

Programme Handbook Scientist Training Programme (STP) Certificate of Equivalence

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9.0	Final Document for publication	Elaine Jenkins	October 2022
9.1	Updates to GSP statement	Elaine Jenkins	December 2023

1. Introduction, programme rationale, organisational structures and responsibilities

1.1 Introduction and programme rationale

The STP Certificate of Equivalence is an award granted to an individual, by the Academy for Healthcare Science (AHCS), on successful completion of an assessment process against the Standards of Good Scientific Practice (GSP) and the programme outcomes of the National School of Healthcare Science (NSHCS) accredited Scientist Training Programme (STP). The STP Certificate of Equivalence is an approved education programme enabling successful applicants to apply to join the Health and Care Professions Council's (HCPC) statutory register as a Clinical Scientists.

Equivalence processes are required for several reasons:

- to continue to facilitate the transition in the workforce from an old career framework to a Modernising Scientific Careers (MSC) one and allow routes for progression for highly skilled members of the current workforce.
- to permit continued diversity of individuals from scientific or health backgrounds to enter the healthcare science workforce; and
- to ensure that individuals from other models of training for healthcare science (national or international) are able to gain appropriate recognition and regulation for their scope of practice.

The current AHCS Programme Lead for STP is Ms Lynne Smith MBE (registered Clinical Scientist CS18697).

1.2 The Academy for Healthcare Science

The Academy for Healthcare Science (AHCS) brings together the UK's diverse and specialised scientific community who work across the health and care system including: NHS Trusts, NHS Blood and Transplant, Public Health England, independent healthcare organisations, and the academic sector across the UK.

The AHCS functions are to:

- act as the overarching body for issues related to education, training and development in the UK health system and beyond including standards and quality management of education and training.
- ensure the profession has a high profile sufficient to influence and inform a range of stakeholders on healthcare science and scientific services in the health and social care systems across the UK.

- facilitate engagement and support for wider strategic scientific initiatives; and
- provide a strong and coherent professional voice for the healthcare science workforce.

The AHCS was established in 2011 as a joint initiative of the UK Health Departments and the professional bodies. One of the key tasks of the AHCS is to uphold professional standards across Healthcare Science that are easily understood by patients, service users and the public. By ensuring healthcare staff are of a good standard, and education and training is enhanced through programmes such as the STP, the AHCS ensures safe and effective services for patients and service users while providing broader assurance for the public and commissioners of services.

Further details about the AHCS, including the governance structures, key projects and Quality Assurance Framework are available at: <https://www.ahcs.ac.uk/about/about-the-academy/>, [Our Governance - The Academy For Healthcare Science \(ahcs.ac.uk\)](https://www.ahcs.ac.uk/governance-the-academy-for-healthcare-science-ahcs.ac.uk) and <https://www.ahcs.ac.uk/education-training/quality-assurance/>

2. Standards and curricula underpinning the STP Equivalence assessment

2.1 HCPC Standards of Proficiency for Clinical Scientists

HCPC Standards of Proficiency (SOPs) are the threshold standards required for the safe and effective practice of the Clinical Scientist profession set by the statutory regulator. The Clinical Scientist SOPs have been one of the key considerations in the development and review of the standards in Good Scientific Practice (GSP), the Standards that applicants going through the STP Certificate of Equivalence must evidence (see section 2.4 below). Through the assessment process and confirmation that the standards in GSP have been met, each successful applicant demonstrates that they meet the SOPs.

We use the standards in GSP rather than the HCPC Standards of Proficiency for Clinical Scientist because:

- 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

- We can adapt GSP to respond to changes in relation to regulation and good practice more quickly than HCPC, who have to work to the legislation that governs their work. For example, last year we refined the wording in respect of sustainability in response to a recommendation by the Professional Standards Authority, the body which oversees all health and care regulators.

