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The British Psychological Society

Code of Ethics and Conduct

Guidance published by the Ethics Committee of the British Psychological Society



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I Introduction

a) The British Psychological Society recognises its obligation to set and uphold the highest standards of professionalism, and to promote ethical behaviour, attitudes and judgements on the part of psychologists by:

- being mindful of the need for protection of the public;
- expressing clear ethical principles, values and standards;
- promoting such standards by education and consultation;
- developing and implementing methods to help psychologists monitor their professional behaviour and attitudes;
- assisting psychologists with ethical decision making; and
- providing opportunities for discourse on these issues.

b) Under the terms of its Royal Charter, the Society is required to 'maintain a Code of Conduct'. In 1985 the Society adopted a Code of Conduct which has been regularly updated. From monitoring complaints and ethical enquiries, the Society's Ethics Committee identified a need for a code which gave more emphasis on, and support to, the process of ethical decision making.

c) This Code of Ethics and Conduct should guide all members of the British Psychological Society. It should be read in conjunction with the Society's Royal Charter, Statutes and Rules. It comes into effect in August 2009 and supersedes all previous versions. Member conduct rules came into effect on 1st July 2009. The member conduct rules provide guidance on the behaviour expected of members of the Society.

d) In formulating this code, a wide range of existing codes, as listed in the Appendix, were considered.

e) The Society has also considered the wide range of contexts in which psychologists work. The aim of the code is that it should apply to all psychologists, with the focus on the quality of decision making allowing sufficient flexibility for a variety of approaches and methods, but providing ethical standards which apply to all. Psychologists will also need to familiarise themselves with the legal framework, regulatory requirements and other guidance relevant to the particular context in which they work.

With effect from 1st July 2009, the regulator of applied psychologists will be the Health Professions Council (HPC). Members of the Society wishing to practise under one of the seven protected adjectival titles (Clinical Psychologist, Counselling Psychologist, Educational Psychologist, Forensic Psychologist, Health Psychologist, Occupational Psychologist, Sport and Exercise Psychologist) and two protected generic titles (Practitioner Psychologist and Registered Psychologist) will need to be registered with the HPC. The Society cannot determine allegations about fitness to practise. Any such allegations are referred to the Health Professions Council.

f) In this code the term 'psychologist' refers to any member of the British Psychological Society including student members. Examples of the roles undertaken by psychologists include those of colleague, consultant, counsellor, educator, employer, expert witness, evaluator, lecturer, manager, practitioner, researcher, supervisor or therapist.

g) In this code the term 'client' refers to any person or persons with whom a psychologist interacts on a professional basis. For example, a client may be an individual (such as a patient, a student, or a research participant), a couple, a family group, an educational institution, or a private or public organisation, including a court. A psychologist may have several clients at a time including, for example, those receiving, commissioning and evaluating the professional activity.

h) Psychologists are likely to need to make decisions in difficult, changing and unclear situations. The Society expects that the code will be used to form a basis for consideration of ethical questions, with the principles in this code being taken into account in the process of making decisions, together with the needs of the client and the individual circumstances of the case. However, no code can replace the need for psychologists to use their professional and ethical judgement.

i) In making decisions on what constitutes ethical practice, psychologists will need to consider the application of technical competence and the use of their professional skill and judgement. They should also be mindful of the importance of fostering and maintaining good professional relationships with clients and others as a primary element of good practice.

j) The underlying philosophical approach in this code is best described as the 'British eclectic tradition'. Moral principles and the codes which spell out their applications can only be guidelines for thinking about the decisions individuals need to make in specific cases. Variable factors are involved such as the particular circumstances, the prevailing law, the cultural context, the likely consequences and the feelings colouring the judgement. However, if moral judgments are to retain some objectivity, that is if they can be judged to be right or wrong, they must be based on rational principles which serve as criteria.

Reason by itself cannot give positive guidance but only command consistency in action which also means impartiality. Reason functions like the rules of logic, which do not tell us what to think but help our thinking to conform to rational principles. One example of a rational principle would be 'Do unto others as you would be done by'. Immanuel Kant gave expression to this in his Categorical Imperative: 'Act on such maxims as you could will to become universal law'. Our capacity to act on rational moral principles bestows on us the dignity of free moral agents and this leads to a further formulation of the Categorical Imperative: 'Treat humanity in your own person and that of others always as an end and never only as a means'. This

position forms the basis of the code.

k) This code uses the word ‘should’ rather than the more coercive ‘must’ or the permissive ‘asks’ to reinforce the advisory nature of the code as a framework in support of professional judgement. Any scrutiny of this process will consider situations in terms of the decisions made, the outcomes and the processes involved. Thinking is not optional. The code has been written primarily to guide not to punish.

l) Finally, ethics is related to the control of power. Clearly, not all clients are powerless but many are disadvantaged by lack of knowledge and certainty compared to the psychologist whose judgement they require. This code attempts to encapsulate the wisdom and experience of the Society to support its members in their professional activities, reassure the public that it is worthy of their trust and to clarify the expectations of all.

