

SCoPEd partner update and Q&A event

Unanswered questions

Thank you again to everyone who was able to join us for the SCoPEd partner update and Q&A event.

The online event was hosted by the SCoPEd Oversight Committee's Independent Chair Paul Buckley and the panel included representatives from all partners and one of our Experts by Experience.

Overall we received a positive response from the post event survey from attendees of the event*.

- 67.4% of respondents thought the structure of the event was good.
- 67.6% of respondents thought the content of the event was good.
- 66.2% of respondents thought the delivery of the event was good.
- 65.2% felt the event helped with their understanding of the potential of SCoPEd.

Half of the respondents felt more positive about SCoPEd following the event, 28% felt about the same and a fifth of respondents felt more negative.

87.4% of respondents agreed it's important for membership bodies to work together and 72.9% agreed it was valuable to see the partners discussing SCoPEd together.

Our panel answered a number of questions during the event, some of the questions were submitted prior and during the event via the question box. Due to time the panel were unable to respond to all questions. These questions have been collated into themes that group questions of a similar nature these can be viewed below.

*The survey was sent to all delegates who booked onto the event, the response was 19%

Question themes contents

SCoPEd partner update and Q&A event.....	3
Columns and Membership	4
Mechanisms and accessibility.....	5
Accreditation of Prior Experiential Learning (APEL)	7
Titles.....	7
Distinction of Counselling and Psychotherapy	8
Diversity and inclusion.....	8
Employers.....	9
Evidence.....	10
Feedback.....	10
SCoPEd framework	11
Competences	13
Impact assessment	14
Research	15
Costs	16
Partners	17
Professional Standards Authority and regulation.....	20
Training	21

SCoPEd partner update and Q&A event

Why was the SCoPEd partner event held?

We know there are members and registrants who have questions about all aspects of the SCoPEd partnership, from people who are new to the profession to those with many years of experience. The event was an opportunity for SCoPEd partners to collectively update members, registrants and interested parties about the SCoPEd work and answer those questions.

How many participants were at the event?

We had over 1000 bookings for the event, with 665 delegates viewing the live event. The recording of the event has also been made available for members and registrants via partner websites for those that were unable to watch live on the day.

How did you pick the questions you asked?

We put out a call for questions prior to the event. We also considered the theme of questions on social media and other communications in advance of the event. This gave us a sense of what might be asked and how we could shape the event to ensure that these questions were answered by presentations or in the Q&A sections.

There was a question box on the day that all attendees were able to access and submit their own question, where there were questions of a similar context these were collated.

Due to time restrictions and the amount of people attending the event, we advised that any questions, not answered during the event would be collated and published on partners' websites in due course. This document fulfils that commitment.

Please explain why there was no chat room function.

The purpose of the event was to provide an update and to take and answer questions. It was also to allow members and registrants to see, for the first time, the partnership discussing SCoPEd and their collaborative work together.

At the beginning of the event the host explained that there would not be a chat room function due to the number of people expected at the event as it would be difficult for the host to manage and delegates to follow. There was an invitation for questions to be submitted prior to the event and there was a question box on the day for attendees to submit during the event. All partners agreed to take this approach and felt that it reflected the purpose of the event which was to update and take questions.

Columns and Membership

How will you map your members and registrants?

How does the framework align with membership body organisation?

Is SCoPEd a register that I apply to get on or will it be automatic?

The terms of accreditation, gateways and mechanisms, and grandparenting are confusing. If someone currently holds an entry category membership and has chosen not to pursue their membership body's further 'accreditations' what does that mean for where they map if SCoPEd is adopted? What are their options?

How is it possible to transition into column C without a masters?

How do we choose to go up the columns if our organisation is not mentioned in the columns?

SCoPEd has evidenced that there are shared standards and that some equivalence exists already across membership categories.

Membership categories for each membership body will be aligned to the SCoPEd columns, rather than members or registrants being mapped to the SCoPEd columns.

If you think your training, knowledge and experience is better reflected in another column you may go through a process of evidencing that with your membership organisation.

As is the case now, when a member or registrant wishes to move to a different membership category they have to evidence that they have the appropriate knowledge, skills and experience to do so. This will not change.

It is really important that it is a member's or registrant's individual choice as to whether they wish to change their membership and to move between columns.

Members and registrants would still be able to practice competences in other columns, providing you have skills, knowledge and experience to do so ethically.

