

Practitioner Certificate of Competence

Anatomical Pathology Technologists

Genetic Technologists

Ophthalmic Science Technologists

Tissue Bank Technologists

Programme Handbook

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1. Introduction

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 through prior knowledge and skills.

MSC has fundamentally changed the delivery of education and training requirements, through the introduction of the practitioner training programme (PTP). The PTP provides a wide, generic base of scientific knowledge and skills combined with specialist competencies within specific disciplines.

Some disciplines are not currently covered by a PTP. The AHCS holds a register covering four of these specific disciplines within the practitioner profession. These registers cover anatomical pathology technologists, genetic technologists, ophthalmic science practitioners and tissue bank technologists. These registers were transferred in August 2014 from a previous voluntary registration body.

The AHCS has established a process whereby individuals who are competent anatomical pathology technologists, genetic technologists, ophthalmic science technologists or tissue bank technologists can be join the practitioner register. The process is based on the AHCS' principle of 'equivalence', and mirrors what was in place for a number of years for these disciplines with their previous voluntary registration body.

The equivalence-based process involves a formal, objective assessment of an individual's knowledge, skills, competencies and behaviours against a set of pre-defined and established standards (there are published standards of each of the four disciplines). The assessment process can lead to the award of a Certificate of Competence and thereby eligibility to apply to register with the AHCS.

This handbook sets out the process by which these assessments are undertaken.

2. Programme rationale, organisational structures and responsibilities

2.1 Programme rationale

The Certificate of Competence 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 competences set out in the relevant standards of proficiency. The Certificate of Competence confers eligibility for application to the AHCS voluntary register.

These assessment of competence processes are required for a number of reasons:

- to meet the AHCS' core aim of protecting the public;
- to ensure that every competent person can be registered and thereby demonstrate their skills, knowledge and professionalism;
- 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.

2.2 The Academy for Healthcare Science

The Academy for Healthcare Science was established in 2011 as a joint initiative of the UK health departments and the professional bodies. The 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 strategic 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.

Further details about the AHCS, including our governance structures, key projects and quality assurance framework are available at: <https://www.ahcs.ac.uk/about/about-the-academy/> and <https://www.ahcs.ac.uk/education-training/quality-assurance/>

3. Standards of proficiency for anatomical pathology technologists, genetic technologists, ophthalmic science practitioners and tissue bank technologists

Core to the assessment process are the standards of proficiency for each of the four registrant groups. These standards set out the knowledge, skills, behaviours and competencies expected of someone at the point of registration with the ACHS. They also establish the minimum competences, where relevant to their scope of practice, that someone must hold throughout their registered lives. The standards were developed by the previous registration body and the relevant professional bodies and have been in place for some time.

The standards were modelled on those used by the Health and Care Professions Council (HCPC). A similar set of standards, developed in the same manner and also mirroring those used by the HCPC I, were published in August 2014 for the healthcare science practitioner register.

The standards of proficiency for anatomical pathology technologists, genetic technologists, ophthalmic science practitioners and tissue bank technologists cover three areas: professionalism, knowledge and practical skills. Many of the specific requirements are generic across the four sets of standards but are complemented by discipline-specific requirements.

To achieve the Certificate of Competence and therefore equivalence, an individual must demonstrate that they have the knowledge, skills, behaviour and competences set out in the relevant standards of proficiency.

4. The Certificate of Competence assessment process

The assessment process is based on individual applicants presenting periods of professional experience, qualifications and training for detailed assessment by an AHCS-appointed scrutiny panel.

Applicants will go through a two-stage process made up of:

- application including evidence submission;
- assessment and statement of outcomes.

Applicants are required to submit a valid Disclosure and Barring Services (DBS) Check, carried out within three years of the date of submission to AHCS. Applications that are not submitted with at least a basic level version will not be processed. Further details are available in the relevant Guidance for Applicants.

The application process allows the individual to provide evidence to be used to judge their competence. Applicants make a written statement to establish their competence. The written statement covers six themes, namely:

- a) Technical
- b) Clinical
- c) Communication
- d) Managing and planning your work activity and/or the work activity of others
- e) Teaching and training
- f) Research and development.

