

Council, 10 December 2009

Psychotherapists and counsellors – consultation responses

Executive summary and recommendations

Introduction

A consultation was held between 14 July 2009 and 16 October 2009 on the recommendations of the Psychotherapists and Counsellors Professional Liaison Group (PLG).

The attached document is the consultation responses document.

Decision

The Council is invited to discuss the attached document.

The Council is invited to agree the text of the document for publication on the HPC website (subject to any changes suggested by the Council and any minor editing amendments prior to publication).

Background information

Consultation on the statutory regulation of psychotherapists and counsellors
www.hpc-uk.org/aboutus/consultations/closed/index.asp?id=93

Psychotherapists and counsellors Professional Liaison Group (PLG)
www.hpc-uk.org/aboutus/professionalliaisongroups/psychotherapistscounsellors

Resource implications

There may be resource implications relating to further work in this area, dependent upon the Council's discussion at this meeting.

Financial implications

There may be financial implications relating to further work in this area, dependent upon the Council's discussion at this meeting.

Appendices

None

Date of paper

1 December 2009

DRAFT – SUBJECT TO HPC COUNCIL APPROVAL

The statutory regulation of psychotherapists and counsellors

Responses to the consultation on the recommendations of the Psychotherapists and Counsellors Professional Liaison Group (PLG)

1. Introduction.....	3
1.1 About the consultation.....	3
1.2 About us.....	3
1.3 Psychotherapists and Counsellors Professional Liaison Group.....	3
1.4 PLG recommendations.....	4
1.5 The path to statutory regulation.....	5
1.6 About this document.....	5
2. Analysing your responses.....	6
2.1 Method of recording and analysis.....	6
2.2 Quantitative analysis.....	6
3. Summary of responses.....	10
3.1 Structure of the Register.....	10
3.2 Protected titles.....	11
3.3 Voluntary register transfers.....	11
3.4 Grandparenting.....	11
3.5 Standards of proficiency.....	11
3.6 Education and training.....	11
3.7 Impact of regulation.....	11
3.8 The regulation of other groups.....	11
4. Structure of the Register.....	12
4.1 Differentiation - psychotherapists and counsellors.....	12
4.2 No differentiation - psychotherapists and counsellors.....	15
4.3 No differentiation - modalities.....	20
4.4 Differentiation - modalities.....	22
4.5 Differentiation – children and young people.....	23
4.6 No differentiation – children and young people.....	26
5. Protected titles.....	28
5.1 Comments about protected titles.....	28
5.2 Dual registration.....	30
6. Voluntary register transfers.....	32
7.1 Criteria, process and evidence for voluntary Register transfers.....	32
7. Grandparenting.....	35
7.1 The length of the grandparenting period.....	35
8. Standards of proficiency.....	37
8.1 Generic and profession-specific standards of proficiency.....	38
8.2 English language proficiency.....	40
9. Education and training.....	41
9.1 Overall.....	41
9.2 About threshold levels.....	42
9.3 Arguments for and against different levels.....	43

9.4 Other comments	46
10. Impact of regulation	48
11. The regulation of other groups.....	50
11.1 Other psychological therapists	50
12. Further comments	52
12.1 General comments.....	52
13. List of respondents	58
Appendix 1: Quantitative results - Overall	61

DRAFT - FOR DISCUSSION / APPROVAL, HPC COUNCIL 10122009

1. Introduction

1.1 About the consultation

We consulted between 14 July 2009 and 16 October 2009 on the recommendations of the Psychotherapists and Counsellors Professional Liaison Group ('PLG') about the potential statutory regulation of psychotherapists and counsellors.

We sent a copy of the consultation document to around 750 stakeholders including professional bodies and education and training providers. This included individuals and organisations who had previously responded to the 'Call for Ideas' consultation we held between July and October 2008.

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

1.2 About us

We are the Health Professions Council (HPC). We are a regulator and our job is to protect the health and wellbeing of people who use the services of the professionals registered with us.

To protect the public, we set standards that professionals must meet. Our standards cover the professionals' education and training, behaviour, professional skills, and their health. We publish a Register of professionals who meet our standards.

Professionals on our Register are called 'registrants'. If registrants do not meet our standards, we can take action against them which may include removing them from the Register so that they can no longer practise.

1.3 Psychotherapists and Counsellors Professional Liaison Group

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

The White Paper said:

'The government is planning to introduce statutory regulation for...psychotherapists and counsellors...' (page 81)

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

As part of the preparations towards statutory regulation, we set up a working group of stakeholders, known as a Professional Liaison Group or 'PLG', to consider and make recommendations to the Council about how psychotherapists and counsellors might be regulated, in light of the clear statement of Government policy outlined in the White Paper.

The PLG was tasked with exploring the following areas:

- the structure of the Register;
- protected titles;
- voluntary register transfer and grandparenting arrangements;
- standards of education and training; and
- standards of proficiency.

In the summer of 2008, we launched a 'Call for Ideas' consultation to seek at an early stage the views of stakeholders about the potential statutory regulation of psychotherapists and counsellors. The responses to the Call for Ideas informed the discussion and recommendations of the PLG.

In the consultation we asked a number of questions based upon the recommendations of the PLG in each of the areas within the terms of reference, as well as questions on some other issues that we considered relevant to regulation more generally.

1.4 PLG recommendations

The following is a summary of the PLG's main recommendations:

- The Register should be structured to differentiate between psychotherapists and counsellors.
- The title 'psychotherapist' should become a protected title.
- The title 'counsellor' should become a protected title.
- Criteria for use in identifying the voluntary registers which should transfer (as outlined in section 5.3, paragraph 18 of the PLG report).
- Recommendations about which voluntary registers should transfer should be made by the HPC on the basis of submissions made by organisations holding voluntary registers.
- The grandparenting period for psychotherapists and counsellors should be set at two years in length.
- The draft standards of proficiency outlined in appendix 2 of the PLG report for consultation.
- The 'normal' threshold level of qualification for entry to the Register should be set as follows:
 - For counsellors, level 5 on the National Qualifications Framework / level 5 on the Framework for Higher Education Qualifications / level 8/9 on the Scottish Credit and Qualifications Framework.
 - For psychotherapists, level 7 on the National Qualifications Framework / level 7 on the Framework for Higher Education

1.5 The path to statutory regulation

The results of this consultation will help the HPC Council to reach conclusions about the practicalities of the potential statutory regulation of psychotherapists and counsellors.

Any regulation would require a piece of secondary legislation known as a 'Section 60 Order'. This is an order made under the Health Act 1999. If a decision was made to proceed with the regulation of psychotherapists and counsellors, the Department of Health would publicly consult on a draft Section 60 Order prior to the publication of legislation. The HPC would also publicly consult following the publication of any section 60 Order on the standards of proficiency and the threshold level of qualification for entry to the Register.

The final decision about the regulation of psychotherapists and counsellors is one for the Government, and ultimately, a matter for the UK and Scottish parliaments.

1.6 About this document

This document summarises the responses we received to the consultation.

The document starts by explaining how we handled and analysed the responses we received, providing some overall statistics from the responses. Section 3 provides a 'top-level' summary of the responses. Sections 4 to 12 are then structured around the questions we asked in the consultation document.

In this document, 'you' or 'your' is a reference to respondents to the consultation; 'we' is a reference to the Health Professions Council.

DRAFT - FOR DISCUSSION / APPROVAL - HPC COUNCIL 10122019

2. Analysing your responses

Now that the consultation has ended, we have analysed all the responses we received. We cannot include all of the responses in this document, but we do give a summary of them.

2.1 Method of recording and analysis

We used the following process in recording and analysing your responses.

- The first step was to make a record of each written response to the consultation (whether the response was a letter or an email). When we recorded each response, we also recorded the date it was received and whether the response was given on behalf of an organisation or by an individual.
- When we recorded each response, we recorded whether the person or organisation indicated that they agreed or disagreed to each individual question, where the question could have a yes or no answer (please see section 2.2).
- We read each response and kept a record of the comments received against each of the consultation questions, as well as recording the comments of a more general nature we received.
- Finally, we analysed all the responses.

When deciding what information to include in this document, we assessed the frequency of the comments made and identified the themes that emerged in responses. In this document we give a summary of the common themes across responses overall as well as indicating the frequency of arguments and comments made by respondents. This document summarises the comments most directly relevant to the consultation questions.

The issues about differentiation between psychotherapists and counsellors (section 4), standards of proficiency (section 8) and threshold educational levels (section 9) are to some extent interchangeable and therefore the arguments made in responses often overlap in these areas. We have provided a summary of responses to the questions in these areas, acknowledging any similar trends in arguments made elsewhere and providing a summary, but without duplicating information elsewhere wherever possible.

2.2 Quantitative analysis

We received 1,105 responses to the consultation document. (We have included and taken into account late responses to the consultation if they were received on or before 23 October 2009 but were unable to consider responses received after this date.) 968 responses (88%) were made by individuals and 137 (12%) were made on behalf of organisations.

Table 1 on pages 8 and 9 provides some statistics for questions 1-6, 10 and 15-17, questions for which a clear yes or no answer was possible. Questions 11-14 and 18-20 lend themselves to a more qualitative analysis. Answers to these questions were generally informed by answers to question 1. A figure is also given for responses where the respondent indicated that they were unsure or

where the response was unclear. Appendix 1 shows the overall figures in a graph.

NB. Respondents were asked to respond to the consultation in writing and did not always clearly indicate the question to which they were responding, or sometimes responded more generally.

DRAFT - FOR DISCUSSION / APPROVAL, HPC COUNCIL 10122009

Table 1: Quantitative results

Question	Overall			Individuals			Organisations		
	Yes	No	Unclear / Unsure	Yes	No	Unclear / Unsure	Yes	No	Unclear / Unsure
Question 1 – Do you agree that the Register should be structured to differentiate between psychotherapists and counsellors? If not, why not?	21%	78%	1%	18%	81%	1%	42%	56%	2%
Question 2 – Do you agree that the Register should not differentiate between different modalities? If not, why not?	92%	4%	4%	94%	3%	3%	83%	9%	8%
Question 3 – Do you think that the Register should differentiate between practitioners qualified to work with children and young people and those qualified to work with adults? If yes, why? If not, why not?	44%	51%	5%	41%	53%	6%	54%	44%	2%
Question 4 - Do you agree that 'psychotherapist' should become a protected title? If not, why not?	84%	13%	3%	84%	13%	3%	86%	11%	3%
Question 5 – Do you agree that 'counsellor' should become a protected title? If not, why not?	80%	17%	3%	78%	19%	3%	83%	14%	3%
Question 6 – Do you agree with the approach to dual registration outlined in the report? If not, why not?	75%	21%	4%	72%	24%	4%	83%	12%	5%

Question 10 – Do you agree that the grandparenting period for psychotherapists and counsellors should be set at 2 years in length?	53%	42%	5%	44%	50%	6%	76%	23%	1%
Question 15 – Do you agree that the level of English language proficiency should be set at level 7.0 of the International English Language Testing Systems (IELTS) with no element below 6.5 or equivalent?	60%	25%	15%	58%	19%	23%	67%	29%	4%
Question 16 – Do you agree that the threshold educational level for entry to the Register for counsellors should be set at level 5 on the National Qualifications Framework.? If not, why not?	23%	74%	3%	16%	82%	2%	46%	49%	5%
Question 17 – Do you agree that the threshold level for entry to the Register for psychotherapists should be set at level 7 on the National Qualifications Framework? If not, why not?	33%	65%	2%	25%	74%	1%	62%	37%	1%

N.B. Percentages included in this table relate to the proportion of respondents that responded to each individual question.

