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**NATIONAL SCHOOL OF HEALTHCARE SCIENCE THEMED BOARD MEETING
PHYSIOLOGICAL SCIENCES**

Wednesday 24th February 2016

11:00-16.00

Macdonald Burlington Hotel, Burlington Arcade
126 New Street Birmingham, West Midlands
United Kingdom B2 4JQ

Chair: Huw Thomas (HT)

Co-Chair: Theresa Fail (TF)

Attending: Andrea Penter (AP), Andrew Williams (AW), , Dorothy Thompson (DT), Harriet Crook (HC), Huw Thomas (HT), John Hutchison(JH), Jonathan Sibley (JSI), Kai Uus(KU), Kelly Bill (KB), Lealah Nouri(LN), Michael Lang (ML), Nicky Fleming(NF), Saira Hussain (SH), Paul Lee (PL), Theresa Fail (TF), Trefor Watts(TW), Angela Daly (AD), Suzanne Chamberlain (SC), Dave Edwards (DE), Helen Rimington (HR), Keith Pearce (KP), Martin Stout (MS), Helena Edlin (HE), Jack Constable (JC), Mark Squirrel (MSq), Peter Bill(PB)

Apologies: Chris Berry (CB), Crispian Oates (CO) Elisa Wrightham (EW), Felicity Woodgate (FW), Gareth Woods(GW), Joanna Shakespeare (JSh), Rachel Hutchings(RAH), Stuart Sutherland (SS), Wahid Zaman (WZ), Chris Gibson (CJG), Amanda Casey (AmC), Alison Walsh (AW), Antonio Calgoni (AC), Bridget Skelly (BS), Chris Eggett (CE), Christine DePlacido (CDP), Deb Smith (DS), Jane Allen (JA), Kelly StPier (KSP), Lawrence Brown (LBR), Louise Ayers (LA),), Martin O'Driscoll (MOD), Matthew Thomas (MT), Nick Thyer (NT), Nigel Hudson (NH),), Ruth Hamilton (RuH),), Wendy Stevens (WS), Rakesh Patel (RP), Ted Killan (TK), Wahid Zaman (WZ)

DISCUSSION / ITEM	OWNER	DUE	PROGRESS	STATUS
1. Welcome				
HT welcomed the members to the meeting				
2. Minutes/Matter arising from Previous Meeting (2nd November 2015)				
TF advised that training centres and consortium work is progressing but the CSR had added complexity around uncertainty in future funding arrangements.				
3. Matters not elsewhere on the Agenda				
HT asked all members to submit the questions for STP and HSST interviews asap. He went onto explain the marking process this year will use iPads (the same system used in the OFSAs); HT advised that the accreditation team would welcome any volunteers from specialisms to take part in accreditation visits. He advised the members that if any members wanted to take part they should contact the accreditation team.				
4. Reports from the Academy of Healthcare Science				
HR informed the group that the structure of the AHCS has changed and that the Council of Professional Bodies will meet 3 times a year with email correspondence in between the meetings. The lead for CCVRS GI & Uro is Lynne Smith and for Neurosensory is Will Brassington. The HSSR equivalence pilot is ongoing and the initial screening has been done; part of the pilot is to put forward a portfolio. The successful applicants will gain a certificate of equivalence.				
Scoping project for prescribing is being undertaken. NF advised that one of the challenges for this piece of work is that it needs to be finished by the end of March 2016, and questioned how feasible this would be given the tight timelines. MS informed the meeting that the key part of the scoping				

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<p>project is gathering data, and how the examples collected make the patient pathway easier. NF stated that a project was delivered in 2009 which “sat on the shelf”. TF advised that it important to support this project and confirmed that Physiological representatives would feedback to the academy.</p>				
<p>5.Reports from HEIs</p>				
<p>MMU – MS Year 2 STPs have handed in project proposals. More take up for CRM this year. CCS is moving from Salford to MMU with accreditation event in April. HSST CCVRS GI & Uro programme accreditation is ongoing</p> <p><u>Newcastle University</u> No representative or report</p> <p><u>Aston University</u> HT distributed the papers sent by W Zaman from Aston University. Overall there were no significant concerns reported.</p> <p>Manchester KU informed the group that there had been a Manchester open day with high engagement.- STP was progressing well but there were concerns around different themes because of the comprehensive spending review. HSST was proving to be exciting and undertaking first and second cohort together. KU informed the group that it had been a pleasure to work with the trainee’s. KU stated that for 2016 there are not any audiology HSST commissions but they were not worried about the</p>				

