

MODERNISING SCIENTIFIC CAREERS



Donna Elliott-Rotgans
Cardiology Service Manager
ULCH / THE HEART HOSPITAL

MODERNISING SCIENTIFIC CAREERS



A handwritten signature in black ink on a white background. The signature reads 'Sue Hill' in a cursive style, with a long, sweeping underline that extends across the bottom of the text.

- *Modernising Scientific Careers*
- *New Kings Beam House*
- *22 Upper Ground*
- *London*
- *SE1 9BW*
- *Tel: 020 7633 7420*

MODERNISING SCIENTIFIC CAREERS



WHAT IS 'MODERNISATION'?

WHAT IS 'MODERNISATION'?



MODERNISATION

THE PRICE OF PROGRESS IS NEVER TOO HIGH IF SOMEONE ELSE IS
PAYING.

WHAT IS 'MODERNISATION'?



WHAT IS 'MODERNISATION'?



"We tried humans, but they weren't nice enough."

WHAT IS 'MODERNISATION'?

Modernization From Wikipedia, the free encyclopedia

Theory

According to theories of modernization, each society would evolve inexorably from barbarism to ever greater levels of development and civilization. The more modern states would be wealthier and more powerful, and their citizens freer and having a higher standard of living. According to the [Social theorist Peter Wagner](#), modernization can be seen as processes, and as offensives. The former view is commonly projected by politicians and the media, and suggests that it is developments, such as new data technology or dated laws, which make modernization necessary or preferable.^[3] This view makes critique of modernization difficult, since it implies that it is these developments which control the limits of human interaction, and not vice versa. The latter view of modernization as offensives argues that both the developments and the altered opportunities made available by these developments, are shaped and controlled by human agents. The view of modernization as offensives therefore sees it as a product of human planning and action, an active process capable of being both changed and criticized.^[3]

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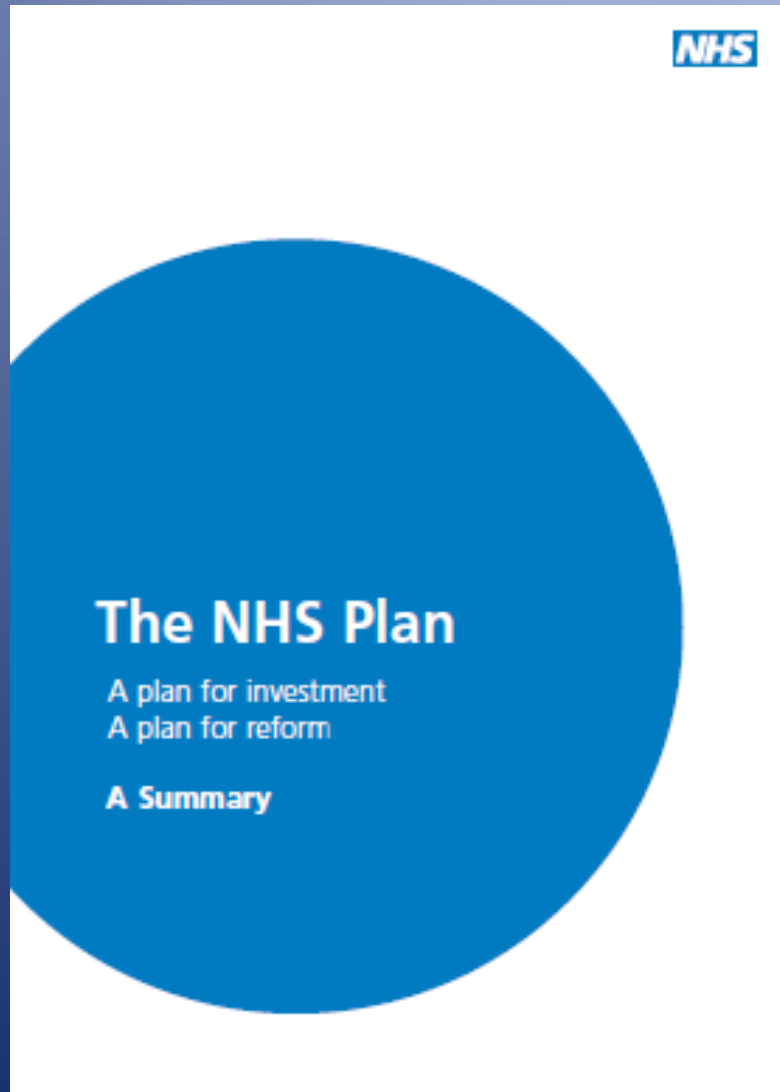
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HOW DID WE GET HERE?

