

Higher Specialist Scientist Equivalence : Guidance for Assessors

Academy for Healthcare Science www.ahcs.ac.uk

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1. Welcome

Thank you for choosing to become an Assessor for the Academy for Healthcare Science's (AHCS) Higher Specialist Scientist (HSS) Equivalence programme. Your input and professional judgement is highly valued by the AHCS – for both the applications and portfolios you assess, and any feedback you might offer to the AHCS in how to improve our processes.

The HSS Equivalence programme is an approved route to registration with the AHCS. Joining the AHCS HSS Register demonstrates a commitment to maintaining standards of education, competence and conduct - providing assurance for employers, patients and the public. It also helps to strengthen and highlight Healthcare Science (HCS) as a key clinical profession by uniting together, and enabling diverse disciplines to speak with one clear voice.

2. Background

The AHCS was established as a joint initiative of the UK Health Departments and the HCS professional bodies. The overarching purpose of the AHCS is to bring together the UK's diverse scientific community who work across the UK health and care system including: NHS Trusts, NHS Blood and Transplant Services, Public Health England, independent healthcare organisations and the academic sector.

The AHCS has been commissioned to undertake and support a range of projects including:

- **The development of a system to assess and confer Equivalence to the Modernising Scientific Careers (MSC) training programmes in HCS.** This enables applicants to gain recognition for the experience, knowledge and skills they possess, and also enables entry to and progression through the MSC career framework without the need for repeat training.
- **The development of consistent, rigorous and meaningful regulation for the healthcare science workforce.** This has involved the implementation of an accredited Register that is accessible to all HCS disciplines. This profession-wide access to registration directly contributes to patient safety and will extend the provision of high quality patient care for the future benefit of all.

Accordingly, the AHCS has established an equivalence process to determine parity between the outcomes of the HSS Training programme (www.nshcs.ac.uk) and relevant pre-existing knowledge, skills and experience in the HCS divisions. Successful applicants will gain a HSS Certificate of Equivalence and will be able to join the AHCS; HSS Register which is accredited by the Professional Standards Authority (PSA).

This guidance for assessors contains details of the HSS Equivalence process as an approved route to registration with the AHCS HSS Register, and the role of an HSS Equivalence assessor.

3. Equivalence

In the context of education, training, qualifications and experience, equivalence is said to exist when the outcomes of two processes are directly comparable even though the paths to achieving them are different. When equivalence is shown to exist between a new qualification and the qualification or experience a person already has, further education or training is unnecessary.

Applicants for the HSS Certificate of Equivalence are assessed against the AHCS' HSS Standards of Proficiency (SoPs). The SoPs form the basis of the HSS Training programme and therefore by demonstrating that the applicant meets the SoPs, they are also demonstrating equivalence to the HSS Training programme. Embedded within the HSS SoPs are the five domains of **Good Scientific Practice (GSP)**; collectively these constitute the minimum standard that applicants must meet to gain a Certificate of Equivalence and join the AHCS HSS Register. Equivalence at HSS level is demonstrated through a detailed analysis of the applicant's professional attributes that is explicitly mapped against the HSS SoPs. This analysis should provide evidence of advanced clinical competence and subject-specific knowledge commensurate with that of a doctoral level award. The subject-specific knowledge and competences are contained in the HSS Training (HSST) curricula, which can be accessed at:

<https://www.networks.nhs.uk/nhs-networks/msc-framework-curricula/HSS-Training-higher-specialist-scientist-training>

4. Scope of practice

The AHCS defines 'scope of practice' as the area(s) of a healthcare scientist's profession in which they have the knowledge, skills and experience to practise lawfully, safely and effectively, in a way that meets the HSS SoPs and does not pose any danger to the public or to themselves.

The AHCS recognises that the practice of an experienced healthcare scientist often becomes more focused and specialised. This might be because of specialisation or because the healthcare scientist has moved into roles in leadership, management, education or research. As scope of practice changes, the healthcare scientist may not be able to demonstrate that they meet every standard required in the SoPs in all areas of the HSS Training curriculum. This does not present a problem, provided the applicant presents enough evidence to demonstrate an equivalent level of expertise and achievement to the HSS Training programme and shows that they are able to practise safely and effectively within their given scope of practice.

