Human Fertilisation and Embryology Act and Code of Practice, whilst recognising that some will use the title ‘psychotherapy’. Once

counselling and psychotherapy become protected titles [possibly from 2007/8] counsellors will be required to become members of the HPC to use the title and practice as either counsellors or psychotherapists. Currently the Department of Health intends to register the two titles together and not recognise a distinction between them, but accepts that beyond the title, there are many specialisms which will wish to identify themselves separately, and establish their own additional requirements beyond the statutory minimum. BICA expects 'infertility counselling' to be one of these specialisms. These specialisms will not however enjoy separate regulation by the HPC. The term 'counselling' will be used here for infertility counsellors, although it is recognised that some counsellors choose to use the title psychotherapist, and this issue remains unresolved at present. In BICA's context 'counselling' seems to be the appropriate title for the present.

An important aspect of accreditation from BICA's point of view, is the encouragement and support it gives to infertility counsellors when seeking support from their employers in accessing appropriate training and continuing professional development in order to maintain and enhance their skills.

The Executive Committee of BICA has agreed this policy on accreditation. Work will continue in developing the associated procedures and regulations for the policy to be put into effect.

ACCREDITED MEMBERSHIP CATEGORIES

'Member of BICA' as used throughout the document refers to those who have paid all outstanding subscriptions, and have not been required to relinquish their membership for any reason. The following categories of membership and accreditation have been agreed.

1 - Associate Member

Associate members are those who are:

either engaged on study, research or education in infertility counselling

or are patients, belong to support or advisory groups or have other compatible interests

or are members of the public wishing to support our work

or students in training to become counsellors

and such members accept the aims and objectives of BICA

and [if professional members] adhere to an acceptable code of ethics and BICA's complaints and other policies and procedures in so far as they apply to their situation

and remain in full membership of BICA, accepting all the rules of membership

2 - Member of BICA

Members are those who are:

EITHER

counsellors who have completed a 1 year full-time, or 2 year part-time [or at least the equivalent] counselling and/or psychotherapy qualification including a supervised placement., and intend to seek accreditation within 2 years of gaining membership:

OR grandparenting route until 2009] those who have practised as infertility counsellors under the provisions of the HFEA²:

AND

accept the aims and objectives of BICA

and adhere to an acceptable code of ethics and BICA's complaints and other policies and procedures

and receive counselling supervision [if undertaking practice]

and remain in full membership of BICA, accepting all the rules of membership

3 - Accredited Member of BICA

These criteria apply to all those engaged in counselling practice [in line with BICA Guidelines¹] in assisted conception with individuals, couples, groups and families. All these minimum criteria must be met:

3.1 BICA - is a Member of BICA

and undertakes to remain in full membership for the accreditation period, accepting all the rules of membership

and undertakes to meet the current requirements for the maintenance of accreditation including adherence to code of ethics, acceptance of complaints procedure, equal opportunities policy and executor/fitness to practice policy, and all other such policies or procedures which shall be introduced and made mandatory during the period of accreditation

3.2 Insurance - is covered by professional indemnity insurance.

3.3 Practice - is in infertility counselling practice at the time of application.

3.4 Supervision - has a contract for counselling supervision for a minimum of one and a half hours per month for each month in which practice is undertaken.

¹ BICA (2007) Guidelines for Good Practice in Infertility Counselling Ed. 2

3.5 Continuing Professional Development – completes a Statement of commitment to maintain accreditation by updating training [in accordance with the HFEA Code of Practice² and maintenance of a practice diary which details a minimum of 30 hours CPD activity in each year [as defined in the BICA accreditation scheme]. A minimum of 10 hours of this activity should relate directly to infertility counselling practice.

3.6 Recognised Accreditation OR Training and supervised practice - meets one of the following criteria concerning accreditation or experience in counselling:

EITHER

3.6.1 'Grandparent' Route [available until 2009]

- Can provide evidence of >450 practice hours over the last 3 years practice in counselling in an infertility setting
- Can provide substantiated evidence of receiving formal supervision of at least 1.5 hours per month over the last 3 yrs.

