

Accreditation renewal report

Standards 1-8

Academy for Healthcare Science (AHCS)

June 2024

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About accreditation

The Professional Standards Authority (the Authority) accredits registers of people working in a variety of health and social care occupations that are not regulated by law. To become an Accredited Register, organisations holding registers of unregulated health and social care roles must prove that they meet our *Standards for Accredited Registers* (the Standards).

Initial accreditation decisions are made by an Accreditation Panel following an assessment of the organisation against the Standards by the Accreditation team. The Panel decides whether to accredit an organisation or not. The Panel can also decide to accredit with Conditions and provide Recommendations to the organisation.

- **Condition** – Issued when a Panel has determined that a Standard has not been met. A Condition sets out the requirements needed for the Accredited Register to meet the Standards, within a set timeframe. It may also reduce the period of accreditation subject to a review or the Condition being met.
- **Recommendation** – Actions that would improve practice and benefit the operation of the Register, but which is not a current requirement for accreditation to be maintained.

This assessment was carried out against our Standards for Accredited Registers¹ (“the Standards”) and our minimum requirements for the Standards as set out in our Evidence framework². More about how we assess against Standard One can be found in our Supplementary Guidance for Standard One³.

We used the following in our assessment of the Academy for Healthcare Science (AHCS):

- Documentary review of evidence of benefits and risk supplied by the AHCS and gathered through desk research
- Documentary review of evidence supplied by the AHCS and gathered from public sources such as its website
- Due diligence checks
- Share your experience responses
- Assessment of the AHCS complaints procedures.

¹ https://www.professionalstandards.org.uk/docs/default-source/publications/standards/standards-for-accredited-registers.pdf?sfvrsn=e2577e20_8

² https://www.professionalstandards.org.uk/docs/default-source/accredited-registers/standards-for-accredited-registers/accredited-registers-evidence-framework-for-standards.pdf?sfvrsn=55f4920_9

³ https://www.professionalstandards.org.uk/docs/default-source/accredited-registers/standards-for-accredited-registers/accredited-registers-supplementary-guidance-for-standard-one.pdf?sfvrsn=3e5f4920_6

The Outcome

The Accreditation Panel met on 28 March 2024 to consider the AHCS’s application to renew its accreditation. The Panel was satisfied that the AHCS met all the Standards for Accredited Registers.

We therefore decided to accredit the AHCS without Conditions.

We noted the following **positive findings**:

- The AHCS’ complaints procedures are comprehensive and transparent
- The AHCS makes effective use of the Accredited Registers quality mark throughout its website
- The AHCS launched a new website that significantly improves the accessibility and clarity of information for the public and registrants.
- The AHCS demonstrated a proactive approach to new and developing risks, including the need to address risks relating to increasing numbers of registrants working independently.

We issued the following Recommendations to be considered by the next review:

Recommendations	
Standard 2	<ol style="list-style-type: none">1. The AHCS should consider how information presented on the individual parts of the register can be easily understood by those accessing it directly.2. The AHCS should ensure that outcomes for all registration applications and appropriate appeal or review processes are set out clearly.
Standard 3	<ol style="list-style-type: none">3. The AHCS should continue to develop its plans for registrants in independent practice to consider complaints and to escalate to the register where necessary.4. The AHCS should further explore strategies to encourage employers to report concerns about practitioners.
Standard 7	<ol style="list-style-type: none">5. The AHCS should review its risk matrix to ensure that it includes all the relevant risks and mitigations. This should include risks associated with safeguarding, boundary violations and registrants providing misleading information to the public.6. The AHCS should develop additional guidance for its registrants that work in independent practice. This should include information on safeguarding, advertising and other factors that will impact this group of registrants.7. The AHCS should consider developing a system of checking the information provided by self-employed registrant websites

	<p>as a further mitigation for the risks associated with registrants providing misleading information.</p> <p>8. The AHCS should provide information for the public and other stakeholders about the occupations it registers, outlining their benefits (and limitations where appropriate).</p>
Standard 8	<p>9. The AHCS should check that information is clearly presented for all the distinct parts of its 'PSA Accredited Register'.</p> <p>10. The AHCS should implement its plans to seek, understand and use the views and experiences of service users and other stakeholders and consider how it can benefit from these.</p>

About the Register

This section provides an overview of the AHCS and its register.

