



The RCT equivalence route to registration

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In 2000, the Voluntary Register of Clinical Technologists (VRCT) was set up as a collaboration between three professional bodies, the Institute of Physics and Engineering in Medicine (IPEM), the Association of Renal Technologists (ART) and the Institute of Engineering and Technology (IET), formerly the IEE. The aim of the VRCT was to bring together clinical technologists who met required standards of competence and to hold their names on a voluntary register, ready to transfer to a statutory register when the time came. Due to changes in government policy towards professional registration, the VRCT was not transferred onto a statutory register.

Clinical technologists are healthcare scientists who work in NHS hospitals, private healthcare, academic institutions and the medical device industry. Clinical technology is concerned with the practical application of physics, engineering and technology to clinical practice. These are applied to the diagnosis, treatment and prevention of human disease, and maintaining and improving the quality of life for patients.¹ Clinical technologist roles are divided between physics and engineering specialisms and include on the physics side, those working in nuclear medicine, radiation and radiotherapy physics. On the engineering side, clinical technologists work in renal, rehabilitation, radiation and medical engineering.

Both IPEM and ART are still involved in running the register and in November 2013, IPEM and the Institute of Healthcare Engineering and Estate Management (IHEEM) signed a memorandum of understanding, and IHEEM replaced IET as one of the professional bodies involved in running the VRCT. The word voluntary was dropped from the name of the register in 2014 as it was considered superfluous and a burden, and the register became the Register of Clinical Technologists (RCT).

Routes to registration

When the RCT was set up, it was accepted that there would be many experienced clinical technologists already in employment who had followed a wide variety of training and educational routes. These technologists were admitted to the register through a process known as grand parenting. The grand parenting process was a way for applicants to demonstrate that they had a suitable academic qualification as well as sufficient experience to meet the required standards to ensure competence. All grandfather applicants were required to submit details of their training and experience signed by either an existing member of the register or a member of a professional body, and each was individually assessed. This ensured a robust system of entry was in place and indeed many existing technologists were unable to demonstrate that they met the required standards without undergoing further training or study. Grand parenting was only ever intended as a short-term route to registration for those already in employment at the time the register was founded. Anyone starting out as a clinical technologist after April 2007 could not join via this route and grand parenting closed completely in 2010, as it was deemed anyone who was eligible and wished to join would already have done so.

Alongside the grandfather route, there were several accredited training courses which provided diplomas. Achievement of these was the primary route to registration and these were, and still are, run by both IPEM and ART. With the emergence of the Modernising Scientific Careers programme, many universities began to offer Practitioner Training Programme (PTP) degrees. These training schemes combined both academic study and practical work-based training, leading to a BSc qualification. The completion of a PTP degree or an accredited diploma are now the primary routes to registration;

however, these are limited in number and many departments, especially on the engineering side, continue to rely on other in-house training schemes or apprenticeships which do not offer direct entry onto the RCT.

In order to meet growing demand from employers for routes to registration, the RCT has developed an equivalence route. Anyone who has a suitable degree-level qualification and is an experienced clinical technologist can now use this equivalence route to demonstrate to a team of RCT assessors that they meet the required level of competence to be granted entry to the RCT.

Development of equivalence

The RCT has always had clearly defined scopes of practice for every role performed by clinical technologists. These set out what a newly qualified technologist is expected to be able to perform in order to be deemed competent at the point of registration. The RCT has recently carried out a thorough review and updated the scopes of practice to reflect changes in the clinical technologist profession, and has also carried out a mapping exercise to ensure the curriculum of the IPEM and ART diplomas, as well as relevant PTP degrees, will meet every aspect of the scopes of practice. Only by periodically doing this can the RCT be assured that these can remain relevant as primary routes to entry.

In order to help someone demonstrate through equivalence that they are competent to work as a registered clinical technologist, the RCT has developed a set of criteria for each clinical technology discipline. These are available on the RCT website and set out what an equivalence applicant needs to demonstrate they are capable of doing in order to become registered.

The RCT has piloted both the physics and engineering equivalence routes with several volunteers and through this process, guidance notes and actual anonymised reports ➤

► have been developed which are available on the RCT website to assist applicants in putting together their own equivalence applications. It is expected that applicants write a report which is referenced against the equivalence criteria. This is then assessed by the RCT and if all criteria have been met to an acceptable standard then the applicant is admitted to the register. Anyone who is familiar with the Engineering Council's process for assessing engineering technicians, incorporated and chartered engineers will see a great deal of similarity between the processes used by the RCT and the Engineering Council. Indeed, anyone applying for equivalence in an engineering discipline could use an amended version of their RCT equivalence report as the basis for an application to the Engineering Council if desired.

