professional standards authority
for Health and Social Care

Provisional Standard One Outcome

International Foundation for Therapeutic and Counselling Choice (IFTCC)

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 affect 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**

Supplementary Guidance for Standard One[2] and our Evidence Framework[3].

2. About the IFTCC

2.1 The IFTCC is a Private Limited Company by guarantee without share capital. At the time of the assessment, the Companies House Registration for the organisation was under a slightly different name: International **Federation** for Therapeutic and Counselling Choice.

2.2 At the time of the assessment, the IFTCC was led by an Executive and General Board and supported by a range of Professional and Task-Focussed Councils.

2.3 At the time of the assessment the IFTCC's objects as an organisation in Companies House records were:

- the promotion of the rights and freedoms for individuals to seek, to offer and to research professional psychotherapeutic, clinical, counselling and/or pastoral support to achieve client-centred goals of reducing, managing or, where possible, overcoming unwanted relational and sexual behaviours, feelings and attractions
- the dissemination of accurate scientific and research information relevant to the field of practice, reflecting shared and transparent ethical premises and standards
- development of an international, self-regulating educative forum, offering professional and collegial support to those providing care to individuals with unwanted relational or sexual practices and attractions
- the provision of continuing professional development (CPD) and basic information for those offering interventions or support to individuals with unwanted relational or sexual behaviours and attractions;
- encouragement of accountable practices and research initiatives, utilising recognised standards of accuracy, duty and care among practitioners and providers
- enhancement of understanding via cross- and inter-cultural competencies and research initiatives that respect proven family-centred values.

2.4 The IFTCC also told us that it had the following additional key functions:

- It is an aspiring International Professional Body, working Internationally to make available a Register of UK & International CP (Clinical Practitioners) & PCW (Pastoral Care Workers) accountable under the IFTCC and working within defined IFTCC Practise and Ethical Guidelines (PEG4) and using the Principles of Practice outlined below.
- IFTCC Learning provides a training platform whereby professionally qualified Registrants and lay, non-Registrants can obtain further training and develop further in their areas of specialisation or interest. A current project is developing a Certificate Level programme at Basic, Intermediate and Advanced level.
- IFTCC hold a number of yearly local and International meetings including an Annual Conference, where all IFTCC members (including Registrants) are welcomed to interact with the most up-to-date research and scholarship or best practise in their

[2] **https://www.professionalstandards.org.uk/sites/default/files/attachments/accredited-registers-supplementary-guidance-for-standard-one.pdf**
[3] **Accredited Registers Evidence framework 2023**

fields. These talks or symposia can be accessed after the event at IFTCC Learning, and learning is assessed by admission onto the certificate programme, under the direction of the Chair of the IFTCC Education and Training Advisory Council (ETAC).

2.5 The IFTCC told us that it intended to operate its register across all UK countries and internationally.

2.6 The IFTCC's register was not published at the time of the assessment, and we were informed there would be around 50 registrants in its first year of operation but that the majority would be international.

2.7 The roles included on the proposed register are:

- Pastoral Care Worker
- Clinical Practitioner

2.8 The IFTCC informed us that these roles are not available through health service or local authority provision. We were informed that Clinical Practitioners would be working mostly in the context of private provision of counselling and psychotherapy. We were also informed that Pastoral Care Workers would be working within the context of religious organisations and practice.

2.9 The IFTCC informed us that the client group would be "individuals seeking change of their unwanted relational and sexual behaviours, attractions and patterns".

3. Share your experience

3.1 As part of our assessment 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 62 unique responses (after discounting duplicate and test submissions) to our invitation to share experience on IFTCC's application for provisional assessment against Standard One.

