



Ag Rialáil Gairmithe Sláinte
agus Cúraim Shóisialaigh

Regulating Health +
Social Care Professionals

Public Consultation Report

on the Counsellors and Psychotherapists Registration
Board Standards of Proficiency for Psychotherapists
and Criteria for Education and Training Programmes
(Psychotherapists)

September 2025

Bord Chlárúcháin na gComhairleoirí agus na Sícteiripeoirí
Counsellors and Psychotherapists Registration Board



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Introduction

About the Counsellors and Psychotherapist Registration Board

The Counsellor and Psychotherapist Registration Board has statutory responsibility for the registration of members of the professions; approval and monitoring of education and training programmes; establishing the code of professional conduct and ethics and standards of performance to which Counsellors and Psychotherapists must adhere to and recognition of qualifications gained outside the State.

About CORU

CORU is responsible for regulating health and social care professions. It comprises the Health and Social Care Professionals Council and the registration Boards established under the Health and Social Care Professionals Act 2005 (as amended).

CORU's role is to protect the public by promoting high standards of professional conduct, professional education, training and competence amongst the designated professions.

The designated professions under the Act are clinical biochemists, counsellors, dietitians, dispensing opticians, medical scientists, occupational therapists, optometrists, orthoptists, physiotherapists, podiatrists, psychologists, psychotherapists, radiation therapists, radiographers, social care workers, social workers and speech and language therapists.



The Public Consultation Process

Background

The *Health and Social Care Professionals Act 2005 (as amended)* provides for the establishment of Registration Boards by the Minister for Health, with responsibility for maintaining registers for the health and social care professionals named in the Act that are subject to statutory regulation.

Following a Department of Health public consultation process in 2016, the then Minister Health, Simon Harris TD, made the decision to designate the professions of counselling and psychotherapy for regulation. On 27 February 2019, the then Minister established the Counsellors and Psychotherapists Registration Board, determining there would be one Registration Board with statutory responsibility for two distinct registers: one register for counsellors and a second for psychotherapists.



The fundamental objective of each Registration Board is to protect the public by fostering high standards of professional conduct and education, training and competence among its registrants.

To this end, Part 5 of the *Health and Social Care Professionals Act 2005 (as amended)* makes provision for the approval of education and training programmes (Section 48) and the monitoring of the continuing suitability of education and training programmes (Section 49). The Act also makes provision for each Registration Board to *issue guidelines concerning the requirements for its approval of education and training programmes* [Section 48(2)]. There are two types of requirements set by a Registration Board:

- **Standards of Proficiency:** the threshold level of knowledge and skills required to enable a person to practise safely and, in so doing, keep the public safe; and



- **Criteria for Education and Training Programmes:** the requirements around how a professional education and training programme is designed and managed to ensure that it can consistently produce graduates who meet the standards of proficiency.

Collectively, these two documents are known as a Registration Board's pre-registration education and training requirements.

Both documents are comprised of requirements that have been set by the Health and Social Care Professionals Council – known as *Framework Documents* – which detail the standards and criteria that are common across all the professions CORU regulates. Each Registration Board adopts the Framework set by the Council and is able to tailor it to meet the specific requirements of each profession, ensuring that the standards and criteria set reflect the identity and practice of the profession.

Following its establishment, the Counsellors and Psychotherapists Registration Board began the process of setting its pre-registration education and training requirements. The Board undertook a detailed scoping and review exercise, reviewing existing accreditation standards – where they exist – in Ireland, alongside **Quality and Qualifications Ireland's Award Standards for Counselling and Psychotherapy**.

In particular, the Board examined comparator entry level standards of proficiency used internationally. Recognising that in many jurisdictions neither professional title is either regulated or regulated as a discreet profession in and of itself,¹ as is proposed in Ireland, the Board reviewed entry level requirements drafted by national professional associations. The Board undertook this detailed scoping work with the aim of identifying the threshold requirements for entry into both professions internationally in order to evaluate this against the current practice in Ireland to ensure that the work of the Board was reflective of both international best practice and of practice in Ireland.

As part of its work, the Board considered the following:

- **British Association of Counselling and Psychotherapy (BACP, UK):** Criteria for the Accreditation of Training Courses (Gold Book) including OPT Criteria
- **Health and Care Professions Council (UK):** Draft *Standards of Proficiency* prepared by the Psychotherapists and Counsellors Profession Liaison Group, 2011
- **Partnership of Counselling and Psychotherapy Bodies (PCPB, UK):** Scope of Practice and Education Framework
- **European Association of Psychotherapy (EAP, Pan-European Membership Body):** European Certificate in Psychotherapy
- **Canadian Counselling and Psychotherapy Association (CCPA, Canada):** Standards of Practice

¹ It is noted that in a number of jurisdictions, especially across Europe, the practice of psychotherapy is regulated as part of a scope of practice for other professions such as psychologists, doctors and psychiatrists.



- **College of Registered Psychotherapists Ontario (CRPO, Canada):** Evaluation Criteria and Possible Outcomes *and* Professional Practice Standards

In exploring how international jurisdictions set and articulate threshold standards for entry into practice, the Board focused on:

- identifying the knowledge and skills required at the entry point into practice – i.e. day one for a new graduate following successful completion of an education and training programme;
- the distinctions in the knowledge and skills required at the entry point into practice between counsellors and psychotherapists;
- the distinctions between threshold entry standards and standards of practice, recognising the examination of some *Standards of Practice* documents;
- trends in international standards and how these compared to the practice of the professions in Ireland; and
- the articulation of standards to ensure understandability and clarity of the intended outcome.

To all of this research, the Board also considered and factored into its drafting the Government of Ireland's *Sharing the Vision: A Mental Health Policy for Everyone*, alongside the stakeholder feedback received from stakeholders to the Department of Health's 2016 public consultation process and relevant academic research in area of professional regulation.

The Board prepared draft *Standards of Proficiency* and *Criteria for Education and Training Programmes* for both professions and published these proposals for public consultation. The Board invited feedback from stakeholders over an extended period of time, opening the process on Monday, 4 September 2023 and closing it on Friday, 1 December 2023. Two separate public stakeholder consultation processes were undertaken simultaneously: one process concerned the *Standards* and *Criteria* for Counsellors, and a separate process concerned the *Standards* and *Criteria* for Psychotherapists.

The consultation process sought to ensure that the draft requirements set by the Board are at the threshold level required for safe practice and entry to the professional register to ensure public protection and that they are proportionate and in line with the Board's obligations under Statutory Instrument 413 of 2022 which requires an assessment of proportionality to be conducted before the adoption of new or amending of existing regulations on professions, as required under Directive 2018/958 of the European Parliament and Council.

Following the close of the consultation process, the Board undertook a detailed review and revision process whereby it reviewed **all** of the submissions received before finalising, issuing and publishing its revised *Standards of Proficiency* and *Criteria for Education and Training Programmes*.



This report presents the proposals drafted by the Board, the feedback received and the Registration Board's response to it in respect of the *Standards* and *Criteria* for **Psychotherapists**.

Publicising the Consultation Process

A number of channels were used to publicise the consultation process and invite the submission of observations:

- An advertisement was placed in The Irish Times and Seachtain newspapers on 18 September and 20 October 2023. (Appendix 1)
- Information on the consultation was hosted on the CORU website. (Appendix 2)
- An online feedback form was developed and a link to this form was included in the public consultation notice on the CORU website. (Appendix 3)
- CORU social media platforms were utilised throughout the consultation period, including X (formerly Twitter) and LinkedIn. (Appendix 4)
- An email highlighting the consultation process was issued to an extensive range of stakeholders including education providers of approved programmes and professional bodies.

People were invited to participate in the consultation process in a number of ways:

- visiting www.coru.ie and choose to complete an online feedback form, to print a copy of the form and post it, or email it to CORU
- emailing submissions to strategyandpolicy@coru.ie.
- posting written submissions to: Public Consultation, Strategy and Policy Unit, CORU, Infinity Building, George's Court, George's Lane, Smithfield, Dublin 7, D07 E98Y

Supporting Guidance during the Consultation Process

In advance of opening the consultation process, CORU held an Information Session webinar event on Friday, 1 September 2023, to which all stakeholders were invited and over 130 attended. This webinar was recorded and made available to all stakeholders via the CORU website, along with a copy of the PowerPoint presentation used during the session. (Appendix 5)

Alongside the launch of the consultation, CORU produced dedicated eBook resources (Appendix 6) and a Frequently Asked Questions section on the CORU website (Appendix 7) to support respondents in understanding the Board's draft requirements and assist in how to provide feedback to the consultation process.



Overview of Responses to Consultation

Response to the Consultation Processes

Feedback was submitted through completion of an online questionnaire, hosted by SurveyMonkey, or through written form via email or hard copy submission. A total of 535 responses were received from stakeholders, specifically in relation to the draft *Standards of Proficiency for Psychotherapists* and *Criteria for Education and Training Providers (Psychotherapists)*. The table below provides a breakdown by type of response received:

Response Type	Total Number
Online Questionnaire	428
Email/Paper Submission	107
Total	535

Respondents were asked to identify if they were offering feedback on their own behalf or on behalf of an organisation:

Individual	483
Organisation	52

Feedback was received from the following respondents who agreed to include their names in the consultation report:

- School of Psychotherapy at SVUH
- Family Therapy Association of Ireland
- Institute of Clinical Hypnotherapy and Psychotherapy
- Cognitive Behavioural Psychotherapy, Ireland
- Northside Counselling Service
- Tracht Psychotherapy Foundation
- One in Four
- Irish Council for Psychotherapy
- Dublin Art Therapy College
- Irish Association of Humanistic and Integrative Psychotherapy
- Bedford Row Family Project
- IICP College
- Irish Forum for Psychoanalytic Psychotherapy
- Gestalt Institute of Ireland
- Irish Association of Relationship Mentors
- Clanwillian Institute
- ICHAS
- Munster Technological University
- The Children's Therapy Centre



- Association of Child Art Psychotherapists
- UK Council for Psychotherapy
- Irish Association for Behavioural Cognitive Psychotherapies
- Irish Association of Play Therapists and Psychotherapists
- Family Therapy Association of Ireland
- Irish Association of Body Psychotherapists
- University College Dublin
- Dublin City University
- Irish Institute of Psychoanalytic Psychotherapy
- University College Cork
- European Association for Psychotherapy
- Tivoli Institute
- Turning Point Institute
- ICPPD
- Therapists for Change
- Cork Counselling Services
- Irish Association for Counselling and Psychotherapy
- Dublin Business School
- Dublin Counselling and Therapy Centre
- PCI College
- Irish Hospice Foundation



Acknowledgements

CORU would like to extend its appreciation and thanks to all those that participated in the consultation process.



Issues emerging from the Consultation Process

Consultation Questionnaire

The consultation questionnaire was divided into 5 sections:

- **Part One** – Feedback on profession-specific *Standards of Proficiency* (Standard 5.9 onwards) under Domain 5: Professional Knowledge and Skills. Respondents were asked to consider each of the standards and identify whether they considered it to be set at *threshold*, *partly threshold level* or *not threshold* for entry into practice. Respondents who indicated the standard was either partly or not threshold were asked to provide a rationale to aid understanding of their response.
- **Part Two** – Respondents were asked to consider if there were any omissions in the proposed *Standards of Proficiency* and, if so, explain their rationale and propose wording to rectify the omission.
- **Part Three** – Feedback on profession-specific *Criteria for Education and Training Programmes* (Criterion 1.1 and Criterion 2.2). Respondents were asked to consider both criteria and identify whether they considered them to be set at *threshold*, *partly threshold level* or *not threshold* for entry into practice. Respondents who indicated the criterion was either partly or not threshold were asked to provide a rationale to aid understanding of their response.
- **Part Four** – Respondents were asked to consider if there were any omissions in the proposed profession-specific *Criteria for Education and Training Programmes* and, if so, explain their rationale and propose wording to rectify the omission.
- **Part Five** – Respondents were provided with an opportunity to provide any additional feedback or comment to be considered by the Counsellors and Psychotherapists Registration Board.

Email responses received were in the form of free text and did not follow the same structure as the questionnaire. When analysing these submissions, feedback against relevant standards or criteria was extrapolated and included with the questionnaire feedback for those same standards and criteria, thereby ensuring all feedback received – regardless of the means of submission – was reviewed and considered by the Board.

Please note that in the feedback presented below, the quantitative score for each standard and criterion reflects the responses to the online questionnaire only.

What follows below is the considered response of the Registration Board to the feedback received against each of the standards and criteria. This response is captured in two forms:

- firstly, the noting of high-level themes that consistently emerged through the consultation feedback; and



- secondly, the Board's rationale for any amendments and/or additions made to the *Standards of Proficiency* and *Criteria for Education and Training Programmes*. This section details the response of the Board to both the qualitative and quantitative feedback received and what – if any – changes were made to the standard or criterion in light of this feedback.



High Level Thematic Issues emerging from Qualitative Feedback

In reviewing the feedback received from stakeholders, which was specifically identified as a response to both the proposed *Standards* and *Criteria* for psychotherapists only and more broadly to the *Standards* and *Criteria* for both professions, the Counsellors and Psychotherapists identified a number of overarching themes that emerged in the qualitative feedback received. These overarching, high-level thematic issues are identified below as a preface to the individual standard and criteria feedback that follows.

Issue One: Breadth and Variety of Perspectives

Across the consultation responses for both professions there emerged a variety of different perspectives that spanned views of the areas of practice for both professions or whether there were differences between both professions, oftentimes underpinned by viewing of the professions through the lens of different modalities of practice. Indeed, a frequent comment from respondents was a recognition that there was not a single viewpoint within and between the professions of counselling and psychotherapy. This fragmentation of opinion was borne out through the consultation responses.

While the Board recognised and acknowledged the differing opinions and perspectives presented by stakeholders, it agreed that its responsibility under the *Health and Social Care Professionals Act 2005 (as amended)* was to act on the direction set by the Minister for Health:

- firstly, to establish two distinct registers – one for counsellors and one for psychotherapists – that each have distinct and differentiated pre-registration education and training requirements for entry; and
- secondly, in setting these pre-registration education and training requirements, to ensure that they could be applied through various modalities of training/practice.

Issue Two: The Role of the *Standards of Proficiency*

Throughout the feedback received, respondents frequently identified that the draft *Standards of Proficiency* did not reflect the nature of their current practice as existing and experienced counsellors.

The Board emphasised in reviewing this feedback that the role of the *Standards of Proficiency* is to set the **threshold** knowledge and skills that an individual must have on **day one** of their practice in order to be safe and competent to enter into practice.

In setting these *threshold* knowledge and skills, the Board recognised that proficiency to practice a profession can be described on a continuum. The *threshold* represents the point on this **continuum** that is the minimum level of proficiency for safe and effective practice.

For every professional, their knowledge and skill evolve over time and will change through their experience, engagement in continuing professional development, additional post-qualifying training. This means that the *Standards of Proficiency* set by the Board may not fully reflect how an existing practitioner sees his or her current practice. This is because the *Standards* set only the knowledge and skills needed on **day one** for practice. They are not meant to wholly reflect the practice of existing practitioners. The *Standards* are used as a tool to determine readiness



for entry into practice. They do not define the knowledge or skills for existing practitioners.

Issue Three: The Role of the Criteria for Education and Training Programmes

There was also an understanding presented through the consultation feedback that appeared to consider both the *Standards* and *Criteria* as separate documents that worked in isolation. This was particularly evident in feedback around the regulatory requirements set in the *Criteria*.

As the Board reviewed the feedback provided and worked on rearticulating its *Standards* and *Criteria*, it reaffirmed the connectedness between both documents, particularly highlighting that the *Criteria* cannot be used without the *Standards*. It noted that it is the *Standards of Proficiency* that are used as the metric to determine eligibility for the registration of new graduates when registers are opened. Therefore, while the *Criteria* may state that a minimum number of practice placement hours might be required as part of an education and training programme, ultimately before a student qualifies from an education programme he or she must have demonstrated achievement of **all** the *Standards*, even if this requires more exposure to practice placement.

In addition, the Board noted that a significant volume of responses to the consultation were concerned that its pre-registration education and training requirements would be applied retrospectively to existing practitioners. As noted in the response above to Issue Two, the purpose of both the *Standards* and *Criteria* is to set the requirements for new entrants into the profession at the time the registers open. For existing practitioners, there is provision in the *Health and Social Care Professionals Act 2005 (as amended)* to make registration applications (when the register opens) through the grandparenting process, also known as the Section 91 registration pathway.

Issue Four: Impact on Different Modalities

A commonly identified theme that emerged through consultation responses was the reflection of specific modalities of training/practice in the *Standards of Proficiency*.

In articulating its *Standards*, the Board worked to write high-level, outcomes-focused standards that were concerned with the articulating the knowledge or skill a student must have achieved in order to practice as a ‘counsellor’ or ‘psychotherapist’ rather than as a ‘counsellor’ or ‘psychotherapist’ working through a specific modality.

This principle of ensuring that the requirements set were focused on the high-level outcome of learning as part of an education and training programme (the *what* of learning) rather than prescribing the means through which this learning must take place (the *how* of learning) guided the work of the Registration Board.

The Board concluded that this approach provided flexibility to education providers in the design of their education and training programmes (in that they can still design a programme through the lens of a particular modality), while also ensuring that there is a consistent standard set across all modalities of practice and ultimately providing the mechanism through which it is possible to protect the professional titles: ‘counsellor’ and ‘psychotherapist’.



Issue Five: Distinctions between counsellors and psychotherapists

Throughout the course of feedback, respondents raised concerns around the distinctions articulated in the draft *Standards of Proficiency* between the role of the counsellor and the role of the psychotherapist.

In considering these responses, the Board noted two key principles that guided its work in reviewing and revising its draft *Standards* for both professions:

- the designation of two distinct professions by the Minister for Health, each with its own register, requires that the Board establish distinct and separate *Standards* for entry to that register. It is not possible for a Board to use the same standards for entry onto different registers. Therefore, the Board is required to set distinct and separate *Standards* for counsellors and psychotherapists; and
- the *Standards of Proficiency*, as has been identified under Issue Two above, set the threshold requirements at the point of entry into practice – on day one – as either a counsellor or psychotherapist. They do not define the practice of a counsellor or psychotherapist after that point. All registered practitioners will be subject to a *Code of Professional Conduct and Ethics* that will require them to work within the scope of their knowledge, skills and competence. As such, the *Standards of Proficiency* should not be read through the lens of a current practitioners experience and practice but rather through the lens of a graduate entering in to practice on day one, recognising that his or her knowledge and skills will develop over the course of practice.

Issue Seven: Reading the *Standards* as a Holistic Document

Throughout the consultation feedback, oftentimes respondents identified in feedback against an individual standard that it did not capture all elements or components of an area of practice – for example, a standard concerning boundaries in a therapeutic relationship that did not specifically address the role of the practitioner within that therapeutic alliance was raised.

While the Board agreed that the role of the practitioner – and his or her personal involvement – within the therapeutic relationship was a vital element of safe professional practice, it highlighted that each standard should not be read in isolation. The Board noted where, in other standards, this skill was identified.

Therefore, the Board emphasised throughout its review process that each of the standards taken together articulate the *standard of proficiency* required of an individual seeking entry into practice.

Re-Sequencing of the *Standards of Proficiency for Psychotherapists*

In addition to the Board's consideration of the articulation of each individual standard, it also reviewed the sequencing of the standards with the aim of thematically organising the *Standards of Proficiency* document. To this end, the Board structured the profession-specific standards around five broad areas:

1. Foundational Knowledge and Skills for Psychotherapy Practice
2. The Psychotherapy Process



3. The Psychotherapy Relationship
4. Self-Reflexivity in the Psychotherapy Process
5. Other Key Proficiencies for Psychotherapy Practice

Where standards have been reviewed and rearticulated, there are a number of instances where they have been resequenced as well. This accounts for change of numbering identified in the rearticulated standards included in the table below.



Part One: Feedback on Profession-Specific Standards of Proficiency under Domain 5: Professional Knowledge and Skills

Standard 5.9: Be able to appraise the benefits, limitations and contradictions of differing psychotherapeutic approaches

Registration Board Response

The Board recognised that the majority of respondents to the questionnaire indicated their agreement that the standard, as drafted, was set at threshold for entry into practice, it also noted the qualitative feedback provided from respondents that raised a number of issues:

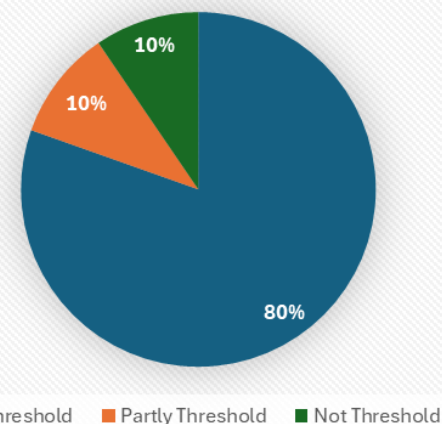
- clarity around there being a range of psychotherapy approaches referenced;
- perception of medicalised language; and
- the strength of analytical demand required in assessing these approaches.

To this end, in considering all the feedback provided, the Board agreed that the intended outcome of this standard was to ensure – at entry into practice – psychotherapists have the ability, at the commencement of a therapeutic relationship, to recognise the appropriate modality to address the presenting concern and, linked with a later standard, be able to apply this knowledge to determine service user suitability for the modality he or she offers.

The Board concluded that 'contraindications' was considered medicalised language and replaced it with 'suitability' and agreed with respondents that 'a range of' should replace 'differing'. Furthermore, there was detailed discussion around the phrase used to identify the 'psychotherapeutic approach'. International professional body standards – including the BACP and EAP – refer consistently to 'psychotherapeutic frameworks'. As such, it was agreed to replace 'approaches' with 'frameworks'.

Number of
Respondents:
n=189

Standard 5.9



The Board agreed the following rearticulation:

Standard 5.12: Know and critically appraise the benefits, limitations and suitability of a range of psychotherapeutic frameworks.



Standard 5.10: Be able to apply a chosen theoretical model to assess the service users' suitability for the type of therapy offered.

Registration Board Response

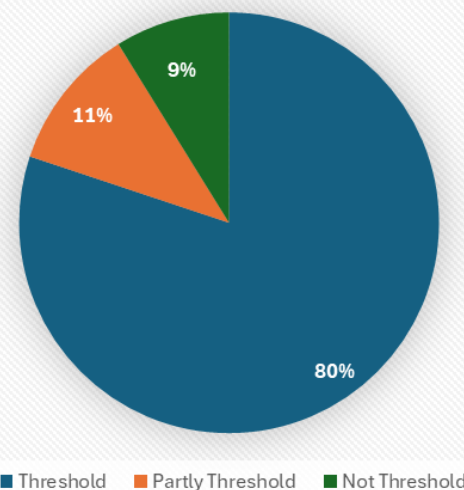
While the Board noted the significant majority of quantitative responses received against this standard indicated acceptance that it was set at threshold level for entry into practice, it also recognised the qualitative comments received that identified concerns with both the content of the standard (in particular, the role of the service user and 'readiness' for engagement) and its articulation (perception that only one model could be chosen and used as part of the assessment process and reference to 'model').

In reviewing the standards holistically, the Board agreed that this standard – as skills-based – built upon the immediately preceding knowledge-based standard concerning the range of different psychotherapeutic frameworks. It further noted that, although interrelated, there are two distinct skills captured in the original articulation of the standard. For this reason, the Board agreed to split this standard into two.

The first of these articulations strengthens the application of knowledge of psychotherapeutic framework(s) to practice and recognising feedback that emphasised the range of approaches that can be used as part of assessment, the qualifier has been added 'apply knowledge of at least one' to provide flexibility. As with the previous standard the term 'psychotherapeutic frameworks' has been used. The standard also uses the phrase 'in order to' to narrow its application in practice, to assist with assessing achievement of this proficiency. Finally, the distinctive character of psychotherapy practice – at entry into practice – is captured through the identification of the types of presentation a psychotherapist is trained to deal with at entry to practice, immediately following graduation. The Board agreed the following articulation:

Number of Respondents:
n=181

Standard 5.10



Standard 5.13: Apply knowledge of at least one psychotherapeutic framework in practice in order to assess the service user presentation, conceptualise and identify moderate to severe and complex psychological distress and develop an appropriate intervention(s).

The second standard focuses solely on the assessment of the suitability and readiness of the service user:

Standard 5.18: Be able to assess service user readiness and suitability for the intervention offered.



Standard 5.11: Be able to work therapeutically with a wide range of presenting issues of varying degrees of complexity and severity, and across a wide range of diagnoses in order to facilitate service user insight and long term change

Registration Board Response

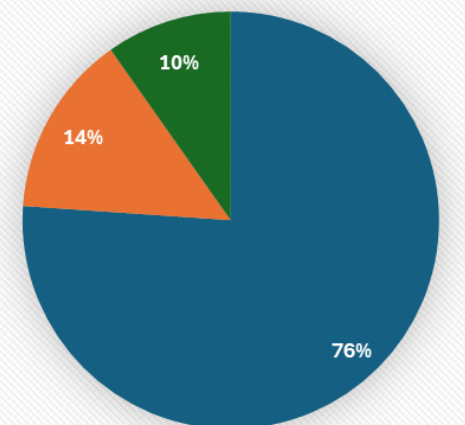
The Board acknowledged that the majority of respondents to the online questionnaire were of the opinion that the standard was set at threshold level for entry into practice. However, respondents also identified a number of concerns related to the clarity of the intended outcome of the standard, as drafted; in particular around the use of language.

In light of the feedback received, the Board sought to remove any potential ambiguity by revising the wording of the standard to clearly articulate the breadth of presentations a psychotherapist works with and the type of therapeutic work which is to work with service users to 'manage' psychological distress. Reflecting the complexity of psychotherapeutic presentations that a practitioner, at entry to practice, is expected to work with, 'co-occurring issues' have been explicitly identified. In using this terminology, the Board has replaced what was identified as ambiguous phraseology in the original draft: 'wide range of presenting issues', 'varying degrees of complexity and severity' and 'range of diagnoses'. The Board further agreed that this rearticulation would address concerns that the original standard was focused on 'issues' rather than 'individuals'.

In its rearticulated standard, the Board has used the phrase 'in order to' to narrow the scope of the standard for assessment purposes. The Board concluded that the end goal of psychotherapy is a level of insight in order to manage psychological distress. To the phrase 'insight', the Board added 'understanding of the personal context' to offer greater clarity as to what is meant by 'insight'. The Board removed the concept of 'long term change' as there were concerns around its assessability in the context of an education and training programme and the reality that 'change'

Number of
Respondents:
n=184

Standard 5.11



■ Threshold ■ Partly Threshold ■ Not Threshold

may not always be the 'end point' of a therapeutic engagement.

The Board agreed the following rearticulated standard:

Standard 5.9: Work therapeutically to manage moderate to severe and complex psychological distress – including the management of co-occurring psychological issues – in order to facilitate service user insight and understanding of the personal context of their psychological distress.



Standard 5.12: Be able to work therapeutically with a wide range of presenting issues of varying degrees of complexity and severity, and across a wide range of diagnoses in order to facilitate service user insight and long term change.

Registration Board Response

The Board noted the majority of respondents to the questionnaire were of the opinion that this standard was set at threshold for entry into practice. The Board noted, however, having reviewed the qualitative feedback from stakeholders that the original wording of the standard did not fully reflect the intention that underpinned it which had led to a level of ambiguity in its interpretation. As such, the Board agreed that the standard required some rearticulation.

The Board agreed that upon entry to the register, practitioners must be aware of policies and trends within the practice and delivery of the profession, recognising that they have a role as a health and social care professional within the system in which they work. This was particularly important, the Board concluded, in light of current developments in the mental health care nationally, including the Mental Health Strategy, *Sharing the Vision* and the continued implementation of *Sláintecare*.

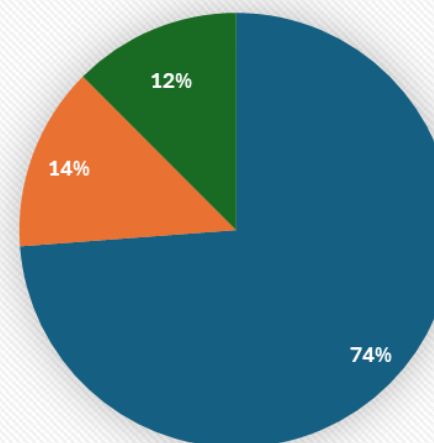
The Board further agreed that reference to 'development' and 'implementation' of policies at a national level – and indeed, at an international level – was beyond threshold for entry into practice.

The Board agreed the following revised wording for this standard:

Standard 5.37: Be able to critically appraise local and national guidelines and policies appropriate to the profession.

Number of
Respondents:
n=168

Standard 5.12



■ Threshold ■ Partly Threshold ■ Not Threshold



Standard 5.13: Be able to reflect on the impact of the service user's experience, be able to demonstrate an understanding of their feelings and emotions and communicate that understanding in a non-judgemental manner.

Registration Board Response

The Board recognised that majority of respondents to the questionnaire concluded that the standard, as drafted, was set at threshold for entry into practice. To this conclusion, the Board also considered the range of qualitative feedback provided that suggested, among some respondents, that the articulation of the standard could be amended to provide greater clarity.

Having reviewed the standard in the context of all the other standards, the Board confirmed that the intention underpinning this standard was that the practitioner, at entry to practice, has the skill to engage with the service user, recognising their experience – both past and present – and how this can impact on the therapeutic relationship over time.

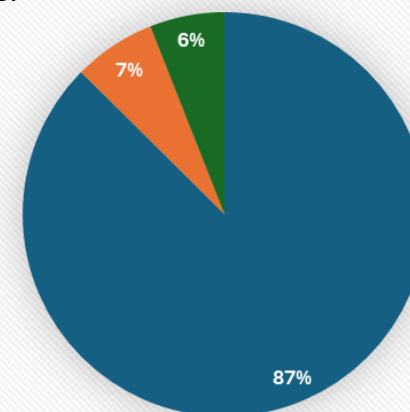
In confirming this intention, the Board took the decision to remove the reflective component included in the original articulation. It was agreed that this element of practice was a distinct skill that was more broadly applied than just in the context of this standard and was already captured under an existing standard (Standard 5.30).

