National School of Healthcare Science

NHS Health Education England

Practitioner Training Programme Improvement Review

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Contents

Executive summary

Background

The National School of Healthcare Science conducted a review of the design and delivery of the Practitioner Training Programme (PTP) between October 4TH, 2019 and November 8TH, 2019. The PTP is an integrated BSc (Hons) programme funded by the Office for Students, students are not commissioned by the NHS. The PTP was established in 2010. In February 2020, the school has contacted all the HEIs providing PTP degrees and identified a minimum of 1000 students on courses across years 1, 2 and 3.

The review provided the opportunity for all major stakeholders to share their views on the strengths and weaknesses of the programme, and their thoughts on improvements to the design and structure of PTP to enhance delivery and effectiveness in training healthcare science practitioners. Recommended changes to the programme need to meet current best practice, healthcare science workforce needs, the Healthcare Science Strategy and the NHS People Plan and Long-Term Plan.

Phases of the review

The review involved two phases each eliciting stakeholders' views and experiences of the PTP and ideas for potential improvements.

Phase 1 involved a stakeholder meeting from across healthcare science professionals, trainees, alumni, representatives from Higher Education Institutions (HEIs), professional bodies and patient representatives.

Phase 2, an open access survey was completed by 259 respondents from across the healthcare science community.

Findings

There was strong support throughout the survey that healthcare science trainee students be allowed access to the Learning Support Fund to support them on NHS placements. This was highlighted as a major reason why some PTP courses had to close and why some PTP student trainees either failed to embark on a PTP degree or were forced to pull out of PTP degrees**.** This finding poses a major risk to the pipeline of healthcare scientists coming into the health service.

Although HEE does provide a tariff to hospital departments for PTP placements via the LDA, the majority of individual HCS departments hosting PTP students on a placement do **not** receive this money.

Where the PTP programme was perceived to be working, it was seen as effective in delivering good quality training for most of the healthcare science specialisms. The majority of respondents thought that the PTP prepares graduates to meet both the need of the employers and service users and would recommend the PTP to employers or other trainees/apprentices.

There was support for several changes regarding the delivery of the programme: the most important changes being flexibility in placement time to meet both local challenges and enable more employers to support placements, flexibility in provision of the curricula.

Stakeholders requested reviews of the curricula content to meet current healthcare science best practice and to allow flexibility in the naming of individual university courses.

There was support for the development and introduction of new (PTP- type) degrees in new and emerging areas of healthcare science such as digital and genomic sciences and reproductive sciences. There was strong support for developments to be collaborative amongst all stakeholders.

To widen access to PTP degrees, stakeholders recommended more engagement and development of new ways to engage with the public to raise awareness of healthcare scientists.

Stakeholders placed enormous value on HEE accreditation of practitioner programmes and felt that more quality assurance of workplace training and registration of healthcare science professionals in assuring public safety would be beneficial.

Recommendations

The recommendations of the review are:

1. Financial support for PTP students on work placement is critical. The following issue need to be addressed urgently.
2. Explore on what basis healthcare science students are not permitted access to the Learning Skills Fund or Bursary.
3. HEE need to target the PTP placement funding (Tariff) to individual departments hosting PTP student trainees to ensure that enough PTP placements are available and that departments willing and able to host PTP trainees are recompensed for the training.
4. Allow flexibility in naming and delivery of all PTP programmes including facilitating changes to the patterns of placements to better accommodate workplace providers and trainees.
5. The NSHCS should work with HEIs, and clinical partners to urgently review and update the curricula of all PTP programmes.
6. Introduce an education and training framework for undergraduate degrees including apprenticeship degree models to allow development of new undergraduate PTP-like programmes to ensure that the future healthcare science is secured and fit for purpose.
7. Consider the introduction of a system of quality assurance of PTP programmes to ensure consistency and standardisation in training resulting in improved patient safety.
8. HEE to work further with stakeholders e.g. professional body's, employers and NHS Careers to promote recruitment, retention and career development.
9. Facilitate better coordination between workplace and higher education content e.g. employer/HEI liaison groups.
10. Explore training opportunities for workplace trainers.

1. Introduction

This report provides a summary of the main findings from the Practitioner Training Programme (PTP) improvement review undertaken by the National School of Health Care Science (NSHCS). The review focused on PTP stakeholders' perceptions about different aspects of the design, structure and delivery of the programme; what works and what does not work, and the kind of improvements those who participated in the review would like to see. The report also offers recommendations for improvements to programme design, structure and delivery.

1.1 Background

The PTP is a three-year under-graduate training programme incorporating academic and workplace-based learning. Graduation from the programme provides eligibility to apply for professional registration:

- Physiological and physical science graduates will be eligible to apply for Professional Standards Authority (PSA) Accredited Voluntary Registration via the Academy for Healthcare Science (AHCS). Additionally, some programmes are accredited by the Registration Council for Clinical Physiologists (RCCP) and The Register of Clinical Technologists (the RCT) where you will be eligible for voluntary registration.
- Life science graduates as well as being eligible to apply for voluntary AHCS registration (as above), will be eligible to apply for statutory registration with the Health and Care Professions Council (HCPC) as Biomedical Scientists.

This improvement review was prompted by feedback from PTP stakeholders to the NSHCS that elements of the programme needed review and change. The NSHCS responded to the feedback by establishing a Stakeholder Steering Group to make recommendations for improvement. The main purpose of the review has been to assess what are the quality improvements that could be made to the design and structure of the PTP to enhance its delivery and effectiveness in recruiting and training healthcare science practitioners. Any recommendations and subsequent changes to the programme would be to ensure that the PTP design meets current conceptions of best practice in professional vocational training, offers a quality training experience for trainees, and continues to meet the needs of the healthcare science workforce.

The scope of the PTP Improvement Review was developed by a NSHCS steering group comprising internal and external individuals from all PTP stakeholder groups.

1.2 Review focus and approach

The main purpose of the PTP improvement review was to assess whether quality improvements could be made to the design and structure of the PTP to enhance its delivery and effectiveness in training healthcare science practitioners. The emphasis on 'design and structure' includes, as examples:

- delivery model options e.g. distance learning, apprenticeships
- placement provision, length and timing
- curricula content, generic, specialist, new and evolving areas
- competence assessment, knowledge, skills and behaviours

The review has provided an opportunity for all major stakeholder groups to provide their views on the strengths and shortcomings of the programme and their thoughts on the ways in which the PTP design, structure and delivery might be refined and further developed. Over 259 stakeholders participated in the review across the two phases.

This report brings together the main findings from the two phases of the research with emphasis on the Phase 2 Survey findings, representing the views of 259 respondents.

2. Phases of the review

2.1 Phase 1: Stakeholder meeting

The School established a Stakeholder Steering Group to direct the survey questions to ensure that relevant areas were covered. Members of the Stakeholder Group developed draft questions for the survey. Members were also given the opportunity to provide written comment if they could not attend the meeting. The discussion covered such areas as:

- the strengths and shortcomings of the PTP design and structure
- changes to be considered to improve the PTP
- learning delivery (including the delivery of specialist academic learning and workplace learning) and competencies
- what is working, what is not working and what ought to change

The outcomes from the meeting guided the construction of the online survey, the purpose of which was to gather data from a larger number of stakeholders on their views of PTP structure and delivery. A draft survey was distributed to a small number of Stakeholders and NSHCS senior staff for review and comment before the final survey was distributed.

2.2 Phase 2: Online survey

The purpose of the survey was to gather data on stakeholders' views and preferences for the improvement of the PTP. The survey was open access, meaning that the survey could be completed by any member of the healthcare science community. All responses were anonymous.

The survey was live between October 4th and November 8th, 2019. There were several channels through which the link to the survey was distributed and promoted. These included emails from the NSHCS directly to stakeholders inviting them to complete the survey, an announcement on the NSHCS website, promotion on Twitter, dissemination through relevant professional bodies, and by utilising other professional networks e.g. Health Education England's Healthcare Science Leads. Dissemination through the Practitioner Training Programme Specialist Interest Group comprising representation from universities providing PTP programmes. All those contacted were asked to forward the survey invitation to relevant colleagues as well as completing it themselves.

The survey was designed by the NSHCS in collaboration with the PTP Stakeholder Steering Group and covered the following topics:

- funding of placements for PTP students
- accessing tariff funding in Trusts
- challenges and difficulties in obtaining placements
- workplace learning
- programme naming and delivery models
- academic content (generic, specialist, new and evolving areas)
- registration and quality assurance
- recruitment and retention
- overall perceptions of the PTP programme

The use of an open access approach ensured that all members of the healthcare science community were able to complete the survey, including those not on any of the NSHCS stakeholder databases. However, the limitation with this approach is that it is not possible to gauge the survey response rate as the size of the population from which the sample responded is not known.

