



# **Response to Minister for Health on Regulation of Counsellors and Psychotherapists**

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Response to Minister Reilly’s letter of 20 May 2014.

## CORU- Who we are

CORU is responsible for regulating health and social care professionals. It consists of the Health and Social Care Professionals Council and will include the seven established registration board and will include the remaining six registration boards to be established under the Health and Social Care Professionals Act 2005.

The designated professions under the Act are social workers, radiographers/radiation therapists, dietitians, occupational therapists, speech and language therapists, physiotherapists, clinical biochemists, medical scientists, orthoptists, podiatrists, psychologists, and social care workers. Optometrists and Dispensing Opticians.

## Current Position

*"There are no statutory regulations in Ireland for the registration of psychotherapists and counsellors. As has been pointed out in parliament, there is no state control over whom and what qualifications are held by those practicing in these areas? It is dangerous for untrained, unskilled people to probe others unconscious. They are dealing with human vulnerability and serious damage can be done to such delicate people (Dan Neville, TD European Association of Psychotherapy (EAP) 18 February 2010)*

## Background

On 21 March 2014, CORU received a letter from the Minister for Health, stating that in the public interest, he intends to designate by regulation the profession(s) of Counsellors and Psychotherapists under the Health and Social Care Professionals Act 2005 (as amended) (the Act).

He explained that he must consult with the Council in the first instance before the Department can consider broader consultation. He looked forward to receiving the considered advice and guidance of the Council in further protecting the public by promoting high standards of professional conduct and professional education, training and competence in the profession(s) of counsellor and psychotherapist.

Council replied that we are keen to be involved in this work and a subsequent letter was received on 22 May seeking responses to specific questions.

## Introduction

This document is a high level initial review of the anticipated issue in the regulation of Counsellors and Psychotherapists, in response to Minister Reilly's request for information. It also looks at the use of CORU's learning's from the registration and education processes for our current professions (Appendix 1).

## Who and What are Counsellors and Psychotherapists?

Counsellors and Psychotherapists are trained to work with people who have psychological, emotional and/or mental health issues which interfere with their health, well-being and quality of life. These issues may arise for a variety of reasons – coping with depression, anxiety, bereavement, trauma, relationship/sexual difficulties, child abuse, personal problem solving issues, loss of meaning of one's life or/and addiction issues. Counsellors and Psychotherapists aim to help people to deal with the matters that are troubling them and to find strategies to manage, thrive and progress despite the issues. (See appendix 2 for further definitions of the professions).

Much work will need to be done to ensure that the Counsellors and Psychotherapists are well prepared for registration.

This is an initial review of

- the Act – to see what is needed by the profession(s) before the Minister can appoint a registration board to progress to registration;
- The current situation – regarding education standards, the professional bodies, new access to services funded through the HSE;
- International regulation. A review of the situation internationally to identify if there are models that might help our work.

This document is now formatted to answer the Minister for Health's specific questions in his letter of the 22 May (appendix 4), with high level recommendations based on research of best international practise and how this might work in Ireland.

## High Level Recommendations

With 25 different bodies representing Counsellors and Psychotherapists, albeit some are working in a cohesive manner, a lot of work will need to be done by the professional bodies, before a move to statutory regulation can be recommended.

Following extensive research, our recommendation is that preparing for statutory registration for Counsellors and Psychotherapists should be done in a **two-step approach to statutory registration**. The fact that the standards of academic education has been set with agreement from the professions by Quality and Qualifications Ireland (QQI) is of major assistance in this development.

## Step 1 – Approved Voluntary Registration for the Professional Bodies

A model called “Accredited Voluntary Registration”, is used in another jurisdiction where initially the professional body(ies) as organisations would be open to prepare for regulation.

The proposal in Ireland is that the professional bodies invite those members, who meet the standards set as part of regulation, to enter the Approved Voluntary Register. The organisations would engage with their members, who cannot yet apply for approved voluntary registration, for a period (for example, up to five years from start of this process) to achieve the standard where they would join the Approved Voluntary Register prior to the introduction of full statutory registration.

On the introduction of statutory registration members of those bodies on the Approved Voluntary Register would be accepted by CORU. Members of the organisations not on the Approved Voluntary Register would need to apply for registration through an assessment of standards and proficiency mechanism. The organisation(s) must meet very high standards before it can gain approval to implement this approved voluntary registration status. As part of the process, organisations would be reviewed on an annual basis to ensure that standards are being maintained.

*“the organisation will need to demonstrate that its purpose and directives are sufficiently focused on public protection. Additionally the organisation will need to show that in carrying out its voluntary register functions, public interest is paramount and that professional interests do not dominate or unintentionally subvert that interest” (Professional Standards Authority UK on Accredited Voluntary Registration 2013)*

Other matters that standards would be set for include:

- Education and Training.
- Good standards of profession behaviour, technical competence, business practise, use of a Code of Professional Standards and Ethics, which could be based on the framework Code of Professional Conduct and Ethics that CORU use.
- Continuing professional development while the organisations would meet set standards of governance.
- Governance and Risk management within the organisation.
- Maintenance of a register that focuses on the public is accurate and easily accessible to the public; only allows those who meet the standards to join and remain on the approved voluntary register.
- Clear decision making about admissions to the register or removal from it.

We would suggest that the bodies that meet predetermined standards, would be deemed to have “Approved Voluntary Registers” (but not necessarily all its membership) during a set

period, prior to moving to statutory registration. The bodies would not have a “fitness to practise” regime, but a refusal to have someone on the Approved Voluntary Register or where someone is not on the register, would mean that their path to statutory registration would have to be considered separately.

Oversight of this step will need to be decided by the Department of Health. Perhaps an Interim Counsellor and Psychotherapist Supervisory Board could be established to oversee the adherence of the organisations to these standards. The initial funding to oversee this work could be provided by a combination of fees paid by the organisations and seed funding from the Department of Health. It should be noted that this system does not protect the chosen titles of the professions and is unable to deal with rogue practitioners. In the longer-term there are estimated to be 5,000 practitioners in the country and a realistic cost for full individual registration under this system needs to be considered.

## **Step 2 – Transfer of Approved Voluntary Registers of Professionals to Statutory Registration**

After an agreed length of time, the people on the professional bodies’ Approved Voluntary Registers could be transferred to CORU under an established Counsellor and Psychotherapists Registration Board, who will have set the statutory standards, through the use of bye-laws, in the same manner as the 14 professions under CORU, before the register opens. The titles agreed by the Minister for Health would be protected and the members would be subject to Fitness to Practise.

Our suggestions are that

- a period of time (to be agreed) be given to the professional bodies to meet the approved voluntary registration standards;
- the Approved Voluntary Registers be in place for two to three years;
- the Counsellors and Psychotherapists Registration Board be appointed approximately 18 months before the proposed opening date of the statutory register, to allow for adequate time for the training courses to meet the required Standards of Proficiency, which allow the graduates to apply for registration.

Consideration would have to be given as to whether a transition/grandparenting period would be required or not, if the approved voluntary registration system could be incorporated into the time frame, could the Approved Voluntary Registers be transferred directly into a statutory system? Legal advice would be required on this matter.

## **Reply to Questions raised by Department of Health\***

**\*(questions asked are in bold italics, replies in standard text)**

## Question 1

### General Issues

***How the activities of Counsellors and Psychotherapists align with Part 1, Section 4(3) of the Health and Social Care Professionals Act 2005 (as amended) (the Act)***

**The Act, Part 1, Section 4(3)** outlines the definition of what is required of a profession to be regulated. Below, is a list of the sections of the Act (in bold, with considerations underneath) on how Counsellors and Psychotherapists meet these criteria or not.

**“A health or social care profession is any profession in which a person exercise skill or judgement relating to any of the following health or social care activities**

**(a) The preservation or improvement of the health or wellbeing of others;**

The aim of Counsellors and Psychotherapists is to improve the health and wellbeing of others.

**(b) the diagnosis, treatment or care of those who are injured, sick, disabled or infirm;**

Generally people attending are referred from other professions, such as medical practitioners, where a diagnosis may have been made. However, members of the public can refer themselves directly to counsellors/psychotherapists. Some counsellors and psychotherapists are involved in offering treatment and care to people who may be recovering from injury, sickness, disability or infirmity.

**(c) the resolution, through guidance, counselling or otherwise of person, social or psychological problems.**

This describes the aims of Counsellors and Psychotherapists' work.

**(d) the care of those in need of protection, guidance or support**

Clearly members of the public attending counsellors or psychotherapists require care, as they attend these professionals, to seek guidance, support and possibly in some cases, protection.

## Question 2

***How the activities of Counsellors and Psychotherapists align with Part 1, Section 4(4) of the Act***

In this section of the Act, it outlines the considerations that need to be taken into account by the Minister in deciding whether a profession should be designated under the Act, by considering the following factors (details of the Act in bold, with the considerations underneath).

**(a) The extent to which the profession has a defined scope of practice and applies a distinct body of knowledge**

Counsellors and Psychotherapist need to define the scope of practice of their work - the QQI standards should assist the process.

CORU does not regulate the scope of practice of professions, but protect the titles of the profession(s) on the basis of the professionals agreeing to meet the requirements of CORU's principle based regulation as outlined in CORU's framework Code of Professional Conduct

and Ethics. The bodies could tailor the framework document, to be used by the relevant registration board, to meet the professions' needs. It forms the basis for a bye-law, following public consultation. This document states that registrants must

**“Act within the limits of your knowledge, skills, competence and experience”.**

You must:

- a. act within the limits of your knowledge, skills, competence and experience;
- b. practise only in areas in which you have relevant competence, education, training and experience. If a task is beyond your knowledge, skills or experience, you must refer the patient to a colleague who has the skills to examine or treat the patient;
- c. accept that a patient has the right to ask for an examination or treatment by another registrant of the profession;
- d. monitors your practice and any protocols you work within using evidence from audits and research to develop best practice;
- e. makes sure you understand any request from a prescriber. You must only examine or treat a patient if it is in the patient's best interest. If this is not the case, you must discuss the issue with the patient and the prescriber and/or practitioner who made the referral before providing any service;
- f. be able to justify any decisions you make within your scope of practice. You are always accountable for what you do, what you fail to do, and your behaviour;
- g. meet professional standards of practice and work in a lawful, safe and effective manner.

The professions should also demonstrate that they apply a distinct body of knowledge. This is very important when one considers counselling psychologists' distinct body of knowledge, as well as psychologists and social workers; both professions under CORU's remit.

At the beginning of May 2014, Quality and Qualification Ireland (QQI) completed an exercise with the professional bodies of counsellors and psychotherapists, and other bodies, including CORU, to set the standards of academic education, which gives top level guides on professional training.

As part of the normal preparation for registration of a profession, the relevant registration board will have to decide what the standards of proficiency are, for the entry level to the profession. This outlines what knowledge, skills, competence and experience are expected of practitioners commencing work as a professional. This will be a critical step for the professions and greater clarity is required.



**(b) The extent to which the profession has established itself, including whether there is at least one professional body representing a significant proportion of the profession's practitioners.**

For Counsellors and Psychotherapists, this could be the most difficult step to achieve and it is critical in the journey to statutory registration. Currently there are up to 25 professional bodies, representing Counsellors and Psychotherapists. The majority of the groups came together under the banner of the "Psychological Therapists Forum" in 2008, including the two largest groups – the Irish Association of Counsellors and Psychotherapists (IACP) – who state they represent about 3,500 and the Irish Council for Psychotherapy (ICP) who state they represent approximately 1,350 practicing members, who work in five different areas of psychotherapy. However, now a number of professional bodies have moved away from the Psychological Therapists Forum.

During the Quality and Qualifications Ireland (QQI) consultation work which established the baseline requirements for education, it was clear that the ICP and the IACP have a disagreement on the definition of "Counsellor" and "Psychotherapist" with the IACP stating that essentially the work of both are the same; while the ICP state that there is a very different standard for entry to the profession of psychotherapist. The QQI standards set both at the same proposed entry level of education level 8 or honours degree level. This is a critical matter. There needs to be a cohesive approach, which can only be agreed by the professions.

CORU suggests that the groups be advised of this requirement to progress statutory registration. However there needs to be a time limit placed on the groups to come back to the Department with agreed definitions of the profession(s); a commonality in the standards for education (which QQI is providing) and clarity on the issue of the title(s) to be protected. If the two-step approach to preparing for statutory registration is agreed, this will inform these groups of the requirements and under a set time frame, prepare for transfer to a statutory system. It has the potential to focus the groups on what is required.

**Disagreements between professional bodies cannot allow the goal of statutory registration to protect the public, to be missed.** The use of a facilitator may be helpful and a time limit needs to be set – a suggestion would be 12 months maximum, to get the professional bodies prepared for an approved voluntary system of registration. This would mean meeting the set standards as a first step towards statutory registration.

