

Pre-registration training

Training Officer Meeting

29th October 2018

Vicky Stinton

Pre-registration training

- Working group put together by Alison Taylor-Beadling
 - Alison Taylor Beadling
 - Anjali Lloyd-Jani
 - Lorna Crawford
 - Karen Marks
 - Carolyn Tysoe
 - Martina Owens
 - Vicky Stinton
 - Paula Page
- **Aim**
 - Provide guidance regarding content of training for pre-registration scientists.
 - Focus is Association of Clinical Scientists (ACS) route 2 to registration
- **Why?**
 - Increasing number candidates applying ACS route 2 especially molecular genetics
 - To ensure trainees obtain sufficient exposure to fulfil ACS competency criteria to attain HCPC registration
 - Some portfolios have been rejected based on lack of evidence

Routes to registration

- **ACS**

- **Clinical Genetics modality - molecular/cytogenetic sub-modalities**
 - Likely to stay as two sub-modalities for the foreseeable future
- **Developing sciences route**
 - Combination of modalities
 - Need to be able to justify why applying for this route
 - Trainees work in specialised area and have narrower scope of practice e.g. molecular pathology
- Assessed against 7 competencies: Scientific, Clinical, Technical, R & D, Communication, Problem solving, Professional accountability

- **Academy of Health Care Science (AHCS)**

- Equivalence routes – guidance found here:
<https://www.ahcs.ac.uk/equivalence/>
- Very prescriptive as assessed against good scientific practice (GSP) and relevant MSC curriculum learning outcomes

Training Programme Content Suggestions

- **First teleconference held 3/10/18 to start discussions about guidance** (not all working group could attend)
 - **Cover range core disorders defined by new test directory**
 - **E.g. Molecular genetics:**
 - Should have background knowledge e.g. clinical presentation, genes
 - Should cover various modes inheritance
 - Should cover some Bayes calculations
 - **Techniques:**
 - Should be able to demonstrate knowledge of core techniques e.g. NGS, MLPA, Sanger sequencing
 - If can't have "hands on" exposure to techniques should have opportunity to shadow some technical work
 - To include health & safety aspects e.g. COSHH etc
 - **Project work (R and D competency)**
 - Discussed need for project if trainee does not have MSc or PhD
 - Some labs all pre-registration trainees undertake a project
 - Need guidance from assessors

Other discussion items

- **Assessments**
 - Majority centres using case based discussion (CBD) following each rotation in lab
- **Study time**
 - Felt that guidance for this could not be provided
 - Some centres half a day a week other one day a month
 - This is a local decision for each centre
- **Evidence included in portfolio**
 - Agreed that guidance of number case studies per rotation would be helpful
 - This requires further discussion
 - Referencing HCPC codes of conduct
 - Agreed that sufficient to state that trainee has read and understood the codes of conduct in their portfolio.
- **ACS Developing Science route**
 - Felt that if possible trainees should be given exposure to core disorders as this would enable them to develop professionally

Assessors feedback

- Suggestions sent to ACS assessors
 - Mixed reaction - mainly concerns about being prescriptive with content:
 - “It is essential that all core competencies required for the registration are covered in the submitted portfolios and that a variety of disorders are captured under the knowledge and skills competencies. “
 - “If you are very prescriptive about content you will inevitably fall foul of those individuals who do not tick all the boxes, but are clearly fully able to practice.”
 - “I also agree with those of you advising caution about being too prescriptive about the breadth of training, especially via the ACS route”
 - “I personally don’t feel the need to be prescriptive about the areas the applicants have worked in or their specific knowledge set, but as previously pointed out they need to demonstrate that they are working at Clinical Scientist level. “
- Meeting with assessors to be organised as still felt guidance is required for training officers (and new ACS assessors)...watch this space!