5. Eligibility

In order to be eligible to apply for HSS Equivalence, applicants must:

- be a Clinical Scientist registered with the Health and Care Professions Council (HCPC).
- be able to demonstrate a wealth of professional experience and have practised at an appropriate level in a healthcare and/or another relevant scientific setting, usually for at least five years. Examples of such levels would include working at director level, leading in education, achievement in research and development, acting as head of department or in a lead scientist role.

To make a HSS Equivalence application, applicants do not need to possess a PhD or equivalent degree. However, the evidence provided in the application must demonstrate that they have a comparable level of expertise and achievement to the HSS Training programme. It is important to note that holding a specific qualification or job title or being paid within a particular Agenda for Change band does not by itself provide evidence of HSS Equivalence.

The Equivalence process is a form of demonstration and accreditation of prior experience and learning and there are therefore no mechanisms (for example “grandfathering”) to gain exemption from elements of the process. All applicants for HSS Equivalence must present an analysis of their knowledge and experience, and define how this maps against the HSS SoPs by completing the Stage 1 Summary [Mapping Template](#) (Appendix 1) and, if required, completing Stage 2 of the process by submitting a [Stage 2](#)

[Detailed Mapping Template](#) (Appendix 3) and a portfolio of supplementary evidence.

6. Overview of the HSS Equivalence process

Prior to assessing an application for HSS Equivalence, assessors are advised to familiarise themselves with the relevant information sources including:

- [AHCS website](#)
- MSC [HSS Training curricula](#)
- AHCS [Good Scientific Practice](#)

Assessment stages

There are up to five elements to the HSS Equivalence assessment process

1. assignment of assessors
2. Stage 1 (Application) individual assessment
3. Stage 1 (Application) panel assessment including an Outcome judgement and feedback to applicant.

Applicants can be awarded Equivalence at Stage 1 if they obtain an Outcome 1 judgement (see below).

Depending on the outcome awarded at Stage 1, there may be two further stages

4. Stage 2 (Portfolio) individual assessment
5. Stage 2 (Portfolio) panel assessment including an Outcome judgement and feedback to applicant.

All assessment stages are completed online.

One of the following Stage 1 Outcomes will be awarded:

- **Outcome 1:** Applicant has demonstrated equivalence with the HSS Training programme and can be awarded the Certificate of Equivalence.
- **Outcome 2:** Applicant may be able to demonstrate equivalence with the HSS Training programme but further evidence is required.
- **Outcome 3:** Applicant has not demonstrated equivalence with the HSS Training programme.

Applicants receiving Outcome 1 at either Stage 1 or Stage 2 are ratified by the AHCS Education, Training and Professional Standards Committee after which they receive a Certificate of Equivalence. Subsequently, they are invited to register on the HSS Register held by the AHCS.

In the event of Outcome 2, the applicant will be given feedback and asked to provide supplementary evidence (specified by the assessment panel) and invited to submit a Stage 2 (portfolio). Submission of Stage 2 evidence will normally be required within six months of receipt of the Stage 1 outcome statement.

Applicants may not wish to submit a Stage 2 (Portfolio) at which point the assessment process ends.

Applicants receiving Outcome 3 at either Stage 1 or Stage 2 receive detailed feedback and are invited to re-apply for HSS Equivalence at a later date (specified by the assessment panel).

7. General assessor guidelines

Eligibility of assessors for HSS Equivalence assessment

- HSS Equivalence assessors will have already indicated an interest in assessing HSSE, have been endorsed by the relevant AHCS professional group lead, have received appropriate training, be engaged in the AHCS ongoing assessor development programme and have updated their individual AHCS profile to assess HSSE applications.

For further information about HSS Equivalence assessor eligibility and applying to become an assessor with the AHCS, contact beth.dodson@ahcs.ac.uk

Assignment of Assessors

Assessors are invited to assess individual applications by system-generated email.

