

# Recognition, Regulation, Registration

## Seeking the right touch

Alastair Crocket

### Abstract

More than a decade after the passage of the Health Practitioners Competence Assurance Act 2003 it is undecided whether counselling will become a state-regulated profession. This article focuses on three directions potentially available to NZAC and its members: state regulation; the current status quo as a self-managing organisation; or self-regulation with a measure of state approval. It argues that counsellors need to be pragmatic in deciding which to support, since government policy considerations will influence the success of any direction we choose to take.

**Keywords:** counselling, registration, state regulation, HPCA Act

Although the matter of state regulation of counselling was raised within the New Zealand Association of Counsellors (NZAC) from as early as the 1980s (see Hermansson, 1999), there was little prospect of counselling achieving that status during the 1980s and 1990s. Over the past decade, however, much attention has been focused on the possibility of state regulation.

One catalyst for the whole focus on state regulation of the health professions arose from the 1988 Report on the Cervical Cancer Inquiry by Judge Silvia Cartwright, which raised questions about “governance, accountability and ethics” in the medical

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Alastair Crocket has been a member of the National Executive of NZAC since 2009. He has also served on National Executive on two previous occasions. During his current term he has participated closely in internal and external discussions about HPCA Act registration and self-regulation. Although this article is informed by that experience, it is not intended to represent the views of NZAC or its National Executive. Alastair is a Principal Academic Staff Member at the Waikato Institute of Technology in Hamilton.

profession (Ministry of Health, 2009, p. 1) and 15 years later led to the passage of the Health Practitioners Competence Assurance Act 2003 (HPCA Act). This act, along with the Social Workers Registration Act 2003 (SWR Act), focused attention on issues of professional regulation beyond those professions directly involved. The HPCA Act replaced a series of acts that regulated individual health professions by authorising profession-specific *responsible authorities* or registration boards. The act also made it possible for health professions not already subject to state regulation to apply to become regulated by the HPCA Act.

The passage of the HPCA Act and the SWR Act led to the development of a coalition of counselling organisations, known as the Combined Counselling Associations of New Zealand (CCANZ), that actively canvassed regulation for the counselling profession under the aegis of the HPCA Act. NZAC's National Executive took a leadership role within CCANZ and sought a mandate for the pursuit of an application for HPCA Act registration. If the Association's response in the 1980s and 1990s to the possibility of registration had been ambivalence, both ambivalence and division have characterised the period since 2003.

It is now over a decade since the passage of the HPCA and SWR Acts and it is appropriate to reconsider a range of contemporary questions about professional regulation and registration. This article considers three alternative frameworks for professional regulation and the likely implications for counselling of each framework. These frameworks are:

1. The perhaps unlikely possibility that counselling may become registered under the HPCA Act.
2. The attempt to avoid involvement with state regulation by remaining a self-managing profession.
3. A third way where NZAC gains some form of external recognition of its probity and becomes a self-regulating professional body.

### **Counselling as a profession regulated under the HPCA Act**

#### *Key terms*

The terms regulation and registration may appear to be used interchangeably at times but they have different meanings. The HPCA Act empowers 16 responsible authorities to establish and maintain requirements that must be observed by members of the professions that they regulate. These authorities have statutory responsibility for:

- describing their professions in terms of one or more scopes of practice with associate qualifications
- registering and issuing annual practising certificates to practitioners who have shown continuing competence
- reviewing and promoting ongoing competence
- considering practitioners who may be unfit to practise
- setting standards of clinical competence, cultural competence and ethical conduct
- establishing professional conduct committees to investigate practitioners in certain circumstances. (Ministry of Health, 2010, p. 3)

These responsible authorities—or boards—maintain a *register* of professionals whom they have recognised as competent. Thus reference is often made to professional registration, although that is only one element of state regulation. The other activities of responsible authorities are intended to measure practitioner competence and take remedial action where a practitioner is considered to have demonstrated insufficient competence.

