

9th March 2004

Dear Colleague

Re: Consultation on the Structure of the HPC Register

The Health Professions Council (HPC) would like to seek your views on how the HPC register should be structured in the future and how this will affect changes to the number of Council members following any decision by the Secretary of State that HPC should regulate a profession.

The HPC Register

The HPC currently regulates 12 professions. The Council has 25 members consisting of a President, 12 registrant members and 12 lay members. (There is also an alternate member for each registrant member.) There is a correlation between the size of the Council and the number of professions it regulates as there must be a registrant member for each part of the register and the number of lay members must reflect the number of registrant members.

The relevant parts of the Health Professions Order 2001 are set out in Appendix A at the end of this document.

Since the HPC was established in April 2002 we have been approached by over a dozen aspirant professions seeking regulation, including Operating Department Practitioners (ODPs) and Applied Psychologists. The HPC has recommended to the Secretary of State for Health that both of these professions should be regulated by HPC. Following a recommendation from HPC the Department of Health normally undertakes a public consultation (and has already done so in relation to the ODPs), and, depending on the outcome of that consultation, Parliament may then be asked to amend the Health Professions Order 2001 to bring the new profession into regulation. This process may take up to two years to complete.

HPC consulted in 2002 on how the register should be structured to take account of decisions by the Secretary of State that other professions should be regulated by HPC but, at the time, we received very few responses. This was probably because respondents wished to address more immediate and substantive issues relating to the establishment of the HPC at that time. However, applications from aspirant professions and recommendations that some of them should be regulated by the HPC mean that we need to resolve this issue within a reasonable timeframe.

The Council has given initial consideration to the following options for the future structure of the HPC register:

Option One:

The regulation of a new profession by the HPC should always result in the creation of a new part of the register and the number of Council members increasing by two.

This option was rejected because if the size of the Council was to be increased beyond approximately 30 members it would likely lead to a reduction in the quality of decision making, make the Council far less strategic and impede effective corporate governance.

In addition, some of the aspirant professions may be very small, possibly with less than 250 potential registrants. Whilst HPC policy is that the small size of a profession should not, of itself, be a barrier to regulation, the Council does not believe that it would be equitable for very small professions to have a disproportionate representation on the Council.

Option Two:

The number of registrant members of Council should not directly correlate to the number of parts of the register or the number of specific professions.

The registrant members of the Council could be drawn from professions grouped together on the basis that they undertake similar work or deliver similar treatments. For example, these could be: diagnostic practitioners, scientists, technologists and therapists.

While this radical option had merit in reducing the size of the Council it would require a complete redrafting of the legislation governing the HPC and therefore was rejected as impractical.

Option Three:

Gradual evolution of the structure of the register and the number of members of Council.

Each time it is agreed that an aspirant profession is to be regulated by the HPC, parts of the register should be added, combined, closed or sub-divided.

To aid consideration of this option a number of theoretical examples follow.

PLEASE NOTE: These theoretical examples do not represent decisions which the Council has made and should not be treated as such. They are included here only for the purpose of assisting the consultation process.

The examples are:

- If regulated by HPC, dance movement therapists could be registered in a subsection of the arts therapist part of the register. There would be no increase in the number of Council members.
- If regulated by HPC, sonographers could be registered in a subsection of the radiographer part of the register. There would be no increase in the number of Council members.
- A new part of the register could be opened for healthcare scientists. The parts of the register for biomedical scientists and clinical scientists would then be closed. New subsections of the register would be created to reflect those two professions and other healthcare science disciplines, for example technologists, biomedical and physiological. The number of Council members would be reduced by two.
- A new part of the register could be opened for perioperative practitioners. This could encompass paramedics, ODPs, and clinical perfusionists. The number of Council members would rise by two if the ODPs are added to the HPC register as a new part and then fall by two if the paramedic and ODP parts of the register were subsequently amalgamated into this new part.
- If HPC regulated nutritionists, the dietitian part of the register could include both dietitians and nutritionists. There would be no increase in the number of Council members.
- If HPC regulated sports therapists they could be added to the physiotherapist part of the register as a subsection, with the part renamed as physiotherapists and sports therapists. There would be no increase in the number of Council members.
- If regulated by HPC, psychotherapists could be included in a new part of the register but that part could subsequently include all those in the existing art therapist part and new groups such as healthcare chaplains. Overall, there would be no increase in the number of Council members.

This is the Council's preferred option as it provides a flexible mechanism for ensuring that HPC remains an effective regulator whilst allowing decisions about the structure of the register and thus the Council to be made taking account of the circumstances arising from a profession being brought into regulation.

