



SCST
Society for Cardiological Science and Technology



Reorganisation of Cardiac Physiological Services: A Position Statement

The career structure for healthcare science and the organisation of the profession has been extensively reconfigured in recent years. This has led to confusion and concern amongst those working in cardiac physiology. This paper represents the agreed position of the British Cardiovascular Society, British Society of Echocardiography, British Heart Rhythm Society and the Society for Cardiological Science and Technology (Henceforward referred to as the joint societies).

The re-organisation has three main work-streams.

- Modernising scientific careers
- The formation of the Academy for Healthcare Science
- IQIPS process for departmental accreditation

The joint societies welcome the focus on cardiac clinical science and the opportunities to create a more structured career for the profession, the potential for state registration and the focus on the quality of delivery that is so important to good patient care.

Modernising Scientific Careers

Modernising scientific careers (MSC) creates a clear distinction between the roles of healthcare *practitioner*, served by a practitioner training program (PTP) and clinical *scientist*, served by a scientist training program (STP).

Roles that require advanced highly specialised scientific skill and are independently performed, analysed, interpreted and reported need "scientific" expertise and should be undertaken by scientists, typical examples in cardiology would include echocardiography, cardiac rhythm management device implantation and follow up, and cardiac electrophysiology.

A clinical scientist will either have completed the STP program, or be working in an independent capacity in a highly specialised role, having also achieved certain specific academic attainments.

For those in existing roles that map to a scientist role (as laid out in the Academy for Healthcare Science (AHCS) equivalence criteria), state registration through the academy is recommended.

For those currently working in jobs that would map to a scientist role, but who lack the necessary academic credentials for equivalence, two options are available.

1. To undertake the necessary academic modules to qualify for equivalence.
2. To continue to act in a clinical scientist role with terms and conditions negotiated locally. This is a very valued portion of the workforce, but over time it will shrink as academic qualifications and state registration become the norm for entrance into a career at this level in the healthcare science workforce.

The joint societies see no role for a practitioner undertaking the technical aspects of an investigation overseen by a clinical scientist who then formulates a report or course of action, for example, a practitioner taking echocardiography pictures to be subsequently reported on by a scientist.

The numbers of students on the PTP programmes are currently small and those of the STP even less, and the joint societies encourage all departments to offer training places at both levels when possible.

State Registration and the Academy for Healthcare Science

The joint societies endorse the process, under the AHCS, to provide state registration for clinical scientists. Those completing the STP training program will be automatically eligible for registration, while those currently in employment will be eligible according to the criteria set out by the academy. The joint societies encourage all those who are currently working at scientist level and with academic and professional qualification to apply for equivalence.

The Academy has announced its intention to also bring together approved voluntary registers for those not currently eligible for clinical scientist registration. The joint societies agree that the AHCS should be aiming for state registration for all those working in cardiovascular science, whether in a scientist or a practitioner role. The voluntary registers are likely to be the best avenue to achieve this in the medium term.

The joint societies recognise the work of the Registration Council for Clinical Physiologists (RCCP). While some of the functions of the RCCP voluntary register will, over time, be subsumed into the structures of the AHCS, the value of the current voluntary approved registration scheme managed by RCCP in providing an avenue to maintain the pressure for full state registration, will remain. Furthermore RCCP registration will continue to provide suitable credentials for those who work at an independent and senior level but who do not currently fulfil the academy equivalence criteria to be registered as a clinical scientist.

Improving Quality in Physiological diagnostic Services (IQIPS)

The Royal College of Physicians process for the registration of clinical physiology departments, (including cardiac) has now begun. This process is currently non mandatory, but will be a demonstration of quality in this new era of "any qualified provider" commissioning. The program will run alongside other specialty specific schemes such as British Society of Echocardiography (BSE) departmental accreditation for the foreseeable future. The standards laid down in the IQIPS

process and those for schemes such as BSE accreditation are the same and reciprocity has been agreed.

Departments applying for IQIPS will have to prove compliance in all areas of cardiac physiology that they provide, whereas specialty specific programs will continue to examine their particular areas of subspecialty. Organisations will wish to consider which of the schemes best meets their immediate and long term requirements.