



Date: Friday 28th Feb 2020
Time: 11am - 1pm
Venue: NES Offices Westport 102, Edinburgh

Present:

- AC** Adrian Carragher (Chair)
- CC** Claire Cameron
- AD** Andrew Dunne
- DO'D** Deborah O'Donnell
- RF** Rob Farley (notes)
- MMcJ** Mark McJury
- LM** Laura Metcalfe
- MO'N** Mike O'Neil
- PH-B** Pauline Hall Barrientos
- LC** Lorna Crawford
- CV** Catherine Vaughan
- EJ** Elaine Jenkins
- HR** Helen Raftopolous
- JL** James Logie
- OM** Owen Mills

Apologies

Elaine Gribben (GCU), David Felix (NES), Peter Johnston (NES), Diane Anderson (SNBTS), Karen Stewart (Scottish Government), Bianca Bond (NES / GGC).

Notes: Rob Farley

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| 1 | <p>Welcome and Apologies</p> <p>AC welcomed all and noted apologies above. AC emphasized that the AG was an “advisory” group and that the papers prepared by the team were seeking colleagues’ views and advice.</p> <p>With permission, RF took a picture of the group, with a view to using in our next Annual Report.</p> |
| 2 | <p>Minutes of previous meeting – 8th June 2018</p> <p>2018 Minute accepted without revision. Proposed MMcJ Seconded CC</p> <p>Impact of NES Courses: Ongoing review of NES courses standard for all face-to-face delivery is standard. Impact more challenging to measure. Watching brief, but essentially CLOSED.</p> <p>ARCP Refinement resource and guidance: COMPLETE</p> <p>CPD Sign-posting: CPD Signposting document was</p> |

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| | <p>formulated but has been largely superseded by TURAS Learn developments. CLOSED.</p> <p>QA Programme development: agreed that this is “ongoing” but essentially can be CLOSED as an item</p> <p>Other 2018 matters / actions complete.</p> | |
| 3 | <p>HCS Programme Director’s update (Paper 2)</p> | |
| | <p>RF gave an overview of the commissions, CPD and quality monitoring work done. In 2018-19 the Core Team published our first Annual Report. RF asked members if they had any views about this document. AC thought it was pitched right, easy read, essential content. OM suggested year-on-year changes would be good to see. AD thought case studies were helpful, seconded by HR. MMcJ suggested a financial perspective. AC thanked the Core Team for a good document. RF confirmed we will publish another reflecting 2019-20 and circulate.</p> <p>RF described the demand from training places for clinical scientist schemes, for postgraduate bursaries, and for clinical physiology training. RF emphasized that irrespective of funding stream, NHS Scotland as our employer has the authority and right to understand the state of training in its systems – and that the only agency that can provide such monitoring is NES, irrespective of trainee’s funding source. RF indicated that NES HCS had tabled a business case to Scottish Government for an increase in training places but had not heard further. AC asked if the AG could assist. RF suggested no, as the request had been formally submitted with endorsement from NES Senior team.</p> <p>RF Highlighted the Scottish Government Workforce Plan (Dec 2019) and the expectations from the cardiac physiology community. In recent weeks this had generated some debate around the merits of using “equivalence” as a pathway, particularly as the workforce plan is out of phase with the GCU academic programme that supplies these trainees. RF asked members of their views about equivalence. CV articulated the view that such routes were less-well defined and the GCU course has “fixed” the uncertainty. The capacity to support in-house trainees was debated. AC thought that equivalence was meant for more experienced staff rather than as an alternative to foundation training. Thought the move would be a “backwards step” but tolerable as a “needs must”. Confident that in for example audiology the clinical aspects could be serviced in-house, but the academic learning would be a real challenge to substitute. AC and CV also cited measurement of consistency of training and an issue. PH-B Highlighted R&D skill and possibly lacking in an equivalence pathway and questioned how this would be developed. AC thought that Boards would not understand the pathway and instead latch on to the “saving”, debasing the overall training. RF and AC both</p> | <p>ACTION</p> <p>None</p> |

