

Minutes of Register Advisory Panel

Friday December 13th 2024

Meeting Time 2pm – 5pm

Attendance

in person

Catherine Clarke Solicitor (England & Wales) (CC) – Chair RAP

Dr Charlotte Johnson (CJ) – Independent

Sue Monckton-Rickett (SMR) ACC Chair

Kathy Spooner (KS) ACC CEO

Tim Warren (TW) Independent

Via Zoom

Dr Alison Evans (AE) – Independent

Gillian Stuart, Head of Membership Services and Registrar

Apologies

Dr Heather Churchill (HC) Professional – Chair for this meeting

Sarah Palmer, ACC Deputy Registrar

Doreen Rowland OBE (DR) Independent

Fiona Stevenson (FS) Independent

1. Opening prayer

KS opened the meeting in prayer

2. Welcome and apologies

CC gave apologies on behalf of the members who could not make the meeting, acknowledging that there had been a change in the planned date.

3. Conflict of interests

No conflicts of interest were declared.

A member of RAP mentioned a challenge from a member of the public as she was looking at the minutes of November's RAP meeting on the train. Although the member was exercising caution, nevertheless a member of the public remarked that she should not be looking at 'confidential' information on the train.

The panel member had raised the matter prior to the meeting with ACC, and they worked through a risk assessment and confirmed that there was no breach of confidential information relating to ACC or the PSA or SCoPEd Partners. No further action is needed, apart from raising a general awareness of caution in where papers are read and about the perception this can give.

4. Minutes of last meeting and matters arising

CC thanked HC for chairing the meeting in her absence.

The minutes of the last meeting were approved with minor corrections.

4.2 In matters arising:

[5.2.] Registering a Complaint Form

Further discussion on whether or not to enable someone to make a complaint anonymously, specifically to request that ACC withhold their name from the counsellor. This could apply in cases where there has been a significant breach of the behavioural code, and where the complainant may be experiencing fear of reprisal. There needs to be further clarity about what the argument is on 'safety', which would allow a complainant to withhold their name from the counsellor.

Action to present draft rewording to next RAP meeting (SMR/KS)

[5.3] Link to the full assessment findings from the PSA have been sent to RAP members by KS

[7.3.] EDI data]

SMR gave an update on the data consolidation challenges across the SCoPEd partnership (different methods, values etc.) which are being worked through.

SMR hoped to be able to provide a report for the next RAP meeting as we will have a full 12 month of data collection from members on EDI. However, it is not yet mandatory for ACC members to complete the EDI data set when they join or renew their registration – so it will be a only be a partial view. ACC will need to make the collection of EDI data mandatory, with an option to 'prefer not to say' in order to meet the PSA standard.

KS reported that a fix to ACC's membership system has been done, which ensures that EDI data cannot be viewed by the office staff or assessors – that is, anyone who is involved in making decisions about members.

EDI membership data report to be presented at next RAP meeting (SMR)

[7.4] Articles of Association

Request from CC for a brief presentation by SMR and TW at the next meeting on the Memorandum and Article of Association, focusing on the proposed changes and importantly the proposed definition of a member.

TW and SMR meeting in early January to review the draft, then revised Memorandum and Articles of Association will go to the Board in January and, assuming they are approved, will then be sent to the Charity Commission. SMR reported that she does not know how long the Charity Commission will take to get to back to ACC. Depending on the timescales they will either circulated to members and be voted on at the AGM in July, or there will need to be a special meeting of members later in the year.

Revised actions on matters arising from October RAP

[8.1] Risk Register

The suggested changes to items 6 and 12 on the risk register have been made

Good Practice Checklist updates to include lone working and client access remain outstanding.

[9] Complaints

KS reported that no further progress with the complaints process. Situation frustrating as it mainly a read through consistency check. TW asked for clarification as to whether adopting a new complaints process was a condition related to the PSA and standards. KS explained that PSA have expressed their satisfaction with the current complaints process – but ACC have some issues with it which we would like to resolve, and we want to amend the process. However, when ACC released an earlier version of the complaints process the PSA expressed concern about a number of different factors, including that we had not consulted members or fellow accredited registers.