The SOPs have also been intrinsic in the development of the curricula for STP. A comprehensive mapping of the curricula learning outcomes has been undertaken to demonstrate the complete correlation across to the Clinical Scientist SOPs. In assessment of the learning outcomes of accredited academic Masters (MSc) programmes and assessment of the learning outcomes for work-based training, it is assured that individuals completing the STP can meet the SOPs and are therefore safe, effective and autonomous practitioners. The expectation that applicants going through the STP Equivalence process must demonstrate a comparable knowledge, understanding and behaviours as someone completing the relevant STP curriculum ensures that successful applicants also meet the HCPC SOPs.

2.2 HCPC Standards of Conduct, Performance and Ethics

The HCPC Standards of Conduct, Performance and Ethics (SCPEs) are the ethical framework within which HCPC registrants work. The SCPEs have been intrinsic in the development of the curricula for the STP, as they were a key reference point for the production of Good Scientific Practice (GSP) (see below) which underpins expectations for professional behaviour and practice across all curricula development. The expectation that applicants going through the STP Equivalence process must demonstrate a comparable knowledge, understanding and behaviours as someone completing the relevant STP curriculum ensures that successful applicants also meet the HCPC SCPEs.

2.3 HCPC Standards of Education and Training

HCPC Standards of Education and Training (SETs) are the threshold standards used by HCPC to approve programmes leading to eligibility to apply for registration under a legally protected title. The SETs outline the requirements for the design and delivery of an education and training programme. The SETs are intrinsically embedded in the STP Certificate of Equivalence, and mapping of HCPS SETs is undertaken on a regular basis.

2.4 Good Scientific Practice

Good Scientific Practice (GSP) underpins the STP Training programme and the STP Equivalence route and sets out the professional standards on which safe and good working practice is founded for all those in the healthcare science workforce. GSP confirms to employers the standards of behaviour and practice that the healthcare science workforce must achieve and maintain, both in the NHS and all other sectors and settings. GSP will continue to be reviewed on a regular basis by the Academy.

GSP uses as a benchmark the HCPC Standards of Proficiency, and Standards of Conduct, Performance and Ethics, but expresses these within the context of Healthcare Science, recognising that two groups of the workforce, Biomedical Scientists and Clinical Scientists are regulated by the HCPC. The aim is that the standards in GSP are accessible to the profession and understandable by the public.

The recent revision to the HCPC SOPs for clinical scientists (September 2023) have been mapped once again to Good Scientific Practice and continued alignment has been confirmed by the Academy's Education, Training and Standards Committee.

The AHCS reviews GSP periodically, normally every five years, to ensure it remains relevant to current practice. Any resulting changes to GSP require public consultation.

2.5 The STP Curricula

The STP curricula comprises both academic and work-based learning outcomes which are delivered and assessed in the accredited academic MSc and work-based training component respectively. The latest NSHCS curricula can be found on the National School for Healthcare Science (NSHCS) website in the curriculum library: <http://www.nshcs.hee.nhs.uk/curricula>

The STP curricula comprise generic, theme and specialist components. The generic components include professional practice, development in leadership and innovation, healthcare science and research, and research methods. The theme and specialist components for the STP curricula were developed by curriculum groups made up of professionals nominated by appropriate professional bodies, employers and the higher education sector.

NSHCS is the HCPC approved education provider for the STP curriculum.

3. The Equivalence assessment process

The Equivalence assessment process is based on individual applicants presenting periods of professional experience, qualifications and training (evidence) for assessment by a panel of assessors.

As noted earlier, GSP is the core set of standards against which applicants present evidence. Assessors also review the evidence against the outcomes required for the relevant specialist STP curriculum to determine if the applicant has a comparable level of knowledge, understanding and behaviour as someone completing the relevant STP curriculum.

Equivalence applicants go through a four-stage process:

- Application, including an initial administrative check
- Assessment of the portfolio
- Interview
- Ratification and certification

The process is summarised in a flow chart provided in section 3.1 below.

If an applicant has a disability, as defined under the Equality Act (2010) that they feel may affect their engagement in the application and assessment process, they are requested to contact the AHCS Administrators before submitting their application. Advice on reasonable adjustments can then be given.

