

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

About You

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General comments from the Royal College of Physicians of Edinburgh:

- A problem does exist at present so this attempt to address it is to be welcomed.
- Formalising career progression and grading for these professionals are also welcome proposals.
- Recognition of the need to provide structured training programmes is desirable, but it is not at all clear how this will take place.
- The greatest concern is the proposal that practitioners would both train and work in several different disciplines. The College would oppose this at anything beyond the basic training level, because of the degree of specialisation and expertise required.

- For the physiological sciences, because of the nature of training, the proposal to separate supernumerary trainees from accredited practitioners appears to be impractical and unnecessary.
- The proposals to introduce formal accreditation and appropriate regulation are welcomed by this College (although differences of opinion have been expressed).

The Challenges of Modern Healthcare

1) Are there any other challenges that have not been outlined that the Healthcare Science (HCS) workforce face?

Patient access to some physiological measurements is currently patchy and suboptimal.

The Healthcare Science Workforce: The Case for Changing Training and Careers

2) Please rank the issues in terms of how pressing they are for you, where 1 = Important, 2 = Neutral and 3 = Least Important:

Workforce planning 1

Education and Training 1

Transparent Career Pathway 1

Other (please specify)

Regulation – 1. This is mentioned in chapter 2 but not listed here. Regulation should also be a priority because of the need to ensure patient safety.

3) Are there specific problems in Workforce Planning which need

As with many other areas of the health service, workforce planning is not always linked sufficiently

to be addressed?

to patient needs via service development.

The Vision for Healthcare Science

4) Are there any other potential benefits that have not been outlined that can be achieved by modernising the Healthcare Science (HCS) workforce?

No, indeed we support the overall vision. However, some of the ideals are mutually exclusive: in physiological sciences, we do not think “high quality innovative patient care” will be possible using “multi-professional teams....[working]...in a range of settings” (implying a generic workforce).

The Modernising Scientific Careers Programme

5) Are there any additional overarching principles you would add, in modernising the Healthcare Science (HCS) workforce?

We think that adding two simple statements of principle would assist the development of the programme, bearing in mind that the healthcare science workforce covers a large and diverse group delivering many very different kinds of service:

- a. Put the needs of patients first.
- b. Ensure the end-result is a workforce fit for purpose.

The Proposed Training and Career Pathways

6) How can we make careers in Healthcare Science under Modernising Scientific Careers

as attractive as possible for:

Healthcare Science Assistants (HCSA)?

This junior level is likely to be more relevant to the laboratory-based life sciences than the physiological sciences.

Healthcare Scientist Practitioners (HCSP)?

Careers in physiological sciences are presently under-subscribed; many of the problems relate to patchy provision of training in different parts of the country, unsatisfactory continued professional development, and lack of career progression opportunities. The proposals in this document should go some way to correct these deficiencies thereby improving job satisfaction.

Remuneration is not addressed. Agenda for Change (AfC) has led to geographical inequalities which has exacerbated the problems of recruitment. It is hoped that the new career structure will redress this imbalance.

Healthcare Scientists (HCS)?

All the comments for HCSPs above apply equally here. In making the new workforce fit for purpose, the proportion of HCSAs, HCSPs and HCSs will vary from discipline to discipline. It will be important to get this balance right to ensure all disciplines are attractive and prevent “winners and losers”.

The benefits in terms of career attractiveness of some senior HCSs taking part in leadership, management and research and development overrides the misgivings of some that this will disadvantage patients by reducing the role of doctors.

