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1. Introduction

This document describes at a high-level the arrangements put in place by the Academy for Healthcare Science (‘the Academy’) to quality assure the education and training of the healthcare science workforce.

The purpose of the Academy’s quality assurance activity is to maintain high standards of education, training, and professional behaviour in the health service, so that patients receive high quality care from the healthcare science workforce.

In 2021, the Registration Council for Clinical Physiologists (RCCP) became a wholly owned subsidiary of the Academy. References in this document to ‘the Academy’ are intended to be inclusive of all education quality assurance activities, including that previously delivered by the RCCP.

2. Quality Assurance Functions

The Academy’s remit extends to the quality assurance of education and training programmes which lead to registration in its Professional Standards Authority (PSA) accredited register.

A programme which holds accreditation has demonstrated that it meets the required standards. Someone who successfully completes an accredited programme is eligible to apply for registration with the Academy in their chosen discipline.

The Academy:

- oversees the National School for Healthcare Science’s (‘the School’) accreditation of healthcare science programmes – including the Practitioner Training Programme (PTP) and the Higher Specialist Scientist Training (HSST) Programme; and
- oversees the Institute of Medical Illustrators’ (IMI) accreditation of HEI degree programmes that satisfy the academic requirements for graduates to join the AHCS Register of Medical Illustrators; and
- directly accredits programmes which do not fall within the School’s remit, including pre-registration undergraduate and postgraduate programmes in clinical physiology.

Initial programme accreditation is based on the review of peers with relevant expertise and involves:

- submission of documentary evidence against standards; and
- a remote or physical visit to gather and triangulate evidence

Programmes which are accredited are subject to ongoing monitoring and/or cyclical reaccreditation processes. In its wider role of promoting and supporting the healthcare science workforce the Academy also:
supports the development of new education and training curricula; and
supports sector-led service improvement and accreditation initiatives.

3. Standards and Curricula

The following are the standards and curricula published and/or endorsed by the Academy which are used in education quality assurance.

**Standards of Education and Training** (SETs) set out the requirements for the learning, teaching, and assessment environment to ensure that the outcomes of education and training address the necessary professional standards. SETs enable the Academy to make judgements on educational and training provision to ensure that the standards leading to professional practice are met.

**Standards of Proficiency** (SOPs) set out the threshold knowledge, understanding and skills required for entry to the Academy’s register. To be accredited, an education and training programme must demonstrate that their graduates will have been assessed and have successfully met these standards.

**Good Scientific Practice** sets out the professional standards on which safe and good working practice is founded for all those in the healthcare science workforce. A graduate of an accredited programme will be equipped with the knowledge, understanding, skills and personal qualities to practise in accordance with these standards.

**‘Modernising Scientific Careers’ (MSC) Curricula, standards and learning guides**

For PTP and HSST programmes only, the School publishes curriculum guidance and standards, that programmes are required to demonstrate.

Responsibility for curriculum development and review transferred from the Health Education England’s Modernising Scientific Careers Team to the School in 2015-16. All curriculum developments are discussed with the AHCS, and the Academy’s Curriculum Development Standards applied. Prior to this transfer MSC Curricula Development team led the development, governance, and approval of new curricula for emerging modalities within Clinical Science. This team also collected feedback on the syllabi and is responsible for the review of curricula to ensure they were up to date and meet NHS workforce needs.

4. Academy Principles in Setting Standards and QA Processes

There are six principles which inform the development and delivery of the Academy’s standards and quality assurance processes. They draw on the Better Regulation Executive’s principles as adapted by the Professional Standards Authority. There are six principles:
The table in appendix 1 summarises how these principles are applied to setting standards and quality assurance processes.

5. Quality Assurance Governance

The Education, Training, and Standards Committee (ETSC) provides operational and policy oversight of the Academy for Healthcare Science’s standards, equivalence routes to registration and accreditation of education and training. The ETSC reports to the AHCS Regulation Board.

6. The Academy’s Commitments

The following outlines the Academy’s commitments in its activities connected with the education and training of the healthcare science workforce.

We will:

• Support high standards of education, training, and professional behaviour in the health service and high-quality patient care through robust quality assurance of education and training.
• Adopt an approach which secures threshold standards for safe and effective practice whilst using our quality assurance role as a stimulus for continuous improvement in education, training, and practice.
• Play a pro-active role in national networks.
• Value high quality research evidence and support the principle that education and training is best delivered in research-active environments.
• Support the integration of new knowledge into practice.
• Regularly review our standards and processes, drawing on information from a wide variety of sources to learn from experience, improve performance and drive-up standards of education, training, and practice.
• Actively seek feedback from employers, students / trainees, patients, and the public, using this feedback to inform our decision making and to continuously improve.
• Actively seek the feedback and value the involvement in our work of the professional bodies, whose specialist expertise and access to intelligence allows us to focus on the risks and issues in each discipline.
### 7. Appendix 1

**Academy for Healthcare Science Principles in the Development of Standards and Quality Assurance Processes**

**Summary table showing how we apply these principles**

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<th>Principle</th>
<th>Standards</th>
<th>Quality Assurance processes</th>
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| **Proportionality** ('Right touch') | The burden created to comply with standards should be proportionate to the risks presented.  
 Standards are normally expressed as outcome statements, to allow a diversity of approaches to meeting them.  
 As far as possible, standards will be applicable across the disciplines and roles of the healthcare science workforce. | It is a requirement that organisations and individuals undertake activities that help to mitigate risk.  
 Processes must call on evidence that already exists as much as possible. |
| **Accountability** | In producing and revising standards, there will always be appropriate public consultation.  
 Standards will be reviewed periodically to ensure that they remain fit for purpose. | The Academy is accountable to the PSA for its accredited registers.  
 The School is accountable to the Academy for its accreditation of PTP, STP, and HSST programmes.  
 IMI is accountable to the Academy for its accreditation of courses in Medical Illustration.  
 The Academy’s regulatory governance ensures appropriate internal accountability. |
| **Consistency**    | Adherence to standards must be measurable.  
 As far as possible, standards will be consistent with and/or informed by other standards relevant to healthcare science. | QA decisions involve peer review from individuals with relevant expertise and training.  
 QA decisions will be independent of both education commissioners and providers and will be evidence based. |
Academy governance arrangements ensure that quality assurance processes are delivered consistently and equitably – whether by the School, IMI or by the Academy itself.

| Transparency | The process for producing standards will be transparent, with clear points of consultation and the inclusion of organisational, professional, and lay views. The purpose of standards will be transparent, and they will be available on the Academy’s website. |
| Targeting | Standards are targeted at areas of risk. When standards are reviewed, the creation of new standards or revisions to existing standards will be based in part on an appraisal of risk. |
| Agility | Standards will not inhibit the development of a profession or service, provided all risks have been reasonably mitigated. Standards will be reviewed periodically to mitigate new and emerging risks and amended where evidence suggests that existing standards require it or removed if they lack continued relevance. |

QA standards and processes will be published and clear to all stakeholders with a stake or interest in our work. The outcomes from QA activities will be publicly accessible via the AHCS web site.

QA processes will identify risk and prioritise areas of high risk over areas of low risk. Where other bodies operate QA processes in the same setting, targeting will be used to prevent the duplication of evidence collection.

Wherever possible QA will be pro-active, with an emphasis on risk prevention.