

**INTERIM REPORT**  
**to**  
**DEPARTMENT OF HEALTH**  
**on**  
**INITIAL MAPPING PROJECT**  
**for**  
**PSYCHOTHERAPY & COUNSELLING**

**by**

**SALLY ALDRIDGE & JAMES POLLARD**  
**BACP / UKCP PROJECT CO-ORDINATORS**

## CONTENTS

	<b>Page No</b>
Acknowledgements	3
Introduction	4 - 6
Summary of Findings	7 - 9
Mapping of Counselling and Psychotherapy	10 - 35
Standards of Training in Psychotherapy and Counselling	36 - 48
Counselling and Psychotherapy Organisations' Codes of Ethics and Conduct and Comparison to the HPC Conduct and Complaints Processes	49 - 58
A 'Toolkit' for Voluntary Regulators	59 - 60
Appendix 1 - List of reference group members with full names and acronyms	61
Appendix 2 - Organisations that distributed the individual questionnaire and the response rates	62 - 63
Appendix 3 - The individual questionnaire	64 - 71
Appendix 4 - Questionnaire sent to training providers	72 - 73
Appendix 5 - Comparison of NQF and FHEQ levels	74
Appendix 6 - Letter from Gren Boyden of AQA	75 - 76
Appendix 7 - Conduct and Ethics questionnaire	77 - 78
Appendix 8 - QAA level descriptors	79
Appendix 9 - HPC extracts on five professions	80 - 82

## ACKNOWLEDGEMENTS

The co-ordinators of the project were Sally Aldridge and James Pollard.

The co-ordinators wish to acknowledge all those who assisted the research by completing the questionnaires and contributing information.

In particular the co-ordinators are grateful to the following for their contribution to the project.

Val Angrave  
James Antrican  
Caroline Clipson  
Gráinne Griffin  
Kelly Johnston  
John Lees  
Frania Le Guilly  
Del Loewenthal  
Rebecca Mann  
Rosalind Nowell Smith  
Kathi Muphy  
Danusia Shepherd

Members of BACP/UKCP Liaison Group:

Sally Aldridge, Head of Professional Standards, BACP  
Laurie Clarke, Chief Executive, BACP  
Val Potter, Chair, BACP  
Adrian Rhodes, Honorary Secretary UKCP  
Valerie Tufnell, Chief Executive, UKCP  
Lisa Wake, Chair, UKCP

***N.B. Notification of the BCP's change of name to the British Psychoanalytic Council was received after this report was written.***

## INTRODUCTION

The background to this report is the proposal that statutory regulation should be introduced for counselling and psychotherapy.

In 2004 the Department of Health (DH) agreed to commission a research project directed towards the possibility that the professions of psychotherapy and counselling might be regulated by the Health Professions Council (HPC). This project has not been asked to consider whether the HPC is the most appropriate regulator for these professions. This is an issue that has been, and will no doubt continue to be, the subject of considerable debate.

The DH wished to see counselling and psychotherapy considered side by side as professions that might be subject to statutory regulation and that is the approach that has been followed in this report. This does not imply that they would be regulated as a single profession. This remains an issue that is open for debate.

UKCP and BACP, as the two leading umbrella bodies in the fields of psychotherapy and counselling, were asked to carry out this project.

The intention to create this project was announced at a meeting of accrediting and registering organisations in September 2004. This group subsequently met as a reference group for the project. A list of these organisations is attached at Appendix 1.

BACP and UKCP agreed to create a Liaison Group to oversee the project. Consideration was given to the possibility of extending this group. A number of organisations expressed interest in this. However it was not clear that there was a justification for any one particular addition. It was also apparent that it would be a significant challenge for the two organisations to work together to produce a report. The organisations are very distinct in formation, culture, and in the nature of the resources to which they have access. The organisations also face different priorities and different pressures.

Although a small number of groups were not, in practice, co-operative these were a small minority and most participated willingly and with great good will. The impact of whatever short-fall in co-operation has occurred has not been great.

This in itself has been a significant achievement. It is a reasonable hope that the process of preparing this report will help the professions of counselling and psychotherapy to develop in the direction of co-operation, dialogue, transparency and accountability.

A BACP/UKCP Liaison Group met to construct the project and arrange a funding bid. The Liaison Group wrote to the DH and outlined a project that reflected the scale of the undertaking that was required. The funding required for that project was £450,000. Further discussion led to agreement on a limited project with funding at a much lower level. This reframed the present project as an initial project which will require further development.

In a letter of 4 February 2005 the DH offered £60,000 to carry out a project with the aim of delivering four objectives:

- A map of existing training and qualifications in the fields of psychotherapy and counselling
- A map of the standards on which these programmes of training and qualifications are based
- A sample code of conduct and ethics based on existing codes and with regard to the HPC code of conduct, performance and ethics, for use by psychotherapy and counselling organisations currently without one
- A toolkit covering competences and processes (setting up a register; setting standards of competences for the practice of a branch of psychotherapy or counselling; setting standards of training; devising training within a system externally verified and accredited; adopting a code of conduct and ethics; adopting a system of fitness to practise investigation and examination; devising requirements for continuing professional development including how this will be assessed). The toolkit should draw on the experiences of BACP and UKCP and should indicate where models and precedents already exist.

It was subsequently agreed that resources could be moved between these four aims as the co-ordinators of the project and the Liaison Group identified priorities.

The project was agreed in March 2005. It was also agreed that two co-ordinators would be appointed; one to represent counselling and one to represent psychotherapy. These two co-ordinators, Sally Aldridge and James Pollard, began work in March 2005. The deadline for delivery of the project is 30 June 2005. The DH and the HPC supported the work of the Liaison Group and, to this end, the DH issued a letter for use by the project explaining the purpose of the work in the context of the regulation of psychotherapy and counselling. Throughout, the project has tried to be as inclusive as possible and to invite the active participation of any group that holds a register of individuals engaged in the professions of counselling and psychotherapy.

## **1. Map of training in psychotherapy and counselling in the UK**

A proposal was put to the reference group aimed at seeking to carry out research at the level of fundamental processes in counselling and psychotherapy. This was rejected as too ambitious for the timescale and funding of this project.

There are major conceptual issues between psychotherapy and counselling and within each of these professions that would form part of the construction of a map of training in these fields. Aspects of this work are continually being carried out incrementally by clinicians and researchers in the field.

In connection with this project the UKCP is reviewing the construction of modalities that has been an established model within psychotherapy and is considering its place in the development of the organisation of psychotherapy. It was agreed to retain this as a separate piece of work.

The concern of this project has been to carry out an initial assessment of the scope of professional training in counselling and psychotherapy. This has included three elements:

1. Research into the training that psychotherapists and counsellors have undertaken and the relationship of this training to their professional lives. This has been based on a questionnaire (Appendix 3) aimed at individual counsellors and psychotherapists.
2. Research into the range of training courses available in psychotherapy and counselling. This has partly relied upon a questionnaire but has also used information that is in the public domain.
3. A limited project to assess the extent of practice in counselling and psychotherapy beyond the framework of the professional associations. The method for this was to focus on a medium size city and to seek to establish the extent of psychotherapy and counselling services available there. The city chosen for this was Derby. The results of this part of the work are not yet available.

## **2. Standards of training in counselling and psychotherapy in the UK**

A working party carried out a review of the systems of training standards available. Comparison was made between these standards and the standards set by the HPC. Issues arising from this are considered.

## **3. Ethics and Conduct**

The task of this part of the project was to discover what codes of ethics and practice and what complaints procedures were already being used by registering organisations. The second task was to compare these to the HPC codes and conduct procedures in order to identify differences and areas of concern.

A survey questionnaire was produced based on the HPC fitness to practise codes and procedures. The submitted questionnaires and codes and complaints procedures were then analysed to identify common features and compared to the HPC codes of ethics and complaints procedure to identify similarities and differences. In particular differences were identified that might be profession specific.

## **4. Toolkit**

The 'toolkit' proved not to be an appropriate formulation for the project and, given the pressure on resources in other parts of the project, priority was given to those elements. There is a brief report on the status of different elements of the toolkit.

## **SUMMARY OF FINDINGS**

### **1. Training**

- 1.1. Training is the major entry route into psychotherapy and counselling. 95% of counsellors and psychotherapists are trained and the majority practise within the scope of their training.
- 1.2. This would support the use of training standards and training requirements as the basis for regulating the professions.
- 1.3. There is no one route of entry to either psychotherapy or counselling in the UK through training. We have identified 570 different practitioner training courses. However, 63% do not have professional body recognition although many of these are validated through the Further or Higher Education system.
- 1.4. There are a large number of titles for both training courses and individual counsellors and psychotherapists. This can only cause confusion to the public.

### **2. Standards of Education and Training and Standards of Proficiency**

- 2.1. The HPC's focus on the Health Service and University education does not closely match current patterns of practice or of training provision.
- 2.2. There are a variety of approving bodies for training – academic, vocational and professional. There are a significant number of training providers linked to no external quality assurance systems.
- 2.3. There is a spread of training between the sectors and recognised educational levels, both academic and vocational.
- 2.4. The development of psychotherapy and counselling training in Higher Education is significant but there remains a substantial group of trainings not validated within Higher Education.
- 2.5. 30% of counselling training is in the Further Education sector.
- 2.6. Consideration would need to be given to the place of a core curriculum and to the nature of that curriculum.

### **3. Conduct and Ethics**

- 3.1. All organisations responding to the research have complaints and conduct processes, however levels of lay representation and public accountability are low.
- 3.2. Codes of conduct and ethics fulfil or exceed HPC requirements.

- 3.3. Complaints heard by the HPC are substantively different to those received by counselling and psychotherapy organisations. Most complaints in this field concern aspects of interpersonal relationships and the therapeutic process.
- 3.4. Many professional bodies carry out both a regulatory and disciplinary function. Best regulatory practice has the two functions performed by two separate bodies.
- 3.5. There is need for a separate regulatory body for psychotherapy and counselling.

#### **4. The size of the occupational field**

- 4.1. For this research 20% of a potential 37,500 members were sent a questionnaire and 44% replied.
- 4.2. The level of training activity suggests that the number of counsellors and psychotherapists in the UK is growing rapidly.
- 4.3. There is a large number of small psychotherapy and counselling organisations.
- 4.4. 90% of counsellors and psychotherapists are in paid work.
- 4.5. Over 25% of all psychotherapists and counsellors work with children and may not necessarily have received appropriate training.

#### **5. Future development**

The joint BACP/UKCP research project has looked at existing training and qualifications, and the standards on which they are based; and codes of ethics and conduct, comparing these with HPC processes. The project has been undertaken within a limited time scale and has focussed on the areas already outlined. Further substantive work will need to be undertaken to ensure that an accurate representation is carried forward into proposals for statutory regulation. The review recommends:

- 5.1. A deeper enquiry into the provision of training, its characteristics and the standards that are applied.
- 5.2. Research into student satisfaction levels in relation to training.
- 5.3. Further research into the distinctions within the field.
- 5.4. Research into the possibilities and difficulties entailed in linking training standards with external assessment frameworks.



- 5.5. Research into training and practice of those working with children and adolescents.
- 5.6. Consideration of the implications of including counselling and psychotherapy within the Framework for Higher Education Qualifications.
- 5.7. Research into the issues raised by the development of a core curriculum for psychotherapy and counselling.
- 5.8. Bringing registers and fitness to practice procedures to acceptable levels.
- 5.9. Establishment of a separate body to handle conduct processes for all, achieving best practice separation.
- 5.10. Further research into the scope of the professions beyond the framework of the professional associations.

## **MAPPING COUNSELLING AND PSYCHOTHERAPY**

### **1. Background to the Project**

This project is considering a map of psychotherapy and counselling in the light of the proposal that statutory regulation should be introduced for counselling and psychotherapy. The HPC, identified by the DH as the regulator to be considered for the purposes of this project, operates a system of indicative registration.

The background to this project is the proposal that statutory regulation should be introduced for psychotherapy and counselling. The DH has commissioned a research project directed towards the possibility that the professions of counselling and psychotherapy might be regulated by the HPC. This project has not been asked to consider whether the HPC is the most appropriate regulator for these professions.

A system of indicative registration focuses on the professional titles that individuals are entitled to use. In relation to both the survey of psychotherapists and counsellors and in relation to training this project is primarily based on what individuals and organisations say of themselves. An enquiry into whether individuals and organisations are justified in their self-descriptions would require different theoretical approaches and different methodologies.

The project has been established on the basis that it will consider both counselling and psychotherapy. There is a widespread acceptance that there are significant commonalities between these two professions. The professions of psychotherapy and counselling have been developing as separate but closely associated professions over many years.

In recent years some have argued that their similarities outweigh their differences to the extent that they should be regulated together. Others are opposed to this proposal. It has not been part of the brief for this report to arrange a consultation exercise on this issue. It is hoped that this report will inform the debate.

The commonalities are sufficient for there to be concern that if one profession were to be regulated and the other not, a significant number of counsellors or psychotherapists might transfer to the non-regulated profession. It is recognised that there will be those who work in a similar way to psychotherapists and counsellors who will not register and will use alternative titles. The judgement to be made concerns the public interest in regulating particular titles. The basis of this project is the proposal that there is a public interest in regulating the titles 'counsellor' and 'psychotherapist' either used alone or in combination with other terms.

Indicative registration rests on the protection of titles and the benefit to the public of this system rests on public understanding of the meaning and value of the protected titles. Simplicity is important to the clear communication that this requires. This report is therefore set within the frame of the two titles psychotherapy and counselling. The diversity of the field is recognised. The question of whether a more complex range of titles would serve the public interest is a matter for further debate. Again it is hoped that this report will inform that debate.

## **1.2 Groups not captured by the study**

It is recognised that there are significant numbers of doctors, nurses, other health professionals and people from other professions such as social work and teaching who have trained as psychotherapists or counsellors. The primary training and registration of these individuals remains of great importance to them and to employers. This would be continue to be the case, but probably be significantly less pronounced, if counselling and psychotherapy came within a framework of statutory regulation.

The scope of this project was limited to enquiry into training courses available and research focussed on members of professional bodies. It was therefore decided to explore in depth one city in order to discover a more accurate picture of the counselling and psychotherapy available to the general public. Derby was chosen but unfortunately the information sought has not been received in time for inclusion in this report.

The following response suggests this is an important approach if an accurate picture of the whole field is to be developed:

“We have 15 psychodynamic psychotherapists; two are trainees and the rest are fully qualified to UKCP/BACP levels (though not all are members). All staff are paid on NHS professional grades and all belong to a NHS core profession which provides a code of ethics etc. In other words we have 100% membership of professional bodies but probably less than 50% membership of specific psychotherapy bodies.

To be employed all staff are expected to have a professional qualification, considerable experience post qualification of working in mental health and a good grounding in psychotherapy. This will enable them to secure a training post that will support them through the 4/5 years necessary to complete a relevant training.”

*Derbyshire Mental Health Services*

Across the health professions there are complex issues of dual registrations, competing jurisdictions, consistency of standards, double jeopardy and administrative co-ordination between related regulators. The Council for Healthcare Regulatory Excellence has been established to address these issues.

## **1.3 Groups excluded from the study**

The focus of this study is the professions of psychotherapy and counselling. Other disciplines fall outside that framework although they may have in practice strong connections with counselling and psychotherapy. There are a number of other titles in use that are closely related to or fall within psychotherapy and counselling. These titles are mostly used in combination with a descriptor. The three most common are psychologist, analyst, and therapist. The significance of this use of these different titles is a matter for debate and is only given preliminary consideration here.

A broad and inclusive view was taken of organisations claiming to be psychotherapy and counselling organisations in the preparation of this study. Where groups have

been identified efforts have been made to include them in the initial process of the study and all who asked were included in the data collection exercises. A table of participating organisations and the questionnaire response rates is found in Appendix 2.

For a statutory regulation scheme to come into force questions regarding inclusion within and exclusion from, the professions of counselling and psychotherapy will have to be resolved. Where a decision is taken to exclude professional groups that have been using the title psychotherapist or counsellor there may be legal issues to be addressed. The existence of alternative routes for registration is an important element in these considerations.

Reviewing the results the following professional groups have been excluded from the study on the grounds that there are alternative routes to registration that are considered to be appropriate to them.

These groups are:-

### **1.3.1 Psychologists**

The British Psychological Society (BPS) has chartered status. A DH consultation exercise on the statutory regulation of 'Applied Psychologists' through the HPC has recently closed but the results have not yet been reported. The British Psychological Society recognises Counselling Psychology as a discipline and has established a Register of Psychologists Specialising in Psychotherapy. The data from this study shows that 46% of respondents who described their practice as CBT are psychologists and 60% of the psychologists who responded work within this theoretical model. This group of respondents predominantly belong to the British Association for Behavioural and Cognitive Psychotherapy (BABCP).

### **1.3.2 Arts Therapies**

Arts Therapies are registered through the HPC. The HPC has registered the title Arts Psychotherapist as one of the protected titles within the Arts Therapies section of its register.

Although Play Therapists have been included in the reference group, the view has been taken within this report that Play Therapy is a form of expressive therapy that would be appropriately regulated within the Arts Therapies.

### **1.3.3 Hypnotherapy and Hypnosis**

There is evidence that individuals and organisations offering hypnotherapy or hypnosis sometimes use the terms psychotherapy or counselling to describe their work. As the project brief was to be inclusive some of these hypnotherapy organisations were included at their request.

This use of the terms counselling and psychotherapy to include hypnotherapy and hypnosis is not accepted by any of the mainstream psychotherapy and counselling organisations. There is a discipline within psychotherapy of 'Hypno-psychotherapy'.

This requires a training in psychotherapy that incorporates an understanding of mental states that has been acquired through the study of hypnotic processes.

It is understood that groups representing hypnotherapists and hypnotists are considering registration through the CAM Council. The view has been taken in this report that this would be a more appropriate route for the regulation of hypnotherapy and hypnosis.

#### **1.4 The individual questionnaire**

An individual questionnaire was developed by a small group of experienced members of UKCP and BACP with input from representatives of the wider group of accrediting and registering bodies. The individual survey questionnaire was sent to 20% of the membership of 34 professional associations, that is 20% of circa 3,000 counsellors and psychotherapists, and had a 44% response rate. This high response rate means that the findings are robust and have a high level of validity in relation to psychotherapists and counsellors organised within professional associations.

The research identified 154 organisations in addition to the 94 referred to in the questionnaire itself. At 4,126 the number of respondents to the questionnaire is, in itself, larger than all but the largest of counselling and psychotherapy organisations

The data was analysed using SPSS, a well respected software analysis tool. In order to encourage completion a limit had to be set to the size of the questionnaire. There is a high level of diversity in both psychotherapy and counselling. Only the most significant categories were included for example in theoretical approaches, employment, and professional associations. The judgements made are inevitably open to debate to some degree. Only an initial analysis of the data has been possible in the time available for this report. One implication of the high response rate is that the data collected constitutes an important resource for further analysis.

In each case, where it was known that a complete range of options could not be given, the category 'Other' was included. Responses within this category were coded separately. During the analysis of responses within the 'other' category, when a statistically significant group emerged, for example hypnotherapists, this was entered as a new variable so that it could be analysed as a separate case.

