Health Professions Council
Council meeting, 31st May 2007
Grandparenting report

Executive Summary and Recommendations

Introduction

The grandparenting process for the first 12 professions ended on 8th July 2005.

The attached document reviews the grandparenting process for first 12 professions regulated, looking at all aspects of the process including the legislation, applications process and communications strategy. The document also includes three testimonials from those involved in the process.

The target audience for the document includes all of HPC stakeholders, particularly other regulators with an interest in how we set up and managed the grandparenting process.

An early draft of the document (without statistics) was considered by the Education and Training Committee in June 2006.

Decision

The Council is invited to approve the attached document for publication (subject to any minor editing necessary when the document is proofed and laid-out). The document would be available on the HPC website and sent to the Council's consultation list.

The statistics in the document will be updated prior to publication.

Background information

None

Resource implications

- Type setting, publication and mail out of document
- Organising mail out

Financial implications

- Type setting and publication of document
- Mail out to consultation list and other interested parties

The financial implications are accounted for in the 2007/08 budget.

Background papers

Paper considered by Education and Training Committee on 13th June 2006:

http://www.hpc-uk.org/assets/documents/100011C3education_and_training_committee_20060613_enclosure08.pdf

Appendices

None

Date of paper

21st May 2007

Review of the Grandparenting Process

9 July 2003 to 8 July 2005

Foreword

I am pleased to present the Health Professions Council's review of the grandparenting process which took place between 9 July 2003 and 8 July 2005.

Grandparenting proved to be a challenging process for all those involved. Applicants were often anxious about how we would treat their applications. Others were worried about the affect of grandparenting on their profession and on professional standards generally.

We have produced this document because it is important that as an organisation we assess how effectively we have achieved our aims. Our legislation establishes our main objective, to '…safeguard the health and wellbeing of persons using or needing the services of our registrants'. It is important that we continually make sure that everything we do contributes towards meeting this objective.

In writing this document we have acknowledged how a grandparenting process has implications for a variety of different stakeholders and for all parts of a regulator. We have tried to do this is in a balanced way, including statistics and testimonials from some of those who were involved in or affected by the process.

We hope that this document will be interesting and useful, particularly for other regulators, UK and internationally, in healthcare and in other sectors, who are approaching the challenging task of managing the transition from voluntary to statutory regulation.

Anna van der Gaag, President, Health Professions Council

This document

Grandparenting is a route of entry to our register. Every time we regulate a new profession we open a time-limited grandparenting period. During this period individuals who do not hold an approved qualification, but who can demonstrate through their training and experience that they meet certain criteria, can be registered.

The grandparenting period for the first 12 professions we regulated closed on 8 July 2005. After this date the only route to registration for UK applicants from these professions is via having successfully completed an approved course.

In this document we review the grandparenting process held between 9 July 2003 and 8 July 2005. [1] The document is divided into sections which include the background to grandparenting, how we handled and processed applications and how we communicated with our stakeholders.

At the back of the document these is a section with statistics as well as appendices with some key documents. We have also included references to other publications which are referred to in the document or which might be of interest.

Throughout this document 'we' or 'us' is a reference to the Health Professions Council (HPC).

[1] Operating Department Practitioners became regulated by the HPC on 18th October 2004 with a grandparenting period for two years until 17th October 2006. This document is a review of the first grandparenting period 2003-2005, and does not cover the grandparenting period for Operating Department Practitioners. Every time we regulate a new profession there will be a grandparenting period.

About the Health Professions Council

Our role

We are a UK-wide statutory regulator of the members of 13 healthcare professions.

We were created by the Health Professions Order 2001 ("the order"). Our register for the first twelve professions we regulated opened on 9th July 2003.

Our role as laid down in our legislation is to protect the health and wellbeing of persons using or needing to use the services of our registrants. We do this by maintaining a register of health professionals, setting standards and approving courses for entry to the Register. We also consider complaints about the fitness to practise of our registrants and take action to protect the public.

Routes to registration

There are three ways of getting on to our register:

UK approved course: By successfully completing a qualification approved by us as leading to registration.

International: Applicants who have qualified outside of the United Kingdom can apply to us via this route. The education, training and experience of the applicant is assessed to determine whether the standards for registration have been met.

Grandparenting: Via the grandparenting route for their profession (if open).

Applicants also have to demonstrate that they meet our requirements for health and character. This includes providing satisfactory health and character references.

Standards

We produce four sets of standards which are central to how we operate:

The **Standards of Proficiency** are the threshold skills and abilities needed to practise each of our professions. We publish standards for each of the professions on our register. Each document includes generic standards which apply to all of our professions together with profession-specific standards. The standards play a central role in determining entry to our register.

The **Standards of Conduct, Performance and Ethics** describe the standards of behaviour and professional attitudes which we expect all our registrants to adhere to during their registration. Standards include the need to maintain high standards of personal conduct, to communicate effectively and to behave with integrity and honesty. These standards (and the standards of proficiency) are taken into account when considering allegations against registrants.

The **Standards of Education and Training** are the standards against which we assess whether an education programme will allow students to meet the standards of proficiency. Standards cover such areas as admission procedures, practice placements and resources. If an education programme is found to have met these standards then the programme is approved and graduates successfully completing that programme are eligible to apply for registration.

The **Standards of Continuing Professional Development (CPD)** require registrants to undertake CPD and keep a record of that CPD. If audited, a registrant is assessed to ensure that they have undertaken a mixture of learning activities and have sought to ensure that their learning has benefited their practice and those who use their services.

We are required to consult with our stakeholders whenever we publish or amend any of our standards, and when we publish guidance. Our stakeholders include registrants, education providers and employers.

Governance

Our governing Council comprises 13 members who are registrants of the professions we regulate and 13 lay members plus a president. There are also 13 alternate members who attend meetings in the absence of the 13 registrant members.

Registrant and alternate members are elected by registrants in their part of the Register. Lay members are appointed by the NHS appointments commission.

Each profession on our register must have at least one registrant member and one lay member and there must be no more than a majority of one registrant. There must also be at least one registrant representative of each of the four countries of the United Kingdom. The president is elected by the Council.

There are four statutory committees prescribed in the legislation which assist the Council in its work:

The **Investigating Committee** sets the policy and strategy for dealing with investigations into the fitness to practise of registrants. The Investigating Committee also convenes panels who consider allegations about registrants

and decides whether a hearing should be held by another Committee. It also hears cases about incorrect or fraudulent entry to our register.

The **Conduct and Competence Committee** advises the Council on what constitutes appropriate conduct, performance and ethics of all registrants. The Conduct and Competence Committee also convenes hearings to consider cases about the conduct or competence of registrants.

The **Health Committee** sets policy on how the Council will deal with allegations about a registrant's ill health. The Health Committee also convenes hearings to consider cases where physical or mental health may be affecting a registrant's practice.

The **Education and Training Committee** develops policy and strategy about education, training and registration. This includes looking at how we approve courses which lead to registration and how we assess applications for registration. The Committee has responsibility for the standards of proficiency and standards of education and training.

There are also three non-statutory committees set up by the Council to assist them in its work. The committees are: Audit, Communications and Finance and Resources.

Finances

We are a self-financing 'body corporate'. Our finances come from registration fees collected from registrants and scrutiny fees charged for international and grandparenting applications. We may also, from time to time, receive grants from government to assist in the setting up of specific projects or if we regulate new professions.

Professions

We presently regulate the members of 13 professions. However, we may regulate other professions in the future. We have processes in place to consider applications for regulation from aspirant professions.

