



**AHCS**  
Academy for Healthcare Science

# ANNUAL REPORT

2019 - 2020

Please find within the Annual Report of the Academy for Healthcare Science for the 2019 to 2020 year

AHCS Annual Report

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# From the Chairman



## JOHN STEVENS

Chairman

This is a challenging time to reflect and report in many ways as it is probable that we shall not be able to meet in person for some time as a result of the Covid-19 pandemic and the resulting restrictions.

Our work at AHCS continues, however, with all staff working from home and virtually.

The team have looked at ways of supporting our colleagues on the front line. We have prioritised communicating wellbeing opportunities for those we can reach through our networks and those of professional bodies, the school and across the four countries where possible.

Looking back over 2019/20 a lot has happened, much of which you will see described in this report.

The message I want to give, though, is about looking forward and anticipating the journey through 2021.

We should all have an aspiration to see the healthcare science workforce be acknowledged and recognised for the significant impact of their work. Clinical research practitioners and the Life Science credentialling registrants at this critical time have the opportunity to demonstrate what they are doing to protect the public.

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**Success is not a destination  
but a journey for  
the future**

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Going forward we will continue to raise the profile of healthcare science, through joint work with patient groups, the NHS, and professional and trade associations.

I would like to acknowledge and thank those who, through the Management Board, support the work of AHCS. The President and Professional Bodies Council have championed the wellbeing work, produced blogs, and produced webinars to support and advise the workforce and their members.

It is also important for me to reflect on the work of the chair and members of our Regulation Board and the registration councils within our Regulatory Framework.

My thanks too to those who, when needed, stepped up to support work with Health Education England to develop the advancing practice work.

The National School continues to work with the Academy on several projects to benefit the healthcare science community.

To all those who support and contribute to the work of AHCS, I want to express my gratitude for your hard work.

# From the President



Professor Brendan Cooper  
President, AHCS & Chair, Professional Bodies Council

**As might be expected, Covid-19 is the issue that has dwarfed all others during the past year, and I'm pleased to be able to report that the AHCS Professional Bodies Council has been very active on matters relating to the care and wellbeing of those on our Registers and Directories.**

The Council, which I chair, provides a clear voice on strategy and policy issues that affect the whole of the healthcare science (HCS) professions. The Council also has responsibility for developing strong communication networks and dialogues across the professional bodies and provides a forum for discussion on emerging issues.

While much of the media focus, especially in the early days of the pandemic, was on the doctors and nurses on the frontline, and rightly so, less attention has been given to those in the healthcare science professions. Many in this sector have been working away in the background towards combatting Covid-19; the 'unsung heroes' as I termed them in a piece for the AHCS VOX newsletter. However, what has been even more impressive is the number of healthcare scientists who have re-deployed to the 'front lines' of Covid-19 on wards and even ITU. Patient-facing roles have seen duties, working hours and uniforms changed to counter the virus head-on. All the time the supporting scientists in medical engineering, pathology labs and many others have been delivering incredible workloads in rapidly changing circumstances. The demolition of the 'diagnostics backlog' is already underway with valiant efforts, much innovation and amazing flexibility. AHCS represents over 53,000 healthcare scientists comprising around 7% of the NHS workforce and who are responsible for delivering over 80% of all NHS diagnostics.

Healthcare science achievements during the pandemic have included identifying the virus, mapping its genome, and developing antibody-detection techniques. Guiding clinicians on the science has continued and has been so important in shaping the delivery of new patient pathways across many professions. However, the level of public recognition is low. While they are probably aware that this work is going on, they probably do not give much thought to the individuals behind it. There's perhaps a vague awareness of 'men and women in white coats' but who they are and what they do is probably a mystery to most. Those scientists who are patient-facing are often considered to be 'nurses' or 'therapists', but they are beginning to know who we are at last. In my VOX piece, I put some of these 'pandemic people' in the spotlight and highlighted their achievements.

Among the things that the Academy has done over the past few months has been to set up Virtual Staff Common Rooms. These provide a place that members of the profession can go to engage with colleagues and provide mutual support. This is an important initiative and one of which we should be proud. We have also worked on health and wellbeing projects for healthcare scientists with NHS Improvement, NHS England, and the Professional Bodies Echo Group.

