

Council, 10 December 2009

Consultation on the statutory regulation of dance movement therapists – responses and conclusions

Executive summary and recommendations

Introduction

The Association of Dance Movement Therapists (now the Association of Dance Movement Psychotherapists) made an application to the Council in 2004 for statutory regulation. The Council consulted on the statutory regulation of dance movement therapists between mid July and mid October this year.

This paper brings to the Council a summary of the responses received to the consultation as well as proposed conclusions from the consultation. This consultation will help to inform the Council in making recommendations to the Secretary of State and to Ministers in the devolved administrations on issues relevant to the regulation of dance movement therapists.

Decision

The Council is invited to discuss the attached documents.

The Council is invited to agree the text of the documents for publication on the HPC website (subject to any changes suggested by the Council and any minor editing amendments prior to publication).

The Council is invited to consider making recommendations to the Secretary of State and devolved ministers concerning the statutory regulation of dance movement therapists based upon the conclusions drawn from the consultation.

Background information

Application from the Association of Dance Movement Therapists for statutory regulation considered by Council on 2 March 2004:
http://www.hpc-uk.org/aboutus/council/councilmeetings_archive/index.asp?id=30

Consultation document on the statutory regulation of dance movement therapists:
<http://www.hpc-uk.org/aboutus/consultations/closed/index.asp?id=92>

Resource implications

None.

Financial implications

None.

Appendices

- The statutory regulation of dance movement therapists - responses to the consultation
- The statutory regulation of dance movement therapists – conclusions from the consultation

Date of paper

30 November 2009

The statutory regulation of dance movement therapists Responses to the consultation

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1. Introduction

1.1 About the consultation

We consulted for three months between 14 July 2009 and 16 October 2009 on proposals for regulating dance movement therapists.¹

We sent a copy of the consultation document to key stakeholders including professional bodies and education providers.

We would like to thank all those who took the time to respond to the consultation.

You can download a copy of the consultation document from our website:
<http://www.hpc-uk.org/aboutus/consultations/closed/>

1.2 About us

We are the Health Professions Council (HPC). We are a regulator and our job is to protect the health and wellbeing of people who use the services of the professionals registered with us.

Professionals on our Register are called 'registrants'. If registrants do not meet our standards, we can take action against them which may include removing them from the Register so that they can no longer practise.

To protect the public, we set standards that registrants must meet. Our standards cover the registrants' education and training, behaviour, professional skills, and their health.

1.3 About statutory regulation

Article 3 (17) of the Health Professions Order 2001 says:

The Council may-

- (a) make recommendations to the Secretary of State concerning any profession which in its opinion should be regulated pursuant to section 60(1)(b) of the Health Act 1999

We have set up a 'new professions process' by which we can receive applications from professions seeking regulation. Applications are normally made by professional organisations representing the interests of members of the profession. We look at each application against published criteria and can recommend to the Secretary of State that the profession should be regulated.²

In March 2004 the Council considered an application from the Association for Dance Movement Therapy (now the Association for Dance Movement Psychotherapy UK) for statutory regulation.³ The Council recommended that dance movement therapists should be regulated. However, any final decision about whether a profession should be regulated is one taken by government.

¹ Dance movement therapists also use the title 'dance movement psychotherapist'. For clarity, we use the title 'dance movement therapists' throughout this document.

² Please see www.hpc-uk.org/aboutregistration/newprofessions

³ Please see www.hpc-uk.org/aboutregistration/newprofessions/previous/

We used the information contained within the application as the basis for the consultation.

1.4 The path to statutory regulation

In the consultation we sought the views of stakeholders on the statutory regulation of dance movement therapists.

The consultation was designed to help to inform the Council in making proposals to the Secretary of State on issues relevant to the regulation of dance movement therapists. The recommendations considered by The Council are part of the 'key decisions' document. The Council will consider the outcome of this consultation and its recommendations at its meeting in December 2009. The Council is likely to make recommendations on:

- the structure of the Register;
- protected titles;
- voluntary register transfer and grandparenting arrangements;
- standards of education and training; and
- standards of proficiency.

In February 2007, the Government published a White Paper on the future of regulation, 'Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century'. This White Paper identified the priorities for regulation in the future.

Dance movement therapists were not included within the list of priorities for regulation. However, as we made the recommendation that dance movement therapists should be regulated, we believed that it was appropriate for us to consult on issues relevant to their regulation.

Any regulation would require a piece of secondary legislation known as a 'Section 60 Order'. This is an order made under the Health Act 1999. If a decision was made to proceed with the regulation of dance movement therapists, the Department of Health would publicly consult on a draft Section 60 Order prior to the publication of legislation.

However, please note that the outcome of the consultation and subsequent recommendations will be subject to any final decisions made by the UK and Scottish Parliaments.

1.5 About dance movement therapy

Dance movement therapy is the psychotherapeutic use of movement and dance through which a person can engage creatively in a process to further their emotional, cognitive, physical and social integration. It is based on the principle that movement reflects an individual's patterns of thinking and feeling.

Dance movement therapy is practised as both individual and group therapy in health, education and social service settings and in private practice. Dance movement therapists work with a wide variety of clients including people who are emotionally distressed, people with additional learning needs, those with physical or mental illness and people who want to use the medium for personal growth.

Dance movement therapists are currently voluntarily regulated by the Association for Dance Movement Psychotherapy UK (ADMP). The ADMP has over 200 members on its register.

1.6 About this document

This document summarises the responses we received to the consultation. The responses have been separated into general comments on the proposals and the responses to the specific consultation questions we asked.

For ease of reference, the recommendations made as a result of the consultation, and our comments to each response are included in a separate document called 'The statutory regulation of dance movement therapists – conclusions from the consultation'.

