An Evidence-Informed and Member-Informed Response to the Professional Standards Authority's Strategic Review of the Accredited Registers Programme

The National Counselling Society

A Note to Our Members

Thank you for your consistent engagement and support over the past few years. We feel that this document, although lengthy, provides information which is crucial in shaping the direction of our profession for the foreseeable future, and do therefore ask you to give it due consideration and distribute it as widely as possible.

Introduction

The Professional Standards Authority (PSA) is conducting a widespread Strategic Review of its Accredited Registers programme, which is a system of voluntary self-regulation that exists for professions that do not fall under statutory regulation.

Since its launch in 2012, the programme has been successful in attracting a wide range of professions from across the health and social care spectrum, ranging from talking therapies to include psychotherapy, counselling and hypnotherapy, to complementary therapies such as herbalism and reflexology. The programme has, in our direct experience, led to across-the-board significant improvements in governance, complaints processes, training standards, accountability and engagement by individual registrants, and has, therefore, provided a measurable improvement in public assurance across the professions which have joined the programme.

We propose an evidence-informed response to this consultation, drawing upon regular surveys and engagements with both our Societies' members, and members of the public, which have been on-going since 2017. Our evidence comprises our 2017 'Unsafe Assumptions' Survey and Report; our 2018 Regulatory Model Survey; our 2018 Key Policy Questions Survey; our 2020 SCoPEd survey, and our 2021 survey on this consultation in particular. In addition to this direct evidence which comprises both recording the preferences and analysing the written responses and values of thousands of therapists and hundreds of members of the public; we are able to add the anecdotal evidence of practitioners and Society officers.

Before we address the evidence, however, we wish to establish the brief theoretical framework which underpins our response to this consultation. We feel that this framework could be useful in its application, not only to this consultation, but to all future engagements regarding the linked questions of regulation and standardisation in counselling and psychotherapy.

Theoretical Framework

We consider, for the purposes of the Authority's consultation exercise, that any substantive changes to the Accredited Registers programme should only be undertaken if there is evidence that such changes would improve ***public assurance.***

'Public Assurance' is a key and fundamental term used by the Authority to describe the over-arching purpose of the programme itself. We take public assurance to mean that the programme provides confidence and reassurance to a member of the public seeking to use the services of a registrant on an AR in a number of ways: for example, the registrant's training and qualifications have been checked; they are properly insured; their identity has been verified; a complaint against them could be heard in a professional, transparent and appropriate manner and therefore their practice is accountable.

A cursory analysis of the manner in which the AR programme provides said assurance would lead us to question how far any voluntary system of self-regulation can provide assurance, if ultimately:

- Anyone can practice without being on an Accredited Register and
- Anyone removed from a Register can continue to practice nonetheless.

These two fundamental questions are the heart of the concerns of those who would point out the limits of the AR programme in its ability to deliver public assurance and are **questions of regulation.**

Alongside these two questions is the third question which, though related to regulation, is a distinct question in its own right:

- Any training seems sufficient to practice – should there not be *common standards*?

We will call this the **question of standardisation.**

On the surface, the solution to these questions seems obvious:

- Make the AR programme compulsory;
- If you're removed from registration, make it illegal to practice; and,
- Set common compulsory standards for each profession.

These solutions, should, it would be imagined, lead to an increase in public assurance and therefore, should be incorporated within the AR programme as part of the Authority's review.

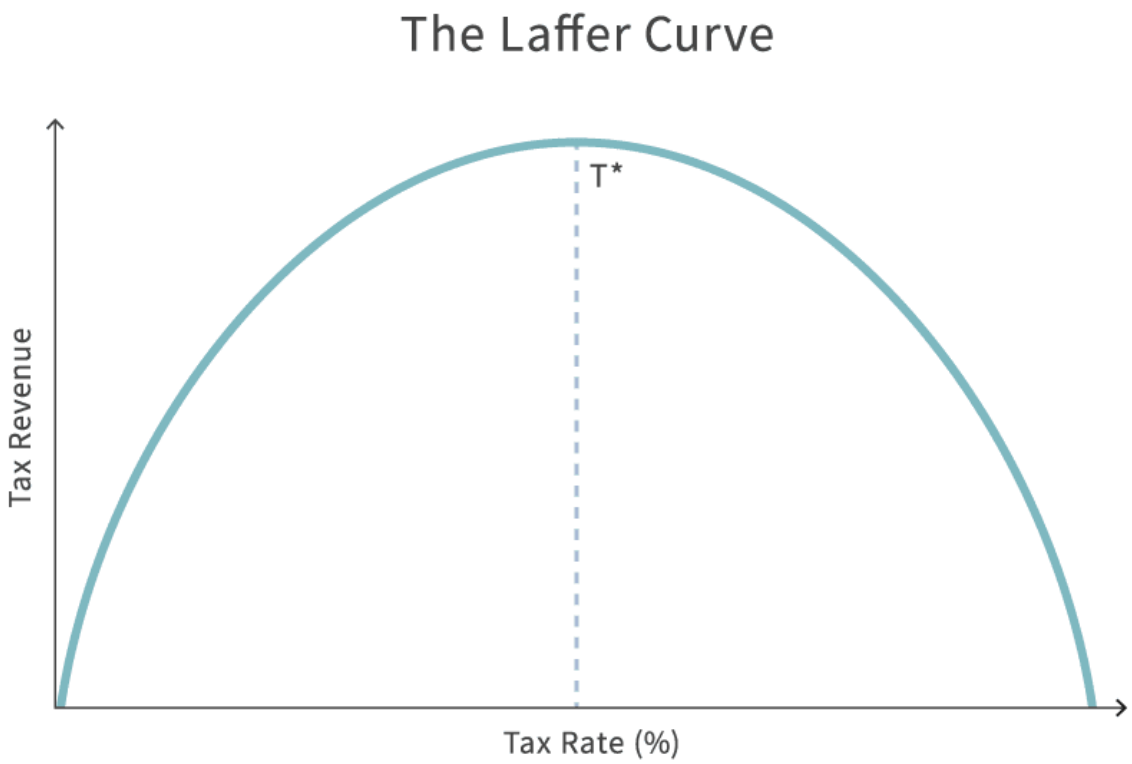
Our evidence, however, informs us that there is a significant risk that, if these questions (two of regulation and one of standardisation) are not addressed very carefully, and in a right-touch manner, then there will be two unintended but avoidable consequences of any such changes which the Authority proposes for the programme:

1. Public Assurance will decrease; and,
2. The provision of the services covered by the AR programme to the public will decline, placing additional avoidable strain on the NHS.

Why might our evidence suggest this, on first glance, counter-intuitive result? This is based upon two factors:

1. A 'Laffer Curve' of public assurance operates in counselling and psychotherapy, and this is based upon:
2. The nature of counselling and psychotherapy as being ***autonomy-centred***, which we will define below.

Let us look at each of these factors in turn.



The Laffer Curve effect is an observed effect in economics as related to taxation. Simply put, the purpose of taxation is to increase revenues (‘tax take’) to the Treasury. Taking into account a number of factors, the Treasury wishes to maximise tax take and create a system of taxation which will do this.

Let’s take a hypothetical example. The Treasury notices that, at a rate of 20%, the VAT tax take is £10 Billion per month. The Chancellor therefore proposes to raise the VAT rate to 40% in order to increase the tax take to £20 Billion per month.

In fact what happens as a result of this hypothetical tax rise are three unintended consequences:

1. Economic Activity decreases overall. Faced with a 40% tax bill, many people simply stop buying products or services; such products become unaffordable, and so on.
2. Tax Compliance decreases overall. Faced with a 40% tax bill, in order to make a living, businesses decide to keep trading while avoiding what they perceive as an unfair and unjust tax. “How much for cash?” becomes a commonly heard refrain as both buyers and sellers of services seek to avoid what they perceive as a punitive situation.
3. Equality and Diversity issues are negatively impacted. Faced with a 40% tax bill, it is not only those with lower social capital who are more likely to find their economic activity negatively impacted, but also those who are more likely to feel forced to take the risks commensurate with non-compliance in order to financially survive.

In this scenario, the Treasury soon finds in its next quarterly figure that its anticipated £20 Billion revenue has, through the combination of decreased activity and non-compliance, fallen from £10 Billion to £8 Billion. In other words,

increasing taxation had, in this example, counter-intuitively *decreased* tax take. The peak of the Laffer Curve had been passed as the unintended consequences began to manifest.

A clever Chancellor would wish to locate the peak of the Laffer Curve. Maybe raising VAT from 20% to 25% would have seen tax take increase from £10 Billion to £12 Billion, but an experiment with a 30% VAT rate would have seen tax take decline to £9.5 Billion. The Chancellor in this example would have found the 'sweet spot' at the top of the Laffer Curve and set the rate at 25%. Any less, and they would have less tax take; any more, and the tax take would also decline. Such a Chancellor could even find that reducing VAT to 19% would see a greater tax take than at 20%. More tax revenue could be gained from reducing rather than raising taxation, as said reduction could increase economic activity and tax compliance.

The main lesson of the Laffer Curve in economics is that it is human behaviour, in terms of both activity and compliance, which will dictate the effectiveness of any tax regime, and that there can be unintended and counter-intuitive consequences to well-meaning attempts to impose taxation.

How is the Laffer Curve relevant to counselling and psychotherapy?

Let us imagine that instead of 'tax take' we are talking about *public assurance,* and instead of taxes like VAT we are talking about *regulation and standardisation*.

Instead of the Chancellor, the Health Secretary wishes to maximise public assurance. Looking at the regulatory framework, they decide to do the equivalent of doubling VAT: substantively increasing regulation and standardization in order to maximise public assurance.

We submit that an equivalent 'Laffer Curve Effect' will apply and that in such an eventuality both the provision of counselling and psychotherapy, and compliance with regulation, will counter-intuitively decrease.

Our data sets indicate that, if the answers to the questions of regulation and standardisation are handled badly, there would be three unintended 'Laffer Curve Effect' consequences:

1. The provision of counselling and psychotherapy would decline, as a significant proportion of registrants clearly indicate that they would not be prepared to remain in the profession if the burden of standardisation and regulation are unaffordable or contrary to their values and principles; and,
2. Public Assurance would decline, as a significant proportion of registrants clearly indicate they would not be willing to comply with standardisation and regulation if these were unaffordable or contrary to their beliefs and values.
3. Equality and Diversity would be disproportionately impacted, as the burdens of standardisation and regulation would disproportionately affect those with lower social capital.

Is non-compliance possible?

Previous legal advice taken over the 2009 statutory regulation approach mooted by HCPC, alongside current advice, indicates that non-compliance is, in fact, easily achievable for a number of reasons. For example, it is illegal to mis-represent yourself as a member of a statutorily regulated profession such as those regulated by HCPC. However, to guard against this eventuality a practitioner generally needs to:

- Not use the restricted title
- Explicitly state that "I am not an HCPC (insert title of practice)" in their advertising
- Find a point of differentiation in the description of their practice in their advertising.

There is precedent here where HCPC registrants removed from their statutory register continue to practice with very similar titles and so do not comply with their regulatory frameworks, but do so in an entirely legal manner.

Should we be worried about non-compliance though? Surely, for example, not being able to call yourself a 'counsellor' would significantly impact your private practice and make it unfeasible or untenable?

In fact, no. As our 2017 survey demonstrated, members of the public do not consider issues such as title or professional qualifications when choosing a therapist. Issues such as advertising, referrals, word of mouth, and the general feeling a potential client gets when first looking at a website are all more important determinants of client choice. It is, in short, perfectly feasible to continue your private practice successfully while not complying with regulation which is against your principles or values. This should be of primary concern for those keen to ensure public assurance is maximised within the AR programme. The evidence for this is reproduced here in Appendix A**.**

In addition, it is clear that counselling and psychotherapy are umbrella terms but that these terms sit within a spectrum of talking therapies, modalities and approaches in a territory which is ever-shifting and changing. Ranging from proprietary approaches such as Human Givens, to approaches such as coaching, wellbeing therapy, shamanic therapies, pastoral care; there is a wide variety of titles and approaches under which practice can flourish. And our evidence shows that counsellors will indeed explore other options should they feel that the regulatory framework is no longer 'right-touch'.

The Authority should take due care then, to ensure that any changes to the AR programme do not take us past the 'peak of the curve' and could develop tools – perhaps an extension of the existing risk matrix frameworks – to explore this issue. For the sake of public assurance, prior awareness of counter-intuitive unintended consequences should be taken into consideration before any modifications to the existing programme.

Why though, might this Laffer Curve effect be present in counselling and psychotherapy? The answer lies in the second of the two factors we outlined on page two:

Counselling and psychotherapy can be both 'autonomy-centred' as well as 'process-centred'.

Why is there such continued, principled, widespread opposition to decades of attempts at regulation and standardization within the profession?

A broad examination of objections raised by counsellors and psychotherapists to attempts to answer the questions of standardisation and regulation are very revealing. Historically significant objections were raised to the ENTO National Occupational Standards. In 2009 when it was mooted that the HCPC would regulate counselling and psychotherapy, all professional associations involved at the time raised significant objections to the impact on practice that the proposals would have, and prominent elements of the profession successfully commenced Judicial Review proceedings against the HCPC over the impact of their proposals. In addition, since 2018 the SCoPEd competency framework exercise, which can be best seen as a new approach to the question of standardisation within the profession, has drawn widespread objections from a significant number of organisations and from thousands of individual therapists.

Why are attempts to answer the questions of standardisation and regulation so bitterly opposed?

If we look for common threads here over decades, they seem to be **repeated expressions of the following key objections:**

- A medical model cannot be applied to counselling practice
- I do not recognise my practice in these proposals

- Something fundamental to my practice is under threat
- The 'evidence base' has significant flaws
- The framework you are proposing will harm diversity of practice
- I will be forced to practice in a way contrary to my principles or values
- You do not understand the way in which I work or my modality
- The frameworks seem only to understand one side of counselling – e.g. manualised therapy within a state run framework or closely related employment framework; hospital based psychotherapy, etc
- This is just not relevant to how I work
- These proposals will actually damage my clients
- Unaffordable and unachievable burden will be imposed which will significantly impact equality and diversity
- Counselling is not academic – this appears to be biased towards the academic.

Why are these kinds of objections so consistently raised over so many decades?

It was rightly discussed in the context of 2009 HCPC regulation that counselling and psychotherapy are 'non-homogenous', and that the then-proposed regulatory framework was an attempt to fit many different shaped pegs into one round hole.

