Voluntary Register of Clinical Technologists

Application for Regulation of a New Profession by the Health Professions Council

Please refer to the accompanying notes to assist you in completing this form. Please place your completed response and accompanying documents into a binder, suitably divided into different sections for each of the topics. Please make 30 copies of your application for distribution to Council Members.

Section 1 Contact Details

Name of main contact:	Mr. James Young Methven
Address:	The Voluntary Register of Clinical Technologists Institute of Physics and Engineering in Medicine Fairmount House 230 Tadcaster Road York
Postcode:	Y024 1ES
Country:	England
Main telephone number:	01904 610821
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Email address:	vrct@ipem.org.uk
Website address:	http://www.ipem.org.uk
Name of applicant occupation:	Clinical Technologist
Suggested title(s) for protection *(if different)*	No additional titles

If you have suggested more than one title, please explain your decision:

Voluntary Register of Clinical Technologists

Section 2 Previous Application

Please indicate if this is the first time that the occupation has applied to be regulated by the predecessor, the CPSM.

Yes ? **No ?**

If no, please describe the reasons for rejection(s)

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Section 3 Consideration of Alternative Routes to Regulation

Has the applicant occupation considered seeking explored regulation as a distinct subsection within a profession already being regulated and if so have you rejected this route?

Yes ? **No ?**

If so, what were the reason(s) for rejection of alternative route?

The Institute of Physics and Engineering in Medicine (IPEM) and the Association of Renal Technologists (ART) both have Clinical Scientists, registered in the Medical Physics modality, within their memberships, but it was determined that there was not sufficient common ground with Clinical Scientists as a whole to enable a shared application and thus no approach was made to the Clinical Scientists. This is because of the different education and training requirements of Clinical Technologists and Clinical Scientists, and, differing scope of practice. The work of Clinical Technologists is mainly based around practical scientific and engineering activities, whilst those of Clinical Scientists are based around the application of scientific methods and practice.

Has the applicant occupation considered joining other unregulated occupations in a similar field who are currently seeking HPC regulation or may do so?

If not, please explain why not

Prior to the formation of the Voluntary Register of Clinical Technologists both IPEM and ART had separately held discussions with the Clinical Physiologists who were also making preparations for professional registration. IPEM rapidly reached the conclusion that there was inadequate overlap between the scope of practice of Clinical Physiologists and Clinical Technologists.

In 1999, during discussions with the Department of Health's Chief Scientific Officer, Dr Peter Greenaway, it was thought that Renal Technologists may have sufficient common ground with the Clinical Physiologists to become part of this group and a Renal representative was appointed. ART remained involved with the Clinical Physiologists for about eighteen months but as the specific requirements for registration became more defined it became obvious that Renal Technologists would not fit many of the criteria that other Clinical Physiologists had as a common link; these were primarily that the Clinical Physiologists were using equipment to diagnose and treat patients while renal technologists were primarily involved in provision of equipment for others to treat patients.

At this stage it was decided that there may be alternative partners who would have more in common and discussions were opened between IPEM and ART which eventually led to the formation of the joint Voluntary Register of Clinical Technologists with the Institute of Incorporated Engineers (IIE).

The administrators of the Voluntary Register remain open to expanding the membership and suitable partners would be welcome to join the bid for professional registration. An invitation has recently been extended to the Society of Vascular Technology to join the VRCT.

Section 4 The occupation must cover a discrete area of activity displaying some homogeneity

Please define the applicant occupation's scope of practice in terms of activities practised.

The majority of Clinical Technologists work in NHS hospital departments of Medical Physics and Clinical Engineering. Some may also be found in other NHS hospital departments such as Estates, in private health care, academic institutions, and, the medical device industry.

