

Psychotherapists and Counsellors Professional Liaison Group (PLG)  
2 February 2011

Differentiation and standards of proficiency

Executive summary and recommendations

### **Introduction**

This paper has been adapted from that considered by the PLG at its last meeting. This paper appends:

- Revised draft standards of proficiency for psychotherapists
- Revised draft standards of proficiency for counsellors

The paper includes:

- The background and key issues involved in considering the structure of the Register and in establishing standards of proficiency.
- The responses to the formal consultation in 2009 about the structure of the Register.
- The model for the structure of the Register under discussion including a summary of what was discussed at the last meeting.
- The key questions to consider in the group's discussion.

### **Decision**

The PLG is invited to:

- discuss the attached paper;
- finalise its conclusions / recommendations to the HPC Council; and
- give clear reasons for the conclusions / recommendations reached.

In particular the PLG is invited:

- To agree the structure of the Register including:
  - to formally agree whether the Register for counsellors should be differentiated so that there are different entry points for 'level 5 psychotherapists' and 'level 7 counsellors' (N.B: there was general consensus about this at the last meeting.); and
  - to agree whether the Register should differentiate between psychotherapists and 'level 7 counsellors'

- To agree in principle, as far as possible, the appended draft standards of proficiency (recognising that further work and further iterations are likely to be necessary and that a consultation would be held prior to the opening of any statutory register).
- To agree in principle the threshold level or levels for entry to the Register (recognising that this will be subject to future consideration in light of the finalised standards and subject to a consultation held prior to the opening of any statutory register). In particular the following suggested levels (subject to discussion):
  - 'Level 5 counsellors'
  - 'Level 7 counsellors' (whether differentiated from 'Level 7 psychotherapists' or not)
  - 'Level 7 psychotherapists' (whether differentiated from 'Level 7 counsellors' or not).

### **Background information**

This paper relates to the following in the PLG's terms of reference:

- The question of whether the structure of the Register should differentiate between psychotherapists and counsellors.
- The standards of proficiency for psychotherapists and counsellors.
- The threshold level(s) of qualification for entry to the Register

### **Resource implications**

None at this time

### **Financial implications**

None at this time

### **Appendices**

- Standards of proficiency for psychotherapists
- Standards of proficiency for counsellors

### **Date of paper**

24 January 2011

# **Differentiation and standards of proficiency**

## **1. Introduction**

### **About this paper**

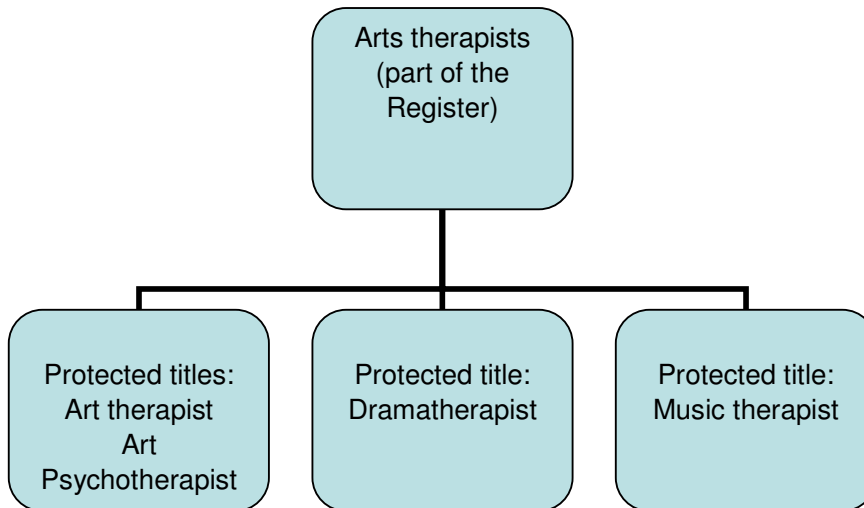
- 1.1 This paper draws together information previously considered by the PLG at its 'first round' of meetings; the responses to the consultation; and subsequent discussions.
- 1.2 This paper is divided into six sections:
  - Section two provides background to differentiation and explores issues around differentiation and protecting professional titles.
  - Section three provides a summary of the structure and purpose of standards of proficiency.
  - Section four provides a summary of the consultation responses we received about the structure of the Register and differentiation.
  - Section five summarises the models suggested in subsequent discussion by the Psychological Professions Alliance Group (PPAG) and explored in the discussion at the last two meetings.
  - Section six provides a summary of the salient points from sections one to seven and raises some points for the group's discussion.

## 2. Differentiation and its impact on the structure of the Register

- 2.1 This information is reproduced from the Report of the Psychotherapists and Counsellors Professional Liaison Group (PLG) published for consultation in July 2009.

### Structure of the HPC Register

- 2.2 The HPC Register ('the Register') is divided into parts. There are currently fifteen parts of the Register which relate to the fifteen professions we regulate. For example, there is a part of the Register for clinical scientists and a part of the Register for orthoptists.
- 2.3 Some parts of the Register have more than one protected title. For example, one of the parts of the Register is for arts therapists (shown below). There are then protected titles for art therapists, dramatherapists and music therapists. Each of these titles has separate standards and separate approved pre-registration education and training programmes. These separate areas are sometimes referred to as 'sub-sections' of the Register.<sup>1</sup> The arts therapists' part of the Register differentiates between those who are art therapists, those who are dramatherapists, and those who are music therapists.



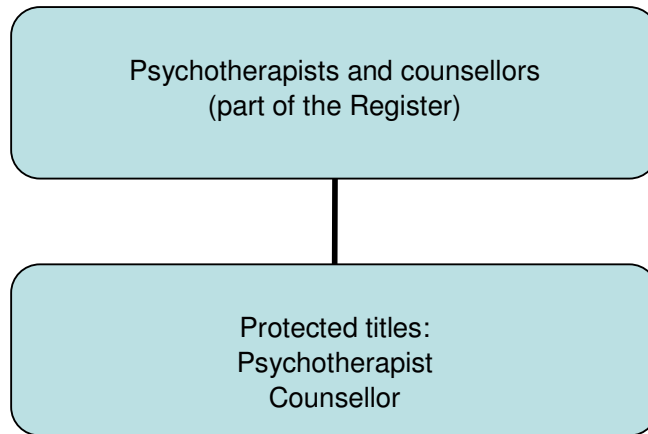
- 2.4 The HPC publishes standards of proficiency which describe the threshold knowledge, understanding and skills necessary for entry to the Register.
- 2.5 In the case of the arts therapists part of the Register, as there is differentiation between art therapists, dramatherapists and music therapists, the HPC publishes both standards common across the three groups and standards specific to each individual group. The HPC then 'approve' pre-registration education and training programmes in art, music and dramatherapy against the relevant standards.

