professional standards authority
for Health and Social Care

Accreditation Renewal Report

British Association for Behavioural and Cognitive Psychotherapies (BABCP) and Association for Rational Emotive Behavioural Therapy (AREBT)'s Cognitive Behavioural Therapy Register (The CBT Register)

Standards 1-9

15th September 2026

Contents

About accreditation

The Professional Standards Authority (the Authority) accredits registers of people working in a variety of health and social care occupations that are not regulated by law. To become an Accredited Register, organisations holding registers of unregulated health and social care roles must prove that they meet our *Standards for Accredited Registers* (the Standards).

Initial accreditation decisions are made by an Accreditation Panel following an assessment of the organisation against the Standards by the Accreditation team. The Panel decides whether to accredit an organisation or not. The Panel can also decide to accredit with Conditions and provide Recommendations to the organisation.

- **Condition** – Issued when a Panel has determined that a Standard has not been met. A Condition sets out the requirements needed for the Accredited Register to meet the Standards, within a set timeframe. It may also reduce the period of accreditation subject to a review or the Condition being met.
- **Recommendation** – Actions that would improve practice and benefit the operation of the Register, but which is not a current requirement for accreditation to be maintained.

This assessment was carried out against our Standards for Accredited Registers[1] ("the Standards") and our minimum requirements for the Standards as set out in our Evidence framework[2]. More about how we assess against Standard One can be found in our Supplementary Guidance for Standard One[3].

We used the following in our assessment of The CBT Register:

- Documentary review of evidence of benefits and risk supplied by the The CBT Register and gathered through desk research
- Documentary review of evidence supplied by The CBT Register and gathered from public sources such as its website
- Due diligence checks
- Share your experience responses
- Assessment of The CBT Register's complaints procedures.

[1] **https://www.professionalstandards.org.uk/docs/default-source/publications/standards/standards-for-accredited-registers.pdf?sfvrsn=e2577e20_8**
[2] **https://www.professionalstandards.org.uk/docs/default-source/accredited-registers/standards-for-accredited-registers/accredited-registers-evidence-framework-for-standards.pdf?sfvrsn=55f4920_9**
[3] **https://www.professionalstandards.org.uk/docs/default-source/accredited-registers/standards-for-accredited-registers/accredited-registers-supplementary-guidance-for-standard-one.pdf?sfvrsn=3e5f4920_6**

1. The Outcome

1.1 The Decision-Maker considered the draft assessment report on 28th July 2026 on BABCP and AREBT's Cognitive Behavioural Therapy Register (The CBT Register). The Decision-Maker was satisfied that The CBT Register met all the Standards for Accredited Registers.

We therefore decided to accredit The CBT Register without Conditions.

We noted the following positive findings:

- A detailed and robust mechanism for monitoring the websites of private/independent practitioners, with a view to mitigating the risk of registrants making unproven claims or providing misleading information to the public
- The CBT Register's "Spot Check Procedure" outlines a detailed process for assuring the accuracy of data held on the register
- Evidence of reflective practice through periodic review of processes and procedures, such as the newly launched Complaints Procedure, the ongoing review of its Standards of Conduct, and the invaluable insight of its experience of accreditation in the last three years
- Detailed process for handling safeguarding issues, thus enhancing public protection
- Great strides at embedding equity, equality, diversity and inclusion across all functions of the Register, including in all its training courses
- Stringent processes in place for ensuring restrictions on practice where there are serious safety concerns, including Emergency Suspension Orders, which enhances public protection
- A detailed business continuity plan which encompasses risks and mitigations across its core business functions
- Clear, detailed and accountable risk governance processes in place
- A modern website recently launched following substantial redevelopment, which provides clear, accurate and easily accessible information to the public

We issued the following Recommendations to be considered by the next review:

Recommendations	
Standard 8	1. ***R-The CBT Reg-FR-26/27-1***: The CBT Register should add a clarificatory statement on the register webpage to the effect that only UK registrants can use the Quality Mark (QM) of the Accredited Registers programme. 2. ***R-The CBT Reg-FR-26/27-2:*** The CBT Register should take proactive and verifiable measures to promote the programme's QM with its registrants.

Standard 9	3. ***R-The CBT Reg-FR-26/27-3:*** The CBT Register should consider developing standalone policies on Recruitment and Antibullying accessible to staff, volunteers and the broader public.

2. About the Register

This section provides an overview of BABCP and AREBT and their register.

Name of Organisation	BABCP and AREBT's Cognitive Behavioural Therapy Register (The CBT Register)
Website	**www.babcp.com**
Type of Organisation	BABCP – Private Company Limited by guarantee without share capital incorporated in 2003, registered with Companies House 04839948**;** Charity registered with Charity Commission of England and Wales, Registration Number **1098704.** AREBT – Private Company Limited by guarantee without share capital incorporated in 2002, registered with Companies House 04441094.

Role(s) covered	• CBT Psychotherapist
	• Evidence-Based Parent Trainer (EBPT)
	• Wellbeing Practitioner, made up of these sub-roles:
	  ○ Psychological Wellbeing Practitioner (PWP)
	  ○ Children's Wellbeing Practitioner (CWP)
	  ○ Education Mental Health Practitioner (EMHP)
	  ○ Mental Health and Wellbeing Practitioner (MHWP)

Number of registrants	19,152 as of 1st January 2026
Overview of Governance	The Cognitive Behavioural Therapy Register (The CBT Register) is co-sponsored by the British Association for Behavioural and Cognitive Psychotherapies (BABCP) and the Association for Rational Emotive Behaviour Therapy (AREBT). The joint sponsorship arrangement is governed by a Memorandum of Understanding (MoU) between the two organisations. However, The CBT Register itself is hosted and managed by BABCP. For this reason, all references to the Register or its organisation pertain to BABCP unless otherwise qualified. Moreover, as the processes and policies of BABCP and AREBT have been aligned for the purposes of the Register, references to policies, processes and procedures will be exclusively to BABCP's. BABCP is a registered charity, accountable to the Charity Commission for England and Wales, and a private company limited by Guarantee without share capital, reporting to Companies House. Its constitution is defined by its Memorandum and Articles of Association. Trustees, also referred to as Trustee Directors, hold dual responsibilities for governance and oversight determined by its status as both a charity and a company. The Board of Trustees is made up of existing BABCP members, elected by the wider membership, and

appointed Lay Directors, appointed by the Board. The Board is assisted by a range of advisors and members of senior staff who regularly attend meetings as required, including standing committee chairs and representatives from key stakeholder groups. A network of standing committees reports to the Board, which also establishes ad-hoc committees and working groups to address specific projects or areas requiring focused development. The Board meets twice yearly with all the Chairs of the standing committees via the National Committees Forum.

