Annual review of accreditation 2019/20

Academy for Healthcare Science

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professional
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Contents

About the Academy for Healthcare Science

The Academy for Healthcare Science (the Academy) registers:
- Healthcare Science Practitioners working in many occupations
- Clinical Physiologists
- Clinical Research Practitioners
- Genetic Counsellors
- Higher Specialist Scientists
- Medical Illustrators

The Academy also holds a credentialing register for the Life Science Industry (LSI), admitting company representatives who trade with and provide services to the National Health Service (NHS).

The Academy's work includes:
- Setting and maintaining standards of practise and conduct
- Maintaining a register of qualified professionals
- Assuring the quality of education and training
- Requiring registrants to keep up their skills up to date through continuing professional development
- Handling complaints and concerns raised against registrants and issuing sanctions where appropriate.

As of October 2020, there were 6,963 registrants on the Academy's registers.

The Academy was first accredited on 18 December 2014 This is its sixth annual review and this report covers 18 December 2019 to 18 December 2020.

Background

The Professional Standards Authority accredits registers of people working in a variety of health and social care occupations not regulated by law. To be accredited, organisations holding such registers must prove that they meet our demanding Standards for Accredited Registers (the Standards). Accreditation is reviewed every 12 months.

Accreditation can be renewed by a Moderator in cases where all Standards are evidenced to be met. A Moderator can issue Recommendations.

Where concerns do exist, or information is not clear, a targeted review will be initiated by a Moderator. The outcome of this review is assessed by an Accreditation Panel, who can decide to renew accreditation, renew accreditation with conditions, suspend accreditation or remove accreditation. Panels may also issue Recommendations.

- **Condition** – Changes that must be made within a specified timeframe to maintain accreditation
- **Recommendation** – Actions that would improve practice and benefit the operation of the register, but do not need to be completed for compliance with the Standards to be maintained. Implementation of recommendations will be reviewed at annual renewal.

Outcome

Accreditation for the Academy was renewed for the period of 18 December 2020 to 18 December 2021.

Accreditation was renewed by a Moderator following a review of evidence gathered by the Accreditation team and supplied by the Academy.

No Conditions were issued.

The following Recommendation was issued to be implemented by submission of annual renewal documentation:

1. The Academy should consider how its governance model could be better communicated to the public. (paragraph 7.3)

The following report provides detail supporting the outcome.

Assessment against the Standards for Accredited Registers

Standard 1: the organisation holds a voluntary register of people in health and/or social care occupations

1.1   The Academy's healthcare science registers increased from 1393 to 1462 registrants. The Authority noted the large volume of new registrants admitted to the Life Sciences Industry Credentialing register, from 307 to 5231.

1.2   The Authority had approved the [Academy's Notification of Change](#) to add the occupation and title of 'Clinical Research Practitioner (CRP)' to its registers in April 2020. CRPs are 'an umbrella title for a family of roles in research delivery that have a patient-facing element and where the postholder is not currently registered to a healthcare profession.'

1.3   The [CRP register](#) will 'be open to eligible applicants in early 2021 following piloting and evaluation.' The opening had been delayed due to the redeployment of many CRPs during the Covid-19 pandemic.

1.4   The Academy advised it had worked with the Genetic Counselling Regulation Board (GCRB), which previously transferred its Accredited Register to the Academy following a Notification of Change, to assure compliance with the Academy's standards.

1.5   The Authority found that the Standard continues to be met.

Standard 2: the organisation demonstrates that it is committed to protecting the public and promoting public confidence in the occupation it registers

2.1   The Authority noted the collaboration between the Academy, the Registration Council for Clinical Physiologists (RCCP) and the Institute of Physics and Engineering in Medicine (IPEM, a member body of the Register of Clinical Technologists' (RCT) Accredited Register) to establish a separate (non-Accredited by the Authority) Shared Temporary Register (STR) for healthcare science practitioners.

2.2   The STR is open to final year healthcare science students that meet agreed criteria, allowing them to practice as registered professionals within the healthcare science workforce. This would support the public health response to the Covid-19 pandemic. The STR was to last as long as deemed necessary with regard to advice from the four countries' governments and the management of statutory regulators' temporary registers.

2.3   The Authority had noted within the [RCT's annual review](#) that the STR is maintained by the Academy without any crossover or duplication with the Academy, RCT or RCCP registers. Fitness to Practise concerns for those on the STR will be administered by Academy, with input from RCCP and IPEM. The Authority had noted the benefits of this initiative and that it should not present risks to any of the participatory registers.

2.4   The Authority noted the Academy's awareness of other work undertaken by registrants to protect the public during Covid-19, [including](#) 'helping nurses on

the wards, within ICU and at the NHS Nightingale Hospitals delivering frontline patient care.' The Academy's 'Leadership Ambassador' had helped co-ordinate the training of a Clinical Engineer workforce at London Nightingale Hospital to train 60 healthcare scientists to operate and maintain ventilators.

