

REPORT OF THE EXPERT GROUP ON MEDICAL LABORATORY TECHNICIAN / TECHNOLOGIST GRADES



February 2001



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CHAPTER 1

INTRODUCTION

ESTABLISHMENT OF THE EXPERT GROUP

BACKGROUND

1. The Labour Relations Commission (Ref. CC97/566) in May 1997, recommended the establishment of an Expert Group for medical laboratory technicians/technologists as part of a set of proposals to settle their pay claims under the PCW.

The Expert Group comprised of an independent chairperson (agreed by both parties) and one representative each of the health employers and the staff trade union.

The members of the Expert Group were:

Mr. John O'Connell (Chair and Retired Deputy Chairperson of the Labour Court)

Mr. John Brady (Chief Technologist, Clinical Biochemistry Department,
Our Lady's Hospital for Sick Children, Crumlin)

Mr. Gerry O'Dwyer (Deputy General Manager, Cork University Hospital Group).

TERMS OF REFERENCE

2. The terms of reference for the Expert Group were agreed as follows, to examine and report on:

The role of the profession.

Changes that have taken place in the profession and in this context to address any anomalies that have arisen.

Career structures including the designated title of the profession and unified career structure.

Problems relating to recruitment and retention.

Training and education requirements including funding and facilities (L.C.R. proposals also provide that "the Association shall pursue a claim for a higher qualification allowance").

Management structures and development within the profession, including the management role of Chief Technologists.

The role of Medical Laboratory Assistants.

Development plans for delivery of services.

Interaction with other health care disciplines.

Any other issues which the Expert Group considers relevant to its task.

METHOD OF INQUIRY USED BY THE EXPERT GROUP

3. The Expert Group first met the management, represented by the Health Services Employers Agency (HSEA) and the Medical Laboratory Scientists Association (MLSA) to agree the process for examining the issues set out in the terms of reference and an order of business. It was decided that the staff and management sides would each prepare written submissions in advance of each hearing.
4. A schedule of meetings was agreed and the Expert Group was asked to make site visits to a number of workplaces before reaching its conclusions. A schedule for the site visits was drawn up, which subsequently gave an extremely useful insight into the roles and responsibilities of those working in the service, and the pressures and constraints that exist at the point of delivery.
5. The formal hearings commenced in December 1997.
6. The submissions presented on behalf of medical laboratory technicians/technologists were comprehensive and addressed in some detail each issue covered by the terms of reference.
7. The detailed management submissions presented to the Expert Group adopted the same approach as each staff side submission, in general addressing the issues in the terms of reference as policy issues. The management submission strongly argued that the Expert Group be aware of the wider organisational and structural changes within the health service contained in the 1994 health strategy document 'Shaping a Healthier Future'.



8. Most of the submissions were able to draw on previous research and policy reports, including the 1994 health strategy document, which previously addressed a number of the matters raised during this exercise. The staff side submissions contained detailed descriptions of the developing role of medical laboratory personnel in modern health care, and, apart from their principal purpose they should also serve as important tools for the development of the profession into the future. They should also contribute enormously to the understanding of the role of the profession by other health professionals, managers and policy-makers. For this reason, the Expert Group has included in this report extracts from these submissions relating to their role as described by the profession itself.
9. At the conclusion of the hearings, the Expert Group requested additional information from both parties and supplementary submissions were received from many groups; The Joint Committee for Medical Laboratory Sciences, the Academy of Medical Laboratory Science, and from the Department of Health and Children. The Expert Group also met with representatives of the Faculty of Pathology of the Royal College of Physicians in Ireland.
10. The Expert Group made a number of site visits during which they were impressed with the level of professionalism and skills demonstrated by the staff in the workplace. The management at these sites were also very helpful in making the necessary arrangements to ensure that these visits were productive.

SITES VISITED

- Sligo General Hospital (North Western Health Board)
- Cork University Hospital (Southern Health Board)
- The Mater Misericordiae Hospital, Dublin
- Naas General Hospital (Eastern Health Board)

ACKNOWLEDGMENTS

The Expert Group wishes to put on record its gratitude and appreciation for the assistance given by the following:

In the first instance, the Expert Group would like to record an appreciation to the many individual members of the professions involved together with managers and administrators who met with the Expert Group during the course of its work. These discussions helped to ensure that the Expert Group had a greater understanding of the issues as they affect people in their everyday work.

The conclusions drawn from what was elicited are however entirely the responsibility of the Expert Group.

The Expert Group wishes to put on record its very special thanks to our Secretary, Ms Sonia Shortt for all she contributed throughout the work of the Expert Group and in the preparation of this report. The Expert Group thanks Ms Mary O'Mahony for her assistance in the final preparation of this report.

