

United Kingdom Transfusion Laboratory Collaborative (UKTLC)
Minutes of a meeting held on 16 November 2016
at 12 Coldbath Square, London, EC1R 5HL

Present:

Rashmi Rook	(Chair)
Debbie Asher	(Eastern Pathology Alliance)
Anna Capps-Jenner	(CCMO's NBTC)
Alison Geddis	
Hema Mistry	(SHOT)
Malcolm Needs	
Chris Robbie	(MHRA)
Claire Witham	(UKNEQAS)
Lee Wong	(NHS Wales)
Chris Ward	(IBMS, Minutes)

1. Introductions/ Apologies

Rashmi Rook welcomed everyone to the meeting. Apologies were received from Paula Bolton-Maggs (SHOT), Rachel Green (RCPATH), Marie McQuade (NHS Scotland), Julie Staves (BBTS), and Caroline Subramaniam (UKAS).

2. Actions from last meeting

Membership of UKTLC

The group discussed the bodies listed as collaborators or stakeholders for the UKTLC. Chris Ward agreed to circulate the list of stakeholders that he had. The group would review this list and decide which should remain as stakeholders. Contact then could be made to find appropriate representation from each stakeholder.

ACTION: CW / ALL

Terms of Reference (ToR)

Chris Ward had after the last meeting sent Rashmi Rook a copy of the IBMS Advisory Panels and Education and Professional Standards Committee Terms of Reference so that a revised ToR could be developed for the UKTLC. This has yet to be completed. Chris Ward agreed to send this information again so that this can be completed.

ACTION: CW/ RR

IBMS Website

Chris Ward explained that since the last meeting of the UKTLC the new IBMS website had been launched. Chris Ward agreed to liaise with the appropriate colleagues to see if it was possible to include more information on the UKTLC including the terms of reference, meeting minutes, documents and links to appropriate forums (such as the Blood Forum) could be included on the new website.

ACTION CW

Staff capacity planning guidance

At the last meeting the group discussed the issues around capacity planning and it has been agreed that Rashmi Rook would work with Julie Staves to develop this guidance, which would be based on the document that she had produced for the event in Reading.

Rashmi stated that this work still needs to be completed and agreed to draft a document which could be placed on the Blood Forum for a month for comment. These comments would then be taken into consideration in drafting the final version of the guidance which would be circulated amongst the UKTLC for agreement and sign-off.

ACTION RR / ALL

EU Guidance Update

At the last meeting Bill Chaffe updated the group about a planned survey across EU hospitals. This work has not proceeded any further and it was decided that as Bill has stood down from the UKTLC that this work would be 'parked' for the time being as the group had other priorities such as the 2017 Survey.

3. Support worker – BBTS workshop update

The group discussed the recent BBTS workshop and in particular the very interesting session on the different levels of responsibilities that support workers have. It was apparent from the workshop that even within the same staff band these responsibilities varied considerably across the UK and that in some places there was no dedicated support workers for Transfusion Science.

The reasons for the variations in what the support staff (MLAs) could do included whether they already had a Biomedical Science degree or not, whether they were state registered or not and the computer systems that were available within the department concerned. It was noted that it was important that individuals were appropriately trained and supervised in order to carry out their role effectively. In addition there needed to be careful monitoring of these workers so that any patterns relating to the same error regularly occurring would be picked up quickly, reported and appropriate actions put into place to stop this happening.

It was queried as to whether any guidance could be written on what would be acceptable responsibilities for support workers but it was felt there other priorities for the group at present.

4. Education / Training / Courses

It was queried as to why the BBTS were considering developing an M-level certificate when the IBMS already have the popular Higher Specialist Diploma (HSD) qualification that is pitched at 'M' and is supported the UKTLC. Members felt it important to stress that the Institute were not in competition with BBTS and that the reason for this proposal might be because BBTS would be aiming at all transfusion practitioners whilst the HSD is for biomedical scientists who are Institute members.

Malcolm Needs and Chris Ward were asked to review the TLC qualification standards to see to what extent that they can be met through the existing BBTS certificates and IBMS qualifications. In the case of the Institute qualifications it was felt that the Higher Specialist Diploma (HSD) was the most likely to meet the standards.

MN / CW

It was commented that the advantage that MSc qualifications is that they currently have more currency and transferability than the HSD because the MSc is a well-known qualification type. Chris Ward pointed out that the numbers undertaking the HSD across all disciplines was increasing indicating that was becoming increasingly recognised as the qualification to have in gaining other positions. He explained that this was probably partly because it was significantly cheaper than any MSc but also because it can be undertaken in specific disciplines rather than an MSc which is often not discipline specific. He also stated that the despite its growing popularity the Institute was looking

at ways of increasing this further through various marketing mechanisms including a session at Congress in September 2017.

Those present commented that in their experience the vast majority of MSc qualifications only had a small proportion of relevant Transfusion material. Chris Ward explained that the Institute does accredit MSc qualifications but that such qualifications are also offered by other universities which the Institute had not approve. He explained that the IBMS could not insist that a university have such a qualification accredited by the IBMS.

Members expressed their concerns that those who had achieved a Biomedical Science degree had little knowledge of Transfusion Science. Chris Ward pointed out that the Institute accredits BSc Biomedical Science degrees and that this is done against a set of accreditation requirements. He also explained that all Biomedical Science degrees, whether they are accredited by the Institute or not (and like MSc qualifications universities can offer a Biomedical Science degree which has not been accredited by the IBMS) had to meet the QAA Benchmark Statement for Biomedical Science which had been revised within the last year following consultation with a variety of stakeholders including the IBMS and universities.