The Board agreed the following re-wording of the standard:

Standard 5.22: Be able to demonstrate understanding of the service user's life experience and its evolving impact on their presentation and communicate this in a non-judgemental manner.

Number of
Respondents:
n=167

Standard 5.13



■ Threshold ■ Partly Threshold ■ Not Threshold



Standard 5.14: Be able to review the therapeutic process and progress with the service user, and make adjustments in collaboration with the service user.

Registration Board Response

The Board noted the majority of respondents considered that the standard, as drafted, was set at threshold for entry into practice.

Having reviewed the qualitative feedback provided, the Board agreed that the intended outcome was clear in the original articulation but that a number of amendments could be made to the language used to express this intent.

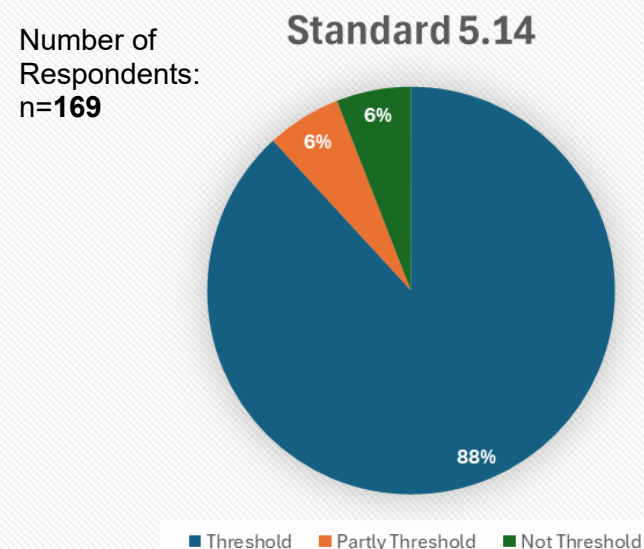
The Board used the phrase 'in order to' as the hinge of the standard allowing for a narrowing of the intended learning outcome for assessment purposes. The first part of the standard includes two significant changes:

- The verb 'review' is replaced with 'monitor and evaluate' as the Board concluded that the practice of reviewing could be interpreted as a 'one-off' activity that did not reflect the continuing nature of psychotherapy practice. The concept of 'monitoring' is added as this emphasises the importance of continually assessing the selected intervention(s) and changing as needed;
- The addition of 'development': the Board noted that while some psychotherapeutic engagement can result in progress, not all does. Therefore, development has been included.

The second part of the standard refers back to the agreed intervention(s), placing the action of monitoring and evaluating in this context. In addition, 'collaboration' is used to reflect the collaborative nature of a long-term therapeutic engagement.

The revised articulation of this standard agreed by the Board is:

Standard 5.19: Monitor and evaluate service user development and progress throughout the therapeutic process in order to modify – in collaboration with the service user – the agreed intervention(s)





Standard 5.15: Be able to identify and critically evaluate how psychosocial factors may affect both the service user and the therapeutic process, and manage these in the therapeutic relationship.

Registration Board Response

In noting that the majority of respondents were of the opinion that the standard was set at threshold for entry into practice, the Board also considered the range of qualitative feedback provided.

In so doing, the Board reaffirmed that the intended outcome of this standard was concerned with the psychotherapist's skill of recognising and evaluating the factors that impact on the service user and how these can, by extension, impact on the therapeutic relationship. The Board concluded that this standard was not concerned with the role of the practitioner within the therapeutic relationship – the main area of concern raised by respondents – highlighting that an existing standard (Standards 5.30 and 5.31) already addressed this skill.

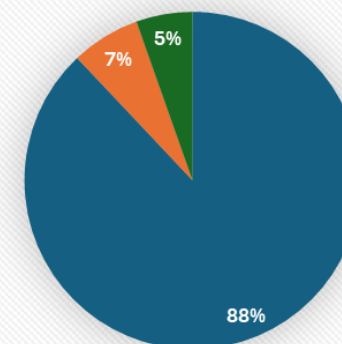
On the basis of feedback provided, the Board agreed that in addition to psychosocial factors, systemic factors – such as abuse, abusive systems, education, family structures, housing – can also impact the service user and the therapeutic relationship and should be included in the standard.

A further minor amendment was made to the standard by replacing the verb 'manage' with 'work with'. The Board concluded that the concept of managing could be interpreted as having a level of control or mastery over the psychosocial or systemic factors that can impact on a service user and the therapeutic relationship.

The Board agreed the following revised wording:

Number of
Respondents:
n=166

Standard 5.15



■ Threshold ■ Partly Threshold ■ Not Threshold

Standard 5.23: Be able to identify and critically evaluate how psychosocial and systemic factors may affect both the service user and the therapeutic process, and work with these in the therapeutic relationship.



Standard 5.16: Be able to critically appraise the theories of therapeutic relationships and be able to establish, build, maintain and conclude a long term therapeutic relationship in a safe and ethical manner.

Registration Board Response

The Board recognised that the majority of respondents to the online questionnaire were of the opinion that the standard, as written, was set at threshold for safe entry into psychotherapy practice. However, upon review of the qualitative feedback received and having considered the standard holistically in the context of all other standards, the Board agreed that a number of amendments were required to its articulation.

The Board noted that the knowledge-based component of the original articulation (critical appraisal of theories) was captured under the revised wording of Standard 5.12. Therefore, to avoid repetition, this component of the standard was removed.

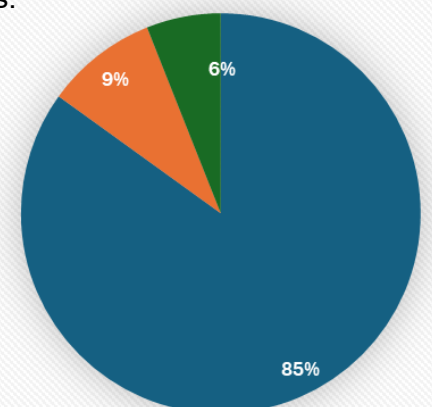
Reviewing the skills-based components of the standard, the Board agreed to divide the standard into two distinct skills requirements.

The first of these is concerned with the establishment and building of the therapeutic relationship. It includes the phrase 'within a chosen theoretical framework' to capture the practice of psychotherapy through modalities and the elements of professional and ethical boundaries in the originally drafted Standard 5.22.

For the second standard, the Board removed reference to 'maintain' as this suggested a static nature to a relationship and replaced it with 'sustain', taking into account the long-term, dynamic nature of psychotherapy. This standard focuses on the safe conclusion of a relationship and because of its open-ended nature, the evaluation of service user progress in this context. The phrase 'in order to' is used to connect the evaluative skills with the ending of the relationship. Within the ending of the relationship, two distinct skills are articulated with the use of the verbs: 'preparation' for the end of the relationship and the 'management' of it.

Number of
Respondents:
n=166

Standard 5.16



■ Threshold ■ Partly Threshold ■ Not Threshold

The Board's agreed revised standards are:

Standard 5.17: Be able to establish and build a therapeutic relationship with a service user, within a chosen theoretical framework, recognising and managing professional and ethical boundaries.

Standard 5.21: Be able to sustain a long-term therapeutic relationship that facilitates the exploration of complex psychological presentations, evaluating service user development and progress, in order to appropriately prepare the service user for and manage, safely and ethically, the conclusion of the therapeutic relationship.



Standard 5.17: Be able to use psychotherapeutic skills to build therapeutic relationships including the ability to demonstrate active listening skills.

Registration Board Response

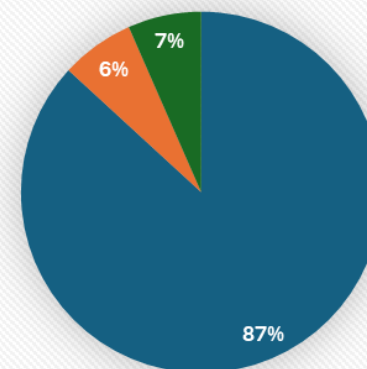
While the majority of the respondents to this question in the online questionnaire considered this standard as set at threshold level for entry into practice, the Board reviewed the standard in the context of its previously reviewed standards.

The Board concluded that the skill outcome of this standard, as originally intended, is now assessed in the previous now redrafted standard (Standard 5.17). Furthermore, the 'psychotherapeutic skills' needed to be demonstrated in order to build up a therapeutic relationship do not need to be explicitly articulated in the standard. The Board noted that in order to successfully build a therapeutic relationship – and, therefore, demonstrate the skill articulated in this standard – a practitioner must have demonstrated application of the psychotherapeutic skills to achieve this.

The retention of this standard was deemed by the Board to be repetitious and, as such, it agreed to delete this standard, recognising that the skill it references is captured under a different standard.

Number of
Respondents:
n=167

Standard 5.17



■ Threshold ■ Partly Threshold ■ Not Threshold



Standard 5.18: Be able to contract and re-contract with the service user during the therapeutic relationship, ensuring the therapeutic goals and each person's expectations and responsibilities are clear to all parties involved.

Registration Board Response

The Board noted that the majority of respondents considered that the standard, as drafted, was set at threshold for safe entry into practice.

While the Board noted the qualitative commentary submitted by stakeholders, it concluded that the skill of contracting and re-contracting over the course of a longer-term therapeutic relationship was not modality specific, but an essential part of psychotherapeutic practice.

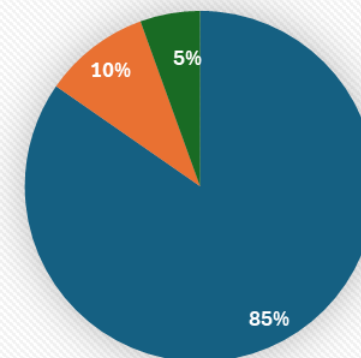
In reaffirming this, the Board recognised other concerns raised in the feedback around the changing dynamics of a relationship, particularly around challenges and ruptures. To this end, it added in the phrase, 'including repairing ruptures'. The Board also made a number of smaller amendments to the articulation, consistent with other decisions taken around rearticulation that responded to stakeholder feedback. 'Goals' was replaced with 'aims' and the final phrase – 'all parties involved' – was removed.

In noting the other elements of feedback received concerning reflection on the changing dynamics in a therapeutic relationship and the role of the service user, the Board, following detailed discussion, identified that these skill areas were already covered through existing standards and emphasised the importance of reading the standards holistically.

The agreed revised wording for this standard is:

Number of
Respondents:
n=163

Standard 5.18



■ Threshold ■ Partly Threshold ■ Not Threshold

Standard 5.20: Be able to contract and re-contract, including repairing ruptures, with the service user during the therapeutic relationship, ensuring the therapeutic aims and each person's expectations and responsibilities are clear.



Standard 5.19: Be able to write concise, accurate and relevant reports which articulate and justify professional decisions made

Registration Board Response

Although the Board acknowledged that the majority of quantitative responses identified this standard as set at threshold for safe entry into practice, it also noted the extent and consistency of the feedback that raised concerns around the use of 'reports' as expressed in the originally drafted standard.

Following discussion, the Board agreed that the psychotherapists do not tend to provide reports but rather they use notes (as a record of the therapeutic session) and records (broader client documents). As such, the Board agreed to replace 'reports' with 'notes and records'.

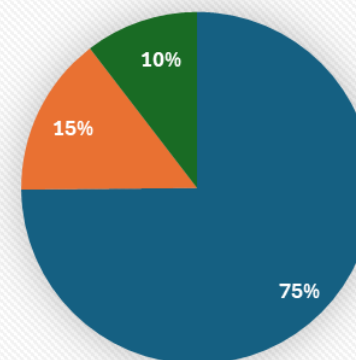
In discussing the remaining articulation of the standard, the Board concluded that a distinguishing characteristic of psychotherapy practice is the development of formulations. It made the decision that, in addition to 'professional decisions made', a psychotherapist's notes and records would be used to articulate and justify the formulation developed to engage with the service user. Therefore, formulation is included in the revised articulation.

The Board agreed the following wording:

Standard 5.36: Be able to write concise, accurate and relevant notes and records which articulate and justify professional formulations and decisions made.

Number of
Respondents:
n=163

Standard 5.19



■ Threshold ■ Partly Threshold ■ Not Threshold



Standard 5.20: Be able to reflect on and critically analyse the factors that influence therapeutic boundaries and the dynamics of the therapeutic relationship between the psychotherapist and service user

Registration Board Response

The Board noted the high level of support received from respondents of the questionnaire for this standard.

In reviewing the feedback – particularly around the suggestion that the active development of professional boundaries should be articulated – the Board emphasised the importance of reading the standards holistically and highlighted that this concept is already addressed in a number of already existing standards, including Standard 5.17 that concerns the establishment and building of a therapeutic relationship and managing, through this, professional and ethical boundaries.

The Board discussed feedback that highlighted the proposed wording that includes the qualifier of the therapeutic relationship being between the practitioner and a service user as potentially restrictive. It agreed to delete the final phrase of the original wording recognising that a therapeutic relationship is not always a single relationship but can involve multiple people, including through group work.

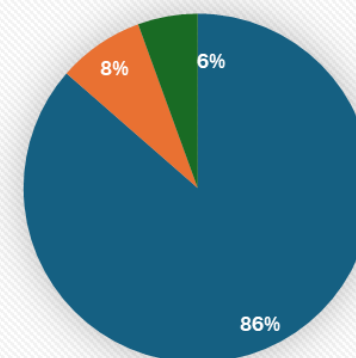
Finally, the Board concluded that boundaries and relationship were inherently connected and should be retained together as a single standard.

The Board's revised standard now reads:

Standard 5.30: Be able to reflect on and critically analyse the factors that influence therapeutic boundaries and the dynamics of the therapeutic relationship.

Number of
Respondents:
n=162

Standard 5.20



■ Threshold ■ Partly Threshold ■ Not Threshold



Standard 5.21: Be able to recognise personal emotional responses, vicarious trauma and the need to develop effective self-care strategies and burnout prevention

Registration Board Response

The Board noted that on the basis of quantitative feedback the majority of respondents were of the opinion that the standard was set at threshold level for entry into practice.

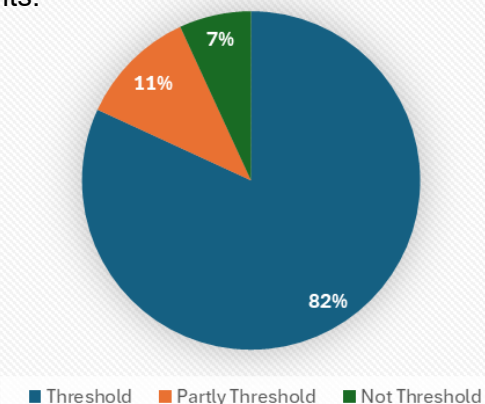
In reviewing the qualitative feedback received, the Board concluded that the standard was essential for all psychotherapists and applied equally to practitioners regardless of the modality of their training and/or practice. It also concluded that while both elements could be separated out into single standards, they were connected elements and as they were articulated they were not joined together in a causal relationship.

As part of this review of the standard's articulation, the Board considered what was required for safe practice and what was required for assessment as part of an education and training programme. It concluded that the threshold skill required was more than simply a recognition of personal emotional responses, but an ability to deal with and manage these types of emotional responses. Therefore, the Board included the verb 'manage' to its rearticulated standard:

Standard 5.29: Be able to recognise and manage personal emotional responses, vicarious trauma and the need to develop effective self-care strategies and burnout prevention.

Number of
Respondents:
n=160

Standard 5.21





Standard 5.22: Be able to maintain professional and ethical boundaries with service users and be able to identify and manage any associated challenges

Registration Board Response

The Board acknowledged that the majority of respondents considered the standard to be set at threshold level. Noting the qualitative feedback received, particularly around reference to supervision, the Board emphasised, as it highlighted in its high-level thematic analysis above, the reading of the standards holistically (recognising the already existing standards drafted around the understanding the use of clinical supervision) and the clarification provided around the role and function of the *Standards* as setting the threshold level knowledge and skills for entry into practice.

As identified above against Standard 5.16, the Board combined this originally drafted standard with the newly articulated standard around establishing and building therapeutic relationships.

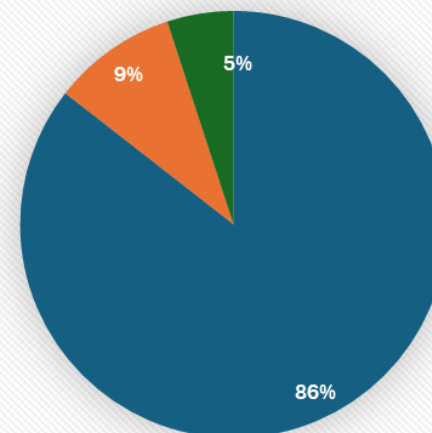
In its original draft, the Board noted this standard combined the areas of *professional and ethical boundaries* with *managing challenges*, through the word **associated**. Therefore, in its original intention, 'challenges' were bound with professional and ethical boundaries.

The Board concluded that, as a skill, demonstration of the ability to maintain professional and ethical boundaries inherent carries with it the management of any challenges presented. As such, it was satisfied that this skill area – challenges connected with boundaries – was captured under the ability to maintain professional and ethical boundaries.

As the skill required in this standard was articulated under Standard 5.16, the Board agreed to delete this standard.

Number of
Respondents:
n=159

Standard 5.22



■ Threshold ■ Partly Threshold ■ Not Threshold



Standard 5.23: Be able to practise therapy that is within psychotherapist's level of skill, knowledge and professional judgement

Registration Board Response

While the Board noted the level of support from respondents for this standard, as originally articulated, it also considered the intended skills-based outcome of this standard. It agreed that the standard was drafted to ensure that a practitioner, at entry to the register, knows the parameters of their practice and how they can safely practice within their scope of the knowledge and skills.

When the Board considered this standard in the context of already existing standards, it noted the following two Framework standards:

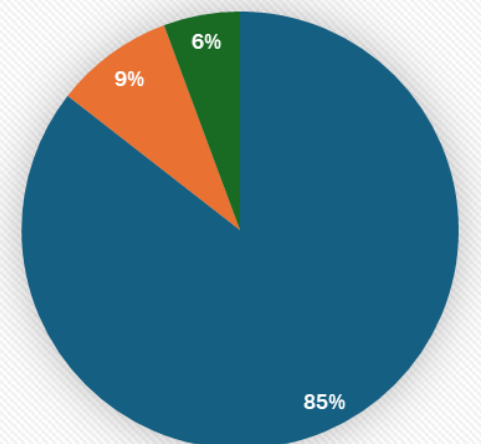
Standard 1.1: Be able to practise safely and ethically within the legal, ethical and practice boundaries of the profession

Standard 1.2: Be able to identify the limits of their practice and know when to seek advice and additional expertise or refer to another professional

In light of these existing Framework standards, the Board concluded that the additional standard in Domain 5 was repetitious in terms of its intended outcome and agreed that it should be deleted.

Number of
Respondents:
n=159

Standard 5.23



■ Threshold ■ Partly Threshold ■ Not Threshold



Standard 5.24: Be able to critically reflect on conscious and unconscious dynamics in the therapeutic process and be able to manage their personal involvement in, and contribution to, the process of psychotherapy

Registration Board Response

The Board noted that the majority of respondents to the online questionnaire considered this standard was set at threshold level.

In reviewing the qualitative feedback received, the Board emphasised the original language of the articulated standard, highlighting that it refers to the conscious and unconscious dynamics in the therapeutic relationship, recognising that the therapeutic *relationship* comprises both the practitioner and service user(s). It also emphasised the use of both verbs of 'reflect' and 'manage' highlighting that the skill expected from this standard was not a reflective one but an active skill around recognising and managing how the outcome of this reflection is used within the therapeutic process.

As part of its consideration of this standard, the Board concluded that the standard was equally applicable across the range of psychotherapeutic modalities.

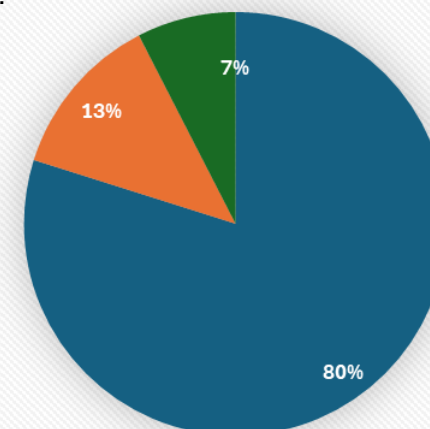
The Board agreed small changes to the articulation of this standard:

- inclusion of 'presence of' before 'unconscious' to recognise that it is not possible to reflect on something that is currently within the 'unconscious'; something must be brought into the conscious in order to critically reflect on it; and
- the removal of the second 'be able to' for greater clarity of articulation.

The Board approved the following wording of this standard:

Number of
Respondents:
n=159

Standard 5.24



■ Threshold ■ Partly Threshold ■ Not Threshold

Standard 5.31: Be able to critically reflect on the presence of conscious and unconscious dynamics in the therapeutic process and manage personal involvement in, and contribution to, the process of psychotherapy.



Standard 5.25: Be able to critically reflect on conscious and unconscious dynamics in supervision and be able to manage their personal involvement in, and contribution to, the process of supervision

Registration Board Response

While the Board noted that, quantitatively, the majority of respondents to the consultation were of the opinion that the standard was set at threshold for entry into practice, it also noted that much of the same qualitative feedback that was presented against the previous standard was also submitted against this standard. To this end, the same conclusions reached by the Board around the applicability of the standard across modalities and the additional phrase 'presence of' prefacing 'unconscious' were applied.

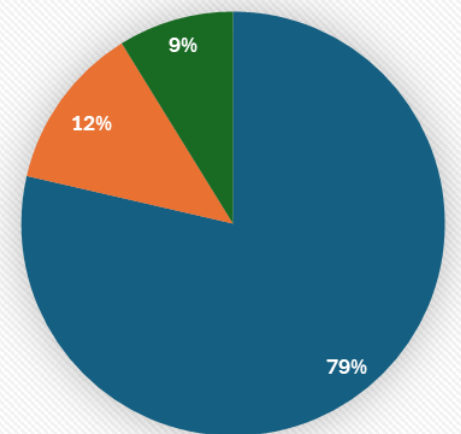
In addition, the Board recognised that respondents suggested that supervision, in the context of this standard, should specifically reference 'clinical supervision'. Following discussion, the Board agreed that clinical supervision should be referenced in the standard that concerned reflection on the presence of conscious and unconscious dynamics.

On the basis of these conclusions, the Board agreed the following amended wording for this standard:

Standard 5.33: Be able to critically reflect on the presence of conscious and unconscious dynamics in clinical supervision and manage personal involvement in, and contribution to, the process of clinical supervision.

Number of
Respondents:
n=159

Standard 5.25



■ Threshold ■ Partly Threshold ■ Not Threshold



Standard 5.26: Be able to articulate the parameters and value of clinical supervision and demonstrate the ability to utilise supervision to assist in practice review and in areas for development

Registration Board Response

The Board acknowledged that the majority of respondents were satisfied that the standard, as articulated, was set at threshold level for entry into practice.

However, in reviewing the accompanying qualitative feedback, the Board noted that there was a level of ambiguity regarding the interpretation of the intended application of the standard that appeared to be generated by the use of both clinical supervision and supervision in the standard.

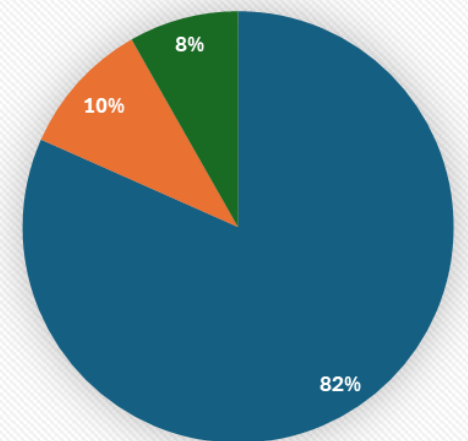
In reviewing the standard, its articulation and original intended outcome, the Board concluded that there were two distinct outcomes required:

- a knowledge-based requirement around the value and parameters of clinical supervision; and
- a skills-based standard that applies a broader understanding of supervision beyond that of clinical supervision, recognising that there are a range of supervisory processes that can assist in practice development.

Examining the skills-based outcome of the second element, the Board concluded that this was already captured in existing standards, including under Domain 4. It was agreed that the addition of this element of the standard would be repetitious and, as such, it was removed. The knowledge-based component was retained with amended wording to emphasise the need for critical reflection (higher order thinking skills) on the role of clinical supervision for practice, rather than the original wording of simply articulating parameters and values of clinical supervision.

Number of
Respondents:
n=158

Standard 5.26



■ Threshold ■ Partly Threshold ■ Not Threshold

The revised standard now reads:

Standard 5.32: Be able to critically reflect on the necessity of engaging in clinical supervision to support, sustain and improve practice.

Standard 5.27: Be able to demonstrate skill in the technologies and communication methods required for the delivery of therapy in a virtual setting, and be able to apply these therapeutically and safely while protecting service user privacy and confidentiality

Registration Board Response

While the Board noted that, quantitatively, the majority of respondents were of the opinion that the standard was set at threshold for entry into practice, it recognised that much of the qualitative response concerned the perception that this standard would be applied to existing practitioners. As noted in its high level thematic analysis above, the Board emphasised that its *Standards* will apply to new graduates at the time the register opens.

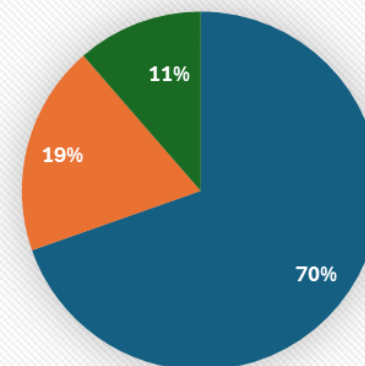
The Board also considered the perspective presented that this area of practice was not at threshold but should be a requirement for CPD. In the first instance, the Board highlighted that under the provisions of the *Health and Social Care Professionals Act 2005 (as amended)* it does not have legislative authority to set post-registration training requirements. Furthermore, it discussed the current provision of therapeutic services and the reality that upon entry to the Psychotherapists Register, registered practitioners are considered autonomous practitioners who will have the opportunity to work across a range of settings, including setting up a private practice.

Given the increased use of technology and digital platforms for the delivery of psychotherapy, the Board agreed that this standard was threshold requirement for entry into practice.

The Board agreed a minor amendment to the articulation of the standard, removing the additional 'be able to'. The revised standard is now articulated as follows:

Number of
Respondents:
n=158

Standard 5.27



■ Threshold ■ Partly Threshold ■ Not Threshold

Standard 5.34: Be able to demonstrate skill in the technologies and communication methods required for the delivery of therapy in a virtual setting and apply these therapeutically and safely while protecting service user privacy and confidentiality.



Standard 5.28: Be able to identify, distinguish and critically evaluate the level and impact of trauma on psychological functioning, and be able to work therapeutically with service users who have experienced trauma

Registration Board Response

The Board recognised that the majority of respondents to the online questionnaire were of the opinion that the standard, as originally drafted, was set at threshold level for entry into practice. In reviewing the qualitative submissions, however, the Board noted a range of concerns raised around the proposed articulation, in particular concern around the narrowness of application to psychological functioning and the perception that reference was only to historical trauma experiences.

The Board acknowledged these concerns and made a number of significant changes to the articulation of the standard:

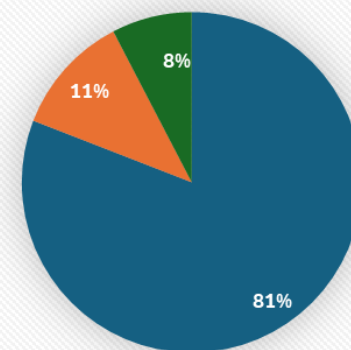
- Revision of the verbs used at the start of the standard and replacement with 'identify and distinguish between *presentations of trauma*', thereby placing the experience of trauma as both historical and present, recognising that service users can present with experience of traumatic 'events' as well as developmental or cumulative trauma;
- The removal of 'psychological functioning' and replacement with 'its impact' offering greater flexibility in application across different modalities;
- The phrase 'in order to' has been included as a bridging conjunction between the presentations of trauma and the working with service users offering a clear application of the standard for assessment purposes.

On the basis of these changes, the Board's agreed rearticulated standard reads:

Standard 5.26: Be able to identify and distinguish between presentations of trauma and evaluate its impact in order to work therapeutically with service users.

Number of
Respondents:
n=157

Standard 5.28



■ Threshold ■ Partly Threshold ■ Not Threshold



Standard 5.29: Be able to identify potential risk for suicide, self- harm or harm to others and implement early management, supporting the immediate safety of the service user, and make referrals for additional treatment

Registration Board Response

While the Board noted the level of quantitative support for the standard as proposed during the consultation process, it also reviewed the qualitative feedback received, noting a number of concerns identified by respondents around the role of a psychotherapist to continue working with a service user, along with feedback suggesting that primacy of a service user's decision in such circumstances.

In considering these comments, the Board agreed that it was a threshold requirement, at entry into practice, for a psychotherapist to be able to identify potential risk of a service user to self or to others. It noted that not only was a practitioner required to identify such instances, but he or she must also have the ability to evaluate in order to determine the next course of action. For this reason, the Board added the verb 'evaluate'.

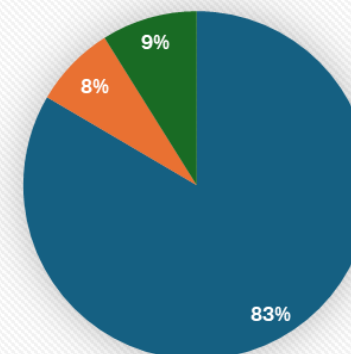
The Board replaced the term 'early management' with 'implementation of a safety plan', adopting commonly used language in practice that recognises the continued role the psychotherapist can play as part of the plan to support the service user, noting that therapeutic engagement can continue (if appropriate) where there is a plan in place to manage the presenting risk.

Additionally, the Board removed reference to 'referral onwards' and, connected with the concept of implementing a safety plan, replaced it with 'escalate as appropriate', identifying that further treatment may not be the only step required.

