Maxine Foster
Director of NHS Engagement
Modernising Scientific Careers
Department of Health
Policy Into Practice:
Developing Healthcare Science Education and Training pathways
A long and winding road!
Cross cutting care contribution
HCS involved in 80% of all clinical decisions, critical in achieving better patient outcomes and experience

- Staying healthy
- Mental health
- Maternity and newborn
- Children’s health
- Planned care
- Long term conditions
- Acute care
- Acute care
- Acute care
- Acute care
- Acute care
- Acute care
- End of life care

Pathology deliver over 800 million tests per year
Physiological measurement tests total over 12 million per year
Radiotherapy physics and treatment planning support over 1.5 million fractions of radiotherapy every year
## Healthcare Scientists Example of the Contribution to Cancer Care

<table>
<thead>
<tr>
<th>Prevention / Screening</th>
<th>Diagnosis</th>
<th>Treatment</th>
<th>Ongoing management / monitoring</th>
<th>End of Life Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Providing screening programme services</td>
<td>• Definitive diagnosis of a range of solid tumours – increasingly responsible for tissue receipt, cut up and preparation of slides</td>
<td>• Assessment of impact of radiotherapy and/or surgery through measurement of biomarkers</td>
<td>• Monitoring patients in remission for early evidence of recurrence</td>
<td>• Managing the immediate consequences of death</td>
</tr>
<tr>
<td>• Faecal occult blood detection</td>
<td>• Developing, performing and interpreting specific molecular tests targeted at specific cancer loci</td>
<td>• Assessing physiological function</td>
<td>• Selection of breast cancer patients suitable for Herceptin therapy</td>
<td>• Post mortem examinations</td>
</tr>
<tr>
<td>• Cervical cytology</td>
<td>• Development and validation of Nuclear medicine tests</td>
<td>• Specific diagnostic testing to assess minimal residual disease in leukaemia</td>
<td>• Monitoring ongoing physiological effects of cytotoxic therapy</td>
<td>• Bereavement care of relatives</td>
</tr>
<tr>
<td>• Analysis of patients and families for genetic components of or predisposition to cancer</td>
<td>• Quality assurance and optimisation of all imaging techniques used in cancer pathways</td>
<td>• Staging and planning Radiotherapy treatment</td>
<td>• Fitness for surgery/ measurement of prognostic indicators and post operative support</td>
<td></td>
</tr>
<tr>
<td>• Quality assurance of mammography equipment</td>
<td>• Quality assurance and optimisation of all imaging techniques used in cancer pathways</td>
<td>• Implementing and evaluating new radiotherapy techniques - IMRT, IGRT, tomotherapy</td>
<td>• Production of specific prostheses for reconstructive surgery</td>
<td></td>
</tr>
<tr>
<td>• Development and introduction of new digital mammography</td>
<td></td>
<td>• Assessment of impact of radiotherapy and/or surgery through measurement of biomarkers</td>
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</tr>
</tbody>
</table>
MSC Programme will underpin

Quality and its 3 dimensions
(Safety, Effectiveness and Patient experience)

Productivity
Innovation
New ways of working
Continuous Improvement

and equips the scientific workforce
to respond to these challenges

Reducing variation in Quality improving outcomes

NB: Equivalence will be based on a clear and transparent assessment of a portfolio of evidence including previous experience and knowledge (reducing possible duplication and allowing employers to grow their own workforce)
# Modernising Scientific Careers – Career Structure

