professional standards authority

Consultation on the future shape of the Accredited Registers programme

Questions and how to respond

You can fill in your answers below and send to them back to us by emailing ARconsultation@professionalstandards.org.uk

The deadline for responding is **18 February 2021**. If you have any queries, or require an accessible version of this document, please contact us on 020 7389 8030 or by email at accreditationteam@professionalstandards.org.uk.

Please put your answers below each question, you do not have to answer all the questions – only the ones you feel are relevant.

Consultation questions

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

The British Association for Counselling and Psychotherapy (BACP), the largest professional body for counselling and psychotherapy in the UK, with over 55,000 members and over 40,000 registrants, believes that voluntary registration can be effective if the identified barriers can be addressed, including awareness and confidence of the scheme, consistency of standards and appropriate risk oversight, with associated legislative changes.

The Accredited Register Programme has been successful in raising standards of individual registers and this has been welcomed by BACP. The collaboration of the accredited registers, supported by the PSA, has also provided valuable opportunity to share good practice. However, collaborative work has also highlighted the disparity in standards of different organisations holding registers in same or similar occupations, particularly in relation to education and training, and professional conduct. This makes it extremely complex for the public to navigate. In addition, the PSA has identified the lack of consistency in education and training as a key reason for the low uptake by employers. As such, we believe that the work towards shared standards within an occupation is crucial for public protection and for increasing the recognition of the value of accredited registers to clients, employers, statutory bodies, and registrants themselves. If the lack of confidence from employers, based on inconsistency of standards is not addressed as a priority, this may be a significant obstacle towards success.

We agree that not all occupations carry the same level of risk to the public and support the principle that the programme needs to develop a tiered structure and associated mechanisms to reflect the levels of risk, in line with right-touch principles. BACP would be keen to work with the PSA to explore how this would work in practice. We were pleased to see the consultation document acknowledge that the programme has not achieved the levels of recognition envisaged and, in order to be effective in protecting the public, we believe significant work needs to be done in raising its profile and developing confidence in the programme with employers, commissioners, parliamentarians, other healthcare professionals, in addition to the public themselves.

This lack of awareness is most evident in the devolved nations of the UK, where, from our experience of dealing with the officials in those countries, there is very little knowledge of the accredited register scheme and the PSA's role. Specific effort needs to be invested in Scotland, Wales and Northern Ireland to improve awareness.

We agree that this work would support the delivery of the objectives identified in 4.2 and 4.4 of securing employer use and recognition and enable greater choice.

Our membership survey in relation to the consultation showed extremely high engagement with over 9000 of our members responding. In relation to this specific question, 69.2% agreed or strongly agreed with the statement *A system of voluntary registration of health and social care practitioners can be effective in protecting the public,* showing strong support for the strategic change of direction and the fundamental changes proposed. Only 16.5% disagreed or strongly disagreed.

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

We agree that NHS or other equivalent public or independent healthcare sector bodies should not be the sole basis for determining which healthcare occupations are included in the scope of the programme or even which registrants should be included on registers within an occupational area. For example, counselling and psychotherapy, as recognised by the NHS, is very limited in its offer of interventions and provides little patient choice. While we greatly value the part that therapists play in the NHS workforce and believe this could and should be greatly expanded, we know that a publicly trusted accredited register programme can and would offer much wider client choice. We know from our public perception survey 2019 that 88% of the public would seek counselling for a problem before it gets out of hand and 76% of people who have had therapy would recommend it to friends and family. The vast majority of this provision is outside the NHS, from private practitioners or third sector agencies that offer a wider range of counselling and psychotherapy options and choices for clients. Seeking help with many life issues, (such as relationship breakdown, life transitions, loss/bereavement, workplace problems difficult/traumatic life events, identity, self-esteem and issues of inequality), which cause pain and distress, do not need a formal medical diagnosis or medical referral and many counsellors do not see their role as a medical intervention but about increasing choice, negotiating problems, and contributing to health, wellbeing and personal growth. This is exactly the kind of

choice that a trusted accredited register programme can support if the existing barriers are addressed. We believe this can be achieved by professional bodies working together to create a common framework of standards and associated protection for the public, while allowing innovation and creativity with the aim of giving employers and the public greater confidence in accredited registrants at all levels in the framework.

We also support the risk-based approach and the requirement to evidence that public protection takes precedence over professional interests.

