Notes of the NES Healthcare Science Advisory Group

Date: **Friday 17th September 2021**
Time: **0930 - 1055**
Venue: **MS Teams meeting**

Present:
AC Adrian Carragher, **NES HCS Advisory Group Chair**, Lead Audiologist
ADe Alan Denison, Dean Postgraduate Medicine
ADu Andy Dunne, NES HCS Principal Lead / Rehabilitation Engineer
BB Bianca Brownlee, NES HCS Principal Lead / Clinical Vascular Scientist
CC Claire Cameron, NES HCS Principal Lead / Biomedical Scientist – Training Lead
DA Diane Anderson, National Training Manager SNBTS
PH-B Pauline Hall-Barrientos, MRI Physicist
LC Lorna Crawford, NES HCS Principal Lead / Genetics Principal Scientist
MMcJ Mark McJury, MRI Consultant Clinical Scientist
LM Lorna Metcalfe, Medical Equipment Management service, IPEM Clin Tech training lead
OM Owen Mills, NES HCS Principal Lead / Rehabilitation Engineer
RF Robert Farley, NES HCS Associate Director
SW Sandra Walker, NES Non-Exec Board member – invited observer
CV Catherine Vaughan, Lead Cardiac Physiologist
CR Catherine Ross, Scottish Government Chief Healthcare Science Officer
EG Elaine Gribben, Head of Clinical Physiology programme, Glasgow Caledonian University
KS Karen Stewart, Scottish Government Healthcare Science Officer
DO'D Deborah O'Donnell, Programme Lead Biomedical Science, Glasgow Caledonian Universi ty

Apologies
HR Helen Raftopolous, Scottish Funding Council
DF David Felix, NES Dental Postgraduate dean
JC John Colvin, Scottish Forum for Healthcare Science
CS Christopher Stevenson, Neurophysiologist

Notes: Robert Farley

1		**Welcome and Apologies**	
		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. This online format would be a shorter session than usual with a "governance" light approach, i.e. minimum papers and summary by speakers ahead of questions / views. **AC** extended a Specific welcome to Sandra Walker who is NES Non-Exec Board member, present as an observer to learn more about our work. **AC** led a rapid introductions round table and then explained that the group was to sense check what NES HCS Core team	

		are proposing, and that we may run another online Advisory Group consultation soon, perhaps on a single specific topic. **AC** directed members to Open **Menti.com** in a separate browser as we are using a couple of online polls to engage. **AC** noted that the last Advisory Group was the last face-to-face engagement prior to lockdown.	
2		**Minutes of previous meeting – 28th Feb 2020**	
		AC invited RF to summarise actions arising in last minute **RF** responded to the action points as follows: *NES Team: explore further measures to improve survey uptake and engagement with assurance monitoring.* **RF** reported that over the last year we had worked on our social media engagement and refined our records of known trainees. *NES Team: explore further measures to understand trainee d estination on exit from training* **RF** reported that we had introduced a specific exit destination request for those at end of training; this would be reported in more detail later in today's meeting. *NES Team: communication with prospective centres requiring "recognition"* **RF** reported that our training centre accreditation process had been streamlined in response to the last Advisory Group and was a more continuous process. More would be reported later in the meeting. *Check self-assessment against HCPC SETS* **RF** reported this was still outstanding as an action. *NES Team: Continue to develop our QA programme and incorporate trainers/supervisors into the TURAS listing* **RF** confirmed this was in progress, with no significant concer ns. *NDP progress refresh that is due in 2020 AG members join EICC round-table 1-6-20* **RF** Reported that this was not pursued as EICC events were cancelled in 2020. Matters have now moved on as Scottish Government will consider is plans for any NDP developments. **AC** invited any points from the group – none. Minute accepted.	**RF / Core team: review new HCPC SETS against our current self-assessment**
3		**Commissioning update / discussion**	
		RF gave a brief update on the state of training commissions, the composition of the trainee community and sought	**ACTION**

		particular views on our approach to consultant scientist training. Expressions of interest (EoI) for clinical scientist places continues to outstrip our capacity to support all bids with around 30 EoIs anticipated for intake 2022 and about 20 posts affordable. At the end of 2020, with Scottish Government support, we instigated a cohort of 21 trainees to undertake consultant-level development aligned with the Higher Specialist Training programme published by the National School for Healthcare Science. Trainees should be in a position to be eligible to apply for registration with the AHCS accredited register as a higher specialist. **RF** invited views on the consultant scientist concept, starting with a Menti poll on the relative importance of the characteristics of a consultant. Of 17 respondents to the poll, there was a marginal preference for scientific specialism and researcher skills followed by leadership and finally networker/politician skills. **MMcJ** articulated this priority of characteristics from his experience as a section head. **ADe** thought experience in all was vital, but that people may develop particular strengths in one area. One omission he felt was that of qualifications in educational delivery. **RF** invited views on what NES should be doing in respect of this group of trainees. **DA** suggested that QA of training to ensure best value was an important function NES HCS should fulfil. Generic CPD provision was considered by her to be less important, whereas specialty material would be. Better would be supporting networks and learning communities. There was a general view that the NES Core Team may not have the capacity to support/deliver specialty content. As an adjunct to the commissioning discussion, **RF** explained that NES had introduced some support for application fees for equivalence. This initiative is in-line with other parts of the UK, but uptake in Scotland to date has been weak. **CR** wondered how many bids translated into actual registration and suggested that service was too challenged at present for staff to prioritise working on this. **CR** suggested clarity on who the target audience was. **DA** noted that she had mentored two staff through the process to dual registration (Biomedical Scientist and Clinical Scientist). There should be support to enable prospective applicants to work alongside medical staff. **DO'D** suggested that university employers liaison committees might be helpful in promoting the scheme. **PH-B** held the view that there was not enough information about the scheme and that the level of effort of going through the process without the guarantee of a higher post was a deterrent. **RF** noted the points, in particular the view that we should address information about the equivalence scheme. **AC** closed the discussion.	**Core Team: Planned webinars on equivalence and social media promotions in hand.**
4		**Our approach to CPD update / discussion**	

