

Initial Accreditation Report

British Association for Behavioural and Cognitive Psychotherapies (BABCP) and the Association of Rational Emotive Behaviour Therapy (AREBT)'s application for accreditation of the Cognitive and Behavioural Therapy (CBT) register

4 July 2023

Contents

The Process	3
The Outcome	4
The Register	7
Assessment against the Standards	13

The Process

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

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

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

This assessment was carried out against the *Standards for Accredited Registers (April 2016)*¹ and the new Standard One introduced in 2021 by the PSA and which includes the ‘public interest test’. Standard One checks eligibility under our legislation, and whether accreditation is in the public interest. More about how we assess registers against Standard One can be found in our Supplementary Guidance for Standard One².

We used the following in our assessment of the BABCP/AREBT:

- Review of evidence for the benefits and risks supplied by the BABCP/AREBT and gathered through desk research.
- Documentary review of evidence supplied by the BABCP/AREBT and gathered from public sources such as its website.
- Due diligence checks.
- Share your experience responses.
- Site visits including discussions with members of staff.
- Interviews with the BABCP Chair and Chief Executive and the AREBT Accreditation and Practice Officer.
- Observation of a BABCP Board meeting on 24 March 2022.
- Assessment of the BABCP/AREBT’s complaints procedures.

¹ https://www.professionalstandards.org.uk/docs/default-source/accredited-registers/standards-for-accredited-registers/standards-for-accredited-registers-2016.pdf?sfvrsn=cfae4820_4

² https://www.professionalstandards.org.uk/docs/default-source/accredited-registers/standards-for-accredited-registers/accredited-registers-supplementary-guidance-for-standard-one.pdf?sfvrsn=3e5f4920_6

The Outcome

The Accreditation Panel met on 12 May 2023 to consider the BABCP/AREBT's application for accreditation of the CBT register. The Accreditation Panel was satisfied that the BABCP/AREBT could meet with a Condition all the [Standards for Accredited Registers](#). **We therefore decided to accredit the BABCP/AREBT with a Condition.**

This followed an initial panel meeting on 13 October 2022 where the Accreditation Panel found that Standards 1, 3, 4, and 6 were met and that Standards 8 and 9 were met with Conditions. The Accreditation Panel was not satisfied that Standards 10 and 11 and therefore Standards 2, 5 and 7 were met and decided that accreditation could not be granted without some further actions being taken by the BABCP/AREBT to address those areas. The Accreditation Panel decided to adjourn the meeting to allow the BABCP/AREBT time to complete the following actions:

	Action	Standard(s)
One	As part of the planned updates to the complaints processes, the BABCP/AREBT should further develop their restoration/readmission policies to ensure they are clear whether ex-registrants will need to provide evidence of remediation following a sanction and in what situations removal is permanent. The BABCP/AREBT should consider whether to include time limits on restoration applications. The BABCP/AREBT should also consider whether it is appropriate to automatically re-instate someone following the ending of their suspension from the register.	10 and 11
Two	The BABCP/AREBT should provide the final version of their complaints handling documentation to the Accreditation team for assessment against Standard 11 following the BABCP's AGM in December 2022.	11
Three	The BABCP/AREBT must provide details of how they will make their new complaints handling processes clear to the public, including information on any support that will be available.	11

The BABCP/AREBT supplied evidence of how they had responded to the Actions above, as well as to the Conditions the Accreditation Panel were minded to issue should accreditation be granted. The Accreditation Panel reconvened on 12 May 2023 to consider this evidence. The Accreditation Panel were satisfied that the Actions had been addressed and therefore that Standards 2, 5, 7 and 10 were met and that 11 was met with a Condition.

We noted the following **positive findings**:

- The BABCP/AREBT's redeveloped complaints processes provide a robust process for handling complaints against registrants on the CBT register.

- The BABCP/AREBT has made its complaints process transparent and accessible through the development of easy-to-read guides which are published on the BABCP website.
- The BABCP/AREBT has demonstrated its commitment to Equality, Diversity, and Inclusion (EDI) through the publication of web statements and the BABCP's EDI action plan.

We issued the following Condition to be implemented by the deadline given:

Conditions		Deadline
Standard 11	The BABCP/AREBT should inform the Accreditation team when there is a hearing using the new complaints process so that we can observe.	Next Assessment

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

Recommendations	
Standard 1	<ol style="list-style-type: none"> 1. The BABCP/AREBT should provide clear information to practitioners and the public, as well as clearly noting on the register, that accreditation with the Authority falls under the remit of the UK only. Only those registrants working within the UK can use the Quality Mark and the BABCP/AREBT should develop mechanisms to monitor this. 2. The BABCP/AREBT should continue work on the development of a mechanism for monitoring their registrants to ensure that the information they are providing to service users about the therapy is clear and transparent.
Standard 3	<ol style="list-style-type: none"> 3. The BABCP/AREBT should review their risk matrix to ensure that relevant mitigations are recorded.
Standard 5	<ol style="list-style-type: none"> 4. The AREBT should further demonstrate its openness and transparency by for example publishing meeting minutes where it relates to the register and public protection. The BABCP/AREBT could consider publishing minutes of the Practitioner Accreditation Committee where these relate to the register.
Standard 6	<ol style="list-style-type: none"> 5. BABCP should continue to monitor emerging evidence about the Evidence Based Parent Trainer and Wellbeing Practitioner roles and add to its published information as needed.
Standard 7	<ol style="list-style-type: none"> 6. The BABCP/AREBT should continue to explore options for informing and involving the public and service users in their role as a register holder. 7. The BABCP/AREBT should review their documentation to ensure that it is up to date and reflects current practice. 8. The BABCP/AREBT should review the information provided to the public about their roles and the relationship between the two organisations.
Standard 10	<ol style="list-style-type: none"> 9. The BABCP should consider if it needs to develop an equivalence route to registration for the Wellbeing Practitioner

	<p>roles for those who may have trained outside of the UK but who otherwise meet its registration standards.</p> <p>10. The BABCP/AREBT should develop systems to check outcomes from other relevant bodies for registrants who have dual membership, such as with a statutory regulator. This could include highlighting any other professional registrations on registrants' individual profiles and including checks of the regulators when conducting spot-checks of registrants. The BABCP/AREBT should consider developing an exceptional circumstances policy for instances where registrants request that their details be kept off the register, for example where there are safety concerns.</p>
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The following report provides detail supporting this outcome.

The Register

This section provides an overview of the BABCP/AREBT and the CBT register.

Name of Organisation	The British Association for Behavioural and Cognitive Psychotherapies (BABCP) and the Association of Rational Emotive Behaviour Therapy (AREBT)'s Cognitive and Behavioural Therapy (CBT) register
Website	https://babcp.com/CBTRegister/Search/
Type of Organisation	BABCP – Private limited company incorporated 2003, register with Companies House 04839948 AREBT – Private limited company incorporated 2002, registered with Companies House 04441094
Roles covered	There are three different roles on the CBT register, CBT practitioners, Evidence Based Parent Trainers (EBPT) and the Wellbeing Practitioners which includes Psychological Wellbeing Practitioners (PWP), Children's Wellbeing Practitioners (CWP) and Education Mental Health Practitioners (EMHP). CBT practitioners can be registered through either the BABCP or the AREBT. The EBPT and Wellbeing Practitioners are registered through the BABCP.
Number of registrants	As of 4 April 2023, there were 12,856 practitioners on the CBT register.
Overview of Governance	<p>At the time of the Panel meeting, the BABCP was overseen by a Board of ten Trustees who were elected for a period of three years (except for the President who serves four years) by the membership. Elections were held annually with three to four Board places becoming vacant each year. The President serves a year as President Elect, two years as President and one year as Past President. At the time of the Accreditation Panel meeting, all Board members were members of the BABCP. The BABCP was advertising for three lay Trustees following changes to its <i>Articles of Association</i>.</p> <p>The AREBT is overseen by a Board of seven Directors, all of whom have a key area of responsibility. Accreditation and therefore registration standards, and complaints falls under the remit of the Accreditation and Practice Officer. Board Directors are appointed at the AGM, currently all are members of the AREBT. At the time of the Accreditation Panel meeting, the AREBT had a lay advisor who did not sit on the Board, however the AREBT was recruiting to a lay position for its Board.</p> <p>The management and administration of the CBT register falls to the BABCP. This is laid out in a collaboration agreement between the two organisations.</p>