What is the best way to understand this heterogeneity (the depth and breadth of diversity) in counselling and psychotherapy?

We propose that 'counselling' and 'psychotherapy' are non-homogenous in that they are *umbrella terms describing a series of practices which exist at various points on what we will call a* ***spectrum of autonomy-centred practice on the one end and process-centred practice on the other end.***

Let us explain this.

By **autonomy** we intend to mean, in its simplest sense, that which is about a person's ability to act on his or her own values and principles. Taken from ancient Greek, the word means 'self-legislation' or 'self-governance'. In order to do these things, the autonomous person must have a sense of self-worth and self-respect.

Counsellors and psychotherapists are often, in looking to join the profession, first drawn themselves towards the vision of an autonomous, creative space in which their client also has full autonomy. The *mutuality of the autonomy of both counsellor and client* forms the framework for the wellbeing, healing, self-discovery and helping that lies at the heart of the profession and underpins its vocational nature.

By **autonomy-centred practice (ACP)** we mean an approach which is focussed on things such as but not solely:

- The client as a whole person – their subjectivity
- The client relationship
- Autonomy for both the client and counsellor
- A holistic view rather than focus on symptoms
- Creativity to explore a variety of possible therapeutic directions
- An individualistic approach to evidence ('what works here and for you may not work elsewhere and for someone else')
- Not measurable in a way that would be amenable to Government
- Flexibility, including a flexible understanding of the therapeutic outcome
- No fixed definitive 'cure', 'diagnosis' etc
- Creating a space for wellbeing
- Understanding the impact of society on the individual
- Complementary to medical healthcare
- Private practice

- Equality and Diversity centred, both for client and for counsellor
- Vocation

Autonomy is seen as a fundamental ethical principle in both the NCS Code of Ethical Practice and the BACP Ethical Framework, and this way of practising has a long and well-regarded theoretical basis in both the Person-Centred and Jungian traditions. It is related to what many practitioners refer to as 'experiential engagement' or 'relational depth'.[1]

By contrast, and in addition to autonomy, counselling and psychotherapy can exist as **process** where issues of definition, diagnosis, tools, treatment, and evidence can come into play.

By **process-centred practice (PCP)** we mean an approach which is focussed on elements including but not solely:

- Diagnosing the client's problem
- Developing a treatment plan
- An empirical approach to evidence ('this works for many people so it will likely work for you')
- The application of the correct therapeutic process for the problem, and only that process
- Focus on symptoms
- Measurable in a way that would be amenable to Government
- Integratable with medical healthcare
- Attempting a specific 'cure' or measurable amelioration
- Profession

Both kinds of practice exist within counselling and psychotherapy, and *often within the individuals who practice counselling and psychotherapy* and their various roles; and furthermore, much of practice does mix these two

[1] https://nationalcounsellingsociety.org/about-us/code-of-ethics

https://www.bacp.co.uk/events-and-resources/ethics-and-standards/ethical-framework-for-the-counselling-professions/ethics/

E.g. in Purton, C. (1989) *The Person-Centered Jungian*; Person-Centered Review, 4 (4) pp. 403-419:

"CLIENT AUTHORITY

One of the most characteristic features of the person-centered approach is the insistence that clients know best what their situation is, and what they need. It is not for the therapist to impose his or her conceptual scheme on the client. Jung shares this basic attitude. For example, he remarks (1984, p. 3):

> *In analysis we must be very careful not to assume that we know all about the patient or that we know the way out of his difficulties. If the doctor tells him what he thinks the trouble may be, he follows the doctor's suggestion and does not experience himself. It is important that the doctor admits he does not know.*

Similarly Jung (1935, p. 5) remarks "If I wish to treat another individual psychologically at all, I must for better or worse give up all pretensions to superior knowledge, all authority and desire to influence.""

Jung, C. G. (1984) Dream Analysis: C. G. Jung Seminars, Vol. I (E. McGuire, Ed.). Princeton, NJ: Princeton University Press

Jung, C. G. (1935) Principles of practical psychotherapy. In Collected works: Vol. 16. The practice of psychotherapy. Princeton, NJ: Princeton University Press.

https://www.karnacbooks.com/product/the-trouble-with-psychotherapy-counselling-and-common-sense/36073/?MATCH=1

http://www.dwelling.me.uk/PCJUngian.htm

approaches. Autonomy-centred practice and process-centred practice can thus co-exist in a wide variety of complex ways:

- Within a singular training programme
- Within the practice of a single counsellor or psychotherapist, who may use different practices in different roles or in combination
- Within a particular role or job
- Differently expressed in private practice than in an employment setting
- Differently over time as a professional grows in experience

This said, it is identifiable for example, that much of private practice is likely to sit towards the autonomy-centred part of the spectrum. NHS IAPT therapy could be a good example of a role and practice that is anchored within process-centred work.

Why become a counsellor or psychotherapist?

An interesting fundamental to consider here is to ask the question "why do people become counsellors or psychotherapists?" The data we have indicates that the autonomy, creativity, flexibility, and client-focussed nature of our profession is **the primary initial attractor for those working in this field**. In addition, a review of marketing and advertising materials from potential training routes both within the public and private sector tend to emphasise autonomy-centred practice. This is important as, in short, it is generally **autonomy-centred practice** which is the primary motivator to join this profession.

This is important to understand, as attempts at regulation and standardization which are perceived as undermining the core values and principles which were the primary determinants of joining the profession are very likely to be vociferously opposed.

> *Counsellors and Psychotherapists oppose regulation and standardisation insofar as it is a threat to autonomy-centred practice: such attempts must not force all practice to become process-centred.*

Returning to our questions of standardisation and regulation, the reason behind the widespread objections to ENTO, HCPC, SCoPEd etc lie, we submit, in the tensions on the spectrum between ACP and PCP.

Simply put, standardisation and regulation will always encounter principled opposition from the perspective of ACP and, looking back at the key objections raised since the 1990s, these objections are *rooted in the ACP nature of counselling and psychotherapy,* especially - but not exclusively - that of private practice.

This is because it is likely that further standardisation and regulation, unless handled with (a) incredible sensitivity and understanding, (b) an awareness of the autonomous nature of the profession, and (c) in a very conscious right touch manner, will simply alienate the ACP part of our practice spectrum and risks forcing counselling and psychotherapy to move, against its will, from ACP to PCP across the board. *This is at the heart of the profession's decades-long wrestling with standardisation and regulation, and the Authority should fully understand this.*

It is worth mentioning that the issues of how counselling and psychotherapy are provided as part of NHS healthcare is a fundamental issue here. There is plenty of anecdotal evidence to support the contention that when process-centred practice fails, the public seeks autonomy-centred approaches, but these are not supported by the state frameworks. Both approaches surely should have a key role within the NHS.

Lastly, let us return to the **Laffer Curve.** As we posited, the data indicates that inappropriate or 'wrong-touch' answers to the questions of standardisation and regulation will have the following negative impacts:

- Decreasing the availability of counselling and psychotherapy
- Decreasing public assurance through non-compliance by practitioners
- Disproportionately impacting equality and diversity

It is the presence of autonomy-centred practice (ACP) in counselling and psychotherapy which gives context to, and explains why, the data indicates this. The Authority is advised to understand where on the Laffer Curve of Public Assurance the current Accredited Registers Model lies, and be mindful of any changes that will decrease that assurance.

To return to our previous analogy: if the current AR programme 'has VAT at 20%', how will the Authority predetermine that its proposed changes won't 'decrease the tax take'? How will the Authority enshrine and value autonomy in moving the programme forwards? Because to fail to do so is to decrease public assurance.

This concludes the presentation of our theoretical framework. It is now time to turn to the consultation questions themselves.

Consultation Responses

Question 1: Do you agree that a system of voluntary registration of health and social care practitioners can be effective in protecting the public?

The Society does believe that such a system can be effective in protecting the public.

Evidence: In our 2018 survey of our membership a substantive majority of our members stated they believed that the AR programme was their preferred choice. In our 2021 survey on this consultation, we asked the specific question as to whether counsellors and psychotherapists "believe the AR programme is effective as it is now". 51.2% confirm that it is, with 27.1% saying "maybe" and only 7.1% stating that they do not believe it is effective.

The AR programme in its current iteration keeps the professional associations that choose to become register holders at the centre of public assurance. As our theoretical model suggests, this is vital to ensure engagement with autonomy-centred practice and thus retain compliance with the regulatory framework.

In addition, our data (which will be covered in our answer to question 7 below) suggests that the current model is at or near the peak of the Laffer Curve Effect of public assurance and so any further developments will need to evince a right touch approach. In other words, part of the effectiveness of the programme lies in its ability, through a right touch approach, to *promote engagement and compliance.*

The AR programme has been very successful in increasing standards within professional associations, which we believe is the best way to promote public assurance. With an engaged profession via their associations, AR holders not only feel proud to be part of the programme, but encourage their registrants to participate. The Society has seen direct benefits after a decade of interaction with the Authority and has been able to draw on the Authority's widespread expertise to enhance all areas of our functionality. From governance to complaints, training standards to accountability, the AR programme has had a transformative effect upon many AR holding organisations, most if not all of which have contributed directly to public assurance.

Particularly useful for example has been the Authority's engagement with, and auditing of, our complaints process.

Doesn't a voluntary system need visibility to be successful?

A complaint levelled against the AR programme and indeed any voluntary programme is lack of public visibility or 'market penetration'. A repeated refrain since launch from AR holders has been "what is the Authority doing to get the programme more widely known?" The Authority itself has questions about this issue: how can the programme be effective if, when you survey the public, they are unaware of the programme's existence? The Authority covers these points in Sections 2.15 to 2.16 of its consultation document:

> *Our own research of patient and public perceptions, undertaken in March this year, shows that there is low awareness of the programme (and of regulation generally); and that recommendations from family and friends, rather than accreditation, is the key driver of their choices. Further, the programme's coverage of around 90,000 practitioners is a small proportion of the two million unregulated roles in health and social care. This means that while patients and service users who choose practitioners from Accredited Registers will have derived benefit from the improvements made since the programme's introduction, these benefits do not extend far enough and remain largely hidden. The original intention was that employers would consciously choose to use practitioners on an Accredited Register, because it had been quality assured by the Authority. This would benefit patients and service users even if they remained unaware of the programme itself. However, adoption by employers has been low. The main reasons we have identified so far for this are lack of consistency across education and training standards, and accreditation not going far enough to offer assurance, particularly in occupations considered higher risk.*

Our evidence suggests, in fact, that public knowledge of the programme's existence is only tangentially related to public assurance and thus Sections 2.15 and 2.16 are based upon a false premise.

In our 2017 Unsafe Assumptions report we conducted a social media survey of the public asking questions about the determinative reasons they would have for choosing a psychological therapist.

Our data demonstrates that the prime determinants for a member of the public choosing a therapist have little to do with title, regulatory framework or qualifications level. Instead, the main factors are engagement with the therapist's website and marketing; recommendation from friend or family, and initial positive contact. Please see Appendix A**.**

In other words, the decision to find a therapist does not begin with "I must find someone regulated in a particular manner" or "someone who matches particular standards" but with "this person looks good/my friend saw them and recommends them/they treated me positively on first contact."

There is, in short, an entirely human and relational aspect to choosing a therapist which is not being considered in public assurance modelling.

This demonstrates a primary and under-explored role for 'the market' in determining public assurance in that, as evidence suggests, the difference between a margin of success or failure in private practice can depend upon recommendations and referrals; such referrals only logically occur after a positive client outcome, and thus over time it is likely that safer and more efficacious therapists will gain more clients.

This evidence also suggests that, whether statutorily regulated or unregulated, the way in which members of the public seek healthcare and wellbeing assistance is unrelated to these frameworks. In statutorily regulated professions for example, you choose a dentist (if you are lucky enough to have such a choice, which is of course a matter of significant privilege) not because they are on the GDC, nor is your starting place for looking for one the central regulated register. You'll hear about them from a friend, or like the look of their website or testimonials, or feel valued and treated well on your first visit or even initial phone call.

The Authority, in short, need not be concerned that lack of 'public awareness' or 'market penetration' of its logo and branding is any indication of lack of success of the programme.

By functioning as a 'trust booster', the AR programme may not be providing primary determinants for public choice, but that is not the role of a trust booster: it is to provide a secondary determinative factor.

If, as the evidence shows, clients seek counsellors not for their AR status but for a host of other reasons, this does not mean that AR doesn't come into play as a *secondary* factor. Having seen an engaging website which talks about the experience and approach of a counsellor, I may believe that this counsellor looks right for me. During the secondary phase of my enquiry the counsellor is likely to inform me of their qualifications and membership status including the nature of the AR programme. They will do this because they are proud to be a member of their particular professional association, and proud of that association's AR status.

In other words, in focussing on the lack of primary public awareness of its logo, the Authority has failed to take into account the *secondary reinforcement* of the public assurance value of the programme via the thousands of preliminary interactions each week that take place between registrants and the public, whether online, via promotional material, or via direct contact. *The programme is not unsuccessful just because the programme has low primary market penetration – such penetration would only be achievable with massive marketing and PR resources.* Public awareness is achieved via individual registrant interactions, which probably now number in the millions since 2012. And, in any case, the public makes choices about seeking healthcare and wellbeing help in manners *essentially unconnected* with questions of regulation, standardisation, or questions of which professional title is being employed by the therapist.

A full excerpt from the report data on how the public chooses a counsellor can be found in Appendix A.

We do, therefore, believe that a voluntary system can be effective in protecting the public and, as the evidence will show, a compulsory system can possibly be less effective if the Laffer Curve effect comes into play. *It would depend upon the precise nature of any compulsory system, specifically as relating to autonomy-centred practice, as to whether it had a positive or negative impact on public assurance compared to a voluntary one. If we are to create a compulsory system, we must get it right.*

Question 2: How do you think the Authority should determine which occupations should be included within the scope of the programme? Is there anything further you would like us to consider in relation to assessing applications for new registers?

We take this question to be about the scope of the programme rather than the question of a risk matrix assessment focussed on which professions are appropriate for voluntary or statutory approach.

Our position is that the Authority should have the widest possible net precisely because the sheer range of modalities, approaches, and titles that can be used throughout talking therapies and complementary therapies is not only vast, but ever expandable.

