

Provisional Standard One Outcome

National Council of Integrative Psychotherapy (NCIP)

1. The Accreditation process

How we assess organisations against Standard One ('public interest test')

- 1.1 The Professional Standards Authority accredits registers of people working in health and social care occupations not regulated by law. To be accredited, organisations holding such registers must prove they meet our Standards for Accredited Registers (the Standards)¹. Once accredited, we check that Registers continue to meet our Standards.
- 1.2 There are nine Standards. Registers must meet Standard One before we can assess against how the register meets the remaining Standards. Standard One checks eligibility under our legislation, and if accreditation is in the public interest.
- 1.3 Organisations may apply for a preliminary assessment against Standard One before submitting a full application.
- 1.4 Preliminary Standard One decisions are made by an Accreditation Panel following an assessment of evidence by the Accreditation Team. The evidence includes the organisation's application, a desk-based review of relevant sources of evidence about the benefits and risks of the role(s) registered, and responses received through our 'Share your experience' public consultation.
- 1.5 If the Panel decides that the activities of registrants fall within the definition of healthcare, and that overall, the benefits of the services of practitioners outweigh the risks then it may determine that Standard One is provisionally met. If the Panel decides that either of these requirements is not met, then this will be communicated to the organisation with the reasons for the decision, and it may apply again later.
- 1.6 Decisions for preliminary assessments against Standard One are provisional. If an organisation later submits a full application, we will check whether there have been any changes which effect this outcome. An Accreditation Panel can also issue recommendations for the organisation to consider should they decide to complete a full application. More about how we assess against Standard One can be found in our

¹ <https://www.professionalstandards.org.uk/publications/standards-accredited-registers>

2. About the National Council of Integrative Psychotherapists (NCIP)

2.1 The National Council of Integrative Psychotherapists (NCIP) was established in 1971. It is a non-profit professional association and holds a voluntary register of psychotherapists, hypnotherapists and counsellors. It became a limited company in 2012 called Coaching & Psychotherapy Ltd, trading as the National Council of Psychotherapists (NCP). This continued until 1 April 2020 when Hypnotherapy & Psychotherapy CIC took over, trading as the NCP. The organisation's name was changed in 2022 to the National Council of Integrative Psychotherapists (NCIP), following a formal vote by the membership. This change was made to more accurately reflect the breadth and diversity of the membership, including practitioners working across integrative psychotherapy, counselling, and hypnotherapy. The updated name acknowledges the wide range of modalities represented within the register and the commitment to integration across therapeutic approaches. In 2025, NCIP became a Community Interest Company (CIC) Limited by Shares, registered in England and Wales (with Companies House) No. 12466727.

2.2 The roles included on the register are:

- Psychotherapy
- Counselling
- Hypnotherapy

3. Share your experience

- 3.1 As part of our assessments, we seek feedback from service users, the public, professional and representative organisations, employers and others on their experience of a Register.
- 3.2 We received two responses to our invitation to share experience on NCIP's application for preliminary assessment against Standard One.
- 3.3 The first respondent called for greater regulation of mental health services that have sprung up in recent times in response to the rise in mental health issues. The concern of the respondent centres on the fact that numerous individuals and organisations now operate in mental health without being subject to any specific regulations or official bodies. Against this background, and the rapidly advancing era of artificial intelligence and its applications, this respondent endorsed NCIP's bid to secure accreditation as an oversight body for mental health.

The second respondent raised concerns about NCIP's handling of accreditation, in particular qualifications that lead to eligibility to enter its register; the accuracy of information about its practitioner groups; the clarity and enforcement of its own standards; and the organisation's ability to manage misinformation and protect its brand and reputation.

² <https://www.professionalstandards.org.uk/sites/default/files/attachments/accredited-registers-supplementary-guidance-for-standard-one.pdf>

Respondent Two, accordingly, sought clarification on the roles NCIP registers, how NCIP's standards are framed and enforced, and the processes for enrolling registrants on the NCIP register.

NCIP responded when a draft copy of our assessment report was shared with them. NCIP defended itself against Respondent Two's criticisms by providing a context of the concerns. NCIP clarified the circumstances of a misleading trainee post and the corrective actions taken; refuted creating any confusion in the public and about its complaints process; and specified the roles and modalities it registers. It also addressed why it had not pursued the removal of a web reference to an unlisted programme, confirming that the programme had since been reviewed and approved.