The Board approved the following rewording of this standard:

Number of
Respondents:
n=157

Standard 5.29



■ Threshold ■ Partly Threshold ■ Not Threshold

Standard 5.28: Be able to identify and evaluate potential risk of suicide, harm to self or others, implement a safety plan to support the service user and others and escalate as appropriate.



Standard 5.30: Be able to demonstrate knowledge of crisis intervention and prevention and be able to work with people in crisis for improved outcomes

Registration Board Response

The Board noted the strong level of support for the articulation of this standard conveyed in the quantitative feedback provided by stakeholders. In reviewing the qualitative commentary submitted, it noted a range of concerns raised by respondents around the clarity of what was meant by 'crisis intervention', understood by some as a specific model or type of intervention beyond psychotherapeutic practice.

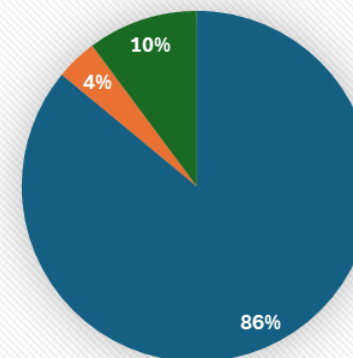
The Board returned to its original intention in drafting this standard and agreed that the standard was concerned with practitioners having the skills to be able to recognise and manage working with service users presenting in a state of crisis. It was acknowledged by the Board that this was a specific presentation circumstance that would impact on the nature of the therapeutic engagement. To this end, and to remove any ambiguity around the intended skill to be assessed, the Board agreed to remove 'intervention and prevention' and replace it with 'presentations'. In addition, it replaced 'in crisis' with 'experiencing crisis' to reflect the nature of the work and engagement of psychotherapists – i.e. about the service user's experience of the crisis rather than managing the crisis itself.

Furthermore, the Board considered the original wording of the standard that required working 'for improved outcomes'. The Board agreed that this requirement was both challenging to assess as part of an education and training programme and beyond threshold for entry into practice. It was agreed to remove this phrase from the revised standard. The Board agreed the following wording:

Standard 5.27: Be able to demonstrate knowledge of crisis presentations and be able to work therapeutically with people experiencing crisis.

Number of
Respondents:
n=157

Standard 5.30



■ Threshold ■ Partly Threshold ■ Not Threshold



Standard 5.31: Have a critical awareness of the need for organisation and resource management for practice

Registration Board Response

The Board noted that the majority of respondents to the online questionnaire were of the opinion that the standard was set at threshold for entry into practice. Nevertheless, the Board also noted that there were some qualitative responses to the standard that raised concerns around clarity of intended meaning as some respondents suggested that the standard was referring to clinical practice organisation and management as opposed to the management and organisation of an individual practitioner's practice.

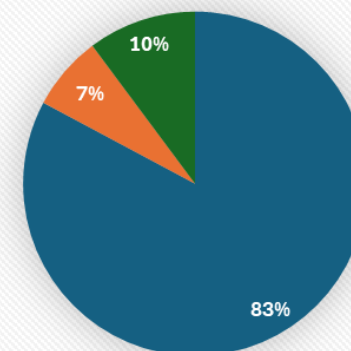
In light of this concern, the Board agreed to address some areas of the articulation of the standard in order to explicitly highlight that its intended outcome applied to a range of practice settings and was concerned with the practical administrative management of daily practice, including activities such as diary management and telephone management.

The Board agreed the following amended wording:

Standard 5.35: Have a critical awareness of the need for organisation and resource management in a variety of settings, including private practice.

Number of
Respondents:
n=**157**

Standard 5.31



■ Threshold ■ Partly Threshold ■ Not Threshold



Standard 5.32: Be able to demonstrate an understanding of the impact of pharmacological use and history on psychological functioning and recognise potential implications for service users

Registration Board Response

While the Board recognised the quantitative responses to this standard suggesting a strong level of support for the standard as originally articulated, it weighed this against the qualitative feedback from a number of respondents that expressed the opinion that the standard was beyond the threshold practice of a psychotherapist, concerned – principally – that it required practitioners to have the knowledge of prescription and non-prescription drugs associated with a medical doctor and that it would require psychotherapists to have prescribing rights.

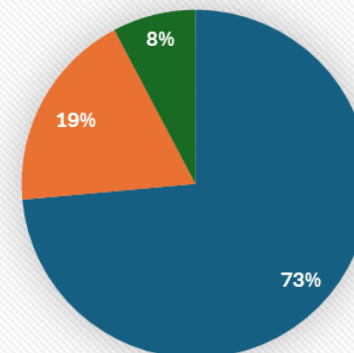
Having reviewed all the feedback, the Board affirmed two key points:

- the intention of the standard is not that psychotherapists have a medical knowledge of medications or were involved in prescribing medications; and
- the intention of the standard was that, at entry into profession, practitioners must have knowledge that medications can have an impact on a service user presentation and that this must be factored into the assessment of the service user. The Board affirmed that this was an essential component of an education and training programme.

The Board agreed to revise the wording of the standard, clarifying its intention, by removing the phrase ‘demonstrate an understanding’, thereby making this a knowledge-based standard. To this, the revised articulation includes ‘impact’ of pharmacological use to emphasise that there can be a direct, knowable impact from some drug use and ‘implications’, highlighting that there can be a variance depending on individual service users that practitioners should acknowledge when undertaking assessments.

Number of
Respondents:
n=155

Standard 5.32



■ Threshold ■ Partly Threshold ■ Not Threshold

The Board agreed the following revised wording:

Standard 5.12: Be able to understand the impact and implications of pharmacological use on service users.



New Standards drafted Post Consultation

Throughout the course of feedback provided by stakeholders against the individual standards noted above, there were comments – not included as part of the omissions section below – suggesting potential gaps in the Board’s proposed draft *Standards of Proficiency*. In particular, the Board noted there was a consistent level of feedback, across both consultation processes for both counsellors and psychotherapists, suggesting that there was greater scope, within setting the threshold knowledge and skills for entry into practice, to more clearly articulate the differences – at entry into practice – between both professions.

On the basis of this feedback, the Counsellors and Psychotherapists Registration Board introduced an additional standard. This standard, along with the Board’s rationale for its articulation, is included in the table below.

Post-Consultation New Standard	Registration Board Rationale
Standard 5.10 Know and be able to recognise in service user presentations the continuum of mental wellbeing from mild to severe and complex psychological distress in order to identify service user suitability for the therapeutic intervention(s) offered	<p>Having reviewed all of the standards collectively, the Board agreed that it was essential that a standard be articulated that identified the range and breadth of service user presentations a practitioner, upon first entry into practice, should be able to work with. This was deemed by the Board to be at the very foundation of knowledge needed for safe practice and essential for public protection.</p> <p>This standard is comprised of two parts linked together with the phrase ‘in order to’. The standard starts with the knowledge component being able to identify service user presentations on the continuum from mild to severe and complex. The ‘in order to’ then narrows the application of this knowledge for the purposes of assessment. With the knowledge acquired, a practitioner must be able to demonstrate that he or she has the skill to apply this in the assessment of the service user to determine whether the proposed therapeutic intervention is suitable.</p>



Possible Omissions from *Standards of Proficiency*

Respondents to the public consultation were asked to consider if there were any possible omissions in the *Standards of Proficiency for Psychotherapists* that the Registration Board should consider. 62.71% (n=74) of respondents commented that there were no omissions, while 37.29% (n=44) identified some areas of omission for consideration. The following table identifies the areas noted through the consultation process and the Board's response to these.

It is important to note that this list includes both the omissions identified by respondents as part of Question 52 in the online questionnaire, to which the quantitative figures noted above correspond, **and** the gaps or errors identified throughout the qualitative feedback from stakeholders.

Possible Omission Area	Registration Board Response
Diagnostic Framework	<p>Throughout the course of qualitative feedback received, some respondents considered that reference should be made in the <i>Standards</i> to the diagnostic frameworks that psychotherapists can work with.</p> <p>The Board discussed this issue extensively and affirmed that while psychotherapists do not diagnose as part of their practice – and therefore are not expected to apply any type of diagnostic framework as part a diagnostic process – they do work with service users who can have received a diagnosis. In such circumstances, the Board concluded it was important for a practitioner to have knowledge of these frameworks to aid conceptualisation of presentations and inform their intervention approach to identify an approach to best suit the service user.</p> <p>To this end, the Board identified that the two frameworks used in Ireland that psychotherapists should have <i>knowledge</i> of were: DSM and ICD.</p> <p>The Board agreed to set an additional standard to capture this threshold requirement:</p> <p>Standard 5.15: Be able to have awareness of DSM/ICD diagnostic frameworks in the context of a service user's mental health and psychotherapy.</p>



Possible Omission Area	Registration Board Response
<p>Professional Boundaries</p>	<p>As the Board discussed feedback from some respondents that suggested that the issue of power dynamics, authority and professional boundaries was not addressed in the profession-specific standards in Domain 5, it noted that while it had prepared a discrete standard for counsellors, it had joined this element to an existing Framework standard in Domain 2, Standard 2.12.</p> <p>The Board agreed that this area of power dynamics and authority in a therapeutic relationship should be explicitly articulated as a standard in Domain 5 and, as such, it adopted the wording it approved for use in the counselling standards and amended Standard 2.12 to ensure there was no duplication of skill requirement across the standards.</p> <p>The Board's additional standard is:</p> <p>Standard 5.24: Be able to recognise and manage the dynamics of power and authority as experienced in the therapeutic relationship.</p> <p>It's revised Standard 2.12 now reads:</p> <p>Standard 2.12: Understand the need to work in partnership with service users, their relatives/carers and other professionals in planning and evaluating goals, treatments and interventions.</p>
<p>Recognition of Life Experiences and the impact on delivery of therapy/Use of the self in practice</p>	<p>Some respondents to the consultation suggested that there should be greater specificity within the standards in respect of self-reflexivity, noting in particular that a standard should specifically articulate family history and family experiences.</p> <p>The Board, in its discussion around this area of perceived omission, noted that standards are set at an outputs level and therefore do not include detailed,</p>



Possible Omission Area	Registration Board Response
	<p>prescriptive list of issues or areas that should be covered. Instead, the emphasis is placed on what the higher-level knowledge or skills-based outcome, of what the graduate should be able to do on entry into practice. Regulatory standards do not prescribe or list what specific areas or elements of knowledge or skill contribute to the achievement of the knowledge or skill; just the specific outcome knowledge or skill itself.</p> <p>Other respondents noted that the area of self-reflexivity and reflection on the practitioner's role in the therapeutic process should be articulated in the standards. The Board noted the following standards that address the specific area of omission identified:</p> <p>Standard 5.29: Be able to recognise and manage personal emotional responses, vicarious trauma and the need to develop effective self-care strategies and burnout prevention</p> <p>Standard 5.31: Be able to critically reflect on the presence of conscious and unconscious dynamics in the therapeutic process and manage personal involvement in, and contribution to, the process of psychotherapy</p> <p>Standard 5.33: Be able to critically reflect on the presence of conscious and unconscious dynamics in clinical supervision and manage personal involvement in, and contribution to, the process of clinical supervision</p> <p>The Board noted that these standards are all concerned with the 'self' of the practitioner in the therapeutic relationship. For example, in recognising personal and emotional reactions or personal involvement in the therapeutic process, this can be the recognition of a range of elements: family history, past experiences, personal relationship breakdown.</p>



Possible Omission Area	Registration Board Response
	<p>On the basis of this rationale, the Board concluded that no additional standard was required.</p>
Commitment to engage in CPD	<p>The Board noted that respondents to the consultation were concerned around commitments to CPD and how these were captured in the draft Standards. Throughout its discussions, the Board emphasised that the standards set the threshold level knowledge, skills and professional behaviours for entry into the register. To this end, the Framework Standards include:</p> <p>Standard 4.2: Understand the need to demonstrate evidence of ongoing continuing professional development and education, be aware of professional regulation requirements and understand the benefits of continuing professional development to professional practice</p> <p>Standard 4.3: Be able to evaluate and reflect critically on own professional practice to identify learning and development needs; be able to select appropriate learning activities to achieve professional development goals and be able to integrate new knowledge and skills into professional practice</p> <p>Furthermore, the Board highlighted that the standards do not set post-qualifying standards of practice for registrants. Requirements for registrants – including around commitments to CPD – will be addressed through the <i>Code of Professional Conduct and Ethics</i> that will be set in advance of the opening of the register (and will be subject to a public stakeholder consultation).</p> <p>On the basis of this rationale, the Board concluded that no additional standard was required.</p>



Possible Omission Area	Registration Board Response
Application of Psychotherapy Frameworks in Practice, implement personalised plans and refer onwards	<p>Feedback suggested the inclusion of a standard that focused on the application of psychotherapeutic frameworks to assess presentations, formulate and implement personalised plans for intervention.</p> <p>Having reviewed the feedback, the Board concluded that the standards – when taken collectively – articulate the required profession-specific theoretical knowledge a practitioner must demonstrate at entry into practice. In particular, the Board considered the following standards as addressing the proposed omission:</p> <p>Standard 5.9: Work therapeutically to manage moderate to severe and complex psychological distress – including the management of co-occurring psychological issues – in order to facilitate service user insight and understanding of the personal context of their psychological distress</p> <p>Standard 5.10: Know and be able to recognise in service user presentations the continuum of mental wellbeing from mild to severe and complex psychological distress in order to identify service user suitability for the therapeutic intervention(s) offered</p> <p>Standard 5.11: Be able to apply knowledge of the different stages of human development and recognise and evaluate their impact on psychological functioning in service user presentations</p> <p>Standard 5.12: Know and critically appraise the benefits, limitations and suitability of a range of psychotherapeutic frameworks</p> <p>Standard 5.13: Apply knowledge of at least one psychotherapeutic framework in practice in order to assess the service user presentation, conceptualise and identify</p>



Possible Omission Area	Registration Board Response
	<p>moderate to severe and complex psychological distress and develop an appropriate intervention(s)</p> <p>Standard 5.14: Critically analyse, appraise and evaluate psychotherapy and other relevant contemporary research in order to assist with the development and modification of intervention(s)</p> <p>Standard 5.36: Be able to write concise, accurate and relevant notes and records which articulate and justify professional formulations and decisions made</p> <p>In particular the Board noted that feedback suggested that the proposed additional standard should refer to 'specialist knowledge', 'advanced judgement' and 'responding to new and novel circumstances'. The Board concluded that this language was not reflective of the threshold level knowledge and skills required for entry into practice.</p> <p>On the basis of this rationale, the Board concluded that no additional standard was required.</p>
Delivery of Therapy in Ambiguous/Challenging Circumstances	<p>Feedback raised concern that the standards did not address the areas of management of ambiguous or challenging contexts with service users.</p> <p>In light of this feedback, the Board reviewed its revised <i>Standards of Proficiency</i> and identified the following standards:</p> <p>Standard 5.17: Be able to establish and build a therapeutic relationship with a service user, within a chosen theoretical framework, recognising and managing professional and ethical boundaries</p>



Possible Omission Area	Registration Board Response
	<p>Standard 5.19: Monitor and evaluate service user development and progress throughout the therapeutic process in order to modify – in collaboration with the service user – the agreed intervention(s)</p> <p>Standard 5.20: Be able to contract and re-contract, including repairing ruptures, with the service user during the therapeutic relationship, ensuring the therapeutic aims and each person's expectations and responsibilities are clear</p> <p>Standard 5.21: Be able to sustain a long-term therapeutic relationship that facilitates the exploration of complex psychological presentations, evaluating service user development and progress, in order to appropriately prepare the service user for and manage, safely and ethically, the conclusion of the therapeutic relationship</p> <p>Standard 5.23: Be able to identify and critically evaluate how psychosocial and systemic factors may affect both the service user and the therapeutic process, and work with these in the therapeutic relationship</p> <p>Standard 5.30: Be able to reflect on and critically analyse the factors that influence therapeutic boundaries and the dynamics of the therapeutic relationship</p> <p>The Board concluded that its standards cover the breadth of environments within which psychotherapists work at entry into practice. The articulation of the standards, as noted above, reflects a high level outcomes based approach. Therefore, the Board concluded, it does not prescribe the types of environments or circumstances than an individual must experience but rather the overarching outcome skill required for safe psychotherapy practice: being able to safely and ethically establish, build, maintain and conclude a therapeutic relationship.</p>



Possible Omission Area	Registration Board Response
	<p>Furthermore, the Board noted that the feedback stretches the definition of an 'uncertain situation' beyond that found within a therapeutic relationship to an organisational one. To this end, the Board noted the following standard:</p> <p>Standard 5.35: Have a critical awareness of the need for organisation and resource management in a variety of settings, including private practice</p> <p>On the basis of this rationale, the Board concluded that no additional standard was required.</p>
Equality, Diversity and Inclusion and Cultural Sensitivities	<p>Some feedback suggested that there should be greater emphasis on equality and recognition of diversity in the service user populations psychotherapists will engage with.</p> <p>In reviewing the feedback received in relation to Equality, Diversity and Inclusion, the Board highlighted the range of already existing standards contained in the Framework Standards:</p> <p>Standard 1.5: Respect and uphold the rights, dignity and autonomy of every service user including their role in the diagnostic, therapeutic and social care process</p> <p>Standard 1.8: Recognise the importance of practising in a non-discriminatory, culturally sensitive way and acknowledge and respect the differences in beliefs and cultural practices of individuals or groups</p> <p>Standard 2.2: Be able to modify and adapt communication methods and styles, including verbal and non-verbal methods to suit the individual service users considering issues of language, culture, beliefs and health and/or social care needs</p>



Possible Omission Area	Registration Board Response
	<p>Standard 2.12: Be able to modify and adapt communication methods and styles, including verbal and non-verbal methods to suit the individual service users considering issues of language, culture, beliefs and health and/or social care needs</p> <p>However, in light of the feedback received against individual standards, in addition to the comments identifying an omission and the consistent feedback presented across both the counsellors and psychotherapists consultation processes, the Board has set an additional profession-specific standard that refers explicitly to the range of intersecting psychological factors that service users can present with and the ability to work in an inclusive and sensitive manner.</p> <p>Standard 5.25: Be able to identify and apply knowledge of intersecting psychological factors – including diversity – in service user presentations, recognising their impact on well-being, and work in an inclusive, sensitive and non-discriminatory manner</p> <p>In addition, the Board noted that many of the standards, in their application, require skills around inclusion and equality to be at the centre of the therapeutic engagement:</p> <p>Standard 5.22: Be able to demonstrate understanding of the service user's life experience and its evolving impact on their presentation and communicate this in a non-judgemental manner</p> <p>Standard 5.23: Be able to demonstrate understanding of the service user's life experience and its evolving impact on their presentation and communicate this in a non-judgemental manner</p>
Knowledge of Development across the Lifespan	Respondents to the consultation identified that there was an omission in terms of reference to understanding the different stages of human developmental and



Possible Omission Area	Registration Board Response
	<p>consideration of the impact of these when working with service users and presentations.</p> <p>The Board discussed this issue extensively and agreed that it was a foundational element of knowledge that practitioners needed, at entry into practice of the profession. It concluded that it was essential at threshold practice as the understanding of the different stages of lifespan development can have an impact on the therapeutic process and approach to engaging with a service user.</p> <p>To this end, the Board agreed to set the following knowledge based standard:</p> <p>Standard 5.11: Be able to apply knowledge of the different stages of human development and recognise and evaluate their impact on psychological functioning in service user presentations.</p>
Conducting Research	<p>Feedback from some stakeholders suggested that, at entry into practice, psychotherapists should be engaged in clinical research and, in some instances, have their research findings disseminated.</p> <p>The Board considered this specific identification of an omission and concluded that this involvement in research-based activity, within an academic context for the purposes of peer-reviewed dissemination, was beyond threshold for entry into practice.</p> <p>Nevertheless, as part of the Board's discussions, it agreed that the ability to demonstrate research skills – identifying appropriate sources, reviewing, evaluating, setting research questions, developing a theoretical and methodological framework and justifying findings on the basis of evidence – with the goal of applying these</p>



Possible Omission Area	Registration Board Response
	<p>skills towards decision making of an approach to working with a service user was a key skill that was required at entry to the register.</p> <p>On the basis of this discussion, the Board agreed to include the following skills-based standard:</p> <p>Standard 5.14: Critically analyse, appraise and evaluate psychotherapy and other relevant contemporary research in order to assist with the development and modification of intervention(s)</p>
Multidisciplinary Team Work	<p>One respondent suggested that more specific standards were required around the role of the psychotherapist as part of a multidisciplinary team.</p> <p>Having reviewed the Framework Standards of Proficiency, the Board concluded that there were sufficient requirements in place around work in multidisciplinary practice:</p> <p>Standard 2.12: Understand the need to work in partnership with service users, their relatives/carers and other professionals in planning and evaluating goals, treatments and interventions and be aware of the concepts of power and authority in relationships with service users</p> <p>Standard 2.13: Understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team</p> <p>Standard 2.14: Understand the role and impact of effective interdisciplinary team working in meeting service user needs and be able to effectively contribute to decision-making within a team setting</p>



Possible Omission Area	Registration Board Response
	<p>Standard 2.15: Understand the role of relationships with professional colleagues and other workers in service delivery and the need to create professional relationships based on mutual respect and trust</p> <p>While the Board agreed that this was an important area that was required at entry into practice, it was satisfied that it was appropriately addressed and concluded that no additional standard was required.</p>
Working with the service user in the therapeutic relationship	<p>A number of respondents to the consultation emphasised the ‘client-led’ nature of psychotherapy practice and the role of collaboration.</p> <p>In the first instance, the Board noted that one respondent was concerned around the reference to working with teams and relatives as it was their opinion that the work of psychotherapy only involved a service user. The Board explained during the course of its discussions the range of circumstances where it is essential that a practitioner has the skills to work with others associated with the care of an individual. It also noted that the standards referred to were Framework standards and not subject to amendment.</p> <p>Having reviewed the feedback received in the context of the profession-specific draft standards, the Borad noted the following standards that identify the issue of collaborative working with a service user in the therapeutic relationship:</p> <p>Standard 5.17: Be able to establish and build a therapeutic relationship with a service user, within a chosen theoretical framework, recognising and managing professional and ethical boundaries</p>



Possible Omission Area	Registration Board Response
	<p>Standard 5.19: Monitor and evaluate service user development and progress throughout the therapeutic process in order to modify – in collaboration with the service user – the agreed intervention(s)</p> <p>Standard 5.20: Be able to contract and re-contract, including repairing ruptures, with the service user during the therapeutic relationship, ensuring the therapeutic aims and each person’s expectations and responsibilities are clear</p> <p>Standard 5.21: Be able to sustain a long-term therapeutic relationship that facilitates the exploration of complex psychological presentations, evaluating service user development and progress, in order to appropriately prepare the service user for and manage, safely and ethically, the conclusion of the therapeutic relationship</p> <p>Standard 5.22: Be able to demonstrate understanding of the service user’s life experience and its evolving impact on their presentation and communicate this in a non-judgemental manner</p> <p>The Board also highlighted that it is important to consider both the outcome of the standard and how it is articulated. While the standard may not explicitly state working with a service user, the question should be asked whether it is possible for the intended outcome of the standards to be delivered without this type of collaborative practice. It is for this reason why consideration of the intended outcome – and the clarity of this for users of the standards – was prioritised in the original drafting and post-consultation review process.</p> <p>On the basis of this rationale, the Board concluded that no additional standard was required.</p>



Possible Omission Area	Registration Board Response
Defining 'assessment' in the context of practice	<p>Some feedback raised concerns around the use of 'assessment' in the draft standards and the perception of the adoption of a medicalised model that was requiring psychotherapists to diagnose service users.</p> <p>The Board, in discussing this feedback, explained that there is a distinction between the use of assessment as a verb – as a general practice of receiving information and assessing and analysing its content – and as a noun, in the sense of specific psychological practice of undertaking an assessment.</p> <p>Across the profession-specific standards, where assessment has been used, it is applied as a verb, rather than a noun.</p> <p>On the basis of this rationale, the Board concluded that no additional standard was required.</p>
Recognition of the limits of competence	<p>There was a suggestion in the feedback provided that the psychotherapy standards should include reference to the recognition of the limits of competence and referring onwards to another professional where appropriate.</p> <p>The Board highlighted the following standards:</p> <p>Standard 1.1: Be able to practise safely and effectively within the legal, ethical and practice boundaries of the profession</p> <p>Standard 1.2: Be able to identify the limits of their practice and know when to seek advice and additional expertise or refer to another professional</p>



Possible Omission Area	Registration Board Response
	<p>On the basis of this rationale, the Board concluded that no additional standard was required as this identified of omission was sufficiently addressed in existing standards.</p>
Knowledge of legislation around mental health and involuntary hospitalisation	<p>The Board highlighted that in setting regulatory standards – particularly when focusing on an outcomes and articulated the area of knowledge or skill a graduate must demonstrate – it is not possible to define specifically how a skill should be demonstrated (i.e. detailed the inputs) as this is: (a) not how learning outcomes are typically articulated in higher education and (b) it is never possible to capture comprehensively all inputs when a list is drawn up.</p> <p>This understanding was particularly relevant when considering the request to include specific reference to law around mental health and involuntary hospitalisation.</p> <p>The Board, having reflected on this identified area of omission, concluded that the current standards were articulated at an appropriate level to be able to reflect the knowledge that practitioners should have around such legislation:</p> <p>Standard 1.1: Be able to practise safely and effectively within the legal, ethical and practice boundaries of the profession</p> <p>Standard 5.37: Be able to critically appraise local and national guidelines and policies appropriate to the profession</p> <p>On the basis of this rationale, the Board concluded that no additional standard was required as this identified of omission was sufficiently addressed in existing standards.</p>



Possible Omission Area	Registration Board Response
Knowledge of abuse and abusive systems	<p>A number of respondents to the consultation suggested explicit reference to defining and recognising abuse and abusive systems.</p> <p>The Board considered this issue in detail and concluded that while it is not possible, as has been articulated around other issues (e.g. legislation above, or neurodiversity below) to specifically list out one component of a broader issue for inclusion in a standard, the identification of abusive systems in this feedback highlights the impact that systemic factors can have on service users and presentations.</p> <p>As such, in response to this, the Board amended Standard 5.23 to include reference to systemic factors as well as psychosocial factors as having an impact on service users and the therapeutic process.</p> <p>The rearticulated standard, agreed by the Board, now reads:</p> <p>Standard 5.23: Be able to identify and critically evaluate how psychosocial and systemic factors may affect both the service user and the therapeutic process, and work with these in the therapeutic relationship</p>
Neurodiversity	<p>The Board acknowledged the feedback presented and the case made for the inclusion of neurodiversity specifically in the standards. The Board, however, concluded that it was not possible to only identify one potential presentation characteristic of service users and it would not be possible to comprehensively articulate all potential presentation characteristics.</p> <p>As such, the Board concluded that the already existing standards which captures the requirements around identifying and respecting intersecting psychological factors and practising in a non-discriminatory manner sufficiently addressed the concerns raised by the respondent:</p>



Possible Omission Area	Registration Board Response
	<p>Standard 1.5: Respect and uphold the rights, dignity and autonomy of every service user including their role in the diagnostic, therapeutic and social care process</p> <p>Standard 1.8: Recognise the importance of practising in a non-discriminatory, culturally sensitive way and acknowledge and respect the differences in beliefs and cultural practices of individuals or groups</p> <p>Standard 2.2: Be able to modify and adapt communication methods and styles, including verbal and non-verbal methods to suit the individual service users considering issues of language, culture, beliefs and health and/or social care needs</p> <p>Standard 5.25: Be able to identify and apply knowledge of intersecting psychological factors – including diversity – in service user presentations, recognising their impact on well-being, and work in an inclusive, sensitive and non-discriminatory manner</p> <p>On the basis of this rationale, the Board concluded that no additional standard was required as this identified of omission was sufficiently addressed in existing standards.</p>

The Board noted that, in addition to the above areas, comments were submitted in relation to the following areas:

- The use of ‘service user’ rather than ‘client’
- The registration process
- The decision of the Department of Health to introduce statutory regulation for two distinct professions – counsellor and psychotherapist
- Issues related to grandparenting, the application of proposed standards to existing practitioners and potential implications for registration
- The articulation of Framework Standards of Proficiency

While these issues were identified as omissions, they lie outside the scope of this consultation process and do not relate to the Board’s *Standards*



of Proficiency for Psychotherapists.

Part Two: Feedback on Profession-Specific *Criteria for Education and Training Programmes*

Criterion 1.1: The minimum level of qualification for entry to the register is Level 8 on the National Framework of Qualifications (NFQ)



Registration Board Response

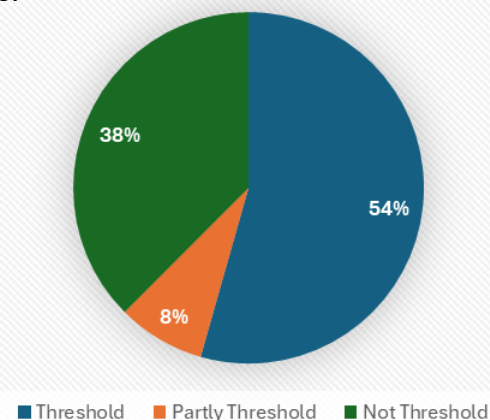
The Board noted the range of feedback provided from stakeholders alongside the quantitative feedback from the questionnaire that indicated a small majority of respondents were of the opinion that Level 8 was the threshold qualification level for entry to the Psychotherapists Register.

Reviewing the qualitative feedback, the Board noted that – in the main – respondents identified that the level of qualification was historically, and should be retained, as the key differentiation between counselling and psychotherapy practice in Ireland. The Board emphasised that under the provisions of the *Health and Social Care Professionals Act 2005 (as amended)*, it is responsible for setting the threshold knowledge and skills required for entry into practice and this threshold becomes that metric against which new graduates in Ireland and internationally qualified practitioners are able to enter onto the register. Therefore, within a regulatory context, the *Standards* are the principal differentiating tool, not the level of qualification. The threshold level of qualification as set in the *Criteria* is determined on the basis of the content of the *Standards*.