Finally, the Expert Group also wishes to acknowledge the work of the April 2000 Report of the Expert Group on Various Health Professions.

APOLOGY

The Expert Group wishes to apologise for the length of time it has taken to issue this report. The delay has in large measure been due to circumstances outside the control of the Expert Group. The patience of those for whom the report was being prepared is appreciated.



CHAPTER 2

THE ROLE OF THE PROFESSION

11. The basic function of the Medical Scientist is succinctly described in the staff side submission as: “Medical Laboratory Scientists share responsibility with their Laboratory Consultant colleagues for the delivery of high quality, reliable Pathology Services. Their role complements and supports that of the Consultants, who, in their capacity as Clinical Directors of the Service, are uniquely qualified to provide clinical care”.
12. In addition: “The primary function of the Clinical Pathology Laboratory is to provide investigative procedures which are required for the diagnosis of clinical disease and the monitoring of therapy. The Laboratory provides consultative, advisory and analytical services.”
13. It is clear to the Expert Group that the role and function of the Medical Scientist at the interface between Medicine and Science is becoming ever more essential as a result of advances made in science and technology over the past 25 years.
14. For their part, the employers clearly envisage the extension of the function of Medical Scientist and have endeavoured to describe the additional responsibilities, which will fall to Medical Scientists and their professional colleagues in the Pathology Laboratory Service as a result, e.g.
 - assessment of the appropriateness of services provided
 - improvement of the services provided
 - improvement of the delivery of services
 - prioritisation.
15. Such an extension of responsibilities also involves actively promoting:
 - the establishment of protocols and auditing of service
 - the determination of manpower requirements for their departments in terms of numbers, competencies, skills mix and rostering arrangements consistent with the overall corporate service plan.

16. However, it is clear to the Expert Group that Medical Scientists form only part, if a major part, of a team of professionals both clinical and scientific who between them provide the Pathology Services. Because of the mix of professional staff in Laboratory Medicine, development and improvement of the service is a collaborative function. An efficient and cost effective service depends on the fullest co-operation and mutual respect of all the professions concerned.
17. It is the hope of the Expert Group that the recommendations in this report will help to eliminate at least some of the comparatively minor difficulties which can arise between professions.
18. The Expert Group recommends that Medical Scientists should have more responsibility and accountability for tasks undertaken.



CHAPTER 3

CHANGES THAT HAVE TAKEN PLACE IN THE PROFESSION AND, IN THIS CONTEXT, TO ADDRESS ANY OUTSTANDING ANOMALIES THAT HAVE ARISEN

19. Laboratory medicine has evolved rapidly over the last 20 years. There has been an ever- increasing demand for diagnostic services and for the development of new services. Coupled with this has been the introduction of more and more sophisticated equipment and analytical techniques. There has also been widespread introduction of computerisation and an explosion in both scientific and medical knowledge.
20. Laboratories now account for a large proportion of a hospital's budget and there is an onus and responsibility on laboratory staff to ensure that this investment is spent wisely and in the best interest of the patients.
21. There has also been a large increase in demand for laboratory services from general practitioners, demands for the introduction and supervision of Point of Care testing facilities (Near Patient Testing), ever increasing workloads during out-of-hours emergency service times, increased research and development and supervision of students at all levels.
22. All of this has resulted in increasing demands on staff in all disciplines of laboratory medicine, both in terms of service development as well as ongoing educational and professional development.
23. The staffing and career framework under which these demands have to be met dates back almost 20 years to 1981. In the 1981 grading structure agreement a simple numbers-based approach to career structure was adopted. This has resulted in a rigid and hierarchical approach to staffing issues which is no longer appropriate and which exacerbates developing problems of recruitment and retention.
24. The major educational development has been the introduction of honours degree programmes in the medical laboratory science disciplines. These programmes are of five years duration and include a clinical placement year. The profession is now totally graduate entry with a postgraduate qualification required for Technologist posts. An MSc degree in Molecular Pathology is offered jointly by the DIT Kevin Street and Trinity College Dublin.
25. Practitioners have also pursued higher qualifications from other Irish and UK Universities.
26. Despite these changes there has been no re-appraisal of the title and career structure of the profession and its role in the continually changing environment of laboratory medicine.
27. The Expert Group has considered all of these developments in formulating the recommendations in this report.

CHAPTER 4

CAREER STRUCTURE INCLUDING THE DESIGNATED TITLE OF THE PROFESSION AND UNIFIED CAREER STRUCTURE

DESIGNATED TITLE OF THE PROFESSION

28. The Expert Group recommends that the designated title of the profession be Medical Scientist. This title is used hereafter in this report.

