

PSA – Efficacy Research

Qualitative research debrief
March 2020

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I INTRODUCTION

Research objectives

The main objectives of the research were to understand:

- ❑ If the public interpret the Accredited Registers programme to be making claims about the efficacy of particular treatments covered by the programme
- ❑ What the impact of patients' ideas about the efficacy is on their decision-making and choices of practitioners
- ❑ How particular terms are understood in this context – accreditation, efficacy

Method and sample

- ❑ The research used a mixed methodology of 7 x group discussions with patients
- ❑ The **sample** included patients who've paid for treatments covered by the registers, over the last 12 months and it was structured as follows:

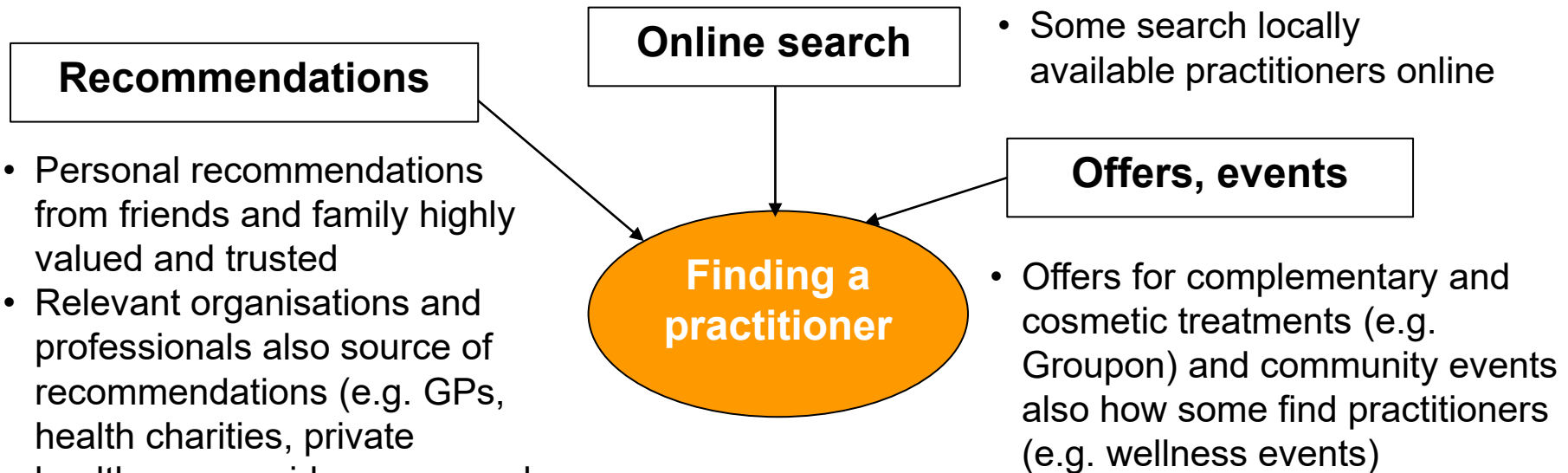
SAMPLE		
Group 1 Female, Counselling / Psychotherapy 40+yrs old	Group 2 Male, Counselling / Psychotherapy, 20-40yrs old	Group 3 Female Complementary therapies 40+yrs old
Group 4 Male Complementary therapies 20-40yrs old	Group 5 Female Other therapies 20-40yrs old	Group 6 Male Other therapies 40+yrs old
Group 7: Female, Complementary therapies (Q9 B), 20-40		
See notes for additional criteria		

- ❑ Interviews with patients were conducted in Nottingham, Hertfordshire (2), Wales (1), Scotland (1) and Northern Ireland (1) between 25th February and 10th March 2020

II AUDIENCE CONTEXT: CURRENT BEHAVIOURS AND AWARENESS

Recommendations were the most important way of finding health and care practitioners covered by ARs

- Most have found the treatments and practitioners through recommendations, even if this was often coupled with other checks to help choose well



I've had Hypnotherapy. It was on a recommendation of a friend. I had an unpleasant experience of workplace bullying, and my friend had been through something similar and he found this lady very helpful. I had a look and went on the internet too and I found that very helpful. [Male 20-40, Complementary therapies, Belfast]

A number of criteria was used to assess practitioner's suitability to patient

□ The research highlighted the following criteria:

I wanted someone who others had been to, so I knew they were good. [Female, 40+, Counselling, Cardiff]

I would say that the personal rapport would be far more important than anything else in deciding who to stick with. [Male, 20-40, Counselling, Nottingham]

Effectiveness

Rapport

Professionalism

Location

Cost



Who should I go to? Am I safe with this person? Are they going to be good? Will it work for me?

