

**Greater Manchester Pathology Network – Priority Action Group – Meeting Notes/Report**

Priority Action Group 4 – Workforce  
 Wednesday 11<sup>th</sup> February 2009  
 G54, One Central Park, Northampton Road, Manchester, M40 5BP

In attendance			Apologies	
Gail Buggy	GB	Pennine Acute Hospitals NHS Trust	David Bisset	Royal Bolton Hospital NHS Foundation Trst
Andrew Hutchesson	AH	Royal Bolton Hospital NHS Foundation Trust	Angela Downes	HPA NW
Carole McGowan	CM	Central Manchester NHS Foundation Trust	Richard Hale	Stockport NHS Foundation Trust
David Money	DM	Tameside Hospital NHS Foundation Trust	Neil Jenkinson	GM PCTs
Rachel Pearson	RP	GM PCTs	John Kane	Salford Royal NHS Foundation Trust
David Rowlands	DR	UHSM NHS Foundation Trust	David Keefe	Central Manchester NHS Foundation Trust
Denise Smith	DS	Royal Bolton Hospital NHS Foundation Trust	Cheryl Pylypczuk	Salford Royal NHS Foundation Trust
Sue Spilsbury	SS	Stockport NHS Foundation Trust		
David Walsh	DW	WWL NHS Foundation Trust		
Anne Yates	AY	Salford Royal NHS Foundation Trust		
Patricia Zukowskyj	PZ	Trafford Healthcare NHS Trust		

**Discussion Points**

- **Notes of 19<sup>th</sup> November 2008 Meeting** - Agreed as a correct record
- **Modernising Scientific Careers – Network Response to Consultation Document and Questions** – DR gave a brief overview of the background to the programme, highlighting the challenges to modern healthcare including greater and more complex demand, innovation in science and technology and the need for leadership development. The core principles of the proposals are patient safety, quality underpinned by assessment and an explicit training/academic career structure. It is envisaged that the changes will facilitate better workforce planning and a more flexible workforce.
- The proposals are for three groups of staff (N.B. Career framework levels ≠ AfC Bands):
  1. Healthcare Science Assistants (HCAs) – support staff at career framework levels 1-3/4
  2. Healthcare Science Practitioners (HCPs) – technological staff at career framework levels 5-6
  3. Healthcare Scientists (HCSs) – clinical staff working at career framework levels 7-8/9
- There will be competitive entry into each of these pathways by either direct entry or progression from the previous stage and it is proposed that regulation will eventually apply across the whole workforce.
- HCS Scientist Training Programme (STP) – the Life Sciences will be split into 3 themes: Blood Sciences, Cellular Sciences and Infection Sciences – each with their own training and education programmes leading to a Masters-level qualification with rotation training within the theme. Molecular Sciences/Genetics is a common theme across the three. DR expressed some concern about broadening the scope of training at this level to the potential detriment of the depth of specialist knowledge. PZ suggested that the rotational training programme might be run by the deaneries with rotation on a regional (NW) basis, or possibly nationally for some of the smaller disciplines.
- On completion of the STP there is the option of Higher Specialist Scientific Training (HSST) or Accredited Specialist Training (ASE). DR suggested that HSST is a more formal programme of learning/training whilst ASE would be less formal and possible portfolio based. Completion of either HSST or ASE would lead to regulation on the Higher Specialist Register for Scientists and the possibility of applying for consultant healthcare scientist appointments and taking the FRCPath exam. GB felt that the progression was not automatic on the ASE pathway and explained that it is proposed that HSST would be jointly funded by the employer/HEI. DR felt that there was a need for good workforce planning to ensure that roles would be available for those completing HSST. PZ suggested that HSST was no different to the current training scheme for clinical scientists.
- PZ felt that the existing BMS degree meets the needs of pathology services and provides the current entry into career framework levels 5-6. GB highlighted that under the new pathways entry into these levels would be by foundation degree.
- PZ felt that there was a need for robust workforce planning across the whole MSC model. DR agreed but could not see how the proposals would facilitate workforce planning. AY felt that there are a number of challenges around workforce planning given the context of IS CATS and potential service tenders and reconfigurations which may result in labs losing some work.
- GB expressed concern over the proposal that all those on the practitioner and scientific training programmes would be supernumerary, which is not currently the case for BMS/Clinical Scientist trainees.
- DM felt that the MSC proposals are an educational plan rather than a service plan and do not take sufficient consideration of the needs of the service.
- GB highlighted the changes to the whole healthcare science workforce that were proposed at a workforce planning meeting that she attended:

