



AHCS
Academy for Healthcare Science

Assessor Training - STPE

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Reference points - STPE Assessor



Good Scientific Practice



AHCS Guide for Applicants:
Certificate of Equivalence
Scientist Training
Programme
(Clinical Scientist)

March 2023
Version 17.3
Doc Ref #24
Review date March 2024

Assessor Guidance:
Certificate of Equivalence
Scientist Training
Programme
(Clinical Scientist)

March 2023
Version 7.8

Doc Ref #26
Review date March 2024

<https://curriculum.nshcs.org.uk/programmes/stp>



Time lines



Admin checks up to 28 days

Portfolio assessment up to 28 days

Arranging interview up to 28 days

Ratification up to 28 days

- Endeavour to complete each stage quicker
- Need to take account of any moderation process where required
- Review of outcomes undertaken prior to ratification process

Portfolio – size and scope



- Overall portfolio size should be no greater than 150 pages
- Covering report (STPE) should be <5000 words
- Applications from April should include 500 word (max) reflective piece (to be added to appendix). You do not “mark” this, it is to give you more of an insight into the person you are assessing, particularly when it comes to the interview
- Individual documentary evidence and must be supported by reflective learning where appropriate

Decisions and judgments



Outcome	Portfolio Assessment	Interview Assessment
1	Progress to interview	Equivalence achieved
2	Further evidence required	Further evidence required
3	Reject application	Reject application

Portfolio – presentation and content



- Demonstrates thorough understanding of the subject matter
- Statements must be supported by personal reflection and how experience helped to achieve a particular competence/standard
- Evidence of personally conducted work, hands-on experience is important

Must Not to be included:

- Full texts of papers/reports/case studies (abstracts or summaries only)
- Detailed training logs (summaries only)
- Certificates of attendance for every meeting – only those demonstrating contribution to achieving the standard

Portfolio Assessment



Process:

- Portfolio reviewed by a specialist assessor and moderated by a professional assessor/moderator
- 1:3 Outcome 1 portfolios are reviewed by the STPE lead/moderator for AHCS QA purposes
- Assessor uploads the assessment form and their feedback which may be further reworded by the moderator, any major changes will be discussed and agreed first before it sent to the applicant
- Outcome judgement and feedback sent to applicants by the Equivalence Administrator, not you

Important – assessor considerations



- Has the applicant cited their evidence in their text?
- Is the evidence clearly labelled in the Appendix?
- Is the mapping document accurate?
- Is the evidence concise, relevant and is it in abstract form, not full text papers or business plans etc.
- **Could the Lay assessor easily navigate the portfolio?**
- Have you considered your EDI responsibilities?

Mapping document

An extract from GSP used for mapping in STP Equivalence



Domain 3 Clinical Practice	Location of evidence
3.1.1 Ensure that you and the staff you supervise understand the need for and obtain relevant consent before undertaking any investigation, examination, provision of treatment, or involvement of patients and carers in teaching or research	Paragraphs 15, 16, 18 Doc 21, Doc 23 , Doc 29
3.1.2 Ensure that you and the staff you supervise maintain confidentiality of patient information and records in line with published guidance	Paragraphs 15, 16, 18 Doc 4 , Doc 17, Doc 33
3.1.3 Ensure that you and your staff understand the wider clinical consequences of decisions made on your actions or advice	Paragraphs 4, 26, Doc 5, Doc 26
3.1.4 Demonstrate expertise in the wider clinical situation that applies to patients who present in your discipline	Paragraph 26, 27 Doc 10 , Doc 35 , Doc 36
3.1.5 Maintain up to date knowledge of the clinical evidence base that underpins the services that you provide and/or supervise and ensure that these services are in line with the best clinical evidence	Paragraph 8-10 Doc 9 , Doc 19
3.1.6 Plan and agree investigative strategies and clinical protocols for the optimal diagnosis, monitoring and therapy of patients with a range of disorders	Paragraphs 19, 30-35, Doc 22, Doc 23, Doc 25-27