OR

3.6.2 Recognised Counselling Accreditation Route

- Is a counsellor accredited by a nationally recognised accrediting body for counselling / psychotherapy / clinical or counselling psychology
- **and** completed the Introductory Course for Practising Infertility Counsellors *or* equivalent formal programme of learning about infertility counselling *or* can produce a statement in a prescribed form of how specialist knowledge of assisted conception has been achieved *or* has completed 150 hours of infertility counselling
- Can provide substantiated evidence of receiving formal supervision of at least 1.5 hours per month over the last 3 yrs.

4 - Senior Accredited Member of BICA

A senior accredited member of BICA is one who is a Member of BICA meeting all the criteria outlined under the Accredited Membership category Criteria 1 – 6 and

EITHER

Holds the **Infertility Counselling Award**

² HFEA Code of Practice 6th Edition 2003

OR

Submits a **portfolio** of evidence of infertility counselling practice at a senior, experienced level, which demonstrates a theoretically informed understanding of infertility counselling: such evidence might include transcripts of a postgraduate diploma or degree in counselling in which a significant proportion of the assessed elements relate to infertility counselling.

ACCREDITATION COMMITTEE

Membership category will be determined by an Accreditation Committee established by the BICA Executive Committee. The role of this Committee is to:

- *Establish equivalence of other counselling accreditations*
- *Agree precise requirements for format and timetable of claims for accreditation*
- *Manage criteria and process of re-accreditation*
- *Establish fees*
- *Vet claims for grandparenting*

BICA TITLES

Those who meet the requirements to become associate members or members of BICA may only refer to themselves as such for the purposes of curricula vitae etc. Only two titles, approved by BICA, may be used by those who meet the published criteria as formal titles. These members may use the initials after their names, thus meeting the aim for transparency and accountability which underlies this development.

Accredited Member AMBICA [Accredited Member of BICA]

Senior Accredited Member SAMBICA [Senior Accredited Member of BICA]

Usage of these initials by a member or non-member not entitled to do so would be a disciplinary offence dealt with as a complaint under the complaint procedures, liable to sanctions [as determined by the Accreditation Board] to preserve confidence in their meaning and validity.

CODES OF ETHICS FOR COUNSELLING AND PSYCHOTHERAPY

BICA requires all counsellors to adhere to a recognised code of practice and ethics. BICA does not prescribe which code is appropriate as individual counsellors will normally register with a primary accreditation body for generic counselling practice. For the purposes of this Guideline, this Annex presents the sort of issues which an acceptable Code would cover; this follows closely the format of that used by the British Association for Counselling and Psychotherapy. The code of conduct concerning complaints is available separately at Annex F.

This is not an actual code of ethics but an illustration for the guidance of non-counsellors of the issues which a professional code should cover. The original on which this is based is the BACP Ethical Framework; copyright of BACP, which is a registered trademark.

One of the characteristics of contemporary society is the coexistence of different approaches to ethics. This statement reflects this ethical diversity by considering:

- Values
- Principles
- Personal moral qualities

There is a diversity of approaches to describing ethical practice. This is one approach. The provision of culturally sensitive and appropriate services is also a fundamental ethical concern. Cultural factors are often more easily understood and responded to in terms of values. Therefore, professional values are becoming an increasingly significant way of expressing ethical commitment.

Values of counselling and psychotherapy

The fundamental values of counselling and psychotherapy include a commitment to:

- a) Respecting human rights and dignity
- b) Ensuring the integrity of practitioner-client relationships
- c) Enhancing the quality of professional knowledge and its application
- d) Alleviating personal distress and suffering
- e) Fostering a sense of self that is meaningful to the person(s) concerned

- f) Increasing personal effectiveness
- g) Enhancing the quality of relationships between people
- h) Appreciating the variety of human experience and culture
- i) Striving for the fair and adequate provision of counselling and psychotherapy services

Values inform principles. They represent an important way of expressing a general ethical commitment that becomes more precisely defined and action-orientated when expressed as a principle.

