HEALTHCARE SCIENTISTS IN SCOTLAND: SHAPING THE FUTURE: DUNBLANE, 23 SEPTEMBER 2002

CONFERENCE REPORT

Introduction

The first national conference in Scotland for the group of professions within Healthcare Science was held on 23 September 2002 in Dunblane. The conference had a number of aims:

• To launch Healthcare Scientists in Scotland
• To develop a common identity for this workforce and involve it in taking ownership of the Healthcare Science agenda in Scotland
• To explore key issues and decide how these should be taken forward now and in future
• To raise awareness of UK work already being taken forward - notably the implementation of the Making the Change strategy in England, work progressing on National Occupational Standards and Regulation through the new Health Professions Council (HPC)

The conference programme included a keynote address from the Deputy Minister for Health and Community Care, Frank McAveety MSP; a series of presentations covering developments with direct implications for the Healthcare Scientist workforce in Scotland; and an opportunity for delegates to interact in a series of workshops set up specifically for this event.

The target audience for the event was Scottish-based representatives for each of the many professional bodies falling within the Healthcare Science category. A small short-life group was set up to organise and plan the day, constituted from representatives of professional bodies and SEHD.

This conference report aims to

• Summarise the main conference outcomes
• Provide delegates with more detailed feedback about, and from, the event
• Enable delegates to pursue any issues they feel should be followed up; and
• Promote a shared understanding of the issues lying ahead for Healthcare Scientists in the context of current work elsewhere and likely further events in the near future.
OPENING ADDRESS

In his opening address, Frank McAveety MSP referred to work currently going on in Scotland to improve service delivery, organise and plan for the NHSS workforce and streamline arrangements for education and training. Mr McAveety gave a clear message - consistent with Ministers in England - that this conference signalled a raising of the HCS profile in Scotland. In committing himself and his Ministerial colleagues to monitoring progress and attending further similar events, he made clear the value of the HCS workforce and the need to move towards concrete outcomes along the same path being followed in the rest of the UK.

MAIN THEMES

There were 3 main themes at the conference:

- **Making the Change**, the English Strategy for Healthcare Scientists
- National Occupational Standards for Healthcare Scientists (NOSHCS) project
- The new Health Professions Council and its relevance to Healthcare Scientists

*Making the Change* - February 2001

Ian Barnes took delegates through some of the work already being done in England to implement the important series of changes put forward in this key strategic document. *Making the Change* [see www.doh.gov.uk/makingthechange] focused on the commitment in the NHS Plan to deliver faster and more accessible services to patients using new ways of working to do so. For the first time, it acknowledged the key role being played by the Healthcare Scientist professions in supporting improvements in these services through technical advances, innovation and new ways of working. But *Making the Change* also recognised some of the difficulties -

- the traditionally low profile of many of the HCS professions
- the proliferation of professions, disciplines and titles and corresponding lack of a workforce identity
- endemic problems in recruiting and retaining skilled staff
- lack of proper workforce information - statistical and otherwise about Healthcare Scientists and what they do - leading to:
- lack of coherent approach to planning for Healthcare Scientists which acknowledges their important role within team-delivered patient care
• the need to widen access to properly co-ordinated education, training and CPD in step with changing roles and technical advance
• the need to improve the mechanism and coverage of professional regulation - half of the workforce was not properly regulated.

Ian Barnes outlined the range of measures currently being implemented as part of this strategy to address these problems. He covered the role and remit of the new Federation for Healthcare Science in representing HCSs, the commitment to increase numbers by 15,000, the need for improved workforce planning and the role played in England by Workforce Development Confederations. He referred to the need to define the skills and competencies of the Healthcare Scientist workforce before final decisions on numbers and types of staff - a recent workforce survey being a key part of this. And he outlined some of the work being undertaken to develop new types of degree courses. Importantly, the profile of Healthcare Scientists in England has been raised - not only through the strategy itself and the implementation group now taking it forward - but also at Ministerial level. Alan Milburn not only acknowledges that Healthcare Scientists exist as a workforce in its own right but also that they are important in delivering care pathways and not “divorced from the bedside”.

