

# **Annual review of accreditation 2019/20**

The Register of Clinical Technologists (RCT)

January 2021

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## About the Register of Clinical Technologists (the RCT)

The RCT registers clinical technologists working in:

- nuclear medicine
- radiotherapy physics
- radiation physics
- medical engineering
- radiation engineering
- rehabilitation engineering
- renal technology.

Its 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.

The register is managed by a Management Board consisting of members from three professional bodies for clinical technologists: the Institute of Physics and Engineering in Medicine (IPEM), which holds the register, the Association of Renal Technologists (ART) and the Institute of Healthcare Engineering and Estate Management (IHEEM).

As of October 2020, there were 2,203 registrants on the RCT's register.

The RCT was first accredited on 7 September 2015. This is the RCT's fifth annual review and this report covers 7 September 2019 to 7 September 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 and note Achievements.

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 and note Achievements.

- **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
- **Achievement** – Areas where a register has demonstrated a positive impact on one of the four pillars of the programme; protection, choice, confidence and quality.

# Outcome

Accreditation for the RCT was renewed for the period of 7 September 2019 to 7 September 2020.

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

No Conditions were issued

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

1. The RCT should ensure that its advertising standards are clear and in line with relevant guidance for the benefit of RCT sonographers and other registrant categories offering independent services. (paragraph 7.9)
2. The RCT should assure its processes for engagement with registrants to ensure information held is accurate. (paragraph 10.12)
3. The RCT should consider how it can highlight its profile to ensure that employers and service users are aware of the RCT's public protection role and routes of raising concerns. (paragraph 11.4)

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 RCT reported a small net decrease of registrants since the previous annual review period, from 2242 to 2203. The RCT recorded reasons for this included lapsed registrations, one removal due to failure to complete the RCT's CPD audit process and career breaks.
- 1.2 The RCT had introduced a mandatory direct debit system for re-registration in January 2021 to reduce risk of registrants forgetting to renew.
- 1.3 The Authority had approved the RCT's Notification of Change application to extend accreditation to registration of sonographers. The RCT aimed to open the sonographers' register in April 2021, following the planned closure and migration of the existing Public Voluntary Register of Sonographers (PVRS) run by the Society and College of Radiographers (SCoR).
- 1.4 The RCT had been developing a new scope of practice for Clinical Computing Technicians, who are not currently on the Accredited Register. Clinical Computing Technicians are involved in the development, management, use and maintenance of clinical computer systems. The RCT reported that a scope of practice had been agreed in principle by RCT's Management Board subject to a successful pilot. The RCT reported that due to the Covid-19 pandemic it did not expect the pilot to conclude until late 2020.
- 1.5 The RCT reported it had also considered a new scope of practice for Bone Densitometry (DXA) Technologists. The RCT advised that volunteers were being sought for a pilot programme to test the new standards before adding this occupation to its register.
- 1.6 The Authority would consider addition of new occupations through the Notification of Change process.
- 1.7 The Authority found that this 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 There were no significant changes reported or noted in the past year.
- 2.2 The Authority noted the collaboration between IPREM, the Academy for Healthcare Science (AHCS), and the Registration Council for Clinical Physiologists (RCCP) to establish a separate (non-Accredited by the Authority) [Shared Temporary Register \(STR\)](#) for healthcare science practitioners. IPREM stated that the STR is 'open to final year healthcare science students across the four home countries that meet the agreed criteria and allows them to practice as registered professionals within the healthcare science workforce. This supports the public health response to the Coronavirus (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 For students within IPEM-accredited training programmes, entry to the STR would require:
  - successful completion of at least 12 of 24 months training
  - successful completion of at least 50% of all work-based competencies
  - joint confirmation from the appointed supervisor and IPEM moderator that the trainee is clinically competent and has the necessary knowledge, skill and behaviour to go onto the temporary register.
- 2.4 The Authority noted that the STR is maintained by the AHCS without any crossover or duplication with the RCT register. Fitness to Practise concerns for those on the STR will be administered by AHCS, with input from RCCP and IPEM. The Authority noted the benefits of this initiative and that it should not present risks to RCT's register.
- 2.5 The Authority found that this Standard continues to be met.

