



## POSITION STATEMENT ON ROUTES OF ENTRY TO CLINICAL SCIENTIST REGISTRATION

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### 1. Introduction

When clinical scientists came into statutory regulation in 2000, the Association of Clinical Scientists (ACS) (<http://www.assclinsci.org>) provided the means for assessment of individuals seeking registration with the Health Professions Council (HPC) (from August 2012 the Health and Care Professions Council, HCPC).

Following the establishment of the Scientist Training Programme (STP) within the broader Modernising Scientific Careers (MSC) initiative in 2011, the Academy for Healthcare Science (AHCS) (<http://www.ahcs.ac.uk/>) has been approved by the HCPC to assess candidates for registration as clinical scientists. This is now the predominant route to registration, replacing the former IPEM training scheme.

The AHCS has also developed an 'equivalence route' for candidates who are not following the formal STP but whose qualifications and experience have been assessed as being equivalent to it. This includes a requirement for applicants to show that the requirements of Good Scientific Practice (GSP) (<http://ahcs.se1net.com/wp-content/uploads/2013/09/AHCS-Good-Scientific-Practice.pdf>) have been met *in the context of the relevant STP learning outcomes*. Applicants need to be able to demonstrate all, or at least a substantial majority, of the learning outcomes of one of the STP programmes in order to be awarded a Certificate of Equivalence by AHCS, qualifying them for HCPC registration. Trainees completing the Scottish training scheme, introduced in 2014, use this route to achieve HCPC registration.

In November 2013 the ACS and AHCS announced their intention to form an Integrated Assessment Unit (IAU), bringing together the assessment functions of the two organisations (<http://www.ahcs.ac.uk/2013/11/the-clinical-scientist-integrated-assessment-unit/>). The IAU was intended to be a single portal for applicants who might otherwise have to choose

between ACS and AHCS routes to registration, and aimed to ensure that each applicant is signposted to the route best suited to his or her individual circumstances. At the time of writing this IAU has not been established and the two organisations informally direct applicants between themselves.

Although what was known as ACS 'Route 1', which applied to the former IPEM training scheme, has been superseded by STP and is effectively no longer required (except perhaps in the case of those who took a career break before completing training), the ACS continues to offer 'Route 2' for those who have not followed a formal training programme but have suitable postgraduate experience, including at least three years in supervised clinical science practice. Route 2 has most commonly (but not exclusively) been followed by candidates who have completed a PhD and gained their supervised experience in a role with a strong research and development component. Entry via Route 2 is uncommon in some disciplines, but in certain specialist areas (such as MRI physics) a large proportion of clinical scientists achieve registration through this route. Route 2 is also a useful route to registration for people who have trained outside the UK.

Prior to January 2017, the Route 2 process approved by the HCPC required applicants to have at least 6 years' relevant experience before applying for assessment with ACS. However, following a detailed submission by ACS, HCPC has agreed to the removal of this requirement, whilst the competencies that must be demonstrated remain unchanged. The ACS Board believes that it is very unlikely that applicants will be able to meet the Route 2 requirements should they have less than four years' experience. The 6 year rule will be removed for new applications from 1 March 2017.

Trainees using Route 2 apply for ACS assessment by submitting a portfolio of evidence and undergoing an interview with two expert assessors. The aim of this process is to ensure that the candidate meets competences set out by the ACS for safe and effective practice, which in turn map onto the standards of proficiency set out by the HCPC. Successful assessment results in award of the ACS Certificate of Attainment, which the candidate can then present to the HCPC in order to gain registration.

## **2. Our position**

IPEM welcomes the removal of the 6 year requirement for Route 2 trainees, which will allow committed and experienced individuals to work towards ACS assessment at their own pace, whilst the maintenance of the same competency standards for registration ensures that there will be no change in the high quality of the Registered Clinical Scientists who will emerge

from this form of training. We also welcome the helpful guidance from the ACS that trainees are unlikely to be ready for assessment in less than four years.

IPEM notes that many entrants to the profession via ACS Route 2 do not have the breadth of experience that will be needed to apply successfully for STP equivalence, but are able to satisfy the ACS competences and hence the HCPC standards of proficiency. This is likely to be the case where an applicant's experience is in a discipline that forms a subset of one of the STP curricula (e.g. an applicant experienced in MRI Physics), but not in the other elements of the Imaging with Non-Ionising Radiation STP.

IPEM believes that for the foreseeable future there will continue to be a demand from the service for individuals with specialist expertise and experience, the breadth of which does not match a current STP curriculum, to achieve registration in order to enter NHS practice. It is IPEM's position that ACS Route 2 will therefore continue to be required alongside the AHCS equivalence route

Route 2 also offers a route to registration for individuals whose personal circumstances make it impossible for them to meet the practical demands of the national training programmes in respect of, for example, full-time working, or geographical availability of courses or placements. We believe that alternative routes should be available to enable the broadest possible entry gate to the professions, to increase the diversity of the professions and keep opportunities open to individuals on non-traditional career pathways, and from a variety of backgrounds and circumstances.

All of the existing routes to registration which satisfy HCPC standards for safe and effective practice should remain open for the benefit of the service and patients. Additional routes will help to address the shortage of places on national schemes to meet demand for training, and the lack of qualified scientists to meet the current and predicted shortages in the workforce which IPEM's Workforce Intelligence Unit has identified.

IPEM will work constructively with the ACS, AHCS and other stakeholders to ensure that a variety of routes which satisfy HCPC standards remain available.

### **3. Recommendations**

We believe that Route 2 provides an additional means to address workforce shortages in medical physics and clinical engineering, alongside the national training programmes across the UK, and we have included the development of opportunities using this route, and support

to trainees on this route, in our new training and education strategy. We recommend that employers consider supporting trainees to undertake Route 2 training where national training schemes are not accessible.

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*This document has been prepared and published on behalf of the Institute of Physics and Engineering in Medicine (IPEM) to set out its position on this topic.*

*For further or updated information, please see the IPEM website at [www.ipem.ac.uk](http://www.ipem.ac.uk).*

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