

Psychotherapists and Counsellors Professional Liaison Group (PLG)

 Overview of responses to the call for ideas

Executive summary and recommendations

Introduction

The attached document is an overview of the responses we received to the call for ideas on the statutory regulation of psychotherapists and counsellors.

The responses to the call for ideas will be examined in more detail in the papers considered by the PLG at each of its subsequent meetings.

Decision

The PLG is invited to discuss the attached document.

Background information

None

Resource implications

None

Financial implications

None

Appendices

None

Date of paper

24 November 2008

The statutory regulation of psychotherapists and counsellors - call for ideas

Overview of responses

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Introduction

This document outlines the results of the 'call for ideas' which sought the views of stakeholders on the statutory regulation of psychotherapists and counsellors.

The 'call for ideas' ran from 23 July 2008 to 24 October 2008. We sent a copy of the document to key stakeholders including professional bodies and education and training providers. The document was also available to download on our website and in hard copy on request.

We would like to thank all those who took the time to respond to the call for ideas. You can download a copy of the call for ideas document from our website:
www.hpc-uk.org/aboutus/consultations/closed/

Statutory regulation

In February 2007, the government published a White Paper on the future of regulation, 'Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century'.

The White Paper said:

'The Government is planning to introduce statutory regulation for applied psychologists, healthcare scientists, psychotherapists and counsellors and other psychological therapists. These are the priorities for the introduction of statutory regulation, because their practice is well established and widespread in the delivery of services, and what they do carries significant risk to patients and the public if poorly done. Further work is needed on these areas and the Government intends to continue with it.' (page 81)

'...psychotherapists and counsellors will be regulated by the Health Professions Council, following that Council's rigorous process of assessing their regulatory needs and ensuring that its system is capable of accommodating them.' (page 85)

Professional Liaison Groups (PLGs)

We have established a Professional Liaison Group (PLG) to consider and make recommendations to the HPC Council on the statutory regulation of psychotherapists and counsellors.

A PLG is a working group set up by the HPC Council to provide advice on a discrete project, particularly where the Council would benefit from outside expertise. The work of the PLG will inform the recommendations of the Council to the Secretary of State.

The membership of the Professional Liaison Group (PLG) consists of lay and registrant members of our Council, representatives of professional bodies representing psychotherapists and counsellors, education and training providers, service providers and service user groups. A full list of the group membership is available on our website:

www.hpc-uk.org/aboutus/professionalliaisongroups/

We received a high degree of interest in the membership of the group and inevitably this has meant that we have had to disappoint a large number of nominees. However, we are committed to involving all those with an interest in this work as far as possible throughout the process. One of the ways in which we can ensure this is via the call for ideas.

About the call for ideas

We launched the call for ideas because we wanted to benefit from the views of all stakeholders and gather together relevant information about the field at an early stage. In particular, we wanted to learn from and build up on the work that has already been undertaken in this area.

We asked a number of questions in the call for ideas document covering the following areas:

- Structure of the Register
- Protected Titles
- Entry to the Register
- Standards of education and training
- Standards of proficiency

We also said that we would be happy to receive any comments you might have in response to the specific questions and on any other matters that you consider relevant to the statutory regulation of psychotherapists and counsellors.

The outcomes of the call for ideas will inform the discussion at each meeting of the PLG. In particular, we want to ensure that we take account of and carefully consider the comments of those stakeholders not directly represented on the PLG.

About this document

This document summarises the responses we received to the call for ideas.

We received many very detailed responses to the call for ideas. **This document is not an exhaustive summary of all the comments we received, but is instead intended to provide an overview of the responses we received, which will assist in highlighting trends and areas for discussion.**

This document starts by outlining in more detail the comments we received that were of a more general nature, for example, comments we received about the premise and purpose of statutory regulation.

It then goes on to provide a 'top-level' summary of the responses we received to each specific question.

The responses we received, in particular those relating to the areas in the PLG's workplan, will be examined in more detail in the papers subsequently considered at each meeting of the PLG.

The papers considered by the PLG will be available on our website here:
<http://www.hpc-uk.org/aboutus/professionalliaisongroups/psychotherapistscounsellors/>

Terminology

In this document 'we', 'us' or 'our' refers to the Health Professions Council.

For consistency, models, approaches or orientations are referred to as 'modalities' throughout this document.

General comments

In this section, we outline the comments we received in the call for ideas that were of a more general nature rather than relating to a specific question.

We received 110 responses to the call for ideas, and of these responses, 23 respondents (21%), including three organisations, did not answer the specific questions we asked. They said instead that they were opposed to regulation and outlined the reasons behind their opposition.

Statutory regulation

We received a number of comments that were about statutory regulation more generally. Whilst some respondents said that they supported statutory regulation in order to ensure consistent standards and protect the public, others outlined why they disagreed with regulation. In particular, these respondents questioned the need for and driver behind the move to statutory regulation. A small number of respondents argued that regulation was not in the public interest.

Relate, The Association for Family Therapy and the National Association of Counsellors, Hypnotherapists and Psychotherapists all commented that they welcomed the introduction of statutory regulation. The Association of Child Psychotherapists (ACP) said: 'The ACP is wholeheartedly behind the need for statutory regulation as a profession which has been self-regulating for many years.' NHS Education for Scotland outlined their support for regulation on the grounds that there were 'significant potential risks to the public with the current situation'. They further said: 'We are concerned about the many diverse training routes and the different levels of training that claim or imply psychotherapy or counselling credentials.'

A number of individual psychotherapists and counsellors responded in support of regulation. One individual said that regulation would be beneficial to both the public and the profession. They said: 'I do favour regulation, firstly because I believe it will give value to this profession and secondly because there are indeed people out there who are not safe to practice.' Another counsellor added: 'There is certainly a need to establish some consistency in terminology, qualifications and practice to promote confidence in the services offered by counsellors.' Others similarly commented that regulation would allow for consistency in practice and training standards. Another individual said that regulation would 'give the public assurance that the practitioner is competent' and added '...it makes sense to have one place for the public to check the credentials of any counsellor they intend to see'.

Amongst those who questioned the move to statutory regulation or said they disagreed with it, a number pointed to the effectiveness of existing voluntary self-regulation and said that a convincing argument had yet to be put forward that statutory regulation was necessary. The United Kingdom Council for Psychotherapy (UKCP) provided a summary of the concerns and misgivings of some psychoanalytic psychotherapists and others about regulation by the HPC. These concerns included an insufficient rationale for regulation; the effectiveness of the current system of self-regulation; and a belief that standards would be diminished if regulation went ahead.

