

## Accredited Registers

### Condition Review: British Association for Counselling and Psychotherapy (BACP)

#### 1. Outcome

- 1.1 Following a Targeted Review of the British Association for Counselling and Psychotherapy (BACP), the Professional Standards Authority (“we”) issued Three Conditions, which were due to be completed by 28 June 2024 (see page 1 of the published outcome)<sup>1</sup>.
- 1.2 This report sets out our assessment of the actions taken by the BACP to satisfy these Conditions.
- 1.3 We found that the BACP had met Condition One, Condition Two and Condition Three.

#### 2. Background

- 2.1 We conduct an annual check for each Accredited Register. This is used to monitor whether there have been any significant changes to key processes or significant concerns raised that could affect whether the Standards for Accredited Registers (‘the Standards’)<sup>2</sup> continue to be met.
- 2.2 In some cases, where we need further information, or where we have concerns, an annual check will be escalated to a targeted review of the Accredited Register. A targeted review consists of a more in-depth assessment of specific Standards. Further information regarding the Targeted Review process can be found below<sup>3</sup>.
- 2.3 As part of our 2023-2024 Annual Check of the BACP, we initiated a Targeted Review.
- 2.4 At the Targeted Review, completed in January 2024, we issued Three Conditions<sup>1</sup>. All Three Conditions had to be implemented by 28 June 2024.
- 2.5 **Condition One**  
The BACP should obtain an independent, authoritative review of its Good Practice in Action (GPiA) 042 [Working with suicidal clients in the counselling professions] by someone who is not an author of the report, to ensure that it fully aligns with NG225 [Self-harm: assessment, management and preventing recurrence].
- 2.6 **Condition Two**  
The BACP should disseminate its updated GPiA 042 and supporting guidance to registrants.
- 2.7 **Condition Three**  
The BACP must demonstrate that it has informed its education and training providers of the need to include the underpinning evidence base (as set out in

<sup>1</sup> [240327-bacp-targeted-review-2023-24-outcome.pdf \(professionalstandards.org.uk\)](#)

<sup>2</sup> [Standards for Accredited Registers 2023 \(professionalstandards.org.uk\)](#)

<sup>3</sup> [annual-review-process-guide.pdf \(professionalstandards.org.uk\)](#)

NG255) in teaching on suicide risk assessment and that self-assessment risk assessment tools are unable to accurately predict suicide.

2.8 This report discusses the actions the BACP took to address these Conditions, as well as our decision about whether the Conditions are met.

2.9 We reviewed the following evidence:

- a) The BACP's reported actions about what it had done to meet the Conditions.

### 3. Concerns leading to the Conditions

3.1 The National Institute for Health and Care Excellence (NICE) publishes evidence-based recommendations for the health and social care sector within England and Wales, developed by independent committees, including professionals and lay members, and consulted on by stakeholders. NICE guidance is relevant for people working both in the NHS, and the independent sectors. In September 2022, NICE published *Self-harm: assessment, management and preventing recurrence* (NG255)<sup>4</sup>.

3.2 NG255 covers assessment, management and preventing recurrence for children, young people and adults who have self-harmed. It includes several 'do not use' guidelines for risk assessment tools and scales, including:

1.6.1 Do not use risk assessment tools and scales to predict future suicide or repetition of self-harm.

1.6.3 Do not use global risk stratification into low, medium or high risk to predict future suicide or repetition of self-harm.

3.3 We had considered whether the BACP's own guidance in this area, including its "*working with suicidal clients in the counselling professions*" (GPiA 042), reflected NG255. We noted that while GPiA 042 included reference to guidance and research warning against the reliance on risk assessment tools when working with people at risk of suicide due to a lack of validity, it did not reference NG255. We were unclear whether the references within GPiA 042 to use of risk assessment fully aligned with NG255. This raised a concern about whether the BACP's guidance was sufficiently clear about the need to not use risk assessment tools and scales, or global risk stratification into low, medium or high risk, to predict future suicide or repetition of self-harm.

3.4 The Accreditation Panel (from the targeted review) noted that the BACP was in the process of updating GPiA 042 and supporting written resources, and that these would be published at the end of January 2024. The Accreditation Team had since reviewed the final versions of these documents, which were available to registrants on the BACP's website. The BACP planned to update its video resources by the end of July 2024.

3.5 The Accreditation Panel noted that NG255 was prompting a broader, system-wide change and that the BACP was engaging with NHS England on the best way to approach this. It also noted that not all Accredited Registers had specific guidance on this area.

