**NSHCS Self-assessment for work-based placement providers**

**(Scientist Training Programme)**

When completing this form, please read “Step-by-Step Guide to Completing Your Self-Assessment”, available in the accreditation pages of the National School of Healthcare Science website.

This self-assessment is the first step in the accreditation process for departments employing trainees on the Scientist Training Programme (STP).

All departments employing an STP trainee must complete this self-assessment. It provides information and evidence about the department so that we can evaluate whether the required standards of training can be met. The form sets out the STP training standards, and also includes the standards in Health Education England’s Quality Framework, which apply to all health service-learning environments.

If you have not provided a complete submission, we will come back to you for the missing information or evidence. When we have a complete submission we will evaluate it. The outcomes may be a) accreditation; b) accreditation with conditions; or c) referral for panel visit.

***Please attach all electronic evidence to emails along with completed form, do not embed any documents to the self-assessment.***

The completed document should be sent to [nshcs.accreditation@hee.nhs.uk](mailto:nshcs.accreditation@hee.nhs.uk)

|  |  |
| --- | --- |
| **Trust / organisation** |  |
| **Department name** |  |
| **Head of Department** |  |
| **Head of Department - email address** |  |
| **Training Officer/Supervisor** |  |
| **Training Officer/Supervisor’s address, email and telephone number** |  |
| **Specialty(ies) covered** |  |
| **Date** |  |

**Your trust or organisation**

Before completing this form, check whether other scientific services in your organisation are already accredited for STP training. If they are, you need not duplicate any organisation-wide information they have already submitted.

You should be able to find this out by enquiring in your organisation. If you are not sure, check the list of accredited departments in the accreditation section of the National School of Healthcare Science website.

**Insert here the names of any other scientific services in your organisation that are already accredited for STP training.**

**Consortium arrangements**

A group of training departments working together may choose to apply for accreditation as a consortium.

If you are applying on this basis, please provide the information requested in the box below.

To be regarded as a consortium, there must be documented agreement among the participating departments setting out the roles, responsibilities, procedures, supervision arrangements, and quality assurance arrangements.

If you are applying as a consortium, complete the remainder of this form on behalf of all the participating departments, including information on each as required.

**Name of consortium**

**Participating trusts/departments**

**Name and job title of training coordinator**

**Do you have a formal consortium agreement? If so, provide a copy**

**In an attachment, describe the governance arrangements for the consortium**

**UKAS service accreditation**

If your department has one of the scientific diagnostic service accreditations provided by the United Kingdom Accreditation Service (UKAS), enter the details, including dates, in the box below. If you have UKAS accreditation, you are exempt from having to provide some of the items of evidence listed in this form. These items are marked as ‘UKAS exempt’.

**Part A: Assessment against the National School of Healthcare Science Quality Standards for STP training**

The following statements relate to the STP work-based training provider quality standards. For each of them, assess your department on a four-point scale from ‘not met’ to ‘exceeded’. If you assess that you have ‘not met’ or are ‘working toward’ the standard, identify actions to demonstrate how you intend to achieve the standard in the future. If you feel you have exceeded the standard by developing an area of best practice, please say if you agree to this being shared.

If you have identified (page 2 above) other departments in your trust/organisation have already gained accreditation, you will not need to submit any of the organisation-wide policy documents such as policies on Equality and Diversity, Bullying and Harassment, or Whistleblowing.