3.3 The majority of the responses offered general praise of the IFTCC and its conferences. Some more focused responses offered praise highlighting the follow things of merit that they derive from the IFTCC:

- Access to choice about therapeutic options
- Clear statements that reject coercive and aversive approaches. These respondents stated that they feel that work of proposed registrants is entered into willingly by the client and that client autonomy is centred.
- A less "black and white" view on sexuality and gender
- The multi-disciplinary and international approach
- Safe and effective practice
- Respecting the rights of people who hold religious views that shape their experience of same sex or either sex attraction or experiencing gender not aligned to sex.
- It supports them in their country where there is more cultural acceptance of discrimination towards same sex or either sex attraction, or experience of gender not being aligned with sex. In some cases, these individuals discuss risk of suicide and self-harm and indicate that they felt the work of the IFTCC was assistive in supporting its reduction.

3.4 Some responses appeared to indicate that the respondent was under the impression

that the PSA played a role in the UK Government's proposals to ban conversion therapy and provided a rebuttal to those proposals.

3.5 A few responses make the explicit claim that the benefits of the practice outweigh the risks, but explanation of this position was not provided.

3.6 In some cases, there was specific praise from clients who have entered into therapeutic relationships with the proposed IFTCC registrants or current IFTCC office holders. In these cases, the clients described benefit in addressing their discomfort around either their attractions or gender. In some instances, these individuals reported they were attendees of the IFTCC education and training sessions and conference.

3.7 Most respondents explicitly acknowledged that they hold religious beliefs that do not condone same sex or either sex attraction or experience of gender that is not aligned with sex. In most cases, this was expressed with a compassionate tone. A few respondents expressed potentially discriminatory views by describing same sex attractions as a "problem" or equating them with eating disorders or drawing a parallel to child sexual abuse.

3.8 We received two responses via email that did not express support for the accreditation of the IFTCC register. The views expressed in these responses are summarised below:

- Efforts were made by IFTCC to contact organisations that may respond to the Share Your Experience process which included a letter (which we confirmed was sent by IFTCC) and phone calls (which we were unable to confirm and IFTCC provided a statement that was not from any IFTCC office holder).
- The language used by the IFTCC is unclear and could potentially be misleading to clients about the services that are offered.
- There is a conflict between the IFTCC's position that it follows evidence but rejects the consensus of authoritative bodies that efforts to change same sex or either sex attraction or experience of gender can be harmful.
- The IFTCC adopts a view of the causes of same sex or either sex attraction or experience of gender that is not based on evidence and there is no evidence that talking therapies can have an effect on same sex or either sex attraction or gender.
- The IFTCC adopts a view that having experience of gender that is not aligned with sex is an unacceptable outcome.
- It is unethical for health professionals to purport to treat anything that is not a disorder and the principle of non-maleficence would preclude doing treatments known to be ineffective or achieve unobtainable results.
- The IFTCC's positions demonstrate a disregard for potential harm to marginalised groups.
- The curriculum for the IFTCC's Conferences (https://learning.iftcc.org) are almost exclusively focused on arguments relating to ideologies, religious beliefs, politics, scientific viewpoints, rather than on developing what would be generally recognised as therapeutic knowledge and understanding of the complex areas of human experience associated with the intersections of sexuality, gender identity, religious and other belief systems, culture and ethnicity, neurodiversity, adverse life events etc and how these can be variously addressed through standard therapeutic approaches.
- The IFTCC's interpretation of the biblical foundations for the practice represent a position that is being examined and contested within other areas of the mainstream

Christian churches, where alternative views are being explored in the light of a deeper and broader understanding of human experiencing and a desire to be more inclusive, open to knowledge, exploration and discussion, and crucially to avoid spiritual and psychological harm to people.

- There is already a professionally informed competence framework for including clients' religion, faith and spirituality in counselling and psychotherapy in the UK. This framework places faith as an area of equality, diversity and inclusion that should be addressed within mainstream counselling and psychotherapy practice, and that acknowledges that clients will have different understanding of religious teaching even within a shared overall tradition such as Christianity.
- Companies House registration records indicate a negative balance sheet for the IFTCC and the organisation has no reserves and liabilities that exceed assets in all years posted which raises concerns about financial stability (which would become relevant in any full application).
- IFTCC's international leadership and approach may make ensuring adherence to UK standards and law very challenging, and for example could include practitioners working in countries where it is unlawful to be same sex or either sex attracted.

