



AHCS
Academy for Healthcare Science

Assessor Guidance

Scientist Training Programme Certificate of Equivalence

Version Control	
Version no. and status	V10.0 Doc ref # 026
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Date of draft	30/09/2016
Distribution	Public Domain

Introduction

The Certificate of Equivalence for the Scientist Training Programme (STP) awarded by the Academy for Healthcare Science (AHCS) certifies that the holder has demonstrated that their qualifications, experience, training and competence to practise are equivalent to those who have successfully completed an accredited STP. The process of obtaining a Certificate of Equivalence (STP) takes place in three stages:

1. Initial Application and Applicant Screening
2. Applicant evidence gathering
3. Assessment and statement of outcome

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

In the preliminary stage, the applicant's qualifications and experience are checked to ensure that applicants have the appropriate background to proceed to portfolio submission. Once applicants have been approved for portfolio submission, a portfolio must be submitted within six months of the approval date, except in exceptional circumstances e.g. illness. The detailed portfolio is then assessed, and if satisfactory, the applicant proceeds to a final assessment interview, which confirms that the experience and training described in the portfolio is genuine (as far as can be determined), and the applicant has developed the necessary skills to obtain a Certificate of Equivalence in order to be eligible to apply to register as a Clinical Scientist.

The application for Equivalence to STP requires the applicant to provide evidence that they have achieved the outcomes set out in Good Scientific Practice (GSP) in the context of a relevant current STP curriculum. The up-to-date curricula and learning guides can be downloaded from <http://www.networks.nhs.uk/nhs-networks/msc-framework-curricula/stp>

Guidance is available from the AHCS website giving details of what is expected from applicants for equivalence with which assessors should be familiar.

Assessing the preliminary application

On receipt via the on-line system, AHCS administrators will review the application for completeness.

The applicant's preliminary application is made using the on-line system and the application fee is paid. Proof of identity, a passport-sized photograph of the applicant, a summary of professional experience (up to 1000 words), copies of relevant qualifications and two professional references are also required. Applicants from outside the European Economic Area are also required to provide evidence of English language skills (a minimum International English Language Testing System (IELTS) score of 7.0 with no element less than 6.5 or a Test of English as a Foreign Language (TOEFL) Internet Based Test (IBT) Minimum score of 100/120). The purpose of this initial summary is to act as a gateway to the process, and attempt to ensure that only those applicants who meet the basic requirements for qualifications and experience proceed to the portfolio stage.

The summary of professional experience should not exceed 1000 words, and should contain a description of the previous experience and duties undertaken by the applicant. It should also contain a summary of past and current research (including a list of relevant publications) and audit or service development projects. The summary must contain the names, qualifications (including professional registration) and contact information of supervisors. References from two of these supervisors will support the application. The summary should contain sufficient detail to determine that there has been an adequate period of supervised training in the duties and responsibilities of a clinical scientist. The AHCS do not prescribe a specific length of training to confer equivalence, although assessors should note that graduates from the STP programme will complete three years of Masters level (level 7) education including a minimum of 90 weeks integrated workplace training, and it is unlikely that periods of experience substantially less than this will be deemed adequate for an application for Equivalence. The purpose of the Summary is for applicants to self-evaluate against the basic requirements in order to reduce the number of applicants proceeding to the portfolio stage that clearly do not meet the basic requirements for qualifications and experience.

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

Assessing the portfolio

Evidence for the Domains of *Good Scientific Practice (GSP)*

All applications for equivalence are made against the outcomes set out in GSP no matter the specialism or role. Applicants must present and map their evidence against the requirements of GSP but must also consider the specialist and role specific requirements set out in the relevant and current STP curriculum and learning outcomes documents. Assessors will be considering the evidence in the context of the STP specialist curricula to ensure that applicants are able to meet the same outcomes. These judgements are made on a number of differing types of evidence from education and training or employment/experience. Further guidance on acceptable types of evidence is available in the Applicants Guide for STP Equivalence. This is purely guidance and applicants may submit more or less information for each domain of GSP.

The electronic portfolio must begin with a covering report, not exceeding 5000 words, containing a summary of the applicant's training and experience to date. This will be an amplified version of the summary provided in the initial application. The report must indicate how competence has been developed, and both the report and the supporting evidence must be cross-referenced to the domains of GSP. Applicants are provided with a template in the Applicants Guide.

The requirement is for the applicant to satisfy the assessors that he/she has the appropriate qualifications experience and level of competence, and that their training

programme and current practice has enabled the applicant to achieve an equivalent level of skill in all the domains of GSP. A mapping template to indicate how the portfolio evidence supports each domain of GSP should form part of the portfolio. The applicant must demonstrate that each domain and sub-domain has been covered and there are no gaps or blank areas. Please note, however, that applicants are not required to map their evidence to the individual outcomes in the STP curricula, although the content and level of the STP outcomes should be used to guide and inform the evidence supplied for all components of the mapping template.

The portfolio is the applicant's opportunity to describe experience gained and competences achieved. The layout should be clear and the content should be well chosen, explicit and concise – quality is more important than quantity. The portfolio must show that the applicant has personally carried out work in key areas of practice, and not just observed it being done. It should synthesise the facts, the evidence and the benefits obtained. Statements of attendance or participation are on their own insufficient, and must be amplified by a brief description of how the experience helped in achieving a particular competence (reflective observations). 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 basic understanding of the practice of the specialism. It should include sections that demonstrate the ability to critically assess data and hypothesise. This may be through project work, literature analysis or in other ways relating to individual domains. Evidence should be carefully selected – a few well-chosen examples will be more valuable than a mass of poorly-organized material. Where reports are submitted, they should address specific domains in GSP and should be concise, well-structured and combine critical scientific analysis with evidence of background reading.

