

Accreditation renewal report

Standards 2-8

Register of Clinical Technologists

May 2024

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About accreditation

The Professional Standards Authority (the Authority) accredits registers of people working in a variety of health and social care occupations that are not regulated by law. To become an Accredited Register, organisations holding registers of unregulated health and social care roles must prove that they meet our *Standards for Accredited Registers* (the Standards).

Initial accreditation decisions are made by an Accreditation Panel following an assessment of the organisation against the Standards by the Accreditation team. The Panel decides whether to accredit an organisation or not. The Panel can also decide to accredit with Conditions and provide Recommendations to the organisation.

- **Condition** – Issued when a Panel has determined that a Standard has not been met. A Condition sets out the requirements needed for the Accredited Register to meet the Standards, within a set timeframe. It may also reduce the period of accreditation subject to a review or the Condition being met.
- **Recommendation** – Actions that would improve practice and benefit the operation of the Register, but which is not a current requirement for accreditation to be maintained.

This assessment was carried out against our *Standards for Accredited Registers*¹ (“the Standards”) and our minimum requirements for the Standards as set out in our *Evidence framework*². We assessed Standards Two-Eight.

We are in the process of assessing all current Accredited Registers against Standard One, which was introduced in July 2021; and Standard Nine (Equality, Diversity and Inclusion) which was introduced in July 2023. At the time the Panel met to consider Standards Two-Eight, the Standard One assessment for the RCT was in progress. We will publish the outcome of Standard One once completed.

We used the following in our assessment of the RCT:

- Documentary review of evidence of benefits and risk supplied by the RCT and gathered through desk research
- Documentary review of evidence supplied by the RCT and gathered from public sources such as its website
- Due diligence checks
- Share your experience responses

¹ https://www.professionalstandards.org.uk/docs/default-source/publications/standards/standards-for-accredited-registers.pdf?sfvrsn=e2577e20_8

² https://www.professionalstandards.org.uk/docs/default-source/accredited-registers/standards-for-accredited-registers/accredited-registers-evidence-framework-for-standards.pdf?sfvrsn=55f4920_9

The Outcome

The Accreditation Panel met on 31 January 2024 to consider the RCT. The Panel was satisfied that the RCT could meet with Conditions all the Standards for Accredited Registers.

We therefore decided to accredit the RCT with Conditions.

We noted the following **positive findings**:

- The RCT’s risk register covers relevant risks arising from the activities of registrants and sets out how these are managed.
- The RCT publishes detailed information about the scope of practice of clinical technologists, which could aid the public’s understanding about the role.
- There appears to be good separation between the main governance bodies, with clear arrangements for managing conflicts of interest.

We issued the following Conditions to be implemented by the deadline given:

Conditions	Deadline
<p>Standard Two</p>	<ol style="list-style-type: none"> 1. The RCT should ensure that applicants for registration have a route for appealing decisions that are made based on judgement, in addition to administrative and procedural grounds. The process for how the RCT handles appeals should be published. 2. The RCT should ensure that its Register enables members of the public and employers to clearly identify current registrants. It should be clear when sanctions such as ‘suspended’ have been applied for a public protection reason. There should be a clear, and consistently applied, policy setting out how long information will be displayed on the Register. 3. The RCT should set out the circumstances in which someone who has been removed from the register, could re-apply and what criteria it would use in making this decision.
<p>Standard Three</p>	<ol style="list-style-type: none"> 4. The RCT’s requirements for registrants’ professional conduct should be clearly set out in documents that make clear the RCT will hold registrants to account for these areas. They should cover the areas set out in our minimum requirements, addressing gaps such as on data protection and confidentiality. Registrants

	should also be required to make people aware of how to raise a complaint.	
Standard Four	1. The RCT should document and publish how it decides which courses, and training providers it recognises for the purposes of its primary registration route. This should include how it checks the continuing quality of education and training provision once recognised.	Next assessment
Standard Five	5. The RCT should review and update information relevant to complainants and registrants. This should include clear information about how the consensual disposal of cases is handled, including what types of sanction are available through this route and whether these would be published. It should also be clear what support is available for witnesses involved in complaints hearings.	Six months from publication of this report
Standard Six	6. The RCT should develop a business continuity plan.	Next assessment
Standard Eight	8. The RCT should develop a proactive approach to working with employers, service users and other stakeholders. This should include sharing information about risks arising from the practices of clinical technologists and sonographers, and concerns about registrants, with the systems regulators and employers. 9. The RCT should review the content of its website to make sure that key information is up to date and accurate. Information about sonography should be integrated into the main webpages. This should include clearer information for the public about sonography, to support informed choice. Information about the benefits, and limitations of the roles registered should be included.	Next assessment Next assessment

