

The College

Statutory Registration of Psychotherapists

The Statutory Registration of Psychotherapists is a continuing issue which remains to be resolved. Various parties have been interested for all sorts of reasons, such as the raising of training standards, the protection of patients, the avoidance of VAT for lay psychotherapists in private practice, or the establishment of a new professional identity which would enable the employment of lay therapists within the NHS (comparable to child psychotherapists). For all these and other reasons active debate continues. The College at least needs a view. If it actively and unanimously speaks in favour of Registration, government time might be provided for a Bill. If we do nothing, or are against, other bodies will probably proceed and another Private Member's Bill may sooner or later succeed. So are we to be involved or not, and if so in what role?

To help answer these questions the Psychotherapy Specialist Section Executive Committee was asked to prepare this report, which was later fully endorsed by Council. The report reviews events of the last decade relating to registration; its historical emphasis reflects the view that the College's position should be essentially to keep a watching brief and be ready to act in an advisory capacity.

Background

Although there had been some earlier attempts by the British Psychoanalytical Society to form a Register of Psychoanalysts (resisted by the GMC, who felt it unnecessary for medical analysts and numerically an insignificant problem for lay ones), the story comes alive in modern times when Sir John Foster concluded towards the end of his *Enquiry into the Practice and Effects of Scientology*¹:

These, then are the grounds on which I have become convinced that it is high time that the practice of psychotherapy for reward should be restricted to members of a profession properly qualified in its techniques, and trained—as all organised professions are trained—to use the patient's dependence which flows from the inherent inequality of the relationship only for the good of the patient himself, and never for the exploitation of his weakness to the therapist's profit. (1, para. 258)

In reply to a request from the DHSS for comments on certain aspects of the enquiry into the practice and effects of Scientology, the College promptly prepared a Memorandum², which was later fully endorsed by Council.

This memorandum recognized the distinction needing to be drawn between the general use of psychotherapy by any member of the helping professions and its specialist use by professional psychotherapists; it did not wish to hamper the former (as will become clear later in discussing the Sieghart report, this issue crystallized into the difference between

functional and indicative registration).

The memorandum advised the DHSS that: 'It seems proper that those who publicly profess to be specialist practitioners of psychotherapy should be required to produce evidence of being adequately trained by a recognized body with an acceptable standard of ethics.' Furthermore it advised in response to the specific question:

5. *Ought such control to apply to the practice of psychotherapy generally, or as proposed in the Report, only to the practice of psychotherapy for reward?*

Control is urgently required in relation to the practice of psychotherapy for reward. This control should apply not to the practice of psychotherapy generally, but only to those who claim to be professional psychotherapists, whether or not for reward.

In reply to a similar request from the DHSS, the BMA also prepared a memorandum³ supporting the case for registration, particularly emphasizing the harm that may be done by inappropriate use of psychotherapy without adequate diagnosis.

The publication of the Foster Report, in 1971, followed closely by the introduction of VAT in the Finance Act of 1972, brought the financial problem of non-medical psychotherapist's absence from any register sharply into focus.

In 1973 the British Psychoanalytical Society sought an opinion from Sir John Foster on the possibility of an amendment to the Finance Bill to exempt lay psychotherapists from VAT. This did not succeed, but arising out of the attempt a meeting was held in 1974, at the initiative of the British Psychoanalytical Society, between the DHSS and representatives of seven organizations concerned with psychotherapy. Following this meeting, the DHSS suggested in 1975 the formation of a Professions' Joint Working Party, which was chaired by Mr Paul Sieghart from Sir John's chambers.

An historical note

Before going on to discuss the Sieghart Report in detail, it may be helpful to put the issues of registration into a longer historical perspective.

Some participants in the debate on Registration have felt daunted by the sheer size, sluggish pace or impossibility of the task. It is salutary to remember that others have trod similar paths before.

Thus the original intentions of medical registration were strikingly similar to those envisaged for psychotherapy, that is: '...the [General Medical] Council was called into existence to serve the public good in specific ways—by keeping and publishing a Register of duly qualified practitioners, by supervising and improving medical education, by taking disciplinary action in cases of serious

misconduct'.⁴

However, these intentions were not easy to implement. 'The Medical Act of 1858 establishing the Council was passed after eighteen years of Parliamentary debate concerning the reform of the medical profession and the abolition or restriction of unqualified practice. Owing to conflicting interests and views, no fewer than seventeen Medical Bills had foundered between 1840 and 1858 before the first Medical Act received the Royal Assent on August 2, 1858'.⁴ And how long must the debate have been gestating in medico-political circles before that?

