

## Psychotherapists and Counsellors Professional Liaison Group

### Minutes of the fifth meeting of the Psychotherapists and Counsellors Professional Liaison Group held as follows:-

**Date:** Tuesday 26 May 2009 and Wednesday 27 May 2009

**Time:** 10:30 am

**Venue:** The New Council Chamber, Health Professions Council, Park House, 184  
Kennington Park Road, London SE11 4BU

**Present:** Professor D Waller (Chairman)  
Ms S Aldridge  
Ms F Ballantine Dykes  
Mrs M Clark-Glass (items 1-9 inclusive)  
Mr J Coe  
Professor M Cooper  
Professor P Fonagy  
Mr J Lousada (part of item 5 and items 6-14 inclusive)  
Professor J Lucas  
Mr B Magee  
Ms L Matthews  
Ms J McMinn  
Ms K Murphy  
Professor G Smith  
Ms E Thornton  
Professor A Turner  
Mr N Turner

### In attendance:

Mr C Bendall, Secretary to the Group  
Mr M Guthrie, Acting Director of Policy and Standards  
Ms L Hart, Secretary to Council  
Mr S Rayner, Secretary to Committees  
Ms C Urwin, Policy Officer  
Dr A van der Gaag, President (part of item 5 and items 6 and 9-14 inclusive)

### **Item 1.09/31 Apologies for absence**

- 1.1 Apologies for absence were received from Mr J Lousada (delayed due to travel problems) and the President (for part of the meeting).

### **Item 2.09/32 Approval of agenda**

- 2.1 The Group approved the agenda.

### **Item 3.09/33 Minutes of the Professional Liaison Group meeting held on 29 April 2009 (report ref: PLG 15/09)**

- 3.1 The Group agreed that the minutes of the fourth meeting of the Professional Liaison Group should be confirmed as a true record and signed by the Chairman.

### **Item 4.09/34 Matters arising**

- 4.1 There were no matters arising.

### **Item 5.09/35 Draft standards of proficiency (report ref: PLG 16/09)**

- 5.1 The Group received a paper for discussion from the Executive.
- 5.2 The Group acknowledged that it was challenging to distinguish between psychotherapists and counsellors and this added to the complexity of drafting standards of proficiency. Following discussion, the Group agreed that, at threshold level, a psychotherapist should be expected to know about and understand typical presentations of severe mental disorder and be able to diagnose and treat those disorders. The Group agreed that, at threshold level, a counsellor would know and understand theories and research on well-being and deal with obstacles to well-being and life problems.
- 5.3 The Group agreed that two members of the Group (Professor Fonagy and Professor Cooper) should revise the draft standards of proficiency in the light of the discussion at paragraph 5.2 above. The revised standards were tabled for discussion by the Group.
- 5.4 The Group discussed the draft standards of proficiency and made comments and amendments as indicated in the appendix to these minutes. The Group noted that the Executive would circulate a revised draft of the standards of proficiency to members of the Group, to give members an opportunity to suggest any further minor amendments.

The Group noted that the HPC's solicitor would review the draft standards.

**Action: MG (by June 2009)**

**Item 6.09/36 Threshold level of qualification for entry to the Register (report ref: PLG 17/09)**

- 6.1 The Group received a paper for discussion from the Executive.
- 6.2 The Group noted that the Health Professions Order 2001 did not provide the HPC with the power to set qualifications required for entry to the Register, but enabled it to approve qualifications which met the standards it had set for entry to the Register. HPC set threshold standards of entry to its Register (i.e. the minimum standards which a newly qualified applicant needed to meet in order to practise safely and effectively). The HPC could approve a qualification which delivered those standards, but could not insist that only a specified form of academic award would do so.
- 6.3 The Group noted that the standards of education and training (SETs) identified the means by which the standards of proficiency could be delivered by a programme of education and training. SET 1 provided the threshold levels of qualification 'normally' expected. The Group noted that any programme of education and training could seek approval from the HPC, regardless of the level of qualification which was normally expected.
- 6.4 The Group noted that the HPC was in the process of reviewing whether SET 1 was necessary, but any decision to remove SET 1 would be subject to a consultation process and consideration by the HPC's Education and Training Committee and Council.
- 6.5 The Group noted that the Call for Ideas had suggested that the threshold level of qualification might be raised over time, but the Group noted that this approach would have to be justified. The Group noted that the threshold level of qualification could be reviewed and revised by the HPC over time, in the light of developments in the profession.
- 6.6 The Group noted that there was a consensus among its members that the threshold level of qualification normally expected for psychotherapists should be set at level 7 on the National Qualifications Framework (NQF). The Group felt that this level would

enable newly qualified practitioners to meet the standards of proficiency.

- 6.7 The Group discussed the threshold level of qualification which should normally be expected for counsellors. Some members felt that a qualification at level 5 on the NQF would enable practitioners to meet the standards of proficiency. However, other members felt that only a qualification at level 6 would enable practitioners to practise safely, effectively and autonomously and meet the standards of proficiency.
- 6.8 The Group agreed to recommend that the threshold level of qualification for entry to the Register for psychotherapists should be set at level 7.

