

Proposals for a Psychological Professions Council (PPC)

supported by the following main professional bodies:

- The Association of Business Psychologists;
- The Association of Educational Psychologists;
- The Association of Heads of Psychology Departments;
- The British Association for Behavioural and Cognitive Psychotherapies;
- The British Association for Counselling and Psychotherapy;
- The British Association for Sports and Exercise Sciences;
- The British Psychological Society;
- The National Association of Principal Educational Psychologists; and
- The United Kingdom Council for Psychotherapy.

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Preamble

- i. Under the law, as it stands, anyone can claim to be a psychologist, psychotherapist or counsellor and offer psychological services to the general public. People and organisations typically turn to such professionals for help in dealing with complex problems or crises when they may be less well placed than usual to consider the appropriate credentials of the helper. The psychological professions are increasingly seen to be in an anomalous position to those allied to medicine (such as dentistry, nursing, osteopathy, chiropractic, etc.). In comparison, as much lasting damage can be caused by an unqualified person offering pseudo-psychological services as by an unqualified person in any of the existing regulated professional domains. Poor services may affect not only individuals but organisations and systems, with potentially adverse consequences for personal or workforce development and well-being, efficient and effective operation or even commercial viability.
- ii. This document sets out a proposal for an alternative independent regulator for the psychological professions and has been supported by the following main professional bodies:
 - the Association of Business Psychologists;
 - the Association of Educational Psychologists;
 - the Association of Heads of Psychology Departments;
 - the British Association for Behavioural and Cognitive Psychotherapies;
 - the British Association for Counselling and Psychotherapy;
 - the British Association for Sports and Exercise Sciences;
 - the British Psychological Society;
 - the National Association of Principal Educational Psychologists; and
 - the United Kingdom Council for Psychotherapy.

In addition, other professional groups have been consulted in relation to these proposals, and in the main, are supportive of this alternative model of regulation. *(See Appendix A for further details of these organisations.)*

These organisations represent a broad range of psychological professions working in a significant number of different employment contexts: from educational and clinical, to business and sport; involving work with individuals, couples, groups and organisations.

- iii. It is proposed that the Register will cover a range of currently unregulated professionals who use a psychological knowledge base to underpin their practice. For the purpose of this document “psychological professions” includes, but is not limited to, psychology, counselling and psychotherapy.

Background

- iv. The psychological professions emerged in the mid 19th century as a study of human behaviour and individual differences, and as such were different to the study of human illness and disease. Initially their activities took the form of the academic discipline of psychology and a separate discipline of psychoanalysis, some areas of which retained strong links with the medical profession. In the 20th century the field expanded to include (although is not limited to) the current psychological professions of psychology, counselling and psychotherapy: a workforce estimated to be over 100,000 strong. The majority of these are employed in non-health contexts.
- v. The main psychological professions have sought to ensure public protection for more than 40 years by means of the voluntary registration of practitioners, the development of professional associations with codes of ethics and conduct processes, and the setting of standards of training and practice. Statutory regulation has been an objective since the late 1960s. Some of the proposals were initiated by professional associations, e.g. the British Psychological Society's *Royal Charter* (1965) and *Register of Chartered Psychologists* (1987). Others have been at the direction of Government, e.g. the 1971 Foster *Enquiry into the practice and effects of Scientology*. Two private members bills to regulate psychotherapy have failed (Bright, 1979; Alderdice, 2001). In 2001, the Government made clear its view that psychology, counselling and psychotherapy should be regulated together to ensure maximum public protection, 'In an era when we wish to see consistency between the different professions, it is well worth considering whether the appropriate way forward here is to bring together the psychotherapists, psychologists and counsellors.' (Lord Hunt, Debate on the Bill to regulate Psychotherapy (Alderdice Bill), Hansard, 2001).
- vi. The unregulated nature of the psychological professions means that there are no common standards for ethical practice and no agreed training standards within the field, beyond those instigated by the relevant professional bodies. This absence of common standards and the inability to debar from practice the incompetent and the unscrupulous exists in parallel with a growing demand for the services of professionals. Previous attempts to regulate have been unsuccessful for a variety of reasons. Some represented only sections of the professional field, or represented vested interests; some were seen as attempts to enhance the status of the professional associations. Some failed to take into account the diversity of the professions. The most recent failed partly because it attempted to fit a diverse field into a pre-existing template.
- vii. The supporters of this proposal, therefore, start with the belief that members of the public have a right to know that someone claiming to be a psychologist, psychotherapist, or counsellor and offering psychological services is properly trained and qualified, and answerable to a registration authority which has the power to investigate complaints of professional misconduct and, if proved, impose a sanction proportionate to the findings and ranging from educative, to striking off the Register in the most extreme cases. Striking off the Register will prevent the practitioner from continuing to claim to be a psychologist, psychotherapist or counsellor.

Section 1 – Introduction

- 1.1 **In this section, the background and rationale to the proposed establishment of a Psychological Professions Council are set out. The shortcomings of the proposed regulation of the professions (and specifically psychology at the present time) by the Health Professions Council are also outlined.**

Outline

- 1.2 The Psychological Professions Council will be a new independent regulator, comparable in size (in fact larger than) the Health Professions Council (HPC) in relation to the potential number of registrants (it is estimated that there are well over 100,000 practitioners in the psychological professions (including those in training) who should immediately be subject to statutory regulation).
- 1.3 At the present time, the Government is proposing to regulate psychologists, and in due course, psychotherapists and counsellors, through the HPC. Due to the psychological knowledge base of these three professions, a single specialist regulatory body is the only appropriate means by which to deliver a system of statutory regulation which offers optimal protection of the public.
- 1.4 The psychological professions work through the relationship between the patient/client/organisation/system and the professional. As the psychological professions are dealing with psychological processes – that are not visible in the same sense as a broken wrist – the public need to be confident that standards of proficiency and codes of conduct fully address the subtleties of this relationship.
- 1.5 The public also need to be confident that any concern they have over the nature of the services provided by a psychological professional will be understood and fully investigated by the regulator and that their complaint will be taken seriously. The standards of proficiency, training, codes of conduct and the conduct processes of a regulatory council for the psychological professions must be fit for this purpose, to ensure the protection of the public.
- 1.6 The inclusion of the psychological professions within the remit of the HPC will represent a qualitative shift into a distinctive, behavioural science approach to physical and mental health and well-being, as well as to many contexts that are not directly health related, with a significant disjunction in relation to all the other professions regulated by the HPC.

Aims

- 1.7 The aim of statutory regulation is to protect the public ‘from the harm caused by people practising a profession which they are not fit to. It engenders public confidence...’ (*The Foster Review*, 2006, p. 11).
- 1.8 The key test of whether a profession or occupation requires statutory regulation is whether or not there is a potential physical harm or psychological damage arising from the services provided by the professional who can substantially impact on the health, welfare or psychological wellbeing of the client or patient. ‘Regulatory attention should be focused on those areas where the chances of something going wrong are high and the consequences of such an event are grave’ (*Good Doctors, Safer Patients*, DoH, 2006, p. 165). On the basis of this test – due to the detrimental effects on the psychological wellbeing of members of the public that may be caused by poor professional practice or behaviour, the psychological professions should be statutorily regulated.

- 1.9 The supporters of this proposal, therefore, start with the belief that members of the public have a right to know that someone claiming to be a psychologist, psychotherapist, or counsellor and offering psychological services is properly trained and qualified, and answerable to a registration authority which has the power to investigate complaints of professional misconduct and, if proved, impose a sanction proportionate to the findings and ranging from educative, to striking off the Register in the most extreme cases. Striking off the Register will prevent the practitioner from continuing to claim to be a psychologist, psychotherapist or counsellor.
- 1.10 The Foster Review (*The Regulation of the Non-Medical Healthcare Professions – A Review by the Department of Health, 2006*) sets out that all systems of statutory regulation must meet five key principles (in accordance with the Government’s Better Regulation Executive):
- **Proportionate**
(Regulators should only intervene when necessary. Remedies should be appropriate to the risk posed and costs identified and minimised.)
 - **Accountable**
(Regulators must be able to justify decisions and be subject to public scrutiny.)
 - **Consistent**
(Government rules and standards must be joined up and implemented fairly.)
 - **Transparent**
(Regulators should be open and keep regulations simple and user friendly.)
 - **Targeted**
(Regulation should be focused on the problem and minimise side effects.)
- 1.11 The Government’s preferred route for the regulation of the psychological professions is through the HPC. However, regulation by the HPC will not meet these five principles to a sufficient standard to protect members of the public. Psychological techniques are powerful and, if wrongly applied, can be dangerous. Suitable legislation and regulation is the only answer to this untenable situation.
- 1.12 The fundamental concerns regarding HPC as regulator are two-fold:
- a) The psychological professions are predominantly non health-related. Practitioners in the prospective PPC professions offer a wide range of services across many different fields including education, prison service, courts, industry, commerce, private practice, local and central government (including Government departments other than the Department of Health). This includes substantial numbers of academics and researchers who do not offer services to the public.

