

# Accredited Registers

## Notification of Change

Registration Council for Clinical Physiologists  
(RCCP)

August 2021

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## About Registration Council for Clinical Physiologists

The Registration Council for Clinical Physiologists (RCCP) registers:

- Audiologists/Hearing Therapists/Educational Audiologists
- Neurophysiologists
- Cardiac Physiologist
- Respiratory Physiologist
- Gastro-Intestinal Physiologist
- Sleep Physiologists

Its work includes:

- Setting and maintaining standards of practice and conduct
- Maintaining a register of qualified professionals
- Assuring the quality of education and training
- Requiring registrants to keep their skills up to date through continuing professional development
- Handling complaints and concerns raised against registrants and issuing sanctions where appropriate.

As of June 2021, there were 5,583 registrants on RCCP's register.

RCCP was first accredited on 13 March 2018.

## Background

The Professional Standards Authority accredits registers of people working in a variety of health and social care occupations not regulated by law. To be accredited, organisations holding such registers must prove that they meet our [Standards for Accredited Registers](#) (the Standards). Accreditation is reviewed every twelve months.

Once accreditation has been granted, significant changes to an Accredited Register need to be assessed by the Authority to ensure ongoing compliance with the Accreditation Standards. These are submitted to the Authority as a notification of change.

Changes can be approved by a Moderator in cases where compliance with the Standards are not affected by the change. A Moderator can issue Recommendations and note Achievements.

Where concerns do exist, or information is not clear, a targeted review will be initiated by a Moderator. The outcome of this review is assessed by an Accreditation Panel, who can decide to approve the change or approve the change with conditions. Panels may also issue Recommendations and note Achievements.

- **Condition** – Changes that must be made within a specified timeframe to maintain accreditation
- **Recommendation** – Actions that would improve practice and benefit the operation of the register, but do not need to be completed for compliance with the Standards to be maintained. Implementation of recommendations will be reviewed at annual renewal

## Notification of Change

RCCP was first accredited in March 2018. The RCCP holds a register of Clinical Physiologists practising in the UK in one of following disciplines:

- Audiology Hearing Therapists/Educational Audiologists
- Cardiac Physiology
- Gastro-intestinal Physiology
- Neurophysiology
- Respiratory Physiology
- Sleep Physiology.

The RCCP has proposed the addition of Clinical Exercise Physiologists (CEPs) to its register.

The RCCP stated that ‘in the UK, there is currently no professional public register, regulator or accreditation system in place for CEPs to assure high quality practice for the protection of patients. Regulation of CEPs is required to ensure that all CEPs delivering services to clients and patients are appropriately trained to a high standard to provide the optimal preventative strategies, treatment packages in order to manage acute, sub-acute, chronic and complex conditions safely and effectively.

The RCCP reported that CEPs:

- ‘specialise in identifying and developing individualised treatment care pathways and therapies using evidence-based exercise interventions as part of the prevention, treatment, and long-term management of acute, sub-acute, chronic, and complex conditions
- work in a range of primary, secondary, and tertiary care settings often as part of a multidisciplinary team of health care and rehabilitation providers and in community settings.
- aim to optimize physical function and health and promote long-term wellness through lifestyle modification and behaviour change across the lifespan through behavioural coaching, health education, exercise counselling and physical rehabilitation.’

CEPs would be expected to abide by RCCP’s *Standards of conduct, performance and ethics, the Standards of Proficiency and the Standards of Continuing Professional Development* all of which can be found on the RCCP’s [website](#). They would also be subject to *RCCP’s Fitness to Practice Procedure*. There would be no changes to RCCP’s registration processes.

The Clinical Exercise Workforce Collaborative (CEWC) has mapped the CEP curriculum to *RCCPs’ Standards of Proficiency*. All CEPs would be expected to meet these standards.

There will be two routes of entry onto the register:

- Route 1: The creation of an ‘equivalence route’. This route would recognise and assess existing experience for suitability for registration. This route will be

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available for a specified period (likely to be one year) to encourage existing professionals to join the register.

