

Version 10

Application to the Minister of Health

To

Register the Counselling Profession

Under the

Health Practitioners Competence

Assurance Act (2003)

(HPCA Act)

March 2009

TABLE OF CONTENTS

Preamble	2
Application	3
Reasons for the application	4
Provision of a health service	4
Identifiable profession	4
Nature of activities	5
Number of practitioners	5
Current professional associations	6
Public identification of profession	7
Counselling – difference from other professions	7
Evidence of the need for regulation	8
Nature, frequency and severity of the potential risk	9
Complaints avenues	9
Experience of complaints	9
Nature of complaints	10
Risks from unregulated counsellors	11
Anecdotal evidence	11
UK experience	12
Likelihood of risk occurring	12
Existing public safety concerns	12
Evidence of general agreement on qualifications, standards and competencies	13
History of consultation	13
Courses and training currently offered	15
Overview of range of qualifications	17
List of agreed qualifications, standards and competencies	17
Proposed Scope of Practice	19
Evidence of how qualifications, standards and competencies reduce public risk	20
Evidence of general agreement on qualifications, standards and competencies	20
Relationship between professions on qualifications, standards and competencies	20
Third party status	21
Formation of Regulatory Authority	21
Estimated establishment costs	22
Estimated ongoing costs	22
Similarity of scopes of practice, training	23
Professional links with current authority	23
New authority or addition of profession to existing authority	24
Representation on a new authority	24
Name change	25

Preamble

The profession of counselling¹ had its genesis world wide only about fifty years ago, though its roots go back to time immemorial in terms of people helping others to cope with social problems and personal distress. In New Zealand, the professional origins of counselling, recognised and supported by the government, were in Marriage Guidance and in Education. The Marriage Guidance Council was formed in 1949, but it was really in the sixties, soon after Carl Rogers wrote his landmark paper (1957) focussing on empathy and related constructs as the necessary conditions for therapeutic change, that counselling, “took off” in New Zealand. By 1966, “Cabinet agreed to the establishment of a guidance counselling service in secondary schools”.² In both marriage counselling and in school guidance counselling, counsellor education courses were established, and the profession was well and truly launched. Now, fifty years later, counsellors work in many counselling and related activities in a wide variety of settings with individuals, couples, families, groups, communities and organisations providing a wide range of services.

Since then the ideas and theoretical constructs on which counselling is based have diversified enormously. There are three major theoretical systems: psychodynamic, cognitive-behavioural, and existential-humanist, with post-modern thinking and multi-cultural awareness re-shaping all of these in the last decade or so.

In Aotearoa New Zealand Māori counselling education, training and development draws from Tikanga Maori and Mātauranga Māori. This provides culturally appropriate and relevant counselling intervention for Maori the statistics for whom show being over-represented in the health system. Counsellor training and education acknowledges and actively promotes Te Tiriti o Waitangi education in the counselling profession, acknowledging the unique and specialised nature of counselling in Aotearoa New Zealand.

The diversity of approaches to counselling is given expression through a wide range of disciplines, modalities and techniques (e.g. Rogerian, Psychodynamic, Cognitive Therapy, Transactional Analysis, Gestalt, Psychodrama, Family & Couples Therapy, Narrative, music and other Arts Therapies, Interactive Drawing Therapy etc). These approaches can be described and researched and can be learnt, however, they are only part of what counselling is about.

The heart of effective counselling is the counsellor–client interpersonal therapeutic relationship. This is what makes the being of the counsellor³ the tool that helps the client. This is much harder to describe, research or learn. It is very difficult to pin this aspect of counselling down and be precise about what it is, or what counsellors must do to create an effective therapeutic relationship.

¹ In many parts of the Western world (e.g. UK, Australia, Canada) counselling and psychotherapy are used interchangeably, and counsellors and psychotherapists may belong to the same professional association, though there may also be separate counsellors’ and psychotherapists’ associations. In New Zealand the professions have separate associations, though some practitioners belong to both. The profession of psychotherapy has already been registered under the HPCA Act, so this application deals with the profession of counselling.

² Gary Hermansson, p.7, Pieces of Silver, NZAC, 1999

³ The “being” of the counsellor can be thought of as some intangible yet real expression of their personality, their values and beliefs, their way of living, and their approach to relationship.

Application to the Minister of Health to register the profession of Counselling Under the Health Practitioners Competence Assurance (HPCA) Act 2003

The New Zealand Association Counsellors Inc. (NZAC) and the New Zealand Christian Counsellors Association Inc. (NZCCA) on behalf of their members and for the profession of Counselling apply to the New Zealand Minister of Health to designate counselling as a health profession under the Health Practitioners Competence Assurance (HPCA) Act 2003 and to establish a responsible authority (RA) to administer the registration of counsellors.

A range of other associations and agencies representative of the counselling profession as a whole has participated in discussions held since August 2006. These have included representatives from the following associations.

Australian and New Zealand Psychodrama Association (ANZPA)

Auckland Transactional Analysis Training Institute (ATATI)

Career Practitioners Association of NZ (CPANZ)

[Being changed (2009) to Career Development Association of NZ (CDANZ)]

Creative Therapies Association of Aotearoa (CTAA)

Drug & Alcohol Practitioners Association of Aotearoa NZ (DAPAANZ)

Te Whariki Tautoko (TWT)

Youthline

The nationwide agency, Relationship Services Whakawhānaungatanga (RS) has also participated in discussions.

All the groups listed above are collectively referred to in this application as ‘the Combined Counselling Associations of Aotearoa New Zealand (CCAANZ).

The Drug & Alcohol Practitioners Association of Aotearoa New Zealand (DAPAANZ) is currently preparing an application to bring the wider range of alcohol and drug practitioners under the HPCA Act.

If successful the Combined Associations ask the Minister of Health to provide for the professions to be added to the profession of psychotherapy in respect of which an existing authority is appointed – thus creating a “blended authority”.

Reasons for the application

It is the view of the Combined Associations and its members, as health professionals, that the profession of Counselling sufficiently meets the criteria and the requirements of section 116 of the HPCA Act to be regulated under the Act in that:

- There is a risk of harm to the public from Counselling by those incompetent and/or unfit to practice and it is therefore in the public interest that such risk be averted.
- There are nationally recognised qualifications for the providers of Counselling Services.
- There are nationally recognised standards that apply to the practice.
- There are nationally recognised competencies for scopes of practice.
- There are nationally recognised competencies for working with Māori
- The nationally recognised qualifications, standards and scope of practice are inclusive of Tikanga Māori.

1) The application relates to the provision of a health service as defined by the HPCA Act.

Counsellors provide services for the purpose of assessing, improving, protecting, and managing the physical and mental health of individuals or groups of individuals.

The General Scope of Practice of the counselling profession lists areas in which counselling services are currently provided many of which are health or health-related services, indicating that counselling is clearly a health service.

The World Health Organisation defines health as, "... a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". This definition encompasses the areas in which counselling is a health service.