	<p>The CBT register is overseen by the Practitioner Accreditation Committee (PAC). The Committee consists of ten people, one of whom must be a representative from the AREBT. There is one person with lived experience of the types of conditions seen by practitioners, one lay person and a Wellbeing Practitioners representative on the Committee. This Committee reports to the BABCP Board of Trustees and the AREBT representative feeds back any relevant decisions to the AREBT Board of Directors. This group does not have any responsibility for membership functions for either organisation.</p> <p>All complaints about registrants on the CBT register will be handled through the BABCP's complaints procedure. There are several panels within the complaints process, each of which consists of a lay chair, a practitioner and one other person who may be either lay or professional.</p>
<p>Overview of the aims of the register</p>	<p>The BABCP's strategic aims are:</p> <ul style="list-style-type: none"> • 'Advancing the theory and knowledge of CBT • Extending public and health service understanding of CBT and its value • Supporting and advancing the practice and delivery of CBT • Informing the public about safe and effective CBT practice • Ensuring the sustainable development of the organisation and its membership.' <p>The BABCP's values are:</p> <ol style="list-style-type: none"> 1. 'Diversity, inclusivity, and collaboration 2. Integrity, openness, and honesty 3. Professionalism 4. An evidence-based and developmental approach' <p>The AREBT's purpose is to:</p> <ul style="list-style-type: none"> • 'Provide information to individuals who have an interest or specialism in REBT. • Maintain a list of Accredited Rational Emotive Behaviour Practitioners who are then also listed on The CBT Register (link to that register) • Maintain a list of professionally trained Rational Emotive Behaviour Practitioners • Inform the public about safe and effective REBT practice, with a published ethical code, so they can make an informed choice with regard to their therapy/therapist • Provide a complaints process with regard to our full members and their adherence to that ethical code

	<ul style="list-style-type: none"> • Promote and develop the science of Rational Emotive Behaviour Therapy (REBT). • Promote the interests of members of the Association in their professional activities. • Recognise REBT courses at Foundation and Practitioner levels run by Accredited REBT trainers and supervisors (or equivalent). • Maintain a website, conduct a journal and/or other literature for the purposes of distributing information and advancing the objects of the Association and keeping members, those with an interest in REBT, and members of the public informed on subjects connected with REBT.’
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Inherent risks of the practice

This section uses the criteria developed as part of the Authority’s *Right Touch Assurance tool*³ to give an overview of the work of the practitioners on the BABCP/AREBT CBT register.

Risk criteria	Cognitive Behavioural Therapy Practitioners and Wellbeing Practitioners
<p>1. Scale of risk associated with practitioners on the Cognitive Behavioural Therapy Practitioners and Wellbeing Practitioners registers</p> <p><i>a. What do they do?</i></p> <p><i>b. How many are there?</i></p> <p><i>c. Where do they work?</i></p> <p><i>d. Size of actual/potential</i></p>	<p>a) As noted above, there are three different roles on the CBT register: CBT practitioners, EBPT and the Wellbeing Practitioners (which includes PWPs, CWPs and EMHPs). The BABCP describes CBT as ‘a family of talking therapies, all based on the idea that thoughts, feelings, what we do, and how our bodies feel, are all connected. If we change one of these, we can alter all the others.’⁴ CBT can be offered in one-to-one sessions or as part of a group, it is usually offered for a limited number of sessions (between 5-20). CBT is recommended by the National Institute for Health and Clinical Excellence (NICE) for a range of conditions such as depression, anxiety, eating disorders and post-traumatic stress disorder.</p> <p>EBPT have the core clinical skills and theoretical knowledge as CBT practitioners, but they specialise in parent training interventions for behavioural difficulties. They work with both children and their parents. The interventions used are based on social learning theory and draw on attachment theory, the parent-child relationship, and parenting styles.⁵</p> <p>Wellbeing Practitioners offer a range of low intensity psychological interventions as part of a stepped care approach to depression and other psychological conditions.</p>

³ https://www.professionalstandards.org.uk/docs/default-source/publications/policy-advice/right-touch-assurance---a-methodology-for-assessing-and-assuring-occupational-risk-of-harm91c118f761926971a151ff000072e7a6.pdf?sfvrsn=f537120_14.

⁴ <https://babcp.com/What-is-CBT>

⁵ <https://babcp.com/Accreditation/Practitioner-Accreditation/Evidence-Based-Parenting>

<p><i>service user group</i></p>	<p>Within stepped care, many patients will first be treated with low intensity interventions, that are generally based on CBT.⁶ Low intensity interventions are typically used for treating mild to moderate conditions and require less practitioner time, (usually about six sessions), examples are guided self-help, computerised CBT and group based physical activity. Those for whom this is inappropriate due to their condition, or who do not improve with this approach, are 'stepped up' to higher intensity interventions such as CBT with a therapist.</p> <p>The wellbeing practitioner roles on the register are relatively new and have been put in place to expand access to low intensity interventions with the aim of improved diagnosis, treatment, prevention, and wellbeing. An overview of the three wellbeing roles including in the application are below:</p> <ul style="list-style-type: none"> • PWPs offer low level intensity intervention such as guided self-help, computerised CBT and group based physical activity to those with mild to moderate depression and some anxiety disorders. • CWPs work with children and young people between the ages of five to 18 years old and their families. The CWPs offer low level intensity interventions for mild to moderate depression and anxiety and some behavioural difficulties. • EMHPs work with children and young people within schools and colleges. EMHPs will also work with pastoral teams and school nurses and tend to offer less one to one therapy but take a whole systems approach. EMHPs deliver brief psychological interventions. <p>b) As of 4 April 2023, there were 12,856 practitioners on the CBT register.</p> <p>c) CBT practitioners work in England, Scotland, Northern Ireland, and Wales in a variety of settings including the NHS, local social services and in private practice. PWPs normally work in the NHS Talking Therapies for anxiety and depression programme, they can also be found in private healthcare settings such as Nuffield Health. PWPs can also work in other areas such as the prison service, and in the voluntary sector. These roles are found in England, Scotland, Northern Ireland, and Wales. Currently those on the register are working in England, however BABCP is working on ensuring that those in Scotland, Northern Ireland and Wales can be registered. CWPs work in the NHS in England within Children and Young People's Mental Health</p>
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⁶ [Influence of initial severity of depression on effectiveness of low intensity interventions: meta-analysis of individual patient data | The BMJ](#)

