

Pathways to embed patient and public involvement in healthcare scientist training programmes



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Forward

The National Health Service (NHS) aspires to put patients at the heart of everything it does¹. Patients and the public can and do make a real difference – contributing their insight and experience, helping to improve the quality of teaching and training and how it is designed and delivered.

This should increasingly become a joint venture, with patients and the public valued partners with clinicians, researchers and scientists - empowered, encouraged and supported to work together.

From the beginning, this project was designed and delivered by a team including patient and public representatives alongside academics and patient engagement champions. Newcastle University led on the project, in partnership with Manchester Academy for Healthcare Scientist Education (MAHSE). We are immensely thankful to all those who have contributed to this work.

Many higher education institutions (HEIs) are at different stages of patient and public involvement (PPI) development – it is a fast evolving area for both research and teaching. But, a vision where PPI is embedded as ‘usual’ practice is a laudable one, together with a shared goal of a skilled workforce firmly grounded with values of care and compassion and committed to enhancing and improving the patient experience.

The project has developed a framework for understanding the embedding of PPI in HEI delivered healthcare science training which we believe will have utility for HEIs to both plan the development and delivery of PPI and also judge its effectiveness in healthcare scientist training.

We hope also there may be utility for accreditors, including the National School of Healthcare Science (NSHCS) and Academy for Healthcare Science (AHCS), in judging the effectiveness of HEI PPI. We also believe this framework may have utility in judging the effectiveness of PPI in the workplace, and have applicability to the wider healthcare science training (i.e., Practitioner Training Programme (PTP) and Higher Specialist Scientist Training (HSST)). Finally, we hope that the framework may have wider utility in judging the effectiveness of PPI in other healthcare vocational training (e.g., medicine, nursing, pharmacy etc.).

We hope this report contributes to building programmes with flourishing PPI activity to make a real and lasting difference to healthcare science training.

1. The Department of Health (2015) The NHS Constitution for England. Available at <<https://www.gov.uk/government/publications/the-nhs-constitution-for-england>>, viewed 26 February 2015.

Executive summary

Health Education England identified a need to clarify the actions needed to further embed PPI in the academic element of the HEE commissioned Scientist Training Programme (STP).

This is the scope of the project and focus of this report.

However, PPI was highlighted as an underpinning theme across the whole healthcare science education agenda and it is anticipated that the outcomes of this work will have real relevance to all aspects of healthcare science education programmes, and beyond.

The project focussed on the following activities and outcomes:

- Ensuring that the approach to curriculum delivery supports the achievement of PPI skills.
- Development of templates of promotional materials for education providers to use for recruitment of PPI representatives.
- Development of an assessment framework for evaluation of the use of PPI in curriculum development and delivery.
- Including PPI skills development in the train the trainers programme for the STP; to encourage a greater awareness of the importance of PPI in both the academic and workplace settings.

The report has developed a framework for understanding the embedding of patient and public involvement in higher education institution - delivered healthcare science training that may be used as a resource for HEIs, accreditors and others. It also provides a review of current PPI practices taken from both the research and education arenas. Resources for recruitment of PPI representatives are included along with a plan for training workplace supervisors to facilitate PPI within the NHS.

Detailed recommendations for delivering and embedding PPI are given in the report but the key areas to emphasise include:

1. The importance of an institutional strategic approach to support, develop and embed PPI.
2. The framework developed here is intended to give HEIs a clear set of assessment criteria, based on core values and principles, to guide the development and embedding of PPI which is integral to continuous improvement.
3. It is important for HEIs to demonstrate an action plan, with appropriate milestones and timelines, based on the framework to support the delivery and embedding of PPI.
4. A mechanism is needed to improve the ways in which HEIs can communicate and share information and practice about 'what works' in public involvement, and what doesn't, to minimise duplication and develop and test different approaches.
5. As part of continual improvement, HEIs should consider the processes and practicalities they have in place to support the effective delivery of PPI, including considering the reach of recruitment policies for HEIs to improve the extent to which people and communities are engaged, participating and involved in the STP programme.
6. Healthcare science training takes place in both HEIs and the workplace. Thus, there is a need to ensure consistency in application by all involved of core PPI principles and processes across the whole training and assessment landscape.
7. Effective PPI is resource intensive and consideration needs to be given to this going forward.

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We wish to thank Health Education England for commissioning the project. We particularly thank Anne Gilford for her strong guidance and steer as to the focus of the project and also Gareth Woods for his input.

We would also like to thank the Council of Healthcare Science in higher education's patient and public involvement in healthcare science in higher education working group for their input into the scope and shape of the project. We especially thank Barbara Wood, co-chair of the working group, for her strong support and input into this project.

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Project brief

Background

Health Education England has taken stock of the key themes for development that have emerged following the 2013/14 STP education provider annual review and accreditation review meetings.

PPI is an underpinning theme across the whole healthcare science education agenda and applies to both the work place and academic components of all of the education pathways. Although many examples of how the approach to PPI in programme delivery has progressed in the academic element of the STP programmes, the need for further development was a consistent theme in the STP annual review and accreditation review meetings.

HEE has proposed to pump prime activities that take forward the PPI workstreams of the commissioned academic providers of the STP, via the Council of Healthcare Science in Higher Education (CHS). Although the initial focus is on the STP, it is fully anticipated that the outcomes of the work will have positive outcomes across to the rest of the healthcare science education programmes.

Project outline

The following activities and outcomes will be the focus of the project:

- Ensuring that the approach to curriculum delivery supports the achievement of PPI skills.
- Development of templates of promotional materials for education providers to use.
- Development of an assessment framework for evaluation of the use of PPI in curriculum development and delivery.
- Including PPI skills development in the train the trainers programme for the Scientist Training Programme.

Introduction and summary of the project

The pathways to embed patient and public involvement in healthcare Scientist Training Programmes project was divided into four interlinking workstreams.

Workstream one

The aim of this workstream was to help embed PPI within the STP and ensure that the approach to curriculum design, development, assessment and delivery supports the achievement of PPI skills within the STP (Led by Newcastle University).

Methods included:

- A review of the CHS PPI survey.
- Investigation with STP commissioned HEIs to gain information regarding current practice. Of those contacted contributions (through interviews and documentation) were made by Newcastle University, Manchester Academy for Healthcare Scientist Education (MAHSE), Aston University, the University of Birmingham, King's College London, and the University of Nottingham.
- Input (interviews with and documentation provided) from other HEIs with PPI processes and practices in place including the University of Sunderland, Leeds Institute of Medical Education, University of Oxford Health Experiences Institute, and University of Aberdeen (Suttie Centre for Teaching and Learning in Healthcare Aberdeen).
- Review of information available from the accreditors and commissioners on their current PPI practices.
- A review of information and literature (including interviews with and documentation given) from other areas such as health and social care research including the National Institute for Health Research (INVOLVE), and Genomics England.
- Input from PPI groups including the VOICENorth Research Support Group, VOICENorth PPI STP PPI Workshop Group Members and lay representatives from MAHSE as well as those PPI representatives participating in the CHS PPI Governance Workshop.
- This workstream presents findings around current practice in PPI across various areas which can be shared to help HEIs understand what works in PPI.

These examples can be found throughout the report, to illustrate the range of current practice. Specifically within the framework for understanding the embedding of patient and public involvement in higher education institution delivered healthcare science training section. The values, principles and standards for patient and public involvement and Appendix E are also included in workstream one.

Workstream one recommendations:

1. Periodic reviews and evaluations of PPI activities should occur in order to ensure that activities remain fit for purpose and are reflective of emerging best practice.
2. There should be a mechanism for sharing practice examples across the HEI community to minimise duplication and share information.
3. An ongoing focus is needed to enhance equality and diversity in PPI.

Workstream two

The aim of this workstream was to develop templates to facilitate recruitment of PPI representatives onto HEI programmes. See the promotional material development for recruiting patient and public involvement within the Scientist Training Programme section and Appendices C and D (Led by MAHSE).

Methods included:

- Scoping of existing promotional material.
- Thematic analysis of material to identify core themes and readability.
- Drafting of templates.
- Review by patient and public representatives.

Workstream two recommendations:

1. That the promotional material templates are widely distributed amongst STP colleagues for use when recruiting patient or public members.
2. That document branding is consistent.
3. That resource is invested into creating videos or podcasts etc. to supplement the material, as they can have a very powerful message and can be used for multiple purposes (i.e. training as well as promotion).

Workstream three

The aim of this workstream was to develop an assessment framework for PPI in curriculum design, development, assessment and delivery for STP. See the framework for understanding the embedding of patient and public involvement in higher education institution delivered healthcare science training section and Appendix E (Led by Newcastle University).

Methods included:

- A review of previous work including existing tools and frameworks, such as the Public Involvement Impact Assessment Framework² and the National Co-ordinating Centre for Public Engagement's EDGE tool³, being used to embed PPI in research.
- Development of a framework for understanding the embedding of patient and public involvement in HEI delivered healthcare science training (NUPPIF)⁴.
- Review of the draft framework by a range of PPI representatives and groups including VOICENorth and the CHS patient and public involvement working group.

Workstream three recommendations:

1. It is important for HEI's to adopt and implement a strategic approach to support and deliver PPI.
2. This framework gives clear indications of the processes and practicalities which HEIs need to address in developing an action plan to deliver and embed PPI.
3. As part of continual improvement, HEIs should consider their processes to support the effective delivery of PPI and consider the reach of recruitment policies to improve the extent to which people and communities are engaged, participating and involved in the STP programme.
4. Further work is needed to evaluate the impact of the framework on PPI in the STP programmes, such as an audit of PPI activities following implementation of this guidance.
5. The National School for Healthcare Science (NSHCS) should consider how it can help ensure that there is consistency in application of core PPI principles and processes across the whole training landscape.

2 Popay, J. and Collins, M. (editors) with the PiiAF Study Group (2014). The Public Involvement Impact Assessment Framework Guidance. Universities of Lancaster, Liverpool and Exeter. Available at <<http://piiاف.org.uk/>>, viewed 8 January 2015.

3 National Co-ordinating Centre for Public Engagement (2014) EDGE Tool. Available at <http://www.publicengagement.ac.uk/sites/default/files/publication/the_edge_tool.pdf>, viewed 21 January 2015.

4 Newcastle University Patient and Public Involvement Framework developed for this project.

Workstream four

There is wide acknowledgement that embedding PPI on the STP is not solely the remit of HEIs. Since trainees spend the majority of their time in the workplace, supporting their supervisors or mentors to reinforce and embed the PPI agenda is critical to ensuring its success.

Inclusion of PPI skills development in the train the trainers programme for the STP was an important focus for this project. See the patient and public involvement skills development within the Scientist Training Programme train the trainer sessions section and Appendices F and G (Led by MAHSE).

The work defined stakeholders needs, assessed current PPI practices and collated PPI case studies from across the NSHCS. Initial guidelines for the NSHCS to utilise in its future strategy for embedding PPI in 'train the trainer' were produced.

Methods included:

- Scoping of existing train the trainer material.
- Design and distribution of a survey to assess stakeholder attitudes.
- Requirements gathering.
- Consultation with the NSHCS.

Workstream four recommendations:

1. A lead responsibility for PPI is established within the NSHCS to address the importance of PPI in the STP train the trainers programme for educational and clinical supervisors programme.
2. To promote sharing of good practice in PPI across workplace training, PPI champions should be identified in each workplace.
3. PPI activities are co-ordinated across HEI's through a named contact and responsible individual within each HEI.
4. PPI is introduced as integral to workplace accreditation.
5. Professional competencies should be the focus of the PPI skills.
6. As a first step, PPI should be embedded within the learning guide.
7. Guidelines for both new and experienced trainers for embedding PPI skills -these need to be identified and standardised in 'train the trainer' sessions should be developed.
8. A 'PPI' training module is developed for all training officers (face-to-face or virtual). Different levels would allow further skill development (i.e. for new and more experienced trainers).
9. The OLAT system is modified to facilitate embedding of PPI.

Finally it is important to remember that the aim of the project is to consider 'pathways' to embed PPI on the STP. Each HEI commissioned for the STP has varying courses and numbers of trainees, which will have an impact on resources and different approaches to embedding PPI on their particular STP.

Introduction to patient and public involvement

A clear commitment to PPI on the STP has been expressed by accreditors and commissioners.

The curriculum for the STP courses in 2013/14 states that,

“...the HEI programme team should have mechanisms in place to ensure that there is meaningful patient and public involvement in the design, delivery, development and quality assurance of each programme.”⁵

The Health and Care Professions Council (HCPC), in their ‘Standards of Education and Training Guidance’ document⁶ set out their requirement of service users and carers involvement. They define ‘involvement’ as the ability of service users and carers to contribute to the programme in some way.

They suggest (but do not specify) that areas of involvement could be the following:

- Developing teaching approaches and materials.
- Programme planning and development.
- Teaching and learning activities.
- Feedback and assessment.
- Quality assurance, monitoring and evaluation.

The CHS in their Patient and Public Involvement: Discussion Guidance, echo the curriculum for the STP stating:

“HEIs...need to continue to work hard to ensure that the education and training of the healthcare science workforce fully engages with all those whom their profession supports. Patient involvement at all levels of a programme, from design through to implementation, assessment; monitoring and review will demonstrate a full commitment to PPI.”⁷

Whilst the commitment to PPI is apparent, the details around its implementation are less clear. In some ways, this is helpful because it allows for flexibility and autonomy. However, the complexities, barriers and practical issues must also be addressed.

5 Department of Health (2013) Scientist Training Programme MSc in Clinical Science Curriculum, pp. 17. Available at <<https://www.networks.nhs.uk/nhs-networks/msc-framework-curricula/stp/documents/STP%20MSc%20Infection%20Sciences%20version%203%200%20for%202013-14.pdf>>, viewed 3 December 2014.

6 Health and Care Professions Council (2014) Standards of Education and Training Guidance. pp. 31. Available at <uk.org/assets/documents/10001A9DStandardsOfEducationAndTrainingGuidanceForEducationProviders.pdf>, viewed 5 January 2015.

7 Council of Healthcare Science in Higher Education (2013) Patient and Public Involvement: Discussion Guidance. pp.2. Available at <<http://www.councilofhealthcarescience.ac.uk/Documents/PPI-Discussion-Guidance.pdf>>, viewed 8 January 2015.

Defining patient and public involvement

The terms 'involvement', 'engagement', 'participation' are often used interchangeably and there is confusion between 'involvement' and 'patient experience'. This report is about patient and public involvement.

The CHS in their Patient and Public Involvement: Discussion Guidance:

*"... [PPI] is used to refer to a two-way, reciprocal relationship of equals between HEIs and those people who contribute to these processes"*⁸

This definition echoes that of INVOLVE⁹ in that it means working **with** patients and members of the public in **partnership** to add their voice and perspective to the design, development, delivery and assessment of the curriculum on the STP. The ultimate reason for this is to ensure that NHS trainees are working together for patients. As the NHS constitution states:

*"Patients come first in everything we do. We fully involve patients, staff, families, carers, communities, and professionals inside and outside the NHS. We put the needs of patients and communities before organisational boundaries."*¹⁰

Why patient and public involvement is important

Patient and public involvement on the STP will enhance leadership's focus on the programme. Meaningful PPI ensures that the perspective of the patient is not lost in very complicated STP structures and communications. Also, that the trainee's experience on the STP is grounded in what is important for patients.

In their study on the delivery of postgraduate educational programmes Khoo *et al.* (2004) found that there were a number of benefits to involving service users. They felt it:

- "Helped to ground practice in reality;
- Raised awareness of issues and of user perspectives;
- Provided a focus on partnership;
- Challenged existing approaches;
- Challenged participants' personal views of the world;
- Raised participants' confidence as practitioners;
- Enabled informed change."¹¹

8 Council of Healthcare Science in Higher Education (2013) Patient and Public Involvement: Discussion Guidance. pp.6. Available at <<http://www.councilofhealthcarescience.ac.uk/Documents/PPI-Discussion-Guidance.pdf>>, viewed on 08 January 2015.

9 INVOLVE (2015) What is public involvement in research? Available at <<http://www.invo.org.uk/find-out-more/what-is-public-involvement-in-research-2/>>, viewed on 21 January 2015.

10 The Department of Health (2015) The NHS Constitution for England. Available at <<https://www.gov.uk/government/publications/the-nhs-constitution-for-england>>, viewed 26 February 2015.

11 Khoo, R., et al. (2004) Service user involvement in postgraduate mental health education. Does it benefit practice? *Journal of Mental Health*, 13, (5), pp. 492.

A selection of feedback from the CHS in higher education patient and public involvement governance workshop held on Monday 27th April 2015 on their ideas regarding why PPI is important:

- “It’s necessary to have PPI to ensure fitness to practice and that all staff working in the NHS reflects the values and beliefs of the NHS constitution.
- It is important to reflect the fact that we are all patients and that being a patient is a fearful time – so there needs to be a caring and inclusive approach from all NHS staff.
- It leads to an understanding of how people live with a long-term condition on a daily basis.
- It’s not just an academic subject; it’s something that affects people’s lives.
- Trainees based in universities have less exposure to patients than they would have had previously through a more vocational route.
- There is worry is that waiting times have become so short that you have to get patients in and patients out very quickly and lose sight of the patient experience.
- Because patients are at the heart of everything and patient safety is of paramount importance.”