<sup>1</sup> The term 'sub-section' is shorthand used in this document to refer to the different areas of each part of the Register used for the purposes of clarity, and is not a term that is used in legislation or that the HPC would typically use.

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

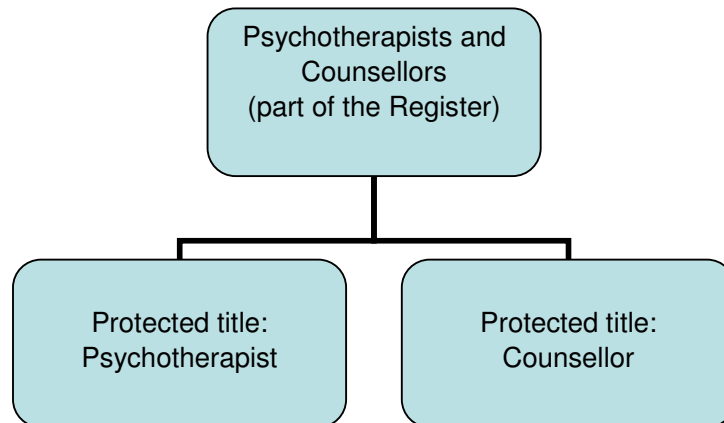
2.6 As part of its deliberations, the PLG considered the implications for standards, titles and education and training of its decision about the structure of the Register. These implications are outlined in paragraphs 2.5 to 2.9 below and overleaf, with diagrams to illustrate each model.

2.7 No differentiation between psychotherapists and counsellors would mean:



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

2.8 Differentiation between psychotherapists and counsellors would mean:



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

2.9 The PLG previously explored whether it might be possible to differentiate between psychotherapists and counsellors, by setting different educational threshold levels, but without producing separate standards of proficiency for each.

2.10 However, this is not possible as in order to differentiate between psychotherapists and counsellors it is necessary to produce differentiated standards of proficiency, as an objective basis on which to differentiate between the two groups and titles in the Register.

**Previous discussion (pre consultation)**

2.11 The PLG carefully considered all the arguments presented and took into account the regulatory implications of its decision about the structure of the Register.

- 2.12 The PLG discussed that there were clear similarities and commonalities between psychotherapists and counsellors and recognised that questions about the potential differences between, within and across psychotherapy and counselling were the subject of ongoing debate in the field.
- 2.13 After substantial discussion, the PLG agreed that there were subtle yet complex distinctions between psychotherapy and counselling and how they had developed, with each profession having its own characteristics, strengths and equal worth. Having regard to differences in education and training between psychotherapy and counselling, the PLG considered that these differences were significant enough to justify, at a threshold level, differentiation in the structure of the Register between psychotherapists and counsellors.
- 2.14 This was accordingly a topic on which there were also differing viewpoints within the PLG. Although a consensus decision was reached on proceeding on the basis of differentiation between psychotherapists and counsellors, some members of the PLG were of the opinion that there should be no differentiation and that it would not be possible to produce standards of proficiency which would meaningfully support such a differentiation.
- 2.15 The PLG recognised that any decisions it made about the structure of the Register would need to be tested in its later deliberations in that differentiating between psychotherapists and counsellors would rely upon being able to identify separate standards of proficiency for each.

### **Protected titles**

- 2.16 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.
- 2.17 When the HPC was established in 2002, the number of specific titles that should be protected was the subject of some debate.
- 2.18 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.
- 2.19 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.
- 2.20 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.

- 2.21 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.
- 2.22 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.
- 2.23 In addition, regulation on the basis of protecting professional titles only works when the titles which are protected are those which currently exist and are commonly used.



### 3. Standards of proficiency

- 3.1 This section reminds the group about the legal basis of the standards of proficiency and their regulatory role. This information is reproduced from the 'Report of the Psychotherapists and Counsellors Professional Liaison Group (PLG)' published for consultation in July 2009.

#### About the standards of proficiency

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

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

- 3.3 This means that the HPC must publish standards for each of the regulated professions which are the 'necessary' or 'threshold' considered to be essential for safe and effective practice.
- 3.4 Education and training programmes are approved against the standards of education and training to ensure that someone who successfully completes an approved programme meets the standards of proficiency.
- 3.5 Applications from applicants who have trained outside of the UK and Route B applications via the grandparenting process are also assessed against these standards. If an applicant meets these standards they are eligible to become registered.
- 3.6 If a registrant's competence is called into question these standards are taken into account in deciding whether any action is necessary in order to protect members of the public. (In practice, almost 90% of complaints considered by the HPC each year are about conduct or have a conduct element and therefore the HPC's standards of conduct, performance and ethics are also relevant.)

#### Threshold standards

- 3.7 The primary role of the standards of proficiency is in articulating the threshold knowledge, understanding and skills necessary to register **for the first time**. The standards are therefore about 'understanding' and 'ability' rather than the prescription of action. For example, the standards do not prescribe that a registrant must always approach the needs of a client in particular way or always perform certain types of intervention.
- 3.8 As the threshold standards are the 'minimum', they may be exceeded. For example, some approved education and training programmes may include content which is not strictly necessary for the purposes of registration and therefore exceeds the threshold standards.

## **Scope of practice**

- 3.9 Once someone becomes registered, the HPC recognises that their scope of practice may change. This might be because of specialisation in a certain clinical area or with a particular group, or a movement into roles in management, education or research.
- 3.10 A registrant's particular scope of practice may mean that they are unable to continue to demonstrate that they meet all of the standards of proficiency that apply for the whole of their profession. As long as they make sure that they are practising safely and effectively within their given scope of practice and do not practise in the areas in which they are not proficient to do so, this is not problematic.
- 3.11 Each profession registered with the HPC renews its registration every two years. Every time a registrant renews their registration, they are asked to sign a declaration to confirm that they continue to meet the standards of proficiency which apply to them.

## **Generic standards**

- 3.12 The standards of proficiency are divided into generic standards, which apply to all HPC registered professions and profession-specific standards which apply to each specific profession.
- 3.13 The generic standards of proficiency have been the subject of a recent public consultation. The results are currently being analysed. (Please see paper to note at this meeting.)