	<p>Services (CYPMHS), Local Authority or other NHS commissioned Mental Health Services. They may also work in the other sectors such as the voluntary sector or the justice sector. EMHPs are part of NHS Mental Health Support Teams in England and work in schools and colleges under the local authority.</p> <p>EBPT practitioners are based in England. The BABCP stated that they work in children and young people’s mental health services. The interventions they provide are evidence-based. EBPTs work with parents of children aged between three and ten years old who are presenting with conduct disorders and children aged between three and ten years old who have anxiety and depression.’</p> <p>c) The BABCP estimate that the average number of clients that a full time CBT practitioner will see in a week is approximately 20. The potential size of the service user group is high across the range of interventions offered by practitioners on the CBT register. It is estimated that 1 in 6 people a week experience a common mental health problem⁷. A 2021 survey of children and young people’s mental health found that 17.4% of children aged between six and sixteen years had a probable mental health disorder in 2021, up from 11.6% in 2017⁸. In 2020/21, 1.46 million people were referred to IAPT⁹ within England, 1.02 million entered treatment and 658,000 finished a course of treatment¹⁰. IAPT also publishes a detailed dashboard with a breakdown by therapist role¹¹. This shows that the mean number of appointments for referrals finishing treatment in the year 2020/21 was 2.9, for PWP trainees.</p>
<p>2. Means of assurance</p>	<p>Some CBT practitioners and all Wellbeing Practitioners will be employed and therefore subject to employer checks including Disclosure and Barring Service (DBS) checks in England (and equivalent in the devolved nations). There are those who work in private practice who will not be subject to these checks. For those working within the NHS there are systems of clinical governance in place for these roles.</p>
<p>3. About the sector in which Cognitive Behavioural</p>	<p>Registrants on the CBT register will work in a range of settings including the NHS, private healthcare, social care, education settings and private practice.</p>

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

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

⁹ Now called the NHS Talking Therapies, for anxiety and depression programme.

¹⁰ <https://commonslibrary.parliament.uk/research-briefings/sn06988/>

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<https://app.powerbi.com/view?r=eyJrIjoiaWVlYjM2MjM0ODk0Yi00NTAxLWE5MTU0MGJhZDVhMWM3OWI1liwidCI6IjUwZjYwNzFmLWJiZmUtNDIxYS04ODAzLTY3Mzc0OGU2MjllMjllMmMiOiIj9> (See page 25)

<p>Therapy Practitioners and Wellbeing Practitioners operate</p>	<p>NHS Careers highlights that PWP's will need to be registered with either the British Psychological Society (BPS) or BABCP¹². Both organisations hold Accredited Registers for these roles. All Wellbeing Practitioners regardless of their work setting, work within the context of 'stepped care' and are trained to carry out low-intensity psychological interventions. They are likely to work as part of a wider team and would need to be able to signpost where appropriate to other professionals.</p>
<p>4. Risk perception</p> <ul style="list-style-type: none"> • <i>Need for public confidence in Cognitive Behavioural Therapy Practitioners and Wellbeing Practitioners?</i> • <i>Need for assurance for employers or other stakeholders?</i> 	<p>Registrants work with a variety of clients including children and vulnerable adults with a range of mental health conditions. It is important that the public have confidence in their ability to accurately diagnose, treat and where appropriate 'step up' care to others. There are a range of roles with 'psychologist' in the title, but only 'practitioner psychologists' are regulated by law, by the Health Care Professionals Council (HCPC). Due to the range of roles that include 'psychologist' in their titles, it is important to ensure clear communication about what practitioners can and can't do.</p> <p>As noted above within NHS England all PWP's will need to be registered with either the BPS or the BABCP¹³. The NHS requested that these organisations become accredited with the Authority to provide additional assurance. Employers and commissioners will have an interest in ensuring that practitioners meet professional registration requirements in addition to the clinical governance systems. This will help to ensure that risks associated with managing boundaries are mitigated. The importance of widening access to psychological care has been highlighted by the Covid-19 pandemic.</p>

¹² <https://www.healthcareers.nhs.uk/explore-roles/psychological-therapies/roles/psychological-wellbeing-practitioner>

¹³ <https://www.england.nhs.uk/wp-content/uploads/2018/06/the-nhs-talking-therapies-manual-v6.pdf>

Assessment against the Standards

Standard 1 – Eligibility and public interest

Summary

- 1.1 The Accreditation Panel found that Standard 1 is met. We issued the following Recommendations:
1. The BABCP/AREBT should provide clear information to practitioners and the public, as well as clearly noting on the register, that accreditation with the Authority falls under the remit of the UK only. Only those registrants working within the UK can use the Quality Mark and the BABCP/AREBT should develop mechanisms to monitor this.
 2. The BABCP/AREBT should continue work on the development of a mechanism for monitoring their registrants to ensure that the information they are providing to service users about the therapy is clear and transparent.

The Accreditation Panel's findings

Accreditation Panel meeting 13 October 2022

- 1.2 The PSA's powers of accreditation are set out in the National Health Service Reform and Health Care Professions Act 2002. Standard 1 considers whether a Register is eligible for accreditation, based on whether the role(s) it registers can be considered to provide health and care services and are not required by law to be registered with a statutory body to practise in the UK.
- 1.3 The CBT and Wellbeing Practitioner roles (EBPT, PWP and CWP) are designated roles providing healthcare within the NHS in the UK. The EBPT practitioners are trained in a specific set of clinical skills and theoretical knowledge which allows them to specialise in the parental training interventions for behavioural difficulties. None of these roles are required by law to be registered with a statutory body to practise in England, Scotland, Wales, and Northern Ireland. The Accreditation Panel therefore found that these roles fell under the scope of the Accredited Registers programme.
- 1.4 We noted that the BABCP/AREBT CBT register also includes practitioners that practise in the Republic of Ireland. This falls outside the remit of the Accredited Registers programme. It is important that the BABCP/AREBT and their registrants are clear about the scope of Accreditation with the PSA, we therefore issued Recommendation one.
- 1.5 The Accreditation Panel determined that there are clear benefits to patients and service users in using CBT based interventions. CBT based interventions can be offered at the low intensity range, often by the Wellbeing Practitioners through to the higher intensity interventions offered by CBT practitioners. These form a significant part of the NHS Talking Therapies, for anxiety and depression programme in England where a 'stepped' approach to care is followed.
- 1.6 We noted that the Wellbeing Practitioner and the EBPT roles are new roles and as such data on the benefits is still being collected. However, the data

that is currently available indicates positive outcomes for patients and the public using these interventions.

- 1.7 The Accreditation Panel considered the risks associated with these roles. Risks include those associated with working with children, the practice of adjunctive therapies and risks related to self-harm and suicide. There are also risks that are specific to the Wellbeing Practitioner roles such as the practitioner not recognising when a patient needs to be 'stepped-up.' We found that the BABCP/AREBT had identified relevant risks and that there appeared to be appropriate mitigations in place although as noted under Standards 3, these were not always included within the risk matrix.
- 1.8 Some of the practitioners on the CBT register are self-employed and therefore there are additional risks for this group including those related to advertising. It is important that practitioners provide accurate information to their service users. We noted that while the BABCP and the AREBT had included relevant requirements within their respective Codes, compliance was not routinely checked. We therefore issued Recommendation two.

Accreditation Panel meeting 12 May 2023

- 1.9 The Accreditation Panel confirmed that this Standard is met.

Standard 2: the organisation demonstrates that it is committed to protecting the public and promoting public confidence in the occupation it registers

Summary

- 2.1 When the Accreditation Panel initially met on 13 October 2022, it found that this Standard was not met due to the potential impact of the complaints process on public protection. When the Accreditation Panel reconvened on 12 May 2023 it found that the BABCP/AREBT had addressed Actions one to three and that Standard 2 is now met.

The Accreditation Panel's findings

Accreditation Panel meeting 13 October 2022

- 2.2 All registrants are required to abide by *BABCP's Standards of Conduct, Performance and Ethics* or *AREBT's Code of Ethics and Standards of Practice*. Registrants must meet the education and training standards and complete continuing professional development (CPD). The register is published online with links from both the BABCP and AREBT's websites.
- 2.3 At the time of the initial Panel meeting the collaboration agreement between the two organisations was in the process of being revised to include more detail about the running of the CBT register, including how complaints against registrants would be handled.
- 2.4 Both organisations are run in line with their respective *Articles of Association*. The day-to-day management of the CBT register is under the control of the BABCP. The Practitioner Accreditation Committee (PAC) is responsible for the CBT register and reports to the BABCP Board of Trustees. The PAC includes a senior representative of the AREBT who reports back to the AREBT Board, and a person with lived experience of the types of conditions seen by practitioners on the register.

