

**To; The Department of Health**

**From; Dublin City University School of Nursing and Human Sciences,  
Psychotherapy Team**

**Re; The proposed regulation of counsellors and psychotherapists under the  
Health and Social Care Professionals Act 2005**

### **Introduction**

The Psychotherapy Team at DCU School of Nursing and Human Sciences welcome the opportunity to contribute to the Department of Health consultation process on the proposed regulation of Counsellors and Psychotherapists under the Health and Social Care Professionals Act 2005.

The psychotherapy team consist of

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Dr Evelyn Gordon

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Dr Aisling McMahan

Dr Gerard Moore

The team are all registered practitioner members of Irish and/or United Kingdom Counselling and Psychotherapy organisations and are engaged in the delivery of a four year Level 9 Masters in Psychotherapy Programme<sup>1</sup> and a four year Level 10 Doctorate in Psychotherapy Programme<sup>2</sup>. Additionally all of the team members are engaged in research, practice and supervision in the field of counselling and psychotherapy, both onsite in the Healthy Living Centre at DCU and in other practice settings. Team members' CV's outlining their individual qualifications and experience are available on request. -We have responded below in narrative form to each of the bullet points identified in Appendix 1 of the Call for Submissions. Links and references to appropriate documents have been provided in footnotes. Team members are available to discuss or clarify the content of this submission should that be required.

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<sup>1</sup> <https://www101.dcu.ie/prospective/deginfo.php?classname=MCOU>

<sup>2</sup> [https://www.dcu.ie/prospective/deginfo.php?classname=DPSY&degree\\_description=Doctorate+in+Psychotherapy](https://www.dcu.ie/prospective/deginfo.php?classname=DPSY&degree_description=Doctorate+in+Psychotherapy)

**□ Whether the professions of counsellor and/or psychotherapist ought to be subject to State regulation.**

1. The current lack of statutory regulation in the field of counselling/psychotherapy poses significant problems for people seeking counselling/psychotherapy from private practitioners, companies, organisations, the voluntary and/or public sector. The absence of regulation allows anyone to use the title of counsellor or psychotherapist regardless of their level of education, skill or training and additionally does not require the practitioner to conform to any standards or regulations. Currently members of the public have to take at face value the skills and qualifications that a counsellor/psychotherapist claims to have. This is not best practice and exposes members of the public to unregulated and therefore potentially unqualified operators who have the potential to at minimum exploit consumers and more significantly delay or inhibit their access to appropriate counselling/psychotherapy interventions.
2. Training providers can develop and deliver programmes which do not conform to established best practice guidelines. A number of state approved educational providers in Ireland offer counselling/psychotherapy education and training programmes at both Level 8 and Level 9 to students. These programmes which conform to either QQI or University accreditation processes require significant investment from participants to achieve the academic and practice requirements. accreditation within the voluntary regulation of counselling/psychotherapy that currently exists in order to provide some self- regulation in the field and safe and ethical approaches to practice. However these programmes can be undercut by private training providers as the current system of self-regulation allows for non-conformity to the principles outlined by the QQI standards and encourages profit rather than professionally driven systems of education and training to emerge.
3. Without a single statutory national registration board, employers of counsellors/psychotherapists can set arbitrary criteria that may exclude or militate against some potential applicants. This is a significant problem as it militates against having a range of counsellors/psychotherapists from different modalities of therapy or having attained a range of education and experience in the field being offered equal opportunity to apply for positions. In the absence of a statutory registration board that registers

counsellors/psychotherapists based on conformity to the QQI and University accreditation systems, this lack of transparency will persist.

4. The lack of statutory regulation maintains a system that does not recognise counselling/psychotherapy as an independent profession. This poses a difficulty for employers concerned about offering professional services to informed consumers. Consequently, employers can require counsellors/psychotherapists to have a primary qualification in another health, education or social care field (Social work, Nursing, Teaching, Psychology, Medicine etc.). While this dual qualification may be appropriate in some settings depending on specific requirements of a post, in others it simply highlights the failure to recognise counselling/psychotherapy as an independent profession and the varying routes into the profession that do not exclusively rely on a background in a health discipline (for example, education).
  