A 'save and return' function was available to enable respondents to respondents to exit the survey and return to complete. The survey dataset comprised 259 full responses.

3. Survey respondent characteristics

As part of the survey respondents were asked to answer two classification questions for inclusion in the analysis of the survey. This was intended to facilitate data analysis by key characteristics so that responses by the different stakeholder groups could be explored. The two characteristics selected were the respondents' main role (Table 1) and an aggregation of these roles into five larger sub-sets (Table 2). The survey response rate from Healthcare Scientists and workplace training officers is 65% (168/259) this may suggest that this stakeholder group have welcomed the opportunity to comment on the PTP.

The category "other "included scientists with dual roles in academia and the NHS and lay representatives.

Table 1: Respondents main role

Q1: I am a…	Number of responses	Percentage (%)
Healthcare scientist	129	50
Healthcare Scientist (Training Officer)	39	15
Current student or trainee	25	10
Representative of a HEI	21	8
Other	17	6
Graduate PTP	12	5
Current apprentice	11	4
Representative of a professional body	5	2
Total	**259**	**100**

Table 2: Responses by PTP role (aggregated)

Role	Number of responses	Percentage (%)
Healthcare scientist and workplace training officers	168	65
Graduate and trainees	48	19
Representative of a HEI	21	8
Representative of a professional body	5	2
Other	17	6
Total	**259**	**100**

Table 3 identifies the range of healthcare science specialisms responding to the survey. To facilitate a more meaningful analysis of the data, the specialties were collapsed into five specialist areas (Table 4). The category of "other" in Table 3 included medical microbiologists, genomic counsellors or persons with multiple specialist roles.

Table 3: Range of healthcare science specialisms

2. My specialism is...	Number of responses	Percentage (%)
Audiology	32	12
Blood Sciences	31	12
Cardiac	53	20
Cellular Sciences	16	6
Genetic Sciences	8	3
Infection Sciences	5	2
Medical Engineering	5	2
Neurophysiology	10	4
Nuclear Medicine	20	8
Ophthalmic & Vision	3	1
Other	12	5
Radiation Engineering	2	1
Radiation Physics	15	6
Radiotherapy Physics	22	8
Rehabilitation Engineering	4	2
Renal technology	1	<1
Respiratory and Sleep	16	6
Blanks	4	2
Total	**259**	**100**

Table 4: Responses by specialist areas

| Specialty area	Number of responses	Percentage (%)
Cardiovascular, Respiratory and Sleep Sciences	69	26
Neurosensory Sciences	45	17
Life sciences	60	23
Medical Physics Technology	57	22
Clinical Engineering	12	5
Unspecified	16	7
Total	**259**	**100**

4. Review findings

4.1 Does PTP meet workforce needs?

Stakeholders were invited to comment on any suggested areas of improvement on the current curricula content and programme design.

Curricula content

As shown in Figure 1, 66% of survey respondents were either neutral or positive regarding the content of PTP degrees. 52% said current curricula content meets workforce needs while 14 % were neutral regarding the curricula content. The findings suggest the curricula content is seen by most stakeholders to be appropriate to deliver the knowledge to meet workforce needs.
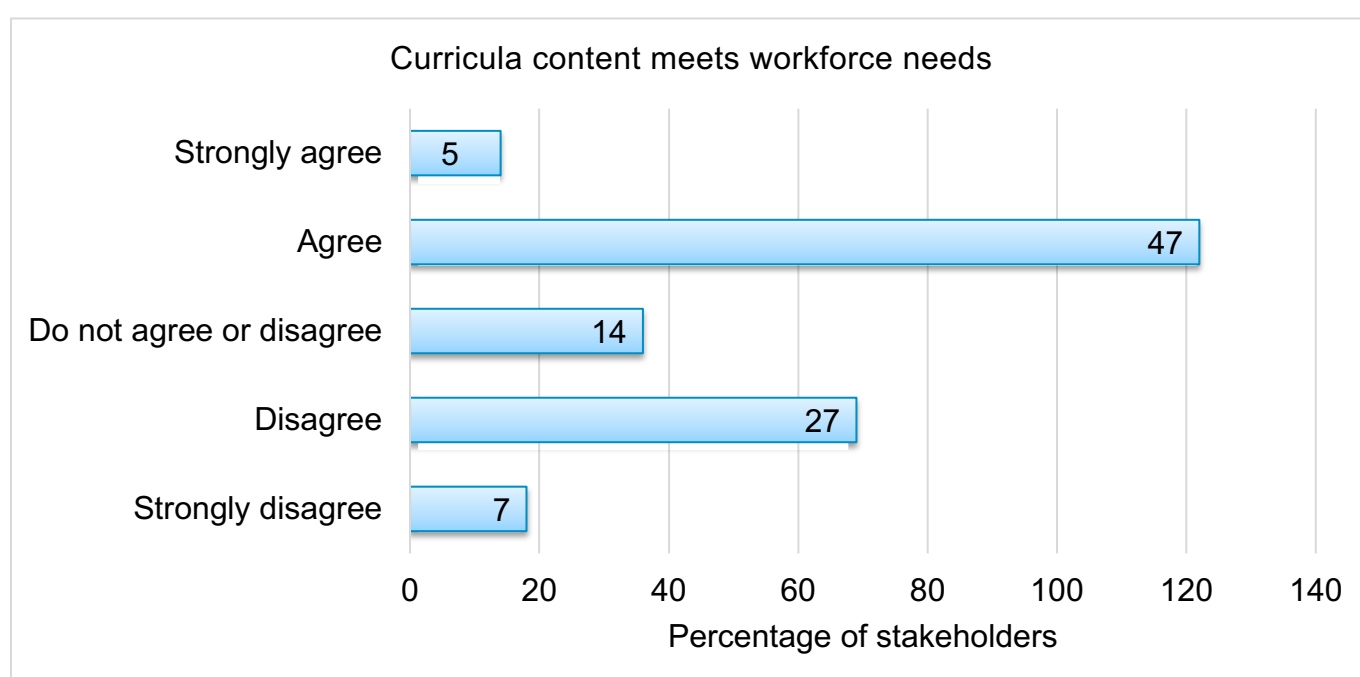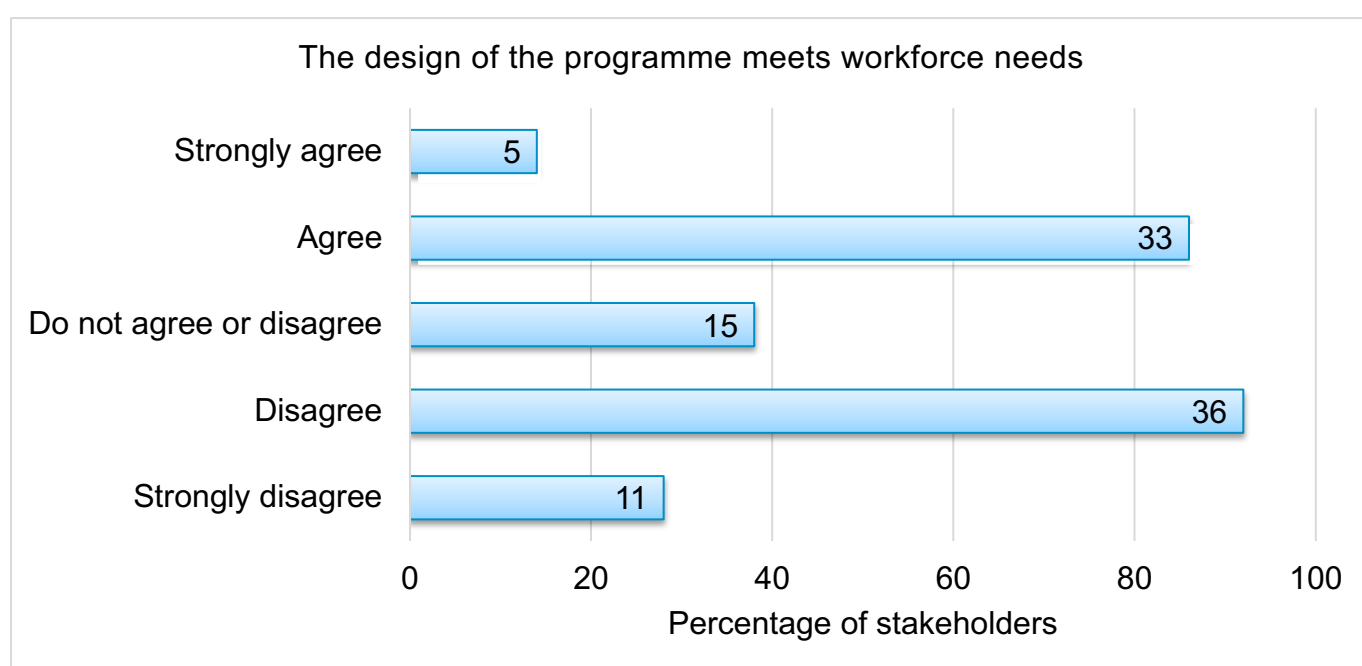

