

Council meeting, 7 July 2011

Establishing voluntary registers and making recommendations for statutory regulation

Executive summary and recommendations

Introduction

The attached paper looks at the HPC's approach to establishing voluntary registers and to making recommendations for statutory regulation under Article 3 (17) (a) of the Health Professions Order 2011, in light of the Health and Social Care Bill 2011.

The paper includes draft principles for establishing voluntary registers and questions for discussion.

Decision

This paper is for discussion / approval. The Council is particularly invited to discuss and/or agree the points outlined in section seven of the attached paper.

Background information

As detailed in paper.

Resource implications

The attached paper discusses questions of cost and capacity in relation to the establishment of voluntary registers and is the next step in a continuing process of looking at the HPC's approach in this area.

The resource consequences as a direct and immediate consequence of this paper / this area is the resources involved in developing the policy and process approach, including writing papers for the Council. This is accounted for within the Policy and Standards Workplan for 2011/2012.

In the medium to longer term, potential resource implications include the following.

- Undertaking prioritisation, impact assessment and consultation.
- Stakeholder engagement in order to support the above.
- Operational implementation of a voluntary register (including upgrading the registration IT system and developing / consulting on standards).

N.B. This is not intended to be exhaustive.

Financial implications

There are no financial implications that are a direct or immediate consequence of the decisions the Council is asked to reach in relation to this paper.

In the medium to longer term, the potential financial implications are likely to fall into the same categories outlined in the resource implications on the previous page (e.g. costs associated with impact assessment such as commissioning external research and costs associated with consultation and communications activity).

Appendices

Annex A – Process

Annex B – Models of regulation / registration

Annex C – Benefits

Annex D - Timetable

Date of paper

27 June 2011

Establishing voluntary registers and making recommendations for statutory regulation

1. Introduction

- 1.1 At its meeting on 31 March 2011 the Council discussed the topic of voluntary registration and agreed that the Executive should return to a subsequent meeting to seek agreement on some principles that would inform the HPC's approach in this area.¹ The Executive has committed to develop the policy and process for voluntary registration before the Council begins to consider which groups might be suitable for voluntary registration.
- 1.2 This paper is intended to stimulate further discussion by the Council which will inform the ongoing work in this area. This paper:
- provides a summary of our work and thinking to date on this topic;
 - updates the Council about the Council for Healthcare Regulatory Excellence's (CHRE's) evolving thinking on the accreditation of voluntary registers;
 - seeks the Council's discussion and approval of some principles for establishing voluntary registers; and
 - identifies the specific pieces of work that need to be completed and includes an outline timetable.
- 1.3 The development of this paper has also been informed by discussion with the HPC's solicitor. Further legal advice will be sought as this work is developed further and firmer proposals are brought to the Council.

¹ The Health and Social Care Bill 2011, subject to parliamentary approval, will change the HPC's name to the Health and Care Professions Council (HCPC). However, for ease of reference, this paper retains the use of 'HPC' throughout.

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2. Voluntary registration

- 2.1 The Health and Social Care Bill 2011 ('the Bill'), subject to parliamentary approval, would provide discretionary powers to establish voluntary registers for unregulated health professions; unregulated healthcare workers; unregulated social care workers in England; and students. Voluntary registers can only be established once the regulator has undertaken an impact assessment and consultation, including considering the impact of setting up a register upon prospective registrants, employers and service users. It is currently anticipated that, subject to parliamentary approval, the Bill will be enacted in July 2012.
- 2.2 Separately, the Council for Healthcare Regulatory Excellence (CHRE) (to be renamed the Professional Standards Authority for Health and Social Care) would be given powers to accredit voluntary registers against published criteria. They would have to assess the impact of accrediting a register and consult before granting accreditation.
- 2.3 In summary, to date, the Council has agreed the following.
- The HPC should, in principle, pursue establishing voluntary registers, provided they meet the needs of public protection.
 - There are two 'working models' for voluntary registration – professional voluntary registration (suitable for professional groups with clear standards, defined routes to entry into the profession and autonomous practise) and occupational voluntary registration (suitable for occupational groups with no or no single defined route to entry, often working exclusively in employed environments). The Council agreed that it should not preclude other potential models and therefore the models may be adapted or supplemented as this topic is explored further. (Please see Annex B.)
 - Separate from this topic, but closely related, the Council has agreed to undertake an exercise looking at student registration in light of the anticipated regulation of social workers in England by the HPC from July 2012. This work should inform the HPC's approach to impact assessment.
 - The Council has also agreed to discontinue the aspirant groups / new professions process, pending the outcome of its discussions about voluntary registration. The Bill does not directly affect the Council's continuing ability to make recommendations for statutory regulation to the Secretary of State for Health and Scottish Ministers under Article 3 (17) (a) of the Health Professions Order 2001. However, our powers are to be