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| | <p>touched on how assessment (and consistency) could be an issue. MO’N reflected that for maxillofacial prosthetics there was no training in Scotland and that in-house training was a burden. LC cited experience for Genetics where there is now a “scheme” but that setting it up had been effortful.</p> <p>RF briefly described our QA work and CPD work, both elements are described by other members of the Core Team.</p> | |
| 4 | 2019 Quality Monitoring, ARCP 2017 (Paper 3) | |
| | <p>LC outlined the work done over the last year in requesting training plans, annual review of competency progression (ARCP), and our annual surveys Response rate to both ARCP and training plans are very good (~90%+) with further returns due shortly. Responses to our annual surveys are less impressive with ~50%. LC explained that the surveys are automatically distributed by Questback whereas ARCP and training plans are “chased” individually.</p> <p>AC thought that any response over 30% was good. Then asked what we do with the survey and other information. LC responded that communication was perhaps an issue with people’s understanding of why we ask. RF restated NES’s purpose as an assurer of the state-of-training. DO’D suggested the professions need to be more clearly sighted on this purpose; CV though student forums would also be a good target for promoting this message. AD suggested tracking trainees via heads of department rather than supervisors might help improve returns. EJ suggest social media as a possible spur to reminding trainees and supervisors to engage. DO’D stated that response rates at the university were mixed with much prompting. National student surveys are “sweetened” with prize draw vouchers – RF did not think this was a way forward for our workstream. AC was interested in exit interviews as another measure of trainee experience. RF responded that trainee destinations were poorly understood across our training number community and certainly warranted attention. HR noted that SFC did ask these questions of graduates and might be a model for our in-house approach.</p> | <p>ACTION</p> <p>NES Team: explore further measures to improve survey uptake and engagement with assurance monitoring.</p> <p>NES Team: explore further measures to understand trainee destination on exit from training</p> |
| 5 | Centre Recognition strategy 2020 (Paper 4) | |
| | <p>CC Described the rationale and process underpinning our 4-yearly approach to recognising centres. Previously, we had run a self-assessment against 20 questions traceable the HCPC SETs. Each response was backed by evidence supplied by the returning centre. Responses were then assessed by Principal Leads and areas of uncertainty followed up. CC described our proposal for the 2020 cycle that would involve a self-assessment and select calls for evidence for aspects of the return – not the whole return. By sampling across all centre’s different aspects of their return we hope to generate an assurance of the overall state-of-play. Inadequate returns would trigger a deeper line of enquiry. AC thought the upcoming cycle would be more a “maintenance” exercise; the</p> | <p>ACTION</p> <p>NES Team: communication with prospective centres requiring “recognition”</p> |

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| | <p>approach met with broad approval of the advisory group as for many of the centres, most work had already been done. LC Observed that other intelligence from ARCP and training planning would certainly inform or perspective of any self-assessment return; it would be linked to trainees' records on TURAS TPM. MMcJ asked about the frequency of monitoring - response RF was 4-yearly. CC asked what fraction should be subject to auditing MMcJ thought 10%; EJ thought 15%-20% in the first year. LM though 20% stepped down once established. LC contrasted HCPC stance on minor and major changes and the reliance on centres making a declaration.</p> <p>CC Explored the use of zip files and evidence. LM suggested deeper enquiry should follow any systematic concerns id the initial evidence pointed that way; EJ emphasised that the self-assessment should be checked against current HCPC SETs.</p> <p>CV Thought the 4-yearly cycle to be reasonable. In exploring what do in the event of non-response, AC thought highlighting and reporting to Medical Director would be appropriate, seconded by CV. RF emphasised that the point of this was to "assure" for the NHS in Scotland the state of training.</p> | <p>ACTION</p> <p>RF Check self-assessment against HCPC SETS</p> |
| 6 | <p>CPD initiatives (Paper 5)</p> | |
| | <p>JL described our activity around face-to-face course and e-learning. Whilst the core team has concentrated on support for trainers our ability to service leadership programmes has vanished: NES Organisation Development Learning and Leadership unit (ODLL) is leading on a multi-disciplinary approach to meeting this need, but there is not a replacement programme. We did negotiate a one-off cycle of Refreshing Leadership at 3 venues, but poor uptake has already forced abandonment of the March Dundee course. JL asked what the group thought of the multi-disciplinary approach. The group was generally relaxed about this, and AC thought that, having started from a weak position, HCS identity it is now robust to mix in. There was an anxiety as to what was meant by "early career" and whether those at junior level would miss out. AD observed that a networking opportunity between different HCS groups was being lost and that these courses had been an important platform for this. AC saw it as an opportunity to set HCS on a new course in terms of presence and identity. MMcJ wondered whether the generic offer from the new leadership programmes would be enough – and whether some form of parallel stream could be incorporated to cater for specialties.</p> <p>JL explored whether people were using / aware of other leadership courses. AC talked about "Leadership 3" a programme offered at GJNH, A&A and D&G staff. Signposting on TURAS Learn was suggested.</p> <p>JL Described our e-learning offer and the process of converting colleagues content into resources on TURAS Learn.</p> | <p>ACTION</p> <p>NES Team: Continue to develop our QA programme and incorporate trainers/supervisors into the TURAS listing</p> |

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| | <p>PH-B challenged the confusion over Learn-Pro and TURAS Learn. RF responded that TURAS Learn was a national platform, independent of any licencing for NHS staff; in the context of our HCS offer, it is the platform we are using to give comprehensive reach. DO'D described a timing restriction on Learn-Pro. PH-B asked about timelines to get material developed. CC explained the process, and that NES HCS Core Team were sessional and that multiple changes to content would extend the lead-time. [<i>Subsequent to, and immediately after meeting, CC and PH-B met to talk through issues with an MRI module</i>]</p> | |
| 7 | Scottish Government Healthcare Science National Delivery Plan | |
| | <p>AC / RF described NDP progress refresh that is due in 2020. A stakeholder discussion is scheduled for 1st May 2020; a call for two Advisory Group reps was made</p> | <p>ACTION RF 2 AG members join EICC round-table 1-6-20</p> |
| 8 | Membership | |
| | <p>AC noted not action required as terms within annual meeting for 2021</p> | |
| 9 | AOB | |
| | None | |
| 10 | DONM | |
| | Date and venue to be advised | ACTION: RF |

Meeting closed at 1300.