In this document, references to 'our' or 'we' are references to the HPC.

1.7 Analysing your responses

Now that the consultation has ended, we have analysed all the responses we received.

We considered carefully each suggestion we received, taking account whether similar comments were made by other respondents.

As we received a relatively small number of responses, we have included quotations from respondents in addition to an overall summary of the views expressed.

2. Responses to the consultation

2.1 Summary of comments

The following is a summary of the comments we received in response to the consultation.

General

- The responses welcomed the proposal to regulate dance movement therapists and said that it would bring them in line with the other arts therapies.
- Some respondents said they should be included on the proposed register for psychotherapists.⁴

Regulator and part of the Register

- The HPC should be the regulator of dance movement therapists.
- Dance movement therapists should be part of the arts therapists' part of the Register.

Titles

- The protected titles should be 'dance movement therapist' and 'dance movement psychotherapist'.
- Some respondents suggested 'movement psychotherapist', 'music psychotherapist' and 'drama psychotherapist' should also become protected titles.

Entry to the Register

- The register held by the ADMP should transfer to the HPC.
- The grandparenting period should be two years.
- Most respondents agreed that the threshold level for entry to the Register should be set at level 7 / masters level.

Standards of proficiency

- Respondents agreed the standards of proficiency are at a threshold level for safe and effective practice.
- Three respondents suggested adding to the proposed standards of proficiency with more detail about recognising the work of other health professionals and when and how to use techniques.
- All respondents agreed that the level of English language proficiency should be set at level 7.0 of the IELTS with no element below 6.5 or equivalent.

Impact of regulation

- Respondents said regulation will protect vulnerable clients from those who have had insufficient training to practise safely and effectively.
- Some respondents said regulation would increase recognition of the profession and put the profession on a par with the other arts therapies.

⁴ A consultation on the statutory regulation of psychotherapists and counsellors closed on 16 October 2009. Please see www.hpc-uk.org/aboutus/consultations/closed/index.asp?id=93

2.2 General comments

2.2.1 Regulation

The responses we received were positive about the proposed regulation of dance movement therapists. Although the numbers practising the profession are relatively small, respondents agreed there were concerns about public safety if the profession remained unregulated. A number of respondents said dance movement therapists were established within many arts therapies departments and many of their service users were vulnerable members of society.

‘HPC registration will ensure public safety and we welcome this wholeheartedly’ -
The Association for Dance Movement Psychotherapy UK

Dance movement therapy is seen as one of the arts therapies; the others are art therapy, music therapy and dramatherapy. Respondents said dance movement therapists should be registered by us in line with the other arts therapists. The Aneurin Bevan Local Health Board said: ‘It adds coherence to the profession of the creative arts therapies as this modality has been awaiting HPC registration for some time.’

A number of respondents welcomed the public and professional recognition that would be afforded to the profession if they became regulated. The Association of Professional Music Therapists (APMT) said dance movement therapists were ‘...well respected professionals with clear standards of training and evidence base’.

2.2.2 Use of ‘psychotherapy’

Respondents stressed that most dance movement therapists used the title ‘dance movement psychotherapist’. These respondents agreed that both titles should be protected (see 3.1.3).

‘All of the psychotherapies should be placed on one register and a clarifying adjective could then be included’ - individual

Respondents also recognised that there was a consultation running in parallel to this one on the regulation of psychotherapists and counsellors. Some respondents, such as The British Association of Dramatherapists (BADth) suggested that ‘...in order to prevent confusion for clients, potential employers and the general public all of the arts therapies should be designated as psychotherapies’. Others, including Roehampton University, said that arts therapists, psychotherapists and counsellors often use the term ‘psychotherapist’ in their title so there should be one part of the HPC Register for all of these professions. They said this could be done in the same way as the modalities for practitioner psychologists.

The use of the title ‘dance movement psychotherapist’ was highlighted as a concern by the British Association for Counselling and Psychotherapy (BACP) who said the psychotherapist part of the title should not be protected because it would ‘...confuse the public to have a separate register for psychotherapists and counsellors.’ They also said that dance movement psychotherapists would not meet the standards of proficiency for psychotherapists and to use the title ‘psychotherapist’ would imply that they did. For the same reasons the BACP also

said that the title 'art psychotherapist' which is currently protected for art therapists, should not be.

3. Consultation questions

We asked 10 questions in the consultation document. Most of the responses we received to the questions agreed with the individual questions. Where we received a more expansive response, we have included the response under the individual question.

3.1 Do you agree that dance movement therapists should be regulated by the Health Professions Council? If not, why not?

All respondents agreed that dance movement therapists should be regulated by us. However, the BACP questioned whether regulating a profession with a small number of practitioners was a good use of time and resources and said the proposal appeared '...to be a method of granting status to a group rather than protecting the public'.

The Society of Sports Therapists agreed that dance movement therapists should be regulated but expressed concern with the amount of time it had taken from the recommendation for regulation by the HPC to consulting on their potential regulation.⁵

3.2 Do you agree that dance movement therapists should be placed within the arts therapists' part of the Register? If not, why not?

Respondents agreed that dance movement therapists are closely associated with the other arts therapies (art, music, and drama) and should be placed in the same part of the Register.

3.3 Do you agree that the titles 'dance movement therapist' and 'dance movement psychotherapist' should be protected? If not, why not?

Most respondents said that the titles 'dance movement therapist' and 'dance movement psychotherapist' should be protected because they are the titles which are in current use. A number of respondents said that the title in more common use by practitioners, employers and training programmes was 'dance movement psychotherapist'. Two individuals also said the title 'movement psychotherapist' was also used and should be protected.