3. Summary of responses

The following is a 'top-level' summary of the comments we received in response to the consultation document. Please see sections 4 to 11 for a more detailed analysis. The more general comments we received are summarised in section 12.

3.1 Structure of the Register

- The majority of respondents disagreed that there should be differentiation between psychotherapists and counsellors in the structure of the Register. This was the most frequently answered consultation question.
- Arguments for differentiation between psychotherapists and counsellors in the structure of the Register included:
 - Public protection and public understanding would be better served by differentiation. A failure to differentiate would lower standards in psychotherapy.
 - There are differences at an entry-level for psychotherapists and counsellors in the length, depth, level, and content of education and training.
 - There are differences between the roles of psychotherapists and counsellors and in the proficiencies necessary to practice as each.
- Arguments against differentiation between psychotherapists and counsellors in the structure of the Register included:
 - Differentiation would not protect the public and would instead be confusing to members of the public and potentially limit client choice.
 - There is a variety in education and training across counselling and psychotherapy and trainings often include same or similar content.
 - There is a lack of evidence to support the proposed differentiation. The proposed standards of proficiency identify very few areas of difference and do not reflect current practice.
 - Differentiation would have negative consequences for both service providers and practitioners and would serve to limit access and increase stigma.
- The majority of respondents agreed that modalities should not be differentiated in the structure of the Register because this would ensure inclusivity of practitioners and diversity of practice and avoid confusion for members of the public.
- There was no clear or overall consensus as to whether the Register should differentiate between practitioners qualified to work with children and young people and those qualified to work with adults.

3.2 Protected titles

- The majority of respondents agreed that 'psychotherapist' and 'counsellor' should become protected titles because they said these titles were in wide usage, easily recognised by members of the public and protecting the titles would protect clients from unqualified practitioners.
- The majority of respondents agreed with the approach to dual registration outlined in the PLG's report as this was considered important for public protection.

3.3 Voluntary register transfers

- The majority of respondents agreed with the draft criteria, outline process and potential evidence requirements related to the transfer of voluntary registers.

3.4 Grandparenting

- There was no clear or overall consensus about whether the grandparenting period for psychotherapists and counsellors should be two years long.

3.5 Standards of proficiency

- Respondents said that the draft generic and profession-specific standards are based on a medical model which is inappropriate for psychotherapists and counsellors and do not support differentiation between psychotherapists and counsellors.

3.6 Education and training

- The majority of respondents disagreed with the proposed threshold educational levels for both psychotherapists and for counsellors.

3.7 Impact of regulation

- The areas of potential impact put forward by respondents were heavily influenced by responses about the proposed differentiation between psychotherapists and counsellors. Respondents identified impact areas including the financial costs of registration and the impact of regulation upon the availability and access to services

3.8 The regulation of other groups

- Respondents generally did not identify any direct implications of the current work for the potential future regulation of others delivering psychological therapies. Groups identified as potentially requiring future regulation included hypnotherapists, clinical associate psychologists, high intensity psychological therapists and psychological wellbeing practitioners.

4. Structure of the Register

Q1. Do you agree that the Register should be structured to differentiate between psychotherapists and counsellors? If not, why not?

Summary

- The majority of respondents disagreed that there should be differentiation between psychotherapists and counsellors – where this question was answered, 21% of respondents agreed and 78% disagreed. This disagreement was more marked amongst individuals who responded – 81% disagreed. This compares to 56% of organisations.
- The British Association for Counselling and Psychotherapy (BACP) said that they had asked their members for their views and 87% of respondents had said that they did not support the proposed differentiation. 25% of responses we received indicated that they were in response to BACP's letter and of these 87% disagreed with differentiation.
- The arguments in support of differentiation included public perception of differences between psychotherapists and counsellors; differences between entry level education and training; and the competencies and field of practice involved in each.
- The arguments against differentiation included that it would cause confusion for members of the public; that education and training was variable across the field; that there was insufficient evidence to support a difference between the two; and that such a differentiation would have a negative impact on practitioners, service providers and the public.
- A common theme across the responses received to this question was that the terms of the differentiation as articulated in the draft standards of proficiency was incorrect and needed revision.

4.1 Differentiation - psychotherapists and counsellors

We received the following comments arguing that we should differentiate between psychotherapists and counsellors in the structure of the Register.

Public protection and understanding

- 4.1.1 Differentiation between psychotherapists and counsellors would prevent confusion amongst members of the public and ensure that the public can make informed decisions. The public do not see psychotherapists and counsellors as equivalent.
- 4.1.2 Differentiation between psychotherapists and counsellors would prevent misrepresentation of skills and training and protect the public from practitioners working beyond their competency.

- 4.1.3 A failure to differentiate would lower standards for psychotherapists and damage both professions.

Education and Training

- 4.1.4 Education and Training was most frequently cited as the differentiator between psychotherapists and counsellors. There are differences between psychotherapists and counsellors in the length, depth, level, intensity and content of education and training that each group undertakes.
- 4.1.5 Training in counselling was characterised as more variable compared to psychotherapy training which was seen as more consistent in terms of content and length. One respondent characterised the difference as counsellors generally diploma level trained, working in employed environments, compared to psychotherapists masters level trained, working in private practice.
- 4.1.6 Respondents commonly highlighted the following areas of difference:
- Length of training – it was argued that counselling training was typically around two years, whereas psychotherapy training was typically four years in duration.
 - Personal therapy – It was argued that training in psychotherapy included more hours of personal therapy than counselling training which sometimes did not include personal therapy. The level of ‘self-awareness’ and ‘self-reflection’ needed to deliver effective psychotherapy was a more general comment in this area.
 - Psychotherapy training includes a psychiatric placement.
 - Differences in the nature of the study and learning and the hours content of the theoretical and practical components of programmes.
- 4.1.7 A number of respondents outlined their own education and training to support the proposed difference, particularly where they had qualified as a counsellor but had decided to retrain as a psychotherapist. They set out what they saw as the differences between their trainings, and how they felt this had changed their practice and enabled them to work with clients that they would not have been able to previously.
- 4.1.8 Some respondents said they supported differentiation on the basis that a failure to differentiate would inevitably mean that the threshold level for counsellors would be raised to honours degree or postgraduate level and adversely affect the supply of counsellors and counselling provision, particularly in the voluntary sector. This was a common view amongst practitioners who identified that they worked in the voluntary sector, further education training providers and professional bodies representing a large proportion of practitioners working in the voluntary sector. There was a broad correlation between those making this argument and those also arguing for a level 4 threshold for counsellors (please see section 9).

Different but complementary professions

- 4.1.9 Respondents to the consultation often said that there was a difference in role between psychotherapists and counsellors without describing that difference. Others commented generally that differences in education and training therefore meant that there were differences in proficiencies and competencies.
- 4.1.10 Where that difference was described it was often expressed in terms of the psychotherapist's ability to work with complex and enduring severe mental health problems such as personality disorders and to undertake diagnostic procedures. One respondent described this as the difference between dealing with neurosis (counselling) and psychosis (psychotherapy).
- 4.1.11 Another respondent said that psychotherapists are involved in a more 'deliberate and active engagement with the psychological processes that go awry in psychological disorders' and therefore need a more thorough understanding of those processes. Counselling, by contrast, they argued is often more focused on 'identifying problematic issues of concern to an individual and their social context' and 'aims to maximize psychological and social adaptation' – there is 'less focus' on psychological processes that function pathologically and more on 'optimising normal processes of adaptation'.
- 4.1.12 In keeping with comments made against differentiation, some respondents acknowledged that, although they considered psychotherapy and counselling to be different, there was a large degree of overlap and both had a lot to offer to clients. One respondent noted the difficulty in articulating the nature of boundaries between the different professions but they said they should be maintained nonetheless, in recognition of a history of practice supported by standards of education, training and programmes which demonstrated the difference.
- 4.1.13 Some respondents said that there were differences but acknowledged that the titles 'psychotherapist' and 'counsellor' are often used interchangeably by practitioners and by employers. In contrast, some other respondents said that beyond healthcare contexts the titles psychotherapist and counsellor were not used interchangeably by practitioners.

Other comments

- 4.1.14 A common theme amongst those respondents who agreed with differentiation was a belief that the proposed standards of proficiency did not or may not express that difference adequately. In particular, it was argued that the profession-specific standards for counsellors only should also apply to psychotherapists. It was often argued that the standards for psychotherapists were based on an National Health Service (NHS) centred medical model. Relatively few respondents

attempted to describe the difference in terms of different proficiencies, often arguing instead that that difference should be specified in terms of the content of education and training.

- 4.1.15 One respondent argued that although there was a difference, this had not been adequately expressed by the PLG and a detailed examination of curriculum differences in the training of both groups needed to be undertaken.

4.2 No differentiation - psychotherapists and counsellors

- Disagreement with the proposed differentiation between psychotherapists and counsellors was often very strongly articulated. Adjectives frequently used to describe the proposal included 'misguided', 'unworkable', 'artificial', 'arbitrary', 'inaccurate', 'simplistic' and 'insulting'.
- Some respondents said that the support of the majority of the profession was crucial to the implementation of regulation and that the proposed differentiation was a barrier to achieving this.

We received the following comments arguing against differentiation between psychotherapists and counsellors in the structure of the Register.

Public understanding, protection and choice

- 4.2.1 The proposed differentiation would result in no public protection value and would instead be confusing to members of the public by making the regulatory system unnecessarily complicated.
- 4.2.2 Standards are variable across the psychotherapy and counselling field and the use of title is not a clear indication of the skills and training of the practitioner. A common theme, particularly amongst individual practitioners that responded, was that the title used was far less important than the client-practitioner relationship.
- 4.2.3 Differentiation would prevent those registered as counsellors from working with severe / enduring mental health problems. This would change the nature of the treatment provided by therapists, jeopardise clients' access to timely and affordable therapy and might limit the clients' right to choose the therapy appropriate for them.

Education and training

- 4.2.4 There is a variety in education and training in counselling and in psychotherapy. Some counselling courses are longer than psychotherapy trainings, the trainings often include the same or similar content and a significant proportion of counselling trainings are delivered at degree or postgraduate level.
- 4.2.5 Differentiation should not be achieved on the basis of academic levels. In particular, there was concern around how differentiation might alienate

counsellors that have higher level qualifications above the proposed threshold level.

- 4.2.6 A few individual respondents described how they had decided to train as psychotherapists but nonetheless still considered that there was insufficient difference between the proficiencies and the therapeutic activities involved in order to justify differentiation.

Hierarchy

- 4.2.7 The proposed differentiation would create a hierarchy between psychotherapists and counsellors, with counselling appearing to be 'inferior' to psychotherapy. The proposal is designed to elevate the power and status of some psychotherapists and would be detrimental to the development of the profession.
- 4.2.8 Both counselling and psychotherapy should be seen as of equal value and equal worth. It was argued that psychotherapists and counsellors 'do the same job'.
- 4.2.9 There is such a considerable degree of overlap in theory, practice and principles as to make differentiation between psychotherapists and counsellors unworkable. One respondent characterised psychotherapy and counselling as 'both sides of the same coin'.

