

**A SUBMISSION ON THE REGULATION OF
PSYCHOTHERAPY/ MENTAL HEALTH COUNSELLING
IN ONTARIO**

TO THE

HEALTH PROFESSIONS REGULATORY ADVISORY COUNCIL

BY THE

**ONTARIO ASSOCIATION OF CONSULTANTS, COUNSELLORS,
PSYCHOMETRISTS AND PSYCHOTHERAPISTS**

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INTRODUCTION AND OVERVIEW

The Ontario Association of Consultants, Counsellors, Psychometrists and Psychotherapists (OACCPP) is pleased to communicate its analysis and recommendations on the regulation of psychotherapy/ mental health counselling in Ontario for the consideration of the Advisory Panel of the Health Professions Regulatory Advisory Council (HPRAC).

The submission calls for the ‘thoughtful regulation’ of psychotherapy/ counselling in Ontario. By ‘thoughtful regulation’, OACCPP means the development and implementation of a balance of regulatory measures that both:

- Inform and protect the public from the potential harm caused by incompetent or unethical practitioners; and
- Enhance the entitlement of a wide range of mental health professionals, who are well educated, trained and experienced, as determined by objective standards, to offer mental health services as psychotherapists/ counsellors.

The term ‘psychotherapy/clinical-counselling’ is used explicitly throughout this submission to underscore the close relationship of these activities. All psychotherapy and counselling approaches that have the primary goal of assisting an individual to deal with mental health issues should be included in an overall definition of psychotherapy/ counselling. There may be a subtle difference between “psychotherapy” in the methods of treatment used, versus “counselling”, but they are very closely related to what actually happens when working with a client, depending on the issues, goals, and characteristics of the client.

In OACCPP’s view, thoughtful, effective regulation has nothing to do with restricting the practice of psychotherapy/ counselling to those practitioners who are members of Colleges established under the Registered Health Professionals Act (RPHA) or the Social Work and Social Service Worker Act. Nor should psychotherapy/ counselling be a controlled act. Such restrictions fail to recognize that a wide spectrum of non-statutory self-regulated professions have provided the Ontario public with high quality, safe psychotherapeutic/ counselling services for many years. Constructive regulation should build on this strong foundation, with the establishment of a new College of Psychotherapy and Mental Health Counselling.

It is the OACCPP’s additional view that HPRAC should initiate concurrent, parallel changes to the regulation of the practice of psychotherapy/ counselling by the existing Colleges. As Dr. Segal noted on October 14, 2005, a disproportionate number of complaints by the public about the psychotherapy/ counselling services they have received are directed to these existing colleges. HPRAC must choose whether regulatory changes creating the mandate and accountabilities of the new College should be harmonized within the existing

Colleges; or if all regulation of psychotherapy/ counselling should be housed in the new College. The latter might be more effective and efficient.

It is instructive and encouraging that over the course of the eight public consultation sessions convened by HPRAC, there was widespread agreement by many (but certainly not all) presenters along the lines suggested by OACCPP. This accord was particularly evident on October 14, which was by far the busiest day of consultation. Elements of this informal consensus include:

- Protection of the public is paramount;
- Regulation is needed – the status quo does not serve the public or the practitioners sufficiently across the spectrum;
- Regulatory measures should reflect an ‘inclusive’ definition of psychotherapy/ counselling;
- Ontarians want and deserve continued access to cost-effective, high quality mental health services across the province in a wide variety of private and public settings;
- A meaningful educational threshold is warranted (at least at the Masters degree level);
- Equitable grand parenting provisions should be available, as long as the public is suitably protected;
- A three to five year transition period should be put in place;
- Rigorous, consistent training requirements;
- Rigorous supervision of new graduates;
- Easily accessed, informative registry of qualified psychotherapists/ counsellors;
- No controlled act of psychotherapy/ mental health counselling;
- A new College to oversee the regulation of psychotherapy/ counselling;
- At a minimum, harmonization of regulation between the new College and existing Colleges;
- Title protection for psychotherapists/ counsellors;
- Specialized education and training to equip practitioners to better meet the psychotherapy/ counselling needs caused by Ontario’s cultural diversity; and
- Stringent accountability measures and standards of practice.