Ethical principles of counselling and psychotherapy

- a) **Fidelity:** honouring the trust placed in the practitioner
- b) **Autonomy:** respect for the client's right to be self-governing
- c) **Beneficence:** a commitment to promoting the client's well-being
- d) **Non-maleficence:** a commitment to avoiding harm to the client
- e) **Justice:** the fair and impartial treatment of all clients and the provision of adequate services
- f) **Self-respect:** fostering the practitioner's self-knowledge and care for self

Personal moral qualities

- a) **Empathy:** the ability to communicate understanding of another person's experience from that person's perspective.
- b) **Sincerity:** a personal commitment to consistency between what is professed and what is done.
- c) **Integrity:** commitment to being moral in dealings with others, personal straightforwardness, honesty and coherence.
- d) **Resilience:** the capacity to work with the client's concerns without being personally diminished.
- e) **Respect:** showing appropriate esteem to others and their understanding of themselves.
- f) **Humility:** the ability to assess accurately and acknowledge one's own strengths and weaknesses.
- g) **Competence:** the effective deployment of the skills and knowledge needed to do what is required.
- h) **Fairness:** the consistent application of appropriate criteria to inform decisions and actions.
- i) **Wisdom:** possession of sound judgement that informs practice.
- j) **Courage:** the capacity to act in spite of known fears, risks and uncertainty.

Guidance on good practice in counselling and psychotherapy

All clients are entitled to good standards of practice and care from their practitioners in counselling and psychotherapy. Good standards of practice and care require professional competence; good relationships with clients and colleagues; and commitment to and observance of professional ethics. Amongst the important issues, an acceptable and comprehensive code of ethics will ensure that the following issues are addressed:

- Good quality of care**
- Maintaining competent practice**
- Keeping trust**
- Teaching and training**
- Supervising and managing**
- Researching**
- Fitness to practise**
- If things go wrong with own clients**
- Responsibilities to all clients**
- Working with colleagues**
- Working in teams**
- Awareness of context**
- Making and receiving referrals**
- Probity in professional practice**
- Providing clients with adequate information**
- Financial arrangements**
- Conflicts of interest**
- Care of self as a practitioner**

BICA is grateful to the BACP for permission to use these headings to illustrate the importance of a comprehensive and adequate ethical framework for counsellors. The full version of their Ethical Framework may be found at:
http://www.bacp.co.uk/ethical_framework/

CONTINUING PROFESSIONAL DEVELOPMENT

It is expected that members will comply with the following standards set by the British Association for Counselling and Psychotherapy (BACP) in relation to continuing professional development activity:

CATEGORIES

Activities from 3 or more categories must be undertaken, at least one of which must be from categories 1 – 3. [N.B. The list of examples is not exhaustive]

Category 1

Short Courses on Professional Issues

Examples: Courses undertaken in areas of special interest or concern which are relevant to professional practice in the field e.g. working with abuse, working with trauma, bereavement, brief therapy. These may be offered by training agencies or “in house”.

Category 2

Seminars and Conferences

Examples: BICA study days and AGMs, Seminars / conferences on topics relevant to professional practice, which may be organised locally, nationally or internationally, by individuals or organisations.

Category 3

Study for Further Qualifications

Examples: Further award bearing training in relevant professional field e.g. certificate or diploma in supervision, or brief therapy, or trauma work. Higher degree in counselling/ psychotherapy

Category 4 **Encouraging the Development of Others**

Examples: Designing and facilitating workshops
Offering a training session or giving a talk at a conference
Writing e.g. articles, book reviews, books (relevant to professional practice)
Published research
Initiatives taken alone and in consultation with peers to create and develop new ideas relevant to the counselling profession and making these available to others.

