

Education and Training Committee – 10 March 2010

Association of Clinical Scientists – Certificate of Attainment – Approval of visitors' report

Executive summary and recommendations

Introduction

The Education and Training Committee directed the Education Department to undertake a visit to the Association of Clinical Scientists (ACS) in order to reconfirm approval of the Certificate of Attainment.

The Committee recognised early in its decision-making that the ACS offered an unusual type of award and therefore requested the Education Department to provide information on the structure of the award. This information was presented to the Committee on 2 December 2008.

Following this meeting, the Committee received another paper proposing operational amendments to the approval process in order to ensure it would be effective to the award type offered by the education provider. Though distinctions were drawn between the award and the more usual type of programme approved by HPC, it was still considered that the ACS was an education provider in that they owned the award which provided eligibility to apply to the Register.

Importantly, in recognising the distinctiveness of the award, the Education and Training Committee agreed that on the basis that the ACS assessed individuals only, there existed the possibility that some of the standards of education and training related to delivery of education may not be relevant to the particular qualification since they would not have an impact on the quality assurance mechanisms the education provider used to ensure individuals met the standards of proficiency. With this consideration in mind, the Committee agreed that the visitors would be given the opportunity to recommend that particular standards were not relevant to the Certificate of Attainment on the basis they may not be the standards required for ensuring the standards of proficiency were met.

The Committee agreed the operational amendments to the approval process and the Education Department began a process of communication in the lead up to the visit. The approval process was divided into two stages. The first stage took into consideration the standards of proficiency from the viewpoint of each modality of clinical science. Visitors from each modality reviewed the ACS portfolio documentation to ensure that the criteria listed linked explicitly and sufficiently to the standards of proficiency. This work was conducted on specific days where visitors worked together apart from in two instances where visitor availability required an Education Officer to travel to a visitor's place of work and ensure the

review took place. A document was produced to illustrate which standards of proficiency the visitors felt required further elucidation. This document formulates the appendix to the visitors' report.

The second stage comprised of an approval visit which took place on 10 November 2009 and provided an opportunity for a smaller visit panel to follow-up the standards of proficiency highlighted as not yet being adequately accounted for, but also to review the programme against the standards of education and training. The visitors' report provides a summary of the outcomes from this visit.

Following the visit, the education provider provided observations on the report which have been provided as appendices. The first version of observations requested the executive make decisions in relation to the continuance of the approval process and so correspondence (provided as appendix 3) was sent to explain that all decisions rest with the Education and Training Committee. Following this, further more detailed observations were provided.

The Education and Training Committee must now address the decisions below in relation to the visitors' report. The Committee is required to make this decision rather than the Education and Training Panel owing to the novelty of the decisions in relation to potential specific exemptions from standards of education and training.

Decision

The Committee is asked to discuss and agree the following:

- To approve the visitors report and its appendices subject to any amendments the Committee wishes to make. The Committee will need to consider the following issues in their deliberation:
 - The conditions and recommendations on approval and the reasons for them.
 - The standards of education and training the visitors have recommended may not be relevant to the ACS award as they are viewed to be non-essential for ensuring that individuals who complete this particular award are able to meet the standards of proficiency.
 - The observations from the education provider submitted on 15 January and 1 February 2010.
 - The requests for clarity in relation to two conditions from the education provider and the Committee may most effectively provide this.

Background information

- 'Information paper – Routes to registration for Clinical Scientists, Education and Training Committee paper', 2 December 2008
- 'Clinical Scientists – Reconfirmation of approval of routes to registration, Education and Training Committee paper', 25 March 2009
- 'Addendum to Clinical Scientists – Reconfirmation of approval of routes to registration', Education and Training Committee paper, 25 March 2009
- Minutes of the meeting of the Education and Training Committee meeting on 25 March 2009

Resource implications

All resource implications are accounted for the 2009-2010 and 2010-11 Education Department work plan.

Financial implications

All financial implications are accounted for the 2009-2010 and 2010-11 Education Department budget.

Appendices

Appendix 1 - Visitors' report

Appendix 2 - Observations dated 15 January 2010

Appendix 3 - Response to observations dated 25 January 2010

Appendix 4 - Observations dated 1 February 2010

Date of paper

26 February 2010

 Visitors' report

Name of education provider	Association of Clinical Scientists
Validating body / Awarding body	N/A
Programme name	Certificate of Attainment
Mode of delivery	Flexible
Relevant part of HPC Register	Clinical Scientist
Date of visit	10 November 2009

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Executive summary

The Health Professions Council (HPC) approve educational programmes in the UK which health professionals must complete before they can apply to be registered with us. The HPC is a health regulator and our main aim is to protect the public. The HPC currently regulates 14 professions. All of these professions have at least one professional title which is protected by law. This means that anyone using the title 'Clinical Scientist' must be registered with us. The HPC keep a register of health professionals who meet our standards for their training, professional skills, behaviour and health.

The visitors' report which follows outlines the recommended outcome made by the visitors on the ongoing approval of the programme. The education provider has until 19 January 2010 to provide observations on this report. The report and any observations received will be considered by the Education and Training Committee (Committee) on 10 March 2010. At this meeting, the Committee will accept the visitors' recommended outcome and approve the programme.

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Introduction

The HPC visited the programme at the education provider as it was an approved programme which had been brought over on the formation of the HPC and had not been subject to a visit. This visit assessed the programme against the standards of education and training (SETs) and considered whether those who complete the programme meet the standards of proficiency (SOPs) for their part of the Register.

This visit was an HPC only visit. The education provider did not validate or review the programme at the visit. The education provider supplied an independent chair and secretary for the visit.

The Association of Clinical Scientists (ACS) awards the Certificate of Attainment which the HPC has approved as a qualification which leads to eligibility to apply for registration and inclusion on the Register. The HPC therefore regard the ACS as an education provider/validating body. The ACS is an umbrella organisation made up of representatives of the modality specific professional bodies. The representatives all work on a voluntary basis as do all the ACS assessors who conduct the specific assessments of each submitted portfolio. There are a variety of routes available for individuals to obtain the Certificate of Attainment which depend on the respective modality of clinical science and the experience of the individual. The two over-arching routes defined by the ACS are called Route One and Route Two.

Route One requires an individual with an appropriate undergraduate degree to undertake a scheme of education and training accredited by the relevant professional body for each modality. Each professional body scheme of education and training is different and may involve the requirement for the attainment of a postgraduate qualification. All schemes are four years in duration but made up of differing durations of practical experience under supervision and academic teaching and learning.

Route Two recognises the experience of individuals who have been in the workplace and in education. Individuals must have an appropriate undergraduate degree and have undertaken three years of appropriate practical experience in the relevant modality under supervision and three years of additional relevant experience and further training such as a PhD, Medical Technician roles or Biomedical Science roles. During either route, individuals will be compiling a portfolio for assessment by the ACS.

The function of the ACS is solely to assess the competencies required for practice as a Clinical Scientist. The ACS does not engage in delivery of the SOPs only assessment. An individual seeking to be assessed by ACS will first become known to the organisation upon submission of a completed ACS portfolio. The ACS view the breadth of the modalities, in terms of education and clinical experience, necessitates the approach of assessing individuals as they approach the point of registration and not quality assuring delivery. The individuals

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submitting their portfolios are not funded and are instead employed within laboratories and clinical settings.

The ACS have mapped their competencies against HPC SOPs and the assessment process is quality assured through the organisational structure of the ACS. Accordingly, the ACS expresses confidence that anyone holding the ACS Certificate of Attainment will have demonstrated an ability to meet the SOPs for the profession.

The approval process for the reconfirmation of the Certificate of Attainment was formed of two stages. The first stage of the approval process allowed the HPC visitors to review the documentation related to the assessment of the portfolio of evidence used to assess how individuals meet the ACS competencies. Visitors from each of the 12 modalities reviewed the competencies to ensure that they are linked to Clinical Scientist SOPs in ways relevant to the modality. For this first stage, HPC visitors did not attend ACS offices. The outcomes of the Stage 1 Assessment are included as an Appendix to this report.

The second stage took the form of a site visit to ACS offices at Tooley Street, London. This visit reviewed how the standards of education and training are met in the course of someone working towards and obtaining the Certificate of Attainment. As part of the second stage, the visitors considered which standards were not applicable to the ACS given that it does not engage in the delivery of the training necessary to complete the Certificate recommendations have been made to the Education and Training Committee. These standards are listed at the end of the main report.

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Visit details

Name of HPC visitors and profession	Mark Worwood (Clinical Scientist) William Gilmore (Biomedical Scientist) Francine D'Souza (Clinical Scientist)
HPC executive officer(s) (in attendance)	Neil Strevett
Proposed student numbers	N/A
Initial approval	2002
Effective date that programme approval reconfirmed from	January 2011
Chair	Neil Lewis (Association of Clinical Scientists)
Secretary	Graham Groom (Association of Clinical Scientists)

Sources of evidence

Prior to the visit the HPC reviewed the documentation detailed below, sent by the education provider:

	Yes	No	N/A
Programme specification	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Descriptions of the modules	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mapping document providing evidence of how the education provider has met the SETs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mapping document providing evidence of how the education provider has met the SOPs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Practice placement handbook	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Student handbook	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Curriculum vitae for relevant staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
External examiners' reports from the last two years	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

The HPC did not review the following documentation prior to the visit:

- Programme specifications
- Descriptions of the modules
- Mapping document providing evidence of how the education provider has met the SETs
- Practice placement handbook
- External examiners' reports from the last two years

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The HPC did not review any of the above documentation prior to the visit as the documentation does not exist or has not been created for this type of award.

During the visit the HPC saw the following groups or facilities:

	Yes	No	N/A
Senior managers of the education provider with responsibility for resources for the programme	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Programme team	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Placements providers and educators/mentors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Students	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning resources	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Specialist teaching accommodation (eg specialist laboratories and teaching rooms)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

The HPC did not meet with the programme team or review learning resources as the training necessary to deliver the ACS Certificate of Competence is delivered by a relevant professional body.

The HPC did not see any specialist teaching accommodation as training is delivered in the NHS Trust laboratories where students are employed.

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Recommended outcome

To recommend a programme for ongoing approval, the visitors must be assured that the programme meets all of the standards of education and training (SETs) and that those who complete the programme meet our standards of proficiency (SOPs) for their part of the Register.

The visitors agreed to recommend to the Education and Training Committee that a number of conditions are set on the programme, all of which must be met before the programme can be approved.

The visitors agreed that 52 of the SETs have been met and that conditions should be set on the remaining 9 SETs.

The visitors agreed that 6 of the SETs were not applicable in the context of this visit.

Conditions are requirements that the education provider must meet before the programme can be recommended for ongoing approval. Conditions are set when certain standards of education and training have not been met or there is insufficient evidence of the standard being met.

The visitors did not make any recommendations for the programme.

Recommendations are observations on the programme or education provider which do not need to be met before the programme is recommended for ongoing approval. Recommendations are normally set to encourage further enhancements to the programme and are normally set when it is felt that the particular standard of education and training has been met at, or just above the threshold level.

The visitors did not make any commendations on the programme.

Commendations are observations of innovative best practice by a programme or education provider.

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Conditions

1. 1 The Council normally expects that the threshold entry routes to the Register will be the following:

Masters degree for clinical scientists (with the Certificate of Attainment awarded by the Association of Clinical Scientists, or equivalent).

Condition: The ACS must revisit all of its documentation, particularly its guidelines for application for the Certificate of Attainment, and clarify the threshold of entry on to the Register for those who successfully complete training Route One to show that potential registrants must either have completed a Master's degree during Route One, or that the level of learning required to complete the ACS portfolio is equivalent to Level 7 in the Framework for Higher Education Qualifications.

