Appendix 2

Application for Regulation of a New Profession by the Health Professions Council

 Please refer to the accompanying notes to assist you in completing this form. Please place your completed response and accompanying documents into a binder, suitably divided into different sections for each of the topics. Please make 62 copies of your application for distribution to Council Members.

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SECTION 1 Contact details

ame of main contact KEITH WALDON
ddress 16 ROYAL TERRACE GLASGOW 4K
Postcode G 3 7NY
lain telephone number (including STD code) 08456002613
ax number (including STD code) 01413325335
mail address a d minesociety - of - sports - therapists or y
lebsite address Society-of-sports-therepists.org
ame of applicant occupation SPORTS THEIRAPISTS
uggested title(s) for protection (if different) $SPORTSTHERAPY$

If you have suggested more than one title, please explain your decision: Dre in the individual prictitiones, the other the Occupational 4:410

SECTION 2 Previous applications

Please indicate if this is the first time that the occupation has applied to be regulated by the predecessor, the CPSM.

If no, please describe the reasons for rejection(s)

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Has the applicant occupation considered seeking explored regulation as a distinct subsection within a profession already being regulated and if so have you rejected this route?

If so, what were the reason(s) for rejection of alternative route?

Has the applicant occupation considered joining other unregulated	occupations in a similar
field who are currently seeking HPC regulation or may do so?	

If not, please explain why not

	Yes	X No	
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X Yes No

\ge	Yes		No
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SECTION 4 FACTOCICITION (191) in a rough with with the test with the test some homogeneit Please define the applicant occupation's scope of practice in terms of activities practised. FULL SUBMISSION DOCUMENT PLEASE REFER TO THE X Yes No Are there professions we currently regulate with whom the scope of practice overlaps? If yes, please provide evidence showing how the applicant occupation's scope of practice is distinct. PLEASE REFER TO THE FULL SUBMISSION DUCUMENT 2 Health Professions Council

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Please attach evidence of applicant occupation's body of knowledge

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SECTION 6 The occupation must practise based on evidence of efficacy

Please provide evidence of research into the efficacy of the applicant occupation's practice. You are encouraged to attach copies of articles published in journals accepted as learned by the health sciences community.

FULL SUBMISSION DOCUMENT PLEASE THE REFER TO Please provide evidence demonstrating the scientific and measurable basis for measuring practice outcomes. You are encouraged to provide evidence demonstrating the scientific basis for the applicant occupation's body of knowledge and other aspects of its practice as well, if possible. FULL SUBMISSION LEASE REFER THE TO DOCUMENT Please attach any additional evidence that demonstrates that the applicant occupation subscribes to the ethos of evidence-based practice. You are encouraged to provide examples of how treatment strategies have changed in the light of evidence. PLEASE REFER FULL SUBMISSION DOCUMENT. TU THE

SECTION 7. The occupation industry average least one establish relief of the occupation of the occupat	
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Please provide documentary evidence of established professional bodies for the applicant occupation. For each body, you are encouraged to include:

- The constitution or rules
- Copies of minutes of meetings
- The Standing Orders of the governing body and its constituent committees
- The election rules and results.

Please provide evidence demonstrating the number of practitioners of the applicant occupation

LASE REFER TO THE FULL SUBMISSION DOCUMENT If there is more than one established professional body or representative organisation for the applicant occupation, please attach evidence that all bodies are involved in and support this application. You are encouraged to provide evidence of a steering group or similar structure, and to provide evidence of its work. REFER TO THE FULL SUBMISSION FLEASE DOCUMENT Are there any professional bodies or other representative organisations for the applicant occupation that have not been informed of this application? NOT TO OLIK KNULLEDGE If there are practitioners who have not followed the defined routes of entry to the profession, please discuss potential grandparenting requirements and implication. PEFER TO THE FULL SUBMISSION DOCUMENT THEASE

SECTION 8 The occupation must operate a voluntary register(s)

Please complete this section for each voluntary register that covers the applicant occupation How many practitioners of the applicant occupation are on the voluntary register?

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Are these figures independently audited, and if so, by whom?

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Please give the date of opening of the register

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Finally, please provide evidence indicating how many practitioners of the applicant occupation are not on any of the voluntary registers for which you have provided details above.

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SECTION 9 The occupation must have defined routes of entry to the profession

Please provide evidence as to how entry to the applicant occupation is controlled, by providing: Details of the routes of entry

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REFER TO THE SUBMISSION DayMEN FULL 18.432 Evidence that demonstrates that only individuals choosing one of the entry routes are recognised as being practitioners of the profession. You are encouraged to provide supporting statements to this effect from educational institutions and employers. SUBMISSION

FULL

DOCUMENT

Information about the applicant occupation's QAA Subject Benchmark or equivalent. If none yet exists, please provide evidence demonstrating an intent to work towards a benchmark.

LEASE THE FULL SUBMISSION DOCUMENT REFER 10 Health Professions Council 7

SECTION 10 The occupation must have independently assessed entry qualifications

Please provide details of qualifications recognised as being a necessity for entry to the applicant occupation, including details of the provider bodies and system of monitoring.

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SECTION IN. The occupation mu

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Please attach evidence describing the applicant occupation's written standards of conduct, performance and ethics.

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SECTION 12 The occupation must have disclotheavy or celures to enterce

Please attach evidence demonstrating the system used for disciplining practitioners. Please also attach descriptions of the procedures used to administer the system, along with at least three anonymised case reports. This information will be handled confidentially and will not be shared outside the HPC.

FULL SUBMISSION DOCUMENT PLEASE REFER TE THE _____ -----------------..... -----.....

SECTION 13 The occupation must require commitment to Continuous

Please provide evidence demonstrating that the profession is committed to the principles of CPD. You are encouraged to provide details of any planned or existing CPD schemes.

FULL SUBRISSION DOWNENS REFER PLEASE THE TO -----____ -----------Health Professions Council

Please attach any documents you have received from other organisations or individuals in which a view is expressed about your application.

SECTION 15 Impact on Council's ability to carry out its functions effectively

Regulation by the Council is, to a large extent, dependent on participation by members of the regulated profession in a number of roles. The inability or limited ability of an applicant occupation to provide this input will never, of itself, be a reason for the Council to recommend that the application should be turned down. However, the Council will discuss this in its report to the Secretary of State accompanying its recommendation for an application. If the applicant occupation wishes, it can provide information or comment on this issue here:

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This form and supplementary information is the property of HPC. Please return your completed forms and any additional information to:



Chief Executive & Registrar