During the initial application and screening, the applicant sets up a personal profile on the AHCS online system, and provides evidence against the basic requirements, for example proof of identity, Disclosure and Barring Services (DBS) check, qualifications and periods of employment for verification prior to detailed assessment (see section 4 below). Further details, including relevant screenshots of how to access the system can be found in the STP Certificate of Equivalence: Applicant Guidance document. The applicant also makes payment of the application fee via the AHCS secure payment system. Details of the fees can be found on the AHCS website.

If an applicant progresses through screening, they have six months from the point that they received confirmation that their initial application and screening has been successful in which to submit their portfolio of evidence for assessment. Responsibility for meeting the submission deadlines set by the Academy lies with the applicant. Submission of the evidence is via the AHCS online system and can occur at any time during this period. In exceptional circumstances, for example illness, applicants can request an extension to the submission period based on the extenuating circumstances.

Applicants must compile their evidence against the standards set out in GSP. This evidence must also demonstrate that they have comparable knowledge, skills and behaviours to someone completing the relevant STP curriculum.

On submission of a portfolio, a specialist assessor (normally from the same specialty as the applicant) reviews the submitted portfolio using the online system and if considered complete/sufficient they recommend that the applicant progresses to the interview stage. The recommended outcome then goes through a moderation process, by a specially trained professional assessor/moderator who is an experienced assessor. The moderator is normally from the same Division as the applicant. Where the specialist assessor recommends that further evidence is needed or that the application should be rejected, feedback to the applicant must be provided.

Interviews are normally conducted via videoconferencing. The interview panel comprises a lay chair, a specialist assessor (wherever possible the same one who assessed the portfolio), and a professional assessor/moderator.

At the end of each stage (portfolio and interview) one of three recommendations are made:

Portfolio stage	Interview stage
Outcome 1: Progress to interview	Outcome 1: Equivalence has been achieved
Outcome 2: Further evidence is required	Outcome 2: Applicant may be able to demonstrate equivalence, but further evidence is required.
Outcome 3: Reject application	Outcome 3: Applicant has not demonstrated equivalence.

All outcomes at the interview stage are reviewed by a senior member of the Equivalence Team and if required a moderator.

The recommend outcome following the interview stage is then ratified by the Chair of the AHCS Education, Training and Standards Committee. Following ratification, the applicant is notified of the outcome, and where appropriate an electronic STP Certificate of Equivalence is provided. If the Chair of the Education, Training and Standards Committee is not content to ratify the outcome, they will provide a commentary to the Registrar (or nominee) which is reviewed, and further information or action is taken as required.

In circumstances where an applicant has an opportunity to resubmit evidence, that is after receiving an Outcome 2, feedback is provided to the applicant identifying the deficiencies and suggesting the work to be undertaken. A maximum period for resubmission is also set.

The period is dependent on the nature of the further evidence required. In most circumstances, a second interview is required.

Applicants may resubmit evidence at either the portfolio or interview stage a maximum of three times after receiving the initial assessment outcome.

