

PsyPraxis - the Changing Context

Research Report 55 21 May 2010, *Janet.Low@mac.com*

A Physiotherapist (name and address supplied) wrote to the hpc watchdog blog to tell of her shock at recent correspondence from HPC.

Physiotherapists have been registered with HPC since its inception, and were with the CPSM (Council for Professions Supplementary to Medicine) before that.

This year is the first time that they are being audited for Continuous Professional Development: "It has been made a condition for re-registration that we prove our CPD activity and how this activity has helped to improve our services". How to improve your services! Esther is one of the 2.5% that have been randomly selected from the database to submit papers to 'prove' that the CPD she has undertaken during the year had a direct and positive impact on her practice. She followed the advice of her professional body (Chartered Society of Physiotherapists) when making her submission. Imagine her surprise, then, when the HPC wrote back and asked her for "more evidence as to how CPD has contributed to improving the quality of the service".

Apparently the HPC have realised that there is "no automatic link" between the CPD someone does and their competence as a practitioner, this has lead them to issue reminders to registrants that even if their CPD files are hunky-dory they might yet expect a letter from the fitness to practice committee. In case that doesn't frighten them into improving, it invokes the law to back them up: "The Health

Professions Order 2001 says that we can set standards for CPD and we can link these standards to renewing registration. We can also take registrants off our register if they have not met our standards."

This made the Alarm Bells ring and prompted contact with the hpc watchdog: "I have followed the struggle of the Psychotherapists and Counsellors against control by the HPC and the posts on your HPC Watchdog website. I strongly feel that it is time to curb the powers of the HPC and I am very angry that health professionals should be treated like we cannot be trusted. I feel that all the health professionals under the umbrella of the HPC should get together and fight their corner. Unfortunately I get the feeling from our Chartered Society of Physiotherapists that they are all frightened of the powers of the HPC and even tend to take their side. It looks like they cannot be seen to take a stance against the powers of the HPC".

She wants to widen the debate about the HPC and wrote to her local MP who just happens to be Nick Clegg, Deputy Prime Minister. His office replied almost straight away, noting her concerns and saying that a letter had been sent Andrew Lansley, MP, Secretary of State for Health to bring it to his attention.

In the meantime, I noticed at the recent Finance Committee that in spite of the £10m sloshing around in interest earning accounts, the HPC has been awarded a grant of £360,000 from the Department

of Health in May 2009 to explore another new scheme to make sure practitioners know what they are doing. This is a 'revalidation' project.

Details are from a paper considered by the [Health Professions Council on 10 December 2009](#).

The report says 'the first task in our revalidation approach is to *ensure that we understand the risk to the public posed by the professions that we regulate* now and in the future. In particular we need more information about how different health care professionals (e.g. different professions, **ages, genders**, etc) expose service users to different levels of risks." Risk by the way means 'the *potential* to do harm' (emphasis added). The unofficial hypothesis is that older men pose more risk.

Does this mean they don't know what they are doing at the moment? The report boldly states "The HPC already has robust systems in place that reduce the risk to the public posed by our registrants by ensuring continuing fitness to practise processes, Continuing Professional Development (CPD) and the self certification that each registrant must complete when they renew their registration."

A series of projects reveal more of the implicit assumptions of these centralist planners.

Project 1 wants to explore the link between conduct during training and subsequent FTP actions (can your student antics predict your grown-up malfeasance?) Discussions with Durham and Newcastle Universities are underway to appoint a researcher. The work will take a year, limited to studying one or two professions and will be

quantitative. "The study should enable conclusions to be drawn about whether there is a link between poor conduct and performance during pre-registration education and training and subsequent FTP action. If a link is determined the study will also look at the areas of conduct which most commonly act as pre-indicators for subsequent FTP action... The outcomes from this study may indicate that the most effective way to increase public protection is to concentrate on pre-registration education and training, rather than introducing a post registration revalidation system." The same team will undertake project 2.

Project 2 'piloting a pre-registration education and training 'professionalism tool'. "By 'professionalism tool' we mean a method of teaching and promoting professionalism to students and emphasising the importance the HPC places on the conduct of our registrants." p11. This is a five-year project tracking student progress and is hoped to "enable conclusions to be drawn about ... identifying and resolving issues around professionalism during pre-registration ed & training, therefore reducing the number of FTP complaints regarding conduct." Can we expect an edict to include this as part of the curriculum for our future training?