UNIFORM CAREER STRUCTURE

29. The Expert Group has considered the following issues:

There is a lack of any real difference between the work of Medical Scientists and other scientists who staff laboratories. This is evidenced by:

- observations and discussions by the Expert Group during site visits.
- written submissions by management, by staff side and by the Biochemists (in their submission to the Expert Group on Various Health Professions), outlining a wide range of overlap at basic and senior levels.
- the Faculty of Pathology's support for the integration of technician and biochemist posts at training grade.
- The acknowledged progressive elimination of any distinction, which may still remain at higher levels.
- The significant change in the qualifications required for new entrants to the basic Medical Scientist grade, specifically the requirement for a five-year honours degree.
- The major scientific and technological developments that have arisen in medical laboratories over the last 20 years.
- The lack of any evidence that the development of other departments has lagged behind clinical biochemistry or that clinical biochemistry laboratories that do not employ Biochemists suffer adversely.



30. Upon evaluation of the above, the Expert Group can see no reason to retain the existing separate salary structures for Medical Scientists and Biochemists, and therefore makes the following recommendations, subject to some modifications as detailed hereunder.

STAFF GRADE MEDICAL SCIENTIST

31. The Expert Group recommends that the Medical Scientist basic grade salary scale be the same as that of the basic grade Biochemist i.e.

£18,953,	£19,517,	£20,052,	£21,320,	£22,140,	£22,968,	£23,809,
£24,649,	£25,492,	£26,341,	£27,197,	£28,062,	£28,902	£29,480 [LSI]

BAR POINT

32. A bar point is present on the existing Medical Laboratory Technician basic grade scale. The Expert Group is mindful of the fact that that the bar point existed to encourage basic grade medical laboratory staff to seek additional qualifications. The Expert Group recommends that the bar point be removed provided that the staff to whom it applies agree to participate in at least one cycle of a continual professional development programme, such as the P.E.P. (Professional Enhancement Programme) Scheme of the Academy of Medical Laboratory Science.
33. The Expert Group recommends that this proviso be waived in respect of staff with less than five years service prior to retirement.

SENIOR MEDICAL SCIENTIST

34. The Expert Group recommends the elimination of the scales currently applying to the grades of Technologists and Senior Technicians and recommends the introduction of a Senior Medical Scientists scale equal to that applying to Senior Biochemists as follows:

£26,396,	£27,631,	£28,727,	£29,848,	£31,003,
£32,138,	£33,306,	£34,464,	£35,629	

35. Eligibility for the full application of this scale will require Medical Scientists to possess the qualifications currently laid down for Technologist posts.
36. The Expert Group further recommends that the above scale be modified by the introduction of a bar point at the 5th point (£31,003) of the recommended new scale to apply to Senior Medical Scientists who do not currently hold the obligatory minimum qualifications required for Technologist posts. Progression beyond the 5th point of the new scale is subject to the individual holding the prescribed qualifications. For a transition period of 7 years staff currently holding the qualifications laid down for Senior Technician posts will be eligible to apply for the new Senior Medical Scientist posts but will have the bar applied to them until a post-graduate qualification is obtained.
37. In order to assist staff who may wish to update their qualifications in this regard the Expert Group recommends that funding be made available to the colleges to provide a suitable course (subject to demand) that would allow staff to fulfil the academic requirements to pursue an MSc.

CHIEF MEDICAL SCIENTIST

38. The Expert Group recommends that the distinction between Chief I & II Medical Scientist should be eliminated and a scale equal to that payable to Principal Biochemists be paid to Chief Medical Scientists as follows:

£32,160	£33,639,	£34,940,	£36,246,	£37,579,
£38,886,	£40,227,	£41,526,	£42,834	

39. These salary changes are the essential preliminary to the introduction of a Unified Career Structure.

DATE OF IMPLEMENTATION

40. The terms of the above recommendations should be implemented with effect from 1st April 2000. The recommended pay scales for all positions should be implemented with effect from 1st April 2000 and adjusted in accordance with consequent salary increases.



ASSIMILATION

41. Existing post holders should be assimilated into the new scales on the point corresponding to their existing point on their former scale as of 1st April 2000.

CAREER STRUCTURES

42. This Expert Group concurs with the principles expressed in the Report on Various Health Professions, which concluded, "that the criteria for the establishment of posts at senior level is inflexible and inequitable in its application. The site visits confirmed that the present system for determining the basis on which posts should be at senior level is creating problems, not resolving them.

For their part the employers frankly acknowledged the shortcomings of the present numbers based system."

43. The present staffing arrangements in large laboratories are numbers related i.e. specified number of each grade attached to each scientific department core structures.