Any delay in this matter will delay progress towards regulation, which following the establishment of the Counsellor and Psychotherapists Registration Board could take up to two years' work to open the register, with an additional two years to complete the transitional/grandparenting period of registration, if required.

If the two step approach to regulation is taken by the Minister, this could shorten the timeline and may do away with the requirement for a transition/grandparenting system. Legal advice would be required.

**(c) The existence of defined routes of entry into the profession and of independently assessed entry qualifications.**

The setting of Academic Education Standards through QQI has helped this matter for the future. However there will have to be a very detailed review of what has happened to date. This is an area of particular concern where some providers of educational courses have been validated by professional organisations, which may not be independent of the courses. Where courses have had external standards put in place, this may help, but without national standards, this will cause greater problems for the transition/grandparenting.

Similar to the Social Care Workers, who had their education standards set by HETAC (forerunner of QQI) in 2009, we know that CORU may have to review all of the courses before the registers can be opened, following mapping exercises by all of the schools that wish to be considered, against the Standards of Proficiency, to be issued by the Counsellor and Psychotherapists Registration board.

**(d) The profession's commitment to continuing professional development**

The depth of the commitment to continuing professional development required will have to be demonstrated by the professional bodies and to what extent this is ingrained in practise among the professionals who are members of the different bodies. In the two step approach to regulation, this will have to be demonstrated before the body would be allowed to hold an approved voluntary registered.

**(e) The degree of risk to the health, safety or welfare of the public from incompetent, unethical or impaired practice of profession**

This issue is THE major driver for the regulation of Counsellors and Psychotherapists, because of the damage that could potentially be caused by practitioners who are not meeting the standards required, to deliver safe and useful service to service users/patients, who by the nature of the interactions may be vulnerable. The two step approach is possibly the safest way to introduce standards relatively quickly, and would allow bodies to get to the correct standards, have control over who is on their Approved Voluntary Register, prior to transferring to a statutory system at CORU.

### Question 3

***Identification of Interested persons, organisations and other bodies to be consulted by the Minister with regard to the proposed designation as required of him under S.4.2 (b) of the Act.***

We believe the best practise for consultation, is to consult with:

- The professional bodies please see Appendix 3 for the list of the existing professional bodies.
- The employers, although many of these people are in private practise, the HSE is a large purchaser of services on behalf of patients with medical cards. This would include the regional Directors of Counselling, as well as representatives from the shared services to look at the costings and business side of the work. As Counselling is required a wide variety of areas within the HSE, possibly representatives of the varying services should be consulted – primary care, services for the elderly, mental health services
- TUSLA – the new agency for children and family will also offer valuable insights to any review
- Representatives of patient advocacy groups, in particular those whose members would use a high level of counselling and psychotherapy.
- The Mental Health Commission could be of particular assistance in this work, due to their remit in Mental Health Services
- Other state agencies/departments who use/purchase the services of these professions
- The Educators and QQI, who have set the academic standards for education
- Patient Advocacy groups – in particular in the area of Mental Health, but opening the consultation to any organisations who provide access to counselling to the public for many different reasons
- Other regulators of health and social care professionals –
- Representatives of involved departments, - Department of Health, Department of Children and Family, Department of Social Protection
- Other professional bodies – for example the Irish College of General Practitioners, who often refer people to Counselling and Psychotherapists; Psychological Society of Ireland, Irish Association of Social Workers, Social Care Ireland, Association of Occupational Therapists of Ireland, Irish College of Psychiatrists and other relevant professional groups
- The Competition Authority

### **Lessons learn from International regulators** (see reply to Question 9)

- **Health Care Professionals Council UK**, who regulate 16 professions including 12 of CORU's professions worked to try to register the Counsellors and Psychotherapists.

This did not materialise and we looked at lesson learnt from this process. The Director of Policy and Standards Michael Guthrie met with CORU and the Professional Regulatory Unit, in Department of Health on 7 July, 2014 to describe the lessons from their endeavours.

- **The Professional Standards Authority UK** have also been consulted, as they now run a voluntary register system, called an “Accredited Voluntary Register” for 17 professional bodies, including four professional bodies representing Counsellors and Psychotherapists in the UK. The other bodies include homeopaths, acupuncturists, play therapists, sport rehabilitators and trainers; hypnotherapists; non-medical public health practitioners. Some elements of this system could be useful in addressing the Counsellors and Psychotherapists issues in Ireland.
- Canada, Ontario Province has just commenced the regulation of Psychotherapists in April 2014, following five years of preparation and the CEO met with Joyce Rowlands, the Executive Director, of the **Transitional Council College of Registered Psychotherapists of Ontario**. Many complexities have arisen, which have led to the recommendation of not approaching the regulation of these professions, without a two-step approach, to allow for the professionals to raise their standards and prepare for statutory registration.

#### **Question 4**

##### ***Titles to be prescribed by the Minister***

The title of “Psychotherapist” seems to be a sensible title to protect – there are many variations of this title being used by practitioners, but for the public, other regulatory research has shown, it is better to protect a small number of titles – The public get too confused if too many titles are protected.

The title “Counsellor” causes problems to the public, as there are a number of groups who use this title, for example Career Guidance Counsellors, Guidance Counsellors, Drug and Alcohol Counsellors, Counsellors in the legal system. There needs to be greater clarity on the title(s) to be used. Consideration might need to be given to the use of perhaps one of the following\*

- Health and Social Care Counsellor\* or
- Social Care Counsellor\* or
- Care Counsellor\*
- Therapeutic Counsellor.
- Psychotherapeutic Counsellor

Another approach suggested is to protect the titles “Counsellor” and “Psychotherapist” only to be interchangeable titles that can be used by anyone on the register.

Another suggestion is to devise an exemption for people using the title “counsellor” with recognised additions for “career guidance counsellors” “debt counsellors”.

In the UK the role of Career Guidance is separate from the role of School Counsellor and this would need to be reviewed here, as it seems that Career Guidance Counsellors often cover both roles.

Equally in the UK, there are a number of Art Therapists, who are known as Art Psychotherapists, who are registered under the Creative Therapies by HCPC. This will need further investigation.

The other title that was mentioned in 2008, by the Psychological Therapy forum was “Psychological Therapist” – however this title is likely to cause further confusion among the public; the Psychological Society of Ireland have also objected to this title.

Other titles that have been considered internationally include “Mental Health Therapist” – however, Ontario in Canada has just commenced the regulation of Psychotherapist and was due to regulate the Mental Health Therapists, but this has been withdrawn currently.

Finally the combined title of “Counsellor and Psychotherapist” would not include many of the 5,000 to be registered, as a number practise as one or the other, but if there is no agreement, this may need to be considered as the sole title for all registrants.

As part of considering a sole title we would recommend that market research or a survey of the general public be carried out to see what their views are of the titles being considered and what their knowledge is of what the titles mean, with a test of any new titles being proposed.

**\* Many of the UK bodies representing the Counsellors and Psychotherapists professions do not like the word “health” or “care” and these titles may be controversial.**

## **Question 5a**

### **Number of Professions**

***Would the Council recommend the designation and regulation of one or two professions in the context of Counselling and Psychotherapy?***

Of prime concern when considering this question, is

**Are there sufficient differences between the work, training and delivery of services by counsellors and psychotherapists to develop two registers?**

Do the public and service providers consider they are different?

How does the establishment of two separate registers protect the public and build a trust of the public in the registered professions?

There seems to be mixed demand from the profession – some would welcome people being registered as Counsellors and Psychotherapists separately. However, others believe they

should be registered as one profession. From the public protection point of view, regulation could lead to clarity for the public, if a decision is made one way or the other – with the public knowing that you need to check if your practitioner is registered or not.

Regarding the need for one register or two, this will need further consultation with the stakeholders. It would seem sensible to have both professions managed by one registration board, who manage one or two registers, once there is greater clarity about what is the difference between the professions. This has been difficult to differentiate. Again we would recommend the department would consider commissioning market research/a survey be carried out to identify the views of the general public, as well as the stakeholders, to advise the Minister on how to proceed.

### **Early Preparation of the Criteria and Standards of Proficiency**

One suggestion is that the Department initially consider that some work be done to identify the criteria and standards of proficiency for both professions, before making a final decision, to clearly identify what are the differences?

The QQI work has devised academic standards, which will help to shape the future courses for Counselling and Psychotherapy, but the criteria and standards of proficiency also considers the professional/clinical practice and training the graduate has completed. Normally when a registration board is put in place, the Criteria and Standards of Proficiency are devised to act as the basis for entry into practice and against which the courses preparing applicants for registration must deliver these proficiencies.

In order for the Board to have a document it can discuss, the framework criteria and standards of proficiency document is given to an expert in education of the profession, to review and ensure the unique requirements of the profession are included in the document brought forward to the registration board to consider, before progressing with the Approval and Monitoring of courses who produce the graduates, eligible to apply for registration.

Conducting this work earlier in the process could also assist in the issue of the differences in the two professions or not.

If the 2 step approach to statutory regulation is considered, the QQI standards could have time to bed down and the professionals bodies would also have to identify the knowledge base for its profession.

### **Question 5b**

***Would the Council recommend the option of being registered on more than one register, subject to meeting the qualifying criteria?***

Currently this is an available option for any of the registered professional. For example if a social worker is a counsellor and wishes to register on both registers, once they met all the requirements of the register and pay the required fees for both registers, this can be accommodated. They will also have to demonstrate that they meet the ongoing requirements of Continuing Professional Development on both registers

## **Question 6**

### **Entry Level Qualifications**

***Based on the number and title of profession(s) being recommended by Council, how would the corresponding issue of entry qualifications be addressed?***

***Can the QQI standards for academic accreditation (Report published May, 2014) be used, in whole or part?***

The establishment of the QQI standards is a major step towards regulation of Counsellors and Psychotherapists. When a Registration Board is established, one of their first jobs is to identify what the Standards of Proficiency for the profession(s) should be. CORU use framework documents, which generally align with the existing requirements under HEA/QQI requirements.

We believe the QQI standards are a good place to start, but the likelihood is that all courses who wish to have their graduate considered for registration will have to be approved to ensure they do meet the standards of proficiency required. It is particularly important when the vast majority of graduates will establish independent practises with supervision organised through professional bodies.

One issue that will have to be addressed is **when is a Counsellor or Psychotherapists ready to enter the profession?** From interactions with the professional bodies, it would seem that the graduates have to have on-going supervision, following qualification before they can become independent practitioners. This process will need to be mapped and the standards of supervision possibly be reviewed. The key issue is at what point is the practitioner is deemed to be professionally responsible for their professional conduct, competence and standards of work?

When that point is described and agreed, this is when the practitioner needs to be statutorily registered or signed up to an Approved Voluntary Register. It could be that following completion of the training course and for the initial induction period to the profession that the new graduates remain on the Approved Voluntary Register, before moving over to the statutory register when they are fully independent practitioners.

Some other regulators register students. CORU do not believe this is necessary, as all students are not independent practitioners and have to work under the supervision of registrants, who has responsibility for their work and progress. This principle will need to remain for counsellors and psychotherapists.

## **Question 7a**

### **Grandparenting/ Preparation for dealing with Historical Qualifications**

***How does the Council recommend dealing with applications from those in practice, especially those with no/minimum or unrelated educational qualifications but significant in the profession?***

The two step approach encourages the professional organisations to create an Approved Voluntary Register initially to their members who meet the standards. It would also encourage the organisation to provide supports for other organisation members to reach the standards required during the period before statutory registration would be implemented.

Alternatively a period of transition/grandparenting – generally the first two years of the opening of the register, will be required to allow existing practitioners, who do not have the qualifications required for registration to apply and access the assessment of professional competencies process. Existing practitioners are people who have been using the protected title in two of the five years prior to the opening date of the register.

Schedule 3 of the Act, identifies the “qualifications required by existing practitioner, as described in Section 91(1). The decision by the Department and Minister on what is listed under Schedule 3 of the Act will be crucial in determining the standards of regulation for these professions; these qualifications will be considered during the transitioning period only for the people who are in practise for two of the five years prior to the opening of the register.

For the other professions regulated/to be regulated by CORU, Schedule 3 of the Act included the qualifications that were available in 2005 as well as the qualifications, known as “historical qualifications”, which have been considered during the transition period. The registration board will have to identify what they mean by “engaged in the practice” of the profession.

The registration board, when reviewing applications for registration have to satisfy themselves that the existing practitioners who apply during the transition period hold

*“(1) a qualification listed opposite the profession in the third column of that schedule (Schedule 3) or a corresponding qualification, or  
(11) a professional qualification that, in the opinion of the board, is sufficiently relevant to that profession and attests to a standard of proficiency corresponding to a qualification listed opposite the profession in the third column of that Schedule or  
(ii) Successfully completes an assessment of professional competence set by the board in accordance with any guidelines issued by the Council” ( the Act, Part 9, Section 91 (1) (II)).*  
The applicants have to meet the other required factors – be fit and proper, pay the fee and agree to uphold the Code of Professional Conduct and Ethics.