II Decision making

a) Thinking about ethics should pervade all professional activity. Ethics can be defined as the science of morals or rules of behaviour. Psychology can be defined as the scientific study of behaviour both internal (for example, cognition and feelings) and external (for example, language and actions). Thus whilst ethics and psychology are distinct, there is nevertheless an overlap as both are concerned with behaviour. Before embarking on professional work the ethical implications should be considered as part of the work context together with legal, professional and other frameworks.

b) Information from surveys of psychologists, data on queries received by the Society and information from formal complaints indicates that certain areas of work produce the majority of concerns about ethical matters.

c) These areas of concern include:

- multiple relationships – where the psychologist owes an allegiance to several different stakeholders;
- personal relationships – where the psychologist infringes or violates the trust of a client or clients;
- unclear or inadequate standards of practice – where the psychologist is unaware of or disregards the current systems in use by peers or others in similar work;
- breaches of confidentiality – where rules and constraints were broken or not clarified in advance with stakeholders;
- competence – where excessive or misleading claims are made or where inadequate safeguards and monitoring exist for new areas of work;
- research issues including falsifying data, failing to obtain consent, plagiarism or failing to acknowledge another's work or contribution.

- health problems affecting performance or conduct; and
- bringing the profession or the Society into disrepute.

d) Many of the above concerns involve unethical behaviour but others involve lack of information, poor planning or carelessness. Reflective practice, peer support and transparency of professional activity would prevent problems occurring or developing into serious concerns.

e) Despite every care being taken ethical difficulties will occur. Several systems of ethical decision making exist and the following is an adaptation of the core themes.

f) Identify the relevant issues:

- What are the parameters of the situation?
- Is there research evidence that might be relevant?
- What legal guidance exists?
- What do peers advise?
- Is there guidance available from the Health Professions Council or other relevant bodies?

g) Identify the clients and other stakeholders and consider or obtain their views.

h) Use the Code of Ethics and Conduct to identify the principles involved.

i) Evaluate the rights, responsibilities and welfare of all clients and stakeholders.

j) Generate the alternative decisions preferably with others to act as a sounding board.

k) Establish a cost/risk benefit analysis to include both short- and long-term consequences.

l) Make the decision after checking that the reasoning behind it is logical, lucid and consistent. Document the process of decision making.

m) Assume responsibility and monitor any outcomes.

n) Apologise for any negative outcomes that result. Many formal complaints are often a client's only way of obtaining an acknowledgement of distress. Saying 'sorry' does not automatically admit liability.

o) Make every effort to correct any negative outcomes and remain engaged in the process.

p) Learn from the process for yourself, for others and for the Society.

q) While the process set out in this section may appear to be a counsel of perfection, the thinking behind ethical decisions needs to be clear, especially where time is short and/or where high levels of emotion and risk are involved.

r) For further reading please see the references after the conclusion section of this code.

III Structure of the code

a) This code is based on four ethical principles, which constitute the main domains of responsibility within which ethical issues are considered. These are

- respect;
- competence;
- responsibility; and
- integrity.

b) Each ethical principle is described in a statement of values, reflecting the fundamental beliefs that guide ethical reasoning, decision making, and behaviour.

c) Each ethical principle described is further defined by a set of standards, setting out the ethical conduct that the Society expects of its members.

IV Ethical principles

1. Ethical principle: RESPECT

Statement of values – Psychologists value the dignity and worth of all persons, with sensitivity to the dynamics of perceived authority or influence over clients, and with particular regard to people's rights including those of privacy and self determination.

1.1 Standard of general respect.

Psychologists should:

(i) Respect individual, cultural and role differences, including (but not exclusively) those involving age, disability, education, ethnicity, gender, language, national origin, race, religion, sexual orientation, marital or family status and socio-economic status.

(ii) Respect the knowledge, insight, experience and expertise of clients, relevant third parties, and members of the general public.

