



# MEDICAL SCIENTIST RECRUITMENT AND RETENTION

Submission to the Department of Health and Health Service  
Executive

September 2020

## INTRODUCTION

The Medical Laboratory Scientists Association (MLSA) is the trade union representing medical scientists in Ireland. It has over 1,800 members in public and private hospital laboratories and non-hospital clinical diagnostic laboratories across the country.

Medical scientists are highly educated and skilled scientists, with level 8 degrees and specific multi-disciplinary clinical training to work in a clinical diagnostic laboratory setting. Over 70% of medical scientists have MSc degrees or other post-graduate qualifications including PhD, FRCPath and MBA. The profession is regulated by CORU, the regulatory body for Health and Social Care professions and registration with CORU will be a statutory requirement to practise as a medical scientist in clinical laboratories from 31<sup>st</sup> March 2021.

The medical scientist workforce has tremendous skill, expertise and experience in laboratory diagnostics, test development, assessment, adoption and whole-service rapid transformation for the benefit of the patient and indeed the population. Most recently, they have demonstrated this by responding to the COVID-19 pandemic and providing new diagnostic services for a new virus expertly, rapidly and on a nationwide basis, leading to improved patient and public health outcomes. This was achieved while continuing to provide the existing internationally accredited diagnostic service to patients on a 24 hour / seven day a week basis.

## KEY MESSAGES

- 1.** Substantial challenges in recruitment and retention of medical scientists have existed for several years and the additional pressures arising from COVID-19 have highlighted and compounded these challenges.
- 2.** These challenges demonstrate the urgent need to invest in the medical scientist workforce, including:
  - a)** addressing longstanding pay anomalies with scientific colleagues in clinical diagnostic laboratories.
  - b)** addressing the newly created anomaly (2019) whereby the starting salary for a laboratory aide, who requires only a Leaving Certificate, is higher than the starting salary for a state-registered medical scientist with a level 8 degree.
  - c)** improving the career pathway for medical scientists.
  - d)** providing additional training places for medical scientist undergraduate students and a post-graduate access route for other science graduates to enable them to meet the standards demanded by CORU. The HSE has provided funding for additional placements for students commencing in 2020 and 2021 but this must be guaranteed into the future.

- e) streamlining scientific career pathways in healthcare and ensuring that all scientists working in clinical diagnostic laboratories are regulated by CORU, in the interests of patient safety.
3. In 2001 the Report of the Expert Group on Medical Laboratory Technician and Technologist Grades (now medical scientists) recommended that medical scientists should have pay parity with their clinical biochemist colleagues. This was achieved for a few short months but then lost again inadvertently due to the 2002 benchmarking awards. The anomaly created by the benchmarking process has been acknowledged by both the Labour Court (2005) and the second Public Service Benchmarking Body (PSBB) Report (2007). The PSBB also recommended a pay increase of 2.1% to Chief Medical Scientists, which remains unpaid.
  4. Retention of our graduates requires an improved career path as envisioned in [New Horizons](#), a joint paper by the MLSA and ACSLM, presented to the Department of Health in 2016. A parallel career structure for medical scientists and clinical biochemists, with the potential to progress to consultant grade, will provide a pathway for progression that will enable laboratories to build their workforce and their service to meet demand and improve patient services and outcomes.
  5. The COVID-19 pandemic has clearly demonstrated the benefits of clinical diagnostic laboratories embedded in hospital settings, with complete electronic traceability of samples from receipt in the laboratory to reporting, well-established logistics for specimen transport and local IT connectivity, resulting in rapid turnaround times. The timeframes and quality assurance standards necessary for the laboratory medicine service dictate that analysis must be provided within accredited laboratories within the country and not outsourced.
  6. The HSE should engage with Medical Scientists to maximise the contribution of the profession to better health outcomes for the population and optimal use of clinical laboratory resources.

## SUPPORTING EVIDENCE

### 1. MLSA/ACSLM Oireachtas Covid19 Committee Submission, July 2020

The MLSA & ACSLM made a joint submission to the [Oireachtas Special Committee on COVID-19 Response](#) in July 2020. The key recommendations are:

1. There is a need for more medical scientists in practice in Ireland, even more so now due to COVID-19 requirements (both diagnosis and ongoing patient care), the return to normal health service delivery and future healthcare development plans. Improving the career pathway, addressing pay anomalies and planning additional training places for medical scientists are urgently needed to address this.
2. We must use the current time to review and plan Irish laboratory services for COVID-19 screening requirements, a probable second wave of the pandemic and the return to other hospital activity. The HSE should engage urgently with medical scientists to maximise the contribution of the profession to better health outcomes for the population. Much of the profession's thoughts on the subject are contained in this document
3. There is an urgent need for progress on IT connectivity across the health service and to deliver the long-awaited single Laboratory Information System and Individual Health Identifier.

