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## **The statutory regulation of psychotherapists and counsellors**

Report of the Psychotherapists and Counsellors Professional Liaison Group (PLG) incorporating recommendations to the HPC Council.

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## 1. Summary of recommendations

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

- The PLG recommends that the Register should be structured to differentiate between psychotherapists and counsellors.
- The PLG recommends that the title 'psychotherapist' should become a protected title.
- The PLG recommends that the title 'counsellor' should become a protected title.
- The PLG recommends the criteria for use in identifying the voluntary registers which should transfer as outlined in section 5.3, paragraph 18 of this document.
- The PLG recommends that 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 PLG recommends that the grandparenting period for psychotherapists and counsellors should be set at two years in length.
- The PLG recommends the draft standards of proficiency outlined in appendix 2 of this document for consultation.
- The PLG recommends that 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 Qualifications / level 11 on the Scottish Credit and Qualifications Framework.

## **2. About this document**

1. This document is the report of the Psychotherapists and Counsellors Professional Liaison Group (PLG) to the Council of the Health Professions Council (referred to as 'the Council' and 'HPC' throughout this document).
2. This document outlines the discussion and recommendations of the PLG, in each of the areas within its terms of reference, providing relevant background information about the standards, processes and legislation of the HPC in each area. Where applicable, the reasons for any significant disagreement are described.
3. This document has been put together by the HPC Executive on the basis of the papers considered by the PLG and the discussion of the PLG. The recommendations outlined in this document are recommendations made by the PLG as a whole. The conclusions reached and recommendations made, therefore, do not necessarily reflect the views of each individual member of the PLG or the views held by the organisation they represent (If applicable).
4. Section 3 of this document provides background information about the HPC's work on the statutory regulation of psychotherapists and counsellors. Sections 4 to 8 outline the discussion of the PLG in each of the areas of its terms of reference.
5. In sections 2 and 3 of this document, 'we', 'our' and 'us' are references to the HPC.
6. This document remains the property of the HPC. Any questions about its content should be directed to us; any errors or omissions remain our responsibility.

### **3. Introduction**

#### **3.1 Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century**

1. 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'.

2. 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)

3. We undertook work to explore the statutory regulation of psychotherapists and counsellors in light of the conclusions of the White Paper.

#### **3.2 New professions**

4. Article 3 (17) of the Health Professions Order 2001 says:

The Council may-

- (a) make recommendations to the Secretary of State concerning any profession which in its opinion should be regulated pursuant to section 60(1)(b) of the Health Act 1999

5. We have a 'new professions process' by which we can receive applications from professions seeking regulation. Applications are normally made by professional organisations representing the interests of members of the profession. We look at each application against published criteria and can recommend to the Secretary of State that the profession is regulated.<sup>1</sup>

6. In most cases, the Council would normally expect an application for regulation to be made. However, in some circumstances, the Council may wish to make a recommendation in the absence of an application, where it considers that this would be in the public interest.

7. In any event, the final decision about whether a profession should be regulated is one taken by the Government.

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<sup>1</sup> Please see [www.hpc-uk.org/aboutregistration/newprofessions](http://www.hpc-uk.org/aboutregistration/newprofessions)

### **3.3 Psychotherapists and counsellors PLG**

8. In December 2007, the Council decided to establish a Professional Liaison Group (PLG) to consider and make recommendations to the Council on issues relevant to the statutory regulation of psychotherapists and counsellors. A PLG is a working group set up by the Council to provide advice on a discrete project, particularly where the Council would benefit from outside expertise.

9. The PLG consisted of 17 members, including individuals representing professional bodies, education and training providers, a qualification awarding body and organisations representing the interests of service users. The PLG also included registrant and lay members of the HPC Council. Please see appendix 1 for a list of members.

10. The PLG met five times between December 2008 and May 2009, with three meetings taking place over two days.<sup>2</sup>

#### **3.3.1 Terms of reference**

11. The PLG was tasked with discussing and making recommendations to the Council about the regulation of psychotherapists and counsellors in 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.

12. The PLG was also tasked with helping to gather information about the potential size of the occupational field, existing voluntary registers and education and training programmes.

13. The recommendations of the PLG will inform the recommendations of the HPC Council to the Secretary of State and to Ministers in the devolved administrations.

14. The White Paper also said that the Government was planning to introduce statutory regulation for 'other psychological therapists'. The regulation of other occupational groups delivering psychological therapies was not directly within the PLG's terms of reference.

15. The PLG will reconvene in November 2009 to consider the responses to the consultation about the standards of proficiency and the threshold level of qualification for entry to the Register. (Please see sections 7 and 8.)

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<sup>2</sup> The papers considered by the PLG and the minutes of the meetings are available on our website: [www.hpc-uk.org/aboutus/professionalliaisongroups/](http://www.hpc-uk.org/aboutus/professionalliaisongroups/)

### **3.4 Consultation**

16. In summer 2008 we launched a 'Call for Ideas' to seek the views of stakeholders on the statutory regulation of psychotherapists and counsellors. The Call for Ideas ran from 23 July 2008 to 24 October 2008, with responses received from 110 organisations and individuals.<sup>3</sup>

17. The responses of the Call for Ideas formed the basis of the papers considered by the PLG and informed its discussion. This document does not attempt to summarise every comment or suggestion made during the 'Call for Ideas'. However, sections 4 to 8 of this document include summaries of the main arguments raised in the 'Call for Ideas' and explain how the PLG considered these comments in reaching its decisions.

18. The HPC will consult on the recommendations of the PLG before finalising its recommendations to the Secretary of State for Health and Ministers in the devolved administrations.

#### **3.4.1 Stakeholder event**

19. On 31 March 2009, a wider stakeholder event was held in Manchester. The meeting was attended by representatives of professional bodies and associations, education training providers, organisations representing the interests of service users, members of the PLG and other interested individuals.

20. The purpose of the meeting was to update a wider group of stakeholders about the work of the PLG, to answer the questions of attendees, and to provide the opportunity for further discussion and debate.

### **3.5 Statutory regulation**

21. In responses to the Call for Ideas and at the stakeholder meeting, there was discussion and debate about the principle of statutory regulation and statutory regulation by the HPC.

22. In particular, some respondents and participants argued that statutory regulation was not necessary and that the HPC was inappropriate as the regulator for psychotherapists and counsellors.

23. In summary, the discussion and debate included the following areas:

- The impact of regulation upon the diversity of approaches to practice and on the therapeutic relationship more generally.
- The rationale for statutory regulation including its purpose and the evidence that regulation was necessary.

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<sup>3</sup> Please see our website for a summary of the responses to the Call for Ideas: [www.hpc-uk.org/aboutus/consultations/closed/index.asp?id=72](http://www.hpc-uk.org/aboutus/consultations/closed/index.asp?id=72)

- The suitability of the HPC as the regulator for psychotherapists and counsellors.
- The relationship (if any) of the HPC and its work on regulation with other initiatives.

24. The stakeholder event provided a forum in which concerns and perspectives about statutory regulation could be shared and discussed.

25. The PLG agreed that, in making its recommendations, it was important that the views of those with dissenting views or concerns about certain aspects of statutory regulation should be listened to and taken into account.

26. The role of the PLG was to discuss and make recommendations about how psychotherapists and counsellors might be regulated, in light of the conclusions made in the White Paper. Any final decision about regulation is one for the Government, and, ultimately, the UK and Scottish parliaments.

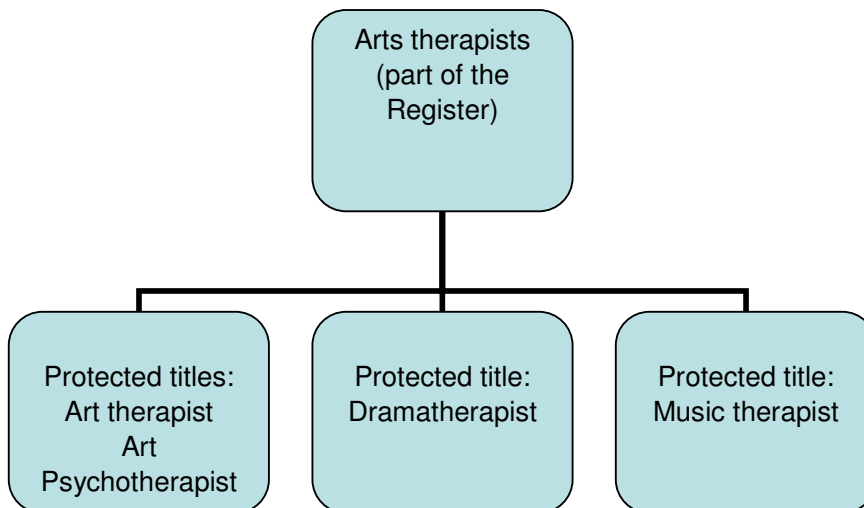
## 4. Structure of the Register and protected titles

1. The PLG was tasked with making recommendations about the structure of the Register and protected titles. The PLG identified at an early stage that its decisions in these areas would have implications for its approach in other areas, particularly in the areas of standards of proficiency and education and training.

### 4.1 About the structure of the HPC Register

2. The HPC Register (“the Register”) is divided into parts. There are currently fourteen parts of the Register which relate to the fourteen professions we regulate. For example, there is a part of the Register for clinical scientists and a part of the Register for orthoptists.