We are working together to agree the broad principles of transition mechanisms. Partners who don't have these mechanisms in place are working on what this might mean for them if SCoPEd is adopted and we have been sharing that work and thinking with one another.

The partners will agree the principles of these transition mechanisms and then each partner will develop their own processes. There may be additional requirements for some partners that fall outside of the framework competences and standards.

Many of us are members of two bodies, if we want to move between categories, do we have to do that separately with each body, or will moving to a higher category with one be sufficient for the other?

Would being in column B in one partner mean automatically being in column B with another?

If someone wishes to join more than one membership body, they need to satisfy the criteria of each membership body as they currently do.

What the framework does is set out the minimum standards for each column that the membership categories are aligned to. Some partners may expect more with additional criteria but no one would expect less. Some partners may also accept members and registrants who already met the requirements from other partners.

It's important to remember that it is a member's or registrant's individual choice as to whether they wish to change their membership category and to move between columns.

Members and registrants will be able to practice competences for any column regardless of their membership category – providing they are skilled and experienced to ethically do so. Working within one's competences is a key principle of our profession and SCoPEd does not change this.

Does column placement relate to how membership bodies value their members or registrants?

The SCoPEd partners value all of their members and registrants.

The mapping of the framework doesn't change that or create anything new. It's a member's or registrant's choice if they wish to evidence their skills and experience in order to move membership categories.

The framework enables us to demonstrate the vast amount of core skills that therapists have, especially those in column A as the first column within the framework.

Mechanisms and accessibility

Will it cost money to move through the SCoPEd framework? If so, why and how much?

Part of the phase two work is on how members and registrants move between the columns, this is mostly about mapping membership categories to the framework.

As is the case now, when a member or registrant wishes to move to a different membership category they have to evidence that they have the appropriate knowledge, skills and experience to do so and there could be costs attached to this process.

We're working together to agree the broad principles of transition mechanisms. Partners who don't have these mechanisms in place are working on what this might mean for them if SCoPEd is adopted and we've been sharing that work and thinking with one another.

The partners will agree the principles of these transition mechanisms and then each partner will develop their own processes and if applicable any associated costs at this stage.

There would be new mechanisms to recognise members' and registrants' skills, knowledge and experience via other routes without having to retrain.

An overarching principle of SCoPEd is to encourage diversity and inclusion – to have more accessible routes for progression regardless of where you first enter the framework. The transition mechanisms will make it easier to move between columns without having to retrain and will take account of the skills and experience that a member or registrant has gained since their initial training. The mechanisms will acknowledge that there are a wide range of routes and ways to gain and evidence increased knowledge and experience.

It is important to remember that it is a member's or registrant's individual choice as to whether they wish to change their membership category as is the case now and would continue to be should SCoPEd be adopted.

Accreditation of Prior Experiential Learning (APEL)

How might Accreditation of Prior Experiential Learning (APEL) be taken into account?

How will I be able to move column with my experience?

How will competences be gained and assessed without further training?

We recognise that this is an area of concern for members and registrants whose initial core training doesn't map to the requirements of other columns, but who have gained the competences in routes other than specific qualification routes.

There would be new mechanisms to recognise members' and registrants' skills, knowledge and experience via other routes without having to retrain from the beginning.

We're currently in the process of working on the broad principles for these mechanisms to ensure robustness and that the equivalency of our different membership grades remain. If adopted, each partner will develop their own processes based on these principles. By having transparent and flexible mechanisms it would encourage diversity and inclusion for progression regardless of where members or registrants first enter the framework.

Titles

What do you say to those who argue that the framework column titles are confusing?

Would it be more useful to name the columns red, yellow, blue rather than ABC?

Have the partners considered those members that refer to themselves using a title that might be mapped to a different column?

We're currently working together to see if there are specific titles that we can use and that would fit with each column.

However, the most important part, is that the partnership has been able to map membership levels to the columns to show the equivalency of membership categories.

This gives clarity to therapists, to the public and to commissioners. Each organisation has its own membership categories and the framework gives a more tangible and general sense of the core training.

It may be that the columns continue to be referred to as A, B and C because the key point is that current membership categories for all the partners have been mapped to the columns.

Distinction of Counselling and Psychotherapy

It sounds like SCoPEd considers the psychotherapy profession as 'counselling with some added experience'. Is this the end of the profession of psychotherapy?

The evidence of the mapping shows that psychotherapy training would sit in columns B and C with the majority being in column C, with counselling trainings spanning all three columns the majority being in columns A and B.