Assessors should check that they have availability to assess the application within a reasonable timescale and that there is no conflict of interest in assessing each application. As some specialties are limited in number, it is likely that an assessor might know (of the applicant, in this instance it would not be deemed a conflict of interest, unless the assessor feels they cannot undertake the assessment fairly and impartially because of prior knowledge, a personal or close working relationship with the applicant. There is a conflict of interest if the applicant reports directly to the assessor in the workplace.

If the assessor cannot undertake the application, they should contact the Registrations Administrator at registrations@ahcs.ac.uk

System Information

- All assessments for HSS Equivalence are submitted and processed online

- System-generated emails are sent at various stages throughout the assessment process. Assessors are advised to check their junk mail and set email rules to ensure these emails are received
- Assessors are presented with two blue buttons (“Save” and “Submit”) on each webpage. Assessors can save their work and return at any point before final submission. Assessors should save their work regularly as the AHCS system times out after approximately one hour of no activity. Assessors can save their work for an unlimited number of times. Once “Submit” has been clicked, no part of that assessment webpage can be amended by the assessor
- Assessors can contact registration@ahcs.ac.uk in case of difficulties accessing the AHCS system.

Online assessment

To undertake an assessment:

- Scroll to the bottom of the application home page and click “view form” next to your name
- Review the application and record your findings in the Summary of Evidence column, stating how the evidence meets (or does not meet) the SoPs for each domain
- Referring to the Summary of Evidence, record specific feedback for the applicant
- Switch between the application and the assessment form by the Next, Back and Menu buttons.

Guidelines for feedback for applicants

The AHCS prefers an informative but not prescriptive approach to giving feedback to applicants:

- Feedback should be provided for every applicant, but it is particularly important for those receiving Outcomes 2 or 3 to guide the applicant on how to address areas which are assessed as less than satisfactory. For this reason, the system will not allow the assessor to “Submit” unless every box has some words recorded within it
- Recommendations need to be justified by a rationale
- Avoid acronyms and jargon wherever possible. Use “the applicant” throughout rather than the applicant’s name or “he”
- Begin with the positive
- Be specific and objective, referring to the evidence the applicant provided
- Refer to where improvements/additional detail needs to be provided to demonstrate meeting standards, especially for Outcome 2 and 3. The assessor may offer general suggestions about how the applicant may address any areas of weakness
- A appropriate period for submission of further evidence (where required) should be stated
- The words provided in the Individual Assessments are drawn on directly by the lay chairperson to write the Panel Assessment. The “Feedback” section of the Panel Assessment is subsequently automatically forwarded the applicant
- An applicant appealing the process could request to see a copy of all of

the online assessments (Independent and Panel), so content is important

Assessment panel constitution

Each application will be assessed by a panel of three HSS Equivalence assessors – one lay assessor who will also act as the Chair of the panel, and two professional assessors. One professional assessor will be an expert in the relevant specialism; the other professional assessor may be from the same scientific division, or from another aligned specialty in HCS.

All panels will include at least one Clinical Scientist registered with the HCPC.

If Stage 2 (portfolio application) is undertaken by the applicant, the AHCS will endeavour to assign the same panel of assessors who assessed Stage 1 of the application.

Role of the assessor

The role of the assessor is to ensure that applicants have evidenced their individual experience and skills to sufficiently demonstrate that they meet the requirements of the HSS SoPs.

To achieve this, assessors are asked to assess the supporting examples included in the relevant mapping document:

- Stage 1 submissions – Stage 1 Summary Mapping Template Appendix 1
- Stage 2 submissions – Stage 2 Detailed Mapping Template Appendix 3

Both templates provide a framework for applicants to demonstrate how their individual knowledge and skills map against the HSS SoPs. The Stage 1 Summary Mapping Template is structured so that an overview of the HSS SoPs can be evidenced for Stage 1; the Stage 2 Detailed Mapping Template

facilitates the submission of a more in-depth approach if required.

