

**STANDARDS FRAMEWORK**  
for Counsellors &  
Counselling Services

In the Primary Care Division

June 2005

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## introduction

*"If counselling is to be one of the recognised interventions for promoting mental health and well-being to the public, then regulation, standardisation and consistency in practice are required."*  
(Sharman, Seber)<sup>1</sup> (The Faculty of Healthcare Counsellors and Psychotherapists, January 2004)

Counselling services play a significant role across an increasingly wide range of services within NHS Greater Glasgow.

In recognition of the fact that at present counselling is not regulated by statute and there is no statutory governance over the term 'counsellor', a multi-disciplinary Working Group was tasked to develop a Standards Framework to include everyone employed as counsellors and the counselling services they provide in the Primary Care Division.

The draft Standards and Guidelines were subject to an extensive consultation exercise and revised based on the comments received.

The final 17 Standards and 12 underpinning Guidelines in this Framework are intended to benefit clients, counsellors and NHS Greater Glasgow by providing a structured, consistent and quality assured framework.

It is intended that the Standards and Guidelines are reviewed one year from now in order to assess the extent to which they have been achieved. This will also provide an indication of potential other areas to be included in a future update of the Standards Framework.

This document draws extensively on the publication, *Guidance for Best Practice: the employment of counsellors and psychotherapists in the NHS* (January, 2004), by the British Association of Counsellors and Psychotherapists (BACP) and its division, the Faculty of Healthcare Counsellors & Psychotherapists (FHCP). We thank them for their kind permission to use their material.

Finally, I would like to express my gratitude to the members of the Working Group for developing the Standards Framework for the Division.

*Dr Iain Wallace  
Medical Director  
June 2005*

## executive summary

This Standards Framework for Counsellors and Counselling Services in the Primary Care Division contains 17 Standards and 12 Guidelines. These are summarised below:

### A. STANDARDS FOR COUNSELLORS AND COUNSELLING

1. A counsellor in the Primary Care Division is a prescribed role with a protected title which should only be used by people with appropriate training and qualifications.
2. People employed by the Division who hold only a counselling skills qualification may not call themselves counsellors and should not be referred to by others as counsellors.
3. All counsellors employed in the Division must have a diploma in counselling. Both the diploma and the awarding institute must be accredited or validated at this level by either BACP or COSCA.

4. All newly appointed counsellors in the Division to work towards accreditation within five years of qualifying. All current counsellors who are not accredited are to agree a timescale with their manager in which they will achieve accreditation. This should be no longer than three years from the date of the discussion and progress should be recorded in an annual Personal Development Plan.
5. All counsellors in the Division to have access to appropriate Continuing Professional Development opportunities which are recorded in an annual Personal Development Plan (PDP). The annual PDP will be an opportunity for counsellors to review their practice and development needs with an appropriate manager.
6. Identified time for supervision to be part of the terms and conditions of all counsellors in the Division. As a minimum, this should be one and a half hours of individual supervision per month, within working hours (or individual equivalent in group supervision) for a full-time counsellor.
7. Supervisors should have a qualification in counselling supervision, or be accredited as a supervisor, and have an understanding of working in the NHS. They will also have a formal, written contact with the NHS.
8. Counsellors within the Division to have an identified operational line manager and access to professional support. Counsellors to work within their code of professional practice and be accountable for their clinical work to the Team Leader.
9. There should be defined competencies for all levels of counsellors working within the Division. It is recommended that the Division develops competencies for counsellors, based on the current work under Agenda for Change.
10. The Division to adopt an agreed structure (one is proposed) for professional development and career progression for counsellors employed in the Division.
11. Counsellors to adhere to standards of record keeping as prescribed by the Division. These will be appropriate to the needs of the service setting and consistent with records kept by similar professions in that setting, including matters of access to these records.
12. Counsellors to be bound by the NHS standards and guidelines on confidentiality, in addition to the codes of good practice produced by the counselling professional bodies.
13. Suitably qualified counsellors should be given opportunities to develop their skills as supervisors, advisers and trainers.
14. The Division to have a structured and standardised approach to placements (including clear accountabilities).
15. The Division to apply the standards in this framework when commissioning counselling services both from within the NHS and from external organisations.
16. There should be consistency in the information provided about counselling services within the Division.
17. The Division to recognise the BACP and COSCA ethical frameworks and codes of practice. As members of professional bodies, counsellors in the Division must adhere to those codes and frameworks. Counsellors must also adhere to Divisional procedures for ethical practice.

**B. GUIDELINES FOR WAYS OF WORKING**

- I. It is the responsibility of the counsellor and the operational line manager to address Continuing Professional Development requests within the context of the counsellor's accreditation requirements, their contracted hours and service delivery needs.
- II. It is the responsibility of the counsellor and the operational line manager to address supervision requirements within the context of the counsellor's workload, their contracted hours and service delivery needs.
- III. Clear lines of accountability and responsibility for supervisors of counsellors will be developed by the Division. They will be included in all formal, written contracts between the supervisor(s) and the NHS.
- IV. Counsellors within the Division to have an operational line manager and a professional manager. A working group to be set up to investigate how the professional links can be structured in the Division.
- V. All referral processes should note a reason for referral and anticipated benefits of referrals.
- VI. The caseload for a counsellor to be split 60:40, with direct, face to face counselling hours as 60 per cent of the counsellor's time and other activities as 40 per cent. In general, caseload should not exceed 20 clients per week. Client work can vary from a brief intervention model or longer term work, depending on the counselling location in primary care. Caseloads should be monitored through the guideline on supervision. It will be the responsibility of local managers to work with counsellors to ensure this is achievable for both counsellors and their clients.
- VII. The Division to carry out further work with the professional bodies and the training providers to agree a standardised approach to student placements.
- VIII. All counsellors to work within the principles and guidelines for working in multi-disciplinary teams as set out by the professional bodies and the Division.
- IX. All counsellors to work within the principles and guidelines for professional relationships as set out by the professional bodies and the Division.
- X. A guidance note, based on the standards, to be produced to share with the organisations from which the Division is considering commissioning counselling services.
- XI. Set up a working group to develop and produce a common set of materials to ensure consistency in the information provided about counselling services within the Division.
- XII. The Division to explore the implications of becoming part of the COSCA Recognition Scheme for Organisations and the BACP Service Recommendation Scheme for Counselling Organisations.

## standards

### 1. Definitions of 'Counsellor' and 'Counselling Skills' in the Division

#### 1.1 The Complexity of the Role

According to the British Association of Counselling and Psychotherapy (BACP), the overall aim of counselling is to provide an opportunity for the client to work towards living in a more satisfying and resourceful way. The objectives of a particular counselling relationship within the Primary Care Division will vary according to the client's needs. Counselling may be concerned with developmental issues, addressing and resolving specific problems, making decisions, coping with crisis, developing personal insight and knowledge, working through feelings or inner conflict, or improving relations with others. The counsellor's role is to facilitate the client's work in ways which respect the client's values, personal resources and capacity for self-determination.