- Qualifications and membership of professional body were reassuring for some, but not as important as recommendations
- Importance of checking practitioner's professional credentials grew with perceived risk or if seeking treatment for vulnerable patients (children, older people)

Practitioner's perceived effectiveness was critical when choosing them, but effectiveness was seen as subjective (1)

Effectiveness

- Participants knew from their experience of using different treatments and practitioners – including mainstream medicine – that treatments may work differently for different people → hence, their strong idea that effectiveness was subjective
- Effectiveness was therefore based on personal experience that a particular treatment worked for someone, rather than on any notions of scientific evidence

→ For this reason, many were open to trying new things in the hope of finding something that works for them

Some people when they have reiki, they can feel the energies in their body. Like me and my friend, we went to this gong therapy on Sunday night, and she said, 'I could feel all this tingling,' and all I could feel was my back was hurting. I was so busy concentrating on that, I missed what I was there for.

[Female, 40+,
Complementary, St Albans]

Everyone is different. What your idea of good lips is, could be different to someone else's.

[Female, 20-40, Other therapies –
cosmetic, Glasgow]

Practitioner's perceived effectiveness was critical when choosing them, but effectiveness was seen as subjective (2)

Effectiveness

In terms of pure science, homeopathy should never work in a million years, but it does. I've had personal experience, friends' personal experience, it clearly does work. [Male, 40+, Other therapies, St Albans]

- There was some awareness of controversies over some complementary therapies – particularly homeopathy – over missing scientific evidence for its efficacy, but response to that varied
 - One proponent of homeopathy commented how based on science homeopathy shouldn't work, but he knew from his and others' experiences that it worked
 - Others who thought homeopathic treatments equalled placebo, still sometimes recognised psychological benefits of this

It is almost like a placebo effect, if you believe in something it has a positive effect. A lot of people believe in certain things and they will have health benefits from it, so who is to say what is right or wrong. [Male, 20-40, Complementary therapies, Belfast]

On the whole, patients using these treatments saw themselves as capable consumers exercising their choice, with some exceptions



- ❑ **Most felt they could judge whether a practitioner or a treatment was beneficial to them or not**

→ Respondents therefore felt they had the means as consumers to protect themselves and others, e.g. by stopping using someone, warning others on social media

- ❑ **Potential exceptions to this were highlighted though:**

- Respondents who used counselling treatments explained they were not capable of researching treatments and practitioners when they acutely needed help, but depended on their friends' and family's help and recommendations
- Respondents also felt they needed to be more careful if sourcing treatments for children, older people or other vulnerable groups

I was so desperate, I didn't really look into it too much. I needed somebody at that point. I was talking to my friend on the phone and she said, 'Use her, she's amazing.' [Female, 40+, Counselling, Cardiff]

I think the thing is, women of our age in particular, we know what is good and what isn't. If someone's recommended you, you tend to go along, and if it works for you, fantastic, you'll go ahead. If it doesn't, you'll try again. [Female, 40+, Complementary therapies, St Albans]

III VIEWS ON THE ACCREDITED REGISTERS PROGRAMME

There was low awareness of oversight of professions covered by the AR programme

- ▣ **A small proportion knew of individual registers but there was no awareness of the Accredited Registers programme**

Individual registers

AR programme

- Those who have used counselling services sometimes aware of professional membership bodies for counsellors
- A few also heard of similar bodies for acupuncture, chiropractic or homeopathy
- Many were surprised that they hadn't heard about the programme when they learnt that it has been in place since 2012

For acupuncture there is a body that oversee them. [Female, 20-40, Other therapies, Nottingham]

