

Healthcare Science Equivalence: Why join the HCPC register?

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HCS equivalence and why join HCPC

- 20 minute whistle-stop tour of:
 - What is equivalence
 - Why I chose to go through this process
 - How to apply
 - Putting together the portfolio
 - The interview
 - What happened next...
- 10 minutes for your questions



My journey

- This is my personal story - I don't represent AHCS or NSHCS
- 2012 - Graduated with BSc(Hons) Cardiac Physiology
- 2014 - Awarded BHRS accreditation in devices
- 2016 - Completed MSc module in Clinical Assessment for Healthcare Scientists
- 2017 - Awarded Certificate of Equivalence (STP) and registered with HCPC as a Clinical Scientist



What is equivalence?

- AHCS state that “equivalence exists when the outcomes of two processes are directly comparable even though the paths to achieving them are different”
- Available for practitioner, scientist and higher specialist scientist training programmes
 - Certificate of Equivalence confers eligibility to apply to join the relevant register
 - AHCS manage the voluntary practitioner and HSS registers
 - HCPC manages the statutory clinical scientist register



Why equivalence?

- My reasons:
 - Gain credibility as an STP training officer
 - Not be at a disadvantage to those graduating from STP in terms of future training opportunities and role development
 - Join a statutory register to demonstrate commitment to high standards
 - Provides assurance for employer, patients and the public



How to apply

- Multi-stage process via AHCS website:
 - Initial application and screening (and payment)
 - Includes certificates, DBS, references and 1000 word summary of experience
 - Evidence gathering and portfolio submission
 - Portfolio of evidence mapped against Good Scientific Practice (not STP curriculum)
 - 5000 word summary report of training and experience
 - Assessment
 - For STP equivalence, this includes an interview



The portfolio of evidence

- Mapped against the 5 domains of Good Scientific Practice:
 - Professional Practice
 - Scientific Practice
 - Clinical Practice
 - Research, Development and Innovation
 - Scientific and Clinical Leadership



Good Scientific Practice mapping

Good Scientific Practice Standard	Indicate the page numbers/section in your Portfolio which demonstrate achievement of this Standard
Domain 1: Professional Practice	
1.1 Professional Practice	
1.1.1 Make the patient your first concern	Evidence 1,2,3,4 (Reflections on clinical experience) Paragraph 14,18
1.1.2 Exercise your professional duty of care	Evidence 5 (Multi source feedback (MSF) results) Paragraph 14,18
1.1.3 Work within the agreed scope of practice for lawful, safe and effective healthcare science	Evidence 6,7,8,9 (Scope of practice for extended role clinic, report on attending SCST update meeting at which medicine administrations was discussed) Paragraph 3,15,16
1.1.4 Keep your professional, scientific, technical knowledge and skills up to date	Evidence 9,10,11,12,13,14,15,16,17,18 (CPD certificates and reflections) Paragraph 4,8,11,17,24
1.1.5 Engage fully in evidence based practice	Evidence 1,3,6,17,18,19 (Reflections, local guidelines based on evidence) Paragraph 4,10,14,24
1.1.6 Draw on appropriate skills and knowledge in order to make professional judgements	Evidence 5,9,20 (MSF, meeting report, reflection) Paragraph 10
1.1.7 Work within the limits of your personal competence	Evidence 2,5,6, (Reflections, MSF) Paragraph 1,3,5,8,15,
1.1.8 Act without delay on concerns raised by patients or carers or if you have good reason to believe that you or a colleague may be putting people at risk	Evidence 5 (MSF)
1.1.9 Never discriminate unfairly against patients, carers or colleagues	Evidence 5,21 (MSF, evidence of unconscious bias training) Paragraph 14,26
1.1.10 Treat each patient as an individual, respect their dignity and confidentiality and uphold the rights, values and autonomy of every service user, including their role in the diagnostic and therapeutic process and in maintaining health and well-being.	Evidence 1,2,3,20,22 (Reflections, written case study) Paragraph 14,16