Ian’s talk ostensibly covered the work following on from the publication of an English strategy. But although there are structural differences between the NHS in England and in Scotland, there is a great deal of common ground and many initiatives addressing the problems highlighted above have UK-wide application

National Occupational Standards Project for HCSs (NOS)

In his presentation, Eddie Welsh outlined the background to the 4-year NOS project. The project has been running since February 2001 to develop standards for competent performance for all the identified disciplines within the HCS sector. Currently the number of disciplines exceeds 50 but as the project progresses others are being identified. The overall objectives of the project are to

• provide national benchmarks for workplace performance at all levels of practice
• define expected performance for HCS procedures undertaken by others within healthcare delivery teams
• act as a centrepiece for future competence-based education and training and CPD at all levels
• augment existing professional education and training programmes and standards set by regulatory bodies
• develop vocational qualifications where none currently exist
• support wider entry to professional education and training
• focus education providers on clearly defined sector needs.

The NOSHCS project is being chaired by Dr Sue Hill, who has recently been appointed as Chief Scientific Officer at the Department of Health. 63 sets of standards have been developed. These standards are applicable either as HCS standards common to the whole HCS workforce or discipline-specific standards applying to one of the 3 main divisions of the workforce - Life Sciences, Physical Sciences and Physiological Sciences - based on primary function. Putting these standards together in different ways as “building blocks” defines the practitioner in terms of his or her knowledge and skills and in the performance criteria and range of his or her occupation.

Phase 1 of the project has been developed and is now complete. The project is currently moving into a pilot stage and field testing is beginning, to determine if the content adequately represents actual working conditions and terminology and reflects staff responsibilities at all grades. A number of briefing workshops have been taking place at venues in London, Leeds and Birmingham covering all the disciplines identified in Phase 1 and Dr Hill intends to set up one of these workshops as soon as possible in Scotland.

Delegates were asked to indicate on their evaluation forms whether they would be interested in attending a Scottish workshop. Of the c.70% of evaluation forms returned, practically all expressed an interest in taking part. Those on the short-life steering group who helped to organise and facilitate this conference (and who for the moment are charged with taking action from the conference forward), have considered this in consultation with staff-side representatives and with Scottish Executive Health Department. The prevailing view is that a Scottish workshop would be very welcome in view of the immense influence which the NOS project will have on regulation, career and pay progression, role expansion, CPD and higher specialist training. Further details on a venue, timing and content Scottish NOS workshop will issue shortly.

HEALTH PROFESSIONS COUNCIL (HPC)

In plenary, Graham Beastall provided an overview of the HPC’s role, its structure, its current consultation process and what these would mean as a result for the Healthcare Scientist workforce. Briefly, the HPC is a new, independent healthcare regulator, replacing the old Council for Professions Supplementary to Medicine
(CSPM) with a UK-wide remit to uphold professional standards. The main element of this remit is to protect the public via transparent, collaborative and responsive communication processes. In the UK there are currently 140,000 registrants and Scotland has around 10% of these - around 14,000. The professions it includes range (within the Allied Health Professions) from around 34,000 Physiotherapists to around 700 Prosthetists and Orthotists (and within the Healthcare Science professions) from around 20,000 MLSOs to around 4,000 Clinical Scientists. There is therefore a lower percentage of registrant makeup from the Healthcare Scientist workforce than from the AHP workforce. Professional members of HPC Council from Scotland are Anne van der Gaag (SLT), Morag McKellar (Dietician) and William Munro (Orthotist). Graham Beastall is the sole Healthcare Scientist representative from Scotland who sits on the Council.

In his plenary presentation, Graham provided some background on the current HPC consultation, which is due to end on 30 September. This is about defining how the HPC’s role will supersede that of the CPSM from next year; seeking a strong mandate from stakeholders; and ensuring good corporate governance. The HPC role will cover professional titles (both defining and protecting these); how an overarching framework for CPD will operate; fees; grandparenting (covering non-standard routes to professions and therefore how these will be taken on board for registration); new professions; processes; and professional advice and input. Following the consultation process, submission of draft HPC rules under which it will be launched will be made to the Privy Council.

WORKSHOPS

Graham Beastall’s presentation on the new HPC was also covered by his afternoon workshop on Professional Regulation, and workshops were also run on the Federation for Healthcare Science, Education and Training for Healthcare Scientists and Cross-border Workforce Differences. The aim of the workshops was to promote discussion and arrive at a set of key priorities which could then be shared in plenary.

