**NSHCS Self-assessment for work-based placement providers (STP)**

This self-assessment is the first step in the process for approval of departments to train healthcare science trainees under the Modernising Scientific Careers training schemes.

All departments providing work-based training for the healthcare science training programmes are required to complete this self-assessment. The document is designed to provide information about the department in order to review whether the required standards can be met, and a quality training experience can be provided. Completion of this document is required to begin the process of determining whether a department can be approved to host STP. The information provided will first be evaluated by the NSHCS Accreditation Unit working with expert advisers. The immediate outcomes may be a) accreditation; b) accreditation with conditions; or c) referral for panel visit.

The completed document should be signed and returned to the Accreditation Unit, nshcs.accreditation@hee.nhs.uk

For helpful advice on providing high quality training for healthcare scientists, please see the NSHCS publication “Helpbook for Training Centres”, available on the NSHCS website.

If you have any questions, please contact nshcs.accreditation@hee.nhs.uk.

|  |  |
| --- | --- |
| **Trust**  |  |
| **Department** |  |
| **Head of Department** |  |
| **Training Officer/Supervisor** |  |
| **Contact Details** |  |
| **Date** |  |
| **Training Programme** |  |
| **Speciality(ies) covered** |  |

**Consortium arrangements**

*If your department is part of a training consortium, please provide details in the space below – name of consortium, lead contact (with contact details), other participating departments. To be regarded as a consortium, there must be documented agreement among the participating departments setting out the roles, responsibilities, procedures, supervision arrangements, and performance levels required.*

 **Assessment against Quality Standards**

The following series of statements are a distillation of the agreed work-based training provider quality standards. For each of them you are asked to assess your department on a four-point scale from ‘not met’ to ‘exceeded’. If you assess that you have ‘not met’ or are ‘working toward’ the standard, you should identify actions to demonstrate how you intend to achieve the standard in the future. If you feel you have exceeded the standard by developing an area of best practice, please say if you agree to this being shared and disseminated.

