

Response to Rules Consultation

Analysis of comments on Rules for operation of the AHCS Register

29 August 2014

Version 1.0

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Background

In April 2014, the Academy for Healthcare Science introduced a revised governance structure and established a Regulation Council. This council is an integral but independent part of the Academy. Its core objective is to protect the public, by 'mitigating the risks posed to service users/the public by the healthcare science workforce that is not regulated by statute.' (AHCS, 2014a). The Council's terms of reference (AHCS, 2014a) states that to achieve this objective, it will:

- establish and maintain registers of suitably qualified members of the healthcare science workforce;
- determine the eligibility of individuals for inclusion on the registers;
- set standards to ensure that registrants meet appropriate standards of ethics, conduct and performance as members of the healthcare science workforce;
- set standards to ensure that registrants continue to develop and maintain their skills and knowledge of healthcare science;
- take appropriate action where registrants are identified as falling below the standards required of them and thereby pose unacceptable risks to service users and the public;
- meet and maintain the Professional Standards Authority for Health and Social Care (PSA) standards for accreditation; and
- support and inform the Academy on statutory regulation of healthcare scientists.

The Academy has focused its initial work on Healthcare Science Practitioners. Healthcare Science Practitioners are autonomous healthcare professionals, involved in a wide range and large number of healthcare investigations, diagnoses and treatments. The Healthcare Science Practitioner group covers a wide range of disciplines and specialities, and is covered by a complex system of regulation that involves both protection of title by statute (biomedical scientists) and various voluntary registration bodies. The Academy has developed, consulted upon and

implemented the standards required for the Healthcare Science Practitioner register, including standards of proficiency (AHCS, 2014b) and continuing professional development (AHCS, 2014c). It has also determined to use *Good Scientific Practice* (AHCS, 2012) as the standards of conduct, ethics and performance for this registrant group.

The Academy has also liaised with other voluntary registration bodies, both to maximise the number of practitioners covered by some form of registration and regulation and to reduce the costs and complexity of such regulation. Further to these discussions, the Voluntary Registration Council for Healthcare Science (VRC) consulted with its registrants on proposals to transfer its registers to the Academy. This transfer will take place on 31st August 2014.

About the consultation

The Academy has previously consulted upon the standards required of individuals who wish to register and continue to be registered with the Academy. This consultation took place between December 2013 and February 2014. Over forty professionals, professional body representatives, service users/members of the public and other stakeholders attended a consultation workshop and over 130 responses were received during the consultation. Analysis of these responses, the Academy's response and the final standards were published on the Academy's website in August 2014.

In August, the Academy further consulted upon its proposed rules for dealing with appeals, applications for registration and complaints made against registrants. These are technical, procedural rules that will govern how the Academy makes decisions. They do not specify the standards required of registrants. The Academy received three responses to the consultation; two on behalf of organisations (the VRC and the Institute of Biomedical Science) and one from an individual. Copies of these responses are provided in the appendices to this report.

Consultation responses

Voluntary Registration Council

The Voluntary Registration Council submitted a number of technical amendments to the proposed Registration Rules. These amendments are designed to ensure the rules reflect the transfer of the registers of anatomical pathology technologists, genetic technologists, ophthalmic science practitioners and tissue bank technologists from the VRC to the Academy.

Academy response to VRC

The Academy Regulation Council welcomes the proposals made by the VRC and accepts them in their entirety.

Response by an individual

The respondent made three points in relation to the Registration Rules. Overall, the respondent supported the proposed rules. The respondent suggested that the use of masculine pronouns throughout the rules suggests they only apply to male registrants. The respondent also raised questions about what information would be published about individuals who were removed from registers maintained by the Academy. The final point was about whether the Academy will hold a single or several registers.

Academy response

The Academy Regulation Council welcomes the overall support for the rules. In response to the three points raised:

In line with many legal, procedural documents, the rules use the masculine pronoun throughout, and it is expected that this would be interpreted as being applicable to both male and female registrants. We believe that this convention is sufficiently understood.