Applicants are required to map the information and evidence provided against the requirements outlined in the relevant standards of proficiency. Specific guidance on the kinds of evidence required for submission has been produced to support applicants and assessors.

On completion and submission of an application to ACHS, a panel of scrutinisers is convened. The panel comprises: the professional scrutiniser (from the relevant specialism of the applicant) and a lay scrutiniser (see section 8.2 for further details). Professional scrutinisers self-nominate or are nominated by Academy stakeholders including professional bodies and appointed as shown in the flowchart below. The nominees' suitability is assessed by the Academy's relevant Professional Group Lead and/or by their professional body. Lay scrutinisers are specifically appointed to their roles. Lay scrutinisers 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. Their suitability is assessed by the Development Co-ordinator and the Registrar.

Scrutinisers review the submitted application using the online tool. Assessments will not normally require face-to-face interviews.

Scrutinisers make a recommendation indicating the extent to which an applicant has demonstrated competence. Scrutinisers make one of the following summary recommendations:

- Outcome One: Applicant has demonstrated Competence and should be awarded a Practitioner Certificate of Competence in their discipline.
- Outcome Two: Applicant has demonstrated Partial Competence and should be advised to undertake action to address specific shortcomings and then resubmit the application
- Outcome Three: Applicant has not demonstrated competence and should be advised to undertake a full training programme.

Scrutinisers' recommendations must be justified by a rationale. Recommendations and their rationale are ratified by the Academy's Education, Training and Standards Committee. Following ratification the applicant is issued with the outcome by email and, where appropriate a Certificate of Competence.

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

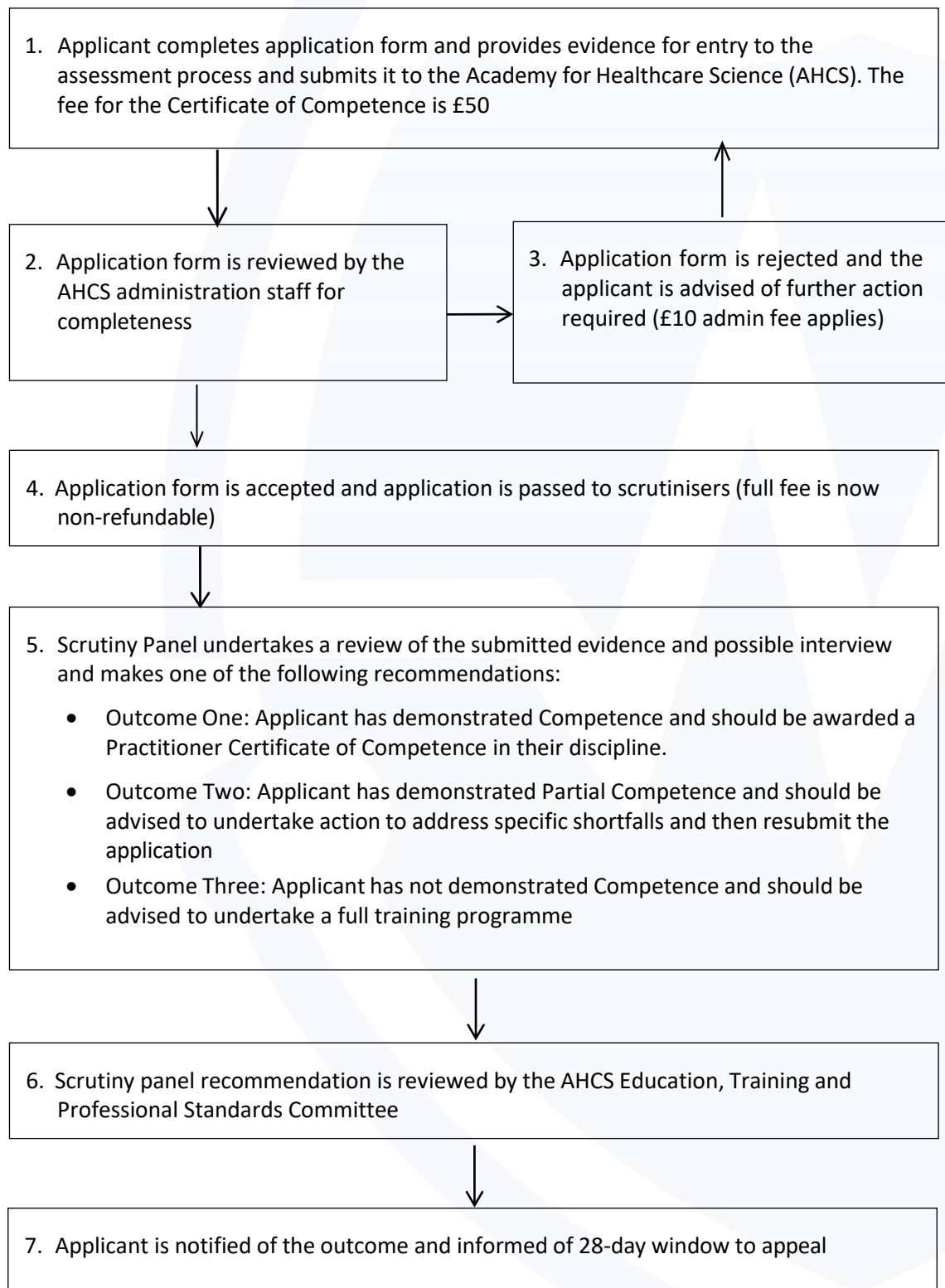
Applicants have the opportunity to appeal based on procedural matters related to the assessment process. Appeals against judgements of scrutinisers or the Education, Training and Professional Standards Committee are not permitted. Appeals are considered by an appeal panel, made up of members not related to any aspect of the application. If necessary, the appeal panel may undertake an investigation, including receiving written statements or conducting interviews. The appeal panel makes a decision based on the available evidence and can determine 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 scrutinisers are appointed to replace or supplement the original assessors at this time).