It is OACCPP’s view that together these 16 measures form the basis of an excellent starting point for a regulatory framework/ template covering the practice of psychotherapy/ mental health counselling in Ontario. Of course, there are challenging considerations and issues to be identified, analyzed and resolved for these components, individually and collectively. Clearly, “the devil is in the details”. OACCPP’s views on many of these details are presented later in this submission, in response to the questions posed in the Consultation Discussion Guide.

OACCPP

This submission is made on behalf of the over 2000 non-statutory self-regulating mental health practitioners who are members of OACCPP across the province. OACCPP is an incorporated professional association formed in 1978 to represent providers of mental health services in the areas of consulting counselling and psychotherapy.

OACCPP's certified Members are designated as 'Mental Health Professionals' on the basis of a rigorous evaluation that assesses their knowledge, training and experience, including jurisprudence, according to the Association's certification standards.

The majority of OACCPP's General Members hold a Masters degree and we also have some members who hold a PhD. in psychology. Some of our members are also in the social work field. We also assess candidates' supplementary education and mental health field experience.

A small number of OACCPP members are Psychological Associates and members of the College of Psychologists of Ontario.

OACCPP practitioners work in a variety of settings that include clinics, hospitals, colleges, school boards, counselling and psychotherapy centres, employee assistance programs and business and industry. About 60 per cent are in private practice. These practitioners are located throughout Ontario and serve both small communities as well as our large cities.

THE MINISTER'S REFERRAL

In February of this year, the Honourable George Smitherman, Ontario's Minister of Health and Long-term Care, sought specific advice from HPRAC on the following questions:

- 1) *Whether psychotherapy should be an additional controlled act under the RHPA and, if so, which regulated professions should have psychotherapy in their scopes of practice and how should standards be set and measured; and*
- 2) *Whether psychotherapists should be regulated under the RHPA as a profession, what their scope of practice should be and what controlled acts they should be authorized to perform, as well as any protected titles, and whether it is appropriate that psychotherapists be regulated under an existing profession-specific Act*

OACCPP commends HPRAC for the thorough and professional way in which the Council has addressed the Minister's referral. HPRAC staff have been

consistently helpful. We also appreciate the members of the Advisory Panel for their indulgence, professionalism, and objectivity.

The Consultation Discussion Paper, the Jurisdictional Review and the Literature Review are all authoritative and insightful. It is important for regulatory decisions to be fact based and these documents help to inform the consultative process and the ultimate regulatory decision.

Thank you as well for investing the time and resources in the public consultation exercise that HPRAC conducted over a two and a half week period across the Province. OACCPP believes that the Advisory Panel's advice to HPRAC, and ultimately to the Minister of Health and Long Term Care, will benefit from this open, transparent process.

OACCPP'S RESPONSES TO THE QUESTIONS POSED IN THE CONSULTATION DISCUSSION PAPER

OACCPP hopes that the Advisory Panel will find the following responses by the Association to the questions set out in the Consultation Discussion Paper to be helpful in coming to its own view as to the appropriate framework and measures for regulating psychotherapy/ clinical-counselling in Ontario.

Question 1: Is it necessary to define psychotherapy in order to effectively regulate it? If so, is broad agreement on a definition necessary?

An operational or working definition, with some common elements, acceptable to professionals providing these services, is needed. Psychotherapy should be defined as broadly as possible in order to appreciate the varied approaches that our qualified members bring to the profession. Some clients will be reached by art therapy while others will be best served by cognitive behavioural therapy.

Question 2: Please comment on the working definition. Are there elements that should be included or deleted?

“Psychotherapy is the treatment of a person or persons (who have cognitive, emotional, behavioural or social dysfunctions) through psychological, psychosocial or interpersonal methods. The nature of psychotherapy is often probing and intensive, and a specific treatment plan guides the application of these procedures. The practice of psychotherapy can be distinguished from both counselling, where the focus is on the provision of information, advice-giving, encouragement and instruction, and from spiritual counselling, which is counselling based on religion or faith-based systems.”

The working definition of psychotherapy may exclude current practitioners from practicing if this definition is adopted using protected terms like “psychological”. This term should be omitted. There may be a subtle difference between

“psychotherapy” in the methods of treatment used, versus “counselling”, but they are very closely related to what actually happens when working with a client, depending on the issues, goals, and characteristics of the client. Some clients will have a clinical diagnosis, while others may not.