All of the activities performed by Clinical Technologists have the application of technology to clinical practice as a common thread. They include a range of invasive procedures, an example of which is the insertion of radioactive caesium during brachytherapy treatment of the cervix. There is clinical intervention with the potential for harm, an example of which is a specially designed and manufactured assistive aid, used to support a disabled person, has the potential to fail in use. Clinical Technologists also exercise judgement whilst working unsupervised, this can substantially impact on patient health or welfare, an example of which is the maintenance and calibration of medical devices used for invasive procedures such as infusion pumps.

Some activities involve more patient contact than others but all require the application of science, engineering and technology to a high degree and can have a significant impact on patient safety both directly and indirectly. This application of science, engineering and technology to clinical practice leads to the title Clinical Technologist.

The specialties practiced by Clinical Technologists are divided into two specific routes: Medical Physics and Clinical Engineering. These are described in Box 1 below.

Medical Physics:

- nuclear medicine
- radiotherapy physics
- ultrasound
- radiation protection and diagnostic radiology
- bone mineral measurement

Clinical Engineering:

- renal technology
- rehabilitation engineering
- assistive technology
- radiotherapy technology
- clinical measurement
- clinical instrumentation
- equipment management and electro-biomedical engineering

Box 1: Medical Physics and Clinical Engineering Specialties

Further information regarding the scope of practice of Clinical Technologists can be found in Appendix 1.

Voluntary Register of Clinical Technologists

Are there professions we currently regulate with whom the scope of practice overlaps? **Yes ?** **No ?**

If yes, please provide evidence showing how the applicant occupation's scope of practice is distinct.

There is some overlap of activity with Clinical Scientists registered in the Medical Physics Modality; however, the training and application are different. Clinical Technologists' qualifications are more vocational than those of Clinical Scientists and are competence-based and primarily practical in nature.

The specialties of nuclear medicine and radiotherapy physics overlap with Radiographers. Clinical Technologists in nuclear medicine train to cover generic topics and then specialise in nuclear medicine as their first degree. Diagnostic Radiographers complete their first degree in diagnostic radiography and their primary registration is as Radiographers. Nuclear medicine is an extended role and Radiographers normally undertake a postgraduate qualification to work in nuclear medicine. Therapy Radiographers study a syllabus that includes anatomy and dose calculations amongst other subjects but Clinical Technologist study is more focused on the topics required for radiotherapy treatment planning, patient immobilisation, equipment quality assurance and dosimetry.

The specialty of Ultrasound may overlap with Sonographers and Vascular Technologists and the specialty of clinical measurement with Clinical Physiologists. However, where overlap occurs in the scope of practice, this is normally due to the Clinical Technologist participating in research and/or clinical trials into new techniques rather than participating in the routine delivery of services. Once a new technique is established into clinical practice the Clinical Technologist would not normally be involved in its routine service delivery.

The National Occupational Standards project currently being developed by the Department of Health demonstrates that there are many common and generic links between different parts of the Healthcare Science workforce. However, it also demonstrates, through the development of separate specialist areas, that the scope of practice of Clinical Technologists is distinct from that of the other members of the Healthcare Science workforce.

Section 5 The Occupation must have a defined body of knowledge

Please attach evidence of applicant occupation's body of knowledge

The seeds for the growth of Medical Physics and Clinical Engineering in health care were sown in the closing decade of the 19th century by three important discoveries:

- X-rays by Wilhelm Röntgen in Germany in 1895
- Radioactivity by Henri Becquerel in France in 1896
- The electron by JJ Thompson in 1897

As with other aspects of technological development, the underlying principles elucidated by physicists were soon turned into practical applications through the skills of engineers and technologists. Technologists played a key role in the rapid development of medical technology in the second part of the 20th h century. As we move into the 21st century, Clinical Technologists, through their continued activity in Medical Physics and Clinical Engineering, continue to have an essential role in delivering modern, effective health care in a wide variety of ways.

