

Higher Specialist Scientist Equivalence - Guidance for Applicants

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NOTE: This document can only be used as part of the Academy for Healthcare Science Higher Specialist Scientist Equivalence Early Implementers Programme. It is anticipated that feedback from the Early Implementers Programme will result in changes to the process and new guidance documents issued.

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Introduction

The Academy for Healthcare Science (AHCS) awards the Certificates of Equivalence for the Modernising Scientific Careers (MSC) Higher Specialist Scientist Training Programme (HSST).

This document contains guidance on the process for making an application to the AHCS for a Certificate of Equivalence against HSST. It should be read in conjunction with the appropriate Equivalence Programme Handbook, which gives further details on the concept of equivalence.

Applications for the HSST Certificate of Equivalence are considered in stages, the stage 1 application and, if necessary, the stage 2 application which involves preparing the portfolio and the portfolio assessment stage. The AHCS reserves the right to interview candidates if it sees that it is necessary. In stage 1, there is an initial administrative screen of the applicant's basic qualifications and experience and may be rejected on administrative grounds. If, however, the applicant meets the administrative criteria for the HSST Certificate of Equivalence, the application is then assessed. If necessary, the applicant will be asked to proceed to stage 2, portfolio submission. The portfolio must be submitted within six months of the stage 1 assessment, unless the candidate can demonstrate an exceptional circumstance e.g. illness. Applicants who wish to extend the deadline must contact the AHCS administrative office at the earliest opportunity.

The fee for the entire equivalence assessment is to be determined. The fee must accompany the stage 1 application. Please note that rejected stage 1 applications will incur an administration fee. The full fee is **non-refundable** once the application has been approved for stage 1 assessment. After a year on the HSS register and in subsequent years, the annual renewal fee is to be determined.

The HSST Certificate of Equivalence is an approved programme providing eligibility to apply to join the AHCS Higher Specialist Scientific Register (HSSR).

All applicants must ensure that they have read and understood this document before submitting their application. If you have a disability that you feel might affect your equivalence process please contact the AHCS office. If there are any questions, please contact the AHCS office before submission.

Stage 1 - The Stage 1 Application

Applications must be made online via the AHCS website, and must be accompanied by:

- the full application fee
- a copy of a proof of identity (passport or Government-issued photo ID e.g. driving licence)
- a passport-sized photograph,
- a valid DBS check (see below)
- confirmation of HCPC registration as a Clinical Scientist

- a full curriculum vitae including a summary of professional experience and a list of publications and presentations
- copies of relevant qualifications
- a copy of your job description and person specification
- two professional references
- applicants from outside the European Economic Area are also required to provide evidence of English language skills with 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.

Applicants will have a variety of relevant qualifications and experience. Applicants are required to be on the HCPC Register of Clinical Scientists, which can be achieved by completion of a relevant Scientist Training Programme (STP), via the STP equivalence programme or via the international self-declaration route assessed by HCPC.

As a minimum, normally applicants should have periods of appropriate professional experience at a senior level in a health and / or scientific setting of five or more years.

A doctoral-level qualification is not required. However, for a Certificate of Equivalence to be awarded the evidence provided in the application must show equivalent depth and breadth of scientific and clinical skills, leadership and research achievement as the HSST which includes a doctoral-level qualification.

Disclosure and Barring Service. Applicants are required to submit a valid Disclosure and Barring Service (DBS) certificate; this was previously known as the Criminal Record Bureau (CRB) certificate. Applications that are not submitted with at least a Basic level version will not be processed. If your employer does not currently retain a valid DBS certificate on your behalf, you can request a basic disclosure from Disclosure Scotland:

(<http://www.disclosurescotland.co.uk/basicdisclosureonline/index.htm>).

Please note that you do not have to be a Scottish national to do so. Applicants from Northern Ireland should consult the AccessNI website, available at:

<http://www.nidirect.gov.uk/accessni-criminal-record-checks>. International Applicants who are unable to provide a DBS check will need to contact the AHCS.