AREBT is a private company limited by Guarantee without share capital and overseen by a Board of seven Directors, all of whom have a key area of responsibility. Accreditation and therefore registration standards, and complaints fall under the remit of the Accreditation and Practice Officer. Board Directors are appointed at the AGM; currently all are members of AREBT. AREBT also has a Lay Director on its Board.

The CBT register is overseen by the Practitioner Accreditation and Registration Committee (PARC). The Committee consists of ten people, one of whom must be a representative from AREBT. There is one person with lived experience of the types of conditions seen by practitioners, one lay person and a Wellbeing Practitioners representative on the Committee. The Committee reports to the BABCP Board of Trustees and the AREBT representative feeds back any relevant decisions to the AREBT Board of Directors. This Committee manages The CBT Register as delegated responsibility and has no responsibility for membership functions for either organisation.

All complaints about registrants on the CBT register are handled through BABCP's complaints procedure. There are several panels within the complaints process, each of which consists of a lay chair, a practitioner and one other person who may be either lay or professional.

Overview of the aims of the register	The main aim of the CBT Register is to protect the public, employers and other agencies by helping them find and make informed choices about Registrants who meet the standards required by BABCP and AREBT. BABCP's strategic aims are: • 'Advancing the theory and knowledge of CBT • Extending public and health service understanding of CBT and its value • Supporting and advancing the practice and delivery of CBT • Informing the public about safe and effective CBT practice

- Ensuring the sustainable development of the organisation and its membership.'

AREBT's purpose is to:

- 'Provide information to individuals who have an interest or specialism in REBT.
- Maintain a list of Accredited Rational Emotive Behaviour Practitioners who are then also listed on The CBT Register (link to that register)
- Maintain a list of professionally trained Rational Emotive Behaviour Practitioners
- Inform the public about safe and effective REBT practice, with a published ethical code, so they can make an informed choice with regard to their therapy/therapist
- Provide a complaints process with regard to our full members and their adherence to that ethical code
- Promote and develop the science of Rational Emotive Behaviour Therapy (REBT).
- Promote the interests of members of the Association in their professional activities.
- Recognise REBT courses at Foundation and Practitioner levels run by Accredited REBT trainers and supervisors (or equivalent).
- Maintain a website, conduct a journal and/or other literature for the purposes of distributing information and advancing the objects of the Association and keeping members, those with an interest in REBT, and members of the public informed on subjects connected with REBT.'

Inherent risks of the practice

This section uses the criteria developed as part of the Authority's *Right Touch Assurance tool*[4] to give an overview of the work of CBT Psychotherapists, Evidence-Based Parent Trainers, and Wellbeing Practitioners.

Risk criteria	CBT Practitioners, Evidence-Based Parent Trainers, and Wellbeing Practitioners
1. **Scale of risk associated with** CBT Psychotherapists,	**a)** There are three different roles on the Cognitive Behavioural Therapy (CBT) register: CBT Psychotherapists, Evidence Based Parent Trainers

[4] **https://www.professionalstandards.org.uk/docs/default-source/publications/policy-advice/right-touch-assurance---a-methodology-for-assessing-and-assuring-occupational-risk-of-harm91c118f761926971a151ff000072e7a6.pdf?sfvrsn=f537120_14**.

Evidence-Based Parent Trainers, and Wellbeing Practitioners.	(EBPT); and the Wellbeing Practitioners (WP). The BABCP describe CBT as 'a family of talking therapies, all based on the idea that thoughts, feelings, what we do, and how our bodies feel, are all connected. If we change one of these, we can alter all the others.'[5] CBT can be offered in one-to-one sessions or as part of a group, it is usually offered for a limited number of sessions (between 5-20). CBT is recommended by the National Institute for Health and Clinical Excellence (NICE) for a range of conditions such as depression, anxiety, eating disorders and post-traumatic stress disorder.
a. What do CBT Psychotherapists, Evidence-Based Parent Trainers, and Wellbeing Practitioners *do?*	EBPTs have the core clinical skills and theoretical knowledge as CBT psychotherapists, but they specialise in the parent training interventions for behavioural difficulties. They work with both children and their parents. The interventions used are based on cognitive social learning theory and also draw on attachment theory, the parent-child relationship and parenting styles.[6]
b. How many CBT Psychotherapists, Evidence-Based Parent Trainers, and Wellbeing Practitioners *are there?*	WPs offer a range of low intensity psychological interventions as part of a stepped care approach to depression and other psychological conditions. Within stepped care, many patients will first be treated with low intensity interventions that are generally based on cognitive behaviour therapy (CBT). Low intensity interventions are typically used for treating mild to moderate conditions and require less practitioner time (usually about six sessions). Examples are guided self-help, computerised CBT, and group-based physical activity. Those for whom this is inappropriate due to their condition, or who do not improve with this approach, are 'stepped up' to higher intensity interventions such as CBT with a therapist.
c. Where do CBT Psychotherapists, Evidence-Based Parent Trainers, and Wellbeing Practitioners *work?*	The Wellbeing Practitioner roles on the register are relatively new and have been put in place to expand access to low intensity interventions with the aim of improved diagnosis, treatment, prevention, and wellbeing. An overview of the three different roles on the Register is below: • *Psychological Wellbeing Practitioners* (PWP) offer low level intensity intervention such as guided self-help, computerised CBT and group-based physical activity to those with mild to moderate depression and some anxiety disorders. • *Children's Wellbeing Practitioners* (CWP) work with children and young people between the ages of five to 18 years old and their families. They CPWs offer low level intensity interventions for mild
d. Size of actual/potential	

[5] https://babcp.com/What-is-CBT
[6] https://babcp.com/Accreditation/Practitioner-Accreditation/Evidence-Based-Parenting

service user group

to moderate depression and anxiety and some behavioural difficulties.

- *Education Mental Health Practitioners* (EMHP) work with children and young people within schools and colleges. EMHPs will also work with pastoral teams and school nurses and tend to offer less one-to-one therapy but take a whole systems approach. EMHPs deliver brief psychological interventions.
- *Mental Health and Wellbeing Practitioners* (MHWP) for whom registration opened on 30th June 2025.

b) As of January 2026, there were 19,152 registrants.

c) CBT Psychotherapists will work in England, Scotland, Northern Ireland and Wales in a variety of settings including the NHS, local social services and in private practice. PWPs normally work in the NHS within Improving Access to Psychological Therapies (IAPT) services (now Talking Therapies). They can also be found in private healthcare settings such as Nuffield Health. WPs can also work in other areas such as the prison service, and in the voluntary sector. These roles are found in England, Scotland, Northern Ireland and Wales. CWPs work in the NHS in England within Children and Young People's Mental Health Services (CYPMHS), Local Authority or other NHS commissioned Mental Health Services. They may also work in the other sectors such as the voluntary sector or the justice sector and that EMHPs are part of NHS Mental Health Support Teams in England and work in schools and colleges under the local authority.