The panel will summarise its decision in a report, which is provided to the appellant, the scrutinisers and retained on file by AHCS. The panel's judgements are final.

4.1 Flow Chart – Competence assessment process summary

This flow chart summarises the key steps of the Competence Assessment process.



5. Programme Admissions

5.1 Entry requirements

Applicants will have a variety of relevant qualifications and experience and are considered on an individual, case by case basis. Each of the parts of the register has specified Criteria for Entry to the Register, and these are set out in the appendices to this handbook.

Normally, applicants are able to evidence periods of appropriate professional experience in a health and / or scientific setting equitable to two or more years. A bachelor's level qualification (BSc) is not a pre-requisite, however for a Certificate of Competence to be awarded, the evidence provided in the application must show equivalent depth and breadth of professional knowledge and skills as a BSc level qualification. It is essential that candidates demonstrate evidence of numeracy skills appropriate to this level.

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 European Economic Area (EEA) nationals, this evidence is assessed on a case-by-case basis. If the applicant is not an EEA National, the certification to demonstrate achievement of IELTS1 7.0 with no element falling below 6.5 is required. All applicants progressing through to assessment stage of the process are 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 website.

The initial application process is completed and submitted via email. Where applicants require assistance with completing the application, they can contact a dedicated resource centre at the AHCS either via email at registration@ahcs.ac.uk or by telephone on 01543 442150.

The assessment process is a form of accreditation of prior experience and learning and as a result, 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 sufficiently address the outcomes previously judged to be 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 a scrutiny panel. Rigorous checks are 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.

It is important to stress that the successful award of a Certificate of Competence does not guarantee that a successful applicant will be registered with AHCS. In addition to competence, we also consider an applicant's good character and require that the physical and mental health does not impact on their fitness to practise.

6. Resubmission or re-application

Where an applicant has received an Outcome 2 or 3, they are provided with a report summarising the areas that need to be addressed.

Where an applicant requires additional periods of education and training and / or work-based experience, the applicant is directed to the relevant professional body for advice and support. Professional bodies may only provide this kind of support to paid-up members.

There is an expectation that individuals will undertake this additional activity through agreed systems, ensuring that standards of proficiency are met, and that periods of education and training are effective.

7. Applicant support

Applicants can contact the AHCS administrators for support in relation to completion of applications, evidence and application progress and outcomes.