**Action: MG (by July 2009)**

- 6.9 A majority of the Group agreed to recommend that the threshold level of qualification for entry to the Register for counsellors should be set at level 5. Ms Aldridge, Professor Cooper and Ms McMinn asked that it should be recorded that they would prefer a threshold of level 6.

**Action: MG (by July 2009)**

**Item 7.09/37 Voluntary register transfers – draft criteria for transfer (report ref: PLG 18/09)**

- 7.1 The Group received a paper for discussion from the Executive.
- 7.2 The Group noted that, at its meeting on 3 and 4 March 2009, it had discussed the process for transfer of voluntary registers and the criteria that should be used to decide which registers should be transferred to the HPC's Register. The Group had agreed that the proposed criteria should be discussed at a later meeting. Due to time constraints at the meeting held on 29 April 2009, it had not been possible to discuss the paper at that meeting. However, comments had been sought from members of the Group via e-mail after the meeting and the paper had been revised following comments from members.
- 7.3 The Group noted that the criteria which were set should strike a balance between ensuring protection of the public and being reasonably inclusive of existing voluntary registers.
- 7.4 The Group noted that the paper suggested that one of the criteria should be 'the voluntary register must demonstrate processes for

assuring that applicants meet the required standards of entry which may include accreditation of education programmes'. The Group noted that it could, if it wished, amend the criteria to require that accreditation was linked to an external quality assurance framework. The Group noted that not all voluntary registers accredited education programmes.

- 7.5 The Group noted that the paper outlined the process for identifying the voluntary registers which should be transferred. The process would allow organisations to submit information to the HPC for consideration and an opportunity to submit further information if required. The HPC would recommend voluntary registers to the Department of Health. The government would make the final decision on which registers should be transferred. Any organisations which did not make a submission to HPC, or whose submission was rejected by the HPC, could contact the Department of Health directly. There would also be a right of judicial review of any decision relating to the transfer of voluntary registers.
- 7.6 The Group noted that some voluntary registers might not differentiate between psychotherapists and counsellors and, if it was not possible to differentiate, individuals might be able to register in both parts of the HPC Register.
- 7.7 The Group noted that individuals who were registered with the HPC were required to renew their registration every two years. The renewal process required the registrant to confirm that they met the HPC's standards of conduct, performance and ethics and standards of continuing professional development. The Group noted that registrants were also subject to audit of their continuing professional development (at a sample rate of 2.5% of each profession).
- 7.8 The Group agreed that the criteria for the transfer of voluntary registers set out in the paper were suitable. The Group agreed to recommend the criteria to the Health Professions Council.

**Action: CU (by July 2009)**

**Item 8.09/38 Protecting the title 'counsellor' (report ref: PLG 19/09)**

- 8.1 The Group received a paper for discussion from the Executive.
- 8.2 The Group noted that, at its meeting on 28 and 29 January 2009, it had discussed whether it would be possible to protect the title 'counsellor' or whether it would only be possible to protect this title as

part of an adjectival title. The Group had agreed that the 'stem' title counsellor should be protected if possible, as it was widely used by a large number of practitioners and widely understood by the public. The Group had agreed that, if it was not possible to protect the title 'counsellor' without an adjective, 'registered counsellor' might be protected instead but that this should be the subject of further discussion.

- 8.3 The Group noted that the title 'counsellor' was used by those outside of the field of psychotherapy and counselling. For example, 'debt counsellors' provided advice on debt management and 'genetic counsellors' provided information and support to individuals and families about genetic conditions. The Group noted that it was important to consider the extent to which any proposed protected title was in use by the profession being regulated, by other regulated professionals and by others who undertook work in areas which it was not intended to regulate. Protecting a title that was also in use by individuals outside of health, wellbeing or therapeutic interventions and contexts might have the potential to criminalise the behaviour of those who it had not been the intention to regulate.
- 8.4 The Group noted that the HPC Executive had discussed the issue with the HPC's solicitor and parliamentary agent, with a view to finding a way in which the title 'counsellor' might be protected. The solicitor had advised that article 39 of the Health Professions Order 2001 could be amended in some way in order to more clearly specify the circumstances in which misuse of the title would occur. This might be achieved by 'defining' in some way the area of activity of those practitioners which it was sought to regulate. The Group noted that this was not intended as protection of function.
- 8.5 Some members of the Group felt that any reference in the Health Professions Order 2001 to the area of activity should avoid mentioning the phrases 'psychotherapeutic services' or 'advice'. It was suggested that a phrase such as 'psychological therapy services' might be used instead.
- 8.6 The Group:
- agreed to strongly recommend that the title 'counsellor' should be protected on the basis that it was used by a large number of practitioners; it was well understood by members of the public; and that a failure to protect the title would risk large scale evasion of regulation and therefore harm the level of public protection;

- recognised that the title was sometimes used by other groups outside of therapeutic interventions (e.g. debt counsellors). However, the Group believed that it was essential that the title should be protected and recommended that this might be achieved by amending article 39 of the Health Professions Order 2001 to specify the circumstances in which misuse of the title would occur; and
- agreed not to recommend any suitable alternative titles, in the event that the Department of Health considered that it would not be possible to protect the stem 'counsellor' without it being part of an adjectival title.