## **The consultation draft standards of proficiency for psychotherapists and counsellors**

- 3.14 The PLG's recommendation to differentiate between psychotherapists and counsellors relied upon being able to identify separate threshold standards of proficiency for each 'sub-section'.
- 3.15 The PLG agreed that the standards of proficiency should contain four elements:
- Generic standards
  - Profession-specific standards which would be common to both psychotherapists and counsellors.
  - Profession-specific standards for psychotherapists.
  - Profession-specific standards for counsellors.

- 3.16 In putting together draft standards of proficiency the PLG took into account the need to ensure that the standards were:
- set at the necessary threshold level for safe and effective practice;
  - consistent with the standard content of pre-registration education and training;
  - conform to the HPC's obligations as a qualifications body under the Disability Discrimination Act 1995 (i.e. that they do not act as a unfair barrier to disabled people)<sup>2</sup>; and
  - written in clear language appropriate to their primary role in legislation.
- 3.17 The PLG also took into account the need to ensure that the content and language of the draft standards was widely applicable across the diverse modalities and approaches to the practice of psychotherapy and counselling. The PLG recognised that the process of putting these standards together would take time and that consultation would be very important in shaping the draft standards further, particularly in ensuring that the correct terminology was used.
- 3.18 The draft standards include the phrase 'consistent with the theoretical approach' in recognition that education and training providers and others may meet the standards in different ways dependent on their approach to practice.
- 3.19 The consultation responses about the draft standards of proficiency are included separately as a paper to note at this meeting.

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<sup>2</sup> The Disability Discrimination Act has been superseded by the Equality Act 2010 and the HPC is currently reviewing its standards and processes against the provisions of the new legislation.

## **4. Consultation responses – Structure of the Register and differentiation**

- 4.1 In 2009 we consulted on the recommendations of the psychotherapists and counsellors Professional Liaison Group (PLG) about the potential statutory regulation of psychotherapists and counsellors.
- 4.2 The consultation covered a number of topics, including differentiation. The responses we received on the issue of differentiation are summarised below. This has been reproduced from 'The statutory regulation of psychotherapists and counsellors - Responses to the consultation on the recommendations of the Psychotherapists and Counsellors Professional Liaison Group (PLG)'.

### **Summary of responses**

- 4.3 The majority of respondents disagreed that there should be differentiation between psychotherapists and counsellors – where this question was answered, 21% of respondents agreed and 78% disagreed. This disagreement was more marked amongst individuals who responded – 81% disagreed. This compares to 56% of organisations.<sup>3</sup>

### **Responses agreeing with differentiation**

- 4.4 The responses we received in support of differentiating are summarised below, grouped by topic.

### **Public protection and understanding**

- 4.5 Differentiation between psychotherapists and counsellors would prevent confusion amongst members of the public and ensure that the public can make informed decisions. The public do not see psychotherapists and counsellors as equivalent.
- 4.6 Differentiation between psychotherapists and counsellors would prevent misrepresentation of skills and training and protect the public from practitioners working beyond their competency.
- 4.7 A failure to differentiate would lower standards for psychotherapists and damage both professions.

## **Education and Training**

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<sup>3</sup> Please note that these statistics reflect the views of those that responded to the consultation. It should be noted, however, that some professional organisations encouraged individual members to respond to the consultation, whilst others asked registrants to respond to them and sent a collated response. The statistics are therefore for indicative purposes only, indicating the strength of feeling on this particular topic.

- 4.8 Education and training was most frequently cited as the differentiator between psychotherapists and counsellors. There are differences between psychotherapists and counsellors in the length, depth, level, intensity and content of education and training that each group undertakes.
- 4.9 Training in counselling was characterised as more variable compared to psychotherapy training which was seen as more consistent in terms of content and length.
- 4.10 Some respondents said they supported differentiation on the basis that a failure to differentiate would inevitably mean that the threshold level for counsellors would be raised to honours degree or postgraduate level and adversely affect the supply of counsellors and counselling provision, particularly in the voluntary sector. This was a common view amongst practitioners who identified that they worked in the voluntary sector, further education training providers and professional bodies representing a large proportion of practitioners working in the voluntary sector.

### **Different but complementary professions**

- 4.11 Respondents to the consultation often said that there was a difference in role between psychotherapists and counsellors without describing that difference. Others commented generally that differences in education and training therefore meant that there were differences in proficiencies and competencies.
- 4.12 Where that difference was described it was often expressed in terms of the psychotherapist's ability to work with complex and enduring severe mental health problems such as personality disorders and to undertake diagnostic procedures.
- 4.13 Another respondent said that psychotherapists are involved in a more 'deliberate and active engagement with the psychological processes that go awry in psychological disorders' and therefore need a more thorough understanding of those processes. Counselling, by contrast, they argued is often more focused on 'identifying problematic issues of concern to an individual and their social context' and 'aims to maximize psychological and social adaptation' – there is 'less focus' on psychological processes that function pathologically and more on 'optimising normal processes of adaptation'.
- 4.14 Some respondents said that there were differences but acknowledged that the titles 'psychotherapist' and 'counsellor' are often used interchangeably by practitioners and by employers. In contrast, some other respondents said that beyond healthcare contexts the titles psychotherapist and counsellor were not used interchangeably by practitioners.

## **Responses disagreeing with differentiation**

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

### **Public understanding, protection and choice**

- 4.16 The proposed differentiation would result in no public protection value and would instead be confusing to members of the public by making the regulatory system unnecessarily complicated.
- 4.17 Differentiation would prevent those registered as counsellors from working with severe / enduring mental health problems. This would change the nature of the treatment provided by therapists, jeopardise clients' access to timely and affordable therapy and might limit the clients' right to choose the therapy appropriate for them.

### **Education and training**

- 4.18 There is a variety in education and training in counselling and in psychotherapy. Some counselling courses are longer than psychotherapy trainings, the trainings often include the same or similar content and a significant proportion of counselling trainings are delivered at degree or postgraduate level.
- 4.19 Differentiation should not be achieved on the basis of academic levels. In particular, there was concern around how differentiation might alienate counsellors that have higher level qualifications above the proposed threshold level.
- 4.20 A few individual respondents described how they had decided to train as psychotherapists but nonetheless still considered that there was insufficient difference between the proficiencies and the therapeutic activities involved in order to justify differentiation.

### **Hierarchy**

- 4.21 The proposed differentiation would create a hierarchy between psychotherapists and counsellors, with counselling appearing to be 'inferior' to psychotherapy. The proposal is designed to elevate the power and status of some psychotherapists when in fact counselling and psychotherapy should be seen as of equal value and equal worth.
- 4.22 There is such a considerable degree of overlap in theory, practice and principles as to make differentiation between psychotherapists and counsellors unworkable.

