

National School of Healthcare Science
Physical Sciences Themed Board Meeting
 Friday 23rd March 2018 10:30-15:30
 De Vere Colmore Gate, 5th Floor Colmore Gate, Birmingham B3 2QD

Chairs: Richard Scott (RS)

Attending: Andrew Williams (AW), Anthony Fisher (AF), Canice McGivern (CMc), Hitesh Koria (HK), Jilly Croasdale (JC), Joe Purden (JP), Judith Mott (JM), Julia Handley (JH), Kathryn Ainsworth (KA), Paul Ganney (PG), Peter McGookin (PMc), Philip Mayles (PM), Roz Parkes (RP), Ruth Barnes (RB), Sandie Gay (SG), Sarah Green (SaGr), Stuart Green (StGr) and Stuart Sutherland (SS)

Apologies: Alison Mackie (AM), Angela Daly (AD), Azzam Taktak (AT), Berne Ferry (BF), Bev Ellis (BE), Gill Clarke (GC), Kate Bryant (KB), Lefteris Livieratos (LL), Rob Farley (RF), Ronan Tegala (RT) and Suzanne Chamberlain (SC)

Minutes: Lisa Murphy (LM) and Sophie Greaves (SGr)

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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	
Minutes reviewed and confirmed accurate. Actions and updates recorded in the action log.	
3. Matters not elsewhere on the Agenda	
The role of the School is expanding to cover the complete healthcare science framework, BF is currently leading a restructuring programme to ensure the school can respond to these requirements, this will impact on the roles of the PLs. CH has now left her role and RS wanted to record a vote of thanks to Claire Hardiman for all of the hard work across Medical Physics and Clinical Pharmaceutical Science. BF is currently in the process of adding some more scientific roles into the School. Due to time constraints RS is also finishing his formal secondment role as PL from the end of March 2018. It is likely he will continue to support the School but this will be more of a strategic rather than operational	

<p>role. RS confirmed that he will continue to Chair the Physical Science Theme Board for the next few meetings and will keep the group updated on future plans for PL support.</p> <p>JC expressed concerns about how things will be co-ordinated going forward as this has been a key role provided by Claire and other PL's, especially in relation to engaging colleagues in service, PG confirmed that somebody has been approached about taking over CH role to ensure continuity for Medical Physics support. Colleagues concerns were noted.</p>	
<p>4. Apprenticeships</p>	
<p>SG presented a slideshow which gave an update</p> <p>The School is now a registered assessment organisation and registered to provide apprenticeships and End Point Assessments- EPA, this will be at levels 2, 4 and 6.</p> <p>The School has to demonstrate they are independent from trainee and the assessors are independent. The School will own the curricula for the awards, trainees will only be entered for EPA once they have achieved/reached a particular standard and the School will offer 3 windows throughout the year.</p> <p>SG mentioned that the School will be looking for assessors, if any of the board know of anyone who may be interested in becoming an assessor then please ensure that they look out for more information regarding this matter. Level 2 and 4 assessors will need to be ready by June 2018.</p>	<p>Slide to be sent with minutes.</p>
<p>5. Report From Academy for Healthcare Science</p>	
<p><u>Philip Mayles</u> Beth Dodson has left the Academy. Louise Collins is currently dealing with equivalence issues</p> <p>HCPC annual monitoring: STP Certificate of Attainment The Academy's annual monitoring paperwork was submitted to the HCPC Education and Training Committee held on 1st March 2018 for its consideration. The programme successfully completed the HCPC annual monitoring Audit process and continues to meet HCPC standards. The decision notice for the</p>	

HCPC ETC meeting can be found at www.hcpcuk.org/aboutus/committees/archive/.

Apprenticeships

All organisations undertaking end-point assessments must be quality assured by another approved organisation. The Academy is the external quality assurance organisation identified in the Healthcare Science standards. We are currently developing our quality assurance process to be used and this will be submitted to the Institute for Apprenticeships for approval shortly

6. Reports From HEIs

Alison Mackie – Newcastle University

Newcastle University: Parity of assessment standards across 3 HEIs commissioned to deliver an MSC compliant Medical Physics masters programme have been compared, by sharing of Medical physics summative assessments (2015-16 academic year).

Newcastle: 1st Feb 2017

Liverpool (Paul Nolan): 8th Nov 2017

Kings: Spoke with Lefteris Livieratos on 15/03/2018. There had been some misunderstanding that summative assessments were requested for holding on a repository and a lack of awareness that the programme commissioners had obtained agreement for the sharing of assessments and engagement regarding parity of standards. LL to consider approaching the College for reconsideration of the decision not to share assessments.