#### **1.5 Observations on the participation of organisations**

The consistent aim of the project has been to be inclusive. The project was managed on a very tight timetable set by the funding constraints faced by DH.

A consultation meeting on the questionnaire was held in March and the approach to the questionnaire was substantially changed as a result. Not all the organisations invited were represented at that meeting. Due to the timetable further consultations were not possible.

Due also to the tight timetable it was not possible to run a trial of the questionnaire. It is accepted that this would have led to some improvements.

The great majority of organisations co-operated very effectively with the process and, for that, the producers of this report are very grateful. While acknowledging the significance of any group that felt unable to participate it is essential to appreciate that the groups that did not co-operate effectively constitute a numerically marginal element of the professions of psychotherapy and counselling and that the impact on the statistical validity of the findings is minor.

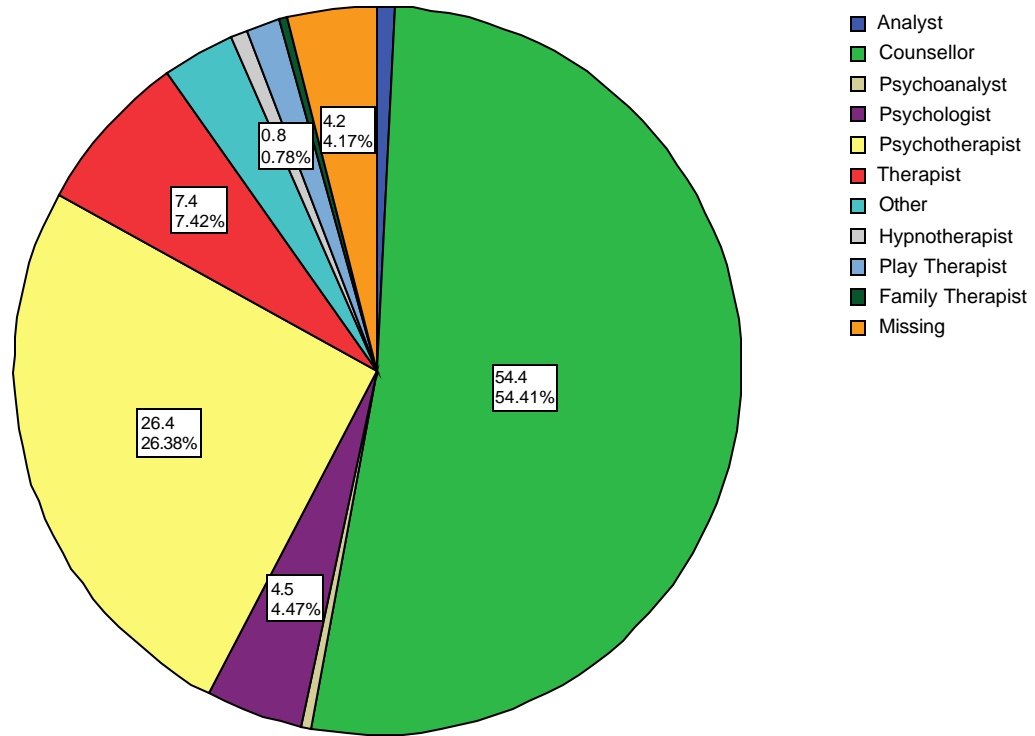
Some questions that might have been asked would have applied to very limited numbers of psychotherapists and counsellors and these numbers were not necessarily sufficient to justify such specialist questions. Reviewing the small number of negative organisational responses it is not possible to securely attribute these to methodological differences in the approach to counselling or psychotherapy that might have been over-looked. Minority groups that have clearly established methodological distinctions, for example Systemic Family Therapists, have felt able to participate in the process. There is no correlation between the minor technical difficulties that individuals might be expected to have had in answering the questions as set out in the questionnaire and the co-operation of the organisations involved.

## **2. Findings from the members survey**

### **2.1 Titles**

As the chart below shows 54% (2155) of the field use the title counsellor and 26% (1045) psychotherapist. Other groups are significantly smaller, 7% therapist (294) and 1.2% (49) analysts and psychoanalysts. Despite some criticism of the small number of titles in question 1, only 4% of respondents failed to make an entry. The “Other” categories were predominantly adjectival additions to a main title, with the exception of hypnotherapists. As a result a new category was created; 0.8% of respondents use the title hypnotherapist. The proportion of counsellors to psychotherapists is broadly the same as the proportion of training courses. (For training courses the proportions are 62% counselling 32% psychotherapy).

### Title



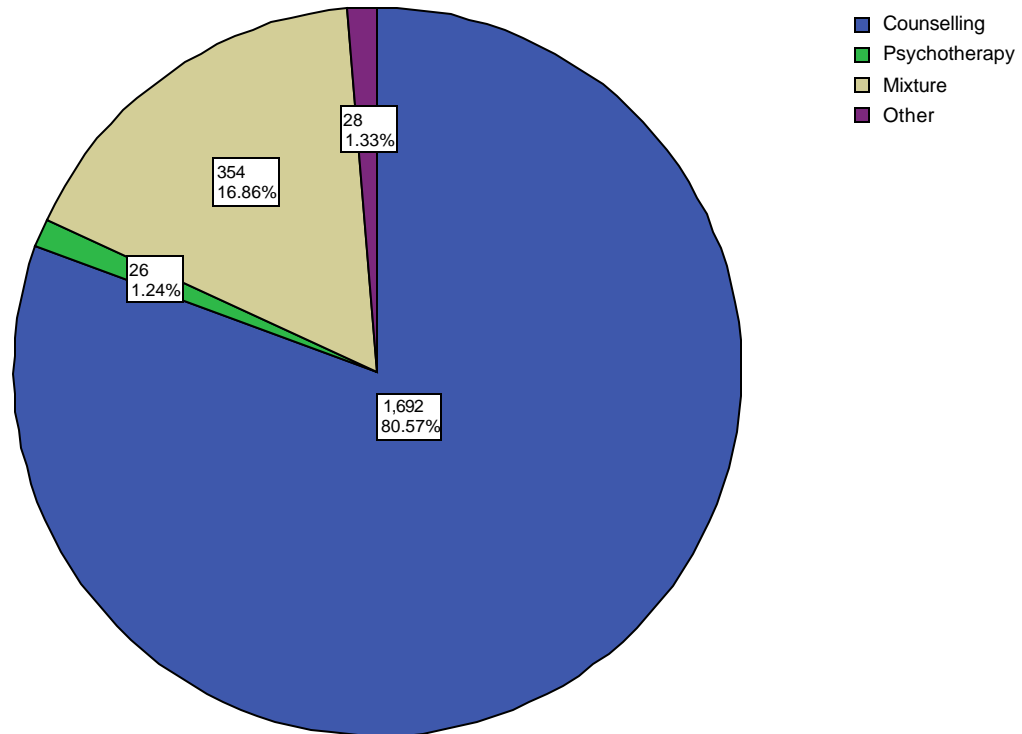
### Respondents reporting having received training by professional group

Title		Trained?				Total	
		Yes		No		Count	% within Title
		Count	% within Title	Count	% within Title		
Title	Analyst	30	100.0%	0	.0%	30	100.0%
	Counsellor	2092	98.7%	28	1.3%	2120	100.0%
	Psychoanalyst	18	94.7%	1	5.3%	19	100.0%
	Psychologist	119	69.2%	53	30.8%	172	100.0%
	Psychotherapist	1003	98.2%	18	1.8%	1021	100.0%
	Therapist	275	95.8%	12	4.2%	287	100.0%
	Other	107	84.3%	20	15.7%	127	100.0%
	Hypnotherapist	11	36.7%	19	63.3%	30	100.0%
	Play Therapist	51	85.0%	9	15.0%	60	100.0%
	Family Therapist	13	92.9%	1	7.1%	14	100.0%
Total		3719	95.9%	161	4.1%	3880	100.0%

## 2.2 Psychotherapists, Counsellors and Training

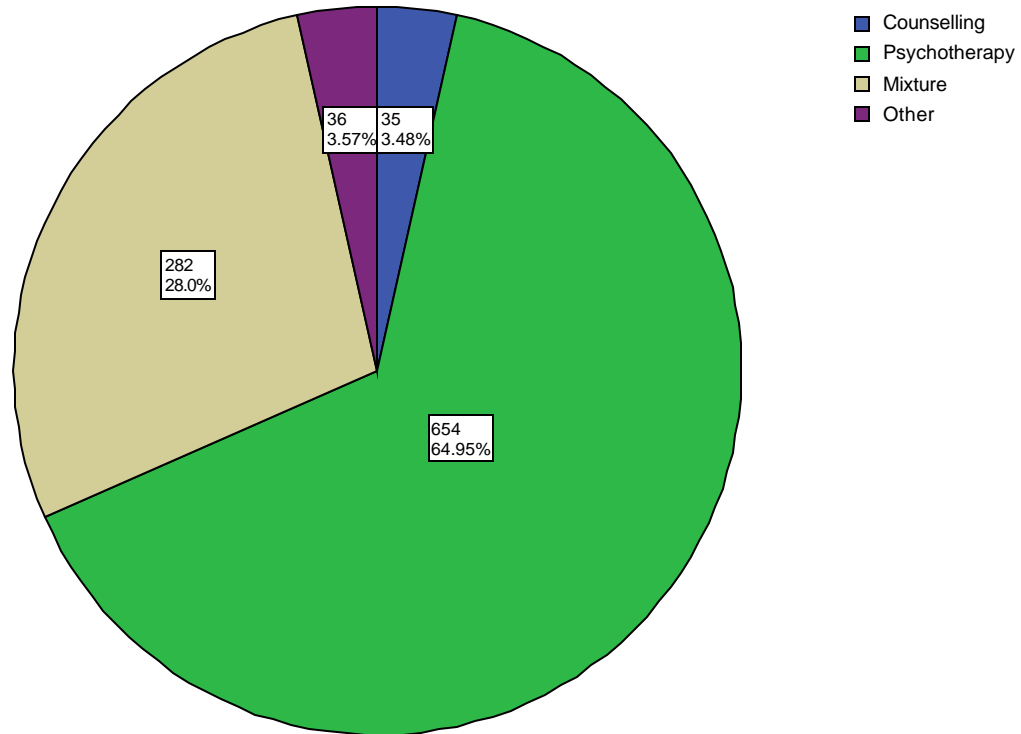
95.5% of respondents report that they are trained and most practise in the profession in which they trained. That is to say that most counsellors train and practice as counsellors and most psychotherapists train and practise as psychotherapists.

**Do Counsellors Train in Counselling?**





## Do Psychotherapists Train in Psychotherapy?



Psychotherapists are more likely to have done a mixture of training, i.e. both counselling and psychotherapy than counsellors.

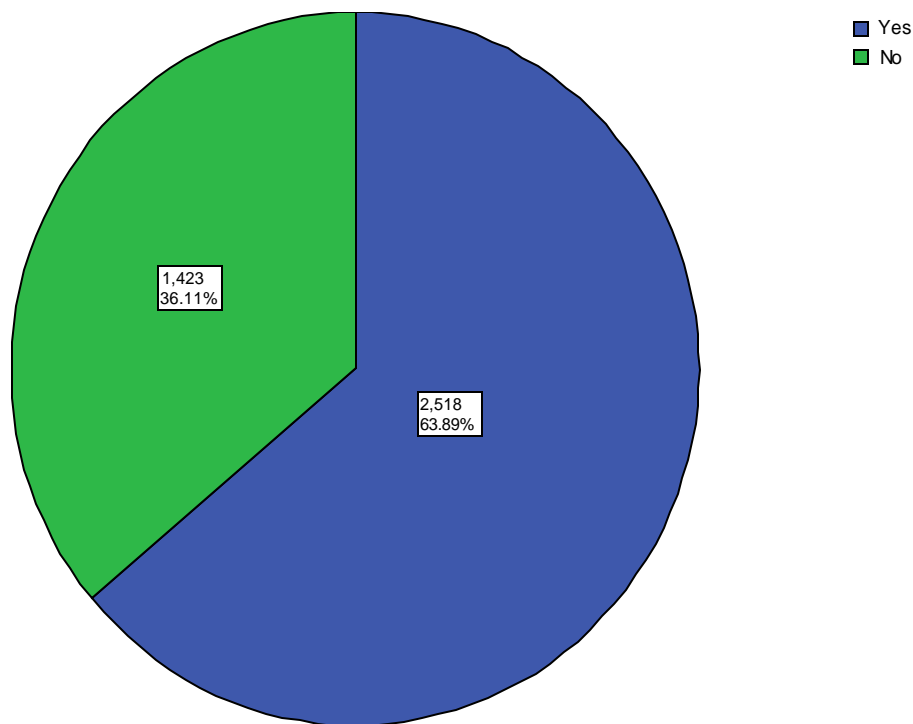
### 2.3 Theoretical basis/modality

The practice of both psychotherapy and counselling rests on a set of knowledge bases which, within each profession, have important commonalities and significant differences.

The list of theoretical approaches was drawn from the Counselling and Psychotherapy Resources Directory (CPRD) published by BACP. This list has two virtues: it is familiar to many and it is a more detailed breakdown than is likely to be relevant to any scheme of registration. A significant omission from the list was hypnotherapy and this was written in under 'other' by a number of respondents. Play therapy was also written in by a number of respondents under other.

64% of psychotherapists and counsellors are employed to practice in the form of psychotherapy and counselling in which they trained and under the title under which they trained

### Is the main theoretical approach the same as the main approached trained in?



#### 2.3.1 Comment

These findings are significant. They strongly consolidated the view that counselling and psychotherapy are focussed and coherent professions. They also suggest that initial training is a reasonable basis for a registration system. While consideration might usefully be given to continuing professional development and the accreditation of incremental learning this is an issue to be addressed within the context of professional training as the clearly established entry route. As noted earlier further research is required into the content of trainings.

#### 2.3.2 Modalities

The UKCP approach differs from the approach taken in the CPRD although it recognisably covers very similar ground. The modality-based model that UKCP has developed over a number of years is a dynamic model that is still developing.

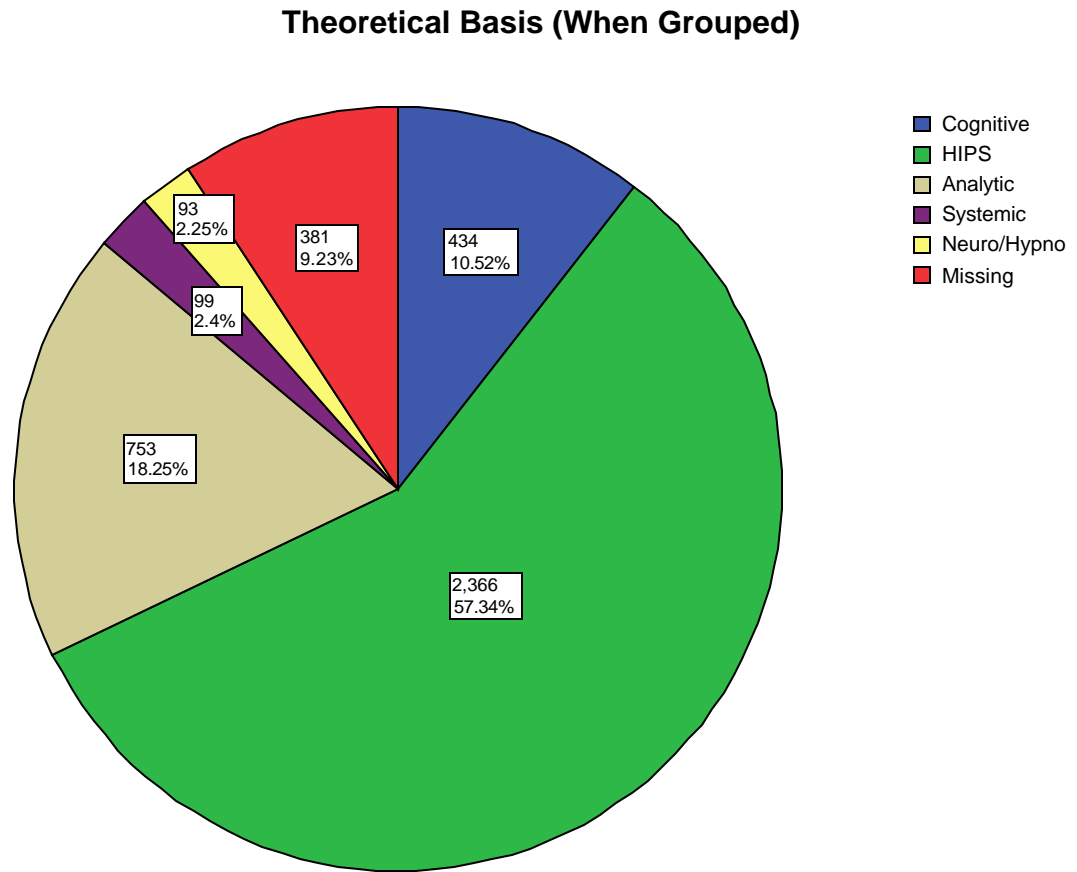
The Psychotherapy profession has historically grouped itself by modality or theoretical approach, and this is a well established way of viewing differences within psychotherapy that is valued by the members of the profession. As noted above, it is not the aim of this report to review the different theoretical orientations nor to consider the ways in which they might be grouped on theoretical grounds. The possibility of psychotherapy being regulated on the basis of recognition of distinct

modalities has been discussed over many years and was the basis of a Bill presented to the House of Lords by Lord Alderdice.