The Health and Disability Commissioner has found it necessary to investigate some complaints about counsellors' practice, which would seem to affirm that counselling is indeed a health profession. The Health & Disability Commissioner has written to NZAC expressing his opinion that inclusion of counselling under the Act "would be a positive step in achieving a counselling workforce that provides safe, competent care to consumers".⁴

In Aotearoa New Zealand health provision practice takes account of the 1840 Tiriti o Waitangi (the Treaty of Waitangi, the country's founding contract between Māori and the Crown) and the 1986 Ottawa Charter for Health Promotion.²

Health is understood as a holistic concept embracing a Maori model of health where good health is recognised as being "dependent on a balance of factors affecting wellbeing. Wairua (the spiritual), Hinengaro (mental), Tinana (physical), Te Reo Rangatira (language) and Whānau {family} elements interact to produce actual wellbeing. The wellbeing of Te Ao Tūroa (environment) contributes also. This approach requires that Māori health be understood in the context of the cultural, social, and economic position of Māori.

⁴ Letter, Health and Disability Commissioner, 28 August 2007
² <http://www.hpforum.org.nz/page.php?7>

The Combined Associations therefore believe that this application is consistent with the principal purpose of the HPCA Act, section 3(1), “to protect the health and safety of members of the public by providing for mechanisms to ensure that health practitioners are competent and fit to practise their professions.”

2) The profession is identifiable.

The Counselling profession has two major professional associations, NZAC and NZCCA and the emerging association Te Whāriki Tautoko, as well as a number of specialist associations with:

- Voluntary registration processes for levels of practice.
- Codes of ethics, complaint and disciplinary procedures.
- Widely accepted draft Scopes of Practice.

The specialist associations tend to focus their activities around specific modalities providing professional development and collegiality.

The public has become well aware of Counselling as a helping profession. Some members of the public are also clearly aware of the importance of choosing a counsellor from a professional association or a reputable employing agency. As an example from one organisation, Relationship Services Whakawhānaungatanga, a major national counselling agency, in their 2006 Annual Report recorded that in year 2005-2006 they provided over 25,000 people with over 60,000 hours of counselling. (*Update these figures*)

The associations endeavour to promote the services of member counsellors to the public. Lists of Members are available on many association websites and are regularly supplied to community groups and organisations, commercial entities, and government agencies that have a need to refer clients or staff members to a professional counsellor.

Counselling is a service listed in the Yellow Pages section of Telecom’s phone directories and website.

The referral and funding of clients to professional counsellors by ACC Sensitive Claims, Family Court and Work & Income reinforce the identity of counselling.

3) What is the nature of the activities undertaken by members of that profession?

Counsellors are specialised professionals who assist individuals, couples, families, groups, communities and organisations to: increase their understanding of themselves and their relationships with others; develop more resourceful ways of living; and bring about change in their lives.

Through living in a bicultural world, Māori counsellors have the ability to work with clients from a bicultural perspective, which enriches the holistic healing of the client and or their Whānau. This practice is a taonga for people in New Zealand that should be embraced, nurtured, and supported, to ensure its survival by all counsellors who choose to work in Aotearoa New Zealand.

4) How many practitioners are participating in the profession?

The 2006 Census figures indicate there are some 3,000 practitioners who identify themselves as Counsellors in New Zealand. The numbers of members of the associations making this application are listed below, though some belong to more than one association.

Other than counsellors who belong to one or more of the professional associations, there are also people who work with specific organisations (e.g. Youthline) or volunteer and “do some counselling”. There are others who do other counselling-like work – for example, Victim Support workers. Other occupations incorporate counselling skills as a part of their work activity, for example nurses, community workers and ministers of religion. In international counselling literature this use of counselling skills is referred to as ‘embedded counselling’.⁵ We have not counted these people as “practitioners participating in the profession”, nor do they generally identify themselves as counsellors.

Over the past two decades the counselling workforce underwent rapid and significant changes marked by an increase in the overall number of practitioners and a transition from a minimally trained workforce to a workforce with increased levels of formal training and competency requirements to name just two examples. And whilst the counselling workforce is often, though not always, constituted of individuals who have a professional background, training and status, there is wide agreement within health and related professions that the provision of counselling services requires the acquisition of a considerable specialist body of knowledge and expertise to provide such counselling without posing a risk to clients.

The next step in the evolution of this profession is to seek the protection of the health and safety of members of the public by bringing the profession under the Health Practitioners Competency Assurance Act and thus providing for mechanisms to ensure that counsellors are competent and fit to practise their profession, which is the explicit and stated purpose of the Act.⁶

5) Are there any current professional organisations to which members of the profession belong or are eligible to join?

Most counsellors are members of one or more of the professional associations below, partly because counselling service providers treat such membership as a registration-like benchmark. Membership numbers are noted at the right.

• Australian and New Zealand Psychodrama Association (ANZPA)	274
• Career Practitioners Association of NZ (CPANZ/CDANZ)	535
• Drug & Alcohol Practitioners Association of Aotearoa NZ (DAPAANZ)	850
• New Zealand Association of Counsellors (NZAC)	2,987
• New Zealand Association of Psychotherapists (NZAP)	377
• New Zealand Christian Counsellors Association (NZCCA)	252

⁵ Embedded Counselling, McLeod J, Counselling Today. May 2008

⁶ See: Ministry of Health website – New professions under the Health Practitioners Competency Assurance Act 2003. [http://www.moh.govt.nz/moh.nsf/0/F129A03EF42E13B2CC256ED0000C7D9B/\\$File/newprofessionsconsultation.pdf](http://www.moh.govt.nz/moh.nsf/0/F129A03EF42E13B2CC256ED0000C7D9B/$File/newprofessionsconsultation.pdf).

• Te Whāriki Tautoko (TWT)	150
----------------------------	-----

Ko te kaupapa matua o Te Pou Here o Te Whāriki Tautoko he hāpai i te iwi Mori i roto i tenei ao hurihuri, he whakauru i te wairua o te tino rangatiratanga o nga Mātua Tupuna i huaina i roto i te Tiriti o Waitangi: he whakamanako i te tangata whenua o Aotearoa. He whakanui i te wairua manāki, mo te Māori. He atawhai i te iti me te rahi i roto i te whānuitanga katoa o tāua āhuatanga.

The purpose of Te Whāriki Tautoko is to promote a safe and caring environment for Kaimahi Māori to nurture, support and heal the individual and their Whānau in its entirety. To establish ongoing hui that will implement education, training and development standards and policies that will engender an appropriate and safe environment for kaiāwhina and their clients.

To acknowledge and implement the true intent of the Treaty of Waitangi in Aotearoa, and to engage in relationships which enhance the principles of the Treaty.

Te Whāriki Tautoko utilises both western and Māori approaches to health and wellbeing for Māori clients. The organisation ensures and incorporates an environment where Tikanga Māori safety for Māori counsellors is actively practiced, nurtured and supported. This enables Tikanga Māori awareness, skills and abilities to be practiced when working with Māori clients.

