



AHCS  
Academy for Healthcare Science

## STP Equivalence Advice & Tips for Applicants

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# What is Equivalence



- **Equivalence** exists when the outcomes of two processes are directly comparable yet the paths to achieving them may be totally different.
- When **equivalence** is shown to exist between a new qualification and the qualifications or clinical experiential learning you already have, further education or training to become a Clinical Scientist becomes unnecessary.
- **Equivalence** via the Academy for Healthcare Science provides a pathway to registration as a Clinical Scientist with HCPC



Take a moment to.....

Look at the NSHCS Curriculum Library for your Speciality

Is the AHCS STPE the best route for you?

Discuss with your Line Manager first

Jot down your ideas on the GSP mapping template – any knowledge or skill gaps?

Read the Guidance for Applicants and the STPE Programme Handbook

Think about your evidence – by Domain and then by Standard

Get to know the latest GSP Standards (2025)

Reflect on why becoming a Clinical Scientist is important

# STPE process in a nutshell



- Completing an initial application.
- Submitting a portfolio (currently, within 6 months) - summary, mapping template and supporting evidence, considered by a specialist and a clinical assessor or professional moderator.
- Attending an interview - three assessors – including a lay chair.
- Successful interview - eligibility for HCPC

Further details in  
the AHCS STPE  
Guidance for  
Applicants

# Demonstrating that you meet the standards of GSP and you will...



- ✓ put patients at the centre of your practice even if your role is not patient-facing.
- ✓ have undertaken an adequate period of supervised training in the duties and responsibilities comparable with those of a clinical scientist
- ✓ have knowledge, skills and behaviours, achieved through your education and working experience, meet the standards of GSP & comparable to someone who successfully completes an NSHCS-accredited Scientist Training Programme
- ✓ can apply those knowledge, skills and behaviours into clinical setting/practice
- ✓ have reflected on your training and experience and how your learning and practice have developed through this process
- ✓ are aware of all relevant legislation, the risks involved in working in healthcare environments, and approaches to risk management and mitigation to uphold the health and safety of all parties.



# What is Good Scientific Practice (GSP)?

*GSP forms the standards and values that you must meet throughout your career in healthcare science, within your scope and level of practice and role at any one time.*

*The purpose of GSP is to underpin patients' receipt of a safe and excellent clinical service, to which all members of the healthcare science workforce contribute.*

*As you move through your healthcare science career, some standards will demand more of you and reflect the different dimensions of activity that become more relevant to your role, level of practice and service contribution as these change and you develop.*

*The standards are shared by ALL members of the healthcare science workforce.*



# Why don't we map to HCPC's Standards of Proficiency for Clinical Scientist?

GSP uses the Health and Care Professions Council's (HCPC) Standards of Proficiency for Clinical Scientists and Standards of Conduct, Performance and Ethics as its benchmarks. It also draws on other regulatory and professional body standards and expresses them within the context of healthcare science.

The AHCS Education, Training and Standards Committee and our External Examiner confirmed that the standards in Good Scientific Practice map to the HCPC's revised Standards of Proficiency for Clinical Scientists.



# Why don't we map to HCPC's Standards of Proficiency for Clinical Scientist?

## Our rationale

- The standards within GSP have been designed and reviewed by, and for, healthcare scientists without having to take account of any other professions. The language of GSP is specific to healthcare science. The language used in the HCPC Standards of Proficiency, particularly the generic standards, needs to work across the 15 professions that it regulates, and often it is not entirely applicable to all the specialities within healthcare science.
- The standards within GSP provide a framework across all levels of the healthcare science workforce therefore applicants should be familiar with GSP and its application to their level of practice prior to applying for STP Equivalence



# What is a good portfolio?



*An assessor would expect to see;*

- *A well structured, clearly labelled, accurately referenced portfolio*
- *Evidence of meeting the relevant Curriculum Learning Outcomes of your speciality in the year you submit your portfolio*
- *Evidence of meeting the latest standards of GSP (2025)*
- *Evidence cited throughout the portfolio text*
- *Evidence in the Appendix which is clearly labelled and of **high quality***
- *Appropriate evidence added to the Appendix*
- *A mapping document which clearly shows where the relevant evidence is located. Remember your evidence may be used multiple times, across multiple domains. It must be relevant to the domain and easy for the assessor to find.*

