

Annual review of accreditation 2020/21

National Counselling Society (NCS) and
National Hypnotherapy Society (HS)

October 2021

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About the National Counselling Society (NCS) and National Hypnotherapy Society (HS)

The National Counselling Society and the National Hypnotherapy Society (the NCS and HS) hold two separate registers under a common governance system. They register:

- Counsellors
- Psychotherapists
- Hypnotherapists.

Its work includes:

- Setting and maintaining standards of practice and conduct
- Maintaining a register of qualified professionals
- Assuring the quality of education and training
- Requiring registrants to keep their skills up to date through continuing professional development
- Handling complaints and concerns raised against registrants and issuing sanctions where appropriate.

The NCS and HS were accredited on 21 May 2013. This is the NCS' and HS' eighth annual review. This report covers 21 May 2020 to 21 May 2021.

Background

The Professional Standards Authority accredits registers of people working in a variety of health and social care occupations not regulated by law. To be accredited, organisations holding such registers must prove that they meet our Standards for Accredited Registers (the Standards). Accreditation is reviewed every 12 months.

Accreditation can be renewed by a Moderator in cases where all Standards are evidenced to be met. A Moderator can issue Recommendations and note Achievements.

Where concerns do exist, or information is not clear, a targeted review will be initiated by a Moderator. The outcome of this review is assessed by an Accreditation Panel, who can decide to renew accreditation, renew accreditation with conditions, suspend accreditation or remove accreditation. Panels may also issue Recommendations.

- **Condition** – Changes that must be made within a specified timeframe to maintain accreditation
- **Recommendation** – Actions that would improve practice and benefit the operation of the register, but do not need to be completed for compliance with the Standards to be maintained. Implementation of recommendations will be reviewed at annual renewal

Outcome

Accreditation for the NCS and HS was renewed with Conditions of Accreditation for the period of 21 May 2021 to 21 May 2022.

Accreditation was renewed by a Panel following a targeted review to look at Standards 2, 5, 6, 7, 8 and 10 in greater depth.

The following Conditions must be met within the timeframes provided:

- **Condition One:** Within six weeks of the publication of this report, the National Hypnotherapy Society must publish a position statement on its website providing clear information about hypnotherapy to help service users make informed decisions. This should make clear that the HS is continuing to develop its position and that further guidance will be produced in due course. (following and in line with legal advice and updated ASA guidance) (paragraph 10.20)
- **Condition Two:** The National Hypnotherapy Society should develop guidance for its registrants about advertising and acceptable claims for hypnotherapy. This should take account of ASA guidance and reference any other factors such as new evidence. This should be published within six months of the publication of this report. (paragraph 10.21)

The Panel issued the following Recommendation. Actions taken by the register to address this will be considered at the next assessment

- **Recommendation One:** The HS must monitor its registrants for compliance with its provisional and updated standards. The HS should share its monitoring processes, findings and actions taken within 12 months of the publication of this report. (paragraph 10.22)

The following report provides detail supporting the outcome.

Assessment against the Standards for Accredited Registers

Standard 1: the organisation holds a voluntary register of people in health and/or social care occupations

- 1.1 The NCS and HS reported increased applications to its registers. The combined registers had grown from 5930 to 6820 between March 2020 to March 2021. Many applications were from experienced practitioners. The NCS and HS found this was a result of increased social media engagement, such as through the support they provided to practitioners during the Covid-19 pandemic.
- 1.2 We found that this Standard continued to be met.

Standard 2: the organisation demonstrates that it is committed to protecting the public and promoting public confidence in the occupation it registers

- 2.1 The NCS and HS reported their increased recognition by major insurers and other organisations. The NCS and HS noted there was still a lack of recognition by smaller employers but continued to work to address this.
- 2.2 The NCS and HS also told us about 'significant correspondence and a number of meetings with high-profile parliamentarians, Peers, and employers to promote the use of practitioners on Accredited Registers, especially to support the current and ongoing mental health crisis brought about by the pandemic'.
- 2.3 The NCS and HS reported their move to an online-only application processes and movement towards paperless-systems which were more efficient and environmentally friendly. The NCS and HS advised of plans to digitise archives, in line with data protection requirements. We asked how they would support applicants who had difficulties with online systems. The NCS and HS told us they would still accept written applications which would then be scanned and destroyed.
- 2.4 We found that this Standard continued to be met, subject to the Conditions set out in Standard 10.