Newcastle University: Request made in Nov 2016 for the NSHCS to provide a statement that could be used to help local NHS Trusts understand that it is acceptable for the host Trust to sponsor trainee research projects i.e. it does not have to be the HEI. Action on Berne Ferry had undertaken to produce a guidance document and AM enquired if there was any update on this? RS to pursue, but felt that

2015 Students (16: 9 RT, 4 IIR, 3 INIR)

All 16 students passed the Y3 specialism modules.

Only Research Project 2 - Dissertation (MSC8003) remaining

2016 Students (16: 10 RT, 5 IIR, 1 INIR)

All have passed the Y1 Introduction to Medical Physics (MPY8001) module.

Y2 teaching is now finished with exams to be held on 23rd May 2018.

The university introduced a new PPI event, the Clinical Science Festival, which ran for the first time on 28th Feb 2018. This is a clinical science “variety show” where audience engagement/participation is encouraged. The Y2 students delivered an excellent performance, although due to the “Beast from the East” weather conditions the audience was disappointingly small.

2017 Students (19)

2 failed the Y1 first written case study for MPY8001. Second attempts may only be necessary if the module as a whole is failed.

Physical Science Themed Lead: concerned at the loss of these roles, which we believe to have been hugely important to the success of MSC. The University is grateful for the NSHCS Updates, Q&A sessions delivered by these role holders at Employer Liaison Events, as well as their facilitation skills deployed as required. How does the NSHCS propose to deliver their functions in future? RS commented that the School was committed to ensuring ongoing scientific support/professional lead roles remained albeit it delivered in a revised form. Agreed to provide an update at the next themed board.

Northern Training Consortium: concerned as above. We would like to record our gratitude to Claire Hardiman and Richard Scott for their contributions to the NTC. We believe that their in-depth understanding of the specialisms and workforce needs has been key to the successful implementation of MSC. We are concerned about the loss of these roles at a time when many transformational challenges remain.

Northern Training Consortium: due to financial constraints HEE will not be renewing funding for the 0.4 wte Physical Science Coordinator role, which has been key in developing and maintaining the functions required for the operation of the NTC. At this time there is uncertainty regarding the future of the NTC and the training mechanisms that the NTC has supported.

Lefteris Livieratos – Kings College University

Discussion has taken between Lefteris Livieratos and Alison Mackie, Course Director Medical Physics, Newcastle to enable a comparison of the courses within current college rule constraints.

We have begun to overlay audio over our lecture presentations. We have tested this on 2 of our optional modules. We upload these as SCORM files to our online educational system (KEATS). Presentations with audio can be viewed though KEATS but cannot be copied. The purpose of this initiative is to allow students to view optional modules for which they are not registered and to support first year students in their rotational year.

2014 student cohort:

All graduated – 41 in total (25 medical physicists and 16 Clinical Engineers), of which approx 90% with Distinction, the rest merits, no Fails, one student continues next year due to maternity leave. The graduation of these students was on 24 July 2017

2015 student cohort:

Currently enrolled 35:

-MSc Clinical Sciences (Medical Physics) – 27

-MSc Clinical Sciences (Clinical Engineering) – 8

Two students left in September 2016

One student left in Autumn 2017 to pursue study in medicine.

All students have passed successfully their Specialist modules in the 2nd year. Students have just submitted their MSc projects and these will be examined at viva in June 2018.

Their graduation if successful is expected in July 2018

2016 student cohort:

Currently enrolled 33:

-MSc Clinical Sciences (Medical Physics) – 24

-MSc Clinical Sciences (Clinical Engineering) – 9

All the students in this cohort passed their introductory (Core) modules. Many students have been taking their optional modules this term and are about to take their Further modules.

In Clinical Engineering, 5 students are taking Rehabilitation Engineering and 4 are taking DRMG. No students have take Medical Engineering Design and Software development

this year.

In Medical Physics, there are 13 students taking Radiotherapy, 7 students taking Imaging with Ionising Radiation, 2 students taking Imaging with Non-Ionising Radiation and 2 students taking Radiation Safety.

They are at present submitting their Master's project proposals.

2017 student cohort.

52 enrolled: 31 Medical Phys; 21 Clinical Engineering.