Name of Organisation	Academy for Healthcare Science (AHCS)
Website	<p>https://www.ahcs.ac.uk/</p> <p>The Accredited Register is divided into four parts:</p> <ul style="list-style-type: none"> • Healthcare Science Practitioner Register https://app.ahcs.ac.uk/search • Clinical Research Practitioner Register https://crpregister.ahcs.ac.uk/search/21/clinical-research-practitioner-register • Life Science Industry Credentialing Register https://app.lifescienceindustry.co.uk/search/12/lsi-national-credentialing-register • Higher Specialist Scientist Register https://app.ahcs.ac.uk/search
Type of Organisation	Independent company limited by guarantee without share capital (Company number 07783650)
Role(s) covered	<p>The AHCS provides information about the roles it registers:</p> <ul style="list-style-type: none"> • Healthcare Science Practitioners, including clinical physiologists. • Higher Specialist Scientists • Clinical Research Practitioners • Life Science Industry
Number of registrants	13,802 as of 1 January 2024
Overview of Governance	<p>The AHCS is overseen by its Management Board which consists of nine members, including three lay members. The day to day running of the organisation is under the remit of the Management team.</p> <p>The Regulation Board is responsible for the establishment and maintenance of the AHCS's register. It has an independent Chair and operates at arms-length from the AHCS.</p>
Overview of the aims of the register	<p>The AHCS publishes its vision on its website:</p> <ul style="list-style-type: none"> • 'To ensure that science and Healthcare Science continues to be recognised as a fundamental building block of the health and care system. • Delivering Recognition, Reputation and Regulation for the profession.'

	<p>It also publishes its mission:</p> <ul style="list-style-type: none"> • ‘To support and promote Healthcare Science, scientific and diagnostic services, and the staff working in them – speaking for the profession with one clear voice. This includes supporting and promoting the work of the specialist professional bodies within Healthcare Science and providing a forum for discussion and collaboration between these bodies. • To demonstrate the ‘one voice’ of the Healthcare Science profession by making authoritative responses to government, regulatory bodies, and independent organisations with remits in health and to the media and public on generic issues, when this is appropriate. • To develop a coherent assured Register for Healthcare Scientists, as a step towards securing statutory registration for all people working within the Healthcare Science workforce • To support and recognise career development within the Healthcare Science workforce. • To provide wider support and assurance for the education and training processes and standards across Healthcare Science. <p>To strengthen the governance and internal working arrangements of the Academy and to ensure the financial sustainability of the Academy for the benefit of the public.’</p>
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Inherent risks of the practice

This section uses the criteria developed as part of the Authority’s *Right Touch Assurance tool*⁴ to give an overview of the work of the AHCS’ registrants.

Risk criteria	AHCS Register
<p>1. Scale of risk associated with AHCS registrants.</p> <p>a. <i>What do AHCS registrants do?</i></p> <p>b. <i>How many AHCS</i></p>	<p>a) AHCS registrants encompass a diverse group of healthcare professionals.</p> <ul style="list-style-type: none"> • Healthcare Science Practitioners utilise technology to deliver and interpret high-quality tests, investigations, and interventions, working within established protocols. • Consultant Clinical Scientists operate at an advanced level, akin to medical consultants, requiring clinical judgment, scientific expertise, and leadership skills to manage complex patient care situations. • Life Sciences Industry (LSI) Representatives are individuals who work for companies that trade and

⁴ https://www.professionalstandards.org.uk/docs/default-source/publications/policy-advice/right-touch-assurance---a-methodology-for-assessing-and-assuring-occupational-risk-of-harm91c118f761926971a151ff000072e7a6.pdf?sfvrsn=f537120_14.

