

# PTP

# Certificate of Equivalence

# Programme Handbook

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# 1. Introduction

## *PTP Equivalence and the AHCS Register*

The Healthcare Science workforce is at the heart of safe and effective care for patients, working across some 51 disciplines. It provides expert diagnostic advice and therapeutic care for the treatment of patients and prevention of disease.

Although constituting only 5% of the healthcare workforce in the UK, 80% of all diagnoses can be attributed to their work. This contribution is across all clinical pathways from prevention and early life through to acute and end-of-life care.

The vision for healthcare science is of a world class workforce integral to multi- professional teams delivering high quality innovative patient care, in a range of settings, delivering excellence in knowledge creation, innovation and service improvement; and leading and embracing research and development and continually evaluating clinical practice and care delivery models.

A new career framework for the healthcare science workforce has been established through Modernising Scientific Careers (MSC). There are Healthcare Science Assistants through to Consultant Healthcare Scientists. There is the ability to enter the pathway at various stages and progress along the pathway subject to achievement of entry requirements and exit qualifications at each stage, or their equivalent in prior knowledge and skills.

The AHCS has setup a bespoke register for the Healthcare Science Practitioners who are not regulated by the Health and Care Professions Council (HCPC). Joining the AHCS Register shows commitment to maintaining standards of education, competence and conduct providing assurance for employers, patients and the public. It also helps to highlight the healthcare science cause by strengthening numbers and bringing the healthcare science workforce together.

## 2. Programme rationale, organisational structures and responsibilities

### 2.1 Programme rationale

The Certificate of Equivalence is an award granted to an individual by the Academy for Healthcare Science (AHCS) upon successful completion of a robust assessment process of knowledge, skills and behaviour, against the outcomes of the relevant Accredited Practitioner Training Programme (PTP). The Certificate of Equivalence confers eligibility for application to the AHCS Voluntary Register as a Healthcare Science Practitioner.

Equivalence processes are required for a number of reasons:

- To facilitate the transition in the workforce from an old career framework to a new one and allow routes for progression for highly skilled members of the current workforce;
- To permit continued diversity of individuals from scientific or health backgrounds to enter into the healthcare science workforce; and
- To ensure that individuals from other models of training for healthcare science (national or international) are able to gain appropriate recognition and regulation for their scope of practice.

Equivalence will therefore attract a number of different types of applicant:

- Individuals from the UK with professional experience and / or relevant qualifications to the field of healthcare science seeking Equivalence;
- Individuals from outside of the UK with significant professional experience and relevant qualifications to the field of healthcare science seeking Equivalence

## 2.2 The Academy for Healthcare Science

The Academy for Healthcare Science (AHCS) brings together the UK's diverse and specialised scientific community who work across the health and care system including; NHS Trusts, NHS Blood and Transplant, Public Health England, independent healthcare organisations, and the academic sector across the UK.

The Academy's functions are to:

- Act as the overarching body for issues related to education, training and development in the UK health system and beyond including standards and quality management of education and training;
- Ensure the profession has a high profile sufficient to influence and inform a range of stakeholders on healthcare science and scientific services in the health and social care systems across the UK;
- Provide engagement and support for wider strategic scientific initiatives; and Provide a strong and coherent professional voice for the healthcare science workforce.

The AHCS was established in 2011 as a joint initiative of the UK Health Departments and the professional bodies. One of the key tasks of the AHCS is to uphold professional standards across healthcare science to ensure the delivery of high quality care for patients.

The AHCS has been commissioned to undertake and support key projects including:

- Developing consistent regulation for the healthcare science workforce e.g. by establishing accredited voluntary registers where none exist;

- Implementing a system to assess and confer 'equivalence' of the existing qualifications and experience individuals have, mapped to the outcomes of formalised quality assured training programmes;
- Quality assuring education and training in partnership with other stakeholders;
- Developing common standards for healthcare science practice.

The AHCS has introduced a revised governance structure from 1st April 2014. The AHCS is made up of a:

- A Board, (which sets the strategic direction for the organisation);
- A Council of Professional Bodies (which provides professional input into Academy decision-making);
- A Regulation Council (which provides independent 'arms-length' registration functions including overseeing education & training accreditation for part of the Healthcare Science workforce).