The second point raised is in relation to information that will be published about individuals removed from the registers. The Academy believes that it is an important that service users/members of the public can easily access information about who is registered with the Academy as well as who is no longer registered, and why such registration ended. At this stage, the intention is to publish a list, via the Academy's website, listing the name of individuals removed from the register, the date of removal and the reason for removal (voluntary removal by registrant, non-payment of renewal fees, failure to comply with CPD requirements, following consideration of a complaint against the registrant by the Investigating or Fitness to Practise Panel). The publication of such information must be reasonable, fair and proportionate, and is intended only to protect the public. The Academy has published a Freedom of Information and Data Protection policy, specifying how it handles data.

Finally, the respondent suggested that it is unclear in the rules whether a single register or multiple registers will be maintained by the Academy Regulation Council. At this stage, it is intended that there will be a single register with different parts for healthcare science practitioners, anatomical pathology technologists, genetic technologists, ophthalmic science practitioners and tissue bank technologists. The Academy Regulation Council is submitting an application for accreditation of this register by the Professional Standards Authority. The Academy Regulation Council also proposes to establish other registrant groups, which may (or may not) be covered by the PSA accreditation. The rules have been deliberately drafted so that the Regulation Council can establish different registers or parts on a single register. Throughout the rules, we have used the defined term of Register(s) to denote this, and this term should have been used in the specific rule to which the respondent refers. We propose to make a slight amendment to this rule to make this clear.

Institute of Biomedical Science

The Institute of Biomedical Science made a detailed response to the consultation, raising a number of specific issues with the proposed rules. The Institute also raised five substantive points in relation to making clear the voluntary nature of registration with the Academy, the potential overlap between statutory regulation and the Academy's registers, the differences between statutory and voluntary registration, the name of the Regulation Council and the time given to the consultation itself.

IBMS's comment on the lack of clarity on the voluntary nature of the Academy's registers.

Academy's response: We agree entirely with the Institute that service users and members of the public should be able to easily distinguish between voluntary and statutory registers of healthcare professionals, and should be able to access information about the nature and impact of the differences between these systems. The Academy Regulation Council has gone to some lengths to ensure that service users and members of the public know that its registers are voluntary in nature. This is made clear in the following ways:

The rules are clearly Academy-branded.

Rule 1 of the Registration Rules states:

'These rules may be cited as the Academy for Healthcare Science (Regulation Council) Registration Rules 2014.'

Rule 3 of the Registration Rules states:

'The Council shall maintain **voluntary** Register(s) of the healthcare science workforce in order to protect the public or otherwise in the public interest.'
(emphasis added).

The Regulation Council's terms of reference (published on the Academy's website but not part of this consultation) states:

'The Regulation Council (hereafter referred to as 'the Council') is hereby established by the AHCS (Academy for Healthcare Science, hereafter referred to as 'the Academy') as a standing body independent of the Academy.'

It further states:

‘The core objective of the Council is protecting the public by mitigating the risks posed to service users/ the public by the healthcare science workforce that ***is not regulated by statute.***’ (emphasis added)

The Academy’s website, its publications and its communications work make clear that the Academy is a professional body and not a public body. It makes it clear that the registers are voluntary in nature. Further, should the Academy be successful in its application for accreditation by the Professional Standards Authority, the register(s) will carry the ‘Accredited Voluntary Register’ logo.

The Academy therefore is not able to agree with the Institute’s suggestion that the voluntary nature of the Academy’s registers is unclear. The Academy will keep this under review and test this proposition through the PSA application process and through its patient and public engagement work.

IBMS comment on the overlap between statutory regulators and our voluntary registers: At a number of points in its response, the Institute raises concerns about the possible overlap between the Academy’s registers and existing statutory regulation arrangements. For instance, the Institute states:

‘Rule 3 The stated intention is to establish voluntary registers of the HCS workforce. Is it the intention to establish these registers for those in the HCS workforce already covered statutorily? If not then it should explicitly state that this applies to those individual not already regulated by statute.’

And:

‘Rule 5(a) Will the voluntary registers also record the statutory registration status of any registrant also regulated by statute?’

At this stage, the Academy Regulation Council is focusing its work on establishing the register for Healthcare Science Practitioners not currently regulated by statute (as made clear in the terms of reference for the Regulation Council, AHCS 2014a). Following the changes introduced by the *Modernising Scientific Careers* programme, biomedical scientists are one part of the Healthcare Science Practitioner profession. The Institute represents biomedical scientists, a group which has been regulated by statute since 1960 and is currently regulated by the Health and Care Professions Council.