HOW DID WE GET HERE?



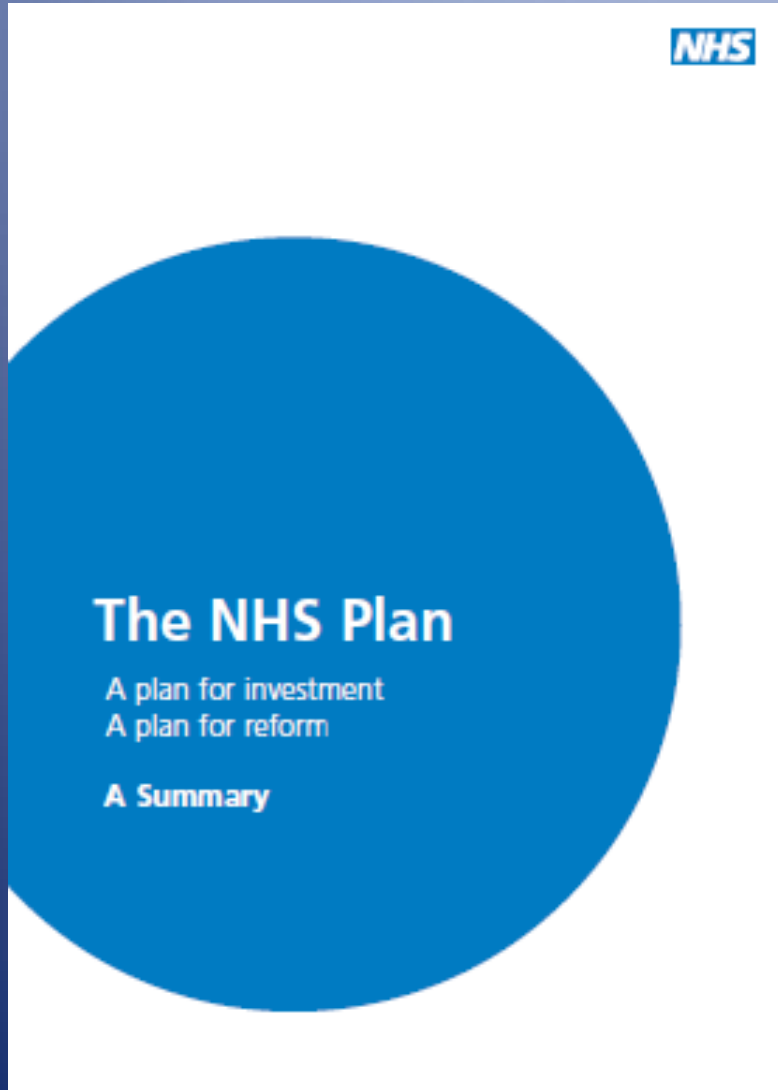
NHS

The NHS Plan

A plan for investment
A plan for reform

A Summary

HOW DID WE GET HERE?



Published in July 2000

Huge financial investment – increased health spending to 9.4% of GDP by 2008

HOW DID WE GET HERE?

The NHS logo, consisting of the letters 'NHS' in white on a blue rectangular background.The cover of 'The NHS Plan' document. It features a large blue circular graphic on the left side. The text is white and centered on the right side of the cover.

The NHS Plan

A plan for investment
A plan for reform

A Summary

The NHS Plan will require investment and reform to make it work. But the funding is there to support change and it is backed by the key organisations in the NHS. There is a new national alliance behind a reformed, patient-centred NHS. These are the most fundamental and far reaching reforms the NHS has seen since 1948. It will take time to get there but over the next few years the NHS will be modernised from top to toe.

