

Application to the  
Health Professions Council  
for the Regulation of  
SPORTS THERAPISTS and SPORTS THERAPY  
Summary Document

# Application to the Health Professions Council for the Regulation of SPORTS THERAPISTS and SPORTS THERAPY

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<b>Name of applicant occupation</b>	Sports Therapy
<b>Suggested titles for protection</b>	Sports Therapist and Sports Therapy



## Structure of the Submission Document

The submission follows the structure outlined in the Health Profession Council's 'Guidance for Occupations Considering Applying for Regulation by the Health Professions Council' (Dec 2004) and is as follows:

- **Part A** of the assessment - relating to whether an occupation is eligible for regulation.
- **Part B** of the assessment - relating to the **ten criteria** with which regulated professions are required to comply.
- **Additional Considerations** – relating to:
  - (i) the impact on Council's ability to carry out its functions effectively
  - (ii) protected titles and transitional arrangements ("grandparenting")
  - (iii) views of others
- **Appendices** – containing supporting evidence for the application submission.



## Introduction

Since 1990 Sports Therapy has become one of the fastest growing occupational titles within the United Kingdom. In this 15 year period there has been a dramatic growth in the provision of unregulated Sports Therapy and related courses. There are currently over 300 Colleges<sup>1</sup> offering programmes on a full and part-time basis which, at their conclusion, may enable students to call themselves Sports Therapists. These courses are of a varying content, length and resulting qualification. Only a small proportion of these courses are recognised and/or accredited by The Society of Sports Therapists which was formed in 1990 and is an independent professional lead body for Sports Therapists and Sports Therapy within the United Kingdom.

Statistically, if each of the aforementioned 300 Colleges qualified 25 Sports Therapists on an annual basis, there is the potential to produce over 75,000 practitioners in 10 years time. Such practitioners would be unregulated and have distinctly differing levels of knowledge and abilities. They would also be eligible to call themselves Sports Therapists and provide Sports Therapy without any regulation, accountability and, in many cases, with no professional indemnity insurance cover.

The undeniable growth of courses and the potential number of unregulated Therapists clearly indicates, even after such a short period of time, that this profession should be regulated before it becomes unmanageable and even more unaccountable.

Allied to this, there has been an increase in encouragement and support from both government and other influential bodies, resulting in a significant expansion in public participation within sport and fitness. Such an increase in participation brings the additional risk of injury and disability.

Figures produced by the Royal Society for the Prevention of Accidents (RoSPA)<sup>2</sup> show that over 790,000 sports participants were treated in Accident and Emergency Departments within England and Wales during 2002. If each of these participants missed just one day from work



because of his or her injury, approximately 6,000,000 working hours would have been lost during this year alone.

The top 5 sports contributing to these statistics\*, in England and Wales are:

<b>SPORT</b>	<b>NATIONAL ESTIMATES</b>
Football	394,851
Rugby Football	75,440
Cricket	22,263
Horse-riding	21,505
Skateboarding	20,172

\* It should be noted that the figures do not include Scotland or Northern Ireland.

Should each of the above injuries have required further rehabilitative treatment following a visit to Accident & Emergency, this, for the most part, would not have been immediately available or accessible through current healthcare provision. The potential for such “patients” to seek advice from practitioners, whom they consider to have specialist knowledge within this area e.g. “Sports Therapists”, is high. As such, many would be seeking help and assistance from practitioners with differing levels of skills and expertise and no accountability or regulation.

Such a situation is fast becoming a reality. There are not enough regulated healthcare professionals appropriately and suitably trained and readily available to deal with injuries that may have personal, economic and occupational consequences. The public is therefore at risk in actively seeking care and treatment from a totally unregulated profession, but one that does include some well trained and very competent practitioners. It is the difficulty that the public faces in trying to identify these practitioners that puts them at risk; a risk that would be eliminated if Sports Therapists and Sports Therapy were regulated and thereby standardised.



There is an ongoing commitment from government to increase mass participation in sport and exercise in order to gain health benefits for the nation. As such there has been a positive promotion of physical education within schools and through other fitness initiatives as well as increased lottery funding for sports within the United Kingdom. There is the much publicised promotion of elite sport as the 2012 London Olympics become a focal point for ambitions and ideals. Additionally, there is also the Department for Education and Skills' initiative to commission over 400 sports colleges within the United Kingdom, all with the aim of enhancing opportunities for young people to participate in sport. There is also a desire to raise standards of excellence in both the teaching and learning of PE and school sport. This clearly underlines the fact that sport and exercise are here to stay and are being encouraged for the benefit of the nation.