We issued the following Recommendations to be considered by the next review:

Recommendations	
Standard Six	1. The RCT should review the information published on its website with the aim of ensuring that its governance is clear to members of the public.
Standard Eight	2. The RCT should review the language and presentation of information provided on the website and through the RCT's key documents to improve readability.

	3. The RCT should ensure accessibility of key documents, such as its complaint handling procedures, to service users from different groups.
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About the Register

This section provides an overview of the RCT and its register.

Name of Organisation	Register of Clinical Technologists (RCT)
Website	www.therct.org.uk
Type of Organisation	Private company (registration 3080332)
Role(s) covered	Clinical Technologists working in nuclear medicine, radiotherapy physics, radiation physics, medical engineering, radiation engineering, rehabilitation engineering, renal technology, and sonography.
Number of registrants	2420 at 1 January 2024.
Overview of Governance	<p>The RCT is administered by the RCT Management Board. This includes:</p> <ul style="list-style-type: none"> • the registrar • the assistant registrar • two named representatives of each professional organisation participating in the management of the RCT: the Association of Renal Technologists (ART), the Institute of Healthcare Engineering and Estate Management (IHEEM) and the Institute of Physics and Engineering in Medicine (IPEM) • two representatives elected from the RCT registrant body • two lay members <p>The RCT Management Board is responsible for all aspects of the management of the register including overseeing the registration process. It is also responsible for reviewing and updating the criteria for membership of the RCT as well as all processes and documentation used. It is supported by an administrative team from the IPEM office.</p> <p>Complaints are considered by the Professional Conduct Committee (PCC) which includes lay involvement.</p>
Overview of the aims of the register	<p>The purpose of the RCT is to protect the public. As clinical technologists make decisions every day that can affect patients' health, safety and welfare it is recognised that the public will want to be assured that these individuals have been fully trained and assessed and that they regularly update their skills. The RCT sets the standard for clinical technologist training and conduct and ensures high standards of practice are maintained amongst its registrants.</p>

Inherent risks of the practice

This section uses the criteria developed as part of the Authority's *Right Touch Assurance tool*³ to give an overview of the work of clinical technologists.

Risk criteria	Clinical Technologists
<p>Scale of risk associated with Clinical Technologists</p> <p><i>a. What do Clinical Technologists do?</i></p> <p><i>b. How many Clinical Technologists. are there?</i></p> <p><i>c. Where do Clinical Technologists work?</i></p> <p><i>d. Size of actual/potential service user group</i></p>	<p>a. The practice of Clinical Technologists is divided into Clinical Physics, Clinical Engineering and Sonography. They work in the following disciplines:</p> <ul style="list-style-type: none"> ○ Clinical Physics Technologists: ○ Nuclear medicine ○ Radiotherapy physics ○ Radiation physics ○ Bone Densitometry ○ Clinical Engineering Technologist: ○ Medical engineering ○ Radiation engineering ○ Rehabilitation engineering ○ Renal technology ○ Sonography <p>b. 2420 registrants at 1 January 2024. The number of people practising in these roles but not registered with the RCT is unknown. It is estimated there are approximately 3000 sonographers practising in the UK although these are not regulated as a distinct group, with the majority also being registered with a statutory regulator, generally as a radiographer, nurse or midwife (PSA, 2019)⁴.</p> <p>c. The RCT operates in England and Wales.</p> <p>d. Not all roles have direct contact with service users. However, the potential service user group is wide ranging due to the nature of the services offered and employment within the NHS.</p>
<p>Means of assurance</p>	<p>The <i>RCT's Scope of practice</i> states that 'Clinical Technologists work in NHS hospitals, private health care, academic institutions, and the medical device industry. Registrants can be Healthcare Scientists</p>

³ https://www.professionalstandards.org.uk/docs/default-source/publications/policy-advice/right-touch-assurance---a-methodology-for-assessing-and-assuring-occupational-risk-of-harm91c118f761926971a151ff000072e7a6.pdf?sfvrsn=f537120_14.