**Action: MG (by July 2009)**

**Item 9.09/39 Client groups (report ref: PLG 20/09)**

- 9.1 The Group received a paper for discussion from the Executive.
- 9.2 The Group noted that, at its meeting on 28 and 29 January 2009, it had discussed the structure of the Register and protected titles, including some responses to the Call for Ideas calling for the Register to differentiate between those qualified to work with children and young people and those qualified to work with adults. The Group had agreed to revisit the issue in the light of subsequent discussion.
- 9.3 Some members of the Group felt that there was no additional evidence in the paper to justify differentiation on the basis of client groups. These members noted that the standards of proficiency would require registrants to practise within the legal and ethical boundaries of their profession. However, other members of the Group felt that practitioners required specialist training and skills to work with children and therefore the Register should differentiate.
- 9.4 The Group noted that the Association of Child Psychotherapists and the United Kingdom Council for Psychotherapy had provided some comments to the Executive on the draft standards of proficiency, including some suggested amendments. The Group noted that the comments had been received too late for inclusion in the papers for the meeting. The Group agreed that the comments should be circulated to members of the Group for consideration.

**Action: MG (by June 2009)**

- 9.5 The Group noted that any consultation by the HPC on regulation of psychotherapy and counselling could include a specific question relating to client groups.

**Item 10.09/40 Dual registration (report ref: PLG 21/09)**

- 10.1 The Group received a paper for discussion from the Executive.
- 10.2 The Group that, at its meeting on 28 and 29 January 2009, it had considered comments made in the Call for Ideas about the implications of regulation for dual registration and the practice of other professionals. The issue had been raised by a member of a Group as an issue on which a view from the Group would be helpful.
- 10.3 The Group noted that potentially some practitioner psychologists, some arts therapists and some nurse therapists would be required to hold dual registration. The Group noted that individuals registered in more than one part of the HPC Register would need to pay a renewal fee for each part.
- 10.4 The Group agreed the following points for inclusion in its recommendations:
- the Group noted that introducing regulation for psychotherapists and counsellors would mean that some professionals might be required to be dual registered, either with the HPC and another regulator or registered twice by the HPC;
  - the Group had considered whether members of other regulated professions who used psychotherapy or counselling as part of their practice should be able to continue using one of the protected titles without being registered separately as a psychotherapist or counsellor;
  - the Group considered that the extent of dual registration was likely to be relatively small and that many of those who would be required to register twice were likely to be already voluntarily registered by organisations in the field or would be likely to be able to register via having completed an approved training;
  - the Group considered that it was important that those who used the protected titles should be HPC registered, regardless

of their professional background, as this was important for public protection and for public understanding.

**Action: MG (by July 2009)**

**Item 11.09/41 PLG workplan (report ref: PLG 22/09)**

- 11.1 The Group received a paper to note from the Executive.
- 11.2 The Group noted the indicative timetable for future work would be as follows:
- 6 July 2009: report to the Health Professions Council (the meeting would be held in public);
  - July to October 2009: consultation on the HPC's recommendations to the Secretary of State for Health and Ministers in the devolved administrations;
  - November 2009: reconvened meeting of the Professional Liaison Group to discuss standards of proficiency/threshold level for entry responses (the meeting would be held in public);
  - 10 December 2009: the Health Professions Council would consider responses to the consultation and finalise recommendations to the Secretary of State for Health and Ministers in the devolved administrations (the Health Professions Council meeting would be held in public); and
  - January 2010: process would begin to seek information from voluntary registers in order to make recommendations about register transfers.

**Item 12.09/42 Grandparenting criteria (report ref: PLG 23/09)**

- 12.1 The Group received a paper to note from the Executive, setting out the draft grandparenting criteria for psychologists.

**Item 13.09/43 Any other business**

- 13.1 A query was raised on whether the title of 'psychoanalyst' should also be protected, as it was a title which might be used by unregulated practitioners.
- 13.2 The Chairman thanked members of their Group for their contributions to the Group's work, both at meetings and between meetings. The Chairman thanked people in the public gallery for their interest in the Group's work. The Group thanked the Chairman for her chairing of

the meetings to date. The Group thanked the Executive and the President for their support.

**Item 14.09/44 Date and time of next meeting**

- 14.1 The next meeting of the Group would be held at 10.30 am on Wednesday 18 November 2009 and Thursday 19 November 2009.

**Chairman**

**Date**

## **Appendix to the minutes of the Psychotherapists and Counsellors Professional Liaison Group held on 26 and 27 May 2009**

This appendix shows the draft standards of proficiency for psychotherapists and counsellors, with a summary of the Group's comments and amendments following the relevant standards.

Black type shows the generic standards of proficiency.

Blue italicised type shows the profession-specific standards agreed by the Group at its meeting on 29 April 2009.

Red italicised type shows where a more significant editing change had occurred, where further comment or discussion was still specifically necessary, or where new or amended standards had been suggested between meetings.