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widened to allow us to make recommendations related to social care workers.

2.4 The Council has also discussed the following.

- The potential benefits to the public, the profession / occupation and to the HPC of establishing voluntary registers. (Please see Annex C.)
- The importance (and necessity) of voluntary registers being operated on a self-financing basis, with proportionate ways of considering concerns about the conduct and performance of voluntary registrants.
- Risk should inform our approach in this area (for example, to determining whether to establish a voluntary register and the appropriate model of registration) but feasibility (for example, the costs involved in a particular model of registration compared to practitioners' ability to pay) is also an important factor.

3. Accreditation of voluntary registers

- 3.1 The CHRE has continued to consider how it might approach the accreditation of voluntary registers. The following information is based on a discussion paper recently considered by the CHRE Council.²
- 3.2 The CHRE has developed a set of tenets or principles for the development of an accreditation scheme. These include that there must be clear differentiation between the CHRE's role in accreditation and its statutory functions; the scheme should encourage the development and adoption of professional standards but not direct or control the marketplace; the ultimate purpose of the scheme is to ensure that consumers are provided with information to facilitate informed choices; and that the scheme will operate on a 'cost recovery basis'.
- 3.3 The CHRE has also directly addressed situations where multiple registers are in existence and in particular whether they would accredit multiple registers which relate to the same profession or group. This is a subject that has arisen in the Council's discussion to date on the circumstances in which a voluntary register might be established. (The Bill would not preclude the HPC from establishing a voluntary register for a group where multiple other registers already exist.)
- 3.4 The CHRE states that it will not 'create or encourage monopoly providers' but will consider 'whether the existence of more than one accredited register for a specific discipline is in consumers' best interests', balancing for example, free markets; consumer choice; and the potential for the public to be misled.
- 3.5 The discussion paper also includes some preliminary examples of standards for voluntary registers grouped in three categories.
- Standards for organisations holding voluntary registers. Example standards include organisational commitment to public protection; appointment and appraisal of board members; and 'substantial membership' sufficient to be accepted as an 'authoritative body'.
 - Standards for voluntary registrants. Example standards include standards for conduct, competence and education and training; the quality of information available on the Register; and processes for handling complaints.

² Council for Healthcare Regulatory Excellence (CHRE), Scheme for Assured Voluntary Registers – Discussion Paper (CHRE Council meeting, 25 May 2011
<http://www.chre.org.uk/satellite/102/?publicationlist=510#documentation>

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- Standards for registered practitioners. Example standards include registrants' obligations to comply with a code of conduct; adhere to good financial practices; and hold indemnity insurance.
- 3.6 The CHRE will be publicly consulting on the proposed scheme and standards for accreditation later in 2011.
- 3.7 The Executive has to date not identified any aspect of the CHRE's scheme which would immediately raise any concern for the HPC's thinking on this topic. Although the CHRE's approach is of direct interest, the HPC's future powers are separate from the CHRE's role in accrediting, rather than establishing or maintaining, voluntary registers. The CHRE's approach may, however, potentially impact on the HPC's developing work in three main ways.
- 3.8 The criteria that are set for accreditation and the extent to which these might necessitate changes to the governance, standards and processes of existing voluntary registers is likely to affect whether we are contacted by organisations seeking the HPC to host their voluntary registers. Secondly, the CHRE has indicated in recent discussion that it is exploring what role it might have in relation to any voluntary registers maintained by the statutory regulators. This could involve inviting statutory regulators to have their voluntary registers accredited alongside voluntary organisations and/or considering the regulators voluntary functions as part of the annual performance review process. Thirdly, the existence (or lack of) of an accredited register in a particular profession / occupation is likely to be a relevant factor to consider as part of an impact assessment.

