

Psychotherapists and Counsellors Professional Liaison Group (PLG)
28 and 29 January 2009

Structure of the Register and protected titles

Executive summary and recommendations

Introduction

This paper invites the PLG to discuss the structure of the Register and protected titles for psychotherapists and counsellors.

Decision

The PLG is invited to discuss the attached paper and make recommendations about the structure of the Register and protected titles.

The PLG is additionally reminded to bear in mind the potential equality and diversity implications of any recommendations it may make. This includes considering the extent to which any recommendations would have an adverse impact on some groups compared to others.

Background information

The PLG is invited to take into account the summary of responses to the questions asked in the call for ideas, considered at the last meeting, in its discussions. In particular, the more general responses around diversity, and responses around education and training.

<http://www.hpc->

[uk.org/assets/documents/100025ACpsychotherapists_and_counsellors_professional_liaison_group_20081204_enclosure01.pdf](http://www.hpc-uk.org/assets/documents/100025ACpsychotherapists_and_counsellors_professional_liaison_group_20081204_enclosure01.pdf)

Resource implications

None

Financial implications

None

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2009-01-16	d	POL	PPR	Final paper - Structure of the Register and protected titles	Draft DD: None	Internal RD: None

Appendices

Appendix 1: Protected titles

Date of paper

16 January 2009

The structure of the Register and protected titles

This paper invites the PLG to discuss and make recommendations about the structure of the Register and protected titles.

The first section of the paper provides background information, looking at the existing structure of the HPC Register; protected titles; and standards, highlighting some of the issues involved.

The second section outlines the responses we received to the call for ideas in these areas.

The third section provides a summary and discussion of some of the issues in order to aid the group's deliberations.

Section one: Background and context

This section is divided into three areas:

- An outline of the existing structure of the Register, highlighting how the structure influences titles, standards and education and training routes.
- An outline of the existing protected titles, outlining the key legislation in this area and highlighting some of the key considerations.
- An outline of the HPC's standards of proficiency and standards of education and training.

1.1 The structure of the Register

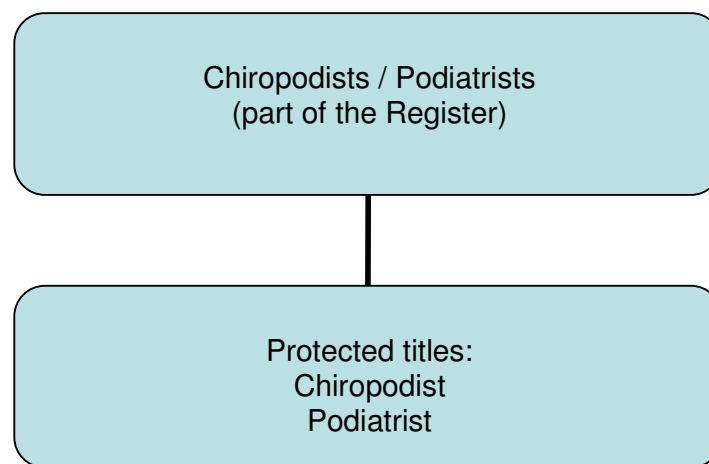
In the call for ideas we asked for views about how the Register should be structured for psychotherapists and counsellors.

1.1.1 About the structure of the Register

The HPC Register is currently structured into thirteen parts. Each of the parts has at least one protected title (please see section 1.2.3).

Figures 1, 2 and 3 below and overleaf illustrate how different parts of the existing HPC Register are structured.

Figure 1: Chiropodists / Podiatrists

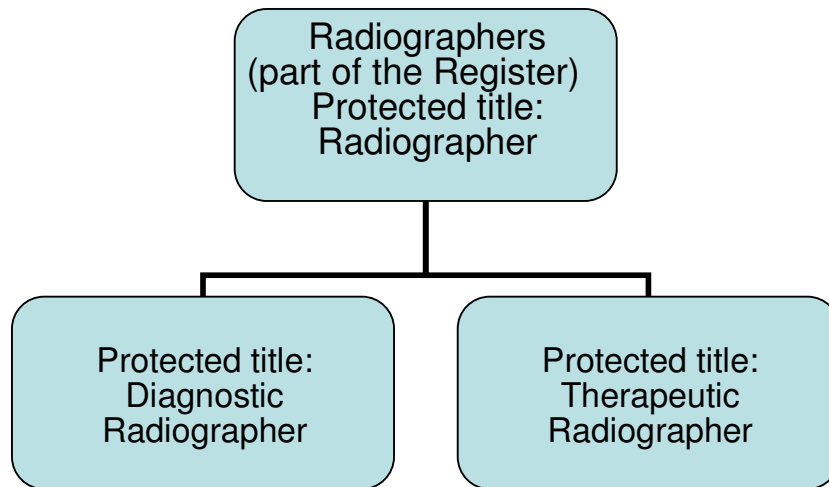


The structure of the Register for chiropodists / podiatrists does not differentiate between 'chiropodists' and 'podiatrists'. Someone who successfully completes an approved programme is registered in the part of the Register and has access to both titles.

A consequence of this is that there is a single set of standards for safe and effective practice ('Standards of proficiency') for this part of the Register. The approved pre-registration programmes may differ in content and title but there is no differentiation between 'chiropody' programmes and 'podiatry' programmes.¹

¹ Please see section 1.3 for more information about the standards of education and training and the standards of proficiency

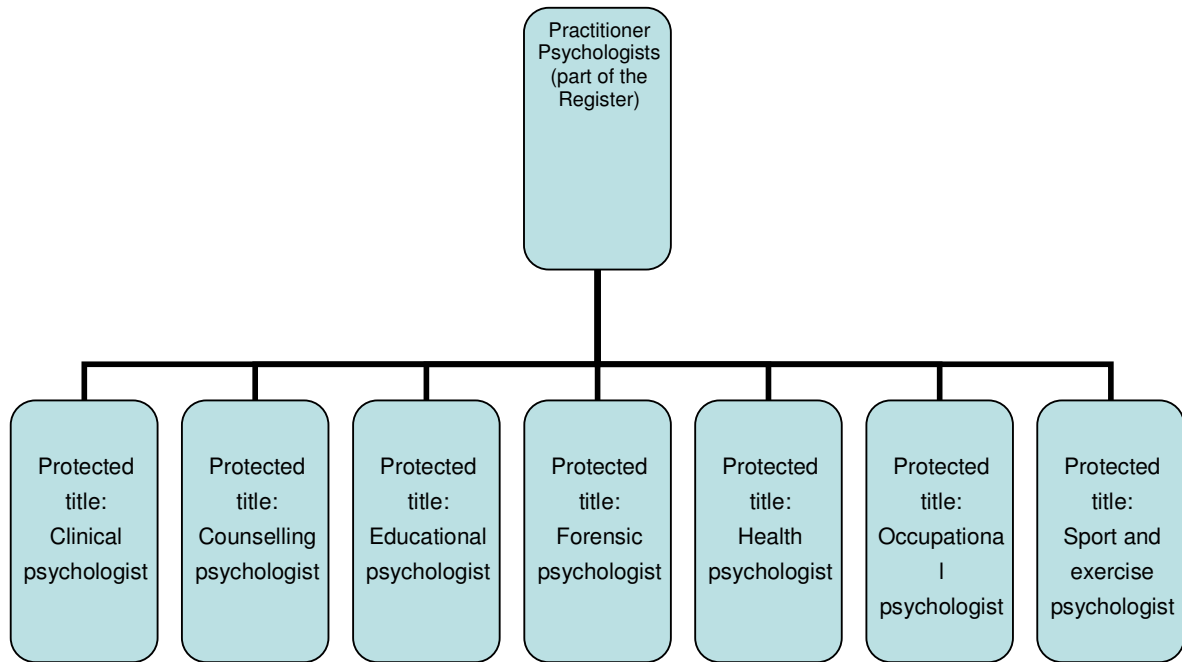
Figure 2: Radiographers



The structure of the Register for radiographers differentiates between diagnostic radiographers and therapeutic radiographers. Someone who successfully completes an approved programme in diagnostic radiography is registered in that part of the Register and has access to the protected titles 'radiographer' and 'diagnostic radiographer'. However, they would not have access to the protected title for therapeutic radiographers; there are separate approved pre-registration education and training programmes leading to the eligibility to use this title.

A consequence of this is that there are separate profession-specific standards in the standards of proficiency for radiographers that apply only to diagnostic radiographers and those that apply only to therapeutic radiographers. This structure relies upon differentiation in education and training programmes (i.e. there are approved programmes in diagnostic radiography and approved programmes in therapeutic radiography).

Figure 3: Practitioner psychologists (proposed)



The diagram above is the proposed structure of the Register for the regulation of practitioner psychologists. The structure of the Register differentiates between the seven different domains of practitioner psychology and their respective protected titles. For example, someone who successfully completes an approved programme in sport and exercise psychology will in future be able to register in the practitioner psychologists part of the Register with access to the proposed protected title 'sport and exercise psychologist'. However, they would not have access to the protected titles for the other domains.

A consequence of this is that the draft standards of proficiency consulted on between December 2007 and February 2008 included profession-specific standards which apply only to specific domains (e.g. only for health or forensic psychologists). This structure relies upon differentiation in education and training programmes (i.e. there are separate programmes of education and training for each domain).

