

Note of Modernising Scientific Careers (MSC) Working Group meeting held on 4th June 2009 in Training Room 1 Castle Buildings Stormont

Present: -

Professor Bernie Hannigan (BH) – Chair
Joyce Cairns (JC) – HR Directorate, DHSSPS
Dr Alistair Crockard (AC) – Consultant Clinical Scientist, Belfast Trust
Dr Tom Gardiner (TG) – Biomedical Sciences, QUB
Dr Ian Logan (IL) – Clinical Physiology, University of Ulster
Dr Canice McGivern (CMcG) – Head of Medical Physics, Medical Physics Service
Gordon McNair (GMc) – Head Biomedical Scientist, Northern Trust
Wilson McNair (WMc) – Principal Cardiac Clinical Physiologist, Belfast Trust
Dr Jacqueline O'Connor (JO'C) – Biomedical Sciences, University of Ulster
Helen Walker (HW) – Southern Trust
Shirley Young (SY) – HR Western Trust
Gail Anderson (GA) - HR Directorate, DHSSPS

Apologies: -

Mervyn Barkley (MB) – HR Belfast Trust
Kathleen McCann (KMc) – HR Northern Trust
Veronica Spence (VS) – HR South Eastern Trust

1. Welcome and Introductions

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

2. Notes of previous meeting

GMc pointed out that in relation to the phrase no "glass ceilings" in the third paragraph under point 2 - he has been quite firm at all meetings in stating that the proposed MSC model had a number of inbuilt glass ceilings which would not allow seamless career progression between the boxes. It was agreed that the sentence containing 'glass ceilings' should read "Progression is competitive and according to the Chief Scientific Officer, Sue Hill, there are no 'glass ceilings' ". BH explained the background to this - the removal of the requirement for staff to resign should they be appointed to a supernumerary training post. They could undertake the training on a part-time basis which may lead to a substantive post once the qualification is attained.

The previous sentence referring to Agenda for Change – HW suggested and it was agreed that the words 'not linked' were inappropriate and suggested replacing these with 'stages do not equate'. GMc advised that his profession supports the principles of MSC but does not think the proposed model will meet the aims of MSC. GMc also felt some concern was expressed that the summary produced by MSC on the responses appeared to present a more positive picture than the feedback colleagues received locally from respondents.

GMc suggested that while the group may not need a detailed minute of meetings he feel it would be good idea to circulate notes as a draft in the first instance to get approval from the members prior to any official circulation. BH advised that the practice of a draft note being agreed by the Chair and circulated to the group should continue. It allows for transparent recording of any amendments desired by members at the next meeting and discussion before changes are agreed.

3. Matters Arising:

a) Scoping of roles within Trusts - The Department issued a letter to HR representatives from the Trusts on 20 May with a request for responses by 29 May. To date two responses have been received. As a workforce planning review of HCS staff is planned for later this year this is an important piece of work which provide some consistency when roles and disciplines within the HCS workforce are being discussed. **ACTION - Department to issue a further reminder with the results of the exercise to be presented to the September meeting of the group.**

b) Education courses commissioned by the Department – the following monies are allocated to provide for training for HCS students -

Biomedical Students	Bursaries Ulster	85K
Clinical physiologists	Bursaries Ulster	115K
Clinical scientists	trainee salary support	300K

In addition, for Clinical psychologists, who are not a HCS profession, Tuition fees to QUB/CSA total 1.32M

A discussion followed where the main points were: the allocation of funding was trivial compared to other healthcare professions. While traditionally training for this group of HSC staff has not been funded there should be a stronger case for an increased budget to address the inequality as MSC rolls out. **ACTION** – JC to check with Wales and Scotland re funding provided for HCS training.

c) Proposed ‘Engagement days’ – BH advised that the MCS Team (in England) will decide who will be invited to the 2 Engagement days. BH will seek invitations to issue to all on the NI MSC group. It is important that NI has reasonable coverage at these events. While it is unlikely that little will change in how the MSC model will look there is a need for more clarity and detail. The provisional dates are 21 and 27 July. **ACTION** – All to note dates in their diary.

d) Interaction with Scotland – JC confirmed that Scotland is happy to meet with colleagues in NI periodically. It was suggested that the other Devolved Administration, Wales, should also be approached re meeting occasionally. **ACTION** - JC to speak to relevant colleague in Wales.

4. Context for the Working Group: statement sent to Ministers (England) from MSC team in DH – The NI Minister was advised of the UK-wide consultation on MSC. It was agreed that it would be premature to send any further update to Minister until the consultation findings are known. **ACTION** - DH statement to be put on DHSSPS website with a link to the DH site.