Clinical Technologists working in Medical Physics and Clinical Engineering have developed educational pathways which delineate the function of the Clinical Technologist. These are defined in the occupations body of knowledge which can be found in the Training Scheme Prospectus for Clinical Technologists specialising in Physics and Engineering in Health Care (ISBN 1 903613 00 0), published by the Institute of Physics and Engineering in Medicine in October 2001. A copy of the text of this is document is provided in Appendix 10. As well as establishing the underpinning academic knowledge the Training Scheme Prospectus also establishes the standards of proficiency required for all practitioners working in Clinical Technology.

Currently there are degree courses in Clinical Technology being run by a number of higher education establishments. These include People's College, Nottingham/De Montfort University, Leicester; University of Sunderland; University of Swansea; North East Surrey College of Technology. (NESCOT); University of Paisley; University of Bradford; and, Homerton School of Health Studies, Cambridge. The majority of these courses of education and training commenced in 2002, thus, the first students will graduate in 2006.

Are there professions currently regulated by the HPC with whom the applicant occupation's body of knowledge overlaps?

Yes ? **No ?**

If yes, please provide evidence showing how the applicant occupation's body of knowledge is distinct.

The body of knowledge overlaps with that of Clinical Scientists working in Medical Physics and Clinical Engineering, however, there are significant differences in relation to academic levels and the vocational skills and competences required.

The minimum academic qualification for Clinical Scientists is a master's degree whilst the minimum academic qualification required for Clinical Technologists is a first degree, higher national certificate or higher national diploma. The vocational skills and competences required by Clinical Technologists are mainly based around practical scientific and engineering activities, such as, the operation of complex equipment used for invasive and non-invasive procedures, patient preparation and testing, equipment design, manufacturing, installation, calibration and maintenance. Whilst those of Clinical Scientists are based around the application and development of scientific methods and practice.

The body of knowledge also overlaps with that of Radiographers and Clinical Physiologists,

however, the overlap is based around common subjects such as anatomy and physiology and the requirement to have a fundamental knowledge of aspects of physics or engineering in order to understand the first principles of the particular discipline. Beyond first principles the body of knowledge for each group is dependent on specialisation.

Section 6 The Occupation must practise based on evidence of efficacy

Please provide evidence of research into the efficacy of the applicant occupation's practice. You are encouraged to attach copies of articles published in journals accepted as learned by the health sciences community.

The practice of Clinical Technologists is based on recognised national and international standards set by a range of professional bodies and national and international standards institutions. For example, Report 71 of the Institute of Physics and Engineering in Medicine defines the standards for the routine quality assurance of ultrasound equipment. Clinical Technologists audit their practice against these standards and are involved, for example, in inter-departmental dosimetry audits in Radiotherapy Physics to ensure that radiation therapy equipment is calibrated correctly.

Clinical Technologists implement evidence-based improvements in patient care. For example, Clinical Technologists have worked to introduce new methods of immobilisation in Radiotherapy, leading to reductions in waiting times for Radiotherapy and improvements in patient experience and outcome. Similarly, they have been involved in developing standards for water sampling in renal dialysis water treatment plants to improve the safety of renal dialysis for patients (Appendix 3).

This activity, and their participation in research and development, often leads to publication in peer-reviewed journals and the development of new standards.

The constituent professional bodies publish a significant range of peer reviewed physics and engineering journals and organize national and international scientific meetings in which the work of many Clinical Technologists has been published or presented. Furthermore, there are many examples of the work of Clinical Technologists in a wide range of publications and meetings organized by the general medical community. As part of the application process the VRCT has collected evidence of more than five hundred publications or presentations made by registered Clinical Technologists since 1997. Attached, as Appendix 2 is a bibliography citing examples of such work and a sample of a paper, presentation and project. All are provided as evidence of research into the occupation's practice and to demonstrate the learned nature of such work.

Please provide evidence demonstrating the scientific and measurable basis for measuring practice outcomes. You are encouraged to provide evidence demonstrating the scientific basis for the applicant occupation's body of knowledge and other aspects of its practice as well, if possible.

Listed below are examples of documents prepared by the constituent professional bodies which provide guidance to the profession and refer to the scientific and measurable basis for measuring practice outcome. These documents are based on the body of knowledge of the Clinical Technologist profession.