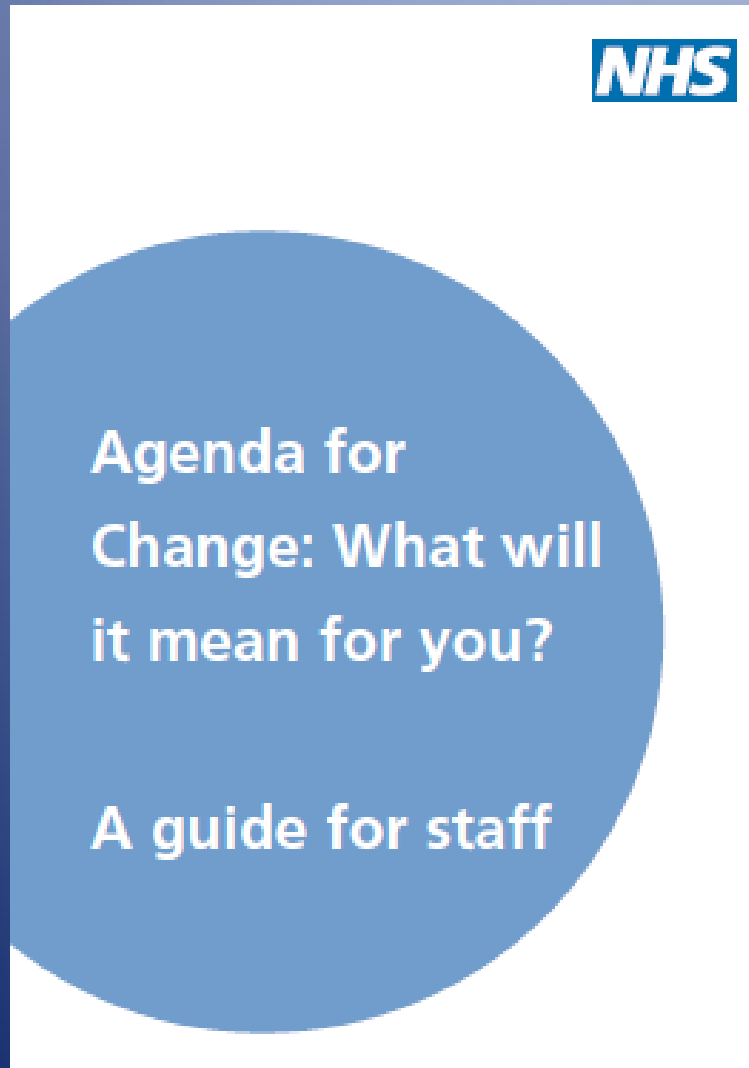
HOW DID WE GET HERE?

The NHS logo, consisting of the letters 'NHS' in a bold, blue, sans-serif font, enclosed within a blue rectangular border.

Agenda for
Change: What will
it mean for you?

A guide for staff

HOW DID WE GET HERE?



Published in
October 2004

Based on a scheme that 'fairly rewarded people by measuring their job-related skills, knowledge and responsibilities'

HOW DID WE GET HERE?

NHS

Agenda
Change
it mean

A guide

On top of this, there is good evidence of real progress across all sites in implementing new ways of working and improving career structures. This includes examples of role development, role enhancement and the creation of new roles which have all helped change the way we provide services, bringing benefits for staff and patients alike.

HOW DID WE GET HERE?

A Career Framework for Healthcare Scientists in the NHS

The Healthcare Scientist (HCS) Career Framework aims to provide a guide for NHS and partner organisations on the implementation of an integrated career framework for all healthcare scientists based on the concept of skills escalation and offering flexible career opportunities to meet workforce, service and individual needs. The HCS Framework is a specific presentation of the overarching Career Framework for the NHS introduced by the NHS Modernisation Agency in June 2004, and which is complementary to a range of workforce related initiatives.



November 2005

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November 2005

Aimed to provide a
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HOW DID WE GET HERE?

A Career Framework for Healthcare Scientists

The Healthcare organisations based on the core and the Framework for complementary

The Career Framework for Healthcare Scientists (HCS) in common with the Career Framework for Health has nine levels and is defined below.

