

IAPTC® GLOBAL PROFESSIONAL STANDARDS 2026

Consolidated Edition

International Association of Professional Trainers and Coaches (IAPTC®)

Reference: IAPTC/GPS/CONS

Version: 1.0 (2026)

Approved by: Governing Body of IAPTC®

Approval date: 13 September 2026

Effective date: 13 September 2026

Supersedes: No previous version

Scheduled review: September 2028, or earlier under Part XI

Status: Official Professional Standards Document of IAPTC®

This Consolidated Edition brings together the twelve standards comprising the IAPTC® Professional Standards System within a single authoritative instrument.

Parts I-XII correspond respectively to Documents 1-12 of the Professional Standards System and retain the same professional requirements, principles, obligations, and safeguards established in those standards.

The separately published numbered standards remain the controlling texts. In the event of any inconsistency between this Consolidated Edition and an individually published numbered standard, the relevant numbered standard shall prevail. Any such inconsistency shall be corrected in accordance with the review and amendment provisions set out in Part XI.

HOW TO READ THIS DOCUMENT

must — a mandatory professional requirement. Failure is a breach of these standards.

should — recommended good practice. Departure must be capable of professional justification.

may — a permitted option, exercised with professional judgement.

Professional means any individual holding IAPTC® membership, certification or professional recognition. **Client** means the person or organisation receiving the service; where a third party commissions a service for an individual, the term covers both, and their distinct interests must be identified and managed transparently. **Participant** means a person taking part in a programme, group or event.

Applicable law always prevails. Where the law of a jurisdiction requires something different from this document, the law applies. No provision here authorises or excuses a breach of law.

IAPTC® is a professional membership association. It is not a statutory regulator, a licensing authority, a governmental accreditation body, a court or an emergency service. Its recognition is professional recognition within the Association. It confers no licence, no protected title, no academic credit and no right to practise anything. No member, provider or speaker may represent it otherwise.

The central principle of the whole system: **professional recognition carries professional responsibility.**

PART I — FRAMEWORK

1. Purpose and scope

1.1 This system states the professional values, duties and requirements that apply to all IAPTC® members, to all holders of IAPTC® certification or recognition, to recognised training providers and their staff, and to all persons acting for the Association in that capacity.

1.2 It applies to coaching, training, mentoring, consulting, facilitation, supervision and related developmental work; to individuals, groups and organisations; to paid, reduced-fee, voluntary and employed practice; and to delivery in person, online, hybrid, written and asynchronous.

1.3 It applies to professional conduct. It reaches conduct outside professional practice only where that conduct bears on client safety, on fitness to hold the status concerned, or on the truthfulness of a person's representations. It does not govern private life, personal relationships or personal opinions.

1.4 Membership, certification or recognition is not a record that a programme was completed. It is a continuing undertaking to practise ethically, within demonstrable competence, with the client's interests protected, and with accountability for one's own conduct.

1.5 Where an employer, regulator, contracting organisation or other professional body imposes a higher standard, the higher standard applies. This document is a floor, not a ceiling.

2. Professional values

Integrity. What is claimed corresponds to what is true, and what is undertaken is what is delivered.

Responsibility. The professional answers for their decisions, methods and foreseeable consequences. Responsibility is never transferred to the client, the employer, the method, the provider or a tool.

Respect for persons. Every person is treated with dignity, without discrimination, as capable of deciding about their own life and work.

Client welfare. Where the professional's interest and the client's interest diverge, the client's interest governs, within the limits of law and legitimate contract.

Client autonomy. Influence strengthens a person's capacity to choose; it does not replace it.

Competence. Work only where genuinely equipped to work, and maintain that capability.

Confidentiality. Information given in trust is protected, and its limits are stated in advance.

Transparency. What the client receives, from whom, on what terms, at what cost and with what limits is knowable before they commit.

Professional independence. Judgement is exercised for the client and the agreed purpose, free from commercial pressure, ideological commitment and undisclosed interest.

Professional humility. The limits of one's knowledge, method and role are known and stated; referral is a competent act.

Accountability. Practice is open to scrutiny, error is acknowledged, concerns are engaged with constructively.

Lawfulness. The legal and regulatory requirements applicable to the practice are identified and met.

3. Professional competence

3.1 Competence is the integration of nine elements: knowledge; practical skills; ethical judgement; self-awareness; communication; professional boundaries; reflective practice; continuing development; accountability. A deficiency in any one materially limits the whole.

3.2 Competence is **specific** — to a method, population, sector, language and format. It is **bounded** — knowing where the boundary lies is part of it. It is **observable** — it produces behaviour that can be seen and reasoning that can be explained. It is **current** — it decays without use and becomes outdated. It is **developmental**.

3.3 Competence is not knowledge, not attendance, not years of practice, not a certificate and not confidence. A professional must not rely on a past qualification as evidence of present capability.

3.4 A professional who accurately recognises the limit of their competence and refers is practising competently. A professional who exceeds it without recognising it is not, however skilful the episode appears.

4. Professional maturity

4.1 The role requires a level of professional maturity sufficient to carry its responsibility. This is assessed only through professional behaviour. IAPTC® does not assess anyone's personal history or psychological state, and no assessment, record or feedback under these standards may contain psychological characterisation, personality description or clinical language about a professional.

4.2 Professional maturity is demonstrated by the observable capacity to: tolerate uncertainty; receive challenge and stay in the conversation; say "I don't know" plainly; change position when evidence warrants it and say that it has changed; notice one's own reactions and choose what to do with them; be wrong without it becoming a matter of personal standing; recognise personal limitations in advance rather than after the consequences; allow clients and colleagues to disagree and choose differently; share professional space with other competent people; take responsibility for errors promptly and to the people affected; and change professional behaviour in response to feedback.

4.3 Professionals must not allow their own needs — for approval, income, significance, loyalty, or confirmation of their method — to determine the direction or duration of the work.

5. Scope of practice

5.1 Professionals must practise only within the limits of their education, training, demonstrated competence, professional role and legal authorisation. All five apply together.

5.2 Professionals must represent qualifications, credentials, experience, titles and affiliations accurately and verifiably; name the awarding body of any qualification cited; use designations only while held and current; and never state or imply a qualification, licence, registration, protected title or regulated status they do not hold, whether directly, by job title, by wording or by implication.

5.3 **The healthcare boundary is absolute.** Coaching, training, mentoring, consulting and facilitation must not be presented, marketed, delivered or documented as diagnosis, psychotherapy, psychological or psychiatric treatment, medical treatment, counselling where that term is legally restricted, or any other regulated healthcare service — unless the practitioner separately holds the qualification, registration and legal authority required in the jurisdiction and is explicitly acting in that role.

5.4 A professional without that separate authority must not: diagnose or offer an opinion functioning as a diagnosis; prescribe or advise on medication, supplements or medical interventions; advise a client to begin, change, reduce, delay or discontinue prescribed treatment; describe their work as treatment, therapy, healing or cure of a condition; claim to treat trauma, addiction, eating disorders, depression, anxiety, personality disorders or other clinical conditions; use restricted assessment instruments, or use unrestricted ones to generate conclusions of a clinical character; or present their methods as a substitute for medical, psychological or psychiatric care.

5.5 A practitioner holding dual qualification must be explicit about which role they are exercising, must not move between roles without an express change of agreement, and must observe the legal, ethical and record-keeping requirements of the regulated role whenever it is engaged.

5.6 Practising within scope does not mean practising in isolation. Professionals should cooperate with other professionals involved in a client's care or development, with the client's informed agreement, and should maintain a working knowledge of referral routes in the jurisdictions where their clients are located.

PART II — ETHICAL DUTIES

6. Duties to clients

6.1 Dignity. Treat clients as capable adults with their own history, values and reasons. Do not shame, belittle, mock, intimidate or coerce, and do not use a client's disclosures against them in any setting.

6.2 Truthful information. Give accurate information about the nature of the service, what it involves, what it does not include, relevant qualifications and status, foreseeable cost, and the limits of confidentiality. Do not overstate what the work can achieve. Do not guarantee outcomes.

6.3 Informed participation. The client must understand what they are agreeing to before the work begins, in language they can understand. Where the nature, purpose, format or method changes materially, agreement must be sought again rather than assumed from the original consent.

6.4 Autonomy. The client determines their own goals and decisions. Professionals must not impose their own objectives, values or beliefs, and must not present their own conclusion as the only responsible option.

6.5 Freedom to decline. A client must be free to decline a method, exercise, disclosure, recording, group activity, testimonial request or further service, without penalty, disapproval, loss of standing or reduction in the quality of what they receive. Refusal must not be treated as resistance to be overcome.

6.6 Freedom to leave. A client may end an engagement at any time, subject only to fair terms agreed in advance. Professionals must not suggest that the client will fail, relapse, lose an identity or lose belonging, and must not make departure socially, emotionally or financially costly beyond the agreed terms.

6.7 Referral. Where a client's needs, circumstances or difficulties exceed the professional's competence, role or legal authority, the professional must raise this, must not continue as though the matter were within scope, must provide usable information about other sources of help, and must support a referral where possible. Commercial interest must never delay or prevent referral.

6.8 Vulnerability. Professionals must be alert to vulnerability arising from health, crisis, dependency, coercion, age, capacity, isolation or circumstance, and must adapt or decline the work accordingly. Where a client's capacity to participate voluntarily and safely is in doubt, the professional must not proceed as though it were not.

6.9 Independence from dependency. Professionals must work towards the client's independence, must not encourage a client to believe they cannot function, decide or progress without the professional, the method, the programme or the community, and must not structure services so that ending is presented as loss, failure or exclusion. Where dependency is developing, the professional must name it, adjust the work and take it to supervision.

6.10 Responsible endings. Work must end in a planned, respectful and, wherever possible, prepared way. An engagement must end or transfer where the client is no longer benefiting, where needs exceed scope, where a conflict or boundary problem cannot be resolved, or where the professional can no longer practise safely. Ending must never be used as a sanction against a client who has disagreed, complained or declined a purchase. Abrupt abandonment is a breach.

7. Professional influence

7.1 The relationship generates influence. The client discloses; the professional does not, or does so selectively and for the client's benefit. That asymmetry exists even where the parties are of similar age, status or experience, and does not disappear because the relationship is friendly or the client is confident.

7.2 Professionals must use influence only for the client's benefit and the agreed purpose. In particular, they must not use it: to obtain agreement to something the client does not want or does not understand; to secure loyalty, admiration, gratitude or public support; to recruit the client into a business, network, movement, cause or belief system; to shape the client's views on matters unrelated to the work; to discourage the client from seeking other professional opinions, including medical, psychological, legal or financial advice; to position the professional as the client's only reliable source of understanding; or to suppress disagreement, criticism, doubt or complaint.

7.3 Influence increases where a client is distressed, isolated, admiring, dependent, or in a group where dissent is socially costly. Restraint must increase correspondingly.

8. Prohibited exploitation

Professionals must not use the professional relationship, or any access, information, trust or influence arising from it, for their own advantage or that of a third party. The following are prohibited without exception:

- **Sexual advantage** — any sexual conduct, contact, advance, proposition, sexualised comment, or sexualised use of professional access or information involving a client or participant.
- **Romantic advantage** — pursuit of a romantic relationship with a current client, and any use of the professional relationship to create the conditions for one (see 9).
- **Financial exploitation** — obtaining money, property, loans, investments, business interests, inheritances, unpaid labour or commercial advantage otherwise than through the transparent agreed fee. Loans and investments from clients must not be solicited or accepted; significant gifts must not be accepted; modest customary gifts are treated with discretion and awareness of what acceptance may signify.
- **Emotional gratification** — using the relationship to meet the professional's needs for closeness, comfort, reassurance or intensity, including disclosure of the professional's own difficulties for the professional's relief.
- **Personal validation** — using clients to obtain admiration, significance or a sense of importance, including by cultivating a following or rewarding devotion.
- **Political or religious influence** — using professional access to advance a party, candidate, campaign or cause, or to promote, impose or require adherence to a belief system; or presenting the professional's beliefs as part of the method without the client's prior, informed, freely given agreement.
- **Reputational advantage** — using a client's identity, story, results, image or association for promotional purposes without specific informed consent.
- **Recruitment pressure** — recruiting clients into the professional's business, sales structure, affiliate scheme or organisation, or using the relationship as a channel for such recruitment.
- **Commercial dependency** — structuring services, communities or relationships so that clients continue purchasing in order to retain access, belonging, standing, identity or the professional's approval.

9. Sexual and romantic boundaries

9.1 **Current clients, participants, students, supervisees and candidates.** Sexual or romantic conduct is prohibited absolutely, regardless of who initiated it, regardless of the client's expressed wishes, and regardless of the professional's assessment that it is mutual or harmless. The prohibition extends to any person over whom the professional holds evaluative or gatekeeping power, for as long as that relationship exists or is reasonably in prospect.

9.2 Professionals must not engage in sexualised conduct, comment or contact; must not use professional methods or settings to create romantic or sexual opportunity; and must not conduct work in circumstances chosen because they facilitate such a relationship.

9.3 Where a professional becomes aware of romantic or sexual feelings — their own or the client's — they must not act on it, must examine it in supervision, and must consider whether the work can continue safely. Where it cannot, the engagement must be ended or transferred in a manner that protects the client.

9.4 **Former clients.** IAPTC® sets no fixed period after which a relationship with a former client becomes permissible. The concern does not expire on a date; it depends on whether the influence of the professional relationship persists. Before any personal relationship with a former client, the professional must assess honestly, and preferably with external consultation: whether professional influence continues; whether dependency developed and has genuinely resolved; the former client's vulnerability then and now; the nature, depth and duration of the engagement and the extent of personal disclosure within it; the time elapsed and the manner of ending; whether the power imbalance has genuinely dissipated; the risk of harm, including harm to the person's ability to seek professional help in future; and any applicable legal requirement. Where material doubt remains, the professional must not proceed. The burden of justification rests on the professional.

9.5 Ending an engagement in order to begin a sexual or romantic relationship does not remove the concern. Conduct in such circumstances is assessed as though the professional relationship were continuing.

10. Professional boundaries

10.1 Boundaries are the agreed limits of role, purpose, time, place, communication and finance. Responsibility for them rests with the professional at all times, including where the client invites, requests or initiates a crossing.

10.2 **Time.** Sessions begin and end as agreed. Systematic overrunning, whether generous or disorganised, is a boundary failure to be corrected rather than repeated.

10.3 **Availability.** Defined in the agreement and applied consistently. Exceptions should be conscious and explicable. Unlimited availability must not be offered where it cannot be sustained.

10.4 **Communication.** Channels, tone and frequency remain professional regardless of the warmth of the relationship. Professionals should not initiate personal social media connections with current clients; where a client initiates contact, the professional redirects to the agreed channel. Public interaction must not reveal that a professional relationship exists without the client's explicit agreement.

10.5 **Self-disclosure.** Permissible where it serves the client's purpose; not permissible where it serves the professional's need for validation, sympathy, connection or self-promotion. The test is whose need is being met.

10.6 **Gifts.** Modest, culturally ordinary gifts may be accepted. Gifts of significant value, gifts creating obligation, and gifts offered during difficulty or dependency should be declined with explanation, and the decision recorded where significant.

10.7 **Financial relationships.** Loans, investments, joint ventures, commission arrangements and commercial dependencies with current clients are prohibited, save where such a relationship is the declared, agreed and documented subject of a legitimate consulting engagement.

10.8 **Dual relationships.** Not prohibited absolutely — in small communities, specialised sectors, organisations and professional networks, overlapping roles are often unavoidable and sometimes in the client's interest. Where one arises, the professional must assess the risk (power imbalance, the client's vulnerability, the intimacy of the work, the consequences if either relationship ends badly, whether the client could reasonably feel unable to decline); disclose it to those affected; set explicit boundaries, including what is discussed where and how confidentiality operates across roles; prefer referral where an acceptable alternative exists; seek consultation where the risk is significant; record the assessment; and withdraw from one role where the client's interests cannot be protected. A dual relationship that is sexual or romantic with a current client is never permissible.

10.9 **Physical contact** is not a routine element of this work. Where a method involves contact or close proximity, the professional must hold specific competence for it, explain it in advance, obtain explicit agreement, permit refusal without consequence, and comply with applicable law.

11. Ethical commercial conduct

11.1 Earning a living from professional work is legitimate. Setting prices, running programmes with start dates, limiting places and offering additional services are normal commercial practice. The ethical distinction is between commercial communication that gives a person accurate information on which to decide, and commercial technique that manufactures the conditions of a decision.

11.2 **Permitted:** transparent pricing stated in advance and inclusive of foreseeable charges; genuine deadlines, where the date and the consequence of missing it are real; genuine limited availability reflecting actual capacity; clearly disclosed packages, memberships and subscriptions with duration, renewal and cancellation terms stated; optional additional services offered without pressure and without disadvantage to those who decline; lawful marketing describing services accurately; genuine testimonials used with informed consent.

11.3 **Prohibited:** manufactured scarcity, including false claims of limited places, enrolment that does not close, and artificial waiting lists; deceptive urgency, including countdowns that reset, prices that do not expire, and untrue last-opportunity claims; exploitation of fear, distress, shame or crisis as a selling mechanism, including suggesting that a person's situation will deteriorate without the professional; creating or deepening dependency in order to sell; making continued purchase a condition of approval, belonging, community membership, certification or access; presenting a further purchase as necessary to complete work already paid for where this was not disclosed at the outset; selling in a session, group or event where a client is emotionally activated; representing income, results or outcomes that cannot be substantiated; and pricing, discounting or refund practices designed to make cancellation impractical.

11.4 Fees, payment terms, cancellation and refund arrangements must be agreed in advance and applied consistently. Fees must not be altered during an engagement other than as provided in the agreement. A client's financial circumstances must not affect the quality or safety of the work. Where a client can no longer reasonably afford the work, the professional should be willing to discuss ending or adjusting it. Referral fees, commissions and affiliate arrangements must be disclosed where they could affect a recommendation.

11.5 Where a client is in crisis, bereavement, acute distress or evident dependency, the professional must not propose a significant additional purchase at that time. A conversation about risk, distress or safety must never be turned into a sales conversation, and additional paid services must not be proposed in the same exchange as the response to a safeguarding concern.

12. Duties to colleagues, the Association and the public

12.1 **Colleagues.** Treat colleagues — including those trained in other approaches, at other levels or in other organisations — with professional courtesy and fairness. Do not make false, misleading or unfounded statements about another professional; express disagreement about method as professional disagreement, not personal disparagement; do not induce clients to leave another professional by denigrating them; do not misappropriate the materials, methods or authorship of others. Serious concerns are raised through appropriate channels, not through public attack or through the client.

12.2 **Employers and commissioners.** Be clear about the boundaries of the role, the limits of what will be reported, and the ethical constraints under which the work is done. A contractual instruction does not override these standards; where an instruction would require unethical conduct, it must be declined.

12.3 The Association. Provide accurate and complete information in applications, renewals and declarations. Use IAPTC® names, marks and designations only as permitted, only while current, and only for the categories actually held. Notify the Association promptly of any matter materially affecting professional standing, including a criminal conviction relevant to fitness to practise, a disciplinary finding by another body or regulator, a regulatory prohibition, or loss of a qualification on which IAPTC® recognition depends. Cooperate fully, honestly and promptly with any Association process.

12.4 The public. Do not make claims about methods, results or evidence that cannot be supported. Distinguish established knowledge, professional opinion and personal belief. Do not misuse scientific, neuroscientific, psychological or medical terminology to lend unearned authority. Exercise particular care when addressing audiences that may include people in crisis.

13. Raising and responding to concerns

13.1 A professional who becomes aware of conduct by another IAPTC® professional that places clients at risk of serious harm, or that constitutes a serious breach of these standards, should raise it — with the individual where that is safe, appropriate and proportionate, and with the Association where it is not or where it is not resolved. Where the concern involves abuse, sexual misconduct, exploitation, harm to a child or adult at risk, or criminal conduct, it must be reported to the competent authority in accordance with applicable law, without delaying to raise it internally first.

13.2 Concerns must be raised honestly and in good faith. Raising a genuine concern is not a breach even where it is not upheld. Knowingly making a false or malicious allegation is itself a serious breach.

13.3 Professionals must not conduct their own investigation into another professional, must not make public allegations before a competent process has considered the matter except where a public warning is necessary to prevent immediate serious harm and is lawful, and must not use a concern as an instrument of commercial or personal rivalry.

13.4 Retaliation against any person who raises a concern, provides evidence or takes part in a process is prohibited and is itself a serious breach.

13.5 Professionals must give clients clear, accessible information about how to raise a concern, including with the Association; must respond directly, promptly and in good faith; and must not use contractual terms, confidentiality obligations, non-disclosure agreements or the threat of legal action to deter a complaint.

14. Ethical decision-making

14.1 Most ethical difficulty arises not from choosing between right and wrong but from conflict between duties: confidentiality against safety, autonomy against welfare, loyalty to a commissioner against loyalty to a participant, honesty against the wish not to harm.

14.2 Where a question is not straightforward, professionals should work through: the facts, separated from assumption; what precisely is in tension and who is affected; the duties and standards engaged; the legal position in the relevant jurisdiction; the options genuinely available, including doing nothing immediately and seeking more information; the foreseeable consequences of each option for the client's welfare, autonomy and dignity, for third parties, and for confidence in the profession; the defensibility test — would this decision withstand explanation to the client, to a respected colleague, to the Association, or in public, and is the professional's own interest influencing it; consultation where the matter is serious, novel or personally charged; a decision taken at the appropriate time in a manner that limits harm; a record of the decision, the reasoning and the consultation; and review afterwards in supervision.

14.3 Where duties cannot be reconciled, precedence runs: applicable law; prevention of serious harm to any person; the welfare and safety of the client; the client's autonomy and the confidentiality of their information; the interests of the professional, the commissioning organisation and the

Association. Reliance on this ordering must be a considered judgement about a genuine conflict, not a route around an inconvenient duty.

14.4 A professional who reasoned carefully, sought consultation, acted on these principles and documented their reasoning is in a materially stronger position if their decision is later questioned, even where the outcome was imperfect. A professional who acted without reflection is not.

15. Fitness to practise

15.1 Professionals must monitor their own ability to practise safely. Illness, injury, severe stress, exhaustion, bereavement, personal crisis, substance use or emotional difficulty may temporarily affect capacity. This is an ordinary feature of a professional life and is not in itself a failing.

15.2 Where capacity is materially impaired, the professional must recognise it rather than work through it unexamined; obtain appropriate support; reduce, adapt or suspend practice; protect existing clients, including by managing what they are told and not told; arrange referral, cover or continuity; and comply with any legal or contractual obligations on fitness to practise. The professional should not disclose details of their own circumstances to clients beyond what is necessary to manage the arrangements.

15.3 Professionals must not practise while their judgement is impaired by alcohol or other substances. Continuing to practise while significantly impaired, in a way that exposes clients to risk, is a breach.

15.4 Professionals should structure their practice so that capacity is protected in the ordinary course: sustainable caseloads, breaks between sessions, boundaries on availability, time for preparation and records, and regular supervision.

PART III — PRACTICE

16. Accepting work

16.1 Accepting a client is a professional decision, not an administrative one. Before accepting, the professional must consider: whether the request falls within their role; whether they have relevant competence for this client, purpose and context; whether they have sufficient capacity — time, attention, energy, continuity; whether a conflict of interest exists or is foreseeable; whether the delivery format is suitable; whether a different professional service would be more appropriate; whether legal, regulatory, safeguarding, licensing or insurance requirements apply; and whether the engagement creates cross-border considerations affecting law, data protection, taxation, safeguarding or emergency arrangements.

16.2 Competence is assessed against the actual engagement, not in the abstract. General competence in coaching does not establish competence for a particular population, context, purpose or method. Where competence is partial, the professional may proceed only where the gap can be responsibly managed — through supervision, consultation, collaboration, preparation or a narrowed scope agreed with the client — and where the client is not exposed to risk by the professional's limitations. Practising at the edge of competence is how professionals develop; practising beyond it without support, disclosure or supervision is a breach.

16.3 A professional must not accept work they cannot deliver to standard because of volume, scheduling, travel, health or existing caseload. Overloading a practice is a foreseeable risk to clients, not a private matter.

16.4 A professional must not accept an engagement merely because the client is willing to pay. Declining should be communicated respectfully, without implying deficiency in the client, and without discouraging them from seeking appropriate help. Nothing in this section justifies discriminatory refusal.

16.5 Where readiness raises a significant question — a conflict of interest, a safeguarding concern, a decision to proceed at the edge of competence, a decision to decline on professional grounds — the decision and its reasons should be recorded proportionately.

17. First contact and information before commitment

17.1 First contact allows the professional to understand what is being requested and the prospective client to understand what is being offered. It is not primarily a sales conversation. Where an initial conversation is free, its nature must be clear; if it is exploratory it should not be delivered as a session of the service itself.

17.2 Before professional work begins, the client must receive, in language they can understand and in a form they can retain: who the professional is; their relevant qualifications, professional status and the basis of any recognition claimed; the nature of the service and what it can reasonably address; what the service does not provide; the delivery format; the likely structure, duration and frequency; fees and what is included; cancellation and rescheduling arrangements; confidentiality and its limits; how personal data will be handled and by whom; any material use of digital or AI systems; the route for raising concerns or complaints; and the limits of the professional's role, including that the service is not a healthcare, emergency or crisis service unless the professional is separately qualified and authorised.

17.3 Clarity is assessed from the client's position, not the professional's. Method names, model names and trademarked programme titles do not, by themselves, describe a service. IAPTC® recognition must never be described as a licence, registration or regulatory authorisation.

17.4 Manipulative time pressure, manufactured scarcity, emotional inducement and deliberate discouragement of reflection are incompatible with informed engagement, whatever the prevailing marketing practice. A prospective client must be able to take time, ask questions and decline without

discomfort.

18. Suitability

18.1 Initial assessment establishes whether the engagement is suitable — a professional judgement about fit, scope and risk. It is not clinical diagnosis, psychological testing or psychological assessment unless the practitioner is separately qualified and explicitly operating in that role with the client's understanding.

18.2 The professional may gather information proportionate to that decision: the client's purpose; desired outcomes; expectations; relevant context; whether the request falls within scope; foreseeable professional, safeguarding or risk concerns; whether referral or collaboration is appropriate; and practical matters including format, language, accessibility and scheduling. Sensitive personal information the engagement does not require must not be collected.

18.3 Professionals must not create pseudo-clinical assessments: applying diagnostic labels or language; presenting non-validated instruments as validated; describing personality, pathology, trauma history, neurodevelopmental status or mental health status as established findings; or using instruments outside the conditions under which they may lawfully be used. Where a questionnaire, inventory, profile or mapping instrument is used, the professional must be able to explain what it measures, what it does not, its limitations, and how results will be used and stored.

18.4 The outcome is: proceed; proceed with a modified or narrowed scope, explained to the client and reflected in the agreement; or decline and refer.

19. The professional agreement

19.1 A clear agreement must be established before substantive work begins, in writing wherever practicable. Where a written agreement is not practicable — for example in short open-attendance training — the essential terms must still be communicated clearly and recorded proportionately.

19.2 The agreement should cover, as applicable: the identity of the professional, the client and any commissioning party; the nature and purpose of the service; the respective roles and responsibilities; goals or intended outcomes, expressed appropriately for the method; delivery format; frequency, duration and number of sessions; location or platform; fees and what they include; payment terms; cancellation, rescheduling and late-arrival arrangements; confidentiality and its limits; records, data handling and retention; recording of sessions; digital communication channels and expected response times; material use of artificial intelligence; boundaries between sessions, including availability; third-party involvement and reporting; how concerns may be raised; termination by either party; and referral arrangements.

19.3 The agreement must be understandable and proportionate. A ten-page contract for a single workshop is not proportionate; a twelve-month organisational engagement with no written terms is not adequate. Terms must not remove the client's ordinary legal rights, disclaim responsibility for the professional's own conduct, or prevent the client from raising concerns with the Association or a competent authority. Unusual, restrictive or financially significant terms — minimum commitments, non-refundable deposits, automatic renewal, package expiry — must be drawn to the client's attention before commitment, not merely included in the document.

19.4 Where scope, format, duration, fee or purpose changes materially, the agreement must be revised and the change confirmed.

19.5 A signature evidences agreement; it does not establish understanding. The professional should confirm understanding rather than assume it, and must take greater care where the client is working in a second language, is under organisational pressure, or is in a position of dependency.

20. Goals and claims about results

20.1 The professional must establish a sufficiently clear purpose and hold a shared understanding with the client of what the work is for. Goals may evolve; evolution should be explicit rather than silent. Rigid goal-setting must not be imposed where it is inappropriate to the method, context or client — exploratory, developmental, supervisory and some organisational work may legitimately hold purpose in broader terms, provided the professional can still state what the work is for.

20.2 Professionals must avoid guaranteeing outcomes; distinguish clearly between a goal, a reasonable expectation and a promise; identify and address unrealistic expectations at the outset; clarify what lies within the client's influence and what does not; and periodically review whether the work remains relevant and useful.

20.3 Statements about what a service will achieve — in agreements, marketing, sales conversations and during delivery — must be capable of substantiation. Where evidence for a method is limited, it must not be presented as established. Outcomes achieved by previous clients must not be presented as outcomes this client can expect.

21. Delivery

21.1 In delivering sessions, training, mentoring and consulting, professionals must: prepare appropriately; be punctual and professionally present; provide the service agreed; use methods within their competence; adapt to the client, context, culture and circumstances; communicate clearly and check understanding; monitor whether the work remains suitable; avoid unnecessary extension; maintain boundaries; and respond appropriately where new concerns, risks or needs arise.

21.2 The professional is responsible, so far as within their control, for delivery conditions permitting the work to be done properly: privacy, freedom from interruption, adequate time, a suitable environment and appropriate accessibility. Where conditions are unsuitable and cannot be corrected, the work should be postponed or adapted rather than delivered inadequately.

21.3 Methods must serve the agreed purpose rather than the professional's wish to demonstrate a technique, promote a model, or generate material for marketing, research or content. Before introducing a method that is intensive, experiential, emotionally activating, physically involving or unfamiliar, the professional must explain what it involves and obtain agreement. A decision to decline must be accepted without penalty or pressure.

21.4 Where another professional will deliver part of an agreed engagement, this must be agreed with the client in advance and the substitute must hold appropriate competence.

22. Client decision-making

22.1 Clients retain responsibility for their own decisions. The professional's role is to support the quality of the client's thinking, learning or decision-making, not to take the decision for them.

22.2 Professionals may facilitate reflection; provide education, information and instruction; offer professional observations; ask questions, including challenging ones; explore options and consequences; and give advice and recommendations where advice is legitimately part of the role, as it ordinarily is in consulting, mentoring and training. Where advice is given, it should be identified as advice and its basis should be capable of explanation.

22.3 Professionals must not manipulate clients towards predetermined decisions; create or exploit dependence; present personal preferences, beliefs or values as the client's best course; pressure clients to continue, extend or upgrade; claim authority over decisions outside the professional role, including decisions about health, medication, legal matters, finances, family arrangements or employment, unless separately qualified and instructed to advise on them; or use influence techniques that bypass considered judgement.

22.4 A client's attachment to the professional is not evidence of the quality of the work.

23. Communication and channels

23.1 Communication with clients, commissioners, colleagues and participants must be respectful, clear, timely and proportionate. The professional should state at the outset which channels they use, what response times can be expected, and when they are not available.

23.2 **Email** — suitable for scheduling, administration and agreed written work; sensitive content should go by a more secure channel where available. **Messaging applications** — where used, consider confidentiality, data location, retention, informality and boundary risk; avoid personal accounts where a professional alternative is practicable; agree terms of use with the client. **Telephone and voice messages** — confirm the client's privacy; do not leave confidential content on unverified numbers or shared devices. **Between-session contact** — the agreement should state whether it is included, in what form, at what frequency and whether it is chargeable.

23.3 Professionals must make clear that ordinary communication channels are not emergency or crisis services and are not monitored continuously, must tell clients at the outset what to do if an urgent situation arises, and must not create an impression of continuous availability by their conduct.

23.4 Communication materially relevant to the engagement — agreements, changes to terms, significant decisions, concerns raised, safeguarding matters — must be retained.

24. Confidentiality

24.1 Information obtained in professional work — spoken, written, recorded, observed or inferred — is confidential. The duty continues after the engagement ends and after the professional ceases to practise. It covers identity, participation and the very existence of the professional relationship.

24.2 **Limits.** Disclosure may be justified only in the following circumstances, and then only to the extent necessary: the client's specific informed consent; a requirement of applicable law; a lawful requirement of a court, regulator or competent authority; the protection of a child or an adult at risk; or a serious risk of harm to the client or another person, where disclosure is a proportionate response.

24.3 The limits must be explained before the work begins, not at the moment they become relevant. Professionals must not promise absolute confidentiality, and must not give assurances of secrecy in response to a request made immediately before a disclosure. Where disclosure becomes necessary, the professional should tell the client what will be disclosed, to whom and why, unless doing so would increase risk, be unlawful, or prejudice a statutory process. Disclosure must be limited to the minimum necessary information and the appropriate recipient, and the decision and its reasons must be recorded.

24.4 **Group work.** The professional can and should require participants to respect one another's disclosures but cannot guarantee the conduct of others. This must be stated before any disclosure occurs, together with the point that each participant controls what they choose to share.

24.5 **Organisational work.** Reporting arrangements must be agreed by all parties before the work begins. In the absence of explicit agreement to the contrary, the content of individual sessions is not reported to the commissioning party.

24.6 **Supervision.** Client material may be discussed in supervision, ordinarily anonymised, and clients must be informed that the professional uses supervision. Supervisors are bound by equivalent confidentiality.

24.7 **Staff, associates and subcontractors.** Where assistants, administrators, translators, associates or subcontractors have access to client information, the professional must ensure they are bound by equivalent obligations and that access is limited to what their function requires. The professional remains responsible for confidentiality within their own practice.

24.8 **Recording.** Any recording requires explicit prior agreement stating purpose, access, retention and destruction. Agreement to record for one purpose is not agreement to use the recording for another.

24.9 Testimonials and case material. Testimonials must be genuine, freely given and unedited in substance; a client must never be solicited in a way that implies obligation and must be free to decline without effect on the engagement. Case material may be published, taught or presented only with explicit consent or in a form in which the client cannot be identified — including by their employer, colleagues or family. Removing a name is not sufficient where the details remain identifying. Consent may be withdrawn, and withdrawal must be acted on so far as practicable.

24.10 Misuse. Client information must not be used for the professional's or a third party's benefit, for commercial advantage, to influence decisions outside the agreed purpose, or in any dispute with a client, save to the extent strictly necessary to answer a legal claim or complaint through the appropriate process. Informal discussion of clients with colleagues, partners, friends, or in public or online settings, is a breach whether or not names are used.

25. Records

25.1 Records exist to support the quality and continuity of the work and to allow the professional to account for significant decisions. They do not exist to accumulate information about clients.