Standard 3: risk management

- 3.1 When applying for and renewing accreditation, registers send us a risk matrix that demonstrates their understanding of risks that could result from their registrants' practice. This includes risks from registrants' personal behaviour, technical competence and business practice. Registers set out the likelihood and impact of such risks, and how they work to mitigate these.
- 3.2 Last year we found the NCS and HS' risk matrix was difficult to understand. We advised that setting the matrix out clearly could assist their management of risk. The NCS and HS told us they were looking into affordable software options to help with this and had looked to other organisations for examples.

- 3.3 The NCS and HS' risk matrix set out risks related to the Covid-19 pandemic. We noted that the NCS and HS had published guidance about providing face-to-face, and online/virtual services. They also directed people to NHS and UK government advice webpages.
- 3.4 The NCS and HS identified a risk that recent graduates of counselling and hypnotherapy training programmes might have missed some parts of their training due to the Covid-19 pandemic. We checked how the NCS and HS assessed applicants to the register under those circumstances in Standard 9.
- 3.5 At the previous annual review, we issued a Recommendation for the NCS and HS to continue developing mechanisms to assure the safety of children and young people using registrants' services. The NCS and HS highlighted the publication of their [Competency Framework for Working with Children and Young People](#). This sets out 'additional competencies that a counsellor needs to work with children and young people ... underpinned by the fundamental principles of the NCS.'
- 3.6 We noted during our assessment that the NCS and HS' standards require registrants working with children and young people to have current Disclosure and Barring Service (DBS) certificates. We noted that some statements within their Codes of Ethics and Competency Framework were not clear, for example if counsellors working in England and Wales were required to have Enhanced DBS checks. The NCS and HS confirmed that Enhanced DBS certificates are preferable when available through an employer, but they understood that independent practitioners may not have access to these. The NCS and HS stated that they would act to make sure their statements were consistent and clear. We found the Recommendation had been considered.
- 3.7 We advised that we were working with the Department of Health and Social Care to close the safeguarding gap for practitioners on Accredited Registers.
- 3.8 We found that this Standard continued to be met.

Standard 4: the organisation demonstrates that it has sufficient finance to enable it to fulfil its voluntary register functions effectively including setting standards, education, registration, complaints and removal from the register

- 4.1 As part of our review, we checked the NCS' and HS' records from Companies House. We noted the growth of the registers could assist their financial sustainability.
- 4.2 The NCS and HS told us that they had stopped charging application assessment fees as these may have been a barrier to applicants. To balance this, registration fees were increased. The NCS and HS advised they planned to allow registration fees to be paid in monthly instalments instead of annually.
- 4.3 We found that this Standard continued to be met.

Standard 5: the organisation demonstrates that it has the capacity to inspire confidence in its ability to manage the register effectively

- 5.1 The NCS and HS have an [Independent Assessor](#) who checks 'the Societies' commitment to the standards of transparency and accountability ... through regular and ongoing assessment and analysis of administrative and

management systems and processes'. We noted the most recent assessment (conducted online due to the Covid-19 pandemic) included checking the work of the NCS and HS' Professional Standards Manager, and the administration of applications to the register.

- 5.2 We were concerned that the Independent Assessor's most recent reports did not refer to an issue reported by the NCS within the past two years: that a small number of applicants had been admitted to the NCS register by a former officer, without fully meeting its registration requirements. We had found that the NCS had taken appropriate action following this. We considered that it would have been appropriate for the Independent Assessor's report to refer to the issue, setting out their assurance that appropriate procedures were put in place to prevent it happening again.
- 5.3 We found that this Standard continued to be met, subject to the Conditions set out in Standard 10.

