

# The Academy's response to the consultation

on the proposed standards of proficiency,  
conduct and continuing professional  
development for the Register of  
Healthcare Science Practitioners

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# Introduction

The Academy for Healthcare Science welcomes the views expressed by stakeholders in the recent consultation on the proposed standards for the Register of Healthcare Science Practitioners. One hundred and thirty six stakeholders (patients / service users, members of the public, members of the Healthcare Science workforce, professional bodies, NHS employers and others) responded to the online consultation. We also facilitated a stakeholder consultation workshop on 19 February in London, which was attended by over 40 stakeholders, and received a number of emails – generally from professional bodies – in response to the consultation document.

We asked Cassiopeia Consultancy Ltd to complete an analysis of consultation responses and we have published an executive summary of their report, which includes details of the individual responses and comments made by stakeholders to the consultation.

An overwhelming majority of those who responded to the consultation supported our objective of establishing a register of Healthcare Science practitioners and of it being accredited by the Professional Standards Authority for Health and Social Care (PSA). They also supported our approach to developing the standards, as well as the proposed standards themselves. We are delighted to have received such broad support, and will continue to work towards our objectives regarding the regulation of the Healthcare Science workforce.

Four overarching themes emerge from the consultation analysis and a number of specific issues were raised about the detail of the proposed standards. We want to respond positively and constructively to these key themes and make minor changes to the proposed standards in response to the specific issues that were raised. These issues are listed in the next section.

Following further consideration by the Academy for Healthcare Science and approval by the newly established Academy Regulation Council, the final standards will be published and will come into effect from 31st July 2014.

# Overarching themes

## 1. Healthcare Science should be regulated by law

Stakeholders believe that the fragmented nature of regulation of the practitioner workforce and the lack of statutory regulation for parts of the practitioner workforce is detrimental to patient and public safety. A number of stakeholders commented that the objective of the Academy (and other stakeholders) should be statutory regulation.

### Academy response

We agree.

In the consultation document, we said:

*'The Academy for Healthcare Science continues to believe that patients and the service would be best served if everyone working in Healthcare Science is regulated by law.'*

The decision to regulate a profession is a matter for Parliament. While it is now ten years since the Health and Care Professions Council recommended to Ministers that a number of disciplines within the Healthcare Science practitioner workforce should be regulated by law, neither Ministers nor Parliament has accepted this recommendation or taken any steps towards introducing legislation that would implement such regulation.

Indeed, the Government has made clear its position. In February 2011, the Government set out its approach to the future regulation of the Health and Care workforce with the publication of the Command Paper Enabling Excellence (HMG, 2011).

This stated the Government's policy that no further groups should be brought into statutory regulation at that time. Instead, they should be covered by Accredited Voluntary Registers.

Even if this position were to change, it would take a number of years before protection of title (the means by which professions are regulated by law in the UK) is introduced. It would take Parliament time to consider any legislation (primary or secondary) necessary to introduce statutory regulation. Once a Commencement Order was made, there would be a 'grandparenting' period of (generally) two years before protection of title is enacted.

It is worth noting that Biomedical Scientists (part of the Healthcare Science practitioner workforce that is currently regulated by law) were covered by a voluntary register decades before statutory regulation was introduced in 1960. This was also the year that regulation for Hearing Aid Dispensers was also first proposed. Dispensers are also part of the Healthcare Science workforce currently regulated by law, and it was almost a decade between the first proposal for regulation and the eventual introduction of statutory regulation (O'Leary, 2014).

For many other professions regulated by the Health and Care Professions Council, the introduction of statutory regulation was preceded by a lengthy period of voluntary regulation. For example, in 1937, the first voluntary register was published for the Board of Registration of Medical Auxiliaries, covering chiropodists, dieticians, orthoptists, physiotherapists, radiographers and speech and language therapists (HCPC, 2012).

More recently, psychotherapists were first recommended for statutory regulation in the Foster Report of 1971, but it was not until 2007 that the Government proposed such regulation (HMG, 2007).