<p><i>registrants are there?</i></p> <p>c. <i>Where do AHCS registrants work?</i></p> <p>d. <i>Size of actual/potential service user group</i></p>	<p>provide services to the National Health Service (NHS). These representatives may interact directly with NHS staff and patients to deliver healthcare products and services.</p> <ul style="list-style-type: none"> • Clinical Research Practitioners work in various research settings, often directly with patients, to deliver studies in community, social care, and public health contexts. These practitioners may be degree holders but are not necessarily registered in a specific healthcare profession. <p>b) There were 13,802 AHCS registrants as of 1 January 2024. The majority of its practitioners are healthcare science practitioners, clinical physiologists, and practitioners on the Life Sciences Credentialing register. Registrants may work in all four UK countries, although the majority work in England.</p> <p>c) Healthcare scientists primarily work within the NHS, although some may also be found in independent healthcare settings, local authorities, and schools. Clinical Research Practitioners (CRPs) may be employed by either the NHS or independently funded research organizations, with the majority working in roles funded by the National Institute of Healthcare Research (NIHR). In contrast, individuals in Life Sciences Industry (LSI) roles are employed by companies that provide services to the NHS.</p> <p>d) While the precise impact of healthcare scientists, CRPs, and LSI roles is difficult to quantify due to the number and nature of their roles, the AHCS estimates that healthcare scientists alone contribute to roughly 80% of all NHS diagnostic results, indicating a significant impact on many NHS patients.</p>
<p>2. Means of assurance</p>	<p>Assurance of practitioner competency and safety is achieved through multiple mechanisms. These include:</p> <ul style="list-style-type: none"> • Employer checks: Registrants typically work in NHS or other employed settings and will have criminal records checks where required. • Clinical governance and safeguarding procedures: Practitioners working within NHS and independent hospital settings adhere to established clinical governance frameworks and local safeguarding procedures.

	<ul style="list-style-type: none"> • Relevant standards and accreditation: Certain environments where practitioner work must meet specific standards, such as <i>ISO 15189 for medical laboratories</i>, <i>BS70000 for medical physics and clinical engineering services</i>, and accreditation by the UK Accreditation Service (UKAS). Additionally, the <i>Improving Quality in Physiological Services (IQIPS) scheme</i>, managed and delivered by UKAS, sets standards for those working in physiological services and has been recognized for its contribution to patient outcomes by organizations like NHS England and the Care Quality Commission⁵.
3. About the sector in which AHCS registrants operate	<p>The majority of AHCS registrants operate within healthcare settings, predominantly in the NHS, but also in independent hospitals, independent practices, local authorities, and schools. The AHCS has noted an increasing trend towards independent practice among practitioners.</p>
4. Risk perception <ul style="list-style-type: none"> • <i>Need for public confidence in AHCS registrants?</i> • <i>Need for assurance for employers or other stakeholders?</i> 	<p>The healthcare science workforce, including healthcare scientists, Clinical Research Practitioners (CRPs), and Life Sciences Industry (LSI) representatives, plays a critical role in the delivery of safe and effective healthcare. Reports from both Scotland and England highlight the importance of the healthcare science workforce and the need for public confidence in these professionals. The Scottish report reveals that healthcare scientists in Scotland alone conduct over 60 million laboratory tests and 730,000 clinical physiological measurements annually⁶, while the English report states that their counterparts in England deliver over a billion diagnostic and scientific investigations and treatment interventions each year⁷. These reports highlight the significant impact of the healthcare science workforce and the need for assurance among employers and other stakeholders regarding their competence and adherence to professional standards.</p>

⁵ <https://www.ukas.com/accreditation/standards/iqips/>

⁶ [Driving Improvement, Delivering Results: The Scottish Healthcare Science National Delivery Plan 2015–2020 \(www.gov.scot\)](http://www.gov.scot/Driving-Improvement-Delivering-Results-The-Scottish-Healthcare-Science-National-Delivery-Plan-2015-2020)

⁷ [science-in-healthcare-delivering-the-nhs-long-term-plan.pdf \(england.nhs.uk\)](http://www.england.nhs.uk/science-in-healthcare-delivering-the-nhs-long-term-plan.pdf)

Assessment against the Standards

Standard One: Eligibility and 'public interest test'

- 1.1 We are in the process of assessing all current Accredited Registers against Standard One, which was introduced in July 2021. Decisions about Standard One for current Accredited Registers can be made by the Accreditation Team if no concerns are identified.
- 1.2 We completed our Standard One assessment for the AHCS in May 2023. We found that the AHCS' register falls within the scope of the Accredited Registers programme. We considered that the work of healthcare science practitioners, higher specialist scientists, clinical research practitioners and life science industry roles can be beneficial. We found it is in the public interest to have registers of practitioners who meet appropriate standards of competence, conduct, and business practice, as required by the AHCS.
- 1.3 Consequently, the Accreditation Team found that Standard One was met. We did not identify any new information that could affect Standard One being met, during the assessment of Standards Two to Eight.