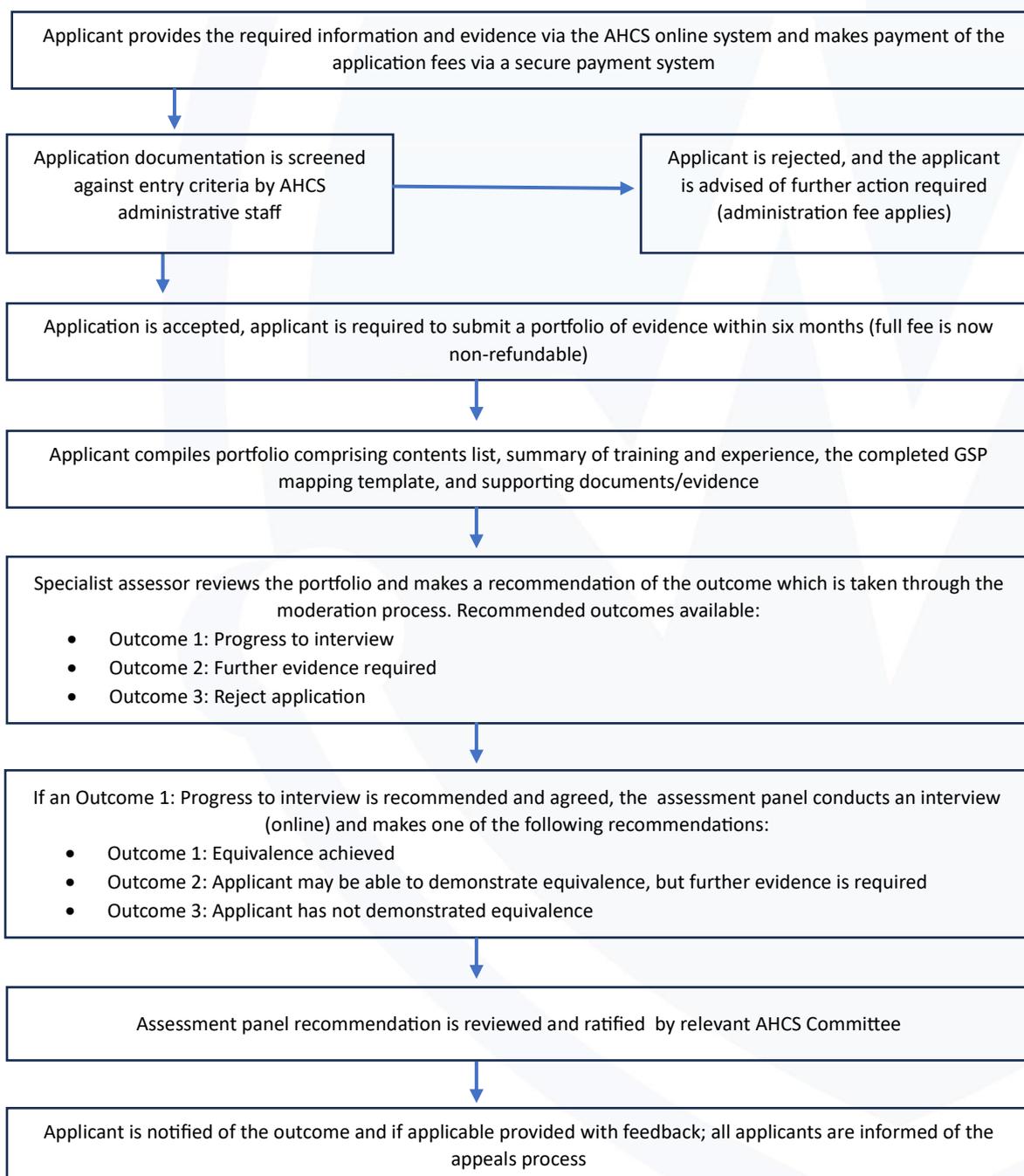
Applicants can appeal against the outcome on procedural matters related to the Equivalence process. Appeals against judgements of the assessors or the AHCS committee that ratified the outcome are not permitted. Appeals will be considered by an appeals panel made up of individuals without any association with any aspect of the application. If necessary, an appeals panel may undertake an investigation, including receiving written statements or conducting interviews.

An appeals panel will make their decisions based on the available evidence and can determine that:

- there were no procedural anomalies and the original decision stands; or
- one or more procedural anomalies has occurred, and the application must be reassessed (the Panel may advise that new assessors are appointed to replace or supplement the original assessors).

The Panel will summarise their findings in a report which is provided to the Academy and retained on file. The applicant and assessors are informed of the outcome. The Panel's judgement is final.

3.1 Flowchart- Equivalence assessment process summary



4. Programme Admissions

4.1 Entry requirements

Applicants will have a variety of qualifications and experience.

As a minimum, they should normally have periods of appropriate professional experience in a health and / or scientific setting equitable to three or more years.