Core modules completed successfully except for one Medical Physics student who failed the Radiation Physics for Radiotherapy and Ionising Imaging module subject to ratification at the Faculty Assessment Board. This student will be required to take the exam for this module next year (the student passed their coursework element). Two students left the course in the first term due to personal circumstances (1 in Medical Physics, 1 in Clinical Engineering).

Our patient representative has now missed the last two exam boards due to ill-health. We have approached the team at Guy's hospital to provide an alternative representative and are awaiting a response.

In response to feedback from our first year students the course directors will undertake a review of how content is divided between lectures and across the 1st term timetable

To be consistent with the structure of lecturing materials at KCL we will ask lecturers to provide "Learning Outcomes" for each lecture.

We are aware of the National School's commitment to review curricula and we are open to participate at an early stage.

Ruth Barnes – MAHSE

The order of teaching week delivery was changed following long discussions at the programme board meeting last year. This appears to have been well received and student feedback was good.

Some lectures have been videoed using Swivel to provide material to students who were unable to attend (this has been in exceptional circumstances). Consideration will be

given to doing this more frequently to allow students to revisit the narrative following teaching.

2014 cohort

All graduated and are all now in full-time employment, most within the NHS. One student interrupted who has now joined the 2015 cohort.

2015 cohort

All performing well. Submitted final research projects and have one teaching week remaining.

2016 cohort

All performing well. Commenced research projects in November.

2017 cohort

All performing well.

One student is struggling to get support in the workplace. Has been advised to contact the school.

Concern over the loss of professional lead role in CPS and also debate around the need for HSST or PTP.

Tony Fisher – University of Liverpool

We are no longer delivering the Clinical Measurement module to Bioinformatics students. This now covered by Manchester to a different syllabus. Some issues relating to segue with Clinical ICT co-taught with Medical Physics.

Discussion item: Are the first 4 weeks of the STP being used effectively? Some TC's go straight in to Y1 Rotations. A missed opportunity to do pre-attendance MSc work? (Note: issues with multi-disciplinary matriculation of students.) Raised again under AoB

7. Reports Trainee Representatives

Sarah Green – IPEM Trainee Representative

IPEM Trainee Induction Day (TID) on 12th January 2018 was a success

Increasing the level of communication between Clinical Engineering Trainees – Low in number and spread across the country has been a challenge. Please see additional report D1 from Sarah Green regarding Networking of CE trainees

Feedback from IPEM TID indicated some overlap with NSHCS induction day. It would be beneficial for the IPEM Trainee Network to have sight of the 2018 NSHCS induction day presentations when preparing for TID 2019 (likely in October/November 2018)

Trainees have made suggestions that on the STP application form it would be beneficial to include:

- More information about host hospital eg. number of successful trainees, number of years as a training centre
- “Specialisms within specialisms” for example: two Trusts may specialise in Rehabilitation Engineering, but the two trainees may focus on gait analysis and specialist seating and consequently have a very different training experience despite choosing the same specialism.

Peter McGookin – HSST Trainee Representative

Workplace Issues

It is felt that there is a lack of clarity regarding the teaching and training responsibilities for both the supervisors and trainees. This seems to be particularly an issue in departments that have not previously had STP or PTP trainees. Some trainees are struggling to get opportunities to work towards the Standards of Proficiency. One trainee has even said that HSST is preventing him from gaining further experience as he’s on HSST already and therefore being provided with training. Supervisors are unsure of what they need to be doing.

Since the last meeting training sessions have been arranged by the National School for training supervisors to address this, this has been a positive move.

OLAT

Can details of the replacement OLAT and what HSSTs are supposed to be doing be communicated please? People seem to be getting conflicting information from different sources. There is limited information available on the website. This is leading to confusion and stress.

Since the last meeting the replacement for OLAT (Onfile) has been launched for all

See action log: 23/03/18 - 7

HSSTs along with a series of webinars. Peter confirmed he'd received no feedback about OneFile itself.

Action 11.3 (Minutes 10/11/17)

PMc provided an e-mail summary to BF/CH/RS on 15/11/17.

Representation for specialist modules. Cohort 1 did not have any representation at the time of the previous meeting. For Cohorts 2 – 4 it was agreed that the MAHSE representatives would fill this position. In the absence of a MAHSE representative for cohort 1 I have agreed to take this on and now provide feedback to the University of Manchester. Update – There are now trainee reps_for cohort 1

Timing of Modules. There has been recognition from the University of Manchester of the issues facing cohort 1 and there is ongoing work to ensure that nobody will be unfairly disadvantaged.