## **Evidence**

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

## **Service provision and practice**

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

## **Unintended consequences**

- 4.30 One of the consultation questions asked about the impact of regulation. Many of the identified impact areas were related to service provision. It was argued that the PLG had failed to properly take into account the impact upon services of the proposed differentiation.
- 4.31 A number of respondents said that the title 'counsellor' was developed and used to move away from the language of 'stigmatisation', 'prejudice' and 'segregation'. Differentiation and protection of title would necessitate counselling services employing both psychotherapists and counsellors including the title 'psychotherapist' in their names, which would increase stigma and prejudice, increase social exclusion and have financial implications for services. It was argued that there was stigma attached to the term 'psychotherapist' which members of the public often saw as being associated with mental illness.
- 4.32 It was argued that the differentiation would result in a reduction in career opportunities for both counsellors and psychotherapists, negatively impacting upon opportunities for career progression by necessitating retraining and limiting access to some jobs.
- 4.33 Individual practitioners responded concerned that they would be excluded by the proposals from undertaking long term or more complex work and would instead (because of the standards of proficiency) have to refer clients on to colleagues despite having the experience and skills to help clients. Although some acknowledged the nature of threshold standards, it was argued that this may nonetheless be an unintended consequence of differentiation.

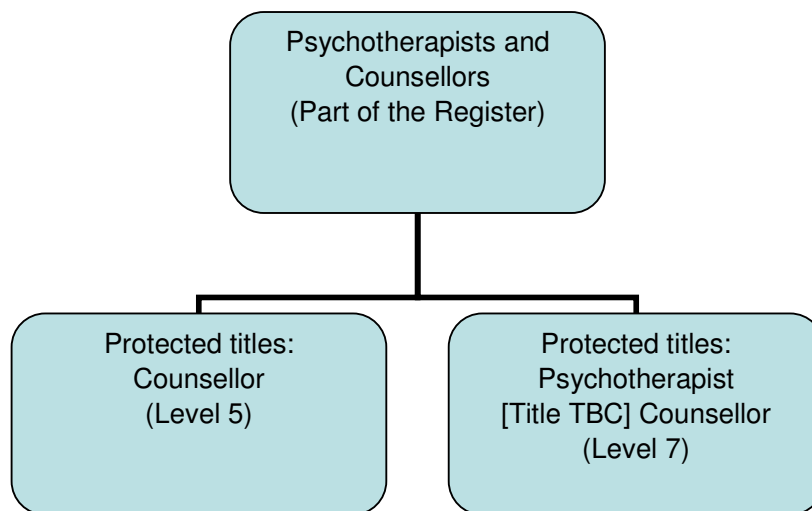
## **Standards**

- 4.34 Respondents questioned, with reference to the profession-specific standards for psychotherapists, whether psychotherapists could or should undertake diagnosis and treatment for severe medical disorders. They said that they understood this to be the scope of practice of psychologists, psychiatrists and other medical doctors.
- 4.35 The differentiation in the standards is artificial - both psychotherapists and counsellors need to know about and work with mental disorders. Psychotherapists also need to be able to work with life problems. The ability to work with certain disorders is more a matter of experience than title or entry training.



## 5. Model under discussion

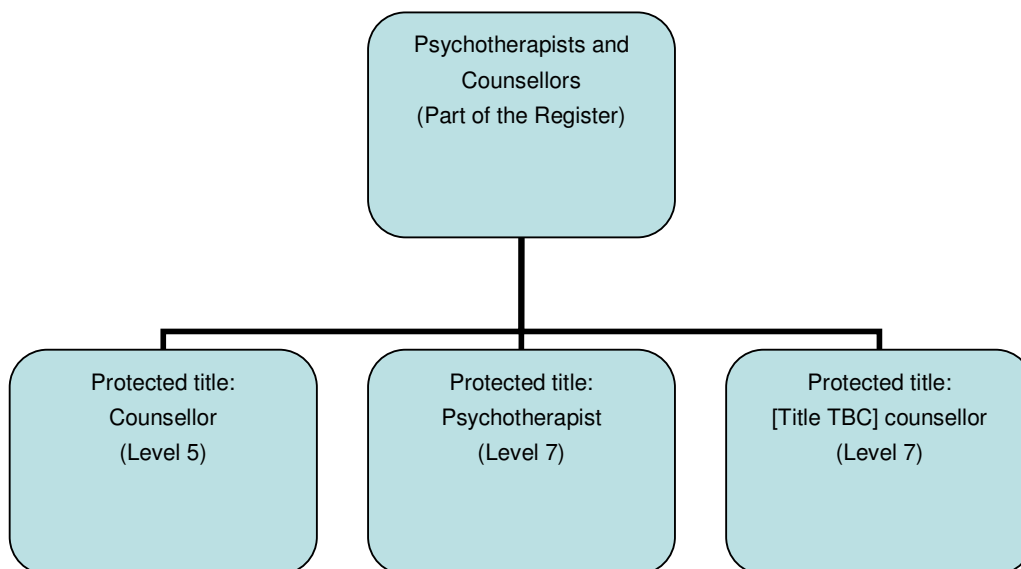
- 5.1 At the October 2010 meeting the PLG considered information tabled by the UK Council for Psychotherapy (UKCP), British Association for Counselling and Psychotherapy (BACP) and the British Association for Behavioural and Cognitive Psychotherapies (BABCP) about the structure of the Register / standards of proficiency. The group also considered a paper from the Executive which outlined the discussions the HPC had had in April 2010 with the Psychological Professions Alliance Group (PPAG) about the potential models it was actively discussing.
- 5.2 The suggested models are described in paragraphs 5.4 and 5.5.
- 5.3 Please note, that the titles in these models shown in square brackets '[...\*]' indicate draft titles which have not yet been substantively discussed or agreed and are included for indicative purposes only. The levels are also indicative at this stage subject to formal agreement.
- 5.4 Figure 1



- There would be two sets of profession-specific standards of proficiency, one for counsellors, the other for psychotherapists and therapeutic counsellors (see below).
- Registrants would have access to the protected title for counsellors or the protected titles for psychotherapists and therapeutic counsellors.
- There would be approved qualifications for each – i.e. approved qualifications leading to the eligibility to register and use the title for counsellors and approval qualifications leading to the eligibility to register and the use the titles for psychotherapists and therapeutic counsellors. Some programmes might be successful in being approved for both.

