

Professional Issues / Questions from Members

The membership consultation on the critical care technologists' scope of practise prompted some interesting and valid questions from various members. It was felt it would be best to address them in our journal and try to make the answers clear and pertinent to you all.

Scope of Practice (SoP)

▪ **Why do we need it?**

The SoP is necessary in defining what CCTs do as a profession and is the 'line in the sand' for future CCTs. It makes it clear to those outside and unfamiliar with our profession that we are a unique discipline, the skills we can utilise to maintain and improve the delivery of quality care to critically ill patients and where we can do so. It also indicates the level of knowledge and functions that a newly qualified CCT must be able to demonstrate. This gives us a generic post degree CCT with an understanding of all functions that CCTs may perform. It is important to have documentation that covers and describes the functions you perform as a CCT.

▪ **It covers a lot; do I have to be doing all of it to be a CCT?**

No, you do not have to be performing all functions listed in the SoP to be a CCT or a member of SCCT. Depending upon the type of service you provide to your own critical care areas, your functions will cover some of the SoP to differing depths and breadth. You are already in post as a CCT and performing the role necessary for your units.

▪ **So why does it cover so much?**

The SoP had to include the whole range of functions that are undertaken by CCTs to ensure that no CCT or critical care area was disadvantaged by having part of the necessary and established functionality excluded. As CCTs have evolved from electronics, physics, physiology and ODP backgrounds, we had to ensure that we included all aspects of our expertise within the SoP.

▪ **What does it mean for the future?**

This means that all CCTs in the future will have a common background level of knowledge, making it easier to move between Hospitals as the skills needs may differ but are more easily identified and addressed. The SoP should enable CCTs to take on and develop skills in their critical care areas. The SoP clearly lists these areas of practise which we may perform such as:

Physiological Support, Measurement and Clinical Intervention

Point of Care Testing (Near Patient Testing)

Management of Critical Care Technology

Training and Development:

Research and Development

Health and Safety, Risk Assessment and Clinical Governance

The depth and breadth of performing the functions are built upon by CPD, NOS and any necessary and recognised educational qualifications. Thus, the range of functions of our SoP enables us to respond to changes in the needs of and delivery of care to critically ill patients, utilising our multi skilled capability wherever it is required.

Voluntary Register

▪ **Why are we going to be on the Clinical Physiologist section of the HPC?**

Several years ago the membership of SCCT were asked to vote on whether as a profession we sat within the physics or the physiology strands of healthcare science. The majority vote was for physiology. From our position in physiology we utilise components of the physics and biological sciences strands (equipment management/POCT, Blood gas analysers), which would have been problematic if we had been placed in another strand. So when regulation extends to CCTs we will be on the Physiology section with our SoP listed functionality and able to perform in the areas already mentioned.

▪ **What will our protected title be?**

Our protected title will not be that of a physiologist. By definition we understand the physiology and work to support, monitor and diagnose the underlying physiological process. In doing so we also need to utilise knowledge of physics, biochemistry and haematology skills. It is important that we have a title that unites all the HCS who perform the role for the benefit of critically ill patients and does not appear to favour or alienate any of the base professions. Therefore, we have adopted the protected title of Critical Care Technologist and strongly urge all who perform this role to join SCCT and the register that SCCT are handing over to the VRC in preparation for placement upon the HPC register.

■ **When will the SCCT register be transferred and what is the process?**

The Executive council of SCCT are going to transfer the register in March 2007 onto the VRC register. As part of setting up the VRC, a common form and data collection system was agreed. As part of the process of transfer a VRC application form must be filled in and this will be vetted by SCCT representatives, hence, the council undergoing the process first. Membership on the SCCT voluntary register should closely follow and go through the procedure to transfer and be placed upon the VRC register. Ideally, by summer all CCTs should be on or in the process of going onto the VRC register.

■ **How much will registration cost?**

The £45 registration fee is independent of SCCT and is purely a VRC administration charge for processing the completed common VRC form. Please note this fee, as with your SCCT membership, is tax deductible.

■ **Why should I be on the register?**

Being on the register indicates you are a competent professional who accepts regulation and applies standards in performing your duties. It will enable you to be placed on the HPC register when we move forward to compulsory regulation. It is not only a matter of best practice but also in line with the SCCT mission statement. If you are not on the SCCT register, you will have varying degrees of difficulty become registered. Remember, upon statutory regulation you will have to be on the HPC register to practice your profession.

■ **Why is it important to be on the right register?**

The register you are on relates to the profession/discipline you are part of and as such, have a SoP that states areas in which you function. It is important to make sure you are on a register that permits you to perform the role you are in. It may be that your training and experience is in critical care and you have moved into an extended, more specialised or management role. However, the registration process will show you have experience in critical care. SCCT are vetting acceptance of CCTs onto the VRC register and if you are a full member of SCCT, you have already demonstrated that you are a CCT. If you currently work in or are employed to support critical care it is important you join the VRC CCT register, for even though that may not be your current job title, you are a CCT. It does not matter if you are part of a specialist team supporting ICUs within, for example, a medical physics department with perhaps an emphasis on electronics. You are performing a CCT role and as such you are a CCT and covered by the CCT SoP. Management structure is not an issue, but your function and role is! In the DH documentation, including NHS Careers, critical care technology is placed under physiology with SCCT as the professional body.

■ **Why should I be a member of SCCT?**

SCCT has worked very hard to ensure those of us who work in critical care have a united recognised voice and can shape our own career path and standards. It is SCCT who have written the SoP, developed the specialist modules for the clinical physiology degree, written NOS and the CCT career pathway and linked the CCT NOS to the EKSF. SCCT runs study days as part of CPD and validates and accredits training and study days for other organisation e.g. Maquet and Phillips. It is by doing this and more that SCCT will support you and maintain your fitness to practice. SCCT will also represent you not only at national meetings, putting our professions viewpoint across, but also locally if needed. Remember, there can be no regulation without a professional body to oversee your training, professional development and needs.

■ **When will I be on the HPC register?**

The big question! The time scale is dependant upon when the DH decides to proceed with extending regulation to the second wave of professions, in which we are included. It is impossible for us to give a definitive date but the VRC was set up by the DH as the vehicle to take professions forward to regulation and we are now in that process. CCTs are recognised by the DH as a profession and we are moving forward represented by SCCT.