

# SCoPEd – Opportunity or threat?

*SUSIE HEWITT's opinion piece challenges some of the responses to the recent adoption of SCoPEd and offers a call to action for us to discuss this matter further, in all our settings and roles.*

Imagine for a moment that Nurses \* were to call themselves Doctors; or that Legal Executives could dress for court and argue cases in the High Court or Court of Appeal.

“I have been trained as a Nurse, but I have 15 years' experience, and I know way more than the junior Doctor who has just started – I'm going to call myself a Doctor from now on!”. One may expect that a job title should relate to a qualification gained from specific, standardised training.

Human Equality is part of our TA philosophy of I+U+ (ITAA, 2023) that everyone has worth, dignity & value. Yet when difference is not to be tolerated or respected there can be chaos and hurt in a system.

In Italy, Germany, and America the titles of Psychotherapist or Counsellor are legally protected (like Dr. in the UK: where one must have a PhD or be a member of the GMC if practising medicine to use this title). In our country, Counsellor or Psychotherapist titles are not protected, and anyone may use these descriptors without qualification. This may leave an uninformed public, vulnerable to unqualified and untrained, social media savvy practitioners.

SCoPEd: 'A shared framework for the Scope of Practice and Education for Counselling and Psychotherapy with Adults' (Committee, 2022) seeks to address these confusions through making our profession better understood, valued and trusted by clients / patients / employers / commissioners / wider society.

I have been following this initiative closely for several years, last writing about it in the Spring Issue of the Transactional Analyst in 2019 (Hewitt, Spring 2019). The Jan 2022 Framework has now been adopted by the six major UK Membership bodies: ACC; BACP; BPC; HGI; NCS and UKCP, following a Final Report on the Impact Assessment in Dec 2022 (Primetimers, 2022).

It seeks to set out the core training, practice, and competence requirements for our profession in a transparent way. There are currently three columns defining the training pathways within the profession and competencies required. Titles were too controversial to form part of this initial framework and held back the adoption of SCoPEd for several years.

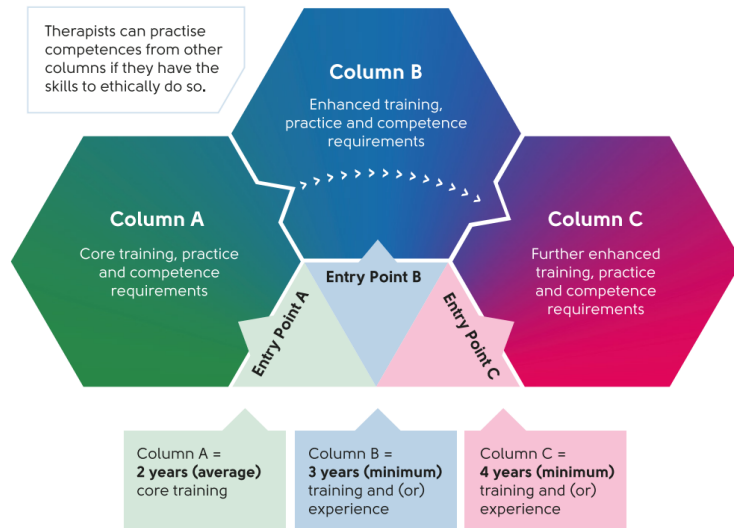
\*I use capitalisation for Titles to highlight their importance in the context of SCoPEd

The counselling and psychotherapy professions encompass a wide range of trainings and practice standards.

What has become clear through the SCoPEd mapping is that the foundation for all entry points, and progression routes, are the competences and practice standards that apply to column A therapists. Whilst some therapists may enter at column B or C due to the greater length and complexity of their training, the framework allows for therapists to transition to other columns where the relevant knowledge and skills can be evidenced.

Therapists can practise competences from other columns if they have the knowledge and skills to ethically do so.

Currently some therapists choose not to take the progression opportunities that the framework maps as the additional competences and practice standards aren't required for their role.



Therapists can enter at different columns depending on the length, depth, level and content of their initial core training. They can move between the different columns throughout their career, should they wish to do so.

One may argue that those opposed to SCoPEd are complicit in permitting unqualified & unregistered practitioners into the field causing potential harm to the public (due to lack of training, insurance or membership of a body with a Code of Ethics or Complaints procedure). Yet there are practitioners who have legitimately trained with an organisation (University or Private Training Company) who advertise to be training psychotherapy at NVQ Level 3 or 4.

### Questions I found myself asking:-

- Is the SCoPEd initiative the villain in this plot, or those who sought to advertise training of counselling & psychotherapy interchangeably?
- Will there be valid legal recourse sought by these graduates?
- Is anger being channelled at those seeking to ensure ethical and transparent communication about our training, qualifications and competence to the public and employers?
- Are the differing requirements by Psychotherapy trainings justifiably included in the columns and competencies? i.e. in TA:-
  - four years of Personal Therapy;
  - Involvement in Research;
  - Supervision to Practice ratio of 1:6 prior to qualification;
  - Level 7 Academic Submissions
- Is it enough to have a Masters / PhD – or must these programmes adhere to the UPCA UKCP College requirements? N.B. *there are only 6 UK University's with UKCP Accredited Post Grads (College), 2023).*
- Is it that you choose to work short-term / long-term? With Evidence Based Practice / Manualised Treatment approaches, or in a more Psychodynamic / Relational way?

