

The Future of the Healthcare Science Workforce: Modernising Scientific Careers: The Next Steps

Core questions from the consultation paper

Below, is a list of the questions featured in the Department of Health consultation paper and to which we have provided a summary response obtained through the various activities with employers.

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- *Are there any other challenges that have not been outlined that the HCS workforce face?*
 - There is an overall challenge for employers to have a better understanding of the significance of the activities undertaken by the healthcare science workforce. In addition there is an expectation for employers, the Department of Health and professional bodies to enable the public (for the purposes of careers and carers) and the patient population (for the purposes of diagnosis and treatment) to have an awareness of current and extended roles of the healthcare science workforce. As a consequence of the scope of activities of healthcare scientists not being fully understood, it is important that any changes in career structure is cognizant of other requirements that place a direct or indirect responsibility on members of the workforce (e.g. – statutory duties relating to radiation, compliance with external standards relating to laboratories and medical engineering etc) are not inadvertently compromised.
 - Employers feel challenged about the proposed changes in education, training and career arrangements when workforce numbers at the speciality level are not well documented and the numbers entering different phases of the proposed model have yet to be estimated. Planning for healthcare science workforce has been historically poor and without further assurances, employers will be mindful of the risks associated with recruitment, retention and maintaining services to the appropriate standards.

- Importantly, many employers will find that there is insufficient training capacity and funding at present to meet the training and development required for this workforce to make a greater contribution to both patient services and research.
- *Please rank the issues in terms of how pressing they are for you (1=important: 2=neutral: 3=least important)*
 - Workforce planning (1)
 - Education and training (1)
 - Transparent career pathway (2)
 - Other {Regulation} (1)

Workforce planning and the consequent demands of education and training are the most pressing for employers with the need for a transparent career pathway being desirable.

Some employers address recruitment and retention difficulties with various education and training programmes developed locally. Whatever career changes are proposed, implementation must ensure continuity of the current development of the workforce is not compromised. Employers also seek clarity over matters concerning the future regulation of the workforce.

- *Are there specific problems in workforce planning which need to be addressed?*
 - Employers require more robust information about the workforce in order to plan for both continuity and the development of the services. There is a requirement to better link service plans and workforce changes, together with succession planning of the existing workforce in order to create more robust workforce commissioning plans.
 - It is recognised that commissioning in speciality areas is difficult and it has been suggested that perhaps there should be national leads to be advocates.
 - On a practical level many employers recognised that the data and associated information for workforce planning is inaccurate at speciality level and improvements in coding, descriptors, review and validation is required.
 - Some employers have suggested nationally agreed workplace titles might be helpful whilst others have proposed mapping skills into workforce planning might be useful.
 - It was noted that current workforce planning does not account for career breaks, movement of professionals with the independent sector and internationally.

- *Are there other potential benefits that have not been outlined that can be achieved by modernising the HCS workforce?*
 - Many employers believed that the proposals would enable greater collaboration between the disciplines in the healthcare science workforce and an understandable career structure to those outside of the profession. This was seen as particularly important for marketing careers and also for improved management communication.
 - It was believed that the proposals would bring benefits to groups by improving their education and training commissioning and for others to be able to pursue careers outside healthcare science in other clinical areas.

- *Are there additional over-arching principles you would add, in modernising the HCS workforce?*
 - Employers should wish that funding is identified to implement the proposals without detriment to existing staff or services.
 - It is proposed that wherever possible, incorporation of existing education and training programmes should minimise risks, and that extensive use of APEL will make effective use of existing resources.

- *How can we make careers in healthcare science as attractive as possible for:*
 - Healthcare Science Assistants
 - Healthcare Science Practitioners
 - Healthcare Scientists

The arrangements for career progression through substantive and supernumerary positions need careful consideration in being able to realise the benefits of the proposals. It is likely that more applicants for supernumerary training posts, particularly for the Scientist Training Programme level, will be from direct entrants as opposed to Practitioners in substantive positions.

It is generally thought that many Assistants, Practitioners and Scientists wishing to advance their career are unlikely to do so unless their contract of employment from a substantive into a supernumerary position is managed by their employer (e.g. by being seconded into the position) since individuals most likely will have considerations of security of employment because of personal commitments particularly at or around 30 years.

Employers are concerned that if supernumerary positions are with another employer, the ability to recruit, retain and develop their staff will compromise the ability to appoint to substantive positions within existing services.

Another concern is the equity of supernumerary posts on those employees wishing to take a career break. The healthcare science workforce has a very high proportion of female entrants but relatively few succeeding to very senior positions within the profession. The introduction of supernumerary training positions at various stages in the career pathway has to be considered in terms of equity of opportunity for those wishing to take career breaks.

