

Final response by Thoughtful Therapists to Consultation on PSA Standards May 2025).

(comments in red font)

Deadline for submission: 5.00pm Thursday 8th May 2025.

Professional Standards Authority for Health and Social Care (2025) Standards Review Standards of Good Regulation & Standards for Accredited Registers.

[PSA Standards Review - consultation overview and explainer \(February 2025\).pdf](#)

The Professional Standards Authority for Health and Social Care (PSA) is the UK's oversight body for the regulation of people working in health and social care.

We also accredit and set standards for organisations holding registers of health and care practitioners not regulated by law. (1)

...the Standards are key to driving improvement by challenging organisations to change, as we have done recently by introducing and assessing standards for equality, diversity and inclusion. (3)

“Are we looking for the right things for the benefit of the public?”

“Does meeting the Standards mean an organisation delivers good regulation?” (4)

In 2012, the law was amended to give the PSA powers to accredit registers of practitioners that are not regulated under law. One of our powers is to set criteria that must be met before we can grant accreditation. We called our criteria the Standards for Accredited Registers.

The Accredited Registers programme now covers 29 registers and over 120,000 practitioners across health and social care. This includes approximately 60 different types of occupations including counsellors and psychotherapists, complementary therapists and cosmetic practitioners. Practitioners work in a variety of settings including the NHS, education, voluntary organisations and independent practice. (7)

In the past few years, **we have introduced a new Equality, Diversity and Inclusion (EDI) Standard for regulators and registers** that has raised the bar in this area. However, there needs to be a continued focus on EDI, and additionally a better understanding of how internal culture, governance and leadership affect a regulator's or register's performance. (10)

This consultation will help us understand:

- if the Standards help us look for the right things to assess performance and drive improvement for the public benefit,
- whether our proposals for changes to the Standards are sound, and
- how we may further improve the Standards. (11)

The consultation has seven common areas of questions and one area specific to the Standards for Accredited Registers. These are:

- About you and / or your organisation

- Are our Standards looking for the right things
- Alignment of the Standards of Good Regulation and Standards for Accredited Registers
- Clarity, accessibility and transparency
- New standards on culture and/or governance and/or leadership
- Supporting public expectations for criminal records checks
- New criteria for registers applying for accreditation
- Additional questions: implementation and equalities impact. (13)

Part A: Common questions covering the Standards for Accredited Registers and the Standards of Good Regulation

Section 1: About you and / or your organisation

All respondents

Question 1: What is your name? (optional) Question 2: What is your email address? (optional)

Question 3: Are you responding on:

- 1) your own behalf
- 2) behalf of an organisation

Individuals

Question 4: From which country of the UK are you responding:

- 1) England
- 2) Northern Ireland
- 3) Scotland
- 4) Wales
- 5) Outside the UK

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Question 5: Are you responding as:

- 1) a member of the public or health and social care service user?
- 2) A practitioner regulated by law?
- 3) A practitioner on an accredited register?
- 4) A practitioner on an unaccredited register?
- 5) Any other type of respondent? (please specify)

If you selected option 3: Question 7: Are you registered with:

- 2) ACP (Association of Child Psychotherapists)
- 3) ACC (Association of Christians in Counselling and Linked Professions)

- 6) BACP (British Association of Counselling and Psychotherapy)
- 7) BAPT (British Association of Play Therapists)
- 10) BPC (British Psychoanalytic Council)
- 11) BPS (British Psychological Society)
- 12) The CBT Register (BABCP/AREBT)
- 14) COSCA (Counselling and Psychotherapy in Scotland)
- 15) HGI (Human Givens Institute)
- 19) NCPS (National Counselling and Psychotherapy Society)
- 20) National Hypnotherapy Society
- 21) PTUK (Play Therapy UK)
- 25) UKAHPP (UK Association for Humanistic Psychology Practitioners)
- 26) UKBHC (UK Board of Healthcare Chaplaincy)
- 27) UKCP (UK Council for Psychotherapy)

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Organisations

Question 8: Which UK countries does your organisation operate in?