d) BABCP estimates that the average number of clients that a CBT practitioner will see in a week is 30. The potential size of the service user group is, therefore, high across the range of interventions offered by practitioners on the CBT register. It is estimated that 1 in 6 people a week experience a common mental health problem[7]. A 2021 survey of children and young people's mental health found that 17.4% of children aged 6-16 had a probable mental health disorder in 2021, up from 11.6% in 2017[8]. In 2020/21, 1.46 million people were referred to IAPT within England, 1.02 million entered treatment and 658,000 finished a course of treatment[9]. IAPT (now Talking Therapies) also publishes a detailed dashboard with a

[7] **https://webarchive.nationalarchives.gov.uk/ukgwa/20171010183932tf_/http:/content.digital.nhs.uk/catalogue/PUB21748/apms-2014-full-rpt.pdf**

[8] **https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england**

[9] **https://commonslibrary.parliament.uk/research-briefings/sn06988/**

	breakdown by therapist role[10]. This shows that the mean number of appointments for referrals finishing treatment in the year 2020/21 was 2.9 for PWP trainees. The NHS LTP for England sets a goal of expanding services so that 1.9m adults access treatment each year by 2021.
2. Means of assurance	Some CBT Psychotherapists and all WPs will be employed and therefore subject to employer checks including Disclosure and Barring Service (DBS) checks in England (and equivalent in the devolved nations). There are those who work in private practice who will not be subject to these checks. For those working within the NHS there are systems of clinical governance in place for these roles.
3. About the sector in which CBT Psychotherapists, Evidence-Based Parent Trainers, and Wellbeing Practitioners **operate**	Registrants on the CBT register will work in a range of settings including the NHS, private healthcare, social care, education settings and private practice. NHS Careers highlights that WPs will need to be registered with either the British Psychological Society (BPS) or BABCP. Both organisations are members of the Accredited Registers programme and have a bilateral agreement on WPs. All WP registrants regardless of their work setting, work within the context of 'stepped care' and are trained to carry out low-intensity psychological interventions. They are likely to work as part of a wider team and would need to be able to signpost where appropriate to other professionals. There are a range of roles with 'psychologist' in the title, but only 'practitioner psychologists' are regulated by law, under the auspices of the Health and Care Professions Council (HCPC).
4. Risk perception	
• *Need for public confidence in* CBT Psychotherapists, Evidence-Based Parent Trainers, and Wellbeing Practitioners?	Registrants will work with a variety of clients including children and vulnerable adults with a range of mental health conditions. It is important that the public have confidence in their ability to accurately diagnose, treat and where appropriate 'step up' care to others. Due to the range of roles that include 'psychologist' in their titles, it will also be important to ensure clear communication about what practitioners can and cannot do.

10 **https://app.powerbi.com/view?r=eyJrIjoiNmViYTdjM2MtODk0Yi00NTAxLWE5MTUtMGJhZDVhMWM3OWI1IiwidCI6IjUwZjYwNzFmLWJiZmUtNDAxYS04ODAzLTY3Mzc0OGU2MjllMiIsImMiOjh9** (See page 25)

• *Need for assurance for employers or other stakeholders?*	As noted above, within NHS England all WPs will need to be registered with either the BPS or the BABCP. With NHS insistence, both organisations have become accredited registers with the Authority, which provides additional assurance. Employers and commissioners have an interest in ensuring that practitioners meet professional registration requirements in addition to the clinical governance systems. This will help to ensure that risks associated with managing boundaries are mitigated. The importance of widening access to psychological care has been highlighted by the Covid-19 pandemic.

3. Assessment against the Standards

Standard One: Eligibility and 'public interest test'

Summary

The Decision-Maker found it is in the public interest to accredit The CBT Register. The Decision-Maker found that Standard One is met.

Decision-Maker findings

Standard 1a: Eligibility

We found that The CBT Register falls within the scope of the Accredited Registers programme and therefore meets the requirements of Standard 1a.

Standard 1b: Public interest test

The Decision-Maker found that this part of the Standard is met.

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

The CBT Register submitted no new evidence of benefits of CBT as a counselling and psychotherapy modality. We, therefore, revisited our conclusions on the evidence submitted at their initial accreditation assessment in 2023. We noted, consistent with evidence on counselling and psychotherapy submitted by other registers in the Accredited Registers programme, that there are clear benefits to patients and service users of CBT-based interventions. Nevertheless, we undertook rapid desk research with a view to confirming whether there is any change in the evidence base on the benefits of CBT since our accreditation of The CBT Register. Our research demonstrates that there are more recent systematic reviews and meta-analyses, but these simply confirm the effectiveness of CBT as a first-line evidence-based intervention across several mental health disorders. Therefore, the evidence from these recent studies does not in any way negate the validity of the evidence submitted by The CBT Register in 2023. If anything, the more recent systematic studies serve to strengthen the existing evidence base. On these grounds, we concluded that this minimum requirement is met and we accorded this section of the assessment a **green** rating.

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.

Similarly, The CBT Register submitted no new evidence of risk, making it inevitable that we rely on our conclusions on the Risk Register submitted at their initial accreditation

assessment and subsequent updates. We noted that The CBT Register had initially undertaken a detailed risk analysis and identified relevant risks, while also putting in place concomitant mitigation measures. The existence of this Risk Register points in the direction of incontrovertible evidence that The CBT Register has a thorough understanding of the risks associated with the activities of its registrants and the need to put in place corollary mitigation measures to address the impact of these risks if/when they occurred. We noted that their Risk Register has been kept under constant review and updated when new evidence of risk emerged. The most recent version was submitted at our last annual check in 2025-26. We also confirmed the assurance given that at every meeting of The CBT Register's Practitioner Accreditation and Registration Committee (PARC), risk is reviewed as a standing item on the agenda. This attests to the existence of a verifiable risk governance mechanism. Based on these conclusions, we concluded that this minimum requirement is met and we also gave this section of the assessment a **green** rating.

iii. Evidence of commitment to providing accurate information about treatments and services.

Strategic Risk 4 (SR4) on the Risk Register of The CBT Register places emphasis on appropriate communication in general and, in particular, the need for careful management of public messaging and social media. It is against this background that we carried out random checks of the public-facing messaging of up to 30 websites owned by registrants of The CBT Register. Our website checks indicate that there were no concerns with the content of registrant websites and the way they advertised their services to the public. The sample of websites checked yielded zero results for potentially inappropriate advertising. We found that all registrant websites were dedicated to advertising their services and specialities within their scope of practice and none is providing misleading information or making any unfounded claims about their practice. For these reasons, we concluded that this minimum requirement is met and again assigned a **green** rating to this section of the assessment.

We suggested no Recommendations or Conditions.

