



# **Submission to Department of Health and Children**

**Consultation on Health Workforce Planning**

**July 2017**

### MLSA Submission July 2017

The Department of Health and Children recently invited online submissions on the Draft National Strategic Framework for Health Workforce Planning, seeking comments on the questions listed below. The MLSA made the following submission in July 2017.

#### **Are there any other global, regional or national supply or demand side considerations that should be taken into account?**

- National demand for diagnostic laboratory services increases year on year and will continue to do so whether the main activity is generated within the acute hospital setting or from primary care.
- Despite an increase in the number of graduates in laboratory medicine since an earlier graduate shortage in the early 2000's, reports suggest that hospitals are again finding it increasingly difficult to recruit trained medical scientists. In the past, such shortages have been alleviated by the provision of in-service training programmes to allow other science graduates to enter the profession. The imminent requirement for state registration of medical scientists and the associated restriction of eligibility to practice may limit the future provision of such programmes.
- Physical working conditions for medical scientists, particularly in regard to laboratory space, temperature and noise as well as essential rest facilities necessary for staff providing a 24/7 service, need to be considered more extensively in the operation, maintenance and design of diagnostic laboratories. With the constant expansion of laboratory services, storage requirements and new technology platforms, most laboratories have run out of space and many have had to compromise existing staff facilities.
- Training opportunities for medical scientists
- Difficulties and delays in the National Recruitment Service
- Demographic profile of medical scientists
- Expert Group Report 2001 – outstanding issues:
  - ✓ Unified career structure
  - ✓ Consultant grade scientist role
  - ✓ Funding for and provision of refresher courses for scientists returning to practice
  - ✓ Laboratory training budget
  - ✓ Training for management roles
  - ✓ Participation in research

#### **Are there any other key interfaces between the health sector and other sectors nationally that should be taken account of?**

- Interface with education sector for provision of sufficient graduates, return to practice programmes, skills development programmes, e.g. development of medical laboratory aide training programmes
- Interface with CORU to assess the impact of state registration on the supply of eligible scientists
- Interface with education sector and health employers to improve the options and support for suitable part-time post-graduate programmes provided within the state to produce

sufficient staff for medical scientist promotional grades, all of which require a minimum of an MSc.

- Interface with relevant agencies for ICT development

#### **What gaps in information flows exist – either within the health sector or cross-sectorally – that should be taken into account in finalising the proposed structures and governance arrangements?**

- What service are we planning for? Workforce planning is difficult enough when it is known what service is being planned for. In the case of laboratory services, plans have been up in the air for years now on what level of service is necessary at what hours of the day and where in the country. This is a 24/7 service that currently operates with staffing levels determined for a Monday-Friday 9am-5pm service. The extension of the routine working day in 2011 to an 8am to 8pm service with no additional staff has created huge strains within laboratories and as a result in most cases it has not been able to deliver the desired routine service. If the current out of hours service provision by scientists working additional hours on call is intended to be replaced by some sort of on duty system with medical scientists working contracted hours only, this has significant implications for the number of medical scientists required.
- Demographics of current medical scientist manpower and statutory and planned retirement age of current and future staff. It must also be considered whether staff in their late sixties will be fit for the exigencies of a 24/7 service and constant technological developments.
- Future career pathway and scope of practice for the profession. In 2001 an Expert Group Report on medical scientist grades recommended pay parity with biochemist grades and the development of a unified career structure for scientific staff in diagnostic laboratories <sup>(1)</sup> but this has yet to be developed. In 2016 the MLSA and ACSLM produced a joint paper entitled *New Horizons* on advanced practice and extended scope of practice in the profession and this has been submitted to the Minister for Health. <sup>(2)</sup>
- Skill-mix opportunities and the availability of suitably educated, motivated and remunerated staff to provide a stable workforce are also vital for stable service provision and cannot be guaranteed into the future without proper analysis, support and planning.

1. Expert Group Report on Medical Laboratory Technician / Technologist Grades, 2001

2. *New Horizons: Advanced Practice and Extended Scope of practice for Medical Scientists in Ireland*, 2016