Health and immunisation. Applicants must be aware that healthcare workers have a duty of care towards their patients to ensure that health conditions and disabilities do not affect your fitness to practise. Many people who have a health condition or a disability can practise their profession safely and effectively throughout their career. Occupational Health has a role in working with healthcare workers to ensure that they can manage their health conditions and disability. Most healthcare organisations will require you to have an occupational health screening as a condition of employment, where they will check your health, disability and immunisations prior to taking up employment. Throughout your working life you may make use of Occupational Health services and your employer may refer you to the service if they consider it necessary.

Applicants are required to complete an online health declaration to state that you do not have any physical or mental health condition that would impair your fitness to practise as a clinical scientist.

Stage 1 Assessment. The AHCS undertakes an initial administrative screening of applications. Applications that do not meet the administrative screening criteria will be rejected and returned to applicants. The application fee will be refunded less an administrative charge.

If applications pass the administrative screening process the applicant will be informed and the assessment panel will be selected. Assessors are invited from the AHCS pool of professional and lay experts. The panel comprises one professional assessor from the relevant specialism and one lay assessor. Assessors are also asked to declare any conflicts of interest they may have in relation to each assessment.

By assessing the application the assessors make judgements on whether or not the applicant meets the requirements of the HSSR Standards of Proficiency.

Whilst assessments will not normally require face to face interviews the Academy reserves the right to hold interviews to resolve uncertainties.

Assessors will be able to make the following summary recommendations:

- Outcome 1: Applicant has demonstrated full equivalence and can be awarded the Certificate of Equivalence.
- Outcome 2: Applicant has demonstrated that they may meet the Standards of Proficiency and should submit a Stage 2 application portfolio.
- Outcome 3: The applicant has not demonstrated equivalence and needs to undertake further training or experience to achieve the outcomes of HSST.

Stage 2 – The Stage 2 application - preparing the full portfolio

All applications for equivalence are made against the AHCS Standards of Proficiency (SoP) for HSSR, regardless of the specialism or role. Applicants must present and map their evidence against the SoP, but must also consider the specialist and role specific requirements set out in the relevant and current MSC HSST curricula. The up-to-date curricula can be downloaded from <http://www.networks.nhs.uk/nhs-networks/msc-framework-curricula/>. Applicants should familiarise themselves with the relevant documents to ensure their qualifications and experience are equivalent.

Please note that applicants are *not* required to map their evidence to the outcomes of the MSC HSST curricula, however, the content and level of the MSC HSST outcomes should be used to guide and inform the evidence supplied for all components of the mapping template.

For the HSST Certificate of Equivalence, the AHCS assessors will be considering the evidence presented in the portfolio in the context of the MSC specialist curricula to

ensure that applicants are able to meet the stated learning outcomes. The portfolio may contain a number of differing types of evidence from periods of relevant education and training or employment/experience. Applicants are strongly advised to study the relevant MSC curriculum carefully, and ensure that their training and experience covers the range of outcomes contained therein.

The applicant must satisfy the assessors that they have the appropriate qualifications, training and experience and level of competence, and that their training programme and current practice has enabled them to achieve an equivalent level of knowledge, skill and professional practice to meet the appropriate standards.

Preparing the portfolio. The portfolio must begin with a summary of the applicant's training and experience to date. This must be written in the style of a covering report, and must not exceed 5,000 words. The report must clearly indicate how competence has been developed, and both the report and the accompanying supporting evidence must be cross-referenced to the AHCS HSSR SoPs.

A cross-mapping table is given in Appendix 1. It sets out some additional guidance on the types of evidence that may be submitted to support an equivalence application. Please note, this is for guidance purposes, and applicants may submit more or less information in different formats for each standard.

The cross-mapping table is an integral part of the portfolio as it will demonstrate how the portfolio evidence supports each standard. The applicant must demonstrate that each standard and sub-standards have been evidenced, and there are no gaps or blank areas. One piece of evidence can be used in support of more than one standard or sub- standard.