*NOTE You may use reflection within the summary itself or you may submit pieces of reflective evidence within in your appendix e.g critical reflection of a piece of work you have undertaken, critical incident analysis.*

# What is a good portfolio?



*The assessor would expect to see;*

- *Student, visitor or patient feedback - either directly to yourself or to your manager through the Trust feedback system.*
- *Your involvement in the MDT*
- *Witness statements*
- *Written evidence e.g. e mails, which supports your involvement (Please remember GDPR, redact PID and ask permission from the sender to include their email in your portfolio)*

# What is a good portfolio?



*An assessor would expect to see;*

- Evidence of knowledge of processes. For example referral is the act of officially sending someone to a person or authority that is qualified to deal with them. It requires an official process either part of an SOP, departmental protocol, guideline, agreed Referral Assessment Services (RAS) etc.
- All the above would include the most appropriate onward clinical pathway and your evidence would be the agreed departmental process.

# What is a good portfolio?



*An assessor would expect to see;*

- Audit; this could be a complex clinical audit, quality or service improvement audits. It requires detailed knowledge of the continuous quality improvement processes. It is very strong portfolio evidence of the use of evidence-based medicine which can be used in Scientific, Clinical and Research domains.

# What is a good portfolio?



*An assessor would expect to see;*

- Understanding of consent; Informed consent process demonstrates knowledge of risks, benefits, and alternatives of a given procedure or intervention. Knowledge of this is fantastic evidence for the Professional, Clinical and Research domains. Look at the Good Clinical Practice training on the NIHR website as this is essential for your CPD.
- You should understand the processes involved in consent even if you are not in patient facing role

# Questions frequently raised by applicants



*Do I need publications and should I be first author?*

*NO. The STP Graduate does not have publications unless they were gained before entering the STP programme. However, they do have the knowledge, skills and understanding of the Research and Ethics processes.*

# Questions frequently raised by applicants



*Why do I have to have an interview?*

It is a requirement of HCPC to have a two-part process to confirm STP Equivalence.

The interview is there to confirm that the statements made and the evidence within your portfolio are consistent with your knowledge at interview.

The interview panel have read your portfolio and the questions at interview are based on the evidence you provide to meet the standards of GSP and the Learning

Outcomes of the relevant NSHCS Curriculum

The interview is also used to assessed the application of your knowledge in practice and therefore some questions are scenario based.

# Questions frequently raised by applicants



*How do I structure my portfolio? **Logically!***

From an assessors point of view; if you make a statement or give a description then **reference it, evidence it, map it!**

**Label** your paragraphs, reference your statements, label each piece of evidence and then map them on the mapping document (for pre January 2025 submissions).

**Use evidence more than once** but make sure it is relevant to the statement you make.

**Use strong evidence** - an attendance certificate of is ok to say you were there, critical reflection of the meeting is much stronger; you were there, listened, formed an opinion. If you then give a review of the meeting to your colleagues even better!

*(Note we are aiming to have a template for new applications in early 2025)*



# Suggested evidence!



Work based activities

Clinical reports

Reflective logs

Attending and your contribution to MDT

Case studies and evidence of case based discussion (CBD)

Evidence of advice/interpretation to clinical staff

Direct observed practice (DOP)

CPD records

Notes of team meetings

Details of your own training and of training others – anonymised emails, training plans

Evidence of working with patients or to patient benefit - patient information leaflets

Evidence of working with peers – project groups minute/report summaries

Reports on placements/secondments

Project reports

Development/review of Standard Operating Procedures

Audits conducted/QMS work

Leading scientific services

Direct scientific validation and evaluation

Safety assurance

Extracts from relevant minutes of meetings

# Suggested evidence continued!



Evidence of contributing to or leading research – MSc, PhD, Clinical Trials

Contribution to research governance structures

Leading/contributing to research bids

Presentations/posters at scientific meetings/ journal clubs

Peer reviewed publications

Evaluation of the implementation of a new technique demonstrating that it is evidence based and clinically effective.