We currently regulate the following professions:

- arts therapists;
- biomedical scientists;
- chiropodists and podiatrists;
- clinical scientists;
- dietitians;
- occupational therapists;
- operating department practitioners;
- orthoptists;

- paramedics;
- physiotherapists;
- prosthetists and orthotists;
- radiographers; and
- speech and language therapists

All of the professions have at least one professional title which is protected by law.

This means, for example, that anyone using the titles ‘physiotherapist’ or ‘dietitian’ must be registered with us.

It is a criminal offence for someone to claim that they are registered with us when they are not, or to use a protected title that they are not entitled to use. We have powers to prosecute people who commit these crimes.

Background and context

State Registration

Our predecessor, the Council for Professions Supplementary to Medicine (CPSM), was established by the Professions Supplementary to Medicine Act 1960.

The role of CPSM was to run a system of 'state registration'. It originally regulated the members of seven allied healthcare professions and comprised a separate board responsible for each profession. Each board set standards for initial training, performance and conduct for members of those professions.

State registration was a legal requirement to be employed within the National Health Service (NHS) and certain other employment sectors such as social services. Some other employers would also ask for state registration as a requirement of employment.

Registration with CPSM allowed individuals to use the title 'state registered'. The letters SR were commonly used to denote registration – for example 'SRP' was used to denote a state registered physiotherapist. The title was commonly viewed as a sign of professional status. It was illegal for anybody to use the term 'state registered' if they did not appear on the CPSM register.

CPSM could consider complaints about professionals on its register. Cases were then heard by the disciplinary committee whose role it was to decide whether that professional had been guilty of infamous conduct. If such a finding was made the panel could either take no further action, remove that person from the Register or postpone their decision until a later date.

Statutory regulation

There were a number of areas for improvement with the provisions of the Professions Supplementary to Medicine Act 1960 and the state registration system.

CPSM had no remit over those who worked within the private and independent sectors who were not legally required to obtain state registration. They were unable to protect common professional titles. This meant that a potentially large number of practitioners were practising without any check on their qualifications, conduct or competence.

CPSM's powers in relation to fitness to practise, as outlined above, were limited. The standard of 'infamous conduct' meant that a large number of complaints failed to reach the hearing stage. Further, the panels' powers to protect the public were limited to an 'all or nothing' decision. There were also

no powers to set requirements or produce standards for continuing professional development and individuals returning to practice.

The National Health Service (NHS) Executive commissioned a report by JM Consulting published in 1996 which reviewed the regulatory arrangements under CPSM. They recommended the creation of an enlarged Council with increased statutory powers including the ability to protect professional titles.

A review was subsequently undertaken by the UK Department of Health into statutory regulation and proposals produced in August 2000. They were subject to consultation between April and July 2001. As a result, the Health Professions Council began operating in shadow form on 1st April 2002. CPSM operating procedures were retained until the opening of our register on 9th July 2003.

All those who appeared on the Register operated by CPSM transferred to HPC.

Grandparenting

A 'transitional' period of registration is necessary when introducing statutory (compulsory) registration. This might be introducing regulation for the first time or it could be moving from a voluntary to a compulsory model of professional registration.

During the transitional period, individuals not eligible to be members of the voluntary or state register can apply for registration. The period is temporary and time limited. After this period only those who hold a qualification approved by the regulator can be registered.

When professions in healthcare and elsewhere have become statutorily regulated in the past, these arrangements have been sometimes been known as 'grandfathering'.

Arrangements similar to our grandparenting provisions have historically been used when other professions first became statutorily regulated. The professions were then 'closed' and only those undertaking training approved by the appropriate regulator could be registered and entitled to practice.

The principles of 'grandparenting' are also seen in other areas. For example, when requirements were introduced for a driving test to be passed before a licence could be issued, they did not apply to those who had previously not had to meet such requirements. The rights of existing drivers were recognised before access to the driving licence was limited to those who had successfully passed the requisite test.[2]

[2] Source: Driving Standards Agency, www.dsa.gov.uk.

More recently in the UK, statutory regulation was introduced for Chiropractors and Osteopaths and arrangements put in place which are similar to those we operate.

The General Chiropractic Council was created by the Chiropractors Act 1997 as the statutory body which would regulate Chiropractors. Applicants for full registration had to demonstrate that they had been engaged in the lawful, safe and effective practice of the profession for at least five years before the opening date of the Register. The requirement was that applicants should have been in practice for a substantial part of their working time. In contrast to our own legislation, conditional registration could be granted to applicants who were able to demonstrate four years of practice. Applicants could be asked to agree to undertakings as to the education and training they would need to undertake in order to obtain full registration.

This example illustrates that the exact processes and procedures of grandparenting may vary between regulators. However, the purpose of such arrangements is common: effective protection of the public by 'closing' the practise of a profession (or sometimes the performance of a function) to those who meet certain standards.

Protection of title

Our legislation gives us the power to 'protect' certain professional titles [see page. x]. This means that only those who are registered with HPC, and have met our standards for their skills, character and health, are legally able to use certain professional titles.

In their report of 1997, JM Consulting recommended that one title should be protected for each profession regulated. The number of specific titles which should be protected was the subject of some debate during a consultation held in 2002 [see page x]. Whilst some felt protecting a range of titles had considerable benefits, others argued strongly for protecting a shorter range of titles in order to maximise public awareness.

Our Council chose a range of simple, recognisable titles, balancing the need to prevent the misuse of professional titles against the need for effective public engagement and recognition. Our research has shown that members of the public most easily understand professional titles as an indication that someone is qualified to practise their profession.

Protection of function

Sometimes statutory regulators have powers to 'protect function'. This means that a particular task or role is protected by law and can only be undertaken by someone who possesses certain qualifications or is registered by a certain body.

In healthcare regulation, an example of this is the fitting of contact lenses which has to be undertaken by someone who is appropriately qualified and registered with the General Optical Council.

Our legislation only allows us to protect common professional titles. We feel that this provides the most effective way to protect the public. We recognise that professions often change over time because they take on new roles or because of changes in technology, best practice and the law. Sometimes multi-disciplinary team working also means that some tasks are carried out by a variety of different professionals. Protection of title means that we can ensure that professional titles are only used by bona fide professionals (and thereby protect the public) without hindering the development of professions, the emergence of new roles and effective use of resources.

Establishing demand

Before we opened our register, we undertook work to try and estimate the numbers of applications we could expect to receive.

In 2002 we sent a letter to private training institutes and bodies representing the non-state registered sector (mainly chiropodists and podiatrists) which was passed on to their members. This comprised of a letter about grandparenting and a form which asked for details such as time in practice and where the individual had trained.

By doing this, speaking to professional bodies and having regard to the history and development of the professions we regulated, we were able to identify the professions in which we were likely to receive most applications.

We identified that, given the size of the unregistered sector, we would receive most applications from chiropodists and podiatrists. We also expected applications from other professions with a sizeable independent or unregistered sector, such as physiotherapists, and from other professions with a strong focus on occupational training, such as biomedical scientists and clinical scientists.

Opinion

Consultation

We undertook a range of activities before, during and after the grandparenting period to engage with a wide variety of stakeholders.

Before we opened our register we consulted on our proposals for how we would work within our new legislation. We ran a three month consultation from 1st July 2002 during which we engaged with and asked for the views of number of stakeholder groups. These groups included registrants, patients, professional bodies, education providers and employers. We sent information to all those who were on our register and to a variety of different organisations.

We also held 38 public meetings in all of the four home countries of the United Kingdom. Each meeting was an opportunity for our stakeholders to tell us their views about our proposals and we recorded any comments so we could include these when we reviewed the outcome of the consultation.

You can find more information about how we communicated and continue to communicate with our stakeholders from page x.