4. Outcome

4.1 On 26 April 2026, the Accreditation Panel considered IFTCC's application for a preliminary assessment against Standard One ('public interest test'). Overall, the Accreditation Panel determined Standard One was provisionally not met.

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 Panel found Standard One was provisionally not met. This is a provisional outcome and will be reviewed if the IFTCC submits a further assessment for provisional assessment or a full application for accreditation to see if there are any changes that could affect this decision.

The Accreditation Panel's findings

Standard 1a: Eligibility under our legislation

4.4 The Authority's powers of accreditation are set out in Section 25E of the National Health Service Reform and Health Care Professions Act 2002[4]. 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.

4.5 The application included two distinct groups that were considered separately for eligibility: Pastoral Care Workers and Clinical Practitioners.

Pastoral Care Workers

4.6 Pastoral Care Workers did not appear to work in the health and care sector and would

[4] 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)**

be operating within the context of religious organisations. We also did not identify any particular training other than that offered by IFTCC. It was also noted that the proposed categories of registration meant that both Pastoral Care Workers and Clinical Practitioners may be registered as senior fellows which is likely to be misleading to the public.

4.7 The Accreditation Panel considered that the IFTCC provided further evidence to support the eligibility assessment following early notice that the question of eligibility may arise for this group. These submissions[5],[6],[7] related to a US Supreme Court Case that had not reached a conclusion by the time of the Accreditation Panel's decision. The relevance of US law to the precise point of UK law under consideration was unclear but also the submissions did not appear to address the question of eligibility of Pastoral Care Workers under section 25E of our legislation.

4.8 The Accreditation Panel also noted that supporting evidence was given in relation to Healthcare Chaplains[8] and non-religious pastoral workers and how they should work within information governance requirements, but it was unclear to the Accreditation Panel how this information about governance policy provided evidence to support the view that Pastoral Care Workers may meet the requirements of section 25E of our legislation.

4.9 The Accreditation Panel noted desk research that identified that non-religious pastoral care workers (providing student support) may work in education settings[9], which is evidence that the title is already in use for other purposes. In addition, the Accreditation Panel considered NHS guidance related to Healthcare Chaplains[10] and their role which is distinct from Pastoral Care Workers because of the setting in which their practice is situated. The Accreditation Panel noted that the Accreditation Team were unable to locate any role briefs that indicate that pastoral care workers operate in the UK (or international) health context.

4.10 The Accreditation Panel also considered whether the roles may be considered social care workers but determined that this group also falls outside the definition provided in our legislation.

Clinical Practitioners

4.11 Clinical Practitioners, better known as psychotherapists and counsellors, have already been assessed for eligibility in a number of previous assessments. This assessment did not reconsider eligibility of those specific practitioner groups given the number of Standard One assessments successfully completed in respect of these groups.

4.12 However, the Accreditation Panel noted that the proposed practitioner title has the potential to be a further complication of professional titles in an already crowded field that can readily confuse the public. The title of this part of the proposed register for

[5] Hamilton (2025) Chiles v. Salazar SCOTUS Amicus Brief.pdf
[6] IFTCC Submission SCOTUS_Chiles Supreme Court Brief.pdf
[7] IFTCC_PSA_Amicus_Submission.pdf
[8] **nhs-chaplaincy-information-governance-guidance-march-2019.pdf**
[9] **Pastoral care worker | Explore Careers | National Careers Service**
[10] **NHS chaplaincy - Guidelines for NHS managers on pastoral, spiritual and religious care**

"clinical practitioners" is vague and there are a wide range of potential meanings that anyone might infer that do not necessarily relate to mental health in any way. The Panel also noted that the categories of registration may in themselves be confusing because both Clinical Practitioners and Pastoral Care Workers may appear as senior fellows even though they would have different roles.