A Masters (MSc) level qualification is not required, however for an STP Certificate of Equivalence to be awarded the evidence provided in the portfolio must show equivalent depth and breadth of professional knowledge and skills as the relevant STP curriculum, which includes a Masters' degree. Qualifications must include evidence of numeracy skills commensurate with a clinical scientist.

Applicants are required to submit a valid Disclosure and Barring Service (DBS) check. This can be a scanned copy of the check or evidence that the applicant's employer has checked their DBS status and confirmed no change has occurred since a certificate was issued.

Applications without at least a Basic level version will not be processed. Applicants without a DBS check with a current UK address can request a basic disclosure from the UK Government website 'Request a basic DBS check'.

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

If English is not the applicant's first language, evidence of English language competency must be provided to show an ability to communicate clearly with patients or fellow members of staff. For European Economic Area (EEA) nationals, this evidence is assessed on a case-by-case basis. If the applicant is not an EEA National, they are required to provide certification to demonstrate achievement of English Language Testing System (IELTS) 7.0 with no element below 6.5, or a Test of English as a Foreign Language (TOEFL) Internet Based Test (IBT) minimum score of 100/120.

Or a certified declaration that English is the applicant's first language.

Evidence of successfully completing an undergraduate or postgraduate degree awarded by UK higher education provider (with degree awarding powers), and an admissions criteria of the same English language requirements as outlined above will also be considered.

Equality, transparency and fairness are important features of the healthcare science workforce. For this reason, the AHCS welcomes people from all backgrounds. The AHCS has an Equality and Diversity Policy which applies to applicants for Equivalence certification.

Where an applicant has a disability, as defined under the Equality Act (2010) that may affect the applicant's engagement in the application and assessment process, they are asked to contact the AHCS Administrators before submitting their application. The Academy can then advise the applicant on reasonable adjustments.

The STP Equivalence process is a form of accreditation of prior experience and learning, and as a result, there are no mechanisms to gain exemption from elements of the process.

4.2 Application rules

Only one application can be ongoing at any one time. There is no limit to the number of applications that can be made, however, any subsequent applications will be rejected if the assessors consider that there is no new evidence provided to address the deficiencies previously identified. In the case of concerns about professional and personal conduct, new evidence must demonstrate clearly that risks to the patients and public have been addressed, before the application is considered for assessment.

Plagiarism is defined as 'The practice of taking someone else's work or ideas and passing them off as one's own' (English Oxford Dictionary). This might take the form of; submitting someone else's work, word-for-word, as their own; taking significant portions of text from a single source without alterations; changing key words and phrases but retaining the essential content of the source (Turnitin 2018). The AHCS views plagiarism as both unethical and unprofessional.

While the Academy recognises that applicants might follow a similar structure for a portfolio, any part of the application which requires original comment or thought by the applicant, such as the personal statement, summary report and evidence submitted, must be their own work.

If instances of plagiarism are suspected or identified, they will be investigated formally by the AHCS and may lead to a rejection of the application. If fraudulent submissions are made, other bodies will be informed (such as higher education institutions from which it is claimed awards have been granted).

5. Resubmission or re-application

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

Where an applicant requires additional periods of education and training and / or work-based experience, the applicant is expected to ensure that this is carried out in an organisation with appropriate quality assurance procedures in place to ensure that HCPC standards are met, and that periods of education and training are effective.

Outcomes of any additional requirements are assessed by the panel of assessors and ratified before the STP Certificate of Equivalence can be awarded.

Portfolios can be resubmitted a maximum of three times and two reinterviews can take place.

6. Applicant support

Detailed guidance documents are available for applicants and assessors on the AHCS website. The guidance for applicants sets out the process, standards and useful information (including a guide to the kinds of acceptable evidence for applications).

Applicants can contact the AHCS administrators at equivalence@ahcs.ac.uk for support in relation to completion of applications, use of our online system, application progress and outcomes.