A key issue for counsellors working in the generalist setting of primary health care is the broad range of referrals they receive (Vaspe A, 2000)<sup>2</sup>. Lees (1999)<sup>3</sup> notes that, unlike other settings in which counselling is offered, clients are seen in the context of their whole life, rather than in relation to a primary task such as learning (schools, colleges etc.) or performance at work (staff counselling). The range of clients seen by a Primary Care Division counsellor extends from clients with serious physical illness to those suffering from long term mental health problems.

#### 1.2 A Counsellor in the Division

A counsellor in the Primary Care Division is a person who meets the required level of training as a counsellor and who is employed in that role. In defining the term "counsellor", the Division will take a lead from the Faculty of Healthcare Counsellors and Psychotherapists (FHCP):

*"Anyone involved in providing counselling services must be clear about the distinction between those who are formally qualified as counsellors, working solely in that professional role and those who may use counselling skills as an adjunct to their primary role, such as nurses and social workers".*

*"A person who does not already hold a recognised counselling/psychotherapy training qualification should not be employed as a counsellor". (2004)*

Therefore a counsellor in the Division will:

- have a diploma in counselling from an institution accredited by the BACP or COSCA to provide diploma level training
- be working towards accreditation with the BACP or COSCA
- agree to a professional code of ethics with a body that has a complaints procedure, e.g. the BACP or COSCA
- recognise Continuing Professional Development as an obligatory requirement
- have experience of a wide range and complexity of client problems
- have relevant post-qualifying training and experience if they are in a specialist service

There may be staff with recognised qualifications in counselling who are not employed in the role of counsellor by NHS Greater Glasgow. These people may not use the title counsellor, in addition to their primary professional role.

**Standard 1:** *A counsellor in the Primary Care Division is a prescribed role with a protected title which should only be used by people with appropriate training and qualifications.*

### 1.3 Counselling Skills

Counselling skills are techniques that aid good communication and can be learned. They incorporate a way of working in which attentive listening, reflection and discussion are used to promote the client's autonomy and well being. The intentions of the user are to enhance the performance of their primary professional role (e.g. nurse, doctor, line manager, psychologist, social worker) and for the recipient to see them in that role rather than as a "counsellor" (BACP). Effective use of counselling skills requires proficiency in their use and competence in the primary professional role.

*Standard 2: People employed by the Division who hold only a counselling skills qualification may not call themselves counsellors and should not be referred to by others as counsellors.*

## 2. Minimum Standards for Training, Accreditation, Continuous Professional Development, Supervision and Management

There are currently no minimum qualifications necessary to practice as a counsellor in the UK (FHCP, 2004). It is recognised and acknowledged by the professional bodies that the scope and quality of training ranges from basic counselling skills certificates to diplomas, undergraduate degrees and postgraduate qualifications. The Primary Care Division needs to be assured that counsellors applying for posts have the clinical competence, as well as the theoretical understanding, required to fulfil the post effectively.

### 2.1 Training

Best practice suggests counsellors wishing to be employed in healthcare settings need to have successfully completed diploma level counselling training and must have acquired sufficient expertise to be eligible for the BACP individual counsellor accreditation. The recommendations of the 1998 Scottish Office Report on Counselling in Primary Care<sup>4</sup> suggest that counsellors must have a recognised qualification, to a minimum of postgraduate diploma level, accredited by the BACP or COSCA.

The BACP recommends that to use the term 'counsellor', a counsellor must have undertaken a minimum of 450 hours of tutor/student contact time, comprising 250 hours of theory and 200 hours of counselling skills development, and have completed a BACP accredited diploma course.

In addition, the BACP recommends a minimum of 100 hours of supervised counselling practice as part of the initial counsellor training.

Distance learning courses done by correspondence can provide a useful introduction to counselling theory. However, according to the BACP, distance learning courses cannot form part of the accreditation process for individuals as there are few, if any, formal contacts between the tutor and student.

Counsellors seeing clients under 16 years of age should also have training in child and adolescent mental health, and in child protection issues, procedures and legislation.

It is expected that counsellors will have completed a diploma from an institution which has been accredited by the BACP or COSCA to provide accredited or validated diploma courses. A list (as at October 2004) of the institutions with accredited and validated diploma courses is included as Appendix 2.

It is recognised that existing employment for counsellors with different qualifications to the above will be subject to individual arrangement with the Primary Care Division for the duration of that particular employment.

**Standard 3:** *All counsellors employed in the Division must have a diploma in counselling. Both the diploma and the awarding institute must be accredited or validated at this level by either BACP or COSCA.*

## 2.2 Accreditation

Counsellors will have experience of a wide range of client groups and/or experience of working in primary care and will be eligible for, or working towards, accreditation.

The BACP and COSCA have their own Accreditation scheme for individual counsellors. To be eligible to apply for BACP accreditation, trained counsellors need to accumulate a further 350 hours of face-to-face, supervised counselling practice, over a period of not less than three years. As the NHS does not have its own accreditation scheme for counsellors, the Division endorses those of the BACP and COSCA.

BACP and COSCA accreditation automatically makes the counsellor eligible for registration on the United Kingdom Register of Counsellors (UKRC). The Register is a published list of independent counsellors.

Counsellors would normally be expected to achieve their BACP individual counsellor accreditation within five years of qualifying. The Faculty of Healthcare Counsellors and Psychotherapists (FHCP) anticipates that, with the introduction of professional regulation, all counsellors in NHS settings will need to be accredited and registered practitioners.

It is recognised that existing employment for counsellors with different qualifications will be subject to individual arrangement with the Division for the duration of that particular employment.

**Standard 4:** *All newly appointed counsellors in the Division to work towards accreditation within five years of qualifying. All current counsellors who are not accredited are to agree a timescale with their manager in which they will achieve accreditation. This should be no longer than three years from the date of the discussion and progress should be recorded in an annual Personal Development Plan.*

## 2.3 Continuing Professional Development (CPD)

The minimum qualification recommended for counsellors working in the NHS is a postgraduate diploma in counselling from a recognised training institute. Once the programme of generic counselling training is complete, the counsellor has a personal responsibility to continue their professional development.

The BACP recommends that, post qualification, counsellors should undertake at least 30 hours of activities a year which contribute to their professional development. This is a minimum which is linked to individual accreditation. For all counsellors, ongoing professional development should be assessed annually through Professional Development Plans. CPD can take a variety of forms. It is the responsibility of the counsellor to provide the rationale for any particular activity.

Counselling staff in the Division should have opportunities for ongoing professional development, and for review of their practice and development needs, with an appropriate manager as part of the Division's Personal Development Planning process. Counsellors should discuss the need for further appropriate training (e.g. in specialist areas of counselling) at service, team and individual levels. This could also be discussed with a senior or lead counsellor, where available, and with a supervisor.

CPD should be appropriate to the requirements of the Division and for counsellors, as for other staff groups, CPD opportunities will be available on a pro rata basis, linked to the number of contracted hours.

**Standard 5:** *All counsellors in the Division to have access to appropriate Continuing Professional Development opportunities which are recorded in an annual Personal Development Plan (PDP). The annual PDP will be an opportunity for counsellors to review their practice and their development needs with an appropriate manager.*

## 2.4 Supervision

According to the BACP, “counselling supervision is a formal and mutually agreed arrangement for counsellors to discuss their work regularly with someone who is normally an experienced and competent counsellor and familiar with the process of counselling supervision” (BACP Code of Ethics and Practice for Supervisors of Counsellors. January 1996).