3. Some parts of the Register have more than one protected title. For example, one of the parts of the Register is for arts therapists (shown below). There are then protected titles for art therapists, dramatherapists and music therapists. Each of these titles has separate standards and separate approved pre-registration education and training programmes. These separate areas are sometimes referred to as ‘sub-sections’ of the Register.<sup>4</sup> The arts therapists part of the Register differentiates between those who are art therapists, those who are dramatherapists, and those who are music therapists.



4. The HPC publishes standards of proficiency which describe the threshold knowledge, understanding and skills necessary for entry to the Register. (Please see section 7, paragraphs 1 to 20.)

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<sup>4</sup> The term ‘sub-section’ is shorthand used in this document to refer to the different areas of each part of the Register used for the purposes of clarity, and is not a term that is used in legislation or that the HPC would typically use.

5. In the case of the arts therapists part of the Register, as there is differentiation between art therapists, dramatherapists and music therapists, the HPC publishes both standards common across the three groups and standards specific to each individual group. The HPC then ‘approves’ pre-registration education and training programmes in art, music and dramatherapy against the relevant standards.

#### **4.2 About protected titles**

6. The HPC regulates by protection of title. Each of the professions regulated has at least one title which is protected in law. This means that only someone who is registered in the relevant part of the HPC Register is able to use that protected title.

7. The HPC’s powers to protect titles are contained within Article 6 (2) of the Health Professions Order 2001 (‘the Order’). The parts of the Register and the protected titles are set out in a schedule to the Health Professions Council (Parts and entries in the Register) Order of Council 2003.

8. A list of the existing HPC protected titles is provided below for information.

<b>Part of the HPC Register</b>	<b>Protected title(s)</b>
Arts therapists	Art psychotherapist Art therapist Dramatherapist Music therapist
Biomedical scientists	Biomedical scientist Medical laboratory technician
Chiropodists / Podiatrists	Chiropodist Podiatrist
Clinical scientists	Clinical scientist
Dietitians	Dietitian Dietician
Occupational therapists	Occupational therapist
Operating department practitioners	Operating department practitioner
Orthoptists	Orthoptist
Paramedics	Paramedic
Physiotherapist	Physiotherapist Physical therapist
Practitioner psychologists	Clinical psychologist Counselling psychologist Educational psychologist

	Forensic psychologist Health psychologist Occupational psychologist Practitioner psychologist Registered psychologist Sport and exercise psychologist
Prosthetists / Orthotists	Orthotist Prosthetist
Radiographer	Radiographer Diagnostic radiographer Therapeutic radiographer
Speech and language therapist	Speech and language therapist Speech therapist

9. In some professions more than one title is protected. This is often where there is differentiation in education and training and standards of safe and effective practice between titles - for example, the arts therapists and radiographers parts of the HPC Register.

10. In some parts of the HPC Register where there is no differentiation, more than one title is protected. For example, for chiropodists / podiatrists both titles are in current usage. They are sometimes used interchangeably by practitioners and therefore both titles are protected for individuals registered in that part of the HPC Register.

11. In other instances, more than one title is protected to prevent an obvious evasion of protection of title. For example, the title 'physical therapist' is not commonly used by physiotherapists in the UK but is used internationally, and is therefore protected to prevent an obvious evasion of registration.

#### **4.2.1 Prosecution of cases**

12. The HPC has powers in Article 39 of the Health Professions Order 2001 to deal with cases where a protected title is misused by someone who is not registered. The HPC can prosecute individuals who use a protected title whilst not registered if they do so with 'intent to deceive'. A person found guilty can be liable to a fine on level 5 of the standard scale (up to £5000).

13. This means that in any proceedings brought by the HPC, the HPC has to prove that the title was used with the intention of misleading members of the public.

14. The intention to deceive can be both express and implied. This means that the HPC is able to deal with cases where the title may not be used, but its use is implied in others ways. An example of such 'implication' might be if someone who was not registered did not use the title 'physiotherapist' but advertised that they offered physiotherapy.

15. As the purpose of protection of title is the ability to take appropriate action against those who would mislead members of the public, there are some uses of a protected title that may not cause concern. For example, those undertaking training may use the title but with an adjective that makes it clear that they are not registered – for example by using the prefixes ‘trainee’ or ‘student’. In these circumstances it is clear that the individual is in training and therefore there is no intention to deceive.

#### **4.3 Differentiation in the structure of the Register between psychotherapists and counsellors**

16. The Call for Ideas invited comments on how the Register should be structured for psychotherapists and counsellors. The responses to the Call for Ideas indicated three broad ‘options’:

- There should be no differentiation in the structure of the Register between psychotherapists and counsellors. The protected titles could be used by anyone registered in that part of the Register. (Please see paragraphs 17 and 20.)
- The structure of the Register should differentiate between psychotherapists and counsellors, with separate protected titles for each. (Please see paragraphs 18 and 21.)
- The Register should be further sub-divided to differentiate between modalities or to identify other groups. (Please see section 4.4, paragraphs 27 to 63.)

17. In response to the Call for Ideas arguments for structuring the Register in a way not to differentiate between psychotherapists and counsellors included that:

- there is a lack of research evidence to support a significant difference between psychotherapy and counselling;
- suggested differences between psychotherapy and counselling citing the level, depth or length of therapy involved in each do not reflect existing practice; and
- the titles psychotherapist and counsellor are used interchangeably by practitioners, employers and others.

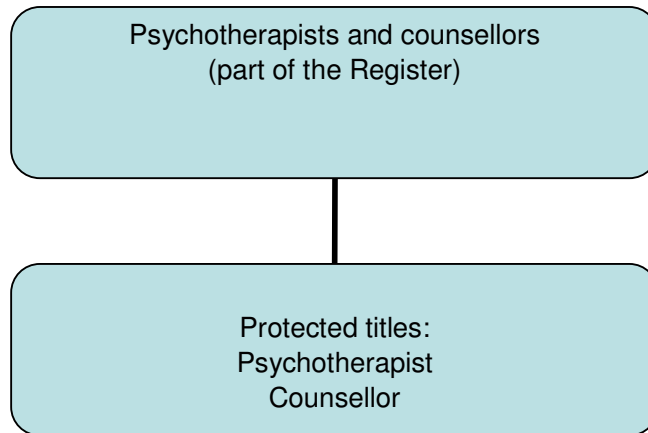
18. In the Call for ideas arguments for structuring the Register to differentiate between psychotherapists and counsellors included that:

- the standards of practice and standards of education and training are higher in psychotherapy than in counselling, with quantifiable differences in the length, content and level of education and training;
- differences can be drawn on the basis of the intensity and level of therapy, with psychotherapists more equipped to deal with complex cases of distress and disturbance than counsellors at the point of entry to the profession; and
- a failure to differentiate would lower standards in psychotherapy.

### 4.3.1 Implications

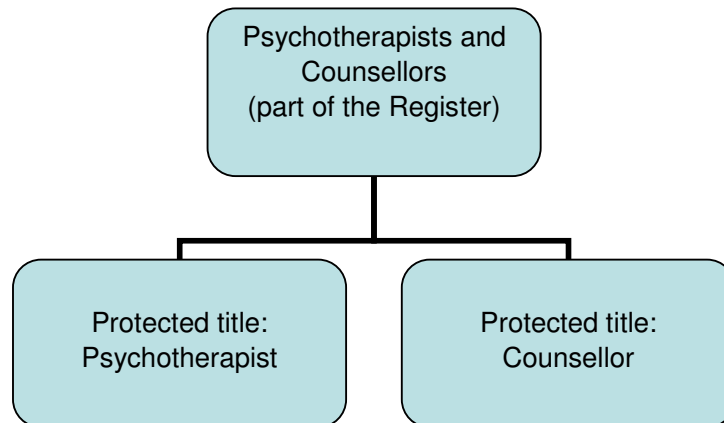
19. As part of its deliberations, the PLG considered the implications for standards, titles and education and training of its decision about the structure of the Register. These implications are outlined in paragraphs 20 and 21 below and overleaf, with diagrams to illustrate each model.

20. No differentiation between psychotherapists and counsellors would mean:



- There would be one set of standards of proficiency setting out the standards required for safe and effective practice.
- Registrants would have access to any protected titles for the part of the Register (e.g. they could use both 'psychotherapist' and 'counsellor').
- There would be approved qualifications that lead to the eligibility to register and use any of the protected titles.
- The threshold educational level has to be set at the level necessary to achieve the standards of proficiency. As there would be one set of standards of proficiency, this would mean that only one threshold educational level could be set for entry to the part of the Register. (Please see section 8.)

21. Differentiation between psychotherapists and counsellors would mean:



- There would be two sets of profession-specific standards of proficiency setting out the standards required for safe and effective practice in each sub-section.
- Registrants would have access to the protected title(s) for psychotherapists, or the title(s) for counsellors, or both if they were registered more than once.
- There would be approved qualifications for each – i.e. approved qualifications leading to the eligibility to register and use the title(s) for psychotherapists, and approved qualifications leading to the eligibility to register and use the title(s) for counsellors. Some programmes might be successful in being approved for both.
- The threshold educational level has to be set at the level necessary to achieve the standards of proficiency. As there would be two separate sets of standards of proficiency, this would mean that the level could potentially be set at different levels for psychotherapists and for counsellors

22. The PLG explored whether it might be possible to differentiate between psychotherapists and counsellors, by setting different educational threshold levels, but without producing separate standards of proficiency for each. However, this is not possible as in order to differentiate between psychotherapists and counsellors it is necessary to produce differentiated standards of proficiency, as an objective basis on which to differentiate between the two groups and titles in the Register.