(iii) Avoid practices that are unfair or prejudiced.

(iv) Be willing to explain the bases for their ethical decision making.

1.2 Standard of privacy and confidentiality.

Psychologists should:

(i) Keep appropriate records.

(ii) Normally obtain the consent of clients who are considered legally competent or their duly authorised representatives, for disclosure of confidential information.

(iii) Restrict the scope of disclosure to that which is consistent with professional purposes, the specifics of the initiating request or event, and (so far as required by the law) the specifics of the client's authorisation.

(iv) Record, process, and store confidential information in a fashion designed to avoid inadvertent disclosure.

(v) Ensure from the first contact that clients are aware of the limitations of maintaining confidentiality, with specific reference to:
(a) potentially conflicting or supervening legal and ethical obligations;
(b) the likelihood that consultation with colleagues may occur in order to enhance the effectiveness of service provision; and
(c) the possibility that third parties such as translators or family members may assist in ensuring that the activity concerned is not compromised by a lack of communication.

(vi) Restrict breaches of confidentiality to those exceptional circumstances under which there appears sufficient evidence to raise serious concern about:
(a) the safety of clients;
(b) the safety of other persons who may be endangered by the client's behaviour; or
(c) the health, welfare or safety of children or vulnerable adults.

(vii) Consult a professional colleague when contemplating a breach of confidentiality, unless the delay occasioned by seeking such consultation is rendered impractical by the immediacy of the need for disclosure.

(viii) Document any breach of confidentiality and the reasons compelling disclosure without consent in a contemporaneous note.

(ix) When disclosing confidential information directly to clients, safeguard the confidentiality of information relating to others, and provide adequate assistance in understanding the nature and contents of the information being disclosed.

(x) Make audio, video or photographic recordings of clients only with the explicit permission of clients who are considered legally competent, or their duly authorised representatives.

(xi) Endeavour to ensure that colleagues, staff, trainees, and supervisees with whom psychologists work understand and respect the provisions of this code concerning the handling of confidential information.

1.3 Standard of informed consent

Psychologists should:

(i) Ensure that clients, particularly children and vulnerable adults, are given ample opportunity to understand the nature, purpose, and anticipated consequences of any professional services or research participation, so that they may give informed consent to the extent that their capabilities allow.

(ii) Seek to obtain the informed consent of all clients to whom professional services or research participation are offered.

(iii) Keep adequate records of when, how and from whom consent was obtained.

(iv) Remain alert to the possibility that those people for whom professional services or research participation are contemplated may lack legal capacity for informed consent.

(v) When informed consent cannot be obtained from clients, no duly authorised representative can be identified and a pressing need for the provision of professional services is indicated, consult when feasible a person well-placed to appreciate the potential reactions of clients (such as a family member, or current or recent provider of care or services), for assistance in determining what may be in their best interests.

(vi) When the specific nature of contemplated professional services precludes obtaining informed consent from clients or their duly authorised representatives, obtain specific approval from appropriate institutional ethics authorities before proceeding. Where no institutional ethics authority exists, peers and colleagues should be consulted.

(vii) When the specific nature of research precludes obtaining informed consent from clients or their duly authorised representatives, obtain specific approval from appropriate institutional ethics authorities before proceeding. Where no institutional ethics authority exists, peers and colleagues should be consulted.

(viii) Take particular care when seeking the informed consent of detained persons, in the light of the degree to which circumstances of detention may affect the ability of such clients to consent freely.

(ix) Unless informed consent has been obtained, restrict research based upon observations of public behaviour to those situations in which persons being studied would reasonably expect to be observed by strangers, with reference to local cultural values and to the privacy of persons who, even while in a public space, may believe they are unobserved.

(x) Obtain supplemental informed consent as circumstances indicate, when professional services or research occur over an extended period of time, or when there is significant change in the nature or focus of such activities.

(xi) Withhold information from clients only in exceptional circumstances when necessary to preserve the integrity of research or the efficacy of professional services, or in the public interest and specifically consider any additional safeguards required for the preservation of client welfare.

(xii) Avoid intentional deception of clients unless:
(a) deception is necessary in exceptional circumstances to preserve the integrity of research or the efficacy of professional services;
(b) any additional safeguards required for the preservation of client welfare are specifically considered; and
(c) the nature of the deception is disclosed to clients at the earliest feasible opportunity.