(Fig.1)

When invited to comment on areas for improvement, respondents suggested that some areas of the curriculum were outdated and did not reflect clinical practice, current guidelines and workforce need. Examples are:

- Echocardiography is an area of high demand in cardiology departments but is not is not part of the PTP programme.
- Curricula for Radiation Physics are heavily based on ionising radiation with little content on non-ionising radiation making it difficult if working towards a role in non-ionising radiation.
- Paediatric audiology content is not covered in the programme.
- Clinical Leadership for scientists was not as strong as in other healthcare professional degrees such as nursing.
- Not quite enough digital content of many PTP programmes was highlighted.
- The workplace requirement is overly demanding for self-funded students, especially if their placement costs are not supported.

Views are that the curricula quickly go out of date as clinical practice evolves and that they do not consider the diversity of specialism/resulting practice. Most respondents when asked to suggest a mechanism for updating the curriculum agreed a collaborative approach with professional bodies, healthcare scientists, HEI's and NSHCS. There were also indications from some respondents that wider aspects of the healthcare scientist role need to be given more attention to meet the needs of employers e.g. professionalism, awareness of wider aspects and pressures within the health care system, resilience and leadership, digital and health informatics.

Programme design

Many stakeholders consider that the programme design does not meet workforce needs and flexibility in the programme structure is required as the current design is too prescriptive. Only 38% or respondents said that the programme structure meet workforce needs with 15% being neutral (Fig 2).

The design of the programme meets workforce needs

Category	Percentage of stakeholders
Strongly agree	5
Agree	33
Do not agree or disagree	15
Disagree	36
Strongly disagree	11

(Fig.2)

47% agreed that the current structure should be more flexible (Fig 3).

Should the current programme structure be more flexible?
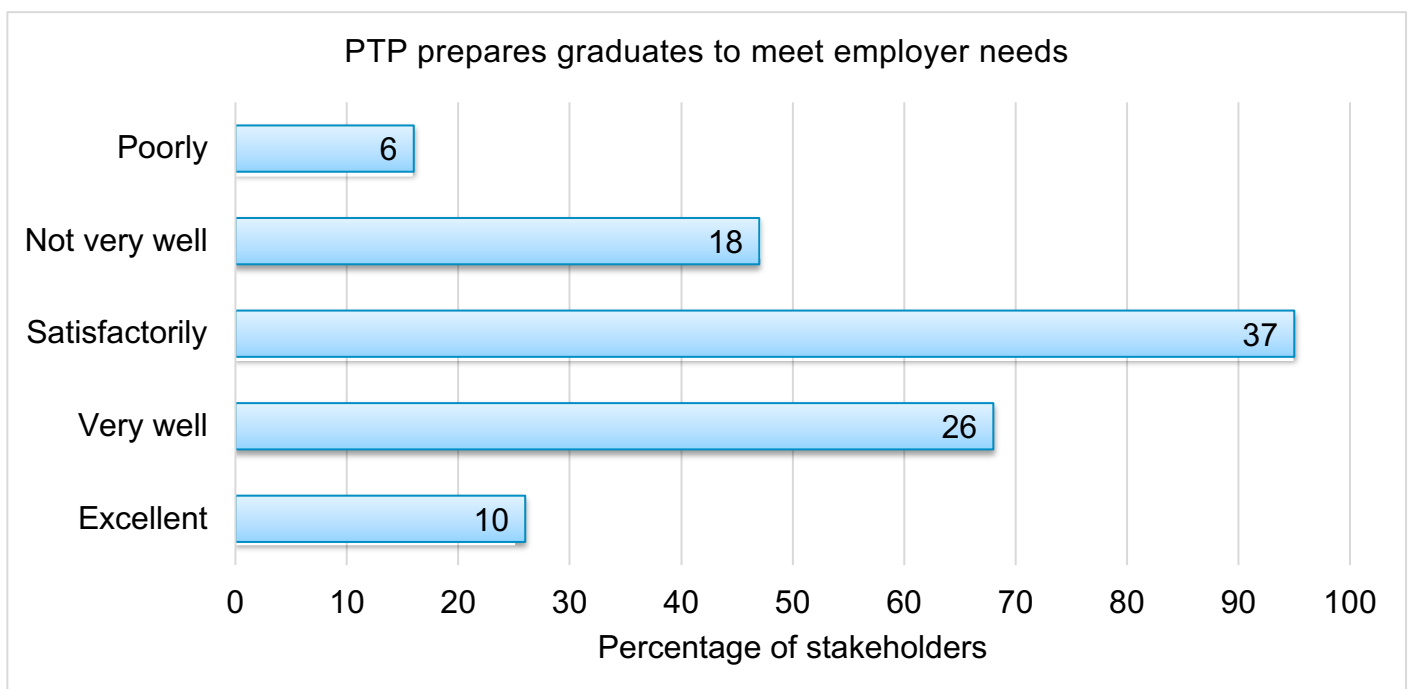
Response	Percentage
Yes	47
Can't Comment	27
No	24
Blank	2

Percentage of stakeholders
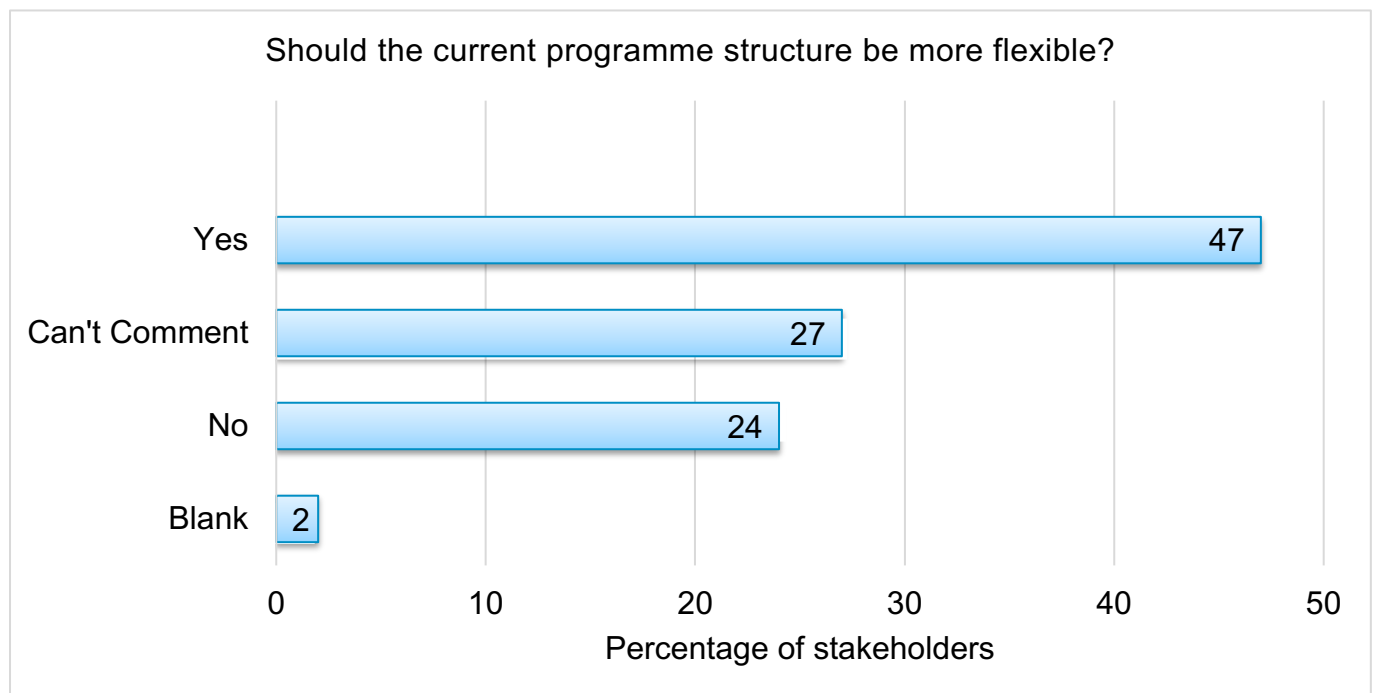
(Fig.3)