Quality Assurance in Gamma Camera Systems, Report 86, Institute of Physics and Engineering in Medicine, ISBN 1 903613 13 2 (2003).

Ionising Radiation Safety: A Handbook for Nurses, Institute of Physics and Engineering in Medicine, ISBN 1 903613 10 8 (2002).

Radioactive Sample Counting - Principles and Practice, Report 85, Institute of Physics and Engineering in Medicine, ISBN 1 904181 99 5 (2002).

Medical and Dental Guidance Notes, Institute of Physics and Engineering in Medicine, ISBN 1 903613 09 4 (2002).

Vascular Laboratory Practice, Institute of Physics and Engineering in Medicine, ISBN 1 903613

05 1 (2002).

Renal Replacement Therapy for Technologists, Bart's and the London NHS Trust and the Association of Renal Technologists (1999).

Guidelines for the Testing and Calibration of Physiotherapy Ultrasound Machines, Report 84, Institute of Physics and Engineering in Medicine, ISBN 1 904181 98 7 (2001).

Targeted Radiotherapy, Report 83, Institute of Physics and Engineering in Medicine, ISBN 1 904181 97 9 (2001).

Cost-Effective Methods of Patient Dose Reduction in Diagnostic Radiology, Report 82, Institute of Physics and Engineering in Medicine, ISBN 1 904181 94 4 (2001).

Physics Aspects of Quality Control in Radiotherapy, Report 81, Institute of Physics and Engineering in Medicine, ISBN 1 904181 91 X (1998).

The Critical Examination of X-Ray Generating Equipment in Diagnostic Radiology, Report 79, Institute of Physics and Engineering in Medicine, ISBN 1 904181 89 8 (1998).

Recommended Standards for the Routine Performance Testing of Diagnostic X-Ray Imaging Systems, Report 77, Institute of Physics and Engineering in Medicine, ISBN 1 904181 87 1 (1997).

Ultraviolet and Blue-Light Phototherapy – Principles, Sources, Dosimetry and Safety, Report 76, Institute of Physics and Engineering in Medicine, ISBN 1 904181 86 3 (2002).

The Design of Radiotherapy Treatment Room Facilities, Report 75, Institute of Physics and Engineering in Medicine, ISBN 1 904181 85 5 (2001).

Applications of the Medical Devices Guidance Notes, Report 74, Institute of Physics and Engineering in Medicine, ISBN 1 904181 69 3 (2001).

Safety in Diagnostic Radiology, Report 72, Institute of Physics and Engineering in Medicine, ISBN 1 904181 81 2 (1995).

Routine Quality Assurance of Ultrasound Imaging Systems, Report 71, Institute of Physics and Engineering in Medicine, ISBN 1 904181 82 0 (1995).

A Guide to Commissioning and Quality Control of Treatment Planning Systems, Report 68, Institute of Physics and Engineering in Medicine, ISBN 1 904181 83 9 (2002).

Quality Assurance in Dental Radiology, Report 67, Institute of Physics and Engineering in Medicine, ISBN 1 904181 67 7 (2001).

Please attach any additional evidence that demonstrates that the applicant occupation subscribes to the ethos of evidence-based practice. You are encouraged to provide examples of how treatment strategies have changed in the light of evidence.

Attached, as Appendix 3 are examples that the Clinical Technologist profession subscribes to ethos of evidence of efficacy. These detail examples of the practice of Clinical Technologists working in renal technology, radiotherapy physics, radiotherapy technology and assistive technology.