Alongside the professional associations listed above, counsellors may also belong to one or more counsellors' organisations, associations and/or counselling agencies that form a vital part of the professional life of counsellors. They provide collegial support and professional development in a very wide range of counselling modalities, disciplines or special interests. Some link to overseas professional associations and provide internationally recognised counsellor education in particular modalities or interests.

- Association of Christian Spiritual Directors
- Australia & NZ Infertility Counsellors Association
- Australian and New Zealand Psychodrama Association
- Auckland Transactional Analysis Training Institute
- CareNZ
- Christian Pastoral Supervisors Association
- Cognitive Behavioural Therapists
- Creative Therapies Association of Aotearoa
- Gestalt Australia and NZ Inc
- Human Development & Training Institute of NZ
- The Institute of Psychosynthesis
- Lifeline
- National Association for Loss & Grief
- NZ Life Coaching Association
- Relationship Services Whakawhānaungatanga

- Youthline

6) Does the public see the members of the profession as an identifiable group?

We believe the public has become well aware of Counselling as a helping profession. There are numerous indicators that counselling is seen as a profession and a distinctly identifiable group. Some examples are:

- The nationwide existence of designated counselling centres, help lines, web sites and private agencies, which provide and advertise these services.
- The referral of clients to professional counsellors by ACC Sensitive Claims, Family Court, District Health Boards and PHOs, Ministry of Social Development, Employment Assistance Programmes and other government agencies.
- The advertisements for designated counselling positions in the public media.
- The existence of numerous designated three-year diploma and degree programmes in counselling and related studies in most tertiary training institutions with the declared goal of providing applied and work-ready training and education and the respective recognition of these training courses as essential to enter the field as a professional.
- Post –graduate Masters and Doctoral programmes at most universities contribute to the collective body of counselling knowledge that supports the professionalism of counselling.
- The existence and public profile of these professional training courses and career pathways promoted in the public arena.
- Counselling is a service listed in the Yellow Pages section of Telecom’s phone directories and website.

7) Evidence for how the Counselling Practitioner profession considers itself different from other professions that practice in similar fashions

Counsellors whether they are members of other professional groups at the same time or not, view themselves internally very much as members of a distinct and unique professional group and this view is externally reflected and confirmed by a host of formal and informal indicators. Their willingness to undertake lengthy specialised training to degree and masters levels in counselling practices, to continue learning through ongoing professional development to keep abreast of best counselling practice, to carry out research into counselling, and counselling related fields, to submit to codes of counselling ethics and to undergo annual competency assessment in their practice all attest to the recognition that the profession is separate from other professions.

Te Whariki Tautoko, exists as a result of not being fully supported in te ao Māori philosophy within a western professional body. The need to promote tängata whenua, tikanga, whakaruruhau, whakāro, whakapapa and kawa could only be expressed visibly in the safety of a culturally appropriate roopu. Te Whāriki Tautoko radiates being Māori without the whakamā, and the impact of the western influence, guiding process, behaviour, thoughts, ideas, and communication.

Evidence of need for regulation of the Counselling Practitioner profession

Negative impacts of counselling are likely to manifest in the mental health area, and in social and spiritual aspects of people's lives. Equally, a lack of counselling may also impact negatively in this way.

Those who do receive counselling are at risk of harm through:

- Unskilled, inadequate or unethical therapy; and
- malpractice or exploitation.

People who seek, or need counselling are most often at a vulnerable stage in their lives. Hence they may be particularly susceptible to inadequate and ineffective counselling or manipulation or exploitation. A bad experience due to one of these may inhibit them from looking further to find a really skilful and helpful professional.

People's purpose in attending counselling, in the briefest of terms, is to bring about change in their lives. It is clear that for many people counselling is a recognised intervention/treatment that does help them develop more resourceful ways of living and in some cases can prevent physical harm or loss of life.

Membership of voluntary professional associations cannot guarantee quality counselling or client and public safety, from the activities of non-members.

As a profession not regulated by statute, the professional associations making this application have sought to establish their own criteria for membership. These include:

- clear entry requirements including established qualifications;
- comprehensive codes of ethics;
- complaints procedures accessible to clients and the public;
- ongoing collegial professional supervision requirements, not just at the start or when the professional has fallen below required standards;
- various forms of annual affirmation that the counsellor is meeting ethical requirements and is having ongoing professional development; and
- a Tikanga Māori supervisor/Kaumatua when working with a Māori client or Whānau.

Membership of the various professional associations of counsellors is voluntary. Individual associations are therefore only able to hold to account their own members. There is no body that has an overall responsibility to monitor the activities of counsellors and to ensure that counsellors achieve an adequate level of counsellor education, regularly update that education, or engage in regular professional supervision and practise in a safe and culturally appropriate manner.

A single statutory regulatory authority for the profession would be able to set requirements for the qualifications required for registration, and for ongoing practice requirements, professional supervision and professional development.

Te Whāriki Tautoko believes that in order to support partnership and to develop, manage and monitor the safety, practice and competencies of counsellors working in Aotearoa New

Zealand who provide services to Māori, the regulatory authority include a significant Māori representation.

Several overseas countries either have statutory regulation for their counselling profession or they are proceeding to regulation there or are considering doing so. All states of the United States of America are tightly regulated. In Australia some states favour regulation, some do not.

Governments in both Canada⁷ and Great Britain⁸ in consultation with the professions are moving down the path to statutory regulation under their respective legislative frameworks.

“Because their practice is well established and widespread in the delivery of services, and what they do carries significant risk to patients and the public if poorly done”, the Government today announces that it is “planning to introduce statutory regulation for psychotherapists and counsellors and other psychological therapists”.

BACP, the largest counselling and psychotherapy body in the United Kingdom and Europe welcomes this statement having campaigned for regulation in this field for well over 10 years. BACP is delighted that the whole field of the talking therapies is to be regulated so that ‘struck off’ therapists from one branch may not be able to turn up in a ‘legitimate’ role in another.

While regulation is no panacea, BACP believes the public does find it unacceptable that counselling, psychotherapy and psychology should be practised beyond a framework of legally verified competence.

In the absence of formal legislation, BACP’s Ethical Framework, Accreditation, and Professional Conduct Procedures have been used as benchmarks for good practice for therapy in Britain. These guidelines – mandatory for existing BACP members – have also been widely copied abroad. But at present BACP remains powerless to regulate beyond its own membership.

BACP will continue to work closely with the Health Professions Council and other allied professional bodies to ensure that the best possible regulation is achieved in this once-only opportunity.

BACP endorses this further recognition of the profession of counselling and psychotherapy and agrees that more consultation within the profession is needed (page 85 of the document) to ensure the process of statutory regulation raises standards by supporting best practice from existing self-regulatory codes.

