

FHCP update



It has been an interesting few months for those of us on the FHCP Executive committee. As voluntary members with job descriptions to

submit, clients to see, waiting lists to manage and so forth, we have at times struggled to keep up with demands from the FHCP membership and more generally from the increasing pressure in the healthcare sector. However, we have now come up with a solution.

Together with a dedicated healthcare department at BACP, we are exploring a restructure of the Executive whereby members with expertise in specific areas will be asked to form short-life working groups on specific initiatives with clear aims, thus providing a more responsive strategic approach to healthcare counselling issues, as well as

hopefully opening up more accessible channels for communication with FHCP members. If you think there might be areas in which you could offer expertise and you are willing to get involved, please email shane.buckeridge@bacp.co.uk outlining your specialisms.

Recently the primary care division of Glasgow NHS has adopted the *Counselling Standards in Greater Glasgow* document – a huge piece of work led by Colin McCormack, which marks a watershed in terms of creating a standard across the most populated area of Scotland. For many years, due to the lack of takeoff of fundholding practices across Scotland, the development of counselling has been at best patchy. This document marks a genuine attempt to roll out consistency across the largest urban area of the country. It is also a fascinating attempt to create location-specific guidance using the FHCP best practice

guide¹ as its starting point. Copies of the document are available from Colin.McCormack@glacomen.scot.nhs.uk

Finally, in response to requests from our membership, the FHCP Executive has decided to roll out a programme of one-day seminars dealing with a variety of practitioner-based issues across a number of UK sites. Although this change will mean putting back the annual FHCP conference to spring 2006, we hope it will allow us to deliver some really relevant, accessible and affordable training to you in the meantime. Details will follow in future issues of *HCPJ*.

Shane Buckeridge, FHCP Chair

Reference

1 Sharman K, Seber P. Guidance for best practice: the employment of counsellors and psychotherapists in the NHS. Rugby: BACP; 2004.

Last word



Bereavement is a health issue – not I think because of the medicalisation of society, but rather because its impact on health

is being increasingly recognised – and people are increasingly expecting a first-class standard of health care. As the health service has continued to grow and improve it has tended to take in ancillary services such as counselling – which has to be a positive thing. Thus the sort of collaboration described by Sharman Partridge between St Richard's Hospice and the South Worcestershire Primary Care Trust is bound to improve the quality of care for bereaved people, along with the status of counsellors working in the NHS.

Nevertheless, the question of the medicalisation of society and of

counselling alongside it is sure to arise in any discussion among counsellors of the proposed new diagnostic category of 'complicated grief'. So it has been good to facilitate the exchange between John Eatock and Holly Prigerson (p13) on whether we run the risk, with this label, of pathologising normal grief reactions. Grief can be very extreme, even within the 'normal' range. However, as Dr Prigerson says, the diagnostic criteria for complicated grief are very conservative – and this approach, more than any other, allows for the recognition and treatment of people who are really entrenched in their grief and who might otherwise remain stuck. I hope we can continue this discussion in future issues of *HCPJ*.

One of the pleasures of doing this job is that I get to work with a lot of clever and interesting people. I was especially pleased this time to commission the article by Dr Pedro Huertas on the physical impact of bereavement. I did my PhD thesis in neuropharmacology, and retain a healthy respect for the complexity

of the central nervous system and its workings. Listening to Margaret Wilkinson at the recent annual conference of the Association of Counsellors and Psychotherapists in Primary Care (CPC) I found myself feeling rather sceptical of the notion that therapy can 'resculpt' the brain. After reading and re-reading Dr Huertas' article, I feel more inclined to stay open-minded on this topic.

Many thanks are due to Rosie Dalzell and Anne Viney – whose lead article provided the impetus behind this issue. As managing editor of Cruse's international journal, *Bereavement Care*, Rosie is my opposite number. Her friendly, patient and thoughtful assistance has been invaluable in putting together this issue of *HCPJ* – and is greatly appreciated.

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