Whilst the flexibility of the Health Act 1999 for a single regulatory body to regulate all health-related professions is to be welcomed, there are very serious concerns about this Act being used to regulate professions in which only a minority of practitioners work in the healthcare sector. It is estimated that 60–70% of psychological practitioners are employed or work in non-health-related settings. To refer to psychological practitioners as ‘health-care professionals’ (as is implied in the *Foster Review*) is therefore both misleading and inappropriate.
 - b) This issue concerns the HPC itself and its ability to regulate broad ranging professions, of which a substantial part is outside of the setting with which the HPC is familiar – health. In order to be effective, the regulator of these professions will need to be sensitive to the subtle nuances between different kinds of psychological specialisms. This requires input not only from the psychological professions in general, but also by specialists in the appropriate domain. This necessity runs through HPC’s functions e.g., course approval and fitness to practise procedures.

- 1.13 Given the complexities of these disciplines, it is clear that they are distinctive in comparison to the other professions regulated by HPC that deal with physical and mental health in a primarily medical context. Consequently, it is essential to regulate the practice of the psychological professions by means that take full account of this distinctive, behavioural science contribution to physical and mental health and wellbeing as well as to many contexts that are not directly health related.
- 1.14 Throughout the proposal, it is, therefore, recognised that the distinct roles of the regulatory body (in ‘policing’ the profession) and the relevant professional bodies (in setting and maintaining standards of knowledge and competence of a profession), and that ensuring a strong relationship between these groups, is an essential component in the effective regulation of a profession. ‘ A regulator ... can deliver the functions which public protection requires. Professional bodies dedicated to providing leadership and developing the future scope of practice... which can then inform the regulators’ standards-setting function, are also needed: the two work together’ (*The Foster Review*, 2006, p. 42).
- 1.15 This document sets out how the proposed Psychological Professionals Council (PPC) will more effectively regulate these professions and offer enhanced protection of the public. After all, ‘ Public protection ... has to be the starting point’ (*The Foster Review*, 2006, p. 38).

Section 2 – Scope of the PPC Register

- 2.1 In this section, the proposals for the establishment of the Psychological Professions Council Register and the potential scope of that Register (including the protected titles and possible exemptions) are set out. The shortcomings of the regulatory system operated by the HPC are then discussed.

Introduction

- 2.2 The Register of the PPC will set common standards and conduct requirements for those professions that use a ‘psychological knowledge base’ to underpin their practice. In conforming to the Government’s Better Regulation Executive five key principles, the Register will allow for the recognition of a range of professions and legally protect a range of recognisable professional titles.

Psychological Professions Council approach

- 2.3 The Register of the PPC will cover a range of currently unregulated professionals who use a ‘psychological knowledge base’ to underpin their practice. For the purpose of this document, ‘psychological professions’ will include, but not be limited to, psychologists, counsellors and psychotherapists.
- 2.4 The Register will be divided into a number of distinct sections, recognising each separate profession. Each section of the Register will include one or more legally protected titles.

Who will be registered?

- 2.5 For each profession it is intended that the range of professionals to be included on the Register should include all of those who are engaged in offering or agreeing to provide psychological services, seeking or holding relevant employment or claiming competence in the profession.

Protection of title

- 2.6 The protected title(s) for each section of the Register should also be as simple as possible to allow for both complete coverage of the profession and also to provide transparency and clarity for the public on which professionals are subject to regulation.
- 2.7 For example, for the ‘Psychologist’ section of the Register it is expected that the title ‘Psychologist’ will be protected and, in order to provide for complete protection of the public, any other title or description incorporating the term ‘psychology’, ‘psychological’ or ‘psychologist’ – or any variant of these – will be made unlawful for non-registrants. Registrants will be allowed to use their protected title as part of a longer, recognised descriptor – e.g. Psychodynamic Psychotherapist, Drug and Alcohol Counsellor or Educational Psychologist. It will remain the role of professional bodies to recognise more specialised qualifications or practice in the form of awarding their own specialist titles – e.g. Chartered Educational Psychologist.
- 2.8 However, for the purposes of registration, it is not intended that teaching or researching should be classified as providing psychological services or as practising one or more of the psychological professions. Services provided in connection with the acquisition or dissemination of knowledge for teaching and research will be explicitly excluded.

- 2.9 In addition, nothing in the operation of the PPC should prevent graduates in a discipline from drawing attention to their academic qualifications or describing themselves, for example, as a ‘Graduate in psychology/counselling/psychotherapy’ when applying for jobs in other areas, such as managers or teachers.
- 2.10 It is intended that it will be an offence:
- 1) if any person who, in the course of providing or offering or agreeing to provide services which are or are described as psychological, describes him or herself as a psychologist, counsellor or psychotherapist unless he/she is included on the Register of the PPC
 - 2) For the purposes of the above:
 - a) ‘psychological services’ include any services derived from the application of psychological knowledge, but exclude services provided in connection with the acquisition or dissemination of such knowledge for teaching or research; and
 - b) a description may be explicit or implied
- 2.11 The HPC currently holds a Register comprising some 150,000 professionals in 13 distinct professions - all of which practise primarily in the field of ‘health’. There is much common ground between those 13 health professions (who range from Radiographers to Paramedics) and this is reflected in *Standards of Proficiency* and the *Code of Conduct, Performance and Ethics* to which all 13 professions have signed up.
- 2.12 Whilst this is entirely appropriate for those particular professions, many of the *Standards of Proficiency* and elements of the *Code of Conduct, Performance and Ethics* are either simply inappropriate for professions using a ‘psychological knowledge base’ or their scope is too narrow and health focussed and therefore provides an inadequate breadth of coverage to ensure an adequate level of protection for the public. The generic *Standards of Proficiency – 2.c.2*, for example, make reference to the need for all HPC registrants to ‘understand the value of reflection on clinical practice’ which has no relevance to an occupational or business psychologist, and likewise, the *Code of Conduct, Performance and Ethics* sets out the need for all registrants to ‘deal fairly and safely with the risks of infection’, which also has limited relevance to these practitioners.

Structure of each section of the Register

- 2.13 Each section of the PPC Register will include the full range of practitioners who have the potential to cause harm to the public. This includes not only fully qualified practising professionals, but also those in training. Donaldson recognises the importance of this and recommends in relation to doctors ‘Medical students should be awarded “student registration” with the General Medical Council...’ (p. 196).
- 2.14 Each section of the Register will therefore include a category of ‘conditionally registered’ trainees who are engaged in training courses or supervised practice that will lead to their ‘full’ registration. It will be a legal requirement for all trainees enrolled on training courses recognised by the PPC (see Section 5) conditionally to register with the PPC. This mirrors the approach taken by the General Social Care Councils and the General Teaching Council.
- 2.15 On the other hand, the HPC Register recognises only those who are ‘fully qualified’ to practise. It does not allow for the registration of those in training - even though they may be interacting with members of the public as part of that training and therefore have the potential to cause harm. To allow this group of individuals to remain outside of the regulatory framework significantly reduces the effectiveness of HPC to properly protect the public.

Registration of 'support workers'

- 2.16 For some professions, there may be more than one type of practitioner who should be subject to regulation. For example, those operating at 'Assistant' or 'Associate' level, supporting those fully qualified practitioners may have the potential to cause harm to the public. Such practitioners will share many common competencies with their 'fully qualified' counterparts and should properly be regulated alongside them. Furthermore, the model being piloted by the Department of Work and Pensions (under the Layard proposals) involves a significant number of 'psychological therapists' working at 'low intensity' – these workers will readily be included in this section of the Register.
- 2.17 Where this is the case the relevant section of the Register will protect an additional title e.g. 'Assistant Psychologist' or 'Assistant Psychological Therapist' which will be available to those demonstrating the appropriate competencies for safe practice.

Adding new sections to the Register

- 2.18 From time to time government or the PPC may identify new professions, where the use of a 'psychological knowledge base' underpins practice, that it deems should be subject to regulation.
- 2.19 When determining if a new section of the Register should be opened for such a profession the PPC will, in particular require evidence from that profession of
- Coverage of a discrete area of activity displaying some homogeneity;
 - Application of a defined body of knowledge;
 - Practice based on evidence of efficacy;
 - Defined routes of entry to the profession; and
 - Standards in relation to conduct, performance and ethics.
- 2.20 Any new section of the PPC Register will conform to the requirements set out in this section.