5. There is no clear independent pathway for a consumer of services to question the quality of the service they have received. While all the above are problematic the large number of counsellors/psychotherapists who have chosen to be members of professional organisations that require them to have a particular level of education and experience, to subscribe to a code of ethics, and voluntarily agree to be held accountable for their practice suggests that the majority of counsellors/psychotherapists seek legitimacy and are committed to upholding standards in the profession and protecting the public. These national voluntary organisations provide self-regulation of members by members and some level of protection and transparency for the public and their members. However as they are established and managed by their membership they are by their nature prone to favour populist perspectives on what constitutes best practice in counselling/psychotherapy. Self-regulation rarely manages to adequately protect the public. In addition, in the current market place the lack of regulation has resulted in an unmediated continuum of practitioners who have qualifications ranging from Level 4 to Level 10 all claiming the title of counsellor/psychotherapist and offering services to vulnerable citizens. This variability does not adequately protect consumers and risks damaging the ideal of counselling/psychotherapy being based on a minimum level of education to support best practice, — which provides additional challenges for our health and social care systems, particularly in relation to concerns about protecting the public. Statutory regulation is, in our view, the only way to adequately protect the public, uphold standards and preserve the integrity of the profession.

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□ **If so, whether the professions ought to be regulated under the Health and Social Care Professionals Act 2005 or otherwise.**

Clients of counsellors and psychotherapists tend to be those who are experiencing psychological distress that impacts on their mental and/or physical health. Research has shown that significant benefits accrue from engagement in counselling and psychotherapy, both to the individual and to the state in terms of economic savings in health services. The Health and Social Care Professionals Act 2005 is, in our view, the most appropriate vehicle through which the profession can be regulated at this point in time. —In reviewing the act it is noted that the professions of counsellor/psychotherapist are not listed as designated professions in section 4.— (1)<sup>3</sup>.

However we have noted that section 4(2) allows for the Minister after consulting the Council, to designate for the purposes of the Act any health or social care profession not already designated under subsection (1), if— (a) the fitness of the members to practise their profession is not regulated by or under another Act of the Oireachtas. We agree that as per section 4(c), it is appropriate and in the public interest that the profession be designated under this Act.

Additionally we subscribe to the points in the Act in Section 4(3) that define a health or social care profession as a profession in which a person exercises skill or judgment relating to health or social care activities as they encompass some of the activities conducted during counselling/psychotherapy, in particular the activities of the preservation or improvement of the health or wellbeing of others; —and the resolution through counselling or otherwise, of personal, social or psychological problems and the care of those in need of protection, guidance or support.

In relation to (4)(2)(c) we are confident that the counselling/psychotherapy profession has a defined scope of practice and applies a distinct body of knowledge; has established itself, albeit with a proliferation of professional bodies representing a significant proportion of the profession's practitioners. There are defined routes of entry into the profession, evidenced for example by the Level 9 and Level 10 programmes offered in DCU which have independently assessed entry qualifications, in our case by a University appointed accreditation panel and

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<sup>3</sup> <http://www.irishstatutebook.ie/eli/2005/act/27/section/4/enacted/en/html#sec4>

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subsequently the Irish Association for Counselling and Psychotherapy (IACP)<sup>4</sup> and National Association for Pastoral Counselling and Psychotherapy (NAPCP)<sup>5</sup>.

Within the professions there is commitment to continuing professional development (CPD),<sup>4</sup> however without regulation under the act there remains a risk that CPD, while desirable, may not be the standard to which all members of the profession adhere. Therefore statutory regulation, which would require some ongoing evidence of CPD,<sup>5</sup> that could be verified by certification from professional organisations, such as those currently operating under the umbrella group, the Psychological Therapies Forum, has potential.

However we have some concerns about how the Minister will address the name by which the registration board is to be known and how the Minister will prescribe a title to be used by registrants of the profession and in particular the possibility under Section 4 (6) that the Minister may also prescribe one or more than one variant of the prescribed title, which is addressed below under the heading 'The title or titles that ought to be protected for the exclusive use of registrants'.