BACP views the protection of the public as its first and foremost priority and supports any Government moves to safeguard this.”³

1) The nature, frequency and severity of the potential risk to the public

i) Complaints Avenues

7 Summary Report on the Regulation of Counsellors Across Canada, November 10, 2005

8 White Paper, Trust Assurance and Safety, February 2007, www.dh.gov.uk/en/Policyandguidance/umanresourcesandtraining/Modernisingprofessionalregulation/ProfessionalRegulationandPatientSafetyProgramme/index.htm

3 Briefing from the British Association for Counselling and Psychotherapy (BACP) regarding the Department of Health’s White Paper Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century, \$366439\$6.htm

There are only limited opportunities available for members of the public who wish to lodge a complaint against a counsellor. When the counsellor belongs to a professional association the Ethics Complaints process of that association is available to the complainant. When there is no professional association membership evident, the only available recourse is to the Statutory Office of the Health & Disability Commissioner.

ii) Complaints Experience from one Association

Before 1990, the New Zealand Association of Counsellors (NZAC) had a Code of Ethics, but it was more an aspirational document than one to which members could be held accountable. It was not until the Code of Ethics was revised in 1990 that any kind of meaningful complaints process could be put in place. Over the ten years to 2000, complaints were received at the average rate of ten per year. However there was a steadily increasing trend in complaints received during the first half of the 1990s, settling into a more established pattern in the latter half of the decade. At the end of that period NZAC was receiving approximately fourteen complaints per year.

It was found in a study⁹ that the majority of complaints received by NZAC were directed at counsellors who were in private practice (57 complaints out of 98). This most likely reflects the fact that for private practitioners there is no employing body to which complainants can address their concerns. In contrast, complaints about school counsellors can be addressed to the school principal or to the school board. This may account for the fact that only 11 complaints have been about school counsellors. Twenty complaints have been about counsellors employed in a community agency of some sort, and seven have been about counsellors employed in tertiary institutions. One complaint has been about a member who was a counsellor educator and one about a counsellor working in a health setting.

What do people complain about? The following analysis of NZAC complaints is an interpretation of the main elements mentioned in each letter of complaint. Each complaint is of course unique, and the process of drawing out features in some ways is a distortion of the meaning of the complaint for the complainant. Nevertheless, complaints were sorted into categories for the purpose of this exercise. Some individual complaints are about several different matters. For example a single complaint may relate to an issue of confidentiality, to inappropriate touch and to disrespectful language. In a case such as this the complaint is recorded here in three categories. As a result, the number of complaint subjects is greater than the total number of complaints.

iii) Nature of complaints: Analysis – 1991 to 2000

• Confidentiality issue	22	• Employer/employee relations	2
• Inappropriate/disrespectful remarks	21	• Sexist attitude	2
• Competence issues	20	• Failure to warn	2
• Informed consent	11	• Labelling	2
• Sex with client	10	• Late to appointments	1
• Partiality	8	• Soliciting clients	1
• Fees issue	7	• Poaching clients	1
• Inappropriate touch	6	• Non-availability	1
• Inappropriate relationship	6	• Lack of supervision	1
• Wrongful reporting	6	• Qualifications misrepresented	1
• Dishonesty	5	• Non-appearance	1

⁹ An analysis of Ethics Complaints to NZAC: 1991 – 2000, Winslade J & White C, NZ Journal of Counselling, Vol 23/2, 2002

• Failure to respond to safety threat	5	• Bad advice	1
• Disrespect for fellow professionals	3	• Interruptions	1
• Pressuring clients	3	• Theft from employer	1
• Sexual harassment/sexual talk	3	• Not releasing records	1
• Inappropriate disclosure	3	• Financial exploitation	1
• Notes falsified or wrong	3	• Cancelled appointment	1
• Counselling methods	3	• Failure to listen	1
• False report of abuse	3	• Lack of cultural sensitivity	1
• Referral issues	2	• Violence in relationship	1
• Person of bad character	2	• Termination issues	1

Data available on sanctions applied suggest that overall the level of severity of risk to the public from qualified NZAC counsellors is moderate. No one was expelled, although one counsellor was banned from re-applying (they resigned before the hearing), and two resigned. Five counsellors had their membership downgraded.

NZAC also receives some complaints about practitioners who are not members of any association. Such complainants are advised to contact the Police or the Health and Disability Commissioner.

In the period from 30 June 1997 to 30 June 2007 the Health & Disability Commissioner dealt with 45 complaints from the public about counselling services. The Commissioner's Annual Reports do not categorise the complaints into type or severity. The Commissioner's Office advises that their focus, where possible, is educational rather than punitive. The more serious complaints are referred to the Director of Proceedings to decide whether the matter should be placed before the Human Rights Review Tribunal for further action. In recent years substantial sums of compensation and costs have been awarded against counsellors found guilty by the Tribunal.

2) Risks From Unregulated Counsellors

The widespread acceptance of counselling as a valuable source of help in times of crisis or ill health has led to an increase in the numbers of people willing to seek this help. This public acceptance has created a space where poorly trained counsellors, misguided practitioners¹⁰, charlatans or predators¹¹ can seek out vulnerable people¹² and offer and charge for a service that may help, or may do nothing much, or may harm.

Counsellors who have little counsellor education may have an over-inflated idea of their expertise, hence, for example, may work with people who have a serious mental illness without ever thinking to involve a doctor or a psychiatrist. Dr Sarah Calvert explains this sort of concern in some detail in the Ministry of Health's 2003 discussion document (p.7) on the "Proposal that Psychotherapy become a Regulated Profession under the Health Practitioners Assurance Act (2003)".

Counsellors who have inadequate cultural knowledge or skills are unsafe. They increase the risk factor for their clients because of the paradigm that western philosophy and training is all one needs to work with Māori.

¹⁰ A Report by the Health and Disability Commissioner, Case 06HDC06499

¹¹ A Report by the Health and Disability Commissioner, Case 06HDC09325

¹² For example, in 2003 in a NZ city, a person was offering suicide counselling. He advertised his "service" by attending funerals of people who had committed suicide and handing out pamphlets at the funeral. He was not a member of any professional counselling association.

When clients seek counselling, their capacity for self-care may already be somewhat diminished. Hence if their therapist abuses them in some way, they may just retreat and not complain. Regrettably this area of concern remains largely invisible and uncounted, but is a reason for registration.

3) Further Anecdotal Evidence from a major association

NZAC provides a service to members of the public who either wish to check that a counsellor is a member of NZAC (and thereby has had counsellor education and qualifications verified). Government departments and agencies extensively use this service. Members of the public who seek the names of counsellors that they are able to consult are also users of the service. The Association's National Office in Hamilton receives about 250 calls a year seeking such information. More recently the names of members and their membership status are listed on the NZAC website.

If however a counsellor is not a member of NZAC the Association is not able to comment on the counsellor's education or experience. When advised that people claiming to be counsellors are required neither to be members of a professional association which has verified their counsellor education and experience, nor to be 'registered' in any way the most common reaction is initially amazement then concern. People are troubled that there is no statutory oversight of counselling other than that provided by the various codes of ethics of the individual professional counselling organisations. This is seen as a lack of accountability.

There appears to be a widely held assumption that, like other health professionals, there is some form of statutory oversight of counselling and counsellors.