#### *Why seek state regulation?*

Perhaps the primary interest of counsellors (see, for example, Shields, 2007) and psychotherapists (Bailey & Tudor, 2011) in gaining HPCA Act regulation has related to an elevation of status and the possibility of access to wider employment prospects. However, the Ministry of Health (2010) states that the primary rationale for state regulation is to limit the risk of harm to members of the public:

The overriding principles for regulation under the Act are that:

- the health services concerned pose a risk of harm to the public, or it is otherwise in the public interest that the health services be regulated as a health profession under the Act
- the profession delivers a health service as defined by the Act (where a health service means a service provided for the purpose of assessing, improving, protecting or managing the physical or mental health of individuals or groups of individuals)
- regulation under the Act is the most appropriate means to regulate the profession. (p. 10)

As well as the requirements that registration demands of professionals in relation to competence, it also potentially confers some benefits. One benefit is the *protection of*

*title*. All professions regulated by the HPCA Act have *protection of title*, which is the statutory restriction of the use of a title. As an example, only a person registered with the Psychotherapists Board of Aotearoa New Zealand (PBANZ) is able to call him or herself a psychotherapist.

Another benefit is the definition of *scopes of practice*. Professionals whose practice is regulated by the HPCA Act are also required to work within a scope of practice, which offers a state-regulated practitioner a mandate to engage in the practices it describes. Some practices can fall within more than one profession's scope of practice. Psychologists, for example, can practise psychotherapy but cannot describe themselves as psychotherapists. Both psychologists and psychotherapists may practise counselling because it is in their scope of practice.

A third benefit is known as *restriction of activity*. In some cases registered professionals have an exclusive right to undertake particular activities. For example, particular tasks are reserved to surgeons, and others to dentists. It follows that if the counselling profession were to be registered under the HPCA Act, counselling would not be restricted to registered counsellors because counselling already sits within the scopes of practice of other professions. While HPCA Act regulation of counselling would protect the title of counsellor, it would not restrict the practice of counselling to registered counsellors.

### *An unlikely possibility? Reconsidering the policy signals*

In preparing this article I have been rereading some Ministry of Health documentation that I first read four years ago. My rereading has led me to conclude that the achievement of HPCA Act registration is, at best, an *unlikely* possibility for the counselling profession.

The passage of the HPCA Act brought together 20 health professions regulated by 15 responsible authorities. After a concerted campaign, psychotherapy achieved regulation in 2007. Later that year the Ministry of Health began a review process of the HPCA Act which was reported to the Minister of Health in 2009 (Ministry of Health, 2009) and the recommendations in the report were opened for public consultation in 2010. These recommendations included new criteria to guide the Minister in deciding whether or not to grant registration to a profession:

Criterion 1: The activities of the profession must pose a significant risk of harm to the health and safety of the public.

Criterion 2: Existing regulatory or other mechanisms fail to address health and safety issues.

Criterion 3: Regulation is possible to implement for the profession in question.

Criterion 4: Regulation is practical to implement for the profession in question.

Criterion 5: The benefits to the public of regulation clearly outweigh the potential negative impact of such regulation.

Criterion 6: It is otherwise in the public interest that the provision of health services be regulated as a profession. (*Ministry of Health, 2010, p. 11*)

In the new criteria for HPCA Act accreditation introduced in 2010 risk is framed in predominantly medicalised terms:

- to what extent does the practice of the profession involve the use of equipment, materials or processes which could cause a significant risk of harm to the health and safety of the public?
- to what extent may the failure of a professional to practise in particular ways (that is, follow certain procedures, observe certain standards, or attend to certain matters), result in a significant risk of harm to the health and safety of the public?
- are intrusive techniques used in the practice of the profession which can cause a significant risk of harm to the health and safety of the public?
- to what extent are dangerous substances used in the practice of the profession, with particular emphasis on pharmacological compounds, chemicals or radioactive substances?
- is there significant potential for the professional to cause damage to the environment or some wider risk of harm to the health and safety of the public?
- is there epidemiological or other data, (for example, coroners' cases, trend analysis, complaints) which demonstrates the risks that have been identified? (*Ministry of Health, 2010, p. 12*)

Many of these criteria are not relevant to counselling. The counselling profession could demonstrate a risk of harm to clients by reference to the work of the NZAC Ethics Committee and findings of the Health and Disability Commissioner's hearings (bullet point six above). However, Criterion 2 above would appear to negate that: an application for HPCA Act registration needs to demonstrate that "existing regulatory

or other mechanisms fail to address health and safety issues” (Ministry of Health, 2010, p. 11). In order to meet this criterion, NZAC would need to argue that its membership and ethics processes fail to act in the best interests of clients and that these interests would be better served by the work of a registration board.