For registration to be seen as the kitemark for the public and employers, criteria along the lines proposed looks sensible. We would also like to see the addition of other statutory services such as those used within education and local authorities included in the list.

Much is made within the consultation document about the potential for social care workers to be included within the scheme. Given the large numbers of people in this field and the vulnerability of people they work with, we would recommend a thorough risk assessment, assessing education and training. Also, considering the consultation's questions around efficacy and evidence-based, how would this be assessed for this professional group?

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

We welcome the refocusing of PSA resources to raise awareness, ongoing audit and support new registers of unregulated health and social care practitioners and emerging professions. As such, we would welcome a longer cycle for renewal of accreditation, proportionate to risk. Our experience is that information submitted by an organisation as part of their renewal process usually relates to updates rather than significant changes to their ability to meet standards. The ability to conduct period checks and to increase audit based on identified risk would still give the PSA the flexibility to intervene, if required. Regular scrutiny of external communications, registers and complaints, as suggested in the November 2020 transitional approach to reaccreditation, would provide more agility in addressing concerns in a timely way.

It is not clear how the proposal to offer greater flexibility for new registers, who may not fully meet the current expected entry standards, benefits the public or supports public protection. If new registers are offered entry at an earlier stage and then given time to meet the standards, this could discredit the whole programme and potentially mislead service users because being an accredited register does imply that all the standards have been met. This could damage trust in the programme overall.
However, it seems fair to charge a fee for pre-assessment which will also support new registers to meet the required standards. Any aspect related to pre-assessment of the register should reflect the resources required for scrutiny, which may not correspond to the size of the register held.

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

We understand that the public may wish to use non-evidenced based therapies and that, arguably, such practices may be best held within some quality assurance framework. However, accreditation with the PSA inevitably confers endorsement of the occupation, which in turn can damage public and employer confidence when the credibility of the occupation is called into question and pose reputational risk for other organisations that are part of the scheme. However, as we have outlined in our response to question two, this is not simply about ensuring an evidence base and effectiveness, which we argue needs to go beyond the narrow definitions accepted by the NHS, but about other factors that affect confidence in the register.

For counselling and psychotherapy, there is an additional problem of multiple registers accredited within the same professional field, but with different standards, which has the potential to cause confusion and potential risk for someone seeking support and which directly affects employer confidence.

Both this issue and the accreditation of treatments with little evidence base, we believe, often leads to commissioners looking at alternative benchmarks for employment, such as professional body accreditation (a term which currently has different meanings within different professional bodies), often to the detriment of qualified registrants in relation to their ability to gain paid employment and contribute to the workforce.

We also believe that the use of the term 'accredited' needs clarification by the PSA to ensure that individual registrants are not able to represent themselves as individually accredited as a result of being on an accredited register.

Our members overwhelmingly supported the statement, *By accrediting an organisation's register, there is an implication that the Professional Standard's Authority endorses the occupations of the register,* with 84% responded that they agreed or strongly agreed. Less than 5% disagreed.

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

We support the view that occupations should also have a knowledge base rather than just a commitment to work towards developing a knowledge base. Standards can then be developed from that knowledge base. The need for clear standards, so that those who are properly trained can be recognised, is greater than ever especially with the huge increase in online/distance learning and training as a result of the pandemic, otherwise this could lead to an increase in public protection risk.

We support the view that there needs to be some clear demonstration of evidence of effectiveness or efficacy of occupations to protect the public and to protect the integrity

of the accredited registers in terms of public confidence and employer recognition. However, we believe that definitions of evidence need to go beyond the very narrow definitions accepted by clinical guidance, such as those produced by NICE and the NHS, with a greater focus on qualitative evidence and the experience and preferences of clients/service users. We would also suggest that analysis of datasets from the use of validated measures used routinely within practice provides high quality evidence of effectiveness for consideration alongside other forms of evidence. There should also be a defined minimum threshold and range of acceptable evidence, and occupations should be able to demonstrate a range of evidence which spans the types listed in the example evidence framework and does not sit wholly within the weaker end of this framework. This is likely to be a theory or knowledge base that is supported by research published in high-quality peer-reviewed journals. In addition to this, it is also crucial for the PSA to examine and consider any evidence of lack of effectiveness.

As we have stated in response to Question 2, most counsellors and psychotherapists do not work in medical settings or see themselves as practitioners within a medical context. The arguments about the need to widen the current narrow definitions about what constitutes good evidence are also being made directly to policy makers by many professional groups within the health sector.