The Council for Psychoanalysis and Jungian Analysis (a section of the UKCP) enclosed a report of a survey they had undertaken with their members. 388 responses were received, 48% of which were opposed to regulation. 27% said that they supported regulation and 25% said that they had not formed a view. Another respondent referred to petition which had more than 1200 signatories, calling for the HPC to halt the PLG process and reconsider its position.

The UKCP and several other respondents referred us to a report commissioned by the State of Victoria Department of Human Services (Australia) which looked at statutory self-regulation of psychotherapy. Other respondents suggested that, if the profession had to be regulated, it should be regulated along the lines of the regulatory system in the US state of Vermont.

Another respondent similarly focused on the evidence that regulation was necessary, calling for: '... publication and a scientific assessment of the evidence regarding the extent and nature of the malpractice and abuse currently suffered by clients.' Several respondents focused on what they saw as the limitations of regulation, highlighting that Doctors Shipman, Kerr and Haslam all worked within regulated professions and yet regulation had failed to protect the public from the actions of these professionals.

Other respondents added that regulation was no guarantee of public protection. In particular, several respondents raised concern that regulation would not necessarily guarantee public protection because any individual not on HPC's Register could use a title which was not protected and continue to practise. It was also argued that regulation, though designed to protect the public from harm, was instead itself a form of abuse. One respondent concluded: '...the presence of the HPC and the CHRE [Council for Healthcare Regulatory Excellence] are actually detrimental to the well being of this country.'

Other arguments were advanced in this area, including the impact of regulation on the diversity of the psychotherapy and counselling fields and therefore public access to psychotherapy and counselling. Some respondents argued more generally that the aims and models of regulation were antithetical to psychoanalytic practice. The specific themes in responses that disagreed with regulation, or with regulation by the HPC, are looked at in more detail in the remainder of this section.

Other regulator

A small number of respondents suggested that if regulation was introduced, it should be undertaken by other organisations rather than the HPC.

A small number of individuals suggested that psychotherapists and counsellors should be regulated by their professional bodies, such as the United Kingdom Council for Psychotherapy and the British Association of Counselling and Psychotherapy (BACP). They suggested that these organisations should become statutory regulators because they already monitor the competencies of individuals on their voluntary registers. Others said that the peer based model operated by the Independent Practitioners Network afforded sufficient accountability and therefore regulation was not necessary.

One individual called for the establishment of a separate Psychological Professions Council. The International Society of Psychotherapists and Counsellors asked members to vote on how the psychotherapy and counselling professions should be regulated. 95% of those who voted chose regulation through a Psychological Professions Council; 5% voted for continued self regulation. However, other respondents commented that they supported regulation through the HPC because it was independent of the established professional bodies.

Those who advanced arguments against regulation by the HPC often did so with reference to models of practice. These comments are outlined below.

Medical model

Several comments raised concern that regulation through the HPC was based on a medical model, which was inappropriate for the practice of psychotherapy and counselling. The UKCP commented that some of its members believed that this posed an ethical dilemma. They said: 'Our understandings of psychological suffering among our patients/clients and the treatment we offer is crucially different to the medical profession's understanding of physical suffering and the role of the health worker.'

The Psychoanalytic Consortium further outlined the difficulties they saw with any approach that promoted the medical model. They said: 'Psychoanalytic theory is founded on the concept of a dynamic unconscious, and this unconscious is in conflict with conscious thought. It is through the transference and relations between the therapist and analysand that the work to understand these conflicts takes place. Clear understanding of this process and its complexities in relation to distress and suffering will need to be central to any serious regulatory model.'

Other respondents said that the professions regulated by the HPC almost exclusively practised in the National Health Service (NHS) and to a medical model. They argued therefore that regulation by the HPC represented an 'error' and an attempt to extend the medical model to other professions. One respondent said: '... it concerns me deeply that regulation through a statutory framework devised to suit the needs of the NHS may place unreasonable and unwarranted restrictions on the breadth of practice currently available within private practice.' Another respondent suggested psychotherapy and counselling should be divided into NHS-funded cognitive behavioural therapy and those treatments offered outside the NHS, and regulated separately.

Two respondents questioned the flexibility of the regulatory system operated by the HPC to adapt and to be responsive to the practice of psychotherapy and counselling. One respondent said that this was endemic in the HPC's legislation. They said: 'The systems as laid down by HPO 2001 [the Health Professions Order 2001] completely ignore the relationship of care which motors the cure.' Oxford Independent Practitioners Network added: 'Even an architect of the idea of statutory regulation, Lord Alderdice, has suggested that the HPC is not the right body to regulate psychological work. He was correct to resist the medical model and to suggest that psychological practice will be better served without the proposed regulation.'

Some respondents supported an approach to regulation which explicitly took account of different models of practice. One respondent suggested that rather than regulating on the basis of modality, regulation should be on the basis of type of accountability. Thus, those offering 'symptom relief' should be identified as doing this and regulated using a health model. However, those who offer a 'safe listening space' should be regulated under a different model. This was supported by several individual respondents.

Diversity and the restriction of practice

Several respondents said that the statutory regulation of psychotherapy and counselling could restrict practice and act as a barrier to diversity in these professions. Some others asked how the diversity within psychotherapy could be represented within the HPC itself. Many of the concerns expressed about diversity focused on the ongoing work of Skills for Health in producing National Occupational Standards (NOS) and the public funding of CBT on the NHS.

Several respondents said that the diversity of approaches to practice in the professions must be maintained. One respondent said that diversity was important because of the variety of problems experienced by clients, the variation in clients' personalities and therefore the variety of different approaches necessary to address individual needs. Another respondent said: 'Counselling... is a broad church in terms of the disparate understanding and theoretical approach of many of its practitioners, not to mention the vast range of professional arrangements under which it takes place. This must be allowed to survive in order for counselling and psychotherapy to be the vibrant and growing discipline it has always been.' Surrey Counselling and Psychotherapy Initiative said: 'If registration is inevitable, then it has to take into account the plurality of approaches in psychotherapy – both between *and* [original emphasis] within the main orientations.' The Psychoanalytic Consortium added: 'Although the Consortium is not antithetical to regulation and intent on cooperation with the regulatory process, it is seriously concerned that under the current arrangements for regulation the particularities of analytic practice will be difficult to represent.'