N.B. The proposed structure for the practitioner psychologists also includes two proposed protected titles which would be available to the whole part of the Register (i.e. to registrants in every domain) – practitioner psychologist and registered psychologist.

1.1.2 Dual registration

A small number of existing HPC registrants are dual registered with other statutory healthcare regulators or are registered in more than one part of the HPC Register.

For example, some operating department practitioners are also nurses; some physiotherapists are also registered as podiatrists. Other registrants may be registered with voluntary organisations – e.g. some art therapists are also members of psychotherapy and counselling registers.

Each part of the Register attracts a registration fee. Therefore, someone who was registered as both a physiotherapist and a podiatrist would pay two registration fees. Whether they needed to be registered twice would be a professional decision for the individual, taking into account the role they were undertaking. However, if they wished to use a protected title they would need to be registered in the relevant part of the Register.

However, someone 'registered more than once' in the same part of the Register would not need to pay two registration fees. For example, someone who was both a diagnostic and a therapeutic radiographer would only pay one registration fee. They would have one registration record but would have access to both protected titles and these would appear on their registration certificate.

1.2 Protected titles

In the call for ideas, we also asked which titles should be protected and why.

1.2.1 About protected titles

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

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

1.2.2 Protection of function

The HPC regulates by protection of title. This approach to regulation tends to be common amongst the UK regulators of healthcare professionals. However, some regulators also have protection of function. This means that a particular task or role is protected by law and can only be undertaken by someone who is registered.

An example of this is the fitting of contact lenses which has to be undertaken by someone who is appropriately qualified and registered with the General Optical Council. Internationally, some of the state boards in the United States regulate by protection of function – their legislation prescribing what licenses in each profession can and cannot do.

Sometimes other legislation outside of professional registration also acts to protect or 'restrict' certain functions. For example, only a podiatrist who successfully completes approved education and training and has their entry in the Register appropriately annotated is able to supply certain prescription only medicines and administer certain local anaesthetics. This is a requirement under the Prescription Only Medicines (Human Use) Order 1997, an Order under the Medicines Act 1968.

The relative advantages and disadvantages of protection of title versus protection of function are often the subject to debate. A common criticism of protection of title is that this does not prevent individuals who wish to avoid regulation 'rebranding' their services and continuing in practice.

Conversely, a common criticism of protection of function is that this would fetter the change and development of professions, and the emergence of new roles and new professions. Further, whilst it might be possible to define in law specific 'physical' functions that are specific to a small number of professions, this may be far more problematic for other professions where the nature of the intervention would be far harder to define in law. In addition, multi-disciplinary team working means that tasks that in the past that may have been undertaken by one profession are now undertaken by a variety of different professions.

1.2.3 Existing protected titles

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

Part of the Register	Protected title(s)
Arts therapists	Art psychotherapist Art therapist Dramatherapist Music therapist
Biomedical scientists	Biomedical scientist Medical laboratory technician
Chiropodists / Podiatrists	Chiropodist Podiatrist
Clinical scientists	Clinical scientist
Dietitians	Dietitian Detician
Occupational therapists	Occupational therapist
Operating department practitioners	Operating department practitioner
Orthoptists	Orthoptist
Prosthetists / Orthotists	Prosthetist Orthotist
Paramedics	Paramedic
Physiotherapist	Physiotherapist Physical therapist
Radiographer	Diagnostic radiographer Therapeutic radiographer
Speech and language therapist	Speech and language therapist Speech therapist

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

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

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

1.2.4 Legal powers

The HPC's powers relating to protection of title are included in the Order and reproduced below. These powers are explained further overleaf.

Article 39 of the Order sets out a number of offences relating to the misuse of protected titles.

Article 39 (1) of the Order says:

Subject to paragraph (2), a person commits an offence if with intent to deceive (whether expressly or by implication)—

- (a) he falsely represents himself to be registered in the register, or particular part of it or to be the subject to any entry in the register;*
- (b) he uses a title referred to in article 6(2) to which he is not entitled;*
- (c) he falsely represents himself to possess qualifications in a relevant profession.*

Article 39 (3) of the Order says:

A person commits an offence if—

(a) with intent that any person shall be deceived (whether expressly or by implication) he causes or permits another person to make any representation about himself which, if made by himself with intent to deceive, would be an offence under paragraph (1); or which

- (i) is false to his own knowledge; and*
- (ii) if made by the other person would be an offence by him under paragraph (1)*

1.2.5 Grandparenting

Whenever a profession becomes statutorily regulated for the first time, and a title or titles are protected, there will be a time limited 'grandparenting' period.

The 'grandparenting window' allows people who have previously been practising the profession, but who could not become voluntarily registered, to apply for registration, provided that they can meet certain criteria.

After the grandparenting period has closed, the only way to become registered for UK-trained individuals is to successfully complete a programme approved by the HPC.

As the grandparenting period is about protecting the acquired rights of those who have been in practise before the opening of the statutory register, the Order provides an exemption for those who continue to use a protected title without being registered during the grandparenting period.

Someone who has been using the relevant title before the opening of the Register can continue to do so until the end of the grandparenting period or until such time as a final decision is reached on their application. This means that someone who makes a grandparenting application at the end of the period can carry on using that protected title until a final decision has been made on their application, including any appeal. (The PLG will consider the topic of grandparenting at a future meeting.)

1.2.6 Prosecution of cases

The HPC's legal powers outlined in section 1.2.4 mean that it can prosecute individuals who use a protected title whilst not registered, if they do so with 'intent to deceive'. A person found guilty can be liable to a fine on level 5 of the standard scale (up to £5000).

This means that in any proceedings brought by the HPC, the HPC has to prove that the title was used with the intention of misleading members of the public. The intention to deceive can be both express and implied. This means that the HPC is able to deal with cases where the title may not be used, but its use is implied in others ways.

To illustrate:

1. An individual advertises in a directory service as a physiotherapist but is not registered. This person could be liable for prosecution under Article 39 (1) b; there is evidence of an express use of a protected title to which the individual is not entitled.
2. An individual advertises in a directory service, is not registered, and does not use the protected title 'physiotherapist'. However, in their advert they say that one of the services they offer is 'physiotherapy'. This person could be liable for prosecution under Article 39 (1) b; the protected title is not used but its use is implied.

The two examples given on the previous page are not intended to be an exhaustive list of the kinds of cases that the HPC is able to handle. However, they do provide an illustration of how the legislation functions.

The HPC's fitness to practise department is responsible for investigating complaints about protection of title. Case Officers are responsible for gathering relevant information to ascertain whether an offence might have been committed. In summary, a three stage process is normally followed:

- The person concerned is asked to explain their alleged conduct (unless there is evidence that the complaint has no basis – e.g. the person is registered under another name).
- If there is clear evidence of an offence (or if no response as been received to correspondence), a cease and desist letter is sent, warning the individual that their misuse of a protected title must stop, or steps will be taken to prosecute.
- Dependent on the evidence and the response received, steps are taken to make a decision about prosecution, which may include obtaining witness statements and interviewing the alleged offender.

Information may also be passed to the police and trading standards as appropriate.

To date, the HPC has found that this approach has been an effective way to prevent the misuse of protected titles (please also see the section overleaf on communication). Whilst the HPC has not yet taken prosecution action itself, it has worked with the police and other agencies to assist in their investigations. For example, in November 2007 an individual was cautioned by Essex Police for misuse of the protected title 'physiotherapist'.

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

Other examples include the use of terms such as 'animal', 'equine', 'veterinary' or 'industrial' before the protected title which show there is no intention to deceive; the prefix clearly indicates that the person concerned does not treat human beings. For example, some individuals use the title 'animal physiotherapist' and provide physiotherapy solely for animals.

1.2.7 Communications

Good communication is essential to raise awareness of regulation and protected titles, particularly amongst members of the public.

The HPC's communications strategy has focused on raising awareness of the role of the HPC and protected titles amongst members of the public, particularly encouraging members of the public to check that their professional is registered. This communications activity is ongoing and has included:

- A dedicated microsite www.hpcheck.org which provides clear, accessible information to members of the public and allows them to check that their professional is registered.
- Working with the directory organisations to ensure that only registered professionals can advertise in the relevant sections. This has also included banner advertising on 'yell.com' which encourages members of the public to check that their professional is registered.
- Distributing posters to NHS organisations, GP practices, private organisations, at events and on request.

Most recently, a joint awareness raising campaign of the title 'dietitian' was undertaken with the British Dietetic Association.

1.2.8 Some considerations about protecting titles

The existing titles protected by the HPC highlight some considerations relevant to decisions about protecting titles.

- **How many titles should be protected?**

When the HPC was established in 2002, the number of specific titles that should be protected was the subject of some debate.

Whilst some felt that protecting a range of titles had considerable benefits, others argued strongly for protecting a short range of titles in order to maximise public awareness.

The HPC Council chose a range of simple, recognisable titles, balancing the need to prevent the misuse of professional titles against the need for effective public engagement.

- **Which titles should be protected?**

When a title is protected in law, this means (following any grandparenting period) that only someone who is registered with the regulator is able to use that title. This therefore criminalises the behaviour of those who use a protected title whilst not being registered.

As such, it is important to consider the extent to which any proposed protected title is in use by the profession being regulated; by other regulated healthcare professionals; and by others who undertake work in areas that it is not intended

to regulate. Protecting a title that is also in use by individuals outside health, wellbeing or therapeutic interventions and contexts may have the potential to criminalise the behaviour of those who it has not been the intention to regulate.