The ADMP said that both titles should be protected. They said the title 'dance movement psychotherapist' is the preferred title for members since the association changed their name. They said the title 'dance movement therapist' also needed protecting because the title was the historical title and without protection was open to possible use '...by practitioners who do not meet the standards of proficiency for safe and effective practice'.

The BACP said the psychotherapist part of the title should not be protected for dance movement therapists and art therapists. In contrast, Roehampton University and the BADth both said the terms 'drama psychotherapist' and 'music

⁵ The Council considered dance movement therapists in 2004 and recommended them for regulation. Please see: www.hpc-uk.org/aboutregistration/newprofessions/previous/

psychotherapist' should also become protected titles in addition to the current protected titles. They said this would stop those who are not regulated using the titles and prevent confusion for clients, potential employers and the general public. The BADth said this would be appropriate because '...many arts therapists are already located in NHS psychotherapy departments and many teams of arts therapists form departments of arts psychotherapies.'

To prevent confusion for the public NHS Education for Scotland said '...it would be helpful to have clarity on what the difference is between the two titles.'

3.4 Do you agree that the register held by the Association for Dance Movement Psychotherapy should transfer to the Health Professions Council? If not, why not?

Respondents all agreed that the register held by the ADMP should transfer to the HPC. The ADMP said their register would '...ensure accurate identification of those dance movement therapists/psychotherapists who have completed the necessary training, meet the ADMP's criteria for professional practice, and meet the proposed dance movement psychotherapy standards of proficiency for HPC registration.'

3.5 Do you agree that the grandparenting period should be two years? If not, why not?

All respondents agreed this was an appropriate grandparenting period.

3.6 Do you agree that the threshold level of qualification for entry to the Register should be set at a level 7 / masters level?

Most respondents agreed that the threshold level of qualification for entry to the Register should be set at a level 7 / masters level. The ADMP said this is the current level of the training which allows entry to their register.

Play Therapy UK disagreed with the levels proposed. They said the level should be a post graduate level, but '...a Certificate and Diploma are needed but not a Masters.'

The British Association of Play Therapists said the levels were too rigid and inflexible and there should be an alternative route to the Register. They said there would be difficulties for some trainees who would satisfy the standards of proficiency, but who were unable to complete a Masters qualification and would therefore be unable to practice in their profession.

The British Academy of Western Medical Acupuncture (BAWMA) said the proposed level '...would not appear to be consistent with other parts of the HPC Register which we understand the minimum is Level 5 Degree level'.

3.7 Do you think the standards are at a threshold level for safe and effective practice?

Respondents agreed that the proposed standards were at a threshold level for safe and effective practice. A concern was raised by the BAWMA who said

'...some of the standards would appear to read more like detailed curricula than broad principal standards' and that they applied to a number of therapists, not just dance movement therapists.

3.8 Do you think any additional standards are necessary?

Most respondents did not feel additional standards were necessary. However, some said the proposed standards needed amending or adding to.

An individual respondent felt standard 1b.4 needed further expansion to require an understanding of techniques and when techniques should be used in order to ensure a safe level and appropriate use of touch.

The Higher Education Academy and the Centre for the Advancement of Interprofessional Education (CAIPE) said standard 1b.1, should have a further clause added. They proposed including '...recognise the role of health and social care professions and the contribution they make in complementing arts therapy.'

3.9 Do you agree that the level of English language proficiency should be set at level 7.0 of the IELTS with no element below 6.5 or equivalent?

All respondents said this seemed an appropriate level to require dance movement therapists to be comfortable within all aspects of communication using the English language. The Higher Education Academy and the CAIPE also said that the same requirement should be made for EEA Nationals who did not have English as their first language.

3.10 Do you think that the proposals outlined in this document to bring dance movement therapists within regulation will have an impact upon the profession, on service provision or on any other areas? If so, what do you think that impact will be?

A number of respondents reiterated the general comments recorded in 2.2.1 by saying that bringing dance movement therapists within regulation would improve public protection and bring about a greater public understanding of the profession. Some respondents said it would help the profession to be recognised on an equal standing with the other arts therapies and this would be reflected through demand for training and employment.

The APMT said public awareness of the arts therapies and their understanding of these professions practice would be increased through the regulation of dance movement therapists. However, the BACP disagreed saying that the public would be confused if the title 'dance movement psychotherapist' was protected with the intention to open a register for psychotherapists. For this reason they also said a review of the protected title of art psychotherapist should be undertaken.

A number of respondents said it was timely to recognise dance movement therapists with the other arts therapists. They said the impact of this should have a positive impact for the profession. The ADMP said it would put them on an '...equal footing with our arts therapies and AHP colleagues and such discrimination in the workplace will cease.'

Roehampton University said there may be a rise in the demand for training and employment of dance movement therapists because of the higher profile the profession would have as a result of statutory regulation. NHS Education for Scotland agreed and hoped regulation would ‘...hopefully encourage employers to provide practice placements which in turn will increase awareness of their role in provision of psychological services.’

4. List of respondents

Below is a list of those who responded to the consultation. Where a response has been given on behalf of an organisation, we have given the name of the organisation in the text. Where the response comes from an individual, we have not.

We received 6 responses from individuals and 15 responses from organisations.

We would like to thank all those who responded for their comments.

Aneurin Bevan Local Health Board (Learning Disabilities Psychological Services)
Association for Dance Movement Psychotherapy UK
Association of Professional Music Therapists
Board of Community Health Councils in Wales
British Academy of Western Medical Acupuncture
British Association for Counselling and Psychotherapy
British Association of Play Therapists
Centre for the Advancement of Interprofessional Education
NHS Education for Scotland
Play Therapy UK
Roehampton University
Stirling and District Association for Mental Health
The British Association of Dramatherapists
The Higher Education Academy
The Society of Sports Therapists

The statutory regulation of dance movement therapists – conclusions from the consultation

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1. Introduction

1.1 About us

We are the Health Professions Council (HPC). We are a regulator and our job is to protect the health and wellbeing of people who use the services of the professionals registered with us.

