

## **Note of Modernising Scientific Careers (MSC) Working Group meeting held on 16<sup>th</sup> April 2009 in Room D2 Castle Buildings Stormont**

### **Present: -**

Professor Bernie Hannigan (BH) – Chair  
Mervyn Barkley (MB) – HR Belfast Trust  
Joyce Cairns (JC) – HR Directorate, DHSSPS  
Kathleen McCann (KMc) – HR Northern Trust  
Helen Walker (HW) – Southern Trust  
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, Ulster  
Gail Anderson (GA) - HR Directorate, DHSSPS

### **Apologies**

Dr Alistair Crockard (AC) – Consultant Clinical Scientist, Belfast Trust  
Dr Tom Gardiner (TG) – Biomedical Sciences, QUB  
Dr Ian Logan (IL) – Clinical Physiology, Ulster  
Dr Canice McGivern (CMcG) – Director of Medical Physics, Medical Physics Agency  
Veronica Spence (VS) – HR South Eastern Trust  
Shirley Young (SY) – HR Western Trust

### **1. Welcome and Introductions**

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

### **2. Review of Context for the Working Group**

BH referred the group to the consultation document: Next Steps. The UK-wide consultation closed on 6<sup>th</sup> March. In summary, regulation and education of those in the 51 scientific professions considered to be within the MSC family varies considerably – some have well recognised degrees and are statutorily regulated by the Health Professions Council (HPC) while others have limited educational opportunities and are not regulated. Some of the currently unregulated professions have introduced a voluntary register which may ultimately benefit the move to statutory regulation – legislation is anticipated by 2011. The proposal is for a single healthcare scientist (HCS) workforce.

BH referred to Chapter 5, page 13 of the document where a proposed training and career pathway is illustrated. While many members noted the similarities of the numbered career pathway stages to Agenda for Change, BH confirmed the DH line is that this is a new career pathway and not linked to pay banding under Agenda for Change. Progression is competitive and there are no 'glass ceilings'. In principle members supported the model but noted that much of the detail is missing and this is a big issue. It was also noted that NI is well advanced in providing tertiary qualifications through QUB and Ulster which contribute significantly to meeting the needs of the HSC.

BH referred to the initial analysis of consultation outcomes prepared by Ipsos MORI for the 'Four Nations Blue Skies Day' held on 9<sup>th</sup> April. Respondents were overall supportive of the proposals although some opposition was voiced, e.g. from clinical physiologists who were more likely to defend the rationale for the current level of specialism. There was a strong response from NI both individually and from groups.

Professionally, both cardiac physiologists and neurophysiologists were in high numbers among respondents.

General early conclusions from the consultation appear to be that the principles of MSC are good – there will be more commitment to training; from an employers perspective there will be more flexibility through rotation and greater knowledge of other procedures will lead to a more holistic approach to practise. Individuals will have more knowledge and will be better informed in terms of making career choices. However this is based on the provision of supernumerary training posts so affordability becomes an issue here – the cost of staff and the cost of training. In addition there are practical problems such as ensuring the adequacy of experience in all disciplinary areas, including those with small numbers of staff in post e.g. 100 in cardiology versus 6 in perfusion.

**3. Terms of Reference** JC confirmed that a review of the scientific workforce will be commissioned later this year. This will seek to establish the numbers required to carry out services over the next 5 years. MSC may not be sufficiently progressed to have a great impact on this piece of work. Agreed that a scoping exercise was required to identify roles and titles within the current workforce. **ACTIONS** – Department to co-ordinate scoping exercise with Trusts identifying roles under the divisions and disciplines listed on page 4 of the consultation document. Department to prepare paper on all education courses commissioned from local universities to provide for HSC employment.

#### **4. Recent meetings/ Forthcoming Events**

The current UK-wide MSC Oversight Group is likely to be stood down. Under Medical Education England (MEE), a Healthcare Science Programme Board has been established that includes observers from devolved nations (BH for NI). That Board will have oversight of all healthcare scientists across the UK.

AC and GMcN are on curriculum development groups of MSC which is split by discipline. **ACTION** - NI representation on all groups is desirable, ideally for members of the NI Working Group .

Pre-consultation - Listening Events were held; post-consultation - Engagement Days will be held but in England only due to funding constraints. **ACTION** – Department to speak to DH to explore options that might better facilitate NI stakeholders.

While it had been discussed at the 4 Country Blue Sky Day that Healthcare Scientist Practitioner (HCSP) and Healthcare Science Assistant (HCSA) might be renamed 'technologist' and 'technician', the Group agreed that this was not desirable. BH had commented in the same way at the meeting.

#### **5. AOB**

The issue of transitional arrangements needs to be explored with the 4 country group. It was suggested that Trade Unions need to be consulted with as details of MSC are worked up.

It was agreed that it would be useful to explore the feasibility of periodically holding meetings with colleagues in Scotland. **ACTION** – JC indicated that she would speak to relevant colleague in Scotland

Further meetings to be held in June and September – dates to be circulated.