The table below shows the distribution of psychotherapists and counsellors across the following modalities:

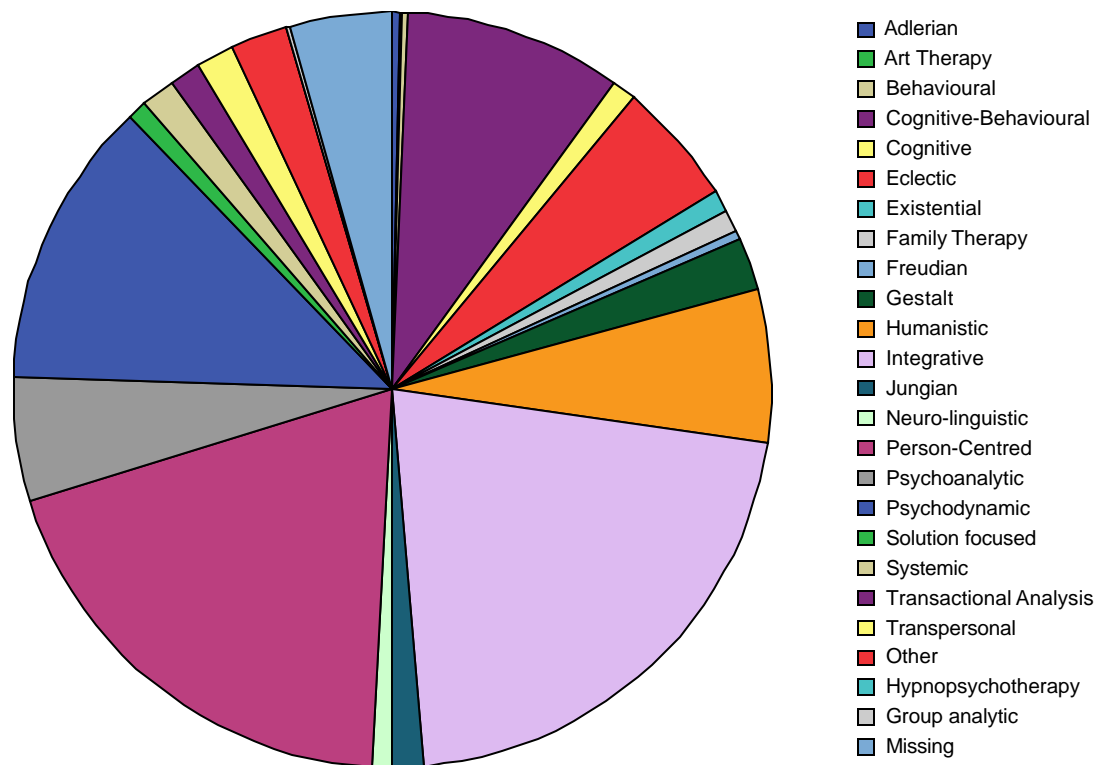
- Cognitive-Behavioural Psychotherapy.
- Humanistic and Integrative Psychotherapy (including Person-Centred Psychotherapy and including as Integrative those courses that offer elements of other modalities).
- Experiential-Constructivist Psychotherapies and Hypno-psychotherapy.
- Psychoanalytic Psychotherapy (including psychoanalysis and psychoanalytical psychology).
- Systemic Family Psychotherapy.

Applying this framework to the respondents to the questionnaire the number of respondents in each category is as follows:



When the theoretical approaches of respondents are presented ungrouped, the four major approaches are Integrative 21%, Person Centred 19%, Psychodynamic 12% and Cognitive Behavioural 12%. This compares to the analysis of training courses available.

**Main Theoretical Approach**



## 2.4 Work

### 2.4.1 Voluntary Work and Paid Work

A high proportion of both psychotherapists and counsellors are paid for their work as psychotherapists (89%) or counsellors (64%).

21% of counsellors, 16% of psychoanalysts and therapists and 10% of psychotherapists do a mixture of paid and voluntary work.

The highest percentage of completely unpaid work by any group of respondents is the 14% for counsellors, more than twice as high as the next group, therapists at 6%.

Overall the findings indicate that only 9.8% of counsellors and psychotherapists do entirely unpaid work. 80.7% of this group are counsellors.

Paid? \* Title Crosstabulation

			Paid?			Total
			Yes	No	Mixture	
Title	Analyst	Count	27	1	2	30
		% within Paid?	.9%	.3%	.3%	.8%
		% within Title	90.0%	3.3%	6.7%	100.0%
		% of Total	.7%	.0%	.1%	.8%
	Counsellor	Count	1365	309	453	2127
		% within Paid?	47.2%	80.7%	71.7%	54.4%
		% within Title	64.2%	14.5%	21.3%	100.0%
		% of Total	34.9%	7.9%	11.6%	54.4%
	Psychoanalyst	Count	15	1	3	19
		% within Paid?	.5%	.3%	.5%	.5%
		% within Title	78.9%	5.3%	15.8%	100.0%
		% of Total	.4%	.0%	.1%	.5%
	Psychologist	Count	154	4	14	172
		% within Paid?	5.3%	1.0%	2.2%	4.4%
		% within Title	89.5%	2.3%	8.1%	100.0%
		% of Total	3.9%	.1%	.4%	4.4%
	Psychotherapist	Count	934	13	90	1037
		% within Paid?	32.3%	3.4%	14.2%	26.5%
		% within Title	90.1%	1.3%	8.7%	100.0%
		% of Total	23.9%	.3%	2.3%	26.5%
	Therapist	Count	229	18	44	291
		% within Paid?	7.9%	4.7%	7.0%	7.4%
		% within Title	78.7%	6.2%	15.1%	100.0%
		% of Total	5.9%	.5%	1.1%	7.4%
	Other	Count	91	23	13	127
		% within Paid?	3.1%	6.0%	2.1%	3.2%
		% within Title	71.7%	18.1%	10.2%	100.0%
		% of Total	2.3%	.6%	.3%	3.2%
	Hypnotherapist	Count	21	3	6	30
		% within Paid?	.7%	.8%	.9%	.8%
		% within Title	70.0%	10.0%	20.0%	100.0%
		% of Total	.5%	.1%	.2%	.8%
	Play Therapist	Count	45	10	7	62
		% within Paid?	1.6%	2.6%	1.1%	1.6%
		% within Title	72.6%	16.1%	11.3%	100.0%
		% of Total	1.2%	.3%	.2%	1.6%
	Family Therapist	Count	13	1	0	14
		% within Paid?	.4%	.3%	.0%	.4%
		% within Title	92.9%	7.1%	.0%	100.0%
		% of Total	.3%	.0%	.0%	.4%
Total		Count	2894	383	632	3909
		% within Paid?	100.0%	100.0%	100.0%	100.0%
		% within Title	74.0%	9.8%	16.2%	100.0%
		% of Total	74.0%	9.8%	16.2%	100.0%

It is impossible to draw any firm conclusion from this finding on unpaid work. However, this research does not support the perception that counselling, in particular, is largely a voluntary activity. A possibility requiring consideration is that voluntary counsellors may be less likely to join professional associations.

A high proportion of counsellors are working part-time as counsellors. A significant minority of psychotherapists are in the same position. However, more than half of psychotherapists and counsellors work over 20 hours per week. 42% of counsellors and 45% of psychotherapists work up to 20 hours per week.

The questionnaire asked how many hours a week respondents worked in counselling and psychotherapy. It is important to note that the questionnaire did not ask how many patient/client contact sessions respondents worked per week. Some respondents may have included time spent on teaching, administration, research and other activities.

#### 2.4.2 Work patterns by professional group

There are clear differences within respondent categories with regard to private or independent practice. 90% of psychoanalysts work in private practice, 67% of analysts, 73% of psychotherapists, 50% of therapists and 46% of counsellors.

#### 2.4.3 Duration of work with clients/patients

54% of respondents worked for between six and 20 sessions with patients/clients.

27% of respondents worked with patients/clients for between six months and 24 months

Only 8% saw patients/clients for up to six sessions

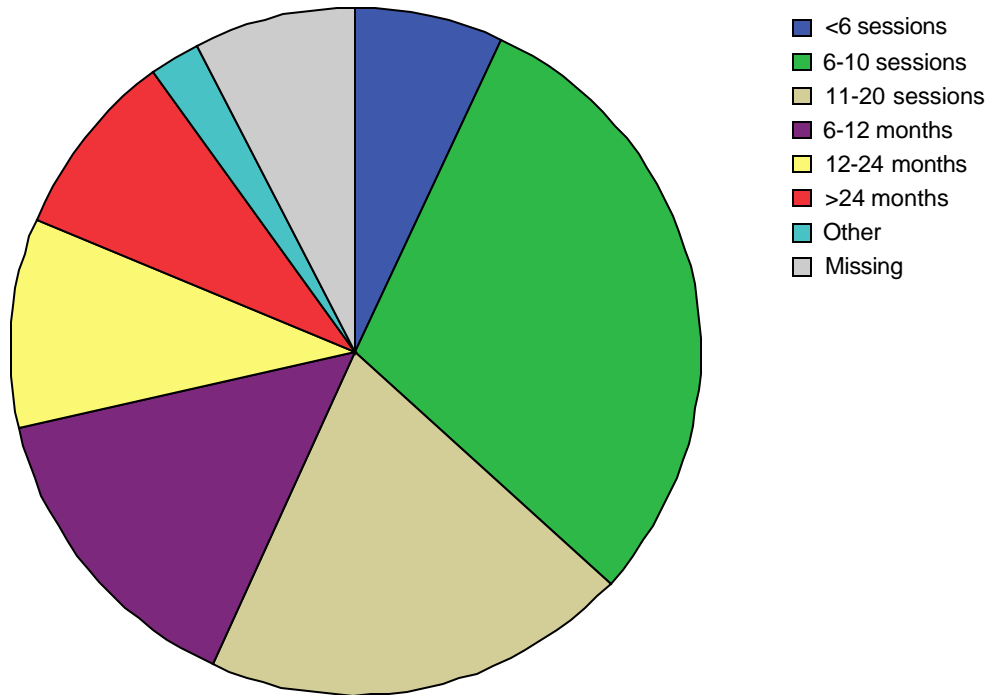
Only 10% worked with patients/clients for over two years.

While some respondents noted that there was a high level of variation in the length of time over which they worked with patients/clients, only 8% did not respond to this question.

#### Duration of Work

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	<6 sessions	287	7.0	7.5	7.5
	6-10 sessions	1231	29.8	32.3	39.8
	11-20 sessions	824	20.0	21.6	61.4
	6-12 months	603	14.6	15.8	77.2
	12-24 months	407	9.9	10.7	87.9
	>24 months	363	8.8	9.5	97.4
	Other	99	2.4	2.6	100.0
	Total	3814	92.4	100.0	
Missing	999	312	7.6		
Total		4126	100.0		

## Duration of Work



### 2.4.4 Professional Organisations

The question on membership of counselling and psychotherapy organisations has resulted in the development of a long list of such organisations. There are a large number of member based organisations around the country.

There has not been time within this project to investigate the nature of these organisations.

### 2.4.5 Working with psychiatric disorders

Percentage working with Psychiatric Disorder by professional group, please see chart on following page.

**Title \* Psychiatric Disorder Crosstabulation**

			Psychiatric Disorder			Total
			Yes	No	999	
Title	Analyst	Count	17	12	1	30
		% within Title	56.7%	40.0%	3.3%	100.0%
		% within Psychiatric Disorder	1.5%	.4%	1.2%	.8%
		% of Total	.4%	.3%	.0%	.8%
	Counsellor	Count	381	1732	42	2155
		% within Title	17.7%	80.4%	1.9%	100.0%
		% within Psychiatric Disorder	33.5%	63.3%	48.8%	54.4%
		% of Total	9.6%	43.7%	1.1%	54.4%
	Psychoanalyst	Count	10	6	3	19
		% within Title	52.6%	31.6%	15.8%	100.0%
		% within Psychiatric Disorder	.9%	.2%	3.5%	.5%
		% of Total	.3%	.2%	.1%	.5%
	Psychologist	Count	112	64	1	177
		% within Title	63.3%	36.2%	.6%	100.0%
		% within Psychiatric Disorder	9.8%	2.3%	1.2%	4.5%
		% of Total	2.8%	1.6%	.0%	4.5%
	Psychotherapist	Count	424	591	30	1045
		% within Title	40.6%	56.6%	2.9%	100.0%
		% within Psychiatric Disorder	37.2%	21.6%	34.9%	26.4%
		% of Total	10.7%	14.9%	.8%	26.4%
	Therapist	Count	112	178	4	294
		% within Title	38.1%	60.5%	1.4%	100.0%
		% within Psychiatric Disorder	9.8%	6.5%	4.7%	7.4%
		% of Total	2.8%	4.5%	.1%	7.4%
	Other	Count	65	65	4	134
		% within Title	48.5%	48.5%	3.0%	100.0%
		% within Psychiatric Disorder	5.7%	2.4%	4.7%	3.4%
		% of Total	1.6%	1.6%	.1%	3.4%
	Hypnotherapist	Count	5	26	0	31
		% within Title	16.1%	83.9%	.0%	100.0%
		% within Psychiatric Disorder	.4%	1.0%	.0%	.8%
		% of Total	.1%	.7%	.0%	.8%
	Play Therapist	Count	3	59	0	62
		% within Title	4.8%	95.2%	.0%	100.0%
		% within Psychiatric Disorder	.3%	2.2%	.0%	1.6%
		% of Total	.1%	1.5%	.0%	1.6%
	Family Therapist	Count	10	3	1	14
		% within Title	71.4%	21.4%	7.1%	100.0%
		% within Psychiatric Disorder	.9%	.1%	1.2%	.4%
		% of Total	.3%	.1%	.0%	.4%
Total		Count	1139	2736	86	3961
		% within Title	28.8%	69.1%	2.2%	100.0%
		% within Psychiatric Disorder	100.0%	100.0%	100.0%	100.0%
		% of Total	28.8%	69.1%	2.2%	100.0%



Respondents were asked if they worked with patients/clients with psychiatric disorders. 57% of analysts answered yes, 53% of psychoanalysts, 41% of psychotherapists, 38% of therapists and 18% of counsellors.

The questionnaire found that between 23-37% of counsellors and psychotherapists work with children, the highest percentage represents psychoanalysts and the lowest counsellors. The concern has been expressed that some psychotherapists and counsellors may be undertaking work with children and adolescents without relevant training. It is acknowledged that a useful additional question within the survey would have addressed training for work with children and adolescents. However, this is a complex issue. For example, Family Therapists are working with children in the context of working with families. There is a debate within the field about whether psychotherapy or counselling with children and adolescents is better regulated separately from work with adults or in conjunction with it. This is an important area for further work.

### **3. Professional Organisations**

The question on membership of counselling and psychotherapy organisations has resulted in the development of a long list of such organisations. There is a large number of member based organisations around the country.

There has not been time within this project to investigate the nature of these organisations.

### **4. Counselling and Psychotherapy Compared**

4.1 The research has been conducted in the light of the recognition that there are significant similarities between counselling and psychotherapy at a macro level. The findings of the research confirm this.

4.2 There are some significant differences that have been identified. Analysis of the results is not complete but a note on some key points of comparison are contained within the report. Some of these differences are matters of degree and of emphasis.

4.3 Psychotherapy and counselling are fields in which the philosophical approach to the work is significant and any proposed regulatory structure will need to engage with the complexity that this creates. It is not clear that the HPC has the capacity to engage with this complexity.

4.4 This research supports the view that, at the level of identification by title, there are two traditions that are followed in training and in practice. The work of considering the relationship between these traditions will continue. It is hoped that this report will illuminate aspects of the present state of the field.

4.5 There may be evidence of significant difference in the detail of training and practice. This would require, in the first instance, further work on which distinctions it might be important to seek to identify and why.

4.6 Within the research one group has emerged as using a distinct primary title: 'therapist'. This title is also used by the relevant trainings. These are mainly in the field of Cognitive Behavioural, Family and Systemic approaches.

4.7 It is possible that this reflects a focus on programmatic work directed towards outcomes rather than a narrative/relational approach which characterises much of psychotherapy and counselling.

The information gathered sheds some light on the issue of the differences between the professions:

### **Title**

There is a clear distinction between the titles that training courses use. 95% of trainings are either counselling or psychotherapy trainings. Only 5% of training courses are counselling and psychotherapy courses. The research did not investigate why a particular title was chosen by the different training courses.

### **Titles used in practice by respondents**

This distinct use of titles is mostly carried through into practice. Most respondents work under the title of the training that they received. This includes 78.5% of counsellors and 62.6% of psychotherapists. 16.4% of counsellors and 27% of psychotherapists report having mixed trainings. This contrasts with 5% of courses that describe themselves as psychotherapy and counselling trainings. Some comments suggest that people do more than one training.

### **Training**

At 97.2% for counsellors and 96.4% for psychotherapists the percentage of respondents reporting that they have received training is very high for both groups and not significantly different between them.

### **Sector**

There is a variance in the distribution of training across the different sectors. There is a significant number of counselling training courses in the Further Education sector but there are no psychotherapy trainings in this sector. For both psychotherapy and counselling there is a significant number of private trainings which claim Higher Education status but which have not been validated by a Higher Education institution.

### **Length of training**

The research indicates that psychotherapy trainings last for more years than counselling trainings. The research did not investigate the levels of attendance required by the courses.

## **Work**

Very few counsellors or psychotherapists who responded to the survey work unpaid. This group was mostly counsellors but it was a very small proportion of counsellors responding to the survey.

## **Theoretical orientation/modality**

There are some significant differences between psychotherapy and counselling in the balance of theoretical orientation/modality.

Person Centred counsellors formed 33% of counsellors but only 3% of psychotherapists were in this group

The Integrative group was very similar in both counselling and psychotherapy at 25% and 24% respectively.

Psychoanalytic psychotherapists formed 18% of psychotherapists (a figure that will have been slightly depressed by the non-participation of the British Confederation of Psychotherapists (now known as British Psychoanalytic Council) and the Association of Child Psychotherapists in the survey). This figure rises to 28% if psychodynamic psychotherapists are included. Psychoanalytic counsellors form only 2% of counsellors but this rises to 18% if psychodynamic counsellors are included.

Cognitive and Behavioural counsellors form 4% of counsellors but Cognitive Behavioural psychotherapists form 12% of psychotherapists. Cognitive and Behavioural therapists form 24% of therapists.

## **Duration of work**

41% of counsellors work with patients/clients for 6-10 sessions compared to 18% of psychotherapists and 30% of therapists. The percentage of counsellors and psychotherapists working with patients/clients for up to 20 sessions is 71% and 40% respectively. For therapists it is 62%

42% of psychotherapists work with patients/clients for more than one year compared to 11% of counsellors and 16% for therapists.

(81% of hypnotherapists work with patients/clients for up to six sessions compared with 6% for counsellors and psychotherapists. 100% of hypnotherapists work with patients/clients for 10 sessions or fewer.)

## **Place of work**

Only a third of counsellors and psychotherapists work in the health sector; 32% of counsellors and 34% of psychotherapists. A higher proportion of counsellors work in primary care while a higher proportion of psychotherapists work in secondary care.

The level of work in the education sector was similar; 21% of counsellors and 20% of psychotherapists worked in this sector.

37% of counsellors work for an agency compared to 13% of psychotherapists. However, a higher percentage of psychotherapists than counsellors work for employee assistance programmes (24% compared to 16%).

46% of counsellors and 73% of psychotherapists work in private practice

### **Working with Psychiatric Disorder**

The proportion of psychotherapists working with psychiatric disorder was higher (at 40.6%) than for counsellors (at 17.7%). This proportion rose to 55% for analysts and psychoanalysts. For therapists it was close to the figure for psychotherapists at 38.1%.

## **5. Review of Training Courses**

The task of reviewing all the counselling and psychotherapy trainings in the UK is a major exercise to which this report offers an entry point. The starting point has been to seek to create a list of all the training courses in psychotherapy and counselling in the UK in 2005. Training courses have been defined as those trainings that seek to produce graduates capable of working independently as counsellors or psychotherapists. Courses that did not appear to have this aim were excluded. These included counselling skills courses, continuing professional development courses and those academic courses that did not appear to include elements of clinical practice.

It is accepted that the list will not be complete and that there will be anomalies in it. Some programmes may appear in the list inappropriately. It is unclear from the titles of some courses if they aim to be clinical trainings – e.g. Masters in Psychoanalytic Observational Studies. More detailed data collections and analysis would be needed to accurately identify all professional training courses.

The question of whether these trainings are effective, or are appropriately presented as professional training courses, has not been addressed. For example, some distance learning courses have been identified and included. It is a matter of debate whether distance learning is an appropriate medium for psychotherapy and counselling training.