Lack of non-ionising imaging modules. University of Manchester are actively seeking expert providers.

Timing of assignment feedback. University of Manchester are aware and addressing this issue. They have also put in place a new system for feedback on draft documents should a trainee have to re-submit an assignment.

Content was biased towards radiotherapy and protons. This has been acknowledged and the University has been looking for additional specialists. They have also emphasised the importance of providing this feedback directly and monitoring changes.

C1 projects. Cohorts 1 & 2 have now had a workshop with supervisors to address the C projects and expectations.

UCU strikes.

Some lectures have been cancelled due to the ongoing UCU strike action. As far as I'm aware this has impacted the delivery of A modules for cohorts 3 & 4. While the teaching sessions are not being delivered there is still an expectation that students will submit assignments (despite having no teaching sessions for that particular module).

Content of Module B8 (HTA)

I've received a comment regarding the content of this lecture which I have asked to be fed back through the University of Manchester feedback mechanisms.

Workplace Issues

From previous meeting "Queries have been raised about auditing and transparency on the use of HSST funding, with some Trusts (it appears) using this towards a general budget rather than trainee support." . RS commented that the School position was that the funding supplied could be used flexibly by employers and as such would not dictate exactly how funds could be used, so an audit as requested was not planned. However, the School had an expectation that the employer has a made a commitment to successfully deliver the programme..

Is it possible to continue DClinSci if leaving the NHS and self-funding? It was confirmed in principle this was possible.

Is it possible to offer as Part time (given that there is flexibility for maternity/paternity leave etc.)? HEE has a commitment to equality of access to schemes and RS undertook to find out more detail

Time Commitments

I have been asked to raise the issue of time expectations and if the time commitment that NSHCS expects matches with the overall time required by HSST. I wonder if this is a conversation that needs to be had between the NSHCS, the HEI and the Employer Representatives. (E.g. Cohort 3 have 120 university credits this year and the guideline is 10 hours per credit. While it is acknowledged that it's probably less time than that and that some is expected outside work it remains a high academic workload). (This has been raised for clarification rather than complaint about workload) This has been raised by several cohort 3 trainees who have a particularly full university programme this academic year. I have also suggested that this high workload in year 2 is reported back to the HEI to maybe look to have a more even spread through the 5 years.

The Board agreed to keep these comments under review and RS commented the School would reinforce the need for employers to support trainees via the Supervisor Networking days. The challenge of the programme was noted.

Various competency lists and OneFile

I have received a query regarding which of the various lists of competencies (SoP, GSP, Medical Physics Syllabus) should be evidenced. I have seen an e-mail from Claire Hardiman addressing these issues (sent 1st March 2017 and has been shared with cohort 3). This would be useful if it could be shared with HSSTs across the cohorts or some further guidance provided (for both HSSTs and Supervisors).

Guidance for C Projects

This was raised previously and has been addressed for cohorts 1 & 2 (see P3). Cohort 3 are also concerned regarding this and so far have had 1 hour lecture (with A3). Will the remaining planned sessions be delivered if the A modules do not go ahead due to UCU strike action? Will there be a session for the workplace supervisors as there was for cohort 1 & 2? Richard Scott will clarify and seek advice from Mike Thomas

8. Report from Professional Bodies & Colleges

Azzam Taktak – IPEM

A proposal for a working party to discuss ASP in Clinical Biomedical Engineering is submitted to the IPEM. Members of the working party are: Azzam Taktak, George Dempsey, Richard Scott, Colin Gibson, Richard Axell, Ged Dean, Jadsip Mangat, Helen Meese and a MAHSE representative.

AF enquired if there was a deadline to work to. RS commented that no specific timescale was set as ASP requirements would be identified in an ongoing manner by employers to ensure an adequately trained workforce. That said the ASP framework was evolving and there is a need to progress examples where there is a clear workforce need. RS to liaise further with AT/IPEM colleagues

Hitesh Korla - IMPT

STP Training Centre Recruitment

Workforce training numbers are still down on the figures that have previously been presented, so we are still facing a training shortfall. IMPT are being proactive in encouraging centres to engage.

25th June 2018 in Nottingham present national workforce plan, STP students presenting, train the trainers, NHS and HEI responsibilities etc.

Highlights an issue that we have; as so few units currently accredited, new units cannot show accreditation so 3 new units to the programme who wanted training places in 2018 failed to commission centrally as they have not been assessed. IMPT propose to support units with an assessment based on the AHCS process so they can show some evidence of accreditation by their professional body.

