

# *PsyPraxis - the Changing Context*

## **Research Report 54** 14 May 2010, [Janet.Low@mac.com](mailto:Janet.Low@mac.com)

### **The Reconvened HPC PLG for P&C, 12 May 2010.**

HPC President Anna van der Gaag closed the meeting at 2pm on the dot (as predicted in the plan) with the words:

“Thank you, we’ve got a huge amount from you today”

None of the members of the PLG seemed to notice, but one or two in the public seats repeated the words while looking completely stunned.

The last time we all met in this neutral venue (Avonmouth House) Chair Di Waller had opened the meeting with a small lecture to the effect that members of the PLG were not there to represent anyone other than themselves. They had been recruited as individuals. This message was deemed necessary in order to counter the mounting criticisms that the PLG did not represent ‘the field’.

Today, at 10.30am on the dot Gaag opened the meeting (Di Waller being unwell) by going round the table inviting reflections on progress to date. What follows is edited from my verbatim notes. My comment is at the end.

**Fiona Ballantine Dykes** (who happens to work for the CPCAB): the landscape is different on many levels, and it raises questions: for example, what does this group need to do carry the confidence of people we represent. There are still some fundamental questions about the function of regulation, and we need a discussion about how regulation under

HPC will be acceptable to the field. The details are secondary to that.

**Jonathan Coe** (coincidentally, CEO of Witness – whose charity status ceased to be recognised by the [Charities Commission](#) 10 Feb 2010): generally there has been a good degree of progress, and I share Fiona’s view that we need to get collective backing of decisions made by the group.

**Brian Magee** (COSCA): The time it has taken! HPC need to keep the information flowing and keep people on board. The December Council meeting raised expectations that things would move faster than they have.

**Annie Turner** (an occupational therapist on the HPC Council): Standards of Practice - a lot of work still needs to be done on these. But I’m pleased with the work HPC have done on Generic Standards, which will move us forward. It will move the whole thinking in HPC forward from past paradigms, it will keep professions thinking forward. Any disagreement is second to that. We have a mountain to climb, and must make a leap forward, and we must do the background work.

**Linda Matthews** (BABCP): There have been lots of discussions, people have anxieties, some are indifferent, and some are looking forward to HPC regulation. There has been a lull, and we need the HPC to take us forward while we try to take our members with us. The timetable leading to Feb 2011 is daunting [pause] but we are hanging on in there.

It's a joint approach and we are happy to be part of that.

**Mick Cooper** (a Counselling professor who works in Scotland): I was struck by the responses to the consultation; there were meaningful, clear responses in a number of areas, decisions where people are comfortable and happy. I feel optimistic about moving forward. The consultation was useful.

**Jean McMinn** (a counselling teacher, who works in Northern Ireland): [very quiet] ... whether we have got both titles and levels of entry right?

**Peter Bell**: This looks different depending where you are, I'm with BASRT, Relate, and a practising counsellor. Relate is not a professional body but a deliverer of services. Each of these positions has a different view, because there are different consequences. But what about the external forces – they will have their influence, the change of government, for example, what will that mean?

**Sally Aldridge** (the Director of Regulatory Policy at BACP): we still need to convince some people out there to trust the HPC. SoPs go some way to do that, and we've used this to define the problem. But we must remember to set standards to protect the public, not the profession.

**Peter Fonagy** (Skills for Health, BPC, UCL, etc etc etc): This has been an interesting process for me personally, and I'm extremely grateful to have been able to participate. It has taught me things I didn't know before. In the meantime we've [DH] managed to determine the NOS for Psychoanalytic/dynamic Psychotherapy and the world did not immediately cease to turn on its axis! Out of controversy we gained a

consensus that people were able to sign up to. So, here, it is critical that questions are raised about the competence of the regulator. We need to see what criteria are used to judge whether HPC is actually working. This will only work if it is voluntary. Is this group representative? Are we checking back to see it has validity beyond the people here. It can only work if it is voluntary. A sub group is saying that it won't play, so we need to address this, we need to actually listen, and produce documentation to show the HPC as willing and flexible... We can be the arbitrator between the profession and the HPC.

