

Principles for statutory regulation

How these principles are to be applied

These principles should be read and applied as a whole. They must be implemented in ways that promote equity, inclusion and protection from discrimination, recognising the power imbalances inherent in therapeutic work and the diverse identities, contexts and needs of clients and practitioners. Application of the principles must acknowledge that risk and complexity can emerge or shift during the course of therapy and regulators and practitioners should support proportionate continuity of care arrangements that prioritise public protection while respecting the therapeutic relationship.

We recognise that upholding these principles is not straightforward. Their implementation will require careful judgement, consultation and review, balancing competing considerations and responding to the realities of practice. The aim is to guide proportionate, transparent and defensible regulatory decisions that are attentive to context, grounded in research and evidence and aligned with the overarching purpose of protecting the public.

Public protection, trust and confidence

1. **Entry standards and oversight:** establish consistent minimum requirements for training, supervision and suitability to practice that are research and evidence-informed, risk-based, EDI-aware (equity, diversity and inclusion) and proportionate, with competence demonstrable via supervised experience, post-qualification development and ongoing reflective continuous professional development (CPD) and supervision proportionate to scope and risk. Standards-setting processes will be transparent, consultative and free from undue political or ideological influence. Standards will not privilege any single framework; regulators will set outcomes and competencies in consultation with the profession and the public.
2. **Title protection:** ensure that only those meeting agreed professional standards may use protected professional titles (e.g. psychotherapist, counsellor) and that legislation prevents the use of any name, style, description or title that could mislead the public into believing a practitioner is registered when they are not.
3. **Protected functions:** give consideration to protecting therapeutic functions in work involving complex cases or severe presentations, with safeguards defined in terms of competence, supervision, CPD and risk management capability to ensure practitioners are equipped to undertake such work effectively.

4. **Ethical standards:** define and uphold clear expectations for conduct, behaviour and professional integrity. This must include a commitment to EDI alongside anti-oppressive practice. These standards would ensure accountability, promote safe and ethical practice and provide mechanisms for addressing breaches in a fair and transparent way, while also evolving with the profession to remain relevant and responsive.
5. **Transparency and accessibility for the public:** ensure that all regulatory processes are open, transparent and easy to navigate, supported by a single, accessible public register that is kept up-to-date and clearly sets out each practitioner’s registration status and any conditions or restrictions. The register must provide plain English explanations of professional standards, rights and complaint routes, and be designed to be accessible across protected characteristics, including considerations of language, disability and digital inclusion. Ensure that information about sanctions, conditions or restrictions follows practitioners across registers and sectors, maintaining clear continuity of fitness to practise information.
6. **Client choice:** ensure regulation enables safe and informed client choice by providing balanced, modality neutral information on practitioner competence, scope of practice and suitability. Regulation should avoid creating unnecessary barriers that restrict the diversity of safe and effective therapeutic approaches and settings, while ensuring that all recognised modalities meet appropriate public protection standards.
7. **Regulatory governance:** ensure transparent, independent governance with meaningful participation from both practising professionals and public/service user representatives, so that regulatory decisions balance professional expertise with independence and public trust and confidence. Governance arrangements should also acknowledge and mitigate potential financial and participation barriers created by regulatory costs, to ensure diverse and equitable involvement in regulatory processes and decision-making.
8. **Enforcement mechanisms:** provide clear statutory powers to investigate, sanction and remove practitioners who breach standards, including those who attempt to avoid accountability by moving between registers or withdrawing voluntarily.

Professional identity

The professional identity principles should be applied in ways that uphold the plurality and autonomy of the psychotherapy and counselling professions, provided that public protection outcomes are met and assessed proportionately to risk. These principles recognise that diverse modalities, training routes and professional values can co-exist within a statutory framework, so long as they are underpinned by shared standards of safety, effectiveness and ethical practice.

9. **Protection of modalities:** uphold the diversity of therapeutic modalities while ensuring that all recognised approaches are safe and effective, supported by CPD. Detailed modality descriptions and

modality-specific standards should be developed and maintained by the relevant professional bodies.

10. **Collaborative development:** ensure that the profession has a central role in defining and evolving ethical and competence standards in partnership with the regulator, with these standards co-produced with practising professionals, people who access psychotherapy and counselling and others with relevant lived experience and consistently framed in terms of public protection outcomes.