To meet the legal requirements, people who can prove that they have been practising the profession without qualifications, but have been using the titles to be protected, will have to

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go through an Assessment of Professional Competence, to ensure that they meet the standards of proficiency. This is what is expected of any registrant, entering the profession. If the 2 Step approach is taken, this could possibly only apply to the applicants who are not on an Approved Voluntary Register.

Another option to consider is the HSE list, as allowed under the new amendments to the legislation. One interesting development is the provision of counselling and psychotherapy for medical card holders by the HSE.

The HSE have listed qualifications that they accept for people to be able to provide the services to these patients. While there have been some concerns by some parties, this might be a useful tool when deciding on the status of some qualifications, in particular as the changes in the Health Miscellaneous Bill 2014 allows for CORU to use the HSE list to open registers.

One of the major challenges of this process will be having the correct qualifications listed in Schedule 3. If this cannot be agreed; it may be that all applicants would have to go through an Assessment of Professional Competence. The preferred option would be to have the correct qualifications identified. However based on our experience of other professions, this is not always clear and can cause difficulties. CORU has no way of being assured that the historical qualifications attest to the standard of practice, similar to other professions during grandparenting. However, each qualification going onto Schedule 3 will have to have a case made as to the merits of it being listed under Schedule 3.

The other complicating factor is the diversity of areas in which people work, such that entry level to the profession may be different for different elements of the profession. This will require a more detailed review and progress to give a more definite guide to this issue. One suggestion made by the Health Care Professional Council, UK, is to ask that people seeking to be registered, who have demonstrated that they have practised for two of the five years prior to the opening of the register in a “safe, lawful and effective manner”. This is one route that HCPC have used for grandparenting of other professions.

The two step approach to statutory registration may also help, if the professional bodies that become Approved Voluntary Register's holders will have to ensure the standards for education and Continuing Professional Development has been set as required.

### **Question 7b**

**“ Would special provisions be recommended, similar for example to those made for Social Care Workers under Section 91(2) of the Act, and if so, what provisions?”**

This section allows a Social Care Worker to register during the transition period if they apply during the period; has been engaged in continuous practice of the professions for not less

than two years before the opening of the register and in the written opinion of the applicant's employer, competent in the practice of that profession.

As the vast majority of counsellors and psychotherapists are self-employed, this mechanism would not be applicable. However for other professions, a private practitioner can demonstrate they have been in the practice of their profession through the provision of a number of pieces of evidence – for example, Tax returns, evidence of contracts for work. This attests to the quantity of a practitioners work, but does not relate to the quality of their work. Professional Indemnity can provide useful evidence of practice and potentially of lawful practise.

Further discussions may raise suggestions to use such a provision in an appropriate manner.

### **Question 8a**

#### **Impact on other professions**

**“What impact would the regulation of Counsellors and Psychotherapists have on related professions already designated for regulation under the 2005 Act e.g. psychologist and specifically Counselling Psychologists (title/scope of practise); Social Worker?”**

CORU strongly recommend that the regulation of Psychologists, including Counselling Psychologists should be complete before progressing with the opening of the register for Counselling and Psychotherapists. CORU believe it to be prudent that the Psychologists Registration Board would be appointed and have its register open, following the setting of the standards of proficiency, the Code of Professional Conduct and Ethic for Psychologists ahead of the Counsellors Psychotherapists Registration Board. There will be a number of issues that will be common to both of these professional groups and by having addressed the issues for the Psychologists, it could make it easier to progress the Counsellors and Psychotherapists.

CORU would also recommend the progress of the remaining professions under the Act to have opened their registers prior to the opening of the register for Counsellors and Psychotherapists.

Other professions do practise as psychotherapists/counsellors – nurses, doctors, other therapy staff. It may be prudent to make a distinction between other professions who have trained in techniques that may be commonly found in counselling/psychotherapy, but they are working in their named profession. However if a doctor or nurse or other profession trains as a counsellor or psychotherapists, and sets up an independent practise they should register in this profession.

### **Question 8b**

**“What impact would the regulation of Counsellors and Psychotherapists have on professions not regulated under the 2005 Act e.g. Career Guidance Counsellors and other similar professions practicing in the general area of counselling etc.?”**

CORU's model of regulation is not based on protecting the scope of practice of a profession, but on the protection of title(s) and based on the registrants agreeing to follow the Code of Professional Conduct and Ethics for the profession.

For the non-regulated professions, the choice of the protected titles will have implications, for this reason care needs to be taken (see reply to question 4).

Clarity will be needed on groups such as “Drug and Alcohol Counsellors” – will they be included with this group? It would appear that their training is very different. An issue has also been raised by Career Guidance Counsellors and this will need to be further explored. There is also a group of Nurse/Therapists, who tend to have a background in Psychiatric Nursing but have done some training in counselling and are most likely employed in the Mental Health Services. Many of these would be registered with Nursing and Midwifery Board of Ireland, and will need further exploration. There are also a number of Psychiatrists and other health professions who specialise in Psychoanalysis, and work as Psychoanalysts, which will again need to be considered.

## **Question 9**

### **International Issues**

**“What relevance does the international context have on the regulation of Counsellors and Psychotherapists in Ireland?”**

**What international learning/experience can be drawn on?”**

Please see a summary of some of the findings from research carried out for this paper.

### **Europe**

Psychotherapists are being regulated in a number of European Countries, but not Counsellors. Among the countries, who regulate Psychotherapists, some such as Italy, Germany, Holland and Sweden only regulate Psychotherapists who are Doctors or Psychologists. Other countries such as Austria, Finland, and Romania regulate those who train as Psychotherapists only.

An interesting case was taken in Italy by an Austrian registered Psychotherapist, who is not a medical doctor or psychologist and won the case (Heinrich Lanthaler 2008). This has led to Italy having to change its regulations on who can register as a psychotherapist. The principle was based on the regulatory authority not being allowed to make its decision on the entry point to the profession – in other words not whether he is a doctor or psychologists, but that he has the qualification as a psychotherapist to allow him to deliver the services of a psychotherapist when he applied to work in Italy.

It should be noted that in Europe the professional organisations have worked together to push for the recognition of the European Certificate for Psychotherapy. This is to agree standards for Psychotherapy across Europe and it seems to be gaining support. Clearly in Europe, Psychotherapists are regulated separately, but there is no consistent evidence about the regulation of Counsellors. An option could be to have the Counsellors and Psychotherapists Registration Board, with a separate register for Counsellors and Psychotherapists, both meeting the required standards of education, practise, and conduct.

### **United Kingdom**

The Health Care Professional Council, who regulate 16 health and social care professionals, including psychologists and social workers; worked towards regulating the profession(s) but ran into difficulties due to the differing numbers of views and groups involved. The political agenda also changed, with the change in government, which resulted in the demand for regulation reducing.

Currently, the Counsellors and Psychotherapists have a voluntary system of regulation under the Professional Standards Authority (PSA) in the UK known as the "Accredited Voluntary Register (AVR)". (See Appendix 7)

This has been put in place by statute and applies to a variety of professions. Currently five of the 17 professional bodies in the scheme are bodies for Counsellors and/or Psychotherapists. Its standards are very clear – the registration process must be put in place to protect the public and the bodies have had to separate activities between the requirements for the register to protect the public and the other requirements of a professional body – to represent and lobby for the profession.

The standards emphasise the risk profile of the professions involved and has very specific issue for the bodies to deal with conflicts of interest. The codes also address the issues of people who may have been put off a statutory register trying to join the AVR, or where a person has been taken off another body's register, to ensure they do not get onto another AVR.

This process is in its second year - in the first year the AVR body must demonstrate that it meets the standards required (see Appendix 5 and 6) and the AVR bodies are reviewed on an annual basis.

The cost per organisation is £12,000 (€16,440) with an annual fee of £9,000 (€12,330). The aim is to be self-funding. Currently there are 24 bodies who are taking part in the Accredited Voluntary Scheme ranging from homeopaths, to massage therapists to counsellors and psychotherapists. The latest group to join this scheme is the Academy of Health Care Scientists Practitioners, which includes sonographers, clinical technologists, clinical medical scientists, who currently cannot be registered in the statutory model.

According to PSA, there is currently no consideration to converting some of these Accredited Voluntary Registers into statutory registers in the UK.

## **Australia**

Currently Australia is not regulating either profession, having concentrated its regulatory efforts on health professionals and not social care professionals. It is now considering an agreed code of conduct with all unregulated health and social care professionals and installing a Fitness to Practise mechanism. It is currently in place in New South Wales and South Australia and is being considered on a federal/national basis now.

## **United States**

Counsellors (Counselors) and psychotherapist are regulated, through the use of a licensing system. This means that no matter what course you have done, you must sit a state examination to get your licence in the State(s) you wish to practise in and met the yearly requirements to be re-registered. Along with other professions, the issue of members of the Armed Forces, who regularly move around the US, has raised concerns about the requirements of individual States, which vary, resulting in any health or social care professions having to meet a variety of requirements for the same job in different states.

It should be noted that it may be possible to dispense with the transition period, if the Step 1 approach was agreed, as practitioners would have a chance to meet the required standards before the opening of the register.

Michele Obama has involved herself with a campaign to simplify licensing requirements nationally to deal with the movement of the armed forces issues and is having some success. The US regulate through a "Scope of Practise" model, which identifies exactly what people can or cannot do; this is interpreted differently in parts of the country, often because of the strength of certain professions in certain areas. For example, a midwife in a rural area will often have a broader scope of practice then in a larger city, because of the varying availability of resources in the areas.

## **Canada**

Across all of the provinces, the vast majority of health and social care professions are regulated. However, there is a mixed approach to regulation of Counsellors and Psychotherapist.

Currently Quebec, Ontario and Nova Scotia regulate Counsellors/Psychotherapists. Other provinces are progressing towards regulation.

In most of the provinces, many practitioners who provide counselling services may also be registrants of an existing health, social services or education profession. e.g. psychologists, registered nurses, clinical social workers or school counsellors.

Ontario has commenced regulation of psychotherapists from April 2014, following five years preparatory work, it was also originally due to regulate "Mental Health Therapist" as well, but this has been dropped. This is interesting as every health and social care practitioner in Ontario is regulated and it might be worth finding more information on how this process has

Counsellors and Psychotherapists – Steps to statutory registration

been arrived at. The CEO met with the Executive Director of the Transitional Council of the College of Registered Psychotherapists of Ontario in September 2014.

The transitional Council of Registered Psychotherapists of Ontario (CRPO) has been in place for 5 years, setting up the mechanism for the regulation of Psychotherapists and Mental Health Therapists initially. The regulation of Mental Health Therapists has been put on hold, as it refers to many practitioners in the public system and the knock on impact on payment etc.

Psychotherapists have been regulated since April 2014, but the controlled Act of psychotherapy has not been placed in the governing legislation yet. There are a number of complicating reasons for this, including issues with the interplay about who is using psychotherapy skills.

“Mental Health Therapists” was initially proposed as a title to be used by Government employees working in health and social care services. These would have included Child and Youth Workers, Children Mental Health Professionals, Corrective Centre professions. Other groups that were considered under this title included Addiction Counsellors/ Mental Health Workers and varying Counsellors working in the public health system, not has independent practitioners. One of the concerns is the potential knock on costs to the public health system if these workers are to be regulated.

Issues were raised about Counsellors, working in private practice, they were deemed to require the title Clinical Counsellor, but again the training issue was not clear but it was anticipated that an M.Sc. would be required and currently this title is not protected. Ontario use a Scope of Practice system, under which there are controlled acts for psychotherapists, but these has not been enacted, because of a lack of clarity on the issues with the Mental Health Therapists. The plan had been to add an additional controlled Act of Psychotherapy to the already controlled 13 acts, under the Registered Health Professionals Act 1991(updated 2009). This has not been enacted to date, although it may be enacted by 1 April 2015.

Registered physicians, nurses, occupational therapists, psychologists or social workers cannot use the title “registered psychotherapists”, but can carry out psychotherapy, subject to them completing the required training and to continue regulation under their current regulator. They do not have to complete the on-going training requirements of psychotherapists, but those set by their colleges (Canadian term for the regulators).

It should also be noted that the CRPO had to make an exemption for Pastoral Counsellors and there have been concerns raised by churches about the role of psychotherapists in spiritual matters.

In Quebec, Psychotherapists are regulated and the title of protection is “*psychotherapists or physicians or psychologists who use the title of psychotherapists must ensure that it is*

*preceded by their reserved title*” Quebec separately regulated Martial and Family Therapists, Sexologists, as well as Psychologists, and Social Workers.

In British Columbia and New Brunswick, the title “Counselling Therapist” is protected and is mainly being used by Counsellors

### **New Zealand**

New Zealand regulates Psychotherapists, but not Counsellors. They started regulation in 2008 with a two year grandparenting period. All Fitness to Practise issues are brought to the Health Practitioners Disciplinary Tribunal, which is shared with 15 other regulated professions.