25.2 Records must be accurate; relevant to the professional purpose; proportionate to the nature and risk of the engagement; secure; understandable to another competent professional and to the client where they have a right of access; and sufficient to account for professional decisions. Professionals should avoid speculation, diagnostic language, judgemental characterisation and unnecessary third-party information, and should write on the assumption that the client may read the record and that it may be required in a professional conduct process or legal proceeding.

25.3 Proportionately to the engagement, records should cover: session date, format, duration, focus, agreements and actions, matters carried forward; the agreement and any variations; consents obtained, including for recording, third-party reporting and use of material; financial records where relevant; referrals made or recommended and their outcome where known; safeguarding concerns and decisions taken; significant ethical and boundary decisions; client communications materially relevant to the engagement; and the ending of the engagement and any follow-up obligations.

25.4 Records must not be altered to conceal what occurred. A correction must preserve the original entry, with the date and reason. Where a client disputes accuracy, the professional should consider the objection, correct genuine errors, and record the client's position alongside the entry where the matter remains disputed.

25.5 Access must be limited to those with a legitimate purpose. The professional must identify the retention requirements applicable to their practice, apply a defined and consistent retention period, state it in the agreement or privacy information, and dispose of records securely at its end. Proportionate arrangements should be made for the custody or secure destruction of records in the event of incapacity, retirement or death.

26. Data protection and information security

26.1 Professionals must identify and comply with the data protection requirements applicable to their practice, including those arising from the location of their clients. These standards do not reproduce, interpret or substitute for any national or regional regime.

26.2 Operationally: store client information so that it is not accessible to unauthorised persons; protect accounts with strong unique credentials and, where available, multi-factor authentication, and never share credentials; keep professional devices locked, encrypted where available, updated and inaccessible to household members; before using a cloud or software service, consider who operates it, where data is held, what rights the provider claims over content, and whether the provider acts as a processor; transmit client information by appropriately protected means; back up records to the same standard as the primary records; put an appropriate agreement in place with any supplier processing client data; and destroy electronic and physical records securely, including copies on backups and

devices being replaced or sold.

26.3 Where client information is lost, accessed without authorisation or disclosed in error, the professional must act promptly to contain the breach, assess the risk to those affected, notify affected individuals and any competent authority where required by law, record the incident and the response, and take steps to prevent recurrence. A breach must not be concealed. Where the breach concerns an IAPTC®-recognised programme, assessment or certification process, IAPTC® must be notified.

27. Monitoring the work, feedback and difficulties

27.1 Throughout the engagement, at intervals proportionate to its length, the professional must consider whether the work remains relevant to the agreed purpose, whether the client perceives value, whether the goals have changed, whether the method remains appropriate, whether referral is indicated, and whether continuation is justified. Where the answers indicate that the engagement should change or end, the professional must act rather than continue by default.

27.2 Professionals should invite feedback, including critical feedback, and make it possible for a client to express dissatisfaction without damaging the relationship. Feedback must not be manipulated to generate testimonials or sales opportunities: requests must not be timed, framed or phrased so as to elicit a positive public statement, and a request for a review must be kept distinct from a genuine request for professional feedback. Where feedback indicates a problem in the practice, it should be reflected on and acted upon.

27.3 Difficulties should be addressed directly and proportionately at the point they arise. Most serious problems in professional practice began as small problems that were not addressed.

- **Repeated missed appointments** — apply the agreed terms consistently, raise the pattern, explore whether it indicates a difficulty with the work, and review whether the engagement should continue.
- **Unpaid fees** — address non-payment promptly under the agreed terms; do not allow arrears to accumulate to a point that compromises the relationship; conduct any recovery lawfully and without disclosing the nature of the engagement beyond what is lawful and necessary.
- **Conflict and dissatisfaction** — hear the concern without defensiveness, acknowledge what is valid, correct what can be corrected, explain the position where there is disagreement.
- **Lack of progress** — name it, examine the reasons with the client, consider whether method, format, frequency or purpose requires change, and consider referral or ending.
- **Inappropriate client behaviour** — where a client behaves abusively, threateningly, discriminatorily or in breach of agreed boundaries, state clearly what is unacceptable, define the condition on which the engagement may continue, and end it where the behaviour continues or safety is at risk. The professional's own safety is a legitimate consideration.
- **Breakdown of trust** — acknowledge it openly and conclude the engagement constructively, including referral where appropriate.

28. Referral

28.1 Referral should be considered where the client's needs exceed competence; where regulated healthcare, psychological or medical involvement may be required; where another professional holds more appropriate expertise; where a conflict of interest cannot be managed; where boundaries have been compromised and cannot be restored; where the professional cannot continue safely, competently or impartially; or where the client's purpose has changed such that the service no longer fits it.

28.2 Referral must be handled respectfully and must not be presented as failure — of the client or of the professional. Recognising the limit of one's role is a demonstration of competence. Where possible, the professional should explain the reason, help identify an appropriate next step, provide more than one option, and offer to support continuity during the transition. Referral must not be delayed to

retain income.

28.3 The professional must not guarantee the outcome, availability or suitability of another party's service. Referral must not be influenced by undisclosed commissions, reciprocal arrangements or commercial interest; any financial interest in a referral destination must be disclosed. Information may be shared with the receiving professional only with consent and only to the extent necessary. Referrals made or recommended, and the reasons, should be recorded. Referral must never be made conditional on payment.

29. Ending, follow-up and re-engagement

29.1 An engagement may end because the goals have been achieved; the agreed period or programme has ended; the client chooses to stop; the professional determines that continuation is no longer appropriate or beneficial; referral is required; boundaries or conflicts make continuation inappropriate; the professional's capacity is materially impaired; or contractual obligations have been materially breached.

29.2 Professionals must not prolong an engagement principally for financial gain, for their own satisfaction, or because ending is uncomfortable. Renewal, extension and repeat purchase must follow from a genuine review of purpose and value, not from momentum or sales practice.

29.3 Where possible, the ending should include a review of progress against the agreed purpose; clarification of next steps; referral where indicated; information about records, retention and access; and information about follow-up, re-engagement and complaints. Endings should be planned rather than abrupt wherever circumstances allow. Where an ending must be immediate, the professional should still explain what can be explained, act without punitive tone, and arrange continuity or referral where practicable. The ending, its reason and any follow-up arrangement should be recorded.

29.4 Where a client ends the engagement, the professional must not respond with pressure, guilt, financial penalty beyond the agreed terms, or withholding of materials or records to which the client is entitled. A final conversation may be offered; a refusal must be accepted.

29.5 Follow-up after an engagement must respect the boundaries of the concluded relationship, comply with applicable consent and marketing law, and distinguish clearly between professional follow-up and marketing communication. Professional follow-up should be limited to what was agreed and must not be used as a vehicle for a sales approach. A former client's withdrawal from marketing communication must be honoured without further approach.

29.6 Where a former client returns, the professional must reconsider suitability, purpose and agreement rather than assume the previous contract continues, and must consider whether they remain the appropriate person for the new purpose. Where a client returns frequently without a clear new purpose, the professional should consider whether dependence is being sustained.

30. Group work

30.1 A group agreement should be established at the start, covering purpose, structure, confidentiality and its limits, expected conduct, participation, breaks, recording and how concerns may be raised — established with participants rather than announced to them, where the format allows.

30.2 The professional is responsible for maintaining conditions in which participants can take part without humiliation, coercion or exposure; should ensure equal opportunity to participate where appropriate to the format; and should be alert to dominance, exclusion and the effect of status differences where colleagues attend together.

30.3 Participation in exercises must be genuinely voluntary. A participant must be able to decline an exercise, a role or a disclosure without penalty, exclusion or public comment, and must not be isolated, questioned publicly, labelled or made the subject of group attention for doing so.

30.4 The professional should manage the depth of disclosure appropriately to the group's purpose, size, duration and composition, and must not elicit disclosure that the format cannot responsibly contain. Where a participant discloses distressing material, the professional should respond proportionately, protect their dignity and follow up individually where appropriate.

30.5 Conflict and disruptive behaviour must be addressed promptly, proportionately and with respect for all participants, including the person whose behaviour is at issue. Where behaviour presents a risk to others, the professional should act, which may include private discussion, adjustment of the format, or requiring withdrawal.

30.6 Group sessions must not be recorded without prior agreement of participants, with purpose, access and retention stated. Participants who do not wish to appear in a recording must be accommodated.

30.7 The professional retains responsibility for the structure, design and professional management of the group. Participants remain responsible for their own conduct.

31. Organisational and commissioned work

31.1 Where a party other than the individual receiving the service requests, pays for or arranges it, a multi-party agreement should be established before the work begins, clarifying: who the client is for the purposes of the professional relationship; who the commissioner is and what they are purchasing; who pays, on what terms, and what happens if funding ends; who receives information, in what form and at what intervals; what remains confidential; what outcomes or information may be reported and at what level of generality; how conflicts between individual and organisational interests are handled; the duration and scope and who may end it; and whether the individual may continue privately if the commissioning ends.

31.2 The individual must understand these arrangements before the work begins, including precisely what will and will not be shared. Where an individual has been directed to the service by their employer, the professional should clarify whether participation is voluntary and what the consequences of declining are, so far as they can establish them.

31.3 Reports to a commissioner must be accurate, limited to what was agreed and, where practicable, shared with the individual. The professional must not provide assessments of an individual's suitability, performance, promotability or employment status unless that was the explicitly agreed purpose and the individual understood it before beginning. Attendance and completion information may be reported where agreed; session content may not, absent explicit agreement.

31.4 Where the interests of the commissioner and the individual diverge, the professional must not resolve the conflict silently in favour of the party that pays. The conflict should be named, the agreed terms returned to, and a solution sought acceptable to both; where it cannot be resolved, ending the engagement must be considered. A request for confidential information, for a particular conclusion, or for the engagement to serve an undisclosed organisational purpose must be declined. The professional must not act as an undisclosed instrument of the organisation in relation to a participant.

32. Conflicts of interest

32.1 A conflict of interest exists where a professional has an interest, loyalty, relationship or obligation that could improperly influence, or could reasonably be seen to influence, their judgement or conduct. An **actual** conflict is present and capable of affecting judgement now; a **potential** conflict is reasonably likely to arise; a **perceived** conflict is one a reasonable person aware of the facts could conclude might improperly influence judgement. All three require attention — a perceived conflict damages trust even where judgement is in fact unaffected.

32.2 Professionals must: consider at the outset of each engagement, and as circumstances change, what interests other than the client's could bear on their judgement — financial interests, referral and commission arrangements, business partnerships, personal and family relationships, obligations to a

commissioner, competing client interests, reputational interests; disclose conflicts promptly and in sufficient detail to those affected, unless disclosure would itself breach a duty owed to another; manage them transparently by agreeing how the conflict will be handled, separating roles, or declining the part of the work that gives rise to it; seek consultation where the position is unclear; and withdraw where the client's interests cannot adequately be protected, in a way that minimises harm.

PART IV — COMPETENCES

33. Structure

33.1 The competency model has two layers: **ten Common Core domains** applying to every IAPTC® professional, and **role profiles** for coaching, training, mentoring and consulting that sit on top of the Core without replacing any part of it. Cultural and international competence, and digital and AI competence, run through all ten domains and are stated separately at 36 and 37 so that they can be taught and assessed explicitly.

33.2 The four roles differ in what the professional is engaged to do. A coach facilitates reflection, awareness, choice and action without unnecessarily taking over the client's decision-making. A trainer designs and facilitates structured learning and assesses it where appropriate. A mentor draws on relevant experience and professional knowledge to support another's development. A consultant analyses situations, provides expert recommendations and advises on implementation. These are legitimate professional differences, not degrees of quality. Coaching methodology is not the standard against which other roles are measured, and the assumptions of one role must not be imposed on another.

33.3 A professional is assessed against the Common Core in full together with the profile or profiles matching the work they actually do. Many work across roles; where they do, they must know which role they are occupying at a given moment, make that clear to the client, and move between roles deliberately rather than by drift. Mixing roles is not in itself a fault; moving between them without the client's knowledge is.

33.4 Competence to supervise, to train other professionals, or to assess competence is a distinct competence in each case and must be separately demonstrated.

34. The ten Common Core domains

1. Professional integrity and ethical judgement. Recognising the ethical dimension of a situation before it becomes a problem; reasoning about it rather than resolving it by instinct or commercial consequence; representing qualifications, titles and status accurately and verifiably; making claims proportionate to the evidence; identifying and addressing conflicts openly; obtaining consultation; owning decisions later found to be wrong. *Development need:* difficulty identifying ethical issues unless signposted; reasoning that is assertion without analysis; credentials described more generously than the facts support; treating conflicts as acceptable because the intention is good; no evidence of ever having sought consultation; responding to an identified error by explaining why it was not one.

2. Professional maturity and self-awareness. As set out at Part I, 4. *Development need:* difficulty always located in the client, the group or the circumstances; feedback met with explanation, correction of the record or citation of credentials; discomfort with not knowing, expressed as rapid answers or premature interpretation; language of ownership over client outcomes; a client's disagreement or lack of progress treated as resistance requiring correction; supervision used only for technical questions; inability to name any personal limitation; strong reaction to the presence of other competent professionals.

3. Contracting, role clarity and scope of practice. Explaining the role in terms the client can understand without jargon; establishing proportionate agreements before substantive work; clarifying what the work will not do; defining responsibilities on all sides; explaining the limits of confidentiality and of method; knowing the boundary of competence and working within it; recognising when another service is required, including regulated healthcare; referring in a way that supports the client; managing commissioned work with clarity about reporting. *Development need:* no written agreements, or agreements covering commercial terms only; contracting treated as a formality; scope described so broadly that nothing falls outside it; inability to give an example of work that would be declined; referral described as failure or effected by withdrawal; confidentiality described without

limits.

4. Communication and professional relationship. Accurate listening, including to what is implied, avoided or inconsistent; clarity proportionate to the listener; questions that serve the client's purpose rather than the professional's curiosity; checking understanding rather than assuming it; empathy without loss of boundaries; adaptation to person, culture, format and context; working with disagreement, including disagreement directed at the professional; giving usable feedback and receiving it without distortion. IAPTC® does not prescribe a communication style; what is assessed is whether communication achieves its professional purpose with this person in this context. *Development need:* summaries that reshape the client's meaning; questions containing the answer; the professional speaking more than the work requires; difficult messages softened into ambiguity or delivered and left; disagreement met by repetition or appeal to expertise; one style used regardless of person or context; written communication inconsistent with what was said.

5. Client-centred and development-focused practice. Respecting autonomy, including decisions the professional would not make; understanding the client's purpose and context before working on them; working towards agreed rather than assumed outcomes; supporting agency and independence; adapting practice to the client rather than applying a method mechanically; monitoring honestly whether the work remains useful and raising it openly when it does not; supporting closure and not extending engagements beyond their purpose. *Development need:* client situations described in the language of the professional's preferred model; the same programme delivered to materially different needs; the professional's convictions about how people should live appearing in the work; no evidence of usefulness ever being reviewed; engagements continuing indefinitely without a stated purpose; endings occurring by attrition; no examples of referral across an extended body of practice.

6. Professional method and practical application. Understanding the methods used, their origin, mechanism as far as known, and intended application; explaining why this method, with this client, now; selecting by purpose rather than habit; adapting responsibly and knowing what an adaptation changes; recognising limitations including where a method should not be used; monitoring impact; and distinguishing established evidence, emerging evidence, professional experience and personal belief, saying which is which. IAPTC® does not prescribe methods; it requires that whatever is used is understood, justifiable, competently applied and not overclaimed. *Role-specific:* the coach selects between reflective, structured, goal-focused and exploratory approaches according to purpose and recognises when coaching is not the appropriate response to what has emerged; the trainer selects methods by learning outcome rather than by the energy of the room and can justify activity that serves engagement where engagement is the purpose; the mentor distinguishes situations calling for shared experience, questioning, or direct information, and presents experience as one case rather than the general rule; the consultant selects analytical methods appropriate to the question and the data, and distinguishes findings from interpretation and interpretation from recommendation. *Development need:* methods described by name rather than function; one method across materially different situations; rationale expressed as preference or training loyalty; claims that a method works for everyone; scientific language used decoratively; inability to name any limitation of a favoured method; emotional intensity beyond what the purpose requires or the training supports; no mechanism for noticing effect.

7. Critical thinking, judgement and adaptability. Distinguishing fact from assumption and inference; evaluating information including its source and interests; generating alternative explanations before settling; adapting when new information undermines the current direction; recognising when a model is shaping perception rather than informing it; deciding proportionately under uncertainty without paralysis or false confidence; revising a judgement openly; using technology and AI critically. *Development need:* inference presented as fact; a single explanation reached quickly and held without testing; information accepted or rejected according to whether it supports the existing view; inability to state what would constitute disconfirming evidence; certainty in proportion to experience rather than evidence; complex situations reduced to a single cause; AI content used in client work without verification.

8. Boundaries, safety and client protection. Establishing and maintaining boundaries including in social, digital and commercial contact; recognising vulnerability and adjusting practice; understanding safeguarding responsibilities and reporting obligations in the relevant jurisdiction; recognising when the work is exceeding scope; responding to indications of risk calmly, without dismissal or dramatisation; protecting confidentiality and explaining its limits in advance; handling sensitive information responsibly; avoiding dependency and exploitation; knowing referral routes and how to seek specialist or emergency support. This is not a clinical competence: what is assessed is recognition, response and referral. *Development need:* boundaries flexible according to how much the professional likes the client; routine dual relationships without consideration; confidentiality presented as absolute; client material in marketing or teaching in identifiable form without documented consent; risk indications not recognised in case discussion; responding to serious disclosure by continuing the planned session; clinical material explored out of interest; no knowledge of referral routes; client dependence described approvingly.

9. Reflective practice, learning and professional development. Reviewing work systematically rather than only when something goes wrong; learning from feedback; identifying development needs accurately, including uncomfortable ones; undertaking development relevant to actual practice; using supervision, mentoring or peer consultation regularly; updating knowledge including where updating contradicts original training; treating mistakes as information; monitoring recurring patterns across the practice rather than only individual cases; demonstrably changing behaviour as a result. *Development need:* records of attendance with no evidence of application; development concentrated in areas of existing strength; reflective accounts concluding that the professional acted correctly throughout; supervision used only in crisis or for reassurance; stated development needs that are disguised strengths; no examples of practice changing over an extended period; knowledge dated to original training.

10. Accountability, professionalism and responsible practice. Taking responsibility for decisions and consequences; keeping proportionate records; managing commitments reliably; complying with applicable professional, contractual, data protection, tax and regulatory requirements; communicating transparently about difficulties, delays and limitations; correcting errors promptly and informing those affected; responding constructively to concerns; cooperating with conduct processes including where the concern is disputed; using digital systems and AI responsibly while retaining accountability; maintaining consistent standards across in-person, remote and public digital environments. *Development need:* records inadequate to account for decisions; commitments met inconsistently with explanations afterwards rather than notice in advance; errors acknowledged only after discovery by someone else; concerns met with justification, counter-accusation or withdrawal; public digital conduct inconsistent with private standards; no awareness of applicable legal requirements; responsibility for outcomes located consistently in clients, colleagues, circumstances or the market.

35. Role profiles

Coaching. Establishing the coaching agreement, including the distinction between the engagement agreement and the focus agreed within a session; facilitating reflection and awareness by working with what the client brings rather than the coach's interpretation of it; asking questions that open rather than lead, and knowing when a statement, summary or silence is better; supporting client-generated options before contributing; supporting goal clarification and the translation of intention into action; maintaining autonomy and accepting a decision not to act; reviewing learning and progress against what was agreed and adjusting or ending on that basis. IAPTC® does not require non-directiveness in every circumstance and endorses no coaching school: what is required is that the coach knows what they are doing and why, that the client's ownership of the decision is preserved, and that directiveness is a professional choice rather than a habit.

Training. Identifying actual learning needs as distinct from what was requested, and saying so where training is not the appropriate response; defining outcomes in terms of participant capability and aligning outcomes, content, activity and assessment; sequencing so that learning builds and transfers;

facilitating so that participants can practise, make mistakes and ask questions safely; engaging participants of differing confidence, seniority, language ability and motivation, including those who did not choose to attend; adapting in real time without abandoning the outcomes; recognising and working with group dynamics proportionately and without humiliating anyone; assessing against published criteria where assessment is part of the programme; giving specific, behavioural, usable feedback; evaluating beyond satisfaction.

Mentoring. Clarifying purpose, scope, frequency, duration, confidentiality and the boundary with any other relationship, particularly where the mentor holds managerial, commercial or academic power over the mentee; offering experience where it serves the mentee's development, selecting what is relevant rather than what is memorable, and presenting it as a case with its context rather than as a rule; being willing to give direct guidance while leaving the decision with the mentee; presenting more than one route where more than one exists; being honest about what the mentee will need to develop; knowing where the mentor's knowledge is dated, sector-specific, culturally specific or absent, and saying so; using questioning alongside guidance so that the mentee develops judgement rather than dependence.

Consulting. Clarifying the mandate — question, scope, deliverables, decision rights, access, timeline — and distinguishing the presenting request from the underlying problem; gathering information from more than one source and level, recognising what has not been said and who has not been asked; structuring analysis, distinguishing symptoms from causes, testing the initial framing; marking clearly what is established, what is inferred and what is opinion, with the confidence attaching to each; developing recommendations that follow from the analysis and are feasible in the client's context; communicating unwelcome findings accurately rather than softening them; reading organisational structure, culture, politics and readiness; managing stakeholder interests and maintaining independence under commercial or hierarchical pressure; building the organisation's own capability rather than its reliance on the consultant; agreeing at the outset how the work will be judged.

36. Cultural and international competence

36.1 IAPTC® professionals work across languages, countries, sectors and cultural contexts, frequently without leaving their own desk. Cultural competence is a dimension of every domain above, not an occasional specialism.

36.2 Professionals should be able to recognise their own cultural assumptions, including those so familiar they are experienced as common sense; avoid treating their own norms as universal standards; adapt directness, formality, hierarchy, silence, humour, disagreement and the handling of emotion to the context; respect different values and definitions of a good outcome; recognise and state the limits of their own cross-cultural competence; seek consultation, local knowledge or co-working where appropriate; work competently across language difference, including where either party is working in a second language; and recognise the influence of culture on what clients will say, to whom and in what setting. Where a professional works through interpretation, particular care is required that consent, agreements and confidentiality limits are genuinely understood.

36.3 *Development need:* one delivery style and one set of examples across all contexts; client behaviour explained by national or cultural stereotype; the professional's own norms presented as professional standards; non-participation interpreted as resistance without considering cultural explanation; no awareness that a preferred model carries cultural assumptions; work accepted in unfamiliar contexts without consultation or preparation.

36.4 This section requires cultural competence, not ideological conformity. Professionals are not required to hold, endorse or profess any particular social or political position. What is required is professional behaviour: respect, awareness of one's own assumptions, adaptation where it serves the work, and non-discrimination in accordance with these standards and applicable law.

36.5 **Standards that do not vary.** Cultural difference, local professional custom and prevailing market practice do not qualify the protection of persons from harm, the prohibition of exploitation and

abuse, the prohibition of sexual boundary violation, the obligation of honesty, or the obligation to work within competence.

37. Digital and AI competence

Professionals should demonstrate: appropriate digital communication, including conduct in messaging, email, video and public digital spaces; basic information security awareness; responsible remote delivery attentive to the client's privacy, environment and technical circumstances; understanding of confidentiality risks specific to digital work, including recording, transcription, cloud storage, third-party platforms and shared devices; critical use of artificial intelligence, treating outputs as material requiring judgement rather than as answers; verification of AI outputs before client-facing use, including facts, sources and citations; awareness of AI limitations and bias, including fabrication of plausible but false content; appropriate disclosure where AI materially affects the service; protection of client information; and continued human accountability for all professional output. *Development need:* AI-generated assessments, reports, designs or correspondence issued without verification; fabricated references or statistics appearing in the professional's material; identifiable client information entered into unassessed tools; inability to say where client data is stored or who can access it; remote practice conducted where confidentiality cannot be maintained; AI presented to clients as a source of authority; material AI involvement concealed; responsibility for an AI error attributed to the tool.

38. Levels and progression

38.1 Level 1 — Foundation / developing professional. Safe foundational competence: understands the core principles of the role and of the methods used; applies fundamental skills competently; works effectively in standard, foreseeable situations; recognises limitations and does not exceed them; seeks support in good time; requires greater consultation in complex, ambiguous or high-risk situations; reflects with structure or prompting; follows agreed processes; applies methods largely as taught. This is not a description of incompetence — a Level 1 professional practises safely and delivers real value. What distinguishes the level is range and depth of integration, not the quality of what is delivered within that range.

38.2 Level 2 — Professional / independent practitioner. Integrates knowledge, skill, ethics and self-awareness into coherent practice; exercises sound judgement without routine recourse to supervision; handles varied situations including those not encountered in training; adapts methods and can explain the adaptation; reflects systematically and acts on what reflection reveals; manages boundaries and ethical questions confidently, including where they are unclear; knows when specialist consultation is required and obtains it; contracts clearly and manages engagements from opening to closure; maintains competence actively.

38.3 Level 3 — Advanced / senior professional. Handles complexity, ambiguity and competing demands without loss of clarity; demonstrates mature judgement in situations without precedent; adapts across contexts, sectors, cultures and client groups; supports the development of others; contributes to professional learning; may supervise, mentor, train or assess where separately competent to do so; examines their own established assumptions; recognises the limits of their advanced standing and continues to seek challenge. Level 3 is not reached by accumulating years, clients, hours or qualifications, and does not itself confer teaching, supervisory or assessment authority.

38.4 A professional may be at different levels in different domains; this is normal. An overall level describes integrated practice, not the strongest competency.

38.5 Progression is demonstrated through greater integration, consistency across time and conditions, complexity handled, quality of judgement, independence, adaptability, depth of reflection and increasing ownership of decisions. It is **not** defined by years of experience, number of clients, training hours, academic degrees, course attendance, volume of certifications, commercial success, audience

size or public profile. Progression is not automatic and not irreversible: competence declines through extended absence from practice, narrowing of practice, loss of external perspective, outdated knowledge, or personal circumstances affecting functioning.

38.6 The levels are a professional-development model. They are not academic qualifications, statutory grades or protected titles, and must not be described as such.

39. Assessment of competence

39.1 **Principles.** Assessment addresses professional behaviour, reasoning and practice — never personality, psychological condition or private life. Conclusions must be supported by identifiable evidence and be explicable to the person assessed. No single form of evidence establishes overall competence; competence should be assessed from more than one source and, where practicable, in more than one format. Competence is assessed as integrated practice. Depth is proportionate to the level, the risk and the vulnerability of the client group. Assessment must take account of role, culture, language, format and client group, and must not treat a single delivery style as the standard. The same standard must be applied to comparable candidates, free from discrimination, by assessors competent to assess. Candidates must know in advance what is assessed, against what standard, with what evidence and with what possible outcomes. A finding that a competency has not yet been demonstrated must be expressed in terms of what would need to be shown. The person assessed must be able to respond and to seek review. Where assessment reveals conduct placing clients at risk, client protection takes precedence over the developmental purpose.

39.2 **Evidence** may include observed practice, live or simulated; recorded practice with documented informed consent of all participants; case analysis; a structured professional portfolio; reflective accounts; written and scenario-based assessment; oral professional discussion; role-play and simulation; supervisor reports provided with the professional's knowledge; client feedback, where ethically appropriate and understood as evidence of client experience rather than of competence as such; evidence of continuing development; professional products such as designs, agreements, reports and evaluations; and structured examination of ethical reasoning.

39.3 **Use of evidence.** Competence claims must rest in part on evidence of what the professional actually does, not exclusively on what they say about what they do. Evidence must be current — historic evidence shows competence was once present, not that it remains so. Evidence must be the professional's own work; where AI has materially contributed to written assessment material this must be disclosed, and undisclosed substitution of generated material for the professional's own reasoning is a matter of professional integrity. Client material used in assessment must be anonymised or used with documented, specific and revocable consent, and no assessment requirement may place a client at risk. Ethical competence must be assessed directly through reasoning in situations where the answer is not obvious, never inferred from the absence of complaints. Assessors must be competent in the domain and in assessment, free from conflicts of interest, and able to justify decisions by reference to evidence.

39.4 An assessment decision should identify, for each domain: the evidence considered; the level demonstrated; any competency not yet demonstrated, in behavioural terms; and what would be required to demonstrate it. Records must describe professional behaviour and must not contain psychological characterisation, personality description or speculation about motives. Terms such as "defensive", "narcissistic" or "unstable" must never be used; the correct formulation is behavioural and specific.

40. Maintaining competence

40.1 Recognition records an assessment made at a point in time. Competence must be maintained afterwards, and the obligation rests with the professional.

40.2 Professionals must continue to: practise in sufficient volume and variety to sustain the competence claimed; reflect systematically; learn, including from sources that challenge their

established view; update knowledge in the fields their practice relies on; undertake continuing professional development (Part VII); use supervision, mentoring, peer consultation or another structured external perspective; and respond to changes in law, technology and professional practice.

40.3 Where competence has materially declined, the professional must reduce or adapt their scope until it is restored — suspending work in the affected area, narrowing the range of clients or situations, increasing supervision or working alongside a competent colleague, undertaking specific development or retraining, declining new engagements in the affected area, or, in serious cases, ceasing practice temporarily.

40.4 A professional returning after extended absence should assess their currency honestly, address what has changed in law, evidence, technology and practice, arrange supervision or consultation for an initial period, and begin in their most secure area rather than their most demanding.

40.5 A professional who continues to practise in an area where they know their competence has lapsed is in breach, whatever the standard of the work they happen to produce.

PART V — EDUCATION AND TRAINING QUALITY

41. What recognition means

41.1 IAPTC® recognition of a programme or provider confirms one thing only: that it has been assessed against these standards and found to meet them at the date of the decision. It must never be represented as governmental, statutory, university or academic accreditation; as state licensing, authorisation or approval; as regulatory authorisation to practise; as an award of academic credit, rank or qualification; as an entitlement to use a protected title; or as certification of an individual by a governmental or statutory body.

41.2 Recognition attaches to a defined programme, delivered by a defined provider, in a defined language or languages, in a defined mode or modes, and under a defined lead trainer. It does not extend automatically to other programmes, providers, languages, modes, personnel, repeat editions, recordings or franchised deliveries. It does not transfer with sale, merger, rebranding, franchising or licensing; any such event requires a fresh decision.

41.3 Recognition is granted for a fixed period — three years for both providers and programmes, or for a shorter period aligned to the expiry of provider recognition — is conditional on continuing compliance, and may be varied, suspended or withdrawn. Each decision carries a unique recognition number, a scope statement, a start date and an expiry date; no representation may exceed those four elements.

41.4 The Association does not guarantee the commercial success of a provider, the employment or income of a learner, the results obtained by a graduate's clients, or recognition of a programme by any third party.

42. Principles of educational quality

Integrity — a programme must teach what it claims to teach, assess what it claims to assess, and award what it claims to award.

Competence before credential — the certificate records capability; it does not replace it.

Proportionality — volume, depth, assessment and practice requirements must be proportionate to the professional responsibility the award implies.

Truthful representation — every statement to a prospective learner, in any language and on any channel, must be accurate, complete in its material terms and capable of documentary support.

Learner protection — where a commercial interest and the protection of a learner conflict, learner protection prevails.

Safety of the learning environment — learning that touches personal material must be conducted within clear boundaries, with informed agreement, and with a defined route to appropriate support.

Evidence-informed content — content must be consistent with the current state of knowledge, must distinguish established knowledge from the provider's own model, and must not present contested or proprietary claims as settled science.

Non-discrimination — access, delivery, assessment and certification must be free from discrimination.

Education is not treatment — a recognised programme is education and professional training, not psychotherapy, medical treatment or clinical intervention, and must not be delivered, marketed or documented as though it were.

Continuous improvement — providers must seek evidence about the quality of their provision and act on it.

43. Programme categories

Category A — Introductory. Builds awareness, foundational knowledge and basic skills. Does not prepare a learner to practise independently and must not be represented as doing so. Minimum total learning volume 15 hours, of which at least 8 guided.

Category B — Foundation. Establishes the knowledge base and core skills of a professional role and prepares for supervised practice. Minimum 60 hours, of which at least 35 guided, including at least 10 hours of practical learning.

Category C — Practitioner. Prepares a learner to practise with clients within a defined scope. Minimum 130 hours, of which at least 70 guided, including at least 30 hours of practical learning and at least 8 hours of supervised practice.

Category D — Advanced or specialist. Develops advanced, specialist or supervisory capability in learners who already practise, including training of trainers, supervision training and specialist method training. Minimum 180 hours, of which at least 90 guided, including at least 40 hours of practical learning and at least 12 hours of supervised practice.

These are minima, not targets. IAPTC® may require a higher volume where the outcomes claimed cannot credibly be achieved within them. The category must be stated on the programme specification, in all marketing and on the award. Programme categories are educational classifications of the Association; they are not academic levels or national qualification framework levels and must not be publicly aligned to any such framework without a formal grant from the responsible body, evidenced in writing.

Guided learning hours are hours during which a learner is taught, facilitated, observed, assessed or supervised in real time, in person or through live technology. **Directed learning hours** are structured learning without real-time contact — recorded sessions, set reading, assignments, structured reflection, practice logs. Hours must be counted honestly: breaks, meals, administration, marketing and sales sessions, social activity and unstructured networking are not learning hours of any kind. Scheduled guided learning should not exceed eight hours in a day and must not exceed ten; where intensive or residential formats are used, the provider must document how fatigue, consolidation and rest are managed. Recorded content counts as directed learning, never as guided.

44. Provider and programme recognition

44.1 A provider must hold provider recognition before its programmes may be recognised, except where a single programme is delivered by an individual trainer, who is then assessed as the provider. To be recognised, a provider must demonstrate: lawful establishment and legal capacity to deliver education in its principal jurisdiction; compliance with applicable consumer protection, distance selling, taxation, data protection and child- and adult-protection law; a named individual accountable for educational quality; a named individual accountable for ethical compliance (the same person where the provider has fewer than five trainers); documented internal quality assurance; documented learner protection arrangements; a documented complaints and appeals procedure; administrative capacity to maintain the required records; financial arrangements sufficient to complete the programmes it has sold, with contingency arrangements; and insurance appropriate to its activity where available in its jurisdiction. The provider must disclose in writing any accountable individual who has been excluded from membership of the Association or removed from a professional register elsewhere for reasons of ethics or client harm.

44.2 An application for programme recognition must include: the programme specification; the full curriculum with session-level content and timings; learning outcomes mapped to the competences in Part IV; the assessment strategy, instruments and marking criteria; the staffing plan with qualifications and experience of the lead trainer, each trainer and each assessor; representative learning materials; the learner agreement, fee schedule and cancellation and refund terms; all marketing texts in every language used; the specimen award and transcript; the internal quality assurance plan; the complaints and appeals procedure; the accessibility statement; the artificial

intelligence statement; and a declaration of intellectual property rights and third-party licences.

44.3 IAPTC® issues one of four decisions: granted; granted with conditions to be met and evidenced within a stated period; deferred pending further information or remedial work; or refused with written reasons. A refused applicant may appeal and may reapply once the grounds are addressed. IAPTC® may require observation of live delivery, an interview with the lead trainer, or review of completed learner work before deciding. A programme must not be advertised as recognised, or as "in the process of recognition", "pending recognition" or any equivalent, before a written decision.