- The threshold educational level has to be set at the level necessary to achieve the standards of proficiency. As there would be two separate sets of standards of proficiency, this would mean that two different levels could potentially be set. The threshold levels proposed by the PPAG might be level 5 for counsellors and level 7 for psychotherapists and therapeutic counsellors.<sup>4</sup>

### 5.5 Figure 2



- This is the same as 7.4 but counsellors and psychotherapists are additionally differentiated at level 7.

### 5.6 These potential models were suggested in order to seek a solution to the debate about differentiation in the Register between psychotherapists and counsellors and to reflect that:

- a 'binary differentiation' between counsellors and psychotherapists may not reflect the continuum of education and training and practice at entry to the professions;
- many counselling programmes are delivered at postgraduate level (level 7 on the NQF); and the argument that
- there is a step change in practice at entry to counselling at level 5, and at level 7, which is understood in the field and can be meaningfully reflected in the structure of the Register.

<sup>4</sup> Levels are referenced against the National Qualifications Framework (NQF)

## Meeting held on 15 December 2010

- 5.7 At the meeting on 15 December 2010 the PLG considered the suggested model in light of the work undertaken by stakeholders in the field to develop standards of proficiency for psychotherapists; and standards of proficiency for counsellors.
- 5.8 The conversation focused on the model with regard to level 5 and level 7 entry points into counselling. At the meeting there was wide consensus that the draft standards of proficiency produced supported this difference and that this was broadly reflective of service delivery, education and practice. It was concluded that one title cannot accurately span the entire range of practice and therefore this arrangement was more meaningful and reflective of reality.
- 5.9 In summary 'Level 5 counselling' was characterised by:
- Mild to moderate obstacles to wellbeing.
  - A supportive approach.
  - Recognising limits and making onward referral.
  - The analogy was used of a driving licence.
- 5.10 In summary 'Level 7 counselling' was characterised by:
- Full range of difficulties including complex and severe issues.
  - Trained to work both with presentation and underlying personality issues.
  - Integration, generation and testing of research at the forefront of practice.
  - The analogy of a 'driving licence' was used but that of a HGV licence compared to a standard licence (i.e. practise involving different clients, different range of problems, and different ways of working).
- 5.11 The group also discussed whether the arrangements would be workable in the service delivery context, and there was some discussion about what others might interpret these arrangements to mean for them practically. The group also discussed the importance of conversion routes (some of which existed at the moment via AP(E)L arrangements) so that someone moving from counselling into psychotherapy did not need to substantively retrain. The group noted that the HPC itself would not develop such training programmes.
- 5.12 The group noted that further discussion was necessary on the argument about whether there should additionally be differentiation between a 'Level 7 counsellor' and a 'Level 7 psychotherapist' and whether this was supported by the developing drafts of standards of proficiency. The standards of proficiency considered by the group at the last meeting had been developed separately and substantive discussion had not yet occurred comparing and contrasting the two drafts.

## **Standards of proficiency – drafts**

- 5.13 The draft standards of proficiency for psychotherapists and the draft standards of proficiency for counsellors have been further developed by the groups of stakeholders in the field and are included as appendices to this paper.
- 5.14 The standards have been drafted against the 15 revised generic standards suggested in the recent HPC consultation (please see papers to note at this meeting). The responses to the consultation are currently being analysed and therefore these standards may be subject to change.
- 5.15 Please note that these standards are draft and it is recognised that the process of putting together such standards is inevitably an iterative one. They therefore represent drafts for discussion rather than a finalised set of standards that necessarily have the full agreement of those involved.
- 5.16 The HPC Executive understands that discussions have been ongoing in the field in advance of this meeting looking at attempting to characterise any identified differences between the two drafts – particularly between the ‘level 7’ standards – and that this will inform the discussion that will take place.

## **6. Summary and discussion**

- 6.1 This section provides summary of this paper and outlines some key points to discuss.

### **Summary**

- 6.2 The following provides a short summary of some of the key points outlined in sections one to seven of this document.

### **Differentiation and the structure of the Register**

- Differentiation between titles in the structure of the Register relies upon being able to specify differentiated threshold standards of proficiency for entry to the Register for each title. For example, in the arts therapists part of the Register there are differentiated titles for art, music and dramatherapists and the standards of proficiency include profession-specific standards which apply only to each of those groups.
- If there are differentiated standards of proficiency for different titles, it is possible to consider separate threshold levels for entry for each of those titles.
- In the consultation, the arguments in support of differentiation between psychotherapists included public perception of differences between psychotherapist and counsellors; differences between entry level education and training; and the competencies and field of practice involved in each.
- In the consultation arguments against differentiation included that it would cause confusion for members of the public; that education and training was variable across the field; that there was insufficient evidence to support a difference between the two; and that such a differentiation would have a positive impact on practitioners, service providers and the public.

### **Standards of proficiency**

- The standards of proficiency are the threshold or 'minimum' standards required for entry to the Register. They are primarily used in approval of education and training programmes to ensure that students who successfully complete those programmes are fit to practise.
- The standards of proficiency must be:
  - set at the necessary threshold level for safe and effective practice;
  - consistent with the standard content of pre-registration education and training;
  - conform to the HPC's obligations to ensure that they do not act as an unfair barrier to disabled people, or indeed, to other groups; and are
  - written in clear language appropriate to their primary role in legislation (i.e. written appropriately for entry to the Register).

## Discussion

- 6.3 The areas (directly relevant to this paper) that the group are invited to discuss and agree by the conclusion of this meeting
- To agree the structure of the Register including agreeing whether the Register should differentiate between psychotherapists and counsellors.
  - To agree in principle, as far as possible, the draft standards of proficiency (recognising that further work and further iterations are likely to be necessary and that a consultation would be held prior to the opening of any statutory register).
  - To agree in principle the threshold level or levels for entry to the Register (recognising that this will be subject to future consideration in light of the finalised standards and subject to a consultation held prior to the opening of any statutory register).
- 6.4 In its discussions about the structure of the Register and the standards of proficiency the PLG is particularly invited to consider:
- Whether the proposed structure(s) would reflect current practice and education and therefore be meaningful for the public; practitioners; education providers; service providers; and other interested parties.
  - Whether the proposed standards of proficiency adequately support the proposed structure, including whether there are sufficient differences expressed between standards for different titles, clearly demonstrating that differentiation is both possible and necessary.
  - Whether the standards of proficiency proposed reflect the threshold level required for safe and practice and therefore public protection; are consistent with the content of the majority of pre-registration education and training; and are written in a language appropriate for entry to the Register.
  - The range of views expressed in the responses to the 2009 consultation summarised in this paper.
- 6.5 In particular with regards to whether there should be differentiation between psychotherapists and counsellors (at 'level 7'):
- In relation to the standards themselves, whether there are standards which can be usefully expressed as common across the part of the Register (i.e. to both psychotherapists and counsellors).
  - Whether there are sufficient, meaningful differences between the standards suggested for counsellors (at one or indeed both levels) and for psychotherapists to justify that differentiation is necessary for public protection.