Section 7 The Occupation must have at least one established professional body which accounts for a significant proportion of that occupational group

Please provide documentary evidence of established professional bodies for the applicant occupation.
For each body, you are encouraged to include:

- ***The constitution or rules***
- ***Copies of minutes of meetings***
- ***The Standing Orders of the governing body and its constituent committees***
- ***The election rules and results.***

The Voluntary Register of Clinical Technologists is a partnership of three professional bodies: The Institute of Physics and Engineering in Medicine, The Association of Renal Technologists and the Institution of Incorporated Engineers. They manage the VRCT jointly through the VRCT Assessors' Panel, which consists of representatives from each professional body. The VRCT Assessors' Panel is viewed as a standing committee of each body and as such is subject to the rules of each. Attached, as Appendix 4 is a copy of the VRCT Assessors' Panel terms of reference and sample copies of VRCT Assessors' Panel meeting agendas and minutes. A copy of the rules, standing orders and organisation structure of each of the constituent professional bodies has not been provided as these would substantially impact on the size of the application document. However, this information can be made available if required.

Although the VRCT is organised by the three constituent professional bodies, membership of a professional body is not a requirement for registration.

Please provide evidence demonstrating the number of practitioners of the applicant occupation

According to the last Department of Health non-Medical Workforce Census published in 2001 there are 2186 Clinical Technologists in the English workforce. Best estimates of the Clinical Technologist workforce in the NHS in other UK countries takes these numbers to around 2700. If the remaining workforce is accounted for in the medical device industry and elsewhere the number may be in excess of 3000.

If there is more than one established professional body or representative organisation for the applicant occupation, please attach evidence that all bodies are involved in and support this application. You are encouraged to provide evidence of a steering group or similar structure, and to provide evidence of its work.

As is explained above, copies are appended in Appendix 4.

Are there any professional bodies or other representative organisations for the applicant occupation that have not been informed of this application?

As far as is known all interested parties are aware of this application.

If there are practitioners who have not followed the defined routes of entry to the profession, please discuss potential grandparenting requirements and implication.

Whilst we recognise that the majority of entrants to the profession will follow the defined routes of entry laid out in Section 9, the profession has always benefited from mature entrants from industry, and, the university sector, who bring significant experience in the field of Clinical Technology. In order to ensure that it is possible to attract high quality mature entrants, grandparenting arrangements will be used in exceptional circumstances.

Applicants seeking registration via this route are required to:

- Have a minimum of 6 years experience in the field of Clinical Technology

- Provide assessed evidenced of training and experience
- Provide a reference from a currently regulated professional
- Will be required to attend an interview

The successor body to the VCRT will act as the examination board to accredit the grandparenting requirements.

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Section 8 The Occupation must operate a voluntary register

Please complete this section for each voluntary register that covers the applicant occupation
How many practitioners of the applicant occupation are on the voluntary register?

There is one voluntary register: The Voluntary Register of Clinical Technologists. On 1st March 2004 the number of Clinical Technologists registered on the Voluntary Register of Clinical Technologists was 1526 with 132 applications for registration pending. Criteria for entry to the voluntary register are attached in Appendix 5 brief details of which are provided below:

The primary criterion for entry onto the Voluntary Register is as follows:

Successful completion of the IPEM Training Scheme for Clinical Technologists specialising in Physics and Engineering in Health Care.

Alternatively, candidates may apply through the Grandparenting provision. The criteria for entry onto the Voluntary Register through Grandparenting provision are as follows:-

1. There must be evidence of employment in a technical role involving work in health care areas such as medical physics, clinical engineering, medical equipment maintenance or medical equipment manufacturing, or, biological science, physical science or engineering related to health care within an academic institution, and,

2. There must be evidence of not less than three years work experience in a technical role (as in 1 above) including at least two years appropriate, formal in-service training provided by a suitable organisation, or, in lieu of the formal in-service training, evidence of not less than four years relevant work experience, or, registration as an Incorporated Engineer or Engineering Technician.

The Institute of Physics and Engineering in Medicine, which is regularly audited by both the Charities Commission, and, the Engineering Council, administers the Voluntary Register. The activities of the voluntary register were scrutinized as part of these audits.

Are these figures independently audited, and if so, by whom?

No.

Please give the date of opening of the register

The Register was first opened in October 2000.