Project 3: will be an analysis of the HPC FTP data to identify trends regarding FTP across the register, analysing all data thus far collected since opening HPC register. The revalidation policy manager will work with a statistician for a year to explore the variation across profession, age, gender, route to registration, geographic location, types of practice, length of practice, NHS/Private, etc.

Project 4: analysis of the CPD audit profiles to understand the impact of certain kinds of CPD on practice and misconduct, presumably. The study will analyse all available CPD profiles, assessor comments and assessment results. Two short-term contractors will do the work for a year, tho the CPD audit has only just begun and many professions are yet to be sampled. “The study should enable conclusions to be drawn about the following: if there are any trends regarding amount and type of CPD undertaken across the Register; trends regarding *types of registrant* that do not undertake appropriate or sufficient CPD, and effectiveness of [HPC] CPD processes in identifying registrants who are not continuing to practice safely and effectively. So, even if local practitioners manage to make their CPD files useful for their actual practice, the people with the statutory power intend to survey the data in your filing cabinet to predict your competence from a distance.

Project 5 and 6 are literature reviews of FTP process across the regulatory board. “For example if the data shows that concerns are most likely to arise either earlier or later in a registrant’s career, a revalidation process could be targeted [there]”.

BTW, I recently watched [a video of old ladies at the Institute of Psychoanalysis](#) could these be the targets of the new HPC CPD spot checks, or would their femininity predict their professionalism?

In the meantime, one man of a certain age is being put under close scrutiny by pro-HPC militants in the UKCP. A complaint was made to the charities commission that Chair Prof Samuels was breaching the regulations by fraternising with the Alliance for Counselling and

Psychotherapy. The CC threw the complaint out. [Statement by UKCP CEO David Pink here.](#)

Yesterday’s **HPC Council meeting (20 May 2010)** considered the last Government’s last white paper ‘Building a National Care Service’ which proposed that HPC license social care workers and healthcare support workers. This would have been a major step in creating a kind of ‘database state within a state’ of everyone remotely connected with the health or care of other people. It would have been a massive money-spinner for the ever-expanding HPC, but will it be scrapped by the new Government?

[Nick Clegg’s speech](#) robustly said that “it is time for a wholesale, big bang approach to political reform [blimey]... there will be no ID card scheme, no national identity register, no second generation biometric passports. They won’t hold your internet and email records. CCTV will be properly regulated. Ah! Is this within the remit of the HPC? Do cameras have an impact on the health and wellbeing of the nation? Yes - I think they do!

He also says the new government values debate and is unafraid of dissent, will remove limits on the rights to peaceful protest, propose to ‘tear through the statute book’, and ask us which laws we think should go.

Back at the HPC, the **Education and Training Committee** (10 March) agreed to recommend the working group recommendations for **Generic Standards**. However, with respect to the controversial SET 1 (see Annie Turner at last week’s PLG, and Eileen Thornton, previous PLGs) they noted that ‘the

issue of generic standards was extremely complex because of the diversity of scopes of practise across the register'. They said nothing more in the minutes.

Here are the proposed new 'over-arching' generic standards:

1. Be able to practise safely and effectively within their scope of practice.
2. Be able to practise within the legal and ethical boundaries of their profession.
3. Understand the obligation to maintain fitness to practise
4. Be able to practise as an autonomous professional, exercising their own professional judgement
5. Be able to practise in a non-discriminatory manner
6. Be aware of culture, equality and diversity and their impact on practice
7. Be able to maintain confidentiality, while understanding the limits and potential ethical concerns that may arise
8. Be able to communicate effectively
9. Be able to work, where appropriate, with others.
10. Be able to maintain records appropriately, in accordance with applicable legislation, protocols and guidelines.
11. Be able to reflect on and review practice.
12. Be able to assure the quality of their practice.
13. Be able to draw on appropriate knowledge and skills to inform practice.

14. Understand the key concepts of the bodies of knowledge which are relevant to their profession.

15. Be able to establish and maintain a safe practice environment.

Notes

The phrase 'you must be able to' has been explained as necessary to accommodate brand new graduates as yet untested in practice (a group supposed to be more liable to turn up in the FTP machine).

Most of the HPC Council are post-holders in Higher Education.

The general nature of these begs all kinds of questions in practice. I note for now that it is precisely the generality of standards of education and training that has led to 'divisive' practices noted more and more by members of the Education and Training Committee. This should not be surprising – the HPC structure removes any real grounds for judging actual work, pumps statutory law through vague standards, and appoints its own partners to police the system. Surely a recipe for disaster.

No reports for the next two weeks: I'm on holiday.