## Impact

- 6.6 In the PLG's discussions it is invited to continue to consider the impact of its proposals. The impact of regulatory decisions was a key theme in the consultation held in 2009.
- 6.7 Prior to proposing the introduction of any new regulation the Department of Health will draft a regulatory impact assessment ('RIA') setting out the how that regulation will affect individuals and businesses including any financial consequences. Any regulation will have some impact but the purpose of the RIA is for Civil Servants, Ministers and Parliamentarians to consider whether the benefits realised from a policy justify its impact, including any steps that can be put in place to mitigate that impact.
- 6.8 Whilst the PLG is not invited to undertake a full impact assessment as this is undertaken by the Government, the PLG is nonetheless invited to keep in mind the impact of its decisions.
- 6.9 The PLG is invited to consider the impact of its proposals upon groups including:
- Service users
  - Practitioners
  - Education providers
  - Students/ trainees now and in the future
  - Service providers, including the voluntary sector
- 6.10 Some questions, for example:

What would be the impact upon service provision, practice and practitioners of differentiating; or failing to differentiate? For example:

- To what extent are psychotherapists employed in roles under the title of 'counsellor' and vice versa? At the PLG's last meeting, one service provider invited to present said that psychotherapists were employed / volunteered under the title 'counsellor'. Some job descriptions indicate that this situation and similar comments were made in the consultation).
- If the Register is differentiated, or is not differentiated, are there any steps that can be taken to mitigate any impact identified?

What would be the impact on individuals, education providers and future practice of setting the threshold level?

- If a level 5 threshold was proposed, what, if any, would be the impact on level 4 programmes, practitioners now and in the future and on service providers that may rely on the practitioners they produce?

## Draft psychotherapy standards of proficiency version 14 January 2011

1	Be able to practice safely and effectively within their scope of practice
1.1	<p>Be able to demonstrate a range of well-described skills that are derived from systematic training in theoretically well-documented psychotherapeutic model(s), and which have clear links to the body or bodies of knowledge that underpin the model(s)</p> <p><b>Or possibly :</b> Be able to demonstrate a range of applications of theoretical and clinical practice knowledge, skills and understanding, that are derived from systematic training in theoretically well-documented psychotherapeutic model(s), and which have clear links to the body or bodies of knowledge that underpin the model(s)</p>
1.2	Be able to understand and work with a range of mental health, psychological and psychosocial disorders and their presentations; be able to intervene effectively, and be able to make appropriate referrals where necessary
1.3	Be able to establish, build, maintain and end a therapeutic relationship with a client
1.4	Be able to apply a planned sequence and progression of theoretically-determined and clinically-informed activities which address the processes which underpin serious and enduring disorder or distress of sufficient severity to interfere with the client's psychosocial abilities, their wellbeing, or their ability to function
1.5	<p>Be able to identify and incorporate into their therapeutic work experiences from an individual's past which have significantly influenced the client's current state in line with theoretically well-documented psychotherapeutic model(s)</p> <p><b>Or possibly:</b> Be able to identify and incorporate into their therapeutic work an understanding of the range of experiences from an individual's developmental and / or recent past which have significantly influenced the client's current state in line with theoretically well-documented psychotherapeutic model(s)</p>
1.6	Be able to demonstrate an understanding of the range of implications and effects of the use of medicines to treat psychological, psychosocial and emotional conditions in clients; be able to process these implications and effects as part of the therapeutic relationship appropriate to model(s) and approach



## Draft psychotherapy standards of proficiency version 14 January 2011

<b>2</b>	<b>Be able to practice within the legal and ethical boundaries of the profession</b>
2.1	Be able to draw on knowledge of relevant codes of professional and ethical conduct and practice in order to apply the principles embodied in these codes to all aspects of the work being undertaken  <b>Or possibly:</b> Be able to manage the process of drawing on the statutory and any other legal and ethical codes that may apply and be able to manage the complexity that may arise from this aspect of practice
2.2	Be able to understand the need to respect, and uphold, the rights, dignity, values and autonomy of clients including their role in the therapeutic process
2.3	Be able to recognise and manage the dynamics of power and authority
2.4	Be able to understand their specific professional therapeutic role in a range of different settings and services
2.5	Be able to understand the importance of obtaining informed consent and to obtain this from all clients, appropriate to client capacity
2.6	Be able to draw on knowledge of legislation pertinent to the safeguarding of children, young people and vulnerable adults, and hence understand their duty of care in relation to these groups
<b>3</b>	<b>Be able to maintain fitness to practice</b>
3.1	Be able to engage in a process of professionally-recognised continuous professional development relevant to their theoretical model and scope of practice
3.2	Be able to identify and manage their personal involvement in, and contribution to, the processes of therapy
3.3	Be able to recognise and take appropriate action in relation to any adverse impacts of their own distress or disturbance including self-care strategies, or receiving professional help from others such as further clinical supervision and personal therapy
3.4	Understand the need for regular supervision, and be able to make use of this to improve practice in their theoretical approach and enhance contemporary understanding and practice, including with reference to working with clients from specialist groups and /or in specific areas of practice

## Draft psychotherapy standards of proficiency version 14 January 2011

4	Be able to practise as an autonomous professional, exercising their own professional judgement
4.1	Be able to draw on their theoretical model(s) to carry out assessments and make formulations in response to a range of client presentations and problems
4.2	Be able to apply theoretical knowledge and understanding in developing explanations and initiating appropriate psychological and psychosocial therapeutic responses to clinical processes.
4.3	Be able to apply their model(s) of therapy with reference to other major models in psychotherapy, as may be required for effective working with clients
4.4	Be able to identify and respond appropriately to areas of potential risk for the client, such as suicide, self-injury and other possible dangers to the client and to others
4.5	Be able to assess motivation and capacity for psychotherapeutic work, allowing the client to be aware of the options available, including identifying when psychological treatment may not be appropriate
4.6	Be able to use their theoretical training and clinical experience to reflect on and engage with complex, competing and contradictory information elicited from the client in order to develop an understanding of their problems and presentation and their origins
4.7	Be able autonomously to develop and describe an approach, framework or plan for the therapeutic work with a rationale that is clearly linked to and informed by theoretical knowledge and systematically accumulated clinical experience, skills and understanding associated with the theoretical model(s)
4.8	Be able to critically evaluate the approach, framework or plan in the light of client and other feedback as appropriate and, where there is a clear rationale for doing so, be able to identify, consider and apply variations to the approach as needed for effective working
4.9	Be able to use clinical judgement and personal initiative in order to balance adherence to a theoretical model against the need to flexibly and creatively respond to the specificity of the client's problems or any relational issues which present themselves
4.10	Be able to use research and other evidence to inform, critically reflect on and evaluate their own practice

