

Assessor Guidance: Certificate of Equivalence Scientist Training Programme (Clinical Scientist)

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1. Introduction

The Certificate of Equivalence for the Scientist Training Programme (STPE) awarded by the Academy for Healthcare Science (AHCS) certifies that the holder has demonstrated that their qualifications, experience, training and competence to practise are equivalent to those who have successfully completed an NSHCS accredited Scientist Training Programme (STP). Assessors are asked to take account of when the applicant trained and the opportunities that have been and currently are available to them to gain the same experience as someone completing the STP programme. It is therefore important that the submission includes a reference from the Applicants' current or most recent employer.

Assessors will need to make a professional judgement as to whether the applicant has demonstrated sufficient comparability with someone completing the relevant STP curriculum overall, as well as meeting the standards set out in Good Scientific Practice (**GSP**). GSP underpins the STP Training programme and the STP Equivalence route. It sets out the professional standards on which safe and good working practice is founded for all those in the healthcare science workforce.

The process of obtaining a Scientist Training Programme Certificate of Equivalence (STPE) consists of five stages:

1. Application, including an initial administrative check and payment
2. Submission of a portfolio of evidence
3. Assessment of the portfolio¹ by the specialist assessor with quality assurance undertaken by a professional assessor/moderator
4. Interview
5. Ratification and certification

Each stage must be completed satisfactorily for the Certificate to be issued.

In the initial stage, the applicant's qualifications and experience are checked to ensure that they have the appropriate background to proceed to portfolio submission. Once applicants have been approved, a portfolio must be uploaded into the AHCS system, currently within six months of the approval date, except in exceptional circumstances e.g. illness. The portfolio is then assessed, and if satisfactory, the applicant proceeds to a final assessment interview, which confirms that the experience and training described in the portfolio is genuine (as far as can be determined), that the applicant has developed the necessary knowledge, skills and competence to meet the standards set out in Good Scientific Practice, that the applicant can apply these effectively in the workplace setting and be judged equivalent to someone who has completed the NSHCS accredited Scientist Training Programme. If successful, the applicant is awarded a Certificate of Equivalence and is eligible to apply to register as a Clinical Scientist with the Health and Care Professions Council (HCPC).

¹ A portfolio is made up of a summary of training and experience and the appendix containing supporting documents/evidence (and a completed GSP mapping template for pre February 2025 submissions).

It is advised that assessors familiarise themselves with the following:

- *Applicants Guide for STP Equivalence available at: <https://www.ahcs.ac.uk/equivalence/equivalence-guidance/>*
- *Good Scientific Practice available at <https://www.ahcs.ac.uk/equivalence/equivalence-guidance/>,*
- *The relevant NSHCS accredited STP curricula can be found at: [https:// curriculumlibrary.nshcs.org.uk/stp/](https://curriculumlibrary.nshcs.org.uk/stp/)*

2. Assessing the initial application

On receipt via the on-line system, AHCS administrators review the application for completeness. Please note to comply with GDPR, any communications by email regarding the applicant should make reference to the Applicant ID number not the Applicant's name.

The applicant's preliminary application is made using the on-line system and the application fee is paid. The documentation required is:

- proof of identity
- a passport-sized photograph of the applicant
- a summary of professional experience (up to 1000 words) – the personal statement
- copies of relevant qualifications
- two professional references including a current or recent employer
- Non-UK citizens are also required to provide evidence of English language skills (a minimum International English Language Testing System (IELTS) score of 7.0 with no element less than 6.5 or a Test of English as a Foreign Language (TOEFL) Internet Based Test (IBT) Minimum score of 100/120).

Non-UK citizens who have gained their relevant primary qualification in a country on the HCPC list of [Qualifying Countries](#) may use this to evidence their English Language proficiency and do not need to provide an IELTS or TOEFL Certificate.

Applicants also provide details of their education and training, their career, professional membership and registration, and two professional references.

Since September 2020 assessors have access to candidates' full application information

The purpose of the personal statement is to act as a gateway to the process and to ensure that only those applicants who meet the basic requirements for qualifications and experience proceed to the portfolio stage. Further details about the content and length of the personal statement can be found in the STPE Guide to Applicants.

Previous STP students that have failed to graduate with a Certificate of Completion from the National School for Healthcare Science are advised that the AHCS will not accept an application for STPE until appropriate remedial action has been taken. As a guide at least a one-year period of further training/experience is expected. Applications are considered on a case-by-case basis.

3. Assigning a portfolio to the assessment panel

From February 2025, all new assessors will normally be approved by a designated professional body representative following scrutiny of the assessors cv and meeting the requirements within the AHCS STPE Assessor Role Descriptor.

Periodically, throughout the year, the Equivalence Administrator will email all assessors to ask about their availability to assess an STPE portfolio and undertake the subsequent interview.

The Academy recognises that diaries can change quickly, and that there are times when an assessor might not be able to undertake an assessment at the time it is allocated. If this is the case, the assessor should contact the Equivalence administrator on equivalence@ahcs.ac.uk and we will reassign the portfolio.

The Academy will contact assessors individually to check availability for the STPE interview.

4. Assessing the portfolio

4.1 Viewing the portfolio

Once you have been assigned to a STPE application, the AHCS' online system will generate an email inviting you to view the submitted portfolio on AHCS system.

You have 28 days within which to assess the portfolio and complete the online assessment form (see below). If you are not able to meet this deadline or have a conflict of interest with the applicant, please contact the Equivalence Administrator on equivalence@ahcs.ac.uk and we will reassign the portfolio.

4.2 Size and scope of the portfolio

The portfolio is the applicant's opportunity to describe experience gained and competences achieved. The layout should be clear, and the content should be well chosen, explicit and concise – quality is more important than quantity. The portfolio must show that the applicant has personally carried out work in key areas of practice, and not just observed it being done. Although this is acceptable where undertaking the activity might be outside the applicant's scope of practice in their current role and they have not had an opportunity to undertake training in the areas previously. A reflective piece should synthesise the facts, the evidence and the learning benefits obtained. Statements of attendance or participation are on their own insufficient and must be amplified by a brief description of how the experience has helped in achieving a particular competence (reflective observations). Evidence of 'hands-on' experience under appropriate supervision is important.

