

Options on how to structure the HPC Register following a recommendation to regulate a profession

The Health Professions Council currently regulates 12 professions. There is a direct correlation between the size of the Council and the number of professions it regulates because the number of council members is linked to the number of parts of the register.

The existing structure of the HPC register is detailed in *Attachment One*.

The Health Professions Order 2001 allows the Council to make recommendations on the regulation of new professions and the structure of the register. The Council has limited discretion on the future number of members because each new part of the register requires additional members of Council, namely Lay, Registrant and Alternate.

The relevant parts of the OIC are detailed in *Attachment Two*.

However, a new profession joining the register need not automatically result in a new part being opened and hence need not require an increase in the size of the Council. This is because parts of the Register can have Subsections as currently used for Arts Therapists and Clinical Scientists.

A range of generic ways in which the register could be structured are outlined in *Attachment Three*. It should be noted that only some of the options would result in the size of the Council increasing as parts of the Register could be merged or divided.

The issue is of pressing concern as of today more than a dozen aspirant occupations have indicated that they may seek to be regulated by the HPC and a similar number may do so within the next year. Clearly, if a significant number were to succeed in their applications, and were to have new Parts of the Register opened for them, the size of Council would increase dramatically, with all the attendant corporate governance issues that this may bring.

A list of the aspirant occupations is detailed in *Attachment Four*.

Lastly, it should be noted that at present all existing HPC registrants belong to professions where practitioners can work unsupervised. However, the HPC might decide to recommend, or it is possible that central government might require the HPC, to regulate supervised healthcare workers.

Four options on regulating supervised healthcare workers are outlined in *Attachment Five*.

The Council is requested to decide if, how and when it wishes to create a policy on structuring the Register following a recommendation to regulate aspirant groups.

Attachment One

Existing Structure of HPC Register 1st June 2003

<u>Part</u>	<u>Sub-Section</u>	<u>Protected Title</u>
Arts Therapist	Art Therapist Dramatherapist Music Therapist	Art Therapist Dramatherapist Music Therapist Art Psychotherapist
Biomedical Scientist		Biomedical Scientist
Chiropodist and Podiatrist		Chiropodist and Podiatrist
Clinical Scientist	1. Clinical Biochemistry 2. Clinical Genetics 3. Embryology 4. Medical Physics & Clinical Engineering 5. Clinical Microbiology 6. Haematology 7. Clinical Immunology 8. Histocompatibility & Immunogenetics 9. Clinical Physiology 10. Audiology	Clinical Scientist
Dietitian		Dietitian Dietician
Occupational Therapist		Occupational Therapist
Orthoptist		Orthoptist
Prosthetist and Orthotist		Prosthetist Orthotist
Paramedic		Paramedic
Physiotherapist		Physiotherapist Physical Therapist
Radiographer	Diagnostic Radiographer Therapeutic Radiographer	Diagnostic Radiographer Therapeutic Radiographer Radiographer
Speech and Language Therapist		Speech and Language Therapist Speech Therapist

Attachment Two

Relevant sections of the Health Professions Order 2001

Part II Article 3.-(17) - page 5

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

Part III Article 6.-(1) - page 6

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

Schedule1 Part I 2.(2) (b) - page 33

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

Schedule1 Part I 5, - page 34

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

Relevant sections of the Health Act 1999 Chapter c.8

Part III

60 Regulation of health care and associated professions

60. – (1) Her Majesty may by Order in Council make provision-

- (a) modifying for regulation of any profession to which subsection (2) applies, so far as appears to Her to be necessary or expedient for the purpose of securing or improving the regulation of the profession or the services which the profession provides or to which it contributes,
- (b) regulating any other profession which appears to Her to be concerned (wholly or partly) with the physical or mental health of individuals and to require regulation in pursuance of this section

Attachment Three

Generic Options for structuring the HPC Register

Four options have been identified on how the HPC register could be structured. They are as follows:

(I) Unconstrained

A new part of the Register is opened for each new profession and a new Council member is appointed.

Advantage

- * Straightforward system
- * No ambiguity of application

Disadvantage

- * Number of council members could increase to a point where the workings of the Council are compromised.
- * Good corporate governance would be difficult to demonstrate with a council consisting of many members.
- * The existing situation would be maintained, whereby a profession with a large number of registrants would have the same number of Council members as one with a small number of registrants. This may have the perception of lack of equity.