Consistent with the requirements of regulation, employers would wish to use APEL to minimise costs in order for staff to gain further skills and competence. Employers should wish for greater flexibility in the scope of the training programmes.

It is assumed that professional bodies need to be engaged to assist in the professional development of the Assistant level since this part of the workforce needs support in development.

- *Do the proposals enable sufficient flexibility for the workforce to meet the anticipated changes in:*
 - Delivering high quality patient care
 - Technology and scientific advances in the disciplines
 - New models of care
 - Skill mix arrangements

The proposals appear to offer flexibility but do not contain sufficient detail for employers to make assessment. However, there is some doubt that the proposals will produce the desired flexibility to meet the four objectives specified. The three levels of regulation might result in compartmentalising the workforce, rather than providing opportunity for transition and freeing up the availability of skills. It is difficult to assess how employees might perceive the model: opportunity or threat.

There is a compromise between having a flexible workforce and the requirement not only to have specialists for clinical services, but also research, innovation and delivering education and training both within and to other professions.

To deliver the vision of these proposals would seem to indicate a significant increase in the workforce which may not be affordable.

- *Do you agree with the proposal for Healthcare Science Assistants to have the opportunity to gain formal awards and qualifications?*
 - In principle this aspect of MSC is welcomed, but employers are concerned that this part of the workforce may not take up the opportunities. Whatever qualifications framework is set up, the skills and competencies need to be transferable and vocational in design.
 - Some employers have already set up schemes and these should be incorporated into whatever framework is developed.

- *To support the Practitioner Training Programme (PTP), should there be greater provision of Higher Education/Further Education academic programmes with NHS funded workforce placements aligned to the outcomes of the PTP?*
 - Generally supported but there was insufficient detail to comment
- *How can Further Education contribute to the learning and development of Healthcare Science Assistant and Healthcare Scientist Practitioner roles?*
 - Employers believe that FE might provide the support to develop NVQ, FD and modern apprenticeships. FE should also be helpful in validating work based training programmes and provide modules on training, teaching, mentoring etc
- *In the Practitioner Training Programme (PTP), should trainees undertake workplace based training in one discipline (focused PTP e.g.: only in biochemistry) or in related disciplines (broad based PTP e.g.: biochemistry and haematology)?*
 - Life Sciences (tending towards broad based PTP)
 - Physiological Sciences (focused or broad based PTP)
 - Physical Sciences and Engineering (tending towards focused PTP)

In principle, broad based training is recognised as delivering the potential for greater flexibility but employers also operate services that require focussed training: there is not one approach that suits all circumstances and the model has to be flexible to recognise this requirement. For example, broad based training was seen as beneficial in the Life Sciences with focussed training within the Physical and Engineering Sciences.

- *Do you agree with the broad indicative themes laid out for the Scientist Training Programme? (STP)*
 - Employers are concerned that the indicative rotational schemes may not deliver the required output. The problem is seen as a compromise between flexibility, reducing timescales for training and yet providing specialists as well as generalists. It is unclear to some employers why a rotational scheme has not been incorporated into Practitioner Training Programme thus reducing the requirements in the Scientist Training Programme.
 - It is thought desirable to have some rotations in the STP (to cater for direct entrants) but that more emphasis is placed on delivering specialists in this part of the programme.
- *Do you agree with the proposals for Higher Specialist Scientist Training (HSST) programmes?*
 - Employers can accept the need to further develop the Scientist workforce but it is not clear what benefits are derived from a fast

track system. Some employers have suggested that whilst 'fast track' scientists will be eligible for inclusion on the Higher Specialist register, they will lack some of the practical management and clinical skills required for such positions.

- It is accepted that this route will be ideal for undertaking research training (e.g. PhD)
 - In practice, employers may find it difficult to manage senior scientists undertaking Accredited Specialist Expertise (ASE) and HSST within the same operational units.
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- *Are there existing programmes that could be used for accredited Specialist Expertise?*
 - Employers are aware that professional bodies have set up courses which may or may not be suitable for ASE.
 - There is acceptance of this approach as the benefits are likely to be closely linked with service requirements. However, it is not clear what courses will be acceptable to whatever regulatory arrangements might be in place for a higher specialist register.

 - *How important are the following areas for development of the existing workforce? (1=vitally important;2=important;3=not very important;4=least important)*
 - Leadership skills (1)
 - Management skills (1)
 - Further specialist scientist expertise (2)
 - Higher Specialist Healthcare Scientist Training (HSST) (2)
 - Other

The development of managerial and leadership skills are viewed as a high priority for employers, especially as there is a need to ensure that this sector of the workforce has a higher profile within organisations.

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