- **Adjectival titles**

In the call for ideas document, we asked whether it would be possible to protect the title 'counsellor' or whether this would not be possible because of use of this title outside of therapeutic settings. We asked whether this title might instead be protected as part of an adjectival title.

An example of an adjectival title we currently protect is 'art psychotherapist'. This is a title protected under the arts therapists part of the Register. This means that anyone using the title 'art psychotherapist' without being registered in this part of the Register could be liable for prosecution. However, the 'stem' of this title, 'psychotherapist', is not a protected title.

An example of a non-adjectival title we currently protect is 'physiotherapist'. This is a title protected under the physiotherapists part of the Register. This means that anyone using the title 'physiotherapist' without being registered in this part of the Register could be liable for prosecution. However, as the 'stem' is protected, this prevents misuse of adjectival titles that use 'physiotherapist'. For example, someone who said that were a 'musculoskeletal physiotherapist' would need to be registered and could be liable for prosecution if they were not. In the case of radiographers, the 'stem' is protected as well as two adjectival titles.

In the case of the proposed regulation of psychologists, it is not proposed to regulate the 'stem' psychologist. Instead, adjectival titles relating to the seven discrete areas of practice are to be protected. This has been the subject of some debate. In a consultation on the legislation necessary to introduce regulation, the Department of Health outlined that this was necessary to avoid bringing into regulation a group of psychologists using that title who did not interact with patients, clients or service users but who were instead engaged in fields in academia. They further argued that a single protected title may not protect the public because the adjectival titles were integrally linked to the standards of competence necessary for safe and effective practice. The Department of Health argued that if a generic approach was adopted in order to bring all those using the title psychologist into regulation this would lead to the loss of domain specific standards and therefore a lowering of the standard of public protection.²

² Department of Health (UK) consultation on 'Health care and Associated Professions (Miscellaneous Amendments) No 2 Order 2008
www.dh.gov.uk/en/Consultations/Liveconsultations/DH_081518

1.3 Standards of proficiency and standards of education and training

This section briefly explains the HPC's standards of proficiency and standards of education and training (referred to throughout this paper), highlighting some areas that may be of interest in the group's subsequent discussion.

1.3.1 Standards of proficiency

The standards of proficiency are the threshold standards for safe and effective practice in each of the professions regulated by the HPC. They are set at the level necessary for public protection.

The standards consist of generic standards which apply across all the professions, and profession-specific standards which apply to specific professions.

The structure of the Register influences the standards of proficiency (and vice versa). For example, the arts therapists part of the Register differentiates between art, drama and music therapists. The standards of proficiency for arts therapists include generic standards that apply to all professions, profession-specific standards that apply across the arts therapies and profession-specific standards that apply to each of art therapists, music therapists and dramatherapists.

1.3.2 Standards of education and training

The standards of education and training are generic standards which apply to education and training programmes which lead to eligibility for registration. They cover areas such as admissions, curricula and assessment and are set at the level necessary to deliver the standards of proficiency.

Programmes are assessed against the standards of education and training. A programme that meets the standards of education and training will also allow a student who successfully completes that programme to meet the standards of proficiency. Once a programme is approved, someone who successfully completes that programme is eligible to apply for registration.

Standard one of the standards of education and training ('SET 1') sets out the normal threshold level of entry to the Register in the professions we regulate. This is articulated as a threshold academic level. Every time a new part of the HPC Register is opened, the threshold level of qualification for entry for the new profession is determined and added to the standards.

The threshold level has to be set at the level necessary for someone successfully completing an education and training programme to meet all of the standards of proficiency. As the threshold is the 'minimum', programmes above the threshold academic level may be approved.

Section two: Responses to the call for ideas on the structure of the Register and protected titles

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

At the last meeting of the PLG, the group considered a paper that summarised the responses received to the call for ideas. This section is intended to elaborate on that summary to provide more detail on the different arguments advanced about the structure of the Register and protected titles. For clarity, some of the background information included here is the same as that in the previous paper.

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

In this section, responses are summarised in broadly the same categories as the overall summary document as this seems to provide a helpful structure for considering the responses.

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

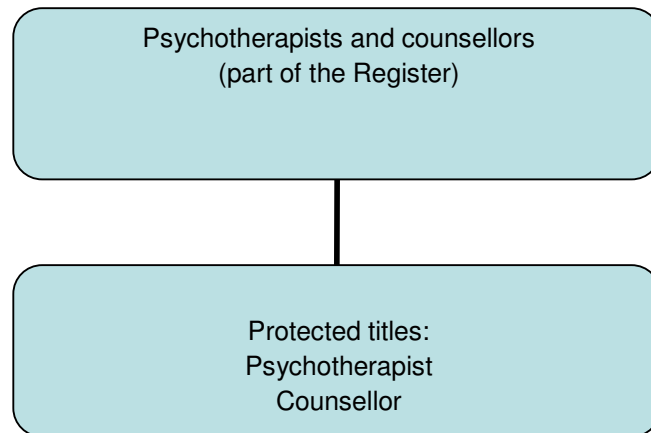
- There should be no differentiation between psychotherapists and counsellors. The titles 'psychotherapist' and 'counsellor' should be protected.
- There was a difference between psychotherapists and counsellors which should be differentiated in the Register, with separate protected titles for each.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

Please note that these broad categories are not mutually exclusive – i.e. some respondents who argued for psychotherapists and counsellors to be differentiated, also argued for further sub-division of the Register.

Common themes in responses across the three categories were a focus on public understanding, public safety and the diversity of the field.

2.1 No differentiation between psychotherapists and counsellors

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



Chrysalis and the Counselling Society both concluded that was 'no justification' for differentiating between psychotherapists and counsellors. This conclusion was echoed by Relationships Scotland who said: 'We do not think there should be separate parts for counsellors and psychotherapists.' Person Centred Therapy Scotland agreed.

Many of those who argued that there should be no differentiation in titles between psychotherapists and counsellors cited that practitioners, employers and others used the titles interchangeably. One respondent said that the titles were 'overlapping and therefore confusing', whilst another said that they used both titles interchangeably, often adding 'psychotherapist' to their preferred title of 'counsellor' in order to differentiate it from a 'county councillor'.

The British Association for Counselling and Psychotherapy (BACP) said that the title used tended to vary with work context, regardless of the qualification held by individual employees. They gave the examples of primary care and employee assistance programmes that employed 'both counsellors and psychotherapists under the title 'counsellor''. They also argued that employment titles often vary with setting rather than role, with different titles being used for the essential the same role, but in different settings.

A small number of respondents said that they disagreed with arguments put forward that psychotherapy and counselling differed in terms of the nature and extent of the therapy involved. The British Association for the Person Centred Approach (BAPCA) said: 'The argument that counselling is more superficial and offers shorter-term interventions than psychotherapy, which is longer and more in depth, is inaccurate in our view.' Another respondent said that many psychotherapists chose to describe themselves as both psychotherapists and

counsellors in order to attract both long and short term clients; they said that there was not 'sufficient divergence between the terms for them to be separately protected'. In an appendix to their response, Counselling and Psychotherapy Scotland (COSCA) acknowledged that psychotherapy might sometimes involve longer term or more frequent sessions than counselling but concluded that that was not always the case, reflecting arguments that the 'intensity and depth of therapeutic work can be just as great in counselling as in psychotherapy'.

A small number of respondents said that the therapeutic relationship was far more important than the name or theoretical approach of the therapy. One of these respondents outlined how they saw the difference between psychotherapy and counselling as a historically constructed one and further concluded that there was 'no correlation between therapeutic outcomes and the length of academic study undertaken'. Another said: 'We know from evidence that it is as much the practitioner as the model that makes therapy effective. Indeed, there is clear evidence that the relational component is the most significant factor in effective therapy.'

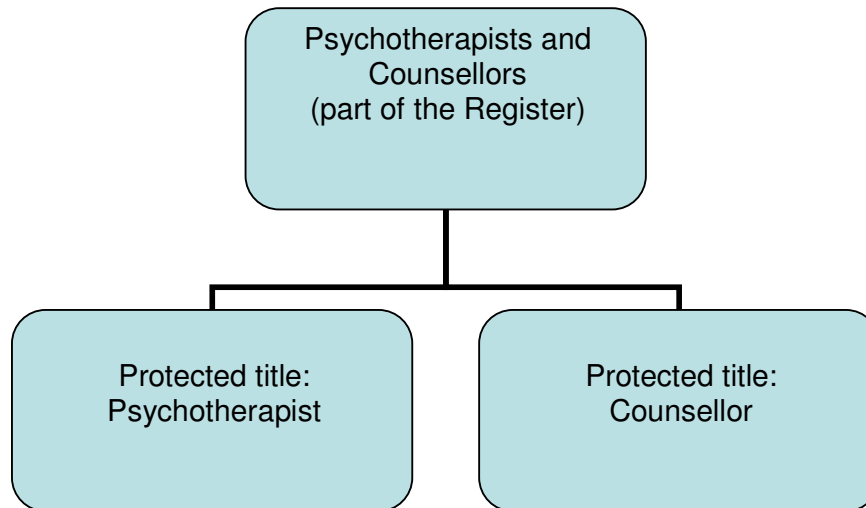
COSCA said that there was a 'lack of convincing evidence that psychotherapy is significantly different from counselling', and that 'both activities have very similar positive outcomes.' In an appendix to their response, they reflected some of the main areas of debate about the differences between psychotherapy and counselling including training; the quality of the therapeutic work; and the historical development of psychotherapy and counselling.