Diversity and inclusion

The panel didn't seem to reflect diversity particularly in relation to race. What is the balance in terms of contributions from people of colour to the SCoPEd process? And what about other 'protected' groups?

The panel presenting at the event were mostly CEOs and the working groups have been typically senior level positions therefore were presenting based on their job and experience as opposed to any characteristics, but we recognise that in itself is an issue borne out in statistics and research in regards to diversity within leadership and roles of power and is not unique to our profession.

There are eight other protected characteristics alongside ethnic diversity which are identified under the Equality Act 2010 and a number of these can be hidden or not apparent.

EDI considerations will be a significant part of the upcoming Impact Assessment.

The SCoPEd framework specifically addresses that good equality practice encourages consideration of other groups and people who may be marginalised or disadvantaged (beyond protected characteristics). Noting it is inappropriate to 1. assume all EDI considerations are visible and 2. that individuals must disclose any of their characteristics.

Please be specific regarding your plans for inclusion and how this will be guaranteed?

One of the clear aspirations of the SCoPEd framework is that it recognises and values different entry routes including the vocational entry point. Unlike many other professions, which have a single entry point at degree level or above,

which could create a barrier to those from less advantaged backgrounds, we recognise that different entry routes offer greater inclusivity and diversity.

The SCoPEd framework values and maps qualifications at different levels delivered in different educational contexts. Ensuring fair access to the profession is critically important for trainees, clients and patients. The SCoPEd framework would offer opportunities for progression. We recognise that everyone's skills are different, and that experience will grow through professional practice and continuing professional development (CPD) and/or additional qualifications.

We understand members and registrants would like to know specific plans, but the impact assessment will be looking at issues of accessibility and inclusion. This work has been commissioned and is now underway. We'll be able to update you in the coming months.

Employers

Will SCoPEd impact on employment for therapists in column A, particularly with employers such as employee assistance programmes (EAP)?

What responses have you had from employers and other stakeholders so far?

How will SCoPEd impact on employment opportunities, generally?

There is a preconception that counselling services will only want to employ therapists in column C and that is not the case. Services have welcomed the framework because it's a way of understanding the different membership categories across organisations as well as identifying the skills that applicants have, especially those in column A. We believe it will help people in column A to become paid employees of a service.

It's already had a positive effect as we're aware for example, that a particular employee assistance programme (EAP) organisation has removed the requirement to be accredited and are looking at the evidence of what they need for their counselling services.

The framework is a powerful way to represent the training and skills of all qualified therapists who are members of professional bodies that have membership categories mapped to the framework. It's also transparent that the majority of these skills are within column A and that these people should be paid along with therapists in column B and C. There is an ongoing conversation about how we ensure that all therapists are paid where appropriate. In some cases therapists do choose to volunteer their time and that is an individual decision.

The impact assessment will include input from these stakeholders.

The framework is intended to represent the quality of expertise across the six bodies to show equivalence across PSA accredited registers and in comparison

with other statutorily regulated psychological professions which dominate. It's to also distinguish our PSA accredited registers from the plethora of lesser trained, lesser regulated individuals and organisations, some offshore, which are gaining traction in the UK marketplace. Agreement on minimum standards is an important contribution to public protection.

Evidence

I've previously submitted evidence from the Scottish Qualifications Authority (SQA) that demonstrates many 'column C' competencies are being taught on the Scottish HND (level 5) courses. These courses are BACP approved courses. Why have these competencies not been moved to 'column A' to reflect that they are taught on level 5 courses?

We're not in the phase of the work whereby we can specifically look at an individual's course or other credentials to determine whether they need to be aligned to a different column than the overall principle.

However, it is important to remember that the framework maps shared minimum agreed standards - that means there will, for example, be instances where a training course that maps to column A will deliver more than is evidenced in that column, and perhaps will deliver some of what is evidenced in column B (or C). But it does not deliver all the competences of column B (or C) or the practice standards that go with it.

It is also important to remember that if you are sufficiently capable to ethically deliver a competence outside of the column to which you are mapped you can deliver it - you don't have to be mapped in a column to deliver something there; you only need to satisfy all the criteria to be mapped there.

Feedback

How are the partners and their own organisations taking on board or using the criticism and challenges towards SCoPEd?

Specific challenges to framework content and coverage were processed via the Technical Group (TG) and Expert Reference Group. You can see this via the ologylogy documents for the last two versions of the framework.

More philosophical challenges and feedback has been considered via the SCoPEd Oversight Committee (SOC) and TG to inform the work of the partnership, including communications and events, widening the partnership, and meeting and corresponding with various groups and stakeholders outside the partnership.