As noted earlier, applicants can apply for extensions to the portfolio submission date in exceptional circumstances by emailing the AHCS Equivalence administrators and formally setting out the extenuating circumstances for the extension. The extenuating circumstances are reviewed by the AHCS and if founded, an extension is granted, and a new deadline is set. Durations of extensions will vary, but the maximum period for an extension before reapplication is required is six months (total of one year to submit evidence).

Applicants can make a complaint at any time about the STP Equivalence process by writing to the AHCS; complaints are heard by an independent complaint review panel. Complaints can only be made on procedural matters. The decisions of the complaint review panel are final. Further details can be found in the Academy's Appeals and Complaints for Equivalence Certification.

7. Assessment and Awards

7.1 Assessment Strategy

The assessment strategy for the STP Certificate of Equivalence is based on a number of principles agreed by the four UK health departments as part of the policy framework for equivalence. The principles are:

- relevant achievements are appropriately recognised in order to avoid a requirement to repeat education and/or training.
- progression opportunities via an 'Equivalence route' are available at all levels of the Healthcare Science Workforce Career Framework.
- the routes and opportunities to seek equivalence are informed by the principles of fairness and equity, while not diminishing the value of structured formal NSHCS accredited programmes of education and training.
- irrespective of the Equivalence route under consideration, or the stage of training, or practice, all of the evidence presented for achievement of recognition or exemption, should address the high-level criteria set out in GSP.

- decisions on equivalence are based on programme, learning, and workplace specific outcomes articulated in the NSHCS curricula
- an award of Equivalence cannot result in the award of an academic qualification or automatic re-banding of a role.
- only where education and experience can be demonstrated to have application to current or recent practice, will such learning, and experience be recognised.
- the range of evidence required to establish equivalence should enable assessment of the science knowledge base, including understanding and application in the workplace; practical, communication skills and professionalism.
- the professional judgments about equivalence, at each stage of training, must be made by individuals who are qualified to do so and who have been trained in making those assessments.

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

7.2 Review Panel

Normally, the panel for STP Equivalence comprises two professional assessors. At least one of the professional assessors will be from the relevant specialism and at least one will be a registered Clinical Scientist.

Assessors are asked to declare any conflicts of interest (e.g., previously line managed by the applicant, worked with the applicant within three years of the review or has had a relationship with the applicant. they may have in relation to each assessment, with appropriate action taken to ensure that each application is fairly assessed.

One of the assessors on the panel acts as a specialist assessor and the other a clinical assessor. The Specialist and Clinical Assessor take part in both the portfolio and interview assessment stages.

Both 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 behaviours to:

- a) determine at the portfolio stage whether the applicant should go through to interview
- b) determine the applicant's competence and fitness to practice as a clinical scientist.

The clinical assessor is not usually from the same speciality as the application to be reviewed but will be from a cognate one within the same division, for example Life Sciences, Physical Sciences, Physiological Sciences. It is beneficial for the applicant to be reviewed through a non-specialist lens to ensure that:

- The applicant is working at or training towards clinical scientist level
- The level of assessment is consistent across the specialisms within the Theme of Division.

It is not expected that the clinical assessor 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 lay assessor joins the panel at the interview stage with the principal role of ensuring due process is followed, that the process is fair and transparent and to also represent the views of patients and the public within the process. In addition, the Lay assessor will act as the Panel Chair.

Further guidance on each role can be found in the Assessor Guidance for STP Equivalence.

7.3 Awards and assessment regulations

Through its formal assessment process, the AHCS ensures that only individuals meeting the outcomes of the relevant STP curricula and, therefore, HCPC Standards of Proficiency receive the STP Certificate of Equivalence.

The STP Certificate of Equivalence provides eligibility to apply to join HCPC's register for Clinical Scientists.

Competence across all GSP domains must be demonstrated for the STP Certificate of Equivalence to be granted. Compensation and condonement of competencies cannot be accepted. There are no other default awards offered by the AHCS. There are no forms of aegrotat award.

Applicants can make an appeal to the AHCS using the AHCS Appeals process. Appeals can only be made on procedural grounds and are judged by an independent appeals panel. The decisions of the appeals panel are final.

