



23rd April 2019

Health Education England Consultation
Academy for Advancing practice
Academy Operating Model - DRAFT

Comments from the Institute of Biomedical Science

The Institute of Biomedical Science

The Institute of Biomedical Science (the Institute) is the UK professional body for biomedical scientists. It represents approximately 20,000 members employed mainly in NHS laboratories, NHS Blood and Transplant, Public Health services, private laboratories, research, industry and higher education. Biomedical scientists are regulated by the Health and Care professions Council (HCPC).

The Institute appreciates the additional day given in order to be able to respond to these important documents. It is not clear the extent to which this consultation has been publicised but, as the professional body for 22,000 Health and Care Professions Council (HCPC) regulated biomedical scientists the Institute regrets it was only made aware of its existence on 18th April. In view of the tight time frame we have restricted our comments to the document that describes the operating model for the proposed Academy.

It is not the wish of the Institute to be negative of any measure or action that is intended to raise standards or provide a safer service for patients. Therefore, the following comments are intended to be constructive and are principally on issues of clarity and context. From this perspective it must be noted that the document provides considerable detail on what the intended role and functions of the Academy will be but without providing the purpose or context of its role. It may be reasonable to surmise that the intended creation of the Academy is in response to the anticipated increase in the health needs of a rapidly aging population and the need to make better use of the skills and potential of current and future staff in order to meet the expectations of patients and to ensure the delivery of NHSEs Long Term Plan. If the Academy is part of a long term staffing and workforce strategy it would go a considerable way to understanding its purpose and justification. The Institute would recommend the inclusion of information that justifies the creation of an organisation that otherwise appears to be overlapping the role of regulators and other organisations that hold voluntary registers for defined sectors of the healthcare workforce.

The Academy's Role and Purpose

It is not clear what role the Academy is envisaged to have in respect of practitioner 'recognition' as threshold levels of practice are set by the regulators. The 'Academy's publicly searchable Directory' appears to be a form of voluntary registration, the need for which in respect of already regulated professions is not clear.

The document introduces the Academy's intended purpose to be in respect of registered health and care professions. At this point it does not make clear whether this refers to statutory or voluntary registered staff. Further in to the document there is specific reference to regulated professions (para 2.2.1); In order to avoid confusion on such a significant differential it is recommended that the introduction states explicitly the target workforce of regulated healthcare professionals and that the terms regulation and registration are used consistently and appropriately within the document.

The Academy's approach and the underpinning principles of its operating model

The Academy's commitment is to work with all relevant stakeholders; in view of this commitment it is surprising the very short duration of this consultation and the appearance of no direct communication with organisations representing regulated professions or the regulators themselves.

The envisaged role of the Academy appears to have a significant degree of overlap with that of the regulators. In this context it is not clear what additional purpose the Academy will serve. This section would benefit from recognition of the role of the regulators and the elements not covered by regulators that would be within the remit of the Academy. The need for an Academy to confer 'recognition on registered healthcare practitioners . . . ' is not clear. What added assurance would be added beyond that of statutory regulation? What added benefit would there be for practitioners to have Academy recognition through inclusion on a publicly available Directory when these individuals already operate under a protected title and are regulated by statute.

Governance

The section 1.4.5 Academy Governance gives detail on the arrangements in place for the oversight of the Academy's activity but at no apparent point does it specify to whom or which body it will be accountable. To have confidence in its integrity and purpose its line of accountability within HEE should be made clear.

In point 2.3.5 reference is made to the role of the Academy Education group. We are not aware that this group and its remit has been defined elsewhere in the SETs documentation and feel that within an appropriate section of the Operating Model document an organizational chart should be included to show sub-groups and committees and lines of accountability. Terms of reference could be included as appendices.

The Academy's education and accreditation role

It is possible that the differences between advanced and consultant level practice are defined explicitly in the Standards of Education and Training (SETs) but in this document

they appear to be almost synonymous with each other, which fails to recognise the significant differences in scope, responsibility, academic and professional knowledge and financial remuneration between these two levels of practice. The document would benefit from a clear outline of these two different levels of role types and the associated different qualification levels.

A Master's level qualification is the accepted norm for most of the non-medical regulated healthcare professions for posts requiring advanced clinical practice however, consultant level posts generally require a doctorate level qualification. This differentiation is not made in this document, neither was it obvious in the limited time available to read the SETs. Due to the emphasis on level of practice it is clear that the envisaged programmes of learning would be integrated in nature (ie a blend of academic and work based). In view of this it was surprising not to see any mention of approval of work place training establishments. The accreditation of courses was addressed in some detail but the success of the programme also depends upon the work place ability to deliver a programme of structured training, assessments and experiences. The Institute recommends that the document is revised to include detail of work place training approval; this should include the requirement for named trainers and mentors, a training programme and details of the relationship between the HEI and the training/employment establishment. This is best achieved through a memorandum of understanding and a semi-formal structure and relationship.

If the Academy's role is for individuals and their area of practice at advanced or consultant level, the numbers, even taking in to account all regulated healthcare professions, would not be large. The number of HEIs offering Masters level courses specific to a particular role for a particular profession, beyond that of nursing, would be likely to be very small. Qualifications at this level need to achieve a critical student mass in order to be viable and thus must attract from a wide enough student pool. In view of this it is not likely that many courses would wish to, or be able to, seek Academy accreditation. Additionally there are limited if any funds for non-medical staff to undertake Master's level courses. Is there a plan for funding to be made available for this future workforce to access M level qualifications? It would be helpful for an appendix to be included about funding and future sustainability.

Implementation of the equivalence route

The Institute welcomes the intention of an equivalence route but for this to have credibility it must operate transparently with the opportunity to apply for equivalence based on the demonstration of achievement with job title not being a barrier to recognition.