While the 'new normal' will never go back close to the 'old normal', we will continue to work in the healthcare science profession to support all our clinical colleagues.

**‘The STP and especially HSS equivalence routes offer a much-needed pathway for experienced scientists to gain registration and recognition for the work they undertake.’**

Professor Jason Kasraie, BSc (Hons), MSc, FIBMS, FAHCS, FRCPath, Consultant Clinical Embryologist and Andrologist (Clinical Scientist), The Shropshire and Mid-Wales Fertility Centre, Chair of the Association of Reproductive and Clinical Scientists

**‘Being part of the AHCS Professional Bodies Council and supported by accredited registration is immensely valuable for a small specialist professional group such as the Institute of Medical Illustrators.’**

Jane Tovey, BSc, FIMI  
Chair, Institute of Medical Illustrators

**‘Accredited registration would provide some reward and the professional recognition that the scientific workforce richly deserves.’**

Dave Edwards, FSCCT, Clinical Lead STP CCS, Lead Critical Care Technologist, Technical Services Manager, City of Manchester NHS Foundation Trust



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**We will continue to work in the healthcare science profession to support all our clinical colleagues as one team and provide them with the services and information they need.**

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# The Regulation Board at work



Patricia Le Rolland  
Chair, Regulation Board

## In 2018 /19 the new AHCS Regulation Framework was approved.

The Regulation Council became the HCS Registration Council and the new Regulation Board oversees all Councils and Directories, as well as hearing all appeals. The whole Framework is designed to ensure that anyone who is registered with the Academy meets our required educational and professional standards. It is also important that registrants continue to meet those standards and we have a Continuing Professional Development set of requirements and audit these. By doing this the Academy aims to protect patients and promote the safety and wellbeing of the public. Our workforce is diverse, and we have a flexible but robust system to mitigate risks posed to service users and the public by those Academy registrant members of the healthcare science workforce.

In the second half of 2019 a Regulation Workshop was held and one of the outcomes was a commitment to produce user-friendly, plain language flowcharts for all external stakeholders to ensure the AHCS processes are accessible and well understood. We also looked at requirements in relation to DBS checks on relevant healthcare professionals and students. The Disclosure and Barring Service helps employers make safer recruitment decisions through background checking past criminal convictions which may affect an individual's fitness to practise. Working with employers such as NHS Trusts is an important part of our work and ensuring that all participants have the necessary information is an ongoing piece of work.

Another key development has been consideration of how best to deal with complaints about registrants in terms of process. We remain clear about the requirements for someone to be fit to practise. When registrants, however, fail to meet some aspect of their role, we need to take prompt but proportionate action. The discussion has been focused on what we call 'sanctions with consent'. When a registrant clearly demonstrates understanding of their lapse in professional conduct and has taken action to rectify the problems, the Academy may agree sanctions with the registrant, and they are able to continue in their practice but are monitored carefully.

This approach only occurs when the lapse in practice was not damaging to a patient and/or the issue does not have wider public implications.

Of course, the pandemic has had much of our focus and we have been busy concentrating on how the Academy can contribute to the UK healthcare system through the invaluable work of our registrants, while also promoting the safety and wellbeing of the individual registrants. We have put out regular updates and guidance via the website as well as through direct communications.

Clearly Covid-19 is going to be with us for a considerable time to come. Hopefully, we'll begin to see the fruits of work on vaccines and diagnostics and people can continue to return to a degree of what used to be normal. In the meantime, the Academy and the Regulation Board will use their best endeavours to provide advice and support for patients, relatives, the wider community, employers and, of course, our registrants.

# Message from our CEO



Janet Monkman  
CEO/Registrar

This has been a year of great progress and achievement for the Academy. We are a not-for-profit organisation, with the clear purpose of protecting patients and public through regulation. We have a compelling vision to raise the profile of a key part of the healthcare workforce.

Over the past year, the Academy has invested time and creativity in finding new ways to reach out to our colleagues, registrants and partners. Throughout this report, you will read about our work with Health Education England, NHS Education for Scotland, Wales, the National School for Healthcare Science, the National Institute for Health Research, Professional Standards Authority and of course the NHS. Together we have supported work in advancing clinical practice, leadership, Practical Skills for Professional Education and Leadership in Healthcare Science, equivalence and in developing new roles.