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

An annual quality review of the STP Equivalence process is undertaken by the AHCS as part of its quality assurance process of the programme. Information collected from the assessments, including outcomes, common areas of failure, feedback from assessors is used to inform the Annual Quality Action Plan. The Plan is discussed and monitored by the relevant AHCS committees.

7.4 Appointment of assessors

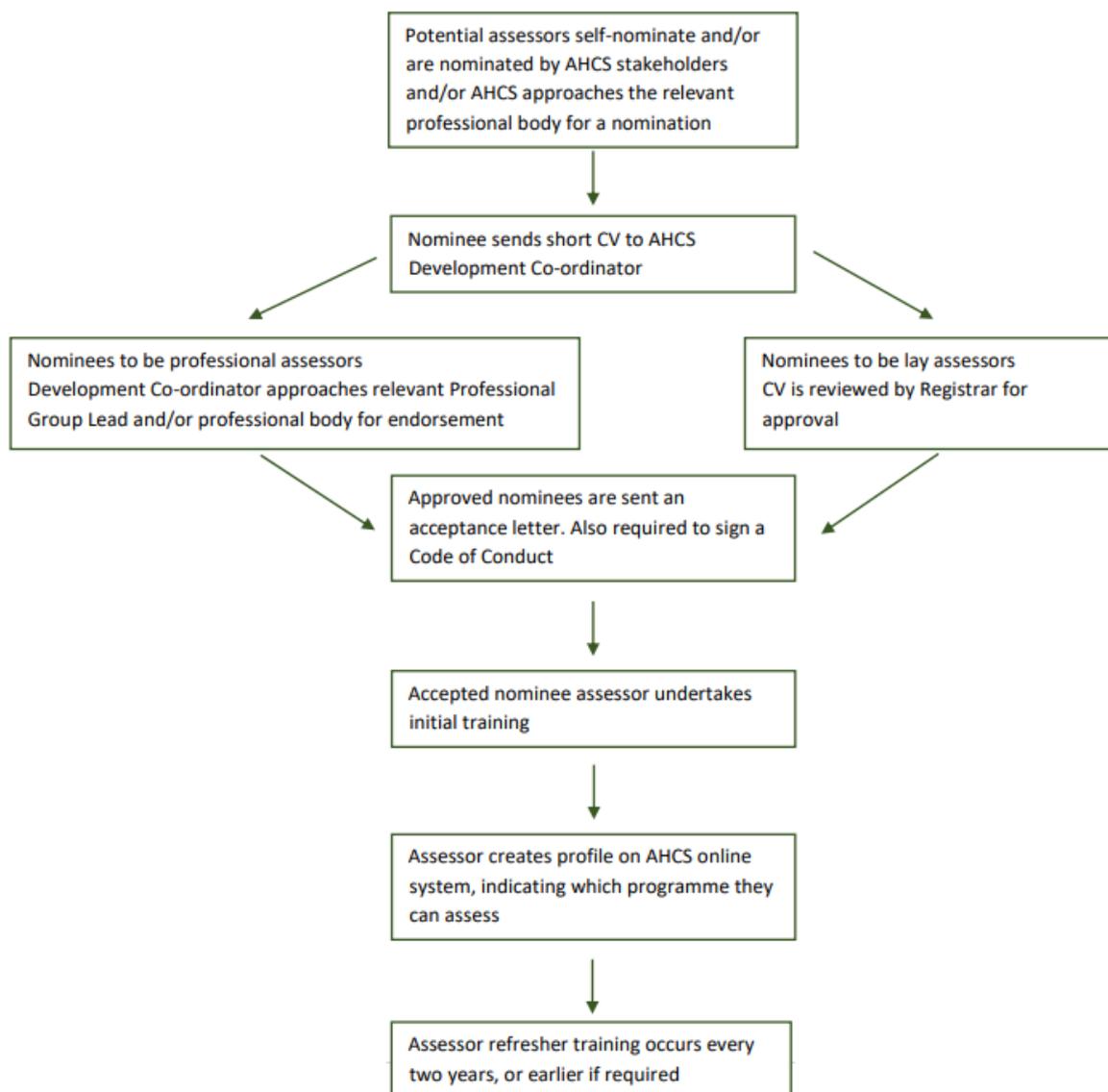
Professional assessors are nominated by Academy stakeholders including professional bodies and appointed as shown in the flowchart below. The nominees' suitability is assessed by the Academy's relevant Professional Group Lead, and/or professional body. Lay assessors are

