HEALTH INFORMATICS
PROFESSIONAL DEVELOPMENT BOARD
MEETING

Minutes of the third meeting
Held on 21 June 2006 at
St James Hospital, Leeds.

Present:
Phil Molyneux, CIO, West Yorkshire StHA
Elaine Ballard, Birmingham & Black Country StHA
Kim Montacute, West Yorkshire StHA
Anne Eaton, Associate Director, Skills for Health
Jackie Barker, Informing Healthcare Programme for NHS Wales
Brian Derry, ASSIST and Leeds Teaching Hospitals Trust
Wally Gowing, Independent Consultant
Andrew Haw, Chair; ASSIST; University Hospital Birmingham
Jeanette Murphy, Centre for Health Informatics and Multiprofessional Education
Pam Hughes, Project Manager, The Information Centre
Ian White, ASSIST, Sheffield Teaching Hospitals Trust

[Initials used in body of minutes to note contribution of members]

Action

1. Apologies for Absence

Apologies were received from:
Sue Eve-Jones, Director, Professional Association of Clinical Coders (UK);
Linda Gibbs, Leeds Teaching Hospital Trust
Patrick Dodge, NHS Connecting for Health, Informatics Programme
Di Millen, NHS Connecting for Health, Informatics Programme
Linda Ferguson, Librarians & Knowledge Development Network; CILIP
Giles P. Croft, Royal College of Physicians, University of Wales
Helen Sampson, BCS Nursing Specialist Sub Group, UKCHIP Treasurer
Paul Comac, Northern Ireland ETD Lead
Prof. Graham Wright, Centre for Health Informatics Research and Development
Lorraine Nicholson, IHRIM
Paul McCullagh, Northern Ireland
Jean Roberts, University of Central Lancashire / BCS HIF Policy Task Force
Mary Sweetland/Smalls, Scottish Health Information Service
Richard Hayward, Canterbury Christ Church University, BCS HIF
2. **Minutes of the meeting 27th February 2006**

Matters of accuracy: None

Matters arising: JM asked about the Professional Awards review. AH explained that NHS CfH HI ETD team had not released the Protti review report, but a summary of this report had been produced: reasons for this were explained. Subsequently Phil Mason is leading work to specify a new model for the education programme sensitive to the needs of current students and partners, and taking into account the review recommendations. A copy of the summary report will be provided, and AH will ask if this can be made available to HI PDB.

AH

The NHS Faculty of Informatics – a series of Exchange and Masterclass events take place through the Faculty. The next Masterclass will take place on 13th July 2006 in London – topic HI Standards.

Find more information via [www.informatics.nhs.uk](http://www.informatics.nhs.uk)

3. **Election of Chair & Vice Chair**

There will not be a need for an election. One nomination each for Chair and Vice Chair were received from Andrew Haw and Pam Hughes respectively.

Congratulations were extended by members of HI PDB

4. **Health Informatics Workforce Planning - Terms of Reference of Working groups**

Deferred to later point on the agenda; see section 17.
5. **NHS Informatics Workforce Survey**

BD delivered a presentation on the interim results of the ASSIST Health Informatics workforce survey. This covered the process, status, interim results and findings with regard to job evaluation and matching processes, morale and recruitment. Recommendations include: the need for workforce planning, the acceleration of the establishment of a profession and actions to ‘overcome’ the impact of AfC implementation.

AE expressed a view that the language used to express the concerns found from the survey ought to be precise such as using Job evaluation rather than AfC which has 3 main strands.

AE also expressed a view that pressure should be maintained on the use of NOS in the implementation of KSF Outlines.

A range of reports and actions as a thorough dissemination of the findings in England to various bodies and organisations will be undertaken in July/August.

Similar work is being undertaken in Wales and Scotland using the same arrangements and tools.

An interesting finding from the survey was that 79% of respondents (heads of function) supported the establishment of health informatics as a profession. However only 34% were in favour of registration and regulation to be made compulsory.

KM explained to PM that there was no mandated requirement to undertake workforce planning for health informatics staff or other non clinical members of the NHS workforce. It is believed this is due to a lack of appreciation about the need for specialised, trained health informatics staff in the modern health service.

Practical steps agreed were to formally write to the Information Centre to request that non medical workforce data include health informatics staff. Further discussions are also to be held with Steve Webster of the Regulation of Central Returns (ROCR) Team at the Information Centre.