The extent to which a register does have evidence of both a knowledge base and effectiveness needs to be clear to the public and employers so that they can make an informed choice.

In our member survey, 75.6% of respondents agreed, or strongly agreed, that the Professional Standards Authority should take account of evidence of effectiveness of occupations in its decisions to accredit an organisation's register. Just 8.5% disagreed or strongly disagreed with this statement.

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

The principle of a per capita registrant funding model would make sense if it were connected to a licensing model of regulatory oversight when individual registrants can see the benefits of being part of the scheme. However, the current suggested levy is far in excess of the levies of the statutory regulators. As BACP has over 40,000 registrants, making up almost half of the total number of registrants, we would welcome discussion of revised fees when we can assess the benefits of the suggested proposals.

We would also recommend that a minimum fee for PSA accreditation be maintained to ensure smaller organisations make the commitment to, and remain invested in, the scheme. We believe this would mitigate the risk of a proliferation of small registers with little or no evidence base or infrastructure applying to the join the scheme at a very early stage of their development.

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

We are unsure whether the proposals would lead to greater use and recognition of the PSA register programme, but we are very supportive of the direction of travel. We support the PSA's aims to provide oversight for new and expanding priority roles, to ensure greater consistency based on shared education and training standards and to have the ability to exclude unsuitable practitioners from high-risk occupations. We therefore support the development of a risk-based model resulting in different tiers for occupations.

We also agree that the authority needs to move from a position of not having a role in setting education and training standards to a position of ensuring that registers within the same occupation work to common standards. We agree that consistency in education and training is valued and is the main obstacle to employer confidence in employing registrants, even when there is a pressing and immediate client need, such as in mental health support following the pandemic. Having said that, we absolutely want to preserve the choice, diversity and creativity that the current landscape offers, which is also in the interests of clients.

We fully support the idea of a shared generic standards framework as a basis for building confidence in non-statutory regulated professions. The work done to develop the SCoPEd framework, initially by three counselling and psychotherapy professional bodies, represents our commitment to this aspiration. (This project now has four additional partners.) The process of developing the framework has also been constructive in developing collaborative ways of working towards a common goal in the interests of the public, as well as building confidence and credibility in the profession. A framework which offers different entry points and potential progression increases employer understanding and client choice, while also providing a career framework.

It is difficult to respond to the suggestion of developing 'umbrella bodies' without understanding how they will be constituted or what powers they will have. We believe that it is important that any shared framework for an occupation continues to be rooted in the profession and that it is able to develop in response to changes and developments e.g. the move towards on-line therapy, new therapeutic approaches and widening inclusion. Creating an umbrella body which has overarching powers, (beyond agreeing shared standards), would require a significant shift in the way our professions are currently organised and may not be necessary to ensure the level of public protection and employer confidence that we all seek. However, we do agree that external scrutiny and oversight by subject experts, stakeholders and experts by experience is important for any enhanced regulatory function and associated registration or licensing mechanisms.

We would be interested in exploring with the PSA ways of achieving this end, which meets the objectives and principles of ensuring common standards and public protection.

In addition to developing a clearer understanding of risk of the different registers and supporting a system of common education, training and standards, these broader proposals also need to include a clear strategy for awareness raising of the register programme to employers, commissioners, parliamentarians and the public, and improving confidence from these audiences.

It would be helpful to understand more about the comments in the consultation (ref 3.8) which refer to greater consistency around 'disciplinary outcomes', in addition to education and training. We wonder whether this is signalling potential alignment of ethical frameworks and disciplinary/professional conduct processes within an occupational area?

Member responses showed that 50.7% agreed or strongly agreed that the proposals being put forward would achieve greater use and recognition of the programme by patients, the public, and employers; however, 23.7% indicated that they neither agree nor disagree, and a further 18.6% answered *I don't know / no opinion* to the question. This could be due to not understanding the statement or not feeling like they had enough information. Only 7% of respondents to our members' survey strongly disagreed or disagreed with the proposals.

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

Yes, BACP feels that current legal loopholes compromise the integrity of the programme by providing false assurance to the public that all those on the Registers are 'safe'. This is a key concern and risk for us as an organisation and for the public who use the Accredited Registers. It is also one of the reasons why statutory regulation currently provides greater public protection and assurance for both service users and employers.

