

Discussion with the Health Professions Council (HPC)

Attendees

Michael Guthrie – Health Professions Council

James Antrican – Chair, UKCP

Jocelyne Quennell

Jessica Davenport – UKCP (notes)

- Is any more known about the status of regulation in Scotland?
The regulation of existing regulated professions is reserved to Westminster. However, the Scottish Parliament has a remit to consider legislation relating to the regulation of new professions. Any new regulation requires a Section 60 Order under the Health Act 1999 which has to be passed in Scotland and in Westminster.
- Does the HPC have full and equal provenance in Scotland or are there some potential differences?
The differences are addressed during the consultation process. Therefore, the final Section 60 or changes reflect a common approach. The HPC holds listening events across the four home countries at which registrants are invited to attend. Regular events for employers are also held in the four home countries.
- Does NHS Scotland invariably follow NHS England and Wales?
No is the real answer, but there is usually a common view around regulation that prevails. Most differences can be seen in the way the NHS emphasises priorities and how the health budgets are spent. At present, the Welsh Assembly and Northern Ireland Assembly do not have a remit over legislation relating to professional regulation but might potentially do so in the future.
- Here, north of the border, we are encouraged to believe that our Scottish Parliament is more responsive to constituent views than is the parliament in Westminster. Has this any relevance to the issue of government regulation of psychotherapy?
NHS Scotland has piloted a form of Regulation by the Employer of Assistants which we need to be aware of.
- Is UKCP on top of the situation here? Is lobbying of the Scottish Parliament intended? Desirable?
UKCP has been working to promote support in all of the four countries through our regional meetings. Where the regional meetings determine a political agenda, UKCP will assist in promoting the required activities including lobbying.

- In a recent meeting of UKCP registrants in Glasgow, there was a general consensus that UKCP, and indeed psychotherapy, were little understood in Scotland.

Please see the above response for UKCP activities.

The HPC only has offices in London but visits Scotland, Northern Ireland and Wales regularly to meet with stakeholders, including the administrations in each of these countries.

- How will the HPC ensure that the psychotherapy profession in the UK is trained and works to the same general standards as psychotherapists across the European Union – and across Europe generally – thereby ensuring that the public receives psychotherapy of world-class standard?

The HPC has some involvement in Europe, as a member of the Alliance of UK Regulators in Europe, a group that represents the nine regulators in Europe. The HPC also relies on professional organisations to participate in the development of international standards and work with other national and international organisations.

The HPC has to meet the requirements of European directives focused on freedom of movement between member states. For example, someone who has the right to practise in another member state and is a national of a member state has 'mutual recognition rights' and can't be asked to provide evidence of English language proficiency at the point of entry to the Register.

In Europe there are initiatives, some still ongoing, to develop 'common platforms' – these are agreements between member states, identifying commonalities and differences in education and training in professions between different member states. No common platforms currently exist for the professions regulated by the HPC. This is an area in which professional bodies are often involved, working with other similar organisations in Europe to develop the profession (e.g. European Association of Psychotherapists).

The HPC holds a register of visiting health professionals under Directive 2005/36/EC. This allows someone who has mutual recognition rights to provide services in the UK on a temporary and occasional basis without becoming fully registered. The individual can only use the professional title of their home country. Registration numbers are prefixed with TEMP.

- What standards of entry on to the register will HPC use to define those who are psychotherapists? Our understanding at this point is that this will be defined by the UKCP Training Standards and not National Occupational Standards (NOS) or indeed any criteria set by Improving Access to Psychological Therapies (IAPT) or the National Institute for Health and Clinical Excellence (NICE).

The PLG will shortly begin to draft the standards of proficiency (SOPs) for psychotherapists. These are the standards for safe and effective practice for entry to the Register. In putting together the standards of proficiency the PLG will have regard to all other relevant standards and frameworks to define the threshold standards. In practice, learning outcomes and training standards

used in pre-registration education and training are the most helpful starting point for the drafting process.