To this end, the Board noted it had made a number of significant changes to its *Standards* and as such, it undertook a two stage process to reassess the threshold level of qualification. The Board reviewed: (a) the knowledge and skills articulated in the revised *Standards* considering the content of each requirement in order to determine the level of proficiency and demand of knowledge and/or skill required to deliver on the standard and (b) the determining the holistic level of demand required by the *Standards* by mapping this against the National Framework of Qualifications Level Descriptors that set the broad indicators of knowledge, skill and competence required for attainment of a qualification at each level of the National Framework of Qualifications in Ireland.

Number of
Respondents:
n=136

Criterion 1.1



Having completed this work, the Board concluded that application of knowledge, skills and competency descriptors for NFQ Level 9 aligned with and directly reflected the level of demand identified in the *Standards*. Specifically, the Board highlighted the descriptors identified at Level 9 around the range and selectivity of skills required for practice, along with the context of practice and the depth of insight required of working with complex and severe psychological distress as capturing and reflecting the threshold requirements set at the entry point into practice.

Criterion 2.2: The programme must ensure that each student completes 500 hours of practice placement.



Registration Board Response

The Board noted the quantitative feedback received from stakeholders indicated that there was a majority support for its proposed minimum practice placement hours. However, through the course of qualitative feedback provided, the Board recognised that the majority of feedback raised concerns around the perceived high level of placement hours, their viability given the nature of practice and the challenges presented to service provision.

In light of the breadth of issues raised, the Board in addition to reviewing the feedback received, discussed and explored the current nature and practice of service delivery in Ireland, the current provision of practice education in education and training programmes and, in particular, the current varied arrangements in place around the assessment of student achievement of competency during practice education experiences.

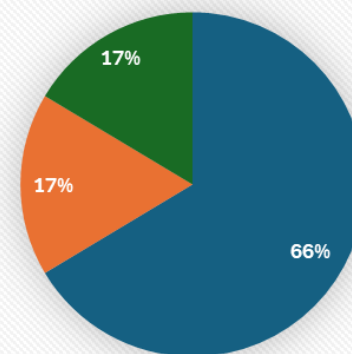
In drafting its proposal, the Board envisaged that the minimum number of placement hours encompassed both direct service user engagement and other elements of practice education (e.g. research, preparation for sessions or assessment portfolios). Feedback, however, suggested there was general confusion around this and took the decision to replace 'hours of practice placement' with 'direct therapeutic engagement with service users' to ensure greater clarity of the requirement.

With regard to the minimum number of hours then in 'therapeutic engagement with service users', the Board reviewed the existing arrangements set by professional bodies, recognising the inclusion of both pre-accreditation and post-accreditation hours. The Board agreed that the depth of professional skills and exposure to the range of presentations required more practice placement hours than currently in place. It also recognised that the *Criteria* must detail the minimum number of hours within which a student could achieve all the *Standards*.

Criterion 2.2: Of the 450 hours of practice placement a student must complete, 350 hours must be supervised service user contact experience.

Number of
Respondents:
n=128

Criterion 2.2



■ Threshold ■ Partly Threshold ■ Not Threshold

The Board concluded that the current combined training and post-qualifying requirements were beyond threshold.

Following a detailed review of its *Standards of Proficiency for Psychotherapists*, its consideration of the current structure of practice education hours and feedback provided, the Board agreed that the minimum number of hours in therapeutic engagement with service users for delivery of the *Standards* should be set at 200 hours.

This revised element of the criterion was articulated as: ***The programme must ensure that each student completes a minimum of 200 hours in direct therapeutic engagement with service users during practice placements.***



Registration Board Response

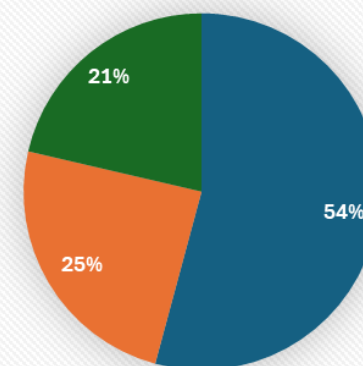
The Board noted that while a majority of respondents had identified in the questionnaire they were satisfied that this element of the criterion was set at threshold for entry into practice, there continued to be extensive qualitative commentary that suggested a level of confusion around what the requirement was seeking.

In light of the decision taken by the Board around the replacement of 'hours of practice placement' with 'direct therapeutic engagement with service users', the Board agreed that the original articulation of this element of the criterion (differentiating between placement hours and supervised service user contact) was no longer required.

The Board agreed to delete this element from the articulation of Criterion 2.2.

Number of
Respondents:
n=131

Criterion 2.2



■ Threshold ■ Partly Threshold ■ Not Threshold

Criterion 2.2: Of the 300 hours of supervised service user contact experience, 100 hours must be directly observed service user contact.



Registration Board Response

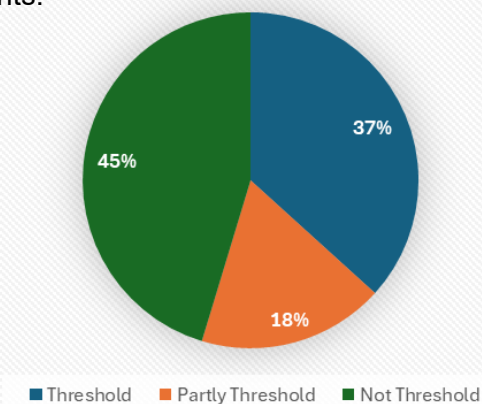
In reviewing the quantitative feedback provided, the Board also considered the detailed qualitative feedback provided by respondents that raised a range of concerns around the meaning of 'direct observation', how this was envisaged to be undertaken and the potential challenges for placement providers and education providers around the volume of 'observed' hours.

In considering this feedback, the Board reaffirmed its fundamental principle that achievement of the practice-based components of the *Standards of Proficiency* required a robust assessment methodology to provide regulatory assurance of competence for entry into practice. In particular, the Board noted, as evidenced through the feedback received, inconsistency in the oversight and quality assurance of placement assessment, with a heavy reliance on the use of self-reporting and recording of hours completed.

Looking at the principal concern around clarity, the Board agreed to replace the phrase 'direct observation' and reorienting this component of the criterion around assessment. The verb 'assessment' is used to explicitly draw the relationship between the task (assessment) and its purpose (achievement of the *Standards*). In addition, the phrase 'using direct and/or indirect observational methodologies' was agreed by the Board, providing education providers with the flexibility to select from possible assessment methodologies (thus removing the perception that the intention was for additional presence in the therapeutic relationship) that involved either synchronous (e.g. two-way windows) or asynchronous assessment (e.g. transcription). The revised articulation also makes explicit reference to the 'practice education team' emphasising that assessment of proficiency is determined by both the placement supervisor and a tutor from the education provider.

Number of
Respondents:
n=128

Criterion 2.2



Recognising the varied assessment methodologies available take difference forms, noting in particular that indirect methodologies (i.e. transcription) are labour intensive to produce something to be assessed, the Board agreed that the minimum hours for assessment should be set to facilitate all types of assessment methodology.

In balancing these considerations, the Board agreed that this element of the criterion should be rearticulated to read: ***A minimum of 60 hours of the 200 hours must be assessed by members of the practice education team using direct and/or indirect observational methodologies.***



Respondents to the public consultation were asked to consider if there were any possible omissions in the *Criteria for Education and Training Programmes for Psychotherapists* that the Registration Board should consider.

44.34% (n=47) of respondents commented that there were no omissions, while 55.66% (n=59) identified some areas of omission for consideration. The following table identifies the areas noted through the consultation process and the Board's response to these. The following table identifies the areas noted through the consultation process and the Board's response to these.

It is important to note that this list includes both the omissions identified by respondents as part of Question 64 in the online questionnaire, to which the quantitative figures noted above correspond, **and** the gaps or errors identified throughout the qualitative feedback from stakeholders.

Possible Omission Area	Registration Board Response
Personal/Group Therapy	<p>While an issue that extended beyond the profession-specific criteria that the Board sets in its <i>Criteria</i>, the Board spent considerable time discussing the issue of personal/group therapy.</p> <p>The Board noted the extensive feedback provided by respondents to the consultation and recognised that for many practitioners personal therapy is a valuable tool and, for many, an essential part of their practice.</p> <p>However, following detailed discussions, the Board affirmed that its primary regulatory focus in setting its <i>Criteria for Education and Training Programmes</i> was to ensure that all graduates meet the <i>Standards of Proficiency</i>, which outline the knowledge and skills required to ensure public protection at the point of entry to the register. Therefore, any requirements set in the <i>Criteria</i> must be directly linked to achieving the <i>Standards of Proficiency</i>.</p> <p>Underpinning decisions around the setting of the <i>Criteria</i> was the recognition that education providers have the necessary systems and mechanisms in place to demonstrate that students graduating from the programme have met the <i>Standards of Proficiency</i>. Indeed, the Board concluded that it was not the role of the <i>Criteria</i> to specify how particular standards</p>



Possible Omission Area	Registration Board Response
	<p>are to be achieved or assessed. Each education provider must have the flexibility to design their curriculum in a way that best suits their approach to teaching, and they are free to choose the most appropriate assessment strategy and methods.</p> <p>In terms of assessment of the <i>Standards of Proficiency</i>, the Board agreed that personal therapy is one method used, among others, to assess whether a student has developed the threshold skills of self-reflexivity specific to counselling practice. It is not the regulator's role to prescribe the specific method an education provider uses.</p> <p>From a regulatory perspective, the Board concluded that personal therapy should not be viewed as an end in itself, but as a means to enhance the practitioner's self-awareness and understanding of their role in the therapeutic process. This deeper understanding ultimately contributes to the safety and well-being of the service user. The proficiencies linked to these outcomes are reflected in the Board's <i>Standards of Proficiency</i>, ensuring that practitioners possess the necessary skills for safe practice.</p> <p>Standard 5.29: Be able to recognise and manage personal emotional responses, vicarious trauma and the need to develop effective self-care strategies and burnout prevention</p> <p>Standard 5.30: Be able to reflect on and critically analyse the factors that influence therapeutic boundaries and the dynamics of the therapeutic relationship</p> <p>Standard 5.31: Be able to critically reflect on the presence of conscious and unconscious dynamics in the therapeutic process and manage personal involvement in, and contribution to, the process of psychotherapy</p> <p>The Board concluded that while the skills of self-reflexivity and management of the self in a therapeutic relationship are set as threshold standards for entry into practice, the Board</p>



Possible Omission Area	Registration Board Response
	<p>cannot determine or set the method used to assess achievement of these skills. As such, the setting of personal therapy hours is beyond the regulatory scope.</p> <p>In making this decision, the Board emphasised that in the design of education and training programmes, education providers can determine whether or not to use personal therapy as an assessment tool.</p>
Clinical Supervision	<p>The Board noted that throughout the feedback received there was some confusion around the role of placement supervision on a regulated programme and clinical supervision that currently exists for – and is used by both – students in training and existing practitioners.</p> <p>The Board affirmed the role of practice education on a regulated programme as an essential aspect of pre-registration education and training, offering students the opportunity to engage in professional practice in a safe and managed environment. Practice education serves two key objectives:</p> <ul style="list-style-type: none">• Public Protection: by allowing students to practice at a level appropriate to their training, they can bridge the gap between theory and practice. This ensures that the future workforce meets high standards, ultimately enhancing the quality of care provided to service users.• Opportunity to demonstrate achievement of the <i>Standards</i>: practice education provides students with the hands-on experience needed to develop the necessary skills and knowledge to practice effectively and safely. <p>It is for these reasons that placement supervision is an essential component of an education and training programme. It involves a practitioner being responsible for the support, training, learning and development of the student. This ensures that the student progressively develops their proficiency, meets the required standards of proficiency and safeguards the well-being of service users they engage with. This responsibility can only be effectively carried out by a professional who is present in the placement setting.</p>



Possible Omission Area	Registration Board Response
	<p>However, the Board emphasised in its discussions that placement supervision is not clinical supervision.</p> <p>Clinical supervision is understood and practised in the psychotherapy profession as a formal process of professionally facilitated reflection on clinical practice and experience that contributes to individual development. In the context of practice placement arrangements, as they are currently delivered in education and training programmes for the professions of counselling and psychotherapy, clinical supervision is a relationship established by a student with a clinical supervisor outside of the practice environment the student is practising in.</p> <p>While the Board's <i>Standards of Proficiency</i> for Psychotherapists requires that students have the skills to be able to engage in clinical supervision as part of their practice upon entry onto the register, its <i>Criteria</i> does not stipulate any requirements around clinical supervision. Rather, the <i>Criteria</i> requires that students are supervised during the course of their practice placement <i>on-site</i>. Fundamentally, <i>on-site supervision</i> combines the intended purpose of clinical supervision – reflection on and learning from practice experience – with the purpose of practice education – the assessment of a student's proficiency.</p> <p>The Board, recognising the regulatory parameters of its <i>Criteria</i> as directly linked with the achievement of the <i>Standards</i>, agreed that it was beyond its remit to stipulate clinical supervision hours. Its remit was in ensuring that there was appropriate placement supervision for students during their practice education.</p>
Qualification of Supervisors/Training of Supervisors	In reviewing the feedback that suggested that the Board should stipulate training for supervisors in its <i>Criteria for Education and Training Programmes</i> , it noted that this identified area extended beyond the profession-specific criteria that it has responsibility for setting.



Possible Omission Area	Registration Board Response
	<p>Throughout the course of discussion, the Board concluded that the responsibility for ensuring the suitability and training of placement supervisors lay with education providers; it was not the responsibility of the regulator. To this end, the <i>Criteria</i> requires:</p> <p>2.17: The education provider will make regular support and training available to the practice education team to develop their practice education skills.</p> <p>2.18: All stakeholders must be informed about practice education assessments, their link to the standards of proficiency and the marking criteria used. The practice education team must have access to assessment tools and be trained in completing these assessments and providing feedback during the placement.</p> <p>In addition, all those involved in assessment must have the requisite knowledge, skills and experience to undertake this role:</p> <p>4.4: All staff involved in the programme delivery and assessment of students must possess relevant qualifications, expertise and knowledge for the subject matter they teach.</p> <p>4.5: Those responsible for delivery and assessment of the core professional elements of the programme must be registered with the appropriate registration board.</p> <p>Upon review of these requirements, the Board was satisfied that there were robust regulatory mechanisms in place to ensure that education providers had appropriate oversight of placement supervisors.</p>
Reference to Case Managers rather than Supervisors	<p>The Board noted that some respondents suggested that the role of placement supervisor – as used on a regulated education and training programme – should be replaced with a ‘case manager’ who would not be of the profession.</p>



Possible Omission Area	Registration Board Response
	<p>The Board stressed in its discussions that the role of on-site placement supervision is to ensure that the student has access to a practitioner of the profession the student is training in to provide appropriate guidance, support and training. This guidance, support and training are directly related to the student's professional development of the threshold skills and knowledge required to practice the profession safely and the associated assessment of the student's progressive achievement of the standards of proficiency.</p> <p>This pivotal role can only be undertaken by a member of the profession. The Board concluded that the proposal presented around 'case managers' does not meet the regulatory standard required to provide assurance that a student, during the course of his or her placement experience, has demonstrated achievement of the standards.</p>
Role of Online Delivery of Services	<p>While the Board acknowledged, as the respondents suggested, that there was an increased use of online platforms for the delivery of psychotherapy services, there is no specific articulation of placement venues included in its <i>Criteria</i>.</p> <p>The Board agreed that there is flexibility within the <i>Criteria</i> for education providers to identify appropriate placement sites that will allow for the translation of theory into practice and the student's achievement of the standards:</p> <p>2.4: The education provider will have a set of requirements for the selection of practice placements to ensure quality learning experiences for students that reflect the normal context and environment of practice. The education provider will work in partnership with the practice placement provider and have written agreements in place that clearly set out the responsibilities of all parties in ensuring that the placement supports the achievement of the standards of proficiency.</p> <p>The Board agreed that it was not appropriate to specifically single out one potential environment for the delivery of counselling services. In noting this, the Board concluded that</p>



Possible Omission Area	Registration Board Response
	<p>its <i>Standards of Proficiency</i> ensure that graduates of education and training programmes have the necessary skills to be able to deliver therapeutic interventions in the digital space:</p> <p>Standard 5.36: Be able to demonstrate skill in the technologies and communication methods required for the delivery of counselling in a virtual setting and apply these therapeutically and safely while protecting service user privacy and confidentiality.</p>
Group Observation	<p>In reviewing the feedback that suggested that group supervision requirements should be stipulated in the <i>Criteria for Education and Training Programmes</i>, the Board noted that this identified area extended beyond the profession-specific criteria that it has responsibility for setting.</p> <p>Throughout the course of its discussions, the Board agreed that the criteria are written – in the main – as outcomes based requirements in that the concern is not to stipulate specific means of <i>how</i> something is to be achieved but the overarching concern of <i>what</i> is to be achieved.</p> <p>Under Criterion 2: Practice Placements, the criteria states that there must be appropriate supervision in place in order to ensure assessment of the student’s achievement of the <i>Standards of Proficiency</i>:</p> <p>2.10: While on placement, appropriate support, guidance and supervision is maintained with the student by the practice education team.</p> <p>2.15: Supervision policies include guidelines on how students progressively achieve independence in practice.</p>



Possible Omission Area	Registration Board Response
	<p>6.2: Assessments must be employed that assess learning outcomes (at module and programme levels) and appropriately and effectively facilitate progression decisions and the achievement of the standards of proficiency.</p> <p>The Board agreed that there is flexibility within the already existing criteria for an education provider to select group observation/supervision as a form of assessment in the design of its programme curriculum and assessment.</p> <p>The Board concluded that regardless of the assessment methodology taken, it must be assured that each student on the programme has been assessed as achieving all the <i>Standards of Proficiency</i>.</p>
Admissions Process/Minimum Age for Training	<p>The Board recognised that currently some professional/accrediting bodies set a minimum age that applicants seeking admission to a programme must be for entry.</p> <p>As identified previously throughout the course of this report, the Board emphasised that the regulatory requirements it sets are <i>outcomes based</i>; more specifically, that it sets the threshold level of knowledge and skills required at entry into practice (the <i>Standards</i>) and the education quality assurance requirements (<i>Criteria</i>) are set in order to ensure that each student graduating from an education and training programme has achieved the <i>Standards</i>, and thereby by the proficiency to practice safely. This provides regulatory assurance of public protection.</p> <p>In setting these requirements, the Board is therefore concerned with the output of learning – i.e. that an individual has proficiency to practice. In terms of the design of an education and training programme, including the admissions criteria, the Board recognises that there can be different ways of achieving the same outcome and as such it provides flexibility to education providers in designing programmes. It is, therefore, the responsibility of the</p>



Possible Omission Area	Registration Board Response
	<p>education provider to determine its admission criteria and whether it requires a minimum age at entry to the programme.</p> <p>The Board concluded that it was beyond its regulatory remit to set the minimum age for entry onto an education and training programme, but emphasised that each education provider has the flexibility to determine whether it wishes to set such a requirement as part of its admissions criteria.</p>
Identification of Placement Settings	<p>The Board noted a number of respondents that identified the importance of listing specific environments within which practice education should be undertaken.</p> <p>In discussing this issue, the Board emphasised that in setting its <i>Standards of Proficiency</i>, it identifies the threshold knowledge and skills required for entry into practice. The role of the <i>Criteria</i> is to ensure that each student, through an education and training programme, achieves each of the standards and is, therefore, safe for practice upon conclusion of his or her training. The role of the practice education requirements in the <i>Criteria</i> is to ensure that there are robust systems in place in order to facilitate a student's progressive achievement of the <i>Standards</i> through practice education and experience.</p> <p>Under Criterion 2.3, each education provider must demonstrate that its programme is providing a range of placements that reflect the current demands of the profession and will allow for this progressive achievement of the <i>Standards</i>:</p> <p>Criterion 2.3: The number, duration and range of practice placements, and their position within the programme must reflect current practice and demands of the profession. They must be appropriate to facilitate translation of theory into practice and the achievement of the standards of proficiency.</p>



Possible Omission Area	Registration Board Response
	<p>As part of each programme approval (and monitoring) process, the Board will assess the range of placement settings available as part of an education and training programme and assess whether this is sufficient to deliver on the progressive achievement of the <i>Standards</i> and that they reflect the current practice of the profession.</p> <p>The Board concluded that it was satisfied this criterion (criterion 2.3) and the programme approval process provided a robust regulatory process to ensure the progressive achievement of the <i>Standards</i>.</p>
Clinical Governance and Oversight	<p>In reviewing the feedback that suggested that the Board should stipulate requirements on the financial, legal, governance, external regulation and academic quality assurance structures in its <i>Criteria for Education and Training Programmes</i>, it noted that this identified area extended beyond the profession-specific criteria that it has responsibility for setting.</p> <p>The Board emphasised, in response to this observation, that the purpose of professional regulation is to ensure public protection. One of the mechanisms to achieve this is through the setting of threshold standards for entry into practice and the approval of education and training programmes that deliver on all these standards.</p> <p>It noted that there are a range of different bodies that hold regulatory responsibility for different aspects of higher education. There are a range of governance issues that sit outside the parameters of what a professional regulator is responsible for. Professional regulation is not a catch-all for all aspects of the regulatory environment – there are very clear legal parameters that set out its responsibilities and remit.</p> <p>Where the Board is concerned with aspects of programme organisation and management, it is in relation to the assurance that each student that graduates from the programme consistently achieves the <i>Standards of Proficiency</i>. To this end the Board noted the following criteria that are articulated in Criterion 4: Programme Management:</p>



Possible Omission Area	Registration Board Response
	<p>4.1: The programme must have a secure place in the education provider's plans to ensure that admitted cohorts of students will have the opportunity to complete the programme and be eligible to apply for registration.</p> <p>4.3: The programme must have regular monitoring and evaluation systems in place incorporating input from staff, students and all relevant stakeholders.</p> <p>4.13: There must be a quality assurance policy and system in place – which includes regular quality assurance audits, reviews and reports – that identifies quality issues and with clear accountability for addressing these issues.</p> <p>6.7: All assessments must provide a rigorous and effective process by which compliance with external-reference frameworks can be measured.</p>
Duration of Training	<p>The Board noted that as part of current requirements set by some professional/accreditation bodies, there is a stipulation on the duration of an education and training programme.</p> <p>As identified previously throughout the course of this report, the Board emphasised that the regulatory requirements it sets are <i>outcomes based</i>; more specifically, that it sets the threshold level of knowledge and skills required at entry into practice (the <i>Standards</i>) and the education quality assurance requirements (<i>Criteria</i>) are set in order to ensure that each student graduating from an education and training programme has achieved the <i>Standards</i>, and thereby by the proficiency to practice safely. This provides regulatory assurance of public protection.</p> <p>In setting these requirements, the Board is therefore concerned with the output of learning – i.e. that an individual has proficiency to practice. In terms of the design of an education</p>



Possible Omission Area	Registration Board Response
	<p>and training programme, it is the responsibility of the education provider to determine the duration of its training programme.</p> <p>The Board concluded that it was beyond its regulatory remit to set the duration of an education and training programme but emphasised that each education provider has the flexibility to determine the length of training a student must undertake. The Board, ultimately, is concerned that the graduating student – upon conclusion of his or her education and training – has demonstrated achievement of the threshold knowledge and skills for entry into practice.</p>
Pre-Clinical/Placement Requirements	<p>In reviewing the feedback that suggested that the Board should stipulate when practice placements should commence in its <i>Criteria for Education and Training Programmes</i>, it noted that this identified area extended beyond the profession-specific criteria that it has responsibility for setting.</p> <p>However, the Board once again noted that its <i>Criteria</i> articulate outcomes based requirements in that the concern is not to stipulate specific means of <i>how</i> something is to be achieved but the overarching concern of <i>what</i> is to be achieved. To this end, education providers have the flexibility to design their education and training programmes to ensure the delivery of the <i>Standards of Proficiency</i>.</p> <p>The Board noted, however, that the <i>Criteria</i> provide a number of safeguards to ensure that students engage in practice placement at the appropriate times in their training, with the aim – ultimately – of ensuring the protection of both the student and the public he or she may come into contact with during training:</p> <p>2.3: The number, duration and range of practice placements, and their position within the programme must reflect current practice and demands of the profession. They must be</p>



Possible Omission Area	Registration Board Response
	<p>appropriate to facilitate translation of theory into practice and the achievement of the standards of proficiency.</p> <p>2.7: Student allocation to practice placements is based on the need to integrate theory and practice and to facilitate the student's progressive development of the standards of proficiency.</p> <p>2.9: Pre-placement requirements – including academic, legal, occupational health and other requirements – and procedures for non-compliance with these requirements, are clear.</p> <p>The Board concluded that education providers are responsible then in the design and delivery of their programmes for ensuring that students enter into supervised practice when they are prepared to do so and have the appropriate supervisory arrangements in place to support them during their practice education and that there were sufficient criteria already included in its <i>Criteria</i> to provide assurance of this.</p>

The Board noted that, in addition to the above areas, comments were submitted in relation to the following areas:

- The composition of a Practice Education Team and the definition of Practice Educator
- How an education provider is expected to demonstrate sufficient resources to support student learning in all settings.
- The requirement to have a profession-specific student Code of Conduct
- Training around Equality, Diversity and Inclusion
- Clarification of what an external reference framework is.
- Development of the *Code of Professional Conduct and Ethics for Psychotherapists*

While these issues were identified as omissions, they lie outside the scope of this consultation process and do not relate to the Board's *Criteria for Education and Training Programmes for Psychotherapists*. It is important to note that some of these areas are more appropriately related to the Board's *Standards of Proficiency for Psychotherapists* and are addressed in the foregoing section of this report that considers the feedback received in respect of these threshold knowledge and skills requirements.



Conclusion

The Counsellors and Psychotherapists Registration Board approved and adopted its *Standards of Proficiency for Psychotherapists* at its meeting on 24 February 2025 and its *Criteria for Education and Training Programmes for Psychotherapists* at its meeting on 12 May 2025.


Following this decision, copies of the *Standards* and *Criteria* were published on the CORU website, alongside an extensive Frequently Asked Questions section, and all stakeholders were communicated with to highlight the availability of the Board's education and training requirements online.

Copies of the documents are available on the CORU website here: <https://www.coru.ie/health-and-social-care-professionals/education/criteria-and-standards-of-proficiency/>



Appendix 1: Copy of Advertisement

Irish Times – 18 September 2023



Ag Rialáil Gairmithe Sláinte
agus Cúraim Shóisialaigh
Regulating Health +
Social Care Professionals

Comhairliúchán Poiblí

Tá CORU freagrach as gairmithe sláinte agus cúraim shóisialaigh a rialáil leis an bpobal a chosaint.

Tá tuairimí an phobail, na gairme agus páirtithe leasmhara eile á lorg ag **Bord Clárúcháin na gComhairleoirí agus na Síciteirpeoirí** maidir leis na comhairliúcháin atá á réachtáil ar:

- Na Dréachtchaighdeáin Inniúlachta do Chomhairleoirí agus Síciteirpeoirí
- Na Dréachtchritéir le haghaidh Cláir Oideachais agus Oiliúna do Chomhairleoirí agus Síciteirpeoirí

Tá tuilleadh faisnéise faoi na comhairliúcháin sin agus mionsonraí faoin gcaoi ar féidir aighneacht a dhéanamh ar fáil ar www.coru.ie.

5pm, Dé hAoine, an 01 Nollaig 2023 an spriodhata chun aiseolas agus aighneachtaí a fháil.

Ní bhreithneofar aighneachtaí a gheofar i ndiaidh an ama agus spriodhata sin.

Public Consultation

CORU is responsible for protecting the public by regulating health and social care professionals.

The **Counsellors and Psychotherapists Registration Board** currently seeks the views of the public, the profession, and other interested parties on the latest consultations concerning the:

- **Draft Standards of Proficiency for Counsellors and Psychotherapists**
- **Draft Criteria for Education and Training Programmes for Counsellors and Psychotherapists**

Further information on these consultations and details on how to make a submission, are available on www.coru.ie.

The closing date for receipt of feedback and submissions is **5pm on Friday 01 December 2023**.

Submissions received after this time and date will not be considered.

CORU, Infinity Building, George's Court, George's Lane, Smithfield, Dublin 7, D07 E88Y. T: 01 2933160 E: info@coru.ie W: www.coru.ie

Irish Times 21x2 83mm GF



Seachtain – 20 September 2023



Ag Rialáil Gairmithe Sláinte
agus Cúraim Shóisialaigh
Regulating Health +
Social Care Professionals

Comhairliúchán Polblí

Tá CORU freagrach as gairmithe sláinte agus cúraim shóisialaigh a rialáil leis an bpobal a chosaint.

Tá tuairimí an phobail, na gairme agus páirtithe leasmhara eile á lorg ag **Bord Clárúcháin na gComhairleoirí agus na Síciteiripeoirí** maidir leis na comhairliúcháin atá á reáchtáil ar:

- **Na Dréachtchaighdeáin Inniúlachta do Chomhairleoirí agus Síciteiripeoirí**
- **Na Dréachtchritéir le haghaidh Cláir Oideachais agus Oiliúna do Chomhairleoirí agus Síciteiripeoirí**

Tá tuilleadh faisnéise faoi na comhairliúcháin sin agus mionsonraí faoin gcaoi ar féidir aighneacht a dhéanamh ar fáil ar **www.coru.ie**.

5pm, Dé hAoine, an 01 Nollaig 2023 an spriocdháta chun aiseolas agus aighneachtaí a fháil.

Ní bhreithneofar aighneachtaí a gheofar i ndiaidh an ama agus spriocdháta sin.

CORU, Infinity Building, George's Court, George's Lane, Smithfield,
Dublin 7, D07 E98Y. T: 01 2933160 E: info@coru.ie W: www.coru.ie

Seachtain 13x2 83mm

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Appendix 2: Notice of Public Consultation on CORU's website

STANDARDS OF PROFICIENCY AND CRITERIA FOR EDUCATION AND TRAINING PROGRAMMES FOR COUNSELLORS

STAKEHOLDER CONSULTATION

The Counsellors and Psychotherapists Registration Board (Board) was formally established by the then Minister for Health, Simon Harris TD, on 27 February 2019.