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assistant</strong></td>
<td>Undertake clearly defined task and protocol based, high volume, low risk activities requiring some structured training such as vocational training qualifications e.g. phlebotomist</td>
</tr>
<tr>
<td><strong>Associate</strong></td>
<td>Undertake more advanced and complex high volume low risk investigative tasks. Requires appropriately trained staff, probably at Foundation degree level training e.g. processing samples through machines in pathology laboratories and fitting hearing aids</td>
</tr>
<tr>
<td><strong>Practitioner</strong></td>
<td>Apply technology, in the delivery and reporting of quality assured tests, investigations and interventions for patients, on samples and equipment. Use a degree of judgement and deal with ambiguity within a clinical context. Able to undertake activities which are outlined in ‘protocols’ e.g. genetic screening activities</td>
</tr>
<tr>
<td><strong>Scientist</strong></td>
<td>Complex scientific and clinical roles. High risk, low volume activities which require highly skilled staff able to exercise clinical judgement about complex facts and clinical situations. Interact with patients e.g. undertaking complex heart scan which requires professional judgement and interpretation</td>
</tr>
<tr>
<td><strong>Consultant/ Higher Specialist Scientist</strong></td>
<td>In-depth, highly complex role. Equivalent to medical consultant role as requires clinical judgement, scientific expertise and leadership in direct patient care e.g. specialist scientific expertise to develop and implement new radiotherapy treatments such as proton therapy. This role could include a clinical director/consultant audiologist with expertise in complex hearing/ balance problems</td>
</tr>
</tbody>
</table>
Future Solution to support a devolved NHS and local services to meet patient needs and outcomes

A solution that addresses the whole healthcare science workforce

### Modernising Scientific Careers

<table>
<thead>
<tr>
<th>Life Sciences</th>
<th>Physiological Sciences</th>
<th>Physics and Engineering</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assistant/Associate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Practitioner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scientist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Higher Specialist/Consultant Scientist</td>
<td></td>
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</tr>
</tbody>
</table>

### Benefits to:

- Patients and the Public
- NHS and Employers
- Professionals
- Higher Education Sector

**Standardised training and education and pathways and programmes** underpinned by robust assessment to deliver coherent and consistent career pathways

- **Broader training in cognate themes reflecting the potential patient population**, with a generic curriculum based on patient needs and the changing NHS
- **Clear outcomes from training programmes** to allow better workforce planning and matching with service functions and local needs, with academic and workplace based training at all levels
- **Reduction in costs of training** through joint approaches to provision with Higher Education sector
- **Affordable and coordinated approach** to the commissioning of education and CPD requirements
- **Recognition of previous experience** and training to avoid duplication of learning
- **Opportunities to progress competitively** through all stages of the career pathway from Assistant to Consultant and in line with provider requirements
- **Consistent Regulation across** the UK HCS workforce, reflecting changing clinical roles, proportionate to clinical risk
Changing the profile of the workforce under MSC could save more than £250 million.

**Current State**

- Is this structure providing value for money to employers?

- East of England SHA, West Midlands SHA, London SHA and South Central SHA

- cf. Pathology: towards a competence based workforce

Source: Workforce Review Team

It is estimated that the workforce profile will be rebalanced over time to reduce the number of Agenda for Change band 7s and 8s and increase the number of band 3 and 4s and 5s – hence reducing salary costs.

The National work Pathology services aims to deliver £0.5 billion recurrent savings by re-profiling the workforce. The new pathology workforce will need a greater degree of flexibility in skills and knowledge development while still developing some staff with highly specialist knowledge and skills to introduce innovative scientific discoveries for the benefit of patients and the healthy population.
How the work programme will deliver identified MSC benefits

