

Note of Modernising Scientific Careers (MSC) Working Group meeting held on 10th December 2009 in Training Room 1, Castle Buildings, Stormont

Present: -

Professor Bernie Hannigan (BH) – Chair
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
Kevin McAdam (KMcA) - Unite
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
John Nesbitt (JN) – Education and Training Unit, HR Directorate, DHSSPS
David Thompson (DT) – Maxillofacial Technology representative
Helen Walker (HW) – HR Southern Trust
Myra Weir (MW) – HR South Eastern Trust
Gail Anderson (GA) – HR Directorate, DHSSPS

Apologies: -

Mervyn Barkley (MB) – HR Belfast Trust; Joyce Cairns (JC) – HR Directorate, DHSSPS; Jaclyn Crowe (JCr) – HR Northern Trust; Dr Tom Gardiner (TG) – Biomedical Sciences, QUB; Dr Jacqueline O'Connor (JO'C) – Biomedical Sciences, University of Ulster; Claire Smyth (CS) – HR Northern Trust; Shirley Young (SY) – HR Western Trust

1. Welcome and Introductions

Following introductions, BH welcomed those present to the fourth meeting of the group and particularly welcomed JN and colleagues from Unite who were joining the group for the first time. New members had received a briefing paper and attended a pre-meeting where BH outlined the main issues the Working Group needs to consider in taking forward this initiative locally.

2. Notes of previous meeting – 8th September 2009

The notes of the previous meeting were 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 8th September were reviewed.

- a) In JC's absence JN advised that the funding of £300k for Clinical Scientists trainee salary support (listed as current DHSSPS support) was to fund the salaries of 12 trainees in Medical Physics and Life Sciences, of whom the majority had now completed their training. CMcG advised that for the first two years full salary costs were covered but only 20% for the final two years. BH made two points – firstly, this funding is to cover supernumerary trainees and secondly there is no further funding available in the current financial year and no certainty of future funding. CMcG outlined the significant resources required by Medical Physics to staff the proposed radiotherapy centre at Altnagelvin (from 2013). Educating and training staff for this facility should be underway sooner rather than later. Funding costs were discussed with an estimate that it costs £36k - £40k per annum per trainee for the current 4 year course for Clinical Scientists. Compared to England, funding for scientists in health services is very low in N Ireland. Any MSC implementation plan should reflect the need to increase funding and achieve some level of parity with the other healthcare professions;
- b) Following an invitation, representatives from Unite have joined the Working Group;
- c) Draft briefing for Minister has been prepared – see agenda item 7;
- d) Sub group on scoping exercise will report – agenda item 5;
- e) CG has liaised with David Batty in Scotland re genetics pilot;

- f) BH advised that the Department will not provide funding for the genetics pilot therefore there will be no NI participation;
- g) Progress in developing education plan for MSC will be discussed under agenda item 4;
- h) Education & Training Unit in Department have nominated JN to work on education plan;
- i) Feedback has been received from WG members on the current MSC model.

4. Feedback from sub group working on education plan – IL provided a presentation on the progress to date on the education plan – copy attached. The main issues which were discussed include: -

- o The MSC model would replace the 4 year Clinical Physiology degree with a 3 year Healthcare Science degree incorporating one year work experience to be provided by the HSC Trusts. This may result in lower professional job preparedness of graduates but is in line with other healthcare professions;
- o In designing a future programme, modules can be incorporated from existing programmes;
- o Medical Education England (MEE) has a Healthcare Science Board on which the Devolved Administrations are observers, BH being the NI observer. A sub-group of this board is dealing with education, training and curriculum development for healthcare scientists. How the curricula will be evaluated has not yet been decided. This work is at an early stage;
- o Given the work experience element of proposed healthcare science courses, the full-time programme would need to be organised by calendar year with limited scope for students to contribute to finance themselves through other employment. A need for bursaries has been identified;
- o There has been no problem recruiting students to other healthcare courses that are organised in this way;
- o Training through work experience needs to be supported in the Trusts. This places quite a burden on existing staff who then need additional support;
- o The (educational) entry requirements for healthcare science assistant grade is not clearly defined;
- o The Higher Education Funding Council for England (HEFCE) are funding additional student places on healthcare science undergraduate degree courses. No equivalent provision has been made in N Ireland;
- o Any specific healthcare science degree course should be considered for funding in line with that offered to other healthcare professionals;
- o GMcN suggested that any education and training provision should be closely aligned with what Scotland is providing;
- o General consensus that the suitability of any future education and training provision needs to be assessed;
- o A query was raised around the assurance that employers and/or educators can give to current AND FUTURE trainees that the content of current education and training will satisfy the future regulatory requirements;