Regulatory Impact Assessment

A Regulatory Impact Assessment will be published once the Health Professions Council reaches a conclusion on how to structure the Register.

Regulation of supervised practitioners

Currently, the professions regulated by HPC are autonomous practitioners who are generally not supervised in their day to day work. A number of other UK healthcare regulators are now extending their remit to regulate supervised practitioners. The Council has decided that the possibility of extending regulation to supervised practitioners should be considered only once it has resolved the issues surrounding how the HPC register should be structured and its impact on the number of Council members following a decision by the Secretary of State to regulate a profession.

To assist the Council in reaching a definitive position, we would welcome your comments on how the register should be structured in the future. In particular:

1. **What are your views on the Council's conclusion that regulation of a new profession by the HPC should not always result in the number of Council members increasing by two?**

2. **What are your views on the Council's conclusion that ending the link between the number of Council members and the number of parts of the register would be impractical?**

3. **What are your views on the Council's conclusion that the structure of the register and the number of members of Council should evolve as new professions become regulated by the HPC?**

4. **Assuming that the Council adopts the option of gradual evolution, what principles or criteria do you believe the Council should use to structure the register?**

Consultation Process

The Council is conducting a three month consultation concluding on 1st June 2004. This will put the Council's proposals before a wide range of stakeholders including bodies representing currently regulated professionals, aspirant professions, other professional bodies, and government departments.

All interested parties are invited to give their views and to respond to this consultation document, further copies of which can be obtained from the Council website at www.hpc-uk.org. Your response may be made public, but if you prefer it not to be attributed please make this clear when replying.

Following the consultation period all written responses will be analysed and the Council will publish a document summarising the views it received. The target date for this is July 2004.

The decision of the Council will be published in August 2004.

If you have any questions about the process please email HPC at consultonregister@hpc-uk.org or contact:

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Yours sincerely

Marc Seale
Chief Executive and Registrar

Relevant provisions of the Health Professions Order 2001

Article 3 (17)

“The Council may-

(a) make recommendations to the Secretary of State concerning any profession which in its opinion should be regulated pursuant to section 60(1)(b) of the Health Act 1999;...”

Article 6 (1)

“The register shall be divided into such parts as the Privy Council may by order determine, on a proposal by the Council or otherwise...”

Number of Council Members

Schedule 1, Paragraph 2(2)(b)

“at least one registrant member and one alternate member shall be appointed from each part of the register and the number of members shall be equal;”

Schedule 1, Paragraph 5

“On a proposal from the Council or otherwise the Privy Council may by order vary the size or composition of the Council,...”

List of those being consulted

Allied Health Professions Federation
Ambulance Service Association
Artists in Mental Health
Association for Dance Movement Therapy UK
Association of Child Psychotherapists
Association of Clinical Scientists
Association of Operating Department Practitioners
Association of Osteomyologists
Association of Professional Music Therapists
British Association for Behavioural & Cognitive Psychotherapies
British Association for Counselling & Psychotherapy
British Association for Sports Rehabilitators & Trainers
British Association for Tissue Banking
British Association of Art Therapists
British Association of Dramatherapists
British Association of Play Therapists
British Association of Prosthetists & Orthotists
British Chiropody & Podiatry Association
British Confederation of Psychotherapists
British Dietetic Association
British Medical Ultrasound Society
British Orthoptic Society
British Paramedic Association
British Psychological Society
British Society of Echocardiography
British Toxicology Society
Chartered Society of Physiotherapy
College of Occupational Therapists
Council for the Regulation of Healthcare Professionals
Craniosacral Therapy Association
Department of Health
Department of Health, Social Services & Public Safety (Northern Ireland)
Federation of Holistic Therapists
Hospital Play Staff Education Trust
Institute for Arts in Therapy & Education
Institute of Biology
Institute of Biomedical Science
Institute of Chiropodists & Podiatrists
Institute of Maxillofacial Prosthetists & Technologists
Institute of Medical Illustrators
Institute of Physics & Engineering in Medicine
National Assembly for Wales
National Association of Hospital Play Staff

National Sports Medicine Institute of the UK
Nutrition Society
Play Therapy UK
Privy Council Office
Registration Council for Clinical Physiologists
Royal College of Speech & Language Therapists
Scottish Executive Health Department
SMAE Institute
Society for Vascular Technology of Great Britain & Ireland
Society & College of Radiographers
Society of Chiropodists & Podiatrists
Society of Clinical Perfusion Scientists of Great Britain & Ireland
Society of Sports Therapists
UK Association of Sonographers
UK Council for Psychotherapy
UK Voluntary Register for Public Health Specialists
Voluntary Register of Clinical Technologists