

Professor Sue Hill OBE  
Chief Scientific Officer  
Department of Health  
Richmond House  
79 Whitehall  
London SW1A 2NS

6 March 2009

Dear Sue,

### **Modernising Scientific Careers**

Thank you for the opportunity to respond to the consultation concerning the proposals for Modernising Scientific Careers. On behalf of employers providing scientific services NHS Employers has been pleased to provide responses to the consultation questions on line and I attach a copy of our submission for your information. However, in discussions with employers other issues have been raised which we believe should be helpful in your deliberations and I thought it would be useful to put our specific responses in a wider context.

### **Gaining employer views**

I wanted to outline the activity we have undertaken to obtain views from employers. This included:

- Production of a discussion paper circulated to all employers
- Two employer events (4th and 5th February 2009) with over 70 attendees
- Collection of views through an on-line questionnaire
- Utilisation of the Association of UK University Hospitals network
- Creation of a joint Reference Group with Association of UK University Hospitals
- Discussion at NHS Employers Policy Board
- Discussion at the AUKUH Chief Executives and HR Directors Network meetings

It is important to stress at the outset that employers have recognised the importance and value of proposals to modernise scientific careers. Employers acknowledged the lack of coherence in current arrangements and the need to ensure that the career structures to deliver scientific services are truly fit for purpose in a changing NHS.

Throughout the process it has been clear that there are strong views from healthcare science professionals. The profession specific detail is obviously required to understand the complexities of the model and framework and, crucially, to understand the views of those staff who will have to operate any revised system. It has been important that employers utilise the profession specific view but also align this to the broader requirements of their organisation. However, NHS Employers has recognised through discussions with employers that it is not always easy for chief executives and other non-scientist directors to have a complete understanding of the implications of specific detailed proposals. It is also clear that there is not consensus on the proposals between the various scientific disciplines.

NHS Employers welcomes an opportunity through the process of modernising the education, training and careers of healthcare scientists to engage more with employers to aid executive understanding of the importance of this workforce.

During initial discussions at the joint NHS Employers / AUKUH Reference Group and Policy Board it was agreed that that as a minimum the proposals should ensure

- Affordability
- Safety and quality of services
- Continuing supply of the workforce
- Access to skills
- Flexibility and responsiveness to local requirements

### **Key findings**

1. Employers have expressed concerns about the significant changes in the education and training programmes where there is little reliable information on the demographics of the workforce at specialty level. There is an understandable risk to service delivery and meeting government targets, especially in some areas where there are recruitment and retention problems, if the existing supply of skills is somehow destabilised by significant restructuring of current education and training pathways. NHS Employers believes there is an urgent requirement to have good quality information about the demographics of the workforce at specialty level in order to better appreciate how the skills will map across onto the new education and career structure.
2. Unsurprisingly, employers are concerned about the financial implications of proposals. In the long term it is recognised that the ultimate shape of the workforce proposed may produce financial savings. However realising these benefits will take a considerable time. Detail of the financial implications of the proposals would be welcomed. In addition there is concern over whether MPET funding for training posts will remain secure and whether this funding will be additional or replacement funding. Much of the 'knowledge gain' to date within these professions is HEFC funded; there is a need for clarity around the transfer of this funding and whether it becomes an employer or MPET responsibility.
3. Employers recognise that the proposals for modernisation seek significant investment for increased training and education of this workforce. A consistent viewpoint expressed by employers is that there may not be sufficient training capacity within organisations (e.g. qualified trainers, supervisors, assessors, etc) to meet the needs of the proposed education and training to support the career pathway. This shortfall cannot be quantified without further information about the numbers of trainees at various levels, but understandably employers become concerned about the affordability of the proposals both in terms of funding and also in deploying further training resource perhaps from existing clinical services. It is appreciated that Medical Education England will be seeking improved workforce planning information on which to base recommendations concerning education and training commissioning and note that this will take time to achieve. In conjunction with the mapping of the current workforce onto the career pathway, NHS Employers would support employer organisations undertaking a training needs analysis to predict better the number and level of training required within the workforce.

4. Executives within organisations have recognised that it is inappropriate for individual members of staff to assume automatic transition between career levels, and that this will be determined by service needs in conjunction with personal development plans. Employers do seek assurance that every attempt will be made in the development of detailed plans to the continued use of existing and appropriate education and training courses, and the proactive use of Accredited Prior Experience and Learning (APEL) as a means of ensuring cost effectiveness in the timely delivery of a competent workforce. Comment has also been received that the proposals and proposed career pathway must face an equality impact assessment. It has been noted that although the healthcare science workforce has a high proportion of females entering the career, relatively few succeed in reaching top level scientific posts. The introduction of a new career pathway should be cognizant of equity of opportunity for all.
5. Within the senior management of the healthcare science workforce of employers, concerns have been raised about the number and type of regulatory levels within the career pathway. The consideration of appropriate regulation for this workforce is important and it is understood that this will form part of a separate consultation. However, from an employer perspective having up to 3 regulatory levels within a single career pathway needs to be well justified since such an approach will give rise to inflexibility into how services are delivered. NHS Employers should be pleased to assist in examining employment arrangements that provide flexibility for service delivery, assurance of patient safety and terms and conditions for staff that support these arrangements as the proposals are further developed.
6. Many employers have discussed the requirement for employees to transfer between substantive and supernumerary positions in order to learn new skills that their employer might require of them. It has been suggested that the career pathway should provide opportunity for part time training: this would facilitate a more flexible approach for employers delivering services and releasing staff for further development. There is also concern from employers that if staff transfer from a substantive position into a supernumerary training position, for which the training is undertaken at another centre, then recruitment for some employers may become more difficult thus creating uncertainty in the continued delivery of services.
7. It is apparent that the proposed model has not always been well understood to date. NHS Employers suggest that more detail relating to the intended outcomes of each training programme should be helpful. For instance, comments received suggested that there might be more benefit in having a rotational programme within PTP rather than the STP which several have suggested should be the point of specialism. Indeed other comments received expressed concerns that over time higher level skills (especially in small number disciplines) may be eroded.
8. The process of transition to a new system is crucial. Implementation of new arrangements has to be handled sensitively to ensure continued staff engagement and service continuity throughout the process.

In conclusion, overall the proposals have been welcomed for developing a common vision for the many disciplines of this workforce. NHS Employers is aware of the concerns of some individuals, professions and employers, but believes with careful reflection the benefits of modernisation can be fully realised for the improved care of patients. NHS Employers looks forward to contributing further as these proposals are further developed and to support the Department and employers in implementing any finally agreed proposals.

Yours sincerely

A handwritten signature in black ink that reads "Alastair Henderson". The signature is written in a cursive style with a prominent initial 'A'.

Alastair Henderson  
Joint Director, NHS Employers