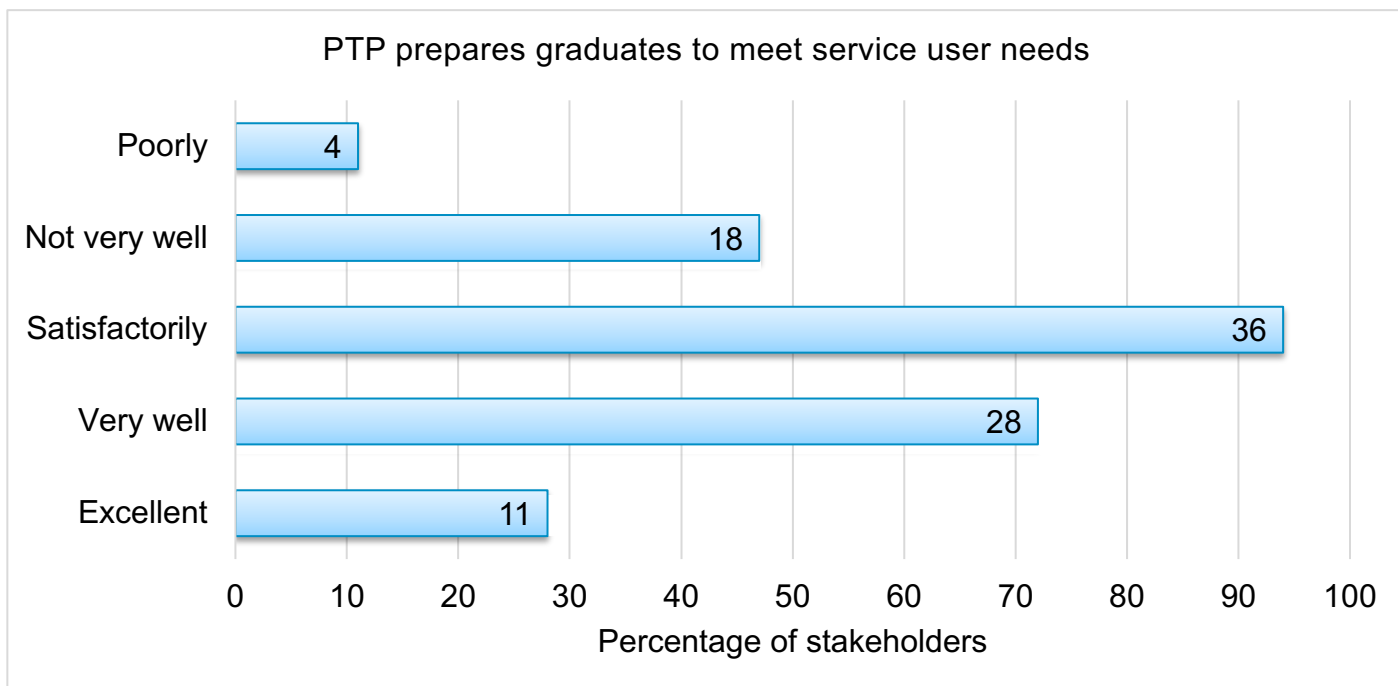## 4.2 Does PTP prepare graduates to meet employer and service needs?

When asked to comment, 73% of survey respondents agreed that the PTP prepares graduates to meet employer needs (Fig 4).

PTP prepares graduates to meet employer needs

Response	Percentage
Poorly	6
Not very well	18
Satisfactorily	37
Very well	26
Excellent	10

Percentage of stakeholders

(Fig.4)

When asked, 75% of survey respondents agreed that the PTP prepares graduates to meet needs of the service (Fig 5).

PTP prepares graduates to meet service user needs

| Rating	Percentage
Poorly	4
Not very well	18
Satisfactorily	36
Very well	28
Excellent	11

Percentage of stakeholders

(Fig.5)

Reasons provided by respondents for the areas of success of the PTP and employability of the graduates were the high level of knowledge and competence of the graduates and graduate eligibility for professional registration, with the relevant professional body, Academy of Healthcare Science or Health and Care Professions Council.

4.3 Would you recommend the PTP to employers and to other trainees?

56% of survey respondents would recommend the PTP to employers and to other trainees (Fig 6).

Would you recommend the PTP to employers and other trainees?

	Percentage of stakeholders
Yes	56
No	22
Don't know	20
Blank	1
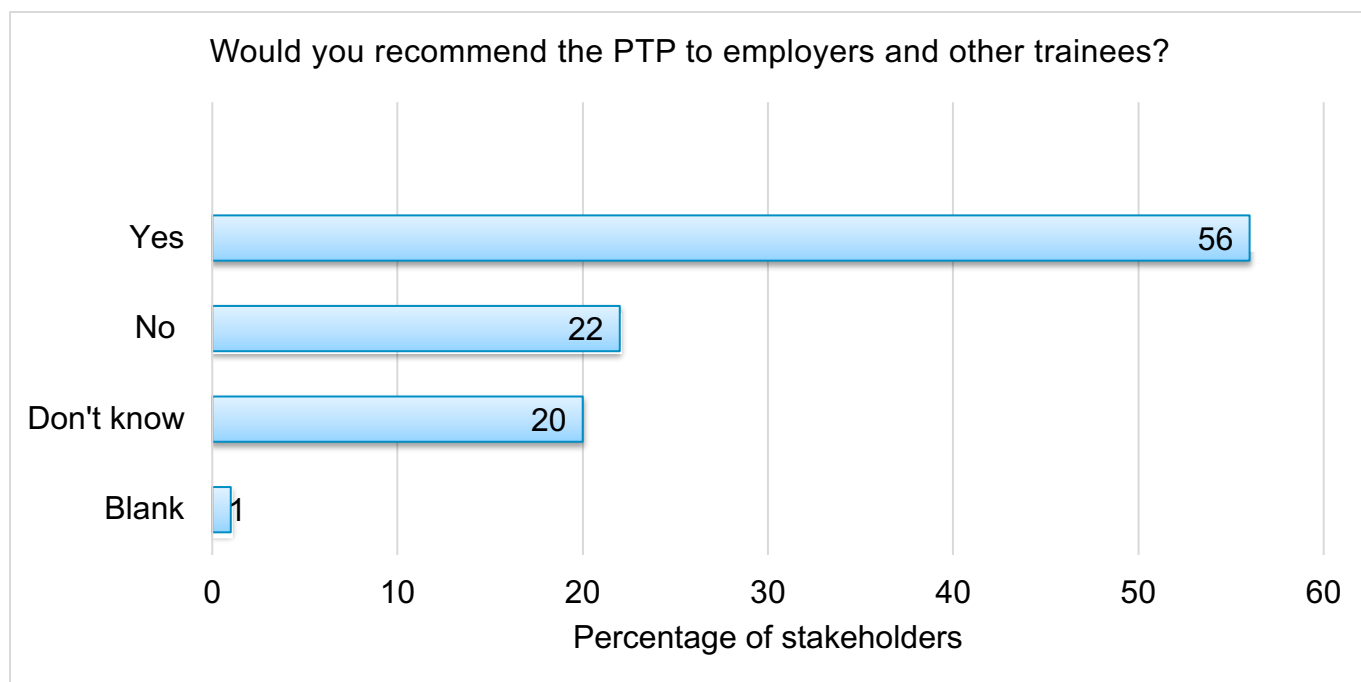
(Fig.6)

Reasons given for recommending the PTP include:

1. PTP graduates emerge from the programme with a high level of knowledge/skills and preparedness for professional practice and registration.
2. PTP graduates have gained experience of patient pathways and have good communication skills.
3. PTP graduates have high employment possibilities and prospects.
4. PTP graduates have both academic and practical knowledge and skills.

Reasons given for not recommending the PTP include:

1. No placement funding for the PTP trainees.
2. Block weeks away are hard and sometimes difficult to fit in with workplace.
3. Difficult for many employers to provide and manage placements.
4. Regionally variable accessibility.

