

**Department of Health
The regulation of medical associate professions in the UK – consultation**

Consultation response from the Chartered Society of Physiotherapy

The Chartered Society of Physiotherapy (CSP) is the professional, educational and trade union body for the UK's 57,000 chartered physiotherapists, physiotherapy students and support workers.

Physiotherapists are autonomous practitioners, able to independently assess, diagnose and treat. The contribution of physiotherapy can be seen at many points of a care pathway as physiotherapists work as clinical leaders and multi-professional team members, to support people to recover and maintain health in hospital, home, community work, and leisure environments. They are registered with the Health and Care Professions Council.

1. What level of professional assurance do you think is appropriate for Physician Associates?

- 1.1 The CSP agrees with the proposal that PAs should have statutory regulation, in the interests of patient safety.
- 1.2 In relation to all the MAP roles, the CSP is mindful of the growth of the portfolio practitioner and the value of this in increasing the flexibility of the workforce. This raises the probability of some individuals needing to have dual regulation. Consideration will need to be given so that areas of overlapping competencies between professions can be taken account of. This is important both in relation to the costs of regulation for the regulator (see 6) and the demands on the individual (see 8)

2. What level of professional assurance do you think is appropriate for Physician Assistants (anaesthesia)?

- 2.1 The CSP doesn't have sufficient information to form a judgement on this issue.

3. What level of professional assurance do you think is appropriate for Surgical Care Practitioners?

- 3.1 The CSP believes that voluntary registration is appropriate. At this time we do not have a view on whether this needs to be accredited or not.
- 3.2 The CSP is aware of a small number of physiotherapists who have been trained by Consultants to undertake some surgical procedures. In those cases assurance is provided by the Consultant. This appears to work successfully.

4. What level of professional assurance do you think is appropriate for Advanced Critical Care Practitioners

- 4.1 The CSP agrees that ACCPs do not need statutory regulation because of the need to be from an existing regulated profession.

4.2 We believe that voluntary registration is appropriate. We do not have a view at this time whether or not this should be accredited.

5. In the future, do you think that the expansion of medicines supply, administrative mechanisms and/or prescribing responsibilities for any or all of the four MAP roles should be considered?

5.1 The expansion of professions being able to independently prescribe to physiotherapists and podiatrists has been shown to be successful and safe. The CSP can see no reason why this wouldn't also be the case for the MAP professions.

5.2 There is already a need to expand the availability of prescribing training, and ensure that more is locally available. Expanding prescribing responsibilities should be used as an opportunity offer multi-professional prescribing training on a larger scale by Higher Education Institutions.

6. Which healthcare regulator should have responsibility for the regulation of any or all of the four Medical Associate Professions (MAP) roles?

6.1 The CSP does not have a strong view on which regulator. We are aware however, that the HCPC approach to regulation appears to be the most cost effective (see 7.)

6.2 Consideration will need to be given to dual regulation, so that unnecessary duplication of regulator activity is minimised.

7. Do you agree or disagree with the costs and benefits on the different types of regulation identified above?

7.1 The CSP is aware that the cost of regulation of AHPs is lower than that provided for other professions. We believe that the HCPC approach to regulation (bi-annual survey of CPD and audits) is the correct level proportionate to risk. This is borne out by the small numbers of cases brought against physiotherapists (the largest of the AHPs).

8. Do you think any changes to the level of professional assurance for the four MAPs could impact (positively or negatively) on any of the protected characteristics covered by the Public Sector Equality Duty, or by Section 75 of the Northern Ireland Act 1998??

8.1 There is a likelihood that some individuals will need dual regulation. It is important that steps are taken to prevent this impacting negatively on individuals with protected characteristics who are more likely to be from poorer socio-economic backgrounds. The CSP recommends that steps are taken to make this aspect less onerous on individuals.

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