

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 qualification awarded by an organisation which has been accredited by RCCP. Information on accredited programmes is available on the RCCP website. 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 or 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

You are required to submit a report which includes 2 pieces of supporting evidence for each of the section headings in Appendix One. **Please use the downloadable word document template (Appendix 2) for your submission.** Each section should demonstrate that your level of knowledge and practice meets the level required for admission to RCCP M Level register and/or CSci award and must demonstrate the attainment of **personal** competence across a range of activities which relate to each of the sections. It in no way refers to the activities of an individual department.

See also Appendix Three: Professional body guidance. 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 Four. 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: GENERAL GUIDANCE

SECTION ONE

Professional autonomy and accountability: a high level of personal autonomy and originality is required to make sound judgments in the absence of complete data and communicate their conclusions clearly to specialist and non-specialist audiences; taking into account critical evaluation of current best practice and research and audit.

This section will enable you to demonstrate that you practice within the legal and ethical boundaries of your profession, acting in the best interests of the service user/patients at all times. It will also enable you to demonstrate that you recognise the obligation to maintain your own health and fitness to practice through the documentation of a range of continuing professional development activities. This would include the ability to:

1.1	Recognise the legal and ethical framework of practice, including the ethical aspects of research.	
1.2	Recognise the role of multi-disciplinary team working in providing safe and effective healthcare.	
1.3	Assess a situation, determining the nature and severity of a clinical problem, and identify appropriate action to manage or resolve it.	
1.4	Critically evaluate information from a range of sources to justify your decision making.	
1.5	Identify when to seek advice or refer to another professional in order to work within a specific scope of practice.	
1.6	Communicate the relevant issues to patients, carers, and other healthcare professionals.	
1.7	Manage your own workload and prioritise appropriately.	
1.8	Participate in appraisal and maintain a record of continuing professional development activities.	

SECTION TWO

Scientific & clinical practice: understand and apply the scientific and clinical body of knowledge that underpins the modality and clinical practice. Plan, undertake, order and/or report on a complex range of procedures and/ or treatments, using appropriate equipment required to meet the health needs of service users and to exercise a professional duty of care.

This section enables you to demonstrate that you undertake a range of techniques within your modality, required by your complex clinical role. This would include the ability to:

2.1	Identify and apply the body of scientific and clinical knowledge underpinning practice, including appropriate investigative and/or rehabilitative options within an evidence based practice framework.	
2.2	Recognise the limitations of any investigative and/or rehabilitative options for particular patients.	

2.3	Use the current evidence base to inform practice and solve problems to ensure appropriate patient care for patients.	
2.4	Gather information appropriate to enable planning of correct investigation, assessment and/or treatment.	
2.5	Adapt practice to meet the needs of individual patients e.g. physical, psychological, environmental, cultural or socio-economic factors.	
2.6	Select and undertake a range of complex investigations, analyse and critically evaluate the information collected, monitor and modify accordingly. (see <i>professional body guidance on range of activities</i>)	
2.7	Formulate specific and appropriate management plans including setting timescales.	
2.8	Evaluate the effectiveness of interventions using appropriate tools in order to meet the patient's needs.	
2.9	Work as part of a wider clinical team to deliver integrated care to patients.	
2.10	Recognise the need to be aware of innovation in technology in improving healthcare for patients.	

SECTION THREE

Professional relationships: experience of verbal and non verbal communication in clinical settings, the need for effective communication throughout the care of the patient; achieving informed consent taking into account the differing needs of individuals. Appropriate record keeping; and contributing effectively to work undertaken as part of a multidisciplinary team.