Evidence

- 4.2.10 A consistent theme amongst respondents disagreeing with differentiation was that of a lack of evidence. It was argued that there was a lack of evidence to support there being a difference between the proficiencies of a psychotherapist and those of a counsellor, and between the practise of psychotherapy and counselling. It was argued that the PLG had reached its conclusions without sufficient evidence to justify the recommendation.
- 4.2.11 The draft standards of proficiency were often cited in arguments that there was a lack of evidence to support differentiation. In particular, it was noted in many responses that amongst the standards of proficiency there were 49 common standards and only 2/3 differentiators and it was argued that this was an insufficient basis to differentiate.
- 4.2.12 Respondents also referred to research findings which they said had concluded that the orientation or modality of practice is not a key factor in the outcome of therapy for the client. This point was used to argue that differentiation was not merited as the experience of the client did not differ on the basis of the 'label' used by the practitioner. This argument was also made in supporting the recommendation not to differentiate between modalities.
- 4.2.13 A number of respondents said that the proposed differentiation was out of sync with research more generally as well as other developments such as New Ways of Working for Psychological Therapists, Increasing

Access to Psychological Therapies (IAPT), and the development of National Occupational Standards by Skills for Health which bridge both fields.

Service provision and practice

- 4.2.14 We received a number of responses from counselling and psychotherapy service providers who argued that the proposed differentiation had no correlation with the reality of service delivery. These were echoed by many individual respondents.
- 4.2.15 A common argument was that practitioners in a variety of different environments will have a range of clients including those who might have or potentially have a defined mental illness. Counselling services reported that they employed both psychotherapists and counsellors and that both worked with high levels of distress, trauma and disturbance.
- 4.2.16 Respondents argued that decisions about which title to use were a matter of personal choice, sector, belief, style of practice and philosophy, rather than a reflection of 'higher' or 'lower' level skills. They argued that the titles were used interchangeably by practitioners, employers and others. These comments were echoed by some service providers who explained that they employed both psychotherapists and counsellors under the label of a counselling service.

Unintended consequences

- 4.2.17 One of the consultation questions asked about the impact of regulation. Many of the identified impact areas were related to service provision. It was argued that the PLG had failed to properly take into account the impact upon services of the proposed differentiation (please see section 10).
- 4.2.18 A number of respondents said that the title 'counsellor' was developed and used to move away from the language of 'stigmatisation', 'prejudice' and 'segregation'. Differentiation and protection of title would necessitate counselling services employing both psychotherapists and counsellors including the title 'psychotherapist' in their names, which would increase stigma and prejudice, increase social exclusion and have financial implications for services. It was argued that there was stigma attached to the term 'psychotherapist' which members of the public often saw as being associated with mental illness.
- 4.2.19 It was argued that the differentiation would result in a reduction in career opportunities for both counsellors and psychotherapists, negatively impacting upon opportunities for career progression by necessitating retraining and limiting access to some jobs.
- 4.2.20 As the titles are used interchangeably, and psychotherapists sometimes work as counsellors and vice versa, differentiation would have a direct impact upon employers who would need to make amendments to

contracts of employment. Service providers would be adversely affected in their ability to use counsellors to work with clients with mental illness.

4.2.21 Individual practitioners responded concerned that they would be excluded by the proposals from undertaking long term or more complex work and would instead (because of the standards of proficiency) have to refer clients on to colleagues despite having the experience and skills to help clients. Although some acknowledged the nature of threshold standards, it was argued that this may nonetheless be an unintended consequence of differentiation.

Standards

4.2.22 There is very little difference between psychotherapists and counsellors expressed in the draft standards of proficiency and the standards are not meaningful and do not reflect current practice. Some respondents expressed this by saying that apparently minor issues may have deeper roots and therefore counselling may turn to psychotherapy. Others described how it was often impossible to predict in the early stages of contact at what level of distress any client will present.

4.2.23 The standards are not at a threshold level and include content which is not consistently delivered across existing education and training provision and which is aspirational in nature.

4.2.24 The differentiation in the standards is artificial - both psychotherapists and counsellors need to know about and work with mental disorders. Psychotherapists also need to be able to work with life problems. The ability to work with certain disorders is more a matter of experience than title or entry training.

4.2.25 Respondents questioned, with reference to the profession-specific standards for psychotherapists, whether psychotherapists could or should undertake diagnosis and treatment for severe medical disorders. They said that they understood this to be the scope of practice of psychologists, psychiatrists and other medical doctors.

Other comments

4.2.26 A number of individuals and organisations had not reached firm conclusions but instead responded recognising the complexity of the decisions that needed to be made in this area. In recognition of variation across the field, some suggested a 'tiered' approach instead with adjectives such as 'senior' used to denote different levels of competence, education and training and experience.

4.2.27 One respondent suggested that the differentiation between psychotherapists and counsellors was insufficient to reflect the range of the field, suggesting three titles / 'sub sections': counsellor/counselling practitioner, psychotherapeutic counsellor and psychotherapist. A few respondents suggested that psychotherapeutic counsellor should be distinct sub-section or a protected title.

4.2.28 A few respondents suggested that there should be one part of the HPC Register to incorporate psychotherapists and counsellors and the existing arts therapists part of the Register.

DRAFT - FOR DISCUSSION / APPROVAL, HPC COUNCIL 10122009

Q2. Do you agree that the Register should not differentiate between different modalities? If not, why not?

Summary

- The majority of respondents agreed that the Register should not differentiate between modalities – where this question was answered, 92% of respondents agreed and 4% disagreed. This trend was broadly the same amongst individuals that responded. Amongst organisations 83% agreed.
- A proportion of responses to this question indicated a misunderstanding of the consultation question. The response suggested that the individual responding thought that differentiation on the basis of modality was being proposed by the PLG. Other respondents answered yes or no to this question but did not make any additional comments. Where respondents clearly indicated agreement or disagreement with the proposal not to differentiate in the Register between modalities they have been appropriately recorded and are reflected in the figures given above.
- The arguments for not identifying modalities in the structure of the Register included that doing so would be confusing for members of the public: that the number of modalities made this unfeasible; and that doing so would negatively impact on inclusivity of practitioners and diversity of practice.
- The arguments for identifying modalities in the structure of the Register included that it was necessary for public understanding; would enable the public to make informed choices and would protect against misrepresentation by those who did not have the necessary competencies to practise safely in particular modalities.

4.3 No differentiation - modalities

We received the following comments arguing against differentiation between modalities in the structure of the Register.

Public understanding, choice and protection

- 4.3.1 Identifying modalities in the structure of the Register would make the system unnecessarily complex, costly and bureaucratic and would confuse members of the public. There is more commonality than difference between modalities.
- 4.3.2 There are too many modalities / approaches to practice to make this a feasible option. One respondent reported that it had been said that there were 400-600 approaches in use and others concluded that the range of modalities is too vast to incorporate in the Register.

Inclusivity, diversity and practice

- 4.3.3 Such a system would not be able to be inclusive of all practitioners and all modalities. The work of integrative therapists was particularly cited. Some practitioners work in more than one modality – the practice of individuals often develops into new areas of practice in different and non-standard ways and often changes to suit the needs of particular clients. One respondent compared this regulatory approach to the clinical scientists part of the HPC Register. This profession has 11 different and distinct modalities but these are not identified in the structure of the Register and there is one protected title - 'Clinical scientist'.
- 4.3.4 If there is differentiation between modalities, practitioners would be forced to choose one over the other rather than develop and integrate theory and technique as time goes on. A 'flat model' provides more flexibility and avoids the problems of having to register under more than one modality.
- 4.3.5 The modality of the practitioner is often unimportant to the client and there is no easy match between therapist, type of need and outcomes. Modalities may not convey anything meaningful about the training and competence of the therapist. Practitioners could use a preceding adjective to denote their modality / orientation.

Scope of practice and adjectival titles

- 4.3.6 Individual practitioners should be responsible for ensuring they only practise in those areas in which they have the necessary qualifications and experience. Employers and service providers should ensure that practitioners are qualified to undertake certain roles. Clinical supervision provides additional safeguards.
- 4.3.7 One respondent suggested that the use of adjectival titles should be encouraged and that clear guidance would be needed to explain the circumstances in which the use of an adjectival modality title would be acceptable.

Development of the profession

- 4.3.8 Differentiation would restrict the development of the profession by limiting the ability to develop new approaches to practice, preventing 'cross-fertilisation' between modalities.
- 4.3.9 The focus should be on researching and developing the effectiveness of therapies rather than creating a system in which some modalities may be seen as superior to others.

Other comments

- 4.3.10 If there was no differentiation, the standards produced and the process of visiting education and training providers would need to be sensitive to the issues and needs around individual modalities.

4.4 Differentiation - modalities

We received the following comments arguing for differentiation between different modalities in the structure of the Register.

Public understanding, choice and protection

- 4.4.1 Identifying practitioners who are qualified to practise in a particular modality in the structure of the Register is necessary to allow clients to make informed choices and to provide clarity for users of services about the type of therapy they are receiving.
- 4.4.2 A failure to differentiate modalities in the structure of the Register would be confusing for members of the public.
- 4.4.3 Identifying those qualified in specific modalities in the Register would mitigate the risk of harm from therapists who misrepresent that they are qualified in a particular modality. (One respondent suggested that, as a minimum, the standards of proficiency and a code of conduct might reflect the requirement to only practise in those modalities in which the practitioner is trained.)
- 4.4.4 Modalities are 'benchmarks of training, practice and context' and need to be included in a Register to make it meaningful and to give it substance.
- 4.4.5 We received a few suggestions for particular modalities which should be reflected in the structure of the Register with separate protected titles.

Evidence base

- 4.4.6 Two respondents suggested that the Register should take into account of, or be limited to, evidence based interventions. It was suggested that the Register should take into account and identify those modalities for which there was guidance published by the National Institute for Health and Clinical Excellence (NICE) and others for which there exist recognised modality training programmes.

Q3. Do you think that the Register should differentiate between practitioners qualified to work with children and young people and those qualified to work with adults? If yes, why? If not, why not?

Summary

- There was no clear or overall consensus in relation to this question – where this question was answered, 44% agreed, 51% disagreed and 5% were unclear or unsure. The trend was apparent in responses from individuals, but amongst organisations the trend was reversed – 54% said yes and 44% said no.
- The broad terms of this question make an overall analysis problematic and this is reflected both in the statistics above and in the discursive nature of the responses we received to this question. A common point for debate across the responses was the feasibility of differentiation between practitioners. A variety of entry routes into work with children and young people were discussed across the responses including entry level education and training, post-qualifying education and training and ongoing professional development.
- The arguments we received supporting differentiation focused on the risk to, and needs of, children and young people and the proficiencies necessary to work with this group. The arguments against differentiation focused on varying routes to qualification, feasibility in the light of existing service provision and equity with other groups.

4.5 Differentiation – children and young people

We received the following comments arguing for differentiation between those qualified to work with children and young people and those qualified to work with adults.

Risk of harm

4.5.1 There is a risk of serious harm to a vulnerable group if therapy is performed badly or by untrained practitioners. There is some existing bad practice with unqualified counsellors and psychotherapists working with children and young people and the use of some therapeutic techniques and programmes which are inappropriate for children. It was argued that this argument is distinctive from those around modalities; this a client group with specific needs requiring specific specialist professional training.

4.5.2 The social, emotional and developmental needs of children are different and require practitioners and services which respect those differences. Several respondents talked about the importance of respecting the autonomy of children and young people and the power imbalance between children and adults. One respondent said: 'Children are not 'small adults.'

