Modernising Scientific Careers

Over the next few weeks NHS healthcare scientists, education institutions, NHS managers and patient groups will have the chance to have their say on a complete overhaul of the training, education and career pathways of scientists working in the NHS. The four-country-wide draft proposal for the Modernising Scientific Careers (MSC) programme published in November 2008, led by Sue Hill, Chief Scientific Officer at the Department of Health, outlines how the careers of the 50,000-plus scientists employed by the NHS will be arranged in the future.

The training and career paths of healthcare scientists are about to get a makeover. Graham Clews discusses how this is going to affect existing staff – and how it should make the NHS an employer of choice for bright new scientific talent.

The proposals introduce the concept of three new workforce stages, and, in addition to general registration, there are plans to establish higher specialist registration for healthcare scientists. While the consultation is live, a series of meetings will be held in NHS South Central with representatives of all three divisions of NHS scientists: physical sciences and engineering, life sciences and physiological sciences.

Dr Richard Billings, Education Commissioning Manager for NESC, who is arranging these meetings, says: ‘It’s important that everyone with an interest in the training and careers of healthcare scientists responds to the MSC consultation, and these meetings will help to ensure a common interpretation of the proposed framework is informing that response’.

NESC is attempting to include as many stakeholders as possible in discussions and Dr Billings will also hold meetings with universities that currently provide training for NHS South Central’s scientists. He stated: ‘Training works best when there is a three-way collaboration between NESC, the universities and the service and it’s important to maintain and build on the excellent working relationships so far established.’

From a commissioning point of view, a fundamental aim of the MSC programme is improvement in workforce planning and more structured training.

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At the moment clinical scientists spend four years in a supervenous practice placement while undertaking a Master’s in their specific discipline. Other healthcare science trainees can spend between two and four years taking courses that range from NVQs to BScs. Dr Billings says MSC should produce clear educational requirements, a better ability to monitor the quality of education provision and improved ability to monitor the quality of practice placements within acute trusts. About 2,600 scientists work in NHS South Central, and that number is not expected to change significantly with the implementation of MSC.

A workforce modelling exercise is due to take place across the scientific disciplines in the new year. So far it seems that the South Central scientific community has been broadly supportive of MSC and its aims. There is a general acceptance that the current jumble of entry routes into scientific service in the NHS needs to be replaced with a system that provides equity of opportunity through the training process.

The NHS Workforce Review Team (WRT) is already collaborating with South Central on the collection of information about cardiac physiologist roles from the NHS Information Centre and the service, and hopes to be involved further in future modelling work with the SHA. Theresa Fail, the WRT’s Professional Advisor for Healthcare Scientists, has welcomed the improved clarity and structure envisaged by MSC, but highlights that it will be vital that accurate data is available, particularly during the transitional and implementation stages.

The process is unlikely to be entirely without problems. Narrowing more than 40 specialist scientific fields into strands is not going to be plain sailing. Dr Chris Gibson, Director of Medical Physics and Clinical Engineering at the Oxford Radcliffe Hospitals NHS Trust, says the challenge of finding a common structure across such a range of scientific disciplines will be difficult but worthwhile.

One of the greatest benefits of the process, he says, will be to appeal to new science graduates and undergraduates.

“The vision for healthcare science that lies at the heart of these proposals is a world-class workforce that will be integral to multi-professional teams delivering high-quality, innovative patient care in a range of settings. Achievement of this vision will require a transformation of healthcare science career pathways, supported by new education and training programmes, which will deliver improved benefits for patients, for employers and health commissioners, for the healthcare science workforce and for health services.”

What will the outcome mean for NHS healthcare scientists?

It will enable them to fulfill their potential by having the right competencies to be effective in their roles. It will also give them structured career pathways to optimise their contribution to responsive care and develop the profession’s leaders. Of benefit too, will be the modernising of the image of healthcare science and scientists.

Existing staff will not be disadvantaged by the proposed changes, and transitional arrangements will support the delivery of continuous, high quality patient care and the development of those already in post. What will it mean for learning at work for NHS healthcare scientists?

Healthcare scientists will potentially have the opportunity to gain appropriate qualifications through workforce training in addition to their academic studies, and they will be able to compete for roles in a wider range of healthcare settings and disciplines throughout their careers.

How will training for current and potential NHS healthcare scientists change in practical terms?

There are currently 40-plus entry routes into healthcare science training, often into small, single disciplines leading to major difficulties in matching supply and demand. The proposed MSC training and career pathway will build on existing good practice and give significant opportunity for individuals entering the pathway at any point to progress competitively through the stages of the NHS career framework, potentially from assistant through to consultant-level healthcare scientist. In the future, in South Central as well as everywhere else, three stages of training and careers pathways will be defined: healthcare science assistant, healthcare science practitioner and healthcare scientist, and individuals will be able to compete to progress from one to the next.

How will this affect scientists working outside the NHS?

Scientists working outside the NHS will have the opportunity to apply for entry into the new training programmes.

How can scientists in the service contribute to the consultation?

By going to www.dh.gov.uk/cso and making their views known on any of the issues covered in the consultation, in time for the deadline of 6 March 2009. They can comment online and follow the consultation after the deadline.

Source: MSC coordinator

Main picture: Biomedical Scientist
Ashley Cooper (on left) guides trainee Giulia Rinaldini at the John Radcliffe Hospital, Oxford Radcliffe Hospitals NHS Trust

Your questions answered

Do you have any questions or comments on this article? Please email nesceducation@nesc.nhs.uk

Your comments online will contribute to the consultation.

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What is being consulted on?

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