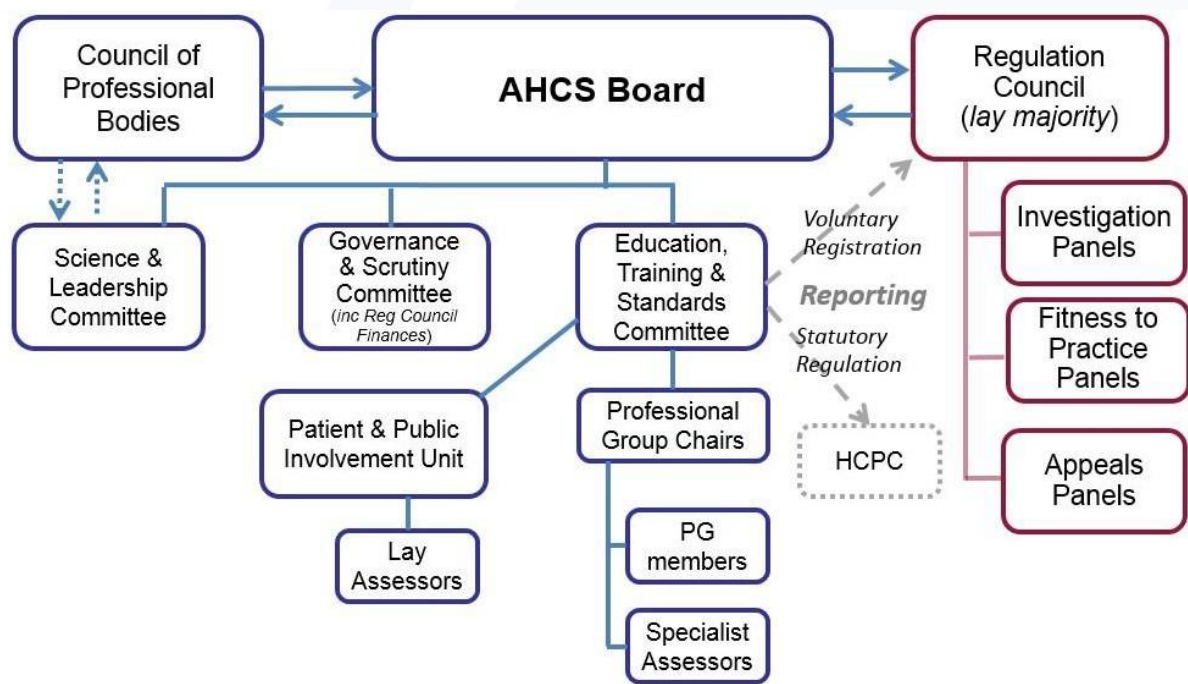
The AHCS has a number of committees, aligned to the major priorities of the AHCS, to allow more detailed consideration of issues. These are:

- The Education, Training and Professional Standards Committee that provides operational oversight of the Equivalence, education, training, professional development and career progression work programmes of the AHCS from a healthcare science and patient perspective. The Education, Training and Professional Standards Committee are responsible for the governance of the Certificate of Attainment and Certificate of Equivalence.
- The Corporate Governance, Scrutiny & Communications committee that ensures that the AHCS works in a fair, transparent and effective way, making best uses of the resources available to it.
- The Science and Leadership Committee, whose role is to promote appropriate values and behaviours, support leadership development work, develop the AHCS's networks across the profession and provide high level scientific advice to the AHCS.

There are eight Professional Groups, which are organised along the broad themes of healthcare science. Each Professional Group has a Chair from a relevant scientific background. Professional Group members are drawn from nominations from the AHCS constituent professional bodies. Professional Group members are involved in the quality assurance oversight of the PTP programme. The Chairs of the Professional Groups meet as a Joint Committee to ensure consistency and sharing of good practice.

The Programme Lead for PTP Equivalence is Elaine Jenkins.

## 2.3 Diagram summarising the AHCS governance structure



## 3. Curricula underpinning the PTP Equivalence assessment

**3.1** The NHS Practitioner Training Programme (PTP) is an undergraduate training scheme that provides an accredited BSc in Healthcare Science. The PTP incorporates 50 weeks of work based training alongside structured academic learning. The current curricula for the PTP programmes can be found on the NHS Networks website.

**3.2** The PTP curricula comprise generic, theme and specialist components. The generic components include professional practice, development in leadership and innovation, an introduction to healthcare science and research methods. The theme and specialist components for the PTP specialisms were developed by curriculum groups made up of professionals nominated by appropriate professional bodies, employers and the HEI sector to develop the specialism specific curriculum.