Finally, please provide evidence indicating how many practitioners of the applicant occupation are not on any of the voluntary registers for which you have provided details above.

Based on the information provided in Section 7, regarding the size of the current Clinical Technologist workforce, it is estimated that around 1400 Clinical Technologists are currently not on the Register. A sustained recruitment campaign is currently underway to ensure that as many as possible join the Register in the coming months.

Following a ballot of Registrants held in February 2004, each Registrant was asked to vote on the following proposal: (For further information regarding the proposal and the campaign refer to Appendix 6.)

> *The Assessors' Panel of the Voluntary Register of Clinical Technologists propose that an application be submitted to the Health Professions Council requesting that the Clinical Technologist*

profession be regulated by the Health Professions Council. Do you agree with this proposal? – Vote YES or NO.

The following results were announced by the independent scrutineers:

Number of ballots distributed: 1477
Number of ballots returned: 775 (100%) – A return of 51%.
Number of YES votes returned: 722 (93%)
Number of NO votes returned: 53 (7%)

Section 9 The Occupation must have defined routes of entry to the profession

Please provide evidence as to how entry to the applicant occupation is controlled, by providing: Details of the routes of entry

At present the profession is in a period of transition. For many years the established route of entry was a minimum qualification of a national certificate in physical sciences or engineering, however, in recent years, there has been an increased demand for entrants to the profession to possess a suitable first degree or higher national certificate or higher national diploma. Unfortunately the demand of the profession has outstripped the provision of appropriate first degree courses provided by the higher education sector.

Of the two routes within the profession: Medical Physics and Clinical Engineering, there are sufficient first degree Clinical Technology courses available or about to become available in Medical Physics, however, at this time, there are insufficient first degree Clinical Technology courses available in Clinical Engineering although there are still sufficient higher national certificate courses in engineering.

As a consequence, until there are sufficient first degree Clinical Technology courses available in Clinical Engineering, there are two routes of entry. These are as described below:

1. Entrants following the Medical Physics route will undertake an undergraduate degree programme in Clinical Technology that is subject to the quality assurance framework in the university sector. Degree courses will be accredited on behalf of the VRCT by IPEM. The degree courses will include clinical practice modules awarded academic credit by the university that will ensure graduates have met the competencies to be fit to practice.

2. Entrants following the Clinical Engineering route will meet the minimum educational requirement of a Higher National Certificate or Higher National Diploma (HNC/HND) in an appropriate engineering subject followed by a professional body examination. The HNC/HND programme will be subject to the quality assurance mechanisms in place in the Further Education sector. The HNC/HND programme will be undertaken on a full or part time basis and is followed by, or interspersed with, a period of clinical practice and ongoing work based training culminating in a professional body exam. The professional body exam will be undertaken by the successor organisation to VRCT and will ensure robust assessment of education, training and competence. Clinical practice and ongoing work based training takes place in training centres accredited by IPEM on behalf of the VRCT. There is a system of continuous assessment supported by externally appointed training moderators.

Evidence that demonstrates that only individuals choosing one of the entry routes are recognised as being practitioners of the profession. You are encouraged to provide supporting statements to this effect from educational institutions and employers.

As explained above, the profession is currently in a period of transition and as such we currently have no evidence to support recognition of the entry routes.

Information about the applicant occupation's QAA Subject Benchmark or equivalent. If none yet exists, please provide evidence demonstrating an intent to work towards a benchmark.

There is currently no QAA benchmarking or equivalent, however, the VRCT and its successor body will work with the university sector to develop a QAA benchmark statement.

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Section 10 The Occupation must have independently assessed entry qualifications

Please provide details of qualifications recognised as being a necessity for entry to the applicant occupation, including details of the provider bodies and system of monitoring.