Section 3 – Governance

- 3.1 **This section sets out proposals for the governance structure of the Psychological Professions Council. Specific details in relation to the size and composition of the Council, and the roles and remits of the standing committees are outlined. The difficulties faced by the HPC as a result of its constitution and existing governance structures are also highlighted.**

Introduction

- 3.2 *The governance structure of any regulator is key to its success for two reasons:*
- 1) To ensure that it remains fit for purpose – ensuring that its work is informed and guided by a range of professional and lay views, and that there is sufficient professional input to ensure that standards set and decisions taken are appropriate and proportionate and take account of profession specific issues and subtleties
 - 2) To ensure that the work and decisions of the regulator are not only fair, well informed and free from professional bias, but are seen to be so by the public
- 3.3 Andrew Foster makes a number of helpful observations in his report *The Regulation of the Non-Medical Healthcare Professions* that need to be borne in mind: ‘...public safety must be reconciled with a sense of professional ownership’ (p. 40) ‘The public perceives regulators as dominated by members of the profession they regulate...’ (p. 40)
- And, quoting Dame Janet Smith:
- ‘...too ready an understanding of the realities and pressures that attend professional practice may itself generate a blindness to the interests of others...’ (p. 40).
- 3.4 The balance between professional and lay input in the governance structure is therefore key to the credibility and success of any regulator.

Psychological Professions Council approach

- 3.5 *The Foster Review* and *The Donaldson Report* make a number of important points, and ask a number of questions, about the governance systems of Regulators – particularly the need for increased lay involvement in the systems. The PPC will address this in order to ensure its governance systems are transparent, fair and appropriately informed.

Governing Council

- 3.6 The PPC will have a lay majority governing Council and representation from all four home countries. Lay representation will comprise government appointments from other professions and appointments/nominations from user/client/patient groups to more directly represent the interests of the public. The Council will, of course, need to be guided on some issues by professional input from registrants. Whilst the number of professionals subject to regulation will be significant (100,000 plus) the actual number of professions and protected titles is likely be small (particularly when compared with the HPC). This will not only allow for each section of the Register to include one representative on the Council, but will leave reasonable scope for this to be sustained into the foreseeable future. Initially, Council might comprise no more than 12–14 people.

- 3.7 Clear appointment criteria will be set down for both professional and lay appointments or nominations which will include:
- health requirements;
 - character requirements;
 - knowledge of governance issues e.g. finance, personnel, management and Board/Committee operations; and
 - professional expertise relevant to a particular section of the Register (for professional appointments/elections)
- 3.8 The HPC is currently governed by a Council comprising a representative from each of the regulated professions (13 in total), 12 lay members and an elected President, bringing the total number of members to 26. The Health Professions Order requires HPC to increase the size of the Council each time a new section of its Register opens to include professional representation from that section of the Register.
- 3.9 This has led to very strong concerns being expressed over not only the practicalities of operating such a large decision making committee, but also how important profession specific issues can be represented at Council level if particular professional groups do not have a voice on the Council in the future (as HPC brings more professions under its regulatory wing). In its consultation on its future structure, the HPC did suggest that representation might be based on groupings of different professions (where there will not necessarily be a common interest) and also noted that there will be professional representation at committee level. However, HPC has so far been unable to propose a practical solution to this problem. Expanding the HPC's Register to include the psychological professions can serve only to compound this problem, eventually making the Council unmanageable.
- 3.10 There are currently some 30–40 professional groups aspiring to join the HPC. The potential size of the Council and its current control over the curricula of its registered professions raises alarm over its competence to ensure that professional training standards and standards of proficiency remain up to date and fit for purpose.

Standing Committees

- 3.11 The PPC will operate a number of standing committees that have delegated authority from the Council for performing key regulatory functions. Their functions will include, but will not be limited to:
- setting standards for, and approving admission to, the Register;
 - approval of training courses leading to registration;
 - setting of standards for, and approving, revalidation submissions; and
 - development of policies on ethics and conduct
- 3.12 With the exception of dealing with professional conduct issues (which is covered in Section 8) there should be a professional registrant majority on these committees in order to provide for the required level of expertise in setting and monitoring standards for entry to, and remaining on, the Register.
- 3.13 However, in terms of providing appropriate checks and balances for the work of all standing committees it is expected that they will all include at least one lay member of the governing Council in their membership (possibly as the Chair). Indeed, it should be a requirement that appointees to the Council are required to be members of one other standing committee as part of their duties.
- 3.15 This governance structure will allow for the appropriate level of professional input to all of the decision making parts of the regulator, while strengthening the lay input that is needed to secure public confidence in the body.

Section 4 – Standards for entry to the Register

- 4.1 This section outlines the importance of competence standards and the general principles concerning the development of those standards. The shortcomings of the HPCs current standards of proficiency are also discussed.

Introduction

- 4.2 The standards that are set for entry to any regulator's Register are central to many of its other activities. 'Setting the necessary standards ... is at the heart of professional regulation, though it normally attracts little public attention' (*The Foster Review*, 2006, p. 15).
- 4.3 This is a low profile, but fundamental, area of work for any regulator..

Psychological Professions Council approach

Overall standards for entry to the Register

- 4.4 All applicants to the Register will need to demonstrate that they meet health, character and competence standards before being successfully admitted to the Register. *The Foster Review* introduces the concept of all regulators developing common definitions and standards for what constitutes acceptable 'health' and 'character' requirements. The PPC will, of course, contribute to the development of, and sign up to, these.

Use of competence standards

- 4.5 The PPC will set competence standards in a similar way to the HPC. A set of generic standards could be identified that will apply to psychological professionals operating at all levels of registration (both 'full' registrants and 'support workers'), regardless of their employment context.
- 4.6 In addition to this, profession-specific standards will be agreed for each part of the Register, which will also reflect the differing academic standards that underpin practice for different sections of the Register. 'Support worker' standards will be a subset of the standards required for 'full' registration in that particular section of the Register. There will be no need to set standards for 'conditional registration' as the performance of trainees will be monitored and managed by their programme provider. It is anticipated that the balance between generic standards and profession-specific ones is likely to be about 50/50.
- 4.7 HPC puts in place 'Standards of Proficiency' (SoP) as the benchmark for entry to its Register. These come in two parts:
- a) generic SoP that apply to all professionals on the HPC Register; and
 - b) profession-specific SoP that apply only to registrants on particular sections of the Register
- 4.8 These SoP form the basis for much of HPC's work on standards. The SoP for any one section of the Register are composed of about 90% generic/10% profession-specific although this varies slightly from profession to profession. This model suggests that current HPC registrants therefore share about 90% of their competencies and skills required for practice with all other registrants who all, of course, work in health related contexts.
- 4.9 As previously stated in Section 2 of this document, because of the 'psychological knowledge base' that underpins the practice of the psychological professions, and the range of employment contexts in which they operate, many of the generic SoP are simply not relevant to many of the professionals in these fields, e.g. SoP 2.c.2 – '...understand the value of reflection on clinical practice'.

- 4.10 The principles of the model used by HPC – identifying what is common amongst its registrants – is reasonable and appropriate when those on the Register all work in one employment context – in the HPC’s case, health. However, the HPC generic SoP are simply not appropriate to either the skill set of professionals utilising a ‘psychological knowledge base’, their broad range of employment settings (which can include education, the prison service and private practice) or the fact that the PPC will hold a Register with more than one ‘level’.

Developing and setting competence standards

- 4.11 Whilst the PPC must ultimately ‘own’ the standards for its Register, the development of standards will benefit greatly from being done in partnership with relevant professional bodies, building on their existing standards for safe, competent professional practice (as set out in the *Foster Review*). Many of the existing professional body standards currently take the form of formally approved National Occupational Standards or QAA benchmark statements.
- 4.12 All standards will be subject to regular review to ensure their continued currency and fitness for purpose. Drafting and reviewing of standards should take place with the input of relevant professional bodies, to ensure that latest profession-specific issues are taken on board, and user groups to ensure that user/public needs are addressed.

Demonstrating that standards for entry to the Register have been met

- 4.13 Registrants will need to demonstrate that they satisfy all of the standards required for registration. Health and character will need to be checked at the time of application for entry to the Register, but competence may be determined in two ways – either through the ‘normal’ route of successfully completing a PPC accredited/approved training course or by individual assessment for those who have not followed such a route. Details of these two processes follow in the next two sections.

Governance and management of the standard setting

- 4.14 This could be achieved either by a standing committee of the Council or be subject to periodic review by a working party appointed by the Council.