2.5   The Academy had found that registrants were volunteering to work 'outside the scope of their regular practice' to help fight the Covid-19 pandemic and that this was 'the new normal'.

2.6   The Academy had set out its proposed revised approach to DBS checks for each tier of LSI registrants in line with legal advice: a Basic level check for Tier 1 registrants and a Standard level check for Tiers 2 and 3.

2.7   The Academy highlighted initiatives to support registrants, such as text-message wellbeing advice and promoting the 'NHS Virtual Staff Common Rooms service' which provide a 'safe and supportive environment (online) hosted by an experienced and approved practitioner.'

2.8   The Academy affirmed its support for the Accredited Registers programme and commitment to promote it, however highlighted challenges such as of recognition of the LSI credentialing register by NHS providers.

2.9   The Authority found that the Standard continues to be met.

Standard 3: risk management

3.1   Since its initial accreditation, the Academy had added other occupations to its registers including Higher Specialist Scientists, Clinical Physiologists, Genetic Counsellors and Medical Illustrators. The Academy had also launched the Life Sciences Industry credentialling register.

3.2   When applying to extend the Authority's accreditation to the new register occupations, the Academy had provided occupation-specific risk registers. The Authority had considered if there was potential for risks to be identified and mitigated within one occupation, but not checked if relevant to others.

3.3   The Academy provided its complete internal risk register setting out risks and mitigating actions across all occupations registered. The Authority will check that any new occupations are reflected on the complete risk register as they are added.

3.4   The Academy advised it had recently reviewed specific risks for genetic counsellors (formerly on the Genetic Counsellors Registration Board (GCRB) register) and found these were mitigated by existing risk management practices for its healthcare science registers.

3.5   The Authority found that the Standard continues to be met.

Standard 4: the organisation demonstrates that it has sufficient finance to enable it to fulfil its voluntary register functions effectively including setting standards, education, registration, complaints and removal from the register

4.1   There were no significant changes reported or noted in the past year. As part of its due diligence, the Accreditation team reviewed currently published records from Companies House (to 31 March 2020) and noted the Academy appeared to be financially sustainable.

4.2   The Authority noted the Academy's significant increase of registrants to the LSI credentialing register could assist sustainability of the register.

4.3   The Authority found that the Standard continues to be met.

Standard 5: the organisation demonstrates that it has the capacity to inspire confidence in its ability to manage the register effectively

5.1   At the previous annual review, the Authority had issued a Recommendation for the Academy to consider publishing excerpts of topics discussed at LSI Registration Council meetings that are relevant to the public interest. The Academy informed the Authority that summary reports of topics discussed by the LSI Registration Council are published on the LSI register website. The Authority checked this and noted discussion of issues relating to the public interest, such as revision of requirements for DBS checks for the three Tiers of LSI registration. The Authority found that the Recommendation had been considered.

5.2   The Academy had highlighted its commitment to 'being an inclusive and accessible organisation, especially for its registrants.' The Academy advised its HCS Registration Council was analysing 'available equality and diversity data provided by registrants, to formulate any appropriate future policy or procedures applicable across the governance framework that are relevant for BAME colleagues'.

5.3   The Academy advised it had received two concerns regarding a perceived conflict of interest between the Academy and its partner organisation, Medical Industry Limited (MIL). MIL administers the LSI Credentialing register (as Medical Industry Accredited (MIA)) and is a training provider awarding qualifications that allow entry to the register. The Academy provided a summary of actions taken to address these concerns.

5.4   The Authority asked the Academy for further information about how this perceived conflict of interest was managed. The Academy stated that approval and entrance onto the LSI register is controlled by the Academy, that its contract with MIL stated that LSI registrants were not required to otherwise join the MIA appointment scheme. The Academy stated it holds a monthly contract monitoring meeting, which includes members of the LSI Registration Council, to address any issues raised, such as the above concerns.

5.5   The Authority found that the Standard continues to be met.

Standard 6: the organisation demonstrates that there is a defined knowledge base underpinning the health and social care occupations covered by its register or, alternatively, how it is actively developing one. The organisation makes the defined knowledge base or its development explicit to the public

6.1   There were no significant changes reported or noted in the past year.

6.2   The Authority found that the Standard continues to be met.

Standard 7: governance

7.1   The Authority noted that the Academy's 'registration councils' each have a specific remit to 'protect the public by mitigating the risks posed to service

users / the public'. The Academy's 'core' healthcare science occupations are managed separately from the LSI credentialing register, Clinical Research Practitioners, and non-accredited 'directories' for developing occupations.