4. Policy and process

Aims

- 4.1 The benefits we seek to realise in establishing voluntary registers have already been articulated and are reproduced in Annex C to this paper.
- 4.2 Our aims in developing our approach in this area are to produce a clearly articulated policy and process which is transparent, robust and credible and which can be easily communicated to stakeholders. We also want to develop an approach which takes account of, where appropriate, the complementary role of the CHRE in accrediting voluntary registers.
- 4.3 This work is also broader than voluntary registration, concerning also how in future we should exercise our discretionary powers to recommend statutory regulation under Article 3 (17) (a) of Health Professions Order 2001. The aspirant groups / new professions process previously allowed professional bodies to apply to the HPC, to be assessed against published criteria, and for professions to be recommended for statutory regulation to the Secretary of State for Health and to Scottish Ministers. The aspirant groups / new professions process was discontinued in light of the Command Paper, pending the Council's ongoing work in this area. This was also to avoid the Council considering applications and raising the expectations of interested groups where there was no reasonable likelihood that any ensuing recommendations would be implemented, at least in the short to medium term.
- 4.4 Overall, we would want to achieve a policy and process which allows the Council to make key decisions as objectively as possible. However, we also need to recognise the degree of potential subjectivity likely to be involved in some decisions (for example, in determining whether a group should be recommended for statutory regulation or voluntarily registered) and the individual nature of assessing a group's regulatory needs. The policy and process developed needs to allow room for the Council's exercise of discretion and the need to take into account the external policy context and broader organisational issues such as the costs involved and the capacity of the organisation to open new registers. (For example, it is Government policy to explore with the HPC the feasibility of opening a voluntary register of social care workers, and therefore the policy and process developed needs to take account of situations such as this.)

Process

4.5 The diagram in Annex A outlines a draft outline process for determining whether to establish a voluntary register, and/or for making recommendations that a group should be statutory regulated. This has been informed by the Council's previous discussions. In particular, the Council has discussed that the impact assessment process could generate evidence that might indicate that voluntary registration was insufficient to protect the public and that a recommendation for statutory regulation should be made instead.

4.6 In summary the steps are as follows.

STEP 1 – PRIORITISATION (see section six)

- Deciding which professions / groups should be considered through the process and in which order of priority.

STEP 2 – IMPACT ASSESSMENT AND CONSULTATION

- **Preliminary impact assessment.** Undertaking an impact assessment to consider the likely impact of establishing a voluntary register, in particular, upon prospective registrants; employers of prospective registrants; and service users. This may also include assessing the evidence of risk related to that group in order to choose between the different regulatory options, of which voluntary registration is one; and considering further the feasibility of establishing a register, including financial and non-financial costs to the groups listed above and to the organisation.
- **Public consultation.** A three month consultation in light of the preliminary impact assessment, in line with the HM Government Code of Practice on Consultation.
- **Finalisation of impact assessment.** Impact assessment finalised in light of consultation responses.

STEP 3 – OUTCOMES (see section six)

- The outcomes potentially include recommending statutory regulation; recommending statutory regulation but establishing a voluntary register in the meantime; and establishing a voluntary register of one of the types previously agreed.
- 4.7 If a decision was made to establish a register this would then go forward to operational implementation. In addition, it is anticipated that establishing and maintaining a voluntary register might generate information which

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subsequently indicates that statutory regulation would be more appropriate for a particular group as it would better protect the public. Therefore a review process would additionally need to be built-in.

shown

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Specific pieces of work

4.8 The following are the pieces of work that the Executive has identified will need to be undertaken to further develop our policy and process in this area. This is not intended to be exhaustive as further work may emerge as the result of discussion. The questions and issues behind these pieces of work are addressed in the proposed principles outlined in section five and in the questions for discussion outlined in section six.