It may be necessary for the Authority to rethink the definition of 'health and social care', possibly including 'wellbeing' or broader terminology centring around any professional human interaction where there is a professional offering a service, and a client role which is focussed on assisting the wellbeing of the client.

This will avoid artificial distinctions which will lead to gaps in public assurance. For example, counselling falls under the AR programme and therefore so should coaching - there are many areas of shared practice, and where there are fundamental theoretical and practical differences, nonetheless the fundamentals of a client accessing and a professional offering a service remain.

The strength of the programme lies in its diversity and breadth, and the Authority should work on a presumption of the acceptance of occupations even when they don't fit comfortably into evidential healthcare type frameworks.

We would like the Authority to consider two further things in relation to assessing applications for new registers:

1. When an application is received from an occupation already accredited by the Authority then current standards held within that occupation by existing ARs must be taken into account, and those standards should not be diluted. The Authority should consult with existing ARs within that occupation and use their views as part of its decision-making process, as it is likely that existing ARs will be able to speak to the existing strengths and weaknesses of new applicants.

2. The Authority could consider a mentoring scheme where existing AR holders could volunteer to assist a new potential register holder with their application by providing appropriate advice and support. This could encourage potential applicants who may be daunted, both by the complexities of the process, and by their potential reception amongst existing registers.

Question 3: Do you think that moving from an annual to a longer cycle of renewal of accreditation, proportionate to risk, will enable the Authority to take a targeted, proportionate and agile approach to assessment? Do you think our proposals for new registers in terms of minimum requirements are reasonable?

We support moving to a longer cycle of accreditation renewal accompanied by agile and focussed 'as needed' assessments. As the AR programme has developed, we have moved from intensive initial site visits and interviews to a more paper-based annual assessment. We support these proposals because:

- The longer an AR holder is within the programme, the more improvements have been made and more action points and conditions have been actioned, likely to increase overall compliance with the AR standards.
- The Authority will not have to constantly go over old ground; for example, if it has to check governance issues each year and these have all remained static this takes resources away from focussing more on specific key risk areas.
- Resources will be able to focus on either higher public assurance risk areas such as complaints processes, as well as on areas where calls for information have highlighted concerns.
- Response time to concerns could be improved from the current situation where a concern could be months old before an AR holder is made aware.
- The Authority could free more time to engage with Registers over specific areas of concern for which the Registers ask for assistance (e.g. clarification of a standard or process).

By proposals for new registers in terms of minimum requirements, we presume this question refers to Section 4.16:

> *Whilst we think this is appropriate, we are considering introducing 'minimum requirements' for new Accredited Registers for their first cycle of assessment. These would align to the current set of Standards but allow for improvements to be made within the first cycle of assessment. If registers did not meet the higher standards after this point, then accreditation would be removed. We think this would be more proportionate and allow for new and developing registers to demonstrate improvements from accreditation. We would introduce a fee for pre-assessments for new registers that takes into account size and number of occupations registered, the extent to which we need to consider evidence of eligibility in accordance with the new criteria. We may also charge a fee for additional audit activities if it is needed within the review cycle.*

We have always been given to understand that during initial accreditation, some aspects of the standards had an aspirational element. In our first accreditation in 2012, we were given a number of conditions or action points and a timetable to ensure that we reached full compliance quickly. We support this flexibility of approach providing that any risk associated with this approach is properly monitored. We defer to the Authority's expertise in this regard and are confident that it is an appropriate approach.

Question 4: Do you think accreditation has been interpreted as implying endorsement of the occupations it registers? Is this problematic? If so, how might this be mitigated for the future?

It is clear from the structure of the programme that accreditation *does not imply endorsement of registered occupations.* It has been interpreted as doing so by organisations who are opposed to some complementary therapies and so there is an argument centring around whether the Authority should develop some kind of test of endorsement and only therefore accredit occupations which not only met its current standards, but met a further new standard of endorsement of the profession.

It is an empirical question as to whether this is problematic.

> *The key question is whether there is evidence that members of the public consider the Authority's accreditation of a particular occupation as an endorsement, and if so, whether their interpretation of the AR programme as an endorsement was a determinative factor in their choosing the occupation.*

Further to this, to be 'problematic' it would need to be established that this choice of occupation caused demonstrable harm. In other words, to be problematic evidence needs to show:

- **Clients interpret AR status as endorsement of an occupation**
- **Clients make this perceived endorsement a primary determinative factor of their choice of therapy**
- **The application of this occupation, so chosen, to the client causes the client measurable harm**

Given our own datasets on how clients choose therapies it is *unlikely that a perception of the AR programme's endorsement of an occupation forms part of a client's primary reason for seeing a therapist*; just as the lack of AR status is unlikely to form part of a client's primary reason to choose a different occupation.

The Authority asks about risk mitigation in this regard. One simple approach would be to require occupations to state that AR status does not confer endorsement in their advertising. This may, however, be onerous to monitor and police.

Question 5: Do you think the Authority should take account of evidence of effectiveness of occupations in its accreditation decisions, and if so, what is the best way to achieve this?

No. We believe that the Authority should retain the current consideration of a profession having a 'knowledge base' as defined by Sections 4.24 and 4.25 of the consultation document. Within our theoretical framework this issue relates to the question of standardisation, and so the Laffer Curve Effect would be at play in any changes to this approach, risking a decrease in public assurance.

We believe that any attempt to do this will become a rod for the Authority's own back. This is because there are fundamental philosophical differences across the professions already accredited, not only between those professions, but within them. The Authority rightly points out several thresholds for assessing effectiveness. But which threshold? For which professions? Would there be only one benchmark, or multiple benchmarks of 'effectiveness'?

In addition, many therapies are not amenable to or cannot resource a peer reviewed or similar evidence base. There is good peer reviewed evidence for the use of hypnotherapy for IBS - but is there any for relaxation? So, what effectiveness benchmark should be employed for hypnotherapy? If it is a low threshold such as, as the Authority suggests, 'client-informed reports' then it will no doubt be achievable by everyone. If it is the high benchmark of peer reviewed, double blind trials then the majority of professions accredited will not be able to resource anything like this. What does the Authority decide when faced with scientific papers that claim a therapy is placebo, alongside the simultaneous submission of a thousand case studies from satisfied clients claiming effectiveness? What about conflicting scientific information, where some studies demonstrate effectiveness, but others don't? How could it possibly resource these kinds of decisions?

Our theoretical framework notes that autonomy-centred practice (ACP) is fundamental to counselling. How would the Authority create a test of 'effectiveness' for counselling that could apply, on the one hand, to a person-centred therapist in private practice, and on the other hand, an NHS IAPT practitioner utilising CBT, that would satisfy both elements of the profession?

The Authority should also consider the Laffer Curve Effect here where the application of unmeetable tests of effectiveness, or those tests which are considered to be contrary to the values and principles of a particular therapeutic modality, will simply move that modality into non-compliance with the AR programme and so reduce public assurance overall.

The Authority should retain a neutral position on effectiveness unless faced with prima facie evidence of public harm. The test should not be effectiveness, but demonstrable harm.

We asked our members this question in our 2021 survey. Here is a short selection of their responses. A full selection can be found in Appendix B:

Effectiveness can be too subjective when dealing with unique individuals.

This is difficult as harvesting evidence of effectiveness across so many different therapies will present numerous issues and problems. In the occupations that offer strict confidentiality it could be seen as a threat to the protection offered.

I think the likely attempts to set the standards for and to gather "effectiveness" data are at best narrow and shallow, in human terms; and more likely to be used as a mechanism by which to further the current unhelpful political one-upmanship within counselling and psychotherapy, which needs no further encouragement or platform.

What would 'evidence of effectiveness' look like in a relationship-based therapy? Sometimes the very important things in life can't be measured and the danger is that we'll be reduced to operating with things that can be measured in order to provide 'evidence' rather than being free to work with what's important.

No because efficacy is hard to measure when it comes to the impact on individual emotions & their subjective life experiences.

No, different approaches and therapy's work for different people and we need choice and variety to best support clients. The NHS works on this principle and hail CBT as the fix all most affective and cost affective therapy, completely missing that it's not appropriate for every client. Counselling, psychotherapy, hypnotherapy, EMDR etc are not comparable to each other.

NO. Evidence can only only come from clients and this would mean therapy having to include tick box questions. This would open up complications for how that was fedback to the authority which would hinder client confidentiality.

It depends on how the research order to accumulate this evidence has been carried out. A lot of therapeutic interventions lack evidence, not because they are not effective but because they have not received the funding in order to carry out research. Research is costly and politicised.

I think this is very difficult to do without becoming trapped in the NICE / IAPT of evidence based practice, which is a flawed principle - therapy is difficult to objectively measure and if evidence of effectiveness was required, I struggle to understand how this could be achieved.

Question 6: Do you think that changing the funding model to a 'per-registrant' fee is reasonable? Are there any other models you would like us to consider?

At its inception the programme's funding model was a pure 'per-register' fee, and the current model is a hybrid version of a per register fee with an additional 'per-registrant' element.

The first model was problematical in that a fee of around £10,000 pa or more could be a deterrent for smaller organisations who wish to become accredited. In addition, current smaller organisations find this level of fees a significant impact on funding. For example, a register with 500 members charging £100 per year is spending over 1/5th of its turnover on accreditation fees; adding a paid staff member, which is generally necessary to deal with running an organisation at that level, leaves very few resources left for its members.

The current model somewhat solves this issue by preventing rises in the 'per-register' fee and relying upon larger registers with thousands of registrants to help fund the programme further.

Clearly the Authority has issues of needing to break even and grow the programme, and so a proper solution to funding should be agreed.

The issue with a pure 'per-registrant' fee is that it would disproportionately harm larger organisations and also could lead to price inflation to individual registrants. It is likely that, for example, a £6 pure per registrant fee would have to be passed on directly to the registrants; under the old model a 10,000-registrant organisation needing to find around £12,000 would now need to find £60,000 per year.

Increasing financial burdens directly to registrants would likely contribute to a separate Laffer Curve effect of non-compliance. At what point does a low-income registrant decide that registration, although desirable, is unaffordable?

In addition, a per-registrant fee relies upon accurate reporting of number of registrants. This seems overly complex and also means calculating fees for registers becomes a burden as they would have to keep a close eye on the flux of membership numbers.

We propose instead a 'banding' system which should:

- Raise more funds overall
- Be fairer to smaller registers
- Require more from larger registers, but not disproportionately more.

For example:

Under 500 Registrants: £5000

500-999 Registrants: £7500

1K-3K Registrants: £10000

3K-5K Registrants: £15000

5K-9999 Registrants: £20000

10K-15K Registrants: £25000

And so forth, with a top band set at, say, £50,000.

We believe a banding scheme would move towards full funding of the Authority, encourage further diversity and viability for small register applications, allow financial planning for registers, and levy a proportionate charge on larger register holders who, it should be argued, derive more benefits for the programme as they have more members who can benefit from registration.

Question 7: Do you think that our proposals for the future vision would achieve greater use and recognition of the programme by patients, the public, and employers? Are there any further changes you would like us to consider?

Introduction

We are using this section to address the Authority's stated potential future vision for the programme. Whereas this question asks about greater use of the programme 'by patients, the public and employers', the Authority does

propose substantial changes which, our evidence shows, could have an impact upon provision and compliance with knock on effects towards clients, patients and the public.

As part of its plans for the future, the Authority proposes the following possibilities which they feel could develop the Accredited Registers programme:

1. Have Accredited Registers in the same occupation develop a common set of registration entry standards.
2. Create a licensing body of some kind, which would see for certain professions the requirement to hold a license to practice. Those professions that would be suitable for a licensing would be based upon the Authority's risk assessment.
3. Create an 'umbrella body', presumably to administer this licensing arrangement.
4. Reduce the number of Accredited Registers, presumably the umbrella body becomes the Accredited Register.
5. Eventually, possibly end up with just one licensing body for all the various professions that sit within the current AR programme.

The relevant text within the consultation document is (Sections 3.8 – 3.10):

> *From 2022, we propose to work closely with stakeholders to identify common standards and frameworks for individual occupations. Where there are already common frameworks for education and training in development, such as for the psychotherapies and foot health, we will support this and look to encourage replication across other occupations. This will also lay the foundations for registers of occupations to potentially form 'umbrella' bodies which would allow for a simpler system for patients and the employers and greater consistency of standards for entry, complaints handling and disciplinary outcomes. This means that in the future, there could be fewer organisations accredited by us – but that those organisations would be working closely with the professional bodies within the sector, whose members we anticipate would largely be eligible for registration with the umbrella body. Examples of organisations already working in this way include the Academy for Healthcare Science and the Complementary and Natural Healthcare Council. In the long-term this could pave the way for a single register in the future, as envisaged in Regulation Rethought if Government considered that desirable. Although originally envisaged as a single register for all health and social care roles, this body could provide oversight for the intermediate occupations only, or for all non-statutory registers. It could be introduced with, or without, a system of licensing. Licensing would involve the body being able to grant permits for practice. However, in keeping with our Right-touch approach, if we found that the introduction of other measures such as common frameworks for occupations was enough to address the potential risks to the public, then we would not introduce further regulation. A key part of the future vision is the ability to be responsive to changing environments. In parallel with these changes to Accredited Registers, if supported by Government and other stakeholders, we would develop our own mechanisms for assessing the risk of occupations.*

We have **significant concerns** with elements of these proposals.

We do not object to licensing in principle, provided that:

- It preserves autonomy-centred practice
- It is proportionate and right-touch

- It does not interfere with private practice
- Common standards do not negatively impact the diversity and creativity of practice
- The licensing arrangement is profession-neutral
- Current and future Accredited Registers remain Accredited Registers
- It will not decrease the availability of counselling services
- It will not decrease compliance with the AR programme
- It does not have Equality Act 2010 implications

The Society is concerned about the establishment of a 'profession-specific umbrella body'. We see this as potentially a problematical step because the success of the AR programme to date is largely based upon the fact that our 'regulator', the PSA, is completely **neutral** in our profession. We are concerned that a 'profession-specific' licensing body would lose this neutrality and would be more likely to impose conditions on practice that most counsellors would not want, which would lead to a decrease in overall counselling provision and also to non-compliance.

The Authority cites two examples of 'umbrella bodies'; the Complementary and Natural Healthcare Council, and the Academy for Healthcare Science. **Both these bodies are 'profession-neutral'** in that they oversee a wide range of professions. This allows for greater autonomy within the professions that are overseen and ensures that key officers or committee members within those organisations have no vested interests to push one modality over another, or frame a profession in a specific manner.