Although speaking specifically about educational programmes for cancer nurses, Flanagan (1999)¹² also highlights that involving patients and the public in designing the curriculum of educational programmes helps ground it in human experience.

This may seem more relevant for some areas of clinical science where patients have direct contact with the trainee, and less so for other areas such as medical physics and laboratory sciences, where patient contact is limited. However, it is still important for all trainees to understand the impact that their work has on patient experience and to understand the patient journey.

Patient and public involvement values, standards and principles

In setting out **values**, **standards** and **principles** for PPI on the STP it is helpful to define what those terms mean. For the purposes of this report it was felt that using the definitions set out by INVOLVE would be the most relevant.

Values are defined as being “*overarching ideals [and beliefs] that are of importance to the public involvement community*”;

Principles the “*statements that describe those ideals in more detail, providing further information and potentially some context*”;

Standards are the “*operationalisation of principles, giving a clear idea of the agreed way to involve the public and allowing assessment to take place*”.¹³

¹²Flanagan, J. (1999) Public Participation in the Design of Educational Programmes for Cancer Nurses: A Case Report. European Journal of Cancer Care. 8. pp. 110.

¹³ INVOLVE (2013) Values Principles and Standards for Public Involvement in Research, pp.5. Available at <<http://www.invo.org.uk/wp-content/uploads/2013/12/INVOLVE-Principles-and-standards-for-public-involvement-1-November-2013.pdf>>, viewed 23 January 2015.

The values and their associated principles outlined below have been adapted from the Public involvement impact Assessment Framework (PiiAF)¹⁴ as well as INVOLVE Values. The principles encompass proposed principles of PPI outlined in the CHS in their Patient and Public Involvement: Discussion Guidance¹⁵.

Value	Principle
Partnership and equality	Basing the relationship on an equal footing where power is shared and decisions made are based on reciprocal ideas shared within an equal partnership.
Respect	Mutual respect between those involved for the experiences, skills, knowledge, values, abilities and diversity of each one.
Support	Giving all those involved the support including training, information, and assistance needed for involvement and its facilitation.
Transparency and clarity	Information provided should be regular, accessible and clear. The purpose, processes, communication and definition of PPI should be understandable and available to all.
Ethics, confidentiality and privacy	PPI representatives should know how their input will be used, that their relationship with the HEI is grounded in confidentiality.
Responsiveness	The input of all partners should be acknowledged and a commitment made to decide outcomes based on mutual agreement.
Diversity	Involvement should be inclusive and offered to all with equal opportunity. Effort should be made to actively recruit groups whose voices are seldom heard.
Openness, honesty, flexibility and commitment	Ensuring that there are processes in place which are flexible enough to ensure meaningful PPI; and stakeholders' attitudes are open, honest and committed to PPI.
Quality and relevance	Acknowledgement that the quality of education and its relevance to patient experience will be increased through PPI.
Change and action	Acceptance that knowledge imparted through PPI interactions within the STP will inform and may change processes and practice.

Table 1. Values and Principles for Patient and Public Involvement on the Scientist Training Programme (as adapted from INVOLVE (2013)¹⁶ and Popay, J., and Collins, M. (2013)¹⁷).

The standards outlined below are based on those set out in the PiiAF draft standards for good practice in public involvement in research¹⁸. The PiiAF¹⁹ was produced to help researchers assess the impact of involving the public in their research. These standards highlight areas for consideration when beginning meaningful PPI on the STP. The subsequent narrative (in this section and throughout) will discuss aspects of these standards.

In the report the term ‘appropriate’ is used in the context that it is agreed between the HEI and the accreditors. There is not a one size fits all interpretation of the term.

Standards for beginning patient and public involvement on the Scientist Training Programme

Standard	Recommendations
<i>Understand the reasons for involving patients and the public</i>	• Consider why and how PPI should happen within the STP and have a clear understanding of this. • Everyone involved in the STP (leadership, staff and trainees) should understand the reasons for PPI. • PPI representatives should understand the STP and be clear about why they want to be involved.
<i>Involve patients and the public from the beginning</i>	• Involve PPI in the beginning of the design, development, delivery and assessment of the STP curriculum and it will be easier to make changes in response to PPI concerns and to maximise its impact.
<i>Ensure sufficient and dedicated budget and resources for PPI</i>	• Ensure there are sufficient and dedicated resources for PPI on the STP. • Budgets should cover a commitment to ensuring appropriate remuneration for PPI representatives involved in the STP. • It helps if the HEI itself as well as the STP leadership is committed to resourcing PPI fully and over the long term, so that appropriate payment can be offered.

14 Popay, J., and Collins, M., (editors) with the PiiAF Study Group (2013). The Public involvement Impact Assessment Framework (PiiAF) Summary of Findings from a review on values and public involvement in research. Available at <<http://piiaf.org.uk/documents/values-summary.pdf>>, viewed 28 January 2015.

15 Council of Healthcare Science in Higher Education (2013) Patient and Public Involvement: Discussion Guidance. pp.10. Available at <<http://www.councilofhealthcarescience.ac.uk/Documents/PPI-Discussion-Guidance.pdf>>, viewed on 08 January 2015.

16 INVOLVE (2013) Values Principles and Standards for Public Involvement in Research, pp.5

17 Ibid. pp. 10

18 Popay, J., and Collins, M., (editors) with the PiiAF Study Group (2013). The Public involvement Impact Assessment Framework (PiiAF) Draft Standards for Good Practice in Public Involvement in Research. pp. 5 Available at <http://piiaf.org.uk/documents/piiaf_draft_standards.pdf>, viewed 28 January 2015.

19 Public Involvement Impact Assessment Framework (2015) Welcome to the PiiAF Site. Available at <<http://piiaf.org.uk/index.php>>.

Standard	Recommendations
<i>Keep an open mind and ensure that there is consideration of the need for equality and diversity when recruiting patients and the public</i>	• One size does not fit all – remember that not all patients and members of the public want to sit on a committee, be flexible in the approach so that people from diverse backgrounds are attracted to the programme and want to be involved. • Consider how to involve PPI representatives who have different kinds of knowledge, experiences and skills, perhaps at different stages of the programme – e.g. design, development or delivery of the curriculum, or through different forms of involvement. • Consider how you could facilitate equal access to the STP programme (e.g. bear in mind that some PPI representatives may have different physical and informational needs than others).
<i>Ensure that expectations are clearly communicated and addressed</i>	• Make sure the expectations of PPI on the STP are clear to PPI representatives and they know what to expect from the programme in return. • Provide information about expectations for PPI representatives in writing. • Advise PPI about the scope of their involvement on the STP including time and travel requirements. • The approach to PPI adopted and its aims should be clearly articulated and known to all (e.g. STP Leaders, staff, trainees and PPI representatives).
<i>Involve patients and members of the public in deciding how they will be involved</i>	• PPI is less likely to be tokenistic and to add value if patients and members of the public have a say in how they will be involved. • Be aware people's involvement might change over time.
<i>Ensure that everyone involved has a shared understanding of the role of patients and the public in the programme</i>	• PPI is more likely to have a positive impact if all members of the STP programme understand the role of patients and the public within the context of the programme. • A shared understanding includes being clear about the aims and nature of the STP.

Standard	Recommendations
Effective selection and recruitment of patients and members of the public	- Consider the process for selection and recruitment of patients and members of the public to be involved on the STP. - Selection processes should be transparent to all.
Establish clearly defined and agreed upon roles	- The positive impacts of PPI are more likely when STP leadership and staff and PPI representatives on the STP programme are clear about and agree their roles and responsibilities. - It is helpful to make information available in writing including role descriptions and terms of reference (including length of service for any individual PPI representative) for governance meetings etc.
Assessing the impact of PPI	When planning PPI consider how its impact on the STP will be assessed.

Table 2 Standards for Beginning Patient and Public Involvement on the Scientist Training Programme (as adapted from Popay, J., and Collins, M. (2013))²⁰

Equality and diversity should be a key consideration for STP commissioned HEIs. Flanagan (1999)²¹ stresses the benefits of seeking PPI representatives from more diverse backgrounds, that they will better reflect the **actual needs, issues, and interests of the wider community**.

Anderson *et al.* (2002), state that choices regarding who to involve, of necessity, reflect both "...individual and corporate priorities"²². However, while this is true, it is important that in developing a strategy for beginning PPI the need for equality and diversity is considered. There may be ways to encourage diversity, for example putting a time limit on some aspects of involvement. This cycle of PPI representation may help to encourage more diversity. Recruitment from diverse groups (e.g. religious groups, voluntary and community groups etc.) within local areas if possible may also be useful in encouraging diversity.

Assessing PPI is one of the standards for it; however as Staniszewska *et al.* (2011)²³ state that there is no standardised assessment for PPI, even in research where PPI is very advanced.

20 Ibid. pp. 5.

21 Flanagan, J. (1999) Public Participation in the Design of Educational Programmes for Cancer Nurses: A Case Report. *European Journal of Cancer Care*. 8. pp. 110.

22 Anderson, Will, *et al.* "Every voice counts." Primary care organisations and public involvement. London: King's Fund (2002). Pp. 47. Available at <http://www.kingsfund.org.uk/sites/files/kf/field/publication_file/every-voice-counts-primary-care-organisations-public-involvement-anderson-florin-gillam-mountford-kings-fund-1-february-2002.pdf>, viewed 5 January 2015.

23 Staniszewska, S., *et al.* (2011) The GRIPP checklist: Strengthening the quality of patient and public involvement reporting in research. *International Journal of Technology Assessment in Health Care*. 27, (4), pp. 396. Available at <http://journals.cambridge.org/download.php?file=%2FTHC%2FTHC27_04%2FS0266462311000481a.pdf&code=d7281f04e272e23881bc6fe8a66d382c>, viewed 13 January 2015.

Considering how to assess the impact of PPI can be overwhelming, it may be helpful to develop long and short-term goals for PPI impact. As reflected in PiiAF guidance, it is important that the desired impact is realistic in terms of the STP within the HEI. With regard to delivery of the curriculum for example a short-term goal may be to get x number of ideas from PPI representatives for enhancing patient and public participation in the delivery of the programme. Those ideas may translate into x number of new ways of having patients and the public participate in the programme. It is then possible to measure PPI impact against goals originally set. Further evidence of the impact and ideas for impact assessment of involvement could be garnered through feedback from PPI, trainees, and staff. Goal setting and impact assessment does not need to be exhaustive or tedious but it is helpful to consider the impact of PPI and to be able to acknowledge it in a meaningful way.

Standards for maintaining patient and public involvement on the Scientist Training Programme

Standard	Recommendations
<i>Ensure that PPI has a positive influence on the programme, with positive outcomes for all</i>	• How will you ensure that the views and contributions of patients and members of the public will be taken on board and allowed to positively influence the STP? • Have a flexible approach to the process for PPI on the STP. Find ways to involve PPI representatives that will avoid tokenism and ensure meaningful PPI. • STP structures and processes for involving patients and public should encourage diverse views to be expressed and considered. For example, PPI representatives should feel able to challenge processes and decisions if they are unhappy with the direction the programme is taking. • STP staff and leadership should be willing and able to implement reasonable change and to try to resolve divergent views. • Ensure patients and members of the public are listened to and know how they have influenced the programme.

Standard	Recommendations
<i>Build effective relationships with patients and members of the public involved</i>	• PPI representatives should be treated as equals in all areas of their involvement on the STP. • Consider how to build relationships with PPI representatives involved in the STP. • Adopt an inclusive and collaborative approach with PPI representatives on the STP. • PPI representatives should feel welcomed, included, and that their skills and knowledge are valued. • Encourage mutual trust and respect between PPI representatives and STP leadership, staff and trainees. • Ensure STP leadership, staff, and trainees are respectful in terms of the language they use and their general attitudes.
<i>Prepare to be flexible and responsive. Be a learning organisation</i>	• Ensure a learning ethos with respect to responsiveness to needs. • Consider building flexibility into the programme with regards to PPI from the start. It helps if structures and processes are flexible and responsive to individual needs as far as possible. • Be flexible (or if you can't be flexible plan well in advance) with regard to time and timelines, resources, support and working practices, although external deadlines and processes mean that this might not always be possible. • Prepare for the possibility that PPI representatives might need to spend some time away.

Standard	Recommendations
<i>Take into account the increased time that PPI takes</i>	• STP leaders and staff should recognise that involving PPI representatives in a way that will increase the likelihood of positive impacts may take time. • Make sure that PPI representatives know how much time they will be expected to commit to the programme. • There may be a genuine need to increase timelines for: • Making contact with and recruiting patients and members of the public. • Additional training and support for PPI representatives. • Negotiation and discussion of roles with PPI representatives. • Arranging meetings at a time accessible to all. • Making sure there is enough time for PPI representatives to engage with any relevant documents prior to a meeting. • Allowing time between meetings for PPI representatives to consult with others (STP leaders or staff to seek clarification on points for example).
<i>Ensure that the PPI process in the programme is accessible</i>	• Consider the ways in which the STP curriculum design, development, delivery and assessment processes can be made accessible to patients and members of the public. • Consider PPI representative's access needs (both physical and informational) at the beginning. • Language - use plain language and avoid jargon; avoid abbreviations or provide a glossary of terms. • Physical access - Make sure that meeting times are organised at suitable times and that venues are accessible (both physically and in terms of public transport). • Make sure that PPI representatives have access to IT, libraries and printers etc. or a plan to cater for their needs in the event that they do not. • Present materials in accessible formats – ask them how they would like their information formatted.

Standard	Recommendations
<i>Consider the appropriate remuneration for PPI and how it will be achieved</i>	• As a minimum reimburse travel and other expenses. • Implement PPI payment policy. • Make sure that PPI representatives know what you are offering payment for and how they will be paid. • Be flexible about payment as it may not be wanted in some situations. Be aware of any potential implications for the individual or the organisation (e.g. payment could affect benefits and tax payments). • Provide payments rapidly and appropriately. • Be creative about finding other ways to remunerate and thank PPI representatives for their time and help. Consider the range of non-financial incentives for being involved including certificates, and events.
<i>Provide appropriate training to all members of the programme – PPI representatives and staff</i>	• Training is essential to ensure that PPI representatives can fully contribute and staff can facilitate that. • Find out what training needs PPI representatives as well as STP staff have. • Make sure PPI representatives know what training and support will be offered. • Where possible training should be offered to all staff involved so that they have the necessary skills to support PPI representatives. • Training should also be offered to PPI representatives to ensure that they can make a full contribution: e.g. to meetings; for capacity development etc. • Introductory training should be offered and include team-building, peer support and fun as well as focus on the wider context of the STP programme. • Training should be flexible, carried out in comfortable surroundings, include refreshments and be adapted to the needs of individuals. • Acronym use should be minimised and training should be tested before rolling out.

Standard	Recommendations
<i>Ensure appropriate levels of support are available</i>	• PPI representatives may not be used to asking for support so ask PPI representatives what support they need from the very start. • PPI representatives may need access to academic, practical, emotional, or financial support. PPI is more likely to have a positive impact with on-going support. • Recognise that PPI representatives may need to work in different ways and need different kinds of support to contribute effectively. • A named contact is essential.
<i>Consider how to communicate and ensure access to relevant information for patients and members of the public</i>	• Contextualisation is essential. Plain English should be used and information communicated should be relevant and timely. • Consider how to ensure that PPI representatives have access to the information they need (e.g. online databases, library resources, access to computers and printing facilities). • Identify a key person within the STP team that members of the public can contact – this should be an experienced member of the STP team. Make sure that members of the public know who key communication contacts are. • Have a communication plan for members of the public about the STP especially if they need time away because of ill health and need to be brought up to speed.

Standard	Recommendations
<i>Ensure effective programme management</i>	• Good project management and leadership within the STP makes effective public involvement more likely to happen. • Develop a strategy for public involvement that is widely owned by programme leaders and staff, but that is specific enough to co-ordinate action. • Develop a process for involvement that will show the impact of PPI both in the short and long term and that will also sustain development of the STP in the long term. • Develop PPI policies with members of the public involved. • Ensure that there is transparency in the STP, especially where politics are involved.
<i>Champion PPI within the programme</i>	• People associated with the STP programme should act as public involvement champions. • Demonstrate and model good practice in PPI and disseminate that good practice to the rest of the HEI. • Make the value and benefits of PPI clear to all (both those in the STP programme and more widely if possible). • Ensure PPI activity is visible. • Consider embedding peer mentoring within the programme for PPI representatives.

Address organisational issues that might affect PPI	• Consider how to work with others within the HEI who have little experience of PPI (e.g. HR finance departments and governance structures). • Ensure there is STP senior level commitment to PPI. • Where possible build strategic alliances around PPI within the HEI. • Try to prepare other stakeholders in your HEI so that their policies and practices are supportive of PPI (e.g. HR and finance departments). • Develop positive strategies to challenge sceptics, for example demonstrate how PPI can help the HEI achieve its goals. • Clarify HEI (as well as workplace provider and third party organisations' responsibilities with regards to PPI.
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Table 3 Standards for Maintaining Patient and Public Involvement on the Scientist Training Programme (as adapted from Popay, J., and Collins, M. (2013))²⁴

Chambers and Hickey (2012) define the word '**meaningful**' as the extent of **involvement with** and the **level of influence held** "...over an aspect of education."²⁵ Therefore the more PPI representatives are involved in the STP and hold a high level of influence over the programme the more meaningful the PPI on the programme will be.