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<p>financial aspect because they have systems in place to raise their profile. However, the budget has to be balanced and ways to promote the course are needed.</p> <p>Post meeting correction – there is now 1 HSST Commission in Audiological Science.</p> <p>HT has been in liaison with HEI's and BAA to look at issues surrounding reduction in Audiology commissions and HC for BAA will raise this at BAA Heads of Service meeting in March.</p>				
<p>TF advised that there were no final numbers yet for HSST. KU stated that: trainers were in a senior level position and that they wanted the programme to be successful for which there was a mechanism in place, and that they needed to figure out how to make it work. There was a requirement to make it clear to all stakeholders and professional bodies what was involved in HSST. Last year not all HSST posts were filled due to suitability of candidates. MS stated that people go through the equivalence process. TF confirmed that HSST trainees have to be registered or have started the registration process in order to be eligible to apply for HSST.</p>				
6. Reports from Professional Bodies				
SCST				
<p>MSq will now attend as SCST rep replacing Su Baxter and stated that: SCST, BSE, BHRS, had some significant discussion and intend to work more closely. .</p> <p>BHRS</p> <p>-JS stated that there was a need to discuss relationships with the Academy and to engage a bigger group with the OFSAs.</p>				

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<p>JH has also joined Council. The BHRS website is being revamped and will have an MSC page, which will include job descriptions... This led to a discussion on the types of roles and banding available for newly graduated Cardiac STPs. It was acknowledged there is poor understanding about new roles. MSq suggested it would be helpful to share new roles mapped to patient pathways and enhancement of procedures.</p>				
<p>Action for cardiac professional bodies to pull together and share examples and to promote new job roles in particular the way STP graduates can support innovation. The group could also speak to departments to match jobs and qualification's and promotes a cohesive approach.</p>				
<p>BSE KP - The CSR does not support the outcomes of the Cardiac Service Review with concerns that commissioning is not matching workforce need. There is a need to ensure departments are engaged with commissioners. BSE has guidance on its website to help address this including contacts for local HEE HCS commissioners. . BSE is encouraging trainees to submit articles to the BSE PubMed linked e journal. BSE will be running another educational training session at its November national meeting. At the previous meeting abstract competition was won by Richard Clement, STP trainee. The BCS is including a healthcare scientist day at its 3 day national meeting in June. The BCS has found sponsorship to support 80 STP trainees to attend. The NSHC is working with BCS to facilitate this.</p>				
<p>ARTP - ML advised that there were no particular issues with the 2nd year of OFSA's and that planning was going well.</p>				

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<p>SCCT</p>				
<p>DE stated that Critical Care has the first OFSA coming up, with lots of work being done in the background. They would submit the form in April, and were very happy with the station levels but didn't have enough assessors. DE suggested that a</p>				
<p>PTP critical science programme was needed and that there was a workforce need for a practitioner in Critical care. NF asked: what sort of numbers were the group talking about?</p>				
<p>Action It was suggested that SCCT made an urgent case to the MSC team, and to contact Gillian Manning and Shelley Heard about the need for PTP but also about a band 4 workforce as they wanted lots of examples about workforce requirements at this level.</p>				
<p>SVT</p> <p>HE - There has been some concern about OSFA station leakage.</p> <p>Action for School to review instructions given to trainees and assessors about this.</p> <p>Concerned about the lack of engagement between training depts. and STP HEIs. .TF commented that engagement with the HEI is expected as part of a training department accreditation with the School. Important part of an engagement event is to provide information of research. KU commented that Manchester holds regular teleconferences which work well. MS felt that the students were adults and that they should be able to communicate with their trainers and WebEx may be another tool to use.</p>				

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<p>Action for HEIs to look at how employer engagement can be improved.</p>				
<p><u>AGIP</u> - ES was not present but sent a report in relation to GI Physiology-They were particularly concerned about the number of commissions and how it fits in with the national picture.</p> <p>Action: Need to feedback PB and work base concerns about commissioning to School to HCSING and commissioners</p>				
<p><u>BAA</u></p> <p>HC commented on BAA – we are reviewing clinical log books for all HEI PTP programmes There is also an on going review of MSC career levels linking to registration. Meetings to look at HSST competencies are planned. BAA also concerned re drop in STP and HSST commissions which seems to be out of step with work force need particularly in specialist areas such as Cochlea Implantation</p> <p><u>BriSCEV</u></p> <p>DT raised continued concerns over the future of the OVS programme. For 2016 there are again no commissions. DT and HT met with the 4 final year OVS students who are concerned with their training and abilities to complete the programme. A further meeting is planned for March 30th. A meeting planned with all interested parties has still to take place.</p> <p>ANS</p>				
<p>PB on behalf of ANS raised continued concerns with regards to ASP and the restrictions placed on post qualification registration with students needing to be on the Academy</p>	AD			