Category 5 **Committee Work / Meetings**

Examples: Related committee work, local or national
Consultation with professional colleagues leading to initiatives
Membership of committees where the counselling professional may be represented to others

Category 6 **Personal Development**

Examples: Participation in groups
Personal therapy
Learning new skills
Acquiring knowledge and new insights from reading, films, plays
Time and space for reflection

FITNESS TO PRACTISE POLICY – APPOINTMENT OF AN EXECUTOR

Fitness to Practise – the Ethical Position

“Practitioners have a responsibility to monitor and maintain their fitness to practise at a level that enables them to provide an effective service. If their effectiveness becomes impaired for any reason, including health or personal circumstances, they should seek the advice of their supervisor, experienced colleagues or line manager and, if necessary, withdraw from practice until their fitness to practise returns. Suitable arrangements should be made for clients who are adversely affected.”

BACP Ethical framework ‘Providing a good standard of care and practice’

Rationale

- i. In order to avoid risk or significant distress to clients, BICA requires members to have in place arrangements which meet these guidelines ensuring cover in the case of the counsellor's own incapacity through accident or illness or professional proceedings which have led to her/him being prevented from having contact with clients, whether temporarily or permanently. BICA members, in active practice, will be asked to confirm that they have such arrangements in place.
- ii. Where the situation allows, the member will be responsible for activating these arrangements as needed. Where the incapacity does not allow, it is the appointed Executor's responsibility to do so once alerted to the need.

Period of Incapacity

- i. Temporary unavailability through personal circumstance or illness inevitably arises in all professional arrangements. Where possible it is expected that the counsellor will ensure that the disruption is communicated to clients who need to know e.g. to postpone or cancel appointments. Where it is not possible for the counsellor to attend to such matters her/himself, it is expected that s/he will have designated previously a colleague or other suitable person able to do this.

- ii. Significant incapacity or longer term unavailability, through whatever cause, should be anticipated by making suitable arrangements along the lines outlined below.

Appointment of Executor

- i. A counsellor should designate a suitable person or Executor [or more than one if the circumstances make this more appropriate] who agrees to assume delegated responsibility to ensure the well being of clients. This Executor should preferably be a qualified counsellor her/himself; otherwise a professional person who is fully acquainted with the key ethical principles of counselling practice e.g. confidentiality, primacy of the client's interests in most situations etc. A non-counsellor would not, of course, offer a service to clients themselves, but take responsibility for the provision of counselling as required during the counsellor's absence.
- ii. Where the counsellor works in a licensed clinic, the Person Responsible should have the contact details of the Executor. If the Executor is a counsellor and expects to provide a service in these circumstances, consideration should be taken as to the advisability of having the Executor named on the HFEA license in order to meet the confidentiality requirements of the HFE Act.
- iii. The supervisor may be especially well placed to act as executor.

Duties of Executor

The Executor will:

- i. Be familiar with the running of the counsellor's practice and be able to make arrangements which will ensure minimum disruption for clients affected.
- ii. Know the whereabouts and be able to access key information about clients, appointments etc. This will include having the information to decipher, if necessary, any coding system used to anonymise client information in the counsellor's recording system. This requires that a counsellor records somewhere, in a form which can be accessed by this Executor any such coding system: it must not simply be memorised by the counsellor.

- iii. Understand fully what information might be shared [including details of the counsellor's incapacity] to ensure that the counselling relationship is not unduly disrupted or the client distressed more than is avoidable.
- iv. Is a person with integrity and the capacity to judge what information needs to be passed on to colleagues also working with the client or to ask the client or another member of the team if it is appropriate to contact another counsellor who might be willing to see the client, at least temporarily, to assess any need for intervention or guidance.
- v. Will have details of the counsellor's supervisor in order that her/his advice might be obtained on how to arrange matters in line with best possible practice in the circumstances.
- vi. Take final responsibility for all decisions made concerning management of the counsellor's caseload until the counsellor returns or alternative permanent arrangements are made.