CC asked if there was a revised deadline for presenting the revised Complaints document. KS explained that with current workload and staffing issues it was impossible to say. In mitigation ACC know that the live complaints process works thanks to work done by SMR to define the supportive processes and procedures.

New Actions

December 2024	Actions	Name	Date
4.2a	Brief presentation of the main changes in the revised memorandum and articles of association, to include definition of a member.	SMR/TW	Next RAP meeting.
4.2b	Circulate list of acronyms prepared for new trustees to RAP members	SMR	Prior to next RAP meeting

5 Professional Standards Authority & Standards Update.

5.1 Conditions resulting from full assessment process outcomes

Panel members discussed the document listing actions and approach to meeting the conditions.

Condition 1 Register Appeals Policy

Points of clarification were raised about point 2.2 of the proposed register appeals policy as to whether there is a true distinction between raising an appeal about an outcome and an appeal against the process. KS explained that the first might be someone who has e.g. applied through the equivalence process and submitted evidence, but felt that this evidence had not been properly assessed. The second would be where ACC's published process for an equivalence decision was not followed properly. So, the first would acknowledge that the process was complied with but argue that the decision was wrong, the second would be arguing that the decision was wrong because the process was not followed. KS acknowledged that it was a 'catch all' and may differ only in the perception of the person appealing.

A caution was expressed about the proposal to allow applicants to appeal about an 'unfair' process and the associated risk. KS accepted this risk but thought that nonetheless, it would be good for an applicant to have the opportunity to set out why they thought the process was unfair. This could be of benefit if ACC is alerted to areas of difference and diversity. Panel members suggested that a re-ordering of bullet points might help communicate that this is a more general point, and that evidence needs to be presented.

The panel also recommended that it is made clear in the document that the independent investigator is as appointed by the Chair of ACC.

Condition 2: ACC must publish clear information to distinguish the difference between the directory and the accredited register

Some panel members expressed curiosity about the distinction between the find a counsellor directory and the register. KS explained that all qualified counsellors must be on the register, but only those who wish to advertise their services to members of the public will also be on the 'find a counsellor' directory. So, for example people who are employed as counsellors/psychotherapists will typically not be on the directory, and people on a practice break are removed from the directory.

Panel members commented that communicating the distinction clearly was important but had no other comment on the proposed action to meet condition 2.

Condition 3: ACC must update policy C1 to include direction regarding EDI training for the Disciplinary Panel should it be necessary.

Panel members recommended an amendment to one of the general bullet points, which instructed disciplinary panel members to review the evidence presented to them in way that applied "fairness and justice to both parties accounts". It was felt that the simpler phrase "act in a manner, which is fair and just to both parties" better expresses what the intention is.

With regard to the EDI training, SMR reported that the ACC Board recommended when reviewing this policy that all complaint panel members should be supplied with ACC's Equality Diversity and Inclusion (EDI) policy.

Panel members asked about the bespoke training that is planned to be developed in February. SMR explained that it is being developed by a person who is not a counsellor but has expertise in equality, diversity and inclusion impact assessment and is known to ACC through his role as an expert by experience on the SCoPEd project. Although the training will focus on EDI, ACC have requested that he raises awareness of prejudice that might be specific to the roles on complaint panels, for example favouring one counselling approach over another.

Panel members expressed their support for the idea of developing bespoke training in this way and also raised the issue of bias that can arise within different forms and expressions of Christianity which would be important for panel members to be made aware of.

Condition 4 The ACC must publish a clear description of the limitations and benefits of treatment offered by registrants

The panel discussed suggested refinements to the statement proposed by ACC, for example, rather than referring to people with severe learning difficulties or impairments, it might be better to refer to people who have a significant cognitive impairment generally, as this could be due to a learning disability, or it could be due to dementia or some other kind of disease process. This section would

be clearer that the cognitive impairment is about their capacity to engage rather than the ability to communicate verbally.

5.2 Brief discussion on membership of ACC concerning Articles of Association

Panel members asked SMR to explain the different members/memberships available at ACC and how they related to the register and the directory.

