

Draft Note of Modernising Scientific Careers (MSC) Working Group meeting held on 9th September 2010 in Conference Room, Annexe 7, Castle Buildings, Stormont

Present: -

Professor Bernie Hannigan (BH) – Chair
Joyce Cairns (JC) – HR Directorate, DHSSPS
Catherine Ferguson (CF) – Northern Ireland Blood Transfusion Service (NIBTS)
Dr Colin Graham (CG) – Clinical Scientist, Belfast Trust
John Graham (JG) – Unite
Dr Ian Logan (IL) – Clinical Physiology, University of Ulster
Kevin McAdam (KMcA) – Unite
Gordon McNair (GMc) – Institute of Biomedical Science representative
David Moorehead (DM) – Unite
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; Dr Tom Gardiner (TG) – Biomedical Sciences, QUB; Sally Haggan (SH) – Unite; Dr Danny Lavery (DL) – North West Regional College; Jacinta Melaugh (JM) – HR Northern Trust; Dr Canice McGivern (CMcG) – Head of Medical Physics, Regional Medical Physics Service; Wilson McNair (WMc) – Principal Cardiac Clinical Physiologist, Belfast Trust; John Nesbitt (JN) – Education and Training Unit, HR Directorate, DHSSPS; Dr Jacqueline O'Connor (JO'C) – Biomedical Sciences, University of Ulster; David Thompson (DT) – Maxillofacial Technology representative; Shirley Young (SY) – HR Western Trust

1. Welcome and Introductions

Following introductions BH welcomed those present to the seventh meeting of the group and particularly CF who has joined the group as a representative from the Northern Ireland Blood Transfusion Service.

2. Note of previous meeting – 15th June 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 15th June were reviewed.

- a) Agreed note of meeting on 3rd March was uploaded to DHSSPS web site;
- b) Workforce data has been received from Northern Trust;
- c) Workforce data has been adjusted to include ICT and Clinical Measurement under Clinical Engineering for BHSCT;
- d) Workforce data has been received from NIBTS;
- e) Clarification from DH re division & discipline for maxillofacial scientists remains outstanding;
- f) Workforce data adjusted to show 27 posts under bacteriology for Western Trust;
- g) Education and Training provision has been reviewed for the draft Implementation Plan;
- h) IL undertook to explore the placement training model for other healthcare professions from an education perspective. DM advised that Belfast Trust has a placement policy in place for A-level work experience students;
 - i) JC advised that she had not yet procured a sample nursing placement contract from a Trust. GMcN suggested a contact in Northern Trust. A discussion followed on the use of contracts for placements, where indemnity lay and the possible introduction of a placement passport. It was agreed that these issues were relevant to healthcare scientists however the group did not yet have the necessary information.
 - j) IL is awaiting information before providing a diagram of two patient scenarios demonstrating the value of the scientists' input. CG volunteered to provide information, GMcN offered to

provide information on cancer or a heart disease scenario and CF mentioned the recent awards dinner for the NIBTS where the patient perspective was presented. **ACTION** CG, GMcN and CF to forward information to IL.

4. Feedback from other MSC meetings

BH reported that the pace for implementation of MSC in England is likely to quicken since there may be a reduction in the DH workforce after the end of this financial year. No decisions have been made on the way forward for regulation. It was noted that without progress on regulation i.e. the creation of a healthcare science register, full implementation of MSC would be difficult. JC commented that the new coalition government appears to favour 'lighter touch' regulation. DH has advised that we are to expect a statement in the autumn as to what exactly this means but the indications are that there is a move away from statutory regulation.

Regarding higher education, student places had been made available in England by HEFCE however the number of healthcare science placements made available depends on funding from SHAs. With the abolition of SHAs it is not clear how future funding will be determined. Such uncertainty will not make courses attractive to the better students.

BH also advised that new courses are being accredited through accreditation visits under Medical Education England (MEE). It is unclear how MEE can accredit courses in the Devolved Administrations. There is a risk that, if courses in NI are not MEE accredited, local students might opt for a healthcare science course in England and not return to NI afterwards.