Consequently, the resultant injuries and problems that will undoubtedly occur must have the opportunity to seek care from a regulated, standardised specialist Sports Therapy profession.

### **References:**

1. Sports Therapy: A Public Risk Too Far – A Briefing Document

The Society of Sports Therapists, May 2003 - This document is detailed in **Appendix D**

2. Leisure accidents by sport and injury survey 2002

Royal Society for the Prevention of Accidents (RoSPA)



# PART A



**Part A:**

**Only those occupations involving at least one of the following activities are eligible for regulation:**

- 1. Invasive Procedures*
- 2. Clinical intervention with the potential for harm*
- 3. Exercise of judgement by unsupervised professionals which can substantially impact on the patient health or welfare*

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Sports Therapists and Sports Therapy are currently not regulated but are believed to be eligible for and requiring statutory regulation, as their activities involve:





- Clinical intervention with the potential for harm
- Exercise of judgement by unsupervised professionals, which can substantially impact upon patient health or welfare

Sports Therapists may work as autonomous practitioners e.g. in sports and leisure centres, private clinics and with recreational or professional sports teams/clubs. They may also be part of a multi-disciplinary team e.g. within a professional or semi-professional sports team/club. Sports Therapists are trained to work in the competitive and training environments with immediate acute conditions as well as working within a clinic-type facility. Sports Therapists work autonomously having been trained to carry out detailed patient examination and assessment procedures. This enables qualified Sports Therapists to reach a working diagnosis and make professional decisions about the treatment and rehabilitation pathway and procedures that will be most beneficial to the patient. Sports Therapists expect to take full responsibility for their actions through all aspects of their work.

## Evidence

- **Clinical interventions with the potential for harm** are performed by Sports Therapists. Examples include: immediate First Aid including CPR, examination and assessment techniques, manual therapy and mobilisations, remedial and sports specific massage including deep tissue work, electrotherapy, rehabilitation exercises and injury prevention strategies.
- **Exercise of judgement by unsupervised professionals which can substantially impact on the patient health or welfare**  
Examples include: decision making in a competitive and/or training environment which relate to First Aid, CPR and spinal conditions. Also included are decisions relating to examination procedures, rehabilitation and treatment. Sports Therapists will also be involved in the decision making process relating to when it is safe for patients to return to full unrestricted activities or competition.



This is evidenced in The Society of Sports Therapists' document 'Competencies and Scope of Practice for Sports Therapy' in **Appendix A(i)**. This document details the core competencies in which all Sports Therapists should be trained.



# PART B

## Section: 1



Part B, 1:

**The occupation must cover a discrete area of activity displaying some homogeneity.**

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Sports Therapists practise a combination of activities which are often in situations distinct to Sports Therapy.

Fundamental to the application of Sports Therapy, a Sports Therapist must have knowledge of:

- **Sports specificity**
- **The integration of the principles of sport and exercise science theory and practice**
- **Sport and exercise related injuries which can occur throughout the age and ability spectrum**
- **Sports psychology and its relevance to injury**

Sports Therapy differs from other currently regulated health professions in the following ways:

**1. Prevention of injury:**

- The application of physical examination and screening procedures specific to sport and exercise
- The application of programmes of physical conditioning appropriate to sport and exercise
- The application of soft tissue mobilisations and massage prior to, during and on completion of competition and training
- The application of preventative taping and strapping in a sport and exercise environment
- The fitting and maintenance of prophylactic equipment appropriate to sport, exercise and rehabilitation
- Understanding of and responding to the risk factors in sport and exercise, including the identification and management of environmental risks
- In applying knowledge of hydration and nutrition strategies in sport and exercise
- In the recognition and acknowledgement of psychological factors affecting performance in a sport and exercise environment



- In liaising with coaches and managers on matters pertinent to Sports Therapy and Sports Therapists

## **2. Early Management of Injury:**

- In training for the provision of immediate aid and its application in sport and exercise environments
- In the immediate injury assessment in a sport and exercise environment
- In the immediate safe and effective management of injury in a sport and exercise environment
- In determining return to play or the safe removal of the injured participant from a sport and exercise environment
- In facilitating any necessary transition into the healthcare system as appropriate

