

RCT Management Board Terms of Reference

The Register of Clinical Technologists (RCT) was set up in 2000 (then called the Voluntary Register of Clinical Technologists) as a collaboration of three professional bodies supporting the statutory regulation of the Clinical Technologist profession: the Association of Renal Technologists (ART), IPEM and the Institution of Engineering and Technology (IET). The word 'Voluntary' was removed from the name of the Register in 2014 as it was seen as unhelpful to the Register's aim.

The RCT is now integrated into IPEM business, and managed by the RCT Management Board, with partners operating under Memoranda of Understanding. The Board is responsible for final decision-making on the operation of the Register. As the RCT is part of IPEM's legal and financial governance, the Board provides written reports to IPEM's Education and Professional Standards Committee (EPSC) and the EPSC is responsible for ensuring that the Register's activities do not conflict with IPEM's strategy, objectives or interests.

The aim of the register is to protect the public by setting standards for the training, competence and conduct of clinical technologists. Once accepted onto the register, after completing an approved training course or through an equivalence route, registrants are required to pay an annual renewal fee and confirm each year that they are carrying out continuing professional development (CPD) and that they will abide by the RCT Code of Professional and Ethical Conduct. The names of all registrants appear on a searchable online register on the RCT's website (www.therct.org.uk).

1. Purpose

- 1.1. The Board is responsible for and will oversee the management of the Register of Clinical Technologists.

2. Functions

- 2.1. The Board is responsible for and will ensure that RCT data, including the Register, is managed in a suitable manner which takes account of all legal and ethical issues which may prevail at the time.
- 2.2. The Board is responsible for establishing a RCT Assessors' Group. The Group will be responsible for assessing and approving applications to join the Register of Clinical Technologists. Membership of the Group is restricted to RCT Registrants.
- 2.3. From time to time, the Board is responsible for setting, reviewing and updating the criteria for membership of the RCT including the entry criteria, the application form, application guidance notes, assessment criteria, other relevant documentation and the levels of the Registrant fees.
- 2.4. The Board will ensure that an appropriate Fitness to Practise procedure and Code of Professional and Ethical Conduct is in place and circulated to all Registrants of the RCT. The Board will also ensure that there is a Professional Conduct Committee (PCC) in place which acts appropriately to handle allegations of breaches of the code of professional conduct made against Registrants.
- 2.5. The Board will actively promote registration with the RCT.
- 2.6. The Board will actively promote the RCT and the desirability of statutory regulation to Government, Government agencies and non-Governmental bodies including the Department of Health and Social Care in England and similar departments in the devolved administrations, the Health and Care Professions Council, the Academy for Healthcare Science, the NHS, independent healthcare organisations, educational establishments, the

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medical device industry, other professional bodies and the voluntary registers of other professional colleagues.

3. Frequency and conduct of meetings

3.1. The RCT Management Board meets 3 times a year, usually as set out below:

Month	Key specific functions (in addition to other business)
February	Review renewal of registration data
June	Set fees for following year
October	Review of annual CPD process

- 3.2. A quorum is five members of the Board which must include the Registrar or the Assistant Registrar.
- 3.3. The Registrar will chair all meetings of the Board. In the absence of the Registrar the Assistant Registrar shall chair the Board.
- 3.4. The Chair shall ensure formal minutes are made of the meeting.
- 3.5. A tracker for all Policy and Procedures for the RCT is kept accessible to the RCT Management Board. The Board will review at least three policies per meeting to ensure they are kept regularly up to date.
- 3.6. A 'Risk Sub Committee' is formed from the Board. This committee meets up to a week prior to the Board meeting and reviews the RCT operational and clinical risks on a regular cycle. Updates are then provided to the Board for discussion and approval of changes. Suitable experts for each scope of practice will be invited to join the review of clinical risks. A minimum of four members of the Board attend regularly, including a representative from each professional body. Other members of the Board may attend if they wish.

4. Communications, decision making and records

- 4.1. An electronic or paper copy of the agenda and agreed minutes and key papers for each meeting shall be:
 - sent to all committee members
 - sent to the IPEM National Office for archiving
 - placed on the committee's workspace on the IPEM website
- 4.2. During a committee meeting the Chair opens a discussion and will seek to achieve a unanimous agreement on each action/decision. If consensus cannot be reached then decisions may be made by a 'show of hands' using a simple majority decision, subject to a quorum being present. The Chair has the casting vote if there is a tie.
- 4.3. When electronic communications and decision-making are required prior to the next committee meeting:
 - a) the discussion / decision will usually be initiated by the Chair sending an electronic communication (eg Email) simultaneously to all committee members. The message may initially seek advice. All discussion responses should be sent 'reply all'.
 - b) When the Chair judges it to be appropriate (e.g. a consensus view appears to be emerging) a specific proposal will be circulated electronically to all committee members requesting a vote (agree/disagree/abstain) and a deadline for responses will

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be set (usually a minimum of 3 working days after the request). All decision responses will be sent to the Chair only. The Chair has the casting vote if there is a tie. The deadline for decision may be extended if fewer than the quorum have responded. The resulting decision will be formally noted at the next committee meeting.