Specific competencies

- 4.5.3 Respondents to this question often referred generally to the need to 'respect specialists' and 'specialist competencies' or to 'recognise specialist skills'. These competencies were sometimes set-out in more detail and they commonly included:
- Knowledge of normal and abnormal child development.
 - Knowledge of policy and legislation including requirements around safeguarding children and young people and consent.
 - Methodologies, techniques and materials for therapeutic interventions.
 - Communication skills specific to working with children and young people.
 - Multi-disciplinary practice and the community context.
- 4.5.4 A failure to differentiate would be out of keeping with NICE guidance about psychotherapy and children and 'Every Child Matters' by the Department for Children, Schools and Families which has identified specific competencies necessary for working with children and young people.
- 4.5.5 A failure to differentiate would mean that the HPC would be poorly equipped to make decisions about complaints concerning work with children and young people and the specific ethical issues that arise.

Child and adolescent psychotherapists

- 4.5.6 Respondents to this question most frequently identified one specific group which some argued should be recognised in the structure of the Register with a separate protected title - Child and adolescent psychotherapists. It was argued that this was a distinct training and that recognising this and the title 'child psychotherapist' or 'child and adolescent psychotherapist' in the structure of the Register was a very different argument from saying that practitioners could not work with children unless they had a specific specialist training.
- 4.5.7 It was argued that psychotherapy trainings generally differentiate between those equipping trainees to work with adults and those equipping trainees to work with children. A few education and training providers replied saying they made such a distinction in their programmes.

Feasibility

- 4.5.8 Some respondents agreed in principle but questioned whether this would be possible and there was some confusion overall as to how this would work in terms of the structure of the Register. Reservations expressed by respondents included:
- A lack of affordable and adequate specialised training programmes for working with children and young people, despite service demand (particularly in counselling). It was asked how differentiation would work as training for working with children and young people was not always at entry level but instead often as a result of specialist post-qualifying training or through continuing

professional development. Some ongoing work to increase the availability of education and training programmes was described.

- The impact of any register on service provision if practitioners were compelled to retrain. Although one respondent said that a 'temporary reduction' in practitioners would be a poor reason for failing to protect a vulnerable group; another said the focus should be on future aspiration without adversely affecting existing practitioners.
- The problem of defining the term 'children and young people' in terms of the age groups this would encompass – one respondent cited legislation with differing definitions (although others said that the law was clear in the distinction).

DRAFT - FOR DISCUSSION / APPROVAL, HPC COUNCIL 10122009

4.6 No differentiation – children and young people

We received the following comments arguing that the Register should not differentiate between those qualified to work with children and young people and those qualified to work with adults.

Education and training and practice

- 4.6.1 Differentiation would not be possible because education and training routes vary including practitioners who undertake specialist training at initial entry to the profession, undertake post-qualifying specialist training, and those who work with children and young people having undertaken CPD and gained additional experience. There is no evidence that any one route is better than another.
- 4.6.2 As many services do not currently see clients on this basis, differentiation would reduce the available workforce who could work with children and young people and reduce choice for clients. Many practitioners work with many different age groups; therapists have to adapt to developments and challenges which are not necessarily linked with age.
- 4.6.3 Some respondents focused on the need for post-registration training to enable practitioners to work with children and young people. Some preferred an annotation of the Register to indicate where someone was qualified, preferring this to a separate protected title.

Feasibility

- 4.6.4 Differentiation would make the Register overly complex and make a distinction that is not made in other professional registers. This group of practitioners should not be identified as there is no greater justification than for practitioners working with other client groups or in other areas. To make this distinction would necessitate similar distinctions being made in other parts of the HPC Register.
- 4.6.5 A definition of children and young people would be necessary and there is variability in definitions between different statutes.
- 4.6.6 The responsibility of ensuring competence to work with any client group or in any context should rest with the registrant and with employers. Professional body standards and specialist registers, supervision, legislation, criminal records checks and the role of the Independent Safeguarding Authority (ISA) and the Central Barring Unit in Scotland provide additional safeguards.
- 4.6.7 Some respondents said that if there was no differentiation, any standards should refer to children and young people. All practitioners should have some understanding of the needs of children and young people at entry to the Register.

- 4.6.8 Some respondents debated the relative merits and disadvantages of such an approach, including the implications for training. One respondent suggested that the pace of change in the area of safeguarding children necessitated a debate.
- 4.6.9 A common theme across arguments for and against separate recognition was a belief that attention needed to be given to requirements for working with children and young people including standards and guidance for any practitioner working with children and young people which would inform the regulator's understanding of the specific needs of this field, even if there was no separate differentiation.

DRAFT - FOR DISCUSSION / APPROVAL, HPC COUNCIL 10122009

5. Protected titles

Q4. Do you agree that 'psychotherapist' should become a protected title? If not, why not?

Q5. Do you agree that 'counsellor' should become a protected title? If not, why not?

Q6. Do you agree with the approach to dual registration outlined in the report? If not, why not?

Summary

- The majority of respondents agreed that 'psychotherapist' should become a protected title – where this question was answered 84% agreed and 13% disagreed. This trend was broadly consistent across both individuals and organisations.
- The majority of respondents agreed that 'counsellor' should become a protected title – where this question was answered 80% agreed and 17% disagreed. This trend was broadly consistent across both individuals and organisations.
- The majority of respondents agreed with the approach to dual registration outlined in the report – where this question was answered 75% agreed and 21% disagreed. This agreement was more marked amongst organisations who responded - 83% agreed.

5.1 Comments about protected titles

- 5.1.1 The majority of respondents agreed with the proposed protected titles. Sometimes respondents answered yes but with a caveat that they disagreed with differentiation and therefore the titles should be interchangeable; others answered no and stated this reason. Where respondents gave reasons for their agreement, it was because the titles were in wide usage, easily recognised by members of the public and protecting the titles would protect clients from unqualified and incompetent practitioners.
- 5.1.2 Those respondents who said that they were opposed to regulation often disagreed with the proposed protected titles on the basis that they would not protect the public and would exclude practitioners. A number of respondents were concerned that protecting titles would lead to rebranding by those who wished to remain outside of regulation; others referred to the diversity of titles in the field which would make protection of title problematic.

Counsellor

- 5.1.3 Whilst there was general agreement that the title 'counsellor', at least in some form, should be protected, a common discussion point amongst respondents was whether it would be practical or possible to protect this title or enforce its usage because of its use outside of mental health / therapeutic work.
- 5.1.4 A number of respondents suggested that a prefix should be used to differentiate the title from other forms of counselling and to make the term more meaningful. Debt counselling, financial counselling, drug counselling and pastoral counselling were other types of counselling cited in responses.
- 5.1.5 Prefixes most commonly suggested included 'registered' and 'therapeutic'. One respondent suggested the term 'healthcare counsellor' to limit the scope of regulation to mental health contexts and avoid what they saw as a potentially negative impact on voluntary counsellors and voluntary sector counselling services.
- 5.1.6 A minority of respondents said that 'counsellor' should not be protected on the basis that it was not an accurate match for the activity undertaken by practitioners and was too easily conflated with giving advice. It was argued that regulation offered an 'opportunity' to devise titles which they saw as more accurately and clearly reflecting the scope of activity of psychotherapists and counsellors.

Alternative titles

- 5.1.7 The most frequently suggested 'alternative' protected title was 'psychological therapist' either as the 'umbrella' name of the part of the Register or as an alternative protected title to psychotherapist and counsellor. Variants of this included 'psycho-social therapist' and 'registered practitioner in psychological therapies'.
- 5.1.8 Other titles suggested included 'educational psychotherapist', 'therapist', 'registered therapist', 'qualified counsellor' and 'qualified psychotherapist'.
- 5.1.9 One respondent said they were concerned that the title 'psychoanalyst' was not a proposed protected title, expressing concern that this title should be protected to avoid misuse of this title by those who sought to circumvent registration.
- 5.1.10 The title 'art psychotherapist' is currently a protected title under the Arts therapists' part of the HPC Register for art therapists. A few respondents suggested that the titles 'music psychotherapist' and 'drama psychotherapist' ought to be protected as well in recognition that art therapy, music therapy and dramatherapy services were often delivered under the umbrella term 'arts psychotherapies'.

5.2 Dual registration

Dual registration and differentiation

- 5.2.1 Many of the comments received in relation to this question were not about dual registration for those practising in other professions who are also qualified psychotherapists and/or counsellors. Instead, respondents often focused on the importance of practitioners being able to register as both psychotherapists and counsellors if differentiation was to be adopted, or restated their views on differentiation.
- 5.2.2 The main concern of respondents was that someone registered as both a psychotherapist and a counsellor should not have to pay more than one fee to do so. It was suggested that second and subsequent registrations should be free or attract a reduced fee.

Other professionals

- 5.2.3 Where other comments were made, those in agreement often said that if someone professionally registered elsewhere (e.g. a nurse or psychologist) was using one of the protected titles they should be separately registered. This was seen as vital for public protection and public understanding and to maintain the integrity and purpose of the Register.
- 5.2.4 Those who disagreed with the proposed approach were concerned about duplication of effort and cost. It was suggested that dual registration should be avoided where possible with practitioners staying with their own regulatory body. It was argued that arrangements here should not unfairly penalise those who extend their practice, rather than qualify in another profession.
- 5.2.5 Some respondents discussed the contrast between using the protected title and undertaking psychotherapy or counselling interventions as part of the practice of another profession. Examples given included community psychiatric nurses undertaking interventions such as cognitive behavioural therapy. Some acknowledged that this would not necessitate dual registration unless a protected title was used.
- 5.2.6 One respondent suggested that qualified psychologists who practise psychotherapy and who wish to advertise themselves using a protected title should not be obliged to register separately but should instead be given the ability to use the protected titles as part of their current registration. It was suggested that the arrangements for the psychotherapists and counsellors part of the Register outlined in the consultation document, whereby someone registered more than once in same part of the Register would only pay one fee, should be extended to psychologists who were also qualified as psychotherapists.

5.2.7 One respondent said that the proposals failed to take into account that the General Medical Council (GMC) already registers and regulates doctors who practise psychotherapy. Two groups were identified with arguments made that these individuals should not be required to dual register:

- Doctors who have undertaken specialist medical training in psychotherapy administered by the Royal College of Psychiatrists and recognised by the GMC's specialist register. These doctors sometimes work under the title of 'Consultant psychotherapist' or 'Consultant psychiatrist in psychotherapy'. It was argued that they should not have to register twice as they are already GMC registered in the GMC specialist Register.
- Doctors who have undertaken training to deliver psychotherapy but independent from postgraduate psychiatry training. It was suggested that these individuals should have their credentials recognised in the GMC Register but should not be required to register twice.

DRAFT - FOR DISCUSSION / APPROVAL, HPC COUNCIL 15/1/2009

6. Voluntary register transfers

Q7. How appropriate are the draft criteria for voluntary register transfers?

Q8. Do you have any comments on the outline process for identifying which registers should transfer?

Q9. What evidence might an organisation holding a voluntary register provide in order to support their submission?

Summary

- The majority of respondents who answered the questions on the voluntary register transfers agreed with the criteria and the process and did not provide detailed comments.

7.1 Criteria, process and evidence for voluntary Register transfers

We received the following comments about the criteria, outline process and potential evidence requirements related to the transfer of voluntary registers.