OACCPP proposes the following definition: psychotherapy provides therapeutic intervention to assist individuals or groups alleviate diagnosed mental disorders, understand conscious and unconscious motivation, and resolve emotional relationships, attitudinal conflicts, or modify behaviours, which interfere with effective emotional, social or intellectual functioning. Psychotherapy or counselling can also include helping clients proceed through normal transitions in their lives, even when no identifiable pathology is present.

OACCPP strongly favours a broad and inclusive definition of psychotherapy for Ontario that captures all Masters-level mental health practitioners that are currently certified by non-statutory self-regulated professional associations. In Ontario this would include well-established organizations that operate according to public interest principles and are voluntarily accountable to the public - such as OACCPP, the Canadian Counselling Association, the Ontario Association for Marriage and Family Therapy.

Question 3: Does the practice of psychotherapy pose a risk of harm to the public? If so, how?

The practice of psychotherapy/ counselling could pose a risk of harm to the public, if provided by someone with unethical practices, or by those not fit to practice. This could include some individuals currently regulated under RHPA colleges, as well as those who currently remain unregulated and not associated with any professionally recognized association of members who provide psychotherapy services. Regulation, in and of itself, may not protect the public absolutely, but if properly established and enforced, will lessen the likelihood of harm. OACCPP believes that regulation of the practice of psychotherapy/ counselling should happen, as a separate entity, sanctioned by the MOHLTC.

The potential risk of harm may be more apparent for those individuals diagnosed with significant mental health problems like borderline personality disorder and post-traumatic stress disorder, who are more vulnerable to risk of harm in the patient/client relationship.

Some treatment practices by inexperienced or incompetent professionals (either regulated or not) may pose a risk of harm to both the client and/or therapist alike; i.e. when a client's symptom clusters do not match the treatment modality offered. Persons with borderline personality disorders or post-traumatic stress disorder, or patients who are severely depressed may put themselves and others at risk by a psychotherapist or counsellor who fails to recognize and understand the severity of their condition. A competent psychotherapist or counsellor who

does recognize these conditions may need to refer out for a diagnosis before providing follow-up therapeutic intervention. Some treatment modalities may do harm to a client if the therapist is not well trained and experienced.

Question 4: Would regulatory intervention decrease the risk of harm to patients/clients? If so, how?

Regulatory intervention may decrease the risk of harm to patients/clients, if the current process for complaints is tightened with existing regulatory colleges, and all existing professional groups (e.g. OACCPP, who has a process in place, but can't enforce sanctions), including those with no processes in place for complaints and discipline against professionals practicing unethically.

The regulation of psychotherapy has the potential to decrease the risk of harm to clients if this regulation ensures:

- Recognition and acknowledgement of the value of diverse psychotherapeutic approaches to continue to meet individual needs;
- Adequate minimum standards for education and training (e.g., Master's level or equivalent in Psychology/ Clinical-counselling or related field, including supervised clinical internship);
- Clients have access to a statutory, regulatory body to investigate complaints and enforce disciplinary measures;
- Cost effectiveness for individual clients and communities; and
- The public's right to access the many competent and qualified mental health professionals currently providing high quality, ethical psychotherapy services to Ontarians.

HPRAC may wish to consider the potential for harm if the regulatory lines for psychotherapy/ counselling are drawn so narrowly that clients and patients languish on lengthy wait lists for service or receive no service at all. At stake is nothing less than access to cost-effective, high quality mental health services by a multitude of Ontarians across the province in a wide variety of private and public settings, many of them supported through government funding.

Question 5: Please identify any other factors that weigh for or against regulatory intervention.

In the absence of the regulation of psychotherapy/ counselling, monetary costs to practitioners might be less, but the potential for harm/ cost to the public will be greater – an unacceptable trade-off. Currently, self-regulating associations, like OACCPP, can monitor ethical practices and competence of their members and bring some attention, even redress, to some harmful situations, but they lack statutory powers of enforcement. Risk of harm may be greatest among practitioners who have no professional affiliations and minimal levels of

education and/ or training but who provide psychotherapy/ counselling services to very vulnerable, uninformed patients. Regulation could help to eliminate/ reduce potentially harmful practices, and provide necessary recourse.