CORE STRUCTURE

44. The "core structure" consists of at least one Chief Medical Scientist and two Senior Medical Scientists plus basic grade staff and is a well-established arrangement. The Expert Group accepts that it should apply to all clearly defined departments within pathology and laboratory medicine.
45. It is recommended that the arrangements should also apply to all multidisciplinary laboratories with six or more staff. The promotional arrangements to apply to multidisciplinary laboratories with less than six staff should be a matter for agreement between staff and management sides on an individual laboratory basis. But every such laboratory should have at least one Senior Medical Scientist.
46. The number of senior staff in any given laboratory should be sufficient to cover all subsections within the laboratory.

47. The staff side submitted proposals for a formal extension of this arrangement to apply to the ever-widening range of services demanded of medical laboratories.

RECOGNITION OF DEPARTMENTS FOR ESTABLISHMENT OF CORE STRUCTURES

48. The 1981 Grading Structure Agreement recognised six departments for grading structure purposes. The six departments are Clinical Biochemistry, Haematology, Blood Transfusion, Microbiology, Histopathology, and Immunology.
49. In their submissions to the Expert Group the staff side proposed that the following areas also be recognised as Departments: Endocrinology, Inborn Errors of Metabolism, Therapeutic Drug Monitoring/Toxicology, Coagulation, Serology, Virology, Mycology, Parasitology, Cytology and Immunocytochemistry.
50. To allow for possible future developments in Pathology, as a result of a rapidly evolving scientific environment, the Expert Group recommends that for grading structure purposes claims for the existence of separate departments should be judged against agreed objective criteria.
51. These criteria could include a number of the following:
- dedicated staff will be present in the "department" for a minimum of 80% of their time (in order to fulfil accreditation criteria it may be necessary for staff providing emergency service cover in other departments to spend some of their time there);
 - dedicated staff will maintain responsibility for handling a significant workload;
 - that a body of scientific knowledge associated with the discipline exists e.g. dedicated scientific literature is available;
 - that academic courses in the subject exist.
52. Any such claims should be the subject of discussion between staff and management sides. Failure to reach agreement in any particular case should be the subject of arbitration as discussed in paragraph 68 in this document.



OTHER MEANS OF MOVEMENT THROUGH THE CAREER STRUCTURE/PAYMENT FOR HIGHER QUALIFICATION

53. However, the Expert Group is of the opinion that the existence of structural arrangements alone do not have the flexibility needed to acknowledge the contribution of staff, both at basic grade and senior level, who have developed additional professional skills and expertise on which enhanced and extended services are offered by the laboratory.
54. Whilst the Expert Group does not recommend promotion simply on the basis of additional qualifications, it is considered that staff who utilise some additional skills on the task on which they are engaged should be able to seek promotion to a higher grade on these grounds and employers should have full discretion to grant such upgrading without recourse to the Department of Health and Children.
55. New senior positions should be created when developments occur requiring increased levels of supervision or responsibility. This may include workload increases, staff increases including Medical Laboratory Assistants, provision of services to new clinical specialities (when new consultant positions are being considered by a hospital the impact on laboratory workload should be factored into the package and extra staff, either Staff or Senior grade as appropriate, sought).
56. The simple application of numbers should no longer limit an individual Medical Scientist's progress through the career structure.
57. The Expert Group has considered the staff side claim for a higher qualification allowance. While recommending that staff who are utilising additional skills gained for the benefit of the service may claim for an appropriate upgrading, the Expert Group does not recommend the additional payment for higher qualification.

SPECIALIST MEDICAL SCIENTIST

58. Apart from the management and supervisory role within the "core" structure, it is clear that specialised functions related to research and development and the direction and development of emerging disciplines within medical laboratories should be recognised.

59. The Expert Group is aware that during the final drafting of this report, agreement was reached between the professions covered in the Report of the Expert Group on Various Health Professions, the HSEA and Department of Health and Children regarding the creation and remuneration of Clinical Specialist Posts.
60. The Expert Group recommends that this agreement should also apply to Medical Scientists and that the grade of Specialist Medical Scientist be created. This should be the subject of immediate discussions between the MLSA, HSEA and Department of Health and Children.
61. The Specialist Medical Scientist posts are applicable in those cases where individuals are exercising a high degree of skill and knowledge. Some specific examples include: providing a national or regional service for particular tests or providing Health and Safety, Information Technology or Quality Management services to all departments within the Division of Pathology.
62. The additional remuneration agreed for the Specialist Medical Scientist posts may also be applicable to Senior Scientists acting as the designated Deputy to the Chief Medical Scientist.
63. The Expert Group is aware that staff have been appointed to a grade informally known as “clinical scientist”. These appointments may occur for a number of different reasons e.g. when the staff member is employed to provide a particular skill developed through a background in pure research. The appointment to this position arises because these staff do not generally meet the experience criteria required for membership of the Academy of Medical Laboratory Science, the Designated Authority for the profession in Ireland. The Expert Group considers that this practice represents a source of future conflict. It is recommended that in the future such persons should be appointed to the appropriate grade of Medical Scientist and that the Academy of Medical Laboratory Science should re-examine its rules for membership with a view towards accommodating such persons.