nominated through a variety of channels, including referral by Academy stakeholders. Their suitability is assessed by the Head of Standards and the Registrar.

All assessors undertake an initial training session and refresher training periodically.

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

7.5 Flowchart for appointing assessors



8. Assessor training and development

Professional and lay assessors receive initial training prior to undertaking activities related to the STP Equivalence process. Refresher training will take place periodically or at any time because of the need for ad hoc support or a concern raised.

Professional and lay assessors are expected to undertake appropriate continuing professional development, registration, and their substantive employment (as appropriate) as part of maintaining their role as an assessor.

9. Equality and Diversity

Applicants to the AHCS for a STP Certificate of Equivalence are covered by the AHCS Equality and Diversity Policy¹⁸ which applies to applicants for certification processes and employees. The AHCS records equality and diversity data (anonymously and optionally as it is for the applicant to make the decision to provide the data when an application is made). The data is reviewed on an annual basis and informs process and standards development as well as continued review of the equality and diversity policy itself.

10. Glossary

AHCS	The Academy for Healthcare Science
CRB	Criminal Records Bureau
DBS	Disclosure and Barring Service
EEA	European Economic Area
GSP	Good Scientific Practice
HCPC	Health and Care Professions Council
HEE	Health Education England
IBT	Internet Based Test
IELTS	English Language Testing System
MSC	Modernising Scientific Careers Programme
MSc	An academic Masters level degree
NHS	National Health Service
NSHCS	National School for Healthcare Science
SCPE	Standards of Conduct, Performance and Ethics
SET	Standards of Education and Training
SOP	Standards of Proficiency
STP	Scientist Training Programme
TOEFL	Test of English as a Foreign Language

11. Appendix 1 – mapping across HCPC modalities to STP themes and specialisms

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

HCPC Modality	STP Theme	STP Specialism
Audiology	Neurosensory Sciences	Audiology
Clinical Biochemistry	Blood Sciences	Clinical Biochemistry
Genomics Sciences	Genomic Sciences	Genomics Genomic Counselling
Clinical Immunology	Blood Sciences	Clinical Immunology
Clinical Microbiology	Infection Science	Clinical Microbiology
Clinical Physiology	Cardiac, Vascular, Respiratory & Sleep Sciences	Cardiac Science Critical Care Science Respiratory & Sleep Science Vascular Science
Clinical Physiology	Gastrointestinal Physiology and Urodynamic Science	Gastrointestinal Physiology Urodynamic Science
Clinical Physiology	Neurosensory Sciences	Neurophysiology, Ophthalmic and Vision Science
Cellular Science	Cellular Sciences	Cytopathology, Histopathology,
Embryology	Cellular Sciences	Reproductive Science (Andrology) Reproductive Science (Embryology)
Haematology	Blood Sciences	Haematology and Transfusion Science
Histocompatibility & Immunogenetics	Blood Sciences	Histocompatibility and Immunogenetics

Medical Physics and Clinical Engineering	Medical Physics	Clinical Pharmaceutical Sciences Imaging with Ionising Radiation Imaging with Non-Ionising Radiation Radiation Safety Physics Radiotherapy Physics Reconstructive Sciences
Medical Physics & Clinical Engineering	Clinical Engineering	Clinical Measurement and Development Devise Risk Management and Governance Rehabilitation Engineering
Clinical Bioinformatics	Clinical Bioinformatic	Applied Epidemiology Genomics Health Informatics Physical Sciences