“Registration and Annual Practising Certificates (APCs) are two distinct legal concepts under the Health Practitioners Competence Assurance Act 2003 (HPCAA):

- Registration may be granted where a person meets the qualification, competence and fitness to practise requirements as set by the HPCAA; once registered a person is entitled to use the title psychotherapist; and
- An APC gives a psychotherapist the right to practise his or her profession and provides evidence that the person has maintained his or her competence and fitness to practise.

The legal requirements of the HPCAA mean that:

- If a person wishes to use the title psychotherapist, or hold themselves out to be a psychotherapist, they must be registered with the Board;
- If a person wishes to practise psychotherapy as a psychotherapist the person must be both registered with the Board and hold a current Annual Practising Certificate (APC);
- A psychotherapist who does not hold a current APC cannot lawfully practise psychotherapy.

### **Question 10**

**Timeframe “What timeframe would be required for: The establishment of the relevant Registration Board(s); the opening of the relevant register(s); and a transition period for grandparenting”**

The appointment of the relevant registration board will be carried out by the Minister for Health, and likely to follow the current process to appoint people who apply for consideration through the Public Appointments system. However the ground work will need to be completed, in order to give the new registration board the basis documents and processes to allow their work to progress as quickly and as carefully required

Currently, we anticipate that when a registration board is established, the time it takes to work towards opening of the registers for the professions can take from 1 year up to 2/2.5 years. The length of time depends on the complexities of the requirements of the profession to be regulated and the availability of resources to support the new board. The learnings from the regulation of the current professions will help, but there are unique complex issues for Counsellors and Psychotherapists, not least of which will be the need to map all training courses against established standards of proficiency.

If the two step approach to statutory regulation was to be adopted, a supervising body would be required to ensure that the standards were being met as part of the Approved Voluntary Register. An Interim Counsellor and Psychotherapist Registration Board could be put in place, based on CORU model – 6 from the profession and 7 lay members to implement and supervise the first step with the professional bodies.

The time lines would be 12 months for the Professional Bodies to be approved followed by 2 years voluntary registration by their members. Subject to approval of standard levels being maintained by the Bodies the members of these Bodies would transition to the register. The interim Board could ultimately be converted into the Counsellor and Psychotherapist Registration Board, at the point that the scheme steps up to statutory regulation of the individual practitioners.



## **Appendices**

### **APPENDIX 1**

#### **CORU- progress to date**

The registers for Social Workers, Radiographers and Radiation Therapist, Dietitians, Speech Language Therapists, Occupation Therapists, Optometrists and Dispensing Opticians are open.

The Physiotherapists Registration Board register will open on 30 September 2016. The Social Care Workers Registration Board is progressing with preparation for the opening of its register.

Advertising for membership of the Medical Scientists Registration Board is currently underway.

The remaining professions of Clinical Biochemists Psychologists, Podiatrists and Orthoptists are yet to be advertised and appointed by the Minister, but we are planning to have commenced the journey to registration with these professions soon.

Council commenced accepting Fitness to Practise complaints from the 31 December 2014, following the commencement of Part 6 of the Act, by the Minister for Health.

## APPENDIX 2

### Definition of “Counsellor” and “Psychotherapist”

#### Dictionary definition

*In the Practice of the Professions*

**Counselling** - The provision of professional assistance and guidance in resolving personal or psychological problems

**Psychotherapy** -The treatment of mental disorder by psychological rather than medical means. (Oxford Dictionary)

*Title of the Professions*

The title “Counsellor” identifies many ways in which this term is used. It excludes Councillor, relating to local government

**Counsellor** A person trained to give guidance on personal or psychological problems: *a marriage counsellor* 1.1 [with modifier] A person who gives advice on a specified subject: *a debt counsellor* 2A senior officer in the diplomatic service: *a counsellor at the Russian embassy* 3 (also counsellor-at-law) *US and Irish* A barrister.

**Psychotherapist** Professional engaged in the delivery of the treatment of mental disorder by psychological rather than medical means.

#### Definitions from Professional Bodies and Education Documents

##### Irish Association of Counsellors and Psychotherapist

Counselling and Psychotherapy can be of great support in times of crisis or change. It involves the provision of professional assistance to people who are experiencing personal issues, in order to help alleviate those difficulties.

Nearly everyone faces challenges and difficulties in their life at some time. But sometimes they can be overwhelming and we feel like we are helpless. Stress over a job, anxiety caused by uncertainty over the future, loss because of bereavement, problems over addiction or difficulties in a relationship are just some of the reasons why people feel they can benefit by talking to a professional Counsellor or Psychotherapist.

##### When should you seek a Counsellor / Psychotherapist?

Professional Therapists offer caring, expert assistance that can help you identify your problems and assist you in finding the best ways to cope with them. This may involve changing behaviours that contribute to the problem or by finding constructive ways to deal with a situation that is beyond your personal control.

Therapists offer help in addressing many situations that cause emotional distress, including, but not limited to:

- Relationship difficulties (e.g. within families, with partners)
- Anxiety, Depression, Stress and other mental and emotional problems and disorders
- Bereavement - the death of a loved one
- Social and emotional difficulties related to disability and illness
- Addiction problems – e.g. alcohol and substance abuse, gambling and other addictions
- Sexual abuse and domestic violence
- Eating Disorders
- Career and job stress

(IACP website 31 3 14)

“Counselling/Psychotherapy is for anybody. It can be of great support in times of crisis of change. Both counselling and psychotherapy involve the provision of professional assistance to people who are experiencing person issues, in order to help alleviate those difficulties. Counselling tends to deal more with immediate issues that may have arisen more recently.e.g. bereavement or relationship breakdown. Psychotherapy tends to deal with deeper more long-term issues that may be rooted in the past e.g. A trauma or serious mistreatment where the effects of such are on-going” – (letter sent to CORU March 2014).

### **Irish Society for Psychotherapy**

Psychotherapists are professionals who are specifically trained to relate to and treat people who are distressed. An integral part of the treatment is the relationship between the psychotherapist and the patient/client.

Psychotherapists utilize a variety of psychological methods and skills in an effort to alleviate personal suffering and to encourage change. They may practice in a public or private setting and treat clients of all ages, including children.

What problems are addressed in psychotherapy?

The work of psychotherapy can involve:

- feelings associated with loss
- family crisis, including separation
- life stage developmental problems
- past trauma
- abuse issues
- relationship problems
- anxiety
- depression
- phobias
- obsessions
- self-harm
- addictions

- any other emotional or psychological difficulty.  
(ISP website 31 3 14)

## International Definitions

### UK

“Counselling and Psychotherapy are umbrella terms that cover a range of talking therapies. They are delivered by trained practitioners who work with people over the short or long term to help them bring about effective change and enhance their well-being. Counselling and psychotherapy can be hugely beneficial for many people in a wide variety of situations including helping people to cope with depression and anxiety, bereavement, relationship difficulties, sexual and racial issues, child abuse and education dilemmas., as well as person problem solving. Therapy offers people a safe, confidential place to talk about life issues and problems that may be confusing, painful and uncomfortable (British Association of Counsellors and Psychotherapists).

[www.bacp.co.uk/admin/structure/files/pdf/7461\\_gtt\\_briefin.pdf](http://www.bacp.co.uk/admin/structure/files/pdf/7461_gtt_briefin.pdf)

“The provision by qualified practitioners of a formal and professional relationship within which patients/clients can profitably explore difficult and often painful, emotions and experiences. These may include feelings of anxiety, depression, trauma, or perhaps the loss of meaning of one’s life. It is a process which the individual becomes more autonomous and self-determined. Psychotherapy may be provided for individuals or children, couples, families and groups (United Kingdom Council for Psychotherapy 2007)

## APPENDIX 3

### Representative Organisations

#### 17 member Associations of the Psychological Therapies Forum

1. Addiction Counsellors Ireland (formerly Irish Association of Alcohol and Addiction Counsellors)\*
2. The Association of Professional Counsellors and Psychotherapists
3. The Irish Association of Christian Counsellors
4. The Irish Council for Psychotherapy (including five modality groups) representing 10 organisations (claims approx. 1,250 members)
5. The Irish Forum for Psychoanalytic Psychotherapy
6. The Family Therapy Association of Ireland
7. The Irish Association of Humanistic and Integrative Psychotherapy
8. The Irish Group Analytic Society
9. The Irish Analytic Psychology Association
10. The Northern Ireland Institute of Human Relations
11. The Irish Forum for Child and Adolescent Psychoanalytic Psychotherapy
12. The National Association for Cognitive Behavioural Therapists (formerly Cognitive Behavioural Therapy)
13. The Irish Constructivist Psychotherapy Association
14. The Irish Psychoanalytic Association
15. The Irish Gestalt Society
16. The Irish Institute of Cognitive and Humanistic Psychotherapy
17. The National Association for Pastoral Counselling and Psychotherapy

ACCORD – Catholic Marriage Care Service\*

Association for Psychoanalysis and Psychotherapy in Ireland\*

Irish Association for Play Therapy and Psychotherapy

Irish Association for Counselling and Psychotherapy \*– (Claims approx. 3, 500 members)

Irish Association of Cognitive Analytical Therapy\*

Irish Institute of Counselling and Hypnotherapy\*

Marriage and Relationship Counselling Service\*

The National Association for Pastoral Counsellors and Psychotherapists\*

The College of Irish Psychiatrists (formerly The Irish College of Psychiatrists)\*

\*- past members of Psychological Therapies Forum

## APPENDIX 4

## Professional Standards Authority UK

Accredited Voluntary Registers for five professions related to Counselling and Psychotherapists.

At Council for Licensure, Enforcement and Regulation, in September 2014, the CEO spoke briefly with Christine Braithwaite is the **Director of Standards and Policy**. Currently there are 13 professional bodies on their Accredited Voluntary Registers including 5 related to Counselling and Psychotherapists. The PSA see this as a step towards statutory regulation for these bodies. In order to become an Accredited Voluntary Register, the professional bodies must meet the stringent standards set by the PSA. This includes a number of key steps, where the body demonstrates that it

- holds a voluntary register for people in health and/or social care professions;
- is committed to protecting the public and promoting public confidence in the; occupation it registers
- has an active risk management system;
- has sufficient finances to enable it to fulfil its voluntary register functions effectively including setting standards, education, registration complaints and removal from the register;
- has the capacity to inspire confidence in its ability to manage the register effectively;
- defined the knowledge base underpinning the health and social care occupation or how it is actively developing one;
- corporate governance and
- sets standards for registrants

Personal behaviour, technical competence, business practices, standards of competence based on a defined body of knowledge; safe use of products and equipment, indemnity cover, good communication to ensure service users can make informed decisions, publish standards for registrants and encourage where relevant effective team work.

- Sets standards for Education and Training

Setting appropriate standards, include risk, knowledge maintaining public confidence, equality, diversity, and human rights, European mobility for health and social care practitioners

- Has a mechanism to deal with complaints and concerns

In the view of the PSA, this is a first step to preparing these professions for consideration for statutory regulation.

## Accredited Voluntary Registers (AVR)

### Self-Assessment Tool

Organisations holding a voluntary register and planning to apply for accreditation are strongly advised to review this self-assessment tool before submitting an application.

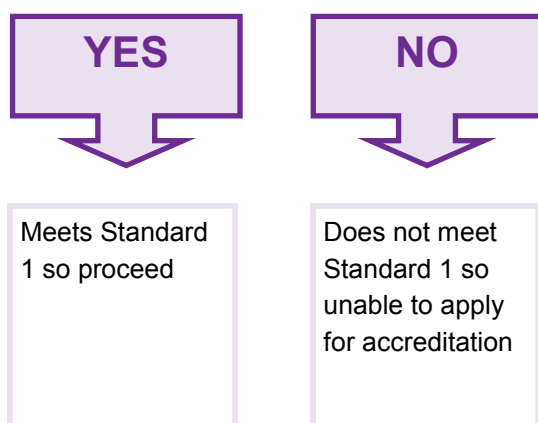
The AVR team will refer organisations to this tool and ask whether or not they have reviewed it before providing further advice. Organisations must be satisfied that they meet all the standards (listed below) before submitting an application for accreditation.

Please be advised that this guidance provides assistance and examples of the types of information which should be submitted; it is not intended to be an exhaustive list of the evidence needed for a standard to be fulfilled nor, unless explicitly stated, is it prescriptive of the types of information which must be provided.

‘Unable to apply for accreditation’, used throughout this document, means that the organisation is unable to apply at the time it is reviewing this tool. Organisations may consider guidance, implement any changes it may find appropriate and apply for accreditation when they are satisfied they meet all the standards.