- c) The electronic discussion / voting may be run by another person, on behalf of the Chair, however the Chair remains responsible for ensuring that the decision-making process is transparent, robust and accessible by all committee members.
- 4.4. The Secretary shall ensure that:
- a) all the committee's website communications to the general public and members are informative and accurate and are prepared and approved in accordance with relevant IPEM and RCT policies.
 - b) the content of the committee's webpages are updated in line with the editorial policy and regularly reviewed for accuracy (at least every six months).
- 4.5. The Chair shall ensure that a brief report of the committee's activities is provided annually (usually in February) to the IPEM Communications team in the National Office, and the Chair of the Committee in 5.1, for inclusion in IPEM's Annual Review.
- 4.6. The Chair will make the committee aware of issues relating to Data Protection to ensure that the committee complies with the IPEM Data Protection Policy.
- Any queries relating to Data Protection will be referred by the Chair of the committee to the Data Protection Lead.

5. Reporting arrangements

- 5.1. The RCT Management Board reports directly to the EPSC via a written report and may report in person if requested or if it has an issue of importance to bring to the EPSC's attention.

6. Membership

- 6.1. The Board shall consist of:
- The RCT Registrar.
 - The RCT Assistant Registrar.
 - Two IPEM members as confirmed by the EPSC.
 - Named representatives of any other professional organisation participating in the management of the RCT under the terms of a Memorandum of Understanding. Each partner organisation shall have an equal number of seats on the panel as IPEM members.
 - At least two representatives elected from the RCT Registrant body, where possible representing different scopes of practice.
 - At least two lay members who are not registrants and not health care professionals.
- 6.2. The Registrar and Assistant Registrar must be Full/Corporate Members of one of the partner professional bodies.
- 6.3. The Board will elect, from amongst its membership, the Registrar and the Assistant Registrar. Following such election the vacancy created in the Board shall be filled by another from the successful candidate's professional body or the RCT Registrant body.

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- 6.4. The tenure of the Registrar and Assistant Registrar shall be three years. Both may stand for re-election. If they are not re-elected, they will be required to stand down from the Panel following the end of the meeting in which the election was held.
- 6.5. The tenure of the named external professional body representatives will be at the discretion of the individual professional bodies.
- 6.6. The tenure of the Registrant Representatives shall be three years. They may stand for re-election. There will be an open election amongst Registrants for the Registrant Representative places. If any elect to stand for re-election and are not re-elected, they will be required to stand down from the Board immediately following the election.
- 6.7. The tenure of the lay representatives shall be three years, renewable for one additional term of three years.
- 6.8. The Board will appoint a Secretary.
- 6.9. Each member of the Board (including the Chair) will have one vote. In the event of a tied vote the Chair will have the casting vote.
- 6.10. From time-to-time others may be invited to attend meetings of the Board as invited observers or to provide information. These may include: representatives of the partner professional bodies or the Registrant body. Such attendees shall have no voting rights.
- 6.11. All members of the Board who are RCT Registrants must be fully paid-up members of the RCT. Any Board member who fails to pay the required RCT Registrant fee on time will be excluded from membership of the Board until the said fee is paid
- 6.12. All members of the Board who are professional body representatives or required to be professional body members must be fully paid-up members of that professional body. Any Board member who fails to pay the required professional body fee on time will be excluded from membership of the Board until the said fee is paid.
- 6.13. If the conduct of a member of the Board comes under investigation by the PCC of the RCT, one of the partner professional bodies or their employer, they are required to stand down from the RCT Board, without prejudice, until the investigation has been successfully concluded.

7. Sub-committees and working parties

- 7.1. The RCT Board may set up working parties for a limited period to assist in fulfilling its role subject to EPSC approval of costs. The Board will provide the terms of reference for such working parties, ensure appropriate resources and review their output.

8. Inclusiveness & Diversity

Inclusiveness recognised and valued by the RCT and is understood as meaning “enabling a diverse and inclusive professional community”. This principle should be considered in all decisions, actions and areas of the organisation including the membership of its Management Board and any assessing panels. Diverse groups make better decisions and by being more representative of patients and the public we can achieve our objectives.

[RCT EDI Policy](#)

Latest revision agreed at RCT MB on Thursday 11th June 2026.