

MSC: What is it expected to look like?

- UK-wide common training framework, with flexibility to accommodate different scientific discipline requirements
- Training and development programme for technical and support staff
- Rotational training programme in each of the three divisions, leading to registration as a Healthcare Scientist
- An explicit higher specialist scientific training and academic career structure
- A strategy for gaining accredited specialist expertise through continuing professional development

MSC: the benefits

- Develop, enhance and exploit research, innovation and leadership potential of healthcare scientists
- Explicit standards for registration training programme and higher specialist scientific training programmes based on National Occupational Standards
- Explicit assessment strategies to demonstrate that practitioners can provide an NHS that is fair, personalised, effective and safe for all in the 21st century
- A training framework which demonstrates affordability and value for money
- Will attract people into a career in healthcare science and raise the profile of Healthcare Scientists
- Reinforces a modern service that meets the challenges of today's society

To find out more please contact:
MSC.office@dh.gsi.gov.uk

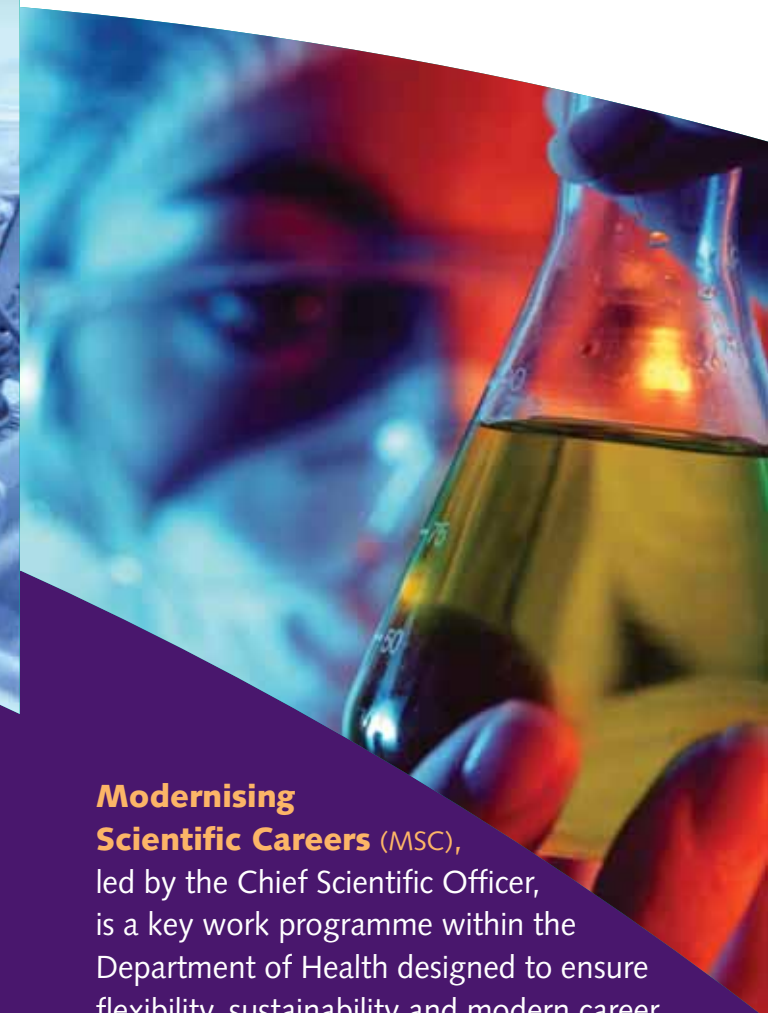


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Modernising Scientific Careers (MSC)



Modernising Scientific Careers (MSC), led by the Chief Scientific Officer, is a key work programme within the Department of Health designed to ensure flexibility, sustainability and modern career pathways for healthcare scientists, fit to address the needs of future NHS.

Scientists' Unique Role

- 50,000 healthcare scientists in England
- Scientists represent about 5% of the workforce, but contribute to about 80% of clinical decisions across the care pathways
- Highly specialist unique scientific roles and some with recognised medical consultant equivalence
- Technical and support roles
- Contribute effectively to research and innovation
- Three healthcare science divisions and some fifty constituent professions



Staff:

I want a say in my training; I want good career opportunities and to make a difference – including the chance to lead, innovate and do research.

Patients:

I want to see well trained staff who work with me as a partner in my health; I want to see the right healthcare professional when I need to; I want staff who treat me well.



Three Healthcare Science divisions and the constituent professions

Life Sciences

- Anatomical pathology
- Blood transfusion science/transplantation
- Clinical biochemistry including paediatric metabolic biochemistry
- Clinical cytogenetics
- Clinical embryology and andrology
- Clinical immunology
- Cytopathology including cervical cytology
- Electron microscopy
- External quality assurance
- Haematology
- Haemostasis and thrombosis
- Histocompatibility and immunogenetics
- Histopathology
- Molecular genetics
- Microbiology
- Phlebotomy
- Tissue banking
- Toxicology

Physical Sciences

- Biochemical engineering
- Clinical measurement
- Equipment management and clinical engineering
- Medical electronics and instrumentation
- Medical engineering design
- Rehabilitation engineering
- Diagnostic radiology and MR physics
- Nuclear medicine
- Radiopharmacy
- Radiation protection and monitoring
- Radiotherapy physics
- Renal dialysis technology
- Ultrasound and non-ionising radiation
- Medical illustration and clinical photography
- Maxillofacial prosthetics and reconstruction

Physiological Sciences

- Audiology
- Autonomical neurovascular function
- Cardiac physiology
- Clinical perfusion
- Critical care technology
- Gastrointestinal physiology
- Neurophysiology
- Ophthalmic science
- Respiratory physiology
- Sleep physiology
- Urodynamics and urological measurements
- Vascular technology
- Vision science

Why change?

- Complicated training and career pathways, with more than 45 routes into scientific training
- Needs to be responsive to changing care models and delivery settings
- Only two disciplines are formally regulated (Clinical Scientists and Biomedical Scientists) – need greater clarity about regulation for other groups
- Complex educational commissioning, so funding varies between SHAs
- Small but essential disciplines in jeopardy, with insufficient workforce in some key areas (e.g. cancer – medical physics)
- Evidence of overlapping roles/function, and lack of flexibility to adapt to service needs must be addressed



Public:

We want to see all users treated fairly – based on need, not ability to pay. We want the NHS to be there when it is needed and to see staff who are supported in the work they do.