### **Standard 3: risk management**

- 3.1 When applying for Accreditation and at annual review, registers provide a risk matrix demonstrating their identification and mitigation of risks to the public associated with their registrants' practice, including their personal behaviour, technical competence and business practice. Registers detail the likelihood and impact of risks and any mitigations.
- 3.2 The RCT's risk register included one new risk from its previous review: that renewed lobbying for statutory regulation of clinical technology occupations could lead to registrants not renewing due to the belief of being required to register with a statutory regulator in future. The RCT advised that its register would continue to be promoted and highlighted that potential statutory regulation would have long timescales.
- 3.3 The Authority noted that the RCT's June 2020 Management Board minutes highlighted that 'historically the IPEM CEO would bring the top risks or new risks to the attention of the Board for consideration. The IPEM CEO agreed to continue to do this.'
- 3.4 The RCT had provided its register considering potential risks related to Covid-19. The RCT had implemented virtual meetings to enable its Management Board to continue operation. Assessment of register applications was carried out virtually. Deferral of CPD audits was allowed until next year (see Standard 10). Registrants were provided guidance instructing them to work within their competence and should be provided proper training for any further role required by their employer.
- 3.5 The Authority found that this 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 RCT provided its recent financial statements and budget planning. The RCT had raised its annual renewal fees to £24.75 in 2020 and would raise to £26.00 in 2021. Initial application fees remained £45.00 and equivalence-application fees at £65.00. Fees were set to cover the cost of operating the register.
- 4.2 As part of its due diligence, the Authority reviewed financial information including records from Companies House and found that this Standard continued 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 There were no significant changes reported or noted in the past year.
- 5.2 The Authority checked the [IPEM Privacy Policy](#) setting out how that body, and within it the RCT, protects the privacy of anyone supplying it with personal information. Specific information is provided for RCT applicants, registrants, and those involved in RCT complaints procedures.
- 5.3 The Authority found that this 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 The RCT holds Scopes of Practice for each of the occupations it registers, which describes the attributes that would be expected from a newly qualified clinical technologist at the point of registration. The RCT was developing new scopes of practice for Sonographers, Bone Densitometry (DXA) Technologists and Clinical Computing Technicians (see Standard 1). The RCT was considering updates to existing Scopes due to new National Occupational Standards for both Single Photon Emission Computed Tomography and Positron Emission Tomography (see Standard 8).
- 6.2 The Authority found that this Standard continues to be met.

**Standard 7: governance**

- 7.1 IPEM's previous Chief Executive retired in August 2019 and the new Chief Executive began in January 2020. IPEM / The RCT was also recruiting for a new Membership and Training Manager. The RCT reported that until that position was filled administration of the register was carried out by IPEM's Membership Services Administrator. IPEM had also appointed a new Membership Development Manager.
- 7.2 The RCT advised of how it had sought to reduce risk of registrants lapsing registration and leaving the register through non-payment of annual renewal fees. As noted above RCT will mandate registration payment by direct debit from January 2021. The RCT has highlighted the new requirement in its

monthly communications and noted that registrants not paying by direct debit had halved by July 2020. This had assisted the RCT's financial forecasting (see Standard 4).