<table>
<thead>
<tr>
<th>Workforce Planning and Delivery</th>
<th>Education Commissioning, Funding and Provision</th>
<th>NHS Readiness and Implementation</th>
</tr>
</thead>
</table>
| *Tools to improve workforce planning*  
  - Improve information/data collection  
  - Further develop the toolkit  
  - Develop horizon scanning function  
  Developing career framework for healthcare scientists  
  Undertaking and sharing lessons learned from service reviews  
  *Develop recruitment strategy*  
  *Develop means of promoting HCS Careers*  
  Workforce that meets current and future service needs, improves quality and is value for money  
  Better workforce planning for the HCS workforce  
| *Curriculum development*  
  Establish education and training board  
  Establish strategic forum with HEIs  
  Develop awards and qualifications  
  *Publish guidance for assessment of equivalent learning*  
  *Develop Academic careers*  
  *Technology Assisted Learning*  
  *Assessment*  
  *Training Infrastructure*  
  *Commissioning and Funding Model*  
  *Develop Operational Guide*  
  Education and training that meets current and future service needs - Standard national framework of career and training pathways, supporting career development into senior roles  
  Improvements in quality and value for money of education  
  Partnerships with education commissioners  
| *SHA Implementation Plans*  
  Early adopters programme—sharing lessons learned and promoting innovation (new roles and new ways of working)  
  Pilots – Genetics/Dosimetry  
  Regulation and UK Liaison group  
  Communications  
  Raising Awareness and Understanding  
  Benefits Realisation  
  Accreditation that will ensure consistency of standards  
  Structured CPD  
  Structured development for assistants and associate roles  
  Delivery of identified benefits – improved quality and productivity |
Implementation

‘Implementation will be achieved by working with SHAs and other key stakeholders to ensure a phased approach. The pace of change will depend on local SHA priorities in managing transition’

The joint DH/NHS England Implementation Board will:

• co-ordinate and oversee the strategic implementation of MSC across England
• review key deliverables
• review the national strategic risks and issues that will be identified as SHAs develop their local implementation plans
• ensure MSC is aligned to other policies
• make strategic links across Central Government and with key stakeholders
Working with others

To implement MSC we will continue to work closely in association with:

- The three other UK Health Departments
- SHAs
- NHS Employers
- Trades Unions
- Skills for Health
- Medical Education England
- The MEE Healthcare Science Programme Board
- A new overarching Professional Bodies Advisory Group
- Medical Royal Colleges
- Higher Education Institutions
- The Further Education Sector
- Regulatory Bodies
- Other interest groups
Tools to support implementation

- HCS Career framework
- Education and training programmes
- Training manuals
- On line assessment tools
- Workforce planning tools
- ESR and HCS workforce data
- Evidence based case studies
Timelines for Implementation

2009

- Integrated Genetics programmes – practitioners and scientists (White paper monies)
- Dosimetry (in conjunction with Cancer Team)
- Early Adopters focusing on preparing the system, testing and new ways of working

Pilot programmes and Early Adopters

2010

- PTP (ASNs and HEI alignment)
- STP NHS commissioned MScs
- HSST
- Assistants and associates
- Workforce planning arrangements
- Commissioning and funding arrangements
- Education and training board
- Regulatory arrangements

Roll out of programmes and supporting infrastructure

2011

- All infrastructure in place
- Ongoing evaluation

2012

2013

2014
Summary

• The changes that need to be implemented with the support of the MSC programme and stakeholders will:

  – **Transform education and training pathways** to create a flexible, responsive, sustainable scientific and technical workforce
  – Align the workforce to **service needs** as work is undertaken safely and competently at the right levels
  – Ensure **scientific advances are adopted quickly** to enhance the quality and outcomes of care for people and encourage **innovation** and **economic regeneration**
  – Achieve gains in **efficiency** and **effectiveness** and the delivery of **high quality** value for money services
  – **Improve the education and training experience** of future healthcare scientists to develop motivated individuals who want to work in the NHS.
MSC Early Adopter project

- Introduction
- The project context
- Who are the Early Adopters
- Approach and support
- Ways of working
- Lessons from 18weeks
Introduction

MSC England Action Plan signalled trusts would be given the opportunity to be early adopters.

Building on the successful approach of implementing the 18 weeks policy

A organisational development / workforce transformation programme / Improvement programme

MSC Champions, translating MSC policy from the pages of documents and slides into reality.

Provide feedback to MSC team to influence policy implementation

Build on earlier lessons from implementation of MSC for genetics.

