



The
British
Psychological
Society

Division of Clinical Psychology

Record Keeping: Guidance on Good Practice

Dr Sarah Newton

Contents

Introduction	3
Guidance on Good Practice: Frequently asked questions and answers	6
Who owns the records?	6
Can records be confidential?	6
What is a record?	8
Can Clinical Psychologists keep separate notes?	8
Should Clinical Psychologists contribute to the shared record?.....	10
What might be the exceptions to contributing to the shared record?.....	10
Who can access the record?	11
Are there special issues with children?	11
Are there special issues with vulnerable adults?.....	11
How should psychologists' notes be managed?.....	12
Can letters form part of the record?	12
What should happen to materials from psychological assessments?	12
What if a client requests that their notes be destroyed at the end of treatment?	11
What about activity recording?	13
When do I need to gain consent?	13
Do supervision notes form part of the record?	14
Back to basics.....	15
Conclusions.....	16
References and Resources	17

Introduction

All Clinical Psychologists must exercise their professional responsibility with regard to record keeping. This is the case whether they are keeping separate psychology records or working in integrated records; whether they are in paper or electronic formats (or using both in parallel); whether in public, private or voluntary sectors; whether working in a clinical capacity, completing evaluative, audit or research activities; or undertaking pre qualification training or post-qualification CPD activities. This guidance can be used a stand-alone document and is also to be made available as a section in the *Professional Practice Guidelines*.

This guidance replaces the DCP publication, *Clinical Psychology and Case Notes: Guidance on Good Practice*, published by the Society in 2000. The pace of change with regard to records means that any document published now may be out of date within months. The guidance should, therefore, be read in conjunction with the prevailing legal, Department of Health and employing organization's standards and requirements. Such information is readily available on the relevant websites (e.g. www.doh.gov.uk, *Standards for Better Health*, 21 July, 2004, updated 3 April, 2006). Whatever the working context adherence to core standards will ensure psychologist's records are:

- of the highest standard required and auditable;
- accessible and useable by clinicians and managers who have a 'need to know' or clients who have requested copies;
- meet specified requirements for format, method of recording, content, storage, access and archiving;
- serve their primary purpose in recording the care of individuals through the work of the clinician.

Psychologists working in the NHS will be working within the framework of *Standards for Better Health*. Information management and record keeping have specific mention in:

- First domain – Safety C1 a and b;
- Second domain – Clinical and cost effectiveness C5;
- Third domain – Governance C9, C10b, D6;
- Fourth domain – Patient focus C13 b and c, C16;

Matters of confidentiality and privacy are also referred to in other domains (e.g. Sixth domain – Care environment and amenities C20).

Additionally, those in the NHS will have a Knowledge and Skills Framework outline that relates to their professional development. Whilst all core and additional dimensions refer to records to some degree the following are examples of those having particular relevance:

- Core Dimension 1: Communication;
- Dimension HWB2: Assessment and Care Planning to meet Health and Well-being needs;
- Dimension HWB6: Assessment and Treatment Planning.

Thus, within the KSF, record keeping is considered an important skill where levels of competence can be developed over time. These and other KSF skills and competencies are the focus of the Department of Health's Skills for Health developments.

Legal and ethical considerations are set out in the Society's and DCP publications relating to *Professional Practice* (1995), *Code of Ethics and Conduct* (2006). The Department of Health and the National Health Service Litigation Authority provide detailed information relating to individual and corporate legal responsibilities (e.g. *Records Management: NHS Code of Practice Parts 1 and 2*, 5 April, 2006; *NHS Information Governance – Guidance on Legal and Professional Obligations*, 2007).

Although the sources for this guidance are predominantly for the UK or England, reference is made throughout the text to some of the key documents and directives as they apply to those psychologists working in Northern Ireland, Scotland and Wales. The Department of Health and the Office of Public Sector Information provide links to relevant sources for the UK as a whole and to each of the devolved nations.

The late Karen Ehlert started this work with Dr Tony Wainwright and contributions from Dr Sarah Newton. It was further developed at the DCP Strategy meeting in April, 2006, with a number of interested parties and David Trickey who was revising the *Professional Practice Guidelines*. The existing guidelines written in 2000 by Dr Peter Harvey were excellent but are now out of date. Those parts that have continuing relevance have been retained. In addition Dr Bernard Kat published 'Use of electronic records as the professional record' in *The Psychologist* (January, 1998, pp.23–26). He explored the issues that are now present as the NHS moves towards electronic records with single 'files' for each person. Professor Michael Berger has subsequently researched and written two useful papers 'Implementing the NHS vision for clinical information systems: some issues and implications for clinical psychology services' (Berger, 2007a) and a paper on 'A functional approach to clinical practice: introducing the international classification of functions and its implications for clinical psychology' (Berger, 2007b). Both refer to activity recording and coding and the former specifically looks at some major issues relating to all forms of electronic record keeping as might be applicable in the professional practice of clinical psychology. Professor Michael Berger and

Dr Adrian Skinner have written an informative and helpful update on the progress and challenges in the development of electronic record systems for the profession (2008). Their support and advice in the preparation of this record keeping guidance has been invaluable.