- 2.5 At the time of this meeting, the [Standards Committee](#) was responsible for considering all complaints against BABCP or BABCP/AREBT dual registered members. This Committee consisted of ten people, one of which was a service user representative. The *Terms of Reference* stated that this Committee ‘Consider all complaints about members allegedly contravening the BABCP Standards of Conduct, Performance and Ethics, act on subsequent conclusions and make recommendations to the Board.’ During interviews the BABCP confirmed that the Standards Committee could make minor changes to policies and standards and decide up to suspension but that all removals were ratified by the Board. Complaints against AREBT sole registered practitioners were considered by the AREBT. As with the BABCP there was Board involvement in these decisions. This suggested that there was not appropriate separation between the Board and complaints handling.
- 2.6 The BABCP are a signatory for the 2017 [Memorandum of Understanding \(MoU\) on Conversion Therapy](#). The purpose of the MoU ‘is the protection of the public through a commitment to ending the practice of ‘conversion therapy’ in the UK.’ This has been signed by most of our existing Accredited Registers along with other organisations such as the Royal College of General Practitioners and NHS England/Improvement. The AREBT confirmed that although not a signatory, it does agree with the principles of the MoU and has produced a statement to that effect.
- Accreditation Panel meeting 12 May 2023*
- 2.7 The Accreditation Panel considered the BABCP/AREBT’s response to the Actions issued at the adjourned Panel meeting, aimed at addressing the concerns above. The BABCP updated its complaints handling procedures. All registrants on the CBT register will be subject to this process regardless of whether they are members of the BABCP or the AREBT. This is included in the updated collaboration agreement between the two organisations. Within the new complaints process, there is no Board involvement in decision-making, so ensuring there is appropriate separation of functions.
- 2.8 The Accreditation Panel is satisfied that the BABCP/AREBT had addressed the Actions and therefore that this Standard is now met. More information about the BABCP/AREBT’s response to the Actions is under Standards 10 and 11.

Standard 3: risk management

Summary

- 3.1 The Accreditation Panel found that Standard 3 is met. The Accreditation Panel issued the following Recommendation:
3. The BABCP/AREBT should review their risk matrix to ensure that relevant mitigations are recorded.

The Accreditation Panel’s findings

Accreditation Panel meeting 13 October 2022

- 3.2 The BABCP/AREBT carried out an assessment of the risks associated with the practice of CBT and the Wellbeing Practitioners. These were reviewed as part of our assessment of Standard One. We found that the risk matrix

included all the risks we identified through our assessment but that some mitigations such as appropriate education and training, CPD requirements and other relevant guidance that the BABCP/AREBT have produced were not routinely recorded under all the relevant risks. We therefore issued Recommendation three for the BABCP/AREBT to review its risk matrix to ensure it covered all appropriate mitigations.

- 3.3 The BABCP's *Risk Management Policy* sets out the organisation's approach to risk, noting that there are two risk matrices, one that covers organisational risks and the other that covers practice-based risks. It stated that the Chief Executive and Registrar of the BABCP and a senior representative from the AREBT monitor the risk matrix on a regular basis with any new or increasing risks being reported to respective Boards with recommendations for mitigations. The Risk matrix is reviewed by each Board at least annually. The BABCP/AREBT noted that the PAC will develop a policy for reviewing and reporting on practice-based risks.

Accreditation Panel meeting 12 May 2023

- 3.4 The BABCP/AREBT provided its updated *Risk Management Policies* which included more information about the PAC's role in monitoring risk. This policy sets out that the practice-based risk matrix is owned by the PAC who consider a range of data when considering risks including complaints outcomes and accreditation and registration considerations. The BABCP/AREBT told us that risk is monitored in a proactive way and any risks arising are discussed at PAC meetings where practice-based risk and mitigating actions is now a standing item. The full risk matrix is reviewed at the PAC meetings in February and October each year.
- 3.5 The Accreditation Panel confirmed that this Standard is met.

Standard 4: the organisation demonstrates that it has sufficient finance to enable it to fulfil its voluntary register functions effectively including setting standards, education, registration, complaints and removal from the register

Summary

- 4.1 The Accreditation Panel found that Standard 4 is met.

The Accreditation Panel's findings

Accreditation Panel meeting 13 October 2022

- 4.2 As part of our due diligence for this Standard, we considered the information held on Companies House for the [BABCP](#) and the [AREBT](#). Accounts to year end April 2021 indicated that the organisations are financially sustainable. There were no actions recorded against either organisation on Companies House. We verified that both organisations held appropriate liability insurance.

Accreditation Panel meeting 12 May 2023

- 4.3 The Accreditation Panel confirmed that this Standard is met.

Standard 5: the organisation demonstrates that it has the capacity to inspire confidence in its ability to manage the register effectively

Summary

- 5.1 When the Accreditation Panel initially met on 13 October 2022, it found that this Standard was not met due to the potential impact of the weaknesses in the complaints process on inspiring confidence in the BABCP/AREBT's ability to manage the register. When the Accreditation Panel reconvened on 12 May 2023 it found that the BABCP/AREBT had addressed all the Actions to strengthen its approach to complaints, and that Standard 5 is now met. The Accreditation Panel issued the following Recommendation:
4. The AREBT should further demonstrate its openness and transparency by for example publishing meeting minutes where it relates to the register and public protection. The BABCP/AREBT could consider publishing minutes of the Practitioner Accreditation Committee where these relate to the register.

The Accreditation Panel's findings

Accreditation Panel meeting 13 October 2022

- 5.2 The BABCP publishes its [strategic direction](#), [terms of reference for its Board](#) and Standing Committees such as the [CBT Practitioner Accreditation Committee](#), [Board minutes](#) and its [annual reports](#) going back to 2012, demonstrating its openness and transparency. Details of the Board and senior staff team are also published on BABCP's [website](#).
- 5.3 The AREBT publishes details of its Board on its [website](#). At the time of this meeting, it did not publish any meeting minutes or other governance documents. We also noted that although the AREBT publishes the agenda of its AGM on its website it didn't publish any meeting minutes. The AREBT confirmed its commitment to openness and transparency, noting it intends to publish AGM Agendas and Minutes and that it is open to publishing its own Board minutes where relevant. The AREBT also stated it will support the BABCP in the publication of any PAC minutes which relate to the register and public protection. We therefore issued Recommendation four.
- 5.4 The BABCP's *Conflict of Interest Policy* requires Board members to declare any conflicts of interest. Conflicts of interest declared by trustees are collated onto a central list for reference by the Chair. At the Board meeting we observed, the Chair asked if there were any conflicts to be declared and we noted that conflicts of interest are an agenda item and are recorded in the minutes.
- 5.5 The AREBT's *Conflict of Interest Policy* explains the actions the AREBT will take if a Director declares a conflict and notes that conflicts will be asked for at all Board meetings.
- 5.6 Another aspect of this Standard is operational efficiency. We did not carry out a site visit for the AREBT or consider its operational efficiency in detail as the running of the register lies predominantly with the BABCP. The BABCP confirmed that the information held on the register is regularly backed-up but noted that they are moving to a different system which should be more secure and would be up and running quicker if there was a problem.
- 5.7 The BABCP publishes its *Privacy Policy*. This provides details to the public about the type of information BABCP collects and what it uses it for. The policy also contains information on data security and the rights of the

individuals to access information that BABCP holds. We noted that the policy did not discuss information it may receive from complainants. The AREBT also publishes its [Privacy Policy](#), as with the BABCP we couldn't see any reference to handling information during the complaints process. As part of our due diligence, we checked the Information Commissioners Office (ICO) register and found that both organisations were registered.

