GUIDANCE FROM THE RCCP ON SUBMITTING AN APPLICATION FOR M LEVEL REGISTRATION (ROUTE 1A)

This route is for applicants who are NOT registered with RCCP.

PERSONAL DETAILS

Please log onto the on-line form and up-date all sections as required.

The **address for correspondence** will be the one published in the RCCP Register (and Chartered Scientist register if applying for CSci) and should, where possible, be your work address as the information will be in the public domain. Please ensure that you keep your details up to date by editing your application details on-line (http://www.rccp.co.uk).

JOINT MODALITIES

Please check your registration modality. Whatever clinical procedures you perform, your attention is drawn to the HCPC Standards of Conduct, Performance & Ethics (2016) which states that registrants" work within the limits of their knowledge and skills."

When applying for voluntary registration an applicant should therefore enter their principal area of work as their modality even though it is recognised that they may work in other areas of clinical physiology. The declared modality will determine which RCCP representative will assess the application.

The professional representative assessing the application must be satisfied that the individual's training and experience is adequate for registration in respect of the clinical work that they undertake. If a substantial part of the applicant's work is in another modality the representative may ask a representative from the other discipline(s) involved to make a secondary assessment. This may introduce a slight delay in processing the application. There will therefore no longer be any need to apply for dual modality registration.

To aid the assessment process, if you perform tasks in different modalities, please give supporting evidence of the number of procedures and/or relative time spent performing those tasks within your application.

QUALIFICATIONS & PROFESSIONAL EXAMINATIONS

You must supply documentary evidence that you hold a relevant post-graduate qualification awarded by an organisation which has been recognised by RCCP (See Appendix One). Documentary proof in the form of photocopies of certificates should be provided. If these cannot be supplied an explanation (or evidence of why they are not available) should be submitted.

PROPOSERS

You are required to nominate two **proposers.** Your proposers are responsible for confirming that you are an appropriately qualified person to be accepted onto the Register. Proposers **MUST** be registrants of RCCP or a statutory register for healthcare professionals e.g. GMC, NMC, HCPC etc, who know you and can vouch for the veracity of all the information you have given on the application form. Your proposers are required to sign the Declaration confirming that you will abide by RCCP regulations for practice.

REFERENCES

Attach two comprehensive written references (at least one side of A4):

1. One should be from your current Head of Service or Lead Clinician and should state the service relationship e.g. current Head of Service of Lead Clinician. **This must specifically support your stated role at M level** providing an outline of all the details of your duties and dates of your employment – please provide start and finish dates. This reference needs to be provided on original official (e.g. NHS) letterhead, and be signed and currently dated. The reference must be dated within 6 months of application being received.

2. The second referee could be a peer, educator or other registered healthcare professional who is able to validate/support your application.

DISCLOSURES

We must check the health and character of everyone that applies to join our Register. This is to make sure that applicants will be able to practise safely and effectively within their profession. We can also take action against a registrant if their health and character raises concerns about their ability to practise safely and effectively.

When making decisions about character, we look at whether someone is of “good character” or whether there is any evidence of past actions which might suggest that the person is not of “good character”. Evidence that someone might not be of “good character” could include evidence of untrustworthiness, dishonesty, actions which harmed a service user or a member of the public or actions which might affect the public’s confidence in the registered professions.

It is important that you declare to us any convictions, police cautions or convictions for which you have received a conditional discharge. Failure to do so may result in an investigation which could lead to you being removed from the Register.

When we talk about “health” we mean health conditions which may affect an applicant’s fitness to practise. We are not asking whether an applicant is “healthy”. This is because someone may be unwell or may have a health condition which they managed appropriately but they may still be able to practise their profession safely. We do not need information about any health condition unless it affects your fitness to practise. We recognise that a disability may not be seen as a health condition. So, we only need information about a disability or health condition if it affects your fitness to practise. Having a disability should not be seen as a barrier to becoming a health professional.

Vetting and Barring schemes have been introduced across the UK to make sure that unsuitable individuals are not able to work with children or vulnerable adults. You must tell us if you have been barred under either the Protection of Vulnerable Groups Act 2006 and/or the Protection of Vulnerable Groups (Scotland) Act 2007 from working with children or vulnerable adults.

REPORT

The application and report is a record of training and experience gained to demonstrate the attainment of personal competence across a range of activities which relate to the sections of the written report (see Appendix Two). It in no way refers to the activities of an individual department. You are required to upload a report using the headings in Appendix Two covering the period of employment (at least 2 years for the M Level register and 4 years if the application is for CSci). Prepare your report as a word document, a maximum of 1500 words. The report should be pasted into the box provided on-line. This supporting evidence should be at the level of HCPC Clinical Scientist Standards of Proficiency (see http://www.hpc-uk.org), and the standards required for Chartered Scientist (http://sciencecouncil.org/). Ensure you are familiar with these standards before you prepare your report so that you appropriately reflect their requirements.

CPD ACTIVITY

Please upload a list all CPD activity undertaken in the last two years to the RCCP website. Please use the template in Appendix 3. CPD can be achieved through various activities both in-house as well as external. More information can be found on the RCCP website. If applying for Chartered Scientist, please upload a full report (plus any additional evidence), to demonstrate that the Science Councils standards are met. For more information on CSci CPD requirements see http://sciencecouncil.org/web/wp-content/uploads/2016/02/CSci-standards-approved-Apr15.pdf.