Workshop 1: Federation for Healthcare Scientists – role, remit and operation – Peter Sharp

This workshop was designed to provide a focal point for some of the communication issues arising from the setting up of the new Federation for Healthcare Scientists in England. The Federation is currently operating with an interim executive as it prepares to take over the representative role for the professions in Healthcare Science. As its name implies, the Federation is itself composed of individual
professional bodies and is geared to providing a national organisational platform for these bodies which vary greatly in size and composition.

Issues arising from the workshops were:

• Some delegates needed more time to consider the potential impact of the Federation as a co-ordinating body.
• Almost all professional bodies who would be members of the Federation would be UK-wide in scope but English based. This raised the question of whether and to what extent it may be necessary for Scottish HCSs to organise their own representative arrangements.
• Two models were proposed – a single Federation having UK-wide application (essentially the current model with a bolt-on Scottish arm joining it); or a separate Scottish Federation.
• If the first model was to apply, delegates felt that they would need a definite Scottish presence on the Federation's Executive - a reserved seat, like that of the HPC.
• Delegates felt that funding for either of these models would need to be identified, and that this should be provided through the professional organisations. While acknowledging that these were essentially internal organisational matters for the HCS workforce, there was support for some funding from the Scottish Executive in certain circumstances.

Workshop 2: Regulation and the Health Professions Council - Graham Beastall

The four questions posed in this workshop and delegates' answers are shown below.

• Should all members of the Healthcare Scientist workforce be subject to professional regulation?

Overall, the answer to this from both groups was that all Healthcare Scientists at professional grade and above should be regulated. There were, however, mixed views about the need for regulation amongst “assistant grades” (MLA/ATO etc). Some thought that a different “level” of regulation might apply to this group. Others took the view that a competence assessment/certification might be adequate for this group, who do not have a national programme of education and training and who always work under supervision. Both groups did acknowledge that full professional regulation of the “assistant grades” may serve as a disincentive to this important but poorly paid group of Healthcare Scientists.
• **Should regulation of Healthcare Scientists always be through HPC?**

The abridged version of the response to this said that all Healthcare Scientists eligible to be registered should do so with HPC (and if possible, the Pharmacists should be “reclaimed”). In a little more detail, the driver for this view was the belief that there should be as few regulatory bodies as possible - and this is where the second group suggested that Pharmacists (who by many other definitions should be within the HCS workforce) should also be brought under HPC’s wing for regulation.

Criteria for accepting new professional groups into HPC were discussed and accepted as reasonable. But it followed that smaller HCS professions may have to form alliances with related professions to create a critical mass of professionals sufficiently large to comply with the criteria for new professional groups.

However there was far less agreement on how HCSs should be regulated by HPC. At one extreme it was suggested that all eligible members should be registered under one common title “Healthcare Scientist” but qualified according to level and modality (eg Clinical Scientist in Clinical Biochemistry). At the other was the view that a small number of common titles should be adopted for the Healthcare Scientist to build on the two already in existence. Overall, there was a feeling that HPC would prefer the first route while the professions would prefer the second - though neither appeared to offer much clarity to the public.

• **How should communication on regulatory matters be effected in Scotland?**

Both groups recognised HPC as a UK body which has made great efforts to secure representation from the 4 home countries. Therefore, it was agreed that the main route of communication for Scottish HCSs on regulatory matters should be through professional bodies to the central HPC. So no separate Scottish forum on this would be needed. However, there was unanimous agreement on the need for a forum to communicate and discuss many other matters, using both “top down” and “bottom up” routes as follows.

“Top down” channels covering education and training and workforce planning should be designated to SEHD (preferably not via Nursing Directorate) and the 3 new Workforce regions. “Bottom up” channels should involve professional bodies and NHS Trusts, with SEHD facilitating this by publishing to Trust CEOs and HR Directors a definitive list of HCS professions. This would encourage Trusts to establish and maintain databases of HCSs (a) to inform the workforce planning and
development process and (b) stimulate local communication among HCSs in different professions.

Both channels could meet at the level of a Scottish Forum, entirely in line with the UK Federation and seen as a body able to facilitate communication between the professions, the Federation and SEHD on all relevant HCS issues.