- 5.8 The BABCP has a published [Diversity and Equalities Statement](#) – this is discussed more under Standard 7. The AREBT has published its [Equality, Diversity and Inclusion Statement](#).
- Accreditation Panel meeting 12 May 2023*
- 5.9 Both organisations reported that they had updated their Privacy Policies to now include information on the handling of information related to complaints.
- 5.10 The Accreditation Panel considered the BABCP/AREBT's response to the Actions issued at the adjourned Panel meeting. The Accreditation Panel is satisfied that the BABCP/AREBT had addressed the Actions and therefore that this Standard is now met. More information about the BABCP/AREBT's response to the Actions is under Standards 10 and 11.

Standard 6: the organisation demonstrates that there is a defined knowledge base underpinning the health and social care occupations covered by its register or, alternatively, how it is actively developing one. The organisation makes the defined knowledge base or its development explicit to the public

Summary

- 6.1 The Accreditation Panel found that Standard 6 is met. The Accreditation Panel issued the following Recommendation:
5. BABCP should continue to monitor emerging evidence about the Evidence Based Parent Trainer and Wellbeing Practitioner roles and add to its published information as needed.

The Accreditation Panel's findings

Accreditation Panel meeting 13 October 2022

- 6.2 The BABCP publishes information about CBT on its website including a page on the [evidence](#). This page sets out what is meant by evidence, why it is important and provides links to some key sources including NICE guidelines. We noted that there is less information provided about the Wellbeing Practitioner and EBPT roles because these are new roles and so the evidence base is still being developed. We therefore issued Recommendation six for the BABCP to monitor emerging evidence about these roles and publish evidence to these pages.
- 6.3 The AREBT has a [section](#) on its website concerning research on REBT, which is a modality of CBT. This includes a section with references to specific research papers. The AREBT also have a [publications](#) page which provides information about books and articles on REBT and CBT.

Accreditation Panel meeting 12 May 2023

- 6.4 The Accreditation Panel confirmed that this Standard is met.

Standard 7: governance

Summary

- 7.1 When the Accreditation Panel initially met on 13 October 2022, it found that this Standard was not met due to the potential impact of the complaints process on inspiring confidence in the BABCP/AREBT's ability to manage the register. When the Accreditation Panel reconvened on 12 May 2023 it found that the BABCP/AREBT had addressed all the Actions and that Standard 7 is now met. The Accreditation Panel issued the following Recommendations:
6. The BABCP/AREBT should continue to explore options for informing and involving the public and service users in their role as a register holder.
 7. The BABCP/AREBT should review their documentation to ensure that it is up to date and reflect current practice.
 8. The BABCP/AREBT should review the information provided to the public about their roles and the relationship between the two organisations.

The Accreditation Panel's findings

Accreditation Panel meeting 13 October 2022

- 7.2 The BABCP is a registered charity run in line with its [Memorandum and Articles of Association](#). The BABCP reported that it has adopted the 'Charity Governance Code,' which includes seven principles including, leadership, integrity, EDI, openness and accountability.
- 7.3 At the time of the Panel meeting, the BABCP was overseen by a Board of ten Trustees who are elected for a period of three years (except for the President who serves four years) by the membership. Information about the BABCP Board members is published on the BABCP's [website](#). At the time of the initial Panel meeting, all Board members were members of the BABCP, however, there was also a lay adviser. The BABCP advised that it was changing its *Articles of Association* to allow it to recruit lay members to its Board. The [terms of reference](#) for the Board are published on the website.
- 7.4 The BABCP publishes details of its values and its strategic direction on its [website](#), these demonstrate the BABCP's commitment to public protection and promoting confidence in the occupation. Diversity, inclusivity, and collaboration is one of the BABCP's values. Its website states that:
- 'We appreciate the importance of diversity and inclusivity and seek to maximise participation and engagement from everyone with an interest in CBT, in particular those from under-represented groups. CBT is a collaborative therapy, and we value collaboration and consultation with members and wider groups as needed.
- We oppose discrimination of any kind and are continually working to improve our recognition of and take an active stance against discrimination and inequality.'

Both organisations publish Equality, Diversity, and Inclusion statements on their respective websites. The BABCP's statement includes its comprehensive EDI action plan.

- 7.5 The AREBT is a private limited company without share capital incorporated on 17 May 2002. It is overseen by a [Board](#) of seven Directors, all of whom have a key area of responsibility. The AREBT told us that it was recruiting to a lay position for its Board. Following its review of our assessment report, the AREBT developed Board governance documents such as job descriptions for Directors, *Terms of Reference for the Board*, and a *Board Recruitment Policy*.
- 7.6 The CBT register is overseen by the PAC. BABCP publish the PAC's *Terms of Reference* on its [website](#). The Committee consists of ten people, one of whom must be a representative from the AREBT. There is one person with lived experience, one lay person and one PWP representative on the Committee. This Committee reports to the BABCP Board of Trustees and the AREBT representative feeds back any relevant decisions to the AREBT Board. This group does not have a responsibility for membership functions for either organisation.
- 7.7 In addition to the PAC there were two Standing Committees that were directly involved in the functions of the register:
- 1) [Standards Committee](#) – considers all complaints against registrants who are BABCP or BABCP/AREBT dual registered, and advises the Board on changes to the complaints process. The Committee consisted of ten members, with at least one service user representative.
 - 2) [Course Accreditation Committee](#) – responsible for assessing courses that lead to the CBT and EBPT register. This consists of seven members including a person with lived experience and lay involvement.
- 7.8 We found that decisions made about complaints involved the Board for both organisations. The Accreditation Panel noted that this was not good practice and that this should be resolved through the planned updates to the complaints process.
- 7.9 The BABCP developed a [Public Engagement Strategy](#) which outlines its priorities. Priority three (keep the people who are receiving CBT at the heart of all BABCP does) includes learning from people with lived experience of CBT and including people with lived experience at all levels of its governance. The plan includes details of how the BABCP intend to reach its aims.
- 7.10 The AREBT's *Public Engagement Strategy* was developed in 2022. The plan includes details of how the AREBT intends to reach its aims with a detailed action plan. The Accreditation Panel considered the public engagement plans and noted the progress both organisations were making. The Accreditation Panel decided to issue Recommendation seven aimed at the organisations providing information about PSA accreditation to the public and other stakeholders.
- 7.11 The main way BABCP and AREBT communicate with the public is through their websites. The AREBT's website (<https://www.arebt.one/>) provides a link to the CBT register on the BABCP's website. It provides information about its accreditation requirements and its standards for its practitioners, we found that there wasn't much information about requirements for registration or about the registration process. We also found that the complaints routes for dual registered practitioners was not clear. The Accreditation Panel noted the proposed changes to the complaints processes and highlighted the

importance of making sure that information about complaints was made clear on the website.

- 7.12 The register is hosted on the BABCP website (<https://babcp.com/>). Information about the register is found by clicking 'check the register' tab which contains a section for each occupation or 'the find a therapist' tab on the homepage. We found that a service user had to go through a lot of pages to get to the information about the register. The BABCP main website had information about CBT, accreditation for CBT practitioners and registration for Wellbeing Practitioners. We found that there was limited information about the Wellbeing Practitioner and EBPT roles and that information about education and training was aimed at applicants rather than service users. We also found that some of the terminology used when describing the register was confusing, for example it wasn't always clear that the CBT register also included the PWP and EBPT practitioners.
- 7.13 We noted that some documentation on the BABCP website referred to the CBT register, although it was not always clear what this was referring to, as the CBT register now includes PWP's and EBPT's. For example, the *Minimum training Standards* set out the training standards for CBT practitioners need to be on the register and not necessarily all practitioners on the register despite referring to the CBT register in the introduction. We therefore issued Recommendation nine, for the BABCP/AREBT to review its website and documentation to ensure that they reflect current practice.