However, in view of the seriousness of the concerns raised by Respondent Two, in particular the implications of the issue of brand protection for the Accredited Registers programme, the Decision-Maker made the following recommendation despite NCIP's response:

- **Recommendation:** NCIP should clearly demonstrate what actions it will take to prevent or deal with potential damage to its own brand and, by extension, the brand and reputation of the Accredited Registers programme if accorded full accreditation.

The Decision-Maker considered this feedback in the overall determination of whether accreditation of NCIP's Standard One will be in the public interest. Moreover, the Accreditation Team will revisit in our assessment of NCIP's full application all the issues raised by both SYE respondents.

4. Outcome

- 4.1 On 25 July 2025 the Decision-maker / Accreditation Panel considered NCIP's application for a preliminary assessment against Standard One ('public interest test'). Overall, the Decision-maker/Accreditation Panel determined Standard One was provisionally met. We also identified some areas where we recommend the mitigations for risks are strengthened before a full application.
- 4.2 This section of the report summarises the key considerations in reaching this conclusion for each part of Standard One.

Standard 1: Eligibility and 'public interest test'

- 4.3 The Decision-maker found Standard One was provisionally met. This is a provisional outcome and will be reviewed if NCIP submits a full application for accreditation to see if there are any changes that could affect this decision.
- 4.4 The Decision-maker issued the following Recommendations for NCIP to consider if it decides to complete a full application:
- **Met prior to publication of this report** - NCIP should review the presentation of its register and ensure that all coaching registrants are separated from registrants of other modalities acceptable under an accredited PSA register
 - NCIP should clearly demonstrate what actions it will take to prevent or deal with potential damage to its own brand and, by extension, the brand and reputation

4.5 The Decision-maker's findings

Standard 1a: Eligibility under our legislation

4.6 The Authority's powers of accreditation are set out in Section 25E of the National Health Service Reform and Health Care Professions Act 2002³. Standard 1a considers whether a Register is eligible for accreditation, on the basis of whether the role(s) it registers can be considered to provide health and care services and are not required by law to be registered with a statutory body to practise in the UK.

4.7 We found that NCIP is a professional association that holds a voluntary register of psychotherapists, hypnotherapists and counsellors, all of whom play a role in supporting mental health and well-being in the UK. The Decision-Maker accepted the submission by the Accreditation Team that this is a register of individuals, and not of businesses and that NCIP has a public-facing [website](#) where this register is published. Register checks by the Accreditation Team confirmed that all NCIP's registrants meet the organisation's criteria for registration.

The Decision-Maker further accepted the Accreditation Team's assessment that the three roles (of psychotherapist, hypnotherapist, and counsellor) that NCIP registers are not included in the psychologist-protected titles that require registration with the Health and Care Professions Council (HCPC) and, therefore, raise no issues in terms of statutory boundaries. All three roles are recognised professions providing healthcare in the four devolved nations of the UK and social care in England.

We further confirmed that NCIP registrants of all three registered roles practise a wide range of therapeutic modalities. These include both mainstream and specialist approaches, reflecting the diverse training backgrounds and areas of clinical focus across its membership.

We noted NCIP's submission that it is not seeking accreditation for Coaching as a separate role or modality. However, the Accreditation Team's check of NCIP's register at the time of the assessment revealed that the register contained coaching registrants, which were not included in the application for accreditation. Consequently, the Decision-Maker made the following recommendation:

- *NCIP should review the presentation of its register and ensure that all coaching registrants are separated from registrants of other modalities acceptable under an accredited PSA register*

In its response to the recommendation above when a draft copy of our assessment report was made available, NCIP acknowledged that while coaching references were indeed included in their public register at the time of the assessment, they had subsequently undertaken "a full audit and manual correction process to ensure [their] register reflects only those modalities currently within NCIP's regulatory scope...". NCIP

³ Roles that are required to be enrolled with a statutory register to practise in the UK are set out in Section 25E (2) of the National Health Service Reform and Health Care Professions Act 2002, available at: **[National Health Service Reform and Health Care Professions Act 2002 \(legislation.gov.uk\)](#)**

further clarified the limits of their scope of practice and reaffirmed that “it does not register coaching professionals, nor does it endorse coaching as a standalone modality within its governance”. NCIP gave assurances that registrants who were previously listed based on coaching-only qualifications have now been removed from NCIP’s register entirely.

Accordingly, the Decision-Maker accepted that the issue of the structure of NCIP’s register has been resolved and that this recommendation was met prior to the publication of this report. We will, nevertheless, seek to reconfirm this assurance in our assessment of NCIP’s full accreditation application.