Criteria for voluntary register transfers

- 6.1.1 Most respondents agreed with the criteria that were proposed, considering them to be proportionate and adequate. However, some respondents commented that the criteria were insufficiently defined and required more work to clarify them.
- 6.1.2 Several respondents commented that whilst the criteria were appropriate, they were based upon differentiation between psychotherapists and counsellors which they did not agree with.
- 6.1.3 One respondent commented that the criteria required monitoring so that HPC could be confident that the voluntary registers which transferred met the standards for the differentiated titles.
- 6.1.4 Some respondents raised concerns that the criteria were set far below the proposed standards for psychotherapists and counsellors and also below those of the professional bodies. As such, the criteria were set below the existing standards.
- 6.1.5 One respondent commented that whilst the criteria were adequate, there was no indication in the criteria of how the evidence would be assessed or what process would be followed. The respondent recommended that the HPC should establish some criteria for eligibility for assessment.
- 6.1.6 Some respondents suggested that practitioners who had been accredited in schemes run by professional bodies should transfer to the HPC Register, whilst others commented that it was important that the criteria were not elitist and included those who were not accredited.

6.1.7 Respondents proposed other criteria that could be used, including that the register required the individual to undertake personal therapy; that the register was committed to research and developing the profession; that the register actively checked that members met the standards; and that the register should have been established for a certain number of years.

Outline process for register transfer

6.1.8 Several respondents expressed the hope that there would be considerable guidance for organisations submitting documentation so that organisations were aware of what needed to be provided. One respondent proposed that all organisations should submit the same evidence to ensure consistency.

6.1.9 Respondents said that it was important that the process identified those registers and individuals who did not meet the standards and that those who did not meet the standards should not be registered.

6.1.10 A few respondents raised concerns that the HPC had insufficient experience to scrutinise and make decisions on so many registers. They felt it was important that the panel making the decisions had appropriate experience and that the HPC thought carefully about how it would transfer so many registers.

Evidence

6.1.11 Most respondents agreed with the suggested evidence in the PLG report. Some respondents proposed different types of evidence that could be provided including the number of registrants on the voluntary register; processes for assessing entry; complaints processes with evidence that the process had been followed; and evidence that the register required personal supervision.

6.1.12 Respondents suggested that evidence relating to a number of other areas such as continuing professional development, accreditation, supervision and placement support, equal opportunities practice and other information would also be helpful.

6.1.13 Several respondents commented that the evidence should be focused more on outcomes, for example the outcomes of complaints rather than just the number of complaints and how they were handled.

Other comments

6.1.14 Respondents highlighted the importance of both the criteria and process being inclusive so that a wide variety of organisations could be included.

6.1.16 A few respondents commented on the difficulties some organisations would face in differentiating between psychotherapists and counsellors on their registers.

6.1.17 Two respondents (organisations), with the support of some individuals, made reference to the normal link between those registers that transfer and the education and training programmes approved from the opening date of the Register. One of these respondents argued that entry level counselling programmes which lead to employment (i.e. programmes conferring the ability to practice) which were validated by a qualifications awarding body and regulated by the Office of the Qualifications and Examinations Regulator (OfQual) should also be considered approved qualifications from the opening date of the Register. The other was concerned about the position of training courses which did not have professional body validation not being able to apply for approved status until the Register had opened.

DRAFT - FOR DISCUSSION / APPROVAL, HPC COUNCIL 10122009

7. Grandparenting

Q10. Do you agree that the grandparenting period for psychotherapists and counsellors should be set at 2 years in length?

Summary

- There was no clear or overall consensus about whether the grandparenting period for psychotherapists and counsellors should be two years long – where this question was answered 53% agreed, 42% disagreed and 5% were unsure or unclear in their responses. Amongst individuals who responded, 50% disagreed and 44% agreed. The trend was reversed amongst organisations – 76% agreed and 23% disagreed.
- There was some confusion overall about the purpose of the grandparenting period.

7.1 The length of the grandparenting period

We received the following comments about the length of the grandparenting period.

- 7.1.1 Some respondents agreed that the grandparenting period be two years. They felt that a longer grandparenting period might reduce the level of public protection involved because this would lengthen the period of time before which the professional titles were protected and that most individuals were already aware of the need to register with HPC.
- 7.1.2 Some respondents commented that the grandparenting period should be for longer than two years as many education and training programmes took longer than two years to complete. A longer grandparenting period would allow individuals in training the opportunity to complete their training and then apply via grandparenting. Respondents suggested a grandparenting period of between three and five years.
- 7.1.3 Respondents gave several other arguments for a grandparenting period longer than two years, including the numbers of individuals who were not on voluntary registers and the need to allow sufficient time for grandparenting applicants to undertake further training before applying.

Other comments

- 7.1.4 A number of individuals and organisations raised concerns that the grandparenting fee and the length of time taken to complete an application would discourage individuals working as volunteers or part time from registering.
- 7.1.5 Several individuals commented that it was unfair to force people to grandparent when previously there had been no requirement to join a voluntary register.

- 7.1.6 Several respondents raised concerns about practitioners who were not accredited by professional bodies and therefore might have to grandparent. There was the possibility that some individuals might end up being registered by HPC when they had not been accredited by their professional body.
- 7.1.7 Several respondents raised concern that grandparenting would allow poor practitioners to register. More generally some were concerned about registration giving credibility to practitioners who were not sufficiently competent.

DRAFT - FOR DISCUSSION / APPROVAL, HPC COUNCIL 10122009

8. Standards of proficiency

Q11. Do you think that the standards support the recommendation to differentiate between psychotherapists and counsellors?

Q12. Do you think the standards are set at the threshold level for safe and effective practice? If not, why not?

Q13. Are the draft standards applicable across modalities and applicable to work with different client groups?

Q14. Do you think there are any standards which should be added, amended or removed?

Q15. Do you agree that the level of English language proficiency should be set at level 7.0 of the International English Language Testing System (IELTS) with no element below 6.5 or equivalent? (Standard 1b.3)

Summary

- The responses we received to questions 11, 12, 13 and 14 were very much informed by answers to questions 1 and 2, in particular differentiation between psychotherapists and counsellors. The majority of respondents answering these questions indicated that they considered that the draft standards of proficiency needed revision.
- A common theme here and across the responses to the consultation was about the medical model. We received both general comments from respondents who argued that the HPC demonstrated a medical model approach (please see sections 12.1.23 to 12.1.25) and specific comments about both the profession-specific and the generic standards of proficiency.
- We received a number of very detailed comments on the draft standards of proficiency suggesting changes to both the generic and profession-specific standards. The more overarching comments we received in response to these questions are outlined below and overleaf; the responses about specific standards have been recorded for consideration but are not published here.
- The majority of respondents agreed with the proposed English language proficiency level – where this question was answered 60% agreed and 25% disagreed. The proportion of unclear or unsure responses to this question was relatively high – 15% of responses. This trend was more marked amongst organisations that responded – 67% agreed. Amongst individuals that responded, 23% were unclear or unsure in their responses.

8.1 Generic and profession-specific standards of proficiency

We received the following comments about the draft standards of proficiency.

Standards of proficiency and differentiation

- 8.1.1 The arguments made here mirrored those made about differentiation (please see section 4). They included:
- The majority of the draft standards are proposed to apply to both psychotherapists and counsellors but most, if not all, are widely applicable.
 - There is a lack of evidence to show that the differentiated standards are an accurate reflection of practice or education and training.
 - There is no basis for differentiating on the grounds of proficiencies to work with severe mental disorder – some counsellors are trained to manage severe mental disorders, some psychotherapists are not.
- 8.1.2 Many respondents disagreeing with the draft standards of proficiency, but agreeing in principle with differentiation between psychotherapists and counsellors, did not suggest alternative ways to articulate those standards. Where comments were made, suggestions included basing differentiation on the ability to work with unconscious processes or cognitive rational processes. Other suggested differences were focused on the content of education and training and how this could be better reflected in the draft standards of proficiency. Comments around this included articulating differences in personal development and personal therapy or articulating the difference in a similar way to the learning outcomes of education and training programmes, along the lines of differences in ‘critical understanding’.
- 8.1.3 Some respondents that supported differentiation commented that differentiation should be found throughout the standards, not just in standard 3a.1 and suggested differentiated standards in other areas.

Safe and effective practice

- 8.1.4 Some respondents said that they believed that the standards as currently drafted were not set at the threshold for safe and effective practice. However, there was no clear consensus as to whether the standards as currently drafted were set in excess of the necessary standards or at too low a level.
- 8.1.5 Some respondents said that many of the standards were not applicable to psychotherapy and counselling and therefore they did not reflect or promote safe and effective practice. Although they were not directly the subject of the consultation, we received a number of responses which commented on the generic standards, often arguing that they currently reflected a medical model approach to practice. The generic standards most frequently considered inappropriate as currently drafted for psychotherapists and counsellors included 2b.5 (record keeping), 2c.2 (audit and review of practice) and 3a.3 (hazard and infection control).

- 8.1.6 A number of respondents stated that the proposed standards could put clients at risk as there was insufficient evidence to show that all current training courses for psychotherapists incorporated training on the diagnosis and treatment of people with severe and enduring mental health problems.
- 8.1.7 A number of those respondents who argued that the Register should differentiate between those qualified to work with children and young people and those qualified to work with adults commented that they were concerned that the standards were not sufficient for safe and effective practice with this group. Some respondents suggested additional standards for psychotherapists and counsellors working with children and young people.
- 8.1.8 Some respondents were concerned that the standards of proficiency were set at too high a level of abstraction and as such the standards were 'simplistic', 'reductionist' or 'too general'. One respondent commented that they were disappointed that the standards did not reflect the different levels of skills needed to work with different levels of client need.
- 8.1.9 Some respondents rejected concepts of 'standards' and 'safe and effective practice' and saw them as inappropriate to the practice of psychotherapy and counselling.
- 8.1.10 A few respondents commented that the standards needed to make reference to supervision, training standards and personal therapy. Others suggested that the standards should include membership of a recognised professional body or accreditation.

Modalities and client groups

- 8.1.11 There were a variety of views put forward about whether the standards as currently drafted were applicable across different modalities and work with different client groups. Some respondents said that they believed the standards were widely applicable, whilst other respondents were concerned at the lack of standards relating to specific groups, or explained how certain parts of the standards might not be directly applicable to psychotherapy and counselling or practice in particular areas.
- 8.1.12 Some professional bodies and service providers commented that they did not believe that the standards of proficiency were applicable across all client groups, in particular raising concerns about the lack of standards for working within children and young people. Several individuals commented that standards should be included for all practitioners, even if they did not work with children or young people as the adults they worked with might either have children or have experienced abuse themselves.
- 8.1.13 Some respondents raised concerns that the standards were based on a medical model and as such that the terminology used and philosophical approach meant that they were not applicable across all modalities or client groups. One respondent said that the profession-specific standards

had been drafted with applicability in mind but that the generic standards detracted from this.

- 8.1.14 One respondent commented that the standards did not make reference to other client groups, such as the people with learning difficulties. Two individuals commented that the standards did not incorporate proficiencies related to working in psychosexual psychotherapy or counselling.

8.2 English language proficiency

- 8.2.1 A relatively high proportion of respondents appeared to be 'unsure' or 'unclear' about this question. Some respondents indicated in their responses that they were unclear to whom, and in what circumstances, the level would apply.

Levels

- 8.2.2 Where respondents agreed with the proposed English language level this was because they considered that the level was in line with that in place for the most of the other professions regulated by the HPC and because they considered the level necessary in light of the practice of psychotherapists and counsellors where communication is central to practice.
- 8.2.3 Where respondents disagreed with the proposed English language level, a number of alternative levels were put forward. Some respondents suggested level 7 with no element below 7; others suggested level 8 with no element below 7.5 (in line with the existing requirements for speech and language therapists). This was because language was the principle vehicle for assessment and intervention; it was considered that a critical understanding of language was crucial including the understanding of linguistic devices such as metaphor.