|  |  |  |  |  |  |  |  |
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| **No** | **Description** | **Tick one column** | | | | **Evidence** | |
|  |  | **Not met** | **Working towards** | **Met** | **Exceeded** | Read the step-by-step guide when compiling your evidence.  Submit the evidence as attached electronic documents, numbered according to the numbering scheme in this form.  **Do Not embed any documents.**  If there are items you cannot provide, explain why, and provide a written summary to evidence the standard.  Where possible avoid attaching copies of entire policiesbut provide the relevant section. | |
| *The following sections cover all the domains that inform our accreditation. The Item number in the right-hand column refers to the list of evidence you should submit: please make sure you read the step by step guide and number the items of evidence correctly.* | | | | | | | |
| **1** | **Domain 1 – Education/training quality** | | | | | | **Item**  **No.** |
| 1.1 | Departmental staff, including senior grades, contribute to maintaining the quality of education and training.  Department has clear quality standards. |  |  |  |  | Organisation chart with roles and responsibilities  Training policy identifying how the trust/department supports healthcare science training  Specimen training plan, showing   * How placements are planned and confirmed * The staff involved: training officer, other trainers/ supervisors/assessors * Supervision arrangements including actual or proposed supervision for the research project, including arrangements for research sponsorship * Preparation of colleagues to support training * Induction/orientation pack or event   Note of any quality manuals, quality statement or similar documentation used by the Department. *[UKAS exempt]* | 1  2  3  4 |
| 1.2 | Training programmes reflect relevant national guidance. |  |  |  |  | Generally, the evidence in documents 1 – 4 will confirm this.  In addition, demonstrate that at least one member of staff has attended a National School of Healthcare Science train the trainer event.  Evidence of attendance at train the trainer and confirmation that learning has been cascaded to colleagues. | 5 |
| 1.3 | Department can deliver professional training to high standard. Staff development includes supervision  and delivery of training. |  |  |  |  | For the Training Officer (the individual identified as such in OneFile, who has overall supervision of the STP trainee), download and complete the document “Evidence of meeting requirements for STP Training Officer Role” from the accreditation section of the NSHCS website. The person specification for the role, and guidance on completing this form, are on the website and in the step-by-step guide. This document is a requirement for accreditation.  For all other staff involved in to any significant extent in training, provide brief CVs, with particular emphasis on any training qualifications or experience  Statement giving brief details of support at trust level for training – for example, courses available in supporting and mentoring trainees, providing feedback, having difficult conversations. This should also demonstrate that the department is in a position to supervise a master’s level research project including, where possible, sponsorship of the project. | 6  7  8 |
| 1.4 | Training staff reflect on experience and are committed to continuous improvement of training process. |  |  |  |  | Schedule of meetings with other STP training officers in the trust or externally  Examples of STP trainee meetings, including internal trust STP trainee networks, regional trainee networks  Note of any staff CPD aimed at supporting education and training  An example of improvement as a result of your own internal review.  Schedule of education meetings within the department (include any regular meetings where trainee progress is reviewed, or where staff reflect on their training practice) | 9  10  11  12  13 |
| 1.5 | Staff contribute to national training initiatives. |  |  |  |  | Identify staff actively involved in NSHCS events such as recruitment shortlisting or interviewing, OSFA station writing and assessing, attendance at any national groups such as Themed Boards, participation in other NSHCS activities such as accreditation visits. | 14 |
| 1.6 | There is a process for dealing with concerns about students’ profession-related conduct  (fitness to practise). |  |  |  |  | Relevant extracts from Trust policies.  Summary of Trust appraisal process including capability procedure *[UKAS exempt]* | 15  16 |
| 1.7 | There is effective communication, partnership and inter-professional team working, including liaison with university providing the academic component of the STP. |  |  |  |  | Evidence of trainees’ interactions with other departments/professionals (e.g., attendance at multi-disciplinary meetings)  Details of other trainees accepted on rotation or placement (this can include trainees on programmes other than the STP).  Evidence of employer liaison with the STP trainee’s university (e.g., exchange of emails with the course leader) | 17  18  19 |
| **2** | **Domain 2 – planning and resource management - *Unless otherwise noted, no separate evidence required*** | | | | | | **Item**  **No.** |