Not all individuals will be required to submit Stage 2 documentation. This is only applicable in cases where after assessment, it is deemed that the evidence provided in Stage 1 does not adequately show that the applicant meets the expectations of the HSS SoPs, and further information is required.

As well as the HSS SoPs, the examples included in each application must demonstrate how the applicant's experiences span the five domains of GSP and importantly, that they align with the knowledge base of the relevant HSST curriculum in their chosen specialty. The HSS Certificate of Equivalence is comparable with a doctorate level award; therefore applicants are expected to demonstrate a detailed subject knowledge at this level when selecting their evidence for inclusion.

Note: applicants are not required to map their evidence directly to every learning outcome of the HSST curricula, however, the content and level of those outcomes should be used to guide and inform the evidence supplied for all components of the assessment.

Role of the lay assessor

The role of the lay chairperson is to lead the assessment of an application, ensuring equality and fairness and representing the views of patients and the public within the equivalence process. The lay chairperson is asked to:

- Chair the assessment panel
- Notify the assessors and liaise with the AHCS Development Co-ordinator (as appropriate) if there are delays to the assessment timetable or issues of process within the panel
- Undertake the Stage 1 (Application) Independent Assessment of the

application to agreed timelines, focusing on Domain 1 (Professional Practice), and Domain 5 (Clinical Leadership)

- A summary of evidence and constructive feedback on the strengths and weaknesses of the evidence provided for Domains 1 and 5 should be entered. "Not assessed" entered against Domains 2, 3 and 4
- As the lay assessor is not asked to make a detailed review of all five Domains, so they are not expected to make an Outcome recommendation at the end of the Independent Assessment
- Once the lay assessor has submitted the Independent Assessment, they have access to the other assessors' online summaries and feedback. A system-generated email will indicate when another assessor has completed their Independent Assessment
- Review the other assessors' online summaries and feedback, noting areas of agreement and discord between all the Independent Assessments
- If there is variation in the recommended Outcome by each professional assessor, liaise with the other assessors and instigate and chair a panel discussion if required. This can be via email or conference call. The lay chairperson should discuss the recommended Outcomes with both the professional assessors in order to reach a consensus. If consensus proves difficult, contact the Development Co-ordinator who will suggest various methods to reach a suitable Outcome judgement for the applicant

- Complete and submit the online Panel Assessment on behalf of the assessment panel.

Roles of professional assessor

The role of the professional assessor is to utilise their expert professional, clinical and scientific knowledge and understanding of the applicant's area of practice, SoPs, HSST curriculum and role of the consultant clinical scientist. Professional assessors are asked to :

- Undertake the Stage 1 (Application) Independent Assessment of the application to agreed timelines, for each of the five Domains
- A summary of evidence and constructive feedback on the strengths and weaknesses of the evidence should be entered
- Enter an appropriate Outcome recommendation at the end of the Independent Assessment
- Once the professional assessor has submitted the Independent Assessment, they have access to the other assessors' online summaries and feedback. A system-generated email will indicate when another assessor has completed their Independent Assessment
- Liaise with the other assessors and take part in a panel discussion instigated by the lay chairperson, if required. This would normally be if there is variation in the recommended Outcome by each professional assessor. This can be via email or conference call.

Assessment of the content of Stage 1 - detailed guidelines

This section offers guidance about how to assess each of the elements included in a Stage 1 Application.

Applicants must provide the following:

- a completed Stage 1 Summary Mapping Template ([Appendix 1](#));
- job description and person specification;
- a structured curriculum vitae (CV);
- two appropriate professional references;
- qualification certificates.

Stage 1 Summary Mapping Template

Applicants complete the [Stage 1 Summary Mapping Template](#) (Appendix 1) by supplying relevant evidence to demonstrate their ability to meet the HSS SoPs.

Assessors should consider the totality of the evidence carefully, as it needs to demonstrate both competence against the HSS SoPs and also the breadth of clinical practice in the applicant's specialism in alignment with the relevant HSS Training programme.

Examples of the types of evidence that may be included can be found in Appendix 2. These examples are for guidance purposes only, and do not form a comprehensive list – applicants are responsible for their own applications and should select evidence that demonstrates their experience and skills in the most effective manner.