Partners are also doing similar things on an individual basis. Members of the SCoPEd working groups feed back to their own organisation's teams and

governance structure in different ways and inform and advise about both negative and positive responses to the framework and the collaboration more generally. And of course the impact assessment process will provide opportunities to explore some key concerns and potential risks that have been flagged and identify mitigations.

How do members have a voice on SCoPEd?

Member and registrant voices have been taken into consideration throughout the work both in terms of framework content and more generally about the collaboration. This has been done through both formal activities (such as surveys) and informal activities (such as events and one to one discussions).

Members and registrants can continue to contact their own organisations about SCoPEd.

SCoPEd framework

What is the definition of SCoPEd?

SCoPEd is the Scope of Practice and Education, it's the name given to the project initiated by the partners. The SCoPEd framework maps the shared agreed minimum core competences and practice standards for counsellors and psychotherapists working with adults.

There are many versions of the Scoped framework on the internet. Is the current version January 2022? Is it possible to clean up the other versions and remove them?

The January 2022 version of the SCoPEd framework is the latest version published by all six partners. You'll find this on all partners' websites and we would advise you go there for the most accurate and up to date information and documentation regarding SCoPEd. Previous versions of the framework and methodology remain available for transparency and to highlight changes made to the framework as a result of member and registrant feedback and the introduction of the additional partners.

Would it be fair to say the framework is evidence-based?

Yes, the framework is evidence-based. It encompasses competences and standards from across the profession. More information on sources and evidence and the process by which this informed the framework is available within the SCoPEd methodology updates on partner websites.

Is psychoanalysis outside SCoPEd?

The competences and training requirements for psychoanalysis are recognised as mapping onto and or above the column C requirements.

Previous iteration feedback highlighted the need to separate 'suicide' and 'self-harm' as separate phenomenon, however the 'final' framework says it has separated 'suicide' and 'self-harm', yet at each entry point on

the framework where 'suicide' appears, so does 'self-harm'. Why is that?

The framework notes suicide and (or) self-harm as they have appeared in source evidence. A full list of sources is available in the [SCoPEd methodology update January 2022 which is available on our website](#). You can find the [accessible version of this document here](#).

Is SCoPEd saying that academic qualifications relate to better outcomes in counselling? If it's not, what do you say to those who think it might lead people to believe or misunderstand this?

The decision was taken not to include client outcomes research as part of the framework as there is insufficient research directly linking client outcomes to specific practitioner competences.

The intended audiences of the framework is answered in the next question.

Who do you see as the audience(s) of the framework? What challenges and opportunities are there for each audience?

How will the framework be communicated to the public?

The SCoPEd framework sets out the minimum core training, practice and competence requirements that therapists represented on it have achieved and can evidence.

The key audiences as indicated in the SCoPEd framework January 2022 are:

Potential and Current trainees

The framework sets out the core training, practice and competence requirements for qualified therapists rather than for trainees. However, looking at these core requirements can help potential and current trainees understand how they might map out their training journey as they think about starting and developing their career in the counselling and psychotherapy profession.

Practising therapists

All partner members and registrants are represented in the framework. If adopted, practising therapists could use the mapping to evidence how they have progressed since their initial core training. Decide if and how they wish to develop further their generic or core competences. Prove they have achieved a certain level of training already so are able to enter different trainings at a higher level rather than start again from the beginning. Prove their level of skills to register with different or additional membership bodies.

Benchmark their skills and experiences when applying for work.

Clients, patients and the general public

The ultimate purpose of the framework is to provide clear information to clients, patients and the general public who are looking to use counsellors and psychotherapists so that they can make informed choices.

As the work on SCoPEd progresses, we will develop public-facing materials to support clients and patients to make more informed choices.

Policy makers, commissioners and employers

The framework outlines what is built into core counselling and psychotherapy training, and how generic competences might be evidenced across different trainings and made transferable to a wide range of work settings. The aim is to offer clarity about the skills and knowledge that therapists have to enable policy makers, commissioners and employers to make informed choices about therapists they may wish to include in your workforce.

Trainer and training organisations

The framework is a key resource in supporting the integration of core generic standards, with learning outcomes and assessment criteria, into qualifications and courses delivered in a wide range of contexts and regardless of modality.