The applicant should demonstrate that their role is patient-focused even if their role is not patient facing. Examples of non-patient facing roles would include applicants working in Bioinformatics, Biomedical Sciences or some areas of Clinical Engineering, where the role directly impacts on the care and welfare of the patient, but whose skills may not be directly face to face with the patient. Gaining experience in MDT, shadowing Clinical colleagues and reflecting on how the role improves patient outcomes is strong evidence for the Clinical Domain in the portfolio submission.

The portfolio must demonstrate a thorough basic understanding of the practice of the specialty. It should include sections that demonstrate the ability to critically assess data and hypothesise. This may be through project work, literature analysis or in other ways relating to individual domains.

Portfolios should not be longer than 150 pages, and any portfolio exceeding these limits will be rejected on receipt and returned to the applicant for abbreviation. There is no prescribed minimum length, but, as a guide, portfolios less than 60 pages are unlikely to contain sufficient evidence for adequate assessment. If any part of the evidence is not in English, certified translations must be provided. Further detailed guidance on portfolio format is given in the Guide to Applicants³.

If you see a portfolio of over 150 pages, please contact the Equivalence administrator (equivalence@ahcs.ac.uk) and we will return it to the applicant for revision.

4.3 Assessment against what?

All applications for equivalence are made against the standards set out in GSP⁴ across the five domains, no matter the specialism or role. For further details regarding GSP, including its development, review and updating can be found at <https://www.ahcs.ac.uk/download/263/general/5214/ahcs-good-scientific-practice.pdf>

The five domains are:

1. Professional Practice
2. Scientific Practice
3. Clinical Practice
4. Research and Development
5. Clinical Leadership

Applicants must present and map their evidence against the requirements of GSP but must also consider the learning outcomes set out in the relevant STP curriculum for the core, rotation and specialist modules⁵. Assessors will consider the evidence in the context of the relevant STP curricula to ensure that applicants are overall able to meet the same outcomes. Due cognisance should be taken of the career pathway that the individual applicant has taken, the time at which they undertook the majority of their training and their current job role and scope of practice. Applicants are **not required** to map their evidence against every outcome of the STP curriculum.

³ Available at: <https://www.ahcs.ac.uk/equivalence/equivalence-guidance/>

⁴ Available at: <https://www.ahcs.ac.uk/equivalence/equivalence-guidance/>

⁵ The STP curricula are available at: <https://curriculumlibrary.nshcs.org.uk/stp/cohort/2022/>

⁶ Themes include: Life Science; andrology, clinical biochemistry, clinical bioinformatics genomics, clinical immunology, clinical microbiology, cancer genomics, embryology, genomics, genomic counselling, hematology and transfusion science, histocompatibility and immunogenetics, histopathology . Physical Sciences; clinical engineering, clinical informatics, clinical scientific computing, medical physics (radiation safety, and diagnostic radiology, radiotherapy physics, nuclear medicine, imaging with non-ionising radiation) pharmaceutical sciences, reconstructive science. Physiological Science; audiology, cardiac science, critical care science, gastrointestinal physiology, neurophysiology, ophthalmic and vision sciences, respiratory and sleep science, urodynamic science, vascular science

The STP curriculum is made up of core, specialist and rotation modules. Rotation modules are within the relevant theme⁶ and provide the trainee with exposure to different areas across the theme. Each rotation module can last up to 12 weeks and trainees are required to achieve a series of curriculum specified learning outcomes by demonstrating the attainment of a series of competences and the applied knowledge and understanding underpinning each competence, in each specialism.

In terms of equivalence applicants are expected to have some exposure to and understanding of the areas covered in the rotation modules at the level expected from a 12-week rotation into those areas. There is no requirement to demonstrate all the practical skills, it is the knowledge and understanding element that is required.

Judgements are made on differing types of evidence from education and training and/or employment/experience. Further guidance on acceptable types of evidence is available in the Applicants Guide for STP Equivalence⁷. This is purely guidance and applicants may submit more or less information for each domain of GSP.

4.4 Structure of the portfolio

The portfolio must begin with a summary of the applicant's training and experience to date and how these demonstrate that the applicant meets the standards set out in Good Scientific Practice. The portfolio must not exceed **5000 words, excluding the template wording and citing of evidence**. The new structure (post February 2025) of the template is written against each of the Domains and Standards of Good Scientific Practice evidence cited with the text and in the column indicating location of evidence.

The portfolio will also include a reflective statement, describing *why is becoming a Clinical Scientist important to you and importantly how you have demonstrated that you made the patient your first concern*. This reflective piece should be no longer than 500 words and may be submitted as evidence in the Appendix to protect word count. Note, this piece is mandatory. The applicant is also required to support key pieces of evidence in their portfolio with further reflective accounts, each of which may be added to the appendix

The portfolio content will be an amplified version of the personal statement provided in the initial application. It must demonstrate how knowledge, skills and competence have been developed, with clearly labelled supporting evidence mapping across to each of the standards in the Domains of GSP. Pre-February 2025 applicants are provided with a mapping template to cross reference their evidence.

The requirement is for the applicant to satisfy the assessors that they have the appropriate qualifications, experience and level of competence, and that their training and current practice has enabled them to achieve an equivalent level of knowledge and skill in all the domains of GSP. The applicant must demonstrate that each Domain and standard has been covered and there are no gaps or blank areas. However, it is likely that some standards are evidenced more strongly than others. Assessors will need to make a judgement overall whether the applicant has met the domain.

Note, applicants are **not** required to map their evidence exactly to the individual outcomes in the STP curricula, although the content and level of the STP outcomes should be used to guide and inform the evidence supplied for all components of the mapping. See template for further details.

Evidence should be selected carefully – a few well-chosen examples will be more valuable than a mass of poorly-organised material. Where reports are submitted, they should address specific domains in GSP and should be concise, well-structured and combine critical scientific analysis with evidence of background reading.