- 1) UK wide
- 2) GB wide
- 3) England only
- 4) Northern Ireland only
- 5) Scotland only
- 6) Wales only
- 7) Not a UK based organisation

Question 9: Are you responding on behalf of: (select all that apply)

- 1) A professional regulator
- 2) A system regulator
- 3) An Accredited Register
- 4) A prospective register
- 5) A health or care service oversight body
- 6) A health or care service provider

- 7) The UK Government or Devolved Administration
- 8) A patient representative organisation
- 9) A union, professional body, defence organisation, trade or an employer body
- 10) An insurer or indemnifier
- 11) A legal services provider
- 12) An employer of health and care professions or occupations
- 13) **Other, please specify**

Question 10: What is the name of the organisation you are responding on behalf of?

Thoughtful Therapists. This includes therapists registered with (6) BACP (British Association of Counselling and Psychotherapy); (10) BPC (British Psychoanalytic Council); (11) BPS (British Psychological Society); (12) The CBT Register (BABCP/AREBT); (19) NCPS (National Counselling and Psychotherapy Society); (27) UKCP (UK Council for Psychotherapy).

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Question 11: What is your job title?

Permission to process your response

Question 12: Please confirm that you give permission to analyse your response and report depersonalised summaries (please see our Privacy Notice for more details about how we process data for consultations)

1) I give permission for my response to be analysed and reported under the terms of the PSA's Privacy Notice.

2) I do not give permission for my response to be analysed. Please note, this will mean that we cannot take your views into consideration.

Section 2: Are our Standards looking for the right things?

Question 13: Do you agree that the Standards are an effective way of assessing and reporting the performance of the regulators and registers?

- 1) Yes
- 2) No
- 3) Not sure

Please explain

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Question 14: To assess the performance of regulators and drive improvement in regulation for the benefit of the public what should we keep, change, add or remove in the Standards of Good Regulation?

Keep	Please explain your answers
Change	Please explain your answers
Add	Please explain your answers
Remove	Please explain your answers

Question 15: To accredit registers and drive improvement in registration for the benefit of the public what should we keep, change, add or remove in the Standards for Accredited Registers?

Keep	Please explain your answers
Change	Please explain your answers
Add	Please explain your answers
Remove	Please explain your answers

Remove:

The Accredited Registers for counsellors and psychotherapists should be urgently revised in order to remove all current reference to EDI, in the light of the UK Supreme Court judgment (For Women Scotland Ltd (Appellant) v The Scottish Ministers (Respondent) [2025] UKSC 16 <https://supremecourt.uk/cases/uksc-2024-0042>) and pending statutory guidance from the EHRC. This legally binding judgment has clarified that the terms sex, man and woman are solely based on biological characteristics established at birth. Gender Recognition Certificates from the Gender Recognition Act 2004 do not permit transgender women, i.e. men, to access women-only spaces, as protected by the Equality Act 2010. The judgment reasserts the important status of a number of protected characteristics, such as sex, and sexual orientation, in also defending the rights of gays and lesbians, as well as those of transsexual persons undergoing gender reassignment.

The PSA's own exaggerated emphasis on EDI is ambiguous and unwarranted. EDI is an ideologically driven social engineering programme, with no clear mandate or legal authority. It has led to a number of unsustainable errors on the part of its constituent professional associations. For example, the BACP no longer keeps workplace monitoring data for its membership on sex, which is a protected characteristic, but keeps data on the basis of gender identity, which is not. Gender identity is not a protected characteristic, but a fictitious category, with no clear distinguishing criteria, or empirical evidence for its existence other than as an untestable belief. It has no recognised legal, medical, or biological value. Possessing worthless membership data gathered on the basis of gender identity and not sex further makes it impossible for BACP to contribute in any meaningful way to promotion of any relevant Public Sector Equality Duty.

Question 16: Do you have any suggestions on how we can make our Standards fit for the future?

Question 17: Do you have any other comments or suggestions to further strengthen the Standards? (Please avoid repeating comments already detailed earlier in your answers).

Section 3: Alignment of Standards of Good Regulation and Standards for Accredited Registers

Question 18: Do you think that the Standards should be aligned as much as possible?