The BACP and COSCA state that counselling supervision is essential for competent, effective and ethical counselling practice. It is a formal, contractual professional arrangement for counsellors to discuss work on a regular basis with someone experienced in counselling supervision. Counselling supervision is concerned with monitoring, developing and supporting individuals in their counselling role to ensure that the needs of the client are being addressed. It is different from personal therapy or line management.

A supervisor for an NHS-employed counsellor should have professional experience and a knowledge base that equips them to work in this specialist field. Some current arrangements may not fit these requirements, but they should be the aim in any future appointment.

***Standard 6: Identified time for supervision to be part of the terms and conditions of all counsellors in the Division. As a minimum, this should be one and a half hours of individual supervision per month, within working hours (or individual equivalent in group supervision) for a full-time counsellor.***

## 2.5 Supervisors

For the standard on supervision to be adopted as part of the terms and conditions of counsellors in the Division, there is a corresponding requirement to formalise the relationship between a counsellor and their supervisor(s). There is a level of responsibility and accountability associated with the role of supervisor. As a minimum, it is expected that supervisors will have:

- Training in the generic skills of supervision
- Training in and understanding of the concepts and process of counselling as a substantial part of their professional training. This may be achieved by a qualification in counselling supervision (accredited by BACP or COSCA) or by becoming a BACP accredited supervisor. A supervisor may be working as a counsellor or psychotherapist or other health professional, with the above included in their training.

Supervisors should have a formal contract with and accountability to the NHS and be clear on procedures if clients should be at risk.

***Standard 7: A supervisor should have a qualification in counselling supervision, or be accredited as a supervisor, and have an understanding of working in the NHS. They will also have a formal, written contact with the NHS.***

## 2.6 Management

Consistent with Divisional policy, counsellors (as all other staff) must have an operational line manager who is responsible for all usual line management functions.

It is recognised that counsellors should also have access to professional support, as well as line management support, and it is a responsibility of the line manager to ensure there is a professional link. However, it is also recognised it is not always possible in the current structures to define a professional link as there is no post of head of counselling (or a professional equivalent) in the Division.

As a minimum, therefore, counsellors will have a line manager. The Division will undertake further work to address the issue of professional links for all counsellors.

**Standard 8:** *Counsellors within the Division to have an identified operational line manager and access to professional support. Counsellors to work within their code of professional practice and be accountable for their clinical work to the Team Leader.*

### 3. Competencies for a Counsellor in the Division

All qualified counsellors have core skills and competencies. Competence is the knowledge, skills, abilities and behaviours that a practitioner needs to perform their work to a professional standard; and it is a key lever for achieving results to enable the organisation to achieve its healthcare objectives. (Storey, Howard & Gillies 2002)<sup>5</sup>.

Mitchell (1998)<sup>6</sup> suggests that competence models come in a number of forms but can be generalised under the three following types:

- 'what people should be like' - models based on personal characteristics or an individual's behaviour
- 'what people need to possess' - models based on acquiring knowledge, understanding and skills
- 'what people need to achieve in the workplace' - models based on outcomes and standards, including underpinning knowledge and skills.

The BACP suggests that competence in the practice of counselling skills and counselling depends on the following:

- Knowledge of theory
- Grasp of practical skills
- Specific personal qualities

They suggest that a number of different activities contribute to the development of competence:

- Training courses
- Experience in 'client contact' situations
- Supervision (reviewing what the counsellor has covered during client contact with a more experienced practitioner or their peers)
- Personal therapy (with the counsellor as the client - whether one to one or in a group)

Work is currently in progress under Agenda for Change to describe job evaluations and job statements for NHS Counsellors (see Appendix 3). It is recommended that the Division develops competencies for counsellors based on this work.

**Standard 9:** *There should be defined competencies for all level of counsellors working within the Division. It is recommended that these are developed, based on the current work under Agenda for Change.*

### 4. Proposed Career Structure

It is proposed that counsellors in the Primary Care Division follow a recognised career path as outlined in the table below. This is in line with current work under Agenda for Change to define job evaluations for counsellors employed in the NHS.

This career structure applies only to counsellors as defined in paragraph 1.2 in this document.

Level	Description	Title	Qualification
			<i>All courses must be accredited/validated by a professional body</i>
Level 0 - a	Student placement (unpaid)	Student Counsellor	Certificate in Counselling, progressing to a Diploma in Counselling
Level 0 - b	Trainee placement (unpaid or paid)	Trainee Counsellor	Diploma in Counselling, recently acquired
Level 1	A qualified counsellor within the Primary Care Division would: <ul style="list-style-type: none"> <li>• provide counselling service for clients in accordance with NHS protocols and their own professional framework</li> <li>• assess suitability for counselling</li> <li>• make appropriate onward/alternative referrals</li> <li>• organise workloads and maintain appropriate records</li> <li>• liaise and collaborate with related services</li> <li>• be responsible for audit and evaluation of service provision</li> </ul>	Qualified Counsellor	Diploma in Counselling
Level 2	More experienced counsellors, in addition to the above, would: <ul style="list-style-type: none"> <li>• be accredited</li> <li>• provide mentoring and/or supervision (if appropriately qualified)</li> <li>• offer specialist knowledge of work in specific areas</li> <li>• be skilled in audit, evaluation and research</li> </ul>	Accredited Counsellor	Diploma in Counselling, and Accredited as a Counsellor
Level 3	Counsellor at a more senior level, in addition to the above, would: <ul style="list-style-type: none"> <li>• offer teaching and training</li> <li>• be responsible for recruitment, appointment and retention of counsellors</li> <li>• advise on policy and protocols</li> <li>• manage and co-ordinate counselling services</li> <li>• be responsible for a budget</li> <li>• manage and monitor professional development of counsellors i.e. CPD</li> <li>• be responsible for audit, evaluation and research-based evidence</li> <li>• contribute to counselling research and development</li> <li>• undertake/complete supervision training</li> <li>• undertake training in mental health</li> </ul>	Senior Accredited Counsellor	Diploma in Counselling, and Accredited as a Counsellor
Level 4	Counsellor at a more senior level, in addition to the above, would: <ul style="list-style-type: none"> <li>• be qualified to Masters or Doctoral level in counselling and/or</li> <li>• be involved in research, management and consultancy</li> </ul>	Lead Counsellor	Masters or PhD in Counselling or PhD, and Accredited as a Counsellor
All counsellors from Level 1 - Level 4	All counsellors at these levels would be expected to: <ul style="list-style-type: none"> <li>• be registered with a professional body</li> <li>• continue clinical practice at the minimum rate to maintain accreditation and registration</li> </ul>		

**Standard 10: The Division to adopt an agreed structure (one is proposed) for professional development and career progression which is available to all counsellors employed in the Division.**

## 5. Record Keeping and Confidentiality

Regardless of the source of referral (including self referral), all counsellors should record an assessment that notes a presenting problem, confirms the appropriateness of counselling, ensures the client has been appraised of any appropriate alternatives, confirms the client's agreement to counselling, and records the anticipated health outcomes and anticipated benefits to the client's well-being.