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<sup>4</sup> <http://www.iacp.ie/>

<sup>5</sup> <http://www.napcp.ie/>

**□ If the professions are to be regulated under the 2005 Act whether it would be appropriate to regulate one or two professions under one registration board.**

We consider that one board would be appropriate to regulate the two professions. Precedence for this already exists in the Nursing and Midwifery board of Ireland (NMBI) where two professions, nurses and midwives, are regulated by one authority. Additionally, under NMBI, it is possible for a range of divisions of nursing to be represented (General, Learning Disability, Mental Health, Children's). This model works effectively in that a set of standards exist for education and training that contains shared elements across divisions while still allowing for specialist practice to develop. This may be of particular importance for counselling/psychotherapy which consists of several different modalities that are important to maintain (e.g. Psychoanalytic, Humanistic, Cognitive Behavioural and Systemic). However there is also a significant challenge for the regulator to distinguish between what are recognised mainstream modalities and/or pathway specific specialities (e.g. Addiction, Trauma and Abuse, Bereavement, Suicide and Self Harm) and intervention specific specialities (e.g. Brief therapy, Couples and Relationship Therapy, Psychosexual Therapy, Child and Adolescent Therapy). Taking this level of complexity and specialisation into account will be a necessary part of setting parameters for regulation. However, a model of managing this complexity already exists in the increased specialisation that is evident in the nursing/midwifery field where such specialisation is managed by these professions as designations of Specialists (e.g. Clinical Nurse Specialist or Advanced Nurse Practitioner).

A major controversy in the field of counselling and psychotherapy in recent decades surrounds the distinction between counselling and psychotherapy (Feltham, 1999)<sup>6</sup>.

Distinctions have been drawn around the issue of;

- *Duration of training* with psychotherapy training normally taking longer than counselling training,
- *Depth of theoretical training* and consequently client work with psychotherapy typically being associated with more in depth theoretical foundations and entrenched psychological problems while counselling is seen to deal with more transient life stresses
- *Academic award* with most psychotherapy training programmes seeking recognition at Masters level while many counselling courses are recognised at degree or Graduate Diploma levels.

However, these distinctions are not as clear as they may appear and not all counselling or psychotherapy courses would fit within these parameters. Therefore, it is important that some further consideration be given to such matters and that

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<sup>6</sup> Feltham, C. (1999) (ed.) *Controversies in Psychotherapy and Counselling*. London: Sage Publications.

appropriate and fair decisions are made with regard to defining and consequently protecting both groups of practitioners.

While the distinction between the titles of Counsellor and Psychotherapist remains a matter of debate within the profession, if there is a general acceptance that psychotherapy offers a greater range and depth of engagement with the consumer than is the case in counselling, then a psychotherapist can be understood to have both the education and skills of a counsellor and a psychotherapist and to be able to make an appropriate clinical judgement about which skills set is required for a particular client, whereas a counsellor might be understood to have a more limited repertoire of skills. One board would allow for appropriately qualified practitioners to be registered on both divisions in the manner that a nurse, having evidenced his/her education and training, can be registered on more than one division of the register. Alternatively the board could opt to create a definition of what is counselling and what is psychotherapy that outlines the areas of distinction and of overlap.

The Act has already successfully established two registration boards that regulate allied professionals who practice in a similar professional field;

- Optometrists and Dispensing Opticians,
- Radiographers and Radiation Therapists.

We recommend a similar model in the establishment of one Registration Board for Counsellors and Psychotherapists as, while there are differences in terms of the length and focus of training and practice, there are considerable areas of professional overlap.

□ **The appropriate level of “grand parenting” qualifications to be set for existing practitioners having regard to the QQI Awards standards**

We fully acknowledge the requirement for a grand-parenting clause in the proposed regulation of counselling/psychotherapy. There are a number of points to be taken into consideration in this regard. The Department of Health has worked with established the Psychological Therapies Forum to provide a space where existing counselling/psychotherapy bodies with established registers of practitioner members could contribute to the debate on statutory regulation. Additionally, QQI and the Irish Universities have accreditation processes in place that set standards for programme accreditation. It would seem appropriate that the registered practitioner members of the groups represented on the PTF who can evidence a Level 8 or Level 9 programme currently accredited by QQI or its predecessor and/or a Level 8 or Level 9 programme accredited by a third level College under the Universities Act (1997)<sup>7</sup> should automatically qualify for registration provided they seek it within two years of the registration board being established.