Assistant Healthcare Scientist (Stage 1 and 2). An assistant HCS performs protocol limited tasks in a clinical, scientific or technical HCS discipline under the supervision and direction of more senior staff.

Senior Assistant Healthcare Scientist (Stage 3). A senior assistant HCS performs a range of protocol driven tasks in a clinical, scientific or technical HCS discipline and may work without close supervision and supervise others but with reference to professional advice. Senior assistants may assist in training new staff and look after equipment used by others.

Associate Healthcare Scientist (Stage 4). An associate HCS generally performs a wider range of clinical, scientific or technical procedures (that may have previously been performed by regulated practitioners) but usually under the direction of an appropriately regulated practitioner. Associate HCSs may work independently in some disciplines, but usually as part of a team and organise day to day activities or take on supervisory responsibilities.

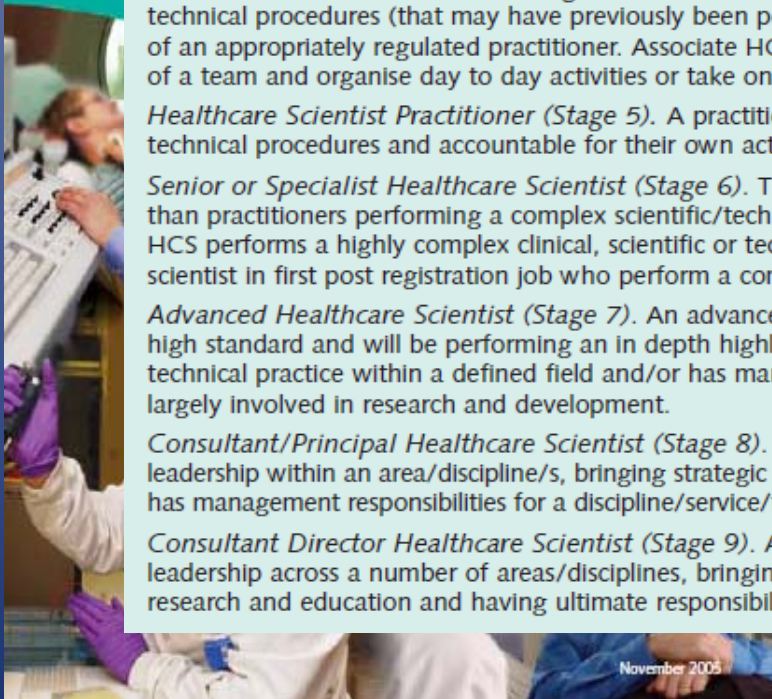
Healthcare Scientist Practitioner (Stage 5). A practitioner HCS performing a range of complex clinical, scientific or technical procedures and accountable for their own actions and for the actions of those they direct and/or supervise.

Senior or Specialist Healthcare Scientist (Stage 6). These are HCSs with a higher degree of autonomy and responsibility than practitioners performing a complex scientific/technical role and/or managing/supervising a team. A senior or specialist HCS performs a highly complex clinical, scientific or technical role and supervises a team. Specialist HCS will include clinical scientist in first post registration job who perform a complex clinical and scientific role.

Advanced Healthcare Scientist (Stage 7). An advanced HCS will have developed skills and theoretical knowledge to a very high standard and will be performing an in depth highly complex role, and continuously developing clinical, scientific or technical practice within a defined field and/or has management responsibilities for a section/small department, or be largely involved in research and development.

Consultant/Principal Healthcare Scientist (Stage 8). A consultant/principal HCS provides clinical and scientific expertise and leadership within an area/discipline/s, bringing strategic direction, innovation and highly developed and specialised skills and/or has management responsibilities for a discipline/service/team and/or initiates or leads formal research activities.

Consultant Director Healthcare Scientist (Stage 9). A consultant director HCS provides clinical, scientific or management leadership across a number of areas/disciplines, bringing strategic direction, innovation and influence through practice, research and education and having ultimate responsibility similar to consultant medical staff.



HOW DID WE GET HERE?