BH reported on the visit by Professor Maggie Pearson from DH and Dr Rob Farley from NHS Education for Scotland (NES) in early July. The message appears to be to focus on local issues – the workforce, career prospects etc – but not lose sight of MSC in terms of guidelines, national requirements etc. Alignment with the Republic of Ireland is also important to enable student and workforce mobility.

5. Draft Implementation Plan

BH proposed renaming the document – A Healthcare Scientist Development Plan for Northern Ireland – with the focus being on developing the scientific workforce.

ACTION GA to request summary statistics of workforce by grades, age and gender profiles from HR in each Trust.

JC advised that the regional workforce planning exercise for healthcare scientists will be taken forward early in the new year. Some preliminary work has been done by the Trusts in providing statistics to date. The regional review process will require consideration of service development and delivery plans, finances, proposed savings etc at Trust level. The Department will liaise with the Trusts in compilation and analysis of this information. A workforce planning report on healthcare scientists will be prepared by the Department in 2011.

GMcN raised the issue of a Career Framework for Healthcare Science Assistants. He suggested setting up a province wide voluntary register of assistants where competences and learning outcomes could be recorded. MW suggested the Qualifications and Credit Framework (QCF) be used as a generic framework which would link to the MSC career framework and the roles could be mapped across – even those with very different competences such as the NIBTS.

CG commented that opportunities for healthcare scientists to undertake research had reduced dramatically in recent years. Unlike other professions there is no protected time to carry out research, study etc with the healthcare scientist contract.

Potential outputs from the plan were discussed. BH suggested that the healthcare science profession deserves formal recognition within DHSSPS like other professions, i.e. with a head of profession within the Department who provides advice, information about the profession and who monitors developments within the profession. Currently the Chief Scientific Advisor role is part time and reports to the Chief Medical Officer.. JC advised that while there are Chief

Professional Officers for a number of professions the Allied Health Professions (AHPs) also have an advisor who covers a number of professional groupings. **ACTION** JC to check current thinking in the Department concerning the potential establishment of an advisory committee/group following the standing down of LABSAC.

Another output centres around funding for the plan. Currently funding for educating, training and developing the healthcare scientist workforce is very low both in comparison to other professions and other regions of the UK. Discussion centred on the lack of supernumerary training posts, bursaries, commissioned degree programmes and the longer term possibilities of employing more staff at the lower grades, thereby altering career progression routes. JC suggested that any robust business case for funding should be made before the end of January to enable consideration ahead of the forthcoming financial year.

It was decided that the output relating to recognising, celebrating and valuing the contribution which healthcare scientists make to the health and social care sector should not, at this time, involve any major events. It could however become a longer term objective.

Discussion took place about how to engage effectively with stakeholders. Staff have become apathetic to the MSC programme where the approach has changed over the past 3 years and there is limited implementation. Staff need to hear a positive and realistic position from a local perspective. Given current uncertainties, e.g. around any new work on regulation, BH considered it too early to organise a wider engagement event. DM suggested a 'FAQ' approach that could be incorporated into literature.

6. Forthcoming MSC meetings

BH advised that only one MSC meeting had been held over the summer - 28 July. The final NI WG meeting will be held in December. Before that a meeting will be held at the beginning of November to progress the development plan. WG members were all requested to provide input via emails in the intervening period.

7. Agreement on actions

- a) Agreed note of meeting to be uploaded to DHSSPS web site;
- b) IL undertook to explore the placement training model for other healthcare professions from an education perspective;
- c) JC to seek a sample nursing placement contract from a Trust;
- d) CG, GMcN and CF to forward information to IL re the value of the scientists' input;
- e) IL to diagram two patient scenarios demonstrating the value of the scientists' input following receipt of the above information;
- f) GA to seek clarification from DH re division & discipline for maxillofacial scientists;
- g) GA to request summary statistics of workforce by grades, age and gender profiles from HR in each Trust;
- h) JC to explore the scope for establishment of an advisory group following the demise of LABSAC
- i) BH to further amend the Development Plan and re-circulate for members' input
- j) BH to initiate the development of appropriate literature with input from all members;

8. AOB & date of next meeting – Thursday 4th November 2010 at 10AM in Room D2 Lecture Theatre, Castle Buildings.