|  |  |  |  |
| --- | --- | --- | --- |
| **No** | **Description** | **Tick one column** | **Suggested evidence** |
|  |  | **Not met** | **Working towards** | **Met** | **Exceeded** | NSHCS will access what information we can by desktop. Departments are asked to embed the documents in electronic form. If there are items you cannot provide, please provide a written summary to evidence the standard. Where possible **avoid attaching copies of entire policies** but provide the relevant section.Note: your responses may refer where appropriate to trainees on other training schemes. |
| **1** | **Domain 1 – Education/training quality**  |
| 1.1 | Departmental staff, including senior grades, contribute to maintaining the quality of education and training.Department has clear quality standards.  |  |  |  |  | 1. Organisation chart with roles and responsibilities
2. Training policy identifying how the department supports pre and post registration healthcare science and support worker training (including support for formal training or mentorship qualifications)
3. Specimen training plan for current trainee, showing
* How placements are planned and confirmed
* The staff involved: training officer, other trainers/ supervisors/assessors
* Supervision arrangements including actual or proposed supervision for the research project
* Preparation of colleagues to support training
* Induction/orientation pack or event
1. Note of any quality manuals, quality statement or similar documentation used by the Department.
 |
| 1.2 | Training programmes reflect relevant national guidance. |  |  |  |  | Covered generally by evidence in 1.1 above. Additional evidence: how the STP Learning Guide and Online Assessment Tool are included in the training programme documents.Provide evidence of attendance at NSHCS train the trainer events and of how information from these events is cascaded to colleagues. |
| 1.3 | Department can deliver professional training to high standard. Staff development includes supervision and delivery of training. |  |  |  |  | ***For the Training Officer (the individual identified as such in OneFile, who has overall supervision of the STP trainee), you are required to complete the document “Evidence of meeting requirements for STP Training Officer Role’ which is appended to this self-assessment. The person specification for the role, and guidance on completing this form, are available in the Accreditation section of the NSHCS website. The form must be countersigned by the Head of Department.*** A statement explaining how named individuals are suitably qualified and experienced to train at this level. Brief CVs of the principal training staff.Details of support for professional training or awards, e.g. post-graduate certificates in training and mentorship. |
| 1.4 | Training staff reflect on experience and are committed to continuous improvement of training process. |  |  |  |  | Evidence of sharing of good practice - supervisor meetings, trainee meetings/networking, assessment moderation, staff CPD.An example of improvement as a result of your own internal review. Confirmation of internal reviews of training programmes and scheduled training meetings. |
| 1.5 | Staff contribute to national training initiatives. |  |  |  |  | Identify staff actively involved in NSHCS events such as recruitment, OSFA station writing and assessing, and membership of Themed Board. |
| 1.6 | Process for dealing with concerns about students’ profession-related conduct(fitness to practise). |  |  |  |  | Relevant extracts from Trust policies; evidence of regular review meetings. Summary of Trust appraisal process including capability procedure |
| 1.7 | Effective communication, partnership and inter-professional team working including close liaison with HEI. |  |  |  |  | Evidence of trainees’ interactions with other departments/professionals, and organisation of rotations. Details of other trainees accepted on rotation. Evidence of employer liaison with HEI.  |
| **2** | **Domain 2 – planning and resource management - *Unless otherwise noted, no separate evidence required*** |
| 2.1 | Clear training strategy and annual plan linked to national and local policy. Clear lines of accountability for the management and governance of work-based education.  |  |  |  |  | Evidence of how the department’s training plan links with the trust’s forward plans and national policy. Description of how the department contributes to the trust’s workforce planning and data collection.Covered by 1.1 organisation chart. In addition, confirmation that work-based education is reviewed in departmental management meetings. |
| 2.2 | Physical resources to support students/learners (chairs, desks, work space).Technical equipment and IT facilities including on-line journal access. |  |  |  |  | Brief description demonstrating that adequate facilities are provided. |
| 2.3 | Learning opportunities are at the right level and provide opportunities for multi-professional working. |  |  |  |  | Covered by 1.1 training plan and case notes.Additional evidence: list of meetings/multi-professional forums attended by trainee. Evidence that STP trainees will receive training in audit, risk assessment, research / statistics skills, incident reporting. |
| 2.4 | Prompt feedback to trainees. |  |  |  |  | Covered by 1.1 training plan and case notes, and 1.4 evidence of reflection. Additional evidence; an example of written feedback for a trainee. |
| 2.5 | Feedback from trainees is collected and action plans agreed. |  |  |  |  | Evidence of written feedback from 2.4 above; evidence of trainee meetings; confirmation that Multi-Source Feedback is facilitated. |
| 2.6 | All trainees whether direct entry or in-service are released (and given protected study time) to undertake all aspects of the training programmes. |  |  |  |  | Confirmation of time available for academic work and training portfolio (**one day per week is not sufficient).** Evidence of ratio of time spent “in training” to time spent in service delivery, including in-service trainees where relevant. |
| **3** | **Domain 3 – Health and Safety, Equality and Diversity, PPI –** ***Note: we do not carry out health and safety inspection so must rely on other third party evidence.*** |
| 3.1 | Policies and procedures reflect health and safety legislation and equality of opportunity.Safety is maintained.Risk is managed. |  |  |  |  | Evidence of all internal and external inspection regimes the department is subject to (e.g. service accreditation, ISO), and outcomes from recent inspections or health and safety audits.Confirmation that mandatory training is undertaken by all trainees.Confirmation (see 2.3 above) that trainees receive training in risk assessment and incident reportingEvidence of trust and departmental policies on whistle-blowing. |
| 3.2 | Diversity, inclusion and equality of opportunity.  |  |  |  |  | Evidence of Trust equality and diversity policy; department commitment to observe equality of opportunity in training. |
| 3.3 | Appeals / complaints / concerns. |  |  |  |  | Evidence of Trust policies on harassment and bullying; description of how trainees can raise concerns about their training. |
| 3.4 | Disclosure and Barring Service, Independent Safeguarding Authority and occupational health clearance processes.  |  |  |  |  | Confirmation from department that DBS checks are required (or, where this is not the case, Trust statement explaining the reasons). |
| 3.5 | Where Students/trainees may engage clinically with service users, appropriate consent is obtained. |  |  |  |  | Consent form, or description of the process for obtaining consent. If consent is not in written form, Informed consent policy (where appropriate). |
| 3.6 | Programmes respect the rights and needs of service users and colleagues. |  |  |  |  | Trust Patient and Public Involvement policy and brief statement of how applies in Department.Summaries of Service Users and Carers policy or equivalent.Engagement plan for STP trainees showing how opportunities will be provided for interaction with patients (including patient representative groups) and the wider public.Fitness for practice policy (where appropriate)Evidence of safeguarding for vulnerable service users. |

**External accreditation**

Does the department have current accreditation or approval from any other external body?