A counselling and psychotherapy specific 'umbrella body', on the other hand, is likely to enshrine dominant models and could appoint officers who have particular interests in specific philosophies, approaches, or modalities. This, we feel, is a recipe for prolonged and protracted professional in-fighting, something which the existing AR programme has managed to significantly reduce during the time of its operation.

We are also concerned at the potential for there to be fewer Accredited Registers – essentially they would 'bow out' once the umbrella body was formed.

> *We consider the diversity of AR holders to be precisely the most important and vital component of the AR programme and the reason for its success.*

We wish to preserve the current system of a diversity of registers as we feel this is the best thing for the profession.

We feel the idea that a diversity of registers does not reduce public awareness or create public confusion. As already stated in the theoretical part of this submission, AR status is not the primary determinant of public choice. Fewer Accredited Registers (or one overall licensing body) will not increase public assurance or decrease 'public confusion'. It is more likely to have a negative impact on public assurance, as both the provision of services and the level of compliance with the programme drop.

Many people become counsellors in the knowledge that counselling brings with it an autonomy, subjectivity, and creativity of practice in which the relationship with the client is centre stage. Many of us would wish to protect this at all costs, including potentially not complying with bad regulation (for example, by changing title). As our previous 2018 survey showed, many of our members would redefine their private practice to protect their freedom – for example, by changing title. Regulation cannot provide public assurance without compliance by those it seeks to regulate.

We believed therefore that the Authority, in considering licensing, should make it profession non-specific and also to preserve the diversity of Accredited Registers as they are today.

In addition, by reducing the number of registers or even dispensing with them altogether in favour of one over-all licensing body, we propose that the entire heart and soul of the programme will be lost. The programme's success has been predicated upon the centre stage involvement of a variety of Accredited Registers at the heart of decisions

about our respective professions. AR holder status for professional associations – as many as want it – should be preserved at all costs.

Our preferred approach is to **simply make the existing system compulsory**, i.e. requiring counsellors and psychotherapists to be on an Accredited Register. Albeit that this will require careful thought in areas such as complaints, by preserving the heart of the current system we will ensure maximum retention of the workforce alongside maximum compliance, and we contend that **the current AR system as a compulsory system will be at the peak of the Laffer Curve of public assurance.**

Evidence

In answering this question, the Society is adopting our evidence-informed and member-informed approach relying on the following evidence:

- NCS Unsafe Assumptions Report 2017, including public survey
- NCS Regulatory Model Survey 2018
- NCS Key Policy Questions Survey 2018
- NCS Scoped Survey 2020
- NCS PSA Consultation Survey 2021

1. 2018 Regulatory Model Survey

Support for the AR programme is high amongst counsellors and psychotherapists. In the NCS's 2018 Regulatory Model survey, the context of which was to ascertain NCS members' views on potential regulatory models, counsellors and psychotherapists were asked to rank in order of preference scenarios as follows:

- *Keep the programme as is*
- *Keep the programme, but make it compulsory*
- *Keep the programme, but with a DBS style 'negative register'*
- *Keep the programme, but create a new over-arching licensing body*
- *HCPC Regulation*

With a ranking from 1-5 indicating preferential order, a lower numerical value indicated preferred approach. Of the options then posed, **'keep the programme, but make it compulsory' was the most popular,** scoring 1.7, with 'keep the programme as is' second at 2.7.

When asked, however, if they would accept a licensing body (the Authority's current proposal) this rated a noticeably less preferred 3.1 on the scale, the only model preferred less being HCPC regulation at 3.4.

Why in 2018 was the licensing model not popular? Analysing member response at the time demonstrates, again, concerns with and for **autonomy-centred practice.**

Here is a sample of responses from that survey. A full selection is found in Appendix C.

> *I think it is important to **protect our diversity of practice and experience** as well as the safety of our clients.*

> *Constricted regulation will flatten the breadth and scope of counselling and sadly **the voices of counsellors will be heard even less.***

> *My view is that the current AR scheme works and works well. Unless there is compelling evidence to change something (which I haven't seen produced by anyone) why change something that is actually working, the allows for a degree of **flexibility**, that is **affordable***

*A lot of work has gone into the present system. It is not perfect, but neither are the other options. I think **diversity of practise is a key issue**.*

*Counselling as a profession needs to be **free to develop and to be diverse.***

*What is best for the client? While regulation and training may be able to create safer practices, it may **stifle the freedom and creativity** that feeds effective counselling work.*

2. Key Policy Questions Survey of 2018

Turning to our Key Policy Questions Survey of 2018, members were asked on the basis that their preferred option was to retain the AR programme as is but make it compulsory, whether they wished the NCS to campaign on this. 69.8% of members asked us to do so. This again indicated strong support for improving the current AR programme amongst counsellors and psychotherapists, but importantly, at the time, licensing had been questioned by our members largely on the grounds of a threat to their autonomy-centred work. Please see Appendix G**.**

Is making the AR programme as it is compulsory, with minimum alteration to its current structure and retention of professional associations at is core, the 'sweet spot' on the Laffer Curve? Let us now examine the results of our 2021 survey specifically related to the Authority's current consultation.

3. 2021 PSA Consultation Survey Response

We will analyse this under 3 headers:

- Results
- Analysis including Member Comments
- Conclusion

(Please see Appendix H for the full survey and email sent to members.)

3.1. Results of the 2021 PSA Consultation Survey

N.B. percentages given do not necessarily total 100% due to the survey methodology allowing for individual answers.

Counsellors and Psychotherapists are uncertain about licensing.

"In principle, do you think there should be a licensing element to the Accredited Registers programme (where you cannot practice without a license)?"

Our survey shows that currently 34.7% are in favour of licensing, with 20.2% opposed and a large amount of uncertainty (37.6% maybe/ 7.5% other)

A majority of counsellors and psychotherapists favour the idea of common standards.

"Do you agree with the idea of common standards for entry to the Accredited Register programme in counselling & psychotherapy?"

Our survey shows that 58.4% are in favour of common standards, with 30.6% stating maybe and 8.1% opposed.

If licensing occurs, a substantial majority of counsellors support a profession neutral licensing body

"If licensing was introduced, should the licensing body be profession specific or profession neutral?"

77.2% are in favour of a profession neutral licensing body with only 15.3% in favour of a profession specific licencing body (remaining percentage individual comments)

In the event of licencing, a substantial majority of counsellors wish the Accredited Registers to continue as they are.

"If licensing were introduced, should the licencing body sit behind the current Accredited Registers or should they return to being professional associations?"

75% are in favour of Accredited Registers continuining as they are alongside a licensing framework, while only 19% would wish to see the Accredited Registers returning to being professional associations.

Most counsellors think if licensing were introduced, it should cover all practice.

"If licensing were introduced, should it be for all practice or just workplace practice"?

60.2% are in favour of such a scheme being for all practice while 31.6% think it should just be for the workplace.

A majority of counsellors would not comply with common standards that were against their principles.

"If common standards were introduced, and you disagreed with them (for example, if you didn't feel your practice fit) would you – comply with the common standards/comply with them where you had to but not comply otherwise (e.g. using a different title/tickboxing)/ not comply with them?"

Only 22.1% would comply in all cases with common standards which were against their principles. A substantial portion of counsellors (40.7%) would only comply where necessary, taking steps to continue to practice without complying, and a further 9.9% would refuse to comply entirely.

Licensing, if handled badly, will see a substantial drop in national counselling provision and substantial non-compliance.

"If licensing was introduced, and you disagreed with how it was being done (e.g. if it didn't understand your own practice of you felt you didn't fit, would you: comply with licensing even if you had to change your practice/change your title or self description so that you did not require a licence for private practice/leave practice?"

Only 23.2% of counsellors and psychotherapists would comply with licensing if they felt it ran contrary to the values of their practice. 36.3% would not comply with licensing via changing self descriptions, titles or other legal methods, and worryingly, 18.5% would leave the profession entirely.

3.2. Analysis of the 2021 PSA Consultation Survey Including Member Comment

We submit the above survey results as primary evidence for the necessity for the Authority to take into account the Laffer Curve effect and autonomy-centred practice in counselling and psychotherapy.

Licensing

(a) On the **question of licensing itself,** counsellors and psychotherapists' uncertain response to this issue can be seen, from a selection of our members' responses, to be based upon fundamental concerns about the potential impact of licensing upon their **autonomy-centred practice:** who would grant the license? Would it protect equality and diversity? Would it restrict autonomy? Would it become part of professional politics? **The Authority needs to take these concerns into consideration.** A small selection of responses is included below with a wider selection in **Appendix D:**

*I have concerns about who would decide the criteria for granting a license to practice - **would it be a neutral body, or one with a vested interest in promoting its own position?***

> ***As long as done in a non discriminate way**, despite which theory you work to.*

> *If the licensing element **preseved and enhanced current diversity** of therapeutic approach while maintaining a **level playing field** of fitness to practice standards, it would potentially increase public understanding and confidence and would be welcome*

> *Equally important is to **continue the current diversity of Accredited Registers** as this is the best thing for the profession.*

> ***Importance of inclusion of a wide range of models,experiences and training rather than exclusion due to academic courses** which often negate the importance of life experience and experience of therapy,learning from supervision and other areas*

> *I would think a licencing element would be very restrictive and act **against the important diversity of the counselling profession***

> *As long as the licence is **not going to restrict creative ways of working***

> ***Licensing will only work if all the accredited registers are licensed**, it is proportionate and right-touch, it is administered in a **profession neutral manner and common standards do not negatively impact the diversity and creativity of practice.***

> *A register which represents/ is informed by the **existing diversity of practice***

> *licensing would need to account for all the **different in practices and approaches** that exist currently.*

> *Licensing 'could' be useful, provided it does not: **(1) reduce diversity of modalities, (2) discourage the development of new therapeutic modalities***

Common Standards

(b) Our members' concerns are also reflected regarding the concept of **common standards** (one of the three central questions in our theoretical framework). Although the majority of respondents support the concept of common standards, those opposed or answering 'maybe' form a substantial enough proportion of professionals (approximately 40% combined) to risk issues of non-compliance and a drop in provision if common standards are not handled in a way which promotes the **autonomy-centred** nature of practice. **The Authority needs to employ due diligence in ensuring any common standards are fully inclusive and respect autonomy.**

Below is a sample of our members' concerns, with a wider selection in **Appendix E:**

> *carefully done to incorporate existing entry points; **not to exclude people** from practice*

> *This would be difficult, as Scoped is showing people are always left out. **Common standards tend to favour a single way of working, counsellors don't practice that way.** A level should be set for access, however it needs to reflect the wonderful diverse nature of the profession.*

Common standards across the profession would have a greater chance of reducing public confusion when looking for a therapist. ***However, I have concerns about how these standards would be decided, and by who.***

It would be a particularly unfortunate error in this profession to mistake the things that are most readily measured with those which are good, let alone better in some way than those which may take longer and be less amenable to diagnostics but which offer the opportunity of relational depth with oneself and another and profound healing as a result.

It all depends upon what the common standards are. Most therapists come from a diverse backgrounds with varied training requirements. The standards of entry should be designed to protect the public but also to ***allow diversity of modalities.***

But this needs to be assessed fairly and ***not force already qualified and practicing counsellors into having to take on degree level training to practice as they always have****.*

But ***respecting every tendency*** *or philosophy of psychotherapy/counselling*

Common standards can be good but ***not if it is as the cost of flexibility.***

Right touch is essential to get this right. Rigid or skewed standards could serve to shaping an ***exclusive rather than inclusive group, with dominant modalities rather than dialogue-ing modalities***

As Person centred counsellor ***I am very wary of 'common standards' being decided by other therapeutic approaches*** *that disregard the uniqueness of the person centred approach*

I believe that there need to be a way of protecting the public when accessing psychological support. ***Within counselling there is a lot of variety and skills that I feel should be maintained and protected and valued.***

Any common standards must be realistic and encompassing. There remains ***a real risk that the loudest voice will be the only one heard***

Public Assurance requires that Licensing be Profession-Neutral with Accredited Registers Retained

(c) With over 77% of counsellors and psychotherapists wishing licensing to be profession-neutral, and 75% wishing to see the existing number and diversity of Accredited registers retained, our survey provides further evidence that professionals are concerned with their **autonomy-centred practice.**

As we argue and evidence elsewhere in this document, a diversity of registers cannot be evidenced as reducing public assurance, because the public is uninvested in regulatory matters when it comes to choosing a talking therapy professional. If reducing the number of registers or abolishing individual registers entirely reduces engagement, support, and compliance, then there is good argument that the march towards 'simplicity' will actually decrease public assurance.

The same is true of any profession-specific approach to licensing. Professionals are suspicious that this will enshrine particular power structures, reduce diversity, and negatively impact their autonomy.

The NCS's position remains that there are two core strengths in the current programme:

1. Centralising the role of professional associations having beneficial effects on acceptance, compliance, equality, diversity, and access through multiple registers, and
2. The Authority's role as a profession-neutral 'regulator' creating a safe space for impartiality, transparency and the further protection of diversity.

We request that the Authority enshrines these two fundamentals in any future licensing model, and also suggest that the evidence points to decreased public assurance should this not occur.

Decreased Provision and Non-Compliance: Evidence for the potential Laffer Curve Effect

(d) Returning to the fundamental questions posed in our theoretical framework, namely those of regulation and common standards, our evidence does bear out what anecdotal evidence has been telling regulators since the 1990s: there are fundamental values and principles to be found within counselling and psychotherapy which will have to be understood and respected if these questions are to be answered in a manner that does not decrease public assurance and the provision of counselling itself.

With only 22% of counsellors and psychotherapists willing to adapt their practice to meet any common standards that they found contrary to their values and principles, and nearly 41% willing to only comply minimally, often redefining their private practice, the Authority should be aware that the potential Laffer Curve effect will come into play should its intentions to engage with common standards not take account of the concerns raised in this document, leading to a decrease in public assurance over all.

More worryingly, a badly received licensing approach leading to an 18.5% drop in provision as professionals leave the profession entirely could see a profound impact upon NHS mental health services. Added to this, over 36% of counsellors that remain will take steps to legally circumvent and not comply with licensing.

How would this work in practice? In such a scenario, it is likely that overall membership of professional associations/ARs would drop, with a significant proportion of those remaining redefining their practice in such a way that a side effect would be that their practice could fall outside of the remit of the licensing framework and thus of any remaining AR complaints processes.