The portfolio should contain a contents list, the covering report explaining how the appropriate standards have been demonstrated, the mapping template and the supporting evidence. The supporting evidence must be clearly indexed and cross-referenced to the covering report and mapping template. Where reports are submitted, they must address the specific standard and should be concise and well-structured.

The portfolio is the applicant's opportunity to demonstrate 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.

Statements of attendance or participation in meetings or training are on their own insufficient, and must be supported by personal reflection and a concise description of how the experience helped in achieving a particular competence. Evidence of 'hands-on' experience under appropriate supervision is important. Supervisors must be appropriately qualified and professionally registered (where appropriate), and must confirm their supervision as part of the portfolio record.

The portfolio must demonstrate a thorough understanding of the subject matter. Evidence should be carefully selected – a few well-chosen examples will be more valuable than a mass of poorly-organised material.

The portfolio should NOT include a detailed, day-to-day training diary or logbook, the full text of any case studies, theses, projects or essays; summaries should be provided. It should not include certificates of attendance for every meeting – only those that have demonstrable benefit towards the standards.

Each page in the portfolio should be numbered. Full portfolios should NOT be longer than 200 pages for HSST. Any portfolio exceeding these limits will be rejected on receipt and returned to the applicant for abbreviation. Font size for text should not be smaller than 12 point. Certificates or other evidence should not be photo-reduced to fit more than one to a page. Assessors are looking for well-selected, high quality evidence. However, as a guide, portfolios less than 50 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.

Stage 2 Assessment. The assessment process begins once an applicant submits a completed full portfolio on-line. The evidence is submitted and is checked by administrators for completeness and accessibility. Any omissions will result in the application being sent back to the applicant for completion.

Once the portfolio has been accepted by the AHCS, the applicant will be informed and the assessment panel will be selected. Assessors are invited from the pool of professional and lay assessors. The panel comprises one professional assessor from the relevant specialism and one lay assessor. Assessors are also asked to declare any conflicts of interest they may have in relation to each assessment.

By assessing the portfolio the assessors make judgements on whether or not the applicant meets the requirements of the appropriate standards in the context of the relevant and current MSC HSST curriculum.

Assessors make recommendations that require ratification by the AHCS before they become official. If the ratification panel accepts the recommendation the report is finalised and an outcome is then provided to the applicant.

If a Certificate of Equivalence is not granted, a report outlining areas where further evidence is required will be sent to the applicant who can use the report to gain further education, training and professional experience and resubmit an application.

Assessors will be able to make the following summary recommendations:

- Outcome 1: Applicant has demonstrated full equivalence and can be awarded the Certificate of Equivalence.
- Outcome 2: Applicant has demonstrated that they partially meet the Standards of Proficiency, and should be advised to undertake training to address specific outcomes and then resubmit the application.
- Outcome 3: Applicant has not demonstrated equivalence and should be advised to undertake further training and experience to achieve the outcomes of HSST.

Applicants receive a letter stating the result of the assessment and, if all the necessary outcomes have been met, a Certificate of Equivalence.

Candidates have the right to appeal. Appeals must be made in writing within 28 days of receipt of the report from the AHCS. Appeals can be made based on procedural matters related to the Equivalence process. Appeals against judgements of Assessors or the ratification panel will not be accepted. For further information see the AHCS Appeals policy which can be found on the AHCS website.

Appeals will be considered by the AHCS Appeals Panel and if necessary the Panel may undertake an investigation, including receiving written statements or conducting interviews.