IMPT and Education committee to help support units through accreditation.

Graduate STP Awareness:

Work Poster distributed to those Universities training Dental Technology; on IMPT website, LinkedIn and Social Media once applications were open. Power Point presentation to the universities on a yearly programme. Current Recon Sci STP's took part in video presentation during HCS week.

Commissioning units:

8 places commissioned in England; with additional 1 with the in-service so 9 in total. 6/7 hopeful units next year based on comments in N1.

Electronic Staff Record (ESR):

Discussions on ESR continue. The new draft in October 2017 recognised Reconstructive Science as an 'Area of Work'. Hopefully in the next version we will finally get job titles. But this continues to be frustrating with NHS digital as we still can't get accurate national workforce data. We will update at a later stage.

Reconstructive Science has been able to get an extension on the Live 2018 OSFA submissions as we couldn't meet the deadline but the 2018 stations are to be added to Glasscubes next week for Angoff assessment by the NSHCS if this has not already been completed.

Currently believed to have 28 applications for the next cohort of 8 places. Interviews to be taking place on the 20th April BCFC.

IMPT welcomed the AHCS response to the review of regulation of professions.

The IMPTs main concerns with registration raised were:

- 1) Dual registration with GDC and HCPC adds to the confusion as to who regulates the Scientist? Exists with other professions (GMC/GDC with Maxillofacial Surgeons)
- 2) Specialist lists within HCPC register of Clinical Scientists; much more useful with the diversity of the group to show the diversity through the register (workforce planning/training etc.) and especially for the smaller groups such as ours. Surely simple for the HCPC to electronically do this?
- 3) IMPT Council were informed that NES (Education Scotland) were discussing that the HCPC were considering dropping Clinical Scientists from the registrant list in a review as they didn't pose a significant risk to patients? Any news on this from the theme board?

The current Maxillofacial Prosthetist workforce is still unhappy with the Equivalence process. As they see no benefit to themselves or patients with statutory registration (already hold GDC reg/no specialist list; D1). Barry Edwards the IMPT Chair to discuss this further with Professor Ferry.

This indifference may have led to D3.

There was discussion about an issue within the profession as to whether STP trainees require HCPC registration to work as reconstructive scientists. It was noted that the profession is in transition. RS commented that trainees have undertaken an obligation to complete the programme when they join. This includes completing all work based assessments, the MSc and final OSFAs as mandatory components. Commissioners have an expectation that all programme elements are completed. The specific case discussed will be pursued outside the meeting by RS and Training Centre colleagues

Rob Farley – IPEM Professional and Standards Council

Consultation Responses

Responses to the following consultations have been submitted on behalf of IPEM and are available for viewing on the IPEM website:

- Department for Health and Social Care: Promoting professionalism, reforming regulation;
- NHS England: Modernising Radiotherapy Services;
- Health Education England: Cancer Workforce Plan call for evidence
- EFOMP Policy statement 16: The role and competences of Medical Physicists and Medical Physics Experts under 2013/59/EURATOM.
- IfA Occupational Maps Consultation

The following consultation is ongoing: Health Education England: Facing the Facts, Shaping the Future.

Clinical Pharmaceutical Science

JC confirmed that OSFA stations are being finalised, she requested that an OSFA station writing day ASAP, SG and JC to work on some dates.

JC to work on interview questions.

It was suggested that we promote STP Pharmaceutical Science, maybe this could be publicised with the help of Josh Mills the new Stakeholder Engagement Manager.

Training placements are still an issue.

It was also reported that there has been some refusals for trainee commissions, this needs to be taken back to BF Head of School, as the issue of workforce needs to be raised with the commissioners. RS suggested that numbers need to be known for other areas too and workforce requirements better understood to enable coherent forward planning.

9. Report from Employer Representatives

Andy Irwin NHS London

From St. Georges (Andy Irwin):

Of those starting Specialisms recently, 1 doing radiotherapy physics, 1 IIR, 1 INIR and 1 device risk management and governance

From King's (Gill Clarke)

Of those starting Specialisms recently, 3 people doing radiotherapy physics and the engineer doing device risk management and governance.