**Julian Lousada** (Chair of BPC): I was wondering how the PLG thought it would acknowledge those opposed to its project. Some of us have tried to engage with them but it's not easy – but we shouldn't give up. How can we ensure as we proceed that the Professional Organisations see themselves as central to the process. HPC doesn't exist in a vacuum, but in a vacuum that has a relationship with the organisations [sic]. The Profession will not be strengthened if there is a weakening of the organisations.

**Carmen Ablack** (a body therapist with the UKCP): I'd like to name the small elephant in the room: Opposition. Out there are different levels of opposition and anxiety. There are those who oppose the idea that this is a HEALTH profession, those opposed to aspects of HPC operations in the past (which we can see change attempts). Those who need clarity and assurance. Different kinds of concern and opposition – it's not all one thing. If Kathy were here she would stress the importance of the partnership with professional organisations. I guess we do need to

name the reality of changes [Chair of UKCP? Government? Who knows, she didn't name it]. Also, it is important to note that the responses to the consultation took very different forms – we in UKCP asked our members to respond to us, then we made one response to HPC, this distorts the statistics of response kept by HPC as not all organisations did the same thing. The responses are not equal and can't be represented as such.

**PF:** I'd also like to congratulate Michael [Guthrie] on the rigorous, robust, transparency of his documents, and to tell him I would be happy to offer him a job at UCL. Ha, ha, ha, ha, ha.

**AvdG:** In the words of Nelson Mandela, our strongest weapon is dialogue. We must not be distracted from the work we must do in this group. It's a difficult balance, we must bring more voices in to the debate.

**Mick Cooper** then got the discussion to focus on how to include more Users in the process: "this is a major omission" he said. This passed the conch to **Jonathan Coe** who said: the purpose of Statutory Reg is public protection. What is the nature of protection here? We need to talk to people who've been harmed. There's been a survey by Mind, and Witness has run Focus Groups. We need a range of different ways to sample this group, and we need to be sensitive to the information, which cannot be given in public [sic].

**PF:** We need to say what HPC FTP has to offer here that is better than what already exists. We need a detailed Qualitative Inquiry on the impact of the system; and we need to acknowledge that this is the project of protecting people against human frailty.

**AvdG:** We offer *Statutory Regulation*.

**PF:** But P&C are different in terms of regulation. Do the HPC mechanisms meet the needs of therapists or not? It can be tested.

**CA:** There's a diversity of clients, we need to understand the impact of regulation on these different populations.

**LM:** Is regulation suitable for C&P – are the public getting what they need from us if we are not regulated.

**AT:** a question for Peter: you say that psychotherapy and counselling are different. Different *from* what, different *to* what? We *all* work with vulnerable people you know.

**PF:** to me, it is the relationship that is the service.

[**MC, LM** both vigorously disagree and **SA** says she doesn't understand.]

**FBD:** You need service providers to buy into the service of the HPC.

**AT:** what difference does it make to us, that you are different? [as this is a rhetorical question it elicits no answer]

**PB:** People these days are being sent by social care, GPs, the courts, other elements of the statutory centre, they are not coming to us of their own accord, they come with a message from the other which says 'fix me', get me back to work, make me a better parent. It's different today. We need to consider the different kinds of service user we treat these days.

**MC:** independent focus groups need to look at this.

**JC:** What is the nature of risk in this sector? Private practice?

**AvdG:** what can we do practically to resolve this [can of worms]?

**FBD:** What impact will this have on services?

**SA:** It's a big project

**LM:** it's a huge project

**AT:** We need to look at the public we aim to protect. Not everybody, obviously, but what do we want to learn from the people that we talk to? And we need to know how sufficiently representative they are.