Following feedback received from a Department of Health public consultation in 2016, the Minister designated that one Registration Board be established with responsibility for two registers: one register for Counsellors and one register for Psychotherapists.

The Counsellors and Psychotherapists Registration Board has statutory responsibility for:

- establishing and maintaining a Register for counsellors and a register for psychotherapists;
- assessing, approving and monitoring training courses for counsellors and psychotherapists; and
- establishing the Code of Professional Conduct and Ethics and standards of performance to which counsellors and psychotherapists must adhere.

Since its establishment, the Board has been working towards implementing the Minister's direction to establish two separate registers.

As part of its preparatory work to establish two registers, the Board has developed, in draft form, a number of key documents.

The first of these documents is the threshold entry level standards that new registrants to each profession must meet – known as the *Standards of Proficiency* – and the second document identifies the requirements that education and training programmes must demonstrate when seeking regulatory approval for their programmes – known as the *Criteria for Education and Training Programmes*.

For Psychotherapists, the Board has drafted:

- *Draft Standards of Proficiency for Psychotherapists*
- *Draft Criteria for Education and Training Programmes (Psychotherapists)*

Copies of both documents are available **here** for you to access.

Public Stakeholder Consultation

As part of the Board's process in setting its *Standards of Proficiency for Psychotherapists* and its *Criteria for Education and Training Programmes (Psychotherapists)*, it is seeking feedback from stakeholders, including members of the professions, education providers, employers, professional bodies, as well as members of the public.

You are invited to submit your feedback – your personal views or on behalf of your organisation – on the draft *Standards of Proficiency* and draft *Criteria for Education and Training Programmes* by either:

- completing the online questionnaire, accessible **here**; or



- submitting written feedback via email to strategyandpolicy@coru.ie

The consultation will run for 12 weeks, opening for feedback on **Monday, 4 September 2023** and closing on **Friday, 1 December 2023**. Any submissions received after this date will not be considered.

Following the close of the stakeholder consultation period, CORU will review all the feedback received as part of this public engagement and prepare a report of findings for the Counsellors and Psychotherapists Registration Board.

The Board will review and evaluate the feedback received, making any changes or amendments to the *Criteria* and *Standards of Proficiency*, before agreeing and issuing final versions of the documents to education providers.

Consultation Resources

CORU has developed eBook resources that explore a range of key issues associated with the Board's setting of its *Standards* and *Criteria*, explaining the process the Board undertook and its rationale in making its proposals. You are encouraged to read and review these eBook resources as you prepare your feedback.

You can access these resources **here**.

In addition, a webinar was held on Friday 1 September 2023 with CORU's Interim CEO, Margaret Hynds-O'Flanagan and the Head of the Strategy and Policy Unit, Catherine Byrne. An extensive range of stakeholders were invited to attend this online event. A recording has been uploaded **here** to the CORU website for you to access.

If you have any questions or if you require further information, please contact CORU by email strategyandpolicy@coru.ie.

We thank you in advance for your participation in this consultation.



Appendix 3: Copy of Online Feedback Form

Counsellors and Psychotherapists Registration Board (CPRB)

Stakeholder Consultation Questionnaire: Criteria for Education and Training Programmes and Standards of Proficiency (**Psychotherapists**)

Data Protection and Freedom of Information

Completion of this questionnaire is voluntary. By completing it, you are allowing your responses to be analysed by CORU for the purpose of seeking feedback on the *Criteria for Education and Training Programmes* and the *Standards of Proficiency* as set by the Counsellors and Psychotherapists Registration Board for counsellors. A report on the survey will be compiled and shared with the Counsellors and Psychotherapists Registration Board.

The information you provide to this survey will be stored in a secure and confidential manner by CORU, it will only be used for the purposes outlined above and it will be maintained as per the CORU's record retention policy. CORU uses SurveyMonkey to gather feedback to our public consultations. Full details of how your information is processed via SurveyMonkey is documented in this [privacy policy](#).

Please be advised that submissions made to CORU are subject to the provisions of the Freedom of Information Act 2014.

Do you agree to the terms above? <i>By selecting 'Yes' you are confirming that you consent to providing your answers to the questions in this questionnaire.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you contributing to this survey in:	Personal Capacity <input type="checkbox"/> On behalf of an Organisation <input type="checkbox"/>
If on behalf of an organisation, please specify:	
Please indicate if you would like your name and/or organisation to be kept confidential and excluded from the consultation report	Include in Consultation Report <input type="checkbox"/> Exclude from Consultation Report <input type="checkbox"/>

About CORU

CORU is Ireland's first multi-profession health and social care regulator. Our role is to protect the public by promoting high standards of professional conduct, education, training and competence through statutory registration of health and social care professionals.



CORU was set up under the Health and Social Care Professionals Act 2005. We are an umbrella body made up of the Health and Social Care Professionals Council and Registration Boards, one for each profession named in our Act. The designated professions under the Act are clinical biochemists, counsellors, dietitians, dispensing opticians, medical scientists, occupational therapists, optometrists, orthoptists, physical therapists, physiotherapists, podiatrists, psychologists, psychotherapists, radiation therapists, radiographers, social care workers, social workers and speech and language therapists.

About the Consultation

This consultation is seeking your feedback on two documents drafted by the Counsellors and Psychotherapists Registration Board:

- *The draft Standards of Proficiency for **Psychotherapists***
- *The draft Counsellors and Psychotherapists Registration Board Criteria for Education and Training Programmes: **Psychotherapists***

Both documents are accessible on the CORU website [here](#).

Additional guidance e-books are available on the **CORU website** that provide detailed information on the process the Board undertook in drafting its *Standards of Proficiency for Psychotherapists* and its *Criteria for Education and Training Programmes: Psychotherapists* and the rationales for the decisions it has taken.

It is important that you read these documents before providing your consultation feedback.

Proportionality of Proposed Regulations

[Directive 2018/958 of the European Parliament and Council](#) – on a *proportionality test before adoption of new regulation of professions* – establishes rules for proportionality assessments to be conducted by EU countries before the adoption of new professional regulations or the amendment of existing regulations. The aim of the Directive is to:

- prevent undue restrictions on access to or the pursuit of professional activities; and
- ensure transparency and the proper functioning of the EU internal market.

The Directive was transposed into Irish law in August 2022 through Statutory Instrument [413/2022](#).

The setting of *Criteria* and *Standards of Proficiency* for Psychotherapists, as part of the Board's work towards opening its Counselling Register, requires that an assessment of proportionality be undertaken before the adoption of the *Criteria* and *Standards of Proficiency* by the Board.

This public consultation, and the report that issues from it, will form a key component of the proportionality assessment CORU is undertaking in relation to the setting of *Criteria* and *Standards of Proficiency* for Psychotherapists.



All proportionality assessments, following completion and submission to the European Commission, are accessible on the *Regulated Professions Database*, available [here](#).

Consultation Section [1]: *Standards of Proficiency for Psychotherapists*

Domain 5 of the Standards of Proficiency detail the professional knowledge and skills required for the safe practice of the profession. These are the **minimum or threshold standards** that graduates are expected to meet in order to safely practice the profession.

Only profession-specific standards are included for survey feedback. These have been identified and specific questions on each of these will be presented in this section.

Please be reminded that in this instance the term threshold refers to the minimum requirements.

- 'Consider threshold' means that the minimum requirement detailed is appropriate.
- 'Partly or not threshold' could refer to either being more or less than the minimum requirement.

Please indicate in the comment box if you consider it more or less than the minimum requirements and provide a brief rationale.

Standard		Feedback
5.9	<i>Be able to appraise the benefits, limitations and contraindications of differing psychotherapeutic approaches.</i>	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Party Threshold <input type="checkbox"/>
<i>If you do not consider the standard to be at threshold level or if you consider it to be partially threshold, please explain why</i>		

Standard		Feedback
5.10	<i>Be able to apply a chosen theoretical model to assess the service users' suitability for the type of therapy offered.</i>	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Party Threshold <input type="checkbox"/>
<i>If you do not consider the standard to be at threshold level or if you consider it to be partially threshold, please explain why</i>		



Standard		Feedback
5.11	<i>Be able to work therapeutically with a wide range of presenting issues of varying degrees of complexity and severity, and across a wide range of diagnoses in order to facilitate service user insight and long-term change.</i>	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Party Threshold <input type="checkbox"/>
<i>If you do not consider the standard to be at threshold level or if you consider it to be partially threshold, please explain why</i>		

Standard		Feedback
5.12	<i>Be able to critically appraise current policies applicable to the work of their profession and the role of psychotherapy in the development and implementation of policy on health and social care on a national and international level.</i>	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Party Threshold <input type="checkbox"/>
<i>If you do not consider the standard to be at threshold level or if you consider it to be partially threshold, please explain why</i>		

Standard		Feedback
5.13	<i>Be able to reflect on the impact of the service user's experience, be able to demonstrate an understanding of their feelings and emotions and communicate that understanding in a non-judgemental manner.</i>	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Party Threshold <input type="checkbox"/>
<i>If you do not consider the standard to be at threshold level or if you consider it to be partially threshold, please explain why</i>		



Standard		Feedback
5.14	<i>Be able to review the therapeutic process and progress with the service user, and make adjustments in collaboration with the service user.</i>	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Party Threshold <input type="checkbox"/>
<i>If you do not consider the standard to be at threshold level or if you consider it to be partially threshold, please explain why</i>		

Standard		Feedback
5.15	<i>Be able to identify and critically evaluate how psychosocial factors may affect both the service user and the therapeutic process, and manage these in the therapeutic relationship.</i>	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Party Threshold <input type="checkbox"/>
<i>If you do not consider the standard to be at threshold level or if you consider it to be partially threshold, please explain why</i>		

Standard		Feedback
5.16	<i>Be able to critically appraise the theories of therapeutic relationships and be able to establish, build, maintain and conclude a long-term therapeutic relationship in a safe and ethical manner.</i>	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Party Threshold <input type="checkbox"/>
<i>If you do not consider the standard to be at threshold level or if you consider it to be partially threshold, please explain why</i>		

Standard		Feedback
5.17	<i>Be able to use psychotherapeutic skills to build therapeutic relationships including the ability to demonstrate active listening skills.</i>	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Party Threshold <input type="checkbox"/>



If you do not consider the standard to be at threshold level or if you consider it to be partially threshold, please explain why

Standard		Feedback
5.18	<i>Be able to contract and re-contract with the service user during the therapeutic relationship, ensuring the therapeutic goals and each person's expectations and responsibilities are clear to all parties involved.</i>	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Party Threshold <input type="checkbox"/>

If you do not consider the standard to be at threshold level or if you consider it to be partially threshold, please explain why

Standard		Feedback
5.19	<i>Be able to write concise, accurate and relevant reports which articulate and justify professional decisions made.</i>	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Party Threshold <input type="checkbox"/>

If you do not consider the standard to be at threshold level or if you consider it to be partially threshold, please explain why

Standard		Feedback
5.20	<i>Be able to reflect on and critically analyse the factors that influence therapeutic boundaries and the dynamics of the therapeutic relationship between the psychotherapist and service user.</i>	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Party Threshold <input type="checkbox"/>

If you do not consider the standard to be at threshold level or if you consider it to be partially threshold, please explain why



Standard		Feedback
5.21	<i>Be able to recognise personal emotional responses, vicarious trauma and the need to develop effective self-care strategies and burnout prevention.</i>	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Party Threshold <input type="checkbox"/>
<i>If you do not consider the standard to be at threshold level or if you consider it to be partially threshold, please explain why</i>		

Standard		Feedback
5.22	<i>Be able to maintain professional and ethical boundaries with service users and be able to identify and manage any associated challenges.</i>	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Party Threshold <input type="checkbox"/>
<i>If you do not consider the standard to be at threshold level or if you consider it to be partially threshold, please explain why</i>		

Standard		Feedback
5.23	<i>Be able to practise therapy that is within psychotherapist's level of skill, knowledge and professional judgement.</i>	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Party Threshold <input type="checkbox"/>
<i>If you do not consider the standard to be at threshold level or if you consider it to be partially threshold, please explain why</i>		

Standard		Feedback
5.24	<i>Be able to critically reflect on conscious and unconscious dynamics in the therapeutic process and be able to manage their personal involvement in, and contribution to, the process of psychotherapy.</i>	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Party Threshold <input type="checkbox"/>
<i>If you do not consider the standard to be at threshold level or if you consider it to be partially threshold, please explain why</i>		



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Standard		Feedback
5.25	<i>Be able to critically reflect on conscious and unconscious dynamics in supervision and be able to manage their personal involvement in, and contribution to, the process of supervision.</i>	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Party Threshold <input type="checkbox"/>
<i>If you do not consider the standard to be at threshold level or if you consider it to be partially threshold, please explain why</i>		

Standard		Feedback
5.26	<i>Be able to articulate the parameters and value of clinical supervision and demonstrate the ability to utilise supervision to assist in practice review and in areas for development.</i>	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Party Threshold <input type="checkbox"/>
<i>If you do not consider the standard to be at threshold level or if you consider it to be partially threshold, please explain why</i>		

Standard		Feedback
5.27	<i>Be able to demonstrate skill in the technologies and communication methods required for the delivery of therapy in a virtual setting, and be able to apply these therapeutically and safely while protecting service user privacy and confidentiality.</i>	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Party Threshold <input type="checkbox"/>
<i>If you do not consider the standard to be at threshold level or if you consider it to be partially threshold, please explain why</i>		



Standard		Feedback
5.28	<i>Be able to identify, distinguish and critically evaluate the level and impact of trauma on psychological functioning, and be able to work therapeutically with service users who have experienced trauma.</i>	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Party Threshold <input type="checkbox"/>
<i>If you do not consider the standard to be at threshold level or if you consider it to be partially threshold, please explain why</i>		

Standard		Feedback
5.29	<i>Be able to identify potential risk for suicide, self-harm or harm to others and implement early management, supporting the immediate safety of the service user, and make referrals for additional treatment.</i>	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Party Threshold <input type="checkbox"/>
<i>If you do not consider the standard to be at threshold level or if you consider it to be partially threshold, please explain why</i>		

Standard		Feedback
5.30	<i>Be able to demonstrate knowledge of crisis intervention and prevention and be able to work with people in crisis for improved outcomes.</i>	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Party Threshold <input type="checkbox"/>
<i>If you do not consider the standard to be at threshold level or if you consider it to be partially threshold, please explain why</i>		

Standard		Feedback
5.31	<i>Have a critical awareness of the need for organisation and resource management for practice.</i>	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Party Threshold <input type="checkbox"/>



If you do not consider the standard to be at threshold level or if you consider it to be partially threshold, please explain why

Standard	Feedback
5.32 <i>Be able to demonstrate an understanding of the impact of pharmacological use and history on psychological functioning and recognise potential implications for service users.</i>	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Party Threshold <input type="checkbox"/>

If you do not consider the standard to be at threshold level or if you consider it to be partially threshold, please explain why

Consultation Section [2]: Common Standards of Proficiency

The common standards have been agreed by the Health and Social Care Professionals Council and have been adopted by the Counsellors and Psychotherapists Registration Board. As such, **they are not the subject of this consultation.**

These common standards are common across all professions CORU regulates and can be found in Domains 1-4 of the *Standards of Proficiency for Psychotherapists* document.

In relation to the common standards, these have been included for completeness so please keep in mind that we do not plan to make any significant changes to these standards **unless there is a factual error, or a standard has been omitted.**

In this context, you should read through the whole document to ensure that there are no omissions.

If you feel there are omissions, you should note these in the table below along with your proposed wording to rectify an omission. It is important that if you feel that a standard has been omitted, that you explain your rationale so we can better understand your comment and consider whether it is something that should be included in the final document.

Do you consider there to be any omissions from or factual errors in Domains 1-4?	Yes <input type="checkbox"/> No <input type="checkbox"/>
----------------------------------------------------------------------------------	-------------------------------------------------------------

If yes, please complete the following as appropriate:



Domain	
Suggested Omission/Error	
Proposed Wording to rectify omission	
Rationale for Comment	

Domain	
Suggested Omission/Error	
Proposed Wording to rectify omission	
Rationale for Comment	

Domain	
Suggested Omission/Error	
Proposed Wording to rectify omission	
Rationale for Comment	

Domain	
Suggested Omission/Error	
Proposed Wording to rectify omission	
Rationale for Comment	

Domain	
Suggested Omission/Error	



Proposed Wording to rectify omission	
Rationale for Comment	

Domain	
Suggested Omission/Error	
Proposed Wording to rectify omission	
Rationale for Comment	

Consultation Section [3]: *Criteria for Education and Training Programmes (Psychotherapists)*

The Criteria for Education and Training programmes identify the requirements an education provider must meet around how a programme is designed and managed to ensure that all graduates meet the Standards of Proficiency.

The following criteria are specifically related to counsellors and have been included in addition to the common criteria that all CORU registered professionals are expected to meet. When looking at each criterion, you should consider whether they result in a graduate being a safe practitioner for the purpose of public protection when entering the register.

Please be reminded that in this instance the term **threshold refers to the minimum requirements**.

- 'Consider threshold' means that the minimum requirement detailed is appropriate.
- 'Partly or not threshold' could refer to either being more or less than the minimum requirement. Please indicate in the comment box if you consider it more or less than the minimum requirements and provide a brief rationale.

Criterion		Feedback
1.1	<i>The Counsellors and Psychotherapists Registration Board requires that the minimum qualification level for entry to the register is: Level 8 on the National Framework of Qualifications (NFQ)</i>	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Party Threshold <input type="checkbox"/>
<i>If you do not consider the criterion to be at threshold level or if you consider it to be partially threshold, please explain why</i>		



The second profession-specific criterion relates to the total number of practice placement hours each student must complete as part of an education and training programme:

2.2 The programme must ensure that each student completes **500 hours**.

A minimum of **350 of the 500** hours must be supervised service user contact experience, of which **100** hours is directly observed service user contact.

There are three elements to this criterion. There is one question per element below.

Criterion		Feedback
2.2	The programme must ensure that each student completes 500 hours of practice placement.	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Party Threshold <input type="checkbox"/>
<i>If you do not consider the criterion to be at threshold level or if you consider it to be partially threshold, please explain why</i>		

Criterion		Feedback
2.2	Of the 500 hours of practice placement a student must complete, 350 hours must be supervised service user contact experience.	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Party Threshold <input checked="" type="checkbox"/>
<i>If you do not consider the criterion to be at threshold level or if you consider it to be partially threshold, please explain why</i>		

Criterion		Feedback
2.2	Of the 350 hours of supervised service user contact experience, 100 hours must be directly observed service user contact.	Consider Threshold <input type="checkbox"/> Do Not Consider Threshold <input type="checkbox"/> Party Threshold <input type="checkbox"/>
<i>If you do not consider the criterion to be at threshold level or if you consider it to be partially threshold, please explain why</i>		



Consultation Section [4]: *Criteria for Education and Training Programmes*

Having read through the draft profession-specific *Criteria for Education and Training Programmes (Psychotherapists)*, you are now invited to consider if there are any omissions.

If you feel there are omissions, you should note these below along with your proposed wording to rectify an omission. It is important that if you feel that a criterion has been omitted that you explain your rationale so we can better understand your comment and consider whether it is something we should include it in the final document.

Please answer the following questions in relation to the Profession Specific Criteria for Education and Training Programmes.

Do you consider there to be any omissions from the profession-specific criteria?	Yes <input type="checkbox"/> No <input type="checkbox"/>
----------------------------------------------------------------------------------	-------------------------------------------------------------

If yes, please complete the following as appropriate:

Suggested Omission	
Proposed Wording to rectify omission	
Rationale for Comment	

Suggested Omission	
Proposed Wording to rectify omission	
Rationale for Comment	

Suggested Omission	
Proposed Wording to rectify omission	
Rationale for Comment	



Suggested Omission	
Proposed Wording to rectify omission	
Rationale for Comment	

Consultation Section [5]: *Additional Feedback*

CORU welcomes your contribution to this consultation process. As already stated, we are not in a position to remove any of the common standards or criteria. We are also limited in changing any of the language as it has been developed to ensure consistency across all the professions that we currently regulate or will regulate in the future.

However, if you do have any further general comments related to these documents, please include it below and describe the relevant issue for our consideration.

Issue	
General Comment	
Rationale for Comment	

Issue	
General Comment	
Rationale for Comment	

Issue	
General Comment	
Rationale for Comment	

Issue	
General Comment	
Rationale for Comment	



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Consultation Section [6]: Submission

Thank you for completing this survey. If you have any questions about this consultation, please email strategyandpolicy@coru.ie



Appendix 4: Copy of Social Media Posts

LinkedIn:

**CORU - Regulating Health + Social Care Professionals** • Following ***
Public Safety

The Counsellors and Psychotherapists Registration Board was established in 2019, with responsibility for two registers – one for counsellors and one for psychotherapists.

The Board is now seeking feedback from stakeholders, including members of the professions, education providers, employers, professional bodies, as well as members of the public on:

- Draft Criteria for Education and Training Programmes for both professions
- Draft Standards of Proficiency for both professions

These consultation documents can be viewed on the CORU website <https://lnkd.in/eHTgY7E6>.

CORU has developed two eBook resources that explore a range of key issues associated with the Board's setting of its Standards and Criteria, explaining the process the Board undertook and its rationale in making its proposals. You are encouraged to review these eBook resources as you prepare your feedback.

- Read the Criteria for Education and Training Programmes eBook here https://lnkd.in/e_fGetCH
- Read the Standards of Proficiency eBook here <https://lnkd.in/eTgu8UwC>

The consultation process will close at 5pm on Friday, 01 December 2023.

#counsellors #psychotherapists #CORU

The Counsellors and Psychotherapists Registration Board is working towards introducing **statutory regulation** for the professions of:



Play0:38🔊🗄



CORU - Regulating Health + Social Care Professionals • Following ***
Public Safety

The Counsellors and Psychotherapists Registration Board is working towards introducing statutory regulation for the professions of:

- Counsellor
- Psychotherapist

Each profession is recognised as having a distinct professional identity. There will be two separate registers established, - one for counsellors and one for psychotherapists.

For each profession, the Board has drafted:


- The threshold professional standards that will be used for entry to each of these registers
- The education criteria that will be used to approve education and training programmes

The Board is now seeking feedback from stakeholders, including members of the professions, education providers, employers, professional bodies, as well as members of the public on the draft Standards and draft Criteria. These consultation documents can be viewed on the CORU website <https://lnkd.in/eHTgY7E6>

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Swipe through to read both eBooks 



By Regulation of the Republic
of Ireland
Regulating Health +
Social Care Professionals

Counsellors and Psychotherapists Registration Board (CPRB)

Public Consultation 2023 Criteria for Education and Training Programmes





CORU - Regulating Health + Social Care Professionals • Following ***
Public Safety

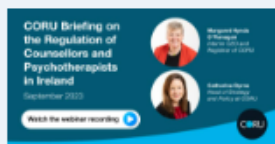
CORU recently hosted a webinar to share information on the Counsellors and Psychotherapists Registration Board's public consultation on the Standards of Proficiency and Criteria for Education and Training Programmes for the designated professions of Counsellor and Psychotherapist.

You can watch the webinar here <https://lnkd.in/etxSz9BM>

The Board is seeking feedback from stakeholders, including members of the professions, education providers, employers, professional bodies, as well as members of the public on:

- Draft Criteria for Education and Training Programmes for both professions
- Draft Standards of Proficiency for both professions

Consultation documents including FAQs can be viewed on the CORU website <https://lnkd.in/eHTgY7E6>





Counsellors and Psychotherapists Information Session - September 2023

coru.ie • 1 min read



Twitter (X):



CORU Ireland 
@CORUIreland

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...

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[#counsellors](#) [#psychotherapists](#)





CORU Ireland ✓
@CORUIreland

...

The Counsellors and Psychotherapists Registration Board is working towards introducing statutory regulation for the professions of:

- Counsellor
- Psychotherapist

Each profession is recognised as having a distinct professional identity. There will be two separate registers established, - one for counsellors and one for psychotherapists.

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CORU Ireland ✓
@CORUIreland

...

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CORU Briefing on the Regulation of Counsellors and Psychotherapists in Ireland

September 2023

Watch the webinar recording 





Margaret Hynds O'Flanagan
Interim CEO and Registrar of CORU



Catherine Byrne
Head of Strategy and Policy at CORU

 Last edited 11:35 AM · Sep 15, 2023 · 1,086 Views



Appendix 5: Copy of Webinar PowerPoint Presentation

Appendix 6: Copy of eBook Resources

**Appendix 7: Copy of Frequently Asked Questions
Section on the CORU Website**



Ag Rialáil Gairmithe Sláinte
agus Cúraim Shóisialaigh

Regulating Health +
Social Care Professionals

Briefing on the Regulation of Counsellors and Psychotherapists in Ireland

CORU Information Webinar, 01 September 2023

CORU's Mission



“To protect the public by promoting high standards of professional conduct and professional education, training and competence among registrants of the designated professions”

(Health and Social Care Professionals Act 2005)

CORU's Regulated Health and Social Care Professions



Phase 1 In Legislation

Clinical
Biochemists

Orthoptists

Phase 2 Establishment

Meeting 1 to Open Register

Psychologists

Social Care
Workers

Counsellors &
Psychotherapists

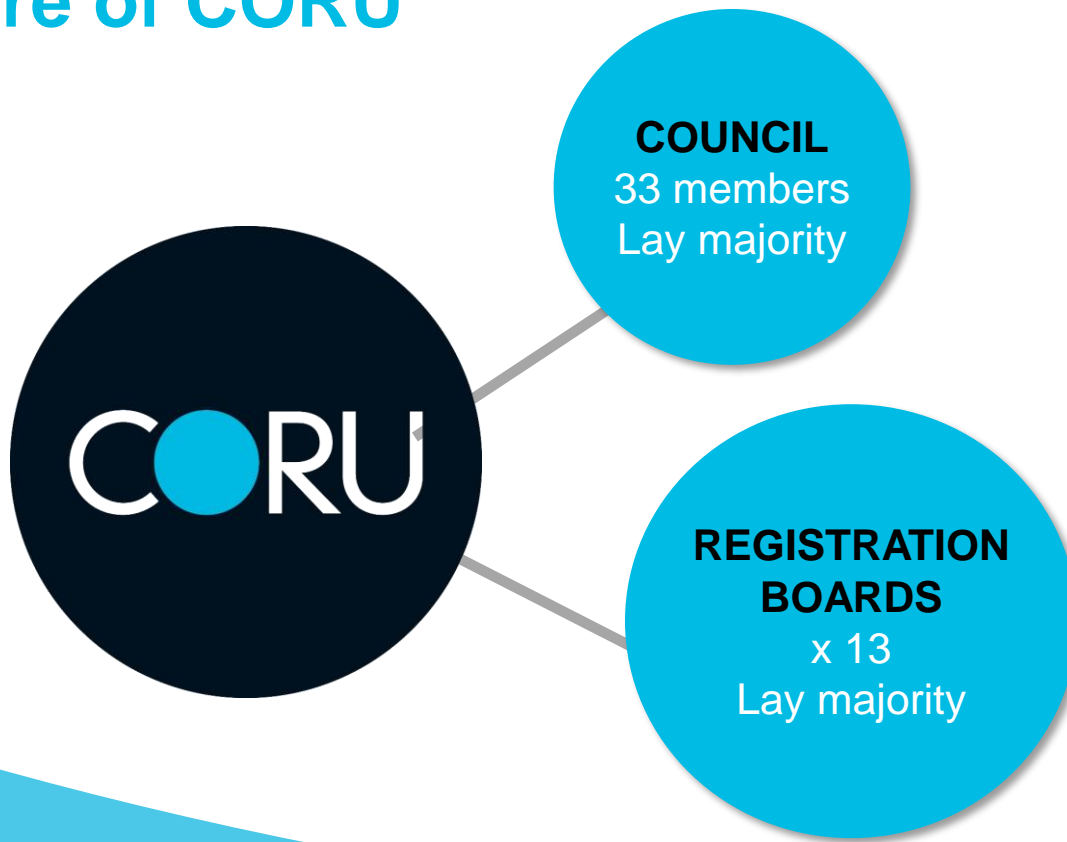
Phase 3 Transition

*From Day Register
Opens to end of
Transition*

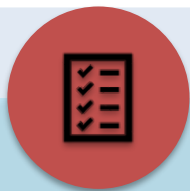
Phase 3 Business as Usual

Social Workers	Dietitians
Radiographers	Dispensing Opticians
Radiation Therapists	Speech & Language Therapists
Physiotherapists	Optometrists
Occupational Therapists	Medical Scientists
Podiatrists	

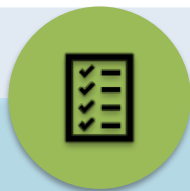
Structure of CORU



Role of Registration Boards



Setting professional standards



Establishing and maintaining a register of members for the profession



Approval and Monitoring of Education and Training Programmes



Recognition of professional qualifications awarded outside Ireland



Setting code of professional conduct and ethics

Public Protection

A wide blue horizontal banner with a double-headed arrow pointing left and right, containing the text 'Public Protection' in white.