#### Standard 1

1. Does the organisation hold a voluntary register of professionals in health and / or social care occupations?



#### **GUIDANCE:**

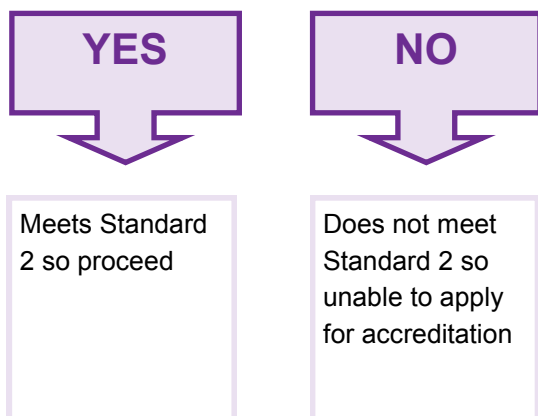
a) A 'voluntary register' has the meaning ascribed to it under the National Health Service Reform and Health Care Professions Act 2002, section 25E (2) as inserted by the [Health and Social Care Act 2012 section 228](#)

b) Occupation is 'health or social care' having regard to the definition of health care set out in the National Health Service Reform and Health Care Professions Act 2002, section 25E (8) as inserted by the [Health and Social Care Act 2012, section 228](#).

c) 'Health care' includes: all forms of health care for individuals, whether relating to physical or mental health; and procedures that are similar to forms of medical or surgical care but are not provided in connection with a medical condition.

## Standard 2

2. Can the organisation demonstrate that it is committed to protecting the public and promoting public confidence in the occupation it registers?



### **GUIDANCE:**

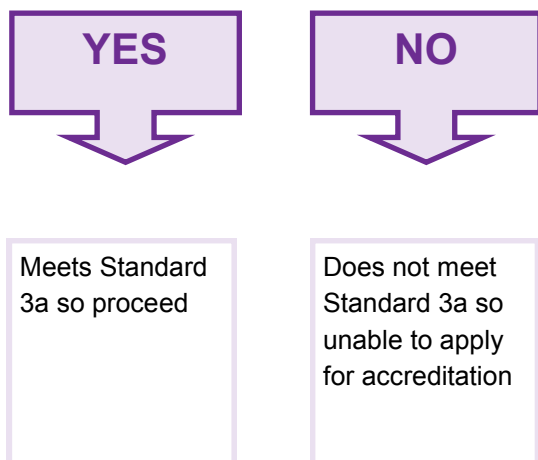
a) The organisation will need to demonstrate that its purpose and objectives are focused on public protection. Additionally, the organisation will need to show that in carrying out its voluntary register functions public interest is paramount and that professional interests do not dominate or unintentionally subvert that interest.

b) Evidence of this might include board or committee discussions where issues have been debated and conflicts of interest identified or the ethical interests of parties weighed in the balance; decisions made about admittance to the register where the documented rationale shows due consideration of public protection; outcomes of complaints; particularities of governance arrangements.

c) Standard 2 is linked to Standards 7a, 7c & 10a

## Standard 3

3. Does the organisation have a thorough understanding of the risks presented by their occupation(s) to service users and the public – and where appropriate, takes effective action to mitigate them?



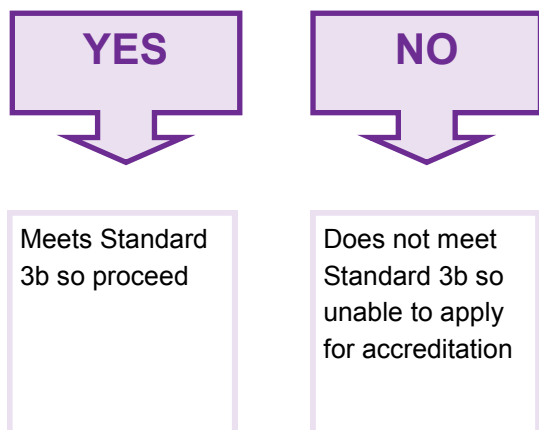
### **GUIDANCE:**

a) The Professional Standards Authority will decide whether this Standard is met with reference to its guidance *Risk Assessment: guidance for Voluntary Registers (2012)*.

b) In summary, the organisation will have to explain its approach to risk management and complete a risk matrix of likelihood and impact of risks posed by the occupation(s) it registers. It will have to classify risks in three areas: personal behaviour, technical competence and (if relevant), business practice, premises and products. Risks should be identified, quantified, mitigated and informed to registrants.



4. Is the organisation vigilant in identifying, monitoring, reviewing and acting upon risks associated with the practice of its registrants and actively uses this information in carrying out its voluntary register functions?



**GUIDANCE:**

a) Evidence provided should demonstrate how the organisation seeks, gathers and handles information, and provide examples of having acted to prevent or mitigate risk.

b) The organisation demonstrates that they have processes in place to identify, review, monitor and act on risks.

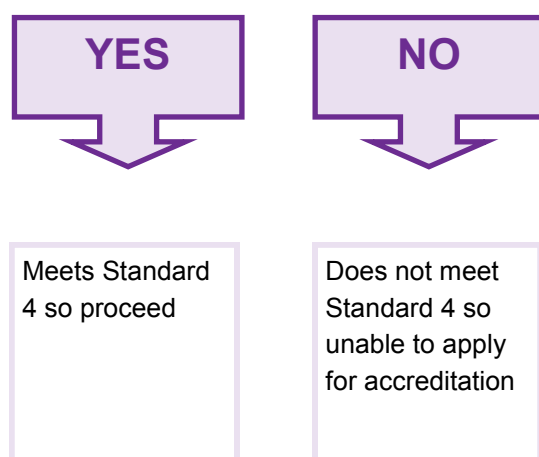
c) The organisation shows it is proactive in looking for issues and working to resolve them, not reacting to problems that have occurred.

d) These could be from near-misses as well as incidents, and show how action is preventing future incidents from occurring.

e) The organisation could provide examples of processes working in practice, not just theoretical planning, and demonstrate where information about a risk has influenced the operation of the Voluntary Register.

**Standard 4**

5. Can the organisation demonstrate that it has sufficient finance to enable it to fulfil its voluntary register functions effectively including setting standards, education, registration, complaints and removal from the register?

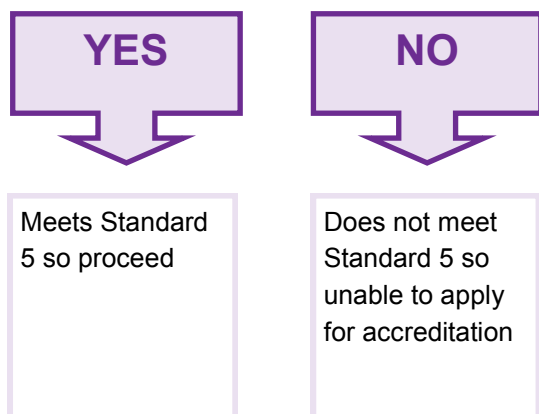


**GUIDANCE:**

a) An organisation requires overall administrative and financial robustness if it is to be relied on to deliver all of its functions effectively. The Professional Standards Authority will therefore seek assurance that the organisation is financially sustainable and can reasonably cover its legal liabilities if its decisions are subject to challenge. For example, if the organisation decides to remove a registrant from its register and the registrant takes legal action to challenge the organisation's decision there will be sufficient funds to cover legal fees and proceedings.

## Standard 5

6. Can the organisation demonstrate that it has the capacity to inspire confidence in its ability to manage the register effectively?



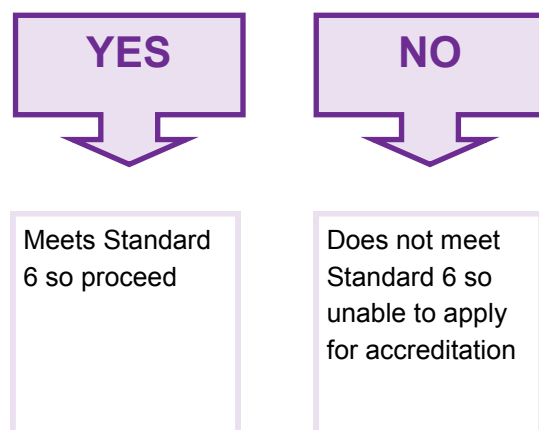
### **GUIDANCE:**

a) Factors the Professional Standards Authority will take into account include the organisation's leadership, its reputation within and outside its field, the skills and experience of those involved in its voluntary register functions, its operational efficiency and its openness.

## Standard 6

7. Can the organisation demonstrate that there is a defined knowledge base underpinning the practice of health and social care occupations covered by its register or, alternatively, how it is actively developing one?

Does the organisation make the defined knowledge base or its development explicit to the public?



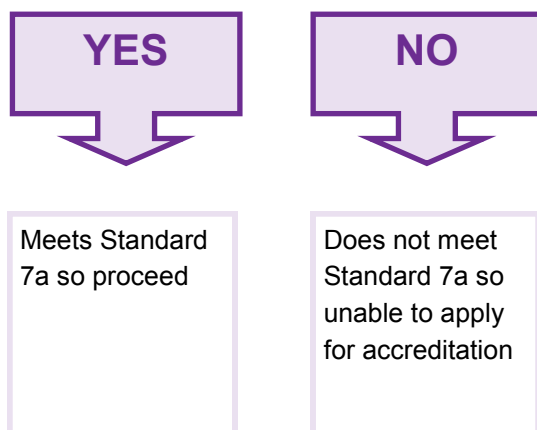
### **GUIDANCE:**

a) The Professional Standards Authority recognises that not all disciplines are underpinned by evidence of proven therapeutic value. Some disciplines are subject to controlled randomized trials, others are based on qualitative evidence. Some rely on anecdotes. Nevertheless, these disciplines are legal and the public choose to use them.

b) The Authority requires organisations to make the knowledge base/its development clear to the public, whether the treatment is based on defined or developing evidence base, so that the public may make informed decisions .

## Standard 7 (a — f) - Governance

8. Can the organisation ensure that the governance of its voluntary register functions is directed toward protecting the public and promoting public confidence in the occupation it registers?



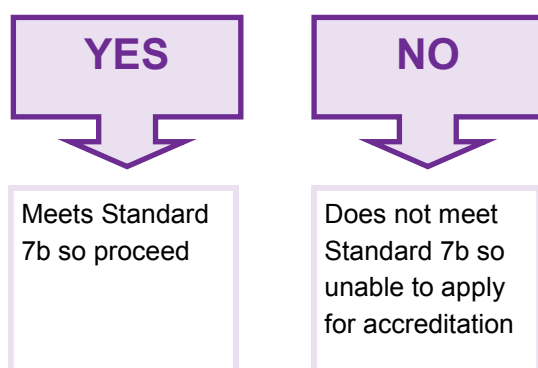
### **GUIDANCE:**

- a) By 'promoting confidence in the occupation' the Authority means maintaining among members of the public a well-founded confidence in the integrity and trustworthiness of registrants on an accredited voluntary register.
- b) This standard is linked to Standard 2. Where organisations have functions other than voluntary registration (for example, a professional or representative body) they will need to explain how their governance arrangements enable them to achieve this outcome, demonstrate that it is effective in causing that to happen in practice and explain how they assure themselves that it is.
- c) Forms of assurance might include reports to the board or relevant committee focusing on outcomes achieved, case audits, external or peer review.

9. Does the organisation carry out its governance in accordance with good practice?

*It is for the organisation to determine what good practice standards it adopts as appropriate to its form and function. They should include as a minimum adherence to the following principles:*

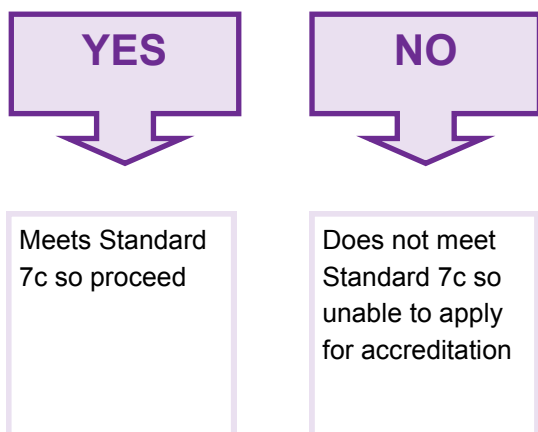
- *Being clear about its purpose*
- *Being independent and fair*
- *Exercising control effectively*
- *Behaving with integrity (including proper management of conflicts of interest)*
- *Being open*
- *Being accountable*
- *Being socially responsible*



### **GUIDANCE:**

- a) The organisation should provide examples that illustrate these principles being put into practice.
- b) The organisation should be able to show they have reflected on how they are assured they are achieving the outcome, i.e. carrying out its governance in accordance with good practice, and the principles above. For example, they carried out an internal or external audit to review its processes or the Governing Board reviews periodically whether or not standards of good governance are upheld.

