***PsyPraxis - the Changing Context,* Research Report 33 6 Nov 09,**

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Anne Milton meets miserable counsellors and therapists and tries to get them to talk - Nov 2nd, Westminster.

"Never have I been lobbied by so many people as I have on this subject", said Anne Milton, (Conservative MP for Guildford, and Shadow Health Minister). She had called this three-hour meeting in the Grand Committee Room, Westminster Hall to get a 'constructive conversation' going on the future of regulation for counselling and psychotherapy. She had received so many letters, emails, and visits from people in the field that, as she said more than once on Monday, she thought 'the sky had fallen' on her head.

There were about 60 people from various groups at the meeting – invitations had been extended, and many people had been turned away. This was an Anne Milton initiative, and can be understood in relation to the forthcoming election. She was the only MP in the room. Earl Freddy Howe, the Conservative Spokesman for Health in the House of Lords was also there, but he said nothing in the meeting. Anne Milton became an MP for the first time in the last election (2005) when she won her seat by 347 votes. Lord Alderdice was absent.

She had invited Marc Seale, CEO of HPC to make an opening speech. He said that public protection was needed and the HPC was the way to provide it. He took for granted that the HPC was the only regulator in town, and said that anyone against the HPC was against regulation. Anne Milton said it had been hard work to persuade him to come.

Next to Seale sat Anne, separating him from the three others who had been invited to say a few words. Dr Lynne Gabriel, Chair of the BACP asked: 'is HPC fit for purpose' and answered clearly: No. As we know, BACP announced its opposition to the HPC in the October issue of Therapy Today. The volume of letters received by the journal achieved a change of policy on HPC regulation, which was acknowledged in their response to the HPC consultation (reported in PsyPrax 30). Dr Gabriel questioned the grounds for the proposed entry-level qualifications, and noted that increased stigmatisation would follow from the proposals. She quoted 'one eminent practitioner and writer' as saying that the HPC proposals 'create a very different profession to the one that currently exists'. It is the implicit policy of the HPC to create new professions to 'solve' the problem that the old professions are supposed to represent. This underlies all the current problems as it implies both an invasion and disrespect. Prof Annie Turner (HPC Council member from Occupational Therapy) has frequently advised the PLG members to forget what actually happens in practise, and to invent something completely new. This, she has said on several occasions, is the only way to come up with something which will fit the HPC model of regulation.

Dr Gabriel also noted that Government Policy was at odds with the HPC strategy. This point has been made more strongly by Alessandro Amicarelli in his report "HPC Is it legal?" written about here last week. Amicarelli argues that this contradiction between the various agencies created by the government is a result of abdication of responsibility.

Next to Lynne was Colin Walker, representing MIND. This is the first time that MIND has appeared in this process. Until now the 'user rep' was Jonathan Coe, CEO of Witness. MIND users are primarily NHS psychiatric service users.

Colin said there was 'a shocking lack of evidence of abuse in the UK' by which he meant that he was shocked at the lack of research, not the lack of abuse. Anna van der Gaag, Chair of HPC, added

that a CHRE report had found that ‘boundary violations’ occurred right across the “health professions” at a rate of 4%. Darian Leader remarked that there was no constancy in the statistics claimed by the HPC who seemed to be plucking figures out of the air: so far, the HPC had alleged abuse rates varying from 5-10% at one end down to less that 1% at the other.

The ‘shocking lack of evidence’ is very like the rhetorical devices discussed by Dorothy Pawluch and Steve Woolgar, in their paper *Ontological Gerrymandering: The anatomy of social problem explanations*, (published in the journal Social Problems, 1985). The political repetition of a lack of something creates a need that must be met. In fact, no-one denies the existence of abuse, what is in dispute is how to deal with it – a question that is forever foreclosed in the current regulatory debate.

There are many important questions to be raised here, but these continue to be conflated and buried beneath the pressure to impose the HPC.

When Darian Leader (College of Psychoanalysts – UK) took the microphone he spoke of the assault on human memory and reminded those present that they had all been against the HPC as regulator until they thought they would miss the regulatory train, when suddenly they changed position. He summarised the HPC process as one that privileged politics over the best interest of our patients.