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## Consolidated current training and practice requirements (all partners)

	A	B	C
<b>Current membership categories</b>	ACC registered member BACP registered member HGI registered member NCS accredited registrant	ACC accredited member BACP accredited member BPC psychodynamic counsellor NCS accredited professional registrant UKCP psychotherapeutic counsellor	BPC psychotherapist UKCP psychotherapist  (other partners have members who meet the standards of column C but do not have a separate membership category)
<b>Length of core training and (or) experience (minimum)</b>	Average two years	Three years	Four years
<b>Total training hours</b>	300 – 400 hours	450 hours	500 hours minimum
<b>Client or patient practice hours (minimum)</b>	100	450 (including hours gained after core training)	450 during training
<b>Level</b>	Level 4 Diploma minimum	Ranges from level 4 to level 7  BPC: Level 6 minimum UKCP: Level 6 minimum	Level 7 minimum

	A	B	C
<b>Supervision during training</b>  *ratio depicts supervision hours to client hours e.g. 1 hour supervision for every 3 client or patient hours	Average 1.5 hours per month	Average 1.5 hours per month minimum  BPC: 1:3* UKCP: 1:6*	Average 1.5 hours per month minimum  BPC: 1:3* UKCP: Usually 1:6 * but not specified by all colleges
<b>Placement type</b>	Approved supervised placement	The way this requirement can be met varies according to course modality, training organisation and (or) professional body	The way this requirement can be met varies according to course modality, training organisation and (or) professional body
<b>Mental health familiarisation or mental health placement</b>	Not a specific requirement	The way this requirement can be met varies according to course modality, training organisation and (or) professional body	The way this requirement can be met varies according to course modality, training organisation and (or) professional body
<b>Personal therapy</b>	This varies according to course modality, training organisation or professional body	ACC, BACP, HGI, NCS: not mandatory but should be consistent with approach and evidence of personal awareness and (or) development needed for individual accreditation  BPC: 160 hours minimum of personal therapy UKCP: 105 hours of personal therapy	This varies according to course modality, training organisation or professional body  BPC: 500 hours minimum of personal therapy UKCP: Range 160 – 250 hours plus (as personal therapy and (or) personal development)

My call to action is for you to ask yourself – will you be a Bystander (Clarkson, 1987) in this Drama, or will you be actively involved in supporting this Framework, and commit to an Ethical Pricing approach? You can offer an Adult way of explaining SCoPEd to your clients; colleagues; social media feeds; friends or family, or allow this drama to unfold further, maybe to the detriment of all.

TA training organisations may have a duty of care to declare to existing, future and past trainees what Column their training is aligned to, and how the training maps to the competencies required. They could also offer clear pathways of how to support past trainees

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to move between columns through further training, whilst honouring their historic time and money investment.

SCoPEd could have been the reason the break-off from BACP led to the formation of NCS – who are rebranding to NCPS (National Counselling and Psychotherapy Society). It is clear that folk feel discounted in being asked to remove a previously owned title of Psychotherapist or to be informed that there are differences in training routes of which they may not have been aware of at the time.

I wonder if we will approach SCoPEd discussions in our social media and professional/personal lives holding our I+U+ frame and seek to give the public and employers clear and transparent information about our profession and the differing training pathways and amalgamation of titles in a way that gives them greater confidence and understanding.

The NHS has indicated that if we are able to offer clear titles alongside columns, that they will add these titles to their current list of twelve psychological professional titles. They have also been clear to state that they would mainly recruit from Column A & B, as they require short-term approaches only (Primetimers, 2022) (as long-term, open-ended treatment is not financially viable nor would be NICE approved). This then becomes an opportunity not a threat to those trained in Column A or B.

It is accepted in other UK Professions (with protected titles) for a difference in training to meet the different applications to practise (Nurses are no more important than Doctors – and yet have different training pathways which lead to different roles and responsibilities). I wonder what our next Recognition Hunger (Berne, 1971) or Position Hunger (Caracushansky, 1980) will be if we sort our Columns and Titles? Maybe the public could be supported to understand the difference in training between Life Coaches and Psychiatrists, Clinical Psychologists and Mental Health Workers.

Our UK TA Psychotherapy system is changing: Decoupling of the CTA and UKCP Registration; EATA requirements about online practice/training/supervision; impacts and changes to the way we work through and after the pandemic.

It is sometimes easier to hunker down in our therapy rooms to our clients' dilemmas, yet our system also needs care and relationship too.

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