The Professional Council has championed work to care for the wellbeing of colleagues through online offers, through the networking potential of the professional bodies other healthcare science Registers and our Vox network.

We have continued to develop the Academy's 'brand' to facilitate a Framework that is able to embrace all those groups whose work aligns them to healthcare science. This Framework has over 19,000 people who are engaged with us either on a Register or a Directory.

Our financial sustainability has been achieved through grants for specific pieces of work, contracts for projects, consultancy and maintaining a low-cost fee for registration. To continue to develop the Academy's sustainability for the benefit of our registrants, stakeholders, professional bodies, partners, and associates, there is an ambitious vision with exciting opportunities to look forward to. The Healthcare Science Leadership Journal will be launched in the early part of 2021. This will evolve as a flagship for colleagues to showcase their work and share experience, innovation and learning.

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**I have been inspired by the blogs, tweets and conversations with colleagues that have been shared to support us...**

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Look out too for our partnership with a patient safety organisation which will bring us opportunities to work more effectively with patient experience groups.

Our Register development will continue and improve the experience for registrants and those on our Framework. This year our Register platform has been undergoing a complete rebuild, and we will be looking at the data analytics to help with our work with different groups of registrants.

The Professional Standards Authority continued with our accreditation. To maintain the governance for this is a continual effort and our Councils and Committees are to be commended for their commitment.

The pandemic hit just as the 2019/20 year covered by this report was ending but many contributors, writing in the months that followed, understandably have made mention of the challenge and uncertainty we all faced. I have been inspired by the blogs, tweets and conversations with colleagues that have been shared to support us all through this extraordinary time. A huge thank you to all for being a fantastic group of people to work with - your support of AHCS is really appreciated.

*Janet Monkman*

# Standards and Equivalence



Dr Elaine Jenkins  
Head of Standards

## STANDARDS

The Academy is responsible for setting the standards which must be met in order to join and remain on each part of the Register. During 2019-20, the Academy has been reviewing the standards set out in its *Good Scientific Practice* publication to ensure that they remain current and relevant. *Good Scientific Practice* outlines the expected behaviours and practice for all in the healthcare science workforce. A consultation process took place earlier in the year and the revised standards will be published shortly. The next step is a review of the Academy's Standards of Proficiency to ensure that there is alignment and synergy across each level.

## ADVISORY ROLE

Throughout 2019-20 and particularly during the Covid-19 pandemic, the Academy has played a key advisory role to the National School of Healthcare Science (NSHCS), higher education institutions, and the Institute of Apprenticeships and Technical Education in relation to trainee recruitment, programme delivery and assessment. Adopting a pragmatic and robust approach to addressing the challenges arising from this unprecedented situation has been crucial.

## QUALITY ASSURANCE

The Academy also plays a key role in the quality assurance of healthcare science education and training at all levels, through its annual monitoring activities with the NSHCS and NHS Education for Scotland, and its role as the External Quality Assurance provider for the healthcare science assistant, associate, and practitioner apprenticeship standards.

The Academy is responsible for the quality assurance of the NSHCS accredited Scientist Training Programme under the auspices of its approved education provider status with the Health and Care Professions Council (HCPC). In 2019-20 the Academy went through the HCPC annual monitoring audit which requires a substantial submission to HCPC. The Academy successfully completed the process and demonstrated that the training programme and the STP Certificate of Equivalence programme continue to meet their standards of Education and Training, and the Standards of Proficiency for Clinical Scientists.

“ The Academy launched the Shared Temporary Register to allow final year students to practice with the healthcare science workforce ”

### SHARED TEMPORARY REGISTER

To meet the needs of the NHS workforce and support the public health response to the pandemic, the Academy, working with the Institute of Physics and Engineering in Medicine (IPEM) and the Registration Council for Clinical Physiologists (RCCP), launched the Shared Temporary Register (STR) in April 2020. The STR is open to final year healthcare science students/trainees across the four home countries to allow them to practise as registered professionals within the healthcare science workforce. To enter the register students must meet the agreed criteria. The STR is also open to former AHCS registrants who have not renewed their registration in the last 12-24 months. The Academy co-ordinates the Register on behalf of all three organisations. At the time of writing there are 46 individuals on the STR.

