IPEM response to the Department of Health 'Promoting professionalism, reforming regulation' consultation

- The Institute of Physics and Engineering in Medicine (IPEM) is a professional association and Learned Society with more than 5,000 members who are physicists, engineers and technologists working with applications of physics and engineering applied to medicine and biology. Our members work in hospitals, academia and industry, and IPEM has a unique role in linking the three areas.
- As a charity, IPEM's aim is to advance the application of physics and engineering to medicine for the public benefit and to advance public education in this field. We do so by supporting and publishing research, and supporting the dissemination of knowledge and innovation through project funding and scientific meetings; and by setting standards for education, training and continuing professional development for healthcare scientists and clinical engineers.
- In preparing this response, we have consulted with members of IPEM's Professional and Standards Council.

Protecting the Public

IPEM feels the continued and / or improved protection of the public should be the highest priority consideration in any review of the regulation of healthcare professions and that the effectiveness of this should come above any consideration of associated financial benefits.

It should be noted that contrary to the statement on page 4 of the document *"Promoting professionalism, reforming regulation. A paper for consultation"*, it is the professional bodies and NOT the regulators who are the *"guardians of the ethos and culture of each profession as a whole."* Thought should be given to whether membership of a particular professional body, where appropriate, should be a requirement for registration.

Q1. Do you agree that the PSA should take on the role of advising the UK governments on which groups of healthcare professionals should be regulated?

Whilst it would seem sensible for the UK governments to be advised by an independent body on which groups of professionals are regulated, they should also take advice from the professional bodies representing those professions as they have a greater knowledge of the professions themselves. IPEM has some concerns regarding the status of the PSA when acting in this advisory capacity as it is funded by the regulators themselves and, for this reason, may have conflicts of interest.

Q2. What are your views on the criteria suggested by the PSA to assess the appropriate level of regulatory oversight required of various professional groups?

It is felt by IPEM that the criteria, as presented in paragraphs 2.5 and 2.6, need further development both in the assessment of risk itself, and the process by which the results of the risk assessments are applied to the different professional groups. Such development is essential, as ultimately the criteria determine whether existing regulated professions should retain their regulated status or be deregulated, or whether other existing unregulated or newly emerging professions should be subject to statutory regulation.

It is important to note that any risk assessments undertaken as part of the regulation of healthcare professions must be robust in order to provide the required level of public protection and, for this to be the case, they must be evidence based and not the result of broad assumptions regarding the profession.

Factors such as the numbers of professionals performing a given practice and whether professionals have direct patient contact should be considered, but it is essential that the genuine risk to the public is determined. For example, most IPEM members are medical physicists and clinical engineers and many are registered as Clinical Scientists with the Health and Care Professions Council and practise in a clinical environment. A considerable proportion of this workforce, in common with many other Clinical Scientists practising in other specialties, have no direct patient contact; they do, however, have a considerable impact on patient and public safety and clinical outcome, and a single error by an individual can affect many members of the public. For example, in the early 1980s (prior to statutory regulation for this profession) a single error made by a single medical physicist in the UK resulted in the mistreatment of over 1,000 radiotherapy patients.

Finally, it is important not only to assess the potential risk to the public posed by a given profession but also to consider, for those professions already regulated, the risk of deregulation to the public.

Reducing the number of regulators

Q5 – Q-7

Reducing the number of regulators from the current nine statutory regulators and numerous voluntary registers to just three or four regulators, if performed carefully, would provide clarity for the public, consistency across professions, and associated economies of scale. Other benefits arising from larger registers include increased flexibility in legislation for new regulators over the current ones, making it easier to regulate new professions, for example.

However, IPEM considers there to be a number of risks associated with reducing the number of registers, in that a much larger register with many different professions on it has the potential to make relationships difficult between the regulator and the registrants from the different professions; the associated professional bodies, however, are able to engage with their registrant members on behalf of the regulator. In order for this to operate effectively, there would need to be a requirement for registrants to be members of their associated professional body. Whilst generic standards and common fitness to practise arrangements across the different professions would provide increased clinical consistency, advice from speciality-specific advisory panels would also be required in order to advise the regulators as to the application of these to specific professions.

Quality assurance in education

It is in this area that the boundaries between the regulators, higher education institutions and professional bodies have the potential to become blurred, resulting in a greater risk to the public and, to some, the resulting confusion is apparent from the consultation document.

Paragraph 3.26 of the consultation paper states that, *"This will allow the regulatory bodies, working with professional bodies and others, to focus more effort on supporting professionalism in all registrants."* IPEM notes that the role of the regulator is not as stated to *support* professionalism, but rather that the regulator has overall responsibility for it. To this end, IPEM feels the focus of the regulator should be on the requirements for safe practice and ensuring that the learning outcomes required of professional training programmes appropriately reflect these requirements.

It is noted that in paragraph 3.30 of the consultation document that there is no reference to professional bodies as a partner in education. In fact professional bodies, such as IPEM, have a pivotal role in ensuring that *"the recruitment, education and training systems they assure and operate are delivering the right people, that they are teaching the right things and that skills and behavioural problems identified early in a professional's career are properly addressed"* and it is difficult to see how this could be achieved without their involvement.

It must not be forgotten that the aim of the education programmes taken by individuals wanting to achieve registration is not solely to educate, but also to ensure that the programme produces professionals that are

ready for clinical practice. This in turn causes the Higher Education Institutions (HEI) difficulty in meeting the conflicting requirements of a course that produces professionals at the correct level with the correct clinical skills for entry into their profession, and making the course attractive to those who wish to study a subject and who have no intention of entering the profession, but nevertheless provide much sought after additional income to the HEI.

The role of the professional body in education is not only in initial clinical training but extends across a professional's entire career. This includes the setting of appropriate standards and provision of courses for advanced practice, provision of CPD schemes and opportunities, and providing guidance on workforce requirements.

Governance

The first concern regarding the formation of "*unitary boards*" is that the consultation document appears to consider the structure of the board *before* it considers its role and how it would support the delivery of the functions of the regulator. In addition, IPEM consider that it is essential that there is sufficient professional representation to the board and, whilst paragraph 4.19 considers that *"councils or boards of the regulators clearly need to have detailed knowledge of the professions that they regulate, which may well be provided by members of those professions, council members are not sitting in a representative role on behalf of their profession. Rather they are there to provide the skills, knowledge and expertise to hold the body to account"*; nevertheless, there must be a mechanism to provide professional advice to the board, either through appropriate representation upon it or *via* input from a professional advisory group.

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