The present guidance is intended to be useable by psychologists regardless of working contexts. Psychologists should adhere to the highest standards whether in these professional guidelines or their employer's policies. Clinical Psychologists will, in any given situation, take guidance into account along with their employer's policies, prevailing mandatory national and local standards and their own clinical judgment.

The question and answer format should address the key areas for practice and of concern. The guidance will be reviewed at least bi-annually by the DCP's Professional Standards Unit and may be amended and extended to incorporate the latest directives and additional questions and answers not yet apparent.

Guidance on Good Practice:

Frequently asked questions and answers

Who owns the records?

Kat (1998) noted a number of points in relation to ownership and touched on what might be similarities and differences with paper and electronic records as well as ethical matters regarding access. The prevailing view is that records belong to the employing organization that also has the responsibility for exercising archiving and destruction at the appropriate time. They are contributed to by the professional working with the person.

The Data Protection Act 1998 (effective from 1 March, 2000) governs access to the health records of living people. The Access to Health Records Act 1990 governs access to the health records of deceased people (Appendix 2 DOH Record Keeping – Frequently asked questions).

Can records be confidential?

While it is essential to assure clients that you will be working in a context where confidentiality is extremely important and only those with a need to know should be able to access information, confidentiality cannot be absolute (e.g. where there may be issues of over-riding public or personal safety, child protection, vulnerable adults). Information can be requested by the courts and by the person the records relate to. At times the requests of service users and their representatives may be at variance with professional codes or organizations policies. Reference to appropriate documents and legal advice for the professional and employing organizations will be essential in order to resolve these matters.

Computer-held records mean that the information held is accessible by an increased number of people not just in the NHS in England but potentially outside the NHS and across the world. There is scope for preventing access to certain information in such records through a process of sealing. Patient Sealing and Clinician Sealing of information in the electronic records is planned for 2008/9 (*'Sealed Envelopes' Briefing Paper: 'Selective Alerting' Approach*, 2006, Crown Copyright). Contemporaneous and retrospective sealing will be possible, but not prospective sealing. Parts of records may be sealed and the duration of the sealing specified. This activity is dependent on the development and implementation of the NHS computer systems in the Connecting for Health programme.

The Society's *Code of Ethics and Conduct* (2006) states that psychologists should:

- i. Keep appropriate records.
- ii. Normally obtain the consent of clients who are considered legally competent or their duly authorized 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 authorization.
- iv. Record, process and store confidential information in a fashion designed to avoid inadvertent disclosure.

And with regard to confidentiality should:

- 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.

Further information can be accessed in Confidentiality: NHS Code of Practice at www.dh.gov.uk and via publications for each of the devolved nations on their NHS sites (e.g. Wales Centre for Health, Data Protection and Confidentiality Policy, December, 2005). The Common Law Duty of Confidentiality (cited on pp.51–53 Records Management: NHS Code of Practice, 5 April, 2006) describes three circumstances for the lawful disclosure of confidential information. These include where the client has given consent (where disclosure is to be outside the team caring for them), where disclosure is in the public interest and where there is a legal duty to do so (e.g. a court order). Legal action can be taken by the client against the professional and the organization if confidentiality is breached if a disclosure is made that is not permitted under common law. The Care Record Guarantee: Our guarantee for NHS care records in England, August, 2007, third edition, NHS; the Information Security Management: NHS Code of Practice, April 2007, DOH, are additional sources of information with clear guidance for patients and professionals. In March, 2007, Martin Crawshaw, Chair of the Professional Practice Board, wrote on behalf of the British Psychological Society to the Commons Health Select Committee Inquiry into the Electronic Patient Record and its Use. The response detailing the Society's views about EPR was prepared by members of the DCP Informatics sub-committee, Dr Adrian Skinner (Chair) and Professor Michael Berger.

What is a record?

For those working in NHS contexts a record is:

Anything which contains information (in any media) which has been created or gathered as a result of any aspect of the work of NHS employees (HSC 1999/53, Appendix A, para 5.1).

