

National School of Healthcare Science
Physical Sciences Themed Board Meeting
 Thursday 8th November 2018 11:00 -15:30
 St Chads Court, 213 Hagley Road, Edgbaston, Birmingham B16 9RG

Chairs: Richard Scott (RS)

Attending: Anne White (AW), Berne Ferry (BF), Canice McGivern (CMc), Chris Fisher (CF), Gill Clarke (GC), Grace George (GG), Jas Daine (JD), Jilly Croasdale (JC), Judith Mott (JM), Lefteris Livieratos (LL), Mike Thomas (MT), Peter McGookin (PMc), Philip Mayles (PM), Rachel Peters (RP), Rob Farley (RF), Rosanna Nolan (RN), Roz Parkes (RP), Ruth Barnes (RB), Sandie Gay (SaGa), Sarah Green (SaGr), Stuart Green (StGr)

Apologies: Alison Mackie (AM), Angela Daly (AD), Azzam Taktak (AT), Anthony Fisher (AF), Bev Ellis (BE), Carol Ainley (CA), Garry McDowell (GMc), Haroon Chughtai (HC), Julia Handley (JH), Joe Purden (JP), Kate Bryant (KB), Luigi Martini (LM), Paul Ganney (PG), Shaun Johns (SJ) and Stuart Sutherland (SS).

Minutes: Lisa Murphy (LM)

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DISCUSSION / ITEM	PROGRESS
1. Welcome and Apologies	
RS welcomed members to the meeting and noted apologies as above.	
2. Minutes and Actions arising from previous meeting	
RS ran through the minutes to check for any inaccuracies, only error highlighted was that in item 8 Julie Handley should be Julia Handley.	
3. Matters not elsewhere on the Agenda	
BF gave an update regarding the recent consultation that the School has recently undergone. The School has been in existence since 2011 during which time has grown rapidly however the staffing structure has remained unchanged. It was felt that the School would benefit from having more scientific input actually sitting within the School so there will be 3 x band 8c Scientific roles. For any information regarding these roles please contact the School or BF.	

<p>BF gave huge thanks to MT for all his work with HSST.</p>	
<p>4. Workshop for STP Interview Questions</p>	
<p>MT gave a brief outline regarding today's topic of the day and the purpose, it was highlighted the importance of these questions as they will play a key part in the enrolment of future trainees. The members divided themselves into small groups and a range of ideas for questions were developed.</p>	
<p>5. Reports from the Academy of Healthcare Science</p>	
<p><u>AHCS – See report</u> Modification of good scientific practice – next meeting will be in a few weeks to look at the draft form, this document will be made available for consultation after the next meeting.</p>	
<p>6. Report from HEIs</p>	
<p><u>Alison Mackie – Newcastle University & NTC – See report</u> RS suggested putting together a Clinical Engineering training consortium to discuss trainee attrition. SaGr asked if this could go hand in hand with the lack of trainee networks. GC spoke about having 'General Clinical Engineers' as they would be very useful, RS thinks there is enough flexibility within the curriculum to ensure latest practice can be embedded into training programmes. There was a consensus that this issue should remain on the Boards agenda</p> <p><u>Julia Handley – MAHSE</u> Working towards offering specialist modules for CPD and hoping to get particular modules accredited with IPPEM for MPE (B1, B3 and B4). AW spoke about the success of the HSST Induction Day, some of the students have offered to review specialist modules. 04.10.18 1 HSST student completed their deferred lay presentation and 3 completed their resits. There is still one outstanding fail (a resit). This student will repeat their presentation in June next year and extra support for this student is being provided by the University. There is some confusion over what happens if a student is unable to pass this section of HSST.</p>	

Ruth Barnes – MAHSE/UoM (STP)

Further work undertaken on creating 360° videos of aseptic units, radiopharmacies, manufacturing units etc. Those areas where site visits are very difficult.

Y1 – 9 students progressing well.

Y2 – 6 students progressing well.