FEES

The current table of fees can be found on the RCCP website.

SUBMISSION

- Cheque made payable to RCCP (if payment not met by the online direct debit with Go Cardless)

PROCESSING

Forms will be processed within six months of receipt of fully completed forms and all additional documents.

RCCP Administration
Executive Business Support Ltd
City Wharf
Davidson Road
Lichfield
Staffordshire WS14 9DZ

APPENDIX ONE: RECOGNISED ACADEMIC QUALIFICATIONS AND ASSESSMENT OF COMPETENCE FOR APPLICATION TO THE PHYSIOLOGIST M LEVELREGISTER (ROUTE ONE) FOR CLINICAL PHYSIOLOGISTS

The list of the current recognised UK qualifications required for Route 1 or 1A can be found on the RCCP website (http://www.rccp.co.uk).

Any other relevant MSc may be considered on an individual basis and you are advised to contact your RCCP or PB representative who will advise you prior to applying.

APPENDIX TWO: PROFESSIONAL BODY GUIDANCE

Below is a list of the types of activities which a practitioner practicing at M level might undertake. This is in no way an exclusive list. N.B. Undertaking a few of these activities will not qualify for the M-level register; it is essential to be able to demonstrate knowledge and skill across the range required. It is important to note that one piece of work/ activities could be cross cutting over more than one of the sections.

Professional Autonomy

- Development of policies e.g. new investigations, risk assessment, health and safety policies
- Multi disciplinary communication with regards to planned patient care
- Involvement in research, audit and service improvement in relation to ethical requirements
- Case studies/case conferences/reflective practice to demonstrate compliance with legal and ethical boundaries.
- Using own judgement(s) in provision of clinical reporting and advice e.g. theatre monitoring, ITU, lone working, triaging etc, where it results in action being taken which impacts directly upon patient management
- Demonstration of on-going CPD and personal development
- Involvement in commissioning

Scientific and Clinical Practice

To perform a complex procedure you will need to:

- Apply scientific/medical knowledge to plan the procedure within an evidence based practice framework
- Understand the complex nature of the investigation in relation to the patients needs
- Use excellent communication skills and judgement to influence the outcome
- Ensure the procedure is carried out to the highest standard using the most appropriate equipment and technology
- Analyse and if necessary modify the procedure to ensure a high quality and safe experience for the patient
- Interpret and communicate outcome to relevant personnel in a timely manner
- Use reflective practice

Examples of activities which may demonstrate the above:

- Verbal and written physiologist clinical reporting (application must include anonimised signed and countersigned witness statements/reports)
- Video-telemetry (ANS)
- Theatre monitoring (e.g. Neuro/spinal) (ANS)
- Invasive monitoring (e.g. chronic/ECoG) (ANS)
- Complex NCS (i.e. not standard CTS screening) (ANS)
- Sleep studies (ANS)
- Complex EPs (ANS)

- In a range of GI investigations (GI)

Professional relationships

It is likely that the evidence to support section 1 and 2 will also support professional relationships at the appropriate level. In addition, other examples include:

- Provide effective leadership through engagement in multi-disciplinary teams; line management/ clinical supervision/ mentoring responsibilities; commissioning and quality assurance activities etc
- Engaging with service user in obtaining feedback at an individual and organisation level and acting on outcomes
- Lead investigator for incidents and complaints
- Supporting the professional body by working with other professional groups and stakeholders at a high level (i.e. Trust/SHA/DH levels) to ensure that appropriate professional standards are set and maintained
- Obtain consent, communicating risks and benefits to patients
- Involvement in specialist interest group locally/regionally/nationally

Research and service improvement

This section can be evidenced through significant involvement with a research or service improvement project. Other activities may include:

- Develop, monitor and manage quality assurance processes
- Development, implementation and maintenance of policies and protocols
- Development of business cases
- Development and implementation of audit – analysis of results and development of appropriate action plans
- Development and/or maintenance of clinical databases
- Incident investigation, implementing actions (with appropriate anonymisation)
- Formal research projects/papers (n.b. you must lead or have a significant contribution to the study and/or have written the paper)
- Workforce planning
- Development of patient pathways
- Involvement and collaboration with equipment manufacturers

- Involvement with closely related discipline specific services

Safe Effective practice, quality assurance

Activities may include:

- Development of risk assessments and health and safety policies and procedures
- Management and supervision of others in relation to ensuring safe systems of work
- Implementation of quality standards e.g. IQIPS, ANS/national guidelines and recommendations
- Clinical governance

Training and education

- Presentations at local/national/international meetings
- Formal teaching or structured tutorials (e.g. peers/nurses/Drs)
- Work-based assessor/National assessor
- Use appraisal/360º review/KSF for the development of staff
- Presentations at local/national/international meetings
- Mentorship
- Healthcare Scientist (HCS) champions/ambassador in Modernising Scientific Careers

APPENDIX THREE: CPD TEMPLATE

KEY DATES	WHAT DID YOU DO & WHY?	WHAT DID YOU LEARN FROM IT?	HOW HAVE YOU/ WILL YOU USE THIS?	DESCRIPTION OF EVIDENCE PROVIDED