Standard 6: the organisation demonstrates that there is a defined knowledge base underpinning the health and social care occupations covered by its register or, alternatively, how it is actively developing one. The organisation makes the defined knowledge base or its development explicit to the public

- 6.1 There were no significant changes reported or noted in the past year.
- 6.2 We found that this Standard continued to be met, subject to the Conditions set out in Standard 10.

Standard 7: governance

- 7.1 The NCS and HS reported that their Chair had stepped down at the end of 2020. The new Chair has experience of the regulation and registration of counsellors, psychotherapists and hypnotherapists having been the CEO of the NCS and HS when they gained accreditation. The Public Protection Officer stepped down and their successor joined under the new title of Ethics Officer. The new title was designed to complement the aims of their developing approach to complaints handling, to reduce the risk of potential emotional distress to those involved.
- 7.2 The NCS and HS' Council has five officer or staff positions and five lay members. The NCS and HS informed us of three new Lay Council members.
- 7.3 The NCS and HS told us that their increased use of social media to contact practitioners throughout the UK had resulted in greater awareness of the two Societies, and increased applications for registration. They also told us about their engagement with stakeholders through open letters that are published on its [NCS | Important News](#) pages. This included their contact with the English Health and Social Care Select Committee regarding the [request for submissions regarding Children and Young People's Mental Health](#), updates to members on the [Scope of Practice and Education \(SCoPEd\) framework](#) and our Strategic Review of the Accredited Registers programme.
- 7.4 The NCS and HS set up a regional committee for Northern Ireland allowing 'members from different areas of the UK to ensure their particular needs and issues are considered and, where possible, catered for'.

- 7.5 The NCS and HS launched a monthly e-magazine featuring professional news and member updates. The NCS and HS found this was more successful and better received than its previous newsletters. Within this they published guidance and support for registrants in private practice. This included guidance on matters such as data protection.
- 7.6 Standard 7f requires that Accredited Registers communicates effectively with the public and its registrants. In particular it ensures that the information it provides about its registrants and their occupations helps service users to make informed decisions. We considered the information presented in the HS' website about hypnotherapy and noted that it did not provide service users with the information they would need to make informed decisions. We note that the HS is engaging with the Advertising Standards Authority (ASA) about the claims that can be made about hypnotherapy but considered that it was important that the HS provide some information to service users, so issued Condition 1. (see paragraph 10.18)
- 7.7 We found that this Standard continued to be met, subject to the Conditions set out in Standard 10.

Standard 8: setting standards for registrants

- 8.1 The NCS highlighted publication of their [Competency Framework for Working with Children and Young People](#) which sets out 'additional competencies that a counsellor needs in order to work with children and young people ... underpinned by the fundamental principles of the NCS.' The framework states that
- 'The NCS believes that all counsellors who work with children and young people must have specialist knowledge, skills and abilities. These attributes are usually gained from specific, dedicated training, focused on counselling children and young people, and subsequently supplemented by relevant Continuing Professional Development (CPD). The NCS also acknowledges that some counsellors have gained significant experience from working with children and young people over many years in lieu of specific training and can evidence that they meet the competencies set out in this framework.'
- 8.2 The framework refers to sources such as the NHS 'Child and Adolescent Mental Health Services (CAMHS) [Competence Framework](#), [British Association for Counselling and Psychotherapy \(BACP\) Competences for work with children and young people \(4–18 years\)](#) as well as the NCS and HS' own good practice guidance and Code of Ethical Practice. The framework provides references and links to other relevant material including capacity and consent, parental rights and responsibilities, and child protection and safeguarding.
- 8.3 The NCS and HS told us they updated their standards for registrants' supervision. They had made clear that peer supervision must be supplemented by one-to-one and/or group supervision to meet the requirements. Guidance about supervision requirements is published on the NCS' website: [NCS | The Importance of Supervision](#).

- 8.4 The NCS and HS reported that its Code of Ethics had been amended to state that instead of requiring ‘a current Full Disclosure DBS certificate if (registrants) wish to work with children and young persons’ that ‘it is recommended that members hold a current DBS certificate’. The previous code could have caused confusion as there is no such thing as a ‘full disclosure DBS certificate’. As discussed under Standard 3, we noted that the NCS and HS were checking their publications to address any inconsistencies within their frameworks for working with children.
- 8.5 We found that this Standard continued to be met, subject to the Conditions set out in Standard 10.