To protect the public, we set standards that professionals must meet. Our standards cover the professionals' education and training, behaviour, professional skills, and their health. We publish a Register of professionals who meet our standards.

Professionals on our Register are called 'registrants'. If registrants do not meet our standards, we can take action against them which may include removing them from the Register so that they can no longer practise.

1.2 About the Consultation

We consulted for three months between 14 July 2009 and 16 October 2009 on proposals for regulating dance movement therapists.¹

We sent a copy of the consultation document to key stakeholders including professional bodies and education providers.

We would like to thank all those who took the time to respond to the consultation.

You can download a copy of the consultation document from our website:
<http://www.hpc-uk.org/aboutus/consultations/closed/>

1.3 About statutory regulation

Article 3 (17) of the Health Professions Order 2001 says:

The Council may-

- (a) make recommendations to the Secretary of State and the Scottish Ministers concerning any profession which in its opinion should be regulated pursuant to section 60(1)(b) of the Health Act 1999

We have set up a 'new professions process' by which we can receive applications from professions seeking regulation. Applications are normally made by professional organisations representing the interests of members of the profession. We look at each application against published criteria and can recommend to the Secretary of State that the profession should be regulated.²

In March 2004 the Council considered an application from the Association of Dance Movement Therapists (now the Association of Dance Movement

¹ Dance movement therapists also use the title 'dance movement psychotherapist'. For clarity, we use the title 'dance movement therapists' throughout this document.

² Please see www.hpc-uk.org/aboutregistration/newprofessions

Psychotherapists UK - ADMP) for statutory regulation.³ The Council agreed in principle to recommend that dance movement therapists should be regulated. However, any final decision about whether a profession should be regulated is one taken by government.

We used the information contained within the application as the basis for the consultation.

1.4 The path to statutory regulation

In the consultation we sought the views of stakeholders on the statutory regulation of dance movement therapists.

The consultation was designed to help to inform the Council in making recommendations to the Secretary of State on issues relevant to the regulation of dance movement therapists. The Council will consider the outcome of this consultation and the conclusions drawn at its meeting in December 2009.

In February 2007, the Government published a White Paper on the future of regulation, 'Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century'. This White Paper identified the priorities for regulation in the future.

Dance movement therapists were not included within the list of priorities for regulation. However, as we made the conclusion that dance movement therapists should be regulated, we believed that it was appropriate for us to consult on issues relevant to their regulation.

Any regulation would require a piece of secondary legislation known as a 'Section 60 Order'. This is an order made under the Health Act 1999. If a decision was made to proceed with the regulation of dance movement therapists, the Department of Health would publicly consult on a draft Section 60 Order prior to the publication of legislation.

However, please note that the outcome of the consultation and subsequent conclusions will be subject to any final decisions made by the UK and Scottish Parliaments.

1.5 About dance movement therapy

Dance movement therapy is the psychotherapeutic use of movement and dance through which a person can engage creatively in a process to further their emotional, cognitive, physical and social integration. It is based on the principle that movement reflects an individual's patterns of thinking and feeling.

Dance movement therapy is practised as both individual and group therapy in health, education and social service settings and in private practice. Dance movement therapists work with a wide variety of clients including people who are emotionally distressed, people with additional learning needs, those with physical or mental illness and people who want to use the medium for personal growth.

³ Please see www.hpc-uk.org/aboutregistration/newprofessions/previous/

Dance movement therapists are currently voluntarily regulated by the Association of Dance Movement Psychotherapists UK. The Association of Dance Movement Psychotherapists UK has over 200 members on its register.

1.6 About this document

This document groups the consultation questions into several key areas. Under each area we have provided information about HPC, then we have summarised the comments we received in the consultation. We have made comments in response where appropriate and identified any conclusions that we are making as a result.

Alongside this document we have also published a more detailed summary of the responses we received to the consultation.

In this document, references to 'our' or 'we' are references to the Health Professions Council (HPC).

2. Structure of the Register and protected titles

2.1 Background

Our Register is divided into parts, each of which has at least one protected title. The parts of the Register for arts therapists is then divided into different areas with their own protected titles for art therapists, dramatherapists and music therapists.

Each of these titles have their own standards and approved pre-registration education and training programmes. For example, someone successfully completing an approved pre-registration education and training programme in music therapy would be entitled to apply for registration in the arts therapists part of the Register but only permitted to use the title 'music therapist'.

Each part of the Register has at least one title which is protected in law. This means that only someone who is HPC registered is legally able to use a protected title. Someone who uses a protected title who is not registered can be prosecuted.

We believe that the number of titles protected should aim to strike a balance between preventing the misuse of professional titles and the need for effective public recognition. It is important that we protect currently used titles so that we can ensure public protection, whilst also ensuring that we do not bring into regulation individuals who should not be regulated.

Four titles are currently protected within the arts therapists' part of the Register. They are art therapist, art psychotherapist, dramatherapist and music therapist.

In the consultation document, we proposed that dance movement therapists should be regulated within the arts therapists part of the Register as there was similarity in training and standards. We proposed that the protected titles should be 'dance movement therapist' and 'dance movement psychotherapist'.

2.2 Comments from the consultation

- Respondents agreed that dance movement therapists should be regulated by HPC.
- Respondents agreed that dance movement therapists should be placed in the same part of the Register as the other arts therapies.
- Most respondents agreed that the titles 'dance movement therapist' and 'dance movement psychotherapist' should be protected as they were the titles currently used by practitioners.