Counsellors and Psychotherapists Registration Board (CPRB)



Counsellors & Psychotherapists Registration Board



In 2016, the Minister for Health designated the regulation of **counsellors** and **psychotherapists**

Following a 2016 DoH Public Consultation, the Minister determined there would be **one Registration Board** established with statutory responsibility for **two registers**

Counsellors and Psychotherapists Registration Board

Register for
Counsellors

Register for
Psychotherapists

Key Steps towards Opening a Register



Set its **Standards of Proficiency and Criteria for Education and Training Programmes**

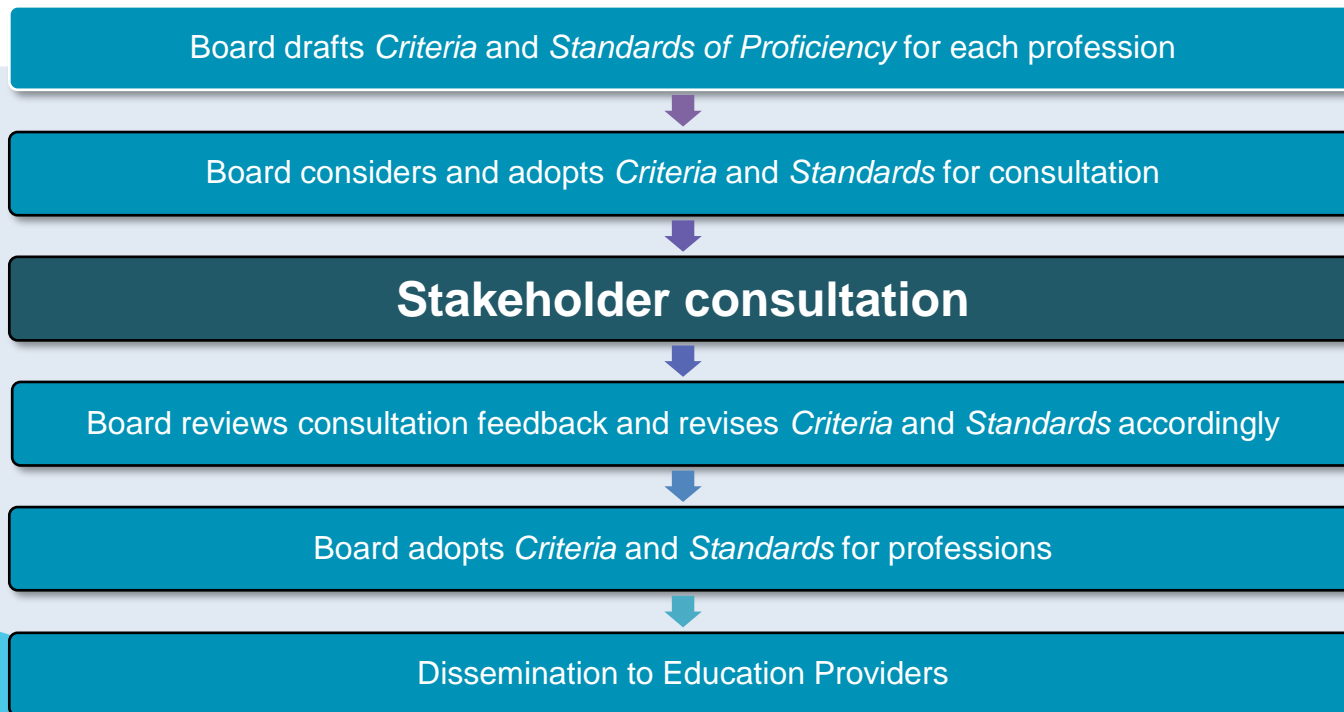
Set its *Code of Conduct*

Process of Approving Education and Training Programmes

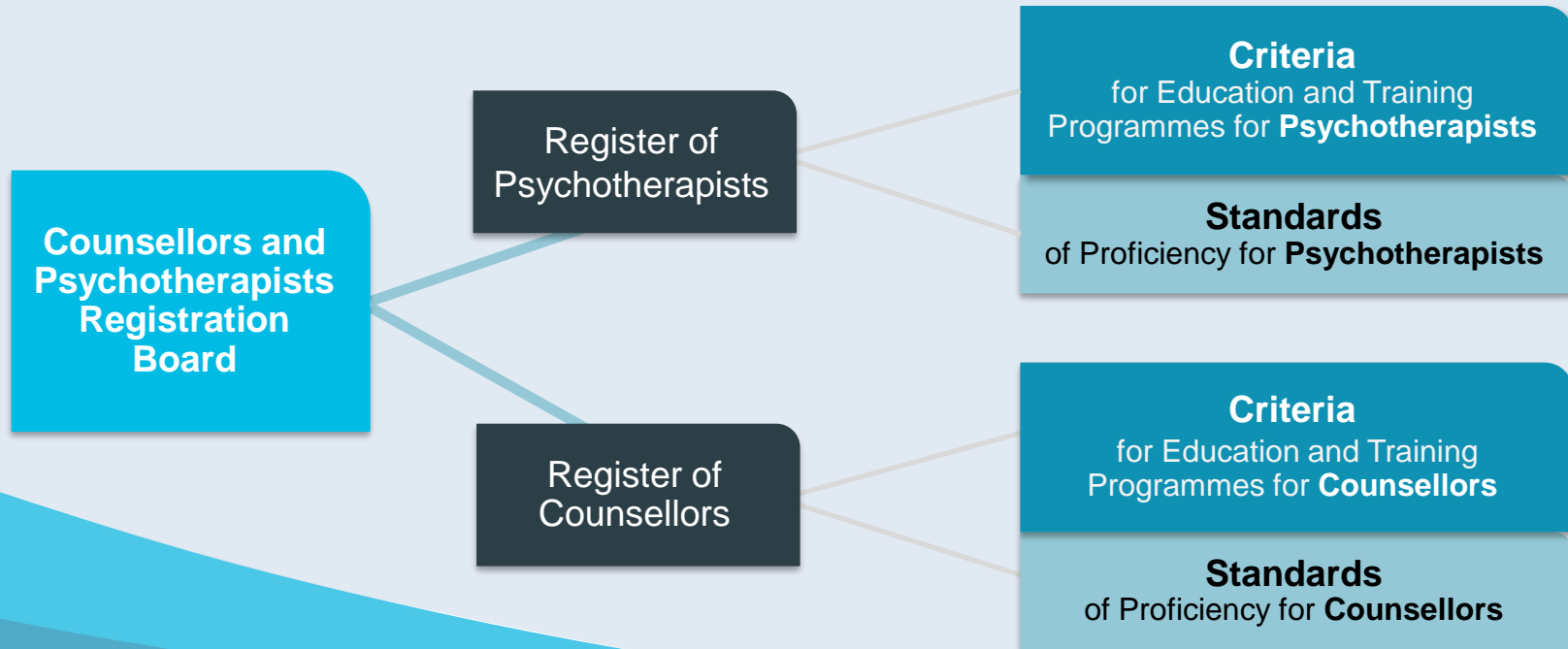
Make its Bye-Laws

- Threshold level of knowledge, skills and professional attributes for entry to the register
 - Requirements that education programmes must meet in order to deliver on the standards of proficiency
-
- Approving programmes to be used for entry to the register (under Section 38) to ensure each meets all the Board's Criteria and delivers the Board's Standards of Proficiency
-
- The standards of conduct, performance and ethics that a registered member of the profession must adhere to during their course of their work
-
- Establish the legal architecture for the opening of the register

Process for setting *Criteria* and *Standards*



What this means for the CPRB?



What are the Standards of Proficiency?



Standards of Proficiency

Describe the threshold – **minimum** – level of knowledge, skills and professional attributes needed to enable a person, upon entry onto a register, to practice safely and, in so doing, keep the public safe

Standards of Proficiency for Counsellors

Standards of Proficiency for Psychotherapists



Standards of
Proficiency are
set as Threshold
Standards

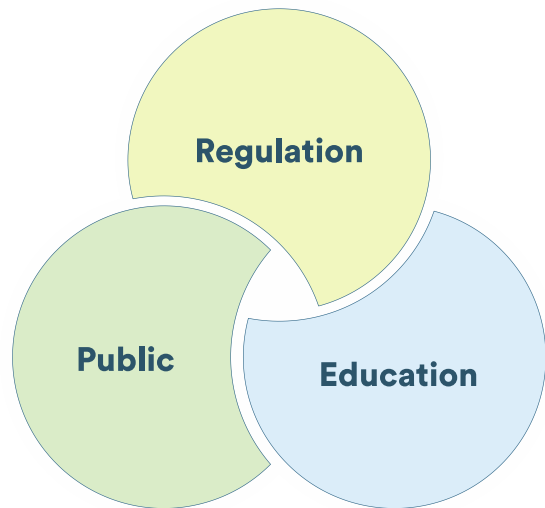
The Board must set **high standards** at the **threshold** level required to protect the public

Threshold = the minimum knowledge, understanding and skills to practice safely

Not optional, desirable or aspirational standards

Start with a focus on public protection and set the threshold standards from that perspective

What are the *Standards* used for?



Regulation

All applicants – from Ireland and internationally – must demonstrate achievement of all the standards as part of the registration process

Education

Education providers that prepare students to practice a profession upon graduation – and which seek approval from the Board – use the standards to design their education and training programmes

Public

Articulate the practice of a profession at entry level and help the public understand what kind of service they can expect.

How are the *Standards* developed?



**Review of
contemporary
evidence-informed
academic literature**



**Review of comparator
international
professional
standards**



**Understanding and
experience of
contemporary practice of
the profession in Ireland**

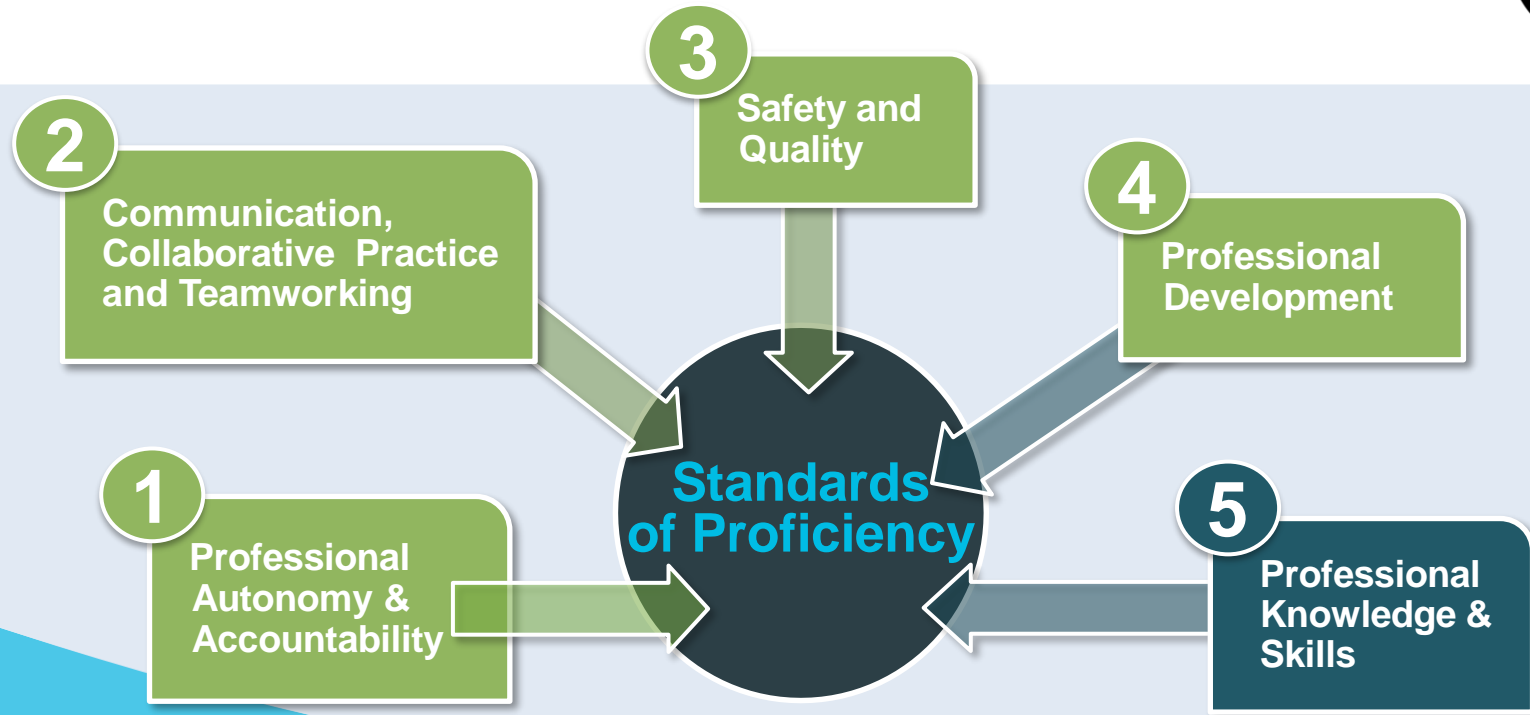


How are the Standards written?

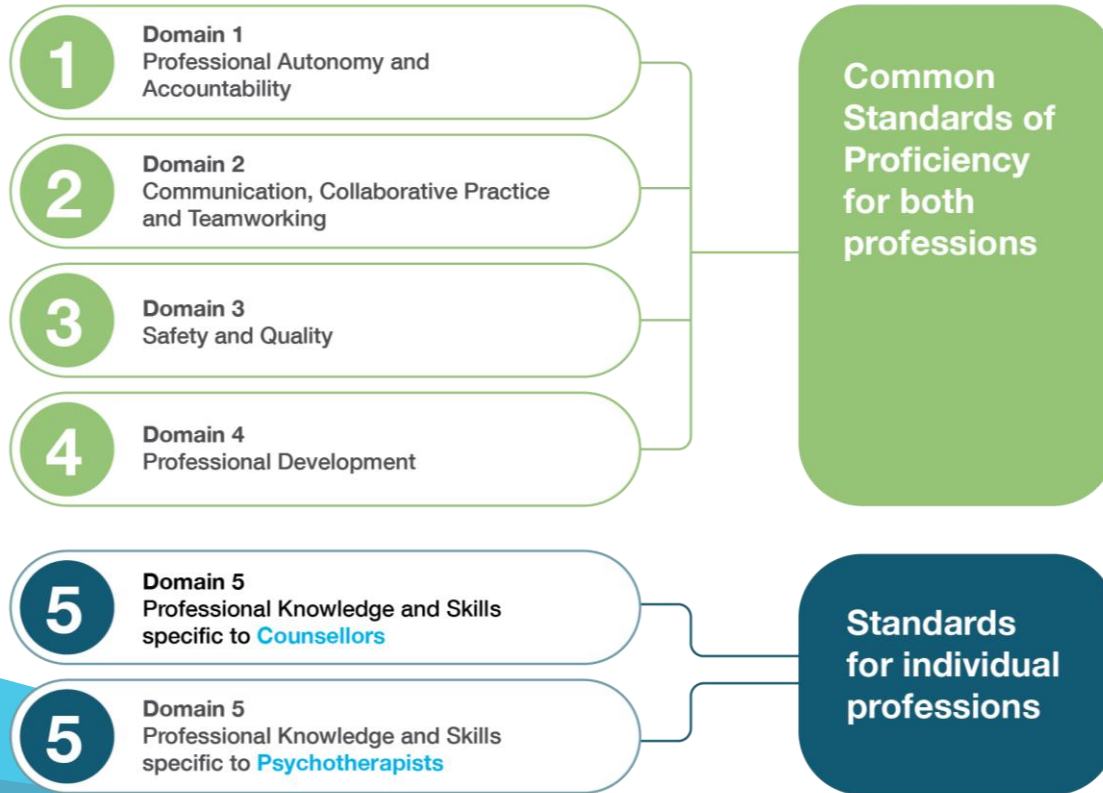


Outcomes:	they provide clarity and direction on the knowledge or skill a graduate must be able to demonstrate
Succinct:	they avoid extensive lists that detail the means around how the knowledge or skill is to be demonstrated
Flexible:	they allow for application across a diverse range of therapeutic environments
Holistic:	they are not standalone or there is no hierarchy; each standard is as important as another. They are interconnected

5 Domains of the Standards of Proficiency



5 Domains of the Standards of Proficiency



Domain 5: Professional Knowledge and Skills



5



Both professions share similar professional characteristics



Similarities in the practice of the two professions is reflected in common standards for both.

Be able to maintain professional and ethical boundaries with service users and be able to identify and manage any associated challenges



Board has articulated the **differences** between the two professions that reflect the specific knowledge and skills required to practice each profession

What are the Criteria?



Criteria for Education and Training Programmes

Detail how a professional education and training programme should be designed and managed in order to consistently produce graduates who have achieved the **Standards of Proficiency**

Criteria for Education and Training Programmes for Counsellors

Criteria for Education and Training Programmes for Psychotherapists

What is the Criteria used for?



1

Approve and Monitor

Education and Training programmes by the Board

2

Qualifications Based Register

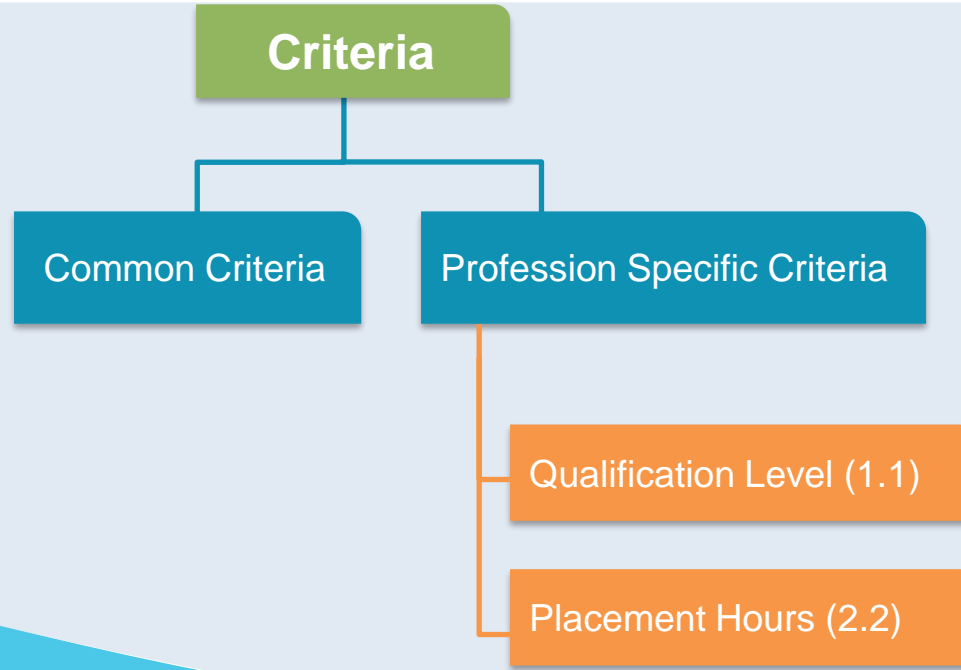
Applies to new and future graduates of approved programmes to join the register once the register is open

3

Not for Existing Practitioners

There is a different route for existing practitioners to join the register during the first two years the register is open

How is the Criteria made up?



How is the Criteria made up?

All 5 areas work together to ensure a programme can continually produce graduates who have met the standards of proficiency and, in so doing, ensure **protection of the public**



Profession Specific Criteria [1]:

Threshold Level of Qualification for Entry to the Register



What does Threshold Level mean?

- Refers to the minimum level on the National Framework of Qualifications a programme must be designed to in order to **deliver on the standards of proficiency**.
- *Programmes can be designed to a qualifications **level above this threshold** and be considered for programme approval by the Board.*
- But, if the programme is designed at a **level below the threshold**, it **could not deliver on the standards of proficiency** and therefore would not be considered for programme approval.



The Board's Approach



The Board's Draft Criteria



Counsellors
Level 8

Psychotherapists
Level 8

Profession Specific Criteria [2]:

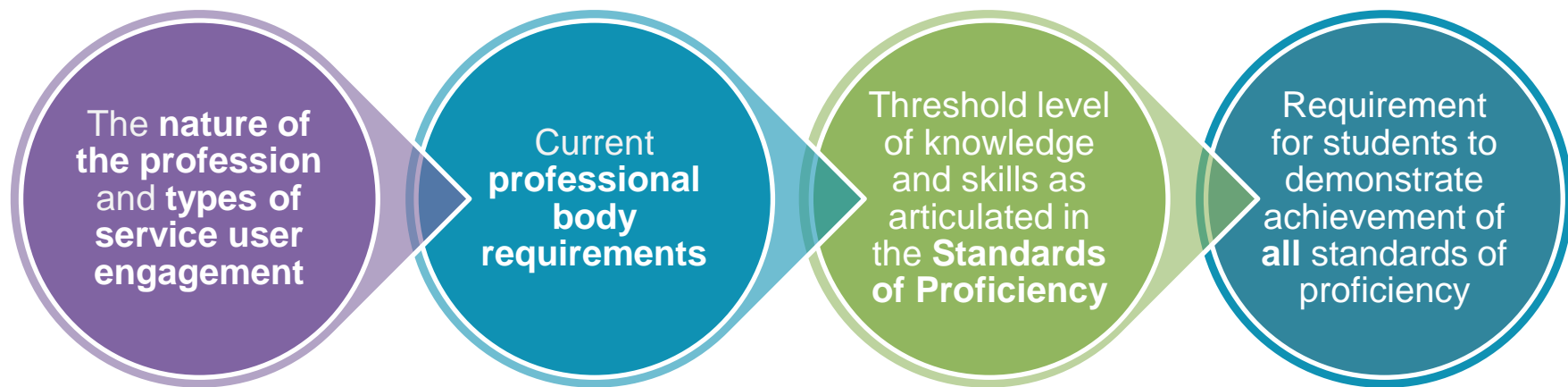
Total Number of Practice Place Hours



Practice Education is an integral part of the training for a future counsellor or psychotherapist

- Provides the opportunity to **translate learning into practice** in a **supervised** practice setting
- Essential component of **student assessment** and their demonstrated **achievement of the standards of proficiency**

How does the Board establish the total number of placement hours?



The Board's Decision



Counsellors

- **450 hours** of practice placement education
- Minimum **300 hours** in **supervised service user contact**
- **75 hours** must be directly observed service user contact

Psychotherapists

- **500 hours** of practice placement education
- Minimum **350 hours** in **supervised service user contact**
- **100 hours** must be directly observed service user contact

Public Consultation



Two public consultations on the *Criteria* and *Standards of Proficiency*:

Separate consultation for
counsellors and for
psychotherapists



Consultation Questionnaire accessible online at:

www.coru.ie or email
feedback to:
strategyandpolicy@coru.ie



Consultation opens on:

4 September 2023

and closes on:

1 December 2023

**Have
your say!**

Communication



www.coru.ie



[@CORUIreland](https://twitter.com/CORUIreland)



communications@coru.ie





Regulating Health
Social Care Professionals

Thank You



Ag Rialáil Gairmithe Sláinte
agus Cúraim Shóisialaigh

Regulating Health +
Social Care Professionals

Counsellors and Psychotherapists Registration Board (CPRB)

Public Consultation 2023

Standards of Proficiency

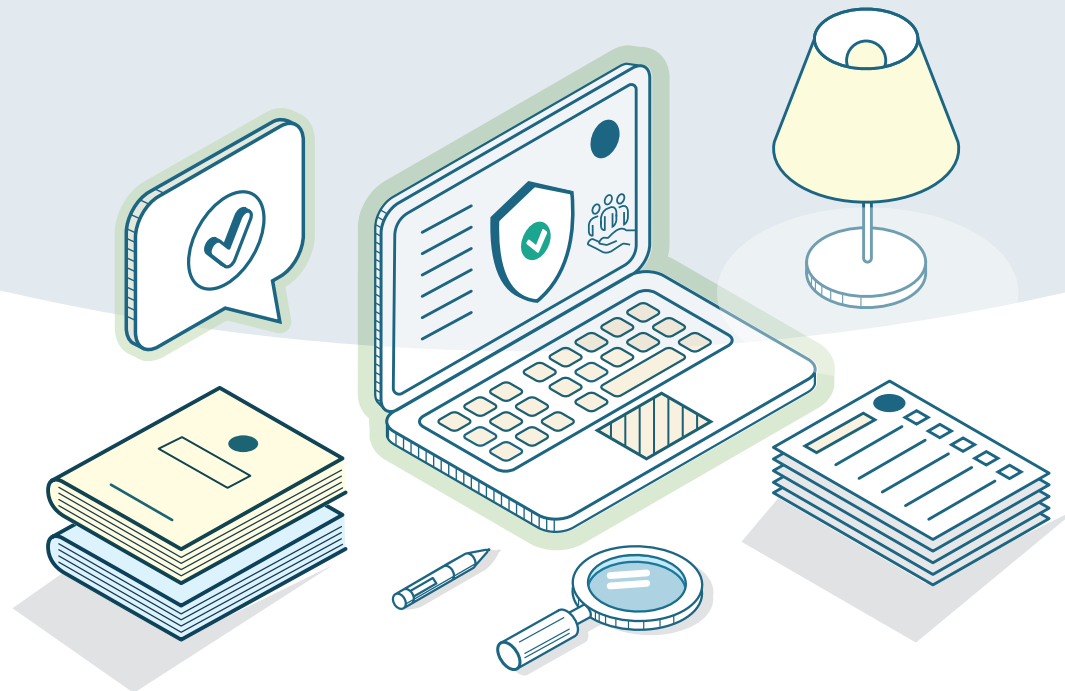


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Why Each Set of Standards Reflect the Distinctiveness of Each Profession	5
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Introduction

CORU is Ireland's multi-profession health regulator. Our role is to protect the public by promoting high standards of professional conduct, education, training and competence through statutory registration of health and social care professionals. CORU was set up under the Health and Social Care Professionals Act 2005 (as amended). It is made up of the Health and Social Care Professionals Council and the Registration Boards, one for each profession named in our Act.

Once statutory regulation is introduced to the counselling and psychotherapy professions, practitioners wishing to work using these titles in the Republic of Ireland must be registered with CORU on the appropriate register.

On 27 February 2019, the then Minister for Health, Simon Harris, confirmed the establishment of and appointment of members to the Counsellors and Psychotherapists Registration Board, under the Health and Social Care Professionals Act 2005 (as amended) to regulate the professions of **counsellors and psychotherapists**.

At the time of designation by the Minister, following public consultation, **one Registration Board was established** which would be responsible for two registers – one for counsellors and one for psychotherapists.

It is CORU's role to implement this direction, as set out by the Minister. Therefore there is one registration board and we are working towards the opening of two separate registers.

There is a standardised process of work to be completed by each Registration Board before the opening of a register. This includes:

- setting the pre-registration education and training standards;
- approving education and training programmes for new graduate entry to registers; and
- making statutory bye-laws and setting the Code of Professional Conduct and Ethics for the professions.

The Counsellors and Psychotherapists Registration Board is at the first stage of this process and has launched a public consultation on its **draft Standards of Proficiency and Criteria for Education and Training Programmes**. This public consultation will provide you with the opportunity to provide feedback on this key step towards opening registers for counsellors and psychotherapists.



Chapter 1

Introduction to the Standards of Proficiency

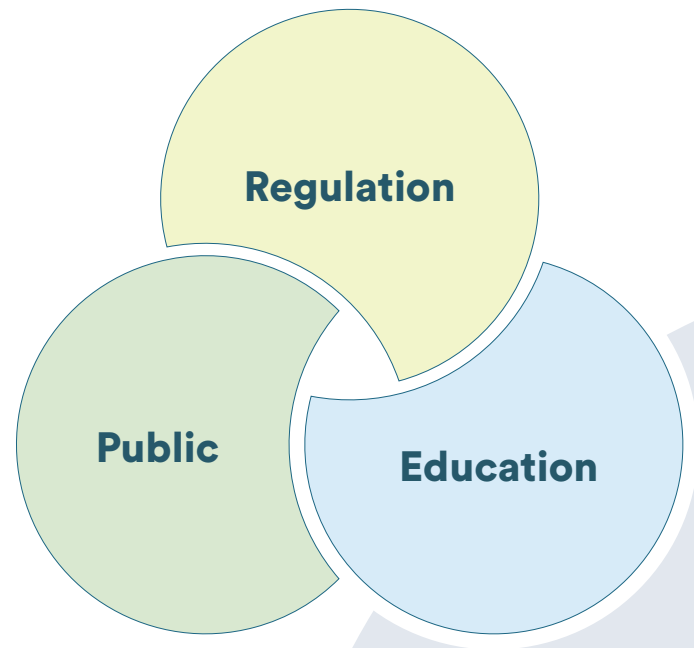
What are the Standards?

The standards of proficiency describe the threshold level of knowledge, skills and professional attributes needed to enable a person to practise safely and, in so doing, keep the public safe.

What are the Standards Used For?

The standards are used in a number of settings:

- **Regulation:** they set the minimum level of knowledge and skills required to enter the professional register. All applicants – from Ireland and internationally – must demonstrate achievement of **all** the standards as part of the registration process.
- **Education:** education providers that prepare students to practise a profession upon graduation – and who seek approval from the Board – use the standards to design their education and training programmes.
- **Public:** the standards help the public understand the threshold level of service they can expect from a registered health and social care professional.



Where do the Standards Come From?

The Board is responsible for drafting the standards of proficiency. It is made up of practitioners, representatives from education and training and lay members, which ensures there is a broad range of voices and perspectives shaping their design.



The Board undertakes an extensive research process which informs the drafting of standards. This involves:

- review contemporary evidence-informed academic literature;
- review of comparator international professional standards; and
- understanding of the contemporary practice of the profession in Ireland

Who else is involved in this?

Key stakeholders, including the public (through the public consultation), are part of the drafting process.

What is next?

Once the Board has prepared a draft set of standards, they are presented for public consultation and feedback.

This is the stage the Counsellors and Psychotherapists Registration Board is at.

Chapter 2

Articulating the Distinctions between Counsellors and Psychotherapists

The Board has developed two sets of standards: one for counsellors and one for psychotherapists

- ✓ There are two sets of standards because they articulate the **distinctiveness between the practise** of counselling and psychotherapy.
- ✓ Each set of standards reflects the **distinct proficiencies of each profession**.
- ✓ There are a range of standards which are common to both professions – and are articulated in the same way for both professions. These are known as **Framework Standards** and are found in Domains 1, 2, 3 and 4 of the Standards.

- ✓ The profession specific standards are found in Domain 5.
- ✓ There is no hierarchy across the standards; each area is as important as another. It is the achievement of all the standards that demonstrates that a person is ready to join the register and ensures public protection.



Chapter 3

Common Standards of Proficiency



1

Domain 1: Professional Autonomy and Accountability

(Applies to both professions)

This domain is concerned with the professional and ethical behaviours of practitioners in the delivery of counselling and psychotherapy treatment. Key areas of this proficiency include:

- working in the best interests of service users that reflects their will and preference;
- ensuring informed consent is received from the service user; and
- maintaining professional boundaries in the delivery of care; and practices around confidentiality.

2

Domain 2: Communication, Collaborative Practice and Teamworking

(Applies to both professions)

This domain focuses on the key skills required to use open, responsive and appropriate communication approaches and tools effectively when engaging with service users and colleagues.

