With the Government, and a more informed consumer, putting a stronger focus than ever on all aspects of hospital hygiene and safety, increasingly stringent healthcare legislation and standards, and the prospect of regular inspections by new watchdog the Care Quality Commission in England, the AE (D)'s role in ensuring that sterilisation and decontamination of medical instruments and other equipment is undertaken to the highest possible standards at hospitals up and down the country will surely become ever more important in the short-to-medium term.

However, according to Graham Stanton, senior decontamination officer at Welsh Health Estates, and chairman of IHEEM's recently established Decontamination Technical Platform, at a time when such professionals' expertise and skills are badly needed, there are currently “not nearly enough” qualified, experienced, and registered AE (D)s across the UK to fulfil the Department of Health and devolved administrations' expectations. Furthermore, he and Brian Kirk believe, with the Department having “stepped back” from involvement in AE (D)s' activities in around 2000, there has been no truly effective professional body representing such individuals' interests since. Fortunately, however, thanks to the efforts and commitment of a small group of existing AE (D)s, this anomaly has now been addressed, with last December’s formation of the new IHEEM Decontamination Technical Platform.

Graham Stanton said: “The new Platform is, in the view of the small group of professional AE (D)s now operating in the UK, an extremely welcome addition to the Institute’s portfolio.” IHEEM is, of course, no stranger to the whole area of sterilisation and decontamination, having, over the past 17 years, held the voluntary registers for both Authorised Persons (Sterilisers) and, more recently, Authorising Engineers (Decontamination) (see panel on page 22)

“What has, however, been missing since around 2000, when the DH’s Estates Division drew back from involvement in the work of AP (S)s, and subsequently AE (D)s, has been a really effective body to promote the role, represent the interests of working AE (D)s, foster higher standards via education and training, and indeed work to attract more people to what remains an extremely important health service function.

“The second major issue the sector faces,” he continued, “and this really reinforced the need for the new Decontamination Technical Platform, is a real shortage in the number of qualified and experienced AE (D)s.”
Passed to the private sector
Graham Stanton and Brian Kirk went on to explain that, while the devolved authorities in Wales, Scotland, and Northern Ireland have “slightly less of a problem here”, since Health Facilities Scotland, Welsh Health Estates, and Northern Ireland’s Department of Health, Social Services and Public Safety, have always, and continue to, employ their own sterilisation and decontamination engineers to audit their own hospitals, since the NHS’s re-structuring in 1993-1994, when many of the core NHS service functions were passed over to the private sector in England, English hospitals have had to draw largely on AE (D)s acting as independent contractors. This is one of the key areas from which IHEEM would like to see more applications for AE (D) registration.

Currently, Graham Stanton and Brian Kirk explained, there are only 33 AE (D)s covering the whole of the UK. With the ongoing and tightening focus on hospital decontamination centres, and the fact that, for instance, from later this year, dentists’ premises will be expected to have their decontamination/sterilisation activities regularly audited (under HTM 01-05, and Health and Social Care Act-empowered CQC inspection and audit procedures), they believe this quota is “nothing like enough”.

Conscious of the shortage of appropriately qualified individuals, and feeling, some three years ago, that the then AP (S)s, and, subsequently, AE (D)s, needed an effective, unified group with sufficient gravitas and influence to represent them and steer policy, Graham Stanton explained that AE (D)s attending one of the many informal meetings of such professionals that were customarily held across the country proposed establishing the new IHEEM Decontamination Technical Platform. (Today the Platform’s chair reports to the IHEEM Council through the chair of the IHEEM Technology Platform Committee. There will be eight different Technology Platforms in total).

Institute’s formal backing
Graham Stanton and Brian Kirk are particularly keen to emphasise the breadth and degree of experience available to the new Platform. Graham Stanton said: “Any registered UK AE (D) is automatically entitled to become a member of the Platform, and among the areas in which such personnel have extensive academic and practical experience are engineering, microbiology, QC pharmacy, and SSD management.

“Many existing AE (D)s have had responsibility for sterilisation and decontamination for most, if not all of their careers, and tend both to be conversant with the latest thinking and technologies, and highly skilled at problem solving. While their role when advising Trusts or Health Boards is often akin to that of a referee – the actual actions taken by the healthcare establishment should, say, a problem arise, are up to its own personnel – AE (D)s can offer specialist advice and work closely with many different disciplines – from estates personnel, to infection control nurses, to microbiologists, to SSD managers – to raise standards and address issues, as well as to help spread best practice.”