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<p>Register, which was restrictive and limits access to this qualification. A letter had been written to Sue Hill but no response received.</p> <p>Action: AD agreed to look into this and feed back asap.</p>				
<p>ANS had also requested the release of OSFA results and grades so that the PB could give their own award for outstanding student etc. Due to data protection and also the current memoranda with students on sharing information there are on going discussions on the nature of information that can be released by the School</p>				
<p><u>RCCP</u> TW queried the role of ASP and how it filled the gap between STP and PTP, only employer funding is available to pay for that. There is an urgent need for ASP training.</p>				
<p>NF said that the main challenge was that there was no centralised funding for ASP, therefore the expectation is that Employers / Trusts will be required to fund additional E&T to meet the workforce need – which is in some specialist areas is reported as becoming ‘desperate’.</p> <p>The PTP placement providers are eligible to receive the 3K pro rata placement tariff which is paid to the Trusts. However the distribution of this funding to the departments providing the placements is inconsistent with many providers not gaining access to the funding at all.</p> <p>The CSR will possibly delay progress in addressing these issues as the level of uncertainty regarding funding for E&T extends beyond HCS and is a HEE national issue.</p>				

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7. Reports from Employer Representatives				
<p><u>South CCVR GI & Uro</u> AP discussed an email about a student logbook. Clarity needed on what an appropriate assessor is, employers also needed to know what an appropriate assessor was. TF advised that the training officer has the responsibility to ensure that the assessors are appropriate. The group agreed that a note in the School e-Bulletin needed to be sent out.</p> <p>Action: School to look at how best to communicate guidance about assessors to trainers.</p> <p>AP queried whether for students doing the PTP there was any fast track system available to go onto STP. First year rotations showed modules are duplicated. TF said: that there was a need for guidance and support to articulate this. AP questioned whether for STP graduates who left the course in the 1st or 2nd year was there any way to take the money back, commissions have struggled with this.</p> <p>Concerns about how many PTP graduates seek employment in their specialism. Many seem to go into other areas such as medicine. But is hard to get good data on employment. TF said that for the first few cohorts a number of students came through clearing, but this is much less so now.</p> <p><u>East of England – CCVRS GI&Uro</u></p>				
<p>JH noted how helpful it has been to identify to start commissioning cardiac at pathway level (CRM or Echo). Continuing to work with developing local training consortium in cardiac.</p>				

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8. Reports from Trainee Representative				
<p><u>Neurosensory</u></p> <p>SH informed the meeting that they had had no feedback from the recent mock OSFA, apart from a request for a short breather for students arriving on the circuit and starting, particularly if on purple circuit.</p> <p>Concern again raised over the difficulties with Vision placements in year 1 for both Audiology and Neuro students. HT informed group of on going discussions to resolve this which could involve optional 4th rotations or introduce a taught component at a HEI.</p> <p>KB for Employers raised concerns over lack of progress in finding a workable solution for this problem and which has been raised many times previously at the Theme Board.</p> <p>As the current National trainee reps were coming to the end of their STP training replacement members for the Theme Boards were being recruited.</p> <p>LH raised issue of category of BAA membership for STP trainees. HC confirmed that as the STP trainees are employed on a salary they were not eligible to be a student member.</p>				
<p>LN asked if guidance on amount of information to meet competencies on OLAT was available from the School. Students had raised concerns over variability in what different assessors consider suitable evidence. HT indicated that the School does not offer specific guidance as this would simply be copied but the principle that the evidence provided by the</p>				

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<p>trainee on OLAT should meet the learning outcome. This may vary between competencies and also the same piece of evidence may be used to satisfy a number of competencies. There was also a request for more examples of OFSA stations to enable better student preparation. HT advised that at present the bank of OSFA stations was comparatively small with many still being reused which made this difficult. However many departments are running local practice OSFA exams based on the format of the OSFA process.</p>				
<p>LN queried whether students could transfer training departments if they were not happy? HT advised the NSHCS policy did allow for consideration of transfer but only if there was a valid reason; in circumstances of life changing events or if the training cannot be delivered, Transfer should be considered as a last resort.</p> <p>Further guidance was also requested by trainees regarding the content of the MSc Project. HT stated that in the first instance trainees should would discuss with the relevant HEI and nominated department and HEI supervisor</p> <p>LN said: Neurophysiology students who have completed STP were worried about future job prospects. As in theory there should be a direct link between Commissioning of STP training and Work Force Planning trainees should be reassured over future employment TF also stated that trainees could contact professional bodies for advice on employment.</p>				
<p><u>HSST training rep</u></p> <p>JC requested guidance from the School regarding study time. HT confirmed that the School were aware of significant variation in available study time across different HSST</p>				