Section 5 – Recognition of education and training

- 5.1 **This section outlines the proposed approach of the PPC in setting and monitoring the standards of education provision. Three models for doing this are put forward and the merits of each are briefly explored, in comparison to that currently in operation by the HPC.**

Introduction

- 5.2 ‘Demonstrating fitness to practise begins, obviously enough, with securing an educational qualification recognised by the regulatory body’ (*The Foster Review*, 2006, p. 15).
- 5.3 If the setting of appropriate standards of education and training are important in ensuring that registrants are fit to practise and therefore adequately protect the public, then ensuring that the systems and processes are in place to guarantee that programme providers are consistently achieving those standards is key to ensuring confidence that all registrants achieve those standards.
- 5.4 This is also an area in which professional bodies have been very active for many years and have built up considerable expertise and robust systems of accreditation. However, the aims of the regulator and professional bodies are somewhat different in this area. The regulator is seeking to assure itself that courses ensure minimum standards are met to provide confidence that graduates of such courses are able to practise safely. Professional bodies will not only be interested in this, but use the accreditation process as a means of sharing good practice and supporting development in their particular discipline. Nonetheless, both bodies share many common aims in this area.

Psychological Professions Council approach

- 5.5 In order to ensure that standards of education and training for entry to the Register are adequate to ensure public protection the PPC must set and monitor standards of educational provision. There are a number of possible models for doing this:
- 1) The stand alone model**
The PPC will set its own standards for courses seeking ‘approval’ and will put in place its own processes for assessing them. It will do this independently of ‘approvals’ from professional and other bodies in order to ensure its complete independence from external influences.
- 2) The partnership model**
The PPC and relevant stakeholders (professional bodies, QAA, etc.) will work in partnership, undertaking one visit to a programme with one team that will assess programmes against criteria for all of the stakeholders.
- 3) The ‘licensing’ model**
The PPC will set the standards and detail the content for the required outcomes of courses leading to registration, but will ‘license’ bodies to conduct the approvals process on its behalf. There are a number of examples of this operating successfully in the UK – for example, the Engineering Council (UK) and the Science Council licence professional bodies to award the titles of Chartered Engineer and Chartered Scientist on their behalf.
- 5.6 There will clearly need to be strict procedures put in place for the award of ‘licences’ and also for the monitoring of performance of ‘licensed bodies’.

Nonetheless, if this can be done effectively it will not only ensure that the process is carried out in a way that is satisfactory in terms of maintaining the standards required for public protection but it will also reduce the running costs of the regulator if it did not engage directly in costly ‘approval’ visits. There is no preferred model specified in this document. While model 1 represents current practice in terms of the HPC we urge that serious thought be given to the PPC operating either model 2 or 3 in order to both draw on (robust) existing systems and expertise and also to make the process more cost effective for both programme providers and the PPC.

Governance and management of the activity

- 5.7 Irrespective of which model the PPC operates there will be a need for a standing committee to manage policy and processes for this activity.
- 5.8 In the event of the PPC being involved directly in the ‘approval’ activity (model 1 or 2), the committee will need to have the authority to approve reports and recommendations of visits as well as overseeing the training of assessors. Approval teams will need to include specialist representation from the relevant part of the Register and could also include a lay member to ensure that the processes and procedures are followed satisfactorily.
- 5.9 If the PPC operates model 3, the Committee will need to set and strictly manage the requirements for the issuing of licences to relevant professional bodies. This will include standards to which licensed bodies must adhere and a mechanism for the assessment and approval of licensed bodies processes and systems. Again, teams that visit licensed bodies could include a lay member to ensure that processes and procedures are followed satisfactorily. The PPC will also put in place robust quality assurance procedures to ensure standardisation of decisions.
- 5.10 The HPC operates an ‘approvals process’ to recognise qualifications that satisfy the threshold requirements for entry to its Register.
- 5.11 The process seeks details of a programme provider’s
 - admission procedures;
 - management and resource standards;
 - curriculum standards;
 - practice placement standards; and
 - assessment standards
- 5.12 Approvals visits to programme providers are often carried out on a faculty wide basis by multi-disciplinary teams in which only one member must be on the relevant part of the Register for the programme seeking approval. This limitation on the expert input to the assessment of a programme raises serious concerns about the ability of the HPC process to make consistent decisions about the suitability of courses to produce competent and safe graduates.
- 5.13 The PPC will be able to draw on the extensive experience of its registrants in the approval of postgraduate level training. This is particularly important as a significant majority of the training programmes for the psychological professions are at postgraduate level. The HPC’s lack of experience in setting and monitoring standards of education and training at this level therefore gives rise to serious concerns about its ability consistently and competently to assess such programmes.
- 5.14 HPC operates a ‘discretionary relationship’ with professional bodies to develop ‘curriculum guidance’ for programme providers. It does not carry out any joint activities with professional bodies, which obviously have vast experience in this particular field. Whilst this is not particularly an issue of interest to the public it is a more serious problem for the programme providers in increasing the burden of review on them.

Section 6 – Entry to the Register

- 6.1 This section covers the proposed application processes and procedures for standard, grandparent, international and non-standard registrants under the PPC. Specific criteria are not detailed at this point. The shortcomings of the current HPC application procedures and assessment processes are also discussed.

Introduction

- 6.2 Ensuring standards of competence to enhance the protection of the public has to be the corner stone of the establishment of any system of professional regulation. These standards are a vital tool for any regulatory body as it seeks to protect the public by ensuring that its registrants are safe and effective in their practice.
- 6.3 It is essential that the process of admission to a statutory Register is transparent, consistent and robust.

Psychological Professions Council approach

- 6.4 As outlined in Section 4, the standards of competence will include generic elements which all registrants must meet, and profession-specific elements which are relevant to professions for which the PPC will be responsible. The specific elements will be developed in consultation with the relevant professional bodies and user groups to ensure consistency of standard to that which is currently in operation in relation to the existing voluntary Registers.
- 6.5 In comparison, the HPC core standards of proficiency are also generic, augmented by a limited number of profession-specific standards. There is, therefore, significant danger in not recognising and providing the degree of specificity that is necessary for the system for assessing entry to the Register to be fit for purpose. For example, the breadth of each section of the Register will require specialist involvement for each profession, if important decisions regarding admission to the Register are to be made in an informed and consistent manner.

A) Standard Application Process

- 6.6 Evidence is required of the new registrants' fitness to practice, 'mostly in terms of health, 'character' and training' (*The Foster Review, 2006, p. 15*).
- 6.7 Application forms will be developed to assess new registrants training, education and experience. Guidance documentation detailing the process, requirements and timescales will also be provided.
- 6.8 Applicants will be required to sign a declaration form confirming the accurate completion of their application. References will also be required to attest to the character, training and health of the applicant. All applicants will also be subject to a Criminal Records Bureau check that will be requested by the PPC.
- 6.9 All applications will be considered by a panel of registrant assessors (including practitioners, academics and at least one lay observer). A fast-track procedure will be developed for applicants who are applying on the basis of accredited training.
- 6.10 A robust and transparent appeals procedure will be developed to ensure that, whenever appropriate, applications may be re-considered on the basis of additional information provided to attest to the adequacy of the training, education and experience of the applicant in the fulfilment of the requirements for registration. This will include the appointment of a specialist appeals panel (consisting of a relevant sub-group of the panel of registrant assessors and at least one lay member).

B) Grandparenting

- 6.11 'Grandparenting' is the commonly used term for the transitional arrangements which will allow practitioners who do not possess an accredited qualification to demonstrate that they meet the regulatory body's standards for entry onto the Register. They can therefore achieve registration provided that certain criteria are met. These criteria are designed to ensure that, despite not entering the professions by an approved route, such practitioners have nonetheless acquired the experience, education and training necessary to enable them to meet the regulatory body's requirements for safe and effective practice.
- 6.12 From the opening date of the new Register, there will be a transitional or grandparenting period of three years. This period will allow a person who does not hold an approved qualification or has not previously registered with one of the relevant professional bodies, to be assessed to determine whether their qualifications, experience and training meet the requirement for registration.
- 6.13 Evidence will be required of a minimum of five years lawful, safe and effective** relevant professional practice in the years prior to the opening of the Register. The experience, training and education of the applicant will be assessed by the specialist panel of registrant assessors.
- 6.14 Under the proposals for the regulation of new professions under the HPC, new registrants are only required to demonstrate 'lawful, safe and effective practice' for three out of the five years prior to the opening of the Register (route A). Applications are assessed purely on experience and require registrants to detail precisely their scope of practice (areas in which they have sufficient training and experience to practise lawfully, safely and effectively). For applicants who are unable to meet the 'three out of the five' years requirement, in addition to their experience, training and qualifications are taken into account (route B). The minimal level of scrutiny and assessment of applications for both of these routes are a cause for concern and could well result in some admissions to the Register of individuals that are unfit to practise.
- 6.15 The population of potential 'grandparents' in psychology, counselling and psychotherapy is unknown but the vast majority of those with a legitimate claim to meet the required standard will be straightforward. However, these will almost all have the approved qualifications. For those who do not have recognised training, such applications will require a more extensive review and consideration. The PPC may choose to introduce objective tests of competence similar to those used by the General Osteopathic Council.
- 6.16 In this respect, the HPC model of an assessment carried out by two registrant assessors falls a long way short of the stringent procedures that should be in place for granting entry to the Register.

