

Note of Modernising Scientific Careers (MSC) Working Group meeting held on 3rd March 2010 in Room C2.2, Castle Buildings, Stormont

Present: -

Professor Bernie Hannigan (BH) – Chair
Mervyn Barkley (MB) – HR Belfast Trust
Dr Colin Graham (CG) – Clinical Scientist, Belfast Trust
John Graham (JG) – Unite
Sally Haggan (SH) - Unite
Dr Ian Logan (IL) – Clinical Physiology, University of Ulster
Dr Canice McGivern (CMcG) – Head of Medical Physics, Regional Medical Physics Service
Gordon McNair (GMc) – Institute of Biomedical Scientists representative
Wilson McNair (WMc) – Principal Cardiac Clinical Physiologist, Belfast Trust
David Moorehead (DM) – Unite
Dr Jacqueline O'Connor (JO'C) – Biomedical Sciences, University of Ulster
David Thompson (DT) – Maxillofacial Technology representative
Myra Weir (MW) – HR South Eastern Trust
Gail Anderson (GA) – HR Directorate, DHSSPS

Apologies: -

Joyce Cairns (JC) – HR Directorate, DHSSPS; Dr Tom Gardiner (TG) – Biomedical Sciences, QUB; Kevin McAdam (KMcA) – Unite; John Nesbitt (JN) – Education and Training Unit, HR Directorate, DHSSPS; Claire Smyth (CS) – HR Northern Trust; Helen Walker (HW) – HR Southern Trust; Shirley Young (SY) – HR Western Trust

1. Welcome and Introductions

Following introductions BH welcomed those present to the fifth meeting of the group.

2. Note of previous meeting – 10th December 2009

The note of the previous meeting was agreed. **ACTION** Agreed note of meeting to be uploaded to DHSSPS web site.

3. Matters Arising:

The actions listed at item 8 in note of meeting from 10th December were reviewed.

- a) Agreed note of meeting on 8th September has been uploaded to DHSSPS web site;
- b) The link to the MSC page on the Department's web site has been emailed to all WG members;
- c) BH advised that the Department of Health, England (DH) had confirmed that appropriate transitional arrangements for current and future trainees will be in place to satisfy future regulatory requirements;
- d) BH advised that the timelines for regulation are not available yet;
- e) Briefing had been prepared for Minister following receipt of the agreed UK policy document which had been signed off by all 4 countries.

4. Publication of UK Policy Document

Modernising Scientific Careers: The UK Way Forward was launched on Friday 26th February by DH. Members of the WG had been circulated with a link to the DH website. **ACTION** The policy document will be uploaded to the DHSSPS website. BH advised that this was the first publication by the DH MSC team since the launch of the 'MSC: The Next Steps' consultation in November 2008. A number of professional groups have written expressing their concerns about this project. BH invited comments on the document and the following is a summary of the main items.

As spokesperson for the IBMS GMcN expressed concerns re transparency and while this policy document takes on board a lot of the concerns expressed in the consultation document it does not show how these concerns will be addressed and more clarification is required. GMcN referred to page 14 paragraph 20 of the document and advised that there may be some inconsistency in the

achievement of 'equivalence'. To some extent the perceived education and training 'glass ceiling' had been appeased. The proposals could still pose risks to patient safety.

JG expressed an immediate concern re how the current and new structures would dovetail. More information is required from workforce planning as to what the new workforce will look like. NI has a relatively stable workforce so any change would not be apparent in the short term.

DT advised that his colleagues had met with Sue Hill, Chief Scientific Officer in DH, and had been encouraged by what they had heard. The education proposals seem fine but will resources be available for education and recruitment to posts?

CG welcomed the extension of the scientific training to specialisation in discipline and that higher discipline posts will be made available. Some of the statements require greater clarity.

MB commented that given the current financial constraints issues may arise re the number of posts which are available and how staff access these.

CMcG thoughts focused on local implementation and how training will be delivered in NI.

WMcN returned to funding issues both for training and for trainers in the workplace. Further clarity is required re the trainee and practitioner roles.

JO'C expressed concern over the lack of HEI involvement in curriculum development. The proposed career structure is not simple and may pose a problem in selling to prospective students. The current biomedical sciences degrees produce graduates who are fit for purpose. What is proposed is very different. The financial viability of a 3 year degree programme needs to be looked at. For associates and practitioners the Foundation Degree currently delivered in NI by Further Education Colleges could be adapted but who will fund this work? **ACTION** The WG should have a representative from further education – JO'C to suggest appropriate representative.