The creation of an overlap between the statutory regulation and voluntary registration of healthcare science practitioners would create confusion for service users and members of the public. It would create unnecessary duplication. It could also undermine the protection afforded by statutory regulation if, for example, decisions of a voluntary body prejudiced fitness to practise considerations by a statutory regulator. For these reasons, the Academy has no intention of registering Healthcare Science Practitioners who are currently registered with the Health and Care Professions Council or by any other statutory body. The Academy will take appropriate action should it receive applications from individuals currently registered with a statutory body.

The Academy has been commissioned to introduce a register of individuals who have completed the Higher Specialist Scientific Training (HSST) programme. Eligibility to enter this programme is restricted to clinical scientists who, by definition, are regulated by protection of title by the Health and Care Professions Council. Before establishing this register, the Academy will take appropriate legal advice and consult widely to ensure its register does not compromise the protections afforded by statutory regulation and that the Academy's register does not create unnecessary duplication or confusion.

IBMS comment on the differences between statutory and voluntary

registration: The Institute stated that it is helpful that the consultation documents have drawn on best practice including that for statutory regulation. The Institute suggested that 'it may require further consideration whether this degree of

rules/regulation are totally necessary for voluntary registration arrangements as they are very costly to operate both in terms of time commitment and money'.

Academy response: in developing its registration and regulation framework, the Academy has spent a great deal of time in considering this issue. It has tried to strike a balance between, on one hand, the need to protect the public and maintain the public's confidence in the Academy's system and, on the other, the need to minimise costs to the registrant population (and to ensure that registration costs do not create barriers to registration).

There are a number of differences between the system proposed in these rules and the framework that would apply through a statutory regulator. For example, one of the largest areas of costs for statutory regulators is in relation to fitness to practise case management. We recognise this and have introduced alternative mechanisms to a full fitness to practise hearing. So, for example, the Investigating Panel has the power, where reasonable and in the public interest, to: issue a warning; enter into a training contract; enter into a restrictions of practice agreement; agree to suspend the registrant for a period not exceeding twelve months; or agree to remove the registrant from the register (rule 54 of the Fitness to Practise Rules).

Panels also have the power, where reasonable and fair, to meet virtually and conduct business via telephone or email. The use of the realistic prospect test is also intended to strike the right balance between protecting the public and minimising costs to registrants, as are the powers of the Registrar in relation to registrants' CPD compliance. The Academy has also included half-time submission powers, which again are (at least in part) intended to keep costs under control where the nature of a case changes unexpectedly in the course of a hearing.

Of course, the Academy's regulatory framework is new and has not yet been tested with real complaints, fitness to practise cases or appeals. The Academy will keep

under review how its system is operating and the costs associated with this system. In doing so, we will continue to consider whether our system strikes the right balance between, on one hand, the need to protect the public and maintain the public's confidence in the Academy's system and, on the other, the need to minimise costs to the registrant population (and to ensure that registration costs do not create barriers to registration).

IBMS comment on the name of the Regulation Council: The Institute stated that references to 'Council' in the rules is confusing. It suggested that the name of the 'Academy for Healthcare Science Regulation Council' should be in full so as to avoid any potential confusion with the Council of Professional Bodies which forms part of the AHCS governance structure.

Academy response: Each of the rules documents are branded as 'Academy for Healthcare Science (Regulation Council).' The interpretation section includes a statement that "Council' should be interpreted as to mean the Academy for Healthcare Science Regulation Council. We believe this is sufficiently clear as to avoid confusion.

IBMS comment on the conduct of the consultation: The Institute has stated that there was limited time provided for stakeholders to respond to the consultation and has also raised concerns that the Academy has not provided sufficient time to consider responses, make changes and ensure appropriate sign off of decisions.

Academy response: The rules are technical and procedural instruments that set out how the Academy Regulation Council will make decisions. They do not set out the standards required of registrants. In form and function, the rules are legalistic and draw heavily on the rules used by the Health and Care Professions Council (the statutory regulator for those parts of the healthcare science workforce that are regulated by protection of title).