Our evidence does therefore lay the groundwork for the potential for the Authority's proposals, in their current format, to decrease both provision and public assurance as the Laffer Effect comes into play: increasing regulation decreasing public assurance through non-compliance. The Authority should consider its approach carefully in this regard.

Conclusion

The NCS's support for licensing and common standards is, like our members', cautious and conditional. The current proposals, confined to a few scant paragraphs in the Authority's consultation document, require careful analysis and consideration.

As they stand, the NCS does not support common standards that do not take into account what we have called autonomy-centred practice, and we have significant concerns over common standards that are not fully inclusive.

We do not support a profession-specific licensing body: this would lose the core strength of regulator neutrality, which we feel is fundamental to the programme's success. We consider this to be a retrograde step which will have implications for inclusivity across the board. We also believe it will return to a 'profession policing itself' mentality, which the current iteration of the programme has heretofore avoided. We would support a profession-neutral body in principle, or support ARs themselves issuing the license under the Authority's direction.

We do not support the reduction in the number of Accredited Registers. We think there should be more, not fewer; and that as new modalities emerge, more Registers should emerge. We do not believe that simplifying and reducing has any public benefit – quite the contrary. The central role of professional associations becoming Registers has been pivotal to support for the programme and for compliance. It should not lightly be thrown away.

Lastly, our theoretical modelling and evidence all suggests that provision and public assurance are at risk from these aspects of the Authority's proposals. The evidence does suggest a potential Laffer Curve effect where, in the event of a combination of unagreed common standards, a profession-specific body, and a reduction in ARs, provision and public assurance will decrease.

We therefore call upon the Authority to take this evidence into consideration when charting its future course and to re-examine the simpler model of **making the current Accredited Registers programme compulsory via legislation.**

Question 8: Do you agree that to protect the public, the Accredited Registers should be allowed to access information about relevant spent convictions?

Yes.

One of our fundamental roles as an Accredited Register holder is the security of our register. There are various scenarios in which we would like to be able to access this information. Hypothetically for example, a registrant with a recently spent conviction for sexual offences, violence, or fraud would all be salient information pertinent to registration.

Our member survey shows there is support for this. 65.7% of respondents would wish to allow this to happen, with 18.6% answering "maybe" and only 7.6% of our members would not support this.

Question 9: Are there any aspects of these proposals that you feel could result in differential treatment of, or impact on, groups or individuals with characteristics protected by the Equality Act 2010?

Yes.

1. We are concerned that the development of a 'common set of standards', if handled incorrectly, will privilege certain models and training routes within counselling and psychotherapy. This could disproportionately impact registrants on the basis of race, sexual orientation, social class, income, partnership status, disability, and geographical location. Great care must be taken to ensure that common standards are achievable, proportionate, right touch and diversity-aware.

2. We are concerned that the proposal for a 'profession-specific register' will also privilege certain models and training routes with the same differential treatment of and impact upon individuals with protected characteristics in a way in which a profession-neutral register would not. We are concerned that such a proposal will have a negative impact across a range of diversity issues.

3. We are concerned that a 'per-registrant' levy commencing at £6 (but possibly rising in time) will be passed on to registrants in order for Accredited Registers to remain solvent, with disproportionate impact upon those with lower social capital, and with indirect differential impact on individuals with protected characteristics.

4. We are concerned that reducing the number of Accredited Registers over time will effectively prevent applications from smaller registers with specialities in representing individuals and groups with protected characteristics under the terms of the Act.

5. We are concerned that, as our evidence shows, the Laffer Curve effect potentially brought into play by the Authority's current proposals will lead to an 18.5% drop in the provision of counselling services, increasing NHS waiting times by this amount, and disproportionately affecting a wide range of individuals and groups with characteristics protected under the Act.

Member Responses:
Our members share these concerns (Source: NCS PSA Consultation Survey 2021). A fuller selection of their concerns can be found in **Appendix F:**

Anything that leads to more academic rather than skills based practice. And anything that incurs greater cost to the practitioner.

Any hierarchical body that allows the possibility of a leadership battle for control would be BAD for the AR Programme. It is imperative that the top table is unquestionably neutral and fully compliant to diversity legislation.

I just think these proposals will limit diversity of practice and more red tape will make people leave professions that are more needed than ever

Many minority groups are under represented in counselling due to the cost of some courses. They are excellent counsellors but licensing by umbrella organisations by the largest bodies will unfairly impact on these Groups due to cost

I fully agree with this statement from the NCS: "There are also concerns about a profession-specific body becoming unreasonably skewed towards more academic approaches, and creating negative equality and diversity impacts. More academic courses may not be spread out across all UK regions; may not be affordable or accessible, and may create impacts and inequalities in employment."

Yes, particularly if the whole system becomes focused on evidence based solutions. Just because a method fails to fit neatly and appears to be quantifiable does not mean it is the best fit for clients. If the system travels that particular 'scientific' route it would make the cost of training prohibitive to many. Resulting in an unevenly balanced workforce.

If the focus was too much on academic or medical model - it could exclude counsellors who offer a more life experience based approach.

I think there needs to be careful considerations around diversity equality so that registration and licensing is available and accessible to all regardless of underpinning modalities.

I feel introducing a licensing element may discriminate against therapists from lower incomes or from those that have not gone down the traditional degree route in order to work as a therapist. It could have a detrimental effect on BAME and disabled therapists if the licence is too costly or hard to attain due to access and studying requirements.

It is already considered by many to be for the white middle class woman, which also reinforces why there is so little paid work. Do we not want to be a more diverse and embracing profession to encourage all people from all cultural and gender groups to access the opportunity to understand themselves and make those changes that can impact their lives positively.

Increased cost, moved goalposts and levels of qualifications could impact those of us with low income.

The counselling and therapy professions will go back to being the domain of white, cis, straight, educated and economically privileged.

I do feel there could impacts on groups or individuals with characteristics protected by the Equality Act 20I0. I and many other known colleagues are dyslexic or not as academically equipped as other colleagues may be. Yet, all the academic hoops and tick boxes that we find ourselves still having to jump through and tick to continually prove ourselves can feel soul destroying.

Question 10. Your name and/or the name of your organisation.

National Counselling Society

Question 11: How would you describe your organisation (or your own role if more relevant)?

Professional Association holding an Accredited Register in counselling and psychotherapy.

Appendices

Appendix A: Unsafe Assumptions 2017 (Excerpt)

Methodology

We conducted a survey which specifically requested that no psychological therapist should participate in the survey to eliminate professional bias. This survey occurred via our main Facebook page during a 24 hour period in September 2016.

The survey asked three questions relating to: looking for a mental health practitioner, being offered a mental health practitioner, and past experience of choosing a mental health practitioner. Respondents were asked to rate on a scale from 1 (Very likely) to 5 (Very Unlikely) and 1 (Very important) to 5 (Not important at all).

We chose a number of commonly held decision factors that could be used in an individual choosing to see a practitioner for a mental health issue. We tried to limit the number of potential decision factors to create a fair and balanced picture and so, for example, did not include issues of pricing.

Survey Results

213 people responded to the survey, which was shared on Facebook. Members of the public were asked to complete the survey and *counsellors, psychotherapists and any other psychological therapists were specifically asked not to complete it.*

Question One: "If you were looking for a professional to provide counselling and psychotherapy for a mental health problem, which of the following would you be likely to look for? Please rate each of the below"

	Very likely	**Quite likely**
Positive initial contact with them	**172** **84%**	**29** **14%**
Their experience/expertise with the issue/problem you are seeking a therapist for	**138** **67%**	**54** **26%**
Recommendations from others	**112** **55%**	**61** **30%**
Their qualifications	**103** **51%**	**73** **36%**
Whether they have membership with a professional association	**98** **48%**	**67** **33%**
Whether they are listed on a directory site (e.g. The Counselling Directory)	**57** **29%**	**76** **38%**
Their title e.g. counsellor, psychotherapist, life coach, humanistic therapist etc…	**57** **28%**	**61** **30%**
Whether they have a clear and accessible website	**40** **20%**	**73** **37%**

Table 1 - shows the 'Very Likely' choice for Q1 in descending order

The number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.

	Very unlikely	Quite unlikely
Whether they have a clear and accessible website	**8** **4%**	**33** **17%**
Whether they are listed on a directory site (e.g. The Counselling Directory)	**7** **4%**	**25** **13%**
Their title e.g. counsellor, psychotherapist, life coach, humanistic therapist etc…	**7** **3%**	**29** **14%**
Whether they have membership with a professional association	**4** **2%**	**16** **8%**
Recommendations from others	**4** **2%**	**13** **6%**
Their qualifications	**3** **1%**	**6** **3%**
Their experience/expertise with the issue/problem you are seeking a therapist for	**3** **1%**	**0** **0%**
Positive initial contact with them	**2** **1%**	**1** **0%**

Table 2 – Shows the 'Very Unlikely' choice for Q1 in descending order

Question Two: "If you were offered counselling and psychotherapy for a mental health problem, which of the following would be the most important for you to see from the professional? Please rate each of the below"

Table 3 – Shows the 'Very Important' choice for Q2 in descending order

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.

	Very important	**Quite important**
Positive initial contact with them	**179** **88%**	**24** **12%**
Their experience/expertise with the issue/problem you are seeking a therapist for	**150** **74%**	**47** **23%**
Their qualifications	**96** **47%**	**74** **36%**
Recommendations from others	**94** **47%**	**73** **36%**
Whether they have membership with a professional association	**87** **43%**	**75** **37%**
Whether they are listed on a directory site (e.g. The Counselling Directory)	**51** **26%**	**71** **36%**
Their title e.g. counsellor, psychotherapist, life coach, humanistic therapist etc…	**43** **22%**	**74** **38%**
Whether they have a clear and accessible website	**31** **16%**	**68** **35%**

Table 4 – shows the 'Not important' choice for Q2 in descending order

	Not important all	Not very important
Whether they have a clear and accessible website	**10** **5%**	**38** **20%**
Whether they are listed on a directory site (e.g. The Counselling Directory)	**8** **4%**	**31** **16%**
Their title e.g. counsellor, psychotherapist, life coach, humanistic therapist etc…	**7** **4%**	**30** **15%**
Whether they have membership with a professional association	**6** **3%**	**13** **6%**
Recommendations from others	**4** **2%**	**12** **6%**
Their qualifications	**4** **2%**	**10** **5%**
Their experience/expertise with the issue/problem you are seeking a therapist for	**0** **0%**	**1** **0%**
Positive initial contact with them	**0** **0%**	**0** **0%**

Question Three: "Please answer if relevant to you: from which of the below have you previously used to help choose a professional to provide counselling and psychotherapy for a mental health problem? (Please select the options that apply)"

Table 5 – shows the 'Number of responses' to Q3 in descending order

	Number of Response(s)
Positive initial contact with them	**133**
Their experience/expertise with the issue/problem you were seeking a therapist for	**110**
Recommendations from others	**79**
Their qualifications	**67**
Whether they had membership with a professional association	**54**
Their title e.g. counsellor, psychotherapist, life coach, humanistic therapist etc..	**49**
Whether they were listed on a directory site (e.g. The Counselling Directory)	**35**
Whether they had a clear and accessible website	**26**

Interpretation of Results

Of those looking for treatment for mental health issues, the title of the practitioner was only very likely to matter in 28% of respondents, and was seventh out of eight of the reasons listed in importance (Table 1). Title was 3rd highest out of the eight categories in terms of it being *unlikely* to affect client choice (Table 2).

Of those being offered treatment, again only 22% of respondents would be very likely to see title as important, and, again, 7th out of 8 categories (Table 3). It was the third highest choice in terms of being *not* important (Table 4).

Of those who had previously sought treatment for a mental health problem, only 49 out of 213 respondents, 6th out of 8, had considered title to be an important factor in their choice (Table 5).

Given the above, our interpretation is that there is **no case that statutory restriction of title would place non-compliant practitioners at a commercial disadvantage.** This is because, as our research shows, title is *just not that relevant* to the public when choosing a mental health practitioner and ranks behind numerous other considerations.

Titles, it seems, whilst highly relevant and a source of constant debate to talking therapists, are just not relevant to their clients.

I'm not sure. Effectiveness can be too subjective when dealing with unique individuals.

Each professional association like the BACP and NCS, should be allowed to continue with their accreditation process and collectively be a part of a Licence.

It depends how you measure 'effectiveness'. I've always found Homeopathy, for instance, highly effective, despite not believing it would work when I first consulted a Homeopath (I only did it to 'humour' a friend). And other approaches, with apparently 'evidence based' effectiveness only achieve this by filtering out people who can't engage with the approach. The dominance of CBT in IAPT is a good example of this. I'm regularly approached by people who have had IAPT interventions and found them either minimally helpful or not helpful at all, but have filled in CORE forms to show progress to avoid upsetting or offending their IAPT therapist.

This is difficult as harvesting evidence of effectiveness across so many different therapies will present numerous issues and problems. In the occupations that offer strict confidentiality it could be seen as a threat to the protection offered.

For a therapeutic counsellor providing evidence is a very difficult thing. What makes a client return week after week can be a totally subjective thing. The question of how you can prove effectiveness has never been answered for many modalities of counselling and psychotherapy, hence the NHS only approving a narrow group of counselling and psychotherapies that can "prove" their validity.

No, that is only possible with CBT and it will become a tick box exercise and not effective

I think the likely attempts to set the standards for and to gather "effectiveness" data are at best narrow and shallow, in human terms; and more likely to be used as a mechanism by which to further the current unhelpful political one-upmanship within counselling and psychotherapy, which needs no further encouragement or platform.

What would 'evidence of effectiveness' look like in a relationship-based therapy? Sometimes the very important things in life can't be measured and the danger is that we'll be reduced to operating with things that can be measured in order to provide 'evidence' rather than being free to work with what's important.

Tricky, depending on how the panel is made up - all to easy to dismiss modalities that are not understood or 'double-blind placebo trialled' yet may still be effective.

I'm not sure the authority could understand all theoretical standpoints, including those not fitting in the the medical models therefore my answer is no.

No, too subjective for counselling etc - this may be appropriate for some occupations but not for us.

