



**The British  
Psychological Society**

Promoting excellence in psychology

## **Notes from the Annual Meeting with the HCPC**

**Wednesday, 1 November 2017, 2.00 pm, at the HCPC's offices, 184 Kennington Park Road, London SE11 4BU**

Present:

From BPS: Nicola Gale, President; Andrea Finkel-Gates, Director of Qualifications and Standards; Janet Vaughan, Governance Manager.

From HPC: Elaine Buckley, Chair; Marc Seale, Chief Executive and Registrar; Jonathan Jones, Stakeholder Communications Manager.

### **1. Items from the BPS**

#### 1.1 Up-date on the reform of health and social care regulation

The Department of Health published its consultation paper, 'Promoting professionalism, reforming regulation' yesterday. There is a three-month consultation period and the Society is strongly advised to submit a response. If the consultation results in legislation, the reforms envisaged will be significant and it is unlikely that governments will wish to re-visit for a substantial period of time. It is therefore important to take the chance to put views forward now, otherwise, there is unlikely to be another chance for many years.

Issues addressed by the consultation include:

- the optimum number of health and social care regulators;
- the possible de-regulation of some professional groups;
- the reduction of fitness to practise processes and an increased emphasis on prevention;
- the methodology by which professions should be regulated.

##### 1.1.1 The likelihood of regulation by function not title

The HCPC believes the Government is unlikely to move towards a general model of regulation by function rather than title. Regulated roles would need to be enshrined in legislation which would be very restrictive and curtail professional flexibility. The USA was mentioned as an example of a jurisdiction where regulation by function has presented notable difficulties.

The HCPC advised that the Society could use the present consultation to call on the Government to regulate the whole of psychology, via protection of the title, 'Psychologist', although they also expressed the opinion that this was unlikely to happen as it was recognised that not all psychologists are 'mainstream' health professionals.

##### 1.1.2 Protection of title for clinical neuropsychologists

This is still very much a 'live' issue for the Society, as we continue to receive concerns over individuals using the description, 'clinical neuropsychologist' without having completed the Qualification in Clinical Neuropsychology - regarded by the Society as the benchmark

qualification for ensuring practitioners have skills and experience of the appropriate standard.

The HCPC advised that the Society could write to the HCPC and make the case that neuropsychologists should be brought into statutory regulation and if the case appeared sufficiently persuasive, the HCPC would take the matter up with Government. The HCPC's views are: i) the Government is likely to want the ongoing consultation to be used as the means by which the Society presents its case; and ii) the general trend seems to be for the Government not to be taking any more new groups into regulation, although there *is* inconsistency, as evidenced by the recent consultation on the regulation of Medical Associate Professionals.

The HCPC emphasised that individuals can always raise concerns about dubious practice directly with them – and would encourage the Society to ensure members know that this is the case. This is an action for the Director of Qualifications and Standards.

### 1.2 Issues with the title, 'Sport and Exercise Psychologist'

The Society has been made aware of issues around the protection of the title, 'Sport AND Exercise Psychologist' as in reality, the roles of Sport Psychologist and Exercise Psychologist are very distinct, and in the real world, a practitioner is most likely to practise as either a Sport OR Exercise Psychologist.

Moreover, there is some evidence that individuals are by-passing regulation by using one or other of the titles separately, thereby avoiding mis-use of a protected title, whilst still offering services in a protected domain and potentially posing a risk to the public.

The HCPC expressed concern about this potential loophole and felt that individuals exploiting it could be demonstrating intention to deceive. The HCPC agreed to review the situation in the light of the specific cases which have been drawn to its attention and will liaise with the Director of Qualifications and Standards over their findings.

### 1.2 HCPC's advice on combining protected titles with the Chartered Psychologist title

The Society's current policy on use of titles cautions members against combining the Chartered Psychologist title with a protected adjectival title, as in 'Chartered Clinical Psychologist', 'Chartered Counselling Psychologist' etc. The policy was formulated in the immediate wake of statutory regulation, at a time when the Society was keen to re-inforce the message that it had relinquished its role in relation to competence to practise (epitomised by the newly-protected titles) and had shifted its focus to its membership body function. It was decided at this time that it was inappropriate and potentially misleading to combine titles that related to two very different concepts – professional registration and learned society membership. Nonetheless, the Society continues to receive requests for clarification of its position on titles and the HCPC's current thinking and advice is sought.

The HCPC advised that they have no particular problem with individuals who are both Chartered members of the Society and HCPC-registered combining protected and Society titles as a legitimate means of indicating their achievements. It is therefore for the Society to decide whether it wishes to review its current policy on combined titles.

To this end, the HCPC will, on request, provide formal confirmation of its position so this can inform the debate. The Governance Manager will write to the HCPC's Chief Executive and Registrar with a request for this confirmation.