Good Scientific Practice mapping

Domain 4: Research, Development and Innovation	
4.1 Research, Development and Innovation	
4.1.1 Search and critically appraise scientific literature and other sources of information	Evidence 6,27,58,63,64 (Uni assignments and feedback, literature review) Paragraph 6,12,22,24,25,31
4.1.2 Engage in evidence-based practice, participate in audit procedures and critically search for, appraise and identify innovative approaches to practice and delivery of healthcare	Evidence 6,22,44,63,68,70 (Scope of practice and case study regarding extended practice clinic, audit reports) Paragraph 25,31,33
4.1.3 Apply a range of research methodologies and initiate and participate in collaborative research	Evidence 58,63,79,80,81,82 (summary of BSc dissertation, abstracts and protocols from departmental research) Paragraph 6,31,32,33,34
4.1.4 Manage research and development within a governance framework	Evidence 71,78 (STP dissertation supervision, GCP certificate) Paragraph 20,34
4.1.5 Develop, evaluate, validate and verify new scientific, technical, diagnostic, monitoring, treatment and therapeutic procedures and, where indicated by the evidence, adapt and embed them in routine practice	Evidence 46,79 (protocol for physiologist led CRT optimisation, local research abstract) Paragraph 12,32,33
4.1.6 Evaluate research and other available evidence to inform own practice in order to ensure that it remains at the leading edge of innovation.	Evidence 6,27,58,63,64 (scope of practice, uni feedback, research lit review) Paragraph 12
4.1.7 Interpret data in the prevailing clinical context	Evidence 63,80,81 (dissertation feedback, research abstracts) Paragraph 6,33
4.1.8 Perform experimental work, produce and present results	Evidence 58,63 (dissertation summary, research protocol) Paragraph 6,32,33
4.1.9 Present data, research findings and innovative approaches to practice to peers in appropriate forms	Evidence 23,63 (feedback from presentations and dissertation) Paragraph 6,16
4.1.10 Support the wider healthcare team in the spread and adoption of innovative technologies and practice	Evidence 70,71 (evidence of attending research training and supervising STP research) Paragraph 12,24



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Evidence:

- Excerpts from scope of practice essay for clinical assessment module
- Feedback from university for above
- Methodology section for a current research project
- Abstract of undergraduate dissertation
- Feedback from university for above

Also used for:

- 14 other standards across all 5 domains
- 4 other standards across 3 domains
- 3 other standards across 2 domains
- 3 other standards across 2 domains
- 2 other standards across 2 domains



