Allied Health Professionals Council (Clinical Scientist) Regulations 2022

GN No. 127 of 2022
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THE ALLIED HEALTH PROFESSIONALS COUNCIL ACT

Regulations made by the Minister, after consultation with the Allied Health Professionals Council, under section 39 of the Allied Health Professionals Council Act

1. These regulations may be cited as the **Allied Health Professionals Council (Clinical Scientist) Regulations 2022**.

2. In these regulations –

"Act" means the Allied Health Professionals Council Act.

3. For the purpose of section 5(d) of the Act, the Code of Practice for a Clinical Scientist shall be the Code set out in the Schedule.

4. Every clinical scientist must comply with the Code of Practice.

5. (1) where a clinical scientist fails to comply with the Code of Practice, the Council, may, by notice in writing served on him, require him to comply with the Code of Practice.

(2) A clinical scientist who fails to comply with the Code of Practice may be called by the Council to explain his non-compliance with the Code of Practice.

6. These regulations shall come into operation on 1 June 2022.

Made by the Minister, after consultation with the Allied Health Professionals Council, on 16 May 2022.

SCHEDULE

[Regulation 3]

CODE OF PRACTICE
CLINICAL SCIENTISTS

PART I – GLOSSARY

“Advocate“ means a person who publicly supports or recommends a particular cause or policy;

“amendment“ means change in a legal document made by adding, altering, or omitting a certain part or term;

“audit trail“ means it is a step-by-step record by which accounting data can be traced to its source;

“autonomy“ means independence or freedom*;*

“clinical scientist“ –

(a) means a person who oversees tests for diagnosing and managing disease. He/she advises clinicians on tests and interpreting data as well as carry out research to understand diseases*;*

(b) although he/she is regulated as a single profession, a Clinical Scientist practises within discrete disciplines known as "modalities" and some requirements in these standards are modality-specific. A Clinical scientist declares his/her modality to the Allied Health Professionals Council (AHPC);

“comply“ means to act according to an order, set of rules, or request;

“confidentiality“ means spoken, written, acted on, etc., in strict privacy or secrecy;

“conduct“ means the manner in which a person behaves, especially in a particular place or situation;

“counsel“ means advice given especially as a result of consultation;

“disclosing“ means to make something known publicly, or to show something that was hidden;

“ethics“ means with respect to the rightness and wrongness of certain actions and to the goodness and badness of the motives and ends of such actions;

“exhaustive“ means performed comprehensively and completely;

“fostering“ means to promote the growth or development of;

“governance“ means establishment of policies, and continuous monitoring of his proper implementation;

“hazard“ means something causing unavoidable danger, peril, risk, or difficulty;

“immunisation“ means it is the process by which an individual's immune system becomes fortified against an agent (known as the immunogen);

“integrity“ means the quality of being honest and having strong moral principles that you refuse to change;

“judgment“ means judgement is the evaluation of evidence to make a decision;

“multi disciplinary“ means composed of or combining several usually separate branches of learning or fields of expertise;

“non discriminatory“ means fair, equitable;

“revocation“ means the term “revocation” refers to the recall, cancellation, or annulment of something that has been granted, such as a privilege, an offer, or a contract;

“scope of practice“ means the procedures, actions, and processes that the clinical scientist is permitted to undertake in keeping with the terms of his professional licence;

“validation“ means to make something officially acceptable or approved, especially after examining it.

PART II – CODE OF ETHICS

A code of ethics clarifies roles and responsibilities within a profession and provides guidance to the professional for addressing common ethical questions. Patients have a legal right to services that comply with ethical standards such as this code of ethics. Clinical Scientists agree that they will maintain professional standards at all times, keeping up to date with amendments to this code of ethics. This code is not exhaustive and clinical scientists acknowledge that they will always be prepared to explain and justify their actions and decisions to the registration body if so required. Failure to comply with the code of ethics may result in review processes that lead to termination of registration or revocation.

