

20 May, 2015

Harry Cayton OBE
Chief Executive
Professional Standards Authority
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By email: Harry.Cayton@professionalstandards.org.uk

Dear Mr Cayton

COMPLAINT AGAINST THE PROFESSIONAL STANDARDS AUTHORITY: APPEAL

I write at the invitation of Suzanne Dodds in response to her letter dated 24th March 2015.

I am not satisfied that the concerns I have raised in my letter of 18th February 2015 concerning the Professional Standards Authority (PSA) have been addressed adequately and consistently with the values your organisation claims to adhere to as reflected in your standards.

The PSA's response to me claims that the Accredited Registers programme provides assurance on the standards of voluntary registers. These areas include governance, *setting standards* for registrants, *education and training*, managing the register, *providing information* and handling complaints. I am told that "accreditation does not assess or validate the efficacy of a particular therapy"; that the authority does not evaluate any therapeutic model, holds no register of practitioners and does not accredit individuals.

In claiming that the PSA "does not hold an opinion or position on the effectiveness or efficiency of conversion therapy" (p3) I note that the PSA has undertaken no scientific review of the evidence from peer reviewed scientific articles. Instead it simply follows or has had 'regard to' the "respected body of professional opinion from the Royal College of Psychiatrists (RCPsych) and British Psychological Society (BPS) who consider this potentially harmful" (p 2). In so doing the PSA refuses to acknowledge the vital distinction between findings in objective scientific data and the political positions that may be taken in spite of such data. The fact that the validity of therapeutic interventions for unwanted same-sex feelings is disputable with respect to the available scientific literature is of apparently no concern to the PSA. Yet as late as April 2014 the RPSych changed its position on the etymology of homosexuality. It appears therefore that the PSA is simply there to assure the functional or operational aspects of its registrants and to do the political will of the bodies it defers to. The appropriateness of the professional activities of any such organisation however is assessed only by themselves, or by bodies outside of the PSA: in this case the RCPsych and BPS, who are yet ironically assured by the same body! In other words according to Ms Dodds, the PSA simply accredits

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an organisation on the basis of how it governs or is likely to govern its register, sets standards, educates and trains and provides information and manages complaints, and not on the validity of what it does.

Can you explain what the PSA's response would be to the application for registration from an organisation whose work could be demonstrated, by reference to the known scientific literature, to be disputed in regard to the theoretic model it is based upon or with respect to the practices it endorses? Is it true that the PSA is entirely dependent on the organisations it accredits (directly or indirectly) such as RCPsych and BPS and has no responsibility to make any assessment of its own? In such an instance, or perhaps where there is a difference of opinion between bodies such as the RCPsych and BSA, would not the PSA be required to assess the central business of such an organisation by referring to the generally accepted body of peer reviewed, objective scientific information, and to refuse voluntary registration, irrespective of how well all of the applicant's procedural technicalities were conducted?

It is clear to me that according to Ms Dodds' letter, the central business of the PSA is to provide the public with assurance on the *standards of voluntary registers*. Such assurance must therefore assure that registrants are being held to a *valid* standard that has been achieved through appropriate *education and training* and that the information they provide is *correct* – as generally held by the scientific literature or by some standard applied *other than their own*. In other words, scientific *evidence* rather than political expediency should underpin such assurance. How else is the public to be so assured apart from such an evaluative assessment of the core business of such an organisation irrespective how well it is carried out? Simply referring to a lockdown in terms of the Government's Memorandum of Understanding produced at the request of the Department of Health by the UKCP validates a political will by ignoring the scientific data that contradicts its position.

Would you secondly also clarify for me how, in its statutory Public Sector Equality Duty or "general equality duty" the PSA considers itself to be even-handed with regard to protecting people who, though they do not have protected characteristics, are yet equally covered by the provisions of the Equality Act 2010? Why does the risk of offending gay people matter more than the risk of ostracising people who might once have thought they were gay? How too is the PSA dealing with the problem that gay people are hostile to those who are no longer gay? Is the solution to play fair (even-handedly), or to give in to a demand that one section of the population should be ostracised?