²⁴ Ibid. pp.3

²⁵ Ibid. pp.3.

Meaningful PPI also requires **effective relationships** between them and STP staff and trainees. Anderson *et al.* (2002) state that effective "...relationships are at the heart of democratic values..."²⁶ and lead to values of partnership and sharing responsibility for common goals. Chambers and Hickey (2012) cite relationship building as both a key challenge and facilitator. They found one way to overcome the challenge was through the "...willingness for individual staff members to find time to establish rapport"²⁷.

Understanding that meaningful PPI requires investment is also important. STP providers must consider practicalities, from strategic planning by the STP Director and staff, to administration processes for PPI.

There is a need to be flexible and responsive. As Spencer *et al.* (2011) state,

*"...there are many possible approaches to developing and embedding involvement in institutions and training programmes, and no one 'right way'."*²⁸

Flexibility is required to enable PPI engagement. This may not mean one or two PPI representatives sitting in each governance meeting. For example, a focus group of PPI representatives may meet staff to discuss issues of design, development, delivery and assessment of the curriculum which are then taken to the respective meetings for consideration. Some flexibility of approach allows the STP to capitalise on its learning from PPI and the freedom to change what doesn't work.

26 Anderson, Will, *et al.* "Every voice counts." Primary care organisations and public involvement. London: King's Fund (2002). pp.13. Available at <http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/every-voice-counts-primary-care-organisations-public-involvement-anderson-florin-gillam-mountford-kings-fund-1-february-2002.pdf>, viewed 5 January 2015

27 Chambers, M., and Hickey, G., (2012) Service user involvement in the design and delivery of education and training programmes leading to registration with the Health Professions Council. Kingston University, London. pp.65. Available at <<http://www.hpc-uk.org/assets/documents/10003A08Serviceuserinvolvementinthedesignanddeliveryofapprovedprogrammes.pdf>>, viewed 22 January 2015.

28 Spencer, J., *et al.* (2011). Can patients be teachers: Involving patients and service users in healthcare professional's education? The Health Foundation. p.p. 73. Available at <<http://www.health.org.uk/public/cms/75/76/313/2809/Can%20patients%20be%20teachers.pdf?realName=d6ifzx.pdf>>, viewed 7 January 2015.

Standards for renewing individual patient and public involvement on the Scientist Training Programme

Standard	Recommendations
<i>Obtain feedback from the individual about how they feel their input has impacted the programme</i>	• Obtain regular feedback (both positive and negative is essential) from PPI representatives so PPI processes can be continuously improved (e.g. what impact they feel they have had on the programme, what went well, what systems and processes could be changed). • Regular review and reflection.
<i>Consider the process for changing representation on the programme</i>	• Plan for a cycle of PPI representation on the STP programme so that new perspectives and views are gained. • Consider the skills and knowledge patients and members of the public may have gained while on the programme and how they can be applied to other programmes. • Consider succession planning well in advance – and the possibility of transfer of PPI representatives to other programmes so their skills and expertise are not lost.

Table 4 Standards for Renewing Individual Patient and Public Involvement on the Scientist Training Programme (as adapted from Popay, J., and Collins, M. (2013))²⁹

It is important to not only consider how to begin and maintain PPI, but also why an individual might end their involvement. It may be helpful to have a policy on length of time of involvement to ensure management of expectations. This can be included within role descriptions and terms of reference for curriculum boards etc. Skills and experience developed over time can be applied in other ways (e.g. through mentoring of new members).

There may be a number of reasons a PPI representative wishes to leave or it may be that involvement is time limited. Therefore it is important that before they leave the programme feedback is sought and the programme leadership acknowledges their positive impact on the programme.

²⁹ Ibid. pp.5.

Barriers to patient and public involvement on the Scientist Training Programme

The importance of a strategic approach

The framework for understanding the embedding of PPI in HEI delivered healthcare science training highlights three areas where the purpose of PPI must be reflected, otherwise there will never be meaningful PPI on the programme.

They are:

- 1) Mission
- 2) Strategy
- 3) Leadership and communication

O'Keefe and Britten (2005) discuss difficulties with introducing PPI into curriculum development and assessment. They found that requirements for medical faculties to adapt their management structures and change educational strategies represented a significant culture shift.

*"In general, medical schools are under-prepared for lay participation in curriculum development and lack appropriate educational strategies. **The absence of a co-ordinated approach can lead to stand alone initiatives that do not contribute to the development of school-wide strategies. Lay participation will not work unless it is integrated into the whole medical curriculum.**"*³⁰

Although this report has confined itself to discussing this in the context of the STP, if a strategic approach for PPI is not reflected in the wider HEI it will be much more difficult for the STP to embed meaningful PPI. There is a need for a shared strategic approach for PPI at all levels of the programme from department, faculty, and wider HEI, as well as Trust level.

30 O'Keefe, M. and Britten, N. (2005) Lay participation in medical school curriculum development: whose problem is it? Medical Education, 39, pp. 652. Available at <<http://onlinelibrary.wiley.com.ezphost.dur.ac.uk/doi/10.1111/j.1365-2929.2005.02216.x/pdf>>, viewed 8 January 2015.

Lack of certainty of external accreditors expectations

Three of the six STP commissioned HEIs responding to the CHS's Survey of PPI activity identified lack of certainty around external accreditor's expectations regarding PPI. It is clear that involving patients and the public in the programme is a priority for accreditors. However, the detail was less transparent.

It is reasonable that there be a level of autonomy for each STP commissioned HEI to produce a PPI plan for all aspects of the programme. However, without some direction as to what a well-designed plan might look like it leaves the HEI open to subjective criticism. Therefore the framework for understanding the embedding of PPI in HEI delivered healthcare science training was developed to give HEIs ideas of what a well-designed plan for PPI on their STP programme might include.

Designing patient and public involvement activities relevant to the programme

There are many factors an HEI needs to consider when designing relevant PPI activities. There are nine themed pathways³¹ and substantial variation between the numbers of pathways offered and the numbers of trainees on the STP programme in a given HEI.

One HEI discussed the difficulty with finding robust examples of ways to involve PPI in STP curriculum design, development, delivery and assessment. While PPI examples from other areas were very useful they were not always immediately applicable and with limited resources allowing for further research it was difficult to set up processes for involvement from scratch that were fit for purpose.

Trainees on the various pathways have very different experiences of patient interaction, from medical physicists who may have little or no interaction with patients and the public on a daily basis to physiologists who see patients regularly in their day-to-day work.

Eighty percent of the trainees' time on the STP is spent within their respective workplaces with the MSc element of the STP taking up only twenty percent of their time. This means that their time with the HEI is limited and it is a challenge to fit in each of the elements of the curriculum. The MSc offered by the HEIs includes a module on professional practice and clinical leadership as an introductory module. This module may be the focus for many STP HEI providers for PPI in programme delivery.

However, a challenge is to ensure this does not result in 'tokenism' in the absence of meaningful PPI in specialist modules. Moreover, this emphasises the real need for PPI within the workplace, including training for those supporting them at this time (see workstream four).

31 National School of Healthcare Science (2015) NHS Scientist Training Programme. Available at <<http://nshcs.org.uk/nhs-scientist-training-programme>>, viewed 22 May 2015.

Infrastructure and support

The **budgeting and resourcing available for PPI** can reflect the strategic approach that the wider HEI has taken on PPI. If the HEI already has a strong emphasis on and infrastructure in place around PPI it usually means that payment has been considered as part of its development. This is both in terms of determining STP relevant PPI activities and supporting the STP with the costs of recruitment and payment of PPI.

Availability of resource is also reflected in the HEIs ability (or lack thereof) to make **initial contact** with PPI representatives and **secure their participation** in the long-term. Some HEIs had no process in place for PPI recruitment, or any links with patient groups locally. A lack of adequate information and administrative support were cited as reasons for loss of interest of potential PPI representatives.

Issues for patients and the public

There are a number of issues for PPI representatives on the STP, many of which can be easily addressed with a strategic approach to planning involvement. The following points were identified through feedback from STP PPI representatives. It was felt that in order to avoid tokenism and ensure that their role was understood they really needed a **role description** and **person specification**³² outlining the knowledge and skills they would need from the beginning.

They identified the need to better understand what the **time commitment** would be and information on the **expenses system**. They felt that a **named person**, both to discuss their involvement and to **support** them, give them **guidance** and **update** them, would of great benefit.

They pointed out that **technological issues** should be considered, especially in terms of IT access for lay people. **Lay summaries** were important as was consideration of the **modes** and **types of communication** sent (e.g. avoid 'round robin' emails that become overwhelming).

Finally, it is very important that the PPI representative **understands the STP**. Each of the **stakeholder's roles and respective responsibilities** (HEI and NHS) should be **clearly explained**. PPI representatives reported that accreditation visits could be overwhelming and good preparation was critical.

32 VoiceNorth (2015) Lay Committee/Steering Group Member Description.
Available at <<http://www.ncl.ac.uk/ageing/assets/documents/recruitmenttemplate.docx>>, viewed 18 May 2015.

Conclusions

The CHS's PPI survey asked the STP commissioned HEIs to report on the effect that barriers to PPI implementation caused. The largest response was that staff had to dedicate a lot of **time** to facilitate PPI. They reported that their HEI had to dedicate a high-level of **financial resources** to facilitate PPI and that HEI staff questioned the **purpose of PPI**. However, no HEI felt that those barriers should have insurmountable impact on implementing PPI in their HEI.

Towle (2007)³³, Basset *et al.* (2006)³⁴ and Chambers and Hickey (2012)³⁵ reflect that barriers to the involvement of patients and the public in healthcare education range from lack of resources for payment, to academic jargon, and lack of institutional support among many others brought up by the HEIs themselves through the CHS's PPI survey. The following framework was produced in order to break through some of the barriers identified and make it easier for HEIs to embed meaningful PPI.

33 Towle, A., (2007) Involving Patients in the Education of Health Care Professionals. *Journal of Health Service Research Policy*. 12, (1), pp. 1-2.

34 Basset, T., et al. (2006) Service user/survivor involvement in mental health training and education: overcoming the barriers. *Social Work Education*. 25, (4), pp. 396. Available at <http://dx.doi.org/10.1080/02615470600593675>, viewed 22 January 2015.

35 Chambers, M., and Hickey, G., (2012) Service user involvement in the design and delivery of education and training programmes leading to registration with the Health Professions Council. Kingston University, London. pp. 81. Available at <<http://www.hpc-uk.org/assets/documents/10003A08Serviceuserinvolvementinthedesignanddeliveryofapprovedprogrammes.pdf>>, viewed 22 January 2015.

Framework for understanding the embedding of patient and public involvement in higher education institution delivered healthcare science training

Introduction

The framework for understanding the embedding of PPI in HEI delivered healthcare science training (see Appendix E) began by considering Tew's ladder of involvement³⁶.

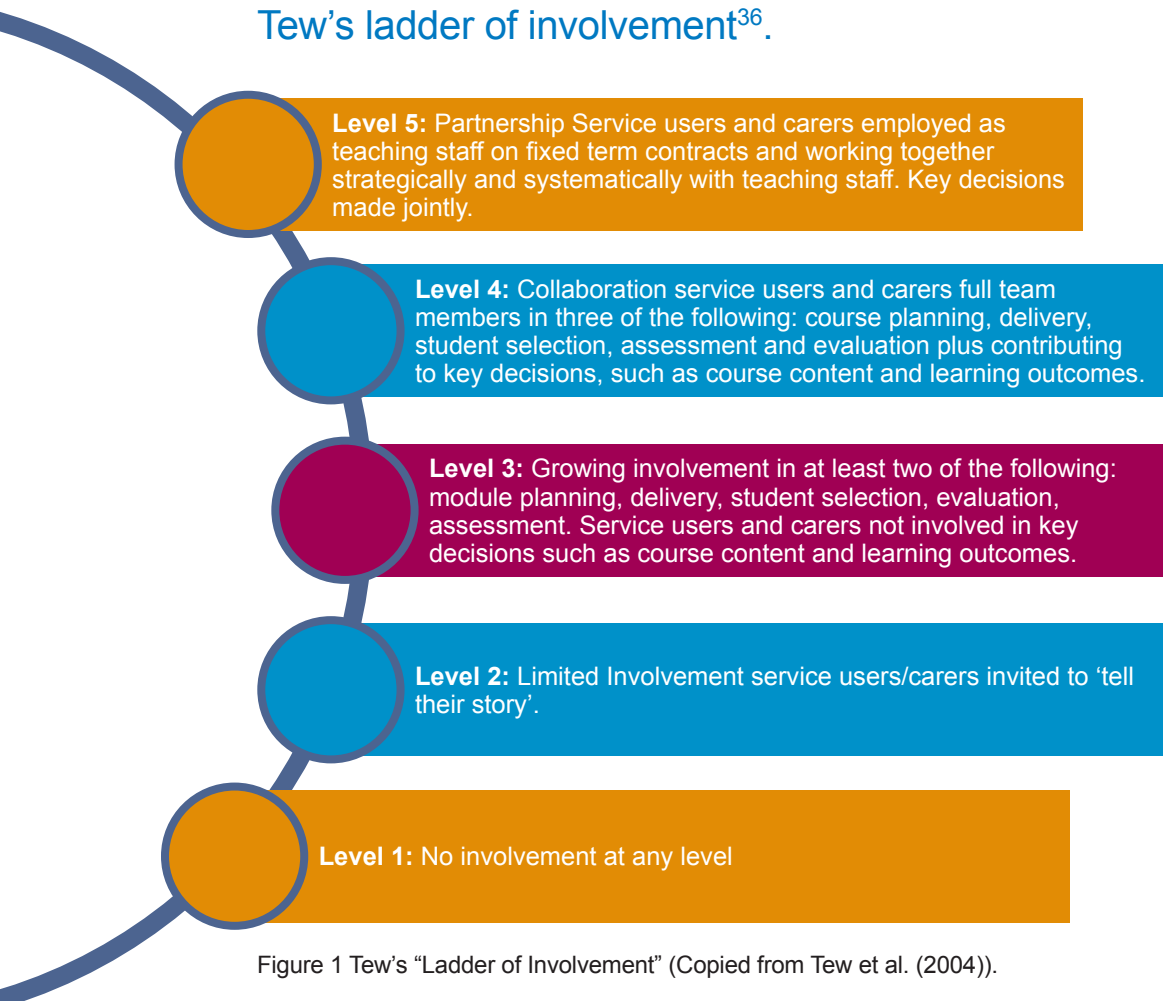


Figure 1 Tew's "Ladder of Involvement" (Copied from Tew et al. (2004)).

36 Tew, J., et al. (2004) Learning from experience: Involving service users and carers in mental health education and training. Nottingham: Higher Education Academy/National Institute for Mental Health in England/ Trent Workforce Development Confederation. pp. 54. Available at <<http://www.swapbox.ac.uk/692/1/learning-from-experience-whole-guide.pdf>>, viewed 23 March 2015.

It became apparent that STP commissioned HEIs needed a framework that would help both they and programme accreditors to gauge their current levels of PPI and to provide ideas for progression. With this in mind the resulting framework was adapted from the EDGE Tool³⁷ and incorporates ideas from the PiiAF³⁸ as well as from Tew's Ladder of Involvement³⁹. PiiAF originated within the area of health and social care research and the EDGE tool originated as a tool to assess public engagement. Tew was considering service user involvement in mental health education and training. Each of these resources provided extremely helpful starting points from which it was developed.

The framework is broken down into two sections. The first is the areas of focus which determine the **purpose** for PPI on the STP. The second encompasses **process and practicalities** for PPI on the STP and is the **focus for evaluation**.

Each of the areas of focus have then been described and mapped against a scale of increasing movement towards **embedding** PPI within the STP programme. The section entitled **absence of PPI** means the absence of PPI on the STP.

The scale has the following levels:

Developing: Some support for PPI may be in place, but it is not yet systematic or strategic.

Embedding: The organisation has strategic and operational support for PPI and can evidence mechanisms for regular evaluation and revision of those mechanisms.

For each level there is question set which helps the user (e.g. HEI or accreditor) understand the meaning of the level against the focus area and also gives examples of evidence which may (or may not) be produced as evidence the level has been achieved. The evidence types listed are neither prescribed nor exhaustive and are only meant to be a guide. It should also be noted that this is a 'framework' – in developing it we have taken account of the values, principles and standards for beginning, maintaining and renewing PPI.

Once the HEI has completed an assessment, it is suggested that an action plan is produced outlining the activity, actions and milestones needed to move from developing to embedding.

37 National Co-ordinating Centre for Public Engagement (2014) EDGE Tool. Available at <http://www.publicengagement.ac.uk/sites/default/files/publication/the_edge_tool.pdf>, viewed 21 January 2015.

38 Popay, J., and Collins, M., (editors) with the PiiAF Study Group (2014). The Public Involvement Impact Assessment Framework Guidance. Universities of Lancaster, Liverpool and Exeter.