For the Medical Physics route of entry to the profession, described in Section 9, a first degree in Clinical Technology is the appropriate qualification. The profession is in a period of transition, however, the following courses have been established:

1. **BSc - Clinical Technology**
   People's College, Nottingham/De Montfort University, Leicester - 4 years part-time

2. **BSc - Clinical Technology**
   University of Sunderland - 4 years part-time

3. **BSc - Clinical Physiology in Medical Physics**
   University of Swansea - 4 years part-time

4. **BSc - Clinical Sciences**
   (Nuclear Medicine only) North East Surrey College of Technology. (NESCOT) - 4 years part-time

5. **BSc** - **Physics with Medical Technology**
   University of Paisley - 4 years plus placements

6. **BSc - Clinical Technology (Engineering)**
   University of Bradford (starting 2003) – 3 years full time or 4 years part time

7. **BSc [Hons] Clinical Physiology/Medical Technology.**
   Homerton School of Health Studies, Cambridge – 4 years part time

These courses have undergone the validation process of the degree awarding institutions and are subject to the quality assurance processes in place in the higher education sector. The course at People's College, Nottingham/De Montfort University and the course at the University of Swansea have provisional accreditation from IPEM. Other courses are likely to receive provisional accreditation soon. Other institutions are developing similar programmes. Currently, the majority of entrants attending these courses do so on a part time basis as part of an IPEM accredited training programme.

The training programme that leads to a certificate of competence being issued by the VRCT in its role as a qualifying body has been developed by IPEM. Training is provided in centres accredited and externally audited by IPEM. IPEM offer training to local training supervisors and appoint an external training moderator for each entrant whose role is to undertake external quality assurance of the training provided and ongoing assessment of competence in the workplace. The successor organisation to the VRCT will undertake a robust assessment of training to ensure that entrants meet the required Standards of Proficiency. The IPEM Accreditation and Training Committee undertake high level monitoring of the IPEM scheme.

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Section 11 The Occupation must have standards in relation to conduct, performance and ethics

Please attach evidence describing the applicant occupation's written standards of conduct, performance and ethics.

A copy of the standards of conduct, performance and ethics for Registrants of the VRCT is provided in Appendix 7.

Section 12 The Occupation must have disciplinary procedures to enforce those standards

Please attach evidence demonstrating the system used for disciplining practitioners. Please also attach descriptions of the procedures used to administer the system, along with at least three anonymised case reports. This information will be handled confidentially and will not be shared outside the HPC.

A copy of the disciplinary procedures for Registrants of the VRCT is provided in Appendix 7.

There are no examples of Registrants undergoing the disciplinary procedure, as there has been no requirement to discipline a Registrant since the opening of the voluntary register in October 2000.

Section 13 The occupation must require commitment to Continuous Professional Development (CPD)

Please provide evidence demonstrating that the profession is committed to the principles of CPD. You are encouraged to provide details of any planned or existing CPD schemes.

All registrants are required to demonstrate that they undertake CPD. The Institute of Physics and Engineering in Medicine and the Institution of Incorporated Engineers both have CPD schemes in operation. Brief information on these schemes is provided in Appendix 8. The Association of Renal Technologists is currently developing a CPD scheme.

In order to achieve the current VRCT requirement for CPD, those Registrants who are not members of a professional body are encouraged to join an appropriate body or to undertake CPD through schemes organised by their employer.

Section 14 Views of others

Please attach any documents you have received from other organisations or individuals in which a view is expressed about your application.

The President of IPEM, Professor Peter Williams, wrote to a number of bodies and individuals on behalf of the VRCT, seeking their views on the VRCT application to be regulated by the HPC. Copies of the responses received are enclosed in Appendix 9.

Section 15 Impact on Council's ability to carry out its functions effectively

Regulation by the Council is, to a large extent, dependent on participation by members of the regulated profession in a number of roles. The inability or limited ability of an applicant occupation to provide this input will never, of itself, be a reason for the Council to recommend that the application should be turned down. However, the Council will discuss this in its report to the Secretary of State accompanying its recommendation for an application. If the applicant occupation wishes, it can provide information or comment on this issue here:

The VRCT and its successor body are totally committed to providing the appropriate levels of participation from its membership.