Records

- i. Where information is recorded purely for the counsellor's own professional development, the Executor should know where this information is held and ensure that it is destroyed in circumstances where the counsellor will not be in a position to resume this work, or if so requested by the counsellor.
- ii. The arrangements made should be in writing and copies held by the PR [if relevant] and Executor as a minimum.

ANNEX E ~ BICA Guidelines for Good Practice

JOB DESCRIPTION

Job Title: Infertility Counsellor

Department:

Grade:

Managerially accountable to:

Reporting to:

JOB SUMMARY

To organise, promote, deliver, evaluate and develop a professional, independent counselling service to those involved in assisted conception treatments at (name of centre).

To take continuing responsibility for the management of the service within the requirements of the Human Fertilisation and Embryology Act 1990, associated UK standards for assisted conception centres, professional guidelines, (name of centre) policies and procedures and a multi-disciplinary framework.

MAIN RESPONSIBILITIES

- To provide a service that is sensitive and adaptable to the needs of the individual client, couple and family before, during and after treatment, taking into account physical health and abilities, form of involvement in assisted conception, stages of investigation and treatment and other sources of support
- To maintain an accurate log of counselling referrals, uptake and other case statistics; and to carry out regular audit in order to monitor patients' / clients' needs, assess provision and support further service / staff development.
- To compile client records and maintain ongoing case-notes as necessary, ensuring their appropriate storage and disposal in line with HFEA and professional guidelines.
- To maintain and develop specialist knowledge and skills through (i) a programme of continuous professional

BICA Guidelines for Good Practice (Approved 05/07 – Version 2)

development and training and (ii) regular review of current research, legislation, policy-making and other activity relevant to the specific patient/client group.

- To exercise autonomous professional responsibility for assessment of and provision for the counselling needs of patients / clients referred to the service.
- To receive highly complex, sensitive, distressing or contentious information, taking into account confidentiality whilst maintaining client and /or public safety.
- To provide specialist information and consultation to other professionals on the social and psychological affects of infertility, related medical conditions and assisted conception procedures, along with options for their management and support.
- To promote and maintain good working relationships with other professionals, groups, organisations and agencies in order to further patients' / clients' support and counselling needs and refer on as necessary for other specialist help.
- To attend relevant staff meetings at (name of centre)

TRAINING AND DEVELOPMENT

- To participate in programmes of staff orientation and teaching/training within (name of centre).
- To promote, develop and support the use of counselling skills by other centre staff within their respective professional roles and relationships.

OTHER PROFESSIONAL RESPONSIBILITIES

- To complete annual reports on counselling service activity in accordance with HFEA regulatory requirements and attend meetings with HFEA Inspectors as required.
- To contribute to (name of centre)'s patient / client information and act as a source of further information for patients / clients and staff.
- To collaborate with research programmes carried out at (name of centre) as required.

MANAGEMENT

- To plan, organise and manage all day-to-day aspects of the counselling service at (name of centre).
- To contribute to policy discussions and service planning.
- To work collaboratively with patients / clients to encourage their involvement in identifying needs and in planning and evaluating the counselling service.
- To develop and implement changes in working practice to improve the quality of service to patients / clients and staff.

GENERAL DUTIES

1. Maintain confidentiality, security and integrity of information relating to patients /clients and staff.
2. To be familiar with relevant Health and Safety policy.
3. To have a sufficient knowledge of risk management to enable identification of and appropriate response to risks encountered in the work place.
4. To demonstrate a clear commitment to equal opportunities.

N.B. the above duties and responsibilities are intended to represent current priorities and the post holder may from time to time be asked to undertake other reasonable duties. Any changes will be made in discussion with the post holder in the light of the service needs.

Name of post holder.....

Signature.....Date.....

Name of General Manager.....

Signature.....Date.....

Name of Centre's Person Responsible.....

Signature.....Date.....