In case the task of knowing what to do about unsuitably qualified practitioners at the inception of a Register seems impossible (though it has had to be faced by every other new professional register) let us recall that: 'Estimates based on the Census returns of 1841 suggest that nearly 5,000 of the 15,000 persons then practising in England were unqualified'.⁴

Perhaps the pace of legislation has changed in 100 years. It was a comparable 21 years between the cholera epidemic of 1831 and the London Water Act of 1852, but only four years between the London smog of 1952 and the Clean Air Act of 1956.⁵

Sieghart Report

The Professions' Joint Working Party on the Statutory Registration of Psychotherapists met 13 times between October 1975 and January 1978 and their report was published later, in 1978.⁶

The original seven organisations represented were: Association of Child Psychotherapists; British Association of Behavioural Psychotherapy; British Association of Psychotherapists; British Psycho-Analytical Society; Institute of Group Analysis; Royal College of Psychiatrists; and the Society of Analytical Psychology. The following were also represented by invited observers: British Psychological Society; the DHSS; Central Council for Education and Training in Social Work; and the Joint Board of Clinical Nursing Studies. In addition, the following were represented by observers already present among the above: Guild of Psychotherapists; London Centre for Psychotherapy; Group for the Advancement of Psychotherapy in Social Work; and the Psychology and Psychotherapy Association.

Lastly, comments were invited on a provisional draft report from a further 20 more organizations, ranging (alphabetically) from the Arbours Association to the Westminster Pastoral Foundation.

In his foreword to the report the Chairman, Paul Sieghart, states: 'At the moment, there is no law of any kind which determines who may call himself a psychotherapist (or a psychoanalyst, and analytical or clinical psychologist, or anything else of that kind or what people who call themselves such things may do to (or with) their patients.'

This is no longer so in the majority of other professions. Doctors and dentists, lawyers and architects, and many of

the other professions supplementary to medicine have all achieved statutory recognition. The main benefits are the protection of patients and the improvement of standards.

The Sieghart Report's recommendations may be summarized as follows:

1. The Working Party agreed with Sir John Foster's conclusion that there is a strong case for a statutory scheme of regulation for Psychotherapists.
2. Registration should be conferred by a statutory body called the Council for Psychotherapy. The Council should have the power to regulate the profession including the power to strike practitioners off the Register for professional misconduct. A Code of Ethics would not appear in the statute but would be worked out by the Council. The Working Party hoped that the code will protect the public against at least breach of professional confidence, sexual or financial exploitation of the patient, commercial advertising, 'fee-splitting', failure to obtain informed consent for therapy and conviction of a crime rendering the practitioner unfit to remain on the Register.
3. Registration should be *indicative* rather than *functional*. For some professions it is a criminal offence to practise the profession if you are not registered, e.g. opticians and dentists. This is straightforward where the professional activity concerned is clearly definable. For other professions, e.g. nursing and architecture, this is not so easy; and in such professions, instead of making it an offence for unregistered persons to *practise*, the usual method is to make it an offence to *call themselves* a member of the profession. Sieghart has termed the first stronger type of regulation 'functional' and the second 'indicative'. Functional registration would be impracticable for psychotherapy because it would preclude schoolmasters and clergymen from their normal pastoral functions. As Sieghart stated: 'we have serious doubts whether psychotherapy as a function could be defined precisely enough by statutory language to prevent evasion, without at the same time casting the net so wide as to catch many people who are outside the mischief which the statute is designed to meet' (p. 6, para. 3.1).⁶ Indicative registration merely protects the title, in this case the title by which Psychotherapists qualified in the various approaches are known.
4. In order to qualify for registration the majority view was that the therapist should have satisfactorily undergone a form of training approved by the Council. The British Association of Behavioural Psychotherapy adopted a minority view that all that was necessary for registration was membership of a bona fide professional body which has (and enforces) a Code of Ethics.
5. Training courses would be inspected and approved by Council who would be strongly influenced by the endorsement of the professional body that was organizing that training programme.
6. Provision should be made for established and reputable

practitioners without formal qualifications to be registered. (Such a 'Grandfather clause' is usual at the inception of any professional organization, e.g. the College!)

