



The Association for Professional Hypnosis and Psychotherapy
(Hereinafter referred to as 'The Association')

The rules laid out in this document take effect as from August 1st 2021 and override any other documentation or advice given since The Association was first established.

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This document contains details of requirements for:

Professional Membership Details
Continuing Professional Development Requirements (CPD)
Supervision Requirements
Complaints Procedure
Ethical Guidelines

Professional Membership Criteria

At the APHP we have four main Membership levels (excluding Student Membership which is not entered onto the website) The four levels are AAPHP, LAPHP, MAPHP, MAPHP(acc)

The Association deems that most applicants who approach us for registration will have met the current National Occupational Standards for training. This means being sufficiently trained to diploma level (and therefore have a standard of training appropriate to be able to work with private clients)

Current NOS standards are set to 120/450 hours training. This requires that at least 120 hours out of 450 hours must have been in class, or live face-to-face teaching. The remaining hours must be made up of coursework, and other course specific related study such as; home study including homework, exam writing, research, reading, watching video content. All of the activities need to be *specific* to the course you undertook.

Other applicants to The Association are permitted to apply, but their training will need to collectively align to the NOS standards, be from recognised training and properly accredited establishments and be assessed by the Chair and/or Director of The Association before a formal decision made as to if their application can be accepted.

The decision made about membership by the Chair or Director of the APHP will be full and final.

We will require the following information in both cases:

- A clear photograph or scan of your main core training diploma and any other main certifications or relevant CPD diplomas/certifications.
- The name of your training school, including the location and any website details.
- The hours attended both in-class, and out of class learning, and whether they were live or in-person online learning
- The name of your tutor **and** supervisor (if you have one) and their contact details.
- A copy of your current business insurance details.

In some cases we will also request a professional reference which can be supplied by either a current member of the APHP who holds the title MAPAP, MAPHP(acc), Fellow, or another professional who is known to the APHP, the NRPC or the Chair or the Director.

Please note: most applicants will come into the association via the LAPHP membership grade. The highest grade you may apply for as new applicant will be MAPHP. Progression to MAPHP(acc) is possible with certain criteria met, please see the subheading MAPHP(acc) in the document below.

[Membership Grades in more detail:](#)

Student Membership

The Association offers all students of APHP Accredited courses student membership status. Student members who go on to successfully complete year 1 and are awarded their diploma qualification, will be eligible to apply for Licentiate Membership (LAPHP)

Graduates who wish to join The Association as full members at LAPHP grade must apply to do so within 3 months of the end of each course. If a graduate applies to The Association outside of this window, they may be entered at AAPHP level and will be required to stay at that level for 12 months.

Affiliate (AAPHP)

The Association defines an Affiliate member as one who:

1. Has not held APHP or NRPC membership previously
2. Was not trained via an APHP Accredited Training Programme but can show evidence of having completed two years of clinical practice.
3. Has completed a satisfactory training course that may not have been classroom-based but was live guided learning (real-time) and included interaction and assessment with a professional tutor.

For the applicant to be considered AAPHP, The Association will need:

A submitted documentation on application that includes full details of all training undertaken with attachments showing core training & proof of current running insurance.

The applicant needs to state the following:

Whether their core training was:

- Classroom based
- Distance learning
- Personal tutorial
- The total number of hours attended
- Details of the teachers, to include name and contact details.
- Details of the Supervisor used, to include name and contact details
- Full current insurance documentation or an insurance policy number

Applicants might also request to join by applying to be sponsored by a current APHP/NRPC Registered Member, Accredited Member or Fellow. Sponsorship is not acceptable by Licentiate Members.

If the application is accepted, the grade of membership will be decided by The Chair and/or Director of the APHP/NRPC.

In most cases, the applicant will come into the Association as AAPHP and if the member stays with the APHP for 2 years, remains in good standing, can produce evidence of a formal

supervision agreement and that they have achieved 15 hours of CPD a year, then they may apply for an upgrade to LAPHP and so on.

The APHP does not accept *all* applications from therapists not trained by an APHP accredited training school, all decisions made in this regard will be final.