Reason: In the documentation supplied by the ACS the visitors noted the wording under the registration requirements for Route One made no mention of the normal expectation that Registrants would have a Master's degree together with the ACS' Certificate of Attainment. The visitors felt that the current wording was potentially confusing in that it could be interpreted as Registrants could offer a Bachelor's degree in an appropriate science subject together with a Certificate of Attainment. In discussions with the ASC representatives, it was noted that it was common practice for students completing Route One to complete either a taught Master's degree or a research Master's degree other than in very few modalities where an appropriate Master's degree was not available. However, in these circumstances the standard required for registration was met in that the level of learning required to successfully complete the portfolio and pass the ACS Certificate of Competence was equivalent to Level 7 and thus at Master's level.

3.10 The learning resources, including IT facilities, must be appropriate to the curriculum and must be readily available to students and staff.

Condition: The ACS should provide documentary evidence to show how it liaises with professional bodies, particularly with regard to the processes that it follows when students identify and raise issues with ACS over the opportunities they have to complete the ACS portfolio.

Reason: In discussions with the visitors the ACS representatives explained that they did not directly provide the training to students necessary for them to complete the portfolio for the Certificate of Attainment. The ACS outlined how the training was delivered by the relevant professional body for each modality and how the ACS acted as a final assessment body. However, it was noted that part of the remit of the ACS was to feedback any issues to the professional body, where students had raised them in relation to learning resources, and where these issues may have impacted on the students' ability to complete their portfolio. The visitors judged that in the context of the amended approval process, this standard would be met by the ACS acting in this capacity. However, the visitors noted that there was no evidence or articulation of this liaison role in

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the documentation supplied ahead of the visit and required the ACS to provide documentary evidence to that effect.

3.12 There must be a system of academic and pastoral student support in place.

Condition: The ACS must revisit and clarify its documentation to make it clear where students can expect to receive academic and pastoral support while completing the ACS portfolio, given that the actual training is delivered by the relevant professional body for each modality.

Reason: In discussions with the visitors the ACS representatives explained that academic and pastoral support to students completing their portfolio was the responsibility of the relevant professional body delivering the training. However, the ACS noted that it saw its role in this context as one where it raised issues with the professional body, where students had identified them with the ACS in relation to the academic and pastoral support that may have received while training. The visitors judged that in the context of the amended approval process, this standard would be met by the ACS acting in this capacity. However, the visitors noted that there was no evidence or articulation of this liaison role in the documentation supplied ahead of the visit and required the ACS to clarify its procedures to ensure that students completing the ACS portfolio knew where they could obtain academic and pastoral support.

3.12 There must be a system of academic and pastoral student support in place.

Condition: The ACS must provide documentary evidence on the training schemes delivered by the professional bodies which allow students to complete the ACS portfolio, in order to demonstrate how students are provided with academic and pastoral support during their training.

Reason: In discussions with the visitors the ACS representatives explained that academic and pastoral support to students completing the Certificate of Attainment was the responsibility of the relevant professional body delivering the training necessary to complete the portfolio. However, the ACS noted that it saw its role with regard to the professional bodies as one where it provided a channel of communication back to the professional body in circumstances where students had raised issues with the ACS in relation to the academic and pastoral support that they may have received while training. The visitors judged that in the context of the amended approval process, this standard would be met by the ACS acting in this capacity. However, the visitors noted that there was no evidence or articulation of this liaison role in the documentation supplied ahead of the visit and required the ACS to provide documentary evidence to that effect.

3.13 There must be a student complaints process in place.

Condition: The ACS must provide documentary evidence to show that the professional bodies delivering the training that allow students to complete the

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ACS portfolio have complaints processes in place in order to allow them to address any issues that students may raise with them.

Reason: In discussions with the visitors, the ACS representatives explained that where a student raised an issue or made a complaint during the course of their training, it was the responsibility of the professional body delivering the training to address that issue. However, the ACS noted that it saw its role with regard to the professional bodies as one where it provided a channel of communication back to the professional body in circumstances where students had identified any issues with the ACS. In discussions with the students, the visitors were told that when an issue had occurred, the students had relied on either the professional body to deal with the problem or colleagues at their work place. Overall, the visitors were satisfied that a system was in place to allow students to articulate complaints and issues and for these to be acted upon appropriately during their training. They were also content that the primary responsibility for dealing with any issues raised by students rested with the professional bodies in respect of the training and with the employers with regard to the workplaces. However, the visitors judged that the ACS should provide documentary evidence of the process and procedures that it follows when issues are raised with it by students completing the ACS portfolio.

4.1 The learning outcomes must ensure that those who successfully complete the programme meet the standards of proficiency for their part of the Register.

Condition: The ACS must bring forward proposals, a timescale for implementation and evidence on how the generic and modality specific competencies in the ACS portfolio will be amended to take into account the outcomes of the Stage 1 Assessment of the amended approval process.

Reason: The Stage 1 Assessment had been conducted prior to the visit and the evidence was considered by the visitors. The full outcomes of the Stage 1 Assessment can be found as Appendix 1 to this report. The visitors judged that the outcomes of the Stage 1 Assessment required the ACS to amend their generic and modality specific competencies in order to ensure that the HPC SOPs were fully met. The visitors were satisfied that the risk to the public was low as the current ACS competencies were judged to be delivering the SOPs. However the visitors also judged that the main issue to emerge from the Stage 1 Assessment was that the standards were being delivered implicitly rather than being addressed explicitly within the ACS competencies.

4.8 The range of learning and teaching approaches used must be appropriate to the effective delivery of the curriculum.

Condition: The ACS must provide documentary evidence to how it assures itself that the training delivered by the different professional bodies is appropriate to enable students to complete the portfolio required for Route One and Route Two, and thus be assessed for the ACS Certificate of Attainment.

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Reason: In discussions with the visitors, the ACS representatives explained that the curriculum and training that enabled students to complete the ACS portfolio was delivered by the relevant professional bodies. Part of the remit of the assessors appointed by the ACS to examine candidates' portfolios was to ensure that the training necessary to complete the portfolio had been delivered. Furthermore, discussions with the student representatives revealed that the professional bodies undertook a yearly appraisal of students and their progress towards completing the ACS portfolio. From the discussions held with the ACS representatives and the students, the visitors were content that students received appropriate training and were thus able to complete the portfolio. However, the visitors judged that this was not clearly articulated in the documentation supplied ahead of the visit and required the ACS to provide documentary evidence of how it assures itself that students received appropriate training from the professional bodies.

6.1 The assessment strategy and design must ensure that the student who successfully completes the programme has met the standards of proficiency for their part of the Register.

Condition: The ACS must bring forward proposals, a timescale for implementation and evidence on how the generic and modality specific competencies in the ACS portfolio will be amended to take into account the outcomes of the Stage 1 Assessment of the amended approval process.

Reason: The Stage 1 Assessment had been conducted prior to the visit and the evidence had been considered by the visitors. The full outcomes of the Stage 1 Assessment can be found as Appendix 1 to this report. The visitors judged that the outcomes of the Stage 1 Assessment required the ACS to amend their generic and modality specific competencies in order to ensure that the HPC SOPs were fully met. The visitors noted that the risk to the public was minimal as the current ACS competencies were delivering the SOPs however they also judged that the main issue to emerge from the Stage 1 Assessment was that these were being delivered implicitly rather than being addressed explicitly within the ACS competencies.

6.10 Assessment regulations must clearly specify requirements for a procedure for the right of appeal for students.

Condition: The ACS must bring forward proposals on how their appeals process for students who have been judged to fail the final assessment for ACS Certificate of Attainment can contain an independent representative from outside of the ACS.

Reason: In discussions with the ACS representatives, the visitors were informed that the ACS allowed a right of appeal for students judged to fail the final assessment for the Certificate of Attainment, but this process was based only on procedural issues arising from the final assessment process. The final assessment of students' portfolios was conducted by two assessors. In instances

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where the assessors could not agree on a final decision and third assessor would be used to reconcile the difference of opinion. All appeals arising from the assessment procedures are heard by members of the ACS. Though the visitors noted that a low number of appeals had actually been raised by students, they remained concerned that the appeals process was concerned with ACS processes and conducted entirely by ACS members. Therefore, in order to ensure continued objectivity and to add a degree of protection to the ACS in this process the visitors required the ACS to bring forward proposals for an representative independent of the ACS to be involved in the appeals process.

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SETs recommended as being not applicable

As part of the preparations for stage 2 of the approval visit, the visitors reviewed all the standards and judged the following not to be applicable to the ACS in the context of this visit.

4.9 When there is interprofessional learning the profession-specific skills and knowledge of each professional group must be adequately addressed.

Reason: In considering whether to apply this standard, the visitors noted that though inter-professional working is included in the SOPs, they judged that the wording of this standard of education was designed to protect profession-specific skills delivered in a multi-professional training context. The visitors judged that the ACS portfolio was centred upon both profession specific and modality specific competencies and students completing the portfolio were both employees of NHS Trusts and worked in *de facto* multi-disciplinary contexts. Therefore, the visitors concluded that these circumstances meant that this standard should not be applied to the ACS in the context of this visit.

5.3 The practice placement settings must provide a safe and supportive environment.

Reason: In considering whether to apply this standard, the visitors noted that the students completing the ACS Certificate of Attainment were employed directly by NHS Trusts and worked in laboratories governed by relevant health and safety legislation. Furthermore, the training that students received came from the relevant professional bodies. In both circumstances the visitors judged that the ACS could not reasonably be expected to approve all the settings in which students completing the ACS portfolio worked. Therefore, the visitors concluded that these circumstances meant that this standard should not be applied to the ACS in the context of this visit.

5.4 The education provider must maintain a thorough and effective system for approving and monitoring all placements.

Reason: In considering whether to apply this standard, the visitors noted that the students completing the ACS Certificate of Attainment were employed directly by NHS Trusts and worked in laboratories governed by relevant health and safety legislation. Furthermore, the training that students received came from the relevant professional bodies. In both circumstances the visitors judged that the ACS could not reasonably be expected to audit all the settings in which students completing the ACS portfolio worked. Therefore, the visitors concluded that these circumstances meant that this standard should not be applied to the ACS in the context of this visit.

5.5 The placement providers must have equality and diversity policies in relation to students, together with an indication of how these will be implemented and monitored.

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Reason: In considering whether to apply this standard, the visitors noted that the students completing the ACS Certificate of Competence were employed directly by NHS Trusts and worked in laboratories governed by relevant equality and diversity legislation. Furthermore, the training that students received came from the relevant professional bodies subject to equality and diversity legislation. The visitors were happy that the processes the ACS followed on submission of a portfolio would meet this standard. However, given that the students were employees of NHS Trusts and subject to training from professional bodies, the visitors judged that the ACS could not reasonably be expected to have responsibility for meeting this standard. Therefore, the visitors concluded that these circumstances meant that this standard should not be applied to the ACS in the context of this visit.

5.10 There must be regular and effective collaboration between the education provider and the practice placement provider.

Reason: In considering whether to apply this standard, the visitors noted that the students completing the ACS Certificate of Attainment were employed directly by NHS Trusts and received training from the relevant professional body. The ACS did not have any contact with the Trusts directly during the period in which students completed the portfolio and liaison between the ACS and the relevant professional bodies responsible for delivering the training to students was judged to be covered by other, more appropriate standards. Therefore, the visitors concluded that these circumstances meant that this standard should not be applied to the ACS in the context of this visit.

6.9 Assessment regulations must clearly specify requirements for an aegrotat award not to provide eligibility for admission to the Register.

Reason: In considering whether to apply this standard, the visitors noted that it was not possible for students to successfully complete the ACS Certificate of Attainment with an aegrotat award and thus be eligible to apply for registration. Therefore, the visitors concluded that this standard should not be applied to the ACS in the context of this visit.

