

**Responses to the Consultation
on the Structure of the
HPC Register**

7th July 2004

Foreword

I am pleased to present this summary of the responses we received to our proposals for the structure of the HPC register.

We received a total of 36 written responses offering constructive comments and feedback on the three options proposed for the future structure of the register. The majority of respondents agreed that option three, the evolution of the register, was likely to be the best way forward. However, respondents have provided us with a substantial number of useful ideas, suggestions, recommendations and comments that we will draw upon as we make decisions.

During the course of the consultation, you raised a number of issues for us to consider when developing the future structure, including:

- the importance of public protection
- the advantages of the third option
- the disadvantages of the third option

You can learn more by visiting our website at www.hpc-uk.org, where you will find the latest information about the consultation. The decision of the Council will be published in *(TBC)*.

Thank you once again for your interest in our work.

President

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Introduction

We are a regulator called the Health Professions Council (the “Council”). Our function is to safeguard the health and well being of anyone using or needing the services of the 12 health professions that we currently regulate.

Our Council has 25 members: a President, 12 registrant members (there is also an alternate member for each registrant member) and 12 lay members. The law requires that there is a registrant member for each part of the register and that the number of lay members reflects the number of registrant members. At present, each part of our register represents either a single profession (such as physiotherapy) or a number of related professions (such as the arts therapies).

In 2002, we consulted on how we would operate. This included asking how we should structure the register to take account of any decisions made by the Secretary of State that other professions should be regulated by us. We received few responses to this question at that time. However, since then we have been approached by over a dozen aspirant professions seeking regulation and some are progressing towards regulation. Therefore, we need to resolve this issue.

Consequently, on 9 March 2004 we launched a three-month consultation, seeking your views on how the HPC register should be structured in the future.

In the consultation document, we set out three options for the future structure of the register. Of these options, we believed that the third, which involved a gradual evolution of the register, was likely to be the best. We asked respondents to provide comments and views on each of the options to help us come to a decision. We also asked respondents to suggest the principles we should use to make decisions about when to change the register’s structure, if we were to adopt the option of gradual evolution.

We sent out 61 copies of our consultation document, *Consultation on the Structure of the HPC Register*, to a wide range of stakeholders. These included bodies representing members of:

- currently regulated professions;
- aspirant professions;
- other healthcare professions (such as doctors);

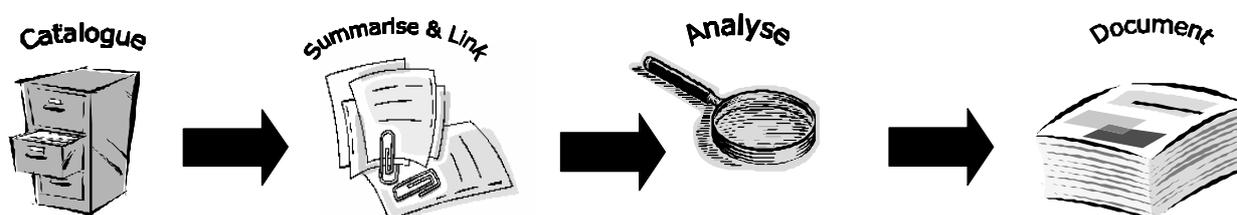
as well as other organisations such as government departments. We also published the document on our website (www.hpc-uk.org). We asked you to send written responses by 1 June 2004. By this date, we had received 35 written responses from organisations and a single response from an individual.

Analysis Of Responses

Now that the consultation has ended, we have analysed the responses received and a summary of these is presented in this document. We have taken all of your comments into account and will announce our decision on the future structure of the register in August 2004. We will also publish a Regulatory Impact Assessment.

To ensure that our analysis of your comments was fair and transparent, we used a simple four-step process for working, as illustrated below.

Procedure for working:



The first step was to catalogue each written response to the consultation document. We catalogued each response with some additional detail, such as the date it was received, the names of the organisation (if any) that respondents told us they belonged to, and whether a response was being sent on behalf of an organisation or in a personal capacity.

Next, we summarised each response, linking the comments being made to the three different options presented in the consultation document and to the criteria to be adopted by the Council.

Finally, once we had structured all of the information, we went on to analyse it. When deciding which information to include in this summary, we looked at the volume of responses received on each topic, assessed the strength of feeling of the responses, and took into account the details of each individual response.

There is an audit trail linking the analysis back to the responses we received.

Summary of Responses

The consultation provided three different types of responses. The first reviewed each of the three options, providing comments, criticisms and recommendations. The second focused on the criteria to be used for gradual evolution. The third provided additional suggestions on how to structure the register. Each category of response is summarised below.

1. The Importance Of Public Protection

Respondents agreed that changes to the structure of the register should be made to improve the protection of the public. Comments suggested that this would require the Council to consider a number of key factors.

Respondents emphasised the need for the Council to maintain public confidence. This would require the Council to ensure that the public is sufficiently protected and informed of the new proposals. Many respondents recommended that information and guidance are produced to ensure that the public is able to understand and access the new structure. The Department of Health (DH) stated that the register's main purpose must be "to protect the public by assisting those using the register to identify practitioners". It was suggested that consideration be given to the protection of titles in order to prevent public confusion.