The portfolio should not include a detailed, day-to-day training diary or logbook, the full text of any published work (the abstract page is sufficient), or the full text of case studies, theses, projects or essays – summaries should be provided or a weblink to where the full article/report can be found. It should not include certificates of attendance for every meeting – only those that have demonstrable benefit towards the domains of GSP.

Assessors should **not** have to do the mapping for the applicant or have to search for the evidence within the portfolio on behalf of the applicant. The applicant should cite the evidence throughout the summary report. If the portfolio is poorly organised and difficult to follow, you can recommend an outcome 2 (see below) and the portfolio will be returned to the applicant for further work. You will need to provide feedback to guide the applicant to what changes are required.

4.5 Portfolio assessment outcomes at portfolio stage

Assessors can recommend one of the following outcomes:

Outcome 1: Proceed to interview
Outcome 2: Further evidence is required
Outcome 3: Reject application.

Outcome 1- proceed to interview should be recommended when you consider that the portfolio:

- is complete,
- includes a good range of evidence that supports the claims made in the portfolio
- includes evidence of reflection
- has provided sufficient evidence to show that overall, the applicant can meet the Domains set out in Good Scientific Practice, and has comparable knowledge, skills and competence as someone completing the STP programme in the relevant specialism.

Outcome 2 - further evidence required should be recommended where there are gaps in the portfolio, or the evidence submitted is weak. For example:

- lack of evidence to support the claims made in the summary
- patient identifier
- lack of the 500-word reflective piece or insufficient evidence of reflection
- reliance on a limited number of pieces of evidence
- lack of underpinning specialist knowledge
- lack of clinical experience and reflection in the specialist field
- lack of exposure to the areas covered in the rotation modules
- no evidence of leading academic or practice-based research, or innovative projects or audit leading to service development
- lack of knowledge of research governance
- no examples of evidence-based practice including reference to research literature

Outcome 3 – reject application should be recommended where it is clear that the applicant does not have the necessary knowledge, skills or competence to be meeting the Standards of Proficiency or equivalent to someone complete the STP and could not achieve them within a reasonable period of time.

Feedback must be provided if an Outcome 2 or Outcome 3 is recommended – this is shared with the applicant. The feedback should identify the issue and suggest how the applicant might resolve it. The feedback must be realistic and achievable. Link to the deficiencies identified for each domain (see assessors form below). Please also be mindful of the context in which the applicant is working.

You can also provide feedback where you have recommended an outcome 1 to help the applicant prepare for the interview.

Examples of feedback can be found in Appendix 5

If the portfolio contains patient identifiers, please contact the Equivalence Administrator immediately and we will request the applicant to remove them and resubmit the portfolio before the assessment can continue. This is considered a serious error, at this point you will be awarded an outcome 2.

4.5.1 Split decisions

Where the specialist and professional assessor/moderator recommend different outcomes, the Academy's moderation process is invoked. A third assessor reviews the assessment forms and determines the recommended outcome. This might involve discussion with the specialist and professional assessor/moderator.

Wherever possible the Academy seeks to support the panel in coming to consensus. Where this is not possible and after discussion with the Registrar, the final jurisdiction sits with the Chair of the Education, Training and Standards Committee. The original assessment panel is informed of the revised recommended outcome and the feedback to be sent to the applicant.

4.6 Portfolio assessment forms

Each assessor must complete the on-line portfolio assessment form (see Appendix 1). You should identify any deficiencies under each Domain, as well as the overall feedback to go to the applicant. The AHCS Equivalence Lead⁸ reviews all feedback to ensure that it is consistent, realistic and achievable. The Equivalence Lead might amend the feedback slightly so that it reads coherently for the applicant, they may contact the assessor if they have any queries.

Your individual assessment forms will not be shared with the applicant but might be reviewed by key AHCS individuals⁹ as part of the Academy's internal quality assurance processes. Forms might also be reviewed where a complaint or appeal has been received.

Note, the specialist assessor can identify two questions **pertinent to the applicant's portfolio** with indicative answers to ask at the interview. This should be done when the portfolio has been assessed but in good time before the interview. The specialist assessor should complete the Specialist Questions form (see appendix 4) to provide an audit trail of the questions asked. The completed form should be sent to the Equivalence Administrator before the interview so that it can be circulated to the other panel members to help the non-specialist members of the panel prepare for the interview and subsequently come to a judgement. In the event of a second interview, the Specialist Assessor will be asked to write **two different questions** should the applicant fail to adequately answer the Specialist Questions in the initial interview. Note, the original question may be used if, reworded, expanded upon or used in a different context if there are particular specialist assessor concerns.

⁸ Currently the AHCS Head of Standards

⁹ Currently this includes: the Registrar, the STPE Programme Lead, the Chairs of relevant AHCS committee and the External Examiner, a moderating STP Equivalence assessors

5. Between the portfolio assessment and interview

Wherever possible the Academy will try to have the same assessors undertake the interview as reviewed the portfolio. The interview assessment panel will also include a lay assessor who will Chair the interview. Their role is outlined in section 7.3.

The AHCS Equivalence administrator will contact you to check your availability to be part of the interview panel. Once the interview date has been established the administrator will send you details for the interview, including all the relevant *assessment forms, guidance for using Teams*, the links to access the *preparatory and interview session* and a copy of the *STPE question bank*.

As noted earlier, the specialist assessor will be asked to prepare up to *two specialist questions*¹⁰ with indicative answers (see appendix 4). The purpose of the specialist questions are either to explore the applicant's knowledge and understanding in a particular scenario or a specific element of the portfolio. Normally the specialist assessor writes one questions for the specialist practice Domain and one for the clinical practice domain, but they can relate to any of the domains if that will help the panel test any potential areas of weakness. In preparing the specialist questions, it is essential that the specialist assessor reminds themselves of the applicant's portfolio, current role and scope of practice and what the applicant can feasibly be expected to know in this context.

The specialist questions are shared with the Academy and the assessment panel ahead of the interview.

