

PsyPraxis - the Changing Context

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Please do circulate to anyone you think interested.

The Royal Court's 2009 triumph, Jerusalem, opened at the Apollo theatre last night. The final drum beat called the audience to its feet: "come, you battalions. You fields of ghosts who walk these green plains still. Come, you giants." And they came, stood, hollered, cheered, yelled, shouted and stamped and called the cast four times to take their curtain call.

Relatively speaking, something similar happened at the Confer Conference on Saturday last week. Paying roughly the same price for a ticket, the large audience of counsellors and psychotherapists was also moved to respond to the call that emanated from the stage. It was a long and hearty applause that met the interventions of Darian Leader (for the Alliance) and Andrew Samuels (for UKCP).

"The profit motive of corporations, the way the landscape is being made ever blander – these things are a horror to me. We're facing difficult questions: how can the individual survive within these 'communities' that are being worked into our society?"

Actually, these are actor Mark Rylance's words in an interview about Jez Butterworth's latest play just before it opened in Sloane Square last July (2009), but they could perhaps also be heard resonating around the room last Saturday.

Confer staged their play on the raised platform of the Ethical Society's Conway Hall. Across the beam of the stage, carved deep into the stone, were the words **UNTO THINE OWN SELF BE TRUE** – the most famous advice of any counsellor, made famous by a play (Polonius to his son Laertes, in Shakespeare's Hamlet). Under these words sat the line of speakers who had been selected by Confer, and given a few minutes to outline their positions before being subjected to a series of prearranged questions, constructed by the conference committee. This arrangement was not without its difficulties, but some important information emerged amongst the fraught exchanges, and some truth was achieved in the process. All in all, it was a pretty

good show. To capture some of the spirit and information, I will present it as a kind of script taken from my notes written as the action unfolded. Often fragmented, it does coalesce into moments of surprising clarity. I have adopted the device of giving letters to indicate speakers simply. Here's the key

- A. Darian Leader (for the Alliance)
- B. Julian Lousada (Chair of BPC),
- C. Andrew Samuels (Chair of UKCP)
- D. Marc Seale (Chief Exec of HPC)
- E. Diane Waller (Chair of the Professional Liaison Group for Counselling and Psychotherapy for the HPC)
- F. Michael Fischer (from Kings College London)
- G. Lynne Gabriel (Chair BACP)
- Q. Questions
- V. Voices from the floor.

A: we need to keep a space for different forms of practice.

B: members of the Institutions have been struggling with this job, but I, on the whole, am supportive of HPC. I ask myself, 'would it interfere with the stance we take with our patients?' I can't find the evidence that it will.

[next to B is F, who is responsible for producing research evidence that strongly suggests that this form of regulation will adversely affect the stance professionals take with their patients. F maintains his composure, looking modestly at his papers, but the smallest tick flickers to life, just the once, under his right eye]

B: [continues] 'Regulation' is a toxic word. But we have to ask, are we adequately transparent? Are we adequately accountable? What I see here from you is an attack on the Nanny State. I happen to disagree - [small pause, lips together, slight suggestion of 'p' before continuing almost seamlessly] - agree with that. We need the good container of the Nanny State.

C: we must reframe the division amongst us into a basis for constructing a solution.

D: I'm a boring bureaucrat in a grey suit. It's my job. It's what I do. We have a timetable towards statutory regulation, that's it really.

E: I'm a 1970's arts student, and a sociology professor. I am an integrative practitioner with curiosity. I ask: why do people make art? I was trained in the analytical approach, but not solely. I am used to dealing with tension in my job at the University - the Quality Assurance, Teaching Quality, which is exceptionally bureaucratic. I am pioneering, entrepreneurial, and I want to bring the regulator into this world, not leave him in the 1950s.

D: We don't negotiate. It's all in the hands of the Government. When the Section 60 is issued to Parliament it cannot be amended – it either stands or falls. This has never happened [the fall] in over 35 years. If it stands then there will be Gazetting, the Privy Council, it will be Enacted, then we will fix the Standards of Practice, and we will consult on that.

E: The wording of the Standards of Practice is quite old fashioned. It suits some of the professions, not others.

C: The PLG process did not work for us. D should not have written to the Government in December saying it was *good to go*.

D: We will have to make a Temporary Register – we have identified 60 voluntary registers, and my IT people will have to go through these taking out the duplicates, and cleaning up the data, it will be quite a job.