ANNEX F ~ BICA Guidelines on Good Practice

COMPLAINTS & APPEALS POLICY & PROCEDURES

This policy applies to all the activities of the BRITISH INFERTILITY COUNSELLING ASSOCIATION:

If a complaint is received by the Executive Committee concerning the practice or behaviour of a member the following procedures will be followed.

A member judged to have behaved in an inappropriate way might be subject to sanctions up to and including termination of membership.

COMPLAINTS

The Chair will in the first place consider complaints. If s/he believes, having consulted colleagues on the Executive Committee, that there is substance to the complaint, having considered the material presented, s/he will initiate the complaints procedure.

If the Chair can not resolve the matter, the Executive Committee will informally consider the complaint, by correspondence or discussion.

Procedures

- ◆ If the concerns can be resolved informally by discussion with the Chair, an action plan will be agreed with the member and reviewed by Chair and complainant after the period of time agreed in the action plan.
- ◆ If the difficulties can not be resolved informally, or it would be inappropriate to do so, or they remain after the action plan has been implemented and serious concerns continue, membership will be suspended pending a Disciplinary Panel called with at least fourteen working days notice.
- ◆ The Panel will consist of the member and 'personal representative', two members of the Executive Committee and Chair [BICA Chair]. The member will present his/her views as will the complainant making the allegations or Executive Committee member representing the complaint if appropriate, and a decision will be made after the candidate has withdrawn.
- ◆ If the case against the candidate is proven, the candidate will be subject to such penalty as the Executive Committee decides within the scale described below.
- ◆ The appeal procedures outlined below are available to such a member.

- ◆ If not proven the candidate would normally resume full membership.
- ◆ Full details of the proceedings are supplied to the member on request.

Should it become apparent that a member's behaviour is believed to be professionally inappropriate, damaging to clients or likely to bring the profession or BICA into disrepute, or creates unacceptable risk to themselves or others, or in any other way is seen as incompatible with that expected of a professional infertility counsellor, the disciplinary procedures will be invoked.

APPEALS

Any member against whom a complaint is upheld has the right of appeal on one or more of the following grounds:

- that there has been an error or irregularity in the process
- that the Executive Committee's decision was not in accordance with the approved regulations or was unfair
- that her/his behaviour may have been adversely affected by extenuating circumstances. An appeal on these grounds must be supported by appropriate documentary evidence and provide a clear and acceptable explanation of how these circumstances lead to a failure of normal standards.
- that the Executive Committee had taken insufficient account of extenuating circumstances presented to it. Where an appeal relies on documentary evidence, which was not available to the Executive Committee at the time it made its decision, candidates must provide a clear explanation of why this was the case.
- that a penalty imposed, or the disbursement decided upon, is disproportionate or unfair

Appeals Procedures

An appeal must be registered within 14 days of the member receiving formal notification of the decision that is subject of the appeal. This restriction may be waived in exceptional circumstances that must be presented at the earliest possible moment for the consideration of the Adjudications Chair. The Adjudications Chair will be appointed for this purpose, and will normally be the Adjudications Chair for the National Accreditation Board. The appeal must be presented in writing by the Appellant giving as much relevant detail as possible. No person will have a role in the appeals process who has been involved in the original decision against which the appeal was made.

Appeals are made in the first instance to the Adjudications Chair. S/he will have had no involvement in the making of the decision which is subject of the appeal. The Adjudications Chair will consider all relevant information available including the letter of appeal and associated documentation, and consult appropriate Executive Committee members. The Adjudications Chair will determine whether or not the appeal should be admitted on one or more of the specified grounds. If rejected, the Appellant will have no further right of appeal. The Adjudications Chair will inform the Appellant in writing of the outcome of this investigation within 20 days giving reasons for the decision. If the appeal is accepted the Adjudications Chair will inform the Appellant and call for the Executive Committee to reconvene a Panel with different membership chaired by the Adjudications Chair to review its decision. This hearing will comprise the Adjudications Chair and two assessors one nominated by BICA and another nominated by BACP. It has the right to interview any of the parties it believes can assist it in reaching a fair and reasonable decision. Its decision will be communicated in writing to all parties within a further 21 days. This decision of the Board is final and there is no further right of appeal.