39 Ibid. pp. 54.

The purpose for patient and public involvement on the Scientist Training Programme

In order for PPI to be embedded within the STP its mission should, “...create a shared understanding of the purpose, value, meaning and role of PPI to staff and students...”⁴⁰ That understanding in turn should be embedded in the strategy for PPI. Leadership on the programme (e.g. programme directors and senior staff) should champion PPI and encourage other STP staff to do so as well. STP programme leadership should communicate a regular and clear message to everyone on the programme (PPI representatives, staff and trainees) that “...validate, support and celebrate...”⁴¹ PPI on their STP programme.

The process and practicalities of patient and public involvement on the Scientist Training Programme

Processes and practicalities to involve patients and the public should:

*“...facilitate involvement, maximise impact and help to ensure quality and value for money.”*⁴²

Promotional material development for recruiting patient and public involvement within the Scientist Training Programme

The aims were to:

1. Identify promotional materials currently used to recruit patients and lay representatives in the delivery of Scientist Training Programmes in a variety of formats.
2. Ensure promotional materials are fully accessible.
3. Consult with PPI representatives throughout the process.
4. Provide a suite of promotional material templates that can be widely used by HEIs, with accompanying practical guidance notes (see Appendices C and D).

The project stakeholders are listed in Appendix A.

⁴⁰ National Co-ordinating Centre for Public Engagement (2014) Guide to Using the EDGE Tool. Available at < <http://www.publicengagement.ac.uk/support-it/self-assess-with-edge-tool>>, viewed 21 January 2015.

⁴¹ Ibid. pp. 2

⁴² Ibid. pp. 2.

Summary of methods used:

A scoping exercise of existing promotional material was undertaken. The material included posters, flyers, credit cards, information leaflets and videos, some used for recruiting PPI members to STP programmes and others for research user groups (due to the limited STP specific available resources).

A representative subset of the material was presented to MAHSE patient forum members (n=8) discussed and were scored. From the comments received, a suite of templates was created, consisting of a poster, flyer, credit card and information leaflet. Practical guidance notes were also developed to accompany the material.

The templates were then re-examined by a working group (n=5) comprised of lay representatives (some of which had attended the first meeting) for final comment.

Findings:

- Posters with a single, strong clear message with minimal 'clutter' were preferred ('Less is more').
- The above also applied to the leaflets as you can always signpost to websites for more information.
- The preferred illustrations were photographs rather than drawn pictures.

Outcomes:

- We were able to successfully deliver a basic suite of templates ratified by patient and public representatives for wider use amongst STP providers.
- These were supplemented by clear guidance notes ('do's and don'ts').
- Using Microsoft Word meant that they can be easily adapted for local use with limited design knowledge required.
- The patient representatives endorsed producing videos explaining what it is like to be a PPI representative, similar to the www.healthtalk.org 'Patient and public investment in research'⁴³ videos.

43 Healthtalk.org (2015) Patient and Public Involvement in Research. Available at <<http://www.healthtalk.org/peoples-experiences/medical-research/patient-and-public-involvement-research/topics>>

Recommendations:

1. The promotional material templates are widely distributed amongst STP colleagues for consideration when recruiting patient and public members.
2. Document branding is consistent across the NSHCS.
3. Resources are invested into creating videos to supplement the material, as they can have a very powerful message and can be used for multiple purposes (i.e. training as well as promotion). Suggested content includes patients, trainees and training officers speaking frankly about their experiences and what they think PPI has offered teaching and also the value it has brought to them. An introductory video featuring the Head of School would demonstrate senior buy-in.

Recruitment of PPI representatives is covered both in the standards for beginning PPI on the STP and in guidance produced for workstream two Appendix D, outlining what should be done after advertising your PPI representatives role. Considering values based recruitment (VBR)⁴⁴ when recruiting PPI representatives will enhance the likelihood that their values and behaviours will align with those of the NHS Constitution.

Communication

This area of focus within the framework is divided into three different audiences (STP PPI representatives, STP staff and STP trainees).

One HEI pointed out that communication was an area of priority for the patients and public who had taken part in an organised focus group. The authors of PiiAF's draft standards⁴⁵ suggest that clearly communicating the reason for PPI and their role (to everyone including patient and public representatives themselves) is fundamental. INVOLVE⁴⁶ suggests that a role description should be developed that outlines things like likely time commitments and particulars around the nature of their input as well as and what they can expect in return (e.g. with regards to payment, training and support).

Communication with PPI representatives is important both for beginning and maintaining meaningful PPI. It is vital that any communication strategy for PPI takes their needs into consideration. They should be asked about their communication preferences (e.g. do they want to be included in every email regarding a meeting or just in the one that has the pertinent papers and agenda attached). On the other hand if most business is done via email and there is not support in place to send information by post ensure that is reflected in the role description. However, it is important to recognise that this may limit the diversity of inputs.

44 Health Education England (2014) Values Based Recruitment Framework. Available at <<http://hee.nhs.uk/wp-content/blogs.dir/321/files/2014/10/VBR-Framework.pdf>>, viewed 15 March 2015.

45 Popay, J., and Collins, M., (editors) with the PiiAF Study Group (2013). The Public involvement Impact Assessment Framework (PiiAF) Draft Standards for Good Practice in Public Involvement in Research. pp. 5. Available at <http://piiاف.org.uk/documents/piiaf_draft_standards.pdf>, viewed 28 January 2015.

46 INVOLVE (2015) Role Description Template. Available at <<http://www.invo.org.uk/be-clear-with-the-people-you-want-to-involve/template-two/>>, viewed 21 January 2015.

Likewise while it may not be possible to provide **lay summaries** of every paper sent to PPI representatives, an early document outlining **likely acronyms** and **commonly used technical terms** for reference would be useful.

It may be helpful to consider the following in your communications:

- Who is the audience?
- What is known about them?
- What do they know about you (this is a key consideration with regards to the PPI representatives and their trust in those communicating with them)?
- What do they know about the subject of the communication (the style and substance of the message should match the audience's knowledge)?
- Why is this message being communicated?
- What results are being aimed for as a result of the communication?

It is also important to consider the communication channel (e.g. email, telephone, post) being used to relay the message. This is where it is necessary to ensure that preferences are noted, especially as PPI representatives may not be used to channels normally used in the HEI. A communication strategy does not need to be onerous but may assist as a reminder that communicating with these audiences is important and should occur regularly.

Administration and support for patient and public involvement

Ensuring appropriate levels of support for PPI will help to maintain it. Support may include having a named person for PPI representatives to contact with queries and for help filling out financial forms etc. As Rhodes (2015) suggests,

“...it's the simple things that make the most difference to patients: accessible reserved parking; refreshment breaks; rooms pre-booked on the ground floor with access to disabled toilets; lay summaries...sent out well in advance – these are just some of the basics that patients should be able to expect as standard good practice.”⁴⁷

⁴⁷ Rhodes, C. (2015) Merging Worlds – the importance of support roles for patient and public involvement. Available at <<http://www.invo.org.uk/merging-worlds-the-importance-of-support-roles-for-patient-and-public-involvement-ppi/>>, viewed 21 January 2015.

The National Institute for Health Research (NIHR) has produced guidance⁴⁸ on good practice for recruiting and involving service users and carers in research.

We have slightly adapted their recommendations for thinking of support in terms of:

Introductory information

- Having an introductory meeting with the programme director who can talk to them about their role and expectations.
- Getting together with other PPI representatives on the STP and STP staff members.
- Information about venues (e.g. where the meeting rooms, offices, cafeteria, toilets, library and photocopier are)
- Health and safety information
- Computer access issues, together with passwords and user names if applicable
- Who they should contact if their named person isn't available
- How to put in claims for payment and expenses.

STP programme related support

- If you are recruiting PPI representatives who have no background in healthcare science or academia (and even if they do) they will need support. They should be given information on all aspects of the programme and support to ensure that they understand the information provided.
- Pastoral support – Demands are placed upon the PPI representatives that they may find difficult (e.g. being involved in accreditation visits or difficulty understanding jargon being used). The feelings and experiences of the PPI representative need to be considered and supported so that they do not become overly burdensome to them.
- Peer support – Having a forum where PPI representatives can discuss their experiences with one another can be very helpful. This is more easily achieved where there are already PPI groups established or on programmes with more than one PPI representative.

48 National Institute for Health Research (2009) Good Practice Guidance for the Recruitment and Involvement of Service Users and Carer Researchers. Available at <http://www.crn.nihr.ac.uk/wp-content/uploads/mentalhealth/UserCarerResearcherGuidelinesMay2014_FINAL.pdf>, viewed 22 January 2015

Payment for patient and public involvement representatives

As previously mentioned it is important that PPI in STP commissioned HEIs is adequately resourced. There should be a policy for payment of PPI representatives. Many of the HEIs based their payment policies⁴⁹ on INVOLVE's guidance and budgeting tool⁵⁰. It is particularly helpful in suggesting areas to consider (e.g. how to pay and what to pay for in regards to expenses, activities, staffing and other costs).

Also highlighted is the need to ensure that whatever payment policy is in place must work within the bounds of the HEIs internal finance policies and procedures. Setting up a payment policy for PPI can be difficult because as well as university policy regarding payment for non-employees, travel and expenses, there are other areas to be considered such as tax (especially for anyone receiving benefits).

It is widely considered good practice to remunerate PPI representatives for their time and expenses. However, just as there is no one model of PPI activity that can be used in every HEI, there is also no one model of payment for PPI. Setting up a payment policy may require time on the part of the Programme Director and senior staff as well as liaison with other relevant departments in order to ensure that the policy is fit for purpose within the HEI.

⁴⁹Newcastle University, Engage Faculty of Medical Science: Patient and Public Engagement and Involvement (2015) 'How To' Guide: Reimbursement and Reward for Patient and Public Engagement and Involvement. Available at < <http://www.ncl.ac.uk/ageing/assets/documents/ReimbursementandRewardforPPI.pdf>>, viewed 18 May 2015.

⁵⁰INVOLVE (2013) Budgeting for Involvement: Practical advice on budgeting for actively involving the public in research studies. Available at <<http://www.invo.org.uk/wp-content/uploads/2014/11/10002-INVOLVE-Budgeting-Tool-Publication-WEB.pdf>>, viewed 9 February 2015.

Example: Ways to recognise and reward PPI

As well as monetary payment for some types of involvement, Leeds Institute of Medical Health, offer various types of recognition and reward for PPI representatives.

They offer:

- Training with a technical support team on everything from the features on your iPhone, iPad, to how to set up a laptop.
- PPI representatives the chance to go to a conference or event which is paid for by the university.
- Continuing professional development workshops are offered to PPI representatives in areas such as enhancing teaching skills for those involved in delivery, or giving student feedback.
- Development courses which can include anything from dealing with challenging behaviour to how to deal with a staff review have been opened up to PPI reps in versions that are relevant to them.

Development courses help PPI representatives build skills and confidence and can be very useful as well for those who wish to build specific skills and confidence. Certificates of achievement⁵¹ are available for each course that PPI representatives are involved in signed by course leader with dates, course title, the number of students they worked with outlining the skills they employed in the job so that they can build up their own portfolio of evidence if they wish.

Social events are also held which include PPI representatives, staff and students and provide a chance for everyone to get to know one another.

There's an indoor picnic in summer and a Christmas time party in December and it doesn't cost a lot but it's a chance to let students and staff thank the reps and talk to them about what they've learnt from them (students say how they've gone on to use their learning) etc.

51 Leeds Institute of Medical Education (2015) Patient and Carer Community Resources. Available at <http://medhealth.leeds.ac.uk/info/833/resources_and_links>, viewed 13 March 2015

Example: “Development of processes to reimburse patient and public involvement participants”

“It is recommended that all reasonable travel expenses incurred by PPI participants in the Faculty of Medical and Human Sciences at the University of Manchester are paid in cash on the day they attend a meeting or event. In addition, all lay representatives are set up as casual staff at the University to receive a small honorarium for their time.

The process for paying expenses is managed through the University’s income office by submitting a letter signed by an authorised signatory at least 3 weeks in advance of the cash being collected. On the day participants must sign a form to say how much cash they received and copies of all receipts are taken.

The process for paying the small honorarium is managed through HR’s casual worker scheme and lay representatives complete a short form to confirm how much time they have worked. They are then paid for all of their involvement over each 4-week period on the 15th of each month.”

From MAHSE’s submission on PPI best practice and learning, to the CHS

Training and support

Many HEIs contributing to this report found that PPI representatives interested in participating in the MSc were already familiar with healthcare science. Some were former healthcare scientists and had subsequently become patients interested in adding their voice and experiences to the programme. However, some PPI representatives had no background in the area and were in need of more information and support.

MAHSE have produced information on ‘What is a healthcare scientist?’⁵² and also with accessible information on all of the academic themes and specialisms that they offer.⁵³ They provide an induction event for lay representatives including an introduction to the STP, information on the role of the lay representative on programme committees, and payment arrangement information.

STP staff may also need training on how best to use PPI representatives in various aspects of the curriculum. This may include training on how to structure board meetings so that PPI representatives feel comfortable contributing. It may also be about how to produce lay summaries of papers or showing a PPI representative how to contribute to a webinar for a module. The training for staff should revolve around how your PPI representatives are going to contribute to the programme and what your staff will need to know to facilitate that contribution.

⁵²Manchester Academy for Healthcare Scientist Education (MAHSE) (2015) What is a Healthcare Scientist?

Available at <<http://mahse.co.uk/for-the-public/what-is-a-healthcare-scientist/>>, viewed 16 February 2015.

⁵³Manchester Academy for Healthcare Scientist Education (MAHSE) (2015) Our Programmes – Postgraduate.

Available at <<http://mahse.co.uk/our-programmes/postgraduate/>>, viewed 17 February 2015.

Example: Staff guidance for working with patients, carers and members of the public representatives

The University of Sunderland provides a handbook of Staff Guidance for Patient, Carer and Public Involvement⁵⁴. The handbook outlines the definition of patient, carer and public involvement (PCPI), information on a database of PCPI participants and outlines the areas they wish to be involved in from recruitment and selection of students, teaching, programme management and curriculum development to research etc. Information is outlined regarding the type of information PCPI representatives need about the sessions they will be involved in. The staff guidance also includes things for the staff member to consider including arrangements for meetings, how to support students and PCPI participants and how to garner feedback from and on PCPI participants.

They also cover principles of staff and PCPI working together including:

- Open, consistent and clear about the purpose of involving PCPI participants within the Department of Pharmacy, Health and Wellbeing.
- PCPI participants will identify as part of the team the way in which they are involved.
- We will support and encourage PCPI participants to choose the way they become involved.
- PCPI participants will, as part of the team, identify methods of feeding back information on how the involvement develops and its outcomes.
- We will make sure that everybody is supported to come to the meetings and are able to participate.
- The group will make every effort to include the widest possible range of people in the work.
- We will use what we have learned from working with PCPI participants to change things for the better.
- The group will value the contribution, expertise and time of PCPI participants.

54Leeds Institute of Medical Education (2015) Patient and Carer Community Resources. Available at <http://medhealth.leeds.ac.uk/info/833/resources_and_links>, viewed 13 March 2015

Example: Guidance for patients, carers and members of the public working in a university

The University of Sunderland provides a handbook for the patients, carers and members of the public working with the Department of Pharmacy, Health and Well-being. The handbook includes information about the department itself; the importance of Patient, Carer, and Public involvement (PCPI); various involvement opportunities within the department (e.g. recruitment and selection of students, teaching, programme management, curriculum development, physical examination, and assessment); information about the PCPI user group; and research. It also encompasses practicalities like payment, training and payment, how to become a PCPI participant as well as various forms and, as with the staff guidance handbook the principles of working together.

Scientist Training Programme patient and public involvement in curriculum design and development

The need to have patient and the public involved at the beginning of the design and development of the STP was noted by some HEIs and highlighted by PPI representatives. The curricula are prepared at a national level for HEE. Thus individual HEI involvement at this stage is not possible and HEE are responsible for appropriate PPI engagement and input. However, each STP provider then interprets the national curricula to decide how best they may deliver to the national template and this allows for early PPI input at an individual HEI level.

Leeds Institute of Medical Health involve PPI in year on year course management, including PPI representatives on each management team, health and safety committee and health and conduct committee so they are involved at strategic governing, management and design levels.

Many of the STP commissioned HEIs who contributed to this report has at least one and sometimes two PPI representatives who contribute to their MSc Clinical Science programme committees.

Example: Curriculum design and development

One HEI has a PPI representative with extensive pedagogical experience (although not in healthcare science) who is involved in exam and programme boards. These meetings are attended by PPI representatives and trainee representatives as well as module leaders and the STP director. The meetings encourage a free exchange of ideas and suggestions for improvements. They discuss what has worked on the programme and what can be improved and changed and ideas for improvements are actioned wherever possible and feasible.

Scientist Training Programme patient and public involvement in curriculum delivery

PPI in curriculum design and development should enrich PPI in curriculum delivery. Through the knowledge, experience and ideas PPI representatives contribute to curriculum design and delivery they can help the HEI develop new and innovative ideas for PPI in curriculum delivery as well.