Sources of evidence

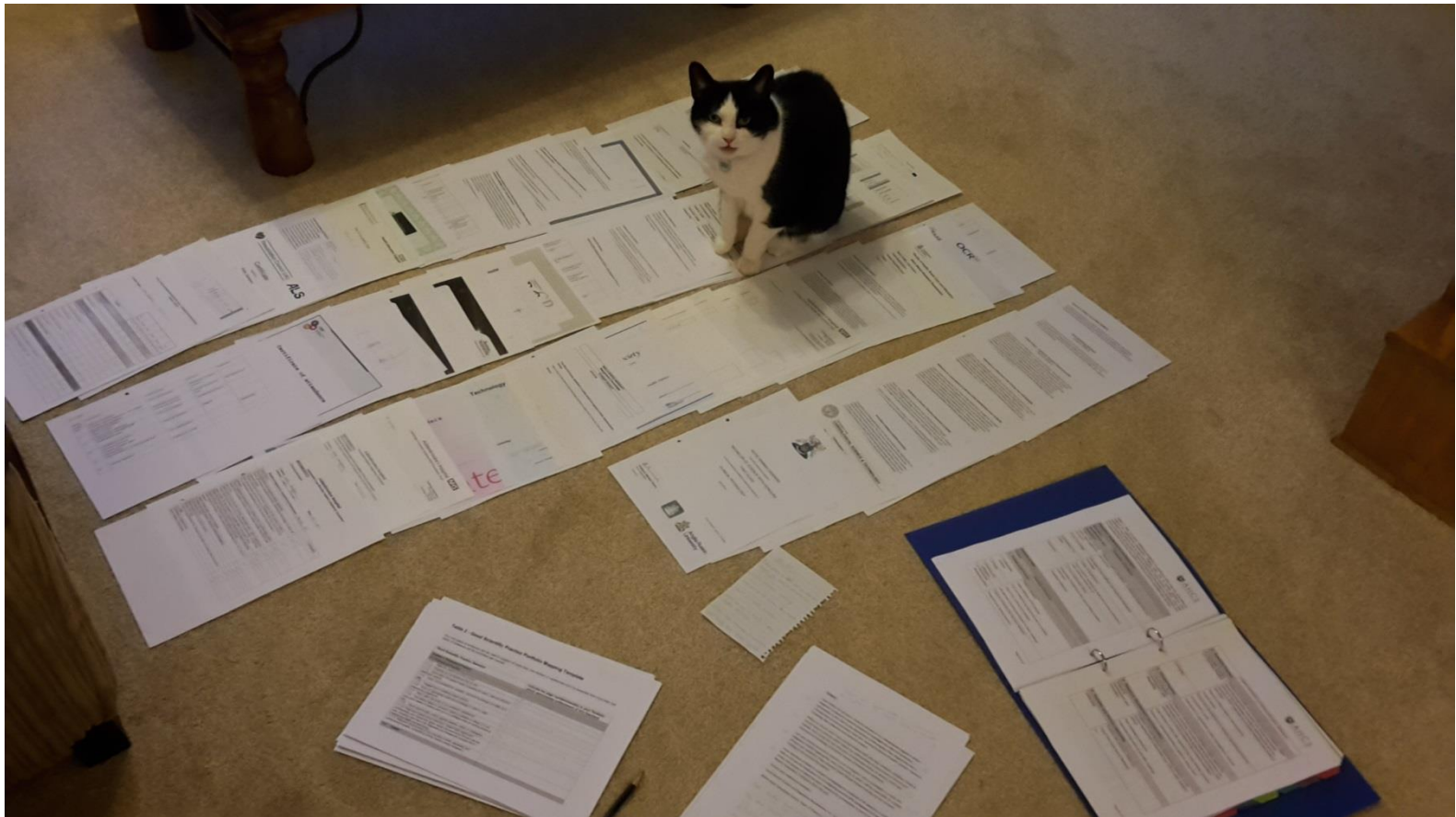
- Reflections on clinical experience and training
- Summaries of formal education assignments/projects
- CPD course certificates with critical analysis to support
- References
- Work based assessments - as the trainee and the assessor
- Multi-source feedback results
- Teaching/lesson plans
- Feedback from learners
- Anonymised appraisals/ one to ones as a line manager
- Case studies
- Abstracts of any published work
- Audit reports
- Curriculum vitae
- Meeting minutes
- Local guidelines/protocols



The portfolio of evidence

- Tips:
 - AHCS Applicants guide provides a thorough review of the process, including ideas for types of evidence in each domain
 - Example report of experience is available and is a useful template
 - Do a gap analysis early in your application
 - Think creatively and laterally to apply your evidence to multiple standards
 - Accept offers of help where appropriate





