BRITISH COMPUTER SOCIETY HEALTH INFORMATICS
FORUM
PROFESSIONAL DEVELOPMENT BOARD
INAUGURAL MEETING

Minutes of the first meeting
Held on 5 December 2005 at 11am
Queen Elizabeth Hospital, Birmingham

Present:
Elaine Ballard, Birmingham & Black Country Strategic Health Authority
Jackie Barker, Informing Healthcare Programme for NHS Wales
Eric Davidove, Accenture; LSP for Eastern, North East
Monique Duffy, ASSIST; Countess of Chester Hospitals NHSFT
Sue Eve-Jones, Director, Professional Association of Clinical Coders (UK);
Linda Ferguson, Librarians & Knowledge Development Network; CILIP
Linda Gibbs, Professional Association of Clinical Coders (UK); Leeds Teaching Hospital Trust
Andrew Haw, Acting Facilitator; ASSIST; University Hospital Birmingham
Richard Hayward, Canterbury Christ Church University, BCS HIF Nursing SG
Pam Hughes, UKCHIP Council; National Health & Social Care Information Centre
Robina Naseem, NHS Connecting for Health, Informatics Programme
Jeanette Murphy, Centre for Health Informatics and Multiprofessional Education
Lorraine Nicholson, IHRIM
Sheila Teasdale, NHS PRIMIS
Sarah Patrick, West Midlands South Strategic Health Authority, ETD Lead
Janet White, Leicestershire, Northants and Rutland StHA, Assistant CIO
Chris Mayes, BCS HIF Manager
Jean Roberts, University of Central Lancashire / BCS HIF Policy Task Force

1. **Apologies for Absence**

   Apologies were received from:

   Paul Comac
   Giles Croft
   Brian Derry
   Wally Gowing
   Phil Gunn
   David Hack
   Glyn Hayes
   Mik Horswill
   Eleanor Ransom
   Helen Sampson
   Gus Schellekens

**Action**
2. **Introductions and background**

Everyone introduced themselves. Using the paper HIFSP200547 distributed beforehand 1Andrew described why he believed a new group was required to further the cause of the Health Informatics practitioners.

Prior to April, ASSIST had operated a Professional Development Committee. Despite its best endeavours and the HI expertise of its leaders, the ASSIST PDC struggled to be effective. It did good work in research and identifying ways of developing professionalism. However, it did not have the resources to undertake major initiatives.

In October 2002, the NHSIA had created an HR Strategy for Health Informatics: ‘Making Information Count’2 which lead to the establishment of UKCHIP, the advent of ECDL etc, but the ability of the NHSIA to take responsibility for professional development of health informaticians was limited by the lack of direction from government that it should have this mandate. Similarly Workforce Development Directorates were constrained to deal with only the ‘recognised’ professions, nursing, midwifery, AHPs, clinical scientists.

The pressure to improve professionalism in HI has effectively been increasing over the last 2-3 years. Several reasons for this were mentioned and a number of areas were discussed in more detail:

- The introduction of Agenda for Change (AfC) particularly in terms of job evaluation, the use of National Occupational Standards (NOS) and the Knowledge and Skills Framework (KSF). There are concerns that pay banding has lead to inconsistent and possibly flawed results3 and that there was evidence of staff already being lost to health informatics as a result of pay banding decisions. More positively, if good work was done nationally on the KSF by practitioners, it could save the NHS time in implementing KSF locally.

---

1 Supporting Professional Development in Health Informatics: a proposal to establish a Professional Development Board (PDB) for health informaticians: Discussion paper for ASSIST, BCSHIF, NHS Connecting for Health, Health & Social Care Information Centre, UKCHIP and WDDs

2 http://www.icservices.nhs.uk/informatics/pages/histandards/default.asp

The development of a Government wide IT Strategy ‘Transformational Government - enabled by technology’\textsuperscript{4} has raised the profile of professionalism in the whole public sector, and clearly the NHS is a part of that. The BCS would seem to have a central role in helping government to decide what is meant by an IT professional and how they should be accredited and / or revalidated.

NHS Reorganisations, most importantly the NHSIA has been disbanded, and two new bodies (see presentations attached) NHS Connecting for Health (CfH) and the Health and Social care Information Centre (H&SCIC) have been created. The H&SCIC has responsibility for the standards affecting HI professionals\textsuperscript{5}. Likewise ‘Commissioning a Patient Led NHS\textsuperscript{6}’ has introduced new organisational uncertainty for PCTs and STHAs particularly, and this may lead to the creation of new Health Informatics Services across a wider geographical footprint than is currently seen.

