

**Healthcare Professional Regulation:  
Public Consultation on proposals for change**

**Response form**

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The information you send us may need to be passed on to colleagues within the UK Health Departments and/or published in a summary of responses to this consultation.

I do not wish my response to be passed to other UK Health Departments

I do not wish my response to be published in a summary of responses

Please indicate all the countries to which your comments relate:

*UK-wide*  *and/or*

*England*  *Northern Ireland*

*Scotland*  *Wales*

Are you responding:

- <i>as a member of the public</i>	<input type="checkbox"/>
- <i>as a health or social care professional</i>	<input type="checkbox"/>
- <i>on behalf of an organisation</i>	<input checked="" type="checkbox"/>

If you are responding on behalf of an organisation, please supply the following details:

<b>Organisation Name: Federation for Healthcare Science</b>
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<b>Umbrella Professional Body covering a large number of professional bodies representing healthcare scientist professions</b>
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**Question 1. Do you support the principles upon which *Good doctors, safer patients* is based?** (please indicate)

Yes      No ~~\_\_\_\_\_~~ Partially

**Comments**

The Federation considers it important that the principles in *Good doctors, safer patients* are compatible with those affecting groups covered by non-medical regulation, so that regulation on issues such as cross-profession working and role development is managed seamlessly and effectively.

*Groups represented by the Federation fall under the remit of the Health Professions Council.*

**Question 2. Do you support the approach advocated in the two reports?** (please indicate)

Yes ~~\_\_\_\_\_~~ No      Partially

**Comments**

Detailed comments are set out in the sections below

**Question 3. What are your priorities in terms of implementation?** (please indicate)

Priority 1      Regulation of groups which are not currently covered by regulation, both professions and support workers

Priority 2      Development of effective standards and processes for revalidation

Priority 3      Inclusion of audit processes to ensure the fair and effective implementation of changes to regulation

**Comments**

**Themes & Recommendations**

For each question, please indicate the option which sums up your response.

If your response relates only to a specific recommendation, please indicate this clearly in your response

## 1. Changes to the governance and accountability of regulators.

*Good doctors, safer patients* recommendation 6, 37, 38, 39, 42, 43, 44.

*Regulation of the non-medical professionals* recommendation 1, 12, 13, 22.

Support

**Broadly Support**

~~Broadly Oppose~~

~~Oppose~~

### Comments

The Federation broadly supports changes to the governance and accountability arrangements of regulators and supports appointment of professional members.

Regulators have a responsibility to ensure that systems for regulation are effective, consistent and fair. This will include situations where duties are carried out by employers or other parties, such as professional bodies. Regulators will need to audit not only the effectiveness of their own or external systems but also to review how well these systems and associated governance structures work in practice.

The Federation is particularly concerned that devolving regulatory activity to employers, particularly in the current financial climate, is a cause for concern.

Whilst the NHS Knowledge and Skills Framework (KSF) offers one route to gaining regulatory evidence, the system is subject to local interpretation and may not be fully and consistently implemented. This and other employer or third party systems will be subject to change and to the impact of Government or NHS policy. Any such implementation must be carefully audited to ensure consistent application and that there is a long-term commitment to the system from employers.

Recommendation 12: Adjudication of fitness to practice requires that regulators work to common standards. To ensure consistency, adjudication hearings could be continued as at present but moderated by the CHRE with the possibility of sharing a proportion of panellists across the different regulators – a modified option (c).

The Federation supports recommendation 13, that there should be lay and professional representation on adjudication panels.

The Federation welcomes recommendation 22. The healthcare science professions are committed to setting standards and providing professional leadership. Healthcare science professions work closely with the Health Professions Council on matters of regulation and would welcome closer and more robust links.

## 2. The importance of defined “operationalized” standards against which to regulate.

*Good doctors, safer patients* recommendation, 16, 17

*Regulation of the non-medical professionals* recommendation 2, 18.

Support

**Broadly Support**

~~Broadly Oppose~~

~~Oppose~~

### Comments

The Federation supports the importance of defined standards against which to regulate, particularly those for entry and conduct. It supports strongly the involvement of professions in setting standards, including those for education and training, which impact on regulation.

The definition of regulatory standards is a matter for regulators in receipt of advice from professional bodies. It is not a matter for employers but needs to be done in consultation with appropriate employer representation.