The number and type of complaints dealt with by the Office of the Health and Disability Commissioner, the number and type of complaints dealt with by the Association under its Ethics Complaints process and anecdotal evidence support the combined Association's belief of the need to regulate the profession.

4) UK Experience of Complaints

In 2004 the Department of Health (DH) commissioned a research project directed towards the possibility that the professions of psychotherapy and counselling be regulated by the Health Professions Council (HPC). It is entitled the Interim Report to Department

of Health on Initial Mapping Project for Psychotherapy and Counselling (Aldridge & Pollard, 2004).

In the past professions were perceived as being overly protective of their members. Public accountability and accessibility were achieved through the involvement of lay and independent people in investigations, by public access to the hearing of complaints, and the publication of complaint outcomes. HPC processes were more robust than those of the professional associations.

The project found that regulation should be separated out from the disciplinary processes of the professional organisations.

In 2006 the British Association for Counselling and Psychotherapy approved a proposal to conduct an independent audit of complaints submitted from 1996 to 2006. The study reviewed 315 complaints against the code for practitioners, 157 of which were upheld.

There were 48 complaints against the supervisors' code of which 30 were upheld and 95 against the code for trainers with 43 being upheld.¹³

5) The likelihood of the risk occurring

No evidence is available to indicate that the number of complaints of malpractice is likely to diminish. Anecdotal evidence suggests that the number of complaints will rise as people accept that sub-standard practice is not acceptable.

6) Are there existing public safety concerns resulting from the activities of unregulated practitioners in the Counselling or Mental Health sector?

The Health & Disability Commissioner (HDC) has reported on two relatively recent situations¹⁴ in which practitioners, one a “natural therapies practitioner”, the other a counsellor, became sexually involved with clients. In the second case, because the counsellor did not belong to a professional association, the matter was referred to the Director of Proceedings, and a fine was imposed for compensatory and exemplary damages, but with no registration, the counsellor could not be excluded.

As recent as 2008 NZAC terminated the membership of a counsellor for numerous and serious breaches of the Code of Ethics including being sexually involved with a client.¹⁵

This person is still working as a counsellor in the town he lives in and continues to publicly advertise for business albeit without any reference to professional association membership. In the absence of statutory authority there is no action that can be taken to alert prospective clients to the possible danger of engaging this counsellor.

Evidence of general agreement on qualifications, standards and competencies

1) How have the members of the Counselling profession been consulted on the application and what views were expressed?

History of Consultation

The history of the NZAC journey towards making a decision to proceed or not with registration under the HPCA has taken place over a number of years, stretching back to before the Act was passed into law. Ongoing consultation and feedback has been brought to the full range of meetings that NZAC holds, for example local branch meetings, workshops, annual general meetings and branch consultation meetings. The timeline below outlines a number of the communications that NZAC is aware of; there may be others that have been missed. We can also report lively discussions both formal and informal that have taken place wherever counsellors meet.

NZCCA has been rich with concern and discussion about registration for counsellors since 2003. Discussions have taken place at branch and national level. As many members hold

¹³ Routledge (Taylor & Francis group), *Counselling & Psychotherapy Research*, June 2008; 8(20): 124-132, Khele S, Symons C, Wheeler S.

¹⁴ Refer to the HDC reports at www.hdc.org.nz/files/hdc/opinions/03hdc06499counsellor.pdf and www.hdc.org.nz/files/hdc/opinions/06hdc07873naturaltherapies.pdf

¹⁵ NZAC, Ngä Korero Awhina, *Counselling Today*, December 2008

membership with NZAC, information has been gleaned and disseminated widely amongst the membership. Executive representatives met with the Ministry of Health in March 2006 to express a desire for registration and possible ways to do this. The Executive then approached NZAC with a view to a meeting. The Association then became a member of the combined counsellors group (CCAANZ) at its inception. It was resolved at the AGM in 2007 to pursue registration for counsellors.

NZAC has been actively involved in bringing the issue to the attention of the membership and counsellors generally and gathering relevant information including the formation of a registration working party which met with the Ministry of Health in 2001 to discuss the implications of registering or not registering under the proposed HCPA Act. Members of the working party sought feedback from the membership following a workshop at the 2002 conference and as a result of the varying opinions from members decided that “there does not appear to be enough substantial evidence of benefits at this time to support NZAC proceeding along a statutory registration pathway. Nor is there sufficient membership support to do so as evidenced by the concerns members have sent to the working party”. As a result the Executive decided to adopt a wait and see position. A set of questions was presented for members to consider regarding their position on registration and how they thought it may affect them. The working party continued to consult widely, including with professions well along their registration journey and other groups with an interest in the issues of registration. NZAC became a member of the Allied Health Professional Associations Forum in 2003 reflecting its perception of a common interest with other members of the forum. Among the initial activities of the Forum were submissions in respect to the promulgation of the HPCA Bill. In November 2004 the Otago branch formally urged the Executive to proceed with an application for registration under the CPA Act. This led to the development of a Registration Roadshow, which was presented through branches to members all over the country in 2004. Continued liaison with the Ministry of Health has also been undertaken since 2002. Information has been available through newsletters, reports to branches and on the website encouraging members to read, discuss and give feedback on registration. Several drafts of an application have been circulated to the membership and much feedback was obtained and incorporated.

Membership feedback at the AGM in 2005 encouraged NZAC to move forward with speed on registration and from the 2007 AGM, to slow the process. In response to this a decision was taken to delay the ballot of members from September/October until February 2008 to enable members to have more discussion and time to process the implications of registration both for themselves and for other members of NZAC. A list of Frequently Asked Questions (FAQ's) with National Executive responses was circulated to branches to aid in discussions among the members. A ballot of the membership was undertaken in February 2008, the response to which was pleasing and well above the usual expected return level, demonstrating the strong level of involvement and interest that members have with the registration issue.

Votes posted out - 2366

Votes received - 1230 - 51.97%

Votes in favour of registration 867 (70.49%)

Votes against - 360 (29.27%)

Abstentions 3 (0.24%).

The following lists the occasions and publications where the registration issue has been communicated to the membership and to the wider counselling community.

Conferences and the roadshows included counselling practitioners, not just NZAC members. Publications are circulated to training institutions, other professional associations and community agencies. The website is available to anyone who wishes to access the site.

Newsletters

2007 - all 4 issues; 2006 - Dec, Sept, June issues; 2003 - Dec, June issues; 2002 – Sept issue; 2001 - Dec, Sept, March issues.

Reports

2007 - all 5 issues; 2006 - Sept; 2005 - Sept, June, May, March issues; 2004 – Dec; 2003 - Oct registration update; 2001 - communication regarding meeting with the Ministry.

AGMs

2007 – Successful remit to slow the process; 2006 – General Business

Conferences

2002 onwards - Workshops and presentations.

National Roadshows

2004 - July/ August/September

Website

Dedicated page with all information - Roadshow notes, Pros & Cons, Draft Scope of Practice, Bibliography - Related Information, Draft Application, 1st Open Letter, 2nd Open Letter, Report (Nov 06) - Update.