One student won second prize for a poster presentation at the National QA symposium on 7th November.

Y3 – 3 students progressing well.

MAHSE recently won a collaborative award for teaching excellence.

Carol Ainley is now Director of MAHSE following the departure of Phil Padfield.

There will be 2 deputies; one for STP and one for HSST. Prof Anne White is in post for HSST. New deputy Director for STP to be announced shortly.

Lefteris Livieratos – Kings College London – See report.

Clinical engineering has received non-EU students in the past 2 years - are the School interviewing/offering when tier 4 is in place?

Tony Fisher – University of Liverpool – See report.

BF sent out a letter to the trusts regarding 'Sponsors for the Year 3 Research Projects' the letter was very firm on this matter, it was suggested that this letter could be sent out as and when needed. It might be something that could be published on the School website.

7. Report from Trainee Representatives

Sarah Green – STP Trainee Rep

- 22/06/18: Issue raised with Haroon Chughtai
- 15/10/18: Issue raised by Sarah Green at the TRG Group: If trainees organise something NSHCS will support. Positive, but still dependent on something trainee-led.
- 22/06/18: Collated information shared with Richard Scott and circulated with this report prior to 22/06/18 meeting.
- 12/10/18: Report emailed to nshcs.mscrecruitment@hee.nhs.uk. No response received and re-emailed 01/11/18. Response received 06/11/18 item will be raised at the December recruitment steering group meeting.
- The trainee sessions at IPEM's Medical Physics and Engineering in Medicine

- Conference (MPEC) were well-received and well-attended.
- IPEM have restructured and the IPEM Trainee Network will be disbanded from September 2018 and replaced by an online community of interest.
- 07/1/18: Still awaiting community of interest

D1. Some Clinical Engineering trainees know they will not get a job at the end of their training, despite the intention that training centres take on trainees “with a view of giving them a job on completion of the STP.” The STP is designed for succession planning, but how is this possible if there is not funding available for newly qualified trainees to gain further experience needed for this in 10 years’ time? Surely trainees will be more motivated to continue on the STP if there is job security/guidance?

RS suggested that if trainees see a vacancy advertised in a slightly different discipline then it might be worth speaking to the department about the role. The School are looking into being more involved with the workforce planning.

D2. When will the Mock OSFA schedule be released? Radiotherapy trainees wish to know which day their specialism will be – SaGa confirmed these will be released next week.

D3. OneFile feedback:

- Documents for assessors on how to use OneFile would be useful (as per the “getting started” document for trainees). Videos are time-consuming and this infographic <http://www.nshcs.hee.nhs.uk/onefile-homepage/getting-started-in-onefile> lacks information as it explains what to do, not how.
- Caption videos to benefit those who are hearing impaired/have English as a 2nd language. YouTube auto-captions are poor. **This has been fed back to the digital team.**

Haroon Chughtai – STP Trainee Rep

A Slack workspace for establishing a STP trainee community for the three Clinical Bioinformatics specialisms across all years has been created. Please make trainees aware and direct to HC to be added.

HC has been officially appointed as the trainee representative for Clinical Bioinformatics (Physical Science) and Clinical Bioinformatics (Health Informatics) following nominations and voting by trainees in those specialisms.

D1. How does reaccreditation work for when staff members leave or the capacity of a

department to deliver training for a specialism is no longer sufficient? Answer: This is down to the training department alerting the School via a change of notification form available from the Accreditation team, annual monitoring also takes place.

D2. Does the naming of Clinical Bioinformatics (Physical Science) and Clinical Bioinformatics (Health Informatics) put off applicants? Bioinformatics (especially in academic contexts) often implies 'omics data.

Some prospective trainees from biomedical engineering backgrounds I've talked to have been put off even considering these specialisms because of that implication. Would Clinical Computing and/or Informatics be more representative? Answer: Maybe trainees could bring this issue to the attention of NHS healthcare careers.

Peter McGookin HSST Trainee Rep – See report.