English proficiency and service provision

- 8.2.4 A common theme was around whether the requirement would prevent people from providing services in languages other than English with respondents highlighting how it was important that services were provided in the language in which the individual was most comfortable. Two respondents raised concern that the level would affect counsellors who use British Sign Language (BSL) and potentially discourage BSL users from training to be psychotherapists and counsellors.
- 8.2.5 Some respondents disagreed in principle with setting an English language proficiency level as they considered such a level to be unnecessary, potentially discriminatory and contrary to equality and diversity. They argued instead that it was important that practitioners had the skills to develop an effective relationship which were not necessarily related to English language proficiency.

9. Education and training

Q16. Do you agree that the threshold educational level for entry to the Register for counsellors should be set at level 5 on the National Qualifications Framework (NQF)? If not, why not?

Q17. Do you agree that the threshold educational level for entry to the Register for psychotherapists should be set at level 7 on the National Qualifications Framework? If not, why not?

Summary

- The majority of respondents disagreed that the threshold educational level for entry to the Register for counsellors should be set at level 5 on the National Qualifications Framework (NQF) / level 5 on the Framework for Higher Education Qualifications (FHEQ) / level 8/9 on the Scottish Credit and Qualifications Framework (SCQF) – where this question was answered, 23% agreed and 74% disagreed. Although overall both individuals and organisations that responded disagreed, there were different trends. Amongst individuals, 82% disagreed with this question, whilst amongst organisations only 49% disagreed.
- The majority of respondents disagreed that the threshold educational level for entry to the Register for psychotherapists should be set at level 7 on the National Qualifications Framework (NQF) / level 7 on the FHEQ / level 11 on the SCQF – where this question was answered 33% agreed and 65% disagreed. This trend was more marked amongst individual respondents – 74% disagreed. However, the reverse trend was true amongst organisations that responded - 62% agreed and 37% disagreed.

9.1 Overall

9.1.1 There was no overall or general support for the threshold levels, although some trends were identifiable. Where these questions were answered, many respondents disagreed with the proposed levels as part of their disagreement with the proposed differentiation between psychotherapists and counsellors. This meant that respondents did not always suggest an alternative level or levels to those proposed. Many respondents responded with their views on differentiation but did not directly answer the related questions about the threshold educational levels or responded in relation to one of these questions but not the other.

9.1.2 As many of the arguments made were contingent on support or opposition for the proposed differentiation between psychotherapists and counsellors, many of the arguments made had common features across different viewpoints. As such, this section provides a summary of comments received more generally about educational threshold levels and the factors important in determining where the level or levels should be set. The comments we received arguing for and against specific levels are then summarised, with an indication of the types of respondents who made these comments and whether any correlation was identifiable with views on differentiation between psychotherapists and counsellors.

9.1.3 Responses were generally split into the following areas:

1) NQF level 4 / FHEQ level 4 / SCQF level 8/9 for counsellors and NQF level 7 / FHEQ level 7 / SCQF level 11 for psychotherapists, usually if the Register differentiated between psychotherapists and counsellors but respondents often focused only on one group and/or did not address the differentiation question.

2) NQF level 6 / FHEQ level 6 / SCQF level 10 for psychotherapists and counsellors if the Register did not differentiate between psychotherapists and counsellors.

3) NQF level 5 / FHEQ level 5 / SCQF level 8/9 for counsellors had some support amongst both those who supported the proposed differentiation and those who did not.

9.1.4 There was no clearly identifiable trend that respondents strongly favoured one level over another and the arguments made in support of particular levels often overlapped.

9.1.5 The remainder of this section refers to NQF levels for simplicity and clarity.¹

9.2 About threshold levels

We received the following more general comments about threshold levels.

9.2.1 A common argument, in line with the comments against the proposed differentiation, was that there are insufficient differences between the standards proposed for psychotherapists and those for counsellors which could justify setting different thresholds. The gap between the proposed thresholds was considered to be 'arbitrary' and to fail to recognise the overlap in practice.

9.2.2 Respondents often argued that the proposed differentiated entry levels were not an accurate reflection of the qualifications of existing practitioners and the level of existing education and training programmes. In contrast others pointed to the level of education and training in support of differentiation. One respondent said that debate about the threshold entry level for counsellors centred on levels 4 to 6, whereas in psychotherapy there was general consensus at level 7.

9.2.3 One respondent questioned the HPC's role in setting levels as it was not a qualifications body and, as outlined in the PLG report, it could not in any event lawfully refuse approval to a programme which met the remainder of the HPC's standards but was delivered at a different level from those

¹ National Qualifications Framework (NQF): www.qcda.gov.uk
Framework for High Education Qualifications (FHEQ): www.qaa.ac.uk/academicinfrastructure
Scottish Credit and Qualifications Framework (SCQF): www.scqf.org.uk

proposed. It was argued that the terms of the standards of proficiency mean that they cannot be easily read across to levels linked to qualifications frameworks such as the NQF.

- 9.2.4 A common theme was the impact of the threshold set on existing practitioners. There was some anxiety that the level might mean that existing practitioners would have to retrain or would leave the workforce, and some concern, with particular reference to counselling, that the levels set might devalue those practitioners who hold qualifications at higher levels. However others, some of whom argued that the proposed levels were too high, said that the threshold was only a minimum which could be exceeded.
- 9.2.5 A common argument (particularly amongst individual practitioners who also argued that the proposed threshold for counselling was too high) was that there was no correlation between academic attainment and the ability to practise effectively as a therapist. More generally some respondents equated a level on the National Qualifications Framework (NQF) with academic qualifications delivered in the Higher Education sector.
- 9.2.6 Some respondents were concerned about the proposed levels lowering existing standards, often referring to the standard required to achieve practitioner accreditation in schemes run by professional bodies. However, others considered the levels to be too high and were concerned about diversity, access to affordable therapy and the impact upon the voluntary sector.
- 9.2.7 A few respondents talked of the need for consistency and higher standards in education and training – saying they saw this as important for the ‘professionalisation’ of the field.

9.3 Arguments for and against different levels

We received the following comments arguing for and against different threshold levels.

Level 4

- 9.3.1 Arguments for a level 4 threshold were often made with particular reference to counsellors rather than psychotherapists. We received a number of responses from individual practitioners who responded with their views on this particular question but who did not answer the other consultation questions. However, we did receive some responses which argued that the threshold should be level 4 with no differentiation between the titles.
- 9.3.2 Level 4 is the ‘currently accepted norm’ for counsellors and no good rationale has been provided as to why this should change. There is no clear argument to explain why level 4 courses are seen as inadequate and no argument to demonstrate how level 5 would produce better counsellors and better ensure patient and client safety.

- 9.3.3 Level 4 training delivered in Further Education has successfully produced safe and effective counsellors for a number of years. Level 4 trainings are practical and thorough, equipping students with the ability to work with clients in the real world.
- 9.3.4 Respondents frequently said that academic achievement was far less important than personal qualities such as intuition, integrity, perception, emotional intelligence and compassion. Level 5 courses and above are more concerned with academic ability, including the ability to undertake research, and not practical ability.
- 9.3.5 A level 5 requirement would be 'elitist' and 'out of touch with society'. Many students on level 4 courses include groups underrepresented in higher education including mature returners to the study and work, women in the 40+ age bracket returning after a career break and others without prior formal academic qualifications who wish to work in the voluntary sector. A level 5 requirement would increase the length of training, increase the cost, and would be detrimental to the diversity of entrants to the profession. These arguments were made both by education and training providers and individual practitioners.
- 9.3.6 As a result, the level 5 threshold would affect recruitment into the profession, leading to fewer trainees and in turn adversely affecting the workforce, increasing demand and increasing costs for those needing support. This would also reduce choices for clients.
- 9.3.7 The reduction in supply of counsellors would adversely impact on the availability of services in the third sector, impacting on the NHS as less counselling is provided voluntarily. The availability of affordable counselling for the financially and socially disadvantaged would decrease as the education level increased.
- 9.3.8 Some respondents were concerned about the impact of a level 5 threshold on existing practitioners who did not hold a level 5 qualification. Some were concerned that 'excluding' such practitioners from the workplace or making them retrain would be unfair. Others commented on the impact on existing students already undertaking level 4 courses and the impact on course providers in amending their programmes.
- 9.3.9 Some recently qualified counsellors or students undertaking counselling programmes at level 4 responded saying that their qualification was excellent and should be allowed to continue.

Level 5

- 9.3.10 Those who supported a level 5 threshold often made similar arguments to those made for a level 4 threshold level. In particular, that higher levels of qualification would privilege academic ability over proficiency as a therapist and that a level 5 qualification would keep open a route into practice for those wishing to embark on a second career and for those with life experience but a less academic background.
- 9.3.11 A common theme amongst respondents generally, and with particular reference to the proposed threshold levels, was the need to protect good existing practitioners without existing academic qualifications.
- 9.3.12 One respondent made a distinction dependent upon the context in which the practitioner was working. Level 5 would be appropriate for those working independently; level 4 would be sufficient otherwise.
- 9.3.13 A few respondents spoke more generally about oversupply of students graduating from courses in the Further Education sector and of poor courses producing counsellors and psychotherapists who were inexperienced and required lots of close supervision. They argued more generally that level 5 was insufficient for public protection.

Level 6

- 9.3.14 A level 6 threshold was often cited as a threshold for those who said that there should not be differentiation between psychotherapists and counsellors. Respondents often did not provide a rationale for a level 6 threshold but, where they did, often said that this was necessary to ensure parity with other professions such as teaching, social work and nursing.
- 9.3.15 Some respondents explained that this was necessary to ensure sufficient theoretical understanding, skill and practical ability necessary to work with clients. A common theme was the need to have a sufficient number of hours with clients and some argued that a level 6 qualification was necessary to achieve this.
- 9.3.16 Some respondents argued for level 6 but acknowledged that this might be more of an aspiration at this point in time. They argued that level 6 should be the stated future ambition, acknowledging that the threshold might have to be set lower initially. Some suggested the 'stepped approach' outlined in the PLG report, in recognition that many new entrants to the profession currently complete a diploma level qualification.
- 9.3.17 In contrast, others expressed concern about the possibility that the threshold might be set at level 6, seeing this as unnecessary and preventing continued provision of counselling training in the further education sector. One respondent said that there was insufficient evidence for such a 'radical change'.

Level 7

- 9.3.18 There was general support for a level 7 threshold for psychotherapists from those who supported differentiation between psychotherapists and counsellors. A very small minority of respondents argued for a level 7 threshold for both psychotherapists and counsellors or saw this as a potential future aspiration.
- 9.3.19 Some argued that the standards did not support differentiation and the setting of different levels and therefore did not support the setting of a level 7 threshold for psychotherapists. They argued that many psychotherapists are not trained in diagnosis and treatment of severe mental disorders and have not qualified at level 7 on the NQF.
- 9.3.20 One respondent said that 60% of psychotherapy courses offered no academic award because they were not validated by Higher Education Institutions (HEI) or qualifications bodies and were only approved by professional bodies. They argued that a level 7 threshold was therefore aspirational and asked what would happen to current level 5 and level 6 courses in psychotherapy.
- 9.3.21 Some disagreed with the necessity of level 7 qualification arguing that there was no evidence that a postgraduate qualification made someone a better therapist. It was also argued that a level 7 requirement would reduce access to practice placements and reduce the number of people able to practise as psychotherapists.
- 9.3.22 A few respondents argued that level 7 may be too low for some speciality areas which they argued were at level 8 on the NQF.
- 9.3.23 A common theme amongst those who disagreed with differentiation was what the status would be of a counsellor who had qualified at level 7. Some suggested that the appropriate approach, if differentiation was retained, would be to allow those counsellors who reached level 7 to also register as psychotherapists. A number of respondents said that if differentiation was retained it would be important for the HPC to ensure that there were education and training programmes so that counsellors could become psychotherapists without having to effectively retrain.