7) Do these proposals enable sufficient flexibility for the workforce to meet the anticipated changes in:

Delivering high quality patient care **No.**

Please comment **This is a crucial area of disagreement with the proposals. At least for the physiological sciences, all but the most junior levels require competencies which are specific to the single discipline or specialty. The concept of wider competencies and generic skills is, in our view, unrealistic. It may be more appropriate in the life sciences with some cross-over of laboratory skills, and some simple testing eg electrocardiography and spirometry could be provided in a “near-patient” setting ie primary care. However, beyond that level, all the physiological testing which takes place in cardiology, gastroenterology, neurology, respiratory and sleep medicine is too specialised to be generic or transferable.**

Technology and scientific advances in the disciplines **No.**

Please comment **The proposals are right to highlight the rapid rate of technological and scientific advances. It is precisely this which, as with the medical profession, means that these HCSAs and HCSs will become more not less specialised. Adequate arrangements and funding for CPD are required to ensure an up-to date workforce.**

New models of care **Yes.**

Please comment

We see no reason why the MSC programme could not be adapted to future, as yet unidentified, models of healthcare, provided the principles, including fitness for purpose, are applied.

Skills mix arrangements

Yes.

Please comment

As stated in answer to question 6c, this will vary hugely between disciplines, and getting that balance right is important.

8) Do you agree with the proposal for Healthcare Science Assistants (HCSA) to have the opportunity to gain formal awards and qualifications?

Yes.

Please comment

As previously stated, HCSAs are more likely to be employed in the life sciences than the physiological sciences.

9) 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 Practitioner Training Programme?

Yes No

It is not possible to answer a straight 'yes' or 'no' to the whole programme. In some areas training is already adequate, and it would be wasteful to discard this. However, lack of appropriate further education programmes does hamper recruitment in some disciplines so alignment between education-providing bodies and work-based training requirements is desirable.

10) How can Further Education contribute to the learning and development of Healthcare Science Assistant (HCSA) and Healthcare Scientist Practitioner (HCSP)?

See above. Further education programmes will aid recruitment. Thereafter, most training will be workplace-based.

11) In the Practitioner Training Programme (PTP) should trainees undertake workplace based training in one discipline (focussed PTP e.g. only in biochemistry) or in related disciplines (broad-based PTP, e.g. in biochemistry and haematology)?

Life Sciences

Focused PTP Broad-based PTP

Physiological Sciences

Focused

Physical Sciences and Engineering

Focused PTP Broad-based PTP

Any comments

We can comment only on physiological sciences. We would accept that rotation through different disciplines in the early stages of career would be beneficial, but once in a chosen specialty, rotation outwith that specialty will hinder rather than enhance further training.

12) Do you agree with the broad indicative themes laid out for the Scientist Training Programme (STP)?

No.

Please comment

For the physiological sciences, most HCSPs and HCSs will be established in a single discipline, and rotation outwith that will not be of value. The higher-level training required for the STP will be specialty-specific. We support the suggestion of a Masters degree programme which would be appropriate recognition of seniority and expertise at this level.

13) Do you agree with the proposals for Higher Specialist Healthcare Scientist Training (HSST) programmes?

No.

Please comment

Same points as for question 12, only more so.

14) Are there existing programmes that could be used for Accredited Specialist Expertise?

Yes No

Please comment

We are unaware of any. Appropriate accreditation is one of the themes of this proposal that we welcome.

Implementation Issues

15) How important are the following areas for the development of the existing workforce, where 1 = Vitally Important, 2 = Important, 3 = Not Very Important and 4 = Least Important:

Leadership skills 3

Management skills 3

Further Specialist Scientist Expertise 2

Higher Specialist Healthcare Scientist Training (HSST) 2

Other (please specify)

The establishment of the NHS Schools of Healthcare Science will require additional funding. It will be important to keep the goal of a “fit for purpose” workforce in the different disciplines. Too great an attempt to artificially align training eg by implementing the proposed rotations up to a senior level, will waste resources. In addition, in considering value for money, we would oppose making the training grades supernumerary. This fails to recognise the practical nature of workplace-based training and would add unnecessary costs.



Responder's Comments

Do you have any further comments?

This attempt to address the difficulties faced by the healthcare science workforce is timely and welcome. We would support the attempts to improve recruitment, training and career progression, but are opposed to the development of a generic workforce.



Thank you for your comments, which will be considered by the Modernising Scientific Careers Team and will inform the future development of the Modernising scientific Careers programme.