We were not approached during the consultation to extend the period of the consultation or whether we would accept late submissions. Because of the nature of these rules, their function and their similarity with rules used by statutory regulators, the Academy believes that a three week consultation period was reasonable. We also do not accept that we have not allowed sufficient time to analyse and take account of responses to the consultation in making our final decisions.

Other IBMS comments. The Institute posed over thirty specific questions and comments on the rules. Our response to each of these is outlined below.

IBMS comments on the Registration Rules

IBMS comment: Interpretation ‘. . . shall mean any register or directory. . . .’ : What is the nature of the ‘directories’ referred to in the interpretation of the rules?

Academy response: The difference is intended to allow service users/the public to distinguish between our PSA accredited registers and any scheme not covered by our PSA accreditation.

IBMS comment: Rule 3 - The stated intention is to establish voluntary registers of the HCS workforce. Is it the intention to establish these registers for those in the HCS workforce already covered statutorily? If not then it should explicitly state that this applies to those individuals not already regulated by statute. The statement should qualify that this applies to the UK workforce only.

Rule 5(a) - Will the voluntary registers also record the statutory registration status of any registrant also regulated by statute? If so how will this align with HCPC.

Academy response: Addressed as a substantive point in the section above.

IBMS Comment: Rule 9(a) - The registrar should also ensure that the information held meets the requirements of current data protection legislation in the UK.

Academy response: The Academy will comply with all relevant data protection legislation. The Academy has also published a Data Protection Policy which sets out the way in which the Academy proposes to meet its obligations.

IBMS comment: Rule 10 - This rule should make clear whether the information recorded against the name of each Registrant will appear in full in the public domain.

Academy response: This is made sufficiently clear in rule 5, which sets out the permissible parameters of published material.

IBMS comment: Rule 12(c) - It would be helpful to make provision for applications and signatures to be delivered electronically.

Academy response: The Academy has established a system for applications, which includes the provision to submit applications and signatures electronically.

IBMS comment: Rule 14(d) - This rule should make clear the barred lists that would apply to those applying for voluntary registration i.e. Disclosure and Barring Service (DBS) lists of those who are unsuitable for work with children and/or adults.

Academy response: The Academy has determined that the fitness to practice of a registrant included in *any* barred list may be impaired as it may affect their suitability to be registered.

IBMS comment: Rule 17(c) - It would be helpful to confirm who will bear the cost of any such examination. Will this be included in any supplementary information?

Academy response: In line with most voluntary and statutory regulation schemes, the cost of fitness to practise proceedings are borne by the regulated profession.

IBMS comment: Rule 20 - How will the AHCS ensure the competence of the Registrar given the breadth of professions that potential candidates may be drawn from? If there is a sub-system to provide the assurance then it would be helpful for it to be detailed.

Academy response: The comment suggests that the IBMS believes that only individuals from the relevant profession/specialism are capable of acting as Registrar. We do not agree with this proposition and consider that the Registrar need not be a registrant.

The role of the Registrar is specified in the terms of reference for the Academy Regulation Council and the position will be appointed as any other paid position with the Academy.

IBMS comment: Rules 36 and 37 - In order to ensure consistency of approach and to be clear about the degree to which the public is protected it would be helpful to understand the circumstances under which the Registrar may choose not to remove the name of the registrant who has not met the requirements of rules 34 or 35.

Alternatively, if the intention is to remove from the register any registrant who does not meet rules 34 or 35 the wording of these rules should be changed to more clearly reflect the action.

Academy response: A decision to remove (or not remove) someone from the register for failing to comply with the CPD requirements will be made on a case by case basis, in a manner that is proportionate and reasonable and in the public interest. Any individual removed will have the right to appeal the decision, and such appeals will be considered under the Appeal Rules. The Academy believes the rules, as drafted, are sufficient clear.

IBMS comment: Schedule 1 - The Institute recommends that applicants should also be required to demonstrate a commitment to CPD, as is required for the Science Council voluntary registers.

Academy response: CPD is a requirement of the standards of proficiency, which all applicants must demonstrate they meet. All registrants will be required to comply with the Academy's CPD requirements and will need to make a declaration to this effect each year at renewal. The Academy will also conduct random audits of CPD compliance.