⁴ [right-touch-assurance-for-sonographers---a-report-for-health-education-england.pdf](https://www.professionalstandards.org.uk/docs/default-source/publications/policy-advice/right-touch-assurance-for-sonographers---a-report-for-health-education-england.pdf) (professionalstandards.org.uk)

	<p>specialising in the practical application of physics, engineering, and technology to clinical practice. Registrants can also be Sonographers who are health care professionals specialising in ultrasound imaging and interventional procedures using ultrasound guidance.’⁵</p> <p>The means of assurance will depend on the practise setting. Those working within the NHS will be subject to criminal records and other pre-employment checks.</p>
<p>3. About the sector in which Clinical Technologists operate</p>	<p>Clinical technologists are healthcare scientists working in a range of clinical and healthcare locations including NHS hospitals, private health care, academic institutions, and the medical device industry. Clinical Technologists are trained to perform complex procedures on patients, look after specialist medical devices and prepare treatments for example radioactive injections. The practice of clinical technologists is divided into medical physics and clinical engineering.</p>
<p>4. Risk perception</p> <ul style="list-style-type: none"> • Need for public confidence in Clinical Technologists? • Need for assurance for employers or other stakeholders? 	<p>Clinical Technologists are engaged in the practical application of physics, engineering, and technology to clinical practice. These applications relate directly to the diagnosis, treatment, and prevention of disease, as well as to maintaining and improving the quality of patients’ lives. Consequently, it is important for the public and employers to have confidence in their work.</p> <p>In 2019, the PSA published a report evaluating the inherent risks of sonography, <i>Right-touch assurance for sonographers based on risk of harm arising from practice</i>⁵. We had been commissioned by Health Education England (HEE) to assess the risk of harm arising from the practice of sonographers, using our right-touch assurance model⁶ to analyse evidence and provide advice to HEE on the options for regulatory assurance when considering future development of the role. The report found that there was not a clear case for immediate regulation of sonographers, and that risks could be managed more effectively by strengthening clinical governance and encouraging unregulated sonographers to join an Accredited Register. It also found that statutory regulation may need to be considered in the future if the changes to route to entry to the profession and to other key risk areas changed. We are considering the current evidence about risks through our separate Standard One assessment for the RCT, which was underway at the time of this Standards Two-Eight assessment but had not yet concluded.</p>

⁵ [right-touch-assurance-for-sonographers---a-report-for-health-education-england.pdf \(professionalstandards.org.uk\)](https://www.professionalstandards.org.uk/~/media/ProfStandards/Reports/2019/Right-touch-assurance-for-sonographers---a-report-for-health-education-england.pdf)

⁶ [Right-touch assurance: a methodology | PSA \(professionalstandards.org.uk\)](https://www.professionalstandards.org.uk/~/media/ProfStandards/Reports/2019/Right-touch-assurance-a-methodology.pdf)

Assessment against the Standards

Standard 2: Management of the register

Summary

The Accreditation Panel found that Standard Two was met, with Conditions:

- **Condition One:** The RCT should ensure that applicants for registration have a route for appealing decisions that are made based on judgement, in addition to administrative and procedural grounds. The process for how the RCT handles appeals should be published.
- **Condition Two:** The RCT should ensure that its Register enables members of the public and employers to clearly identify current registrants. It should be clear when sanctions such as 'suspended' have been applied for a public protection reason. There should be a clear, and consistently applied, policy setting out how long information will be displayed on the Register.
- **Condition Three:** The RCT should set out the circumstances in which someone who has been removed from the register, could re-apply and what criteria it would use in making this decision.

Accreditation Panel findings

The RCT has two routes to registration. The primary route is through the completion of an RCT-approved training course. The RCT also offers an equivalence route, whereby applicants must demonstrate their skills and knowledge and how these meet the RCT's registration standards. For both routes, applicants are required to complete an application form which asks for fitness to practice declarations and other key information. The RCT has a process for recognising decisions regarding professional conduct made by regulatory bodies and other registers accredited by us when deciding whether a person should be admitted to the register.

Information on the standards for entry to the register are included in the [Scope of Practice](#). The RCT has a Continuing Professional Development (CPD) policy to ensure its registrants practice remains up to date. The RCT carries out a random annual audit to ensure CPD compliance.