SMR explained that Pastoral Care members were not on the register (as that is exclusively for counsellors and psychotherapists) and also not on the directory, because ‘pastoral care’ is not a ‘sellable service’ in relation to individuals.

However, pastoral care organisational members could be on the directory if they are offering services to members of the public, whether on a no-cost or fee basis. An example is pregnancy loss support.

Also, counselling organisations are not on the register (because they are not individuals) but can be on the directory if they are offering services to members of the public, whether on a no cost or fee basis.

	Actions	Name	Date
5.1	ACC to consider all the recommendations set out above for meeting the PSA conditions and make changes accordingly. (KS on A.L.)	SMR	January (to meet PSA deadline.)

6 New Accreditation Processes

GS gave some background information on the new accreditation processes.

In summary these are open to members who 1.) are already on the register (so they have met the standards of entry and will meet SCoPEd A column competencies) and 2.) have attended SCoPEd B Top Up Training that was delivered at ACC’s in-person conference in September 2024.

There was no comprehensive assessment process as part of that training, so these new processes have been designed to assess SCoPEd B competence. They are different because they take account of prior learning, so only those who have a level 4 training have to submit a case study. One of the aims is to make these routes alternative to the standard accreditation route, but to ensure that there is an overall parity between them.

The Chair, brought to the Panel’s attention points that a panel member had raised by email, commenting on the processes, and that GS had responded to. These included the value of having process diagrams for applicants for route 2, and for assessors for both routes; the length of time of the viva process; the work involved in transcribing all the Vivas; and whether there should be more flexibility for route 1, so if someone had done a level 5 and not a supervision qualification, they could demonstrate some further learning.

GS reported that process diagrams could be produced – it was just a resourcing issue that they were not yet completed, and it would be a good idea to do for assessors. Also, the documents reflected a change in the time allowed for a viva, which had been extended to 1.5 hrs. In terms of

the transcripts, ACC subscribe to a software application that can produce these from an audio file. She agreed that transcripts could only be offered to those who failed their viva and wanted to appeal, as with any automatically generated transcript, they would need correcting when given to a member. GS expressed a concern that the SCoPEd clinical group may not want too much flexibility over the educational level required for accreditation at column B.

A panel member asked whether the recording of the session would include the assessors' deliberations as to whether an applicant could be awarded accreditation. GS acknowledged that this had not been considered but she would advise against this as the assessors will need to be able to speak freely without the constraint imposed by knowing words are recorded.

A panel member asked what would happen in there was a disagreement between the assessors as to the outcome of the viva and assessment? GS stated that in the current accreditation assessment process, differences came to her and/or KS. However, further thought would need to be given to what would be appropriate with these new routes, accepting that the recording or a transcript would be available for a third party to assess.

The panel discussed at length the issues relating to assessment in a complex field such as counselling and psychotherapy, where there are several different variables relating to approaches, modalities, the context (setting) in which members work, and how, in some ways, it is more of an art form than a science. ACC representatives explained that although there are clear criteria, as with any test or examination, there are differences in how individuals respond to the set task. Then the challenge is how to communicate well with those who have failed or are borderline. Also, ACC intends to support members' development, but sometimes that desire to explain shortfalls and what is expected backfires in professional-to-professional relationships as it is perceived as a threat to professional integrity and standing.

The Chair shared something from a justice perspective, that 'a decision without reason is not justice'.

A panel member asserted the importance of monitoring, tracking and evaluating how the process is going over time, and making sure that we capture the learning points from recent experiences, as well as those from the proposed new processes.

GS added that working through the new accreditation processes had led her to suggest changes to current Beta version of accreditation.

The Chair thanked GS on behalf of the panel for her very fine work on the accreditation processes and for managing to complete this before she left ACC.

	Actions	Name	Date
6	ACC to consider assessment process for the new routes to the register and a learning process	KS	TBA

7 Role of Registrar

The Chair enquired as to who would take on the role of registrar with GS departure. SMR confirmed that it would be KS for an interim period, and the PSA would be informed.