### EQUIVALENCE

The Equivalence process provides access to registration for individuals who have not followed a formal Practitioner (PTP), Scientist (STP) or Higher Specialist Scientist (HSST) Training Programme accredited by the NSHCS.

Candidates apply directly to the Academy and are assessed against the relevant published standards. In the case of the Certificate of Competence (CoC)1, PTP Equivalence, HSS Equivalence processes, these are the Academy’s Standards of Proficiency. For the STP Equivalence process this is the Academy’s Good Scientific Practice.

Assessors also take into account whether the applicant has the breadth of knowledge, skills, and understanding comparable to someone who has completed the relevant NSHCS accredited curriculum, where available.

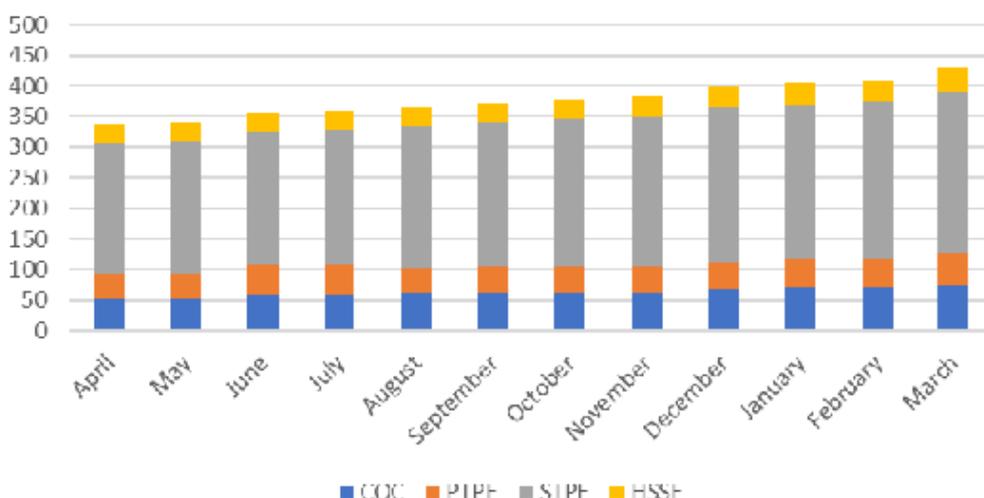
Those successfully completing the CoC, PTP Equivalence or HSS Equivalence process can apply to join the Academy’s PSA-accredited Register. In the case of the STP Equivalence process, successful completion leads to eligibility to apply to join the HCPC’s Statutory Register as a Clinical Scientist. In 2019-20 the Academy’s Board granted HSS registrants the right to use the title **Fellow of the Academy for Healthcare Science** to reflect the considerable achievement in gaining registration, and to mark the significant contribution and standing of these registrants, including those who have come through the HSS Equivalence process. The profile of equivalence awards for 2019/20 is shown below and continue to rise steadily.

### CHANGES AHEAD

On 20 August 2020, the HCPC confirmed that the NSHCS had been confirmed as the new approved education provider for the Scientist Training Programme. The Academy supported the National School in its application and considers its success a natural step in its organisational development and maturation.

The Academy will continue to be responsible to HCPC for the STP Equivalence process. Both organisations will continue to work closely together across all levels of training for the healthcare science workforce.

Completed Equivalence Applications 2019-20



# The Register: Healthcare Scientists



**Paul Lawton**  
Head of Registration Services (Healthcare Science)

It has been reckoned that more than 65,000 individuals make up the Healthcare Science workforce in the UK, performing a range of different roles depending on their qualifications, experience, and level of specialisation. Although they comprise approximately 5% of the overall healthcare workforce, their work underpins 80% of all diagnoses and therapeutic interventions.

So, healthcare scientists are an essential part of the health and care team, and, like their clinical colleagues, they too have the potential to do real harm to patients should things go wrong. These risks may arise because of the highly specialised, scientific nature of diagnosis, investigations and treatment provided by the healthcare science workforce and because of the potential impact on the health and wellbeing of service users if diagnoses, investigations, and treatment provided are not of the highest possible standard.