In addition, the Ministry of Health and the government have been concerned about the high cost of regulation (Ministry of Health, 2009, 2012). The 2007 review specifically raised concerns about the high cost of registration for psychotherapists and the 2012 review was mostly focused on seeking to reduce costs of regulation by amalgamating either responsible authorities or common administrative functions. Further, another criterion introduced following the 2007 review asked if there was an alternative to HPCA Act regulation (Ministry of Health, 2009).

The 2010 report noted that seven “new” professions were in the process of application. These professions were acupuncturists, anaesthetic technicians, clinical physiologists, counsellors, music therapists, speech language therapists and Western medical herbalists (Ministry of Health, 2010, p. 17). None of these professions has (yet) achieved HPCA Act registration, and indeed none is shown on the Ministry’s website as having current applications lodged. It is worth considering whether the new selection criteria proposed in 2010 have stopped the progress of this group of professions towards state regulation. Although the traditional Chinese medicine profession is recorded as having applied for registration in 2011, it is noted that the outcome of this application has not yet been decided (Ministry of Health, n.d.). In view of the narrowing of their focus, these new criteria did in fact prompt a change in direction for counselling, as discussed later.

In summary, the major outcome of the 2007 review was the institution of more demanding criteria for professions to meet if they were to be successful in achieving HPCA Act regulation. Since 2007 not one additional profession has achieved this status. Some would argue that since psychotherapy is state regulated then counselling should also be able to achieve that status. However, counselling would now need to satisfy different criteria from those that pertained in 2007 when psychotherapy attained registration. Had an application by the counselling profession been lodged in 2011, there is no guarantee that it would have been successful.

Within the “new” criteria published in 2010, there was an indication that alternatives to registration should be demonstrated to be unsatisfactory before HPCA Act regulation was agreed to. I discuss CCANZ’s 2010 response to that policy signal later when I consider audited self-regulation.

The government's policy on the admission of "new" professions to HPCA Act regulation may not be explicitly spelled out. However, I suggest the policy signals outlined above strongly indicate that while HPCA Act regulation remains a theoretical possibility for counselling, it is an *unlikely* possibility. If NZAC were to recommit to achieving state regulation as a strategic goal, it might need to be prepared to work for this over many more years. Overseas experience indicates that the achievement of state regulation can be a very slow process. For example, in British Columbia the counselling profession has been seeking state regulation for at least 20 years (Martin, Turcotte, Matte, & Shepard, 2013). Counsellors need to accept that HPCA Act regulation may never be achieved.

### *Arguments against state regulation*

From the moment when a move towards state regulation of counselling seemed possible, strong voices were already arguing against it. In 2000, Sue Webb, then president of NZAC, argued against external regulation:

[The Association] probably best protects members' interests by instituting systems of regulation and accountability itself that enable these to develop within an appropriate counselling culture, rather than succumbing to outside intervention, which risks creating systems that contradict and undermine the purposes of counselling. (Webb, 2000, p. 309)

Some years later, when NZAC's National Executive was preparing an application for HPCA Act regulation, some senior members raised strong arguments against the prospect of state regulation of counselling. At this time there was not only ambivalence about professional regulation but also significant differences of opinion within the association. Sue Cornforth (2006) made a discursive analysis of the NZAC Code of Ethics and the HPCA Act and concluded that registration under the HPCA Act "could threaten the core beliefs of counselling" (p. 12). Sue Webb again questioned registration at the time when a draft application for registration was available to members for comment. She raised a range of practical and philosophical questions and asserted:

At present, the draft proposal reads as if counsellors need to beg entry into an elite club of illness professionals, with our beliefs and philosophy having been contorted and woven in with the language of illness, to make us look as if we fit. The document seems intent on conveying that we are a profession in critical need of external oversight, which we are not. (Webb, 2007, p. 39)

In the following year National Executive sent members a Special Newsletter on Registration. In response, NZAC Life Member Bob Manthei wrote in *Counselling Today*, the Association's national newsletter for members, "asking that NZAC reconsider its decision to go ahead with the application to register counselling under the HPCA Act" (Manthei, 2008, p. 21). He raised six points of objection, including the following four: the risk that non-registered counsellors would simply describe their practice in another way (e.g. therapist); the problem of not being able to quantify any risk to members of the public from counsellors; the risk that NZAC would become less viable if the cost of regulation meant registered counsellors could not afford two significant fees; and issues for Māori counsellors (Manthei, 2008, pp. 22–23).

