

## Positions held in Common

Desire for the best structure for patient protection  
Agreement on the need for Independent Statutory Regulation  
A desire to design the best possible model for fitness to practice  
Desire for public confidence in psychotherapy and counselling  
Belief in the importance of rigorous training  
Belief in the importance of ongoing improvement in psychological therapies  
Wish for psychological therapies to be as accessible as possible  
Recognition that the tension between the needs of practitioner and patient is complex to manage

### Opposed to The Health Professions Council as the regulating body

Belief that a closer relationship between state and profession will undermine the complex tension between the needs of the practitioner and patient via over-regulation.

Assert there is no evidence that the Health Professions Council would be more effective in safeguarding the public from rogue or incompetent practitioners than the professional associations (cite Harold Shipman and GMC).

Concern that no conclusive research has been undertaken to establish the extent of bad or unethical practice.

Concern that the profession will lose its autonomy with regards to standards of proficiency, which have already been designed to high standards by professionals.

Fear that the profession, founded on highly refined intellectual traditions, will be reduced to formulaic or homogenised approaches that will undermine the quality of trainings and ultimately sterilise the culture of psychotherapy and its theoretical base.

Fear that highly specialised psychotherapy disciplines will be marginalised or denied state approval.

Belief that government-favoured research methods (e.g. RCTs) are driving the agenda and that the efficacy of sophisticated approaches that require more subtle forms of evaluation will be subordinated.

Adherence to a relational model of process, rather than a medical model of cure. Do not regard psychotherapy and counselling as health professions within the culture of medicine.

Confidence in the professional associations'

### In favour of The Health Professions Council as the regulating body

Desire for a closer relationship between state and profession in order to increase access to psychological therapies within the NHS.

Wish for legal recognition of professional status and protected titles.

Believe public protection is best served by the introduction of government managed standards of education, ethics and professional competence.

Appreciation of the government's recognition of the importance of psychological therapies and its endeavours to make these more available via the NHS. Supportive of the government's initiative Improved Access to Psychological Therapies.

Concerns about lack of training rigour and wish for the Dept Health to intervene in designing and regulating training programmes in order to ensure standards and thus increase public protection.

Belief that more rigorous demands should be placed on practitioners to raise standards of care via enforcement of the HPC's Standards of Proficiency document.

Concern that struck-off psychotherapists remain in practice and confidence in the HPC ethics council to deliver appropriate sanctions when complaints are upheld.

Some (not all) regard psychological therapies as aligned to medicine and are comfortable with medical model of diagnosis defining the treatment approach.

Wish generally to strengthen the alignment between psychological therapies and the NHS.

integrity, desire and capacity to preserve the public's confidence in psychotherapy.

Concern that the HPC will not have the expertise to understand the challenges presented by working with complex patients.

Fear that an over-zealous or heavy handed ethics committee within the HPC will not use sufficiently subtle sanctions to resolve problems between practitioners and patients, or practitioners in difficulty.

Belief that the current model for state regulation is not appropriate for the 70% of practitioners who work privately.

Some protesters would be willing to adopt a position of principled non-compliance.

Belief in the importance of research to show that treatments are effective. Wish for greater investment in research.

Some are supportive of NICE and its attempt to align evidence of effectiveness with guidelines for practice.

Wish to co-operate with the Health Professions Council on bringing state regulation about.

May favour HPC regulation to ensure a specific psychotherapy modality is recognised in the new structure.