Some respondents said that regulation should avoid promoting CBT over other therapies. These respondents expressed their disagreement with the focus on CBT in initiatives such as Improving Access to Psychological Therapies (IAPT). An individual said: 'I think it is really important that the register recognises different orientations and does not fall into the trap of fostering CBT as a favoured form of counselling/psychotherapy. Research does not uphold the current government arguments that CBT produces better results...' The same comments were also made by other respondents.

A number of respondents expressed their dissatisfaction with the NOS project. In particular, several respondents referred to the place of humanistic and integrative psychotherapies within this ongoing work. Cambridge Body Psychotherapy Centre said that they had 'major concerns' about the modality groups in the NOS work as they were currently defined. They said that they did not feel that humanistic and integrative psychotherapy was included in the fourth modality working title of "Humanistic/Person-Centred/Process Experiential Therapy". They recognised that the HPC was considering protection of title rather than regulation by modality. However, they expressed concern about the impact of the Skills for Health work upon the HPC, particularly in the area of training programmes and qualifications. They said: 'Surely mapping of National Occupational Standards needs to be an inclusive process? These separate and overlapping issues are getting conflated and colouring our members perceptions of the HPC work, which broadly our members are in favour of.'

An individual practitioner said: 'It is very wrong that Integrative Psychotherapists/Counsellors are currently excluded. We are not some marginal/weird/off-beat branch of practitioners. My training... was most rigorous.' The Centre for Freudian Analysis and Research said: 'During the course of that process [drafting the NOS] significant untruths and misleading promises were made by Skills for Health which have created an atmosphere of anxiety and mistrust as to whether the professionals you are intending to regulate are being listened to.' The Guild of Psychotherapists were concerned that the many practitioners would not recognise their practice in the NOS and that, over time, these 'descriptors' may turn into 'prescriptors' of practice. The Psychoanalytical Consortium similarly commented that for the HPC to follow a similar path would represent 'a great risk, restricting public choice for no public benefit'.

Other comments we received about diversity in the field focused more generally on the production of standards and the impact of regulation on the diversity of education and training. The Oxford group of the Independent Practitioners Network said: 'Regulation will encourage the fossilisation of training.... The political nature of the process coming to regulation has already encouraged a harmful restriction of the available techniques and may do so even more.' The Guild of Psychotherapists added: 'Within a few generations, our profession could begin to look unrecognisable in terms of the educational quality and essential diversity of the field – with its capacity, therefore, to reflect and respond effectively to the diversity of psychological life.'

The Counselling and Psychotherapy Central Awarding Body (CPCAB) said that it may be difficult to produce a 'one size fits all' set of standards given that 'many clients seek counselling for personal development/growth with a wide range of practitioners and approaches'. One respondent said that standardisation would stifle the creativity, enthusiasm and personal and professional development-driven nature of the counselling and psychotherapy profession. Another individual said that 'standardisation' represented a 'bureaucratic mania' that was 'inherently disrespectful of difference and diversity'.

Non-compliance

A number of respondents commented that some professionals who feel that regulation through the HPC is not appropriate for psychotherapy or counselling would adopt an approach of 'principled non-compliance' if regulation was introduced.

Several respondents, including The Psychoanalytic Consortium and The Guild of Psychotherapists, suggested that there should be a list of practitioners who did not want to join the HPC but who met the same standards as those on HPC's Register. This would allow those who might want to demonstrate principled non-compliance to still join a list but one which did not have the power of statutory regulation. One respondent said that registration on the 'PNC' list would result in submitting evidence supporting an assertion of 'Conscientious Objection (CO)' to the regulator of the psychological therapies.

One respondent said the support of organisations like the British Association for Counselling and Psychotherapy whose members could transfer to the HPC would be essential as without this the process of registration would falter in the light of 'practitioner apathy'.

Surveillance culture and 'marketisation'

Several respondents commented that the proposed statutory regulation of psychotherapists and counsellors was part of government plans to create a 'surveillance culture'.

One respondent said: 'It is not the proper business of the state to be busying itself with the subjective life or inner worlds of its citizens.' Another respondent said that the introduction of regulation through HPC would lead to 'STASI style demands and rewards' encouraging professionals to 'shop' their colleagues.

This was echoed by a respondent who said that the HPC was a member of the '...UK security and surveillance workforce'. One individual linked together government inquires into poor practice in the medical profession, regulation by the HPC and the introduction of CCTV cameras. Another respondent said that HPC had taken on board government created 'paranoia'.

Others said that regulation would lead to 'commercialisation' or 'marketisation' of the professions. One respondent said: 'State regulation will put in place mechanisms of administration which will excite the same interest in takeover and the same designs upon the field as is currently evident in Virgin, Asda and Tesco...[and their interest] in the NHS.'

Fitness to practise

A small number of respondents raised concerns about how the HPC's fitness to practise processes would apply to psychotherapists and counsellors. These comments focused on how we deal with the complaints we receive about registrants, particularly about dealing with the complex issue of transference.

The Centre for Freudian Analysis and Research said: ‘... to be subjected to a system where we might have our character questioned and be listed on the HPC website for a misdemeanour such as being alleged to have not paid a bill, is unacceptable to us... In fact, it seems to be a humiliating manner in which to deal with anyone who is made subject to a complaint before the charge is proven.’

Voluntary Sector

A number of respondents raised concerns about the impact of regulation on many counsellors who provide services for little or no income, often for charities or other voluntary sector organisations. They were concerned that the cost of regulation would result in counsellors leaving the voluntary sector.

Relationships Scotland commented: ‘What we must avoid is setting the price of registration so high that it is inaccessible for all but career counsellors.’ These comments were supported by a number of organisations including the Association of Christian Counsellors and Counselling and Psychotherapy in Scotland.

Other professions

One individual asked how the regulation of psychotherapy and counselling would affect those psychologists who practise in either area as part of their scope of practice. They asked whether these individuals would be sufficiently qualified to be registered as psychotherapists.

The British Psychological Society also commented on this area, saying that it was important to define the field of psychotherapy and counselling without restricting practice. A number of respondents said that it would be important to take into account that other, sometimes already regulated professionals, practise psychotherapy or counselling or use psychotherapy or counselling as part of their practice, a point also made by other respondents.