4.9 The pieces of work are as follows.

- Determine how the HPC would prioritise professional / occupational groups.
- Develop the method, process and broad policy considerations involved in the impact assessment and consultation phase, to ensure consistency of approach. The process and content of impact assessment would need to have regard to the relevant published guidance but it would seem helpful to address what this means in the context of the HPC. This is likely to be informed by the ongoing exercise looking at the voluntary registration of students.
- Determine how the HPC might decide the appropriate regulatory model for a particular group. This is likely to have an element of subjectivity, but it would be helpful to be clear about what the Council would look for (for example in terms of the risks and other characteristics of a profession / occupation) in determining whether a group should be recommended for statutory regulation or a voluntary register established.
- Develop further the proposed types of voluntary registration, including key features and the costs involved.

4.10 Annex D provides an outline timetable for delivering this work.

The Council is invited to discuss the pieces of work identified above and to identify any further work necessary to develop the policy and process in this area.

The Council is invited to agree the outline timetable shown in Annex D.

5. Principles for establishing voluntary registers

- 5.1 The Council previously agreed that it would seek to agree a set of principles which might inform its approach to voluntary registration. The Executive has drafted the following ten principles for the Council to discuss.
1. The HPC will protect the public through establishing voluntary registers by operating a system of independent registration which assures the standards of practitioners, commands the confidence of stakeholders and allows the public, employers and others to make informed decisions.
 2. The HPC will only establish voluntary registers provided they meet the needs of public protection.
 3. Although the focus will be on the needs of public protection, the HPC's approach will take into account other relevant factors such as Government policy; the differences between what can be achieved through a voluntary system compared to a statutory system; the costs and feasibility of developing, establishing and maintaining voluntary registers; and the capacity of the organisation to open additional registers.
 4. Any voluntary registers maintained by the HPC will be clearly differentiated from the HPC's statutory registers so that the public can understand the different types and levels of assurance they offer.
 5. Where the HPC establishes or considers establishing a voluntary register on the invitation of the UK Government or of one of the devolved administrations, the HPC will seek funding to cover the costs involved.
 6. After development and initial set-up, all voluntary registers will be operated on a full cost-recovery basis.
 7. The model of voluntary registration should be appropriate to the group concerned, proportionate and cost-effective, taking into account, for example, the risk profile of the profession / occupation; the requirements or qualifications for entry; and the profile of practitioners, including practitioners' ability to pay for registration.
 8. Where the HPC is considering establishing a voluntary register and there already exists a credible register or registers for that group (which account for a significant proportion of practitioners), HPC voluntary registration should have the support of at least one representative organisation in the field.

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9. The process for dealing with concerns about the conduct or performance of voluntarily registered practitioners should be proportionate, balancing the need to maintain the integrity of the Register and protect the public with the absence of statutory powers (for example, to demand information) and the need to control costs to maintain the viability of the Register.
10. The HPC will work with service regulators, commissioners and employers to encourage them to recognise practitioners who are voluntarily registered in their activities. (For example, by only employing practitioners who are voluntarily registered; or by recognising voluntary registration through service regulation.)

The Council is invited to discuss and agree the ten principles, subject to any amendments that the Council may wish to make.

6. Discussion

6.1 This section draws upon the contents of this paper, including the proposed principles, to explain the Executive's evolving thinking on this topic and to invite the Council's discussion to inform further development. A number of key questions are identified.

Prioritisation

6.2 The 'prioritisation' step would involve the Council identifying which groups should go forward to impact assessment and consultation for further consideration as to whether a voluntary register should be established (or a recommendation for statutory regulation made).

6.3 The aspirant groups / new professions process used to provide the means by which the HPC would identify groups and determine whether to make recommendations for statutory regulation. The process was discontinued and applications are no longer being considered as result of the changing policy context. Although the process had some strengths, there were a number of issues outlined below.

- Although 11 recommendations were made, only 2 of these resulted in statutory regulation.
- The process raised the expectations of applicant groups that statutory regulation would immediately follow a recommendation, but the decision was, and continues to be, for Government.
- The process focused more on 'readiness for regulation' (e.g. a focus on the structures and systems that facilitate regulation) rather than the reason for regulation – risk to the public.
- The method of applications from professional bodies meant that the Council typically took a rather reactive role. Although some professions actively sought statutory regulation, others, owing to history, stage of development, the number of different representative organisations, or inclination, did not apply.

