

Draft Note of Modernising Scientific Careers (MSC) Working Group meeting held on 2nd December 2010 in Room A11, Annexe 7, Castle Buildings, Stormont

Present: -

Professor Bernie Hannigan (BH) – Chair
Joyce Cairns (JC) – HR Directorate, DHSSPS
Dr Tom Gardiner (TG) – Biomedical Sciences, QUB
Dr Colin Graham (CG) – Clinical Scientist, Belfast Trust
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 Science 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
Gail Anderson (GA) – HR Directorate, DHSSPS

Apologies: -

Mervyn Barkley (MB) – HR Belfast Trust; Catherine Ferguson (CF) – Northern Ireland Blood Transfusion Service (NIBTS); John Graham (JG) – Unite; Sally Haggan (SH) – Unite; Dr Danny Lavery (DL) – North West Regional College; Jacinta Melaugh (JM) – HR Northern Trust; Kevin McAdam (KMcA) – 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; Shirley Young (SY) – HR Western Trust

1. Welcome and Introductions

BH welcomed those present to the final meeting of the group and advised that the main focus of the meeting was to discuss and agree the Development Plan with a view to finalising it before the end of this calendar year and forwarding it to the Director of Human Resources in DHSSPS for consideration.

The November meeting of the group had been cancelled as there had been little to report on a UK-wide basis.

2. Note of previous meeting – 9th September 2010

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 7 in note of meeting from 9th September were reviewed.

a) Agreed note of meeting from 15th June has been uploaded to DHSSPS web site;

b) IL has explored the placement training model for other healthcare professions. AHP, e.g. Radiography are less prescribed and closer to 30 weeks' placement than the 50 weeks currently envisaged for healthcare science degrees. Issues discussed included: finding employers willing to offer such placements, effect on student finances, etc. Degrees for healthcare science are not commissioned in N Ireland and are not yet accredited by a statutory body. Current accreditation is being offered by the Healthcare Science Board of MEE (Medical Education England). It appears the Coalition Government favours strengthening the role of MEE. BH explained that MEE has a number of boards relating to the healthcare professions. For Healthcare Science, an Education and Training Board will be created and may interact with a statutory regulator, e.g. the Health Professions Council (HPC) in a similar way to the IBMS currently. However this is still unclear. While N Ireland could opt for a separate accreditation system, in reality we would want to ensure that NI graduates can work across the UK.

BH pointed out the implications of the spending review. The Coalition Government has voiced its support of the MSC proposals which aim to save £250m in England. Ways to achieve savings include: a standardised curriculum thereby reducing the need for further training; at a senior level (STP level and higher) Healthcare Scientists will carry out roles currently undertaken by doctors; and more staff would be employed at Assistant and Associate levels (framework grades 1-4). JO'C has been nominated to represent NI on the group considering education + training arrangements for this group. It is expected there may be limited recruitment for BSc graduates over the next number of years. BH advised that the emphasis on direct interaction with patients will increase for many healthcare scientists. IL advised that this training is already incorporated into courses and many in the group confirmed that direct interaction with patients is already happening on the ground. DM advised that restructuring within Trusts has already led to the level of responsibility of Assistants (e.g. MLAs) being extended although in many instances this is in a supervised capacity. It was agreed that many changes were occurring as a result of service requirements, advances in procedures and the pressure on managers to reduce costs. An agreed skills mix is in place and savings will be sought whether MSC is in place or not. The workforce plan needs to reflect this and the proposed savings which, based on the Barnett Formula, would be around £9m for NI.

c) JC has provided a sample (anonymised) nursing placement contract. Members of the WG undertook to review it and feedback to the Chair their views on whether a similar contact would lead to improved placement training arrangements for healthcare scientists.

d) / e) IL had received information from members of the group on the value of the scientists' input. It was agreed that his schematic approach was very useful and that the letter to the NIBTS should be annexed to the Development Plan. Separate diagrams for the diagnostic and therapeutic roles were useful. Some suggestions were made on how to expand this example. BH asked for all contributions in terms of modifying the example and contributing to the scenarios to be sent to IL by Friday 10th December.

f) DH has advised that maxillofacial scientists belong to the Physical Science and Engineering Division and a separate discipline will be created under this division.

g) Summary statistics of workforce by grades, age and gender profiles have been provided by HR in each Trust except SEHSCT.

h) JC advised that there are no current plans within the Department to establish an advisory group for healthcare science following the demise of LABSAC. It is considered that a significant part of its role should be subsumed within the pathology network recommended in the pathology report.

i) The Development Plan had been amended and re-circulated for members' input.

j) The appropriate literature on MSC will be developed shortly.

4. Feedback from other MSC meetings

BH reported that the implementation of MSC in England has recently increased pace again. Attention was drawn to two MSC Bulletins which had issued from the Department of Health - the first of a regular e-bulletin 'MSC Matters', which covers development in England and will be bi-monthly and an overview document of MSC, based on the four-country UK Way Forward. BH suggested a similar information bulletin for N Ireland. CMcG suggested that BH deliver a presentation to healthcare science staff across N Ireland on progress made towards the local implementation of MSC. This could tie in with the issue of the MSC Bulletin through Head of Departments. **ACTION** BH agreed to contact Jennifer Walsh in Belfast and Fiona Beattie in Altnagelvin to arrange.

A document also issued which publicises a new recruitment scheme for the Scientist Training Programme, soon to launch across England and Wales.

5. Draft Healthcare Scientist Development Plan for Northern Ireland

CMcG pointed out that reference to training and registration appear in more than one place.

IL advised that one of the points to highlight is the need for a 'grow your own' approach. Currently 50% of placement training is being undertaken outside N Ireland. This is not sustainable.

CMcG mentioned the need to quote professional bodies staffing guidelines and query the rationale for change outlining specifically the current difficulties.

IL drew attention to the range of healthcare scientists who are not statutory regulated and the dangers that could arise as a result – Clinical Technologists and Clinical Physiologists were specifically mentioned.

Attention was also drawn to the lack of training programmes available in NI for Clinical Scientists. This has resulted in training for HPC registration in some disciplines being through the 6 year route with 3 years training while in post.

CMcG mentioned the number of vacancies Medical Physics is currently carrying. It is often assumed that if a service has coped without staff for a long period these staff are no longer required. If these staff had been in post efficiencies could have been achieved by unlocking potential – examples included the scan time for MRI and use of IMRT for cancer treatment. As the healthcare science service evolves the ability to provide a 24 hour service may be required.

Other issues discussed included the lack of protected time for training and the need for staff to pay for their own training.

6. Forthcoming MSC meetings

The Working Group would not meet again in its current format however further interaction by email would be required, e.g. to complete the Development Plan and arrange the proposed information events.

7. Agreement on actions

GA to arrange that the agreed note of meeting to be uploaded to DHSSPS web site.

Members of the WG undertook to review the nursing placement contract and feedback to the Chair their views on whether a similar contract would lead to improved placement training arrangements for healthcare scientists.

BH to contact Jennifer Walsh in Belfast and Fiona Beattie in Altnagelvin to arrange to deliver a presentation to healthcare science staff across N Ireland on progress made towards the local implementation of MSC.

All members to provide input to the Plan by no later than December 10th.

8. AOB

CG advised the group that Alistair Crockard, a former member of the group who worked in immunology and represented Clinical Scientists, has recently retired. Everyone agreed that Alistair's contribution should be recorded and BH would write to him.