Views from the consultation

During the consultation, grandparenting proved to be one of the topics which provoked most debate. Overall 78% of those who responded to the consultation were happy with our proposals about grandparenting. However, the level of satisfaction amongst chiropodists and podiatrists, where there was a large unregistered sector, was significantly lower.

The consultation responses indicated that many within this profession had very strongly held views about grandparenting and what it could mean for their profession. The comments generally concerned the impact of grandparenting upon professional standards and how we would assess grandparenting applicants to ensure that they were capable of practising safely.

Amongst those who were unhappy, some registered practitioners expressed fears that allowing previously unregistered practitioners, many of whom did not hold a university degree, to become registered would devalue registration and their profession by lowering standards. Many felt that such practitioners were insufficiently competent in order to practise the profession and represented a danger to members of the public.

It was also felt that by registering such practitioners the public would not be able to adequately distinguish between practitioners who had always been registered and held an approved qualification and those who were registered via grandparenting and had a limited scope of practice. In the chiropody and podiatry profession some suggested that the title ‘Podiatrist’ be reserved for those who joined the Register having studied an approved course.

Amongst the unregistered sector, professional bodies and individuals were concerned that our standards would be set at too high a level and act as a deterrent and a barrier to unregistered practitioners applying for registration. Others wanted to ensure that our application processes were not unduly onerous and that we should recognise that the vast majority of practitioners were practising safely and effectively within the bounds of their competence. Many others wanted to ensure that previously unregistered practitioners were not treated differently once registered.

The views summarised above are consistent with those that we received throughout during the two years of the grandparenting period. Organisations representing the registered sector stressed the need for our application processes to be sufficiently robust to ensure that only practitioners who had demonstrated that they met strict criteria could be registered. Organisations representing the unregistered sector emphasised that we should be fair to applicants and that we should be very clear about the evidence we required for registration.

Legislation

The Order

The Health Professions Order 2001 ("the order") established the legal basis for the transitional arrangements for registration known as 'grandparenting'.

The requirements for grandparenting were contained within Article 13 of the order. Article 13 (1) provided that the transitional arrangements apply to a person:

(a) who is not registered on the date of coming into force of an order made under article 6 (1) which relates to his profession and who has never been registered under the 1960 Act or this order; but
(b) who within the period of two years beginning with the date mentioned in sub-paragraph (a) ("the relevant period")

applies for admission to the Register under article 9 (1).

The legislation therefore limited the transitional arrangements to those who had not previously been registered by CPSM or HPC and who applied for registration within a two year period from the opening of the Register. The Register for the first 12 professions we regulated opened on 9th July 2003.

Grandparenting routes

The legislation further provided that there were two 'entry routes' for registration:

Article 13 (2) provided that:-

A person to whom this article applies shall be treated as satisfying the requirements of article 9 (2) (a) if he satisfies the Education and Training Committee, following any test of competence as it may require him to take—

a) that for a period of at least three out of the five years immediately preceding the date mentioned in paragraph (1) (a) or its equivalent on a part-time basis, he has been wholly or mainly engaged in the lawful, safe and effective practice of the profession in respect to which he wishes to be registered; or

b) that he has not so practised but has undergone in the United Kingdom or elsewhere such additional training and experience as satisfies the Council that he has the requisite standard of proficiency for admission to the part of the Register in respect of which he is applying

The provisions of articles (a) and (b) were known as Route A and Route B. They can be principally summarised as follows:

Route A:

- Applicants had to demonstrate that they had been practising their profession for a period of three out of the five years (or its part time equivalent) before the opening of the Register on 9 July 2003.

- They had to demonstrate that they had been practising lawfully, safely and effectively within the area or areas in which they practised (their 'scope of practice').

- This route meant that only experience and not qualifications could be assessed.

- The Council could have regard to the standards of proficiency for the profession. However, applicants **did not** have to demonstrate that they met **all** of the standards of proficiency published as being necessary for admission to the Register.

Route B:

- Applied to a person who had been in practice for less than three out of the five years before the opening of the Register (or its part time equivalent).

- They had to demonstrate that any education and training they had undertaken, as well as their experience, meant that they met **all** of the standards of proficiency.

- Assessment could take into account the qualifications and training undertaken by an applicant, in addition to their practice.

Successful applicants, through either route, were registered in the relevant part of the Register in the same way as an applicant following an approved course. Once registered, all registrants have to meet our standards of conduct, performance and ethics. This includes the obligation that registrants should only practise in those fields in which they have appropriate education, training and experience.

Right of appeal

Article 37 provided that applicants had a right of appeal if their application was unsuccessful. Please see page [x].

Grandparenting and Human Rights

The necessity to hold a grandparenting period when moving from voluntary or state registration to statutory registration is related to obligations under the Human Rights Act 1998.

Article 1 of the First Protocol to the Convention on human rights says that:

'Every natural or legal person is entitled to the peaceful enjoyment of his possessions. No one shall be deprived of his possessions except in the public interest and subject to the conditions provided for by law and by the general principles of international law.'

The European Court of Human Rights has interpreted 'possessions' to encompass a wide range of economic interests including, in one case, the right to exercise a profession.

Article 13 was therefore consistent with the human rights act by recognising the acquired rights of existing practitioners to continue to practise their profession.

Protection of Title

The legislation also established how the grandparenting provisions would work with provisions for protection of title during the transitional period. Article 39 (2) provided that:

If a person has been practising a relevant profession to which the title mentioned in paragraph (1) (b) relates before the coming into force of an order under article 6(!) which relates to that profession, he will not be guilty of an offence under paragraph (1) (b)-

(a) during the relevant period mentioned in article 13 (1) (b); or
a) if he applies during the relevant period for admission to the Register, until his application and any appeal from a decision on that application has been finally disposed of

The legislation ensured that individuals who had been using a protected title prior to the opening of the Register were not liable to prosecution if they continued to do so during the transitional period. A protected title could be used beyond the closing of the two year period until a final decision is reached about an application. This included any appeal to the Council or to the courts.

Operational issues: establishing a process

The legislation raised a number of areas where we needed to make decisions about how we would treat applicants who applied to us under the grandparenting provisions.

Tests of Competence

The legislation allowed the Council to ask an applicant to undertake 'any test of competence as it requires him to take'. This importantly provided the Council with a further opportunity to establish the level of an applicant's knowledge, understanding and skills. It also allowed the applicant a fair opportunity to demonstrate that they met the requisite standard for registration.

The legislation allowed the Council's Education and Training Committee to decide the circumstances in which an applicant should undergo a test of competence and what form that test should take.

A test of competence could include:

- an interview or oral test;
- a structured written examination;
- a practical test of clinical skills; or
- a combination of oral, written and practical tests.

Such 'tests' are often used by health regulators in assessing the competence of overseas qualified professionals.

We considered all the options for deciding the types of test of competence which we would ask some applicants to undertake. We decided that (in the majority of cases) we would ask applicants to undertake an oral test of competence if there were areas of their knowledge, skills and experience which needed clarification. This took the form of an interview with two members of the profession know as 'registration assessors'
(see page x).

A small number of applicants were asked to undertake a short practical placement, supervised by a registered member of the profession, or a short assessment when it was felt that this was a better way of assessing their clinical skills. For example, biomedical scientist assessors devised a test

which involved photographs of biological samples to test the knowledge and assessment skills of an applicant which had not been clearly articulated in their application.

We felt that the approach we took to the 'tests' would allow them to be flexible by focusing on the individual applicant and their individual practice rather than asking applicants to undertake a rigid assessment process which might not be appropriate to their practice or their educational background.

Practising the profession

The legislation required that an applicant had to satisfy the Council that they had been engaged in the practice of the profession in which they wished to be registered.