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<sup>4</sup> [Overview | Self-harm: assessment, management and preventing recurrence | Guidance | NICE](#)

- 3.6 The revised version of GPiA 042 includes reference to NG255. It included clear reference to the 'do not use' guidance concerning use of risk assessments and scales, and global risk stratification, to predict future suicide or risk of self-harm.
- 3.7 However, it still included some references to use of scales, for example 'offering a 0-10 scale...can help in the process of understanding the immediacy of risk'. It also referred to the decision making that could follow from the score of such a scale being high.
- 3.8 Given the importance of suicide prevention and the BACP's role in helping ensure that registrants practice in line with clinical guidelines, Condition One and Condition Two were issued.
- 3.9 Additionally, we received a concern regarding gaps in training which could result in a registrants not being equipped to recognise common mental health pathologies. We also considered whether the need to recognise NG255 was embedded within the approach taken by BACP's Course Providers.
- 3.10 At the time of the targeted review, BACP confirmed that recognising different mental health pathologies and knowing when a practitioner needs to refer a client onto another service is covered in education and training that is affiliated with BACP. During the targeted review process, we reviewed examples of the BACP's Course Accreditation Scheme and core curricula which supported this. The Accreditation Panel were satisfied with the arrangements the BACP had in place to make sure training equipped registrants to recognise common mental health pathologies.
- 3.11 The BACP also confirmed that it would inform its course providers in quarter one of 2024, of the requirement to comply with NG255, and of how the BACP would assess compliance. They advised this would be supplemented by a written communication following the meeting. BACP stated that *'From April 2024 onwards we will integrate questions relating to the NICE guidance [NG255] into the renewal paperwork to ensure that providers have to demonstrate their compliance.'* During the targeted review process, the Accreditation Panel noted this positively, but decided that given the importance of implementing NG255, it was appropriate to issue a Condition requiring the BACP to update on the completion of this action and how it will ensure ongoing compliance. As such, Condition Three was issued.

#### **4. Assessment of Condition One**

- 4.1 The BACP provided its response to the Conditions on 2 July 2024.
- 4.2 The BACP advised us their Good Practice in Action (GPiA) resource 042 was reviewed by Dr Adrian Whittington who is the National Clinical Lead for the Psychological Professionals at NHS England, and also by Karen Lascelles who is a Nurse Consultant at the Oxford Centre for Suicide Prevention. This review was received by the BACP on 26<sup>th</sup> April 2024, and the BACP provided us with evidence of this.
- 4.3 Following receipt of the reviewed document, an internal assessment at the BACP was led conducted to identify what additional updates should be made to GPiA 042. The BACP advised a change log has been produced which sets out

the rationale for changes being adopted. The BACP advised that GPiA 042 will be re-published in late September 2024, and this will be communicated to members by late October 2024.

- 4.4 A further outcome of this process is that the BACP recognise there is value in developing a new and separate GPiA. The BACP envision that this resource will focus on general risk assessment of clients relating to suicide, in order to capture some of the recommendations (from the review by Dr Whittington and Karen Lascelles) falling outside of the scope of GPiA 042, that are however still pertinent. The BACP are intending to commission this piece of work in quarter three of 2024, and envision that this guidance will be published in February 2025.
- 4.5 Overall, we acknowledge the work the BACP has completed following the implementation of Condition One and consider this condition to be met. Nonetheless, given the importance of suicide prevention and the BACP's role in helping ensure that registrants practice in line with clinical guidelines, we consider it is appropriate to issue the below recommendation.
- 4.6 **Recommendation**  
The BACP should keep us updated on the progress of the development of their new GPiA which focuses on generic guidance on how to assess suicidal risk.

## 5. Assessment of Condition Two

- 5.1 BACP advised us that in November 2023, GPiA 042 and GPiA 120 were updated to reflect NICE Guideline NG225. The GPiA guideline was subject to normal BACP peer review processes, which required that all resources were updated by an author from BACP's GP Author Bank with relevant expertise and then reviewed by the lead editor (Good Practice Lead), and signed off by Dr Susan Dale (BACP Ethics Lead) and Dr Mhari Thurston from Abertay University (Chair of Good Practice Steering Group).
- 5.2 An e-bulletin highlighting this document and the related GPiA 120 was circulated to all BACP members on 26 January 2024, and we reviewed evidence of this. This communication also included a link to the updated GPiA 042 and GPiA 120.
- 5.3 Additionally, the BACP has also produced a short video resource which highlights the most recent changes to the NICE Guidance. This was sent out to all members on 29 June 2024, and is available as an additional resource on the [BACP website](#).
- 5.4 In addition to the above information provided by the BACP regarding actions they are taking to address Condition Two, we note the GPiA 042 was more recently reviewed by Dr Adrian Whittington, Karen Lascelles and members of the Expert Reference Group GPSG. BACP advised us the updates to GPiA 042 following this further review are being processed and remain ongoing. They advised the timeline for publishing the updated resource is September 2024. It is envisioned that this will then be communicated to members by October 2024.
- 5.5 While we acknowledge the work the BACP has completed thus far in regard to disseminating its updated GPiA 042 and supporting guidance, we note that as a result of Condition One, further updates to GPiA 042 are ongoing. As such, with

consideration given to the importance of NG225 and ensuring the BACP's GPiA 042 is aligned with this, we consider it appropriate for the BACP to continue to keep us updated on the progress of this, and have issued the below recommendation.