The call for ideas

We received comments from two respondents about the legal basis for the call for ideas. One respondent said: ‘The HPC’s task is to implement HPO2001, and it is therefore bound to a rigid, legal framework. Why then raise a call for ideas? Any idea outside its framework is already illegal.’ These comments were echoed by the second respondent.

We also received a small number of comments about what the call for ideas meant. One respondent said: ‘A call for *ideas* [original emphasis retained]. How strange. For those of us whom ‘ideas’ are the core of our working life, your request rings with falsity.’

In contrast, one respondent said: ‘I think that the way you are wishing to work in terms of this being “aspirational” has to be applauded.’ Another respondent said that HPC was: ‘...trying to be very inclusive – this is to be welcomed and is a refreshing change from the organisational politics of exclusion.’

Questions

In this section, responses to specific questions are outlined. This is intended to provide an overview of the responses received in response to each specific question, rather than to reflect the detail of every response we received.

Although responses to each question are summarised separately here (or, occasionally, in small groups) it is acknowledged that there is some overlap between each question. In particular, the answers to some questions inevitably influence answers to other questions. For example, the structure of the Register has implications for the protected titles, the threshold level of qualification for entry to the Register and the standards of proficiency.

The responses to each question will be considered in more detail and discussed by the PLG at each of its meetings.

Structure of the Register and protected titles

1. What are your views about how the Register should be structured for psychotherapists and counsellors?
2. Which titles should be protected and why?

In the call for ideas document, we asked two closely related questions – one about how the Register should be structured; the other about which titles we should protect and why. Some respondents answered these questions separately but most answered these questions together, or repeated their answer to question two when answering question one.

In this section, the responses we received to these questions are summarised together. There is significant overlap between these areas as how the Register is structured influences decisions about the protected titles, and vice versa.

However, some respondents did advance detailed arguments for and against the protection of particular titles, commented generally on the factors we should consider in this area, or questioned why titles should be protected. These comments are summarised separately at the end of this section.

Background

The HPC Register is currently divided into thirteen parts. Each of the parts of the Register has at least one protected title.

Some parts of the Register have more than one protected title. For example, one of the parts of the Register is for arts therapists. There are protected titles for art therapists, dramatherapists and music therapists. Each of these titles has standards and approved pre-registration education and training programmes.

For example, someone who completes an approved programme of education and training in dramatherapy will be registered in the arts therapists part of the Register, but will only be permitted to use the title ‘dramatherapist’. In the call for ideas document we included a diagram showing how the arts therapists part of the Register was structured. In this section, we have included similar diagrams as examples to illustrate the different responses we received about the structure of the Register.

We said that one area for consideration is whether there should be a psychotherapists and counsellors part of the Register with no distinction in titles (i.e. someone registered in that part of the Register could use either title) or whether there should be separate titles to differentiate between psychotherapists and counsellors (i.e. psychotherapists and counsellors would be identified as two distinct groups on the Register with separate titles).

In the call for ideas document we explained our view that the number of protected titles should aim to strike a balance between preventing the misuse of professional titles, against the need for effective public recognition. In particular, we asked whether it would be possible to protect the title ‘counsellor’ given its use outside of therapeutic settings.

Responses

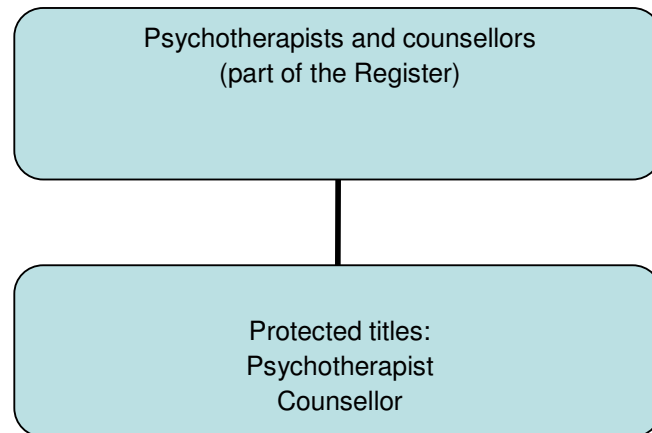
The responses we received to these questions broadly fell into three categories:

- There should be no differentiation between psychotherapists and counsellors. The titles 'psychotherapist' and 'counsellor' should be protected.
- There was a difference between psychotherapists and counsellors which should be differentiated in the Register, with separate protected titles for each.
- The Register should be further sub-divided to differentiate between other forms of therapy or modalities of practice, with corresponding titles protected.

Other respondents highlighted the issues to consider in making decisions in this area but did not put forward a suggestion for how the Register should be structured. A small number of respondents were not clear in whether they were suggesting that the titles should be differentiated or not.

No differentiation between psychotherapists and counsellors

The diagram below is an example of how the Register might be structured if there was no differentiation in titles between psychotherapists and counsellors. This would mean that someone registered in the part of the Register would have access to all the protected titles for that part. For example, if 'psychotherapist' and 'counsellor' were to become protected titles, someone registered in the part of the Register would have access to both titles.

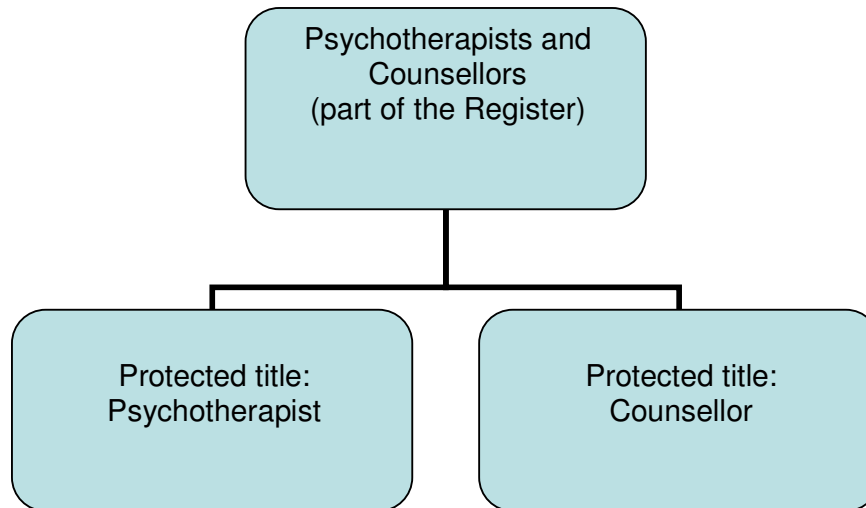


The following arguments were put forward for structuring the Register in this way:

- The titles 'psychotherapist' and 'counsellor' are interchangeable and used interchangeably by many practitioners.
- There is considerable variation in the practice of psychotherapy and counselling such that practitioners using each title undertake both short and long term therapy. Arguments that psychotherapy involves 'longer term' or 'higher level' therapy than counselling do not reflect existing practice.
- Psychotherapy and counselling are not significantly different and the outcomes of therapy are similarly positive.
- The difference between psychotherapists and counsellors cannot be easily explained to members of the public.
- Research has indicated that there are no differences between psychotherapy and counselling and therefore it would be problematic to create two separate sets of standards of proficiency.
- A register with separate sections for counsellors and psychotherapists would require significant numbers of practitioners to register twice in order to continue in practice.

Differentiation between psychotherapists and counsellors

The diagram below is an example of how the Register might be structured if there was differentiation in titles between psychotherapists and counsellors. This would mean that the Register would be structured to identify psychotherapists and counsellors as two distinct groups with distinct protected titles. For example, someone completing an approved programme in counselling would be registered in the part of the Register but only have access to the protected title for counselling, and not the title for psychotherapists.

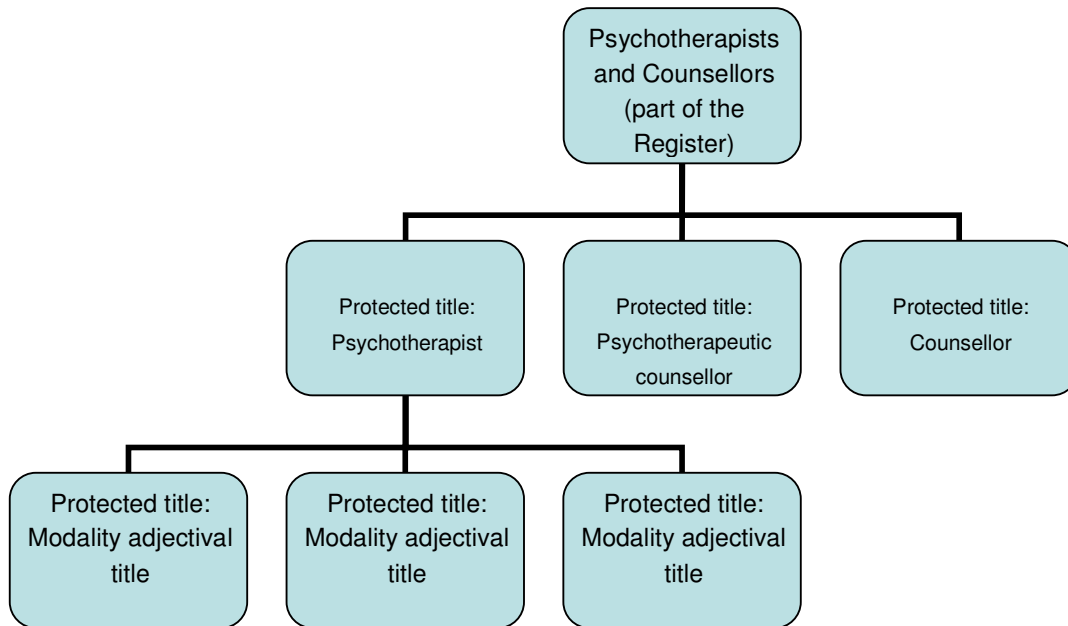


The arguments put forward for structuring the Register in this way included:

- Regulation shouldn't lower existing standards of practice and standards of education and training are higher in psychotherapy than in counselling.
- The difference between psychotherapy and counselling was a historic and current difference which could be quantified in terms of differences in the length, content and level of education and training.
- Psychotherapy and counselling were different but the Register should enable practitioners to progress from counselling to psychotherapy.
- The distinction between psychotherapists and counsellors was helpful so that voluntary organisations could differentiate between the level of practitioners.
- Not differentiating between psychotherapists and counsellors would only be possible if there was standardisation of education and training between psychotherapy and counselling.

Alternative structures, including recognising different modalities

The diagram below is an example of how the Register might be structured if it was to separately differentiate between psychotherapists, psychotherapeutic counsellors and counsellors and identify specific modalities. For example, this might mean that someone registered as a psychotherapist would have access to that protected title, and the protected adjectival title relating to the modality in which they trained.



The suggestions and arguments put forward for structuring the Register differently included:

- The Register should be structured to identify discrete modalities of practice (e.g. humanistic and integrative, psychoanalytic and so on) with adjectival titles relating to those modalities protected. Those respondents who argued that modalities should be reflected in the Register were also some of those who argued for differentiation between psychotherapists and counsellors.
- There should be three distinct parts: psychotherapists; psychotherapeutic counsellors; and counsellors.
- There should be three distinct parts: psychotherapists; counselling therapists or psychotherapeutic counsellors; and counselling practitioners.
- Cognitive behavioural therapists should be specifically recognised and protected under the title 'psychotherapist' or should be a distinct part of the Register.
- There should be recognition of the specific roles of 'Relationship Counsellor/therapist' and 'Sex Counsellor/therapist'.
- There should be distinction between practitioners working with adults and those working with children and young people.

The most common suggestions in this area were those outlined in the first two bullet points on the previous page: that modalities should be recognised with adjectival titles; and that there should be differentiation between psychotherapists, psychotherapeutic counsellors and counsellors.

Protected titles

The titles that respondents most commonly argued should be protected were 'psychotherapist', 'counsellor' and 'psychotherapeutic counsellor'.

The responses we received in this area mainly focused on whether modality specific titles should or shouldn't be protected and whether it was possible to protect the title 'counsellor'.

Modality specific titles

A number of respondents, particularly in the psychotherapy field, put forward modality specific titles that they believed should be protected.

Some other respondents debated the advantages and disadvantage of protecting titles relating to specific modalities (and structuring the register on the basis of these modalities).

Some of the modality specific protected titles suggested are listed below. This is intended to illustrate the kind of titles suggested and is not intended to be an exhaustive list. The PLG will consider all the suggestions made in detail when it meets to discuss this topic.