Records

A full record of all complaints, appeals and disciplinary proceedings will be retained by BICA for a period of 5 years before destruction. The Disciplinary Panel carries the responsibility for deciding when employers or other relevant professional bodies should be informed of decisions which have been made. It is considered necessary that such information would be passed on in all cases of gross professional misconduct. Agencies will be provided with necessary copies, and shall make their own decisions over storage of this information in accordance with agency policy.

Penalties

- ◆ Warning as to future conduct
- ◆ Requirement for further training, mentorship or supervision
- ◆ Suspension of membership for a defined period
- ◆ Termination of membership

The periods and conditions involved are to be determined by the Executive Committee. It will be for the Executive Committee to determine if the results of the hearings should be communicated to other professional organisations or employers. This decision will depend on a judgement concerning the significance of the breach of professional standards involved.

ANNEX G ~ BICA Guidelines on Good Practice

EQUAL OPPORTUNITIES

POLICY STATEMENT

This policy applies to all the activities of the BRITISH INFERTILITY COUNSELLING ASSOCIATION

Equal Opportunities Policy Statement

- 1.1 BRITISH INFERTILITY COUNSELLING ASSOCIATION is committed to promoting equality of opportunity and recognises that no employees, volunteers, members or service-users should experience discrimination on any grounds.
- 1.2 BICA is committed to developing equal opportunities in all areas of its work and structure, and in particular will take positive action in the areas of employment and volunteering, representation and service provision.
- 1.3 BICA will ensure that it broadens its awareness of the effects of oppression and inequality and their implications for its work through training which is designed and implemented in accordance with this Policy Statement.
- 1.4 BICA recognises that harassment, discrimination and victimisation are often the products of false information and assumptions. BICA information material will promote awareness of the different needs and interests of particular groups and individuals.
- 1.5 BICA is committed to promoting equal opportunities. This principle will apply in respect of all its activities and services.
- 1.6 BICA will work to promote relevant training opportunities for BICA members, health, voluntary and community groups, committee members and volunteers, in accordance with the aims of its Mission Statement.
- 1.7 BICA will issue Equal Opportunities codes of practice and guidelines in work with other organisations to increase commitment to equality of opportunity.

BICA Guidelines for Good Practice (Approved 05/07 – Version 2)

- 1.8 BICA will challenge practices, legislation and institutions which discriminate against or curb the rights of particular individuals or groups.
- 1.9 In particular, BICA will:
- 1.91 Work to ensure that all its services to health, voluntary and community organisations are provided in a way which promotes awareness of the rights and needs of particular individuals/groups and enables those individuals and groups to have equal access to them.
- 1.92 Work to ensure that BICA membership and committees reflect the range of different needs and interests of particular groups.
- 1.93 Target its full range of services, volunteering and membership opportunities at under-represented communities, groups and individuals.
- 1.94 Work to ensure that the membership of BICA reflects the composition of the wider community in the UK.
- 1.10 The co-operation of all members, volunteers, and committees is essential for the success of this policy; therefore, individuals and groups associated with BICA will be responsible for working to achieve this policy's objectives.
- 1.11 Ultimate responsibility for ensuring compliance with this Policy Statement, BICA's own Code of Practice and the relevant Statutory Regulations and Codes of Practice, lies with the National Executive Committee.
- 1.12 Behaviour or actions which are against the spirit and/or letter of this policy, including harassment, discrimination against or victimisation of any particular groups or individuals will be considered seriously and dealt with under the relevant grievance and disciplinary procedures.
- 1.13 This Policy Statement will be monitored and reviewed annually by the National Executive Committee.
- 1.14 The Chair will report on the monitoring and implementation of the Policy to the BICA Executive as necessary.

