

National School of
Healthcare Science

Healthcare Science Education and Training Collaborative meeting

NHS
England



Summary of the day

Dr Lisa Ayers



Discussion 1 – Improving STP recruitment process

Feedback

Thank you for all the many valuable comments, suggestions and feedback.

These have been captured and will inform the next steps.

Working group

Thank you for all those who have volunteered to join the recruitment working group.

We've had lots of volunteers, which is fantastic.

The future

We look forward to further collaboration, working towards a recruitment process that is both improved and deliverable.

Discussion 2 – Future for PTP provision

Open-ended accreditation

Introduction of annual monitoring for HEIs to support new open-ended accreditation.

Annual monitoring process

The annual monitoring process will be completed once HEIs are reaccredited.

AHCS

HEIs to support and guide graduates to contact the AHCS to join the AHCS register.

Discussion 3 – Learning Hub resources

Introduction of training standards and resources

Introduced the Training Standards and the new training packages available on the NSHCS NHS Learning Hub space for the Continued Professional Development of Training Officers.

Ongoing engagement

Evidence of engagement already with many looking to do so in the near future.

Positive feedback received from those that have engaged already, with some helpful ideas for possible improvement.

Suggestions for future packages

AI

Sharing of good practice

Resilience

Negotiating Skills

Discussion 4 – Net growth of workforce

Training

Positives – Practice education facilitators, apprenticeships, new programmes, flexibility. Choice College noted as a good resource to help improve local recruitment

Retention

Examples of good practice – flexible working, clearer career structure and new advanced roles including Educator role, CPD

Want to hear more about..

Consortia training (eg in GI physiology), funding for CPD, how to influence to get Practice educators, protected time for training etc. How to train colleagues who are on less than full-time contracts.

Discussion 5 – Rotations on new STP curriculum

Compared to the previous model, has delivering a new style rotation been

- Easier 46%
- “it gets easier the more you do”

What approaches to delivering the rotations have worked well for you?

- Flexibility
- Planning/ timetabling
- Building relationships with other departments & utilising networks
- Communication
- Collaborations

What’s the one thing you’d do differently next time you deliver rotations?

- Plan in advance
- Get more materials prepared beforehand
- Clarify expectations with those involved
- Be open to opportunities
- Give trainees ownership

HSST Roundtable

Responsibilities

- Trainee responsible for organising and time management
- Supervisor responsible for supporting and mentoring HSST

Consultant Scientist

- Mapping of training to meet need
- Developing Consultant Scientist roles in areas where they haven't existed
- Equivalence

Part-time model

- Time available
- Length of the programme
- Flexibility
- Commitment from supervisors
- Medical training offers this

STP Roundtable

Progression

Some people still unsure about the new progression policy

Concerns about phase 2 and phase 3 completion

Request for details on final assessment for 2025

Resources

Important resourcing issues but which are outside the NSHCS remit:

New STP EOI process - variable experiences

£2k expenses needs increasing

Practice Educators and Training Officers need funding

Miscellaneous

Open days

– useful but high resources
– useful for current trainees to organise?

Training Centres/HEI links need Improving

ETP Roundtable

ETP

Future directions –
Preceptorship
STP equivalence advice
Registration
Curriculum review
Length of programme

Educator workforce

Need clear job descriptions
Banding structure
Are interested in
qualifications eg PG Cert
specific to role

Retention

Highlighted need for CPD
funding, new roles, career
structure, training in
advanced diagnostics.

PTP and Apprenticeships Roundtable

PTP

- The Employers have expressed the value of PTP for training.
- Concern about the lack of placements available from employers for PTP Trainees
- Further financial support on travel and accommodation to support engagement was expressed by all

Apprenticeships

- 73% agreed that quality of skills and knowledge was of a high standard
- Lack of salary support for new starts was limiting use of this route
- Job roles need to be extended to permanent, post apprenticeship period, to support workforce needs

General issues

- More placements for HCS
- Parity of funding between HCS and other healthcare professions needed
- Allow access to the LSF for students experiencing hardship in having to fund double accommodation and travel when on clinical placements

Life Science Roundtable

Post-Covid

- More meetings, less time
- Less F2F opportunities
- Multiple impacts on training
- Some opportunities

AI

Algorithms increasingly used in the long term

Software and cost restrictions

Trainers need training, as well as trainees

Simulation use varies between specialisms

Networks

Pathology Networks
ACB, ACGS, ARCS,
Genomics – GTAC
ICBs
NHS Futures
Formal and informal networks

Physiological Science Roundtable

PS = Physiological Science

1. Post-covid work & study

Flexibility in working, but bigger workload & more & sustained pressure on people

More remote working & studying which can make it difficult to pick up struggling trainees

More remote monitoring

Challenging to get placements for trainees

Webinars, online resources & regional online training days useful

2. AI in clinical practice

Variable AI in use, both in clinical practice and in university teaching

Some barriers to using AI in clinical practice from organisations / IT departments – needs a more joined-up approach

Trainees taught to use clinical judgement as AI can produce unreliable information/results

3. Skills gaps

Various skills gaps in clinical practice in PS & in other areas, e.g. communication/mentoring

Formal educator training needed for those who want to teach – not everybody working in PS wants to teach

4. Simulation training

Used variably in PS, especially in audiology & cardiac science

Split opinion on whether simulation useful to increase training capacity

5. Educator workforce

More people, time, funding required

6. Professional networks

Variability in involvement with one or more professional networks, including professional body and regional networks

58% of people consider involvement in these networks supportive for increasing training capacity

Physical Science Roundtable

Post-covid work practices

- More virtual / remote training
- We work flexibly now more WFH
- Increased training capacity in some areas
- Some department are back to pre-covid (F2F).

Artificial Intelligence

- Used in some areas (Clin. Eng/ imaging/ Computing)
- No official training for AI available but only self-directed.
- Simulation training can work if staff are skilled but helpful if available.

Skill gaps

- Problem-solving skills (?STPs)
- Data Science knowledge missing
- Practical Engineering skills are helpful to have.
- Computing contents in Med Phys is lacking.

Other challenges:

Med Phys rotation capacity discussed.

Thank You

 @nshcs

 nshcs.hee.nhs.uk