6.4 The Executive suggests that an application process would not be helpful here for the reasons outlined above.

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- 6.5 Step one in the process diagram in Annex A suggests two different ‘routes’. The first is that the impact assessment and consultation process would be commenced in relation to those groups where we are invited to consider establishing a voluntary register by the UK Government (normally the Department of Health) or by one of the devolved administrations. For example, this would apply in the case of social care workers where the Government has stated its intention to explore the feasibility of voluntary registration with the HPC.
- 6.6 The second is where the HPC might decide itself to consider a group. The diagram suggests some kind of preliminary risk assessment process to make decisions about priorities. In developing our approach it is important to manage the expectations of the groups potentially involved, many of whom have been campaigning for statutory regulation for a number of years.

Q. How might we decide which groups we should consider for establishing voluntary registers / for undertaking an impact assessment? When would or would not we consider a group for voluntary registration?

Q. How might we decide the order of priority?

Q. How can we best manage the expectations of groups that still aspire to statutory regulation or who are interested in the HPC maintaining their voluntary register?

Costs, capacity and the external environment

- 6.7 The principles include that any voluntary registers should be capable of being operated on a full cost-recovery basis. The principles also propose that where we are invited to commence the process by the UK Government or by one of the devolved administrations, we would seek funding to cover the costs involved. Where a voluntary register is established ‘from scratch’ (i.e. where no other voluntary registers already exist for that group), this might need to include funding until a register has sufficient numbers of registrants to be financially viable. The requirements to impact assess and consult are statutory requirements and are therefore costs that can be met from HPC funds.
- 6.8 Although risk and public protection will be central to the overall approach, the principles also reflect the need to remain flexible in response to changing Government priorities and policy. We will need to bear in mind the feasibility of establishing a voluntary register, including, for example, having regard to the existing organisations and systems already in place in a given profession /

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occupation and the ability of practitioners' (and potentially employers) to pay for the cost of registration.

- 6.9 One particular area addressed by the principles is around establishing a voluntary register where a credible register or registers already exists in a given profession. It would be necessary to achieve a 'critical mass' of practitioners on a voluntary register before employers, commissioners and others would consider building registration into their requirements. Therefore, the support of at least one representative organisation in the field holding an existing register would be necessary to maximise registration from the opening of an HPC voluntary register and in particular to facilitate approval of existing pre-registration programmes. Without this, in a potentially competitive environment, it might be very difficult to establish the processes, systems and relationships to ensure the viability and meaningfulness of any register from the outset. Where no register exists, the challenges are likely to be different, and buy-in from employers and service providers and their representative organisations is likely to be crucial to long-term success.
- 6.10 More generally, a relevant factor is the capacity of the HPC to establish new voluntary registers. Put simply, it is unlikely to be feasible to undertake multiple impact assessment and consultation exercises or to establish multiple registers at the same time and it will be important to manage the expectations of stakeholders in this regard.

Models of regulation / registration

- 6.11 The principles propose that the appropriate model of voluntary registration should be decided having regard to a combination of risk and feasibility, including the existing requirements for entry to the profession/occupation, and the ability of practitioners to pay for registration, particularly important in delivering effective registration on a voluntary basis. To illustrate, some occupational groups working outside of direct management supervision may pose the highest potential risk, but a lack of specific qualifications for entry and relatively low rates of pay may militate against the feasibility of delivering a 'statutory registration-like' system of voluntary registration.
- 6.12 In its discussion to date, the Council has indicated that it considers that risk should be the main factor which should influence whether a voluntary register should be established or not; the type of registration that should be put in place; and whether a recommendation for statutory regulation should instead be made. This suggests some kind of criteria and evidence requirements which would assist the Council to make qualitative judgements between the different options. 'Enabling excellence', says that statutory regulation will only be considered where there is a 'compelling case on the basis of a public

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safety risk' and where voluntary registration is considered 'insufficient to manage the risk'. Put simply: what would constitute such a 'compelling case'?