We believe that, while statutory regulation is our ultimate aim, its achievement is some years away. In the meantime, patients and the public need and deserve to be protected from the risks posed by Healthcare Science practitioners. A voluntary register accredited by the Professional Standards Authority is an important step towards statutory regulation and is the most effective means of protecting patients and the public in the meantime.

## 2. Further training is needed for the autonomous practitioner

Through both the online survey and the stakeholder consultation workshop, concerns were raised as to whether someone completing the Practitioner Training Programmes (PTP) would have sufficient practical skills and experience to act autonomously and undertake a range of tests and investigations. It was suggested that a PTP should be followed by a period of supervised, on-the-job training before registration as a Healthcare Science practitioner.

### Academy response

The changes brought about through Modernising Scientific Careers (MSC) have been a step change for the education and training of everybody working in Healthcare Science. For the first time there is a single, coherent training and education framework across the whole of the Healthcare Science workforce.

Core to this framework has been the Practitioner Training Programme (PTP), an undergraduate degree that provides clinical placements alongside theory and knowledge. The first graduates from these programmes were ready to enter the workforce in the summer of 2013, although this cohort was small in number.

We do not believe there is sufficient evidence, at this stage, that the programme needs to be supplemented with on-the-job training prior to PTP trained staff entering the clinical workforce. This is distinct from training that must be carried out as part of job induction and personal development.

Nor do we believe that there is sufficient evidence to rule out the introduction of some post-PTP supervised, on-the-job training. It is essential that the routes to registration are regularly reviewed and that we (the Academy) engage in on-going dialogue with NHS employers, professional bodies, service managers, Health Education England, the National School and others to ensure that PTP degrees are fit for purpose.

We therefore propose to engage in dialogue, review the situation and – as part of our strategic regulation work – assess whether proposals for post-PTP on-the-job training are necessary in the public interest.

### 3. The need for more – and better – communication

There was some confusion about the proposed standards, as some respondents assumed they related to Biomedical Scientists or to Clinical Scientists. Both of these groups are regulated by law and the setting of their standards is a matter for the Health and Care Professions Council. There were also a number of comments about our website and – at the stakeholder consultation event – questions about the Equivalence process for both practitioners and clinical scientists.

#### Academy response

We recognise the need for more – and better – communication. We are improving our website, investing more in our general communications and will regularly review the effectiveness and efficiency of our communication functions.

### 4. Complexity and competition between voluntary registers

There are several existing voluntary registers covering various parts of the Healthcare Science practitioner workforce. Several questions were raised through the online survey and the stakeholder consultation event around the need for an additional register. These included whether we should undertake this work, and how we will work with existing voluntary registration bodies.

#### Academy response

While there are several existing registration bodies, there are still significant parts of the practitioner workforce that are not covered by voluntary registration. We strongly believe that our practitioner register will cover these gaps and thereby improve patient and public protection.

It is also clear that the costs of gaining accreditation by the Professional Standards Authority (PSA) are prohibitive for some of the existing registration bodies. We have therefore proposed a ‘cluster’ of registers, managed by the newly established Academy for Healthcare Science Regulation Council. This approach has several advantages:

It will reduce the cost to individual registrants of the registers gaining accreditation by the PSA

Standards will complement and correspond to each other across participating registers

It will provide an opportunity for practitioners to be regulated who are not clinical physiologists, clinical technologists or other groups covered by existing voluntary arrangements.

However, we also recognise that some professional bodies and existing voluntary registration bodies will not want to join the Academy Regulation Council. We want to work with these groups – in ways that are reasonable and appropriate for them – to ensure that we all further the interests of patients, the public and Healthcare Science.

# Specific changes

Following consultation, these are the specific changes we will make to the proposed standards of proficiency:

## Language

Several suggestions were made that the language in the standards should be more active, requiring applicants to demonstrate that they have undertaken relevant actions. Questions were also asked about the use of the verb 'understand' and the difference between 'understand' and 'do'.