Registrant psychotherapists and counsellors must:

Ref	Standard
	<b>Professional autonomy and accountability</b>
<b>1a.1</b>	<p><b>be able to practise within the legal and ethical boundaries of their profession</b></p> <ul style="list-style-type: none"> <li>- understand the need to act in the best interests of service users at all times</li> <li>- understand what is required of them by the Health Professions Council</li> <li>- understand the need to respect, and so far as possible uphold, the rights, dignity, values and autonomy of every service user including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing</li> <li>- be aware of current UK legislation applicable to the work of their profession</li> </ul>
<b>Psychotherapists &amp; Counsellors</b>	<ul style="list-style-type: none"> <li>- <i>be able to recognise and manage the dynamics of power and authority</i></li> <li>- <i>understand the role of the psychotherapist / counsellor in a range of settings, services and theoretical approaches</i></li> </ul>
<b>1a.2</b>	<b>be able to practise in a non-discriminatory manner</b>
<b>1a.3</b>	<b>Understand the importance of and be able to maintain confidentiality</b>
<b>1a.4</b>	<b>Understand the importance of and be able to obtain informed consent</b>
<b>1a.5</b>	<b>be able to exercise a professional duty of care</b>
<b>Psychotherapists &amp; Counsellors</b>	<ul style="list-style-type: none"> <li>- <i>understand their duty of care with regard to the legislation on safeguarding children, young people and vulnerable adults</i></li> </ul>
<b>1a.6</b>	<p><b>be able to practise as an autonomous professional, exercising their own professional judgement</b></p> <ul style="list-style-type: none"> <li>- be able to assess a situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem</li> <li>- be able to initiate resolution of problems and be able to exercise personal initiative</li> <li>- know the limits of their practice and when to seek advice or refer to another professional</li> <li>- recognise that they are personally responsible for and must be able to justify their decisions</li> </ul>

<b>1a.7</b>	<b>recognise the need for effective self-management of workload and resources and be able to practise accordingly</b>
<b>1a.8</b>	<b>understand the obligation to maintain fitness to practise</b> - understand the need to practise safely and effectively within their scope of practice - understand the need to maintain high standards of personal conduct - understand the importance of maintaining their own health - understand both the need to keep skills and knowledge up to date and the importance of career-long learning
<b>Psychotherapists &amp; Counsellors</b>	<i>- recognise the obligation to maintain fitness to practise including engagement in their own counselling or psychotherapy based process in a way consistent with their own theoretical approach</i> <i>- be able to identify and manage their personal involvement in and contribution to the processes of therapy, including recognising their own distress or disturbance and by being able to develop self-care strategies</i>

	<b>Professional relationships</b>
<b>1b.1</b>	<b>be able to work, where appropriate, in partnership with other professionals, support staff, service users and their relatives and carers</b> - understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team - understand the need to engage service users and carers in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals - be able to make appropriate referrals
<b>Psychotherapists &amp; Counsellors</b>	<i>- understand the role of the therapist in the broader social and cultural context</i> <i>- be able to demonstrate sensitivity to organisational dynamics</i>
<b>1b.2</b>	<b>Be able to contribute effectively to work undertaken as part of a multi-disciplinary team</b>
<b>1b.3</b>	<b>be able to demonstrate effective and appropriate skills in communicating information, advice,</b>

	<p><b>instruction and professional opinion to colleagues, service users, their relatives and carers</b></p> <ul style="list-style-type: none"> <li>- be able to communicate in English to the standard equivalent to level 7 of the International English Language Testing System, with no element below 6.5<sup>1</sup></li> <li>- understand how communication skills affect the assessment of service users and how the means of communication should be modified to address and take account of factors such as age, physical ability and learning ability</li> <li>- be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others</li> <li>- be aware of the characteristics and consequences of non-verbal communication and how this can be affected by culture, age, ethnicity, gender, religious beliefs and socio-economic status</li> <li>- understand the need to provide service users (or people acting on their behalf) with the information necessary to enable them to make informed decisions</li> <li>- understand the need to use an appropriate interpreter to assist service users whose first language is not English, wherever possible</li> <li>- recognise that relationships with service users should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility</li> </ul>
<b>Psychotherapists &amp; Counsellors</b>	<ul style="list-style-type: none"> <li>- <i>be able to communicate the nature of their chosen theoretical approach in a way which is consistent with their chosen theoretical approach</i></li> <li>- <i>be able to communicate appropriately and effectively with other professionals about the client and proposed therapeutic work</i></li> </ul>
<b>1b.4</b>	<p><b>Understand the need for effective communication throughout the care of the service user</b></p> <ul style="list-style-type: none"> <li>- recognise the need to use interpersonal skills to encourage the active participation of service users</li> </ul>
<b>Psychotherapists &amp; Counsellors</b>	<ul style="list-style-type: none"> <li>- <i>be able to build, maintain and end therapeutic relationships with clients</i></li> </ul>

<sup>1</sup> The International English Language Testing System (IELTS) tests competence in spoken and written English. Applicants who have qualified outside of the UK, whose first language is not English and who are not nationals of a country within the European Economic Area, have to provide evidence that they have reached the necessary standard. The HPC accepts a number of other tests as equivalent to the IELTS examination.