Pan London

Regional tutors continue to support training by directly signing off professional competencies and mentoring trainees and supervisors. In particular they have either ran, facilitated or contributed to:

- Reflective writing session at the trainee network winter event in December
- Local train the trainer sessions for GSTT and North Middx radiotherapy centre in January
- Trainer Developer Day run in March to support approximately 35 new/inexperienced trainers across London
- One-day MR safety workshop at UCLH with supervisors from GSTT, Imperial, Royal Marsden and UCLH in October -11 medical physics trainees attended.
- 6-day imaging with non-ionising workshop at GSTT with supervisors from GSTT and St George's in November - 10 medical physics trainees and 3 cardiac science trainees attended.
- Laser workshop at GSTT with supervisors from KCH,

GSTT and St George's in December. 7 medical physics trainees attended.

- In planning/progress:
- 4 day Brachytherapy workshop between January and May aimed at specialist radiotherapy trainees
- Scoping

Stuart Green Midlands and East

From Birmingham

Great disappointment with the allocation of STP training places this year. Reduced commissions in Medical Physics and Radiopharmaceutical sciences. When challenged on methodology, HEEWM did not provide good answers, but were told that "...centres that were not allocated trainees last year were preferred this year..."

From Birmingham on STP allocations

Graham Chalmers asked via RT Physics leads email list and of the replies a number of centres did not get the allocation that they wanted. These include
Oxford 1 of 2
Reading 0 for 2 years running despite bidding
Brighton 1 of 2

From Mount Vernon

All STP places requested have been agreed... "although funding model still not confirmed"

From Cambridge

Great concern about lack of grad dip places in Nuclear Medicine and lack of support from Trust regarding apprentices in HCS areas (focus is on nursing)

From Birmingham

Have secured 1 Radiotherapy Physics funded place for graduate diploma (of 4 places

made available in West Mids)

From Mount Vernon

PTP - Radiotherapy Physics - Graduate Diploma - have secured 1 funded place (salary and fees) to start April 2018

From Mt Vernon

Still considerable concern about the outdated curriculum and learning guides for STP.

From Mt Vernon

Held HSST 2nd Assessment Moderation Day in November 2017 attended by trainees and supervisors across East of England, London and Surrey.

From Nottingham

Some guidance on suitable apprentice salary scales would be very helpful
In response I sent the ones proposed for UHB below

With on costs

Age	Year 1	Year 2	Year 1	Year 2
< 18	£10,000	£10,000	£11,691	£11,691
18-20	£10,000	£10,920	£11,691	£12,869
21-24	£10,000	£13,748	£11,691	£16,492
25+	£10,000	£14,625	£11,691	£17,615

Canice McGivern – Department of Health Northern Ireland

The Belfast Health & Social Care Trust (BHSCT) Medical Physics service will be recruiting 2 X Trainee clinical Scientists during 2018/19. One of these trainees will be undertaking the STP and specialising in Radiotherapy Physics. The other trainee will be proceeding via Route 2 and specialising in MRI.

The BHSCT Medical Physics service is also planning to recruit a combined PhD/Trainee clinical scientist post. This post will be for a 5 year period and specialise in Radiotherapy Physics. The training aspect will be delivered via the Route 2 approach

10. Report from PPI Representative

RP mentioned that she was on the panel for the appointment of Josh Mills the new Stakeholder Engagement Manager at the School, she is very excited about him being appointed.

A group will reconvene to work on the strategy to increase Lay Reps involvement.

11. Updates & Reports from the National School

Michael Thomas – HSST Lead for National School

HSST Train the Trainer

The School held for the first time two Train the Trainer events for HSST Workplace Supervisors on 6th February and 20th March at Aston Villa FC.

Questions from both events have been captured during the event via SLIDO and will be published with the responses on the School web-site in the near future. The slides from the presentations will also be provided for reference.

Feedback from both events is currently being reviewed to inform the future delivery of such events.

Roles and Responsibilities

The School has published guidance on the roles and responsibilities of the HSST Workplace Supervisor and the HSST trainee on the website at:

<http://www.nshcs.hee.nhs.uk/images/guidance/hsst/hsst-roles-and-responsibilities-2018-v1.pdf>

The guidance has been based on similar guidance for postgraduate medical trainees in specialist training role.

NHS Employers also has role descriptors and further guidance at:

<http://www.nhsemployers.org/your-workforce/recruit/employer-led-recruitment/consultant-clinical-scientist-guidance-project>

e-Portfolio

The School has launched OneFile as the e-portfolio replacement for OLAT. The system is now mandated for all HSST Trainees for the development of their Training Plan and the repository for evidence demonstrating compliance with the Academy's Higher Specialist Scientist Standards and the learning outcomes of the specialist curriculum.