### **4.3.2 Structure of the Register for psychotherapists and counsellors**

23. The PLG carefully considered the arguments put forward in the Call for Ideas and took into account the regulatory implications of its decision about the structure of the Register. The PLG discussed that there were clear similarities and commonalities between psychotherapists and counsellors and recognised that questions about the potential differences between, within and across psychotherapy and counselling were the subject of ongoing debate in the field.

24. After substantial discussion, the PLG agreed that there were subtle yet complex distinctions between psychotherapy and counselling and how they had developed, with each profession having its own characteristics, strengths and equal worth. Having regard to differences in education and training between psychotherapy and counselling (see section 8, paragraphs 24 to 28), the PLG considered that these differences were significant enough to justify, at a threshold level, differentiation in the structure of the Register between psychotherapists and counsellors.

25. The responses to the Call for Ideas indicate that this is a topic on which there are strongly held, often polarised viewpoints. This was accordingly a topic on which there were also differing viewpoints within the PLG. Although a consensus decision was reached on proceeding on the basis of differentiation between psychotherapists and counsellors, some members of the PLG were of the opinion that there should be no differentiation and that it would not be possible to produce standards of proficiency which would meaningfully support such a differentiation.

26. The PLG recognised that any decisions it made about the structure of the Register would need to be tested in its later deliberations in that differentiating between psychotherapists and counsellors would rely upon being able to identify separate standards of proficiency for each. (Please see section 7, paragraphs 21 to 28.)

### **4.4 Modalities**

27. In the responses to the Call for Ideas a number of respondents suggested that the Register should additionally be structured to identify specific modality groups and that protected titles related to these modalities should be protected.

28. For example, such an approach might mean that the Register would specifically identify cognitive behavioural psychotherapists or psychoanalytic psychotherapists as 'subgroups' of psychotherapists with their own specific protected titles.

29. Numerous titles related to specific modality groupings were put forward by respondents to the Call for Ideas as protected titles and these titles were considered by the PLG as part of its overall debate about whether it should proceed on the basis of a modality specific model.

30. In the Call for Ideas, arguments for recognising specific modalities in the structure of the Register and protecting 'modality specific titles' included:

- that such an approach would provide information to members of the public about the different forms of therapy available and enable informed choices to be made;
- that each modality was distinct, linked to specific education and training, with a specific title or titles linked to that training, and therefore a 'generic' approach would not adequately protect the public; and
- that modalities that were coherent and based on evidence should be recognised.

31. In the Call for Ideas, arguments against recognising specific modalities in the structure of the Register and protecting modality specific titles included:

- that a modality specific approach would serve to make the regulatory system over complicated by leading to a proliferation of protected titles that would confuse members of the public;
- that such an approach would run counter to the aims of inclusivity and diversity because it would not be possible to recognise all of the diverse approaches and that a modality specific approach would fetter the development of new approaches to practice; and
- that protecting generic titles (such as 'psychotherapist' and 'counsellor') would mean practitioners could still denote their modality or area of expertise by using a preceding adjective (e.g. 'person centred counsellor').

#### **4.4.1 Implications**

32. A modality specific approach to regulation would mean the following:

- Adjectival titles relating to a discrete range of identified modalities would be protected. These titles would only be available to those practitioners who had trained in / demonstrated competence in the relevant modality. Additional protected titles for the whole part of the Register might be considered (e.g. additionally protecting the 'stem' 'psychotherapist' to prevent its use by those who were not registered).
- Registered practitioners would still be able to use other, non-protected adjectives to describe their area of work, as long as they did not use another protected title to which they were not entitled; and did not mislead the public as to their qualifications and experience, or work outside their scope of practice.
- Standards of proficiency would be produced which describe the standards of safe and effective practice necessary in order to be registered in each modality.
- Pre-registration education and training programmes would be approved against the standards of education and training to ensure that they successfully delivered the standards of proficiency relating to the specific modality.

- Members of the public wishing to search the Register would be able to check whether someone was qualified to practise and to use the protected title in a particular modality.

33. An approach to regulation that was not modality specific would mean the following:

- A smaller number of titles would be protected. For example, the 'stem' titles 'counsellor' and 'psychotherapist' might be protected. As the 'stem' would be protected, this would cover usage of these titles as part of an adjectival title. For example, someone using the title 'psychodynamic' in front of psychotherapist would need to be registered.
- Registered practitioners would be able to use adjectives in front of the protected title to describe their area of work as long as they did not use another protected title to which they were not entitled; and did not mislead the public as to their qualifications and experience, or work outside their scope of practice.
- Standards of proficiency would be produced which describe the standards of safe and effective practice necessary in order to practice as a psychotherapist and as a counsellor.
- Pre-registration education and training programmes would be approved against the standards of education and training to ensure that they successfully delivered the standards of proficiency including the standards for psychotherapists and/or counsellors.
- Members of the public wishing to search the Register would be able to check whether someone was fit to practise as a psychotherapist and/or counsellor.

#### **4.4.2 Discussion**

34. The responses to the Call for Ideas indicated that there was a diversity of opinion amongst organisations, individual practitioners and other stakeholders about whether it is feasible or desirable to identify specific modalities in the structure of the Register.

35. The PLG noted that there were many different modalities, theoretical approaches and orientations each with specific titles and that, in a modality specific approach, it might be very difficult if not impossible to identify and recognise each of these approaches in a way that would not inevitably exclude or marginalise others. The PLG also discussed whether recognising modalities in the structure of the Register would help inform the public or whether this would be overcomplicated and give rise to confusion for members of the public.

36. The PLG also discussed the HPC's arrangements for the approval of education and training and how they would be influenced by whether a modality specific approach was adopted (please see section 8 for a summary of the HPC's role in education and training). In particular, the PLG discussed and took into account the following points:

- The HPC uses profession-specific ‘visitors’ to make decisions about the approval of pre-registration education and training programmes. In the case of psychotherapists and counsellors, the visitors would be drawn from the relevant modality or modalities as the programme being approved.
- Standard 4.2 of the HPC’s standards of education and training says that programmes ‘must reflect the philosophy, core values, skills and knowledge base as articulated in any relevant curriculum guidance’. The HPC does not set curricula and such documents are instead owned by the profession. In the case of psychotherapists and counsellors, the HPC would take into account the curriculum guidance relevant to the modality or theoretical approach of the programme it was approving. This is an area in which there is an important role post-regulation for professional bodies in continuing to shape the body of knowledge of the profession and in encouraging innovation in education.
- The standards of proficiency for psychotherapists and counsellors could be written in a way which would ensure that they were appropriately interpreted in light of the relevant modality.

37. Such arrangements for the approval of education and training helped mitigate the initial concern of some members of the PLG that a failure to specifically recognise modalities in the Register might fail to ensure that appropriate standards of education and training and standards of proficiency were met.

38. The PLG concluded that it was not necessary for modalities to be specifically recognised in the structure of the Register. However, modalities would be taken into account in the HPC’s processes and standards, particularly in education and training. The PLG concluded that protecting a smaller number of generic titles would ensure an inclusive approach to regulation and would be more understandable for members of the public. (Please see section 4.7).

39. The PLG also took into account that a ‘generic’ approach would not limit or prevent practitioners from using adjectival / other titles in order to describe their modality or field of practice. Protecting the ‘stem’ titles (e.g. ‘psychotherapist’ and ‘counsellor’) would mean that both someone using the title on its own, or with a preceding adjective, would need to be registered.

40. The responses to the Call for Ideas indicate that this is another topic on which there are strongly held, often polarised viewpoints. This was accordingly a topic on which there was substantial debate within the PLG. Although, following discussion of the issues, the large majority of the PLG were content that it was not necessary to specifically differentiate between modalities in the structure of the Register, this was not a unanimous view.

## 4.5 Children and young people

41. In the Call for Ideas, a small number of respondents argued that the Register should be structured to differentiate between those qualified to work with adults and those qualified to work with children, young people and their parents and carers.

42. This argument was made with particular reference to child and adolescent psychotherapists. It was argued that the Register should specifically denote practitioners qualified as child and adolescent psychotherapists with titles such as 'child and adolescent psychotherapist' protected for their use.

43. Similar arguments were subsequently made to the HPC Executive regarding the field of youth counselling. In the PLG's subsequent discussion, it was suggested that any approach in this area should consider whether such differentiation on the basis of these client groups should apply to the counsellors 'sub-section' of the Register, as well as to the psychotherapists 'sub-section' of the Register.

44. The arguments put forward for specific differentiation of those qualified to work with children and young people in the structure of the Register are summarised below.

- Differentiation in the Register would better protect the public by recognising the specialist skills and competencies necessary to work with children and young people and the different skills and competencies necessary to work with adults.
- Parents and carers would be better able to make safe and informed choices by being able to identify those qualified to work with children and young people.
- Differentiation would prevent professionals with no training in child work from presenting themselves as registered to work with children.
- A failure to differentiate would lead to ethical and disciplinary issues. If there is no differentiation, differences between training would become blurred and public protection would be reduced, particularly the protection of children.

### **4.5.1 The HPC Register**

45. The existing HPC Register does not differentiate between registrants on the basis of client group. For example, the Register of speech and language therapists does not differentiate between those who work with children and young people, and those who work with adults.

46. However, in these professions, there is not an explicit link between specific pre-registration education and training that delivers specialist competencies to equip individuals for work with specific client groups at an entry level.