The Division has standards for record keeping to which all staff groups, including counsellors, must adhere.

*Standard 11: Counsellors to adhere to standards of record keeping as prescribed by the Division. These will be appropriate to the needs of the service setting and consistent with records kept by similar professions in that setting, including matters of access to these records by the client or other health professionals.*

All counsellors are bound by the NHS standards and guidelines on confidentiality as part of their contractual relationship with the Division, in addition to the codes of practice offered by the counselling professional bodies.

*Standard 12: Counsellors to be bound by the NHS standards and guidelines on confidentiality in addition to the codes of good practice produced by the counselling professional bodies.*

## 6. Roles of Counsellors as Supervisors, Advisers and Trainers

### 6.1 Supervisors

A number of counsellors have pursued further study in supervision, one of the recognisable career developments within the profession. An NHS counsellor who takes a further qualification in supervision could be employed to supervise more junior colleagues and/or trainees. This should be a formal, specific post separate from the counselling practice.

According to the professional bodies, it is inappropriate and unethical to ask staff who are not qualified as counsellors to take on counselling or supervision responsibilities.

### 6.2 Advisers

Counsellors can advise their primary care team colleagues on the counselling service, counselling training and the nature of therapeutic counselling. Counsellors can offer more detailed information to designated groups of staff. Experienced counsellors (normally Level 3 or above) should be involved in the recruitment of counsellors, policy setting and protocols.

### 6.3 Trainers

As trainers, counsellors could offer sessions on a more formal basis, particularly in the area of counselling skills development, which is a focus of interest to a number of staff within the NHS.

*Standard 13: Suitably qualified counsellors should be given opportunities to develop their skills as supervisors, advisers and trainers.*

## 7. Student, Trainee and Volunteer Placements

Although 'student' and 'trainee' are often used synonymously, they are distinctly different:

- A student counsellor is an individual undertaking an initial generic training course in counselling. To secure a healthcare placement, it is recommended that students are working towards a recognised diploma in counselling and as such, will have to complete 100 hours of supervised counselling practice in each year of study

- A trainee counsellor has already gained a recognised qualification in counselling at diploma level. They may be seeking a placement in healthcare either to enhance and develop their professional counselling role or to accumulate more clinical hours to achieve their BACP individual counsellor accreditation
- A postgraduate trainee counsellor, having successfully completed counselling training, will be expected to demonstrate professional competence. It is recommended practice to allocate a trainee to a placement in which there is a qualified and experienced Level 1 or Level 2 counsellor, either working within, or attached to, the placement setting, who is able and prepared to mentor the trainee's work

Volunteer counsellors should be qualified diploma level counsellors who, whilst at varying stages in their professional development, might wish to offer some time to be a counsellor within the NHS in order to acquire hours towards counsellor accreditation or to develop and extend their skills, or both.

All students should make a formal application for a placement. Once the placement is considered appropriate, there should be an allocation agreement between the counselling student, the placement agency and the training organisation.

The current arrangements for students and trainees vary across the Division, from nothing at all in some areas to a structure in others. There is a clear need to standardise (including accountabilities) this important area. There is a need to develop working relationships with the training providers in order to structure and standardise placements within the Division and to prepare students for working within the NHS.

***Standard 14: The Division to have a structured and standardised approach to placements (including clear accountabilities).***

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## 8. Commissioning Counselling Services

The standards in this Framework should apply to all counselling services within the Division. They should also apply when the Division commissions counselling services both from within, or external to, the NHS.

While respecting the autonomy of the organisations from which it commissions, the Division should only commission from organisations which show they provide standards similar to those the Division is working towards.

***Standard 15: The Division to apply the standards in this framework when commissioning counselling services both from within the NHS and from external organisations.***

## 9. Consistency of Information about Counselling Services

The purpose of the Standards Framework is to ensure equity across counselling services so that all clients can expect to receive a similar standard of service, regardless of the setting and the area in which they live. It is important therefore that clients have access to consistent information about counselling services across the Division.

***Standard 16: There should be consistency in the information provided about counselling services within the Division.***

## 10. Codes of Practice/Ethics for Counselling in the Division

Counsellors working in the NHS should be members of a recognised professional body.

According to the BACP and COSCA, all counsellors are responsible for their own professional ethical practice, whatever the setting. Both the BACP (Ethical Framework for Good Practice in Counselling and Psychotherapy) and COSCA (Statement of Ethics and Code of Practice) produce frameworks to which their members must adhere. The documents outline the ethical principles for good practice and the procedures for professional conduct and complaints. The Division has its own complaints and disciplinary procedures. It is important to ensure that inter-professional conflicts are minimised and appropriately addressed.

Accountability is determined by the counsellor's employment status. Counsellors employed by the Division or a general practice are accountable to their line manager or employing GP practice. It is important that the line managers of counsellors in the Division are familiar with the professional and local frameworks for ethical practice and that all working relationships are based on them.

Counsellors are also accountable for their own counselling practice to their professional body. These lines of accountability need to be made explicit from the outset and stated in all contracts with counsellors.

Both COSCA and the BACP provide Recognition Schemes for Organisations as part of their drive to set standards for counselling in Scotland.

***Standard 17: The Division to recognise the BACP and COSCA ethical frameworks and codes of practice. As members of professional bodies, counsellors in the Division must adhere to those codes and frameworks. Counsellors must also adhere to Divisional procedures for ethical practice.***

## appendix 1: guidance notes on ways of working

### Guidance on Ways of Working

There are existing policies and procedures that apply to counselling staff as to all other staff groups employed in the Primary Care Division. These are non negotiable and form part of all contracts.

A number of specific areas are identified which counsellors and their managers need to consider within the context of the Division's existing policies. These are addressed below.

#### 1. Continuing Professional Development (CPD)

Continuing Professional Development should be appropriate to the requirements of the individual and the Division and for counsellors, as for other staff groups, CPD opportunities will be available on a pro rata basis, depending on the number of contracted hours.

CPD pro rata means that a full-time counsellor should have an indicative 30 hours of funded CPD in working time (not all will consist of funded courses but include, for example, professional reading and meetings). Part-time counsellors would have correspondingly less but could choose to 'top up' their hours themselves to 30 for accreditation purposes.

*Guideline 1: It is the responsibility of the counsellor and the operational line manager to address Continuing Professional Development requests within the context of the counsellor's accreditation requirements, their contracted hours and service delivery needs.*

#### 2. Supervision and Supervisors

West and West (2003)<sup>7</sup> identify three overlapping functions in their definition of supervision in psychotherapy and counselling:

- Monitoring: concerned with ensuing standards and best practice
- Learning: focusing on the development of clinical skills and associated theoretical insights, but also on the development of self-understanding
- Supportive: including focusing on, containing and processing the client's emotional impact on the therapist

Counselling supervision is distinct from management supervision, which deals with the counsellor's accountability and responsibilities as an employee in his or her professional capacity. It is seen as a safe place where counsellors can take client material. For this reason, the supervisor should not be in any managerial relationship with the supervisee.