The Digital team at the School have provided extensive Webinars and created a library of key animations and "How to" video clips

<http://www.nshcs.hee.nhs.uk/current-hsst/nhs-higher-specialist-scientific-training/onefile-e-portfolio-hsst>

A dedicated help desk is available at: nshcs.digital@hee.nhs.uk

HSST C1 and C2 Research Components

MAHSE Have recently held a seminar on the C1 and C2 components of the professional doctorate.

<http://mahse.co.uk/hsst-research-project-day-2018/>

C1, the innovation project, is a compulsory component of the programme for all HSST trainees whether or not they are undertaking the full doctorate.

There is a [guidance document for workplace training officers](#) on the C1 innovation project available at

<http://mahse.co.uk/wp-content/uploads/2016/11/HSST-Innovation-Project-Information->

[and-Guidance-for-Workplace-Training-Officers.pdf](#)

The research project, C2, is carried out at the Clinical Scientist's base hospital with academic supervision by an appropriate expert in the field. The aim of the project is to improve health and health outcomes and may include scientific, clinical, service transformation, innovation, leadership, policy, education or educational research. Further information about Section C is included in the [HSST Section C Information Pack](#) <http://mahse.co.uk/our-programmes/doctoral-level-hsst/hsst-section-c-information-pack/> which gives a general overview as well as milestones and key contacts and via a set of [frequently asked questions](#)

HSST Exit Strategy

The School has recently agreed and published an exit strategy with certification for HSST on the website. The requirements for programme exit and achievement of the Certificate of Completion of Higher Specialist Scientist Training are bespoke to the trainee's specialism and the pathway undertaken. The programme is 5 years in duration commencing in the September of each year. Trainees will normally make a formal application to exit with certification within 3-months of the 5-year anniversary of that date. In the case of Cohort 1 only the School recognises the significant variation in trainees appointment dates and will apply March 2015 as the global appointment date for all Cohort 1 trainees with an exit date of March 2020. A further optional six-month allowance will also be made for Cohort 1 due to the delayed start of the professional doctorate. Please note that funding for the additional six-month period is currently under discussion and cannot be guaranteed. For those trainees taking up this additional six-month option their exit date will be further delayed to September 2020.

Detailed guidance on the process for application to exit with certification is available

Accreditation for HSST

The School is currently formulating a process for departments to achieve formal accreditation as workplace centres for HSST Training. Further information is imminent.

MAHSE Governance Arrangements

MAHSE Have redefined the hierarchical structure for governance of the HSST professional doctorate. The revised structure gives greater granularity within each university and improvements in local access and representation for student and employer

See action log 23/03/2018 - 11

feedback.

The HSST Oversight Group (HOG) which was originally designed to oversee the delivery of DClinSci degrees at MAHSE partner HEI's with a view to ensuring parity of experience for Clinical Scientists in HSST registered on the programmes and to act as a reference point between HEI's and external stakeholders has been replaced by the HSST Organisational Strategy (HOST). This will become the strategic oversight vehicle for such matters. The first meeting of HOST is scheduled for 28th March.

Accreditation – Update

Annual monitoring survey – Lots saying that there have been some rather significant changes. The accreditation of host departments update: 620 now with STP trainees, 520-530 have now been accredited.

AW mentioned about a job that is available within the School – Deputy Head of Accreditation (Band 8a) based in Birmingham but with lots of travel, he asked the board if they may know of anyone who may be interested in the role.

HSST Training Departments – process of accreditation has started. Self-assessment is almost finalised but feedback is wanted regarding the form, there are 3 key differences from STP. We have a round of commissioners that are starting their visits – any issues with HEI's please send to AW so that he can feedback to commissioners.

Education & Assessment

The School are preparing for EPA, we will need to convene a group of people to attend a workshop, we are looking for one or two representatives to attend on 17th April 2018, please email the School if you want to volunteer across the themes, StGr suggested practitioners would be ideal.

STP Improvement Review

This review was prompted by evidence that change was needed, we have had over 1000 responses to the questionnaire. A report has been drafted which suggests there is very positive support for STP to remain as it is although there were some minor tweaks to help with:

1. More training for training officers.
2. Need feedback into accreditation process.
3. Lots of support into competencies and rotations but with more flexibility.
4. Need to improve co-ordination of workplace and academic studies.

These findings will need to go to HCSING to discuss changes.