	<b>Identification and assessment of health and social care needs</b>
<b>2a.1</b>	<b>be able to gather appropriate information</b>
<b>2a.2</b>	<b>be able to select and use appropriate assessment techniques</b> - be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment
<b>Psychotherapists &amp; Counsellors</b>	- <i>be able to devise a strategy and conduct and record the assessment process that is consistent with the theoretical approach, setting and client group</i> - <i>be able to observe and record clients' responses and assess the implication for therapeutic work</i>
<b>2a.3</b>	<b>be able to undertake or arrange investigations as appropriate</b>
<b>2a.4</b>	<b>be able to analyse and critically evaluate the information collected</b>
<b>Psychotherapists &amp; Counsellors</b>	- <i>be able to apply a chosen theoretical model to assess the clients' needs</i> - <i>be able to apply a chosen theoretical model to assess the clients' suitability for the therapy offered</i>  The Group agreed that this standard should be amended to require an ability to apply a chosen theoretical model to assess the suitability of the therapy offered to the client.  - <i>be able to identify and respond appropriately to areas of potential risk for the client, such as suicide, self injury and possible danger to others</i>

	<b>Formulation and delivery of plans and strategies for meeting health and social care needs</b>
<b>2b.1</b>	<b>be able to use research, reasoning and problem solving skills to determine appropriate actions</b> - recognise the value of research to the critical evaluation of practice - be able to engage in evidence-based practice, evaluate practice systematically, and participate in audit procedures - be aware of a range of research methodologies

	<ul style="list-style-type: none"> <li>- be able to demonstrate a logical and systematic approach to problem solving</li> <li>- be able to evaluate research and other evidence to inform their own practice</li> </ul>
	<p>The following amended standard had been suggested during post-meeting discussion between some members of the Group as a standard for both psychotherapists and counsellors:</p> <ul style="list-style-type: none"> <li>- <i>understand the relevance of different approaches to research in counselling/ psychotherapy</i></li> </ul> <p>The Group felt that the standard did not add substantially to the generic standard and agreed to delete the proposed profession-specific standard.</p> <p>The Group felt that some of the terminology in the generic standard would not be appropriate for psychotherapy and counselling. The Group noted that the HPC would undertake a review of the generic standards to ensure that the wording was appropriate.</p>
	<p>The following standard had been included in the first draft as a potential profession-specific standard for psychotherapists and had been suggested during post-meeting discussion between some members of the Group as a standard for psychotherapists only:</p> <ul style="list-style-type: none"> <li>- <i>understand and be able to critically evaluate the significance and implications of research findings in relation to assessment for therapeutic intervention</i></li> </ul> <p>The Group felt that the standard did not add substantially to the generic standard and agreed to delete the proposed profession-specific standard.</p> <ul style="list-style-type: none"> <li>- <i>understand the relevance of studies and research findings in human development, psychopathology, sexuality, ethics and social sciences in understanding the therapeutic process and be able to engage these to achieve productive therapeutic outcomes</i></li> </ul> <p>The Group felt that the lengthy wording of this standard was confusing and potentially constraining on practitioners. The Group agreed to delete the proposed profession-specific standard.</p>

2b.2	<p><b>be able to draw on appropriate knowledge and skills in order to make professional judgements</b></p> <ul style="list-style-type: none"> <li>- be able to change their practice as needed to take account of new developments</li> <li>- be able to demonstrate a level of skill in the use of information technology appropriate to their practice</li> </ul>
<p><b>Psychotherapists &amp; Counsellors</b></p>	<ul style="list-style-type: none"> <li>- <i>be able to work effectively whilst holding alternative competing explanations in mind</i></li> <li>- <i>be able to recognise when further therapeutic work is inappropriate or unlikely to be helpful</i></li> <li>- <i>be able to use a chosen theoretical approach to formulate appropriate therapeutic processes</i></li> <li>- <i>be able to conceptualise presenting situations within a coherent framework of psychological theory and evidence, incorporating interpersonal, societal, cultural and biological factors</i></li> <li>- <i>be able to reflect on and engage with complex and sometimes contradictory information elicited from the client in order to progress/develop a working understanding of psychological difficulties and their origins</i></li> <li>- <i>be able to make informed judgements on complex issues in the absence of complete information</i></li> </ul>
	<p>The following standards were deleted from the tabled version of the standards:</p> <ul style="list-style-type: none"> <li>- <i>be able to use theoretical knowledge to develop working hypotheses, generate therapeutic responses to clinical problems and to develop new strategies where appropriate</i></li> <li>- <i>be able to analyse complex, incomplete and contradictory areas of clinical understanding and use this to inform therapeutic work</i></li> <li>- <i>be able to manage complex unpredictable contextual variables that may require adaptation and innovative practice</i></li> </ul>
	<p>The following standards had been suggested by some members of the Group as profession-specific standards for counsellors. They were deleted from the tabled version of the standards:</p> <ul style="list-style-type: none"> <li>- <i>be able to use theoretical knowledge to develop working hypotheses and respond therapeutically and coherently to client issues</i></li> <li>- <i>be able to work with incomplete and contradictory understandings of client issues</i></li> <li>- <i>be able to work flexibly and therapeutically with unpredictable contextual variables</i></li> </ul>