**3.3** The Institute of Education have independently reviewed the curricula and confirmed that they are consistent with a Bachelors level programme.

**3.4** Curricula are further supported by work based training specific detail in the form of Learning Guides (practice placement handbooks and competency logs). These have been developed in conjunction with specialist working groups that include training providers and professional bodies. They are currently maintained by the NSHCS.

**3.5** Curricula and learning guides are referred to the Health Education England (HEE) Healthcare Science Implementation Network Group (HCSING) by the Education and Training Scrutiny Group (ETSG) for endorsement. The membership of the ETSG includes professional, employer, educational and patient and lay representation.

**3.6** The approved curriculum and learning guides can be found on the NHS Networks website.

**3.7** The NSHCS are responsible for initiating and managing the review of the curricula and learning guides in response to comments from professional bodies, employers and HEIs. Curricula review takes place on a continuous basis, but formal review takes place at least every four years to ensure currency. This involvement is enshrined in an Agreement underpinning the organisational relationships.

**3.8** The Chief Executive of the AHCS is a member of the HCSING and curriculum review group, which includes NSHCS representatives so that operational implications of curricula review can inform development and implementation.

**3.9** There are specialisms still developing PTP curricula. When new themed curricula are developed, the AHCS will need to make changes to systems and processes to ensure that all outcomes are appropriately met (such as recruiting new specialist representatives to Professional Groups).

## 4. The Equivalence assessment process

**4.1** The Equivalence assessment process is based on individual applicants presenting periods of professional experience, qualifications and training for detailed assessment by AHCS-trained assessors.

**4.2** Equivalence applicants are expected to go through a multi-stage application process made up of the following stages:

Initial application and applicant screening; Applicant evidence gathering; and Assessment and statement of outcomes.

**4.3** The process is summarised in a flowchart provided in section 4.13.

**4.4** In “initial application and applicant screening”, the applicant will identify themselves and the broad areas of evidence to be used to judge equivalence (e.g. qualifications and periods of employment) for verification prior to detailed assessment. This screening will ensure the validity of qualifications and periods of experience as well as allow additional screening checks to be performed when required, such as overseas competent authority checks.

**4.5** If an applicant progresses through screening they will proceed through to “evidence gathering”. A window of up to six months will be provided for an applicant to compile a portfolio of evidence for assessment. Submission of evidence can occur at any time in the window. Applicants will be able to request extensions to the initial evidence gathering window based on extenuating circumstances.

**4.6** Applicants will submit an electronic version of their portfolio to the AHCS. Applicants will be compiling their evidence against the requirements outlined in the Standards of Proficiency but will be expected to be able to furnish suitable evidence to show that the outcomes of the relevant specialist PTP curriculum are met.

**4.7** Upon completion and submission of a portfolio, a panel of assessors will be convened. The panel comprises one professional assessor (from the relevant specialism of the applicant) and a lay assessor. Professional assessors are drawn from the AHCS Professional Groups, which are made up of nominated members from professional bodies. Lay assessors will be specifically appointed to their roles. Lay assessors must not hold or have held registration with a regulator for health and social care, but are expected to have relevant qualifications and experience to make assessment judgements. Assessors will be required to undergo conflict of interest procedures before undertaking assessments. Assessors will also be required to undergo specific training before being able to undertake assessments.

**4.8** Assessors will be able to review the submitted portfolio using the online portfolio review tool. Assessments will not normally require face-to-face interviews for PTP Equivalence.

**4.9** Assessors will make a recommendation in the form of a report indicating the extent to which an applicant has demonstrated Equivalence. Assessors will be able to make the following summary recommendations:

- Outcome One: Applicant has demonstrated Full Equivalence and should be awarded a PTP Certificate of Equivalence.
- Outcome Two: Applicant has demonstrated Partial Equivalence and should be advised to undertake action to address specific outcomes and then resubmit the application (only one opportunity is permitted).
- Outcome Three: Applicant has not demonstrated Equivalence and should be advised to undertake a full training programme.

**4.10** Assessor recommendations are ratified by the Academy’s Education, Training and Professional Standards Committee. Following ratification the applicant will be issued with the outcome letter and, where appropriate, the Certificate of Equivalence.



**4.11** In circumstances where an applicant has an opportunity to resubmit evidence a maximum time frame for resubmission will be set. The time frame will be dependent on the nature of the further evidence that is required.