47. The existing HPC Register provides a means by which someone can check if the practitioner they propose to see or employ is registered and has therefore met the regulator's standards. It does not provide a means by which members of the public can find further information about an individual's background, area of practice or (normally) any additional qualifications or experience.

48. In some of the existing professions regulated by the HPC, professional bodies and associations often provide a service by which members of the public can find information about registrants who specialise in work with a particular client group or condition in their area. For example, the Association of Speech and Language Therapists in Private Practice (ASLTIP) provides a facility by which members of the public can find practitioners in their area that have a specific interest or specialism in certain areas or with certain client groups. This is one role that professional bodies sometimes perform, in helping to promote the services of their members to members of the public.

49. There is a contrast between the role of the regulator in publishing a register for those who are fit to practise, having met the necessary threshold standards for entry, and the role of others, such as employers, in making decisions about fitness for purpose (i.e. suitability for a particular role or the ability to meet certain needs).

### **4.5.2 Implications**

50. Differentiating in titles between those qualified to work with children and young people and those qualified to work with adults would rely upon being able to clearly describe and differentiate between the threshold standards of proficiency required for safe and effective practice. There would need to be an explicit link between those standards and specific education and training programmes that deliver those standards. Such an approach would also rely upon being able to easily identify those existing practitioners who use those titles.

51. In psychotherapy, there are specific pre-registration education and training programmes in child and adolescent psychotherapy that equip practitioners with the skills and competencies necessary to work with children and young people.

52. In counselling whilst there are some dedicated pre-registration education and training programmes for working with children and young people, other practitioners may undertake a generic adult training and then undertake further training to work with children and young people, and others may undertake 'in-house' training delivered by employers and other service providers.

53. If the Register was structured in this way, this would mean that standards of proficiency would need to be produced outlining the threshold knowledge and understanding and skills necessary to work with children and young people. The HPC would then approve pre-registration education and training against these standards. A title or titles related to these standards would be protected for the use of those who successfully complete the approved education and training. A member of the public would be able to search the Register to check if someone was registered as a child and adolescent psychotherapist, for example.

54. In the event that the Register was not structured to specifically identify those qualified to work with children and young people, employers (and others) could still make their own requirements as to the experience and qualifications of a registrant before being satisfied that they were suitable for a particular role.

55. All registrants, including any who held a 'specialist title' would be bound by the requirement to only practise in those areas in which they have appropriate education and training, experience and supervision and to ensure that they represent their qualifications, experience and the services they offer in a fair and accurate way.<sup>5</sup>

#### **4.5.3 Discussion**

56. The PLG discussed the question of whether the Register should be structured to identify those qualified to work with children and young people. The information and arguments outlined in section 4, paragraphs 41 to 55 mirrored the PLG's discussion.

57. Some members of the PLG argued that there was a strong argument for identifying those qualified to work with children and young people, because practitioners require specialist training and skills to work with children and young people and, that, as such, a failure to specifically identify those who are qualified in the Register would diminish the level of public protection afforded to a vulnerable group.

58. Other members of the group considered that a 'generic' approach would still afford sufficient publication; that such differentiation was not necessary because it would make the Register unnecessarily complex; that there were also potential arguments of equal worth that those qualified to work with other groups such as people with learning disabilities or eating disorders, for example, should also be identified in the Register; and that a failure to differentiate would not prevent or limit the ability of appropriately qualified individuals to use adjectival titles related to their education and training and area of practice.

59. The PLG's working approach did not differentiate between those qualified to work with children and young people and those qualified to work with adults. Therefore the PLG did not draft standards of proficiency specific to working with children and young people. The PLG did not make any formal recommendations in this area.

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<sup>5</sup> HPC Standards of conduct, performance and ethics, paragraphs 6 and 14  
[www.hpc-uk.org/publications/standards/](http://www.hpc-uk.org/publications/standards/)

60. The PLG suggested that that this was an area on which the HPC should ask a specific consultation question.

#### **4.6 Other suggestions**

61. In the Call for Ideas, a small number of other suggestions were made for the structure of the Register which the PLG considered as part of its deliberations. These included suggestions around sub-dividing the part of the Register to recognise other groups that deliver psychological therapies.

62. The PLG considered these suggestions, having regard to whether the 'sub-group' suggested was clearly within the scope of its work; whether there was sufficient difference between the proposed 'sub-group' and other psychotherapists or counsellors; and whether making further distinctions would be meaningful.

63. The PLG did not propose any further 'sub-sections' of the psychotherapists and counsellors part of the Register.

#### **Recommendation**

- The PLG recommends that the Register should be structured to differentiate between psychotherapists and counsellors.

## **4.7 Protected titles**

64. In its overall deliberations around protected titles the PLG took into account the following factors:

- The need to protect the titles in common usage by members of the professions being regulated.
- The need to protect those titles readily recognised by members of the public.
- The potential for the evasion of registration (i.e. by failing to protect a title) and the resulting risk this may pose to the public.
- The need for effective communication and clarity for members of the public.
- The potential by protecting a title for criminalising the behaviour, or bringing into regulation, of those that it is not sought to regulate.

65. The PLG favoured a simple approach to protected titles, recognising the need to strike a balance between preventing the misuse of professional titles by recognising titles in common usage, against the need for effective public engagement and recognition.

66. In responses to the Call for Ideas, most respondents asked that the titles 'psychotherapist' and 'counsellor' be protected, with a number of modality specific titles, often adjectival titles including 'psychotherapist' or 'counsellor', suggested. (Please see section 4.4 for the PLG's discussion and decisions about reflecting modalities in the structure of the Register and therefore protecting titles relating to modalities.)

### **4.7.1 Psychotherapist**

67. The PLG recommended that the title 'psychotherapist' should be protected because it was in common usage and was readily recognised by members of the public.

### **4.7.2 Counsellor**

68. In the Call for Ideas, the HPC asked whether it would be possible to protect the title 'counsellor' or whether this title is so widely in use outside of therapeutic settings that it could only be protected as part of an adjectival title (e.g. 'therapeutic counsellor').

69. A number of arguments were put forward in the Call for Ideas for and against protecting the title 'counsellor'.

70. The arguments for protecting the title 'counsellor' included:

- The title has wide currency and is used by a large number of practitioners.

- The title is readily recognised and understood by members of the public.
- The title is not widely used outside of therapeutic settings.
- If the title 'counsellor' was not protected this would mean that a significant number of practitioners would not need to register and might choose not to.

71. The arguments for protecting 'counsellor' as part of an adjectival title rather than protecting the title 'counsellor' on its own included: that the title is often misunderstood and is in use outside of therapeutic settings; and that the title cannot be protected because of its use outside of therapeutic settings.

Adjectival titles suggested and discussed by the PLG included therapeutic counsellor; psychotherapeutic counsellor; and registered counsellor.

72. The PLG strongly recommended that the title 'counsellor' should be protected on the basis that it is used by large number of practitioners; it is well recognised and understood by members of the public; and that a failure to protect the title would risk large scale evasion of regulation and therefore reduce the level of public protection.

73. It is difficult to assess the extent to which the title is used by those outside of the 'therapeutic field' of psychotherapy and counselling that it is sought to regulate. Examples include 'debt counsellors' who provide advice on debt management and 'genetic counsellors' who provide information, advice and support to individuals and families about genetic conditions.

74. The PLG discussed legal advice obtained by the HPC Executive which suggested that one possible option, given the wider use of the term, would be to propose an amendment to Article 39 of the Health Professions Order 2001 to more clearly specify the circumstances in which misuse of the title 'counsellor' would occur. It was suggested that this might be achieved by defining in some way the area of activity of those that it is sought to regulate.

75. It was not suggested that such a proposal would protect the 'functions' of counselling in any way, but that it might ensure that it was clear that someone who used the title 'debt counsellor', for example, would not be committing a protection of title offence, whilst ensuring that cases of use of the title 'counsellor' in connection with 'therapeutic interventions' by someone who was not registered could be investigated and appropriately dealt with.

76. The PLG concluded that, although the title was, in some limited circumstances, used by other groups outside 'therapeutic interventions', it was essential that the title should be protected. The PLG suggested that, if considered to be necessary, one way in which this might be achieved might be by amending Article 39 of the Health Professions Order 2001 to more clearly specify the circumstances in which the misuse of the title would occur.

77. The PLG, however, did not recommend any specific wording for how this might be achieved in terms of legislation. The PLG discussed possible wording suggested by the HPC Executive but considered that if such an approach was

adopted further consideration and discussion would be necessary about any wording.

78. The large majority of the PLG agreed with the recommendation outlined in paragraphs 76 and 77 on the previous page and above, but concern was expressed about the potential for the wording of such a provision to be more widely interpreted and, as a consequence, to have a limiting affect on the practice of psychotherapy and counselling. It was argued that it was important that, if such an approach became necessary, the terms and wording of any legislation should be subject to further open and transparent consultation.

#### **4.7.3 Dual registration**

79. The issue of individuals needing to become dual registered was raised in responses to the Call for Ideas. This was raised in relation to whether members of other professions (such as some psychiatrists, nurses and psychologists) who were also psychotherapists or counsellors would need to be separately registered, and whether someone who was registered with the HPC as both a psychotherapist and a counsellor would need to pay two registration fees.

80. A small number of existing HPC registrants are dual registered with other statutory regulators or are registered in more than one part of the HPC Register. For example, some operating department practitioners are also registered nurses; some physiotherapists are also registered as podiatrists.