This is easily applicable in other non-NHS contexts too. The key points are that all and any material can be part of the record and that includes handwritten, computer typed and filed, audio and visual recordings, proformas used in assessments, records made by the client, creative work completed by the client (e.g. artwork). Electronic information including e-mails and mobile phone texts will need to be addressed. This applies both to communications within and between teams and/or services caring for a client or client group and to the communications between professionals and their clients. Their status as of 2007 is contentious both in terms of confidentiality and how one makes and places a record in the electronic or paper file. Advancements in technology and increasing acceptance of ways of communicating with clients that reflect societal developments will influence progress in this area and adjustments to national standards.

Records management: NHS Code of Practice Parts 1 and 2, 5 April, 2006, makes reference to electronic communications but not in sufficient detail for absolute answers to the questions of professionals in the situations described above. The Data Protection Act 1998 defines a record as consisting of information about the physical or mental health or condition of an identifiable individual made by or on behalf of a health professional in connection with the care of that individual. Refer also to the Data Protection and the Freedom of Information (Scotland) Acts 1998 and 2002. The Department of Health, Social Services and Public Safety in Northern Ireland has(as have the other devolved nations) produced guidelines for managing records in health and personal social services (December, 2004, updated December, 2006).

Can Clinical Psychologists keep separate notes?

It is the intention of the DOH that there will be a single record for each person who uses the services. This has already happened in some NHS services across the country. For some this is a single paper record, for others a single computerized record (whether set up specifically or scanned paper records) and in some areas both exist in parallel while the technology is made available for the transition to computer records only. Ultimately the NHS is working towards single electronic records. There are continuing discussions about safeguarding the information and accessibility that include reference to data protection and within that confidentiality.

Refer to several sites for the latest information (e.g. www.informatics.nhs.uk). The Health Informatics Community (HIC) can be found on the eSpace environment <http://www.espace.connectingforhealth.nhs.uk/>. There are also e-Bulletins available from NHS Connecting for Health by e-mail at nhsafh.ebulletins@nhs.net.

What is the justification, if any? In the past psychologists have stated that process notes should not be shared. Process notes are part of the record and, therefore, subject to the same status as any other part of the record.

What are process notes? If these are notes made during a session they will need to be written up in the record to ensure they are properly set out (date, time, codes for activity, signature, profession, etc.), legible, no abbreviations, continuous writing (no spaces/gaps). These are then a record of that meeting and the views of the professional. The original rough notes may then be shredded. The formal recording can be supported with letters to others of relevance to the client with letters that detail assessment, formulations, plans for the intervention and work together and outcomes.

What would I wish for were I or someone close to me receiving care? You would want the team/service professional to be up-to-date and able to take key information into account in providing a service. If separate notes are to be kept and if working in the NHS, this is supported, then timely updating through typed correspondence and meetings/reviews will be an important way to share such information and also gain it for ones own work with the client. If a separate record is being kept then there are additional matters to organize. These include ensuring there is notification of the existence of the psychology record in the main/official/multidisciplinary/medical file. Entries should also be made in these files and/or letters written and copied to them to keep others involved in a person's care up to date.

What happens when I have discharged someone and have a separate file for them? In the NHS Psychology records are subject to the same standards for archiving and retrieval as other records. There are times records are to be kept for and these vary according to the age when the client was first seen, the reason they were being seen (i.e. for mental or physical health care) and if they have died. The practical issue in NHS Trusts is how to link together all the records that relate to the one person and whether the official storage facility will take psychology records that are sometimes viewed in a different capacity to the official medical record. One way some have approached this is to attach the psychology record in a sealed section in the 'official' record at the point of discharge. As noted earlier, electronic 'Sealing' and restricting access is under development in relation to computer held records. Professionals who do this will have to justify why and when the sealing can be taken off the records and

confirm who is empowered to unseal. The administration in doing this will need to be thought through, as for example, when psychologists move jobs and leave sealed parts of records which may require unsealing or where the reason for sealing in the first place has expired.

The Connecting for Health website gives the latest information about electronic records and sealing. Also refer to the DOH Records Management: NHS Code of Practice, 5 April, 2006. The Scottish Executive Health Department has issued guidance on retention periods (2005).

Should Clinical Psychologists contribute to the shared record?