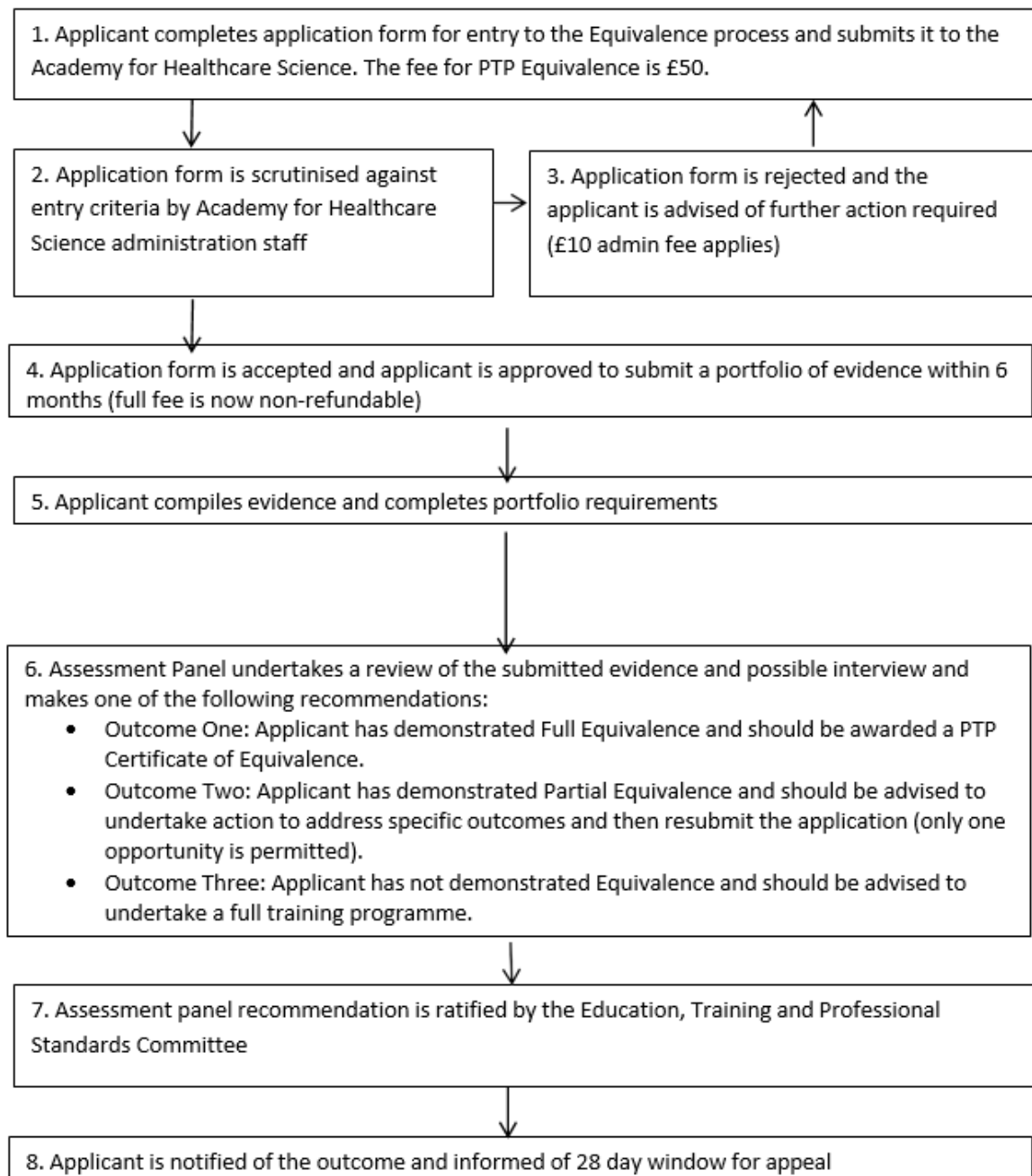
**4.12** Applicants will have the opportunity to appeal based on procedural matters related to the Equivalence process. Appeals against judgements of Assessors or the Education, Training and Professional Standards Committee will not be accepted. Appeals will be considered by the Appeals Panel which is made up of individuals without any association with any aspect of the application. If necessary, the Appeal Panel may undertake an investigation, including receiving written statements or conducting interviews. The Appeal Panel will make a determination based on the available evidence and can decide that:

- There were no procedural anomalies and the original decision stands; or
- One or more procedural anomalies occurred and the application must be reassessed (the Panel may determine that new assessors are appointed to replace or supplement the original assessors at this time).