7. The proposals would not take away the autonomy and sovereignty of the existing professional bodies involved in training.
8. The Working Party recommended that the Council should be composed of two classes of members: (a) 'Those who are professional Psychotherapists representative between them of our profession as a whole'; and (b) 'Those who are not professional Psychotherapists.'

The professional members should be drawn from three groups:

- (a) Those professional bodies which both train and certify practitioners, i.e. one member from the Association of Child Psychotherapists, the British Association of Psychotherapists, the British Psychoanalytical Society, the Institute of Group Analysis and the Society of Analytical Psychology.
- (b) Those professional bodies which both specify and recognize training schemes for practitioners conducted by others, i.e. one member from the British Psychological Society, the Central Council for Education and Training in Social Work, the Joint Board of Clinical and Nursing Studies and the Joint Committee on Higher Psychiatric Training.
- (c) Practitioners who are not members of any of these bodies, and have not achieved their professional qualifications through training courses conducted or specified by them, i.e. three or four members.

The 'lay' membership might constitute a quarter of the Council's total membership, would not be professional Psychotherapists and might well be drawn from the professional bodies representing the generality of health care professionals.

9. In order not to fossilize the state of psychotherapy, provision should be made for appointment of new members to the Council from any new discipline or approach that may arise.
10. Provision should be made for appeal to the Privy Council in case of dispute over any of the decisions made by Council.

Post Sieghart

It had been hoped by the majority of the Joint Working Party (JWP) who were in favour of Statutory Registration, that progress towards Registration would be made with a change in Government in 1979, since Dr Gerard Vaughan, the new Minister of Health, had previously expressed himself in favour. However, the Government would only take action if the vast majority of the profession were in favour. Another possibility was a Private Member's Bill.

In late 1980 the Chairman of the JWP met with the

Minister and Professor Sir Desmond Pond, then President of the College. The possibility of including psychotherapy under the Professions Supplementary to Medicine Act was suggested by the Minister but rejected as unsatisfactory. The JWP met to review progress in March 1981.

Meanwhile, in the same year, Mr. Graham Bright, MP, put forward a draft for a Private Member's Bill. This unilateral action caused considerable disquiet because although the proposals in Bright's Bill were in general agreement with Sieghart, the original draft was in favour of functional registration. Following various initiatives by the College, indicative registration was substituted for functional, but the Bill failed at second reading.

In July 1981 Dr Vaughan called a further meeting at the DHSS of 30 or more organizations with an interest in Statutory Registration of Psychotherapists.

The British Psychological Society (BPS) was represented at this meeting, as at previous ones, and their Professional Affairs Board produced a statement especially for it.⁷ In the initial enthusiasm for the march towards registration, psychologists had appeared to be most out of step. It will be recalled that the British Association of Behavioural Psychotherapy (BABP) were full members of the original JWP, while the BPS sent an observer. In their Note of Dissent to the Sieghart Report, the BABP argued that all that should be necessary for registration is membership of a bona fide professional body which has a Code of Ethics. The BPS now wanted it to be clear that their primary goal was to establish the registration of *Psychologists*. They admit a case for registration of psychotherapists solely in the private sector, but believe that all that is required in the public sector is membership of one of the core professions. They agree with the JWP that if there is to be registration it must be indicative rather than functional. They conclude:

In summary, if there is to be registration of psychotherapists:

- (a) it should be indicative registration;
- (b) it should apply solely to the private sector;
- (c) the Act should ensure that the Council is broadly based;
- (d) applications should generally be assessed by a series of largely autonomous specialist vetting panels;
- (e) a number of titles should be restricted, including specialist titles, but the list of titles should not be extended indefinitely;
- (f) provision should be made for regular independent reviews of the effects of the Act.⁷

At the meeting with Dr Vaughan, in July 1981, no consensus of view emerged as to the desirability of establishing Statutory Registration of Psychotherapists. The Government was therefore unlikely to make time for a Bill. Discussions have continued and in January 1982 a weekend conference was convened in Rugby by the British Association of Counselling (BAC). Representatives were invited from all the organizations represented at the July 1981 meeting, and some 30 attended, including Dr I. S. Kreeger for the College and Professor S. Brandon for the JCHPT and AUTP and Dr James Templeton for the JCHPT (PTSAC).

