

Health Board	Clinical Physiology Network Greater Glasgow; Highland; Lothian; Golden Jubilee; Grampian
Department / scheme	STP – Greater Glasgow Respiratory, Neurophysiology and Vascular; Highland Cardiology; Lothian Vascular; Golden Jubilee Cardiology; Grampian Cardiology
Date of visit	1 March 2017
Training officers	Heather Ambler, Colin Farman, Elizabeth Bowman, Claire Tarbert, SarahJane Carmichael, Douglas Gordon, Irene Crawford, Anne Peden, Chris Llewellyn
Visit panel members	Theresa Fail (External Scientific Advisor); Annette Lumsden (Lay Representative); Andrew Williams (National School); Simon Williams (NES Representative); David Bennett (Head of Quality, Academy for Healthcare Science) did not attend but reviewed papers
Trainees	Brogan McAdam, Gemma Scanlon, Darren Ramsay, Christopher Stevenson, Caroline Fattah, Gavin Sneddon, Emma Keegan, Juliet Shaw, Kara Shuttleworth, Lisa Robertson
Attending	Robert Farley (Programme Director, Healthcare Science, NHS Education for Scotland) Duncan Macfarlane (NES Specialty Lead for Clinical Physiology)

### Part A – Pre visit overview of self-assessment documentation supplied

NES provided a set of documents for the event including an overview of the operation of the scheme in Scotland, sample training plans, CVs of the principal trainers, organisation charts, examples of key policies, induction documents, review meeting notes, and annual progression reports prepared for NES.

### Part B – Examination of the evidence during the visit

#### SELF ASSESSMENT SECTION 1 Education and training quality.

##### Staff qualifications and experience

CVs were provided showing qualifications and experience for training. The panel noted that in some centres, few staff were trained to postgraduate level; however, these centres reassured the panel that scientific input and supervision of master's level research would be by appropriately qualified staff within the hospital.

### Trainer/supervisor preparation

NES provides considerable support for STP training including appointment of a clinical physiology Specialty Lead. NES also hosts training officer meetings. Training officers/supervisors are familiar with OLAT and use the guidance embedded in OLAT. Trainers are invited to training events by NES, including a 'trainees in difficulty/special measures' course.

### Training plan

There was evidence of planning, particularly of the rotational phase which in many cases involves making use of the national network. There was however mixed evidence from trainees, with several saying they did not have individual training plans, particularly for the specialist phase of training, and relied on their own initiative to identify priority training needs. *Informs condition 1: individual training plans to be provided to NES*

### Feedback and outcome documentation (OLAT/Portfolio)

For the most part OLAT completion is satisfactory and feedback is prompt and useful. There are however some exceptions (see 'trainee and supervisor feedback below, and condition 7)

### Evidence of process review and improvement

The network demonstrated that members reflect on training performance and outcomes, and seek to adopt best practice. The appointment of a Specialty Lead is a significant step in this process.

## Part B continued – Examination of the evidence during the visit

### SELF ASSESSMENT SECTION 2 Training infrastructure and accountability.

#### Responsibilities, accountabilities and governance

The organisation charts and the scheme overview provided by NES show clear accountabilities and governance of STP training.

#### Physical resources

The panel heard nothing to suggest concerns about physical resources provided for trainees.

#### Trainee and supervisor feedback

Feedback from supervisors was that the STP had taken some time to bed down but that departments are now seeing benefits, in particular high quality trainees who are likely to make a significant contribution to service delivery and improvement. The training departments on the whole were familiar with the competencies and assessments and for the most part gave prompt and constructive feedback to trainees. The panel were impressed by the integration of the training scheme with other health professions, e.g. medical consultants: this was particularly evident in some training sites.

The key discrepancies between the feedback of training supervisors and that of trainees were around

- The extent to which trainees are responsible for service delivery. Trainees in general felt they were providing service, while supervisors maintained the trainees were entirely supernumerary. The panel accepted that in some cases this is a matter of perception: involvement in service provision is part of the training experience, but the essential distinction is that the department should not be relying on trainees to maintain the required level of service. *Informs condition 2, ensure trainees' involvement in service provision is led by training need and is proportionate*
- Protected time for study and OLAT completion. A number of the trainees said they were not routinely released for this purpose. *Informs condition 3, ensure that protected time is provided for study (NES to survey trainees about the number of study days permitted over the previous quarter).*

The panel heard that there were varying degrees of research activity in the host departments, and that in isolated incidents there had been difficulties in supporting the academic research project in the workplace. In addition, there were varying degrees of engagement with the HEI, which is key to ensuring integrated learning and training. *Informs condition 4, ensure that there is contact with the HEI delivering the academic degree, and that research is properly supported in a timely fashion to complete the master's research project.*