The regulator would have a lead role when setting and promoting standards relating to entry to or retention on the register. It is critical that standards be integrated across professions, registration bodies and employers.

Professional bodies have a primary role in setting operational professional standards, particularly for profession-specific activity. Professional bodies bring a range of expertise and wider awareness which cannot be supplied by a number of individual representatives. It is therefore vital that professions are involved in the definition of operating standards.

Close working relationships between the regulators and the professional bodies would allow areas where patient safety would benefit from new or revised standards to be identified. Professional bodies could then develop the standards and submit them to the regulator for agreement.

The Federation is concerned about the different approaches to be allowed in different countries within the UK. This is inconsistent with the significant theme in the report of simplicity and mobility.

### 3. The appropriate standard of proof.

*Good doctors, safer patients* recommendation 1.

**Support**                      **Broadly Support**                      ~~Broadly Oppose~~ ——— ~~Oppose~~

#### Comments

The Federation supports the use of civil rather than criminal standards of proof, and that this should be consistent across all regulators.

### 4. Proposals for a 'spectrum of revalidation' across all clinical professions.

*Good doctors, safer patients* recommendation 18, 25, 26, 27, 28, 29, 30, 31, 32.  
*Regulation of the non-medical professionals* recommendation 4, 5, 6, 7.

**Support**                      **Broadly Support**                      ~~Broadly Oppose~~ ——— ~~Oppose~~

#### Comments

The Federation supports a revalidation system that aids development and checks that standards are met. The inclusion of patient or service user feedback is to be encouraged.

Individual professionals carry responsibility for ensuring they are revalidated. Where individuals are employed, there is a concern that, in using employers systems to perform revalidation, different employers may not be consistent in their approach or support the maintenance of competence. Employer procedures or systems may change significantly during a revalidation cycle, and are open to local interpretation. Individuals in employment need to be able to challenge inadequate local systems. The same applies to those who seek revalidation through other avenues, including via approved professional body schemes.

Regulators should therefore develop clear standards for revalidation that are independent and against which systems and procedures can be assessed. The Federation supports approval of employers for the delivery of reliable revalidation processes, and the proposal to allow accreditation schemes run by professional bodies as a route to revalidation for self-employed staff or staff working with employers who are unable to meet these standards.

Approval of employer and professional schemes for revalidation may be within the remit of the Healthcare Commission and equivalents in other UK administrations. Within the NHS that approval process should be at trust or area level rather than across the NHS as a whole. The revalidation system must allow a route of appeal to regulators, to provide a safety net for employees in circumstances where the employer fails to impose revalidation procedures fairly. Any system must demonstrate equity and quality of output, whoever the provider.

Linking the depth of revalidation to the perceived level of risk and local activity requires revalidation systems which are flexible and also incorporate risk-based factors. These factors should be commonly agreed at an individual profession level. Regulators need to be specific about what is required for health professionals to meet the criteria.

## **5. Devolution of some regulatory activity to a local level (including complaints and Fitness to Practise issues)**

*Good doctors, safer patients* recommendation 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 24, 35, 36, 40.

*Regulation of the non-medical professionals* recommendation 3, 9, 10, 11.

Support

—Broadly Support

**Broadly Oppose**

—Oppose

### **Comments**

The Federation has concerns about devolving some regulatory activity to a local level. This may compromise the independence of regulatory functions.

Where local investigations take place there must be clear protocols in place to determine whether the concerns or complaints merit local investigation. It is essential that all

outcomes are shared with the regulator, so that patterns of worsening behaviour or health can be identified early and not go unseen due to changes in employment arrangements.

Investigations where the outcome may recommend removal from the register must have direct regulator involvement. Routes of appeal should be directly to the regulator. The increase in non-NHS employers may make devolution of regulatory activity more complex, and there should be oversight of this through CHRE or other external body.

The Federation supports the use of a single source of advice for those who want to express concerns about a registrant.

## 6. The number of regulators for the non-medical professions.

*Regulation of the non-medical professionals* recommendation 23, 24, 25.

**Support**                      **Broadly Support**                      ~~Broadly Oppose~~ ——— ~~Oppose~~

### Comments

The Federation considers that a move to reduce the number of regulators would be appropriate.

In any instance, it is essential that regulators work closely together in the interests of delivering consistent standards and procedures.

## 7. The requirement to record post-registration qualifications.

*Regulation of the non-medical professionals* recommendation 8.