The Decision-Maker agreed that the practitioners on the NCIP register are eligible for inclusion within the Accredited Registers programme. The Decision-Maker took the view that this is clearly evidenced not only by the application made by the NCIP but also the inclusion of its practitioners on already accredited registers. Therefore, the Decision-Maker determined that as a voluntary register for various modalities practised under the professions of psychotherapy, hypnotherapy, and counselling, NCIP falls within the scope of our powers of accreditation as defined in Section 25E(2) of our Act and meets the eligibility criteria under Standard 1a.

Standard 1b: Public interest considerations

4.8 Under Standard 1b, we consider whether it is likely to be in the best interests of patients, service users and the public to accredit a register, with consideration of the types of activities practised by its registrants. This involves consideration of the overall balance of the benefits and risks of the activities.

4.9 Factors considered by the Accreditation Panel are discussed below.

i. Evidence that the activities carried out by registrants are likely to be beneficial

4.10 The Decision-Maker accepted the analysis of the Accreditation Team that there is a substantial body of evidence strongly in support of the use of psychotherapy, hypnotherapy and counselling as effective treatments for a wide range of psychological and mental health issues. A close review of the evidence NCIP submitted instantly suggests that research on the effectiveness of the practices of NCIP registrants is vast.

Evidence cited of benefits under psychotherapy, some of which is also relevant for counselling, include:

- Reduction of depression symptoms generally speaking
- Interaction between psychotherapy and pharmacological treatment
- Cognitive behavioural therapy (CBT) and mental wellbeing
- Mindfulness based cognitive therapy (MBCT) and several psychological illnesses such self-care, reduction in stress and emotional strain, prevention of burnout, generalised anxiety disorder, attention deficit hyperactivity disorder (ADHD), reduction in pain symptoms, and bipolar disorder in adults
- Couples and relationship therapy to foster empathy and improvement in relationship distress
- Acceptance commitment therapy and psychological distress
- Reductions in interpersonal difficulties and appearance-based conversations
- Neuro-Linguistic Programming (NLP) for phobia treatment

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- Somatic Processing in attachment therapy and remission from trauma symptoms
 - Eye Movement Desensitisation Reprocessing (EMDR) as effective in the treatment of post-traumatic stress disorder (PTSD) and borderline personality disorder (BPD) if blended correctly with dialectical behaviour therapy (DBT); can be effective for mental health issues if delivered remotely; and showed positive outcomes for people with comorbid trauma and autism

In the case of hypnotherapy, the evidence from our review showed several benefits, which include:

- Cognitive hypnotherapy and reduction in anxiety
- Reduction in depression symptoms
- Stress management
- Reduction in pain
- Irritable bowel syndrome symptom relief
- Hypnosis and trauma relief
- Multi-skilled Integrative Approach to trauma, complex trauma, and dissociative disorder

Our review of the evidence submitted by NCIP also demonstrated other benefits associated with counselling, in addition to many identified above:

- Counselling and generic psychological conditions, anxiety and depression among adults
- Improvements in mental health, including behavioural problems, PTSD, school- related issues, self-harming practices, and sexual abuse

In general, from NCIP's evidence submission, the Accreditation Team analysed approximately 70 research papers or articles for this assessment, almost all of them published in peer-reviewed and reputable journals. We carried out a profile analysis of the journal publications and noted that there was a good mix between UK and overseas published journals from which the studies are drawn. We referenced in our assessment not less than 10 studies for each of the three roles NCIP registers, encompassing a mix of several modalities practised by NCIP registrants.

Evidence we found through our own desk research also led to the conclusion that a large body of evidence gleaned from several studies, reviews, analyses and trials now indicate that psychotherapy works. Almost all of them demonstrate positive and enduring outcomes from psychological interventions, both short and long term. The use of meta-analysis to demonstrate the efficacy of the various modalities in the studies we desk researched has been especially useful in helping us to grasp the rationale for this conclusion by the various researchers.

Similarly, the Accreditation Team reviewed evidence-based guidelines from reputable institutions, in particular the National Institute for Health and Care Excellence (NICE), on a selection of modalities. This exercise was aimed often to complement or

contradict evidence from sources submitted by NCIP. Overall, we concluded that the majority of the evidence-based guidelines demonstrate the broad effectiveness of psychotherapy, hypnotherapy and counselling in influencing positive outcomes.

