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06 March 2015

AHCS Consultation on Standards of Proficiency for Higher Specialist Scientists

Response from the Institute of Biomedical Science

The Institute of Biomedical Science (the Institute) is the UK professional body for biomedical science. It represents approximately 20,000 members who are employed in NHS laboratories, blood and transplant, public health services, private laboratories, research, industry and higher education. In its capacity as a standard setting organisation, a licensed body with the Science Council for the award of Chartered Scientist, Registered Scientist and Registered Science Technician and also an HCPC approved education provider, the Institute welcomes the opportunity to contribute to this consultation on proposed standards of proficiency for higher specialist scientists.

1. Do you support our overall approach to these standards?

The Institute fully supports the AHCS view that a coherent and comprehensive regulatory framework for the profession is crucial for public safety and its objective to provide protection and assurance to the public by its operation of a voluntary register of healthcare scientists for those groups not covered by statutory regulation. In light of this, we are somewhat uncertain as to the additional benefit or protection that will be achieved through the establishment of a voluntary register for the most senior members of the profession that are already regulated by statute with the Health and Care Professions Council (HCPC). We fully support a code of conduct and accompanying standards for those who practice at the highest level but remain to be convinced of the need for this proposed voluntary register.

Notwithstanding this reservation, the Institute feels that the proposed standards are somewhat nebulous to be able to offer any additional assurance beyond that of statutory regulation and to be more meaningful they would benefit from a greater level of specificity. As they are currently written they appear more as a series of aspirational mission statements rather than a set of standards against which individuals could be assessed consistently and without bias.

2. Do you think the standards are at a threshold level necessary for safe and effective practice?

We are concerned that the proposed standards are too vague as to what actually constitutes the 'threshold standard'. The accompanying information about the standards of proficiency states that they have been cross referenced to the HCPC Standards of Proficiency for Clinical Scientists but it is not clear how they establish a different and higher threshold level of practice. In the light of this it is not clear how the standards could be therefore be used to remove an individual from the register.

If the AHCS feels that the practice of the individuals that qualify from HSST poses a risk to patient safety such that there is robust evidence of the need for significant additional protection, the Institute would question whether a voluntary register is a suitable solution and suggest instead that the HCPC is approached to discuss annotation of the Clinical Scientist section of the register for those who undertake higher specialist scientific practice.

3. Do you think the standards are adequate to mitigate the risks posed by Higher Specialist Scientists?

The Institute has given this question considerable thought and feels the accompanying introductory text would benefit from some clarification as to the anticipated risks posed by these individuals, beyond those associated with any clinical practice. Staff risk management is normally addressed through competence assessments, performance management, accreditation assessments and audit. Additionally, if it is anticipated that there is a greater level of risk associated with the professional activities of those who are on this register, should some advice be provided in respect of professional indemnity cover?

Ensuring safety of practice is the purpose of statutory regulation. All healthcare scientists entering and exiting from Higher Specialist Scientific Training will be regulated by the Health and Care Professions Council (HCPC), as a consequence of access being open to only those on the Clinical Scientist register.

The HCPC has the power to annotate the Register where there is evidence that existing systems do not manage the risks linked to a particular area of practice and where it is believed that annotation would improve patient protection. Subsequent to the public consultation undertaken by the HCPC between 1 November 2010 and 1 February 2011 on post-registration qualifications it concluded that the risks posed in general by its registrants are already managed through existing systems, including HCPC registration and in most cases therefore, they did not need to develop a system of annotations for most areas of practice. Consultant clinical scientists, of which there are currently around 600, would have been covered by this statement.

4. Do you think any additional standards are necessary?

We do not feel any additional standards are required and would go so far as to suggest that in the light of this consultation there may be scope for some reduction and 'streamlining' of the standards to eliminate the overlap that currently exists between some of them.

The scope of the standards is extremely wide and we do have some reservations as to whether individuals concluding HSST would be able to demonstrate both the education and training and the research and development scope of practice sufficiently well to meet the standards.

5. Do you think there are any standards which should be reworded?

As a standards setting organisation itself, the Institute welcomes all measures that establish or reinforce standards of professional practice. We would suggest that the standards should be

reviewed to ensure that they are sufficiently clear to enable the opposite of compliance to be identified. Our comments in respect of specific standards are as follows:

1.1 Demonstrate an understanding of Good Scientific Practice at Consultant Clinical Scientist level
Within GSP there is no identification or separation of levels of practice. It simply requires that ". . . . . the standards must be interpreted based on the role that an individual performs". It may prove problematic to demonstrate that an individual has breached this standard.

2.1 We would recommend the insertion of the words "as appropriate"

3.3 One person cannot undertake this alone. We would suggest amending the wording to "Take responsibility for managing to ensure. . . ."

3.5 We would again suggest rewording this to reflect leadership rather than total responsibility for all aspects and elements

4.3 Is it envisaged that this individual would also be the budget holder? If not necessarily, this standard should be reworded because "make provision" implies an ability or authority to make decisions about resources.

8.1 This standard does not read clearly and we are uncertain what is required. We would recommend a review of this standard.

9.3 We would question whether this is an appropriate standard, it is more akin to a management instruction.

10.1 The term "cutting edge" is somewhat subjective and may have a 'sensationalist' interpretation that would be considered inappropriate for professional standards.

11.2 We are unclear how one person can continually improve everything by themselves. Perhaps this standard would be more appropriate if it required the individual to "continually reflect" or "lead continual improvement strategies".

13.1 This standard is too vague and would be improved by wording such as "lead a team to achieve accreditation with an appropriate accrediting body".

6. Do you have any comments about the language used in the standards?

We would suggest that the language used is sometimes too vague and would not be sufficiently clear to enable the assessment of whether or not an individual had actually breached a standard. Specific suggestions have been made in response to question 6.

7. Do you have any other comments on the proposed standards, the objective of the Academy to establish a register for Higher Specialist Scientists, or this consultation process?

The Institute, whilst accepting that the AHCS cannot determine or amend policy decisions, wishes to restate the view that access to HSST should be based on a meritocratic process and to limit access only to those on the clinical scientist register is discriminatory and does not fit with an open and fair equivalence approach. Biomedical scientists also work in leadership positions in education, state of the art service developments and consultant level clinical scientific practice.