Guidance of Workplace Evidence – The School is unable to give guidance, this would need to be your profession that should give guidance.

Does the HSSR register exist – Answer : Yes it does exist, the register is guidance rather than mandated, although voluntary it does have weight to it, there is a link on website.

Time Scales for HSST Completion – Answer: Guidance document will be available on the School website once it has been approved at the next SMM meeting

8. Report from Professional Bodies & Colleges

Jilly Croasdale

OSFA station writing took place prior to last OSFAs

Interview questions circulated amongst UKRG to extend bank of questions available; other technical services to be asked to do the same.

Approach made to the school to arrange another station writing day.

OSFA process went less smoothly, possibly as a result of Claire Hardiman not being available co-ordinating the different professional groups – for example, ensuring arrangements were made to bring the necessary equipment.

No OSFA resits required.

Rob Farley – IPEM Professional & Standards Council

The Professional and Standards Council is due to meet this month, but has not met since the last themed board. The composition and membership of the council has changed as part of the IPEM governance review.

9. Report from Employers Representatives

Canice McGivern – BHSCT

Recruitment of trainee clinical scientists

2 X Trainee Clinical Scientists to be in Sep 2018 as:-

- 1 X STP X Radiotherapy Physics,
- 1 X MRI (Route 2 ACS Equivalence Route)

A total of 5 trainee scientists (4 X STP, 1 X Route 2) currently in post.

Proceeding with recruitment of 2 X Route 2 trainee clinical scientists in radiotherapy physics.

BHSCT HCS Steering Group

BHSCT HCS Steering group finalising report for submission to BHSCT Exec team. The report provides:-

- Current position of HCS workforce & services provided
- Training in place across HCS workforce/services
- Recommendations for development of HCS workforce & services

Gill Clarke – NHS London Employer Rep

London North:

The trainees continue to hold monthly meetings, which include a presentation session. They also independently organise local journal clubs. The next Supervisor Meeting is due to take place on 13th December.

2015 Cohort – all 5 trainees passed OSFAs 1st time and all have permanent posts (1 RT - Barts, 1 RS - Barts, 1 IIR - GST, 1 IIR -Imperial, 1 NIR – Brighton)

2016 Cohort –7 trainees (3 IIR, 2RT, 1NIR, 1 CBI)

2017 Cohort – 7 MP (6 direct, 1 in-service) trainees currently allocating specialisms

2018 Cohort – 11 trainees - 9 MP(8 Direct and 1 in-service), 1 CBI and 1 CE trainees at KCL

2019 – Expression of Interest – 11 trainees - 8 MP direct, 1 CE, 2 CBI

St. Georges:

Trainee meetings now bi-monthly. These include presentations and status updates. A supervisors meeting is planned for December but not yet finalised.

2015 Cohort - all 4 trainees passed 1st time and all have permanent posts, 2 at St. George's, 1 at Royal Marsden and one went to work at UCLH.

2016 Cohort – 4 trainees (1CE, 1RT, 1IIR, 1 INIR)

2017 Cohort – 4 trainees (1CE, 3MP) MP currently doing INIR rotation and CE person doing rehab engineering rotation.

2018 Cohort – 4 trainees

2019 Expression of Interest – 5 trainees (2 CE, 3MP) an increase of 1 CE due to local demand for trained people in this role.

There is a possibility that the consortium will take on a trainee who wants to transfer to London. This depends on capacity once specialisms for 201 cohort are finalised.

We have a long-term sickness issue with a trainee from the 2016 cohort. This has been taken up by the national school. We are awaiting a final report from them.

London South:

2015 cohort – All 4 trainees have passed STP and gained employment in the field. (1 RT GSTT, 1 clinical measurement GSTT, 1 MRI RMH, 1 IIR KCH).

2016 cohort – 4 trainees pursuing the following specialisms: 3 RT, 1 DRMG.

2017 cohort – 5 medical physics, 1 clinical engineering. Currently considering choice of specialism.