While the Accreditation Team noted that the conclusions on effectiveness in a few of the studies entailed caveats, cautions, and suggestions for stronger or better-quality data, the review demonstrates that there is overwhelming evidence to support the efficacy of a wide variety of modalities practised by NCIP registrants across all the three roles that the organisation registers. Some of the limitations highlighted in the studies reviewed by the Accreditation Team mostly relate to small sample size, limited grounds for generalisation, the need for further research and replication of study, the short duration of follow ups, issues of self-reporting, and sample heterogeneity. In most cases, however, the studies show overwhelming evidence of the benefits of the practices of NCIP registrants.

The Accreditation Team reported that during this assessment, NCIP submitted a report of a member survey which aimed at gathering evidence in support of its application for provisional Standard One accreditation. We accepted NCIP's assertion that the survey evidences the meaningful contribution NCIP registrants make to wellbeing, highlights barriers to accessing NHS and public sector work caused by the absence of PSA accreditation and demonstrates the anticipated benefits to public safety and professional integrity that PSA recognition would bring. We noted NCIP's clear delineation of the assumptions and scope of the survey as well as its limitations and drawbacks.

The Decision-Maker noted the highlight by the Accreditation Team that some evidence in the literature points in the direction of potential harms or risks with a couple of modalities. This is particularly the case in respect of some evidence highlighting the potential for hypnotherapy to exacerbate psychosis. The Decision-Maker accepted that while these are all captured in NCIP's risk matrix, it was significant that this is highlighted in the evidence analysis with a view to ensuring that there are appropriate mitigation measures in place for purposes of protecting the public against harmful therapies. NCIP has since moved swiftly to both acknowledge this evidence of potential harm and to withdraw a couple of the studies in question as supporting evidence of effectiveness. NCIP has also reaffirmed its policy that "hypnotherapy must not be used in cases of psychosis" and adopted a formal position statement on the potential harm that hypnotherapy can cause.

On evidence presentational issues, the Decision-Maker welcomed NCIP's adoption of a new Tiered Evidence Matrix approach and noted the commitment by NCIP to a more vigorous approach to evidence analysis and presentation in future.

ii. Evidence that any harms or risks likely to arise from the activities are justifiable and appropriately mitigated by the register's requirements for registration.

- 4.11 NCIP submitted a risk matrix for this assessment of Standard One. It is a combined risk register comprehensively outlining the several (over 50) risks associated with the three roles on the NCIP register: psychotherapist, counsellor and hypnotherapist. We noted NCIP's assertion that its risk register is "designed not only to catalogue potential harms

but to demonstrate the NCIP's proactive stance in reducing public risk and maintaining high standards of practice". According to NCIP, while its risk matrix is formally reviewed by the Board on an annual basis, it is nevertheless treated as a live document and is updated on an ad hoc basis in response to emerging situations.

The Accreditation Team's review of NCIP's risk management approach demonstrated that NCIP had:

- Identified risk areas (e.g. practitioners not understanding therapy differences)
- Identified potential impacts (on the public, the profession and NCIP as an organisation)
- Included likelihood ratings
- Outlined current mitigation measures
- Stated additional/new control measures to be implemented to reduce risk
- Identified risk owners responsible for ongoing monitoring and escalation
- Included residual risk scores after mitigation

Based on the Accreditation Team's analysis, the Decision-Maker accepted that NCIP has demonstrated through its comprehensive risk matrix an acute awareness of the risks that can flow from the activities of practitioners of its various modalities. Referencing several sources as the evidence-base for its risk analysis, the NCIP submitted that these risks could be categorised into five groups:

- clinical
- ethical
- technological
- reputational
- operational

The Decision-Maker noted NCIP's recognition that while the roles of psychotherapist, counsellor, and hypnotherapist are generally low risk when delivered by competent, ethical professionals, there are specific clinical, relational, and contextual circumstances in which harm may occur:

- Providing therapy to individuals experiencing acute psychosis, mania, or active suicidality without multi-agency input
- Using suggestive or regression-based techniques (e.g. hypnosis, inner child work) with vulnerable or dissociative clients (as noted in our review of the literature above)
- Practising outside of a practitioner's scope of competence, such as delivering trauma work or working with complex grief without adequate training
- Delivering therapy without appropriate contracting, consent, or safeguarding awareness
- Boundary violations, including dual roles, unmanaged transference, or unclear endings
- Working in isolation without supervision or adequate risk escalation routes
- Offering digital therapy without risk planning, platform security, or emergency procedures