This includes counsellors and psychotherapists being able to:

- adapt and modify a communications approach, written and verbal, to ensure service user understanding; and
- recognise the dynamics of working as part of a team, including working alongside colleagues from other professions.

**Common
Standards of
Proficiency
for both
professions**

3

Domain 3: Safety and Quality

(Applies to both professions)

This domain recognises the relationship that exists between a service user, their health and wellbeing, the practitioner and the environment in which a counselling or psychotherapy treatment is delivered.

Key to this area of proficiency is the ability of practitioners to:

- gather, analyse and evaluate all necessary information when assessing an appropriate treatment course;
- evaluate, review and modify an approach to treatment, together with a service user; and
- establish and maintain safe environments for the delivery of service user care.

4

Domain 4: Professional Development

(Applies to both professions)

This domain articulates standards around engagement in Continuing Professional Development, including:

- the importance of participating in professional development and education opportunities; and
- the development of self-reflection and evaluation skills as part of professional continual improvement.

**Common
Standards of
Proficiency
for both
professions**

Chapter 4

Profession Specific Standards

5

Domain 5: Professional Knowledge and Skills

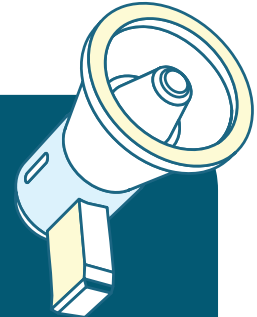
(Specific to each profession)

Domain 5 articulates the profession specific knowledge, skills and behaviours needed for the effective delivery of counselling or psychotherapy practice.

These standards are informed by relevant and contemporary theory, practice knowledge and evidence.

It is in these standards that you will see the distinctiveness of each of the professions emerge.

Feedback Wanted on Domain 5: Professional Knowledge and Skills!!



Professional Knowledge and Skills

While expressed differently to reflect the different scope of practice of both professions, these standards address areas including:

- knowledge and application of appropriate therapeutic approaches to meet service user needs;
- the appropriate skills required to establish, build, maintain and safely conclude a therapeutic relationship;
- the need for reflexivity in practice and understand the self, as a practitioner, in the therapeutic relationship; and
- the changing environments of practice and the skills needed to work and manage across these, including in the digital space.



**Have
your say!**

Stakeholder Consultation

The Board's draft Standards for Counsellors and draft Standards for Psychotherapists are available to access on www.coru.ie

We are looking for your feedback and perspective.
We would like your views on:

- whether the standards are set at the threshold level for entry to practice; and
- are there any gaps or anything missing?

You can access the consultation questionnaires and all relevant information on the CORU website:

www.coru.ie

The consultations are open for feedback from 4 September 2023 until 1 December 2023



Ag Rialáil Gairmithe Sláinte
agus Cúraim Shóisialaigh
Regulating Health +
Social Care Professionals

Counsellors and Psychotherapists Registration Board (CPRB)

Public Consultation 2023

Criteria for Education and Training Programmes

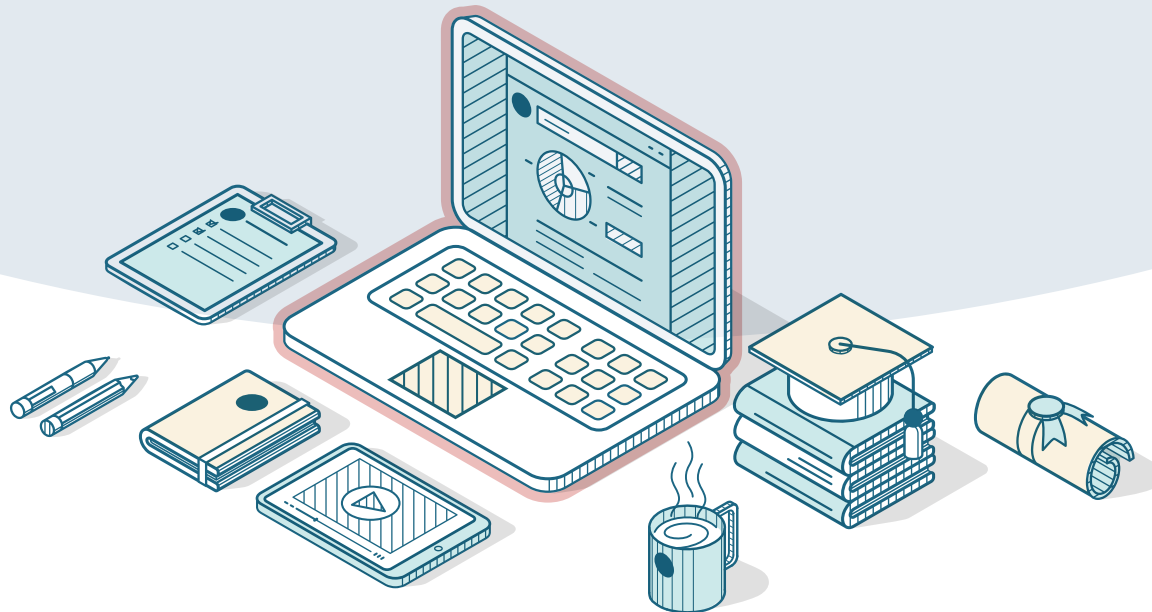


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Introduction

CORU is Ireland's multi-profession health regulator. Our role is to protect the public by promoting high standards of professional conduct, education, training and competence through statutory registration of health and social care professionals. CORU was set up under the Health and Social Care Professionals Act 2005 (as amended). It is made up of the Health and Social Care Professionals Council and the Registration Boards, one for each profession named in our Act.

Once statutory regulation is introduced to the counselling and psychotherapy professions, practitioners wishing to work using these titles in the Republic of Ireland must be registered with CORU on the appropriate register.

On 27 February 2019, the then Minister for Health, Simon Harris, confirmed the establishment of and appointment of members to the Counsellors and Psychotherapists Registration Board, under the Health and Social Care Professionals Act 2005 (as amended) to regulate the professions of **counsellors and psychotherapists**.

At the time of designation by the Minister, following public consultation, one Registration Board was established which would be responsible for two registers – one for counsellors and one for psychotherapists.

It is CORU's role to implement this direction, as set out by the Minister. We therefore have one registration board and we are working towards the opening of two separate registers.

There is a standardised process of work to be completed by each Registration Board before the opening of a register including:

- setting the pre-registration education and training standards;
- approving education and training programmes for new graduate entry; and
- making statutory bye-laws and setting the Code of Professional Conduct and Ethics for the professions.

The Counsellors and Psychotherapists Registration Board is at the first stage of this process and has launched a public consultation on its **draft Criteria for Education and Training Programmes and Standards of Proficiency**. This public consultation gives you the opportunity to provide feedback on this key step towards opening registers for counsellors and psychotherapists.



Chapter 1

Introduction to the Criteria for Education and Training Programmes



What is the Criteria?

The Criteria identify the requirements the Counsellors and Psychotherapists Registration Board has set around how a professional education and training programme is designed and managed.

The Criteria is used to ensure that a programme has the systems and mechanisms in place to demonstrate that students graduating from the programme have achieved all the standards of proficiency for the profession and are proficient in the practice of the profession to enter onto the register and practise safely and autonomously.

The Criteria, by ensuring that graduates are suitably trained and qualified to practise as counsellors and psychotherapists, is pivotal to ensuring public safety.

What is the Criteria Used For?

The Counsellors and Psychotherapists Registration Board operates a qualifications-based register. This means that successful completion of a programme, approved by the Board, is required for new and future graduates to join the register, once the register is open.

Please Note: existing practitioners, at the time the register opens, will have a different route to registration.

The Criteria is used to approve and monitor education and training programmes. Each programme, and the education provider that offers it, is assessed against each of the criteria and only programmes that meet all criteria required by the Board are approved.

In approving a programme, the Board has assessed that successful completion of the course of study and awarding of the qualification provides students with the knowledge, skills and professional attributes required to practise safely and proficiently.

Where do the Criteria Come From?

The Board is responsible for drafting the criteria for Education and Training Providers. It is made up of practitioners, representatives from education and training and lay members, which ensures there is a broad range of voices and perspectives shaping their design.

The Board undertakes an extensive research process which informs the drafting of Criteria. This involves:

- review and evaluation of the standards of proficiency in the context of the National Framework of Qualifications (NFQ) Level Descriptors;
- review of any education and training requirements set by relevant professional bodies in Ireland; and
- consideration of the contemporary practice and structure of the profession in Ireland.

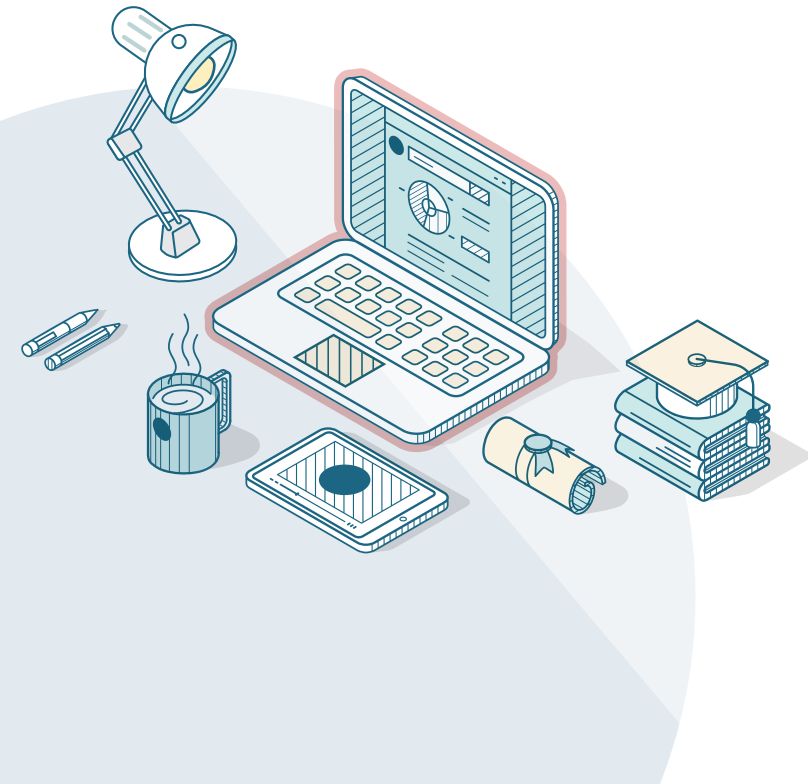
Who else is involved in this?

Key stakeholders, including the public (through the public consultation), are part of the drafting process.

What is next?

Once the Board has prepared a draft set of standards, they are presented for public consultation and feedback.

This is the stage the Counsellors and Psychotherapists Registration Board is at. The Board has drafted two sets of criteria: one for counselling programmes and one for psychotherapy programmes.



Chapter 2

Criteria and Quality Assurance

The Criteria is structured around six key areas:

All these areas work together to ensure that a programme can continually produce graduates who have met all the standards of proficiency and so can practise safely in delivering high quality therapeutic care when they join the register, thereby ensuring public protection.



Make-Up of Criteria

It is important to note that the Criteria is comprised of two elements:

- Framework Criteria which is common across all regulated professions; and
- Profession specific criteria which the Board is responsible for drafting.



What is the Board Looking for Feedback On?

For its draft Criteria for Counsellors and its draft Criteria for Psychotherapists, the Board has identified the profession-specific requirements that it is looking for your feedback on:

- The threshold – or minimum – level of qualification for entry to the register; and
- The total number of practice placement hours a student must complete as part of an education and training programme.

Chapter 3

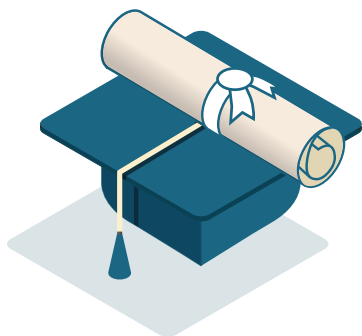
Level of Qualification

Threshold Level of Qualification

The threshold level of qualification refers to the minimum level on the National Framework of Qualifications a programme – and its qualification – must be designed to in order to deliver on the standards of proficiency.

Programmes can be designed to a qualifications level above this threshold and be considered for programme approval by the Board.

However, if the programme is designed at a level below the threshold, it could not deliver on the standards of proficiency and therefore would not be considered for programme approval.



The Board's Decision

The Board has set the minimum level of qualification for entry to the register at **Level 8** for **both counsellors and psychotherapists**.

The Board's Process

In setting the threshold at Level 8, the Board examined:

- the NFQ Level Descriptors which describe the threshold knowledge, skills and competence required at each level;
- the threshold level of practice of the professions as articulated in each of the standards of proficiency for counsellors and psychotherapists;
- the nature of the practice of the professions as providing advanced and specialised therapeutic support on a one-to-one basis with individuals; and
- the opportunity for all members in our society to access higher level education and enter into the counselling and psychotherapy professions, recognising that the professions reflect the people they serve.



The Board's Rationale

The Board concluded that NFQ Level 7 does not reflect the demands of practice or depth of engagement with service users required at threshold level.

The threshold requirements at NFQ Level 9 go beyond the threshold level of proficiency identified in the Board's standards of proficiency for both counsellors and psychotherapists.

NFQ Level 8 reflects the demands of both professions at threshold level and the articulation of the range and application of knowledge and skills required in the Board's standards of proficiency

Chapter 4

Practice Placement Hours

About Practice Education

Practice Education is an integral part of the training of a future counsellor or psychotherapist.

It is necessary to provide students with the opportunity to engage directly in the practice of the profession - with the appropriate supervision and support structures in place - to allow a student to translate what is learned in the classroom into practice. This ensures the quality and safety of future practitioners.

Practice education, too, plays a vital role in the assessment of students and whether they have demonstrated achievement of the standards of proficiency.

This is why an education provider must have for example:

- a process in place for approving suitable placement sites that have appropriate onsite supervisory arrangements for students;
- a process for how they allocate students to placement sites;
- monitoring and quality assurance processes to ensure the ongoing quality of placement education;
- mechanisms for training supervisors in placement sites;
- process around how assessments of students on placements are undertaken.



These are the requirements for practice education across all regulated programmes.

Practice Placement Hours

The Board has set profession specific requirements around the total number of practice education hours that a student must complete as part of an education and training programme.

The Board has identified three parts to its requirements around placement hours:

- the total number of practice education hours a student must complete;
- the minimum number of hours a student must complete in supervised service user contact; and
- the number of hours a student is directly observed in service user contact.

What Does this Mean?

Total Number of Placement Hours

The total hours that a student is engaged in practice education is made-up of two elements:

- the time on-site in a placement setting in the practice of the profession. This can include direct engagement with a service user, planning for a session with a service user, completion of reports and other administrative duties – all the things that go into practising the profession; and
- the time allocated to academic activities associated with practice education. This can include, for example, completion of a placement portfolio, attendance at supervision meetings with a supervisor.

Hours in Supervised Service User Contact

These are the hours that a student is on-site in a placement setting engaging in the practice of the profession, reflective of that student's experience and proficiency.

At each placement site, a student must be assigned a suitably qualified and experienced on-site supervisor who is available to the student throughout the course of the practice placement.

This is to ensure the protection of the student and the safety of any service users a student engages with during a placement experience.

Supervision is about providing a student with appropriate levels of support and guidance during a placement.

It is important to make a distinction between supervision and observation. Supervision may include observation, but observation is not supervision.

Direct Observation

Observation is directly linked with the assessment of a student and requires that the student is directly observed in practice by their supervisor to determine achievement of the standards of proficiency.

The Board's Decision

The Board has set different practice placement hours requirements for counsellors and psychotherapists.

For Counsellors, a student must complete:

- 450 hours of practice placement education during the course of a programme; of which
- a minimum of 300 hours must be completed in supervised service user contact; and
- of these 300 hours, 75 hours must be direct observed service user contact.

For Psychotherapists, a student must complete:

- 500 hours of practice placement education during the course of a programme; of which
- a minimum of 350 hours must be completed in supervised service user contact; and
- of these 350 hours, 100 hours must be direct observed service user contact.

The Board's Rationale

In setting the practice education hours for both professions, the Board has factored in:

- the practice of the profession and the types of engagement a practitioner has with a service user;
- the practice placement hours currently required by a range of professional bodies in Ireland;
- the threshold level of knowledge and skill as articulated in the standards of proficiency for both professions; and
- the requirement that students must demonstrate achievement of all standards of proficiency during their education and training.

Education providers have flexibility around how to design and structure their programmes to meet these placement requirements; there's no one way to do this.





**Have
your say!**

Stakeholder Consultation

**The Board's draft Criteria
for Education and Training
Programmes for Counsellors
and Psychotherapists is
available to access on
www.coru.ie**

**We are looking for your feedback and perspective.
We would like your views on:**

- the level of qualification for entry to the register for both professions; and
- the requirements set by the Board for practice placement hours.

You can access the consultation questionnaires and all relevant information on the CORU website:
www.coru.ie

The consultations are open for feedback from
4 September 2023 until 1 December 2023

Counsellors and Psychotherapists Registration Board (CPRB)
Consultation Website Frequently Asked Questions, September 2023

[1] General FAQs

Question	Answer
<p>[1] What is the role of CORU and how does it differ from a professional association/ accrediting body currently in place in the Counselling and psychotherapy professions?</p>	<p>CORU is Ireland's multi-profession health regulator. Our role is to protect the public by promoting high standards of professional conduct, education, training and competence through statutory registration of health and social care professionals. CORU was set up under the Health and Social Care Professionals Act 2005 (as amended). It is made up of the Health and Social Care Professionals Council and the Registration Boards, one for each profession named in our Act.</p> <p>CORU's focus is on the protection of the public. Professional associations/ accrediting bodies act as advocates for the profession. In the case of multiple professional bodies in the field of counselling and psychotherapy, professional bodies also often advocate for specific modalities/ approaches used by practitioners. Once statutory regulation is introduced to the counselling and psychotherapy professions, practitioners wishing to work using these titles in the Republic of Ireland will have to be registered with CORU on the appropriate register.</p>
<p>[2] Why are there two separate registers – one for counsellors and one for psychotherapists?</p>	<p>The Minister for Health, Simon Harris, confirmed on 27 February 2019 the establishment of and appointment of members to the Counsellors and Psychotherapists Registration Board, under the Health and Social Care Professionals Act 2005 (as amended) to regulate the professions of Counsellors and Psychotherapists.</p> <p>These were the first professions to be designated under the 2005 Health and Social Care Professionals Act by regulation, having not been listed in the original 2005 Act. At the time of designation by the Minister, following public consultation, regulations proscribe that there was to be one Registration Board which would be responsible for two registers – one for counsellors and one for psychotherapists. It is CORU's role to implement this direction, as set out by the Minister, and we therefore have one registration board and we are working towards the opening of two separate registers.</p>

Question	Answer
[3] What work needs to be completed before the registers open?	There is a standardised process of work to be completed by each Registration Board before the opening of a register. This includes setting the pre-registration education and training standards, approving education and training programmes for new graduate's entry to registers, making statutory Bye-Laws and setting the Code of Professional Conduct and Ethics for the professions.
[4] What bye-laws are in place when a register opens?	There are a number of Bye-Laws that will be in place when a register opens. These relate to the Code of Professional Conduct and Ethics, Approved Qualifications, Application for Registration, Return to Practice, Restoration to the Register following Removal on Request, and Restoration to the Register following Cancellation of Registration.
[5] What is the timeline for the opening of the registers for Counsellors and Psychotherapists?	Currently there is no date set for the opening of the registers. The Registration Board is currently undertaking the necessary work required for public protection before the opening of the registers. The Board will consult on draft Standards of Proficiency and the draft Criteria for Education and Training Programmes for both professions in 2023. Following consultation, the Board will set its pre-registration education and training requirements which will be issued to the professions. The Board will notify education providers of the timeline for alignment to its requirements before it will commence its programme approval process.
[6] Will there be a grandparenting provision for those already practising in the professions?	<p>Yes, Section 91 of the Health and Social Care Professionals Act 2005 (as amended) provides a path to registration for existing practitioners. This is a standard grandparenting route available to all CORU regulated professions when a register first opens. During the first two years that a register is open - a period known as the Transitional Period - existing practitioners can apply for registration and satisfy the registration board that they meet the requirements for registration.</p> <p>It is recognised that those applying under this route may have legacy or historical qualifications that were deemed appropriate for entry to practise of the profession at the time of qualification award. As these are historical qualifications, CORU recognises these may not have been delivered at the same level of qualification that is currently the standard for entry to the professions. The Registration Board will set its standards and the level of qualification required for public protection, for new</p>

Question	Answer
	entrants to its registers, which will be the standard required of future graduates entering the professions.
<p>[7] What are the requirements to be eligible to apply to a register under Section 91 (grandparenting)?</p>	<p>In order to qualify to be eligible to apply for entry to a register under Section 91, a person must:</p> <ul style="list-style-type: none"> • have been practising in the profession for a minimum of two years out of the previous five years on the date that the register opens; • hold the relevant qualifications (as proscribed by regulation by the Minister for Health) or have successfully completed a competency test; • be deemed fit and proper to practise the profession. <p>Further information can be found on the CORU website in relation to the registration process and requirements including fit and proper requirements, language requirements, guidance for existing practitioners applying under Section 91, and information on supporting documentation required for registration including employment forms and documentation required by private practitioners.</p>
<p>[8] What is the fee for registration and renewal?</p>	<p>The current registration fee is set at €100. The annual renewal fee is also set at €100 per annum. This has been set under the National pay agreement until 2023.</p>
<p>[9] How often is renewal of registration required?</p>	<p>Registration is renewed annually for all CORU regulated professions.</p>
<p>[10] What are grandparenting assessments? What will be involved in these assessments?</p>	<p>This is called an Assessment of Professional Competence (AoPC) and it may be required to be completed by an existing practitioner who does not hold a relevant qualification (as proscribed by regulation under the Act) or a qualification that is deemed by the Board to be sufficiently relevant to that profession. The Registration Board has not set its requirements for an AoPC. Further information on this will be issued in advance of the registers opening.</p>
<p>[11] For grandparenting requirements, does practice for 2 out of the 5 years before a register opens include work as a pre-accredited counsellor or psychotherapist?</p>	<p>Yes, any person currently practising in the profession, as an autonomous practitioner, will be eligible to apply to the register.</p>

Question	Answer
<p>[12] What kind of work is counted towards practice for 2 out of the 5 years before a register opens? Does this include client work/ teaching/ supervising/ management? Does it matter if this work is full time or part time?</p>	<p>The Counsellors and Psychotherapists Registration Board has not yet set its requirements for registration. This will be done in advance of its registers opening following public consultation on its Bye-Laws. In general, Registration Boards recognise that those involved in management, education and research directly related to the profession are engaged in practice of the profession.</p> <p>Full- and part-time employment by a practitioner is accepted.</p>
<p>[13] Will all courses applying for Programme approval with CORU have to be assessed before the registers open and grandparenting opens for existing practitioners?</p>	<p>A vital part of assuring public protection is establishing the correct standards for education and training of the professions. This work is necessary as currently the Board cannot open its registers until such time as an Approved Qualifications Bye-law has been set. The reason for this being that there would be no route for new entrants into the profession (Section 38 applicants) to register as they would not meet the grandparenting requirement of having practice experience (2 years in previous 5 years), as set out in legislation.</p> <p>It is the decision of the education provider to apply for programme approval to the Board. Institutions should consider an application for programme approval carefully and enter the regulatory approval process when they believe that there is sufficient evidence to demonstrate that the programme meets the Registration Board's requirements.</p>
<p>[14] Can you qualify and register for both the counsellors and the psychotherapists registers?</p>	<p>Yes, it may be possible for practitioners to come forward for registration on both registers, if they can demonstrate they meet the criteria for eligibility to apply to both. A person will need to be registered on the relevant register in order to use the protected title of that profession once the grandparenting period ends.</p>
<p>[15] If I am registered on both registers will I have to pay double the fees and what are the implications for CPD requirements?</p>	<p>Yes, the fee is €100 per annum per register to maintain your registration on each register and to use both titles.</p> <p>Registrants across all CORU regulated professions are required to accrue 30 CPD credits in every 12-month period. If a person is registered on both registers, they will be required to demonstrate learning achieved relevant to the practice of both professions.</p>

Question	Answer
	Further information on CPD can be found here on the CORU website.
[16] When will the first cycle of CPD auditing begin?	<p>The CPD Auditing period usually commences following the close of the grandparenting or transitional period (2 years after the date a register opens). Registration Boards may set a 12 or 24-month audit period.</p> <p>Further information on CPD audit can be found here on the CORU website.</p>
[17] Who will be responsible for CPD - will it be the individual, professional body or CORU?	<p>Individual registrants are responsible for maintaining their CPD in line with their Code of Professional Conduct and Ethics. CORU is responsible for auditing registrants to ensure registrants have a system or process to maintain their skills and knowledge. Registration Boards also provide their registrants with CPD support and guidance documents.</p> <p>A professional body may set its requirements for CPD for its members and/or offer supports to its members to engage in CPD.</p>
[18] How do I prepare to apply for registration with CORU? What paperwork do I need to produce?	<p>Once a register is open, an Individual can apply for registration under either Section 91 (for existing practitioners), this entry route is only available for the first two years following the opening of a register; or under Section 38 for those who hold a relevant qualification (graduates that hold a qualification listed on the Approved Qualifications Bye-Law for the relevant register or applicants whose international qualification has been recognised by the Board).</p> <p>Further information about the registration process can be found on the CORU website.</p>
[19] Will registrants have to hold ongoing membership in a professional body?	It is not a requirement to hold membership of a professional body to be registered with CORU and use the protected title. A registrant may be a member of a professional body but this is not connected to statutory registration with CORU.

Question	Answer
<p>[20] Will the CORU Code of Professional Conduct and Ethics replace the existing codes of practice of the professional bodies?</p>	<p>Professional bodies may continue to have their own Code of Conduct for their members but all registered professionals will be required to follow the Code of Professional Conduct and Ethics of their profession. The Code sets out the standards of conduct, performance and ethics which a member of that profession must adhere to throughout the course of their work.</p> <p>All registrants must abide by a statutory Code of Professional Conduct and Ethics. This Code is the basis for which a Fitness to Practise complaint may be brought against a registrant.</p>
<p>[21] Will membership of a particular professional body affect the success or otherwise of a registration application?</p>	<p>No, it is not a requirement to hold membership of a professional body to be eligible to register with CORU and use the protected title. Membership of any professional body will have no impact on the outcome of an application to register with CORU.</p>
<p>[22] Can education and training courses that are run on a part-time basis come forward for CORU programme approval?</p>	<p>Full-time and part-time programmes can apply for programme approval with CORU. CORU set the minimum programme delivery level for a profession in line with the National Framework of Qualifications (NFQ) and do not specify programme duration. Once a programme can meet all of a Registration Board's pre-registration education and training standards they may apply for CORU programme approval.</p>
<p>[23] Will there be any requirements for scope of practice?</p>	<p>CORU regulates by protection of title, in line with other Irish regulatory bodies, not by scope of practice. In line with the Code of Professional Conduct and Ethics, registrants must 'Act within the limits of your knowledge, skills, competence and experience'.</p>
<p>[24] Will the registers take into account specialisms or modalities of working?</p>	<p>The Health and Social Care Professionals Act (2005) does not have provision for regulation of specialisms, nor for annotation of modalities of practice.</p>
<p>[25] Do you anticipate that there will be a decrease in the level of specialisms of courses offered once regulation comes into place? Currently there is for example psychoanalysis, CBT, DBT, family therapy etc.</p>	<p>Education providers may continue to run programmes with an emphasis on particular modalities. The Standards of Proficiency are the threshold standards set by a Registration Board required for safe and effective practice for all those entering the register. Once these standards are being met, a programme may provide training with a focus on any particular approach or modality.</p>

Question	Answer
[26] Will there be a difference between those practicing with adults and those who work with children or adolescents?	In line with the Code of Professional Conduct and Ethics, registrants must 'Act within the limits of your knowledge, skills, competence and experience'. The Health and Social Care Professionals Act (2005) does not have provision for specialisms or annotation and therefore there would be no differentiation within the registers.
[27] When will Fitness to Practise come into place?	All registrants are required to adhere to their Code of Professional Conduct and Ethics. Once registered, a complaint may be received against any professional who may be deemed to be in breach of their Code.
[28] Will therapy services operating online from outside Ireland be able to offer services here once the regulation comes into place?	<p>The area of online provision of services is a growing field and has come into focus since the move to widespread remote working due to COVID-19. All regulators are keeping up to date with developments in this field, as this will be informed by EU Directive and National policy/legislation with regard to regulation of provision of online or AI services.</p> <p>Any practitioner using a protected title and offering services in the Republic of Ireland must be registered on the appropriate register to allow for use of a protected title. Practitioners using a protected title that are not registered will be subject to enforcement under Fitness to Practise.</p>
[29] Can a psychologist who uses the title counsellor or psychotherapist, register under S91 so they can continue to use the title?	If a practitioner has been engaged in the practice of the profession for 2 out of the previous 5 years before the opening of a register they may come forward for registration under Section 91 in order to continue to use the title. Practitioners must be registered on the appropriate register to continue to use a protected title in the course of their work.
[30] What kind of standards will CORU set for education providers?	<p>The education and training standards set by CORU are made up of</p> <ul style="list-style-type: none"> • The Criteria for Education and Training Programmes which describe how the education provider facilitates and evaluates the achievement of the standards of proficiency. • The Standards of Proficiency which are the threshold standards of practice set by a Registration Board for safe and effective practice.