Standard 2: Management of the register

Summary

The Decision-Maker found that Standard Two was met. They issued no Conditions or Recommendations.

Decision-Maker findings

The CBT Register is published on the website of BABCP, the host organisation. The number of registrants on the register currently stands at 19,152, representing approximately 10% increase from its strength of 17,471 in 2025. The CBT Register is made up of accredited

members of BABCP and AREBT "who practice CBT and use evidence-based CBT- informed approaches". Entry into the register is, therefore, through the aligned BABCP and AREBT accreditation processes which are clearly published on their individual websites. These aligned application processes contain laid down mechanisms for ensuring that all requirements to enter The CBT Register are met prior to entry.

We confirmed, further, that The CBT Register has in place a clear accreditation and registration appeals policy which outlines the full appeals process. The CBT Register's CPD Guidance maps out the types and processes of enforcing CPDs required for practitioners of CBT-informed approaches. We found that Section 17 of The CBT Register's Complaints, Declarations and Disciplinary Procedure provides detailed information on sharing information with other regulators or registers on disciplinary matters. The Register makes no secret of its rationale for listing key details of registrants on its register and how to maintain accreditation. As a minimum, the register displays full name, unique membership number, region of operation, qualification/speciality, and status of accreditation. Furthermore, the register is easily accessible, and the information is clear and accurate.

We found that on the raising a concern page of The CBT Register's website, information on restrictions on practice is clearly displayed and easily accessible. This includes interim suspension notice**s** and suspension notices. The CBT Register undertakes regular updates of its website, including its Register and database. We confirmed that in 2025, a new, more modern website which was under redevelopment for a year prior was launched. In Section 37 of its Complaints, Declarations and Disciplinary Procedure, The CBT Register clearly outlines its policy and processes on restoration to the register following disciplinary action.

Despite the conclusions above, our analysis of concerns raised by respondents to our public consultation request (share your experience or SYE) triggered curiosity about the practical operationalisation of the accreditation process. However, we found that the concern about technical difficulties with reregistration was an isolated incident which had been resolved by the Register. In the absence of further reports of similar experience by any other registrant, or hard and fast data through a detailed audit, we are unable to confirm the extent and impact of these concerns.

We have, therefore, not suggested any Recommendation or Condition as part of this assessment. The Decision-Maker noted, nevertheless, that a broad audit of complaints arising from continued public concerns about the accreditation and other processes of The CBT Register may be considered either at our next full renewal assessment or through a Targeted Review. Meanwhile, The CBT Register is duly notified of these concerns (see SYE section below) and urged to review and act on them as appropriate.

Standard 3: Standards for registrants

Summary

The Decision-Maker found that Standard Three was met. They issued no Conditions or Recommendations.

Decision-Maker findings

We found that The CBT Register has in place not only a Standards of Conduct, Performance and Ethics policy to which all registrants sign up at initial registration and reregistration, but also a Standards and Ethics Committee. The Standards constitute a perpetual social contract between the Register and its registrants. They guide both the conduct and practice of registrants, who are held accountable to them. We were informed that these Standards are currently under review, with a draft expected by early August for Board approval in September 2026, and a final version for endorsement at their AGM in the Autumn of 2026. Beyond these general Standards, we also found that The CBT Register publishes guidance documents on its website on each of the roles on its register and what registrants can do and must not do within their scope of practice. The CBT Register's Standards of Conduct, Performance and Ethics, therefore, encompass various aspects of ethical behaviour.

We confirmed that The Register also has a detailed Safeguarding Guidance aimed at protecting the public and espousing a commitment to promoting and maintaining the highest standards of client safety and care. We accepted that in general, CBT practitioners do not rely on physical equipment in the sense in which medical or technical professions do. However, they may use a range of simple and low-tech tools and resources to support therapy rather than machinery. For this reason, The CBT Register has produced a Best Practice Guide and Private Practice Guidelines to support its registrants in delivering CBT safely and from any setting. The CBT Register has also taken a public position on Conversion Therapy**,** a highly controversial practice in counselling and psychotherapy currently being considered for a ban by the UK Parliament.

The CBT Register's Duty of Candour policy is published on its website. As a member of the Accredited Registers Collaborative (ARC), The CBT Register is signatory to its Information Sharing Protocol. This enables the register to share information with other regulators and registers. Beyond that, The CBT Register's Complaints, Declarations and Disciplinary Procedure also makes provision for sharing information with other regulators and accredited registers.

We checked the Information Commissioner's Office and confirmed that BABCP, the host organisation of The CBT Register, is registered for data protection purposes. The CBT Register also has guidance on data protection for its registrants based on the General Data Protection Regulation (GDPR). The CBT Register has a Best Practice Guide that provides guidance for services offering CBT. In the category of essential criteria under Standard 2 of this Guidance, The CBT Register is unequivocal about the need for especially registrants working in private practice to have procedures for considering complaints. In both the Best Practice Guid**e** and Independent Practitioners Guidelines of The CBT Register, the issue of indemnity cover is addressed appropriately. In general, registrants employed in the NHS may already have an indemnity arrangement which covers their work, such as duty of care or clinical negligence claims. However, such registrants are required to confirm that they are covered for all relevant risks in their area of practice. In the guidelines for Independent Practitioners, Section 6 explicitly deals with the sensitive issue of advertising. This issue of advertising is also embedded in Section 15 of the Standards of Conduct, Performance and Ethics, which requires registrants to ensure that any advertising of their practice activities must be accurate and must not be misleading, false, unfair or exaggerated.

In view of the above, the Decision-Maker accepted the conclusion of the Accreditation Team that The CBT Register meets all the minimum requirements of Standard Three. Accordingly, the Decision-Maker suggested no Recommendations and Conditions for this Standard.

Standard 4: Education and training

The Decision-Maker found that Standard Four was met. They issued no Conditions or Recommendations.

Accreditation Panel findings

We found that The CBT Register does not provide training, but quality assures its training providers and training courses. The Register has both a Practitioner Accreditation and Registration Committee (PARC) and a Course Accreditation Committee. The CBT Register has its Core Curriculum for the training of its future registrants, which is used in conjunction with its Minimum Training Standards (MTS).

We confirmed that the Register's Trainer Accreditation process sets out the criteria that all applicants must fulfil to qualify to be an accredited training provider for The CBT Register. its Course Accreditation Guidance, currently under review, explicitly deals with how teachers and supervisors are quality assured. Both The CBT Register's Core Curriculum and Minimum Training Standards are designed to ensure that CBT practitioners are fully equipped to care for a diverse population. This diversity encompasses the wide range of mental health conditions in the general population and the different social groups or demographics, such as children and young people, that are impacted by mental health. We found that The CBT Register also has a course accreditation process which ensures that all courses accredited by the Register meet its "quality of training criteria i.e. the quality of the training delivered and CBT qualifications of the trainers". These courses fulfil all the requirements outlined in the Minimum Training Standards. The CBT Register's Course Accreditation Guidance further outlines the range of issues to be considered in the accreditation process, course content, supervision, length of training, assessment of core competences, and quality assurance, amongst others.