2018 cohort – 5 medical physics, 1 clinical engineering.

2019 expressions of interest – 6 medical physics and 2 clinical engineering (increase of 2).

Pan London:

Funding - There is an issue regarding the funding of our trainees. The salaries paid to Trusts by the local HEE are at 2017/18 pay scales but trainees are being paid according

to 2018/19 pay scales. HEE have argued that the additional funding is paid directly by the Department of Health. It is currently being investigated whether the additional funding is forthcoming and correctly attributed to the trainee cost centre codes.

Regional Tutors:

WORKSHOPS:

workshops on practical MR safety, non-ionising radiation and lasers for the 2017 cohort of trainees. Initial scoping undertaken for workshops in radiation safety and nuclear medicine for the 2018 cohort of trainees to be held in 2019. Scoping also for a series of brachytherapy workshops aimed at the 2016 cohort of trainees. A Proton Beam open day @ UCLH for all trainees will be arranged in the New Year

TRAINEE INTERVIEWS:

Interviews undertaken with all trainees from the 2015 cohort.

OLAT OVERVIEW:

Data collate on the staff within departments who assess work to help target future assessor training sessions

CLINICAL ENGINEERING:

A meeting was held on 26 Oct with clinical engineering supervisors to discuss potential educational consortium in clinical engineering in London.

CLINICAL CODING:

Session planned at the winter trainee network event and working on wider engagement with healthcare scientists at GSTT.

LOCAL TTTs:

Local train the trainer event was held for the radiotherapy department at the Royal Marsden on the 15th August. Rated 8.3/10 for usefulness. Well received by all trainers

Appropriateness of OSFAs for Clinical engineering.

A London-based supervisor has written to the National School expressing concerns over the appropriateness of OSFAs for the assessment of clinical engineers. He believes there is a lack of evidence for this assessment. There is some evidence for the efficacy for the OSCE. They are appropriate for medical students perhaps but they only form part of the clinical assessment. He believes there is a lack of rationale for the assessment.

Engineers are involved in strategic or development roles. Certainly these are not roles where a response within 12 minutes is required. Also the trainee experience varies widely

<p>according to the interests of their host centre. This makes the writing of the stations very difficult and has potential for bias. He believes a panel interview would be a much fairer form of assessment. HSST is planning to use a viva form of assessment.</p> <p>His concerns were responded to by Richard Scott and Sandie Gay and will be kept under review as there are other challenges for Clinical Engineering as trainees in clinical measurement for example all experience different measurement techniques .</p> <p>Expressions of Interest for 2019:</p> <p>Three extra places have been requested by the London consortia for the 2019 intake. The increased numbers for the 2018 Cohort are supported by the extra training resource provided by HEE London for assessed workshops and local Train the Trainer sessions organised by the two funded Regional Tutors. There is concern this extra capacity will not be sustainable if the workshops are no longer funded.</p> <p>GC gave huge thanks to Andy Irwin who has now stood down as he has now gone to Swansea, this means Gill is now on her own so RS suggested maybe recruiting a deputy.</p>	
<p>10. Report from PPI Representative</p>	
<p>No report received.</p> <p>RP spoke of her concern about the attrition of trainees, it seems like such a waste of ambition, she feels that this issue lies with the recruitment process with the main issue being around locations and trainees not knowing about where they could be located. It was suggested this may be more of an issue for mature trainees due to family commitments. It was suggested that this matter needs to be taken back to the recruitment steering group. The HEE recruitment process dictates our process.</p> <p>RS asked for any thoughts regarding this matter to be fed back to the School NSHCS@hee.nhs.uk and they will feedback to the recruitment steering group.</p> <p>RP didn't manage to attend either of the trainee Induction days this year.</p>	
<p>11. PTP</p>	
<p><u>Joe Purden PTPSIG Rep</u></p> <p>Swansea University PTP programmes for BSc in Nuclear Medicine, Radiotherapy Physics or Radiation Physics now available to any department in England or Wales. Currently working with 6 English Nuclear Medicine departments, 2 Radiotherapy</p>	

departments and 3 Radiation Physics departments. Scope to increase this if other departments want to support training at PTP level. Contact Joe Purden for more information

12. Programme Updates

Graham Wilson – NSHCS Apprenticeship Lead & Associate Prof Lead Life Sciences

The School has successfully completed two L2 EPA assessments.