4.3.1 Does PTP prepare trainees for further progression?

56% of survey respondents agreed that PTP prepares trainees for further progression (Fig 7).
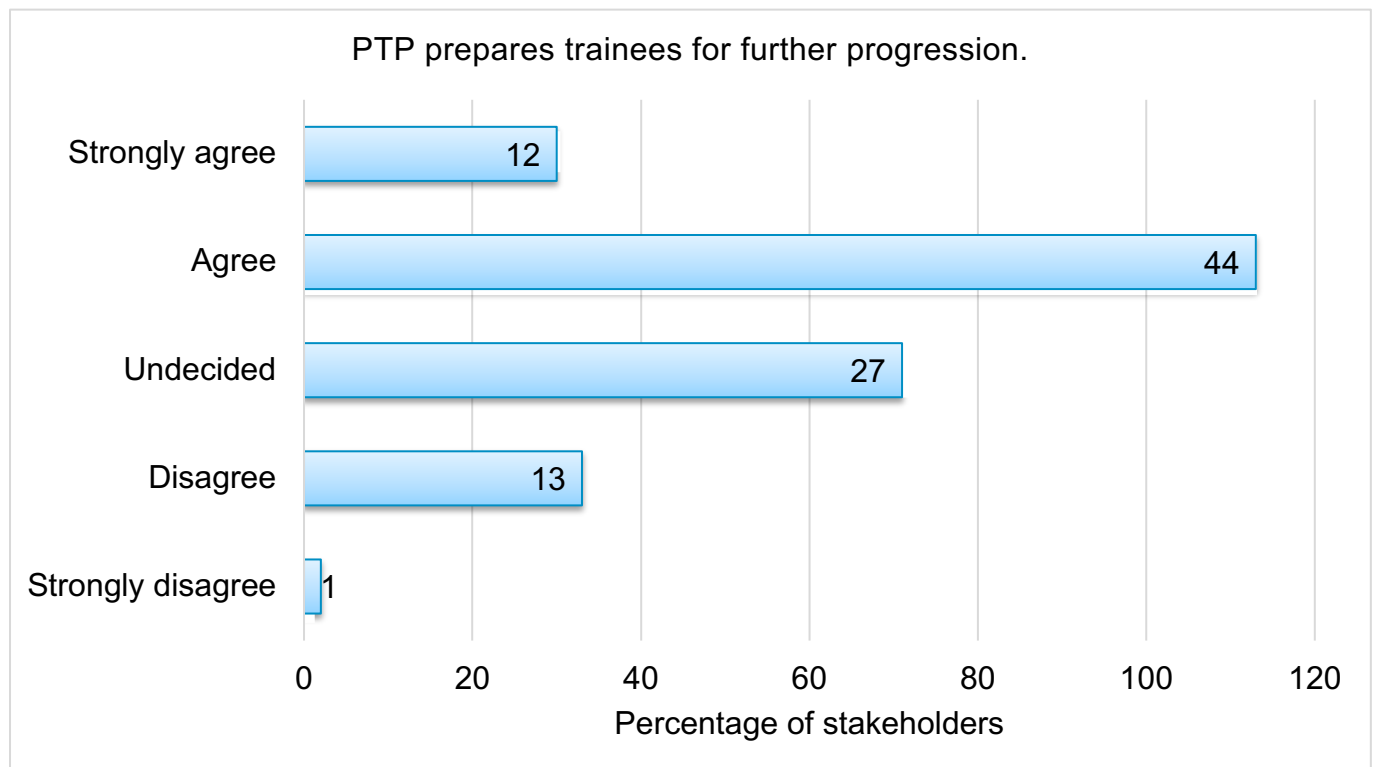
(Fig.7)

Reasons given for PTP supporting progression of trainees include:

1. PTP provides an excellent foundation of knowledge and skills.
2. Provides an understanding and grounding in their professional role, gain confidence, and competence to practice.
3. Gives them the skills to continue in their chosen career.
4. Graduates are employable on graduation.
5. Enables professional registration.

4.4 PTP delivery

4.4.1 Distance learning

Stakeholders' views were sought on the availability and potential use of distance learning to deliver curricula content and if this delivery format may encourage recruitment and retention.

Does your PTP programme utilise distance learning to provide curricula content?
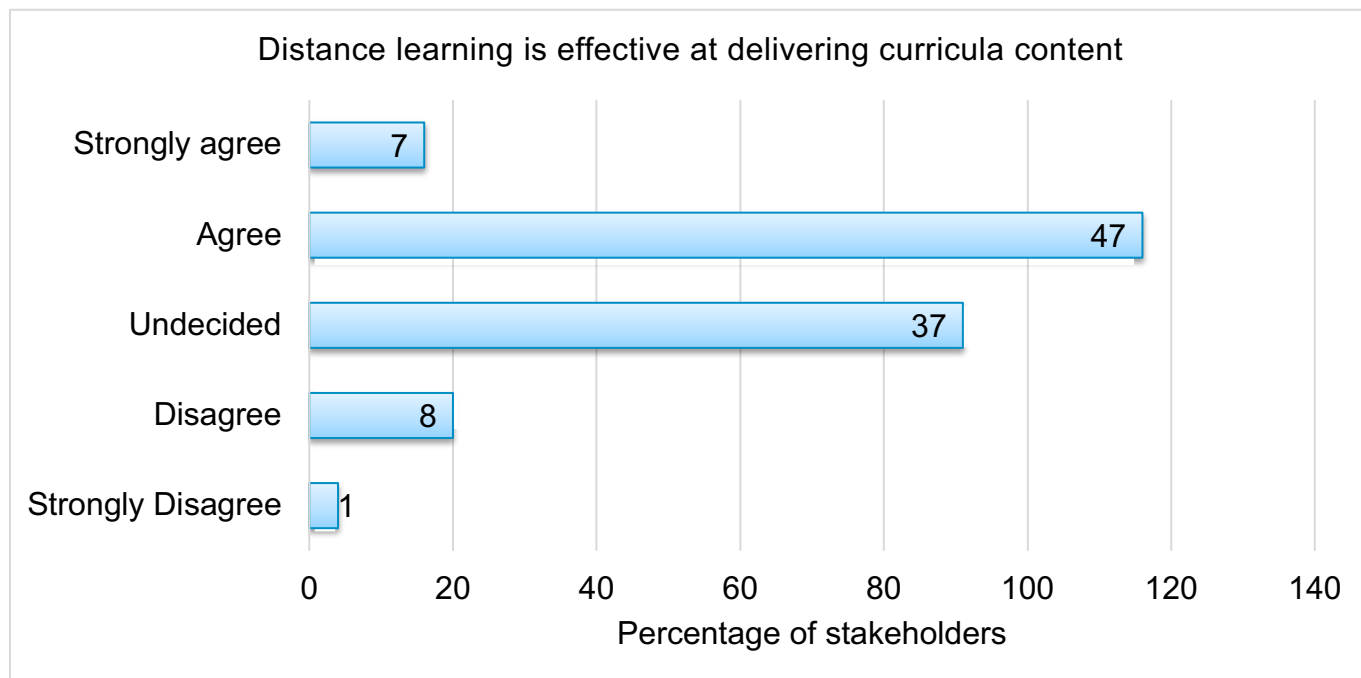
Only 18% % of respondents replied that the PTP programme they accessed or delivered used distance learning to provide curricula content. 51% do not access or utilise distance learning (Fig 8). As the survey response from HEI representatives was only 8% further analysis is required to discover the proportion of HEI respondents that may provide distance learning.
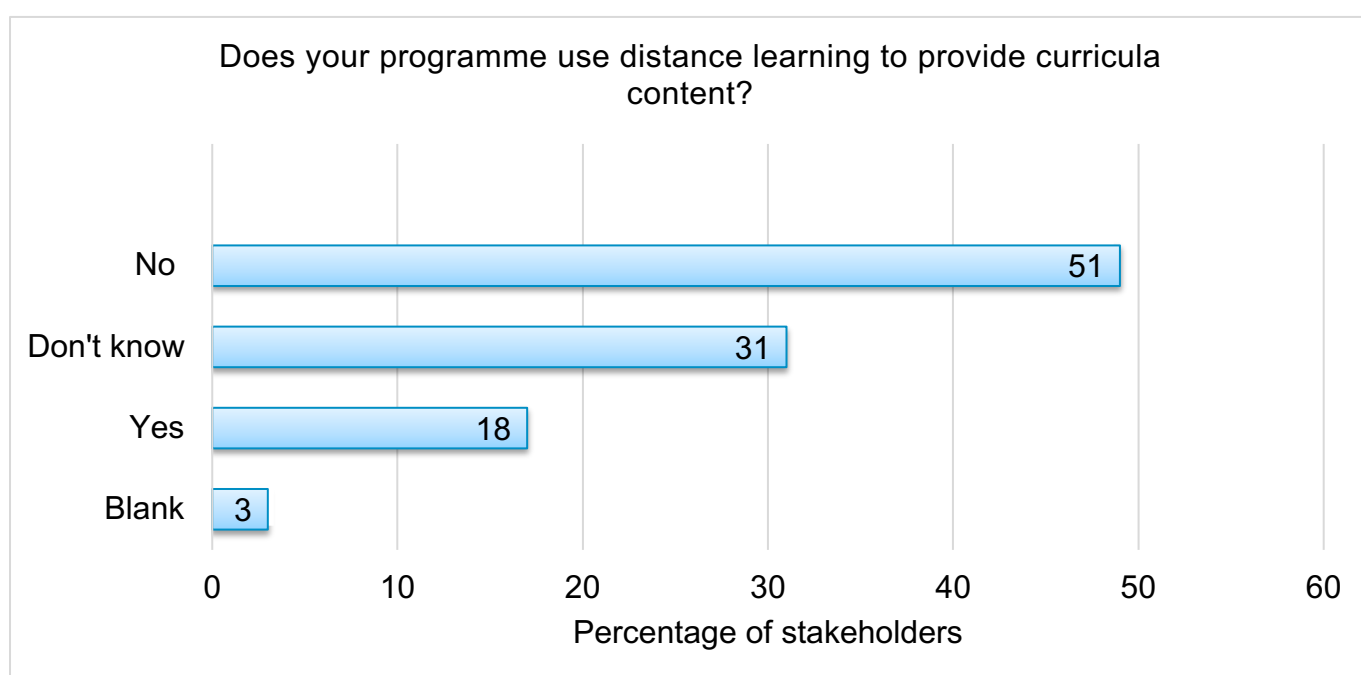
(Fig.8)