C) International

- 6.17 For those applying for registration that were trained outside of the UK, the level of equivalency of the training and experience acquired will be assessed via a detailed application process (requiring detailed evidence of the levels of education, experience and training undertaken). These applications will be scrutinised by a specialist panel (comprising of relevant practitioners, academics and a number of lay observers) to determine whether the applicant would be considered competent to practise within the UK scope of practice for that

**** Lawful, safe and effective practice**

In assessing whether practice has been lawful, the PPC will use evidence such as that provided in character references. These references must attest to ability to practise the profession with 'honesty and integrity'. In assessing whether practice has been safe, a copy of the professional indemnity insurance certificate must be provided. In assessing whether practice has been effective, details of employment history and a description of the areas of professional practice will be considered.

profession. The relevant professional bodies will also be invited to nominate a number of specialists to serve on these assessment panels. The benchmark for these assessments will be the level of competence required of a UK trained registrant in that particular profession.

- 6.18 In comparison to the methods of assessment of overseas trained practitioners under the HPC, this will allow a more rigorous and informed consideration of the complexities of the education, experience and training that is undertaken by potential registrants. Currently, applications for registration with the HPC from practitioners trained overseas are considered by two registrant assessors, who consider whether the applicant is competent to practise within the UK scope of practice for that profession. The assessors use the level of competence required of a newly qualified UK registrant as a benchmark. This is a far less robust system than is currently in operation by the relevant psychological professional bodies, which have dedicated expert committees to assess the training, experience and competence of international applicants for registration. These systems are also well supported by established appeals procedures. The PPC will build on this good practice.

European Economic Area (EEA) applicants

- 6.19 A number of professional bodies are currently the designated authorities approved by the European Union and the UK government to assess applications from psychological practitioners trained overseas. Where appropriate, responsibility for this task will be transferred to the PPC.
- 6.20 Where EEA migrants applicants have relevant qualifications or experience that are not judged to be equivalent to the standards required in the UK, the PPC will advise on the training or adaptation period that might be required, assessing each application on an individual basis as described above.

International applicants outside of the EEA

- 6.21 The specialist committee, as outlined above, will consider each application on an individual basis, with specific regard to the level of training, the content of the training course, the type of practice, post qualification training and post qualification experience. Applicants from outside of the EEA will need to supply an International English Language Testing System (IELTS) certificate where English is not the first language. Level 8 will be required for entry to the Register.
- 6.22 As for EEA applicants, if non-EEA applicants have relevant qualifications or experience that are not judged to be equivalent to the standards required in the UK, the PPC will advise on the training or adaptation period that might be required, assessing each application on an individual basis as described above.

D) Non-standard Applications

Research Route

- 6.23 Many academics and researchers will not possess an accredited qualification but will hold a PhD or MPhil (plus a period of supervised work). This is because (typically) a PhD or MPhil precedes employment as an academic or a researcher in the UK. Registration will, nevertheless, still be possible on this basis. Applications will be considered on an individual basis by a panel of registrant assessors (comprising academic, practitioner and lay representatives).

Other non-standard applications

- 6.24 The panel of registrant assessors will also be responsible for the assessment of any other non standard applications. The level of equivalency of the training and experience acquired will be assessed via a detailed application process (requiring detailed evidence of the levels of education, experience and training undertaken). These applications will be scrutinised by the specialist panel to determine whether the applicant would be considered competent to practise within the scope of practice for that profession. The benchmark for these assessments will be the level of competence and academic achievement required

of a registrant who had completed the relevant accredited training programme in that particular profession. The panel will also provide guidance on any additional top-up training that may be required.

- 6.25 Again, in comparison to the current assessment procedures used by the HPC, the PPC application processes and considerations of whether non-standard applicants fulfil the criteria for admission to the Register will be more thorough and robust.

E) Conditional Registration

- 6.26 The Register will also have provisions for conditional registration. This applies to those undertaking pre-registration training and will be compulsory.
- 6.27 The purpose of conditional registration is two-fold. Firstly, it allows the PPC to retain direct control over trainees and the supervision of those trainees. This is important in relation to the protection of any members of the public who receive psychological services from the trainee (albeit under supervision). It is appropriate that members of the public are able to confirm that the trainee is *bone fide* and accountable to the registration and disciplinary authority if there is any complaint or allegation of professional misconduct. Secondly, as it requires the training organisation to support the application, it permits the PPC to endorse the training arrangements. This is particularly important for those conditional registrants who will be required to complete a period of in-service supervised training. It is far better to identify unsatisfactory training arrangements at that early stage, than at the point when the trainee is seeking full registration. Conditional registration is therefore beneficial to the trainee and it allows the training arrangements to be checked in advance by the PPC, thereby retaining some influence on the quality of provision.
- 6.28 This will also be a time-limited registration to prevent conditional registrants from carrying on indefinitely in this training grade whilst in effect practising with only minimal supervision.
- 6.29 The HPC has no provisions for the conditional registration of those completing pre-registration training. It is imperative that a statutory Register does have such a provision, as practitioners in training, albeit under supervision, could still pose an unacceptable risk to the public

Section 7 – Remaining on the Register

- 7.1 This section outlines the importance of the re-validation of registrants and sets out a framework for that re-validation. The limitations of the HPCs current re-validation requirements are also considered.

Introduction

- 7.2 Both *The Foster Review* and *The Donaldson Report* make very clear statements about the need for all regulated professionals to be subject to revalidation. ‘ Research done for the review by MORI confirms that the public now expects periodic checks to show that a person remains safe to practise’ (*The Foster Review*, 2006, p. 19).
- 7.3 A summary of Foster’s recommendations is provided below:
- Revalidation is necessary for all professionals.
 - The regulatory body needs to be in charge of setting the standard which a person must meet to stay on the Register.
 - Information collected by the employer/commissioner should be used to meet both their and the regulator’s needs.
 - The revalidation system should be both formative (an aid to development) and summative (a check that a required standard is met).
 - Within the NHS, information gathered under the Knowledge and Skills Framework (KSF) should be the basis of revalidation. Any additional requirements should be justified by risk analysis.
 - Professionals will fall into one of three groups for revalidation:
 - 1) employees of an approved body (approved by the Healthcare Commission in England) – revalidation carried out as part of the routine staff management or clinical governance system;
 - 2) self-employed staff providing services commissioned by the NHS primary care organisations – revalidation processes built into the relevant NHS arrangements and carried out under the supervision of the commissioning organisation; and
 - 3) all others – regulatory bodies develop direct revalidation arrangements.
- (Adapted from *The Foster Review*, p. 18)
- 7.4 The arguments for revalidation are clear and not open to question on grounds of principle. However, some of the recommendations and methods of delivery set out by The Foster Review will simply not be appropriate to the range of employment contexts in which psychological practitioners work.

Psychological Professions Council approach

- 7.5 The PPC will put in place robust systems for the revalidation of all registrants that meets the needs identified by Foster and Donaldson. This area of activity will be overseen by a standing committee of the governing Council (referred to hereafter as the ‘Revalidation Board’).
- 7.6 In terms of ensuring a consistency of approach and transparency of the system for this most important area it is recommended that only one system and set of revalidation requirements will apply to all registrants – and that this system will be hosted and managed by the PPC (Foster’s third option from the previous Section).

- 7.7 However, *The Foster Review* introduces some important themes about process and duplication of effort in this area and points out that many employers will have their own systems of appraisal and evaluation which check the fitness to practise, competence and development needs of their employees. The PPC will not seek to duplicate these processes in its own systems, but will instead draw on them as evidence of continued fitness to practise for registrants.

Framework for revalidation

- 7.8 The Revalidation Board will put in place a framework for revalidation requirements and standards, which will include requirements to demonstrate continued good health and character (by way of supplied reference). The type of activities and the evidential requirements for demonstrating the competence element of continuing fitness to practise will be less rigidly defined in order to take into account the wide range of employment contexts in which registrants will be working.
- 7.9 The PPC will develop the model for revalidation requirements and standards in partnership with the relevant professional bodies and user groups. Many professional bodies have their own systems for CPD that contain many elements of good practice upon which the PPC will draw.