The following legislation and regulations provide the legal framework for Equal Opportunities policy and practice:

- Equal Pay Act 1970 & (Amendment) Regulations 1983
- Sex Discrimination Acts 1975 & 1986
- Race Relations Act 1976
- Race Relations Code of Practice 1984
- Code of Good Practice on the Employment of Disabled People 1990
- Chronically Sick and Disabled Persons Act 1970 & (Amendment) Act 1976
- Data Protection Act 1988
- Working Time Regulations 1998
- National Minimum Wage Act 1998
- Disability Discrimination Act 1995
- Code of Practice (Disability Discrimination) 1996
- Public Interest Disclosure Act 1998
- Sex Discrimination (Gender Reassignment) Regulations 1999
- Maternity and Parental Leave etc Regulations 1999
- Part-Time Workers (Prevention of Less Favourable Treatment) Regulations 2000
- Fixed Term Workers (Prevention of Less Favourable Treatment) Regulations 2001

The British Infertility Counselling Association

The British Infertility Counselling Association was formed in 1988 with three specific aims: to promote the highest standards of counselling for those considering or undergoing infertility investigations and treatment or coping with their aftermath, to provide a forum for the exchange of ideas, and to encourage study and research in the infertility counselling field.

In 1990, the passing of the Human Fertilisation & Embryology Act led to the offer of counselling in licensed assisted conception units being required by law. Although counselling on issues related to infertility was not new, this legislation underlined its significance and singularity. In both law and practice, infertility counselling is now recognised as an important professional service for people facing fertility problems. Counselling offers them an opportunity to explore their thoughts, feelings, beliefs and their relationships in order to reach a better understanding of the meaning and implications of any choice of action they may make; counselling may also offer support to them as they undergo treatment and may help them to accommodate feelings about the outcome of any treatment.

These *Guidelines for Good Practice in Infertility Counselling* are the first attempt to synthesise in detail key aspects of good practice, only previously available in a number of uncollected sources. It maintains BICA's position as the leader nationally and internationally in developing guidance for professional practice.

BICA Publications

BICA publishes the tri-annual *Journal of Fertility Counselling*, a range of focused Practice Guides and other publications to encourage and support the highest standards of professional practice in this comparatively new field of counselling.

The Practice Guide Series (Editor Marilyn Crawshaw) was established as a contribution to the process of learning and the promotion of good counselling practice. It is intended to be read by anyone working in the field of infertility. It is also potentially of use to people facing fertility problems.

The *Journal of Fertility Counselling* (Editor Paul Crowther) publishes a range of articles, news, case study material, media reviews and news essential in maintaining awareness of professional knowledge and trends for the informed practitioner. Further detail of publication times and requirements, advertising rates etc. from the Editor.

BICA members receive the *Journal of Fertility Counselling as part of their membership*. All other publications are available from the Publications officer at the BICA office address.

BICA Practice Guides in the series:

Liza Bingley Miller (2005) *Adoption: Issues for Fertility Counsellors*

ISBN: 1-901406-30-X

Eric Blyth [ed] (2004) *Implications Counselling for People Considering Donor-Assisted Conception*

ISBN: 1-901406-25-3

Jane Read (1997) *Sexual Problems and Fertility*

ISBN: 1-901406-05-9

Meredith Wheeler (1998) *A Creative Approach to Group Work for Women with Fertility Problems*

ISBN: 1-901406-15-6

Judith Baron, Eric Blyth and Ann Haigh (2007) *Counselling and Surrogacy in Licensed Clinics*

ISBN: 1-901406-40-7 New Publication

British Infertility Counselling Association

Membership benefits include:

- *Journal of Fertility Counselling* free to members three times a year
- Counselling publications
- Study Days and Conferences
- Open to all those actively involved in infertility counselling, allied research or education
- Full, Organisational and Overseas Membership available
- The only Association specifically representing infertility counselling

Details of the above from: www.bica.net