44.4 A provider must not delegate delivery of a recognised programme to a third party, franchisee, licensee or partner unless the arrangement has been declared to and approved by IAPTC® and the provider retains full accountability for quality, assessment and certification.

45. Design, outcomes and curriculum

45.1 Every recognised programme must have a written programme specification maintained as a controlled document with version and date, stating: title as used in marketing and on the award; category; the professional role or scope of practice prepared for, or an explicit statement that it prepares for none; target learners and entry requirements; learning outcomes and their mapping to the competences; curriculum structure module by module; guided, directed and total learning hours; practical learning and supervised practice requirements; delivery modes; languages of delivery and assessment; assessment methods, weightings and pass requirements; conditions for the award including attendance requirements; staffing model and learner-to-trainer ratios; learner support; technology the learner must have; total cost including any cost payable after enrolment; and dates of approval and next review. It must be reviewed at least every two years and after any material change.

45.2 Design must be coherent: outcomes achievable within the stated volume, curriculum covering every outcome, assessment testing every outcome. Entry requirements must be stated honestly and applied consistently; where a programme prepares learners to work with clients, they must be sufficient to protect future clients and must not be lowered for commercial reasons.

45.3 Learning outcomes must state what the learner will be able to do, in observable and assessable terms; be specific to the programme; be assessable by at least one defined method; be mapped to at least one element of the competency framework or expressly identified as falling outside it; and be achievable within the stated volume. They must not promise personal transformation, healing, cure, guaranteed income, guaranteed client results or any outcome outside the learner's control. Where a proprietary model is taught, outcomes must state that capability is being developed in that model and must not imply general professional competence beyond it. Outcomes must be published before enrolment.

45.4 **Curriculum** must cover, at a depth proportionate to the category: the theoretical and conceptual basis of the practice taught, its origins, evidence base and limits; the core professional skills of the role; the ethical requirements of Part II and their application; scope of practice, boundaries and the limits of one's own competence; recognition of situations requiring referral, including signs of risk, and the referral process; contracting, informed agreement, confidentiality and its limits; documentation, record-keeping and data protection; the distinction between coaching, training, mentoring, consulting, counselling and psychotherapy, and the boundary between education and clinical care; working with difference, culture and context; self-awareness, reflective practice and the use of supervision; professional responsibility, accountability and continuing development; and the legal, regulatory and commercial context of practice. Category A must cover the first five items and the coaching/therapy distinction, and should introduce the remainder; Categories B, C and D must cover and assess all of them, with depth increasing by category. Category D must additionally cover the specific capability being developed, including adult learning and instructional design for trainer training, or the supervisory relationship and supervisory ethics for supervision training.

45.5 Content must be current, reviewed at least annually against developments in the field, with the outcome of that review recorded. Licensed third-party content requires a current licence, held and

producible. Unattributed reproduction of another body's framework, competency model, assessment instrument or training material is a breach of these standards.

46. Trainer competence

46.1 Every trainer must be competent in the subject taught, competent in facilitating adult learning, and bound by these standards.

46.2 The lead trainer must hold qualifications and practice experience at a level above the category delivered, or, for Category D, demonstrable senior standing in the specialism; have current or recent practice experience in the field taught; hold current membership of the Association or a comparable professional body or otherwise be bound in writing to these standards; maintain continuing professional development appropriate to their role and responsibilities; and use professional supervision of their own practice where they work with clients. Every other trainer must meet the same requirements other than the first, and must hold competence in the specific content they deliver.

46.3 A trainer must not teach content in which they are not competent; where a session requires specialist input, a suitably qualified guest trainer must be used and the lead trainer remains accountable for its quality.

46.4 Trainer competence must be evidenced in a personnel record containing qualifications, experience, CPD, supervision arrangements, teaching observations and learner feedback. Each trainer must be observed in delivery at least once every two years, with a written record and developmental actions. New trainers must complete a documented induction covering the programme specification, assessment standards, ethical requirements, learner protection and complaints procedures before delivering independently, and should co-deliver first.

46.5 Learner-to-trainer ratios must permit individual attention. In live skills practice and observed practice the ratio should not exceed twelve to one and must not exceed sixteen; above twelve, the provider must document how individual feedback is maintained.

46.6 A trainer must declare any conflict of interest in relation to a learner, including a prior or current client, personal or commercial relationship, and must not act as sole assessor of that learner. Trainers must not use the teaching relationship to recruit learners as clients, to sell unrelated products from the training room, or to create dependency. Legitimate information about further programmes may be given, but must be separated from teaching time and must never be presented as necessary for competence already certified.

47. Practical learning, supervised practice and assessment

47.1 Every programme in Categories B, C and D must include practical learning in which the learner performs the professional activity. Practice may take place with fellow learners, with volunteer practice clients, or with real clients where the category and the learner's stage make this appropriate and lawful.

47.2 Where practice involves persons outside the programme, the provider must ensure that the person is informed in writing that the practitioner is a learner in training; that informed agreement is obtained and recorded; that confidentiality and its limits are explained; that the person knows how to raise a concern and to whom; that no fee is charged unless the category, applicable law and the learner's stage permit it and the basis is disclosed; and that a named person within the provider is responsible for oversight of placements.

47.3 Supervised practice must be provided by a person competent in supervision and, where practicable, independent of the assessment of the same episode. It must be developmental and must include direct observation of, or direct evidence from, the learner's actual practice — recording, transcript, live observation or structured case presentation — and not self-report alone. Group supervision may count where the group does not exceed eight and each learner presents their own practice during the hours counted; above eight, hours count only for learners who present.

47.4 Learners must maintain a practice log recording date, duration, format, context, reflection and supervision received; the provider must verify logs before the award. Where practice touches material outside the learner's competence or presents risk to a practice client, the provider must have a documented protocol for stopping the practice, supporting the practice client and referring appropriately.

47.5 Simulated practice, role play and case-based practice are legitimate learning methods. They must not be represented as practice with real clients in records, logs or marketing, and must not wholly substitute for practice with real people in Categories C and D.

47.6 **Assessment** must be valid, reliable, fair, transparent and proportionate. The strategy must state for each outcome how it is assessed, by whom, against what criteria, and what constitutes a pass. Categories C and D must include at least one assessment of the learner's actual performance of the professional activity, observed live or through recording, against published criteria; written work alone is not sufficient to certify practice capability. Criteria must be published before assessment. Assessors must be competent in the content and trained in the instruments used, and must record decisions with reasons, not only a grade. Internal verification must sample decisions across assessors, cohorts and grade boundaries, at a minimum of ten per cent of decisions or three per cohort, whichever is greater, with records retained. Learners must receive feedback identifying what was achieved, what was not, and what is required. A learner who does not meet the standard must be permitted at least one further attempt on stated terms, within a stated period and at a stated cost disclosed before enrolment.

47.7 Assessment must not be waived, adjusted or passed for commercial reasons, for learner dissatisfaction, or because fees have been paid in full. Payment creates no entitlement to an award. Reasonable adjustments must be made for disability and other protected characteristics, provided the outcome itself is still assessed and met. Providers must hold a written policy on plagiarism, impersonation, falsification of practice logs and undeclared use of artificial intelligence in assessed work, with proportionate consequences and a right of appeal. Recognition of prior learning may be granted on evidence, must not exceed one third of total learning volume, must never substitute for the observed practice assessment, and must be recorded with the evidence relied upon.

48. Learner protection

48.1 Before enrolment, every learner must receive in writing, in the language of delivery: the programme title, category and learning outcomes; what the programme does and does not qualify them to do; entry requirements; total learning volume and expected time commitment; delivery mode, dates, times and time zone; assessment requirements and conditions of the award; total cost, payment schedule and any later cost; cancellation, withdrawal and refund terms; technology and equipment required; trainers' names and relevant qualifications; the status of any recognition claimed; the complaints and appeals procedure; and how personal data will be processed. A written learner agreement must be concluded before payment or before the first session, whichever is earlier.

48.2 Fees must be transparent. Undisclosed charges for assessment, resubmission, certification, materials, platform access or membership are prohibited. Cancellation and refund terms must comply with applicable consumer law, must be no less favourable to the learner than that law requires, and must be stated in plain language.

48.3 Marketing must not use manufactured urgency, false scarcity, false price anchoring, fabricated testimonials, or claims of income or client outcomes. Testimonials must be genuine, attributable, held on file with the consent of the person quoted, and must not be edited in a way that changes their meaning.

48.4 A programme must not require a learner to disclose personal history, trauma, family material or private experience as a condition of assessment or of the award. Where personal material arises, participation must be voluntary, the boundary must be stated, and a route to appropriate support must be available. Where a learner shows signs of distress or of a condition requiring support beyond the

programme, the trainer must respond within the limits of their competence, must not treat, and must refer under the provider's documented protocol.

48.5 Every provider must hold a documented continuity arrangement setting out how learners will complete, be assessed and be certified if the programme is discontinued, if a trainer becomes unavailable, or if the provider ceases to operate, naming the alternative route and the person responsible for activating it.

48.6 Learners must not be pressured to purchase further programmes, products or services as a condition of completion, certification, membership or good standing. Providers must have a safeguarding policy where learners include minors or adults at risk.

49. Accessibility

49.1 Every recognised programme must publish an accessibility statement describing what it can accommodate, how an adjustment is requested, and how requests are decided.

49.2 Providers must make reasonable adjustments for disability, neurodivergence, chronic illness and caring responsibilities, which may include extended time, alternative assessment formats, accessible materials, captioning, recording, rest breaks and flexible scheduling, provided the learning outcome is still assessed and met. A provider must not require disclosure of a diagnosis where the need can be established otherwise, and must process any health information disclosed in accordance with applicable data protection law.

49.3 Learning materials should meet recognised accessibility practice: readable typography, sufficient contrast, text alternatives for images, captioned video and documents readable by assistive technology. Where an adjustment cannot be made without compromising an outcome, the provider must say so in writing before enrolment where the limitation is known, and explain why. Language proficiency requirements must be stated in the entry requirements rather than applied silently at assessment. Adjustments must be recorded, must not be noted on the award, and must not affect the standard of the award.

50. Online delivery, records and quality assurance

50.1 Online and blended programmes are subject to the same standards as in-person programmes: the mode changes the method, not the requirement. Live online delivery counts as guided learning only where the trainer is present in real time, learners can interact, and the trainer can observe and respond. Fully asynchronous programmes may be recognised in Categories A and B only; Categories C and D require guided learning and observed practice with a human trainer or assessor. Online delivery must maintain the ratios at 46.5, with breakout arrangements or equivalent allowing observation and feedback. The provider must verify learner identity at enrolment and at assessment by proportionate and lawful means; must state minimum technical requirements before enrolment and have a documented response to technical failure, including how affected learning is replaced; and must state who may access recordings, for how long and how they are secured. Learners must not be required to consent to unrestricted commercial use of their image, voice or personal disclosures as a condition of participation. Cross-border delivery must comply with the law of the learner's jurisdiction on consumer protection, distance contracts, data protection and the regulation of the activity taught.

50.2 **Records.** For each recognised programme the provider must maintain: the programme specification and every version; curriculum and materials as delivered; cohort records; learner records including adjustments granted; assessment records including assessor decisions, feedback and internal verification; practice logs and supervision records; the register of awards with names, titles, dates and unique certificate numbers; trainer personnel records; learner feedback and the provider's response; complaints, appeals and outcomes; quality assurance reviews and improvement actions; and marketing texts as published, with dates. Minimum retention, subject to applicable law: assessment, certification and award register — seven years from the award, and in any event for as long as the award is represented as valid; delivery and quality assurance records — five years;

complaints and appeals — five years from closure; practice recordings involving third parties — no longer than necessary and no longer than stated to those recorded. Where a provider ceases to operate, it must arrange secure retention of and learner access to certification records and inform IAPTC®.

50.3 Internal quality assurance must include: annual review of each recognised programme against its specification, outcomes and these standards; systematic collection of learner feedback at the end of each cohort and at mid-point for programmes longer than sixty hours; analysis of completion, achievement and withdrawal rates with reasons; trainer observation; internal verification of assessment; review of complaints and appeals for patterns; review of curriculum currency; and a documented improvement plan with named owners and dates, with evidence that previous actions were completed. Feedback must permit honest and anonymous response and must not be collected in a manner that pressures learners to give positive ratings. Published satisfaction, completion or outcome figures must be traceable to the underlying data, must state the period and the number of respondents, and must not be rounded upward or selectively quoted. The individual accountable for educational quality must sign the annual report and must have authority to stop or suspend provision that does not meet the standard.

50.4 Complaints and appeals. Every provider must operate written complaints and appeals procedures, published before enrolment. The complaints procedure must state how a complaint is made, to whom, time limits, stages, maximum time to a decision at each stage, and the right to escalate. A complaint must be decided by a person not involved in the matter; where the provider is too small for full independence, it must name in advance an external person. The appeals procedure must permit appeal against an assessment decision, a certification decision, an exclusion, a refusal of a reasonable adjustment and a finding of academic misconduct, on grounds including procedural irregularity, bias, failure to take account of evidence and manifest unreasonableness; disagreement with an academic judgement properly made is not a ground. An appeal must be decided by a person who did not take the original decision, on a documented review, with written reasons. No learner may be disadvantaged for raising a complaint or appeal in good faith. Where the internal procedure is exhausted and the matter concerns compliance with these standards, the complainant may bring it to IAPTC® under Part IX; providers must inform learners of this route and of its limits at that point.

51. Representation, monitoring and continuing recognition

51.1 A recognised provider may state, in respect of a recognised programme only: "Recognised Programme of IAPTC® — International Association of Professional Trainers and Coaches", with the recognition number and period; that the programme is recognised by IAPTC® against these standards; and, where provider recognition is held, "Recognised Provider of IAPTC®" with the number. Every public representation must include the recognition number and be verifiable against the Association's published record.

51.2 Prohibited in every language, channel and format: describing a programme, provider or graduate as "accredited" by IAPTC® where governmental, statutory or academic accreditation is the intended meaning; describing IAPTC® as a governmental, statutory, regulatory or licensing body; claiming that recognition confers a licence, state authorisation, academic credit, degree, rank or protected title; describing recognition as "international", "European" or "world" accreditation or any similar formulation implying official status; claiming recognition for an unrecognised programme or extending recognition of one programme to another; claiming recognition during suspension, expiry or withdrawal; suggesting that IAPTC® endorses or guarantees the provider's commercial or income claims; and any use of the IAPTC® name, marks or logo outside the written permission granted with the decision.

51.3 Marketing must state clearly what the award is and is not. Where a programme does not prepare a learner to practise, that must be stated in the same place and with the same prominence as the programme's benefits. Where a provider markets in more than one language, translated claims must not be broader than the English. The provider is responsible for representations made on its behalf by

affiliates, partners, agents, resellers, staff and contracted trainers, and for representations by graduates that it has supplied or approved. Graduates may state the programme completed, the provider, the date and the award title; they must not describe themselves as "accredited by IAPTC®", as "certified by IAPTC®" where the certificate was issued by the provider, or as holding a status they do not hold.

51.4 Each recognised provider must submit an annual return containing: cohorts delivered, learner numbers, completion and achievement rates; changes of trainers, lead trainer or delivery mode; a summary of learner feedback and actions taken; complaints and appeals received and outcomes; the annual quality assurance report; confirmation of continuing compliance with these standards and applicable law; and confirmation that all marketing complies. IAPTC® may at any time request records, observe delivery, interview staff, interview learners with their consent, and review learner work.

51.5 **Material changes** must be notified in writing within thirty days, with IAPTC® confirmation required before the change is represented publicly: change of lead trainer; change of title, category, outcomes or award; reduction of learning volume, practical learning or supervised practice; change of delivery mode, including a move to asynchronous delivery; a new language of delivery; delegation to a third party, franchisee or licensee; change of legal entity, ownership or control; insolvency, cessation of trading, or loss of any required licence or registration; and any finding against the provider or an accountable individual by a court, regulator or other professional body in a matter relating to ethics, consumer protection or client harm.

51.6 Where IAPTC® finds non-compliance it may, proportionately: record an observation requiring a response; impose conditions with a deadline for evidence; require correction of representations; require an action plan with monitoring; suspend recognition of a programme or of the provider; withdraw recognition; or withdraw permission to use the name, marks and logo. On suspension or withdrawal the provider must cease all representation of recognition, correct published materials, and inform current learners in writing. Awards already issued to learners who completed while recognition was current remain valid as records of what those learners completed; IAPTC® may publish the fact and date of withdrawal. A provider may appeal in writing within thirty days, on the grounds at 50.4, to persons who did not take the original decision. Renewal requires a fresh submission against the version in force at renewal, submitted no later than ninety days before expiry; recognition that expires without renewal ceases automatically.

52. The award

52.1 Every certificate issued in connection with a recognised programme must state: the full legal or trading name of the issuing provider; the learner's full name; the full programme title exactly as recognised; the category; total learning volume and guided learning hours; practical learning and supervised practice hours where applicable; the dates of the programme and of the award; a unique certificate number; the basis of the award — successful completion of assessment, or attendance only, stated explicitly; the signature and role of the person authorised to issue it; and, where recognition is held, the recognition statement with its number.

52.2 Every such certificate must carry the statement: *"This award is issued by the provider named above. IAPTC® recognition is professional recognition by the Association. It is not governmental, statutory or academic accreditation and confers no licence or protected title."*

52.3 An award must not be issued for attendance alone if the programme is marketed as certifying competence, and must not describe a learner as qualified to practise where the category does not prepare them to practise.

53. Prohibited practices in recognised education

The following are serious breaches and may lead to immediate suspension or withdrawal of recognition: issuing an award to a learner who has not met the assessment requirements; selling

certification without learning, or permitting payment to substitute for assessment; falsifying attendance, learning hours, practice logs, supervision records or assessment decisions; representing recognition that is not held, has expired, is suspended or has been withdrawn; representing IAPTC® recognition as governmental, statutory or academic accreditation; reproducing another organisation's frameworks, competency models, assessment instruments or training materials without licence or attribution; fabricating testimonials, learner outcomes, case studies or evidence of practice, including by artificial intelligence; requiring disclosure of personal or traumatic material as a condition of assessment or award; delivering clinical or therapeutic intervention under the description of education; retaliating against a learner who raises a complaint or appeal; withholding an earned award to compel a further purchase; continuing to enrol learners on a programme the provider knows it cannot complete; concealing a material change or an adverse finding from IAPTC®; and obstructing monitoring.

PART VI — SUPERVISION AND REFLECTIVE PRACTICE

54. What supervision is

54.1 Professional supervision is a structured, confidential and purposeful professional relationship in which a practitioner examines their own practice with a competent supervisor, in order to safeguard the interests of those they serve, to maintain and develop competence, and to sustain ethical and accountable practice. It is defined by what takes place, by the presence of an explicit agreement and by the competence of the supervisor — not by anyone's job title.

54.2 Supervision serves three functions, all of which must be present: **protective** — an independent point at which risk, harm, deterioration, dependency, unmet need and unsafe practice can be identified and acted on; **developmental** — extending competence, understanding, range and judgement, and supporting accurate self-assessment; and **sustaining** — supporting the practitioner in carrying the demands of relational work without distortion of judgement or erosion of standards. The sustaining function addresses professional capacity, not personal psychological treatment.

54.3 **Supervision does not transfer professional responsibility.** The practitioner remains fully and personally responsible for their decisions and conduct, including where a decision was discussed in supervision and including where the supervisor expressed a view. A supervisor's opinion is professional input into the practitioner's judgement; it is not an instruction, an authorisation or an indemnity. Supervision also cannot make lawful or competent that which is neither.

54.4 **Supervision is not therapy for the practitioner.** It addresses personal material only so far as it affects professional practice, and only to the extent necessary to protect and improve that practice. Where personal material arises, the supervisor must maintain the professional focus, name the boundary where the material exceeds the proper scope, and encourage the practitioner to seek appropriate support elsewhere. A supervisor must not offer the practitioner personal therapy while acting as their supervisor. Personal therapy the practitioner receives must not be recorded as supervision.

54.5 Supervision is distinct from coaching of the practitioner, from mentoring (which transmits experience and carries no protective function), from professional consultation (episodic, question-led, supplementing but not replacing supervision), and from line management. Where a line manager also supervises, the two roles must be distinguished explicitly in the agreement, the confidentiality conditions of each stated precisely, and the practitioner informed in advance of the limits. Where the combination would make honest disclosure of difficulty, uncertainty or error unlikely, the arrangement is not adequate as sole supervision.

55. When supervision is required

55.1 Every practitioner in active practice must have access to supervision appropriate to that practice and must use it. Access alone does not satisfy the requirement.

55.2 **Supervision is mandatory, on a continuing basis, where practice includes:** work on personal change at the level of identity, meaning, life history, trauma-adjacent material or profound personal transition; work with people vulnerable by reason of age, capacity, dependency, crisis, bereavement, illness, disability, coercion, exploitation or precarious circumstance; work with children, young people or adults at risk; work where safeguarding concerns can reasonably be expected; work in contexts of conflict, organisational crisis, redundancy, investigation, misconduct or workplace harm; group or team work where interpersonal harm, exposure or scapegoating is foreseeable; the first twelve months of independent practice after qualification; extension of scope; supervisory practice; and responsibility for the professional work of others, including faculty leadership, programme direction and assessment of practitioners.

55.3 Where 55.2 does not apply, supervision should nevertheless be maintained on a continuing basis by any practitioner whose practice is regular, paid and relational, including regular training delivery,

mentoring, facilitation and organisational consultancy.

55.4 Irrespective of ordinary arrangements, supervision or professional consultation must be sought without avoidable delay where there is: a safeguarding concern, disclosure of harm, or concern about risk to life or safety; a serious ethical dilemma or conflict of obligations; an actual or suspected boundary breach by either party; an allegation or complaint about the practitioner's conduct; a significant error, omission or adverse outcome; pressure to work outside competence, scope or contract; an unresolvable conflict of interest; a legal demand, regulatory request or court instruction concerning the practitioner's work or records; deterioration in a client's condition or emergence of need exceeding scope; circumstances materially affecting the practitioner's fitness to practise; a data breach or loss of confidential information; or any situation in which the practitioner recognises that their own judgement may be compromised.

55.5 Frequency is determined by the practitioner, proportionately, and recorded. In determining it, the practitioner must take account of: volume of practice; complexity and depth; vulnerability of those served and foreseeable risk; experience, general and specific; recency of any extension of scope; roles carried, including responsibility for others; isolation of the working arrangements; cultural, linguistic and jurisdictional complexity; any current or recent complaint, concern or adverse outcome; and the requirements of law, regulators, employers and contracting organisations.

Minimum expectations, not targets: practice within 55.2 — not less than once in each three-month period, with additional supervision under 55.4; practice within 55.3 — not less than twice in each twelve-month period; first twelve months of independent practice — not less than once in each two-month period where practice falls within 55.3, and not less than monthly where it falls within 55.2, with individual supervision forming a substantive part; a practitioner acting as a supervisor — supervision of supervision not less than three times in each twelve-month period.

55.6 The determination must be reviewed at least annually and whenever practice changes materially. Frequency or intensity must be increased where practice changes materially in volume, depth, risk or role, where a concern or complaint arises, where an adverse outcome occurs, or where the supervisor advises it; where the practitioner does not accept such advice, both parties must record the disagreement.

55.7 Breaks and returns. A practitioner not in active practice need not maintain supervision during that period. On resuming after a break of more than twelve but not more than twenty-four months, the practitioner must arrange a higher frequency than the ordinary determination for a defined re-entry period, recorded. Where the break exceeded twenty-four months, the practitioner is treated as re-entering independent practice and the newly qualified minimums in 55.5 apply instead.

55.8 Constrained access. Where access to a competent supervisor is genuinely constrained by location, language or specialism, the practitioner must not treat the constraint as a suspension of the requirement. They must seek supervision by secure remote means; where necessary use a competent supervisor working in another language or professional culture; where individual supervision remains unavailable, establish structured peer supervision supplemented by documented professional consultation; record the constraint, the arrangements and the steps taken to resolve it; and replace the arrangement with compliant supervision as soon as possible. Where practice falls within 55.2 and no adequate arrangement of any recognised form can be secured, the practitioner must limit their practice to the level at which it can be carried out safely without it.

56. Formats

56.1 Individual supervision is the primary format where practice falls within 55.2.

56.2 Group supervision is recognised where there is a designated supervisor meeting 57; the group size permits meaningful attention to each participant (a group larger than eight should not be counted as supervision for the individual participants unless the design demonstrably preserves individual attention); confidentiality obligations of all participants are explicit and recorded; and attendance and contribution are recorded. Where practice falls within 55.2, group supervision may form part of the

supervision but not its entirety, unless individual supervision is genuinely unavailable and 55.8 has been applied.

56.3 Peer supervision — two or more practitioners of comparable experience without a designated supervisor — is recognised only where there is a written agreement covering purpose, method, frequency, confidentiality, anonymisation and records; a structured reflective method is used rather than unstructured discussion; the presenting and challenging roles rotate explicitly; records are kept; and the participants are collectively competent in relation to the practice discussed. It provides no independent authority and no external accountability, and must not constitute the whole of the supervision of a practitioner within 55.2 except under 55.8.

56.4 Triadic supervision is recognised on the same conditions as group or peer supervision according to whether a designated supervisor is present. **Supervision within an organisation** is recognised where the supervisor meets 57 and the dual-role conditions at 54.5 are met.

56.5 Not supervision, whatever their other value: informal conversation with colleagues without agreement or structure; business mentoring or coaching of the practitioner; personal therapy; training courses, webinars and conferences; personal journaling alone; discussion in open professional forums or social media groups; and any interaction with an artificial intelligence system.

57. Supervisors

57.1 Competence to practise is not competence to supervise. A supervisor must: hold current or recent professional competence in the field being supervised, sufficient to understand the work, its methods and its risks; have substantive experience of practice in that field, ordinarily not less than three years of active practice; have undertaken recognised supervision training, structured development in supervision or documented equivalent preparation, and be able to evidence it; be competent in the specific functions of supervision — contracting, structured reflective method, ethical analysis, risk and safeguarding assessment, challenge, feedback and management of the supervisory boundary; understand the ethical, legal and data-protection framework applying to the supervisee's practice and to the supervision; be able to work with cultural, linguistic, generational, organisational and neurocognitive difference; maintain supervision of their own supervisory practice; and maintain continuing development relating to the supervisory role.

57.2 A supervisor must not accept or continue a supervisory relationship covering practice they do not understand sufficiently to supervise safely. Where a supervisee's practice extends beyond the supervisor's competence, the supervisor must say so and the parties must arrange competent supervision or consultation for that part. A supervisor may supervise a practitioner working in a different modality provided they understand its purpose, boundaries and risks well enough to exercise independent judgement.

57.3 A supervisor must establish a written agreement; maintain confidentiality within its stated limits; exercise independent judgement and provide genuine challenge as well as support; keep records; act on safeguarding and serious professional concerns; declare conflicts of interest; hold professional indemnity or comparable protection appropriate to the role where available; and be explicit about what they do not know.

57.4 A supervisor must not: provide personal therapy to a supervisee while supervising them; enter a sexual or romantic relationship with a supervisee; exploit the relationship for commercial, reputational, political or personal advantage, including recruitment of the supervisee's clients; require the supervisee to purchase other services as a condition of supervision; direct the supervisee to act unlawfully or outside their competence; claim that their supervision confers accreditation, licence, regulatory approval or immunity from professional responsibility; or represent themselves as an IAPTC® supervisor in a manner implying authority the Association has not conferred.

57.5 A supervisee may be supervised by a competent supervisor from a related profession — psychology, psychotherapy, social work, education, organisational development or a regulated field — provided the requirements at 57.1 are met in relation to the practice supervised and the supervisor

understands the professional framework within which the supervisee works. The supervisee must record the basis on which competence was assessed.

57.6 No IAPTC® credential is required to supervise. Competence to supervise is established by 57.1 and by nothing else. A supervisor may hold recognition from another professional body, from a statutory regulator, from an academic institution, or from none. IAPTC® does not maintain a closed supervisory system. This is subject to one qualification: where a specific scheme of the Association expressly requires a supervisor holding a particular IAPTC® credential, that requirement applies to that scheme alone and must be stated expressly in the instrument establishing it.

57.7 A supervisor must not accept more supervisory responsibility than they can discharge competently, must review their capacity at least annually, must reduce it where quality is at risk, must monitor their own fitness to supervise, and must suspend or limit supervisory practice where fitness is materially impaired, making appropriate arrangements for supervisees.

58. The supervisee's responsibilities

Securing supervision appropriate to the practice and assessing the supervisor's competence before engaging them; preparing rather than arriving without focus; **full and honest disclosure** — bringing error, uncertainty, discomfort, boundary difficulty, dislike of a client, personal reaction, commercial pressure and work that is not going well (systematic concealment defeats the purpose of supervision and is itself a breach); anonymising client information and ensuring any required consent is in place; exercising their own judgement, taking responsibility for decisions, and acting on matters requiring action — where the practitioner decides not to follow a supervisor's advice on risk, safeguarding or ethics, the advice, the decision and the reasons must be recorded; keeping records; informing the supervisor of material changes in practice, of any complaint or allegation, of any safeguarding matter and of any circumstance affecting fitness to practise; participating in periodic review of the relationship; and maintaining reflective practice independently.

59. The supervision agreement

59.1 Every supervisory relationship, in every format, must be governed by an explicit written agreement made before or at the first session, retained by both parties and reviewed at least annually and whenever practice, circumstances, applicable law or format change materially.

59.2 It must cover: the identity of the parties and of any third party commissioning or funding the supervision; the purpose and scope, including the practice it covers and any it does not; the supervisor's relevant competence and how it was assessed; format, frequency, duration and location or platform; fees, payment, cancellation and rescheduling; confidentiality and its limits, stated specifically; anonymisation requirements; the procedure where a safeguarding concern, risk to life or safety, or serious professional concern arises; any reporting obligation to a third party, stating precisely what may be reported, to whom and when; records each party will keep, where held, how secured and for how long; the data protection basis and each party's responsibilities; the professional standards, ethical framework and jurisdiction applying; the supervisor's method and approach; arrangements for review of the relationship; arrangements for raising and resolving disagreement; notice to end and arrangements for ending; arrangements in the event of the supervisor's incapacity or unavailability; the position on any dual role, prior relationship or conflict of interest; and the position on artificial intelligence, recording, transcription and note-taking technology.

59.3 Group, triadic and peer agreements must additionally cover the obligations of participants to one another, the confidentiality of material disclosed by others, the structure and method used, arrangements for admitting or removing participants, and arrangements where a concern arises about the practice of a participant.

60. Confidentiality in supervision

60.1 Supervision is confidential. The supervisor must not disclose its content, the practitioner's disclosures, or the fact of the practitioner's difficulties, except as provided below, as required by law, or as agreed in writing. Confidentiality is the condition of honesty, and honesty is the condition of supervision having any value.

60.2 The limits must be stated in the agreement and understood before supervision begins. A limit invoked but never stated is a failure of contracting, not a discretionary act. Confidentiality does not extend to: risk to the life or safety of any person, or risk of serious harm, including to a child or adult at risk; disclosure required by law, court order or lawful demand of a competent authority; a serious professional concern under 61.4; circumstances in which the supervisor must take advice to fulfil their own professional obligations, taken in anonymised form wherever possible; and disclosure to which the practitioner has given specific written consent.

60.3 Where confidentiality is set aside, disclosure must be limited to what is necessary, to the person or body properly concerned, by a secure means, and recorded. The supervisor must inform the practitioner in advance and give them the opportunity to make the disclosure themselves where appropriate — unless informing them would increase risk, prejudice a safeguarding process, or be unlawful.

60.4 In group, triadic and peer formats, every participant owes confidentiality to every other participant and to the clients discussed; the obligation must be recorded, reaffirmed periodically, and continues after a participant leaves or the group ends.

60.5 Where supervision is commissioned or funded by a third party, reporting arrangements must be agreed in writing by all three parties before supervision begins. Absent such agreement, the supervisor must not report on the practitioner beyond confirming attendance.

60.6 **Client information.** The people discussed have not consented to be examined by a third party and are not present to speak for themselves. The practitioner must anonymise before bringing material — removing names, employer, identifying job title, location and any detail combination permitting identification — disclose only what the supervisory purpose requires, and refrain from bringing material that cannot be adequately anonymised. The client agreement and privacy information must disclose that supervision is used. In small professional, linguistic or geographic communities, where identification is likely, the practitioner must seek supervision outside that community, obtain specific informed consent, or discuss the matter at a level of abstraction that protects identity. Identified disclosure is permitted only where necessary to protect life or safety, required by law, consented to specifically, or required by a safeguarding obligation, and the basis must be recorded. The supervisor must hold any client information securely, use it only for the supervision, not retain identifiable information except where necessary, and delete it at the stated retention point.

61. Safeguarding and serious concerns arising in supervision

61.1 Where a concern arises about the life, safety or protection from serious harm of any person, that concern takes precedence over the confidentiality of the supervision, over the supervisory relationship and over the professional interests of both parties.

61.2 Where a safeguarding concern arises: the supervisor must ensure it is named explicitly and not left as unnamed unease; both must establish what applicable law and local safeguarding arrangements require in the jurisdiction where the person at risk is located; the practitioner must take the required action without avoidable delay and must not defer it pending a further session; where the practitioner does not act, the supervisor must consider whether they are themselves obliged to act, and must act where law or the protection of the person requires it; and both must record the concern, the analysis, the decisions and the actions with dates. **Discussing a safeguarding concern in supervision never discharges the obligation to act on it.**

61.3 Where there is an indication of risk to life, the practitioner must act in accordance with applicable law, their client agreement and Part VIII. The supervisor must support prompt and

proportionate action, ensure the practitioner knows the relevant emergency and statutory routes in the applicable jurisdiction, and must not allow the matter to be reduced to reflective discussion. Support for a distressed practitioner must not delay or replace the action the matter requires.

61.4 Where a supervisor forms a serious concern that the practitioner is practising unsafely, unethically or unlawfully, or while materially impaired, the supervisor must: raise it directly, clearly and without delay; record the concern, the discussion and any agreed action; agree remedial action, which may include limitation or suspension of the relevant practice, increased supervision, additional development, or referral for support; review whether it has been taken; where it has not and the risk to others is serious, consider whether disclosure to an employer, commissioning organisation, statutory authority, regulator or professional body is required and lawful, and act accordingly, limiting disclosure to what is necessary; and, where the concern relates to practice under IAPTC® recognition and the risk is serious and unremedied, report the matter to the Association.

61.5 Where a practitioner discloses conduct that would constitute serious professional misconduct — abuse of a client, sexual boundary violation, exploitation, fraud, falsification of records or qualifications, or practice under the influence of substances — the supervisor must not treat the disclosure as protected by supervision confidentiality. They must inform the practitioner that the disclosure engages the stated limits; require the practitioner to take the appropriate action, including self-report where applicable; where the practitioner does not, make the disclosure themselves to the appropriate body, provided it is lawful and limited to what is necessary; where applicable law prohibits or restricts the disclosure, refrain, obtain competent legal advice, record the position and take such lawful action as remains available to protect any person at risk; and record the entire sequence with dates. Neither party may use supervision to conceal unlawful conduct.