(1) Ethical obligations

Clinical Scientists demonstrate an application of their ethical obligations through their professional and personal conduct.

(a) Obligations to society

A clinical scientist must –

(i) exercise his professional skills and judgement to the best of his ability and discharge his professional responsibilities with the highest standards of competence and integrity;

(ii) refrain from practices restricted by law and not indulge in unfair or improper practices for personal and professional gain; and

(iii) maintain a responsible approach to the community at large with respect to handling and disposal of hazardous material.

(2) Obligations to the patient/client

A clinical scientist must –

(a) maintain confidentiality of patients information gained in the conduct of his profession and not disclosing results or information, of a personal or confidential nature to an unauthorised person;

(b) safeguard dignity and privacy of patients;

(c) advocate for processes that demonstrate high reliability, meeting international standards;

(d) work with all patient samples without regard to disease state, ethnicity, race, religion or sexual orientation;

(e) be responsible for the logical process from the acquisition of the specimen to the production of data and the final report of test results.

3. Obligations to colleagues, the profession and other members of the health team

A clinical scientist must –

(a) conduct himself/herself honourably in the practice of his / her profession;

(b) maintain good standards of laboratory and clinical practice;

(c) work constructively within a team, respecting colleagues and communicating and cooperating with other health professionals;

(d) strive to improve his/her professional skill and knowledge and provide expertise to advise and counsel other health professionals;

(e) conduct all research with honesty and integrity, following all aspects of research protocol, only accepting payments approved by a research ethics committee;

(f) foster compliance with relevant standards and regulations while partnering with regulators of accreditation.

PART III - STANDARDS OF PROFICIENCY

Introduction

This document sets out the standards of proficiency for clinical scientists. These standards set out safe and effective practice in the professions we regulate. They are the threshold standards we consider necessary to protect members of the public. Once on our Register a clinical scientist must meet those standards of proficiency which relate to the areas in which a clinical scientist work. We also expect him/her to keep to our standards of conduct, performance and ethics and standards for continuing professional development. We have numbered the standards so that he/she can refer to them more easily. The standards are not hierarchical and are all equally important for practice.

Our scope of practice is the area or areas of Clinical Sciences in which you have the knowledge, skills and experience to practice lawfully, safely and effectively, in a way that meets our standards and does not pose any danger to the public or to yourself. We recognise that a clinical scientist's scope of practice will change overtime and that the practice of experienced clinical scientists often becomes more focused and specialised than that of newly registered colleagues. This might be because of specialisation in a certain

area or with a particular client group, or a movement into roles in management, education or research. Every time a clinical scientist renews his/her registration, he/she will be asked to sign a declaration that he/she continues to meet the standards of proficiency that apply to his/her scope of practice.

The particular scope of practice of a clinical scientist means that he/she is to continue to demonstrate that he/she meets all of the standards that apply for the whole of his/her profession.

As long as a clinical scientist makes sure that he/she is practising safely and effectively within his/her given scope of practice and do not practise in the areas where he/she is not proficient to do so, this will not be a problem. If he/she wants to move outside of his/her scope of practice, he/she should be certain that he/she is capable of working lawfully, safely and effectively. This means that he/she needs to exercise personal judgement by undertaking any necessary training or gaining experience, before moving into a new area of practice.

There is normally more than one way in which each standard can be met and the way in which he/she meets our standards might change over time because of improvements in technology or changes in his/her practice.

As an autonomous professional, he/she needs to make informed, reasoned decisions about his/her practice to ensure that he/she meets the standards that apply to him/her. This includes seeking advice and support from education providers, employers, colleagues, professional bodies, unions and others to ensure that the wellbeing of service users is safeguarded at all times. So long as he/she does this and can justify his/her decisions if asked to, it is very unlikely that he/she will not meet our standards.

Please note that the standards will be under continual review and changes will be made in the future to take into account changes in practice. AHPC will see to it that any changes to the standards will be publicised and other professional bodies will be informed.