### **5.1 Method**

Building on a data set already in development by BACP, data was collected by a snowball technique using the information already held by professional bodies on their accredited/recognised courses, information from Awarding Bodies and information freely available on the World Wide Web and in publications. In addition a set of questions was sent out to training courses asking for more detailed information on the training courses they offered (this questionnaire appears as Appendix 4). Returns of this questionnaire have been disappointing. This is not only because of the number of returns, but also because many of the returns are incomplete. Completing the questionnaire may have been potentially a lengthy task. Also the questionnaire was addressed to small organisations whose capacity to respond may be lower than that of individuals or large organisations. What became apparent in the course of the research is that much of the information is in the public domain. However, it is a significant

research exercise, beyond the resources available to this project, to compile it. The data was entered into an Excel spreadsheet and transferred to SPSS for analysis.

The questionnaire for individual counsellors and psychotherapists made possible a cross referencing between the training provision found in the map and the training qualification of respondents to the questionnaire. The initial finding already noted concerns the high proportion of respondents that are practising using the approach of their original core training. This underlines the importance of training to the practice of psychotherapy and counselling.

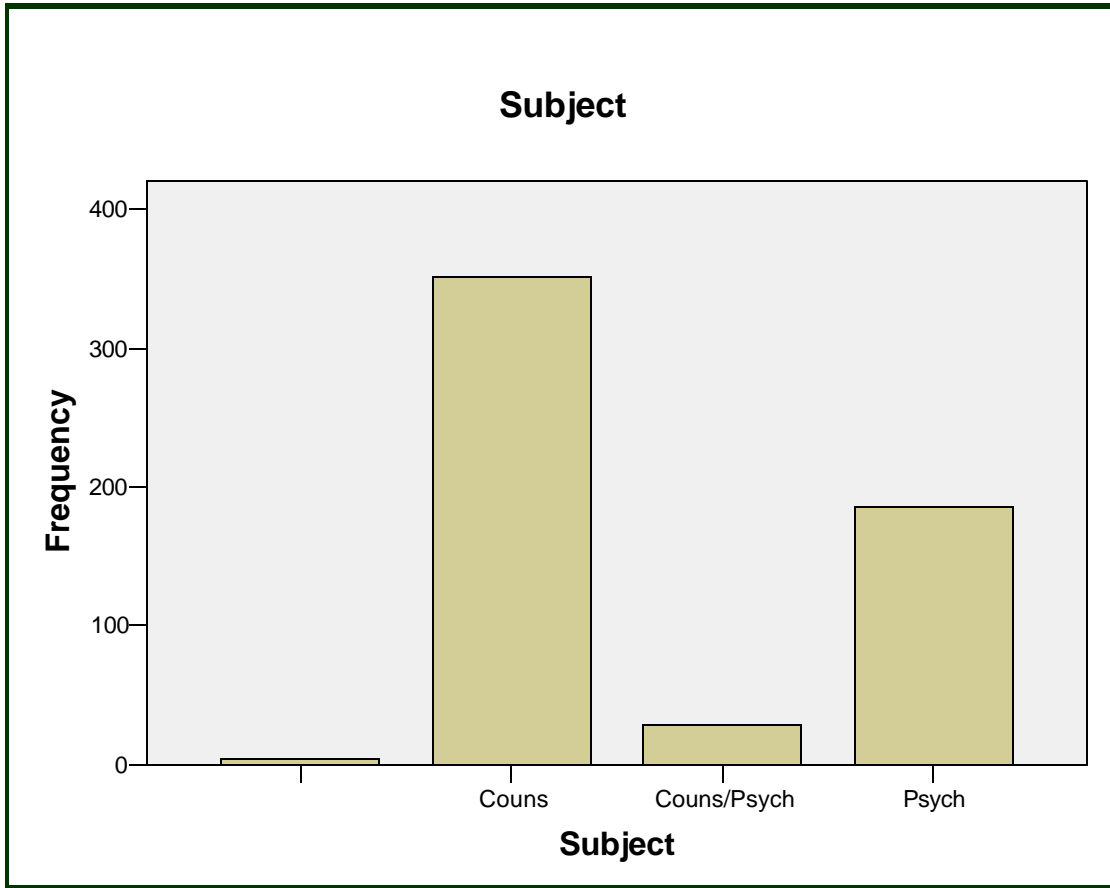
## 5.2 Size of the field

570 courses have been identified. These have been analysed by subject, by sector, by theoretical orientation/modality, and by professional body recognition.

Of the 570 trainings identified, 61.6% were counselling, 32.6% psychotherapy, 5% counselling/psychotherapy. The project has not been able to collect and analyse detailed data from all 570 courses, so no definitive statement can be made as to the nature of all the 570 courses. Some may not be clinical or practitioner trainings.

### Distribution of trainings by subject

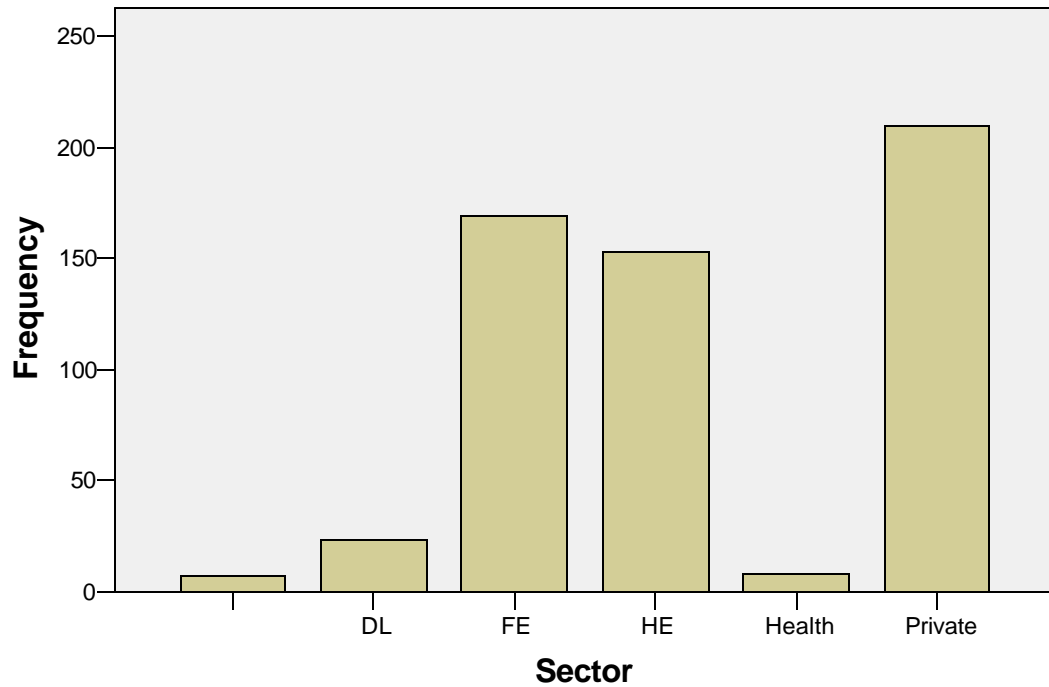
	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	4	.7	.7	.7
Counselling	351	61.6	61.6	62.3
Counselling/Psychotherapy	29	5.1	5.1	67.4
Psychotherapy	186	32.6	32.6	100.0
Total	570	100.0	100.0	



**Distribution of trainings by Sector**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	7	1.2	1.2	1.2
DL	23	4.0	4.0	5.3
FE	169	29.6	29.6	34.9
HE	153	26.8	26.8	61.8
Health	8	1.4	1.4	63.2
Private	210	36.8	36.8	100.0
Total	570	100.0	100.0	

## Sector



### Distribution by subject cross-referenced with distribution by sector

Subject \* Sector Crosstabulation

		Sector						Total
		DL	FE	HE	Health	Private		
Subject	Count	0	0	0	2	0	2	4
	% within Subject	.0%	.0%	.0%	50.0%	.0%	50.0%	100.0%
	% within Sector	.0%	.0%	.0%	1.3%	.0%	1.0%	.7%
	% of Total	.0%	.0%	.0%	.4%	.0%	.4%	.7%
Couns	Count	1	18	168	75	0	89	351
	% within Subject	.3%	5.1%	47.9%	21.4%	.0%	25.4%	100.0%
	% within Sector	14.3%	78.3%	99.4%	49.0%	.0%	42.4%	61.6%
	% of Total	.2%	3.2%	29.5%	13.2%	.0%	15.6%	61.6%
Couns/Psych	Count	0	0	1	16	0	12	29
	% within Subject	.0%	.0%	3.4%	55.2%	.0%	41.4%	100.0%
	% within Sector	.0%	.0%	.6%	10.5%	.0%	5.7%	5.1%
	% of Total	.0%	.0%	.2%	2.8%	.0%	2.1%	5.1%
Psych	Count	6	5	0	60	8	107	186
	% within Subject	3.2%	2.7%	.0%	32.3%	4.3%	57.5%	100.0%
	% within Sector	85.7%	21.7%	.0%	39.2%	100.0%	51.0%	32.6%
	% of Total	1.1%	.9%	.0%	10.5%	1.4%	18.8%	32.6%
Total	Count	7	23	169	153	8	210	570
	% within Subject	1.2%	4.0%	29.6%	26.8%	1.4%	36.8%	100.0%
	% within Sector	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	% of Total	1.2%	4.0%	29.6%	26.8%	1.4%	36.8%	100.0%

## **5.3 Sectors**

There are four distinct sectors offering training in counselling and psychotherapy - Further and Higher Education, private training organisations and distance learning organisations. The table above shows the distribution of training courses by sector.

### **5.3.1 Further Education**

Analysis by sector showed 29.6% (169) of all training courses are delivered in Further Education, all except one of these courses had the title 'counselling'. The exception is a 'counselling/psychotherapy' course. 48% of all counselling courses are delivered in this sector. Courses delivered in the Further Education Sector are qualifications validated by Awarding Bodies; these qualifications and the Awarding Bodies themselves are approved and quality assured by the Qualifications and Curriculum Authority (QCA). This is covered in more detail in the section of training standards.

### **5.3.2 Higher Education**

26.8% of all psychotherapy and counselling training is delivered in Higher Education, of this 49% are counselling courses, 39% psychotherapy and 10.5% counselling/psychotherapy training courses. Courses delivered in Higher Education are quality assured by the Universities' own policies and procedures and the Quality Assurance Agency (QAA).

### **5.3.4 Private sector**

The private sector training providers are a mixture of commercial and not for profit organisations. They represent 36.8% of all training delivered in the UK; of the private training 51% is psychotherapy, 42% counselling and 6% counselling/psychotherapy.

Private sector organisations are not necessarily linked to any external quality assurance systems. A number of such training organisations are seeking university validation, and some hold Professional Body recognition. It has not been possible to collect full data on this in the time frame.

### **5.3.4 Health service**

A small number of psychotherapy courses are delivered in Health Trusts, (1.4%).

### **5.3.5 Sector comments**

The training available in psychotherapy and counselling is divided between the three sectors, with a significantly larger percentage in the private sector for psychotherapy, and just over half of counselling training in the Further Education sector.

The brief for the project is to consider counselling and psychotherapy trainings in the light of possible regulation through the HPC. With the exception of the paramedics (where the matter is under discussion), the training for all the regulated professions is university based at honours degree level or higher.



At present, only just over one quarter of the training qualifications available in the field is in the Higher Education sector.

A growing number of private training organisations is seeking university validation. Securing validation can present difficulties in the changes, both substantive and presentational, that may be required and can incur significant costs. However such validation provides graduates with a recognised award.

The position of courses in the FE Sector is affected by the recent revisions that the QCA has made to its qualification levels designed to demonstrate equivalences between QCA and QAA levels.

#### 5.4 Professional Association recognition

5.4.1 Some psychotherapy and counselling training courses are recognised by a professional association which operates an accreditation system for trainings, and in some cases, a registration system for graduates of those trainings. There are 12 professional bodies awarding such recognition; of these, four recognise a significant number of courses:- BACP - 80(14%) counselling and counselling/psychotherapy courses, UKCP - 56 (9.8%) psychotherapy courses, BABCP - 29(5%) Cognitive-Behavioural courses, and the BCP - 11 (2%) psychoanalytic psychotherapy courses.

Professional Body recognition in the UK \* Sector Crosstabulation

Count		Sector						Total
		DL	FE	HE	Health	Private		
Professional		5	23	149	77	2	105	361
Body	ACC	0	0	0	1	0	0	1
recognition in	ACP	1	0	0	0	1	2	4
the UK	ACP/BCP	0	0	0	0	0	1	1
	ACP/UKCP	0	0	0	0	0	2	2
	AFT	0	0	0	7	2	0	9
	BABCP	1	0	0	24	1	2	28
	BACP	0	0	19	29	2	29	79
	BACP/BABCP	0	0	0	0	0	1	1
	BAPT	0	0	0	1	0	0	1
	BCP	0	0	0	0	0	11	11
	BPA/UKCP	0	0	0	0	0	1	1
	COSCA	0	0	1	3	0	3	7
	FDAP	0	0	0	1	0	0	1
	UKCP	0	0	0	0	0	52	52
	UKCP/AFT	0	0	0	0	0	1	1
	UKCP/UPCA	0	0	0	2	0	0	2
	UPCA	0	0	0	8	0	0	8
Total		7	23	169	153	8	210	570

5.4.2 Within UKCP there is also a number of associations which themselves accredit training courses such as the Association of Family Therapists. There are also other professional bodies which represent specialist areas of work e.g. the Federation of Drug and Alcohol Professionals, the Association of Child Psychotherapists, the Association of Family Therapists. However, 63% of training courses have not sought, or have been unsuccessful in seeking, professional body recognition.

## **5.5 External validation and quality assurance.**

All courses delivered in Higher and Further Education are subject to the quality assurance processes and standards of those institutions and also to the QAA and QAA. In addition courses may have professional body validation and be bound by those quality assurance standards and processes. It appears from the data, although this is incomplete, that some training courses in the private sector are subject to no external validation of quality assurance processes.

## **5.6 Course Titles**

5.6.1 An analysis of training by course titles revealed several patterns.

- A general title “Counselling” or “Psychotherapy”, with a small number offering “Counselling & Psychotherapy”.  
These courses may offer distinct, integrative, or eclectic theoretical models, but this is not made clear in the titles.
- Theoretical approach/modality in the title. e.g. Psychodynamic counselling, Gestalt Therapy, Integrative Psychosynthesis.  
These are courses offered within a clearly specified theoretical orientation or modality. The great majority of courses come within this category.
- The patient/client groups on which the training is focussed e.g. Adult Psychotherapy, Couple Psychotherapy.
- Trainings for work in specific contexts e.g. Organisational Settings.
- Identification of the issue or problem e.g. Addictive Disorders, Sexual and Relationship problems.  
These three groups represent a small number of courses.

There is an evident imbalance in the size of the different groups of training courses when analysed by theoretical approach, which is paralleled by the findings on theoretical approaches from the individual questionnaire responses.

The large Humanistic-Integrative Section includes trainings in Person Centred Counselling which alone constitute a high proportion of counsellor trainings. If the number of trainings were the critical consideration this approach would require separate recognition.

## **5.7 Award titles**

There are a great many award titles used and within those there is confusion over what level are indicated by the award titles. 36% of all awards for both psychotherapy and counselling courses are diplomas, 11% are advanced diplomas. There are also graduate and post graduate diplomas and diplomas of Higher Education. Diploma is used as an award in all three sectors and it is unclear if all are meeting a similar standard. In the Higher Education sector courses are often offered as Post Graduate Diploma/MA or MSc. It is not clear how progression occurs or what constitutes a full training. Many psychotherapy courses advertise that they are at Masters level, and it is unclear what this means if the courses do not hold university validation.



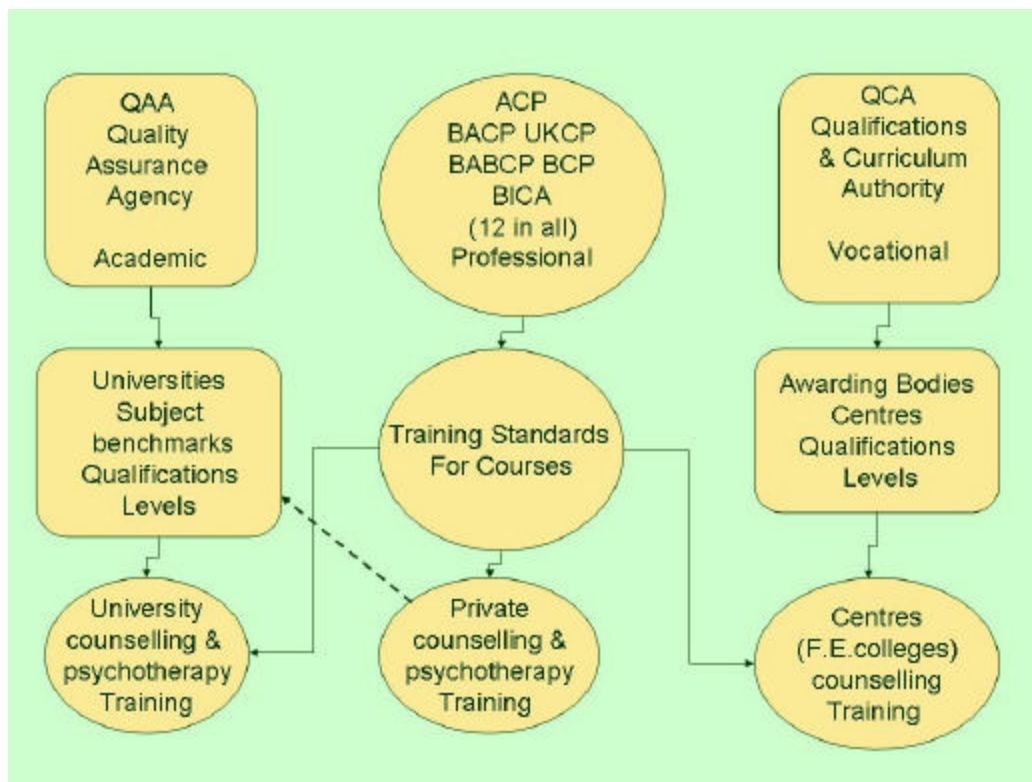
# STANDARDS OF TRAINING IN PSYCHOTHERAPY AND COUNSELLING IN THE UK

## 1. Method

All national training standards relevant to psychotherapy and counselling were identified and collected. These Standard Setting Bodies are listed in the table below. These standards were analysed against the HPC Standards of Education and Training. Reference was also made to the HPC generic Standards of Proficiency.

A working group of experienced counselling and psychotherapy trainers was established. Each member of the group compared the standards of two or more courses run under a particular set of national standards against the HPC Standards of Education and Training and Standards of Proficiency. They attempted to assess whether the particular training could become an approved qualification under HPC criteria and identify areas of discrepancy and difference.

The chart below shows the structure of the main psychotherapy and counselling external validation processes in current use.