Accreditation Panel meeting 12 May 2023

- 7.14 The BABCP updated its *Articles of Association* to allow it to recruit lay people to its Board. Both the BABCP and the AREBT are currently advertising lay Board positions. The Accreditation Panel noted that there was lay involvement on the PAC and the Standards Committee which makes decisions relating to the register. We welcome the actions taken by the BABCP and the AREBT to increase the lay involvement in its governance and will review the implementation of the increased lay involvement at the BABCP/AREBT's next assessment.
- 7.15 We noted the updates the BABCP had made to improve the user journey on its website. The BABCP highlighted that these were an interim measure and that it plans to develop its website this year. Part of this development work will look at the usability and accessibility of the information provided from the service user perspective. We will review the updated website as part of our next assessment.
- 7.16 The Accreditation Panel considered the BABCP/AREBT's response to the Actions issued at the adjourned Panel meeting. The Accreditation Panel is satisfied that the Actions had been addressed and that there was now appropriate separation between complaints handling and the two Boards. We noted that all complaints against practitioners on the CBT register will be managed through the BABCP procedure which removes the potential for confusion for members of the public when trying to decide who to complain to. We also considered how the complaints processes were communicated on the websites. We found that they were easy to find and positively noted the addition of the Plain English and accessible guides aimed at the public making

the complaints process easier to understand. The Accreditation Panel found that this Standard is now met.

- 7.17 More information about the BABCP/AREBT's response to the Actions is under Standards 10 and 11.

Standard 8: setting standards for registrants

Summary

- 8.1 When the Accreditation Panel initially met on 13 October 2022, it found that this Standard could be met with a Condition requiring the BABCP/AREBT to update its Standards to make it clear that registrants must hold appropriate indemnity cover. When the Accreditation Panel reconvened on 12 May 2023 it found that the BABCP/AREBT had addressed this Condition and that Standard 8 is now met.

The Accreditation Panel's findings

Accreditation Panel meeting 13 October 2022

- 8.2 All registrants on the CBT register are required to sign a declaration to state they will abide by either the *AREBT's Code of Ethics and Standards of Conduct and Performance* or the *BABCP's Standards of Conduct, Performance and Ethics*. These set out the standards of personal behaviour, technical competence and business practice required by these organisations to be on the register. Both organisations include clauses within their codes and standards such as acting with integrity and honesty. At the time of the initial meeting, neither organisation included requirements for registrants to act in line with the professional Duty of Candour¹⁴ within their Codes, although both had developed guidance on the professional Duty of Candour.
- 8.3 The Accreditation Panel considered the arrangements that the BABCP/AREBT had in place for ensuring that registrants had appropriate indemnity cover. Both organisations confirmed that holding appropriate indemnity cover was a requirement of registration and that this had been added as a declaration to the application forms. We found that while both organisations had guidance in place which highlighted the importance of registrants holding appropriate indemnity cover, this was not set out as a requirement in either set of Codes. The Accreditation Panel therefore decided that if accredited, we would issue a Condition requiring the BABCP/AREBT to review and update its Standards and Codes to ensure that holding appropriate indemnity cover is an explicit requirement for registrants.

Accreditation Panel meeting 12 May 2023

- 8.4 Both organisations reported that they had updated their Codes and Standards to require registrants to hold appropriate indemnity cover and to act in line with the professional Duty of Candour. The BABCP/AREBT reported that they will be carrying out spot checks to ensure that registrants are complying with the requirement to hold indemnity cover. The Accreditation Panel considered these changes and found that the Standard is now met, noting that the

¹⁴ [Duty of Candour \(professionalstandards.org.uk\)](https://www.professionalstandards.org.uk)

Accreditation team will review the implementation of the checks at its next full assessment.

Standard 9: education and training

Summary

- 9.1 When the Accreditation Panel initially met on 13 October 2022, it found that this Standard could be met with a Condition requiring BABCP/AREBT to provide clear information about the type and level of qualification required for entry to the register for each of the roles on the register, as well as its equivalence routes. When the Accreditation Panel reconvened on 12 May 2023 it found that the BABCP/AREBT had addressed this Condition and that Standard 9 is now met.

The Accreditation Panel's findings

Accreditation Panel meeting 13 October 2022

- 9.2 To be accredited as a CBT practitioner and therefore eligible for the register through the BABCP, practitioners are expected to have a minimum of two years experience following their qualification in their core profession, they must meet all the minimum training standards as set out in the [BABCP's Minimum Training Standards](#), maintain an agreed level of continuing professional development in Cognitive and/or Behavioural Therapy, receive regular clinical supervision and adhere to the *BABCP Standards of Conduct, Performance and Ethics in the Practice of Behavioural and Cognitive Psychotherapies*.
- 9.3 The BABCP'S [Core Curriculum Reference Document](#) supports the *Minimum Training Standards* and provides details of the content of the training which must be successfully completed by a CBT practitioner to be eligible for accreditation.
- 9.4 The AREBT's minimum training requirements and core curricula mirror the BABCP's with one exception. Registrants are also expected to complete specific training in REBT.
- 9.5 The BABCP has developed [Evidence based Parent Training \(EBPT\) Minimum Training Standards](#). This provides details of the requirements in terms of training, experience and practice that is required to become an Evidence-Based Parent Training Practitioner. These are usually attained through the completion of a postgraduate course.
- 9.6 The BABCP and the British Psychological Society (BPS) worked together to develop the standards for the Wellbeing Practitioners – the [Standards for the Accreditation of Psychological Wellbeing Practitioner Training Programmes](#). This sets out the standards of accreditation for the training programmes. Wellbeing Practitioners registered with the BABCP must have completed a BPS accredited training programme.
- 9.7 The BABCP accredit courses for CBT and EBPT roles. Applications are considered by the Course Accreditation Committee. Decisions are made based on a review of paperwork and a site visit to ensure the providers meet the *BABCP Minimum Training Standards*. Accreditation lasts for five years at which point they will need to go through the application process again.

Courses are required to inform the BABCP of any changes so they can be assessed in the intervening years.

- 9.8 During our assessment the AREBT confirmed that it doesn't have a current process for assessing courses. There was one course that had been assessed as meeting its standards and would lead to practitioner accreditation and therefore registration, this course has now closed and the AREBT stated that it doesn't think there will be any new courses coming through in the near future. If this should change the AREBT should inform the PSA through the notification of change process.
- 9.9 Information about the education and training requirements for the register is located on the BABCP main website under the [careers section](#). This provides details of the courses needed for the CBT practitioners with information about the BABCP's course accreditation. There is also a link to the Wellbeing Practitioner pages of the website. At the time of this meeting, we found that there was less information about the education and training requirements for the Wellbeing Practitioner and EBPT roles and the information available was difficult to find. The AREBT provide information about accreditation and its education and training requirements on its website. We found that neither organisation provided clear and easily understood information to the public about their education and training requirements. The Accreditation Panel therefore decided that if accredited, we would issue a Condition requiring the BABCP/AREBT to provide information about the type and level of qualification required for entry to the register for each of the roles, as well as clear information about its equivalence routes, and how they will be considered by the BABCP/AREBT.