## **3. Rehabilitation:**

- In the application of the principles of pathology of injury in the rehabilitation process
- In the application of the principles of exercise physiology in the rehabilitation process
- In the recognition of and progression through the distinct stages of rehabilitation and the appropriate selection and use of exercise therapy
- In delivering sports specific rehabilitation programmes
- In the recognition of the role of sports psychology in the rehabilitation process
- In the recognition of the physiological effects of inactivity of the human body and the implications for rehabilitation and reconditioning
- In identifying the appropriate use of relevant therapeutic treatments and modalities during the rehabilitation pathway
- In the application of manual therapy techniques including massage and mobilisations within the rehabilitation process

## **4. Education:**



- In the role of educating the active person regardless of age and ability in the prevention of injury. This will involve assessing the physical condition of the individual and designing programmes to enhance their ability to perform their activity whilst minimising the risk of injury or illness.
- In the education of the active person in personal hygiene and control of health risks associated with their activity.

#### **In Addition:**

Sports Therapy does have some overlap with other regulated healthcare professions. These overlaps are most notably in the areas of anatomy and physiology, pathophysiology, musculo-skeletal assessment, biomechanics, therapeutic techniques, professional practice, ethics and evidence based practice. However, Sports Therapists will approach these, being specifically mindful of both the demands on the body and the nature of active individuals in a sport and exercise environment. In a number of universities where Sports Therapy is delivered, other registered health profession courses operate and are seen by the delivering universities as distinctly different occupations.

**Evidence** to show Sports Therapy practises activities that:

- Are distinctly its own: **Appendix B1(i) - Competencies and Scope of Practice For Sports Therapy- the recommended minimum competencies at the point of statutory regulation**
- Are common across the occupation: **Appendix B1(ii) - Mapping of University courses to Sports Therapy Competencies** - Examples from: The University of Central Lancashire, The University of Teesside



# PART B



# Section: 2

## Part B 2:

### The occupation must apply a defined body of knowledge

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Sports Therapists have a defined body of knowledge as laid down in the Competencies and Scope of Practice for Sports Therapists **Appendix B2(i)**. This is evidenced by university course specifications which deliver training in these competencies. Examples are given in **Appendix B2(ii)**.





## **Evidence**

B2 (i) **Competencies and Scope of Practice for Sports Therapy**

B2 (ii) **Universities Course Specifications** - Examples from: The University of Huddersfield, The University of Central Lancashire



# PART B

## Section: 3

**Part B 3:**

**The occupation must practise based on evidence of efficacy.**

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As a relatively new and modern healthcare profession, Sports Therapy has always had evidence-based practice at its core.

Graduate entrants to the profession have completed courses with a strong focus on the critical analysis and application of research within the Sports Therapy and related health and exercise environments. The importance of adapting practice based on evidence of efficacy of, for example, altered treatment techniques, is also a key part of training. This produces practitioners with the ability to constantly modernise, rationalise and justify their working practices for the benefit of their patients.

Qualified Sports Therapists who are members of The Society of Sports Therapists continue to be exposed to the latest developments in evidence-based practice via the compulsory Continuing Professional Development (CPD) requirements of The Society. Please see **Part B10** for further information on Sports Therapy CPD.

## **Evidence**

- **Sports Therapy practice is subject to research into its effectiveness.**

This can be demonstrated by the various research activities of Sports Therapists, some examples of the following are provided in **Appendix B3(i)**

- Published research papers and poster presentations
- Conference presentations
- Graduate research projects
- Other publications



- **There is an established scientific and measurable basis for measuring outcomes of Sports Therapy practice and supporting the Sports Therapy body of knowledge.**

All of the core competency areas of Sports Therapy are based on established scientific foundations. Research supporting the practices of Sports Therapists is constantly being updated by evidence that comes from the various Sports Therapy and health and exercise related disciplines on which the profession is founded. Examples of recent research that demonstrates support for aspects of the Sports Therapy core competencies are given in **Appendix B3(ii)**.

- **Sports Therapy subscribes to the ethos of evidence-based practice including being open to changing treatment strategies when the evidence is in favour of doing so.**

This is evidenced by the content of undergraduate Sports Therapy degree programmes and the compulsory Continuing Professional Development subscribed to by members of The Society of Sports Therapists. Examples of research that has led to changes in practice are given in **Appendix B3(iii)** e.g.