Assessors should not expect to see evidence covering *all* of the learning outcomes in the relevant HSS Training curriculum, but use the

curriculum as a guide to inform the level and content of applications.

Structured Curriculum Vitae

The CV is an opportunity for applicants to demonstrate how their knowledge, skills and experience meet the HSS SoPs. Careful thought should have been given to the structure of the CV, which should include a summary (not exceeding 1500 words – a word count should be provided) of the applicant's career to date. Assessors should be able to see explicit reference to how the five domains of Good Scientific Practice have been met. The CV should also contain a short paragraph after each section reinforcing how the experience gained and the evidence provided aligns to the HSS SoPs.

In addition to the summary, other sections that may be included (as appropriate) are:

- if the applicant leads a team, details of the number of people in the team and how the applicant leads the team;
- highlight how the applicant provides patient group/population or service-specific advice with respect to the clinical application of scientific techniques and instrumentation including the analysis and interpretation of scientific/technical data/results that impact on patients;
- the applicant's responsibilities for example:
 - the investigation of incidents and the improvement of services;
 - setting the strategic direction of work;
 - the wider role the applicant may have in the organisation the applicant works in and/or other organisations such as professional bodies and guidelines committees;

- leading service accreditation for a department or section of a department;
- the applicant's research activity including publications, research grants, supervision of graduate/postgraduate students - being clear about the applicant's role, for example:
 - current and past publications which, for recent publications, could include the impact factor of the journal and how the research has led to changes in practice;
 - active research collaborations highlighting the applicant's role in a research team;
 - current research grants;
 - supervision of research students;
 - initiation or direction/leadership of innovation projects that may have resulted in service improvements;
 - leadership of audit programmes and the outcome of audit;
 - evidence of involvement in procedural improvements or clinical audit within the wider clinical team
 - evidence of involvement in governance, quality assurance, service accreditation etc.
- how the applicant leads and contributes to education and training of members of the HCS workforce and other healthcare staff or to patient education. This could include;
 - the applicant's approach to teaching and learning and how the applicant embeds theories of learning and assessment in the teaching role;
 - how the applicant promotes student-centred, active learning;
- how the applicant plans, delivers, evaluates and evolves their teaching practice;
- educational research or innovation in the teaching role.
- an outline of the applicant's clinical leadership role and differentiate aspects where the applicant is the leader and aspects where they take direction from others
- how the applicant is directly responsible for leading others/teams/services and the skills they bring to that role - for example motivating, supporting the continuing personal and professional development of the team, resolving conflict;
- indication of the applicant's responsibility for budget(s) and how they link this to the strategic direction of the service(s) they lead;
- clearly indicate how the applicant sets the direction of a service and the responsibility for staff working in the service e.g. how the applicant leads the service, undertakes staff appraisal, mentors staff and/or graduate/postgraduate students seconded to their department where appropriate

References

Applicants must provide references from two referees who are willing to support their application and can comment authoritatively from their direct knowledge of the applicant's current level of expertise.

Referees will have been supplied by the applicant with a copy of the CV and completed Stage 1 Summary Mapping Template submitted with the application and have been asked to verify the content of and support the application.

One of the referees will normally be the applicant's current line manager. The other referee should be someone with detailed knowledge of the applicant's current work who can attest to their ability to meet the SoPs.

In addition, one of the referees must be registered on either the HCPC Clinical Scientist or the General Medical Council Registers. Applicants must ensure the referee's HCPC/GMC number is included in their reference and that the reference is presented on headed paper, signed and dated within 6 months of the application date.

Examples of suitable referees are :

- A senior colleague: for example, a Consultant Clinical Scientist or Medical Consultant; a Clinical Academic (for example Senior Lecturer, Reader, Professor) or Industry Partner within the scientific service/s the applicant currently works with, a senior manager or senior nurse, or a colleague on the HSS Register.
- The Clinical Director of the service in which the applicant works, a member of a Clinical Commissioning Group, the Chief Executive or a Board member of the hospital/Trust or a colleague on a committee/Board of a professional body.
- The Principal Investigator of a research project or head of a research programme/team of which the applicant is a member, a colleague in an organisation where the applicant has led the introduction of a service innovation, or the Editor of a journal if the applicant is a member of the

Editorial Board or contributes regularly as a reviewer or author.