6. **UKCHIP : Review of Standards progress report**

PH presented the report which had been prepared by Mike Andersson for PDB. In producing the document the UKCHIP standards committee (SC) had looked at many formal standards and frameworks. The work of the standards committee links to the work of the cpd committee. Work started February 2005 i.e. before other relevant things such as AfC Job Profiles were available. As published standards for IM were not extensive, the SC had brought in statistical and public health standards.

EB commented that the document is a succinct distillation of the standards presented in a useable format.

JB expressed how difficult it may be to implement this bearing in mind the findings from the survey; and how senior staff may react.
‘Making the case’ for UKCHIP registration is yet to be made; the questions to be answered include ‘What is in it for me?’ ‘What is the Unique Selling Proposition?’ In other words, it is not just a discipline for CPD.

PDB ought to be the leaders in the area to either support or reject UKCHIP but not to be ‘grey’ in its support of the direction for accelerating the creation of a HI profession and whether UKCHIP is the right vehicle for registration and regulation.

AH suggested PDB has to take a lead in supporting HI practitioners understand the work of various groups, and to help ‘make the case’, in the absence of any other guidance and positive drivers.

As noted above, there will be a Masterclass to QA the standards (a facilitated workshop, discussion at tables, from a constituency perspective.) UKCHIP Board and Council will be there on the day.

Document will be in consultation probably up to the end of August, and then needs rendering into online registration processes.

The documents for the workshop will be released on 4th July and people should send in their comments to Pam Hughes, Chair of SC.

PDB confirmed that its role is the practical implementation of standards in the health services of the 4 UK countries; not the creation or QA of the standards

7. Government & IT Professionalism Agenda

PH presented the paper on the IT Professionalism agenda being delivered by the alliance of BCS, e-skills UK, Intellect and NCC.

Members were encouraged to look at the urls provided, and if interested in the work to get in touch with either Chair or Vice Chair who are both actively involved in various aspects of the work of the alliance. (Pam is on the BCS programme to define what constitutes the IT profession and competences.)

BD noted the tension about the success of bringing together the ‘domains’ of health informatics, and how we ought to be cautious about those organisations who want to concentrate on only those parts of the domain.

NCC has established a useful series of courses (http://www.isprofessionalism.org.uk/).

The presentation made to the ASSIST National Conference by the Cabinet Office (CO) lead on professionalism, Katie Davis, was mentioned and the fact that the CO will want to set up a health group probably in September. Andrew had written to Katie Davis after the conference expressing an interest in this. Di Millen, Glyn Hayes and Andrew are to meet to decide on respective objectives for such a meeting.
8. **Consultation on e-skills UK I &CT Qualifications Strategy**

The BCS ASSIST draft response to the Qualifications strategy was tabled at the meeting. AH presented the key themes of the response; these are in the areas of:

- Employer needs are not homogenous
- How employers will value the qualifications
- Implementation/Resources and Funding issues
- The need for distinction between IT Users and ICT specialists.

Members were encouraged to make any comments before 23rd June 2006.

Skills for Health will shortly be publishing their own qualifications strategy which members were encouraged to be involved in. AE offered to check whether their publication will be a consultation or a final strategy when it is available.

9. **National Occupational Standards**

PH presented the paper.

The NHS is required by Skills for Health to rationalise and reduce duplication in the NOS. The deadline was by end June but this will be missed slightly. This work is being done by Martin Christie.

The review of senior staff standards was deferred to this year. ASSIST, Phil Molyneux, Information Centre Statistics, Heads of Service in Wales and the Wirral HIS are all expected to be involved.

PDB were asked to take on the provision of advice and guidance regarding the tactical implementation of NOS. There were no objections received to this proposal.

Skills for Health reminded the IC to put forward any requirements for updating NOS for the SfH 2007 NOS business planning round.

10. **NHS KSF and SFIA pilot project using Infobasis**

PH presented the report.

AH commented that a likely outcome of the pilot was that IT staff may prefer to have SFIA as an integral part of their PDP process. AE suggested there was no mandate that other frameworks could not be embedded into the PDP process. There is a mandate for every post to have a KSF Post Outline.

There should be some data coming out of the pilot in autumn which fits in with the SfH / IC requirement for 2007 business planning as above, to influence any work required for 07/08.