1.4 Standards of self-determination

Psychologists should:

(i) Endeavour to support the self-determination of clients, while at the same time remaining alert to potential limits placed upon self-determination by personal characteristics or by externally imposed circumstances.

(ii) Ensure from the first contact that clients are aware of their right to withdraw at any time from the receipt of professional services or from research participation.

(iii) Comply with requests by clients who are withdrawing from research participation that any data by which they might be personally identified, including recordings, be destroyed.

2 Ethical Principle: COMPETENCE

Statement of values – Psychologists value the continuing development and maintenance of high standards of competence in their professional work, and the importance of preserving their ability to function optimally within the recognised limits of their knowledge, skill, training, education, and experience.

2.1 Standard of awareness of professional ethics

Psychologists should:

(i) Develop and maintain a comprehensive awareness of professional ethics, including familiarity with this Code.

(ii) Integrate ethical considerations into their professional practices as an element of continuing professional development.

2.2 Standard of ethical decision making

Psychologists should:

(i) Recognise that ethical dilemmas will inevitably arise in the course of professional practice.

(ii) Accept their responsibility to attempt to resolve such dilemmas with the appropriate combination of reflection, supervision, and consultation.

(iii) Be committed to the requirements of this Code.

(iv) Engage in a process of ethical decision making that includes:

- identifying relevant issues;
- reflecting upon established principles, values, and standards;
- seeking supervision or peer review;
- using the Code of Ethics and Conduct to identify the principles involved;

- developing alternative courses of action in the light of contextual factors;
- analysing the advantages and disadvantages of various courses of action for those likely to be affected, allowing for different perspectives and cultures;
- choosing a course of action; and
- evaluating the outcomes to inform future ethical decision making.

(v) Be able to justify their actions on ethical grounds.

(vi) Remain aware that the process of ethical decision making must be undertaken with sensitivity to any time constraints that may exist.

(vii) Given the existence of legal obligations that may occasionally appear to contradict certain provisions of this Code, analyse such contradictions with particular care, and adhere to the extent possible to these ethical principles while meeting the legal requirements of their professional roles.

2.3 Standard of recognising limits of competence

Psychologists should:

(i) Practice within the boundaries of their competence.

(ii) Engage in Continued Professional Development.

(iii) Remain abreast of scientific, ethical, and legal innovations germane to their professional activities, with further sensitivity to ongoing developments in the broader social, political and organisational contexts in which they work.

(iv) Seek consultation and supervision when indicated, particularly as circumstances begin to challenge their scientific or professional expertise.

(v) Engage in additional areas of professional activity only after obtaining the knowledge, skill, training, education, and experience necessary for competent functioning.

(vi) Remain aware of and acknowledge the limits of their methods, as well as the limits of the conclusions that may be derived from such methods under different circumstances and for different purposes.

(vii) Strive to ensure that those working under their direct supervision also comply with each of the requirements of this standard and that they are not required to work beyond the limits of their competence.

2.4 Standard of recognising impairment

Psychologists should:

(i) Monitor their own personal and professional lifestyle in order to remain alert to signs of impairment.

(ii) Seek professional consultation or assistance when they become aware of health-related or other personal problems that may impair their own professional competence.

(iii) Refrain from practice when their professional competence is seriously impaired.

(iv) Encourage colleagues whose health-related or other personal problems may reflect impairment to seek professional consultation or assistance, and consider informing other potential sources of intervention, including, for example, the Health Professions Council, when such colleagues appear unable to recognise that a problem exists. Psychologists must inform potential sources of intervention where necessary for the protection of the public.

3 Ethical Principle: RESPONSIBILITY

Statement of Values – Psychologists value their responsibilities to clients, to the general public, and to the profession and science of Psychology, including the avoidance of harm and the prevention of misuse or abuse of their contributions to society.

3.1 Standards of general responsibilty

Psychologists should:

(i) Avoid harming clients, but take into account that the interests of different clients may conflict. The psychologist will need to weigh these interests and the potential harm caused by alternative courses of action or inaction.

(ii) Avoid personal and professional misconduct that might bring the Society or the reputation of the profession into disrepute, recognising that, in particular, convictions for criminal offences that reflect on suitability for practice may be regarded as misconduct by the Society.

(iii) Seek to remain aware of the scientific and professional activities of others with whom they work, with particular attention to the ethical behaviour of employees, assistants, supervisees and students.

(iv) Psychologists have a responsibility to be mindful of any potential risks to themselves.

3.2 Standards of termination and continuity of care

Psychologists should:

(i) Make clear at the first contact, or at the earliest opportunity, the conditions under which the professional services may be terminated.