It is helpful to separate standards work and other initiatives which are more focused on service delivery from regulation such as Skills for Health (S4H) and the development of the NOS. NOS are a set of standards the PLG might have some regard to in drafting standards of proficiency. However, the NOS are very different in content, detail and function from SOPs and, therefore, whilst there will be some read across between the different sets of standards, they have a very different purpose.

The NOS might be used by education and training providers to develop curriculums or by others in designing new roles. However, the HPC does not directly use the standards in its work – for example, they would not be used in fitness to practice cases or in approving education and training programmes.

The NOS are modality specific, but the standards of proficiency will need to be generic and flexible enough to encompass all modalities of practice. The Standards of Proficiency will probably be ready before the NOS are finished.

The HPC is required to provide regulation of individuals based on standards of proficiency set through consultation with the regulated professions. The HPC is independent of Department of Health (DoH), NHS and IAPT.

- We assume that individual registrants will register with HPC and that UKCP will be the gatekeeper for training organisations, presumably through colleges or equivalent organisational structures (depending on how we shape things). The HPC will directly visit and approve education and training programmes that lead to eligibility to coming on to the register.

UKCP might still undertake a role in accrediting education and training programmes for membership. The role of professional bodies in maintaining and developing the curriculum for the profession is reflected in HPC's standards of education and training (SETs), used to approve programmes. The HPC will be willing to offer information and advice to UKCP on this and there are already documents that MOs can access via the HPC which outline the basic requirements of all education and training providers.

- How will Registration with the HPC affect the Guild of Analytical Psychology and Spirituality (GAPS) members and students?
The HPC believe that professional organisations are essential and add to the protection of the public. Currently students are not directly affected. The HPC approves the trainings that the students are undertaking but there is no direct relationship beyond that.

Students: HPC do not register individuals until the point of qualification – the point at which they become an autonomous practitioner who uses the title for their profession. The HPC's only concern is that it is clear to member of the public that someone is a student or in training.

- We understand HPC are interested in a single title for regulation. How will the modality groupings developed by Skills for Health (S4H) be used by HPC? The question of regulated titles is a consideration of the PLG. Regulation must reflect the public's understanding of a profession and the titles used in that profession. It is in the interest of the HPC to use the broadest title to identify a level of qualification that the public recognises. Modality groupings are best served by the professional organisations.

- If the competencies developed by S4H are to be used in HPC setting standards of proficiency, how will they use the competencies and classifications developed by S4H? The HPC uses information from all areas of the profession including training and professional organisations in determining the Standards for Education and Training and Standards of Proficiency. These are not based on national occupational standards developed by S4H.

- How does HPC intend to process complaints in a field which, because of the nature of the work, is likely to contain transference distortions? Is it likely that HPC will refer to complaints procedures of existing professional organisations? Will the HPC complaints process be staffed and managed by professionals? HPC is concerned with the protection of the public. It has to be independent of the profession to be fair. The panels that consider cases include registrant and lay people, and for psychotherapy cases would include a registrant from the relevant modality. The HPC sometimes also uses expert witnesses as appropriate to the case.

The HPC will have to recruit professionals to act as panel members across all modalities.

- One of the criteria listed for new professions being accepted for HPC regulation is practise based on evidence of efficacy. We would like to know whether HPC considers qualitative research studies as evidence-based research.
- The HPC can make recommendations to the Secretary of State for the regulation of new professions. It has published criteria which it uses in assessing applications from professional bodies seeking the regulation of a profession. However, any decision about whether a profession should become regulated is one for government and of ten applications received by HPC under its new professions criteria, only one has become regulated. The two preceding statements apply to new professions criteria for professions choosing to approach the HPC to be the regulator for their profession. In this case it does not apply as the 2007 White Paper, Trust, Assurance and Safety, clearly said that psychotherapists and counsellors should become regulated by the HPC. This happened because of the significant number of vulnerable people under the services of unregistered psychotherapists and counsellors. A significant number of the public use the services of psychotherapists and counsellors and the requirement for public protection can override evidence.