9.4 Other comments

- 9.4.1 Some respondents said that the draft standards of proficiency and proposed threshold levels did not sufficiently articulate differences between education and training of psychotherapists and of counsellors. Some suggested that the expectations in terms of education and training for each title should be specified, with clear requirements for numbers of hours of personal therapy, theory and client contact.
- 9.4.2 A small number referred to the Register instead reflecting differences in the experience and education and training of practitioners without specifying levels. Similar comments were made by others who referred to the need to allow for progression from lower level qualifications to higher

level ones. We received some suggestions that the level of training might be more explicitly reflected in the structure of the Register – for example by designating ‘counsellor (level 5)’ or ‘counsellor (level 7)’.

- 9.4.3 One respondent suggested three subsections with levels – counselling practitioner (level 4/5), psychotherapeutic counsellor (level 6) and psychotherapist (level 6/7).

DRAFT - FOR DISCUSSION / APPROVAL, HPC COUNCIL 10122009

10. Impact of regulation

Q18. Do you have any comments about the potential impact of the PLG's recommendations and the potential impact of statutory regulation?

Summary

- The potential areas of impact identified by respondents are summarised throughout this document. Those respondents who identified negative implications of regulation often did so with specific reference to the proposed differentiation between psychotherapists and counsellors in the structure of the Register.
- The specific areas of impact most frequently identified by those that responded to this question are outlined below for completeness, often duplicating or echoing comments described elsewhere in this document. The other areas of impact not repeated below include:
 - Increased protection for clients and increased status and recognition for the field (please see paragraphs 12.1.1 to 12.1.3).
 - Changes in the culture of practice including more defensive or cautious practice (please see paragraphs 12.1.26 to 12.1.28 and 12.1.29 to 12.1.34).
 - Reduction in diversity and creativity because regulation would adversely affect practice (please see paragraphs 12.1.26 to 12.1.28).
 - The 'medicalisation of therapy' because of regulation based on a medical model (please see paragraphs 12.1.23 to 12.1.25).
 - The creation of new titles because of evasion of regulation and 'non-compliance' (please see paragraph 12.1.6).

We most frequently received the following comments about the impact of regulation and of the PLG's recommendations.

Cost of registration

- 10.1 Respondents were concerned about the cost of registration for individuals and the impact this might particularly have upon unpaid counsellors working in the voluntary sector and upon voluntary sector counselling services. The cost of grandparenting was seen as potentially prohibitive and we were encouraged to ensure an exclusive approach to the voluntary register transfer to avoid a negative impact upon the voluntary sector.
- 10.2 A number of other potential financial consequences were identified by respondents and are summarised below and overleaf. One respondent said some kind of Government funding would be essential to avoid a negative impact on voluntary sector services which may lead to the reduction or loss of counselling services in the voluntary sector.

Service provision and accessibility

- 10.3 In summary respondents identified the following factors which may negatively impact upon service providers in terms of the availability, accessibility and diversity of services, often with particular reference to the voluntary sector.
- 10.4 The costs associated with meeting increased training requirements including the impact upon service provision and the supply of counsellors. The impact of longer training requirements on access and diversity into the profession and the consequences upon availability and access to services for clients.
- 10.5 The costs to counselling and psychotherapy service providers of differentiation in terms of potentially needing to change the name of their services to reflect that they offer both psychotherapy and counselling services and employ staff, including those who would be able to register as psychotherapists, under the title 'counsellor'. We received a number of responses from school, college and university counselling services in this regard who explained that they offered services under the title 'counselling' but employed both counsellors and psychotherapists. If services had to include 'psychotherapy' in their titles respondents often saw this as worrying because of an increase in stigma.
- 10.6 The cost to services that employ psychotherapists as counsellors and vice versa of needing to change contracts of employment.
- 10.7 The impact upon services because differentiation would lead to an arbitrary allocation of clients to therapists on the basis of the proposed difference in the draft standards of proficiency, meaning that that the choice of therapist to match client need would no longer be based on informed judgement.
- 10.8 The ultimate impact upon services would be a reduction in the availability of therapy for the most economically and socially disadvantaged. It was argued that a reduction in the availability of services would inevitably lead to increased waiting lists and an adverse impact on services provided by the NHS.
- 10.9 Career progression would be adversely affected because those registered as counsellors would have to retrain to practise as psychotherapists. Psychotherapists may be disadvantaged by reduced employment opportunities because employers would use counsellors as a cheaper source of therapists.
- 10.10 Differentiation would adversely affect the availability of clinical placements. At the moment trainees on psychotherapy programmes often undertake placements in counselling services and this would be affected if a distinction was drawn.

11. The regulation of other groups

Q19. Do you have any comments about the potential implications of this work on the future regulation of other groups delivering psychological therapies?

Summary

- The 2007 White Paper 'Trust, Assurance and Safety' said that '...psychotherapists, counsellors and other psychological therapists should be regulated'. The regulation of other groups delivering psychological therapies was not part of the PLG's terms of reference. However, we asked a consultation question about the potential implications of this work upon the potential future regulation of other groups delivering psychological therapies.
- Some respondents answered this question mainly to identify other groups which they considered should be regulated. Respondents generally did not identify any immediate implications upon these groups of the regulation of psychotherapists and counsellors but instead argued that it was important that these other groups were regulated either alongside psychotherapists and counsellors or in the future.

We received the following comments about the potential implications of this work upon the future regulation of other groups delivering psychological therapies.

11.1 Other psychological therapists

11.1.1 The other currently unregulated groups delivering psychological therapy mentioned in responses were:

- Hypnotherapists.
- Clinical associate psychologists in Scotland.
- High intensity therapists and psychological wellbeing practitioners (low intensity therapists) created as part of the IAPT programme.

11.1.2 We received responses arguing that, on the basis of protection for clients and the public, these other groups should be regulated. Respondents were split between those who argued that the current project should be revised to include the regulation of these groups; those who said that the regulation of these groups should not hold up the regulatory process; and those who said that regulation should not be extended until there was more evidence that regulation would not reduce access to services. Other respondents said further regulation was already addressed in the Department of Health Extending Professional Regulation report with its suggested approach of considering risk, readiness for regulation and a range of different regulatory approaches before extending regulation to further groups.

- 11.1.3 Some respondents echoed arguments described elsewhere in this document about the protection of the title 'psychological therapist'. One respondent suggested as those using this title / working under this umbrella were typically other health care professionals or psychology graduates undertaking cognitive behavioural therapy, they may be a 'better fit' under the psychologists part of the HPC Register.
- 11.1.4 Overall the groups most frequently cited in responses to this question were practitioners created as part of the IAPT programme. One respondent argued that it was essential that these roles were regulated. They argued that high intensity therapists should be regulated as psychotherapists and that psychological wellbeing practitioners might be regulated as counsellors or else regulated alongside other groups under the umbrella title 'psychological therapists. It was argued there was a strong case for regulation because of the level of contact with vulnerable adults.
- 11.1.5 In contrast, another respondent said that they were concerned about regulation in the HPC being used as a form of 'occupational/job registration rather than professional regulation'. They said (with specific reference to high intensity therapists) that they would be concerned if individuals (who may not have previous experience of psychotherapy or counselling prior to training) completing a one year post-graduate diploma were registered as psychotherapists – they argued that the training curriculum covered delivery of 'manualised' treatments and was not a full psychotherapy or counselling training.
- 11.1.6 Some referred to the HPC's new professions process and that psychotherapists and counsellors had not applied to be regulated. One respondent expressed concern that effort was being put into the regulation of psychotherapists and counsellors at the expense of other groups who had applied for regulation and that had a strong desire to be regulated.

DRAFT - FOR DISCUSSION
HPC COUNCIL 10/22/09

12. Further comments

Q20. Do you have any further comments?

Summary

In this section we have summarised the comments we received of a more general nature which were not directly related to each of the consultation questions but which were about the potential regulation of psychotherapists and counsellors. Many of them touch upon the themes outlined in responses to the individual questions.

12.1 General comments

We received the following comments of a more general nature.

Public protection and the benefits of regulation

- 12.1.1 Regulation was welcomed by some respondents. In particular, we received responses from service users and charities representing the needs of service users who advocated the benefit to clients of regulation and urged us to implement the proposals for regulation as quickly as possible.
- 12.1.2 Amongst individual practitioners and some organisations support for regulation in principle was sometimes tempered by opposition to the detail of the PLG recommendations, particularly the issue of differentiation between psychotherapists and counsellors. There was also some general anxiety overall about regulation, often around the impact of regulation on individual practitioners and how they would be able to register.
- 12.1.3 Respondents said that statutory regulation would have benefits in a number of areas including:
- Protection for clients against malpractice.
 - Preventing vulnerable clients from misrepresentation by unqualified practitioners and providing better information to clients about who is qualified.
 - Increased accountability for practitioners.
 - Increased professionalism and ethical standards.
 - Enhanced status of the profession(s), often seen as important for credibility and respectability alongside other regulated professions.
 - Greater consistency in the quality of education and training programmes and an improved student experience.

Evidence base and efficacy

- 12.1.4 A common theme amongst those who disagreed with regulation was a view that there was a lack of evidence to demonstrate the need for regulation, and a lack of evidence to support that regulation worked. Some said that there was a lack of evidence to show the extent of the problem that statutory regulation was designed to solve. In particular, some

respondents concluded that there was little research into the incidence of abuse of clients in the field which would support the case for regulation and no evidence that regulation would reduce levels of abuse.

12.1.5 Some respondents described their opposition to concepts of 'evidence based practice' which they saw as limiting approaches to therapy. The Skills for Health National Occupational Standards project, the IAPT programme and the standards addressing research and evaluation in the draft standards of proficiency were particularly cited.

12.1.6 Some respondents questioned the effectiveness of regulating by protection of title rather than by protection of function, arguing that regulation would not be effective unless functions were protected, or unless other titles were protected. Concern was expressed that the extent of possible future non-compliance might diminish the effectiveness of regulation.

'State regulation' and non-compliance

12.1.7 Some respondents said that they were opposed in principle at what they saw as 'state regulation'. They said this represented an unwarranted and unnecessary intrusion by the Government which would not be of any benefit to practitioners, clients or the public. Some spoke of a negative impact upon the 'space' which allowed the therapist and client to work together.

12.1.8 Some respondents saw any kind of statutory regulation as philosophically in opposition to the psychotherapy and counselling field. One respondent said: 'The psyche cannot be regulated.'

12.1.9 Some respondents said that regulation was part of a 'tick box' culture of paperwork and bureaucracy. Others said that regulation would be expensive, was a form of taxation and would only serve to confuse both practitioners and the public.

