



Voluntary Registration Council
for Healthcare Science

Guidance Notes

For Diabetic Retinopathy Screeners

On Submitting an Application for Voluntary Registration

Version 3.2
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Voluntary Registration Council

c/o Executive Business Support
City Wharf
Davidson Road
Lichfield
Staffordshire
WS14 9DZ

Tel: 0845 838 6267

Fax: 0124 355 2420

Email: vrcc@execbs.com

APPLICATIONS

All applications must be made on the recognised VRC form. Applications can be hand written or typed. Hand-written forms should be completed in black ink and must be legible.

Once you have completed your application form submit one copy with a cheque for the non-refundable registration fee by post. The following charges will apply:

From: January 2011

New applicants - £55

Re-registration – £35

Additional charges for incomplete applications will be made therefore please ensure that you check your completed application carefully before sending it to VRC. A table of charges is available on the VRC website. Please make cheques payable to VRC or the Voluntary Registration Council for Health Care Science. The payment for renewal of your voluntary registration will be payable from your account in September each year.

Submissions by email will not be accepted.

It is recommended that you keep a copy of the form for your own records and in case your submission is lost in the post.

CONTENT OF THE APPLICATION

The application and report is a record of training gained to demonstrate the attainment of personal competence across a range of activities which relate to the sections of the written report (see below). It does NOT refer to the activities of an individual department or organisation.

PROCESSING

The VRC meets every 6 months. The time it takes to process each application is dependent upon the number of applications received. It is not possible to acknowledge receipt of applications.

All general enquiries should be directed to the VRC Registrar.

VOLUNTARY REGISTRATION COUNCIL

c/o Executive Business Support

City Wharf

Davidson Road

Lichfield

Staffordshire

WS14 9DZ

As the process of voluntary registration evolves, it may be necessary to modify the guidance notes, which must be read in order to ensure that your application fulfils the requirement

ROUTES TO REGISTRATION

National Diploma in Retinal Screening (C&G), modules passed with dates and those currently being taken with expected qualification date.

1. PERSONAL DETAILS:

Insert the title by which you are normally addressed (i.e. Mr, Mrs., Miss, and Ms etc). Insert a previous surname if your professional qualification certificates are under a different name.

The address for correspondence will be the one published in the Voluntary Register and should, where possible, be your work address as the information will be in the public domain. The Council must be informed of any change of address.

Modality applied for - Diabetic Retinopathy Screener.

2. ACADEMIC AND PROFESSIONAL QUALIFICATIONS:

Documentary proof in the form of photocopies of certificates must be provided. If these cannot be supplied evidence of why they are not available should be submitted e.g. written statement from an examination awarding body, professional body or employer.

RELEVANT PROFESSIONAL QUALIFICATIONS:

A photocopy as proof of modules passed, exemptions granted and modules currently being undertaken with expected qualification date must be included. If not available please give full details of the venue and date taken.

Until all retinal screeners have taken this qualification experience of more than 5 years as a retinal screener with appropriate qualifications (eg. Medicine, Optometry, Orthoptics, Nursing and medical/clinical photography) supported by the relevant verifying paperwork will be accepted, subject to the Registrar's approval.

3. Membership of Professional Bodies:

It is not a mandatory requirement to belong to a professional body however for voluntary registration to be accepted by the Health Professions Council at least 25% of the profession must belong to a professional body i.e. British Association of Retinal Screeners www.eyescreening.org.uk

4. ARTICLES AND PUBLICATIONS:

Complete this section on a separate sheet and include any articles written for professional body website or journal or other journals, as well as published abstracts, from poster or oral presentations at meetings.

You may include any other information that you wish to draw to the attention of the Council. This may include involvement with your professional body, activities undertaken within a health region/area or within your hospital, for example training/teaching experience.

5. PROFESSIONAL RECORD:

Please indicate any periods of employment and career breaks or other periods of absence greater than one month in this section of your application. Continue on a separate sheet if necessary.

If you have been working for less than two years following a career break of greater than five years you will need to supply evidence of re-training and subsequent re-assessment. It is not necessary to send copies of in house documentation. Details should be included in your report in the section that describes your training and experience as a Retinopathy screener. Your referee(s) should confirm re-training and competence to practice after return to work from a break in service.

6. THE WRITTEN REPORT:

This report should be written using the stated headings to establish your competence in each of the areas listed on the application form i.e.:

- a) **Technical:** Write a few paragraphs on the range of duties you have experience in. This may include pre-screening tests experience (visual acuity measurement etc.), use of equipment such as fundus cameras, slit lamps etc., maintaining health and safety, working to NICE or NSC guidelines. Also include implementation of new procedures, and any participation in research and development. Give a brief overview of your relevant career history and duties carried out (e.g. from trainee to current position)
- b) **Clinical:** Demonstrate knowledge of retinal abnormalities both diabetic and non-diabetic and a knowledge and understanding of relevant medical terminology. Write a paragraph about your screening service and the role you play.
- c) **Communication:** Describe your knowledge of information technology, how computers are used in your daily activity.
- d) **Managing and planning:** Describe your work activity.
- e) **Teaching and training:** This can be specific or the teaching and training of other health care professionals or lay public.
- f) **Research & development:** Include any involvement in any research and development programme over the last two years. Include details of any articles or "in house" publications not available in the public domain (copies may be requested).

Teaching and training can be discipline specific or the teaching and training of other healthcare professionals or lay public.

7. DETAILS OF TRAINING RECEIVED:

The combination of this section and the report forms a record of training gained to demonstrate the attainment of personal competence across a range of activities which relate to the sections of the written report (see above). You may list in this section courses or training sessions attended by you which help to maintain, develop or increase levels of competency.

8. PROFESSIONAL MEETINGS ATTENDED AND CPD ACTIVITY UNDERTAKEN:

Document your attendance/participation at professional conferences, laboratory staff meetings, journal clubs, seminars, committees and activities that acquire Continuing Professional Development (CPD) credits in this section.

9. REFERENCES:

Your Head of Department should provide a written reference. Also provide a name of a second referee who can be contacted, if needed. It is required that your reference is from a person who is already bound by statutory regulation of practice.

Please be aware if your Head of Department is not registered you should supply a second reference from someone who has a good knowledge of your training and experience and who is either already on the BARS Voluntary Register, or another state register.

If you have recently changed posts you will be required to supply a reference from your previous employer.

Your referee(s) should confirm training, and any re-training undertaken and your overall competence to practice as a Diabetic Retinopathy Screener and recommend you for inclusion on the Voluntary Register.

References must be on official headed paper (i.e. NHS, local Authority, etc) and signed. Only references dated within 6 months of the date the application has been received will be accepted.

10. DECLARATION:

Please read the declaration and sign.

CHECKLIST (PLEASE TICK)

- 2 x complete copies of the form (1 x copy for VRC, 1 x copy for your records)**
- Reference(s)**
- Report**
- Cheque**
- Copies of professional certificates**

APPENDIX 1
CRITERIA FOR ENTRY TO THE REGISTER

1. Evidence of satisfactory assessment of competence, which will normally be carried out by an appropriate professional body acceptable to the Council, to a level determined by the Council

and

2. Satisfactory completion of national qualification

or

3. Six or more years experience relevant to the work of an Diabetic Retinopathy Screener

and

4. Assessment of suitability for registration

and

5. Provision of a written undertaking to observe a high standard of professional conduct

and

6. A declaration of support for the registration Council which, is responsible for the register of British Association of Retinal Screeners.