2.3 Our comments

We believe that the risk of harm posed means that the profession should be brought into statutory regulation. We believe that there is an inconsistency in that art therapy, dramatherapy and music therapy are all statutorily regulated when dance movement therapy is not. We recognise that this is a result of the situation

at the time when the professions were regulated, but believe that now is an appropriate time to take this work forwards.

We have considered the comments that we received about the protected titles. We believe that the number of titles protected should aim to strike a balance between preventing the misuse of professional titles, against the need for effective public recognition. Our research has shown that members of the public most easily understand a small range of recognisable professional titles as an indication that someone is qualified to practise their profession. It is important that we protect currently used titles so that we can ensure public protection.

Both 'dance movement therapist' and 'dance movement psychotherapist' are in wide usage and recognised by members of the public, employers and education and training providers. We have not identified any other groups who use the titles and would need to be considered for regulation.

Within the arts therapist part of the register, both the title 'art therapist' and 'art psychotherapist' are protected for professionals who practise art therapy. Protecting the titles 'dance movement psychotherapist' and 'dance movement therapist' would therefore be consistent with this approach. In addition, 'dance movement psychotherapist' is currently used by the profession. A failure to protect this title would therefore allow an evasion of regulation and create a reduction in public protection.

2.4 Conclusion

Having taken into account the comments made on these topics we have reached the following conclusions:

- dance movement therapists should be regulated by the HPC as a result of the potential risk of harm posed;
- dance movement therapists should be placed within the arts therapists' part of the HPC Register; and
- 'dance movement therapist' and 'dance movement psychotherapist' should be the protected titles for the profession.

3. Voluntary register transfers and grandparenting

3.1 Background

When we regulate a new profession there are normally four routes to registration with us. These are:

- Voluntary register transfer route;
- UK approved course route;
- Grandparenting route; and
- International route.

When statutory regulation has been introduced previously, there has been a one-off transfer of one or more voluntary registers on the day that the statutory register opens. These registers are normally held by voluntary membership organisations. Anybody whose name appeared on the voluntary registers on the day before regulation was introduced transferred to the HPC Register.

In the consultation, we proposed that the register held by the ADMP should transfer to the HPC. We have not identified any other voluntary registers of dance movement therapists

We would normally approve those education and training programmes which have led to membership of the voluntary register(s). Any individual who was eligible to be a member of the voluntary register(s) on the date of the transfer but was not, or someone who was part way through their training, would be able to apply to us for registration via the 'UK approved course' route. They would not need to make a 'grandparenting' application (see below) as they would have completed an approved programme.

Normally, when we regulate a new profession, and protect a title, there will be a 'grandparenting' period. The grandparenting period allows people who have previously been practising the profession, but who are not voluntarily registered, to apply for registration, provided that they can meet certain criteria.

The length of the grandparenting period is defined by law and was set at two years for 13 professions on our Register. The length of the grandparenting period must balance the need for sufficient time to ensure effective communication and applications alongside the need for public protection. In the consultation we proposed that the grandparenting period should be two years.

Applicants who have trained outside the United Kingdom can apply to us via our international route.

3.2 Comments from the consultation

- All respondents agreed that the register held by the Association of Dance Movement Psychotherapists should transfer to the HPC.
- All respondents agreed this two years was an appropriate grandparenting period.

3.3 Our comments

There was widespread approval for our proposals in this area.

3.4 Conclusion

Having taken into account the comments made on these topics we have reached the following conclusions:

- the register held by the Association of Dance Movement Therapists should transfer to the HPC; and
- the grandparenting period should be two years in length.

4. Threshold level of qualification for entry to the Register

4.1 Background

Someone who successfully completes a pre-registration programme approved by us is eligible to apply for registration.

We approve pre-registration education and training programmes against our standards of education and training (SETs). The first standard (SET 1) sets out the threshold level of qualification for entry to the Register in the professions we regulate.

We need to set the threshold level at the level necessary for people who successfully complete an education and training programme to meet all of the standards of proficiency. We would have regard to the level of existing education and training in determining the threshold level.

In setting the threshold level of qualification for entry, we are setting the threshold academic level of qualification which we normally accept for the purposes of an approved programme which leads to registration. As the threshold is the 'minimum', programmes at levels above the threshold level may be approved.

The threshold level of qualification for entry to the Register applies to pre-registration education and training programmes seeking approval rather than to individuals. Therefore, it would not affect individuals who might have followed education and training programmes delivered at levels below the threshold in the past.

In the consultation we proposed that the threshold level should be set at level 7 on the NQF / level 7 on the FHEQ / level 11 on the SCQF as that was the level necessary to deliver the standards of proficiency and lead to safe practice as dance movement therapist. This level also reflects the existing level of education and training programmes in dance movement therapy.

4.2 Comments from the consultation

- Most respondents agreed that the threshold level of qualification for entry to the Register should be set at a level 7 / masters level.
- One organisation suggested that it should be set at the level of a postgraduate certificate or diploma.
- One organisation said that the levels were too rigid and that there should be an additional route for trainees who could meet the standards of proficiency but did not have a Masters qualification.

4.3 Our comments

HPC can not set the qualifications required for entry, but can approve qualifications which meet the standards it has set for entry to the Register. The standards for entry to the Register are set at a threshold level, i.e. the minimum standards of proficiency which a newly qualified applicant needs to meet in order

to be able to practise safely and effectively. We can then approve a qualification which delivers those standards, but cannot insist that only a specified form of academic award will do so.

This level is set as a normative level in that it is the level of qualification which is 'normally' expected to meet the rest of the standards. We would not refuse to approve a programme which delivered all the other standards but which did not meet the threshold level of qualification. Thus, we could approve a programme which was delivered at a different education level, so long as it met all the other standards.