Applicants can make a complaint at any time about the assessment process. Complaints are heard by an independent panel. Complaints can only be made on procedural matters. The decisions of the panel which considers the complaint are final. The AHCS complaint process can be found on the AHCS website.

8. Assessment and Awards

8.1 Assessment Strategy

The assessment strategy for the Certificate of Competence is based on a number of principles. The principles are:

- relevant achievements are appropriately recognised in order to avoid a requirement to repeat education and/or training;
- 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 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 competence are based on relevant standards of proficiency. A judgement of competence cannot result in the award of an academic qualification or automatic re-banding of a role. It does not guarantee that someone is approved for registration;
- learning is only 'counted' once; double counting (using the same experience or course against a further programme, e.g., a trainee gaining recognition of equivalence against a Certificate of Competence programme, completing and then claiming the same experience again against an PTP equivalence programme) is not permitted;
- 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 competence should enable assessment of the science knowledge base, including understanding and application in the work base; practical, communication skills and professionalism; and
- the professional judgments about competence, 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 Appointment and Training of Scrutinisers

Scrutinisers are self-nominated or nominated by Academy stakeholders including professional

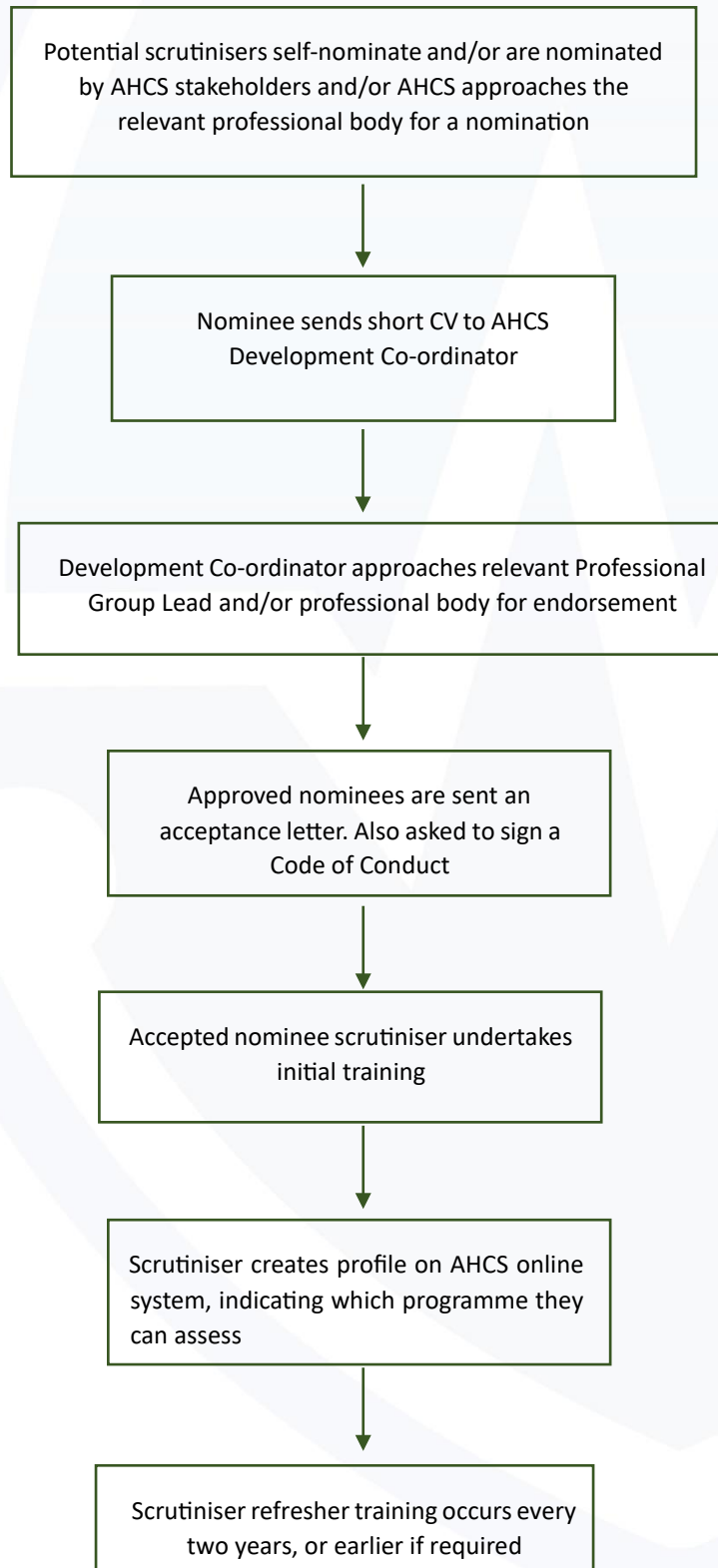
bodies, and appointed as shown in the flowchart below. The nominees' suitability is assessed by the Academy's relevant Professional Group Lead² and/or professional body.