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HPC Visitors' Report Appendix

Outcomes of the Stage 1 Assessment

Mapping of ACS Certificate of Competencies against the HPCs Standards of Proficiency

Standard of Proficiency	Numbering for Stage 1 Assessment	Standard of Proficiency	Numbering for Stage 1 Assessment	Standard of Proficiency	Numbering for Stage 1 Assessment
Expectations of a health professional		The skills required for the application of practice		Knowledge, understanding and skills	
1a Professional autonomy and accountability	1a	2a Identification and assessment of health and social care needs. Registrant clinical scientists must	2a	3a Knowledge, understanding and skills	3a
1a.1 be able to practise within the legal and ethical boundaries of their profession	1a.1	2a.1 be able to gather appropriate information	2a.1.i	3a.1 know and understand the key concepts of the bodies of knowledge which are relevant to their profession-specific practice	3a.1.i
Understand the need to act in the best interests of service users at all times	1.a.1.i	be able to identify the clinical decision which the test or intervention will inform	2a.1.i	understand the structure and function of the human body, relevant to their practice, together with a knowledge of health, disease, disorder and dysfunction	3a.1.ii

Standard of Proficiency	Numbering for Stage 1 Assessment	Standard of Proficiency	Numbering for Stage 1 Assessment	Standard of Proficiency	Numbering for Stage 1 Assessment
understand what is required of them by the Health Professions Council	1.a.1ii	2a.2 be able to select and use appropriate assessment techniques	2a.2.i	be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process	3a.1.iii
understand the need to respect, and so far as possible uphold, the rights, dignity, values and autonomy of every service user including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing	1.a.1 iii	be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment	2a.2.i	recognise the role of other professions in health and social care	3a.1.iv
be aware of current UK legislation applicable to work of their profession	1.a.1 iv	2a.3 be able to undertake or arrange investigations as appropriate	2a.3	understand the theoretical basis of, and the variety of approaches to, assessment and intervention	3a.1.v

Standard of Proficiency	Numbering for Stage 1 Assessment	Standard of Proficiency	Numbering for Stage 1 Assessment	Standard of Proficiency	Numbering for Stage 1 Assessment
1a.2 be able to practise in a non-discriminatory manner	1a.2	2a.4 be able to analyse and critically evaluate the information collected	2a.4	know the basic science underpinning the modality in which the registrant practises, understand relevant basic clinical medicine and be aware of the fundamental principles of clinical practice	3a.1.vi
1a.3 understand the importance of and be able to maintain confidentiality	1a.3	2b Formulation and delivery of plans and strategies for meeting health and social care needs.	2b	understand the wider clinical situation relevant to the patients presenting to the specialty	3a.1.vii
1a.4 understand the importance of and be able to obtain informed consent	1a.4	2b.1 be able to use research, reasoning and problem solving skills to determine appropriate actions	2b.1	3a.2 know how professional principles are expressed and translated into action through a number of different approaches to practice, and how to select or modify approaches to meet the needs of an individual, groups or communities	3a.2

Standard of Proficiency	Numbering for Stage 1 Assessment	Standard of Proficiency	Numbering for Stage 1 Assessment	Standard of Proficiency	Numbering for Stage 1 Assessment
1a. 5 be able to exercise a professional duty of care	1a.5	recognise the value of research to the critical evaluation of practice	2b.1.i	understand the clinical applications of the speciality and the consequences of decisions made upon actions and advice	3a.2 i
1a. 6 be able to practise as an autonomous professional, exercising their own professional judgement	1a.6	be able to engage in evidence-based practice, evaluate practice systematically, and participate in audit procedures	2b.1.ii	understand the evidence base that underpins the use of the procedures employed by the service	3a.2 ii
be able to assess a situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem	1a.6.i	be aware of a range of research methodologies	2b.1.iii	understand the principles associated with a range of techniques employed in the modality	3a.2 iii
be able to initiate resolution of problems and be able to exercise personal initiative	1a.6.ii	be able to demonstrate a logical and systematic approach to problem solving	2b.1.iv	know the standards of practice expected from techniques	3a.2 iv

Standard of Proficiency	Numbering for Stage 1 Assessment	Standard of Proficiency	Numbering for Stage 1 Assessment	Standard of Proficiency	Numbering for Stage 1 Assessment
know the limits of their practice and when to seek advice or refer to another professional	1a.6.iii	be able to evaluate research and other evidence to inform their own practice	2b.1.v	3a.3 understand the need to establish and maintain a safe practice environment	
recognise that they are personally responsible for and must be able to justify their decisions	1a.6.iv	be able to conduct fundamental research	2b.1.vi	be aware of applicable health and safety legislation, and any relevant safety policies and procedures in force at the workplace, such as incident reporting, and be able to act in accordance with these	3a.3 i
1a.7 recognise the need for effective self-management of workload and be able to practise accordingly	1a.7	be able to interpret data and provide diagnostic and therapeutic opinions, including any further action which the individual directly responsible for the care of the patient or service user should take	2b.1.vii	be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner in accordance with health and safety legislation	3a.3 ii

Standard of Proficiency	Numbering for Stage 1 Assessment	Standard of Proficiency	Numbering for Stage 1 Assessment	Standard of Proficiency	Numbering for Stage 1 Assessment
1a.8 understand the obligation to maintain fitness to practise	1a.8	be able to search and to appraise scientific literature and other sources of information critically	2b.1.viii	be able to select appropriate personal protective equipment and use it correctly	3a.3 iii
understand the need to practise safely and effectively within their scope of practice	1a.8.i	be able to develop the aims and objectives associated with a project	2b.1.ix	be able to establish safe environments for practice, which minimise risks to service users, those treating them, and others, including the use of hazard control and particularly infection control	3a.3 iv
understand the need to maintain high standards of personal conduct	1a.8.ii	be able to develop an experimental protocol to meet these aims and objectives in a way that provides objective and reliable data (free from bias)	2b.1.x	understand sources of hazard in the workplace, including specimens, raw materials, clinical and special waste and equipment	3a.3 v

Standard of Proficiency	Numbering for Stage 1 Assessment	Standard of Proficiency	Numbering for Stage 1 Assessment	Standard of Proficiency	Numbering for Stage 1 Assessment
understand the importance of maintaining their own health	1a.8.iii	be able to perform the required experimental work and be able to produce and present the results (including statistical analysis)	2b.1.xi	be aware of immunisation requirements and the role of occupational health	3a.3 vi
understand both the need to keep skills and knowledge up to date and the importance of career-long learning	1a.8.iv	be able to interpret results in the light of existing knowledge and the hypothesis developed, and be able to formulate further research questions	2b.1.xii	know the correct principles and applications of disinfectants, methods for sterilisation and decontamination, and for dealing with waste and spillages correctly	3a.3 vii
1b.1 be able to work, where appropriate, in partnership with other professionals, support staff, service users, and their relatives and carers	1b.1	be able to present data and a critical appraisal of it to peers in an appropriate form	2b.1.xiii		

Standard of Proficiency	Numbering for Stage 1 Assessment	Standard of Proficiency	Numbering for Stage 1 Assessment
understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team	1b.1.i	2b.2 be able to draw on appropriate knowledge and skills in order to make professional judgements	
understand the need to engage service users and carers in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals	1b.1.ii	be able to change their practice as needed to take account of new developments	2b.2 i
be able to make appropriate referrals	1b.1.iii	be able to demonstrate a level of skill in the use of information technology appropriate to their practice	2b.2 ii

Standard of Proficiency	Numbering for Stage 1 Assessment	Standard of Proficiency	Numbering for Stage 1 Assessment
1b.2 be able to contribute effectively to work undertaken as part of a multi-disciplinary team	1b.2	2b.3 be able to formulate specific and appropriate management plans including the setting of timescales	2b.3
1b.3 be able to demonstrate effective and appropriate skills in communicating information, advice, instruction and professional opinion to colleagues, service users, their relatives and carers	1b.3	understand the requirement to adapt practice to meet the needs of different groups distinguished by, for example, physical, psychological, environmental, cultural or socio-economic factors	2b.3 i
be able to communicate in English to the standard equivalent to level 7 of the International English Language Testing System, with no element below 6.5	1b.3 i	be able to develop an investigation strategy which takes account of all the relevant clinical and other information available	2b.3 ii

Standard of Proficiency	Numbering for Stage 1 Assessment	Standard of Proficiency	Numbering for Stage 1 Assessment
understand how communications skills affect the assessment of service users and how the means of communication should be modified to address and take account of factors such as age, physical ability and learning ability	1b.3 ii	2b.4 be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and skilfully	2b.4
be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others	1b.3 iii	understand the need to maintain the safety of both service users, and those involved in their care	2b.4.i
be aware of characteristics and consequences of non-verbal communication and how this can be affected by culture, age, ethnicity, gender, religious beliefs and socio-economic status	1b.3 iv	ensure service users are positioned (and if necessary immobilised) for safe and effective interventions	2b.4.ii

Standard of Proficiency	Numbering for Stage 1 Assessment	Standard of Proficiency	Numbering for Stage 1 Assessment
understand the need to provide service users (or people acting on their behalf) with the information necessary to enable them to make informed decisions	1b.3.v	be able to perform a range of techniques employed in the modality	2b.4.iii
understand the need to use an appropriate interpreter to assist patients whose first language is not English, wherever possible	1b.3 vi	understand the need to conform to standard operating procedures and conditions	2b.4.iv
recognise that relationships with service users should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility	1b.3 vii	understand the need to work with accuracy and precision	2b.4.v

Standard of Proficiency	Numbering for Stage 1 Assessment	Standard of Proficiency	Numbering for Stage 1 Assessment
1b. 4 understand the need for effective communication throughout the care of the service user	1b.4	be able to solve problems that may arise during the routine application of techniques (troubleshooting)	2b.4.vi
recognise the need to use interpersonal skills to encourage the active participation of service users	1b.4.i	2b.5 be able to maintain records appropriately	
be able to communicate the outcome of problem solving and research and development activities	1b.4.ii	be able to keep accurate, legible records and recognise the need to handle these records and all other clinical information in accordance with applicable legislation, protocols and guidelines	2b.5.i
be able to summarise and present complex scientific ideas in an appropriate form	1b.4.iii	understand the need to use only accepted terminology in making records	2b.5.ii

Standard of Proficiency	Numbering for Stage 1 Assessment	Standard of Proficiency	Numbering for Stage 1 Assessment
2c Critical evaluation of the impact of, or response to, the registrant's actions.	2c	be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately	2c.1.iv
be able to gather information, including qualitative and quantitative data, that helps to evaluate the responses of service users to their care	2c.1.i	be able to make judgements on the effectiveness of procedures	2c.1.v
be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user	2c.1.ii	be able to use quality control and quality assurance techniques, including restorative action	2c.1.vi
recognise the need to monitor and evaluate the quality of practice and the value of contributing to the generation of data for quality assurance and improvement programmes	2c.1.iii		

Standard of Proficiency	Numbering for Stage 1 Assessment	Standard of Proficiency	Numbering for Stage 1 Assessment
2c.2 be able to audit, reflect on and review practice	2c.2	participate in quality assurance programmes, where appropriate	2c.2.iv
understand the principles of quality control and quality assurance	2c.2.i	understand the value of reflection on practice and the need to record the outcome of such reflection	2c.2.v
be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures	2c.2.ii	recognise the value of case conferences and other methods of review	2c.2.vi
be able to maintain an effective audit trail and work towards continual improvement	2c.2.iii	understand the importance of participating in accreditation systems related to the modality	2c.2.vii
		recognise the need to be aware of emerging technologies and new developments	2c.2.viii