The establishment of a new College of Psychotherapist and Counsellors is consistent with meeting the objectives of the RHPA, which are: public protection, quality of care, access and accountability. In such a welcome development, standards would be set up for education, training, supervision, entry-to-practice, quality assurance and accountability. Should entitlement only be offered to existing regulated colleges under both the RHPA and the Social Work and Social Service Worker Act, it will decrease access for the public to many professionals who now practice and provide high quality psychotherapy/ counselling services, outside these colleges, and increase wait times.

Question 6: Would a significant public need be met by regulating psychotherapists?

The primary purpose of any government regulation is the protection of the public. Regulating psychotherapists will reduce the risk of harm, as regulated professionals (psychotherapists/ counsellors) would be required to meet specific standards in terms of education and specialized training, etc. Regulation would also provide the public with a complaint process that will monitor the professional conduct of psychotherapists and provide recourse.

Question 7: Should the title “psychotherapist” be restricted? If so, by whom?

Title protection for psychotherapists/ counsellors will contribute to the protection of public because only individuals who are regulated could use the title “psychotherapist/ counsellor”. In other words, individuals who would use the title would have completed an evaluation of their competence by established standards. Such registration/ regulation/ restriction should be the responsibility of a new College of Psychotherapists and Counsellors. Those members of existing Colleges who wish to use the title psychotherapist/ counsellor would need to meet regulatory requirements from these colleges harmonized with those of the new College, or from the new College directly.

Through title protection and clearly defined activities of psychotherapists and counsellors, sanctions could be put in place and enforced for those attempting to continue to practice outside this framework.

Question 8: Should psychotherapists be regulated without regulating psychotherapy?

Certain groups of professionals who are already regulated by existing Colleges, such as physicians, psychologists, nurses and social workers also practice

psychotherapy/ counselling. Individuals belonging to such Colleges would also need to meet the (new) basic criteria that regulate the profession of psychotherapy. In other words if the profession of psychotherapy is not regulated it would be impossible to regulate psychotherapists.

Question 9: Are there any other issues relating to the regulation of psychotherapists, as distinct from psychotherapy, that you would like to comment on?

Currently psychotherapy is practiced through a multitude of theoretical constructs. However if the profession of psychotherapy is regulated it should ensure that individual psychotherapists regardless of their theoretical background possess certain competencies including:

- a) Thorough knowledge of psychopathology and the criteria established in DSM IV;
- b) Competence to conduct an assessment and refer to another regulated professional for a diagnosis if required;
- c) Thorough understanding of professional ethics and jurisprudence related to the profession;
- d) Thorough understanding of clinical practice, in terms of developing, monitoring and evaluating treatment plans as well as record keeping; and
- e) Continuing education and participation in ongoing supervision/peer consulting.

Question 10: Would a significant public need be met by regulating psychotherapy?

Absolutely. The regulation of psychotherapy will reduce the potential for risk of harm for the public by ensuring that regulated psychotherapists/ counsellors meet defined standards of competence. It will also permit patients to make a more informed choice in the selection of a psychotherapist/ counsellor.

Question 11: Can psychotherapy be regulated without regulating psychotherapists?

Psychotherapy, as a treatment approach for patients/clients in need, should be regulated for those professionals (e.g. social workers, doctors, psychologists) who may or may not have enforceable professional standards and qualifications for provision of these services within their regulatory colleges, who provide these services. It is also important that psychotherapists/ counsellors who provide the same services, and who have a self-regulation process within their respective professional associations, continue to be regulated. These regulations should be standardized amongst professional groups providing these services, under the auspices of a new College of Psychotherapy and Mental Health Professionals. Those practicing psychotherapists/ counsellors with no professional affiliation definitely need regulations and standards to continue with their practices, and

minimize the potential for harm for those whom they serve. The answer to this question, therefore is no.

Question 12: Are there any other issues relating to the regulation of psychotherapy you would like to comment on?

Types of psychotherapeutic/ counselling practices are continually evolving, expanding and changing, as new information and research becomes available. Regulation should include well-accepted standards of practice and therapeutic approaches that fit the needs of the patient/client profile, and exclude those approaches that may put that client at risk of harm, while also encouraging the research and development that is necessary for the growth of any scientifically based body of knowledge and practice.

Practicing psychotherapists/ counsellors should only practice within their areas of competency and scopes of practice, and abide by an ethical responsibility to refer on to another professional, when appropriate.

