



## PROFESSIONALISATION ISSUES

### The Professional Standards Authority's Proposals in Relation to Humanistic Psychology and the Psy Therapies – Letter from the UK Association of Humanistic Psychology Practitioners

#### Editorial Note

The following feature, when read in conjunction with Paul's Political Column in this issue, shows that 'the politics of professionalisation' are squarely back on the psy agenda. We received this communication from our sister organisation, the Association of Humanistic Psychology Practitioners (AHPP), shortly before going to press. It refers to a recent PSA document<sup>1</sup> that appears to be presaging a tightening of the regulatory grip towards standardisation, exclusivity and the consolidation of big professional bodies' organisational control of the psy profession.

Readers can be assured that we will continue to monitor and cover these issues in *Self & Society*.

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UKAHPP has written to the Privy Council requesting an independent enquiry into the conduct of the PSA. Below is a letter submitted to *Self & Society* by Derek Lawton, which is addressed to all psy practitioners.

Dear colleague,

I am writing to seek your support in respect of the UKAHPP's request for the *Privy Council* to conduct an *Independent Enquiry* into the *Professional Standards Authority's* (PSA) implementation of the voluntary *Accredited Registers (AR) Programme*.

A copy of UKAHPP's *Briefing Paper* is available online at [www.ahpp.org](http://www.ahpp.org). It is summarised for your reference as follows:

- The PSA is abandoning the ethos and fundamental design principles of the programme, without consultation or agreement with register holders.
- The PSA's decision-making processes are not sufficiently grounded in the principles of transparency, respect, fairness and teamwork, as it proclaims. It does not embrace inclusivity, impartiality or collaborative enquiry. It is selective about what can and cannot be discussed, and how decisions are made. As a consequence, its decision-making process is prejudicial favouring the financial and business interests of dominant register holders.
- The PSA Board has implemented an unfair and disproportionate fee structure following notification from dominant

registers that unless their financial interests are not accommodated, they will leave the programme. As a consequence one register now receives an annual £187,945 rebate. The PSA has declined requests to implement a per-registrant fee in line with statutory registers.

- The PSA is implementing changes to the programme that financially deter small registers from entering or remaining on the programme. These changes restrict market conditions in favour of dominant registers and, consequently, the formation of professional monopolies.
- The PSA intends to set training and education standards for all health-care professions without consultation with those outside the AR programme.
- The PSA has aligned the AR programme with a research paradigm that is not compatible for assessing the efficacy of many health-care treatments and therapies – alternative evidence-based research methodology is not given parity.

The UKAHPP remains committed to the success of the *AR programme* and is hopeful that an *Independent Enquiry* will restore the ethos of the programme with public interest at the heart of decision making. If you share these concerns, can you please initiate the following three steps:

- 1 **Send an email with the *Briefing Paper* attached (downloaded from the AHPP website – see note 2, below) to the *Privy Council* at [enquires@pco.gov.uk](mailto:enquires@pco.gov.uk) *Independent Enquiry*, with any additional comments you may have;**
- 2 **Send an email with the *Briefing Paper* attached and any additional comment you may have to your *Member of Parliament* using the ‘*Find your MP*’ link at <https://members.parliament>;**
- 3 **Send this email and the *Briefing Paper* to colleagues and others you think may be interested in the concerns raised.**

Thank you for your attention. Please do not hesitate to contact me should you require any clarification.

Kind regards

**Derek Lawton**

UKAHPP General Secretary, on behalf of the UKAHPP Board

## Notes

- 1 The PSA document in question is titled *Consultation on the Future Shape of the Accredited Registers Programme* (21 pp, undated), and can be found at this link: <https://tinyurl.com/2xsx7um4> (accessed 23 August 2021).
- 2 The AHPP’s Briefing Paper will soon be available for reading and downloading online at [www.ahpp.org](http://www.ahpp.org). You can also email us below for a full copy.

**Email:** [admin@ahpp.org.uk](mailto:admin@ahpp.org.uk)

**Telephone:** 0843 2895907

**UK Association for Humanistic Psychology Practitioners**  
Box BCM AHPP  
27 Old Gloucester Street  
London  
WC1N 3XX

## Key Excerpts from the AHPP Public Briefing Paper<sup>1</sup>

### **PUBLIC BRIEFING PAPER**

**Concerns about proposed regulatory changes to the ethos of the voluntary Accredited Registers Programme and impact on the accessibility of psychotherapy and counselling and service user choice in the UK**

## Background

The purpose of this paper is to highlight how proposed regulatory changes to the *Accredited Registers (AR) Programme* under the *Professional Standards Authority (PSA)* will potentially impact on the accessibility of psychotherapy and counselling in the UK.