Individuals who want to join our Register must apply through one of the application routes. Individuals who are in training when our Register opens will apply to join our Register after completing a qualification approved by us. This is the only route for those who are still in training when our Register opens. There is however, a route for individuals who are in practice when our Register opens but do not have an approved qualification, called the 'grandparenting route'.

The programmes currently offering training in dance movement psychotherapy are all delivered at level 7 / masters level. This level is also consistent with the threshold level for the other arts therapists.

4.4 Conclusion

Having taken into account the comments made on the threshold level of entry we have reached the following conclusion:

- The normal threshold level of qualification for entry to the Register should be set at level 7 on the NQF / level 7 on the FHEQ / level 11 on the SCQF.

5. Standards of proficiency and English language requirements

5.1 Background

Under our legislation we must publish standards for each of the professions we regulate which are the 'necessary' or 'threshold' standards considered to be essential for safe and effective practice. The primary role of the standards of proficiency is in articulating the skills, knowledge and abilities necessary to become registered for the first time. As the threshold standards are the 'minimum', they may be exceeded.

The standards are divided into generic standards, which apply to all registrants, and profession-specific standards that are relevant to registrants belonging to one of the professions we currently regulate. Within the arts therapists' part of the Register, there are also standards for each sub-section. These standards are specifically for art therapists or dramatherapists or music therapists.

Applicants who have qualified outside of the UK, whose first language is not English and who are not European Economic Area (EEA) nationals, have to provide evidence that they meet a set standard of English Language proficiency. These requirements are outlined in standard 1b.3 of the generic standards of proficiency.

We require applicants to achieve an overall score in the academic test of the International Language Testing System (IELTS) of at least 7.0, with no element below 6.5. A number of other tests are also approved at levels equivalent to the IELTS. A minimum overall IELTS score of 7.0 is the current requirement for pharmacists, doctors, dentists and nurses.

The requirements are higher for speech and language therapists, for whom higher language proficiency is considered a core professional skill. For this profession a score of level 8, with no element below 7.5 is required. The rationale behind this is that speech and language therapists, as a threshold requirement, need to have an understanding of, and be able to use, the phonetic and linguistic structure of language. As this proficiency is a core professional skill for speech and language therapists, we are able to require all applicants, including EEA nationals, to undergo this test.

In the consultation we proposed that the level of English language proficiency for dance movement therapists should be set at level 7.0 of the IELTS with no element below 6.5 or equivalent, in line with the other professions within the arts therapists' part of the register.

5.2 Comments from the consultation

- Respondents agreed that the standards were at the threshold level.
- Most respondents did not believe that additional standards were necessary, although two proposed additional standards.
- Respondents agreed that the level of English language proficiency should be set at 7.0 on the IELTS test.

- Several respondents suggested that this requirement should also be made for EEA Nationals.

5.3 Our comments

There was widespread agreement that the proposed standards were set at the threshold level. We have considered the additional standards proposed by respondents but do not feel that it is necessary to add them.

Applicants who have qualified outside of the UK, whose first language is not English and who are not European Economic Area (EEA) nationals, have to provide evidence that they meet a set standard of English Language proficiency. These requirements are outlined in standard 1b.3 of the generic standards of proficiency.

However, by law, HPC is unable to require EEA applicants to undergo a language test. However, employers can language test individuals.

There was general agreement that the level of English language proficiency should be that proposed within the consultation document. This is also the level set for the other arts therapies.

5.4 Conclusion

Having taken into account the comments made on the standards of proficiency we have reached the following conclusion:

- the standards in appendix 1 should be set as the standards of proficiency for dance movement therapists; and
- the level of English language proficiency should be set at level 7.0 of the IELTS with no element below 6.5 (or equivalent in other tests).

6. Impact of regulation

6.1 Comments from the consultation

- Respondents identified that regulation would improve public protection and public understanding and awareness of the profession.
- Respondents stated that regulation would improve the standing of the profession and might also lead to improved training and employment opportunities.
- One respondent commented that regulating the title 'dance movement psychotherapist' might cause confusion between this profession and the proposed regulation of psychotherapists.

6.2 Our comments

There was general agreement that statutory regulation would bring benefits to the public and to practitioners.

6.3 Conclusion

Having taken into account the comments made on impact of regulation we have reached the following conclusion:

- dance movement therapy should be regulated by HPC.

7. Summary of conclusions

Having taken into account the comments made on these topics we have reached the following conclusions:

- dance movement therapists should be regulated by the HPC as a result of the potential risk of harm posed;
- dance movement therapists should be placed within the arts therapists' part of the HPC Register;
- 'dance movement therapist' and 'dance movement psychotherapist' should be the protected titles for the profession;
- the register held by the Association of Dance Movement Therapists should transfer to the HPC;
- the grandparenting period should be two years in length;
- The normal threshold level of qualification for entry to the Register should be set at level 7 on the NQF / level 7 on the FHEQ / level 11 on the SCQF;
- the standards in appendix 1 should be set as the standards of proficiency for dance movement therapists;
- the level of English language proficiency should be set at level 7.0 of the IELTS with no element below 6.5 (or equivalent in other tests); and
- dance movement therapy should be regulated by HPC.

Appendix 1 – Standards of proficiency for dance movement therapists

Notes to standards

- Generic standards are shown in normal type
- Profession-specific standards are shown in blue italic type and indicated by 'all arts therapists' within the left-hand column
- Where profession-specific standards are only applicable to a particular profession within the arts therapists part of the Register, this is indicated in the left-hand column.
- Profession specific standards for dance movement therapists are indicated in blue italic type.