**JL:** How can we say to users this is why we think HPC will be an improvement.

**BMcG:** What about the International perspective? What can we learn from Australia, Europe?

**AT:** Will the Bologna protocol affect you? [Stunned silence]

**PF:** It will turn British Higher Ed upside down [Stunned silence]

**FBD:** The quality of relation cannot be captured in SoP

**MC:** Shall we invite an educationalist to advise whether entry level will impact on Standards?

**AT:** We should probably own that [sigh] well the usefulness of SET1 [pause], how it is used, [pause], well, if its used divisively in the profession then that is not good for public protection. This challenges council members.

Considerable concern is coming to the education and training committee. There is no wide consensus. We need more work to remove that Standard.

[Brightens] It is almost a red herring, really, but [pause] what does it actually mean? [dipping again slightly] We've all been challenged by this.

**FBD:** The relationship is important

**PB:** The relationship

**AvdG:** We are broader than health now, we can do it.

**AT:** I think this could be said for any practitioner.

**AvdG:** we won't agree today, as we didn't before, but we might in the future.

**MC:** No!

**CA:** I've witnessed the unfolding of issues over the last year, you've already done this. Lets name it.

**SA:** Should we look at the curriculum of all the training orgs? This will tell us what is going on out there.

**AvdG:** Who do we need at the table?

**Voice:** GOD

**LM:** Yes, I said that before too. Hmmm.

**JL:** So many presentations, its too much! We need to battle this out.

**PB:** what about employers? What about the opponents? [my neighbour asks me to note that it is now 12.10.]

**MC:** What for?

**FBD:** The HPC has proved itself open and willing to listen.

**LM:** They could give us stuff we are missing, though this is not a forum against HPC. We have emails from people with concerns about this, and we can help them through it.

**PF:** we need to hear the objections. We are the mediators between the field, and the HPC.

**AvdG:** Shall we have some lunch?

At lunch, it was my fate to sit opposite Peter Fonagy. In lieu of pudding we re-enacted Groundhog Day. He told me that

5% of practitioners either had no effect, or a bad effect on their patients. I asked him for the source of this statistic, and he made gestures in the direction of the USA and Germany and spoke of a multitude of papers generated from Insurance company information and invited me to email him and he would send them. No thanks, I said, I am trying to open up an agonistic field right here and now with you, and would expect you to be able to name the source of the statistic and to speak a little about the method that produced it etc – we are both scholars, are we not? He got a bit upset and raised his voice to say that he resented being called a politician then went on to mention randomised controlled trials and so forth as producing data that would improve practice in the field. I asked him whether he thought the kind of knowledge produced through these methods would improve the performance of the bottom 5% of practitioners that he was worried about. Yes he said. Just to be clear, I said, you want to funnel these research findings into the heads of all trainees in order to make them safer practitioners. Yes, he said. I said it wouldn't wash in the school I belonged to, and he nodded as if to say, exactly. So I said: so if you were inspecting us and found that we weren't teaching this stuff you would close us down and prevent us from practicing? He said that he was sure that most of my colleagues were perfectly adequate practitioners, but would be greatly improved by the requirement to read the insurance company reports.

After lunch Gaag asked for outstanding questions. Julian Lousada tried to get the group to acknowledge the uniqueness of the relationship in this kind of work. He failed. Again, he tried. "How do we

expose people to the clinical work?" he asked, before summoning the courage to add "do they have personal therapy?" then collapsed and added "Can we ask users whether they think they'll get a better service if the practitioner they see has gone through their own therapy?" Sally Aldridge said "no matter how important it is, is it relevant here?" This, of course, is an excellent question, drawing attention to the fact that this meeting is about writing HPC documents which have no relevance to current practice except to sound its death knell. No-one indicated they heard, let alone understood what Sally said.

The discussion was degenerating by the minute and ended up discussing whether to meet in large or small groups, whether to have 5 minute or 50 minute presentations, and finally whether to meet at 10am or even 9.30 in order to get through the huge amount of work implied by their discussion. Gaag resisted all of this and said that 10.30 was fine and then concluded in a very calm voice, saying: "Engaging with those who oppose is very much about providing public meetings in all four countries to discuss all aspects of regulatory framework. Each aspect of regulatory practice will be presented and there will be lots of opportunity for Q&A, and within that there will be those who express strongly held views."