To avoid those failing to, or not wishing to become regulated as psychotherapists/ counsellors, or the possibility of practitioners providing the same services, under a different title, a public watchdog system could be set up through a new College, to prevent possible harm to the consumer. Through title protection and clearly defined activities of psychotherapists and counsellors, sanctions could be put in place for those attempting to continue to practice outside this framework, preferably administered through a new College.

Transition time and grand parenting options will need careful consideration. Harmonizing differences among new and current professionals practicing psychotherapy (in both regulated and non-regulated frameworks) will be a balancing act, in terms of mutual agreement on educational level, training course content, clinical practice standards, and experience. A transition time of 3 to 5 years may be necessary for the development and acceptance of criteria and infrastructure, particularly if a new College is established. And a public awareness/ outreach campaign will be required. It will take a lot of collaboration and cooperation among current regulatory colleges, the new college, the government, established professional associations, and client groups to do this properly.

Question 13: Is the RHPA the most appropriate statutory framework to use to regulate psychotherapists and/or psychotherapy?

The RHPA in its current form is not the most appropriate statutory framework to regulate psychotherapists and/or psychotherapy. However, appropriate amendments can meet its deficiencies. OACCPP believes that a new college of statutory self-regulated psychotherapists and counsellors should be established that could include those practitioners who currently belong to regulated colleges

under both the RHPA and the Social Work and Social Service Worker Act. It would also include those professionals currently certified under a professional association (e.g. OACCPP). Those practicing outside a professional association would have to join one of these associations and meet the certification criteria to be considered as part of this new college.

Question 14: Should psychotherapy be a Controlled Act under the RHPA? If so, what professions should be authorized to perform the Controlled Act of Psychotherapy?

OACCPP believes that the practice of psychotherapy should be regulated under a new provision of the RHPA or as a separate Act, and is in support of statutory regulation of the profession of psychotherapy and counselling, that would focus on public protection from harm as its central mandate. At the same time, OACCPP does not agree that the regulation of psychotherapy should include a controlled act. Psychotherapy, in theory and practice, inherently has too broad a scope, to be identified as a controlled act.

Currently in Ontario, there are several thousand practicing psychotherapists and counsellors who belong to professional associations that are self-regulated. If RHPA were to regulate psychotherapy as a profession, but not as a “controlled act” belonging to any one specific profession, the current level of service provision could be maintained, but at the same time come under a statutory umbrella, which would ensure a measure of protection to public. OACCPP feels strongly that regulation should be statutory in order to maintain responsible provision of service by mandating disciplinary measures, monitoring adherence to a common ethical code and standards of professional conduct, and ensuring a baseline educational/training requirement that provides core competencies in all psychotherapy modalities.

Because of the many forms of psychotherapy being practiced currently in Ontario, trying to articulate psychotherapy as a controlled act would not only be unfeasible but would also be irresponsible.

Those patients/clients who receive psychotherapy/counselling services, for significant cognitive, emotional, behavioural or social dysfunctions, often come to the therapist with a diagnosis from a physician, psychiatrist, or psychologist, so that appropriate treatment can commence. Those in need of a diagnosis will be referred on for that purpose, and some individuals will receive psychotherapy services and/or counselling for other non-diagnosed conditions, e.g. self-esteem issues, stress etc.

Question 15: **Should psychotherapists be regulated as a new profession under the RHPA?**

a) Should psychotherapists be regulated as a part of an existing health regulatory College or under a new, separate College?

Psychotherapists/ counsellors should be regulated under a new separate college. Those practicing psychotherapists/ counsellors currently regulated under regulated colleges should have their entry to practice requirements, standards of practice, etc. harmonized with those of this new college. This would be a more inclusive option for those existing and new practitioners and give access to the public of competent professional services, yet have practices in place for accountability and protection of the public from harm.

Psychotherapists/ counsellors should only be permitted to practice within their areas of competency and scopes of practice, and abide by an ethical responsibility to refer on to another professional, when appropriate.

b) Should psychotherapists be regulated as a class within an existing College?

No. But if they currently practice within an existing College their practice guidelines should be harmonized with the new College.

