



The Association of Child Psychotherapists

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PROMOTING PROFESSIONALISM, REFORMING REGULATION: CONSULTATION PAPER

The Association of Child Psychotherapists' response to the Department of Health's Consultation Paper: Promoting professionalism, reforming regulation.

About the ACP

The Association of Child Psychotherapists (ACP) is the professional body for Psychoanalytic Child and Adolescent Psychotherapists in the UK. Child and adolescent psychotherapy is a core NHS profession with members completing a four year full-time training in NHS child and adolescent mental health services. This enables them to develop high level competencies and to provide specialist psychotherapy across a range of settings to some of the most vulnerable children and young people in society. Psychoanalytic Child and Adolescent Psychotherapists have a key role in supporting other professionals who work with infants, children and young people, and their families, across the health, care, education and justice sectors. The ACP is responsible for regulating the training and practice standards of child and adolescent psychotherapy and is an accredited register of the Professional Standards Authority (PSA).

Publication and Queries

We are content for our response, as well as our name and address, to be made public. We are also content for the Department of Health to contact us in the future in relation to this consultation.

Please direct all queries to:

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1. Child Psychotherapists and Statutory Regulation

1.1 ACP registered child psychotherapists had been approved to be statutorily registered by the Health Professions Council (HPC), now the Health and Care Professions Council (HCPC), in 2010, but following the election of the new coalition government, the HPC closed its doors to new members and organisations. This left the ACP in a difficult situation as its members were being trained in and were working as a core profession in the NHS. Following this closing of the doors, the ACP pursued the option of becoming voluntarily accredited by the Professional Standards Authority (PSA) as it recognised the importance of protecting the public and setting of appropriate standards for the work that its members were doing. It was one of the first organisations to achieve voluntary accredited register status in 2014.

1.2 The ACP believes that the current system of two types of regulation is confusing for the public and indeed other NHS professionals, including GPs and Clinical Commissioners. The ACP has always questioned its exclusion from statutory regulation.

2. European Qualifications Directive

2.1 The ACP is recognised by the Department of Health as the body which accredits trainings in child and adolescent psychotherapy (CAPT) and is recognised in the European Qualifications Directive 2205/36EC as the competent authority for the profession of child and adolescent psychotherapy and subsequently the new draft statutory instrument. In 2015, the Department of Health challenged this recognition and our listing on the approved professions, as the ACP was not statutorily regulated in the UK:

<https://www.gov.uk/government/consultations/mutual-recognition-of-professional-qualifications-revised-directive>

2.2 The ACP challenged this as it had been barred from statutory regulation because of the closure of the HCPC's doors in 2010. The ACP has always considered that it is an anomaly that it is a core NHS profession and yet has not had access to statutory regulation. The ACP continues therefore to be the professional competent body and it sets standards for people who have trained in psychoanalytic child psychotherapy overseas who wish to work in the UK.

3. Response to Proposals

3.1 The ACP considers that the current system of different regulatory bodies and parallel statutory and voluntary registers is confusing for the public and allows the possibility of fragmentation and muddle, in which the public may be less protected rather than more. Currently the PSA Voluntary Registers scheme is little known about or understood (eg GP surgeries advertise that patients should ensure that anyone they see should be HCPC registered) and so an unwritten hierarchy has arisen in which those who are on voluntary accredited registers may be questioned as to whether they are properly regulated.

3.2. The ACP welcomes the Departments of Health's intention to simplify the regulatory processes for healthcare professionals and welcomes statutory regulation for all. However, it is concerned to ensure that professional bodies, who understand the intricacies and nuances of the treatments provided by their members, continue to set standards and be part of fitness to practise considerations.

3.3 The ACP welcomes some proposals in the response from the Professional Standards Authority (Right-touch reform: A new framework for assurance of professions) in particular its proposed model of an overarching regulator taking a general overview and setting basic principles for fitness to practise and complaints handling, but which assures that professional bodies retain their identity and set particular standards for their individual practitioners.

3.4 The ACP questions the role of professional regulators in education and training. Currently the ACP sets the quality assurance framework for the training of specialist psychoanalytic child and adolescent psychotherapists in the NHS. It appoints accreditation panels to visit each of its five training schools and measures them against its standards. The ACP would question whether that function could be managed by one body which would be responsible for all health education providers. The ACP could envisage a system in which an overarching regulator (as with fitness to practise) might provide oversight and scrutiny of the ACP's continued accreditation of its five training schools.

3.5 The ACP has developed a competence framework for the profession of psychoanalytic child psychotherapists (<http://childpsychotherapy.org.uk/competence-map-child-and-adolescent-psychoanalytic-psychotherapists-point-qualification>). It would argue the importance of maintaining its own training council to ensure that these competences are embedded in the curriculum for the training of psychoanalytic child and adolescent psychotherapists. It would suggest that any regulator would have an overarching role to ensure that the ACP fulfils its oversight of its training schools' curriculum.

3.6 The ACP believes that the reduction of the number of regulators and the inclusion of all healthcare professions in the regulatory bodies may reduce some of the costs of its own professional body. However, it fears that a "one size fits all" approach may lead to a loss of the distinctiveness of the profession and would argue the importance of maintaining the professional body within the regulatory system in order to ensure understanding of the nature of the treatment offered and the antecedents of any potential misconduct. We are concerned that an unintended consequence of streamlining the system of regulation might be to reduce the role and importance of individual professional bodies if individuals are only required to register with a central regulatory body.

3.7 The ACP currently ensures that its members follow its guidelines for continuous professional development. Members have to return a form every year, which is signed off by their supervisor. They have to fulfil this requirement in order to reregister as a qualified child psychotherapist. These CPD returns are audited every year (and the audit is shared with the PSA). The ACP believes that this function of oversight of CPD would need to remain within the professional body.

3.8 The ACP wishes to ensure that if the "single adjudicator" model is introduced that this doesn't create more bureaucracy and potential for log-jams and that the expertise, experience and understanding developed by its Professional Standards Committee and Ethical Practice Group does not get lost. It is important to acknowledge that professional bodies such as the ACP already set standards for professional development and guidance for prevention of complaints.