I think it was Brian Magee who said – "and what will happen then? This is what happened in Manchester, and we were never given the opportunity to discuss it afterwards."

Gaag smiled pleasantly and drew the meeting to a close. "Thank you, we've got a huge amount from you today"

**COMMENT:** The opening hour of the PLG let the members voice their concerns that the

HPC process does not meet the needs of C&P. The rest of the meeting saw Gaag slowly override those comments and return to the real business: constructing the PR to cover the original plan.

The work of constructing SETs and SOPs is scheduled after the S60 is written. The DH is not interested in these, but is happy to delegate to the HPC. As the HPC is staffed by administrators who know nothing of the practice, they must delegate, in their turn, to the profession. However, if the HPC doesn't properly define the profession, and then does not allow the right Professionals sufficient time and resources to do the job then it will have only succeeded in laying the ground for imposing a set divisive and stupid standards ... which will attack the practice and open up the territory to a predator that wants to turn it into something it can regulate.

#### **Other News:**

##### **9 May, Observer**

<http://www.guardian.co.uk/lifeandstyle/2010/may/09/rogue-psychotherapy-regulation-row>

Andrew Samuels gives short shrift to groups open to HPC regulation. "There is an unseemly, greedy struggle for power, money, influence and status going on among various elements in psychotherapy and counselling," he said. "There is an awful lot going on around the HPC that is monetarily driven – there are a lot of people who want to support it because they see it as their pot of gold."

**11 May, Guardian.** Malcolm Allen, CEO attacks UKCP and other 'vocal minority' groups, and praises the HPC

<http://www.guardian.co.uk/commentisfree/2010/may/11/psychotherapy-statutory-regulation>

in the comments, Darian Leader notes that Readers might be curious as to why the regulation debate is suddenly in the papers this past week: The Guardian, The Times and The Observer. No new scandal, in fact,

but a group of five disgruntled people who have been lobbying the health and society editors to run pro-HPC pieces - could this be the real 'small but vocal minority' that Allen evokes?

##### **12 May: BBC Radio 4, You and Yours**

[http://www.bbc.co.uk/iplayer/episode/b00s8jx6/You\\_and\\_Yours\\_13\\_05\\_2010/](http://www.bbc.co.uk/iplayer/episode/b00s8jx6/You_and_Yours_13_05_2010/)

Malcolm Allen says he is not in awe of HPC, and Darian Leader notes that HPC will be looking forward to £12m in fees from registering C&P.

New **Health Secretary** is Andrew Lansley.

NB, the **£360,000** grant given by DH to HPC last September is to fund work into expanding HPC regulatory functions to include 'revalidation systems'. HPC currently think that shoddy practitioners may be sneaking onto the register unnoticed through this loop-hole. No doubt the £10m that is tied up in investment funds is earmarked for some more important purpose, which is yet to be fathomed.

**Werner Herzog** was invited by the National Science Foundation to travel to the South Pole a few years back. He told them that he was interested in the following questions: why do human beings put on masks to conceal their identity, why do they saddle horses and feel the urge to chase the bad guy, why do certain species of ants keep flocks of plant lice as slaves to milk them for droplets of sugar? He asked them why a sophisticated animal like the chimp does not use inferior creatures - he could straddle a goat and ride off into the sunset. The results of his fascinating study are published in the form of a film "Encounters at the End of the World" (2008). Amongst the extraordinary and beautiful findings Herzog notices that 90% of languages will be extinct in the next 50 years. What if you lost all of Russian literature? No more Tolstoy. "To me" he says "it is the sign of a deeply disturbed civilisation where tree huggers and whale huggers in their weirdness are acceptable, [but] no-one embraces the last speakers of a language."