

Higher Specialist Scientist Register

Certificate of Equivalence

Programme Handbook

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1. Introduction, programme rationale, organisational structures and responsibilities

1.1 Introduction and programme rationale

The Certificate of Equivalence is an award granted to an individual by the Academy for Healthcare Science (AHCS) upon successful completion of an assessment process against the outcomes of the Modernising Scientific Careers Higher Specialist Scientist Training Programme (HSST). The Certificate of Equivalence, similar to the Certificate of Completion granted upon successful completion of the HSST, confers eligibility to apply for entry on to the AHCS Higher Specialist Scientist Register (HSSR).

Equivalence processes are required in order to:

- Facilitate the transition in the workforce from the previous career framework to a new one and allow routes for progression for highly skilled members of the current workforce;
- Permit continued diversity of individuals from scientific or health backgrounds to enter into the healthcare science workforce; and
- 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.

A requirement for entry on to the HSSR is that individuals are currently regulated by the Health and Care Professions Council (HCPC) statutory register as a Clinical Scientist. Therefore, equivalence will attract a number of different types of applicant:

- Clinical Scientists from the UK with professional training, experience and relevant qualifications to the field of healthcare science seeking full equivalence. Applicants may come from any specialism of Healthcare Science. They will include Clinical Scientists who have gained Fellowship of the Royal College of Pathologists (FRCPath) by examination through completion of a curriculum that is not a HSST programme; and
- Individuals from outside of the UK with significant professional training, experience and relevant qualifications to the field of healthcare science who have achieved HCPC registration and who are seeking equivalence to HSST.

The process for equivalence is the same for all applicants, although entry requirements and outcomes will vary.

1.2 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 that are easily understood and accepted by patients. By ensuring healthcare staff are of a good standard, and education and training is enhanced through programmes such as the Scientist Training Programme (STP), the AHCS ensures safe and effective services for patients while providing broader assurance for the public and commissioners of services.

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, training 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 that is shown below.

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)
- the AHCS Regulation Council (which provides independent 'arm'slength' registration functions including overseeing education and training accreditation for part of the Healthcare Science workforce)

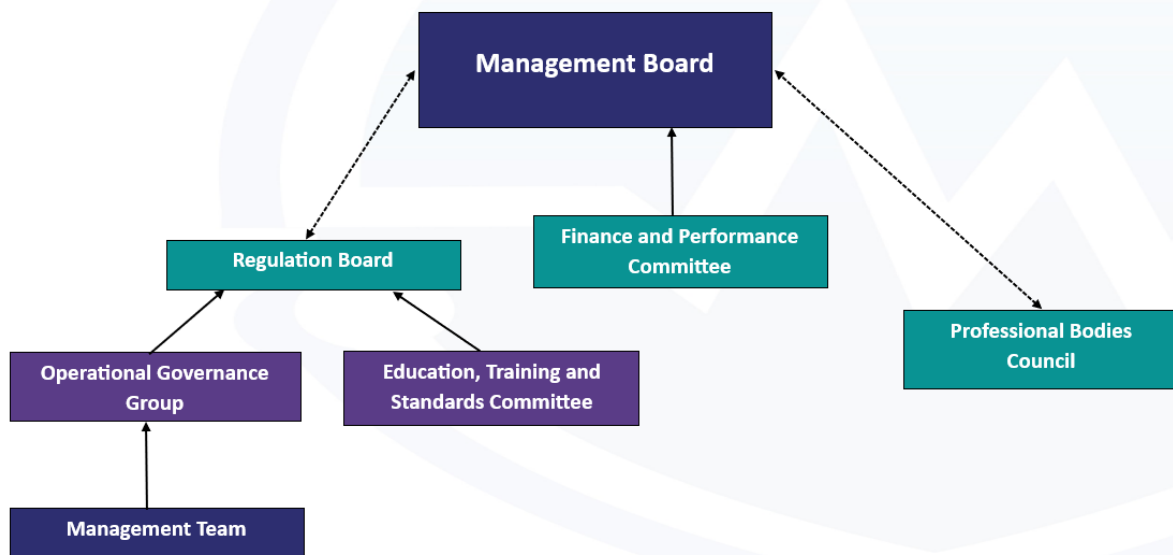
The AHCS has a number of Committees, aligned to the major priorities of the AHCS, to allow more detailed consideration of issues. These are:

- The Education, Training and Professional Standards Committee, which 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 is responsible for the governance of the Certificate of Attainment and Certificate of Equivalence.