Yes No

*If yes, please provide details below, including dates*

**Areas identified for improvement** *(please complete if you have rated any standard as ‘not met’ or ‘working towards’)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Standard** (use reference numbers from the table above) | **Actions proposed** | **Date** | **Person responsible** |
|  |  |  |  |

I confirm this document is an accurate and full record of the current position

**Signature:**

**Designation:**

**Date:**

**Evidence of meeting requirements for STP Training Officer role**

*Please refer to the person specification and guide when completing this form*

|  |  |
| --- | --- |
| **Name** |  |
| **Email and tel. no**  |  |
| **Job title** |  |
| **AfC band**  |  |
| **Professional registration (provide number)** |  |
| **Trust, hospital and Department** |  |
| **STP specialty** |  |
| **Trainee(s) if known** |  |

**1. Qualifications**

|  |  |  |
| --- | --- | --- |
|  | Title and awarding institution | Year obtained |
| Highest academic qualification in science |  |  |
| Training qualification |  |  |
| Other relevant (e.g. management/leadership) |  |  |

**2. Knowledge and Understanding**

|  |  |
| --- | --- |
|  | Y or N |
| I am familiar with the STP curriculum in my specialty |  |
| I have knowledge and understanding of the STP assessments |  |
| I have read and understood the Academy for Healthcare Science’s “Good Scientific Practice” (for details see the Academy for Healthcare Science website) |  |
| I am familiar with codes of practice and conduct for my profession |  |

**3. Experience**

|  |  |
| --- | --- |
| How long have you been in your current role? |  |
| How long have you been practising as a scientist? |  |
| Describe any previous experience of supervising trainees |  |
| Describe your experience of postgraduate research |  |
| Describe any previous experience of assessing competence |  |

**4. Training**

|  |  |  |
| --- | --- | --- |
|  | Y or N | When and where? |
| Have you attended National School of Healthcare Science train the trainer (or do you have a date for attendance?) |  |  |
| Have you had training in supporting workplace education? |  |  |

**5. Personal attributes**

This is a list of personal attributes needed as an effective Training Officer.

Please score yourself from 1 (needs improvement) to 5 (excellent) against each of these. Please note, your Head of Department will countersign your application and should consider your self-assessment as part of this. The main value of this reflection is for you and your department to identify any areas to work on.

|  |  |
| --- | --- |
|  | 1 - 5 |
| Well-organised, with good planning skills |  |
| Resilient and persuasive |  |
| Empathetic |  |
| A clear communicator |  |
| Flexible |  |
| Patient  |  |
| Good networker |  |
| Role model |  |

**6. Support**

The following is a list of measures that should ideally be in place in your department to support you in your role as Training Officer.

|  |  |
| --- | --- |
|  | Y, N or n/a |
| The Training Officer role is included in my job description |  |
| Time is allocated for my Training Officer duties over and above my regular duties |  |
| There is a clear line of accountability for the training function |  |
| My performance as a Training Officer will be appraised as part of my performance review |  |
| I will be released to attend training myself, to develop me as a Training Officer |  |
| I will be released to participate in Training Officer networks in the trust and/or region |  |
| There is a clear mechanism for escalating any concerns about a trainee |  |
| Another individual has been identified as cover in the Training Officer role if I am absent |  |
| I have been allocated a ‘buddy’ in a similar role in another department |  |
| I will be mentored by a more experienced STP training officer from another department if necessary |  |
| I am actively supported by trust’s practice learning team |  |
| I am able to observe Training Officers of other STP trainees performing assessments |  |

**7. Signature and countersignature**

|  |
| --- |
| **Applicant** |
| Signature  |  |
| Date |  |
| **Head of Department** |
| I have read this document and support this application for approval as a Training Officer for the Scientist Training Programme |
| Name |  |
| Signature |  |
| Date |  |