Revalidation requirements

- 7.10 Every registrant^{††} will be subject to an annual revalidation process by way of a submission to the PPC. The exact form of the submission will be defined by the Revalidation Committee, but registrants will be allowed to submit evidence of their continued fitness to practise in the form of authenticated employer appraisal/performance review materials or professional body CPD returns, where appropriate.

The assessment process

- 7.11 It is proposed that every registrant will make an annual submission to the office of the Regulator which will be checked by office staff to ensure that its format is consistent with the requirements prescribed by the Revalidation Board and that health and character references are satisfactory. Those who make a non-standard submission, or none at all, will be given one month to rectify the situation or they will be reported to the Revalidation Board which will have the power to recommend to the Council that the member is struck off the Register.
- 7.12 It is further proposed that a percentage of all registrants have their annual submission formally audited by a trained pool of assessors. In order to ensure a reasonably regular audit of every registrant it is proposed that 10% of registrants be subject to audit every year.
- 7.13 It is recognised that a network of ‘revalidation assessors’ will need to be set up – paid on a per-submission basis – to carry out these assessments. This will have significant financial implications, which will be addressed in Section 12.
- 7.14 Again, those who make an unsatisfactory submission will be given one month to rectify the situation or they will be reported to the Revalidation Committee which will have the power to recommend to the Council that the member is struck off the Register.
- 7.15 HPC currently operates a Continuing Professional Development (CPD) scheme for all registrants that, disappointingly, is inadequate as a mechanism for genuine revalidation or as a means of providing reassurance to the public about the fitness to practise of its registrants.

^{††} Conditional registrants will not be subject to revalidation as their performance and fitness to practise will be monitored as part of their training. Programme approval/accreditation mechanisms will ensure that programme providers have systems in place to ensure that trainees remain fit to practise.

- 7.16 Under this system HPC registrants must annually sign a statement confirming that they are engaging in relevant CPD. Only 2.5% of registrants are required to make a formal annual submission, evidencing their CPD, which will be subject to audit. This means that, statistically, registrants will make an audited submission of their CPD (and therefore be subject to an assessment of their continued competence/fitness to practise) once every forty years.
- 7.17 This is questionable as a basis for a robust system of revalidation needed to provide an adequate level of public protection and to improve public confidence in the regulatory system. It is also at odds with the direction of travel suggested in the *Foster Review* and *Donaldson Report*, which suggest that annual revalidation is a more appropriate mechanism for ensuring public protection.

Section 8 – Complaints, Investigation and Adjudication

- 8.1 **This section concerns the necessity of an independent, transparent and robust system for handling complaints regarding registrants. The failings of the current HPC mechanisms to include sufficient profession-specific input are noted and general principles for an alternative practical, fair and transparent system under the PPC are set out. Specific details are not provided as future operation in this particular area will be determined, at least to some extent, by the Governments response to *The Foster Review* and *The Donaldson Report*.**

Introduction

- 8.2 Investigation of complaints is an important function and one that is subject to public scrutiny. This is central to both public and professional credibility. Foster and Donaldson devote a lot of time to these issues in their respective reports. In particular, Foster makes five key points in his review (p. 25):
- 1) There should be a single source of advice to those who want to express concerns about registrants and a single investigation process at local level that would provide a report and evidence that would, where possible, meet the various needs such as resolving a complaint and deciding whether to refer to a regulator.
 - 2) Council for Healthcare Regulatory Excellence (CHRE) should organise the agreement of protocols for local investigation which would ensure that its findings of fact could be relied on by regulators if a case had to go to them for resolution. Its audit role should be extended to include a duty to sample decisions taken by regulators not to proceed to formal investigation of cases referred to them
 - 3) Employers should remain ready to refer the most serious cases to the national regulator, that is, every case where investigation might lead to removal from the Register
 - 4) The task of adjudicating on concerns about impaired fitness to practise should be carried out either
 - (a) by a single separate adjudicator for all the profession; (b) as now for the non-medical professions, or
 - (c) under the control of regulators as now, but by shared panellists working to common standards.
 - 5) Each panel hearing a case would include lay and professional members, the background of the professional ones chosen with regard to the area in which the person appearing was working.

Psychological Professions Council approach

- 8.3 How the PPC operates in this area will, at least in part, be determined by Government's response to Foster and Donaldson's recommendations. However, set out in this section are the principles of a practical, fair and transparent system. The PPC will put in place a Code of Ethics and Conduct (see Section 10) that will be used as the basis for judging the validity of each complaint.
- 8.4 It is noted that the current approach of HPC is likely to change in the light of Foster and Donaldson's recommendations.

Initial Complaint Handling

- 8.5 Making a complaint should be as easy and straightforward as possible and there should be support/advocacy available to complainants. However, it should not be the role of the regulatory body to help complainants to decide whether to take civil legal action or institute criminal proceedings against registrants.
- 8.6 As proposed by both Foster and Donaldson, there is considerable merit in a wide range of concerns and enquiries being initially routed through a single, independent, source. This will help the PPC effectively to separate standard setting from adjudication; thereby retaining its independence in any subsequent investigation process should a concern become a formal complaint.
- 8.7 Foster and Donaldson propose the establishment of an independent body to receive, and advise upon, initial complaints. Such a body could also offer mediation services to help resolve complaints at an early stage.

Investigation

- 8.8 The range of employment contexts in which PPC registrants work, and the large number of self employed registrants, render some of Foster's suggestions about local investigation impractical – particularly with respect to the ability of such a diverse range of employers to put in place common approaches and standards in the investigation process.
- 8.9 If Government is minded to introduce local investigators across the range of regulators then the preferred option for a PPC will be to have them employed by and accountable to the PPC itself. The investigators could still produce one single report that could, where appropriate, be made use of by employers in their own investigation process. Employers could be asked to make a financial contribution to individual investigations to allow them to use the factual investigation report in their own proceedings.
- 8.10 Whether the PPC uses local investigators or a centrally appointed investigation panel, the key principle must be that investigations are informed by an appropriate level of profession-specific input to ensure that the range of issues, and the context in which the complaint is made, are fully understood, but their recommendations must ultimately be subject to lay scrutiny to ensure fairness.
- 8.11 There are serious concerns that the initial investigation stages of the current HPC process lack profession-specific input (with only one member of the 'investigation panel' being responsible for informing the panel on the full range of professional matters in connection with a particular complaint), which may lead to poorly informed decisions being taken by that panel.

Adjudication

- 8.12 The PPC's preferred mechanism for adjudication is Foster's option (c) – that PPC retains responsibility for adjudication hearings, but draws on a pool of centrally trained assessors working to common rules, procedures and sanctions. Such a model will allow for the delivery of common high standards amongst all regulators whilst preserving the necessary professional input required to fully inform hearings.
- 8.13 Adjudication panels will comprise a professional registrant (from the relevant specialist part of the Register) and lay members (one of whom could chair the panel). They will be advised by a legal assessor, who will not be involved in the decision making process. This will ensure that there can be no professional bias in the decision of the panel.
- 8.14 The issue of professional bias, or the perception of it, is significant and the current HPC process gives cause for concern as the 'hearing panel' it constitutes for adjudication has a lay minority.

Appeals

- 8.15 The PPC will put in place an internal appeals mechanism to allow parties to contest decisions taken.
- 8.16 As is currently the case with many of the existing regulators there will be a right of appeal to the High Court for registrants and powers for the CHRE (or other relevant body) to seek to have an unduly lenient outcome also reviewed by the High Court.

Governance and management of complaints, investigations and hearings

- 8.17 Within the governance structure of the PPC there will be a standing committee of the Council (hereafter referred to as the 'Fitness to Practise Board') that will have delegated authority from the Council to manage the investigation and adjudication processes.
- 8.18 The Board will oversee the appointment of investigation and adjudication panels. The Board will include a both lay and registrant members, but will have a lay majority of at least one and will always be chaired by a lay member.

Section 9 – Re-entry to the Register

- 9.1 This section outlines the proposed requirements for re-admission to the PPC Register, in comparison to those currently required by the HPC.

Introduction

- 9.2 Granting re-admission to the Register is as important a process as granting initial entry to the Register, and must also be transparent, consistent and robust.

