BSCN Council publishes the following Position Statement to guide BSCN Members on the Society's interpretation of recents publications from the Department of Health relating to the revised framework relating to Modernising Scientific Careers as we see it to apply to our Specialty. We hope this will enable us to work constructively with the Department of Health to develop an effective scientific workforce for Clinical Neurophysioloogy.

Position Statement by the British Society for Clinical Neurophysiology (BSCN) on Health Care Scientist training within the Framework of Modernising Scientific Careers (MSC).

The BSCN are gratified that, following feedback, the Department of Health had made several important changes to their proposals for MSC. However, we are still concerned that further modifications will be necessary to enable training of Clinical Neurophysiological healthcare scientists to the required standard to deliver the service needed by the NHS. We are also mindful that training should occur in the most cost effective, efficient manner.

1. A major concern is the very limited amount of work-based experience in practical techniques presently incorporated in both the BSc and MSc programmes, which remains inadequate to train competent clinical physiologists at both levels. Further (post qualification) clinically relevant work-based practical experience will be necessary for each programme to provide competency in the required investigative techniques.

2. The MSC programme is designed to produce two levels of healthcare scientists, after BSc and MSc, where the senior of these would have less basic experience and technical ability. Such a model, which implies that HCSPs undertake the tests whereas HCSs interpret them, is not practical in Clinical Neurophysiology where data acquisition through clinical engagement with the patient is paramount.

The output levels of competency from these BSc and MSc programmes will inevitably make the delivery of Clinical Neurophysiology services mostly dependent upon those with MSc competencies. Though, as yet, the relative numbers of HCSP and HCS envisaged within our specialty is not known, we are also concerned that direct entry to the MSc programme is unlikely to provide sufficient numbers to deliver the service required by the NHS. Progression from the Practitioner route into the MSc programme will be crucial to providing an effective service.

Considering these structural problems, but also aware of the need to work constructively within the MSC framework, we propose the following:

i) That on qualification BSc graduates would probably only be able to perform routine EEGs on adults. Whilst it would be anticipated that additional post qualification modules, of a relatively low level, might be available to such graduates in the first few years following qualification, any further specialty training would need to be within the MSc.

ii) That the MSc programme should involve the three different disciplines within our specialty; EEG, nerve conduction studies and evoked potentials (EPs). For those direct entrants to the MSc, with no previous experience in Clinical Neurophysiology, it is mandatory that they undergo a basic EEG course. Direct entry MSc students would then undertake one of the other two courses, in either nerve conduction studies or in evoked potentials as dictated by service need. Those who enter the MSc programme with a BSc in Clinical Neurophysiology and who are likely to have two years or so experience as an HCSP, would be expected, during the MSc course, to become competent in all three different disciplines i.e. in EEG, nerve conduction studies and evoked potentials. Direct entry to the MSc would revolve through various tasters in sensory physiology, including visual science and audiology. Those with previous experience in Clinical Neurophysiology would only need a reduced taster rotation (possibly focussed on EPs, given the synergies with visual and audiological testing).

iii) Our present focus has been on HCSP and especially HCS, since we see this grade as being most relevant to our needs. However, further training in specialist techniques such as intraoperative monitoring, videotelemetry and electroretinography will require the development of additional post-MSc training in the workplace &/or formal training programmes or a combination of these (yet to be established).

BSCN Council
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