There are various ways to involve patients and the public in curriculum delivery. As reflected by Wykurz and Kelly (2002)⁵⁵ involvement may involve presenting on a topic such as communication skills for healthcare scientists. It may involve demonstrations or seminar facilitation depending on the topic and the group of trainees involved.

One HEI involves patients in the delivery of the modules on a regular basis but is kept very flexible in order to fit in with their schedules and needs. This is also important for the programme because there is a very limited time to teach the students the technical parts of their modules and less time to focus on communication so flexibility is important.

Example: Curriculum delivery

Noting the lack of face to face time there is with STP trainees while they are in the university, Nottingham University is setting up a webinar regarding healthcare associated infections such as MRSA or C. difficile infection. They are planning to consult with support groups and ask for involvement from those affected by these infections to input into the webinars by sharing and presenting their experiences of the impact that these infections have had on their lives. These would then be followed by a chance for the students to ask questions.

There are a number of ways, as demonstrated, to involve patients and members of the public in the delivery of the curriculum. Although there are barriers for the STP programme, such as budget and time, linking with groups already set up within the HEI⁵⁶, or groups within the NHS in your area⁵⁷ may be a useful way to start.

⁵⁵Wykurz, G., and Kelly, D. (2002) Developing the Role of Patients as Teachers: Literature Review. British Medical Journal. 232. pp. 820.

⁵⁶ Storify (2015) University Involvement Groups. Available at <<https://storify.com/mhhehub/service-user-and-carer-involvement-in-higher-educat>>, viewed March 17 2015.

⁵⁷ Patient.co.uk. Patient Local. Available at <<http://www.patient.co.uk/local>>, viewed March 17 2015.

Scientist Training Programme patient and public involvement in curriculum assessment

Chambers and Hickey (2012), in their research of service user involvement (SUI) in health education and training, found that the majority of it was carried out at the programme planning, and much less so at the assessment stage. Anghel and Ramon (2009) in their review of SUI and carers involvement in social work education brought up a concern also expressed by some STP commissioned HEIs that as there was no element of assessment around trainees understanding of patient experience, there may not be any way to involve PPI in assessment.

However, there was an example of a PPI representative sitting in on the assessment of course work on the STP which they gave feedback on to the advisors. While they were not assessing the students directly they did give feedback to markers on the process which the markers took into consideration. In the same HEI this year for the first time a PPI representative will sit in during the MSc oral exams, while this has not been done before it is envisaged that although the representative cannot mark or directly influence the mark of the student they can give feedback on the mark given both verbally and in writing. They will also be invited to feedback to the organisers once the marking process is complete. The representative will be asked to comment on how the examination was conducted and their views in general – also whether or not the exam covered sufficient aspects of the care of the patient.

As shown above it is possible to give PPI representatives a role in assessment which may influence both the process of assessment and the wider curriculum. Apart from direct involvement in summative assessment opportunities could be organised for PPI representatives to review and comment on lay summaries written by trainees that outline their interactions with patients and their understanding of the patient journey.

Example: Curriculum assessment

Jools Symons, Patient and Public Involvement Manager, Communication Skills Lead Yr2 and Lived Experience Network Lead, Leeds Institute of Medical Health, has set up a patient and carer community. Their members are involved in undergraduate medical education (although not specifically healthcare science). Their members are involved in writing, delivering and assessing year 3 and 5 end of year exam. The patients write a station for the exam and a patient and carer and a clinical examiner assesses the student. They both have separate mark sheets so the clinical examiner may look at technical ability but the patient/carer will be looking at a set of criteria based on their interaction with the student, were they listening and interested and rating communication skills, body language and eye contact. Did the patient believe what they were told, were they respectfully treated and were the answers relevant. It's a different view and the question is 'would you see this doctor again?' The patients mark against these criteria on a marking sheet they designed themselves. Students could not fail based on the mark given by the patient and carer but the marks were taken into account when considering borderline pass or fail students. The patient's and carers marks made it much clearer who should and shouldn't pass.

Statistics produced from this practice have proven that stations involving patients and carers in assessment are more valid and reliable than others which are written and examined exclusively by clinicians. Involving patients and the public in this assessment work was spearheaded by the leader of the Bachelor of Medicine, Bachelor of Surgery/Chirurgery at the University of Leeds and **this emphasises the need for leadership and a strategic approach to PPI in a University.**

Feedback to patient and public involvement representatives and the role of the patient on the Scientist Training Programme

Mechanisms (both formal and informal) should be in place which allows PPI representatives to feedback on their involvement in the programme and to receive feedback about their input (e.g. what impact it has had, how it has benefited the programme etc.). Feedback mechanisms should be realistic and suit the nature of the involvement. For example it may not be possible for PPI representatives to give anonymous feedback. Therefore it may be useful to involve a neutral third party who can put them at ease and ask them more probing questions in a 'safe' environment.

Feedback on processes and practicalities is useful. Are PPI representatives asked for feedback on the process for recruitment, payment, support (e.g. do they have a named person they can speak to), training and their expectations around their input on various aspects of the curriculum? The timing and format for feeding back should also be considered (e.g. if there are only three board meetings per year feedback should be sought after each).

Patient and public involvement skills development

Within the Scientist Training Programme train the trainer sessions

Introduction

NHS healthcare scientist trainees spend 80% of their training in the workplace (NHS Trusts) with the other 20% in Higher Education Institutes (HEIs). Supporting training officers in the workplace is critical to ensuring the success of the PPI agenda. The University of Manchester was commissioned to examine the current provision of PPI skills development in the train the trainer programme and to make recommendations to facilitate embedding of PPI within the train the trainer content development, including the identification of toolkits and resources.

Direct involvement of PPI representatives in delivering the curriculum can take a variety of forms, including participation in e-learning such as online discussions or podcasts, as well as taking part as guest speakers, lecturers, and trained facilitators.

A particular challenge specific to the training environment is the variation in the level of patient interaction across the specialisms. Resourcing is also a key challenge.

Methods:

Initial scoping was conducted by the examination of content of previous train the trainer events (available at: <http://nshcs.org.uk/for-training-officers/train-the-trainer>). A survey to identify stakeholder attitudes towards embedding PPI in the train the trainer content was developed and distributed in March 2015. The project team also met with NSHCS colleagues.

The project stakeholders are listed in Appendix A.

Survey findings:

See Appendix F for a full breakdown of the survey results.

175 responses were received, with 51% from STP trainees and 37% from STP training officers. The remaining 12 per cent was made up of University and Academic staff, Professional Bodies and Lay Representatives.

Blood sciences and neurosensory sciences were the most highly represented STP themes.

80% of training officer respondents had attended a NSHCS 'train the trainer' session, with the majority attended having been in role for 3-5 years and having attended recently (since 2011).

Stakeholder attitudes to PPI in 'train the trainer' differed

- 100% of lay representatives (n=9) agreed that patients should be involved in the train the trainer programme in contrast to 67% of University or Academic staff (n=6), 33% of Professional bodies (n=1), 27% of training officers (n=17) and 23% of trainees (n=21).
- 49% (44) of STP trainees did not know whether patients should be involved, as did 33% (n=1) and 28% (18) of University or Academic and training officers, respectively.

Bringing PPI experience to workplace training was the most popular subject area identified

The most popular PPI subject areas respondents felt should be covered in the 'train the trainer' sessions were:

- How to bring PPI experience to workplace training (79%)
- Evaluating PPI in the workplace (71%)
- How patients can play an active role in workplace training (61%)

Observed clinical experience (OCE) was the assessment method identified as benefitting the most from PPI input

The most popular assessment methods respondents felt would benefit from PPI were:

- Observed clinical experience (OCE) – 75%
- Objective Structured Final Assessment (OSFA) - 54%
- Reflective practice (RP) – 45%

The most popular training formats were case studies and videos

The most popular formats for training delivery were:

- Case studies (70%) and videos (70%)
- Face to face lectures (61%)

Other points to note:

- Views differed regarding the value of PPI in train the trainer, with particular limitations for some specialties and strong views at both ends of the spectrum regarding the value of PPI.
- Although the value of PPI in STP was recognised, a number of respondents felt that PPI in train the trainer distracted from its core aims to teach trainers as teachers and assessors.
- The results also highlighted some confusion between patient involvement and patient experience, suggesting that further education and training may be worthwhile.

The National School of Healthcare Science requirements:

The nature and duration of trainees' interaction with patients differs significantly in workplace based assessment (WPBA) according to the specialism being studied (see Appendix F for a list of specialisms). A flexible approach would be required to accommodate the different disciplines (e.g. life sciences PPI needs to reflect the patient pathway and not direct contact with patients). A consistent approach between the learning guide (work based element of STP) and the academic curriculum (HEIs) should be evidenced by a unified approach at 'train the trainer' events and trainee inductions.

A future aspiration for the NSHCS would be to introduce PPI as integral to workplace accreditation, built into accreditation standards. The NSHCS also felt that it would be beneficial to include professional competencies as the focus of the PPI skills in 'train the trainer'. The PPI skills development content could incorporate material for new trainers and for those re-training so as to better meet their specific needs. A stand-alone PPI module for trainers was suggested. As assessment drives the learning, it is important to have a joined up approach.

What might PPI skills development in 'train the trainer' look like?

The PPI skills development in train the trainer might look something like:

New trainers:

1. An Introduction to PPI for trainers
 - a. What PPI in workplace based training means
 - b. How to bring PPI experience to workplace training;
 - Selection, recruitment, training, resourcing and retention
 - Stakeholder reward and recognition
 - Sustaining the active PPI role
 - Use of technology in PPI
 - c. What areas to focus PPI on (i.e. professional competencies)
2. Evaluating your PPI in workplace based training, providing evidence of the change to learning and teaching.

The training would be supplemented by case studies (see the box to the right for an example) from a range of specialisms and methods of embedding PPI (i.e. integration of PPI stories into learning guides, patient involvement in training development). Videos provide a very resourceful means of PPI skills development.

Observation of a glucose tolerance test (GTT) for diagnosis of acromegaly:

A trainee from the blood sciences programme observed a specialist endocrine nurse performing a glucose tolerance test for the diagnosis of acromegaly in a patient.

The trainee reflected:

'I found observation of this test very interesting and educational especially as it provided me with the opportunity to see the test from the point of view of the patient. It is all too easy when looking at dynamic function test results to forget about what the patient has gone through in order to obtain them'

Trainee visit to a hospital dialysis unit:

Trainees in medical physics are invited to observe at the dialysis unit. This ensures that their technical knowledge is complimented with the patient experience of what it is like to receive such treatment and how this relates to their professional development.

Observing the patient experience has a very powerful effect on some students, allowing them to empathise from the patient's point of view.

Trainee feedback includes how motivating they felt the experience to be, as they had not appreciated what was involved without this experience.

Experienced trainers

Trainers already experienced in PPI skills development could be offered training in taking PPI to the 'next level' in workplace based training. Topics covered could include:

- Patients as collaborators
- Development of training material
- Delivery of training
- Trainee assessment.

To ensure PPI is embedded in healthcare scientist programme training, it is recommended to offer the introductory training to all trainers, new and more experienced.

How should the training be offered?

According to the survey response, the preferred method of delivery was case studies and videos. This can be achieved, with supporting toolkits and resources (see the University of Nottingham's Sonet programme as an example).

Many excellent guides to PPI exist (i.e. INVOLVE⁵⁸, SONET⁵⁹) and it is recommended that these are accessed for general guidance and support.

⁵⁸ INVOLVE (2015) Resource Centre. Available at <<http://www.invo.org.uk/resource-centre/>>

⁵⁹ The University of Nottingham (2012) Involving Service Users and Carers in your Teaching. Available at <http://sonet.nottingham.ac.uk/rlos/placs/users_carers/home>

Complete list of project recommendations

Executive summary recommendations:

1. The importance of an institutional strategic approach to support, develop and embed PPI.
2. The framework developed here is intended to give HEIs a clear set of assessment criteria, based on core values and principles, to guide the development and embedding of PPI which is integral to continuous improvement.
3. It is important for HEIs to demonstrate an action plan, with appropriate milestones and timelines, based on the framework to support the delivery and embedding of PPI.
4. A mechanism is needed to improve the ways in which HEIs can communicate and share information and practice about 'what works' in public involvement, and what doesn't, to minimise duplication and develop and test different approaches.
5. As part of continuous improvement, HEIs should consider the processes and practicalities they have in place to support the effective delivery of PPI, including considering the reach of recruitment policies for HEIs to improve the extent to which people and communities are engaged, participating and involved in the STP programme.
6. Healthcare science training takes place in both HEIs and the workplace. Thus, there is a need to ensure that there is consistency in application by all involved of core PPI principles and processes across the whole training and assessment landscape.
7. Effective PPI is resource intensive and consideration needs to be given to this going forward.

Workstream recommendations:

1. Further work needs to be done in conjunction with higher education institutions, accreditors and patients and members of the public longer term to review and evaluate current practice and make recommendations regarding what is 'good' practice.
2. There should be a mechanism for sharing practice examples across the HEI community to minimise duplication and share information.
3. There should also be a focus on equality and diversity as a key challenge for PPI.
4. That the promotional material templates are widely distributed amongst STP colleagues for consideration when recruiting patient and public members.
5. That document branding is consistent.

6. That resource are invested into creating videos to supplement the material, as they can have a very powerful message and can be used for multiple purposes (i.e. training as well as promotion).
7. It is important to have an institutional strategic approach to support and deliver PPI.
8. This framework gives clear indications of the processes and practicalities which HEIs need to address in developing an action plan to deliver and embed PPI.
9. As part of continuous improvement HEIs should consider the processes they have in place to support the effective delivery of PPI and consider the reach of recruitment policies to improve the extent to which people and communities are engaged, participating and involved in the STP programme.
10. Further work is needed to evaluate the impact of the framework on PPI in the STP programmes.
11. The NSHCS should consider how it can help ensure that there is consistency in application of core PPI principles and processes across the whole training landscape.
12. A professional lead for PPI is established in each division of the NSHCS for train the trainer provision.
13. PPI champions to be identified in each workplace to promote good practice.
14. PPI is co-ordinated across HEI and work based training through a named contact and responsible individual.
15. PPI is introduced as integral to workplace accreditation.
16. Professional competencies should be the focus of the PPI skills.
17. As a first step, PPI should be embedded within the Learning Guide.
18. Guidelines for both new and experienced trainers for embedding PPI skills, which need to be identified and standardised, in 'train the trainer' sessions should be developed.
19. A 'PPI' training module is developed for all training officers (face to face or virtual). Different levels would allow further skill development (i.e. for new and more experienced trainers).
20. The OLAT system is modified to facilitate embedding of PPI.

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Appendix A:

Stakeholders, accronyms and useful terms

Partners and stakeholders	Abbreviation	Explanation
Academy for Healthcare Science (AHCS)	AHCS	Awards the certificate of completion of STP. http://www.ahcs.ac.uk/
Council for Healthcare Science in Higher Education (CHS)	CHS	The CHS represents the interests of the academic healthcare sector and is partnering with HEWM, on behalf of HEE to take the PPI agenda forward in HEIs. http://www.councilofhealthcarescience.ac.uk/
Health and Care Professions Council (HCPC)	HCPC	The registrant body for professions including biomedical scientists and clinical scientists. http://www.hpc-uk.org/
Health Education England (HEE)	HEE	Overall lead for commissioning healthcare education in England (HEWM comes under HEE's umbrella). HEE includes PPI representatives, the Chief Scientific Officer, the Local Education and Training Boards (LETB's) and Clinical Leads. http://hee.nhs.uk/
Higher Education Institutions (HEI)	HEI	Scientist Training Programme Commissioned Higher Education Institutions offer an accredited master's degree. There are currently 11 Universities offering the academic master's for the STP. See http://nshcs.org.uk/images/STP_University_Providers.pdf .