Not sure. I dont want to be forcing my clients to complete evaluations in private practice. Also in the same way the some therapists falsify hours they could also be falsified

no, surely the client's well-being is the defector statement regards the efficacy of counselling

I can't see how this would be possible for counselling which is notoriously difficult to evidence as effective due to client confidentiality and the diversity of theoretical approaches. Effectiveness of counselling is subjective and whilst individual practitioners might use client feedback mechanisms or outcome measures, the disparity across the profession and lack of data would make this impossible to produce any meaningful evidence.

I think it should be made clear to the public that the PSA is not guaranteeing effectiveness of counselling or psychotherapy and that such effectiveness is subjective. I say this not because I believe the profession is ineffective but because I believe a drive to find ways to prove and demonstrate it's effectiveness would damage the valuable diversity which exists.

No, due to the element of interpretation at an individual level.

The overarching regulator presently works well because the detail and policing is delegated to specific organisations. This should remain the model.

How do you define the effectiveness of a caring relationship?this is always slanted by who is carrying out the research,unconscious bias is continually present

It is difficult to measure effectiveness. The only measure is feedback from a client which most therapists request during the counselling process at intervals. As the Authority covers a wide range of professions I would be curious as to how this could be measured.

No because efficacy is hard to measure when it comes to the impact on individual emotions & their subjective life experiences.

No, different approaches and therapy's work for different people and we need choice and variety to best support clients. The NHS works on this principle and hail CBT as the fix all most affective and cost affective therapy, completely missing that it's not appropriate for every client. Counselling, psychotherapy, hypnotherapy, EMDR etc are not comparable to each other.

I do not think the evidence of effectiveness should be taken into account. There are many worth while and diverse therapies, including many counselling approaches, that are not scientifically evidence based but are highly effective and well respected.

By working with existing professional bodies - to gather evidence and debate to find the best evidence for practice

No, accepting the range and choice for potential clients is important.

No. Impossible to achieve as this is largely subjective for some therapies i.e. hypnotherapy.

Tricky. I hear the issue re complimentary therapies etc, but also feels potentially dangerous to support anything which favours 'evidence based' counselling/psychotherapy

No. Some forms of effectiveness are immeasurable.

How do you define effectiveness?

NO. Evidence can only only come from clients and this would mean therapy having to include tick box questions. This would open up complications for how that was fedback to the authority which would hinder client confidentiality.

Impossible to measure counselling effectiveness in all cases.

No. This is very subjective. If they are recognised by any of the professional bodies this should be sufficient.

Too difficult to measure

How can they quantify effectiveness. Its impossible and subjective

It depends on how the research order to accumulate this evidence has been carried out. A lot of therapeutic interventions lack evidence, not because they are not effective but because they have not received the funding in order to carry out research. Research is costly and politicised.

I consider all forms of counselling and psychotherapy to be effective if the therapist is able to work as trained and form a therapeutic relationship with the client. Evidence and research is too often biased. Client choice is more important including for NHS work

So difficult to monitor the evidence of effectiveness, and also protect the public - therapy is tailored to the individual and their personality and needs, so I think it should not be focussed on evidence

How do you get evidence of effectiveness 'and' maintain confidentiality?

Yes where it is measurable and effective but also holding where it can not be measured (grief, trauma, abuse) and reduced to only lead outcomes

No, objective scientific evidence is very had to gather in this profession, it can often be skewed by subjective views of advocates of certain modalities, designing data models specifically to promote that modality or undermine another.

As long as evidence of effectiveness is not based on diagnosis and treatment and upholds the importance of subjectivity, relationship, and client-centeredness. Practice based evidence approaches can demonstrate evidence of effectiveness.

I cannot disagree with this. It is not about being quantitative in our work but qualitative, people change in all sorts of ways and what might be regarded as 'effectiveness' in one area might not meet the criteria in another.

*How do you measure 'effectiveness' - if it's qualitative and from people's testimonies that they found it helpful then yes maybe that's OK. But considering CBT compared to Person Centred Counselling where effectiveness is quantitative and there's a vast difference in volume of research into both then that seems unfair. There's a difference between occupations being effective and being detrimental to someone's health. I subscribe to the ideas of giving people choice of *safe* occupations and ensuring practitioners are practicing ethically. One of the ethical practices is surely ensuring their practice (e.g. homeopathy) is properly marketed and positioned so it's not misleading to clients.*

No its too subjective to measure standardly

No - I think it is near impossible to measure, at least in the way it is done today. I think it should be based on the ability of the practitioner to not do harm, which is part of the code of ethics of professional bodies anyway, and which maybe should be bolster during qualification courses.

The use of random assessment is working. I was recently randomly assessed and I have found the standards high and stringent and completely effective in maintaining standards.

This would depend upon what is considered as 'evidence.' Where assumptions suggest that only process driven therapeutic models matter, then this could be damaging to more relational/ phenomenological models.

I think this is very difficult to do without becoming trapped in the NICE / IAPT of evidence based practice, which is a flawed principle - therapy is difficult to objectively measure and if evidence of effectiveness was required, I struggle to understand how this could be achieved. Just because a client doesn't improve, doesn't mean that the therapy wasn't effective ... it could be because the client wasn't ready, or that their circumstances prevented them from improving in some way. You would also have to devise a measure that was appropriate to all forms of therapy and this also could be challenging and divisive

Overall, before opting for any of the four newer options, I would want to know more about what being barred meant, and protected titles. Eg could a person be barred from practising for a year, 5 years, or for life? If they try to make 'counsellor' and 'psychotherapist' separate protected titles, how will they figure out the definitions? This could take years!

I would not want eg the USA model of licensing which seems incredibly restrictive, and has an over-focus on amassing qualifications.

I think it is important to ***protect our diversity of practice and experience*** *as well as the safety of our clients.*

Regulation within Counselling will always be a challenging dilemma. Clients must be offered the option of non clinical regulated help so they become the individuals they would like to be. Constricted regulation will flatten the breadth and scope of counselling and sadly ***the voices of counsellors will be heard even less.***

We do NOT need any more mandatory ***costs*** *to operate as counsellors!!*

my preference is for the profession to be at the heart of regulating its practitioners and that the public are educated to find a professional therapist through a professional recognised body. The effects of which are twofold- the professional bodies at the forefront are seen to be independently self regulating and the public see the profession itself as strong on self regulation and learn how to access professional services.

I am against regulation. I feel it is much more likely to restrict rather than enhance the profession. Also, ***I do not believe that regulation will resolve the difficulty of un trained / unintitled people practising.*** *Rogue traders in all areas will use titles that they are not entitled to, and will claim to be members of professional bodies that they have no part in. In my experience, regulation does not stop the "bad guys" but can make life* ***more difficult and expensive*** *for the good ones.*

My view is that the current AR scheme works and works well. Unless there is compelling evidence to change something (which I haven't seen produced by anyone) why change something that is actually working, the allows for a degree of ***flexibility****, that is* ***affordable***

Putting more and more regulations does not necessarily improve therapeutic quality, since regulations will never be able to really ***value the true personal development of a counsellor or therapist.***

A lot of work has gone into the present system. It is not perfect, but neither are the other options. I think ***diversity of practise is a key issue****. Counsellors work in very different ways, as befits their personality and experience, and a range of ARs facilitates this. I believe that spending a lot of time, effort and money on other approaches is wasteful, because it will not make things a lot better. As the saying goes: "If it is not broke, don't fix it".*

*IMHO its a question of balancing public protection with **therapeutic flexibility and public choice.** I think option 2 is the only one that really offers this; assuming that the status quo will not remain.*

*counselling as a profession needs to be **free to develop and to be diverse.***

*What is best for the client? While regulation and training may be able to create safer practices, it may **stifle the freedom and creativity** that feeds effective counselling work.*

*Counselling is a social construct. **How we are regulated affects how we work**. If in doubt, less is more.*

***Anything that attracts extra cost will be very hard** for therapists - it is already a tough market to be in and in many cases unless there is an additional source of income, impossible to survive on a therapists income alone.*

*I am definitely not in favour of the licence option. I believe Counsellors have enough to pay for as it is with ongoing CPD, insurance and register memberships. We also have a lot of paperwork to keep on top of as it is and I feel that the licence option will increase this future potentially causing more **stress and burn out.***

The Accredited Register is geared to support the NHS Health & Social Care workforce plans where "patient care" is monitored by measurable outcomes. As a Counsellor/Psychotherapist I fail to understand how a "Licence" and its criteria will work in this professional community.

I totally agree with a Licensing approach .But the office granting the license would have to be of the highest dignity and ***representative of the wide diversity*** *that needs to exist in the field. Its just that the AR would carry more awareness and weight if society knew that a license had to be granted to be able to offer our services.*

I have concerns about who would decide the criteria for granting a license to practice - ***would it be a neutral body, or one with a vested interest in promoting its own position?.***

As long as done in a non discriminate way*, despite which theory you work to.*

Pros - proves you are a member and can be struck off register for bad practice. Cons - depends on cost - they can't be a barrier to entry.

I believe that accrediting bodies manage their members competency/suitability. ***Added complexity is not necessary.***

If the licensing element ***preseved and enhanced current diversity*** *of therapeutic approach while maintaining a* ***level playing field*** *of fitness to practice standards, it would potentially increase public understanding and confidence and would be welcome****. If however it were used, directly or indirectly, to make the profession more homogeneous****, favouring some modalities and practice models over others, it would have the effect of* ***diminishing not only public choice but also accessibility of the profession to excellent new entrants from a range of backgrounds and life experiences, and would be unwelcome, potentially damaging.***

I'm not against the idea of a licence, but I have zero trust in the SCoPEd drive to establish this in a non-discriminatory manner. Ideally, ***a licence must NOT interfere with private practice****, and there is NO discrimination between professions. Equally important is to* ***continue the current diversity of Accredited Registers*** *as this is the best thing for the profession. I fully support this statement from the NCS "We also think this diversity the best thing for public assurance. Many people become counsellors in the knowledge that counselling brings with it an autonomy, subjectivity, and creativity of practice in which the relationship with the client is centre stage."*

The place where I might struggle with the licensing element is if it replaced the professional bodies.

At the moment, if I'm an accredited member of a professional body (such as NCS), I am automatically included on the AR. This seems to me the right way round.

This would depend on the details.

I guess it would depend on what 'evidence' would be expected for a license to be given.

I think the licensing element ***should only be applied to NHS workers*** *and those working in care home environments. If the education levels are standardised for mental health practitioners such as Counsellors etc then it should mitigate the risk and allow the autonomy we require.*

My view is that a licence should be granted on the same grounds as someone would be accepted as a member of an Accredited Register.

Assuming that licensing does not also involve a significant increase in the minimum requirements I would have no objection in principle. I believe it would allow for the important ***diversity of practice*** *while at the same time prevent members from practicing if they are removed from the register for misconduct proven through a fair and balanced process of investigation.*

This would discourage poor practice. However, ***the licensing system should require careful attention, so to not discourage people from entering the profession.***

Importance of inclusion of a wide range of models,experiences and training rather than exclusion due to academic courses *which often negate the importance of life experience and experience of therapy,learning from supervision and other areas*

I am not clear ***who would set the criteria for a license****, and this would affect my answer.*

Yes, ***so long as it doesn't affect private practice***

I would think a licencing element would be very restrictive and act ***against the important diversity of the counselling profession***

I agree with the four provisions made by NCS. Upholding the diversity and creativity of practice is vital. Clients choose to work in a way that resonates with them alongside practitioners to support their health and well-being. Relationships are important, especially as the GP role has changed and no longer supports relationship over time with a patient.

Yes I think a requirement for therapists to have a license to practice is in principle a good one. However, I feel this should be linked to CPD participation and adherence to best practice as opposed to a requirement to upgrade through qualification levels following initial qualification as a therapist.

Concerned it represents an underhand step towards (state) regulation by the back door.

I feel this will create ***a discriminatory or elitist side of our profession.***

As long as the licence is ***not going to restrict creative ways of working***

I am concerned that already qualified counsellors would have to jump through too many hoops to become licensed. I am also concerned there could be a ***cost involved which could be detrimental to some counsellors.***

Accreditation or licence, not both they should be the same. Meeting existing accreditation is sufficient and works as a licence to practice safely already so why invent the wheel. It's like replacing a driving licence, redoing the driving test after being drivers for 20 + years! ***Is this about job creation, making another hoop for counsellors to jump through and pay for?***

Therapists are regulated by their membership of a professional body which oversees that they are suitable qualified. I am not sure what licensing would add to this and ***could be restrictive by applying rigid guidelines.*** *In my opinion, key to the effectiveness of any regulations is that clients know what to look for to ensure that a therapist is suitably qualified a practices within an ethical framework. Any form of regulation is useless if the public does not know it exists.*

If it comes with increased requirements and / or cost then no

*I do not think there should be a licensing scheme as this will cause **additional stress and financial costs** for therapists. It also wont protect the public from malpractice. A clear example of this is seen in the medical profession when doctors are struck off the register for malpractice. A licensing element cannot discern the heart of a therapist or test their level of empathy and compassion. What should be focused on is making the public more aware of the different professional membership bodies and how they can check their therapist is a member of one.*

*I think being licensed could create a sense of safety for clients, however, my concern would be for counsellors who have already been practising and the format the licensing procedure would take. You have mentioned the possible academic impact which I would agree with, **academic counsellors do not necessarily make the best counsellors and we know evidence based counselling is not the right model for all people***

Licensing will only work if all the accredited registers are licensed**, it is proportionate and right-touch, it is administered in a **profession neutral manner and common standards do not negatively impact the diversity and creativity of practice.

*If the licensing programme was focused on building public trust in the AR and **didn't alter the ability for NCS to determine the required competencies and educational/training requirements** of their members.*

my private practise works well as it is, I am accredited and I have the NCS framework to work in. I dont need added complication and cost.

*The licensing element will only work if it **does not dehumanise practice and make the goals too clinical i.e HPC lead***

*This largely depends on the proposed licensing requirements and whether they **take into account the full range of modalities, styles and qualifications.***

I think will give recognition to therapists and reassure clients that counsellors are working at a recognised level.

*A register which represents/ is informed by the **existing diversity of practice***

If it is proportionate and right-touch

My experience over the years as a supervisor is that the more qualifications are an essential the further away the student gets from their ability to walk alongside their client, or assist them other than through formulaic procedures. Their ability to listen is reduced. I fear this is we have to be licenced and also that it will be modalities such as CBT or solution focused therapy - all done to try and fix people in 6 sessions or less.