## Draft psychotherapy standards of proficiency version 14 January 2011

<b>5</b>	<b>Be able to practise in a non-discriminatory manner</b>
5.1	Be able to understand any limitations of their theoretical model or models in enabling the therapist to deal with clients from different socio-cultural contexts; be able to make adjustments to enable the client's full participation in the therapy and therapy relationship; be able to meet effectively the client's socio-cultural and contextual needs
5.2	Be able to work with clients in a manner that acknowledges the possible socio-cultural and contextual limitations of both the approach and the therapist in relation to specific clients or client groups
5.3	Be able to identify when the client may be best served by being referred on to a practitioner better able to work with their socio-cultural or contextual needs
<b>6</b>	<b>Be aware of the impact of culture, equality and diversity on practice</b>
6.1	Be able to understand the relevance and potential impact of a range of specific social and cultural factors on the client's problems and presentation and on the effectiveness and acceptability of the approach
6.2	Be able, where social and cultural differences and diversity actually or potentially impact on the effectiveness and acceptability of the approach, to make adjustments to the approach, with the aim of maximising its potential benefit to the client
<b>7</b>	<b>Be able to maintain confidentiality</b>
	Refer to 2.1
<b>8</b>	<b>Be able to communicate effectively</b>
8.1	Be able to demonstrate effective communication both verbally and in writing to a level commensurate with that required for the recognised standards for a masters' level or equivalent standard of practice.
8.2	Be able to select, move between, understand and use appropriate forms of verbal and non-verbal communication with clients
8.3	Be able to invite and work with multiple levels of communication that arise in and out of awareness for both client and therapist (such as verbal, non-verbal, somatic, and/ or expressive communications)
8.4	Be aware of the characteristics and consequences of non-verbal communication and how this can be affected by socio-cultural differences and be able to adapt communication style to meet these needs

## Draft psychotherapy standards of proficiency version 14 January 2011

8.5	Be able to provide clients with the information necessary to enable them to give informed consent, wherever possible for the client to do so
8.6	Where the therapist does not share the same language as clients, be able to identify appropriate strategies to ensure and enable the client's full participation in the therapy
<b>9</b>	<b>Be able to work appropriately with others</b>
9.1	Be able to build and sustain professional relationships and be able to work collaboratively as appropriate to the work context
9.2	Be able to make referrals where appropriate
<b>10</b>	<b>Be able to maintain records appropriately</b>
	Refer to 2.1
<b>11</b>	<b>Be able to reflect on and review practice</b>
11.1	Be able to help clients reflect on their progress in therapy
11.2	Be able to assess and review the appropriateness and effectiveness of the therapeutic work in collaboration with the client, consistent with the therapists' theoretical approach, including awareness of formal measurements or other methods of review and assessment
11.3	Be able to adapt or revise their formulation of the client's problems and the approach they had taken to it in response to client feedback and/or the results of formal measurements or other methods of review and assessment
<b>12</b>	<b>Be able to assure the quality of their practice</b>
12.1	Be able to self-monitor, manage and maintain the quality of their practice
12.2	Be able to assess and review the appropriateness and effectiveness of clinical, other supervision and any other practice review arrangements needed to maintain and develop effective practice

## Draft psychotherapy standards of proficiency version 14 January 2011

<b>13</b>	<b>Be able to draw on appropriate knowledge and skills to inform practice</b>
13.1	Be able to draw upon a body or bodies of psychological and psychosocial knowledge that provide a coherent and comprehensive framework for understanding their clients' presentations and for ways in which this understanding is communicated
13.2	Be able to draw on knowledge of theories and evidence concerning psychological development, psychological disorder and severe mental, emotional or psychosocial distress across the lifespan
13.3	Be able to draw on knowledge of factors common to all major psychotherapeutic and psychological approach
<b>14</b>	<b>Understand the key concepts of the bodies of knowledge, which are relevant to their profession</b>
14.1	Be able to draw on a coherent and systematic body or bodies of psychological and psychosocial theory that continues to be developed, codified and /or elaborated and that underpins their theoretical model
14.2	Be able to draw on and be able to evaluate theories and research around: <ul style="list-style-type: none"> <li>• Lifespan development</li> <li>• Psychopathology</li> <li>• The therapeutic relationship and therapeutic change</li> <li>• Personality and individual differences</li> <li>• Diversity and socio-cultural concerns</li> <li>• Contemporary developments with specialist groups and/or areas of practice</li> </ul>
14.3	Be able to understand the presentation, development and maintenance of the full range of mental and emotional health problems and their impact on social and individual functioning
<b>15</b>	<b>Be able to establish and maintain a safe practice environment</b>

Proposed generic Standards of Proficiency for all counsellors are in black font. The draft standards for level 5 counsellors are in blue. The draft standards for level 7 counsellors are in red.

## Standards of Proficiency – Counsellor

*A registrant counsellor must:*

**1. Be able to practise safely and effectively within their scope of practice**

- i. Be able to contract clearly and appropriately with the client
- ii. Be able to establish, manage and end therapeutic relationships with clients
- iii. Be able to take account of the client's capacity for self-determination and ability to reflect on his / her psychological functioning and refer as necessary
- iv. Be able to recognise when further intervention is inappropriate or unlikely to be helpful and make referrals when appropriate
- v. Be able to assess and manage levels of potential risk for the client and others and take appropriate action
- vi. Be able to recognise that specialised knowledge, skills and specific ethical and legal considerations around safeguarding and child protection are required when undertaking work with children and young people

Level 5 counsellor

- vii. Be able to recognise and work safely with mild to moderate mental health problems, psychological difficulties and obstacles to well-being and make referrals when appropriate

Level 7 counsellor

- viii. Be able to understand and work with the full range of psychological difficulties
- ix. Be able to assess the effectiveness of different theoretical approaches for the client presentation and the appropriateness of psychological therapy and make recommendations based on the range of evidence