		BB gave an overview of the work of the team in delivering CP D resources. 22 online modules were published on TURAS L earn since last time, 19 were in development and - as part of our shift online – 3 supplementary webinar/workshops had be en introduced since mid-2021 to support the online self-study . So far, 1280 modules had been completed, and specifically 25 participants had joined the online webinars: more are plan ned. **BB** asked the group about their view of moving away from fac e to face delivery as the pandemic abates; **AC** thought there was no reason not to. There we no objections to continuing w ith the online strategy. **BB** described our offer to assist service publish CPD resourc es and asked how we could encourage engagement with the TURAS platform. **DA** was mindful that the TURAS developme nt team was at times oversubscribed and we should not seek to overwhelm it. **ADu** clarified the role of the HCS Core Team and explained that there should not be any burden on the TU RAS team. **BB** briefly summarised our work on migrating Knowledge Net work materials to TURAS Learn with the caveat that guidance and offers of the type current published should continue to be open access, i.e. without the need for a log-in. **CR** thought th at CPD should have a log-in function; **RF** indicated that it curr ently does to ensure a learning record. **ADe** advocated strong ly that CPD resources should be shared across professions a nd that there are workforce reconfiguration opportunities and co-production opportunities from within NES. RF thought an i nternal conversation with NES Medical colleagues would be h elpful. **AC** closed this discussion.	**ACTION** **RF / Core Team: explore possibilities for CPD resource sharing and sign-posting with Medical Directorate colleagues.**
5		**Our approach to QA**	
		LC summarised our quality monitoring of training, referencing the advice of the 2020 Advisory Group in regard to streamline the training centre approval process. Communications over tr aining plans and ARCP, and the introduction of exit surveys. 4 8 centres have been accredited in this cycle and an additiona l 31 supervisors added to the list we track. A 69% response to training plan requests (92 actual) had been received to date, and 72% response (140) ARCPs declared. Trainee and super visor surveys in 2020 stood at 31% and 43% respectively. Ou r recent exit destination survey yielded a 91% response (42 p osts). **LC** noted the effort required to prompt engagement and how the various measures helped triangulate a sense of the s tate of training. **LC** then led a conversation on the pros and cons of expandin g the team's role to track undergraduates, particularly biomed ical scientist. **CV** believed this would be a positive developme	**ACTION** **RF/Core Team: short paper on**

		nt, particularly for undergraduate physiologists [*note this grou p is already tracked as NHS staff*]. **EG** questioned the benefit and suggested that from the student's perspective another ad vocated could be helpful. **CR** speculated about the added-val ue of such a move and suggested a short paper on the issue from the perspective of the student; the HEI; and the system, might clarify matters. **ADe** agreed and suggested that anothe r player in the undergraduate landscape could introduce a ris k. **LC** then outlined the introduction of our exit survey and report ed that 91% of respondents remained in the NHS. The group agreed that for those with 3 months of completion the final AR CP be abandoned and substituted with an exit survey. **MMcJ** agreed with the strategy. **CR** asked about the difference betw een NES funded and non-funded trainees. **RF** responded tha t we are about providing a measure of system assurance acro ss all NHS trainees irrespective of funding. **LC** observed that non-participation in our QA monitoring might raise a concern r egarding a centre's suitability for future NES investment or tra ining post placement. **RF** noted that less than 5% of training p osts monitored raised concerns and that our QA programme was intended to help. **ADe** noted that GMS exit surveys were compulsory and that the medical directorate ran a trainer surv ey too. **LM** indicated that non-NES funded Technologists wou ld undertake the exit survey. **LC** touched on our move to streamline training centre accredi tation by auditing each centre for 2 elements of the self-asses sment. No concerns raised by the Advisory Group. **AC** closed this element of the discussion.	**undergraduate tracking: pros and cons. Circulate back to AG for comment**
6		**Our approach to communications**	
		CC described our approach to engagement with our community including the recent establishment of a new Twitter feed, Instagram and Facebook accounts. So far 25 tweets had been published and followers had risen to 96. **CC** asked the group about reasonable frequency and preferences for the type of engagement. **CR** liked the Twitter account and asked if there was a comms strategy. **CC** responded that the Team had a schedule of notifications to be broadcast. **AC** thought that key events such as STEM or HCS week should be included; a general view that "less is more" might improve readers' attention to the accounts. **ADe** followed the Twitter account and voiced the opinion that simple bite-sized chunks of information were more impactful. He suggested asking the trainees what they would like in terms of how to engage. Members of the Advisory Group though Instagram to be more popular with early career trainees, or Tik ToK. Catherine cited the role of influencers in generating a following. **AC** closed this element of the discussion.	**ACTION** **CC: give consideration to engaging trainees with a view to identifying preferences for engagement: perhaps via annual survey.**

8		**Membership**	
		RF noted that although some members terms were beyond th eir 4-year term, the pandemic and the shift to further online m eetings soon merited keeping the existing group together with review in 6-8 months. No objections.	**ACTION** **RF monitor membership – review in 6-8months i.e. May/June 2022**
9		**AOB**	
		None	
10		**DONM**	
		Date and venue to be advised. **AC** thanked participants and closed meeting.	**ACTION: RF**

Meeting closed at 1050.