There was potential for difficulties surrounding the definition of practising a profession. This included establishing the evidence that we would require as proof of practice and deciding whether that practice could be considered the practice of a profession which we regulated.

We exercised our discretion in deciding whether an applicant had been practising their profession. We asked applicants for information about their career history and their practice. We also asked applicants for details of their professional indemnity insurance if they held any. We took all this information into account in making our decision.

Time in practice

The two grandparenting routes meant that the amount of time in practice was central to the tests that could be applied to an application. It was important that we established ways in which it could establish the amount of time in which an applicant had been in practice.

We did this by asking applicants to provide us with full details of their career history, including the number of hours per week that they had been in practice. We also asked applicants (whenever possible) to send us a grandparenting reference from a person of public standing which confirmed the length of the time that the applicant had been in practice. We took this reference and other information into account in reaching our decision.

The wording of the legislation also needed some interpretation in this area. The legislation meant that route A applicants had to satisfy the Council that they had been engaged in the lawful, safe and effective practise of their profession for 3 out of the five years before the date of the opening of the Register (or its equivalent on a part time basis).

Route B, however, read that this route was open to applicants who did not meet the route A criteria. This wording was ambivalent in that it was unclear whether route B could apply to applicants:

(i) who did not meet the 3 out of 5 years rule but who had been in practice prior to the opening date of the Register; or

(ii) who had started practising or had completed their education and training after the opening date of the Register.

We sought advice on the issue. The approach we took was that the route B test had to be read in the light of the overall purpose of Article 13 to recognise the acquired rights of existing practitioners (i.e. those who had been in practise before the statutory register was opened). We also felt that this was consistent with the provisions of Article 39 about the use of protected titles by those who are not registered.

This subject arose in October 2005 when two cases were considered under our fitness to practise procedures. We can consider cases where an entry in the Register has been fraudulently procured or incorrectly made. This can range from a registrant making a false declaration on an application form to an error made by a registration officer.

We asked the Investigating Committee to consider we had made an error in registering two applicants who had not been practising before the opening date of the Register and had completed their education and training after July 9th 2003. The panel concluded that the criteria for registration under article 13 (2) (b) had not been met and removed the entries in the Register.

'Wholly and mainly engaged' and part time practice

The legislation required that applicants under route A had to be wholly or mainly engaged in the practise of their profession for three out of the five years preceding the opening of the Register, or its equivalent on a part time basis.

We had to develop a working definition of what it was to be 'wholly or mainly engaged'. We also had to decide how we would define part time practice and how long we would require such applicants to have been in practice.

In most cases it was relatively straight forward to determine whether an applicant had been wholly or mainly engaged because they had been working what we considered to be full time hours. We decided (for the purposes of Route A applications) that full time was approximately 35 hours of practice per week.

With part time practice, we decided that 'wholly or mainly engaged' in part time practice constituted approximately 16 hours per week. This was based

upon the approaches taken in the European Working Time Directive and by the UK Tax Office. We also decided that for part time applicants to be eligible under route A they would have to demonstrate equivalent practice and that this would be approximately six out of the ten years preceding the opening of the Register.

However, we recognised that circumstances varied. Applicants had often been engaged in a combination of part time and full time practice. Others had been engaged in more than one profession. Because of this we considered each application individually; taking into account all the information we received in making our decision.

Eligibility for grandparenting

The 'international route' to registration is established by Article 12 of the Order. This establishes that a person who has an overseas qualification is considered to hold an approved qualification (i.e. one leading to registration) if the Council is satisfied that the combination of their qualification, training and experience meets the standards of proficiency.

The legislation does not specifically prohibit an applicant who has an internationally obtained qualification from applying via the grandparenting route. Further, the terms of article 13 (2) (b) specifically said that an applicant's experience may have been obtained outside of the UK.

Advice given by the HPC was to guide an internationally qualified applicant towards the international process.

Our policy

In May 2003, after we had developed a clear process, we sent this to organisations representing registered and unregistered practitioners for their comments and suggestions.

The document clearly established the process we would follow in handling grandparenting applications. Throughout we tried to establish clear criteria without limiting the Council as to the information it could take into account in assessing an application, or unduly disadvantaging applicants.

Asking for feedback was one way in which we tried to ensure that our requirements were clear, fit for purpose and open to everyone with an interest in the process. It also allowed us to explain some of the rationale behind the development of our requirements.

Applications and Assessment

Organisation

The processing of grandparenting applications was undertaken by our International registrations team which became known as 'International/Grandparenting registrations'.

We recognised the similarity between the grandparenting and international registration processes and thought that grandparenting would be most efficiently managed within this department.

In November 2002 we appointed a manager to oversee the grandparenting process. This included undertaking the necessary work to prepare us for receiving the first grandparenting applications the following year. They became responsible for the new department once our register opened on 9 July 2003.

Applications

We required grandparenting applicants to provide us with more information than applicants for the UK route. We required applicants to complete a supplementary information form together with the standard application form in order to help us assess their application This included:

- Information about the time they had been in practice, including how many hours they were currently practicing.
- Information about their education, training and a summary of their career.
- A statement of practice telling us about the nature of their practice. We suggested that applicants might provide us with up to three case studies to help us decide whether they met our requirements.
- Information about their profession indemnity insurance (if held, optional).
- A further reference confirming their time in practice (optional).

The application forms and guidance notes can be found at appendix x.

"I am a domiciliary chiropodist based in South Essex. I qualified in October 1996, gaining a diploma from the Scholl faculty of chiropody training.

When I applied for registration, I found the application process to be disorganised. The forms were daunting in volume and complexity and I found the text was ambiguous in places. At branch meetings of my professional body, the Institute of Chiropodists and Podiatrists, it seemed that the way in which applications were assessed differed with each registration assessor.

The case studies requested as part of the application caused particular problems. The guidance notes didn't give enough information about the level of detail required and because of this the nature of the case studies submitted by colleagues varied from brief to very detailed. Others chose not to submit any case studies.

I first applied in November 2003 but my application was returned to me because they said that I needed to obtain a new health reference from my GP. This meant that I had to pay for a new reference and I still don't understand why this was necessary. I submitted my second application in March 2004 but didn't hear anything until seven months later. The guidance notes also changed in early 2004 and this meant I had to rewrite a lot of my application

I was asked to attend an interview ("a test of competence"). I had heard about the style of the interviews from a colleague but whilst waiting for the interview I was unprepared for the previous interviewee to be so upset when leaving the room. However, it proved to be a fairly 'standard' interview and I received the outcome promptly. For practitioners unused to interviews it may be daunting and some advice and guidance may well assist those unsure and concerned about the process.

Despite my anger and indeed horror at the requirement for a test of competence, in the end it proved to be beneficial personally and indirectly to my patients. In order to prepare for the interview I spent as much time as possible on intensive revision, through reading, discussion with colleagues and research via the internet. I re-evaluated some of my working practices and the experience made me realise the value of attending regular peer group meetings.

I have always been pleased to tell patients I was Scholl trained and I am now pleased to be able to use the protected title Chiropodist and delighted that I have national registration. I appreciate the value of registration in setting standards. However, I believe we are still a long way from the general public being aware of the function of HPC registration.**"**

Evangeline Bowles, Chiropodist / Podiatrist

We encouraged grandparenting applicants to provide us with as much information as possible so that we could make a decision about their applications.

We required a scrutiny fee of £200 from each application to cover the costs of processing and assessing their applications. If successful, the registration fee, as for the other registrants, was £120 for two years registration.

Assessment

All application forms were initially entered into our registration database. Each application was scrutinised to check that an applicant met the requirements for the entry route under which they were applying. If any information was missing or if we needed to clarify anything in the application we would ask the applicant for further information.