The PSA which is accountable to the government via the *Privy Council* is responsible for overseeing ten statutory bodies regulating health and social care in the UK. The *Accredited Register Programme* was launched in 2012 to promote best practice and good governance for voluntary professional registers and over two million unregulated health and social care providers.

To date the AR programme has accredited **23** voluntary registers, accounting for **102,330** registrants over a wide range of professions including counselling and psychotherapy (see *Appendix 1*). Organisations have joined the programme for different reasons, some registers see it as a way of gaining recognition and access to the *National Health Service (NHS)*; some see it as a stepping stone toward statutory regulation, whilst others see it as vehicle for expanding market influence – all registers are committed to enhancing public confidence in the programme through the maintenance of high professional standards.

There has been an abundance of enthusiasm and goodwill in support of the AR programme since it was launched in 2012. However, following the first *Coronavirus* lockdown in 2020 the PSA published a consultation paper in which it mapped out its vision for the future. This vision is not, as it could have been, the product of collaborative enquiry with register holders about how the programme could evolve. In essence the PSA is proposing a departure from the fundamental ethos of the programme as a government endorsed voluntary registration assurance scheme.

The PSA's vision for the future is based on the understanding that 'patients' have difficulty in navigating multiple registers and that for a

voluntary assurance scheme to be effective there must be greater standardisation and consistency between registers. The measures the PSA intends to implement include:

- **Financial Self-Sustainability of the Programme:** Following the withdrawal of funding by the *Department of Health and Social Care (DHSC)* the programme will have to be financially self-sustainable by 2022.
- **Efficacy of Treatments and Therapies Covered by the Programme:** The introduction of a mechanism in alignment with the *NHS Commissioning Frameworks* and the *National Institute of Clinical Excellence (NICE)* for assessing the risk posed to the public by health care occupations and the treatments and therapies provided by registrants.
- **Access to the AR Programme:** Restricting access to the AR programme through the establishment of conditions for the amalgamation, merger or takeover of registers, so as to pave the way for single profession monopolies and a single register for all non-statutory health care professions.
- **Change of Ethos:** Shifting the ethos of the programme from an *organisational perspective* to an *occupational perspective* with greater emphasis on determining what service users can and cannot access.
- **Raising Awareness about the Programme:** A campaign to raise awareness and recognition about the AR programme and to deter service users, employers and service commissioners from accessing the services of any health care professional whose name is not included on a statutory or accredited register.

Without consultation with register holders and other stakeholders, the PSA gave notice of its intention to abandon all but the first of the five design principles the programme was founded upon and which all registers holders signed up to:

- 1 Ensure that any restrictions developed through the creation of the Standards, or the operation of the programme, would reflect the potential risks of harm to the public.

- 2 Not unfairly or unnecessarily restrict the market by creating monopolies. It should be open to any eligible register, including those relating to the same occupation.
- 3 Be affordable for applicants, and not price small registers out of the market, making it open to registers clustering under umbrella organisations.
- 4 Should not set the education and training requirements for entry onto a register.
- 5 Would not make any judgement about the effectiveness of any therapy or health or care practice.

The redesign of these principles suggests that the programme as originally envisaged as a voluntary assurance scheme will cease to exist and be replaced with a framework for regulating professional occupations and the delivery of health care provisions in the independent sector (charities, voluntary services, private practice, commercial etc.).

If left unchallenged the consequences of these measures will have far reaching effect within the wider field of counselling and psychotherapy. Diversity of care and service user choice will be further diminished and the employment/livelihood of many health care professionals who remain committed to upholding high professional standards will be threatened.

The following sections [not reproduced here – ed.] consider some of the consequences the PSA's decisions are likely to have on the wider field of counselling and psychotherapy and service user choice.

### **1 The Efficacy of Counselling and Psychotherapy and continued access to the AR programme....**

### **2 The Financial Self-Sustainability and Affordability of the AR Programme....**

### **3 Restricting Market Conditions and the Creation of Monopolies....**

## **Conclusion**

This paper has demonstrated that the PSA's vision for the future of the AR programme is seriously impaired and is not in the public interest. The PSA should ensure that the AR programme is discharged in collaboration with all register holders and in accordance with the ethos and standards they signed up to. Instead of abandoning the ethos of the programme the PSA should attend to those objectives it has so far not adequately achieved:

- Encourage as many voluntary health care registers as possible to join the AR programme
- The adoption of a fair and proportionate fee structure that does not price small registers out of the programme or deter new registers from joining.
- Does not restrict market conditions and service user choice through the creation of professional monopolies and cartels.
- Embraces research methodology consistent with the treatments and therapies covered by the programme.
- An awareness campaign promoting the benefits of the programme.
- Provision for the registration of *social care workers* as necessary under the *Health and Social Care Act (2021)* – not funded by the *health care registers*.