Will lead to manualised practices

*licensing would need to account for all the **different in practices and approaches** that exist currently.*

*I propose that the current system of a **diversity of registers remains the same**, if this profession is to continue to be successful.*

Licensing 'could' be useful, provided it does not: ***(1) reduce diversity of modalities, (2) discourage the development of new therapeutic modalities***

Providing that licensing does not mean to value a medical approach over relational and client centred approach. Also as long as it does not force counsellors into academic qualifications as opposed to valuing the experience and life skills that counsellors bring into their work and client value so much.

My main anxiety would be the possibility that this then became a Trojan Horse via which additional, less welcome, obligations might be imposed on the profession: it would thus be important that all organisations maintaining Accredited Registers had a voice whereby they could influence any such changes in the future.

needs to be proportionate and not interfere with private practice

*carefully done to incorporate existing entry points; **not to exclude people** from practice*

More in depth information is required to see how this would look.

*There are so many **diverse** therapies involved that the guidelines for some could be so far apart that a common approach could not work succesfully.*

*This would be difficult, as Scoped is showing people are always left out. **Common standards tend to favour a single way of working, counsellors don't practice that way.** A level should be set for access, however it needs to reflect the wonderful diverse nature of the profession.*

*Common standards across the profession would have a greater chance of reducing public confusion when looking for a therapist. **However, I have concerns about how these standards would be decided, and by who.** Would there be a single set of counselling practice standards, or a different set for each therapeutic modality? Setting common standards would cause huge frictions, and potentially pit academic, relational and evidence-based perspectives against each other. There would also be the potential for **greater exclusion and inequality** in terms of those entering and practising in the profession.*

I think in principle it would be a good idea but is problematic in operationalising such standards because therapies cannot often be separated out in terms of individual criteria against certain standards.

Counselling and psychotherapy is a broad church. I see commonality being about membership to professional bodies, adhering to ethical standards, being insured etc. rather than the route into the profession ie. training or the modality of the approach.

It would be a particularly unfortunate error in this profession to mistake the things that are most readily measured with those which are good, let alone better in some way than those which may take longer and be less amenable to diagnostics but which offer the opportunity of relational depth with oneself and another and profound healing as a result.

A level 4 Diploma or above as is now the case to jooin our membership bodies should suffice

*I struggle with the notion of 'common standards' because there are so many very diverse routes into counselling and psychotherapy (let alone into the other professions that have AR programmes). **I can't imagine what 'common standards' would look like or who would agree them.***

The danger might be for larger institutions e.g. Universities to push for a minimum standard e.g. Post Graduate qualification, not only to protect their revenue stream but to increase market share by crowding out other awarding bodies.

Counselling and Psychotherapy are scrutinised by an element of “evidence of effectiveness” but how is defined? In my view both practices are very effective

I agree in principle but it’s not clear enough how this will work in practice

The term 'Common Standards' can be interpreted in many ways. As the present regs work with AR and Nat Counselling it works well. Wider 'definitions' are likely to confuse not clarify. Remember a Camel is a actually a Horse designed by a committee.

How are these standards agreed on?some bodies seem to have more lobbying and influence than others,particularly the medical model, ***are all views/perspectives given equal day and power***

It all depends upon what the common standards are. Most therapists come from a diverse backgrounds with varied training requirements. The standards of entry should be designed to protect the public but also to ***allow diversity of modalities.***

But this needs to be assessed fairly and ***not force already qualified and practicing counsellors into having to take on degree level training to practice as they always have****.*

There needs to be provision for a ***variety of approaches*** *to counselling and psychotherapy, some of which are more easily evidence based than others.*

Very much depends what they would look like. If anything like SCoPEd then DEFINITELY not.

I'm concerned that the big organisations will use this to make every work to a set of common principles

It depends on how the standards are set.

But ***respecting every tendency*** *or philosophy of psychotherapy/counselling*

I think training of counsellors needs to be streamlined, there is a lot of pomposity in our profession, driven by the elite thinking that one course/training body is superior to others. If all training has to meet the same basic criteria then this might hopefully remove some of this unbearable smugness and elitism that pervades our profession.

Again, similarly to the previous question, so long as the common standards were not targeted toward members' educational qualifications and/or training requirements and ***did not limit the approach chosen or advertised by the practitioner****. Furthermore, common standards should* ***not restrict access to the counselling profession solely on the basis of academic achievement*** *or evidence-based research. It is vital the AR programme accepts that medical models are appropriate for physical illness but not necessarily an effective determinant for emotional health. For example, one of the fundamental aspects of person-centred counselling is its ability to provide relational healing and not force any expert opinion or require change in the client (the client would be in a position to make their own choices). This process cannot be outcome-determined at the conclusion of the work with a client and it would be unethical to require a client to make changes (i.e. evidence-based effectiveness cannot be easily determined in a time-sensitive way).*

As long as common standards suit all modalities and learning paths and no bias is included for pre accredited course providers

Concerns would be on how these common standards are determined, for example, ***experience over qualifications*** *may be important for counselling*

My worries are that the common standards are so high that it might impact on me. I have not completed a degree, cannot afford to and have no wish too.

Standards which pyramid down to include the diversity of existing practice, i.e standard that achive parity with the different ways of working with the public.

This is dependent on whether the common standards is a 'one shoe fits all' type model or if the common standards requirement will be broken down into different common standards to identify differences i.e. Accredited; Professional; Senior etc. If it is then latter, then i would say Yes.

I've been so scared by SCOPED that I'm reticent to say yes. Whilst in theory it is a good idea ***there is so much that could go wrong with the implementation of it****, especially if those standards are biased towards the medical model and prioritise certain approaches.*

Common standards can be good but ***not if it is as the cost of flexibility.***

Evidence of personal development, attendance of supervision and compliance with an ethical code should be sufficient.

Common standards for entry would restrict the therapeutic counselling & psychotherapy approaches/interventions that are so significant and valuable for clients needs and for private practitioners. The diversity of the CPCAB and other Awarding Bodies value the significance of the diverse training/qualification in all therapeutic approaches.

Entry to the Accredited register should be governed by the professional bodies such as the NCS

Right touch is essential to get this right. Rigid or skewed standards could serve to shaping an ***exclusive rather than inclusive group, with dominant modalities rather than dialogue-ing modalities***

As Person centred counsellor ***I am very wary of 'common standards' being decided by other therapeutic approaches*** *that disregard the uniqueness of the person centred approach - for example non-diagnostic, not treatment and goals orientated. I would be in favour of common standards being a minimum level of assessed skills to guarantee competence, but that should not be set at an exclusionary level such as a Masters degree.*

I believe that there need to be a way of protecting the public when accessing psychological support. ***Within counselling there is a lot of variety and skills that I feel should be maintained and protected and valued.***

Common minimum standards, perhaps. But I do fear that, as we are seeing with the SCOPED consultation, a risk that a profession which is dominated by one large professional body and a number of smaller ones, might find itself being carried in a particular direction against the wishes of a large proportion of the membership.

As long as it doesn't exclude those with 'lower' academic qualifications (which are not necessarily a measure of real competence in the field)

Any common standards must be realistic and encompassing. There remains ***a real risk that the loudest voice will be the only one heard***

the SCOPED 'commonality of standards' has offered an indication that unless wholehearted community efforts and principals that stand for all are encouraged, that the larger and more established registers will dominate and exclude those that do not work to their idea of 'standards'. This is not how I would choose to see the future of our profession shaped

It seems to early to tell but this would certainly have to be done with taking into consideration existing routes and not at all as ScoEd has emerged

Anything that leads to more academic rather than skills based practice. And anything that incurs greater cost to the practitioner.

Any hierarchical body that allows the possibility of a leadership battle for control would be BAD for the AR Programme. It is imperative that the top table is unquestionably neutral and fully compliant to diversity legislation.

I just think these proposals will limit diversity of practice and more red tape will make people leave professions that are more needed than ever

Many minority groups are under represented in counselling due to the cost of some courses. They are excellent counsellors but licensing by umbrella organisations by the largest bodies will unfairly impact on these Groups due to cost

Any move towards a more medical model driven will have a detrimental effect on relational counselling with its more humanistic focus on people's individual differences. I feel that the wealth of evidence as to the primary importance of the therapeutic relationship is ignored by these proposals, which to my mind is as sinister as denying the link between smoking and lung cancer. These proposals seem designed to concentrate influence and the ability to be paid for their work in the hands of the few whilst a) removing access to those from lower incomes, etc., and b) moving focus away from the primacy of the therapeutic relationship as a factor for change. Both of these should be resisted. I fully agree with this statement from the NCS: "There are also concerns about a profession-specific body becoming unreasonably skewed towards more academic approaches, and creating negative equality and diversity impacts. More academic courses may not be spread out across all UK regions; may not be affordable or accessible, and may create impacts and inequalities in employment."

Yes, particularly if the whole system becomes focused on evidence based solutions. Just because a method fails to fit neatly and appears to be quantifiable does not mean it is the best fit for clients. If the system travels that particular 'scientific' route it would make the cost of training prohibitive to many. Resulting in an unevenly balanced workforce.

More restrictive proposals and licencing are likely to impact on the availability of training, preventing diversity and minority groups entering the profession. In turn so reducing the provision of counselling and support to individuals who need that personally relevant diversity.

If the focus was too much on academic or medical model - it could exclude counsellors who offer a more life experience based approach.

Yes, several - raises lots of questions for me: What would standard setting look like? Favour more academic trainings? Medical model? White centric philosophies? 'evidence based' fixing focused modalities? More restrictive course accred requirements e.g. raise hours of personal therapy/supervision required? Promote more volunteerism/unpaid exploitation by increasing placement/post-qual 'working towards

accreditation' hours? Licencing employed counsellors but not those in private practice would probably further push creative practitioners and/or us of diverse backgrounds towards no choice but private practice, further reducing diversity, creativity and client choice of practice in frontline services.

I think there needs to be careful considerations around diversity equality so that registration and licensing is available and accessible to all regardless of underpinning modalities.

I feel introducing a licensing element may discriminate against therapists from lower incomes or from those that have not gone down the traditional degree route in order to work as a therapist. It could have a detrimental effect on BAME and disabled therapists if the licence is too costly or hard to attain due to access and studying requirements.

It is already considered by many to be for the white middle class woman, which also reinforces why there is so little paid work. Do we not want to be a more diverse and embracing profession to encourage all people from all cultural and gender groups to access the opportunity to understand themselves and make those changes that can impact their lives positively.

These proposals could discriminate against part time private practioners, costs could make it not worth practising.

Standardisation should retain a 'right touch' approach to safeguard inclusivity.

It discriminates against a view of being a person held by many person-centred scholars and practitioners and will ensure the loss of valuable and experienced practitioners.

Increased cost, moved goalposts and levels of qualifications could impact those of us with low income.

if there is a qualification / assessment level which is set too high this will exclude people from socio-economic disadvantage and minority groups. The counselling and therapy professions will go back to being the domain of white, cis, straight, educated and economically priveledged.

My concern is for Counsellors like myself who choose to train in humanistic approach on a level4 diploma will not be valued because of not having an academic achievement. Also if they believe that humanistic approaches are not as effective as CBT or IAPT. Another concern is that licensing is going to promote medical models over humanistic and the public has less variety and options to choose.

I do feel there could impacts on groups or individuals with characteristics protected by the Equality Act 20I0. I and many other known colleagues are dyslexic or not as academically equipped as other colleagues may be. Yet, all the academic hoops and tick boxes that we find ourselves still having to jump through and tick to continually prove ourselves can feel soul destroying. Jumping through more hoops and ticking more boxes does not necessarily make us better counsellors or indeed really prove or evidence that we are.

Options for Regulation

Option 1: Keep the AR programme as it is, as a voluntary programme

Impact: *You can choose whether or not to join any organisation. Unsafe practitioners can't be stopped from practising unless they commit a criminal offence.*

Pros

- Popular scheme with counsellors
- Protects diversity of practice and experience
- Keeps the profession at the heart of regulation
- Risk assessment of counselling is low risk with low numbers of non-compliance
- Profession has already invested vast resources in the scheme (as well as public money)
- Anybody removed from an Accredited Register is published on the respective Accredited Register's website and cannot join another related Accredited Register under standard 10e

Cons

- The profession can't prevent a struck-off counsellor from practising
- The responsibility is on the public/client to source ethical counsellors
- Accredited Registers can have widely different ethos
- Not enough standardisation of practice
- What happens when two complaints procedures produce different outcomes?
- Maintaining a voluntary scheme vulnerable to the wrong sort of regulation in the future.

Option 2: Keep the AR programme, but make it compulsory for counsellors to be on an AR.

Impact: *You will have to be on an Accredited Register to practice. Unsafe practitioners can be stopped from practising by being removed from the AR programme (complaints are likely to have an independent process to ensure registrants can't be removed unfairly).*

Pros

- Gives counsellors a choice of Register, even when compulsory
- Keeps the profession at the heart of regulation and allows good standards to flourish
- Protects the title "counsellor", "psychotherapist" etc
- Prevents struck-off counsellors from practising
- Ends the need for a debate on statutory regulation

Cons

- Need for standardisation of different registers' complaints processes
- Not enough standardisation of practice
- Need to ensure that Accredited Registers' decisions are open to independent review and appeal
- Primary legislation required (albeit minimal)

Option 3: Keep the AR programme voluntary but with a "negative register" e.g. the DBS scheme

Impact: *You can choose whether or not to join any organisation. Unsafe practitioners can be banned from practice by being barred or added to a "negative register." This process would be independent of the profession.*

Pros

- All the pros of the AR programme as already described
- Prevents unsafe counsellors from practising
- Has been discussed by the Authority

Cons

- Decisions removed from the profession
- Too complicated - why run two processes.
- DBS scheme not set up for private practice
- DBS scheme would need primary legislation to adapt

Option 4: Keep the AR programme voluntary but create a new over-arching licensing body

Impact: *You can choose whether or not to join any organisation, but need to obtain a separate license to practice. This would be easy to obtain but would incur additional costs. Unsafe practitioners can have their license revoked and thus can be prevented from being able to practice. This process would be independent of the profession.*

Pros

- Potentially low cost and easy to obtain
- All the benefits of the AR programme as already described
- Licensing could be extended across all health and social care professions
- ARs can refer complaints outcomes to licensing body
- Licensing body can act on its own, e.g. after criminal complaint

Cons

- New licensing body would require time and money to create
- Is there political will and funding for a new creation
- An extra layer of red tape for counsellors
- How to juggle AR complaints with licensing body complaints
- Is there political will or funding for a new licensing body.