Meetings

Regional meetings have been held at which Regional Representatives made themselves available. Lively discussions ensued, with themes ranging from “What is the hold up” to “What is the hurry?” Overall, general feedback has indicated readiness to proceed with a vote in the New Year, which is expected to give a clear indication of the direction in which our membership wishes to proceed.

Ministry of Health representatives, Ryan McLean and Belinda Bundy met with the NZAC National Executive at the February 2008 meeting.

Ballot

2008 - Ballot of membership conducted.

Review Workshops run by the Ministry through April 2008 to update professionals on the HPCA Act review.

2) What are the courses or training currently offered for members of the profession?

The programmes listed below are all counselling specific courses recognised by either the New Zealand Qualifications Authority or the NZ University Vice Chancellors Committee - Committee on University Programmes.

Masters (Level 8)

University of Auckland, Auckland
Auckland University of Technology, Auckland
Whitecliffe College of Arts and Design, Auckland
UNITEC, New Zealand, Auckland
University of Waikato, Hamilton
Massey University, Palmerston North
University of Canterbury, Christchurch
University of Otago, Dunedin

Post Graduate Diploma (Level 8)

Auckland University, Auckland
UNITEC New Zealand, Auckland
Auckland University of Technology, Auckland (2009)
University of Waikato, Hamilton
Massey University, Palmerston North
University of Canterbury, Christchurch

Bachelor (Level 7)

Northland Institute of Technology, Whangarei
UNITEC New Zealand, Auckland
Waikato Institute of Technology, Hamilton
Bethlehem Tertiary Institute, Tauranga
Wellington Institute of Technology, Wellington
Otago Polytechnic, Dunedin

Graduate Diploma (Level 7)

UNITEC New Zealand, Auckland

Diploma in Psychosynthesis – Counselling (Level 6)

The Institute of Psychosynthesis, Auckland

Diploma (Level 6)

Northland Institute of Technology, Whangarei
Lifeway College, Warkworth
NZ Institute of Professional Counsellors, Auckland
Laidlaw College, Auckland
Manukau Institute of Technology, Manukau City
Quality Education, Auckland
Human Development & Training Institute of NZ, Auckland
Waikato Institute of Technology, Hamilton
Vision College, Hamilton & Christchurch
Eastern Institute of Technology, Napier

Universal College of Learning, Palmerston North
Wellington Institute of Technology, Wellington
Nelson Marlborough Institute of Technology, Nelson
Christchurch Polytechnic Institute of Technology, Christchurch
Otago Polytechnic, Dunedin

Diploma in Te Whiuwhiu o Te Hau

Waikato Institute of Technology, Hamilton

Diploma in Gestalt Psychotherapy

Gestalt Institute of New Zealand

The Psychotherapists Board of Aotearoa NZ recognises Psychodramatists certified by the Board of Examiners of Australian and New Zealand Psychodramatists Association. Also recognised are Transactional Analysts, Gestalt Therapists and others certified by their respective governing boards.

3) An overview of the range of qualifications held in the Counselling profession in New Zealand in 2008 (extracted from: NZAC Membership records)

<u>Counselling Qualification</u>	<u>NZ</u>	<u>Overseas</u>
Doctorate	13	5
Masters	447	58
Post Graduate Diploma	264	23
Degree	194	23
Diploma	889	41

<u>Counselling Qualification</u>	<u>NZ</u>	<u>Overseas</u>
Certificate	225	8
Unknown	32	

<u>Non-Counselling Qualification</u>	<u>NZ</u>	<u>Subject area</u>
Doctorate	4	Social Science, Social Work
Masters	22	Psychology, Social Work
Post Graduate Diploma	18	“ “
Degree	26	“ “
Diploma	23	“ “
Certified	11	TA, NLP
No formal qualification	108	Counselling
Unknown	32	

For Counselling practitioners, the training requirements for membership of a professional association include:

- (i) Whether NZ or overseas trained: hold a counselling or psychotherapy qualification to NZQA level 6 (Diploma) or higher as approved by the associations.
- (ii) Other entry requirements generally require a candidate to establish or demonstrate that they:
 - Are persons of good character – a Police check is generally required.
 - When working in Aotearoa New Zealand have engaged in nationally recognised cultural knowledge and skills training.
 - Accept Te Tiriti o Waitangi and demonstrate an ongoing commitment to bi-cultural learning and experience.
 - Have completed a minimum number of hours of supervised practice with individuals, couples, family and Whānau.
 - Have undertaken a minimum number of individual supervision sessions with an approved supervisor.

- Have submitted a recent satisfactory report from their Supervisor.
- Submit one or more case studies.
- Be interviewed by a panel to have their suitability for Membership confirmed.

4) List of agreed qualifications, standards and competencies expected of practitioners once regulated.

(i) Qualification Requirements:

The proposed future qualification requirements of a (Registered) Counsellor are:

- (a) A bachelor degree (NZQA Level 7) or post-graduate degree in counselling studies (NZQA Level 8).

OR

A bachelor or higher degree in education, social work, psychology, occupational therapy, nursing and medicine AND a postgraduate qualification in counselling studies.

OR

Accepted to practise counselling by a professional association which employs a process of assessment that includes approved training, a specified period of clinical supervision, specified number of hours of personal therapy, reference and police checks, observation of counselling practice and possibly a formal interview. The clinical supervision and agreed number of hours of personal counselling should extend over a minimum of a five-year period of counselling practice.

AND

- (b) The demonstration of ongoing professional development, professional supervision and Tikanga Māori cultural supervision.

(ii) Core Competencies

Relating and Communicating: A competent counsellor relates with empathy and insight to the client or client group, and accesses, interprets, manages and communicates information effectively.

The profession of counselling is conducted primarily through communication between people. Communication may be verbal (speaking and writing), non-verbal (through look, tone, gesture, attitude, actions and environment) and socio-cultural (appropriate to people and context).

Emotional: Counsellors must demonstrate the ability to recognise, quantify, process and communicate their emotional experience as well as distinguish the difference between transference and counter-transference processes.

Critical Thinking: A competent counsellor analyses and interprets information about people and situations as a basis to make judgements, solve problems and apply models of treatment and prevention.

Competent performance requires a counsellor to be a discriminating and creative thinker in interpreting observations, information and theory.

Professional Responsibility: A competent counsellor manages him or herself and conducts relationships in ways that ensure ethical and professional practice.

A competent counsellor working with Māori clients will be able to engage with the Māori client and or Whānau using Tikanga, values and beliefs, Te Reo and Whakapapa from Te Ao Māori without re-interpreting clients issues into Te Ao Pākehā. The counsellor will acknowledge their limitations and refer clients appropriately.

(iii) Generic Competencies

Working with Te Tiriti o Waitangi: A competent counsellor understands the responsibilities of Te Tiriti o Waitangi and integrates them into their practice.

Working with people from other cultures: A competent counsellor understands other cultural perspectives based on ethnicity and heritage and integrates them into their practice.