A: But the Judicial Review questions the whole process.

D: My legal people have instructed me that this question is *sub judice*, and given me *preaction protocols* to follow, these are careful ways that we are expected to behave.

A: it is not *sub judice*, and it would be perfectly proper to speak about it.

Q: What processes are there for the HPC to follow in order to take into consideration the ongoing concerns?

E: well, there was a Call for Ideas, the Professional Liaison Group, the Consultation. Actually, I would really like to say, I hear people say it was 'a done deal'. It was not. It was not a done deal. It's insulting to hear that. Insulting to the PLG. The criticisms that are made of the HPC are disrespectful to other professions.

D: Our Standards are not set in concrete.

C: We all have problems with the idea of auto transfer.

G: We're in favour of a convention.

B: BPC are struggling with the issues. There are differences in the membership. Our register is not made up of members, but of institutions. I suppose that many of those who don't agree with HPC regulation will not sign up and will practice under a different title, presumably Psycho-Analyst. The question is, how do you create a community? The problem with C's model is there are no losers. But we have to ask, are we a coherent or a fragmented community, because we have to present a coherent front.

A: Why would we want to present a coherent front if we are fragmented? Surely this is what we work on with people who come to see us, who are suffering because they are struggling to present a coherent front to the world when they are in fact fragmented. [applause]

D: The Combo is under way, the titles of Counselling and Psychotherapy, the 3-year Grand-Parenting period, and the Register Transfer. But listen, the HPC is flexible. Nothing is set in stone.

C: Look, in Section 7.16 of Trust Assurance and Safety it says "With the exception of the new arrangements for the regulation of pharmacy, the Government will not establish any new statutory regulators. Psychologists, psychotherapists and counsellors will be regulated by the Health Professions Council, following that Council's *rigorous process* of assessing their regulatory needs and *ensuring that its system* is capable of accommodating them." You're right, it's not written in stone - it is enshrined in White Paper! [laughter]

A: and in Article 3.5 of the HPO2001 it states there is a Duty to Liaise with All External bodies and publics affected.

F: There is a common perception in other fields, for example psychology, that an elite group has captured the regulatory process to further their own agenda.

E: we did consult all parties

V: you didn't consult us

E: no-one was refused a place

V: you refused us!

B: Collaboration with the HPC is good. But, the Fitness to Practice process is corrosive, punitive, and persecutory. We cannot have a system that doesn't have some thought for the clinicians and their other patients. I don't feel secure with the HPC FTP protocol. The question is, do HPC know that there are problems? I think HPC [pause] are [pause] do know. We had quite a robust, informed discussion on this.

E: The Generic section of the standards, are formulaic, and HPC has started a process of review. The system is not appropriate, and it's been recognised as inappropriate. But, look, the SoP is not a curriculum document. Everyone makes that mistake. It should not dictate curriculum.

A: A detailed critique of the standards of practice has been made and made public. Its in the Maresfield Report, copies of which are at the front desk and downloadable from the internet. There are four main difficulties with them. First is the 'infection control' problem – that many of the generic standards have nothing whatsoever to do with our practice. The second is that they construe therapy as something applied to a passive patient. Third is the ideology that makes the human a piece of faulty equipment that needs fixing and setting back to work. Fourth, is the notion of audit and health. Many of the other HPC practices are contained and confined, not open ended, unpredictable and risky. For us, the patient is a *potential*, not a broken economic unit. [loud and long applause]

G: the Draft Standards of Practice are utterly unworkable.

C: Consultation needs to be real.

D: We don't employ professionals directly, we set up a PLG. We advertise slots, people apply, they do excellent work. I see no reason to change the PLG make up. The Standards of Practice are the very heart of regulation. I think our consultations are very thorough.

B: I'm perplexed by the enthusiasm, expressed by the audience in the length of their applause, to A and C. I don't think we should pay too much attention to it.

V: Please don't try to regulate my clapping [much laughter, and clapping].

E: I want to remind everyone that the Standards everyone is so upset were about actually written by the professions, I didn't write them.

A: And I want to remind you that, according to the 2004 Doc, it is a requirement that any profession coming under HPC regulation be homogenous

D: it is not a requirement.

A: it is.

D: It isn't. Look, we've just taken on seven different types of psychologists! Anyway, what's written in the document is one thing, how we interpret it is another. Nothing is set in stone.