(II) Merger

As new professions join the HPC Register they are absorbed into existing Parts of the Register.

Advantage

- * Limits the number of HPC Council members.
- * Reduces barrier to regulation for new professions with small number of registrants and limited financial and human resources.
- * May reduce the existing situation where a profession with a large number of registrants would have the same number of Council members as one with a small number of registrants.

Disadvantage

- * May be perceived as being unfair by aspirant groups and/or the existing profession that would be combined.

(III) Create new Subsection

Advantage

- * Limits the number of HPC Council members.

- * Reduces barrier to regulation for new professions with small number of registrants and limited financial and human resources.

- * May reduce the existing situation where a profession with a large number of registrants would have the same number of Council members as one with a small number of registrants.

- * May not require amendment to the OIC by Parliament.

Disadvantage

- * May be perceived as being unfair.

(IV) Combinations of Options I to III

Attachment Four

ASPIRANT PROFESSIONS SEEKING REGULATION BY HPC

Aspirant organization	Profession	Estimated number of potential registrants
United Kingdom Association of Sonographers	Sonographers	3,000-5,000
The National Sports Medicine Institute of the United Kingdom	Healthcare practitioners involved in sport & exercise	/
British Association of Sports Rehabilitators & Trainers	Sports rehabilitators & trainers	250
Society of Sports Therapists	Sports Therapists	350
Craniosacral Therapy Association	Craniosacral Therapists	/
Registration Council for Clinical Physiologists	Clinical Physiologists involved in audiology, cardiology, neurophysiology, gastroenterology, respiratory physiology & hearing therapy	2,000 on RCCP register but a total of 7,500 engaged in the NHS
Institute of Biology & British Toxicology Society	Toxicologists	250
Association of Operating Department Practitioners	Operating Department Practitioners	7,500
Society for Vascular Technology of Great Britain & Ireland	Vascular Scientists	320
Society of Health Advisers in Sexually Transmitted Diseases	Health Advisers in Sexually Transmitted Diseases	350
College of Health Care Chaplains	Healthcare Chaplains	Approx. 50 within the College but some 450 engaged in the NHS

Aspirant organization	Profession	Estimated number of potential registrants
Institute of Medical Illustrators	Medical Illustrators	370
Society of Clinical Perfusionists	Clinical Perfusionists	350
Human Fertilisation & Embryology Authority	Healthcare professionals involved in embryology & assisted conception	/
Institute of Sterile Services Management	Sterile Services Managers	200
Society of Echocardiographers	Echocardiographers	2,000
Association of Phlebotomists	Phlebotomists	2,500
Association of Renal Technologists	Renal Technologists	350
Institute of Physics & Engineering in Medicine	Medical Technologists	1,300
Association of Medical Laboratory Assistants	Medical Laboratory Assistants	2,000
Diabetic Retinopathy Screeners	Diabetic Retinopathy Screeners	/
Association of Osteomyologists	Osteomyologists	/
Institute for Arts in Therapy & Education	Child Psychotherapists	/
National Association of Hospital Play Staff	Hospital Play Staff	400
British Association of Play Therapists	Play Therapists	300

Aspirant organization	Profession	Estimated number of potential registrants
Association of Dance Movement Therapists	Dance Movement Therapists	200
Counselling & Psychotherapy Central Awarding Body	Counselling & Psychotherapy professions	/
United Kingdom Council for Psychotherapy	Psychotherapists	35,000
Association of maxillofacial prosthetists & technologists	Prosthetists & Technologists	200
National Blood Service	/	6,000
National Association of Cytoscreeners	Cytoscreeners	800
The Nutrition Society	Nutritionists	/

Other expressions of interest: Herbalists
Critical Care Technologists
Mortuary Technicians

Attachment Five

Register of supervised Registrants

1. Reject completely.
2. Accept only if they are supervised by Registrants.
3. Open a part of the Register for all supervised registrants.
4. Open subsections of the register to reflect who supervises the Registrant, for example Physiotherapy Assistant as a subsection of the register for Physiotherapy.