IBMS comments on the Fitness to Practise Rules

IBMS comment: Rule 3 - Is the word “also” missing from this rule? As it currently reads it excludes UK applicants and registrants and applies only to overseas individuals. This contradicts the interpretation of ‘complaint’, which refers to ANY information concerning the conduct of a registrant; not just overseas individuals.

Academy response: Whilst we do not agree with the interpretation suggested, for clarity, we have amended the rule to include the amendment suggested.

IBMS comment: Rule 7 - It would be helpful to have sight of the realistic prospect test that will be in place from 28 August.

Academy response: The realistic prospect test is one that is commonly used in health and social care regulation. Several statutory regulators publish guidance on the test; indeed, the HCPC (which regulates three parts of the healthcare science workforce, including biomedical scientists) publishes such guidance, a copy of which is available at:

<http://www.hcpc-uk.org.uk/assets/documents/10003874Casetoanswerdeterminations.pdf>

The test here is applied by the Investigating Panel, and it is important that panel members know and understand what the test means and how it should be applied in individual cases. The Academy intends to ensure that all panels members receive appropriate training and also intends publish guidance on the realistic prospect test.

IBMS comment: Rule 16 (b) Does the casting vote always get cast in favour of the appellant? What is the reason for this?

Academy response: this section of the rule has been deleted.

IBMS comment: Rule 36 - Does the registrant need to give permission for the appointment of a medical advisor? Would the AHCS draw such an individual from an approved list to give public confidence?

Academy comment: the role of the medical adviser is sufficiently set out in the rules. The medical adviser acts for the panel and ensures that panel members have sufficient, appropriate and relevant information from which to make decisions. The role of the medical adviser is not to test, investigate, diagnose or treat the registrant.

The Academy does not understand the nature of the 'approved list' to which the IBMS refers, or which organisation holds such a list. Medical advisers will be appointed through a standard process, taking account of skills and experience necessary to perform the role.

IBMS comment: Rule 43 (v) - Who will make a judgement whether a complaint or allegation amounts to a Formal allegation and what criteria will be used?

Academy response: Rule 43(v) refers to unspent convictions. We assume the Institute is referring to a broader assessment of whether a complaint should be progressed and this is set out and made clear in rule 42.

IBMS comment: Rule 43 (x) - As with the registration Rules, the Fitness to practice Rules should make clear the barred lists that would apply to those applying for voluntary registration i.e. Disclosure and Barring Service (DBS) lists of those who are unsuitable for work with children and/or adults.

Academy response: The Academy has determined that the fitness to practice of a registrant included in *any* barred list may be impaired as it may affect their suitability to remain on the register.

IBMS comment: Rule 86 - It would be helpful to define 'agent of the Academy'

Academy response: We believe this is an ordinary term and requires no further explanation.

IBMS comment: Rule 132 - Why is removal not an option for removal from the register on ground of physical or mental health impairment?

Academy response: The rule as drafted mirrors the powers in place in the HCPC fitness to practise system and recognises that an individual's impairment due to health or mental health should not usually be treated as a permanent impairment.

IBMS comment: General - It would be helpful to have it specified within these documents the mechanism (by whom) and timing (when) of the physical act of removal takes place.

Academy response: This is specified in rule 26 of the Registration Rules (by whom) and rule 133 of the Fitness to Practise Rules (when).

IBMS comment: What happens to any outstanding amount of fee paid over for registration when a registrant is removed from a register?

Academy response: The Academy will shortly bring forward proposals on how to deal with this issue.

IBMS comment: Is the only communication of removal via the AHCS website?
Would not the AHCS be obliged to inform the (former) registrant's employer?

Academy response: The Institute's comment is in reference to rule 129. Rule 130 then states other ways in which the decision will be published, including notifying a registrant's employer where appropriate.

Other proposed changes

The Academy Regulation Council has considered the responses to the consultation on the Appeal Rules, Fitness to Practise Rules and Registration Rules and is proposing to make a number of minor changes. There are also a small number of drafting amendments that the Academy is proposing to make; these do not make any material difference to the rules. The Academy Regulation Council has also decided to amend the rule in schedule 2 of the Registration Rules, affecting the fees payable by individuals whose qualification for registration is a certificate of attainment from a practitioner training programme. Following these changes, the rules will be effective from 28th August 2014.