Outcome awards

Once the assessment is complete, one of the following Stage 1 Outcomes will be awarded:

- **Outcome 1:** Applicant has demonstrated equivalence with the HSS Training programme and can be awarded the Certificate of Equivalence.
- **Outcome 2:** Applicant may be able to demonstrate equivalence with the HSS Training programme but further evidence is required.
- **Outcome 3:** Applicant has not demonstrated equivalence with the HSS Training programme.

If Outcome 1 is achieved, the process is complete, the applicant receives a Certificate of Equivalence and is then eligible to apply for inclusion on the AHCS HSS Register.

In the event of Outcome 2, the application progresses to Stage 2 (Portfolio). The applicant will be given feedback, asked to provide supplementary evidence (specified by the assessment panel) and invited to submit a portfolio. Submission of Stage 2 evidence will normally be required within six months of receipt of the Stage 1 outcome statement. Applicants may not wish to submit a Stage 2 (Portfolio) at which point the assessment process ends.

In the event of Outcome 3, the applicant will receive individual feedback from the assessment panel about possible next steps.

8. Assessment of the content of Stage 2 - detailed guidelines

This section offers guidance about how to assess each of the elements included in Stage 2.

Stage 2 of HSS Equivalence is applicable for those individuals who receive Outcome 2 following Stage 1 of the equivalence process. Stage 2 involves the submission of supplementary information in the form of a portfolio.

The portfolio should assist with the demonstration of a high level of understanding, knowledge, and provide a clear interpretation of how those standards have been, or are embedded in the applicant's clinical practice history. The SoPs should be evidenced in the context of the HSS Training curriculum taking into account the knowledge base for the relevant specialism, and include detailed examples where appropriate.

All portfolios must include [the Stage 2 Detailed Mapping Template](#) (Appendix 3), which is an integral part of the portfolio submission since it demonstrates how the portfolio evidence supports each standard and forms a high level index to allow an assessor to find appropriate pieces of evidence when necessary.

Stage 2 submissions also require the inclusion of a summary in no more than 5000 words of the applicant's education, training and clinical experience in relation to their chosen discipline. A word count must be included at the end of the summary.

Portfolio Structure and Content

Portfolios must contain the following information in this order:

- a contents page
- the completed [Stage 2 Detailed Mapping Template](#) (Appendix 3) which acts as a cross reference between the AHCS HSS SoPs and the evidence to enable easy location of relevant information by assessors
- the summary of the applicant's training and experience to date in not more than 5000 words. The summary must clearly indicate how competence has been developed, and both the summary and the accompanying supporting evidence must be cross-referenced to the AHCS HSS SoPs using the Stage 2 Detailed [Mapping Template](#)

Note: applicants are not required to map their evidence directly to each of the outcomes of the HSS Training curricula, however, the content and level of those outcomes should be used to guide and inform the evidence submitted for all components of the Stage 2 Detailed Mapping Template.

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.

Variable amounts of information in different formats may be submitted for each standard to adequately demonstrate the level of competence and understanding required. The use of one piece of evidence to support multiple standards is permitted, but this must be clearly indexed.

Information should be clear and the content should be explicit and concise. 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 is important.

The portfolio should NOT include: 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.

Portfolio Presentation

Each page in the portfolio should be numbered. Completed portfolios should NOT be longer than 200 pages. Any portfolio exceeding these limits will have been rejected on receipt and returned to the applicant for abbreviation.

Assessors should look for well-selected, high quality evidence. Examples of evidence types are contained in Appendix 2. As a guide, portfolios less than 50 pages are unlikely to contain sufficient evidence for adequate assessment. Patient confidentiality must be respected; applications containing identifiable patient details will be rejected.