End Point Assessment (EPA) Training

EPA training was recently provided to 20+ Healthcare Scientists across a range of discipline/specialisms. This region has 15-20 Level 2 apprentices ready for their EPA during November.

End Point Assessment (EPA) Training

Following the successful EPA training the plan is to provide training to other Regions and possibly Professional Bodies that would like to work with the School as and End Point Assessment Organisation for the HCS Apprenticeships. Interested groups should contact the Assessment Team advising them of their interest:

nshcs.assessment@hee.nhs.uk

12 End Point Assessors

HCS Professionals that would like to register as EPA assessors with the School should contact the Assessment Team requesting a Healthcare Science Apprenticeship Independent End Point Assessor Application Form:

nshcs.assessment@hee.nhs.uk

Eligibility:

- a recognised professional qualification gained through a formal training or equivalence route in the specialist area that they are to assess or registration with the relevant professional body
- and/or regulatory authority and a minimum of 1 year of practise based experience in a healthcare setting, such as the NHS
- and, formal demonstration of an understanding of and skills in assessment, either through a minimum of 1 year of experience of work-based assessment or

- by holding a recommended qualification for assessors
- agree to attend/receive training in the EPA process

I3 EPA requests

Employers and Providers wishing to use the School to complete their apprentices' EPA should contact the School requesting a Healthcare Science Apprenticeship End Point Assessment Registration Form:
nshcs.assessment@hee.nhs.uk

I4 Level 2 EPA

The HCS Trailblazer recently requested the Institute for Apprenticeships (IFA) approve minor amendments to the L2 HCS EPA

- Increased time available to complete Element Two, the Professional Practice Tests.
- Clarification of the results for the Final Outcome to bring it in to line with other apprenticeship standards.

<https://www.instituteforapprenticeships.org/apprenticeship-standards/>

I5 Level Apprenticeships

At the recent PTP SIG it was discussed that the HCS Trailblazer apply to the IFA to request the L6 EPA does not have to be completed on one day. This will aid HEIs to administer the EPA. Informal enquiries suggest this will be looked at favourably but the extended time will likely be an additional 24 hours i.e. EPA completed over two days.

HSST

HSST Exit and IAPS

There has been significant progress in the information being made available to those trainees approaching their final years on the programme (Cohorts 1 and 2) and this is available on the website.

<http://www.nshcs.hee.nhs.uk/current-hsst/nhs-higher-specialist-scientific-training/the-hsst-handbook/exit-criteria-for-certification>

MAHSE Professional Doctorate Thesis Workshop

MAHSE held a workshop for programme directors on 22nd June 2018 to explore the possible formats that the students' thesis could take which are dependent on the particular university awarding the degree.

A particular nomenclature for those supporting the trainee emerged from these discussions and is as shown below:

In the workplace:

Workplace supervisor role:

The workplace supervisor is likely to be someone already known well to the trainee as a senior colleague in his or her discipline. They will have clinical expertise in the trainees' scientific specialism and will be able to support and advise on the planning and day-to-day progress of the research and provide clinical context for the work.

At MAHSE:

Programme director role:

Each specialist DClinSci pathway has a lead academic or Programme Director, who has academic expertise in the specialist area. During the research component, the Pathway Lead/Programme Director will provide advice and expertise to assist the HSST Lead in evaluating the research proposal and appointing an academic supervisor.

Academic supervisor role:

The academic supervisor is appointed by the University and will be the trainee's main contact with the University during the research component (Section C) of the DClinSci. The academic supervisor will have expertise in the trainee's scientific specialism and will advise on the academic content and standard of the project.