The advent of CfH / NPfIT has created new large workforces in LSPs, NASPs and NISPs. Although the pool of people working in health informatics has clearly enlarged, how many of these people would recognise that they are working in health informatics? And for development opportunities for both private sector and NHS staff, would it be desirable for there to be planned cycling of people through both sides of the public / private sectors with appropriate encouragement and resourcing?

Plurality of healthcare provision, especially the introduction of Independent Treatment / Diagnostic Centres run by the private sector. These organisations will also employ people who are health informaticians but like the LSPs they may not recognise themselves as such.

Increased sophistication of NHS performance measurement and regulation, and the likelihood that inspecting bodies such as the Healthcare Commission and Monitor will be expecting NHS bodies to be completely sighted on all of the risks of using IT / Health Informatics in an organisation, irrespective of how they are delivered or managed. Highly important patient care systems in some hospitals, for example, are managed and supported by people (although often a professional

\textsuperscript{4}[http://www.cio.gov.uk/transformational_government/strategy/]

\textsuperscript{5}[http://www.icservices.nhs.uk/informatics/pages/histandards/default.asp]

in some health care capacity) who definitely would not describe themselves as health informaticians. Of greater concern, is that such people may also not recognise that perhaps they needed to prove their competence in health informatics before they took on responsibilities that might affect patient safety in respective of the management of patient data.

- UKCHIP is now positioned to be the body that deals with the registration and regulation of people working in health and social care informatics.

3. **Presentation from Robina Naseem, NHS Connecting for Health**

Robina is a new member of Di Millen’s Health Informatics team. The HI team have already a bi monthly partnership meeting with ASSIST, the H&SCIC and UKCHIP. Robina described their current work programme. See attached PowerPoint presentation (available from Andrew Haw or Robina Naseem).

4. **Presentation from Pam Hughes, H&SCIC**

Pam was the Project Manager for the Agenda for Change Steering Group that had created the national generic job profiles along with ASSIST, IHRIM and the LKDN. Pam used to be part of the HI team in the former NHSIA. The standards team had been transferred to the H&SCIC in April 2005. The CEO of the H&SCIC had agreed that she (Denise Livesley) would like to be a member of the PDB. Pam described the work of the H&SCIC and the current work programme of the Standards team. She also described the work of the UKCHIP standards committee. See attached PowerPoint presentations (available from Andrew Haw or Pam Hughes).

5. **Terms of Reference**

Draft terms of reference had been circulated. These were discussed and suggestions were made concerning: adding more about the overall purpose of the PDB; elements about the mode of working and the need for a vice Chair. These were reflected in the attached updated version and these will now go forward to the BCS Health Informatics Forum Strategic Panel for discussion and adoption.

Andrew explained that a bid had been submitted to the BCS HIF for some financial support for the meetings of the PDB for the year commencing 1 May 2006. The success of this bid would not be known until April 2006 though.

6. **Other events and activities**

Andrew described the work that ASSIST were hoping to do in partnership with CfH and H&SCIC concerning a detailed but
voluntary survey of the NHS Health Informatics workforce in the 4 home countries. A proposal had been written and was being submitted to CfH to seek funding support. It was hoped that a workshop in January would agree on the exact data to be collected from the survey. The workshop would be collaboratively organised by CfH, ASSIST and H&SCIC, and would also cover discussion of the future shape and directions for the health informatics workforce. (Contact Robina Naseem or Di Millen for details of the workshop)

Andrew described some work that ASSIST wanted to do regarding the impact of pay banding under Agenda for Change. Although some data was accumulating on the Informatics community website it was not being used to help individuals who had had a poor experience of matching. The proposal was to establish 3-4 workshops on drafting job descriptions and person specifications, supported by those ASSIST members who had obtained an appropriate result from matching panels. Andrew would be writing a bid to CfH to seek financial support for this initiative.

7. Frequency of Meetings / Date of Next Meeting

The Board AGREED that it should meet 4-6 times a year and that the venue should rotate around the more accessible centres eg London, Leeds the north west. It was hoped that the next meeting should be in February 2006. Chris Mayes offered for the BCS to use the meeting at their offices.