Standard 9: education and training

- 9.1 The NCS and HS have several levels of registration, reflecting practitioners’ professional development. The NCS and HS reported that they changed their requirements for registrants to achieve Senior Accredited Registrant (MNCS Snr Accred) status. Registrants had been required to achieve a higher-level qualification but would now need proof of at least seven years’ practice and a reference from an appropriate senior professional. We noted the changes did not reduce the minimum requirements for entry to the registers.
- 9.2 The NCS amended their [Standards of Training and Education for Accredited Courses](#) because of the Covid-19 pandemic. The NCS found that due to the restrictions imposed by the lockdown, some students reached the end of their training having worked with clients virtually/online, but never ‘face to face’. The NCS and HS recommended ‘providing students with confirmation that they have been assessed as competent to work in the room with clients. This will help to prevent any issues when the student wishes to apply for registration, as to gain access to the Society’s register does require the ability to work with clients in the room.’
- 9.3 We noted that assessments must enable students to show:
- an understanding of the therapeutic relationship when the full range of sensory experience is involved
 - an understanding of the contextual and practical considerations of working in the room
- 9.4 The Standards provided further guidance as to what this could include, for example posture, dress, smell, and the perception of practitioners’ own body language and non-verbal cues by clients.
- 9.5 We found that this Standard continued to be met.

Standard 10: management of the register

- 10.1 The Authority considered the NCS and HS’ approach to the Covid-19 pandemic at the previous annual review. The NCS and HS publish current advice at: [NCS | Coronavirus COVID-19 Advice for Members](#).
- 10.2 Accredited Registers must assure that the information they publish on the register is accurate. The NCS and HS told us at the previous annual review that they carry out random audits of register entries. We issued a Recommendation for the NCS and HS to report on their audits at this annual

review. The NCS and HS provided an example of their auditing, which found incorrect use of logos. In one example a registrant was required to make clear their hypnotherapy practice was not part of their NCS registration. We found that the Recommendation had been considered.

- 10.3 The NCS and HS introduced new member management systems. They told us how they had assured that registrants' data was not lost or damaged when transferred to the new system.
- 10.4 The NCS and HS reported increased membership applications from experienced practitioners. Those applicants' status with other Accredited Registers are checked, including whether they are under current sanctions. Applicants must also declare if they have had complaints upheld against them or are currently under investigation.
- 10.5 The NCS and HS advised that its process for admitting registrants included a review of applicants' websites. They had, for example, identified registrants who were incorrectly advising NCS registration prior to admittance and required this to be removed. The NCS and HS highlighted an example of an applicant who had not disclosed disciplinary actions by other bodies and so was refused registration.
- 10.6 The NCS and HS told us about further checks to assure that only practitioners who meet their standards are admitted:
 - The NCS and HS' Professional Standards Committee now meets four times per year to assess complex applications for membership. Previously the Committee's role was only to ratify decisions.
 - Registration assessments are conducted by two people, including either the Registrar and/or Head of Professional Standards.
- 10.7 At the previous annual review, we received a concern that HS registrants were advertising the treatment of conditions, on their websites and on the HS register, potentially in breach of the Advertising Standards Authority (ASA) / Committee for Advertising Practice (CAP) [advice and guidance on hypnotherapy](#). The complainant noted that registrants appeared to make claims about treating serious conditions including cancer, depression, post-traumatic stress disorder (PTSD), and suicidal feelings.
- 10.8 We had found that the HS' allowance of wording such as 'help with' could be misunderstood as suggesting that hypnotherapy could treat the named conditions. We considered that while it might be that hypnotherapy could assist with the management of some of the symptoms of those conditions, patients experiencing such conditions were vulnerable and should be given clear information about the limitations of hypnotherapy.
- 10.9 We issued a Condition for the Hypnotherapy Society to provide greater clarification on the limits of hypnotherapy practice. The Condition required that the Hypnotherapy Society should review how hypnotherapy practice is described, both on its website and in the advertising of its registrants to ensure that service users and the public are not misled.
- 10.10 The HS told us that they had sought new clarification from the ASA to ensure the wording used by registrants, and in its own publications, was compliant and not misleading. They had also published links to the ASA guidance on

their website and issued regular guidance in their monthly e-magazine for registrants. The HS also showed us their process for ensuring new registrants are aware of their requirements to follow ASA guidance, using tracked email-campaigns.