The majority of those present at this conference did not wish to proceed with the proposals for registration as published in Sieghart. However, there was support for the formation of a non-statutory Standing Conference of professional associations concerned with psychotherapy to maintain a continuing dialogue. A second conference in Rugby was planned by the BAC for January 1983.

At this second conference in January 1983, held a year after the first, some 30 organizations with an interest in the issue of Registration were again represented. Two working parties had met since the last symposium and chose two particular topics to be discussed in small groups; these were 'Codes of Ethics' and 'Standards of Training'.

Many points of agreement on training standards emerged between the various groups and organizations:

1. It was thought important to distinguish between psychotherapy training for all members of the helping professions and specialist training for psychotherapists who wished to be specially recognized as such.
2. It was agreed that specialist psychotherapy training should be looked on as a specific postgraduate training, following a period of basic professional training.
3. For admission to training, all schemes require a degree or equivalent proven level of ability and experience.
4. Most schemes require two to four years of theoretical and practical training, including regular supervised clinical work.

The final session discussed the question of future conferences. It was generally felt premature that such a meeting should yet be called 'A Standing Conference on Psychotherapy'. It was agreed that some kind of central organisation was desirable to maintain a continuing dialogue between the separate organizations concerned.

It was agreed that there should be some form of affiliation to maintain a continuing dialogue between the organizations and that there should be some affiliation fee to make the minimum organization possible. The BAC were prepared to provide the latter and a working party was formed to meet and discuss the next conference in a year's time.⁸

The view of the JCHPT (PTSAC)

Our wider readership may like to be reminded that: 'In common with the other major medical specialties, the Joint Committee on Higher Psychiatric Training was established by representatives from the main educational bodies in the specialty, in this case the Royal College of Psychiatrists and the Association of University Teachers of Psychiatry. The primary functions of the Committee are to publish recommended goals and standards of higher training in psychiatry and its major specialties, and to inspect and approve training programmes. It is the task of approving training programmes which is regarded as the most vital contribution to the improvement of training standards throughout the country. Specialist Advisory Sub-Committees, at present five

in number, support the Joint Committee particularly in the work of inspection and approval of posts.⁹

One of these sub-committees is the Psychotherapy Specialist Advisory Committee (PTSAC). PTSAC is concerned with the higher (senior registrar) training of future specialist consultant psychotherapists in the NHS. PTSAC has kept the matter of registration under review; its recent members have all served on either the present or the last Psychotherapy Executive Committee of the College and therefore represent the same spread of opinions. Dr James Templeton (Chairman, PTSAC) drafted a statement for discussion and we quote from it with his permission.

a. Points for registration

1. It will improve and maintain standards of training and practice.
2. It will help protect the public from unscrupulous or incompetent practitioners.
3. It will identify for the public those entitled to call themselves psychotherapists.
4. There would be a statutory body called The Council for Psychotherapy and among its powers it would be responsible for drawing up a Code of Ethics.
5. Registration would assist in the emergence of Psychotherapy as an independent profession.
6. Sieghart has said that he feels that registration will come about (through political initiatives) and therefore it is considered that the JCHPT should not be left on the sidelines.

b. Points against registration

1. It is generally agreed that standards of training in the various methods of psychotherapy are of major importance. However, there is a wide disagreement about the way that training should be carried out and it is likely that a number of different training programmes may be of equal merit in different situations. At the present time and because of the present state of the subject, very different types of training are being evolved and evaluated. Consequently it is premature to confer legal authenticity on some programmes and not on others.
2. There is no evidence to suggest that registration will protect the public. Experience in the U.S.A., where such a Register has existed in California, has shown that 'unlicensed' practitioners continue to flourish by renaming themselves with titles other than 'Psychotherapist'. The public already have the power to seek redress against exploitation through Common Law.
3. The psychotherapies are in a state of rapid development and new effective methods are emerging (e.g. the use of cognitive psychotherapy in depressive illness). The effect of the Register could stultify the development of new ideas.
4. The Register would be inappropriate for those working in the NHS or for those who already belong to a recognized professional body, since such therapists are already adequately controlled.
5. Since there are so many and varied types of psychotherapy, the term itself becomes meaningless unless it is further defined. It therefore makes little sense to consider psychotherapy as an independent profession.
6. Events over the past year have shown that the proposed Register is proving divisive and there is no reason to

suppose that this will change and that unresolvable ideological disputes will not continue.