There should be no contact between applicant and assessor by social media or any other means for the entirety of the application, it is considered a breach of conduct and a conflict of interest to do so.

Please read through the questions and clinical scenarios in the STPE question bank prior to the interview.

Applicants may resubmit their portfolio a maximum of three times for review. If the portfolio is deemed unsatisfactory on the third review, an Outcome 3 will be awarded.

The November 2021 question bank is currently under review and will be circulated to all assessors once ratified.

If you feel the wording of the question may be difficult to answer, you may rephrase for clarity.

The rating scale is: 'Poor', 'Below Standard', 'Meets Standard.'

¹⁰ The lay and clinical assessors ask questions from the AHCS question bank.

You can arrange a test call with the Academy using Teams at any time. If you have any queries or would like a test call, please contact: equivalence@ahcs.ac.uk

Note – we also offer test call to all applicants.

5.1 The Assessment Interview

The interview is usually conducted online, and assessors may be at home. The assessors are expected to conduct themselves in the manner that would be expected in the workplace, including ensuring confidentiality of data, dress code etc. The purpose of the interview is to use questions and scenarios based on the five domains of **GSP** to assess the applicant's competence in the workplace setting. In addition, assessors need to be assured of the applicant's knowledge, skills and competence and can be applied to clinical practice. The interview is normally conducted via video-conferencing^{11,12}, although if you do not have a webcam, professional assessors can dial into the interview¹³. The lay chair and applicant must be visible.

Normally there are two questions per domain, the majority of which are drawn from the Academy's question bank. As noted above, the final two are written by the specialist assessor.

In the event of a second interview, the applicant will be asked questions in the domains which they initially failed to answer adequately in their first interview. The same question may be given to confirm their understanding following the successful submission of remedial work, ideally, they will be reworded around the theme.

Should the applicant fail to give an adequate response to any of the specialist questions in the Scientific or Clinical domains, the Specialist Assessor will be asked to ideally write new questions with ideal answers for the Scientific and/or the Clinical Domains. If the assessor feels that the original question should be asked, it should be reworded and further expanded to confirm to the assessor that they have a good understanding of the specialist area and confirm their scope of practice.

The interview session is made up of three elements lasting a total of two hours. It will follow the structure set out below:

¹¹ We currently use 'Teams

¹² If an applicant has an (evidenced) recognised disability and would be disadvantaged by conducting the interview by video-conferencing, the AHCS will arrange a face-to-face interview.

¹³ Guidance notes on how to use Teams will be sent to you. Where an assessor dials in the call is charged at local rates.

Pre-interview

Lay chair and the two assessors agree the questions drawing on the AHCS question bank and the two questions submitted by the specialist assessor.

There are normally two questions per domain.

The choice of questions should be done in the light of the applicant's portfolio, and of the fact that the same questions may not be equally challenging for each applicant. Where an applicant has extensive specialist experience in the area of a particular question, it may be preferable to take that area of competence as already adequately demonstrated and to substitute an alternative question.

Interview

Lay chair confirms the identity of the applicant and asks the applicant to confirm that they are on their own.

Lay chair explains the structure of the interview with the applicant.

Panel asks the agreed questions. Please note, supplementary questions should only be asked with agreement from the Lay chair.

It is noted that the question bank includes generic questions, in these instances you might want to give speciality specific examples or draw from the applicant's portfolio to provide a context for the question.

During the interview, please take notes on the **'Interview Assessment Questions and Note Taking Form'** and note how well the applicant answered the question (see appendix 2). You might want to record any detail in the applicant's answer to help you decide the 'outcome' for that question: Poor, Below Standard, Meets Standard'. The criteria for each outcome can be found in the Question Bank or in the specialist assessor's Question Form. Please make notes for each question as your input is invaluable when discussing the final outcome.

Lay chair gives the applicant an opportunity to comment, specifically asking the applicant if they considered the interview was fair and transparent.

The applicant is asked to leave the Teams session. Once they have left the panel will discuss the outcome (see below).

<p>Post interview discussion (30 minutes)</p> <p>Assessors remain in Teams session</p>	<p>Assessors discuss the recommended outcome and agree any feedback to be provided to the applicant.</p> <p>Please ensure that wherever possible the outcome and feedback is agreed by the end of the interview.</p> <p>Please also indicate whether:</p> <ul style="list-style-type: none"> • another interview is required and/or • whether additional documented evidence should be submitted <p>Feedback must be provided for an outcome 2 or 3. Assessors may also provide feedback for an outcome 1 where they consider the guidance will help the future development of the applicant, but this is not a requirement.</p>
<p>After the interview assessment</p>	<p>Assessors complete their Interview Assessment Question and Note Taking Form and the Interview Record Form (appendices 2 and 3).</p> <p>Please send both to the Lay Chair as soon as possible. Normally the forms are scanned and emailed to the Lay Chair.</p> <p>Handwritten forms are acceptable, although the Lay assessors prefer them to be typed.</p>

Note: It is important that the interview is performed in a consistent and equitable manner for all applicants, whichever questions from the question bank are used. Everyone must have the same opportunity to do well. The applicant may have access to their portfolio should they or the assessors wish to discuss particular area/s during the interview. However, it is not appropriate for the applicant to read from the portfolio or to have crib sheets or notes which would give them any unfair advantages.

The interview should be based on objective evidence and observation, not preconceived ideas about the applicant their place of employment, employment history or other factors. **The benchmark for the assessment is what might be expected of a graduate of a STP programme.**

Assessors should be warm and human in their responses, but neutral in demeanor. It is not appropriate to encourage or appear to criticise the applicant. For example, say ‘ –Thank you’ at the conclusion of an answer, not ‘Really?’ or ‘Excellent’.

It is recognised that the applicant might need a little prompting to answer a question, but please keep this to a minimum and do not answer the question for the applicant. If you believe a question has been misunderstood or partly understood, it is legitimate to repeat or rephrase the question to ensure the applicant understands what they are being asked. Colloquial or regional expressions should be avoided, and if jargon is used it must be explained clearly where necessary. “Non-verbal leakage” i.e. nods, shakes of the head etc. should also be avoided as far as possible, to prevent anything that might be construed as approval or disapproval of the applicant's answers.