The *Guidance Notes for Applicants and Information for Registrants* confirms that the RCT will accept appeals against registration decisions. However, we could not find any published information about the grounds for appeal or the process the RCT follows when handling an appeal against a registration decision. The RCT provided its *Policy on Assessment of Application*, which is not published. This set out that applicants may appeal on administrative or procedural grounds, but not grounds which dispute the judgement of the Registration Assessors.

As such, it appears that applicants are unable to appeal against decisions that involve judgement, for example in relation to declarations about fitness to practise.

The Accreditation Panel considered that it is important for applicants to have a mechanism for doing so, and that information about the process should be published. The following Condition was issued to address this:

- **Condition One:** The RCT should ensure that applicants for registration have a route for appealing decisions that are made based on judgement, in addition to administrative and procedural grounds. The process for how the RCT handles appeals should be published.

The fields on the RCT's Register of practitioners broadly cover our requirements, and include name, a unique ID, registration status and scope of practice. The RCT has a process in place for updating and quality assuring the register, including the checking of data accuracy. There is also information that explains [registration status](#). This sets out that the names of people whose registration is inactive or have been de-registered remain listed indefinitely, albeit with this marked against their registration status. The RCT informed us that it is currently reviewing this approach.

The 'status' column on the Register is used to indicate where a sanction has been applied to registration. A link to the [findings page](#), which has further details of the decisions, is also provided from the main landing page for the Register. When conducting our register checks, we found that 21 registrants appeared as 'suspended', but that it was not clear whether this was for administrative reasons such as failure to pay fees, or reasons related to fitness to practise such as conduct or competence. The RCT told us it is currently in the early stages of reviewing this approach and considering expanding the information provided for those under suspension.

Despite this, the Accreditation Panel considered that the limited information about the reasons why a registrant is suspended could prevent people making informed decisions about the practitioners they choose. Further, during our register checks we found that approximately 850 people were listed as lapsed, de-registered, inactive or on a career break on their register entries. The Accreditation Panel considered that keeping people listed on the register indefinitely, even with these explanations, could make it difficult to navigate. It was also not clear how this might align with the General Data Protection Regulations (GDPR).

We also noted that at the time of assessment there were two people whose registration has been withdrawn, who were listed as 'removed' on the register and on the [findings page](#). For one person, there was a link to a consent order which explained why they had been removed. There was not any further information about why the second person's registration had been removed.

For the reasons stated above, the Accreditation Panel found there was not a clear rationale for how registration status is displayed, and how consistency is achieved. We therefore issued the following Condition, which is due within six months of publication of this report:

- **Condition Two:** The RCT should ensure that its Register enables members of the public and employers to clearly identify current registrants. It should be clear when sanctions such as 'suspended' have been applied for a public protection reason. There should be a clear, and consistently applied, policy setting out how long information will be displayed on the Register.

The RCT sets out the process for restoring a registrant to the Register following suspension, lapsed registration or de-registration in its *Policy on Removal from and Restoration to the Register of Clinical Technologists*. The policy states that ‘Registrants who have been removed from the register by the PCC following Fitness for Practise proceedings, and who have not been successful in appealing against the sanction, cannot be restored to the register.’ The Accreditation Panel considered that preventing people from re-applying indefinitely may not be a fair approach. To address this, we issued the following Condition, to be completed by the time of the next assessment:

- **Condition Three:** The RCT should set out the circumstances in which someone who has been removed from the register, could re-apply and what criteria it would use in making this decision.

Standard 3: Standards for registrants

Summary

The Accreditation Panel found that Standard Three was met, with a Condition:

- **Condition Four:** The RCT’s requirements for registrants’ professional conduct should be clearly set out in documents that make clear the RCT will hold registrants to account for these areas. They should cover the areas set out in our minimum requirements, addressing gaps such as on data protection and confidentiality. Registrants should also be required to make people aware of how to raise a complaint.

Accreditation Panel findings

The RCT publishes *The Clinical Technologist: Scope of Practice*⁷ which sets out the scope of practice for each of the roles on the register. For each of the roles, there is an introduction, an overview and a description of the specialised tasks practised by the roles. The *Code of Professional Conduct*⁸ makes clear that registrants must only undertake those responsibilities that are within their competence. These also link to the relevant published Standards of Proficiency⁹.