1) Yes

2) No

3) Not sure

Please explain

Question 19: Do you agree/disagree with our proposals on alignment?

Outcome focused standards

1) Agree

2) Disagree

3) Not sure

Please explain

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Flexibility in how the standards are met

1) Agree

2) Disagree

3) Not sure

Please explain

Professional standards and guidance are kept up to date and informed by evidence

1) Agree

2) Disagree

3) Not sure

Please explain

Section 4: Clarity, accessibility and transparency

Question 20: Are there any Standards of Good Regulation you find difficult to understand?

1) Yes

2) No

3) Not sure

If yes, please explain

Question 21: Are there any Standards for Accredited Registers you find difficult to understand?

1) Yes

2) No

3) Not sure

If yes, please explain

Question 22: Could you tell us the areas where you think there is unhelpful overlap in our Standards?

Question 23: Is it clear how we assess whether a regulator or Accredited Register has met the Standards?

1) Yes

2) No

3) Not sure

Please explain

Question 24: Do you agree/disagree with our proposals to remove unhelpful overlap in the Standards?

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Standards for Accredited Registers

Merging our standards around processes for the considering risks from practice

1) Agree

2) Disagree

3) Not sure

Please explain

Standards for Accredited Registers

Reducing overlap between the minimum requirements

1) Agree

2) Disagree

3) Not sure

Please explain

Standards of Good Regulation

Merging our standards around raising concerns and being supported through raising complaints about practitioners

1) Agree

2) Disagree

3) Not sure

Please explain

Standards of Good Regulation

Separating out the two parts of our standard about complaints about practitioners being 1) fair and proportionate and 2) timely

1) Agree

2) Disagree

3) Not sure

Please explain

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Section 5: New standards on culture and/or governance and/or leadership

Issue

Recent changes to our EDI Standards for regulators and registers are already driving improvements, but there is more to be done in the area of internal culture, governance and leadership.

Question 25: Do you agree/disagree that organisational governance, leadership and culture are important components of ensuring regulation and registration works in the public interest?

1) Agree

2) Disagree

3) Not sure

Please explain

Question 26: Do you think the Standards of Good Regulation should consider the:

-governance of an organisation?

1) Yes

2) No

3) Not sure

Please explain

Yes:

The PSA's unwarranted emphasis on EDI, implemented by organisations such as BACP, BPS, UKCP, BCP, NCPS, BABCP, etc, has led to the development of patterns of governance which raise important and unacknowledged public safety issues. For example, the PSA has issued a Statement of support (2022) for the Memorandum of Understanding (MOU) on Conversion Therapy. This action was arguably *ultra vires*, i.e. beyond the PSA's own limited statutory legal powers. The MOU (2017) includes a proscription of alleged conversion therapy on the grounds of gender identity, for which no clear criteria exist. Robust research into the existence of alleged conversion therapy on the grounds of gender identity also does not exist, despite the PSA's claims to the contrary. The GEO [LGBT Survey](#) (2018) provides only weak and inconclusive evidence of such practices, the vast bulk of which are already covered by existing civil and criminal law.

In turn, the BACP, for example, appears to actively discourage open debate about the MOU and conversion therapy amongst its members via its membership journals. One telling example is that

reference to peer-reviewed research on a model of social contagion for the rapid rise of gender-questioning behaviour amongst an atypical sample of adolescent females was abruptly redacted by the BACP journal Therapy Today in 2018. It still remains redacted on the journal's website today, showing scant regard for the standard norms of professional debate on topics of legitimate concern to members.

BACP has also apparently refused to acknowledge other key developments in terms of evidence-based practice for therapeutic work with gender-questioning young people, such as the final Cass Review of 2024. This review was based on a series of rigorous systematic reviews undertaken by York University. Given the dangers to clients of gender-identity affirming therapy, such as via puberty blockers, already established by NIHCe, and the potential role of gender-identity affirming therapy in facilitating both social and later medical transition for young people and adults, this potentially reckless stance presents a matter of a credible risk of harm to the public. It is also evidence of a potential failure of professional probity in terms of accredited registration. It arguably presents a serious risk of damage to public confidence in both the BACP Accredited Register and in the overall monitoring role of the PSA.