The BACP similarly said that the research evidence did not support the argument that psychotherapy and counselling should be differentiated. They said that their research committee had been unable to differentiate between psychotherapy and counselling and therefore it would be difficult to create separate standards of proficiency. The Committee had concluded: 'In practice, counselling and psychotherapy are both generic terms, describing generic activities, with a huge overlap between them...The differentiation [between psychotherapy and counselling] is to do with practice rather than research and should not be maintained through law, through the registration of titles.'

The BACP also said that separate sections for psychotherapists and counsellors may require a significant number of practitioners to dual register within the same register.

2.2 Differentiation between psychotherapists and counsellors

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



Arguments advanced for differentiation between psychotherapists and counsellors included the history and development of psychotherapy; the nature, intensity and duration of the therapy; and existing education and training routes.

Some respondents outlined the history of psychotherapy and counselling and pointed out that whether they were regarded as separate professions or not varied throughout the world. The College of Psychoanalysts said that there was considerable variation between the UK and other English speaking countries and continental Europe in this regard. The College said that one important distinction between psychotherapists and counsellors was that psychotherapists normally use a professional title which defines the area in which they work by modality, in contrast to many counsellors.

Other respondents contrasted psychotherapy and counselling, arguing that the level of psychotherapy differed from counselling in terms of the nature, intensity and duration of therapy. One respondent said that psychotherapists could be contrasted to counsellors in terms of their ability to deal with 'different levels of need with clients'. The University of Kent said that the titles carried with them different expectations by clients in terms of 'the structure of the clinical contract, depth of exploration and analysis and the behaviour of practitioners'. The National Association of Counsellors, Hypnotherapists and Psychotherapists (NACHP) said: 'Our view is that counselling and psychotherapy are different in that psychotherapists should be clinicians who may use counselling as part of their therapy, but who have other skills, training and talents that they bring to the process.'

The Counselling and Psychotherapy Central Awarding Body (CPCAB) said that whilst there was an overlap between psychotherapy and counselling, the argument that there was no difference was 'unhelpful for the purposes of regulation'. They pointed to a 'continuum of practice' and of training and experience in psychotherapy and counselling ranging from supportive counselling for someone coping with a common life problem at one end, to work with those experiencing severe and complex mental health problems at the other end. They concluded that they supported the conclusions of the UKCP and the NHS who recognised this continuum but clearly differentiated between psychotherapy and counselling. The Register for Evidence Based Hypnotherapy and Psychotherapy (REBHP) asked that the structure should provide for a 'clear progression route' from counselling to psychotherapy, for those who had undertaken further training and experience.

The UKCP argued for a three section part of the Register, with psychotherapists differentiated from counsellors, which they said was reflective of existing different levels of working. They said that differentiation was supported by a history of theory based practice, with associated standards of education, training and approved pre-registration education and programmes. Other respondents supported this view, some saying that the existing voluntary regulatory frameworks clearly differentiated between psychotherapists and counsellors. The Metanoia Institute said that it was important that the regulatory framework did not lower existing standards and that the training they offered in psychotherapy was clearly differentiated in terms of level and external accreditation. They said that the different trainings were 'designed to equip graduates for a different level of complexity of work with different levels of distress and disturbance'.

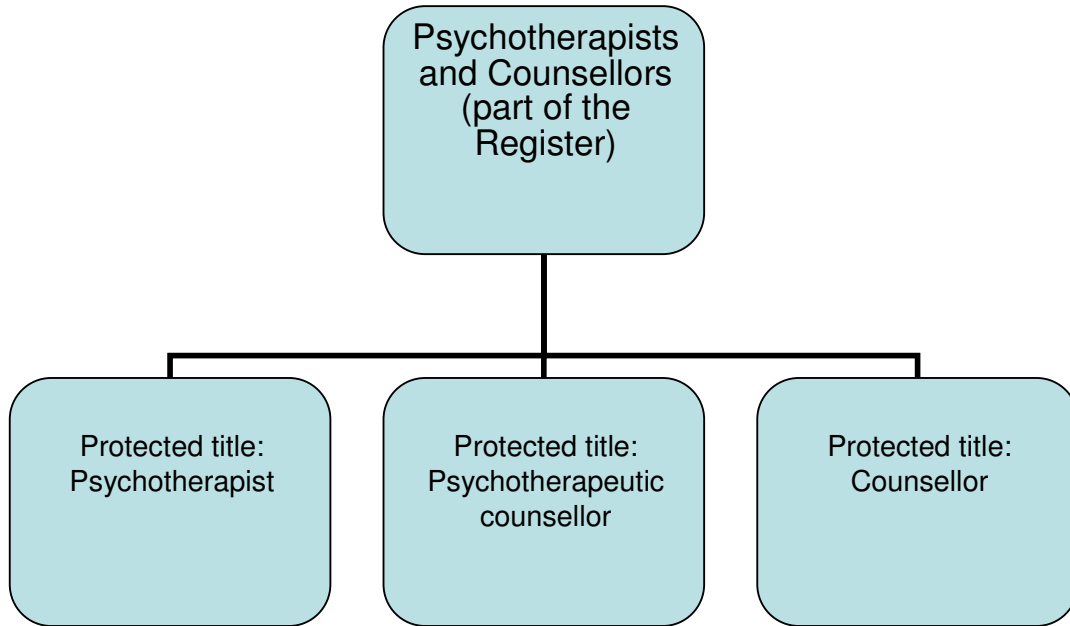
Other respondents also outlined specific differences between psychotherapy and counselling programmes in terms of content and hours. The United Kingdom Association of Humanistic Psychology Practitioners said that a minimum of 450 hours of specified tutor contact was currently required for accreditation as a counsellor and 900 hours for psychotherapy and argued that registration should not lower these standards. Other respondents put forward, in response to these questions and in response to the question on education and training, what they saw as the essential content of programmes in each area, including the number of hours and components such as supervision and personal therapy. One respondent said that separate registers were necessary unless there was standardisation of education and training. The Cambridge Body Psychotherapy Centre said that they would be 'unhappy' to be registered with counsellors and said 'separate categories of psychotherapist and counsellor would be acceptable'.

The Stirling District Mental Health Association (SDMHA) said that there should be differentiation between the two titles as this would be helpful to organisations wishing to consult the Register. The United Kingdom Association of Psychotherapeutic Counsellors (UKAPC) said that there should be two separate registers and that they would be open which register psychotherapeutic counselling was 'allocated', but that the level of their training should be acknowledged.

The British Psychoanalytic Council (BPC) said that many types of counselling focused on 'low level psychological support' in contrast to psychotherapy, but that other types of counselling would fit definitions put forward for psychotherapy and that the standards of many counselling courses were no less rigorous than those in psychotherapy courses. They discussed the different viewpoints on this topic, concluding that the question would only be answered by moving away from 'philosophical' arguments about definitions and instead looking 'empirically...at the real-world of these practices'. They suggested that it may be better to 'focus on the differences in standards and quality across the fields of both psychotherapy and counselling rather than between them'.

2.3 Alternative structures

The diagram below is an example of how the Register might be structured if it was to differentiate between psychotherapists, psychotherapeutic counsellors and counsellors, as suggested by the UKCP and other respondents.



This section outlines the other responses we received about the structure of the Register. Firstly, arguments put forward in the areas of psychotherapeutic counselling, client groups and psychological therapists are outlined. The comments we received about structuring the Register on the basis of modality specific protected titles are then outlined.

2.3.1 Psychotherapeutic counselling

The UKCP argued that the Register should be divided into three 'distinct parts' – psychotherapists; psychotherapeutic counsellors; and counsellors, as shown above. They argued that protecting the separate, differentiated titles of psychotherapist and psychotherapeutic counsellor would be 'reflective of the longstanding and the current practice of differentiation based on standards of education, training, practice and proficiency across the profession.' The UKCP separately registers psychotherapeutic counsellors, who numbered 137 as at August 2008. Many of the UKCP member organisations who responded said that they agreed with the UKCP position; some of these respondents said that they had focused on psychotherapists and psychotherapeutic counsellors in their response because they did not offer trainings in counselling.

2.3.2 Conscientious objection

Some of those who said that they opposed regulation, or reported the views of some of their members in this regard, suggested that the Register should be structured to provide for a list of 'conscientious objectors'. The Guild of Psychotherapists said: 'We strongly suggest that the Register for psychotherapists now under discussion is established in such a way that there is provision for principled non-compliance recognised as a register of those eligible but opposed in principle to state regulation as health service workers.' The Psychoanalytic Consortium suggested that we may want to consider such an approach or else consider how we might alter our structures to 'become a regulator that is fit to regulate the profession'. Some respondents pointed to the system in place in the US State of Vermont, where a separate list is held of 'non-licensed' practitioners. One respondent said that this was the only model for 'state association' that he regarded as 'viable and effective in supporting clients' interests'.

2.3.3 Client groups

A small number of respondents said that the Register should be structured to differentiate between practitioners who were qualified to work with different client groups, in particular those that were qualified to work with adults and those who were qualified to work with children and young people.