Modality	Overall Standard of Proficiency not met	Component Standard Not Met	Stage 1 Visitor Reason
Respiratory Physiology	1a.1 be able to practise within the legal and ethical boundaries of their profession		
		1a.1.i Understand the need to act in the best interests of service users at all times	ACS Competencies not explicit enough
		1a.1.ii understand what is required of them by the Health Professions Council	HPC not explicitly mentioned in ACS competencies and terms are vague

Modality	Overall Standard of Proficiency not met	Component Standard Not Met	Stage 1 Visitor Reason
Respiratory Physiology		1a.1.iii understand the need to respect, and so far as possible uphold, the rights, dignity, values and autonomy of every service user including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing	No specific mention of this
		1a.1.iv be aware of current UK legislation applicable to work of their profession	Mentioned in various places, but not explicit and not easy to find
	1a.2 be able to practise in a non-discriminatory manner		Not mentioned anywhere
	1a.8 understand the obligation to maintain fitness to practise		

	1a.8. iii understand the importance of maintaining their own health	Not mentioned anywhere
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Modality	Overall Standard of Proficiency not met	Component Standard Not Met	Stage 1 Visitor Reason
Respiratory Physiology	1b.1be able to work, where appropriate, in partnership with other professionals, support staff, service users, and their relatives and carers		
		1b.1.i understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team	Not mentioned
		1b.1. ii understand the need to engage service users and	Not explicitly mentioned
		1b.1.iii be able to make appropriate referrals	Not mentioned anywhere

Modality	Overall Standard of Proficiency not met	Component Standard Not Met	Stage 1 Visitor Reason
Respiratory Physiology	2b.5 be able to maintain records appropriately		
		2b.5.ii understand the need to use only accepted terminology in making records	Not explicit within the ACS competencies
	2c.2.vi be able to audit, reflect on and review practice		
		recognise the value of case conferences and other methods of review	

Modality	Overall Standard of Proficiency not met	Component Standard Not Met	Stage 1 Visitor Reason
Respiratory Physiology	3a.3 understand the need to establish and maintain a safe practice environment		
		3a.3.iii be able to select appropriate personal protective equipment and use it correctly	SOP would be met if practitioner never went beyond own discipline. If practitioner were to work in other discipline then they need to be made aware of the issues.

Modality	Overall Standard of Proficiency not met	Component Standard Not Met	Stage 1 Visitor Reason
Clinical Immunology	1a.1 be able to practise within the legal and ethical boundaries of their profession		
		1a.1. i understand what is required of them by the Health Professions Council	Not specifically mentioned in ACS competencies
	1a.8 understand the obligation to maintain fitness to practise		
		1a.8. ii understand the need to maintain high standards of personal conduct	Not specifically mentioned in ACS competencies

	1a.8. iii understand the importance of maintaining their own health	Not specifically mentioned in ACS competencies
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Modality	Overall Standard of Proficiency not met	Component Standard Not Met	Stage 1 Visitor Reason
Clinical Immunology	1b.3 be able to demonstrate effective and appropriate skills in communicating information, advice, instruction and professional opinion to colleagues, service users, their relatives and carers		
		1b.3.i be able to communicate in English to the standard equivalent to level 7 of the International English Language Testing System, with no element below 6.5	Not specifically mentioned in ACS competencies
	2b.5 be able to maintain records appropriately		

	2b.5.i be able to keep accurate, legible records and recognise the need to handle these records and all other clinical information in accordance with applicable legislation, protocols and guidelines	Not specifically mentioned in ACS competencies
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Modality	Overall Standard of Proficiency not met	Component Standard Not Met	Stage 1 Visitor Reason
Histocompatibility and Immunogenetics	1a.8 understand the obligation to maintain fitness to practise		
		1a.8 ii understand the need to maintain high standards of personal conduct	This would be covered by a contract of employment and code of conduct, but it is not addressed in the ACS competencies.
		1a.8 iii understand the importance of maintaining their own health	This would be covered by a contract of employment and code of conduct, but it is not addressed in the ACS competencies.
	1b.3 be able to demonstrate effective and appropriate skills in communicating information, advice, instruction and professional opinion to colleagues, service users, their relatives and carers		
		1b.3 iv be aware of characteristics and consequences of non-verbal communication and how this can be affected by culture, age, ethnicity, gender, religious beliefs and socio-economic status	The ability to communicate across a spectrum of service users, including patients, is covered.

Component Standard Not Met	Component Standard Not Met	Component Standard Not Met	Component Standard Not Met
Histocompatibility and Immunogenetics		1b.3 vii recognise that relationships with service users should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility	Requires the measurement of scientists understanding of these issues-need for evidence of communication course of study.
	1b. 4 understand the need for effective communication throughout the care of the service user		
		1b.4 i recognise the need to use interpersonal skills to encourage the active participation of service users	Requires the measurement of scientists understanding of these issues-need for evidence

Modality	Overall Standard of Proficiency not met	Component Standard Not Met	Stage 1 Visitor Reason
Clinical Microbiology	1a.1 be able to practise within the legal and ethical boundaries of their profession		
		1a.1 i Understand the need to act in the best interests of service users at all times	Not mentioned (in ACS competencies)
		1a.1 ii understand what is required of them by the Health Professions Council	Not mentioned (in ACS competencies)
		1a.1 iii understand the need to respect, and so far as possible uphold, the rights, dignity, values and autonomy of every service user including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing	Patients and other service users not mentioned (in ACS competencies)
	1a.2 be able to practise in a non-discriminatory manner		Not mentioned (in ACS competencies)
	1a.8 understand the obligation to maintain fitness to practise		Fitness to practice is not just health and safety.

Modality	Overall Standard of Proficiency not met	Component Standard Not Met	Stage 1 Visitor Reason
Clinical Microbiology		1a.8 iii understand the need to maintain high standards of personal conduct	Not mentioned (in ACS competencies)
		1a.8 iv understand the importance of maintaining their own health	Not mentioned (in ACS competencies)
	1b.1 be able to work, where appropriate, in partnership with other professionals, support staff, service users, and their relatives and carers		work with' is not mentioned (in ACS competencies)
		1b.1 ii understand the need to engage service users and carers in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals	Not addressed (in ACS competencies)
		1b.1 iii be able to make appropriate referrals	Not addressed (in ACS competencies)

Modality	Overall Standard of Proficiency not met	Component Standard Not Met	Stage 1 Visitor Reason
Clinical Microbiology	1b.3 be able to demonstrate effective and appropriate skills in communicating information, advice, instruction and professional opinion to colleagues, service users, their relatives and carers		
		1b.3 i be able to communicate in English to the standard equivalent to level 7 of the International English Language Testing System, with no element below 6.5	Not addressed (in ACS competencies)
		1b.3 ii understand how communications skills affect the assessment of service users and how the means of communication should be modified to address and take account of factors such as age, physical ability and learning ability	Not addressed (in ACS competencies)

	1b.3 iii be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others	Not addressed (in ACS competencies)
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Modality	Overall Standard of Proficiency not met	Component Standard Not Met	Stage 1 Visitor Reason
Clinical Microbiology		1b. 3iv be aware of characteristics and consequences of non-verbal communication and how this can be affected by culture, age, ethnicity, gender, religious beliefs and socio-economic status	Not addressed (in ACS competencies)
		1b.3 vi understand the need to use an appropriate interpreter to assist patients whose first language is not English, wherever possible	Not addressed (in ACS competencies)
		1b.3 vii recognise that relationships with service users should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility	Not addressed (in ACS competencies)

Modality	Overall Standard of Proficiency not met	Component Standard Not Met	Stage 1 Visitor Reason
Clinical Microbiology	1b. 4 understand the need for effective communication throughout the care of the service user		
		1b.4 i recognise the need to use interpersonal skills to encourage the active participation of service users	Not addressed (in ACS competencies)
	2b.5 be able to maintain records appropriately		Not mentioned (in ACS competencies)
		2b.5 i be able to keep accurate, legible records and recognise the need to handle these records and all other clinical information in accordance with applicable legislation, protocols and guidelines	Not mentioned (in ACS competencies)
		2b.5 ii understand the need to use only accepted terminology in making records	Not mentioned (in ACS competencies)

Modality	Overall Standard of Proficiency not met	Component Standard Not Met	Stage 1 Visitor Reason
Clinical Microbiology	2c.2 be able to audit, reflect on and review practice		
		2c.2 iii be able to maintain an effective audit trail and work towards continual improvement	Audit trails not mentioned (in ACS competencies)
		2c.2 v understand the value of reflection on practice and the need to record the outcome of such reflection	Not mentioned (in ACS competencies)
		2c.2 vi recognise the value of case conferences and other methods of review	Not mentioned (in ACS competencies)
	3a.3 understand the need to establish and maintain a safe practice environment		
		3a.3 vi be aware of immunisation requirements and the role of occupational health	Not mentioned (in ACS competencies)

Modality	Overall Standard of Proficiency not met	Component Standard Not Met	Stage 1 Visitor Reason
Clinical BioChemistry	1a.1 be able to practise within the legal and ethical boundaries of their profession	1a.1. i Understand the need to act in the best interests of service users at all times	Sub-clause not specifically addressed (in ACS documentation)
		1a.1.ii understand what is required of them by the Health Professions Council	Sub-clause not specifically addressed (in ACS documentation)
		1a.1 iii understand the need to respect, and so far as possible uphold, the rights, dignity, values and autonomy of every service user including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing	
	1a.2 be able to practise in a non-discriminatory manner		Clause not addressed fully. 1a.2 cross referenced as 'Sensitive and Appropriate Communication' in ACS competency, but does not specifically mention non-discrimination.
	1a. 6 be able to practise as an autonomous professional, exercising their own professional judgement	1a.6 iv recognise that they are personally responsible for and must be able to justify their decisions	Sub-clause not specifically addressed (in ACS documentation)

Modality	Overall Standard of Proficiency not met	Component Standard Not Met	Stage 1 Visitor Reason
Clinical BioChemistry	1a.8 understand the obligation to maintain fitness to practise		
		1a.8 i understand the need to practise safely and effectively within their scope of practice	Topic not addressed (in ACS documentation)
		1a.8 ii understand the need to maintain high standards of personal conduct	Sub-clause not specifically addressed (in ACS documentation)
		1a.8 iii understand the importance of maintaining their own health	Sub-clause not specifically addressed (in ACS documentation)
	1b.1 be able to work, where appropriate, in partnership with other professionals, support staff, service users, and their relatives and carers		
		1b.1 i understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team	Sub-clause not specifically addressed (in ACS documentation)

	1b.1 ii understand the need to engage service users and carers in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals	Sub-clause not specifically addressed (in ACS documentation)
	1b.1 iii be able to make appropriate referrals	Sub-clause not specifically addressed (in ACS documentation)

Modality	Overall Standard of Proficiency not met	Component Standard Not Met	Stage 1 Visitor Reason
Clinical BioChemistry	1b.3 be able to demonstrate effective and appropriate skills in communicating information, advice, instruction and professional opinion to colleagues, service users, their relatives and carers		
		1b.3 i be able to communicate in English to the standard equivalent to level 7 of the International English Language Testing System, with no element below 6.5	Sub-clause not specifically addressed (in ACS documentation)
		1b.3 ii understand how communications skills affect the assessment of service users and how the means of communication should be modified to address and take account of factors such as age, physical ability and learning ability	Sub-clause not specifically addressed (in ACS documentation)
		1b.3 iii be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others	Not explicitly addressed