The framework is not intended to capture the many specialist trainings, competences and skills that therapists acquire over the course of their professional life. Many individual courses and qualifications will include additional competences to those described and will add depth and detail, which are reflective of the particular philosophical and theoretical approach. These are valuable details that can't be captured in generic standards. The framework does not represent all practising counsellors and psychotherapists, as there are some practitioners who sit outside the framework because they don't meet minimum standards, don't subscribe to the framework, or don't currently belong to organisations that are eligible to join the partnership.

More information regarding the audiences can be found in the [SCoPEd framework January 2022](#).

Competences

We've received questions relating to competences 3.24.b, 5.1, 5.4b asking if these need correcting and why they are listed in the columns they are in.

We considered all feedback on these competences prior to the July 2020 framework and the SCoPEd framework January 2022. Evidence was then used to ensure that competences are included in the relevant columns. The methodology documents that accompany the framework documents (and how specific and themed challenges were processed) are available on partner websites.

Could you please explain how you have settled on using the word "worldview" in the latest version, rather than "religion" or "culture"?

In response to challenges and feedback, there has been a progression in thinking and an associated process of selection of different terms to capture a

particular aspect of a person's identity relating to but not fully captured by the term belief. The January 2022 version has settled on "worldview" because it best captures the breadth and depth of the sum of a person's outlook on life: the way they see and understand the world. Therefore, it encompasses religious and non-religious beliefs and spiritualities, and other meaning making structures such as philosophies, ethics and politics. We felt it was a holistic term which points to an individual's outlook that can transcend other aspects of their identity such as culture, language and values.

Both member and partner feedback informed the updates and amends to the framework over its various versions. For specific detail around worldview, culture and religion in the SCoPEd framework January 2022 you may wish to [view Appendix 6 of the Methodology](#). You can find the [accessible version of this document here](#).

Impact assessment

We've received a number of questions regarding the impact assessment specifically:

What was the process for choosing an agency and who are they?

What will the impact assessment cover?

When will the results be received and will these be shared?

As mentioned during the event - An independent agency has been commissioned to undertake the impact assessment. They're a consultancy and recruitment provider in the charity sector advising on development, funding, and growth and have a strong track record of impact assessment. Before the work was commissioned the SCoPEd Oversight Committee all took part in a workshop to discuss the aims and coverage of an impact assessment, resulting in a brief being put together and distributed to 10 potential suppliers.

A panel of three partners, one EbE and a SCoPEd project worker met with two agencies to discuss their submissions. The panel decided unanimously upon one supplier who have now been commissioned and work is underway.

The assessment will cover interviews and focus groups with various stakeholders including clients, patients, practitioners and other stakeholders in the profession and allied professions.

It will also comprise a data element which will involve statistical modelling of data held by partners and data in the public domain.

We're anticipating final reporting back to the SOC towards the end of 2022. Following this we'll look at sharing findings and content as appropriate with Boards, staff, members and registrants.

Should SCoPEd be adopted this would be the first step in an ongoing journey of impact assessment and evaluation.

The statistical modelling aspect of the impact assessment means we have a robust and sustainable means of doing this.

The SCoPEd project runs risks of movement towards a medical model dominating mental health recovery, as it frames emotional distress under medicalised terms fed into a medicalised framework. These wider impacts must be noted within a thorough impact assessment.

The framework counters the medical model and it's a very rich deep framework for the profession to reflect itself.

It's not about aligning to IAPT, where NHS pathways fit these are reflected in the framework, but they're not created by that. It's a way of taking about what therapists do which is not medical, which is not a disease. It's about the positive ways in which therapists can help change people's lives but laid out in a way that's comprehensible to external audiences.

SCoPEd is an excellent mechanism for demonstrating the rigour, competences and standards in a non bio-medical way. The intention of the project is to encourage patient choice with far greater access for all to a range of modalities.

The impact assessment will look at evidence and assumptions of impact across a broad spectrum.

Research

We've had a variety of questions concerning the research methodology of the framework and how research was used in the rationale for the work.

Methodologies were published alongside each version of the framework and are accessible online together with FAQs covering what factored into the rationale for work. The [methodology documents are available on our website](#). You can find the [accessible version of this document here](#).

New partners have previously critiqued SCoPEd, with references to the research as not 'neutral' and embedded systems of power and privilege. How were these concerns considered when they joined the partnership?

When the new partners joined each of them shared practice standards that apply to their own organisation and these were incorporated into the collected standards. Any areas of variance or inconsistency were discussed within the full group before agreeing a final version of the practice standards document.