The Association of Child Psychotherapists said that it was important that these groups should be differentiated. They argued that the Register should 'enable members of the public to distinguish the different levels of specialism, and the nature of training'. The British Association of Play Therapists similarly argued that separate standards should be produced for practitioners for working with adults and those working with children and young people, in order to provide the public and professionals alike with information about who was qualified to work with certain client groups.

2.3.4 Psychological therapists

A number of respondents suggested that the Register might be structured similarly to the existing register for arts therapists, with a non-protected umbrella term used as the title. The most common suggestion for this was 'psychological therapists'. Some respondents suggested protecting this title.

There were some suggestions for how this model might allow, now, or in the future, for the registration of practitioners delivering psychological therapies, but 'below the level' of psychotherapists and counsellors and other statutorily regulated professionals who deliver therapy.

The Association of Counsellors and Psychotherapists in Primary Care suggested that there should be three sections of the part of the Register – for psychotherapists, counselling therapists / psychotherapeutic counsellors and counselling practitioners. They argued that the third level 'counselling practitioners' might encompass those with 'less substantial training or...those who have undertaken counselling skills work or training in another core profession'.

The Improving Access to Psychological Therapies (IAPT) Workforce Team and New Ways of Working (NWW) for Psychological Therapists said that the Register should be structured to identify a group of 'currently professional unaligned staff such as Graduate Mental Health Workers, Low intensity IAPT practitioners and psychological assistants/ associates who make substantial contributions to delivering psychological interventions for the benefit of patients'. They said that a register that reflected this level of proficiency and the 'traditional staff groups' including psychotherapists and counsellors would be helpful and that the different levels could be differentiated using the Skills for Health National Occupational Standards. They said that the generic term 'psychological therapist' was for the use of autonomous practitioners such as psychotherapists and counsellors and should be protected.

The BACP suggested that the generic title 'psychological therapists' might be a suitable one which would allow for 'future expansion' of the Register (i.e. if the roles mentioned above are regulated in the future). The CPCAB similarly recognised that these roles may become regulated in the future, and drew our attention to a body of individuals who use counselling skills at lower levels of training, who may not engage in formal counselling relationships, but who are not covered by the proposed regulation.

A brief summary of suggestions for the 'umbrella name' of the part of the Register is additionally provided in section 2.5.3.

2.3.5 Modality specific titles

Respondents suggested numerous modality specific titles that they believed should be protected. Some of these respondents explicitly argued that these titles should be differentiated (i.e. only available to those having completed specific training in that modality), whilst in other responses this was implied. The titles suggested were generally by those who argued that they were 'sub-divisions' of psychotherapy.

In this section, the broad arguments put forward for and against regulating by modality title are outlined. Appendix one outlines the suggested protected titles.

- **Arguments for protecting modality specific titles**

Those that argued that modality-specific titles should additionally be protected said that this was necessary in order to reflect particular areas of practice and allow clients to make informed choices.

The role of modality specific titles in providing information to members of the public was a common theme. The Association for Rational Emotive Behaviour Therapy (AREBT) said that it was '...essential to further promote public understanding by having a range of protected evidence based psychology modality titles'. They further said that there needed to be 'a place within the structure of the register for professional bodies to present evidential rationale for the therapies on offer'. The British Association of Dramatherapists said that further titles would be helpful as '...the public needed to be aware of the divergent forms of psychotherapy'. The Tavistock Centre for Couple Relationships added: 'The broad categories allow the public to differentiate

between the kinds of things they should be expecting their psychotherapist or counsellor to be doing.’

Other respondents described how each modality was distinct and linked to specific education and training. One individual said that protecting these specific titles was important as the nature of practice according to each modality was very different with ‘assessment criteria, treatment and presenting issues’ dealt with differently in each of the modalities. Another individual said that the key theoretical models did define distinctive approaches that were linked to a set of ‘relational principles’.

The BPC said that research evidence had indicated that there was ‘little difference between bona fide interventions’ but that there was ‘a difference between those treatment models that are theoretically coherent, have a solid literature and...with training based on these, and those without such features’. They said that the differentiation between models was not important because any one approach was better than another ‘but because different models of treatment are better suited to different types of patient and / or different types of condition’. They also argued that the differences were important and relevant to regulation, because there are specific standards relating to specific models that are reflected in specific education and training. They said that a failure to recognise specific modalities would result in ‘deficient public protection’ because generic standards of proficiency and standards of education and training would not be sufficient. They urged an approach that carefully considered the protecting of modality specific titles that were ‘grounded in an evidence base’ as this was necessary for ‘patient protection and quality of care’.

The IAPT Workforce Team and NWW for Psychological Therapists said that they believed that the modalities of psychotherapy should be specified through the education and training requirements for approval of pre-registration programmes. They said that these requirements should be consistent with the National Occupational Standards being developed by Skills for Health. They said: ‘HPC registrants should be bound only to offer therapy within the modalities in which they have been trained and shown to be competent.’

Some respondents acknowledged the potential downsides of a modality specific approach. The University of Brighton said members of the public may find distinguishing between the titles difficult, but concluded that those making referrals would, however, be in a more informed position. The Surrey Counselling and Psychotherapy Initiative said that it may be hard to cover all the ‘permutations’, whilst the Cambridge Society for Psychotherapy acknowledged that there was some diversity within modalities, with some having a wide range of different orientations. In their response the BPC discussed similar objections that there would be too many possible titles to be workable. They cited the four treatment models being used in the development of National Occupational Standards by Skills for Health and said that these could be considered for the purposes of regulation, particularly as the competences were being developed from an evidence base.

- **Arguments against protecting modality specific titles**

Those that argued that modality specific titles should not be protected said that this would confuse members of the public and would run counter to the aims of ensuring diversity and inclusivity in the proposals for statutory regulation.

The British Psychological Society said that their experience was that whilst 'general principles' were helpful, a modality specific approach would serve to add complexity to the registration process without providing clarity for members of the public. The Bath Centre for Psychotherapy and Counselling said that they did not see a need for modality specific protected titles as they were 'confusing for members of the public and potentially impractical in terms of the range of possible permutations'. The CPCAB agreed. The BACP said that the focus of modern statutory regulation was public protection and not maintaining professional hierarchies and promoting professional status. They concluded: 'It is doubtful if titles that distinguish particular theoretical approaches or 'modalities' are of great importance to the public as they are to practitioners of the different modalities.' The College of Psychoanalysts said that they believed that a 'plethora' of protected titles should be avoided, but acknowledged the complexity of this area. They said on balance that they favoured the protection of 'psychotherapist' and 'psychotherapeutic counsellor', which they said, would not, in any event, impede practitioners from using an adjective or other title to describe the area of their work.

Consistent with respondents arguing the contrary point of view, respondents argued that modality specific titles should not be protected because this would not be consistent with a diverse and inclusive approach to regulation. Respondents argued that a modality specific approach would act to fetter practice, impeding change and development. Chrysalis and the Counselling Society concluded: '...HPC won't be able to cover all modalities and will inadvertently kill non-regulated modalities, depriving clients of choice and modalities which may work for them.' They added: 'Modality based adjectival titles will stifle creativity and choice.' The Association for Cognitive Analytic Therapy (ACAT) said: 'CAT [cognitive analytic therapy] is a cognitive relational therapy that draws on cognitive and psychoanalytic theories and does not fit into a cognitive-behavioural or a psychoanalytic / dynamic modality without losing something of its distinctiveness.' They said that generic protected titles would ensure that all approaches could be included and regulated. Some respondents were concerned that protection of title would mean that they would be forced to use titles inappropriate to their practice.

The CPCAB similarly said that their preference was for not having a modality specific approach, pointing to their experience in using generic learning outcomes and assessment criteria mapped to National Occupational Standards. They said that a modality specific approach would fail to recognise that approaches to practice and therefore titles are often in a state of change and that practitioners rarely practised within one modality.

The argument that it was important to ensure that the regulatory framework did not fetter the development of the profession was echoed in the responses of the

BACP and the UKCP. The UKCP said that they believed that the profession needed more time to establish and distil its modality identifications before they could be defined absolutely. They said that a pan-modality approach would be more likely to ensure safe practice and public protection, 'leaving the way clear for the identification of what the modalities all have in common and consider crucial to the work of the psychotherapeutic practitioner'. They said that such an approach might lend itself to the cross-fertilisation of evidence based research between modalities and professions and also lend itself to 'new hypotheses and ... new and useful research and evidence'. The Metanoia Institute said that adjectival titles should be 'left to the professional groups to regulate, monitor and assure'.

The BACP asked similar questions in their response, asking if a modality approach was adopted: 'How many sections would the Register have? What would be the criteria for the acceptance of a title? How would the discipline legally develop new effective approaches?' They also referred to research evidence they said had indicated that the therapeutic relationship was more important than the chosen modality; that treatments have equivalent positive responses despite different theories; and that interviews with clients had indicated that modality was 'not experienced by those receiving it'. The BACP's Research Committee concluded: '...there is no scientific evidence for regulation on the basis of modality and there is abundant scientific evidence that modality makes no difference.' The BACP also asked whether a modality specific approach would necessitate dual registration by those practitioners qualified in more than one theoretical approach, and the potential impact upon evasion of regulation if an adjectival approach meant that the titles 'psychotherapist' and 'counsellor' on their own were left unprotected.