- Route 2: RCCP accreditation of education courses based on the RCCP Standards of Proficiency or equivalent to allow future graduates the eligibility to register. There are currently three universities which are mapping their curriculum to the RCCP Standards with the aim of becoming accredited by the RCCP in 2021.

## Outcome

The change was approved by a Moderator following a review of evidence gathered by the Accreditation team and supplied by the RCCP.

The following report provides detail supporting the outcome.

# Assessment against the Standards for Accredited Registers

## Standard 1: the organisation holds a voluntary register of people in health and/or social care occupations

- 1.1 The RCCP proposed the addition of Clinical Exercise Physiologists (CEPs) to its register. This would add approximately 1,000 registrants to its register. RCCP stated that CEPs are likely to see people who 'may be at risk of developing or have existing medical conditions and injuries' and that aim of the interventions 'are to prevent or manage acute, sub-acute or chronic disease or injury, and assist in restoring an individual's optimal physical function, health or wellness.'
- 1.2 The RCCP reported that CEPs work in a range of settings including hospitals and community settings and often form part of a multi-disciplinary team. Services offered by the CEP include 'behavioural coaching, health education, exercise counselling and physical rehabilitation' and the 'preparation of tailored exercise programs, promoting leisure-time and incidental activity, and counselling to reduce sedentary behaviours.'
- 1.3 RCCP reported that CEPs:
  - 'specialise in identifying and developing individualised treatment care pathways and therapies using evidence-based exercise interventions as part of the prevention, treatment and long-term management of acute, sub-acute, chronic and complex conditions
  - work in a range of primary, secondary and tertiary care settings as part of a multidisciplinary team of health care and rehabilitation providers and in community settings.
  - services aim to optimise physical function and health and promote long-term wellness through lifestyle modification and behaviour change across the lifespan.'
- 1.4 The Authority considered the information provided and found that CEPs satisfy the definition of healthcare, as laid down in the National Health Service Reform and Health Care Professions Act 2002, section 25E (8) - 'Health care' includes: all forms of health care for individuals, whether relating to physical or mental health; and procedures that are similar to forms of medical or surgical care but are not provided in connection with a medical condition.'
- 1.5 The Authority found that this Standard continued to be met.

## Standard 2: the organisation demonstrates that it is committed to protecting the public and promoting public confidence in the occupation it registers

- 2.1 RCCP stated that 'regulation of CEPs is required to ensure that all CEPs delivering services to clients and patients are appropriately trained to a high standard to provide the optimal preventative strategies, treatment packages in order to manage acute, sub-acute, chronic and complex conditions safely and effectively' and that 'It is also felt that by registering CEPs, this will have the

potential to improve the joined up working between cardio-respiratory diagnosis, research and rehabilitation of patients with cardiovascular/respiratory insufficiencies in particular. The impact of COVID19 and long-COVID19 sequelae will also likely come under the remit of CEPs and help to raise the profile of this professional group.'

- 2.2 This is currently an unregulated/unregistered group and bringing them under the remit of the Accredited Register would increase public protection to service users.
- 2.3 The Authority found that this Standard continued to be met.

### **Standard 3: risk management**

- 3.1 RCCP reported that many of the risks associated with the practice of clinical exercise physiology are similar to those already within its risk matrix. The Authority found that this Standard continued to be met.

### **Standard 4: the organisation demonstrates that it has sufficient finance to enable it to fulfil its voluntary register functions effectively including setting standards, education, registration, complaints and removal from the register**

- 4.1 The addition of CEPs to the RCCP register could result in more registrants, therefore increasing RCCP's revenue and therefore helping with financial sustainability. The Authority found that this Standard continued to be met.

### **Standard 5: the organisation demonstrates that it has the capacity to inspire confidence in its ability to manage the register effectively**

- 5.1 The Authority considered the changes to governance as reported under Standard 7 and found that this Standard continued to be met.

