

Notes of the NES Healthcare Science Advisory Group



Date: Monday 3rd Dec 2012
Time: 11am - 1pm
Venue: Board Room, NES offices, Thistle House

Present: Linda Walsh (*Chair*) LW
Robert Farley (*notes*) RF
Lindsay Yuile LY
Adrian Carragher AC
David Lurie DL
Stephen Pye SP
Jean Bell JB
Peter Johnston PJ
Carlyn McNab CMcN
Derek Bishop (depute for Dick Lerski *SFHCS*)
Helen Raftopolous (*SFC*)

Invitee Rob Coward RC, NES – Educational Development Directorate.

Apologies: David Stirling
Christine DePlacido

1 **Welcome and Apologies**

LW welcomed all to the meeting, and to the new NES headquarters building at 102 Westport.

2a) **Introductions**

LW invited all attendees to provide an introduction. Particular welcome extended to Rob Coward, Educational Projects Manager at Educational Development Directorate - NES

b) **Minutes of previous meeting – 8th June 2012**

The Minutes of the meeting held on 9th Dec 2011 accepted without modification.

c) **Matters arising**

None

3 **HCS Programme Director's update (Paper: Discussion Note 1)**

RF welcomed the group to NES Westport. A short verbal report on 2012 highlights was given, together with a forward look. **ACTION**

Our programmatic work continues, including NES HCS Early Career, Refreshing Leadership and Train-the-Trainer. All are well subscribed; RF indicated how these programmes borrowed from other professions deliver cost effective training for healthcare science staff. The Refreshing Leadership programme has won particular plaudits.

2012 has seen a focus on the postgraduate scientist trainee cohort. This included awards to 35 Practitioner-grade staff, and an October 2012 trainees' event at the Beardmore. This was broadly well-received by the 130 attendees which included supervisors and postgraduate trainees. Our postgraduate scientist cohort has about 150 on the current register.

Further support was offered to 13 practitioner trainees in Clinical Physiology. RF noted that there was a bias to Greater Glasgow, which took 10 of the posts. RF reported briefly on modernisation matters, including the launch of the

Academy for Healthcare Science, and the AHCS engagement with Scotland in June. There was some feedback from the June meeting regarding the format of the meeting – largely attributable to the limited information about the Academy at that time. RF expected a fuller engagement in 2013. In Scotland a successful national event was run for Healthcare Science at the end of November; several members present had attended.

RF noted the financial outlook and our foci for 2013, these being postgraduate trainees; promotion of Practitioner training; HCS engagement and sustaining our work stream / programmatic interventions.

PJ commented that, from the perspective of NES educational research, there was much to commend the HCS work stream's approach – particularly the postgraduates and the programmatic work. A position paper or reporting exercise might be useful to other NES groups, particularly as NES was seeking examples of multidisciplinary / multi-professional working, both at a UK and international level.

LY and SP raised the issue of practitioner development in the Physical sciences. RF agreed that a further engagement would be useful and invited a proposal from both. RF responded that NES intended 2013 Practitioner support to include a wider group.

Action SP and LY to table a proposal.

4 Postgraduate Scientist Trainees (Paper: Discussion Note 2)

RF gave a summary (PowerPoint) of our work to engineer a closer identity across HCS postgraduate trainees via our Common Core List, the support alluded to in item 3, national training numbers and our NES register of trainees and supervisors. The group was asked if the direction of travel was sound.

The advisory Group was supportive of the work done for this group so far. DB raised the issued of postgraduate trainees not recorded on the NES system who might, nevertheless be engaging with the Common Core List (CCL). JB seconded the possibility of a closer link for this group to the CCL. RF agreed to look at the possibility of offering a means to allow such trainees acquire a National Training Number and to advise the Scottish Forum of Healthcare Science of this. The key issue was preserving the concept of competitive selection and the compass that NES would have for such individuals would not necessarily be in receipt of central support.

Action RF: explore extension of National Training Numbering to unsupported trainees.

There was an extended discussion on the merits of the new train-the-trainer. LY asked about the possibility of requiring registered postgraduate supervisors to have undertaken the programme or an equivalent, and that NES should record this. JB indicated that a 'basic' and 'advanced' programme might be desirable. The loss of context from the generic variant was an issue. RF responded that NES was trying to offer a generic programme with some core elements to get people started and that context had been delivered by other groups following the generic day. DB noted that competence assessment was important

JB asked about credit rating of Biomedical scientist specialist portfolio and its eligibility to address CCL: was there NERS support for this. RF responded that postgraduate trainees could apply for NES support at the appropriate point subject to the same criteria as others applying to the scheme.