Modality	Overall Standard of Proficiency not met	Component Standard Not Met	Stage 1 Visitor Reason
Clincial BioChemistry		1b.3 iv be aware of characteristics and consequences of non-verbal communication and how this can be affected by culture, age, ethnicity, gender, religious beliefs and socio-economic status	Not addressed
		1b.3 v understand the need to use an appropriate interpreter to assist patients whose first language is not English, wherever possible	Not addressed
		1b.3 vii recognise that relationships with service users should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility	Not addressed
	1b. 4 understand the need for effective communication throughout the care of the service user	1b.4 i recognise the need to use interpersonal skills to encourage the active participation of service users	Not fully addressed

Modality	Overall Standard of Proficiency not met	Component Standard Not Met	Stage 1 Visitor Reason
Clinical BioChemistry	2b.5 be able to maintain records appropriately		
		2b.5 i be able to keep accurate, legible records and recognise the need to handle these records and all other clinical information in accordance with applicable legislation, protocols and guidelines	Not addressed fully.
		2b.5 ii understand the need to use only accepted terminology in making records	Not addressed
	2c.2 be able to audit, reflect on and review practice		Details missing from competencies
		2c.2 iii be able to maintain an effective audit trail and work towards continual improvement	Not explicitly addressed
		2c.2 v understand the value of reflection on practice and the need to record the outcome of such reflection	Not explicitly addressed
		2c.2 vi recognise the value of case conferences and other methods of review	Not explicitly addressed
	3a.3 understand the need to establish and maintain a safe practice environment	3a.3 vi be aware of immunisation requirements and the role of occupational health	Not explicitly addressed

Modality	Overall Standard of Proficiency not met	Component Standard Not Met	Stage 1 Visitor Reason
Cellular Science	1a Expectations of a health professional		
		1a.1.i Understand the need to act in the best interests of service users at all times	Could not be found in documentation supplied.
		1.a.1ii understand what is required of them by the Health Professions Council	HPC Standards of Conduct, Performance and ethics not mentioned in ACS documentation.
		1a.8.ii understand the need to maintain high standards of personal conduct	Could not be found in documentation supplied.
		1b.3.i be able to communicate in English to the standard equivalent to level 7 of the International English Language Testing System, with no element below 6.5	No explicit link to English requirement.
		1b.3. iii be aware of characteristics and consequences of non-verbal communication and how this can be affected by culture, age, ethnicity, gender, religious beliefs and socio-economic status	Equality and diversity not dealt with.

Modality	Overall Standard of Proficiency not met	Component Standard Not Met	Stage 1 Visitor Reason
Cellular Science	2b.5 be able to maintain records appropriately		
		2b.5 be able to maintain records appropriately	This is implied but not specifically mentioned within documentation.
		2b.5.i be able to keep accurate, legible records and recognise the need to handle these records and all other clinical information in accordance with applicable legislation, protocols and guidelines	This is implied but not specifically mentioned within documentation.
		2b.5.ii understand the need to use only accepted terminology in making records	This is implied but not specifically mentioned within documentation.
	2c Critical evaluation of the impact of, or response to, the registrant's actions.	2c.1.i be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately	Record keeping not dealt with in documentation.

Modality	Overall Standard of Proficiency not met	Component Standard Not Met	Stage 1 Visitor Reason
Clincial Cellular Science	1a Expectations of a health professional		
		1a.1.i Understand the need to act in the best interests of service users at all times	Could not be found in documentation supplied.
		1.a.1ii understand what is required of them by the Health Professions Council	HPC Standards of Conduct, Performance and ethics not mentioned in ACS documentation.
	1a.8 understand the obligation to maintain fitness to practise		
		1a.8.ii understand the need to maintain high standards of personal conduct	Could not be found in documentation supplied.

Modality	Overall Standard of Proficiency not met	Component Standard Not Met	Stage 1 Visitor Reason
Clinical Cellular Science	1b.3 be able to demonstrate effective and appropriate skills in communicating information, advice, instruction and professional opinion to colleagues, service users, their relatives and carers		
		1b.3.i be able to communicate in English to the standard equivalent to level 7 of the International English Language Testing System, with no element below 6.5	No explicit link to English requirement.
		1b.3. iii be aware of characteristics and consequences of non-verbal communication and how this can be affected by culture, age, ethnicity, gender, religious beliefs and socio-economic status	Equality and diversity not dealt with.

Modality	Overall Standard of Proficiency not met	Component Standard Not Met	Stage 1 Visitor Reason
Clinical Cellular Science	2b.5 be able to maintain records appropriately		This is implied but not specifically mentioned within documentation.
		2b.5.i be able to keep accurate, legible records and recognise the need to handle these records and all other clinical information in accordance with applicable legislation, protocols and guidelines	This is implied but not specifically mentioned within documentation.
		2b.5.ii understand the need to use only accepted terminology in making records	This is implied but not specifically mentioned within documentation.
	2c Critical evaluation of the impact of, or response to, the registrant's actions.		
		2c.1.i be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately	Record keeping not dealt with in documentation.

Modality	Overall Standard of Proficiency not met	Component Standard Not Met	Stage 1 Visitor Reason
Clinical Genetics	1a Expectations of a health professional		
		1a.1.i Understand the need to act in the best interests of service users at all times	Could not be found in documentation supplied.
		1.a.1ii understand what is required of them by the Health Professions Council	HPC Standards of Conduct, Performance and ethics not mentioned in ACS documentation.
	1a.8 understand the obligation to maintain fitness to practise		
		1a.8.ii understand the need to maintain high standards of personal conduct	Could not be found in documentation supplied.
	1b.3 be able to demonstrate effective and appropriate skills in communicating information, advice, instruction and professional opinion to colleagues, service users, their relatives and carers		
		1b.3.i be able to communicate in English to the standard equivalent to level 7 of the International English Language Testing System, with no element below 6.5	No explicit link to English requirement.

	1b.3. iii be aware of characteristics and consequences of non-verbal communication and how this can be affected by culture, age, ethnicity, gender, religious beliefs and socio-economic status	Equality and diversity not dealt with.
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Modality	Overall Standard of Proficiency not met	Component Standard Not Met	Stage 1 Visitor Reason
Clinical Genetics	2b.5 be able to maintain records appropriately		
		2b.5 be able to maintain records appropriately	This is implied but not specifically mentioned within documentation.
		2b.5.i be able to keep accurate, legible records and recognise the need to handle these records and all other clinical information in accordance with applicable legislation, protocols and guidelines	This is implied but not specifically mentioned within documentation.
		2b.5.ii understand the need to use only accepted terminology in making records	This is implied but not specifically mentioned within documentation.
	2c Critical evaluation of the impact of, or response to, the registrant's actions.		
		2c.1.i be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately	Record keeping not dealt with in documentation.

Modality	Overall Standard of Proficiency not met	Component Standard Not Met	Stage 1 Visitor Reason
Medical Physics and Clinical Engineering	1a Expectations of a health professional		ACS competency requires understanding. HPC requires ability to practice
	1.a.1 be able to practise within the legal and ethical boundaries of their profession		
		1a.1.i Understand the need to act in the best interests of service users at all times	ACS competency generic, does not cover HPC requirement
		1a.1.ii understand what is required of them by the Health Professions Council	Not covered by ACS
		1a.1 iii understand the need to respect, and so far as possible uphold, the rights, dignity, values and autonomy of every service user including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing	Not covered by ACS
	1a.2 be able to practise in a non-discriminatory manner		Not covered by ACS
	1a.3 understand the importance of and be able to maintain confidentiality		

		Second sentence of 4th bullet point under Professional Accountability does not communicate meaning
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Modality	Overall Standard of Proficiency not met	Component Standard Not Met	Stage 1 Visitor Reason
Medical Physics and Clinical Engineering	1a.4 understand the importance of and be able to obtain informed consent		Second sentence of 4th bullet point under Professional Accountability does not communicate meaning
	1a. 5 be able to exercise a professional duty of care		ACS generic competencies do not specify a professional duty of care
	1a. 6 be able to practise as an autonomous professional, exercising their own professional judgement		
		1a.6 iv recognise that they are personally responsible for and must be able to justify their decisions	Not covered by ACS
	1a.8 understand the obligation to maintain fitness to practise		ACS generic competencies are generic and do not specify fitness to practice with respect to patient safety.
		1a.8 i understand the need to practise safely and effectively within their scope of practice	ACS generic competencies do not adequately cover patient/client safety
		1a.8 ii understand the need to maintain high standards of personal conduct	Not covered by ACS

	1a.8 iii understand the need to maintain high standards of personal conduct	Not covered by ACS
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Modality	Overall Standard of Proficiency not met	Component Standard Not Met	Stage 1 Visitor Reason
Medical Physics and Clinical Engineering	1b.1 be able to work, where appropriate, in partnership with other professionals, support staff, service users, and their relatives and carers		Not covered by ACS. ACS states ability to communicate, not 'able to work'.
	1b.3 be able to demonstrate effective and appropriate skills in communicating information, advice, instruction and professional opinion to colleagues, service users, their relatives and carers		
		1b.3 i be able to communicate in English to the standard equivalent to level 7 of the International English Language Testing System, with no element below 6.5	Not covered by ACS

Modality	Overall Standard of Proficiency not met	Component Standard Not Met	Stage 1 Visitor Reason
Medical Physics and Clinical Engineering		1b.3 ii understand how communications skills affect the assessment of service users and how the means of communication should be modified to address and take account of factors such as age, physical ability and learning ability	ACS generic competency does not specify modification of communication method.
		1b.3. iii be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others	ACS generic competency does not specify modification of communication method.
		1b.3 iv be aware of characteristics and consequences of non-verbal communication and how this can be affected by culture, age, ethnicity, gender, religious beliefs and socio-economic status	Not covered by ACS
		1b.3 vi understand the need to use an appropriate interpreter to assist patients whose first language is not English, wherever possible	Not covered by ACS

	1b.3 vii recognise that relationships with service users should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility	Not covered by ACS
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Modality	Overall Standard of Proficiency not met	Component Standard Not Met	Stage 1 Visitor Reason
Medical Physics and Clinical Engineering	1b. 4 understand the need for effective communication throughout the care of the service user		Not covered by ACS
		1b.4 i recognise the need to use interpersonal skills to encourage the active participation of service users	
	2a.1 be able to gather appropriate information		Not covered by ACS
	2b.1 be able to use research, reasoning and problem solving skills to determine appropriate actions		
		2b.1 i recognise the value of research to the critical evaluation of practice	ACS generic competencies do not link research and development directly to evaluation of practice
		2b.1 ii be able to engage in evidence-based practice, evaluate practice systematically, and participate in audit procedures	ACS generic competencies not written in terms of practice
		2b.1vi be able to evaluate research and other evidence to inform their own practice	ACS generic competencies do not tie matters to practice

Modality	Overall Standard of Proficiency not met	Component Standard Not Met	Stage 1 Visitor Reason
Medical Physics and Clinical Engineering	2b.2 be able to draw on appropriate knowledge and skills in order to make professional judgements		
		2b.2 ii be able to demonstrate a level of skill in the use of information technology appropriate to their practice	Not covered by ACS
	2b.3 be able to formulate specific and appropriate management plans including the setting of timescales		
		2b.3 i understand the requirement to adapt practice to meet the needs of different groups distinguished by, for example, physical, psychological, environmental, cultural or socio-economic factors	Not covered by ACS

2b.4 be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and skilfully		
	2b.4 i understand the need to maintain the safety of both service users, and those involved in their care	Not covered adequately by ACS