The core purpose of the Academy for Healthcare Science is to reduce this risk and protect service users and public. It does this by maintaining a non-statutory register for healthcare science (HCS) practitioners who are not regulated by statute by the Health and Care Professions Council (HCPC). The Academy's HCS register is accredited by the Professional Standards Authority for Health and Social Care (PSA) which means that the Academy has achieved their high standards in governance, standard-setting, education and training, management of the register, complaints handling and information provision. The register was first accredited by the PSA in December 2014 and has maintained its annual accreditation since then.

Initially, the HCS register was established for individuals who had successfully completed the healthcare science Practitioner Training Programme (PTP) as well as Anatomical Pathology Technologists, Genetic Technologists, Ophthalmic Science Practitioners and

Tissue Bank Technologists. Since June 2019, this part of the register has also included Genetic Counsellors following the decision of the Genetic Counsellor Registration Board to close its PSA-accredited register. The HCS register has been extended over time and now consists of three additional parts: Higher Specialist Scientists (October 2015), Medical Illustrators (February 2017) and Clinical Physiologists (June 2017).

Within the Academy's governance and regulation framework, the register is overseen by the HCS Registration Council comprising at least seven members, of whom:

- Three are members of the healthcare science workforce, either registered with the Academy for Healthcare Science or the Health and Care Professions Council (as Clinical Scientists or Biomedical Scientists); and
- Four are lay members (including the Chair) and who are not members of the healthcare science workforce.

The Council ensures there is always a lay majority in its membership and its functions include:

- Determining the eligibility of individuals for inclusion on the HCS register.
- Establishing and maintaining an equivalence route to HCS registration.
- Setting and maintaining standards of education and training for healthcare science programmes leading to registration with the Academy.
- Setting and maintaining standards of proficiency for registrants.
- Setting and maintaining standards of ethics, conduct and performance for members of the healthcare science workforce.
- Setting and maintaining standards to ensure that

registrants continue to develop and maintain their skills and knowledge of healthcare science.

- Maintaining a register of the perceived risks posed by healthcare science practitioners and the proposed mitigation of those risks.
- Having oversight of the career progression work programmes from a healthcare science and service user perspective.

The Council also investigates concerns, allegations and complaints raised about HCS registrants and will take appropriate action or impose sanctions where its registrants are identified as falling below the standards required of them and thereby posing unacceptable risks to service users and the public.

The Council sets out how it will undertake its functions in an annual work plan and this section of the report summarises the HCS Registration Council programme of work from 1 April 2019 to 31 March 2020. During this period:

- The Council continued to maximise all opportunities to increase numbers on the Register. HCS registrant numbers continued to increase but not at the rate hoped for. On 31 March 2020, the four parts of the HCS Accredited Register contained a total of 1394 registrants, an increase of over 26% during the previous 12 months. This number includes the transfer of registered Genetic Counsellors after the decision of the Genetic Counsellor Registration Board to close its PSA-accredited register.
- Continuing Professional Development (CPD) audits were undertaken for both the HCS Practitioner (PTP) and Clinical Physiologist parts of the register. A 3% sample of the registrants was selected randomly, to submit evidence of their CPD and to reflect on how that met the Academy's CPD standards. All registrants except one individual successfully passed the audit requirements, the exception having their registration removed. Council members agreed that the next scheduled CPD audit of the Medical Illustrator and Higher Specialist Scientist parts of the register should be postponed and reviewed later in 2020 to ease pressures on these frontline NHS staff

caused by the Covid-19 pandemic.

- The Council continued to monitor all concerns, complaints, allegations, and fitness to practise cases raised about HCS registrants. Two complaints were received during the year which were resolved successfully after due process without the need to hold a formal fitness to practise investigation.
- Standards, policies, and rules for registration continued to be reviewed and published as required and during the year the Council approved:
  - A revised Complaints Handling policy for complaints about registrants
  - A Career Break and Returning to Practice policy
  - An updated Sanctions policy
  - A Lapsed and Non-renewed Registration policy
  - A Safeguarding Policy.
- PSA standards for accreditation of the Register continued to be achieved. The annual review was submitted to PSA in October 2019, but the outcome of the assessment was not available until May 2020, not least because of resource shortages and the Covid-19 pandemic. Nevertheless, PSA accreditation was renewed for a further 12 months with just one recommendation for the HCS Registration Council which has been addressed.