## **2. The following standards were considered by the working group:**

- QAA (Quality Assurance Agency for Higher Education) level descriptors Certificate to Doctoral levels.
- QCA (Qualifications and Curriculum Authority) level descriptors 3 - 8 and criteria for Awarding Bodies.
- The QAA and QCA have recently agreed an equivalence mapping of the two sets of standards: the Framework for Higher Education Qualifications – FHEQ – established by the QAA and the National Qualifications Framework – NQF – established by the QCA) A copy of this is attached in appendix 5
- National Occupational Standards (NOS) Levels 3 and 4 (currently under review by ENTO - formerly the Employment National Training Organisation)
- Qualifications offered by the following Awarding Bodies: - AQA, ABC, CPCAB Edexcel. BTEC City& Guilds, NCFE and OCN also offer counselling qualifications which were not included in this study due to lack of resources and time.
- Generic Training Standards of national psychotherapy and counselling bodies: UKCP BACP and COSCA. In this context, generic means that the standards are applied to courses of any theoretical orientation/modality and in any sector.
- Specialist training standards in counselling and psychotherapy, specific to sector e.g. UPCA; approach e.g. ACC; modality e.g. BCP; client group e.g. BICA.

### Standard setting bodies

QAA	QCA	SECTOR SKILLS COUNCILS & NATIONAL TRAINING ORGANISATIONS	REGULATORY COUNCIL HPC	PROFESSIONAL BODIES COUNSELLING BACP	PROFESSIONAL BODIES PSYCHOTHERAPY UKCP
SUBJECT BENCHMARKS	QUALIFICATIONS (Awarding Body specific)	NATIONAL OCCUPATIONAL STANDARDS	STANDARDS OF TRAINING EDUCATION & PROFICIENCY	TRAINING STANDARDS FOR COURSE ACCREDITATION	TRAINING STANDARDS FOR REGISTRATION
Academic		Competency based	Academic & competency based	Academic & competency based	
UNIVERSITIES	AWARDING BODIES		APROVED QUALIFICATIONS & REGISTRANTS	ACCREDITED COURSES	MEMBER ORGANISATIONS (TRAINING)
COURSES					
LEVELS & LEVEL DESCRIPTORS	LEVELS	LEVELS	LEVEL VARIES FOR EACH PROFESSION (HE)	ALL LEVELS: QCA level 3 – QAA M level Some no qualifications	MASTERS LEVEL Some QAA M level Some no qualifications
5. D Doctorate	8		D		
4.M Masters	7		M (2 professions)		
3. H Bachelors	6		H (8 professions)		
2. I Intermediate	5		I		
1. C certificate	4	4	C (1 profession)		
	3	3			
			2 also professional body certificates of competence /attainment		

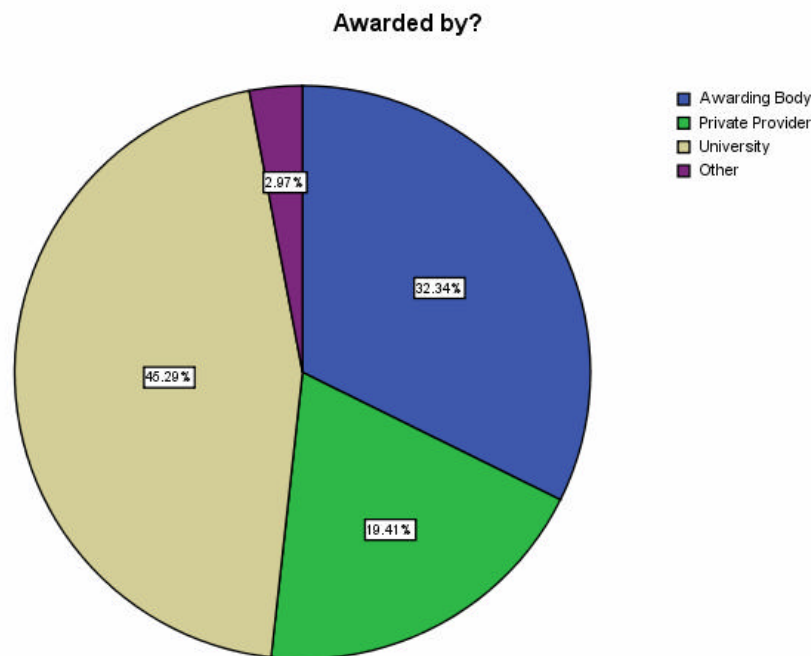
PROFESSIONAL BODIES: COUNSELLING Association of Christian Counsellors (ACC)	PROFESSIONAL BODIES: COUNSELLING United Kingdom Association of Therapeutic Counsellors (UKATC)	PROFESSIONAL BODIES: COUNSELLING AND PSYCHOTHERAPY University Psychotherapy & Counselling Association (UPCA)	PROFESSIONAL BODIES: PSYCHOTHERAPY British (1) Confederation of Psychotherapists (BCP) (2) The College of Psychoanalysts UK
Faith based training standards for courses accreditation	No information available	Sector specific – university Modality specific? standards for courses & registration	Modality specific: Psychoanalytic psychotherapy
Accredited courses some with Awarding Body approval	Registrants	Member organisations (training)	(1) Members – training bodies and individual registrants (2) Registrant members

### 3. General observations

**3.1** The standard setting regime offered by the HPC rests upon a Higher Education framework. The current minimum level for a professional qualification leading to registration with HPC is honours graduate. The proposal for HPC registration implies that both psychotherapy and counselling are to be formulated as graduate or post-graduate professions. This might be expressed as level H in the FHEQ or level 6 in the revised NQF. Three sectors deliver counselling and psychotherapy trainings in the UK, Higher Education, Further Education and the Private Sector. Psychotherapy training is found in the university and private sector and counselling training in all three.

#### Distribution of respondents by organisation awarding qualification

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Awarding Body	1253	30.4	32.3	32.3
	Private Provider	752	18.2	19.4	51.7
	University	1757	42.6	45.3	97.0
	Other	115	2.8	3.0	100.0
	Total	3877	94.0	100.0	
Missing	888	108	2.6		
	999	141	3.4		
	Total	249	6.0		
Total		4126	100.0		



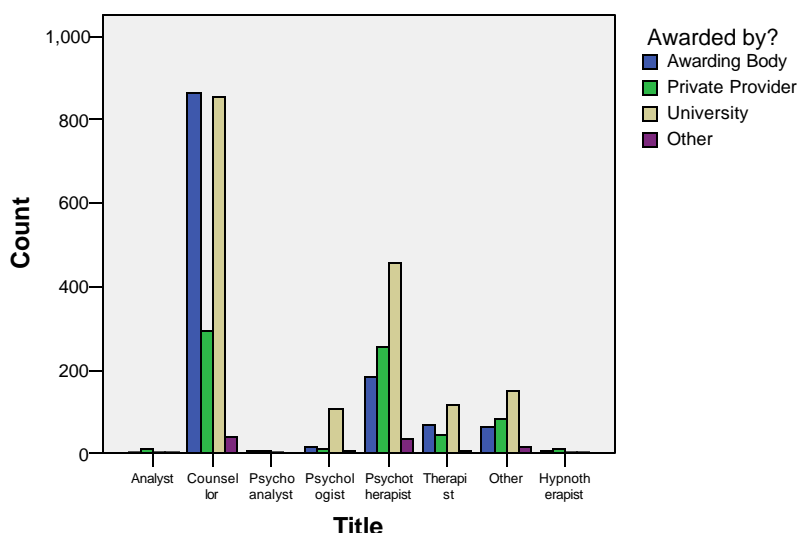
**Distribution of organisation awarding qualification by professional group**



**Title \* Awarded by? Crosstabulation**

			Awarded by?				Total
			Awarding Body	Private Provider	University	Other	
Title	Analyst	Count	4	18	4	3	29
		% within Title	13.8%	62.1%	13.8%	10.3%	100.0%
		% of Total	.1%	.5%	.1%	.1%	.8%
	Counsellor	Count	868	294	861	44	2067
		% within Title	42.0%	14.2%	41.7%	2.1%	100.0%
		% of Total	23.3%	7.9%	23.1%	1.2%	55.4%
	Psychoanalyst	Count	5	7	4	0	16
		% within Title	31.3%	43.8%	25.0%	.0%	100.0%
		% of Total	.1%	.2%	.1%	.0%	.4%
	Psychologist	Count	16	14	118	7	155
		% within Title	10.3%	9.0%	76.1%	4.5%	100.0%
		% of Total	.4%	.4%	3.2%	.2%	4.2%
	Psychotherapist	Count	191	282	475	44	992
		% within Title	19.3%	28.4%	47.9%	4.4%	100.0%
		% of Total	5.1%	7.6%	12.7%	1.2%	26.6%
	Therapist	Count	82	55	130	6	273
		% within Title	30.0%	20.1%	47.6%	2.2%	100.0%
		% of Total	2.2%	1.5%	3.5%	.2%	7.3%
	Other	Count	31	24	53	5	113
		% within Title	27.4%	21.2%	46.9%	4.4%	100.0%
		% of Total	.8%	.6%	1.4%	.1%	3.0%
	Hypnotherapist	Count	9	11	3	2	25
		% within Title	36.0%	44.0%	12.0%	8.0%	100.0%
		% of Total	.2%	.3%	.1%	.1%	.7%
	Play Therapist	Count	6	8	35	1	50
		% within Title	12.0%	16.0%	70.0%	2.0%	100.0%
		% of Total	.2%	.2%	.9%	.0%	1.3%
	Family Therapist	Count	2	0	10	0	12
		% within Title	16.7%	.0%	83.3%	.0%	100.0%
		% of Total	.1%	.0%	.3%	.0%	.3%
Total		Count	1214	713	1693	112	3732
		% within Title	32.5%	19.1%	45.4%	3.0%	100.0%
		% of Total	32.5%	19.1%	45.4%	3.0%	100.0%

**Bar Chart**



### 3.2 Counselling training

This raises significant issues for counselling. There is a major division in the field of counselling training between the academic standards expressed by courses validated in universities under the QAA and the vocational standards expressed in the NOS and found in training courses validated by the QCA and offered by the Awarding Bodies. As a result of the work on equivalences between the FHEQ and the NQF noted above it is hoped that in the near future it will be possible to identify equivalences as they apply to counselling. QAA benchmarking is a possibility that might be pursued. The situation is further complicated at the moment as the NOS in counselling are under review by ENTO. As things stand at present the range of levels at which counselling courses are currently offered is very broad. There is a significant number of counselling courses at NQF level 5 or lower – that is below the level currently found in professions regulated by the HPC.

### 3.3 Psychotherapy training

The issues raised for psychotherapy trainings are different. Psychotherapy trainings have been widely referenced to Higher Education standards (as set out by the QAA) and located at post-graduate level. However there are many psychotherapy trainings that have not been submitted to assessment and validation by Higher Education Institutions. QAA benchmarking is a possibility that might be pursued. There are important issues to address concerning the preservation of clinical relevance in the process of academic benchmarking. However, not only have other clinical disciplines accomplished this but nearly half the psychotherapy trainings are already in the university sector and only just over one quarter of psychotherapy trainings are offered by private providers.

### **3.4 Private sector training**

Analysis of the private sector of training provides somewhat contradictory findings. Whereas almost 37% of training courses are in the private sector, only 18% of individual members of professional body questionnaire respondents had qualifications awarded by private training providers, compared to 30% who held awards from Awarding Bodies, who offer 30% of the training, and 42% who held university awards, while only 27% of training courses are university based. This finding would require more research to be able to make any valid interpretation. At first sight it appears that the course take-up rates are significantly different.

### **3.5 Implication**

One possible implication of the findings of this research is that the transfer of psychotherapy and counselling into the Higher Education sector is proceeding with some rapidity and the professions may be becoming academic professions despite debate within them about the desirability of this.

## **4. External Validation**

**4.1** The framework for assessment of counselling and psychotherapy training is divided between academic, vocational and clinical frameworks. Training in counselling is offered at all levels from NOS level 3 to doctoral awards in all three sectors. The view has been expressed that there is an important distinction between courses and trainings. Psychotherapy trainings are offered at masters level and doctoral level in two sectors. Important issues for both psychotherapy and counselling are the value and difficulties of these different frameworks and the possibilities of combining different approaches in effective schemes.

**4.2** The QCA (Awarding Body qualifications and NOS Level 3 and 4 for Counselling) delivers the greatest number of counselling training courses in the UK. Many of these have historically been at level 3 (See letter from AQA appendix 6) The Awarding Bodies are at present re-aligning their qualifications to meet the revised NQF levels. The NOS are under review and the future of an NVQ at level 3 in Counselling in doubt as there has been minimal take up of this qualification in the sector. Most qualifications are VRQs (Vocationally Related Qualifications) which map themselves against the NOS. The Awarding Bodies consider that at (old) level 4 they are offering a training whose learning outcomes would equip a student to work as a counsellor. 30% of respondents to the questionnaire identified their qualification as having been awarded by an Awarding Body. In any future moves to establish a threshold standard for registration the QCA would expect to be consulted.

Those students who complete courses that are not regarded as professional trainings, but which could be considered as part of a progression route will need to be a focus of consideration once a professional framework is established. This is a particular problem with regard to the HPC which makes no provision for student registration.

**4.3** Three issues in particular will arise:

- a) The registration status of counsellors or psychotherapists at the beginning of their professional life, and in particular the position of psychotherapists and counsellors in training, will need to be considered. It is a common practice in counselling and

some schools of psychotherapy, as it is in social work and teaching, for new graduates to work for some time before achieving full professional recognition. For most counsellors and psychotherapists this period usually lasts 1 – 3 years after the completion of training. For some psychotherapists in training this period can last as long as 5 or 6 years.

- b) The management and supervision of assistants or counsellors and psychotherapists in training would be an important issue and it is not clear how the registration, and over-sight of this group, is provided for within the HPC framework.
- c) Accreditation of prior learning in entry to professional training

If psychotherapy and counselling were to be clearly established through the HPC as graduate or post-graduate professions this would have implications for the development of career progression routes and APL and APEL standards and procedures.

## **5. Comparison to HPC standards**

**5.1** A review of existing standard setting systems for counselling and psychotherapy, in the light of HPC standards, revealed that different systems had different strengths and weaknesses. It might be assumed that psychotherapy and counselling courses that already have academic validation would become approved qualifications if those qualifications are at the academic level set for the profession.

It seems to be an implication of the HPC proposal that a core curriculum will exist for each profession. A comment on a possible way forward in considering this is made at the end of this section of the report.

It was the judgement of the working group that none of the existing training standards for counselling and psychotherapy fully met the HPC Standards of Education and Training. The list of areas that might require attention is lengthy but does not apply in full to each system. In some cases relatively small changes would be needed. In others the changes would require major restructuring, changes to philosophical and value system, and would raise resource issues. For some training providers these adaptations might not be possible.

**5.2** The following are areas where there would be concern in relation to some or all of the existing standards:

### **1) Selection and Entry Criteria**

- a) Evidence of good command of written and spoken English
  - i) BPS in their submission to DH on the proposed regulation of Applied Psychologists express concern that HPC only require level 7 English not level 8
  - ii) A high level of English is a prerequisite for all psychological therapies. This raises difficulties from the perspective of equality of opportunity. It needs to be clear whether this applies to written or spoken English or both. If it applies to written English where does this leave people with dyslexic problems? There are

also cultural factors to consider, and factors related to disability, especially deafness. It also presumes that the language of therapy will be English (the language for training for deaf trainees is likely to be British Sign Language).

b) Criminal conviction checks

- i) Consideration needs to be given to whether this is properly an employer requirement, a registering organisation requirement or a training organisation requirement. The position in relation to placements requires particular consideration. At present some courses require such checks and so do some placement agencies, but there is no consistency.

c) Appropriate academic and/or professional entry standards

d) Accreditation of Prior Learning and other inclusion mechanisms

- 2) The programme must have a secure place in the education provider's business plan, must be managed effectively, and must have a named programme leader who is appropriately qualified.

- 3) A programme for staff development to ensure continuing professional research development

- 4) Resources for the programme, in particular resources to support student learning, and facilities to ensure the welfare and well-being of students  
Training courses that are not embedded within an institution (and this is not the case for a third of all psychotherapy and counselling courses) might have difficulty in meeting this standard.

- 5) Appropriate protocols for consent when students participate as patients or clients in teaching.

Participation in role play and training activities is covered by compliance with the professions' codes of ethics and practice

- 6) Learning outcomes to be linked to standards of proficiency

- 7) Curriculum to be relevant to current practice

Statements on current practice and evidence based practice are presented in HPC material as unproblematic. This is not the case for counselling and psychotherapy. There is an implicit emphasis on positivism rather than hermeneutics and on NHS and public sector issues and procedures

8) Delivery of the programme to assist autonomous and reflective practice

9) Placements:

- a) To be integral to the programme.
- b) To be adequately staffed.
- c) To provide a safe environment and safe and effective practice.
- d) To encourage safe, effective independent learning and professional conduct.
- e) To be appropriate to the achievement of learning outcomes.
- f) To be approved and monitored by the education provider.
- g) To be well prepared for by both students and educators.

This section was thought to reflect the structure of the professions already in the HPC. These are predominantly full time undergraduate programmes with public sector placement opportunities. This is very different from most psychotherapy and counselling trainings. There is an implication that the placement staff directly teach students. This is not generally the model in counselling and psychotherapy. Supervised practice that is not located in placement settings plays an important role in psychotherapy and counselling trainings.

10) Educators to be appropriately trained and registered.

All concerned in delivery of training to work to an approved Code / Framework of Ethics and Professional Conduct

11) Assessment procedures:

- a) To allow the student to demonstrate fitness to practise.
- b) To measure learning outcomes required for safe and effective practice.
- c) To provide a rigorous and effective process by which compliance with external frameworks can be measured.
- d) To form part of a wider process of evaluation and monitoring and use objective criteria.
- e) To have mechanisms to ensure appropriate standards.
- f) To ensure that professional aspects of practice are integral.

g) To specify requirements for student progressions.

Many of the standards documentation examined already meet these standards

## **6. Comments and Issues**

### **6.1 External validation**

Psychotherapy and counselling trainings which are run in universities or Awarding Body centres are already subject to external evaluation and quality assurance processes. However, this could represent a challenge to training providers in the private sector

For many individual trainings and training standards systems external validation is a key issue. The process of developing mechanisms for external validation, while preserving the clinical focus of the training, is a major challenge for both counselling and psychotherapy.

### **6.2 A core curriculum?**

One of the criteria for entry to the HPC is a single entry route for each aspirant profession. Implicit in this, and the requirement for approved qualifications as the basis for registration, is a core curriculum.

The tripartite Eitingon model represents a long-established possible view of a core curriculum for both professions and helps to identify and locate important issues which the professions need to address.

#### **6.2.1 Theoretical training.**

There is no reason in principle why the theoretical training in psychotherapy and in counselling should not be academically benchmarked and validated by the QAA and/or the QCA. Some work on this has been done in the National Occupational Standards for Counselling and the QCA's approval of qualifications mapped against these standards.

