National School of Healthcare Science

NHS
Health Education England

Learning and Assessment in the Workplace

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Session overview

- Need for a vision and being clear about the level
- Underpinning principles of HSST assessment
- Components of HSST assessment
- Mandatory assessments for each HSST exit award
- Annual review of progression (ARP)

THE NHS CONSTITUTION

the NHS belongs to us all

The NHS belongs to the people.

It is there to improve our health and wellbeing, supporting us to keep mentally and physically well, to get better when we are ill and, when we cannot fully recover, to stay as well as we can to the end of our lives.

It works at the limits of science – bringing the highest levels of human knowledge and skill to save lives and improve health.

It touches our lives at times of basic human need, when care and compassion are what matter most

NHS

https://www.england.nhs.uk/ourwork/futurenhs/deliver-forward-view/#
(link goes to planning 2017-19 planning guidance, last accessed 15/01/2017)

- **Health & Well being Gap**
- **Care and Quality Gap**
- **Finance and Efficiency Gap**

[The Medical Futurist](http://medicalfuturist.com/)
http://medicalfuturist.com/ accessed 15/01/2017

TMF

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Embrace Disruptive Medical Technologies

Medical professionals and patients must prepare for a technological revolution in medicine – the only way to make healthcare effective and more humanistic.

Put Patients In The Center Of Healthcare

Patients must become experts on their own health so they can be involved in decisions about their health, while also taking part in designing healthcare.

Digitize Healthcare Information

Digitalization can make care affordable and available, ensuring sustainability and growing our understanding of disease.

Shift Focus From Treatment To Prevention

Live healthier lives and prevent disease by reforming healthcare based on widespread access to health data.

The Consultant Clinical Scientist

NHS Employers

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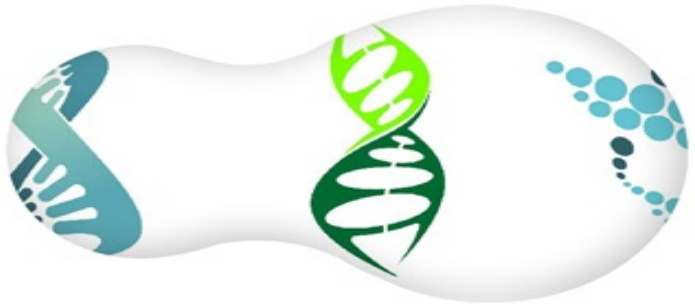
Consultant clinical scientist guidance

27/10/2016 12:00:00

Consultant clinical scientists make a very important contribution to high quality, safe and effective patient care through technological advances, innovation and improved interaction and communication with clinical teams and patients.



Background

Hundreds of clinical scientists are working at very senior levels and unlike medical consultant roles, there is inconsistency across the scientific specialties and within trusts, in terms of what they do and how they are appointed.

Role overview

The CCS has ultimate responsibility for the integrity of the scientific and technical knowledge base applicable to their specialty and its integration into practice, at a level of accountability comparable to that of consultant doctors. The CCS also provides an exemplar of good scientific practice standards and leads on their local implementation.

In addition to making a personal contribution to patient care, often practising and advising at the complex end of the care spectrum, the CCS takes a system wide view of healthcare to ensure effective patient outcomes and that safe and effective care is designed, delivered and improved. The CCS provides highly developed and advanced clinical scientific expertise, advice and interpretation, they:

NHS England – Sustainability Transformation Plans to Accountable Care System → South Yorks and Bassetlaw

About us

We are Health and Care Working Together in South Yorkshire and Bassetlaw. We are a partnership of 23 organisations responsible for looking after the health and care of the 1.5 million people living in Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield.