Option 5: HCPC regulation

Impact: *You will have to register with the HCPC and ensure that your qualifications and continued practice meet the standards they set. This would incur a fee to the HCPC. Unsafe practitioners can be prevented from being able to practice by removal from the HCPC register. The AR programme would end with standards and complaints done by the HCPC rather than professional associations.*

Pros

- Protects the title "counsellor", "psychotherapist" etc
- Brings counselling into the same fold as other healthcare professions
- Prevents unsafe counsellors from practising
- More respect for counselling from the medical profession?

Cons

- Easy to circumvent - practice titles can be changed/modified to take them outside of the profession
- Potential threat to diversity of practice?
- Removes the profession from the heart of regulation. Members could 'lose their voice'
- Opponents of any statutory regulation would renew legal action/non-compliance

Dear Member,

The Professional Standards Authority is running an important strategic review to set the future direction of the Accredited Registers programme.

Information about the consultation can be found here.

You can read the full consultation document here.

There are a series of 9 questions which the Authority asks and **we direct members' attention to question 7** regarding the future direction of the programme. This is important and may impact your future practice. We are covering question 7 in a separate section below. It is this question which we primarily wish to address in this consultation with you as your views will underpin our response to the Authority.

Essentially, question 7 explores the key point of whether we would move to a compulsory licensing system for counselling and psychotherapy which would underpin the AR programme.

The deadline for your response is 5th February 2021

We apologise in advance for the short notice but the consultation itself has a final submission date of 18th February 2021 and so we need time to prepare.

The link to take the survey is at the end of this email. Please do make sure you read through all of the information presented before responding.

The programme has been running since 2012 and it's not unusual for Government organisations to run periodic reviews to look for areas of improvement, as well as to report back to the relevant Government department as to the successes and failures of the programme.

Members are reminded that the AR programme is not just for counselling and psychotherapy – there are a huge range of professions under the AR umbrella and so the Authority will be taking a wider view of all the professions together.

Let's first share the questions the Authority is asking and give a little context. We also welcome members' comments on all questions and there will be space for that in this survey. Of course, you are welcome to submit your own individual responses directly to the Authority as well.

Here are the questions, together with some context and a guide to the Society's thinking.

Question 1: Do you agree that a system of voluntary registration of health and social care practitioners can be effective in protecting the public?

The Authority is keen to ascertain whether the AR programme does help in protecting the public, or as they often describe it, provides "public assurance". We believe that it does help protect the public. Since becoming an AR, we have improved in all areas such as governance, complaints, and training standards. We also believe it

provides good balance between public protection and protecting the diversity of counselling and psychotherapy ("right-touch regulation"). The public can't be protected if heavy handed regulation meant, for example, counsellors changed their title to avoid having to practice in a way that was against their principles.

Question 2: How do you think the Authority should determine which occupations should be included within the scope of the programme? Is there anything further you would like us to consider in relation to assessing applications for new registers?

We don't have a strong view on this question, other than we would like to see the widest possible diversity and inclusion in this programme – the more occupations, the stronger and more recognised the programme will be. In terms of assessing new applications, our view would be that the Authority needs to be satisfied that any new counselling registers coming on board would not have lower standards than those already in the programme.

Question 3: Do you think that moving from an annual to a longer cycle of renewal of accreditation, proportionate to risk, will enable the Authority to take a targeted, proportionate and agile approach to assessment? Do you think our proposals for new registers in terms of minimum requirements are reasonable?

The thinking behind this question is that, having run the programme for some time, the Authority wishes to streamline the process of re-accreditation without increasing any risk. For example, when we were first accredited, the Authority knew nothing of our registration process and so we would go through an exhaustive and highly detailed site visit and examination of all our documents on a yearly basis. This was then replaced with a paper based annual assessment with site visits as needed. We agree that being re-accredited less often frees up the Authority's time to be more "targeted".

For example, say the Authority received several concerns from people who had complained about our registrants and felt their complaints were being dismissed, the Authority could take a view that something was amiss in our complaints process and target that for an immediate investigation. We agree with this approach.

Question 4: Do you think accreditation has been interpreted as implying endorsement of the occupations it registers? Is this problematic? If so, how might this be mitigated for the future?

Question 5: Do you think the Authority should take account of evidence of effectiveness of occupations in its accreditation decisions, and if so, what is the best way to achieve this?

The wider context to these questions is that the Authority accredits many registers in complementary therapies, for example, homeopathy. Members may not be aware that there has been widespread opposition to this from organisations who oppose complementary therapies. This has even included legal action. Those organisations

take the view that, for example, having an AR in homeopathy gives a message to the public that homeopathy is safe and effective. An opposing view may be that, whether or not various complementary therapies have scientific backing, not having the AR programme creates a free-for-all where there are no standards or complaints processes – so it's better to have the AR programme even for therapies not proven to work.

How does this affect counselling and psychotherapy? Our main concern would be how "evidence of effectiveness" is defined. Elements of practice which are not seen as healthcare – not based on diagnosis and treatment, which rely on subjectivity, relationship, and client-centeredness, and not framed as mental health – may not be amenable to "evidence of effectiveness" as currently defined in the healthcare context but are effective nonetheless. We're confident that the Authority will listen to these concerns and is already informed about them.

Question 6: Do you think that changing the funding model to a 'per-registrant' fee is reasonable? Are there any other models you would like us to consider?

We don't have an issue with this as it could encourage smaller registers to join in the future. However, our final answer to this depends upon the future direction of travel which the Authority wishes to set out for the programme as defined in question 7.

Question 8: Do you agree that to protect the public, the Accredited Registers should be allowed to access information about relevant spent convictions?

Our view, having dealt with complaints issues for many years, is that it would be useful to have access to this kind of information. Relevant spent convictions could include offences of violence or sex offences which could be pertinent in forming a view on registration or complaints processes. We welcome our members' views on this.

Question 9: Are there any aspects of these proposals that you feel could result in differential treatment of, or impact on, groups or individuals with characteristics protected by the Equality Act 2010?

Our main concern here would be the impact of any changes in registration, for example, through licensing. We may have to reserve judgement on this until we fully understand how a licensing scheme might work. Our concern is that any move away from right-touch regulation will have equality and diversity impacts, for example through an increase in costs to the practitioner, or through changes to minimum qualification standards. We are also concerned that if standards became more academic, this could increase exclusion for those wishing to become counsellors who could not afford or were not equipped for more academic study.

The Authority's Plans for the Future

Question 7: Do you think that our proposals for the future vision would achieve greater use and recognition of the programme by patients, the public, and employers? Are there any further changes you would like us to consider?

As part of its plans for the future, the Authority proposes the following possibilities which they feel could develop the Accredited Registers programme:

1. Have Accredited Registers in the same occupation develop a common set of registration entry standards.
2. Create a licensing body of some kind, which would see for certain professions the requirement to hold a license to practice. Which professions would be suitable for a licensing would be based upon the Authority's risk assessment.
3. Create an "umbrella body", presumably to administer this licensing arrangement
4. Reduce the number of Accredited Registers, presumably the umbrella body becomes the Accredited Register
5. Eventually, possibly end up with just one licensing body for all the various professions that sit within the current AR programme.

Here are the relevant points from the Authority's consultation document from which we have extrapolated the five possibilities listed above.

3.8 From 2022, we propose to work closely with stakeholders to identify common standards and frameworks for individual occupations. Where there are already common frameworks for education and training in development, such as for the psychotherapies and foot health, we will support this and look to encourage replication across other occupations. This will also lay the foundations for registers of occupations to potentially form 'umbrella' bodies which would allow for a simpler system for patients and the employers and greater consistency of standards for entry, complaints handling and disciplinary outcomes.

3.9 This means that in the future, there could be fewer organisations accredited by us – but that those organisations would be working closely with the professional bodies within the sector, whose members we anticipate would largely be eligible for registration with the umbrella body. Examples of organisations already working in this way include the Academy for Healthcare Science and the Complementary and Natural Healthcare Council.

3.10 In the long-term this could pave the way for a single register in the future, as envisaged in Regulation Rethought if Government considered that desirable. Although originally envisaged as a single register for all health and social care roles, this body could provide oversight for the intermediate occupations only, or for all non-statutory registers. It could be introduced with, or without, a system of licensing. Licensing would involve the body being able to grant permits for practice. However, in keeping with our Right-touch approach, if we found that the introduction of other measures such as common frameworks for occupations was enough to address the potential risks to the public, then we would not introduce further regulation. A key part of the future vision is the ability to be responsive to changing environments. In parallel with these changes to Accredited Registers, if supported by Government and other stakeholders, we would develop our own mechanisms for assessing the risk of occupations

You can read the full text here.

Is this related to SCoPEd?

The Authority's consultation is not about SCoPEd and it's worth reiterating that the AR programme involves a wide variety of professions. SCoPEd is a competency framework and, while this could in the future be related to membership grades of the professional organisations which adopt it, licensing would need to be underpinned by a qualifications framework rather than a competency framework.

Explanation

Criticisms of the current AR programme are that there is a risk of public confusion and/or workplace confusion due to the variety of standards which exist in counselling and psychotherapy, and that as a voluntary programme you can continue to practice if removed from an Accredited Register.

The Authority proposing a common set of standards and also moving towards licensing would be intended to solve these issues by strengthening the public assurance which the programme purports to offer.

NCS' initial thoughts

We want to hear from our members on these issues in the questionnaire below.

Our initial thoughts are that we do not object to licensing in principle, provided that:

- It is proportionate and right-touch
- It does not interfere with private practice
- Common standards do not negatively impact the diversity and creativity of practice
- It is administered in a profession-neutral manner.

We are concerned about the establishment of a "profession specific umbrella body". We see this as potentially a problematical step because the success of the AR programme to date is largely based upon the fact that our "regulator", the PSA, is completely neutral in our profession. We are concerned that a profession-specific licensing body would lose this neutrality and would be likely to impose conditions on practice that most counsellors would not want.

We are also concerned at the potential for there to be fewer Accredited Registers – essentially they would "bow out" once the umbrella body was formed. We consider the diversity of AR holders to be precisely the most important and vital component of the AR programme and the reason for its success. We wish to preserve the current system of a diversity of registers as we feel this is the best thing for the profession.

We also think this diversity the best thing for public assurance. Many people become counsellors in the knowledge that counselling brings with it an autonomy, subjectivity, and creativity of practice in which the relationship with the client is centre stage. Many of us would wish to protect this at all costs, including potentially not complying with bad regulation (for example, by changing title). As our previous 2018 survey showed, many of our members would redefine their private practice to protect their freedom – for example, by changing title. Regulation cannot provide public assurance without compliance by those it seeks to regulate. We seek your views on this.

How might a profession specific umbrella body impose undesirable conditions?

Why do we think protecting diversity of practice is so important?

One example could be where the umbrella body became dominated by organisations who are enthusiastic about a competency-based way of defining counselling and psychotherapy practice. They might use their influence in an umbrella body to favour a process-driven, medical model, approach at the experience of more relational ways of working such as the person-centred experiential approach. They might be encouraged in this by the current dominance of CBT in IAPT and the primacy of evidence-based practice in commissioning decisions.

There are also concerns about a profession-specific body becoming unreasonably skewed towards more academic approaches, and creating negative equality and diversity impacts. More academic courses may not be spread out across all UK regions; may not be affordable or accessible, and may create impacts and inequalities in employment. A profession-neutral umbrella body is unlikely to have these impacts.

We very much acknowledge the importance of encouraging the recognition of counselling and psychotherapy in workplace settings including the NHS. However, a licensing system which exclusively prioritised this might drive out other important perspectives, very much including the choice and range of interventions that private practitioners and their clients need and value.

So we will be calling on the Authority, in considering licensing, to make it profession non-specific and also to preserve the diversity of Accredited Registers.

We specifically want the diversity of ARs to continue and indeed to expand. We want the central role of Accredited Register holding organisations to continue – it's the best part of the programme.

Have Your Say! Click here for our Survey

Thank you as always for your time and your support.

If you have any comments or questions about this consultation, please email hello@nationalcounsellingsociety.org.

Best wishes,

The Team at the NCS

Survey Questions

1. In principle, do you think there should be a licensing element to the Accredited Registers programme (where you cannot practice without a license)?

   Yes / No / Maybe

2. If you'd like to say more about your thoughts on whether or not there should be a licensing element to the Accredited Registers programme, please do so here.

3. Do you agree with the idea of common standards for entry to the Accredited Register programme in counselling & psychotherapy?

   Yes / No / Maybe

4. If you'd like to say more about your thoughts on the idea of common standards for entry to the Accredited Register programme in counselling & psychotherapy, please do so here.

5. If licensing was introduced, should the licensing body:
   - Be profession neutral (have a wide variety of professions, not just counselling)
   - Be profession specific (just be for counselling & psychotherapy)
   - Other

6. If licensing were introduced, should:
   - The licensing body “sit behind” the current Accredited Registers which would continue as they are
   - The current Accredited Registers return to being professional associations, with the licensing body becoming the Accredited Register
   - Other

7. If licensing were introduced, should it be:
   - For all practice
   - Just for workplace practice (leaving private practice alone)
   - Other

8. If common standards were introduced, and you disagreed with them (for example, if you didn’t feel your practice fit) would you:
   - Comply with the common standards even if you had to change how you practice
   - Comply with them where you had to (e.g. for work) but not comply with otherwise (e.g. in private practice – for example, by practising under a different title, or “tick-boxing”)
   - Not comply with them on principle
   - Other

9. If licensing was introduced, and you disagreed with how it was being done (e.g. if it didn’t understand your own practice or you felt you didn’t fit) would you:
   - Comply with licensing even if you had to change how you practice

- Change your title or self description in your private practice so that you did not require a license for private practice
- Not comply at all
- Leave practice
- Other

10. If you have more thoughts about the introduction of licensing that haven't been covered above, please let us know here.

11. Do you think the AR programme is effective as it is now?

    Yes / No / Maybe / Other

12. Do you think the Authority should take account of evidence of effectiveness of occupations in its accreditation decisions, and if so, what is the best way to achieve this?

13. Do you agree that to protect the public, the Accredited Registers should be allowed to access information about relevant spent convictions?

    Yes / No / Maybe / Other

14. Are there any aspects of these proposals that you feel could result in differential treatment of, or impact on, groups or individuals with characteristics protected by the Equality Act 2010?