It's [ARs] been around for 8 years but I've never heard of it, which suggests to me-, marketing's a very expensive activity, but whoever set this up, it's very worthwhile and valid, but like a lot of these oversight organisations, there are a lot that I don't know who they are. A lot of money has been put into this, but unless a significant number of people have heard of it, it's a waste of time. [Male, 40+, Complementary therapies, St Albans]

Once respondents learnt about the AR programme, there was a mixed response

- Respondents were broadly split into those who welcomed this protection and those who felt they could protect themselves as consumers without this

More interested

Less interested

- | | | |
|---|--|--|
| <ul style="list-style-type: none"> • Welcome this as greater protection for the public • Imagine practitioners checked in terms of training, CPD, hygiene, good practice, complaints process and accountability | <ul style="list-style-type: none"> • Appreciate protection but feel they would need it only in some situations, e.g. when using a new practitioner who hasn't been recommended or with higher risk treatments | <ul style="list-style-type: none"> • Feel that rapport and subjective effectiveness are more important than being registered, i.e. someone can be registered but not be good at their job • Trust recommendations more • Feel they can protect themselves as consumers, e.g. through social media |
|---|--|--|

I've never thought of it before, but I would check now I know about it. So, you know they're safe.
[Female, 40+, Counselling, Cardiff]

The register is just a name and a number, it doesn't say this person has high standard. It just says this person has met the minimum criteria set by this body, whether this person is good or bad that will be up to the people using the service. [Male, 20-40, Complementary, Nottingham]

Those who welcomed the ARs as public protection varied in their assumptions about what this meant

- ❑ **Some understood accreditation and registration in terms of processes and practices in place, e.g. whether someone had a complaints process, were they trained, were they safe etc.**
 - These respondents did not think that being registered meant anything about whether a practitioner was good at their job
- ❑ **Others, however, hoped that accredited registers would provide them with a list of people who did their job well**
 - They were more enthusiastic about accredited registers as for them, the registers suggested quality, including quality of someone's work

*I'm very glad of this. I am glad that it is working with the DHSC, and NHS England is a badge of trust when it comes to healthcare standards. So, if they are on here it is good enough for me, I am glad that they are providing **this list of people that can do the job well**. [Male, 20-40, Counselling, Nottingham]*

→ The notion of implied quality of work did not include conscious assumptions about efficacy at this stage

Learning about the programme also raised many questions and some struggled to understand how oversight worked (1)

- The following questions were most commonly raised across the sample:

[Why] Is registration voluntary?

Some surprise that registration was voluntary → Some felt this weakened public protection

[How] Are the standards enforced?

Those who welcomed the programme, wanted the standards to be enforced, but felt they did not know enough to judge this

Would they be simply checking that they have the complaints structure in place, rather than dealing with the complaints?
[Male, 20-40, Counselling, Nottingham]

If I was in that business, you'd go for it I would say, because it's another symbol you can show. I'm still not totally convinced there's enough checks going on. [Female, 40+, Counselling, Cardiff]

Learning about the programme also raised many questions and some also struggled to understand how oversight worked (2)

- The following questions were most commonly raised across the sample:

Is registration expensive?

Those less interested in the programme questioned whether cost may be preventing practitioners from joining and if registered ones might be more expensive

Who does what? How do they relate to each other? What does PSA oversight tier add?

Some also struggled to understand different tiers of oversight (individual registers and PSA) and what PSA oversight added that individual registers could not do. Some confused ARs govt-backed but area not regulated by law

If it is a small business, that is not long in existence, how much does it cost to get on here, they might just not have the money... [Male, 20-40, Complementary, Belfast]

Why isn't the Society of Homeopaths enough? Why does it need to have another level? [Female, 40+, Complementary therapies, St Albans]

Respondents' views about the AR programme often depended on answers to these questions

More interested in using ARs

Less interested in using ARs

- Those more interested in the programme thought that whether the public was protected depended on how much the standards were enforced, i.e. how much practitioners were checked, for what and how frequently
- Some who understood the two tiers of oversight appreciated the PSA was there to oversee the registers
- Those less interested were sometimes cynical, seeing the registration and accreditation in money making terms → implying those not registered could have been deterred by cost
- Some also imagined few checks and thought registration was probably a 'tick box' exercise
- A few proponents of complementary therapies also questioned why individual registers were not enough