Applications were sent to members of the relevant profession for assessment. These members of the profession were known as 'registration assessors'. Assessors normally worked in pairs of one clinician and one academic. We felt that this allowed a fair assessment of both an applicant's practical experience and their education and training (if relevant).

In the vast majority of cases assessors worked remotely in assessing paper based applications. However, towards the end of the grandparenting period, we trialled getting several assessors together to reach decisions on applications as a group. This proved to be an effective way of dealing with the large volume of applications we received toward the end of the period.

The assessors scrutinised all the available documentation against the relevant criteria to reach a decision upon which they both agreed and then completed a 'record of assessment'. This detailed the reasons why a particular decision had been reached. The reasons given were referenced against the applicable test.

The decision reached was a recommendation to the Council. The options available to the assessors were:

- to accept the application;
- to reject the application;
- to ask for further information ("further verification"); or
- to ask the applicant to undertake a test of competence.

The recommendations of the assessors were scrutinised by our registration team and applicants advised of the outcome.

"Tests of Competence ("TOC") are normally oral interviews conducted by two registration assessors. Applicants were asked to attend a TOC where the assessors looking at their applications were unable to reach a clear decision on paper alone. This was often because cases studies provided by the applicant were insufficiently detailed to satisfy the standards of proficiency and sometimes where the information appeared to be 'standardised' or class teaching material which was of limited value in coming to conclusions about that applicant's practice. The applicants most frequently considered by a TOC were those applying under route "B" because they had to demonstrate that they met all of the standards of proficiency.

We conducted the majority of the tests for chiropodists and podiatrists and this allowed for consistency in decision making. The format was a very good way of exploring the material submitted by the applicants, and was valuable in overcoming any difficulties caused by paper-based applications.

The biggest challenge was overcoming the wide variation in the knowledge, experience, skills and abilities of applicants who had undertaken training which varied enormously. In conducting the tests of competence it was necessary to have good skills in rephrasing questions to ensure that the applicant had a fair opportunity to demonstrate whether they met the necessary standards.

Many applicants had never been faced with interview situations before so understandably were nervous and did not know what to expect. We tried our best to make interviewees at ease and where they had brought prompt material to the interview they were encouraged to set it out in front of them so that they could refer to it if they wished.

As the interview process went on it became to clear to us that previous applicants had passed on specific questions or subject areas for which the applicant should prepare. Sometimes we found that applicants had learnt 'rote' responses to certain questions and we certainly found such answers of limited value in assessing understanding of reflective practice. Occasionally an unsuccessful applicant complained that they were not asked the same questions as other colleagues. However, each interview was necessarily different because the starting point was always the assessment of the individual application and the standards of proficiency which were identified as potential shortfalls by the previous assessors.

Although a stressful process, some successful applicants commented that they had found their interview to be a stimulating exercise which was ultimately helpful to their clinical practice.**"**

Peter Graham and Donald Lorimer, Chiropodists / Podiatrists registration assessors

Registration Assessors

We use the services of number of different 'partners' in carrying out our work. Partners are professionals who appear on our register and lay people who provide the expertise we need for good decision making. Registration assessors are just one 'type' of partner. Other types of partner include panel members who sit on our fitness to practise panels and visitors who visit higher education institutions and help us decide whether we should approve an education programme.

There are currently 224 assessors across all the 13 professions we regulate who work as agents of HPC and undertake the assessment of international and grandparenting applications.

To recruit the assessors we advertised in the national press, professional journals and our website. We required applicants to be registered members of the professions we regulated with appropriate experience.

The task of deciding how many assessors we would need to appoint was a difficult one. In determining how many assessors we would appoint we took into account a number of factors including:

- past experience under CPSM of assessing applications from overseas qualified professionals;
- the size of each profession currently on the Register;
- the estimated size of the unregistered sector in each profession;
- the modalities in each profession (for example, there are 10 modalities in clinical science; radiography is divided into two distinct modalities, diagnostic and therapeutic radiography); and
- the need to recruit assessors with both clinical and academic experience.

In certain professions such as clinical science we recruited disproportionately high numbers of assessors compared to the size of the profession. This was because we needed to ensure that we had at least two assessors from each distinct modality in the profession.

All our registration assessors received training which included information about the legal basis of grandparenting and sample applications. They were also provided with copies of the legislation, standards and training materials.

We also held review sessions for each professional group of assessors. The topics covered in the review sessions were often informed by the appeals process (see page x).

"I am a principal grade clinical scientist responsible for the management of the routine service undertaken by the Northern Molecular Genetics Service. During my career my particular interest has been in neuromuscular disorders such as Facioscapulohumeral muscular dystrophy (FSHD). Our laboratory is only one of two in the UK which offer diagnostic testing for FSHD in the UK and we also get referrals from all over the world.

I was interested in the becoming a 'partner' with the HPC because I liked the idea of working for a new organisation with an important role of protecting the public who use the services of health professionals. I was interviewed and accepted to be a registration assessor for international and grandparenting applications and as a panel member and visitor.

I was with one of the first groups that were trained to assess applications. The process seemed reasonable but limited by various pieces of legislation. When it came to doing the assessments for real, it was inevitably a fairly steep learning curve. This was a new way of working and each grandparenting application often proved to be very different.

There were always two registration assessors working remotely but jointly to come to an agreement on each grandparenting application. Sometimes there were many e-mails between us before we agreed on our final assessment and the reasons for our decision. A different way of carrying out the grandparenting assessments has recently been trialled by getting a group of assessors together and completing a big batch in one sitting. I think that this is a really good idea and would ensure better consistency, allowing difficult cases to be discussed by a number of assessors.

The aim was to consider and agree a decision about an application in two weeks. This was often difficult to manage unless the application was very straightforward. The volume of documentation, postal delays and the demands of a full time job and home life could make it pretty difficult to achieve.

Sometimes it could be difficult dealing with ideas around scope of practice. Whilst it was relatively straight forward dealing with route A applications, it was sometimes difficult to make sure that applicants for route B met all the standards of proficiency when they had training and experience in a specialised field. This often meant we had to ask applicants for further information.

Now grandparenting has finished I am still involved in assessing applications from applicants who have qualified outside of the UK. On the whole I find the registration assessor role challenging and illuminating but sometimes also a real headache!**"**

Daisy Haggerty, Clinical scientist registration assessor

Closure of the two year period

Our offices were open and staffed until midnight on 8th July 2005 to receive grandparenting applications. We received a number of applications that night and had to turn away one applicant who arrived after the midnight deadline.

We received a large volume of applications in the weeks leading up to the closing of the grandparenting period and received a number of applications in the weeks following the closure and, despite clear information about the closure of grandparenting, we continue to receive a very small number of applications each month. We return these to the individuals concerned.

By the end of 2006, there were 40 grandparenting applications outstanding. This reflects the huge workload involved in processing and assessing the large volume of applications we received in the final months of grandparenting.

Statistics and analysis

The statistics referred to in this section are found between pages x and x.

Volume of applications

Figure 1 on page x shows the volume of applications we received during the grandparenting process.

Between January and July 2005 we experienced a four-fold increase in the numbers of applications we received in the same period the previous year and this represented more than 50% of the total applications we received over the two years.

This inevitably had resource implications and we identified early on that we needed to employ additional members of staff in order to deal with the increased workload.

Applications by profession

Chiropodists and podiatrists accounted for 69% of all applications we received. The next largest professional groups were clinical scientists (11%), physiotherapists (7%) and biomedical scientists (5%). Orthoptists were the smallest group, with only 1 application received.