2b.3	<p><b>be able to formulate specific and appropriate management plans including the setting of timescales</b></p> <ul style="list-style-type: none"> <li>- understand the requirement to adapt practice to meet the needs of different groups distinguished by, for example, physical, psychological, environmental, cultural or socio-economic factors</li> </ul>
	<p><i>-be able to use models of gendered and culturally influenced human development when considering the client's situation and understand the implication of these when developing therapeutic hypotheses and therapeutic responses</i></p> <p>The Group agreed that this standard was restrictive and did not add anything substantial to the generic standard. The Group agreed to delete the proposed profession-specific standard.</p> <p>The Group felt that the generic standard should be amended to refer to 'groups and individuals' and agreed that this should be considered as part of the HPC's review of the generic standards.</p>
2b.4	<p><b>be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and skilfully</b></p> <ul style="list-style-type: none"> <li>- understand the need to maintain the safety of both service users and those involved in their care</li> </ul>
<p><b>Psychotherapists &amp; Counsellors</b></p>	<ul style="list-style-type: none"> <li>- <i>be able to establish an effective, collaborative working relationship with the client</i></li> <li>- <i>be able to make appropriate therapeutic interventions consistent with the chosen theoretical approach</i></li> <li>- <i>be able to facilitate client exploration of experiences, meanings and self-understanding</i></li> <li>- <i>be able to enable and work with expression of client emotion</i></li> <li>- <i>be able to recognise and work with life transitions and developmental crises</i></li> <li>- <i>be able to hold a model of implicit and explicit communications in a therapeutic relationship</i></li> <li>- <i>be able to communicate empathic understanding to clients</i></li> <li>- <i>be able to initiate and manage first and subsequent counselling / psychotherapy sessions by developing rapport and trust</i></li> </ul>
	<p>The following standard had been suggested by some members of the Group as an additional standard for psychotherapists and counsellors:</p> <ul style="list-style-type: none"> <li>- <i>be able to work with and manage the dynamics and boundaries of time</i></li> </ul>

	<p>The Group agreed that this standard should be re-worded to include a reference to using time creatively. The Group asked the Executive to draft some suitable wording.</p> <p>The following standards were concepts that the Group wished to include in standards for psychotherapists and counsellors:</p> <ul style="list-style-type: none"> <li>- <i>recognise the need to respect the client's capacity for self-determination and to able to take account of this</i></li> </ul> <p>The Group agreed that this standard should be amended to read 'be able to respect and take into account the client's capacity for self-determination'.</p> <ul style="list-style-type: none"> <li>- <i>be able to encourage the client's capacity to reflect on his or her psychological functioning</i></li> </ul> <p>The Group agreed that this standard should be amended to read 'be able to encourage the client to reflect on his or her psychological functioning'.</p>
	<p>The following standards had been suggested as potential profession-specific standards for counsellors. They had been amended in line with the Group's discussion and the Group was invited to consider whether they were appropriate as standards for counsellors or psychotherapists and counsellors:</p> <ul style="list-style-type: none"> <li>- <i>be able to facilitate client problem management, change, planning and decision-making</i></li> </ul> <p>The Group agreed that this standard did not add anything substantial to the existing draft standards and should be deleted.</p> <ul style="list-style-type: none"> <li>- <i>be aware, understand and work with both the explicit and implicit aspects of the counselling relationship</i></li> </ul> <p>The Group agreed that this standard should be amended to read 'be able to work with both the</p>

	explicit and implicit aspects of the therapeutic relationship'. The Group agreed that this standard should be retained for both psychotherapists and counsellors.
<b>2b.5</b>	<p><b>be able to maintain records appropriately</b></p> <ul style="list-style-type: none"> <li>- be able to keep accurate, legible records and recognise the need to handle these records and all other information in accordance with applicable legislation, protocols and guidelines</li> <li>- understand the need to use only accepted terminology in making records</li> </ul> <p>The Group noted that psychotherapists and counsellors might not always take notes. The Group noted that the standard allowed for records to be kept in accordance with 'protocols and guidelines'. The Group noted that the wording of the standard, in particular the phrase 'accepted terminology', would be reviewed as part of the HPC's review of the generic standard.</p>
	<b>Critical evaluation of the impact of, or response to, the registrant's actions</b>
<b>2c.1</b>	<p><b>be able to monitor and review the ongoing effectiveness of planned activity and modify it accordingly</b></p> <ul style="list-style-type: none"> <li>- be able to gather information, including qualitative and quantitative data, that helps to evaluate the responses of service users to their care</li> <li>- be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user</li> <li>- recognise the need to monitor and evaluate the quality of practice and the value of contributing to the generation of data for quality assurance and improvement programmes</li> <li>- be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately</li> </ul>
<b>Psychotherapists &amp; Counsellors</b>	<ul style="list-style-type: none"> <li>- <i>be able to help clients to reflect on their process in therapy</i></li> <li>- <i>understand the need to review and evaluate the therapeutic work in collaboration with the client, consistent with their theoretical approach</i></li> <li>- <i>be able to evaluate the therapeutic work in collaboration with the client, consistent with their theoretical approach</i></li> </ul>
<b>2c.2</b>	<b>be able to audit, reflect on and review practice</b>