→ Interested respondents were inclined to use the ARs, provided they felt the checks were in place . Particularly interested in using if considering new practitioners, treatment seen as high risk or for vulnerable person

→ Less interested respondents felt confident they could judge practitioners and protect themselves, e.g. 'vote with their feet', leave reviews on social media

IV ACCREDITED REGISTERS PROGRAMME AND THE QUESTION OF EFFICACY

Overview: Awareness, understanding and attitudes to ARs shape patients' views around the impact of accreditation on perceptions of efficacy (1)

BEFORE RESEARCH

- Currently low levels of awareness of accredited registers meant that accreditations did not influence respondents perceptions of treatments or behaviour when choosing practitioners

A friend of mine always says, if you're going somewhere privately, always check they have insurance, because that means they have a good code of ethics. Not what professional body they belong to, but whether they have insurance. You would assume that, but not everyone does. [Male, 40+, Complementary therapies, St Albans]

Most of the time I find contacts through the work that I am in, we swap therapies and things like that and it is usually just through word of mouth. You look at people's faces as well and if you see something good then you ask for the number and that is just the way it goes... [Female, 20-40, Other therapies – Cosmetic, Glasgow]

Overview: Awareness, understanding and attitudes to ARs shape patients' views around the impact of accreditation on perceptions of efficacy (2)

RESEARCH PROCESS

- Once informed about ARs, respondents split by how interested in using the programme they were into three groups:

- Group 1:** Positive about ARs but see it about processes and accountability rather than quality of work

- Group 2:** Positive about ARs and public protection; see ARs as lists of practitioners who do their job well (quality)

- Group 3:** Don't feel they need protecting through ARs and more interested in personal

- These different groups then responded slightly differently to PSA FAQ on efficacy explaining that accreditation did not imply efficacy of treatments

- Group 1:** Fine with this as this was what they thought before so nothing changed in their views

- Group 2:** Disappointed after considering that treatments not tested, feel ARs protecting less than they thought before

- Group 3:** Still not interested; for some this reinforces their lack of interest in ARs

- Some of these groups once again changed their views once they read the more detailed information on the ARs that also covered efficacy

- Group 1:** Their positive view of ARs as way to keep safe reinforced by additional information

- Group 2:** Initial disappointment and questions over protection overcame by more detail

- Group 3:** Remain uninterested in the ARs as see themselves as capable consumers

Prior to reading PSA comms, respondents did not think that the accreditation implied anything about efficacy of particular treatments

- **This view was held across the sample but for two main different reasons:**

Reason 1

- Belief that effectiveness of treatments is subjective and no one can guarantee that something will work for you

*Two of us could go to the same therapist, one could be happy, one couldn't. It's what your body needs. Acupuncture might work for me, but it might not work for you.
[Female, 40+, Complementary, St Albans]*

Reason 2

- View from some that accreditation was about processes, practices and accountability rather than quality and outcomes

I think this is a tick box exercise. Have you got insurance? Have you got a complaints process? While it has minimal value, it doesn't necessarily cure my bad foot. [Male, 40+, Other therapies, St Albans]

However, some who were positive about ARs felt disappointed after reading the FAQ answer on efficacy



□ There were several reasons for this disappointment:

- Feeling of public protection was diminished for some
- Some misunderstood this as saying that no one was checking practitioners
- Seen too much as a disclaimer – tone perceived as very blunt
- Statement about efficacy counterbalanced sufficiently by reassuring information about the standards and public protection
- Questions over boundaries of what can get accredited raised, e.g. can voodoo get accredited

How do I find someone on an Accredited Register?

Why should I use a practitioner on an Accredited Register?

I am a health professional. How do I get your quality mark and join your register?

Do people have to be on an Accredited Register to work in a health or social care?

Do Accredited Registers protect the public in the same way as statutory regulators?

Does having the quality mark mean that a particular therapy works?