Scrutinisers are required to undergo conflict of interest procedures before undertaking assessments. Scrutinisers will also be required to undergo specific training before being able to undertake assessments. Refresher training takes place every two years, or in an instance of a concern raised about a scrutiniser.

Scrutinisers 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).

Scrutinisers are required to cease undertaking assessments within two years of retirement. The AHCS reserves the right to require any scrutinisers to cease undertaking assessments at any time.

8.3 Flowchart for appointing scrutinisers



9. Equality and Diversity

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

Appendices

Appendix 1: Criteria for application for a Certificate of Competence as an Anatomical Pathology Technologist

1. Evidence of satisfactory assessment of competence against the published standards of proficiency for anatomical pathology technologists

AND

2. Satisfactory completion of training in a trainee post or equivalent appointment approved by AHCS, and relevant experience in an appropriate post which, added to the training period, amounts to not less than four years' experience.

OR

3. Six or more years' experience relevant to the work of an Anatomical Pathology Technologist.

Appendix 2: Criteria for application for a Certificate of Competence as a Genetics Technologist

1. Evidence of satisfactory assessment of competence against the published standards of proficiency for genetics technologists

AND

2. First degree in an approved subject or other suitable qualification approved by AHCS, and a minimum of 3 years' relevant experience (or 5,000 hours, if part-time) as a Genetic Technologist working at career framework level 5 or above in a post approved by the AHCS.

OR

3. First degree in an approved subject and a Certificate of Competence gained through the National Training Programme for Genetic Technologists in an appropriate post, approved by the AHCS.

OR

4. First degree in an approved subject or suitable qualification approved by the AHCS, and a Certificate of Competence gained through the two- year Post Graduate Practitioner Training Programme in an appropriate post approved by AHCS.

OR

5. A minimum of six years' training and experience (or 10,000 hours, if part-time) relevant to the work of a Genetic Technologist with evidence provided to support competent practice, including a minimum of 3 years relevant experience (or 5,000 hours, if part-time) as a Genetic Technologist working at career framework level 5 or above in an appropriate post approved by the AHCS,

Appendix 3: Criteria for application for a Certificate of Competence as an Ophthalmic Science Practitioner

1. Evidence of satisfactory assessment of competence against the published standards of proficiency for ophthalmic science practitioners

AND

2. Satisfactory completion of Ophthalmic Science Practitioners “Education Requirement”⁴ in a trainee post, or equivalent appointment approved by AHCS, and relevant experience in an appropriate post which, added to the training period, amounts to not less than four years’ experience.

OR

3. Six or more years’ experience relevant to the work of an Ophthalmic Science Practitioner

Appendix 4: Criteria for application for a Certificate of Competence as a Tissue Bank Technologist

1. Evidence of satisfactory assessment of competence against the published standards of proficiency for tissue bank technologists

AND

2. First degree in an appropriate subject, or other suitable qualification approved by AHCS, and a minimum of two-years' relevant experience with evidence provided to support competent practice.

OR

3. Hold a BATB / BBTS Specialist Certificate in Cell and Tissue Transplantation Science, and a minimum of three years' relevant experience with evidence provided to support competent practice.

OR

4. A minimum of six years' training and experience relevant to the work of a Tissue Bank Technologist, with evidence provided to support competent practice, this may or may not include the attainment of academic qualifications and/or professional body exams.