ACTION BH agreed to query with the MSC Regulation Team

- o BH advised that a UK-wide steering group had been formed to take forward regulatory issues. Terms of Reference had been circulated to members from all 4 countries;

ACTION - BH will share timelines for regulation with Working Group when available

- o CMcG raised the issue of regulation of Healthcare Scientists and whether the regulator would be the GMC, HPC or both, depending upon the level of registration;
- o CMcG asked if the future role of bodies such as the Association of Clinical Scientists (ACS) had been clarified in terms of awarding Certificates of competency. A new Education and Training Board will be established though it has been suggested that it may outsource this role to the IBMS and ACS (i.e. those who are currently responsible);
- o The importance of linking education and training with workforce needs was highlighted as was the need to ensure that NI had adequate resources, education and training in smaller professions, e.g. neurophysiology or maxillo-facial prosthetics;

- The need for a transitional plan in moving from one educational framework to another and a submission to the Department on the need for funding was mentioned – particularly the need for funded trainers within the workplace.

BH thanked IL for the work on the education plan so far. The group should now look at what is, and can be, provided locally and what nation-wide provision NI would need to avail, taking into account future service needs. A gap analysis should focus on how budgets might be re-allocated for 2011/12 to allow courses to commence in September 2011.

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

- GA advised that the scoping exercise will produce two pieces of information – data on the scientific workforce for MSC purposes; and details of the scientific and technical workforce for the forthcoming workforce planning review due to begin early in 2010;
- The group has viewed the data in detail and identified a number of categories which should be excluded. Some matters have still to be clarified with Heads of Profession or Heads of Department;
- HR departments in the Trusts have provided useful input re coding queries;
- The information for MSC purposes is likely to take longer to finalise since it is necessary to establish whether staff in MTO and ATO grades are scientists or technicians. This may require reviewing the duties of individual posts;
- CMcG reported the issues in identifying vacancies which are not recorded centrally. DM advised that he had approached the Belfast Trust asking for a list of vacancies.

6. Feedback from other MSC meetings

BH advised that the MSC group will publish a high level policy document shortly. It will not specify how the MSC objectives will be implemented thereby allowing NI and the other devolved countries to tailor implementation of policy to suit local needs while still keeping close links with the UK overarching principles. The policy document will have the English implementation plan appended. CG mentioned that Scotland, while supporting the MSC programme, had previously begun working through its own plans for careers in healthcare science and felt that MSC should not derail any existing plans or proposals. NI recognises the need, even in the absence of MSC, for revision of healthcare science services and their education and training needs.

7. Way Forward –

Policy and briefing for Minister – The final UK policy document has been delayed although publication is expected in December. It will require Ministerial sign off across the UK. The local submission to Minister needs very careful consideration so that the agreed policy is compatible with implementation. It will be important to state that there is a wish not to lose existing good education and training practises, including areas in which NI leads the UK. **ACTION GA to prepare briefing for Minister following receipt of UK policy document agreed by all 4 countries.**

Involvement of patients, clients and public – agreed to approach the Patient & Client Council (PCC) for a nominee to the WG when progress has been made on the implementation plan.

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

8. Agreement on actions

- Agreed note of meeting on 8th September to be uploaded to DHSSPS web site;
- GA to email the link to the MSC page on the Department's web site to all WG members;
- BH will check on arrangements for current and future trainees to satisfy future regulatory requirements;
- BH will share timelines for regulation with working group when available;
- GA to prepare briefing for Minister following receipt of agreed UK policy document.

9. AOB

Date of next meeting – March 2009 at Castle Buildings.