No. Having the quality mark does not mean that the Authority has either tested or accredited a particular therapy. We do not make judgements on the efficacy of treatments or therapies. This is a matter for the NHS, employers and service users. It also does not mean that one therapy is better, or more effective than another. It does mean, however, that the practitioners delivering that therapy are part of a body that works to good practice and is committed to protecting the public.

What should I do if I am unhappy with someone on an Accredited Register?

More extensive information in other comms helped clarify the standards and overcome this disappointment for many (1)

- ❑ **Many felt the press release on the accreditation of the Society of homeopathy struck a better balance between explaining what the accreditation does and does not suggest, as well as a friendlier tone**
- ❑ Some were also reassured by information about the PSA included in the Notes to the editor (in particular, that it is accountable to the UK Parliament and that it can appeal fitness to practice decisions → this made the body sound more serious and powerful)

Accreditation does not imply that the Authority has assessed the merits of individuals on the register. This remains the responsibility of the Society of Homeopaths. It does not mean that the Authority has endorsed a particular approach or therapy; the public and employers will need to consider the information provided and decide if it is suitable for them. Accreditation means that the Society of Homeopaths' register meets the Professional Standards Authority's high standards in governance, standard-setting, education and training, management, complaints and information.

This reads a lot friendlier here than in the FAQ statement, it just reads friendlier, better. The FAQ example feels like they are washing their hands of it. To me, this is nicer and more approachable because they explain it, it gives you information that they can't recommend this, but we check these things and you have all of this back up behind it. It is just not as blunt. [Female, 20-40, Complementary, Nottingham]

More extensive information in other comms helped clarify the standards and overcome this disappointment for many (2)

- **Again, more detailed and specific information about the Standards was felt to counterbalance the statement about efficacy better, leaving more of a sense that the AR programme protected the public and how**

Accredited registers meet our demanding standards including protecting the public, governance, education and training, risk management and complaints handling. Practitioners on accredited registers:

- Meet approved levels of education and training and continuing professional development
- Sign up to codes of conduct and competence
- Are subject to disciplinary procedures if something goes wrong.

Accredited registers provide a safety net. A practitioner who is struck off one accredited register (or by a regulator) may not simply join another accredited register.

Notes

The Authority does not promote or endorse any particular treatment or therapy. It does not comment on the efficacy of the interventions practised by Accredited Register practitioners. Further information about the Accredited Registers programme can be found on the Authority's [website](#) or by contacting the Accreditation team by phone (0207 389 8037) or email (accreditationteam@professionalstandards.org.uk).

[Point] 1.3 outlines exactly what it does and the standards they have to meet. I feel a lot better knowing what they are more clearly. [Male, 20-40, Complementary, Belfast]

For me that clears things up a lot, it cements what I thought originally on how they help people and so on. Where it says we are accountable to UK parliament, that is better than government backed. [...] it is like Ts and Cs, and it goes into the disciplinary procedures and safety net, those things really stand out to me. [Male, 20-40, Counselling, Nottingham]

Across these different pieces of comms, the term ‘efficacy’ was poorly understood and disliked

- Some did not know what it meant at all, others guessed it meant effectiveness but disliked the term as they +were not sure about its precise meaning

Does having the quality mark mean that a particular therapy works?

No. Having the quality mark does not mean that the Authority has either tested or accredited a particular therapy. We do not make judgements on the efficacy of treatments or therapies. This is a matter for the NHS, employers and service users. It also does not mean that one therapy is better, or more effective than another. It does mean, however, that the practitioners delivering that therapy are part of a body that works to good practice and is committed to protecting the public.

What do you mean? Efficacy? I don't understand that. [Female, 40+, Complementary, St Albans]

Efficacy' I have a vague understanding of that, I would have to look it up. Does it mean efficiency? [Male, 20-40, Complementary, Belfast]

[Efficacy means] whether it works. Some people like to try lots of different things. [Female, 20-40, Other therapies, Glasgow]

Having considered all information, respondents did not think the accreditation would influence their view of treatments

- Those interested in using the AR programme commented how having ARs may influence them when choosing individual practitioners (e.g. choosing those registered over those not registered), but not their view or choice of treatments

Impact of ARs?