- The Governance and Scrutiny Committee, which ensures that the AHCS works in a fair, transparent and effective way, making best uses of the resources available to it
- The Professional Scientific Leadership Committee, whose role is to promote appropriate values and behaviours, support leadership development work and develop the AHCS's networks across the profession and provide high level scientific advice to the AHCS.

There are nine Professional Group Leads which are organised along the broad scientific themes of healthcare science each from a relevant background.

1.3 Diagram summarising the AHCS governance structure



2. Standards and Curricula Underpinning HSST Equivalence Assessment

2.1 HCPC Standards of Proficiency for Clinical Scientists

The Health and Care Professions Council Standards of Proficiency (SOPs) are the threshold standards required for the safe and effective practice of the Clinical Scientist profession set by the statutory regulator. The Clinical Scientist SOPs underpin the development of the curricula for HSST. A comprehensive mapping of the curricula learning outcomes has been undertaken to demonstrate the correlation across to the Clinical Scientist SOPs.

In assessment of the learning outcomes of accredited HSST programmes and assessment of the learning outcomes for work based training it is assumed that individuals completing the HSST have met the Clinical Scientist SOPs and are therefore safe, effective and autonomous practitioners.

2.2 HCPC Standards of Conduct, Performance and Ethics

The HCPC Standards of Conduct, Performance and Ethics (SCPEs) are the ethical framework within which HCPC registrants work. The SCPEs have been intrinsic in the development of the curricula for the HSST as they were a key reference point for the production of Good Scientific Practice (see below) that underpins expectations for professional behaviour across all healthcare science curricula. Issues of conduct, ethics, performance and professional behaviour are addressed and assessed throughout the programme.

2.3 Good Scientific Practice

Good Scientific Practice defines the principles and values on which good practice undertaken by the healthcare science workforce is founded. It sets out for the profession and the public the standards of behaviour and practice that must be achieved and maintained in the delivery of work activities and the provision of care.

Good Scientific Practice uses as a benchmark the HCPC SOP and SCPE and expresses these within the context of Healthcare Science. The aim is that the standards in Good Scientific Practice are accessible to the profession and understandable by the public.

Good Scientific Practice has been adopted by the AHCS following a full public consultation which followed good practice guidelines. Following the consultation the AHCS Council of Professional Bodies agreed to adopt Good Scientific Practice as the standards which would underpin equivalence assessment.

The AHCS will review Good Scientific Practice every five years to ensure it remains relevant to current practice. This cyclical review process will commence with the setting up of a working group made up of representatives from the Academy's stakeholders. Any changes to Good Scientific Practice will require public consultation as part of the cyclical review process.

In exceptional circumstances where the expectations of the healthcare science workforce change significantly outside of this cycle, the AHCS will consider reviewing and amending Good Scientific Practice between five yearly review points.

An interpretation of Good Scientific Practice at HSST level has been included in all HSST curricula and completion of HSST is dependent on successful completion of the Good Scientific Practice component of the curriculum.

2.4 The HSST Curricula

The HSST curricula developed by the MSC Programme team in conjunction with Medical Royal Colleges, senior scientists, doctors, patients and other stakeholders comprise both academic and work based learning outcomes which are delivered and assessed in the accredited academic doctoral level award and work based training component respectively. For HSST Clinical Scientists in the Life Sciences (Pathology) completion of HSST may be achieved by gaining Fellowship of the Royal College of Pathologists (FRCPath) by examination together with completion of the workplace based assessments.

The HSST curricula comprise generic and specialist components. The generic components include professional practice, leadership, research and innovation and public and patient involvement. The generic and specialist components for the HSST specialisms were developed by curriculum groups made up of professionals nominated by appropriate Medical Royal Colleges and professional bodies. The curricula also received input from lay representatives.

The curricula have subsequently been calibrated and reviewed across all modalities for consistency; benchmarked to Good Scientific Practice, the QAA Framework for Higher Education and the HCPC Standards of Proficiency. The Institute of Education have independently reviewed the curricula and confirmed that they are consistent with a doctoral level programme.