Appendix 1: Consultation responses

From:

Sent: 11 August 2014 10:12

To: AHCS Info

Subject: Consultation response

Dear AHCS

The consultation documents appear to be fine

A few brief points regarding the Registration rules conference:

- Point 7 may benefit from clarification of what information may be published, and where it will be published
- Document reads as if it only applied to male registrants - e.g Point 9b "such that only he"
- Point 10 - the document does not make it clear if there will be one register, or separate registers for different specialities

Proposed Rules for the Operation of the Academy Register

Response from the Institute of Biomedical Science

The Institute of Biomedical Science (IBMS) is the professional body for biomedical scientists working in the United Kingdom. It represents approximately 20,000 members employed mainly in NHS laboratories, NHS Blood and Transplant, Public Health services, private laboratories, research, industry and higher education. The biomedical scientist workforce, which the Institute represents, is regulated by statute by the Health and Care Professions Council (HCPC). In its capacity as an HCPC approved education provider the Institute welcomes the opportunity to contribute to this consultation on the operation of the Academy's voluntary registers.

Process governance

The Institute regards registration as an essential means of setting and maintaining professional standards and appreciates that the successful operation of a register depends upon clear and comprehensive rules for operation. It is therefore very disappointing that the AHCS is running this key consultation for only three weeks during the main holiday period. While the rules are generally very comprehensive and unlikely to require any major revision, it is still surprising that following closure of the consultation the planned date for the launch of the rules is one week later. There is concern as to whether this allows sufficient time for the review of comments, evaluation of recommendations and the incorporation of any changes in to the documents.

In the light of these observations regarding timing it would be helpful to understand the governance process in place within the AHCS for review of the feedback and approval of the final version. How will constituent bodies be involved and informed of the outcome?

Registration Rules

Nomenclature

In order not to unintentionally mislead and to ensure greater clarity on the status of the registers, the Institute feels it is important to differentiate the voluntary nature of these registers from statutory registers so that the public is not misled. We would therefore suggest that the word 'voluntary' should preface the words 'register' and 'registration'. This suggestion is motivated by a desire to protect the public and not mislead them as to the nature of the registers.

Where the documents refer to 'Council' the name of the 'Academy for Healthcare Science Regulation Council' should be in full so as to avoid any potential confusion with the Council of Professional Bodies which forms part of the AHCS governance structure and is also shortened to 'Council'

It is helpful that the consultation documents have drawn on best practice including that for statutory regulation. However, it may require further consideration whether this degree of rules/regulation are totally necessary for voluntary registration arrangements as they are very costly to operate both in terms of time commitment and money.

It would be helpful to clarify if the charges proposed actually cover the cost of application assessment and register maintenance as this will give confidence around the sustainability of the registers and future charging for potential applicants

Interpretation

'Register(s)'

'... shall mean any register or directory. ...'

What is the nature of the 'directories' referred to in the interpretation of the rules?

Rules

Rule 3

The stated intention is to establish voluntary registers of the HCS workforce.

Is it the intention to establish these registers for those in the HCS workforce already covered statutorily? If not then it should explicitly state that this applies to those individual not already regulated by statute.

The statement should qualify that this applies to the UK workforce only.

Rule 5(a)

Will the voluntary registers also record the statutory registration status of any registrant also regulated by statute? If so how will this align with HCPC.

Rule 9(a)

The registrar should also ensure that the information held meets the requirements of current data protection legislation in the UK.

- Rule 10 This rule should make clear whether the information recorded against the name of each Registrant will appear in full in the public domain.
- Rule 12(c) It would be helpful to make provision for applications and signatures to be delivered electronically
- Rule 14(d) This rule should make clear the barred lists that would apply to those applying for voluntary registration i.e. Disclosure and Barring Service (DBS) lists of those who are unsuitable for work with children and/or adults.
- Rule 17(c) It would be helpful to confirm who will bear the cost of any such examination. Will this be included in any supplementary information?
- Rule 20 How will the AHCS ensure the competence of the Registrar given the breadth of professions that potential candidates may be drawn from?
- If there is a sub-system to provide the assurance then it would be helpful for it to be detailed.
- Rule 36&37 In order to ensure consistency of approach and to be clear about the degree to which the public is protected it would be helpful to understand the circumstances under which the Registrar **may** choose **not** to remove the name of the registrant who has not met the requirements of R34 or R35.
- Alternatively, if the intention is to remove from the register any registrant who does not meet R34 or R35 the wording of these rules should be changed to more clearly reflect the action.
- Schedule 1 The Institute recommends that applicants should also be required to demonstrate a commitment to CPD, as is required for the Science Council voluntary registers.