V: It seems to me that that real problem here is that the regulator seeks to replace real judgment with bureaucratic standards.

D: Standards go to the heart of regulation. If these are wrong, it won't work.

V: It doesn't work.

B: Standards are tragically low. What we need to ask is which organisations are the guardians of quality practice? It is not the HPC. We all share a common set of [pause], look *we* are the guardians of quality practice.

A: But do have a set of common skills? We might share one mode of practice – one that relies on the presence and place of the individual. Many might even agree that the single most important part of a training is someone's personal therapy. But you can't regulate someone's personal therapy.

V: In the Liaison Group the impression is given that there is a free and fair exchange of views aiming at some kind of agreement. But some papers I have seen, got from the website, suggest that in fact the agenda is set by the HPC, answering questions that are of interest to them. This is not real liaison, more a mystifying exercise in domination by the HPC. Who did set the agenda of the PLG?"

E: [throat clearing, rambling and mumbling finally giving way to:] me, me and Michael Guthrie [administrator at the HPC].

V: Why is it only now that some people are arguing against HPC?

A: This has been going on for years!

D: The process is time consuming, frustrating, irritating. Some of these professions have developed over centuries, so when the regulator turns up and says 'thank you, I'll have that', well, it's understandable that some are unhappy. Look, I'm only doing my job, I'm a really boring

guy, and nothing is set in stone, we are always able to interpret...

Here is the list of questions prepared by the organisers, and the timetable they hoped to adhere to:

10.05 What structures exist for further negotiations by members of the professional community with the Health Professions Council on areas that continue to be contested?

-10.15 What capacity does the HPC have to address the ongoing concerns expressed by the professional community?

10.25 What would the consequences be of not joining the HPC register? Will the practitioners have their membership of their current umbrella organisation withdrawn?

10.35 What scope remains for amendments to the government's decision to regulate psychotherapy and counselling via the HPC?

-10.45 A summary of the findings of the Kings College research into the experience of being registered by the HPC – presentation by Dr Michael Fischer

10.55 How do the panellists believe the tension between the needs of the therapist and the patients/clients is best handled in our society? By an external government agency or an independent statutory regulator?

11.05 The HPC Standards of Proficiency are raising concerns because they are formulaic. How would the HPC ensure that these do not restrict good practice that is process-based and that will take into account ruptures in the practitioner-patient relationship that are often part of the therapeutic process?

11.15 How does the HPC intend to influence and regulate psychotherapy and counselling training curricula in the long term?

11.25 What would be the role of independent training organisations in a post- regulation culture?

Frustration from the audience forced the chair to abandon these questions and the timetable and brought questions in from the floor. There was a struggle.

Over lunch it became clear that members of the Professional Liaison Group (of whom only a

very few were present today) were as much in the dark as the rest of us about the intentions of the HPC in the next few months.

Marc Seale's remarks in the morning gradually began to make sense in retrospect. The December Council meeting (2009), saw him gain support from his Council to write to the Department Health saying 'lets go'. That meeting also said it would reconvene a larger and more representative PLG to consider all the problems. This now seems to have fallen by the by. Seale said (Saturday) that he saw no reason to do things differently. He has written to the DH to signal the start of the drafting (of the Section 60 Legislation), waiving aside the inconvenience of 1,100 replies to the public consultation.

There is due to be a meeting of the Education and Training Committee of the HPC on Tuesday (2nd Feb) though the papers have not yet been posted (as at 3.30pm Friday 29th Jan). It is supposed to discuss the much maligned generic standards that apply across all the various different professions.

Meanwhile Seale seems to believe it will be possible (for him and those close to him) to 'interpret' things around the legislation, and put up with the few years of misery (of those a little removed from him) that will follow. He said 'all professions are upset at first, but settle down after a few years' ... !

In the afternoon the confer auditorium was organised into a 'coffee house conversation' and everyone got to have a say. In both groups I was in (which were very different from each other – two people were hostile to HPC, two were hostile to those opposing the HPC, one was just plain confused, and another was fulminating against the bureaucracy sweeping through the NHS and suspected the HPC of same) there was a common question asked: Who elected the member of the Professional Liaison Group? Stunned silence greeted the news that the PLG had been appointed by Diane Waller and the HPC.

[Jerusalem is at the Apollo \(Shaftesbury Ave\) until 24th April.](#)