Additional information is given on the MAHSE website

<http://mahse.co.uk/our-programmes/doctoral-level-hsst/hsst-section-c-information-pack/>

MAHSE Section C Workshop

MAHSE held a workshop on Thursday 6th September for over 30 academic and workplace supervisors in Manchester at which programme directors and programme administrators from The University of Manchester and Manchester Metropolitan University provided trainees and their supervisors with information and guidance on Section C.

The workshop offered new information on the realignment of Section C with the introduction of the Extended Innovation Proposal, previously known as the Innovation Project C1. These changes have been introduced to avoid possible self-plagiarism for those undertaking the professional doctorate.

Unfortunately it wasn't possible to send a School representative to the workshop however questions raised at the event have been answered and together with the presentations given is available through the MAHSE website.

<http://mahse.co.uk/news-and-events/>

HSST Network and Induction Day 2018

This was held on Wednesday, 17th October 2018 in Manchester at the University of Manchester's Innovation Centre.

It was well attended by new trainees (Cohort 5) but unfortunately the take up by their workplace supervisors was to some extent disappointing.

The presentations from the event and the Q&A received via SLIDO throughout the day will be published on the MAHSE and School's website in the near future.

HSST accreditation

The school is currently reviewing all recent appointments (Cohort 5) to the HSST programme and has issued accreditation documents to formally accredit those departments new to the programme.

HSST Train the Trainer

Regrettably this event scheduled for 30th November has been postponed until Spring 2019 due to the small number of confirmed delegates.

OneFile: The e-portfolio

An email has been sent to all HSST trainees encouraging them to make use of OneFile. This follows a sampling of information which suggested that trainees were not as engaged with the system following its launch as anticipated.

HSST Evidence

The School has published a comprehensive document within the HSST Handbook on its website offering guidance on the nature of workplace evidence required for HSST.

<http://www.nshcs.hee.nhs.uk/current-hsst/nhs-higher-specialist-scientific-training/the-hsst-handbook/guidance-on-workplace-evidence>

HSST Questionnaire

The School is seeking up to date information from HSST trainees in order to start scheduling exit interviews.

Annual Review of Progression

The next round of ARPs for HSST trainees and their workplace supervisors is now underway having been launched on 25th October. Participation in the ARP is an essential for successful exit from HSST.

<http://www.nshcs.hee.nhs.uk/current-hsst/nhs-higher-specialist-scientific-training/annual-review-progression>

HSST Curriculum

- a) The continuing inclusion of the transfusion specialist option within the general HSST curriculum for Haematology is under discussion with the RCPATH following approval of the specialist Transfusion curriculum.
- b) There have been discussions regarding establishing a specialist HSST curriculum for Paediatric Metabolic Medicine with representatives of the ACB and Met Bionet.
- c) There have been exploratory discussions on the development of a specific HSST curriculum for Genomic Counselling at HSST. It was recognised that to take this forward

there would need to be alignment with the bioinformatics programme and additional discussions with commissioners and MAHSE.

13. Updates & Reports from NSHCS

Curriculum
ASP – processes are available on the School website, existing modules are used, there is a form that needs to be completed.
STP Improvement Review – looking at working on the recommendations that came out of the review which were rotations and competencies. BF explained that the School will be publishing a notice regarding the length of rotations, we recognise the greater flexibility is required for length of rotations.
Specialty competencies – we will be looking at this with the curriculum review. We will need the engagement of the members for this. A recruitment process for a Lead Editor will be put out, this will be one per specialty.

Accreditation
The team have appointed a senior member of the team, Liz Plumb will be working on HEI and work base accreditation. There is also another vacancy in the team, an announcement will be made soon.
85% of STP training departments are now accredited.
Annual monitoring is currently running.
HSST accreditation has not moved on as much as we would have liked. A new agenda and reports for visits using our 4 years of experience, we are working closely with commissioners around expressions of interest.