Do you believe distance learning is effective at delivering curricula?

Figure 9 shows that 54% of survey respondents supported the notion that distance learning is effective at delivering curricula content.

Distance learning is effective at delivering curricula content

Response	Percentage of stakeholders
Strongly agree	7
Agree	47
Undecided	37
Disagree	8
Strongly Disagree	1

(Fig.9)

In Figure 10, 56% support the idea that distance may encourage recruitment and retention. The undecided response was nearly identical for the two questions, 35% and 36% respectively. There was a 5% blank response rate for both the survey questions.

Distance learning may encourage recruitment and retention

| Response	Percentage
Strongly agree	16
Agree	40
Undecided	37
Disagree	7
Strongly Disagree	<1

Percentage of stakeholders
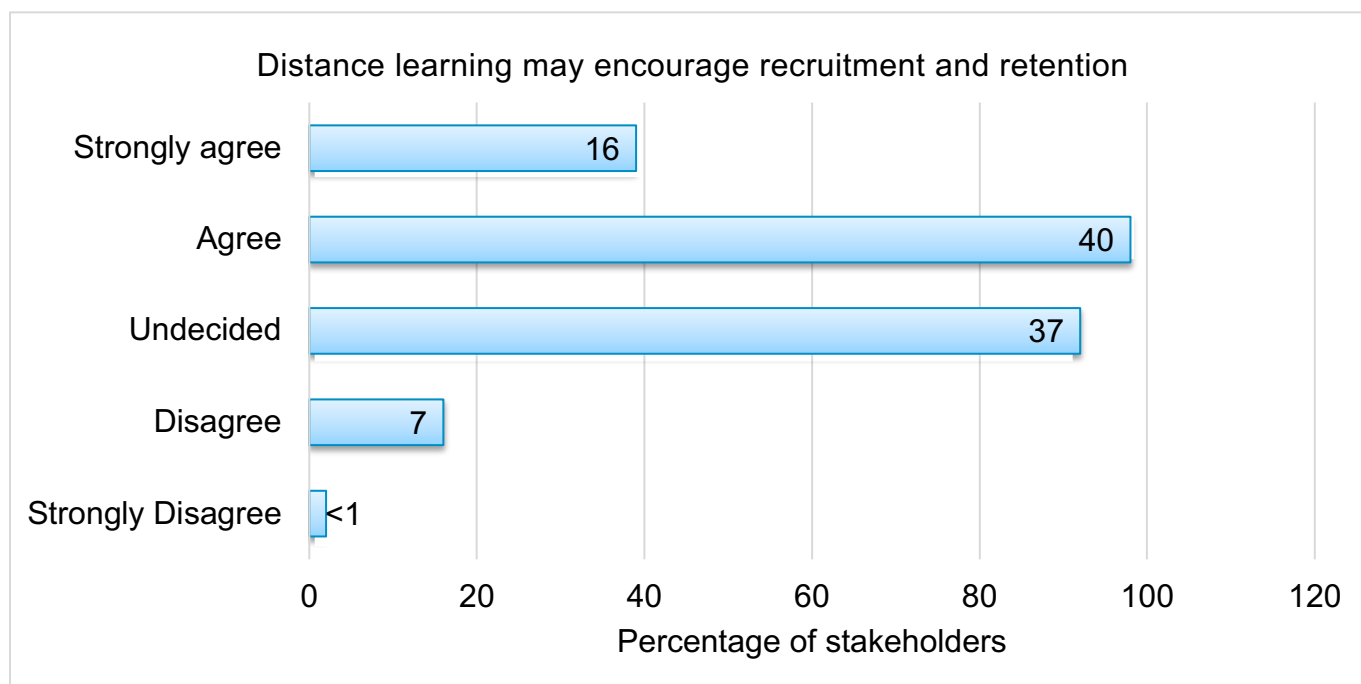
(Fig.10)

The findings suggest that despite limited use of distance learning to deliver curricula content currently, many survey respondents consider it an effective method of delivery and wider use may improve recruitment and retention by enabling access to current programmes that are currently restricted by geographical availability.

4.4.2 Work placement

When asked if the current structure and length of work placements are appropriate there was no clear outcome, 39% agreed the current format is appropriate and 42% disagreed (Fig 11). Many respondents commented on the importance of the placement in providing clinical experience.

Are the current structure and length of work placements appropriate?

Category	Percentage of stakeholders
No	42
Yes	39
Can't comment	19
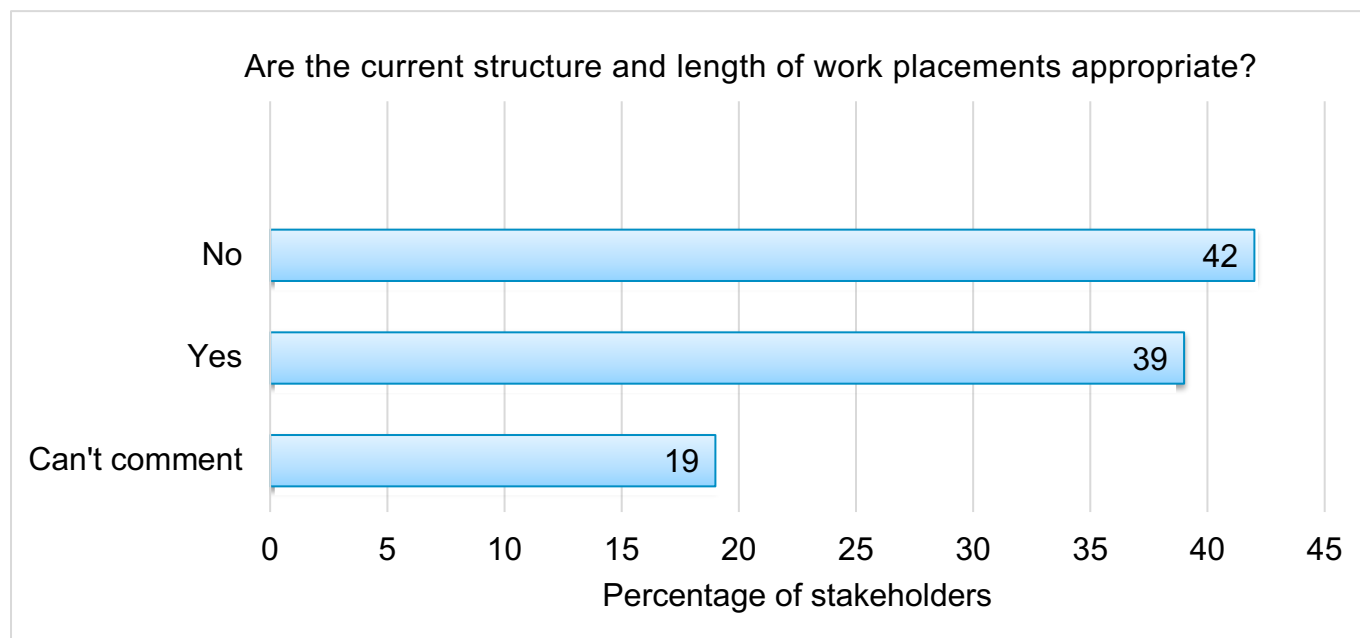
(Fig.11)

Reasons given why the structure and length of the placements are inappropriate include

1. There needs to be flexibility in the timing, length and organisation of placements to accommodate local and regional challenges in accessing and providing placements.
2. There needs to be a balance between what workplace departments can offer and the minimum workplace experience required to meet the PTP requirements and ensure the placement provides valuable work experience.
3. The availability of placements limits recruitment on to programmes.
4. Providing placements puts additional pressure on training officers and other staff in the workplace**.**

4.4.3 Alternative methods for delivering workplace training

As mentioned elsewhere in the survey there is strong support that clinical experience is an important part of the training.