Standard 1b: Public interest considerations

4.13 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.

4.14 Factors considered by the Accreditation Panel are discussed below.

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

4.15 The Accreditation Team received and reviewed a very significant volume of evidence including in some instances whole books provided by the IFTCC. As a summary, this evidence fell into the following categories:

- Self-reported, mostly retrospective studies and some short-term prospective studies, within religious communities in the USA that make relatability of findings to the diversity of the UK public challenging. In respect of this type of evidence, there are also ongoing debates across academics on the validity of the research methods for both evidence of benefit and evidence of harm. This made reaching conclusions on this evidence challenging because we were being asked to make a judgement on practice that is subject to professional disagreement.
- Studies that have been referenced which do not relate the findings that the applicant reported. For example, a paper outlining effective risk reduction interventions for men engaging in drug usage and higher risk sexual activities is cited as evidence of reduction of same sex behaviour. However, this is not the outcome of the study, which is cited more than once and relaying an incorrect conclusion.
- Documents that challenge the Memorandum of Understanding on conversion therapy in the UK[11] or approaches to banning conversion practices, which do not for the most part provide any evidence on the practice of proposed IFTCC registrants.
- Documents that outline theories of attraction and gender experience.
- Testimonials, in the main from international clients, with some UK clients (both anonymous and named either as evidence submissions or Share Your Experience submissions, which made it difficult to know if any are duplicates but we made the assumption they were unique).
- Documents that set out legal arguments that the IFTCC submits are relevant to our assessment, but we cannot identify relevance to the assessment of benefit of the practice of registrants. In some cases, these documents outline an explicit legal strategy to achieve its goal of preventing bans on conversion practices on behalf of the IFTCC rather than being evidence about the practice.

4.16 The Accreditation Panel noted that, generally, much of the evidence submitted did not

[11] **Memorandum of understanding on conversion therapy in the UK**

relate to the practice of proposed registrants and has not proved useful to the assessment of benefit.

4.17 The Accreditation Panel noted that it was often the case that the materials provided by the applicant refer to conversion therapy or practices or refers across multiple techniques that may or may not be used by the proposed registrants. Central to the question of whether there is evidence of benefit is whether or not it is possible to understand the practice of registrants. From the submitted evidence it has not been possible for a significant amount of the evidence that was submitted to form a clear view on what the practice of registrants may constitute. In some instances, the evidence appeared to relate to activities that encouraged[12] awayfrom (but not prohibited) by the IFTCC, which would suggest the evidence is not relevant the assessment of benefit. There are also risks related to some of the described practices that will be discussed in the next section this report.

4.18 The Panel noted that the evidence that was identified as being in some way relevant to the practice of registrants in multiple places highlights that it is challenging if not impossible to determine causation between the intervention and any reported change[13]. The Panel considered the arguments put forward by the IFTCC that a higher evidential standard is being expected of this practice compared to other groups but acknowledged that there is a significant and unresolved dispute between the IFTCC and the wider field of counselling and psychotherapy and other healthcare professions and occupations about the benefits and risks of these activities. While that dispute is ongoing, the Panel noted that it was extremely difficult to determine that the reported benefits do outweigh the reported harms.

4.19 The Panel noted that there are also indications in the evidence that the benefit described may equally be experienced by being a part of any community[14]. This again raised the potential that any experienced benefit is not from the practice itself but rather the community of people who have formed around their discomfort. This was unexplored elsewhere in the evidence submissions and suggests there may be alternative and unresearched sources of benefit that do not arise from the practice of registrants.