Engagement with registrants continued through the publication of newsletters while positive feedback was received from users of the website and social media accounts. A revision of the approach to marketing and promotion of the register was due to be undertaken in the first quarter of 2020 but was postponed due to resource shortages caused by the Covid-19 pandemic. Employing organisations have huge and varied challenges, but do not yet appear to have appreciated the benefits of accredited non-statutory registers. It still requires more healthcare scientists of all types and specialisms to act upon their professional commitment to service users, carers and colleagues. For the many who are not legally required to be registered and regulated, applying to become registered on the Academy's HCS Register is a visible and positive statement which tells everyone that they meet and continue to meet explicit UK-wide professional standards.

**Employing organisations do not yet appear to have appreciated the benefits of accredited non-statutory registers.**

# The Directory of Clinical Research Practitioners



Dr Fiona O'Neill  
Head of Registration Services (Clinical Research Practitioners)

## WHO ARE CLINICAL RESEARCH PRACTITIONERS?

Clinical Research Practitioners (CRPs) work as part of multi-disciplinary teams delivering safe, effective, and high-quality clinical research care to patients and the public across all settings. A joint initiative between the Academy and the National Institute for Healthcare Research (NIHR) Clinical Research Network (CRN) led to the launch of a Directory in September 2018. This was followed by an application to join the Academy's accredited register programme that was approved by the Professional Standards Authority (PSA) in April 2020.

CRPs enter the workforce predominantly as degree graduates, often with science degrees and professional experience from areas such as life sciences and psychology. They work alongside colleagues who are statutory registered professionals including clinical research nurses and allied health professionals (AHPs). Examples of the work CRPs are involved in include receiving informed consent from volunteers, data input and management and patient care procedures involved in the study protocol.

## THE ROAD TO REGISTRATION

The CRP community has grown in response to the expansion in clinical research activity in the NHS and the implementation of integrated research infrastructure following the creation of the NIHR in 2006. The role evolved in response to local requirements with marked differences in job titles and a lack of national standards.

The journey to achieving accredited registration has provided opportunities to develop a much more consistent and national approach to the development of the role. The collaboration and joint working to achieve the required standards to achieve PSA accreditation has played a significant part in the development of improvements in local support, career development and the creation of an emerging professional identity amongst CRPs that is recognised and valued by patients and colleagues.

The Directory has played an important role in connecting the CRP community and providing a vehicle for communication and consultation. There has been a steady increase in numbers and there are currently 651 members. The Directory will continue to provide a community space where CRPs planning to join the Register can access information and guidance that will support their applications.

The development of Standards of Proficiency, Scope of Practice, and the requirements to join the Register has been a collaborative process involving the Academy, workforce leads, clinical research nurses, CRPs, and patient representatives. Applicants are required to submit a portfolio of evidence to demonstrate they are working to the required Standards of Proficiency and Scope of Practice. CRPs work in patient facing roles and the vital importance of understanding their responsibilities in terms of patient safety requires that clinical colleagues who are part of a statutory register are involved in the application process and confirmation of evidence.

The submission of evidence to the PSA in the autumn 2019 reflected the output of many workshops and productive conversations.

## ENGAGEMENT

Engagement and providing opportunities for people to understand the CRP workforce and the ambition behind the launch of the Register is an ongoing task. A successful engagement event was held in London on 4 March\* that provided key stakeholders with opportunities to hear more about the expertise, knowledge and enthusiasm of CRPs and the role of accredited registration in raising standards and professional identity.

\*<https://nihr.ahcs.ac.uk/welcoming-registration-for-clinical-research-practitioners-event-4th-march-2020/>

“ The development of Standards of Proficiency, Scope of Practice, and the requirements to join the Register has been a collaborative process ”

**THE REGISTER PILOT**

The research workforce continues to work on the front line of the national response to the COVID-19 emergency. The disruption and changing priorities for the workforce has inevitably slowed down progress to the launch of the Register. The Directory continues to provide a platform for connection with CRPs and all CRPs intending to join the Register are encouraged to join. A pilot phase is in progress during the autumn of 2020. Working with a selected group of CRPs and a national cohort of trained verifiers, the pilot will test all aspects of

the registration process. Following evaluation and any required adjustments. it is anticipated that the Register will open to applicants who have a degree or equivalent early in 2021. An equivalence process for experienced CRPs who do not have a degree is in process and will be launched later in 2021.