The Guild of Psychotherapists said that they favoured not regulating by modality specific titles, recommending that any regulatory framework should not result in 'effectively making certain forms of legitimate and currently validated psychotherapy unlawful'. They said that our approach to standards setting had the potential to lead to this and said that the modality specific detail was best left to training organisations. COSCA recommended that psychotherapist and counsellor should be protected and did not advocate a modality specific approach in their response. However, they said that they were concerned that adjectival titles such as 'relationship' or 'alcohol' counsellor might be misused by registrants if they did not have the required training and experience to justify their use. They urged us to consider measures to prevent this potential misuse post regulation.

2.4 Counsellors

Many respondents said that the titles of psychotherapist and counsellor should be protected but did not provide any rationale for this. Where comments were made, respondents did not envisage any problem with protecting the title 'psychotherapist', which they said was in wide usage by the profession.

Those respondents who did discuss the protection of the title 'counsellor' were split as to whether it would be possible to protect it. Those who argued that it was necessary to protect the title argued that the title was well recognised by members of the public and used by a significant proportion of therapists. COSCA said that the title was 'fundamentally important' and said that counsellor was well recognised by members of the public, even more so than psychotherapist. The BACP agreed, arguing that a recent project had found that counsellor was the most publicly accepted title for someone offering psychological therapy and attracted less stigma in the eyes of the public than psychotherapist. They further added that counsellor was used by the majority of their members to describe some if not all of their work; was used by many organisations delivering psychological therapy services; and said that counsellor unlike psychotherapist had job descriptions and pay bands under the National Health Service (NHS) agenda for change. Relationships Scotland also said: 'The title 'counsellor' is vital for the integrity of our work in Scotland and should be protected.'

Amongst those who said that it would not be possible to protect the title, it was argued that the title was too ambiguous and/or that it was widely in use by individuals outside of therapeutic settings and therapeutic interventions. The Association of Christian Counsellors said: 'We would like to see counsellor and psychotherapist protected but there is a need to identify counselling from the other uses of the word – i.e. debt counselling.' Counsellors and Psychotherapists in Primary Care said that the title was a 'generic term' that was 'all too easily confused with advice giving, consultative and supportive roles within other professions'. They said it was therefore important that a distinction was made that would 'distinguish the specifically trained counsellor from those subsuming some skills within another professional role'. The National Association of Counsellors, Hypnotherapists and Psychotherapists said that the terms counselling and counsellor were often 'over-used and mis-used'. They said it was important that only those with appropriate clinical training could be registered with the HPC as a counsellor.

The BACP disagreed with the argument that the title was too widely used in other occupations. They said that their investigations had indicated that 'only one occupational group ...makes any significant use of the title'. They said these were money advisors who referred to themselves as 'debt counsellors', money advice case workers' and 'debt advisors'. Some of these individuals were members of the Institute of Money Advisors, which had around 1200 members. They were additionally concerned that to leave counsellor as an unregulated title would mean that many practitioners would have no need to apply to the HPC Register to continue to work. In contrast, Chrysalis and the Counselling Society said that protecting the title would 'harm public protection' because those not wishing to register would choose an alternative title, and that it would 'harm counselling provision and access' because of an adverse impact upon the voluntary and part-time sectors.

The most common alternative suggestion to counsellor was therapeutic counsellor, though some suggested psychotherapeutic counsellor. The CPCAB, the Association of Christian Counsellors, the Minster Centre and the Manchester College all suggested that therapeutic counsellor should be protected. The Association of Counsellors and Psychotherapists in Primary Care suggested counselling therapist or psychotherapeutic counsellor. The College of Psychoanalysts suggested psychotherapeutic counsellor and said that the shorter therapeutic counsellor was 'ambiguous' and 'inadequate' as a title. An individual respondent used the title psychotherapist counsellor in their response.

2.5 Other comments

2.5.1 The practice of other professionals

A small number of respondents asked about the impact of regulation and protecting professional titles, particularly psychotherapist on the practice in these areas of other professionals. Other respondents referred more generally to counselling and psychotherapy interventions performed by other regulated and non-regulated staff.

The British Psychological Society holds a register of psychologists that are qualified to practice in psychotherapy and raised the impact upon psychologists who use the title psychotherapist if the title was protected. They said that psychologists who are able to undertake psychotherapy should be able to use the requisite title without the need for additional registration. They suggested that one alternative might be a 'post-registration flag' on a psychologists' HPC registration.

The BPC wanted to ensure that those undertaking psychotherapy were qualified and met the requisite standards and that other professionals did not undertake activities that were outside of their scope of practice and that that should be undertaken by a psychotherapist.

2.5.2 Protected titles

We also received a small number of comments about protected titles from some respondents who rejected the need to protect any titles, some of whom said that those who decided they did not want to be registered should not be prevented from being able to practice. These were respondents who said they were opposed to regulation; the more general comments we received about regulation are detailed in the paper considered at the last meeting of the PLG.

Chrysalis and the Counselling Society wanted to ensure that the titles protected did not prevent students from undertaking practice experience. One individual asked whether protecting psychotherapists would prevent her, a retired psychotherapist, from continuing to give lectures in her retirement.

2.5.3 Name of the part of the Register

A number of suggestions were made for the name of the 'umbrella' part of the Register. They included psychological therapist, talking therapies, psychotherapists and counsellors and other suggestions which would group psychologists or arts therapists under the same part of the Register.

Section three: Summary and discussion

This section provides a summary of responses to the Call for ideas, and some related potential points for discussion.

The focus is on the issues relevant to regulation and regulatory processes. This section is not intended to be exhaustive, and there may be further topics that the group may wish to discuss.

A summary is provided of the key issues overall in these areas, in light of the Call for ideas responses. The remainder of this section then discusses the emerging topics for debate, in line with the structure in section two of this document.

As has been stated already in this paper, the topics of the structure of the Register and protected titles are overlapping ones, and consequentially some of the issues involved are the same. The responses to the Call for ideas have revealed that the issues in this area are complex and interlinked. Further, in some areas the views of respondents were very much polarised.

- **The structure of the Register**

The structure of the Register is an administrative arrangement to order to group the professions regulated by the HPC and their related protected titles. Where they exist, the differentiated titles are sometimes referred to as sub-sections of the Register. However, this shorthand term has no status legally and is not normally used by the HPC.

Differentiation between protected titles (or the creation of 'subsections') relies upon differentiation in pre-registration education and training programmes; and differentiation in the standards of proficiency between titles. In short, it relies upon the identification of distinct, discrete areas of practice with specific, separate standards for safe and effective practice and specific, separate education and training.

- **Protected titles**

The context outlined in section one of this paper, and the responses to the Call for ideas, reveal a number of broad considerations that the group will wish to take into account in determining the protected titles.

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

These broad considerations are not intended to be exhaustive but might be used by the group in considering the various arguments put forward about the protected titles (i.e. they equally apply to the arguments about modality specific adjectival titles, as they do to the debate about the protection of the title 'counsellor').

These broad considerations are further not intended to be mutually exclusive of each other. For example, the need to avoid the potential for criminalising behaviour has to be balanced against the potential for the evasion of regulation. Some issues that are broader still may also be raised by this area, most notably that of professional identity, a theme that emerged in the responses to the call for ideas.

3.1 Should there be differentiation between psychotherapists and counsellors?

The arguments put forward both for and against differentiation broadly fell in three areas: use and public recognition of the titles; the nature of the therapy; and education and training.

3.1.1 Use and public recognition of the titles ‘psychotherapist’ and ‘counsellor’

Summary

- The titles psychotherapist and counsellor carry with them different expectations for clients in terms of the nature of therapy they would expect (and are linked to specific standards and specific education and training).
- The titles psychotherapist and counsellor are used interchangeably by practitioners, employers and others, with the titles often used to denote the same work.
- In the debate on modality specific titles, some argued that the titles were necessary to aid public understanding and informed choice; others argued that the public did not readily understand those distinctions. These arguments may also be relevant here.

More information / points for discussion

- The outcomes of BACP /UKCP joint project in June 2005 might give some indication of the extent to which the titles are used interchangeably by practitioners (and the extent to which the use of title is linked to education and training). This research found that 95% of trainings used either counselling or psychotherapy as their title, with only 5% of training courses described as both counselling and psychotherapy. The research further found that most respondents worked under the title relevant to the training they received – 78.5% of counsellors; and 62.6% of psychotherapists. 16.4% of counsellors and 27% of psychotherapists in the study said that they had received mixed training.³

Whilst this research did not solely concern the use of the titles ‘psychotherapist’ and ‘counsellor’ but also the use of adjectival descriptors, the group may still wish to take this into account in its discussions.

³ BACP / UKCP (2005), Interim Report to Department of Health on Initial Mapping Project for Psychotherapy and Counselling
www.bacp.co.uk/regulation/index.php?cat=&year=2005.

- Differentiation between titles may have the potential to be problematic if there are a significant number of practitioners who would wish to maintain use of both titles. Whilst dual registration within the same part of the Register would attract only one fee (please see section 1.1.2), there could be implications for grandparenting if practitioners are compelled to make a grandparenting application in order to gain access to one or other title.