	<ul style="list-style-type: none"> <li>- understand the principles of quality control and quality assurance</li> <li>- be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures</li> <li>- be able to maintain an effective audit trail and work towards continual improvement</li> <li>- participate in quality assurance programmes, where appropriate</li> <li>- understand the value of reflection on practice and the need to record the outcome of such reflection</li> <li>- recognise the value of case conferences and other methods of review</li> </ul>
<b>Psychotherapists &amp; Counsellors</b>	<ul style="list-style-type: none"> <li>- <i>understand the need for and role of supervision</i></li> <li>- <i>be able to make use of supervision, consistent with their theoretical approach</i></li> <li>- <i>be able to critically reflect on the use of self in the therapeutic process and engage in supervision in order to improve practice</i></li> </ul>

	<b>Knowledge, understanding and skills</b>
<b>3a.1</b>	<p><b>know and understand the key concepts of the bodies of knowledge which are relevant to their profession-specific practice</b></p> <ul style="list-style-type: none"> <li>- understand the structure and function of the human body, relevant to their practice, together with knowledge of health, disease, disorder and dysfunction</li> <li>- be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process</li> <li>- recognise the role of other professions in health and social care</li> <li>- understand the theoretical basis of, and the variety of approaches to, assessment and intervention</li> </ul>
<b>Psychotherapists &amp; Counsellors</b>	<ul style="list-style-type: none"> <li>- <i>understand the historical development, theory and philosophy underpinning the therapeutic approach</i></li> <li>- <i>understand the concepts underpinning work with different groups of clients, consistent with the theoretical approach</i></li> <li>- <i>know about the key concepts of other therapeutic approaches</i></li> </ul> <p>The Group agreed that this standard should be amended to read 'know about other therapeutic approaches'</p>

	<ul style="list-style-type: none"> <li>- <i>be aware of alternative ways of working</i></li> <li>- <i>understand the importance of considering the impact upon clients of cultural, socio-political and other contexts</i></li> <li>- <i>understand the importance of cultural sensitivity and recognition of diversity</i></li> </ul> <p>The following standard had been amended:</p> <ul style="list-style-type: none"> <li>- <i>understand the need to demonstrate a coherent approach to therapy</i></li> </ul> <p>The Group felt that this standard did not add anything substantial to the existing profession-specific standards and should be deleted.</p>
	<p>The following standards had been amended from the first draft and had been suggested by a member of the Group as standards for both psychotherapists and counsellors:</p> <ul style="list-style-type: none"> <li>- <i>understand studies and research findings relevant to the mode of psychotherapy/counselling, and be able to use these to inform practice</i></li> </ul> <p>Members of the Group felt that this standard did not add significantly to the generic standards in section 2b1 and should therefore be deleted.</p> <ul style="list-style-type: none"> <li>- <i>understand and be able to evaluate theories of lifespan development</i></li> <li>- <i>understand and be able to evaluate theories of psychopathology</i></li> <li>- <i>understand and be able to evaluate theories of therapeutic change</i></li> <li>- <i>understand and be able to evaluate theories of mind and personality</i></li> </ul> <p>The Group agreed that these four standards should be combined into one standard, which should be amended to read 'understand and be able to evaluate theories and research of lifespan development; psychopathology; therapeutic change; and mind and personality, consistent with the theoretical approach'.</p>

	<p><i>- understand and be able to evaluate social conceptualisations of mental and emotional health</i></p> <p><i>- be able to recognise and work with severe disturbances in clients</i></p> <p>The Group agreed that this standard should be amended to read ‘be able to recognise severe mental disorder in clients’. The Group noted that some members preferred alternative wording: ‘be able to recognise and work with disorder of the mind in clients’. The Group agreed that the consultation on the draft standards should seek stakeholders’ views on these alternative forms of wording.</p> <p><i>- understand and work with common/general mental health problems</i></p> <p>The Group noted that some members of the Group felt that this standard should be amended to read ‘understand and work with mild/moderate mental health problems’. The Group agreed that the consultation on the draft standards should seek stakeholders’ views on these alternative forms of wording.</p> <p>The Group noted that the standards of proficiency would include a statement that the standards should be applied in a way which was consistent with the theoretical model.</p>
	<p>The following standards were suggested for psychotherapists in the tabled paper:</p> <p><i>- comprehensive knowledge and understanding of typical presentations of severe mental disorder</i></p> <p><i>- knowledge and understanding of methods of diagnosis appropriate to the approach and the ability to conduct appropriate diagnostic procedures</i></p> <p><i>- knowledge of specific treatment methods to address symptoms and causes of severe mental disorder and the ability to effectively implement them</i></p> <p>The Group considered the following redrafting of the suggested standards:</p>