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. If any part of the evidence is not in English, certified translations must be provided.

Portfolio Submission

Portfolios must be submitted online by the applicant and usually within six months of receipt of the Stage 1 outcome statement.

Initial Administrative check

When the Stage 1 (Application) has been submitted, the AHCS will arrange a basic administration check. If the administrative standards are met, the applicant will be assigned to an assessment panel.

The administrative check includes HCPC registration, and that the required Stage 1 or Stage 2 documentation is included in the application.

Assessors need not check any information in either the Stage 1 application or Stage 2 portfolio relating to DBS checks, National Recognition Information Centre (NARIC), English language, or word counts.

Stage 2

Applicants must provide the following documentation (in addition to that supplied for Stage 1):

- Stage 2 Detailed Mapping Template
- A portfolio of evidence (containing a summary not exceeding 5000 words)

Further detail regarding the required documentation is provided later in this Guidance.

Outcome awards

Once the Stage 2 assessment is complete, one of the following Stage 2 Outcomes will be awarded:

- **Outcome 1:** Applicant has demonstrated equivalence with the HSS Training programme and can be awarded the Certificate of Equivalence.

- **Outcome 2:** Applicant may be able to demonstrate equivalence with the HSS Training programme, but further evidence is required.
- **Outcome 3:** Applicant has not demonstrated equivalence with the HSS Training programme.

If Outcome 1 is achieved following Stage 2, the process is complete, the applicant will receive a Certificate of Equivalence and is then eligible to apply for inclusion on the AHCS HSS Register

In the event of Outcome 2, the applicant will be asked to provide supplementary evidence within a specified period to support the portfolio submission.

The applicant will receive feedback from the assessment panel regarding the nature and content of the required supplementary evidence, together with an appropriate time limit for submission. For example, a requirement for one or two documents may only need two weeks to submit, whereas more extensive evidence may require up to six months.

In the event of Outcome 3, the applicant will receive individual feedback from the assessment panel about possible next steps. See Page 6 “Feedback” above for guidance on feedback content.

Examples of the types of evidence that could be included in HSS Equivalence applications can be found in the appendices.

Interviews

HSS Equivalence assessments do not normally require face-to-face or conference call interviews. However, the AHCS reserves the right to hold interviews if required.

10. Complaints and appeals

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

It is recognised that there may be occasions when feedback is not sufficient to deal with issues and for this reason a Complaints Procedure has been established. The Complaints Procedure should be used when informal attempts to resolve the matter with the AHCS have not resolved an issue. More information about the complaints process can be found at:

<https://www.ahcs.ac.uk/wordpress/wp-content/uploads/2013/09/AHCS-Appeals-Complaints-for-Equivalence-Certification-POL003-v3.pdf>

Applicants have the opportunity to appeal outcome decisions based on procedural matters related to the Equivalence process. Appeals against judgements of assessors, ratification decisions or other decisions made by the Education, Training and Professional Standards Committee will not be accepted. Appeals must be made within 28 days of receipt of the outcome decision. Appeals will be considered by a dedicated Appeals Panel and this panel may undertake an investigation including a request for written statements or interviews as appropriate. The Appeals Panel will then summarise their determination in a report, which will be provided to the appellant, the assessors and retained on file by AHCS. The judgements of the Appeals Panel are final. The AHCS Appeals policy can be found on the AHCS website:

www.ahcs.ac.uk/equivalence/equivalence-guidance/

PSA

Professional Standards Authority

SoPs

Standards of Proficiency

11. Equality and diversity

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

- enabled and encouraged to participate fully
- treated on the basis of merit, ability and potential, with dignity and respect
- valued for their positive contributions.