Standard 2: Management of the register

The Accreditation Panel found that Standard Two was met. It issued the following Recommendations:

Recommendations:

- The AHCS should consider how information presented on the individual parts of the register can be easily understood by those accessing them directly.
- The AHCS should ensure that outcomes for all registration applications and appropriate appeal or review processes are set out clearly.

Accreditation Panel findings

- 2.1 The four parts of the AHCS' register may be accessed from <https://www.ahcs.ac.uk/registration/psa-accredited-register/> which explains their structure and the roles included within each. This page links to the individual parts of the register which provides information about their standards and application processes.
- 2.2 Each part of the AHCS' register, such as the Healthcare Science Practitioner Register, is published on separate web pages (for example <https://app.ahcs.ac.uk/search>). We considered the information on these pages is accurate, including details about any disciplinary actions and why someone might not be listed. However, the Panel considered that these pages could be improved by being more clearly linked to the main AHCS website, which includes further detail. To make it easier for people to find what they need, we suggested adding links on the register pages to relevant information on the

main website. The Accreditation Panel issued the following Recommendation to address this:

- The AHCS should consider how information presented on the individual parts of the register can be easily understood by those accessing it directly.

2.3 The AHCS' register is open to practitioners who meet its standards, including holding the required qualifications and competencies, demonstrating good character, maintaining fitness to practice, and committing to ongoing professional development. Application requirements are available for each register on the AHCS website. The AHCS shared with us their procedures for checking the accuracy of information provided within initial applications and annual renewal of registration, including disciplinary actions by other registers. The register is regularly audited for accuracy.

2.4 We require Accredited Registers to provide appeals processes for practitioners whose applications for registration are not accepted. The AHCS states that applications may be rejected if it believes the practitioner does not meet its standards or proficiency, or its health and character requirements. Applicants may appeal and provide grounds as to why they believe the decision was wrong. The Accreditation Panel noted information about appeals were provided for all parts of the register except for Clinical Research Practitioners, so issued the following Recommendation:

- The AHCS should ensure that outcomes for all register applications and appropriate appeal or review processes are set out clearly.

Standard 3: Standards for registrants

The Accreditation Panel found that Standard Three was met. It issued the following Recommendations:

Recommendations:

- The AHCS should continue to develop its plans for registrants in independent practice to consider complaints and to escalate to the register where necessary.
- The AHCS should further explore strategies to encourage employers to report concerns about practitioners.

Accreditation Panel findings

3.1 The AHCS requires registrants to agree to Terms and Conditions of registration. These terms cover areas such as continuing professional development (CPD) requirements, compliance with AHCS standards, notification of registration changes, and confirmation of insurance coverage.

3.2 The AHCS provides Standards of Proficiency that define the scope of practice for each part of its register. These documents outline the expectations for

registrants to work within their personal competence, adhere to agreed-upon scopes of practice, recognise their limitations, and seek appropriate advice or referrals when necessary. Specialised scopes of practice for specific roles, such as Medical Illustrators, further detail the required knowledge, skills, and behaviours for safe and effective practice within those fields.