Example Evidence for inclusion in the Portfolio of Evidence

The AHCS standards of proficiency set out the minimum standard that a person must meet to register as a Healthcare Science Practitioner with the AHCS. In terms of equivalence, the standards are used to determine if an individual's education, training and professional practice are 'equivalent' to that of a Higher Specialist Scientist. The standards cover the five areas of Good Scientific Practice (GSP), namely:

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

To achieve equivalence, applicants must provide a portfolio of quality evidence that has been comprehensively mapped against each of the 16 standards (and sub standards) of the AHCS HSSR SoPs. The evidence will be mapped using the mapping template contained within this guidance document. This style of presentation will allow the assessors to locate specific pieces of evidence easily.

Table 1, below, gives some examples of evidence required and Table 2 gives some examples of how different types of evidence might be used to demonstrate a particular standard. Please note, they are for guidance only, and by no means constitute an exhaustive list. Applicants are encouraged to incorporate novel examples of evidence and may submit more or less information for each standard. Any one piece of evidence can be used in support of more than one standard or substandard, but it is expected that more than one piece of evidence will be submitted per standard.

Table 1: Example Evidence

Education, Qualifications Training and Experience	
Education, Qualifications and Experience	Examples of Evidence
Subject, type of course taken, date qualified and curriculum	Relevance against specialism – professional judgements
Current knowledge	Examples of how applicant has maintained theoretical knowledge
Qualifications and credits	Copies of qualifications including FRCPATH part I and II and/or PhD if appropriate Copy of NARIC certificate for applicants whose qualifications were obtained outside the UK
Employment	Curriculum Vitae and employment history Statements of supervision from appropriately qualified supervisors Employer's reference

Table 2: Example Evidence against the Standards of Proficiency

AHCS Standard of Proficiency	Example Evidence
Professional Practice	
Standard 2 – Ensure professionalism in working with peers and with service users	
2.1 Lead a team to work effectively with senior colleagues in cross-professional settings and across organisational boundaries	<ul style="list-style-type: none"> • Job description • Curriculum Vitae • Appraisals demonstrating effective team working • 360 degree feedback • Anonymised complaints/incident investigations • Service review reports including patient and public input • Presentations to peers, national & international conferences, patients and the public
2.2 Lead a team to work in partnership with colleagues and other organisations in the best interest of patients, local communities and the wider population	
2.3 Create a culture of openness with patients, their families, carers or representatives and colleagues, including if anything goes wrong; welcoming and listening to feedback and addressing concerns promptly	
2.4 Communicate complex clinical scientific and technical information in a wide range of settings and formats, including to patients and the public	
2.5 Liaise with peers clinical users of the service, patients and the public on all aspects of service delivery to ensure that the service is fit for purpose	
2.6 Communicate research, innovation and development findings as appropriate, including peer reviewed journals and at national and international conferences	
Scientific Practice	
Standard 6 – Direct scientific validation and evaluation	
6.1 Ensure the clinical scientific validation of analytical results ensuring that complex investigations are accurately and critically evaluated	<ul style="list-style-type: none"> • Validation report on a new technique • Examples of consultant level advice • Examples of reports demonstrating an assessment of legislative compliance • Advice to employers on legislative compliance
6.2 Provide consultant level clinical scientific advice, including interpretation of investigations and their outcomes, therapies and their implications for patient care and management, and recommendations	

AHCS Standard of Proficiency	Example Evidence
for additional or more complex investigations	<ul style="list-style-type: none"> • Report or business case on the implementation of a new technique demonstrating that it is evidence based and clinically effective.
6.3 Provide scientific advice on legislative compliance in own specialist area of practice	
6.4 Bring critical analysis to the practice of the clinical scientific specialism, ensuring that regular review of research and evidence is undertaken so that adaptation to practice can be made in a timely and cost effective manner	
Clinical Practice	
Standard 8 – Ensure clinical relevance of scientific services provided	
8.1 Ensure highly developed and advanced clinical scientific expertise, advice and interpretation to the multi-professional clinical team and to patients, undertaking scientific responsibilities at a level of accountability similar to that of consultant doctors, but with the recognition that the overall clinical responsibility for patients resides with an accountable medical consultant or General Practitioner	<ul style="list-style-type: none"> • Job description • Curriculum Vitae • Individual patient case studies demonstrating expertise, including assessments, reports, advice to clinical colleagues • Service review reports demonstrating quality improvements • Service accreditation/certification against recognised standards • Evidence of contribution to a multidisciplinary clinical team • Evidence of clinical audits undertaken and resulting impact on service
8.2 Lead high quality patient focused clinical scientific services that promote excellent patient outcomes, support patient involvement and engagement and continually seek to improve the safety and quality of NHS clinical scientific services	
8.3 Collaborate with colleagues across organisational boundaries to develop, promote and participate in a multi-professional approach to high quality patient care and management	
Research, Development and Innovation	
10.1 Contribute at the highest level to the strategic development and direction of the organisation so that the added value of clinical science services and their impact on patient care is fully realised	<ul style="list-style-type: none"> • Research, Development and Innovation Strategy for the service • Record of grant applications