In addition to the above, we noted NCIP's depth of awareness of harms that can arise from the activities of its registrants by identifying those obscure risks it mitigates through its Code of Ethics and Code of Conduct:

- Registrants must not financially exploit service users under any circumstance (treated as a serious breach of professional integrity and public trust)
- Alignment with Advertising Standards Authority (ASA) and CAP Code (UK Code of Non-Broadcast Advertising and Direct & Promotional Marketing)
- Continuous professional development (CPD)
- Complaints, whistleblowing and audit systems
- Relational and developmental harm
- Cultural, identity-based and intersectional harm
- Harm arising from poor observance of confidentiality
- Emotional exploitation

The Decision-Maker also noted The Accreditation Team observation that NCIP clearly articulates on its website a list of [prohibited modalities](#) in the interest of public protection, demonstrating its awareness of the risks involved.

Furthermore, we noted NCIP's clarification of its position on the issue of risks arising from medical equipment or treatments used in practice by its registrants, and whether these are regulated by the Medicines and Healthcare products Regulatory Agency (MHRA). NCIP submitted that its registrants do not use medical equipment or MHRA-regulated treatments as part of their practice under NCIP. However, NCIP recognises that some therapeutic techniques and digital tools carry psychological, ethical, or data-related risks that require clear governance, supervision, and public accountability. These are mitigated through its policies and standards and are all addressed in NCIP's risk matrix.

The Decision-Maker also noted that NCIP has produced evidence that any harms or risks likely to arise from the activities of psychotherapists, counsellors and hypnotherapists that they have highlighted are appropriately mitigated by NCIP's requirements for registration and re-registration. Risk mitigation is further achieved through NCIP's wide range of [policies](#), which the Accreditation Team confirmed exist and include:

- Code of Ethics: [**https://www.the-ncip.org/Code_of_ethics**](https://www.the-ncip.org/Code_of_ethics)
- Code of Conduct: [**https://www.the-ncip.org/code_of_conduct**](https://www.the-ncip.org/code_of_conduct)
- Mandatory supervision requirements: [**https://www.the-ncip.org/supervision**](https://www.the-ncip.org/supervision)
- CPD compliance: [**https://www.the-ncip.org/cpd_accreditation_process**](https://www.the-ncip.org/cpd_accreditation_process)
- Complaints and Fitness to Practise procedures: [**https://www.the-ncip.org/complaintsprocess**](https://www.the-ncip.org/complaintsprocess)
- Safeguarding policies: [**https://www.the-ncip.org/safeguarding**](https://www.the-ncip.org/safeguarding)
- Emerging governance policies such as NCIP's Digital and AI Use Policy: [Appendix C Digital and AI Use Policy \(5\).pdf](#).

iii. Commitment to ensuring that the treatments and services are offered in a way that does not make unproven claims or in any other way mislead the public

4.12 The Decision-Maker accepted the analysis of the Accreditation Team that NCIP has an unequivocal zero-tolerance position on the issue of offering treatments as alternatives to conventional medicine, especially for serious conditions. While NCIP recognises the value of the transformative power of the professions they register, we note the clarity of their view that therapy must not be misrepresented as a replacement for clinical care. This forms part of their overarching commitment to safeguarding, public trust, and responsible practice.

We further note NCIP's demonstration of awareness that allowing registrants to position therapy as a replacement for conventional medical care is both unethical and harmful and creates delays in access to vital services. NCIP have no doubt that this can undermine trust in public healthcare and can offer false reassurance to individuals in highly vulnerable conditions.

The Accreditation Team also highlighted in its assessment NCIP's awareness of the need to align its position on this issue with that of major regulatory bodies. These include the Advertising Standards Authority (ASA), CAP Code, and PSA with a focus on public protection. The Decision-Maker accepted that NCIP has in place relevant policies and standards, such as its Code of Ethics and Code of Conduct, which prohibit its registrants from making unproven claims about treatments or the services they offer. We further took note that NCIP outlined the enforcement actions contained in those policies that they can take as an oversight body:

- Through supervision: their supervision structure ensures that ethical communication is reviewed and challenged where necessary
- Spot checks: these are conducted on registrant marketing materials, and any concerns regarding misleading claims are followed up
- Disciplinary action: breaches of this standard are grounds for formal complaint, investigation, and removal from the register

The Decision-Maker noted the submission of the Accreditation Team that their website checks revealed that none of NCIP's registrants with websites was engaged in inappropriate advertising. All websites checked are dedicated to the promotion of the psychotherapy, counselling and hypnotherapy services of registrants within defined professional guidelines. The Accreditation Team further noted that no registrant with a website is making any unproven claims about their treatments or the services they offer or is making claims that are out of their scope of practice.

