

**FACULTY OF MEDICAL  
PSYCHOTHERAPY  
POSITION ON  
ELECTRONIC PATIENT  
RECORDS**

From the Electronic Records Working Group on behalf of the Royal  
College of Psychiatrists, Faculty of Medical Psychotherapy

*The Royal College of Psychiatrists has published revised Guidelines on Good Psychiatric Practice: Confidentiality and Information Sharing. The Faculty of Medical Psychotherapy has developed a supplementary document for medical psychotherapy records and to provide further recommendations and advice on the use of electronic records and psychoanalytic psychotherapy as practiced within NHS Psychotherapy Services.*

*The Royal College document emphasises the requirement for psychiatrists to respect patient confidentiality and states that every proposed transfer of confidential data within or from an organisation should be clearly defined and scrutinised; this document from the Faculty of Medical Psychotherapy addresses specifically this issue in relation to the sharing of information between psychotherapy services and other services with an NHS Trust.*

*This document was presented to the Policy and Public Affairs Committee at the Royal College on 23<sup>rd</sup> January 2015 and was well received and supported by the committee; it was also recognised that similar principles applied to certain categories of information within other services e.g. CAMHS. The Chair of the Policy Committee, Laurence Mynors-Wallis, College Registrar gave the committee's backing for this document to be incorporated into the College Document on Confidentiality (CR 160) which is currently being revised (Chaired by Mike Kingham). Whilst we are awaiting finalisation of this document we are publishing the Faculty position statement in the newsletter to support and advise members of the Faculty.*

*Dr Jo O'Reilly, Executive Committee Member  
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**The executive committee of the Faculty of Medical Psychotherapy has discussed and considered the introduction of electronic patient records in response to concerns raised by Medical Psychotherapists over recent years. A working group was set up to look at this with respect to the need to support high standards of clinical practice in finding a balance between the need to ensure confidentiality of sensitive information versus the importance of managing risk and protecting patients and the public, which entails the considered sharing of risk related information.**

**The working group included Medical Psychotherapy consultants and service user representatives. It was also informed by discussions of this matter at the executive committee and a range of public policies, along with feedback from colleagues and service users who have experience of electronic systems being introduced. Particular note has been taken of service user perspectives which has underlined the importance of developing a trusting therapeutic relationship in which service users can feel safe to share their experiences without censorship in a contained environment. This is accompanied by an understanding of the need to also share information, especially relating to risk and care planning, with colleagues in a range of services involved with the care of the service user.**

**The conclusions of the working group are as follows.**

The executive committee fully supports the use of electronic records for the accurate recording of patient records and the progress of psychotherapeutic interventions. This information needs to be available to all teams involved in the patient's care within a mental health trust in order to coordinate care, enhance understanding, manage risk and provide effective care and treatment planning. For this purpose, information about the clinical presentation, interventions offered, risk or safeguarding concerns and other information about case management and future interventions planned should be available on the electronic record system. Correspondence about the case should also be available as part of the electronic record system to effectively inform about management and coordinate care. Progress notes should be fully utilised after each clinical contact to record this contact with detail of attendance and all other material necessary for other clinical services to be aware of.

However, the personally intimate information which emerges during sessions within the boundaries of a therapeutic relationship should not appear in the part of the records that are available to a wide range of professionals. This applies to material usually addressed within a psychoanalytic psychotherapy setting and

may include material such as the detail of traumatic experiences, unconscious phantasies and impulses, dreams and repressed conflicts as they emerge during therapy. The confidentiality requirement for the detail of this material is in keeping with ethical and professional guidelines adhered to by most psychotherapy organisations.

Electronic record systems do have in the main the facility for confidentiality areas within the record system wherein only psychotherapy staff will have access to these records requiring higher levels of confidentiality. Such packages vary with different systems and can be locally configured. In this document these packages will be referred to as secure envelopes although other configurations may also apply.

Members of the Psychotherapy Faculty are strongly encouraged to engage with Trust negotiations/ consultations and with Caldicott Guardians about the local configuration of the electronic record systems utilised by the Trust as these systems are taken on and re-contracted. Experience now from a number of Trusts is that it is becoming possible for record systems to be agreed with secure envelopes or restricted access for the confidential components of therapy notes.

In the absence of such confidentiality packages the Faculty recognises that its members are faced at times with a conflict between the requirements of their Trusts to use electronic record systems as the sole medical record (such as with "paper-free systems") and their need to work within the ethical guidelines of their professional bodies to protect the confidentiality of aspects of the work as appropriate. In such cases the electronic record systems do not provide the level of confidentiality required by the ethical guidelines produced by psychotherapists registration bodies. This conflict has the potential to put therapists practicing in the NHS in the position of either operating outside the operational and legal requirements of their NHS Trusts or breaking their ethical practice guidelines. Under these circumstances it will be necessary to keep a separate set of paper records within the psychotherapy service containing information about the detail of the therapeutic work until a suitable alternative can be found. It is recommended that there is transparency about the existence of these case record systems. This in no way precludes the need for staff in Psychotherapy Services to utilise Trust electronic record systems as required and it is incumbent on the clinician to ensure that all information that it is appropriate and necessary to enter into this system is available on the electronic system.

The executive committee agrees that the training of professionals who are developing their psychotherapeutic work through supervision is supported by their bringing details of their therapeutic work with patients to supervision for discussion and learning. This material can be brought as process notes, video or audio recordings of interactions between therapist and patient. Such information

should always be anonymised and destroyed once they have served the purpose for which they were created (BPC Confidentiality Guidelines). This record is for learning and training purposes and does not form part of the medical record.

The electronic record system remains the main means of recording and sharing information about the patient and their care and should be fully utilised by therapeutic services as the main medical record.

The views of service users with experience of NHS Psychotherapy Services have been incorporated into these guidelines. It is recognised that other psychological therapy services offering different forms of treatment such as CBT and family therapy may adhere to a different set of principles as appropriate for the model of treatment used.

The Faculty of Medical Psychotherapy working group representatives, Drs Jo O'Reilly and Jo Stublely are available to be contacted for advice on support if queries arise in relation to these guidelines.

#### References:

British Psychoanalytic Council Code of Ethics 4.1

British Psychoanalytic Council Guidelines on confidentiality 4.5

UK Council for Psychotherapy (UKCP) Ethical Principles and Code of Professional Conduct 2009

Good Psychiatric Practice: Confidentiality and information sharing. 3<sup>rd</sup> Edition. Royal College of Psychiatrists 2014-11-30

The Caldicott Report. Department of Health 1997

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