“Prior to the establishment of the new IHEEM Decontamination Technical Platform,” Brian Kirk added, “many AE (D)s met up informally quite regularly. However, with the formal association with IHEEM, and the Platform’s establishment, we are now in a far better position to promote the role and its value, help to attract new AE (D) registrants, and in future, we hope, also to establish or endorse our own training courses to help both those on the road to becoming an AE (D), and those already qualified, but looking to address any skill or knowledge gaps.”

Expert contribution to change
Graham Stanton went on: “In the lead-up to 2009’s publication of HTM 01-01 Part A, and the new management structure and rules it created, several existing AE (D)s on the IHEEM AE (D) Decontamination Technical Platform wrote all the new
In April 2011, Kirk told me, they are very keen that the DTP should further expand its role.

In future, Graham Stanton and Brian Kirk said: “We hope this will go wrong. Another batch of instruments turning up soiled, should something, such as a large scale, such as a large smoke test, for example, that members will be able to offer more in the way of specialist advice and mentoring (something the Institute’s CEO, John Long, believes is a “critical function”), and deliver presentations at relevant seminars on decontamination and sterilisation topics in which they are particularly well-versed.

Graham Stanton said: “Of course the Platform also affords an invaluable opportunity to share experience and ideas with other AE (D)s and aspiring AE (D)s. We are also keen that it should encourage those working in the field, or training, to come to us with ideas on, for example, how to do things better, which we can then use to lobby for change, or perhaps, if involved in writing new guidance, incorporate into it. We are also exploring the option of having a half-day stream of presentations on decontamination and sterilisation at the annual Healthcare Estates conference.”

A change of career?

Graham Stanton and Brian Kirk told me, as our discussion closed that, at a time when there is distinct shortage of both existing, and potential AE (D)s, there may well be individuals, for instance experienced estates engineers, who believe they may have progressed as far as they can in their current role, and would welcome the chance to transfer their “very relevant” skills.

Graham Stanton said: “While there is a need for significantly more AE (D)s across the UK, England is especially in need of more, since the majority here work independently. It is our belief that every large hospital should, at the very least, be able to call on the expertise of a local AE (D), whether for general advice on sterilisation and decontamination processes and procedures or, for example, should something, such as a large batch of instruments turning up soiled, go wrong.

“In such instances the healthcare establishment should be able to seek advice very promptly, and the AE (D) in a position to work closely with the investigative team.”

John Long agrees: “It is, of course, the responsibility of the relevant NHS Trust Board or healthcare provider to ensure that proper decontamination processes are in place under the guidance of a properly qualified Authorising Engineer, and I would argue firmly that an IHEEM-registered AE(D) should be a first port of call for advice, support, and assistance. (For further information visit www.iheem.org.uk).

Brian Kirk concluded: “The new Decontamination Technical Platform has the big advantage of being a fully funded, formally-recognised professional group, and is thus in an excellent position to make the sort of strides never possible before it existed. We believe the Platform can do much to promote the role of AE (D), provide a better trained, more expert workforce, and help spread best practice, in the process raising standards of decontamination and sterilisation at UK healthcare facilities, and thus significantly enhancing patient safety.”

The role of the AE (D) panel

IHEEM held the voluntary register for Authorised Persons (Sterilisers) from that role’s inception, with the 1994 publication of HTM 2010 Part 1, until its replacement in mid-2008 by the new AE (D) position, as set out in the then new HTM 01-01 part A. As was previously the case with the AP (S) role, the Institute’s AE (D) panel remains the sole UK body with the power to examine and assess potential candidates for AE (D) registration, and to hold the official Register of such personnel.

John Long, IHEEM’s CEO, adds: The IHEEM AE (D) Panel is the IHEEM Council’s delegated authority to manage and direct all aspects of the administration of the professional duties of the AE(D) Register, including setting and supervising qualification standards, approving appropriate qualification courses, and maintaining and applying the code and rules of conduct and disciplinary regulations for registered AE(D)s. The AE (D) Panel reports to the Institute’s Council (see Fig. 1) through the chair of the IHEEM Membership Committee.

“The Register, meanwhile, reacts to, and supports, the Department of Health-sponsored HTM 01-01 Part A, which is issued as guidance.”