In view of the above, the Decision-Maker noted that the risk assessment is extremely detailed and that it responds to the established risks in sufficient detail.

4.13 Conclusion

After reviewing the evidence based on the Accreditation Team's assessment, the Decision-Maker agreed that:

- the activities carried out by registrants of NCIP are clearly beneficial to the public

- NCIP has demonstrated a complete understanding of the risks, benefits and mitigations related to the practice of its registrants
- NCIP is committed, through its standards and enforcement actions, to ensuring that its registrants provide accurate information about their services

The Decision-Maker, therefore, determined that Standard 1b is met and issued no recommendations on this section of the submission.

5. Impact assessment (including equalities)

- 5.1 The Authority is required to carry out an assessment of the impact of accreditation on service users before accreditation is granted. This impact assessment included an equalities impact assessment as part of the consideration of our duty under the Equality Act 2010. Once accredited, the impact assessment is reviewed as part of a Register's annual renewal, and at any point if there are concerns or significant changes in the external environment in the meantime.
- 5.2 We have not published a full impact assessment since a decision on whether to accredit has not yet been made. However, we have considered which are the main groups likely to be affected by accreditation of NCIP, and what the main impacts are likely to be in terms of equalities, cost/markets, social and environmental impacts. This has included consideration of our duty as a public sector body under the Equality Act 2010.

Equalities impacts

- NCIP registrants provide services to all social groups across the board; no specific demographic would be disadvantaged by accreditation; on the contrary, it will expand the scope of regulated mental health services provision generally
- NCIP submits that it fosters good relations through ethical guidance, CPD, and practitioner support that centre on compassion, reflexivity, and active engagement with difference
- NCIP's Code of Ethics requires members to address unconscious bias and power dynamics; CPD opportunities specifically address cultural humility, anti-oppressive practice, and inclusive therapy
- NCIP encourages dialogue across identities and supports members to create psychologically safe, attuned relationships with all clients — regardless of background or protected characteristic
- Accreditation would formally recognise NCIP's role in supporting the mental health of the public - both directly through private practice and indirectly by easing pressure on overstretched statutory services; many of NCIP's members are de facto collaborators with the NHS, schools, and social care - offering timely and skilled support where statutory provision is absent or delayed.

Cost and market impacts

- NCIP informed us that it has no intention of increasing its registration fee for applicants (currently £154.00) even after accreditation
- NCIP also informed us that it does not expect the costs of accreditation to lead to increased costs for registrants or patients and service users; the average cost of a session to patients and service users by its registrants is between £60 and £175, depending largely on registrant business plan and type of special interest they may have; NCIP undertakes to absorb accreditation-related costs as part of its “strategic commitment to public protection and member advancement”
- NCIP does not expect the costs of accreditation to lead to increased costs for employers; this is because most of its members are either self-employed or contracted; employer costs will, therefore, not be affected by Accreditation.

Social and environmental impacts

- Formal recognition by PSA will enhance NCIP’s credibility, ensuring that the public can easily identify safe, competent, and ethical integrative psychotherapists
- Accreditation will also safeguard clients by reducing their exposure to unregulated, unverified providers
- Employers and commissioners will gain increased confidence in NCIP practitioners as safe, regulated professionals; for schools, charities, employee assistance programmes (EAPs), and clinical supervisors, accreditation simplifies due diligence and may facilitate greater funding or contractual opportunities; it may also make it easier for employers to evidence best-practice referrals
- Accreditation will elevate the professional profile of integrative psychotherapy and NCIP’s role within it; it will support fair access to therapy by giving clients greater assurance, particularly those from minority or marginalised backgrounds; it may also contribute to employment growth in the mental health workforce by increasing visibility and trust in NCIP members
- NCIP informed us that they operate increasingly paperless, offering online CPD, remote training, and virtual member support; these choices “actively reduce our environmental footprint while maintaining accessibility”
- Overall, NCIP submits that they see only positive outcomes and no foreseen disadvantages resulting from accreditation; according to NCIP, communities will benefit from greater access to safe, trusted practitioners, particularly where NHS mental health services are under strain; small businesses and sole practitioners (which make up the majority of NCIP members) will benefit from enhanced professional standing, aiding business growth and sustainability; and public sector services may experience indirect relief through increased trusted referrals to NCIP members, helping to reduce bottlenecks in mental health provision.