

27 January 2022

HCPC response to Government Equalities Office consultation on banning conversion therapy in England and Wales

1. About us

We welcome the opportunity to respond to this consultation.

The Health and Care Professions Council (HCPC) is a UK-wide statutory regulator of healthcare and psychological professions governed by the Health Professions Order 2001. We regulate the members of 15 professions. We maintain a register of professionals, set standards for entry to our register, approve education and training programmes for registration and deal with concerns where a professional may not be fit to practise. Our role is to protect the public.

2. Background

The GEO is consulting on proposals for a ban on conversion therapy in England and Wales. The proposal would create new criminal offences for those conducting conversion therapy on under-18s and as well as introducing various other measures to deal with associated coercive and violent practices.

HCPC supports such a ban and our response notes that any practice which could be defined as conversion therapy would already fall outside of our standards.

The consultation asks for comment on a wide range of proposals including the appropriateness of criminal sanctions and measures aimed at ensuring those convicted of breaching the ban cannot hold certain positions. We have only responded to questions within our remit.

3. Answers to consultation questions

Q1. To what extent do you support, or not support, the Government's proposal for addressing physical acts of conversion therapy? Why do you think this?

HCPC would fully support the proposals to address physical acts of conversion therapy. Were HCPC to receive a concern about a registrant using violence against a service user, we would of course treat this as a serious breach of our Standards.

Where an applicant to join our register had been convicted of physical acts of conversion therapy in the past, HCPC would be likely to reject such an application, in line with our guidance on character declarations.

Q2. The Government considers that delivering talking conversion therapy with the intention of changing a person's sexual orientation or changing them from being transgender or to being transgender either to someone who is under 18, or to someone who is 18 or over and who has not consented or lacks the capacity to do so should be considered a criminal offence. The consultation document describes proposals to introduce new criminal law that will capture this. How far do you agree or disagree with this?

We believe that any practice which could be considered conversion therapy as described above (i.e., a practice which purports to be able to change the sexual orientation or gender identity of a person) would be incompatible with the HCPC's Standards.

As a regulator, our primary concern is public safety. Any registrant providing conversion therapy would not meet their HCPC standards. As conversion therapy is a practice which is not evidence-based and which may cause harm, we do not believe that there can be an exemption for any practice which would meet the definition of conversion therapy which would not pose a risk to public safety.

Where a practice is based in evidence and is an effective and beneficial therapy for a patient or service user, we do not believe that this would constitute conversion therapy (for example, in the context of GIDS). This would include the need for frank or challenging conversations relating to a service user's sexuality or gender identity in the course of therapy for these services, provided this was conducted in a way that was ultimately in the service user's interests, followed best practice advice and was professional.

From HCPC's perspective, a ban on conversion therapy would not interfere with a healthcare professional's ability to act in accordance with their professional judgment/duties. The actions of healthcare professionals already sit within parameters which would not justify the use of conversion therapy or any other practice which is not evidence-based, and which may cause harm to service users and patients.

Q3. How far do you agree or disagree with the penalties being proposed?

HCPC has a range of sanctions which we would be able to use in a Fitness to Practise issue involving conversion therapy. This could include serious sanctions like removing a registrant from the register.

Q4. Do you think that these proposals miss anything? If yes, can you tell us what you think we have missed?

We would suggest that the government considers using wording to define conversion therapy that is similar, or aligns with, that used in version 2 of the Memorandum of Understanding on [Conversion Therapy in the UK](#):

“...an umbrella term for a therapeutic approach, or any model or individual viewpoint that demonstrates an assumption that any sexual orientation or gender identity is inherently preferable to any other, and which attempts to

bring about a change of sexual orientation or gender identity or seeks to suppress an individual's expression of sexual orientation or gender identity on that basis.”

The MOU is a commitment to a shared professional responsibility to improve the support and help available to those at risk from conversion therapy and is endorsed by range of service providers, professional bodies and charities.

Q5. The Government considers that Ofcom's Broadcasting Code already provides measures against the broadcast and promotion of conversion therapy. How far do you agree or disagree with this? Why do you think this?

Discussing the extent of Ofcom's powers is outside of HCPC's field of expertise.

HCPC registrants must already meet Standards relating to how they advertise their services to the public. Our Standards are outcomes based rather than prescriptive but in general it would be unlikely that a registrant advertising conversion therapy would be able to meet their HCPC standards.

Q6. Do you know of any examples of broadcasting that you consider to be endorsing or promoting conversion therapy? If yes, can you tell us what these examples are?

This is outside of our field of expertise.

Q7. The Government considers that the existing codes set out by the Advertising Standards Authority and the Committee of Advertising Practice already prohibits the advertisement of conversion therapy. How far do you agree or disagree with this?

This is outside of our field of expertise.

Q8. Do you know of any examples of advertisements that you consider to be endorsing or promoting conversion therapy? If yes, can you tell us what these examples are?

This is outside of our field of expertise.

Q9. The consultation document describes proposals to introduce conversion therapy protection orders to tackle a gap in provision for victims of the practice. To what extent do you agree or disagree that there is a gap in the provision for victims of conversion therapy?

This is outside of our field of expertise.

Q10. To what extent do you agree or disagree with our proposals for addressing the gap we have identified? Why do you think this?

This is outside of our field of expertise.

Q11. Charity trustees are the people who are responsible for governing a charity and directing how it is managed and run. The consultation document describes proposals whereby anyone found guilty of carrying out conversion therapy will have the case against them for being disqualified from serving as a trustee at any charity strengthened. To what extent do you agree or disagree with this approach? Why do you think this?

This is outside of our field of expertise.

Q12. To what extent do you agree or disagree that the following organisations are providing adequate action against people who might already be carrying out conversion therapy? (Police; Crown Prosecution Service; OTHER statutory service)? Why do you think this?

This is outside of our field of expertise.

Q13. To what extent do you agree or disagree that the following organisations are providing adequate support for victims of conversion therapy? (Police; Crown Prosecution Service; OTHER statutory service)? Why do you think this?

This is outside of our field of expertise.

Q14. Do you think that these services can do more to support victims of conversion therapy? If yes, what more do you think they could do?

This is outside of our field of expertise.

Economic appraisal

Q15. Do you have any evidence on the economic or financial costs or benefits of any of the proposals set out in the consultation? If yes, please can you provide us with details of this evidence, including where possible, any references to publications?

This is outside of our field of expertise.

Q16. There is a duty on public authorities to consider or think about how their policies or decisions affect people who are protected under the Equality Act 2010. Do you have any evidence of the equalities impacts of any proposals set out in the consultation?

We believe that the proposals set out here are likely to have a positive impact for people with protected characteristics including in relation to sexual orientation and gender reassignment.