### **Standard 6: the organisation demonstrates that there is a defined knowledge base underpinning the health and social care occupations covered by its register or, alternatively, how it is actively developing one. The organisation makes the defined knowledge base or its development explicit to the public**

- 6.1 The RCCP reported that the CEP steering group is creating a website where relevant information about the knowledge base will be provided. This page will also contain a marketing campaign to promote the profession and information about registration. The RCCP will provide links to it from its own website as well as promote it on social media. The Authority found that this Standard continued to be met.

### **Standard 7: governance**

- 7.1 RCCP reported that representatives from the CEP professional body collaborative will be invited to sit on the RCCP Professional Standards and Education sub-committee (PSEC) to represent clinical exercise physiology and provide expert opinion on education and training. The RCCP will also invite two CEPs who are suitably experienced to act as occupation experts where needed on the fitness to practise panels.
- 7.2 The Authority found that this Standard continued to be met.



## Standard 8: setting standards for registrants

- 8.1 CEPs will be expected to abide by the *RCCP's Code of Conduct and Standards of Proficiency*. The RCCP stated that 'CEP is a new profession and not included in the modernising scientific careers curriculum. As such there is reference to a specific standards of proficiency document that will be used in the accreditation of CEP programmes in combination with the RCCP standards of proficiency document.' The RCCP confirmed that this will be in place before the register opens and that copies will be shared with the Accreditation team.
- 8.2 The Authority found that this Standard continued to be met.

## Standard 9: education and training

- 9.1 RCCP highlighted that 'clinical exercise physiology is an emerging profession and the majority of professionals working in the field have completed a combination of education pathways so, at present it is not linked to one accredited pathway.'
- 9.2 There will be two routes of entry onto the register:
- Route one:** The creation of an 'equivalence route'. This route would recognise and assess existing experience for suitability for registration. This route will be available for a specified period (likely to be one year) to encourage existing professionals to join the register.
- Route two:** RCCP accreditation of education courses based on the RCCP Standards of Proficiency or equivalent to allow future graduates the eligibility to register. There are currently three universities which are mapping their curriculum to the RCCP Standards with the aim of becoming accredited by the RCCP in 2021.
- 9.3 There are three universities working towards accreditation with the RCCP of courses. RCCP reported that there have been some delays due to the Covid-19 pandemic and other pressures in the higher education sector. RCCP anticipates that the process of mapping to standards will begin in September 2021, with the first intake on the accredited programmes being September 2022. The equivalence route will be available in the meantime.
- 9.4 RCCP stated that information about the education and training for CEPs will be added to its website along with links to relevant professional bodies/associations.
- 9.5 The Authority found that this Standard continued to be met.

## Standard 10: management of the register

- 10.1 CEPs will follow the same process as all other applicants in keeping with the *RCCP Management of the Register policy*.
- 10.2 RCCP reported that 'proposed application scrutineers will come from the relevant CEP professional bodies/associations who will all be required to be currently working as an exercise physiologist. This panel of individuals will be

required to submit their own application to the RCCP under the discipline of 'clinical exercise physiology' and be peer assessed. It is likely that the panel will also have representation from current registrants under the cardio-respiratory disciplines where there is significant overlap of skills and experience.' Successful applicants will undergo the RCCP's assessor training. Once completed they will form the exercise physiologist scrutineer group. This group will be responsible for assessing new applications, return to practice applications and Continuing Professional Development (CPD) profiles.

10.3 RCCP confirmed that CEPS would be expected to abide by *RCCP's Standards of Continuing Professional Development*.

10.4 The Authority found that this Standard continued to be met.

### **Standard 11: complaints and concerns handling**

11.1 This change would not impact on this Standard, CEPs would be expected to abide by the *RCCP's Fitness to Practice procedure*.

11.2 The Authority found that this Standard continued to be met.

### **Share your experience**

12.1 The Authority did not receive any responses to the invitation to share experience.

### **Impact assessment**

13.1 The Panel noted and took account of the impact of its decision to approve the change.

### **Equality duty under the Equality Act 2010**

14.1 The Panel had regard to its duty under the Equality Act 2010 when considering this notification of change.