81. Each part of the Register attracts a registration fee. Therefore, someone who was registered as both a physiotherapist and a podiatrist would pay two registration fees. Whether they needed to be registered twice would be a professional decision for the individual, taking into account such factors as whether they were using the protected title or, if applicable, whether their employer required registration for the role they were performing. If they wished to use a protected title they would need to be registered in the relevant part of the Register.

82. Someone 'registered more than once' in the same part of the Register would not need to pay two registration fees. For example, if someone was registered as both a psychotherapist and a counsellor, they would pay one registration fee. They would appear as both a psychotherapist and counsellor on the Register, and have access to both protected titles which would appear on their registration certificate.

83. The PLG recognised that introducing regulation for psychotherapists and counsellors would mean that some professionals who are 'dual qualified' may be required to be dual registered, either with the HPC and another regulator or registered twice by the HPC.

84. The PLG considered whether members of other regulated professions who practise as psychotherapists or counsellors should be able to continue using one of the protected titles without being registered separately as a psychotherapist or counsellor.

85. The PLG considered that the extent of dual registration is likely to be relatively small and that many of those who would be required to register twice are likely to be already voluntarily registered by organisations in the field or would be likely to be able to register via having completed an approved qualification.

86. The PLG agreed that it would be important that those who use the protected titles should be registered as psychotherapists and/or counsellors, regardless of their professional background, as this is important for public protection and for public understanding.

### **Recommendations**

- The PLG recommends that the title 'psychotherapist' should become a protected title.
- The PLG recommends that the title 'counsellor' should become a protected title.

## 5. Voluntary register transfers

1. The PLG was tasked with discussing and making recommendations about the transfer of voluntary registers to the Register.

### 5.1 Routes to registration

2. When a profession first becomes statutorily regulated, there are normally four different ways of becoming HPC registered (known as 'routes to registration'):

- Voluntary register transfer (Please see section 5.2.)
- UK approved course route (Please see section 8.)
- Grandparenting (Please see section 6.)
- International<sup>6</sup>

### 5.2 About voluntary register transfers

3. On the day that statutory regulation is introduced there would normally be a one-off transfer of one or more voluntary registers. These registers are normally held by voluntary membership organisations. The registers which transfer are specified in the legislation which brings the profession into regulation.

4. Anybody whose name appeared on the voluntary registers on the day before regulation was introduced would transfer to the HPC Register. Shortly afterwards, we would write to all those who transferred asking them to renew their registration by signing a form and paying the registration fee.

5. In the past when other professions have become regulated for the first time, only one or two registers have transferred to the HPC Register. Decisions about which registers should transfer have in the past been made directly by the Department of Health. In broad terms, the Department of Health has had to be satisfied that a register has in place processes which approximate to those of the statutory regulator. For example, that there are clear processes for determining who is qualified to enter a voluntary register and processes for removing members as a result of complaints, if necessary.

6. The purpose of the transfer of voluntary registers is to facilitate the easy registration of the majority of practitioners in the field at the earliest opportunity. The process is designed to recognise that the practitioners on the voluntary registers have met the necessary standards and therefore they can transfer on to the HPC Register without the need for separate paper based application.

7. The process is designed to be as inclusive as possible to reduce the numbers of individuals who have to apply via other routes, particularly via the grandparenting route (please see section 6). In the Call for Ideas, a number of organisations provided information about the registers they hold and discussion within the PLG has indicated that there may be in excess of 30 voluntary registers which will need to be considered for transfer.

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<sup>6</sup> For more information about routes to registration, including the international route, please see [www.hpc-uk.org/apply](http://www.hpc-uk.org/apply)

8. The HPC will approve all those education and training programmes, historic and current, that led or lead to registration with one of the voluntary registers that transfers. This would mean that someone who was part way through their education and training when the statutory Register opens, or who had allowed their voluntary registration to lapse, for example, would be able to apply for registration by virtue of having completed an approved qualification.

### **5.3 Criteria for voluntary register transfers**

9. The PLG discussed and put together draft criteria for use in identifying which voluntary registers should transfer to the statutory Register.

10. In the Call for Ideas, the HPC asked for views about the criteria that might be used and suggested that such criteria might potentially include:

- clear criteria for entry to membership (which might include the accreditation or approval of education and training programmes);
- a mechanism for dealing with complaints about members and the ability to remove from membership if necessary;
- a commitment to the Continuing Professional Development (CPD) of its members; and
- lay involvement in decision making.

11. In the responses to the Call for Ideas, there was broad agreement with the indicative criteria suggested by the HPC, with some respondents building on these criteria to suggest more detailed requirements or suggesting additional criteria. There were two prevalent themes in the responses – the need to maintain appropriate standards; and the need to ensure that decisions about which registers transfer are made on an inclusive basis.

12. The PLG agreed that the criteria for transfer of voluntary registers should be as inclusive as possible, to balance the need for public protection against the rights of individuals who have been in practice for some time. The PLG agreed that the criteria set should be those necessary to ensure public protection.

13. In putting together draft criteria, the PLG considered the responses to the Call for Ideas. The PLG also had regard to the work of the Department of Health Steering Group on the Statutory Regulation of Practitioners of Acupuncture, Herbal Medicine, Traditional Chinese Medicine and Other Traditional Medicine Systems Practised in the UK. The Steering Group put together criteria which were used in making recommendations about which voluntary registers should transfer (referred to in the report as 'grandparenting of whole registers').<sup>7</sup>

14. The PLG considered that the Steering Group's criteria provided a helpful reference point (and incorporated some of the content and wording into its draft criteria) but that, in some places, the criteria were more detailed than necessary for its purposes.

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15. Overall, the PLG considered that the criteria it put together needed to be appropriate to the psychotherapy and counselling field, have regard to the existing voluntary registers and be objectively necessary in order to identify those voluntary registers it would be appropriate to transfer (and those it would not). In putting together the draft criteria, the PLG 'tested' its conclusions by considering whether it would be reasonable to decide not to transfer a register on the basis that that register did not meet one of the proposed criteria. Two areas particularly discussed by the PLG are outlined below to illustrate its discussions.

16. The PLG considered the suggested indicative criteria around lay involvement in decision making (please see section 5.3, paragraph 10). The PLG concluded that such a criterion was unclear as it did not explain the level of involvement that was required or clarify whether 'decision making' related to fitness to practise procedures or other types of decisions (e.g. strategic decisions taken by Committees). The PLG agreed that although some organisations would have lay input on committees or in considering complaints, this criterion was not strictly necessary in deciding whether a voluntary register should transfer.

17. The PLG considered the suggestions made in the Call for Ideas that one of the criterion should specify that a voluntary register should have effectively operated for a set period of time. The PLG agreed that this was not necessary as it would be more important for a voluntary register to have robust procedures which would help to ensure public protection and that any time limit set would be arbitrary. The PLG was also mindful that it was possible that new voluntary registers might be established in the lead up to the opening of the statutory Register in order to help facilitate the registration of existing practitioners. However, the PLG also considered that a relatively new register may be unlikely to be able to demonstrate evidence of the other criteria.

18. The PLG recommended to the HPC Council the following criteria for consultation:

- The voluntary register must demonstrate clear definitions and expectations of the required qualifications(s) and/or experience necessary to register.
- The voluntary register must demonstrate processes for assuring that applicants meet the required standards of entry which may include accreditation of educational programmes.
- The voluntary register must demonstrate evidence that members are required to adhere to code of conduct and ethics (or equivalent), which informs the register's complaints process.
- The voluntary register must demonstrate evidence of robust, open and transparent procedures for dealing with complaints about practitioners, including evidence that the procedures are followed where complaints have been made.
- The voluntary register must demonstrate evidence that members are expected to demonstrate a commitment to CPD.

- The voluntary register must demonstrate evidence that members are expected to demonstrate a commitment to supervision consistent with their own theoretical model.

19. The voluntary registers eligible to be considered for transfer would only be those which identify practitioners of the relevant professions who are practising autonomously. This means that registers of practitioners of other professions and registers of students or of those in training would not be eligible to be considered for transfer.

20. The PLG's recommendation about differentiation between psychotherapists and counsellors within the structure of the Register means that it would be necessary to be able to identify those practitioners who should transfer as psychotherapists (with eligibility to use the relevant protected title for psychotherapists), those who should transfer as counsellors (with eligibility to use the relevant protected title for counsellors) and those who should transfer as both psychotherapists and counsellors (with eligibility to use both titles). The PLG recognised that some organisations clearly held registers of psychotherapists and/or registers of counsellors, whilst others made no such differentiation.

21. Organisations would be asked to identify whether their register is a register of psychotherapists or counsellors or both and to provide evidence to support this identification.

### **5.3.1 Process and evidence**

22. The PLG also discussed the process that should be followed in deciding which registers should transfer and the evidence that might be provided by organisations holding registers in order to demonstrate the criteria.

23. The PLG discussed whether it should proceed to make recommendations about which registers should transfer or whether such decisions should be made by the HPC. The PLG agreed that recommendations about which voluntary registers should transfer should be made by the HPC on the basis of submissions made by organisations holding voluntary registers.

24. An outline of the process to identify which registers should transfer is given below:

- Organisations are contacted and offered a timeframe to submit documents to the HPC to demonstrate how the voluntary register meets the criteria
- Organisations will also be asked to identify whether the voluntary register is of psychotherapists, counsellors or both.
- Information supplied by organisations will be scrutinised by a member of the HPC Executive.
- If further information is required, organisations will be contacted and asked to submit additional information.