- 6.13 There are number of different ways which have been suggested for assessing risk for professions / occupations and these have included such factors as the type of intervention involved; where the intervention takes place; the level of supervision; and the quality of education and training.³ Although these are helpful as a starting point, they necessarily involve subjective judgements and it is unlikely that decisions could be made in this area on an entirely objective basis.
- 6.14 It might be possible to begin to specify what information we would need to make judgements, including the features of the risk profile of a profession / occupation and the characteristics of practitioners which might indicate a particular type of regulatory intervention would be required. For example, as an illustrative example, statutory regulation might be (more) indicated where a significant proportion of practitioners work outside of managed environments; there are multiple registers which vary in quality and which are liable to confuse the public; and willingness to register without compulsion is low.

Q. What role should risk play in making decisions about voluntary registration? Is it possible to differentiate between voluntary registration and statutory regulation on the basis of differences in risk?

Q. What features, factors or characteristics might indicate that a profession / occupation should be:

- voluntarily registered as a profession;
- voluntarily registered as an occupation; or
- recommended for statutory regulation?

Q. What evidence or information would we need in order to make our decisions?

³ Department of Health (2009), Extending Professional and Occupational Regulation
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_102824

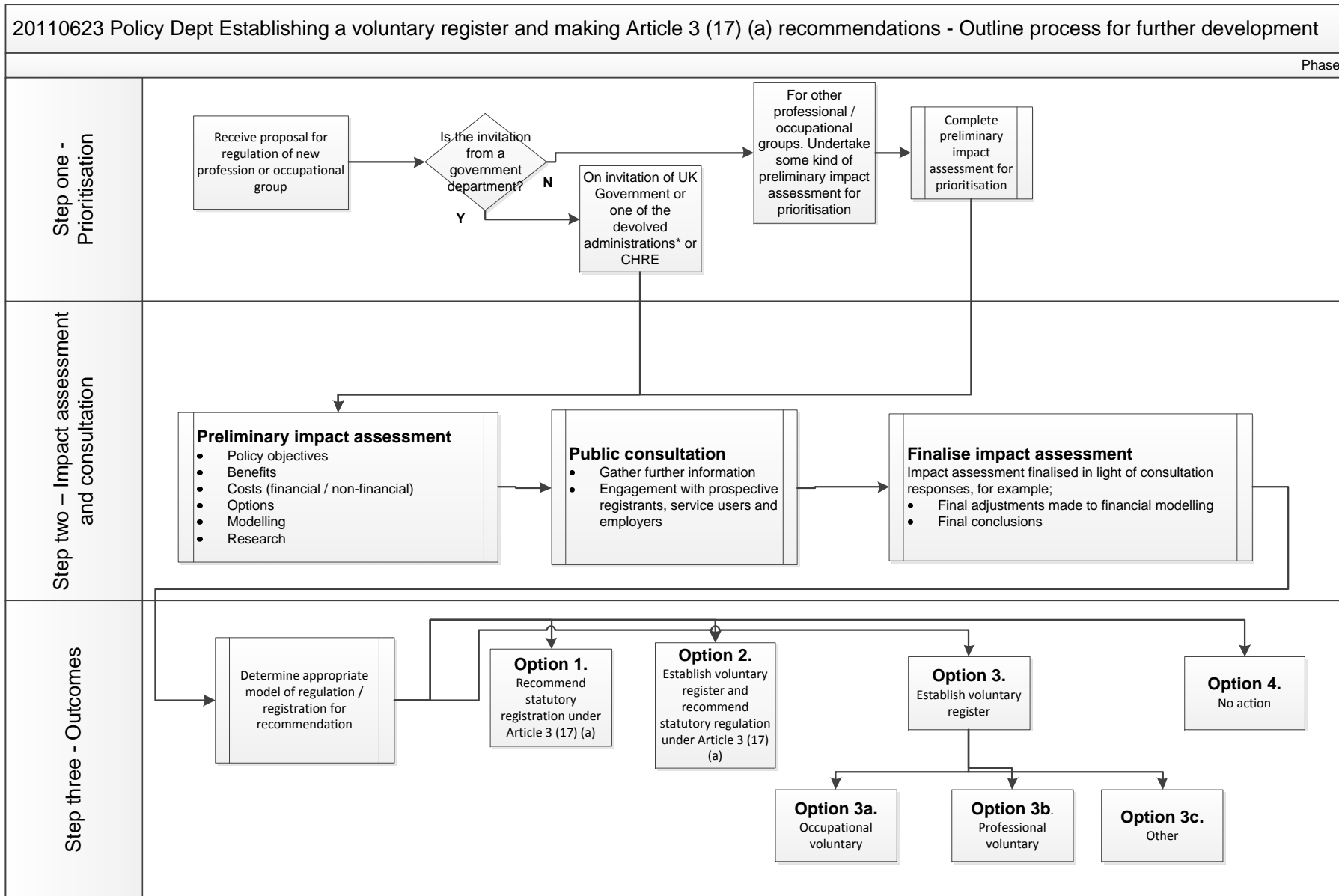
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7. Decisions