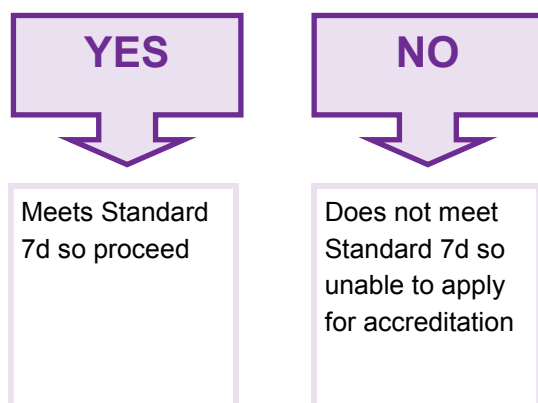
10. Can the organisation demonstrate that it seeks, understands and uses the views and experiences of service users and the public to inform key decisions about its voluntary register functions?



**GUIDANCE:**

- a) The organisation explains the mechanisms by which they seek out service user and public involvement.
- b) The organisation demonstrates that they understand user feedback, and evaluate lay views with due regard, acting on feedback where appropriate.
- c) The organisation should be able to demonstrate public input affecting their practice in relation to their voluntary register or how service user/public involvement has led to changes to its governance arrangements.

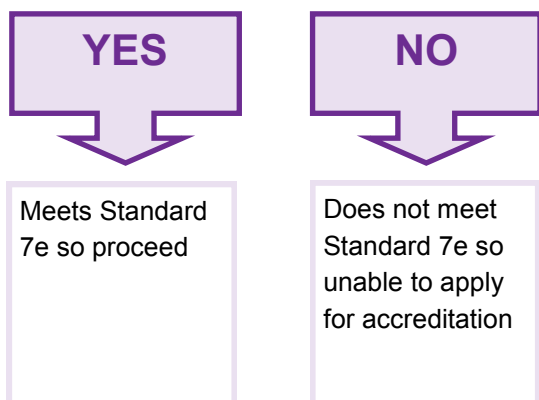
11. Does the organisation ensure that in carrying out its voluntary register functions it is fair, effective, proportionate and transparent so that it is respected and trusted?



**GUIDANCE:**

- a) The organisation should provide examples which illustrate fairness, effectiveness, proportionality and transparency happening in practice – explain the means by which it makes sure this happens and how it assures itself that these outcomes are being achieved routinely.
- b) Organisation advised to provide examples under each heading: fair, effective, proportionate and transparent.

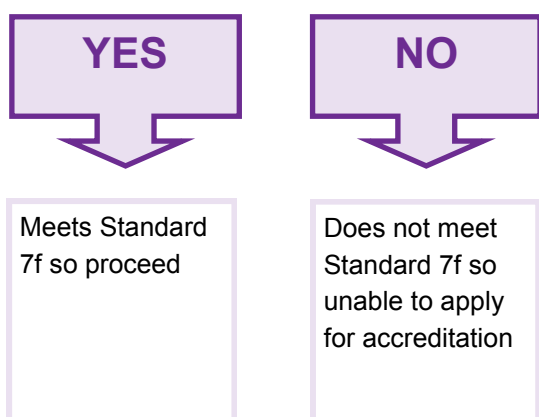
12. Does the organisation engage with relevant stakeholders and work in partnership with other bodies where appropriate to promote and protect the health, safety and well-being of service users and the public?



**GUIDANCE:**

- a) The organisation demonstrates it has reflected on who it needs to interconnect with to achieve its objectives.
- b) It demonstrates that relevant groups have been identified, even if not successfully partnered with, to show issues have been considered and that they are seeking to remove obstacles to better protect the public.

13. Does the organisation communicate effectively with the public and its registrants? In particular does it ensure that the information it provides about its registrants and their occupation(s) helps service users to make informed decisions?



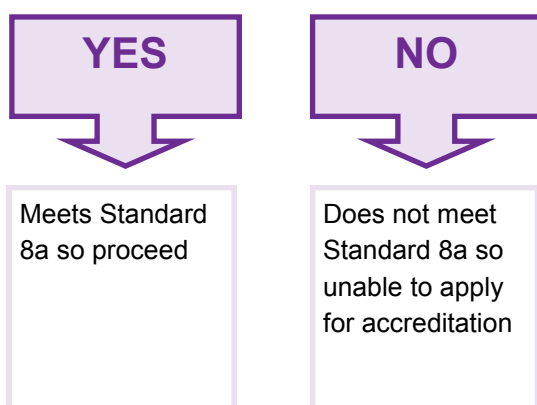
**GUIDANCE:**

- a) The organisation demonstrates how it encourages registrants to communicate effectively.
- b) The organisation has defined standards of good communication, for example, Plain English, and is trying to meet those standards.
- c) The organisation provides clear and easily accessible information about the occupation(s) it registers (for example, different disciplines) and about its registrants (for example, whether there are sanctions against a specific registrant) so members of the public can make informed decisions.
- d) Organisation can show that service user feedback has been sampled to verify the organisations information is helpful.

## Standard 8 (a — h) - Setting standards for registrants

14. Does the organisation set, require and promote good standards of:

- *personal behaviour*
- *technical competence, and*
- *business practice (including, as appropriate: financial practice, advertising, customer service, complaints handling, management and administration).*



### **GUIDANCE:**

a) Standards for 'personal behaviour' should be based upon an ethical framework - a defined set of values and principles - that include responsibility, honesty, openness, integrity and respect.

Evidence might include codes of practice, ethical frameworks, guidance, training and examples of decisions taken in relation to registration or complaints that demonstrate registrants being held to account against the standards.

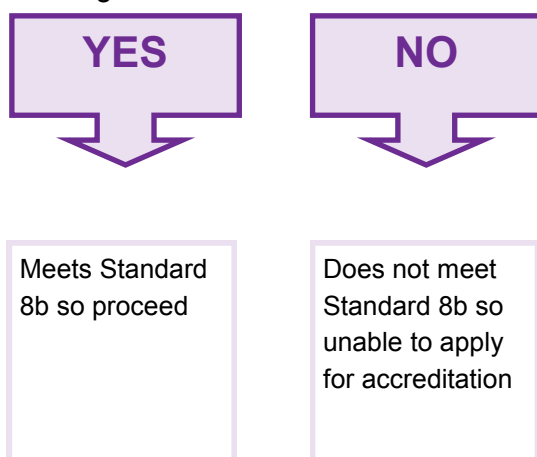
b) 'Technical competence' refers to 'applied knowledge, training and skills'. It includes both the set of competencies that a voluntary register requires of people on its register and the skill with which they apply their knowledge and carry out key components of their discipline, particular occupation or specialist area of practice.

c) 'Business practice' includes financial, managerial and administrative activities.

d) The organisation can demonstrate the rationale for setting and requiring compliance with each of the standards in the three areas (personal behaviour, technical competence and business practice), and the extent or limitations chosen for each.

e) The organisation can demonstrate how it actively polices these standards.

15. Does the organisation base its standards of competence upon its defined body of knowledge?



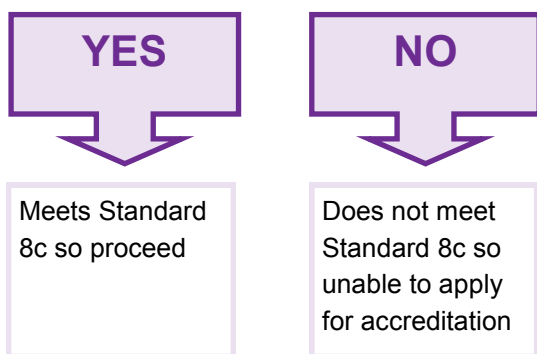
### **GUIDANCE:**

a) This standard is linked to Standard 6.

b) The organisation should demonstrate that its standards of technical competence reflect the underpinning knowledge base explained in Standard 6 and are, in the organisation's view, appropriate to achieve the outcome expected.

16. Does the organisation require its registrants, where relevant to their occupation, to use products and equipment that are approved as suitable and safe for use in health and social care?

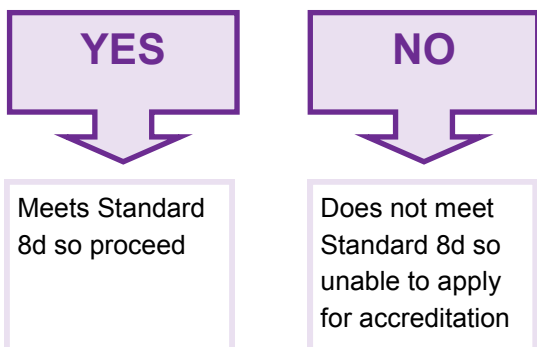
Does it provide clear guidance to registrants on any special requirements relating to the suitability of premises, products and equipment for the practice of their occupation, which are essential to protect the health, safety and well-being of service users?



**GUIDANCE:**

- a) The organisation is knowledgeable about the specific products/equipment required for use and premises to perform the registrant's occupation.
- b) The organisation provides guidance for safe use of products where necessary, and provides signposts to registrants for other relevant advice where possible.
- c) The organisation keeps abreast of the trade press or any other means for news regarding product issues, recalls or updates.
- d) The organisation is aware of standards for the products and considers how they are best used to ensure the public is protected.
- e) The organisation supports registrants' safe practice and encourages them to use products that support this.

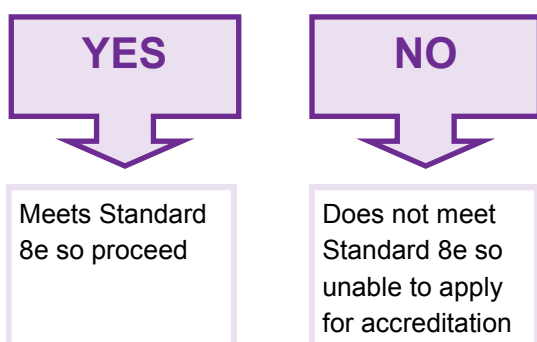
17. Does the organisation require registrants to have appropriate arrangements for indemnity cover?



**GUIDANCE:**

- a) The organisation demonstrates how it checks whether or not registrants have indemnity cover, independently or through employment such as in the NHS.
- b) If applicable, the organisation has considered any conflict of interest is managed appropriately when partnered with insurance companies.
- c) The organisation's requirements for indemnity cover should take account of the risks associated with the occupation (Standard 3) and whether or not registrants are covered by employers' indemnity schemes or other appropriate insurance.

18. Does the organisation encourage good communication and require registrants to provide clear information to service users to help them to make informed decisions and to make readily available information about complaints processes?



**GUIDANCE:**

- a) The organisation is explicit in requiring its registrants to communicate effectively with service users and provide routes of communication, for example, complaints processes.
- b) The organisation could produce guidelines, or published material such as leaflets provided for the use of registrants and service users.
- c) The organisations website is clear and effective, and allows for easy linking and sharing of information from registrants' websites.
- d) This standard is linked to Standard 7f. Standard 7f focuses on what the organisation does to communicate effectively whilst Standard 8e focuses on its requirements for registrants.



19. Does the organisation publish its standards for registrants?



Meets Standard 8f so proceed



Does not meet Standard 8f so unable to apply for accreditation

**GUIDANCE:**

- a) Standards should be published and easily accessible on the organisation's website.
- b) Standards should cover personal behaviour, technical competencies, and business practice (if relevant).

20. Does the organisation encourage, where relevant, effective team work?



Meets Standard 8g so proceed



Does not meet Standard 8g so unable to apply for accreditation

**GUIDANCE:**

- a) This includes multi-disciplinary working or inter-professional liaison.
- b) The organisation demonstrates that registrants work effectively in teams, within the context of the profession, and are actively checking to ensure this is happening.
- c) Evidence could be, for example, attendance to multidisciplinary workshops or examples of relevant CPD and other common registrant activities.

21. Does the organisation keep under review and evaluate its standards, considering whether or not they are achieving the outcomes it intends for service users and the public?



Meets Standard 8h so proceed



Does not meet Standard 8h so unable to apply for accreditation

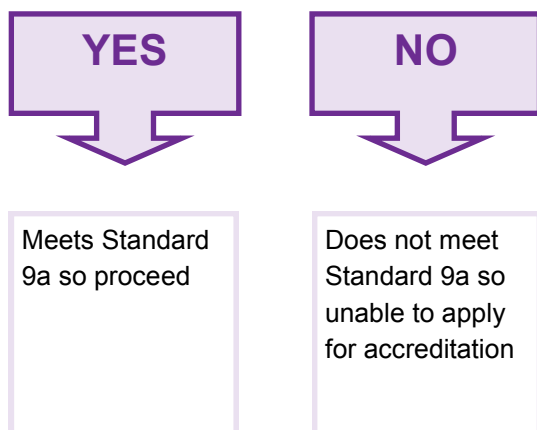
**GUIDANCE:**

- a) The organisation demonstrates that it has effective methods to review standards, has feedback mechanisms to check their standards are achieving the desired results, and is actively working to protect the public.



## Standard 9 (a — d) - Education and Training

22. Does the organisation set appropriate educational standards that enable its registrants to practise competently the occupation(s) covered by its register?