- 10.11 During our assessment we noted that pages on the HS website continued to suggest that hypnotherapy could help with named conditions such as those above, and others including Irritable Bowel Syndrome (IBS). The HS' website did not provide evidence for how hypnosis can treat conditions such as IBS, and so appeared to contradict the ASA and CAP guidance.
- 10.12 We asked the HS about guidance it received from the ASA. The HS told us that, having found that the ASA's advice did not provide clear direction, it would remove all information about the support hypnotherapy could provide from its website. The HS then replaced its 'How can hypnotherapy help me?' webpage with information on [Advertising Standards](#). The HS also removed the 'What I can help with' section from individual register entries. The HS told us they would not restore these, or add other wording about how 'hypnotherapy can help', without clear legal advice and further guidance from the ASA.
- 10.13 The HS expressed their concerns about enforcing compliance with ASA guidance when its standards appeared to be based on outdated evidence. The HS highlighted that the current ASA position on IBS was based on evidence from 2013, while more recent published evidence found that hypnotherapy could be effective. Current [National Institute of Health and Care Excellence \(NICE\)](#) guidance stated circumstances where hypnotherapy should be considered as treatment for IBS. We noted that the ASA does allow for claims to be made outside of its stated guidance where there is robust evidence to support this.
- 10.14 As part of our assessment, we carried out a Targeted Review of the advertising practises of HS registrants' websites, to better understand how the HS ensures that service users and the public are not misled. We considered this necessary in order to assess whether the HS met Standards 2, 5, 6, 7, 8 and 10. We conducted a random survey of 26 HS registrants' websites (approximately 1%). We found that several websites appeared to make claims to treat serious medical conditions, which suggested that the HS's standards for promotion of treatments were not clear or sufficiently enforced.
- 10.15 The HS told us where they agreed that those registrants we identified may be in breach of their standards and would be required to make changes or face disciplinary action. The HS also reported where they found no breach of standards: some registrants, for example, were able to list the named conditions as they employed hypnotherapy as part of their practice as trained counsellors.
- 10.16 The HS told us they also were carrying out their own urgent review of all HS registrants' websites. They sent us their initial results, including actions taken about breaches of their standards. The HS also told us that their standard procedure was to check 10 registrants per month (and 10 for the NCS register).

- 10.17 We acknowledged the actions taken by the HS to address the Condition, by removing information about what hypnotherapy can help with from its website and register, and auditing registrants' websites against its standards. The HS aims to publish new information in line with legal advice and updated ASA guidance. However, as there is presently no information published about hypnotherapy, we felt that the HS was not ensuring that the information it provided about its registrants and their occupation(s) helped service users to make informed decisions. We felt that the HS should provide information to the public about hypnotherapy and the work of its registrants. This could be in addition to, and without conflicting with, the standards set by the ASA. This could then be replaced with the more detailed information in due course. This linked to Standard 7.
- 10.18 We considered the findings of our checks of registrants' websites. We noted the HS had told us they would act on some issues we identified, but we were not assured of its processes to address these. We noted that the HS' own audit results did not appear to accurately record the issues found, provide detail on the actions they had taken, or verify that updated information was correct.
- 10.19 To address the points above, we issued the following Conditions:
- 10.20 **Condition One:** Within six weeks of the publication of this report, the HS must publish a position statement on its website providing clear information about hypnotherapy to help service users make informed decisions. This should make clear that the HS is continuing to develop its position and that further guidance will be produced in due course. (following and in line with legal advice and updated ASA guidance)
- 10.21 **Condition Two:** The HS should develop guidance for its registrants about advertising and acceptable claims for hypnotherapy. This should take account of ASA guidance and reference any other factors such as new evidence. This should be published within six months of the publication of this report.
- 10.22 The Panel also issued the following Recommendation:
- 10.23 **Recommendation One:** The HS must monitor its registrants for compliance with its standards. The HS should share its monitoring processes, findings and actions taken within 12 months of the publication of this report
- 10.24 The Recommendation had been issued as a third Condition. This was amended following an appeal by the HS. We acknowledged the HS' work to resolve this issue.
- 10.25 We found that this Standard continued to be met, subject to the above Conditions and Recommendation.