The variation in the volume of applications received can be accounted for by looking at the history, development and size of each profession. Chiropodists and podiatrists accounted for the largest professional group because of a large number of practitioners working in the private sector who previously were ineligible for state registration. The numbers of applications from physiotherapists that we received also reflects a sizeable private sector.

Very few applications were received from orthoptists, prosthetists and orthotists and radiographers. This can be explained by considering the size of the profession and also by considering that these professions have tended to work mainly within the National Health Service (NHS) and, therefore, most practitioners were previously state registered.

Applications from clinical scientists and biomedical scientists accounted for 16% of all applications. Both professions have a tradition of occupational based training, where academic content is supplemented by a period of “on-the-job achievement of additional competencies. This might account for the volume of applications in each of these professions.

Success rates

Figures 2 and 3 on pages x to x show the percentage of successful applications in each profession, and in each route. Overall, 92% of applications were successful. There is some variation in the overall success rate by profession, but this tends to vary with the numbers of applications

received. Amongst Dietitians, Orthoptists and Prosthetists and Orthotists, 100% of applications assessed were successful. However, total applications in each of these professions accounted for only 0.1% of all applications received.

As might be expected given the difference between the tests that could be applied, the average success rate was lower for route B applications (64%) compared to route A (93.5%). Physiotherapy had the lowest success rate for route B applications with 47% of applications successful.

Appeals

Overview

The Order provided that applicants had a right to appeal to the council against a registration decision. Article 39 provided that:

(1) where the Education and Training Committee under this Order—

(a) refuses an application for registration, readmission or renewal or for the inclusion of an additional entry;

(b) in determining an application under article 9 or 10, impose additional conditions which must be satisfied before the applicant may be admitted to readmitted to or retained on the Register;

(c) fails, within the terms of article 9(7), to issue a decision,

the person aggrieved may appeal to the Council within the prescribed period

The circumstances in which an appeal could be made included:

- a decision to reject a UK, international or grandparenting applicant;
- a decision to ask an applicant from the European Economic Area (EEA) to undergo a period of adaptation;
- a decision not to allow an application for renewal or readmission to the Register (on health and character grounds) and;
- a failure to provide a decision within certain specified time periods.

The Health Professions Council (Registration Appeals) Rules Order of Council 2003 established the process which we would follow in administering an appeal against a decision of the Education and Training Committee.

Appeals had to be sent in writing to us within 28 days of the decision to reject an application and had to include a clear statement giving the grounds for the appeal. This had to explain as clearly as possible why the appellant disagreed with the decision to reject their application. Appellants could also send us any additional supporting documentation for our consideration.

Appellants could ask to have their appeal considered purely on the documentation they sent in or they could ask to attend an appeals panel in

person. If an appellant decided to attend a hearing this had to be held in the home country of the appellant (if they were resident in the UK).

We established panels that would make decisions about appeals. Panels had to include a council member as chairman, at least one professional from the relevant part of the Register, and a lay person. The rules also meant that the number of professionals could not exceed the number of lay people by more than one.

The possible outcomes of an appeal under Article 37 were detailed in Article 38. They were:

- dismiss the appeal (the original decision stands);
- allow the appeal (the person can be registered);
- remit the appeal to the education and training committee with directions (i.e. direct that the application is reassessed, often with further information taken into account); and
- substitute the decision for any decision that could have been made.

Article 38 of the order provided that an appellant had a further right of appeal to the county court and, in Scotland, to a Sheriff. To date only one such appeal has been made and this was later withdrawn by consent.

Process - considerations

As appeals against grandparenting decisions were appeals made to the Council against its own decision, it was important that we established processes which were fair and transparent.

The appeals process was run by our fitness to practise department. This ensured that the administration of appeals was kept separate from the administration of registration decisions. We felt that this was good corporate governance because this helped to ensure that, as far as possible, the appeals process was fair and impartial.

It was also important that we developed robust systems and processes by which we could track the status of appeals. A clear audit trail was needed to ensure that appellants were treated fairly and appeals disposed of in a timely manner.

There were a number of important financial and resource implications of the appeals process. As no one previously involved in the making of a registration decision could be involved in the appeals process we had to ensure that we had a sufficiently large pool of appropriately trained panellists and council

members to consider appeals. Registration appeals panellists were drawn from registration assessors and partners who sat on fitness to practise panels.

The requirement for appeals to be heard in the home country of the appellant (if living within the UK) placed further demand on resources. We had to make logistical decisions about how we would organise and arrange appeals hearings. For example, we had to decide how many appeal cases would be heard in one sitting. We had to make effective use of our resources whilst trying to ensure that appeals were considered within a reasonable timeframe.

Statistics and analysis

Figure 4 shows the volume of appeals we received and their outcomes.

Volume of appeals

The highest numbers of appeals were received amongst chiropodists and podiatrists, physiotherapists, clinical scientists and biomedical scientists. These professional groups were also those with the largest numbers of applications. Chiropodists and podiatrists accounted for the highest number of appeals and this represented less than 5% of the total number of applications received, but 79% of unsuccessful applications in this profession.

The volume of appeals we received followed a similar pattern to that for applications. This had demands on resources and early on we identified the need to appoint a case manager to handle the registration appeals process.

In June 2005, to clear a developing backlog, we held x number of hearings over a period of two weeks, hearing x number of registration appeals.

Appeal outcomes

The possible outcomes of an appeal are given on page x. 25% of appeals were successful, and 23% were unsuccessful. 19% were remitted back to the Education and Training Committee with instructions. This often meant that the applicant was asked to provide further information which could be looked at afresh by the registration assessors or the applicant was asked to undergo an oral test of competence (please see page x).

Relatively early on, we identified a number of cases (16.5% of the eventual total) where the correct test had not been applied. This often meant that a processing error had led to an application being assessed against the route B test when it fulfilled the criteria for a route a application. These applications were rechecked and the majority were accepted. These cases represent less than 1% of the total number of applications we received.

Reasons for appeals
The experience of administering an appeals process indicated some possible reasons for appeals occurring:

- **Automatic right to appeal**

Applicants could appeal a decision to reject their application without any additional costs or fees. This could be linked to the rate of rejected applications to appeals. Around 56% of unsuccessful applications gave rise to an appeal.

- **Insufficient information**

Applicants often provided insufficient information with their initial applications. When we sent them our decision they realised that they hadn't included enough information about their experience and skills and often did so during the appeals process. This included providing additional case studies or more information about their education and training.

Applicants were also sometimes confused by the difference between the two routes and how this would influence how their applications were assessed. This often led to them providing insufficient information to meet the criteria or led to them applying via the wrong route.

- **Undertaking further education and training**

Sometimes applicants for route B would appeal our decision to reject their application whilst undertaking further education or training to try and make up the shortfall in their skills or experience.

Feedback to the registration process

Once appeals were concluded, we were able to feed back the experience of the appeals process to the administration and processing of applications.

We were able to make improvements to how we processed and handled applications, including:

- A new control sheet was produced to make sure that we thoroughly checked application forms to make sure that the applicant was eligible to apply and had applied for the correct route.

- We amended the guidance notes to encourage applicants to include as much information as possible to help us assess their application.

- A new assessment feedback sheet was produced to aid registration assessors in applying the correct test and in reaching a reasoned decision.

- Training sessions were held for registration assessors and registration officers, informed by the experience of the appeals process.

Communications

A strong communications strategy was central to the successful execution of the grandparenting period. Our communications strategy was aimed at:

- raising awareness of the grandparenting requirements amongst unregistered practitioners, organisations representing them and training establishments;

- effectively communicating the purpose of grandparenting to other professionals; and

- general public awareness of HPC, its role and powers – specifically its role in protecting professional titles.