Please note it is inappropriate to discuss the interview any further with the applicant after their interview. **You must not imply that an applicant has done well.** The outcome of the interview can only be made available to an applicant following agreement of the panel and ratification of the outcome by Chair of ETSC. If an applicant has a disability that might affect the assessment interview, it must be declared at the application, and the panel will be provided with guidance on how to mitigate the effects on the interview and ensure fairness of assessment (e.g., finding other ways to present information if an applicant is visually impaired). Any disability that is not declared on application cannot be considered at interview.

5.2 Interview assessment outcomes

Assessors can recommend one of the following outcomes:

Outcome 1: Applicant has demonstrated equivalence and should be awarded the Certificate of Equivalence (STPE).
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Outcome 2: Applicant may be able to demonstrate equivalence, but further evidence is required.
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Outcome 3: Applicant has not demonstrated equivalence.
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After reviewing the grades recorded on their Interview Assessment Questions and Note Taking Form (appendix 2), each assessor should complete the Interview Record Form (appendix 3) where the performance of the applicant against each domain should be marked on the as either poor, below standard, met or exceeds. Where a domain has not been met assessors should also include comments on the applicant's performance, which will be incorporated into panel feedback to applicants.

The panel should then discuss the collective view. If the view is:

- All domains 'met' - an outcome 1 should be recommended
- Up to three domains 'not met' - an outcome 2 should normally be recommended and feedback provided
- Four or more domains 'not met' – an outcome 3 may be recommended, however the final outcome would be at the discretion of the panel and with agreement of Head of Standards or STP Equivalence Lead and feedback provided.

5.3 Providing feedback

Where an outcome 2 or 3 is recommended, the panel must provide details of the areas of deficiency and the action to be taken. This might require the applicant to gain additional experience and/or training. In the instance of the outcome 2 the assessment panel will need to make it clear whether a second interview is required and/or the submission of evidence.

Where an outcome 3 is recommended, the action suggested might include undertaking a full Scientist Training Programme. If the applicant wishes to apply for STP Equivalence again, they must submit a new application and pay the application fee again.

An assessment panel may also provide feedback to an applicant where an outcome 1 is recommended if it is felt that it would be of benefit to the applicant for their continuing professional development.

The feedback must be realistic and achievable. Please do not recommend specific courses, with the exception of NIHR Good Clinical Practice, but suggest the types of activity that an applicant might want to consider doing. For example, shadowing, attending meetings, mentoring, preparing a reflective piece of work. Please be mindful of the context in which the applicant is working. Appendix 5 includes examples of feedback provided.

6. Ratification and certification

All STP Equivalence outcomes recommended by the assessment panel after the interview must be ratified by the AHCS' Education, Training and Standards Committee before the outcome can be released formally. If the Chair, on behalf of the committee, accepts the assessors' recommended outcome, applicants are sent an email confirming the outcome.

Prior to the ratification, the Equivalence Lead¹⁴ reviews all the interview documentation and recommends to the Chair whether ratification should take place. Any issues or operational matters which the Chair should be aware of are also noted in the report. The Chair can also review all the interview documentation as they think fit. The Chair can choose not to ratify the outcome should there be concerns about assessment process or request further information from the Equivalence Lead.

If an Outcome 1 is awarded and ratified, HCPC is advised of the outcome and the applicant is eligible to apply to join HCPC's register as a Clinical Scientist. Please note, it normally takes HCPC up to 10 working days to update their systems. Once this has been done the applicant will be able to apply to join the HCPC Register as a Clinical Scientist. The applicant does **not** need to have a copy of the Certificate of Equivalence to apply to join HCPC's register¹⁵.

Shortly after the applicant has been informed of the outcome, the AHCS will generate the applicant's Certificate of Equivalence (STPE). An email is sent to successful applicants when the Certificate is available to download from the AHCS' system.

7. Roles and responsibilities

All assessors should work to the Academy's Assessors Code of Conduct.

The Specialist Assessor normally takes part in both the portfolio and interview assessment stages. A professional assessor/moderator is expected to undertake the quality assurance of the portfolio assessment. The same professional assessor/moderator will normally be a member of the interview panel as requested by the Academy.

7.1 Role of the Specialist Assessor

Specialist assessors should use their professional, clinical and scientific knowledge and understanding of the role of a Clinical Scientist to assess the applicant's knowledge, skills and competence to:

- determine at the portfolio stage whether the applicant should go through to interview

¹⁴ Currently the STPE Lead

¹⁵ Further details about how to apply to HCPC can be found at: See <http://www.hpc-uk.org/apply/>

- determine the applicant's competence and fitness to practice as a clinical scientist. Assessors should record any potential concerns that arise during the assessment regarding patient safety or compromising the service.

At the portfolio stage the specialist assessor will be assigned a portfolio and should review the summary, supporting evidence and mapping to template to:

- determine the suitability of the portfolio in demonstrating that the applicant has met the standards/domains set out in Good Scientific Practice and that they have a comparable level of knowledge, skill and competence as someone completing the relevant STP curriculum.
- recommend or not that the applicant goes through to the interview stage
- complete the online portfolio assessment form (appendix 1)
- provide feedback to support the outcome, where the applicant receives an outcome 2 'further work required' or an outcome 3 'reject application'.

Between portfolio and interview

- draft two specialist questions with indicative answers on the Specialist Question Form

At the interview stage the specialist assessor:

- will be asked the questions as agreed including their specialist assessor questions prepared and shared with the assessment panel ahead of the interview
- ensure that each applicant is asked questions of comparable difficulty in a consistent and equitable manner
- record comments and judgement on performance against **each** question on the Interview Assessment Question and Note Taking Form provided (see appendix 2). Your record of the candidate's responses is invaluable when the Lay Assessor compiles the feedback to the candidate.
- at the end of the interview, discuss the performance of the applicant with the other assessors and agree a recommended outcome and comments that should be recorded
- after the interview, complete the Interview Record form (appendix 3) indicating whether the applicant has met or not met each Domain and provide any feedback to be shared with the applicant. Please remember to date and sign the form.