Fitness to Practise Rules

Interpretation

General

It would be helpful to have it specified within these documents the mechanism (by whom) and timing (when) of the physical act of removal takes place.

What happens to any outstanding amount of fee paid over for registration when a registrant is removed from a register?

Is the only communication of removal via the AHCS website? Would not the AHCS be obliged to inform the (former) registrant's employer?

Appeal Rules

No additional comments

This concludes the comments from the Institute of Biomedical Science.

Response to the AHCS consultation on the registration rules

Chair, Voluntary Registration Council (VRC) 22.08.2014

Suggested amendments to the rules due to inclusion of the 4 registers that make up the VRC

Page 3. Interpretation

Add the following:

‘Certificate of Competence’ shall mean a certificate awarded by the Academy following an assessment of the individual’s skills, experience and education meet the standards of proficiency and the requirements for registration as an anatomical pathology technologist, genetic technologist, ophthalmic science practitioner or tissue bank technologist.

Page 4. Rule 3

Add new b, c, d and e and renumber existing b:

- b. Anatomical Pathology Technologists
- c. Genetic Technologists
- d. Ophthalmic Science Practitioners
- e. Tissue Banker Technologists

Page 7. Registration periods

Delete heading and text in this section.

Page 10. Schedule 2

Rule 1

Delete current 1(b) and add:

- b. Anatomical Pathology Technologists, from 1st October each year;
- c. Genetic Technologists, from 1st October each year;
- d. Ophthalmic Science Practitioners, from 1st October each year;
- e. Tissue Bank Technologists, from 1st October each year.

Page 10. Schedule 2

Rule 2

Delete rule 2 and add new rule:

2. A person's first registration period is to be determined in accordance with this rule:
 - a. The first registration period of an anatomical pathology technologist, who, on the 1st September 2014, is admitted to the Register(s) by virtue of the transfer of registers maintained by the Voluntary Registration Council for Healthcare Science, shall end on 30th September 2014.
 - b. The first registration period of a genetic technologist, who, on the 1st September 2014, is admitted to the Register(s) by virtue of the transfer of registers maintained by the Voluntary Registration Council for Healthcare Science, shall end on 30th September 2014.
 - c. The first registration period of an ophthalmic science practitioner, who, on the 1st September 2014, is admitted to the Register(s) by virtue of the transfer of registers maintained by the Voluntary Registration Council for Healthcare Science, shall end on 30th September 2014.
 - d. The first registration period of a tissue bank technologist, who, on the 1st September 2014, is admitted to the Register(s) by virtue of the transfer of registers maintained by the Voluntary Registration Council for Healthcare Science, shall end on 30th September 2014.
 - e. Except as provided for in rule 2(a), (b), (c), and (d) above, the first registration period shall be from the 1st day of the month in which a complete application for registration is submitted until the next registration period, as set out in rule 1 above.

Page 10. Schedule 2

Add new rule 6

No fee is payable for the first registration periods set out in rule 2(a), (b), (c) and (d) above.

Page 10. Schedule 3

Delete rule 2 and add:

2. For Anatomical Pathology Technologists, Genetic Technologists, Ophthalmic Science Practitioners and Tissue Bank Technologists: a Certificate of Competence.

Appendix 2: references

AHCS (2014a) *Terms of reference for Regulation Council*, Academy for Healthcare Science Regulation Council, London

AHCS (2014b) *Standards of Proficiency for Healthcare Science Practitioners*, Academy for Healthcare Science Regulation Council, London

AHCS (2014c) *Standards of Continuing Professional Development*, Academy for Healthcare Science Regulation Council, London

AHCS (2012) *Good Scientific Practice*, Academy for Healthcare Science, London