4.20 The Panel considered that where there were signals of benefit, these are very small in number and generally speaking do not relate to the experience of people in the UK (with a very small number of personal testimonials that may provide some anecdote of benefit in the UK). Where there is relevant evidence, it is acknowledged in that evidence that causation is difficult if not impossible to attribute to the practice, and that there are avenues through which the benefit may be derived that do not stem from the practice that remain unexplored. The Panel also noted that this is a contested space and authoritative bodies state that efforts to change attraction or gender, even through

[12] Practice and Ethical Guidelines, 2023 – For example, Guideline 1 states: "Practitioners are encouraged to respect the dignity and self-determination of all their clients and to respect their choices"

[13] Haynes, L, 2025. Full Expert Report on The Coalition Against Conversion Therapy Memorandum of Understanding on Conversation Therapy In the UK

[14] Lefevor, T, 2019. Same-Sex Attracted, Not LGBQ- The Associations of Sexual Identity Labelling on Religiousness, Sexuality, and Health Among Mormons

talking therapies, are unevidenced and potentially harmful.

4.21 In some instances, in the Share Your Experience submissions, many of which are explicitly from international respondents, it is highlighted that some people experience a benefit from acceptance in a community that supports them and in some of those cases the respondents suggest that their experience of the risk of suicide and self-harm was reduced. Some also report that they have experienced change, while others report they have gained a form of acceptance that has helped them manage the experience of discomfort.

4.22 When balancing all of this evidence, the Accreditation Panel noted that although it is apparent that a very small number of people have reported a benefit, it does not appear to be possible to rely on any suitable quality of evidence to suggest that there is a benefit caused by the practice, especially while there is such contestation taking place amongst mental health professionals.

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.

4.23 The analysis of the risk of harm in this case was carefully balanced because of a central ethical challenge in conducting research in this field. At best, the Accreditation Team rated the evidence that indicates that there are or are not risks of harm as moderate quality because it is not possible to prospectively study this field because of the high potentiality for harm. Even high-quality meta-studies highlight the limitations that the evidence relied upon is derived from retrospective, self-reported studies. In all cases, the evidence of harm or lack thereof cannot meet the evidential standard we set to classify it as 'strong' because it all derives from retrospective self-reporting, or if it is prospective is short term and focused on a small group within a religious community in the USA. While there have been attempts at a longer-term prospective study[15], these studies are subject to critique, or in the case of one study classifies a lack of change as "failure" which the IFTCC reported to us is not its approach, so again the relevance to the application appears limited.

4.24 The Accreditation Panel noted that the risk of harm also appears to be moderated by the type of practice that is undertaken in order to attempt to change someone's attractions or gender. The IFTCC makes it clear that it encourages its proposed registrants away from coercive or aversive activities but that may not completely cover all the potentiality for risk that was identified through the review of the evidence. It is also not clear how an IFTCC registrant may respond if they discover inappropriate practice is being undertaken by another person working in this field or under the self-direction of the client. This raises the broader potential for adjunct approaches (such a deliverance ministry) to be in application by a client at the same time as seeking registrant services and there appears to be no risk mitigation from the potentially harmful effects of adjunct therapies.

4.25 Although the evidence of harm is rated as moderate, the Accreditation Panel noted there are some common risks that appear in the mental health space which are significant and the mitigations put forward by the IFTCC do not appear wholly effective

[15] Jones, S, Yorhouse, M, 2011. A longitudinal study of attempted religiously mediated sexual orientation change

in the context of other mental health practitioner registers that are accredited:

- **Suicide and self-harm:** There is moderate evidence that rates of suicidality are increased following interventions to change attraction or gender for some people. The IFTCC takes the view that "Change-allowing therapies do not actually cause 'harm' or increase suicidality according to peer-reviewed research" in its declaration on therapeutic choice. The IFTCC provided its own evidence which disputed the findings of research that suicidal ideation increased, and suggested that suicidality was already present or in some cases reduced. What is notable is that the risk of suicide and self-harm exists (as it does in the practice of wide variety of registrants on Accredited Registers) and that the IFTCC does not effectively acknowledge or mitigate the risk through its system of registration.
- **False Memory syndrome / recovered memory:** This form of specific risk is not addressed in IFTCC submission and is a common risk we have sought Accredited Registers working in mental health to address. This risk appears to be particularly important because the IFTCC practice appears to attribute same sex and either sex attraction and experience of gender not being aligned with sex to past trauma as a key cause. Exploring the potential for past trauma without recognition of the potential for false memory syndrome / recovered memory is a risk we have previously addressed across all mental health registers and it appears unacknowledged and unmitigated by the IFTCC.
- **Poor mental health outcomes:** There is a mixture of experience here with some in the self-reported studies indicating that the effects of the practice are beneficial to mental health outcomes for some clients. However, there is competing evidence that mental health outcomes can be worsened for others. This is another area where there is contested evidence and debate between practitioners making it very challenging for the PSA to confidently form a view that risks are effectively managed by the IFTCC while that debate continues. What is notable about the debate however is that it appears that authoritative bodies in the UK are united in accepting the potential for poor mental health outcomes while this is not considered a potential risk by the IFTCC in its risk assessment.
- **Misleading claims:** The Accreditation Panel noted that misleading claims are acknowledged as a potential risk to be managed. However, our analysis of the evidence of benefit suggests that causation of any change cannot be attributed to the practice. We must also note here, that in the four website reviews that were conducted for the next section of this report, there was, in the case of one website, an identified claim of cure through religious experience of a sore throat and, so, the potential for misleading claims appears to extend beyond the practice of registrants but also to adjunct practice such as faith healing.
- **Coercion and aversion:** The Accreditation Panel noted that the IFTCC does not **promote** coercive or aversive practice, but that there did not appear effective controls that apply a **prohibition** owing to the limited effect of the Clinical Guidelines that only"encourage" registrants to comply.
- **Safeguarding of children and young people:** The Accreditation Panel noted that there was recognition of the potential for safeguarding issues to arise in the course of treatment in the risk assessment and that these are referred to appropriate safeguarding agencies. However it appeared that this risk is only part mitigated by the IFTCC's proposed system of registration and does not take a preventative

approach. This is because it is not clear if the full breadth of risks related to safeguarding are appreciated since they may arise from a number of different sources including: family and guardians, people within the religious communities and sometimes within the context of complex power dynamics, the practitioners themselves, and adjunct approaches to bring change in attraction or gender.

- **Discrimination and bias against people who share protected characteristics:** It cannot be argued that the IFTCC does not have a compassionate approach to its service users, nor that the small number of testimonials from those service users in the UK suggests that they have not experienced that compassionate approach. However, within the submitted evidence there is clearly an established understanding of the potential for harm to the UK public from wider discriminatory effects. This is reflected in evidence submitted through the model of "minority stress", which the IFTCC considers to be an insufficiently evidenced model. However, the Accreditation Panel noted that the IFTCC submitted an expert witness submission to a UK Employment Tribunal on the subject of minority stress theory[16]. The judgment in this case was not provided by the IFTCC but is available online and was found during desk research[17]. The judgment both accepts and rejects the expert witness testimony that was provided as part of the evidence submission. Expertise in theology was preferred over the other expert, but the position put forward on Minority Stress Theory was rejected and it was conceded that the witness' opinion is a minority view in the field and the clinical experience of another expert was preferred. This case was in relation to a particular context of service provision related to vulnerable clients who are same sex or either sex attracted or experience their gender as not being aligned to their sex and it is important not to over-extend the effect of the judgment to apply to the UK population as a whole, but it does suggest that when considered through one part of the UK legal system that there was a view that it is credible that expressing negative views about same sex attraction or gender experience could constitute a risk to some service users. It is also notable that the judgment indicates that clinical evidence rather than sociological research evidence was preferred when considering the potential for harm.