Modality specific protected titles suggested included:

- Humanistic – Integrative; Psychoanalytic / Psychodynamic; CBT; Family and Systemic – with suffix Psychotherapist.
- Psychotherapists, Therapists, Counsellors and Psychologists.
- Psychoanalyst, Gestalt Therapist and CB Therapist
- Psychoanalytic or Psychodynamic Therapist; Behavioural or Cognitive behavioural Therapist; Family or Systemic Therapist; Humanistic, Person-centred and Experimental Therapist

The arguments for protecting modality specific titles included:

- Modality specific titles should additionally be protected in order to reflect particular areas of practice and allow clients to make informed choices.
- Modality specific titles should be protected because the education and training and competencies required in specific areas vary.
- Protecting modality specific titles was necessary for public and professional recognition and therefore for the legitimacy of those areas.

The arguments against protecting modality specific titles included:

- We should focus on the titles in common usage and commonly recognised by members of the public, rather than professional hierarchies.
- Modality specific titles were not readily recognised by members of the public and act to increase confusion.
- If modality specific titles were protected, this might act to fetter the development of new and effective approaches to practice.

- Modality specific titles should be owned by the profession.

Counsellors

There was broad agreement amongst responses that the title 'psychotherapist' should be protected. However, there was less agreement about the title 'counsellor' with respondents debating whether it was possible to protect this title.

The arguments for protecting the title 'counsellor' included:

- The title has wide currency and is used by a large number of practitioners, more than use the title 'psychotherapist'.
- The title is readily recognised and understood by members of the public.
- The title is not widely used outside of therapeutic settings.
- If the title 'counsellor' was not protected this would mean that a significant number of practitioners would not need to register and would choose not to.

The arguments against protecting the title 'counsellor' included:

- The title is meaningless unless an adjective is used.
- The title cannot be protected because of its use outside of therapeutic settings.

Other comments

A brief summary of other comments made in response to these questions is given below.

- Suggestions were made for the 'umbrella' name of the part of the HPC Register. Many respondents did not suggest a name, but the most common amongst those that did was 'psychotherapists and counsellors'. Other suggestions included 'psychological therapists' and 'psychotherapists and psychotherapeutic counsellors'.
- The potential future regulation of a group of currently unregistered workers such as graduate mental health workers, assistant psychologists and new roles created as part of the IAPT project and how this might impact upon the structure of the Register.
- The title 'psychotherapist' was used by other professions and if it was protected this might be problematic.
- There should be no protected titles because someone could be qualified and not be registered. Protecting titles would lead to the criminalisation of the activities of those who chose not to become registered.

Entry to the Register

3. What criteria might be used in considering which voluntary registers should transfer and which should not?

Background

One the day that statutory regulation is introduced there is normally a one-off transfer of one or more voluntary registers. These registers are normally held by voluntary membership organisations. When a profession becomes regulated, the legislation specifies which voluntary registers will transfer.

The PLG will discuss which voluntary registers might transfer to the Register and may wish to develop criteria to help the government in reaching that decision. In the call for ideas we said that such criteria might include criteria for entry to membership; complaints mechanisms; a commitment to CPD; and the involvement of lay people in decision making.

Responses

Those respondents who answered this question were broadly in agreement with the indicative criteria outlined in the call for ideas document. Some respondents built on these outline criteria, elaborating upon them to detail more specific requirements.

The criteria most frequently put forward included:

- The length of time the Register had been in existence.
- Requirements for continuing professional development.
- Fitness to practise or complaints processes.
- Lay or service user involvement at board, council or committee level and in the complaints process.
- Standards of education and training, including specific requirements such as training hours, academic and practical content, experience, personal therapy and supervision.
- Quality assurance processes including independent or external assessment of qualifications.
- Compliance with a code of ethics

Other suggestions for criteria put forward, but less frequently, included:

- The organisation holding the Register should be financially stable.
- The organisation's processes and accounts should be transparent and information should be publicly available (e.g. a publicly available register).
- The registers that transfer should be those that have standing in the field and are recognised by key stakeholders – e.g. employers in the NHS and the private sector; those registers recognised internationally.
- The Register should require practitioners to hold indemnity insurance.
- Complaints procedures should include holding hearings in public and publishing the outcomes of hearings.
- Those who had received a disciplinary sanction should not transfer or should be required to undergo some kind of 're-accreditation' before they did so.
- There should be a mechanism for counsellors practising in the voluntary sector, who were not members of a professional body voluntary register, to transfer to the Register, perhaps by the development of arrangements with voluntary sector organisations.

Some respondents made more general comments in response to this question, including:

- A qualification does not guarantee competence; voluntary registration does not guarantee or demonstrate good professional standards.
- Any criteria should be inclusive and encompass smaller existing registers in the field, in order to ensure that large numbers of practitioners are not excluded, particularly those working in the voluntary sector.
- Education and training providers should be able to seek approval of their programmes, independent of professional bodies and in advance of regulation in order to be inclusive and protect the diversity of the field.
- The existing standard of self-regulation should not be lowered.
- What would be the level at which practitioners transfer – i.e. would it be membership or accredited membership (in those organisations where these distinctions or similar exist)?
- What is meant by lay involvement? Does this mean service user involvement?

4. If you represent a voluntary membership organisation, are you able to provide us with information about:
- the number of members and the extent to which this number is likely to overlap with membership of other organisations;
 - arrangements for determining entry to membership; and
 - arrangements for considering complaints about members?

We also asked voluntary membership organisations to provide us with information about the number of members and the procedures they have in place for determining entry to membership and for dealing with concerns about members.

We received a good response to this question and many organisations sent us copies of training and accreditation standards and complaints procedures. Some organisations said that such information was available on request.

This document does not summarise the information received in response to this question. Further work will be undertaken by the HPC Executive and information presented to the PLG when it meets to discuss the transfer of voluntary registers.

5. How long should the grandparenting period be open for and why?

6. Are there any other matters which the PLG should consider in recommending appropriate grandparenting arrangements?

Background

When a profession becomes regulated, and titles are protected, there will be time-limited 'grandparenting' period. The grandparenting period allows people who have previously been practising the profession, but who could not become voluntarily registered, to apply for registration, provided that they can meet certain criteria.

