

Education and Training Committee – 25 March 2009

Addendum to Clinical Scientists – Reconfirmation of approval of routes to registration

Executive summary and recommendations

Introduction

After submission of the main paper to the Education and Training Committee, a meeting was held with representatives of the Association of Clinical Scientists (ACS).

At this meeting, new information came to light regarding the differences between the quality assurance mechanisms of each modality specific professional body and the nature and purpose of the ACS.

Nature and purpose of ACS

The function of the ACS is solely to assess the competencies required for practice as a Clinical Scientist. The ACS competencies have been mapped against HPC standards of proficiency 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 standards of proficiency for the profession.

However the ACS does not engage in delivery of the standards of proficiency, 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 ACS, as indicated previously, is an umbrella organisation made up of representatives of the modality specific professional bodies. The representatives work on a voluntary basis as do all the ACS assessors who conduct the specific assessments of each submitted portfolio. The fee paid by each individual submitting a portfolio is used to cover costs associated with travel expenses of assessors and the administration of the assessment. The individuals submitting their portfolios are not funded and are instead employed and working within laboratories.

Modality specific quality assurance

The quality assurance mechanisms enacted by each modality specific professional body are different. Some professional bodies will play a significant role in the accreditation of postgraduate awards and the clinical experience associated with the pathway. However, in some cases the professional bodies

will not accredit the pathway leading up to submission and assessment of the ACS portfolio. ACS does not currently have an established mechanism to ensure that modality specific professional bodies apply consistent quality assurance to the pathway leading the registration prior to the assessment of the ACS portfolio.

Moreover, CPA accreditation of laboratories though appropriate to some modalities will not apply to all. Therefore, it may be the case that the clinical experience taking place which forms part of the evidence towards completion of the ACS portfolio will not be subject to quality assurance mechanisms. ACS does set the requirement that clinical experience must take place in a laboratory where an appropriate supervisor is in place, but there are currently no quality mechanisms to assure the standard the clinical environment originating from ACS.

Additional considerations for the Committee

As a result of the above information, this paper has been produced to offer the Committee more options to assist the decision-making process.

It is apparent that significant change must occur both to the organisation of ACS and the quality assurance mechanisms in place in order to ensure that the pathway meets the standards of education and training. However, it appears that the standards of proficiency form an integral part of the assessment of the portfolio.

The Committee may wish to consider the appropriateness of conducting the approval visit at the ACS and may instead direct the Education Department to review each of the modality specific professional body programmes. However, each modality will not necessarily have an award for a visiting panel to review and any awards subject to scrutiny will not have been designed to produce individuals fit to practice as this is viewed to only be possible after completion of the whole of Route 1 or Route 2. If this decision is taken there will be a necessary impact on the time frame for activity and resource and financial implications as this will result in an increase in the number of visits. There are also no modality specific professional bodies for three of the modalities of clinical science.

Additionally, to offer the Committee the full range of options, it may be useful to consider if the differences between this route to registration and other currently approved programmes will necessitate some consideration of the appropriateness of some of the standards of education and training.

The Committee are minded that the current route to registration for Clinical Scientists may be subject to significant change as a result of the work taking place linked to Modernising Scientific Careers.

Decision

The Committee is asked to agree the following:

Date	Ver.	Dept/Cmte	Doc Type	Title	Status	Int. Aud.
2009-03-19	a	EDU	PPR	Addendum paper to Clinical Science routes to registration	Final DD: None	Public RD: None

- To enact an operationally amended approval visit to the Association of Clinical Scientists that will assess all the standards of education and training and standards of proficiency and will seek to ensure that all are met.
- To enact an operationally amended approval visit to the Association of Clinical Scientists that will assess all of standards of proficiency and will seek to ensure that all are met. In the case of the standards of education and training, the visiting panel will make an assessment of how all the standards are met but may recommend that some standards are not appropriate to the ACS qualification.
- To enact operationally amended approval visits to each of the modality specific professional bodies to assess all standards of proficiency and the standards of education and training and seek to ensure that all are met.

Background information

As main paper.

Resource implications

As main paper.

Financial implications

As main paper.

Appendices

As main paper.

Date of paper

19 March 2009

Date	Ver.	Dept/Cmte	Doc Type	Title	Status	Int. Aud.
2009-03-19	a	EDU	PPR	Addendum paper to Clinical Science routes to registration	Final DD: None	Public RD: None