Without reaching the National Occupational Standards (NOS) in your core training, this grade will not be a route to joining CNHC via The Association.

Licentiate (LAPHP)

The Association defines a Licentiate Member (LAPHP) as one who has demonstrated that they are adequately trained and competent to practice but has not demonstrated to **The Association** further experience of professional practice. (They may, however, have such experience.)

There are three routes to Licentiate Membership:

- **Route A:** Successful completion and graduation of an APHP Accredited Training Programme. Applicants must apply to join within 3 months of the date of their diploma qualification. If applied outside of this time, members may be added at AAPHP level for a year until they can apply for an upgrade to LAPHP
- **Route B:** Completion of a Training Program deemed to be equivalent to an APHP Accredited Training Programme, which meets current National Occupational Standards. This must include a written Examination, or an assessment administered by the Accreditation Officer depending upon the applicant's circumstances.
- **Route C:** This requires those applicants who have completed live guided learning and have been actively working in the profession for a minimum of 3 years, with evidence of supervised practice in the way of a written report from their current supervisor and who are able to demonstrate 15 hours of CPD per year and provide insurance details during that period.

Route C applicants will be considered at the discretion of The Association. All decisions made in this regard will be final.

Registered Member (MAPHP)

The Association defines a Registered Member (MAPHP) as one who has demonstrated to **The Association**, not only those criteria relevant to Licentiate Membership, but also additional experience of professional practice, as detailed below:

There are three routes to Registered Membership:

- **Route A:** An existing Licentiate Member of two years' good standing, who provides evidence that they have been under professional supervision (defined as a supervision arrangement with a suitably qualified individual, said individual being able to write a report/reference to The Association outlining the nature and scope of the supervision) and who can demonstrate the **CPD** requirements have been met.
- **Route B:** A new member who provides evidence of; appropriate training including the 120/450 rule (see above); five years of successful professional practice, and who provides evidence that they have been under professional supervision (defined as a supervision arrangement with a suitably qualified individual, said individual being able to write a report/reference to The Association outlining the nature and scope of the supervision if required) AND can demonstrate **CPD** requirements have been met.
- **Route C:** A new member who provides evidence of appropriate training, 5 years of successful professional practice, *without* evidence of professional supervision, but who agrees to undertaking appropriate supervision, their **CPD** requirements have been met, AND can provide a professional reference from an existing member at grade MAPHP or above, or another professional reference of some kind.

Accredited Member (MAPHP Acc)

The Association defines an Accredited Member (MAPHP Acc.) as one who has held membership with the **The Association** at MAPHP level for the required period of 3 years. There is one route to becoming MAPHP(acc)

- **Route:** An existing Registered Member of three years' good standing within MAPHP level, who provides evidence that they have been under professional supervision (defined as a supervision arrangement with a suitably qualified individual, said individual being able to write a report to **The Association** outlining the nature and scope of the supervision.) AND their **CPD** requirements have been met.

In exceptional circumstances you may apply for MAPHP(acc) membership status, however cases of being granted this status are rare and at the discretion of the Chair or Director of the APHP.

There is currently no facility for applying for **Fellow** status in The Association; such qualification will continue to be a discretionary award for the time being, based upon

evident skills, services to Hypnotherapy in general and APHP in particular. *It will not be awarded on a 'time served' basis.*

Continuing Professional Development

CPD ensures that the hypnotherapist does not stand still in their practice but continues to grow and develop as a practitioner.

For all grades of membership of the Association, there is an annual requirement of a minimum of at least 15 hours of continuing professional development per year (not necessarily APHP CPD) when renewing membership each year. You will be required to make a record of CPD each membership year, and we will reserve the right to ask for proof of this at any time. For upgrades of membership and new member applications, slightly different criteria may apply, based around units of **CPD** gained until point of application.

Valid CPD may include the following:

Both formal and informal learning
Face to face or online learning including workshops and seminars
Relevant Research, including internet research
Reflective Study
Relevant Reading/Videos (will not count for more than 3 hours)

The Association reserves the right to complete annual spot checks with members, to request proof of both CPD and Supervision.

