

Association for Clinical Biochemistry



FEDERATION OF CLINICAL SCIENTISTS NOTICE OF ANNUAL GENERAL MEETING

The Thirteenth Annual General Meeting of the Federation of Clinical Scientists will take place at 17:15 hours on **Monday 10th May 2010**, in the Carron Room of the SECC Glasgow.

AGENDA

1. To receive apologies for absence.
2. To receive and, as the members see fit, to approve the Minutes of the twelfth Annual General Meeting of the Federation of Clinical Scientists held on 18th May 2009 in Liverpool.
3. To consider matters arising from those minutes.
4. To receive the Chairman's report.
5. To receive the National Negotiator's report.
6. To receive the Secretary's report.
7. To receive the Treasurer's report.
8. To consider and, as the members see fit, approve a proposal from the Treasurer to amend membership subscriptions applicable to Federation members of the Association for Clinical Biochemistry.
9. To consider any other competent business.

Note to Agenda Item 9

Members wishing to raise issues under Item 9 are requested to give advanced notice to the FCS Secretary (e-mail Secretary.FCS@ACB.org.uk) by 30th April 2010.

R Goodall
Secretary

THE ASSOCIATION FOR CLINICAL BIOCHEMISTRY

FEDERATION OF CLINICAL SCIENTISTS

Minutes of the Twelfth Annual General Meeting of the Federation of Clinical Scientists, held in the Arena and Convention Centre, Liverpool on Monday 18th May 2009 at 17.15.

Present: Geoff Lester, Chairman
Brian Smith, National Negotiator & NHS Staff Council Representative
Steve Smith, Treasurer

and 48 other FCS members

12.1 Apologies for absence

Roberta Goodall, Martin Lee, Maria Firth, Michael Thomas, Paul Walker, Janet Smith, Helen Smith and Sophie Barnes.

12.2 Minutes of the eleventh FCS AGM held on 19th May 2008 in Birmingham

These were agreed as an accurate record of the last Annual General Meeting.

12.3 To consider matters arising

None were raised.

12.4 Chairman's report by Geoff Lester

Regulation:

The healthcare professions are ahead of Parliament. We have clocked up our list of scandals and are now well into the resolution phase represented by radical reform of professional regulation in order to re-establish public confidence. From the reports into those unfortunate episodes and the Foster and Donaldson reports came the white paper *Trust Assurance and Safety*. Now, over two years from its publication, we are currently engaged in a series of consultations as the necessary secondary legislation and regulations are being put into place. The Health Professions Council, as the more generic of the regulatory bodies, has a key role in leading harmonisation of assurances of conduct across a wide range of professions and in embracing new ones. The reforms do represent a reduction in the influence of professional bodies. Your FCS officers have been engaging in your interests in these exercises. All of the ACB's medical members will be faced with the "licence to practise" this coming autumn and those scientific members in clinical leadership and management roles with certainly have new responsibilities in the medical revalidation processes. Similar licence and revalidation will not be far behind for the rest of us. FCS and the Directorate of Regulatory Affairs has taken the lead for the ACB in responding to the many, sometimes very technical, documents.

Reorganisations

Whilst perhaps the most obvious and radical reorganisation is yet to come when Modernising Scientific Careers moves into its implementation phase – and FCS will be very engaged in that process – we are now seeing a wide variety of models of service delivery coming into place. This has been particularly so under some of the devolved administrations but also in areas of the south east. As the economic situation bites into public sector funding we must expect more.

Sadly, for the first time for a number of years, FCS officers and representatives are helping members under threat in such reorganisations some of which have led to redundancies. Members need to be aware that whatever we personally may feel about the merits of a reorganisation managements have the right to manage and to make a mess of their services. Local members being engaged, active and constructive at an early stage is the first line of defence of your professional roles.

FCS is there to help ensure that employment law is followed and our members are treated properly and fairly.

On-call negotiations

On-call is the big issue that the authors of the national terms and conditions left to one side when they were first conceived in 2004. An "interim regime" of percentage enhancements has benefitted many clinical scientists although in a few instances we have had to take trusts to formal grievance to effect the provisions and some obtuse employer are still arguing. The vision of national terms and conditions was always that this would be replaced by a single, equal-pay assured, harmonised system. A Staff Council sub-group, is currently working actively on this project with direct FCS involvement. We deliberately sought this after it was apparent that the unsocial hours agreement, in effect since April 2008, was drafted without properly considering the position of clinical scientists and the ways we work to support 24/7 clinical services.