When asked for suggestions for alternative methods for delivering workplace-based training, alternative ways included

1. Have just one long placement instead of short less useful "taster" placements. This would be less disruptive to the host department as well.
2. Make more use of innovative technology including apprenticeships.
3. Practical training delivered by universities, use of skills laboratories to prepare students for the workplace, workshops and skills facilitators/practice educators.
4. Have a separate workplace based training programme that the PTP student is required to apply for after they have completed the academic component of the degree, meaning that

the PTP student could demonstrate a record of how well they performed academically when applying for work-based training.

4.4.4 Challenges to PTP delivery and how to overcome them

Stakeholders were asked what challenges they experienced in the practitioner training programme and what was implemented to try and overcome them. The significant challenges repeated elsewhere in the survey are funding of student placements and placement provision. The additional costs of being on placement make the programme unattractive, challenging and limit access for all students due to extra costs for travel and subsistence on placement; often students must fund extra accommodation. Students are reported as having to find part-time jobs to support their placements increasing the burden on student health and wellbeing. Stakeholders also reported concerns of student workload and support to students on placement. Other concerns are limited availability of degrees restricting access to programmes, recruitment/retention/progression and curriculum content.
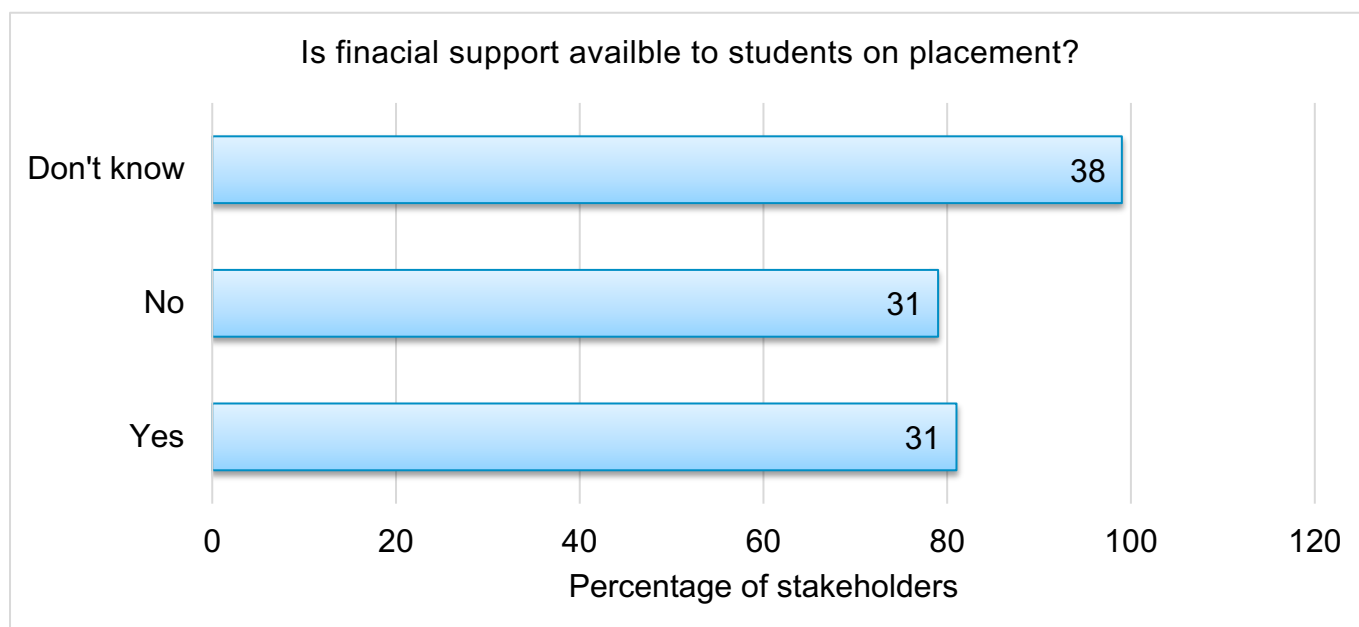
To overcome challenges stakeholders identified the importance of strong collaboration between the university providers and training centres that enable universities and workplaces to make local adjustments. In the workplace, implementing good planning including a training plan and utilising in-house training documents to support trainers and direct the trainees. These help to ensure the quality of work placements that could be variable, with some being well organised, meaningful and essential to trainees' progression, and others less well organised and useful. It was recognised that it can be difficult to ensure a quality placement due to current working pressure and the time resource commitment needed to support the students in the workplace both pastorally and for training. This can be determined by quality assuring workplace training.

Stakeholders were asked to comment on the current title of the degree award, BSc (Hons) Healthcare Science (name of specialism e.g. Audiology) mandated in the current PTP Framework. There are concerns that the current title causes confusion for potential students researching degree courses being a barrier to recruiting on to healthcare science degrees. Some stakeholders consider the format appropriate. Many recommend flexibility suggesting the title should reflect the specialism/profession, BSc (Hons) Audiology, or BSc (Hons) Audiology (Healthcare Science).

4.5 Funding to support PTP

Available financial support

69% of respondents were not aware of financial support for those in training on a PTP degree (Fig 12). Some survey respondents, including educators and qualified healthcare scientists, drew attention to the inadequacy of the financial support made available to trainees. Many concerns were related to travel and subsistence costs, including additional accommodation, in undertaking work placements.


Is finacial support availble to students on placement?

Category	Percentage of stakeholders
Don't know	38
No	31
Yes	31

(Fig.12)

Examples of financial support available include:

1. Tariff money in Learning and Development Agreement is paid to Trusts, in the majority of cases this does not go to the departments providing placements.
2. In Wales the Welsh Government provides bursaries to eligible PTP students. They also receive travel and/or accommodation expenses for placements.
3. Access to university hardship funds and student loans.
4. Some partial re-imbursement of travel and other subsistence costs for undertaking work placements or attending university is available for some but not others producing an unfair system of financial support.

Learning support fund

Figure 13 shows that most survey respondents agreed that access to the Learning Support Fund will encourage recruitment and retention The NHS Learning Support Fund offers support for work placement travel and/or temporary accommodation cost to eligible students on certain healthcare degree courses. Healthcare science degrees, including the practitioner-training programme, are not listed as being eligible (NHS Business Services Authority: Guidance for Students – Learning Support Fund 2019/20). It is perhaps therefore not surprising that some respondents were unaware of this funding source.