Yes within teams, services and organisations. There is a professional responsibility to inform others involved in a person's care of your involvement, when contact has occurred, what work is being done and what work is intended and when. All entries in the shared records must comply with the national and local standards. For example, the Care Programme Approach in mental health has a specified set of paperwork to complete. Compliance with the standards for the content of entries is obligatory whether paper or electronic records are being kept. However, information sharing across organizations, some of which may be outside the NHS, should be compliant with current guidance and reference made to advice within your organization before doing so, for example, if appropriate, through the legal department and Caldicott Guardian (Department of Health, 7 January, 2005, NHS Caldicott Guardians; Scottish Executive Health Department (MEL, 1999) Protecting and using patient information: a manual for Caldicott Guardians). There are implications of the single record approach for psychologists working within the non NHS organizations, both for contributing to a shared record (e.g. in social services or a voluntary organization) and sharing information with other organizations. Again, advice should be sought from the employing organization and professional body in order to clarify the appropriate way forward.

Our Health, Our Care, Our Say White Paper Brief Guide (2006) states that 'services will share information about the people in their care so that health, housing, benefits and other needs are considered together. By 2008, anyone with long term health and social care needs should have an integrated Personal Health and Social Care Plan, if they want one' (p.20). The Scottish Executive have produced Better Health, Better Care (August, 2007) following a two-year period of consultation and discussion.

What might be the exceptions to contributing to the shared record?

It is difficult to think of a situation where one might think no contact with others involved in a person's care is justified. Even when in private practice correspondence should be exchanged with a referrer and others involved in that person's care.

Who can access the record?

Clients can access their records and if they have agreed should be receiving copies of correspondence about themselves anyway (Department of Health, 30 April, 2003, copying letters to patients: good practice guidelines). Each organization, NHS or otherwise, will have a procedure for people to access their own records. They cannot access records relating to other people except in specific contexts relating to capacity where it has been possible, prior permissions having been given or arranged (as would be the case with Enduring, and from 1 October, 2007, Lasting Power of Attorney).

Professionals not directly connected with the care and administration (secretarial and audit) of that care are not entitled to access the information unless it is to complete specific tasks relating to their working context. Only those with a 'need to know' can justify access. In certain circumstances information can be released with client's permission and can be asked for by courts if there is a matter of public interest

The Common Law Duty of Confidentiality describes access considerations (Records Management: NHS Code of Practice, 5 April, 2006, pp.51–53). How to see your Health Records is one example of an information leaflet available to the public in Scotland. The Welsh Assembly Government has recently issued a code of practice on access to information (2007).

Are there special issues with children?

Yes. All psychologists should be familiar with the latest directives with regard to children. Confidentiality and access to records have been mentioned in previous sections.

Information may be obtained from The Children Act 2004 and the most recent development with the full implementation of the Common Assessment Framework CAF in 2007. The Mental Health Bill 2006 (introduced to the House of Commons on 7 March, 2007) amends the Mental Capacity Act 2005 to incorporate safeguards from Bournemouth.

Are there special issues with vulnerable adults?

Yes. All psychologists should be familiar with the latest directives with regard to vulnerable adults.

Department of Health. (17 May, 2006). Protection of vulnerable adults scheme in England and Wales for adult placement schemes, domiciliary care agencies and care homes: A practical guide.

The Mental Health Bill 2006 (introduced to the House of Commons on 7 March. 2007) amends the Mental Capacity Act 2005 to incorporate safeguards from Bournemouth.

See also Protection of vulnerable groups (Scotland) Act 2007 and Adults with Incapacity Act 2000.

How should psychologists' notes be managed?

Paper records must be kept physically secure. Psychologists must adhere to their employer's organizational policies with regard to storage.

Can letters form part of the record?

Letters are part of the record. They must be dated and signed and contain information relating to dates seen, problems with appointments, assessment, formulation, plan for intervention and work and outcomes. Copies should be made available for clients unless they have opted out of receipt of these or have a nominated person to receive them. Letters received in relation to the care of clients are part of the record for that person. There are specific procedures following requests for information that may result in some letters or reports being removed from the copied record before it is sent of to the person or organization who requested it. For example, reference to third parties and Child Protection Meeting minutes may well be excluded from the copied record under certain circumstances.

What should happen to materials from psychological assessments?

Published forms used to record performance and paperwork completed by clients during the course of assessments (some will be hand-written/drawn on blank A4 sheets) are part of the record for that client. There are significant concerns about these materials and the reports that are written by psychologists based on the results. These centre around infringement of copyright if forms are photocopied before or after use; access by people who may not 'need to know'; invalidation of the assessment for repetition with the client at a future date or for use with clients in the future (as the assessment will be in the public domain) and misinterpretation of results by professional and lay people.

The British Psychological Society has published a code of good practice for psychological testing (2005). In October, 2007, the Society's Psychological Testing Centre produced a 'Statement on the conduct of psychologists providing expert psychometric evidence to courts and Lawyers'. Professor Mike Berger and Dr Adrian Skinner (in press) recommend the use of sealed envelopes as one way of addressing some of the issues. The results needed for the care of the client would be incorporated into the shared part of the single record.