Working with Māori: Counsellors working with Māori clients identify the specialised nature of Tikanga communication and will use a range of culturally appropriate processes, language, and interventions that derives from Tikanga Māori practise. This leads to informed improvements in the design, purchase and delivery of services for Māori clients.

Social Justice: A competent counsellor understands political, economic and social justice perspectives and integrates them into their practice. Respect for how people define themselves socially as well as social justice for all social communities within Aotearoa New Zealand are key elements in counselling practice. Social communities are defined as those linked by values and practices based on socio-economic status, life experiences and life choices. A competent counsellor assists clients who are often discriminated against in wider society, for example lesbian and gay clients, clients living with disability or mental illness. A competent counsellor also recognises the social, political and economic factors that may impact on the context of their practice.

5) The proposed General Scope of Practice for a Counsellor

(i) Description of Counselling: Counsellors talk with clients and interact with them in other ways to support them in using their own skills, expertise and power to enhance the quality of their own lives. To do this, counsellors build a therapeutic relationship with clients and use a range of safe and ethically based intentional processes that are grounded in recognised theoretical ideas and practice.

(ii) Counsellors are specialised professionals who assist clients, who may be individuals, couples, families, groups, communities or organisations, to:

- Increase their understanding of themselves and their relationships with others;
- Develop more resourceful ways of living; and
- Bring about change in their lives.

(iii) Counsellors work in the context of an interpersonal therapeutic relationship by:

- Providing clients with expanded or alternative perspectives and choices;
- Helping clients address developmental and unconscious factors that may have led to unhelpful personal, family, work or social behaviours;
- Fostering personal, family, work and social conditions in which clients' growth and development can occur;
- Encouraging and supporting clients to translate their enhanced awareness into actions which increase their sense of worth and mastery; and
- Respecting difference and advocating for those who are disempowered.

(iv) Areas in which counselling services are provided include but are not limited to:

Addictions; adoptions; ageing; anxiety disorders; anger management; assertiveness; assessment and referral; behaviour and emotional problems; career development; crisis intervention; conflict resolution; depression; developmental and attachment issues; disability; eating disorders; education choices; employment issues; existential crises; gender issues; grief and loss; mediation; mental health; parenting; personal growth; phobias; physical, sexual and emotional abuse; relationships; school guidance counselling; self esteem; sex and sexuality; spiritual issues; stress; suicide prevention; supervision; trauma; violence prevention.

The assessment and intervention of some of the above issues may not always fit a western context and may need to be assessed through a Tikanga Māori assessment.

(v) Counsellors work in a wide variety of settings on many different counselling and counselling-related activities providing a diverse range of services. The following lists are indicative, not exhaustive.

- **Activities:** counselling, therapy, psychotherapy, supervision, individual and group facilitation, mediation, consultancy, life coaching, education, training, research, advocacy, management, community work, mentoring, and spiritual advising.
- **Settings:** health care, private practice, educational, vocational, families and relationships, youth and community support and pastoral care, workplace support, and counsellor education.

Limitation: Being a registered counsellor does not automatically confirm that the counsellor is able to practise in any and every area of counselling. To be able to practise in some specialist areas, counsellors will need to undertake further counsellor education to gain the necessary knowledge and/or skills. A regulatory authority is able to manage this process by applying the powers granted under s22(3)(a-h) of the Act.

Evidence of how the qualifications, standards and competencies expected of practitioners reduces the public's risk of harm or helps achieve the public interest.

The wording of s12(2)(a-c) of the Act presupposes that an educational qualification of an agreed level is an essential requirement for every scope of practice. S12(2)(e) requires an authority to accredit and monitor every educational institution. If it were not believed and accepted that the holding of counselling qualifications was in the public interest this section would be redundant.

The establishment of scopes of practice provides a mechanism to specify what activities may be practised, or not practised, by a practitioner. A scope of practice sets a benchmark against which a practitioner's competency and fitness to practice may be assessed before issuing a certificate of practice.

There can be no argument that a more professionally educated workforce generally can better maintain the health and safety of the public in respect to counselling, and in the wider public interest.

This will certainly make visible to those who consider themselves competent whether they have the abilities, skills, knowledge and understanding not only through a western world view, but also through a Māori world view.

1) Evidence of general agreement among the profession or representatives of the profession on the qualifications, standards and competencies expected of health practitioners of that profession.

The development of this application has come about through on-going consultation by and with the parties named in it.¹⁶ This process has been in train since 2006 and all parties have been in continual consultation with their respective memberships. Other professions and professional associations have been sent copies of the numerous draft applications and invited to comment.

2) What is the relationship between the generally agreed qualifications, standards and competencies of the profession proposed to be regulated, and the current scope(s) of practice of existing responsible registration authorities? Where possible this analysis should specify the similarities and differences in the qualifications, standards and competencies; at what educational level; whether at an accredited institution; whether continuing competency is a requirement of the profession (with details of the programmes and auditing processes).

The Minister of Health, on 25 November 2005, agreed to regulate the profession of psychotherapy.¹⁷ The Psychotherapists Board of Aotearoa New Zealand (PBANZ) was established by a notice in New Zealand gazette in 2007. The applicants are in agreement that the qualifications, standards and scopes of practice of counselling and psychotherapy are in line. The similarities between counselling and psychotherapy are considered to be greater than the differences. It is the considered opinion of the parties to this application that international standards, academic literature and other resources do not create a clear distinction between the two professions of counselling and psychotherapy.

In the public arena the terms are used interchangeably. It is noted that peak associations in other countries use both counselling and psychotherapy in their titles¹⁸. In 1981 there existed in New Zealand an association called the New Zealand Association of Psychotherapists and Counsellors Inc. Counselling and psychotherapy are dynamic fields with shared core competencies. Therapists may use skills from both traditions, many

¹⁶ See page 3 above.

¹⁷ Ministry of Health Report No.:20061257

¹⁸ See page 21 following

stating that they provide counselling and psychotherapy and the majority of these advertise under counselling.¹⁹

3) Do service providers and the New Zealand Quality Assurance / Universities accord any standing or status to the profession and the qualifications?

Counsellors are recognised and supported by

- The range of courses provided by polytechnics and private providers listed above (Pp 15-16) and approved by the New Zealand Qualifications Authority (NZQA).
- The range of approved courses offered by universities and approved by NZ University Vice Chancellors Committee - Committee on University Programmes.
- Family Court, Work & Income and ACC Sensitive Claims who contract members of the sponsoring associations.
- Funding agencies that fund the activities of counsellor members of community trusts.
- NZ Standard Classification of Occupations 1999, No. 24451.

Formation of the regulatory authority?

The combined associations supporting this application are in favour of a merged Authority with the psychotherapy profession. It is the belief of the associations that there is insufficient distinction between counselling and psychotherapy to warrant or justify the presence of two separate regulating authorities.