Two concerns are identified:

One is that training will become excessively academic. This will be partly a matter of curriculum design and partly a matter of the extent to which the two other elements of the model are kept in focus. Nearly three quarters of psychotherapy trainings and over 80% of counselling trainings are already subject to assessment within quality assurance or benchmarking frameworks.

The second is access and equal opportunities. Major changes are underway in access to Higher Education and its relationship to Further Education. Academic validation is no longer so much the encounter with ivory towers that it once was. The financial implications remain a significant issue. On the other hand, respected nationally and internationally recognised qualifications are critical to the enhancement of equal opportunities.

### **6.2.2 Supervised practice**

This may include practice placements or supervised work with patients/clients.

Issues to be addressed include the adequacy, supervision, and integration into the education process of the placement/supervised work.

In traditional psychotherapy courses trainees will take private patients under supervision. Students on counselling courses usually undertake their training practice in an agency. They are likely to receive supervision in the agency as well as on the training course. Supervision is regarded by many within the two professions as an essential ethical requirement throughout professional practice, not only during training. This is not addressed within the HPC's current processes and standards of proficiency or CPD.

Practice varies between different training courses on the extent to which issues of professional practice and ethics are learned within the theoretical component of the training or within the supervised work.

The extent of placement and supervised practice with patients suffering psychiatric disorders is an important issue.

There are divergent views and practices over the place of assessments focussed on the measurement of skills or competencies. The importance of an holistic approach, concern over intrusion into clinical work, and a concern with the deep unconscious are some of the standpoints from which concerns with this approach have been expressed.

### **6.2.3 Personal therapy and self-development**

The requirement for personal therapy is an important area of divergence. Some training courses regard it as the fundamental element of the training while others do not require it at all. This divergence tends to be based in the theoretical orientation/modality of the training.

Issues include:

- The approval by the training programme of the personal psychotherapist or counsellor.
- The length of the personal therapy and the frequency of the sessions.
- The extent of reporting on fulfilment of the personal therapy requirement.
- The adequacy of general statements about self-development that are not linked to a specific personal therapy requirement.
- The difficulty of making assessments in this area.



# **COUNSELLING AND PSYCHOTHERAPY ORGANISATIONS' CODES OF ETHICS AND CONDUCT AND COMPARISON TO THE HPC CONDUCT AND COMPLAINTS PROCESSES**

## **1. Introduction**

The task of this part of the project was to discover what codes of ethics and practice and what complaints procedures were already being used by psychotherapy and counselling organisations. The second task was to compare these to the HPC codes and conduct procedures in order to identify differences and areas of concern.

## **2. Method/Process**

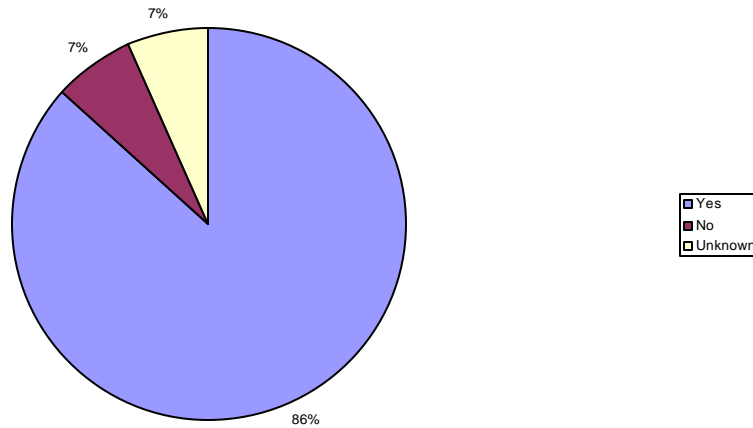
A survey questionnaire was produced based on the HPC fitness to practice codes and procedures. Copies of the questions are attached in Appendix 7. This was circulated to the 15 organisations in the wider group that operated conduct procedures. More registering organisations were included in the survey, as they became known to the Liaison Group during the project. All the organisations were also requested to send copies of their codes of ethics and practice and complaints procedures to the co-ordinators for analysis. A total of 15 organisations submitted information, one organisation in the wider group withdrew and one refused to participate. No conclusions can be drawn about the organisations and association that did not take part as to whether they have codes of ethics and practice and conduct/complaints procedures or the nature of these if they exist.

The submitted questionnaires and codes and complaints procedures were then analysed to identify common features and compared to the HPC codes of ethics and complaints procedure to identify similarities and differences, in particular differences that might be profession specific. The HPC was helpful in providing a clear outline of the HPC fitness to practice/conduct procedures.

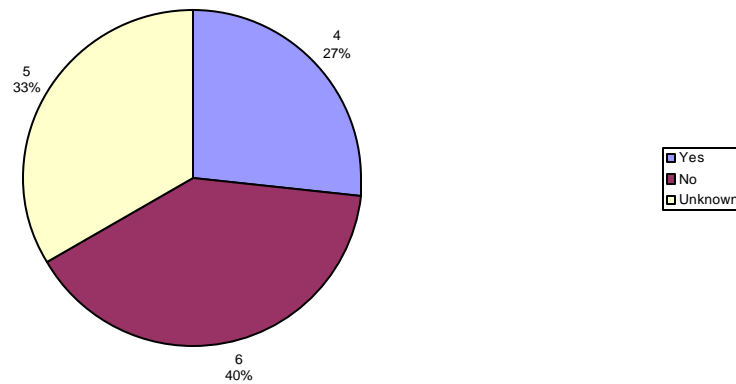
## **3. Report on Conduct and Complaints Procedures**

All respondents had complaints and conduct processes, but 60% did not have a separate process for fitness to practice issues in terms of medical mental or physical incapacity. One organisation is considering such a separation (See chart 1). In 86% of respondent organisations the codes were binding on all members. Not all organisations investigated all the complaints they received. 27% offer mediations, generally after investigation and before adjudication. 49% do not. (See chart 2)

**Chart 1**  
**Question 3. Do you have a code of conduct/ethics/practice that is binding on your members?**

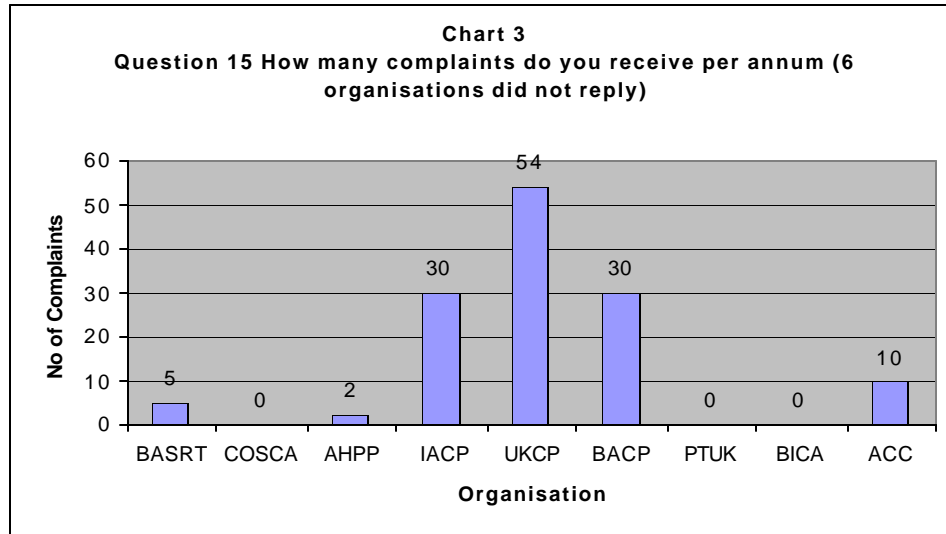


**Chart 2**  
**Question 5. Does this include mediation and conciliation at any stage?**

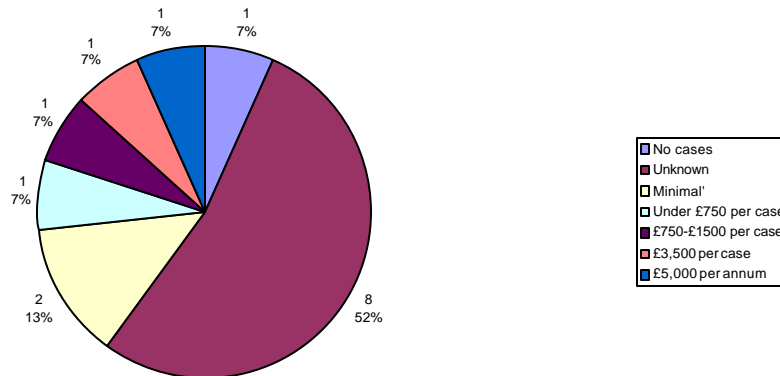


**4. The number of complaints received each year varies considerably (See Chart 3).**

Some respondents received very few complaints. The highest number of complaints completing the process to adjudication in any one organisation in a year is 35. 52% of organisations do not know the cost of a processing a complaint. The range of reported costs varies greatly.



**Chart 4**  
**Question16. How much does the operation of your complaints procedure cost your organisation per annum?**



5. One of the issues in the regulation of professions is that of public accountability and accessibility. Professions have been seen in the past as being over protective of their members. This issue is addressed in conduct processes in three ways:-

- The involvement of lay and independent people in investigation hearings, adjudications and appeals.
- Public access to the hearing of complaints.
- Publication of complaints.

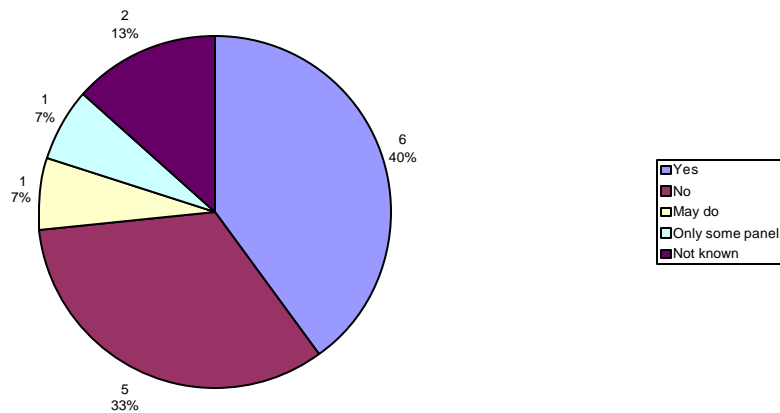
## 6. Lay and Independent Involvement

Responses to questions on the involvement of lay and/or independent people in the conduct processes of counselling and psychotherapy organisations show a mixed picture. It appears that lay representation is not found consistently through the field, nor is it found in the majority of organisations. Organisations were asked how panel members were selected and trained. There was no response from five organisations and some found the question did not apply to them. There was no consistency in the processes and standards. Membership of some panels was on a self selecting basis, others by application and interview; some were invited to become panel members. Training was often voluntary when provided and usually in-house. One organisation trained members in quasi-judicial skills and applicable laws. Several relied on members' own clinical experience. This variety in experience and training leads to the suggestion that there may be an inconsistency in the nature of judgements across the field and, perhaps, even within single organisations. There is no evidence to support this supposition.

The responses to the questions on lay involvement and the involvement of independent people in conduct procedures indicates that the meaning of "lay" is open to interpretation. It can mean a person who is not a member of the particular association but is a member of a similar organisation and is from within the same professional field. Only 7% of organisations have any independent person involved in the investigation adjudication and appeals processes. (See Chart 4)

There is recognition of the need to keep the stages of a complaint process separate and independent. Over two thirds of respondents ensure that each panel is completely independent at each stage of the conduct process.

Chart 5  
Question 7. Do all panels have lay representation?



The support available for complainant and member complained against is evenly divided. In 34% of organisations both parties are entitled to legal representation. In 33% the support comprises of ‘a representative’ or a ‘support person’ and 33% provided no information on this item. All organisations have a range of sanctions from educative measures to expulsion.

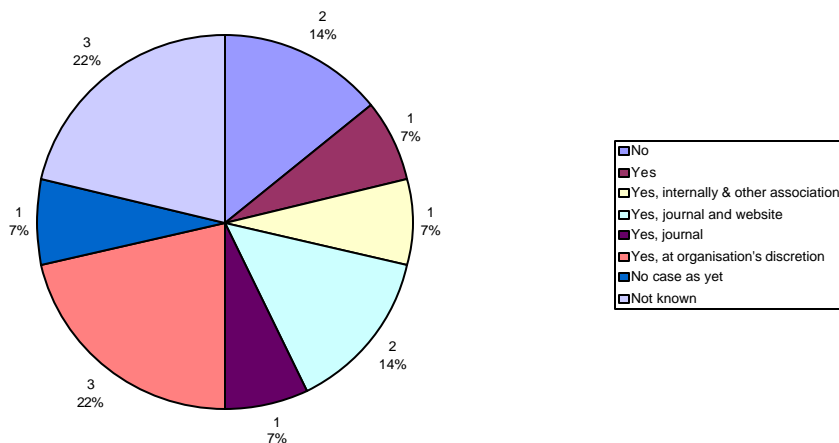
### 7. Public access to the hearing of complaints

60% of respondents’ hearings were held in private. No information was received on this item from the other 40%.

### 8. Publication of complaints

There is a legal requirement under the Human Rights Act and the Convention on Civil and Political Rights for regulatory bodies to make judgements in public and accessible to the public. However, disclosure in the public domain raises anxieties in many members of counselling and psychotherapy associations. Chart 5 shows current practice with regard to publication. The most publicly accessible format used is publication on the organisations web site. Most of those who do publish do so in their journals. It is debatable how accessible these are to the public. There is no evidence of publication of hearings in newspapers. The HPC publishes notice of complaints received after the initial investigation stage It publishes its adjudications.

**Chart 6**  
Question 13. Do you publish the findings? If yes, where?



### 9. Comparison to the HPC Fitness to Practice Process and procedures

The relatively small set of responses makes it difficult to be sure that the findings are representative of the whole field of psychotherapy and counselling organisations. However, responses were received from most of the largest organisations. There is a clear difference between the processes of these organisations and the HPC in terms of the public accountability. HPC hearings are held in public, notice of the receipt of complaints as well as

adjudication is published on the HPC website and notice of sanctions is published in local newspapers. Members of counselling and psychotherapy organisations are used to having complaints heard by members of their own professions and often by members of their own particular branch of that profession.

There would need to be reassurance that HPC panels included people with this level of specialist knowledge. It is not clear that there are adequate arrangements in place for this. This concern was raised by the British Psychological Society in its recent submission on the proposal to regulate psychologists through the HPC. The nature of the investigations carried out by the HPC suggests that in the main they are substantively different from the nature of the complaints received by psychotherapy and counselling associations. Recent hearings concerned theft, falsifying time sheets, inappropriate behaviour, poor record keeping, drunkenness on duty, criminal convictions and use of website to view pornography. Only one involved any assessment of competence in the carrying out of professional duties. By contrast most of the complaints heard in counselling and psychotherapy concern aspects of the interpersonal relationships and the therapeutic process.

#### **10. Fitness to Practice procedure: general observations**

The research found a lack of openness, transparency and public accountability in many of the conduct processes.

It is clear that problems arise when the professional body carries out both a regulatory and disciplinary function. Best regulatory practice has the two functions performed by two separate bodies.

The current position of a professional body performing both roles cannot be seen as fair to both parties. Therefore there is need for a separate regulatory body for psychotherapy and counselling. One regulatory body could deliver the conduct and fitness to practice procedures for all disciplines of counselling and psychotherapy. Such a separation would allow the professional organisation to look after the psychotherapists and counsellors complained against.

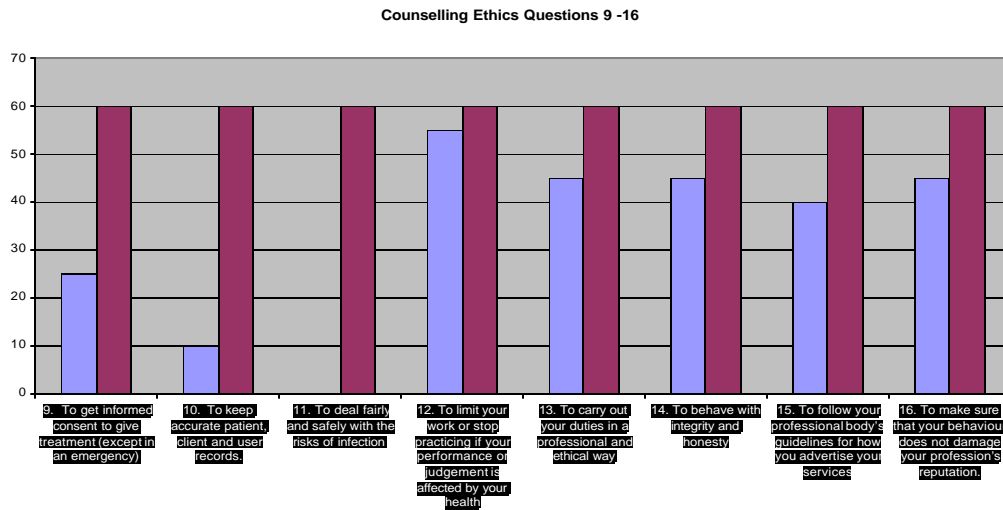
#### **11. Comparison of HPC & Profession's Standards**

11.1 Generally the HPC approach conflates standards, codes and ethics. Its statements on ethical requirements are concise. In comparison the codes in use in the profession offer discrete documents that use philosophical concepts for guidance, codes for 'rules' and complaints process for addressing failures. There is inevitably a subjective element in the consideration of codes of ethics.