Similarly, we found that the focus of both the Core Curriculum and Minimum Training Standards is almost entirely on theoretical and practice-based training, covering issues relating to the health and social system in the UK. EDI issues are also considered when assessing the suitability of courses for its register. The CBT Register provides substantial information to the public on the requirements for accreditation on its register. This includes information on entry requirements for each of the roles on the register, the application process, accreditation fees, duration of its various courses, and when and how to pay. Information on how to register for the various courses is also available on The CBT Register's website. In addition, detailed information on how to apply for accreditation as a CBT practitioner is published on The CBT Register's Accreditation Guidelines, last updated in December 2025.

We found that while, in general, entry into The CBT Register requires specified training through the register's accredited courses as detailed in the Core Curriculum and Minimum Training Standards, The CBT Register recognises that not all registrants are able to fulfil this requirement. For that reason, The CBT Register also accepts on its register holders of evidenced non-accredited courses as an equivalence route to the register. Information on the process for application through the equivalence route is clearly outlined on The CBT Register's website. Evidence of prior experience is a major consideration in assessing the suitability of applicants joining the register through the equivalence route.

Consequently, as the Decision-Maker confirmed that The CBT Register meets all the minimum requirements of this Standard, we conclude that Standard Four continues to be met. We identified no gaps or areas for improvement that warrant a Recommendation or Condition. The Decision-Maker, therefore, suggests no Recommendation or Condition for Standard Four.

Standard 5: Complaints and concerns about registrations

The Decision-Maker found that Standard Five was met. They issued no Conditions or Recommendations.

Decision-Maker findings

We found that The CBT Register has a Complaints, Declarations, and Disciplinary Procedure. This deals comprehensively with all matters and processes relating to the raising and handling of concerns and complaints against registrants. The CBT Register reported receiving about 95 complaints in 2025-2026, down from 110 in the previous year (2024-2025). This is about 0.4% (if you exclude members not on the accredited CBT Register), a statistically insignificant but nevertheless noteworthy percentage of the registrant numbers of 19,152.

We confirmed that all processes relating to raising concerns and complaints are clearly explained in the Procedure. The current version was launched in June 2026 following extensive consultation, reflections on three years of being part of the Accredited Registers programme, and feedback from a wide range of stakeholders. We further confirmed that all stakeholders were adequately informed of the changes to the complaints processes and procedure prior to publication.

We noted that Section 36 of the Procedure deals with appeals. The Procedure is clear that any party "may appeal any decision of the Screening Panel, Interim Orders Panel, Emergency Suspension Panel, Hearing/Health Panel, or Restoration Panel". As the Procedure itself is published on the organisation's website, it is accessible to all members, registrants, service users and the broader public. We found that The CBT Register is committed to providing support to all participants in the complaints process. Section 4 of the Procedure delegates recruitment powers for constituting the various Panels to the Complaints and Resolution

Manager. Beyond this, the role also has responsibility "to monitor and review the performance of Panel members, including identifying training needs, arranging appropriate training, and referring any concerns to the appropriate person or body".

In this Complaints, Declarations and Disciplinary Procedure, we found that Section 33 deals comprehensively with the process of quality assuring complaints outcomes and decisions, a process led by the Legal Assessor. This section confirms that "all decisions of the Hearing/Health Panel, including any findings, outcomes, sanctions, conditions, or restrictions imposed, will be subject to a quality assurance review before the decision is communicated to the parties". Furthermore, the process of ensuring that relevant action is taken to restrict practice at any one time due to safety concerns is dealt with in three sections of the Procedure: Interim Orders, Interim Orders Panel, and Emergency Suspension Panel/Order.

We confirmed that the Procedure is also explicit about the need for separation of functions and personnel in the complaints adjudication process. In the roles description section of the Procedure, there is a clear separation between the Board, Complaints Resolution Team, and the various Panels. The responsibility of the organisation for investigating and prosecuting complaints, and the role of the Complainant as witness, if necessary, are clearly outlined in Section 24. In the section on Panels, the Procedure makes unambiguous provision for Lay involvement and sets the criteria for individuals eligible to sit on these Panels. The Procedure further makes adequate provision for reporting concerns to all relevant statutory agencies with a role in safeguarding in Section 35 - notification of complaints, interim measures, sanctions, and disciplinary outcomes**.** In Section 40, the Procedure advances a cogent rationale and associated details for publishing all disciplinary decisions in the interest of public protection. The inevitable conclusion of the Decision-Maker from this assessment of the evidence is, therefore, that The CBT Register has met all the minimum requirements of Standard Five.

This conclusion notwithstanding, our review of feedback from the public about their practical experience of the Register suggests that there are several issues of concern about The CBT Register's complaints process which require addressing for more effective regulatory oversight and public protection. However, we note that these concerns were raised against the background of the old Procedure, which was replaced by a new version in June 2026 following extensive consultation. In the SYE Section at the end of this Assessment report, therefore, we assess the potential in future of the newly launched Procedure to respond to and/or seek to address effectively concerns of the nature raised by respondents to our consultation. The Decision-Maker accepted the submission of the Accreditation Team that it is both reasonable and proportionate to allow sufficient time for the new processes to bed in properly in order that we can assess the impact of the revised Procedure on the complaints handling processes of the CBT Register. This subject is examined in detail in the SYE Section of this report. Consequently, the Decision-Maker suggested no Recommendation or Condition for this Standard.

Standard 6: Governance

The Decision-Maker found that Standard Six was met. They issued no Conditions or Recommendations.

Decision-Maker findings

We confirmed that the co-sponsors of The CBT Register, BABCP and AREBT, both have governing instruments as charities and/or companies limited by guarantee with a clear focus on public protection. We noted that the operations of The CBT Register are governed by a Conflict of Interest Policy which is published on the website and so easily accessible to registrants, members, service users and the public. While The CBT Register is jointly sponsored by BABCP and AREBT, the register itself is managed separately from the Boards of Trustees of the two organisations. Register management is performed by the Practitioner Accreditation and Registration Committee (PARC) as a delegated authority from the Boards.

We found that all key governance documents of The CBT Register are published on the website and, therefore, accessible to the broader public. These include Board Minutes; minutes of PARC meetings, Annual General Meetings, and Extraordinary General Meetings; annual reports; Strategic Plan; and proceedings of Standing Committees. We also found that The CBT Register has an Organisational Complaints Policy which provides a clear and transparent process for addressing and resolving complaints about its performance as an Accredited Register.