62. Boundaries and conflicts in supervision

62.1 The supervisory boundary is maintained by both parties and is principally the supervisor's responsibility, as the holder of greater positional influence. The supervisor must keep the relationship within its agreed purpose; maintain consistent arrangements for time, place, medium, fees and availability; distinguish supervision from friendship, business partnership, mentoring, therapy and social relationship; monitor the influence the role confers and avoid its misuse; avoid dependency and support the supervisee's independent judgement; and address boundary difficulties explicitly rather than allowing drift. A sexual or romantic relationship between supervisor and supervisee during the supervisory relationship is prohibited without exception. Confidentiality obligations survive the ending of the relationship.

62.2 Both parties must identify, at the outset and continuously, any interest that could reasonably be seen to affect independence: an existing or prior personal, family or intimate relationship; an employment, line-management or contractual relationship; a commercial relationship, including partnership, shared enterprise, referral arrangement or revenue share; a training relationship, including where the supervisor teaches, assesses or certifies the supervisee; a competitive relationship in the same market; a shared client; a governance relationship where one party holds office in a body adjudicating on the other; and any financial interest of either in the other's practice.

62.3 Where a conflict exists, the parties must declare it in writing, assess whether supervision can retain the necessary independence, record the specific safeguards where it can, and end or decline the relationship where it cannot. A supervisor must not act as assessor or certifier of a supervisee in respect of a qualification where supervision has given them confidential information about the supervisee's practice, unless the arrangement is disclosed in advance to all parties including the awarding body, the information that may and may not be used is specified, and it is permitted under Part V. Where the supervisor comes to work with the supervisee's client or client organisation, the conflict must be declared immediately, supervision of that work must cease, and the parties must determine whether the relationship as a whole can continue.

62.4 In small professional and linguistic communities, complete separation of roles is often impossible. Connections must be declared, examined and recorded in the agreement with the specific safeguards

adopted.

63. Reflective practice

63.1 Every practitioner must maintain a continuing practice of structured professional reflection, independently of and in addition to supervision. Reflective practice is the deliberate, structured and recorded examination by the practitioner of their own practice — decisions, methods, reactions, assumptions and effects — for the purpose of improving and safeguarding it. Reflection that is neither structured nor recorded does not satisfy this requirement, whatever its private value.

63.2 The practitioner must reflect on significant episodes at the time they occur and in any event before the pattern repeats; maintain a reflective record; review that record periodically to identify patterns rather than treating each episode in isolation; carry identified issues into supervision where they require an external perspective; and convert identified development needs into development activity.

63.3 Reflection must extend beyond technique to the practitioner's own contribution: what they assumed, what they avoided, what they reacted to, what they found difficult, whose interests they served, and what they would do differently. Reflection confined to method and outcome, excluding the practitioner as a factor, does not satisfy this requirement. Reflective practice is an instrument of professional accuracy, not of self-punishment: a practice producing only self-criticism is as unreliable as one producing only self-justification.

63.4 IAPTC® prescribes no single model. Any structured method may be used, provided it distinguishes description from interpretation; requires examination of the practitioner's own part; requires consideration of the perspectives of others involved; requires consideration of alternatives available and not taken; requires an explicit conclusion about what will be done differently, or an explicit conclusion that nothing should change and why; and produces a record.

63.5 Where audio, video or transcript material from the practitioner's own practice is used in supervision, the practitioner must obtain the specific informed consent of all persons recorded, comply with applicable data-protection law, store and transmit securely, and delete at the agreed point. Where consent cannot be obtained, the material must not be used.

64. Records of supervision and reflection

64.1 The **supervisee** must record for each session: date, duration, format and supervisor or participants; the principal matters brought, anonymised; conclusions reached and actions agreed; any advice given on risk, safeguarding, ethics or scope of practice and the practitioner's decision in response; and any matter carried forward.

64.2 The **supervisor** must record for each session the date, duration, format, participants, the substance at a level sufficient for continuity and accountability, any concern raised and its outcome, and any disclosure made.

64.3 Records relating to ethical dilemmas, safeguarding concerns, risk to life or safety, serious professional concerns and disclosures must be made contemporaneously, must state dates and actions, and must be retained for the period required by applicable law or, where none is specified, not less than six years from the conclusion of the matter. Ordinary supervision and reflective records should be retained for not less than three years, and longer where law, an employer, an insurer or a regulator requires it; the retention period must be stated in the agreement. All records containing personal data must be held securely, processed on a lawful basis, and deleted or destroyed securely at the end of the retention period. The agreement must state whether and how each party may access the other's records, and what will happen to records in the event of the death or incapacity of either party.

65. Verification without disclosure of content

65.1 IAPTC® verifies compliance by attestation and confirmation of the arrangement, not by reading supervision records. Where verification is undertaken, the following may be required and are sufficient: a signed attestation by the practitioner stating the format, frequency and period of supervision undertaken and confirming compliance; confirmation by the supervisor of dates, format and duration provided and of their relevant competence, without any account of what was discussed; the practitioner's determination of proportionate supervision; and a statement of the development that followed, written at the level of the practitioner's own learning.

65.2 The following must not be submitted to the Association and must not be requested by it: the content of supervision sessions; supervision or reflective records themselves; any information identifying a client, learner, group participant or client organisation; and any personal information about the practitioner beyond that necessary to verify the arrangement. This does not limit Part IX, under which disclosure may be required in the investigation of a specific matter, subject to the confidentiality limits above and to applicable law.

66. Scope, extension and difficulty

66.1 Self-assessment of competence is unreliable in both directions. The practitioner must use supervision to examine, at least annually and whenever practice changes: what their present competence actually covers, on the basis of training, supervised experience and demonstrated outcomes; where its boundary lies; what falls outside it and must be referred or declined; and what would be required to extend it responsibly.

66.2 Where supervision identifies that the practitioner is working, or being asked to work, outside their competence or scope, the practitioner must take one of the following courses and record which and why: decline or discontinue that part of the work; refer the client to a competent professional; continue only the part within competence, with the boundary made explicit to the client; or work within a defined and recorded arrangement of enhanced supervision or consultation, where the work can be carried out safely on that basis and the client is informed. **Continuing unchanged on the basis that the supervisor is aware is not one of the available courses.**

66.3 Where a client's presentation develops beyond scope — including the emergence of mental health need, risk, addiction, acute crisis or matters requiring medical, legal or clinical attention — the practitioner must bring this to supervision without delay, act on the referral obligations in Part III, and must not retain the work on the basis of relationship, commercial interest or the client's preference.

66.4 **Extension of scope.** Where a practitioner extends into a new population, setting, method, modality, language or level of depth, they must arrange supervision or structured consultation competent in that area for a defined period sufficient to establish safe practice, and must record before beginning: the nature and limits of the extension; the preparation undertaken; the supervision or consultation arranged and the basis of that person's competence in the new area; frequency and duration; the indicators by which consolidation will be judged; and what they will not undertake within the new area in the interim. They must be honest with clients about the nature of the service offered, must not represent developing competence as established expertise, and must have arrangements for referral. A practitioner must not extend into a method or modality on the basis of supervision alone: supervision supports the safe application of competence that has been acquired; it does not substitute for acquiring it.

66.5 **Disagreement and breakdown.** Disagreement is not a failure of supervision; a relationship in which the supervisee never disagrees or the supervisor never challenges is more likely to be deficient than one in which disagreement occurs and is worked through. Difficulty must be raised directly in the first instance unless doing so would be unsafe. Where a professional disagreement cannot be resolved, both must record the disagreement, the reasoning on each side and the decision taken; the supervisee retains responsibility; and where the matter concerns risk, safeguarding, ethics or scope, an independent opinion should be sought. Where the relationship has broken down such that honest disclosure is no longer possible, it must end — continuing provides the appearance of supervision without its function. A supervisor must not retaliate against a supervisee who raises a concern,

declines advice, ends the relationship or complains; retaliation, including withdrawal of confirmation of completed supervision, adverse reporting, disclosure of confidential material or commercial detriment, is a serious breach. Where a relationship ends in dispute, both parties must nevertheless ensure that outstanding safeguarding, risk or client-protection matters are properly handed over or concluded.

67. Supervision in each professional role

Trainers and educators — the design and integrity of the programme against its stated outcomes; the handling of personal disclosure, distress and group process in the training room; power and influence in the teaching relationship, including dependency on the trainer; assessment practice and fairness; adaptation for linguistic, cultural and neurocognitive difference; the boundary between education and personal change work; the handling of learner concerns, complaints and failure; and the accuracy of claims made about the programme.

Mentors — the boundary between mentoring and other services; dependency and the transmission of the mentor's preferences as professional necessity; conflicts of interest where mentor and mentee operate in the same market; confidentiality of organisational information; and matters disclosed by the mentee that exceed the mentoring purpose.

Consultants — identification of the client where commissioner and affected parties differ; the handling of information across organisational boundaries; independence under commercial pressure; the effect of the intervention on parties who did not commission it; conflicts across simultaneous engagements; and the accuracy of diagnosis and recommendation.

Facilitators and group workers — group safety; foreseeable risks of exposure, scapegoating and coercion; containment of distress; the effect of the facilitator's own reactions on group dynamics; and arrangements for participants who are harmed or destabilised.

Leadership and programme roles — the exercise of responsibility for others' practice, including handling concerns about others, fairness in assessment, and management of commercial pressure on professional standards.

Where a practitioner holds several roles, supervision must cover the whole of their practice, must address the risks arising from combining roles with the same clients, and must not be confined to the role most convenient to discuss.

68. Remote supervision and AI

68.1 Supervision by secure video, audio or other electronic means is fully recognised and is often the means by which competent supervision becomes accessible at all. Both parties must use a platform with appropriate security and a lawful data-processing basis; take practical steps to ensure privacy at both ends; confirm at the beginning of each session that neither is in a setting where confidentiality is compromised and that no undisclosed person is present; agree in advance what happens if the connection fails and how each can be contacted urgently; transmit and store documents, notes and practice material securely; and state the platform, the jurisdiction of data processing and the security arrangements in the agreement.

68.2 A session must not be recorded by either party without the specific prior consent of all participants; where recording is agreed, the agreement must state purpose, holder, storage, access and deletion. In group and peer formats, a participant's refusal prevents recording. Automated transcription or note-taking must not be used without the prior consent of all participants and without knowing where the data is processed and stored, whether it is used to train any model, and how it is deleted.

68.3 Asynchronous supervision may supplement synchronous supervision but must not constitute the whole of the supervision of a practitioner within 55.2, because it does not permit the real-time enquiry on which the protective function depends. Informal messaging between sessions is not supervision

and must not be recorded as such.

68.4 Artificial intelligence does not constitute supervision. An interaction with an AI system must never be recorded, presented or relied upon as professional supervision. The reason is structural: supervision derives its protective function from an accountable professional who carries obligations, exercises independent judgement, can identify what the practitioner has not said, and can act where a person is at risk. An AI system carries no professional obligation, holds no accountability, and cannot act to protect a third party.

68.5 AI *may* be used to structure or prompt personal reflection, including generating questions for the practitioner to answer themselves; to organise, summarise or index the practitioner's own reflective records; to locate literature, method, terminology or general professional information for verification; to support administrative tasks; and to support language comprehension in cross-lingual supervision. Where used, the user must disclose the use to the other party and, in group formats, to all participants; obtain consent where the use involves input relating to another person; verify any substantive output against competent professional sources; retain full professional responsibility; know where data is processed and stored, for how long, who may access it and whether it is used for model training, refraining from use where this cannot be established; and record the permitted uses in the agreement.

68.6 AI *must not* be used in place of supervision or recorded as supervision hours; to receive identifiable client information or the content of a supervision session concerning a third party in any system that is not contractually and technically secured for that purpose; to make a decision concerning risk, safeguarding, fitness to practise, referral, diagnosis, legal obligation or professional conduct — such decisions must be made by a competent human professional, and an AI-assisted decision of this kind is a departure from these standards whether or not the output proves accurate; to represent AI output as the practitioner's own reasoning or as the conclusion of supervision; or to assess, score or evaluate a supervisee's competence as the basis of a professional decision, without competent human judgement and without the supervisee's knowledge.

68.7 Where an AI system supports translation or comprehension in cross-lingual supervision, both parties must be aware of the risk of distortion in professionally significant terms, must confirm understanding of critical statements by other means, and must not rely on machine translation for matters of risk, safeguarding, consent or professional conduct.

68.8 Where a practitioner uses AI in their practice with clients, that use is a proper subject of supervision — its accuracy, transparency, consent basis, data security and professional appropriateness, and its effect on the practitioner's own judgement.

69. Cross-border supervision

69.1 Cross-border supervision is normal rather than exceptional and is often the only route to competent supervision in a specialised field or minority language. Where supervisor and supervisee are in different jurisdictions, the parties must establish and record: the jurisdiction whose law governs the supervision agreement; the law or laws applying to the supervisee's practice — which may include the law of the place where the practitioner is established, the law of the place where the client is located, and the law of any other connected jurisdiction — identified rather than assumed, with competent legal advice obtained where the position is unclear or material; the safeguarding and reporting obligations applying where any person at risk is located; the data-protection regime or regimes applying to transfer and storage, and the lawful basis for any cross-border transfer; and any requirement of a statutory regulator to which either party is subject. The supervisor must not assume that the obligations of their own jurisdiction apply to the supervisee's practice and must not advise on the law of a jurisdiction they do not know.

69.2 Both parties must examine explicitly at the outset the cultural, linguistic and professional differences between them and record the matters requiring particular care; treat cultural difference as relevant professional information rather than as an obstacle; check understanding where a

professionally significant matter has been expressed in a second language; and avoid attributing to culture what is a matter of professional standards, or to individual failing what is a matter of context. Supervision should be conducted in a language in which the supervisee can express professional nuance, difficulty and uncertainty; where it is conducted in a second or third language, both parties must allow for the additional effort, confirm understanding of critical points, and should consider supplementing the arrangement with peer supervision in the supervisee's first language.

PART VII — CONTINUING PROFESSIONAL DEVELOPMENT

70. The internal CPD system

70.1 Continuing professional development within IAPTC® is governed by the Association's own internal standard. It is not administered by, dependent on, or accredited by any external CPD organisation, accreditation service, register or provider, and IAPTC® must not be presented as affiliated with one. Every reference to continuing professional development in this document is a reference to that internal system and to the generic professional concept of maintaining and developing competence.

70.2 Professionals must undertake continuing professional development appropriate to their field, level of responsibility and scope of practice, and must maintain a record sufficient to demonstrate compliance when required.

70.3 Development is not confined to attending events. It should include reflective practice; supervision or peer consultation; structured reading of relevant literature; feedback from clients and colleagues; and deliberate work on identified development needs. Activity should be selected to address actual gaps in competence rather than to accumulate hours, and should relate to: the professional's actual practice and the clients they actually work with; changes in professional and scientific knowledge in their field; weaknesses identified through supervision, feedback, complaints or self-review; new populations, contexts or methods being taken on; digital developments affecting practice; and the legal, regulatory and professional requirements applicable to them.

70.4 Supervision and reflective practice count as continuing professional development only where they comply with Part VI, are recorded, and produce identified learning or changed practice rather than attendance alone. Supervision identifies development need; it does not by itself satisfy it. Where supervision identifies a gap in knowledge, method or competence, the professional must address it through appropriate activity and record the connection between the identified need and the activity undertaken.

71. IAPTC® Continuing Education Hours

71.1 IAPTC® recognises and awards its own internal **IAPTC® Continuing Education Hours (CE Hours)** for eligible recognised events. One CE Hour is sixty minutes of verified educational activity. CE Hours are awarded only on verified participation and are never rounded upward.

71.2 CE Hours record verified educational participation and nothing more. They do not certify professional competence, do not confer certification, qualification, registration or membership, and do not authorise practice. They must never be described, converted, equated or presented as academic credit, ECTS, university credit, statutory or governmental continuing-education units, or as credits, points or units awarded or accredited by any external organisation.

71.3 Part XII governs how an event qualifies for CE Hours and how they are calculated and verified. This Part governs how the individual professional uses them.

71.4 Verified CE Hours may be recorded by a professional as evidence within their CPD portfolio. Hours alone do not establish competence and do not satisfy the reflective-development requirement: what matters, and what is assessed, is what the professional has done with the learning.

71.5 Neither supervision nor reflective practice generates CE Hours, credits, points or externally accredited hours, and neither may be represented as doing so.

72. Evidence for continuing recognition

72.1 Recognition is a continuing status, contingent on continued compliance with these standards, on continuing professional development, and on the absence of a determination under Part IX rendering continued recognition inappropriate.

72.2 Where the Association requires evidence, the professional must be able to produce: confirmation of the supervision arrangement and the supervisor's relevant competence; the record of their determination of proportionate supervision; a summary of supervision undertaken during the period, by date and format; a record of development activity, the learning identified and its application; and, where CE Hours are claimed, the certificates recording them. Client-identifiable information must not be submitted to the Association in any circumstances.

PART VIII — CLIENT PROTECTION AND SAFEGUARDING

73. Principles

73.1 Two errors do equal damage. The first is failing to act when a person is in danger — treating a disclosure as material for the session, continuing a developmental agenda while someone is in crisis, or assuming that someone else will notice. The second is acting far beyond one's role — attempting to diagnose, investigate, treat, interrogate, or take responsibility for outcomes that belong to health, social care, child protection or emergency services. This Part is written to guard against both.

73.2 Safeguarding law differs profoundly between countries — in the age at which a person is treated as a child, in who is a mandated reporter, in how capacity and consent are assessed, in which authority receives a concern, and in what may lawfully be recorded or shared. This Part therefore sets no universal ages, reporting duties or thresholds. It sets professional expectations that hold everywhere and requires every professional to know and apply the law that governs their own practice. Where the professional cannot determine what applies, they must obtain competent advice before proceeding and must not assume that the rules of their own country apply elsewhere.

73.3 **Do no avoidable harm.** Where a method, exercise, intensity or setting carries a foreseeable risk of harm that cannot be justified by its purpose and cannot be adequately managed, it must not be used.

Safety takes precedence over the agenda — over the session plan, the curriculum, the contract, the schedule and commercial interest.

Act within role — protect by recognising, responding proportionately, documenting, consulting, referring and escalating, not by diagnosing, treating, investigating or assuming another profession's responsibility.

Respect autonomy and dignity — adults are presumed capable of their own decisions, including unwise ones; protection preserves dignity, agency and privacy as far as the situation allows.

Proportionality — neither minimisation nor escalation beyond what the situation requires serves the client.

Honesty about limits — protection cannot be built on a misleading account of the work.

The client's interest, not the professional's — with particular force in decisions about continuing, extending, intensifying or repeating a service.

Confidentiality with defined limits, stated in advance and used only to the extent necessary.

Preparation, not improvisation — safeguarding decisions made for the first time under pressure are unreliable.

Accountability — decisions taken in safeguarding situations must be recorded, explicable and open to reflection in supervision.

73.4 The depth of preparation, procedure and documentation expected is proportionate to the foreseeable risk of the work actually undertaken. Proportionality is not permission to be unprepared; it is a requirement to be prepared for the work one actually does.

74. Safeguarding and vulnerability

74.1 **Safeguarding** means the set of professional responsibilities directed at protecting people from abuse, neglect, exploitation and other serious harm, and responding appropriately when such harm is disclosed, observed or reasonably suspected. It includes preventing harm arising from the professional's own conduct, methods, setting or commercial arrangements; recognising indications of risk; responding to disclosures within role; referring and escalating to services competent to act;

documenting concerns and decisions; and protecting third parties, in particular children and adults at risk, who may be affected by information arising in the work.

74.2 Safeguarding is **not** an investigative function — IAPTC® professionals do not establish facts, test accounts, determine guilt or reach findings; **not** a clinical function; **not** a licence to override a competent adult's decisions; and **not** a substitute for the statutory systems that exist in each jurisdiction.

74.3 A **safeguarding concern** exists where information available to the professional — disclosed, observed or reasonably inferred — indicates that a person may be experiencing, or be at risk of, abuse, neglect, exploitation or other serious harm, whether caused by another person, by their own actions, or by circumstances. It does not require proof, certainty or corroboration; it requires a reasonable professional basis. A concern must not be withheld from the appropriate channel on the grounds that the professional is not certain.

74.4 **Vulnerability** is a state in which a person's capacity to protect their own interests, exercise choice freely, or manage the demands of a professional intervention is significantly reduced. It is situational and variable, not a permanent category of person: a highly capable professional in crisis is vulnerable; a person with a long-term condition may be entirely capable of self-protection. It may arise from acute crisis; health circumstances, without the professional making any clinical determination; dependency on the professional, the group, the method or the environment; isolation, including isolation created by an intensive or residential setting; power imbalance; the effects of abuse, coercive control, exploitation or trauma; reduced capacity, temporary or long-standing; and the intensity of the intervention itself. Where a method is designed to reduce a person's usual defences, the duty of protection increases accordingly. Recognising vulnerability requires no label or diagnosis — it requires the professional to adjust pace, intensity, contracting, boundaries and supervision to the person's actual situation.

75. Recognising risk

75.1 The following distinctions must be held consistently:

- **Ordinary developmental difficulty** — discomfort, resistance, frustration, sadness, uncertainty or temporary distress arising from the normal work of change. Expected; managed within the role.
- **Vulnerability** — reduced capacity to protect one's own interests or manage the demands of the work. Requires adjustment of pace, method, contracting and boundaries.
- **Serious distress** — distress that impairs functioning, exceeds what the developmental work can hold, or does not settle. Requires pausing the developmental agenda, responding supportively, and considering referral.
- **Safeguarding concern** — an indication that the person or a third party may be experiencing or at risk of abuse, neglect, exploitation or other serious harm. Requires a safeguarding response.
- **Immediate risk or emergency** — an indication that a person is in danger of serious harm now or imminently. Requires urgent escalation.

These are not a diagnostic scale and are not mutually exclusive. Their purpose is to ensure that ordinary difficulty is not treated as crisis, nor crisis as ordinary difficulty.

75.2 Indications that may suggest a person is at risk include, without limitation: a marked and unexplained change in presentation, functioning, appearance or engagement; expressions of hopelessness, of being trapped, of being a burden, or of having no future; statements about self-harm or about ending one's life, however indirect or apparently casual; fear of another person, or accounts of being monitored, controlled, isolated, threatened or financially restricted; unexplained injuries or explanations that do not fit; accounts of sexual contact obtained through pressure, deception, authority or incapacity; a third party, including a child, described in terms suggesting neglect, harm or danger; inability to leave a situation described as harmful; escalating substance use described as beyond the person's control; signs that the person is not in contact with reality as ordinarily

understood; and disclosure of a plan, means or timing for harm to self or another.

75.3 An indication is not proof and does not require a conclusion. It requires the professional to pay attention, to ask openly and without leading, to consider what response the situation calls for, and to record what was observed and decided. Professionals must not attempt to categorise risk using clinical instruments, screening tools or scales they are not qualified and authorised to use.

76. Responding to disclosure

76.1 A disclosure may be direct, partial, indirect, retracted, made about a third party, made outside session time, or made in writing. All are disclosures.

76.2 Where a person discloses harm, abuse, neglect or exploitation — to themselves or another — the professional **must**: take it seriously and receive it calmly, without expressing disbelief, shock or judgement; allow the person to say what they wish, at their own pace; ask only open, non-leading questions necessary to understand whether anyone is in immediate danger and what help may be needed; be honest immediately about the limits of confidentiality and not promise secrecy that cannot be kept; consider whether there is an indication of immediate risk and if so escalate; identify what applicable law requires of them; refer or escalate as required and support access to appropriate help; record the disclosure promptly and factually; and take the matter to supervision or competent consultation.

76.3 The professional **must not**: conduct an investigation or attempt to establish whether the account is true; interrogate, cross-examine, press for detail beyond what is needed, or ask leading questions; attempt to determine guilt, responsibility or blame; confront, contact or warn an alleged perpetrator; advise on whether to report in terms amounting to legal advice, or discourage reporting; undertake to resolve the situation personally; share the disclosure beyond what these standards permit; or continue the planned developmental agenda as though the disclosure had not been made.

76.4 Untrained questioning can distress the person, contaminate a later statutory or criminal process, place the person or a third party in greater danger, and expose the professional to legal risk. The professional's task is to receive, protect, record and pass the matter to those competent to act.

76.5 Where a person withdraws or minimises a disclosure, the retraction must not be treated as automatically resolving the concern. Both must be recorded, and any obligation to report or refer assessed on the whole picture and on applicable law. Where a disclosure concerns a person who is not the client — in particular a child or an adult at risk — the duty of protection extends to that person even though they are not in the room and have consented to nothing. A disclosure about past events may still create a present duty, in particular where an alleged perpetrator may have current access to children or adults at risk, or where applicable law requires reporting regardless of when the events occurred.

76.6 The professional should ask what the person needs, provide information about appropriate services, and, where the person agrees and the professional is able, support practical access. Support does not extend to acting as advocate, representative or intermediary with authorities unless that is a separate, competent and lawful role.

77. Risk of serious harm to self or others

77.1 Professionals must not assess, formulate or manage such risk clinically unless separately qualified, currently competent and legally authorised.

77.2 Where an indication arises, the professional must: address it directly rather than avoiding it, in plain, calm, non-judgemental language; ask openly whether the person is safe and whether they intend to act; **avoid detailed questioning about means or methods**, which is a clinical function and may cause harm; determine whether there is an indication of immediate danger and if so escalate; tell the person clearly what the professional must now do and why, unless doing so would increase danger; refer to appropriate medical, psychological, psychiatric, crisis or emergency services in the person's

jurisdiction and, where possible and appropriate, support the person to make contact during the session rather than afterwards; comply with any reporting duty imposed by applicable law; record the indication, the response, the information given and the decisions taken; and obtain supervision or competent consultation promptly afterwards.

77.3 Where a risk of serious harm is indicated, the developmental work must stop being the priority of the session, and may resume only when the immediate concern has been addressed and it is appropriate to continue.

77.4 Where a client indicates an intention to seriously harm another person, the professional must comply with any duty to warn, report or disclose imposed by applicable law, and must obtain urgent competent advice where the law is unclear. The professional must not contact, confront or attempt to protect the third party by personal intervention.

77.5 Where a person asks the professional to promise not to tell anyone before disclosing something, the professional must not give that promise, and should explain simply that they will keep information private except where someone's safety requires otherwise.

77.6 Where a client has been referred to clinical or emergency services, the professional must decide and record whether it remains appropriate to continue the developmental work, to pause it, to continue alongside clinical care, or to end it — based on the client's interest, not on the contract, the fee or the programme.

77.7 A professional who has recognised an indication of risk, responded within role, referred or escalated appropriately, complied with applicable law, documented their decisions and sought supervision has met the requirements of these standards, whatever the outcome. These standards do not make professionals guarantors of outcomes they cannot control.

78. Serious distress

78.1 Serious distress is a state in which distress exceeds what the professional relationship and method can appropriately hold. Indications include distress that does not settle within the session; disorientation or dissociation; a state in which the person cannot engage, respond or self-regulate; acute panic; overwhelming grief; collapse of functioning; or a reaction of an intensity the professional did not anticipate.

78.2 Where serious distress arises the professional must: stop the exercise, method or line of work immediately; prioritise stabilisation, orientation and simple grounding within the limits of their competence — reducing stimulation, restoring a sense of place and time, slowing the pace, offering water, space and quiet; **not** attempt clinical intervention, trauma processing, regression, catharsis or any technique intended to work through the distress unless separately qualified and authorised; remain with the person, or ensure a suitable person does, until the acute state has passed or competent help is present; take lawful and proportionate steps to discourage the person from leaving alone, driving or travelling while acutely disoriented — explaining the concern, offering to wait, arranging a companion, contacting an agreed emergency contact with consent, or calling medical or emergency services — while never physically restraining, detaining, confining or otherwise preventing a competent adult from leaving; consider whether there is an indication of immediate risk and escalate if so; offer referral information and where appropriate contact emergency or medical services; follow up afterwards in a manner agreed with the person; record the incident and the response; and review it in supervision, including whether the method, screening or setting contributed to it.

78.3 Where a professional uses methods that can foreseeably produce intense emotional reactivation — experiential, regressive, constellation-based, breath-based, immersive, confrontational or prolonged-intensity methods — they must prepare in advance: screening or pre-programme information, a defined stopping protocol, adequate support presence, a private space, contact details for local emergency and medical services, and clear information to participants about what the method involves. Using such methods without this preparation is a breach.

78.4 Professionals must not interpret a participant's distress as evidence that the method is working, as a necessary stage to be pushed through, or as resistance to be overcome. Where a professional does not have the competence or the conditions to manage foreseeable distress arising from a method, they must not use that method.

79. Referral and emergency

79.1 Referral is a core professional competence, not an admission of failure. Professionals must refer, or recommend referral, where the client's need falls outside their scope, competence or legal authorisation; where there are indications of a health condition requiring assessment or treatment; where the client is in serious distress the work cannot hold; where a safeguarding concern requires services competent to act; where there is an indication of risk of serious harm; or where continuing without other support would not be in the client's interest.

79.2 Professionals must maintain, **in advance**, current information on referral routes relevant to the jurisdictions in which their clients are located: emergency numbers; local crisis and mental-health services; child-protection and adult-safeguarding authorities; domestic abuse services; and, where relevant, services in the client's language. Where a professional works internationally, this applies to each jurisdiction in which they accept clients, proportionately to the volume and nature of the work.

79.3 Referral should be made by explaining honestly and without alarm why it is suggested; giving specific and usable information rather than a general instruction to seek help; offering support in making contact where appropriate; checking at the next contact whether the person was able to access support; and recording the referral, the information given and the client's response. Where a competent adult declines referral and there is no indication of immediate risk and no legal duty to act, the professional must respect that decision, record it, and consider whether it remains appropriate to continue. Referral does not transfer the professional's own obligations.

79.4 **An emergency** exists where there is an indication that a person is in danger of serious harm now or imminently: a stated intention and apparent means to end their life or seriously harm themselves; a stated intention to seriously harm another; a medical emergency; an assault or threat in progress; a child or adult at risk described as being in present danger; or a person acutely unable to ensure their own safety.

79.5 In an emergency the professional must act without delay and **not** wait for supervision, employer approval, association guidance or legal advice; contact the emergency services or competent authority in the jurisdiction where the person is located; provide the information necessary for those services to respond, including location; remain in contact with the person where safe and possible until help arrives or the danger has passed; comply with any legal reporting duty; inform the person what is being done and why, unless doing so would increase danger; and record the events, times, decisions and actions as soon as practicable afterwards.

79.6 **Location.** Because emergency services are territorial, professionals working remotely must be able to establish quickly where a client is physically located. The information collected must be proportionate to the foreseeable risk profile of the work and limited to what is necessary for emergency assistance. Where a safety emergency is reasonably foreseeable in the work undertaken, the professional should obtain and record at the start of the engagement the client's country and city, the address from which they usually attend, and an emergency contact whom the client agrees may be contacted. Where the work carries no such foreseeable exposure, the professional may limit this to country and city together with an agreed means of establishing a precise location if necessary. In every case the client must be told what is held, why, when it may be used and how long it is retained. Where a client declines to provide emergency information, the professional should record that, explain the practical limits this places on their ability to assist, and decide whether it is appropriate to proceed.

79.7 **IAPTC® must not be contacted in place of emergency services.** The Association has no emergency function and cannot respond to incidents in progress.

79.8 After an emergency, the professional must record the incident, notify the provider or organiser where applicable, obtain supervision or consultation, review whether anything in the design, screening or setting contributed, and consider their own fitness to continue practising in the immediate aftermath.

80. Information sharing and documentation

80.1 Where information is shared for safeguarding purposes: sharing must be permitted or required by applicable law, including data-protection law; only the information necessary for the recipient to take the action required may be shared — not the whole case history, background material, session notes or unrelated personal information where a specific statement of concern is sufficient; it must be shared only with the service, authority or person competent to act, never with colleagues, assistants, group members, family members or anyone with no role in the response, and never with an alleged perpetrator; what is shared must distinguish clearly between what the person said, what the professional observed and what the professional concluded, with opinion identified as opinion; consent should be sought wherever it is safe, lawful and practicable, and is not required where the law requires disclosure, where seeking it would increase risk, or where the person lacks capacity and the disclosure is necessary and lawful; and every disclosure must be recorded — what was shared, with whom, when, on what basis, and whether consent was sought and with what result.

80.2 Every safeguarding concern, disclosure, serious distress incident, emergency, referral and protective decision must be recorded as soon as practicable, normally on the same day. The record must contain: the date, time and setting; who was present; what was said or observed, in factual terms, using the person's own words where significant; what the professional asked and said in response; the professional's assessment of the concern, identified as the professional's view; the decision taken and the reasoning, **including where the decision was not to refer or not to report**; what information was given to the person; what was shared, with whom, when and on what basis; what follow-up was arranged; the date of supervision or consultation on the matter; and the identifier of the person making the record.

80.3 The record must distinguish fact from opinion, must not contain speculation about guilt or causation, must not contain gratuitous personal detail, and must not be altered after the event; a correction or addition must be a dated addendum leaving the original entry legible. Safeguarding records must be stored securely, separately from routine session notes where appropriate, with access restricted. Retention must comply with applicable law; where the law permits discretion, safeguarding records should be retained longer than routine records. Professionals must assume such records may later be read by the person concerned, a supervisor, an employer, a regulator or a court. **A decision not to act is a professional decision and must be recorded with its reasoning; absence of a record of a decision is treated as a failure of documentation.**

81. Children, young people and adults at risk

81.1 Professionals must not work with children or young people unless they hold the qualifications, competence and training appropriate to that work; meet all legal requirements in the jurisdiction, which may include background checking, registration, insurance, supervision or authorisation; have established the required consent arrangements; have identified the child-protection authority and reporting route; and know whether they are a mandated reporter there. The welfare of the child is the primary consideration in all decisions concerning the work.

81.2 Professionals working with children and young people must work in settings and arrangements that are visible and accountable, avoiding wherever practicable unobserved one-to-one contact in private or unsupervised locations; maintain communication arrangements transparent to the responsible adult, proportionate to age and to the nature of the work; explain confidentiality and its limits in terms the young person can understand, including that certain things cannot be kept private; take any disclosure seriously without questioning, testing or investigating it, and report or refer as applicable law requires; record concerns; and avoid physical contact except where necessary,

appropriate, proportionate and consistent with applicable policy, and never where it could reasonably be experienced as intrusive.

81.3 They must not form private, personal or social relationships with a child or young person client, including through personal social media or private messaging outside the agreed channel; give or receive gifts, money or favours outside what is ordinary and transparent; transport a child alone or arrange meetings outside the professional setting other than under an explicit agreement with the responsible adult and any applicable policy; promise that a disclosure will be kept secret; or photograph, film or record without the consent required by applicable law.

