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Mr A Foster
Director of Workforce
Department of Health
Richmond House
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Dear Mr Foster

Non-medical professional regulation

On behalf of the Executive Committee of the Federation of Healthcare Science I would like to present the response from our organisation to the request for comment on non-medical professional regulation.

The Federation for Healthcare Science (www.fedhcs.net) is an overarching body representing the interests of more than 40 professional organisations working in health care. It provides a collective voice for the 50,000 scientists working in health care to the Government, other professions and members of the public. It works closely with individual professions, the Chief Scientific Officer and other groups to ensure Healthcare Scientists help take forward national policy, workforce and professional issues. A major role of the Federation is to articulate the collective views of its member organisations on matters that are significant for the practice of healthcare science in all its many and diverse forms within the health service.

- A. What measures are needed to demonstrate practitioners' initial and continuing fitness to practice?

Initial fitness to practice: there should be common sets of entry requirements for initial registration. This should include appropriate qualifications or equivalent (such as a certificate of attainment), which include appropriate clinical placements; good health; and good character. The content of qualifications should include not only knowledge and skills but also attitude to patients/clients. Expected standards of conduct and behaviour should be covered during pre-registration training and may need to be evaluated in practice through a pre-registration period of professional practice.

Continuing fitness to practice is harder to ensure. Continuing Professional Development (CPD) does not guarantee maintained competence. Self-declaration of competence could be supported by periodic or sampled external review of continuing education, or by an employer's declaration of continuing competence although this would need to be accompanied by appropriate safeguards – individuals should not be

put at risk by lack of the required support from employers. Linking the frequency and intensity of revalidation to the level of public risk may be one way to create a practical system.

- B. What changes are needed to the process of carrying out fitness to practice investigations in order to maximise public safety, the quality of health care, fairness to registrants and satisfaction of complainants?
- A single entry route into the system for complainants and support through the process
 - Common processes and standards across regulating bodies. These should include consistent criteria, standards and thresholds for investigating fitness to practice that do not duplicate employers' disciplinary or complaints procedures.
 - Performance standards should be those relevant to the experience and seniority of the registrant and the risks associated with practice.
 - Openness about process, expected standards and outcomes.
- C. How can we best ensure that support workers provide safe and reliable services to patients? Should they be subject to a formal and fully developed system of regulation?

The capability of support workers has to be assessed by employers when setting boundaries of practice. Support workers in healthcare science are engaged in a wide range of roles and go through many different routes of entry, involving both formal and informal training. Regulation by job title is difficult, as the same title may describe completely different roles and levels of training. Support workers may carry out practice unsupervised, and it is at this point that they need to be held accountable for their own practice, given that they know the limits of their role and competence. Assessment may be to ensure that they are aware of, and keep to, appropriate limits of practice.

One system could be to set the choice of registration to be at the discretion of employers, with guidance as to tasks which would be appropriate for registration. Support workers would then sign up to a code of conduct as a minimum. Higher risk activities would then require more developed registration arrangements.

- D. How should new and extended professional roles be regulated?

Healthcare Scientists are involved in developing extended and new roles, as a necessary response to changes in science and technology. Setting the scope of practice and competency against registration would allow employers and potentially the public to identify whether an individual was registered to undertake a particular activity.

- E. How does regulation fit into its wider context? How does it relate to the new workforce systems (Agenda for Change, the Skills Escalator, etc) and to the wider network of strategic healthcare priorities and modernised systems, including the extension of IT?

As individuals develop along the career pathway, so registration should develop. Setting points for higher regulation which are optional, and which are based on the level of competence, risk and accountability associated with a role, would enable external assessment of ability to practice particular tasks. This would also allow

extended roles to be covered where individuals were adding to their basic area of practice.

The development of National Occupational Standards for Healthcare Science provides an example of a suitable framework for assessing competence and the extension and development of roles. These Standards could be used to support initial and ongoing assessment of fitness to practice, and such a mechanism would not disadvantage registrants working in the independent sector, or moving between organisations and/or service and academic activities.

- F. What changes are needed in the structure, functions and number of healthcare regulators?

The number of regulators is not the issue, but how well they protect the public. Common standards and process between regulators would therefore be advantageous. Reform would need to include harmonisation of both processes and functions, with a potential split between support to individuals and regulatory activity. Limiting the number to the smallest possible would be both efficient and simplify processes for complainants, and so would need to have clear boundaries between constituencies.

Yours sincerely

Dr Keith Ison
Chairman
Federation for Healthcare Science