Successful completion of the HSST programme results in the award of a CCHSST by the NSHCS. The award will be made to Clinical Scientists in the Physical Sciences and Biomedical Engineering, the Physiological Sciences and Clinical Bioinformatics who complete the requirements of the work-based curriculum through work-based training, the ICS project and the professional doctorate, and who participate in the full training period (or as much as may be required if assessed by the AHCS as having done an equivalent period of training at some other point), including the final annual progression review/assessment, denoting satisfactory completion of the programme. In the Life Sciences, the CCHSST indicates achievement of the FRCPath and the ICS project (which together meet the academic learning outcomes of the doctoral programme), although the doctoral level award itself is not required. Clinical Scientists in HSST in the Life Sciences may, however, choose to undertake modules from the professional doctoral programme or, indeed, undertake the entire doctoral-level programme and achieve the DClinSci award.

Curricula have been reviewed and recommended to the HCS Implementation Network Group (HCS ING) by Health Education England's (HEE) Education and Training Scrutiny Group (ETSG). The membership of the ETSG includes professional, employer, educational and patient and lay representation.

The approved curricula (Appendix 1) can be found on the NHS Networks website by following the link: <http://www.networks.nhs.uk/nhs-networks/msc-framework-curricula>

The HEE MSC team are responsible for initiating and managing the review of the curricula 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.

The Chief Executive of the AHCS is a member of the HCSING. Curriculum review groups will include AHCS and NSHCS representatives so that operational implications of curricula review can inform development and implementation.

There are specialisms still developing HSST 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 assessors).

3. Standards of Proficiency for entry to the HSSR

3.1 The Standards of Proficiency for entry to the HSSR are available from <http://www.ahcs.ac.uk/>. These standards have been developed from the HSST Good Scientific Practice syllabus, which was developed as part of the MSC project as the underpinning standards for curriculum development across the healthcare science career framework.

3.2 There are two ways in which the Standards of Proficiency for HSST will be used by AHCS to assess the suitability of applicants for entry on to the HSSR:

- Since HSST curricula have been demonstrated to comply with the Standards of Proficiency, applicants who have the NSHCS Certificate of Completion of HSST will be eligible to apply to the HSSR
- The Standards of Proficiency will also be used to assess applicants who are seeking to demonstrate their equivalence to completion of HSST, as described in the next section. Successful applicants will be awarded the AHCS Certificate of Equivalence and will be eligible to apply to the HSSR

4. The Equivalence Assessment Process

4.1 The equivalence assessment process is based on individual applicants presenting evidence of professional experience, qualifications and training for assessment by a panel of assessors.

4.2 The application process is made up of the following stages:

- Stage 1 application
- Stage 1 assessment and statement of outcome (Applicants required to submit a full portfolio will complete Stage 2)
- Stage 2 assessment and statement of outcomes

4.3 The process is summarised in a flow chart provided in section 4.13.

4.4 During the Stage 1 application the applicant will identify themselves and the broad areas of evidence to be used to judge equivalence (e.g. qualifications, training, experience, current HCPC registration status and periods of employment) for verification prior to detailed assessment. This screening will ensure the validity of qualifications, registration status 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 the Stage 1 application will be assessed. By assessing the application the assessors make a judgment on whether or not the applicant meets the requirements of the HSSR Standards of Proficiency. Assessors will be able to make the following summary recommendations:

- Outcome 1: Applicant has demonstrated full equivalence and can be awarded the Certificate of Equivalence.
- Outcome 2: Applicant has demonstrated that they may meet the Standards of Proficiency and should submit a Stage 2 application full portfolio.
- Outcome 3: The applicant has not demonstrated equivalence and needs to undertake further training or experience to achieve the outcomes of HSST

4.6 If the applicant is required to submit a Stage 2 application full portfolio, they will proceed to detailed evidence gathering. A window of six months will be provided for an applicant to compile a full portfolio of evidence for assessment. Submission of evidence can occur at any time in the window if, for example, an applicant already has a full portfolio compiled. Applicants will be able to request extensions to the initial evidence gathering window based on extenuating circumstances.

4.7 Applicants will compile their full portfolio of evidence and submit their portfolio online. Portfolios should be developed to demonstrate evidence reflecting the Standards of Proficiency within the context of the outcomes of the relevant specialist HSST curriculum. Evidence will be required to demonstrate both competence against the generic standards and also competence of clinical practice in the specialism of the applicant. Specific guidance on the kinds of evidence required has been produced to support applicants and assessors.

4.8 Upon completion and submission of a full portfolio, a panel of assessors will be convened. The panel comprises two professional assessors (at least one from the relevant specialism of the applicant) and a lay assessor. Professional assessors work at consultant level or equivalent. Lay assessors will be specifically appointed to their roles. 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.