STUDENT TRAINING COORDINATOR ALLOWANCE

64. The Expert Group recommends that Medical Scientists who take responsibility for overseeing and coordinating the rotation and training programmes of Student Medical Scientists within a department, should be paid an allowance of £1,800pa, subject to appropriate adjustment in respect to later salary increases.



LABORATORY MANAGER GRADE

65. The Expert Group has considered the wider management functions carried out by certain Chief Medical Scientists in eleven large hospitals. It is recommended that in respect to these Chief Medical Scientists, a higher grade of Laboratory Manager be established to reflect the range and responsibilities of those staff. It is further recommended that the salary for these managers be negotiated by the parties.
66. The hospitals to which this recommendation relates are:

Beaumont Hospital, St James's Hospital, Mater Misericordiae Hospital, St Vincent's Hospital, Elm Park, Our Lady's Hospital for Sick Children, Crumlin, Adelaide & Meath Hospital, incorporating the National Children's Hospital (Tallaght), Cork University Hospital, University College Hospital Galway, Limerick Regional Hospital, Waterford Regional Hospital, Sligo General Hospital.
67. This recommendation should not be taken to exclude the extension of this post to other hospitals as agreed on a per case basis between staff and management sides.

FUTURE CAREER STRUCTURE – TOP GRADE SCIENTIST

68. The staff side submission sought the creation of a consultant level scientist in all disciplines. This currently exists in biochemistry in the form of the Top Grade Biochemist post. The Expert Group considers that this complex issue is outside its remit but recommends that formal consideration needs to be given to the possible role of consultant level scientists in disciplines other than clinical biochemistry. Discussion of such an important issue would appropriately involve all the relevant staff associations with the participation of Comhairle na nOspidéal and the Department of Health and Children. The role of the Faculty of Pathology in such an exercise would be of major importance. It is recommended that initially, mechanisms be explored to insure that the new post of Medical Scientist qualifies for recognition by the Royal College of Pathologists, as suitable for the pursuit of the MRCPATH qualification.

IMPLEMENTATION OF CHANGES RECOMMENDED IN THIS REPORT

69. It is likely that, as a result of the extended possibilities for regrading deriving from this report, a number of applications are likely to be received. The Expert Group is confident that the bulk of these will be dealt with directly by staff and employers. But for a temporary period of time e.g. two years, the Expert Group recommends the appointment of a facilitator to deal with the problems arising. Any further difficulties should be referred to the Labour Relations Commission and, if necessary, to the Labour Court.



CHAPTER 5

PROBLEMS RELATING TO RECRUITMENT AND RETENTION

70. To avoid a growing shortage of suitably qualified entrants to the profession, priority must be given to the extension of educational facilities in line with information derived from the 1998 demographic survey conducted by the MLSA. Staff and management also identified a number of other elements in the current employment conditions, which gave rise to difficulties both in recruiting and retaining staff.
71. In conjunction with the points identified, the Expert Group recommends the following changes in recruitment and employment practices to eliminate some of these disincentives.
- In all cases newly recruited medical scientists be given full incremental credit for previous professional experience, at home and, subject to certification, abroad.
 - Active measures should be taken to restrict the employment of staff on temporary contracts to a minimum period. Any post that has been filled on a temporary basis for more than 11 months should be examined with a view to establishing the reason the post cannot be filled on a permanent basis.
 - In any event, scientists employed on temporary contracts should be treated as permanent employees for the purposes of incremental progression and other appropriate benefits which may accrue to permanent staff.
 - For staff who seek them, fixed term contracts are an alternative way to deal with locum requirements.
 - In all cases, employee benefits should be available to part-time employees on a pro rata basis.
 - The Expert Group recommends that employers should ensure that adequate back up facilities are available including investment in information technology and proper communication systems and the provision of support staff.
72. It is possible that a number of medical laboratory staff who have for one reason or another retired or resigned, but who feel they are out of touch with up-to-date practice would be willing to return to work if refresher courses were made available.

73. The Expert Group therefore recommends that funding should be made available to the colleges to enable them to provide a number of refresher courses, subject to sufficient interest. The content and duration of such courses should be decided by the Joint Committee for Medical Laboratory Sciences and the Academy of Medical Laboratory Science in consultation with the HSEA and the Department of Health and Children. To encourage uptake, any fee for such courses should be kept to a nominal sum.