The Panel will summarise their determination in a report, which will be provided to the appellant, the Assessors and retained on file by AHCS. The Panel's judgements are final.

#### 4.13 Flow chart – Equivalence assessment process summary

This flow chart summarises the key steps of the PTP Equivalence process.



## 5. Programme Admissions

### 5.1 Entry requirements

Applicants will have a variety of relevant qualifications and experience and will be considered on an individual basis.

Normally applicants will be able to evidence periods of appropriate professional experience in a health and / or scientific setting equitable to three or more years.

A Bachelors level qualification (BSc) is not a pre-requisite, however, for a Certificate of Equivalence to be awarded, the evidence provided in the application must show equivalent depth and breadth of professional knowledge and skills as the PTP, which is a BSc level qualification. It is essential that candidates demonstrate evidence of numeracy skills appropriate to this level.

All applicants are asked to complete a health declaration as part of the application, which confirms that all relevant immunisations for practice have been undertaken.

If English is not the applicant's first language evidence of English language competency must be provided to show an ability to communicate clearly with patients or fellow members of staff. For EEA nationals, this evidence will be assessed on a case by case basis. If the applicant is not an EEA National the certification to demonstrate achievement of IELTS 7.0 with no element falling below 6.5. All applicants progressing through to assessment stage of the process will be assessed for their communication skills in English.

Equality, transparency and fairness are important features of the healthcare science workforce. For this reason the AHCS welcomes people from all backgrounds. The AHCS has an equality and diversity policy, which applies to applicants for equivalence certification. A copy of this policy is available on the AHCS.

The initial application process is completed electronically. Where applicants require assistance with completion of the application they can contact the AHCS on [equivalence@ahcs.ac.uk](mailto:equivalence@ahcs.ac.uk).

The equivalence process is a form of accreditation of prior experience and learning and as a result, therefore all elements must be completed in line with the guidance supplied in this document.

### 5.2 Application rules

Only one application can be made at a time. Reapplications are permitted but must include how they have sufficiently addressed the outcomes previously determined as being unsatisfactory.

Where concerns about health or professional and personal conduct are identified, the application will still progress to assessment so that a suitable and robust judgement can be made by an assessment panel. Rigorous checks will be undertaken to eliminate the possibility of fraudulent submissions.

If fraudulent submissions are made, other bodies may be contacted for information (such as higher education institutions from which it is claimed awards have been granted). Applicants who are considered to have deliberately made fraudulent applications will not be invited to reapply.

Applicants are required to submit a valid Disclosure and Barring Services (DBS) check; this was previously known as the Criminal Record Bureau (CRB) check. Applications that are not submitted with at least a Basic level version will not be processed. If your employer does not currently retain a valid DBS check on your behalf and your current address is in the UK you can request a basic disclosure from Disclosure Scotland. Applicants from Northern Ireland should consult the Access NI website.

## 6. Applicants requiring periods of top-up before resubmission or re-application (having been assessed as achieving Outcome Two or Three [see 4 .9])

**6.1** Applicants requiring periods of top-up before submission or re-application are provided with a report summarising the further outcomes that need to be achieved.

**6.2** The expectation is that individuals will engage in top-up through agreed systems ensuring that Standards of Proficiency are met and that periods of education and training are effective.

## 7. Applicant support

**7.1** Applicants are able to contact the AHCS administrators for support in relation to completion of applications, evidence portfolios, application progress and outcomes.

**7.2** Applicants can apply for extensions to periods of evidence collection by writing to the AHCS and formally setting out the extenuating circumstances for the extension. The extenuating circumstances will be reviewed by the Education, Training and Professional Standards committee and if founded, an extension will be granted. Durations of extensions will vary, but the maximum period for an extension before reapplication will be required is six months (total of 1 year to submit evidence).

**7.3** Applicants can make a complaint at any time about the equivalence process. Complaints will be heard by an independent Complaint Review Panel. The decisions of the Complaint Review Panel are final. The Complaints Policy can be found on the AHCS website.