Accepting help

- Proof reading
- Checking for patient data
- Avoid paw prints where possible



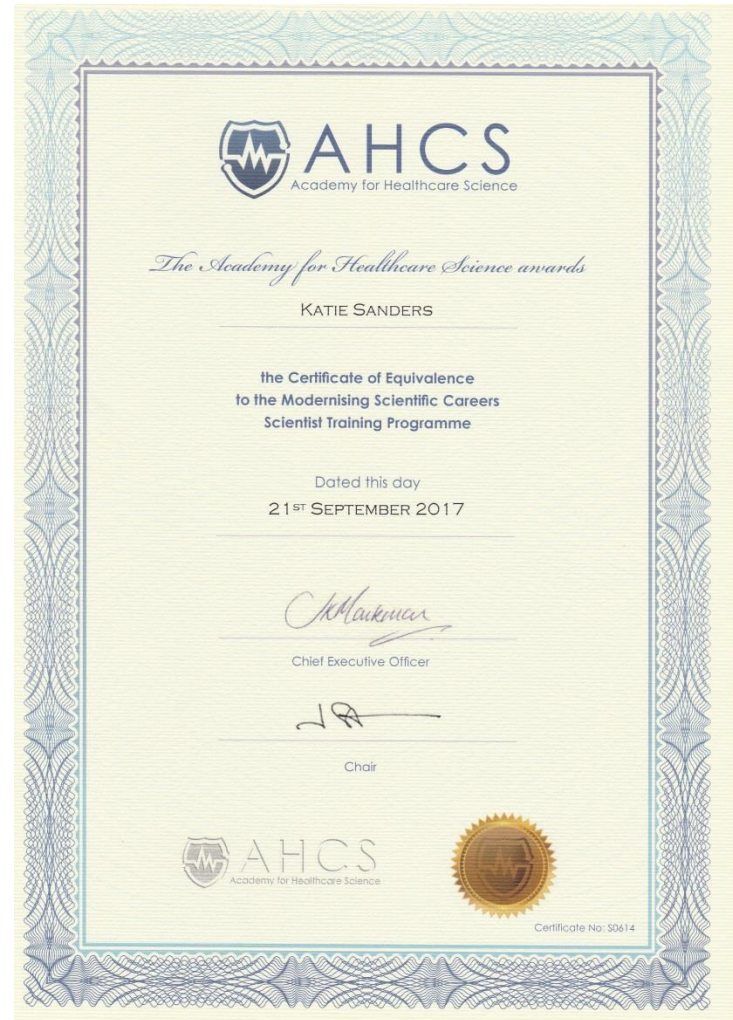
The interview

- Recommendation to attend interview after submission and review of portfolio
- 3 assessors: two professional and one lay
 - At least one will be a Clinical Scientist
 - One will have cardiology expertise
- Questions asked around same five GSP domains
 - Not focussed on your portfolio but testing your knowledge
 - Ensure there are no concerns regarding patient safety



What happened next?

- Whole process took a year from submitting initial application to having the interview
- Was granted Certificate of Equivalence which confers eligibility to apply to HCPC (not an automatic registration)



Post registration

- I have been supported by cardiology consultant to run an extended practice clinic assessing patients prior to box change
 - Take a history and perform clinical examination
 - Arrange relevant tests (ECG, echo, bloods)
 - Identify changes in indication for upgrade or downgrade of devices at time of box change
 - Discuss with patient
 - Clinic letters sent to GP



Case study

- 87 year old male with DDD since 2009
- Not seen by Cardiology since implant except for device checks
- Seen in box change clinic
 - Full history taken - shortness of breath was his main concern
 - 47% RV paced but also VHR episodes due to fast AF
 - ECG showed AF with intrinsic QRS 172ms



Case study

- Plan:
 - Letter to request GP to optimise medications
 - Arrange echo
- Result:
 - Severely reduced LV function despite optimal medications
 - Upgraded to CRT-P at box change
 - Patient informed of rationale/risks prior to procedure, without a lengthy wait for Cardiology clinic appointment



And now...

- Registering as a Clinical Scientist also confers eligibility to apply for HSST
- I successfully applied and am now just starting my second year
- Complements my extended clinical role



Summary

- Self-affirming process improving confidence
 - Provided evidence to myself and others
- Does take hard work and planning
 - Gap analysis early
 - Look for opportunities to fill the gaps
 - Reflective writing is useful evidence
- Opens doors to extend traditional physiologist roles