7.2 Role of the professional assessor/moderator

The professional assessor/moderator may be a practicing or retired clinician, a QA lead, an academic as appropriate. It is beneficial for the portfolio to be reviewed through a non-specialist lens to ensure that:

- The applicant is working at or training towards clinical scientist level
- The evidence provided demonstrates that the applicant meets the standards of Good Scientific Practice across all five domains

- The applicant has the comparable level of education, training or experience to someone completing the STP programme.

The professional assessor/moderator plays an important role in ensuring that the level of assessment is consistent across the specialisms within their Theme. It is not expected that the professional assessor/moderator will have the same subject specific knowledge as the specialist assessor, but they can provide a helpful commentary on any deficiencies at the portfolio or interview stage.

The professional assessor/ moderator should use their professional knowledge and understanding of the role of a Clinical Scientist to assess the applicant's knowledge, skills and competence to:

- 7.2.1 determine at the portfolio stage whether the applicant should go through to interview
- 7.2.2 determine the applicant's competence and fitness to practice as a clinical scientist. The professional assessor/ moderator should record any potential concerns that arise during the assessment regarding patient safety or compromising the service.

At the portfolio stage the professional assessor/moderator may be assigned a portfolio and should review the summary, supporting evidence and mapping to template to:

- determine the suitability of the portfolio in demonstrating that the applicant has met the standards/domains set out in Good Scientific Practice and that they have a comparable level of knowledge, skill and competence as someone completing the relevant STP curriculum. It is not expected that the applicant will have the exactly the same knowledge an STP trainee.
- recommend or not that the applicant goes through to the interview stage
- complete the online portfolio assessment form (appendix 1)
- provide feedback to support the outcome, where the applicant receives an outcome 2 'further work required' or an outcome 3 'reject application'

At the interview stage the professional assessor/moderator :

- will ask the questions as agreed to ensure that each applicant is asked questions of comparable difficulty in a consistent and equitable manner
- record any comments and judgement on performance against each question on the Interview Assessment Question and Note Taking Form provided (see appendix 2).
- at the end of the interview, discuss the performance of the applicant with the lay assessor and the specialist assessor and agree a recommended outcome and all comments that should be recorded
- after the interview, complete the Interview Record form (appendix 3) indicating whether the applicant has met or not met each Domain and provide any feedback to be shared with the applicant. Please remember to date and sign the form.

7.3 Role of the Lay Assessor

The lay assessor joins the panel at the interview stage.

The principal role of the lay assessor is to ensure both fairness to the applicant and to represent the views of patients and the public within the process. In addition, the Lay assessor will act as the Panel Chair with the following responsibilities:

- start each Teams session
- welcome each trainee and introduce the specialist assessor and professional assessor/moderator
- outline the purpose and structure of the assessment
- ask their specified questions and record any comments on the Interview Assessment Questions and Note Taking Form provided
- ensure that the assessors or moderators conduct themselves during the interview in a professional and consistent manner
- ensure that the assessment is conducted within the allotted time
- conclude the assessment; thank the applicant and advise them when the outcome of the assessment will be communicated to them
- following the assessment, lead discussion of the applicant's performance with the specialist assessor and clinical assessor
- agree a panel recommendation for each domain: poor, below standard, met or exceeds for each domain
- agree and record the final recommended outcome for the candidate
- record any feedback to be shared with the applicant on the Applicant Assessment sheet in the space provided for the panel chair and receive the assessors' forms; Interview Assessment Question and Note Taking Form and Interview Record form,
- receive all the completed assessment forms, including the Interview Assessment Question and Note Taking Form and forward them to the Equivalence Administrator.
- record any technical difficulties that happened during the interview.

7.4 Role of AHCS

The AHCS will administer the STP Equivalence process including:

- recruiting, training and supporting assessors
- assigning assessment panels
- providing access to the relevant applicant's portfolio
- making the arrangements for the interview assessment
- providing assessors with support using Teams if required
- issuing the relevant guidance and forms for the interview assessment
- establishing the deadlines for each stage of the process
- providing guidance and support to the assessment panel
- implement a further moderation process where there is a split decision at the portfolio stage
- undertaking a review of each outcome to ensure that due process has been followed
- arrange for observers to view the interview assessment as appropriate
- arrange for the External Examiner to have access to the STP Equivalence portfolios and assessment documentation as part of the Academy's annual monitoring review process

8. Complaints and appeals

The AHCS has mechanisms to ensure that applicants, assessors, staff and the public have the opportunity to participate fully in the development and improvement of services. It is expected that all parties will take full advantage of these in making their views known through feedback.

The Complaints Procedure should be used when informal attempts to resolve the matter with the AHCS have not resolved an issue. More information about the complaints process can be found at: <http://www.ahcs.ac.uk/equivalence/equivalence-guidance/> Applicants also have the opportunity to appeal outcome decisions based on procedural matters related to the Equivalence process. Appeals against judgements of assessors, ratification decisions or other decisions made by the Education, Training and Professional Standards Committee will not be accepted. Appeals must be made within **28 days** of receipt of the outcome decision. Appeals will be considered by a dedicated Appeals Panel and this panel may undertake an investigation including a request for written statements or interviews as appropriate. The Appeals Panel will then summarise their determination in a report, a summary is provided to the appellant, the assessors, Chair of Education, Training and Standards committee and Chair of Regulation Board and retained on file by AHCS. The judgements of the Appeals Panel are final. The AHCS Appeals policy can be found on the AHCS website: <http://www.ahcs.ac.uk/equivalence/equivalence-guidance/>

9. Equality and diversity

The AHCS believes that excellence is achieved through recognising the positive value and contribution of every individual. It is committed to providing an inclusive development culture in which all individuals are:

- Enabled and encouraged to participate fully.
- Treated on the basis of merit, ability, and potential, with dignity and respect.
- Valued for their positive contributions.