81.4 **Consent and assent.** Professionals must establish before work begins what consent applicable law requires, from whom and in what form, and obtain it; verify that the person giving consent holds the legal authority, being alert to disputed, shared or court-ordered parental responsibility; and ensure the consent is informed — the responsible adult must be told what the work involves, its purpose and limits, the methods used, confidentiality arrangements including what will and will not be shared with them, how records are kept, the professional's qualifications, and the circumstances in which a concern would be reported. In addition to legal consent, the professional must seek the young person's own willingness in terms appropriate to their age and understanding, must not proceed with work the young person actively refuses except where applicable law provides otherwise, and must respect ongoing willingness throughout. Where applicable law recognises a young person's own right to confidentiality, the professional must apply it correctly and must not disclose beyond it merely because a parent requests information. Where a parent or guardian seeks to direct the content or outcome in a way that conflicts with the young person's welfare, the professional must act in the young person's interest, address the conflict openly, and where necessary discontinue the work.

81.5 **Adults at risk.** An adult at risk is an adult who, by reason of disability, illness, age, cognitive condition, dependency, institutional circumstance, coercion or other cause, is or may be unable to protect themselves from harm, abuse, neglect or exploitation; where applicable law defines the category differently, the legal definition governs. Where a client may be an adult at risk, the professional must consider whether the service, method, intensity and setting are appropriate; make reasonable adjustments to enable safe and meaningful participation; pay particular attention to whether consent is freely given and not influenced by a person on whom the client depends; be alert to indications of control, restriction, financial exploitation or neglect; identify the adult-safeguarding route and any reporting duty; and document concerns and decisions. Adult-at-risk status does not remove the person's right to make their own decisions: where the person has capacity for the decision in question, their decision stands. Where a third party is present, commissioning or paying, the professional must ensure the client's own voice governs the work, must create opportunity for the client to speak without that party present where safe and appropriate, and must be alert to the possibility that the third party is the source of risk.

81.6 **Capacity** is determined by applicable law. These standards do not define it, set ages of capacity, or authorise any professional to make a formal determination. Adults are presumed to have capacity; a person must not be treated as lacking it because of a diagnosis, disability, age, communication difficulty, or because they make a decision the professional considers unwise. Where there is a specific and observable reason to doubt that a client can understand, retain, weigh or communicate a decision about participation, the professional must not attempt a formal assessment. They must simplify the information, adjust the pace, offer it in another form and check understanding; consider whether the state is temporary — caused by distress, exhaustion, substance use, illness or the intensity of the session — and pause if so; consider whether any lawful representative, supporter or authority should be involved; decline to proceed with any significant or demanding element until the position is clear; record what was observed and decided; and seek supervision or competent advice.

81.7 **Continuing consent.** In programmes, groups and events, the professional must confirm willingness before any exercise significantly more demanding, more personal or more exposing than what has gone before, and must make clear that a participant may decline or withdraw from any individual exercise without leaving the programme and without explanation. Silence, compliance,

group momentum, prior payment or a prior signature are not consent to a specific exercise. Consent obtained by incomplete or misleading description of what the work involves is not valid consent, whatever the client has signed.

82. Domestic abuse, coercive control and exploitation

82.1 These situations carry particular danger, and a well-intentioned but unskilled response can increase risk.

82.2 Professionals must not: contact, confront, warn or attempt to negotiate with a person alleged to be causing harm; advise a client to leave, stay, confront or take any particular step in a way amounting to safety planning, legal advice or advocacy; suggest joint sessions, mediation, reconciliation work, constellation work or any joint process involving the person alleged to be causing harm; leave written, emailed, recorded or electronically visible material where that person might see it; or attribute responsibility for the abuse to the client, directly or through method, framing or interpretation.

82.3 Professionals must: take what the client says seriously and without testing it; consider whether contact arrangements — times, channels, messages, recordings, invoices — could themselves place the client at risk, and adjust them with the client; provide information about specialist domestic abuse, exploitation or anti-trafficking services in the client's jurisdiction; determine whether any person, including a child, may be at risk in the household and act accordingly; comply with any applicable reporting duty; record the concern and the response carefully and securely; and obtain supervision.

82.4 Professionals should be alert to indications of control that do not involve physical violence — restriction of money, movement, communication, documents, work or contact with others; monitoring; threats; systematic undermining of the person's judgement. These may present in developmental work as apparent indecision, self-doubt or inability to act. Professionals must not interpret a client's inability to leave a harmful situation as a lack of commitment, a mindset problem, a limiting belief or a failure of the work.

82.5 Where a professional receives content that appears to depict or constitute abuse — in particular material involving a child — they must not copy, forward, retain or investigate it, and must report it to the competent authority immediately and in accordance with applicable law.

83. Protection in groups, intensives, retreats and residential settings

83.1 Group and event settings concentrate several risks: reduced privacy, group pressure, intensity, unfamiliar environments, fatigue, physical proximity, and the presence of participants whose circumstances are unknown to the facilitator.

83.2 **Before the event** the organiser and lead facilitator must: describe honestly, in promotional and joining information, what the programme involves, including emotional intensity, experiential methods, physical demands, duration, group disclosure and residential conditions; state who the programme is and is not suitable for; obtain the information necessary for safe participation, collected lawfully and stored securely; establish emergency and medical arrangements, including the venue address, local emergency numbers, the nearest medical facility, the person responsible for emergency decisions, proportionate first-aid provision, and the procedure for evacuating or escorting a participant to medical care; identify a named safeguarding contact and make that person known to participants; brief all staff, assistants, volunteers, translators and technical personnel on their safeguarding responsibilities and the limits of their role; and ensure appropriate insurance and compliance with local requirements.

83.3 **During the event** professionals must: state the ground rules, including confidentiality expectations, the right to decline any exercise, and how to seek help; ensure a private space and an identified person are available for a participant who becomes distressed; monitor participants during and after intense exercises rather than moving immediately to the next segment; manage fatigue with

adequate breaks, sleep, food and water; ensure participants are not left unsupported at the end of an emotionally demanding day or at the close of the programme; and manage conduct between participants, responding to harassment, intimidation or unwanted contact.

83.4 Prohibited at any event or in any group work: the withholding of food, water, sleep, breaks, toilet access or the means of leaving; confiscation or restriction of telephones or documents in a manner impeding freedom to leave or seek help; deliberate induction of humiliation, shame or fear as a teaching method; public shaming, ridicule, coercive confrontation or the mobilisation of group pressure against an individual; deliberate destabilisation or disorientation of a participant as a method; forced disclosure of personal, traumatic, sexual, financial or family material; coercion or pressure to participate in an exercise a person has declined; removal of a participant's ability to leave the room, session or venue; physical contact without prior, specific and freely given consent; the singling out of participants for public criticism of their person rather than their professional work; the use of a participant's personal disclosures in marketing, teaching examples or social media without specific consent; the discouragement of participants from seeking medical, psychological or legal advice or from discussing the event with people outside it, subject only to other participants' confidentiality; and physical practices carrying foreseeable medical risk where the facilitator is not qualified and the necessary screening and support are not in place.

83.5 Experiential and emotionally intense exercises require the professional to explain the purpose and nature beforehand; confirm willingness; provide an explicit and easy way to stop or step out; supervise actively; close the exercise properly rather than leaving participants open; and allow time for reorientation before the participant leaves.

83.6 Residential settings require the organiser additionally to address accommodation standards, privacy and lockable personal storage where practicable, safety, room allocation and room access, night-time supervision and contactability, access to external communication and emergency services, the presence of alcohol, travel arrangements, and the position of a participant who wishes to leave before the end — who must be permitted to do so and assisted to travel safely. A responsible person must be contactable by participants at all times, including outside programmed hours.

83.7 After the event organisers should provide information on appropriate support, a contact point for concerns and, where the programme was intensive, a follow-up contact. Participants must not be left with the impression that difficulty after the event is a personal failure. Where a participant has been significantly affected, the organiser should make contact within a reasonable period, subject to the participant's wishes.

84. Protection in online and remote practice

84.1 Online delivery does not reduce safeguarding responsibilities. It changes how they are discharged and introduces specific risks: the professional cannot see the whole environment, cannot know who else is present, cannot intervene physically, and may not know where the client is.

84.2 Professionals working remotely must establish and record the client's location as at 79.6, updating it where the client travels or relocates for a significant period; agree at the outset what will happen if the connection is lost, if the client becomes distressed, or if an emergency arises, including an alternative means of contact; use platforms with security, access control and encryption appropriate to the sensitivity of the work; work from a private setting and ask the client to confirm that they are in a setting where they can speak safely; be alert to indications that another person is present, listening or influencing the client, particularly where domestic abuse or coercive control may be present; and consider whether remote delivery is appropriate at all for a particular client, method or level of risk, declining or adapting where it is not.

84.3 Recording. Sessions, groups and events must not be recorded without the explicit prior consent of every person recorded, specifying what is recorded, why, retention, access and permitted use. Consent to recording must not be a condition of receiving an individual service, and participants in a group must be able to take part without appearing in a distributed recording. Covert recording by a

professional is prohibited. Where a professional becomes aware that a participant is recording without consent, they must address it immediately. Recordings and transcripts containing personal material must be stored securely with restricted access, deleted at the end of the stated retention period, and must not be used in marketing, training or public presentation without separate, specific and freely given consent.

84.4 Online groups. Facilitators must verify who is admitted; control admission and re-admission; set out confidentiality expectations before any personal disclosure; be able to remove a disruptive or harmful participant; provide a private channel for a participant in difficulty; and have a means of contacting a distressed participant who leaves abruptly.

84.5 Asynchronous and self-directed programmes. Where a programme is delivered by recorded or written material without live contact, the provider must state clearly that no monitoring is taking place, provide information about appropriate support services, and must not include exercises whose foreseeable emotional intensity requires live facilitation.

84.6 Messaging and social media. Professionals must maintain a clear and stated boundary between professional and personal channels; agree at the outset which channels are used, expected response times, that the channel is not monitored continuously, and what the client should do in an emergency instead of messaging; and must not allow a client to believe that messaging is a crisis service. Where a client sends a message indicating risk, the professional must respond as soon as they see it and act accordingly; a message is not discharged simply because it was received. Professionals must not conduct substantive professional work through personal social media accounts or informal private messaging where this undermines confidentiality, record-keeping or boundaries; must not publish, repeat or allude to client material, including in anonymised form where the person could still be identified by themselves or by others who know them; must not use client stories, screenshots, testimonials or before-and-after accounts without specific written consent freely given, and never where the material was obtained in a state of distress or dependency; must not interact with client material online in a way that identifies the person as a client; and must not use content, questions or disclosures from an online community as marketing material. Where a professional or provider operates a closed group, forum or channel, they must publish rules of conduct, moderate actively, respond to disclosures of risk appearing in the group, protect members from harassment, unsolicited contact and commercial exploitation by other members, and make clear that the group is not a crisis or support service.

85. Artificial intelligence in protection contexts

85.1 AI and automated systems may support professional work. They do not carry professional responsibility; the professional does.

85.2 AI must not be used to determine whether a person is safe or at risk; to assess, classify or score risk of harm; to diagnose or indicate the presence of any health or psychological condition; to decide whether a safeguarding concern exists, whether to report, or whether emergency action is required; to replace the professional's own judgement in any safeguarding or emergency situation; or to respond, unsupervised, to a person in crisis. The absence of an automated alert is not evidence that no risk is present.

85.3 Where an automated system, chatbot or AI assistant is made available to clients or participants and is designed to receive or respond to personal disclosures, wellbeing content or safety-related content — or can reasonably be expected to receive them — the provider must state clearly that it is not a human professional and not a crisis service; display at the point of use information directing users to emergency and crisis services in their own jurisdiction; establish and operate a defined route by which any indication of risk reaches a human professional without undue delay, and state to users whether, how and when content is reviewed by a person (this does not require continuous human monitoring, but the provider must not describe or imply that the system is monitored when it is not); not present the system as capable of therapeutic, clinical or protective judgement; and comply with applicable law on AI systems, data protection and consumer protection.

85.4 Any decision, record, referral, report or communication produced with AI assistance remains the professional's own. The professional must review it, verify its accuracy, and must not cite an automated system as the reason for a decision. Professionals must not describe AI-supported services in ways that overstate their capability, and must not market automated tools as providing safety, protection, healing or clinical benefit.

86. Cross-border protection

86.1 Where a professional works with a client located in another jurisdiction, they must identify: which jurisdiction's safeguarding, child-protection and mandatory-reporting law applies; the age of majority and the rules on consent and capacity there; the competent authority to which a concern would be reported; the emergency services and crisis resources available to the client; any requirement to hold local authorisation, registration or insurance; and the applicable data-protection rules for holding and transferring the client's information.

86.2 Where these cannot be established, the professional must obtain competent advice, decline the engagement, or limit it to work carrying no foreseeable safeguarding exposure. Professionals must not assume that their own jurisdiction's rules apply to a client abroad and must not rely on IAPTC® recognition as authorisation to practise anywhere. Where the requirements of two jurisdictions differ, the professional must comply with the law applicable to each and, where both apply and neither prohibits it, should follow the more protective requirement. Where a professional is subject to a legal reporting duty that the client's jurisdiction does not recognise, or the reverse, they must obtain competent advice before acting and record the basis of the decision taken.

86.3 Where the professional and the client do not share a fluent common language, the professional must consider whether safeguarding matters — including the limits of confidentiality and any disclosure — can be reliably understood, and should arrange competent interpretation. Interpreters, including family members, must not be used where their presence could suppress disclosure or place the client at risk; a family interpreter must not be used where domestic abuse, coercion or exploitation may be present.

86.4 Cultural context may properly affect how a concern is raised, who else is appropriately involved, how directly something is named, what support is acceptable, and how referral is framed. It must never be used to justify failing to recognise or respond to abuse, neglect, exploitation or violence; failing to comply with an applicable reporting duty; disregarding a person's own account of harm; accepting practices that cause serious harm, including harm to children; withholding protection on the basis of a person's sex, gender, sexual orientation, disability, religion, ethnicity, nationality, migration circumstances, caste, marital or family status; or treating a person's autonomy as belonging to their family, community or institution rather than to them. Where a professional perceives a conflict between cultural expectation and client protection, protection governs, and supervision or competent advice must be sought rather than resolving it privately. Cultural knowledge informs enquiry; it does not substitute for finding out what is true for the individual in front of them.

87. Organisational safeguarding responsibilities

87.1 A recognised training provider or organisation must: adopt a written safeguarding policy consistent with this Part and with applicable law; designate a named person responsible for safeguarding and a deputy, made known to staff and learners; ensure that everyone delivering, assisting or supporting its programmes is briefed and knows how to raise a concern; carry out the recruitment checks required by law for those working with children or adults at risk; maintain a procedure for receiving, recording, escalating and reviewing concerns; maintain secure records; ensure that learners are informed of the arrangements applying to their programme; maintain appropriate insurance; and review its arrangements at least every two years and after any serious incident.

87.2 Providers must ensure that programme design does not itself create foreseeable harm: intensity justified by learning purpose, personal disclosure not required for assessment, learners able to decline an exercise without academic penalty, and experiential methods delivered by people competent to manage what they may produce. Commercial targets, enrolment pressure, cohort scheduling and reputational concern must not influence a safeguarding decision. Concerns raised by learners, staff or assistants must be received without retaliation, and confidentiality, non-disclosure or contractual terms must not be used to prevent anyone from reporting a safeguarding concern to a competent authority or to IAPTC®. Where a provider becomes aware of a serious safeguarding incident or allegation involving a person delivering its programmes, it must take immediate steps to protect clients and learners, comply with applicable law, and notify IAPTC® where the person or programme holds IAPTC® recognition.

87.3 Assistants, volunteers and translators working under a professional or provider must be briefed on their responsibilities, must know to whom they report a concern, and must not be given responsibilities beyond their competence or authorisation. The professional or provider remains responsible for their conduct. Safeguarding responsibility must not be delegated to a venue, a subcontractor, a translator, a volunteer team or the participants themselves. The lead facilitator holds professional responsibility for what happens in the room and must stop where an exercise, a participant's state or the conditions make continuation unsafe, regardless of schedule, audience expectation or commercial consequence.

PART IX — DIGITAL PRACTICE AND ARTIFICIAL INTELLIGENCE

88. Core principles

Human accountability. A named human professional is accountable for every professional output and every professional decision, irrespective of the technology used.

Equivalence of standard. Digital practice must meet the same standards of competence, ethics, confidentiality, boundaries and care as in-person practice.

Transparency. Clients must not be misled, by act or omission, about the involvement of artificial intelligence in work that concerns them.

Proportionality. The use of technology must be proportionate to the professional purpose and must not expose clients to risks exceeding the benefit of the tool.

Data minimisation. Client data entered into, stored on or processed by digital systems must be limited to what the professional purpose requires.

Verification. Any output informing professional work must be verified before it is relied upon, communicated or issued.

Non-substitution. AI may support professional judgement. It must not replace accountable human professional judgement.

Primacy of the person. Technology must serve the interests, safety and dignity of the client. Where the client's interests and the professional's convenience, efficiency or commercial advantage conflict, the client's interests prevail.

These tools change how work is done. They do not change who is responsible for it.

89. Definitions for this Part

Artificial intelligence (AI) — a computational system generating outputs such as text, speech, images, audio, video, classifications, scores, predictions, recommendations or decisions on the basis of data and models, including generative and machine-learning systems, whether accessed directly or embedded in other software.

AI-assisted professional work — work in which AI contributes to preparation, drafting, analysis, structuring, summarisation, translation, transcription or presentation, while the professional content and judgement remain the practitioner's.

AI-generated output — material produced substantially by an AI system before any human revision.

Automated decision-making — a decision produced by technological means without meaningful human involvement in the outcome.

Hallucination — a plausible but false, fabricated or unverifiable output, including invented facts, sources, citations, data, quotations, qualifications or events.

Synthetic media — images, audio, video or interactive representations generated or materially altered by AI, including voice cloning, digital avatars and likeness generation.

Third-party platform — any software, service or infrastructure operated by a party other than the practitioner, including communication, scheduling, storage, learning, payment, transcription and AI services.

90. Human accountability

90.1 A practitioner must accept full professional responsibility for any output issued in their name, whether or not AI contributed to its production, and must not attribute an error, omission, misstatement, breach of confidentiality or unsuitable recommendation to a tool, platform or system as a means of avoiding that responsibility.

90.2 Every AI-assisted output must be reviewed by a competent human professional before it is used, communicated, published or relied upon.

90.3 A practitioner must not delegate to AI any matter requiring professional judgement, in particular: safeguarding, risk or harm; suitability of a client for a service, programme or intervention; diagnosis, clinical assessment or formulation, or anything that could reasonably be understood as such; referral; professional conduct, complaints or disciplinary matters; assessment of professional competence; and any decision affecting a person's professional recognition, certification, progression or standing. Where AI is used in connection with such a matter, its use must be limited to supporting functions — structuring, drafting, formatting, summarising, preparing material for human consideration — and the decision must be made and owned by the accountable human professional.

90.4 An organisation recognised by IAPTC® must identify, for each service in which AI is used, the human role accountable for the output. A practitioner must not present AI as a colleague, co-practitioner, supervisor, assessor or authority, and must not use it in a way that conceals who is professionally responsible for a client's service.

91. Consent and transparency

91.1 Before digital delivery begins, the client must be told, in clear and accessible language: the digital format and channels to be used; the platforms the service depends on; the limits of confidentiality in the digital environment; how client data will be stored, for how long, and who may access it; and the arrangements if the technology fails.

91.2 A practitioner must inform the client where AI is used in a manner a reasonable client would consider material, including where it is used to transcribe, record or summarise sessions; to draft or generate reports, assessments, plans, feedback or recommendations; to analyse, score, classify or profile client information; to generate teaching, assessment or supervision material specific to that client; or to conduct any part of an interaction directly with the client.

91.3 Consent to the use of AI must be specific, informed and freely given. It must not be inferred from silence, from continued participation, or from acceptance of general terms alone. A client must be able to decline AI in work concerning them; where they decline, the practitioner must offer a reasonable alternative or, where none exists, say so clearly and allow the client to decide whether to proceed. Participation must not be made conditional on consent to AI processing that is not necessary for delivery. Consent must be capable of withdrawal; on withdrawal the practitioner must cease the relevant processing and inform the client what happens to material already generated.

91.4 Where the client is an organisation and the service is delivered to individuals within it, those individuals must receive this information directly and must not be treated as having consented solely through the contracting organisation. Where a client is a minor or an adult who may lack capacity, consent must be obtained in accordance with applicable law and Part VIII, and these safeguards applied with additional caution.

91.5 A practitioner should maintain a short written statement describing how AI is used in their practice, available on request, covering: whether AI is used and for what purposes; whether sessions are recorded or transcribed, by what means and with what retention; whether identifiable client information is entered into any AI system and under what safeguards; whether client data is used for training any system and on what basis; who is professionally accountable for AI-assisted outputs; how a client may decline AI and what alternative exists; and how a client may raise a concern about AI use in their engagement.

91.6 A practitioner must not describe a service as AI-powered or AI-supported in marketing while denying or minimising the same involvement to clients, and must not describe a service as delivered personally where it is materially generated by AI.

92. Client data in AI systems

92.1 A practitioner must not enter identifiable client information into any AI system, including any public, consumer or general-purpose system, unless **all** of the following are satisfied: entry of identifiable information is necessary for the professional purpose and that purpose cannot reasonably be achieved using anonymised or pseudonymised information; there is a lawful basis for the processing under the data protection law applicable to both practitioner and client, and the client has received the information required above; the system is used under terms permitting professional use of that kind, excluding use of input data for model training or product development, and providing for confidentiality, security, defined retention and deletion; the technical and organisational safeguards are adequate to the sensitivity of the information, including access control, encryption in transit and at rest where available, and known and acceptable arrangements for the location of storage; and the practitioner has considered and can explain why reliance on these conditions is justified.

Consent alone does not satisfy this requirement. A client's agreement does not make an otherwise unsuitable system, term or safeguard acceptable, and does not relieve the practitioner of any of these conditions.

92.2 Where these conditions are not met, the practitioner must anonymise or pseudonymise before entry, removing names, contact details, employer, identifying role, identifying location and any distinctive detail that could reasonably identify the person.

92.3 Session content, verbatim accounts, personal history, family circumstances and health-related disclosures require the highest level of protection and must not be entered into an AI system merely for convenience. Client data must not be used to train, fine-tune, customise or improve any AI system, and must not be used to build, market or demonstrate digital products, without specific informed consent. A practitioner must be able to state, if asked, where client data is stored, which third parties have access and on what basis. Free, trial, beta and experimental tools must not be used with identifiable client data unless 92.1 is satisfied.

92.4 Digital client records must be retained and disposed of in accordance with applicable law and Part III, and deletion must extend to copies held in cloud storage, transcription services, AI tools, message histories and backups within the practitioner's control.

93. Third-party platforms

93.1 Before adopting a platform or tool for professional use, a practitioner must take reasonable steps to establish: what data it collects and processes; whether the provider uses input data for model training or product development; where data is stored and under which jurisdiction; what security measures and access controls apply; what happens to data on termination; and whether the terms permit professional use of the kind intended.

93.2 A practitioner must not use a platform for professional purposes where its terms prohibit such use, or where they cannot meet their confidentiality obligations while using it. Practitioners should prefer tools offering administrative control over data retention, training use and access, and should review those settings before professional use rather than relying on defaults. They should review the tools used at reasonable intervals and must review a tool where its terms, functions or data practices change materially. Reliance on a provider's claims does not transfer professional responsibility.

93.3 Where a practitioner engages a supplier, contractor or assistant who will have access to client data or will use AI on their behalf, the practitioner must ensure that party is bound by equivalent obligations of confidentiality, security and human accountability.

94. Remote practice

94.1 A practitioner must hold the competence required for the digital format in which they work, including competence in the platform used, in managing digital interaction, and in working without the cues available in person.

94.2 The practitioner must agree with the client, before or at the beginning of the engagement, the practical terms of remote working: scheduling, time zones, expected response times, permitted channels, cancellation, and the boundaries of contact between sessions. They must take reasonable steps to ensure a private, uninterrupted and professional environment on their own side, and must address with the client the conditions on the client's side that may affect confidentiality or effectiveness. They must verify by proportionate means that they are working with the intended person, particularly where the engagement involves assessment, certification, safeguarding, or the issue of documents relied upon by third parties. They must establish what happens if the connection fails and have an alternative means of contact where the work involves risk, distress or sensitive material.

94.3 A practitioner must not deliver remotely a service that cannot be delivered safely or competently in that format, and must say so rather than adapt the service in a way that reduces client protection.

94.4 Asynchronous services, including message-based and self-directed digital services, must state clearly what they are, what response times apply, that they are not a crisis or emergency service, and who the accountable professional is. Digital group work, online programmes and online communities must have stated participation rules, moderation arrangements and confidentiality expectations, and a named accountable human moderator or facilitator.

95. Recording, transcription and automated notes

95.1 Explicit consent must be obtained before recording or transcribing any session, interaction or assessment, whether by human or automated means. Consent must be obtained before recording begins and must cover what is being recorded or transcribed; the purpose; whether an automated or AI-based service is used; who will have access to the recording, transcript or summary; how long it will be retained and how deleted; and whether it will be used for supervision, training, assessment, research, marketing or any other secondary purpose.

95.2 The automatic activation of a recording, transcription or note-taking function by a platform does not constitute consent; such functions must be disabled where consent has not been obtained. Participants must be informed where an AI note-taking assistant joins or listens to a session, it must be identified as such, and it must not be allowed to be perceived as a human participant.

95.3 A client must be able to refuse recording or transcription without disadvantage, except where recording is an inherent and disclosed requirement of an assessment or certification process, which must be stated before the client commits to that process.

95.4 A practitioner must review any automatically generated transcript or summary before it is treated as a record, relied upon professionally, or shared, and remains accountable for its accuracy. An AI-generated summary must not be the sole professional record of a session involving risk, safeguarding, a significant decision or a complaint. Recordings, transcripts and summaries must be stored securely with restricted access, deleted in accordance with the agreed retention period, and must not be used for marketing, publication, product development or public demonstration without specific written consent obtained separately from consent to record.

96. AI-assisted work, reports and verification

96.1 A practitioner may use AI to support preparation, research, structuring, drafting, editing, translation, summarisation, administrative work and the design of materials. When doing so, they must remain the author of the professional judgement expressed; verify factual content, sources, data and references before use; ensure the output is appropriate to the individual client and context rather

than generic; ensure it complies with confidentiality obligations; and ensure it reflects their own professional position and is not adopted merely because it is fluent.

96.2 A practitioner must not use AI to compensate for a lack of competence in a matter, to give the appearance of expertise they do not hold, or to work outside their scope of practice; and must not rely on AI for guidance on safeguarding, risk, clinical matters, legal matters or professional conduct in place of qualified human consultation, supervision or advice.

96.3 Before each material use, a practitioner should consider whether the tool is appropriate to the task, whether the client would be surprised to learn of its use, and whether the use could be defended professionally. Practitioners should bring their use of AI into supervision, and should examine habitual reliance on AI for tasks that develop professional competence — reflection, case conceptualisation, formulation of feedback, preparation for supervision — as a matter of competence maintenance.

96.4 A practitioner must not issue a report, assessment, development plan, evaluation, recommendation or professional letter generated by AI without substantive human review, correction and professional endorsement. Before issuing any AI-assisted output, they must verify that it is factually accurate and consistent with their own records; reflects what actually occurred in the engagement; contains no fabricated content, including invented events, statements, sources, data or attributions; contains no content they are not competent or entitled to provide; is written at a level of certainty they can justify; and does not disclose information the client has not consented to disclose.

96.5 A practitioner must not issue an assessment of a person produced by AI on the basis of data alone, without direct human professional engagement with that person or with the evidence concerning them. Where an output is delivered to a third party — an employer, sponsor, institution or another professional — the practitioner must ensure that party is not misled as to how it was produced or as to the strength of the evidence behind it. Practitioners should disclose in the output itself where AI has materially contributed, in a short factual statement, where the recipient would reasonably consider it relevant. A practitioner must not sign, certify or present as their own professional work any output they have not read in full. Standardised or template-based outputs generated at scale must not be presented as individual professional assessments of a specific person.

96.6 A practitioner must proceed on the basis that AI may produce content that is false, incomplete, outdated, biased or fabricated while appearing authoritative, and must independently verify before use any AI-generated factual claim; statistic, figure or measurement; citation, reference, source, study or author; quotation attributed to any person; legal, regulatory or ethical requirement; and statement about a named individual or organisation. A practitioner must not publish, cite, teach or submit a reference, study or quotation they have not verified in the original source.

96.7 Practitioners must consider the risk of bias in AI outputs — relating to gender, age, ethnicity, nationality, language, disability, neurodivergence, religion, socio-economic status and cultural context — and must not allow such bias to shape professional judgements about a person. AI must not be used to produce, amplify or distribute misinformation, including unsupported claims about the effectiveness of a method, unsupported psychological or health claims, or fabricated evidence of professional results, and AI-generated content must not be represented as research, empirical evidence or validated findings. Where an error originating in an AI output has been communicated, the practitioner must correct it promptly, inform those affected, and document the correction.

97. Automated decisions

97.1 Decisions that materially affect a person must involve meaningful human judgement; an automated system must not make such a decision alone. This applies in particular to admission to, continuation in, or exclusion from a programme; assessment results, pass or fail outcomes and grading; certification, recognition, renewal, suspension or withdrawal; suitability for a service or intervention; referral, escalation or termination of a professional relationship; and complaints and professional conduct outcomes.

97.2 Meaningful human judgement requires that a competent human professional considers the individual case, has authority to reach a different conclusion from the automated output, and takes responsibility for the decision. Formal confirmation of an automated result without genuine consideration does not satisfy this requirement.

97.3 Where an automated or AI-assisted process contributes to a decision affecting a person, that person must be informed of the contribution and must be able to request human review. A practitioner or organisation using AI-assisted scoring, ranking, matching or profiling must be able to explain, in terms the affected person can understand, what the process considers and what weight it carries. AI must not be used to screen, score or profile clients in ways producing discriminatory outcomes or that cannot be justified professionally.

98. Prohibited uses of artificial intelligence

A practitioner must not use AI:

- to replace accountable human professional judgement in any matter listed at 90.3;
- to deliver a coaching, mentoring, supervision, therapeutic or counselling relationship autonomously, without an accountable human professional, while presenting it as such a relationship;
- to simulate a human practitioner without disclosure, including through chatbots, voice agents or avatars presented as a person;
- to impersonate any real person, including any IAPTC® officer, faculty member, assessor or member;
- to produce diagnostic statements, clinical formulations or health assessments, or content a reasonable person would understand as such;
- to generate crisis, risk or safeguarding responses delivered to a client without human review;
- to fabricate qualifications, credentials, affiliations, endorsements, testimonials, case studies, client results or research findings;
- to generate falsified assessment evidence, supervision records, attendance records, CPD records or certification documents;
- to manipulate, deceive, coerce or exploit psychological vulnerability, including in marketing and sales;
- to conduct covert surveillance, emotion inference or behavioural monitoring of clients, learners or staff without their knowledge and consent;
- to process identifiable client data in breach of 92;
- to produce content infringing the intellectual property rights of others;
- to generate synthetic media of any person without that person's consent;
- in any manner prohibited by applicable law.

A breach of this section is a serious matter and is treated as such under Part X.

99. AI and professional boundaries

99.1 A practitioner must not use AI to create or sustain the impression of a personal relationship, availability or attentiveness that does not exist. Automated messages, AI-generated personal communications and simulated personal responses must not be presented as written personally by the practitioner. AI must not be used to maintain continuous or quasi-continuous contact with a client in a way that fosters dependency.

99.2 Where a digital service includes a conversational AI component, the client must be told at the outset and on each distinct occasion of use that they are interacting with an automated system. Practitioners should be attentive to signs that a client is forming a dependency on an AI component and should address this directly.

99.3 A practitioner must not use AI to analyse a client's private communications, social media or online activity beyond what the client has knowingly provided for the professional purpose.

100. AI in education, assessment and integrity

100.1 Programmes recognised by IAPTC® must have a written policy on the use of AI by learners, faculty and assessors, made available before enrolment, stating clearly what use is permitted, what is prohibited, what must be disclosed, and how disclosure is made.

100.2 Assessment of professional competence must include evidence of the candidate's own capability demonstrated under conditions in which AI could not substitute for it — live demonstration, observed practice, oral examination or equivalent. A written submission alone must not be treated as sufficient evidence of competence where AI generation of that submission cannot reasonably be excluded.

100.3 Assessors must not delegate assessment judgements to AI. AI may be used for administrative support, formatting, plagiarism screening or preliminary indication only; the decision must be made by a competent human assessor. Where a decision is informed by an automated indication, including similarity or AI-detection scores, the candidate must be informed, given an opportunity to respond, and given access to human review; an automated indication must not be treated as proof of misconduct. Faculty may use AI in preparing teaching materials and must verify accuracy, currency and attribution before use. Certificates, transcripts and records of recognition must be issued on the basis of verified human assessment and must not be generated automatically on digital completion metrics alone; programmes must retain evidence sufficient to demonstrate that a certification decision was made by an identified human assessor. Learners must be taught, as part of any recognised programme, the obligations in this Part that apply to their intended practice.

100.4 **Integrity.** A practitioner must not present AI-generated work as their own where authorship is asserted or implied — in publications, dissertations, assessment submissions, conference contributions, professional portfolios and applications for recognition — and must disclose AI use in accordance with the requirements of the publisher, institution, examining body or programme concerned. A practitioner must not submit for assessment or publication any content containing unverified citations, fabricated sources or invented data; must not use AI to produce peer reviews, references, testimonials or letters of recommendation presented as their own considered opinion without that opinion being genuinely formed; and must not enter confidential material belonging to a third party, including unpublished manuscripts under peer review, employer information or another practitioner's client material, into an AI system.

100.5 **Intellectual property.** AI must not be used to reproduce, adapt or imitate protected works, proprietary methodologies, branded frameworks or copyrighted materials without the right to do so. The legal status of AI-generated material varies between jurisdictions and such material may not attract protection; advice should be obtained before asserting exclusive rights over materially AI-generated content. Where a practitioner publishes materially AI-generated content under their own name, they take full responsibility for its accuracy, originality and lawfulness. A practitioner must not claim authorship of a methodology, framework or body of work generated by AI in a manner that misleads clients, learners or the profession as to its origin, development or evidential basis. Where AI is used to translate or adapt a practitioner's own protected material, the practitioner must ensure the resulting version remains faithful and must review it before publication.

101. Synthetic media

101.1 A practitioner must not generate or publish synthetic media depicting any identifiable person without that person's explicit, specific and documented consent.

101.2 Where a digital avatar, synthetic voice or AI-generated presenter is used to deliver professional content, this must be disclosed clearly to the audience. Synthetic media must not be used to create the impression that the practitioner personally delivered a session, spoke at an event, or addressed a specific person when they did not; to fabricate testimonials, client results, endorsements, audiences or

professional history; or to depict clients, learners or participants, including in anonymised or composite form, without the consent of those depicted. AI-generated illustrative imagery may be used in professional materials provided it does not misrepresent real events, people or outcomes. Where synthetic media is used in marketing, the disclosure must be visible to the audience and must not be confined to terms a reasonable viewer would not read.

