PRESIDENT'S COLUMN



Graham Powell

Contact Graham Powell via the Society's Leicester office, or e-mail: president@bps.org.uk.

After consulting widely with subsystems and members, the Society has rejected the current proposal for statutory regulation by the Health Professions Council (HPC). Our formal response to the consultation document is posted on our website (go to tinyurl.com/7t372); but it is long and detailed, and I have been asked if I could explain what is going on. So I shall.

The most important thing to say is that we welcome statutory regulation; it is just that we cannot support the proposed mechanism for achieving it as we have many serious concerns about the suitability of the HPC as the regulator of psychologists.

Let me take these two separate issues in turn. Why do we support statutory regulation? We have been moving in the direction of statutory regulation for over 40 years, since 1960 when the Society set up Divisions of psychologists offering services to the public. At that time the Society began to establish procedures to protect the public. There was then a significant advance in 1987 when the Royal Charter was amended to allow us to set up a voluntary Register of Chartered Psychologists. The Society developed

self-regulation quite effectively and rigorously, including programme accreditation, continuing professional development requirements, procedures for admission to the Register, procedures for dealing with overseas applicants, and professional conduct and fitness to practise procedures. But of course the Register is voluntary, and removal from the Register does not stop people from further practice. Therefore, the Society has always seen statutory regulation as an improvement – it makes it a legal requirement to register and makes it easier to stop people practising once they are struck off.

Turning then to the second issue, why do we not support the current proposal for statutory regulation by the HPC? The choice of the HPC as potential regulator was certainly not the Society's. During the 1990s the government determined that the move towards statutory regulation for professional groups should not lead to new single professional regulatory bodies, and so the Minister of Health informed the Society that we should be regulated by the HPC, set up under the powers of the Health Act 1999. We cooperated fully with the HPC to see what could be achieved, but it is only now that we have seen the actual proposal. We do

Call for Nominations

President 2007/8

Nominations are required for the election of the Member who will be the President of the Society in 2007/8. The person, who will be elected by the Members at the Annual General Meeting of the Society during the Annual Conference 2006, will serve as President Elect for the year 2006/7 and become President in 2007/8, finally serving as Vice President in 2008/9.

The Board of Trustees has drafted descriptions of the roles and responsibilities of the honorary posts, and has outlined the requirements and the time commitment demanded for the post of President over the three years.

A nomination pack, which includes the role description and a standard nomination form, is available from Nichola Whitmore-Cooper (e-mail: nicwhi@bps.org.uk; tel: 0116 252 9521; fax: 0116 254 0240).

NOMINATIONS

Nominations should reach Nichola Whitmore-Cooper at the Society's Leicester office not later than **30 September 2005**. To ensure validity of nomination you should use the standard nomination form, which gives details of the information and signatories required.

PROCEDURE

The Board of Trustees has a responsibility for ensuring that there is a candidate for the Senior Officer positions, and for all Trustees. To facilitate this, a Search Committee has been set up jointly with the Representative Council.

VOTING

The Office will, if contested, be decided by postal ballot, immediately prior to the Annual General Meeting 2006.

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not support this proposal because it could well end up *lowering* standards and failing to enhance public protection to the degree that we consider necessary. Here are some of the reasons we have arrived at this position:

- The HPC was not designed for, and has no familiarity with, regulating a profession of the breadth of psychology, covering at least seven different fields of practice.
- HPC has no experience of regulating professionals outside of health settings, and several of the Divisions have very little to do with health, and future Divisions might have nothing to do with health.
- The HPC has no experience of regulating a profession based on at least three-year postgraduate qualifications, creating a risk of lower standards.
- The standards of proficiency are written at a very general level and do not validly reflect the proficiencies required within each field of psychology practice.
- The HPC does not agree that the highest level of English-language proficiency is required to practise psychology, whereas such proficiency should be seen as a prerequisite for talking therapies.
- The HPC has not guaranteed that the criteria for grandparenting will match current entry standards.
- The HPC has no experience of assessing nonstandard entry (e.g. overseas candidates) into a profession of the breath of psychology, and their suggestion that this could be done by just two assessors, or even one, is not viable.
- The HPC system for accrediting courses seems less rigorous than the current BPS system, hence a danger that standards will be lowered.
- Conflict could arise if the HPC and the BPS disagree over a decision on course accreditation, and no system has been proposed for managing this conflict.
- There is significant lack of detail about requirements for continuing professional development, and no guarantee that they will match our own.
- The Department of Health consultation document lacks detail regarding the HPC process of investigating complaints.
- The HPC code of conduct is not as rigorous as the BPS code, e.g. in relation to interpersonal behaviour.
- The HPC system of investigating complaints is less expert and less rigorous than the current BPS system, with only one expert opinion required when our experience is that given the breadth of psychology one needs a committee drawn from a range of backgrounds and, if necessary, a specialist panel.

- The medical information about registrants published on the HPC website seems to the Society to be a breach of basic rights and natural justice.
- The proposed legislation assumes that the BPS Register will close, which it will not.
- There are errors in the Department of Health's cost-benefit analysis, for example it costs the BPS £1800 to investigate a case, not the £7000 stated.
- The HPC seems to marginalise the professional body and not to guarantee routes that will draw upon the Society's expertise and experience, which obstructs the Society in fulfilling its obligations under the Royal Charter to advance psychology and promote efficiency.
- The current proposal does not allow those undertaking professional training to be regulated, whereas the Society currently manages this quite simply by allowing conditional registration.
- The current proposal does not allow for protection of the title 'clinical neuropsychologist'.
- The current proposal assumes that all psychologists currently regulated by the BPS will transfer to the statutory register, but the proposal is only to regulate seven titles, so none of those who have chartered status but do not hold one of these titles can be regulated by HPC.
- Though we welcome the clear statement that there is no intent to regulate academic or research psychologists, there is no route for them to be regulated by the HPC should they wish to be so.
- It is essential for the practice of psychology that the core discipline is not adversely affected in its development and growth, but the current proposal could disadvantage applied researchers.
- The Department of Health document is confusing about which teachers on professional training courses need to be registered, which could undermine the teaching strength of courses.

As a result of these concerns, we have asked the Department of Health and the government to think again about whether there should be a regulatory body specifically for psychology, reporting to the new Council for Healthcare Regulatory Excellence as the overarching body. If the government continues to insist upon regulation by the HPC, then the above list of concerns indicates the ways in which the HPC proposal will have to be developed and improved in order to be fit for the purpose. We expect to engage with the Department of Health in discussion following their consideration of the response from the Society.

We have many serious concerns about the suitability of the HPC as the regulator of psychologists