Recently in this journal, Keith Tudor (2013) revisited arguments against HPCA Act regulation, cautioning counsellors to "be careful what we wish for." His arguments against state regulation deserve careful consideration. At the heart of his critique of the prospect of registration is the argument that there is no evidence that it would reduce risk to clients.

The achievement of state regulation would require two willing parties: the Minister of Health and the profession. The objections raised above (Cornforth, 2006; Manthei, 2008; Tudor, 2013; Webb, 2000, 2007) remain concerns that counsellors would have to evaluate if CCANZ were to persist with an application in the face of the policy analysis above.

### **The attempt to avoid involvement with state regulation by remaining a self-managing profession**

In his argument against HPCA Act regulation, Tudor (2013) suggested that NZAC and counselling are already sufficiently recognised. I do not think this argument can be sustained. Previously I have argued that counselling needs some form of engagement with the state in order to be able to articulate itself effectively within a policy environment dominated by New Right thinking (Crocket, 2013). NZAC, as the strongest advocate for the profession of counselling, has been significantly challenged by the government's changes to policy, or proposals to change policy, in relation to the provision of state-funded counselling. As a member of National Executive, I have been aware of significant work undertaken within Executive portfolios in an endeavour to influence policy. Since 2009, the three policy areas that have required the most work are ACC's provision of funding for sexual abuse counselling, the recent removal of Family Court-funded counselling, and work to support school guidance counselling.



The work undertaken in these three areas has been extensively reported in successive issues of *Counselling Today*. The achievement of recognition for the counselling profession is an ongoing, difficult task.

### *The pervasive reality of external influence*

While Tudor's (2013) article makes a strong case against HPCA Act regulation for counselling, I disagree with his premise that if counselling remains self-managing, state-regulation would be avoided. Although counsellors are not regulated under the HPCA Act, NZAC and its members are not free from state external regulation.

Most significantly, funders (the providers of financial provision for services) regulate individual counselling practice with their requirements or conditions for receiving funding. Most of the third-party funding for counselling comes directly or indirectly from the government, so the requirements of funders are effectively a form of regulation by one or another arm of the state. District Health Boards (which are the major funders of health services in New Zealand) appear to be reluctant to fund contracts if the work is not to be carried out by an HPCA Act-registered practitioner or an SWR Act-registered social worker, and this has effects for some NZAC members. There is anecdotal evidence of graduates with Master of Counselling qualifications being advised to seek social work or psychology qualifications, not to develop skills, but to achieve professional registration.

A further regulation of counselling already in effect comes via the Health and Disability Commissioner (HDC). The HDC offers all receivers of health and disability services a Code of Rights (Health and Disability Commissioner, n.d.[a]). A complaint against any practitioner offering a health or disability service may be investigated by the HDC and may be referred on to the Human Rights Review Tribunal (Ludbrook, 2012). A search of the HDC website (Health and Disability Commissioner, n.d.[b]) shows that 16 investigations of complaints against counsellors or counselling practice have been completed. One investigation was referred on to the Human Rights Review Tribunal, which imposed penalties totalling \$50,000 and costs of \$11,250 as well as issuing a restraining order against the practitioner (Health and Disability Commissioner, 2006). This hearing drew on the NZAC Code of Ethics to delineate counselling practice even though the practitioner, who described himself as a natural healer, was not a member of NZAC and denied that he was offering counselling.

These examples show how individual practitioners can be subject to regulation either through funding mechanisms or by the HDC's investigation of complaints about any "health service." More positively, it also shows that the Association's Code

of Ethics can be recognised as being influential when counselling occurs, even if the practitioner is not an NZAC member.

The judiciary also has power to regulate NZAC's activities, as a recent High Court decision shows. Any action by any organisation is potentially subject to judicial review, which is a hearing where the processes employed to take decisions within an organisation may be scrutinised by the High Court. A judicial review examined NZAC's complaints process when a member was not satisfied with the process and outcome of an Ethics Committee hearing of a complaint about her practice ("Sharman v NZAC," 2013). The High Court found in favour of NZAC on this occasion. These examples demonstrate that a "self-managing" profession is never going to be fully independent of the state, nor should it be.

### **A third way? Self-regulation in a partnership with the state**

A third position is possible which seeks to retain the benefits of being a self-managing profession and also seeks a form of state recognition of the effectiveness of NZAC as a self-regulating professional body. In this section I discuss two initiatives in relation to self-regulation, each of which is linked to state oversight.