| 2.1 | Clear training strategy and annual plan linked to national and local policy.  Clear lines of accountability for the management and governance of work-based education. |  |  |  |  | Statement showing how the department’s training plan links with the trust’s forward plans and national policy (that is, can you demonstrate that training an STP aligns with the trust or organisation’s strategic plans, and wider long-term strategy in the health service?)  Description of how the department contributes to the trust’s workforce planning and data collection.  Confirmation that department has identified clinical scientist roles  In addition to the documents provided for section 1.4 above, show how the department links with the organisation’s Education and Training leads (e.g. placement education lead, learning and development lead) to ensure quality in education and training. | 20  21  22  23 |
| 2.2 | Physical resources to support students/learners (chairs, desks, workspace).  Technical equipment and IT facilities including on-line journal access. |  |  |  |  | Brief description demonstrating that adequate facilities are provided for Scientist Training Programme trainees (including library facilities) | 24 |
| 2.3 | Learning opportunities are at the right level and provide opportunities for multi-professional working. |  |  |  |  | This should be covered largely by the evidence in section 1.7 above.  Additional evidence: a statement confirming that STP trainees will receive training in audit, risk assessment, research / statistics skills, and incident reporting. | 25 |
| 2.4 | Prompt feedback to trainees. |  |  |  |  | This should be largely covered by evidence provided elsewhere.  Additional evidence; an example of written feedback for a trainee. | 26 |
| 2.5 | Feedback from trainees is collected and action plans agreed. |  |  |  |  | No separate evidence required: should be covered by other evidence in the submission. |  |
| 2.6 | All trainees whether direct entry or in-service are released (and given protected study time) to undertake all aspects of the training programmes. |  |  |  |  | Written confirmation that all STP trainees (whether direct entry or in-service) will be treated as supernumerary and, in addition, will have at least 20% of their time allocated to private study/portfolio completion, throughout the programme, whether during academic term time or not. | 27 |
| **3** | **Domain 3 – Health and Safety, Equality and Diversity, PPI –**  ***Note: we do not carry out health and safety inspection so must rely on other third party evidence.*** | | | | | | **Item**  **No.** |
| 3.1 | Policies and procedures reflect health and safety legislation and equality of opportunity.  Safety is maintained.  Risk is managed. |  |  |  |  | Evidence of all internal and external inspection regimes the department is subject to (e.g. service accreditation, ISO), and outcomes from recent inspections or health and safety audits. Brief statement and any reference numbers confirming accreditation: certificates are not required. *[UKAS exempt]*  Confirmation that mandatory training is undertaken by all trainees (simple statement)  Evidence of trust and departmental policies on whistle-blowing. *[Not required if other departments in your organisation are accredited] [UKAS exempt]* | 28  29  30 |
| 3.2 | Diversity, inclusion and equality of opportunity. |  |  |  |  | Evidence of Trust equality and diversity policy; department commitment to observe equality of opportunity in training. *[a copy of the policy is not required if other departments in your organisation are accredited; however, we require a statement that the department itself is committed to the principles] [UKAS exempt]* | 31 |
| 3.3 | Appeals / complaints / concerns. |  |  |  |  | Evidence of Trust policies on harassment and bullying; description of how trainees can raise concerns about their training. *[Not required if other departments in your organisation are accredited] [UKAS exempt]* | 32 |
| 3.4 | Disclosure and Barring Service, Independent Safeguarding Authority and occupational health clearance processes. |  |  |  |  | Confirmation from department that DBS checks are required (or, where this is not the case, Trust statement explaining the reasons).*[UKAS exempt]* | 33 |
| 3.5 | Where Students/trainees may engage clinically with service users, appropriate consent is obtained. |  |  |  |  | Consent form, or description of the process for obtaining consent. If consent is not in written form, Informed consent policy (where appropriate).*[UKAS exempt]* | 34 |
| 3.6 | Programmes respect the rights and needs of service users and colleagues. |  |  |  |  | Trust Patient and Public Involvement policy – e.g.  Service Users and Carers policy or equivalent. *[Not required if other departments in your organisation are accredited]*  Engagement plan for STP trainees showing how opportunities will be provided for interaction with patients (including patient representative groups) and the wider public.  Fitness for practice policy (where appropriate)  Evidence of safeguarding for vulnerable service users.*[UKAS exempt]* | 35  36  37 |