- If we became an HPC-approved training provider, and our training complied with the HPC standards of education and training, could we employ staff who are not HPC registered?

Yes, non-HPC registered staff could be employed. The HPC's standards of education and training require that the programme leader or equivalent and those who deliver education in practice ('practice placement educators') be registered or be otherwise appropriately qualified and experienced.

- There is considerable concern for the way in which the DoH through S4H have mapped the profession of psychotherapy. These include: systemically excluding the integrative-humanistic modality grouping representing 5,000 UKCP registrants and students from the beginning. Whilst a political process has taken place and support from Lord Alderdice has been particularly valued, as yet these issues remain unresolved. The integrative-humanistic tradition in psychotherapy remains marginalised in favour of person centred counselling in the fourth modality group where IHP has been situated and this remains unacceptable to the whole UKCP section. Detailed work is continuing on these matters with reference to further representation in what is referred to as the humanistic- person-centred-experiential expert reference group, and the modality group translating competencies into NOSs. As yet there is no satisfaction from this UKCP section with reference to detailed work on unconscious process, transference and counter-transference, unconscious communication, inter-subjectivity and the whole issue of psychotherapy being a post-graduate profession. What is the HPC's position in relation to this issue?

The PLG considers the inclusion of psychotherapist and counsellors regardless of modality titles being used by Skills for Health.

- S4H have supported a narrowing down into a mechanistic and manualised approach which is prescriptive and restrictive in relation to all modality groupings. This style of approach appears to have been determined and controlled by a few interested parties without consultation within the profession as a whole. This continues to be of ethical concern to the whole field with reference to issues of protectionism and reductionism. What is the HPC's position on these issues?

See previous statements.

- There has been very little transparency and accountability within the S4H mapping process which appears to have operated on the basis of a whole range of assumptions which are unacceptable to many people. These include the prioritising of research methods that are not favourable or desirable for many modalities and that stem from one particular tradition in the field. This includes the imposition of the values and epistemological assumptions from cognitive behavioural therapy (CBT) and clinical psychology which are not appropriate for psychotherapy as a whole. This appears to be very much linked to the prioritising of randomised controlled trials within NICE and there are serious implications for the newly developing national health service guidelines which will be built upon the problematic assumptions outlined here. What many people in UKCP are concerned about is the way in which this may

be potentially being used to disguise economic and professional self interest agendas with specific reference to creating monopolies. In effect this is not representing the interests of the public or the profession. What is the HPC's position on this subject and in particular the approach of the HPC to qualitative research methods and evidence based practice?

[See previous statements. IAPT is about NHS funding for anxiety and depression treatments based on NICE guidelines which is a choice base on government initiatives not associated with the HPC. The remit of HPC for protection of the public has a wider scope than the NHS or government initiatives.](#)

- Does the HPC have any views relating to the way in which the expert reference groups in S4H were formed? Representation appears to have been dominated by other regulatory authorities who have never had a principled approach to multi-modal regulation like UKCP. What is the HPC's ethical stance on these matters?

[See previous responses.](#)

- In the context of this what is the HPC's view on the role of supervision being fidelity to the model?

[Once the Register opens, professional bodies will be able to continue to play an important role in the area of supervision.](#)

[The 2007 White Paper recommended that regulators consider marking their registers to indicate whether post-registration qualifications are held, where this might be relevant to public safety. The HPC is continuing to consider this suggestion. UKCP and other professional organisations will be very clear in marking their registers relating to those qualified to act as supervisors or other specialities that might be considered by HPC at some point in the future after the register opens.](#)

[It is worth noting that anyone on the HPC register must be able to prove their proficiency for any activity they engage in as a registered professional.](#)

- When the HPC suggest they will be informed by S4H and this mapping process what exactly is meant by this?
- There is concern about the role of the guidelines coming out from the newly emergent National Collaboration Centre for Mental Health which appears to have overlapping personnel with both NICE and the S4H mapping team. What is the HPC's position on this with specific reference to the University College London, the Royal College of Psychiatrists and the British Psychological Society having joined forces to potentially redefine what psychotherapy is? Do the HPC have a vision of psychotherapy which goes beyond these limited vested interests and is concerned with the what psychotherapy really has to offer society as a whole? In what ways will the HPC support the protection of diversity of approach in psychotherapy through regulation?