102. Security and accessibility in digital practice

102.1 Security measures must be proportionate to the sensitivity of the information held: unique strong credentials for professional accounts; multi-factor authentication where available; encrypted storage and transmission where available; current software and security updates; device-level protection including screen locking and encryption; and secure backup and recoverability. Access to client data must be controlled, limited to those who require it, and removed when no longer required. Professional and personal accounts, devices and storage should be separated where practicable, and client data must not be stored on shared or unsecured devices. Client data must not be transmitted through unsecured channels where a secure alternative is reasonably available.

102.2 Practitioners must take reasonable precautions against social engineering, credential theft and fraudulent communications, including communications impersonating IAPTC®, clients or colleagues using AI-generated voice or text, and must verify by an independent channel any unexpected request to transfer funds, change payment details or release client information. A documented arrangement must exist for professional records in the event of incapacity or death, ensuring client data is protected and clients are informed. Organisations recognised by IAPTC® must maintain an information security policy and ensure that all personnel with access to client data are trained in it.

102.3 Practitioners must take reasonable steps to ensure that digital services are accessible to clients with disabilities, sensory impairments, neurodivergence or limited digital literacy; should provide materials in accessible formats, including readable typography, captions or transcripts for recorded material, and alternative text for meaningful images; must not exclude a person from a service solely because they cannot use a particular platform, and should offer a reasonable alternative where one exists; must not assume that AI-generated accessibility features, including automated captions and translation, are accurate, and must review them where accuracy affects understanding or participation; and should consider the cost, bandwidth and device requirements of digital services, avoiding requirements that exclude clients without professional justification.

103. Cross-border digital practice

103.1 A practitioner working across borders must take reasonable steps to establish whether the activity is lawful in the client's jurisdiction and whether it is reserved to licensed professions there, and must not rely on IAPTC® recognition as authority to practise where a licence or registration is required. They must comply with the data protection requirements applicable to the client's jurisdiction, including restrictions on international transfers, and must take into account the requirements applicable there to the use of AI, including transparency, automated decision-making and any restricted or prohibited applications.

103.2 The practitioner must agree with the client, before the engagement, the language of the service, the arrangements for complaints, and the limits of the practitioner's professional coverage. Where AI-assisted translation is used, the practitioner must inform the client, take reasonable steps to ensure accuracy in matters affecting the client's understanding, and must not rely on automated translation alone for consent documents, safeguarding communications or assessment decisions. Cultural context must be taken into account, and a tool's default cultural assumptions must not determine professional content addressed to a client.

104. Competence and accountability in digital practice

104.1 A practitioner must maintain competence in the digital tools and AI they use, proportionate to that use, and must not use in professional practice a tool whose function, data handling and limitations they do not understand sufficiently to explain to a client. Digital practice and AI should form part of continuing professional development, covering at minimum the capabilities and limitations of the tools used; data protection and confidentiality in digital environments; transparency and consent practice; the ethical risks of AI-assisted work; and developments in the applicable legal and regulatory environment. Practitioners should review their digital and AI practice at least annually, and must review it when adopting a materially new tool or method of delivery.

104.2 A practitioner must not cite the behaviour of a platform or AI system as a defence to a complaint concerning an output issued in their name. In considering such a complaint, IAPTC® may take into account whether transparency and consent requirements were met; whether outputs were verified; whether human accountability was maintained; whether any prohibited use occurred; whether client data was handled correctly; and whether the practitioner acted promptly to correct and disclose any error.

104.3 Complaints and conduct decisions must be determined by human decision-makers. AI must not be used to determine the outcome of a complaint, and must not be used to draft a determination in a way that substitutes for the reasoning of the decision-makers. Material in complaints proceedings is confidential and must not be entered into any AI system except under conditions satisfying 92.1.

PART X — COMPLAINTS, ETHICS AND DISCIPLINARY PROCEDURE

105. Purpose and limits

105.1 This Part establishes the procedure by which IAPTC® receives, assesses, investigates and determines complaints and professional conduct concerns. Its purpose is to protect clients, participants, students and the public; to uphold the standards of the Association; to provide a fair and defined route through which concerns can be raised and answered; and to ensure that findings and measures are based on evidence and applied proportionately.

105.2 The procedure determines whether a breach of these standards has occurred and what professional consequence, if any, follows within the Association. It does not exist to punish, to award compensation, to resolve contractual or commercial disputes, or to substitute for remedies available under applicable law.

105.3 IAPTC® is a private professional association. Its authority arises solely from voluntary association and from the conditions attached to the status it grants. It is not a court, a governmental regulator, a licensing authority, a statutory professional regulator or a law-enforcement body, and must not be presented as such by anyone. Proceedings under this Part are professional disciplinary proceedings of a private association, distinct in nature, purpose, standard and consequence from criminal, civil, administrative, statutory or regulatory proceedings.

105.4 The measures available are limited to the professional relationship between IAPTC® and the person or organisation concerned. IAPTC® has no power to impose fines, to award damages or compensation, to prohibit a person from working, to remove a legal or statutory qualification, or to take any measure reserved to a court or competent authority.

105.5 A complainant is never required to exhaust this procedure before approaching a court, the police, a statutory regulator or any other competent authority.

106. Principles

Fairness — a respondent must be informed of the substance of the allegations in sufficient detail to answer them, given a reasonable opportunity to respond, and given access to the material relied upon, subject only to the protections at 113 and to data protection law.

Impartiality — decision-makers must act impartially, decide on the material before them, and not act where a conflict of interest exists.

Evidence — findings must be based on evidence, never on assumption, reputation, rumour, popularity, commercial considerations, or the volume or persistence of the complaint.

Proportionality — any measure must be proportionate to the nature and seriousness of the breach, to the risk presented, and to the circumstances of the respondent.

Independence of stages — a person who conducted the preliminary assessment or the investigation must not determine the matter; a person who determined it must not sit on the appeal.

Confidentiality — proceedings are confidential and personal data is processed in accordance with applicable data protection law.

Timeliness — matters are handled without undue delay, and the parties are informed where a stage cannot be completed within the indicative timeframes.

Protection of the vulnerable — where a matter involves a child, an adult at risk or a person exposed to serious risk, protection takes precedence over procedural convenience.

Right of appeal — a respondent against whom a finding is made or a measure applied has a defined right of appeal.

No presumption of breach — the submission of a complaint does not indicate that a breach has occurred.

107. Jurisdiction and admissibility

107.1 The procedure applies to: members in any category; certified professionals; recognised practitioners; providers and, in respect of their conduct in that role, persons delivering training, assessment or supervision on their behalf under a recognised programme; persons holding an office, role or appointment within IAPTC®, including decision-makers; applicants, in respect of the information supplied in and the conduct surrounding their application; and speakers, presenters, trainers and participants at events organised or endorsed by IAPTC®, in respect of their conduct at those events.

107.2 It applies to conduct that occurred while the respondent held the status, including where the status has since lapsed, been surrendered or expired. Surrender or non-renewal after a complaint has been received does not terminate proceedings, and the outcome is recorded against the respondent's record.

107.3 It applies to professional conduct, and to conduct outside professional practice only where directly relevant to fitness to hold the status concerned or to the risk presented to clients, participants or the public. IAPTC® has no jurisdiction over persons holding no status with the Association.

107.4 **Outside scope**, and to be identified as such at the earliest opportunity: contractual, commercial, fee and refund disputes, except where the conduct alleged also breaches these standards; claims for compensation or damages; matters properly for a court, the police, a regulator or another competent authority, save as provided at 108 and 118; disagreement with the respondent's methodology, model or approach where no breach is alleged; dissatisfaction with a result where no breach is alleged; and employment disputes between a provider and its staff, except in respect of conduct falling within these standards.

107.5 **Who may complain:** a client, participant, student, supervisee or mentee; a parent, guardian or legal representative acting for such a person; a member, certified professional, recognised practitioner or provider; an employer, commissioning organisation or host; a member of the public directly affected; an officer of IAPTC® acting on information received; or a statutory authority, regulator or other professional body. IAPTC® may also initiate proceedings on its own motion where a concern comes to its knowledge from any source.

107.6 A complaint must be submitted in writing through the published channel and should state: the complainant's identity and contact details; the respondent's identity; the relationship between them; a factual account of what is alleged, with dates and places so far as known; the standard believed to have been breached, so far as the complainant can identify it; any available evidence; whether the matter has been raised elsewhere and with what outcome; and the outcome sought. A complaint must not be rejected solely because the complainant has not identified the specific standard; where a complaint discloses facts capable of constituting a breach, the Association must identify the relevant standard itself.

107.7 A complaint should be submitted within twelve months of the conduct or of the complainant becoming aware of it. A later complaint may be accepted where the matter concerns safeguarding, serious risk or serious harm; where the delay is explained by the age, vulnerability or circumstances of the complainant; where the conduct is continuing or repeated; or where it is otherwise in the public interest or the interest of client protection. **No time limit applies to safeguarding matters.**

107.8 A complaint is admissible where the respondent falls within jurisdiction; the facts alleged, if established, would constitute a breach; the matter is not excluded at 107.4; it is in time or accepted out of time; it is not the same matter as one already determined, unless significant new evidence has become available; and it is not vexatious, malicious or knowingly false. Where a complaint is inadmissible in whole or in part, the complainant must be informed in writing with reasons. Where it is inadmissible because it falls outside jurisdiction but discloses a possible criminal offence, a

safeguarding risk or a matter for a statutory authority, the Association must still act under 108.

108. Urgent risk

108.1 Where a complaint or concern indicates immediate danger to any person, a safeguarding matter, suspected criminal conduct, or circumstances engaging a statutory reporting obligation, the Complaints Officer must treat the matter as urgent and act without waiting for any other stage.

108.2 The Association must consider without delay whether an interim protective measure is required; advise the complainant, and any person at risk or their representative, to contact the competent authority, providing such practical assistance as is proportionate and lawful; make a report to the competent authority itself where a statutory obligation applies to the Association, or where the risk makes it necessary and the disclosure is lawful; and record the decision and its reasons.

108.3 This procedure does not replace, delay or condition referral to the police, to a child- or adult-protection authority, to a regulator or to any other competent authority, and must not be described to any person as an alternative to such referral. **The Association must not advise a complainant to withhold a matter from the authorities, to await the outcome of these proceedings before approaching them, or to keep a safeguarding matter confidential.**

109. Receipt, assessment and routing

109.1 The Complaints Officer records every complaint and acknowledges receipt in writing within five working days, stating the next stage, the indicative timeframe, how personal data will be processed, and the limits of what the Association can do. The Complaints Officer administers the procedure and must not make findings of breach or decide measures.

109.2 An anonymous complaint must be recorded and assessed, and may be pursued where supported by evidence verifiable independently of the complainant, or where it concerns a safeguarding matter or serious risk. Where it cannot be fairly put to the respondent and cannot be corroborated, it must not proceed to a finding of breach; it may be retained as intelligence and taken into account if a further complaint concerning the same respondent is received.

109.3 A complaint may be made by a third party. The Association should seek the consent and account of the person directly affected and must consider whether the matter can be fairly determined without their participation. Where that person does not wish the matter to proceed, the Association must respect that wish unless the risk to them or to others makes it necessary to proceed, recording the reasons. A complainant who wishes their identity withheld from the respondent must be informed that this may limit what the Association can determine, because a respondent must be able to answer the allegations against them.

109.4 Every admissible complaint and every concern initiated by the Association undergoes a **preliminary assessment** by an Assessment Panel of at least two persons appointed by the Governing Body, at least one of whom holds no other office that would create a conflict. The assessment determines only: admissibility; whether the facts alleged, if established, would constitute a breach, and which standards are engaged; whether the matter is urgent; whether an interim protective measure is required; and the route by which the matter proceeds. It must not determine whether a breach has occurred. It should be completed within twenty working days of acknowledgement, and both parties must be informed of the outcome and the route allocated.

109.5 **Routes:** *Closure* — inadmissible, or the facts alleged would not constitute a breach. *Resolution* — capable of being resolved directly between the parties, or by explanation, clarification, apology or practical remedy, and not involving serious risk, safeguarding, dishonesty or exploitation. *Investigation* — requires evidence to be gathered. *Referral to the Conduct Panel* — sufficiently clear on the material available to be determined without further investigation.

109.6 Resolution requires the agreement of both parties; neither may be required to accept it. A resolution is not a finding of breach and must not be recorded as one. Where it is not achieved or

either party declines it, the matter returns to the Assessment Panel for allocation to investigation or to the Conduct Panel. **A matter must not be allocated to resolution where it concerns safeguarding, sexual misconduct, exploitation, discrimination, dishonesty, serious risk to health or safety, or a repeated breach.**

110. Conflicts of interest among decision-makers

110.1 A person must not act as a decision-maker where they are the complainant or respondent; have a personal, family, financial, commercial or contractual relationship with either party; have or have had a professional relationship with either party as trainer, supervisor, mentor, coach, therapist, business partner, employer or employee; have previously expressed a view on the merits; have taken part in an earlier stage of the same matter; or have any other interest a reasonable person would consider capable of affecting impartiality. Every decision-maker must declare any actual or possible conflict before taking part and must withdraw where one exists.

110.2 Either party may object in writing to a decision-maker's participation, stating the grounds. The objection is determined by the Governing Body, or, where it concerns a member of that body, by its remaining members, and the determination is recorded and communicated to both parties.

110.3 **Where a matter concerns a person holding office in IAPTC®, a member of the Governing Body, or an organisation connected with the leadership of the Association,** the Governing Body must appoint decision-makers independent of the Association, and at least one external decision-maker must take part in the determination. The person concerned must take no part in any stage and must not be present when it is considered. Where the matter concerns the founder, president or another person central to the identity of the Association, this applies without exception, and the independence of the decision-makers must be recorded in the decision.

111. Notification and the right to respond

111.1 Unless urgency or an interim measure requires earlier action, the respondent must be notified in writing once a complaint has been found admissible. The notification must state: the substance of the allegations in sufficient detail to enable a response; the standards said to be engaged; the evidence relied upon; the procedure to be followed and the possible outcomes; the period within which a response is required; the right to be accompanied or represented at their own expense; the right to submit evidence and name witnesses; and how personal data will be processed.

111.2 The respondent must be given at least twenty working days to respond, with an extension granted where there is good reason, including illness, absence, the volume of material or the need to obtain advice. Where no response is received within the period allowed, the matter may proceed in their absence; the absence of a response must not be treated as an admission or as evidence of breach.

111.3 A respondent must not be asked to respond to allegations that have not been put to them, and a finding must not be made on a basis they have had no opportunity to answer. Where a new or altered allegation arises, it must be put to the respondent with a further opportunity to respond.

112. Interim protective measures and investigation

112.1 At any stage the Governing Body, on the recommendation of the Assessment Panel, the Conduct Panel or the Complaints Officer, may apply an interim protective measure where necessary to protect clients, participants, students or the public from risk of harm; to protect a person involved in the proceedings; or to protect the integrity of the proceedings. Measures may include suspension of membership, certification, recognition or provider status; suspension of the right to use IAPTC® marks and designations; removal from public registers for the duration; and exclusion from events.

112.2 An interim measure is precautionary. It is not a finding of breach, must not be described or published as one, and where a suspension of a public listing is visible externally, the Association must

state only, if asked, that the status is suspended pending the conclusion of a procedure and that no finding has been made. Every interim measure must be the least restrictive sufficient to address the risk; notified in writing with reasons; open to written representations within ten working days; reviewed at intervals of no more than three months; and lifted as soon as it is no longer necessary. It may be appealed; the appeal does not suspend the measure.

112.3 An **investigation** is conducted by an investigator appointed by the Governing Body, independent of the parties, who must not determine the matter. The investigator must identify the allegations to be investigated; gather evidence from the complainant, the respondent and any other relevant source; seek evidence capable of supporting the respondent's account as well as the complaint; keep a record of the steps taken and material obtained; and produce a written report setting out the evidence and the matters in dispute. **The report must not state a conclusion on whether a breach occurred and must not recommend a measure.** The respondent must be provided with the report and the evidence relied upon and given at least fifteen working days to comment before determination. An investigation should be completed within sixty working days; where it cannot be, both parties must be informed of the reason and the revised timeframe.

112.4 Members, certified professionals, recognised practitioners and providers should cooperate with an investigation and respond to reasonable requests within the period specified, and must not destroy, alter or conceal relevant records, obstruct the investigation, or pressure or intimidate a complainant, witness or decision-maker. Conduct of that kind is itself a breach and may be made the subject of a separate allegation.

112.5 Where criminal, statutory, regulatory or civil proceedings concerning the same facts are under way, the Association may stay its own proceedings where continuing would prejudice them or where the matter cannot fairly be determined in parallel. A stay must not be applied where the risk to clients, participants or the public requires the Association to act, and does not prevent an interim protective measure. The parties must be informed of a stay and its reasons, and the matter reviewed at intervals of no more than six months.

113. Evidence, standard of proof and confidentiality

113.1 The Conduct Panel may consider any evidence it considers relevant and fair to admit. It must assess the weight of the evidence, including its source, reliability, whether it can be tested, and whether it has been altered or selectively presented, with particular caution applied to material whose authenticity cannot be verified, including material that may have been generated or modified by digital or AI tools.

113.2 **The burden of proof rests on the Association.** A respondent is not required to prove that a breach did not occur. The standard is the balance of probabilities: a breach is established where, on the evidence, it is more likely than not that the conduct occurred and constituted a breach. Where the allegation is particularly serious, the Panel must satisfy itself that the evidence is correspondingly cogent, while applying the same standard.

113.3 Evidence must not be admitted or relied upon where the law applicable to it prohibits its use, where its processing by the Association would be unlawful, or where a court or competent authority has ruled that it may not be used. Where evidence appears to have been obtained unlawfully, improperly, or in breach of confidentiality or a professional obligation, but is not so prohibited, the Panel must decide whether it is fair and lawful to admit it, considering: the seriousness of the unlawfulness or impropriety and the law of the jurisdiction where it was obtained; whether the Association or anyone acting for it procured or encouraged the manner in which it was obtained; the privacy and data protection rights of the respondent and of any third party appearing in the material; its reliability and authenticity; whether the same facts can fairly be established by other evidence; and the seriousness of the risk to clients, participants or the public that it discloses. Reasons must be recorded where such evidence is admitted; where excluded, its content must not be taken into account. The Association, its decision-makers, investigators and anyone acting on its behalf must not obtain evidence unlawfully and must not request, encourage or reward any person for doing so.

113.4 Records of coaching, training, supervisory or therapeutic work concerning persons other than the complainant must not be disclosed into the proceedings unless disclosure is lawful and the material is redacted so that unrelated persons are not identifiable.

113.5 Proceedings are confidential. The parties should maintain confidentiality while proceedings are under way, but the Association must not require a complainant to keep confidential the fact that they have made a complaint, and must not restrict the right of any person to report a matter to a competent authority, obtain legal advice, or seek support. Information may be withheld from disclosure to a party where disclosure would place a person at risk of harm, would disclose the identity of a person entitled to protection, would breach a legal obligation, or would disclose the personal data of an uninvolved third party; where material is withheld, the party must be informed that material has been withheld and, so far as possible without defeating the purpose, of its general nature. **Material withheld from the respondent must not be relied upon in making a finding against them.**

114. Determination

114.1 A matter referred for determination is decided by a Conduct Panel of at least three persons appointed by the Governing Body, of whom at least one must have professional experience in the field concerned, at least one should be independent of the Association, and none may have taken part in the preliminary assessment or investigation. Where the matter concerns safeguarding, sexual misconduct, discrimination or work with children or adults at risk, the Panel should include a person with relevant expertise.

114.2 A matter may be determined on the documents alone where the facts are not substantially in dispute and both parties have had a full opportunity to make written representations. **A hearing must be held** where the facts are substantially in dispute and credibility must be assessed; where the matter may result in withdrawal of certification or recognition, termination of membership, or withdrawal of provider status; or where the respondent requests one and the Panel considers it necessary for fair determination. A hearing may be conducted remotely, with technology allowing effective participation and reasonable adjustments for disability, language and time zone.

114.3 At a hearing the respondent is entitled to be present, to be accompanied or represented at their own expense, to hear the evidence relied upon, to give their own account, to submit evidence, and to make submissions on the findings and on any proposed measure. The complainant is entitled to participate to the extent necessary for fair determination and must be treated with respect. A complainant must not be subjected to repetitive, hostile or intrusive questioning, and the Panel must intervene where such questioning occurs. Where a complainant is a child, an adult at risk or a person who has suffered harm, the Panel must consider protective arrangements, which may include separate participation, written questions, the presence of a supporter, or participation through a representative. Hearings are held in private unless both parties and the Panel agree otherwise, and a record must be kept.

114.4 The Panel must determine each allegation separately, reaching one of: not established; established and constituting a breach; or established in part, with the established part identified. Where an allegation is established, the Panel must identify the standard breached by document and provision. The Panel must not make a finding on a matter outside the Association's jurisdiction, and must not make a finding as to criminal liability, civil liability or statutory compliance; where a court, regulator or competent authority has determined the same facts, the Panel may take that determination into account as evidence but must make its own decision on whether these standards have been breached.

114.5 The decision must be recorded in writing setting out the allegations, the evidence considered, the findings on each allegation and the reasons, any measure applied and the reasons for it, and the right of appeal with the period for exercising it. Both parties must receive it, normally within twenty working days of the conclusion of the determination.

115. Measures

115.1 In deciding what measure, if any, is required, the Panel must consider: the nature and seriousness of the breach; the harm caused or risked and to whom; whether the conduct was deliberate, reckless, negligent or the result of inexperience or inadequate training; whether it was isolated or repeated; whether the respondent has previously been found in breach; the insight shown and any steps already taken to remedy the matter; whether the respondent cooperated; whether a position of trust, authority or dependence was abused; any dishonesty, concealment or obstruction; the risk of repetition; any mitigating circumstances, including health, personal circumstances and the conditions in which the respondent was working; and the protection of clients, participants and the public.

115.2 **Measures available:** no measure, where a breach is established at the lowest level of seriousness; written advice recorded on the file and not held as a disciplinary record; a written warning, normally recorded for not more than two years; a final written warning, normally recorded for not more than five years; required remedial education or training within a specified period; required supervision on specified terms for a specified period, with reports to the Association; conditions on practice or status, including restriction of scope, exclusion from work with particular client groups, restriction of digital delivery, or restriction on holding office; suspension of membership, certification or recognition for a specified period, with or without conditions for restoration; withdrawal of certification or recognition; termination of membership, with or without a defined period before further application; and a prohibition on future application for a defined period. Measures may be combined where proportionate, and the least restrictive measure sufficient to protect clients, participants and the public must be applied.

115.3 Withdrawal of certification or recognition, and termination of membership, are reserved for breaches of the highest seriousness — in particular sexual misconduct, exploitation of a client, abuse of vulnerability, conduct causing or risking serious harm, serious dishonesty, falsification of qualifications, serious safeguarding failure, or persistent and deliberate disregard of these standards.

115.4 A measure must not include any financial penalty payable to the Association, any award of compensation, or any measure purporting to prevent the respondent from practising their profession. Where a measure requires the respondent to bear a cost, it must be limited to the cost of required remedial education or supervision and must be paid to the provider of that education or supervision.

115.5 Where a breach arose in substantial part from inadequate training, supervision or support provided by a recognised programme or provider, the Panel must record that finding and refer the matter for consideration under 115.6.

115.6 **Provider measures:** a written requirement to remedy specified deficiencies within a stated period; an action plan with milestones and reporting; additional monitoring, review or audit; conditions on recognition, including restriction of cohorts, modalities or jurisdictions; suspension of recognition of a programme; suspension of provider status; withdrawal of recognition of a programme; withdrawal of provider status; and restriction or withdrawal of the right to use IAPTC® marks and references in marketing. Where recognition of a programme is suspended or withdrawn, the Association must consider the position of students and graduates, must ensure that persons who completed in good faith are not deprived of a status properly obtained unless the certification was obtained by dishonesty or the programme was not in fact delivered, must inform affected students and graduates of the consequences and of any steps required of them, and must not apply withdrawal retrospectively to those who have already completed.

115.7 A measure takes effect from the date stated in the decision or, where an appeal is lodged, from its determination — except that an interim protective measure and a measure necessary for immediate protection take effect immediately. Where status is suspended or withdrawn, the person or organisation must immediately cease to describe themselves as holding it, cease to use the Association's marks and references, and remove the corresponding claims from websites, profiles, marketing materials and directories. The Association must update its registers and public listings.

Failure to comply with a measure, or continued use of a withdrawn or suspended status, is itself a breach and may be made the subject of a new matter.

116. Appeals and restoration

116.1 A respondent may appeal against a finding, a measure, or an interim protective measure. A complainant may appeal against a decision to close a matter at preliminary assessment and against a decision that no allegation was established, on the first, second and fourth grounds below only. A complainant has no right of appeal against the measure applied following a finding of breach; where a complainant considers that a measure fails to protect clients, participants or the public, they may make written representations, considered by the Governing Body solely to decide whether the matter discloses a continuing risk requiring an interim protective measure or a new matter. Such representations must not result in the substitution of a more severe measure in the concluded matter.

116.2 **Grounds:** the procedure was not followed and the failure could have affected the outcome; the finding was not reasonably open on the evidence; the measure was disproportionate to the finding; or significant new evidence has become available that was not reasonably available at the time. An appeal is not a rehearing and must not be brought merely on disagreement with the outcome. It must be submitted in writing within twenty working days of the written decision, stating the grounds and supporting evidence.

116.3 The Appeal Panel consists of at least three persons appointed by the Governing Body, none of whom took part in any earlier stage, and at least one of whom must be independent of the Association. Where the original determination involved an external decision-maker, the Appeal Panel must include at least one external decision-maker who took no part in it.

116.4 The Appeal Panel may dismiss the appeal and confirm the decision; uphold it in whole or in part and set aside the finding; substitute a different finding; substitute a different measure, which must not be more severe than the original; or remit the matter for reconsideration by a differently constituted Conduct Panel, with directions. It must not substitute a finding on a basis that has not been put to the respondent and on which they have had no opportunity to make representations. Where it upholds a complainant's appeal, it must not itself make a finding of breach or apply a measure; it must remit the matter for determination by a differently constituted Conduct Panel, before which the respondent retains all rights and against whose determination the respondent retains a right of appeal.

116.5 The Appeal Panel must issue a written decision with reasons, normally within thirty working days. Its decision is the final decision within the Association; no further internal appeal lies. The exhaustion of this procedure does not affect any right of the parties under applicable law.

116.6 **Restoration.** Subject to 116.7, a person whose membership has been terminated, or whose certification or recognition has been withdrawn, may apply for restoration after the expiry of any period specified in the decision or, where none was specified, after three years. An application is determined by a panel appointed by the Governing Body, which must consider the seriousness of the original breach; the insight now shown; any remedial education, supervision or development undertaken; the applicant's conduct since; the risk now presented; and the effect of restoration on confidence in the standards of the Association. Restoration may be granted subject to conditions, including supervision, restriction of scope, or a period of monitored practice. A person whose suspension has expired is restored automatically on satisfying any attached conditions, confirmed in writing with registers updated.

116.7 **Restoration must not be granted, in any circumstances**, where the original breach involved sexual misconduct with a client, participant, student, supervisee or mentee; sexual, physical or emotional abuse of a child or an adult at risk; sexual or financial exploitation of a person's vulnerability or dependence; conduct causing serious and lasting harm; or a safeguarding failure that exposed a child or an adult at risk to serious harm. This exclusion is permanent. No panel, officer or body of the Association, including the Governing Body, has power to set it aside, grant an exception, or readmit the person by any other route. The only circumstances in which such a person may again

hold a status are where the finding is set aside on appeal, or where the matter is reopened and a differently constituted Conduct Panel determines that the allegation is not established — in either case the person is restored because no such finding stands against them. An application for restoration by an excluded person must be refused without further consideration, with written reasons.

116.8 Where a finding is set aside on appeal, the Association must restore the status without delay, correct its registers and any publication, and inform any person or body to whom the original decision was communicated.

117. Publication and records

117.1 The Association may publish a decision where publication is necessary for the protection of clients, participants or the public, or for the maintenance of confidence in these standards. Publication must be considered in every case in which certification or recognition is withdrawn, membership is terminated, or provider recognition is withdrawn.

117.2 A published decision must be accurate, limited to what is necessary, and must state the name of the respondent, the finding, the standard breached, the measure applied and its date and duration. It must not identify the complainant or any other person entitled to protection, and must not contain detail capable of identifying them indirectly. **The Association must never publish the identity of a complainant, a witness, a child or an adult at risk.**

117.3 A decision must not be published while an appeal is pending or while the appeal period remains open, except where publication is necessary for immediate protection, in which case it must state that an appeal is pending or that the period has not expired. Published decisions must be removed at the end of the period stated in the decision or, where none is stated, after five years, except where the public register properly records that a status is no longer held. Where a decision is set aside on appeal, any publication must be withdrawn without delay and a correction published in the same manner and place. Publication must not be worded so as to suggest that IAPTC® has exercised a regulatory, licensing or judicial power, or that the respondent has been found to have committed a criminal or statutory offence.

117.4 The Association must maintain a confidential record of every complaint and concern received, the steps taken and the outcome. **Retention from closure:** matters closed as inadmissible or not established — three years; matters resulting in advice or a written warning — the period for which the measure is recorded plus three years; matters resulting in conditions, supervision, suspension, withdrawal or termination — ten years; matters involving a safeguarding concern — as required by applicable law and, where none is prescribed, for as long as necessary for the protection of children and adults at risk. Records must be held securely, accessible only to those who require access, and destroyed securely at the end of the retention period. Anonymised and aggregated data about the operation of the procedure may be retained without time limit for standards development and reporting to members.

118. Protections and external relations

118.1 A complaint is **vexatious** where it is pursued without reasonable foundation and in a manner that is repetitive, obsessive or designed to harass; **malicious or knowingly false** where made in the knowledge that the allegations are untrue or with reckless indifference to their truth. A complaint must not be treated as any of these merely because it is not established, because the complainant is dissatisfied, because it is expressed in strong terms, or because they have complained before. Such a finding must not be made unless the complainant has been informed of the concern and given at least fifteen working days to respond. Where the finding is made and the complainant is subject to the Association's jurisdiction, it may be dealt with as a breach; where they are not, the Association may decline to consider further complaints from that person, informing them in writing of the decision, the reasons and any conditions under which further complaints will be considered. Where a repeat

complainant raises a new matter disclosing a safeguarding concern or serious risk, that matter must be assessed on its merits notwithstanding any such decision.

118.2 No person may be subjected to detriment, threat, intimidation, pressure, defamation, exclusion or professional disadvantage for making a complaint in good faith, providing evidence, acting as a witness, or taking part in proceedings. Retaliation is a serious breach and may be made the subject of a separate matter whether or not the original complaint is established. A respondent must not contact a complainant or witness in relation to the proceedings other than through the Association, unless the Association has agreed otherwise. The Association must not require, as a condition of resolution, restoration or any other outcome, that a person waive the right to report a matter to a competent authority, to give evidence, or to pursue a remedy available under applicable law; any agreement purporting to impose such a condition is of no effect within the Association.

118.3 Where a matter engages the jurisdiction of a court, the police, a statutory regulator or another competent authority, that jurisdiction takes precedence. The Association must comply with lawful requests for information from competent authorities and with any statutory reporting obligation applicable to it, and may disclose information to a competent authority, regulator or other professional body where lawful and necessary for the protection of any person, recording the disclosure and its reasons. Where a respondent is also a member of another professional body, the Association may inform that body of a decision resulting in suspension, withdrawal or termination, where lawful and proportionate.

118.4 A decision by a court, regulator or other body is not automatically adopted as a finding. Where a respondent is convicted of an offence, or subject to a statutory finding, directly relevant to their fitness to hold the status, the Association may proceed on that basis without re-examining the facts, limiting its determination to whether these standards have been breached and to the measure required. An acquittal in criminal proceedings or the dismissal of a civil claim does not prevent the Association from determining a matter, because purpose, jurisdiction and standard of proof differ.

118.5 Cross-border matters. Where the conduct took place in, or affected a person in, another jurisdiction, the Association must have regard to the law applicable there, including its requirements on safeguarding, mandatory reporting, professional titles, data protection and the regulation of psychological, therapeutic and health-related services. Where that law conflicts with this procedure, it prevails, and the Association must record how the matter was handled as a result. The Association must make reasonable adjustments so that language, time zone, distance and cost do not prevent effective participation, including remote participation, extended timeframes and acceptance of documents in another language with translation; where the Association obtains a translation, its cost must not be borne by the party submitting the document.

119. Closure, timeframes and responsibilities

119.1 A matter is closed when it is found inadmissible and no appeal is brought within the period allowed; it is resolved; a determination is made and no appeal is brought in time; an appeal is determined; the complaint is withdrawn and the Association decides that no public-interest or protection consideration requires it to proceed on its own motion; or the Association decides that the matter cannot fairly be determined and records the reasons. Both parties must be informed in writing of the closure and its basis.

119.2 The withdrawal of a complaint does not automatically close a matter. Where the concern engages safeguarding, serious risk or a pattern of conduct, the Association must consider proceeding on its own motion and record its decision. The death of a respondent closes the matter; where a safeguarding or systemic concern remains, the Association must consider what steps are required to protect others, without making a finding against the deceased.

119.3 A closed matter must not be reopened except where significant new evidence becomes available that was not reasonably available at the time, where the original decision was obtained by dishonesty or concealment, or where a competent authority makes a determination materially altering the basis

of the decision. A decision to reopen is taken by the Governing Body and recorded with reasons.

119.4 Indicative timeframes: acknowledgement, five working days; preliminary assessment, twenty; response by the respondent, twenty; investigation, sixty; comment on the investigation report, fifteen; written decision, twenty from the conclusion of the determination; appeal, twenty from the written decision; appeal decision, thirty from the conclusion of the appeal. These are indicative; where a stage cannot be completed within its timeframe, both parties must be informed in writing of the reason and the revised expectation. Failure to meet an indicative timeframe does not invalidate proceedings but must be recorded and taken into account in annual monitoring.

119.5 The Governing Body is responsible for appointing the Complaints Officer, the Assessment Panel, investigators, the Conduct Panel and the Appeal Panel; ensuring decision-makers are trained in this procedure, in these standards, in fairness and impartiality, and in the handling of safeguarding matters; ensuring the procedure is published, accessible and known to those subject to it; ensuring it is adequately resourced; and monitoring its operation and reporting on it to the membership at least annually in anonymised and aggregated form.

119.6 Providers must inform students and participants of the existence of this procedure and how a concern may be raised, and must not present their own internal process as replacing it. Certified professionals, recognised practitioners and members should inform clients, on request, of its existence and route.

119.7 At the point of receipt, every complainant must be informed, in plain language: what the Association can and cannot do; that it is not a court, regulator or law-enforcement body and cannot award compensation or impose a fine; that they retain the right to approach the police, a court, a regulator or another competent authority at any time; what the stages and indicative timeframes are; how their personal data will be processed; and what support, if any, is available to them. This information must be published on the Association's website.