- Once all the information has been received, it will be considered by the HPC against the set criteria. The decisions could be made by a panel of the HPC's Education and Training Committee set up to advise the HPC's Council.
- If the voluntary register meets the criteria, the HPC will recommend it for transfer to the Department of Health.

25. In this process, organisations would be asked to submit documentary evidence in order to demonstrate that the criteria have been met. Such documentary evidence might include copies of standards, relevant policy and procedure documents (such as copies of complaints procedures), and evidence that such policies have been followed. For example, in order to demonstrate that members are required to adhere to a code of conduct (or equivalent), an organisation might provide a copy of the code, together with evidence that members are required to sign a declaration when they register to confirm that they will keep to the code.

26. The HPC Executive anticipates that the process of inviting organisations to submit evidence to show how they meet the criteria could begin in early 2010, following agreement of the final criteria by the HPC Council.

27. If multiple registers are recommended for transfer, it may be necessary to stagger the transfer of registers to ensure that the transfer of data to the HPC takes place efficiently.

#### **Recommendations**

- The PLG recommends the criteria for use in identifying the voluntary registers which should transfer as outlined in section 5.3, paragraph 18 of this document.
- The PLG recommends that recommendations about which voluntary registers should transfer should be made by the HPC on the basis of submissions made by organisations holding voluntary registers.

## **6. Grandparenting**

1. The PLG was tasked with recommending the length of the grandparenting period.

### **6.1 About grandparenting**

2. A 'transitional' period of registration is necessary when introducing statutory regulation. This might be introducing regulation of a profession for the first time or alternatively moving from a voluntary model to a model of compulsory registration. This transitional period is known as 'grandparenting'.

3. During the grandparenting period, individuals who have not been members of one of the voluntary registers, and who do not hold an approved qualification which meant they could have been registered, but who have been in practice before the opening date of the HPC Register, can apply for registration.

4. Grandparenting is not open to someone who holds an approved qualification but who chose not to become a member of one of the registers that transfers, nor is it open to someone who allowed their voluntary registration to lapse. Individuals who hold approved qualifications do not need to make a grandparenting application and can instead apply via the UK approved course route to registration (please see section 8.1.1).

5. The grandparenting period is temporary and time limited. After this period only those who hold a qualification approved by the regulator can be registered. For the first 13 professions regulated by the HPC this period was two years; for practitioner psychologists this period has been set for three years. The length of the grandparenting period is specified in legislation.

#### **6.1.1 Grandparenting routes**

6. There are two grandparenting 'routes' outlined in Article 13(2) of the Health Professions Order 2001:

7. Route A: Applicants can apply via this route if they can demonstrate that they have been in practice for three out of five years before the opening of the Register (or its equivalent on a part time basis). An applicant has to demonstrate that they practise safely, lawfully and effectively within their scope of practice.

8. Route B: This route is open to applicants who do not satisfy the time in practice criteria for Route A, but who have been in practice before the opening of the Register. An applicant has to demonstrate that the combination of their education, training and experience meets the standards of proficiency for the profession.

9. Successful applicants, through either route, are registered in the relevant part of the Register in the same way as an applicant following an approved programme. Once registered, all registrants have to meet the HPC's standards of conduct, performance and ethics. This includes the obligation that registrants should only practise in those fields in which they have appropriate education, training and experience.

10. Although the grandparenting routes are outlined in the legislation, the HPC would consult separately prior to the opening of the Register on the 'grandparenting criteria' that sits behind the legislative requirements. The grandparenting criteria is a procedural document which sets out in broad terms some of the factors which will be taken into account in determining the outcome of applications via grandparenting.

### **6.1.2 Application and assessment**

11. Applicants for grandparenting are asked to provide details about their education and training and experience including information about their length of time in practice, case studies relating to their practice and references.

12. Applications are individually assessed against the relevant standards by members of the relevant profession called 'registration assessors' who are appropriately qualified members of the profession. In the case of psychotherapists and counsellors, the HPC would ensure that applications are assessed by assessors from the same modality or theoretical approach as the applicant.

13. If an applicant is unsuccessful, they have the right to appeal against the decision to the HPC. If the appeal is unsuccessful, the applicant also has a right of appeal to the county court.

14. The current cost of a grandparenting application is a non-refundable scrutiny fee of £420 which covers the costs of processing and assessment. If the applicant is successful, the registration fee is also payable. This is currently £76 per year.

### **6.1.3 Grandparenting and protection of title**

15. The grandparenting period is about the 'acquired rights' of individuals in practice prior to the introduction of regulation. Therefore, during the grandparenting period, the relevant titles are not protected for those who have been using the title(s) prior to the opening of the Register.

16. If an application is made via grandparenting, the applicant can continue to use the protected title until the outcome of that application and, if unsuccessful, the outcome of any appeal.

## **6.2 Length of the grandparenting period**

17. The Call for Ideas asked for views about the length of the grandparenting period that should be set. Respondents argued for a grandparenting period between two and ten years in length, with most arguing for a period of three years or less.

18. Arguments put forward for a period of three years or less included that this was a reasonable and adequate period of opportunity for someone to apply and that there was no clear justification for a period longer than past grandparenting exercises. Arguments put forward for a longer grandparenting period included the potentially large number of practitioners who will not be members of the voluntary

registers that transfer; the length of and diversity in education and training programmes; and the need to allow sufficient time to communicate the grandparenting requirements and to process and assess applications.

19. The PLG considered all the arguments put forward for the length of the grandparenting period. The PLG noted that statutory regulation of psychotherapists and counsellors had been discussed by the profession for a long period of time and that it was likely that the majority of practitioners were already aware of the proposal that the HPC should be the regulator. The PLG also noted that, if a final decision is taken by the Government to regulate, there would be a further time period before the HPC Register opened in any event.

20. The PLG agreed that in these circumstances there was no clear rationale for a lengthy grandparenting period. The PLG recommended that, in keeping with the grandparenting periods for the first 13 professions regulated by the HPC, the grandparenting period for psychotherapists and counsellors should be two years in length.

### **6.2.1 Comments about grandparenting arrangements**

21. The Call for Ideas asked whether there were any other factors that the PLG should consider in recommending appropriate grandparenting arrangements.

22. In response, the most common comment was that any grandparenting arrangements should be rigorous to prevent a reduction in standards, with some respondents disagreeing with the grandparenting routes as laid out in legislation (please see section 6.1.1). Respondents also thought that training and experience were important criteria in considering any grandparenting application.

23. Other respondents sought clarity on the grandparenting routes, expressed concern about the cost of grandparenting and the potential impact upon part time workers and the voluntary sector and emphasised the importance of effectively communicating the requirements of grandparenting.

24. These areas are not directly within the PLG's remit and the PLG did not make any additional recommendations related to grandparenting. However, the PLG did consider the importance of inclusiveness in developing its proposed voluntary register criteria, recognising the need to make decisions which protect the public, whilst taking account of the need to avoid the risk of compelling a significant number of practitioners to make individual grandparenting applications.

#### **Recommendation**

- The PLG recommends that the grandparenting period for psychotherapists and counsellors should be set at two years in length.

## 7. Standards of proficiency

1. The PLG was tasked with putting together draft standards of proficiency for psychotherapists and counsellors.

### 7.1 About the standards of proficiency

2. Article 5(2)(a) of the Health Professions Order 2001 ('the order') says that the HPC must:

'...establish the standards of proficiency necessary to be admitted to the different parts of the register being the standards it considers necessary for safe and effective practice under that part of the register'

3. This means that the HPC must publish standards for each of the regulated professions which are the 'necessary' or 'threshold' considered to be essential for safe and effective practice.

4. Education and training programmes are approved against the standards of education and training to ensure that someone who successfully completes an approved programme meets the standards of proficiency.

5. Applications from applicants who have trained outside of the UK and Route B applications via the grandparenting process are also assessed against these standards. If an applicant meets these standards they are eligible to become registered.

6. If a registrant's competence is called into question these standards are taken into account in deciding whether any action is necessary in order protect members of the public.

7. The HPC publishes separate standards of conduct, performance and ethics which describe the overarching requirements for the behaviour of registrants.

#### 7.1.1 Threshold standards

8. The primary role of the standards of proficiency is in articulating the threshold knowledge, understanding and skills necessary to register **for the first time**. The standards are therefore about 'understanding' and 'ability' rather than the prescription of action. For example, the standards do not prescribe that a registrant must always approach the needs of a client in particular way or always perform certain types of intervention.

9. As the threshold standards are the 'minimum', they may be exceeded. For example, some approved education and training programmes may include content which is not strictly necessary for the purposes of registration and therefore exceed the threshold standards.

### **7.1.2 Scope of practice**

10. Once someone becomes registered, the HPC recognises that their scope of practice may change. This might be because of specialisation in a certain clinical area or with a particular group, or a movement into roles in management, education or research.

11. A registrant's particular scope of practice may mean that they are unable to continue to demonstrate that they meet all of the standards of proficiency that apply for the whole of their profession. As long as they make sure that they are practising safely and effectively within their given scope of practice and do not practise in the areas in which they are not proficient to do so, this is not problematic.

12. Each profession registered with the HPC renews its registration every two years. Every time a registrant renews their registration, they are asked to sign a declaration to confirm that they continue to meet the standards of proficiency which apply to them.

### **7.1.3 Generic standards**

13. The standards of proficiency are divided into generic standards, which apply to all HPC registered professions and profession-specific standards which apply to each specific profession.