Applicants, who can evidence that they are working in the field yet do not meet the criteria above could be allowed register conditionally for a maximum of six years in the case of seeking registration as a psychotherapist and four years if seeking registration as a counsellor. This would allow them a two year window in which to register on a Level 8 or Level 9 programme to bridge/top-up their current qualifications or obtain the necessary experience. Once registered they could be required to annually evidence progress towards completion of the additional required education/training provided within a maximum timeframe of four years for completion to move from the conditional register. This would allow current applicants who do not meet the criteria for registration, a six year period from the establishment of the board to achieve the required educational level for ongoing registration as a counsellor/psychotherapist. A similar grand-parenting model was adopted in the nursing profession when the designation of clinical nurse specialist was introduced.

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<sup>7</sup> <http://www.irishstatutebook.ie/eli/1997/act/24/enacted/en/html>



**□ The appropriate level of qualifications to be set for future applicants for registration having regard to the QQI Awards standards**

There has been a significant shift in the Irish education system over the past twenty years with several professional, technical and skills based occupations moving upwards into third level educational programmes. This shift is in response to an increased recognition in the health and social care sector of best practice guidelines and standards which in the most part are driven by research. The profession of counselling/psychotherapy needs to be mindful of the knowledge environment that we now operate in and respond appropriately. The need to clarify what constitutes an adequate level of education for a counsellor and psychotherapist has been addressed by the standards set by QQI and the European Association for Psychotherapy (EAP) as demonstrated in the Accreditation of Training Institutes for ECP Award<sup>8</sup>. We endorse the setting of a Level 8 qualification for registration as a counsellor and Level 9 for registration as a psychotherapist.

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<sup>8</sup> [https://www.google.ie/webhp?sourceid=chrome-instant&rlz=1C1LDJZ\\_enIE546IE548&ion=1&espv=2&ie=UTF-8#q=eap%20tac%20document](https://www.google.ie/webhp?sourceid=chrome-instant&rlz=1C1LDJZ_enIE546IE548&ion=1&espv=2&ie=UTF-8#q=eap%20tac%20document)

□ **The title or titles that ought to be protected for the exclusive use of registrants**

We hold that the board should try to aim for clarity and transparency aimed at addressing consumers' needs and rights in relation to understanding what is meant by any protected titles of registrants.

From the onset we would recommend two titles

1. Counsellor.
2. Psychotherapist.

These two titles are in common usage in Ireland, the UK and Europe and are in accord with the titles conferred by current counselling and psychotherapy training programmes.

Of the two titles Counsellor is used frequently across a variety of settings with a preface such as 'school' 'guidance' 'pastoral' etc. This has potential for occasional misunderstandings; however use of a word in other context is often unavoidable. Returning to the comparison used earlier to the designations using by the NMBI, the public generally respond to nursing staff in health care settings as nurses and do not necessarily take into account that their registration includes a specific section on the register (e.g. mental health etc.). Therefore the designation Counsellor may have more significance for those seeking accreditation and those tasked with maintaining and monitoring it than its perception by the public or indeed by service users.

Keeping the titles to two designations does not allow for the modality specific approaches which are a feature of current professional organisations providing voluntary regulation. Drawing again on the comparison to the regulation of nursing and midwifery, many nurses belong to professional organisations (e.g. The Institute of Mental Health Nurses, The International Society of Addiction Nurses). These professional groups provide modality specific CPD opportunities and fora without impinging on the work of the NMBI, demonstrating that it is possible for a statutory registration board to harmoniously coexist with a professional grouping. Furthermore, establishing and recognising the specific titles of counsellor and psychotherapist will enable these professions to define and set standards of supervision appropriate to the range and depth of psychotherapeutic work being undertaken, thus ensuring increased levels of public protection and enhanced standards to practice.