Modality	Overall Standard of Proficiency not met	Component Standard Not Met	Stage 1 Visitor Reason
Medical Physics and Clinical Engineering	2b.5 be able to maintain records appropriately		
		2b.5. i be able to keep accurate, legible records and recognise the need to handle these records and all other clinical information in accordance with applicable legislation, protocols and guidelines	Not covered by ACS
	2c. 1 be able to monitor and review the ongoing effectiveness of planned activity and modify it accordingly		
		2c.1. i be able to gather information, including qualitative and quantitative data, that helps to evaluate the responses of service users to their care	Not covered by ACS
	3a Knowledge, understanding and skills		
		3a.1.i recognise the role of other professions in health and social care	ACS generic competencies do not make clear statements to provide a direct map

Modality	Overall Standard of Proficiency not met	Component Standard Not Met	Stage 1 Visitor Reason
Medical Physics and Clinical Engineering	3a.2 know how professional principles are expressed and translated into action through a number of different approaches to practice, and how to select or modify approaches to meet the needs of an individual, groups or communities		ACS competencies do not cover modification for individuals, groups or communities.
	3a.3 understand the need to establish and maintain a safe practice environment		
		3a.3 iv be aware of immunisation requirements and the role of occupational health	Not covered by ACS

Modality	Overall Standard of Proficiency not met	Component Standard Not Met	Stage 1 Visitor Reason
Haemataology			Overall comment: Much of what is missing is implicit in what clinical scientists do and what the ACS expects-but it is not specifically included in documentaion
	1.a.1be able to practise within the legal and ethical boundaries of their profession		
		1a.1 i Understand the need to act in the best interests of service users at all times	Not listed in ACS competencies
		1a.1 ii understand what is required of them by the Health Professions Council	Not listed in ACS competencies, but implicit in everything ACS does
		1a.1.iii understand the need to respect, and so far as possible uphold, the rights, dignity, values and autonomy of every service user including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing	Implicit in comptencies, but not listed.
	1a.2 be able to practise in a non-discriminatory manner		Not mentioned by ACS

1a.4 understand the importance of and be able to obtain informed consent		Not clearly expressed in ACS competencies
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Modality	Overall Standard of Proficiency not met	Component Standard Not Met	Stage 1 Visitor Reason
Haemataology	1a.8 understand the obligation to maintain fitness to practise		
		1a.8 ii understand the need to maintain high standards of personal conduct	Not included in ACS competencies
		1a.8 iii understand the importance of maintaining their own health	Not included in ACS competencies
	1b.1 be able to work, where appropriate, in partnership with other professionals, support staff, service users, and their relatives and carers		Working with' not included in ACS documentation
		1b.1 ii understand the need to engage service users and carers in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals	See ACS documentation section 5

Modality	Overall Standard of Proficiency not met	Component Standard Not Met	Stage 1 Visitor Reason
Haemataology	1b.3 be able to demonstrate effective and appropriate skills in communicating information, advice, instruction and professional opinion to colleagues, service users, their relatives and carers		
		1b.3 i be able to communicate in English to the standard equivalent to level 7 of the International English Language Testing System, with no element below 6.5	Assumed and tested at interview
		1b.3 ii understand how communications skills affect the assessment of service users and how the means of communication should be modified to address and take account of factors such as age, physical ability and learning ability	Age ability not taken into account

	1b.3 iv be aware of characteristics and consequences of non-verbal communication and how this can be affected by culture, age, ethnicity, gender, religious beliefs and socio-economic status	Not included in ACS documentation
	1b.3 vi understand the need to use an appropriate interpreter to assist patients whose first language is not English, wherever possible	Not included in ACS documentation
	1b.3 vii recognise that relationships with service users should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility	Not included in ACS documentation

Modality	Overall Standard of Proficiency not met	Component Standard Not Met	Stage 1 Visitor Reason
Haemataology	1b. 4 understand the need for effective communication throughout the care of the service user		
		1b.4 i recognise the need to use interpersonal skills to encourage the active participation of service users	Not included in ACS documentation, but not appropriate for haematology
	2a.1 be able to gather appropriate information		Not present in ACS competencies
	2b.1 be able to use research, reasoning and problem solving skills to determine appropriate actions		
		2b.1 i recognise the value of research to the critical evaluation of practice	Link between research and practice not made in documentation, but is implicit in all the ACS does.
		2b.1 vi be able to evaluate research and other evidence to inform their own practice	Informing own practice' not specifically linked to evaluating research.
	2b.2 be able to draw on appropriate knowledge and skills in order to make professional judgements		

	2b.1 xvii be able to demonstrate a level of skill in the use of information technology appropriate to their practice	Not covered in ACS documentation
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Modality	Overall Standard of Proficiency not met	Component Standard Not Met	Stage 1 Visitor Reason
Haemataology	2b.3 be able to formulate specific and appropriate management plans including the setting of timescales		Not covered in ACS documentation
		2b.3 i understand the requirement to adapt practice to meet the needs of different groups distinguished by, for example, physical, psychological, environmental, cultural or socio-economic factors	
	2b.4 be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and skilfully		Not specifically included in ACS documentation
		2b.4 i understand the need to maintain the safety of both service users, and those involved in their care	Not included in ACS documentation
		2b.4 ii ensure service users are positioned (and if necessary immobilised) for safe and effective interventions	Not included in ACS documentation

Modality	Overall Standard of Proficiency not met	Component Standard Not Met	Stage 1 Visitor Reason
Haemataology	2b.5 be able to maintain records appropriately		Not included in ACS documentation
		2b.5 i be able to keep accurate, legible records and recognise the need to handle these records and all other clinical information in accordance with applicable legislation, protocols and guidelines	Not included in ACS documentation
	3a Knowledge, understanding and skills		
		3a.1 iv recognise the role of other professions in health and social care	Implicit in comptencies 1 Scientific 2- Clinical, but not clearly stated.
	3a.2 know how professional principles are expressed and translated into action through a number of different approaches to practice, and how to select or modify approaches to meet the needs of an individual, groups or communities		to meet the needs of an individual' not included in the documentation.

Modality	Overall Standard of Proficiency not met	Component Standard Not Met	Stage 1 Visitor Reason
Audiology	1.a.1 be able to practise within the legal and ethical boundaries of their profession		Not explicitly stated
		1a.1 iii understand the need to respect, and so far as possible uphold, the rights, dignity, values and autonomy of every service user including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing	
	1a. 6 be able to practise as an autonomous professional, exercising their own professional judgement		
		1a.6 iv recognise that they are personally responsible for and must be able to justify their decisions	
	1a.8 understand the obligation to maintain fitness to practise		
		1a.8 ii understand the need to maintain high standards of personal conduct	Not explicitly stated

	1a.8 iii understand the importance of maintaining their own health	Not explicitly stated
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Modality	Overall Standard of Proficiency not met	Component Standard Not Met	Stage 1 Visitor Reason
Audiology	1b.1be able to work, where appropriate, in partnership with other professionals, support staff, service users, and their relatives and carers		
		1b.1 ii understand the need to engage service users and carers in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals	Much stated about making decisions for patients, but nothing about engagement in ACS documentation

Modality	Overall Standard of Proficiency not met	Component Standard Not Met	Stage 1 Visitor Reason
Audiology	1b.3 be able to demonstrate effective and appropriate skills in communicating information, advice, instruction and professional opinion to colleagues, service users, their relatives and carers		
		1b.3 ii understand how communications skills affect the assessment of service users and how the means of communication should be modified to address and take account of factors such as age, physical ability and learning ability	There is a statement in ACS docs on explaining test techniques etc, but not around taking information from patients to be used in assessed.
		1b.3 iv be aware of characteristics and consequences of non-verbal communication and how this can be affected by culture, age, ethnicity, gender, religious beliefs and socio-economic status	This is not explicitly stated. There is a statement around explanation of results but not within history taking, offering treatment or investigation options.

	1b.3 vii recognise that relationships with service users should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility	Not explicitly stated
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Modality	Overall Standard of Proficiency not met	Component Standard Not Met	Stage 1 Visitor Reason
Audiology	1b. 4 understand the need for effective communication throughout the care of the service user		
		1b.4. i recognise the need to use interpersonal skills to encourage the active participation of service users	Not stated in documentation
	2b.2 be able to draw on appropriate knowledge and skills in order to make professional judgements		
		2b.2 ii be able to demonstrate a level of skill in the use of information technology appropriate to their practice	Not explicitly stated
	2c. 1 be able to monitor and review the ongoing effectiveness of planned activity and modify it accordingly		

	2c.1.i be able to gather information, including qualitative and quantitative data, that helps to evaluate the responses of service users to their care	No explicit statement around this proficiency, except in clinical governance.
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15 January 2010

Ms Paula Lescott
Education Officer
Health Professions Council
Park House
184 Kennington Park Road,
London
SE11 4BU

Dear Ms Lescott,

Thank you for the report detailing your findings from the HPC visit to the Association of Clinical Scientists (ACS) that took place on 10th November 2009. The ACS Executive Group have been through your report in great detail and recognise that, to meet the requirements of an "educational provider" as defined by the HPC, amendments would need to be made to documentation, systems and processes. However, this visit and report comes at a time of significant and radical change within the health care sciences professions and it is expected that the ACS and its functions will be succeeded by the proposed Healthcare Science Education and Training Board. The ACS Executive group would therefore prefer to meet (as soon as possible) with the DH Chief Scientific Officer, the Chief Executive of HPC and Prof Maggie Pearson from the DH Modernising Scientific Careers team rather than to respond in detail to your report and conditions. This meeting should enable a strategic discussion about the most effective and efficient approach to transition whilst maximising protection of the public.

Yours sincerely,

Dr Iain Chambers
Chair-ACS

Dr Joanna Sheldon
Honorary Secretary-ACS

Dr Stephen Goodall
Honorary Treasurer-ACS

Dr Neil Lewis
Past-Chair-ACS

CC Prof. Sue Hill Department of Health
Prof Maggie Pearson Department of Health
Mr Mark Seale Chief Executive, HPC

Iain Chambers
Chair
Association of Clinical Scientists
C/o Association for Clinical Biochemistry
130-132 Tooley Street
London
SE1 2TU

Chair: Dr Anna van der Gaag
Chief Executive and Registrar: Marc Seale

25 January 2010

Dear Dr Chambers,

Association of Clinical Scientists' Certificate of Attainment

Thank you for your letter dated 15 January 2010, addressed to my colleague Paula Lescott. I have discussed the content of your letter with HPC's Chief Executive, Marc Seale, who has asked me to respond as it relates to a matter that is currently before our Education and Training Committee.

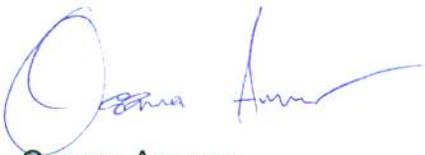
Whilst we recognise that the Association of Clinical Scientists (ACS) will need to address any changes which flow from the Department of Health's *Modernising Scientific Careers* project, any such changes are still some way off as that project has not even reached the stage where draft legislative proposals have been prepared for consultation, let alone enacted. As a statutory regulator HPC must ensure that the programmes we approve continue to meet our standards and we cannot stop doing so simply because of the existence of policy proposals which may or may not change the structure of such programmes at some point in the future.

As you are aware, our Visitors considered the ACS Certificate of Attainment on 10 November 2009 and, in accordance with the procedure set out in Part IV of the Health Professions Order 2001 (the HPO), have submitted their report to the Education and Training Committee. A copy of that report has been sent to you, as the HPO requires the Committee to provide you with the opportunity to make observations on that report, so that they may be taken into account when the Committee considers the Visitors' report.

In line with the procedural timetable prescribed by the HPO, the Education and Training Committee will be considering that report at its meeting on 10 March 2010. Your letter of 15th January will be submitted to the Committee for their consideration, but if you wish to provide more detailed observations on the visitors' report then that opportunity still remains available to you.