Question	Answer
	The standards of proficiency detail the knowledge and skills that all registrants must have.
[31] Who will decide the education and training standards required?	The Counsellors and Psychotherapists Registration Board will set the Standards of Proficiency for entry to its registers, following a public consultation process. The Board has developed draft <i>Standards of Proficiency</i> ; one set for counsellors and one set for psychotherapists. The public consultation around these documents opened on 04 September 2023 and will close on 01 December 2023. More information on the consultation, including how to provide feedback, is available here .
[32] Who are the members of the Counsellors and Psychotherapists Registration Board?	Information about the membership of the Counsellors and Psychotherapists Registration Board can be found on the CORU website . General information about all CORU Registration Boards can also be found here on the CORU website .
[33] If an education or training course is currently accredited with a professional/ accrediting body is this taken into account for CORU programme approval?	No, the Counsellors and Psychotherapists Registration Board will set education and training standards that are separate and distinct from professional body accreditation or other types of academic accreditation or validation such as QQI approval. CORU's standards are set to ensure that graduates are safe to practice with the public. Programme accreditation or validation with any other body is not linked with CORU's programme approval process and will not have an impact on the outcome of the programme approval process.
[34] What NFQ level will be required by programmes for counselling and programmes for psychotherapy?	The Counsellors and Psychotherapists Registration Board has developed draft <i>Criteria for Education and Training Programmes</i> ; one set for counsellors and one set for psychotherapists. The Board is currently seeking feedback on these draft documents. The <i>Criteria</i> detail the Board's requirements around the threshold level of qualification for entry to the register, practice placements, admissions, programme management, curriculum and assessment. The public consultation opened on 04 September 2023 and will close on 01 December 2023. More information on the consultation, including how to provide feedback, is available here .

Question	Answer
<p>[35] What will supervision requirements be under CORU's education and training standards?</p>	<p>The Counsellors and Psychotherapists Registration Board has developed draft Criteria for Education and Training Programmes; one set for counsellors and one set for psychotherapists. The Board is currently seeking feedback on these draft documents. The <i>Criteria</i> detail the Board's requirements around the threshold level of qualification for entry to the register, practice placements, admissions, programme management, curriculum and assessment. The public consultation opened on 04 September 2023 and will close on 01 December 2023.</p> <p>More information on the consultation, including how to provide feedback, is available here.</p>
<p>[36] What will the hours requirement for practice placement be for education and training programmes?</p>	<p>The Counsellors and Psychotherapists Registration Board has developed draft Criteria for Education and Training Programmes; one set for counsellors and one set for psychotherapists. The Board is currently seeking feedback on these draft documents. The <i>Criteria</i> detail the Board's requirements around the threshold level of qualification for entry to the register, practice placements, admissions, programme management, curriculum and assessment. The public consultation opened on 04 September 2023 and will close on 01 December 2023.</p> <p>More information on the consultation, including how to provide feedback, is available here.</p>
<p>[37] Will there be personal therapy requirements for education and training programmes?</p>	<p>The Counsellors and Psychotherapists Registration Board has developed draft Criteria for Education and Training Programmes; one set for counsellors and one set for psychotherapists. The Board is currently seeking feedback on these draft documents. The <i>Criteria</i> detail the Board's requirements around the threshold level of qualification for entry to the register, practice placements, admissions, programme management, curriculum and assessment. The public consultation opened on 04 September 2023 and will close on 01 December 2023.</p> <p>More information on the consultation, including how to provide feedback, is available here.</p>

Question	Answer
<p>[38] Will the pre-accreditation phase still be required or exist once statutory regulation is introduced?</p>	<p>The education and training standards set by a Registration Board require that all practice placement takes place within a training programme. Once a student graduates and gains an approved qualification they will be eligible to apply for registration and practice using the protected title as autonomous practitioners.</p> <p>Professional bodies can continue to set out their own membership requirements but this will not be linked with eligibility to apply to join a register and work using a protected title.</p>
<p>[39] Will CORU publish and hold a list of approved education and training programmes for Counselling and for Psychotherapy?</p>	<p>Yes, each register will have an associated Approved Qualifications Bye-Law which will list the qualifications that have been approved by CORU.</p>
<p>[40] Are there any education programmes of study currently eligible for CORU approval?</p>	<p>As the Counsellors and Psychotherapists Registration Board has not yet set their Criteria for Education and Training Programmes or the Standards of Proficiency for each profession, no programme is currently able to demonstrate that they meet these standards. Once the Criteria and Standards have been set they will be issued to education providers and all providers will be allowed a period of time to implement these standards before CORU programme approval processes commence for education providers who wish to come forward for approval.</p>
<p>[41] Once registered, will there be a requirement for monthly supervision?</p>	<p>The Registration Board will set its Code of Professional Conduct and Ethics in advance of the opening of its registers. All registrants will be required to adhere to the Code of Professional Conduct and Ethics once registered. The Code of Professional Conduct and Ethics is principles based and is not prescriptive with regard to hours. Professional bodies/associations may continue to establish its standards for its members.</p>
<p>[42] How will CORU deal with qualifications gained outside of the Republic of Ireland?</p>	<p>Only professional qualifications awarded within the State can apply for programme approval with CORU. International qualifications are assessed by CORU through the Recognition of International Qualifications process. More information on the Recognition process can be found here on the CORU website. If a qualification gained outside of the Republic of Ireland is recognised, an applicant can then progress to the registration process.</p>

Question	Answer
<p>[43] Will CORU registration be sufficient for registered psychotherapists to seek employment?</p>	<p>Employers should be aware that those using a protected title must be registered on the appropriate register. Any individual using a protected title that is not registered will be subject to enforcement proceedings following the end of the grandparenting period. CORU registration may not be sufficient to gain employment in all settings. Employers may continue to set employment criteria as they see fit for the services they provide. It is not under CORU's remit to set out employment criteria for individual employers.</p>
<p>[44] What if practitioners working in the profession of counselling or psychotherapy do not register with CORU but continue to work using titles such as 'trauma specialist' or 'healer' or similar?</p>	<p>Statutory regulation with CORU promotes high standards of professional conduct, education, training and competence. Regulation sends a message about a professions' commitment to consistently deliver to the highest standards. It ensures quality of care and most importantly it protects the public.</p> <p>It will be important as these two professions become statutory regulated professions that CORU as a regulator and those working within the professions work to educate the general public about what it means to be a regulated professional and how to check if a counsellor or psychotherapist is registered. An individual may be subject to enforcement proceedings if they use a protected title and are not registered on the appropriate register.</p>
<p>[45] Will there be a separate register for supervisors in counselling and supervisors in psychotherapy?</p>	<p>No, there will be two registers – one for counsellors and one for psychotherapists. Supervisors working in these professions should choose the appropriate register to apply to in order to allow them to continue to use the protected title of that register. In line with the Code of Professional Conduct and Ethics, registrants must 'Act within the limits of your knowledge, skills, competence and experience'.</p>
<p>[46] Does CORU play a role in employee tax relief/ VAT exemption for Counsellors or Psychotherapists?</p>	<p>Tax relief or VAT issues are outside of CORU's remit as a regulator. These areas come under the remit of the Revenue Commissioners.</p>

[2] Standards of Proficiency and Criteria for Education and Training Programmes FAQs

Question	Answer
[1] Do the Standards of Proficiency apply to all modalities through which counselling/psychotherapy is practised?	<p>The <i>Standards of Proficiency</i> for both professions detail the threshold level of practice for anyone who wishes to practise as a counsellor or psychotherapist. There are no specific or particular standards that reflect the different modalities through which either profession can be practised. Education programmes can continue to have a particular focus on a modality of counselling or psychotherapy, as long as they can demonstrate how the programme delivers on the threshold standards of proficiency.</p> <p>In drafting the standards for both professions, the Board has attempted to articulate standards that are high level and outcomes focused. This means that they can be applied across a range of different practice environments and demonstrated through differing practice modalities.</p>
[2] What is the relationship between the Standards of Proficiency and academic standards developed for counselling and psychotherapy programmes?	<p>There is no relationship between the <i>Standards of Proficiency</i>, as set by the Registration Board, and academic standards developed for counselling and psychotherapy programmes. This reflects the distinct purpose of the Board as the profession regulator and its overriding concern for ensuring the protection of the public. The Registration Board's statutory remit and function in setting its <i>Standards of Proficiency</i> is to ensure that all registrants meet a threshold level of professional knowledge and skill in order to practise safely.</p> <p>The Registration Board does not have a role in the academic accreditation of education and training programmes. Profession regulation is distinct and different from academic accreditation and, as such, there are different requirements for both.</p>
[3] How did the Board determine the threshold qualification level for entry to the register for both professions?	<p>The threshold level of qualification for entry to the register refers to the minimum level on the National Framework of Qualifications (NFQ) a programme must be designed in order to deliver on the <i>Standards of Proficiency</i>.</p> <p>The standards provide the benchmark by which the Board determines the threshold qualification level. In setting the threshold qualification level, the Board initially reviewed the <i>Standards of Proficiency</i> it had drafted for each profession in the</p>

Question	Answer
	<p>context of the NFQ Level Descriptors. The Level Descriptors identify the knowledge, skill and competence a graduate from a programme must be able to demonstrate at each level on the NFQ.</p> <p>In assessing the standards against the NFQ Level Descriptors, the Board considered the language through which the standards were articulated and the requirements around the practice of the profession. The Board reviewed its standards against the requirements of Level 7 and concluded that NFQ Level 7 did not reflect the demands of practice or depth of engagement with service users required at threshold level for both professions. It also concluded that the requirements articulated at Level 9 went beyond the threshold level standards defined by the Board.</p> <p>The descriptors at Level 8 reflected the demands of each profession and articulated the range and application of knowledge and skills required to practice at threshold level. Education providers can continue to deliver qualifications above the threshold level 8, that deliver on the threshold standards required. The Board also recognised that the counselling and psychotherapy professions should reflect Irish society and the people they serve. Therefore, the Board factored into its decision that there should be an opportunity for all members in society to access higher education and enter these professions.</p>
<p>[4] Is there a requirement for personal therapy included in the Board's draft Criteria for either profession?</p>	<p>Personal Therapy is not included as part of the requirements set by the Registration Board. In setting its <i>Criteria for Education and Training Programmes</i>, the Registration Board must ensure that the requirements it sets are directly linked to the achievement of the <i>Standards of Proficiency</i>. The function of the <i>Criteria</i> is to ensure that an education provider has the appropriate systems and mechanisms in place to demonstrate that students graduating from the programme have achieved the standards of proficiency and have been assessed and are proficient in the practice of the profession to enter onto the register and practise safely and autonomously.</p> <p>Personal Therapy is not connected with the assessment of the student and does not contribute to an assessment of whether a student has achieved the standards of</p>

Question	Answer
	<p>proficiency. Therefore, the Registration Board is not in a position to set any requirements around Personal Therapy. However, it is important to note that education providers, as part of their programme requirements, are able to stipulate whether a student on their programme is required to undertake a set number of Personal Therapy hours.</p>
<p>[5] What is meant by ‘on-site’ placement supervision?</p>	<p>Practice Education is an essential component of pre-registration education and training, through which a student has the opportunity to experience and engage in the practice of the profession in a safe and managed environment.</p> <p>The purpose of practice education is two-fold:</p> <p>Firstly, it is a matter of public protection. In providing the opportunity for a student to experience and practice the profession – at the appropriate level of skill dependent on his or her experience on the programme – it facilitates the translation of theory into practice which thereby ensures the quality of the future workforce, positively impacting the standard of care provided to service users.</p> <p>Secondly, engagement in practice education allows a student to demonstrate achievement of the standards of proficiency and, in so doing, gain proficiency in the practice of the profession he or she is training in. It is for both these reasons that it is essential that a student on placement has appropriate supervision when he or she is on-site in the placement setting.</p> <p>A supervisory presence at each placement site does not mean that a student is observed for the entirety of the placement experience. Rather, it means that when on-site, the student has access to a practitioner of the profession the student is training in and has been trained by the education provider as a supervisor – to provide appropriate guidance, support and training to the student or a small number of students.</p> <p>In short, on-site supervision, as defined and practised in regulated professions, is the process through which a practitioner is given responsibility for the support, training, learning and development of the student to ensure that the student</p>

Question	Answer
	<p>progressively develops his or her proficiency, achieves the standards of proficiency and ensures the protection of service users a student comes into contact with. This is a responsibility that can only be undertaken by a professional situated on-site in the placement setting.</p>
<p>[6] How does on-site placement supervision of a student differ from clinical supervision?</p>	<p>Clinical supervision is understood and practised in the counselling and psychotherapy professions as a formal process of professional facilitated reflection on clinical practice and experience that contributes to individual development. In the context of practice placement arrangements as they are currently delivered in education and training programmes for the professions of counselling and psychotherapy, clinical supervision is a relationship established by a student with a clinical supervisor outside of the practice environment the student is working in. On-site placement supervision differs from clinical supervision in both its purpose and structure.</p> <p><u>Purpose of On-Site Supervision</u> The purpose of on-site placement supervision is to ensure that the student has access to a practitioner of the profession the student is training in to provide appropriate guidance, support and training. This guidance, support and training is directly related to the student's professional development of the threshold skills and knowledge required to practice the profession safely and the associated assessment of the student's progressive achievement of the standards of proficiency.</p> <p><u>Structure of On-Site Supervision</u> Each student at a placement site must be assigned an on-site supervisor. It is the responsibility of the placement site to identify supervisors on their site. The education provider is responsible for ensuring that the supervisors identified are trained and suitably proficient in the practice of the profession to undertake supervisory responsibilities.</p> <p>An on-site supervisor must be:</p> <ul style="list-style-type: none"> • of the profession the student is training in; • situated in the placement setting the student is undertaking his or her placement in; and

Question	Answer
	<ul style="list-style-type: none"> trained by the education provider in how to assess students' achievement of the standards of proficiency. <p>The responsibilities of an on-site supervisor will include, for example:</p> <ul style="list-style-type: none"> working with the student in the development and implementation of a Placement Learning Plan observing the student in practice (where appropriate) providing feedback and guidance to the student in relation to his or her achievement of the <i>Standards of Proficiency</i> leading regular supervisory meetings with the student completion of administrative duties – e.g. signing off timesheets engaging with a member of the programme team (from the education provider) throughout the course of the placement to assist with the assessment of the student's achievement of the standards. <p>On-site supervision is therefore a formal process between the student, the practice placement supervisor and the education provider. The Board's <i>Criteria</i> details its requirements around on-site supervision. The Board does not stipulate any requirements around student engagement in clinical supervision.</p>
<p>[7] What is the relationship between an education provider and a placement site?</p>	<p>The education provider is responsible for identifying suitable practice placement sites where each of its students will undertake practice education in.</p> <p>As articulated in the Board's <i>Criteria</i>, the education provider must have clear requirements in place for the suitability of placement sites and a clearly articulated process around how these requirements are applied in the selection of each placement site. In evaluating the appropriateness of the site, the education provider is ensuring that the environment is appropriate to provide a student to exposure and practice of the profession and the opportunity to develop and demonstrate achievement of the standards of proficiency.</p> <p>For all placement sites where a student is undertaking a placement, the education provider should have a written agreement in place with the site that identifies the</p>

Question	Answer
	<p>responsibilities of all parties involved in the practice placement (i.e. the placement site, the education provider and the student).</p> <p>At each placement site, the placement provider is required to identify suitable on-site supervisors. The education provider is responsible for ensuring that the identified supervisors are appropriate and that each is trained in understanding the purpose of practice education, their role on-site, how to assess student achievement of the standards and how to provide feedback to students.</p> <p>Throughout the course of the practice placement, there is on-going engagement and communication between the education provider and the placement site. Typically, the education provider assigns a designated person from the institution (sometimes referred to as an academic mentor or practice tutor) to engage with the student and the on-site supervisor in one-to-one meetings with each and, as well, in a group meeting with all three.</p> <p>It is important to note that the education provider does not determine the service users a student will engage with during the placement experience. This is left to the professional assessment and judgement of the supervisors on-site. The education provider approves the placement site (on the basis of the selection criteria it has identified); it does not approve individual service user allocation to students.</p>
<p>[8] Do Placement Supervisors need to be on-site?</p>	<p>Yes. Given the role and responsibilities placement supervisors have in respect of providing support and guidance to students, as well as assessing their achievement of the standards of proficiency, they are required to be on-site and accessible during the course of the student placement experience.</p> <p>It is important to highlight that practice education is a developmental process whereby a student progresses towards independent practice. Different levels of on-site supervision will be required at different stages. A student, for example, on his or her first placement would require specific direction, support and guidance around all aspects of practice. Conversely, a student in his or her final placement, practising at a higher level of proficiency, would not require the same level of support and guidance.</p>

Question	Answer
<p>[9] Does the on-site supervisor need to be of the profession?</p>	<p>Yes. The responsibilities an on-site supervisor has in relation to practice education, which includes providing professional support and guidance to help a student develop proficiency in the practice of the profession and the assessment of whether a student has demonstrated achievement of the standards of proficiency, can only be appropriately undertaken by a member of the profession the student is training in.</p> <p>It is the responsibility of the education provider to ensure that all supervisors are of the profession the student they are support is training in.</p>
<p>[10] What qualifications or training does an on-site supervisor need to undertake the role?</p>	<p>The Board does not stipulate any specific qualifications that an on-site supervisor is required to hold to undertake on-site supervision of a student.</p> <p>The Board's <i>Criteria</i> requires that any individual involved in the teaching, supervising and/or assessing of students – which includes on-site supervisors – have the appropriate qualifications, expertise and knowledge to undertake this role.</p> <p>In time, following the ending of the transition period (2 years following the opening of the register), the Board's requirement under criterion 2.13 that all supervisors must be registered with the appropriate registration board, comes into effect.</p> <p>In terms of training, it is the responsibility of the education provider to provide regular support and training for supervisors. This training must include guidance around the assessment tools and methodology the education provider uses on placement, how the supervisor is to complete the training, along with training on providing feedback to students during placement.</p> <p>All supervisors must have completed the training provided by the education provider before they can undertake responsibility for a student on-site.</p>
<p>[11] What type of student assessment is the on-site supervisor responsible for?</p>	<p>The on-site supervisor is responsible for the assessment of the student's achievement of the standards of proficiency. This determination is made on the basis of whether, in the supervisor's professional opinion, having observed the student in</p>

Question	Answer
	<p>practice and through supervisory engagements during the course of the placement, the student has demonstrated that he or she has met the identified proficiencies for that placement. (Each placement experience will likely have a different combination of proficiencies a student is to achieve.) Given the supervisor is based on-site with the student and has observed the student in practice, he or she is best placed to determine whether the student has achieved the required level of proficiency.</p> <p>A supervisor does not undertake this task in isolation. The supervisor is assisted in the assessment of the proficiencies by a member of the programme placement education team from the education provider. It is important to highlight that the supervisor is not involved in the academic assessment of a student and does not make the judgement as to whether the student has passed the practice placement module. These decisions are made by the education provider.</p> <p>The sole assessment responsibility of the supervisor is to professionally evaluate – on the basis of the observed evidence on-site – whether a student has achieved the standards of proficiency.</p>
<p>[12] Do all hours stipulated in Criterion 2.2 have to be undertaken on site in a placement setting?</p>	<p>Reflective of its role in pre-registration education and training programmes and that practice placement is an academic module integrated into the programme, practice placement education is constituted of two parts:</p> <ul style="list-style-type: none"> • Experience in the practice of the profession on-site in a placement setting; and • Academic elements associated with the delivery of an academic module. <p>This division is reflected in the hours requirement articulated in the Board's draft <i>Criteria</i> for both professions.</p> <p>The total number of practice placement hours includes the hours that a student must be on-site and engaged in all elements of the practice of the profession – what is referred to as service user contact hours – and the hours that a student is engaged in other elements of practice education, such as:</p> <ul style="list-style-type: none"> • Research and reading time for academic work associated with practice education; • Completion of academic placement task(s) – e.g. a placement portfolio;

Question	Answer
	<ul style="list-style-type: none"> • Periodic days attending placement workshop sessions provided by education provider; • Attendance at supervision meetings with a supervisor. <p>Taking for example, the Board's proposed hours for counsellors.</p> <p>The Board has stipulated that students must complete 450 hours. A minimum of 300 hours out of this 450 hours are required to be on-site in the practice of the profession (i.e. engaging with service users, planning for therapeutic sessions, completion of reports and other administrative duties).</p> <p>The other 150 hours may be related to student time engaged in the academic elements of practice education. The entirety of this time does not have to be spent on-site at the placement site – e.g. a student would not be expected to attend a placement site to complete an academic assignment associated with his or her placement experience.</p>
<p>[13] Can time spent in clinical supervision contribute to total placement hours?</p>	<p>No. Supervision, as part of practice education, is concerned with ensuring that the student has access to an on-site practitioner of the profession the student is training in to provide appropriate guidance, support and training. This guidance, support and training is directly related to the student's professional development of the threshold skills and knowledge required to practice the profession safely and the associated assessment of the student's progressive achievement of the standards of proficiency.</p> <p>This is distinct from clinical supervision. The Board does not stipulate in its <i>Criteria</i> any requirements around clinical supervision. More detail on the distinction between clinical supervision and on-site supervision can be found above.</p>
<p>[14] Why was there a difference made between the total number of hours for counsellors and psychotherapists?</p>	<p>In setting its proposed placement hours, the Registration Board considered the distinct practice between the professions of counselling and psychotherapy. In particular, the Board reflected on the differences in the length and type of engagement with services, concluding that psychotherapy relationships with a</p>

Question	Answer
	<p>service user tend to take place over a longer period of time than counselling engagements.</p> <p>Additionally, and connected with the length of service user engagement, the Board also reflected on the differing types of presenting issues that counsellors and psychotherapists encounter, noting that psychotherapists can work with a wide range of complex presenting issues that vary in severity and present a wide range of diagnoses.</p> <p>The Board also considered the differences between the professions as articulated in its draft <i>Standards of Proficiency</i> and the necessity for sufficient practice placement hours in order for students to demonstrate achievement of the standards of proficiency. For example, the draft <i>Standards of Proficiency for Psychotherapists</i> requires:</p> <p>5.11 – Be able to work therapeutically with a wide range of presenting issues of varying degrees of complexity and severity, and across a wide range of diagnoses in order to facilitate service user insight and long term change.</p> <p>The comparative standard for counsellors requires:</p> <p>5.9 – Be able to outline typical presentations from mild to severe presenting concerns and be able to treat presenting concerns, within the limits of their knowledge, skills and competence or refer to another professional.</p> <p>It is for these reasons that the Board proposed a difference in the practice placement hours requirement between counsellors and psychotherapists.</p>
<p>[15] What is meant by ‘supervised service user contact’?</p>	<p>Supervised service user contact refers to the period of time that a student is based on-site engaged in the practice of the profession, where there is appropriate supervision available on-site to provide guidance and support to the student.</p>

Question	Answer
	<p>This period of time of service user contact is intended to reflect the holistic experience of practice and, as such, includes all the elements that does into the delivery of either counselling or psychotherapy, including:</p> <ul style="list-style-type: none"> • Direct engagement with service users and the delivery of therapeutic care • Planning time in advance of therapeutic sessions, including research • Completion of reports and other administrative duties <p>Supervised service user contact does not mean that the student has to be observed for the entirety of this time. It means that the student spends the time in a placement setting, where there are appropriate on-site supervisory arrangements in place, engaging in all elements of the delivery of counselling or psychotherapy.</p>
<p>[16] What is meant by ‘direct observation’?</p>	<p>Direct observation refers to the amount of time the assigned on-site supervisor directly observes a student in the practice of the profession. Practice Education is an integral and central means through which a student is able to develop his or her professional proficiency towards being able to practice as an independent, autonomous practitioner. This determination of proficiency is made on the basis of the student’s achievement of the standards of proficiency which are assessed during the course of a student’s practice education.</p> <p>Observation of a student in practice is essential for the assessment of whether a student is proficient in the practice of the profession. It would not be possible to determine whether a student has achieved a significant number of standards without direct observation. Taking the draft <i>Standards of Proficiency for Counsellors</i> as an example:</p> <p>5.22 – Be able to orient service users to the counsellor approach and explain the responsibilities of the counsellor in a therapeutic relationship.</p> <p>It is important to note, however, that other standards may not require direct observation with a service user to assess whether the student has achieved and met the required standard. Taking the draft <i>Standards of Proficiency for Counsellors</i> as an example:</p>

Question	Answer
	<p>5.19 – Be able to articulate the necessity of engaging in clinical supervision to support, sustain and improve practice.</p> <p>Finally, it is important to highlight that multiple standards of proficiency can be assessed during a single observed session between a student and a service user.</p>
<p>[17] How can direct observation of a student be undertaken?</p>	<p>There are a range of potential methodologies which could be utilised by a supervisor undertaking direct observation of a student during a practice placement. These methodologies may include:</p> <ul style="list-style-type: none"> • Observation: this would involve a supervisor sitting in on a therapy session between a service user and a student in an observational capacity, but not interacting and engaging in the session itself • Co-Therapy: this would involve a supervisor actively partaking in a session jointly with the student and a service user • Two-Way Mirrors: this would allow for a supervisor to directly observe a student engaging with a service user without being a physical presence in the room • Transcription: this would involve formal written record of a session being provided to the supervisor by the student which would include the verbatim discussion between the student and service user and any emotional or physical observations that would impact the understanding of verbatim account. • Video/Audio Taping: this would involve the session between a student and a service user being recorded and available to the supervisor to review following the session. <p>It is recognised that there is particular sensitivity in undertaking this practice by the very nature of the therapeutic relationship dynamic developed between a counsellor or psychotherapist and a service user and that any method of direct observation will require the explicit informed consent of the service user.</p>
<p>[18] Are there any requirements around how a programme should be structured?</p>	<p>No. The Registration Board does not stipulate how an education provider should design and structure an education and training programme. Taking the example of other professions CORU regulates, there are a range of programme designs which</p>

Question	Answer
	<p>have been approved, including part-time and full-time programmes, programmes that are partly delivered online and programmes that run over 2 years (Level 9 Masters programmes), 3 or 4 years (Level 8 Bachelors programmes).</p> <p>The education provider has flexibility around how it designs and delivers its programme. The Board's requirements, as detailed in its <i>Criteria</i>, is that the programme has the systems and mechanisms in place to continually ensure that graduating students have met and achieved all the standards of proficiency and are able to practice safely as autonomous practitioners upon entry to the register.</p> <p>The Board does not set academic requirements for programmes. This does not fall under the Board's regulatory remit or responsibility.</p>
<p>[19] Does the Criteria include minimum level entry requirements for entry onto a programme?</p>	<p>No. The Board does not stipulate admissions requirements for entry onto an education and training programme. All minimum entry level admission requirements are determined, set and applied by the education provider.</p> <p>Under Criterion 3: Programme Admission of the Board's <i>Criteria</i>, it requires that the education provider clearly articulates its admission requirements and that there are procedures in place for ensuring the stated entry criteria – that the education provider has determined – are consistently applied to all applicants.</p>
<p>[20] Are there any arrangements for the Recognition of Prior Learning and Experience?</p>	<p>Yes. Criterion 3.3 of the Board's <i>Criteria</i> articulates that education providers, if they wish, can allow for applications for Advanced Entry and the Recognition of Prior Learning and Experience (RPL).</p> <p>If an education provider's policy is to offer Recognition of Prior Learning and Experience to applicants, there must be a clear process in place that includes details of:</p> <ul style="list-style-type: none"> • The mechanism the education provider has for evaluating the impact of applying RPL on the applicant's achievement of the standards of proficiency; and

Question	Answer
	<p>How the education provider ensures that an applicant will meet all the standards of proficiency by the completion of the programme (i.e. how any deficits in achievement of the standards of proficiency will be addressed).</p>
<p>[21] Will there be a period of pre-accreditation following successful completion of an approved programme before registration can be granted?</p>	<p>No. The Counsellors and Psychotherapists Registration Board operates, as required under the <i>Health and Social Care Professionals Act 2005 (as amended)</i>, a qualifications-based register. This means that for new graduates within Ireland, the only means for entry onto the register, once it is opened, is through holding a qualification that has been approved by the Registration Board as meeting all its requirements under its <i>Criteria and Standards of Proficiency</i>.</p> <p>The Registration Board has no legislative remit to require any post-qualifying training for registrants. In order then to ensure the protection of the public and the integrity of the professional register by guaranteeing that all registrants have met the threshold level of safe practice, it is essential that all approve programmes graduates have demonstrated achievement of all the Board's <i>Standards of Proficiency</i>.</p>
<p>[22] Is there a list of qualifications that can be used during the grandparenting/transition period?</p>	<p>During the grandparenting/transition period, there are a number of routes through which an existing practitioner can apply to join the register.</p> <p>One of these routes, in addition to currently practising the profession and having been in the practice of the profession for 2 of last 5 years from the date the register opens, refers to an applicant holding one of what are called 'Schedule 3 qualifications'. These are qualifications which have been recognised by the Minister for Health as appropriate to use for the assessment of applications by existing practitioners.</p> <p>The Minister for Health is currently confirming the list of Schedule 3 qualifications to be used for opening the registers for Counsellors and Psychotherapists. When the Minister has listed the qualifications for grandparenting to the registers by regulation, it will be available on the CORU website. <i>All other questions in this theme are addressed in the current FAQs.</i></p>

Question	Answer
<p>[23] Can one programme be aligned to both sets of standards of proficiency?</p>	<p>Any programme seeking approval by a Registration Board must demonstrate that it meets all the Board's requirements as detailed in the Board's <i>Criteria</i> and <i>Standards</i> for that profession.</p> <p>The Board assesses each programme in terms of whether it has the appropriate mechanisms in place to ensure graduates have met the standards of proficiency and can enter the professional register. An education provider has flexibility around how it designs and delivers an education and training programme. Therefore, an education provider could decide to design a programme to meet both the <i>Standards of Proficiency for Counsellors</i> and the <i>Standards of Proficiency for Psychotherapists</i>. It would have to demonstrate how both the taught and practice placement curriculum provides opportunities to meet all the standards for both professions.</p> <p>However, it is important to stress that the Registration Board approves an education programme as a pathway for entry onto a single register. If a programme was seeking approval for entry onto two separate registers, this would require two distinct approval processes (both of which could potentially run in tandem).</p>
<p>[24] How long do education providers have to align programmes to the Board's requirements before programme approval starts?</p>	<p>Following the public consultation, the Board will consider and review all the consultation responses and decide on any amendments it needs to make, on the basis of the feedback received, to its draft <i>Criteria</i> and <i>Standards</i> documents for both professions. Once agreed, the Board will publish its <i>Criteria</i> and <i>Standards</i> for both professions and issue these to education providers. At this point of the process, the Board will also make a determination as to how long education providers have to align their programmes to its requirements before the window for programme approval opens. When this decision is taken by the Board it will be communicated to all education providers.</p>