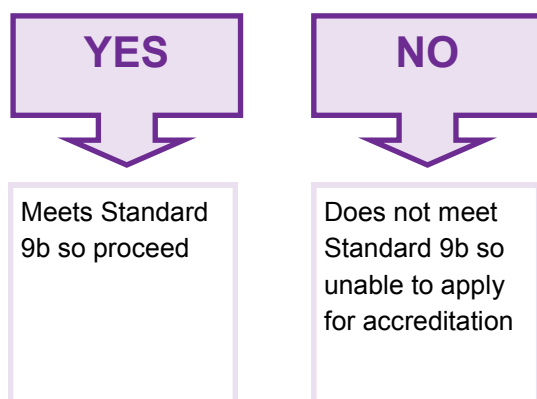
### **GUIDANCE:**

a) In setting its standards the organisation must take account of the following factors:

- The nature and extent of risk to service users and the public
- The nature and extent of knowledge, skill and experience required to provide service users and the public with good quality care
- Standards set by other relevant bodies for the same or similar occupation and where different, can offer a reasonable justification
- Maintaining public confidence
- Equality, diversity and human rights
- European mobility for health and social care practitioners.

23. Does the organisation ensure that registrants who assess the health needs of service users and provide any form of care and treatment are equipped to:

- *Recognise and interpret clinical signs of impairment*
- *Recognise where a presenting problem may mask underlying pathologies*
- *Have sufficient knowledge of human disease and social determinants of health to identify where service users may require referral to another health or social care professional?*



### **GUIDANCE:**

a) The organisation must have mechanisms in place to ensure that, where relevant, their registrants have the skills listed in the question, for example, education or training requirements to identify diseases.

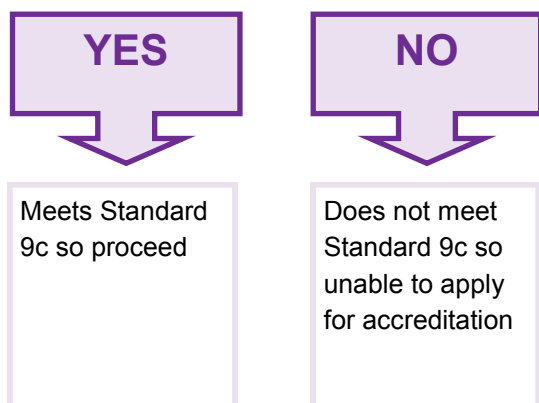
b) The organisation should be aware of changes in health and social care knowledge and when necessary include in registrants' CPD.

c) The organisation should be aware of developments and changes in the medical world. Evidence could be a checklist of key symptoms for specific diseases to be shared with registrants who then recommend patients / service users to visit their GP.

d) The organisation should understand the aim of the therapy and how it interacts (or reacts) with other factors, for example, products which could cause allergies or unwanted reactions in patients /service users. It should communicate this to its registrants.

e) The organisation could have a protocol outlining procedures registrants could take when they identify underlying issues, for example cancer, eating disorder.

24. Does the organisation require its registrants to meet its educational standards and assures itself that they do?

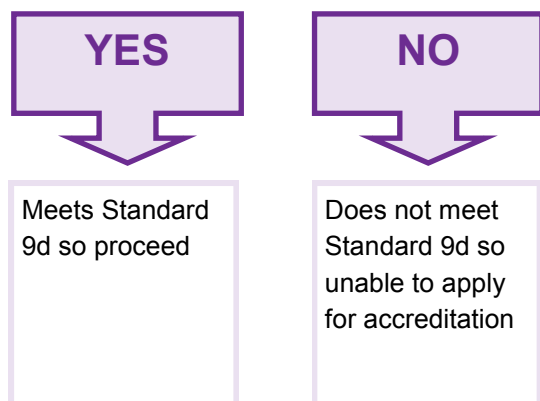


a) The organisation has clear educational eligibility criteria to enter the Register and provides this information to potential registrants. Educational standards are referred to in code of conduct and are checked by the organisation when admitting people to the Register and thereafter.

25. Does the organisation only approve or accept those education and training courses that equip students to meet its educational standards?

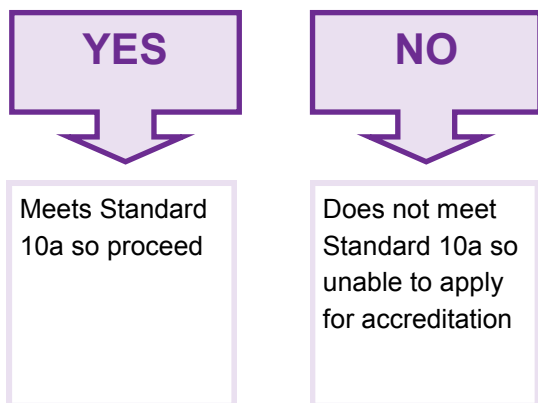
In addition:

- Where an organisation provides training itself, does it ensure that the training has been independently verified as meeting its standards?
- Where an organisation permits an experience based entry route, does it ensure that registrants undergo an objective assessment of equivalence?



## Standard 10 (a — f) - The Register

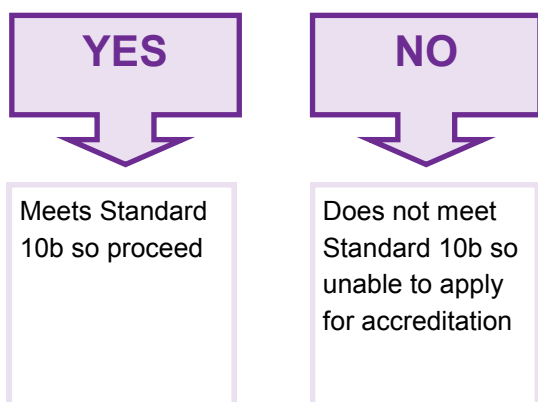
26. Does the organisation focus on promoting the health, safety and well-being of service users and the public and generating confidence in its register?



### **GUIDANCE:**

- a) This could be evidenced by, for example, a statement on the Register and by examples on how the organisation focus on promoting the health, safety and well-being of service users and the public and generates confidence in its register.
- b) The organisation could provide some case studies from complaints and how they dealt with them in order to generate confidence and promote the safety of the public.
- c) The organisation could, for example, argue that the register is independently audited and that they use a lawyer to review cases and assure that they are judicial review proof.
- d) This standard is linked to standard 5.

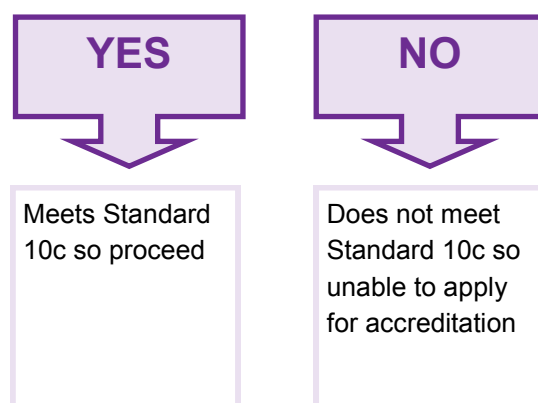
27. Does the organisation maintain a register that is accurate, easily accessible to the public and supports all those using it to make informed decisions?



### **GUIDANCE:**

- a) The register must be available online and reasonably available in other formats to ensure public accessibility.
- b) The organisation may consider seeking service user/public and other stakeholders (e.g. employers) feedback on whether information on the Register is easily accessible and sufficient to make informed decisions.

28. Does the organisation only allow those who meet its standards to join and remain on/be on the register?



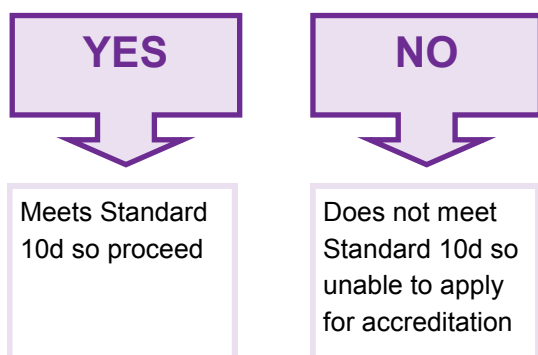
### **GUIDANCE:**

- a) The organisation must ensure that only registrants who meet its standards are included and kept on the Register. It should have mechanisms in place to monitor registrants' compliance to its standards (for example, at annual renewal of membership or revalidation) and review the Register accordingly.
- b) If the organisation has students on its Register it will have to demonstrate its policy defining student registration and how this is managed and communicated to the public. It must define limits to their practice and state their requirements for indemnity.
- c) If the applying organisation has registrants from other organisations on its Register it will have to demonstrate that they meet the register holder's standards in order to enter and remain on the Register.

29. Does the organisation require registrants to keep their practice up to date and checks at appropriate intervals that registrants continue to meet its standards?

*In deciding its arrangements, does the organisation take account of:*

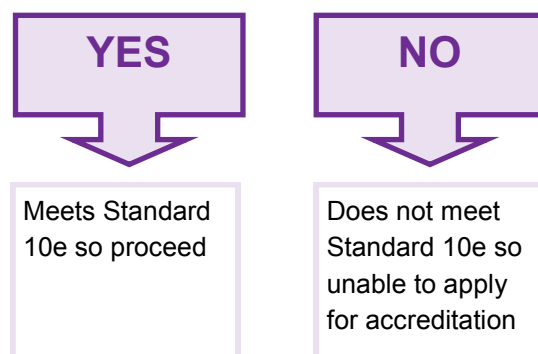
- The pace and extent to which professional practice is subject to change (for example, technological advancements or research based findings)?
- The nature and extent of risk registrants' practice poses to service users and the public?



**GUIDANCE:**

- a) The organisation could demonstrate this under its CPD requirements and how they verify registrants are complying with such requirements.
- b) Arrangements to meet this standard should be proportionate to the occupation and size / nature of register holder.
- c) The organisation should demonstrate that they cross referenced this standard with their risk assessment (Standard 3)

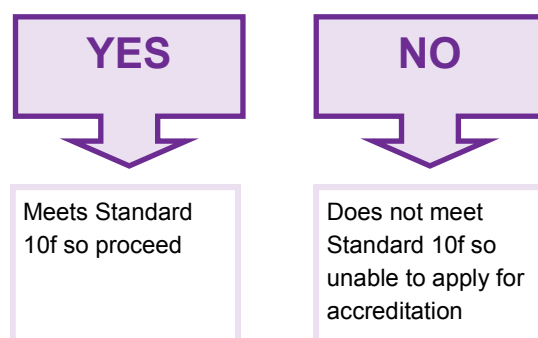
30. Does the organisation recognize decisions regarding professional conduct made by regulatory bodies and other registers accredited by the Professional Standards Authority when deciding whether a person should be admitted, kept on or removed from their register?



**GUIDANCE:**

- a) For example, the organisation should have proportionate mechanisms in place to find out whether one of its registrants was struck off another Register and take action if necessary. This could include, for example, checking the registers of similar professions or regulators at annual review of membership.
- b) Also, the organisation should be able to find out if a potential registrant applying to enter the register has been struck off another register. For example, the organisation might ask applicants to declare/disclose this information in their application form and make a decision based on applicant's response.

31. Does the organisation explain clearly the circumstances in which it will review its decisions relating to admissions to the register and removal from it, and explained how it will do that?

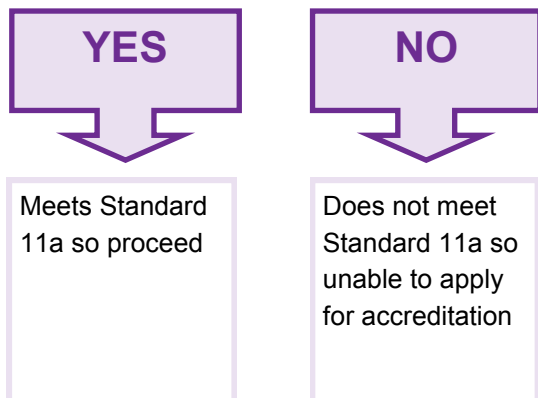


**GUIDANCE:**

- a) The organisation could have a process in place to review decisions about admission of registrants into Register, removal of registrants and disciplinary cases. For example, evidence could be an internal audit to review decisions and ensure that they are appropriate, fair, proportionate and transparent.

## Standard 11 (a — f) - Complaint and Concerns

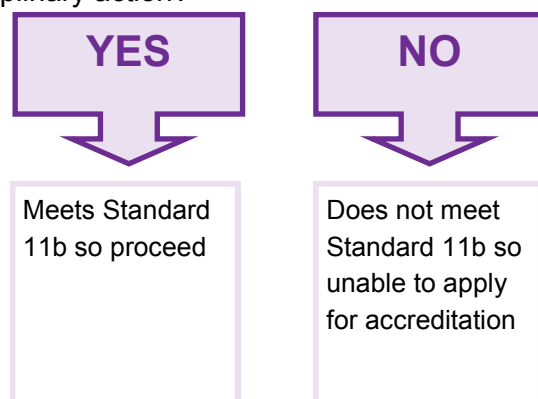
32. Does the organisation provide clear information about its arrangements for handling complaints and concerns about a) its registrants and b) itself?