- Research providing new evidence to alter techniques
- Research into the shortfalls relating to sports injury care provision leading to the development of new teaching modules to enhance aspects of Sports Therapy training
- The European Resuscitation Council guidelines on immediate first aid management within a sporting environment



# **PART B**

## **Section: 4**



**Part B 4:**

**The occupation must have at least one established professional body which accounts for a significant proportion of that occupational group**

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The Society of Sports Therapists was established in 1990. Until that time the occupational title Sports Therapist was unknown. It is difficult to ascertain the current situation with regard to the number of practising Sports Therapists as it is not compulsory to join The Society of Sports Therapists in order to practise. Many opt not to and reasons for this may be related to a reluctance to meet CPD requirements and/or be answerable to a professional body. These two reasons alone reinforce why Sports Therapists should be statutorily regulated. This course of action would ensure that the public is protected and can be confident that any Sports Therapist they may access is answerable and regulated.

As can be witnessed by the attached documentation, The Society of Sports Therapists has made concerted efforts since 1990 to establish the current situation (see **Appendix D**). From the evidence gathered, it seems unequivocal that The Society of Sports Therapists is the largest membership organisation solely for Sports Therapists in the United Kingdom. It is definitely the only Sports Therapy professional body allied to Universities offering undergraduate programmes in this specialist area.

Evidence is listed in **Appendix B4**.

**Evidence**

B4 (i) History of The Society of Sports Therapists



- B4 (ii) Communication with other organizations running Sports Therapy courses
- B4 (iii) Memorandum of Association of The Society of Sports Therapists
- B4 (iv) Selected extracts from minutes of Council, Board and Executive Committee Meetings of The Society of Sports Therapists showing the development of the organisation and progression towards application for statutory regulation
- B4 (v) Election rules of The Society of Sports Therapists
- B4 (vi) Organisational Chart for the Society of Sports Therapists

# **PART B**

## **Section: 5**



**Part B 5:**

**The occupation must operate a voluntary register(s)**

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The Society of Sports Therapists is a professional body for Sports Therapists. Membership is not compulsory and it is not a necessary requirement to practise. Members join because they recognise and understand the benefits that membership of such an organisation offers.

Membership is renewed on an annual basis. This means the register is truly voluntary as it is not compulsory to join The Society of Sports Therapists and requires a positive action each year to renew and retain membership.

The membership fees do not include mandatory professional liabilities insurance. Members may obtain insurance elsewhere if they wish and have the right to opt in or out of being insured by the Society's insurers. It is not the duty of The Society to sell insurance but to provide it as a service to its members. Sports Therapists do not have to join The Society of Sports Therapists to be insured. Members of The Society of Sports Therapists must be insured to practise Sports Therapy.





As part of its role and for many years, The Society of Sports Therapists has communicated on a regular basis with members, the principles, benefits and obligations of statutory regulation. This has been done via letter and through the Society website on the membership only area. All members have been given the opportunity to express their views on the application for statutory regulation and no adverse comments have been received.

Evidence is provided in **Appendix B5**.

### **Evidence**

- B5 (i) Letters from the Chairman of The Society of Sports Therapists informing members of the application for statutory regulation and related information.
- B5 (ii) Letter from the Chairman of The Society of Sports Therapists informing members of the fees and other potential financial implications of statutory regulation
- B5 (iii) Notice of AGM of The Society of Sports Therapists and an extract from the minutes of this meeting showing discussion of statutory regulation of Sports Therapists and Sports Therapy
- B5 (iv) Information detailed on the website of The Society of Sports Therapists relating to the application for statutory regulation

# PART B



# Section: 6

## Part B 6:

### The occupation must have defined routes of entry

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Historically, entry to the profession was at Diplomat level. It is recommended, with the advent of the degree course in 1996 and the subsequent development of 9 other similar programmes, that from the point of statutory regulation, entry to the profession should be graduate status only. This level is a BSc (Hons) Sports Therapy. As such, all routes of entry will be benchmarked by the



Quality Assurance Agency and approved by the Health Professions Council. Examples of specific university entrance requirements are listed in **Appendix B6(i)**

At the time of application there are a further three universities in the final stages of developing a BSc (Hons) Sports Therapy in collaboration with The Society of Sports Therapists, to commence in 2006 and 2007. Other universities have also expressed an interest and are in discussions with The Society of Sports Therapists. Three of the universities currently running the degree programme, in collaboration with The Society of Sports Therapists, are finalising the introduction of an MSc Sports Therapy during the academic year 2006-2007. These programmes will give successful graduates 'a right for registration and practice' and membership of The Society of Sports Therapists and are specifically aimed at graduates with Sport and Exercise Science Degrees.