Question 27: Do you think the Standards of Good Regulation should consider the:

-leadership of an organisation?

- 1) Yes
- 2) No
- 3) Not sure

Please explain

Consultation on PSA Standards Annex A: Consultation questions 27

Question 28: Do you think the Standards of Good Regulation and Standards for Accredited Registers should consider the:

-culture of an organisation?

- 1) Yes
- 2) No
- 3) Not sure

Please explain

The emphasis on EDI promoted by the PSA and channelled via registering bodies, such as BACP, BPS, UKCP, NCPS, BABCP, BCP, etc, can only be maintained at the cost of restricting free speech on important professional issues, such as the best evidence-based way to respond therapeutically to the needs of gender-questioning children and adults. This restriction of free speech was evident in a number of settings, such as the Tavistock Gender Identity Development Service. This was mainly staffed by members of BPS. Important child safeguarding issues were repeatedly minimised and ignored by NHS management in this situation, leading to the necessity of whistleblowing action by senior figures, such as Dr David Bell and Sonia Appleby, Safeguarding Lead. In the case of the GIDS, the complete failure of management culture was instrumental in forcing its closure, following a damning inspection report by the Care Quality Commission in 2021. This inspection was prompted

by earlier concerns expressed by the Children's Commissioner (England). According to senior staff, the highly problematic model of gender affirming care prevalent at the GIDS was heavily influenced by the MOU, which the PSA itself fully endorsed in 2022.

The overall culture within many counselling and psychotherapy professional associations under the PSA's remit seems to be one of compliance with their respective professional association's promotion of gender identity ideology (Jenkins & Panozzo, 2024; Mollitt, CPR 2022). One striking example of this is the case of James Esses, a trainee psychotherapist. James was dismissed from his training course at Metanoia in 2021, after raising legitimate safeguarding concerns about working with gender questioning children at his placement with Childline. After several years litigation, his joint legal case against both Metanoia and UKCP as the registering body was upheld and successfully settled out of court in 2024.

This overall culture of compliance with gender identity ideology within counselling and psychotherapy is underpinned by the PSA's own emphasis on EDI and its arguably inaccurate grasp of the Equality Act 2010. This kind of oppressive organisational culture is in direct conflict with practitioners' legal rights to free speech and expression under Article 10 of the Human Rights Act 1998 and the Equality Act 2010. This has been amply demonstrated by the succession of successful cases brought at Employment Tribunal by staff against their managers. These staff, such as Roz Adams at Edinburgh Rape Crisis Centre, have been found at Employment Tribunal to have been victimised and harassed for expressing gender critical views. This is despite the substantial legal protection afforded to staff by the binding precedent of the Forstater case heard at Appeal Court level.

Therapy organisations and register holders, such as BACP, BPS, UKCP, NCPS, BABCP, BCP, etc have apparently yet to fully and properly acknowledge in practice the legal rights of members to free speech on contested topics, such as gender. This is despite the recent judgement by the UK Supreme Court on the biological nature of sex on this issue. The prevailing organisational culture apparently remains one of supporting trans exceptionalism, i.e. publicly supporting the assumed rights of an amorphous, self-defining ideological group, at the expense of the actual rights held in law by therapists and clients with relevant protected characteristics, such as sex and sexual orientation.

Question 29: How do you think that the PSA could assess the: -governance of an organisation?

-leadership of an organisation? -culture of an organisation?

The PSA could assess the governance and culture of organisations maintaining registers by opening up a hotline for members of constituent professional associations to directly raise unresolved issues, such as the denial of access to membership forums, or to publication in professional journals, or with regard to unreasonably rejected motions for AGMs, etc. At present, organisations such as BACP seem to lack real transparency and accountability to members on key issues, such as safeguarding, free speech, political activism, and open access to means of communication and professional debate within their organisation.