- Respondents thought their views of treatments were already set or influenced by other things (such as personal recommendations)
- For this reason, they did not think the ARs for particular professions would change their view of those particular treatments

It's like, oh you've suddenly woken up to the fact that alternative therapies are good.
[Female, 40+, Complementary therapies, St Albans]

It [ARs] wouldn't determine the therapy I'd use. If I wanted to go to hypnotherapy for my fear of spiders, I've decided that. I wouldn't have gone on to here and said, 'Oh, hypnotherapy, that's registered.' Would this determine the therapy? No, it wouldn't. The therapy I would decide on recommendation. [Male, 40+, Other therapies, St Albans]

Homeopathy example: Proponents of particular complementary treatments may take the accreditation as vindication of their views. Indeed, two respondents who were advocates of homeopathy felt the accreditation was the start of the recognition of that treatment. However, those respondents were already positive about homeopathy beforehand, so it wasn't the accreditation that made them feel this way. Similarly, others who were not interested in homeopathy, did not start considering it once they learnt of the accreditation.

However, a smaller number of respondents raised question over potential difference between rational vs. emotional response to the accreditation

- **These respondents pointed out that rationally they knew that the accreditation did not imply efficacy of treatments, but they wondered whether emotionally some vulnerable patients' response may be different**

Head vs. heart?

- They wondered if the accreditation could make someone vulnerable feel reassured about particular treatments because of people's need to feel protected and hope of good outcomes when they were ill and felt low
- A few also wanted to know how vulnerable groups would be protected, e.g. young people when choosing cosmetic services
- However, none felt that they would be these vulnerable patients who could be influenced in this way – respondents generally saw themselves as capable consumers who can protect themselves

My head tells me this [accreditation] doesn't do anything [beyond ensuring processes], but my heart says, it can't do any harm if this organisation is accredited. [Male, 20-40, Other therapies, St Albans]

Often when you're going to these people, you're ill, sick, angry, upset. You're emotionally as well as physically damaged. Here are a group of people that may help your affliction. They are put on a register saying that they're accredited to this organisation. Then, even if I'd never thought of them before, they might come on my radar as a possible solution to my problems. [Male, 40+, Other therapies, St Albans].

For some, questions also remained over legal regulation of treatments that can be provided

- ▣ **These respondents were left with the impression that aside from mainstream medicine other health and care treatments were not regulated beyond safety (i.e. whether it was harmful to patients)**

**Legal
regulation**

Vs.

**Personal
choice?**

- This raised questions over what the boundaries were, e.g. can voodoo treatments or witch doctors be accredited as long as they had the right processes in place
- Respondents in this camp questioned why there wasn't more regulation in this area

- In the context of this discussion, others also pointed out that there may be emotional benefits of using some treatments even if they were no different than placebo
- These respondents asked who had the right to decide what worked for others and what they felt helped them

I reckon if you looked at the criteria in order to become a member, it's all around your complaints system, education, things like that. I reckon if you were a voodoo witch doctor and you were sticking pins in an effigy, there's no reason why you couldn't become a member. There's no law.

[Male, 40+, Other therapies, St Albans]

V CONCLUSIONS AND RECOMMENDATIONS

Information covering the ARs and efficacy could be optimised to ensure better balance between what the ARs do and don't do

- ❑ Low awareness and confusion pose barriers to understanding the public protection and the role of the PSA → this impacts on the interest in using the ARs for some as they don't see how the ARs protect them
- ❑ In this context, information about the ARs not implying efficacy can be seen to further undermine claims that ARs offer public protection
- ❑ However, this can be overcome through better balance between information on the standards and the PSA role and information on efficacy. In particular, the following information is important to provide:
 - Explanation of what the PSA oversight adds to what individual registers do (i.e. PSA check that the registers enforce the standards)
 - How the standards are enforced and what are they (who checks individual practitioners, how often, for what)
 - Explanation of the legal boundaries of what health and care treatments can be added
 - Explanation of how vulnerable patients and consumers are protected
 - Avoiding using the word efficacy where possible (instead use what works, effectiveness)
 - Potentially making it clear the accreditation does not imply efficacy more upfront so it does not feel as a disclaimer (needs to be also phrased to avoid misunderstanding³¹ that not testing therapies mean no one is checking practitioners)