14. The HPC has received feedback about the language of the existing generic standards of proficiency, particularly around use of phrases such as 'health and social care' and 'dysfunction'. The HPC plans to separately review the standards during 2009/2010 to make sure that they are appropriate to the range of professions it regulates and may regulate in the future. Any revised standards will then be subject to separate public consultation.

15. The generic standards were not directly within the remit of the PLG. However, during its discussion, the PLG identified a number of areas of the standards which it considered needed amendment to ensure that they were appropriate to the practice of psychotherapy and counselling. These comments have been recorded and will be fed into the review.

### **7.1.4 English language proficiency**

16. The HPC can consider applications for registration from individuals who have trained outside of the UK via its international process.

17. Applicants who have qualified outside of the UK, whose language is not English and who are not nationals of a country within the European Economic Area (EEA) have to provide evidence that they have reached a set standard of English language proficiency. These requirements are outlined in standard 1b.3 of the generic standards of proficiency.

18. The HPC requires applicants to achieve an overall score in the academic test of the International Language Testing System (IELTS) of at least 7.0, with no element below 6.5. A number of other tests are also approved at levels equivalent to the IELTS. A minimum overall IELTS score of 7.0 is the current requirement for pharmacists, doctors, dentists and nurses.

19. The requirements are higher for speech and language therapists, for whom higher language proficiency is considered a core professional skill. For this profession a score of level 8, with no element below 7.5 is required. The rationale behind this is that speech and language therapists, as a threshold requirement, need to have an understanding of, and be able to use, the phonetic and linguistic structure of language. As this proficiency is a core professional skill for speech and language therapists, the HPC is able to require both EEA and non-EEA applicants to undergo this test.

20. Applicants who are nationals of a country within the EEA and who have the right to practice in another EEA country are able to exercise 'mutual recognition rights'. The HPC is unable to require EEA applicants exercising mutual recognition rights to undergo a language test (except for applicants for speech and language therapy, please see above). Additionally, HPC is unable to language test other applicants for whom English is their first language.

## **7.2 Draft standards of proficiency for psychotherapists and counsellors**

21. The PLG's recommendation to differentiate between psychotherapists and counsellors relies upon being able to identify separate threshold standards of proficiency for each 'sub-section'.

22. The PLG agreed that the standards of proficiency should contain four elements:

- Generic standards (Please see section 7.1.3.)
- Profession-specific standards which would be common to both psychotherapists and counsellors.
- Profession-specific standards for psychotherapists.
- Profession-specific standards for counsellors.

23. In putting together draft standards of proficiency the PLG took into account the need to ensure that the standards were:

- set at the necessary threshold level for safe and effective practice;
- consistent with the standard content of pre-registration education and training;
- conform to the HPC's obligations as a qualifications body under the Disability Discrimination Act 1995 (i.e. that they do not act as a unfair barrier to disabled people; and
- written in clear language appropriate to their primary role in legislation.

24. The PLG also took into account the need to ensure that the content and language of the draft standards was widely applicable across the diverse modalities and approaches to the practice of psychotherapy and counselling. The PLG recognised that the process of putting these standards together would take time and that consultation would be very important in shaping the draft standards further, particularly in ensuring that the correct terminology was used.

25. The draft standards include the phrase 'consistent with the theoretical approach' in recognition that education and training providers and others may meet the standards in different ways dependent on their approach to practice. The HPC uses profession-specific 'partners' when it makes decisions using the standards of proficiency in its key processes. (Please also see section 4.4.2, paragraph 36; section 8, paragraph 5).

26. During its substantial deliberations on the standards, the PLG discussed the diversity of practice across psychotherapy and counselling and the diversity of education and training. The PLG's discussion mirrored the points raised in relation to the structure of the Register.

27. Please note that although the draft standards of proficiency were put together by the PLG as a whole, some members of the PLG did not support the view that there should be differentiation between psychotherapists and counsellors and therefore could not fully agree with the draft standards of proficiency (please see section 4.3.2, paragraphs 23 to 26). In particular, it was argued that there was insufficient evidence to support differences between psychotherapists and counsellors which could be expressed in threshold standards of proficiency. It was also argued that such a distinction did not reflect the reality of practice and service delivery, in which there was both diversity across and considerable overlap between the practice of psychotherapy and counselling. It was argued that those draft standards identified for psychotherapists therefore applied equally to counsellors.

28. The PLG recommended the draft standards of proficiency outlined in appendix 2 of this document for consultation.

**Recommendation**

- The PLG recommends the draft standards of proficiency outlined in appendix 2 of this document for consultation.

## **8. Education and training**

1. The PLG was tasked with discussing and recommending the threshold level of qualification for entry to the Register.

### **8.1 About approval of education and training programmes**

2. The HPC visits education and training providers to approve pre-registration education and training programmes against the standards of education and training. The standards of education and training are those standards necessary to ensure that someone who successfully completes that programme is able to meet the standards of proficiency for their part of the Register (the threshold standards for safe and effective practice).

3. The HPC approves programmes delivered by a variety of education and training providers, including Higher Education Institutions (HEIs), professional bodies and private providers. There is no requirement for an approved programme to be delivered or validated by a HEI.

4. The HPC only approves programmes that lead directly to an individual's eligibility to register and gain access to the relevant protected title(s) for their profession.

5. The HPC ensures professional input in its key processes through the use of partners. For education and training, the HPC uses one type of 'partner' called 'visitors'. Visitors are members of the regulated professions or lay people with appropriate academic or practice experience who visit education and training providers on the HPC's behalf.

6. At approval visits, at least one of the two visitors will be from the same profession with which the programme is concerned. In practice, both visitors will normally be from the same profession. In the case of psychotherapists and counsellors, the visitors would be drawn from the relevant modality or theoretical approach as the programme being approved.

7. If a programme is approved (having met any conditions if applicable), it is granted open ended approval subject to ongoing checks that the programme continues to meet the requisite standards via the annual monitoring and major change processes.

8. The HPC does not undertake cyclical re-visits of programmes (i.e. every five years). However, if information from the annual monitoring or major change processes indicates that further investigation is necessary to decide whether the standards continue to be met, it may re-visit a programme.

9. This is designed to strike a balance between fulfilling the HPC's duty to ensure that programmes continue to meet our standards, and reducing the anticipated regulatory burden on education and training providers. Once a programme is approved, someone who successfully completes that programme is eligible to apply for registration.

### **8.1.1 Opening of the Register**

10. The HPC will approve all those education and training programmes, historic and current, that led or lead to registration with one of the voluntary registers that transfers. (Please see section 5.2, paragraph 8.)

### **8.2 About the threshold level of qualification for entry to the Register**

11. The Health Professions Order 2001 does not provide the HPC with a power to set the qualifications required for entry, but enables it to approve qualifications which meet the standards it has set for entry to the Register.

12. The HPC's obligation is to set threshold standards of entry to the Register, the minimum standards of proficiency which a newly qualified applicant needs to meet in order to be able to practise safely and effectively. The HPC may then approve a qualification which delivers those standards, but it cannot insist that only a specified form of academic award will do so.

#### **8.2.1 About SET 1: Threshold level of qualification for entry to the Register**

13. Standard 1 of the standards of education and training ('SET 1') sets out the threshold level of qualification for entry to the Register.

14. SET 1 provides the threshold levels of qualification 'normally' expected to meet the remainder of the standards of education and training (and thus the standards of proficiency). The term 'normally' is included in SET 1 as a safeguard against the unlawful fettering of the HPC's discretion. Given the terms of the Health Professions Order 2001, it would be an improper exercise of its powers for the HPC to refuse to approve a programme which delivered the standards of proficiency and the remainder of the standards of education and training solely on the basis that it did not lead to the award of a qualification specified in SET 1.

## 15. The standard currently reads

1.1 The Council normally expects that the threshold entry routes to the Register will be the following:

Bachelor degree with honours for:

- biomedical scientists (with the Certificate of Competence awarded by the Institute of Biomedical Science, or equivalent);
- chiropodists / podiatrists;
- dietitians;
- occupational therapists;
- orthoptists;
- physiotherapists;
- prosthetists / orthotists;
- radiographers; and
- speech and language therapists

Masters degree for arts therapists.

Masters degree for clinical scientists (with the Certificate of Attainment awarded by the Association of Clinical Scientists, or equivalent).

Diploma of Higher Education for operating department practitioners.

Equivalent to Certificate of Higher Education for paramedics.

Professional doctorate for clinical psychologists.

Professional doctorate for counselling psychologists, or equivalent.

Professional doctorate for educational psychologists, or equivalent.

Masters degree for forensic psychologists (with the award of the British Psychological Society qualification in forensic psychology, or equivalent).

Masters degree for health psychologists (with the award of the British Psychological Society qualification in health psychology, or equivalent).

Masters degree for occupational psychologists (with the award of the British Psychological Society qualification in occupational psychology, or equivalent).

Masters degree for sport and exercise psychologists (with the award of the British Psychological Society qualification in sport and exercise psychology, or equivalent).

16. The HPC has to set the threshold level at the level necessary for people who successfully complete a pre-registration education and training programme to meet all of the standards of proficiency.

17. In setting the threshold level of qualification for entry, the HPC is setting the threshold level of qualification which it would normally accept for the purposes of an approved programme which leads to registration. As the threshold is the 'minimum', programmes above the threshold level may be approved.