3.1.2 The nature of the therapy

Summary

- Psychotherapists and counsellors can be differentiated. Psychotherapists operate at a 'higher level', undertaking more complex interventions with complex clients. The therapy is longer term and more intense in nature.
- Psychotherapists and counsellors cannot be differentiated. There is considerable overlap between the practices of each area. Counselling is not necessarily or always more 'superficial' and the therapy less intense and shorter term than psychotherapy.

More information / points for discussion

- A small number of respondents cited research evidence in their arguments in this area, and in the area of modality specific titles, to support their view. It is notable here that some of these arguments put forward seem to use the same or similar research conclusions as the basis for different viewpoints.
- The PLG is invited to discuss whether, in light of responses, general observations about the relative nature of the therapy involved in psychotherapy and counselling may be less helpful in deciding whether the Register should differentiate, than, perhaps, other more concrete factors such as differences in the content and academic level of education and training.

3.1.3 Education and Training

Summary

- Psychotherapy training is delivered at a higher academic level than counselling training, with associated differences in content, duration and standards. Existing education and training standards should not be lowered.
- Existing organisations running a system of self-regulation differentiated between psychotherapists and counsellors in their structure, reflecting differences in education and training.

More information / points for discussion

- The responses to the call of ideas question regarding standards of education and training, summarised in the paper considered at the last meeting of the PLG, may be helpful here. In those responses, most respondents suggested a masters degree threshold level for psychotherapists (equivalent to level 7 on the National Qualifications Framework or 'NQF') and a diploma level threshold for counsellors (level 5 on the NQF). Most respondents indicated that these levels reflected existing education and training requirements.
- However, it should be noted here that other respondents said that there was wide variation in existing levels (for example, with some counselling programmes at Masters level); that levels were not always clear where programmes did not have external accreditation or validation; and questioned whether there was a correlation between the length and level of training and safe and effective practice.
- If there was no differentiation between psychotherapists and counsellors, this would mean that standards of proficiency would be written for the whole part of the Register. This would mean that the threshold level (as the minimum educational level necessary to achieve the standards of proficiency, please see section 1.3.2) would need to be set for the whole part of the Register. Given the variation in education and training levels briefly discussed above, this may necessitate setting a minimum threshold level at around diploma level, which some might see as lowering professional standards, particularly in psychotherapy.
- If there was differentiation between psychotherapists and counsellors this would mean that the standards of proficiency would include separate standards articulating the standards necessary for safe and effective practice as a psychotherapist, and as a counsellor. This would mean that the threshold level (as the minimum education level necessary to achieve the standards of proficiency) could be set separately for psychotherapists and counsellors. For example, in line with the summary of responses on the previous page, the level for psychotherapists might be set at a masters degree, and the level for counsellors at a diploma. (Please note that these are illustrative examples; the PLG will discuss education and training at a future meeting.)

3.2 Alternative structures

3.2.1 Psychotherapeutic counselling

Summary

- The Register should be structured to differentiate between psychotherapists, psychotherapeutic counsellors and counsellors.

More information / points for discussion

- Structuring the Register in this way would rely upon being able to identify discrete, differentiated standards of proficiency for psychotherapists, psychotherapeutic counsellors and counsellors.
- The PLG would need to be satisfied that psychotherapeutic counselling and counselling were significantly different in practice and in terms of the standards necessary for safe and effective practice in each.
- In the responses to the call for ideas, some suggested 'psychotherapeutic' as an adjective that would be a helpful way of distinguishing between the use of counsellor to describe practitioners undertaking therapeutic work, and those working in other contexts. Therefore, separately differentiating between psychotherapeutic counsellors and counsellors would potentially have consequences for the protected title(s) that could be used to denote counsellors.

3.2.2 Conscientious objection

Summary

- The Register should be structured to provide for a list of 'conscientious objectors'. A list of 'non-licensed', 'non-certified' psychotherapists exists in the US State of Vermont.

More information / points for discussion

- The PLG may wish to consider whether such an approach would be meaningful to either members of the public or the profession and achieve the public protection aims of statutory regulation. No known arrangement similar to that in Vermont exists in professional regulation in the UK.

3.2.3 Client groups

Summary

- The Register should be structured to differentiate between those qualified to work with children and young people, and those qualified to work with adults.

More information / points for discussion

- The existing HPC Register does not differentiate between registrants on the basis of client group. For example, the Register of speech and language therapists does not differentiate between those who work with children and young people, and those who work with adults.
- The PLG is invited to consider whether differentiating on the basis of client groups may have the potential to lead to an even greater proliferation of titles, with potentially every identified modality being further divided on the basis of client group, which could have the potential to be confusing for members of the public.
- Such an approach would rely upon being able to clearly identify those practitioners who are and are not qualified to work with children and young people and the ability to describe and differentiate between standards required for safe and effective practice.
- In some of the existing professions regulated by the HPC, professional bodies and associations often provide a service by which members of the public can find information about registrants who specialise in work with a particular client group or condition.
- In the event that the Register was not structured to differentiate between those qualified to work with children and young people and others, employers (and others) could still make their own requirements as to the experience and qualifications of a registrant before being satisfied that they were suitable for a particular role. This contrast between the role of the regulation in publishing a Register for those who are fit to practise, and the role of others in making decisions about fitness for purpose (i.e. suitability for a particular role or ability to meet certain needs), may be useful here and in the discussion about modality specific titles.

3.2.4 Psychological therapists

Summary

- The Register should be structured to allow for the potential future regulation of other groups delivering psychological therapy. The title 'psychological therapist' might be used to describe the part of the HPC Register, or become a protected title.

More information / points for discussion

- The 2007 White Paper said that in addition to psychotherapists and counsellors, 'other psychological therapists' would be priorities for future regulation. This broad group includes some existing groups undertaking psychological therapy, and roles being created as part of the IAPT initiative.
- The regulation of this group of practitioners is outside the remit of the PLG's work which is focused on the regulation of psychotherapists and counsellors. However, the PLG is invited to take into account the possible future regulation of these groups in its considerations.
- The structure of the Register is dynamic in that it can be altered in the future in order to allow for the regulation of further groups. Therefore, if necessary, the structure of the Register could be amended, for example, to create further 'subsections' for these groups.
- The PLG is further invited to carefully consider the suggestion that the title 'psychological therapist' should be protected. Newly created psychological therapists posts in the NHS accept applications from a variety of different professionals, including counsellors and psychotherapists but also including clinical psychologists, nurses and social workers. This suggests that protection of this title, at this moment in time at least, would not be possible (or would create the possibility of dual registration for some professional groups).

3.2.5 Modality specific titles

Summary

The arguments put forward for and against a modality specific approach might be grouped in four areas.

- Public understanding: Respondents argued that modality specific titles were necessary to provide members of the public with the information to make informed choices; or argued that members of the public did not understand and were confused by modality specific titles.
- Standards and public protection: Some respondents argued that a modality specific approach was necessary on the grounds of public protection because there was a clear link between specific education and training in a particular modality and competence to practice in that modality.
- Evidence base: Respondents argued that a modality approach was indicated, or not indicated, on the grounds of the available research evidence.
- Diversity: Some respondents argued that a modality specific approach was necessary in order to reflect the diversity of the field. Others argued that a modality specific approach would not be inclusive, would act to prevent innovation and would therefore run counter to the aims of diversity.

A modality specific approach to regulation would mean the following.

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

successfully delivered the standards of proficiency relating to the specific modality.

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

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

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

More information / points for discussion

- In both scenarios, registrants would be bound by the HPC's standards of conduct, performance and ethics. Two standards may be particularly relevant here. Standard 6 requires registrants to practise only in the areas in which they have appropriate education, training and experience. Standard 14 requires registrants to ensure that any advertising of their professional activities is accurate and not misleading, false, unfair or exaggerated.
- The PLG is reminded of the more general concerns expressed by respondents to the Call for ideas about the modality descriptors used in the Skills for Health National Occupational Standards work. Concerns

were expressed about the inclusiveness of this approach and the PLG may wish to take this into account in its discussions in this area.

- The PLG is invited to consider the balance between the potential benefits of protecting a number of modality specific titles and the need for clear and effective communication with members of the public, often said to rely on simple, easy to understand messages.
- The PLG is invited to consider the various suggestions made for protected titles outlined in appendix one. In particular, the PLG may wish to consider here the balance between the potential for the evasion of registration, the need to protect the titles in common usage, and the need for effective communication. The number of and variation in titles suggested here indicates that this may be a difficult area to negotiate.

In relation to specific suggestions made for protected titles in appendix one:

- The regulation of play therapists is outside of the group's remit. The 2007 White Paper identified play therapists as an example of a group that aspires to statutory regulation.
- The regulation of hypnotherapists is also directly outside of the group's remit. It is understood that some professional associations are working with Foundation for Integrated Health towards voluntary self-regulation with the Complementary and Natural Healthcare Council. It is suggested that the PLG may wish to take into account the distinction between hypnotherapists, and those psychotherapists practising in the hypno-psychotherapy modality who employ hypnotherapy as part of their work.

3.3 Counsellors

Summary

- 'Counsellor' is used by a large proportion of the professional field, is well understood by members of the public and is not widely used outside of therapeutic settings.
- There is potential for the evasion of regulation if only an adjectival title is protected.
- 'Counsellor' is often misunderstood and is in use outside of therapeutic settings.
- Common suggestions for adjectival titles were therapeutic counsellor or psychotherapeutic counsellor.