Will access to the Learning Support Fund encourage recruitment/retention to HCS

	Percentage of stakeholders
Can't comment	35
No	8
Yes	56
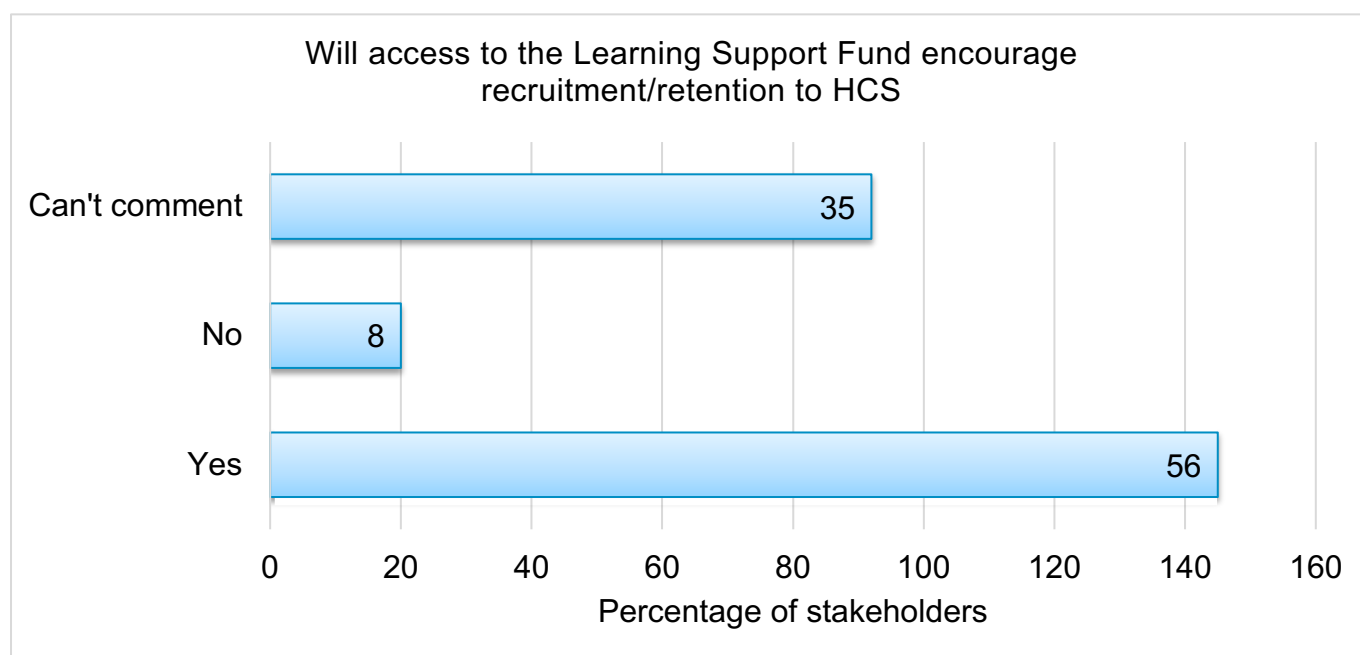
(Fig.13)

Affordability

Many of the reasons given by those respondents answering 'Yes' to the above question (Fig 13) are related to issues of financial affordability. There were strong stakeholder opinions that access to the fund or similar, will provide equality with other healthcare programmes and cited a lack of financial support being a disincentive towards student recruitment and a barrier to students from disadvantage backgrounds. Practically access to the fund was considered as providing support to potential recruits, students and trainees on placement, encouraging more trainees to go on placement and employers to provide placements. The current system of self-funding of all or part of the costs involved with attending work placements can be a major barrier or deterrent when thinking about registering for the HCS practitioner-training programme degree course. Respondents reasoned that if the NHS fund was made available in HCS it would make the programme more affordable and therefore increase its accessibility. The Travel and Dual Accommodation Expenses component of the fund reimburses travel to work placements for costs incurred over and above the usual daily costs to attend university. The same component would also allow trainees to claim the cost of temporary accommodation near to a placement site. Many respondents welcomed the NHS Learning Support Fund in making the overall practitioner training programme degree and experience more affordable to many potential recruits and widen access.

Financial support for employers

Some healthcare scientists responded to this survey from an employer's point of view and chose to express concerns about the financial support available to hospital HCS departments in providing quality education and training. This is important as the lack of adequate support could affect the willingness of some departments in offering work placements to trainees and whether to employ apprentices. They recommend that there needs to be funding available to the departments providing placements to support training in the workplace and increase availability of work placements.

4.6 New disciplines and alternative models of training

4.6.1 New disciplines

Responses were divided into three areas; generic knowledge and skills such as leadership, digital and information technology, health and wellbeing of service users; review of specialist content to update it with current and developing practice; new areas of healthcare science, for example genomics, bioinformatics, urogenital, reconstructive science.

To develop any new curricula and content there will be a need to consider a review of the current PTP curricula and programme structure element and to reflect on the feedback stakeholders have provided is part of this review.

4.6.2 Alternative models of training

Responses included the use of professional body programmes particularly in the Physical Sciences. While some respondents recommended the development and use of bridging programmes to support new graduates and existing staff to move into healthcare science. The use of apprenticeships was a strong theme particularly in developing existing workforce. Barriers to taking on more apprentices are the lack of funding to support salaried apprenticeship posts and support to backfill apprentices whilst at university/study.

In Life Sciences Biomedical Science degrees are seen by some respondents as preferred route to train healthcare scientists that can register with the Health and Care Professions Council.

4.7 Widening access

Stakeholders provided a wide range of responses when asked how access routes into healthcare science can be widened. Many stakeholders considered it important to engage more with the public to raise awareness of the roles of healthcare scientists, for the general public, as well as more integration into schools and colleges; clear career pathways for those considering a career in healthcare science as well as for existing staff.

Many consider a need for flexibility in accessing degrees for applicants that do not have traditional A levels. While maintaining the education level for entry is important there should be a more flexible approach to the initial educational requirements to consider the broad ability of potential candidates who may have other strengths and relevant skills. There was strong support for the use of apprenticeships and bridging programmes to develop the existing workforce at Assistant and Associate roles. Some responses identify a need to improve the availability of degree programmes as some regions do not have a local provider, and that some HEIs appear resistant to introducing degree apprenticeships.

Stakeholders suggested that establishing local and regional networks with employer departments and HEI's working closer together to develop sustainable programmes may enable HEIs struggling with the low number of students to run programmes and prevent closures (several PTP programmes have closed due to low numbers and difficulties in providing placements).

4.8 Accreditation, quality assurance and registration

4.8.1 Accreditation and quality assurance

Most respondents believe that quality assurance and accreditation processes provide reassurance to service users and trainees on placement; that the programme and workplace have been assessed and provide an appropriate training environment and learning opportunities. The processes are viewed as providing consistency and standardisation in training resulting in improved patient safety. Some stakeholders also commented that the workplace and staff view approval as a quality benchmark. Many stakeholders emphasised the need for regular monitoring and review of workplaces and programmes to ensure quality is maintained.

4.8.2 Registration

The majority of stakeholders consider registration of enormous value in assuring the public and other service users that healthcare science practitioners are safe and competent to practice, working to the required level of quality, are maintaining their professional knowledge and skills and are keeping up to date with their profession. Many respondents consider that registration should be extended to be required by all healthcare science practitioners e.g. as Life sciences with HCPC. Some stakeholders commented that voluntary registration may have limited value compared to statutory registration e.g. raising concerns on the practice of an individual. Patient safety is recognised as paramount and professional registration is an important contributor along with other mechanisms to ensure appropriate training and competence outside scope of review.

5. Summary

This review has consulted over 259 PTP stakeholders and produced several important findings that will help shape the future of the PTP. There is support among stakeholders that the PTP provides healthcare scientists who are fit for practice. However, there is clear and strong support to allow access to funding for trainees on placement; these are recognised as essential in providing clinical experience. There is a need for flexibility to the programme structure in the organisation and provision of placements, curricular content, and the introduction of new and evolving subject areas to the curricula to accommodate developments in healthcare science. The quality of the training should be monitored and there was support for implementing quality assurance process. These changes will enhance the training experience, increase recruitment and retention and provide a flexible, competent healthcare science workforce to meet new and developing healthcare services.

6. Recommendations

The recommendations from the PTP review and improvement survey are:

1. Financial support for PTP students on work placement is critical. The following issue need to be addressed urgently.
2. Explore on what basis healthcare science students are not permitted access to the Learning Skills Fund or Bursary.
3. HEE need to target the PTP placement funding (Tariff) to individual departments hosting PTP student trainees to ensure that enough PTP placements are available and that departments willing and able to host PTP trainees are recompensed for the training.
4. Allow flexibility in naming and delivery of all PTP programmes including facilitating changes to the patterns of placements to better accommodate workplace providers and trainees.
5. The NSHCS should work with HEIs, and clinical partners to urgently review and update the curricula of all PTP programmes.
6. Introduce an education and training framework for undergraduate degrees including apprenticeship degree models to allow development of new undergraduate PTP-like programmes to ensure that the future healthcare science is secured and fit for purpose.
7. Consider the introduction of a system of quality assurance of PTP programmes to ensure consistency and standardisation in training resulting in improved patient safety.
8. HEE to work further with stakeholders e.g. professional body's, employers and NHS Careers to promote recruitment, retention and career development.
9. Facilitate better coordination between workplace and higher education content e.g. employer/HEI liaison groups.
10. Explore training opportunities for workplace trainers.