Respondents agreed that the Council must be able to make informed decisions. The Institute of Biomedical Science stated that the challenge for the Council is to create a structure that "provides the representation required for decision making, yet remains credible and relevant with the registrants". Many respondents emphasised the need for the fair and proper representation of all levels and professions. This would require all professional groups to be sufficiently represented by Council members. Respondents commented on the need for the Council to ensure that representatives have an adequate level of knowledge and understanding of the groups and professions that they represent.

2. The Advantages Of The Third Option

The majority of respondents agreed that option three, the evolution of the register, was the best and most practical way forward. However, many respondents expressed concern relating to those changes that immediately affected the interests of the professions they represented.

Many respondents expressed concern at the potential loss of representation at Council level. Some respondents argued that all professions should be entitled to direct representation in order to maintain a fair and safe system of regulation. The British Psychological Society commented that founder members could feel "short changed" if they lost their Council seats. It was suggested by the DH that further consideration might be needed to ensure that professions do not feel "disfranchised".

A number of respondents commented on the proposals to split and merge groups. It was argued that changes to the current system could lower standards, removing the Council and statutory committees from the professions. A number of respondents

raised particular concerns regarding the merger of specific professions used as examples in the consultation document. The Association of Clinical Cytogeneticists and the Association of Clinical Scientists voiced concerns regarding the merger of the biomedical scientist and clinical scientist registers. Health Professions Wales also expressed concern at the merger of Paramedics and Operating Department Practitioners. Many respondents felt that it would only be appropriate to merge, add or divide a profession with prior consultation and agreement from all affected parties.

Many respondents expressed concern at the lack of detail and guidance provided in the consultation document. We received a number of comments recommending that we produce further information and assessment of all the options available before providing a final recommendation. Respondents recommended further consultation events, requesting that all stakeholders be consulted on all proposed changes.

3. The Disadvantages Of The Third Option

A number of respondents suggested that the option of gradual evolution would leave the Council open to continual challenge over a period of years. Respondents expressed concern that gradual evolution may create a complex and unwieldy structure, which would confuse the public, creating problems for the future.

Many respondents commented that the gradual evolution approach provided little benefit. Respondents suggested the Council would be required to redraft legislation to accommodate the number of professions to be regulated. Many respondents raised concerns about the number of new professions to be regulated, requesting that the Council sets a limit on the number of new groups. The DH suggested that the Council may not be able to offer all new groups the option of gradual evolution. The Chartered Society of Physiotherapy suggested that some of the new groups may be “better placed under the remit of the new Council for complimentary therapies”.

Other respondents asked for more radical change to ensure greater public protection. The Royal College of Pathologists suggested that the Council looks at options that “involve thinking outside the traditional professions and categories of the HPC”. A number of organisations have offered detailed alternative suggestions for how the HPC and its register could be arranged. The majority of these arrangements centred on the establishment of further groups and committees to provide profession-specific support and advice to the main Council.

In addition, some respondents suggested that the Council should not structure the register based on the traditional professional basis, but through the radical redrawing of groups. The Association of Operating Department Practitioners argued that the structure of the register should be based on a “functional analysis of the role of the registrant as opposed to traditional professional boundaries”. The British Confederation of Psychotherapists suggested that the Council divides itself into the three groupings of “physical health, mental health and technicians”.

A number of respondents argued that legislative change was sensible and necessary. With the need to widen regulation to include other health professions, many respondents argued that change was inevitable. Respondents suggested that the restructuring of the register could be used to improve the current structure. Some

professions suggested that the current system provided some professions with a disproportionate level of representation. The Association of Clinical Biochemists argued that the scientist professions have less representation on the Council than the therapy professions even though they have approximately the same number of staff.

Other general comments related to the regulation of supervised practitioners. The DH has recently held a consultation on its proposals for regulating healthcare support staff in England and Wales. One respondent felt that the regulation of supervised practitioners should be treated with caution and careful consideration of all parties involved. However, it was also argued that this issue was a key priority of the HPC, which should be addressed immediately. It was suggested that this section required further consideration by the Council. Additional explanation, information and consultation of stakeholders was requested.

What Happens Next?

The decision of the Council will be published in *(TBC)*.

Who Responded to the Consultation Document?

Amicus including the College of Health Care Chaplains and the Society of Sexual Health Advisers

Association of Art Therapists

Association of Clinical Biochemists

Association of Clinical Cytogeneticists

Association of Clinical Scientists

Association for Counselling and Psychotherapy

Association of Operating Department Practitioners

Association of Play Therapists

Association for Professional Music Therapists

Association of Prosthetists and Orthotists

Association of Sonographers

Association for Tissue Banking

British Chiropody and Podiatry Association

British Confederation of Psychotherapists

British Dietetic Association

British & Irish Orthoptic Society

British Psychological Society

British Toxicology Society

Chartered Society of Physiotherapy

College of Occupational Therapists

Department of Health

Department of Health, Social Services and Public Safety (Northern Ireland)

Dr Jo Jackson Programme Leader, Department of Health and Human Sciences,
University of Essex

Federation for Healthcare Science

Health Professions Wales

Hospital Play Staff Education Trust

Institute of Biomedical Science

Institute of Chiropodists and Podiatrists

Institute of Physics and Engineering in Medicine

Nutrition Society

Registration Council for Clinical Physiologists

Royal College of Pathologists

Society of Chiropodists and Podiatrists

Society for Vascular Technology of Great Britain and Ireland

UK Council for Psychotherapy

UK Voluntary Register for Public Health Specialists

Further Information

If you require further copies of this publication please contact:

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