- 3.3 We require Accredited Registers to assure that their registrants have procedures for considering complaints and escalating them to their registering body where necessary. Although most registrants work in the NHS or for other institutions that will have organisational complaints policies, the AHCS recognised that a growing number of practitioners may work within independent practice. At the time of assessment it was undertaking a scoping exercise to consider relevant complaints requirements for practitioners working in the independent sector. The Accreditation Panel emphasised the importance of this work and issued the following Recommendation:
- The AHCS should continue to develop its plans for registrants in independent practice to consider complaints and to escalate to the register where necessary.
- 3.4 Where applicable to the occupation, explicit standards for advertising are required for Accredited Registers. The AHCS does not currently have such requirements, as registrants have traditionally worked in the NHS or similar employed settings. However, recognising the increasing number of registrants working in the independent sector, the AHCS was undertaking a scoping exercise to understand the associated challenges and develop appropriate guidance, including advertising standards. We considered that while this work was ongoing, the AHCS should remain mindful of the potential risks in the independent sector and prioritise the development of appropriate standards.
- 3.5 The AHCS, and other Accredited Registers, have previously identified a risk of employers not escalating concerns about practitioners to their registering body, potentially allowing those with performance or conduct issues to avoid disciplinary action. The Accreditation Panel stressed the importance of the AHCS continuing its efforts to ensure employers understand their responsibility to report such concerns and issued the following Recommendation:
- The AHCS should further explore strategies to encourage employers to report concerns about practitioners.

Standard 4: Education and training

The Accreditation Panel found that Standard Four was met.

Accreditation Panel findings

- 4.1 AHCS sets education and training standards to ensure the level of competency required for registration. Healthcare Science Practitioner registrants must meet the AHCS Standards of Education and Training for Undergraduate and Postgraduate Programmes. These are aligned with the Practitioner Training

Programme (PTP) and Higher Specialist Scientist Training (HSST) Programme, initially developed by NHS England's Modernising Scientific Careers team. Clinical physiology programmes and courses leading to Medical Illustrator registration are mapped to the standards of Good Scientific Practice. Training requirements for the LSI Credentialing Register are developed with input from industry experts, the NHS, and employers. Clinical Research Practitioners (CRPs) must work at practitioner level (defined as level 5 and above of the 9-level Skills for Health Career Framework⁸) and meet standards agreed with the National Institute for Health and Care Research (NIHR) and the NHS.

- 4.2 The AHCS oversees the National School for Healthcare Science's accreditation of healthcare science programmes, including the PTP and HSST Programme. The AHCS also accredits degree programmes for Medical Illustrators and directly accredits pre-registration practitioner level programmes outside the School's remit. Third-party training providers for the LSI register undergo independent accreditation of course content and structure. The AHCS requires that CRPs complete the Good Clinical Practice course produced by the NIHR.
- 4.3 The AHCS ensures that its registrants are equipped to care for a diverse population by including modules on equality, diversity, and inclusion (EDI) in its training programs. The education and training requirements also cover essential aspects of the wider health and social care systems, such as understanding the roles of other professionals, safe working practices, and compliance with legislation and NHS policies, including infection control and health and safety. Specific training for Life Science Industry (LSI) registrants equips them to understand health-related aspects relevant to the products they work with.
- 4.4 Equivalence routes are clearly defined for those with non-standard qualifications. The AHCS runs four equivalence routes: Certificate of Competence for technologist specialties, Practitioner Training Programme (PTPE), Higher Specialist Scientist (HSSE), and Scientist Training Programme (STPE). Applicants demonstrate their competence through portfolios assessed by specialist and lay assessors, with a clinical assessor involved for HSS Equivalence applications. All outcomes undergo a quality assurance process to ensure standards are met.

⁸ https://www.skillsforhealth.org.uk/wp-content/uploads/2020/11/Career_framework_key_elements.pdf

Standard 5: Complaints and concerns about registrations

The Accreditation Panel found that Standard Five was met.

