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CSO Research Strategy 2014
Institute of Biomedical Science Consultation Response

The Institute of Biomedical Science (IBMS) is the professional body for biomedical scientists working in the United Kingdom and represents approximately 2,500 members in Scotland employed mainly in NHS laboratories. The biomedical scientist workforce, which the Institute represents, is regulated by statute by the Health and Care Professions Council (HCPC). The Institute welcomes the opportunity to contribute to this consultation on the CSO Research Strategy 2014.

Question 1: Should CSO and the Health Boards set any eligibility criteria for nodal R&D Directors? Should appointment of a nodal R&D Director be for a specific term, and if so what term would be appropriate.

Response: The Institute of Biomedical Science (IBMS) supports setting of eligibility criteria for Nodal R&D Directors to ensure selection of individuals of a high calibre and appropriate skills, the criteria, although high level should not exclude individuals from non medical routes including healthcare science and allied health professionals. The IBMS would support a term of office of five years to ensure longer term projects are overseen appropriately.

Question 2: CSO proposes to approve the functions of staff in R&D Offices; should CSO seek to standardise local R&D functions across Scotland, or is it preferable to allow local flexibility?

Response: IBMS would support standardisation of R+D functions across Scotland.

Question 3: Are there other NRS functions that might usefully be transferred from the Health Boards or CSO to the new NRS-GMS? Are there functions not currently being undertaken that the NRS-GMS might carry out?

Response: No comment

Question 4: To what extent should the joint planning of the deployment of infrastructure resources be formalised? Should there be a formal record of such discussions?

Response: The IBMS would support transparency of resource allocation which would result from a formalisation of the infrastructure and establishment of formal records of discussions.

Question 5: Taken together, will these steps to both free up and promote the availability of NRS resources address current concerns over lack of time and support? If not, are there other steps CSO should take?

Response: No comment.

Question 6: Are there any further changes that should be made to improve the efficient delivery of patients to studies through the NRS Networks and Specialty Groups?

Response: Optimisation of communication of availability of trials to R+D departments for onward communication to relevant clinicians and research institutions.

Question 7: To what extent do delays continue to occur as a consequence of differing NHS and university requirements? To what extent is closer integration of NRS and university functions possible and desirable?

Response: Unable to comment

Question 8: Would a trial register be of benefit to patients seeking trials? Would it be an effective way to partner patients with researchers? Is there a danger that expectations of taking part could be unfairly raised?

Response: The IBMS considers that a trial register could be of potential benefit to patients; the possibility exists that patient expectations could be unfairly raised if specific awareness around patient participation in trials was not also addressed.

Question 9: Would using electronic NHS patient records to alert GP's to research studies for which their patients may be eligible be a service that the NHS should offer? If so, would a process where NHS records are only accessed by identified NHS staffworking in secure facilities, and only passing on potential participant names to their GP or hospital consultants for consideration, be a suitable way to proceed?

Response: The IBMS considers the proposal to have merit as a way to increase access to clinical trials.

Question 10: What proportion of CSO funding should be available for deployment in new research initiatives relevant to the NHS? In what areas should CSO seek to disinvest to free up resources?

Response: Unable to comment.

Question 11: Is the focus of the CSO response mode grant schemes adequately defined and understood by the research community? Should there be a narrower focus to complement and avoid overlap with other funding streams Scottish researchers have access to? What is a realistic upper level for CSO grants to allow worthwhile projects to progress?

Response: The IBMS considers focusing funding to complement and avoid overlap with other funding streams as a potentially useful approach.

Question 12 – What should determine the creation and continued funding of a CSO unit? Should any new unit have a plan for CSO funding to be time limited?

Response: The IBMS would suggest that continued funding of a CSO unit be dependent on delivery of compliance with pre set objectives.

Question 13: Are there other key areas of partnership CSO should be seeking to build?

Response: The identified potential partnerships appear to be very comprehensive.

Question 14: Would the creation of a CSO International Advisory Board be a positive step in raising Scotland's research profile and supporting our ambition? What should be the make-up of such a Board?

Response: A number of Universities have an International Advisory Board. This may become more important dependant on the outcome of 18th September vote.

15: Are there other areas where CSO funded research could better support the Health Directorates Quality agenda?

Response: Unable to comment.

Question 16: Is the Primary Care Research Career Award scheme suitably focused to attract suitable high quality applicants? If not, what would a revised focus be?

Response: Unable to comment.

Question 17: Are the current CSO personal award schemes targeted to meet our future needs? If not, should CSO conduct a wider review of its capacity building schemes?

Response: The IBMS supports the current CSO personal award scheme as being suitable for future needs.