Members asked whether the e-ksf tool is still being used? ‘Not as well as hoped’ said AE. It is mandatory to use it in Wales.
Other work being done by the Information Centre: the Head of Function role is going to Job Evaluation. The IC Board agreed the 06/07 business plan on 30 March 2006:
(http://www.ic.nhs.uk/boardpapers/boardpapers/300306/icbusinessplan/file);
Pam will pull together a shorter document saying what she will be doing this year. PDB can advise on tactical deployment of standards. Likewise the National Reference Group for QA NOS agreed at their June meeting that the NRG QAs products and makes sure they are fit for purpose. And the PDB will advise IC/CFH/Informing Healthcare/NHS Scotland etc on what needs to be done to implement the standards in the NHS and what tools might be most appropriate to use in implementation.

11. Development of Professional Awards
   This was deferred as DM could not join the meeting.

12. NHS Faculty of Health Informatics
   As for 11 above.

13. Workforce Development Issues
   EB explained the current workforce development with a tabled paper covering the reconfiguration of StHAs, and the impact on national CPD leads, National Workforce Group and the HI WDD Forum.
   PDB were recommended to table to Wyn Jones an updated position paper to have in place at least a requirement for the HI workforce for Sept/Oct using the recent workforce survey as the evidence basis for the position paper.
   It was agreed that the PDB create a ‘what is needed’ paper that ought to support a HI requirement being established quicker than waiting for the StHA and NWG to determine what is required. This should be done for Sept.
   As mentioned at (5) above, PDB also wants to revisit ROCR engagement (Steve Webster) to support this paper. Brian suggested that the question to put to the new Health Authorities might be ‘would this draft survey meet your needs for HI workforce data?’
   AE will send a copy of a recent report she has seen on the IT User Skills requirements UK workforce. This document shows by sector the IT User requirements and shows the health sector as one with the lowest IT User Skills although it does have one of the highest workforce in terms of numbers. The document will be circulated with the minutes
   WG cautioned about the Public Accounts Committee focus on the number of staff trained & a suggestion that there will be a compulsory return.
   BD suggested that a joint approach with CFH as they respond to the National Audit Office report would be helpful. First approach to be via Di
14. **Intellect Consultation: for information**
   Tabled for information, and noted.

15. **Education Next Steps: report on Belfast work**
   AH explained this work had emanated from a 2005 workshop held in Otley which attempted to create/document the HI body of knowledge. The follow on activity was held in Belfast in March 2006, and Paul Comac and Paul McCullagh are preparing a paper expressing the outputs from the meeting. Current status of the report is in quality assurance, so it will be circulated at final status.

WG asked what is expressed as the purpose of the Otley and follow on workshops? AH hoped it would influence the development of education programmes, although the academics involved may be keener to simply express the specific HI body of knowledge and widen to embrace international dimensions, and pick up any opportunities.

KM expressed the need for HI competences inclusion in the clinical curricula. JM reminded that there are two types of HI education, one more practical and the other a more research led curriculum. Similar discussions took place at the Faculty Board, and JM questioned whether HI is mature enough for an undergraduate curriculum.

A useful debate took place on this subject.

St George’s have a new 4 year undergraduate BSc HI starting in October and they will be invited to present to the HI PDB, and JM will circulate a paper written on the topic.

AE explained the generic diploma route that all SSCs are supporting to grow professionals in the health area. SfH like all SSCs are required to help develop new diplomas; in the case of SfH, to develop a health diploma for 14-19 new year olds.

16. **BCS HIF Education SG**
   No further information on this, although there is a BCS HIF meeting next month, and if it is established the PDB may re-visit the TOR to properly factor in a relationship with this new group.

17. **Topics for work in 2006/7**
   No progress on the creation of a plan, although EB has sent her ideas.

As DM has not been able to attend AH reminded the PDB members to read Item 4 paper as output from Leicester workshop and get involved in the Special interest groups at [www.informatics.nhs.uk](http://www.informatics.nhs.uk)

ASSIST had expressed concern at lack of progress to date, and everyone’s
support is now needed to improve speed of delivery.

EB made some suggestion for changes to the Leicester TOR; this is a draft tabled in PD’s absence.

18. **Publicity of the work of the PDB**
   Action outstanding with Chris Mayes and Graham Wright – AH to chase

19. **Revised TOR for information**
   Noted

20. **Any other business**
   None tabled

21. **Frequency and location of future meetings**
   A rotation of venues of Birmingham, Leeds and London has been the previous model. A future model may be a single venue for every meeting. Frequency will be 4-6 times per year.

   Next meeting Sept 06. Dates will be circulated for 2007 meetings, and to fix a date for Sept 06