(ii) Take advice where there appears to be ambiguity about continuing with professional services.

(iii) Terminate professional services when clients do not appear to be deriving benefit and are unlikely to do so.

(iv) Refer clients to alternative sources of assistance as appropriate, facilitating the transfer and continuity of care through reasonable collaboration with other professionals.

3.3 Standard of protection of research participants

Psychologists should:

(i) Consider all research from the standpoint of research participants, for the purpose of eliminating potential risks to psychological well-being, physical health, personal values, or dignity.

(ii) Undertake such consideration with due concern for the potential effects of, for example, age, disability, education, ethnicity, gender, language, national origin, race, religion, marital or family status, or sexual orientation, seeking consultation as needed from those knowledgeable about such effects.

(iii) Ask research participants from the first contact about individual factors that might reasonably lead to risk of harm, and inform research participants of any action they should take to minimise such risks.

(iv) Refrain from using financial compensation or other inducements for research participants to risk harm beyond that which they face in their normal lifestyles.

(v) Obtain the considered and non-subjective approval of independent advisors whenever concluding that harm, unusual discomfort, or other negative consequences may follow from research, and obtain supplemental informed consent from research participants specific to such issues.

(vi) Inform research participants from the first contact that their right to withdraw at any time is not affected by the receipt or offer of any financial compensation or other inducements for participation.

(vii) Inform research participants from the first contact that they may decline to answer any questions put to them, while conveying as well that this may lead to termination of their participation, particularly when safety issues are implicated.

(viii) Inform research participants when evidence is obtained of a psychological or physical problem of which they are apparently unaware, if it appears that failure to do so may endanger their present or future well-being.

(ix) Exercise particular caution when responding to requests for advice from research participants concerning psychological or other issues, and offer to make a referral for assistance if the inquiry appears to involve issues sufficiently serious to warrant professional services.

(x) When conducting research involving animals,
(a) observe the highest standards of animal welfare, including reduction to the minimum of any pain, suffering, fear, distress, frustration, boredom, or lasting harm; and
(b) avoid the infliction of any of these conditions which cannot be strictly justified, in adherence to the Society's published *Guidelines for Psychologists Working with Animals*.

3.4 Standard of debriefing of research participants

Psychologists should:

(i) Debrief research participants at the conclusion of their participation, in order to inform them of the outcomes and nature of the research, to identify any unforeseen harm, discomfort, or misconceptions, and in order to arrange for assistance as needed.

(ii) Take particular care when discussing outcomes with research participants, as seemingly evaluative statements may carry unintended weight.

4 Ethical principle: INTEGRITY

Statement of values – Psychologists value honesty, accuracy, clarity, and fairness in their interactions with all persons, and seek to promote integrity in all facets of their scientific and professional endeavours.

4.1 Standard of honesty and accuracy

Psychologists should:

(i) Be honest and accurate in representing their professional affiliations and qualifications, including such matters as knowledge, skill, training, education, and experience.

(ii) Take reasonable steps to ensure that their qualifications and competences are not misrepresented by others, and to correct any misrepresentations identified.

(iii) Be honest and accurate in conveying professional conclusions, opinions, and research findings, and in acknowledging the potential limitations.

(iv) Be honest and accurate in representing the financial and other parameters and obligations of supervisory, training, employment, and other contractual relationships.

(v) Ensure that clients are aware from the first contact of costs and methods of payment for the provision of professional services.

(vi) Claim only appropriate ownership or credit for their research, published writings, or other scientific and professional contributions, and provide due acknowledgement of the contributions of others to a collaborative work.

(vii) Be honest and accurate in advertising their professional services and products, in order to avoid encouraging unrealistic expectations or otherwise misleading the public.

4.2 Standard of avoiding exploitation and conflicts of interest

Psychologists should:

(i) Remain aware of the problems that may result from dual or multiple relationships, for example, supervising trainees to whom they are married, teaching students with whom they already have a familial relationship, or providing psychological therapy to a friend.

(ii) Avoid forming relationships that may impair professional objectivity or otherwise lead to exploitation of or conflicts of interest with a client.

(iii) Clarify for clients and other relevant parties the professional roles currently assumed and conflicts of interest that might potentially arise.

(iv) Refrain from abusing professional relationships in order to advance their sexual, personal, financial, or other interests.

(v) Recognise that conflicts of interests and inequity of power may still reside after professional relationships are formally terminated, such that professional responsibilities may still apply.

