The session 'People, software or machines?' was organised by the British Computer Society Health Informatics (Nursing) Specialist Group (NSG). It was chaired by Dr Peter Murray, immediate past Chair of the NSG, and comprised three short presentations given by NSG members working in English Higher Education institutions, followed by a discussion of issues raised in the presentations and other issues identified by the audience.

The session attracted over 65 attendees; this was more than anticipated, and also the best-attended NSG session at HC for several years. As with the HC2004 NSG session, it was noticeable that a significant proportion of the audience was not nurses.

The first presenter was Richard Hayward, Senior Lecturer, Department of Adult Nursing, Canterbury Christ Church University College (and newly-elected Chair of the NSG). His presentation raised a number of issues and questions about culture and organisational change in the NHS. He began by presenting, and challenging, a number of commonly held assumptions, including that:

- NHS organisations (or the NHS as a whole) possesses discernable cultures;
- the nature of an organisation's culture can be changed; and
- the benefits resulting from cultural change would outweigh any dysfunctional consequences.

He suggested that, within the NHS, there may be different cultures at different levels, and that changing an organisational culture could take 'forever'. He went on to discuss change versus transition, citing William Bridges' 2003 work on the subject, which views change as external and transition as internal and being the psychological process that people go through to come to terms with a new situation.

Richard closed by posing a series of questions, including:

- what are the priorities for clinicians, and NPfIT, in the NHS? – are they the same, or is there a mismatch?
- what are the education and training needs?
- who is best placed to provide the necessary education or training?
- how local is ‘local’ in terms of NPfIT’s view of education and training needs?
- what role does ECDL have to play in health informatics?

The second presenter was Karen ('Tim') Johnson, Senior Lecturer in IM&T at the Institute of Health and Social Care, University College Worcester (UCW). She explored issues around embedding health informatics into nursing and midwifery pre-registration courses, supporting qualified clinical staff on post-registration courses in terms of developing health informatics skills and knowledge, and the provision of support and staff development for academics in the areas of health informatics, e-learning and IM&T.

Tim recounted the UCW experience, which had begun with a survey of all students at the start of their pre-registration courses, and how UCW weave health informatics as a theme throughout the 3-year courses, including through the use of an asynchronous web conferencing system (latterly WebCT). She also outlined the UCW vision of making 50% of learning online, creating an authentic learning environment, becoming a ‘paper-lite’ organisation, and providing more ‘just-in-time’ learning to meet staff development needs. She outlined obstacles (including not enough staff, and not enough staff able to use e-learning effectively or with a sound knowledge of health informatics) and the fact that there seemed to be no commitment from the Nursing and Midwifery Council (NMC) in respect of development of health informatics in curricula, or from Strategic
health Authorities for development of health informatics.

In closing, she posed additional questions, including:

- how can WDDs and SHAs be encouraged to provide more support to higher education and NHS training?
- is there any evidence that LSPs are working with higher education and NHS trainers?

The final speaker, Rod Ward, Senior Lecturer in the Faculty of Health & Social Care, University of the West of England (UWE), started by saying that he was aiming to present a more positive picture of co-operation between higher education and the NHS; although he acknowledged the legitimacy of the issues and questions raised so far. He noted a long history of local collaboration between higher education (HE), local WDC and NHS Trusts and that in addition, individuals were in frequent contact, eg through having NHS representatives on UWE committees.

Among problems he identified were:

- theory/practice gap
- incompatible information systems
- lack of access to IT on student placements
- sharing of library and information services.

Among lessons learned from local collaborations, he highlighted the importance of organisational priorities, individual relationships at all levels, and that budget-holders are key to making progress.

He raised further questions on:

- ways of moving forward and the role of NHS bodies (eg NILSI, NPfIT, etc) and LSPs;
- local versus national initiatives; and
- when and whether we might ever see the Wells report (on NHSu) and whether work had been progressed on the ‘memorandum of understanding on common information environments.’

In inviting discussion, Peter Murray noted the English dominance in the selection of speakers but that there were people in the audience from many other parts of the UK who might wish to offer differing perspectives. A lively discussion followed, including contributions from:

- a GP and PCT Executive Chair who highlighted the need to break down professional silos (to which Richard replied with his example of local multi-professional education wherein 40% of taught components are multi-professional);
- a PhD student investigating doctors’ use of mobile technology and PDAs who asked whether the discussion was about education or training when it came to cultural change and transition; and
- an academic from Northern Ireland who raised issues of whether health informatics as a discipline was better placed at undergraduate or postgraduate level.

Many issues raised in the session remain to be answered and will, hopefully, form the basis of ongoing discussions. This was felt to be a useful session, and one suggestion for a session next year was to build on this, but bring in other BCS HI groups and make it a joint session but from an overtly multi-professional perspective.

Rapporteur:
Peter J. Murray
29 March 2005