The governance and culture of counselling and psychotherapy associations under the PSA's remit could also be substantially improved by tackling the current politicisation of complaints procedures against gender critical practitioners. Gender critical therapists can be harassed by anonymous complaints, based on opponents trawling selected personal social media accounts for evidence of alleged 'wrongthink'. Professional complaints policies should be revised to require complainants to

first contact the alleged focus of the complaint for informal resolution, while bearing mind that gender critical views are strongly protected under the Equality Act 2010 and the Forstater decision, as being worthy of respect in a democratic society.

Finally, all organisations holding registers should be required to issue clear policy statements within a tightly monitored time-frame of how they intend to comply fully with the Equality Act 2010 following the Supreme Court decision and the pending EHRC statutory guidance, and how this compliance will be actively reviewed by appropriately staffed and resourced internal and external bodies.

Question 30: Should we include in the Standards an expectation that the regulators and Accredited Registers collaborate and share learning with fellow regulators or registers and other interested stakeholders?

- 1) Yes
- 2) No
- 3) Not sure

Please explain

Question 31: Which areas of collaboration do you think we should focus on?

Section 6: Supporting public expectations for criminal records checks

Issue

Question 32: Do you think regulators and Accredited Registers should collect appropriate assurances around criminal convictions checks when registrants do not routinely have checks?

Regulators

- 1) Yes
- 2) No
- 3) Not sure

Please explain

Accredited Registers

- 1) Yes
- 2) No
- 3) Not sure

Please explain

Question 33: What factors do you think the PSA should consider in making a decision on whether to introduce an expectation for assurances around criminal convictions checks?

Criminal records checks should be comprehensive, transparent and fully accountable. Following the UK Supreme Court judgment, there needs to be an urgent review of the Disclosure and Barring Service sensitive applications procedure:

“The Disclosure and Barring Service (DBS) offers a confidential checking service for transgender applicants in accordance with the Gender Recognition Act 2004. This is known as the sensitive applications route, and is available for all levels of DBS check - basic, standard and enhanced. The sensitive applications route gives transgender applicants the choice not to have any gender or name information disclosed on their DBS certificate, that could reveal their previous gender identity”.

<https://www.gov.uk/guidance/transgender-applications>

This practice would appear not to be consistent with the clarification of the biological basis of sex made by the Supreme Court judgment, given that gender identity is not yet a term defined or recognised in law. There is a strong public interest in potential and current employers in having full access to crucial information about an applicant's sex by birth for the purpose of assessing the consequent actuarial risk of harm to women and children. This might easily be masked by a change (or multiple changes) of name, or by a change of claimed gender under a Gender Recognition Certificate via the Gender Recognition Act 2004. Men pose a statistically higher risk of enacting physical and sexual harm to female and child clients. This risk is not reduced by an individual undergoing gender reassignment, or by a statement about claimed gender identity, or by a change of gender under a Gender Recognition Certificate via the Gender Recognition Act 2004. This fact needs to be taken properly into account when using and communicating accurate information about an applicant's sex by birth and their criminal conviction history. There is a clear risk otherwise of misapplying the principles of gender recognition documentation in the now radically changed legal context brought in by the Supreme Court judgment, with a consequent risk of undermining any register's role in effectively protecting the public.

Consultation on PSA Standards Annex A: Consultation questions 29

Part B: Question specific to Standards for Accredited Registers

Section 7: New criteria for registers applying for accreditation Issue

Question 34: Do you think we should amend the Standard we use in the first stage of assessment to include compliance checks for relevant legislation, such as equality, diversity and inclusion, preventing modern slavery, or data protection?

- 1) Yes
- 2) No
- 3) Not sure

Please explain

Consultation on PSA Standards Annex A: Consultation questions 30

Question 35: Do you think we should have a more flexible process to be able to stop progressing an application at the first stage of assessment if there is good reason to think that any of our Standards cannot be met?

1) Yes

2) No

3) Not sure

Please explain

Additional questions:

Question 36: Which factors should we be considering in planning for implementation of any revisions to the Standards of Good Regulation and/or Standards for Accredited Registers?