Providing the evidence for MSC delivering benefits to patients, quality and productivity

Spread and adoption of implementation to the wider NHS
Approach and Support

- Action learning approach, support and learn from each other
- Receive support from EA project team, SHAs, MSC team, NHS Employers.
- Introduction of new roles across the whole career framework
- Using and trialling tools developed by DH and MSC team – workforce planning, reprofiling, assessment
- Access to MSC Professional Advisors for different specialisms.
- Informed by and building on lessons from Genetics
- Progress monitored and shared via England Implementation Board and MEE Healthcare Science Programme Board
- Focusing on reprofiling pathology workforce to develop benchmark profiles of modernised pathology services
Lessons from 18weeks

Successful delivery of a large scale change programme
Kotter’s 8 steps: www.ouricebergismelting.com

Evolution of focus on diagnostics started through 18week programme

‘Early achiever sites’ demonstrated it was possible to deliver 18weeks, and influenced policy

MSK team action learning project improved performance to upper quartile

50 elective pathways across systems include diagnostic and best practice and competences and new roles (DH and NHS Evidence websites)
Modernising Scientific Careers (MSC)
Early Adopter – Cheshire and Merseyside
HCS Network
A Network Approach to Implementing Modernising Scientific Careers

Disparate Groups

- Brought together through commonalities
- Bigger voice
- Positivity – All included (Professions, NHS Organisations, HEI’s)

Moving things forward through Clinical ‘Champions’

- Leadership
- Consistent steps
- Regular Meetings - Highlight reporting

Opportunities for support and empowerment

- Breaking down barriers
- Linking into other professions
- Sharing knowledge and experiences – what’s worked

North West
Governance – Organisational Chart

Strategic

- Department of Health
  - National MSC Team
    - SHA
      - NW MSC Oversight Board
        - Divisional HCS Workforce Groups:
          - Life Sciences
          - Clinical Physiology
          - Clinical Engineering & Physical Sciences
        - Regional HCS Networks:
          - Greater Manchester
          - Cumbria & Lancashire
          - Cheshire & Mersey

Operational - Regional

- Healthcare Science Service Providers

Operational – Local

- Healthcare Science Academic Providers

North West
Consistent Steps to Implementing MSC Policy

All Working to consistent stepwise approach to implementing MSC Policy

Learning from each other and supporting each other

- ESR Data Cleansing
- Workforce Profiling – (Collinson Grant)
- Workforce Equivalence with MSC Framework
- Workforce Forecasting – (SHA Commissioning)

Understanding the profile and functions of the healthcare science workforce in order to forecast future training and education requirements through MSC
Benefits of EA – A Network Approach to Implementing MSC Policy

- Establish a supportive and creative environment
- Share progress, updates and information
- Focus on specific issues, challenges and topic areas
- Cascade learning from MSC Project meetings
- Focus Network meetings and content for each agenda on EA needs
- Communicate and spread learning to the wider SHA
- Support and challenge each other
- Signpost each other to other resources
Learning Points – Implementing MSC Policy

- Including People gives more Positive Outcome
- Increases Opportunities to Implement Policy like MSC
- Having the Network Increases the Success of Policy Implementation
- Having Clinical Champions Helps Move Things Forward
- Part of an Elite Group of Organisations which has become a Community of Scientific Workforce Transformers
- Position to Influence the National Programme
- Have the Support of the SHA to Progress and Deliver Policy Implementation
- Put Scientific Services and Scientists on the Map
- Evidence of the Value Scientists Add to Organisations and Services
- Overlap with Pathology QIPP Programme
Healthcare science networks
Helen Liggett - NHS NW HCS workforce lead
Drivers for creating a NW HCS network

- Diversity of workforce – 7000+ scientists across 48+ specialisms in NW
- To modernise workforce education and training – Modernising Scientific Careers
- To ensure all services are patient focused
- To raise profile of hcs - source of expertise
- To ensure workforce planning for hcs was integrated with other staff groups
- To tackle recruitment and retention issues
- Introduce a stronger regulatory framework
- To widen access to CPD funding
- To open communication channels locally / regionally / nationally
- Develop leaders and champions
NW Model