12.1.10 Some respondents said that they would adopt a position of 'principled non-compliance' and refuse to register if regulation was introduced. Others talked about 'professional dilemmas' created by the introduction of regulation and referred to the likelihood of practitioners choosing to use alternative titles

12.1.11 Some respondents argued that the time, effort and public expenditure spent in seeking to introduce regulation might be better spent by the Government conducting research into the impact of a wider range of psychological activities and/or by increasing funding to increase the availability of services.

The HPC

- 12.1.12 Some respondents said they welcomed regulation by the HPC who they said had the experience and expertise of regulating a range of different professions in a common framework.
- 12.1.13 Some respondents said that the HPC was attempting to fit the field into an inappropriate 'one-size-fits-all' regulatory model.
- 12.1.14 Some respondents said that the HPC was an inappropriate body for regulating psychotherapists and counsellors because it only regulated 'medical' professions with a focus on physical health, whose practitioners worked mainly in the NHS. A view was expressed that the HPC was not well placed to understand the complexities of the field and that the recommendations demonstrated such a lack of understanding
- 12.1.15 Some respondents questioned the purpose, validity and integrity of the consultation process. In particular, some said that the HPC had failed to consult on its suitability as the regulator of this field, or the relative suitability of other organisations or regulatory approaches. They said that the HPC had failed to demonstrate the appropriateness of its system.

The PLG

- 12.1.16 Some respondents thanked the PLG for all its work and for the progress it had made in making recommendations. Others acknowledged the complexity of the issues that it had attempted to resolve, even where there was disagreement with the detail of some of the recommendations.
- 12.1.17 Some respondents said that the PLG did not have adequate representation from child psychotherapy, further education and faith and spirituality groups. Others referred more generally to the difficulty of ensuring that the voice of practitioners was heard, even where a practitioner was a member of a professional body represented on the PLG. Some others expressed the view that dissenting voices had been excluded from the PLG process and that the process had been 'undemocratic'.
- 12.1.18 Some respondents said that the PLG recommendations were based on self-interest and an implicit model of hierarchy which had failed to properly understand psychotherapists, counsellors and psychological therapy.
- 12.1.19 Some respondents said more time for diplomacy was needed to 'iron out' problems and disagreements or that the current process should be halted and alternatives explored. Alternative suggestions included a Government-led initiative with the professions to better understand the needs of psychotherapists and counsellors or a 'convention' of the profession to come up with a solution.

The role of professional bodies

- 12.1.20 Some respondents said that the current self-regulatory system worked well and that this should be allowed to continue. This argument was sometimes predicated on an in-principle disagreement with the idea of regulation by a body external to the professional field. Others said that it would be important that the role of the professional bodies in the development of the profession and in representing members should not be lost by the introduction of regulation.
- 12.1.21 Some respondents said that the professional bodies adopted higher standards and that regulation would afford less protection than currently existed. In their responses many practitioners made reference to the standards and requirements of their professional bodies, in particular arrangements for the accreditation of individual practitioners.
- 12.1.22 Some respondents suggested that the professional bodies should be regulated rather than individual practitioners or that the professional bodies should be afforded more powers to enhance their work. Other respondents spoke more generally of the importance of professional ownership and buy-in if the proposals for regulation were to be successful.

Medical model

- 12.1.23 Some respondents objected to what they said was an implicit medical model in the work of the HPC and explicit in the draft standards of proficiency, including the draft profession-specific standards. Some respondents strongly rejected the medical model in principle as inconsistent with their work.
- 12.1.24 In particular, these respondents said that concepts such as 'diagnosis', 'treatment' and 'health' were fundamentally incompatible with the philosophy, language and practice of therapy.
- 12.1.25 Many respondents talked about how the nature of the client-practitioner relationship in psychotherapy and counselling was materially different from that in medical 'patient-doctor' relationships.

Diversity and creativity

- 12.1.26 A common theme was about the continued diversity and creativity of practice. Some respondents opposed in principle to regulation said that less diversity, loss of innovation and more restrictive and rigid practice would be an inevitable consequence of regulation. Others said that this would be a consequence if the recommendations about differentiation between psychotherapists and counsellors were adopted.
- 12.1.27 Some respondents said regulation would place limitations on practice, reducing treatment options and the client's freedom to choose. Other respondents were concerned that regulation would create a 'defensive

culture' in which it was no longer possible to take risks and in which conformity would lead to uniformity.

12.1.28 Some respondents said they opposed the concept of 'standardisation' because it would adversely affect diversity and creativity. For example, it was suggested by Some respondents that regulation would detrimentally impact upon the diversity of training because trainings that adopted a philosophical approach which differed to that of the HPC would be forced to change their courses to conform to standards. Others discussed the relative merits and disadvantages of a standards based approach in their responses.

Fitness to practise

12.1.29 Service users told us about poor experiences of making a complaint under the existing self-regulatory system and the profound impact upon them and their families of poor practice.

12.1.30 These poor experiences included being prevented from making a complaint because they were a family member rather than the client who had received the therapy, and being unable to make a complaint because of the amount of time that had elapsed since the end of the therapy. These respondents urged statutory regulation to be taken forward and said that the HPC's process would ensure an open, transparent and accountable way of dealing with complaints. One respondent (a charity in the mental health arena) said that they hoped that the HPC's independence would mean that service users would be more confident to come forward and report bad experiences.

12.1.31 Some practitioners expressed concern that regulation might make harm to clients more likely. They argued that regulation would enhance the perceived status of practitioners, making abuse of power far more likely and would lead to clients trusting implicitly rather than using their own judgement. Others spoke of the creation of a 'complaints culture' and 'blame culture' as damaging and unintended consequences of regulation.

12.1.32 Some respondents said they disagreed with the HPC's approach to considering complaints. Some said the process was overly legal, adversarial, bureaucratic, slow and biased in favour of complaints from employers rather than clients.

12.1.33 A common theme in this area was an argument that any process should include arrangements for mediation, dispute resolution and conciliation which were seen as important for safeguarding both the client and therapist. It was considered important that any process was administered by people who understood concepts such as projection and transference.

12.1.34 Some respondents said that they were concerned about the HPC holding hearings in public because this did not afford sufficient protection and confidentiality for vulnerable clients. Some spoke of the importance

of ensuring the procedures were sensitive to groups such as children and vulnerable adults who may have learning and articulation needs.

Other regulatory models

12.1.35 Some respondents said that they favoured the creation of a Psychological Professions Council.

12.1.36 Some respondents said there should be research into / consideration of alternative models of regulation which have been successfully adopted in other countries.

12.1.37 Some respondents said that they advocated the development instead of a Practitioner Full Disclosure (PFD) model which they said had been adopted in some Australian states and in some US states. The model described by these respondents involved an independent body administering a web-based system which provides members of the public with information about a practitioner's professional membership, qualifications and ethics. Complaints of a serious / sexual nature are dealt with by criminal law, whilst other complaints are dealt with by informal resolution, mediation and a system of appeals to a panel of the PFD.

DRAFT - FOR DISCUSSION / APPROVAL, HPC (SHEFFIELD) 17/22019

13. List of respondents

Below is a list of all those organisations that responded to the consultation.

Abertawe Bro Morgannwg University Local Health Board
Adlerian Society of Wales
Association for Counselling and Therapy Online
Association for Family Therapy
Association for Group and Individual Psychotherapy
Association for Lacanian Psychoanalysis
Association for Rational Emotive Behaviour Therapy
Association of Child Psychotherapists
Association of Christian Counsellors
Association of Core Process Psychotherapists
Association of Counsellors and Psychotherapists
Association of Professional Music Therapists
Balham Community Counselling Service
Barnabas Training
Bath Centre for Psychotherapy and Counselling
Beacon Counselling
Beechmount
Board of Community Health Councils in Wales
British Academy of Western Medical Acupuncture
British Association for Behavioural and Cognitive Psychotherapies
British Association for Counselling and Psychotherapy
British Association for Counselling and Psychotherapy (Workplace division)
British Association for Person-Centred Approach (Local branch group)
British Association of Art Therapists
British Association of Dramatherapists
British Association of Play Therapists
British Association of Psychotherapists
British False Memory Society
British Psychological Society
British Infertility Counselling Association
British Pregnancy Advisory Service
British Psychoanalytic Council
Cairns Counselling Centre
CancerCare
Cambridge Body Psychotherapy Centre
Carmarthenshire Counselling Service
Caspari Foundation
Castlegate for Young People
Centre for the Advancement of Interprofessional Education and the Health Sciences and Practice Subject Centre of the Higher Education Academy (joint response)
Chrysalis
Commission for Victims and Survivors
Compass Counselling Service
Connect Counselling
Connections Counselling Ltd
Corby Women's Centre
COSCA (Counselling & Psychotherapy in Scotland)

Counselling & Psychotherapy Central Awarding Body
Counselling for the Community
Counselling Haverhill
Counselling Society
Employee Counselling Service
European Association for Psychotherapy
Eva Women's Aid
Faculty for Healthcare Counsellors and Psychotherapists
Faculty of Healthcare Counsellors and Psychotherapists
Forum for Psychodynamic Couple Therapists
Foundation for Psychotherapy and Counselling and WPF Therapy
General Optical Council
Glasgow Council on Alcohol
Glyndwr University
Health and Social Care Board in Northern Ireland
Hitchin Counselling Service
Hull College Counselling Service
Human Givens Institute
Impact Counselling Ltd
Improving Access to Psychological Therapies (IAPT) Programme
Independent Group of Analytical Psychologists
Institute for Individual Psychology
Institute of Group Analysis
Intapsych
Kings College
Kirkless Survivors Counselling Project
Lancashire Care NHS
Lewisham Counselling and Counsellor Training Associates
Liber8 Lanarkshire Ltd
Linden House Counselling Service
London Centre for Psychotherapy
Manna House Counselling Service
Market Place
Mary Ward Centre
Marjon Counselling Centre
Mind
National Council of Psychotherapists
National Heads of University Counselling Services
Northern Ireland Institute of Human Relations
New Experience for Survivors of Trauma
NHS Education for Scotland
North Derbyshire Women's Aid
North Lincolnshire Council
Northampton Counselling Service
Nottingham Trent University Counsellors
Orkney Alcohol Counselling & Advisory Service
Pathways Counselling
Play Therapy UK
Powys Teaching Health Board
Primary Care Mental Health Service
Professional Talking Therapies Limited
Psychosynthesis & Education Trust

Public Health Agency in Northern Ireland
Relationships Scotland
Royal College of Psychiatrists
Scottish Association for Mental Health
Scottish Council on Deafness
Scottish Government
Scottish Institute of Human Relations Ltd
Scottish Marriage Care
Society for Philosophy in Practice
Society of Analytical Psychology
Society of Holistic Therapists and Coaches
Society of Sports Therapists
Stirling & District Association for Mental Health
Tavistock Centre for Couple Relationships
Tavistock Society of Psychotherapists
The Journal Club
The Norwich Centre
The Place2be
The Solutions Team
Well Counselling Service
UNISON
UK Association for Humanistic Psychology Practitioners
UK Confederation of Hypnotherapy Organisations
United Kingdom Association for Psychotherapeutic Counselling
United Kingdom Council for Psychotherapy
University of Chichester
University of Cumbria
University of East Anglia
University of Huddersfield
University of Kent Counselling Service
Well Woman Centre
Welsh Assembly Government (Welsh Strategy for School based Counselling)
Welsh Assembly Government (Workforce and Organisational Development)
Women in Health Care Management
York St John University
Young Devon
Young Minds

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Appendix 1: Quantitative results - Overall