Question 16: **Should another regulatory framework (using a new or existing statute), be used to address all matters relating to the issue of regulating psychotherapy and/or psychotherapists?**

As stated in the earlier question, a new College of Psychotherapists /Counsellors should be established to address all matters necessary to regulate both the practice of psychotherapy and psychotherapists.

Question 17: **Are there any other regulatory models that should be considered?**

It is OACCPP 's advice to HPRAC that changes to the RHPA should allow for the inclusion of mental health professions that have title protection only, - but without controlled acts. Creating a new category of regulated health professions under the RHPA that does not include controlled acts would ensure a far greater degree of public protection than is currently available to Ontarians. As well, OACCPP proposes the establishment of a new College of Psychotherapy and Mental Health Counsellors to best meet the core objectives of the RHPA: public protection, quality of care, access and accountability.

For reasons already identified in this document, OACCPP strongly prefers this regulatory model to the status quo or to a regulatory approach that limits the practice of psychotherapy/ counselling to members of existing colleges.

Question 18: If there is to be regulatory intervention, should any exceptions be made? If so, for what professions and/ or services?

Some commentators have suggested that pastoral counselling or other kinds of psychotherapy/ counselling where money is not involved be exempted from regulation. OACCPP disagrees with any such exemption because the risk of harm to the public still exists and needs to be managed appropriately and consistently

Question 19: Should there be a transition period during which all practitioners must qualify? If so, how long should it be?

OACCPP suggests what is in reality an aggressive transition period of three to five years. Any shorter period is impractical, given the significant changes that must be effected. Any longer runs the risk of bogging down in lost momentum.

Question 20: Should those currently practicing psychotherapy be permitted to practice throughout a transition period without meeting certain requirements?

At a minimum, while the new regulatory regime is being developed and implemented, all those practicing psychotherapy/ counselling should be required to join an appropriate, credible self-regulating association immediately and meet their certification requirements, standards of practice and ethical requirements. If necessary, supervision and oversight should be required at the outset.

Question 21: Should some or all of those practicing psychotherapy be “grandparented”? Should those seeking “grandparenting” be required to meet different, less onerous set of minimum qualifications and standards than those likely to be required in a new environment?

Grandparenting may be warranted for those well established psychotherapists/ counsellors who are deficient in terms of newly developed standards for education and/ or training but who have a significant, unblemished track record in treating patients appropriately and successfully, however that is defined. Each grandparenting decision should be taken explicitly and cautiously, with due regard to the risk of harm to the public.

Question 22: How and by whom should minimum qualifications and standards be identified and set, including those for grand parenting?

The new College of Psychotherapy and Mental Health Counselling should determine minimum qualifications and standards, including those for grandparenting, in concert with existing colleges and on the basis of open, transparent public consultation. Other jurisdictional experience in this regard should be taken into account. In the case of disagreement between the new and existing colleges on these minimum qualifications and standards, the determination of the new college should prevail.

CONCLUSIONS AND RECOMMENDATIONS

The challenge facing the Advisory Panel and HPRAC itself in providing advice to the Minister of Health and Long Term Care on the regulation of psychotherapy/ counselling is daunting, but doable. It is the conclusion of OACCPP that the potential benefits of regulation in terms of enhancing the informed choice of clients and protecting them from harm make the formidable task worthwhile. The Minister is to be commended for his referral. HPRAC is to be congratulated for the open and professional approach it has taken in preparing to respond to the referral.

For our part, OACCPP has taken the Minister's referral very seriously. We have participated in the HPRAC all-party consultations, responded to the initial questionnaire, submitted an initial brief, studied the Consultation Discussion Guide carefully, made presentations to the public consultation sessions, monitored and analyzed the presentations of others, conducted our own research, engaged consultants and, now make this submission.

Based on all of this, OACCPP concludes there is a persuasive case for the 'thoughtful regulation' of psychotherapy/ counselling in Ontario, featuring the development and implementation of a balance of regulatory measures that both:

- *Inform and protect the public from the potential harm caused by incompetent or unethical practitioners; and*
- *Protect and enhance the entitlement of a wide range of mental health professionals (including OACCPP's 2,000 members), who are well educated, trained and experienced, as determined by objective standards, to offer mental health services as psychotherapists/ counsellors.*

It is instructive and encouraging that over the course of the eight public consultation sessions convened by HPRAC, there was widespread agreement by many presenters in general. This consensus is an excellent foundation for HPRAC to build on.