• **Are there any issues within the current HPC consultation that are of concern?**

This question, though not scheduled, was raised as a supplementary. One group raised their concerns about the linkage between CPD and re-registration. While accepting that CPD will only be a part of the process of assessing competence for re-registration there was concern about access and funding of CPD for Healthcare Scientists. While it was acknowledged that SEHD had strongly committed to CPD through its HR Strategy, the group was unable to identify any additional funding made available for this.

**Workshop 3 – Education and Training for Healthcare Scientists – Martin Nicholson and Bill Young**

Both sessions were well attended and a range of Healthcare Scientist groups were represented. Loosely these could be grouped as those with:

• Emerging educational levels with a developing degree level entry.
  e.g.-clinical physiology (audiology etc.)
• mandatory degree entry but with major recruitment and retention problems e.g. Biomedical Scientists
• established and controlled degree entry system e.g. Clinical scientists

Consensus within the sessions was difficult to achieve as time was spent establishing identities and group aspirations. However the following points were generally accepted.

• For most professions, students should be able to combine academic qualifications with state registration
• Educational opportunities should be developed further within Scotland. Currently some groups had to send their students to London on block release degree courses.
• All grades should have educational opportunities to achieve their potential and promote flexibility and movement between groups - flexible provision for pre-
registration courses so professionals can aspire to greater things – eg MLA to MLSO
• CPD should be kept separate from competence and should be available from a range of providers
• Training posts should be supernumerary.
• Students on existing degree courses should be bursary-supported. These courses should include a training component of the degree to meet the needs of the HPC. This would require partnership with a) education and trusts/hospitals for the training component and b) central government for funding.
• HCS should get together as a Scottish Healthcare Federation (or Scottish branch) – though this was essentially a representational question there were implications for education and training if standard sub-degree level courses were to be introduced defining some of the basic HCS competencies.

Workshop 4 - Cross-border workforce differences (David Gow and Tommy Cavanagh)

Outcomes from this workshop were that:

• Education needs to be looked at and overhauled, made fit for purpose and placed within a European context
• Career pathways should be developed to reflect the flexibility of service needs
• Scotland's Healthcare Science needs to be scoped and represented at a Scottish Executive level – eg through a Scottish Federation.

Delegates were asked for their impressions of how the Making the Change strategy document had relevance to the Healthcare Scientist workforce in Scotland. It was recognised that apart from policy differences, some professions had different designations north and south of the border often arising from different emphases in service needs and patterns. Rehabilitation Engineers in Scotland, for example, are known as Clinical Scientists (and as such are registered) but in England are MTOs (and non-registered). Grading differences also arose as a result of issues of supply in demand in particular regions. Different structural arrangements worked – for example Workforce Development Confederations in England, which direct levies towards training and development (where, for Northern Ireland and Wales, bursary arrangements operated).

DELEGATE FEEDBACK

Evaluation forms
59 delegates from a total of 82 attending the event (72%) handed in their evaluation forms, corresponding to the following professional groups.

- Biomedical Scientists (20)
- Clinical Scientists (8)
- Medical Physics (7)
- Clinical Biochemists (6)
- Cardiac Physiologists (3)
- Audiologists (3)
- University Lecturers (2)
- Medical Illustrators (2)
- Maxillo-facial Prosthetist and Technologist (2)
- Medical Illustrator (2)
- No profession given (2)
- Partnership representative (1)
- Cytogeneticist (1)

**Conference Aims**

Delegates were asked whether the conference met its aims across four main objectives. Of the 59 responses, 24 disagreed that the conference aim had been met in at least one of the four objectives. These break down as follows:

1. **Aim: Launch Healthcare Scientists in Scotland** (5 responses disagreed)

   - Perhaps pushing for Healthcare Scientists is too soon, given HPC and Federation are at an early stage (Clinical Scientist)
   - Failed at the first hurdle, because didn’t define HCS and wouldn’t even list the 60+ professions (Clinical Scientist)
   - Definition of Healthcare Scientists? This is most definitely the wrong approach - you can’t keep all scientists together. (Clinical Scientist)

   - **Aim: Develop common identity and involve HCSs in taking ownership of HCS agenda in Scotland** (22)
• Worryingly, I get the impression that there could be a degree of "dumbing down" HCSs' education given the lack of "common paths" for training - individual professions may become lost! (Audiologist)
• Not sure who "they" or "we" are? (Clinical Biochemist)
• Felt there is a need for a HCS group in Scotland. Meeting highlighted synergies but also differences between groups. Some relevant professions were not represented. (MLSO in Clinical Biochemistry)
• A smaller group would be most useful to identify particularly Scottish issues (University lecturer)
• I did not leave feeling inspired or even that anyone had a clear idea of where this is going (Biomedical Scientist)
• It is not clear what the agenda and timescale is, or when/if funding will be made available (BMS)
• We need plenty of time and support to nurture this new baby.