It is anticipated that from the time a transitional register is opened by the Health Professions Council until the final closure of that register, a 'grandparenting' period will be run. This will allow Sports Therapists who are not members of The Society of Sports Therapists, but who wish to apply for registration with the Health Professions Council, to do so. The proviso will be that such persons can prove that they are/have been working under the occupational title of 'Sports Therapist' for a defined period of time and are in good standing.

Evidence is provided in **Appendix B6**.

**Evidence:**

B6 (i) University entrance requirements for BSc (Hons) Sports Therapy courses

B6 (ii) Extract of minutes from Executive Committee meetings of The Society of Sports Therapists demonstrating defined routes of entry to the profession



# PART B

## Section: 7

### Part B 7:

**The occupation must have independently assessed entry qualifications**



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The educational establishments currently providing undergraduate training in Sports Therapy leading to membership of the professional body (The Society of Sports Therapists) are independently assessed and monitored. This ensures that those entering the profession from these courses have reached the required level of training and competence. The establishments have collaborative agreements with The Society of Sports Therapists and these require that, the courses and examinations are moderated by The Society of Sport Therapists. This guarantees that the courses leading to professional qualifications are of a similar standard. This independent monitoring by The Society of Sports Therapists of the courses that it recognises, is in addition to Quality Assurance Agency assessments and those performed by each university, as part of their internal academic reviews.

Course content is assessed to ensure that all of the specified core competencies of Sports Therapy are met and delivered in an appropriate way and, at a relevant level, by the establishments/organisations providing the training.

Moderation of examinations is performed, with moderators submitting a report of their findings to The Society of Sports Therapists and to the educational establishment concerned. The moderation process monitors issues such as assessment format, content, facilities, fair treatment of students and adherence to correct procedural protocols. These processes ensure that the courses are being delivered and examined in a comparative fashion.

In the event of the statutory regulation of Sports Therapists and Sports Therapy, The Society of Sports Therapists intends to be available to provide ongoing help and support to the Health Professions Council. Members trained in the moderating process have already indicated a willingness to be involved in any future moderating role that is required by the Health Professions Council. The body of moderators is currently being expanded to cover the increasing number of universities wishing to deliver validated undergraduate Sports Therapy courses.



## **Evidence**

Evidence that the Sports Therapy profession ensures the monitoring and validation of its recognised qualifications is given in **Appendix B7** including:

- Memorandum of Co-operation with a university demonstrating that moderation by The Society of Sports Therapists must occur to validate the course. **Appendix B7(i)**  
Examples - The University of Huddersfield and The University of Hertfordshire
- Example of a Society of Sports Therapists' moderators report. **Appendix B7(ii)**
- Letter to members of The Society of Sports Therapists regarding recruitment of additional examiners and assistance to the HPC if required in the future. **Appendix B7(iii)**



# **PART B**

## **Section: 8**



**Part B 8:**

**The occupation must have standards of conduct, performance and ethics**

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The Society of Sports Therapists established, at the outset, codes of practice which set the standards for conduct, performance and ethics to which its members had to adhere. The criteria have been constantly scrutinised in order to keep them up to date in the rapidly changing world in which Sports Therapists practise. The codes of practice were revised in 2003 bringing them into line with relevant legislative changes and became The Society of Sports Therapists 'Standards of Conduct, Performance and Ethics'.

The Society of Sports Therapists is committed to upholding the professional standards required of a Sports Therapist within a multi-disciplinary sport and exercise setting.

Covered within the 'Standards of Conduct, Performance and Ethics' are issues such as:

- Patient confidentiality
- Acting in the patient's best interest
- Levels of personal conduct
- Member conduct, competence and health
- Knowledge and skill updating
- Effective communications





- Informed consent
- Keeping of patient records
- Professional and ethical behaviour
- Advertising guidelines

Also covered are items relating to standards of practice and proficiency including:

- Professional autonomy and accountability
- Professional relationships
- Identification and assessment of patients injury problems and needs
- Formulation and delivery of plans and strategies for meeting patients therapy needs
- Knowledge, understanding and skills
- Critical evaluation of the impact of, or response to, Sports Therapists' actions

Each member of The Society of Sports Therapists must adhere to the highest standards of conduct in attending to the needs of his or her patients. The Society of Sports Therapists embraces the belief that the ideals, standards and principles contained in the 'Standards of Conduct, Performance and Ethics' must be adhered to by each member.