The first initiative refers to CCANZ's 2010 opening of discussions with Health Workforce New Zealand about audited self-regulation. Health Workforce New Zealand is the arm of the Ministry of Health that oversees the HPCA Act. The second initiative is the development of an accredited voluntary registration regime in the United Kingdom. In 2013 the British Association of Counselling and Psychotherapy (BACP) became the first professional association in the UK to operate a voluntary register.

Neither of these approaches offers the same protection of title that the HPCA Act offers. As noted above, protection of title would not reserve the practice of counselling to counsellors. However, the approaches to self-regulation discussed here would have the effect of recognising the ability of a professional organisation to regulate its members using standards similar to those of HPCA Act responsible authorities, and without requiring a duplication of membership and registration fees.

#### *Audited self-regulation*

Since 2010, NZAC's position on registration has been influenced strongly by discussions on self-regulation. In that year the Ministry of Health published a discussion paper (Ministry of Health, 2010) following on from the 2007 review of the HPCA Act. While this document set out principles and criteria for the assessment of applications for registration, it also contained indications that the government was

open to alternatives to registration. In the detail for the fourth criterion, the Ministry of Health asked: “Is there an alternative to regulation under the Act that is practical to implement to limit any risk of harm posed by the profession, such as self-regulation or accreditation?” (p. 14).

NZAC’s National Executive considered that there was value in discussing self-regulation with the Ministry of Health and prepared a paper (Crocket, Bocchino, Begg, McGill, & McFelin, 2010) which was forwarded to the Ministry from CCANZ. This paper proposed:

1. That the MoH might move to support a process of self-regulation. **It is imperative that the standards and process of self-regulation need to be fully discussed as a collaborative endeavour between the profession and MoH.**
2. That the Ministry would then promulgate a policy that such self-regulation is equivalent to statutory regulation.
3. And the Ministry would then ensure other ministries have policies to support the funding of health services provided by self-regulated professions.
4. That the Ministry would then ensure self-regulating professional organizations have access to the same protection of title as that extended to currently registered professions. (p. 9, emphasis in original)

The Ministry responded with a paper (Health Workforce New Zealand, 2010) which proposed a self-regulation model sitting beside the HPCA Act. It was proposed that the adequacy of the organisation seeking self-regulation be established by an approved audit process. Benefits that the Ministry saw in the model it proposed were that an organisation would not need to satisfy the HPCA Act risk threshold for registration and that the programme would “provide formal recognition of a profession’s ability to self-regulate” (p. 1), allow “approved organisations to promote themselves as approved self-regulators” (p. 1) and provide the “public with a level of assurance about a profession’s ability to self-regulate” (p. 1). The paper also noted that protection of title would not be possible outside the HPCA Act.

NZAC’s National Executive consulted with its members and received sufficient support to keep on exploring the initiative. However, in 2011 Health Workforce New Zealand announced that the review of the HPCA Act planned for 2012 had been brought forward and no more discussions could be held on the proposal for audited self-regulation until the review had been completed. Now, in mid 2014, NZAC and CCANZ do not have a clear understanding of the Ministry of Health’s current position on audited self-regulation. It is not known if the Ministry of Health through Health Workforce New

Zealand will re-engage with discussions about audited self-regulation or even whether an application for the registration of counselling would be received by the Ministry, let alone approved. Nonetheless, it is timely for NZAC and CCANZ to seek a resumption of discussions with Health Workforce New Zealand to pursue this initiative. UK experience points to the potential of such an approach to professional regulation.

*The UK: "Right-touch" regulation*

Until 2010 it had been expected that the UK government would permit the registration of additional professions, including counselling and psychotherapy. The path to voluntary self-regulation in the UK unfolded with a rapid change of policy between 2010 and 2011 following a change of government (Aldridge & Mulvey, 2013). As a result of this policy change, state regulation has become reserved for professions that are perceived as presenting the greatest risk to service users. Professions that are assessed as presenting less risk are now able to apply to operate an accredited voluntary register. It appears that the UK's accredited voluntary registers fulfil a similar function to the audited self-regulation model that CCANZ discussed with the Ministry of Health in 2010 and 2011.

The British Association of Counselling and Psychotherapy (BACP) was the first professional body to be accredited by the UK government's Professional Standards Authority for Health and Social Care to operate an accredited voluntary register that its members could then apply to join (Aldridge & Mulvey, 2013). Accredited voluntary registers are parallel to but different in some respects from state registration. The distinction between statutory and voluntary regulation is decided by a process called "right-touch regulation" (Bilton & Cayton, 2013), the principles of which are summarised below.