(1) A clinical scientist must –

(a) be able to practise safely and effectively within his/her scope of practice;

(b) know the limits of his/her practice and when to seek advice or refer to another professional;

(c) recognise the need to manage his/her own workload and resources effectively and be able to practise accordingly;

(d) be able to practise within the legal and ethical boundaries of his/her profession;

(e) understand the need to act in the best interests of service users at all times;

(f) understand what is required of him/her by AHPC;

(g) understand the need to respect and uphold the rights, dignity, values, and autonomy of service users including his/her role in the diagnostic and therapeutic process and in maintaining health and wellbeing;

(h) recognise that relationships with service users should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility;

(i) know about current legislation applicable to the work of his /her profession;

(j) understand the importance of and be able to obtain informed consent;

(k) be able to exercise a professional duty of care.

(2) A clinical scientist must be able to maintain fitness to practice and must –

(a) understand the need to maintain high standards of personal and professional conduct;

(b) understand the importance of maintaining his/her own health; and

(c) understand both the need to keep skills and knowledge up to date and the importance of career long learning.

(3) A clinical scientist must be able to practice as an autonomous professional, exercising his/her own professional judgement and must –

(a) be able to assess a professional situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem;

(b) be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately;

(c) be able to make judgements on the effectiveness of procedures;

(d) be able to initiate resolution of problems and be able to exercise personal initiative;

(e) recognise that he/she is personally responsible for and must be able to justify his/her decisions;

(f) be able to make and receive appropriate referrals; and

(g) understand the importance of participation in training, supervision and mentoring.

(4) A clinical scientist must be aware of the impact of culture, equality and diversity on practice and must –

(a) understand the requirement to adapt practice to meet the needs of different groups and individuals; and

(b) be able to practice in a non-discriminatory manner.

(5) A clinical scientist must understand the importance of and be able to maintain confidentiality and must –

(a) be aware of the limits of the concept of confidentiality;

(b) understand the principles of information governance and be aware of the safe and effective use of health and social care information; and

(c) be able to recognise and respond appropriately to situations where it is necessary to share information to safeguard service users or the wider public;

(6) A clinical scientist be able to communicate effectively and must –

(a) be able to demonstrate effective and appropriate verbal and non-verbal skills in communicating information, advice, instruction and professional opinion to service users, colleagues and others;

(b) understand how communication skills affect assessment of, and engagement with, service users and how the means of communication should be modified to address and take account of factors such as age, capacity, learning ability and physical ability;

(c) be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others;

(d) be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as age, culture, ethnicity, gender, socio-economic status and spiritual or religious beliefs;

(e) understand the need to provide service users or people acting on his/her behalf with the information necessary to enable them to make informed decisions;

(f) recognise the need to use interpersonal skills to encourage the active participation of service users;

(g) be able to communicate the outcome of problem solving and research and developmental activities; and

(h) be able to summarise and present complex scientific ideas in an appropriate form.

(7) A clinical scientist must be able to work appropriately with others and must –

(a) be able to work, where appropriate, in partnership with service users, other professionals, support staff and others;

(b) understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team; and

(c) be able to contribute effectively to work undertaken as part of a multi-disciplinary team.

(8) A clinical scientist must be able to maintain records appropriately and must –

(a) be able to keep accurate, comprehensive and comprehensible records in accordance with applicable legislation, protocols and guidelines; and

(b) recognise the need to manage records and all other information in accordance with applicable legislation, protocols and guidelines.

(9) A clinical scientist must be able to reflect on and review practice and must –

(a) understand the value of reflection on practice and the need to record the outcome of such reflection; and

(b) recognise the value of case conferences and other methods of review.