All members are required to affirm that they will uphold these standards when they join The Society of Sports Therapists and on each subsequent annual renewal.

A member who violates any of the ideals, standards or principles set out in 'Standards of Conduct, Performance and Ethics' may be subject to disciplinary action as set out in the Disciplinary Procedure of The Society of Sports Therapists (see **Part B9** for further information on disciplinary procedures).

## **Evidence**

The published 'Standards of Conduct, Performance and Ethics' of The Society of Sports Therapists are given in **Appendix B8(i)**.



# **PART B**

## **Section: 9**



**Part B 9:**

**The occupation must have Fitness to Practise procedures to enforce those standards**

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Whilst it is expected that members of The Society of Sports Therapists will always follow the 'Standards of Conduct, Performance and Ethics' (**see Part B8**), a rigorous disciplinary and appeals procedure exists, should there be a complaint against a member from any source; public or professional. The procedures are transparent and publicly available through The Society of Sports Therapists' website.

The disciplinary procedure is a three-stage process which includes a right of appeal. Each stage of the disciplinary process is confidential and independent of the subsequent stages. This is to protect all of the parties involved from pre-judgment. The disciplinary process could ultimately lead to the erasure of a member from The Society of Sports Therapists' Register of Members, if



he/she is deemed to be unfit to practise by reason of misconduct, lack of competence or health.

Any complaint received at the head office of The Society of Sports Therapists is forwarded to the Society's Company Solicitor and then on to one of the Disciplinary Sub Committees; the Preliminary Hearing Group.

The Preliminary Hearing Group will consist of 3 persons. This includes 2 members of The Society of Sports Therapists and 1 (one) lay person. The Group will be chosen from a cadre of pre selected personnel who have volunteered to be part of the Society's disciplinary procedures.

The Preliminary Group then investigates the allegation, seeking whatever evidence and information is required to assist it in determining whether there is a case to answer or not. The member is also notified that a complaint/allegation has been made and he or she is advised to respond, through the Chairperson of the Preliminary Hearing Group, to any requests that the Group may make for information.

Should the Preliminary Group determine that there is a case to answer, the decision is passed back to The Society of Sports Therapists' Solicitor for him to disseminate the information to the member, the complainant, the Chair of the Professional Conduct Committee and the Chair of The Society of Sports Therapists. The Chairman of The Society of Sports Therapists then advises the member of his or her rights. He also formally advises the indemnity insurance underwriters if the complaint is one of negligence and/or malpractice.

The Chair of the Professional Conduct Committee initiates the process for a hearing to be held and advises the member accordingly. The Professional Conduct Committee will also consist of 3 people including 2 members of The Society of Sports Therapists and 1 (one) lay person. Once again, this Committee will be formed by personnel who have volunteered and who have



already been pre selected to fulfil this role. The personnel for both The Preliminary Hearing Group and The Professional Conduct Committee are different and there is no overlap.

Following the professional conduct hearing and, dependent upon the outcome, the member has a right of appeal, if appropriate. Full details of the appeals process and further details on Disciplinary Procedures are contained in The Society of Sports Therapists Disciplinary and Appeals Procedures and are given in **Appendix B9**.

### **Evidence**

**Appendix B9** contains evidence of the Disciplinary and Appeals Procedures of The Society of Sports Therapists and also, importantly, evidence that these standards are enforced. This evidence includes:

- The Society of Sports Therapists Disciplinary and Appeals Procedure. **Appendix B9(i)**
- Disciplinary Case summary demonstrating an anonymised case showing procedural activity.  
**Appendix B9(ii)**



# PART B

## Section: 10

### Part B 10:



## The occupation must require commitment to continuous professional development (CPD)

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Continuous Professional Development (CPD) has been compulsory for members of The Society of Sports Therapists since 1996. At the point of their annual membership renewal, members are required to submit their CPD portfolio for the preceding 12 months. The submitted documentation is scrutinised by the CPD Officer and administrative staff of The Society of Sports Therapists. There is a minimum commitment that every member must complete during each membership year, in order to maintain his or her right for membership renewal.

CPD is not measured exclusively in the attendance at recognised training courses, but in all aspects of life where an advancement of professional knowledge takes place. A list of activities without any explanation of what was learned or how this learning is to be applied is not adequate or acceptable.