**5.6 Recommendation**

The BACP should keep us updated on the progress of re-publishing of the updated GPiA 042 and should advise us when this has been communicated to its members.

5.7 Further, given the sensitivity of this subject, we consider it is appropriate for the BACP to publish information on their website, which is available to an external audience, regarding their updates to their GPiA's. We reviewed the BACP's website and found that while they had provided information regarding their updating of GPiA 042 and 120, when attempting to click for further information, this is then locked in the members area. That is, it is not possible for a general member of the public to be informed of the current guidance regarding for working with risk of suicide. The BACP should publish information on their website so that members of the public are able to access information regarding the updating of the GPiA. We note as it currently stands, it appears that the most recent update occurred in November 2023 and given the information the BACP has advised us of above, we note there has been further updates since this time, and nonetheless, will be more in the interim future following on from completion of Condition One. For transparency, we consider it appropriate for the BACP to communicate this on their website (and not in the locked members area).

5.8 As such, we have issued the below recommendations.

**5.9 Recommendation**

The BACP should publish information on their website so that the general public are able to gain an understanding of the process that the BACP is going through regarding their revised GPiA's, in relation to working with suicidal risk.

**6. Assessment of Condition Three**

6.1 On 26 January 2024 and 31 May 2024, all accredited courses were contacted via e-bulletin, and the BACP provided us evidence of this. The e-bulletin drew their attention to the updates to GPiA 042 and the messaging highlighted updates introduced to eLearning resource GPiA '*EL002: Exploring suicidal risk with clients,*' explaining that these changes were being introduced to support recently updated resources GPiA 042 and GPiA 120 which were updated to take into account the most recent NICE guidelines.

6.2 The BACP also highlighted to all course providers that the guidelines are clear that risk assessment tools, scales and risk stratification shouldn't be used as indicators of suicidal risk, or to determine who should or shouldn't be offered treatment.

6.3 BACP also advised us that GPiA EL002 is in the process of being reviewed with an assessment of changes being undertaken in 2024, with a plan for it to be published in 2025.

- 6.4 A further e-mail was sent on 31 May 2024, by BACP's Course Accreditation Officer to all accredited course providers inviting them to respond and confirm they had read and understood the information by the 14<sup>th</sup> of June 2024.
- 6.5 BACP advised guidance for the B4 Criteria has been updated in the course accreditation schemes to say:
- “The latest research that underpins the NICE guideline 225: ‘Self-harm: assessment, management and preventing recurrence’ (Sept 2022): <https://www.nice.org.uk/guidance/ng225> states that risk assessment tools and scales do not accurately predict suicide risk, and that comprehensive, client-centred risk assessment, formulation and safety planning is more effective in preventing suicide.”
- 6.6 We reviewed evidence that the BACP had completed the above actions which they advised us of.

## **7. Conclusion**

- 7.1 The evidence submitted by the BACP demonstrates a thorough and serious consideration of its guidance on managing the risk of suicide including through an independent review (Condition One) and its own governance structures.
- 7.2 The efforts to inform members (including through an explanatory video) and education and training providers (including confirming full understanding by reply email) appear comprehensive. There is clear evidence of both Condition Two and Condition Three being met.
- 7.3 We noted that activities to meet the conditions have driven a deeper review of guidance which will include creating a new piece of guidance as well as further refining the existing guidance. These changes to guidance are rightly being considered through the BACP's governance structures and will take some time to reach completion. We welcome that review and are recommending that we are informed when the next steps are taken. We are also recommending that the BACP's members and stakeholders are informed appropriately about the next steps that are being taken over the course of 2024 and into early 2025, so that everyone is aware of the developments related to guidance. This will support members to make informed decisions about how to use the guidance and signal transparency to stakeholders who might have particular interest in the sensitive subject of this guidance.
- 7.4 Overall, we are satisfied with the actions taken by the BACP and have therefore found that Condition One, Two and Three are met. We will, through our routine monitoring activity of the BACP, consider their responses to our recommendations.