Registrant arts therapists must:

Ref	Standard
	Professional autonomy and accountability
1a.1	<p>be able to practise within the legal and ethical boundaries of their profession</p> <ul style="list-style-type: none"> - understand the need to act in the best interests of service users at all times - understand what is required of them by the Health Professions Council - understand the need to respect, and so far as possible uphold, the rights, dignity, values and autonomy of every service user including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing - be aware of current UK legislation applicable to the work of their profession
All arts therapists	<i>- understand the role of the art, music, drama or dance movement therapist in different settings</i>
1a.2	be able to practise in a non-discriminatory manner
1a.3	understand the importance of and be able to maintain confidentiality
1a.4	understand the importance of and be able to obtain informed consent
All arts therapists	<i>- be aware that the concepts of confidentiality and informed consent extend to illustrative records such as video and audio recordings, paintings, digital images and other art work</i>
1a.5	be able to exercise a professional duty of care
1a.6	<p>be able to practise as an autonomous professional, exercising their own professional judgement</p> <ul style="list-style-type: none"> - be able to assess a situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem - be able to initiate resolution of problems and be able to exercise personal initiative - know the limits of their practice and when to seek advice or refer to another professional - recognise that they are personally responsible for and must be able to justify their decisions

1a.7	recognise the need for effective self-management of workload and resources and be able to practise accordingly
All arts therapists	- <i>understand the value of therapy in developing insight and self-awareness through their own personal experience</i>
1a.8	understand the obligation to maintain fitness to practise - understand the need to practise safely and effectively within their scope of practice - understand the need to maintain high standards of personal conduct - understand the importance of maintaining their own health - understand both the need to keep skills and knowledge up to date and the importance of career-long learning
All arts therapists	- <i>recognise that the obligation to maintain fitness to practise includes engagement in their own arts-based process</i>

	Professional relationships
1b.1	<p>be able to work, where appropriate, in partnership with other professionals, support staff, service users and their relatives and carers</p> <ul style="list-style-type: none"> - understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team - understand the need to engage service users and carers in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals - be able to make appropriate referrals
All arts therapists	- <i>recognise the role of arts therapists and the contribution they can make to health and social care</i>
1b.2	be able to contribute effectively to work undertaken as part of a multi-disciplinary team
1b.3	<p>be able to demonstrate effective and appropriate skills in communicating information, advice, instruction and professional opinion to colleagues, service users, their relatives and carers</p> <ul style="list-style-type: none"> - be able to communicate in English to the standard equivalent to level 7 of the International English Language Testing System, with no element below 6.5 - understand how communication skills affect the assessment of service users and how the means of communication should be modified to address and take account of factors such as age, physical ability and learning ability - be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others - be aware of the characteristics and consequences of non-verbal communication and how this can be affected by culture, age, ethnicity, gender, religious beliefs and socio-economic status - understand the need to provide service users (or people acting on their behalf) with the information necessary to enable them to make informed decisions - understand the need to use an appropriate interpreter to assist service users whose first language is not English, wherever possible - recognise that relationships with service users should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility

All arts therapists	<ul style="list-style-type: none"> - <i>be able to explain the nature, purpose and techniques of therapy to clients and carers</i> - <i>understand the need to establish and sustain a therapeutic relationship within a creative and containing environment</i>
1b.4	<p>understand the need for effective communication throughout the care of the service user</p> <ul style="list-style-type: none"> - recognise the need to use interpersonal skills to encourage the active participation of service users
Dance movement therapists	<ul style="list-style-type: none"> - <i>understand the safe and appropriate use of touch in movement interaction</i>

	Identification and assessment of health and social care needs
2a.1	be able to gather appropriate information
All arts therapists	<i>- understand the need to take account of psychological, social, cultural, economic and other factors when collecting case histories and other appropriate information</i>
2a.2	be able to select and use appropriate assessment techniques
	- be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment
2a.3	be able to undertake or arrange investigations as appropriate
All arts therapists	<i>- be able to observe and record clients' responses and assess the implication for diagnosis and intervention - be able to undertake or arrange investigations, for example setting up an assessment period in order to ascertain the appropriateness of an intervention</i>
2a.4	be able to analyse and critically evaluate the information collected

	Formulation and delivery of plans and strategies for meeting health and social care needs
2b.1	be able to use research, reasoning and problem solving skills to determine appropriate actions - recognise the value of research to the critical evaluation of practice - be able to engage in evidence-based practice, evaluate practice systematically, and participate in audit procedures - be aware of a range of research methodologies - be able to demonstrate a logical and systematic approach to problem solving - be able to evaluate research and other evidence to inform their own practice
2b.2	be able to draw on appropriate knowledge and skills in order to make professional judgements - be able to change their practice as needed to take account of new developments - be able to demonstrate a level of skill in the use of information technology appropriate to their practice
2b.3	be able to formulate specific and appropriate management plans including the setting of timescales - understand the requirement to adapt practice to meet the needs of different groups distinguished by, for example, physical, psychological, environmental, cultural or socio-economic factors
2b.4	be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and skilfully - understand the need to maintain the safety of both service users and those involved in their care
All arts therapists	<i>- be able to work with clients both to define a clear end for the therapy, and to evaluate the therapy's strengths, benefits and limitations</i>
Art therapists	<i>- be able to use a range of art and art-making materials and techniques competently and be able to help a client to work with these</i>
Dance movement therapists	<i>- be able to use a range of dance movement and dance-making techniques competently and be able to help a client to work with these</i>
Dramatherapists	<i>- be able to use a range of dramatic concepts, techniques and procedures (including games, activities, styles and structures) competently</i>
Music therapists	<i>- be able to use a range of music and music-making techniques competently and be able to help a client to work with these</i>