• Chief executives in every Trust and PCT nominated a HCS representative
• Each representative created a local HCS network within their organisation - all grades of staff
• Each representative fed into SHA local issues
• 3 networks form NW hcs network (Cheshire and Mersey / Cumbria and Lancs / Greater Manchester)
• 3 NW divisional workforce groups to represent Life sciences / Physical sciences / Physiological sciences that give education commissioning advice
• SHA workforce lead feeds directly into CSO team
• Link to Professional networks e.g. Audiology
• Link to AHP and Pharmacy networks
• Link to HEI’s
• Non NHS links – STEMNET – HCS ambassador scheme
• Network flexible to reflect changing NHS structure
Network achievements

- Implementation of Modernising Scientific Careers made easier by engagement through network
- Robust communication systems in place to all hcs specialisms - website www.nwhcs.nhs.uk
- Strongest hcs network in UK
- Strong links with DH as source of expertise
- Successfully increased funding for clinical scientist training in line with workforce planning
- Bespoke leadership training scheme and hcs leadership school now under development – entered team for HSJ leadership challenge
- Ring fenced CPD funding for HCS at 4 NW universities
- Share best practice and working multi-professionally
- Links to AHP network and Pharmacy network
- Healthcare science ambassador scheme with STEMNET
Implementing Modernising Scientific Careers

- 3 NW divisional education commissioning and workforce groups to cover Life sciences / Physiological sciences / Physical sciences – LOCAL ACTION PLANS

- Created NW MSC oversight board from regional hcs networks feeds into MSC SHA leads and DH MSC team – STRATEGIC DIRECTION

- Link to key strategic groups in NW e.g. Pathology modernisation board

- HCS website to give regular updates and events = transparency

- Enthusiastic INFORMED workforce - want to get involved!

- Early adopters – Cheshire and Merseyside HCS network
NEXT STEPS - Developing your own local hcs network

- Understand your hcs workforce
- Communicate with them
- Link to regional / national networks via hcs workforce lead at SHA or new scientific leads via CSO team
- Involve hcs at all levels – strategic groups
- Improve workforce data locally
- Develop links with other professions
- Promote to patient groups
- Equity of CPD funding
- Develop links outside NHS
- Keep network flexible as NHS constantly changing
- Support HCS week - March 2011
Contact details

- www.nwhcs.nhs.uk
- Helen.liggett@salford.nhs.uk – hcs workforce lead NHS NW
- Angela.douglas@lwh.nhs.uk – scientific lead for NHS NW
Modernising Scientific Careers

Early Adopter Project - Portsmouth Hospitals NHS Trust

Barry Hodgson, Robert Simpson
Challenges facing pathology at Portsmouth

- Pathology QIPP
  - Service Improvement
  - Getting into networks/consolidation
  - Innovation and introduction of new tests
  - Supporting other clinical initiatives
- Local financial constraints
- Maintaining quality/regulatory compliance
Using MSC to address challenges

Template to assess current workforce design

Framework to optimise workforce skills

Future proof workforce skill sets

Matching education and training to roles

Robust accurate workforce data and financial analysis
PHT current and planned workforce profile

Head count: actual increase of 7%

Reduction in spend: ca £1m (12.5M budget)
Lessons learned so far

- Engage and collaborate with staff side reps
- Keep execs/staff engaged and informed – communicate
- Robust project plan
- Adapt plan as you learn
- Job matching takes time
- Set benchmarks for future monitoring
## Project plan

### Modernising Scientific Careers (MSC) P

<table>
<thead>
<tr>
<th>Project Lead</th>
<th>Executive Sponsor</th>
<th>Date</th>
<th>Version</th>
<th>Portsmouth Hospitals NHS Trust</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barry Hodgson</td>
<td>Robert lbc</td>
<td>01/03/2010</td>
<td>1.1</td>
<td>NHS Trust</td>
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</table>