The sub-group has a remit to propose alternative arrangements by September 2009 for implementation from April 2010. It is apparent that on-call arrangements represent the most complex and diverse spectrum of terms and conditions. In partnership with NHS Employers we are determined that the job will be done well and the

outcome model evidence based. To this effect a joint data gathering exercise will be undertaken. FCS representatives who find their trust is involved should contact FCS officers for advice and help. Additionally FCS will be conducting our own survey of on-call arrangements to ensure that our members with their particular role in providing expert and authoritative advice and instruction are properly considered.

Promote membership

Finally, the strength of the FCS is in you, its members. Whilst our numbers are small our influence is high. But we need to keep up that strength:

1. By your involvement
2. By you recruiting other clinical scientists e.g. from other disciplines in your trust.

We have produced fliers and FCS applications forms. If you know of any clinical scientists in your trust please take some and distribute them.

Acceptance of the Chair's report was proposed by Dr Challand, seconded by Dr Ayers and accepted without dissent.

12.5 National Negotiator's report by Brian Smith

Firstly a reminder that formally FCS is the Industrial Relations arm of the ACB – and is a recognised Trade Union similar to the BMA and RCN. The dual status of the ACB is one of its real strengths. It gives us two avenues to address the key issues challenging us. Over the past year we have worked together on joint responses and separately where more appropriate. But without our special status we would certainly be disadvantaged. The FCS also represents Clinical Scientists in other disciplines Microbiology, Immunology, Molecular Genetics, Cytogenetics, Haematology.

The NHS Staff Council covers the 1.2 million "Agenda for Change" NHS Staff (not Senior Managers or Doctors & Dentists). The Staff Council has several subordinate sub groups (Job Evaluation, KSF, H&S etc). Marten Davies is our representative on the newly formed "Pensions Governance Group". FCS/ACB has one of the approx 30 Staff Side seats on the Council.

Staff Council has met 4 times since the last AGM. The NHS Trade Union Leads (one seat per Union), which mostly sets Staff Side policy has met 8 times.

NHS Pay:

As reported at the last AGM, a 3 year pay deal began in April 2008, with pay uplifts of 2.75% in 2008-09, 2.4% in 2009-10 and 2.25% in 2010-11. Despite recent Newspaper reports to the contrary, the Secretary of State for Health, Alan Johnson, has confirmed publicly that the Government will honour this agreement. We could ask the independent Pay Review Body (PRB) to consider increasing the uplift but the Treasury would argue that we should now have a negative pay award (a pay "downlift").

"Just When You Thought Agenda for Change Was Finished!!!"

The entire Agenda for Change Agreement has recently been unsuccessfully challenged at Employment Tribunal where its equal-pay validity was challenged. The lawyer leading the challenge has until today to lodge an appeal. One potential result from the Employment Tribunal judgement, is a requirement to monitor the consistency of the AfC banding outcomes. This may cause the DoH (England), who had disbanded their AfC unit, to now have to gather this data.

NHS Pensions Choice

As reported at the last AGM, the new part of the NHS Pensions Scheme came into force on 1st April 2008. This applies to all staff who started after that date. Staff who started before 1/4/08 will currently be on the old ("1995") Scheme. They will have a right to a one-off choice to transfer to the new (2008) Scheme. All Staff should receive a leaflet about this choice with their May Payslip. It would appear that many Trusts will not meet this deadline. If you don't get the leaflet with your payslip demand one from your Trust! Why does this matter? The Choice exercise will be rolled out across England (and probably Wales) over the next 3 years, starting with staff aged 50 and over.

It will start in South West England in early summer 2009 and then sweep round the Country so staff in the South West will need this information very soon, to make their choice. You will only get this one chance to make your choice.

Scotland will start the choice exercise in Oct 2009 for all staff. Northern Ireland will probably follow the same process as Scotland.

Not being regulated Independent Financial Advisors, the FCS and its officers cannot give advice on your choice but will advise on the meaning of the 1995 and 2008 parts of the scheme.