STP Train the Trainer had 50 participants in March 2018

MRP

The team are now preparing to deliver MRP for year 2 STP trainees – a 4 week alert will be sent out. It is mandatory, all will need to engage, this is very important for HEI reps, 5 pieces of evidence.

Prep for Live OSFAs

The live OSFAs are now starting to take form, invitations have now been sent out. We are in touch with Lead Station writers, exam boards are being set up as well as Angoff meetings. We are increasing the involvement of Lay members in OSFAs in terms of development and delivery of OSFAs.

Curriculum Development Update

KA gave a brief update regarding the review of STP curricula, these will be started by theme rather than by specialism. We will have a number of curricula development group by where groups/specialists will work together on this, this will include HEIs in these groups. The School has recently been through this with cancer genomics. Over the last 6 months the School have been working on standard templates and the curricular library is now up and running. We need to ensure that we meet HCPC SOPS and we also need to have flexibility built into the curricular too. So far we've set up a simple ranking tool which will be sent out to board members, this will be to rank priorities, SS sent this out during the meeting.

12. A.O.B

TF raised the issue of about how to the best way would be to co-ordinate the first 4 weeks of entry onto the STP, but agreed to defer more detailed discussion to a subsequent meeting

Date/Time of Next Meeting	
Friday 22 nd June 2018 – Venue TBC	

ACTION

ACTION LOG					
Agenda Item & Meeting Date*	Action	Progress / Further Actions	Lead	Due	Status
03/03/2017	CH/RS to review deputy representation for all roles on Themed Board	To raise with NSHCS Update – everyone to send details of who deputies are to RS	ALL		Ongoing
23/06/2017	BF to raise concerns with Janet Monkman at AHCS regarding the need for interviews for equivalence	<u>Update</u> The AHCS always interview now for STP and I have also raised the concern with Janet that HSST should also need an interview. Very few of the HSST have gone through and those that have are extremely senior and actually did not require an interview. however the principle has been established	BF		Closed
23/06/2017	BF to draft guidance about sponsorship of research projects	<u>Update from BF</u> This has also been taken forward. It was not only the physical sciences who had requested this. The Physiological science themed board also wanted this and they	BF		Ongoing

ACTION LOG

Agenda Item & Meeting Date*	Action	Progress / Further Actions	Lead	Due	Status
		were going to present some cases where the Trust had been helpful. This only happened at the last themed board (which I was unable to attend). So as the statement was going to come from the school, it was not possible to do anything until this had been done. The school cannot state that it is or is not acceptable for a Trust to sponsor an STP, it can say that STPs are doing projects and may require help from the Trusts research department in helping with ethics. It cannot insist that Trusts sponsor them. Hope this helps, We will try to get this statement out quite soon			
23/06/2017	CH/SC look at the AESP for MPE	Update – RS is going to arrange an off-line dialog with SC.	RS/SC	ASAP	Ongoing
10/11/2017 – 7.1	The School to request commissioners to inform HEIs as soon as the numbers are known.	Update – This is still a hot topic, at what point can HEIs hear about the numbers? RS to take back to Berne Ferry	RS/BF	ASAP	Open
10/11/2017 – 7.2	Accreditation to contact IPEM	Please see minutes	NSHCS	ASAP	Closed
10/11/2017 – 8	SR to email this information regarding fees to both BF and Nicky Fleming	Update – RS to ask SR if this is now resolved.	RS/SR	ASAP	Open
10/11/2017 – 8.1	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.	RS/BF	ASAP	Open

ACTION LOG

Agenda Item & Meeting Date*	Action	Progress / Further Actions	Lead	Due	Status
10/11/2017 – 9.1	RCS being GDC registered - To be open up for discussion at next meeting	Update – HK confirmed that a discussion had taken place and it was determined/voted that GDC registration will remain and equivalence would not be an option.	RS/CH		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	SC/BF	ASAP	Ongoing
23/03/2018 - 4	LM to distribute apprenticeship presentation.	Sent with minutes.	LM	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	Open
23/03/2018 – 7.2	RS to circulate to members a flyer re: a Networking Day - the School to publish this event once it has been arranged.	Post meeting note -Clin Eng Networking day, 5/6/18 at Keele University was cancelled	RS	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		SaGr/RS/NSHC S	ASAP	Open
23/03/2018 - 11	HSST Exit Survey to go on to next Physical Science Agenda		RS/NSHCS	Before next meeting	Open
23/03/2018 - 12	HSST Self-assessment accreditation Forms to be sent to the board for feedback		AW	ASAP	Open