Education & Assessment
Thanks was given for the delivery of 2018 OSFAs, a report with the general overview has been sent out, trainees performed very well.
Any enquiries regarding the report please email: grace.george@hee.nhs.uk

14. AOB

Nothing discussed.

Date/Time of Next Meeting	
TBC	

ACTION

ACTION LOG					
Agenda Item & Meeting Date*	Action	Progress / Further Actions	Lead	Due	Status
23/06/2017	CH/SC look at the AESP for MPE	Update – RS is going to arrange an off-line dialog with SC. <u>Update – 08/11/18</u> Discussions are still currently taking place, BF/CMc/Employers to speak to IPEM, this will be an agenda item going forward.	RS/SC	ASAP	Closed
10/11/2017 – 8	PTP funding in Wales for BSc. SR to email this information regarding fees to both BF and Nicky Fleming	Update – RS to ask SR if this is now resolved. BF has asked HEE about getting financial help for trainees on PTP degree. Has been told that do not have a bursary. <u>Update – 08/11/18</u> PTP is currently undergoing a review, the School is aware of the risks and is being taken to	RS/SR	ASAP	Closed

ACTION LOG

Agenda Item & Meeting Date*	Action	Progress / Further Actions	Lead	Due	Status
		HCSING			
10/11/2017 – 8.1	Issue where trainee is on programme and has not progressed, how to terminate employment if the School has removed them from programme. SGr to email the BF/School and BF will seek advice on termination of contracts.	Update – RS to go back to Berne Ferry for update. <u>Update – 08/11/18</u> Trainees have to abide by local employer contracts.	RS/BF	ASAP	Closed
10/11/2017 - 11	BF will be addressing these issues by writing to the new 4 heads of commissioning. RT to write to BF directly so that she can take forward the issue around local funding.	SC to ask BF for an update <u>Update – 08.11.18</u> This issue is now being addressed although feedback will be required to see how this is working out.	SC/BF	ASAP	Closed
23/03/2018 – 7.1	Issue of increasing level of communications to be taken back to TRG meeting.	To be discussed at next TRG Meeting	SaGr	ASAP	Closed
23/03/2018 – 7.3	SaGr to collate information and it can be shared with recruitment steering group but to be highlighted from the theme board	Haroon Chugthai will bring up at next trainee management group.	SaGr/RS/HC	ASAP	Closed
23/03/2018 - 11	HSST Exit Survey to go on to next Physical Science Agenda	Discussed on agenda of meeting 08/11/18	RS/NSHCS	Before next meeting	Closed
23/03/2018 - 12	HSST Self-assessment accreditation Forms to be sent to the board for feedback		AW	ASAP	Closed
22/06/2018 - 2	Jenny Hannington, Lead healthcare science commissioner to be invited to Themed Board		LM	ASAP	Open
22/06/18 - 7	STP induction day was very England based, Wales was not mentioned. It would be useful to mention where Wales/Scotland funding comes from also ACTION – raise with JD.		NSHCS	ASAP	Closed
22/06/2018 - 10	Circulate GW's apprenticeship presentation with minutes		NSHCS	ASAP	Closed

ACTION LOG

Agenda Item & Meeting Date*	Action	Progress / Further Actions	Lead	Due	Status
22/06/18 - 12	One file how to videos are on YouTube which are blocked by Trusts. ACTION – raise with digital team.		NSHCS	ASAP	Closed
22/06/18 – 13	Circulate new STP accreditation document with the minutes	Check if this has been sent	NSHCS	ASAP	Open
08/11/18 – 6	Have a dialog to discuss attrition of clinical engineering trainees, RS to lead and School to be involved in discussions with training centres.		RS/NSHCS	ASAP	Open
08/11/18 – 6.1	Need to check with the recruitment team if the School will be interviewing/offering posts to non EU students when tier 4 is in place?		BF/NSHCS	ASAP	Open