Information disclosed in supervision is confidential to the supervisor and supervisee and as such, is not divulged by the supervisor to a third party, unless there are concerns regarding professional or ethical practice. In these instances, the supervisee should be informed prior to the sharing of information about them, or their practice, to a third party. Managers should not therefore have a dual role and should not offer counselling supervision.

The Division believes it is important for it to have an in-depth knowledge and understanding of the nature and extent of the counselling task and function. It is crucial, therefore, that the integrity of the external supervision relationship is upheld and that the main focus of the management supervision function remains around accountability and responsibility. Counsellors need to be open, however, to sharing, with their managers, and/or other team members, specific and appropriate client material in order to inform the Division's understanding of the service clients are receiving and the role the counsellor plays in the client's overall care.

The BACP minimum requirement for supervision is one and a half hours of individual supervision per month, within working hours, or individual equivalent in group

supervision. This will increase in proportion to the counsellor's contracted hours and to the level and complexity of actual client contact.

Personal therapy is widely thought to influence positively the counselling process by enabling appropriate use of the self within the therapeutic encounter. It is also beneficial as part of a supervisor's training. All applicants for BACP individual practitioner accreditation are required to have had 40 hours of personal therapy.

**Guideline II: It is the responsibility of the counsellor and the operational line manager to address supervision requirements within the context of the counsellor's workload, their contracted hours and service delivery needs.**

Explicit lines of accountability, in both employment and professional terms, should be clearly established between the supervisor and the NHS. Supervision is an arrangement between a counsellor and a supervisor; and there will be an explicit written contract between the counsellor and their supervisor(s). This contract will include information on who is appropriate as a supervisor, the professional requirements expected, the remuneration, the time commitment, and the fact that supervisors must meet the requirements of, and work within, the Division's Standards Framework for Counselling.

COSCA is developing a new course for 2005 in Counsellor Supervision.

**Guideline III: Clear lines of accountability and responsibility for supervisors of counsellors will be developed by the Division. They will be included in all formal, written contracts between the supervisor(s) and the NHS.**

### 3. Management

All counsellors (as all other staff in the Division) must have an operational line manager who is responsible for all usual line management functions. However, counsellors should also have access to professional support. Between them, the line manager and the professional lead should provide, or arrange for, the following:

- services for all clients appropriately referred by GPs or others, or self-referred, within normal working hours unless stated otherwise
- information in suitable form about the services for potential clients and staff, including the complaints procedure
- a suitable environment for counselling, including safety
- any necessary secretarial help
- induction for new staff
- counselling supervision for counsellors, arranged in consultation with the counsellor
- continuing professional development for the counsellor
- regular communication between management and counsellors
- regular review and audit of the services in consultation with counsellors, referrers, clients, supervisors, managers, other Division members as appropriate
- clear descriptions of different types of accountability affecting NHS counsellors, i.e. to their line manager for general employment practice and to their professional body for their counselling practice, while recognising that when a GP, or person responsible to the GP, refers a client, the overall clinical care of the client remains the GP's responsibility. Dual-role posts would have an added difficulty in that different professional bodies might be appropriate for different parts of the job
- up-to-date copies of ethical frameworks/codes and clear complaints' procedures for counsellors

The Division will undertake further work to address the issue of professional links for all counsellors.

**Guideline IV: Counsellors within the Division to have both an operational line manager and a professional manager. A working group to be set up to investigate how the professional links can be structured in the Division.**

#### 4. Record keeping and Confidentiality

As a minimum, the Division would expect counsellors to have (or have access to) the following for each client:

- Referral form
- Initial assessment form
- Attendance record
- Final discharge form
- Client feedback/evaluation form

Counsellors would also be expected to keep attendance figures and information on the numbers of DNAs. Counsellors should also expect to have opportunities to discuss this information with their line manager in order to evaluate and improve services.

The need to respect client confidentiality is a core principle of counselling. It is therefore important to be fully aware of the wide range of agencies or individuals that can gain access to personal information disclosed and explored in therapy. Counselling relationships are built upon trust. Disclosure may be impeded if the client feels insecure or suspicious of what happens to the material offered during a counselling session. It is essential that issues of confidentiality be clearly and openly discussed with the counsellor and the client before engaging in counselling.

It is important that clients understand the limitations of confidentiality with the client-counsellor relationship and are clear under what circumstances exceptions in confidentiality may occur. Counsellors may work in multi-disciplinary teams in which sharing of information is considered necessary, for example, case conferences, team briefs and supervision. This should always be in the interest of the client and should not compromise the counselling relationship. Prior and explicit agreement should be obtained from the client and not merely be assumed.

#### 5. Referrals

Counselling has a role across a wide range of services. Therefore use of the resource must be appropriate. Client choice is a consideration for referral but not the only one: all referrals to counsellors should be based on an assessment. This assessment should consider the appropriateness of counselling to the client's presenting problem and should make reference to the anticipated outcome or gain in the client health or well-being. There should be an explicit intention for health improvement as a result.

*Guideline V: All referral processes should note a reason for referral and anticipated benefits of referrals.*

#### 6. Caseload

The BACP recommends that direct, face to face counselling hours are 60 per cent of the counsellor's time and other activities are 40 per cent.

When the counsellor is not face to face with clients, this 40 per cent of non-contact time should be devoted to supporting three elements:

- The client - time taken by the counsellor for preparation and research between appointments. It will include note taking, record keeping, preparation for meetings, case conferences, making referrals and reflection on client work
- The organisation - work committed to meetings, preparation of papers, reports audits and evaluations, interacting with other related disciplines
- The counsellor - time devoted to supervision, personal therapy, peer support and CPD

The Division currently recognises that the 60:40 split is not happening for many counsellors who are attending meetings and supervision sessions outwith contracted hours.

The experience of primary care counselling services throughout the UK is that most offer six to eight appointments per client. Some clients require more and others less.

The average number of appointments offered by counsellors in primary care is said to average 5.9 (Mellor-Clark, 2000). In some cases, clients receive 12 or more sessions, depending on need.

Guidelines produced by the BACP recommend that counsellors employed full time do not see clients for more than 20 hours per week, with the rest of the working week being devoted to associated work.

*Guideline VI: The caseload for a counsellor to be split 60:40, with direct, face to face counselling hours as 60 per cent of the counsellor's time and other activities as 40 per cent. In general, caseload should not exceed 20 clients per week. Client work can vary from a brief intervention model or longer term work, depending on the counselling location in primary care. Caseloads should be monitored through the guideline on supervision. It will be the responsibility of local managers to work with counsellors to ensure this is achievable for both counsellors and their clients.*

## 7. Student and Volunteer Placements

For the Division to have a structured and standardised approach to placements, it is recommended that professional bodies and training organisations are included in any future discussions on this issue.

*Guideline VII: The Division to carry out further work with the professional bodies and the training providers to agree a standardised approach to student placements.*

## 8. Team Work

According to the BACP, in order to be an effective member of the team the counsellor needs to have regular contact with other team members in order to:

- Develop a clear understanding of the roles and resources offered by the other team members
- Maintain continuity of care for clients
- Negotiate the boundaries of confidentiality with the team and the client. This is an ongoing, delicate area and can prove difficult if there is a lack of clarity between the team and/or the client regarding the counsellor's boundaries

As a part of a multi-disciplinary team, arrangements for case recording, records storage and information sharing across disciplines should be the same as for all other disciplines (reciprocally) within the primary care mental health team. Clients should be made aware of this on referral.