Accreditation Panel findings

- 5.1 The AHCS handles complaints from individuals, employers, or other parties through comprehensive Fitness to Practise (FTP) Procedures. This three-stage process follows the triage of concerns received and is detailed on the AHCS website, which also outlines the support available for those involved in the complaints process. Any resulting sanctions are displayed on register entries and the AHCS' decisions page, in line with published policies.
- 5.2 The AHCS does not impose a time limit for submitting complaints. This policy is intended to ensure that all complaints are considered, even if they are older. The AHCS addresses potential difficulties with older complaints by informing complainants when delays may hinder the investigation process.
- 5.3 Standardised report templates are used at each stage of the process, linked to relevant policies and procedures. Relevant staff and externally recruited panel members, including lay members, receive training to ensure informed decision-making.
- 5.4 To ensure consistency and appropriateness of decisions, the AHCS follows its Sanction Policy, which includes considerations for equality, diversity, and inclusion (EDI). The AHCS Quality Assurance Framework includes quarterly reports to the Regulation Board on case numbers, stages, and outcomes, and external case reviews can be commissioned if needed. Decisions are published on the AHCS website and the registrant's public-facing register entry.
- 5.5 The AHCS has protocols for reporting concerns to other relevant agencies, such as the Police or Social Services, and is a signatory to the Accredited Registers Information Sharing Protocol, ensuring that disciplinary outcomes are shared with other relevant registers.
- 5.6 Registrants can appeal decisions made by the Interim Orders Panel, the Fitness to Practise Panel, or the Registrar's decision to remove a registrant's name from the register. The grounds for appeal are clearly set out, and appeals panels include lay members.
- 5.7 We observed a discrepancy regarding the publication of disciplinary actions against registrants. Two individuals removed from the AHCS register were listed on the "Hearings and Decisions" webpage but not on the live register, despite a policy stating that such details would be available on the public-facing register for five years. The AHCS clarified that removed registrants would only appear on the webpage, not the register, and has since updated its policies to reflect this.

Standard 6: Governance

The Accreditation Panel found that Standard Six was met.

Accreditation Panel findings

- 6.1 The AHCS is a not-for-profit Company Limited by Guarantee, governed by its Regulation Board, Management Board, Education, Training & Standards Committee, and Finance, Audit & People Committee. These boards/committees operate independently and ensure clear functional separation. Policies are in place to manage conflicts of interest, with staff and committee members required to declare any personal interests annually.
- 6.2 Governance arrangements, including the roles and responsibilities of Board members, are published on the AHCS website. Board member roles are defined in their contracts, which are reviewed and signed annually. Recruitment and HR processes are outsourced to ensure fairness, with non-conscious bias training provided to Board members. The AHCS emphasizes diversity in its senior leadership, Board, and Committee members, reflecting its commitment to equality, diversity, and inclusion.
- 6.3 The Regulation Board, responsible for overseeing the register, operates separately from the other committees and includes lay membership. Its remit is outlined in published Terms of Reference, and summaries of its meetings are publicly accessible.
- 6.4 The AHCS has appropriate policies in place for managing the register. The annual budget and reserves are set based on strategic plans and objectives, approved by the Board after scrutiny by the Finance, Audit, and People Committee. Policies include a Data Protection Policy that outlines the handling of personal and sensitive information, with provisions to monitor and minimize discriminatory practices. Business continuity arrangements ensure the register's continued operation during unplanned absences, incorporating measures such as decentralized working and cyber business interruption cover.
- 6.5 The AHCS will receive and investigate complaints against the actions of itself and its staff through its corporate procedures.

Standard 7: Management of the risks arising from the activities of registrants

The Accreditation Panel found that Standard Seven was met. It issued the following Recommendations:

Recommendations:

- The AHCS should review its risk matrix to ensure that it includes all relevant risks and mitigations. This should include risks associated with safeguarding, boundary violations and registrants providing misleading information to the public.
- The AHCS should develop additional guidance for its registrants that work in independent practice. This should include information on

safeguarding, advertising and other factors that will impact this group of registrants.

- The AHCS should consider developing a system of checking the information provided by self-employed registrant websites as a further mitigation for the risks associated with registrants providing misleading information.
- The AHCS should provide information for the public and other stakeholders about the occupations it registers, outlining their benefits (and limitations where appropriate).