AHCS Standard of Proficiency	Example Evidence
	<ul style="list-style-type: none"> • Contribution to organisational research governance structures • Peer reviewed publications • Report or business case on the implementation of a new technique demonstrating that it is evidence based and clinically effective.
10.2 Lead and shape the application of advances in science, technology, research, innovation, especially in the area of genomics and personalised / precision medicine, and education to support continuous improvement of patient outcomes	
10.3 Through the initiation and translation of cutting edge scientific research and education, bring strategic direction, innovation and continuous improvement into practice	
10.4 Promote safe and high quality care by ensuring that research and evidence based practice is at the vanguard of clinical scientific services	
Clinical Leadership	
Standard 14 – Ensure strategic leadership	
14.1 Lead strategic service improvement across a broad service, demonstrating an ability to successfully initiate, manage and sustain change aimed at improving patient outcomes	<ul style="list-style-type: none"> • Job description • Curriculum Vitae • Strategic business plans for a broad service • Service performance reviews against service objectives • Appraisals • 360 degree feedback
14.2 Lead and motivate clinical scientific staff to ensure effective delivery and achievement of agreed service objectives in a changing healthcare environment	

Appendix 1: Cross Reference Table for HSSR Standards of Proficiency

AHCS Standard of Proficiency	Location of Evidence in Portfolio
Professional Practice	
Standard 1 – Practise with the professionalism expected of a Consultant Clinical Scientist	
1.1 Demonstrate an understanding of <i>Good Scientific Practice</i> at Consultant Clinical Scientist level	
1.2 Comply with the codes of conduct of the Health and Care Professions Council; and the Academy for Healthcare Science	
1.3 Ensure that conduct at all times justifies the trust of patients and colleagues and maintains the public's trust in the scientific profession	
Standard 2 – Ensure professionalism in working with peers and with service users	
2.1 Lead a team to work effectively with senior colleagues in cross-professional settings and across organisational boundaries	
2.2 Lead a team to work in partnership with colleagues and other organisations in the best interest of patients, local communities and the wider population	
2.3 Create a culture of openness with patients, their families, carers or representatives and colleagues, including if anything goes wrong; welcoming and listening to feedback and addressing concerns promptly	
2.4 Communicate complex clinical scientific and technical information in a wide range of settings and formats, including to patients and the public	
2.5 Liaise with peers, clinical users of the service, patients and the public on all aspects of service delivery to ensure that the service is fit	

AHCS Standard of Proficiency	Location of Evidence in Portfolio
for purpose	
2.6 Communicate research, innovation and development findings as appropriate, including peer reviewed journals and at national and international conferences	
Standard 3 – Ensure professionalism in areas of governance and service accreditation	
3.1 Assume overall accountability for ensuring compliance with the governance and risk management requirements for a broad scientific service	
3.2 Demonstrate a high level of professionalism in personal performance, including confidentiality, ethical standards and financial probity	
3.3 Ensure effective clinical governance of scientific services and personal practice according to their organisation’s clinical governance policies	
3.4 Ensure the service meets service accreditation standards	
3.5 Ensure the formal reporting and recording of any adverse incidents is in line with organisational policy	
3.6 Investigate adverse events and complaints ensuring that lessons learnt are shared appropriately and that systems are put in place to minimize the risk or recurrence	
Standard 4 – Direct the education and training of others	
4.1 Develop a strategic approach to the provision of appropriate training programmes for the breadth of the scientific workforce and contribute to training other groups of staff within healthcare	
4.2 Advise on national training requirements and curriculum for the	