Accreditation Panel meeting 12 May 2023

- 9.10 The Accreditation Panel considered the changes the BABCP/AREBT made to the information provided on their websites about education and training. We found that both organisations had updated their respective websites about the education and training requirements for CBT practitioners. The BABCP also provided information about the Wellbeing Practitioner and EBPT roles as well as the CBT equivalence routes. The Accreditation Panel found that this Standard is now met.

Standard 10: management of the register

Summary

- 10.1 When the Accreditation Panel initially met on 13 October 2022, it found that this Standard was not met and issued Action one. When the Accreditation Panel reconvened on 12 May 2023 it found that the BABCP/AREBT had addressed Action one and that Standard 10 is now met. The Accreditation Panel issued the following Recommendations:
9. The BABCP should consider if it needs to develop an equivalence route to registration for the Wellbeing Practitioner roles for those who may have trained outside of the UK but who otherwise meet its registration standards.
 10. The BABCP/AREBT should develop systems to check outcomes from other relevant bodies for registrants who have dual membership, such

as with a statutory regulator. This could include highlighting any other professional registrations on registrants' individual profiles and including checks of the regulators when conducting spot-checks of registrants. The BABCP/AREBT should consider developing an exceptional circumstances policy for instances where registrants request that their details be kept of the register, for example where there are safety concerns.

The Accreditation Panel's findings

Accreditation Panel meeting 13 October 2022

- 10.2 The register is located on the BABCP [website](#), and linked from the AREBT website. The BABCP/AREBT confirmed that it may decide to add further occupations or roles to its register in the future. If so, the BABCP/AREBT should inform the PSA through the notification of change process. The register can be searched by surname or occupation and contains the registrant's name, membership number, region they work in and their status. The status section will be used to indicate if a registrant is under sanction.
- 10.3 The BABCP is responsible for maintaining the register, it confirmed that the Registrar will carry out monthly spot checks on the register to ensure that the register remains up to date. The BABCP provides information about the register on its [website](#). This page includes links to the standards for training and the relevant Codes and Standards that registrants are required to comply with. The different sections of the register are explained with links to further information.
- 10.4 All CBT practitioners on the register must be accredited members of either the BABCP or the AREBT. To be accredited, applicants must have a [core profession](#) or be able to demonstrate [equivalence](#), have completed either a BABCP/AREBT accredited course or be able to demonstrate how their training meets the education and training standards. Once accredited, registrants need to renew annually. EBPT practitioners must be members of the BABCP and follow a similar [accreditation process](#).
- 10.5 Wellbeing Practitioners must be members of the BABCP, have completed a BPS accredited course and be working within a specified system of care relevant to the role they are applying for. The BABCP publishes information about registration for these practitioners on its [website](#). The Accreditation Panel noted that there wasn't a process in place for assessing equivalence for those who may have trained in other countries for the Wellbeing Practitioner roles. The Accreditation Panel therefore decided to issue Recommendation nine for the BABCP/AREBT to develop an equivalence route to registration for the wellbeing practitioner roles for those who may have trained outside of the UK but who otherwise meet its registration standards.
- 10.6 All registrants are required to complete annual declarations about fitness to practice. All registrants are expected to complete continuing professional development (CPD) relevant to their registration. For example, the PWP registrants are required to complete five learning and development activities a year which must include four activities directly related to CBT informed principles and approaches, a minimum of six hours of CBT informed skills

development and a reflective statement for each activity. Compliance with CPD and supervision is audited to ensure compliance.

- 10.7 The BABCP/AREBT reported that they consider decisions by statutory regulatory bodies when deciding whether to admit, retain or remove registrants from the CBT Register. The annual declaration requires registrants to make any declarations regarding criminal, civil or professionally related disciplinary cases. We found that there wasn't however a process in place for processing these. We also noted that the BABCP/AREBT did not appear to have an exceptional circumstance policy in place for instances where registrants request that their details be kept of the register, for example where there are safety concerns. The Accreditation Panel therefore issued Recommendation ten for BABCP/AREBT to develop systems to check outcomes from other relevant bodies for registrants who have dual membership, such as with a statutory regulator. The BABCP/AREBT should consider developing an exceptional circumstances policy for instances where registrants request that their details be kept of the register, for example where there are safety concerns.
- 10.8 We found that the BABCP's complaints process stated that those who have been suspended are automatically reinstated to the register without a review. Those who had been expelled from the register would need to re-apply and may need to provide evidence of remediation as part of this. We noted that the process didn't state how long someone had to be off the register before they could re-apply. Although it did state that in serious cases a practitioner could be permanently expelled, it didn't explain what a 'serious case' would be. Further information was published on the BABCP's website, these stated that practitioners must apply for provisional reinstatement before applying for full reinstatement. It was not however clear from the information on the website if there were any maximum time frames that limited the application of this policy. The AREBT confirmed that its process replicates the BABCP process.
- 10.9 The Accreditation Panel did not have any concerns about the BABCP/AREBT's management of the register. The Accreditation Panel noted that the restoration policy should be reviewed and updated considering any changes resulting from the ongoing work to update the BABCP/AREBT complaints process. The BABCP/AREBT should ensure that it is clear whether ex-registrants will need to provide evidence of remediation following a sanction and in what situations expulsion is permanent. The review should consider whether it would accept restoration applications indefinitely or whether after a certain time, applicants should carry out a full application. It should also consider whether it is appropriate to automatically restore someone to the register who has been suspended without seeing evidence of remediation first. The Panel therefore issued Action one.

Accreditation Panel meeting 12 May 2023

- 10.10 The BABCP supplied its updated [complaints handling procedures](#) and confirmed that all registrants on the CBT register will be subject to the new process regardless of whether they are members of the BABCP or the AREBT. Section 35 of the complaints procedure is about restoration to the register following a suspension or removal from the register. This states that

an application to be restored to the register cannot be made until five years has passed. Applications for restoration are made to the Complaints and Restoration Manager and considered by a Restoration Hearing Panel. The procedure includes the information that the Restoration Hearing Panel will use when deciding to restore someone to the register and notes the circumstances in which a decision can be appealed. The procedures also notes the circumstances where removal from the register is permanent, so people will not be eligible to apply for restoration.

- 10.11 The Accreditation Panel was satisfied that Action one had been considered and therefore that this Standard is now met.

Standard 11: complaints and concerns handling

Summary

- 11.1 When the Accreditation Panel initially met on 13 October 2022, it found that this Standard was not met and issued Actions one to three requiring the BABCP/AREBT to complete work on the complaints handling processes. When the Accreditation Panel reconvened on 12 May 2023 it found that the BABCP/AREBT had addressed all the Actions and that Standard 11 is now be met with the following Condition:

11. The BABCP/AREBT should inform the Accreditation team when there is a hearing using the new complaints process so that we can observe.

The Accreditation Panel's findings

Accreditation Panel meeting 13 October 2022

- 11.2 At the time of the initial panel meeting, the complaints processes were separate. The BABCP handled complaints against its members and those who were dual members with the AREBT. The AREBT handled complaints against its sole members. Both organisations published information about their processes on their respective websites.
- 11.3 The Accreditation Panel considered the complaints handling procedures and noted that there were some significant issues with the processes, including the ratification of decisions by the Board and the lack of clear processes for issuing interim orders and holding hearings.
- 11.4 The Accreditation Panel noted that the draft process appeared to address most of its concerns with the current process but that these had not yet been finalised. The Accreditation Panel decided to adjourn the meeting to give the BABCP/AREBT time to implement the changes. See Actions two and three.
- 11.5 Both organisations publish their respective organisational complaints policies on their websites.

Accreditation Panel meeting 12 May 2023

- 11.6 The BABCP publishes its new complaints procedure on its [website](#). The BABCP/AREBT confirmed that all registrants on the CBT register will be subject to this procedure regardless of which organisation they are members of.