2b.5	be able to maintain records appropriately <ul style="list-style-type: none">- be able to keep accurate, legible records and recognise the need to handle these records and all other information in accordance with applicable legislation, protocols and guidelines- understand the need to use only accepted terminology in making records
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	Critical evaluation of the impact of, or response to, the registrant's actions
2c.1	<p>be able to monitor and review the ongoing effectiveness of planned activity and modify it accordingly</p> <ul style="list-style-type: none"> - be able to gather information, including qualitative and quantitative data, that helps to evaluate the responses of service users to their care - be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user - recognise the need to monitor and evaluate the quality of practice and the value of contributing to the generation of data for quality assurance and improvement programmes - be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately
2c.2	<p>be able to audit, reflect on and review practice</p> <ul style="list-style-type: none"> - understand the principles of quality control and quality assurance - be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures - be able to maintain an effective audit trail and work towards continual improvement - participate in quality assurance programmes, where appropriate - understand the value of reflection on practice and the need to record the outcome of such reflection - recognise the value of case conferences and other methods of review
All arts therapists	- <i>recognise the role and value of clinical supervision in an arts therapy context</i>

	Knowledge, understanding and skills
3a.1	<p>know and understand the key concepts of the bodies of knowledge which are relevant to their profession-specific practice</p> <ul style="list-style-type: none"> - understand the structure and function of the human body, relevant to their practice, together with knowledge of health, disease, disorder and dysfunction - be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process - recognise the role of other professions in health and social care - understand the theoretical basis of, and the variety of approaches to, assessment and intervention
All arts therapists	<ul style="list-style-type: none"> - <i>understand the psychological and cultural background to health, and be aware of influences on the client – therapist relationship</i> - <i>understand core processes in therapeutic practice, such as the therapeutic frame, transference and counter-transference and concepts from other therapeutic models, and be able to engage these to achieve productive therapeutic outcomes</i> - <i>understand the therapeutic relationship, including its limitations</i> - <i>be able to employ a coherent approach to the therapeutic process</i> - <i>understand how and why different approaches to the use of the arts in art therapy and in other settings varies according to context and purpose</i> - <i>know theories of group work and the management of group process</i> - <i>know theories relevant to work with an individual</i> - <i>know about normal human development; normal and abnormal psychology; normal and abnormal human communication and language development; mental illness; psychiatric assessment and treatment; congenital and acquired disability; disorders of social functioning; the principal psychotherapeutic interventions and their theoretical bases; the nature and application of other major interventions</i> - <i>recognise methods of distinguishing between human health and sickness, including diagnosis, symptoms and treatment, particularly of mental health disorders and learning disabilities and be able to critique these systems of knowledge from different socio-cultural perspectives</i>

Art therapists	<ul style="list-style-type: none"> -understand that while art therapy has a number of frames of reference, they must adopt a coherent approach to their therapy, including the relationship between theory and practice and the relevant aspects of connected disciplines including visual arts, aesthetics, anthropology, psychology, psychiatry, sociology, psychotherapy and medicine - know the practice and process of visual art-making - understand the role of the physical setting and the art-making process in the physical and psychological containment of emotions - understand the role and function of the art object as an intermediary frame and within the relationship between client and art therapist - understand the role and use of visual symbols in art that communicate conscious and unconscious processes - understand the influence of socio-cultural context on the making and viewing of art in art therapy - recognise that different approaches to the use of visual arts practice in therapeutic work have developed in different socio-cultural and political contexts around the world
Dance movement therapists	<ul style="list-style-type: none"> - be aware of the origins and development of dance movement psychotherapy - understand a range of dance movement psychotherapy approaches - be aware that there are a range of movement observation perspectives and be able to apply one of them - understand and be able to use a range of dance styles and movement practices - be able to use improvisation and improvisatory skills in dance movement to facilitate development in the therapeutic relationship - understand and be able to integrate dance movement theory with psychotherapeutic theory and practice - be able to identify client needs as expressed through the body, movement and / or dance - be able to recognise own movement preferences and needs
Dramatherapists	<ul style="list-style-type: none"> - understand core processes and forms of creativity, movement, play and dramatic representation pertinent to practice with a range of client groups - understand both the symbolic value and intent inherent in drama as an art form, and with more explicit forms of enactment and re-enactment of imagined or lived experience - know a range of theatrical representation techniques and be able to engage clients in a variety of performance derived-roles - recognise that dramatherapy is a unique form of psychotherapy in which creativity, play, movement, voice, storytelling, dramatisation and the performance arts have a central position within the therapeutic relationship -recognise that different approaches to the discipline have developed from different histories in Eastern and Western

	<p><i>Europe and the Americas</i></p> <ul style="list-style-type: none"> - recognise that the discipline has deep foundations within the many cultural traditions that use ritual, play, drama and performance for the enhancement of health - know the key principles of influential theatre practitioners and their relevance to the therapeutic setting
Music therapists	<ul style="list-style-type: none"> - be able to improvise music in a variety of styles and idioms - be able to use musical improvisation to interact and communicate with the client - know a broad range of musical styles and be aware of their cultural contexts - be able to play at least one musical instrument to a high level
3a.2	know how professional principles are expressed and translated into action through a number of different approaches to practice, and how to select or modify approaches to meet the needs of an individual, groups or communities
3a.3	<p>understand the need to establish and maintain a safe a practice environment</p> <ul style="list-style-type: none"> - be aware of applicable health an safety legislation, and any relevant safety policies and procedures in force in the workplace, such as incident reporting, and be able to act in accordance with these - be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner in accordance with health and safety legislation - be able to select appropriate protective equipment and use it correctly - be able to establish safe environments for practice, which minimise risks to service users, those treating them, and others, including the use of hazard control and particularly infection control