[The HPC are separate and independent of this as regulation \(public protection\) is not linked to service delivery.](#)

Diversity is very much welcomed as the register is not modality specific so will allow other modalities to develop etc.

- As the HPC may be aware, there is a growing body of people within the profession who wish to make a stand against regulation because they have been influenced by what they perceive to be a very cynical process taking place between government and the profession. In particular the prioritising of CBT above all other modalities through IAPT has been understood as a particularly problematic for many reasons, not least because it may in fact do the exact opposite (whilst giving government some apparent statistical evidence to the reverse). What is the HPC's position on this subject?
One of the difficulties for professionals in the fields of psychotherapy and counselling is that there are several government initiatives and activities that have a big impact on the profession. Although these are separate initiatives they are often perceived as being interactive and dependent on each other for achieving their objectives. The link between the outcomes of S4H, NICE and IAPT can be demonstrated as informing some aspects of each other. This is not true of the HPC as it is operating on a legislative agenda rather than a service agenda.
- If the field were to go ahead with regulation and the title psychotherapist were to become legally protected what would the HPC's approach to those people who wanted to resist regulation for principled reasons?
You need to be on the register to use the title after the grandparenting period. The HPC could in theory prosecute those who are not registered and using a protected title. One could use a different title and not be registered – this could be used as evasion for regulation and would perhaps best be discussed internally within the profession.
- What would be the HPC's position if UKCP continued to support such people by enabling them to continue to register with UKCP as a voluntary regulatory body in these circumstances? What are the legal implications for UKCP here if they were using a legally protected title? Or practicing under a different but related one?
The HPC will continually monitor the situation to ensure that protection of public is being adhered to in the regulatory process. The public is made aware of the activities carried out under the titles protected by the HPC. Keeping the public informed and for them to make a choice is part of the HPC's activities.
- Will the HPC regulate the title of child psychotherapist – PWCC and ACP
Michael Guthrie asked James Antrican his view on child psychotherapy. James Antrican suggested that the HPC might consider developing a set of standards for anyone in contact with children regardless of profession and modality.
- We have canvassed our members and the main focus of questioning is to do with the lack of recognition (as it currently stands) for the humanistic integrative orientation, and our concern that this will disadvantage qualified and registered practitioners. These practitioners have high occupational standards and our concern is that their ability to work will be negatively

affected as the lack of recognition of the approach will set up an uninformed prejudice in the minds of the public as well as commissioners of services.

Ideally we would like that the humanistic integrative end of the spectrum is recognised as valid alongside the other (simpler to define) orientations. Historically, the integrative approach came about following research in the 70s and 80s into clinical effectiveness in psychotherapy which found that it was possible to construct a robust methodology and theoretical base by looking at the factors common to all approaches and creating a pan-theoretical model by critique and synthesis.

This leads to a greater ability to deliver psychological treatment geared to different categories and presentations of service users, especially those who may be more difficult to treat by simpler approaches. Some patients may 'fail' in treatment, not due to their pathology, but rather due to the treatment methodology which may not be flexible enough for the patient to comply with treatment.

The integrative method and theory allows for a clinically robust approach which is adaptable to different groups and patient presentations. I have worked successfully with young offenders for many years, using integrative psychotherapy – people who would not have been able to withstand the anxiety inherent in more psychoanalytical work and who did not have the intellectual capability or who were not compliant enough to engage with a more cognitive approach. Longitudinal studies undertaken with this group have shown very low recidivism rates when compared with a control group.
Not HPC

- I am sure that many of the questions the Association for Family Therapy has will be echoed by others and some will not yet be able to be answered. We are interested in the role of modality groups (for example colleges) in setting and monitoring Continuing Professional Development (CPD) and involving in any complaints procedure. We are interested in requirements for Criminal Records Bureau (CRB) checks and insurance and levels of CPD and supervision. Also will overseas people be able to register? Has the HPC evolved any registers of supervisors? What are likely to be minimum levels of practice to remain on the register and how will sabbaticals be dealt with?
Modalities and the other items on the list are all things that the professional bodies are concerned with.