Further information on the equality and diversity policies of the AHCS can be found at:

<http://www.ahcs.ac.uk/about-us/about-the-academy-for-healthcare-science/a-z-of-academy-policies/>

12. Abbreviations used in this document

AHCS	Academy for Healthcare Science
CV	Curriculum Vitae
GSP	Good Scientific Practice
HCPC	Health and Care Professions Council
HCS	Healthcare Science
HSS	Higher Specialist Scientist
HSST Training	Higher Specialist Scientist Training
MSC	Modernising Scientific Careers
NARIC	National Recognition Information Centre

Appendix 1

STAGE 1 SUMMARY MAPPING TEMPLATE HSS EQUIVALENCE

AHCS Standard of Proficiency	Location of Evidence in Stage 1 Application Please indicate where evidence demonstrating how the applicant meet the standard can be found in the accompanying documentation (eg CV; Job Description; Person Specification; References). Please include document title and page number/s
Domain 1: Professional Practice	
Standard 1 - Practise with the professionalism expected of a Consultant Clinical Scientist	
Standard 2 – Ensure professionalism in working with peers and with service users	
Standard 3 – Ensure professionalism in areas of governance and service accreditation	
Standard 4 – Direct the education and training of others	

AHCS Standard of Proficiency	Location of Evidence in Stage 1 Application Please indicate where evidence demonstrating how the applicant meet the standard can be found in the accompanying documentation (eg CV; Job Description; Person Specification; References). Please include document title and page number/s
Domain 2: Scientific Practice	
Standard 5 – Lead scientific services	
Standard 6 – Direct scientific validation and evaluation	
Standard 7 – Assure safety in the scientific setting	
Domain 3: Clinical Practice	
Standard 8 – Ensure clinical relevance of scientific services provided	
Standard 9 – Deliver effective clinical services	
Domain 4: Research, Development and Innovation	

AHCS Standard of Proficiency	Location of Evidence in Stage 1 Application Please indicate where evidence demonstrating how the applicant meet the standard can be found in the accompanying documentation (eg CV; Job Description; Person Specification; References). Please include document title and page number/s
Standard 10 – Lead research, development and innovation in clinical priority areas	
Standard 11 – Evaluate research, development and innovation outcomes to improve scientific service provision	
Standard 12 – Promote a culture of innovation	
Standard 13 – Assure research governance	
Domain 5: Clinical Leadership	
Standard 14 – Ensure strategic leadership	
Standard 15 – Ensure clinical scientific leadership	
Standard 16 – Assure effective management of	

AHCS Standard of Proficiency	Location of Evidence in Stage 1 Application Please indicate where evidence demonstrating how the applicant meet the standard can be found in the accompanying documentation (eg CV; Job Description; Person Specification; References). Please include document title and page number/s
resources	

Appendix 2

EXAMPLE EVIDENCE TO DEMONSTRATE HSS SoPs

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	

AHCS Standard of Proficiency	Example Evidence
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 • Report or business case on the implementation of a new technique demonstrating that it is evidence based and clinically effective.
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	
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,	<ul style="list-style-type: none"> • Job description

AHCS Standard of Proficiency	Example Evidence
<p>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</p>	<ul style="list-style-type: none"> • 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
<p>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</p>	
<p>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</p>	
Research, Development and Innovation	
<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>	<ul style="list-style-type: none"> • Research, Development and Innovation Strategy for the service • Record of grant applications • 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.
<p>10.2 Lead and shape the application of advances in science, technology, research, innovation, especially in the area of genomics and personalised /</p>	

AHCS Standard of Proficiency	Example Evidence
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

Appendix 3

STAGE 2 DETAILED MAPPING TEMPLATE FOR PORTFOLIO SUBMISSION

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	

AHCS Standard of Proficiency	Location of Evidence in Portfolio
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	
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	

AHCS Standard of Proficiency	Location of Evidence in Portfolio
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 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	

AHCS Standard of Proficiency	Location of Evidence in Portfolio
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 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	
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	

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	
9.3 Respond positively to and promote new developments that enable patients to have greater access to information about their care	
Research, Development and Innovation	
Standard 10 – Lead research, development and innovation in clinical priority areas	
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	
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 cutting edge research and evidence based practice is at the vanguard of clinical scientific services	
Standard 11 – Evaluate research, development and innovation outcomes to improve scientific service provision	
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	
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 deployed to obtain the required high quality whilst offering best value for money	