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<p>placements. This was dependent on the job role of the trainees which in some areas was a senior role within the Trust. The commissioning of the HSST posts should have allowed for study time and any trainee who is struggling is advised to contact the School. In a similar manner to the STP it would not be considered unreasonable for trainees to be allowed 1 day per week for study.</p> <p>KU indicated that as this was a new programme that the timing of assessments and quantity of work for trainees was being evaluated.</p>				
9. Report From PPI Representatives				
<p>PL stated -the group discussed the fact that increased opportunities could help build competencies for the future</p>				
11. PTP Curricula Review				
<p>NF stated that the curriculum review had been undertaken, and the feedback had been included in the curriculum changes. , Initial validation of the changes would be returned to the MSC transition team by 1st March 2016. Once the completed and proof read the curricula -will be sent to ETSG for sign off. Curriculum ownership would be transferred to the school this year, the timing of which depends upon on funding ;Once the changes were approved by ETSG, the curricula would be available for everyone. Review of the learning guide needed to be undertaken at a later date, this will be dependent on the availability of resources. Sue Hill had commissioned the school to undertake a piece of research to determine whether or not an end point assessment is required for PTP; , The data would be collected by an independent company which will include HEIs, and service providers. All HEIs would be invited to complete the survey, with a selection of HEIs and employers</p>				

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<p>across the specialisms followed up -by a telephone interview. This would be completed by the end of March. AD stated a draft report comes out at the end of March, 2016 which would be a made public document when completed.</p>				
<p>KB asked for STP/ PTP students whether there was a guarantee if a student completes PTP they can do STP. HT said no. TF advised that just because they were a good practitioner did not mean they were good clinical scientist. NF commented that PTP students who graduate with the required entry qualifications are entitled to apply for direct entry into STP, or if supported by their employers via the in-service route.</p>				
<p>13. Update & Reports from the National School</p>				
<p><u>Programme & Recruitment</u></p>				
<p>AD presented the school report for the Theme Boards. The group discussed the issue of sharing data in line with data protection legislation. SH suggested that an email could be sent out to all the students and anyone who did not want their data shared should email back.</p> <p>A discussion took place regarding a pass list of students being produced It was agreed that the NSHCS did not need to put names of failing candidates. The successful completion of the MSc and OLAT are also required to for completion of STP. So a pass list is not just about the OSFA. This is only 1 component. It was suggested that an award certificate for the best student should be issued, or prizes for different modules could be issued. The group also suggested asking the trainees for their views.</p>				
<p><u>Accreditation</u></p>				
<p>Presentation was given by Andrew Williams: Accreditation of work based training providers and HEIs, placing trainees in work based learning, department of NSHCS</p>				

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and accreditations. Higher education PTP re-accreditations panels.				
<u>Education & Assessment</u>				
<p>SC provided an update on education and assessment and thanked everybody helping out at the recent mock OFSA exams. SC presented 3 separate reports with the reminder given as to the confidential nature of the data. The data is used to continue to evaluate the quality and accuracy of the stations.</p> <p>KB asked if there was a contingency plan for trainees who became upset during the OSFA circuit. SC replied there was no contingency plan as such but assessors should identify any issues to circuit manager and PL who will be available to deal with this.</p> <p>SC stated Annual Review of Progression (ARP) trial would only focus on year 2 STP students but that the relevant documents would be made available for all students and Training officers</p> <p>Post meeting note – following meeting of HCSING – ARP now to include Year 1 and Year 2 HSST trainees.</p> <p>Following completion of the documentation. Trainees and training officer would be given feedback. In Year 1 this would be a formative assessment and would not prevent progression for either STP or HSST trainees.</p> <p>Time table for live OFSA now published for 4th July 2016 to</p>				

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<p>15th July_2016</p> <p>Details of the time table for submission of stations, Angoff marking etc have been circulated to all Lead Station writers. This summer there will be 27 different specialisms with a number of new specialisms in the OSFA for the first time.</p> <p>The Education and Assessment team of the NSHCS have developed a "The IDEA" group. This is looking at future development of the Schools Assessment strategy. SC made a request for were scientific input which involves a fortnightly 2 hour meeting via WebEx. The role would be to help the Education & Assessment team develop policies which are focused on OSFA. ARP and ASP Bands 2-4</p> <p>KB and others stated that this was a significant time commitment from the same people who are also giving time for recruitment, short listing, OSFA stations etc. It was suggested that something like the OSFA reflection days could be used for the IDEAS group to present proposals to the relevant professional bodies.</p> <p>Action SC to review make up of IDEAS group</p>				
14. A.O.B.				
<p>AD stated that the dates of the proposed junior doctor's strike may have an impact on STP interviews. All Professional Bodies asked to contact the Recruitment Team at the School if they considered that the strike would have any impact on their respective interview days.</p> <p>Date and Location of next meeting</p> <p>15th June 2016 - B5 Conference Centre - 4 Speedwell Road - Birmingham - B5 7PR</p>				

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