Psychological Professions Council approach

- 9.3 All re-registrants will be required to complete a full application form (as outlined in Section 6). However, applicants will be required to give details of any additional training, experience and education that has been acquired since their registration lapsed. References in relation to character and health will also be required, and accordingly, applicants will be required to inform the PPC of any changes to their ‘character’ or ‘health’ (such as a criminal conviction, medical condition that may impair ability to practice safely and effectively) that has occurred whilst they were unregistered.
- 9.4 In the event that a person who has been previously struck off the Register for misconduct seeks re-registration, an application will not be permitted until at least five years after being found guilty of professional misconduct. This time limit is adopted as the minimum period in which it is reasonable to assume that the individual concerned could have been rehabilitated. This time period is consistent with that in operation by the General Medical Council for the regulation of medics.
- 9.5 The Fitness to Practise Board (which will have overseen the original decision to strike the individual off the Register) will be consulted on whether the person could be re-registered. This allows the Fitness to Practise Board to set conditions that will apply to those individuals who are re-registered, such as practicing under supervision for a set period, or the completion of a course of re-training. In addition, the re-entrant may be requested to attend for interview, at the discretion of the Board.
- 9.6 These provisions will also apply to conditional registrants who have been struck off.
- 9.7 In comparison, under the HPC, it does not matter under which ‘route’ (grandparenting, standard or international, etc.) the registrant originally entered the Register under; the same standard application form must be completed. The HPC must be informed of any changes to the registrants ‘character’ or ‘health’ (such as a criminal conviction, medical condition that may impair ability to practice safely and effectively) that has occurred whilst they were unregistered. A re-registrant who has been out of practice for more than two years, is required to undertake a period of updating their skills and knowledge prior to becoming re-registered. The method of updating skills and knowledge can be determined by the applicant, so that it is most convenient and beneficial to them. Once this training is completed, it must be detailed and signed off by a health professional registered in the same profession as the re-registrant. HPC itself does not carry out any additional assessment of the application.
- 9.8 This minimum level of scrutiny of re-registration applications is insufficient for any individuals who have been out of practice and have left the Register. Moreover, whilst such flexibility in the form of ‘updating skills and practice’ is to

be welcomed on one hand – there is no consistency or assurance of standards in relation to this additional training. It is questionable how the standards of training and competence of those on the Register is ensured through this process.

- 9.9 In additional, as outlined in Section 2, there are no provisions for conditional registration under the HPC.

Section 10 – Standards of Ethics and Conduct

- 10.1 This section provides details of the proposed general ethical principles that registrants under the PPC must adhere to. The specific components of the Code of Ethics and Conduct are not provided at this point, as further consultation with stakeholder groups will be required.

Introduction

- 10.2 The purpose of standards of ethics and conduct is to protect the health and wellbeing of people who use or need the services of regulated professionals in every circumstance.

Psychological Professions Council approach

- 10.3 A new Code of Ethics and Conduct will be developed in consultation with the relevant professional bodies and user groups, building upon common themes and standards in their existing documentation. It is important to engage with both academics and practitioners on this fundamental issue.
- 10.4 The aim of the Code will be to apply to all practitioners across the range of relevant professions, with the focus on the quality of decision making allowing for sufficient flexibility for a variety of approaches and methods, but providing ethical standards which apply to all. Registrants will also need to familiarise themselves with the legal framework and other guidance relevant to the particular context in which they work.
- 10.5 To this end, the Code should have greater relevance and applicability to each of the professions than the HPC Code, as the HPC has a single Code of Conduct, Performance and Ethics that applies equally to all of the professions it regulates. Whilst general ethical principles should be common across all professions, the HPC Code does not go far enough, particularly in comparison with the existing Codes of relevant professional bodies or existing regulators. Accordingly, the professions may be regulated to a lower standard than is presently the case.
- 10.6 Everyone applying to go onto the PPC Register will need to confirm that they have read, and agree to adhere to, the standards of ethics and conduct. Every registrant must be familiar with the standards, and must make sure that they keep to them.

General Principles

- 10.7 It is proposed a Code will be developed from international best practice. For example, the four Ethical Principles set out by the European Federation for Psychologists' Associations *Meta Code*, 1995:
- **Respect** (to value the dignity and worth of all persons, with sensitivity to the dynamics of perceived authority or influence over clients, and with particular regard to people's rights including those of privacy and self-determination).
 - **Competence** (to value the continuing development and maintenance of high standards of competence in their professional work, and the importance of preserving their ability to function optimally within the recognised limits of their knowledge, skill, training, education and experience).
 - **Responsibility** (to value their responsibilities to clients, to the general public and to their profession, including the avoidance of harm and the prevention of misuse or abuse of their contribution to society).

- **Integrity** (to value honesty, accuracy, clarity, and fairness in their interactions with all persons, and seek to promote integrity in all facets of their scientific and professional endeavours)

10.8 As outlined above, the specific Standards setting out the ethical conduct expected of registrants will be developed in consultation with the relevant professional bodies and user groups.

Implementation/Application of the Code

10.9 When considering cases of professional misconduct, the Code will guide the investigatory panels/investigators in determining whether there has been any breach of the standards. This is outlined in more detail in Section 8.

Section 11 – Links with the Existing Regulatory System

- 11.1 This section relates to how the PPC will establish links with other existing regulator bodies (including both medical and non-medical regulators), to achieve the common goal of the enhancement of the protection of the public.

Introduction

- 11.2 ‘All regulators have the same role of protecting the public.’

‘There are substantial areas in which common standards would be desirable – in particular most aspects of conduct. The regulators ... should work to introduce common standards in all those areas where this would benefit patient safety.’

‘The role of the regulatory system, and of regulatory bodies within it, should be to ensure patient safety, although there are other important if subsidiary objectives such as to maintain public confidence and trust.’

(*The Foster Review*, 2006, p. 38)

Psychological Professions Council approach

- 11.3 As outlined in Section 1, *The Foster Review* sets out that all systems of statutory regulation must meet five key principles (in accordance with the Government’s Better Regulation Executive):

■ **Proportionate**

(Regulators should only intervene when necessary. Remedies should be appropriate to the risk posed and costs identified and minimised.)

■ **Accountable**

(Regulators must be able to justify decisions and be subject to public scrutiny.)

■ **Consistent**

(Government rules and standards must be joined up and implemented fairly.)

■ **Transparent**

(Regulators should be open and keep regulations simple and user-friendly.)

■ **Targeted**

(Regulation should be focused on the problem and minimise side effects.)

- 11.4 Throughout this document, how the Psychological Professions Council will fulfil these five key principles, how it will more effectively regulate these professions and how it will offer enhanced protection of the public is outlined. After all, ‘Public protection ... has to be the starting point’ (*The Foster Review*, 2006, p. 38).

- 11.5 Moreover, throughout the proposal, it is recognised that the distinct roles of the regulatory body (in ‘policing’ the profession) and the relevant professional bodies (in setting and maintaining standards of knowledge and competence of a profession), and that ensuring a strong relationship between these groups, is an essential component in the effective regulation of a profession.

- 11.6 It is also important to ensure that links are established with other existing regulatory bodies to facilitate the development of a common framework of standards, for example, in relation to conduct, education and knowledge required for registration and so on (as highlighted in *The Foster Review*). However, it is important to bring together both medical and non-medical regulators in achieving the common goal of ensuring the enhanced protection of the public as

far as possible against the risk of poor practice.

- 11.7 The HPC is currently within the CHRE framework, together with the other eight 'health' focussed regulators. However, given the health-only focus of the CHRE, it maybe inappropriate for the PPC to fall under its remit given that the majority of PPC registrants will not be healthcare professionals.

Section 12 – Financial statement

Introduction

- 12.1 ‘Setting up new regulatory bodies is expensive, particularly as they need to accumulate the fund necessary to conduct legal proceedings if their decisions on fitness to practise are challenged. Set up costs for even the smallest regulator would exceed £1 million. As new groups are building up their numbers slowly it is likely that the regulators’ costs would have to be covered by a small group of registrants for some time, resulting in higher fees’ (*Foster Review*, 2006, p. 64).
- 12.2 The cost of regulation is clearly an important issue and through these proposals it is intended that the Psychological Professions Council will be financially viable, independent and efficient. Contrary to the claim in the *Foster Review* that ‘new groups are building up their numbers slowly’, as outlined in Section 1.2, there are currently more than 100,000 psychological professionals that will be registered under the PPC.
- 12.3 The authors of these proposals recognise the importance that any model for regulation offers maximum value to the government and the public. We firmly believe that this proposal offers significantly better value than the Health Professions Council in respect to the regulation of the psychological professions.
- 12.4 This document deliberately limits itself to issues of principle rather than the precise detail of how the PPC will operate. Many of the points that are raised are qualitative rather than quantitative and therefore difficult to fully capture in terms of specific numbers.
- 12.5 However, it is recognised that it is helpful to at least outline the financial parameters of how the PPC will operate in order to demonstrate how it will offer maximum value for money.