At its meeting, the Committee will consider all aspects of the report including any conditions imposed on ongoing approval and the standards of education and training that were recommended as not being applicable for the Certificate of Attainment. The Committee may amend the recommendations in the visitors' report in a number of ways, including increasing or decreasing the number of conditions imposed on ongoing approval.

Yours sincerely



Osama Ammar
Director of Education (Acting)

Cc Marc Seale, Chief Executive (HPC)
Sue Hill, (Department of Health)
Maggie Pearson (Department of Health)
Cornelius Lewis (Association of Clinical Scientists)
Joanna Sheldon (Association of Clinical Scientists)
Stephen Goodall (Association of Clinical Scientists)



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1 February 2010

Ms Paula Lescott
Education Officer
Health Professions Council
Park House
184 Kennington Park Road,
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SE11 4BU

Dear Ms Lescott

Thank you for the report detailing your findings from the HPC visit to the Association of Clinical Scientists (ACS) that took place on 10th November 2009.

The ACS are very pleased that the review team decision was to recommend the ACS approval to continue as the recognised route to registration for clinical scientists and we trust this is ratified by the HPC Education and Training Committee in due course. This is a gratifying affirmation of the diligent hard work of the ACS Board and Assessors in processing over 1500 applications and ensuring the competence and safety of the 1200+ clinical scientists successfully registered following ACS assessment.

This visit and report come at a time of significant and radical change within the health care sciences professions and we are all working towards an entirely new process of training Scientists with Modernising Scientific Careers (MSC). It is likely that the group "Clinical Scientists" will be subsumed into Healthcare Scientists with the initial registration post BSc rather than post MSc as is currently the case for the majority of Clinical Scientists.

Many of the members of the ACS board and all of the constituent professional bodies are actively involved in MSC. We have all invested considerable time and effort in contributing to the curricula that will eventually be used by the education providers to teach the next generation of healthcare scientists. There are also other significant streams of work on assessment, roles and functions.

The introduction of Modernising Scientific Careers gives the ACS only a limited further life span of perhaps five years so any radical changes to the ACS is not an effective use of limited resources (Please note that the Board of ACS and all the assessors provide considerable amounts of their time free of charge). This is however an ideal opportunity to work along with you, the HPC, and the MSC team to take the best elements of the ACS process in combination with relevant components from courses and other assessment schemes. This should provide one over-arching continuous evaluation and final assessment proposal for healthcare scientists that will be fit for purpose and sustainable in the rapidly changing health care sciences landscape.

The ACS has received rather mixed messages from the HPC regarding our status. During the approval visit we were told by the HPC Visitors, in absolutely clear terms, that for the purposes of the approval visit we were being considered as an education provider. At every possible opportunity we made it abundantly clear that in our capacity as the Association of Clinical Scientists, we were purely an assessment body and not an education provider.

Subsequent informal conversations have suggested that some latitude had been given to the ACS in recognition that we were not a typical education provider but some of the conditions set by the HPC would suggest that the role and responsibilities of the ACS are not entirely clear to the HPC. It is fundamental that the HPC recognises that the Association of Clinical Scientists is not an education provider and was never considered so in 2002 when the ACS was accepted as the approved route to HPC registration for clinical scientists. The initial petition to the Privy Council in 2002 states

Certification for state registration

Having met the requirement of Route 1 or Route 2, applicants will be judged to be suitable to the Board under Section 4(1)(a) of the 1960 PSM Act upon receipt of the Certificate of Attainment issued by the Association of Clinical Scientists (ACS) signifying the successful outcome of training.

There is no mention of the ACS as an education provider and the ACS has no control over the selection, appointment or support (pastoral or academic) of trainees. The ACS can suggest the importance, but does not specifically control details, of course content, the availability of learning resources or IT or the specifics of delivering the curriculum. This situation is comparable to a HPC assessment of overseas applicants to join the HPC register. In both situations the assessment and education processes are independent

We have considered your report and the conditions raised therein. For convenience and clarity, the conditions section of the report has been copied into this letter and the ACS response and proposed actions are included thereafter for each section.

We recognise that the report and this response, including this covering letter, should be in the public domain.

Yours sincerely,



Dr Iain Chambers
Chair-ACS



Dr Joanne Sheldon
Honorary Secretary-ACS



Mr Stephen Goodall
Honorary Treasurer-ACS



Dr Neil Lewis
Past-Chair-ACS

Conditions

1. 1 The Council normally expects that the threshold entry routes to the Register will be the following:

Masters degree for clinical scientists (with the Certificate of Attainment awarded by the Association of Clinical Scientists, or equivalent).

Condition: The ACS must revisit all of its documentation, particularly its guidelines for application for the Certificate of Attainment, and clarify the threshold of entry on to the Register for those who successfully complete training Route One to show that potential registrants must either have completed a Master's degree during Route One, or that the level of learning required to complete the ACS portfolio is equivalent to Level 7 in the Framework for Higher Education Qualifications.

Reason: In the documentation supplied by the ACS the visitors noted the wording under the registration requirements for Route One made no mention of the normal expectation that Registrants would have a Master's degree together with the ACS' Certificate of Attainment. The visitors felt that the current wording was potentially confusing in that it could be interpreted as Registrants could offer a Bachelor's degree in an appropriate science subject together with a Certificate of Attainment. In discussions with the ASC representatives, it was noted that it was common practice for students completing Route One to complete either a taught Master's degree or a research Master's degree other than in very few modalities where an appropriate Master's degree was not available. However, in these circumstances the standard required for registration was met in that the level of learning required to successfully complete the portfolio and pass the ACS Certificate of Competence was equivalent to Level 7 and thus at Master's level.

ACS Comments

- Candidates applying for trainee Clinical Scientist positions MUST have a BSc in a relevant science subject. Where available, trainees are expected to successfully complete an MSc course which contributes towards their "scientific" competency.
- Genetics has not had a defined MSc course for Clinical Scientist trainees to complete but the candidates are still required to satisfy the "scientific" competency in their portfolio of evidence and at interview. The Genetics Pilot for Modernising Scientific Careers started in September 2009 and an MSc is being developed as part of this pilot (please see <http://www.westmidlands.nhs.uk/LinkClick.aspx?fileticket=IjXh61a1Fk%3D&tabid=996&mid=2260>).
- Candidates applying for ACS certificate of Attainment by Route 2 are also required to satisfy the "scientific" competency in their portfolio

- evidence and at interview. This may be demonstrated by the inclusion of an MSc certificate or by direct questioning of the candidate.
- The MSc programme will make this issue irrelevant as registration is likely to be linked with the successful completion of BSc courses with defined periods of work-place learning – these courses are being developed to start in 2010. This will be more akin to the other professions registered with the HPC e.g. Physiotherapists or Occupational Therapists.
 - To assure ourselves that we are consistent with HPC practice it would be very helpful to have information from the HPC regarding their APEL arrangements for assessing overseas candidates.

ACS Action

- The ACS will modify its documentation, particularly its guidelines for application for the Certificate of Attainment, and clarify the threshold of entry on to the Register. It will state that the minimum requirement is a formal BSc with evidence to support the “scientific” competency in the relevant modality either by MSc certificate or by other knowledge based assessment to an equivalent level. Proposed time scale: July 2010.

3.10 The learning resources, including IT facilities, must be appropriate to the curriculum and must be readily available to students and staff.

Condition: The ACS should provide documentary evidence to show how it liaises with professional bodies, particularly with regard to the processes that it follows when students identify and raise issues with ACS over the opportunities they have to complete the ACS portfolio.

Reason: In discussions with the visitors the ACS representatives explained that they did not directly provide the training to students necessary for them to complete the portfolio for the Certificate of Attainment. The ACS outlined how the training was delivered by the relevant professional body for each modality and how the ACS acted as a final assessment body. However, it was noted that part of the remit of the ACS was to feedback any issues to the professional body, where students had raised them in relation to learning resources, and where these issues may have impacted on the students’ ability to complete their portfolio. The visitors judged that in the context of the amended approval process, this standard would be met by the ACS acting in this capacity. However, the visitors noted that there was no evidence or articulation of this liaison role in the documentation supplied ahead of the visit and required the ACS to provide documentary evidence to that effect.

ACS Comments

- The ACS is an assessment body and has no direct control over these components.
- The learning programmes that will be in place with MSC should incorporate these elements

- Many modalities have a well developed training programme with annual assessment and review for trainees – these can be made available to the HPC.

ACS Actions

- The ACS Executive will write to the professional bodies requesting information about its processes when students raise issues about their training – this will be made available to the HPC.
- The ACS Executive will write to the professional bodies highlighting the importance of appropriate resources for trainees and regular assessment.
- The ACS will add a sentence to its documentation highlighting the importance of appropriate resources for trainees and regular assessment and make explicit that these issues should be addressed to the relevant professional body. Proposed time scale: July 2010.

3.12 There must be a system of academic and pastoral student support in place.

Condition: The ACS must revisit and clarify its documentation to make it clear where students can expect to receive academic and pastoral support while completing the ACS portfolio, given that the actual training is delivered by the relevant professional body for each modality.

Reason: In discussions with the visitors the ACS representatives explained that academic and pastoral support to students completing their portfolio was the responsibility of the relevant professional body delivering the training. However, the ACS noted that it saw its role in this context as one where it raised issues with the professional body, where students had identified them with the ACS in relation to the academic and pastoral support that may have received while training. The visitors judged that in the context of the amended approval process, this standard would be met by the ACS acting in this capacity. However, the visitors noted that there was no evidence or articulation of this liaison role in the documentation supplied ahead of the visit and required the ACS to clarify its procedures to ensure that students completing the ACS portfolio knew where they could obtain academic and pastoral support.

ACS Comments

- The ACS is an assessment body and has no direct control over these components.
- The learning programmes that will be in place with MSC should incorporate these elements
- The ACS Executive will write to the professional bodies highlighting the importance of appropriate academic and pastoral care of trainees
- The ACS will add a sentence to its documentation highlighting the importance of appropriate academic and pastoral care of trainees and

make explicit that these issues should be addressed to the relevant professional body. Proposed time scale: July 2010.

3.12 There must be a system of academic and pastoral student support in place.

Condition: The ACS must provide documentary evidence on the training schemes delivered by the professional bodies which allow students to complete the ACS portfolio, in order to demonstrate how students are provided with academic and pastoral support during their training.

Reason: In discussions with the visitors the ACS representatives explained that academic and pastoral support to students completing the Certificate of Attainment was the responsibility of the relevant professional body delivering the training necessary to complete the portfolio. However, the ACS noted that it saw its role with regard to the professional bodies as one where it provided a channel of communication back to the professional body in circumstances where students had raised issues with the ACS in relation to the academic and pastoral support that they may have received while training. The visitors judged that in the context of the amended approval process, this standard would be met by the ACS acting in this capacity. However, the visitors noted that there was no evidence or articulation of this liaison role in the documentation supplied ahead of the visit and required the ACS to provide documentary evidence to that effect.

ACS Comments

- The ACS is an assessment body and has no direct control over these components.
- The learning programmes that will be in place with MSC should incorporate these elements
- The students who attended the HPC approval visit had documentary evidence within their portfolios to demonstrate what academic and pastoral support was available to them during their training. Your review team acknowledge that the students articulated this (see your Reason for Condition 4.8
- The ACS will abstract this information provided in the students' portfolios and provide for the HPC to review.
- The ACS Executive will write to the professional bodies highlighting the importance of and requesting information about the availability of appropriate academic and pastoral care of trainees.
- Complaints received by the ACS are currently taken up with the relevant Professional Body. The ACS will add a sentence to its documentation highlighting the importance of appropriate academic and pastoral care of trainees and make explicit that these issues should be addressed to the relevant professional body. Also included will be that complaints received by the ACS will be taken up with the Professional Body. Proposed time scale: July 2010.