We expect all assessors to work to these values, expectations and the Academy's policy. Further information on the equality and diversity policies of the AHCS can be found at <https://www.ahcs.ac.uk/document-archive/?limit=&q=equality%20and%20diversity&catid=0&theme=default>

If the applicant has a disability, as defined under the Equality Act (2010) that they feel may affect their engagement in the assessment process, they can contact the AHCS Administrators for advice on reasonable adjustments which can be made to the process.

10. Who to contact

If you have any queries, please contact:

Equivalence Administrator - equivalence@ahcs.ac.uk

Lynne Smith, Equivalence Programme and Equivalence Lead – lynne.smith@ahcs.ac.uk

11. Appendices

Appendix 1 Portfolio Assessment Form

ACADEMY FOR HEALTHCARE SCIENCE STP Equivalence PORTFOLIO ASSESSMENT FORM

Full Name of candidate: [will be prepopulated]
AHCS Reference Number: [will be prepopulated]
Specialism: [will be prepopulated]
Assessor Name: [will be prepopulated]
Is the portfolio satisfactory? Yes No

Indicate any areas of deficiencies by domain below: (confidential notes for the AHCS use only)

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

Recommendation: (Please fill in the text box and press the appropriate button)

Suggested comments to be sent to the candidate

Date: [add date]

Proceed to interview
Reject
Further Information Needed

Appendix 2 Example of Interview Assessment Question and Note Taking Form

Candidate Name or ID:

Assessor Name:

Date:

Domain	Question	Notes	Outcome: Poor/ Below Standard/ Meets
Professional			
Scientific			
Clinical			
Research			
Leadership			

Appendix 3 Interview Record Form

ACADEMY FOR HEALTHCARE SCIENCE CERTIFICATE OF EQUIVALENCE (STPE) INTERVIEW RECORD FORM				
Full Name of candidate:				
AHCS Reference Number:				
STP Specialism:				
Interview Date and Time:				
Interview Location:	Video Call			
Assessors Name:				
Has the candidate produced acceptable photographic proof of identity?	YES / NO			
Indicate any areas of deficiencies by domain below: (confidential notes for the AHCS use only)				
1. Professional Practice				
2. Scientific Practice				
3. Clinical Practice				
4. Research, Development and Innovation				
5. Clinical Leadership				
Duration of assessment interview (minutes)				
Recommendation: Indicate clearly your selection from the options below:	1	2	3	
1. Full equivalence demonstrated – approved for Certificate of Equivalence 2. Further evidence required 3. Equivalence NOT demonstrated				
Signed:	Date:			
FOR PANEL CHAIR ONLY				

Panel Recommendation: Indicate clearly your selection from the options below:	1	2	3	
1. Full equivalence demonstrated – approved for Certificate of Equivalence 2. Partial equivalence demonstrated – further work to achieve specific outcome (s) & resubmit 3. Equivalence NOT demonstrated – full training programme needed				
Agreed comments to be sent to the candidate:				

ACADEMY FOR HEALTHCARE SCIENCE CERTIFICATE OF EQUIVALENCE (STPE) INTERVIEW RECORD FORM	
Signed:	Date:

Appendix 4 Specialist Questions Form

Specialist Questions for Assessor

AHCS STP Equivalence Assessment for

CONFIDENTIAL – Specialist Questions

Domain: [for example: Scientific practice]				
Question	Poor	Below standard	Meets standard	Comments
[details for the question]	[details of what constitutes a poor response]	[details of what constitutes a response which is below the Domain standard]	[details of what constitutes a response which meets the Domain standard]	

For example:

Domain: Scientific practice			
Question	Poor	Below standard	Meets standard
Explain the process to bring a new LINAC from installation into clinical service. [portfolio - para 29, p7; Evidence 39, 40, 41,42 pp 94 – 99]	Unable to describe all the stages of commissioning succinctly. Unaware that there are statutory requirements to be included. Unclear about the purpose of the commissioning	Can explain some of the purpose and broad outline of the commissioning process; but unaware of statutory requirements; lack of knowledge about the detail of the stages.	Able to explain most stages of the commissioning process and understand their broad function and the processes within them. Aware that there are statutory requirements to be fulfilled and that certain individuals have specific responsibilities. Aware professional body guidance for

Question	Poor	Below standard	Meets standard
<p>Explain the process by which absorbed dose to water on a clinical linear accelerator is obtained from the primary standard at the National Physical Laboratory for electrons</p> <p>[Portfolio - para 6, p4; Evidence 6, p25]</p>	<p>Unable to describe essential aspects of intercomparison process. Unable to explain transfer of calibration coefficients, and correction factors. Demonstrates significant gaps in knowledge of process. Unable to demonstrate knowledge of the relevant code of practice</p>	<p>Able to describe essential practical aspects of intercomparison, process. Demonstrates limited knowledge and understanding of calibration coefficients, quality specifiers and correction factors and their application. Demonstrated limited knowledge of the relevant code</p>	<p>Able to describe the practical aspects of the intercomparison process in detail. Demonstrates understanding of the full calibration chain, quality specifiers and calibration coefficients. Identifies specific correction factors and can explain their origin. Demonstrates a good knowledge of the relevant code of</p>

Question	Poor	Below standard	Meets standard
<p>How would you investigate the underlying cause of an out of tolerance light and radiation field position check?</p> <p>[Portfolio - para 8 & 16, pp 4 & 5; Evidence 13, p37]</p>	<p>Describes just one possible mode of failure of the test. Unable to describe a coherent investigation strategy and that there may be more than one cause of failure. Demonstrates limited awareness of potential consequences of failure.</p>	<p>Identifies that there may be more than one possible failure mode of the test. Able to describe a coherent, but limited investigation strategy. Describes one or two, related causes. Demonstrates awareness of potential consequences of failure.</p>	<p>As per a “Below standard” answer, but aware that the cause may be in the optical, mechanical or radiation systems and able to explain the reason(s) for the failure. Describes a coherent strategy for determining the cause involving the use of other tests. Demonstrates a clear understanding of the potential consequences of the failure.</p>

