

The Registration Council for Clinical Physiologists

A briefing note for Parliamentarians and policy makers

Introduction

The Registration Council for Clinical Physiologists (RCCP) is a voluntary Registration Council for those working in the clinical physiology disciplines of audiology, cardiology, gastro-intestinal physiology, neurophysiology and respiratory physiology. This group of staff develops and delivers a wide range of diagnostic and therapeutic procedures directly to patients and work closely with medical staff and other healthcare professionals to diagnose, treat, monitor and manage the care of patients from birth to old age. RCCP was established in 2001 to act as a registration body for individuals practising in the five disciplines of Clinical Physiology. The *voluntary* register compiled by RCCP currently has over 5000 registrants.

Despite patient safety and high quality care being high on the political agenda, the RCCP remains concerned that moves towards implementing a system of statutory regulation for clinical physiology have stalled, despite the Health Professions Council (the regulatory body for healthcare professionals) making a recommendation to the Secretary of State back in 2004 that clinical physiologists be included in the regulatory regime. This recommendation was subsequently accepted. The Government has made clear on a number of occasions that bringing the aspirant of groups of healthcare scientists, including clinical physiologists, into the regulatory system is a 'priority', yet the first stage of this process has not even been put in motion. A letter from the Department of Health (DH) in May 2007 confirmed this and estimated timescales for regulation at only 9 months, whilst also stating that regulation was not likely to take place before 2009.¹ RCCP is further concerned that a new Government programme which aims to develop a new training and career pathway for the scientific workforce, *Modernising Scientific Careers*, will potentially delay this further.

The RCCP is therefore calling on the Government to publish a clear implementation timetable for the inclusion of clinical physiology into the regulatory regime to ensure that current risks to patients are minimised. A window of opportunity may however exist since the Government is making provision for the necessary legislation to be presented to Parliament for hearing aid dispensers. We would be keen to look with the Government at ensuring clinical physiologists can be included in this Order.² Patient safety must be protected as the new regulatory system develops and regulation must be allowed to develop before a redesign of educational pathways is considered.

Current system of voluntary regulation

All applications to the RCCP register are scrutinised to ensure that they meet the entry criteria, which were set to ensure safe practice. Registrants also agree to abide by the codes of professional conduct and discipline. A number of applicants have not met these criteria and therefore remain unregistered, although remain employed and working as independent practitioners. Although many employers require applicants to be on the RCCP register, there is no overall mandatory requirement for this and the pressures of recruitment may mean registration, or the lack of it, can often be overlooked. Although RCCP operates a disciplinary code and procedure, it cannot protect patients from continuing to be treated by practitioners who have not been registered and who are potentially unfit to practice, as it currently has no powers of enforcement.

All clinical physiologists work independently and whilst the overall standard of practice is high, there is a significant level of risk to patients as practitioners provide services that directly affect the diagnosis and management of patients. For example, neurophysiologists perform tests on the brain which include activation procedures which can adversely affect patients if wrongly applied. This is exacerbated by the fact that practitioners may also work across disciplines and in a variety of locations with the lack of statutory regulation making movement easier, possibly masking any potential problems. Unfortunately, the RCCP is aware of cases where the public has been harmed by incompetent practitioners in the past. As such, we have long been campaigning for the inclusion of clinical physiology within the regulatory framework for healthcare professionals; indeed the 2007 White Paper, *Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century*, made clear the Government's intention to regulate certain groups of healthcare scientists as a priority.

The move towards statutory regulation

In 2004 RCCP successfully presented its application for statutory regulation to the Health Professions Council (HPC). The HPC subsequently recommended to the Secretary of State that several healthcare science groups

¹ This letter is available on the RCCP's website at <http://fp.clinphys.f9.co.uk/files/Regulation%20letter17%20May%202007.doc>

² This process is being undertaken through an amendment to Section 60 of the Health Act 1999 through secondary legislation (a statutory instrument)

(including clinical physiologists) should be statutorily regulated. Changes were required to the HPC constitution to enable such an expansion, estimated at taking less than a year. However, as at summer 2008, this process has not begun. This means there are still an unspecified number of clinical physiologists working unregistered across the UK.

In February 2007, the Government published its White Paper, *Trust, Assurance, Safety – The Regulation of Health Professionals in the 21st Century*, which set out proposals for extending statutory regulation to more healthcare professions. Subsequently, the Extending Professional Regulation Working Group was tasked with taking forward this work. The Working Group published its interim report in June 2008 and will present its final recommendations by the end of the year. Unfortunately, this interim report focused largely on developing a common approach for determining which healthcare professional / occupational groups should be subject to regulation, despite clinical physiology having already receiving HPC approval back in 2004. RCCP are therefore concerned this adds further delay to the process of implementing a statutory regulatory system for clinical physiology. Furthermore, RCCP was extremely disappointed that Health Minister, Ben Bradshaw MP, recently confirmed that, as the focus of the working group is not around the statutory regulation of individual professional groups, it is 'doubtful that there will be scope' to regulate new professions before 2010.³ This is certainly contrary to the original assurances RCCP received from the Department that regulation would be achieved late in 2005.

Modernising Scientific Careers Programme: a threat to regulation?

According to the DH, *Modernising Scientific Careers (MSC)*⁴, led by the Chief Scientific Officer, is a key work programme designed to ensure flexibility, sustainability and modern career pathways for healthcare scientists, fit to address the needs of the future NHS. According to the Government, the aim of this scheme is to "ensure that the scopes of practice, routes of entry and education and training of the aspirant groups of healthcare scientists, including clinical physiologists, are fit for regulation purposes".⁵ RCCP strongly believes the regulatory system should be implemented to ensure protection for patients before any redesign of the educational pathway is considered.

The RCCP was pleased to be invited to meet with representatives at the DH to discuss the proposed review of HCS educational pathways. Since this meeting, there has been little information, communication, consultation or involvement leading up to the initial proposals relating to MSC.

RCCP is particularly concerned over statements that BSc level qualifications will no longer be a route to becoming a regulated practitioner. There is no clear evidence that this should be set at Masters level and doing so may make the Healthcare Science workforce unattainable and unaffordable for many PCTs. It would therefore be more appropriate for the educational target of this programme to be a post-graduate certificate or diploma, accredited by a Higher Education Institute. In addition, the proposed three-year programme should be shortened for those coming in with more than just a science degree, as the length of the programme will be discouraging to well qualified applicants, not in the least because of cost implications. The RCCP therefore believes there needs to be flexibility in the system to recognise experience and higher qualifications already obtained.

Whilst the RCCP has a number of concerns about the overall proposals, our major concern is that should the project go ahead as proposed, existing registered practitioners with BSc level qualification will no longer be eligible for regulation. This may subsequently lead to the collapse of the voluntary register without having any system of statutory regulation in place for practitioners. In this fast developing area of practice, this leaves patients vulnerable and unprotected in the case of poor or dangerous practice.

Summary

Work is increasingly being cascaded from clinicians to healthcare scientists. Whilst this is to be welcomed, the RCCP believes there is a clear need for the roles of these groups to be clarified and for regulation to be introduced urgently where patient safety is an issue. Despite the ongoing MSC programme, the RCCP believes that regulation of clinical physiologists needs to take place urgently to give patients adequate protection, something the Government has themselves recognised. Delay on this important issue is potentially damaging and we urge the Government to look at coming forward with a speedy timetable for implementation.

For further information, please contact:

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³ 16 July 2008, Official Report, column 539W [218742]

⁴ RCCP's full response to the Modernising Scientific Careers Programme is available on request

⁵ 1 July 2008, Official Report, columns WA28-9 [HL4331]