More information / points for discussion

- The PLG is invited to discuss how far the title counsellor is in use outside of therapeutic settings. One example is genetic counsellors, individuals often working within the NHS who provide information and support to individuals and families about genetic conditions. The professional body, the Association of Genetic Nurses and Counsellors, considers that the nature of the work involved is clearly different from 'therapeutic' counselling and is separately seeking regulation via the HPC's new professions process.
- The PLG is invited to consider the balance between public recognition of the title counsellor, the extent of the potential for evasion of registration if only an adjectival title was protected, and the potential for criminalising the behaviour of those it is not sought to regulate.
- The PLG may also wish to consider whether the approach to the use of protected titles where there is no intention to deceive outlined in section 1.2.6 might provide a useful way forward here.

3.4 Other comments

Summary

The point the group may particularly wish to consider here is:

- The title 'psychotherapist' is in use by other regulated professionals, particularly psychologists.

More information / points to consider

- The British Psychological Society holds a Register of psychologists who are qualified in delivering psychotherapy. A cursory examination of this Register reveals that a number of practitioners also hold membership of psychotherapy and counselling registers. Some practitioners, therefore, would be likely to be eligible for separate registration as a psychotherapist. It is unclear the number of psychologists who would not be eligible to register via the voluntary register transfer or an approved programme who would wish to use the title 'psychotherapist' to describe an area of their professional practice.
- The PLG is invited to consider the extent of any impact upon the practice of other professionals if the title psychotherapist was protected.

In a recent report of a Department of Health working group about the regulation of acupuncturists, medical herbalists and traditional Chinese medicine, the use of protected titles by other already regulated health professionals was discussed. The working group suggested that an agreement might be reached by which other regulated professions might be able to continue to use the proposed protected title 'acupuncturist', provided they were clear about their professional background and that it was clear that they used acupuncture as part of the practice of that first profession.⁴

⁴ Report to Ministers from Department of Health Steering Group on the Statutory Regulation of Practitioners of Acupuncture, Herbal Medicine, Traditional Chinese Medicine and other Traditional Medicine Systems Practised in the UK
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_086359

Protected titles

Many different titles were put forward to become protected titles. In this appendix, the modality specific protected titles suggested are listed, grouped by organisation or title. Other responses in the area of protected titles not covered elsewhere are also summarised.

The majority of these respondents said that they were advocating titles that mirrored the modality structure of the UKCP. However, even amongst these respondents, the protected titles suggested varied so they are outlined for completeness. Where appropriate, information about the rationale given for protecting a specific title is detailed as long as this does not duplicate arguments outlined elsewhere in this paper.

- The Association for Cognitive Analytic Therapy suggested that psychological therapist should be protected in addition to and differentiated from psychotherapist and therapeutic counsellor. They said that counsellor did not describe the work undertaken by CAT practitioners.
- The Association for Family therapy and Systemic practice in the UK acknowledged that it was best to minimise the number of protected titles to avoid confusion. However, they expressed concern if the title family and systemic psychotherapist and / or family therapist was not preserved to prevent misuse by unqualified individuals. They were particularly concerned if family therapist was to be left outside of the regulatory framework.
- The Association for Rational Emotive Behaviour Therapy favoured a modality title approach and particularly wanted to ensure that cognitive behavioural therapy was recognised and had its own protected title(s).
- The Association of Child Psychotherapists said that the title child and adolescent psychotherapist should be protected, as well as other titles for practitioners who work with children such as psychoanalytic child psychotherapist. They said that they considered that the public would recognise these titles.
- The British Association for Behavioural and Cognitive Psychotherapies said that cognitive behavioural therapist / psychotherapist or cognitive behaviour therapist /psychotherapist should be a protected title under psychotherapy. Alternatively, they suggested that cognitive behavioural psychotherapists might be a 'free standing title' in addition to the existing thirteen regulated professions.
- The British Association for the Person Centred Approach said that one approach might be for people to be registered under the title which has used to certify their qualification – e.g. person-centred psychotherapist.

- The British Association of Dramatherapists said that further titles might include psychoanalyst; cognitive behavioural therapist; and gestalt therapists.
- The British Psychoanalytic Council proposed that there should be four groups of protected titles for psychotherapy:
 - psychoanalytic or psychodynamic therapist
 - behavioural or cognitive behavioural therapy
 - family or system therapy
 - humanistic, person-centred and experiential therapy
- Chrysalis and the Counselling Society suggested that adjectival titles should be protected on the basis of a risk assessment and suggested that titles might include 'mental health counsellor' and 'NHS Registered counsellor'.
- The Counselling and Psychotherapy Central Awarding Body said that if a modality specific approach was adopted, there needed to be a category for integrative psychotherapists and counsellors. They said that they objected to the use of the language of 'psychological therapy' rather than 'counselling / psychotherapy' and said that they would not support titles or categories using such language.
- Hypnotherapist

The Register for Evidence-Based Hypnotherapy and Psychotherapy asked that the title 'psychotherapist' should be protected, but said that this should not disenfranchise those that employ hypnotherapy and use the term psychotherapy to describe their work. They said that they were keen to ensure that the potential abuse of all psychotherapeutic methods was prevented, including clinical hypnosis. Another individual respondent asked that we protect the title 'hypnotherapist'.

However, another respondent disagreed. One respondent said that they were not in favour of modality specific titles and gave the example of hypnotherapy. They said that there should not be a separate title but that psychotherapists using the technique would be able to call themselves 'psychotherapist (hypnotherapy)', or similar, if they wished.

- Play therapists

Two organisations representing play therapists responded suggesting protected titles for play therapists.

Play Therapy United Kingdom suggested that it was more appropriate for play therapists to be regulated with counsellors and psychotherapists than with arts therapists. They suggested the protected titles play therapist; practitioner in therapeutic play; sandplay therapist; practitioner in sandplay therapy.

The British Association of Play Therapists responded to the consultation saying that they considered play therapy was a better fit with arts therapy. They said that they wanted to achieve a protected title for the qualified play therapist or play psychotherapist (child and adolescent psychotherapist – play therapy).

- Sexual and relationship therapists

The British Association for Sexual Relationship Therapy (BASRT) and Relate (central office) both advanced arguments for the separate recognition, differentiation and protection of the titles sexual and relationship therapists / psychotherapists. The BASRT said that they believed work in this area required specialist knowledge and training and that generic trainings did not adequately prepare therapists to make complex assessments of the factors that affect peoples' sexual and relationship wellbeing. Relate similarly argued that additional training was necessary in this area in order to gain the skills and knowledge to work with a client group that includes children and young people.

BASRT additionally detailed that sexual and relationship therapists often work with a vulnerable client group, often those with a history of childhood sexual abuse that predisposes them to be vulnerable to boundary violations. They said that one safeguard to the potential for therapist abuse (as highlighted by enquiries such as Kerr-Haslam) was: '...to name publically the capacity to work with this client group and provide clarity to the outside world around what could be expected when seeing a therapist offering sexual and relationship therapy.' BASRT argued that sexual and relationship therapy was different from other modalities as the focus was the client and their problems rather than the theoretical orientation of the therapist; they argued that sexual and relationship therapy 'cut across other modalities' and that there was a danger that it would be 'marginalised as an area of therapeutic inquiry' if a title was not protected.

BASRT suggested sexual and relationship therapist should be protected; Relate suggested relationship therapist and sex therapist should be protected.

- Surrey Counselling and Psychotherapy Initiative suggested protected titles that would mirror the sections of the UKCP, with similar equivalent titles for counsellors. The titles suggested were:
 - psychoanalytic psychotherapist; Jungian analyst; cognitive psychotherapist; behavioural psychotherapist; cognitive-behavioural psychotherapist; experiential psychotherapist; constructive psychotherapist; family psychotherapist; couples psychotherapist; sexual psychotherapist; systemic psychotherapist; humanistic psychotherapist; integrative psychotherapist; hypno-psychotherapist.

An individual respondent suggested exactly the same protected titles as outlined above.

- The Tavistock Centre for Couple Relationships suggested that sections for psychotherapists and counsellors which might each be further defined into four broad categories with protected titles: psychoanalytic and psychodynamic; systemic and family; humanistic and integrative; cognitive and behavioural
- The United Kingdom Association of Psychotherapeutic Counsellors suggested four modality specific titles: humanistic-integrative; psychoanalytic / psychodynamic; CBT; family and systemic, all with the suffixes 'psychotherapist', 'psychotherapeutic counsellor' or 'counsellor', as appropriate.
- The University of Brighton suggested four groups of protected titles for psychotherapy, similar to those above:
 - psychoanalytic psychotherapist; psychoanalyst; psychodynamic psychotherapist; analytical psychologist
 - family psychotherapist; systemic psychotherapist
 - humanistic psychotherapist; integrative psychotherapist
 - cognitive behavioural psychotherapist; cognitive analytic psychotherapist
- WPF therapy said that main titles of the profession should be reflected, and gave the examples of psychoanalytic, psychodynamic and integrative.
- An individual suggested the titles 'registered psychotherapist' and 'registered counsellor'.
- A small number of individual respondents suggested protecting therapist. However other respondents said that this title was too broad and in use by other professions to be protected.
- An individual suggested that 'couples therapist' should be protected.
- A small number of individual respondents suggested that psychoanalyst should be included or that psychoanalysis should not be excluded by the regulatory process.