RECRUITMENT AND RETENTION PROBLEMS SPECIFIC TO SMALLER LABORATORIES

74. The Expert Group understand that there are difficulties regarding recruitment of staff to smaller laboratories. This is due to several factors including: lack of the opportunities for professional and personal development which are available in larger institutions; limited promotional prospects and limited locum provision to allow for study leave etc. While the Expert Group feels that the removal of the numbers based approach to promotional grades should help improve this situation it also recommends that management give serious consideration to two other possible approaches to this problem:

- the employing authority employ a small number of scientists whose task would be to act as locums generally throughout their service area/health board area, but for whom the needs of the smaller laboratories would have priority.

And/or

- constitute the smaller laboratories as satellites of larger units. The implications of this proposal for all staff involved relating to transferability and its possible impact on earnings and other employment conditions would require discussion and negotiation.

75. In order to reduce the isolation of small laboratories, the Expert Group recommends that advances in technology should be availed of. Teleconferencing, Internet access and video linkage could be used to relay meetings to small laboratories and promote wider discussion of clinical and scientific issues. The formulation of firm proposals along these lines would, of course, require the input of Information Technology professionals to advise on their feasibility.



CHAPTER 6

TRAINING AND EDUCATION REQUIREMENTS INCLUDING FUNDING AND FACILITIES

76. Unique among paramedical professions, this profession has the benefit of an up-to-date (1998) demographic survey conducted by the MLSA. The survey was forwarded to the Department of Health & Children, who held talks with the Joint Committee. An additional twenty training places were put in place from October 1999 with a promise to review additional training places. It would appear from the data available that the current intake of undergraduates will not provide sufficient qualified staff to replace those intending to retire in the immediate future.

- The Expert Group therefore recommends that to meet future requirements, the number of undergraduate places available countrywide be increased to 100 as per information from the Joint Committee for Medical Laboratory Sciences. The Joint Committee for Medical Laboratory Sciences and the Department of Health and Children should agree a time-frame after which this number should be reviewed in the light of prevailing circumstances.
- The Expert Group recommends that a certain number of in-service training places be provided for individuals with non-standard qualifications to adapt to professional requirements. The Expert Group understands that this has happened on a pilot basis for the past two years and that difficulties have arisen due to the extra training required to be given to students without a firm academic basis in medical laboratory science and physiology. Nevertheless the Expert Group is of the opinion that this is a worthwhile initiative and suggests that it should be continued. However the difficulties suggest that only a small number of hospitals should be designated for this purpose and that additional staff be provided in these hospitals to allow the trainers sufficient time to help bring the students up to the required standards. Such trainers should work very closely with the colleges.
- The Expert Group further recommends that suitable institutions that do not currently offer student placements should be encouraged to apply to the Joint Committee for consideration. The Expert Group hopes that the proposed allowance for Student Training Coordinators and the application of the following two recommendations will help to encourage more laboratories to become involved.
 - The Expert Group recommends that there should be closer liaison between colleges and in-service trainers and that colleges keep in closer touch with their students during in-service training.

- The Expert Group recommends that the colleges provide a short training course for those coordinating the training programs for students.
- The personal and professional development of medical laboratory staff is vital to maintaining a high quality of service. For this reason, the Expert Group recommends the establishment of a training budget, in each hospital, which should be devolved to the head of service or relevant pathology management, as appropriate, to identify and arrange for appropriate training and development programmes.
- In relation to the training budget the Expert Group recommends that where appropriate, a system be introduced by the Pathology Management Committee to provide guidelines on priority areas for spending at local level and to indicate the level of spending required.
- The Expert Group recommends the strengthening of the existing management module, which is an element of the medical scientist primary degree courses.
- The Expert Group recommends that additional management training should be given to staff who are expected to manage a laboratory or a department.



CHAPTER 7

MANAGEMENT STRUCTURE AND DEVELOPMENT IN THE PROFESSION, INCLUDING THE MANAGEMENT ROLE OF CHIEF TECHNOLOGISTS

77. Both management and staff agree on the need for a planned personal and management development programme for the pathology professions. This is particularly true for Medical Scientists in management grades.
78. The staff submissions make it plain that their objective is to extend career opportunities for their members and, given appropriate training, will accept the associated responsibilities.
79. The staff side has also indicated opposition to the employer's proposal that lay managers be introduced to the laboratory service. Insofar as the proposal would limit opportunities for scientists to advance to management posts, the principle seems to conflict with the ideas behind the 1996 Health Act. The Expert Group would therefore not recommend in favour. This recommendation does not encompass current lay manager incumbents.
80. The Expert Group recommends the following:
 - That the Office for Health Management commissions a survey to identify the required competencies necessary for Medical Scientists in management positions. Once identified, these required competencies should be used to recruit, select and develop managers.
 - The Expert Group is also aware of a programme developed by the Office for Health Management directed at first-time managers, the Expert Group recommends that employers ensure that appropriate personnel from the Medical Scientist profession participate in this programme.
 - That the Office for Health Management pilot personnel development planning exercises for Pathology staff to test an approach to linking personnel development to organisational objectives.
81. The management structure and development of staff in Laboratories must also be viewed in the context of the concept of clinical governance. Clinical governance has been defined as "A framework through which organisations are accountable for continually improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish". Clinical governance refers to the responsibility of Health Agencies to ensure that the services provided directly by them or on their behalf, are in accordance with the highest standards of care expected in the best equivalent settings. Clinical governance provide staff and management with the opportunity to optimise service quality while investing in initiatives which will support staff in the pursuit of excellence.