(10) A clinical scientist must be able to assure the quality of his/her practice and must –

(a) be able to engage in evidence-based practice, evaluate practice systematically and participate in audit procedures;

(b) be able to gather information, including qualitative and quantitative data, that helps to evaluate the responses of service users to his/her care;

(c) be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures;

(d) be able to maintain an effective audit trail and work towards continual improvement;

(e) be aware of, and be able to participate in, quality assurance programmes, where appropriate;

(f) understand the importance of participating in appropriate accreditation systems;

(g) be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user; and

(h) recognise the need to monitor and evaluate the quality of practice and the value of contributing to the generation of data for quality assurance and improvement programmes;

(11) Clinical scientist must be able to use quality control and quality assurance techniques, including restorative action and must –

(a) recognise the need to be aware of emerging technologies and new developments;

(b) understand the structure and function of the human body, together with knowledge of health, disease, disorder and dysfunction relevant to his/her profession;

(c) be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process;

(d) recognise the role of other professions in health and social care;

(e) understand the structure and function of health and social care services in Mauritius;

(f) understand the concept of leadership and its application to practice;

(g) now the basic science underpinning the modality in which they practice, understand relevant basic clinical medicine and be aware of the fundamental principles of clinical practice;

(h) understand the principles associated with a range of techniques employed in the modality;

(i) be now the standards of practice expected from techniques;

(j) be able to change his practice as needed to take account of new developments or changing contexts;

(k) be able to conduct appropriate diagnostic or monitoring procedures or other actions safely and effectively;

(l) be able to perform a range of techniques employed in the modality;

(m) understand the need to conform to standard operating procedures and conditions;

(n) understand the need to work with accuracy and precision;

(o) be able to solve problems that may arise during the routine application of techniques;

(p) be able to formulate specific and appropriate management plans, including the setting of timescales;

(q) be able to develop an investigation strategy which takes account of all the relevant clinical and other information available;

(r) be able to gather appropriate information;

(s) be able to identify the clinical decision which the test or intervention will inform;

(t) be able to select and use appropriate assessment techniques;

(u) be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment;

(v) be able to undertake or arrange investigations as appropriate;

(w) be able to analyse and critically evaluate the information collected; and

(x) be able to demonstrate a logical and systematic approach to problem solving;

(12) A clinical scientist must be able to use research, reasoning and problem solving skills to determine appropriate actions and must –

(a) recognise the value of research to the critical evaluation of practice;

(b) be aware of a range of research methodologies;

(c) be able to evaluate research and other evidence to inform his/her own practice;

(d) be able to conduct fundamental research;

(e) be able to interpret data and provide diagnostic and therapeutic opinions, including any further action which the individual directly responsible for the care of the patient or service user should take;

(f) be able to search and to appraise scientific literature and other sources of information critically;

(g) be able to develop the aims and objectives associated with a project;

(h) be able to develop an experimental protocol to meet these aims and objectives in a way that provides objective and reliable data, free from bias;

(i) be able to perform the required experimental work and be able to produce and present the results including statistical analysis;

(j) be able to interpret results in the light of existing knowledge and the hypothesis developed, and be able to formulate further research questions;

(k) be able to present data and a critical appraisal of it to peers in an appropriate form;

(l) be able to use information and communication technologies appropriate to his/her practice;

(m) understand the need to maintain the safety of both service users and those involved in his/her care;

(n) aware of applicable health and safety legislation, and any relevant safety policies and procedures in force at the workplace, such as incident reporting, and be able to act in accordance with these;

(o) be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner and in accordance with health and safety legislation;

(p) be able to select appropriate personal protective equipment and use it correctly;

(q) be able to establish safe environments for practice, which minimise risks to service users, those treating them and others, including the use of hazard control and particularly infection control;

(r) understand sources of hazard in the workplace, including specimens, raw materials, clinical and special waste and equipment;

(s) be aware of immunisation requirements and the role of occupational health; and

(t) know the correct principles and applications of disinfectants, methods for sterilisation and decontamination, and for dealing with waste and spillages correctly.