What if a client requests that their notes be destroyed at the end of treatment?

There are varying time periods for the retention of records. These are set out by the DOH. Materials they have produced during their work with you may be subject to retention (you will need to check the directive for the particular

client group or service you are working in). It could also be the case that for certain forms of work such as pieces of art work, photographs they have brought in, letters or records they have written may be returned to them and notification that this has been done made in the record. They can then choose what to do with the materials. Audio and video recordings of sessions and supervision sessions should be wiped clean as soon as they have served their purpose and at the latest at the point of discharge unless the client has given signed consent for materials to be used for research or training purposes and a copy of this consent is lodged in the file. Secure storage and access to such materials must be addressed. In addition, provision must be made for contingencies as when a psychologist moves to another post leaving a cabinet full of confidential materials arising from clinical work that have no relevance to the incoming post holder.

What about activity recording?

There are different systems for recording activity across the country. These range from paper data collection to computer systems that have more or less ability to give information back to managers or clinicians in a timely and useable way. Psychologists must comply with the recording system of their employing organisation. Until the same system is available in all health care settings, new systems will need to be learned with each reorganization or move to another post.

There are also specific ways of recording that will enable audits of service activity as well as individual activity to be completed (e.g. Care Programme Approach CPA paperwork and electronic CPA, activity specified by the Mental Health Minimum Data Set MHMDS). It is not yet clear what the impact of payment by results (2007 consultation) will be on activity and record keeping by psychologists. It is likely that additional activity records will need to be kept that relate to clients' presentation and intervention and outcomes according to national standards.

When do I need to gain consent?

Whenever you are working with someone they should be given information that enables them to make an informed decision about consent to have information about them and their work with you, shared with others. This applies to work outside the team or service caring for them of which you are a part, to trainees working on case studies as part of their training, to audio and visual recording, to teaching examples, to audit, evaluation and research and publications.

Department of Health. (22 November 2001). HSC 2001/023: Good practice in consent: achieving the NHS Plan commitment to patient-centred consent practice.

BPS (March 2006). Code of Ethics and Conduct, pp.12–14, states what psychologists should do in relation to informed consent and self-determination.

Do supervision notes form part of the record?

Supervisees and supervisors should record information discussed in supervision. There may be occasions when it is clear that an entry about the discussion and decisions in supervision should also be entered into the record. From a legal standpoint anything that identifies an individual forms part of their record and can be called upon just as the full record itself in cases where the client or the court requests it or it is a matter of public interest. In practice, notes are often kept in an anonymised form. They should always be signed and dated and kept in a secure place. They will need to be kept for a significant time in case the supervisee or supervisor needs to refer to them again or is required to (e.g. disciplinary action or court requests). The exact time for retention needs clarification but may be the same as the retention of records. This clearly poses an administrative challenge as when for example, psychologists and their administrative staff move jobs or retire.

The DCP Policy on continued supervision (2006) states:

The minimum standard for the recording of supervision sessions is as follows:

- a. Copies of all supervisory contracts and updates should be kept.*
- b. The date and duration of each session should be recorded.*
- c. A supervision logbook should be kept, and include at least minimal notes on the content of supervision, decisions reached, agreed actions.*
- d. A written record should be made of all regular reviews, including outcomes, of supervision.*
- e. In some situations (e.g. risk issues) it would be good practice to also record a discussion and/or agreement in the relevant case file.*

Back to basics

- 1 Use paper provided by the organization (e.g. Clinical Notes sheets and CPA paperwork).
- 2 Always write in black ink.
- 3 Do not leave spaces between lines or entries.
- 4 Sign and date alterations and keep the original intact (do not erase).
- 5 Record the date and time of the session, who was present, where it took place and as a minimum key points discussed and outcomes and action plans.
- 6 Write your name, sign, date and time the entries.
- 7 Always write up notes on the same day or the day after.
- 8 Avoid taking client files (or copies) 'off service premises' or home in order to write up in own time.
- 9 Send letters out within a week.
- 10 Keep anonymised notes of clinical supervision sessions to the same standards as client records and store securely.
- 11 Destroy recordings (audio, visual, digital) when they have been listened to/ watched or otherwise achieved their purpose.
- 12 Give back work that belongs to the client (materials they have produced for your work together whether writing, artistic creations, etc.) before discharge
- 13 Carry out all the duties and requirements for CPA paperwork if acting as Care Co-ordinator.
- 14 Remember that records written in the context of NHS employment are NHS property and do not belong to the person who wrote them.