AHCS Standard of Proficiency	Location of Evidence in Portfolio
breadth of training in the scientific workforce	
4.3 Evaluate and make provision for the teaching and training requirements of scientific staff, professional colleagues and users of the service	
4.4 Provide scientific staff with appropriate professional and personal development opportunities through robust appraisal processes, with access to appropriate training for their jobs and the line management support needed to succeed	
4.5 Participate in clinical scientific and technical teaching, training and assessment of peers, undergraduates, post-graduates and other healthcare professionals within relevant scientific areas of practice using effective methods of learner-centred feedback	
4.6 Develop and introduce teaching programmes in own area of specialist practice and continually evaluate and improve teaching and assessment activities using critical reflection	
4.7 Demonstrate personal training, skills and qualifications (where relevant) to provide high quality teaching, training, assessment and feedback	
4.8 Evaluate the quality of teaching and training provided and make recommendations for improvement	
Scientific Practice	
Standard 5 – Lead scientific services	
5.1 Assess the demand and specification for evolving scientific services with users, clinical colleagues and other relevant stakeholders	
5.2 Evaluate the scientific literature and other scientific sources and	

AHCS Standard of Proficiency	Location of Evidence in Portfolio
work with others to develop scientific and business cases for service improvement	
5.3 Lead a clinical scientific department offering a broad range of services and creating a culture of continuous improvement and innovation	
5.4 Provide a high level of scientific expertise to complex problems in own area of specialist practice	
5.5 Ensure that clinical scientific services are delivered with a commitment to excellent quality, safety, confidentiality, accountability, reliability, communication and professional and managerial integrity	
Standard 6 – Direct scientific validation and evaluation	
6.1 Ensure the clinical scientific validation of analytical results ensuring that complex investigations are accurately and critically evaluated	
6.2 Provide consultant level clinical scientific advice, including interpretation of investigations and their outcomes, therapies and their implications for patient care and management, and recommendations for additional or more complex investigations	
6.3 Provide scientific advice on legislative compliance in own specialist area of practice	
6.4 Bring critical analysis to the practice of the clinical scientific specialism, ensuring that regular review of research and evidence is undertaken so that adaptation to practice can be made in a timely and cost effective manner	
Standard 7 – Assure safety in the scientific setting	
7.1 Ensure delivery of the highest standards of health & safety in the working environment	

AHCS Standard of Proficiency	Location of Evidence in Portfolio
7.2 Introduce and critically evaluate measures to identify, actively manage and reduce risk to patients	
7.3 Ensure services are delivered in clean and safe environments that are fit for purpose, based on national best practice	
Clinical Practice	
Standard 8 – Ensure clinical relevance of scientific services provided	
8.1 Ensure highly developed and advanced clinical scientific expertise, advice and interpretation to the multi-professional clinical team and to patients, undertaking scientific responsibilities at a level of accountability similar to that of consultant doctors, but with the recognition that the overall clinical responsibility for patients resides with an accountable medical consultant or General Practitioner	
8.2 Lead high quality patient focused clinical scientific services that promote excellent patient outcomes, support patient involvement and engagement and continually seek to improve the safety and quality of NHS clinical scientific services	
8.3 Collaborate with colleagues across organisational boundaries to develop, promote and participate in a multi-professional approach to high quality patient care and management	
Standard 9 – Deliver effective clinical services	
9.1 Play a direct role in the management of complex patients, as part of a multi-professional team, including assessment of the patient's relevant history, developing an investigation strategy, interpreting results and agreeing a management and treatment plan in partnership with the patient, medical staff and the rest of the multi professional team	