The RCT requires all registrants to read, understand and follow their employer’s local procedures for safeguarding vulnerable people and, if necessary, report concerns to relevant agencies. If a registrant is reported to the RCT for safeguarding concerns this will be passed on to the Professional Conduct Committee of the RCT as a provisional complaint. The RCT expects registrants to abide by its *Policy on Safeguarding*¹⁰.

The *Code of Professional Conduct* is a brief document of one page. The RCT told us that registrants are also expected to follow *Good Scientific Practice*¹¹. This document is maintained and published by the Academy for Healthcare Science (ACHS), which

⁷ <http://therct.org.uk/wp-content/uploads/2014/08/RCT-Scopes-of-Practice-Mar-2022-v12.pdf>

⁸ [01-21-10-0409-08.00-RCT-Code-of-Professional-Conduct.pdf \(therct.org.uk\)](http://therct.org.uk/wp-content/uploads/2014/08/RCT-Code-of-Professional-Conduct.pdf)

⁹ For example, see: [CASE - Standards \(case-uk.org\)](http://case-uk.org)

¹⁰ <http://therct.org.uk/wp-content/uploads/2019/07/01-21-01-0396-05.00-RCT-Policy-on-Safeguarding.pdf>

¹¹ http://therct.org.uk/wp-content/uploads/2016/08/AHCS_Good_Scientific_Practice.pdf

is also accredited by the PSA. Although the RCT works closely with the ACHS, they are distinct organisations. The *Code of Professional Conduct* does not include any references to *Good Scientific Practice*. The Accreditation Panel considered that this may prevent the RCT's requirements from being upheld effectively, including in its complaints handling procedures.

There appear to be some gaps in the *Code of Professional Conduct* against our minimum requirements for Accredited Registers, such as on data protection and confidentiality. It was also not clear how the RCT ensures that registrants make service users aware of how to raise a complaint with the RCT, where relevant. To address this, we issued the following Condition:

- **Condition Four:** The RCT's requirements for registrants' professional conduct should be clearly set out in documents that make clear the RCT will hold registrants to account for these areas. They should cover the areas set out in our minimum requirements, addressing gaps such as on data protection and confidentiality. Registrants should also be required to make people aware of how to raise a complaint.

Standard 4: Education and training

The Accreditation Panel found that Standard Four was met. It issued the following Conditions:

- **Condition Five:** The RCT should document and publish how it decides which courses, and training providers it recognises for the purposes of its primary registration route. This should include how it checks the continuing quality of education and training provision once recognised.

Accreditation Panel findings

Registrants are required to meet the RCT's education and training standards to join the register. The RCT does not accredit training itself, but has approved two training schemes which allow entry to the register via the primary route for Clinical Technologists:

- 1) The Institute of Physics and Engineering in Medicine (IPEM) which leads to a level six qualification. To enrol, applicants must have a minimum of two A levels, at least one of which should be a science and a minimum of a level four qualification in a relevant subject. The programme provides a bespoke training plan for each student. Progress against the plan is assessed by moderators through informal visits and direct observation of skills. The final assessment is at the end of the second year and consists of a completed portfolio and a viva voce exam.
- 2) Association of Renal Technologists. This scheme is set out in two parts, part A which covers the underpinning knowledge and part B which sets out the practical competencies.

The RCT also recognises the Modernising Scientific Careers Practitioner Training Programme as a primary route to registration. This is a recognised training

programme in the UK used by equivalent organisations registering healthcare scientists such as the AHCS and the Health and Care Professions Council (HCPC). The RCT provides a link to the universities recognised through the programme. However, it provides limited information about what this programme is or how it meets the RCT's standards.

The RCT also notes that it recognises the MSc Radiotherapy Physics (Dosimetry Pilot) Early Implementer Practitioner Training Programme (London), but it doesn't provide any further information about the course or what that means in terms of RCT registration.

Completion of a Consortium for the Accreditation of Sonographic Education (CASE) accredited qualification is needed to apply for sonography registration through the primary route. Information about the courses that are accepted for registration as a sonographer are found on another page of the [website](#), again there is limited information on the QAA level. It is also not easy to find this on the website.

The RCT also offers an equivalence route whereby applicants must demonstrate they have the equivalent skills and knowledge that would be gained through completing one of the training courses. Information about the standards required to demonstrate equivalence are set out in *Good Scientific Practice*, and in detailed guidance for engineering¹² and physics¹³ roles.