The CBT Register provided extant certificates as evidence of its core insurance portfolio with covers for professional indemnity, public and products liability, and employers' liability. The Register also has a comprehensive set of Standing Financial Instructions. Through this policy, the Board of Trustees delegates day-to-day financial management responsibility to the Chief Executive Officer and the Head of Operations who will report back to the Trustees through the Finance Committee chaired by the Treasurer. In short, The CBT Register has in place all processes and procedures for budget setting and budgetary management, monitoring and reporting.

The Decision-Maker further confirmed that The CBT Register, as a Data Controller, is registered with the Information Commissioner's Office. In addition, we received detailed evidence of business continuity arrangements currently in place, encompassing risks and mitigations across all core business functions. Furthermore, The CBT Register has a clear and documented mechanism for risk governance with the help of a Risk Register. Risk is reviewed jointly by BABCP and AREBT as a standing item on the agenda of every meeting of the PARC.

The governance arrangements of the CBT Register are clearly defined and published on the website. The legal status**,** governing instrument, and terms of reference of the Board of Trustees and each of its several Standing Committees are all published. The expectations for the Board of Trustees of The CBT Register are enshrined in several key policy documents: governing document, terms of reference of Board and standing committees, strategic plan, and risk register. There are regular induction and a training programme for new and existing trustees. While the Board of Trustees may be made up mostly of elected existing members of

The CBT Register, there is also provision for Lay Directors who are appointed by the Board. The Board is also assisted in its work by a range of advisors and members of senior staff. Moreover, through its several Standing Committees, ad hoc committees, and working groups, The CBT Register ensures there is broad input into its governance processes. We noted, in this regard, that the CBT Register has mechanisms in place for the identification and execution of training for key decision makers not only in its complaints handling but also governance processes.

Against this background, the Decision-Maker accepted the conclusion of the Accreditation Team that all the minimum requirements of the Standard have been met. Accordingly, we conclude that Standard Six continues to be met. As we have identified no gaps in the evidence, the Decision-Maker has suggested no Recommendations or Conditions for Standard Six.

Standard 7: Management of the risks arising from the activities of registrants

The Decision-Maker found that Standard Seven was met. They issued no Conditions or Recommendations.

Decision-Maker findings

The Decision-Maker noted our confirmation in Standard One that The CBT register has a Risk Matrix. The CBT Register submitted no new evidence of risk for this assessment. We consequently had to rely on our conclusions on the Risk Register submitted at their initial accreditation assessment in 2023 and any subsequent updates thereto. We noted that The CBT Register had initially undertaken a detailed risk analysis and identified relevant risks relating to the activities of its registrants, while also putting in place concomitant mitigation measures. The existence of a risk register points in the direction of incontrovertible evidence that The CBT Register has a thorough understanding of the risks associated with the activities of its registrants and the need to put in place corollary mitigation measures to address the impact of these risks if/when they occurred.

We also noted that The CBT Register's risk register has been kept under constant review and updated when new evidence of risk emerged. The most recent version was submitted at our last annual check in 2025-26 when the risk matrix was updated to include the serious risk of suicide and self-harm. The Decision-Maker noted the assurance that at every meeting of The CBT Register's Practitioner Accreditation and Registration Committee (PARC), risk is reviewed as a standing item on the agenda and reported back to the Board of Trustees. This function is performed as part of PARC's delegated authority. We concluded that this attests to the existence of a verifiable risk governance mechanism.

We found that The CBT Register has grouped risks into eight "strategic risk areas" which are then broken down into a total of 29 operational risks, complete with a risk owner, a risk oversight entity, an analysis of the likelihood of risk occurrence and impact before mitigation, mitigation measures currently in place, and an assessment of the likelihood of occurrence and impact after mitigation. We also noted that on the Register's website, registrants, service users, members, and the broader public can access resources and information on both the benefits as well as the limitations of treatments offered by the three roles on the register. We

found that over the years, The CBT Register has both published and made submissions to several institutions on the efficacy of the evidence on the benefits of CBT approaches. We noted as an example its submission to NHS England and the Department of Health and Social Care (DHSC) on evidence of best practice in child health. We also identified links to other major submissions made in recent times and published on the Register's website.

On the strength of this evidence, the Decision-Maker confirmed that both minimum requirements of this Standard have been met and, therefore, that Standard Seven continues to be met. As we have identified no gaps in the evidence, the Decision-Maker has accordingly made no Recommendations or Conditions for Standard Seven.

Standard 8: Communications and engagement

The Decision-Maker found that Standard Eight was met. They issued the following Recommendations:

Recommendations(s):

- ***R-The CBT Reg-FR-26/27-1:*** The CBT Register should add a clarificatory statement to its register webpage to the effect that only UK registrants can use the Quality Mark (QM) of the Accredited Registers programme.
- ***R-The CBT Reg-FR-26/27-2:*** The CBT Register should take proactive and verifiable measures to promote the programme's QM with its registrants.

Decision-Maker findings

We recalled our earlier submission that The CBT Register is hosted on the BABCP website. This website is clear and easily accessible to members, registrants, service users and the public. We also noted our earlier submission that a new version was launched in June 2025 following substantial redevelopment and modernisation. Statements on the values of the organisation and its commitment to public protection are all published on the website. In its recently updated strategic direction, the host organisation of The CBT Register clearly identifies its strategic aims. To support the achievement of these aims, the organisation has put in place all relevant policies and these are published on its website. We have also been informed that in recent times, the organisation has enhanced its workforce capacity by expanding its Communications Team to support the delivery of the strategic aims.

Furthermore, we noted examples of recent public consultations, social media statements, and newstories as clear evidence of the consistency between the organisation's aims and programmes and its public statements. These include newstories on POST pregnancy and postpartum mental health and new guidance on online therapy for eating disorders**.** On the issue of its commitment to collaborate with Accredited Registers and other key stakeholders, we confirmed that The CBT Register is a member of the Accredited Registers Collaborative **(**ARC) and a signatory to ARC's Information Sharing Protocol.

We found that on the organisation's website, there is elaborate information about accreditation and the Accredited Registers programme. However, it is not clear how The CBT Register ensures that only registrants working in the UK use the Accredited Registers Quality Mark (QM). The CBT Register is made up of practitioners in the UK and Ireland, and there is no

statement on any of the relevant webpages clarifying that only UK registrants can use our QM. Accordingly, the Decision-Maker made the following recommendation:

- ***Recommendation: R-The CBT Reg-FR-26/27-1:*** The CBT Register should add a clarificatory statement to its register webpage to the effect that only UK registrants can use the Quality Mark (QM) of the Accredited Registers programme.

We also noted from our website checks that there was relatively low use of our QM by registrants with websites. To ensure that The CBT Register takes proactive measures to promote the use of our QM, the Decision-Maker made the following recommendation:

- ***Recommendation: R-The CBT Reg-FR-26/27-2:*** The CBT Register should take proactive and verifiable measures to promote the programme's QM with its registrants.