• **Aim: Explore key issues and decide how to take forward an agenda for the future**

1 disagreement only - but no comment

• **Aim: Raise awareness of UK work already being taken forward.**

1 disagreement only - no comment.

**Other comments**

• Must have powerful link at Scottish Executive to pull all of this together - eg Chief Scientific Officer
• Excellent day - I now know who I need to network with in Scotland. Scotland should have a Chief Scientific Officer.
• More networking time would have been nice.
• All parts of the day were useful
• Need further discussion groups and a Scottish Federation of HCS
• Follow-up of this important event is essential.
• Need to develop a Federation for Healthcare Scientists in Scotland.
• Very worthwhile day - another similar event would be useful.
• Could have done with more time for networking.
• A useful start but needs to be more focused with groups concentrating on details.
• Please adopt the "Making the Change" document and consider the appointment of a Chief Scientific Officer
• Very good start
• Lots of big issues - a bit confusing
• First meeting of HCS very useful
• I think Healthcare Science would be a better description than Healthcare Scientists as this is confusing with the title Clinical Scientists. It must be recognised that the education, training and responsibilities of Clinical Scientists is very different from the other professions within the Healthcare Science group.
• Can we have a mailshot of known HCSs and a website with information?
• People need to get up to speed on existing work planning. How do we communicate with all HCSs in Scotland?
• Major decisions appear already to have been made.
• Need for follow-up
• More details of the workshops would have been useful before the meeting
• As an initial conference it was ideal to discuss general issues.
• Follow-up meeting soon to formalise an agenda and who moves it forward is essential.
• Very good throughout.
• I probably knew less than 50% of delegates and some of those only slightly.
• More meetings required for this important subject. Try to encourage original participants to return.

Summary

Feedback from delegates about the conference was, on the whole, very positive. Overall, it appeared that the day had had the desired effect in raising the profile of Healthcare Scientists in Scotland. There appeared to be much more general awareness among delegates of issues affecting the UK-wide workforce. This seemed to generate a collective sense that there was a great deal more to discuss at future events and that it would be important to ensure as wide a cross-section of representatives as possible. The time factor behind all of this was brought into focus, given the pace of work currently being undertaken elsewhere in the UK on, for example, National Occupational Standards. At that level, delegates seemed to be indicated that they considered this "launch" event extremely valuable and from that viewpoint it was a success. On a different level, delegates felt that they needed further clarity on some basic issues before they could make some really meaningful progress.
NEXT STEPS

At the end of an intensive day, Mark Butler summed up as Chair. He thanked those who delivered presentations for their efforts in bringing delegates up to speed against some fast-moving scenery. Some very helpful and valuable information on which to build a way forward for Healthcare Scientist in Scotland had been gathered both from these and from the afternoon workshops. Though this had been a “launch” event, it was important to have some clear outcomes to conserve and build on the momentum established during the day. In the short term some of this work will be taken forward by the facilitators who comprise the short-life working group, but in attending this event, delegates and their colleagues and associates in the field will have, in the longer term, an important part to play in

• Defining exactly who and what they are through the professional bodies of which they are members
• Establishing and maintaining a viable communication network as a distinctive Scottish workforce
• Ensuring that they have a continuing mandate as a group – whether this is as a national forum or otherwise
• Examining ways to interface with HPC and the Federation for Healthcare Scientists
• Identifying key areas of health policy in Scotland - for example, how new arrangements for regional workforce development and how NHS Education for Scotland (NES) will impact on Healthcare Scientists - and deciding how best the professions can input to these
• As a priority, playing a full and collaborative part in the important National Occupational Standards project and its effective extension as a UK-wide initiative to Scotland - further information about this will be forthcoming shortly.