Meeting 08-06-18

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| **3** | Programme Director Review and 2018 plan **Paper 2** | Rob Farley |

**Review**

This review covers the 3 elements of our activity:

1. training commissions;
2. generic learning and CPD; and
3. quality monitoring of postgraduate training departments.

**1 Training commissions**

In 2017 we supported 70 Clinical Scientist trainees in their various stages of development; we made 31 Postgraduate Scientist Awards and supported 18 NHS-employed Clinical Physiologist practitioners (NHS undergraduate) who were recruited that year to begin part-time academic programmes.

Actual recruitment in 2017 was 21 CS trainees (plus a further 3 funded by service). Within this cohort 12 entered STP format training.

This year (2018) recruitment stands at: 17 Clinical Scientist trainees (plus 1 funded by service), which includes 3 destined for STP format training. The reduced intake number compared to 2017 is largely due to STP cost pressures (currently 34 STPs in progress). Indeed, we have only achieved an intake of 17 owing to the ability of most specialties to train using alternatives to STP as the additional cost of this training format has outstripped uplifts. **SLIDES.** There is no clinical physiology practitioner intake for 2018 as the programme support is biannual. We anticipate support in 2019 and have also begun exploring whether or not the programme can be reframed as a graduate apprenticeship to allow Boards to access levy funds.

Demand for clinical scientist training grade posts remains high and we must act to secure future intakes. The assumption is that there is no additional resource (from anywhere). For the coming 2018 intake, no expressions of interest were received from clinical physiology groups. In July of 2018 we will begin our expressions of interest process for intake 2019. Specifically, we will invite service to bid based on either non-STP programmes OR combined support for an STP i.e. where service meets the costs of the STP element (academic fees and TAS). Several specialty schemes have started work on alternatives to STP, either ACS Route 2 or AHCS equivalence – both portfolio-based.

**Advice sought**

**In future, we will ask service to meet the minority cost element of STP or restrict the intake to compensate for the additional cost of STP. Service already co-funds other HCS trainees. Is this fair? What steps should we take to educate service about this move?**

As an adjunct to supporting portfolio pathways, we have now hosted 9 candidates’ telephone / video viva with the Academy for Healthcare Science, with more planned. We have offered similar facilities to the Association of Clinical Scientists and the Institute of Biomedical Science.

This year (2018) we have received 56 applications for postgraduate support. Nearly all were Biomedical Scientist bidders. Following last year’s Advisory Group, we asked for at least 1 year’s NHS service as a prerequisite. We continue to use our Common Core List as a basic framework for postgraduate scientist trainees, but there is evidence of some candidates not appearing to follow basic application guidance; some bids being unfocussed and speculative. We expect to offer 30 awards, compared to 31 in 2017. Funding to do so has still not been confirmed. **SLIDE** Average awards in both years was £1800. The bursary scheme is still annual, i.e. recipients must bid for year 2 support if required. The rationale for doing so is two-fold – cost and the current mixed standard of applicant. The cost consideration may diminish as STPs leave the trainee pool; selection and candidate focus remain an issue. At present candidates complete a scored section on the application form which reflects the four domains of the common core list. Scoring is done by 7-10 independent assessors with forms anonymised. Irrespective of subsequent year’s support, candidates retain their National Training Number throughout their planned programme.

**Advice sought**

**How can we encourage wider participation in this scheme?**

**How could we reframe the selection process for postgraduate bursary support, yet keep it light-touch?**

**2 Generic learning and CPD**

In September 2017, we recommenced our face-to-face of CPD opportunities to staff around Scotland comprising the Early Career Programme, Refreshing Leadership, and Train-the-Trainer and Trainees-in-Difficulty covering about 200 attendees. Further CPD is under consideration in **Item 5.**

There are NES two planned events in the offing:

June 28th 2018 HCS National event, Murrayfield, Edinburgh

February 1st 2019 Postgraduate trainees and supervisor’s COSLA, Haymarket Edinburgh, and also a joint “Study day” event with AHCS in Glasgow on 9th Nov 2018.

**3 Quality monitoring of postgraduate training departments**

Our quality monitoring of training centres is to assure that standards of postgraduate scientist training are consistent across postgraduate healthcare science disciplines. Poor quality training can be a proxy for unsafe clinical practise, so our activity also has a patient safety thread. The previous Healthcare Science team of Specialty / Principal Leads did important work on training centre accreditation. Since then we have focussed our work monitoring the progression of training (ARCP) and started work on understanding and improving training plans. Principal documentation and information about this work is on the Knowledge Network at [LINK](http://www.knowledge.scot.nhs.uk/hcstrainees/postgraduates.aspx)

During 2017 postgraduate holders of National Training Numbers who were at least 1 year into training were invited to complete an ARCP return (ITEM 4). Of about 120 eligible trainees, we received a response of 80%. **SLIDE**

**Advice sought**

**How can we improve ARCP uptake in 2018?**

Following the 2017 Advisory Group, we published on the Knowledge Network guidance on how to obtain a National Training Number. Essentially trainees should be hosted in a recognised training department (i.e. have completed satisfactorily our self-assessment) and have a clear plan. In 2018, ARCP monitoring is being extended to all practitioner grades (Clinical Physiologist and Technologist trainees) – i.e. beyond postgraduate grades. Practitioner trainees will be issued with a National Training Number. We anticipate a further round of department self-assessment / accreditation for those areas not covered by the previous round.

Whilst out concerns over STP have centred on the additional costs of the programme, this training programme has revealed some shortcomings in local training planning - particularly in regard to rotations and extra-department experience. Our 2018 postgraduates event included a session on training planning and we have begun asking existing postgraduates trainees to report their plans to us. **ITEM 5**

We have prepared two guides postgraduate training and practitioner training. The postgraduate guide has been circulated to trainees. The guides explain our role and approach to quality monitoring

**Advice Sought**

**Do people gave any views about the direction we have taken with postgraduate quality monitoring and in particular our response to concerns?**

**Communication:** Our occasional HTML bulletins outline the state of play. <http://www.nes.scot.nhs.uk/education-and-training/by-discipline/healthcare-science/all-healthcare-science/publications.aspx>