Additionally, new partners to the Technical Group were asked to formally indicate which aspects of the framework needed additional consideration, including details of specific competences (or gaps) and supplying evidence from

their own standards or other sources within scope to support discussion and consideration.

Further information about how the work was undertaken along with a full list of sources is available in the [methodology update January 2022 available on our website](#). You can find the [accessible version of this document here](#).

How did you arrive at the conclusion no formal research was needed to identify challenges when engaging with government, employers, clients, patients and commissioners?

SCoPEd emerged as part of a joint solution from BACP, BPC and UKCP to resolve existing challenges caused by the lack of a shared framework for professional standards when engaging with government, employers, clients, patients and commissioners. No formal research was needed to identify these challenges – it was clear from our collective discussions with these important external stakeholders that this issue was, and still is, restricting opportunities for our members within the profession.

Costs

Please provide a breakdown of the total cost of the SCoPEd project to date.

Costs have been modest thanks to the sharing of existing expertise across the organisations, volunteer dedication and thorough due diligence in contracting any external partners.

It is impossible to produce an accurate compartmentalised figure. All partners are responsible for their existing operational budgets. Collaborative work is shared across the SCoPEd partners as agreed by the SOC.

Partners

What was the issue with the way organisations were working previously?

BACP have always had a framework in place, couldn't that be used?

Professional organisations have different entry and progression standards which made it hard to understand equivalence. Standards were all expressed in modalities rather than as generic. And different terms have meant different things across membership bodies (such as accredited, counselling, psychotherapy) which makes it hard for those both in and outside of the profession to make sense of their meanings or make meaningful comparisons.

This lack of transparency is confusing and off-putting for employers, clients and patients. 'Why not just employ a clinical psychologist, at least we know what we're getting'. This means counselling and psychotherapy is difficult to engage with (rivalries were evident) and our members missed out on jobs and equal pay arguments.

BACP did not have a generic framework in place. BACP had standards for accreditation and accredited courses but none for entry to membership and the register (apart from Certificate of Proficiency which though important, does not define competences) and none for what is now mapped as column C. SCoPEd establishes equivalence and transparency across six professional bodies.

What will happen to the SCoPEd Oversight Committee (SOC) and Technical Group (TG) if and once the framework project is implemented?

The publication of the January 2022 framework marked the delivery of our phase one work on SCoPEd – a joint commitment to map the current reality of the core training, practice and competence requirements.

The SCoPEd partnership owns the framework and within the terms of reference for the partnership there is a commitment to keep the framework up to date.

So, should SCoPEd be adopted there would be work in the future to update the framework to reflect changes in the landscape, new evidence sources, and accreditation of the NHS fully funded pilot training pathway for counsellors. The SOC and TG would continue.

The SCoPEd partnership may become the right forum for looking at other things if there was an appetite to continue working together to achieve impact at scale.

What has happened to the Cognitive Behavioural Therapy (CBT) practitioners? Have the British Association for Cognitive & Behavioural Psychotherapies (BABCP) been involved at all? (Since they probably constitute the single biggest group working in the NHS).

CBT standards were included in the mapping and can be seen on the [SCoPEd methodology update January 2022](#). You can find the [accessible version of this document here](#). BABCP have not been involved with the work itself as the partnership so far has been based upon being a PSA accredited register holder.

Is there a tension between autonomy-centred and process-centred practice? How does this relate to SCoPEd?

No framework of competences and practice standards can capture the moment-to-moment interactions within therapy – whether process led or client or patient led. This goes back to the different views on the degree to which therapy is an art or a science. But there are certain aspects of being a therapist that we can agree on across different philosophical positions. The need for ethics, containment, therapeutic relationship, a body of knowledge about human development and human difficulties, coherence between skills and theory, respecting the dignity and autonomy of the client or patient, being able to practice therapy safely and effectively, being able to understand what you are doing and how this helps (or doesn't) the client or patient etc.

The competences are written at a high generic level which unlike modality specific frameworks leaves room for the therapist to practice a bona fide approach without having to manualise, constrain or overly specify the process, meaning that it can be applied to either autonomy-centred or process-centred practice.

If someone is philosophically against trying to put therapy into a framework there will be no satisfactory answer for them. But the framework tries to capture what we have in common, what therapists do and what minimum expectations are, in a way that is transparent and accessible to the widest possible audience.

Why have Association of Child Psychotherapists continued as observers? Why were they not present at the event?