This should also apply to all other aspects of operational policies, including, for example, the management of non-attendance.

*Guideline VIII: All counsellors to work within the principles and guidelines for working in multi-disciplinary teams as set out by the professional bodies and the Division.*

## 9. Professional Relationships

According to the BACP's Ethical Framework (2002), professional relationships should be conducted in a spirit of mutual respect. Counsellors should endeavour to attain good working relationships and systems of communication that enhance services to clients at all times. They should be open to the insights and expertise of colleagues in other disciplines.

Counsellors should treat all colleagues fairly and foster equality of opportunity. They should not allow their professional relationships with colleagues to be prejudiced by their own personal views about a colleague's lifestyle, gender, age, disability, race, sexual orientation, beliefs or culture. It is unacceptable and unethical to discriminate against colleagues on any of these grounds.

All communications between colleagues about clients should be on a professional basis and thus purposeful, respectful and consistent with the management of confidentiality as declared to clients.

*Guideline IX: All counsellors to work within the principles and guidelines for professional relationships as set out by the professional bodies and the Division.*

#### 10. Commissioning Counselling Services

While respecting the autonomy of the organisations from which it commissions, the Division should only commission from organisations which show they provide standards similar to those the Division is working towards. It is recommended that further work is carried out to devise a separate guidance note on this issue.

*Guideline X: A guidance note, based on the standards, to be produced to share with the organisations from which the Division is considering commissioning counselling services.*

#### 11. Consistency of Information about Counselling Services

It is proposed that a working group be tasked to produce a common set of materials, including referral information and client information leaflets, to ensure a citywide and consistent approach to information about counselling services.

*Guideline XI: Set up a working group to develop and produce a common set of materials to ensure consistency in the information provided about counselling services within the Division.*

#### 12. Codes of Practice/Ethics for Counselling in the Division

COSCA provides a Recognition Scheme for Organisations as part of their drive to set standards for counselling in Scotland. The BACP has a Service Recommendation Scheme for Counselling Organisations. It is recommended that the Division investigates what it may mean to become part of these schemes.

*Guideline XII: The Division to explore the implications of becoming part of the COSCA Recognition Scheme for Organisations and the BACP Service Recommendation Scheme for Counselling Organisations.*

## appendix 2: accredited and validated diploma courses

### BACP ACCREDITED DIPLOMA COURSES (Information from website as of October 2004)

#### College of Holistic Medicine: Advanced Diploma in Therapeutic Counselling

(February 2004)

4 Craigpark, Glasgow, G31 2NA Tel: 0141 554 5808

#### Persona Development and Training: Diploma Programme in Person Centred Counselling (May 2000)

St Helen's Centre, 7 West Coates, Edinburgh, EH12 5JG

Tel: 0131 347 1512 www.personacounselling.com

#### The Peter Bowes Consultancy: Postgraduate Diploma in Counselling (October 2002)

92 Broomfield Crescent, Edinburgh, EH12 7LX

Tel: 0131 334 6412 www.peterbowes.net

#### University of Strathclyde: Postgraduate Diploma in Counselling (June 1994)

Jordanhill Counselling Unit, Faculty of Education, Jordanhill Campus, Southbrae Drive, Glasgow G13 1PP

Tel: 0141 950 3359 www.strathclydecounselling.com

*The dates in brackets refer to the date of accreditation. Students successfully completing the course after that may claim to have undertaken an accredited course.*

### COSCA VALIDATED DIPLOMA COURSES (Information from website as of October 2004)

Agency and Contact Person	Contact Details	Orientation
The University of Edinburgh Judith Fewell	Counselling Studies, Holyrood Road, Edinburgh EH8 8QA judith.fewell@ed.ac.uk 0131 651 6230	Dialogue between Psychodynamic and Person-Centred
The Open College Counselling Training Trust Morag Hight	18 York Place, Edinburgh EH1 3EP 0131 556 9397 Closed to new applicants.	Transactional Analysis
*** University of Aberdeen Alison Shoemark	Faculty of Education, Hilton Campus, Hilton Place, Aberdeen AB24 4FA 01224 283668	Person-Centred
*** The Garnethill Centre Jim Christie	28 Rose Street, Glasgow G3 6RE admin@garnethillcentre.org.uk www.garnethillcentre.org.uk 0141 333 0730	Psychodynamic
*** Centre of Therapy & Counselling Studies Charlie McConnochie	3rd floor, Ashfield House, 402 Sauchiehall Street, Glasgow G2 3JD admin@centreoftherapy.org.uk www.centreoftherapy.org.uk 0141 331 0750	Cognitive Behavioural
*** Interface Maggie Harris	5 Traquair Park West, Edinburgh EH12 7AN maggie@ukgo.com www.interfacecounselling.co.uk 0131 334 7821	Person-Centred
The University of Edinburgh Judith Fewell	Counselling Studies, Holyrood Road, Edinburgh EH8 8QA judith.fewell@ed.ac.uk 0131 651 6230	Dialogue between Psychodynamic and Person-Centred
The University of Edinburgh Judith Fewell	Counselling Studies, Holyrood Road, Edinburgh EH8 8QA judith.fewell@ed.ac.uk 0131 651 6230	Dialogue between Psychodynamic and Person-Centred
The University of Edinburgh Judith Fewell	Counselling Studies, Holyrood Road, Edinburgh EH8 8QA judith.fewell@ed.ac.uk 0131 651 6230	Dialogue between Psychodynamic and Person-Centred

**DIPLOMAS CURRENTLY GOING THROUGH THE PROCESS OF VALIDATION - INITIAL VALIDATION ONLY GIVEN AT THIS TIME (Information from COSCA website as of October 2004)**

Agency and Contact Person	Contact Details	Orientation
Shetland College David Morgan	Gremista, Lerwick, Shetland ZE1 OPX 01595 771000	Person-Centred
*** National Counselling Service Andrea Wigglesworth	Wallace House, 3 Boswall Road, Edinburgh EH5 3RJ ncs.cos@uk.uumail.com www.nationalcounsellingservice.org.uk 0131 552 8901	Psychodynamic, PCT & Christian

## appendix 3: nhs counsellor - agenda for change information

These descriptors of job evaluations for counselling posts are work-in-progress in England on Agenda for Change. The recommendations in this Standards document reflect these samples<sup>8</sup>.