7.1 The Council is invited to discuss this paper. In particular the Council is invited to:

- discuss and agree the outline process shown in Annex A;
- discuss the pieces of work identified in section four and to identify any further work necessary;
- agree the outline timetable shown in Annex D;
- discuss and agree the ten principles in section five, subject to any amendments that the Council may wish to make; and
- discuss the questions outlined in section six.

Annex A – Process diagram



Annex B: Regulatory Models (draft)

This document sets out the range of regulatory models following the publication of the Health and Social Care Bill 2011 ('HSCB 2011') and the Command Paper 'Enabling Excellence' ('CP'). It is a working document, only intended as a starting point for the discussion of the HPC Council.

N.B: This table does not include regulation of herbal medicine practitioners.

Key

Designation	How might the different types of registration be distinguished from each other?
Features	What standards are required to be registered? How does someone (who has qualified or worked in the UK) become registered? What is the requirement to register (e.g. protected title? protected function?)? How are concerns about practitioners' conduct and/or competence handled?
Description	What are the characteristics of the groups that might be suitable for each model?
Examples	Which groups might be included in each model?

Explanatory notes

- **Designations.** The suggested 'designations' are working titles only for the purpose of this document – illustrating how the different types of registration might be differentiated from each other. It will be important that the differences between the types of regulation are clear and easy to understand.
- **Voluntary registration.** This document includes two types of voluntary registration – for 'professions' and for 'occupations'. The HSCB 2011 also includes powers related to the voluntary registration of students – this type of registration is not included in this document as it is being separately considered by the Council.
- **CHRE accreditation.** At the time of writing, the process and criteria for accreditation were under development by the CHRE. The wording here mirrors the provisions in the HSCB 2011 where appropriate.

- **Buyer beware.** The wording here uses the terminology from the DH Extending Professional Regulation report published in 2009 and is intended to reflect those groups that are not suitable for inclusion in this model; where voluntary registers do not exist or do not meet the relevant criteria; or where accreditation or registration is not sought.
- The range of models does not specifically refer to 'umbrella' or 'federal' voluntary systems, such as that operated by the Complementary and Natural Healthcare Council (CNHC), which voluntarily register a range of different professions.

		Statutory professional regulation	Voluntary registration (by the HPC)	
			Type 1	Type 2
Working Designation		<i>"HPC registered"</i>	Professional voluntary registration – "HPC certified" (TBC)	Occupational voluntary registration – "HPC accredited" (TBC)
Features	Standards	Proficiency; conduct, performance and ethics; CPD	Proficiency; conduct, performance and ethics; CPD?	Conduct / behaviour
	Entry to the Register (e.g. education)	Approved education programmes	Approved education programmes (with fee for approval)	Health and character checks; recognised education programmes; employer verification of employment or appointment; tests?
	Need to register?	Yes - protected titles and/or functions	No, but possible requirement for registration from employers, commissioners, and individual choice	No, but possible requirement for registration from employers and commissioners
	Disciplinary process	Full fitness to practise process	Similar to fitness to practise process but without statutory powers – e.g. powers to demand information or compel witnesses to attend	'Proportionate' ways of dealing with conduct issues such as breach of ethics code – e.g. single adjudicator
Description		Professional groups Clear standards and routes to entry Autonomous and accountable practitioners	Professional groups Clear standards and routes to entry Autonomous and accountable practitioners	Occupational groups No qualifications; and/or no single defined route to entry Employer-employee relationships
Examples		Existing regulated professions – e.g. radiographers, dietitians	To be determined by the Council. Command Paper refers to groups already recommended for regulation	Adult social care workers