119.8 A matter is determined under the version of these standards in force on the date the complaint was received, except that a procedural improvement introduced later may be applied where it is more favourable to the fairness of the proceedings and both parties are informed. Conduct occurring before the effective date is assessed against the standards in force at the time of the conduct, and handled under the procedure set out here.

PART XI — GOVERNANCE OF THE STANDARDS SYSTEM

120. Ownership and authority

120.1 The IAPTC® Professional Standards System is owned by the Association, which owns the content, structure, numbering, terminology and presentation of every instrument in every language, subject to applicable law on intellectual property. The name, abbreviation and marks of the Association remain its property and may be used in connection with the standards only as the Association permits.

120.2 The Association is the sole source of the authoritative text. A text is authoritative only where published by the Association through its official channels. Copies, reproductions, summaries, adaptations, syllabi, training materials and commentaries produced by others are not authoritative, even where accurate, and must not be presented as the standard itself. No person may issue an altered text under the Association's name, or under a title likely to be mistaken for it, and no person may represent a draft, a withdrawn instrument or a superseded version as the current standard.

120.3 Members, recognised professionals, providers and external institutions may refer to, cite, link to and quote from the standards to explain or apply them. Any reproduction or citation must identify the instrument by title, document number, version number and, where a specific provision is cited, its clause number; must be accurate; must not be edited in a way that changes meaning; and must not omit qualifying words, exceptions or limitations.

120.4 **Only the Governing Body may approve, amend, suspend or withdraw a standard.** No committee, office holder, employee, contractor, translator, provider or partner may change the content of a standard or create an obligation, permission or exemption that a standard does not contain. Any action purporting to change a standard otherwise than in accordance with this Part is of no effect.

120.5 The Governing Body may delegate preparatory, advisory, editorial, consultative and administrative functions, and may delegate the approval of subordinate instruments where the delegation is recorded, limited in scope and does not permit the delegate to alter an obligation contained in a standard. **It must not delegate the approval, amendment, suspension or withdrawal of a standard.** Every delegation must be recorded in writing with its scope and duration. Committees, working groups and expert panels advise and prepare; they do not approve, and their recommendations take effect only on approval by the Governing Body.

120.6 The authority exercised is that of a professional membership association over its own standards, membership and recognition decisions. It operates by agreement: a person is bound because they have sought and hold membership or recognition, or applied for it, not because the Association exercises any public power. The Association does not license practice, does not confer or withdraw academic qualifications, does not certify compliance with the law of any jurisdiction, and exercises no jurisdiction over persons who are neither members, recognised professionals, applicants nor recognised providers. Communications issued under this Part must describe the Association accurately and must not use language suggesting statutory, governmental or regulatory power.

121. Architecture and the Standards Register

121.1 The System comprises the numbered standards of the Association and the subordinate instruments issued under them. **The numbering does not establish a closed or fixed number of standards.** The Governing Body may adopt further numbered standards where a distinct professional domain requires separate normative treatment, and may consolidate, renumber, supersede or withdraw standards where necessary to preserve coherence, provided version history and cross-references are maintained. No provision of the System may state or imply a fixed or final number of standards, or treat any document number as the last.

121.2 **The Standards Register**, and not any number stated in any instrument, determines which numbered standards constitute the System at any time, which versions are current, when they took effect and what their status is. A reference in any instrument to the documents of the System is a reference to those entered in the Register at the relevant time.

121.3 The Association must maintain and publish the Register free of charge, recording for each instrument: title; document number and reference; class; current version number; approval and effective dates of the current version; scheduled review date; languages of official versions; status — in force, suspended, withdrawn or in development; the version or instrument superseded; and a link to the published current version. It must be updated on the effective date of any change and without undue delay. Where the Register and a published instrument disagree, the published authoritative text prevails and the Register must be corrected. Entries for withdrawn instruments and superseded versions must be retained, marked with their status and the date it took effect.

121.4 **Classes of instrument:** the parent framework (Part I of this edition); primary standards establishing general duties and general practice requirements (Parts II and III); specialist standards governing a defined domain; procedural standards establishing processes affecting an individual person, programme or provider; and governance instruments governing the operation of the System itself. Subordinate instruments are not standards.

121.5 A new instrument must not duplicate the substantive content of an existing one; where a matter is already governed, it must cross-refer rather than restate. Where restatement is unavoidable for intelligibility, it must be identified as such and must not introduce a variation in obligation.

122. Precedence

122.1 The instruments are read together as a single body. Where two provisions can be read consistently, they must be.

122.2 Where they cannot, precedence runs, highest to lowest: applicable law; the framework (Part I); the ethical duties (Part II); the practice standards (Part III); this Part, in respect of governance, control, interpretation, review and amendment of the System; the specialist and procedural standards; and subordinate instruments.

122.3 As between two standards of equal rank, the instrument governing the matter specifically prevails over the one governing it only generally. As between two provisions of equal rank, the provision imposing the higher protection for clients, learners or other persons at risk prevails. A subordinate instrument never prevails over a standard.

122.4 No standard admitted after the effective date of this Part takes precedence over Parts I, II or III by reason of being later in time or higher in document number.

122.5 A provision applies in the version in force at the time of the conduct, decision or submission in question, subject to the transitional arrangements at 125.

123. Development, consultation and approval

123.1 Development of a new standard may be initiated by the Governing Body, by a committee, or on a proposal from a member, recognised professional, provider, assessor, supervisor, partner institution or member of the public. A proposal must identify the matter to be governed, the persons affected, and why it is not adequately governed by an existing instrument. Before development begins, the Governing Body must determine whether a new standard is required and must consider whether the matter is better addressed by amendment or by a subordinate instrument. A new standard must not be created where the matter is already governed and can be addressed by amendment. The Governing Body must be satisfied that the proposed standard falls within the Association's remit and does not purport to exercise statutory, governmental or regulatory authority.

123.2 A draft must state its purpose, scope, the persons to whom it applies and its relationship to other instruments; use the terminology, modal conventions and numbering of the System consistently;

distinguish clearly between obligations, expectations and permissions; be capable of application across jurisdictions, acknowledging that national law varies and prevails; and be capable of assessment — where a provision cannot in practice be evidenced, observed or reasonably judged, it must be reformulated or expressed as a *should*.

123.3 Before approval the Governing Body must consider the practical consequences for those affected, including the work and cost of compliance, the effect on existing recognitions and programmes, and the time needed to implement. Where new obligations would fall on existing recognised professionals or providers, transitional arrangements must be determined **before** approval. Where a draft touches safeguarding, data protection, consumer protection, equality, employment, health-related claims or the description of the Association's status, a legal opinion appropriate to the significance of the matter must be obtained; its absence where required must be recorded with the reason and remedied at the earliest opportunity.

123.4 **Consultation** is required before approving a new standard and before approving an amendment that introduces a new obligation, removes a protection, changes the basis of recognition or assessment, or materially changes what a person must do to comply. It is not required for a correction, a translation correction, or an emergency amendment. Consultation should reach the categories affected — members, recognised professionals, providers, assessors, supervisors, learners, clients or their representatives, partner institutions. Where a draft concerns the protection of clients, learners, children or adults at risk, input must be sought from persons with relevant expertise; where it concerns practice in jurisdictions with materially different legal or professional conditions, input should be sought from practitioners there. A consultation must state what is proposed, why, who is affected, how to respond and by when; the period must be proportionate and, for a new standard or material amendment, should be not less than twenty-eight days. Responses must be recorded and considered, and where a substantial and reasoned objection is not adopted the reason must be recorded. An expert advises; an expert does not approve, and expert involvement must not be presented as endorsement of the Association or the standard unless expressly given.

123.5 Every new standard and every amendment must have a stated rationale identifying the problem addressed, the evidence or experience relied upon, and the reason for the solution adopted. Evidence may include changes in law or regulatory expectation; anonymised patterns in complaints, ethics matters, appeals or recognition decisions; monitoring findings; consultation responses and expert input; developments in practice, methodology or technology; relevant research; and practical difficulty in applying an existing provision. The Association must not overstate the evidential basis of a provision: where it rests on professional consensus or reasoned judgement rather than research, the rationale must say so; where it rests on research, the rationale must identify it in a way that allows it to be located. Individual cases must not be identified, and no rationale may disclose information identifying a client, a learner or a party to a complaint. A requirement must be proportionate to the risk it addresses, and where a lesser measure would adequately address it, the lesser measure should be adopted.

123.6 A standard takes effect within the System only on approval by the Governing Body of a specific, fixed and identifiable text. The approval decision must identify the instrument, the version number, the approval date, the effective date, any transitional arrangements and the version superseded. No change may be made to an approved text after approval other than a correction or a further approved version. **A version does not bind any person until it has been published**; where publication occurs after the recorded effective date, obligations begin on the date of publication and the effective date must be corrected.

124. Amendment, review and version control

124.1 A change is classified as a **substantive amendment** (creating, removing or altering an obligation, expectation or permission, changing scope, changing the basis of a decision, or changing meaning); a **clarifying amendment** (making the existing meaning clearer without altering it); or a **correction** (repair of a typographical error, numbering error, broken cross-reference or evident

drafting slip, without change of meaning).

124.2 A substantive amendment requires consultation, a rationale, consideration of transitional arrangements and approval, and must be issued as a new version of the whole instrument — the Association must not publish a standard as a base text with separate amendment sheets. A clarifying amendment requires a rationale and approval and may be made without consultation where the Governing Body is satisfied the meaning is unchanged; where it becomes apparent that a change classified as clarifying has in fact altered an obligation, it must be reclassified as substantive, the version number corrected, and affected parties informed. A correction may be made without consultation, must not change meaning, must be recorded in the version history, and must be identifiable by the reader.

124.3 Standards must be stable enough to be relied upon and taught. The Governing Body should avoid frequent amendment of the same instrument and should consolidate proposed changes into a single scheduled revision wherever it is safe to do so — except where a change is required to protect clients, learners or other persons at risk.

124.4 **Emergency amendment** is available only where a change is required without delay because a change in law makes a provision unlawful, misleading or impossible to comply with; a safeguarding risk has been identified that the current text does not adequately address; a technological development, including in artificial intelligence, creates a serious and immediate risk; a provision is being applied in a way that creates serious professional risk or risk of harm; or a provision contains an error creating a serious risk of harm or significant misrepresentation. It is approved without prior consultation; the decision must record the ground relied upon, why delay was unacceptable and the extent of the change; it must be confined to what is necessary and must not introduce unrelated changes; it takes effect on publication unless a later date is specified; it must be communicated without delay, stating plainly what has changed and what affected parties must now do; and it is issued as a new version marked in the version history as an emergency amendment. Within six months the Governing Body must review it, consult where it is substantive, and confirm, modify or reverse it, publishing the outcome.

124.5 **Scheduled review.** Every standard must be reviewed at least every two years from the effective date of the current version, unless the Governing Body sets and records a different interval. The review must consider whether the instrument remains consistent with applicable law and with the other instruments; remains accurate about the Association's status and remit; remains proportionate and capable of being complied with; remains capable of assessment; has produced the intended effect; contains provisions that have proved unclear, unworkable or open to inconsistent application; and requires amendment, full revision, suspension or withdrawal. The outcome must be recorded as confirmation without change with a new review date, amendment, full revision, or suspension or withdrawal. Confirmation without change produces no new version number. Where a review cannot be completed by its due date, the reason and a revised date must be recorded, and the instrument remains in force.

124.6 **Extraordinary review** must be commissioned where a change in applicable law affects an instrument; where monitoring indicates it is not achieving its purpose or is producing unintended consequences; where an inconsistency cannot be resolved by interpretation; where repeated interpretation requests indicate that a provision is unclear; where a pattern in complaints, appeals or recognition decisions indicates a gap or defect; where a significant development in practice, methodology or technology affects the subject matter; or where an emergency amendment has been made. Any member, recognised professional, provider, assessor or committee may request one, stating the ground; the Governing Body must consider every request and record its decision and reasons.

124.7 **Monitoring.** The Governing Body must monitor whether the instruments remain effective and fit for purpose, drawing on anonymised patterns in complaints, ethics matters and appeals; recognition and continuing-recognition outcomes; assessment outcomes and assessor reports; interpretation requests; reports of conflict between a standard and applicable law; feedback from

members, professionals, providers, supervisors, learners and clients; and developments in the field and in research. It must consider a report on the operation of the System at least once each calendar year, identifying instruments requiring review, provisions producing difficulty, and any area in which the System is silent and should not be. Monitoring must protect the confidentiality of clients, learners, complainants and other individuals.

124.8 Version numbering. Every version is identified in the form X.Y with the year of issue. X increases by one on first issue of a full revision or on a substantive amendment changing the structure or the obligations of the instrument as a whole. Y increases by one on a substantive amendment of limited extent, a clarifying amendment or a correction. First issue is Version 1.0. A version number is never reused and never decreased — where a change is reversed, the reversal is a further version, not a return to an earlier number. A version number is assigned only on approval; a draft carries no version number of the System and must be marked as a draft. The version number appears in the document control section, in the Register, in the title of the published file and in every official translation.

124.9 Version control. There must be exactly one current version of each instrument in each language at any time. Every version must state, in its document control section: title; document number and reference; position in the System; version number and year; status; issuing body; approving body; approval date; effective date; scheduled review date; the version or instrument superseded; the language of the authoritative text; and the version history. **A published version must contain no blank fields, placeholders, provisional entries or editorial notes.** The version history must be cumulative; entries for earlier versions must not be deleted. Published files must be named so that instrument, version and language are identifiable from the file name; where an instrument is issued in more than one format, the content of every format must be identical. Where the Association becomes aware that an out-of-date version is being circulated as current, it must require correction.

124.10 Dates. Every version has an approval date and an effective date, both stated. The effective date must not be earlier than the approval date or the date of publication. Where a version imposes new obligations, the effective date should allow a reasonable period to prepare; where it relaxes an obligation, removes a redundant requirement or corrects an error, it may take effect immediately on publication. On first issue the two dates may be the same. **A version does not apply retrospectively** to conduct, decisions, assessments or submissions completed before its effective date — which does not prevent applying a clarified interpretation of an unchanged obligation to earlier conduct, where the obligation itself has not changed.

124.11 Transitional arrangements must be determined before approval whenever a change creates a new obligation or alters the basis of recognition or assessment, stated in the approval decision and in the published instrument: the date from which the new requirement applies; the position of persons and programmes already recognised; the position of applications, assessments, submissions and complaints in progress; any period during which the previous version continues to apply to a defined category; and what a person must do, and by when, to comply. **Default rules** where none is stated: a matter already in progress on the effective date is determined under the version in force when it was submitted; an existing recognition remains valid until its next scheduled renewal or review, at which point the current version applies; and an existing recognised programme may complete a cohort already enrolled under the previous version and must meet the current version for cohorts enrolled after the effective date. The defaults do not apply where the change addresses a safeguarding risk or another serious risk of harm, in which case it applies from its effective date to all persons and matters.

124.12 Superseded versions. A version ceases to be in force on the effective date of its replacement or on withdrawal, but remains relevant to conduct and decisions governed by it. The Association must retain a complete and unaltered copy of every version of every instrument, in every language issued, **permanently.** A superseded version must not be deleted, edited, back-dated or reconstructed; must be clearly marked as superseded with the date it ceased to be in force and the version that replaced it; must not be presented as current; and must not be supplied in response to a request for the current

standard. Access must be provided where a person needs the text in order to understand a decision made about them, or the requirements that applied at the relevant time.

124.13 Suspension and withdrawal. The Governing Body may suspend a standard or a provision where a change in law makes it unlawful, misleading or impossible to comply with; where it has been found to create a risk of harm; where it cannot be applied consistently and the defect cannot be cured by interpretation; or where its subject matter is under extraordinary review and continued application would be unfair or unsafe. The decision must state what is suspended, the ground, the effective date, what applies in the meantime, and the date by which the matter will be finally decided. A suspension is temporary and must be resolved within twelve months, or the reason for extension recorded with a new date. A standard may be withdrawn where its subject matter has been absorbed elsewhere, where it is no longer required, or where it cannot be made fit for purpose; the decision must state the reason, the effective date, whether and where the subject matter is now governed, and the consequences for existing recognitions, programmes and matters in progress. On suspension or withdrawal the Register must be updated, every cross-reference reviewed, affected parties informed, and the status of every subordinate instrument determined and recorded. The document number of a withdrawn standard is retired and must not be reassigned, except in a consolidation or renumbering.

125. Interpretation, inconsistency and cross-references

125.1 A provision is read according to the ordinary meaning of its words, in the context of the instrument as a whole and its stated purpose, and consistently with Parts I and II. Where a provision is capable of two readings, the reading that better protects clients, learners and other persons at risk is preferred; where that does not resolve it, the reading consistent with applicable law and with the Association's status as a professional membership association is preferred. Headings, illustrative annexes, examples, indicators and explanatory notes assist interpretation but do not create obligations the operative text does not contain. An obligation expressed with *must* is not softened by an explanatory passage elsewhere, and a *should* is not converted into an obligation by commentary, guidance or training material.

125.2 A member, recognised professional, provider, assessor, supervisor or committee may request an interpretation, identifying the instrument, the version and the provision, and stating the difficulty. **Only the Governing Body may issue an authoritative interpretation.** It must be recorded, published where of general application, and must state the instrument, version and provision to which it relates. An authoritative interpretation explains the existing meaning; it must not add or remove an obligation or change the meaning of the text — where that is what is required, the matter must be dealt with by amendment. Where repeated requests concern the same provision, extraordinary review must be considered. A body deciding an individual case interprets and applies the standards for that case only; its decision binds the case, not the System, and where it considers a provision unclear or productive of an unintended result it must report that to the Governing Body.

125.3 Any person who identifies an inconsistency between instruments, between language versions, or between an instrument and a subordinate instrument should report it. The Governing Body must determine whether the instruments can be read consistently; where they can, it should issue an interpretation and consider clarifying amendment; where they cannot, the order of precedence determines which provision applies until the inconsistency is removed. **The Governing Body must remove an identified inconsistency by amendment at the earliest reasonable opportunity and must not leave it to be managed indefinitely by precedence.** Where an inconsistency has been identified but not yet removed, the Governing Body must publish a statement of which provision applies in the meantime, and a person who has complied in good faith with the provision so identified must not be treated as in breach of the provision displaced by it.

125.4 A cross-reference must identify the instrument by title and document number, and a provision by section or clause number. Before a version is approved, every cross-reference within it must be verified. Whenever an instrument is amended, revised, renumbered, suspended or withdrawn, every cross-reference to it in every other instrument and subordinate instrument must be checked and any

inaccurate reference corrected. Section and clause numbers should be stable between versions; where renumbering occurs in a full revision, a concordance should identify the previous numbering of provisions that have moved. A reference to an external legal instrument, technical standard or professional source must be accurate and must not imply that the external body has approved, accredited or endorsed the Association or its standards.

126. Languages

126.1 The English text of every instrument is the authoritative international text. In the event of any discrepancy of meaning with a version in another language, the English text prevails. Every instrument must state the language of its authoritative text.

126.2 The Association issues official translations, including an official Bulgarian version of each instrument. An official translation must be faithful to the authoritative text in numbering, structure and obligations. It is a parallel official version, not a free translation, an adaptation or an abridgement. It must not add, omit, reorder or reinterpret any provision, and must not adjust a requirement to suit local practice. It must render the modal terms consistently so that the distinction between *must*, *should* and *may* is preserved throughout, must use the terminology approved by the Association for that language consistently across every instrument, must carry the same version number as the authoritative text, must contain a complete document control section, and must include a statement of the status of the English text.

126.3 An official translation is issued only with the authorisation of the Governing Body, and before authorisation should be checked by a person competent in both languages and familiar with the terminology of the System, other than the person who prepared it. A translation not issued by the Association is not an official version and must not be presented as one; a person translating part of an instrument for teaching or explanatory purposes must state that the translation is unofficial and identify the authoritative text.

126.4 A translation is made from the authoritative English text: a change is made first to the authoritative text, and the translation follows. A translation must not be amended independently of the authoritative text, except by correction.

126.5 **Correction of translation errors.** A translation correction brings an official translation into accurate correspondence with the authoritative text; it changes only the expression of the standard in that language. Where an error is identified it must be reported; the Governing Body must determine whether the discrepancy is an error of translation or a difference of substance. Where it is an error of translation, the translation is corrected, the correction recorded in the version history of the translated version, and affected parties informed where the error affected their understanding of an obligation. Where the discrepancy reveals a defect in the authoritative English text, the matter is dealt with as an amendment to that text and the translation follows. A translation correction must not introduce into one language version a requirement, exception or emphasis the authoritative text does not contain, and must not be used to make a provision more acceptable, more marketable or less demanding in a particular market. Where a person acted in good faith in reliance on an official translation later found to be in error, that reliance must be taken into account in any decision about their conduct during the period in which the erroneous text was published.

127. Integrity, records, publication and communication

127.1 A person taking part in the development, drafting, review, consultation assessment, translation or approval of an instrument must declare any interest that could reasonably be seen to affect their judgement — a commercial interest in the outcome, ownership of or a role with an affected provider, a personal or family relationship with a person materially affected, a financial relationship with a party seeking the change, or involvement in an individual case that gave rise to the proposal. A declaration must be made as soon as the interest is known and recorded. A declared interest does not by itself prevent participation; the Governing Body must determine how it is managed and record that

determination. Where the interest is material to a specific decision, the person must not take part in it and must not be present when it is taken; where a member of the Governing Body has a material interest, the decision is taken by the remaining members.

127.2 The development of a standard must not be controlled by any single provider, commercial interest or market participant, and a standard must not be drafted so as to favour a particular provider, methodology, brand, product or programme, or to exclude legitimate approaches without a stated professional reason. Where a person who took a leading part in drafting also holds an interest affected by it, that fact must be recorded and the Governing Body must consider whether independent review is required before approval.

127.3 Governance decisions must be taken on the merits and on the recorded evidence and rationale, and must not be taken to accommodate commercial pressure, reputational convenience or the preference of an individual. A decision must not be taken, altered or reversed in order to produce a particular outcome in a pending or foreseeable individual case. **Amendment must not be used to remove an obligation with which a particular person or provider has failed to comply, or to make lawful within the System conduct that has been found to be in breach;** where a change would have that effect, the Governing Body must record that it has considered the point and state the professional reason for the change. No person may alter, remove or back-date a governance record; any attempt to do so is a serious matter.

127.4 Every decision taken under this Part must be recorded in writing, stating the date, the body deciding, the persons taking part, any declared interests and how they were managed, the matter decided, the decision, the rationale and the effective date of any change. Records of approvals, amendments, interpretations, suspensions, withdrawals, delegations and conflict declarations must be retained permanently; consultation responses, expert input and impact assessments for not less than ten years, and permanently where they form the evidential basis of a current obligation. The Association must be able to produce, on request, the record of how and why any provision of a current standard came to be in its present form. Publication of a record must not disclose information identifying a client, a learner, a complainant or a party to an individual matter.

127.5 **Amendment record** — every change must be documented with at least: the title, document number and reference; the version numbers of the new and superseded versions; the classification of the change; a statement of what has changed, by section and clause; the rationale, including the problem addressed and the evidence relied upon; whether consultation was carried out, its period, who was consulted and a summary of responses considered; substantial objections not adopted and the reason; expert input obtained and the nature of the expertise; whether a legal opinion was obtained and, where required and not obtained, why; the impact assessment and transitional arrangements; declared interests and their management; the date of the decision, the body taking it and the persons taking part; approval and effective dates; the date of publication and of updating the Register; the date and manner of communication to affected parties; and the languages of official versions with the date each was authorised.

127.6 **Publication.** The Association must publish the current version of every standard on its official website, without charge and without a requirement to register, purchase or hold membership. A published instrument must show its title, document number, version number, year, approval date, effective date, scheduled review date, status, approving body and the language of the authoritative text, and must be complete — extracts, summaries and marketing descriptions must not be published in place of the instrument. The authoritative English text must be published for every instrument, and where an official translation exists it must be published alongside and identified as an official version. Standards should be published in a format accessible to people using assistive technology, readable on commonly used devices, downloadable and printable, and written in language a competent professional can understand without specialist legal assistance. The published address of an instrument should remain stable across versions, with redirection where it changes.

127.7 **Communication of changes.** The Association must inform affected parties of any change affecting their obligations, recognition, programme, assessment or a matter in progress — members

and recognised professionals; recognised providers; assessors, supervisors and committee members; applicants and candidates with a matter in progress; and partner institutions relying on the standards. The communication must state which instrument has changed and its new version number; approval and effective dates; what has changed, in plain terms; who is affected; what an affected party must do and by when; the transitional arrangements; and where the current version is published. It must be made as soon as practicable after approval and, other than for an emergency amendment, before the effective date, sufficiently far in advance to allow preparation within the transitional period. It must be accurate, must not overstate the effect of a change or the status of the Association, must not be presented as marketing material, and must be identifiable as an official communication. The Association should maintain a public page recording changes to the System.

128. Accountability for the System

128.1 The Governing Body is accountable for the operation of this Part and for the state of the System, and must ensure that responsibility for each of the following is assigned to a named person or body and recorded: maintenance of the Standards Register; version control and the accuracy of published texts; cross-reference checking; the schedule of reviews and their initiation when due; the keeping of records; the issue and correction of official translations; communication of changes; and collation of monitoring information. Assignment does not transfer the Governing Body's accountability.

128.2 A member or recognised professional is responsible for working to the current version of the standards that apply to them and for informing themselves of communicated changes. A recognised provider is responsible for ensuring that its programmes, materials, claims and certificates reflect the current version within the applicable transitional period. A person uncertain whether they hold the current version must obtain it from the published source.

128.3 Members, professionals, providers, assessors and committee members should report any provision that is unclear, unworkable, inconsistent with another provision, inconsistent with applicable law or productive of unintended consequences. A report made in good faith must not be treated as a breach of any duty of loyalty or confidentiality owed to the Association and must not result in detriment to the person making it.

128.4 The annual consideration of the System must include an assessment of whether the requirements of this Part have been met — whether reviews were carried out when due, whether records were kept, whether translations were maintained and whether changes were communicated. Where a requirement has not been met, the failure must be recorded together with the corrective action taken.

129. Subordinate instruments

A standard states what is required; it is normative, approved by the Governing Body, and carries a document number.

A procedure states how a process is carried out — who does what, in what order, within what period. It binds those who operate it and confers on those subject to it the procedural protections it describes. It must not create, remove or alter a substantive obligation contained in a standard.

A policy states the Association's position or internal arrangements. It binds the Association and those acting for it; it does not impose obligations on members, professionals or providers unless a standard does so.

Guidance explains how a requirement may be met in practice and may describe good practice. It is not binding; compliance with the standard is what is required, and guidance must not be applied as though it were a requirement. Guidance that in substance imposes a new requirement is ineffective as guidance; if the requirement is intended, it must be introduced by amendment to a standard.

Templates and forms support compliance and administration. Use of a template is not by itself evidence of compliance and must not substitute for the judgement a standard requires. A template

must not contain a field, declaration or requirement that no standard supports.

Explanatory materials — summaries, commentaries, briefings, training materials, public-facing descriptions — have no normative force; where they differ from the standard, the standard applies and the material must be corrected.

Every subordinate instrument must identify the standard under which it is issued, its own version and date, and its status. Subordinate instruments must be reviewed whenever the standard under which they are issued is amended, revised, suspended or withdrawn, and one that is inconsistent with a standard must be corrected or withdrawn without delay.

PART XII — PROFESSIONAL EVENTS AND EVENT RECOGNITION

130. What event recognition means

130.1 Recognition of an event by IAPTC® is a statement of professional recognition against these standards for the quality, integrity, safety and professional conduct of that event. It is nothing more than this. It is not, and must never be represented as, governmental, statutory, regulatory or licensing approval; university, academic or degree-awarding accreditation; authorisation to practise any regulated activity; a guarantee of any commercial, therapeutic, educational or career outcome; or endorsement of any product, method, commercial offer or business interest presented at the event.

130.2 Recognition is granted to a named event, for a stated edition or period, and is not transferable to other events, organisers, formats or future editions unless expressly stated.

130.3 This Part governs events. It does not govern structured training and certification programmes leading to a professional qualification or to individual professional recognition, which are governed by Part V. Where an activity has the characteristics of both, the organiser must apply the stricter requirement in each case and must not use event recognition to represent a programme as recognised training, a provider as a recognised provider, or an individual as certified. An activity must be treated as a qualification programme, and therefore outside this Part, where it leads, alone or in combination with other components from the same organiser, to a professional title, designation, practitioner status or right to practise a method with clients; is presented as preparing participants to work with clients in a defined modality; includes supervised practice with clients or assessment of client-facing competence; confers or is represented as conferring eligibility for IAPTC® certification or membership; or is structured as a curriculum with progression, prerequisites and a final qualifying assessment.

130.4 Requirements apply proportionately to the scale, duration, format, price and risk profile of the event. A two-hour free webinar and a seven-day residential retreat are subject to the same principles and to different practical burdens. **Proportionality never reduces the requirements relating to honesty in marketing, participant safety, safeguarding, consent, confidentiality, professional boundaries and complaints handling.**

131. Scope and categories

131.1 This Part applies to educational and professional events of any format, duration or scale — conferences and congresses; seminars, workshops and masterclasses; webinars, online classes and virtual summits; lectures, panels and professional forums; networking and professional-community events; retreats and residential programmes with an educational purpose; supervision events, case-discussion forums and peer-learning meetings organised as events; demonstration, practicum and skills-practice events; and mixed-format and multi-day programmes — delivered in person, online, hybrid, live or on demand, whether or not a fee is charged. It binds organisers who apply for, hold or claim recognition; IAPTC® itself when acting as organiser or co-organiser; members who organise, co-organise, host or lead events; and speakers, trainers and facilitators who are members, in respect of their own conduct and representations.

131.2 **Category A — Informational.** Transmission of information or perspective, with limited or no participant practice and no personal disclosure: lectures, talks, panels, webinars, forums, presentations of research or practice.

Category B — Skills and practice. Participants practise professional skills, take part in exercises, work in pairs or groups, receive feedback, or observe live demonstration: workshops, masterclasses, practicums, skills seminars, supervision and case-discussion events. The participant-protection, boundary and confidentiality requirements apply in full, including those relating to demonstration and exercise work.

Category C — Immersive and high-exposure. Sustained emotional, personal or group process: retreats, residential programmes, intensive personal-development events, large-group experiential formats, and events where significant personal disclosure is expected or invited. Subject to the heightened requirements at 135, and must not be organised, promoted or delivered by persons lacking demonstrable competence in the format used.

Category D — Community and networking. Professional connection rather than instruction: networking meetings, community gatherings, member forums, informal meetups. Subject to the requirements on honest representation, boundaries, consent, confidentiality, safeguarding and the separation of educational content from sales activity. **CE Hours must not be awarded for Category D events.**

Where an event combines categories, the requirements applicable to the highest-exposure category present apply to the event as a whole. The organiser must categorise the event honestly at the point of design and record the categorisation.

132. Organisers

132.1 Every event must have a clearly identified organiser, disclosed to participants in the event materials and not obscured behind a brand name, project title or unattributed website, with a functioning means of contact before, during and after the event. Where an event is jointly organised, the parties must agree in writing which holds responsibility for registration, payment, participant information, safety, data protection, complaints and certificates, and must disclose which party is the contracting entity.

132.2 The organiser must possess, or secure through named persons in the organising team, the competence required to design and run an event of the category concerned, and must not accept responsibility for an event whose format, scale, subject matter or participant profile exceeds the competence available.

132.3 The organiser must comply with all applicable law in every jurisdiction in which the event is promoted, sold or delivered, including consumer protection, distance-selling, data protection, health and safety, employment, taxation and advertising law; must hold the permissions, licences, insurances and venue authorisations required; and should hold professional and public liability insurance appropriate to the format and scale, and must do so where law or the venue requires it.

132.4 The organiser must take reasonable and proportionate steps to ensure participant safety, including the suitability of the venue or platform, arrangements for emergencies, and the presence of persons able to respond to a participant in difficulty. For in-person events, the organiser must know before the event opens the venue's emergency procedures and the location of the nearest emergency medical assistance. Operational functions may be delegated, but the organiser remains accountable for compliance and must brief all persons acting on its behalf, including volunteers and moderators, on the requirements bearing on their role — in particular boundaries, confidentiality, consent and the handling of concerns.

133. Programme, content and speakers

133.1 Every event must have a stated educational or professional purpose, defined before promotion begins and reflected accurately in all marketing, with the programme designed to serve it and time allocated consistently with it.

133.2 For Categories B and C, the organiser must define what participants will be able to know, understand or do as a result of attending, in terms a prospective participant can evaluate. Outcomes must be achievable within the time, format and level, must not be stated where they could not realistically be achieved, and must not be expressed as guarantees of personal, clinical, financial or professional results. The level — introductory, practitioner-level, advanced — and any prerequisite knowledge, training, experience or professional status must be stated; where an event is suitable only

for practitioners holding particular qualifications or working within a particular scope, this must be stated before registration and applied at registration.

133.3 Content must be professionally sound and presented honestly, distinguishing established knowledge, contested positions, emerging approaches and the personal view or model of the speaker. Where a method, model or framework is proprietary, this must be stated, and it must not be presented as established professional consensus. Claims about effectiveness must be proportionate to the available evidence; where evidence is limited, absent or anecdotal, the speaker must say so. Content must not encourage practice outside participants' scope of competence. Materials must be accurate, attributed and lawful with respect to copyright and licensing, and the organiser must state what materials participants receive, in what format, and for how long digital materials remain accessible.

133.4 The organiser must set a participant limit consistent with the format, particularly for events involving practice, feedback, demonstration or personal process, and must not exceed it for commercial reasons. Where the number of facilitators is material to safety or to the achievement of outcomes, the ratio must be planned before registration opens and maintained during delivery.

133.5 **Speakers.** Every speaker must be competent in the subject matter, in the format in which they present it, and in the management of the group dynamics their session will generate. Competence in a subject does not constitute competence to facilitate experiential, emotionally demanding or high-exposure work; the organiser must satisfy itself that speakers in Categories B and C hold competence in the method of delivery as well as the content. The organiser must verify, before confirming a speaker, the qualifications, professional standing and relevant experience that will be publicly claimed, must not present a speaker with credentials it has not verified, and should decline or withdraw a speaker where it becomes aware of conduct, findings or circumstances making their participation inconsistent with these standards or with participant safety. Speakers must be briefed on the purpose, level, category and participant profile, on the requirements applying to their session, on arrangements for participant support and for raising concerns, and — before they prepare — on what commercial activity is and is not permitted. Speakers must observe these standards throughout their involvement, including in informal interaction, online groups associated with the event, and social settings; must remain within their scope of practice; and must not use the platform to disparage identifiable individuals, competing practitioners or other professional bodies. Where a speaker, assistant or facilitator is in training or newly qualified, this must be represented accurately and the person must work under oversight appropriate to the format.