Supervision Requirements

Newly qualified therapists

If you are a newly qualified therapist you do not need to register for a formal supervision program if you are not seeing clients. Your membership level will remain at **Licentiate** level and there will be no downgrading applied for a maximum of 2 years. After this time, if you inform the association that you are still not working, in writing, you will be downgraded to AAPHP status, and you can stay at this level until such times as you start to work, or indefinitely, as long as your annual membership fee is paid.

HOWEVER:

- (1) As soon as you begin to see clients, even part time, you will need to enter and maintain a formal supervision agreement with a qualified supervisor.
- (2) When you have entered and maintained such agreement *and are seeing clients on a regular basis* for a period of two years, you become eligible for an upgrade of membership to **Registered Member (MAPHP)**

It is no longer possible to upgrade your membership to 'registered' status simply by 'length of time qualified'

Supervision in Hypnotherapy

Advice to Hypnotherapists

Supervision is rightly considered to be vital to the practice of professional hypnotherapy. In the early years, it is often the only way in which a therapist can find, not only help in emergencies or with clients whose presenting issues are difficult; but it is also the way in which a therapist can be seen, by a more experienced person working in the same field, to be growing and maturing. Supervision is a valuable "checking in" procedure, helping therapists stay grounded and centered, maintain professional and personal boundaries, avoid "burnout", and thus provide safe, ethical and competent hypnotherapy for all clients.

The Association policy on supervision is straightforward. Supervision is not compulsory, but the price of not maintaining an appropriate supervision arrangement is that you will not advance beyond Licentiate Member (LAPHP) – and may even be downgraded to AAPHP - the lowest level of professional membership

Any Licentiate who undertakes no supervision of any kind for two years will be downgraded to Affiliate Member.

The Association acknowledges *two kinds of supervision arrangement: formal and informal*. It considers that all hypnotherapists of fewer than five years' experience, must maintain a **formal supervision arrangement**. Hypnotherapists who both have more than five years' experience, and who are of the grade of MAPHP(Acc) or above, are entitled to maintain an **informal supervision arrangement**, but this is still subject to guidelines.

To be a **formal** arrangement, the following criteria must be met:

- 1.) There is a **written contract** between supervisor and supervisee which sets out costs, timing, ethics and expectations of the arrangement.
- 2.) The supervision occurs at **regular set times** throughout the year; said times to adhere to The Association guidelines as to number of hours required (see below.)
- 3.) The **modality** and **method** of supervision (see below) are appropriate to the grade of member being supervised.
- 4.) **Confidentiality** of clients is maintained within the arrangement.
- 5.) The Supervisor is properly **qualified**. The Association accepts the validity of supervision by APHP Supervisors with the qualification APHP(Sup) and Accredited Supervisors in other associations may also be accepted – contact the Association if in doubt.
- 6.) The Supervisor will maintain an accurate log of the time spent in supervision and will report to the head office as necessary (see later). The Supervisor is professionally insured as a practitioner and agrees to abide by The Association Code of Ethics and Complaints Procedure.

An **informal** arrangement is one which does not meet all the above criteria. For example, an occasional chat with a friend who is also a therapist does *not* count as formal supervision – even if that friend is a very experienced therapist, your trainer, etc.

To count for upgrades or maintenance of membership, even an informal relationship will require a written report by the supervisor.

Supervision Modalities

A supervision modality describes the relationship dynamic between supervisor and supervisee.

Differential Supervision

Differential Supervision occurs when there is

(a) an appropriate gap of experience between supervisor and supervisee, i.e. that the supervisor is significantly more experienced, and preferably more qualified, than the supervisee.

(b) no social or business relationship between the supervisor and supervisee (e.g. a friendship, in practice together, teaching for the same training school, etc.) However, the supervisee may be a trainee or former trainee of the supervisor.