The consultation process which established HPC, its functions and powers was an effective way of engaging existing registrants, previously unregistered practitioners, professional bodies and other stakeholders. Representatives of these groups were also involved in the government review of CPSM and the subsequent public consultation.

We communicated the grandparenting process to unregistered practitioners in a number of ways, including:

- attending meetings and conferences run by professional bodies and associations representing the unregistered sector;

- producing brochures about registering with us;

- providing clear information on our website; and

- delivering talks to professional body meetings about the changes to legislation.

As part of our work to assess the likely demand for grandparenting [please see x] we wrote to private training institutes and private member organisations and they sent their members a letter which explained the grandparenting process. We sent a further letter to all those who wanted to be kept updated letting them know when the application forms were available.

Other professional bodies and associations also mailed their members to reiterate the importance of applying before the July 8 2005 date. We wrote to all the professional bodies in June 2005 reminding them of the impending closure of the grandparenting arrangements and encouraging them to remind their members. [appendix x]

These steps were supplemented by numerous articles which appeared in the local and national press and in professional journals throughout the two year period. Appendix [x] shows two such articles which appeared in Chiropody Review. The first of these articles encourages applicants to apply early and provide enough information; the second explains more about protection of title and why it was so important to become registered.

We also undertook an extensive advertising campaign to raise awareness of HPC, amongst members of the public and raise awareness of title closure to unregistered health professionals. As part of this, we produced and widely distributed posters which explained our role and the forthcoming change in the legislation. These posters were supplemented by advertising on buses, London underground and car stickers. We also advertised in a number of magazines and ran a radio campaign. 'Banner' advertising from late 2004 raised public awareness by prompting those who searched for a professional title on 'Yell.com' to check that someone was registered.

We raised the profile of HPC, protection of title and the closure date by working with the Football Association to encourage those football physiotherapists who had not applied to be registered.

In addition, from 2002 we held over 200 public meetings all over the United Kingdom which were attended by registrants, applicants, members of the public and other stakeholders. These meetings provided an opportunity for individuals and organisations to engage with us, sometimes on specific issues, other times on more general issues about how we work as an organisation.

After grandparenting

Our communications strategy has further focused on raising the awareness of HPC amongst the general public. We have particularly focused on protection of title and the need for people to check to make sure that professionals are genuine and registered with us.

For example, in November 2005 we launched a microsite, www.hpcheck.org, following market research which showed that only small numbers of the public had ever checked to make sure that their professional was registered. The website provides clear information about HPC and encourages members of the public to check that their professional is registered. This received television and press attention.

We have also mailed posters to NHS organisations and GP practices to further raise awareness of HPC, protected titles and registration.

Evaluation

We feel that our communications strategy was generally successful in raising awareness of grandparenting amongst the unregistered sector.

We decided to target our resources by primarily focusing on raising awareness amongst organisations representing unregistered practitioners, and particularly among those professions with large unregistered or private sectors. Advertising, articles in professional journals, attendance at various events and providing clear, easy to access information available on our website and in hard copy was an effective way of achieving this aim.

However, our experience highlights the difficulty of information reaching all of those with an interest in the process. In the early stages of the grandparenting period we were contacted by students who were nearing the end of study at private training chiropody and podiatry institutes. We had to inform them that given the requirements of the legislation they would be unable to use the relevant protected title once they were qualified. This highlights that to a certain extent it is necessary to rely on others, such as private training institutes, to disseminate information amongst their own students and networks.

Additionally, following the end of grandparenting, we did receive a small number of letters and calls from individuals who said that they were unaware of our existence and the change in legislation. This indicates the difficulty in ensuring clear lines of communication with all those who might be affected by the introduction of statutory regulation. It also highlights that, whilst it is possible to contact organisations representing unregistered practitioners, it is difficult to reach individuals who may be independent or domiciliary practitioners and who are not a member of any professional body, association or union.

Our advertising shortly in the lead up to the closure date caused a small number of complaints from applicants. Applicants could continue to use a protected title until such time as a decision had been reached in respect of their application or the outcome of any appeal. Because of this some felt that our adverts were misleading in that they did not contain this caveat.

Advertising relies on strong, clear messages in order to get its message across. We felt that it was important that we raised public awareness of protection of title and that we could not delay this message until an indeterminate point in the future when all applications had been processed. We further recognised that this would only apply to a relatively small amount of people when we were continuing to process their applications.

Our advertising strategy was primarily aimed at raising the awareness of the general public but was also successful in reaching other stakeholders such as registered professionals, employer and others. Our research has

subsequently shown an increase in public and professional awareness. Our ongoing communications strategy continues to build upon this growth in recognition.

Conclusion

We hope that you have found this review informative. Our experience shows that managing a successful grandparenting process is a challenging task – from interpreting the legislation; to devising a process which is fair and consistent to all; to communicating that process to as wide an audience as possible. Grandparenting affected all parts of the organisation.

Consistently throughout this review, managing resources has been identified as a key area, made all the more problematic by the challenge of reaching a reasonable expectation of the likely number of applications and how they would be spread over the two year period. Assessing applications in a fair and consistent manner, and considering appeals against our decisions, were certainly resource intensive tasks.

It was important throughout that we learned from our experience – refining our processes to improve them whilst maintaining fair and equal treatment for all applicants. This experience will also guide us in running grandparenting periods for any future professions that we regulate.

Whilst grandparenting was a challenging process, it was driven throughout by a desire to protect members of the public - by ensuring that those practising one of the twelve professions we regulated were able to practise their profession safely and effectively and to agreed national standards.

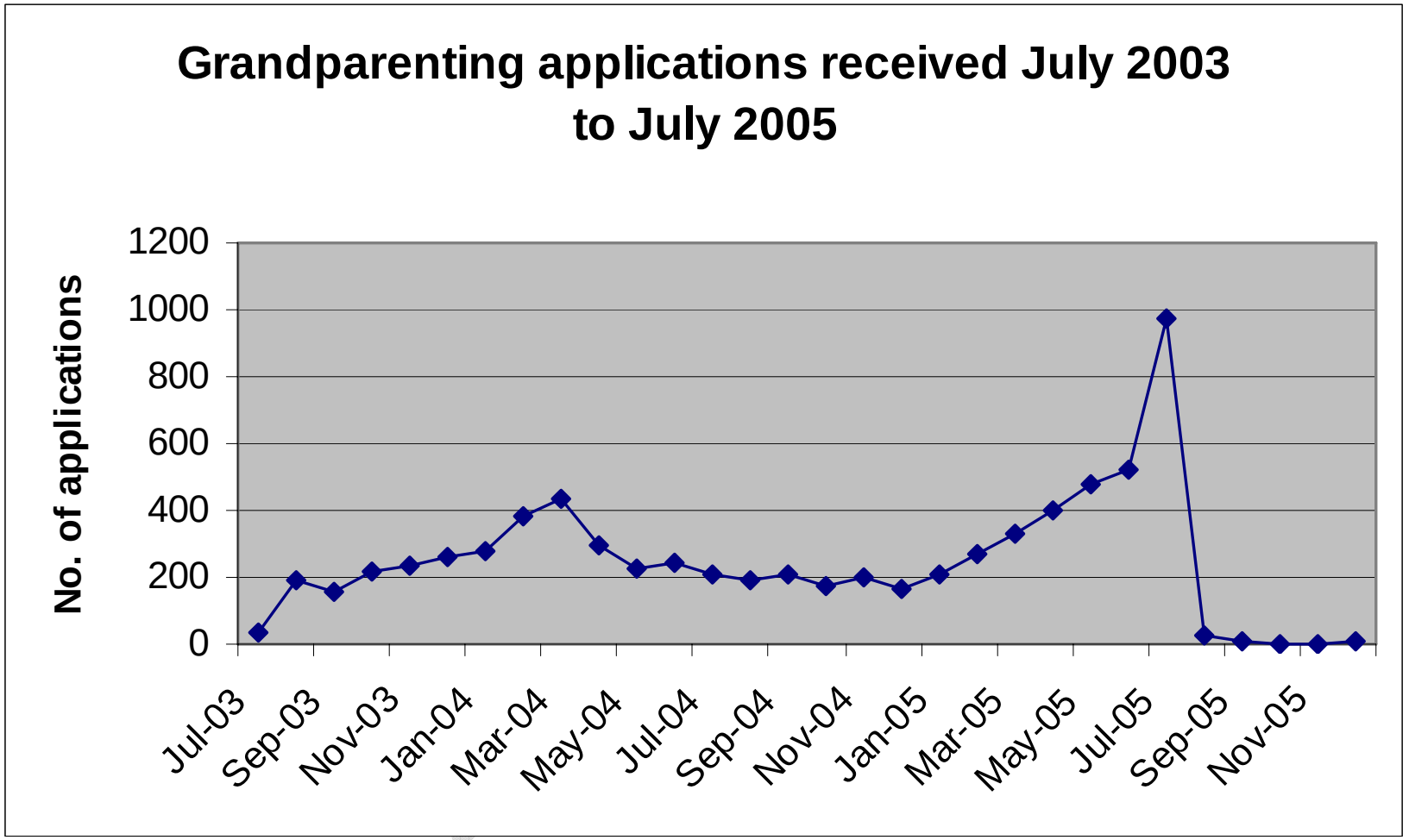
Marc Seale, Chief Executive and Registrar