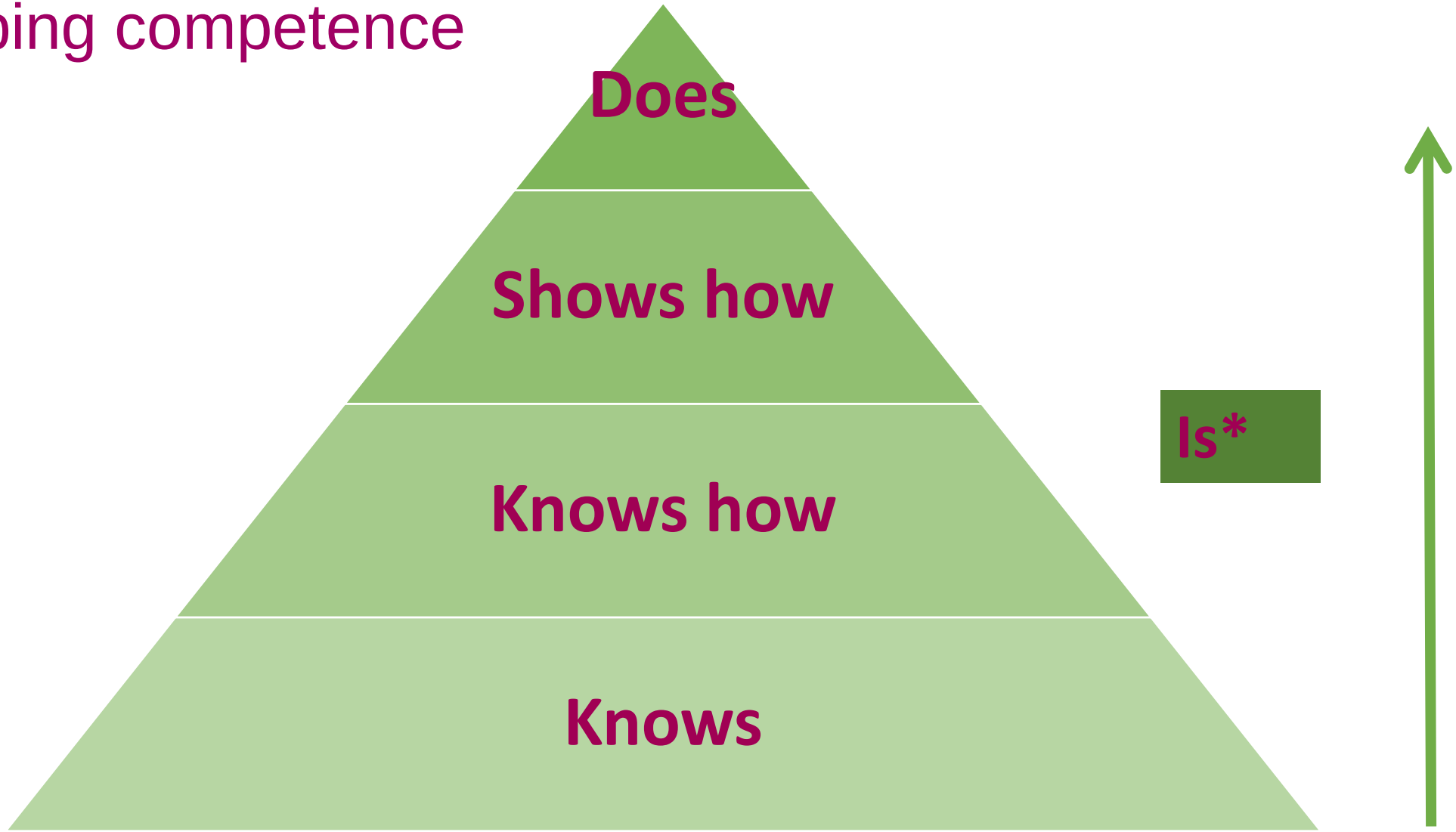
Working Together in Barnsley

Working Together in Rotherham

Develop a contextualised vision…….

- Breadth as well as specialism
- Taking responsibility for the integrity of the “science”
- Keeping things at the cutting edge – proactivity in innovation/unadoption
- Responsibility for the totality of the scientific workforce and custodian of the effective application of science and technology
- Working in a changing system
- Develop new roles
- Bringing good scientific practice to life – digest the standards of proficiency

Developing competence



***Cruess, RL, Cruess, SR & Steinert, Y. (2016). Amending Millar's Pyramid to include professional identity formation. *Acad Med,* 91(2); 180-5.**

Demonstrating competence for HSST

Academy for Healthcare Science *Standards of Proficiency for Higher Specialist Scientists* (2015) – represents minimum standard for registration on HSSR

5 domains from AHCS *Good Scientific Practice*: Clinical Practice, Scientific Practice, Professional Practice, Research, Development and Innovation, and Clinical Leadership

16 standards and 63 requirements across the 5 domains

Principles of assessment

Assessment programme is designed to produce, or encourage production of, evidence to support:

- defensible progression decisions
- fitness to practise as a Higher Specialist Scientist
- readiness to apply to Higher Specialist Scientist register (HSSR)

Components of HSST assessment

1. **Workplace-based assessment Years 1-5**

2a. For Life Sciences: FRCPath (Parts 1 and 2)

2b. DClinSci:

Section A (leadership)
Section B (scientific knowledge),
Section C (extended innovation proposal and research
previously known as C1: innovation and C2: research)

3. Independent Assessment of Professional Skills (IAPS) triggered in Year 4

4**. Annual review of progression Years 1-4**

Awards for Life Sciences	Assessments
Certificate of Completion of HSST (CCHSST)	Workplace-based assessments, FRCPath (Parts 1 and 2), Section C (extended innovation proposal)
CCHSST plus *Diploma in Leadership and Management in HCS*	As above plus Section A of DClinSci
CCHSST plus full *DClinSci*	All above plus Section B and C2 of DClinSci *but see notes*

Notes:

- ***DClinSci Section C (Research) can be presented in fulfilment of FRCPath Part 2 research component***
- ***FRCPath Part 1 can be presented in fulfilment of DClinSci Section B***

Awards for Physiological Sciences, Physical Sciences and Biomedical Engineering, Clinical Bioinformatics	**Assessments**
Trainees with recent and relevant PhD (who do not wish to complete full DClinSci) **CCHSST plus *Diploma in Leadership and Management in HCS***	Workplace-based assessment, Sections A, B and C (extended innovation proposal) of DClinSci, IAPS
Trainees without recent and relevant PhD (or with PhD and wishing to gain full DClinSci) **CCHSST plus full *DClinSci***	Workplace-based assessment, Sections A, B and C of DClinSci, IAPS

Note:

- ***If you have a PhD and do not wish to complete C (Research) to gain the full DClinSci award, you should apply to the NSHCS for exemption as soon as possible***

Components of HSST assessment: WPBA

- Sampling important procedures/tasks/encounters in the workplace as evidence of competence and progress against Standards of Proficiency
- Approximately 12 assessments per year, selected by trainee in negotiation with workplace supervisor – should represent meaningful milestones in development
- Planning assessments requires familiarity with Standards of Proficiency, and a training plan

Examples of evidence: CBDs, OCEs, DOPS, (if they add value),

reflective log, papers, videos, annotated photos of artefacts, conference poster/abstract

Components of HSST assessment: Section C: extended innovation proposal

1. Lit review and business case (4000 words)
2. Presentation to multi-professional panel

Conceive innovation and critically evaluate potential contribution to HCS

Synthesise relevant literature (for a lay audience)

Persuade panel of the merits of the innovation

Demonstrate values, attitudes and behaviours expected of a leader in clinical science

Demonstrate specialist understanding of barriers and enablers to potential implementation

Components of HSST assessment: Independent Assessment of Professional skills (IAPS)

- Triggered towards end of Year 4 Physiological Sciences, Physical Sciences and Biomedical Engineering, Clinical Bioinformatics (not Life Sciences who will complete FRCPath)
- Trainee selects and submits evidence as a showcase against the 5 domains of the Higher Specialist Scientists Standards of Proficiency to be assessed by independent expert panel
- Separate evidence submitted for each of the five domains
- Evidence could include grant proposal (research), organising a conference (leadership), critical reflection of a difficult decision/patient case (clinical) – designed to be useful
- Submission to be approximately 3 months before anticipated exit date.
- Involves a *viva voce* discussion with critical appraisal of a scientific paper

Progress supported via Annual Review of Progression

- Annual on line survey involving Trainee and Trainer
- Reviewing evidence and providing feedback
- Identifying support needs and barriers to progression
- Opportunity to raise issues relating to training
- Opportunity to ensure programme specific milestones are met e.g. via multi source feedback, exception reports and evidence mapped to standards of proficiency

Concluding comments

- Critical to understand and develop a vision for your programme in the context of new and future roles in a changing system
- Being clear of the aspiring consultant clinical scientist level
- Important to identify in your training plan appropriate and regular opportunities for creating or gathering assessment evidence
- No fixed guidance on ‘how much is enough’ - treat assessment like a research exercise e.g. sample across the total population of all possible variations of tasks, collect evidence until a convincing saturation point is reached for each of the Standards, triangulate evidence from different sources, include reflection and critical appraisal

Thank you