
COLLEGIATE MODEL

One of the models previously considered is a collegiate structure, and an explanation is provided here for your information.

The Concise Oxford Dictionary defines *collegiate* as: *constituted as, belonging to a college or body of colleagues, corporate* and the Cambridge Advanced Learner's Dictionary as: *of or belonging to a college or its students, formed of colleges*. Drawing on but also adding to previous work, a collegiate model for the CSP and CI/OGs could operate as follows.

- Six to eight colleges of CSP would be formed, providing a structure for CPD, career development, peer support and a framework for communicating with the CSP, members and other professions.
- The college structure would replace the CI/OGs which would be invited to join the relevant college.
- Each college would include the relevant clinical, occupational and skill networks, drawing expertise from a broad professional background.
- The key focus for colleges would be around client groups, clinical areas or conditions.
- Each college would have a president.
- Sub-groups of the colleges would receive funding for specific projects.
- As well as providing expert advice to the CSP, the colleges could speak directly to government and the health service on clinical and health care policy issues.

The proposal for a collegiate model is that each college would have at least one officer to support it and that there would be an overall business manager to administer funding for the sub-groups, plus the cost of newsletters, conferences and administration. Even if the business management and communication and administration costs could be contained within the existing budget and there were only six, rather than eight, colleges, five additional posts would be required to support the collegiate structure, at an additional cost of £295k and in addition there would be huge implications for members in time and resources.

The advantages of the collegiate model are that it provides a strong structure for professional development and support and for the profession to speak to government and the health service on clinical issues and health care policy.

Aside from cost, however, there are significant disadvantages to the collegiate model, not least the risk of developing a parallel or alternative structure to the CSP which would dissipate energy and dilute the influence of physiotherapists on health care policy.

The collegiate model is a complex one and would be likely to cause some confusion in the external environment. There is a potential analogy with the academic world but the relationship between the Chartered Society of Physiotherapy and the College of Health and Well Being is likely to be very different from that between the University of London and King's College or between Oxford University and St. Hilda's College.

There are, of course, many colleges operating in the world of health care including, inter alia, the Royal College of Nursing, the Royal College of Speech and Language Therapists and the College of Occupational Therapists. In each case, it is the college which is the central corporate body and which has recognised special clinical interest groups or sections, dealing with particular client groups, conditions or clinical areas and reporting in to the college. If the CSP were to set up a collegiate structure it could be quite difficult to communicate effectively to other professions the relationship between a central chartered society and six to eight colleges.