## 8. Assessment and Awards

### 8.1 Assessment Strategy

The assessment strategy for the Certificate of Equivalence is based on a number of principles agreed by the four UK health departments as part of the policy framework for equivalence. The principles are:

- Relevant achievements are appropriately recognised in order to avoid a requirement to repeat education and/or training;
- Progression opportunities via an 'equivalence route' are available at all levels of the MSC Career Framework;
- The routes and opportunities to seek equivalence are informed by the principles of fairness and equity, whilst not diminishing the value of structured formal MSC accredited programmes of education and training;
- Irrespective of the equivalence route under consideration, or the stage of training, or practice, all of the evidence presented for achievement of recognition or exemption, should address the high-level criteria set out in Good Scientific Practice;
- Decisions on equivalence are based on programme and learning outcomes articulated in the MSC PTP curricula, and the workplace specific outcomes/competencies set out in the Learning Guides as well as in the academic component of the curricula;
- A determination of equivalence cannot result in the award of an academic qualification or automatic re-banding of a role;
- Only where education and experience can be demonstrated to have application to current or recent practice, will such learning and experience be recognised;
- The range of evidence required to establish equivalence should enable assessment of the science knowledge base, including understanding and application in the work base; practical, communication skills and professionalism; The professional judgments about equivalence, at each stage of training, must be made by individuals who are qualified to do so and who have been trained in making those assessments.

### 8.2 Awards and assessment regulations

**8.2.1** Through its formal assessment process the AHCS ensures that only individuals meeting the outcomes of the PTP in line with the core Standards of Proficiency and GSP receive Certificates of Equivalence.

**8.2.2** Should an applicant satisfy all of the Equivalence assessment criteria, the AHCS will issue a PTP Certificate of Equivalence. The Certificate of Equivalence provides eligibility for application to the AHCS Register. It is important to stress that the successful award of a Certificate of Equivalence does not guarantee that you will be registered with us. In addition to competence, we also consider an applicant's good character and require that the physical and mental health does not impact on fitness to practise.

**8.2.3** Competence across all Standards of Proficiency and GSP domains must be demonstrated for the Certificate of Equivalence to be granted.

**8.2.4** There will be no compensation and condonement of competencies.

**8.2.5** Experience and qualifications cannot be double counted.

**8.2.6** There are no other default awards offered by the AHCS.

**8.2.7** There are no forms of aggregate award.

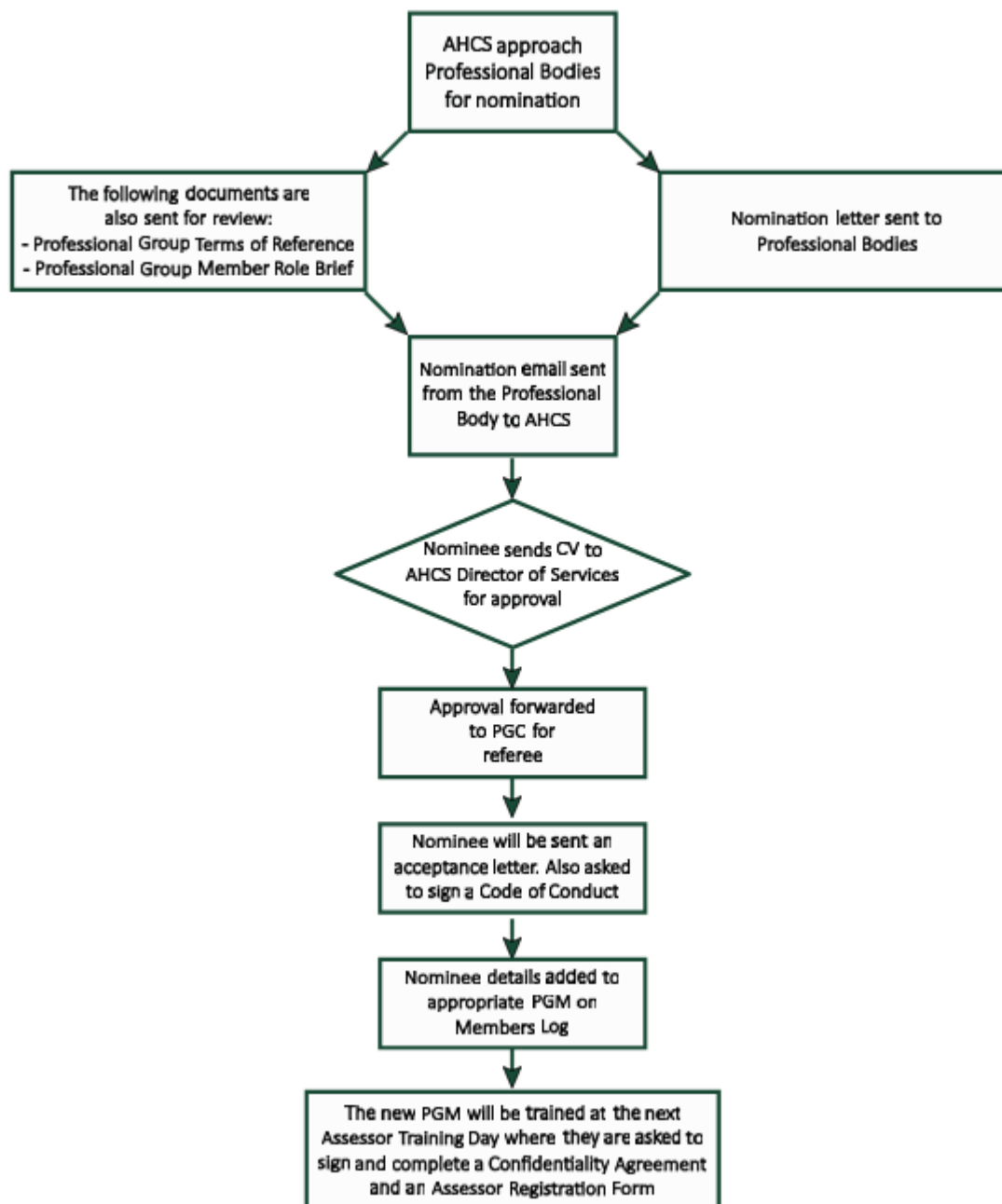
**8.2.8** Trainees are able to make an appeal to the AHCS using the AHCS appeals process. Appeals can only be made on procedural grounds and are judged by an independent Appeal Panel. The decisions of the Appeal Panel are final.

