



AHCS[®]

Academy for Healthcare Science

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.

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

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1. Introduction

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

1. Full Application, including payment and Portfolio submission.
2. Manager verification of Personal Statement and Portfolio
3. Assessment of the portfolio 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 uploads all ID documents, Personal Statement and Portfolio. The applicant's Manager confirms the contents of the Personal Statement and Portfolio are accurate. The applicant's qualifications and experience are checked by AHCS to ensure that they have the appropriate background to proceed to assessment. Once applicants have been approved by AHCS the portfolio is assigned for assessment 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).

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/>

2. Assessing the initial application by AHCS

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.

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.

Assessors are not required to check the full application for completeness. This stage is carried out by AHCS and due to GDPR, some sections of the application will not be accessible by Assessors.

3. Assigning a portfolio to the assessment panel

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.

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, have a maximum of 60 pieces of evidence and be uploaded in a maximum of 3 separate documents. Any portfolio exceeding these limits should be rejected with an Outcome 2 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 Applicants.

If you see a Portfolio that is not in the correct format, or exceeds page limits, please allocate an Outcome 2 and give feedback of what needs to be changed.

Assessors will also have access to the Personal Statement and the two professional references.

4.3 Assessment against what?

All applications for equivalence are made against the standards set out in GSP across the five domains, no matter the specialism or role. For further details regarding GSP, including its development, review and updating can be found on our website here <https://ahcs.ac.uk/equivalence/equivalence-guidance/>

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.

The STP curriculum is made up of core, specialist and rotation modules. Rotation modules are within the relevant theme 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 Equivalence. 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 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.

4.6 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.

4.7 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 Lead 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 individuals 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.

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* 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.

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, although if you do not have a webcam, professional assessors can dial into the interview. 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

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).

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:

Post interview discussion (30 minutes) Assessors remain in Teams session	Assessors discuss the recommended outcome and agree any feedback to be provided to the applicant. Please ensure that wherever possible the outcome and feedback is agreed by the end of the interview. Please also indicate whether: • another interview is required and/or • whether additional documented evidence should be submitted 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.
After the interview assessment	Assessors complete their Interview Assessment Question and Note Taking Form and the Interview Record Form (appendices 2 and 3). Please send both to the Lay Chair as soon as possible. Normally the forms are scanned and emailed to the Lay Chair. Handwritten forms are acceptable, although the Lay assessors prefer them to be typed.