Application and appeals statistics

Key to tables:

AS	Arts therapists
BS	Biomedical scientists
CH	Chiropodists and Podiatrists
CS	Clinical scientists
DT	Dietitians
OR	Orthoptists
OT	Occupational therapists
PA	Paramedics
PH	Physiotherapists
PO	Prosthetists and Orthotists
RA	Radiographers
SL	Speech and language therapists

N.B: The statistics are accurate to 31 December 2006


Grandparenting applications received July 2003 to July 2005
No. of applications
1200
1000
800
600
400
200
0
Jul-03
Sep-03
Nov-03
Jan-04
Mar-04
May-04
Jul-04
Sep-04
Nov-04
Jan-05
Mar-05
May-05
Jul-05
Sep-05
Nov-05

Grandparenting applications received by profession

Profession	All applications	Withdrawn applications	Total number of applications less withdrawn applications	Outstanding applications	Number of successful applications	Overall success rate
AS	80	13	67	0	56	84%
BS	404	73	331	0	305	92%
CH	5274	1110	4164	20	3914	94%
CS	724	66	658	12	613	93%
DT	5	2	3	0	3	100%
OR	1	0	1	0	1	100%
OT	12	5	7	0	4	57%
PA	221	34	187	2	177	95%
PH	521	74	447	6	336	75%
PO	4	1	3	0	3	100%
SL	175	27	148	0	143	97%
RA	17	13	4	0	2	50%
Total	**7438**	**1418**	**6020**	**40**	**5557**	**92%**

Notes

- This table above shows the number of grandparenting applications received per profession.
- The '**all applications'** figure includes applications which have a status of '**withdrawn'**. Whenever we received an application which was incomplete in some way, we returned the application to the applicant and withdrew it on our system. The majority

of these applicants subsequently sent us back their application form with the missing information. However, a small number did not.

- The success rate is calculated using the figure in the column: "**Total number of applications less withdrawn applications**" because this avoids double counting applications which were sent to us incomplete at first.

Grandparenting applications by route

Prof	Route A applications	Route B applications	Unallocated	Outstanding	Successful Route A	% successful	Successful Route B	% successful
AS	34	32	1	0	34	100%	25	79%
BS	267	45	18	0	257	96%	80	73%
CH	3026	967	170	20	2981	99%	792	82%
CS	485	145	28	12	466	96%	131	90%
DT	2	1	0	0	2	100%	01	100%
OR	1	0	0	0	1	100%	n/a	n/a
OT	6	0	1	0	3	57%	n/a	n/a
PA	99	43	44	2	92	93%	42	95%
PH	358	70	19	6	292	82%	37	47%
PO	2	1	0	0	2	100%	1	100%
SL	75	67	6	0	74	99%	55	97%
RA	2	1	1	0	0	0%	0	0%
Total / Average	**4357**	**1372**	**288**	**40**	**151**	**93.5%**	**238**	**64%**

Notes

- The table above shows the numbers of applications we received in each grandparenting route, and the numbers and percentage of successful applicants in each route.

- The figures given in the '**unallocated**' column are those applications which were assessed against the criteria but where a processing error meant that no route was recorded on our applications database.
- The total number of applications where no route was recorded represents less than 5% of all the applications we handled.
- The success rate figures are calculated using the available data about application routes and therefore do not include the applications which were unallocated.

Number of appeals by route with their outcomes

Prof	Number of appeals		Allowed	Dismissed	Remit to ETC	Legal Advice	Withdrawn	Outstanding
	Route A	Route B						
AS	2	3	2	1	0	0	2	0
BS	11	4	9	2	0	0	3	1
CH	52	86	21	34	25	34	19	5
CS	13	11	21	1	0	0	0	2
DT	0	0	0	0	0	0	0	0
OT	0	0	0	0	0	0	0	0
OR	0	0	0	0	0	0	0	0
PA	7	0	1	0	0	3	2	1
PH	32	35	11	21	6	6	4	9
PO	0	0	0	0	0	0	0	0
RA	0	1	0	1	0	0	0	0
SL	0	1	0	0	0	0	1	0
Total	130	131	65	60	31	43	31	18

Notes

- The table above shows the numbers of appeals we received by route, together with their outcomes. Registration appeals panels have five options available to them.
- Please see pages x to x for an explanation of the outcomes.

- **Withdrawn** appeals - this is when the appeal was withdrawn by an appellant. An appellant could not reapply to us whilst they had an active appeal. Some appellants chose to withdrawn their appeals and reapply.

Appendices

Appendix 1: Grandparenting process (mini consultation with organizations representing registered and unregistered practitioners), May 2003

Appendix 2: Application form, grandparenting supplementary information form and guidance notes

Appendix 3: Letter sent to professional bodies, reminding them about the closure of grandparenting, June 2005

Appendix 4: 2 x articles which appeared in the Chiropody Review in 2003

References and sources of further information

Department of Health:

- Establishing the new Health Professions Council: report on the statutory consultation (Department of Health, England).

- JM Consultation for the UK health departments, The regulation of health professions: report of a review of the Professions Supplementary to Medicine Act (1960) with recommendations for new legislation.

- Modernising regulation: the new Health Professions Council a consultation document (Department of Health, England).

All available from www.dh.gov.uk.

Health Professions Council publications:

- 10 benefits of registration, April 2004
- Consultation feedback – Key decisions, November 2002
- Consultation feedback - Your responses, November 2002
- Grandparenting, April 2003
- How to register with the health professions council, April 2003
- The future (mini prospectus), July 2002
- The future (paper for consultation), July 2002
- The role of a registrant assessor, April 2003
- Who can say if a health professional is genuine?, April 2003

All available from our website at www.hpc-uk.org/publications

Legislation

- Chiropractors Act 1997
- Health Professions Order 2001 and associated rules
- Human Rights Act 1998
- Professions Supplementary to Medicine Act 1960

All available from www.opsi.gov.uk. Health Professions Order 2001 and rules also available from www.hpc-uk.org