The Portfolio – assessor considerations



- Basics – report (<5000 words), length (60-150 pages), signed-off includes the reflective piece.
- GSP mapping – too much/little or about right? Quality v quantity.
- Is mapping correctly cross-linked to paragraphs & evidence?
- Is the evidence concise (e.g. abstract, not full paper)?
- Look for GSP areas where (a) lots or (b) little evidence is provided
- **Check that no confidential data has been included**
- Think about the specialist questions you write, they should really appreciate and reflect the clinical and scientific experience of the applicant. Bank questions may be used but must be put in context with the applicant

Portfolio – evidence specifics – assessor thoughts



- Does the evidence contain work that has been personally undertaken?
- Any evidence of 'reflective practice'? (e.g. not just 'went on a course')
- Is there evidence involving training of others?
- Does the evidence include examples of scientific reports/SOPS?
- Is there evidence of scientific case studies in clinical practice?
- Is there evidence of good R&I – e.g. audits, clinical trial, service evaluation, innovation, QA, abstracts, presentations?
- Evidence of multi-source feedback? Who has provided the feedback?

Interview assessment



- Guarantees the integrity of the portfolio - even more important now re AI
- Checks applicants ability to apply scientific knowledge to clinical practice - key to being a Clinical Scientist
- Structured questions designed around GSP domains – normally two per domain
- Three assessors (2 professional, 1 lay chair), 1 from specialism
- Agree which assessor asks which question before the interview begins. * Specialist assessor, please remember the importance of writing CS level questions pertinent to the applicant, preferably not from the question bank.
- Lay chair will focus on Professional Practice and Leadership - note we have recruited more lay assessors
- Allow 2 hours in total. Interview itself normally lasts between 30-60 minutes (plus 30mins pre interview discussion and 30 mins outcome agreement session)
- Lay assessor deals with welcomes, introductions, time-keeping etc and collects paperwork (Panel

Outcomes are based on:



- Collective judgement of assessment panel based on the evidence presented
 - does it demonstrate achievement of the standards set out in Good Scientific Practice?
 - does it demonstrate that the applicant has the equivalent skills, knowledge and experience to achieve the learning outcomes set out in the STP ?
- Each assessor completes a feedback form, including any feedback to the applicant
- Feedback must be sufficiently detailed, realistic and achievable. Remember positive feedback is helpful and encouraging to the applicant

Preparing for the Interview - assessor perspective



- Read/review the Question Bank - QB (keep confidential)
- Read/review 'STP equivalence guide for assessors'
- Speciality Assessor - provides AHCS with two speciality questions based on the applicants portfolio, one for the Scientific and one for the Clinical Domain
- Professional Assessor/moderator – questions should be taken from QB and made relevant to the applicant's portfolio
- Lay Assessor tends to focus on Domains 1 & 5
- Pre-interview communication between Assessors and Lay Chair only.
- No communications via social media or other means, either by applicant or the

assessor.

Conducting the Interview – assessors guide



- Listen carefully – make written notes of candidate’s answer
- Please do not make positive or negative comments about the answers or the interview itself to the candidate, please leave any summing up to the Lay Assessor.
- Interview Record Forms - Please ensure that you fill in the details and answers for each of the questions asked and the outcome.
- Completed after interview – details whether the candidate has demonstrated equivalence (1), further evidence required (2), not met equivalence (3)

Second interviews



- The applicant will be asked the **same** questions in the domains where the interview panel felt they **failed** to meet the standard.
- This allows assessment of any remedial action taken by the applicant as recommended by the panel in the initial interview.
- The exception to this is if the applicant fails to adequately answer the specialist questions in the *Specialist Clinical or Scientific domains*.
- In this instance the assessor will be asked to provide ***different*** specialist questions. This is to confirm the applicant has a real understanding of that area rather than the applicant revising the subject ie the question should be worded differently, expanded upon, include other specialist areas to confirm the applicant has a good clinical and specialist knowledge of that area.



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- Thank you so much for your time, professionalism and your patience!