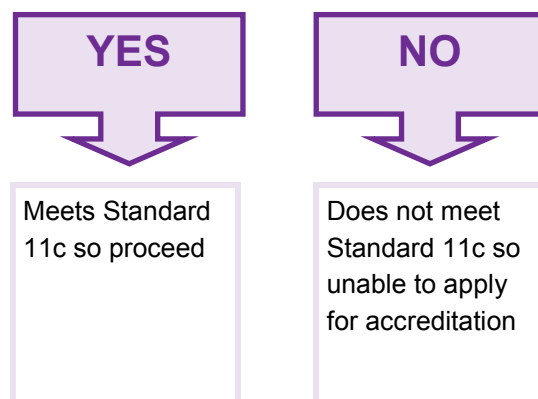
### **GUIDANCE:**

- a) The organisation will be asked to show its complaints policy and procedure explaining under what circumstances it will act.
- b) The organisation is advised to consider in its policy the distinction between different levels of breach of conduct, for example, the breach was a criminal offence, a disciplinary matter or a minor breach, and have a process in place to deal with them.

33. Does the organisation encourage early resolution of complaints including use of mediation where appropriate and does it have adequate monitoring arrangements in place to identify matters that require disciplinary action?



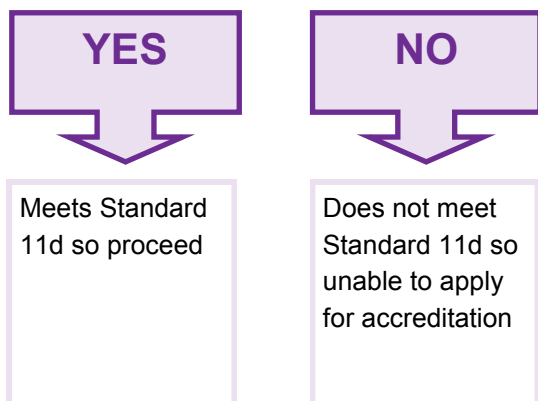
34. Does the organisation provide good advice and support for those providing information and evidence in relation to complaints and disciplinary cases?



### **GUIDANCE:**

- a) For example, the organisation provides clear information about its process to witnesses and provides any practical and emotional support they may need.

35. Does the organisation focus on protecting service users and the public where necessary and putting matters right where possible?

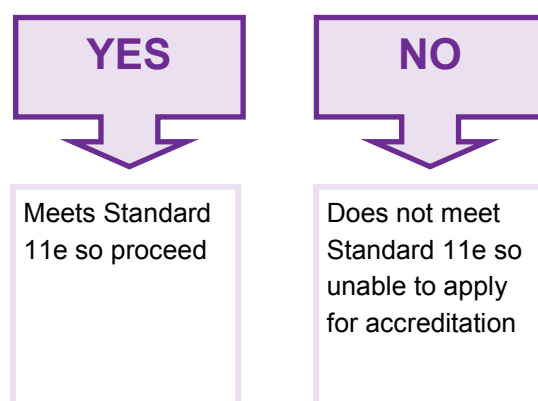


**GUIDANCE:**

a) The organisation should consider its role in handling complaints about its registrants and how it deals with multiple stakeholders involved in the same case. For example, would it be reasonable and proportionate to act as an honest broker and help complainant to take complaint forward with different stakeholders?

b) Organisation to consider its customer service practice in relation to complaints handling and whether its practice focuses on conflict resolution and on protecting service users/public.

36. Does the organisation make sound decisions that are fair, transparent, consistent and explained clearly?

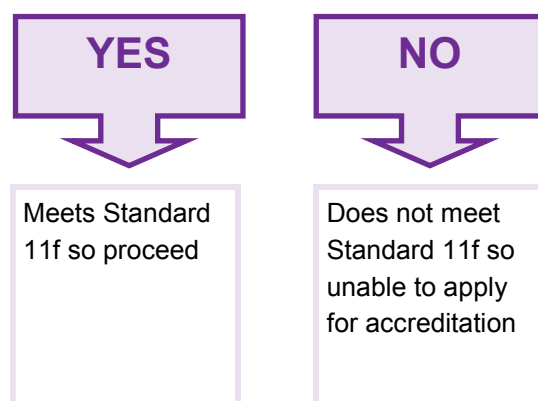


**GUIDANCE:**

a) The organisation is advised to consider how it reviews its decisions regarding complaints about registrants and ensures they are fair, transparent, consistent and explained clearly.

b) Examples could be an independent review of sample cases against the criteria above.

37. Does the organisation report concerns to other relevant agencies when that is needed to protect the public?



**GUIDANCE:**

a) The organisation should consider its reporting policy when disciplinary cases involve safeguarding issues. For example, what is the organisation's policy to report issues to the police, social services or the 'Disclosure and Barring Service' (formerly the Criminal Records Bureau and Independent Safeguarding Authority) in England and 'Disclosure Scotland' in Scotland?

b) Could the organisation provide an example when it had to report a case to a relevant agency in order to protect the public?

## Notes:

1. The Authority will consider whether or not responses received from the call for information affect the organisation's ability to comply with the Standards.
2. The Authority will carry out an impact assessment and have due regard to the outcome when considering whether or not to accredit a voluntary register.
3. If, after going through this self-assessment tool, you are satisfied that your organisation meets the Standards and therefore is ready to apply for accreditation please see the [How to Apply](#) page of our website.
4. If you are unsure or have questions on whether or not your organisation meets our Standards please contact the AVR team at [avr@professionalstandards.org.uk](mailto:avr@professionalstandards.org.uk) or 0207 389 8037.
5. If the organisation decides to apply it should not restrict its answers in the application to the evidence and examples discussed in this tool.

**Extract from “Creating Ireland, Research & The Role of the Humanities and Social Sciences by Mark Duncan and Paul Rouse:**

"My research can be summed up by the idea that *common sense is killing us*. Against our gut instincts, 'conventional wisdom' needs to be culled from medical practice and patient preferences. My research identifies three dangerous sources of common sense 'wisdom'.

First, in regard to the nature of effective communication (including empathy) in medical encounters; second, the intuition that we're good judges of our own behaviour; and third, the conventional notion that medicine is an 'art' says Dr. Charlotte Blease, who is currently undertaking a research project analyzing doctor-patient psychology at University College Dublin (UCD).

Communication between doctor and patient is vital and is conditioned by many factors: "How we are perceived by our doctor (and how we perceive our doctor, in turn) can influence not just the duration of our medical consultation, but the quality of it. Things like how we look, how we dress, our age, the colour of our skin (among other factors) can affect how we are treated. One focus of my research is to explain why factors such as these recurrently arise in medical consultations, why doctors are loath to take them seriously, and why medical education and clinical practices are setting both doctors and patients up to fail'

One aspect of Blease's work focuses on the placebo effect, a therapeutically beneficial, mind-body effect that can arise across a range health care interactions, including ones that do not involve scientifically based practice: "The term 'placebo effect' is well known to medical researchers, doctors and, increasingly, patients. But it remains something of a Trojan horse in medicine: a term that is frequently referred to, but vaguely understood. For example, nowadays the gold standard in clinical trials is for new drugs to prove effective against placebos - which are often described as 'dummy pills' - the 'inert' wing of research.

However, the placebo wing of a trial can still produce a sizeable effect: when a treatment intervention outperforms the placebo wing we still have to ask: How and why did this effect occur?" "The placebo effect is not just something that we should be interested in 'screening out': for many kinds of conditions such as depression, anxiety, and pain - conditions that are incredibly common among primary care visits - the placebo effect is a beneficial therapeutic intervention. In short, the placebo effect can be therapeutic in its own right. Factors such as the demeanour of the healthcare practitioner, including their level of authority, confidence in the treatment and their empathy toward the patient, can profoundly augment the placebo effect. It seems that these factors can subtly influence our expectations about the care we are receiving, and this, in turn, influences (often by significantly diminishing) symptoms:'



Blease's research on the placebo effect in psychotherapy raises clear questions for modern society: "So far, my research urges that psychotherapy requires a serious regulatory overhaul both in Ireland and beyond.

This is because psychotherapy is voluntarily regulated in Ireland, the UK, much of Europe and the US. This needs to change for the benefit of patients and for the professionalism of psychotherapy.'

The research from this work is being published in a range of journals and books, in an unusually diverse range of fields including philosophy of science, philosophy of psychiatry, evolutionary psychology, and medical ethics. It has also made a huge popular impact through a series of radio and television appearances, including on *Newsnight* on SSC Two, on Channel Four and *The World Tonight* on SSC Radio Four. Dr. Blease has also written and presented two programs on the placebo effect for SSC Radio Three and for SSC TV.

For now, Blease is looking to the future and to further develop her research. "The next stage", she says, "will be to appraise what the public (and professionals) actually understand about psychotherapy treatments (as against the scientific evidence for these treatments). This is a natural continuation of the theoretical work already begun. It is research with massive repercussions for the regulation and training of therapists, informed consent procedures, and public understanding of treatments. And it is research that urgently needs to be undertaken. Psychotherapy needs an overhaul not just in Ireland but globally. It is my long-term goal to undertake collaborative research which aims to provide ethical, effective psychotherapy for all. My IRC Fellowship has been of the utmost importance in seeding this high impact international research agenda.

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20 May, 2014

Mr. Tom Jordan,  
Chair,  
Health & Social Care Professionals Council,  
13 – 15 The Mall,  
Beacon Court,  
Bracken Road,  
Sandyford,  
Dublin 18.

Dear Mr. Jordan,

I refer further to my previous correspondence dated 20<sup>th</sup> March, 2014 in which I informed the Council of my intention, in the public interest, to designate by regulation the profession(s) of Counsellor and Psychotherapist under Section 4(2) of the Health & Social Care Professionals Act, 2005. I very much welcome the positive response of Council as expressed in your letter dated 25<sup>th</sup> April, 2014.

The purpose of this letter is to initiate consultation with the Council as required under the Act and Appendix 1 sets out the issues which I would like the Council to address. I would appreciate receipt of a comprehensive set of recommendations from the Council by 31st July, 2014 on the matters set out in Appendix 1. Once I have had an opportunity to consider your report, I will then proceed to give interested persons, organisations and other bodies an opportunity to make representations to me concerning the designation of the profession(s), as required under Section 4(2)(b) of the Act.

I very much appreciate the commitment of the Council in this matter.

Yours sincerely,

Dr. James Reilly, T.D.,  
Minister for Health

## **Appendix 1**

**The recommendations of Council and reasons for same are requested on the following issues:**

### **General Issues**

1. the extent to which the activities of Counsellor and/or Psychotherapist align with those of a health and social care profession as per Section 4(3) of the Act;
2. the feasibility, in the public interest of designating the profession(s) having regard to each of the factors listed in Section 4(4) of the Act;
3. identification of interested persons, organisations and other bodies to be consulted by the Minister with regard to the proposed designation as required of him under S.4.2(b) of the Act.

### **Titles to be prescribed by the Minister**

Bearing in mind the object of the Council being that of protection of the public, would the Council recommend prescribing the title:

- Counsellor?
- Psychotherapist?
- Counsellor and Psychotherapist?
- An alternative title and what might that be?

### **Number of professions**

- Would the Council recommend the designation and regulation of one or two professions in the context of Counselling and Psychotherapy?
- Would the Council recommend the option of being registered on more than one register, subject to meeting the qualifying criteria?

### **Entry level qualifications**

- Based on the number and title of the profession(s) being recommended by Council how would the corresponding issue of entry qualifications be addressed?
- Can the QQI standards for academic accreditation (Report published May, 2014) be used, in whole or in part?

### **Grandparenting**

- How does the Council recommend dealing with applications from those in practice, especially those with no /minimum or unrelated educational qualifications but significant experience in the profession?

- Would special provisions be recommended, similar for example, to those made for Social Care Workers under Section 91(2) of the Act, and if so, what provisions?

#### **Impact on other professions**

- What impact would the regulation of Counsellors and Psychotherapists have on related professions already designated for regulation under the 2005 Act e.g. Psychologist and specifically Counselling Psychologist (title/scope of practice); Social Worker?
- What impact would the regulation of Counsellors and Psychotherapists have on professions not regulated under the 2005 Act e.g. Career Guidance Counsellors and other similar professions practicing in the general area of counselling etc.?

#### **International Issues**

- What relevance does the international context have on the regulation of Counsellors and Psychotherapists in Ireland?
- What international learning /experience can be drawn on?

#### **Timeframe**

What timeframe would be required for:

- The establishment of the relevant Registration Board(s)
- The opening of the relevant register(s)
- A transition period for grandparenting

#### **A.O.B.**

Any other issues the Council may wish to bring to the attention of the Minister in this matter?