133.6 **Truthful representation of speakers.** Every public representation — in marketing, on the website, in the programme, in introductions from the stage, and in post-event materials — must be accurate, current and capable of verification. Academic titles and degrees must be stated with the awarding institution and must not imply an award, level or field other than the one held. Professional designations, certifications and memberships must be stated with the awarding body and must be current; lapsed, suspended or withdrawn credentials must not be displayed. Honorary, ceremonial and self-conferred titles must be identified as such and must not be presented as earned academic or professional qualifications. A speaker must not be described in terms implying a regulated or protected professional status they do not hold in the jurisdiction concerned. Claims about years of experience, numbers of clients or trained practitioners, audience size, publication record, awards, rankings and media appearances must be factual and supportable on request; where a figure is an estimate or a cumulative total, it must not be presented with a precision or provenance it does not have. Association with an institution, publication, programme or organisation must be described accurately, and a past association must not be presented as current. A speaker who holds IAPTC® recognition may state it accurately; they must not describe themselves as accredited, certified, licensed or approved by IAPTC® in any sense not granted, and must not present recognition of an event as personal recognition of themselves. Governance, advisory or volunteer roles within IAPTC® must be described by their actual title and must not be inflated. Where the organiser becomes aware that a published representation is inaccurate, it must be corrected promptly in all materials still in circulation and under its control.

134. Information, fees and marketing

134.1 **Before a participant registers**, the organiser must make available, in clear language and without requiring it to be requested: the identity of the organiser and the contracting entity; the title, purpose, level and category; the date, start and finish times, time zone for online events, and total duration; the format; the venue or platform and, for residential events, the accommodation arrangements; the language or languages and any interpretation; the named speakers with accurate descriptions; the programme in outline, including the balance between instruction, practice and any commercial presentation; the nature of participation expected, including any exercises, practice, personal disclosure, physical activity or filming; any prerequisites or restrictions; the total price, all compulsory charges and taxes, and what is and is not included; cancellation, transfer and refund terms; the type of certificate, if any, the number of CE Hours, if any, and the conditions for receiving each; accessibility information and how to request adjustments; how personal data will be used and by whom; whether the event will be recorded and how recordings will be used; and how to raise a concern or complaint.

134.2 For Category C events, and any event involving significant personal process, the organiser must additionally disclose before registration: the nature and intensity of the personal work involved; the arrangements for participant support during and after the event; any circumstances in which participation may be unsuitable, stated in a non-diagnostic and non-stigmatising way; and the participant's freedom to decline, pause or withdraw from any exercise without penalty or pressure.

134.3 Required information must not be placed only in documents that are difficult to locate, presented only after payment, or made available only on request. Where information changes after registration opens, registered participants must be notified promptly and, where the change is material, offered withdrawal with a full refund. Where an advertised speaker is replaced, participants must be informed as soon as reasonably possible, the replacement identified accurately, and — where the advertised speaker was material to the decision to register — withdrawal with a full refund offered.

134.4 **Fees.** The total price payable must be stated clearly before registration, inclusive of all compulsory charges, with taxes identified in accordance with applicable law, and additional costs the participant will or may incur — travel, accommodation, materials, platform subscriptions, examinations, optional sessions — identified before registration. Instalment arrangements must state the total payable, the number and timing of payments, and any late-payment charges. Discounts, early-bird prices, limited places and closing deadlines must be genuine: a price must not be described as reduced from a reference price that has not genuinely been charged, and a deadline repeatedly extended must not be presented as final. Statements about remaining places or time must be accurate when made and maintained accurately thereafter. Cancellation, transfer and refund terms must be published before registration, must comply with applicable consumer-protection and distance-selling law, must state rather than obscure any right of withdrawal, and must not be constructed so that the participant carries the whole risk of every contingency while the organiser carries none. Where the organiser cancels, participants must be informed promptly and offered a full refund of all sums paid or a transfer, at their choice; where the organiser materially changes the date, format, location or content after registration, participants must be offered withdrawal with a full refund. Refunds must be made within the period stated and in any case without undue delay. Where an organiser collects payment substantially in advance, it should hold or manage those funds so that refunds can be met, and must not represent an event as certain to proceed when its viability depends on an undisclosed registration threshold that has not been reached.

134.5 **Marketing** must be truthful, capable of substantiation, and consistent with the event as actually designed and delivered. The impression created by marketing taken as a whole must be accurate: a statement literally true but creating a false overall impression is a breach. Organisers, speakers and affiliates must not guarantee professional, financial, therapeutic, clinical or personal outcomes; claim or imply that attendance qualifies a participant to practise any regulated activity; claim or imply governmental, statutory, regulatory, university or academic accreditation that has not

been granted; claim or imply that IAPTC® recognition constitutes accreditation, licensing, or certification of any individual's competence; use the names, marks or logos of institutions, universities, regulators, associations or media organisations without authorisation or in a way implying endorsement not given; present the illness, distress or difficulty of prospective participants as a condition the event will resolve; use fabricated testimonials, purchased reviews, fabricated attendance figures, or images not taken at the organiser's own events without clear disclosure; or use fear, shame, urgency or the threat of missed opportunity as the principal mechanism of persuasion. Testimonials must be genuine, consented to, and used in a form that does not distort their meaning; an outcome described in a testimonial must not be presented as typical unless it is; and any material connection between the organiser and a person giving a testimonial — payment, affiliate commission, free attendance, business relationship — must be disclosed. The organiser is responsible for the accuracy of marketing carried out on its behalf by affiliates, promoters, agencies and partners, must give them these requirements in writing, and must withdraw authorisation from any who persist in prohibited claims. Where marketing is found to be inaccurate, it must be corrected promptly and participants who registered in reliance on it offered withdrawal with a full refund.

135. Participant protection at events

135.1 The safety and dignity of participants take precedence over the programme, the schedule, the commercial interests of the organiser and the preferences of any speaker. The organiser must anticipate, before the event, the foreseeable risks arising from its format, subject matter and participant profile, and must plan proportionate measures to prevent and respond to them.

135.2 Participation in any exercise, demonstration, disclosure, physical activity or group process must be voluntary. A participant must be able to decline, pause or withdraw from any element without explanation and without adverse consequence, and must be told this at the opening of the event. Facilitators must not interpret refusal as resistance to be overcome, and must not use group pressure, public attention or reward to secure participation. Participants must be able to leave an event, or any part of it, without explanation.

135.3 The organiser must set and communicate expectations of respectful conduct among participants; must be prepared to act where conduct is harassing, discriminatory, intimidating or unsafe; and must be willing and able to exclude a participant or speaker whose conduct presents a risk to others.

135.4 Where a participant becomes distressed, a named person must be available to respond, and the response must take priority over continuing the programmed content for that participant. Facilitators must not pursue, deepen or publicly work with a participant's distress beyond the purpose of the event and their own competence. The organiser must not treat an event as a substitute for clinical, psychological or medical care and must be able to direct a participant to appropriate external help.

135.5 The organiser must designate a named person responsible for participant welfare during the event, identified to participants and reachable throughout, and must have a documented procedure for participant distress, medical emergency, safeguarding concern and disruptive behaviour, proportionate to the size, duration, intensity and location. For events of more than one day, and for all Category C events, a named person other than the lead facilitator must be identified as available to receive concerns.

135.6 **Category C events** additionally require the organiser to: publish before registration the nature and intensity of the work; provide facilitator capacity sufficient for the group size and format; ensure that at least one person present is able to respond to acute distress; build adequate rest, food, privacy and sleep into the schedule; provide clear information on how a participant may leave the event, including a residential venue, at any time; tell participants before they leave how they may seek support in the days following and who to contact; and, where a participant has been significantly affected, make contact after the event within a reasonable period, subject to the participant's wishes.

135.7 Minors and adults at risk. Where an event admits participants under the age of majority, the organiser must obtain the consent of a parent or legal guardian, apply the safeguarding requirements of Part VIII, and comply with all applicable child-protection law, including supervision ratios appropriate to age and activity, the identity and checking status of all adults having contact with them, arrangements for arrival, departure and collection, accommodation and sleeping arrangements where residential, toilet and changing arrangements, and a named person responsible for safeguarding for the duration. Persons under the age of majority must not be admitted to Category C events except where the event is specifically designed for them, staffed accordingly, and delivered by persons competent and lawfully permitted to work with that age group. Where the organiser becomes aware of information indicating that a child or adult at risk is being harmed, it must act in accordance with applicable law and Part VIII, and must not suppress or delay that action to protect the reputation of the event.

135.8 Prohibited at any event — the practices listed at 83.4 apply in full. The organiser must record any incident involving harm, significant risk of harm, a safeguarding concern, or the exclusion of a participant, together with the action taken, and must inform IAPTC® without undue delay where such an incident at a recognised event is serious.

135.9 Accessibility. Events should be designed so that practitioners are not excluded by circumstances unrelated to the professional purpose. The organiser must comply with applicable accessibility and non-discrimination law; must publish before registration accurate information about physical access, accessible facilities, platform accessibility features and how to request adjustments; and must consider requests individually and in good faith, meeting them where reasonable. Design should consider legible and well-contrasted materials; captioning or transcripts for online and recorded content; a choice of participation modes where practicable; breaks of sufficient length and frequency; quiet space at longer events; dietary requirements; and neurodivergent participants' need for predictability, clear instructions and the option not to participate in improvised or high-exposure exercises. Where an adjustment cannot reasonably be provided, the organiser must tell the participant before payment or offer a full refund. Legitimate eligibility criteria based on professional prerequisites, safety or purpose are permitted, must be stated before registration, and must be applied consistently.

136. Boundaries, confidentiality and recording at events

136.1 An event is a professional setting. The boundaries required by Part II apply throughout, including during breaks, meals, social programme, travel and associated online groups. Speakers, facilitators and organisers hold a position of influence and must not use it for personal, sexual, financial or reputational advantage. Sexual or romantic conduct between a speaker or facilitator and a participant during an event is prohibited; where a professional relationship of teaching, supervision or assessment continues afterwards, the prohibition continues for as long as that relationship subsists. Where a participant is also a current client, supervisee or trainee of a speaker, the speaker must manage the overlapping relationship transparently and must not use event material or event disclosures in the other relationship without agreement. Organisers must make clear to speakers, staff and volunteers that professional standards apply outside programmed hours; where alcohol is available, the organiser must consider the effect on boundaries and safety and ensure that persons responsible for participant welfare remain fit to perform that role.

136.2 Demonstration and live work. A participant taking part in a live demonstration must give consent in advance, must be told what it will involve and who will observe it, and must be free to stop at any point. A demonstration must not be used to expose a participant's personal material for the instructional convenience of the speaker beyond what the participant has agreed. It must be closed properly, and the participant offered follow-up contact where the work has raised significant material.

136.3 Confidentiality. Personal disclosures made by participants are confidential to that event and must not be repeated outside it in a form that identifies the person. The organiser must state this expectation at the opening of any event in which personal disclosure is likely, and must state its limits

— confidentiality does not extend to circumstances in which disclosure is required by law or is necessary to prevent serious harm. Participants must be told of these limits before they are invited to disclose. Speakers presenting case material must anonymise it effectively — removing details that would allow identification by persons who know the individual, not merely the name — and must hold the consent required by Part II.

136.4 Data. Participants' personal data must be processed lawfully, with the purposes, retention period and any transfer to third parties stated at the point of collection and the means to exercise rights provided. Participant lists, contact details and registration data must not be sold, and must not be shared with sponsors, partners or speakers except with specific consent and in accordance with applicable law. Special-category and sensitive data disclosed in registration forms — including health information provided in connection with adjustments or dietary needs — must be collected only where necessary, held securely, restricted to those who need it, and deleted when the purpose has been fulfilled. Where external platforms are used for registration, delivery, payment or communication, the organiser must satisfy itself that they provide protection consistent with applicable law and must disclose their use.

136.5 Recording. Where an event will be photographed, filmed, streamed or recorded, this must be stated before registration together with the intended uses. The organiser must obtain the consent of identifiable participants for the use of their image, voice or contribution in marketing, publication or resale, separately from the ticket purchase, and must not treat attendance as consent. Consent must be freely given: a participant who declines must not be excluded, seated apart in a manner identifying them as having declined, or otherwise disadvantaged, and the organiser must provide a practical means — such as a marked area outside camera coverage — by which the decision can be respected. Consent must state the scope of use, the duration and the territories, and must be withdrawable for future use. Sessions involving personal disclosure, demonstration or group process must not be recorded unless every participant present has consented in advance; a participant who does not consent must be able to remain without being recorded or be offered an equivalent alternative. Recordings of personal work must not be used in marketing. The organiser must state whether participants may record or photograph and must prohibit the recording of other participants' personal disclosures, and must respect participants' intellectual property in their own contributions. The image of a person under the age of majority must not be recorded or published without the consent of a parent or legal guardian and in accordance with applicable law.

137. Online, hybrid and international events

137.1 Every requirement applies to online and hybrid events; the absence of a physical room does not reduce the duties of safety, confidentiality, boundary management or honest representation. The organiser must state the platform, the technical requirements for participation and the support available; must plan for foreseeable technical failure and state what will happen, including any entitlement to a recording or a refund, if a substantial part cannot be delivered; must protect online events against unauthorised access and disruption proportionately to the sensitivity of the content; and, where an event involves personal disclosure, must verify admission, state whether participants may join without video, and set expectations about the privacy of participants' own environments.

137.2 Online events must be moderated by a person able to remove disruptive participants, manage chat functions and respond to a participant in difficulty. Chat, breakout rooms and associated online groups are part of the event and are subject to the same conduct, confidentiality and boundary requirements.

137.3 Where an event is sold for later viewing, the organiser must state the access period, the technical means of access and whether any live component is included. A recording of a past event must be marketed as a recording and must not be presented as live participation. The delivery mode must be stated accurately in advertising, in the programme and on certificates: an event must not be described as live where it is a recording, or as interactive where participants cannot interact. In hybrid events, remote participants must have equivalent access to the educational content, and any

difference in experience must be disclosed before registration.

137.4 The organiser must state the time zone of a live online event and should have regard to the geographical distribution of participants when scheduling. Where participants join from jurisdictions in which the subject matter is regulated differently, the organiser must not imply that attendance permits practice in any particular jurisdiction. An organiser promoting, selling or delivering across borders must identify the jurisdictions concerned and comply with the law applicable in each, and must state in the event terms the governing law of the contract with the participant and the means of dispute resolution, without excluding rights applicable law confers on the participant. Organisers delivering internationally should consider the cultural and professional context of participants and must not present culturally specific practice as universally applicable; adaptation to local context must not be used to justify departure from the safety, consent, boundary and honesty requirements, which apply in all jurisdictions. Organisers hosting participants from other countries must consider the additional vulnerability created by travel, unfamiliar surroundings, language, visa and residence circumstances, and dependence on the organiser for accommodation and transport, and must not use that dependence to influence participation or purchase.

138. Artificial intelligence at events

138.1 AI may support event administration, scheduling, registration, translation, captioning, accessibility, material preparation, editing and analysis of anonymised feedback.

138.2 AI must not be used to fabricate or simulate a speaker, including the generation of a synthetic person presented as real; to generate the image, voice or likeness of a real person without that person's specific consent; to fabricate attendance, participation or CE Hours; to generate participant feedback, testimonials, reviews or evaluation data; to generate evidence of learning, assessment results or completed work attributed to a participant; to generate qualifications, credentials, certificates, accreditations or endorsements not in fact awarded; to generate research, citations, statistics or sources that do not exist, or to attribute generated material to real authors; to replace a human facilitator in emotionally intensive or safeguarding-sensitive work; to make or appear to make assessments of a participant's psychological state, competence or suitability; or to deliver anything represented as professional support to a participant in distress.

138.3 Where AI generates or substantially shapes educational content presented at an event, this must be disclosed to participants and a competent human must have verified its accuracy before delivery. Where AI tools process participants' contributions — transcription, summarisation, translation, recording analysis, chat moderation — participants must be informed before the event, told what happens to the resulting data, and given the means to object. Where an AI system interacts directly with participants, they must be informed that they are interacting with an automated system. Participants' personal disclosures must not be entered into AI systems that retain, reuse or train on that material, and participants' personal data must not be entered into any AI system except in accordance with applicable law, the stated privacy information and Part IX. Responsibility for content, decisions and outcomes remains with the organiser and the human professionals involved.

139. Sponsorship, conflicts and the separation of education from selling

139.1 Sponsorship and commercial partnership are legitimate and are permitted, subject to transparency. Sponsors, commercial partners and exhibitors must be disclosed in the event materials; where a session, award, publication or part of the programme is funded by a sponsor, the funding must be disclosed in connection with that item. Sponsors must not determine, approve or veto educational content, the selection of speakers or the findings presented. Sponsored presentations must be clearly identified and distinguishable from independent programme content. The organiser must not accept sponsorship on terms requiring it to breach these standards.

139.2 Speakers must disclose to participants any material financial or personal interest in a product, method, programme, institution or organisation they discuss or recommend. Organisers must disclose

any material interest they hold in offers promoted at the event, and any affiliate or commission arrangements under which the organiser or a speaker is paid for referrals arising from the event. Where speakers are selected through a call for proposals, the criteria and process must be stated, and payment must not be a criterion for selection unless disclosed to participants as a paid presentation. Where an event confers awards, the criteria, the selection process and any financial relationship between recipients and the organiser must be disclosed, and awards must not be represented as professional accreditation or as validation of competence. A person holding a decision-making role in IAPTC® must not take part in a decision on recognition of an event in which they have an interest and must declare that interest; recognition must not be granted, varied or withheld on the basis of a commercial relationship with IAPTC® or any of its officers.

139.3 Participants pay for, and give their time to, an educational event. Sales activity must be identifiable as such and must not displace the educational content advertised. An event advertised as educational must deliver educational content proportionate to its advertised purpose, duration and price. Sales presentations must be identified in the programme, and participants must be free to leave one without disadvantage. A speaker may refer to their own services, programmes, publications and products, but must not convert a session into a sales presentation where the programme did not disclose one. Where an event is wholly or substantially promotional, it must be advertised as such and must not be described as a workshop, masterclass, training or congress in a manner misrepresenting its character.

139.4 **Prohibited sales conduct at events:** offers presented as available only if accepted before participants leave the room or the session; countdowns, staged scarcity, or public commitment rituals to induce immediate purchase; solicitation of a participant immediately after a personal disclosure or a demonstration involving that participant; linking a participant's progress, belonging, safety or worth to the purchase of a further offer; the sale of further programmes as a remedy for distress generated during the event; the use of facilitators, assistants or volunteers to apply individual persuasion during breaks; coercive upselling; public pressure to purchase, including applause, standing, group visibility or identification of those who do not purchase; and the suggestion that further purchase is necessary in order to be safe, complete, healed or professionally credible. Where a purchase decision is invited at the event, participants must be given accurate written terms — price, content, cancellation rights — and must be able to consider them without pressure. **A participant's decision not to purchase must have no effect on their participation, their certificate or their CE Hours.**

140. Certificates and CE Hours

140.1 **Types.** A *Certificate of Attendance* confirms that the named person was present. A *Certificate of Participation* confirms presence and taking part in the activities. A *Certificate of Completion* confirms completion of the full programme and the meeting of any stated requirements. The organiser must state before registration which type, if any, will be issued and on what conditions.

140.2 A certificate must state: the participant's name; the title of the event; the name of the organiser; the date or dates; the format of delivery; the duration of the programmed content and, where CE Hours are awarded, the number of verified IAPTC® Continuing Education Hours; the type of certificate in the wording at 140.1; and a unique reference enabling verification by the organiser.

140.3 **Attendance at an event must never be represented as certification of professional competence.** Every certificate must carry, in a legible position, a statement to the effect that it records attendance at, participation in, or completion of the event described, and does not certify professional competence, confer any qualification, or authorise practice. The word "certified" must not be used in relation to the participant or their competence on a certificate issued under this Part.

140.4 A certificate must not state or imply governmental, statutory, university or academic accreditation; state or imply that the holder is licensed, registered or authorised to practise; express CE Hours as academic credit, ECTS, university credit, statutory or governmental units, or as credits or points of any external organisation, or convert them into any such value; use the IAPTC® name, logo or marks otherwise than as permitted; or be issued in a name other than that of the person who

attended. Certificates must be issued only to persons who meet the stated conditions, with the evidence retained; the organiser must maintain a means of verifying a certificate on request by a legitimate enquirer, and must withdraw a certificate obtained by misrepresentation.

140.5 Eligibility for CE Hours. CE Hours may be awarded only where the event holds current IAPTC® event recognition; the event has a defined educational purpose and a programme meeting 133; the speakers meet the competence requirements at 133.5; the participant's participation has been verified; and the organiser keeps the required records. CE Hours must not be awarded for Category D events, or for any part of an event that is promotional, ceremonial, social or recreational in character. The organiser must state the maximum number available before registration and must not award more than that number to any participant. CE Hours are awarded to a named individual for a named event and are not transferable.

140.6 Calculation. One CE Hour is sixty minutes of verified educational activity. The following must not be counted: registration, check-in and administrative time; breaks, meals and refreshment periods; networking, social and informal time; opening and closing ceremonies, awards and entertainment; sales, promotional and sponsor presentations; travel time; periods of technological downtime or interrupted delivery; and any period during which the participant was not in attendance. Where promotional content is so interwoven with educational content that it cannot be separated, the whole session is excluded. **Partial hours must not be rounded upward;** a remainder of less than sixty minutes may be expressed in half-hour increments or disregarded. The CE Hours stated must not exceed the total scheduled educational time in the approved programme. The same content must not generate hours twice for the same participant, including where the event is repeated, re-recorded, re-titled or delivered in another language. Where a participant attends only part of an event, hours are awarded only for the verified educational activity actually attended. The organiser must be able to show from the final programme how the number awarded was calculated.

140.7 Verification. CE Hours may be awarded only for verified participation; self-declaration is not sufficient. For in-person events, verification must rest on auditable evidence such as attendance registers, signed session records, check-in and check-out records or scanned badge data. For live online events, on platform attendance records, connection logs or equivalent auditable evidence of time present. For on-demand and recorded delivery, hours may be awarded only where the platform records completion of the content by the individual participant; passive access to a recording without such a record does not qualify. For hybrid events, in-person and online participation must each be verified by the appropriate means. Verification records must be retained and produced to IAPTC® on request.

140.8 Where a certificate states CE Hours, it must also state legibly that the hours confirm verified educational participation at the event described; do not certify professional competence; do not confer professional certification, qualification or membership; are not academic credit, ECTS, statutory units or governmental recognition; and are not accreditation, credits or points awarded by any external organisation. The number must be expressed as "IAPTC® Continuing Education Hours (CE Hours)" and must not be abbreviated in a way suggesting the hours originate from another body. An organiser may separately describe the duration of an event in plain terms — a two-day event, twelve hours of programmed content — as a factual description distinct from an award of CE Hours.

141. Records, feedback and complaints at events

141.1 The organiser of a recognised event must keep, for each event: the final programme and the promotional materials used; the information provided to participants before registration; the terms of sale, cancellation and refund; the register of participants; the names and verified credentials of speakers; consents obtained for recording, photography and demonstration; records of certificates issued; records of incidents, complaints and their outcomes; feedback collected and the organiser's review of it; disclosures of sponsorship and conflicts of interest; attendance-verification records; and the calculation of CE Hours and the record of hours awarded to each participant. Records must be retained for the period required by applicable law and, absent a legal requirement, for a period

sufficient to allow verification of certificates and handling of complaints — normally not less than five years for certificate and complaint records. Personal data must not be retained beyond the period necessary and must be deleted or anonymised thereafter. Records containing personal data must be held securely with access limited to those who need it, and must be made available to IAPTC® on reasonable request in connection with monitoring or a complaint, subject to applicable data-protection law and to the redaction of personal disclosures.

141.2 Participants must be offered the opportunity to give feedback. Feedback mechanisms must permit critical responses and should permit anonymous responses; must not be collected in conditions making honest criticism difficult, such as public collection in the presence of the facilitator; and participants must not be required to give feedback as a condition of receiving a certificate. The organiser must review feedback after each event and act on findings bearing on educational quality, participant safety or the accuracy of marketing. Published summaries must fairly reflect the range of responses received. The organiser should conduct a short internal review after each significant event, covering what was delivered against what was advertised, incidents and complaints, accessibility, and any change required; for recurring events, the organiser must be able to show how findings from previous editions have been addressed.

141.3 Every event must have a stated means by which a participant may raise a concern during the event and a stated means by which a complaint may be made after it. The organiser must acknowledge a complaint promptly, consider it fairly, and respond within a stated period; must not require a participant to waive the right to complain, accept a refund conditional on silence, or sign a non-disparagement obligation as a condition of resolution; and must not subject a participant to detriment, exclusion or public criticism for raising a concern. Where a complaint concerns a recognised event, an IAPTC® member, or conduct engaging these standards, the complainant may bring the matter to IAPTC® under Part X; the organiser of a recognised event must inform participants that this route exists and must cooperate with any resulting process. The organiser must record complaints and their outcomes and review them for patterns bearing on the design or delivery of future events.

142. Recognition, monitoring and the IAPTC® name

142.1 An organiser may apply for recognition of a specific event. IAPTC® assesses the application against these standards. The decision states the event and edition recognised, the category, the delivery mode or modes, the number of CE Hours recognised, the recognition period, any conditions, and the exact wording the organiser is permitted to use. An organiser must not describe an event as recognised, approved, endorsed, accredited or certified by IAPTC® before a written decision has been issued, and must not advertise recognition as pending or in process.

142.2 An organiser holding recognition may state, in relation to the recognised event, that the event is recognised by the International Association of Professional Trainers and Coaches (IAPTC®), and may use the event-recognition mark in the form supplied. The recognition statement must be placed so as to make clear that it applies to the event and not to the organiser, the speakers, the wider business or any other programme.

142.3 An organiser or speaker must not: use the IAPTC® name, logo or marks for an event that has not been granted recognition, or after recognition has expired, been suspended or withdrawn; describe a recognised event as accredited, licensed, approved, certified or authorised by IAPTC®; describe IAPTC® as a regulator, licensing body, accreditation body, university or governmental authority; represent CE Hours as academic credit, ECTS, statutory or governmental units, or as credits of any external organisation; award CE Hours for an event that does not hold current recognition; state or imply that IAPTC® is affiliated with or accredited by any external continuing-professional-development body; suggest that IAPTC® endorses a product, method, commercial offer or business presented at the event; alter the IAPTC® marks or combine them with other marks so as to suggest a joint entity; or describe themselves as an IAPTC® representative, officer or office-holder without appointment. Where IAPTC® is a co-organiser or formal partner, the

nature of the association must be described accurately, in wording agreed in advance.

142.4 IAPTC® may monitor a recognised event by reviewing marketing and participant information, requesting records, seeking participant feedback, attending by arrangement, or requesting a report after delivery. The organiser must cooperate and provide accurate information, and must notify IAPTC® without undue delay of any material change to format, content, speakers, category or scale after recognition was granted; any serious incident; any complaint alleging harm to a participant, misrepresentation, or a breach of these standards; and the cancellation of the event.

142.5 IAPTC® may suspend or withdraw event recognition where the event as delivered differs materially from the event as recognised; where marketing or representations breach these standards; where participant safety, safeguarding, confidentiality or boundary requirements have been breached; where the organiser has failed to cooperate with monitoring or with a complaints process; where recognition was obtained through inaccurate or incomplete information; or where continued association would be inconsistent with the standards or integrity of the Association. Except where immediate action is necessary to protect participants, IAPTC® must first inform the organiser of the concerns, allow a reasonable period to respond and, where appropriate, to remedy, and take the response into account. Where immediate suspension is necessary, IAPTC® may suspend first and then follow that procedure. A decision must be recorded with reasons and communicated in writing, and the organiser may seek review under Part X.

142.6 On suspension or withdrawal, the organiser must cease all use of the IAPTC® name, marks and recognition statements in relation to the event, including on websites, social media and materials under its control, without undue delay. IAPTC® may inform participants and may publish the fact of withdrawal where necessary to prevent the public from being misled. **Certificates already issued for an event delivered while recognition was in force remain valid** as records of attendance, participation or completion, and CE Hours already awarded for verified participation remain valid. No CE Hours may be awarded for any part of an event delivered after recognition was suspended or withdrawn.

COMMITMENT

Acceptance of IAPTC® membership, certification or professional recognition constitutes acceptance of these standards. In accepting them, an IAPTC® professional undertakes to:

- practise with integrity and represent themselves accurately;
- work within their competence and scope of practice, and refer when a matter falls outside it;
- place the welfare, dignity and autonomy of the client at the centre of their practice;
- maintain clear professional boundaries, protect confidential information and handle personal data lawfully;
- practise without discrimination and with respect for difference;
- maintain and develop their competence throughout their professional life, supported by reflection and supervision;
- use digital tools and artificial intelligence responsibly, and remain accountable for the work;
- comply with the legal and regulatory requirements applicable to their practice;
- account for their professional conduct and engage constructively with concerns raised about it.

This undertaking is continuing. It begins with recognition and lasts as long as recognition is held.

DEFINITIONS

Adult at risk — an adult who, by reason of illness, disability, dependency, circumstance or coercion, is less able to protect their own interests.

Applicable law — the law in force in the jurisdiction in question, including professional, consumer protection, data protection, safeguarding, equality and employment law applicable to the person or activity concerned.

Artificial intelligence (AI) — as defined at 89.

Boundary crossing — a departure from the agreed limits of the professional relationship. A crossing may be minor and defensible; it becomes a violation where it serves the professional's interests or causes or risks harm to the client.

CE Hour — an internal IAPTC® unit equal to sixty minutes of verified educational activity at an event recognised by IAPTC®. Not academic credit, ECTS, a statutory unit or the credit of any other body.

Client — the person or organisation receiving a professional service. Where a service is commissioned by one party for the benefit of another, the term covers both, and their distinct interests must be identified and managed transparently.

Competence — the integration of the nine elements at 3.1, specific to a method, population, sector or format, and requiring maintenance over time.

Conflict of interest — any circumstance in which a professional's personal, financial, professional or other interest could reasonably be seen to influence, or to have the potential to influence, their judgement or conduct. *Actual*: present and capable of affecting judgement now. *Potential*: reasonably likely to give rise to an actual conflict. *Perceived*: circumstances in which a reasonable person aware of the facts could conclude that judgement might be improperly influenced.

Continuing professional development (CPD) — planned and recorded activity undertaken to maintain and extend competence after qualification, under the Association's internal system.

Current client — a person, group or organisation with whom a professional relationship exists, including during agreed breaks, between scheduled sessions, and where an engagement is dormant but not concluded.

Dependency — a state in which a client's capacity to decide, act or function has become reliant on the professional, the method or the community associated with it.

Directed learning hours — structured learning completed without real-time contact.

Dual or multiple relationship — a situation in which a professional occupies, simultaneously or sequentially, more than one significant role in relation to a client.

Exploitation — use of the professional relationship, or of the access, information, trust or influence arising from it, for the advantage of the professional or a third party.

Former client — a person, group or organisation with whom a professional relationship has been concluded, whether by completion, termination or transfer.

Guided learning hours — hours during which a learner is taught, facilitated, observed, assessed or supervised in real time, in person or through live technology.

Hallucination — a plausible but false, fabricated or unverifiable AI output.

Informed agreement (informed consent) — the client's freely given agreement, made after being given, in a form they can understand, the information a reasonable person would need in order to decide.

Jurisdiction — the country or territory whose law applies to a given professional activity.

Manufactured scarcity — a representation of limited availability, capacity, time or opportunity that does not correspond to a genuine limit.

Member — an individual holding a current membership category of IAPTC®.

Participant — an individual taking part in a programme, group, workshop, event or organisational engagement, whether or not they are the commissioning client.

Professional boundaries — the agreed limits of role, purpose, conduct, time, place and communication within which a professional relationship operates.

Professional influence — the capacity to affect a client's beliefs, decisions or behaviour arising from the professional role, the asymmetry of the relationship and the client's reliance on the professional's expertise.

Professional maturity — the personal and professional capacities described at 4 that enable a professional to carry the responsibility of the role.

Professional recognition — membership, certification, designation or endorsement granted by IAPTC® under its published criteria. A professional status conferred by the Association; not a licence, registration or authorisation to practise a regulated profession.

Recognised programme / provider / event — one holding a current recognition decision of the Association.

Reflective practice — the systematic examination of one's own professional work for the purpose of learning from it and improving it.

Regulated profession — a profession for which national law requires specified qualification, registration, licensing or authorisation in order to practise or to use a protected title.

Safeguarding — the measures taken to protect people, particularly children and adults at risk, from harm, abuse, neglect and exploitation.

Scope of practice — the boundary of what a professional is educated, competent, authorised and contracted to do.

Serious breach — conduct causing or risking significant harm, involving dishonesty or exploitation, or fundamentally undermining confidence in the professional or the profession.

Standards Register — the record maintained under Part XI of the IAPTC® standards in force, their numbers, references, versions and effective dates.

Supervision — a structured professional relationship in which a professional's practice is reviewed with a suitably experienced professional for the purposes of client protection, professional development and accountability.

Synthetic media — images, audio, video or interactive representations generated or materially altered by AI.

Vulnerability — a state in which a person's capacity to protect their own interests, exercise choice freely, or manage the demands of a professional intervention is significantly reduced.

DOCUMENT CONTROL

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Approval authority. Governing Body of IAPTC®.

Date of approval. 13 September 2026.

Effective date. 13 September 2026.

Supersedes. No previous version.

Next scheduled review. September 2028, or earlier where the circumstances in Part XI arise.

Language. The authentic text is English. The Bulgarian text is the official Bulgarian version and follows the English in numbering, structure and obligations. In the event of a discrepancy of meaning, the English text prevails.

Correspondence between this edition and the numbered standards:

Part I — Document 1, Global Professional Standards Framework (IAPTC/GPS/01)

Part II — Document 2, Code of Ethics (IAPTC/GPS/02)

Part III — Document 3, Professional Practice Standards (IAPTC/GPS/03)

Part IV — Document 4, Competency Framework (IAPTC/GPS/04)

Part V — Document 5, Education & Training Quality Standards (IAPTC/GPS/05)

Part VI — Document 6, Supervision and Reflective Practice Framework (IAPTC/GPS/06)

Part VII — Document 10, Continuing Professional Development Standard (IAPTC/GPS/10)

Part VIII — Document 7, Client Protection and Safeguarding Standards (IAPTC/GPS/07)

Part IX — Document 8, Digital Practice and Artificial Intelligence Standards (IAPTC/GPS/08)

Part X — Document 9, Complaints, Ethics and Disciplinary Procedure (IAPTC/GPS/09)

Part XI — Document 11, Standards Governance and Review Framework (IAPTC/GPS/11)

Part XII — Document 12, Professional Events and Event Recognition Standards (IAPTC/GPS/12)

The Standards Register determines which numbered standards constitute the System at any time. The list above is not a closed list, and the adoption of a further numbered standard does not require the restructuring of the System.

Status. Official Professional Standards Document of the International Association of Professional Trainers and Coaches (IAPTC®).

This document establishes professional standards adopted by IAPTC® for its members and recognised professionals. It does not constitute legal advice, does not confer regulated professional status, and does not override applicable national legislation or statutory regulation.

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