Career framework stage	Current % of workforce	Proposed % of workforce
1	0	1
2	11	12
3	9	15
4	5	16
5	12	9
6	25	14
7	23	17
8	15	13
9	0	3

- PZ felt that the proportion of staff at each stage will vary from service to service and DR felt that it would also be affected by the impact of running a 24hr service.
- A pilot for genetics is proposed for 2009 and expressions of interest are being sought from potential pilot sites. DR explained that he has discussed this with Shelley Heard but that there was no information available on the specification or what outcomes were being sought.
- AY asked what the timescale is for implementation of the new pathways and how long the current pathways would remain in place. DR explained that the target date is 2012, but that there is very little information available on interim arrangements. DM suggested that there will be potentially more changes to the proposals following the consultation period.
- DR asked what discussions members have had about the proposals within their labs and explained that some meetings have taken place at Wythenshawe to get BMS1s engaged as it is staff at the earlier stages of their career that will be most affected by any changes.
- Members discussed and answered the following questions from the Chief Scientific Officer's website in order to formulate a Network response:
  - Are there any other challenges that have not been outlined that the Healthcare Science (HCS) workforce face?
    - Does not address demographics of the profession (many people will retire in next 5 years).
    - Does not address the speed of change which affects the profession and the wider context e.g. NHS targets/DH initiatives (A&E, 18 weeks, MRSA screening, CATS, CVD Risk screening) and the recommendations for service reconfiguration outlined in the Independent Review of NHS Pathology Services in England (Carter Report).
    - Does not address the staffing problems of providing a 24/7 service.
    - The proposals do not consider the needs of a changing workforce that may have several careers during their working life, and do not lend themselves to such needs.
    - The Healthcare Science Workforce: The Case for Changing Training and Careers
  - Please rank the issues in terms of how pressing they are for you, where 1 = Important, 2 = Neutral and 3 = Least Important:
    - Workforce planning 1 2 3
    - Education and Training 1 2 3
    - Transparent Career Pathway 1 2 3
- The group felt that the proposals will only work if there is excellent workforce planning in place but could not see how MSC would improve workforce planning. Another important area is recruitment and retention.
- Are there specific problems in Workforce Planning which need to be addressed?
  - Aging workforce – needs a programme now!
  - The group felt that there is currently a lack of transparency in workforce planning and that there is a need for greater involvement from services in the workforce planning process.
  - The group felt that there should be more coordination of workforce planning on both a regional and national basis, supported by robust workforce data.
  - The unpredictability of policies on Pathology (e.g., ICATS) making workforce planning difficult.
  - Currently BMS degrees are not commissioned
  - The Vision for Healthcare Science
- Are there any other potential benefits that have not been outlined that can be achieved by modernising the Healthcare Science (HCS) workforce?
  - Increasing the visibility of HCS.
  - The Modernising Scientific Careers Programme
- Are there any additional overarching principles you would add, in modernising the Healthcare Science (HCS) workforce?
  - Should be linked to local service needs and development.
  - Needs to be able to respond quickly to changes in workforce needs
  - The Proposed Training and Career Pathways
- How can we make careers in Healthcare Science under Modernising Scientific Careers as attractive as possible for:



**Actions**

- DR/RP to summarise the discussions, seek input from the Network Clinical Leads and feed back to Sue Hill via the consultation website
- Members to contact RP if they would like a copy of the Workforce Planning Toolkit

**Recommendations to the Greater Manchester Pathology Network Board (if any)**

- None

**Date and Time of Next Meeting**

- Wednesday 6<sup>th</sup> May 2009, 2pm – 4pm One Central Park, Manchester M40 5BP