## Academy response

The language used in the standards mirrors that used by the Health and Care Professions Council in the standards of proficiency for Biomedical Scientists, Clinical Scientists and Hearing Aid Dispensers (those parts of the Healthcare Science workforce currently regulated by law).

It is important to understand the role that standards of proficiency play in the regulation of health professions. Standards of proficiency set out the skills and knowledge that someone must demonstrate at the point at which they submit an application for registration. After that, every time an individual renews their registration, they will be asked to sign a declaration that they continue to meet the standards of proficiency that apply to their scope of practice. As such, the standards of proficiency play a central role in how someone can gain admission to, and remain on, the Register.

The driving examiner makes an assessment of whether the learner driver would be able to drive without the supervision of someone with a driving licence. This assessment is made without the learner driver actually driving without supervision (because doing so requires a person to hold a driving licence).

Similarly, the standards of proficiency cannot require that someone has acted as a registered person before they are registered. This would be a tautology and would undermine the argument that only registered individuals should be able to act as Healthcare Science practitioners. We do not propose to make any changes to the language of the standards of proficiency.

## Standard 1: Understand your role in Healthcare Science and its contribution to the delivery of high quality healthcare

Concerns were raised as to the purpose of this standard and what it means. Several comments were made that the sub-standards were wordy and lacked clarity.

## Academy response

One of the key recommendations of the Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (the Francis Report, 2013) was the need to:

*'... foster a common culture shared by all in the service of putting the patient first.'*

Specifically, Robert Foster QC recommended:

*'The NHS and all who work for it must adopt and demonstrate a shared culture in which the patient is the priority in everything done.'* (Recommendation 2)

And:

*'The NHS Constitution should be the first reference point for all NHS patients and staff and should set out the system's common values, as well as the respective rights, legitimate expectations and obligations of patients.'* (Recommendation 3)

Standard 1 in the proposed standards of proficiency is intended to respond to these recommendations (standard 8 responds to the specific recommendations about information sharing). The purpose of standard 1 is to ensure that registrants and potential registrants know, understand and act in such a way that recognises the part they play in the overall delivery of healthcare to patients and that they always put the patient and public first. Several of the sub-standards directly reflect the standards and values set out in the NHS Constitution. We believe it is important that everyone involved in the delivery of healthcare responds positively and appropriately to the recommendations of the Francis Report. We do not propose to make any changes to standard 1.

## **Standard 6: Are aware of the impact of culture, equality and diversity on practice and Standard 7: Are able to practise in a non-discriminatory manner**

There was confusion around the difference between these two standards and there were several suggestions that they should be amalgamated.

### **Academy response**

The inclusion of two separate equality, diversity and non-discrimination clauses in our standards of proficiency directly mirrors the practice of the Health and Care Professions Council. The two standards are quite different. Standard 6 is a broad standard, requiring that applicants to our register understand the global impact of diversity on the provision of healthcare. It also requires that applicants understand what equality and diversity means for individual patients. Standard 7 is more specific and relates to skills necessary to act in a non-discriminatory manner.

The Academy accepts that there is an argument for amalgamating these into a single standard. However, to ensure consistency with the standards required of those parts of the Healthcare Science workforce that are regulated by the Health and Care Professions Council, we propose to retain these as separate standards.

## Standard 13: Are able to draw on appropriate Healthcare Science knowledge and skills required for safe and effective practice

Several comments were made about the relationship between sub-standards under standard 13 and whether these represented an appropriate threshold level for Healthcare Science practitioners.

### Academy response

We propose to make some drafting amendments to this standard, drawing on the comments made in the consultation.