	<ul style="list-style-type: none"> <li>- <i>understand typical presentations of severe mental disorder</i></li> </ul> <p>The Group noted that the standards of proficiency were those required of new practitioners, so it would not be appropriate to require 'comprehensive knowledge and understanding'</p> <ul style="list-style-type: none"> <li>- <i>understand methods of diagnosis appropriate to the approach and be able to conduct appropriate diagnostic procedures</i></li> </ul> <p>The Group agreed that this standard should be amended to read 'understand methods of diagnosis of severe mental disorder appropriate to the approach and be able to conduct appropriate diagnostic procedures'</p> <ul style="list-style-type: none"> <li>- <i>know about specific treatment methods to address symptoms and causes of severe mental disorder and be able to effectively implement them</i></li> </ul> <p>The Group agreed that this standard should be amended to read 'understand and implement treatment methods to address symptoms and causes of severe mental disorder'</p> <p>The following standard was deleted from the tabled version of the draft standards:</p> <p><i>Understand the relevance of research findings in human development, psychopathology, sexuality, ethics and social sciences in understanding the therapeutic process and be able to draw on these to achieve enhanced therapeutic outcomes</i></p>
	<p>The following standards were suggested for counsellors in the tabled paper:</p> <ul style="list-style-type: none"> <li>- <i>knowledge and understanding of theories and research on well-being and obstacles to well-being, and ability to use these to facilitate client development</i></li> <li>- <i>knowledge and familiarity with theory and research concerning specific life problems (issues and transitions) that commonly lead individuals to seek counselling and the ability to use these to guide practice</i></li> <li>- <i>knowledge and good understanding of the contexts in which counselling takes place</i></li> </ul>

	<p>The Group considered the following redrafting of the suggested standards:</p> <ul style="list-style-type: none"> <li>- <i>understand theories and research on well-being and obstacles to well-being and be able to use these to facilitate client development</i></li> </ul> <p>The Group agreed that this standard should be amended to read ‘understand theories and research on obstacles to mental health and well-being and be able to use these to facilitate client development’</p> <ul style="list-style-type: none"> <li>- <i>know about theory and research concerning specific life problems (issues and transitions) that commonly lead individuals to seek counselling and be able to use these to guide practice</i></li> </ul> <p>The Group agreed that this standard should be amended to read ‘understand theory and research concerning specific life problems, issues and transitions that commonly lead individuals to seek counselling and be able to use these to inform practice’.</p> <ul style="list-style-type: none"> <li>- <i>Understand the contexts in which counselling takes place</i></li> </ul> <p>The Group felt that this standard did not add anything substantial to the existing standards and should be deleted.</p>
	<p>The following standards had been amended from those included in the first draft on which there had been discussion from the Group about whether differentiation was possible. These standards had been suggested in post-meeting discussion by some members of the Group as profession-specific standards for psychotherapists. These standards were deleted from the tabled version of the draft standards:</p> <ul style="list-style-type: none"> <li>- <i>understand, critically evaluate and apply theories of lifespan development consistent with the theoretical approach</i></li> <li>- <i>understand, critically evaluate and apply theories of psychopathology consistent with the theoretical approach</i></li> </ul>

	<ul style="list-style-type: none"> <li>- <i>understand, critically evaluate and apply theories of therapeutic change</i></li> <li>- <i>understand, critically evaluate and apply social conceptualisations of mental and emotional health</i></li> <li>- <i>understand critically evaluate and apply theories of mind and personality</i></li> </ul> <p>The following standards had been included in the first draft as potential profession-specific standards for psychotherapists only and had been suggested as such, with some amendment, in post-meeting discussion by some members of the Group. These standards were deleted from the tabled version of the draft standards:</p> <ul style="list-style-type: none"> <li>- <i>be able to formulate a model of human change and understand the ways change can be facilitated through the process of psychotherapy</i></li> <li>- <i>be able to recognise and work with severe disturbances in clients.</i></li> </ul> <p>The following standards included in the first draft as potential profession-specific standards for psychotherapists had been suggested for removal in post-meeting discussion by some members of the Group. These standards were deleted from the tabled version of the draft standards:</p> <ul style="list-style-type: none"> <li>- <i>understand studies and research findings relevant to the mode of psychotherapy, together with an awareness of related research where appropriate and be able to use these to inform practice</i></li> <li>- <i>be able to formulate a model of the personal and mind</i></li> </ul>
	<p>These standards had been suggested in post-meeting discussion by some members of the Group as profession-specific standards for counsellors only. These standards were deleted from the tabled version of the draft standards:</p> <ul style="list-style-type: none"> <li>- <i>understand and work with common life problems</i></li> <li>- <i>understand and work with common mental health problems</i></li> <li>- <i>understand and work with theories of the therapeutic relationship and therapeutic change</i></li> <li>- <i>understand and work with theories of mind and personality</i></li> <li>- <i>understand and work with alternative perspectives of mental health and emotional health</i></li> </ul>

	<p><i>- understand and work with models of human change and development</i></p> <p><i>- be able to recognise and, where appropriate, refer clients with severe disturbance]</i></p>
<b>3a.2</b>	<b>know how professional principles are expressed and translated into action through a number of different approaches to practice, and how to select or modify approaches to meet the needs of an individual, groups or communities</b>
<b>3a.3</b>	<p><b>understand the need to establish and maintain a safe a practice environment</b></p> <ul style="list-style-type: none"> <li>- be aware of applicable health an safety legislation, and any relevant safety policies and procedures in force in the workplace, such as incident reporting, and be able to act in accordance with these</li> <li>- be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner in accordance with health and safety legislation</li> <li>- be able to select appropriate protective equipment and use it correctly</li> <li>- be able to establish safe environments for practice, which minimise risks to service users, those treating them, and others, including the use of hazard control and particularly infection control</li> </ul>