This statement concluded that the 'committee as an advisory body has neither the history nor the experience which would equip it to offer firm and informed advice for or against such a complex issue.' However 'If certain individuals, organizations and professional bodies wish to promote some form of statutory registration, then this committee should address itself to the task of determining its appropriate advisory role and function. As with other Specialist Advisory Sub-Committees, the committee has gained a unique authority as a result of many years experience in assessing training programmes and promoting standards of practice in all parts of the country. In so doing it has also defined more clearly the types and forms of Psychotherapy practised within the NHS and University Departments.'

More recent discussions, for example, have emphasized the differing levels of training desirable for, on the one hand, a future practitioner of psychotherapy (with no teaching responsibilities) and on the other, a future specialist Consultant Psychotherapist with responsibility for training and developing a psychotherapy service. It should be borne in mind that the recommended training for the post of Consultant Psychotherapist is a minimum period of three years in a full-time Senior Registrar post in Psychotherapy, leading to appointment as a Consultant seven to ten years after initial medical registration. The extensive requirements of the higher training are set out in the JCHPT Second Report.⁹

The view of the Psychotherapy Specialist Section Executive Committee

Although views in the Executive have in the past been divided, as in PTSAC, in July 1981 a majority were in favour of some form of registration. They considered that it should be indicative and that entry should be by subscription to an agreed code of ethics as well as the satisfactory completion of an agreed course of training. More recently, the emerging consensus in the Executive has been unanimously in favour of the principle of registration along the lines set out in our conclusions below.

Some have felt that with the proliferation of bodies offering psychotherapy courses and services it will be impossible ever satisfactorily to introduce and implement standards of training. Against this pessimism it is agreed that the JCHPT has had to face very similar problems at its inception and our historical note is a reminder that others have been here before too.

It is considered likely that registration would help to improve standards of training, just as the JCHPT has done. It is less certain that another main aim, that is the protection of patients, would be successful. Firstly, there is little evidence one way or the other about this. Secondly, practitioners not achieving recognition can always re-title

themselves as something else and carry on as before.

However, there would be other distinct advantages to a Register. At present there is no way of answering recurring questions such as 'Are there any psychotherapists practising in Barchester?' Further there is no career structure for lay-psychotherapists in the NHS (working with adults) as there is for child psychotherapists, except as a member of one of the already established professions (psychology, social work, etc).

Arguments might be advanced in favour of a Register for all psychotherapists, or only for those in the private sector, or only for lay therapists in the NHS. The current position of the BPS, for example, once registration of psychologists is achieved, appears to be that registration of psychotherapists is only necessary in the private sector, while in the public sector all that is required is membership of one of the core professions.

It is generally agreed that the College should follow developments closely and be prepared to act in an advisory and consultative capacity, offering the kind of experience and authority that has been developed by the JCHPT. To this end, the College should continue to support and be involved in future Rugby Conferences.

Conclusions

Council has in the past already unanimously endorsed in principle the recommendations of both the Foster and Sieghart reports. The detailed implications of statutory registration of psychotherapists for the practice of established professions need not be resolved at this stage.

At the present time the College might offer the following advice (to the Government) if asked for a view on Registration.

1. It should be indicative rather than functional.
2. It is unnecessary for members of an already registered core profession (e.g. medicine now or psychology in future) in order for them to *practise* psychotherapy.
3. Any regulations should be primarily concerned with standards of training and codes of ethics.
4. It might proceed broadly along the lines indicated by Sieghart.
5. Registration would be helpful in the identification of psychotherapists, especially in the private sector.
6. It will assist in the development of a career structure for 'lay' adult psychotherapists in the NHS.

REFERENCES

- ¹ FOSTER, J. G. (1971) *Enquiry into the Practice and Effects of Scientology*. London: HMSO.
- ² ROYAL COLLEGE OF PSYCHIATRISTS (1972) Memorandum in reply to a request from the DHSS for comments on certain aspects of the enquiry into the practice and effects of scientology. *News and Notes*, Supplement to the British Journal of Psychiatry, July, 4-6.
- ³ *British Medical Journal Supplement*, 13 May 1972.
- ⁴ GENERAL MEDICAL COUNCIL (1958) *Centenary of the General*

Medical Council: 1858–1958: A Brief History of the Council during its First Hundred Years.