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

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

Individual assessors should complete the on-line portfolio assessment form. If the portfolio is incomplete or otherwise unacceptable, the applicant must not proceed to interview. The candidate will be advised of the detailed feedback provided by the assessors.

The Assessment Interview

The purpose of the face-to-face assessment is to use questions and scenarios based on the domains of GSP to assess the applicant's competence in the workplace setting. In addition, assessors need to be assured that the learning outcomes are clearly understood, and can be applied to clinical practice. Each interview is scheduled to last 60 minutes, and will normally last between 30 and 60 minutes.

GSP is divided into 5 domains:

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

A set of questions and clinical scenarios will be drafted for each set of interviews, and the assessors will determine beforehand who asks each question. The questions will cover all the domains of GSP and will be drawn from different areas of the curriculum. Selection of specific questions for each applicant should be done in light of their portfolio, and of the fact that the same questions may not be equally challenging for each applicant. Where an applicant has extensive specialist experience in the area of a particular question, it may be preferable to take that area of competence as already adequately demonstrated and to substitute an alternative question from a different curriculum area. It is important that questioning for all applicants is performed in a consistent and equitable manner, whichever questions from the standard set are used for any particular applicant. Everyone must have the same opportunity to do well.

The interview should be based on objective evidence and observation, not pre-conceived ideas about the trainee, training centre or other factors. Assessors should be warm and human in their responses, but neutral in demeanour. It is not appropriate to encourage or appear to criticise the applicant – ‘Thank you’ at the conclusion of an answer, not ‘Really?’ or ‘Excellent’. Applicants must not be prompted for answers. If you believe a question has been misunderstood or partly understood, it is legitimate to repeat or rephrase the question to ensure the applicant understands what they are being asked. Colloquial or regional expressions should be avoided, and if jargon is used it must be explained clearly where necessary. “Non-verbal leakage” i.e. nods, shakes of the head etc should also be avoided as far as possible, to prevent anything that might be construed as approval or disapproval of the applicant's answers. Further advice on the conduct of interviews and on working together effectively as a panel is provided during assessor training sessions and shadow assessments.

If an applicant has a disability that might affect the assessment interview, it must be declared upon application, and the panel will be provided with a declaration of disability form. The panel must then consider how to mitigate the effects on the interview and ensure fairness of assessment (e.g. finding other ways to present

information if an applicant is visually-impaired). Any disability that is not declared on the application form cannot be taken into account at interview.

The performance of the applicant should be marked as either **Satisfactory** or **Unsatisfactory** for each domain based on the portfolio and the answers given by the applicant. Where performance is deemed unsatisfactory, assessors should also include comments on applicant performance, which will be incorporated into panel feedback to applicants. If the collated panel view is:

- “Satisfactory” for all 5 domains outcome one is usually expected.
- One “unsatisfactory” domain (or two domains in some cases where there are some borderline results) an outcome 2 would usually be recommended.
- Two or more “unsatisfactory” domains the recommended result would usually be outcome 3.

Approximately 30 minutes will be allowed between interviews for the panel to discuss the applicant's performance and agree on a recommendation.

Role of the Lay Assessor

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

- Welcome each trainee and introduce the assessors
- Outline the purpose and structure of the assessment
- Ask their specified questions and record any comments on the Applicant Assessment sheet provided
- Ensure that all assessors conduct themselves during the interview in a professional and consistent manner
- Ensure that the assessment is conducted within the allotted time
- Conclude the assessment; thank the applicant and advise them when the outcome of the assessment will be communicated to them
- Advise the applicant that in order to ensure equity in the equivalence process, they should not discuss the interview questions with applicants still to be interviewed
- Following the assessment, lead discussion of the applicant's performance with the specialist assessors
- Agree a Panel Recommendation as either Satisfactory or Unsatisfactory for each domain.
- Agree and record the final recommended outcome for the candidate
- Record any assessor feedback, sign and date the Applicant Assessment sheet in the space provided for the panel chair and collect all assessment sheets. This will constitute the assessor panel recommendation for ratification.

Role of the Specialist Assessor

Specialist assessors should use their professional, clinical and scientific knowledge and understanding of the role of a Clinical Scientist to assess the applicant's competence and fitness to practice. Assessors should record any potential concerns that arise during the assessment regarding patient safety or compromising the service.

Specialist assessors will be assigned a set of questions that will examine the requirements of domains 2,3,4 and 5 of GSP. In addition they will:

- Ensure that each applicant is asked questions of comparable difficulty in a consistent and equitable manner.
- Record any comments against each question on the Applicant Assessment sheet provided.
- Make an assessor recommendation on the performance of the applicant by indicating either Satisfactory or Unsatisfactory for each domain.
- Date and sign the Applicant Assessment sheet in the space provided and record any feedback to be included in panel feedback to the applicant.
- At the end of the interview, discuss the performance of the applicant with the other assessors and agree a panel recommendation and comments that should be recorded and signed by the panel chair.

Outcomes

There are three possible outcomes to the Equivalence process.

- **Outcome 1:** Applicant has demonstrated full equivalence and can be awarded the Certificate of Equivalence (STP).
- **Outcome 2:** Applicant has partially demonstrated equivalence, 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 apply for entry into a Scientist Training Programme in order to undertake the full training programme or another form of comprehensive training to achieve the same outcomes.

Outcome 1 can only be achieved after completion of the full process. Outcome 2 is likely only to be achieved after submission of a full portfolio, with or without an assessment interview. Outcome 3 is possible at any stage of the process, but should be rare after assessment interview.

In all cases where outcomes 2 or 3 are found to be appropriate, applicants can expect, and must be given, specific feedback from the assessors about the deficiencies found.