Standard 11: complaints and concerns handling

- 11.1 The NCS and HS told us that they were reviewing their complaints procedures. We will review any changes in due course.
- 11.2 The NCS and HS told us about complaints against registrants received over the last year. We checked that all complaints decisions, including voluntary sanctions agreed with registrants, had been published at [NCS | Outcome of Complaints \(nationalcounsellingsociety.org\)](#) and [National Hypnotherapy](#)

[Society | Outcome of complaints](#). We noted that guidance for complaints panels about issuing sanctions was published at: [Indicative-Sanctions-Guidance-Nov-2020.pdf \(nationalcounsellingsociety.org\)](#).

- 11.3 At the previous annual review, we issued a Recommendation for the NCS and HS to make clear complainants' and registrants' rights of appeal following the decisions of Independent Complaints Panels. The NCS and HS advised that its new complaints procedures would make each party's rights of appeal clear at each stage. All parties will also be informed of their rights at relevant stages. We found that the Recommendation had been considered.
- 11.4 We found that this Standard continued to be met.

Share your experience

- 12.1 We received three responses to the Share Your Experience (SYE) process. We considered the matters raised and did not find they compromised the NCS and HS' ability to meet the Standards.
- 12.2 A union for counsellors told us that their members felt welcomed within the NCS and that their approach to complaints handling could be viewed as a model for other organisations.
- 12.3 A concern was received from someone who had received couples therapy from a registrant and had tried to make a complaint against them. They were unhappy that the complaint would not be progressed without the consent of their former partner. We asked what actions the NCS and HS could take to protect the public where serious allegations were made, if consent from a party had not been received. The NCS and HS told us that they could proceed with complaints procedures in those situations, however it would be difficult to establish facts without the participation of all parties. This meant that complaints were likely to be dismissed during hearings.
- 12.4 A concern was raised about the quality of training provided by an NCS-accredited training provider. We forwarded examples of social media posts highlighting the concerns to the NCS. The NCS told us that they could investigate complaints raised about the provider. They were also aware that the provider had its own complaints and independent appeals processes. They confirmed that the provider was subject to the same accreditation criteria as others, and that its graduates' applications were assessed under its standard procedures. We stated that where the NCS and HS became aware of concerns indirectly, such as through social media posts, they could consider whether any points raised required further investigation.

Impact assessment

- 13.1 We took account of the impact of our decision to reaccredit the NCS and HS with Conditions.

Equality duty under the Equality Act 2010

- 14.1 We took account of our duty under the Equalities Act when deciding to reaccredit the NCS and HS with Conditions.

- 14.2 The NCS and HS advised that the NCS [Standards of Training and Education for Accredited Courses](#) had been amended to include that:
- theoretical study must include awareness of 'Equality and Diversity including but not limited to: Gender/ Gender identity, Age, Ethnicity, Nationality, Ethnic origin, Culture, Class, Ability, Sexual orientation, Religion, Beliefs, Spirituality'.
 - Skills training must address: 'Recognising the importance of equality, diversity and difference and understanding and managing their impact on the therapeutic relationship'
 - Training providers must have in place and publish a satisfactory Equality/Diversity policy
- 14.3 The NCS and HS reported that its magazines and member documents were available in text-only format to support the visually impaired using text-to-voice software.
- 14.4 The Authority noted that the NCS and HS' Code of Ethical Practice is available for download in audio format at: [NCS | Code of Ethics \(nationalcounsellingsociety.org\)](#)