**Areas identified for improvement** *(please complete if you have rated any standard as ‘not met’ or ‘working towards’)*

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| --- | --- | --- | --- |
| **Standard**  (use reference numbers from the table above) | **Actions proposed** | **Date** | **Person responsible** |
|  |  |  |  |

**Part B: the Health Education England Quality Framework**

All learning environments in the Health Service in England are subject to the Health Education England (HEE) Quality Framework, which is overseen by the regional HEE Quality teams.

The National School of Healthcare Science accreditation standards align to the Quality Framework, but the Quality Framework is wider-ranging because it is not focused on an individual training programme.

HEE may at any time assess your compliance with the Quality Framework. For the purposes of our initial accreditation we ask only for a self-declaration that you are aware of its requirements and will abide by them. If at any stage we visit your department with an accreditation panel, we will explore compliance with the Quality Framework as part of our visit.

As with Section A above, please assess your department on a four-point scale against the requirements of the Quality Framework. We do not ask for evidence documents, but you should comment in the right-hand column if any standard is assessed as ‘not met’.

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| **No** | **Description** | **Tick one column** | | | | **Comments** |
|  |  | **Not met** | **Working towards** | **Met** | **Exceeded** | Comment if you have ticked the ‘not met’ or ‘working towards’ box in any case – your comments should explain what measures you will put in place in order to meet the requirement. |
| **Domain 1 – Learning Environment and Culture** | | | | | | |
| 1.1 | Learners are in an environment that delivers safe, effective, compassionate care that provides a positive experience for service users. |  |  |  |  |  |
| 1.2 | The learning environment is one in which education and training is valued and learners are treated fairly, with dignity and respect, and are not subject to negative attitudes or behaviours. |  |  |  |  |  |
| 1.3 | There are opportunities for learners to be involved in activities that facilitate quality improvement (QI), improving evidence-based practice (EBP) and research and innovation (R&I). |  |  |  |  |  |
| 1.4 | There are opportunities to learn constructively from the experience and outcomes of service users, whether positive or negative. |  |  |  |  |  |
| 1.5 | The learning environment provides suitable educational facilities for both learners and educators, including space, IT facilities and access to quality assured library and knowledge. |  |  |  |  |  |
| 1.6 | The learning environment promotes inter-professional learning opportunities. |  |  |  |  |  |
| **Domain 2 - Educational governance and leadership** | | | | | | |
| 2.1 | The educational governance arrangements measure performance against the quality standards and actively respond when standards are not being met. |  |  |  |  |  |
| 2.2 | The educational leadership uses the educational governance arrangements to continuously improve the quality of education and training. |  |  |  |  |  |
| 2.3 | The educational governance structures promote team-working and a multi-professional approach to education and training where appropriate, through multi-professional educational leadership. |  |  |  |  |  |
| 2.4 | Education and training opportunities are based on principles of equality and diversity. |  |  |  |  |  |
| 2.5 | There are processes in place to inform the appropriate stakeholders when performance issues with learners are identified or learners are involved in patient safety incidents. |  |  |  |  |  |
| **Domain 3 - Supporting and empowering learners** | | | | | | |
| 3.1 | Learners receive educational and pastoral support to be able to demonstrate what is expected in their curriculum or professional standards to achieve the learning outcomes required. |  |  |  |  |  |
| 3.2 | Learners are supported to complete appropriate summative and formative assessments to evidence that they are meeting their curriculum, professional standards or learning outcomes. |  |  |  |  |  |
| 3.3 | Learners feel they are valued members of the healthcare team within which they are placed. |  |  |  |  |  |
| 3.4 | Learners receive an appropriate and timely induction into the learning environment. |  |  |  |  |  |
| 3.5 | Learners understand their role and the context of their placement in relation to care pathways and patient journeys. |  |  |  |  |  |
| **Domain 4 - Supporting and empowering educators** | | | | | | |
| 4.1 | Those undertaking formal education and training roles are appropriately trained as defined by the relevant regulator or professional body. |  |  |  |  |  |
| 4.2 | Educators are familiar with the curricula of the learners they are educating. |  |  |  |  |  |
| 4.3 | Educator performance is assessed through appraisals or other appropriate mechanisms, with constructive feedback and support provided for role development and progression. |  |  |  |  |  |
| 4.4 | Formally recognised educators are appropriately supported to undertake their roles. |  |  |  |  |  |
| **Domain 5 - Delivering curricula and assessments** | | | | | | |
| 5.1 | The planning and delivery of curricula, assessments and programmes enable learners to meet the learning outcomes required by their curriculum or required professional standards. |  |  |  |  |  |
| 5.2 | Placement providers shape the delivery of curricula, assessments and programmes to ensure the content is responsive to changes in treatments, technologies and care delivery models |  |  |  |  |  |
| 5.3 | Providers proactively engage patients, service users and learners in the development and delivery of education and training to embed the ethos of patient partnership within the learning environment. |  |  |  |  |  |
| **Domain 6 - Developing a sustainable workforce** | | | | | | |
| 6.1 | Placement providers work with other organisations to mitigate avoidable learner attrition from programmes. |  |  |  |  |  |
| 6.2 | There are opportunities for learners to receive appropriate careers advice from colleagues within the learning environment, including understanding other roles and career pathway opportunities. |  |  |  |  |  |
| 6.3 | The organisation engages in local workforce planning to ensure it supports the development of learners who have the skills, knowledge and behaviours to meet the changing needs of patients and service. |  |  |  |  |  |
| 6.4 | Transition from a healthcare education programme to employment is underpinned by a clear process of support developed and delivered in partnership with the learner. |  |  |  |  |  |

**Part C: Signature**

This application **must** be signed by the Head of Department and countersigned by an individual from a tier of management at least one level higher. Examples of suitable countersignatures (which will vary from one organisation to another) would include the Medical Director, a Trust Board Member, or the Trust’s Director of Education.

|  |  |  |  |
| --- | --- | --- | --- |
| **I confirm that…** | | | **Tick** |
| The organisation will deliver the rotations, learning outcomes and assessments defined in the specialist curriculum of the Scientist Training Programme | | |  |
| All STP trainees will be regarded as supernumerary | | |  |
| The department will give the trainee a minimum of 20% of their time as protected study time throughout the programme | | |  |
| The department will engage positively with the trainee’s Mid-term Review of Progression (which is conducted by the National School of Healthcare Science around 18 months into the programme). | | |  |
| Key staff in the department have read and understood their roles and responsibilities. | | |  |
| **Name** | **Job title** | **Date** | |
|  |  |  | |
| **Signature** | **Contact details (email and telephone)** | | |
|  |  | | |
|  |  |  | |
| In countersigning this form I confirm that I have read and understood the contents and that the organisation fully supports the Scientist Training Programme. | | | |
| **Countersignature** | **Job title** | **Date** | |
|  |  |  | |
| **Signature** | **Contact details (email and telephone)** | | |
|  |  | | |