4.9 Assessors will be able to review the submitted portfolio using the online tool.

4.10 Whilst assessments will not normally require face to face interviews the Academy reserves the right to hold interviews to resolve uncertainties.

4.11 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 1: Applicant has demonstrated full equivalence and should be awarded a Certificate of Equivalence.
- Outcome 2: Applicant has demonstrated that they partially meet the Standards of Proficiency and should be advised to undertake action to address specific outcomes and then resubmit the application
- Outcome 3: Applicant has not demonstrated equivalence and should be advised to undertake further training and experience to achieve the outcomes of HSST.

4.12 Assessor recommendations will need to be justified by a rationale. Recommendations and their rationale will be ratified by the Academy's Education, Training and Professional Standards Committee. Following ratification the applicant will be issued with the outcome, and, where relevant, a Certificate of Equivalence.

4.13 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. In some circumstances a second interview may be required. In other cases, updated documentation may be assessed via correspondence.

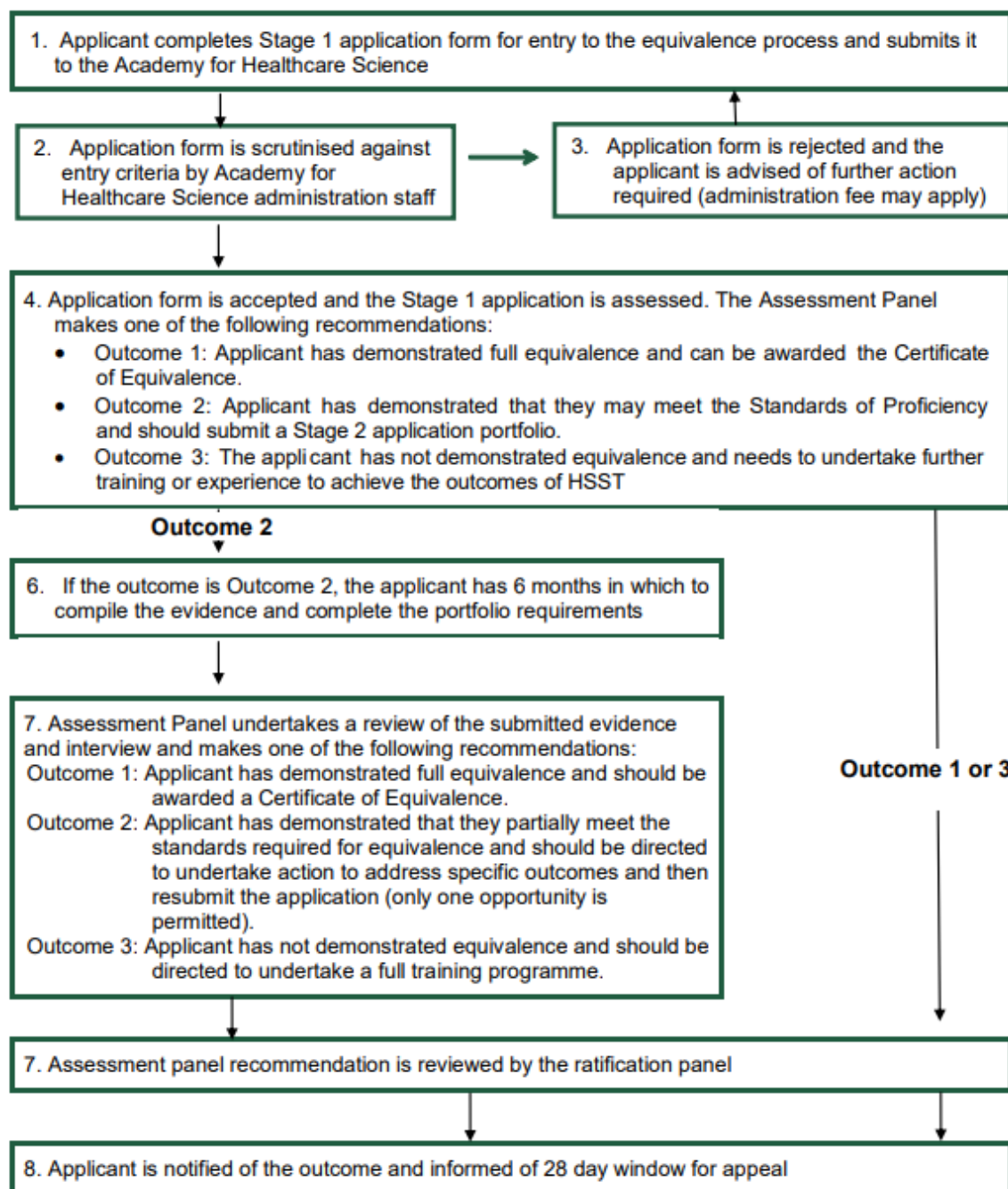
4.14 Applicants will have the opportunity to appeal based on procedural matters related to the equivalence process. Appeals against judgements of Assessors or the Education, Training and Professional Standards Committee will not be accepted. Appeals will be considered by the Appeals Panel which is made 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 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 judgements of the Panel are final.

