

Notes of the NES Healthcare Science Advisory Group

Date: Friday 8th June 2018
Time: 11am - 1pm
Venue: NES Offices Westport 102, Edinburgh

Present:

AC Adrian Carragher (Chair)
KS Karen Stewart
HA Heather Ambler
CC Claire Cameron
AD Andrew Davie
DA Diane Anderson (deputising for Charlie Houston)
LJ Linda Jones
RF Rob Farley (notes)
MMcJ Mark McJury
BB Bill Brash
AS Andy Stone
YB Yvonne Bayne
PH-B Paulin Hall Barrientos
LC Lorna Crawford
JC John Colvin
ML Melissa Leitch

Apologies

Elaine Gribben (GCU), David Felix (NES), Peter Johnston (NES), Janet Monkman (AHCS, note RF previously suggested to Janet Monkman that there was no need for Academy to attend this time, but papers sent).

Notes: Rob Farley

1	Welcome and Apologies	
	AC welcomed all and noted apologies above.	
2	Minutes of previous meeting – 9th June 2017	
	<p>2017 Minute accepted without revision. Proposed HA Seconded AS</p> <p>Matters arising from 2017 minute not covered in today's meeting:</p> <p>Weighting of specialties. RF responded that NES had introduced an expressions of interest process for intake 2017. Key determinants were the age-profile of the workforce rather than a judgement as to which specialty was mor important. Closed</p> <p>Time to train. RF stated that NES support was predicated on there being time to train. This is emphasised in guidance concerning bursaries, training number allocation and supernumerary grades. LJ asked if a stronger message could go to service regarding trainees protectedtime. MMcJ noted that staff</p>	

	<p>time to support trainees was equally important. AS thought a named mentor was crucial. RF responded that these sentiments were contained in NES guidance. Closed.</p> <p>Impact of NES courses. This was carried over owing to John McKinlay's absence. RF noted that follow up surveys were routine.</p> <p>Other 2017 matters / actions complete.</p>	<p>NES Team: Impact report / annual review of NES HCS CPD to be considered</p>
<p>3</p>	<p>HCS Programme Director's update (Paper 2)</p>	
	<p>RF gave an overview of the commissions, CPD and quality monitoring work done. In regard to commissions, the cost pressure arising for STP was highlighted and the intention to encourage service to use alternatives or co-fund the training cost element. HA asked if NES would support the academic cost component of an in-service STP. RF thought that should be a possibility but reminded colleagues that our support was focused on national training rather than individual departments. AS echoed that view. HA wondered in a £25K contribution from NES would be a possibility. RF said this could be explored when the expression of interest call went out. JC thought departmental focus would undermine any national approach. He also asked if any effort was made to track destinations. RF responded that individual schemes supplied NES with an annual report that contained this information.</p> <p>RF Gave an overview of the bursary support we have given and report that 56 applications had been received in the 2018 round. Around 30 folk could be supported but at the time of the meeting no final approval to release funding has been given. RF asked how we could promote the scheme as the 2018 round was exclusively biomedical scientists. AS observed that the biomedical scientists had a good network whereas the physiologists did not. AS wondered if NES could post examples of those who had been awarded support in previous rounds, seconded by MMcJ. AS thought the physiologists had an identity issue and that case studies would help convince future applicants. LJ suggested that the national event might be a good showcase for such matters. AS asked if there an event specifically for early career staff. YB wondered if mandatory rotations might help expose trainees to wider disciplines. RF emphasised that our Common Core List sought to do this.</p> <p>RF explained our current work with ARCP and, in general terms, some findings that came in following postgraduate trainee's confidential returns. RF highlighted the process we are adopting in responding to such concerns. The group was generally in agreement with our approach. AS thought we would rarely if ever reach the critical stage of CEO involvement.</p>	<p>ACTION</p> <p>None</p>
<p>4</p>	<p>2016 Quality Monitoring, ARCP 2017 (Paper 4)</p>	