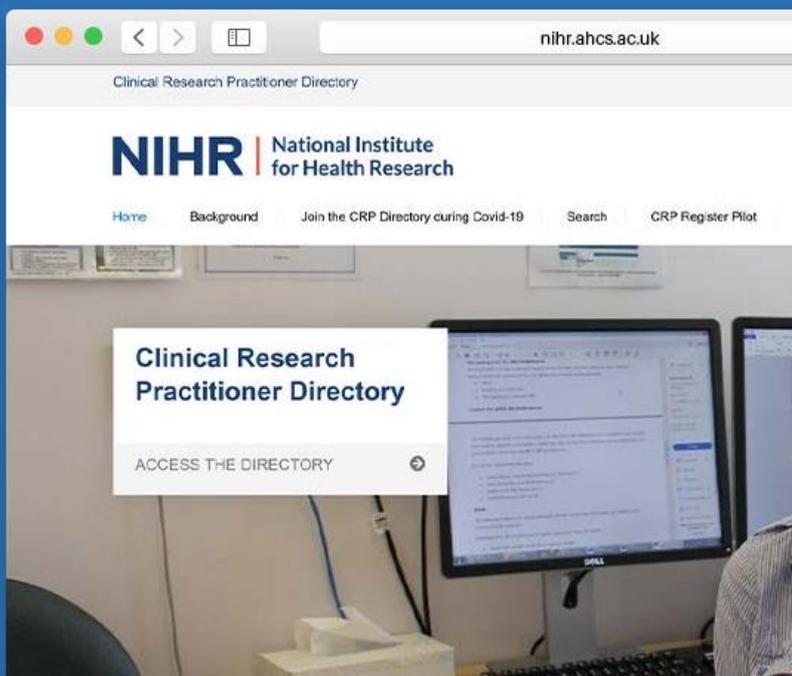
**NEXT STEPS**

Like many journeys, the route to registration has sometimes felt long, often exciting, and definitely worthwhile. Capturing lessons so they can be shared is an important aspect of the journey. The principles of ‘right-touch’ regulation and the expertise of the Academy provided a model to guide and enable the collaboration and ensure that patient safety remained at the centre of the discussions that led to the Scope and Standards and the application process. Co-development, commitment, and willingness to truly embrace shifting professional boundaries all feature in this model. The potential to apply this learning to support the development of other professional groups was considered at a presentation at the PSA’s 2020 academic conference. The Academy is keen to collaborate and contribute to the research agenda about the role of regulation, workforce development and how regulation can be an enabler of professional identity for emerging professions. In the meantime, the focus is on the pilot and the continuing engagement required to build support and understanding for the initiative. Valuing and celebrating CRPs and their contribution to the incredible research effort that is currently underway will be the top priority in the months ahead.

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The Academy is keen to collaborate and contribute to the research agenda

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**COVID 19 Response**

The Clinical Research Practitioner Directory will continue to support the community during these challenging times.

# The Register: Life Science Industry Representatives



Clive Powell  
Head of Registration Services (LSI)

This has been a challenging time for most and this was no less true for the LSI National Register for life science industry representatives. The Register's purpose is to provide a national system whereby industry personnel whose roles require them to visit healthcare facilities can demonstrate that they meet certain levels of training as well as for immunisations and criminal background checks as appropriate. Industry staff visit a variety of settings and it is important they are able to provide assurance that they can safely be allowed into those areas. Some may only need to meet healthcare staff in an office environment but many provide product support in the operating theatre, ICU or other higher-risk and sensitive locations.

The LSI Register has now been running for a couple of years, but the most recent period has seen an increase in registrants as a result of a number of initiatives to drive take-up. Integral to this has been the commitment of a significant number of hospital trusts to use the Register and also the continued support of NHS England, in particular from Angela Douglas, the Deputy Chief Scientific Officer.

At March 2020 figures show around 1,282 registrants and 8,682 at Tier X.

'Tier X' is a transitional status created prior to lockdown. The intention was to provide a pathway for individuals leading to full registration under Tiers 1, 2 or 3 which relate to the healthcare settings where these staff may need to visit.