4.26 The Accreditation Panel sought clarity over whether any of the practice may be currently unlawful and were advised that there was no evidence in the submission that this was the case, but that there appeared to be ineffective controls around the potentiality that unlawful practice may be undertaken because the IFTCC's standards for registrants appear to only encourage and not require compliance.

4.27 The Accreditation Panel agreed that there is the potentiality for significant risk of harm, over which there is unresolved debate that may never be resolved because it would be unethical to conduct studies, and that the IFTCC does not yet have adequate risk management approaches (or requirements in its system of registration) to mitigate this risk.

[16] Sullins, P, 2023. Expert Witness Report of the Rev. D. Paul Sullins, PhD

[17] 1805942-2022 RJ Ngole Final

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

4.28 IFTCC did not have a public facing, online register so it was not possible to randomly select registrants to conduct our routine audit of registrant websites. The IFTCC was offered the opportunity to share websites or seek the Panel's decision without providing websites for review. The IFTCC provided us with four website links and this statement about the practitioners concerned:

"These individuals are not on the IFTCC register, nor does their inclusion here imply formal membership or accreditation by the IFTCC...

...These sites are provided simply as examples of practitioners with whom we have a connection and who have generously allowed their work to be used illustratively. They represent the kind of professionals to whom we might refer counsellors, and whom we would be open to accrediting if our application is successful"

4.29 The Accreditation Panel noted the outcomes of the review of the four websites:

- On one website we found claims that would likely breach ASA guidance on advertising practice because they made claims of "miraculous" healing of physical health conditions (as explicitly stated on one of the websites that was checked).
- On another website we found use of the Professional Standards Authority Quality Mark by someone that is not registered, which is a breach of our Trademark. On this site, the individual, although not registered is displaying their certificates of registration from prior registration.
- One website related to a practitioner outside of the UK and there was no information provided to assess of any material value since the site consisted of a single page made up mostly of images.
- We did not identify any misleading statements on the fourth website.

4.30 The Accreditation Panel noted the review of publicly available information on the IFTCC website where two matters of concern were identified:

- There were instances where research is cited, as in the assessment of submitted evidence, that does not relate relevant findings and has the potential to mislead. Allen et al. (2023) and Bartels et al. (2018) are cited as studies relevant to changing sexual orientation but that is not the focus of the research. Dickenson et al. (2021) appears to provide a contrary perspective to what is stated on the IFTCC website.
- The website included an advocacy page which was focused on challenging professional standards that prohibit conversion practices or laws than ban it. The focus of these pages did not appear to be on operating as a register in the UK but rather as an international advocacy organisation. In short, it did not appear that the goals of the organisation are in line with public protection but rather directed to achieving religious and political goals. This was reinforced by the focus of press releases.

4.31 The Accreditation Panel noted that from a very small sample of websites we found some quite significant issues related to statements that may breach ASA guidance, use of our Quality Mark without registration, and misleading statements on the IFTCC website itself. The Accreditation Panel agreed that it did not appear that the IFTCC is able to manage the risk related to misleading claims.

4.32 The Accreditation Panel also noted that the function of the IFTCC's advocacy in the arena of therapeutic choice appears to place the organisation as having a political function rather than solely public protection function which will need to be explored more in any further assessment of our Standard for Governance which requires Articles of Association, mission statements have a clear focus on public protection.

5. Conclusion

5.1 The Accreditation Panel considered the following matters in this order:

- The outcome of an appeal made by IFTCC to a prior assessment.
- The review of evidence provided by the Accreditation Team for each of the parts of the Standard One assessment.
- The response from the IFTCC to both the assessment of evidence and the impact assessment that raised questions of whether the directions given in the prior Appeal were followed.
- The impact assessment that we are required to perform for all decisions on accreditation

5.2 The Panel then made their decisions informed by the directions of the Appeal Panel, the assessment of evidence, the responses from the IFTCC, and the Impact Assessment.