Promoting a culture of innovation

References

Curriculum Vitae

Contributing to strategic business plans for a broad service

Service performance reviews against service objectives

Appraisals

360 degree feedback

Effective resource management

# Portfolio advice



Watch for patient identifiers

Watch your word count, make everything you say have an impact and evidence and map it accurately.

The stronger the evidence, the less word or page count you need to confirm to the assessor that you have achieved a competency and met a standard.

You can use good evidence multiple times and across domains if appropriate

The AHCS Equivalence Team is always there for support and advice

# Interview Advice



If you have successfully produced a strong portfolio then the interview is to confirm the evidence.

The interview is not a viva. The questions are based on YOUR specialist experience as evidenced in your portfolio. Please do not fall into the trap of taking advice from your colleagues about their questions. The questions asked at interview are *only pertinent to YOUR portfolio*.

If your portfolio has achieved an Outcome 1 but there are areas where confirmation of knowledge and experience is required, then the panel will use the interview to confirm your knowledge

The interview is not a trial, the panel consist of a professional assessor from your speciality, a moderator and the Lay Chair is there to represent the patient, for fairness, and for consistency of the interview process.

The interview format is usually made up of two questions per GSP domain, including your specialist area and may include scenario type questions relating to GSP. These questions are agreed by the panel, and are based on your portfolio evidence.

The panel are there to confirm that the portfolio matches the applicant.

Relax, the interview should be confirming the contents of YOUR portfolio. You submitted a portfolio that meets the standard and this interview should be your opportunity to further demonstrate you meet the standard of a Clinical Scientist

Remember we are there  
to help you!



[www.ahcs.ac.uk](http://www.ahcs.ac.uk)



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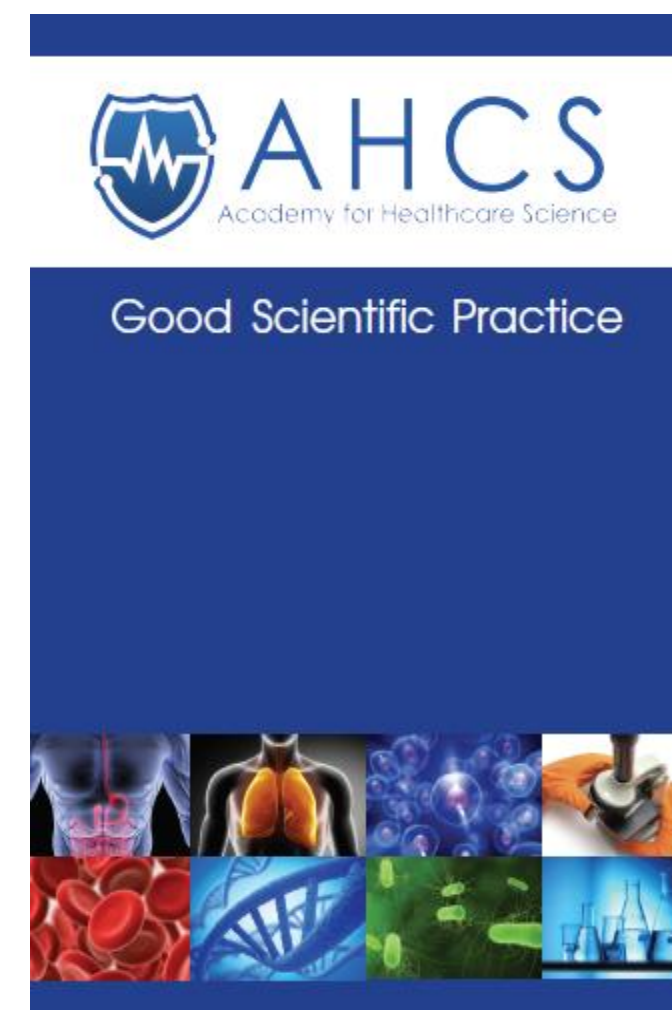
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**From 01.09.21 all new applications should map against GSP 2021**

1. Professional Practice
2. Scientific Practice
3. Clinical Practice
4. Research, Development & Innovation
5. Clinical Leadership

**Relevant STP curricula are available at:**  
<https://curriculumlibrary.nshcs.org.uk/stp/>