### Project Group

<table>
<thead>
<tr>
<th>Project</th>
<th>Meeting Times/Venues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project lead - Barry Hodgson</td>
<td></td>
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<tr>
<td>Scientific lead - Robert Simpson</td>
<td></td>
</tr>
<tr>
<td>Medical lead - Dr Chris James</td>
<td></td>
</tr>
<tr>
<td>Staff side - Steve Thomas</td>
<td></td>
</tr>
<tr>
<td>HR - Mike Pearson</td>
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</table>

### Actions

<table>
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<tr>
<th>Actions</th>
<th>Lead</th>
<th>Start Date</th>
<th>Completion Date</th>
</tr>
</thead>
</table>

### Contact List

1. Philippa Robinson - 07904 110541 and email philippa@philipparobinson.me.uk
2. John Askew, ARUP Communications - john.askew@arup.com
3. Barry Hodgson 02392 296
4. Robert Simpson - DGM Clinical Support Services/ Operations Manager Pathology - robert.simpson@porthasp.nhs.uk

### Project Issues Log

1. Regulation and Assessment
2. Recruitment restrictions & MAPS programme
3. [Additional issues listed]
### Roles mapped to MSC framework

<table>
<thead>
<tr>
<th>Role</th>
<th>CF level and Education Programme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Laboratory Assistant (MLA)</td>
<td>CF level 2 – NVQ2, Level 2 Diploma Laboratory Science</td>
</tr>
<tr>
<td>Night Biomedical Assistant</td>
<td>CF Level 2 – NVQ2, Level 2 Diploma Laboratory Science</td>
</tr>
<tr>
<td>Phlebotomist</td>
<td>CF Level 2/3 – Level 2 Certificate to be developed</td>
</tr>
<tr>
<td>Cytology Screener</td>
<td>CF level 4 - Level 3 Diploma in Cytology Screening</td>
</tr>
<tr>
<td>Senior MLA</td>
<td>CF Level 3 – NVQ3, Level 3 Diploma Pathology Support</td>
</tr>
<tr>
<td>Anatomical Pathology Technician</td>
<td>CF level 4 – Level 4 Diploma in Anatomical Pathology</td>
</tr>
<tr>
<td>Associate Practitioner</td>
<td>CF level 4 – NVQ3, Level 3 Diploma Pathology Support, “In-house” education programme leading to Foundation Degree.</td>
</tr>
</tbody>
</table>

Potential future roles: Community point of care Associate/Practitioner, Phlebotomist/MLA, Community cross divisional Associate/Practitioner
PHT learning and development aims

• Utilise the MSC framework to confer standardisation and fitness for purpose of education across HCS career pathways
• Using Life Sciences Bands 1-4 as the initial focus

  – Re-configure the Pathology Workforce using the MSC Framework
    • Tasks and functions aligned to the appropriate CF level
    • Improved staff productivity
    • Staff costs contained within re-aligned budget
    • No reduction in service quality

  – Outcomes and learning to inform workforce re-configuration of the other Health Care Science divisions.
Modernising Scientific Careers: Career and Training Pathways

- Accredited Specialist Expertise
- ** Extending professional regulation
- *** Subject to public consultation

** Potential equivalence and progression route**

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**Consultant Healthcare Scientist Appointment**

**Potential equivalence route**

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*** Higher Specialist Scientific Register

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ASE* (Senior Healthcare Scientist)

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Higher Specialist Scientific Training (HSST)

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Graduate direct entry

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Scientist Training Programme (STP)

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Potential equivalence and progression route

---

Potential equivalence and progression route

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Direct entry

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Learning and Development Framework

- ** Regulation in line with EPR

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Associates and Assistants (HCSA)

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Healthcare Science Practitioner (HCSP)

---

Practitioner Training Prog. (PTP)

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Integrated BSc

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*** Regulation as a Healthcare Science Practitioner

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*** Higher Specialist Scientific Register