#### 1.4 Up-date on developments re SET 1.

The HCPC was asked to comment on a rumour that is circulating to the effect that SET 1 is to be removed from the HCPC's Standards of Education and Training.

The Chair provided reassurance that SET 1. is definitely still included within the latest version of the SETs which were published as recently as June this year. She concluded that a misunderstanding had somehow arisen, which she was happy to be able to correct.

#### 1.5 Up-date on the emerging concept of apprenticeships

The Director of Qualifications and Standards explained that the Society is currently exploring different models for psychologists' training and looking to develop Level 8 apprenticeships as an option for individuals who are not wishing to qualify as clinical or educational psychologists (for whom commissioned training arrangements are already in place). The Society is seeking the HCPC's views on this alternative mode of training some groups of psychologists.

The HCPC advised that, as long as training delivered in this way is consistent with the SETs and SOPs for psychologists, they have no issues with apprenticeships as a complementary method of training.

It was suggested that an HCPC representative attend a forthcoming trail-blazer event and the Stakeholder Communications Manager offered to forward details to colleagues in the education department in the hope that someone would be able to accept the invitation. The Director of Qualifications and Standards will contact the Stakeholder Communications Manager with details and an invitation.

#### 1.6 Fitness to Practise concerns and prevention: themes from the research with application to psychologists.

The HCPC has recently published the outcomes from a research project examining the reasons for the number of complaints to the HCPC involving paramedics and social workers in England. (*'People like us? Understanding complaints about paramedics and social workers'*) The Society enquired whether any of the themes which emerged were of particular relevance to psychologists.

The HCPC confirmed that its objective is to extrapolate from the paramedic- and social work-related data and apply outcomes across all the professions it regulates. Common themes have emerged and the HCPC specifically mentioned the issue of registrants who practise in isolation as a matter for concern. Professional bodies can play a role in this area by supporting individuals in building networks and maintaining strong connections with their professional body, as well as facilitating access to good quality supervision and CPD. The HCPC drew attention to two of its documents which the Society could usefully signpost for members' information, namely, 'Professionalism in health care professionals' -

<http://www.hpc-uk.org/assets/documents/10003771Professionalisminhealthcareprofessionals.pdf>;

and 'Preventing small problems becoming big problems in health and care' - <http://www.hpc-uk.org/assets/documents/10004A7EPreventingsmallproblemsfrombecomingbigproblemsinhealthandcare.pdf>

## **2. Items from the HCPC**

2.1. Department of Health consultation on regulatory reform - was raised by the Society and dealt with under 1.1 above

2.2 Department of Health consultation on medical associate professionals – referred to briefly under 1.1 above. Consultation launched last month and is open until 22 December.

### **2.3 Regulation of Social Workers in England**

The Government has approved a new regulator for social workers in England, to be known as, 'Social Work England'. The Act of Parliament necessary to give effect to the new regulatory structure was passed earlier this year. A Statutory Instrument will set out the detail, but the timetable for progressing the transfer of regulation from the HCPC to the new body is uncertain and the original target of 2018 is most unlikely to be met. The new regulator will be accountable to both the Department of Health and the Department of Education and the HCPC is working closely with both to ensure a smooth transition – despite having expressed concern about the lack of evidence that a new regulator is necessary.

### **2.4 HCPC PSA Report, published 13 October 2017**

The HCPC advised that in a twelve month period 2016/2017, it had received around 2,500 fitness to practise complaints, between 400 and 500 of which had been referred for investigation and about 75 of which had been progressed to a tribunal hearing.

The PSA's latest annual review of the HCPC had found a number of issues with the fitness to practise process, particularly around the application of the Standard of Acceptance (SoA). In essence, the PSA felt that the threshold for deciding whether or not a complaint should proceed to investigation was set too low and that a number of cases had been closed down prematurely. There were also problems with the way in which decisions under the SoA process were written up, leading to concerns around fairness and transparency of decision-making.

In response, the HCPC is reviewing the interpretation and application of the SoA, with a view to providing much clearer guidance for the staff responsible for making judgments and providing the necessary rationales.

### **2.5 Health and Care Professions Tribunal Service**

The HCPC's dedicated tribunal service and associated bespoke facilities became operational earlier this year. An advisory committee has been established to make decisions such as the appointment of panel members and to provide guidance on practice and procedure. The Tribunal service is a separate and distinct entity and operates at a distance from the HCPC's other structures and functions. It thereby serves to address past concerns that in matters of fitness to practise, the HCPC was acting as both judge and jury, potentially compromising fair process.

## **3. Miscellaneous**

The Stakeholder Communications Manager advised that he is currently working with the Society's Professional Development Centre Manager on the standards for CPD.