4.3 Standard of Maintaining Personal Boundaries

Psychologists should:

(i) Refrain from engaging in any form of sexual or romantic relationship with persons to whom they are providing professional services, or to whom they owe a continuing duty of care, or with whom they have a relationship of trust. This might include a former patient, a student or trainee, or a junior staff member.

(ii) Refrain from engaging in harassment and strive to maintain their workplaces free from sexual harassment.

(iii) Recognise as harassment any unwelcome verbal or physical behaviour, including sexual advances, when
(a) such conduct interferes with another person's work or creates an intimidating, hostile or offensive working environment;
(b) submission to this conduct is made implicitly or explicitly a term or condition of a person's education, employment or access to resources; or
(c) submission or rejection of such conduct is used as a basis for decisions affecting a person's education or employment prospects.

(iv) Recognise that harassment may consist of a single serious act or multiple persistent or pervasive acts, and that it further includes behaviour that ridicules, disparages, or abuses a person.

(v) Make clear to students, supervisees, trainees and employees, as part of their induction, that agreed procedures addressing harassment exist within both the workplace and the Society.

(vi) Cultivate an awareness of power structures and tensions within groups or teams.

4.4 Standard of Addressing Ethical Misconduct

Psychologists should:

(i) Challenge colleagues who appear to have engaged in ethical misconduct, and/or consider bringing allegations of such misconduct to the attention of those charged with the responsibility to investigate them, particularly when members of the public appear to have been, or may be, affected by the behaviour in question.

(ii) When bringing allegations of misconduct by a colleague, do so without malice and with no breaches of confidentiality other than those necessary to the proper investigatory processes.

(iii) When the subject of allegations of misconduct themselves, take all reasonable steps to assist those charged with the responsibility to investigate them.

IV CONCLUSION

This Code provides the parameters within which professional judgements should be made. However, it cannot, and does not aim to, provide the answer to every ethical dilemma a psychologist may face. It is important to remember to reflect and apply a process to resolve ethical dilemmas as set out in this code.

If you have a question about the code or about professional ethics, there are several potential sources of advice. There is a dedicated Code of Ethics and Conduct area on the Society's website (www.bps.org.uk). Ethical advice and support for members can be obtained by e-mailing either **practice-ethics@bps.org.uk** or **research-ethics@bps.org.uk**.

The Society cannot give legal advice, or provide practical support to members who have been complained about. For that reason, the Society strongly recommends that members consider taking out professional indemnity insurance. The Society has approved an insurance scheme, and details are available from the Society, but there are other insurance policies that members could consider.

The Society cannot determine allegations about fitness to practise. Any such allegations are referred to the Health Professions Council (http://www.hpc-uk.org/; email: **ftp@hpc-uk.org**; telephone: 0800 328 4218; or write to: Health Professions Council, Park House, 184 Kennington Park Road, London SE11 4BU).

All allegations against Society members will be dealt with in accordance with the Member Conduct Rules.

This code was written by the Ethics Committee of the British Psychological Society. Thanks are due to all the current and former members of the Committee and all those who assisted in the drafting of earlier versions the code, with particular thanks to representatives of Witness (formerly POPAN: the Prevention of Professional Abuse Network), the philosophers Baroness Mary Warnock and Professor Peter Rickman and last but not least to Dr Eric Drogin and Professor John Williams.

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APPENDIX

Main documents consulted in preparing the Code of Ethics and Conduct.

United Nations Universal Declaration of Human Rights (1948)

World Medical Association Declaration of Helsinki (1964, last amended 2000)

European Convention on Human Rights and Fundamental Freedoms (1963, last amended 1985)

Meta-Code of Ethics and Carte Ethica – European Federation of Psychologists Associations (1995)

Code of Professional Ethics – The Psychological Society of Ireland (1999)

Canadian Code of Ethics for Psychologists – Canadian Psychological Association (2000)

Ethical Principles of Psychologists and Code of Conduct – American Psychological Association (2002)

Ethical Framework for Good Practice in Counselling and Psychotherapy – British Association for Counselling and Psychotherapy (2002)

Ethical Requirements for Member Organisations – United Kingdom Council for Psychotherapy (2003)

Standards in Applied Psychology – National Occupational Standards Board

Confidentiality – General Medical Council (2004)

Whistleblowers Policy Pack – Public Concern at Work (2003)

The Local Authorities (Model Code of Conduct) (England) Order (2001)

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