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Potential equivalence route

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Consultant Healthcare Scientist Appointment

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Consultant Healthcare Scientist Appointment

---

Potential equivalence route

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ASE* (Senior Healthcare Scientist)

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Higher Specialist Scientific Training (HSST)

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Graduate direct entry

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Scientist Training Programme (STP)

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Potential equivalence and progression route

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Potential equivalence and progression route

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Direct entry

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Modernising Scientific Careers: Career and Training Pathways

- Accredited Specialist Expertise
- ** Extending professional regulation
- *** Subject to public consultation
Applying the MSC education framework

- Detailed workforce plans involving shift down of tasks and significant changes to skill mix
- Review of training provision and introduce Vocational qualifications for CF level 2, 3 and 4
- Productivity and performance measures being defined
- Measure progress, adjust and improve systems
Established NVQ centre

Pathology CF level2, MLA – 31 of 50 have NVQ2, 6 have progressed to level 4 roles

Pathology CF Level2, Night Technical support - 3 of 4 have NVQ2/3

Pathology CF level3, Senior MLA – 2 have NVQ2, 2 vacancies

Pathology CF level 4, Associate Practitioner – 4 of 6 have NVQ3, 1 is on part time BSc Biomedical Science, 1 has Diploma of Higher Education

Health Care Science forum within Trust to share and initiate implementation across HCS professions, SHA forum established.
Plans for 2011-2012

- Introduce level 2 and 3 Diplomas to replace NVQs (more suited to roles)
- Develop Phlebotomy qualification,
- Further explore new roles in Pathology
- Work with University of Portsmouth to develop PTP programme - potential for 8 PTP Life Science placement students
- Part time Foundation degree linking to years 1 and 2 of PTP
- Scoping STP - potential for 3 Life Sciences trainees
- Develop bands 1-4 for Physiological measurement and Physics and Engineering
- Implement PTP and STP training programmes for Physiological measurement and Physics/Engineering.
My Experience of MSC

Rachel Barrett

Trainee Healthcare Scientist in Genetics
• 16 STP trainees
• 6 training centres
• Recruited nationally
• Of varying backgrounds and qualifications
Scientist Training Programme

• 3 years of training in genetics
• Trainees are supernumerary
• Three 12 week placements in varying pathology disciplines
• MSc Clinical Science (genetics) – at the University of Nottingham
• Clinical experience
• Knowledge
• Flexibility
• Innovative
• Applicability
Thank you for listening

Panel Question and Answers
Modernising Scientific Careers

Ruth Warden – NHS Employers, Supporting and Enabling Implementation of MSC
The next steps

• Find out about your SHA implementation plan and where is your nearest Early Adopter.
• Form your own organisation implementation group and look at NHS Employers’ checklist
• Make sure your organisation’s workforce plans include the number of Scientists you need to employ/train starting in 2011
• Think how you can use the new career framework to support developing your HCS workforce to respond to changes in the way services are delivered. More scope for Associates and higher level roles; less need for more of the same
• Think about introducing new roles that healthcare scientists can undertake supported by the new programmes and the added value to patients
Top tips for employers – getting started

- Project Group with Identified lead
- Internal Communications
- Identify, locate and profile your current HCS Workforce
- Undertake an analysis of work done by grade of scientist & review
- Start discussions with Service Commissioners on innovative ways of delivering services
Top tips for employers – benefits realisation

- Create skills profiles for new more efficient care pathways
- Develop the assistant and associate workforce, including clear pathways to qualified practitioner and scientist roles.
- Drive innovation in care pathways and location of delivery of care
- Workforce development and transformation
- Assess capacity to act as a training establishment
- Develop future training and recruitment strategies for healthcare scientists
- Ensure current workforce is either regulated or part of a voluntary register, where available
- Links with other local NHS providers to maximise opportunities
Please feedback your thoughts....

Please help us shape our programme to meet your needs by taking a few minutes to complete the session evaluation form.