- 7.3 The RCT reported that it had made additional efforts to contact registrants at risk of lapsing registration where it had previously sent one email. The RCT will now send emails, physical letters, and contact by telephone where necessary. This had resulted in a reduced number of lapsed registrants from previous years.
- 7.4 The RCT had previously considered a risk that payment of fees by direct debit might lead to less engagement with registrants. The RCT had confirmed its renewal communications made clear that payment of fees represents confirmation of continued adherence to the RCT's codes and other requirements.
- 7.5 The Authority checked the RCT's published [Social media guidelines](#) which highlighted that statements made on such platforms could reflect on their employer even if they are not a formal statement on behalf of that organisation. Concerns raised from these could be considered as potential breaches of the RCT Code of Professional Conduct and investigated accordingly. The RCT provided guidance on ensuring quality and accuracy, being non-discriminatory, and respecting confidentiality, copyright and privacy.
- 7.6 The Authority asked if any RCT was aware of registrants advertising services (as opposed to being solely employed in the NHS or elsewhere) and if it set requirements for accuracy in line with Advertising Standards Authority/CAP Code guidelines. The RCT highlighted that sonographers (currently within the Notification of Change process) were advised of the following in their current Standards of Conduct, Performance and Ethics:

'4.8: Sonographers who provide independent professional services can advertise but must ensure that any advertising is factual, legal, decent, honest and truthful and does not misrepresent the services on offer. If you provide independent professional services you must be honest in the financial arrangements with individuals, informing them of any fees/charges at the earliest time and informing them if the NHS is able to provide the same service free of charge. You must not accept commission from third parties for recommending, when practicing, the purchase of goods or services related to your professional status.'
- 7.7 The Authority issued a Recommendation for the RCT to ensure its own advertising standards are clear and in line with relevant guidance (ASA/CAP Codes) for the benefit of RCT sonographers, and any other scopes of practice offering independent services. (Recommendation One)
- 7.8 The Authority found that this Standard continues to be met.

### **Standard 8: setting standards for registrants**

- 8.1 There were no significant changes reported or noted in the past year.
- 8.2 RCT had advised that 'new National Occupational Standards for both Single Photon Emission Computed Tomography and Positron Emission Tomography ... might prompt an update of RCT scopes of practice.' The Authority asked

RCT how new external standards were implemented within RCT's Scopes of Competence. The RCT advised that the Scopes were tied to the external Modernising Scientific Careers (MSC) Healthcare Science Practitioner Training Programme (PTP). The RCT advised that should the PTP be amended or changed substantially then its Professional & Standards Council (which the RCT reports to) would inaugurate a Task & Finish group to investigate whether the relevant Scope of Practice needed to be amended.

- 8.3 The RCT confirmed that its Management Board continues to review and amend policies and procedures as appropriate, and such changes are recorded in its published Board minutes.
- 8.4 The Authority found that this Standard continues to be met.

### **Standard 9: education and training**

- 9.1 There were no significant changes reported or noted in the past year.
- 9.2 The Authority found that this Standard continues to be met.

### **Standard 10: management of the register**

- 10.1 The Authority considered the RCT's approach to the Covid-19 pandemic. The RCT had issued [guidance to registrants](#) referring to government on NHS guidance on keeping safe, and for practitioners coming into contact with members of the public.
- 10.2 IPEM published a [Covid-19 Policy and Advice Notes webpage](#) for its membership advising how it aimed to support Covid-19 initiatives, [NHS England and NHS Improvement: Coronavirus guidance for clinicians and NHS managers](#), [Guidance for infection prevention and control in healthcare settings](#) and other information. Such links were provided to RCT registrants (which include non-IPEM members) in RCT's March 2020 Registrar's Update.
- 10.3 The RCT reported that it had contacted ex-registrants who had left the register in good standing and offered them temporary registration, without fees, to assist them to return to the workforce and contribute to the NHS during the Covid-19 pandemic. This applied to registrants who had left within the previous two years, which was consistent with the RCT's two-year 'career break' policy which allows a return to the register without need for retraining or supervision (as discussed below).
- 10.4 The RCT reported that it had implemented its [Return from Overseas Practice](#) policy for registrants who had worked overseas in relevant posts. Registrants going overseas may apply for a career-break, however if they remain on the register while working in a relevant post they must maintain CPD and uphold the RCT Code of Professional Conduct. Upon return they must notify the RCT. Depending on the length of time away, registrants will be required to undertake a 'period of updating' including elements of supervised practice, formal study and private study.
- 10.5 The RCT had previously reported that a high percentage of RCT registrants selected for CPD audits did not pass. The Authority had required the RCT to review the reasons for this. At the previous annual review, the Authority noted the positive work by the RCT to promote compliance with its CPD