We would fully support inclusion on relevant safeguarding legislation across all four nations that would require those applying for membership to disclose spent convictions, and for the relevant register to then be able to consider these in a proportionate way as part of the application process. BACP already has processes in place to consider disclosures of unspent convictions, so this extension to include spent convictions would strengthen public protection.

Accredited registers are not included on the list for reporting under the safeguarding vulnerable groups legislation across all four nations, so are also not able to require the production of a disclosure certificate in relation to DBS, Disclosure Scotland and Access Northern Ireland checks from potential/current members. This prevents assessment of those who may be barred from working with children or vulnerable adults.

Finally, the voluntary nature of the programme cannot currently prevent an individual from practising independently in an occupation which is not regulated by law.

In response to our member survey, 63.4% strongly agreed or agreed that *In order to protect the public the Accredited Registers programme should be allowed to access information about relevant spent convictions*. 16.3% disagreed or strongly disagreed to that statement.

More broadly, a greater recognition from the Government of accredited register practitioners and their status compared with statutory regulated professionals, would

remove a number of anomalies between unregulated healthcare professionals and those the Government have chosen to regulate. These include access to disclosure certificates for private practitioners and a VAT exemption, which is available to psychologists and arts therapists, but not to counsellors or psychotherapists.

We therefore fully support the proposal that the Authority explore how it could achieve greater clarity of the status of accredited register practitioners and, where appropriate, advocate for their legal status to be on par with regulated healthcare professionals. This would also provide greater recognition and potentially reduce barriers to employment, particularly in the NHS.

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

Any change to how the accredited register programme is structured will need to ensure that the move to shared standards and a risk-based model, which is needed to build public and employer confidence, does not unintentionally exclude or devalue any group of practitioners who are currently represented in our memberships. The existing wide range of trainings and associated entry points is a valuable feature of the current landscape, which ensures greater access for those from minority groups because of the relative affordability of vocational training. This is important for trainees and for clients. We would support a full equality impact assessment of any proposed changes.

Data from our member survey in response to the statement *There are aspects of the PSA's proposals that could result in different treatment of, or impact on, groups or individuals with characteristics protected by the Equality Act 2010,* showed that on average, respondents 'nether agree or disagree' (29.3%), with a further 39% answering 'I don't know / no opinion' in response. This could be due to not understanding the statement or not feeling like they had enough information. 24.4% agreed or strongly agreed to the statement and 7.5% disagreed or strongly disagreed.

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

Christina Docchar
Registrar
British Association for Counselling & Psychotherapy

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

The British Association for Counselling and Psychotherapy (BACP) is the leading and largest professional body for counselling and psychotherapy in the UK, with over 55,000 members. Our members work across the professional disciplines in the fields of counselling and psychotherapy and are based in a full range of settings, including the NHS, private practice, education settings or within the third sector.

Our two key charitable objectives, which underpin our work are:

- to promote and provide education and training for counsellors and psychotherapists working in either professional or voluntary settings, whether full or part time, with a view to raising the standards of the counselling professions for the benefit of the community and in particular for those who are the recipients of counselling or psychotherapy

- to inform and educate the public about the contribution that the counselling professions can make generally and particularly in meeting the needs of those whose participation and development in society is impaired by physical or psychological health needs or disability

Due to the pandemic, we strongly urge responses by email or through our survey. If this is not possible, our postal address is:

Professional Standards Authority
157-197 Buckingham Palace Road
London
SW1W 9SP

Please return your response to us by **18 February 2021**.

Confidentiality and data protection

We will manage the information you provide in response to this discussion paper in accordance with our information security policies which can be found on our website (www.professionalstandards.org.uk).

Any information we receive, including personal information, may be published or disclosed in accordance with the access to information regimes (primarily the Freedom of Information Act 2000 (FOIA) the Data Protection Act 1998 (DPA) and the Environmental Information Regulations 2004).

If you want the information that you provide to be treated as confidential, please be aware that, under the FOIA, there is a statutory Code of Practice with which public authorities must comply and which deals, amongst other things, with obligations of confidence. In view of this, it would be helpful if you could explain to us why you regard the information you have provided as confidential.

If we receive a request for disclosure of the information, we will take full account of your explanation, but we cannot give an assurance that confidentiality will be

maintained in all circumstances. An automatic confidentiality disclaimer generated by your IT system will not, of itself, be regarded as binding on the Authority.

We will process your personal data in accordance with the DPA and in most circumstances this will mean that your personal data will not be disclosed to third parties.