We confirmed several examples to demonstrate that all key policies and processes of The CBT Register are published on its website. Moreover, all grades of Membership, Registration and Accreditation, together with their respective processes, are clearly explained on the website. We confirmed that The CBT Register has an array of tools, methods, and processes through which it seeks, understands and uses the views and experiences of its stakeholders. These include an engagement strategy, membership consultation policy, an annual conference, journal publications, podcasts, webinars, campaigns, and a news magazine.

Accordingly, the Decision-Maker accepted that despite the two recommendations for improvements to services, all minimum requirements of the Standard were met and has suggested no Conditions. Standard Eight, therefore, continues to be met.

Standard 9: Equality, Diversity and Inclusion

The Decision-Maker found that Standard Nine was met. They issued the following Recommendation:

Recommendation:

- ***R-The CBT Reg-FR-26/27-3:*** The CBT Register should consider developing standalone policies on Recruitment and Antibullying accessible to staff, volunteers and the broader public.

Decision-Maker findings

We found that in the performance of its regulatory functions, The CBT register has developed several key policies as evidence of its commitment to fairness and equity of access by its registrants and service users. The CBT Register has an Equity, Equality, Diversity and Inclusion (EEDI) Policy which clearly identifies the need for broad participation, recruitment, and training on EDI issues. However, we have found only scattered references to Recruitment and Antibullying in other policies rather than standalone statements accessible to staff, volunteers and the broader public. The Decision-Maker agreed that these should be consolidated and accordingly made the following recommendation:

- ***Recommendation: R-The CBT Reg-FR-26/27-3:*** The CBT Register should consider developing standalone policies on Recruitment and Antibullying accessible to staff, volunteers and the broader public.

We took cognisance of The CBT Register's independent audit in 2020, known as Diverse Matters**,** as forming the basis for wide-ranging EDI reforms in the organisation in recent years. We have noted elsewhere that to aid accessibility, the Register's website is clear and provides easily accessible information to members, registrants, service users and the public. A new version was launched in June 2025 following substantial redesign. This public-facing website displays elaborate information about registration, membership, accreditation and all other major policies and procedures of the organisation. All processes relating to raising concerns and complaints are clearly explained in the Complaints, Declarations and Disciplinary Procedure. We also note that The CBT Register is committed to providing support to all participants in the complaints process and this information is published on the website. Sections of The CBT Register's Complaints, Declarations and Disciplinary Procedure provide for the removal of all unnecessary barriers to participating in the complaints process by committing to provide relevant support.

We confirmed The CBT Register's submission that EDI data on members and registrants is now routinely being collected as part of the implementation of recommendations made in Diverse Matters, its independent diversity audit report. Following this publication, significant steps have been taken to rectify any potential unfairness within the organisation and in its regulatory processes, including the establishment of a dedicated EDI Committee. We note that there has been not only increased diversity in participation in the governance processes of The CBT Register but also an increased mainstreaming of EDI-related considerations, reflecting significant improvements in diversity and inclusivity in regulatory processes.

We noted that in our Standard Nine EDI assessment of The CBT Register in 2024, we judged as acceptable the fact that while it does not yet directly collect data on the demographics of service users, the Register relies on proxy data routinely collected by other reputable institutions to understand the profile of its service users. A prime example of this is data published by NHS Talking Therapies, most of which is based on CBT-informed interventions. We also note that the Annual Conference exists as a key mechanism for interaction between the Register and its stakeholders on all matters pertaining to CBT.

Crucially, we confirmed that sections in The CBT Register's Equity, Equality, Diversity and Inclusion (EEDI) policy speak directly to the Equality Act (2010) and the Register's intention to comply with the provisions of the Act. There is also ample evidence that The CBT Register has taken several actions to promote EDI more broadly. We found evidence, moreover, of the Register's working collaboratively with other organisations on EDI aimed at removing barriers for its registrants and service users.

Based on this evidence, the Decision-Maker accepted the inescapable conclusion that The CBT Register meets all the minimum requirements of the Standard without any Condition. Accordingly, Standard Nine EDI continues to be met.

4. Share your experience

We received two responses to the invitation to share experience of The CBT Register. We also considered one ongoing response and other historical responses in light of The CBT Register's wide-ranging review of its complaints processes and procedures. As part of our review of the Standards, we undertook an analysis of the concerns of respondents to our SYE consultation. We summarise these concerns as follows:

1. Respondent One: Concerns about difficulties with re-entry into the Register and flaws in the accreditation appeals process
    - Allegation of prolonged and unexplained delays in the accreditation process, with limited communication
    - Allegation of inconsistency in the treatment of applicants for Register entry
    - Allegation of procedural irregularities in the accreditation application assessment process
    - Changes to the practical operation of the accreditation pathway not properly communicated
    - Process concerns relating to alleged repeated requests for documentation already provided, excessive delays in responses, a lack of clarity regarding how evidence is assessed at both application and appeal stages, and inconsistency in the assessment of applications
2. Respondent Two: Concerns about the reaccreditation and complaints handling processes
    - A case of problems with the process of restoration to the register following disciplinary action
    - Allegations of unreasonable and unfair Membership Fee requirement in exceptional circumstances
    - Allegations of serious factual errors, acknowledged by the Register, in information presented to the Screening Panel
    - Allegations of severe (three-year) delays and harm caused as a result
    - Serious and documented harm to health and finances arising from traumatic complaints process, not adequately acknowledged by the Register
3. Respondent Three: Wide-ranging and ongoing concerns about the complaints handling process
    - Alleged flaws in the screening process, with allegations of evidence being withheld or not adequately considered
    - Allegations of bias and lack of impartiality in the complaints process
    - Allegations of delays and failures in the provision of and access to information over a prolonged period
    - Concerns about record keeping and Minutes accuracy at Panel hearings, especially as Minutes are allegedly taken by a participant in the process
    - Data protection and redaction concerns, including retention of information sent to the Register in error
    - Practitioner conduct/suitability and public protection concerns when practitioners do not comply with standards and shielded by Register

4. Historical SYEs: Concerns by various respondents between 2023 and 2025 about the complaints handling process
    - Dissatisfaction with how BABCP/The CBT Register handled complaints concerning practitioners: concerns arising from mental health service provision and associated investigations, with Register allegedly relying on evidence from practitioner employers instead of conducting their own investigation
    - A lack of confidence in BABCP's/The CBT Register's complaints process due to alleged tendency to protect practitioners
    - Concerns that complaints about the Complaints Team would be handled by the same people being complained about - lack of transparency and independence of the complaints process
    - Concerns about BABCP and AREBT, joint sponsors of The CBT Register, particularly around accreditation and training-related issues
    - Concerns regarding delays and lack of responses/poor communication in the complaints process

The predominant concern by respondents is that The CBT Register's complaints handling and disciplinary processes, and to a limited extent the accreditation and reaccreditation processes, may not always be perceived by complainants as: independent; transparent; impartial; procedurally robust; sufficiently responsive and supportive; and consistent in the consideration of evidence.