Generating an equivalence report

The equivalence criteria for each scope of practice have been broken down into several key functions and applicants must demonstrate that they are competent in all areas. For the physics route, the decision has been made to keep each discipline separate; however, for engineering there is so much crossover between specialisms that it has been deemed that applicants can provide experiences from their own area of work to meet the criteria irrespective of whether they work in renal, rehabilitation, radiation or medical engineering.

The physics criteria are divided into four basic categories: safe working practice, equipment management, good scientific practice and a section directly covering the specific area of work of the applicant. These specific areas depend on the specialism of the applicant but include nuclear medicine, radiation physics, radiation protection, radiopharmaceuticals, radiation transport and dosimetry and quality control.

The engineering criteria are also divided into four categories. Safe working practice, equipment management and good scientific practice are the same as the physics criteria, but this time the specialism-specific criteria cover quality systems, equipment acceptance, installation and decommissioning and equipment design and safe use.

Good scientific practice is a reference to a document written by the Academy for Healthcare Science and is available from their website.² This document sets out the principles and values on which good practice undertaken by the healthcare scientist workforce is founded. It sets out for the profession and the public the standards of behaviour and practice that must be achieved and maintained in the delivery of work

activities, the provision of care and personal conduct. It is essential reading for everyone working within the field of healthcare science and the assessors will be looking for evidence in an equivalence application that this has been understood and is adhered to in the applicant's daily role.

When an applicant begins putting together the report to support their equivalence application, it is recommended that they follow the format of the sample reports on the RCT website. These have been written and referenced to allow assessors to easily find evidence which demonstrates that the applicant has met each individual criterion. A simple matrix document is provided by the RCT to allow the page numbers within the report to be noted down to help assessors ensure that all criteria have been met. It is an essential requirement that this is completed and submitted with the final report.

It is recommended that the first stage when generating a report is for the applicant to detail what their role entails. Any statements such as 'I have done X' or 'I am directly responsible for Y' should be evidenced. It is up to the applicant to provide this but it can include copies of service reports, training records or written project reports. Once this has been completed the applicant will then be able to review the criteria and see what has already been evidenced. It would be expected that a competent experienced technologist can meet many of the criteria in this way, but most applicants will not be able to meet them all by this process alone.

The next stage will be for the applicant to review their report and identify any gaps which can then be filled in a number of ways. It may be that a project has already been carried out which was over and above the day-to-day role and this may have already been written up. If not then a write-up can be included in the report which can then be referenced as evidence. There will of course be occasions where criteria cannot be met and the applicant then has a choice. It is always preferable to have first-hand experience and evidence in any report, so the applicant should discuss with their manager whether there is anything they can do which would then provide them with this evidence. If this is not possible then an applicant will need to demonstrate understanding and this can be achieved by writing about something from a theoretical point of view. The level of detail required for this will, however, be greater than if first-hand evidence is supplied, and this should be the exception rather than the rule. Applicants will not be able to demonstrate that they have the required level of experience and competence by simply writing about the role of a clinical

technologist and will therefore not be admitted to the register. RCT assessors are trained to identify this.

Timescales for applicants

It is expected that the equivalence report will be a substantial piece of work and not something which can be written overnight. Applicants will be required to provide evidence, maybe going back several years, to demonstrate that they meet the criteria. As a benchmark, a PTP student will undergo a 3-year academic degree which incorporates 50 weeks of work experience placement, and this is the minimum requirement for registration. If someone has not been in employment for at least this length of time then it is highly unlikely that they will be able to demonstrate to the assessors that they are competent enough to be registered.

It is expected that now the equivalence route has opened to RCT applicants, the register can continue to grow in size and stature and welcome registrants from a wide variety of backgrounds. There is no reason that someone cannot enter the profession as an apprentice and study part-time to achieve their qualifications whilst working towards eventual registration once the academic and practical requirements of the RCT have been met and adequately demonstrated through a successful equivalence application.

It is still the aim of the RCT that the clinical technologist profession will ultimately be subjected to statutory regulation. However, until there is a change in government policy this is unlikely to happen and the recent accreditation of the RCT by the Professional Standards Authority to elevate the RCT to the status of an accredited register will ensure the regulation of the clinical technologist profession continues to maintain the high standards which have been set.

→ MORE INFORMATION

For full details of how to complete an equivalence application and to download all the relevant documentation, please visit the RCT website:
<http://www.therct.org.uk>

→ REFERENCES

- 1 The Register of Clinical Technologists.
<http://www.therct.org.uk>
- 2 The Academy for Healthcare Science.
Good scientific practice.
<http://www.ahcs.ac.uk/wordpress/wp-content/uploads/2013/09/AHCS-Good-Scientific-Practice.pdf>