The principles of right-touch regulation:

- Identify the problem before attempting to prescribe a regulatory solution.
- Quantify the risks.
  - It is not enough to identify that risks exist. Risk must also be quantified through a process of risk assessment. What measures are already in place to manage the risk?
- Get as close to the problem as possible.
  - Where and how does the problem occur? What is the cause of the risk? Problems are best solved close to where they occur—can this be achieved without involving distant national regulation?

- Focus on the outcome.
  - Stay focused on the outcome that needs to be achieved rather than being concerned with process. Focus on prioritising patient safety rather than the interests of any particular professional group.
- Use regulation only when necessary.
  - Making changes to regulation, especially statutory regulation, can be a slow process, so regulation should only be used as a problem solver when other actions are unable to deliver the desired results. Build on existing approaches where possible.
- Keep it simple.
  - Avoiding unnecessary complexity will lead to a better functioning regulatory system. Where there is a choice between simple and complex solutions the simplest is likely to be the best.
- Check for unintended consequences.
  - It is inevitable that changes in policy and practice will have consequences for other parts of the system.
- Review and respond to change.
  - Regulators must not be seen as managing past crises while being ignorant of new evidence that should call for change. (based on Bilton & Cayton, 2013, p. 18)

Bilton and Cayton (2013) suggest that voluntary and statutory regulation are similar in that in both instances the professions involved are demonstrating a commitment to protecting the public by upholding the standards and codes linked to the relevant register. Information about the membership of either type of register is publicly available. While being on a voluntary register is optional, being removed from such a register does not prevent the practitioner from working. The authors note, however, that in England a Disclosure and Barring Service does have the power to bar people from working with vulnerable people.

Finally, Bilton and Cayton (2013) argue that the move to voluntary registers provides:

[A] proportionate method to provide the public with assurance that voluntary register holders are upholding standards of practice for groups of workers for whom statutory regulation would be unnecessarily burdensome and expensive. The assured voluntary register scheme will help the sector to find the right touch

for a wider range of health professionals and occupational groups. It will help consumers to exercise informed choice and distinguish practitioners committed to demonstrable high standards. (pp. 24–25)

NZAC's sister organisation, BACP, is rapidly developing experience of operating an accredited voluntary register. As NZAC considers the direction it wants to take, it will be useful to apply the eight "right touch" principles (Bilton & Cayton, 2013) from the UK. Members need to consider which approach to regulation is most appropriately proportionate to the risk faced by clients. I suggest that the Ministry of Health's answer and that of many members will be some form of self-regulation.

### **Concluding discussion**

When NZAC considers what it wants and needs from a regulation regime, it is important that the discussion be informed by a realistic understanding of both what is desirable and what is possible. The three frameworks outlined above each involve the state, albeit in different ways. As Aldridge and Mulvey (2013) write, "whatever professions may want in terms of regulation, the power to decide ultimately rests with the government" (p. 1). What is possible may be influenced by NZAC, but it is unlikely to be finally decided by the Association. I have argued that HPCA Act regulation is unlikely and that to remain totally self-managing is insufficient.

Whatever the outcome, the timeframe is unlikely to be short. The current discussions about seeking HPCA Act registration have already spanned more than a decade. The discussions between CCANZ and Health Workforce New Zealand about audited self-regulation were very positive before they were adjourned by Health Workforce three years ago. It is likely that CCANZ or NZAC will need to initiate any resumption of these discussions.

When we achieve an outcome from these initiatives it is unrealistic to expect it to reflect completely consistent policy. Just because psychotherapy achieved HPCA Act registration in 2007, it should not be expected that counselling could achieve the same. Since 2007 the policy signals have changed.

NZAC needs to keep its own professional standards under review to ensure that these are seen as credible when viewed from outside. The standards set by HPCA Act responsible authorities are likely to be a benchmark. The continued development of our own standards and processes will be a significant step toward some form of external audit or accreditation of our ability to regulate ourselves.

Finally, counselling is not the only profession that might aspire to audited self-regulation. It is only one of seven professions that were partway through an application process for HPCA Act recognition in 2007. In the last seven years, none of these groups has achieved that goal. NZAC might seek collaborative relationships with these professional bodies and strive to develop a consistent approach to self-regulation that may be more persuasive to the Ministry of Health and other arms of government than any profession's advocacy for itself on its own.

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