

## **FEDERATION FOR HEALTHCARE SCIENCE**

### **Position regarding Modernising Scientific Careers**

**August 2008**

#### **Introduction**

The Federation for Healthcare Science (FHCS) is an overarching body for 40 professional organisations representing healthcare scientists in the Life Sciences, Physiological Sciences, Physical Sciences and Clinical Engineering. The Federation currently provides a collective voice for science in the health service to the government, other health care professionals and to members of the public.

Healthcare Scientists are used to embracing change, reflecting the role that science plays in the development of healthcare. We agree that a discussion on the shape of the workforce and how scope of practice might develop is currently needed. The FHCS recognises the opportunity that the Modernising Scientific Careers Programme offers to review what is happening and to explore a common framework that is suitable for all disciplines. FHCS is keen to work with the MSC team to achieve harmonisation of HCS careers, whilst ensuring that all HCS are fit to practice.

The concept of run-through training is particularly welcome; it will improve recruitment and retention, and needs to be related to work force planning.

We support the proposal to establish an overarching body to oversee the programme, and are keen to work with MSC to move this forward. The overarching body that MSC proposes to establish is a natural development of the Federation's role and we would hope that MSC will base this body on the Federation.

No formal documentation has been issued to FHCS, apart from that received when attending the Oversight Board, but in view of the recent publication of some of the MSC proposals in "NHS Next Stage Review: A High Quality Workforce" and the DH Leaflet on MSC in the public domain, FHCS feels that this is an appropriate time to formally voice the concerns of our members regarding some of the MSC proposals, so far as we understand them.

#### **1. Registration Training Programme**

**1.1 Postgraduate level:** We feel that it is a mistake to have a Masters degree as the educational outcome of this programme – we are unaware of any clear evidence that this should be set at Masters level. We think this is too high, and may make the HCS workforce

unattainable and unaffordable. In small but essential professional disciplines this may have a detrimental impact on the workforce. We feel it would be more appropriate for the educational target of this programme to be a post-graduate certificate or diploma, accredited by a Higher Education Institute (HEI). The CAT points associated with this qualification could then be used for those who do decide to progress to a full Masters degree. We feel that a full Masters degree would be an appropriate specialist educational qualification for those wishing to become Accredited Specialist Practitioners at career stage 7.

**1.2 Length of Programme:** We feel that the proposed three-year programme should be shortened for those coming in with more than just a science degree. A three year training period is expensive and discouraging to well qualified applicants. There needs to be flexibility in the system to recognise experience and higher qualifications already obtained. FHCS supports the three year programme for those coming in with a science degree, but strongly urges MSC to acknowledge and accept that those entering with vocational degrees should be offered a significantly shorter route to registration. FHCS feels that, particularly for some disciplines where these degrees are well established, a vocational degree entry route should remain as an alternative to a non-vocational degree entry route.

**1.3 Breadth and Depth of Programme:** Whilst we acknowledge and agree that the aim at this stage should be to keep training as broad as possible, we feel that some of the proposals are too broad-based to be workable. Some of the groupings of subjects appear arbitrary and more work needs to be done on this. Training should be in the form of selected modules, and candidates should not be expected to have detailed knowledge across too wide an area. The modules need to ensure detailed knowledge of that particular area, to output a competent practitioner.

**1.4 Relationships with HEIs:** It is not clear how training centres will be accredited and quality controlled. We must ensure that there is a suitable balance in every area between theory and practical experience. The relative inputs of HEI's and professions/ workplace trainers will therefore need to be carefully considered. The Federation is concerned that changes may destabilise academic departments, thereby diminishing academic training in research and their ability to support translational research in particular.

## **2. Registration for Groups Currently Unregistered.**

We feel that it is very important that there is a clear route to state registration for all groups of staff. At present there are many groups who have no route for registration, yet their work clearly affects patient safety. Some have set up and joined voluntary registers, often at the

request of the Dept of Health, in order to meet the entry requirements for HPC. These voluntary structures were only ever intended to be temporary measures, and have no value if they are not converted to permanent registration. Registration for these groups needs to be national. There is an urgent need to sort out a way to get these staff state registered. We are concerned that the MSC initiative is actually holding up progress in this area. It is important to safeguard patient safety by ensuring that all staff are registered.

The scope of professional practice and protection of the public must be the drivers for statutory regulation, not academic levels. At the moment work is being cascaded from clinicians to HCS and this is welcomed, but there is a clear need for the roles of these groups to be clarified and for regulation to be introduced where patient safety is an issue.

FHCS is very concerned with this situation, and feels that urgent action is required to obtain statutory state registration for those currently on voluntary registers. The MSC Programme must not hold this process up.

### **3. Alternative entry routes**

The well accepted and supported HCS Career Framework allows for multiple entry points and offers the possibility for all to progress to any level. In contrast, MSC appears to impose a single route of entry to the RTP, introducing inequity of access to personal development for many current HCS staff.

It is the view of FHCS that there is a need for maintenance of the HCS Career Framework to ensure retention of all grades of staff and to provide parity for HCS with other NHS employees. This should include open entry routes which provide an equivalent to the current route 2 to registration for Clinical Scientists and an equivalent for other groups. These will need to ensure effective entry for those with specific skills who have the base qualification, but have not been through the recognised training programme. This may apply to both pre- and post-career stage 5. People coming in through these routes need to be supervised effectively and taken to registration as fast as possible, through a cost-effective way of achieving registration.

These routes are important in new and emerging areas of science. MSC must be flexible enough to ensure that people with skills in new areas can be rapidly, effectively and safely brought into the workforce.