In October 2021, the Association of Child Psychotherapists (ACP) reviewed their role in the partnership and decided to step aside as active partners because the framework is focused on work with adults and much of the specialist training and practice for ACP members falls outside of SCoPEd. Their role moved to observer, and they remain attendees of SOC as was felt appropriate and useful for the collaboration.

This event is for partners to update on the work, and so that does not fall within the remit of ACP's involvement.

In a joint statement from the SCoPEd partners in February 2020 you declared: “We are now moving on to phase two of our collective work. This means working towards the potential adoption of the framework by each partner organisation, and in due course we will also populate the framework with titles, gateways and much more.” What is the “much more”?

The SCoPEd collaboration has become more than just a framework. As was covered on the day in updates and questions, there is strength in collaboration for addressing bigger questions and concerns within the profession in relation to issues such as standards, paid work, and student placements. The framework and the partnership itself is also being looked to for new training pathways into the profession such as that beginning in the NHS this year, and discussion on potential new routes and training options via the Open University (OU) and apprenticeships.

The collaboration is proving to go beyond SCoPEd and has served as a powerful catalyst towards co-working and co-campaigning on issues that impact our members, registrants and the public, such as climate emergency.

At the moment UKAHPP is not part of the core partnership discussing SCoPEd, we would like to also be involved in order that the project fully embraces all voices and views. We believe that we have an important voice on behalf of all therapists who work from the Humanistic model and therefore ask to be involved.

Will the partnership be accepting any new partners in the future?

All PSA register holders were invited to join the roundtable in summer 2020 which ultimately resulted in the partnership being expanded.

UKAHPP were contacted at the time but did not pursue becoming a partner then.

UKAHPP sent a letter to the SOC following the publication of the January 2022 framework requesting to join which was discussed at the SOC in May 2022. The SOC agreed that given how far down the line the current work was, the question of adding new partners was best addressed if or when new work commences. But the January 2022 framework can be used (with acknowledgment) by organisations even if not members of the partnership.

Professional Standards Authority and regulation

Where's the evidence the existing professional standards authority programme is faulty? How do you justify anecdotal 'evidence' that SCoPEd was needed?

Would statutory regulation prevent malpractice, or those counsellors, psychotherapists who slip detection be better regulated under Statutory Regulation? And is this something that the team would consider approaching later on so as to have a legal position for those breaking the professional standards (rules).

The SCoPEd work is not connected to the issue of statutory regulation and the government have recently made it clear that they do not have any plans for statutory regulation. Decisions about statutory regulation are made by the Government, not by professional bodies.

However, if the situation changes and the Government decides to go down that route then we're keen that our profession is prepared and best positioned to inform and influence the way statutory regulation is implemented. SCoPEd, with its emphasis on the characteristics and qualities of counselling and psychotherapy, as distinct from the biomedical approaches, will go some way towards making the argument that this profession needs a well-grounded bespoke approach by those with a strong understanding of the profession rather than a generic health regulator. It also provides a powerful argument for e.g. not going down the single entry at degree level route which does not 'fit' with the way our profession is organised. We place value on learning by experience and not just academic routes.

The fact that the PSA professional bodies are working together is valued and supported by the PSA as a sign of professional maturity which supports their agenda of standards which protect the public.

What problem is regulation or standardisation of SCoPEd trying to fix? Is it a problem? If so, can regulation or standardisation fix it? If this problem is fixed, what else gets broken? If something else is broken, is fixing the problem worth it? How do you justify your actions SCoPEd partners?

Having a common goal and undertaking the work behind the scenes to produce and refine the framework has fostered understanding and helped to reduce the tension between different professional bodies, and this is clearly in the interests of clients and patients. We remain distinct organisations and value our uniqueness and want to retain and defend the rich creativity and diversity within the profession in relation to models and approaches. However, the framework gives us a distillation of what unites therapists in their core competences - without suggesting or requiring us all to fit the same model- and it is difficult to understand why this produces such vociferous criticism. External stakeholders,

MIND, government, NHS have been exasperated by this division and inability to engage with us as a profession.

Will a register of practitioners mapped to SCoPEd be needed and will this replace the PSA accredited registers?

No, there won't be a SCoPEd register. The membership categories of each organisation will be mapped to the columns. Where applicable members and registrants will still be on their professional bodies PSA accredited register.

Will it be possible for lawsuits against practitioners for working outside their columns?

If you're sufficiently trained to ethically do the work you do, as are the conditions of membership bodies now, then that is what matters. SCoPEd doesn't change that.