This belief is supported internationally where the major professional counselling associations make no distinction between counselling and psychotherapy. In fact, it is not possible to say when counselling stops and psychotherapy begins or vice versa

British Association for Counselling and Psychotherapy (BACP)
Psychotherapy and Counselling Federation of Australia (PACFA)
Irish Association for Counselling and Psychotherapy (IACAP)
Chinese Counselling and Psychotherapy Association
Institut pour l'Approche Centrée Sur la Personne-France- (PCAIF)
Canadian College of Counsellors and Psychotherapists (CCCP)
Canadian Counselling Association (2008 adding Psychotherapy to their name)

BACP (British Association for Counselling & Psychotherapy) states it is not possible to make a generally accepted distinction between counselling and psychotherapy. The terms are used interchangeably. Clients with severe psychological disorders will often seek help or be referred to a different health specialist. In general counsellors/psychotherapists in private practice often deal with clients with 'everyday' problems and difficulties of life. (BACP, November 2002)

The Accident Compensation and Rehabilitation Corporation (ACC) in the publication *ACC 5273 Sexual Abuse Handbook* uses the terms counselling and psychotherapy interchangeably.

¹⁹ It was largely in response to the US prejudice against lay therapists that Carl Rogers adopted the word 'counselling', originally used by social activist Frank Parsons in 1908. As a psychologist, Rogers was not originally permitted by the psychiatry profession to call himself a 'psychotherapist'.

Counties Manukau on www.webhealth.co.nz - "It is characteristic of the field of counselling and psychotherapy that a wide variety of terms are used, often interchangeably and frequently the same term is used by different therapists to mean different modalities."

A report to the Minister of Health (HR20061257) noted in the summary of consultation that the Australian & New Zealand Society of Jungian Analysts, a specialist area of psychotherapy, advocated a joint authority (para 13).

A precedent exists of a blended board in the Dental Council where groups have some commonality and are capable of working together and are regulated by the same board.²⁰

1) Estimated establishment costs

A merged (blended) authority would have significant economic benefits to practitioners, service providers and employers by virtue of the numbers likely to seek registration. Even allowing for a high degree of cross membership between the associations named in this application the number of potential registrants is in excess of 2500.

The PBANZ is already established and if the regulating of counselling were to be merged, an expanded Board would be required. The governance costs of an expanded board would increase in proportion to the additional numbers appointed.

There would be some initial costs of expanding an office structure to process the additional volume of applications for registration but these would be spread over a wider pool of practitioners and be covered by the initial application fee charged.

2) Estimated ongoing costs – including estimated compliance costs for service providers, employers and self-employed practitioners

The Ministry of Health Report (HR20061257) notes "there is evidence to suggest that the more practitioners regulated by an authority ... the greater the economies of scale." (para 22).

An exercise undertaken at the national office of NZAC in 2006 based on the then costs of running the Physiotherapy Board, and on an uptake of 2200 counsellor registrations indicated a registration fee in the range of \$200 - \$250 and an on-going annual practice certificate fee of \$250 - \$300. These costs were at that time comparable with other larger professions – Physiotherapists, Occupational Therapists, Optometrists and less than the Psychologists and current Psychotherapists fees.

It would be expected that the fees for belonging to professional associations would fall in that the costs of certain functions currently undertaken in respect of assessing membership qualifications and experience, issuing practice certificates and operating complaints processes would be reduced.

3) Evidence that the benefits of regulation under the HPCA Act exceed the costs

²⁰ Issues Paper on International Best Practice in Workforce Regulation, Ineson S, March 2008

- Clients will benefit under a regulatory environment as counsellors will become more legally accountable rather than at present where they are just morally and ethically accountable.
 - A choice of practitioner will still be available to clients but in the event of any unreasonable, unethical or improper behaviour the HPCA Act provides an avenue for concerns or complaints that will not cost consumers who must now pursue them through professional associations, assuming a practitioner belongs to one.
 - Employers will come under pressure from funding providers to employ registered practitioners as a means of strengthening public funding accountability. This will further enhance the health and safety of the public.
 - Safe and effective counselling will mean clients are less likely to need extensive ACC, Family Court or CYFS interventions.
- 4) Whether there are any similarities with scopes of practice, qualifications, training and competencies of other registered practitioners**

A high degree of similarity exists between the professions of counselling and psychotherapy. The Ministry of Health report (HR20061257) notes that overlapping scopes of practice allow for different practitioners to provide the same treatment (para 18). The report acknowledges the difficulty of co-ordination when there are separate authorities: an argument for a blended authority for counselling and psychotherapy.

It would be difficult to ascertain that a counsellor or psychotherapist is practising within their registered scope of practice. In fact, it is assumed that some counsellors will practise counselling from a psychotherapeutic framework and some psychotherapists will include counselling in their work. Issues around shared scopes of practice may surface should Counselling also become a registered profession

5) Whether the proposed new profession works closely with or maintains close professional links with any current authority

The profession of counselling has, and continues to maintain, close links with the current Psychotherapy Board. Two meetings have been held between members of the combined associations and the Board to discuss issues common to both professions. The Psychotherapy Board has written to NZAC (October 2008) to nominate a counsellor to their proposed Ethics Committee to assist in the formulation of a code of ethics.

6) Whether the proposed new profession wishes to establish a new authority or to form part of a current authority

In the course of the process leading to this application, and due to the fact that there is a sufficient degree of similarity between these groups of health professionals, there have been negotiations with other organisations, who have contributed to the discussion and the development of this application. These organisations have contributed to the preparation of this application to come under the Health Practitioners Competence Assurance Act (2003) (HPCA Act) and if successful, are interested in exploring the formation of a blended authority for (joint) registration of the counselling profession with the psychotherapy and drug and alcohol professions. The organisations are as listed on page 3 of this application.

7) If it wishes to form part of a current authority, what the current authority thinks about the proposal and what expectations there are, if any, over representation of the proposed profession on the current authority.

In a newsletter dated April 2008 the PBANZ noted that NZAC had completed a ballot on registration and that it would be consulting with psychotherapists about a single registration board. In the May 2008 PABNZ newsletter views were sought on the matter of a joint board.

In a document dated 18 June 2008 entitled A Consultation Response from the Board the Board stated; “The majority of feedback in this area was that consultation respondents needed more time and information. *There was however, broad agreement that psychotherapists and counsellors would benefit from a close working relationship especially if it were likely to reduce costs. (Author’s emphasis)*”

The Board never intended a quick decision on this but rather wanted to begin the discussion. Counsellors are not yet a regulated profession and the Ministry has advised that no other groups will be regulated until after the current review of the HPCAA.

In addition the Board will try and work with other Regulatory Authorities in relation to the need for dual registration.”

The expectation of the applicants is for an expanded board to have representation from counsellors as well as an additional lay-person.

8) If a blended authority is suggested, is a name change required.

It is the opinion of the applicants that there will be a need for a name change to include ‘counselling’ if this application for regulation is accepted and the desire for a blended authority is accepted. A suitable name for the proposed blended authority will need to be canvassed in due course. S115(1)(b)(ii) & s115(2) provide the necessary authority for this to be enacted.

END