



Summary of feedback received about proposals to transfer the Registration Council for Clinical Physiologists' Register and its functions to the Academy for Healthcare Science.

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1. Introduction

- 1.1 We (the RCCP) sought feedback from our stakeholders in December 2020 and January 2021 on proposals to transfer our Register and its functions to the Academy for Healthcare Science (AHCS).
- 1.2 We held a small number of meetings with professional bodies to discuss our proposals. We then published a document – ‘The future of RCCP registration’ - describing our proposals and invited our registrants, professional bodies and education providers to respond to a series of open questions on the proposals by completing an online survey.

About the Registration Council for Clinical Physiologists

- 1.3 The RCCP holds a Professional Standards Authority (PSA) accredited register (‘the Register’) for practitioners in the following six disciplines of clinical physiology.
 - Audiologists (including Hearing Therapists and Educational Audiologists).
 - Cardiac Physiologists.
 - Gastro-intestinal Physiologists.
 - Neurophysiologists.
 - Respiratory Physiologists.
 - Sleep Physiologists.
- 1.4 Our main aim is public protection. We:
 - set standards;
 - accredit education and training programmes against those standards;
 - keep a register of clinical physiologists who have met our standards; and
 - investigate concerns about the fitness to practise of our registrants, taking action where we necessary to protect the public.

About this document

- 1.5 This document summarises the responses we received to the online survey.
- 1.6 Section two of this document summarises the responses we received under each of the questions we asked. Section three sets out our comments in response.

2. Summary of feedback

- 2.1 We have analysed all the feedback we received from stakeholders who completed the online survey.
- 2.2 We received 35 responses. 26 responses were from RCCP registrants; 6 responses were from education providers; and 3 responses were from professional bodies.
- 2.3 We have summarised the responses we received below under each of the questions we asked.

Q1. Do you have any comments on the rationale of our proposal to transfer the Register and its functions to the AHCS?

- 2.4 In the proposals document, we set out our proposal to transfer the RCCP Register and its functions to the AHCS. We said that this would create a single registration body for the clinical physiology professions, with the benefit of increased clarity for stakeholders; increased cost-effectiveness; increased ability to influence decision makers on workforce and regulation matters; and improved public safety.
- 2.5 A large majority of respondents welcomed the proposal to transfer the RCCP register and functions to the AHCS, with very few dissenting voices. The proposal was frequently referred to as 'sensible', a 'good idea' and 'overdue'. Where respondents explained their support, this frequently echoed the rationale outlined in the proposals document. The anticipated benefits described included reduction in duplication of effort; increased clarity and less confusion compared to the status quo of two registration bodies; and increased influence.
- 2.6 Two registrant respondents expressed strong opposition to the proposal. One expressed a number of criticisms of the AHCS – including a confused governance structure lacking transparency; lack of understanding of the professions they register; and poor communication. They concluded that as a result they did not consider the AHCS to be safe place for their professional registration. The other respondent said that they considered the proposals document to be one-sided and that the proposal would be detrimental to the professions and the public.
- 2.7 Two respondents who were supportive questioned why there was not a clear rationale in the proposals document as to why the AHCS register was not instead proposed to transfer to the RCCP.

Q2. Do you have any comments on our proposals about registration?

- 2.8 In the proposals document, we set out how the register might be transferred, describing how this would achieve a dedicated register for clinical physiologists and ensure that no groups of registrants or applicants would be disadvantaged by the change.
- 2.9 Where answered, many respondents reiterated their support in response to question one or simply stated that they agreed with the proposal.
- 2.10 A minority of respondents said they wanted to be sure that the arrangements for and after the transfer would be robust and inclusive. In particular, it was considered important that RCCP registration should transfer to the AHCS 'seamlessly' without any need to reapply for registration in the future.

Q3. Do you have any comments on our proposals about M-level/CSci registrants?