However, we note that the above concerns were all raised prior to the launch of the new Complaints Procedure on 17th June 2026, including cumulative concerns raised in the last three years of The CBT Register's membership of the Accredited Register's programme. Be that as it may, the challenge now is to assess the efficacy of the changes made in the new Procedure in addressing these and similar concerns. We also note The CBT Register's submission that the Procedure's review process was comprehensive and involved significant updates incorporating feedback from "complainants and those complained about, improvements based on the experience of BABCP staff members and panel members, oversight of the Standards and Ethics Committee and BABCP Board of Trustees, as well as professional advice from our legal team". The CBT Register provided a summary of these revisions and improvements**,** made across the entire complaints Procedure.

Crucially, we confirmed that the timescales within the Procedure have been reviewed and updated to "ensure they are more indicative and realistic, taking account of the complexity and seriousness of processes involved". Even then, we have been minded that the timelines are "intended to provide guidance and structure" to the complaints process and that the Register "may depart from those timescales where it considers this necessary, reasonable, and proportionate in the circumstances of the case". Our overall assessment of the new timescales confirmed that there has been a substantial enlargement of time for every stage of the complaints process, a tacit recognition of the Register's three-year experience of the "complexity and seriousness" of the processes involved.

We acknowledge the wide-ranging implications of the concerns raised by respondents through our SYE process. They are critical in any consideration or assessment of effective regulatory oversight by The CBT Register. The Decision-Maker accepted, however, that as changes to the Procedure only came into effect in the middle of this assessment, we are unable to determine at this stage their effectiveness in responding to most of the issues raised by the various respondents, or for that matter their impact on the overall experience of registrants and complainants involved in The CBT Register's complaints process. They will instead serve as the reference point for assessing the effectiveness of the newly launched complaints Procedure in future. Moreover, our experience of dealing with similar matters elsewhere suggests that it is both reasonable and proportionate to allow sufficient time for the changes to bed in properly and then undertake a complaints audit as part of a future (probably full renewal) assessment or a Targeted Review. This would enable us confirm trends and impact. Moreover, in its response to our draft assessment report, The CBT Register pointed out that some of the allegations above had been investigated and proved to be untrue. For these reasons, the Decision-Maker suggested no Conditions or Recommendations in respect of The CBT Register's complaints handling and accreditation processes despite the concerns raised by our SYE respondents. Meanwhile, The CBT Register is notified of these concerns and urged to review and act on them as appropriate to minimise any actual or potential harm that may be associated with them.

5. Impact assessment (including Equalities impact)

We carried out an impact assessment [add link to impact assessment when published] as part of our decision to accredit The CBT Register. This impact assessment included an equalities impact assessment as part of the consideration of our duty under the Equality Act 2010.

The CBT Register reported no specific changes that would significantly affect the impact assessment at initial accreditation. However, we identified the following impacts which the Decision-Maker considered when deciding to re-accredit The CBT Register:

- We consider steps taken by The CBT Register to not only share best practice but also support training courses to implement proactive approaches to EDI teaching will positively impact both students and the public to provide the highest quality CBT for all
- We accept The CBT Register's submission that as the organisation's newly redeveloped website meets higher standards of accessibility, all changes made to it will positively impact those with disability.
- The CBT Register further submitted that all changes made to the organisation's processes and procedures through the work of the Practitioner Accreditation and Registration Committee (PARC) always included EDI considerations as part of the proposal process. The CBT Register cites as a good example the changes relating to broadening the professions eligible for the condensed Knowledge, Skills, and Attitude (KSA) route. It is hoped that this will support increased accessibility and participation within higher education provision for CBT training.

We prompted, through our Query Sheet process, a broader reflection on The CBT Register's experience of the first three years of being a PSA Accredited Register (2023 – 2026). The CBT Register asserts that "PSA Accreditation has demonstrated positive impact for registrants, members and service users through increased public assurance, strengthened professional standards, enhanced workforce recognition, and improved transparency." The overall response from The CBT Register highlights specific impacts in four broad areas and in many ways confirms the practical, ongoing relevance of the Accredited Registers programme. We provide here a high-level summary:

- *Impact on Registrants*
  - Increased Professional Recognition
  - Enhanced Credibility with Employers
  - Strengthened Professional Standards

- *Impact on Members and the Registering Organisations (BABCP and AREBT)*
  - External Validation of Oversight Processes
  - Increased Visibility and Reputation
  - Improved Governance and Continuous Improvement

- *Impact on Service Users and the Public*
  - Greater Public Protection
  - Improved Confidence in Practitioner Selection
  - Access to Qualified Evidence-Based Practitioners

- *Increased Trust in Psychological Therapy Services*
  - The use of the PSA Quality Mark provides an easily recognisable sign that practitioners have met independently verified standards. This strengthens public trust in CBT services and supports confidence in the quality and safety of care being delivered.

On equalities impact of three years of accreditation, The CBT Register highlighted salient issues in its reflections relating to those who share protected characteristics:

- Accreditation as a further layer of assurance for potentially vulnerable groups seeking access to Psychological Therapies.
- Reduction of risk of inequitable assessment or decision making for those with protected characteristics as a result of PSA's regular assessment of The CBT Register's admission, complaints and disciplinary procedures.
- Impact of PSA's support and endorsement of The CBT Register's Standards of Conduct, Performance and Ethics. This ensures that registrants comply with these requirements, such as the prohibition against allowing views about a client, patient or service user's characteristics to affect the way they are treated or the advice they are given.
- Continuous improvement in accessibility of registration processes, communications and complaints handling for disabled applicants, registrants and service users fostered by the PSA's accreditation process. Our process considers whether register

governance and operational arrangements are fair, proportionate and in the public interest.

While the above are all positive equalities impacts associated with accreditation, The CBT Register also drew attention to the limits of accreditation by highlighting issues for continuous monitoring due to their potential to produce negative effects:

- Workforce Representation – The CBT Register submits that accreditation itself does not address workforce diversity. This is because if particular groups are under-represented among CBT practitioners, accreditation may not directly remove those barriers. The CBT Register suggests that one way of mitigating the seriousness of this problem is ongoing monitoring of registrant demographics as part of the PSA's accreditation assessment processes.
- Cost and Administrative Burden of Accreditation – The CBT Register submits that registration, accreditation and continuing professional development requirements may have differing impacts on some groups. Good examples of these include practitioners on lower incomes, those working part-time due to caring responsibilities, or disabled practitioners requiring reasonable adjustments. While these impacts are generally mitigated through organisational policies, the CBT Register suggests that they should be kept under PSA review.