Health Education West Midlands. (HEWM)	HEWM	The NHS department responsible for education and training and commissioners of this project on behalf of HEE. http://wm.hee.nhs.uk/
Manchester Academy for Healthcare Scientist Education (MAHSE)	MAHSE	Partners with Newcastle University in this project. http://mahse.co.uk/
National School for Healthcare Science (NSHCS)	NSHCS	Lead accreditors for the STP; they are responsible for the development and approval of STP curricula on behalf of the AHS. http://www.nshcs.org.uk/nhs-scientist-training-programme
Newcastle University	NCL	Newcastle University led this project. http://www.ncl.ac.uk/
Public and Patient Group Representatives	PPI	Patient and Public Involvement
Scientist Training Programme	STP	“The NHS Scientist Training Programme (STP) is a postgraduate entry programme leading to more senior scientist roles. Trainees are employed by an NHS Trust for the duration of their training. Postgraduate training for the STP leads to a specifically commissioned and accredited master’s degree and certification of achievement of work based training.” http://nshcs.org.uk/nhs-scientist-training-programme
Trainees	STP Trainees	Students on the STP.
VOICENorth	VOICENorth	A PPI group based at Newcastle which aims to involve patients and the public in research and teaching. www.ncl.ac.uk/voicenorth

Appendix B:

Useful websites for general information and further details on examples given in report

Research sites		
Name	Description	Link
INVOLVE	INVOLVE supports active public involvement in NHS, public health and social care research."	http://www.invo.org.uk/about-involve/
	INVOLVE Advisory Group Members' submission to NIHR Breaking Boundaries review of public involvement.	http://www.invo.org.uk/wp-content/uploads/2014/09/NIHR-Breaking-Boundaries-response-INVOLVE-advisory-group-2014.pdf
Research Councils UK	RCUK supports public engagement so it is embedded in research.	http://www.rcuk.ac.uk/
Wellcome Trust	Supporting innovative projects that engage audiences with biomedical science.	http://www.wellcome.ac.uk/Funding/Public-engagement/index.htm

Genomics England	Public Engagement and Patient Involvement Strategy 2015-2017.	http://www.genomicsengland.co.uk/wp-content/uploads/2015/03/Genomics-England-Engagement-Strategy_270215.pdf
The Council for Healthcare Regulatory Excellence	A PPI Good Practice Handbook for UK Health Care Regulators.	http://www.hpc-uk.org/assets/documents/100032B6A_PPI_Good_Practice_Handbook_for_UK_Health_Care_Regulators.pdf

Useful PPI sites for HEIs

Name	Description	Link
National Co-ordinating Centre for Public Engagement	"Our vision is of a higher education sector making a vital, strategic and valued contribution to 21st-century society through its public engagement activity."	https://www.publicengagement.ac.uk/
Developers of User and Carer Involvement in Education (DUCIE) network	"...A support network for user and carer involvement development workers within UK higher education institutions (HEIs)."	http://mhhehub.ning.com/page/ducie-network-2

COMENSUS	Service users and carers in higher education.	http://comensus.com/
Leeds Institute of Medical Education	Gives documentation regarding joining their Patient and Carer Community (PCC) including applications and travel policies for PPI representatives.	http://medhealth.leeds.ac.uk/info/833/resources_and_links
VOICENorth	Advice from VOICENorth on involving lay members.	http://www.ncl.ac.uk/ageing/assets/documents/bestpractice.docx
	VOICENorth Lay committee member template recruitment advert.	http://www.ncl.ac.uk/ageing/assets/documents/recruitmenttemplate.docx
Newcastle University	Reimbursement and reward for PPI and engagement.	http://www.ncl.ac.uk/ageing/assets/documents/ReimbursementandRewardforPPI.pdf

Examples of practice in patient and public involvement

Name	Description	Link
Service User Involvement	"Best Practice Site".	http://serviceuserinvolvement.co.uk/default.asp

Accreditors and commissioners

Name	Description	Link
Health and Care Professions Council	Role brief and requirements for lay visitors.	http://www.hpc-uk.org/assets/documents/10004A83VisitorRole-Brief%28Lay%29.pdf
	Note to applicants – partner recruitment.	http://www.hpc-uk.org/assets/documents/10002C2ANotetoApplicants.pdf
	Partner application form and role brief for panel chair.	http://www.hpc-uk.org/aboutus/partners/recruitment/index.asp?id=438
	Standards of education and training covering service user and carer involvement.	http://www.hcpc-uk.org/assets/documents/10001A9DStandardsofeducation-andtrainingguidanceforeducationproviders.pdf
	Service user and carer webpage.	http://www.hcpc-uk.org/education/providers/sucinvolvement/
	Service user and carer seminar resources.	http://www.hcpc-uk.org/education/providers/seminars/

	Service user and carer blog piece.	http://hcpc-uk.blogspot.co.uk/2014/02/hcpc-seminar-series-asks-who-are-your.html
National School of Healthcare Science		http://www.nshcs.org.uk/nhs-scientist-training-programme
Academy for Healthcare Science		http://www.ahcs.ac.uk/
Health Education England	HEE's Strategic Advisory Mechanisms	http://hee.nhs.uk/work-programmes/advisory-groups/
Nolan Principles	Selflessness, integrity, objectivity, accountability, openness, honesty and leadership	https://www.gov.uk/government/publications/the-7-principles-of-public-life/the-7-principles-of-public-life--2

Appendix C:

Workstream two (MAHSE) – Promotional materials


Health Education England

NHS Scientist training: Have your say
Contact Jamie Patient at:

www.xxxxxxx Tel: xxxx xxxxxx


Health Education England

NHS Scientist training: Have your say
Contact Jamie Patient at:

www.xxxxxxx Tel: xxxx xxxxxx


Health Education England

NHS Scientist training: Have your say
Contact Jamie Patient at:

www.xxxxxxx Tel: xxxx xxxxxx


Health Education England

NHS Scientist training: Have your say
Contact Jamie Patient at:

www.xxxxxxx Tel: xxxx xxxxxx


Health Education England

NHS Scientist training: Have your say
Contact Jamie Patient at:

www.xxxxxxx Tel: xxxx xxxxxx


Health Education England

NHS Scientist training: Have your say
Contact Jamie Patient at:

www.xxxxxxx Tel: xxxx xxxxxx


Health Education England

NHS Scientist training: Have your say
Contact Jamie Patient at:

www.xxxxxxx Tel: xxxx xxxxxx


Health Education England

NHS Scientist training: Have your say
Contact Jamie Patient at:

www.xxxxxxx Tel: xxxx xxxxxx

Patient and Public Involvement (PPI) in STP - Credit Card Template for Recruiting PPI representatives v1.0 2015-05-21

NHS Scientist Training: Have Your Say

Healthcare scientists are involved in 80% of all clinical decisions in the NHS.

Do you want to influence their training to improve patient-centred care?

If yes, please contact Jamie Patient on:

Tel: xxxxxx

Or go to: www.xxx.org





What will I get out of it?

- The chance to share your experience, helping to shape tomorrow's NHS scientists
- The chance to meet
- We will provide you with training and plenty of support
- We will pay a nominal fee and reasonable travel expenses

Patient and Public Involvement (PPI) in Healthcare Scientist Training

I'm interested - What do I do next?

For more information please contact the team at:

**INSERT ADDRESS HERE,
PREFERABLY WITH A
NAMED CONTACT PERSON
PLUS A WEBPAGE
ADDRESS FOR MORE
INFORMATION**



Health Education England



NHS SCIENTIST TRAINING: HAVE YOUR SAY

*Patient and Public Involvement
in NHS Healthcare Scientist
Training*

PPI in STP Project Template Leaflet v1.0 2015-05-21



Who are NHS Healthcare Scientists?

NHS Healthcare Scientists play an important role in patient care:

- They are involved in 80% of clinical decisions in patient diagnosis and treatment.
- Every year the NHS trains up to 300 trainees to become Healthcare Scientists.

We want patient's help in training our Healthcare Scientists. This will help make sure that patients are at the heart of everything we do.

Who can get involved?

Our volunteers come from a range of backgrounds. We are looking for patients and carers with an interest in healthcare training and are willing to share their experiences with NHS trainees.

'It helped me to focus on the positive things that have happened to me as a patient'
Derek, Patient volunteer

What will being a volunteer involve?

There are many ways that you can get involved, from helping with the student admissions process, to helping deliver classroom sessions or even helping examine students.

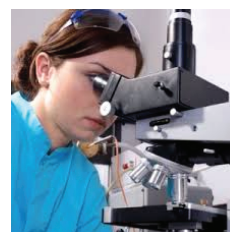


Health Education England

How much time will it take?

This varies. We will contact you each time that we have an appropriate involvement activity.

We will provide you with details on duration, venue and a brief description of activity.



'The patient volunteers inspired me to work harder'
Sam, Trainee

PPI in STP Project Template Leaflet v1.0 2015-05-21

NHS SCIENTIST TRAINING: HAVE YOUR SAY



80% of all clinical decisions in the NHS involve
Healthcare Scientists.

Do you want to influence their training to improve
patient-centred care?

If yes, please contact Jamie Patient on:

Tel: xxxxxx

Or go to: www.xxx.org

Appendix D:

Workstream two (MAHSE) - supplementary promotional material guidance

Embedding patient and public involvement (PPI) in the Scientist Training Programme

Promotional material for recruiting patients and members of the public to contribute to the healthcare Scientist Training Programme (STP)

There is a growing expectation to embed PPI at all levels of the healthcare STP from design through to implementation, assessment, monitoring and review. Effective and meaningful PPI requires a solid recruitment and support infrastructure, including clear and informative promotional material.

What do we mean by promotional material?

Promotional material includes a range of material (e.g. posters, leaflets, adverts, videos, etc.) to effectively inform and engage the public with sufficient information for them to make a choice as to whether they would like to make a contribution to the healthcare STP. The material is the start of a more involved process.

Designing your promotional material: do's and don'ts

Do:

- Use a range of material to maximise exposure; i.e. posters, leaflets, business cards can all be easily displayed in NHS waiting rooms.
- Consider other forms of publicity (i.e. radio adverts, newspaper press releases or adverts).
- Make sure that the language is clear, easy to understand and be as positive and eye catching in your design as you can.
- Make sure that the material can be easily adapted for specific groups (i.e. include copies with font size 16 for older people to access).
- Use short words, sentences and paragraphs.
- Use diagrams and pictures where possible.

- Use a language level no higher than that used in information leaflets in medicines for the general public or tabloid newspapers (see inset box for information on how to test the readability).
- Ensure that there is a named contact.
- Test your material out on friends and family (and PPI representatives if possible) to make sure that it is interesting, eye catching and that it makes sense.
- Email individuals and networks to ask to circulate your material and post on relevant websites and social media (i.e. patient forums, NHS Trust user involvement groups, HEI partners, INVOLVE, VOICE, National Patient Groups, etc.).
- Tweet or blog about your call for representatives.
- Distribute flyers, posters and leaflets in places where your target audience will see them (i.e. NHS waiting rooms, faith groups, youth groups, public transport, pharmacies, community health centres, crèches, libraries, etc.).

Don't:

- Use technical language, large sentences and unbroken text or long lists.

What to do after advertising

To effectively recruit patients, carers and the public to your group you will need to ensure that all parties' expectations are met. A clear role description, group terms of reference and ground rules are invaluable. Sending out additional information well in advance can also help people to decide whether it is for them.

The Flesch Reading Ease Score

The Flesch reading score (or 'fog score') was developed in 1948 by Rudolph Flesch, a writer and supporter of the Plain English Movement. By applying a specific mathematical formula an RE (readability ease) score between 0 and 100 is assigned. 60-70 is considered largely acceptable.

See <https://readability-score.com/> for more information.

Patient and public representative role description should include:

- Background information on the group including its aims and deliverables
- What patient and public involvement involves (duration, venue and frequency of meetings, time commitment)
- Description of the role
- Eligibility for membership
- Reward and recognition for involvement (including fees and expenses for attending meetings and provision of carer or childcare cover)
- Selection process
- Contact for further information.

Group terms of reference should include:

- Constitution of the group
- Membership of the group
- Attendance at meetings (quorate requirements)
- Frequency of meetings
- Scope and duties of the group
- Reporting requirements
- Key performance indicators
- Review of the group - including refreshing membership.

Ground rules should include:

- Showing mutual respect
- Asking questions where matters are not clearly explained
- Accepting that everyone's opinion is of equal value and all must be equally respected
- Not to interrupt others and to listen to others
- Ability to speak freely
- Accepting group decisions once they are made.

You will need to decide upon the criteria and methods for selection to the group. Interviews can be either face to face or by telephone and it is important to keep them informal. It is strongly recommended that the principles of value based recruitment are applied when interviewing patient and public members:

1. Standardisation, where all applicants experience the same process.
 2. Fairness and defensibility, where the selection process is delivered fairly.
 3. Reliability and validity, where selection utilises rigorous standardised scoring systems.
- It is also essential that you provide feedback to all applicants after the interviews have taken place.

Training and support for patient and public involvement representatives

If you are establishing a new PPI group it is advisable to organise an induction day in order for everyone to meet, as well as provide the necessary training for new members. Training and support should be on-going and representatives consulted with regards to their needs. Not everybody's needs are the same. Likewise, provide adequate training for staff. Be as flexible as you can in order to meet everybody's needs and invite both formal and informal feedback. Take into account that people learn in different ways at different speeds. Most importantly make sure that you listen and take on board negative as well as positive feedback from your PPI representatives.

A clear dialogue from the start helps to build the foundations for a worthwhile and mutually beneficial relationship that has the potential to contribute far more than the sum of its constituent parts.

Useful resources:

1. The INVOLVE website has resources that are applicable to PPI in Healthcare STP. <http://www.invo.org.uk/>
2. Plain English Campaign <http://www.invo.org.uk/resource-centre/plain-english-summaries/>
3. Access to Understanding guidance is for anyone who is planning to write about biomedical or health matters for a non-specialist audience. It is particularly intended to help scientists who are used to writing for their peers to reach a wider audience including the general public. <http://www.access2understanding.org/guidance/>
4. RNIB Clear Print Guidelines http://www.psncorp.com/Downloads/RNIB_Clear_Print_Guidelines.pdf
5. Tools to assess readability <https://readability-score.com/> <http://read-able.com/>
6. Videos of patients talking about their involvement in research <http://www.healthtalk.org/peoples-experiences/medical-research/patient-and-public-involvement-research/topics>

References:

1. Patient and Public Involvement in undergraduate medical education Advice supplementary to Tomorrow's Doctors (2009) Available at: <http://www.gmc-uk.org/education/undergraduate/8837.asp>
2. Patient and Public Involvement: Discussion Guidance. Council of Healthcare Science in Higher Education (May 2013) Available at: <http://www.councilofhealthcarescience.ac.uk/Documents/PPI-Discussion-Guidance.pdf>
3. Service user involvement in the design and delivery of education and training programmes leading to registration with the Health Professions Council Available at: <http://www.hpc-uk.org/assets/documents/10003a08serviceuserinvolvementinthedes-ignanddeliveryofapprovedprogrammes.pdf>

Appendix E:

Workstream three (Newcastle) - Framework for understanding the embedding of patient and public involvement in higher education institution delivered healthcare science training

Framework for understanding the embedding of patient and public involvement in higher education institution delivered healthcare science training (*NUPPIF)

Focus		Absence of patient and public involvement	Level of patient and public involvement	
			Developing	Embedding
Purpose	Mission	There is no evidence that there is a shared understanding of the purpose, value and meaning of PPI and the role of PPI representatives demonstrated by the Programme Director, staff or trainees. <i>There is:</i> - No written reference to the need to focus on patient outcomes or experiences, and the part that PPI plays is not included in programme literature (e.g. trainee handbooks, committee meeting minutes etc). - No written or verbal evidence that staff or trainees have a shared understanding of the purpose, value and meaning of PPI or the role PPI representatives play in ensuring a focus on beneficial outcomes for patients.	There is evidence of a shared understanding of the purpose, value and meaning of PPI and the role of PPI representatives demonstrated by the Programme Director, staff and trainees. <i>Examples of evidence on this level could include:</i> - Written evidence is available of the focus on the outcomes for patients and their experiences, and the part that PPI plays is included in programme literature (e.g. trainee handbooks, committee meeting minutes etc). - Staff and trainees demonstrate (verbally and in writing) (e.g. within relevant lectures) that there is a shared understanding of the purpose, value and meaning of PPI and the role PPI representatives play in ensuring there is a focus on beneficial outcomes for patients.	There is evidence that PPI is included in governance plans, and there is regular communication of the purpose, value and meaning of PPI and the role of PPI representatives. <i>As well as the examples given in developing, examples of evidence for this level could be:</i> Written evidence is available demonstrating that PPI is included in governance plans (e.g. relevant committee terms of reference for PPI etc) with key success indicators identified.
	Strategy	There is no PPI strategy on the programme. <i>There is:</i> - No written evidence of any attempt to co-ordinate PPI activity (e.g. recruitment, payment policies and communication processes) across the programme either by the Director or staff. - No written evidence of any attempt to disseminate learning (e.g. about recruitment, payment, or impact of PPI) from PPI.	There is a strategy for PPI on the programme. <i>Examples of evidence on this level could include:</i> There is written evidence that oversight and co-ordination of PPI has been formally allocated (e.g. to a working group or relevant governance committee which includes patient representatives).	PPI strategy is embedded on the programme. <i>As well as the examples given in developing, examples of evidence for this level could be:</i> - There is written evidence of a strategic plan for coordination of PPI on the programme. - There is evidence (written and verbal) that formal responsibility for oversight of this plan has been given to named individuals, and resources made available for administrative support.

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Framework for understanding the embedding of patient and public involvement in higher education institution delivered healthcare science Training (*NUPPIF)

Focus		Absence of patient and public involvement	Level of patient and public involvement	
			Developing	Embedding
Purpose	Leadership and communication	There is a lack of championship of PPI by the programme director and senior team. There is: No written evidence of PPI rarely if ever being mentioned in communications (e.g. course specific material).	There is some championship of PPI by the programme director and senior team. Examples of evidence on this level could include: Written evidence of PPI being mentioned in communications (e.g. course specific material, or in the STP induction process).	Championship of PPI is embedded on the programme. Examples of evidence for this level could be: - There is evidence (written and verbal) that staff actively promotes their understanding of the importance and value of PPI (e.g. through lectures and other interactions). - There is written evidence that the strategic importance of PPI is highlighted in communications (e.g. course specific material). - There evidence (written and verbal) that staff know both their PPI representatives and those responsible for organising PPI on the programme.
	PPI recruitment	There is no knowledge demonstrated by the Programme Director or other staff of how to recruit PPI representatives onto the programme. There is: No written recruitment policy or process.	There is some knowledge demonstrated by the Programme Director or other staff of how to recruit PPI representatives onto the programme. Examples of evidence on this level could include: - A written recruitment policy. - Written evidence of a process in place for recruitment of PPI.	There are clear and transparent recruitment processes and policies in place for PPI recruitment on the programme. As well as the examples given in developing, examples of evidence for this level could be: - A written recruitment policy based on values based recruitment. - A written budget for PPI recruitment. - Written evidence of regular monitoring, evaluation and revision of the PPI policies and processes in place. - Evidence (written and verbal) of PPI representatives and lay people's feedback on the recruitment policy and processes.