5.3 The Accreditation Panel considered, based on the submissions by the IFTCC, whether the assessment process had not met the directions of a prior appeal against a Provisional Standard One Assessment. That prior appeal found that the assessment process conducted in 2023/24 was unfair and wrong. The Accreditation Panel considered the outcome of that appeal and noted that that procedures for the current assessment process were conducted in line with the directions of the Appeal Panel. The Panel noted in particular that:

- The only assessment criteria that were used are those published on the PSA website and available to the IFTCC for the Standard One assessment process, and no other policy was used to inform the recommendations made to them.
- The assessment criteria define which bodies we determine are "authoritative bodies".
- The assessment criteria being applied are the same as for all applicants and current accredited registers, and that the recommendations made to them were consistent with prior decisions and expectations on applicants and current Accredited Registers.
- The impact assessment was conducted in line with procedure and balanced the positive and negative impacts on different groups explicitly.
- A Share Your Experience process was undertaken.
- All evidence that was submitted was reviewed in full and rated.
- A new Accreditation Panel was formed to consider the evidence anew.

5.4 The Accreditation Panel decided that the IFTCC was under an obligation to clearly define, and provide clear and relevant evidence for, the practice undertaken by its registrants as part of the application process and rejected the position that this was the function of the Accreditation Team.

5.5 The Accreditation Panel noted that the IFTCC was of the view that there may have been alternative outcomes from the procedures for provisional assessment, such as accrediting with conditions, but pursuing any of those alternatives would be procedurally incorrect because the provisional assessment only has the final outcomes of provisionally met and provisionally not met.

5.6 The Accreditation Panel reached the conclusions that:

- The activities carried out by Pastoral Care Workers makes that part of the IFTCC register ineligible for accreditation.
- The activities carried out by Clinical Practitioners makes that part of the IFTCC register eligible for accreditation.
- For both Pastoral Care Workers and Clinical Practitioners there is insufficient evidence that the activities carried out by registrants are likely to be beneficial.
- For both Pastoral Care Workers and Clinical Practitioners there is insufficient evidence that any harms or risks likely to arise from the activities are justifiable and appropriately mitigated by the register's requirements for registration.
- For both Pastoral Care Workers and Clinical Practitioners there is insufficient evidence of a 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.

5.7 As a result of these findings the Accreditation Panel found that Standard One was provisionally not met.

6. Impact assessment (including equalities)

6.1 The PSA 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.

6.2 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 IFTCC 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.

6.3 We have identified a range of positive and negative impacts of a decision to accredit.

6.4 The positive impacts of a decision to accredit would fall to IFTCC's proposed registrants and the service users who have reported benefit from the services provided by those registrants. There are potentially some wider benefits to some religious communities from endorsement of views that do not condone same sex or either sex attraction or experience of gender that is not aligned with sex.

6.5 However, negative impacts of a decision to accredit on people with shared protected characteristics appear to have a more considerable impact and there is the potential to exacerbate discrimination toward minority groups in the UK that are subject to legal protections.

6.6 We have not identified cost or market impacts of significance, particularly in light of the decision that that Standard One is provisionally not met.

6.7 We have not identified any environmental impacts, however the applicant suggested there may be some related to NHS provision reducing its impact and reduced energy consumption from people on sick leave.

6.8 We have, through the equalities impact analysis identified a number of social impacts and the applicant has also set out what it believes to be beneficial and broad impact to UK democracy and freedom from a decision to accredit.

6.9 Overall, there is a challenge owing the assessment of the evidence related to the practice being highly contested between the IFTCC and UK authoritative bodies. The contested nature of the evidence (and ongoing dispute about evidence that is obvious from the application materials) means that there is the potential that while the applicant reports significant positive benefits that there are significant negative consequences of a decision to accredit, which the applicant appears not to acknowledge, that may include exacerbating discrimination and the effects of that discrimination, as well as the potential for harm to individual service users.