4.13 Flowchart – Equivalence assessment process summary

This flowchart summarises the key steps of the equivalence process.



5. Programme Admissions

5.1 Entry requirements

Applicants will have a variety of qualifications, training and experience. Applicants are required to be on the HCPC Register of Clinical Scientists, which can be achieved by completion of a relevant Scientist Training Programme (STP), via the STP equivalence programme or via the international self declaration route assessed by HCPC.

As a minimum, normally applicants should have periods of appropriate professional experience at a senior level in a health and/or an appropriate scientific setting of five or more years.

A doctoral level qualification per se is not required. However, for a Certificate of Equivalence to be awarded the evidence provided in the application must show the equivalent depth and breadth of scientific and clinical skills, leadership and research achievement as that demonstrated by completion of an HSST programme which is at doctoral level.

Applicants are required to submit a valid Disclosure and Barring Service (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. Applicants without a DBS check will be directed to request a basic disclosure from Disclosure Scotland. International Applicants who are unable to provide a DBS check will need to contact the AHCS at registration@ahcs.ac.uk.

All applicants are asked to complete a health declaration as part of the application that confirms that all relevant immunisations for practice have been undertaken and that applicants have no health conditions or disabilities that would affect their ability to practice as a Clinical Scientist.

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 you are not an EEA National you will be required to provide certification to demonstrate achievement of IELTS 7.0 with no element below 6.5. All applicants progressing through to assessment 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 that applies to applicants for certification.

The initial application process is completed electronically and submitted via email. Where applicants require assistance with completion of the application they can contact the AHCS registration@ahcs.ac.uk. Reasonable adjustments can be made to the application to cater to specific needs.

The equivalence process is a form of accreditation of prior experience and learning and as a result, there are not mechanisms to gain exemption from elements of the process.

5.2 Application rules

Only one application can be made at a time. There is no limit to the number of applications that can be made, however, subsequent applications will be rejected if there is no new evidence provided to address the outcomes previously determined as being unmet. In the case of concerns about professional and personal conduct, new evidence must be compelling that risks to the public have been addressed before the application will be considered for assessment.

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. If fraudulent submissions are made, other bodies will be informed (such as higher education institutions from which it is claimed awards have been granted).

6. Applicants requiring resubmission or re-application

6.1 Applicants requiring resubmission or re-application are provided with a report summarising the further outcomes that need to be achieved.

6.2 Where an applicant is requiring additional periods of education and training and / or work based experience, the applicant will be expected to ensure training and / or education is carried out in a quality assured environment.

7. Applicant support

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

7.2 Applicants can access the guidance document which sets out the process, standards and useful information about (including information of the kinds acceptable evidence for applications).

7.3 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).

7.4 Applicants who are determined to require further periods of experience or education and training will receive a report identifying the areas that need to be addressed before resubmission or reapplication.

7.5 Applicants can make a complaint at any time about the equivalence process. Complaints will be heard by an independent Complaint Review Panel. Complaints can only be made on procedural matters. The decisions of the Complaint Review Panel are final.

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 curricula, and the workplace specific outcomes/competencies 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 scientific and clinical skills; leadership; research, development and innovation; and professionalism. The evidence will comprise both academic and work base achievements and experience 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.

The assessment strategy is based on a robust case by case assessment of an individual's periods of professional experience and / or education and training. Importantly, the assessment is conducted by relevantly experienced, qualified and trained individuals.

8.2 Awards and assessment regulations

8.2.1 Through its formal assessment process the AHCS ensures that only individuals meeting the Standards of Proficiency and, therefore, the outcomes of the HSST receive a Certificate of Equivalence.