Appendix E:

Workstream three (Newcastle) - Framework for understanding the embedding of patient and public involvement in higher education institution delivered healthcare science training

Framework for understanding the embedding of patient and public involvement in higher education institution delivered healthcare science training (*NUPPIF)

Focus			Level of patient and public involvement	
			Developing	Embedding
Process and practicalities	Communication	Communication with PPI reps on the programme	There is evidence of a communication strategy in place on the programme with which to engage with PPI representatives. <i>Examples of evidence on this level could include:</i> - A written strategy or guidelines for communicating with PPI representatives. - Evidence (written and verbal) from PPI representatives that they have been asked about their preferred modes of communication (e.g. email, telephone, written) and that their preferences have been noted and taken into account.	There is evidence of long-term effective communication between PPI representatives and programme staff. <i>As well as the examples given in developing, examples of evidence for this level could be:</i> - A written budget for PPI representatives' communication needs (e.g. allocating costs for administration). - Evidence (written and verbal) of regular monitoring, evaluation (with both PPI representatives and staff) and revision of the PPI communication policies and processes in place.
		Communication with programme staff	There is evidence that the benefits and importance of PPI in curriculum design, development, delivery and assessment are being communicated to staff. <i>Examples of evidence on this level could include:</i> Evidence (verbal and written) that the Programme Director has communicated the benefits and importance of PPI to staff (e.g. via staff newsletters or curriculum committee meetings).	There is evidence that the benefits and importance of PPI in curriculum design, development, delivery and assessment are being embedded in communications to staff. <i>As well as the examples given in developing, examples of evidence for this level could be:</i> - Staff communicate (verbally and unwitting) the importance they place on PPI and the benefits they have personally experienced (e.g. in lectures to students, or in assessment meetings). - PPI representatives communicate (verbally and in writing) their experiences of the level of staff understanding of the benefits of PPI (e.g. in assessment meetings).

Appendix E:

Workstream three (Newcastle) - Framework for understanding the embedding of patient and public involvement in higher education institution delivered healthcare science training

Framework for understanding the embedding of patient and public involvement in higher education institution delivered healthcare science training (*NUPPIF)

Focus			Level of patient and public involvement	
			Developing	Embedding
Process and practicalities	Communication	Communication with trainees	There is evidence that the benefits and importance of PPI in curriculum design, development, delivery and assessment are being communicated to trainees. <i>Examples of evidence on this level could include:</i> Evidence (verbal and written) that the Programme Director or staff members have communicated the benefits and importance of PPI involvement to trainees.	There is evidence that the benefits and importance of PPI in curriculum design, development, delivery and assessment are being embedded in communications to Trainees. <i>As well as the examples given in developing, examples of evidence for this level could be:</i> - Trainees communicate (verbally and in writing) the importance they place on patient experience and the benefits they have personally experienced from their interactions with patients and the public (e.g. evidence could be gathered via module evaluations and descriptors). - PPI representatives communicate (verbally and in writing) their experiences of the benefits of interacting with trainees. Also, PPI representatives are able to comment on how trainees have demonstrated their understanding of the importance of patient experience to them (e.g. in assessment meetings).
	Administration and support for PPI		There is ad-hoc administrative support budgeted for and made available for PPI on the programme. <i>Examples of evidence on this level could include:</i> - Written administrative policies (e.g. on payment). - Staff with the unofficial duty to support PPI representatives administrative needs but no dedicated administrative support available for PPI.	There is dedicated administrative support and budget for PPI on the programme. <i>As well as the examples given in developing, examples of evidence for this level could be:</i> - Written evidence of an allocated budget for administration of PPI. - Evidence (written and verbal) of a named person who administers PPI.

Appendix E:

Workstream three (Newcastle) - Framework for understanding the embedding of patient and public involvement in higher education institution delivered healthcare science training

Framework for understanding the embedding of patient and public involvement in higher education institution delivered healthcare science training (*NUPPIF)

Focus		Absence of patient and public involvement	Level of patient and public involvement	
			Developing	Embedding
Process and practicalities	Payment for PPI representatives	No policy exists for payment of PPI representatives providing input the curriculum. <i>There is:</i> No written policy for payment of PPI representatives.	There are ad-hoc mechanisms in place for payment of travel for PPI representatives providing input into the curriculum. <i>Examples of evidence on this level could include:</i> - Written evidence of payment of receipts for public transport or evidence of taxi or train tickets being booked for PPI representatives. - Evidence (written and verbal) of payment from PPI representatives.	There is evidence of policies and processes for payment of time, travel and subsistence for PPI representatives providing input into the curriculum. <i>Examples of evidence could include:</i> - Written policy documents outlining how PPI representatives on the programme are reimbursed for their time, travel and subsistence. - Written evidence that these policy documents are regularly reviewed and revised after feedback from PPI representatives.
	Training and support for PPI representatives	There is no evidence of opportunities for PPI representatives on the programme to received training in relevant areas (e.g. regarding the expectations of PPI representatives taking part in the programme, or instructions on how to take part in committee meetings). <i>There is:</i> - No written evidence of training or instruction for PPI regarding how they are expected to input when involved in any element of curriculum design, development, delivery or assessment. - No evidence (written and verbal) given by PPI representatives that they have had any training or instruction before being involved on the programme.	There are formal induction and training sessions available for PPI representatives on the programme to attend. <i>Examples of evidence on this level could include:</i> - Written evidence available (e.g. agendas and meeting papers) that an induction to the programme is made available to PPI representatives. - Evidence (written and verbal) available demonstrating that PPI representatives have had training on the expectations of them on the programme.	Induction and training sessions are evaluated and PPI representatives' feedback used to revise the training as necessary. <i>Examples of evidence could include:</i> - Written evidence that feedback from PPI representatives on induction and training is collected regularly. - Evidence (written and verbal) from PPI representatives that training and induction programmes have been revised after consideration of feedback given.

Appendix E:

Workstream three (Newcastle) - Framework for understanding the embedding of patient and public involvement in higher education institution delivered healthcare science training

Framework for understanding the embedding of patient and public involvement in higher education institution delivered healthcare science training (*NUPPIF)

Focus		Level of patient and public involvement	
		Developing	Embedding
Process and practicalities	For staff	There is evidence that staff have had some training in involving PPI representatives in curriculum design, development, delivery and assessment; and demonstration of understanding of how to use PPI representatives in different forums (e.g. curriculum committees). <i>Examples of evidence on this level could include:</i> - Written evidence of training or instruction for staff of strategies to involve PPI representatives. - Evidence (written and verbal) from staff that they have had training or instruction regarding how to involve PPI representatives.	There is evidence that training on involving PPI representatives in curriculum design, development, delivery and assessment is embedded on the programme. <i>As well as the examples given in developing, examples of evidence for this level could be:</i> Evidence (written and verbal) that training and instruction offered to staff of strategies to involve PPI representatives have been evaluated and reviewed with feedback received and acted upon from both staff and PPI representatives.
	PPI representatives involvement in curriculum design and development	There is evidence of opportunities for PPI representatives to input into curriculum design and development on the programme. <i>Examples of evidence on this level could include:</i> There is written evidence that PPI representatives are included in any meetings discussing curriculum design and development.	There is evidence that PPI representatives input into curriculum design and development on the programme is valued and considered to be of benefit to the programme director and staff. <i>Examples of evidence on this level could include:</i> - There is written evidence that PPI representatives' feedback has been recorded and acted upon. - There is evidence (written and verbal) from PPI representatives that they feel their contribution to curriculum design and development is taken seriously and acted upon.

Appendix E:

Workstream three (Newcastle) - Framework for understanding the embedding of patient and public involvement in higher education institution delivered healthcare science training

Framework for understanding the embedding of patient and public involvement in higher education institution delivered healthcare science training (*NUPPIF)

Focus		Absence of patient and public involvement	Level of patient and public involvement	
			Developing	Embedding
Process and practicalities	PPI representatives involvement in curriculum delivery	There no evidence of opportunities made available for patients and members of the public or PPI representatives to contribute to the delivery of the curriculum. <i>There are:</i> No written examples of patients or the public, or PPI representatives being involved in any aspect of curriculum delivery (e.g. teaching).	There is evidence of opportunities made available for patients and members of the public or PPI representatives to contribute to the delivery of the curriculum. <i>Examples of evidence on this level could include:</i> Written examples of patients or the public, or PPI representatives being involved in any aspect of curriculum delivery (e.g. teaching).	There is evidence that the involvement of patients and members of the public or PPI representatives have made an impact through their involvement in the delivery of the curriculum. <i>Examples of evidence on this level could include:</i> Written evidence of feedback from patients, public and PPI representatives, staff and trainees respectively on their impressions of the impact that PPI in delivery has had on them (e.g. collected via module evaluations).
	PPI representatives involvement in curriculum assessment	There are no opportunities available for PPI representatives to contribute to the assessment of the curriculum. <i>There are:</i> No written examples of patients and members of the public or PPI representatives being involved in any aspect of curriculum assessment (e.g. either formative or summative assessment).	There is evidence of opportunities available for PPI representatives to contribute to the assessment of the curriculum. <i>Examples of evidence on this level could include:</i> Evidence of examples (written or verbal) where patients and members of the public or PPI representatives have been involved in any aspect of curriculum assessment (e.g. assessment of lay summaries regarding trainee or patient interactions).	There is evidence of the creation and review of opportunities available for PPI representatives to contribute to the assessment of the curriculum. <i>Examples of evidence on this level could include:</i> Written evidence of the creation of opportunities for PPI representatives to contribute to the assessment of the curriculum as well as regular review (based on feedback from PPI representatives, staff and trainees) and revision of those opportunities.
	Feedback to PPI representatives and the role of the patient on the programme	No feedback, either formal or informal is given to PPI representatives; or opportunities offered to them to give feedback on any aspects of their involvement in the curriculum. <i>There are:</i> - No examples (written and verbal) from PPI representatives of their having received feedback on the results of their involvement. - No examples (written and verbal) from PPI representatives or Programme Directors or staff of PPI representatives giving feedback to them on any aspect of their involvement.	Formal or informal feedback is given to PPI representatives and opportunities offered to them to feedback on any aspects of their involvement in the curriculum. <i>Examples of evidence on this level could include:</i> - Examples (written and verbal) from PPI representatives of receiving feedback on their involvement. - Examples (written and verbal) from PPI representatives or Programme Directors or staff of PPI representatives giving feedback to them on any aspect of their involvement.	There are transparent processes for PPI representatives to regularly give and receive feedback as well as evidence that Programme Directors and staff acknowledge and act on that feedback. <i>As well as the examples given in developing, examples of evidence for this level could be:</i> Examples (written and verbal) of actions taken as a result of feedback given by PPI representatives.

Appendix E:

Workstream three (Newcastle) - Framework for understanding the embedding of patient and public involvement in higher education institution delivered healthcare science training

Framework for understanding the embedding of patient and public involvement in higher education institution delivered healthcare science training (*NUPPIF)

The first area of the framework determines the purpose for PPI in healthcare science training. In order for PPI to be embedded within healthcare science training its mission should create a shared understanding of the purpose, value, meaning and role of PPI to staff and trainees. That understanding in turn should be embedded in the strategy for PPI. Leadership on the programme (e.g. programme directors and staff) should both champion PPI and encourage others to do so as well. Programme leadership should communicate a regular and clear message to everyone on the programme that validates, supports and celebrates PPI.

The second encompasses process and practicalities for PPI healthcare science training and is the focus for evaluation. Each of the areas of focus have then been described and mapped against a scale of increasing movement towards embedding PPI within the healthcare science training within

the HEI. The section entitled absence of PPI means the absence of patient and public involvement on the STP. The scale itself has the following levels: Developing – some support for PPI may be in place, but it is not yet systematic or strategic; Embedding - the organisation has strategic and operational support for PPI and can evidence mechanisms for regular evaluation and revision of those mechanisms. For each level there is question set which helps the user (e.g. HEI or accreditor) understand the meaning of the level against the focus area and also gives examples of evidence which might be used as evidence the level has been achieved. The evidence types listed are neither prescribed nor exhaustive and are only meant to be a guide.

Glossary of terms

Term	Explanation
Programme	When referring to the 'programme' in this framework we are talking about the academic element of healthcare science training delivered by a university. For example, the Master of Science in Clinical Science element of healthcare science training which is completed by trainees in their respective universities.
Higher education institution (HEI)	HEI's are the Universities which offer healthcare science training.
Patient and public involvement	This term refers to a two-way, reciprocal relationship of equals between HEIs and the patients and members of the public who contribute to processes such as the design, development, delivery and assessment of the programme's curriculum.
Patient and public involvement (PPI) representative	A PPI representative is a patient or member of the public who has been recruited to add their input to processes such as the design, development, delivery and assessment of the programme's curriculum.
Programme director	The Director of the Programme refers to the director of healthcare science training in their respective universities (e.g. Degree Programme Director of MSc in Clinical Science and BSc in Clinical Science).
Staff	In this framework the term 'staff' refers to any employee (whether National Health Service (NHS) clinicians or university lecturers and administrators) who are actively employed in delivering the academic elements of healthcare science training.
Trainees	In this framework the term 'trainee' means any person who is undertaking healthcare science training.

Appendix F:

Workstream four (MAHSE) - Patient and public involvement skills development in the Scientist Training Programme train the trainers session questionnaire and results



Health Education England

PPI Skills Development in the STP Train the Trainers Session

We have been commissioned by Health Education West Midlands to develop skills for Patient and Public Involvement (PPI) in the 'train the trainer' session provided by the National School. We are asking for the views of all our Scientist Training Programme (STP) stakeholders so that we can develop a suitable training package.

1. Which of the following best describes your role in the Scientist Training Programme (STP)?
(Tick one box)

☐ STP Trainee	☐ STP Training Officer (NHS)
☐ University / Academic staff	☐ Lay Representative
☐ Professional Body	☐ Other (please describe) _____
2. How many years have you been in the STP role selected above? (Tick one box)

☐ 0-2 years	☐ 3-5 years
☐ 6-10 years	☐ 11 years or more
3. Which STP theme(s) does your response relate to? (Tick all that apply)

☐ Blood Sciences	☐ Cellular Sciences
☐ Genetics	☐ Infection Sciences
☐ CCVRS Sciences	☐ Gastrointestinal/Urodynamic Science
☐ Neurosensory Sciences	☐ Medical Physics
☐ Clinical Engineering	☐ Clinical Pharmaceutical Science
☐ Reconstructive Science	☐ Clinical Bioinformatics
4. Which Academic Provider(s) are you affiliated with? (Tick all that apply)

☐ Aston University	☐ University of Birmingham
☐ University of Liverpool	☐ Newcastle University
☐ Nottingham University	☐ King's College London
☐ University of Manchester	☐ Manchester Metropolitan University
☐ Queen Mary University of London	☐ University of Salford
5. Have you attended a 'train the trainer' session provided by the National School? (Tick one box)

☐ Yes	☐ No	☐ Not applicable
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6. If **yes**, which year did you attend? (Write in)

7. Do you think patients should be involved in delivering the 'train the trainer' session provided by the National School? (Tick one box)

☐ Yes ☐ No ☐ Don't know

Please give a reason for your answer: _____

8. Which of the following subject areas do you think should be covered in the 'train the trainer' session provided by the National School? (Tick one box for each subject area)

	Yes	No	Don't know
How to bring PPI experience to workplace training	☐	☐	☐
How patients can play an active role in workplace training	☐	☐	☐
Involving patients in developing workplace assessment material	☐	☐	☐
Involving patients as part of workplace trainee assessment e.g. OSFA	☐	☐	☐
Involving patients as assessors of trainees	☐	☐	☐
Evaluating PPI in the workplace	☐	☐	☐

9. Which of the following assessment methods would benefit from PPI? (Tick one box for each assessment method)

	Yes	No	Don't know
Case Based Discussions (CBDs)	☐	☐	☐
Direct Observation of Practical Skills (DOPS)	☐	☐	☐
Observed Clinical Experience (OCE)	☐	☐	☐
Objective Structured Final Assessment (OSFA)	☐	☐	☐
Reflective practice	☐	☐	☐

10. Which of the following formats would be appropriate for the delivery of PPI in the 'train the trainer' session provided by the National School? (Tick one box for each format)

	Yes	No	Don't know
Face-to-face lectures	☐	☐	☐
Online lectures (Webinars)	☐	☐	☐
Case studies (online)	☐	☐	☐
Videos	☐	☐	☐