Conclusions

This guidance will be updated within two years from publication. Please forward any comments and questions to the DCP office. These and the responses to them may be added to the frequently asked questions and answers section in the following edition.

References and resources

American Psychological Association. (February, 2007). *Record keeping guidelines*. Practice Directorate American Psychological Association 750 First street NE Washington DC, 20002-4242.

<http://www.apa.org/>

Berger, M. (2007a). New NHS clinical information systems: The challenge of diagnosis and other issues. *Clinical Psychology Forum*, 179, 19–23.

Berger, M. (2007b). A functional approach to clinical practice: Introducing the International Classification of Functions and its implications for clinical psychology. *Occasional Paper*. Leicester UK: Division of Clinical Psychology, British Psychological Society.

Berger, M. & Skinner, A. (2008). Clinical psychologists and electronic records: The new reality. *Clinical Psychology Forum*, 182 (February).

British Psychological Society Division of Clinical Psychology (1995). *Professional Practice*.

http://www.bps.org.uk/dcp/dcp_home.cfm

British Psychological Society Division of Clinical Psychology (1998). *Guidelines for Clinical Psychology Services*.

http://www.bps.org.uk/downloadfile.cfm?file_uuid=1B2935C2-7E96-C67F-D43C0F6A8A0576F7&ext=pdf

British Psychological Society Division of Clinical Psychology (2000) *Clinical Psychology and Case Notes: Guidance on Good Practice*.

http://www.bps.org.uk/downloadfile.cfm?file_uuid=A7A2B860-1143-DFD0-7E2B-2AFD97CF13C9&ext=pdf

British Psychological Society (2005). *Code of good practice for psychological testing*.

[http://www.psychtesting.org.uk/document-download-area/document-download\\$.cfm?file_uuid=63628ABC-CF1C-D577-94A4-37CAA2C98EF5&ext=pdf](http://www.psychtesting.org.uk/document-download-area/document-download$.cfm?file_uuid=63628ABC-CF1C-D577-94A4-37CAA2C98EF5&ext=pdf)

British Psychological Society (2006). *Code of Ethics and Conduct*.

<http://www.bps.org.uk/>

British Psychological Society Division of Clinical Psychology (2006).
Continued Supervision.

http://www.bps.org.uk/downloadfile.cfm?file_uuid=D4CE2C2B-1143-DFD0-7E8C-C0F57E9231AA&ext=pdf

Canadian Psychological Association (2001).

Practice guidelines for the providers of psychological services.

<http://www.cpa.ca/>

Children Act 2004

<http://www.opsi.gov.uk/acts/acts2004/20040031.htm>

Code of practice on access to information 2007 Welsh Assembly Government.

http://new.wales.gov.uk/docrepos/40382/40382313/1826990/COPAI_en.pdf?lang=en

Crawshaw, M. (2007). *British Psychological Society Submission to the Commons Health Select Committee Inquiry into the Electronic Patient Record and its Use.*

The British Psychological Society.

<http://www.publications.parliament.uk/pa/cm200607/cmselect/cmhealth/422/422ii.pdf>

Data Protection Act 1998 (effective from 1 March, 2000)

<http://www.opsi.gov.uk/acts/acts1998/19980029.htm>

Data Protection and the Freedom of Information (Scotland) Act 1998.

http://www.sehd.scot.nhs.uk/mels/2000_17.doc

Data Protection and the Freedom of Information (Scotland) Act 2002.

http://www.dataprotection.scot.nhs.uk/foisa_dpa_faq_final_040504.doc

Department of Health (1996). *The protection and use of patient information. Guidance from the Department of Health.*

<http://www.dh.gov.uk/en/index.htm>

Department of Health (1999). *HSC 1999/012: Caldicott Guardians.*

http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Healthservicecirculars/DH_4004311

Department of Health (1999). *For the record – managing records in NHS Trusts and Health Authorities. HSC 1999/53, Appendix A, para 5.1.*

http://www.bassetlaw-pct.nhs.uk/publication_scheme/hsc_1999-53.pdf

Department of Health (2001). *HSC 2001/023: Good practice in consent: achieving the NHS Plan commitment to patient-centred consent practice.*

http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Healthservicecirculars/DH_4003736

Department of Health (2003). *Section 60 of the Health and Social Care Act 2001: Consultation on proposals to revise regulations.* Launch date 6 November, 2003, closing date 30 January, 2004.