The Association considers that ONLY Differential Supervision is the appropriate modality for the following grades:

Affiliate

Licentiate (LAPHP)

Registered Member (MAPHP) (For those with less than 5 years professional practice)

Peer Supervision

Peer Supervision occurs when there is

(a) no essential gap in experience or membership grade between supervisor and supervisee, or that there is a gap but it does not feature within the supervision dynamic.

(b) that the supervisor and supervisee recognise each other as peers and that, therefore, the supervision is *mutual* and *reciprocal*, each taking on both roles.

(c) a social or business relationship may exist between supervisor and supervisee engaged in peer supervision.

The Association considers that Peer Supervision is appropriate for the following grades – although said grades may utilise Differential Supervision if they choose to do so.

Registered Member (MAPHP) (For those with over 5 years professional practice)

Accredited Member (MAPHP Acc.)

Fellow (FAPHP)

Method of Supervision

The Association acknowledges the following methods of supervision:

Face to Face

The supervisor and supervisee meet together.

The following grades of supervisee may use this method:

ALL GRADES

Telephone/Web Cam/Other Technologies including Skype and Zoom etc

The supervision occurs by telephone, web cam, or other similar technologies which utilise *real time conversation*.

The following grades of supervisee may use this method:

ALL GRADES

Supervision Hours Required/Class Numbers

The following 'session counts' refer to a regular basis. If a therapist normally conducts 30 sessions weekly but for one month only that increases to, say, 35, then they would be considered to still be within the 6-30 sessions band.

For part-time therapists conducting 5 or fewer sessions weekly (20 sessions per month or less): 5 supervision meetings per year.

For therapists conducting between 6 and 30 sessions weekly (24 to 120 sessions a month): 10-12 supervision meetings per year.

For therapists conducting more than 30 sessions weekly (more than 120 per month): 15 supervision meetings per year.

There should be a set, agreed number of sessions for supervision. Each session should aim to last for one hour.

There should be a provision for emergency advice or consultation with the Supervisor over and above the agreed number of sessions.

Small groups are acceptable, but supervision session time should increase accordingly. 2 supervisees = 1.5 hours; 3-6 supervisees=2 hours; 7-10 supervisees=2.5 hours per session.

Supervision of groups ideally face to face, however, providing there is adequate time given per supervisee, then live online supervision may be permitted at the discretion of The Association. The Association considers groups of more than 10 to be inappropriate for supervision.

Payment for supervision

Payment is a matter for individual supervisors and supervisees. A *general* guide is that a supervisor is paid the equivalent of their hourly client rate per supervision session, plus a small fee for writing up the yearly report. However, many supervisors operate different models and payment schemes. A written contract between supervisor and supervisee if money is involved is highly recommended, as well as being a condition of the arrangement being a formal arrangement.

Another *general* comment is that there is often a slight reduction for group supervision.

Qualifications to become an accredited supervisor grade

Requests to become an AHP Supervisor will be assessed by:

- Length of time in full-time practice (minimum 5 years)
- Amount of clinical experience annually (not less than 1000 hours)
- Amount of teaching/presentation time annually (not less than 15 hours)

There are a limited number of supervisor roles within the AHP or the NRPC and are not given as an automatic right. They are given at the discretion of the Chair.

Those becoming supervisors will be awarded the qualification of AHP(Sup)

Quick check list – supervision requirements by membership grade

Supervisee:

- **LAPHP**
- **MAPHP (with less than 5 years professional practice)**
 - ✓ There is a written agreement between supervisor and supervisee
 - ✓ There is a timetable for the year
 - ✓ The Supervisor is qualified as such
 - ✓ The Supervisor will maintain a log of time spent in supervision
 - ✓ The Supervisor is more qualified and experienced than you
 - ✓ You do not have a social or business relationship with your Supervisor
 - ✓ Your supervision is face to face or by phone or similar (not email or post)
 - ✓ You have understood how many sessions the Association requires
 - ✓ You have understood how long each session needs to be (depending on size of group)
 - ✓ Your supervision group does not exceed 10 members.
 - ✓ The supervisor will report if you do not attend sufficient supervision sessions or if they consider that you are not able to fulfil your duty of care to your clients.