General information about education and training is included on the RCT's [website](#). However, the information presented on the page appears limited. For example, it does not state the level of qualification typically needed to be eligible for registration or provide information about the duration of the training programmes. This is considered further under Standard Eight.

The RCT does not have a documented approach to how it determines the courses it recognised for registration provide adequate levels of education and training. This means it is not clear how it would consider new courses, if developed in the future. It has also not set out how it checks the quality of the courses offered by its recognised training providers. The Accreditation Panel considered that this is important to provide assurance of the skills and competence of registrants. To address this, it issued the following Condition:

- **Condition Five:** The RCT should document and publish how it decides which courses, and training providers it recognises for the purposes of its primary registration route. This should include how it checks the continuing quality of education and training provision once recognised.

Standard 5: Complaints and concerns about registrations

The Accreditation Panel found that Standard Five met, with a Condition:

- **Condition Six:** The RCT should review and update information relevant to complainants and registrants. This should include clear

¹² [Equivalence for engineering – The Register of Clinical Technologists \(therct.org.uk\)](http://therct.org.uk)

¹³ [Equivalence for physics – The Register of Clinical Technologists \(therct.org.uk\)](http://therct.org.uk)

information about how the consensual disposal of cases is handled, including what types of sanction are available through this route and whether these would be published. It should also be clear what support is available for witnesses involved in complaints hearings.

Accreditation Panel findings

The RCT publishes information about how concerns about registrants are handled.

Complaints handling is overseen by the Professional Conduct Committee (PCC). When a concern is received, an Investigating Panel is appointed to investigate the complaint and decide if there is a realistic prospect of it being upheld. The Investigating Panel also has the power to issue interim suspension orders, if needed to protect the public. If the Investigating Panel find there is a realistic prospect, the complaint is referred to a Health Panel or Conduct Panel, as appropriate to the nature of the concerns.

There are five possible outcomes from a Health Panel or Conduct Panel:

1. No action
2. No action but a note is recorded on the registrant's file
3. A written reprimand
4. Temporary suspension
5. Removal from the Register

We checked to see whether there is appropriate separation between the handling of complaints at different stages of the process. We did not have any concerns and noted that the PCC does not include any members of the RCT Management Board. No member of the Investigating Panel can be appointed to sit as part of the Health Panel or Conduct Panel for the same complaint. There is lay involvement in both the Health Panel and Conduct Panels. Panel members are also required to declare any conflicts of interest.

Appeals are heard by a member of the RCT Management Board, who will act as Chair; a registrant from the same Scope of Practice as the registrant appealing; and a lay person. We considered this was an appropriate approach, considering that they will not have been involved previously and the lay membership.

We noted that concerns can be concluded by agreement about undertakings, known as 'consensual disposal', if the registrant admits the allegations and expresses regret. This avoids the need for a hearing. However, the RCT's procedure is not clear about how this will be done, and what types of undertaking and sanction are available through this route, and whether they would be published.

We also noted that the RCT does not currently have any guidance for witnesses who might be required to give evidence. Our minimum requirements include that processes are accessible and clear to all parties, with appropriate support offered when needed.

To address these points, the Accreditation Panel issued the following Condition:

- **Condition Six:** The RCT should review and update information relevant to complainants and registrants. This should include clear

information about how the consensual disposal of cases is handled, including what types of sanction are available through this route and whether these would be published. It should also be clear what support is available for witnesses involved in complaints hearings.

Information about how to complain is published on the RCT's [website](#). This makes provision for people who are unable to submit their complaint in writing to talk to the Secretary of the PCC by telephone as an alternative.

Standard 6: Governance

The Accreditation Panel found that Standard Six met, with a Condition. It issued the following Conditions and Recommendations:

Condition:

- **Condition Seven:** The RCT should develop a business continuity plan.

Recommendation:

- **Recommendation One:** The RCT should review the information published on its website with the aim of ensuring that its governance is clear to members of the public.

Accreditation Panel findings

The RCT is part of the IPEM. The RCT's specific role in public protection is set out under the Management Board Terms of Reference: 'the aim of the register is to protect the public by setting standards for the training, competence and conduct of clinical technologists.'