The panel had some reservations about feedback from both supervisors and trainees relating to the roles envisaged for the trainees on completion of the programme – in particular, how service could continue to benefit from their input as scientists, as opposed to advanced practitioners. *Informs condition 5, work around future roles for those exiting the programme, ensuring that there is significant scientific content in their roles. Consider also how scientist roles can develop and be supported by the health boards in future.*

Feedback from trainees indicated that there were perceived disparities between training supervisors in relation to the amount and detail of evidence they require, and the level of their expectations for sign-off of competencies and assessments. *Informs condition 6, facilitate a benchmarking/moderation exercise around assessments, including comparative review of evidence uploaded and signed off.*

Trainees for the most part confirmed they received timely feedback on their OLAT evidence. However, there were some cases of long delay. The NES Specialty Lead will have training co-ordinator access to the OLAT records of all trainees in the network and this presents an opportunity to ensure that delays are addressed. *Informs condition 7, timely review and sign-off of evidence to be monitored by training co-ordinator.*

Supervisors and trainees spoke of the value of rotational training and in particular of the clinical assessment and investigations rotation. The panel's professional adviser identified the network's approach to this rotation as an example of best practice.

**Part B continued – Examination of the evidence during the visit**
**SELF ASSESSMENT SECTION 3 Risk, Safety, Public and Patient Involvement, Equality and Diversity.**
**Health and Safety**

Satisfactory

**Disclosure Scotland**

Satisfactory

**Complaints**

Satisfactory. Training supervisors and trainees both gave clear accounts of how to raise concerns.

**Equality and Diversity**

Satisfactory

**Patient and Public Perspective**

The panel recognised that practice in physiological sciences is patient-facing and that trainees have frequent direct contact with patients. The panel's Patient and Public representative asked trainers and trainees a number of questions around gaining patient consent for clinical intervention by trainees; reflection by trainees on their communications with patients; exposure to patient journeys of care; and additional public-facing activity such as school visits, open days and science events. The panel were satisfied with the patient centred ethos of the training and recommended a sharing of good practice among the network members, and contact where possible between trainees and patient representative groups. *Informs recommendation 1.*

**Part C – Findings**

Outcome 1:	Accreditation (STP) / recognition of training quality	
Outcome 2:	<p>Accreditation with time-limited conditions</p> <p><i>Overall, the panel were favourably impressed by what they heard from training supervisors, particularly in respect of commitment to the STP and enthusiasm for training; highly patient-centred ethos; and co-operative working as a network. The panel recognised that the network is in an early stage of development. They welcomed the appointment of the Specialty Lead, who will also act as training co-ordinator for the network as a whole. There were a number of areas for improvement. In particular the panel felt the network should aim for greater consistency between the participating training departments. There will be opportunities to share experiences and engage in continuous</i></p>	x

	<i>improvement, particularly with further input from NES. The conditions below reflect those areas for improvement.</i>	
Outcome 3:	Further development and reassessment required.	

***If Outcome 2, specify conditions***

no.	Statement of condition	Evidence required?	By (date)
1	Individual training plans to be provided to NES	One training plan per department	30 June 2017
2	Ensure trainees' involvement in service provision is led by training need and is proportionate	NES Specialty Lead to review with individual departments	30 June 2017
3	Ensure that protected time is provided for study (NES to survey trainees about the number of study days permitted over the previous quarter).	Confirmation from departments; NES survey	30 June 2017
4	Ensure that there is contact with the HEI delivering the academic degree, and that research is properly supported in a timely fashion to complete the master's research project.	To be reviewed by NES as soon as possible	30 June 2017
5	Work around future roles for those exiting the programme, ensuring that there is significant scientific content in their roles. Consider also how scientist roles can develop and be supported by the health boards in future.	Network to formulate a policy statement – to be progressed by NES as appropriate	At discretion of NES
6	Facilitate a benchmarking/moderation exercise around assessments, including comparative review of evidence uploaded and signed off.	Note of outcomes of moderation to be supplied to NES	30 June 2017
7	Timely review and sign-off of evidence to be monitored by training co-ordinator.	Training co-ordinator review of OLAT and report to NES	30 June 2017

***If Outcome 3, give reasoning***

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**Part D– Recommendations**

1. Share good practice in Patient and Public Involvement among the network members, and facilitate contact where possible between trainees and patient representative groups.

### Commendations

- Embracing the new training programme
- Beginning to work together as network
- Good examples of patient centred learning e.g. around pathways
- Exemplary way of arranging rotations, in particular 'clinical assessment and investigations'
- Workforce planning and training for future need, taking account of evolving professional roles in health

### Part E– Sign off

**Report completed by: Andrew Williams**

**Date: 31 March 2017**

<b>Agreed by:</b>	NES Rep	Lay rep	NSHCS Rep	Professional Rep
<b>Initial</b>	SW	AL	AW	TF

*(electronic confirmation is acceptable)*