In the call for ideas, we outlined the previous application routes for grandparenting – known as 'Route A' and 'Route B'. These requirements were set out in our legislation for the grandparenting of the first 13 professions we regulated.

We asked two closely related questions – one about the length of the grandparenting period; the other asking if there were matters related to grandparenting that the PLG would need to take into account in its discussions.

Responses

The majority of those who responded answered questions five and six together. The responses we received are therefore summarised together below. Some respondents did not justify their preferred length of grandparenting period. However, others gave a detailed rationale and there was consistency in this rationale even where respondents recommended grandparenting periods that were very different in length.

Those who answered this question suggested grandparenting periods of between two and five years in length, with one organisation suggesting a grandparenting period of between five and ten years. Some suggested periods of differing lengths for different groupings and titles in the Register (e.g. a longer period for counsellors).

The responses we received might be divided into two broad groups – those that suggested a two to three year period; and those who suggested a longer period.

2-3 year grandparenting period

The arguments put forward for a two to three year grandparenting period included:

- Two to three years was a 'reasonable' and 'adequate' length of time for someone to gather the necessary evidence to apply.
- There is no good reason why the length of the period should be more than that previously set out in the relevant legislation.
- A short time period focuses the mind of practitioners and allows the profession to focus on its future direction at an earlier point. Most practitioners tend to apply towards the end of the period anyway.

However, some respondents in this group said that there should be some flexibility to allow applications after the end of the period in 'exceptional circumstances'. Similar comments were also made by respondents requesting longer grandparenting periods.

3-10 year grandparenting period

The arguments put forward for a longer period included:

- The large numbers of practitioners in the field who will not be members of registers that transfer and were not eligible to be members.
- The cost of making a grandparenting application.
- The impact of grandparenting amongst those who work part time.
- The diversity in the education, training and experience of practitioners in the field, including those who have had little or no formal education.
- The need to recognise the needs of those part way through training when regulation is introduced.
- Grandparenting needs to be well publicised to ensure that all practitioners in the field are aware of it and this is a time consuming task.
- A longer period would avoid backlogs and ensure professional buy-in.
- The average length of a training programme in psychotherapy is four years.

Some of those who argued for shorter grandparenting periods also said that cost and the need to properly communicate the process were important factors.

Other comments

We also received a number of other more general comments about the grandparenting process.

A number of respondents said that we needed to ensure that the process was rigorous and that there should be no reduction in standards. It was argued that the standards applied should be equivalent to the standards of education and training and standards of proficiency that were set. Others said that it was important that assessors had the correct experience and skills to make judgements about applications.

Two respondents said that they were concerned about the application routes outlined in the call for ideas document. In particular, they said that they were unhappy with the requirements for Route A as this would represent a reduction in standards.

Other comments we received included:

- How would students on courses who had not yet reached the required practice hours when the Register opened be able to register?
- A grandparenting period defeats arguments that regulation is necessary on the grounds of public protection as it lowers standards.
- There was no reason why grandparenting should be time limited; it should be allowed to continue in perpetuity.

Standards of education and training

7. We would welcome any information about:
- the number and names of existing qualifications leading to the practice of psychotherapy and counselling;
 - types of qualifications including the academic level or academic awards of those qualifications;
 - the structure of qualifications including theoretical content and practical experience; and
 - quality-assurance processes including existing internal and external quality-assurance mechanisms.
8. What issues should the PLG consider in determining the threshold level of qualification for entry to the Register?

Background

Standard one of the HPC's standards of education and training sets out the threshold level of qualification for entry to the Register in the professions we regulate. This is articulated as a threshold academic award. Everytime we open a new part of the Register, we need to determine the threshold level of qualification for entry to the new profession, following consultation, and add this to the standards.

The threshold level is set at the level necessary for people who successfully complete an education and training programme to meet all of the standards of proficiency. We would have regard to the level of existing education and training in determining the threshold level.

In the call for ideas we said that we needed to ensure that we didn't set a level that was aspirational. Instead we said that we wanted to ensure that any proposals were inclusive so that as many practitioners as possible can be regulated, whilst ensuring that appropriate standards are maintained. We said that given training programmes in psychotherapy and counselling varied in content, structure and level, one possible option for the threshold level for psychotherapists and counsellors might be a stepped approach which would see the threshold level raised over a period of time. We particularly invited comments from stakeholders on this suggestion.

We also asked for information about the number and names of existing qualifications, the academic awards and levels of qualifications, and quality assurance arrangements.

Responses

Many of the responses we received answered these closely related questions together.

We received a good response to our request for information about education and training programmes and many organisations sent us copies of relevant standards and curricula and/or described the processes they had in place. Other organisations said that such information was available on request.

Some respondents outlined variation in existing education and training, outlining variation in qualifications (in terms of duration, content, awards and titles); variation in the sector in which education and training is delivered (private; higher education; further education); and wide variation in quality assurance processes.

This document does not summarise in detail the information we received about qualifications, their structure and quality assurance mechanisms. Further work will be undertaken by the HPC Executive and information presented to the Professional Liaison Group when it meets to discuss this topic.

In this section, a summary is provided of the different threshold levels for entry to the Register which were suggested, and looks more generally at the common themes in the comments made by respondents in this area.

Amongst those respondents who suggested specific threshold levels, the most frequently suggested were a masters degree threshold level for psychotherapists (equivalent to level 7 on the National Qualifications Framework or 'NQF') and a diploma level threshold for counsellors (level 5 on the NQF).¹

There was broad consistency amongst respondents in the threshold level suggested for psychotherapists. However, suggestions for the threshold level for counsellors varied from level three on the NQF to a first degree (equivalent to level 6 on the NQF).

A threshold at NVQ level 6 or equivalent for psychotherapeutic counsellors and a threshold of one year's training at postgraduate level for psychological therapists were also suggested.

The comments we received arguing for and against particular thresholds can be broadly summarised in the areas of existing standards and curricula; and diversity and supply. We also received a small number of comments about our suggestion of a stepped approach to setting the threshold level.

¹ The levels referred to here are from the Qualifications and Curriculum Authority mapping of the National Qualifications Framework against the Framework for Higher Education Qualifications.