- **MAPHP (with more than 5 years professional practice)**
- **MAPHP (Acc) Supervision may be on an informal basis for this grade and higher.**
 - ✓ The Supervisor is qualified as such
 - ✓ Your supervision is face to face or by phone or similar (not email or post)
 - ✓ Your supervision group does not exceed 10 members.
 - ✓ The supervisor will report only if they consider that you are not able to fulfil your duty of care to your clients.

- **Fellows**
 - ✓ Your supervision may be face to face, phone or email/post.
 - ✓ The supervisor will report only if they consider that you are not able to fulfil your duty of care to your clients.

If you require any further help or advice, please contact one of the board who will be happy to assist.

Chair: Georgina McKinnon FAPHP(Sup)
 Phone: 0333 7721333
 Email: chair@aphp.co.uk

Director: Emma Evans MAPHP AHP(Sup)
 Email: emma@aphp.co.uk

Membership Secretary/Admin:
 Acting: Emma Evans MAPHP AHP(Sup)
 Phone: 03337721333
 Email: admin@aphp.co.uk

Ethics Officer: June Hale FAPHP(Sup)
 Email: june@lyonessetherapies.co.uk

Professional Standards: Chris Macintosh FAPHP
 Email: chrisiainmac@yahoo.com

APHP Code of Ethics

All practicing members of 'The Association' and 'The Register' undertake to:

1. Maintain strict confidentiality within the therapeutic relationship, consistent with the good care of the client and the laws of the land and ensure that any client notes and records be kept secure and confidential. Confidentiality must be observed at all times unless:
 - (a) it is demonstrably in the best interest of the client/patient to disclose relevant information to the client's medical consultant or Physician;
 - (b) the client/patient has given their written permission to disclose information to their medical consultant or Physician;
 - (c) where the law requires disclosure;
 - (d) when sharing information with fellow professionals. In the latter case, client anonymity must be guaranteed;
 - (e) in the event of a complaint being made against them, subject to the complainant providing written consent for their notes and records to be made available, members may be required to provide this information to The Association on demand.Practitioners must note that the question of confidentiality also applies to client records, computerised records (which must conform to the Data Protection Act, 1986) and any current GDPR regulations. This applies also to any audio or video recording. Any information or case histories used for training or commercial purposes must have the written consent of the individual involved.
2. Never promise a cure for any condition or problem, nor give advice or otherwise pass comment on any medical, psychiatric, or psychological problem or condition unless they have training and qualifications in these fields.
3. To provide a service to clients only in those areas in which they have trained and demonstrated competence, and for which they carry full professional indemnity

insurance that is acceptable to The Association.

4. Be aware of their own limitations and experience and whenever appropriate, be prepared to refer a client on to another more suitable practitioner (whether or not that practitioner be a member of The Association) who might reasonably be expected to offer suitable treatment.
5. Ensure as far as possible that wherever an aspect of the client's condition is either known or suspected to be beyond their area of expertise, the client be advised to seek medical or other appropriate advice.
6. Always obtain written permission from the client (or client's parents/guardians if appropriate) before recording client sessions by *any* method other than written notes.
7. Take all reasonable steps to ensure the safety of both the client and any person who may be accompanying the client.
8. Refrain from using their position of trust to exploit the client emotionally, sexually, financially or in other way whatsoever. Should either a sexual or financial relationship (other than the payment of session fees or purchase of books, tapes, or other relevant products) develop between either therapist and client or members of their respective immediate families, the therapist must immediately cease to accept fees, terminate treatment consistent with clause 9 below and transfer the client to another suitable therapist at the earliest opportunity.
9. Refrain from commencing any sort of relationship with any client, past or present, other than a therapeutic one. Clients must remain solely as clients. Members are *strongly advised* against working with friends or family for anything other than simple relaxation work or other 'single-session' therapies.
10. Terminate treatment at the earliest moment consistent with the good care of the client.
11. As a therapist you should provide services whilst being cognisant of the diversity and equality of all clients. This is to be irrespective of their legally identified, perceived or self-identified gender, marital status, ethnic origin, disability, age,

nationality, national origin, sexual orientation, religion, beliefs or socio-economic background. Where a therapist is unable to act in the spirit of the foregoing, i.e. where a therapist is not at ease with some aspect of the client's 'way of being', or cannot make reasonable adjustment to accommodate special requirements (such as step free access, or to accommodate a chaperone for example) then it is part of that therapist's duty of care to refer the client on to another suitable practitioner.