**2. Be able to practise within the legal and ethical boundaries of their profession**

- i. Be able to reflect on and respond appropriately to ethical dilemmas
- ii. Understand the legal and ethical problems commonly faced in therapeutic work and make informed judgements about practice in relation to these

#### Level 5 counsellor

- iii. Be able to recognise and respond to the dynamics of power and authority in the therapeutic relationship

#### Level 7 counsellor

- iv. Be able to manage and respond to ethical situations arising from work with clients with complex presentations
- v. Be able to critically analyse, interpret and manage the dynamics of power and authority in therapeutic contexts

### **3. Be able to maintain fitness to practice**

- i. Understand the importance of maintaining own health and psychological well-being
- ii. Be able to recognise own disturbance or distress and develop appropriate self-support and self-care strategies and ensure own personal needs are met outside the therapeutic relationship
- iii. Be able to identify and implement an appropriate programme for continuing professional development

### **4. Be able to practise as an autonomous professional, exercising their own professional judgement**

- i. Be able to appraise the client's ability to benefit from the type of counselling offered
- ii. Be able to use counselling supervision to support and enhance professional judgement

#### Level 5 counsellor

- iii. Be able to use a coherent assessment strategy to assess clients and their needs

#### Level 7 counsellor

- iv. Be able to use a coherent assessment strategy to assess clients and their needs which takes into account other frameworks for understanding mental ill-health and psychopathology
- v. Be able to make clinical judgements on complex presentations in the absence of complete information
- vi. Be able to use existing knowledge creatively in response to clients presentations and adapt theory to practice on a case by case basis
- vii. Be able to make independent judgements on the appropriate therapeutic work and to continually review these judgements in the light of new evidence, adjusting the work accordingly

## **5. Be able to practise in a non-discriminatory manner**

- i. Be able to be aware of and respond appropriately to the effect of own values, beliefs, attitudes and behaviours when working as a counsellor

### Level 7 counsellor

- ii. Be able to critically appraise counselling theory and research in relation to new developments and understandings in anti-discriminatory practice
- iii. Be able to integrate a clear understanding of anti-discriminatory practice with counselling theory and apply this to client circumstances, reflecting on the counsellor's own position in relation to the work being undertaken

## **6. Be aware of the impact of culture, equality and diversity on practice**

- i. Be able to personalise practice to take account of the circumstances of clients and their needs in relation to issues of diversity
- ii. Understand the social and cultural context and their implications for practice

## **7. Be able to maintain confidentiality**

- i. Understand and manage the limits and challenges of confidentiality in counselling work

## **8. Be able to communicate effectively**

- i. Be able to communicate in English to the standard equivalent to level 7 of the International English Testing System with no element below 6.5
- ii. Be able to critically reflect on and manage issues relating to working with third party or others present
- iii. Be able to communicate with a wide range of clients in a manner appropriate to individual need, adapting practice as necessary to individual circumstances

## **9. Be able to work appropriately with others**

- i. Be able to engage and work collaboratively with other relevant professionals to ensure safe and effective practice

### Level 5 counsellor

- ii. Be able to use appropriate formulations with regard to mild to moderate mental health problems, psychological difficulties and obstacles to well-being when communicating with others about the client and the therapeutic work



#### Level 7 counsellor

- iii. Be able to use appropriate formulations with regard to the full range of psychological difficulties when communicating with others about the client and the therapeutic work

#### **10. Be able to maintain records appropriately**

#### **11. Be able to reflect on and review practice**

- i. Be able to demonstrate self-awareness through the use of personal therapy and / or other activities that encourage personal development and reflective practice
- ii. Be able to use and review feedback from counselling supervision, other professionals and clients on the therapeutic process
- iii. Be able to be open and transparent in counselling supervision enabling honest scrutiny of practice

#### **12. Be able to assure the quality of their practice**

#### Level 5 counsellor

- i. Be able to use formal and informal methods of quality assurance to evaluate own practice

#### Level 7 counsellor

- ii. Be able to monitor and evaluate the quality of practice and contribute to the generation of data for quality assurance and improvement programmes

#### **13. Be able to draw on appropriate knowledge and skills to inform practice**

- i. Understand the range of psychological services and interventions available to clients
- ii. Be able to understand and use therapeutic skills and interventions consistent with underpinning coherent theoretical frameworks showing empathy for client experience, needs and aspirations

#### Level 5 counsellor

- iii. Be able to consistently integrate a coherent and theoretically informed body of knowledge into practice
- iv. Be able to recognise and work therapeutically with mild to moderate mental health problems, psychological difficulties and obstacles to well-being
- v. Be able to draw on the bodies of knowledge identified in Standard 14 to inform practice

- vi. Be able to use relevant research findings to inform practice

#### Level 7 counsellor

- vii. Be able to reflect on complex and sometimes contradictory information in order to clearly articulate and work therapeutically with the full range of psychological difficulties and their origins
- viii. Be able to demonstrate critical understanding of theoretical frameworks and test these against the demands of clinical practice
- ix. Understand, critically analyse and evaluate the bodies of knowledge identified in Standard 14 to inform practice
- x. Be able to apply research findings to the critical evaluation of practice
- xi. Be able to critically evaluate a range of research methodologies
- xii. Be able to conduct own research using appropriate methodology

#### **14. Understand key concepts of the bodies of knowledge which are relevant to their profession**

- i. Understand the inter-relationship between physical and psychological health
- ii. Understand the common factors that contribute to therapeutic change
- iii. Understand models and purposes of counselling supervision

#### Level 5 counsellor

- iv. Understand theories on the origins and process of mild to moderate mental health problems, psychological difficulties and obstacles to well-being
- v. Understand a coherent theoretical framework for practice with mild to moderate mental health problems, psychological difficulties and obstacles to well-being which includes:
  - theories of the therapeutic relationship and the therapeutic process
  - understanding of relationships across the lifespan
  - theories of human development
  - life transitions and developmental challenges
  - theories of therapeutic change
  - relevant research findings

#### Level 7 counsellor

- vi. Understand theories on the origins and process of the full range of psychological difficulties and their impact on psychological health and well-being

- vii. Understand, critically evaluate and analyse a coherent theoretical framework for practice with the full range of psychological difficulties which includes:
- theories of the therapeutic relationship and the therapeutic process
  - understanding of relationships across the lifespan
  - theories of human development
  - life transitions and developmental challenges
  - theories of therapeutic change
  - relevant research findings
  - individual and social conceptualisations of psychopathology and psychological health and well-being

**15. Be able to establish and maintain a safe practice environment**