### Sample of a completed job evaluation for an NHS Counsellor, Grade 1

	NHS Counsellor (Grade 1)
<b>Job Statement</b>	1. To provide a counselling service to a designated client population 2. To carry out tasks in accordance with the service and professional body requirements
<b>Factor</b>	<b>Relevant Job Information</b>
1. <b>Communication and relationship skills</b>	Assesses clients' needs, communicates complex information on the nature of counselling, the conditions under which it is delivered, and establishes a therapeutic alliance or referral pathways, requiring empathy and reassurance.
2. <b>Knowledge, training and experience</b>	Specialist expertise underpinning theory. Professional knowledge acquired through postgraduate diploma (state registration and regulation under discussion), supplemented by specialist training, short courses, counselling supervision, personal therapy and CPD.
3. <b>Analytical and judgement skills</b>	Analysis of complex facts and their interpretation, offering a range of options plus skills for assessing and recognising client conditions. Taking appropriate action, including risk and child protection issues.
4. <b>Planning and organisational skills</b>	Planning and organising of a number of complex activities. Plans and organises case management, appropriate interventions, liaison with other healthcare professionals.
5. <b>Physical skills</b>	Keyboard skills, ability to demonstrate active listening, accuracy in recording, driving skills.
6. <b>Responsibility for client/client care</b>	Assesses, develops approaches to counselling, facilitates specialist interventions and onward referrals, provides advice/information to NHS professional and others.
7. <b>Responsibility for policy/service</b>	Follows policies, proposed changes, comments on policies and procedures, proposes changes to own area.
8. <b>Responsibility for financial and physical resources</b>	Maintains own stationery etc. Maintains safety of client during counselling, providing an appropriate physical environment and responsibility for physical and psychological well-being.
9. <b>Responsibility for human resources</b>	Responsible for assisting in the co-ordinating of counselling with other NHS provision and clients' circumstances.
10. <b>Responsibility for information resources</b>	Maintains client information and referral leaflets, records personally generated clinical observations, updates clients' records, and provides feedback to refer. Routinely maintains statistical data and contributes to clinical outcome data.
11. <b>Responsibility for research and development</b>	Occasionally participates in specific research, routinely maintains records and provides data (as above).
12. <b>Freedom to act</b>	Uses clinical judgement, along with observation of protocols and theoretical underpinning, supported by research and supervisory consultancy. Observes codes of practice, ethical framework and professional guidelines.
13. <b>Physical effort</b>	Sits for long periods in an attentive position, conventionally for an hour at a time.
14. <b>Mental effort</b>	Total concentration, unpredictable work. Conscious of different presentations concerning mental health in complex environments, requiring continuous re-evaluation and assessment of internal and external processes and the formulation of appropriate therapeutic interventions. Sensitivity in recording counselling sessions, demanding literary dexterity.
15. <b>Emotional effort</b>	Demoting of emotional energy, dealing with distressed and disturbed individuals and difficult and varied circumstances, ranging from bereavement and loss to violence, rape and other responses to crisis.
16. <b>Working conditions</b>	Varied, from customised provision to unsuitable, cramped and windowless, noisy, situations.

NHS Counsellor, Grade 2

Role Specification	Person Specification
<ol style="list-style-type: none"> <li>1. To provide counselling to the designated NHS service users, for example, adults, children, the elderly, a specialist service</li> <li>2. To assess the appropriateness of counselling for service users</li> <li>3. To fulfil professional clinical supervision requirements</li> <li>4. To maintain professional accreditation and/or registration</li> <li>5. To attend service meetings as required</li> <li>6. To maintain adequate records of clinical work and provide appropriate statistical returns as required</li> <li>7. To maintain training and continue professional development</li> <li>8. To develop expertise in a specific area of counselling, for example, counselling supervision, group work, or other specialism</li> <li>9. To offer mentoring to Grade 1 counsellors and/or counsellors on placements</li> <li>10. To take specific responsibility for some area of practice within the service</li> <li>11. To liaise with other NHS professionals and colleagues working in psychological therapies</li> <li>12. To participate in any other activities as agreed with the service managers</li> <li>13. To be aware of, and comply with, the policies, procedures and service standards of the Trust</li> </ol>	<p><b>Essential Criteria</b></p> <ul style="list-style-type: none"> <li>• Recognised professional qualification to diploma level or equivalent. For example, BACP recognised course or equivalent (ie 450 hours skills and theory, 100 hours of supervised practice, 40 hours of personal therapy)</li> <li>• <i>To currently be an Accredited Practitioner recognised by a national professional body</i></li> <li>• <i>To offer specific professional expertise dependent on experience</i></li> <li>• <i>To be able to offer mentoring to counsellors on placement</i></li> <li>• Ability to make use of clinical supervision, evidenced by a counselling supervisor’s statement</li> <li>• Ability to maintain confidentiality within a recognised theoretical framework</li> <li>• Ability to work within a time limit</li> <li>• Effective communication skills both orally and in writing</li> <li>• Ability to work effectively with colleagues from other disciplines</li> </ul> <p><b>Desirable Criteria</b></p> <ul style="list-style-type: none"> <li>• Experience of contributing to service evaluation</li> <li>• Experience of using CORE</li> </ul> <p><b>The items in <i>italics</i> are roles/responsibilities that are additional to those of the previous grade.</b></p>

## NHS Counsellor, Grade 3

Role Specification	Person Specification
<ol style="list-style-type: none"> <li>1. To provide counselling to the designated NHS service users, for example, adults, children, the elderly, a specialist service</li> <li>2. To take responsibility for a specialist sector of the counselling service, for example, education, counselling supervision, research, specialist expertise and training</li> <li>3. To share some management roles, including deputising for service managers</li> <li>4. To assess the appropriateness of counselling for service users and to work with service users presenting with complex problems</li> <li>5. To fulfil professional clinical supervision requirements</li> <li>6. To maintain professional accreditation and/or registration</li> <li>7. To attend service meetings as required</li> <li>8. To maintain adequate records of clinical work and provide appropriate statistical returns as required</li> <li>9. To assist in the evaluation of the service by contributing to data collection and analysis and to participate in research as required</li> <li>10. To maintain training and continue professional development</li> <li>11. To have expertise in a specific area of counselling and to contribute significantly to service development</li> <li>12. To offer mentoring to other grades of counsellors and/or counsellors on placements</li> <li>13. To liaise with other NHS professionals and colleagues working in psychological therapies</li> <li>14. To participate in any other activities as agreed with the service managers</li> <li>15. To be aware of, and comply with, the policies, procedures and service standards of the Trust</li> </ol>	<p><b>Essential Criteria</b></p> <ul style="list-style-type: none"> <li>• Recognised professional qualification to diploma level or equivalent. For example, BACP recognised course or equivalent (ie 450 hours skills and theory, 120 hours of supervised practice, 20 hours of personal therapy)</li> <li>• To currently be an Accredited Practitioner recognised by a national professional body</li> <li>• To offer specific professional expertise dependent on experience</li> <li>• To be able to offer mentoring to counsellors on placement</li> <li>• Ability to make use of clinical supervision (evidenced by a counselling supervisor's statement)</li> <li>• Ability to maintain confidentiality appropriate to the setting</li> <li>• Competency in working within a variety of recognised frameworks and knowledge of other ways of working</li> <li>• Ability to work within a time limit</li> <li>• Effective communication skills, both orally and in writing</li> <li>• <i>Management and implementation skills/experience</i></li> <li>• <i>Overview of current professional issues</i></li> <li>• Ability to work effectively with colleagues from other disciplines</li> <li>• <i>Experience of audit and research and the presentation of findings</i></li> </ul> <p><b>The items in <i>italics</i> are roles/responsibilities that are additional to those of the previous grade.</b></p>