3.13 There must be a student complaints process in place.

Condition: The ACS must provide documentary evidence to show that the professional bodies delivering the training that allow students to complete the ACS portfolio have complaints processes in place in order to allow them to address any issues that students may raise with them.

Reason: In discussions with the visitors, the ACS representatives explained that where a student raised an issue or made a complaint during the course of their training, it was the responsibility of the professional body delivering the training to address that issue. However, the ACS noted that it saw its role with regard to the professional bodies as one where it provided a channel of communication back to the professional body in circumstances where students had identified any issues with the ACS. In discussions with the students, the visitors were told that when an issue had occurred, the students had relied on either the professional body to deal with the problem or colleagues at their work place. Overall, the visitors were satisfied that a system was in place to allow students to articulate complaints and issues and for these to be acted upon appropriately during their training. They were also content that the primary responsibility for dealing with any issues raised by students rested with the professional bodies in respect of the training and with the employers with regard to the workplaces. However, the visitors judged that the ACS should provide documentary evidence of the process and procedures that it follows when issues are raised with it by students completing the ACS portfolio.

ACS Comments

- The ACS is an assessment body and has no direct control over the training or situation of the trainees.
- The programmes that will be in place with MSC should incorporate a procedure for students to complain if appropriate
- The ACS Executive will write to the professional bodies asking what mechanisms they have for trainees to comment and complain over training issues and recommend that one should be available. Examples of mechanisms in place already will be provided for the HPC.
- The ACS will include in its documentation how it would monitor and deal with complaints received by applicants. Proposed time scale: July 2010.

4.1 The learning outcomes must ensure that those who successfully complete the programme meet the standards of proficiency for their part of the Register.

Condition: The ACS must bring forward proposals, a timescale for implementation and evidence on how the generic and modality specific competencies in the ACS portfolio will be amended to take into account the outcomes of the Stage 1 Assessment of the amended approval process.

Reason: The Stage 1 Assessment had been conducted prior to the visit and the evidence was considered by the visitors. The full outcomes of the Stage 1 Assessment can be found as Appendix 1 to this report. The visitors judged that the outcomes of the Stage 1 Assessment required the ACS to amend their generic and modality specific competencies in order to ensure that the HPC SOPs were fully met. The visitors were satisfied that **the risk to the public was low** as the current ACS competencies were judged to be delivering the SOPs. However the visitors also judged that the main issue to emerge from the Stage 1 Assessment was that the standards were being delivered implicitly rather than being addressed explicitly within the ACS competencies.

ACS Comments

- The reason underpinning this condition is not clear and we would like additional information to help us understand exactly what is expected of the ACS.
- There was a marked lack of consistency from the HPC in their assessments of specific competency requirements in the various modalities.
- The ACS has recently re-mapped their competencies against the HPC standards and made changes to bring the ACS competencies in line with the HPC standards.
- This is a particularly difficult condition to address because of our involvement in the discussions on the assessment process with respect to MSC and the inevitable associated work.
- Under MSC, the educational levels at which regulation will occur is significantly different from the current level. This will require revision of the existing Standards of Proficiency rendering any exercise to amend the current ACS competencies of time limited value. The risk to the public was considered “low” by the HPC review panel and “the current ACS competencies were judged to be delivering the SOPs”. We would request therefore that these areas are dealt with over a longer time course in parallel with the major MSC changes to be implemented, since it is acknowledged by the review panel that the “standards were being delivered”.

4.8 The range of learning and teaching approaches used must be appropriate to the effective delivery of the curriculum.

Condition: The ACS must provide documentary evidence to how it assures itself that the training delivered by the different professional bodies is appropriate to enable students to complete the portfolio required for Route One and Route Two, and thus be assessed for the ACS Certificate of Attainment.

Reason: In discussions with the visitors, the ACS representatives explained that the curriculum and training that enabled students to complete the ACS portfolio was delivered by the relevant professional bodies. Part of the remit of the assessors appointed by the ACS to examine candidates' portfolios was to ensure that the training necessary to complete the portfolio had been

delivered. Furthermore, discussions with the student representatives revealed that the professional bodies undertook a yearly appraisal of students and their progress towards completing the ACS portfolio. From the discussions held with the ACS representatives and the students, the visitors were content that students received appropriate training and were thus able to complete the portfolio. However, the visitors judged that this was not clearly articulated in the documentation supplied ahead of the visit and required the ACS to provide documentary evidence of how it assures itself that students received appropriate training from the professional bodies.

ACS Comments

- The ACS provides questionnaires to all students post assessment and these are analysed and presented at annual assessors' meetings – issues arising will be raised at board meetings for action.
- We will be advising the MSC team that assessments need to be validated but any more complex processes that we arrange now will be irrelevant within a short time with the introduction of MSC.

ACS Actions

- The ACS has already instituted a small programme of within and between discipline assessment reviews to help ensure consistency within and between assessments. We will formalise this process by setting targets for the number and modalities of assessments that need to be consistency checked and set these targets in our ACS documents. This will be discussed at the ACS Board in July 2010.

6.1 The assessment strategy and design must ensure that the student who successfully completes the programme has met the standards of proficiency for their part of the Register.

Condition: The ACS must bring forward proposals, a timescale for implementation and evidence on how the generic and modality specific competencies in the ACS portfolio will be amended to take into account the outcomes of the Stage 1 Assessment of the amended approval process.

Reason: The Stage 1 Assessment had been conducted prior to the visit and the evidence had been considered by the visitors. The full outcomes of the Stage 1 Assessment can be found as Appendix 1 to this report. The visitors judged that the outcomes of the Stage 1 Assessment required the ACS to amend their generic and modality specific competencies in order to ensure that the HPC SOPs were fully met. The visitors noted that the risk to the public was minimal as the current ACS competencies were delivering the SOPs however they also judged that the main issue to emerge from the Stage 1 Assessment was that these were being delivered implicitly rather than being addressed explicitly within the ACS competencies.

ACS Comments

- The reason underpinning this condition is not clear and we would request additional information to help us understand exactly what is expected of the ACS.
- The ACS assesses solely against its generic Appendix ONE competence document. The other specific modality documents are simply aides for candidates as to local sources or information with which to meet Appendix ONE requirements and are not per se standards themselves. We do not consider these specific modality documents as regulatory reference points in themselves and only the generic Appendix ONE document should be considered as the standard against which applications to be judged.
- There was a marked lack of consistency from the HPC in their comments on specific competency documents of the various modalities suggesting bias of responses from individual HPC visitor members. Consistent findings of discrepancies would have been more indicative of real areas requiring attention. Again the review team considered “the current ACS competencies were delivering the SOPs” and therefore, considering the impending changes due to MSC, efforts are better spent in other areas at this time.
- The ACS has re-mapped their Appendix ONE competencies against the HPC standards and made changes to bring the ACS competencies in line with the HPC standards.
- This is a particularly difficult condition to address because of our involvement in the discussions on the assessment process with respect to MSC and the inevitable associated work.

6.10 Assessment regulations must clearly specify requirements for a procedure for the right of appeal for students.

Condition: The ACS must bring forward proposals on how their appeals process for students who have been judged to fail the final assessment for ACS Certificate of Attainment can contain an independent representative from outside of the ACS.

Reason: In discussions with the ACS representatives, the visitors were informed that the ACS allowed a right of appeal for students judged to fail the final assessment for the Certificate of Attainment, but this process was based only on procedural issues arising from the final assessment process. The final assessment of students’ portfolios was conducted by two assessors. In instances where the assessors could not agree on a final decision and third assessor would be used to reconcile the difference of opinion. All appeals arising from the assessment procedures are heard by members of the ACS. Though the visitors noted that a low number of appeals had actually been raised by students, they remained concerned that the appeals process was concerned with ACS processes and conducted entirely by ACS members. Therefore, in order to ensure continued objectivity and to add a degree of protection to the ACS in this process the visitors required the ACS to bring

forward proposals for a representative independent of the ACS to be involved in the appeals process.

ACS Comments

- The ACS has, for some time, considered the inclusion of an independent representative from outside of the ACS to sit on any appeals panel.

ACS Action

- A number of possibilities have been considered that would incorporate known expertise from other fields and the ACS will update its appeals procedure to include an independent representative external to ACS and its constituent professions. Proposed time scale: July 2010.

- **SETs Judged to be not applicable**

As part of the preparations for stage 2 of the approval visit, the visitors reviewed all the standards and judged the following not to be applicable to the ACS in the context of this visit.

4.9 When there is interprofessional learning the profession-specific skills and knowledge of each professional group must be adequately addressed.

Reason: In considering whether to apply this standard, the visitors noted that though inter-professional working is included in the SOPs, they judged that the wording of this standard of education was designed to protect profession-specific skills delivered in a multi-professional training context. The visitors judged that the ACS portfolio was centred upon both profession specific and modality specific competencies and students completing the portfolio were both employees of NHS Trusts and worked in *de facto* multi-disciplinary contexts. Therefore, the visitors concluded that these circumstances meant that this standard should not be applied to the ACS in the context of this visit.

5.3 The practice placement settings must provide a safe and supportive environment.

Reason: In considering whether to apply this standard, the visitors noted that the students completing the ACS Certificate of Attainment were employed directly by NHS Trusts and worked in laboratories governed by relevant health and safety legislation. Furthermore, the training that students received came from the relevant professional bodies. In both circumstances the visitors judged that the ACS could not reasonably be expected to approve all the settings in which students completing the ACS portfolio worked. Therefore, the visitors concluded that these circumstances meant that this standard should not be applied to the ACS in the context of this visit.

5.4 The education provider must maintain a thorough and effective system for approving and monitoring all placements.

Reason: In considering whether to apply this standard, the visitors noted that the students completing the ACS Certificate of Attainment were employed directly by NHS Trusts and worked in laboratories governed by relevant health and safety legislation. Furthermore, the training that students received came from the relevant professional bodies. In both circumstances the visitors judged that the ACS could not reasonably be expected to audit all the settings in which students completing the ACS portfolio worked. Therefore, the visitors concluded that these circumstances meant that this standard should not be applied to the ACS in the context of this visit.

5.5 The placement providers must have equality and diversity policies in relation to students, together with an indication of how these will be implemented and monitored.

Reason: In considering whether to apply this standard, the visitors noted that the students completing the ACS Certificate of Competence were employed directly by NHS Trusts and worked in laboratories governed by relevant equality and diversity legislation. Furthermore, the training that students received came from the relevant professional bodies subject to equality and diversity legislation. The visitors were happy that the processes the ACS followed on submission of a portfolio would meet this standard. However, given that the students were employees of NHS Trusts and subject to training from professional bodies, the visitors judged that the ACS could not reasonably be expected to have responsibility for meeting this standard. Therefore, the visitors concluded that these circumstances meant that this standard should not be applied to the ACS in the context of this visit.

5.10 There must be regular and effective collaboration between the education provider and the practice placement provider.

Reason: In considering whether to apply this standard, the visitors noted that the students completing the ACS Certificate of Attainment were employed directly by NHS Trusts and received training from the relevant professional body. The ACS did not have any contact with the Trusts directly during the period in which students completed the portfolio and liaison between the ACS and the relevant professional bodies responsible for delivering the training to students was judged to be covered by other, more appropriate standards. Therefore, the visitors concluded that these circumstances meant that this standard should not be applied to the ACS in the context of this visit.

6.9 Assessment regulations must clearly specify requirements for an aegrotat award not to provide eligibility for admission to the Register.

Reason: In considering whether to apply this standard, the visitors noted that it was not possible for students to successfully complete the ACS Certificate of Attainment with an aegrotat award and thus be eligible to apply for registration. Therefore, the visitors concluded that this standard should not be applied to the ACS in the context of this visit.