Metrics

Number of registrants

- 12.6 It is estimated that the PPC will initially have somewhere in the region of 100,000 registrants. It is thought likely to register approximately 5000 new registrants annually.

Number of training courses

- 12.7 It is estimated that the PPC will approve over 500 courses at 200 institutions, covering all areas of the psychological professions, for example, health psychology, occupational psychology, person-centred counselling, relationship counselling, psychodynamic psychotherapy and systemic psychotherapy. This is likely to be split over a five-year cycle.

Revalidation

- 12.8 It is estimated that 10,000 revalidation submissions will be scrutinised annually.

Complaints

- 12.9 The number of complaints to be received is hard to pre-judge, but reviewing existing regulators it is expected that it could be up to 200 annually, 15 of which might be expected to result in formal fitness to practise hearings.

Financial impact

- 12.10 The number of registrants would offer the PPC an income stream in the range of £5 million to £15 million, depending on the individual registrant fee. Looking at the operating costs of existing regulators, we estimate that the full operating costs for a regulator with the scope of activities details above will be in the region of £8 million to £10 million.

12.11 This very basic financial assessment suggests that the PPC will meet the criteria set out at the start of this Section, of being financially viable, independent and efficient – offering maximum value for money in return for enhancing the protection of the public.

APPENDIX A: List of Contributors

The Association of Business Psychologists is a community of professionals who are business led, and psychology-focussed, who share a common purpose to bring the best from research and applied psychology to the business world. We work in a wide variety of market sectors and organisations – profit driven and non-profit making – operating worldwide and locally, in traditionally structured or e-based organisations, with clients at Board level and in human resources, design, marketing and communications, research and development and other functions. There is an active membership of about 650. (Few of our members work primarily in health care organisations and even fewer within the NHS.)

The Association of Educational Psychologists is the independently registered trade union and professional association for educational psychologists. It represents the professional and employment interests of 93% of qualified educational psychologists working in the United Kingdom, most of whom work for local government. It is the only professional association or trade union in the UK organised exclusively by and for educational psychologists. The AEP is unequivocally the voice of the educational psychology profession. The AEP currently has just over 3,000 members.

The Association of Heads of Psychology Departments represents over 100 academic departments of psychology that offer British Psychological Society accredited degrees and conduct psychological research across a range of domains within the Higher Education sector across the whole of the United Kingdom.

The British Association for Behavioural and Cognitive Psychotherapies, founded in 1972, is a multi-disciplinary group with more than 6,000 members whose object is to advance the theory and practice of Behavioural and Cognitive Psychotherapies through the application of experimental methodology and learning techniques to the assessment and modification of behaviour in a wide variety of settings.

The British Association for Counselling and Psychotherapy is a learned society and professional association with over 27,000 individual members and circa 1,500 organisational members, each of whom is contractually bound to the Association's Ethical Framework for Good Practice in Counselling and Psychotherapy and Professional Conduct Procedure. This is in order to meet the Association's commitment for public protection and the highest levels of service delivery. BACP has accreditation (registration) schemes for individual practitioners (counsellors, psychotherapists and supervisors), training courses and service organisations. The standards of individual accreditation are generic and are based on a framework that is subject to external moderation and assessment.

BACP members work across healthcare, education, workplace and pastoral settings, in the voluntary sector and in private practice, and in a wide range of theoretical models.

British Association for Sports and Exercise Sciences is *the* UK professional body for all those with an interest in the science of sport and exercise. It currently has over 1800 members. Sport and exercise science is the application of scientific principles to the promotion, maintenance and enhancement of sport and exercise related behaviours. *Our mission:* Promoting excellence in sport and exercise sciences. *Our vision:* The professional body leading excellence in sport and exercise sciences through evidence-based practice.

The British Psychological Society is the learned and professional body for psychologists in the United Kingdom. It has a total membership of over 44,000 and is a registered charity. Under its Royal Charter, the key objective of the Society is 'to promote the advancement and diffusion of the knowledge of psychology pure and applied and especially to promote the efficiency and usefulness of members by setting up a high standard of professional education and knowledge'. The Society maintains the Register of Chartered Psychologists and has a code of conduct and investigatory and disciplinary systems in place to consider complaints of professional misconduct relating to its members. The Society is an examining body granting certificates and diplomas in specialist areas of professional applied psychology.

National Association of Principal Educational Psychologists is open to all educational psychologists who are the heads of psychological services in local authority children's services, bringing together at national and regional level those who are able to make a positive impact on the quality of the management and delivery of psychological services. Educational psychology services support the development of learning and emotional well-being of children and young people through consultation, assessment and training; working with parents and carers and all those who work within schools, communities and early years settings.

The UK Council for Psychotherapy is the leading umbrella body for psychotherapists in the United Kingdom, comprising 82 member organisations and 6500 individual psychotherapists, embracing all the key psychotherapeutic modalities. Approximately one-third of the UKCP's registrants are employed by the NHS whilst two-thirds work in private practice, not only in health but in education and in the corporate sector. However, all are listed in the National Register of Psychotherapists, managed centrally by the UKCP.

Strong support for the proposals has also been received from the following organisations:

- Association of Counsellors and Psychotherapists in Primary Care
- Association for Lacanian Psychoanalysis
- British Association for the Person Centred Approach
- International Society of Professional Counsellors
- National Association of Christian Counsellors
- National Association of Counsellors, Hypnotherapists and Psychotherapists
- United Kingdom Society for Play and Creative Arts Therapies

APPENDIX B: Comparison of PPC and HPC processes

Process	Psychological Professions Council	Health Professions Council
Governance	<p>Council comprising lay majority, one representative of each section of the Register and a representative of each of the devolved nations (12-14 people)</p> <p>Standing Committees on admission; accreditation; revalidation; and ethics and fitness to practise</p>	<p>Council comprising one representative of each registered profession, 12 lay members and an elected President (currently 26 members)</p> <p>Standing Committees on investigation; conduct and competence; health and education and training</p>
Standards for Entry	<p>Generic and detailed profession-specific standards of proficiency (including support workers and trainees)</p> <p>Health and professional character checks</p>	<p>Generic and limited profession-specific standards of proficiency</p> <p>Health and character checks</p>
Recognition of Training	<p>Trained representatives from the relevant section of the Register and lay members</p> <p>Postgraduate level accreditation</p> <p>Strong relationship with professional bodies</p>	<p>Multidisciplinary teams (one member from the relevant section of the Register)</p> <p>Undergraduate level accreditation</p> <p>Discretionary relationship with professional bodies</p>
Entry to the Register (standard applications)	<p>Character, health and training assessed by panel of registrant assessors and lay members</p> <p>Professional character references obtained</p>	<p>Character, health and training assessed by pair of registrant assessors</p>
i) Grandparenting	<p>Five years' lawful, safe and effective practice</p> <p>Assessed by panel of registrant assessors and one lay member</p>	<p>Three-five years' lawful, safe and effective practice</p> <p>Assessed by two registrant assessors</p>
ii) International	<p>UK benchmark required</p> <p>Assessed by panel of specialist registrant assessors and one lay observer</p> <p>Level 8 IELTS required</p>	<p>UK benchmark required</p> <p>Assessed by two registrant assessors</p> <p>Level 7 IELTS required</p>

Process	Psychological Professions Council	Health Professions Council
iii) Non-standard	<p>Detailed application outlining training and qualifications required</p> <p>Assessed by panel of registrant assessors and one lay member</p> <p>Scope for development of a qualifying examination</p>	No provision for the research (for example, PhD/DPhil) route
iv) Conditional Registration	As per standard applications	No provisions for conditional registration of trainees
Revalidation	<p>Annual submission required for all registrants.</p> <p>10% formally audited</p>	<p>Annual signed statement required</p> <p>2.5% make full annual submission</p>
Complaints and Adjudication	<p>Proposed that the adjudication function be held by an independent body</p> <p>Independent pool of trained investigators.</p> <p>Significant lay involvement at all stages of the process</p> <p>Transparent and robust system of public accountability</p>	<p>Complaint received and referred to registrant for response</p> <p>Investigation Panel formed from sub-group of Investigation Committee to investigate complaint</p> <p>Panel recommends a number of options to Investigation Committee</p> <p>Hearing convened (if appropriate)</p>
Re-entry to Register	<p>Full application required for all re-registrants</p> <p>Those previously struck off considered by Fitness to Practise Board (may be interviewed) and cannot be considered until five years post-striking off the Register. FTP sets and assesses the conditions for re-entry</p>	<p>Standard application form for all re-registrants</p> <p>Top up training determined by re-registrant and assessed by fellow registrant</p>
Ethics	Generic – but specific to psychological professions	Generic for all sections of the health-based Register