IPEM Briefing Paper:

A new regulatory framework for clinical technologists

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IPEM
Institute of Physics and Engineering in Medicine

Introduction

The Institute of Physics and Engineering in Medicine (IPEM) has concerns about the effectiveness of the current voluntary system of registration for clinical technologists for protecting patient safety and is keen to explore the viability of Government support for the introduction of a statutory regime. This briefing paper is intended as an introduction to that conversation.

Who are clinical technologists?

Clinical technologist is an umbrella term for several technologist roles in healthcare, with roughly 5000 individuals working in the NHS. Their work is complex, scientific and technical, and includes performing complex procedures on patients, looking after specialist medical devices and preparing treatments such as radioactive injections. Clinical Technologist's include:

- nuclear medicine technologists
- radiation physics technologists
- radiotherapy physics technologists
- rehabilitation engineering technologists
- medical engineering technologists
- radiation engineering technologists
- sonographers
- renal technologists.

How are they currently regulated?

Despite their patient facing roles, clinical technologists are currently subject only to voluntary registration via the Register of Clinical Technologists (RCT), which is run by a partnership of three professional bodies, the Institute of Physics and Engineering in

Medicine (IPEM), the Association of Renal Technologists (ART) and the Institute of Healthcare Engineering and Estates Management (IHEEM).

The RCT has been accredited by the Professional Standards Authority (PSA) under its Accredited Registers programme since September 2015.

How does the voluntary register protect patients?

The voluntary register was established to raise professional standards, support CPD and put in place an independent complaints system.

Practitioners on the register must have completed an IPEM or ART training course involving a relevant degree and work-based training to achieve a set of nationally agreed competencies defined separately for each of the Scopes of Practice and assessed by experienced assessors.

This has been expanded to include the completion of the Modernising Scientific Careers Practitioner Training Program (PTP); the RCT maintains an up-to-date list of accredited PTP academic courses on its website.

There is also an equivalence route designed to enable technologists to achieve registration by demonstrating that their levels of knowledge and skills are at least equivalent to those offered by the relevant Scope of Practice and the RCT Equivalence Standards - Engineering or RCT Equivalence Standards – Physics.

All registrants are required to re-register each year, confirming that they have carried out continuous professional development and that they do and will abide by the RCT Code of Conduct.

Only around 50% of practitioners are currently registered?

There are currently 2443 registrants on the RCT which includes an addition of 350 sonographers joining following the closure of the Society of Radiographers' Public Voluntary Register of Sonographers (PVRS).

Before this year's increase the RCT saw a year on year decrease of around 5% largely due to registrants moving into retirement.

Even with the increases in registrants driven by the sonographers, we believe the RCT register includes approximately 50% of current practitioners.

This means that half of the UK's clinical technologists are therefore able to practice unregistered; and can continue to practice even if removed from the voluntary register or sanctioned by their employer.

We believe they should be subject to statutory registration for the protection of the public, and to give the NHS more flexibility and capacity in a crisis.

A statutory register would better protect patients

The specific nature of the work of clinical technicians means they can cause serious harm to patients if their knowledge, skills and practice are not up-to-date and meeting the required standards:

- Clinical technologists undertake complex, technical and sometimes invasive clinical interventions

- Clinical technologists are specialists who tend to work autonomously and often unsupervised
- Clinical technologists may work alone in the homes of vulnerable patients (e.g., rehabilitation engineers, renal technologists), or in hospital settings without direct supervision, such as scanning rooms or patient preparation areas.
- Clinical technologists work in a fast-moving area of medical care, where scientific and engineering solutions to patient needs and treatment pathways are constantly developing. So, while medical device regulation and treatment protocols are helpful, they are not sufficient to prevent harm. A good device allied to sub-standard practice can cause serious harm to the patient.

Statutory registration would give the NHS more flexibility and capacity

The COVID crisis has underlined the need for clinical technologists and medical professionals to be able to rely upon each other and work with greater flexibility. At the peak of the crisis many registered radiographers and clinical scientists - already occupations experiencing shortages - were either off sick with COVID or redeployed to cover gaps in the hospital service elsewhere.

Clinical technologists in Nuclear Medicine and Radiographers in Nuclear Medicine essentially do the same job, with very few exceptions. They compete for the same posts. However, Nuclear medicine technologists, under the current regulatory regime, were not legally able to step up and help further during the pandemic by doing the job they are trained for because they were not statutorily registered.

Clinical technologists can routinely give IV POM, perform SPECT/CT and PET/CT as they operate under a Statutory Instrument, The Human Medicine Regulations 2012 to give POM, including radioactive POM.

What they lack is access to the legislative frameworks open to radiographers as a registered profession, e.g., they cannot use Patient Group Directives, which would be useful for giving IV CT contrast.

In addition, only registered healthcare professionals can be a Practitioner under The Ionising Radiation (Medical Exposure) Regulations (IRMER) 2017 e.g., if while acting as an operator it was obvious that a patient required an additional exposure - a diagnostic CT say, radiographers can have this within their scope of practice while clinical technologists cannot - they may only function as Operators.

A statutory register supports the NHS People Plan

Statutory registration would help to establish the professional status of Clinical Technologist, helping to raise profile, supporting the case for funded training places, and widening access to the NHS Learning Support Fund.

The Government recognises that statutory registration improves care

The Government is currently looking at how best to simplify the regulation of health professionals publishing a consultation in March 2021 ‘Regulating healthcare professionals, protecting the public’.

In the consultation they recognise how the shift from voluntary registration to statutory registration for healthcare professionals has improved patient care, transparency and confidence:

> The UK's model of professional regulation has its roots in a system of self-regulation in which professionals themselves were largely responsible for policing their own conduct, performance and behaviour. This system lacked independence and transparency.
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> Through a series of reforms over recent decades a system of independent regulation, in which both the public and professionals have oversight of regulation, has been put in place. Regulation is now more transparent, the processes of the regulatory bodies are more robust and it is expected there are higher levels of patient, public and professional confidence.

We believe that there are huge benefits to requiring the statutory registration of clinical technicians for the profession and the public and are keen to work with officials to develop a robust and comprehensive system.

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