5. Update from recent meetings: -

a) HCS Programme Board (sub-committee of Medical Education England, MEE) attended by Chair April 17th and June 2nd. BH is an observer on this board. The main issues discussed were: -

MEE was created during the MMC (Modernising Medical Careers) project and following the problems raised in relation to training places. MEE has 4 boards – Medical, Dentistry, Pharmacy and Healthcare Science. Despite demarcation lines, there are many linkages between these professions so the MEE structure may be an opportunity for joint working.

HCS Programme Board slides were circulated to the group. Of the 4 work streams, JC had been nominated to join Workforce Planning and BH to join Education and Training.

JO’C raised the issue of the lack of university input to curriculum development. AC, who is a member of a discipline-specific curriculum development group, advised that the universities were not alone in expressing this concern. BH noted that the Royal Colleges had expressed similar concerns – currently for medical education ‘learning outcomes’ are specified but not curricula or delivery mechanisms. In time a pathway map will be created to reflect the entry and exit routes for each career. Universities will be given the learning outcomes and competencies but these may be too prescriptive. IL expressed the view that the universities would like greater freedom in the design of courses. There should be transparency for HEIs to work upon. GMc and AC are part of the group which will deliver the curricula for Life Sciences. There are 8 to 9 modalities and the group started from a blank page. For scientists the group defined good scientific practice and then had to weave in the NOS. There was no building on what already existed nor were educationists involved. The arrangement is very much supplier (DH)/consumer (HEI). The practicalities of delivering learning given the numbers involved and the geographical

spread may not have been fully considered. IL felt the identification of learning outcomes, starting at the top (MSc level) instead of the bottom, was illogical. AC advised that the cost of delivering the curricula did not appear to have been considered by DH. BH advised that in NI we will develop processes and implementation plans which suit our needs locally and which we can afford.

ACTION – BH advised she would circulate the summary of any meetings she had attended to the group as annexes.

Currently the awarding body for biomedical scientists is the IBMS and the ACS for Clinical Scientists. Both approve courses and award a certificate of competence. MSC propose to establish a special awarding body specifically for this purpose, one model being a company limited by guarantee.

BH mentioned that it had been suggested at a HCS Programme Board meeting that the GMC would be a more appropriate regulator for HCS staff than the HPC. There was some support for this view. The consensus of the NI group was that this is not a viable option. Those members who are currently regulated by the HPC advised that the arrangement worked well and the HPC and the professional bodies had good working relationships. **ACTION** JC to voice NI concerns of any proposed change to the regulator for HCS staff at Blue Skies Day on 12 June.

b) Other relevant meetings – GA reported on a meeting between MSC and HPC on 28 May. The main issue was the concern expressed by Marc Seale, Chief Executive and Registrar of the HPC, about the lack of progress toward statutory regulation of the HSC groups as outlined in the White Paper – Trust, Assurance and Safety – the Regulation of Health Professionals in the 21st Century. BH advised she would like to see HPC take a more prominent position in the MSC project, for example attending HCS Programme Board meetings.

6. Forthcoming events – MSC Blue Skies Day in Edinburgh on 12 June. JC will represent NI. **ACTION** – JC to convey the strong views from NI re awarding body proposals and the view that the regulatory body for HCS should be the HPC, not the GMC.
Engagement days towards the end of July – see above at 3(C).

7. AOB – **ACTION** – BH asked the group to consider additional representation on the group/communication from the group. Group to consider potential ways to involve/link with medical side. Members to send views and suggestions. Also to advise re unions involved (Unite and Unison identified to date) and interactions with them.

8. Agreement on actions

- a) Department to issue a further reminder re the scoping exercise of numbers, roles and grades within the Trusts of HCS staff with the results of the exercise to be presented to the September meeting of the group.
- b) JC to check with Wales and Scotland re funding provided for training for HCS staff.
- c) All to note dates in their diary of the forthcoming Engagement days - provisional dates are 21 and 27 July.
- d) JC to speak to relevant colleague in Wales re periodic meetings to discuss MSC and HCS issues.
- e) DH statement on MSC to be put on DHSSPS website with a link to the DH site.
- f) JC to voice NI concerns of any proposed change to the regulator for HCS staff at Blue Skies Day on 12 June.
- g) BH to circulate the summary of any relevant meetings she had attended to the group.
- h) Group to consider additional representation on the group/communication from the group.
- i) Group to consider and submit views on involvement of medical and Trades Union colleagues.

9. Date of next meeting – 8th September 2009 at 10.00am in Training Room 1, Castle Buildings.