The RCT is overseen by the Management Board which contains representatives from the relevant professional bodies, lay people, and elected registrants. The RCT is administered by staff members of the IPEM, who are required to complete a conflicts of interest declaration. The Board is responsible for final decision-making on the operation of the Register. The Board provides written reports to IPEM's Professional and Standards Council (PSC) and the PSC is responsible for ensuring that the Register's activities do not conflict with IPEM's strategy, objectives or interests.

The RCT has a *Conflict-of-Interest Policy* which applies to members of the RCT Management Board, auditors, assessors and moderators, and senior administrative staff. The policy set outs how potential conflicts of interest will be managed, highlighting that members of the RCT Management Board will be asked to declare any interests at the beginning of the meeting. We checked the meetings of minutes to verify this takes place. If the Management Board must make a decision, those who have declared an interest will not be eligible to vote and won't be counted when deciding if the meeting is quorate. The Chair of the meeting decides if they can remain in the room for the discussion.

The RCT publishes its RCT Management Board meeting minutes and the Terms of reference for the group on its website. We noted however that the RCT had not published any minutes for its meetings in 2023. The RCT does not publish a register

of interests. The Terms of Reference for the PCC are also unpublished. We also considered that the information provided on the RCT's website included limited information about its relationship with the wider organisation of the IPEM. Although these issues do not affect whether the Standard is met, the Accreditation Panel issued the following Recommendation aimed at good practice:

- **Recommendation One:** The RCT should review the information published on its website with the aim of ensuring that its governance is clear to members of the public.

Many of the IPEM's key organisational policies also apply to the RCT. This includes the *IPEM Complaints Policy*, *Data Protection Policy* and *Information Security Policy*. The RCT also publishes its own [Policy on Information](#) which sets out the types of data the RCT collects, and how long it will be retained for. We noted that this policy does not specifically mention data relating to Equality, Diversity, and Inclusion (EDI) such as the protected characteristics of registrants. We will be looking further at this area as part of the RCT's first Standard Nine (EDI) assessment, which is due to complete in July 2024.

Our minimum requirements set out the expectation that a Register will have business continuity arrangements in place. This is important to ensure there are clear plans for ongoing management of the Accredited Register, avoiding potential impact on registrants and service users in the event of unexpected events. We did not see evidence of this during our assessment, and the Accreditation Panel issued the following Condition:

- **Condition Seven:** The RCT should develop a business continuity plan.

Standard 7: Management of the risks arising from the activities of registrants

The Accreditation Panel found that Standard Seven was met.

Accreditation Panel findings

The RCT Management Board has overall responsibility for managing risks. It delegates the day-to-day identification and monitoring of risks to a Sub-committee. The Sub-committee reports back to the RCT Management Board at each of its meetings. Risks are recorded in the *RCT's Risk Register* which is split into risks associated with registrant practice and risks that may impact the organisation. We found that overall, the RCT's risk register appears to cover relevant risks arising from the activities of registrants and sets out how these are managed. We are reviewing practice-based risks in greater detail as part of the RCT's Standard One assessment, which will be published separately.

The RCT's [website](#) provides information about the role of a clinical technologist. This is supplemented by the information in the *RCT's Scope of Practice* document which provides further information about specific roles. However, we could not see information about the limitations and benefits of any of the roles being offered. Requirements for addressing this are set out as part of Condition Nine issued under Standard Eight, below.

Standard 8: Communications and engagement

The Accreditation Panel found that Standard Eight was met, with Conditions. It issued the following Conditions and Recommendations:

Conditions:

- **Condition Eight:** The RCT should develop a proactive approach to working with employers, service users and other stakeholders. This should include sharing information about risks arising from the practices of clinical technologists and sonographers, and concerns about registrants, with the systems regulators and employers.
- **Condition Nine:** The RCT should review the content of its website to make sure that key information is up to date and accurate. Information about sonography should be integrated into the main webpages. This should include clearer information for the public about sonography, to support informed choice. Information about the benefits, and limitations of the roles registered should be included.

Recommendations:

- **Recommendation Two:** The RCT should review the language and presentation of information provided on the website and through the RCT's key documents to improve readability.
- **Recommendation Three:** The RCT should ensure accessibility of key documents, such as its complaint handling procedures, to service users from different groups.

Accreditation Panel findings

The RCT is a signatory of the Accredited Registers Information Sharing Protocol, demonstrating its commitment to sharing disciplinary outcomes with other Accredited Registers. It is also a member of the Accredited Registers Collaborative and appears to have a close working relationship with the AHCS.