18. The threshold level might change over time to reflect changes in the delivery of education and training. Any change in the threshold academic level is one that is normally led by the profession and/or by education providers and employers and which occurs over time. At an appropriate time, consideration might be given to changing SET 1, having regard to the level at which the majority of education and training is delivered and the standards for safe and effective practice.

19. The threshold academic level of qualification for entry to the Register applies to pre-registration education and training programmes seeking approval rather than to individuals. Therefore, it would not affect individuals who might have followed education and training programmes delivered at levels below the threshold in the past.

### **8.3 Setting the threshold level for psychotherapists and counsellors**

20. In the Call for Ideas the HPC asked what issues should be considered in determining the threshold level of qualification for entry to the Register for psychotherapists and counsellors. Prevalent themes in responses were the need to ensure that the threshold set did not lower the standards of existing provision; and the need to ensure an inclusive approach to existing education and training routes and to maintain the diverse backgrounds of practitioners.

21. The PLG's model of differentiating between psychotherapists and counsellors and producing standards of proficiency specific to each meant that it could consider, if appropriate, setting a different threshold education level for psychotherapists and a different threshold educational level for counsellors.

22. As the standards of education and training are the standards necessary for an education and training programme to successfully deliver the standards of proficiency, the starting point for the PLG's discussions was the standards of proficiency which it had drafted.

23. The PLG also had regard to the relevant qualifications frameworks, such as the National Qualifications Framework (NQF) published by the Qualifications and Curriculum Authority. For clarity, the levels referred to throughout this report are levels on the NQF. Where helpful, levels on the NQF are also cross-referenced to other qualifications and curriculum frameworks and an indication is given of the types of awards typically included at that level.

#### **8.3.1 Existing provision**

24. In response to the Call for Ideas, respondents provided information about the names, awards and levels of existing education and training programmes and the information about the sectors in which they were delivered. Some of this information is summarised in the paragraphs below and helped shape the background to the PLG's discussion in this area.

25. There are a large number of education and training programmes that train or purport to train psychotherapists and counsellors. There are a range of different qualification titles with some programmes named as programmes in both psychotherapy and counselling. Training is delivered in a variety of sectors including the higher education, further education and the private sectors.

26. In psychotherapy, programmes are often delivered by private training institutions, some with the validation of a university, or within the university sector. In response to the Call for Ideas, most respondents said that qualifications in psychotherapy were at masters level / level 7 on the NQF. Level 7 includes the awards of masters degrees, postgraduate diplomas and postgraduate certificates, or equivalent.

27. In counselling, programmes are delivered in all sectors, with a significant proportion of qualifications delivered in the further and higher education sectors. In response to the Call for Ideas, respondents said that existing qualifications varied from level 3 on the NQF up to levels 7 or 8 (doctoral level or equivalent), with qualifications at levels 4 and 5 most frequently cited by respondents.

28. A number of respondents said that there should be no move towards requiring formal academic qualifications for entry to the Register and that the diversity of approaches to education and training (in both psychotherapy and counselling) should not be adversely affected, particularly the continued provision of education and training, in the further education and private sectors.

### **8.3.2 Counsellors**

29. In response to the Call for Ideas, the most frequently suggested threshold level for counsellors was a diploma level threshold (levels 4 and 5 on the NQF) but suggestions varied from level 3 on the NQF up to level 6 (honours degree level).

30. In arguing for particular levels, respondents focused on the level and awards of existing provision and explained how they saw particular levels as necessary for safe and competent practice. Some of those that argued for a level 6 threshold said that this was important to ensure parity between counselling and other professions.

31. Other respondents argued that there was no justification for setting a threshold at first degree level. Arguments included that there was no clear rationale for why such a level was necessary; that the threshold level set should recognise existing education and training provision at levels four and five which currently produced safe and competent practitioners; and that setting the threshold for counselling too high would adversely affect the diversity of entrants to the field and the skills and qualities they were able to bring to practice.

32. The PLG carefully considered the arguments put forward in the Call for Ideas and its discussion mirrored the points summarised in paragraphs 30 and 31, above and on the previous page. The PLG's discussion centred on whether the level should be set at level 5 (which includes diplomas of higher or further education or equivalent) or level 6 (includes bachelor degrees or equivalent).

33. The PLG agreed to recommend that the threshold level for the counsellors 'sub-section' of the Register should be set at level 5 on the NQF / level 5 on the Framework for Higher Education Qualifications / Level 8/9 on the Scottish Credit and Qualifications Framework.<sup>8</sup>

34. The PLG concluded that the threshold should be set at level 5 because it believed that the draft standards of proficiency could be delivered at that level. The PLG also had regard to existing provision in counselling at level 5 and the impact that a higher threshold might have on the diversity of entrants to the profession.

35. The responses to the Call for Ideas indicate that this is a topic on which there are strongly held, often polarised viewpoints. This was accordingly a topic on which there were also differing viewpoints within the PLG and the PLG's decision was not unanimous. Some members considered that a level 6 threshold was necessary, arguing that this would reflect a movement towards degree level education and training in counselling; that the draft standards of proficiency were consistent with the relevant descriptors for honours degree programmes; and that a level 6 qualification would be necessary to deliver them.

### **8.3.3 Psychotherapists**

36. In responses to the Call for Ideas, the most frequently suggested threshold for psychotherapists was level 7 on the NQF (this level incorporates the awards of postgraduate certificates, postgraduate diplomas and masters degrees or equivalent).

37. Respondents argued that level 7 reflected the existing level of education and training programmes in psychotherapy was linked to safe practice as a psychotherapist and that the level set should not diminish existing standards.

38. The PLG agreed to recommend that the threshold level for the psychotherapists 'sub-section' of the Register should be set at level 7 on the NQF/ level 7 on the Framework for Higher Education Qualifications / Level 11 on the Scottish Credit and Qualifications Framework.

39. The PLG concluded that the threshold level for psychotherapists should be set at level 7, having regard to existing provision and the draft standards of proficiency.

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<sup>8</sup> Qualification and Curriculum Authority, National Qualifications Framework, [www.qca.org.uk](http://www.qca.org.uk)  
Quality Assurance Agency for Higher Education, Framework for Higher Education Qualifications in England, Wales and Northern Ireland, 2008,  
<http://www.qaa.ac.uk/academicinfrastructure/FHEQ/EWNI08/FHEQ08.pdf>  
Scottish credit and Qualification Framework, [www.scqf.org.uk](http://www.scqf.org.uk)

### 8.3.4 A stepped approach

40. In the Call for Ideas the HPC suggested that one possible option for setting the threshold would be a stepped approach which would see the threshold raised over a period of time. If feasible, such an approach might balance the need to ensure that as many practitioners as possible can register, in order to protect the public, with the need to ensure that the threshold level of publication protection develops over time.

41. In the Call for Ideas, very few respondents commented on this idea, though those that did responded positively. Any threshold set must be linked to what is necessary for safe and effective practice. The PLG did not identify that there was an objective justification to adopt a stepped approach to the threshold level and noted that there would be a lead in period to enable existing education and training providers to make any changes that become necessary to their programmes in any event.

### 8.3.5 Lead-in period

42. In response to the Call for Ideas, some respondents commented on the need for pragmatism in this area, in particular, a lead in period for education and training providers to make any necessary changes to their programmes. Even if a 'stepped approach' to the threshold was not adopted, there would be a lead-in period for education and training providers.

43. Firstly, once recommendations have been made by the HPC, and assuming a final decision to regulate is taken by the Government, the Register would not open for a period of time, which would allow time for education and training providers to make any necessary changes to their programmes. It is currently anticipated that the Register for psychotherapists and counsellors might open in 2011.

44. Secondly, on the day the Register opens, the HPC will approve all those programmes, historic and current, that led or lead to membership of one of the voluntary registers that transfers. The HPC will then need to develop operational arrangements for visiting those programmes to approve them against its standards. There is therefore likely be a further 'lead in period' before programmes are visited and reapproved against the HPC's standards.

#### **Recommendations**

The PLG recommends that 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 Qualifications / level 11 on the Scottish Credit and Qualifications Framework.

## **Appendix 1 - List of members of the Psychotherapists and Counsellors Professional Liaison Group**

Sally Aldridge	Director of Regulatory Policy, British Association for Counselling and Psychotherapy
Fiona Ballantine Dykes	Head of Qualifications, Counselling and Psychotherapy Central Awarding Body
Mary Clark-Glass	Lay member of the HPC Council
Jonathan Coe	Chief Executive, Witness, nominated by the We Need to Talk campaign
Mick Cooper	Professor of Counselling, University of Strathclyde
Peter Fonagy	Chair, Strategy Group, National Occupational Standards for Psychological Therapies, Skills for Health
Julian Lousada	Chair, British Psychoanalytic Council
Jeff Lucas	Lay member of the HPC Council
Brian Magee	Chief Executive, Counselling and Psychotherapy in Scotland (COSCA)
Linda Matthews	Consultant psychotherapist, representing the British Association for Behavioural and Cognitive Psychotherapies
Nick Turner	Head of the Relate Institute, Relate
Jean McMinn	Teaching Fellow, School of Education, Queen's University Belfast
Kathi Murphy	Senior Trainer Metanoia Institute, representing the United Kingdom Council for Psychotherapy
Graham Smith	Physiotherapist member of the HPC Council
Eileen Thornton	Alternate physiotherapist member of the HPC Council
Annie Turner	Occupational therapist member of the HPC Council
Diane Waller	Arts therapists member of the HPC Council and Chair of the PLG