PATHOLOGY MANAGEMENT COMMITTEE

82. Both the Management submission and the MSLA submission indicate that a Pathology Management Committee should be formed in each hospital. The membership of this committee would be representative of all disciplines which contribute to the efficient, safe and effective functioning of Laboratory Services. The committee would be responsible for the appropriate provision of a high standard of Laboratory services through the management of staff, workload, best practices and resources as well as maintaining active communications with hospital management, consultants, general practitioners and nursing staff.

MANAGEMENT ROLE OF CHIEF MEDICAL SCIENTIST

83. The Expert Group agrees with the principle of “Clinicians in Management” and welcomes the initiative. It is noted in this context that the term “clinician” is not limited to medical staff and that all clinicians can be managers. The Expert Group recommends that the clinicians in management initiative should be developed further in Laboratory Medicine.
84. The Expert Group recommends that the Chief Medical Scientist should report to hospital management on general issues and to the Pathologist on clinical issues.



CHAPTER 8

THE ROLE OF MEDICAL LABORATORY ASSISTANTS

85. The Expert Group agrees that there is a useful role for Medical Laboratory Assistants. The role needs to be clearly defined and should not impinge on that of the Medical Scientist but add to the development of skill mix. The introduction of the Medical Laboratory Assistant is intended to complement rather than serve as a substitute for existing medical laboratory grades, thereby expanding the care provided to patients.
86. The staff side concurred with the introduction of this grade subject to certain conditions.
87. In general terms, the management view is that the development of the position of Medical Laboratory Assistant has occurred in a somewhat unstructured way leading to divergence of interpretation as to the exact role and function of staff recruited to such grades. The effective utilisation of the professional skills of scientific staff requires that they are not involved in undertaking tasks more appropriate to other grades of staff.
88. The Expert Group recommends that in determining the requirement for additional Laboratory staffing, an internal assessment of the potential for devolution of specified tasks to Medical Laboratory Assistants under the supervision of professionally qualified staff should be undertaken.

CHAPTER 9

DEVELOPMENT PLANS FOR THE DELIVERY OF SERVICES

89. The Pathology Service provides consultative, advisory and analytical services to clinicians, general practitioners and patients. Due to the rapid changes that have taken place in science, technology and clinical practice it is imperative that the Medical Scientist profession responds to these changes in a proper and efficient manner.
90. The level of activity within pathology laboratories has increased dramatically within the last number of years. Not only has the number of analyses requested increased but the type and range of tests has also expanded. This has in turn placed more demands on an already over stretched service.
91. General practitioners are coming under increasing pressure from their patients to request specialised tests on a routine basis. The availability and easy access to the World Wide Web (Internet) has been one of the reasons attributed to this increasing demand.
92. Newly appointed consultants also place their own specific demands on pathology services. The impact of such appointments on laboratory workload needs to be considered prior to the appointment.
93. It is vital that pathology laboratories continue to expand their research and development work and become accredited. The Expert Group recommends that the appropriate resources should be made available to laboratories to promote research, development and preparation for accreditation.
94. The Expert Group recommends that national best practice protocols for the demand of out of hour services should be developed.
95. The Expert Group also recommends that there be an appropriate mix of clerical and information technology staff within the laboratory.
96. Near patient testing (NPT) is on the increase in all hospitals. This requires close co-operation and consultation between the laboratory and the users. It is clear that the laboratory should play a major role in all phases of planning and implementation. The Expert Group recommends that equipment selection, quality control and maintenance as well as staff training be the responsibility of laboratories. Protocols need to be implemented to cover activities and responsibilities related to near patient testing.



97. To insure that Laboratories continue to benefit from the many new systems and steps taken to increase operating efficiency, hospital and laboratory managers as well as the Pathology Management Committee, should periodically review procedures to insure that there is no unwarranted duplication of services and that resources are applied in the most effective manner.
98. In anticipation of accreditation, all laboratories should have in place written policies to guide and inform the laboratory staff about standards for patient care, accepted laboratory practices, patient informed consent and the ethical principles which ensure that patients receive safe and appropriate care.