IL returned to the principle of 'equivalence' for the physiological science professions with the creation of a senior healthcare science grade. He also felt the proposed career structure was not simple. Not knowing what the curricula will be for proposed programmes is an issue together with the fact that HEIs have not been able to feed into this process. How can the healthcare science courses be up and running in 2010 when the curricula are unknown? There are also practical and funding issues for the smaller disciplines.

BH commented that for the regulatory piece of the proposals there will need to be a clear understanding of the roles and standards for each healthcare science speciality and career stage. This is the responsibility of the UK-wide steering group for regulatory issues.

IL commented that for senior assistants and associates, mid-point exits from degrees might be considered.

5. Feedback from sub group working on education plan The main issues which were discussed include: -

BH advised that for the smaller disciplines colleagues in Scotland and the North of England had expressed interest in a shared approach to course provision. With this in mind, a meeting had been held with the Head of the Education and Training Unit in DHSSPS to discuss funding issues and the scope to pool resources. While there is no precedent for such a model, there is no obvious barrier to it. While other professions such as nursing and AHPs have a substantial education and training budget it is recognised that the scientific workforce receives almost no funding. For AHPs the funding was transferred from the Department for Employment and Learning (DEL) to DHSSPS and if funding is approved a similar situation would arise for education in healthcare science disciplines. It was agreed that a submission for funding together with a business plan should be prepared for the models of education and training available to the scientific workforce. The Department would need to consider whether the proposals are cost effective before any approval of funding. Considerable work is required to make this case for change.

BH recently attended a meeting of the Education and Training Group, a subgroup of the Healthcare Science Board which is chaired by the Chief Scientific Officer in DH. This Group is seeking to assess curricula developed by the many professional groups who have worked on them for some months. BH was concerned that the Group is dwelling on detailed course content rather than on learning outcomes. The universities have not been involved in this work to-date.

IL mentioned the proposed single healthcare science degree with its three divisions and up to 51 disciplines. The universities and profession need to work together to agree on what constitutes 'equivalence' in programmes of study that enable the achievement of desirable outcomes.

BH advised that professional bodies such as the ACS and the IBMS are likely to continue to contribute to aspects of the regulatory process around the evaluation and accreditation of courses. The regulator, the HPC, has not yet specified what will happen. For any higher specialist register the regulator may not be the HPC.

A discussion took place on the MSC careers and training pathways diagram on page 32 of the Way Forward document and in particular the healthcare scientist model (green and yellow boxes). There was also discussion of how modules of the healthcare science degree could be provided by distance learning. CMG advised that the Open University were in the process of seeking accreditation for their MSc degree in Medical Physics from the Institute of Physics & Engineering in Medicine (IPEM).

6. Feedback from sub group working on scoping exercise for scientific workforce –

GA provided a presentation on the data gathered to date (copy attached). Figures are for the end of September 2009, are based on head count and come with a health warning as some amendments are yet to be cleared through the Human Resource Management System (HRMS). MB explained that HRMS is primarily a payroll system and is due to be replaced next year. Consequently it is difficult to extract data in the form required for this analysis.

Outstanding issues were –

Professions with statutory regulation. **ACTION GA to email HR representatives to ask them to confirm that all clinical scientists and biomedical scientists in their Trust are registered with HPC.**

There is inconsistency in coding of staff on Trust databases. A group has been established to 'clean' the data and ensure consistency.

BH advised of the need to drill down further to establish by discipline (as per MSC divisions and disciplines) the numbers employed in the HSC sector. **ACTION By 19th March GA to liaise with HR representatives who will identify through Head of Department or General Manager the numbers in each discipline. BH to speak with JC re workforce projections**

7. Feedback from other MSC meetings

GMcN attended a meeting re a project organised by the Academy of Medical Royal Colleges on the Role of the Senior Scientist. **ACTION GA to circulate papers which GMcN provided re the AoMRC meeting on 22 February 2010.**

8. Way Forward –

Implementation Plan, including Business Plan – An outline should be discussed at the next meeting

8. Agreement on actions

- a) Agreed note of meeting on 10th December to be uploaded to DHSSPS web site;
- b) BH will share timelines for regulation with working group when available;
- c) GA to arrange to have MSC:The UK Way Forward uploaded to the DHSSPS website;
- d) WG should have a representative from further education – JO'C to suggest appropriate representative;
- e) GA to email HR representatives to ask them to confirm that all clinical scientists and biomedical scientists in their Trust are registered with HPC;
- f) By 19th March GA to liaise with HR representatives who will identify through Head of Department or General Manager the numbers in each discipline;
- g) BH to speak with JC re workforce projections;
- h) GA to circulate papers which GMcN provided re the AoMRC meeting on 22 February 2010.

9. AOB

Date of next meeting – June 2010 at Castle Buildings.