12. As far as possible, not to refuse therapy because of financial hardship.

13. Ensure that their work place and all facilities offered to both clients and their companions will be in every respect suitable and appropriate for the service provided.

14. Disclose full details of all relevant training, experience and qualifications to clients upon request.

15. Make no claim that they hold specific qualifications unless such claim can be totally substantiated.

16. Use no claim or title connected with The Association other than that they are Members of The Association. Appropriate designated letters, i.e. LAPHP (Licentiate), MAPHP (Member), MAPHP (Acc.) (Accredited Member), FAPHP (Fellow) and Association logos may be displayed.

17. Explain fully to clients in advance of any treatment, fees, terms of payment, session length, and any charges levied for non-attendance or cancelled appointments.

18. Present all services and products in an unambiguous manner and ensure that the client retains complete control of the decision to purchase such services or products.

19. Neither expect nor encourage gifts from clients. Small tokens of appreciation may be accepted at the end of therapy but should in no way be solicited.

20. Conduct themselves *at all times* in accordance with their professional status.

21. (a) Inform The Association, upon initial application, of any disciplinary action taken against them by any professional body and further inform The Association, in

writing, of any subsequent action taken against them whilst a member of The Association.

(b) Confirm, upon initial application, that they have not been convicted of any offence likely to bring their professional name or the reputation of The Association into disrepute and undertake to inform The Association, in writing, should such an event subsequently occur whilst a member of The Association.

22. Inform The Association, in writing, of any change in contact address, email address and/or telephone number, at the earliest convenient moment.

23. Minors (under 16 years old) must always be accompanied by a parent or guardian throughout any session, including assessment sessions.

24. UK members must ensure that all advertising shall comply with the British Code of Advertising Practice, accord with the Advertising Standards Authority and make available all such literature to The Association on demand. In the case of overseas Members, their advertising shall comply fully with the laws of their land.

25. Make available all relevant information requested as a result of investigation by the appointed Complaints and Disciplinary Officer without hindrance (whether implied or actual) or unreasonable delay and comply fully with all requirements inherent within the Complaints and Disciplinary procedure.

26. To use a trading name (i.e. 'Anytown Hypnotherapy Centre') only if operating their practice from a bona fide commercial premises.

27. To never publicly criticise or malign another member of the profession, either with or without perceived justification, whether or not they are a member of The Association.

28. To report to The Association, any other Member who appears to be in breaking one or more of the ethical rules laid down in this document. Such complaint can be made with total confidentiality; the complainant's name will not be revealed other than to the members of the Advisory Board. Anonymous complaints will not be considered but all others will be fully investigated.

29. If a member publishes a testimonial from any client, it is **essential** to ensure that;
(a) proper registration of the member's practice with the data commission is up-to-date.

(b) no statement in such testimonial makes any statement that is not allowed under the terms of the British Code of Advertising Practice.

and

(c) the original dated document containing the testimonial, for example email, must be held securely and must include proper contact details of the individual providing the testimonial such as their email address.

When using a client testimonial you must maintain the clients confidentiality.

You must gain written permission from the client that they understand they may be contacted, so that the testimonial can be substantiated.

30. Members will refrain from any behavior in connection with their professional endeavors that would be likely to bring the Association into disrepute.

31. Members shall not use the title "Doctor" in a manner which may mislead any member of the public to believe that they are medically qualified if they are not so qualified. Any use of the title must be clearly defined by a qualifying statement, i.e. the form of a doctorate.

All members accept that this is not a static document and that it may be altered from time to time, by The Association, in accordance with the need to ensure ongoing professionalism within the field of hypnotherapy and psychotherapy.