7.2   The Authority advised that it had 'restructured and strengthened its senior operational team' and 'refreshed' its HCS Registration Council membership. As part of its due diligence the Authority checked the revised Terms of Reference for the Academy's Registration Council and LSI Registration Council.

7.3   The Authority noted that the expanding governance model of the Academy may appear complicated to those accessing the Academy's websites. The Academy published information about the HCS Registration Council but it was not readily clear which occupations or registers this encompassed, whether the same Terms of Reference applied to its CRP or LSI Registration Councils, and their relationships to the Academy's Regulation Board. The Authority issued a Recommendation for the Academy to review how its governance model is communicated to the public. (Recommendation One)

7.4   Prior to publication of this report, the Academy advised its Regulation Board webpage and other relevant documentation was being rewritten to provide greater clarity about its regulatory framework.

7.5   The Authority found that the Standard continues to be met.

Standard 8: setting standards for registrants

8.1   The Academy advised it had revised and published polices, including its:
   o   Complaints Handling policy for complaints about registrants.
   o   Career Break and Returning to Practise policy
   o   Sanctions policy (incorporating Sanctions with consent)
   o   Policy for the management and resolution of non-serious Fitness to Practise cases by consent.

8.2   As part of its due diligence the Authority checked the polices. Following discussion with the Academy, the Academy advised it would review the presentation of some of those polices to assist communicating their purpose to the public and registrants.

8.3   The Authority noted the Academy was reviewing its Good Scientific Practice (GSP) standards, which outline the expected behaviours and practice for all practitioners within the healthcare science workforce. The Academy advised it would next review its Standards of Proficiency.

8.4   The Authority found that the Standard continues to be met.

Standard 9: education and training

9.1   The Academy advised that the LSI Registration Council had reviewed its Quality Assurance Framework to ensure clarity for the public and employers. The team checked the updated Quality Assurance Framework (which includes its Education & Training Framework Matrix) and LSI Quality Assurance Guidance to Employers.

9.2   The framework sets out the training required for LSI 'tiers' of registration, based on contact with patients and/or relatives in areas where invasive or non-invasive procedures take place.

9.3   The Authority received a concern regarding the LSI Credentialing Register's 'Tier 3' registrants. Tier 3 registrants may interact with healthcare professionals, patients or relatives, in areas where invasive procedures are taking place, such as within operating theatres. The concern stated that Tier 3 registrants' competence was not backed by holding qualifications benchmarked against the National Occupational Standards (NOS) framework.

9.4   The Academy provided its standards for Tier 3 LSI registrants, which set out that training for high-risk settings should enable its registrants 'to know and understand risks, roles and responsibilities, etiquette, protocols and processes for high-risk settings, e.g. theatre, cardiac laboratories, critical care and paediatric wards'.

9.5   The Academy advised that it had met with relevant Sector Skills Councils (responsible for the development of NOS) and aimed to develop joint statements and MOUs with these bodies. Any future-mandated standards would be added to the LSI Register's standards.

9.6   The Academy advised that it had reviewed all courses offered by its known training providers to ensure they were mapped against its standards. The Academy highlighted it had randomly asked companies to provide internal course content, again to ensure that in-house courses map against standards.' The Academy stated it does not accept training older than three years old, 'meaning the registrant has to regularly undergo further training, and relevant Continuing Professional Development (CPD).'

9.7   The Academy also advised it had commissioned an external review to 'provide independent advice on possible improvements and options for this group'. The Authority will check the outcome of this review in due course.

9.8   The Authority checked supporting information provided by the Academy and was satisfied that the Academy's ability to meet this standard had not been compromised.

9.9   The Authority found that the Standard continues to be met.

Standard 10: management of the register

10.1   The Academy published guidance for registrants relating to the Covid-19 pandemic under a dedicated section on its website. The Academy referred to relevant external guidance such as COVID-19: guidance for health professionals - GOV.UK (www.gov.uk) and COVID-19 hub | (hcpc-uk.org).

10.2   The LSI register website provides an 'industry support tracker' providing updated hospital access policies and other Covid-19 advice for LSI registrants.

10.3   The Authority noted that the Academy's register webpage also displayed the Association for Respiratory Technology & Physiology (ARTP) Spirometry Register for 'practitioners and operators who have demonstrated their competence in spirometry'. The Academy advised this was a non-accredited register for the respiratory workforce, being managed on behalf of its

professional body, the ARTP, whose practitioners had been heavily involved with caring for patients during the Covid-19 pandemic.

10.4   The Academy publishes non-accredited registers and directories on a separate webpage. The Authority noted that as the Spirometry Register had been listed next to the Academy's Accredited Registers, those accessing the page may assume that the spirometry register was also accredited by the Authority. The Academy acknowledged this and transferred the ARTP register to the non-accredited registers webpage.

10.5   The Authority received a concern regarding the clarity of registrant categories appearing on the LSI Credentialing Register. The Authority noted that all categories, including pre-registration 'Tier X' practitioners, were defined on the LSI register website.