At the onset of the programme the PSA made the distinction between small, medium and large sized registers and ensured that at least one of each size was included in the first batch of accreditations. Now the programme is established the PSA is abandoning the principle of inclusivity and introducing measures to marginalise small registers and through a process of attrition price them out of the programme, in the creation of professional monopolies in the form of dominant registers. Assuming the role of professional lead these dominant registers will forge the wider field of health care including counselling and psychotherapy in their own image. It is an error to assume that any single register or combination of registers, whether self-appointed or through selective collaboration with the PSA, are well placed to be the

champions of counselling and psychotherapy or any other profession. It is inconceivable that the PSA would foster special relations with dominant registers and allow the programme to be used as mechanism for manipulating market conditions. All register holders should be active in determining the shape of the programme and their professional destiny. It is not in the interests of the public or the professions to allow the PSA's vision to come to fruition.

The PSA's consultation process could be more transparent and collaborative. The PSA has invited feedback but only in respect of predetermined strategy decisions. There was no consultation with register holders about the decision to abandon the ethos and fundamental design principles of the programme. What started as an invitation for registers to join a voluntary assurance scheme is now being transformed into the standardisation of health care professions within very narrow parameters. The PSA's decision making process is not based on *transparency, respect, fairness, and teamwork* as it proclaims. It is selective about what can be discussed, how it is discussed, who is involved in discussions and what is decided.

If the government is intent on bringing all or some health care professions under statutory regulation and we are not sure that is the case, then the legal mechanisms for implementing this should be implemented allowing all stakeholders to have a voice not just those favoured by the PSA - the manipulation of the professional field by stealth is not acceptable.

The PSA is aware that its vision for the future of the AR programme goes beyond the remit and powers granted under the *Health and Social Care Act (2012)* and that retrospective legislation may be necessary in order to attain its objectives – Parliament will have to catch up with the PSA. However, until such legislation is in place, the PSA remains accountable for the implementation of the programme under existing legislation and the programme's current design principles, which all registers signed up to. The PSA is exceeding its authority by transform the ethos of the programme on a unilateral basis.

*Right touch regulation* is becoming *omnipotent imposition*.

Psychoanalytic and Humanistic Psychotherapy approaches are well established in the UK and have influenced understanding about human nature in all walks of life including education, child development, social work, nursing, business management etc. However, if Sigmund Freud and Carl Rogers, the leading exponents of these approaches were contemporary innovators, it is doubtful if their work would be accommodated within the *problem-centred* rather than *people-centred* parameters of the PSA and NICE. This narrow-minded reductionist imposition must be reformed!

The PSA's abandonment of the AR programme's ethos and fundamental design principles; the implementation of a discriminatory funding model; and alignment with NICE guidance is not in the public interest. The application of such measures could have far reaching effect, manifesting in the replication of NHS limitations in the independent sector and the erosion of service user choice particularly for the most vulnerable.

The UKAHPP Board has attempted to address its concerns with the PSA but to no avail, the status quo prevails. The option of submitting a formal complaint has been considered but as PSA procedures do not have provision for independent adjudication and the PSA makes rulings about its own conduct, this does not instil confidence and is not a viable option.

The UKAHPP remains committed to the success of the programme and cannot stand back and watch diversity and service user choice be ripped away from the heart of counselling and psychotherapy and other UK health care professions.

If you share our concerns please forward e-copies of this briefing paper with any additional comments you may have to [enquires@pco.gov.uk](mailto:enquires@pco.gov.uk) or mail to:

**Privy Council Office, Room G/04,  
1 Horse Guards Road, London SW1A 2HQ**

and an e-copy to your *Member of Parliament* using the '*Find your MP*' link at <https://members.parliament.uk/members/commons>

It would also be beneficial if you could also send an e-copy of the briefing paper to colleagues and others who may be interested.

Thank you.

John Fletcher - UKAHPP Chair  
Derek Lawton - UKAHPP General Secretary

On behalf of the UKAHPP Board of Directors

## Note

For a full copy of this AHPP Briefing Document, please email [admin@ahpp.org.uk](mailto:admin@ahpp.org.uk).