Accreditation Panel findings

- 7.1 The AHCS maintains a practitioner risk register, demonstrating awareness of potential risks associated with practitioners on its register. At the time of assessment, the AHCS was updating its risk register methodology to consider practice-based risks for the diverse professional groups it represents. This would include focus on the growing number of registrants in independent practice, who may have more direct contact with patients than was traditionally expected. The AHCS aimed to develop mitigation strategies and guidance for all practitioner roles.
- 7.2 When we assessed the AHCS against Standard One, we were concerned that its existing risk register did not include risks relating to safeguarding, boundary violations, or registrants working independently providing accurate information. We acknowledged however that such risks were addressed within its registration standards, and other frameworks such as set by employers. The Accreditation Panel re-issued the Recommendations provided in the previous assessment, to be considered by the AHCS when developing its new risk registers:
- The AHCS should review its risk matrix to ensure that it includes all relevant risks and mitigations. This should include risks associated with safeguarding, boundary violations and registrants providing misleading information to the public.
 - The AHCS should develop additional guidance for its registrants that work in independent practice. This should include information on safeguarding, advertising and other factors that will impact this group of registrants.
 - The AHCS should consider developing a system of checking the information provided by self-employed registrant websites as a further mitigation for the risks associated with registrants providing misleading information.
- 7.3 We checked the AHCS website to assess how clearly and accessibly it presented information about the benefits and limitations of treatments offered by registrants. The AHCS had identified a need to develop guidance to address potential risks associated with independent practise. We noted that while the AHCS' website provided information on healthcare science roles, it lacked

detailed information on certain roles for example Life Sciences or Clinical Research Practitioners. The Accreditation Panel issued the following Recommendation:

- The AHCS should provide information for the public and other stakeholders about the occupations it registers, outlining their benefits (and limitations where appropriate).

Standard 8: Communications and engagement

The Accreditation Panel found that Standard Eight was met. It issued the following Recommendations:

Recommendations:

- The AHCS should check that information is clearly presented for all the distinct parts of its 'PSA Accredited Register'.
- The AHCS should implement its plans to seek, understand and use the views and experiences of service users and other stakeholders and consider how it can benefit from these.

Accreditation Panel findings

- 8.1 The AHCS launched a new website in January 2024 with the aim of improving accessibility. Our assessment found the new site offers clearer information, better accessibility features, and easier access to its register and complaints processes.
- 8.2 The AHCS maintains a register with four distinct parts for healthcare science professionals. Only the LSI Credentialing part has distinct grades or levels of registration, based on its risk assessment. The Higher Specialist Scientist part represents a progression from the Healthcare Science Practitioner Register but is a separate entity. The AHCS website provides information on the four categories of healthcare science roles and their 50 specialities, including the Healthcare Science Practitioners, Higher Specialist Scientists, and Clinical Physiologists registers. However, information regarding the Medical Illustrators part and how it fits within the framework was not easily accessible. The Accreditation Panel issued the following Recommendation to address this:
- The AHCS should check that information is clearly presented for all the distinct parts of its 'PSA Accredited Register'.
- 8.3 Accredited Registers must have processes to seek and understand the views and experiences of service users and other stakeholders. The AHCS outlined its policies for gathering stakeholder views but recognised the need for broader public and service user feedback. To address this, it has developed a communications plan to raise awareness of its work in healthcare science and engage a wider audience. The plan includes social media campaigns, surveys, newsletters, and other methods for gathering feedback from registrants and the public. In line with those goals, the Accreditation Panel issued the following Recommendation:

- The AHCS should implement its plans to seek, understand and use the views and experiences of service users and other stakeholders and consider how it can benefit from these.
- 8.4 We encourage Accredited Registers to display our Quality Mark and acknowledged it was prominently displayed on the AHCS' updated website.

Share your experience

- 9.1 We ran a public consultation for the AHCS between January and February 2024. We did not receive any responses at this or following its previous assessment.

Impact assessment (including Equalities impact)

- 10.1 We carried out an impact assessment as part of our decision to accredit the AHCS' register. This impact assessment included an equalities impact assessment as part of the consideration of our duty under the Equality Act 2010.
- 10.2 Our recent assessments of the AHCS have considered information provided about its healthcare science practitioners, clinical research practitioners, and life science industry roles. We have considered the scope of practice, number of registrants, distribution across the UK, and inherent risks associated with their practice. The AHCS' collection and analysis of data regarding protected characteristics of registrants could help the understanding of impacts and actions to promote equality. This will be considered further within the upcoming Standard 9 assessment.
- 10.3 No specific negative or adverse impacts on protected groups were identified. We noted within the assessment that the AHCS recognised a need for more effective public engagement and is acting on this. This may inform its understanding of issues affecting people with protected characteristics, enabling it to mitigate risks identified from this.