The standard will now read:

## Standard 13: Are able to draw on appropriate Healthcare Science knowledge and skills required for safe and effective practice

13.1 Are able to identify and assess the Healthcare Science needs of service users

13.2 Are able to gather appropriate information within the context of Healthcare Science and its application in healthcare

13.3 Are able to select and use appropriate standardised and non-standardised assessment techniques, including (where appropriate):

- Are able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment
- Are able to demonstrate practical skills in the essentials of measurement, data generation and analysis

- Are able to validate routine scientific and technical data and demonstrate compliance with pre-defined quality standards
- Are aware of the need to assess and evaluate new equipment, methods and procedures prior to routine use
- Are able to undertake or arrange investigations or assessments as appropriate, using protocols to select standard healthcare science procedures

13.4 Are able to conduct appropriate healthcare science procedures, including:

- Understand the need to maintain the safety of both service users and those involved in their care
- Are able to use equipment, methods and other technology in routine clinical investigations in accordance with standard operating procedures, national and international guidelines
- Are able to perform standard healthcare science procedures, including working directly with patients (where appropriate), to reproducible and measurable quality standards
- Are able to validate standard scientific and technical data and observations from service users according to pre-determined quality standards

13.5 Are able to analyse and critically evaluate the information collected, including:

- Are able to contribute to the investigation and monitoring of disease processes and normal states
- Are able to evaluate the performance of equipment and take corrective action where appropriate

- Are able to use standard operating procedures to analyse data
  - Are able to participate in the audit of scientific and technical data
  - Are able to evaluate risks and their implications
  - Are able to produce a technical report on data collected and analysis undertaken
  - Are able to undertake or arrange investigations as appropriate and in accordance with standard protocols
- 13.6 Are able to report on information collected, analysis undertaken and findings / results identified
- 13.7 Are able to formulate and deliver specific and appropriate plans and strategies for meeting the healthcare science needs of service users, including setting of timescales
- 13.8 Are able to use research, reasoning and problem-solving skills to determine appropriate actions, including:
- Are able to recognise the value of research to the critical evaluation of practice
  - Are able to engage in evidence-based practice, evaluate practice systematically, and participate in audit procedures
  - Are aware of a range of research methodologies
  - Are able to demonstrate a logical and systematic approach to problem solving
  - Are able to evaluate research and other evidence to inform your practice
- Are able to participate in collaborative research
  - Are able to perform a basic search of the scientific literature and other sources of information
  - Are able to perform scheduled experimental work and be able to produce and present results
  - Are able to present data in an appropriate form
- 13.9 Are able to monitor and review the ongoing effectiveness of planned activity and modify it accordingly, including:
- Are able to gather information, including qualitative and quantitative data, that helps to evaluate the responses of service users to their care
  - Are able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with service users
  - Recognise the need to monitor and evaluate the quality of practice and the value of contributing to the generation of data for quality assurance and improvement programmes
  - Are able to make reasoned decisions to initiate, continue, modify or cease investigation, treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately

- Are able to select and apply quality control and quality assurance techniques in accordance with standard operating procedures, national and international guidelines
- Are able to identify and respond appropriately to abnormal outcomes.

### Standard 17: Understand the key concepts of the knowledge base relevant to Healthcare Science

Standards 17.1 to 17.10 set out the broad knowledge required of all practitioners, and standards 17.11 and 17.12 provide specific knowledge needed in Medical Physics and Clinical Engineering, and in Clinical Physiology. Several respondents questioned why the specific knowledge required for Life Science (excluding Biomedical Science) was not included here.

#### Academy response

We agree. We propose to add the following:

17.13 Healthcare Science practitioners in Laboratory Sciences must:

- Know the pathology of common conditions affecting patients referred for investigation relevant to the specialism and undertake or arrange investigations as appropriate
- Know and understand the underpinning performance of a range investigations relevant to the specialism including principles, indications, contra-indications, limitations
- Know the quality assurance processes to assure the quality of a range of life science investigations relevant to the specialism including equipment and infection control, and understand the need to establish and maintain a safe practice environment
- Know the range of life science investigations undertaken in routine and specialist cases and the development of relevant investigative techniques appropriate to the specialism
- Know frameworks for analysis and reporting of data from a range of life science investigations relevant to the specialism and the use and limitations of reference ranges/ normal values.