PJ highlighted the issue of tracking postgraduate trainees on completion. RF thought a follow-up (track-me) type registered for those coming off the NTN register would be a good idea and help in future determine impact and destination of the trainees. RF reported that the existing training register was due fro revision as some trainees complete in 2012, so this would be a good time to action a 'track-me' post training list

RF consider a "track-me" list for postgraduates completing.

5 Return on Investment (Paper: Discussion Note 3)

RC gave an overview of the NES Return on Investment programme. This essentially challenges not the learning but the impact, using a cost-benefit model. The programme is a 2 day intense event for around 12 per cohort, and set at level 7 SCQF.

RF asked how we could predict the utility of training in 10 years time. DB asked how the ROI programme was benchmarked. SP had a particular point regarding whether ROI would determine funding allocation. RC responded that NES Directorates are expected to employ robust evaluations methodologies, such as ROI.

LW Thanked RC for his presentation and invited the group to make contact with him for further information.

ACTION

RF circulate presentation

GROUP – follow-up with RC as required

6 Programme support from NES

This item was deferred owing to the absence of John McKinlay. RF undertook to invite John to the next group meeting (June 2013) to give an update on NES programmes. Some discussion on Early Career, Refreshing leadership and Train-the-Trainer had already taken place in the previous items.

ACTION

RF invite John Mckinlay / TDSU next AG

7 Unmet needs

LW invited a response from the group on the unmet needs of Healthcare Science Education and Training, not previously cited in RF's report (item 3)

DB thought something needed to be done for assistant grade staff and perhaps that NES could give advice about this. Department of Health in England had prepared competencies for Band 3 staff, which suggest a much higher level of responsibility and practise than currently present in service. The group expressed anxieties about this trend. DB observed that the recruitment of degree-level people into low band posts was skewing the capacity and management expectations of the Assistant workforce.

RF tested the idea that, from NES's perspective, articulation between assistant and practitioner grades was an issue. CMcN cited differences between East and West Scotland in terms of Assistants' development. In the East, a focus on modern apprenticeships is underway, whereas in the West such trainees are in conventional HNC / HND programmes.

ACTION

AC DB CMcN and LW all observed that time away from service and funding from service was an impediment to Assistant grades completing formalised training at an academic site. HR enquired why funding was an issue. Colleagues responded that the work-based nature of Assistants' training put them outwith SGC's remit. HR agreed that concerns of this nature should be fed back to SFC. HR explained that SFC can engineer outcomes agreement to 'consider needs of employers' to embed access to year 2 for HN-level award holders thereby improving articulation.

GROUP – Contact HR to advise of specific issues.

LW expressed concerns about on-line learning for Assistants / MA grade of staff and thought face-to-face learning was better.

RF invited further input from the group on this. NES anticipates some form of support for assistant grades in 2013.

GROUP – Advise RF of issues.

8 Communications

LW noted the publication of the Autumn HCS Notice Board

RF confirmed that a new edition would be produced for Spring / Summer 2013

9 Membership / Composition of the Advisory Group

LW led a conversation regarding membership of the NES HCS Advisory Group. **ACTION**

RF proposed to extend membership to include a representative from the Academy for Healthcare Science. RF observed that the Academy senior leadership was being reformed and a place on the NES AG would offer a systematic method of engagement with NHS Scotland. The Group supported this move. **RF Invite Academy member to join our AG**

LW called for nominations for a Deputy Chair of the NES AG. None were forthcoming: the group was asked to consider the matter further in time for the next meeting. **LW seek nominations for Deputy**

RF proposed one further membership to bolster representation of Clinical Physiology education sector; Elaine Gribben to be approached in time for the next meeting. **RF approach EG**

LW noted that the term of some members was approaching 4 years. The group's governance on term of office "should be a maximum of four years". RF proposed extending the tenure of existing members approaching their term to ensure more seamless engagement with the Academy. Those members present who fall into this category: JB, LY, LW, DL. Additional members not present today who fall into this category will be invited – one final time – to indicate whether they wish to continue involvement with the group. **RF Progress status of non attendees**

LW also reviewed the role of members on the AG. RF undertook to help members with their wider network **RF contact members regarding their network**

10 AOB

SP asked what influence Scotland had over the emergent learning outcomes that would be used to drive any 'equivalence' test that the Academy might operate. RF responded that members of the professions had been involved in the development of these outcomes. NES has demitted from the Academy's Council: this is now composed of the professions. RF acknowledged that equivalence was still an unknown quantity and that we would wouldn't really know how it was working until AHCS's specialty groups began assessing candidates. Trainees in Scotland would (at scientist level) be tracked through our postgraduate scientist arrangements.

11 Date of next meeting

June 2013 – Glasgow. Details to be advised.