PLEASE NOTE GUIDANCE TO INCLUDE SPECIFIC INVESTIGATIONS/ACTIVITIES

This section enables you to any your ability to work, where appropriate, in partnership with other professionals, support staff, service users and their relatives and carers. This would include the ability to:-

3.1	Demonstrate effective leadership through engagement in multi-disciplinary teams; line management/ clinical supervision/ mentoring responsibilities; commissioning and quality assurance activities etc.	
3.2	Demonstrate effective and appropriate skills in communicating information, advice, instruction and professional opinion to colleagues, service users, their relatives and carers.	
3.3	Demonstrate the skills required to contribute effectively within a multi-disciplinary team (see HCPC SoP 9.4).	
3.4	Recognise the need to use interpersonal skills to encourage the active participation of service users (see HCPC SoP 8.8).	
3.5	Identify the importance of, and be able to maintain, confidentiality, consent and other ethical requirements.	

3.6	Practice in a non-discriminatory manner, respecting and upholding the rights of patients and service users.	
------------	---	--

SECTION FOUR

Research & service improvement: knowledge of a range of techniques (qualitative and quantitative) and their application to health improvement, which includes audit and involvement in research, and /or service improvement.

This section enables you to demonstrate that you recognise the value of research to the critical evaluation of practice, are able to engage in evidence-based practice, evaluate practice systematically, and participate in audit procedures. This would include the ability to:-

4.1	Develop, monitor and manage quality assurance processes.	
4.2	Contribute to research or service improvement and quality enhancement for patients, including the use of patient perspectives.	
4.3	Develop aims and objectives of a project to meet the needs of patients and service using a logical and systematic approach.	
4.4	Systematically identify and critically appraise appropriate literature.	
4.5	Perform work objectively, analyse and critically interpret results and develop an action plan.	
4.6	Use appropriate IT tools to collate, analyse, and present the results in the most appropriate mode to relevant audiences.	
4.7	Reflect on, evaluate and document outcomes.	

SECTION FIVE

Safe, effective practice, quality assurance: the requirements and importance of health, safety (including safe systems of work), risk management and quality control and assurance in practice; record keeping and utilisation of protocols and procedures; relevant accreditation and review systems.

This section enables you to demonstrate how you work within a clinical governance framework. This would include the ability to:-

5.1	Comply with all health and safety requirements both as an employee and as a practitioner in healthcare.	
5.2	Ensure that any equipment, procedure or intervention is safe, used appropriately and fit for purpose.	
5.3	Apply relevant standards, protocols and procedures to any clinical activity.	
5.4	Recognise the requirement to monitor and evaluate service delivery for quality assurance, accreditation and service improvement.	
5.5	Recognise the role of mandatory accreditation schemes to improve patient care.	

5.6	Maintain accurate records in line with legislation, protocols and guidelines.	
5.7	Provide written reports, letters, or other documents in an acceptable format complying with data protection legislation and information governance.	
5.8	Describe the structure, organisation and relevant financial aspects of the department and how it relates to the rest of the organisation.	

SECTION SIX

Training & education: the development of others, e.g. patients, public, colleagues, peers and students.

This section enables you to demonstrate your ability to supervise, mentor, train or teach people who have different learning requirements. It can include formal teaching e.g. a presentation; or informal training e.g. enabling a patient to follow a new procedure or be informed about a particular treatment. It can also include the production of educational or information resources for different users. This would include the ability to:-

6.1	Supervise staff in your area of responsibility, providing constructive and timely feedback on their performance.	
6.2	Identify learning needs and resources required to meet them.	
6.3	Evaluate pre-existing learning resources using appropriate tools, if available.	
6.4	Develop learning resources if required.	
6.5	Deliver and evaluate effectiveness of learning resources.	

APPENDIX TWO: REPORT TEMPLATE (SEE DOWNLOADABLE WORD DOCUMENT)

APPENDIX THREE: 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
- 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 anonymised 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:

- Providing 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
- Communicating with MDTs

Research and service improvement

This section can be evidenced through significant involvement with a research or service improvement project.

Other activities may include:

- Development, monitoring and management of quality assurance processes
- Development and implementation and maintenance of policies and protocols
- Development of business cases
- Development and implementation of an 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/360° review/KSF for the development of staff
- Mentorship
- Healthcare Scientist (HCS) champions/ambassador in Modernising Scientific Careers

APPENDIX FOUR: 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
-----------	------------------------	-----------------------------	----------------------------------	----------------------------------