Standards and curricula

The comments we received in this broad area included:

- The setting of the threshold level should focus on existing provision and there should not be any lowering of existing standards. This argument was particularly advanced amongst the psychotherapy field who said that existing provision was at masters level and therefore the threshold should be set at this level.
- The setting of the threshold level should focus on what is necessary for safe and effective practice.
- The curriculum should include supervision, personal therapy and academic and practice content. Some respondents responded saying that personal experience of mental health conditions / services was important and others specified areas particularly important to certain modalities.
- The focus on qualification and levels is wrong because a particular qualification does not equal competence. Emotional intelligence and the development of a therapeutic relationship with a client are more important.
- The threshold level should be set at a level which would put psychotherapy and counselling on a par with other professions such as medicine, teaching and social work.

Diversity and supply

A number of respondents stressed the importance of recognising and maintaining the diverse backgrounds of practitioners and the diversity of approaches to practice.

Most of the arguments in this area were from individuals and organisations concerned about the impact if the threshold level for counselling was set at first degree level. The arguments put forward included:

- There is no convincing rationale for setting the threshold for counselling at first degree level and this would reduce access to the profession and therefore supply.
- Setting the threshold level above diploma level would 'out-price' counselling in the market by making training more expensive. Concerns were particularly raised about the impact of this upon the voluntary sector.
- The effect of making training more expensive would reduce the diversity of practitioners in the field because it would particularly decrease access to the profession for those from working class and ethnic minority backgrounds, and those changing career, who had a lot to contribute to the profession.
- Education and training providers offering programmes that do not have external accreditation, quality assurance procedures or formal awards should be approved and allowed the time to make any necessary changes to their programmes.

Several respondents said that the diversity of environments in which education and training is delivered should be protected, again to avoid excluding people. In particular, we were asked to ensure that we did not promote academic qualifications delivered in or validated by the higher education sector, recognising instead the value of vocational training delivered in the further education sector and elsewhere.

A stepped approach

The majority of respondents did not comment on the suggestion in the call for ideas document of a 'stepped approach' to setting the threshold level.

However, we did receive a small number of respondents in support of this suggestion. They said that an 'escalator' approach would be more pragmatic and inclusive and give education and training providers the time to make changes to their programmes. In particular, this was suggested as an approach to raising the threshold level for counselling from diploma to first degree level. One respondent said that they agreed with the suggestion in principle but that they were concerned that this would mean that individuals of varying competence would be registered together.

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Standards of proficiency

9. What existing standards or other work should the PLG take into account in putting together draft standards of proficiency?

Background

In the call for ideas we explained that the standards of proficiency were the threshold standards for safe and effective practice for entry to each of the parts of the HPC Register. We asked what existing standards or other work the PLG should take into account when the standards of proficiency are put together.

Responses

We were directed to a number of different standards and frameworks that we should take account of. They included:

- National occupational standards.
- Professional body standards including standards for the accreditation of practitioners and training requirements.
- Education and training standards.
- Employment standards and frameworks (e.g. agenda for change).
- International standards and frameworks (e.g. European Association of Psychotherapy).
- Existing standards of proficiency (e.g. for practitioner psychologists).
- Research evidence about the effectiveness of therapy.

We also received some comments about the approach we should take to producing standards. Some of these comments asked us to ensure that we properly understood the nature of specific modalities.

The comments we received included:

- Standards of proficiency should include generic standards plus standards relating to titles for specific areas.
- Approach specific standards should not be produced.
- The nature of the therapeutic intervention does not lend itself to standards. Producing standards is a reductionist approach.
- The nature of psychoanalysis needs to be fully understood if appropriate standards are to be produced.
- Standards should include a required number of training hours and reflect the importance of supervision and personal therapy.
- Any standards must reflect the importance of the therapeutic relationship.
- Standards should focus on what is common in the field and between professions (e.g. we should ensure consistency with the standards for psychologists).

Other questions

10. Do you have any further comments?

The comments we received that did not relate to a particular question are summarised in the general comments section of this document.

List of respondents

We received 110 responses to the call for ideas; 57 from organisations (52%) and 53 from individuals (48%). The organisations who responded are listed below.

A small number of responses identified membership of an organisation in their response. However, where it was unclear whether this was a formal response on behalf of an organisation, these responses have been classified as from individuals.

In the general comments section, where a response has been made on behalf of an organisation, we have given the name of the organisation in the text. Where the response comes from an individual we have not.

Association for Cognitive Analytic Therapy
Association for Family Therapy
Association for Group and Individual Psychotherapy
Association for Humanistic Psychology in Britain
Association for Rational Emotive Behaviour Therapy
Association of Child Psychotherapists
Association of Christian Counsellors
Association of Counsellors and Psychotherapists in Primary Care
Bath Centre for Psychotherapy and Counselling
British Association for Behavioural and Cognitive Psychotherapies
British Association for Counselling and Psychotherapy
British Association for Person Centred Approach
British Association for Psychoanalytic and Psychodynamic Supervision
British Association for Sexual and Relationship Therapy
British Association of Dramatherapists
British Association of Play Therapists
British Psychoanalytic Council
British Psychological Society
Cambridge Body Psychotherapy Centre
Cambridge Society for Psychotherapy
Centre for Freudian Analysis and Research
Centre for Humanistic Psychology and Counselling
Chrysalis
College of Psychoanalysts
Council for Psychoanalysis and Jungian Analysis
Counselling and Psychotherapy in Scotland
Counsellors in Training Lewisham
Counselling Society
Counselling and Psychotherapy Central Awarding Body
Federation of Drug and Alcohol Professionals
Guild of Psychotherapists
Improving Access to Psychological Therapies workforce team
International Society of Professional Counsellors
KCC Foundation
London Association of Primal Therapists
Manchester College
Metanoia Institute
Minster Institute
National Association of Counsellors, Hypnotherapists and Psychotherapists

NHS Education for Scotland
National Register of Hypnotherapists and Psychotherapists
Oxford Group of Independent Practitioner Network
Play Therapy United Kingdom
Person Centred Therapy Scotland
Psychoanalytic Consortium
Register for Evidence Based Hypnotherapy and Psychotherapy
Relate
Relationship Scotland
Re:Vision
Stirling and District Association for Mental Health
Surrey Counselling and Psychotherapy Initiative
Tavistock Centre for Couple Relationships
United Kingdom Association for Psychotherapeutic Counselling
United Kingdom Association of Humanistic Psychology Practitioners
United Kingdom Council for Psychotherapy
University of Brighton
University of Kent
WPF Therapy