In particular Ms Dodds' letter claims to agree with the courts that individuals who were formerly of one sexual orientation who now identify with another, are protected from unlawful discrimination pursuant to the Equality Act. However, her letter does not indicate how the work of the PSA protects the interests of those who consider themselves 'ex-gay'. Her letter further claims that recognition of a sexual orientation *without protected characteristics whose sexual orientation the law says may not be discriminated against* has no bearing on my complaint to you. But she has failed to demonstrate how the PSA actively might accredit standards of service to such individuals who are 'ex-gay' for example who have a different aspirational goal to those seeking gay affirmation. They clearly do have the right to attend whichever therapist they choose, but in excluding therapists who recognise this right on the grounds that they are offering therapies forbidden by registering bodies (which you claim you do not evaluate) the PSA is clearly failing in the exercise of its three main functions to provide this part of the population with assurance of compliance with professional standards. The government's own NATSAL statisticsⁱ clearly identify the existence in the UK society of such changers – those who once practised gay sex, but now do not - what is the PSA doing to assure support for this group in our population?

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To clarify: according to Ms Dodds' letter the PSA aims to carry out its equality duty with three main aims: first to eliminate discrimination, harassment, and victimisation prohibited under the Equality Act (2010); second to advance equality of opportunity between those with protected characteristics and those without such characteristics, and third to foster good relations between those with and those without protected characteristics. Would you clarify how the PSA is fulfilling its equality duty with respect to eliminating discrimination, harassment and victimisation against individuals such as 'ex-gays' who are not 'protected'; similarly how exactly is the PSA advancing equality of opportunity and good relations between those *with and without protected characteristics* with respect to this issue?

Ms Dodd's letter further asserts that the PSA does not agree that it is "debaring registers with professionals who practise 'conversion' therapy from existing or directly or indirectly preventing access to service users... (p2)". The letter insists that "individuals are free to choose whether or not to use a practitioner on an accredited register or to seek support from a practitioner on a register not accredited by the Authority" (p3). But there is no safe choice here at all because all therapists offering the right of therapeutic support to individuals wishing to reduce homosexual feelings, and helping them to achieve this, even using standard therapeutic modalities, have been barred from any accreditation – even though the PSA claims not to have evaluated such approaches since "(we) have not, nor do we intend to reach any decision on the efficacy of conversion therapy" (p3)..

The same letter claims that "(a)n organisation is within its rights to decide that they cannot agree with our position and choose not to apply for accredited status. This does not prevent them from holding a voluntary register". But of course in practice such dissent is being punished and, as I have said previously, such registers will list only disenfranchised individuals who have been denied access to training, the benefits of collegial supervision, continuing professional development and professional indemnity insurance. So in reality the 'choice' you maintain exists is no choice at all and dissent is designed to deprive the public of any alternative suitably professionalised pathway. All this is done in a context where there is no legislative ban on what Ms Dodds refers to as 'conversion therapy'. Finally Ms Dodds' letter claims that the PSA is not 'directly or indirectly' (p2) preventing access to services by users who may be motivated, religiously or otherwise to address their feelings. Given the reasons above, this is clearly not true and is apparently exactly what the PSA intends. It achieves this by uncritically deferring to the political decisions made by the RCPsych and BPS but ignoring available scientific evidence to the contrary, and by claiming to scrutinise only the *operational* suitability of its registrants.

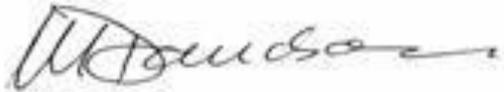
In summary, I write to ask you to review my complaint with reference to the following questions:

- (1) Given the PSA's Public Sector Equality Duty or 'general equality duty' please clarify how the PSA considers its present policy to fulfil this *even-handedly* to both those with and without protected characteristics with respect to sexual orientation.
- (2) Please explain how the public is protected when both professional and informal therapists operating in this area are excluded from recognised training, supervision, CPD and insurance and the public have no professional body to raise concerns

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(3) Given the obvious professional sanctions against practitioners in this field, please clarify the sense in which the PSA means individuals (those unwilling to renounce their therapeutic goals to reduce feelings) are “free to choose” a (safe) professional therapist to assist them – when such individuals have been ostracised from professional collegiality.

Thank you for your assistance in this matter.



Dr Michael R Davidson, PhD., FHEA

Director

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ⁱ <http://www.core-issues.org/uploads/Changers%20A%20by%20Steph%20James%202015.pdf>

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