Standards of Good Regulation	Standards for Accredited Registers	Free text response	Free text response
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Question 37: Do you think any of the proposals in this consultation could impact (positively or negatively) on any persons with protected characteristics covered by the public sector equality duty that is set out in the Equality Act 2010 or by Section 75 of the Northern Ireland Act 1998 or on family formation, family life and relationships?

Question 38: Thinking about the groups described above or anyone else you think might be impacted, do you think our proposals have any impacts on:

Positive impact	Adverse impact	None or Neutral impact
Opportunities to use the Welsh Language?		
Treating the Welsh Language no less favourably than the English language?		

Please explain

Question 39: Do you think there are ways to enhance the positive impacts or reduce the negative impacts of our proposals on:

Yes	No	Not sure
Opportunities to use the Welsh Language?		
Treating the Welsh Language no less favourably than the English language?		

Please explain

If you said there were ways to enhance positive impacts or reduce negative impacts, please explain:

Consultation on PSA Standards Annex A: Consultation questions 32

Annex B: Standards of Good Regulation

General Standards

Standard one: The regulator provides accurate, fully accessible information about its registrants, regulatory requirements, guidance, processes and decisions.

Standard two: The regulator is clear about its purpose and ensures that its policies are applied appropriately across all its functions and that relevant learning from one area is applied to others.

Standard three: The regulator understands the diversity of its registrants and their patients and service users and of others who interact with the regulator and ensures that its processes do not impose inappropriate barriers or otherwise **disadvantage people with protected characteristics**.

Standard four: The regulator reports on its performance and addresses concerns identified about it and considers the implications for it of findings of public inquiries and other relevant reports about healthcare regulatory issues.

Standard five: The regulator consults and works with all relevant stakeholders across all its functions to identify and manage risks to the public in respect of its registrants. Guidance and standards

Guidance and standards

Standard six: The regulator maintains up-to-date standards for registrants which are kept under review and prioritise patient and service user centred care and safety.

Standard seven: The regulator provides guidance to help registrants apply the standards and ensures this guidance is up to date, addresses emerging areas of risk, and prioritises patient and service user centred care and safety.

Education and training

Standard eight: The regulator maintains up-to-date standards for education and training which are kept under review, and prioritise patient and service user care and safety.

Standard nine: The regulator has a proportionate and transparent mechanism for assuring itself that the educational providers and programmes it oversees are delivering students and trainees that meet the regulator's requirements for registration, and takes action where its assurance activities identify concerns either about training or wider patient safety concerns.

Consultation on PSA Standards Annex B: Standards of Good Regulation 33

Registration

Standard ten: The regulator maintains and publishes an accurate register of those who meet its requirements including any restrictions on their practice.

Standard eleven: The process for registration, including appeals, operates proportionately, fairly and efficiently, with decisions clearly explained.

Standard twelve: Risk of harm to the public and of damage to public confidence in the profession related to non-registrants using a protected title or undertaking a protected act is managed in a proportionate and risk-based manner.

Standard thirteen: The regulator has proportionate requirements to satisfy itself that registrants continue to be fit to practise.

Fitness to practise

Standard fourteen: The regulator enables anyone to raise a concern about a registrant.

Standard fifteen: The regulator's process for examining and investigating cases is fair, proportionate, deals with cases as quickly as is consistent with a fair resolution of the case and ensures that appropriate evidence is available to support decision-makers to reach a fair decision that protects the public at each stage of the process.

Standard sixteen: The regulator ensures that all decisions are made in accordance with its processes, are proportionate, consistent and fair, take account of the statutory objectives, the regulator's standards and the relevant case law and prioritise patient and service user safety.

Standard seventeen: The regulator identifies and prioritises all cases which suggest a serious risk to the safety of patients or service users and seeks interim orders where appropriate.

Standard eighteen: All parties to a complaint are supported to participate effectively in the process.

Find out more about our Standards of Good Regulation and how we

8 currently use them as part of our performance reviews of regulators

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Annex C: Standards for Accredited Registers

Our Standards are:

Equality, Diversity and Inclusion: The organisation demonstrates its commitment to equality, diversity and inclusion and ensures that its processes are fair and free from unfair discrimination.

8 Find out more about our about Accredited Registers