Ill Health Retirement and Injury Benefits

There have been changes negotiated to arrangements governing the terms on which staff can retire early or claim other benefits, on the grounds of ill health or injury. There does appear to be some confusion over the Statutory Instruments that would bring them into force and over the governance arrangements that would control them. The new arrangements would divide staff into 2 "tiers": those who can no longer work at all and those who can no longer work at their old job, but could work at a different job with reduced demands.

Mileage Allowances

We reported in the ACB News (Sept 08), there have been changes to Mileage Rates effective from July 08 – affecting rates for Cars, Passengers, Cycles and Public Transport. There is currently a consultation, ending this month about a totally new system for dealing with Mileage Allowances. Your Trust staff-side should have details but as again many Trusts have been tardy in consulting the Working Group is prepared to accept replies after the deadline. Finally FCS has been very active, and pretty successful, in handling individual members cases. We have recent examples where another union, even though the member was fully paid up, was not interested enough to fight their redundancy. (We squeezed another 3 months and another £6,000 out of the Trust for the member). If you don't defend your Job/Career/Profession no-one else will. Enlightened Self Interest as someone else termed it. Acceptance of the report was proposed by Dr Ayers, seconded by Dr Rainbow and accepted without dissent.

12.6 Secretary's report by Roberta Goodall

The membership was referred to the written report on page 14 on the ACB Annual Report. In the Secretary's absence a further report was read by the Chair:

Changes in the committee

The most important, and very sad, change to report is the death of Rob Morgan, a very hard act to follow and for whom, as yet, we have no replacement as representative for our genetics members.

AfC and pre-registration trainees

There are still instances coming to light of unresolved issues regarding implementation and assimilation to Agenda for Change terms often involving Foundation Trusts or a failure of managements to understand the meaning of the national provisions. In particular FCS has been involved with members in Northern Ireland, where assimilation has only this year approached conclusion (although appeals and reviews are still ongoing with some success). We again have found that trainees have found it difficult to obtain the centrally agreed banding. Initial outcomes in the province have been disappointing in comparison with the rest of the UK.

This year finally saw the resolution of the Scottish trainees' position despite the length of time taken to resolve pay and back-pay issues. FCS is extremely grateful to Bill Bartlett for the time and effort he put in on our and the trainees' behalf in the negotiations and resolution of these issues, despite sometimes being the messenger liable to be shot!

We are hearing of Clinical Scientists in some disciplines being offered their first post-registration substantive posts at band 6 contrary to national profiles. As this often comes to us as anecdotal information and concerning clinical scientists who are not FCS members, and without FCS being consulted on the matter there is little we can do. We remain concerned however as such developments will undermine many hours of work to secure the standing of the profession and its trainees.

Representatives' training

This year we held a very successful training day for local representatives, in Birmingham. We intend to hold another course later this year to deal with organisational change issues. Such training not only equips local reps to participate fully in the negotiating and representative process in their own Trust (indeed increasingly it is a requirement for participation in local forums) but also provides valuable professional development and transferable skills in HR related matters as part of clinical management.

Consultations

The last year has been a busy one for consultations with various members of the FCS National Committee and Executive collating opinion and preparing feedback, variously jointly with the ACB or separately (an advantage of the ACB's dual special status). Such consultations in the last year include: NHS constitution, Regulatory reform, Health and safety, ACAS codes of practice and of course Modernising Scientific Careers.

In our response on MSC the concerns of FCS mirrored those of the ACB concerning the lack of detail regarding workforce planning, funding streams and the effect broad based training on the ability of the profession to attract high calibre trainees. FCS is particularly concerned about the process for transition to whatever emerges from MSC. Finally, need, as ever, to thank the Tooley Street staff for their hard work and support.

Acceptance of the report was proposed by Dr Beetham, seconded by Dr Boa and accepted without dissent.

12.7 Treasurer's report

The ACB Finance Director is, ex officio, the Hon Treasurer of FCS. Mr Dyer referred the meeting to pages 28-34 of the Association's Annual Report for details of the accounts for 2008. The FCS expenditure was slightly lower than the previous year. There were no major issues and there were no comments from the floor. The report was proposed by the Treasurer, seconded by Dr Emma Lewis and accepted without dissent.

12.8 Amendments of membership subscription

The Treasurer moved to increase membership subscriptions for Federation membership to £86.00 pa. The proposal was carried without dissent.

12.9 Other relevant business:

No other business was raised.

12.10 The meeting closed at 17:55