Health Professions Council 6 July 2006

SOCIETY OF SPORTS THERAPISTS

Executive Summary and Recommendations

Introduction

Please see attached a letter which relates to Council decision taken at the meeting of 11 May 2006.

Decision

The Council is asked to note this document. No decision is required.

Background information

See 11 May - public minute 8.14

Resource implications

None

Financial implications

None

Appendices

None

Date of paper

23 June 2006



The Rt Hon Patricia Hewitt MP Secretary of State for Health Department of Health Richmond House 79 Whitehall LONDON SW1A 2NZ

22nd May 2006

Dear Secretary of State

Re: Sports Therapists

I am writing to you concerning the regulation of Sports Therapists.

As you will be aware, Article 17 of the Health Professions Order 2001 enables the Health Professions Council (the Council) to make recommendations to you concerning the regulation of a profession which is not the subject of statutory regulation but which, in the Council's opinion, should be regulated pursuant to Section 60(1)(b) of the Health Act 1999.

The Society of Sports Therapists recently made a submission to the Council seeking support for the statutory regulation of the sports therapy profession. The Council considered that submission at its meetings on 1st March and 11th May 2006. Although the Council reached the view that due to the need for public protection it would be minded in due course to recommend to you that sports therapists should be statutorily regulated, it determined that three important issues (which are set out in more detail below) would need to be clarified before such a recommendation could be considered further.

Degree of support

The Council takes the view that, in order to make a recommendation to you that an aspirant group should be subject to statutory regulation, that aspirant group must normally be able to demonstrate that a sizeable majority of representative organisations and individual practitioners within the profession support the proposal. There may be instances, albeit rare, where regulation needs to be imposed as a public protection measure regardless of the views of the profession concerned but in most

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DD None RD None

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cases majority support will be critical if statutory regulation is to be accepted and succeed.

The Society of Sports Therapists have to date been unable to provide adequate evidence that this support exists and the Council has therefore asked that further evidence is provided on this issue. Whilst it is for the Society to determine exactly how to obtain that evidence, it may be that they could undertake the task by, for example, commissioning market research on the views of individual sports therapy practitioners.

Standards of Proficiency

The knowledge and skills of each of the professions that the Council regulates are defined in standards of proficiency set and published by the Council. Given that fact, the Council takes the view that for an aspirant group to establish that it should be regulated as an entirely separate profession, that group should be able to establish that its knowledge and skills base (and thus any related standards of proficiency) are materially different from the standards of proficiency for an existing profession.

At present, the Society of Sports Therapists is unable to demonstrate that the standards of proficiency for sports therapists do differ in this regard from the standards for physiotherapists and the Council believes that the Society needs to undertake the work which identifies those differences by, for example, drafting standards of proficiency for sports therapists and comparing and contrasting them to the physiotherapy standards.

Standards of Education

All of the professions which the Council regulates have approved entry qualifications which set a consistent level of attainment for applicants seeking admission to the different parts of the HPC register. In contrast, sports therapists may have no formal qualifications, a diploma or, in a minority of cases, a university degree.

The bodies representing sports therapists need to reach a consensus on the nature and level of qualification required for admission to the profession and the manner in which those qualifications will be independently assessed.

The work required to clarify these three issues will be considerable and, as the Council cannot fund work of this nature, it will need to be commissioned by the representative sports therapy organisations, individual practitioners or, possibly, other external bodies.

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To progress matters I will be inviting the Society of Sports Therapists, other organisations representing sports therapists and officials within your Department of Health, to meet with the Council to ascertain how sports therapists can resolve these issues and to set a timetable for that exercise. In the meantime I will keep Rosalind Mead, New Regulation Projects Manager within your Department, fully briefed on developments.

Yours sincerely

Marc Seale

Chief Executive and Registrar

cc Ros Mead, Department of Health Society of Sports Therapists Chartered Society of Physiotherapy