⁵ *The Lancet*, 11 October 1982.

⁶ SIEGHART, P. (1978) *Statutory Registration of Psychotherapists. A Report of a Professions Joint Working Party*. Cambridge: E. E. Plumridge.

⁷ BRITISH PSYCHOLOGICAL SOCIETY (1981) *An Approach to the Regulation of Psychotherapy*.

⁸ *Towards a Standing Conference on Psychotherapy* (1983) Report on Second Rugby Conference on Psychotherapy.

⁹ JOINT COMMITTEE ON HIGHER PSYCHIATRIC TRAINING (1980) *Second Report, 1980*.

News Items

Assessments and Statements of Special Educational Needs

The Executive Committee of the Child and Adolescent Psychiatry Specialist Section felt that the attention of its members should be drawn to Circular 1/83 (DES), Health Circular HC(83)3, Local Authority Circular LAC(83)2, 'Assessments and Statements of Special Educational Needs'.

It was felt that paragraphs 36, 37, 64 on the keeping and disclosure of statements and 61–63 on the transfer of information from one authority to another, would be of particular interest.

Report of the Treatment and Rehabilitation Working Group of the Advisory Council on the Misuse of Drugs

Dr Barry Matthews (St George's Hospital Medical School) writes:

Formed in 1975 to prepare a comprehensive review of the treatment and rehabilitation of drug misusers and issue recommendations, the Advisory Council published its report in December 1982. Almost immediately it vanished from view in the pre-election and election activity, but hopefully it has not vanished from sight forever. The abuse of many different drugs is at present growing in the country, and the report has thus been awaited with expectations; its somewhat conservative approach may disappoint some of those working in the field.

Initially, the report sets out the historical background to the present machinery and realistically assesses the present situation. Changing patterns of drug abuse, and the difficulties the present system has had in adjusting are interestingly reviewed. Proposals are then outlined using the model of the ever popular multidisciplinary team, based both regionally and locally. Data collection and planning would be done by District Drug Advisory Committees, the suggested membership for which is extremely wide, possibly too much so.

Perhaps the part of the report most likely to be implemented is that dealing with prescribing safeguards. Guidelines for good practice and increased use of the tribunals already in existence are sensible. An urgent request for dipipanone prescribing is made, and surely cannot be

implemented too soon. Hopefully this restriction will be quickly extended to all opioids as the report suggests.

Reviews of and proposals for training, research and funding end the report. These are sensible, but unfortunately unlikely to be thought realistic given the present financial climate.

It is to be hoped that the new incumbents at the Home Office and Department of Health will soon find time to review this report and act on its recommendations, before the drug problem in this country deteriorates further. /See below and correspondence on page 187./

Treatment and Rehabilitation

In response to the publication of the Advisory Council on the Misuse of Drugs Report on Treatment and Rehabilitation [see above], the Secretary of State for Social Services has announced that £2m was being made available to health authorities, local authorities (for training initiatives) and voluntary bodies in 1983/84, and similar sums in each of the following two years, for improving services for people with drug related problems. Guidelines have now been produced ('Treatment and Rehabilitation: Report of the Advisory Council on the Misuse of Drugs (ACMD); Central Funding Initiative'—HN (83) 13 LASSL (83) 1) for statutory bodies and voluntary bodies wishing to bid for grants under this scheme. They give information on the objectives of the scheme, uses of the funds and who can bid for them and the form of application for bids for the money. Copies of the guidelines may be obtained from Mr du Sauzay, B1411, Community Services Division 2B, Alexander Fleming House, Elephant and Castle, London SE1 6BY or from DHSS Store, Health Publications Unit, No 2 Site, Manchester Road, Heywood, Lancs OL10 2PZ. Copies of the ACMD Report (price £3.95) are available from Her Majesty's Stationery Office, PO Box 569, London SE1 9NH.

JCHPT Handbook

An updated version of the Joint Committee on Higher Psychiatric Training's 'Handbook' is now available from the Administrative Secretary of the JCHPT at the College address (please send a large (A4) s.a.e. stamped to the value of 45p).