More details are contained in *Full Recommendations* on pages 3-5 of submission.

### 2. Recruitment and Retention Issues for Medical Scientists

#### **MLSA Submissions**

The MLSA has made several submissions to government on the pay and recruitment and retention problems in the profession:

January 2017: [MLSA Submission to the Public Service Pay Commission](#)

July 2017: [MLSA submission to Department of Health Consultation on Healthcare Workforce Planning](#)

November 2017: [MLSA submission to Public Service Pay Commission on recruitment and retention](#)

#### **Survey of Vacancies 2019**

In January 2019, the MLSA was invited to a meeting of laboratory managers organised by the ACSLM to discuss the recruitment and retention crisis. During the meeting a poll was taken of current vacancies – see table below. These were approved vacancies that laboratory managers present at

the meeting had advertised and were unable to fill. Significant numbers had been vacant over six months. They did not include awaiting approval by the NRS or local HR or those that were part of business cases based on new services; nor was every laboratory represented at the meeting.

**Table: Current vacancies in labs represented at ACSLM Laboratory Managers’ meeting Jan 2019**

Specialty	Small Lab	Medium Lab	Large Lab	Total
Cell Path	2	6	34	42
Microbiology	0	16	17	33
Clin Chem	2	21	11	34
Haematology	4	3	5	12
BT	0	2	4	6
Immunology	0	0	4	4
Total	8	48	75	131

### **Job Vacancies on MLSA Website**

The MLSA searches jobs databases on a weekly basis and posts details of job vacancies on the [Careers section of the MLSA website](#). As a snapshot of current vacancies, on 14<sup>th</sup> September 2020 there were 24 positions posted on the website. It should be noted that closing dates for vacancies are usually only 2-3 weeks from advertisement because of the urgent need to fill these critical posts, which means that each vacant post is only live online for a short period of time whereas the vacancy itself exists for a much longer period. In addition, it is common to see extensions of closing dates and posts re-advertised due to no suitable applicants.

### 3. Medical Scientist Issues in the National Media

At the MLSA and the ACSLM we are continuously bringing these issues to the fore of national and sectoral media as well as on our social media channels. Following is a sample of some recent media coverage of the need to address staffing levels and remuneration, and also the important ongoing contribution the profession makes particularly in the context of coronavirus.

Newstalk - Sept 13: [On the Record – COVID Testing Panel Discussion](#)

Irish Examiner – Sept 6: [Overworked medical scientists warn of burnout as testing requirements increase](#)

Medical Independent – July 23: [Covid-19 highlights need for more Medical Scientists in Hospitals](#)

Irish Examiner – May 24: [Severe lack of medical scientists in Irish laboratories](#)

RTE TV News – April 18: [What happens to my coronavirus sample in the testing lab?](#)

Irish Times – April 7: [Irish scientists develop reagent in effort to ease Covid-19 testing delay](#)

## SUMMARY

Urgent investment is required in the pay, career pathway and training of medical scientists to safeguard the current provision of clinical laboratory services and to allow services to respond adequately to healthcare and technological developments. An adequate supply of suitably skilled and state-registered medical scientists working in internationally accredited hospital laboratories is essential for the provision of the world class laboratory services the health system depends on. Pay parity between medical scientists and other scientists working alongside them is required to attract graduates and to retain existing highly qualified medical scientists. Parallel career structures for all scientists in clinical diagnostic laboratories, including the opportunity to progress to consultant scientist grade, will enable adequate recruitment and retention of scientists and allow scientists to contribute to the maximum of their competencies and capabilities to Irish healthcare.

## CONCLUSION

Recent experience, not least the Cervical Check scandal and the COVID-19 pandemic, have demonstrated how much Ireland requires its highly educated and skilled medical scientists to be at the forefront of decisions about testing, quality assurance and training and to be able to respond rapidly when crises such as this occur. Urgent investment in staffing, equipment and information technology is essential to safeguard existing services and to allow for future developments.

As we emerge from the first wave of the COVID-19 pandemic, the MLSA and ACSLM seek investment in clinical laboratories and their workforce to provide for current and future service needs. This will require the creation of a single spine or parallel scientific career structure for all scientists in clinical diagnostic laboratories, as recommended by the 2001 Expert Group Report on Medical Technicians and Medical Technologist Grades. In addition, and in the interest of public safety, all scientists involved in clinical diagnostic testing should require state registration by CORU.

The single spine career structure should allow suitably qualified and experienced medical scientists to progress to consultant scientist grade, as is common in many health services worldwide, so that the Irish health service can benefit from the expertise and leadership of scientists that is essential for the future development of the service.