We noted that the RCT engages with employers, but on an ad-hoc basis. There does not appear to be a systematic approach to sharing information relating to the risks arising from the practice of clinical technologists and sonographers or about the fitness to practise of registrants. Since registration with the RCT is a key mitigation for risks for unregulated roles such as sonographers, with the need for this highlighted by our 2019 report, we think it is important for the RCT to work with the systems regulators and employers in the health sector so that swift action can be taken when concerns arise. This might be achieved by establishing protocols, and/or engagement with these stakeholders to a greater extent.

The RCT does also not currently actively engage with registrants or service users to get input to its work. It is however in the process of implementing a new Customer Relationship Management (CRM) platform, which should help enable engagement.

The Accreditation Panel considered it is important for the RCT to engage with key stakeholders, for the purposes of seeking input to its work and for sharing information about regulatory risks. It issued the following Condition:

- **Condition Eight:** The RCT should develop a proactive approach to working with employers, service users and other stakeholders. This should include sharing information about risks arising from the practices of clinical technologists and sonographers, and concerns about registrants, with the systems regulators and employers.

The RCT publishes key documents such as standards for its registrants, its complaints handling process and registration processes on its website. However, information about sonography tends to be separated out from the main content, which can make it difficult to find. For example, there is no information about sonography in the webpages aimed at the public. Sonography services can be accessed directly by members of the public, such as in private baby scanning clinics. Given the risks associated with sonography, as identified in our 2019 report, it is important that the public have access to clear and accurate information. The Accreditation Panel considered that the RCT could be expected to help provide this, as part of its public protection role as an Accredited Register. Doing so could also improve the effectiveness of signposting from bodies such as the Care Quality Commission to the RCT when choosing a sonographer for services such as baby scanning¹⁴.

There are also some areas of the web content which appear to be out of date. For example, at the time of our assessment there were two different versions of the RCT's Scope of Practice document published on the website – one accessed through the about clinical technologists webpage ([Scopes-of-Practice-Nov-2016-v10.pdf \(therct.org.uk\)](#)), the other through the sonographers webpage ([03-21-49-0631-01.00-RCT-Scopes-of-Practice.pdf \(therct.org.uk\)](#)). Some links provided, such as to the Accredited Registers Information Sharing Protocol, are not to the most up to date versions of documents.

Consequently, the Accreditation Panel issued the following Condition:

- **Condition Nine:** The RCT should review the content of its website to make sure that key information is up to date and accurate. Information about sonography should be integrated into the main webpages. This should include clearer information for the public about sonography, to support informed choice. Information about the benefits, and limitations of the roles registered should be included.

We also noted that the website appeared to include a lot of text and might be difficult to navigate for some service users. It may be beneficial for the RCT to undertake a 'plain English' review of these documents. The Accreditation Panel issued the following Recommendation:

- **Recommendation Two:** The RCT should review the language and presentation of information provided on the website and through the RCT's key documents to improve readability.

¹⁴ [Choosing a baby scanning service - Care Quality Commission \(cqc.org.uk\)](#)

During our assessment, we have noted that the RCT's website and some key information such as its complaints handling procedures, may not be accessible to service users from different groups.

- **Recommendation Three:** The RCT should ensure accessibility of key documents, such as its complaint handling procedures, to service users from different groups.

Share your experience

We have not received any Share Your Experience responses since the last assessment relating to Standards Two to Eight. Feedback received in relation to the risks of sonography are being considered as part of the Standard One assessment that will be published separately.

Impact assessment (including Equalities impact)

We carried out an impact assessment [\[add link to impact assessment when published\]](#) as part of our decision to accredit the RCT. This impact assessment included an equalities impact assessment as part of the consideration of our duty under the Equality Act 2010.

The Accreditation Panel determined that overall, it is in the public interest to accredit the RCT. Condition Nine, requiring the RCT to publish information about sonography, should support informed choice by members of the public. This could particularly benefit people choosing services from private baby clinics, which is an area of risk identified by the PSA in 2019¹⁵ as well as other stakeholders (for example see BBC, 2020¹⁶).

¹⁵ [right-touch-assurance-for-sonographers---a-report-for-health-education-england.pdf \(professionalstandards.org.uk\)](#)

¹⁶ [Private baby scans show 'incredibly poor practice' - BBC News](#)