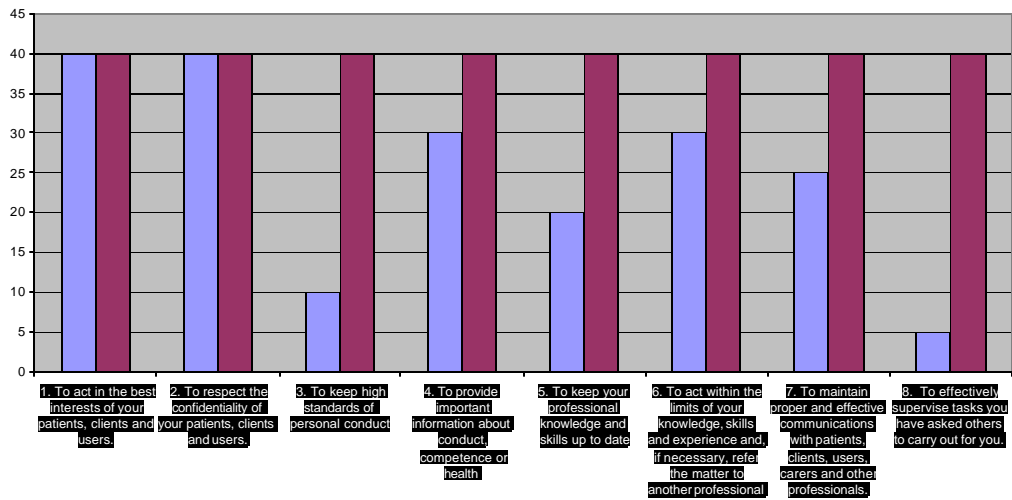
The data sources used were the codes of ethics or codes of conduct of the following organisations: BACP, AHPP, BASRT, BICA, Counselling Ltd, COSCA, IACP, ISPC, PTUK, UKCP, and various UKCP member organisations

11.2 The codes were reviewed and a value assigned as follows

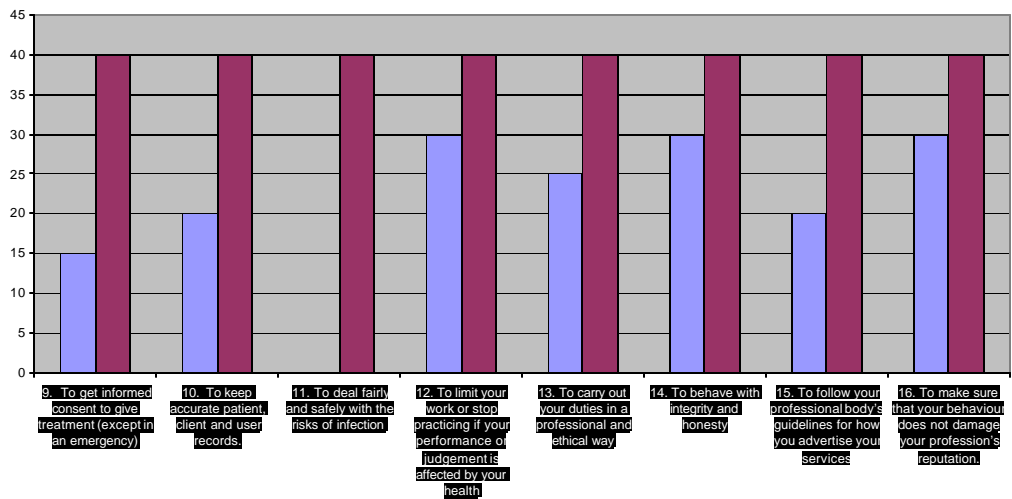
- Conforms or exceeds HPC Requirements = 10
- Presumed =5
- Unknown or Not known = 0
- Not Relevant = Not scored



Psychotherapy Ethics Questions 1 - 8



Psychotherapy Ethics Questions 9 - 16



11.3 These comments below refer to the charts above.

- 1) *To act in the best interests of your patients, clients and users.*  
All reported meet Ethics/Standards statements and meet or exceed HPC requirements.
- 2) *To respect the confidentiality of your patients, clients and users.*  
Confidentiality issues are more complicated than indicated in the HPC model. Psychotherapists and counsellors have to mediate patient, client or user interest against the requirements of legal systems and government agencies. One of the main areas of weakness for professional association documents is Data Protection.



- 3) *To keep high standards of personal conduct.*  
The HPC says that we must keep high standards of personal and professional conduct and must not do anything that affects someone's treatment by, or confidence in, you. This does not take account of the interpersonal nature of counselling and psychotherapy in which ambivalent feelings and negative perceptions form part of the work.
- 4) *To provide important information about conduct, competence or health.*  
The requirement for disclosure has the potential to create great difficulties in its lack of clarity about the extent of disclosure required. It is potentially a bureaucratic nightmare for registrants and the HPC. It does not take account of the significance of disclosure within the practice of psychotherapy and counselling.
- 5) *To keep your professional knowledge and skills up to date.*  
CPD in most registering bodies is more demanding than in the HPC.
- 6) *To act within the limits of your knowledge, skills and experience and, if necessary, to refer the matter to another professional.*  
The HPC system presumes a medical model of symptom, diagnosis and treatment. Within this model the patient or client should be given access to a 'second opinion' on request. This does not take account of the interpersonal dynamics which affect the view of the interests of patients or clients of counsellors and psychotherapists in relation to a referral for a second opinion.
- 7) *To maintain proper and effective communications with patients, clients, users, carers and other professionals.*  
This statement is in conflict with the requirements for confidentiality placed upon psychotherapists and counsellors.
- 8) *To effectively supervise tasks you have asked others to carry out for you.*  
Rarely do we see this as a requirement for individual practitioners. It could have implications for trainees and the supervisor – supervisee relationship.
- 9) *To get informed consent to give treatment except in an emergency.*  
Setting the boundaries, forming the contract, agreeing the frame are well defended in most counsellors and psychotherapist codes.
- 10) *To keep accurate patient, client and user records.*  
Standards need to be developed that allow protection of the confidentiality of the patient, client or user material while meeting this requirement and meeting the needs of various agencies. The nature and status of patient, client or user records is a complex issue for psychotherapists and counsellors.
- 11) *To deal fairly and safely with the risks of infection.*  
This statement is medical in its orientation and adds a level of concern about health already covered in area 12 which may be unnecessary.

- 12) *To limit your work or stop practising if your performance or judgement is affected by your health.*  
Met or exceeded by many ethical codes. Best practice anticipates unforeseen circumstances with a living will.
- 13) *To carry out your duties in a professional and ethical way.*  
Counsellor and psychotherapist professional standards are already higher than the HPC's requirements in many instances.
- 14) *To behave with integrity and honesty.*  
HPC's guide says you must make sure that you behave with integrity and honesty and keep high standards of personal and professional conduct at all times. Many of the practitioners' codes define this as well.
- 15) *To follow your professional body's guidelines for how you advertise your services.*  
Small variances between HPC and Practitioners.
- 16) *To make sure that your behaviour does not damage your profession's reputation.*  
Small variances between HPC and Practitioners.

11.4 In addition to the general review of the professional standards against the HPC standards, a best case example and a worst case example of professional codes of practice currently in use were reviewed.

The best case example matched or exceeded the requirements in all but two instances. The matters that are covered by the HPC code but are not covered by the professional association code were point 8; 'To effectively supervise tasks you have asked others to carry out for you' and point 11; 'To deal fairly and safely with the risks of infection.'

### **11.5 Overall conclusions**

- HPC standards of ethics are rules based
- The codes of many counselling and psychotherapy organisations fulfil or exceed the HPC Requirements
- Requirements are emphasised differently according to theoretical orientation/ modality in codes created by psychotherapy professional organisations.
- Requirements in codes created by some counselling organisations are more consistent and rules based.

## A 'TOOLKIT' FOR VOLUNTARY REGULATORS

1. The benefits and problems of producing a toolkit in relation to various aspects of regulation were considered in the light of research into the state of development in the field.

The specific areas of procedure that were considered were:

- Setting up a register.
- Setting standards of competencies for the practice of a branch of psychotherapy or counselling.
- Setting standards of training.
- Devising training within a system externally verified and accredited.
- Adopting a code of conduct and ethics.
- Adopting a system of fitness to practise investigation and examination.
- Devising requirements for continuing professional development including how this will be assessed.

The evidence collected showed that registering organisations have developed the features identified as forming the toolkit. The challenge is to identify and agree best practice.

This task is complex as there is not necessarily agreement about what constitutes best practice. Some of those disagreements may be resolvable. Others reflect significant differences in approach to counselling and psychotherapy.

The creation of agreed models would require significantly more work than was envisaged in the creation of this project.

In some areas, for example codes of ethics and conduct and complaints procedures there are significant opportunities for organisations to work together both to seek to agree generic approaches and to create independent fitness to practice review processes.

In other areas, for example voluntary registration systems and continuing professional development practice is likely to depend upon the particular structures of the professional association.

2. What follows is a brief comment on each of the elements of the toolkit:

- A registration process is established in each of these organisations adapted to their particular structure and resources. Some of these processes are sound others are less so. An area for further research is the strengths and weaknesses of the existing voluntary registration systems and in particular their effectiveness in relation to fitness to practice procedures.

- Setting standards of competent practice and training is in part covered by section two of this report. The process of developing agreed standards remains to be done and requires resources of a different order to those available to this project.
- All organisations surveyed had codes of conduct/ethics and fitness to practice procedures. There are many examples of documentation for codes of conduct and ethics and fitness to practice procedures. The process of coming to agreement on an agreed model might not be as large a task as in the fields of practice and training but it remains a formidable project. Commentary on issues relating to ethics and fitness to practice appears in section 3 of this report.
- Priority has been given to mapping basic training. It is noted in the report on standards that an outline of CPD available and required within the field ought to form part of the training programme.

## APPENDIX 1

### NATIONAL ACCREDITING & REGISTERING BODIES THAT MAKE UP THE REFERENCE GROUP

ACC	Association of Christian Counsellors
ACP	Association of Child Psychotherapists
BABCP	British Association for Behavioural & Cognitive Psychotherapies
BACP	British Association for Counselling & Psychotherapy
BAPCA	British Association for the Person Centred Approach
BASRT	British Association for Sexual & Relationship Therapy
BICA	British Infertility Counselling Association
BPC	British Psychoanalytic Council
BPS	British Psychological Society
CCPC	Counsellors & Psychotherapists in Primary Care
COSCA	
FDAP	Federation of Drug & Alcohol Professionals
IACP	Irish Association for Counselling & Psychotherapy
PTUK	Play Therapy UK
RCP	Royal College of Psychiatrists
UKAHPP	United Kingdom Association for Humanistic Psychology Practitioners
UKCP	United Kingdom Council for Psychotherapy

## INDIVIDUAL QUESTIONNAIRE DISTRIBUTION AND RESPONSE RATES

Organisation Name	Total Number Of Questionnaires	Number of Questionnaires returned	Percentage return	Comment
Association of Child Psychotherapists	80	0	0%	Refused to distribute. Chair answered questions
Association of Christian Counsellors	195	144	74%	
British Association for Behavioural and Cognitive Psychotherapies	1000	310	31%	Ran computer generated random selection
British Association for Counselling and Psychotherapy	4100	2298	56%	Ran computer generated random selection
British Association for Sexual and Relationship Therapy	135	59	44%	Distributed at conference
British Association for the Person Centred Approach	35	0	0%	Did not distribute. Reason unknown
British Association of Play Therapists	45	29	64%	
British Confederation of Psychotherapists	280	0	0%	Refused to distribute
British Infertility Counselling Association	32	24	75%	
British Society for Clinical Hypnosis	140	65	46%	
College of Psychoanalysis	20		0%	
COSCA	100	57	57%	
Counselling and Psychotherapy Society	200	40	20%	
Counselling Ltd	320	87	27%	

Counsellors and Psychotherapists in Primary Care	114	39	34%	Distributed at conference
Federation of Drug and Alcohol Professionals	50	50	100%	Distributed by email
Independent Practitioner's Network	30	20	67%	
International Society of Professional Counsellors	30	0	0%	No returns.
Irish Association for Counselling and Psychotherapy	25	8	32%	Distributed to members in Northern Ireland only
Lacanian Society	15	6	40%	
Mindfields	15	12	80%	
National Association of Counselling, Hypnotherapy and Psychotherapy	15	8	53%	
New Lacanian School of Psychoanalysis	10	6	60%	
Play Therapy UK	100	52	52%	
Relate	235	89	38%	Organisation wished to respond instead of individuals
Royal College of Psychiatrists	35	3	9%	
UK Association for Humanistic Psychology Practitioners	54	33	61%	
United Kingdom Council for Psychotherapy	1200	675	56%	
Youth Access	20	20	100%	Distributed by email

**Overall Percentage Total = 44%**

## INDIVIDUAL QUESTIONNAIRE

### Towards the Statutory Regulation of Counselling and Psychotherapy

It is the purpose of this questionnaire to investigate links between training and professional practice the questionnaire is being made available to a wide range of professionals without regard to the established distinctions between the different professions. In so far as it is possible to achieve a fair representation this is being attempted through sampling members of representative professional organisations and independent practitioners.

The purpose of this questionnaire is to investigate links between the work that psychotherapists, counsellors and associated professionals are carrying out and the training and qualifications that they have achieved. The terms psychotherapist and counsellor are used throughout but it is recognised, explicitly in the first question, that there are other titles in use.

Please complete the questionnaire that follows in relation to your training and work experience.

Instructions are given with each question about how to respond. However unless otherwise directed please put a cross in the appropriate box

1) Please identify the title that you use to describe yourself (*Please mark one box only*)

- |                              |   |  |
|------------------------------|---|--|
| Analyst                      | ? |  |
| Counsellor                   | ? |  |
| Psychoanalyst                | ? |  |
| Psychologist                 | ? |  |
| Psychotherapist              | ? |  |
| Therapist                    | ? |  |
| Other (please specify) _____ |   |  |

2) Please identify the *main* theoretical basis for your work (*Please mark one box only*)

- |                  |   |                       |   |
|------------------|---|-----------------------|---|
| Adlerian         | ? | Art Therapy           | ? |
| Behavioural      | ? | Cognitive-Behavioural | ? |
| Cognitive        | ? | Ecclectic             | ? |
| Existential      | ? | Family Therapy        | ? |
| Freudian         | ? | Gestalt               | ? |
| Humanistic       | ? | Hypno-psychotherapy   | ? |
| Integrative      | ? | Jungian               | ? |
| Neuro-linguistic | ? | Person-Centred        | ? |

*This question continues on page 2*



Psychoanalytic	?	Psychodynamic	?
Solution focused	?	Systemic	?
Transactional Analysis?		Transpersonal	?
Other (please specify) _____			

3) Please identify theoretical perspectives which you regard as close to your own. *(Please mark no more than two boxes)*

Adlerian	?	Art Therapy	?
Behavioural	?	Cognitive-Behavioural	?
Cognitive	?	Eclectic	?
Existential	?	Family Therapy	?
Freudian	?	Gestalt	?
Humanistic	?	Hypno-psychotherapy	?
Integrative	?	Jungian	?
Neuro-linguistic	?	Person-Centred	?
Psychoanalytic	?	Psychodynamic	?
Solution focused	?	Systemic	?
Transactional Analysis?		Transpersonal	?
Other (please specify) _____			

4) Have you successfully completed a counselling or psychotherapy training *(Please mark one box only)*

Yes	?	(Please answer parts a, b c and d of question 4)
No	?	(Please proceed to question5)

a) Please identify the **highest** relevant award that you received *(Please mark one box only)*

Certificate	?
Diploma	?
Advanced Diploma	?
Degree	?
Membership of a professional body	?
NVQ	?
Post graduate Diploma	?
Masters	?
PhD	?
Other (please specify) _____	

i) Please identify by whom this was awarded *(Please mark one box only)*

Awarding Body (usually linked with a College)	?
Private Training Provider	?
University	?
Other (please specify) _____	

ii) Please give the year in which you completed your training \_\_\_\_\_

b) Which was the subject of your training? (*Please mark one box only*)

- |   |   |
|---|---|
| Counselling                                   | ? |
| Psychotherapy                                 | ? |
| Mixture of both counselling and psychotherapy | ? |
| Other (please specify) _____                  |   |

c) Please identify the **main** theoretical perspective that informed your training (*Please mark no more than one box*)

- |                              |   |                       |   |
|------------------------------|---|-----------------------|---|
| Adlerian                     | ? | Art Therapy           | ? |
| Behavioural                  | ? | Cognitive-Behavioural | ? |
| Cognitive                    | ? | Eclectic              | ? |
| Existential                  | ? | Family Therapy        | ? |
| Freudian                     | ? | Gestalt               | ? |
| Humanistic                   | ? | Hypno-psychotherapy   | ? |
| Integrative                  | ? | Jungian               | ? |
| Neuro-linguistic             | ? | Person-Centred        | ? |
| Psychoanalytic               | ? | Psychodynamic         | ? |
| Solution focused             | ? | Systemic              | ? |
| Transactional Analysis?      |   | Transpersonal         | ? |
| Other (please specify) _____ |   |                       |   |

d) Please identify other theoretical perspectives which were also important in your training (*Please mark no more than two boxes*)

- |                              |   |                       |   |
|------------------------------|---|-----------------------|---|
| Adlerian                     | ? | Art Therapy           | ? |
| Behavioural                  | ? | Cognitive-Behavioural | ? |
| Cognitive                    | ? | Eclectic              | ? |
| Existential                  | ? | Family Therapy        | ? |
| Freudian                     | ? | Gestalt               | ? |
| Humanistic                   | ? | Hypno-psychotherapy   | ? |
| Integrative                  | ? | Jungian               | ? |
| Neuro-linguistic             | ? | Person-Centred        | ? |
| Psychoanalytic               | ? | Psychodynamic         | ? |
| Solution focused             | ? | Systemic              | ? |
| Transactional Analysis?      |   | Transpersonal         | ? |
| Other (please specify) _____ |   |                       |   |

5) Please identify **all** of the organisations of which you are a member. A list of member organisations can be found at Appendix 1 on page 8. Please identify the appropriate number for each organisation that you have membership. For example if you are a member of Association of Family Therapy and British Association of Play Therapy then you would record 3 and 16 in the boxes below.

?      ?      ?      ?      ?      ?

6) Please identify **all** of the organisations with whom you are registered/accredited (*Please mark as many boxes as are appropriate*)

- |  |   |
|--|---|
| Association of Christian Counsellors                             | ? |
| British Association of Behavioural and Cognitive Psychotherapies | ? |
| British Association for Sexual and Relationship Therapy          | ? |
| British Association for Counselling and Psychotherapy            | ? |
| British Association for the Person Centred Approach              | ? |
| British Association of Play Therapy                              | ? |
| British Confederation of Psychotherapists                        | ? |
| British Infertility Counselling Association                      | ? |
| British Psychological Society                                    | ? |
| COSCA  | ? |
| Counselling Ltd.   | ? |
| Counsellors in Primary Care                                      | ? |
| European Association for Counselling                             | ? |
| Federation of Drug and Alcohol Professionals                     | ? |
| Irish Association for Counselling and Psychotherapy              | ? |
| Play Therapy (UK)  | ? |
| Relate   | ? |
| Royal College of Psychiatrists                                   | ? |
| Tavistock Society for Psychotherapists                           | ? |
| UK Association for Humanistic Psychology Practitioners           | ? |
| United Kingdom Association of Therapeutic Counsellors            | ? |
| United Kingdom Council for Psychotherapy                         | ? |
| United Kingdom Register of Counsellors                           | ? |
| Universities Psychotherapy and Counselling Association           | ? |
| Other (please specify) _____                                     |   |

7) How many hours a week do you work as a counsellor or psychotherapist with clients/patients? (*Please mark one box only*)

- |                    |   |
|--------------------|---|
| Up to 4 hours      | ? |
| 5-10 hours         | ? |
| 11 – 20 hours      | ? |
| More than 20 hours | ? |

8) What percentage of your working life is devoted to work other than the practice of psychotherapy and counselling in which you make significant use of skills and understanding gained from psychotherapy and counselling? (*Please mark one box only*)

- |          |   |
|----------|---|
| 1% - 20% | ? |
| 21%-40%  | ? |
| 41%-60%  | ? |
| 61%-80%  | ? |
| 81%-100% | ? |

9) Are you paid for your work as a psychotherapist or counsellor? (*Please mark one box only*)

- |                                    |   |
|------------------------------------|---|
| Yes                                | ? |
| No                                 | ? |
| Mixture of both paid and voluntary | ? |



13) Please identify the issues/problems you state that you work with (*Please mark as many boxes as are appropriate*)

Abuse	?	Addiction(s)	?
Adoption	?	AIDS/HIV	?
Anxiety	?	Bereavement	?
Cancer	?	Child-related Issues	?
Cultural Issues	?	Depression	?
Disability	?	Eating Disorders	?
Employment Difficulties	?	Health related	?
Identity Problems	?	Infertility	?
Obsessions	?	Phobias	?
Post-traumatic Stress	?	Psychiatric Disorder	?
Relationships	?	Sexual Identity	?
Sexual Problems	?	Sexuality	?
Spirituality	?	Stress	?
Other (please specify) _____			

14) Please identify the typical duration of your work with clients/patients (*Please mark one box only*)

Less than 6 sessions	?
Between 6 and 10 sessions	?
Between 11 and 20 sessions	?
Sessions lasting between 6 and 12 months	?
Sessions lasting between 12 and 24 months	?
More than 24 months	?
Other (please specify)	

15) Do you use the theoretical approach/modality that you have identified in your response to question 2 in your work with *all* clients (*Please mark one box only*)

Yes	?
No	?