8 Agenda items not previously covered.

8.1. SCoPEd Update

The SCoPEd partnership will be changing its name to bring the focus away from one deliverable: the SCoPEd Framework, and towards a partnership that wants to work collectively for the good of the profession and its clients.

They are also investing in a website, which will help to raise awareness amongst stakeholders of the Accredited Registers (AR) programme and the importance of ensuring that counsellors and psychotherapists are on an AR, and what members within the SCoPEd partnership can do.

8.2 NHS England Suicide Guidance

Work continues within the SCoPEd partnership to feedback and discuss the impact of proposed new guidance for counsellors for working with clients who are suicidal.

Although ACC and the partnership welcome the focus on *keeping safe from suicide* what is generally described is nothing more than good practice. However, there are two main issues of concern for counsellors and psychotherapists. The first relates to assessing risk in order to prioritise a service. The guidelines (as with NG225 imposed in 2024) state that risk assessment measures cannot be used because they don't work. However, anyone running a counselling service or private practice will inevitably be screening prospective clients for risk, and if someone is expressing suicidal thoughts, they will prioritise that client. The second relates to an understanding of suicide. Although it is good to focus on staying safe – counsellors and psychotherapists who are existential, humanistic and/or psychodynamic will want to fully and deeply explore the client or patient's suicidal ideation and not want to 'shy away from it' by focusing exclusively on safety. The sense is that the guidelines are not written for counsellors or psychotherapists but mainly NHS service providers.

Also, the first drafts of the guidelines did not communicate an understanding of confidentiality, nor that 'family' may be part of the problem, rather than a safety net.

8.3 Practice Reviews

KS reported that ACC had failed to meet the practice review quota for 2024. When raised at the ACC Board meeting, a proposal to reduce the percentage of members subject to a practice review was accepted.

KS needs to communicate this decision to the PSA, alongside the rationale and explain why the 2024 targets were not met.

KS reported that the rationale for reduction included the extensive checks the admin team make on new applicants and renewals. These include insurance, websites, find a counsellor and other listings. Also, we can argue that our good practice checklists support members.

In relation to the reasons ACC did not meet the target for 2024, this was simply because of issues relation to staff absence and managing return to work.

The Panel asked how the proposed 3% compared with other counselling/psychotherapy registers. KS reported that she believed that 3% was common for the larger registers like BACP and NCPS.

	Actions	Name	Date
8.3	Notify the PSA about ACC missing the practice review target in 2024, and the Board's decision to reduce the percentage of members audited to 3%	KS	TBA

8.4 Membership figures

KS reported that membership numbers were growing slowly and were circa 970 in December.

8.5. ACC Developments

KS reported that ACC had recently entered into a 'consultancy' contract with a member to begin to improve the service we offer to counselling organisations.

The member has a history of working with service provision in the care/social sector and has stepped down from running an ACC counselling affiliate. Due to the nature of the ministry, it is the case that some counselling organisations have been running for circa 20 years but have not had good policies or management processes in place. The member has started working in support of one organisation, and in the process is developing template policies which we can have as a resource on the website.

The Chair panel members to comment on this initiative and discussion confirmed that in churches and other outreach organisations, there was considerable value in developing and following policies and processes to ensure that the organisations and services functioned well, and to avoid risks.

A discussion followed on the value of regulation and following due process in all areas where an organisation or body is impacting on the wellbeing of people.

8.5 Chair of RAP

The Chair indicated that, as she had joined the RAP as chair in 2017, she plans to stand down at the September 2025 meeting. She will complete her final report to the PSA in April/May. Therefore, the panel will be required to select another Chair by or at the September meeting.

The Chair reported that her understanding from previous conversations is that DR will also be stepping down this year as her maximum term has been served.

The Chair expressed her gratitude that in the panel has another new member, and that recruitment is still required. CC cautioned against the panel growing too large (beyond 6/7 members) as it may become unwieldy.

16 AOB

The Chair on behalf of the Panel wished GS all the best in her new role.

Dates of next meetings

16TH March, via Zoom

4th July, via Zoom

26th September, via Zoom

12th December 2023, 1pm lunch, 2pm meeting in person