CPD – already answered in the HPC July 08 CPD policy see website
<http://www.hpc-uk.org/registrants/cpd/>

CRB Checks – HPC's standards of education and training require that training programmes require criminal records checks for admission to a course. At the point of registration, the HPC requires an individual to clear any criminal convictions or cautions.

Professional indemnity insurance is not a requirement to be registered with the HPC. However, the 2007 White Paper indicated that the government intends to extend mandatory professional indemnity insurance in the future to the professions regulated by the HPC.

The HPC has a process for receiving and assessing applications from individuals who have qualified outside of the UK. Each application is assessed by two members of the profession against relevant standards and a decision made about whether that person meets the required standard to be registered.

In the two-year renewal cycle you have to practice at least once. If you are out of cycle for two to five years you have to follow the return to practice requirements.

- Does the HPC register individual psychologists, medical doctors and art psychotherapists?

The HPC will open a register of psychologists in July 2009. Arts therapists are already regulated by the HPC. Medical doctors are regulated through the General Medical Council. Part of the PLG consideration will be dual regulation where a person who is regulated under another profession can practice a different regulated profession.

- Because if they don't then why are they proposing to individually register psychotherapists?

Answered above.

- I see this as a serious challenge to UKCP's position as our accrediting body and UKCP should surely, under no circumstances, agree to this.

The difficulty is that there is no choice as this is a directive created by the white paper, Trust Assurance and Safety, a political decision and the work of the HPC is as a government agency charged with carrying out the requirements of the white paper.

- How can a non-professional body register/accredit psychotherapy professionals?

The HPC regulates the activities of those who have qualified to practice through an approved training. The process by which this is done allows for a variety of interpretation about how an activity is carried out. HPC relies on support and advice to training staff in the HPC process.

- Will UKCP training organisations be placed on the HPC list of approved trainings?

Historical and current training will be provisionally transferred from day one regardless of how long been approved by UKCP. There needs to be considerations operationally of the transfer and seeking approval for their standards of education and training to meet SETs and SOPs. The HPC will be as supportive as they can and have training and education officers who can provide support. There are two guidance documents available on the approvals process already available.

- James Antrican suggested that UKCP and HPC could reduce the process by being partners in conducting a risk assessment.
- Jocelyne Quennell suggested that the MOs could be talked through the process by the HPC collectively during a visit to UKCP in a consultancy capacity.
- Have UKCP training standards been accepted?
The decision has not been made. The PLG is putting together draft standards of proficiency and will also make recommendations about the normal level of education and training. These recommendations will be subject to consultation. The UKCP argue that for psychotherapist a masters or post graduate level is required.
- What is the liability to UKCP of having unregulated people on the register?
There is none as long as UKCP are not misleading people. It is an individual matter.
- Who can be referenced to meet the 'good character' requirement?
This has been updated to a non-exhaustive list including tutor/lecturers – in reality someone of public standing who has something to lose if you turn out not to be of good character.
- Does the HPC **Council** review the PLG outcomes before they go to the DoH?
The HPC Council will review a report from the PLG before a consultation takes place. The HPC Council will then consider the outcomes before finalising recommendations to the Department of Health.

Contributors of Questions

Adrian Rhodes

Anne Young

Brion Sweeney (from consultation with Constructivist Section)

Eddie Irwin

James Antrican

Jean Lancashire (from consultation with Institute of Transactional Analysis)

Jocelyne Quennell

Judith Lask (from consultation with Association for Family Therapy)

Pamela Atkinson (from consultation with Minster Centre)

Rachel Wingfield

Tree Staunton (from consultation with BCPC)

Tricia Scott (from consultation with BCPC)

William Hughes (from consultation with GAPS)