Regulatory model				
		CHRE accreditation of voluntary registers	Employer-led regulation	'Buyer beware' / out of scope
Features	Standards	CHRE to set criteria for quality assuring voluntary registers (under development)	Employer-based codes or standards; or national standards used by employers	No standards; or standards not universally agreed; or no external quality assurance of standards
	Entry to the Register	Criteria to include 'establishment, operation and maintenance of the Register' (TBC)	No register; or maintained at employment level	No agreed route to entry; and/or no external quality assurance. No registers; or registers that do not meet CHRE criteria.
	Need to register	No. 'Kitemark' for CHRE accredited Registers.	No.	No.
	Fitness to practise	Criteria to include 'inclusion and removal' from the Register (TBC)	No. Employer's disciplinary processes.	Where registers, exist, limited ability, willingness or resources to consider issues which might lead to removal
Description		Registers maintained by voluntary organisations that seek accreditation	Initiatives related to improving employer practices	Groups that do not seek accreditation; outside of health, social care and wellbeing; groups established to evade statutory registration?
Examples		Registers maintained by voluntary organisations that seek accreditation	Employer-led approaches have been developed in Scotland and in other parts of the UK.	

Annex C – Benefits of establishing voluntary registers

The following outlines the potential benefits to the public (including service users and employers), to the profession or occupation, and to the HPC, of setting-up voluntary registers. (Updated from Council paper – March 2011.)

- As a statutory regulator with established processes, nationally agreed standards, and a track record of delivering cost-effective, efficient regulation, the HPC would be in a strong position to deliver an effective system of voluntary registration system – in particular, where a given profession or occupation does not already have an established voluntary register. A voluntary register would allow members of the public to make informed choices.
- The HPC is independent from the professions it regulates. Its sole role is to protect the public. This provides assurance to the public that decisions will be made in the public interest rather than solely in the professional interest. This compares to voluntary organisations that may perform a registration function alongside supporting the interests of members and developing the profession.
- An HPC voluntary register might have the potential to create one register, rather than many parallel registers for the same profession, which could be confusing for members of the public trying to make informed choices about practitioners.
- The HPC has good relationships and recognition with a wide and varied range of employers – this means it is in a good position to outline the benefits of registration to employers and commissioners who may then make registration a specific requirement for employment or funding.
- Even where a voluntary register or registers already exist, the HPC may be in an improved position to undertake this role – for example, with the capacity and previous experience to deal with conduct or competence concerns. Some organisations holding voluntary registers rely heavily on the good will and commitment of the individuals involved and might not therefore have the equivalent resources available for undertaking regulatory functions.
- Voluntary registration with a statutory regulator might be a ‘stepping-stone’ on the path to potential future statutory regulation, enabling the evidence to be gathered that might support the protection of a title or function associated with that group in the future.

Annex D - Outline timetable

The following is an outline timetable for this work, indicating when the Council might be asked to discuss a particular topic.

Activity	Timescale
Prioritisation	From September 2011 Council meeting
Impact assessment and consultation	February 2012 Council meeting
Risk and feasibility (choosing between regulatory models)	From September 2011 Council meeting
Develop types of voluntary registration	From December 2011 Council meeting
Public consultation on policy / process approach*	March 2012 Council meeting Consultation April to June 2012*

* This is included as a potential step but the Council will be invited to discuss whether this would be helpful at a later date. Legal advice is also being sought about whether the products of this development work might constitute guidance under Article 3 (17) (b) of the Health Professions Order 2001 and therefore necessitate a consultation in any event.