11. If you have any further comments, please use the space below: (Write in)

Thank you for taking the time to provide this valuable feedback

PPI Skills Development in the STP Train the Trainers Session

1. Which of the following best describes your role in the Scientist Training Programme (STP)?
(Tick one box)

	Response Total	Response Percent
STP Trainee	90	51%
STP Training Officer (NHS)	64	37%
University/Academic Staff	9	5%
Professional Body	3	2%
Lay Representative	9	5%
Total:	175	100%

2. How many years have you been in the STP role selected above? (Tick one box)

	0-2 years	3-5 years	6-10 years	11 years+	Total
STP Trainee	75	15	-	-	90
STP Training Officer (NHS)	24	30	5	5	64
University/Academic Staff	3	5	1	-	9
Professional Body	-	2	1	-	3
Lay Representative	7	1	1	-	9
Total:	109 (62%)	53 (30%)	8 (5%)	5 (3%)	175

3. Which STP theme(s) does your response relate to? (Tick all that apply)

Theme	STP Trainee	STP Training Officer (NHS)	University / Academic staff	Professional Body	Lay Representative	Total
Blood Sciences	23	22	1	-	1	44 (47)
CCVRS Sciences	8	6	1	1	2	15 (18)
Cellular Sciences	4	1	1	-	2	4 (8)
Clinical Bioinformatics	7	3	-	-	2	8 (12)
Clinical Engineering	5	5	-	-	-	7 (10)
Clinical Pharmaceutical Science	-	2	1	-	2	4 (5)
Gastrointestinal/Uro Science	3	2	1	-	-	4 (6)
Genetics	9	8	1	1	-	16 (19)
Infection Sciences	3	2	2	-	-	5 (7)
Medical Physics	14	10	2	-	-	21 (26)
Neurosensory Sciences	18	13	1	1	-	33 (33)
Reconstructive Science	-	-	1	-	2	1 (3)
Not applicable	-	-	-	-	1	1
	90 (94)	64 (74)	9 (12)	3	9 (12)	175 (195)

4. Which Academic Provider(s) are you affiliated with? (Tick all that apply)

University	STP Trainee	STP Training Officer (NHS)	University / Academic staff	Professional Body	Lay Representative	Total
Aston University	6	9	1	1	-	17
University of Birmingham	2	2	-	-	-	4
University of Liverpool	6	6	1	1	-	14
Newcastle University	10	11	1	1	-	23
Nottingham University	16	13	1	1	-	31
King's College London	12	9	1	-	-	22
University of Manchester	35	28	2	1	6	72
Manchester Metropolitan University	9	5	1	-	2	17
Queen Mary University of London	-	1	1	-	-	2
University of Salford	-	-	-	-	-	0
Not applicable	-	-	-	-	1	1
	90 (96)	64 (84)	9	3 (5)	9	175 (203)

5. Have you attended a 'train the trainer' session provided by the National School? (Tick one box)

Yes	No	Not applicable
53 (30%)	69 (40%)	53 (30%)

Note: 80% of Training Officers had attended the 'train the trainer' session (51 in total) as well as 2 professional bodies

6. If **yes**, which year did you attend?

Attended?	Yes	2007	2010	2011	2012	2013	2014
Years in role							
0-2 years	14	-	-	1	-	5	8
3-5 years	30	-	2	9	8	6	3
6-10 years	5	-	3	-	1	1	
11 years+	4	1	-	3	-	-	
Total:	53	1	5	13	9	12	11

Note: 2 out of the 53 respondents did not say which year they attended

7. Do you think patients should be involved in delivering the 'train the trainer' session provided by the National School?

	Yes	No	Don't know
STP Trainee	21 (23%)	25 (28%)	44 (49%)
STP Training Officer (NHS)	17 (27%)	29 (45%)	18 (28%)
University/Academic Staff	6 (67%)	-	3 (33%)
Professional Body	1 (33%)	2 (67%)	
Lay Representative	9 (100%)	-	-
Total:	54 (31%)	56 (32%)	65 (37%)

STP Trainee	• Yes – Part of the NHS constitution / patient centred care (5) – Different perspective (5) – Important for patients to have a voice / listen to their perspective (4) – Patient input into the future profession (2) – Brings more meaning to scenarios (1) • No – Depends on the specialism i.e. some don't have contact with patients (6) – Detracts from the purpose of train the trainer – already too broad (5) – Need to have relevant background or experience (4) – More appropriate for trainees than trainers to hear about PPI (3) – Involved in planning not the delivery of train the trainer (1) – Patients don't assess competence the trainers do (1) • Don't know – Don't know what the session covers or how PPI could contribute (14) – Could be involved in specific circumstances – must be meaningful (4) – Depends on the specialism i.e. some don't have contact with patients (3) – Focus should be on how to train the students (2) – Trainers are already involved in PPI and aware of the issues (2)
STP Training Officer (NHS)	• Yes – Patient perspective is of vast benefit to student training (7) – Important for patients to have a voice / listen to their perspective (3) – Reinforces patient focused training (2) – Essential to quality delivery of patient care (1) • No – Detracts from the purpose of train the trainer – already too broad and could become dominated by PPI when it should focus on skills training (8) – Most trainers have years of experience with PPI – not sure what the session would add (6) – Depends on the specialism i.e. some don't have contact with patients (5) – Not useful for the patients (2) – Better using actors or videos (1) – More useful hearing student and trainer perspectives (1) • Don't know – Don't know what the session covers (4) – Small element to remind trainers of patient centred care (2) – Should cover practical aspects as PPI comes into the actual training (1) – Depends on the specialism i.e. some don't have contact with patients (1) – Provides an alternative perspective (1)
University / Academic Staff	• Yes – Patients should be involved in all healthcare professional training and at every stage of the STP (3) – Important elements relating to PPI within the OLAT (1) • Don't know – Don't know what the session covers (2)
Professional Body	• No – Not appropriate area for PPI involvement (2) – more suited to workplace itself and as part of academic programme
Lay Representative	• Yes – Different perspective (2) – Important that PPI is included in the training of trainees and trainers (2)

8. Which of the following subject areas do you think should be covered in the 'train the trainer' session provided by the National School?

Subject area	Yes	No	Don't know
How to bring PPI experience to workplace training	138 (79%)	16 (9%)	21 (12%)
How patients can play an active role in workplace training	107 (61%)	44 (25%)	24 (14%)
Involving patients in developing workplace assessment material	62 (35%)	79 (45%)	34 (19%)
Involving patients as part of workplace trainee assessment e.g. OSFA	93 (53%)	60 (34%)	22 (13%)
Involving patients as assessors of trainees	49 (28%)	93 (53%)	33 (19%)
Evaluating PPI in the workplace	125 (71%)	23 (13%)	27 (15%)

Subject area	STP Trainee	STP Training Officer (NHS)	University / Academic staff	Professional Body	Lay Representative	% in favour
How to bring PPI experience to workplace training	Yes=70 No=9 DK=11	Yes=52 No=5 DK=7	Yes=7 No=1 DK=1	Yes=1 No=1 DK=1	Yes=8 DK=1	79%
How patients can play an active role in workplace training	Yes=47 No=26 DK=17	Yes=42 No=16 DK=6	Yes=8 No=1	Yes=1 No=1 DK=1	Yes=9	61%
Involving patients in developing workplace assessment material	Yes=27 No=46 DK=17	Yes=21 No=32 DK=11	Yes=6 No=1 DK=2	Yes=2 DK=1	Yes=6 DK=3	35%
Involving patients as part of workplace trainee assessment e.g. OSFA	Yes=45 No=33 DK=12	Yes=33 No=24 DK=7	Yes=8 No=1	Yes=1 No=2	Yes=6 DK=3	53%
Involving patients as assessors of trainees	Yes=24 No=52 DK=14	Yes=14 No=37 DK=13	Yes=5 No=1 DK=3	Yes=1 No=2	Yes=5 No=1 DK=3	28%
Evaluating PPI in the workplace	Yes=61 No=16 DK=13	Yes=47 No=7 DK=10	Yes=7 DK=2	Yes=2 DK=1	Yes=8 DK=1	71%

9. Which of the following assessment methods would benefit from PPI? (Tick one box for each assessment method)

Assessment Method	Yes	No	Don't know
Case Based Discussions (CBDs)	56 (32%)	97 (55%)	22 (13%)
Direct Observation of Practical Skills (DOPS)	65 (37%)	94 (54%)	16 (9%)
Observed Clinical Experience (OCE)	132 (75%)	29 (17%)	14 (8%)
Objective Structured Final Assessment (OSFA)	95 (54%)	54 (31%)	26 (15%)
Reflective practice	78 (45%)	65 (37%)	32 (18%)

Assessment Method	STP Trainee	STP Training Officer (NHS)	University / Academic staff	Professional Body	Lay Representative	Total in favour
Case Based Discussions (CBDs)	Yes=23 No=53 DK=14	Yes=17 No=40 DK=7	Yes=7 No=2	Yes=1 No=2	Yes=8 DK=1	32%
Direct Observation of Practical Skills (DOPS)	Yes=28 No=54 DK=8	Yes=26 No=34 DK=4	Yes=4 No=3 DK=2	Yes=1 No=2	Yes=6 No=1 DK=2	37%
Observed Clinical Experience (OCE)	Yes=73 No=12 DK=5	Yes=45 No=15 DK=4	Yes=6 No=1 DK=2	Yes=2 No=1	Yes=6 DK=3	75%
Objective Structured Final Assessment (OSFA)	Yes=48 No=29 DK=13	Yes=32 No=23 DK=9	Yes=7 No=1 DK=1	Yes=3	Yes=5 No=1 DK=3	54%
Reflective practice	Yes=37 No=34 DK=19	Yes=25 No=28 DK=11	Yes=6 No=2 DK=1	Yes=2 No=1	Yes=8 DK=1	45%

10. Which of the following formats would be appropriate for the delivery of PPI in the ‘train the trainer’ session provided by the National School? (Tick one box for each format)

Delivery format	Yes	No	Don't know
Face-to-face lectures	106 (61%)	32 (18%)	37 (21%)
Online lectures (Webinars)	86 (49%)	52 (30%)	37 (21%)
Case studies (online)	123 (70%)	25 (14%)	27 (15%)
Videos	122 (70%)	25 (14%)	28 (16%)

Delivery format	STP Trainee	STP Training Officer (NHS)	University / Academic staff	Professional Body	Lay Representative	Total in favour
Face-to-face lectures	Yes=55 No=14 DK=21	Yes=36 No=17 DK=11	Yes=8 DK=1	Yes=1 No=1 DK=1	Yes=6 DK=3	61%
Online lectures (Webinars)	Yes=39 No=29 DK=22	Yes=34 No=19 DK=11	Yes=7 No=1 DK=1	Yes=1 No=1 DK=1	Yes=5 No=2 DK=2	49%
Case studies (online)	Yes=62 No=10 DK=18	Yes=47 No=12 DK=5	Yes=8 No=1	Yes=1 No=1 DK=1	Yes=5 No=2 DK=2	70%

Delivery format	STP Trainee	STP Training Officer (NHS)	University / Academic staff	Professional Body	Lay Representative	Total in favour
Videos	Yes=56 No=14 DK=20	Yes=49 No=10 DK=5	Yes=7 No=1 DK=1	Yes=2 DK=1	Yes=8 DK=1	70%

11. If you have any further comments, please use the space below: (Write in)

STP Trainee	- Not relevant to some disciplines e.g. medical physics, blood sciences, genetics (13) – would be interesting to hear a patient's view on this (1) - Training on PPI should be specialism specific (3) - Not appropriate for a patient to formally assess a trainee (3) - Trainers need more guidance and support to properly teach and train students – training needs to improve first before patients are involved (2) - Trainers need to understand what you are trying to achieve with PPI (2) - Relevant disciplines already have patient involvement (2) - Bioinformatics would benefit from more patient contact (1) - Webinars would make it easier for training officers to receive training (1)
STP Training Officer (NHS)	- Difficult to include PPI in disciplines with limited patient contact e.g. medical physics, genetics (6) – does it add value? (2) - Unclear how to fit PPI in this session as it fits best with the actual training (3) - Patient involvement brings a new perspective (1) and is important for patient centred care (2) - Experienced, skilled scientists do not need to be taught by the public (2) - Could learn from HEIs perspective of patient input (1) - Lack of training for Clinical Scientists in this area (1) - Trainers need to learn requirements of them as teachers and assessors – limited time available (1) - Do not artificially include PPI case studies about a discipline without regular patient contact (1) - Train the trainer could be vastly improved – discrepancy between PTP/STP (1) - The National School should set up networks of hospital contacts for rotations through the smaller disciplines e.g. haematology and immunology (1) - More clarity on the trainer role (attended session in 2012) (1)
University / Academic Staff	- PPI in the OSFAs would be beneficial but not in the other assessments (1) - Trainers need to understand what PPI is, why it's important and examples of where it has been used (1)
Professional Body	PPI is very important but train the trainer should refer to the principles and concepts not include direct patient involvement i.e. lectures by patients (1)
Lay Representative	- Patients should be full partners in training the trainers in order to provide the cultural context for patient centred care. It is essential for the profession (1) - Need to know more about the train the trainer session and its purpose (1)

Appendix G:

Workstream four (MAHSE) – Guidelines for patient and public involvement skills development in the NSHCS train the trainer programme

Guidelines for patient and public involvement (PPI) skills development in the NSHCS train the trainer programme

Tew's Ladder of Involvement (see below) summarises the levels of involvement of patients and the public in training and education.

Ladder of Involvement (Tew et al, 2004)⁶⁰

Level	Degree of involvement	Description	Comments
1	Little involvement	The curriculum is planned and delivered with no consultation or involvement.	<i>'They know best. We do as we are told'</i>
2	Emerging involvement	There is contact with local user and carer groups. They are invited to 'tell their story' and occasionally consulted in relation to planning when invited, but have no opportunity for shaping as a whole.	<i>'This is not about people listening or service users "getting things off their chests". There are so many ways to be involved.'</i>
3	Growing involvement	Users and carers start contributing in more than one aspect of education and training, they are reimbursed, and organisations begin to plan things that will help support involvement, for example, training, mentoring.	<i>'This is beginning to make sense'</i>
4	Collaboration	Users and carers are contributing to key discussions and decisions and the value of this is acknowledged by all concerned. A coordinated programme of involvement and support is developing.	<i>'I thought I could help a bit. Now I realise my contribution makes a difference.'</i>
5	Partnership	All partner groups are working together equally. All key decisions are made jointly, mutually valuing the perception and ideas of service users and carers, academics, practitioners and learners alike.	<i>'We're all on the same side. We all want to make a difference.'</i>

⁶⁰Tew, J; Gell, C, Foster, S. Learning from experience. Involving service users and carers in mental health education and training. Nottingham: Higher Education Academy/National Institute for Mental Health in England/Trent Workforce Development Confederation; 2004.

The ultimate aspiration is to achieve level 5 (partnership) in PPI skills development. There is also a myriad of ways in which patients and the public can be involved in workplace based training (i.e. achieving meaningful partnership working requires time and resources and is better achieved over time).

It is also advisable that PPI skills development is developed firstly for specialties with direct patient contact. Once developed, piloted, revised and perfected, relevant elements could then be transposed across to the less patient focused specialties.

Guidelines for the involvement of patients and public representatives in training and assessment⁶¹

Before...

Get to know who you'll be working with.

Set the scene about this part of the course, students' experience, and discuss what students need to learn and be assessed on at this stage.

Agree the format and the split of responsibilities – i.e. weight given to PPI representative feedback to students to avoid perceived devaluing of expertise⁶² (both patient and assessor).

Identify training or support needs (both patient, educator and assessor).

Discuss confidentiality, whether there are any 'off limits' areas, and the possibility of knowing some of the students.

Explain how their involvement translates to the wider curriculum.

Pay close attention to details of directions, transport, and access needs.

Agree fees and expenses, and make preparations such as ordering cash and finding the relevant forms.

⁶¹ Adapted from Sonet at University of Nottingham (Involving Carers and Service Users in your Teaching)
⁶² <http://www.health.org.uk/public/cms/75/76/313/2809/Can%20patients%20be%20teachers.pdf?realName=d6ifzx.pdf>

During...

Help people to feel part of the scenery, feel like an equal, and feel valued.

Remember that developing communication skills and thinking about the context can all be part of students' learning.

Maintain a respectful atmosphere, managing differing opinions.

It's OK to challenge and have robust discussion, whilst recognising and respecting their experiences.

If necessary, move discussion on from concentrating on bad experiences.

When facilitating, keep an eye on the 'vibes' and non-verbal communication.

PPI representative can become colleagues rather than purely teaching or assessment resource.

Have fun and keep learning – this can be a great teaching experience!.

After...

Allow space for speakers to talk afterwards, and ask for their feedback.

Allow space for individual students to talk to you if they need to.

Contact the patient to thank them, and to send on feedback from students.

Let them know about any other ways of being involved, and ask if they might be interested in being involved in other ways in the future (sustainability is important).

Evaluate and ensure contributions are attributed in reports, publications and presentations.

Obtain students' feedback as well as trainers and PPI representatives to enable proper evaluation.

Provide evidence of change to practice (teaching and assessment).

Remember training is an ongoing process, as is feedback.



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