It's important to remember that you can practise competences from any columns regardless of which column you map to if you are skilled and experienced to do so ethically as you do now – you only need to meet all the requirements of the membership category if you wish to be mapped to it.

How might SCoPEd help with addressing the unregulated landscape of counselling and psychotherapy, and the impact that has for public protection?

SCoPEd sets out minimum standards that all partners have agreed to. While differences still exist beyond first entry column, an employer or member of the public can be assured that anyone who is registered with a professional body that has adopted SCoPEd meets these minimum standards.

SCoPEd is more than just the framework, by working together collaboratively the partnership has greater recognition and strength to begin to address the wider issues in the profession.

Training

What stops existing educational qualifications i.e. the numbered levels or certificate/diploma/postgraduate diploma/MA/MSC/PhD being a 'framework' which are commonly understood by most people except it seems the NHS/IAPT/NICE conglomerate?

These types of qualifications and courses have been considered and mapped to the SCoPEd framework, but the SCoPEd framework (and any mechanisms that could be implemented to help people move through it) shows that a qualification level is not the full picture of someone's training, knowledge and experience.

Will training organisations be required to review the equivalent qualification levels set by the Department of Education?

The SCoPEd partnership cannot speak for training organisations. If adopted the partners will however support members to evidence their training should they wish to progress through the framework and membership categories.

Does a BPS approved degree in psychology or counselling count towards training hours?

All SCoPEd partners are committed to the principle of recognising prior learning. It would depend on the course's theoretical approach and or professional body requirements whether the hours accrued on any particular BPS degree could be counted towards training hours.

Will it be clarified what it is practitioners and teachers/trainers need to do in relation to the SCoPEd framework? Is it replacing the ethical framework/running alongside?

Should SCoPEd be adopted there would be work to ensure partners' accredited courses align and the best way to find out more about this is to have a conversation with the appropriate partner.

The SCoPEd framework is a competency framework; it is not an ethical framework so will not be replacing whichever ethical framework practitioners adhere to.

Will training providers only offer certain types of course in the future?

Training providers adapt to the market in all areas, not just counselling and psychotherapy. They will recognise, as they do now, that there are different markets and offer a course or courses they can deliver and that they think they can recruit to. As is the case now, not everyone wants to pursue the same modality, commits to a single initial training of four years duration, or opts for an academic qualification over a vocational qualification and so training providers offer a variety of different courses.

Why is there no focus on quality in counselling training?

It is not possible to achieve a rise in quality overall unless there is some shared agreement on standards. The SCoPEd framework and partnership working together has the potential to address profession wide issues and concerns in the future.

What are you going to do for those people who want to help people with mental health problems who have undergone training which is not as good as needed for registration without making them go through years of training they cannot afford to do but really want to help people? Could you introduce bridging qualifications that cover the areas people have not covered efficiently or help them gain placements to gain experience and gain registration?

As is currently the case all individuals have to meet professional body registration requirements. This might be by additional training, or by recognition of prior learning and experience. It's likely that the transparency of the framework will offer opportunities for those who design and deliver training

and CPD to offer bridging qualifications or 'top up' qualifications. The framework would strongly support this.

Is there a conflict between (some of) the partners supporting IAPT practitioner training which is short and producing a framework with a premise that guards against short trainings?

Those counsellors and psychotherapists who enter IAPT via the routes (PCE-CfD, DIT, IPT, Couples counsellor for Depression) all have to be in a membership category recognised in column B before they do the 'top-up' IAPT training. In that sense there is a consistent requirement for counsellors and psychotherapists working in IAPT which maps to column B.

But there are other roles in IAPT which are predominantly psychology or CBT based which have different requirements (e.g. PWP practitioners). This is a parallel system (and indeed by far the largest part of IAPT) which has its own standards. While counsellors and psychotherapists may occupy some of the same positions (e.g. high intensity therapists) it is not for us to pronounce what these non-counselling routes should be because those practising are not counsellors or psychotherapists.

The new NHS funded pilot psychotherapeutic counselling route into IAPT meets all the competences and practice requirements for column B of the SCoPEd framework i.e. a minimum of three years' training and 450 hours of client work

What does SCoPEd mean for universities training students to be therapists, where we have BACP accreditation for our courses (BSc and MSc)?

Students completing BACP accredited courses currently would enter BACP as registered members until they had completed the hours to pursue accreditation, because accredited courses cover the competences required for accreditation but generally not the client hours. This would remain the same if SCoPEd were adopted, as registered members map to column A and accredited members map to column B.