requirements, however remained concerned about the high percentage of registrants failing the audit. The Authority considered that the RCT should consider, for example, if its requirements are disproportionately onerous, or create barriers for particular individuals or groups or if there were wider compliance issues that might be identified through a larger audit sample or survey of members. The Authority had reissued its Recommendation to for the RCT to review the reasons for the high percentage failure at CPD and consider options to remedy this

- 10.6 The RCT reported it that it had identified that some CPD auditors might have judged CPD submissions to standards higher than what was required to pass. The RCT informed auditors to ensure they were 'not judgemental in their opinion of the subjective standards (ie, quality/quantity of reflection)'. The RCT aimed to further address this within its future training of existing and new CPD auditors, and new training material, developed by IPEM and the Chair of the RCT's CPD Audit Committee.
- 10.7 The Authority found that this Recommendation had been considered.
- 10.8 The RCT reported that its 2020 audit opened in March 2020 and registrants selected for audit were due to submit their CPD documentation by 1 April 2020. Due to the Covid-19 pandemic, the RCT had allowed an automatic one-year deferral to any registrant who did provide submissions by that date. The RCT advised that 20 of 26 registrants passed the audit and those that did not would also be required to complete next year's audit.
- 10.9 The RCT advised that the reduced number of submissions meant that the audit could be conducted by three auditors, which included the Chair and Secretary of the CPD Audit Committee, who were aware of the above concerns and recommendation.
- 10.10 The Authority's checks of the [RCT register](#) had noted that there were active registrants without a listed 'scope of practice'. The RCT had advised that it had contacted registrants asking them to provide missing details but as of April 2020 had not had responses from 34 registrants. The Authority asked if having a listed Scope was required to appear on the register and if it continued to seek this information from the registrants. The Authority asked whether further action (e.g. disciplinary action, automatic selection for CPD audit, or otherwise) had been considered.
- 10.11 The RCT advised these were early-joining registrants who had been 'grand-parented' onto the register prior to this becoming a requirement. The RCT advised there were only 15 such registrants remaining as of October 2020.
- 10.12 The RCT stated it could include the remaining registrants within its next audit, which should ensure the required information is collected. The Authority noted that the RCT should take action to ensure it holds the information it requires from its registrants and maintain engagement with them, and so issued this as a Recommendation. (Recommendation Two)
- 10.13 The Authority found that this Standard continues to be met.

### **Standard 11: complaints and concerns handling**

- 11.1 The RCT reported that it received no complaints against registrants, and no complaints against itself during the year of accreditation.
- 11.2 The RCT had previously highlighted the challenge of ensuring that it was alerted to potential concerns, whether by service-users or employers. The Authority asked about any recent actions to help ensure that those handling concerns about registrants (such as employers) were aware that they should contact the RCT. The RCT highlighted that this had been communicated through its public '[Registrar's update](#)' and that its website provides directions to registrants, the public and employers to its complaints information.
- 11.3 The Authority considered that the RCT should ensure employers, and service users, are aware of the RCT's complaints process so that referrals can be made where required. The Authority issued a Recommendation for the RCT to consider how it can highlight its profile to ensure that employers and service users are aware of the RCT's public protection role and routes of raising concerns. (Recommendation Three)
- 11.4 The Authority found that this Standard continues to be met.

### **Share your experience**

- 12.1 The Accreditation team did not receive any responses to the invitation to share experience and did not receive any concerns about the RCT during the accreditation year.

### **Impact assessment**

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

### **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.