AHCS Standard of Proficiency	Location of Evidence in Portfolio
<p>9.2 In appropriate circumstances and within the context of particular and defined clinical circumstances, impart scientific results to and discuss with patients or their families, investigations, risks and outcomes that may be highly sensitive, emotive or have serious prognostic implications, recognising that the responsibility for the overall care of the patient rests with the accountable medical consultant or General Practitioner</p>	
<p>9.3 Respond positively to and promote new developments that enable patients to have greater access to information about their care</p>	
<p>Research, Development and Innovation</p>	
<p>Standard 10 – Lead research, development and innovation in clinical priority areas</p>	
<p>10.1 Contribute at the highest level to the strategic development and direction of the organisation so that the added value of clinical science services and their impact on patient care is fully realised</p>	
<p>10.2 Lead and shape the application of advances in science, technology, research, innovation, especially in the area of genomics and personalised / precision medicine, and education to support continuous improvement of patient outcomes</p>	
<p>10.3 Through the initiation and translation of cutting edge scientific research and education, bring strategic direction, innovation and continuous improvement into practice</p>	
<p>10.4 Promote safe and high quality care by ensuring that cutting edge research and evidence based practice is at the vanguard of clinical scientific services</p>	
<p>Standard 11 – Evaluate research, development and innovation outcomes to improve scientific service provision</p>	

AHCS Standard of Proficiency	Location of Evidence in Portfolio
11.1 Develop and apply a strategy to optimise the impact of clinical audit to deliver outcome focused quality improvement programmes	
11.2 Continually improve the quality of clinical scientific services by directing and planning the introduction, evaluation and application of improved scientific and operational procedures	
11.3 Evaluate published research and innovation for patient benefit and make recommendations for improvements in the quality of services and patient outcomes based on these	
Standard 12 – Promote a culture of innovation	
12.1 Generate a culture that values and supports innovation and quality by promoting and stimulating research and innovation both within the service and across service boundaries	
12.2 Initiate and direct research and innovation programmes to completion, evaluate outcomes and amend service provision as appropriate	
12.3 Identify opportunities to innovate and create a culture where innovation flourishes	
Standard 13 – Assure research governance	
13.1 Design and lead a strategy to achieve and / or maintain service accreditation	
13.2 Ensure compliance with the NHS ethical and research governance framework	
Clinical Leadership	
Standard 14 – Ensure strategic leadership	

AHCS Standard of Proficiency	Location of Evidence in Portfolio
14.1 Lead strategic service improvement across a broad service, demonstrating an ability to successfully initiate, manage and sustain change aimed at improving patient outcomes	
14.2 Lead and motivate clinical scientific staff to ensure effective delivery and achievement of agreed service objectives in a changing healthcare environment	
Standard 15 – Ensure clinical scientific leadership	
15.1 Ensure scientific services reflect the needs and preferences of patients, their families, carers as well as the public health requirements of the populations they serve	
15.2 Direct the operation of a broad service to ensure compliance with local, national and internationally accepted standards and guidelines	
15.3 Participate in appropriate local regional, national and international scientific groups	
15.4 Play a leading role in appropriate local, regional, national and international clinical scientific groups	
15.5 Contribute to the activities of national professional bodies and the formulation of national/international guidelines on clinical, scientific, and safety issues relating to services	
15.6 Ensure that scientific services are delivered in accordance with recommendations for national screening programmes, diagnostic practice and health and safety guidance	
15.7 Ensure that engagement in the commissioning of scientific services is carried out with full compliance to good practice	
Standard 16 – Assure effective management of resources	
16.1 Ensure that staff and non-staff resources are assessed and	

AHCS Standard of Proficiency	Location of Evidence in Portfolio
deployed to obtain the required high quality whilst offering best value for money	