http://www.dh.gov.uk/en/Consultations/Closedconsultations/DH_4071402

Department of Health (2004, updated 2006). *Standards for better health.*

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4086665

Department of Health (2004). *The NHS Knowledge and skills framework – (NHS KSF) and the developmental review process.*

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4090843

Department of Health (2005). *NHS Caldicott Guardians.*

http://www.dh.gov.uk/en/PolicyAndGuidance/InformationPolicy/PatientConfidentialityAndCaldicottGuardians/DH_4100563

Department of Health (2005). *The NHS Code of confidentiality code of practice.*

http://www.healthcarecommission.org.uk/_db/_documents/04012832.pdf

Department of Health (2006). *'Sealed Envelopes' Briefing Paper: 'Selective Alerting' Approach.* Crown Copyright.

http://www.connectingforhealth.nhs.uk/crdb/sealed_envelopes_briefing_paper.pdf

Department of Health (2006). *Records management: NHS code of practice, parts 1 and 2.*

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4131747

Department of Health (2006). *Protection of vulnerable adults scheme in England and Wales for adult placement schemes, domiciliary care agencies and care homes: A practical guide.*

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4134725

Department of Health (2006). *Equality and human rights. Questions and answers on the human rights act 1998.*

http://www.dh.gov.uk/en/Policyandguidance/Equalityandhumanrights/Humanrights/DH_4136018

Skills for Health.(2006).

<http://www.skillsforhealth.org.uk>

Department of Health (2006). *Our Health, our care, our say: A brief guide.*

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4127453

Department of Health (2006). *Our health, our care, our say.*

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4127453

Department of Health (launch date 14 November, 2006; closing date 19 February, 2007). *Reviewing the Care Programme Approach 2006: A consultation document.*

http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_063354

Department of Health (launch date 15, March, 2007; closing date 22 June, 2007). *Options for the future of payment by results: 20008/9 to 2010/11.*

<http://www.dh.gov.uk/en/Policyandguidance/Organisationpolicy/Financeandplanning/NHSFinancialReforms/index.htm>

Department of Health (launch date 15 March, 2007; closing date 22 June, 2007). *Options for the future of payment by results: 20008/9 to 2010/11. Annex B: Specific services.*

<http://www.dh.gov.uk/en/Policyandguidance/Organisationpolicy/Financeandplanning/NHSFinancialReforms/index.htm>

Department of Health (2007). *Information policy: Patient confidentiality and access to health records. Frequently asked questions about accessing health records. Patient confidentiality and Caldicott guardians.*

<http://www.dh.gov.uk/en/Policyandguidance/Informationpolicy/Patientconfidentialityandcaldicottguardians/index.htm>

Department of Health (2007). *Mental Health Bill: Bournemouth safeguards.*

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4134229

Department of Health (2007). *The Care Record Guarantee: Our guarantee for NHS care records in England* (third edition).

www.connectingforhealth.nhs.uk/crdb/docs/crs_guarantee

Department of Health (2007). *Information Security Management: NHS Code of Practice*.

http://www.dh.gov.uk/en/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/DH_074142

Department of Health, Social Services and Public Safety (2004).

Good management, good records. Guidelines for Managing records in health and personal social services organizations in Northern Ireland.

<http://www.dhsspsni.gov.uk/dhs-goodmanagement.pdf>

Division of Counselling Psychology (2002). *Guidelines on confidentiality and record keeping*. The British Psychological Society.

http://www.bps.org.uk/dcop/dcop_home.cfm

Every Child Matters (2006). *Common Assessment Framework for children and young people, CAF*

<http://www.everychildmatters.gov.uk>

Health Professions Council (2003). *Standards of Conduct, performance and ethics. Your duties as a registrant*.

<http://www.hpc-uk.org>

HMSO (2007). *Trust, assurance and safety – the regulation of health professionals in the 21st century*.

<http://www.opsi.gov.uk>

Kat, B. (1998). Use of electronic records as the professional record.

The Psychologist, 23–26.

Mental Capacity Act 2005 (to be implemented in parts April and October 2007).

<http://www.opsi.gov.uk/acts/acts2005/20050009.htm>

Mental Health Bill 2006 (introduced to the House of Commons on 7 March 2007).

<http://www.opsi.gov.uk/acts/acts2007/20070012.htm>

Mental Health Minimum Data Set MHMDS

<http://www.ic.nhs.uk/datasets/datasets/mentalhealth>

National Confidential Enquiries

<http://www.saferhealthcare.org.uk/IHI/ProgrammesAndEvents/ConfidentialEnquiries/>

National Health Service Litigation Authority.

<http://www.nhsla.com>

NHS Scotland Information Governance.