Domain: Clinical practice			
Question	Poor	Below standard	Meets standard
<p>Why is the dose constraint for lung expressed in terms of V_{17} and the spinal cord in terms of a maximum dose?</p> <p>[Portfolio – Evidence 27, p70]</p>	<p>Unable to explain the differences between the different organ types or the effect of radiation on the different types of organ. Unable to define or explain volume dose constraints.</p>	<p>Can explain difference between parallel and serial organs and their clinical effect. Unable to define or explain volume based dose constraints in detail, but aware that volume effects can affect outcome under some circumstances.</p>	<p>Can explain difference between parallel and serial organs and their clinical effect and how that relates to V_{17} quantity. Able to define volume based dose constraints and explain broadly how this quantity relates to patient treatment outcomes.</p>
<p>What would your course of action be, for investigating an out of tolerance TLD In-vivo dosimetry result?</p> <p>[Portfolio - para 23, p6; Evidence 25, p64]</p>	<p>Unable to describe a coherent strategy and unaware of local incident reporting procedures. Unable to explain which authority to report to under given circumstances or where to find reporting limits. Doesn't demonstrate awareness of duty of candour.</p>	<p>Unable to describe a coherent strategy and unaware of local incident reporting procedures. Unable to explain reporting limits or where to find them.</p>	<p>Describes coherent strategy for investigating incident and local incident reporting procedures. Explains where to find reporting limits and can explain to which authority an incident should be reported. Demonstrates awareness of duty of candour.</p>

Question	Poor	Below standard	Meets standard
<p>What would be your course of action if the gamma analysis on a Rapid Arc treatment delivery was out of tolerance?</p> <p>[Portfolio - para 19, p5; Evidence 27, p71]</p>	<p>Unable to explain mode of operation of gamma analysis or describe a coherent strategy. Suggests passing responsibility to another individual. Demonstrates limited awareness of the clinical context.</p>	<p>Unable to explain mode of operation of gamma analysis or identify false positive situations. Describes a limited strategy for investigation with limited options for resolution.</p>	<p>Explains gamma analysis; limitations of technique; and reasons for potential false positive results. Describes a coherent strategy for investigation. Explains the need to involve other individuals (MPE / Clinician as required). Suggests potential course of action for resolution of true.</p>

Domain: Clinical practice

Question	Poor	Below standard	Meets standard
<p>What do you understand by the term MDT (multi-disciplinary team meeting) and what do you think are the main benefits of having them? Are there any limitations associated with them?</p> <p>[Portfolios - No reference to MDTs]</p>	<p>Fails to identify that the meetings are useful for patients and the workforce.</p> <p>Unable to provide clarity of any benefits of limitations of the meetings</p>	<p>Basic mention of advantages associated with pooling knowledge resources from different professions.</p> <p>May not fully realise the benefit to the patient. No mention of the patient journey.</p> <p>Makes no mention of reflective practice.</p> <p>May mention one disadvantage but answer not convincing.</p>	<p>Can understand the role of colleagues in other professions – how their input affects the patient journey. Complementary skills to improve healthcare.</p> <p>Helps to see own work in the context of the patient experience.</p> <p>Mentions patient journey – easier to follow.</p> <p>Provides the opportunity to discuss the latest findings – scientific developments. Great opportunity for reflective practice.</p> <p>Hard to schedule them sometime due to the busy workload of key staff.</p> <p>May be hard at times to research consensus with many opinions being aired.</p> <p>Describes the typical staff groups that would attend them and why. Provides example of an MDT that has been attended.</p> <p>Helps to see own work in the context of the patient experience.</p> <p>Mentions patient journey – easier to follow.</p> <p>Person-centred care – focuses on the individual.</p>

Appendix 5 Examples of feedback

The feedback should be clear, unambiguous, relevant and realistic and the remedial action should be achievable. You should give a timescale to undertake the tasks and give various suggestions to help the applicant achieve what the panel felt needed addressing. Evidence of undertaking this remedial action should be added to the portfolio and highlighted in the mapping document, written in a summary letter and submitted to equivalence@ahcs.ac.uk. The work could be evidenced as witness statements, certificates of completion, case studies, critical reflection, a paper exercise of a business plan or research proposal, whatever you feel is appropriate for the candidate

Examples;

During the interview the panel noted that your awareness of people and team management did not meet the required standard and the effects of service-quality on patient care appeared under-appreciated. To address this you should spend time in other departments to gain experience in how other services are run, how staff training is undertaken and the challenges managers are faced with the day to day management of services and their staff.

It is important to gain further insight into the QA processes involved in keeping a department running and ensuring staff and patient safety is maintained. Documentation is a key element in QA and safety and you should consider how your Trust expects this documentation process to be undertaken.

You demonstrated an understanding of some of the processes of the approval of research and quality improvement projects. However you did not demonstrate a confident understanding of the essentials of costs, training of deputies, effects of expansion and implementation.

You did not adequately answer the questions on dealing with unsafe practice and dealing with changes to a duty rota. The Panel therefore felt that you would benefit from liaising with your Trust's HR team to familiarise yourself with local escalation policies. Undertaking a leadership courses would also be beneficial and certification would be a good piece of evidence for your portfolio.

The panel felt that you should enhance your clinical practice knowledge by reading case studies relevant your area. You should also look at current NICE guidelines. It was noted that you have not had the opportunity to visit clinical areas or attend clinics. It is essential that you have this experience to be able to relate your skills and knowledge in the laboratory to the patient's treatment pathway and outcomes. Therefore you should arrange visits to a relevant clinic and shadow the Clinical Scientist and write up these experiences as a reflective account.

The panel felt you were unsure of the processes involved in research and service development and also of the audit process and quality assurance. To address this you should engage with your R&D department, you could support a trainee in their project submission, undertake local quality assurance audits from submission to recommending an outcome, or be involved in your UKAS accreditation submission. If you have not already undertaken the online NIHR Good Clinical Practice course, this would be a very good way to support your learning and to gain certification for your portfolio.