A range of CPD activities which are acceptable include:

- *Work based learning* e.g. reflective practice, significant event analysis
- *Professional activity* e.g. teaching, presentation at conferences
- *Formal education* e.g. attendance at courses/workshops, undertaking research
- *Self-directed learning* e.g. reading journals, updating knowledge via internet.

All CPD activities must be evidenced by recording and commenting on the relevance and value to the individual Sports Therapist's development. Currently, 15 hours of relevant evidenced CPD are required per year for continued membership of The Society of Sports Therapists.

### **Evidence**

The Society of Sports Therapists' positive and proactive ongoing commitment to CPD is demonstrated by the following items given in **Appendix B10**.

- CPD information leaflet sent to all members of The Society of Sports Therapists.  
**Appendix B10(i)**
- Letter to members of The Society of Sports Therapists relating to CPD. **Appendix B10(ii)**



- Board of Directors' minutes relating to CPD development. **Appendix B10(iii)**

# Additional Considerations





## **Additional Considerations:**

### **1. Impact on Council's ability to carry out its functions effectively.**

The Society of Sports Therapists has considered the impact that the statutory regulation of Sports Therapists and Sports Therapy will have on the Health Professions Council. The Society is confident that the profession will be able to contribute competent individuals to support the decision-making and operational processes of the Council. An example of this has been provided in **Part B7** in relation to the assessment of professional entry qualifications.

In the event that the application for the statutory regulation of Sports Therapists and Sports Therapy is successful, The Society of Sports Therapists will be willing to provide ongoing help and support to the Health Professions Council as required. It is anticipated that this help will be in the areas of Sports Therapy course assessment and monitoring, utilising those of its members trained in the moderating process. The body of moderators is currently being expanded to cover the increasing number of universities wishing to deliver validated undergraduate Sports Therapy courses.

It is further understood that with the expansion of the number of professions regulated by the Health Professions Council, it may become necessary for some professions to be represented by registrants from other disciplines. The Society of Sports Therapists acknowledges this and affirms that members would be prepared to both represent and be represented by other Council delegates/professions, as required and in accordance with the Health Professions Council's electoral procedures.



## **Additional Considerations:**

### **2. Protected titles and transitional arrangements (“grandparenting”)**

The suggested titles for protection are ‘Sports Therapist’ and ‘Sports Therapy’. Should the statutory regulation of these titles be approved, it is suggested that all professionals who are members of the applicant group (The Society of Sports Therapists) should form the Council’s initial transitional register for this profession. From this point, the approved courses for entry to the Register of Sports Therapists will be degree courses, approved by the Health Professions Council. It is, however, suggested that those courses currently approved and moderated by The Society of Sports Therapists, remain validated, until such time as the Health Professions Council reviews them.

It is acknowledged that there are persons who have been practising safely and effectively under the title of Sports Therapist for a number of years, although they have not chosen to apply for membership of The Society of Sports Therapists. The Society of Sports Therapists would therefore support the application of transitional arrangements by the Health Professions Council, similar to those recently exercised for other regulated professions. A similar ‘grandparenting’ period would provide such practitioners with the opportunity to demonstrate that they are fit to practise under the protected title of Sports Therapist, by virtue of demonstrating that they are trained in the core competencies of the profession and have been practising under the title for 3 of the previous 5 years or a period, as stipulated by the Health Professions Council.



It is difficult to estimate the number of individuals who could fulfil the joint criteria of training and years practising using the title. Moreover, recent history has shown with other professions regulated by the Health Professions Council, how difficult this is to predict. The Society of Sports Therapists would be keen and willing to assist the Health Professions Council with the development and implementation of the transitional arrangement procedures for the profession of Sports Therapy, should the Health Professions Council deem it appropriate.

### **Additional Considerations:**

#### **3. Views of others**

A significant amount of support has been expressed for the statutory regulation of Sports Therapists and Sports Therapy from many different areas including other professions, professional bodies, patients and political representatives. There has also been strong support from practising Sports Therapists who wish to ensure that the public are protected by the standardisation and accountability that statutory regulation would enshrine. This protection is currently not present and, as such, places the public at a dramatically increasing and unquestionable risk from a rapidly expanding and unregulated profession.

### **Evidence**

**Appendix C** contains examples of the many letters of support that have been received for the statutory regulation of Sports Therapists and Sports Therapy and includes:



- Examples of letters of support including notable figures, national organisations, the public, sports clubs and members **Appendix C(i)**





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