Nonetheless, towards the end of the period covered by this report, hospitals were beginning to open up again, albeit slowly. At the same time, the number of registrants on Tiers 1, 2 and 3 continued to rise. This is expected to continue as more staff return to frontline duties.

I joined AHCS and took on responsibility for registration services having previously been involved as a member of the National Register's Registration Council representing the Association of British HealthTech Industries (ABHI). During my involvement so far, I have spent time reviewing all the documentation and looking to 'standardise' it with LSI branding and identifying any inconsistencies between the different papers. More importantly though has been to start developing a marketing and communications strategy for the coming year.

We have begun a number of initiatives designed to raise the Register's profile with industry, the NHS and politically. There are now a couple of newsletters, one for registrants and one for NHS readers (see AHCS publications below). These are intended as a means to raise the Register's profile and to provide up-to-date information on the latest developments. The second

issue of the NHS version explained the differences between the Register and commercially operating appointment booking systems that some hospitals have chosen to use. The message was clearly that anyone choosing not to use the LSI National Register needs to ask themselves: 'Why not?'

A major task in the coming year will be direct communications to hospitals that are not yet taking advantage of what the Register offers. Access for life science industry staff is not likely to be uppermost on most hospital agendas but it is important if healthcare facilities are to take advantage of the latest technologies and to ensure they are correctly installed, serviced and supported. In addition, post-market information on product performance is key to ensuring that any problems are identified early, and that the technology continues to improve.

As well as this fairly high-level activity, we'll also look to raise the Register's profile through other means such as social media, presentations at key meetings and direct contact with individual hospital representatives. We believe that the Register, with its robust governance processes, PSA accreditation, industry support and backing from NHS England is ideally placed to meet the needs of hospitals and to promote and protect patient safety. Over the next year we will be working hard to get this message across to those who are in a position to take decisions in the NHS. Clearly this is a not insignificant task given the organisational size and complexity, but we are confident that the Register can deliver against NHS needs.

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...we are confident that the Register can deliver against NHS needs.  
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# Testimonials

**'As the research delivery workforce evolves, I think a register will really help us all to understand what it means to be a Clinical Research Professional.'**

Karen Palmer  
Research Nurse Manager

**'Joining an accredited register is critical in providing patient's assurance.'**

Professor Barry Hirst  
Professor of Cellular Physiology  
Faculty of Medical Sciences  
University of Newcastle

**'Accredited registration would give us the professional identity we deserve.'**

Christos Tsintikidis  
Clinical Research Professional

**'Being on an accredited register ensures my professionalism is fully recognised.'**

Professor Barry Hirst

**'An accredited register would provide a clearer picture of career progression.'**

Polly Bidwell  
Clinical Studies Officer

**'The Association of Anatomical Pathology Technology (AAPT) greatly values the protection and support AHCS affords our members as a stepping-stone to full statutory regulation.'**

Ishbel Gall  
Chair, Association of Anatomical Pathology Technology  
Mortuary Manager, NHS Grampian

# Testimonials contd

**'Right touch regulation is a guiding force to AHCS like quality care is to a healthcare scientist.'**

Dr Lee Wickham  
Senior Lecturer  
School of Health Sciences  
University of Manchester

**'Registration would provide the level of Professional Accountability consistent with the level of performance and patient involvement provided by healthcare scientists.'**

**Catherine Vaughan  
Clinical Lead Cardiac Physiologist**

**'Being an HCS Registration Council member, I know I have vicariously improved lives by fostering the care of an instrument that resonates with healthcare scientists who know everyone counts.'**

Dr Lee Wickham

**'As a new member of the HCS Registration Council, I'm finding it interesting seeing the work that goes on behind the scenes to keep the register running and all its members compliant.'**

Lucy Tinniswood  
Senior Medical Photographer & Registered  
Medical Illustrator

**'Right touch regulation is a guiding force to AHCS like quality care is to a healthcare scientist.'**

Dr Lee Wickham

# Our publications



VOX is the Academy's newsletter which includes news from across the healthcare profession.



The Beacon newsletter provides bi-monthly updates to all our HCS registrants



NHS newsletter provides information on the to key contacts in the NHS



The LSI Register newsletter provides information on the Register direct to registrants.

# ANNUAL REPORT

2019 - 2020

Registered office:

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