Amongst those who spoke from the floor (everyone was given their chance), Andrew Samuels (for the Alliance for Counselling and Psychotherapy) called for a convention on the future of counselling and psychotherapy. The CBT organisations opposed this and said they were ready, willing, and able to be regulated right now and were fed up of being held up by the travails of counsellors and psychotherapists.

There were bids to include ‘play-therapists’ and ‘child therapist’ into any future list of protected titles.

Julian Lousada, chair of BPC, said he didn’t recognise the anger ‘projected’ onto the HPC, which led Anne Milton to tell him directly: Believe me, this issue is real.

Terri Bodell from the NACHP asked that every organisation be consulted, not just a few.

Laurie Clarke, CEO of the BACP said ‘we should be responsible for what the future looks like, the HPC should not impose it on us’.

Dorothy Hamilton (UKCP) took Marc Seale to task for ignoring the fact that she and others had been working hard to achieve statutory regulation for more than 30 years. She was appalled by his insinuation that her opposition to HPC meant she also opposed statutory regulation.

The representative from the play-therapy association told Mr Seale to ‘keep it real’, and said that if he had to regulate anything, then make it organisations, and not the individuals.

Dennis Greenwood, from University Psychotherapy and Counselling Association, remarked on the amount of force, authority, and coercion used to push the HPC agenda. He said that more time was needed, and, of course, much less coercion.

John Taylor, BACBT said ‘this is not a unified profession’ which meant the HPC could not regulate it as a whole (each section of the register must be a coherent whole), and Fiona Ballantine Dykes (CPCAB) remarked that the HPC process actually produced more and more differentiation.

Anthonia Murphy from the Association for Counsellors and Psychotherapists in Primary Care (CPC) said she ‘didn’t recognise’ her profession when she looked at the PLG proposals. Anne Milton replied that she would normally think this a ‘rubbish’ objection, but had now been convinced of its truth.

Several people attempted to bring everyone back together, saying that ‘we all share a common standard’, or that ‘we could all fulfil the proposed SoP’, but Darian Leader said ‘we don’t’. He said there were important differences around what’s good for a patient and that in his field people were expected to question their wish to practice. The wish to work for the good of someone else could be a very problematic thing, he added, and implied that it was not unrelated to the question of abuse.

A few people mentioned the irrelevance of infection control as a Standard of Practise, and this caught Anne Milton’s ear. She has worked for 25 years as a nurse and is married to a medical man. She asked Anna van der Gaag to explain what this was all about. When she heard it was one of the SoPs she exclaimed ‘you mustn’t irritate people, this is just silly’. A short discussion was then had about whether or not the generic standards would be up for discussion and what this might mean at some point in the future for all registrants in the HPC.

Although the HPC was given a grilling, it was clear that there still exists an underlying wish to smooth out the irritating bits and get back on track with the process.

The PLG is due to meet for two days on 18th and 19th of November. Michael Guthrie’s ‘summary’ of the responses to the Consultation should be on the web at least a week before that.

The HPC Council is scheduled to meet on 6th December, which could mean (though this would be very tight) that a proposal for HPC regulation could be pushed through by those on the PLG able to make a deal, which would make it very difficult indeed for anybody else to stop. At one point, Anne Milton wanted to see a show of hands on ‘are you for or against the HPC’, but Malcolm Allen shouted NO and flung himself across the table to stop her in her tracks. He may have been attempting to save the feelings of a fellow CEO, but it is more likely that the BPC wished to salvage something from this process, which a vote would have destroyed. They clearly wish to carry on regardless.

More quietly it was said that statutory self-regulation required a dedicated piece of primary legislation. The chance of this happening is virtually nil. The only way to achieve any kind of statutory regulation now is via secondary legislation with a Section 60 Order (section 60 of the 1999 Health Act). This is part of the democratic process of the country, but avoids full debate in both houses. Nevertheless is implicitly requires a proper discussion, consultation, and of actually writing the legal document (something the DH currently does on behalf of the Government based on the proposals received by the HPC).

Statutory regulation seems imminent. For those serious about their rejection of the HPC as the regulator, there is a lot of hard work still ahead. There is the hard work of demonstrating there is a better process that respects the democratic principles of the country (as befits a separate Section 60). And there is the hard work of inventing a system that respects the good work of the majority of practitioners, and openly addresses the problems caused by a small minority.

For those who want to rescue the HPC as regulator, there is the very hard work of trying to change it to become fit enough for our practice.