Chris Ward explained the Benchmark Statement would not be changed again in foreseeable future as this was the responsibility of the QAA but that the Institute would be reviewing its accreditation criteria next year and this may include requirements regarding those delivering the curriculum. He commented that from his experience of undertaking accreditation visits to universities that Haematology and Transfusion Science were often areas where the universities had to bring in guest lecturers or employers to help deliver the necessary curriculum.

Post-meeting note: Details of the undergraduate and post-graduate degree courses accredited by the Institute along with the QAA Benchmark Statement for Biomedical Science and the Criteria and Requirements that the Institute uses for the accreditation of BSc's and MSc's can be found on the Institute website here:

<https://www.ibms.org/qualifications/accredited-degrees/>

5. Feedback from Scotland/ Wales/ N Ireland and Private Sector

Wales: Lee Wong explained that there was a Welsh Government initiative which is currently pushing the PTP and that she was engaged in writing the curriculum with Cardiff Metropolitan University. The long term consequences of this being used as opposed to IBMS accredited degrees was currently unclear. She stated that the STP was non-starter in Wales at present because the one size fits all approach simply does not work.

Northern Ireland: Alison Geddis explained that by contrast in Northern Ireland there had been no take-up of the Modernising Scientific Careers programme. In addition that Band 6 hospital blood bank posts in specifically stated that applicants must have either the Specialist Diploma or the BBTS certificate. For Band 7 posts applicants should have either MSc or HSD (preferably the latter) or be working towards such a qualification which if they were successful in gaining the post that they would be expected to achieve within five years.

Scotland: In the absence of the Scottish representative there was no update on what was happening in this country.

Private Sector: Anna Capps-Jenner indicated that there are a number of changes taking place in the private sector. It was commented for example that Wendy Leversuch who worked at the IBMS and who was on the UKTLC now worked in training role for HSL. This organisation is a partnership between The Doctors Laboratory, the Royal Free and University College London Hospitals NHS Foundation Trust. This will have a major impact on the work that is undertaken in London and the training that is undertaken.

Anna commented that she was seeing individuals from other companies such as Nuffield and Spire less and less frequently and therefore it was becoming increasingly difficult to find out what was going on in the private sector. The group felt that it would be beneficial if there were representatives from these organisations on the UKTLC so that the broader picture can be ascertained.

Malcolm Needs stated that NHSBT provide blood to the 'mother' hospital and they would obviously do compliance reports. He said that it was also vital to look at the quality of the work that was going on in the 'daughter' hospital and therefore their compliance reports were equally important. Claire Witham explained that UKNEQAS could ask more quality questions specifically around ensuring quality in this type of set up.

6. UKAS / MHRA Update

Chris Robbie explained that because of the specific functions the MHRA could not endorse the UKTLC standards but could support them and that the standards could be mapped to BSQR and Good Manufacturing Practice (GMP).

Chris Robbie stated that more hospitals were meeting the minimum standards that were required and therefore the number of inspections that were going to be carried out annually was going to be reduced. Malcolm Needs expressed his concern that laboratories which were significantly above the minimum standards required were drifting downwards so that they only met rather than exceeded the minimum. He asked whether this drift could be assessed through the compliance reporting and Chris Robbie replied stating that the MHRA had made it clear however this number could be increased again if evidence showed that this was required.

The group expressed the opinion that whilst quality systems may be improving the core transfusion science knowledge was suffering and Malcolm Needs commented that this trend had been seen in the HSD exam this year. Twelve candidates had sat the HSD in Transfusion Science this year (with six passing) and whilst the generic paper which focussed on leadership and management, quality and training had been generally answered well those who failed had done so principally because they had shown weaknesses in their transfusion knowledge.

It was also commented that the general feeling was that people were being increasingly stretched and it was questioned as to whether reporting of incidents is happening as it should. This was because the process of reporting can be quite time consuming and stopped other work from happening. Chris Robbie commented that patterns in reporting are examined and that if laboratories were not reporting that this would be looked into.

7. UKNEQAS Update / Trends

Claire Witham stated that the trends shown in the recent UKNEQAS report were mostly positive. She informed the group that whilst the vast majority of laboratories had implemented the two-sample rule that the survey had found that 21 laboratories had not done so and that of those 11 did not have a secure bedside system.

The survey had also found that similar errors are regularly being reported from different laboratories and that individual labs are dealing with more and more work with increased reliance on automation. The survey also had found that transcription errors were still occurring despite the fact that this issue had been highlighted as a problem in previous surveys.

8. Survey 2017 Planning

The group discussed the proposed 2017 UKTLC survey. Hema Mistry commented that the document that had been circulated prior to the meeting showed the 90 questions that has been asked in the 2015 survey and indicated those which had also been asked in the 2011 and 2013 surveys.

It was agreed that at least two weeks before the survey is sent out, an email should be sent that indicated the reasons for the survey. It should also summarise what information would be required in order to make laboratories aware of this in advance so that they were ready to answer the survey. This was felt to be important as part of the survey was meant to be a snapshot of the position on a particular day.

It was agreed that the 2017 survey should have fewer questions and should be answerable without those completing the survey having to search multiple documents in order to find the information required. It was commented that there were some questions which were effectively asking the same thing and Claire Witham pointed out there were others which would be covered by the UKNEQAS survey that would go out a few months later.

The group felt ideally there should be 40 to 50 questions in the survey and therefore reviewed all the proposed questions, amalgamating those which effectively asked the same thing, removing the questions that were duplicates of those covered by the NEQAS survey and suggesting changes to the wording of other questions.

Hema agreed to work with Claire and Paula to revise the proposed survey. This would then be circulated amongst the UKTLC for agreement and sign-off.

ACTION: ALL

9. Any other business

Nothing was raised under this particular item.

10. Date of next meeting

Chris Ward agreed to possible dates for the next meeting in May 2017.

Action: CW/RR