INFORMATION TECHNOLOGY IN PATHOLOGY

99. Pathology Services will be significantly affected by the important developments and advances in patient care services, technology, equipment and systems that have taken place. As a result, Pathology Departments can anticipate an increase in the number of specimens to be analysed; be requested to deliver results and related information more rapidly; and be required to collect, analyse and submit an increasing amount of clinical data and related workload information.
100. Improved integrated information technology (IT) systems will allow Pathology to contribute to the provision of a high standard of patient care by providing clinicians with a wider range of information more directly and rapidly. These IT systems will also advance greater communication and consultation between clinicians, laboratory and other staff groups.
101. The Expert Group recommends appropriate investment to support developments in Information Technology including the integrated Laboratory Information System (LIMS), Intra/Internet networks, teleconferencing, remote consultation, as well as the capability for remote viewing of slides/biopsies etc.
102. Information technology is now an essential tool in all laboratories. Strategic investment in this area must be made in an appropriate and cost effective way. This will lead to improved communications both within and between hospitals. The Expert Group also recommends that Pathology staff be included in discussions with Information Technology staff and other relevant groups regarding the implementation of these initiatives.

CHAPTER 10

INTERACTION WITH OTHER HEALTH CARE DISCIPLINES

103. Following the publication of the Report of Various Health Professions, the Expert Group has been informed by medical laboratory staff of a serious strain in relations with Biochemist colleagues. They have contacted the Expert Group to express their anger and resentment at the implications arising from a number of concerns listed by Biochemists in that Report.
104. The Expert Group has noted the recommendation contained in Chapter 7 of the Report on Various Health Professions for further discussion regarding the roles of Biochemists and Medical Scientists.
105. In the circumstances, the Expert Group recommends that Medical Scientists participate in discussions to establish a more orderly and efficient medical laboratory service for the future under the following conditions:
- that concerns regarding status and career structure are incorporated into the terms of reference.
 - The Expert Group therefore recommends that the issue of a standard unified career structure for all scientific laboratory staff should be added to the agenda of the discussions proposed in the Report on Various Health Professions between all professionals in the medical laboratory service, the HSEA, and the Department of Health and Children.
106. The Expert Group recommends that phlebotomy services should be under the management of the laboratory service, where this practice does not already exist.
107. It is the view of both staff and management that all concerned would benefit from regular and formal meetings with other staff groups with whom they have regular contact. The Expert Group therefore recommends regular and formal meetings:
- with Clinicians to ensure needs are being adequately met and deal with changes as they occur, e.g. employment of additional Clinicians.
 - to liaise with management, administrative and IT staff, phlebotomists and nurses, etc.



CHAPTER 11

ANY OTHER ISSUES WHICH THE EXPERT GROUP CONSIDERS RELEVANT TO ITS TASK

STATE REGISTRATION

108. The Expert Group notes that, at the time of writing, the various professions are in discussion with the Department of Health and Children about a system of State Registration. The Expert Group welcomes and supports this initiative.

RESEARCH & DEVELOPMENT

109. All groups who made submissions to the Expert Group have recognised the importance of research and development. It was especially stressed in the submission received from the Academy of Medical Laboratory Science.

Primary medical research is generally carried out in research units funded by various agencies and Medical Scientists participate in such research, usually as post-graduate students. However, in the context of routine laboratory medicine, applied research, e.g. into the most appropriate procedures for diagnosing disease or the development of existing methods to improve their accuracy or precision, is of major importance. Laboratories are also well placed to form working relationships with clinical units and this can result in productive collaborative research. The production of a research project is a requirement of most undergraduate and postgraduate courses and the supervision of such students results in further research work within departments.

The Expert Group recognises the importance of research to the development of laboratory medicine and patient care and recommends that the participation of laboratories in research at all levels be encouraged and supported.

HEALTH PROFESSIONAL POLICY UNIT

110. This Expert Group recommends increasing the input of Medical Scientists into the wider planning of health services. The Expert Group recommends the strong involvement of Medical Scientists in a Unit within the Department of Health and Children, which would advise the Minister, health and educational authorities and others in the sector on staffing levels and development of services.

ACCREDITATION

111. The Expert Group notes that a Joint Working Group consisting of representatives of the Academy of Medical Laboratory Science, The Association of Clinical Biochemists in Ireland and the Faculty of Pathology of the Royal College of Physicians in Ireland is currently in discussions with the Department of Health and Children with a view to progressing laboratory accreditation in Ireland.
112. The Expert Group welcomes and supports the joint approach by the three professional bodies to this important area and recognises that the process of achieving accreditation will involve considerable effort by all laboratory professionals and that significant resources will need to be committed to the effort.