	<p>AD described our ARCP processes including the confidential return. An account of the rate of return was given, which for 2017 stood at 80%. The group was asked how uptake could be improved. AS wondered if the ARCP could be linked to TURAS appraisal. HA raised the point about confidentiality if the trainee return went onto TURAS. There was a feeling that this element should remain as paper. DA thought that a trainee's manager might not be their supervisor; privacy was important. LC thought an electronic version of the return would be useful and simpler. It might encourage better uptake.</p> <p>AS thought ARCP uptake should be 100% and that any method of monitoring should be as easy to use as possible. AD then asked about using <i>Go To Meeting</i> as a means of piloting a video monitoring of ARCP. There was definitely a lukewarm response to this with members agreeing that there was no added value to such a move. DA suggested that some form of training for a meaningful review might be helpful. AS agreed and suggest a question set. PH-B suggested the having an external person involved was useful for both trainee and trainer.</p>	<p>ACTION</p> <p>NES Team: Refine online ARCP and develop a basic resource to guide meaningful reviews.</p>
5	<p>2017 – 18 CPD strategy (Paper 5)</p>	
	<p>ML outlined our CPD offer and linked this to findings from our 2017 survey. Reference was also made to our training plans template. DA thought the template could help inform the ARCP and that the two should be linked in some way. It should certainly help with rotations and placements. JC asked if all HCS trainees had the template. RF responded that this was our ambition.</p> <p>ML then described the possibility of levelling our CPD offer in order to build some form of accreditation. DA noted that CPD is based on reflection and transfer of learning into the workplace rather than credits per se. KS asked about senior leadership training opportunities at NES. RF noted that the NES leadership unit offer multi-disciplinary support.</p> <p>ML presented an early version of a signposting document linked to Common Core List attributes that might help people locate CPD material. We intend that this document would be refreshed and updated by the team at regular intervals. LC suggested more quality management material and networking for junior staff. DA thought HCS Leads could contribute ideas. Local Board had good material on health and safety. HA thought that train the trainer need a refresh. DA cited the biomedical science approach that was the basis of the NES programme but includes specialty material. BMS staff tend to use university-run trainer courses. RF stated that we were not able to run specialty trainer for all disciplines and that we were seeking to provide generic offers that would promote the opportunity for the HCS community to mix with peers from other science groups.</p>	<p>ACTION</p> <p>NES Team: Refine and publish CPD signposting document regularly</p>
6	<p>Extension of Quality Monitoring to Practitioner Groups (Paper 6)</p>	
	<p>RF Reported on our plans to extend monitoring to practitioner</p>	<p>ACTION</p>

	<p>trainees and the we would be explore, which groups are in scope. KS asked if this would include the BMS dissection school. RF responded that this was a postgraduate training initiative and should be included in the process. MMcJ asked what the bar was for folk to become trainers and could this be a lever for encouraging TtT uptake? RF responded that at present we ask trainers associated with trainees to declare a short CV, and that TtT was recommended. AS thought many groups we still in development and so there was work still to be done in raising awareness. RF indicated that our plan was to get a better picture of who is in our trainer community.</p>	<p>NES Team: Continue to develop our QA programme and incorporate trainers/supervisors into the TURAS listing</p>
7	Scottish Government Healthcare Science National Delivery Plan	
	<p>KS described NDP progress against the five key deliverables. The appointment of a secondee to steer the transformational roles agenda was also introduced. KS asked the group if there should be some form of HCS workforce review. The group was positive about this possibility but wanted further information about projected intent. KS noted that the Diagnostics Steering Group had agreed to support clinical physiology membership of its work.</p>	<p>ACTION None</p>
8	Membership	
	<p>AC noted several members were at the end of their four-year term and would be demitting office. RF thanked those standing down and advised that a call would go for replacements shortly.</p>	<p>Action: RF circulate call for replacement members.</p>
9	AOB	
	<p>AS asked KS about minimum staffing levels legislation and HCS' input. KS responded that the focus was very much on nursing and the tools used to predicted that workforce's numbers. JC thought that defined job roles were important. KS anticipated that this legislation would be the next big issue. DA thought there was a fit with the shared services agenda.</p>	<p>ACTION None</p>
10	DONM	
	Date and venue to be advised	ACTION: RF

Meeting closed at 1300.