- 11.7 Section 7 of the procedure provides information about who can make a complaint and section 8 provides information on how to make a complaint. The procedure provides an email address and a telephone number for the Complaints and Resolution Manager. The procedure states what should be included in the complaint. Complaints should be made in writing where possible, however the BABCP will accept a complaint made verbally or using other non-written communication. The BABCP will also offer support to a complainant to put a complaint in writing if needed. Where possible complaints should be made within three years of the conduct that is being complained about. If a complaint is made outside this time limit, the complainant must explain why the complaint could not be made within the time limit. The Complaints and Resolution Manager will decide whether, it would be reasonable and in the public interest to allow the complaint to proceed despite the complaint being made outside of time limit.
- 11.8 Once received the complaint is triaged by the Complaints and Resolution Manager using the BABCP threshold test. This determines whether the complaint identifies reasonable grounds for investigating a possible breach of the standards which, if proven, would result in it not being suitable for the registrant to remain on the CBT Register without restrictions or conditions. If the threshold test is not met, the complaint will not be progressed, and the complainant will be informed of the decision and the reasoning. If the complaint is progressed, the Complaints and Resolution Manager will inform the registrant and provide them with information about the complaint and the grounds on which an investigation will start.
- 11.9 The Complaints and Resolution Manager can apply to the Emergency Suspension Panel for an Emergency Suspension Order. This is used where it is deemed that any delay in issuing an interim order would pose a risk to the safety of the public and/or the registrant. An Emergency Suspension Order can only be approved if three members of the Emergency Suspension Panel agree in writing that it is necessary for the protection of the public, in the public interest, or in the registrant's best interests. The registrant can appeal this decision.
- 11.10 Once the investigation is complete the complaint is sent to the Screening Panel which decides based on the realistic prospect test and is usually based on the information provided by the Complaints and Resolution Manager. Where there is a realistic prospect, the Screening Panel can refer to the Hearing Panel if it considers it would be in the public interest to do so. The Complaints and Resolution Manager will notify all parties of the decision and the reasons why.
- 11.11 If the Screening Panel determines that there is a realistic prospect but that it is not in the public interest for a complaint to be referred to a Hearing, then the complaint can be dealt with using the Consensual Disposal Mechanism. This can only be used if both parties agree to the terms set out by the Screening Panel, if there is no agreement then the complaint is referred to a hearing.
- 11.12 The Screening Panel may also decide to send the complaint to the Interim Suspension Panel for the protection of the public while the case is waiting to be heard. If an interim suspension is required, the Complaints and Resolution Manager will inform the registrant and their register entry will be updated to

show their membership has been ‘suspended pending the resolution of a complaint.’ The registrant is informed of the proposed decision to allow them to make representations to the Interim Suspension Panel, the registrant may also appeal a decision of the Interim Suspension Panel. Interim orders should be reviewed by the Interim Suspension Panel every three months.

- 11.13 At the hearing, the responsibility for presenting the case is with the BABCP. Hearings are held in public unless otherwise directed by the panel following an application from either party for all or part of the hearing to be held in private. This will be considered on a case-by-case basis. Hearings may be in person, virtual or hybrid and the procedure includes information on factors that should be taken into consideration when making this decision as well as additional requirements for virtual and hybrid hearings. Decisions are made on the balance of probabilities. The procedure provides details of factors that should be considered when deciding on the outcome and potential sanctions.
- 11.14 The BABCP will publish the panel’s findings on its website for all complaints which are upheld. The findings will include the registrant’s name and registration number. Sanctions will be noted on the register. For health-related complaints the sanction will be published on the website and the register but there will be no further details included. Decisions remain on the website until the sanctions have been completed at which time a sanctions compliance notice is posted. Removals from the register are published for seven years.
- 11.15 The registrant and the complainant can appeal the decision. All appeals should be made in writing within 28 days of the decision being appealed against. The submission should include the grounds for appeal. The procedure provides details of how the appeal will be run.
- 11.16 The Accreditation Panel welcomed the changes the BABCP/AREBT made to its handling of complaints against registrants. We found that the new process addressed all the points which had previously been highlighted by the PSA, including the removal of the Board from the decision-making process and having clearer processes for handling interim orders. We noted that the BABCP process included the ability to hold hearings in different formats which should ensure that all parties are able to fully participate. We also welcomed the work the BABCP/AREBT had done to ensure that the complaints process was clear to complainants with the publication of the Plain English and Accessible Guides. The Accreditation Panel was satisfied that Actions two and three had been considered and therefore that this Standard is now met with a Condition.

Share your experience

- 12.1 The public share your experience process ran from 26 April 2021 to 4 June 2021, we received 20 responses, five from individuals, one from an organisation and 14 from BABCP registrants. Thirteen responses were broadly supportive of the BABCP/AREBT’s application for accreditation, these were largely from BABCP registrants. Seven respondents raised concerns. The concerns identified fell into two main areas:
- 1) Governance (Standards 5 and 7) including the BABCP’s management of conflicts of interest and problems with communications.

- 2) Registration (Standard 10) including concerns about the limited number of courses accepted by the BABCP for registration, the time taken to process applications and a lack of clarity in the registration processes.
- 12.2 We noted the actions the BABCP had put into place to address the concerns raised around the management of conflicts of interest, delays in communications and clarity of information. The BABCP developed a conflict-of-interest policy which all its Board, committee and panel members are required to adhere to. We didn't note any specific issues in this area through our assessment. Work to update the complaints processes removed the ratification of decisions by the Board and further reduced the risk of potential conflict of interest arising in this area.
- 12.3 The BABCP has robust processes in place for assessing courses which allow registrants to access the register, they do also have an experience route for CBT practitioners who have completed non-accredited courses, therefore we do not think there is limited access to the register for this group. We have issued a Recommendation for the BABCP to consider developing equivalence routes for the Wellbeing Practitioner roles which would increase access for this groups. The BABCP and the AREBT provide information about registration routes, acceptable courses, and equivalence on its website. Both organisations made several updates following the adjourned panel meeting, making the registration requirements clearer. We noted that the BABCP is planning to update its website and that as part of this work it will be looking at the information it provides from different user perspectives. This should help improve the clarity of the information it provides. We will consider the changes to the BABCP's website as part of the BABCP/AREBT's next assessment.

Impact assessment (including Equalities impact)

- 13.1 We carried out an [impact assessment](#) as part of our decision to accredit the BABCP/AREBT. This impact assessment included an equalities impact assessment as part of the consideration of our duty under the Equality Act 2010.
- 13.2 The BABCP/AREBT has not historically collected data about protected characteristics from its registrants. However, going forward it will consider how it can collect data on factors such as age to help identify risks and opportunities in the delivery of CBT to the public. A report published by the Nuffield Trust in 2021.¹⁵ considered the size and demographic of the psychological workforce. The report highlighted several barriers to becoming a psychologist, including race, disability, and socio-economic background. The report found that some minority groups are less likely to progress in a psychology career within the NHS compared to others, that disabled undergraduate students are more likely to drop out of their psychology course and that men are less likely to pursue a career in psychology. The collection of relevant data from registrants on the CBT register will help the BABCP/AREBT identify potential barriers and possible opportunities to

¹⁵ <https://www.nuffieldtrust.org.uk/research/the-right-track-participation-and-progression-in-psychology-career-paths>

encourage people from all backgrounds into training for these roles and therefore gain access to the register.

- 13.3 Registration with either the BABCP or the BPS is a requirement for PWPs employed by NHS England & Improvement (NHSE&I). This requirement is thought necessary to protect the public and will ultimately drive-up standards in these roles. It is hoped that employers will start to add registration as a requirement for employment for the other roles going forward.