

Dear Sir / Madam

I offer my observations as National Project Officer for Healthcare Science in Scotland.

1. The draft standard acknowledges the large variations in NHS practice, including waiting times experienced by some users. It sets out median waiting times of 4 weeks but does not identify a framework to hold the service to account in this respect. Would a system of external audit of services perhaps help in achieving this? The practice is well established in hospital laboratory services where units staffed by biomedical and clinical scientists are annually inspected. In the labs the driver for this is patient safety, but the principle of external annual inspection could be usefully adapted to also track waits.

2. The Quality Rating Tool for audiology services could perhaps be enhanced by a sixth element " 6: Fully compliant with additional innovative service provision and developments". The self-assessment proposal poses an obvious risk of undermining the impartiality and reliability of the rating tool. External assessment of services using the tool would be more reliable and consistent, it would also focus the minds of those delivering the service; and it avoid the unwanted possibility of interference in the process.

3. Professional competence 7a.

There needs to be clarity in the draft over the use of the Health professions Council standards of proficiency. HPC applies only to clinical scientist registrants in audiology - who are a minority of the audiology workforce. There is no reference to The Registration Council for Clinical Physiology, which is the current de facto voluntary register for many staff working in this field. RCCP is indeed awaiting merger with HPC but the end-point of that process is still some way off finalisation. On this basis RCCP should be acknowledged as a key element in the (voluntary) registration process for some staff. Uptake of voluntary registration should be one of the quality rating measures applied to service.

Kind regards

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