- 2.11 The 'M-level/CSci register', as it is sometimes known, was created to recognise clinical physiologists in three disciplines who had undertaken post-qualification postgraduate education and training and were acting at a similar level to clinical scientists – a statutory regulated profession with the HCPC
- 2.12 In the proposals document, we set out a proposal that if the register was to transfer, this register would be discontinued. However, we proposed that to support these registrants, for a period until the register transfers, we would reimburse the application fees of M-level/CSci registrants who decide to apply for the AHCS Certificate of Equivalence.
- 2.13 There were relatively few responses to this question – with some acknowledging that as they were not an M-level/CSci registrant, they did not have a view. Some said they saw this as a positive move and welcomed the proposal to reimburse applications for the statement of equivalence.
- 2.14 Six respondents expressed a clear view that the M-level/CSci register should continue to be maintained. Where reasons were given, in summary they included:
- Concern about the work required to complete the Certificate of Equivalence.
 - A view that the M-level/CSci register already recognised a level of qualification and practice equivalent to the Certification of Equivalence. Registrants should not be required to again 'justify their competence'.
 - A view that the proposal would provide an 'unfair advantage' to one professional group.

Q4. Do you have any comments on our proposals about fitness to practise?

- 2.15 In the proposals document we set out that, if the register transfers, any outstanding fitness to practise matters would be transferred to be managed by the AHCS. Any future concerns about registered clinical physiologists would be handled by the AHCS.
- 2.16 The majority of respondents either did not respond to this question, or simply stated that they were in agreement.
- 2.17 Two respondents said that after the transfer, the fitness to practise process should follow the same or similar guidelines to the RCCP's. One respondent said they wanted more information about how outstanding fitness to practise cases will be transferred, requesting that the RCCP publish the number of outstanding fitness to practise cases.
- 2.18 Two registrants who disagreed with the transfer proposal, questioned whether the AHCS would have the appropriate relationships, processes and experience to undertake fitness to practise work.

Q5. Do you have any comments on our proposal about CPD?

- 2.19 In the proposals document, we described our approach to Continuing Professional Development (CPD) and said that the AHCS had similar arrangements.
- 2.20 The large majority of respondents either did not respond to this question or simply stated that they were in agreement.
- 2.21 Where comments were made, two registrants stated a preference for biennial audits rather than annual audits. A professional body highlighted this as a topic on which it was important to keep registrants updated about any likely changes.

Q6. Do you have any comments on our proposals about accreditation?

- 2.22 In the proposals document, we set out that if the register transfers, the AHCS would recognise RCCP accreditation of programmes, now and in the past. The AHCS would also adopt RCCP standards and processes for programme accreditation.
- 2.23 The majority of respondents either did not respond to this question, or simply stated that they were in agreement. This was consistent across different groups including amongst education providers.
- 2.24 Where comments were made, there was preference for the accreditation process to be same or similar post transfer and a desire for more information about what would happen, for example, to accreditation cycles. One education provider sought assurance that their postgraduate pre-registration

programme would continue to be accepted at the point of transfer and in the longer term.

Q7. Do you have any other comments?

2.25 Where answered, responses to this question generally repeated responses to other questions that have been summarised elsewhere in this document.

2.26 Comments we received not directly related to one of the other questions included the following.

- A preference for statutory registration. One registrant, who disagreed with the proposal to transfer, considered that the RCCP should continue to fight for statutory regulation and that the AHCS were very unlikely to do so.
- One professional body noted that the window for feedback to be received was short and had taken place during the COVID-19 pandemic. They emphasised the importance of RCCP doing more to make sure that registrants are informed about foreseeable changes.
- Two registrants asked about what would happen to the RCCP, and to its financial reserves, after the transfer.
- One registrant argued that the registration requirements for internationally qualified audiologists needed to be strengthened to reduce variation in practice.

3. Our comments

- 3.1 We would like to thank all those who took the time to meet with us and provide their feedback by completing the survey.
- 3.2 Overall, our proposals were positively received. Having considered carefully the feedback we received, we have decided to continue to work collaboratively with the AHCS on detailed implementation.
- 3.3 As some respondents noted in their feedback, it is important to make sure that the clinical physiology professions continue to be regulated in an appropriate proportionate and robust manner. Over the coming weeks and months we will be continuing to work with the AHCS to ensure that this is the case.
- 3.4 We are committed to keeping our registrants, professional bodies and education providers updated about what any changes will mean for them and when they are likely to happen as our work progresses. We will use all our communications channels to keep everyone updated – including through our website, newsletter and by email communication.