16) Do you use any other theoretical approaches in your work with clients? (*Please mark one box only*)

Yes	?	(Please complete parts a and b of question 16)
No	?	(Thank you. You have now completed all parts of the questionnaire)

a) Please identify any other approaches that you use (*Please mark as many boxes as are appropriate*)

Adlerian	?	Art Therapy	?
Behavioural	?	Cognitive-Behavioural	?
Cognitive	?	Eclectic	?
Existential	?	Family Therapy	?
Freudian	?	Gestalt	?
Humanistic	?	Hypno-psychotherapy	?
Integrative	?	Jungian	?
Neuro-linguistic	?	Person-Centred	?

*This question continues on page 7*

Psychoanalytic	?	Psychodynamic	?
Solution focused	?	Systemic	?
Transactional Analysis?		Transpersonal	?
Other (please specify) _____			

b) Please provide details on how you learned about the these approaches (*Please mark as many boxes as are appropriate*)

Conference	?	Experience in the client role	?
Reading	?	Short course (less than 1 week)	?
Supervision	?	Training (more than one week)	?
Other (please specify) _____			

**Thank you for taking the time to complete this questionnaire. Your assistance is appreciated.**

### Appendix 1 – List of Membership Organisations

1	Arbours Association	48	Institute of Family Therapy
2	Association for Cognitive Analytic Therapists	49	Institute of Group Analysis
3	Association for Family Therapy	50	Institute of Psychosynthesis
4	Association for Group and Individual Psychotherapy	51	Institute of Psychotherapy and Social Studies
5	Association of Child Psychotherapists	52	Institute of Transactional Analysis
6	Association of Christian Counsellors	53	Irish Association for Counselling and Psychotherapy
7	Association of Counsellors and Psychotherapists in Primary Care	54	Karuna Institute
8	Association of Independent Psychotherapists	55	Kensington Consultation Centre
9	Association of Jungian Analysts	56	Liverpool Psychotherapy Diploma Organisation
10	Association of Rational Emotive Behaviour Therapy	57	London Association of Primal Psychotherapists
11	Bath Centre for Psychotherapy and Counselling	58	London School of Biodynamic Psychotherapy
12	British Association for Counselling and Psychotherapy	59	Metanoia Institute
13	British Association for Sexual and Relationship Therapy	60	Minster Centre
14	British Association for the Person Centred Approach	61	Nafsiyat
15	British Association of Behavioural and Cognitive Psychotherapies	62	National College of Hypnosis and Psychotherapy
16	British Association of Play Therapy	63	National Register of Hypnotherapists & Psychotherapists
17	British Association of Psychoanalytic and Psychodynamic Supervision	64	National School of Hypnosis and Psychotherapy
18	British Autogenic Society	65	Neuro Linguistic Psychotherapy Counselling Association
19	British Confederation of Psychotherapists	66	North West Institute for Dynamic Psychotherapy
20	British Infertility Counselling Association	67	Northern Guild for Psychotherapy
21	British Psychodrama Association	68	PCP Education and Training
22	British Psychological Society	69	Philadelphia Association
23	Cambridge Society for Psychotherapy	70	Play Therapy (UK)
24	Canterbury Consortium of Psychoanalytic & Psychodynamic Psychotherapists	71	Psychosynthesis and Education Trust
25	Caspari Foundation	72	Re-Vision
26	Centre for Attachment-Based Psychoanalytic Psychotherapy	73	Relate
27	Centre for Counselling and Psychotherapy Education	74	Royal College of Psychiatrists
28	Centre for Counselling and Psychotherapy Education	75	Scarborough Psychotherapy Training Institute
29	Centre for Freudian Analysis and Research	76	School of Psychotherapy and Counselling at Regents College
30	Centre Training International School for Hypnotherapy and Psychotherapy	77	Sevenside Institute for Psychotherapy
31	Chiron Centre for Body Psychotherapy	78	Sherwood Psychotherapy Training Institute
32	Confederation for Analytical Psychologists	79	Site for Contemporary Psychoanalysis
33	COSCA	80	Society for Existential Analysis
34	Counsellors in Primary Care	81	Society of Couple Psychoanalytic Psychotherapists
35	European Association for Counselling	82	South Trent Training in Dynamic Psychotherapy
36	Family Institute	83	Spectrum
37	Federation of Drug and Alcohol Professionals	84	Tavistock Centre for Couple Relationships
38	Forum for Independent Psychotherapists	85	Tavistock Society for Psychotherapists
39	Foundation for Psychotherapy and Counselling	86	The Gestalt Centre London
40	Gestalt Psychotherapy and Training Institute	87	UK Association for Humanistic Psychology Practitioners
41	Group Analysis South West	88	United Kingdom Council for Psychotherapy
42	Guild of Analytical Psychology and Spirituality	89	Universities Psychotherapy and Counselling Association
43	Guild of Psychotherapists	90	Vaughan Association of Psychodynamic Psychotherapists
44	Hallam Institute of Psychotherapy	91	West Midlands Institute of Psychotherapy
45	Independent Group of Analytical Psychologists	92	Westminster Pastoral Foundation
46	Independent Practitioners Network	93	Women's Therapy Centre
47	Institute for Arts in Therapy and Education	94	Other (Please specify)

**QUESTIONNAIRE SENT TO TRAINING PROVIDERS**

**Counselling and Psychotherapy Training**

**Basic information**

Organisation name  
Sector (HE, FE or private)  
Title of course  
Award  
Length of course (in years)  
Mode of attendance (Full time, Part time)  
Total number of face to face taught hours on the course

**Admission**

Criteria  
Minimum age (Yes / No)  
Previous relevant training (Yes / No)  
Previous experience of personal therapy (Yes / No)  
Possession of first degree (Yes / No)  
Assessment of personal suitability (Yes / No)

**Procedures**

Application Form (Yes / No)  
Interview (Yes / No)  
Attendance at Selection day (Yes / No)  
Written work (Yes / No) e.g. reflective essay  
References (Yes / No)  
APL/APEL process (Yes / No)  
Grievance procedures (Yes / No)

**Assessment and validation**

Assessment standards (Yes / No)  
External validation (name them)  
External examiner (Yes / No)  
UK Professional body recognition (name them)  
International professional body recognition (name them)

**Assessment of course requirements**

by staff (Yes / No)  
by supervisors (Yes / No)  
by peers (Yes / No)

**Evaluation of the course**

by staff  
by students (Yes / No)



**Content**

Main theoretical approach(es) (name each one covered)  
Cover other approaches (Yes/No)?  
Professional issues (Covered Yes / No)  
Skills development (Covered Yes / No)  
Research awareness (Covered Yes / No)  
Ethical issues (Covered Yes / No)  
Personal Development experiences (Yes / No)  
Research (Yes / No)  
Clinical practice (Yes / No)  
Supervision of clinical practice (Yes / No / Not applicable)

**External requirements of training**

Personal therapy (number of hours)  
Supervision (amount per month)  
Nature of clinical placement (name - agency, private practice etc)  
Client hours (total required)  
Number of clients

**Staffing**

Staffing (total number of staff)

**Student numbers**

2004 Graduates (numbers)  
2003 Graduates (numbers)  
2002 Graduates (numbers)

Please return to:

BACP/UKCP DH Project  
c/o Professional Standards  
BACP  
BACP House  
35-37 Albert Street  
Rugby  
Warwickshire  
CV21 2SG

**Thank you**

**COMPARISON OF ORIGINAL AND REVISED NQF LEVELS WITH BROAD INDICATIONS OF FHEQ LEVELS.**

<b>National Qualifications Framework</b>		<b>Framework for Higher Education Qualifications levels</b>
<b>Revised levels</b> (original level in brackets)		
8 (5) Specialist awards		D (doctoral) doctorate
7 (5) Level 7 Diploma in Translation		M (Master) Masters degrees, postgraduate certificates and diplomas
6 (4) Level 6 Diploma in Management		H (Honours) Bachelors degrees, graduate certificates and diplomas
5 (4) Level 5 BTEC HND in 3D Design		I (Intermediate) Diplomas of Higher Education and Further Education, foundation degrees, higher national diplomas
4 (4) Level 4 Certificate in Early Years Practice		C (Certificates) Certificates of Higher Education

**LETTER TO SALLY ALDRIDGE FROM GREN BOYDEN OF AQA AWARDING BODY**

Re: Ros Mead's open letter

AQA fully welcomes and supports this movement towards statutory regulation of psychotherapists and counsellors and agrees that the professions should be regulated by the Health Professionals Council.

Statutory regulation will bring much needed clarification and control to progression opportunities and the standards of achievement required by trainers, trainees and would be practitioners, in the future.

Externally validated qualifications are rightly included in the common criteria for statutory regulation for health professions. AQA has been one of the foremost awarding bodies in the field and has provided high quality externally validated qualifications for counsellors for the last thirty years.

The question of appropriate standards and level of qualification for counselling practitioners has not previously been as clear as it should be. The matter is now being addressed and the key stakeholders are working together under the guidance of ENTO and QCA to reach agreement on qualification levels and standards of occupational competence. This will lay the foundation for regulation standards in the future.

Early indications suggest that NQF level 4 or 5 will signify threshold practitioner competence for regulatory purposes.

However, many existing practitioners are practising on the premise of a level three qualification and there is some concern amongst them that this might exclude them from statutory regulation in the future.

The main purpose of this letter is to show that although many counsellors are nominally qualified to level 3 there are good reasons to believe that their qualifications are undervalued and that in achieving level 3 in the old system a candidate would have achieved the equivalent of today's level 4 or 5.

This is certainly true of the AEB/CSCT Diploma in Therapeutic Counselling, which although now discontinued has been certificated up to the end of 2003.

The AEB/CSCT Diploma in Therapeutic Counselling qualification in question was designed specifically to meet the learning and training needs of therapeutic counselling practitioners and the subject matter was set for that purpose only. Its authors were not concerned about qualification levels but simply that the qualification should be fit for the purpose, which was to signify practitioner status. The level was ascribed to the qualification later and for a totally different reason. Because the qualification was normally delivered by colleges of FE and they needed to access FEFC funds to run it, it was listed under schedule 2a as a level three qualification.

We can only assume that those responsible for this listing level were unaware of the possible long term consequences of this act. In hindsight it is easy to say that candidates were being short changed because the nominal level was set too low – but in fact, in purely counselling terms, they were not – since in practice the nominal level of qualification was not taken into account within the counselling profession and neither was it when/if these people applied for professional accreditation. The only time the question of level might arise was if the qualification was used outside of counselling – for example if the candidate were to seek CAT points for HE qualifications, none would be forthcoming to level three qualifications.

The reality is that there are many competent practitioners whose main qualification was officially categorised as a level three qualification but who In fact have achieved much higher standards. We would like this fact to be taken into consideration for the regulation of existing practitioners please.

**CONDUCT AND ETHICS QUESTIONNAIRE**

1. Do you have a complaints/conduct procedure?  
If yes, please attach a copy

Yes	
No	

2. Do you have a separate procedure for dealing with Fitness to Practice in terms of medical, mental or Physical incapacity?

Yes	
No	

3. Do you have a code of conduct/ethics/practice that is binding on your members? If yes, please attach a copy.

Yes	
No	

4. Do you investigate complaints?

Yes	
No	

5. Does this include mediation and conciliation at any stage? If so, at what stage.

.....  
.....  
.....

6. Who carries out the investigations, adjudications and appeals?

.....  
.....  
.....

7. Do all the panels have lay representation?

Yes	
No	

8. How are these people selected and trained?

.....  
.....  
.....  
.....

9. Are each of your panels completely independent of each stage of the processing of a complaint?

Yes	
No	

10. Are all parties involved in a complaint entitled to legal representation?

Yes	
No	

11. What range of sanctions do you have? Does this include exclusion of membership?

.....  
.....  
.....  
.....

12. Are your hearings held in public or in private?

Public	
Private	

13. Do you publish your findings? If so, where?

.....  
.....  
.....

14. How many members do you have who are subject to your complaints procedure?

.....  
.....  
.....

15. How many complaints do you;

a. receive per annum

.....

b. investigate and adjudicate per annum

.....

16. How much does the operation of your complaints procedure cost your organisation per annum?

## **QAA LEVEL DESCRIPTORS**

Below is a summary of the meaning of the relevant levels taken from the QAA website.

### **Honours level**

Graduates with a bachelor's degree with honours will have developed an understanding of a complex body of knowledge, some of it at the current boundaries of an academic discipline. Through this, the graduate will have developed analytical techniques and problem-solving skills that can be applied in many types of employment. The graduate will be able to evaluate evidence, arguments and assumptions, to reach sound judgements, and to communicate effectively.

An honours graduate should have the qualities needed for employment in situations requiring the exercise of personal responsibility, and decision-making in complex and unpredictable circumstances.

### **Postgraduate**

#### **Master's level**

Much of the study undertaken at master's level will have been at, or informed by, the forefront of an academic or professional discipline. Students will have shown originality in the application of knowledge, and they will understand how the boundaries of knowledge are advanced through research. They will be able to deal with complex issues both systematically and creatively, and they will show originality in tackling and solving problems. They will have the qualities needed for employment in circumstances requiring sound judgement, personal responsibility and initiative, in complex and unpredictable professional environments.

#### **Doctoral level**

Doctorates are awarded for the creation and interpretation of knowledge, which extends the forefront of a discipline, usually through original research. Holders of doctorates will be able to conceptualise, design and implement projects for the generation of significant new knowledge and/or understanding. Holders of doctorates will have the qualities needed for employment requiring the ability to make informed judgements on complex issues in specialist fields, and innovation in tackling and solving problems.

## STATEMENTS ON LEVELS IN RELATION TO FIVE HEALTH PROFESSIONS TAKEN FROM THE QAA WEBSITE

### **Clinical Psychologist**

Entry to training requires the Graduate Basis for Registration as defined by The British Psychological Society. The prerequisite undergraduate degree provides an education that develops a knowledge framework encompassing basic theory and scientific principles (and the limits of such theory and principles) in the domains of human behaviour, experience and interaction.

Programmes are delivered at postgraduate level in accordance with the frameworks for Higher Education qualifications produced by the Quality Assurance Agency for Higher Education.

Training takes place over three years of full-time study at the end of which successful candidates are awarded a doctorate of clinical psychology, and are eligible for registration. Chartered psychologists agree to abide by The British Psychological Society *Code of Conduct* and can be removed from the register for breaches of this Code. The British Psychologist Society has a formal disciplinary process with representation of both non-psychologists and senior and experienced psychologists.

### **Four HPC professions**

#### **Arts Therapies**

The standard expected of the threshold practitioner is described in detail in this statement. 'Threshold' is taken to mean that standard of achievement demonstrated at the end of the educational experience, at the point of registration (i.e. the minimum pass at master's level for the four professions art therapy and art psychotherapy, dance movement therapy and drama therapy and music therapy). The applied nature of the AsTs means that students must demonstrate capability in both the academic and the practical experience at the threshold level. Achievement of this standard will meet the statutory requirements of the relevant professional bodies and the HPC.

#### **Occupational Therapy**

It is one of the Professions Supplementary to Medicine (PSM) as established by the PSM Act 1960. Its education and training has been regulated since 1960, by the statutory regulatory body and the College of Occupational Therapists (COT) in collaboration with Higher Education institutions (HEIs).

All programmes in occupational therapy education follow the curriculum framework as developed by the Curriculum Framework Steering Group, College of Occupational Therapists (1998). This guideline allows a diversity of emphasis and delivery but programmes are required to meet the minimum standards for state registration and the minimum requirements of the World Federation of Occupational Therapists. All professional



programmes, irrespective of the named award, are subject to rigorous tripartite validation by the professional body (COT), the statutory regulatory body and the respective Higher Education institution.

The range of awards allowing eligibility for state registration extends from four years in-service undergraduate programmes for students employed as occupational therapy support workers to two years graduate entry, postgraduate qualifications. The majority of students follow three or four years BSc/BSc (Hons), or BHSc (Hons) in Occupational Therapy. There are currently 38 validated programmes being delivered in 27 HEIs in the UK with a total of 1,500 students enrolling each year. In 2000, 1,325 new graduates entered practice as state registered occupational therapists.

### **Physiotherapy**

Physiotherapy qualifying degree programmes are jointly validated by the professional, statutory and regulatory bodies and a Higher Education institution (HEI). The Chartered Society of Physiotherapy (CSP) was formed in 1922 following the award of a Royal Charter. As a professional body the CSP has responsibility for defining the professional code of practice, code of conduct, the curriculum framework appropriate for graduates to enter the profession, and tasks related to self-regulation.

Physiotherapy is one of the Allied Health Care Professions and one of the Professions Supplementary to Medicine (PSM) as established by the PSM Act, 1960. The statutory regulatory body, the Physiotherapy Board of the Council for Professions Supplementary to Medicine, has regulated its education and training since 1960 (these functions will be replaced by the new HPC). All education and training is delivered in Higher Education (HE) and all (Privy Council-approved) registrable qualifications are awards of UK HEIs.

### **Speech and language therapy**

Speech and language therapy pre-registration degree courses are accredited by the professional (The Royal College of Speech and Language Therapists (RCSLT)) and statutory regulatory bodies, and validated by the relevant Higher Education institution (HEI). This accreditation is based on five-yearly periodic visits to the HEI and annual monitoring. Each approved graduate is eligible for a certificate to practise. A register of those who hold full state registration is maintained.

This benchmark statement has been informed by work on learning outcomes produced by the RCSLT. It also aims to articulate with the RCSLT's competencies project which is developing a clinical competencies framework for registered speech and language therapists. Representation on the benchmark group reflected speech and language therapy managers, therapists and academics across the UK.

Undergraduate courses range in length from three years (minimum of 105 weeks) to four years. Most are full-time courses but there are also some part-time routes. RCSLT specifies the minimum number of clinical sessions with different client groups that must be undertaken before a certificate to practise is awarded. There are also pre-registration, postgraduate, two-year courses (80 weeks). All courses are expected to be fully integrated in respect of academic and clinical work and to have embedded the principle of planned progression, through both clinical and academic units/modules to the point of award. They also should be

developing, or have already established, recruitment and student support strategies, to ensure that the needs and diversity of different communities can be reflected in the profession.