8.2.2 The AHCS will upon application, verification of identity and robust assessment of an applicant (who is successful) issue a Certificate of Equivalence. The Certificate of Equivalence provides eligibility for application to Academy's HSSR.

8.2.3 Competence across all Good Scientific Practice domains must be demonstrated for the Certificate of Equivalence to be granted.

8.2.4 Compensation and condonement of competencies is not possible.

8.2.5 There are no other default awards offered by the AHCS.

8.2.6 There are no forms of aegrotat award.

8.2.7 Clinical Scientists 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.

8.2.8 The AHCS appoints an external examiner to oversee the quality of assessment across the AHCS certification processes. The AHCS external examiner must be a Clinical Scientist from the appropriate part of the HCPC register.

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). Information and actions plans arising from the annual quality review of the programme will be discussed by the Education, Training and Professional Standards Committee. Review of actions will take place on at least an annual basis to ensure issues are addressed appropriately.#

8.3 Appointment of assessors

8.3.1 Professional assessors will normally be consultant clinical scientists or medical consultants from an appropriate specialism who are in good standing with their regulator. Their suitability is assessed by the Director of Professional Standards and the appropriate Professional Group Lead. They undertake an initial training session and annual refresher training.

8.3.2 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, training and experience to make assessment judgements.

9. Staff development

AHCS assessors 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 an assessor.

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 which applies to applicants for certification processes and employees. The AHCS records equality and diversity data (anonymously if the applicant makes the decision to provide the data when an application is made). The data is reviewed on an annual basis by the AHCS and the data informs process and standards development as well as continued review of the equality and diversity policy itself.

11. Abbreviations

AHCS	The Academy for Healthcare Science
CRB	Criminal Records Bureau
DBS	Disclosure and Barring Service
DH	Department for Health
EEA	European Economic Area
ETSG	Education and Training Scrutiny Group
FRCPath	Fellowship of the Royal College of Pathologists (by examination)
GSP	Good Scientific Practice
HCPC	Health and Care Professions Council
HCSING	Healthcare Science Implementation Network Group
HEE	Health Education England
HEI	Higher Education Institution
HSSR	Higher Specialist Scientist Register
HSST	Higher Specialist Scientist Training
MSC	Modernising Scientific Careers
NHS	National Health Service
NSHCS	National School of Healthcare Science
QAA	Quality Assurance Agency (for Higher Education)
SCEP	Standards of Conduct, Performance and Ethics
SOE	Standards of Equivalence
SOP	Standards of Proficiency
STP	Scientist Training Programme

12. Appendix 1: HSST Specialisms mapped to HCPC Clinical Scientist Modalities and to MSC STP Themes

The mapping of the specialisms to the Health and Care Professions Council (HCPC) modalities within Clinical Scientist registration is shown below.

HCPC Modality	STP Theme	HSST Specialism
Audiology	Neurosensory Sciences	Audiological Science (Adult or Paediatric)
Clinical Biochemistry	Blood Sciences	Clinical Biochemistry Analytical Toxicology
Clinical Genetics	Genetics Science	Genetics
Clinical Immunology	Blood Sciences	Clinical Immunology
Clinical Microbiology	Infection Science	Microbiology Virology Molecular Pathology of Infection
Clinical Physiology	Cardiac, Critical Care, Vascular, Respiratory and Sleep Sciences	Cardiac Science (Adult or Congenital Heart Disease and Paediatrics) Respiratory and Sleep Physiology Vascular Science
Clinical Physiology	Gastrointestinal Physiology and Urodynamic Science	Gastrointestinal Science Urological Science
Clinical Physiology	Neurosensory Sciences	Ophthalmic and Vision Science (Visual Electrophysiology OR Ophthalmic Imaging OR Visual Perception and Psychophysics) Neurophysiological Science (Visual Electrophysiology OR Intraoperative Monitoring OR Electroencephalography)
Cellular Science	Cellular Sciences	Molecular Pathology of Acquired Disease
Embryology	Cellular Sciences	Reproductive Science
Haematology	Blood Sciences	Haematology and Transfusion Science
Histocompatibility and Immunogenetics	Blood Sciences	Histocompatibility & Immunogenetics
Medical Physics and Clinical Engineering	Medical Physics	Medical Physics (including Radiotherapy Physics or Imaging Physics)
Medical Physics and Clinical Engineering	Clinical Engineering	Clinical Biomedical Engineering
Medical Physics and Clinical Engineering	Reconstructive Science	Reconstructive Science