<http://www.confidentiality.scot.nhs.uk/index.htm>

<http://www.elib.scot.nhs.uk/portal/ig/pages/index.aspx?referer=AAS&un=nousername>

<http://isdscotland.org/isd/1557.html>

NHS Scotland. *How to see your health records.*

Version 3. April 2007, revision date April 2009.

http://www.scottishhealthcouncil.org/shcp/files/HealthRecords_version3_lowres.pdf

Office of Public Sector Information.

http://www.opsi.gov.uk/legislation/about_legislation.htm

Protection of vulnerable groups. (Scotland) Act 2007.

http://www.opsi.gov.uk/legislation/scotland/acts2007/pdf/asp_20070014_en.pdf

Psychological Testing Centre (2007). *Statement on the conduct of psychologists*

providing expert psychometric evidence to courts and lawyers. The British Psychological Society.

http://www.psychtesting.org.uk/downloadfile.cfm?file_uuid=A84A9ED9-1143-DFD0-7E60-2C4A26687788&ext=pdf

Scottish Executive (2007). *Better health, better care. A discussion document.*

<http://www.scotland.gov.uk/Resource/Doc/194854/0052337.pdf>

Scottish Executive Health Department (MEL, 1999). *Protecting and using patient information: a manual for Caldicott Guardians.*

http://www.sehd.scot.nhs.uk/mels/1999_19.doc

<http://www.show.scot.nhs.uk/publications/me/caldicott.manual.doc>

Scottish Executive Health Department (2005). *Retention and disposal of health records: Consultation on new guidance to NHS Scotland.*

<http://www.scotland.gov.uk/Resource/Doc/69582/0017420.pdf>

The Australian Psychological Society Ltd. (2004). *Ethical Guidelines*.
<http://www.psychology.org.au/>

The Confidentiality and Disclosure of Information: General Medical Services, Personal Medical Services and Alternative Provider Medical Services Directions (2005).

National Health Service Act 1997.

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/
PublicationsLegislation/DH_4107306](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsLegislation/DH_4107306)

Wales Centre for Health (2005). *Data Protection and Confidentiality Policy*.

[http://wales.nhs.uk/sites3/Documents/568/RevisedDataProtection
ConfidentialityPolicyJan2006.pdf](http://wales.nhs.uk/sites3/Documents/568/RevisedDataProtectionConfidentialityPolicyJan2006.pdf)

The British Psychological Society was founded in 1901 and incorporated by Royal Charter in 1965. Our principle object is to promote the advancement and diffusion of a knowledge of psychology pure and applied and especially to promote the efficiency and usefulness of Members of the Society by setting up a high standard of professional education and knowledge.

The Society has more than 46,000 members and:

- has offices in England, Northern Ireland, Scotland and Wales;
- accredits undergraduate programmes at 117 university departments;
- accredits 143 postgraduate programmes at 84 university departments;
- confers Fellowships for distinguished achievements;
- confers Chartered Status on professionally qualified psychologists;
- awards grants to support research and scholarship;
- publishes 11 scientific journals, and also jointly publishes *Evidence Based Mental Health* with the British Medical Association and the Royal College of Psychiatrists;
- publishes books in partnership with Blackwells;
- publishes *The Psychologist* each month;
- supports the recruitment of psychologists through the Psychologist Appointments section of *The Psychologist*, and www.psychapp.co.uk;
- provides a free 'Research Digest' by e-mail and at www.bps-research-digest.blogspot.com, primarily aimed at school and university students;
- publishes newsletters for its constituent groups;
- maintains a website (www.bps.org.uk);
- has international links with psychological societies and associations throughout the world;

- provides a service for the news media and the public;
- has an Ethics Committee and provides service to the Professional Conduct Board;
- maintains a Register of nearly 15,000 Chartered Psychologists;
- prepares policy statements and responses to government consultations;
- holds conferences, workshops, continuing professional development and training events;
- recognises distinguished contributions to psychological science and practice through individual awards and honours.

The Society continues to work to enhance:

- recruitment – the target is 50,000 members;
- services to members – by responding to needs;
- public understanding of psychology – addressed by regular media activity and outreach events;
- influence on public policy – through the work of its Policy Support Unit, Boards and Parliamentary Officer;
- membership activities – to fully utilise the strengths and diversity of the Society membership;
- operates a Psychological Testing Centre which sets, promotes and maintains standards in testing.

The British Psychological Society

St Andrews House, 48 Princess Road East, Leicester LE1 7DR, UK

Tel: 0116 254 9568 Fax: 0116 227 1314 E-mail: mail@bps.org.uk Website: www.bps.org.uk