NHS Counsellor, Grade 4

Role Specification	Person Specification
<ol style="list-style-type: none"> <li>1. <i>To manage and provide counselling to the designated NHS users, including recruitment and budget holding</i></li> <li>2. <i>To delegate management roles where appropriate</i></li> <li>3. <i>To develop service protocols in accordance with Trust policies and procedures, National Service Frameworks and other NHS policies</i></li> <li>4. <i>To maintain a clinical practice</i></li> <li>5. To fulfil professional clinical supervision requirements</li> <li>6. To maintain professional accreditation and/or registration</li> <li>7. <i>To arrange service meetings as required and oversee IPRs</i></li> <li>8. <i>To maintain adequate records of clinical work and provide appropriate statistical returns and reports as required</i></li> <li>9. <i>To evaluate the service by contributing to data collection and facilitate analysis and reports</i></li> <li>10. <i>To promote research and development</i></li> <li>11. <i>To maintain and encourage training and continual professional development</i></li> <li>12. To have expertise in a specific area of counselling and to contribute significantly to service development</li> <li>13. To offer mentoring to other grades of counsellors and/or counsellors on placements</li> <li>14. To liaise with other NHS professionals and colleagues working in psychological therapies and Trust Board members</li> <li>15. To participate in any other activities as agreed with the service managers</li> <li>16. To be aware of, and comply with, the policies, procedures and service standards of the Trust</li> <li>17. <i>To contribute significantly to strategic thinking</i></li> </ol>	<p><b>Essential Criteria</b></p> <ul style="list-style-type: none"> <li>• Recognised professional qualification to diploma level or equivalent, for example, BACP recognised course or equivalent (ie 450 hours skills and theory, 120 hours of supervised practice, 20 hours of personal therapy)</li> <li>• To currently be an Accredited Practitioner, recognised by a national professional body</li> <li>• To offer specific professional expertise dependent on experience</li> <li>• To be able to offer mentoring to counsellors on placement</li> <li>• Ability to make use of clinical supervision, evidenced by a counselling supervisor's statement</li> <li>• Ability to maintain confidentiality appropriate to the setting</li> <li>• Competency in working within a variety of recognised frameworks and knowledge of other ways of working</li> <li>• Ability to work within a time limit</li> <li>• <i>Effective communication and presentation skills</i></li> <li>• Management and implementation skills/experience</li> <li>• <i>Overview of current professional issues and NHS issues</i></li> <li>• <i>Ability to work effectively with colleagues from other disciplines and at Trust/Board level</i></li> <li>• Experience of audit and research and the presentation of findings</li> </ul> <p><b>The items in <i>italics</i> are roles/responsibilities that are additional to those of the previous grade.</b></p>

## appendix 4: further information on professional bodies

### **BRITISH ASSOCIATION FOR COUNSELLING AND PSYCHOTHERAPY**

BACP House, 35-37 Albert Street, Rugby, Warwickshire CV21 2SG  
www.bacp.co.uk

#### **Our vision**

BACP is leading the effort to make counselling and psychotherapy widely recognised as a profession whose purpose and activity is understood by the general public.

#### **Our mission**

To be the leading professional body for counselling and psychotherapy and an automatic reference point for anyone seeking information on counselling and psychotherapy in the United Kingdom.

#### **United Kingdom Register of Counsellors**

The United Kingdom Register of Counsellors (UKRC) is part of BACP. Counsellors accredited by the following professional bodies are eligible to apply to become a UKRC Registered Independent Counsellor: BACP, COSCA (Confederation of Scottish Counselling Agencies) and UKAHPP (UK Association of Humanistic Psychology Practitioners). The Register is a published list of independent counsellors/psychotherapists.

UKRC, 1 Regent Place, Rugby, Warwickshire CV21 2PJ.

### **FACULTY OF HEALTHCARE COUNSELLORS AND PSYCHOTHERAPISTS**

BACP House, 35-37 Albert Street, Rugby, Warwickshire CV21 2SG  
www.fhcp.co.uk

The Faculty of Healthcare Counsellors and Psychotherapists (FHCP) is a subsidiary of the British Association for Counselling and Psychotherapy (BACP). The Faculty has been accepted by the United Kingdom Register of Counsellors (UKRC) as the Registered Occupation Affinity Group for the healthcare sector.

The Faculty was established to clarify the professional status of counsellors and psychotherapists in healthcare settings for counsellors, employer and clients. The FHCP provides education and training for counsellors and psychotherapists working in all professional healthcare settings with a view to raising the standards of counselling and psychotherapy for the benefit of recipients of counselling and psychotherapy. The FHCP sets and maintains the standards of practice of those counsellors and psychotherapists in healthcare settings. And the FHCP collaborates with other bodies for the purpose of supporting the delivery of counselling and psychotherapy.

### **COUNSELLING & PSYCHOTHERAPY IN SCOTLAND**

COSCA, 18 Viewfield, Stirling, FK8 1UA  
www.cosca.org.uk

#### **Vision and Purpose**

As the professional body for counselling and psychotherapy in Scotland, COSCA seeks to advance all forms of counselling and psychotherapy and the use of counselling skills by promoting best practice and through the delivery of a range of sustainable services.

#### **Aims**

To achieve our vision and purpose COSCA aims to:

- enhance public protection and increase accessibility to counselling and psychotherapy
- develop and promote ethically-based professional standards and quality assurance for counselling, psychotherapy and the use of counselling skills
- increase access to full, relevant, and high quality training and information on counselling, psychotherapy and counselling skills
- deliver a range of professional services which meet the needs of the counselling and psychotherapy field
- provide an arena for our members and users to share their knowledge, experience and resources for the advancement of counselling, psychotherapy and the use of counselling skills in Scotland.

## appendix 5: working group - remit and membership

### Standards Framework: Working Group Remit and Membership (February 2004)

#### Remit:

The purpose of the multi-disciplinary Working Group is to develop a Standards Framework for Counselling which encompasses all people employed as counsellors and the counselling services they provide in Greater Glasgow.

#### Objectives:

The work to develop a Standards Framework will include the following:

- Agree a PCT definition of 'counsellor' and 'counselling skills'
- Consider the impact of organisational and professional structures within the PCT on existing and future people employed as counsellors
- Propose minimum standards for training, accreditation, Continuous Professional Development and appraisal
- Clarify competencies for a counsellor
- Clarify grading, contractual issues and use of title
- Address operational issues (and make proposals) in the following:
  - Multi-disciplinary team working
  - Caseload
  - Record keeping
  - Confidentiality
  - Management and supervision (clinical supervision and counselling supervision)
- Clarify the roles of counsellors as supervisors, advisers and trainers
- Address issues around student and volunteer placements
- Clarify the role of counselling in
  - Primary Care Mental Health
  - Sexual Health Services
  - Youth Health Services
  - In other PCT services
- Develop consistent standards for commissioning counselling services, internally within the PCT and from external agents
- Address issues around the content and consistency of information provided about counselling services (including reference to the Complaints Procedure)
- Clarify relationships between individual counsellors, the PCT and professional bodies
- Agree a Code of Practice/Ethics for Counselling in Greater Glasgow

The work to deliver these objectives will take cognisance of the work already done within the professional counselling bodies and that of counsellors employed by the Primary Care Trust.

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