10.6   The Authority found that the Standard continues to be met.

Standard 11: complaints and concerns handling

11.1   The Academy reported that no complaints about its registrants had been received over the past year for its healthcare scientist registers or the LSI Credentialing Register.

11.2   The Academy reported that three concerns had been received against itself.

11.3   One concern was received from a genetic counsellor who had been incorrectly advised by their professional body that their application to the Academy's register had been accepted. The Academy reported it had found the reason why this occurred, apologised to the complainant, and was working to ensure this did not reoccur.

11.4   The other two concerns were also provided to the Authority and addressed under Standard 5. These regarded a perceived conflict of interest between the LSI Credentialing Register and the partner organisation responsible for its administration.

11.5   At the previous annual review of Accreditation, the Academy had advised of plans to remove sanctions restricting the practise of registrants, stating that it did not have the lawful power to do so. Any required corrective action could be set by the Academy within a period of suspension. The Authority considered that where misconduct may not be serious enough for suspension (or conditions), the register may still wish to publicly demonstrate that action has been taken to uphold public confidence in the occupation and its standards.

11.6   The Academy set out the range of sanctions it may issue without referring to a Fitness to Practise panel within its updated Fitness to Practise (FTP) Rules), and resulting from the final decision of a Fitness to Practise Panel. The Authority noted that the Academy could also issue training and development agreements, with the consent of the registrant. Such 'sanctions with consent' are available where the Academy determines it would not be in the public interest to refer the matter to the FTP Panel.

11.7   The Authority had noted the FTP Rules did not appear to explicitly state that sanctions with consent would be published on the Actions & Sanctions page on the Academy's website, or on individual register entries. The Academy confirmed that they would be published in both areas and, as with all

sanctions, would be advised to the registrant's employer. The Academy advised it would review the rules to make this explicit.

11.8 The Academy also confirmed it would review the FTP rules to make clear that training and development recommendations could be made as part of a sanction of suspension from the register.

11.9 The Authority found that the Recommendation had been considered.

11.10 The Academy highlighted that it had taken a plain-language approach within its complaints process and that it had asked patient groups for feedback on its published flowcharts. The Academy, with regard to the Authority's guidance on virtual hearings, published its Statement on Fitness to Practise hearings during the Covid-19 pandemic and highlighted that it would provide good practice guidance for virtual hearings to all involved parties.

11.11 Where registrants on Accredited Registers mainly work for the NHS, or similar employers, the Authority had considered challenges for registers to ensure they are alerted to concerns about those registrants. The Authority asked the Academy to outline plans and recent actions to promote this. The Academy advised of actions including:

- working with NHS Employers to provide the content for an NHS Employers briefing
- developing a professional journal for 'Healthcare Science Leadership' which will include discussion about raising concerns about registrants, as well as other aspects of regulation
- Discussions are being held with Regional Science Leads, coordinated with the Deputy Chief Science Officer
- Communication with LSI Trade Associations and employers
- Communications with employers (e.g. during equivalence application discussions)
- Registrant newsletters, e.g. Vox
- Working with NIHR to promote awareness of Clinical Research Practitioners
- A planned webinar for Medical Illustrators to assist to assist employers' awareness of their role and registration
- Updating the raising as concern section of the AHCS website.

11.12 The Academy further highlighted its Strategic Communications and Marketing Plan, including the development of its professional network, to promote the safety and protection of the public accordingly.

11.13 The Authority found that the Standard continues to be met.

Share your experience

12.1 The Accreditation team received five responses to its invitation to Share Your Experience within the assessment period and throughout the accreditation year.

12.2 The first response questioned who would be liable in the event of an adverse event involving an LSI registrant. The Academy set out that registrants were accountable to the standards of the LSI Credentialing Register and of their

employer. The Academy highlighted that its standards had been developed in close collaboration with the NHS.

12.3   The second raised a concern about a conflict of interest between the LSI Credentialing Register as discussed under Standard 5.

12.4   Two responses concerned the LSI Credentialing Register's 'Tier 3' registrants, discussed under Standard 9.

12.5   The fifth response raised a concern about categories of practitioners admitted to the LSI Credentialing register, discussed under Standard 10.

Impact assessment

13.1   The Authority took account of the impacts on different groups when making its decision to reaccredit.

Equality duty under the Equality Act 2010

14.1   The Authority had regard to its duty under the Equality Act 2010 when considering the application for renewal of accreditation.

14.2   The Authority noted that the Academy highlighted its commitment to 'being an inclusive and accessible organisation, especially for its registrants.' The Academy advised its Registration Council was analysing 'available equality and diversity data provided by registrants, to formulate any appropriate future policy or procedures applicable across the governance framework that are relevant for BAME colleagues'.