**Support**                      **Broadly Support**                      ~~Broadly Oppose~~ ——— ~~Oppose~~

### Comments

The Federation supports the concept of recording post-registration qualifications, where these demonstrate that a registrant has gained knowledge and skills at a level substantially beyond registration which are relevant to patient safety and the quality of service. Eligible qualifications should include those awarded by academic bodies and professions which are nationally recognised for the purpose by regulators, employers and professional bodies. Areas where this might apply include:

- A clinical technologist who has reached the status of advanced practitioner in a recognised role (eg specialised physiological measurement, cardiac stress testing in nuclear medicine)
- A biomedical scientist delivering specialised services and advice
- A clinical scientist who has completed recognised higher specialist training and is operating at an equivalent level to royal college membership or consultant status

The Federation supports recording post-registration professional leadership qualifications on the register where the registrant is discharging a leadership role.

The Federation supports the need for revalidation to apply to specialty registration.

The level of speciality registration should not be linked to Agenda for Change band but to career pathway stage and to a consideration of role content.

## 8. The role of regulation for student health professionals.

*Good doctors, safer patients* recommendation 23.

**Support**      ~~Broadly Support~~ ——— ~~Broadly Oppose~~      **Oppose**

### Comments

The Federation does not support the registration of students. Students should not be working in independent practice but should be under significant supervision, with the ability to do harm controlled through the education process. Shortfalls in education systems should not be dealt with through the imposition of regulation.

## 9. The need for standardised pre-employment English language testing.

*Good doctors, safer patients* recommendation 20, 21, 22.

**Support**      **Broadly Support**      ~~Broadly Oppose~~ ——— ~~Oppose~~

### Comments

The Federation strongly supports introducing standardised pre-employment English language testing. This is in the interests of both patients and employers. Testing needs to include oral as well as written components, as academic scientific competence is not a sufficient qualification in itself to practice as a healthcare scientist, where team working and good quality communication skills are essential.

## 10. Extending the scope of regulation to include support workers and new roles in healthcare.

*Regulation of the non-medical professionals* recommendation 14, 15, 16, 17.

**Support**      **Broadly Support**      ~~Broadly Oppose~~ ——— ~~Oppose~~

### Comments

The Federation supports extending regulation to include support workers. All practitioners who have the potential to do harm whilst working independently should be regulated in some form. Regulation of support workers should be:

- Light touch
- Employer led
- Provide for a route of appeal to the regulator
- Not be overly bureaucratic

Becoming registered as a support worker should be a stepping stone to full registration on the career pathway, and systems for regulation should reflect this potential.

With regard to new roles in healthcare, most examples are where existing registered professionals take on extended roles or existing new tasks. These roles are adequately dealt with by recording recognised post-registration qualifications on the register. The regulation of new tasks is more difficult. Inclusion on a register is based upon the ability of the relevant profession to demonstrate regulation, which takes time to achieve. New tasks with the potential to do harm need regulation but this can only happen when education and training standards are agreed and met. There should be support arrangements and regular discussion between professions and regulators to ensure suitable standards are developed quickly.

The Federation is concerned at the length of time currently taken to regulate new professions. The process of regulation needs to be speeded up, both for those existing groups awaiting regulation and for new groups as they emerge.

## 11. The importance, or otherwise, of a lay majority on the governing bodies of the various regulators

*Regulation of the non-medical professionals* recommendation 19, 20, 21.

**Support**

**Broadly Support**

~~Broadly Oppose~~

~~Oppose~~

### Comments

The Federation supports the proposal that governing bodies of regulators should have a lay majority. This should engender greater trust by the public in the actions of regulators and ensure a focus on public and patient safety.

Any member of the governing body, lay or professional, should be appointed to a common job specification agreed by all regulatory bodies. The circumstances of appointment should ensure that there are no conflicts of interest between a role on the governing body of a regulator and other employment, professional or individual interests.

### Further Comments

**Please use this field for any additional comments you may have, including those relating to recommendations not addressed elsewhere.**

The Federation considers it essential that recommendations are reviewed in five years time or sooner.

The Federation is concerned at the potential financial cost to the individual of changes to the system of regulation. Pursuing proportionate regulation may help to ameliorate this but the overall effect of an additional cost on employment will not help with the recruitment and retention in the many groups in healthcare science where there are staff shortages, particularly of experienced staff.

**Your comments and views should be submitted in writing to:**

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