**8.2.9** An annual quality review will be undertaken by the AHCS using information collected from the assessments (e.g. outcomes, common areas of failure, feedback from assessors and applicants). Information and action plans arising from the annual quality review of the programme will be discussed by the Education, Training and Professional Standards Committee with recommendations to the Regulation Council. Review of actions will take place on at least an annual basis to improve and update processes to ensure a high quality, robust system is maintained.

### **8.3** Appointment of assessors

Assessors are appointed via the Professional Groups as shown in the flowchart below. Their suitability is assessed by the Director of Professional Standards and the Chair of the appropriate Professional Group. They undertake an initial training session and annual refresher training.

## 8.4 Flowchart for appointing assessors



## 9. Staff development

AHCS Professional Group members receive initial training prior to undertaking activities related to equivalence assessment. Refresher training will take place every year or in an instance of a concern raised about a Professional Group member.

The Professional Group Chairs are responsible for an annual appraisal process for the members of the respective professional groups and lay assessors, which can lead to tailored training needs being identified. Professional Group members and lay assessors are expected to undertake appropriate continuing professional development as part of maintaining their role as an assessor and registration and their substantive employment (as appropriate).

## 10. Equality and Diversity

Applicants to the AHCS for a Certificate of Equivalence are covered by the Academy's Equality and Diversity policy.



## 11. Glossary

- AHCS** - The Academy for Healthcare Science
- BSc** - Bachelor of Science degree
- CBD** - Case-based discussion
- CCPTP** - Certificate of Completion of Scientist Training Programme
- CPA** - Clinical Pathology Accreditation
- CVRS** - Cardiovascular, Respiratory and Sleep
- DH** - Department for Health
- DOP** - Direct observation of practice
- ETSG** - Education & Training Scrutiny Group
- GSP** - Good Scientific Practice
- HCPC** - Health and Care Professions Council
- HCSING** - Healthcare Science Implementation Network Group
- HEE** - Health Education England
- HEI** - Higher Education Institution
- HSCNI** - Health and Social Care Northern Ireland
- ISO** - International Standards Organisation
- Mini-CEX** - Mini Clinical Examination
- MSC** - Modernising Scientific Careers
- MSF** - Multi-source feedback
- NHS** - National Health Service
- NSHCS** - National School for Healthcare Science
- OLAT** - Online Learning and Assessment Tool
- PTP** - Practitioner Training Programme
- QAA** - Quality Assurance Agency for Higher Education
- SET** - Standards of Education and Training
- SOP** - Standards of Proficiency
- STP** - Scientist Training Programme