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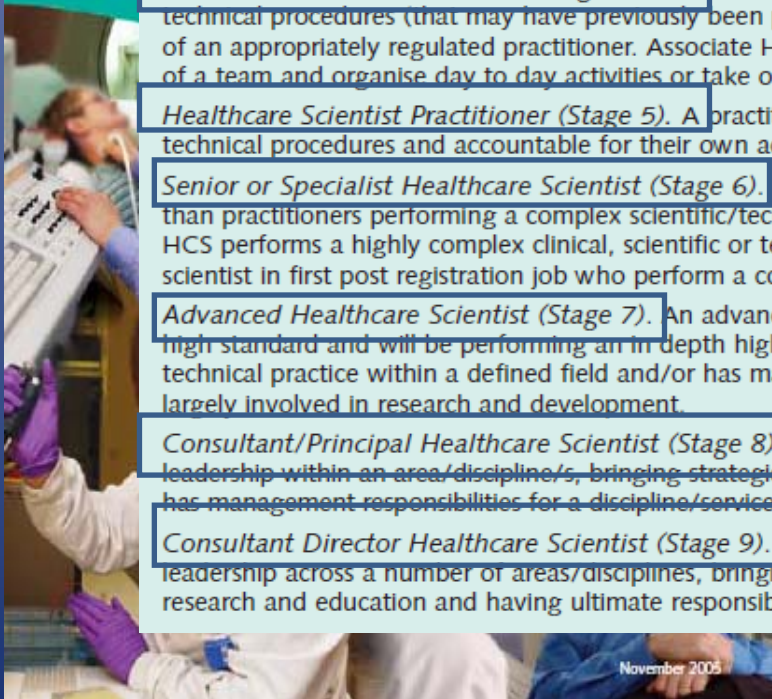
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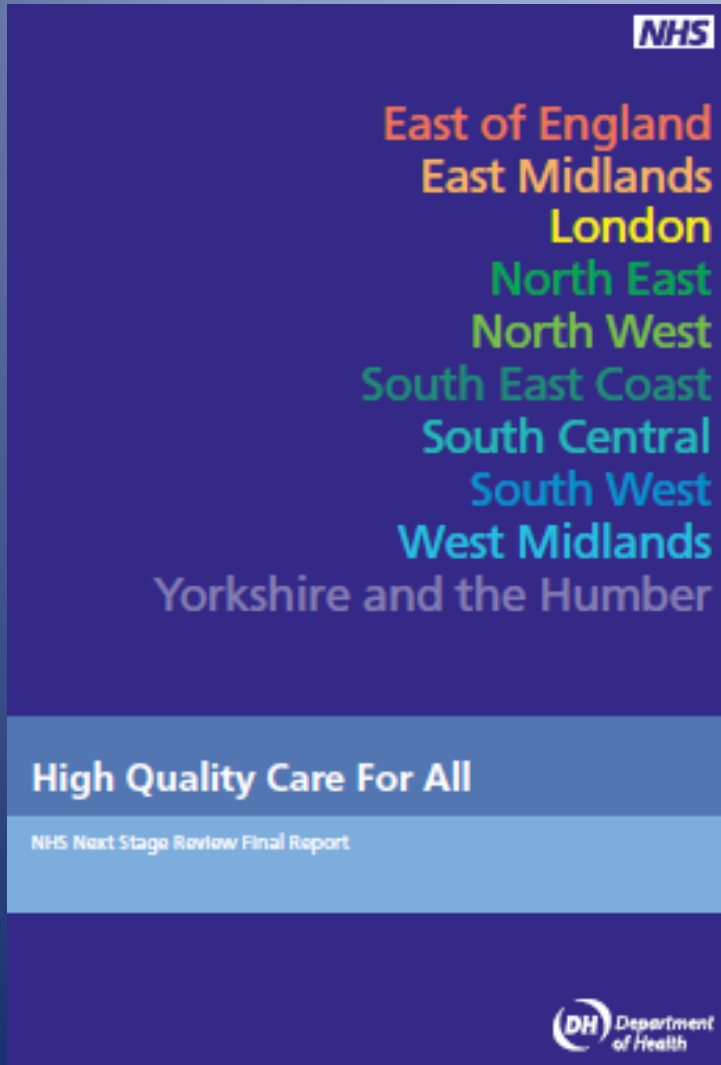
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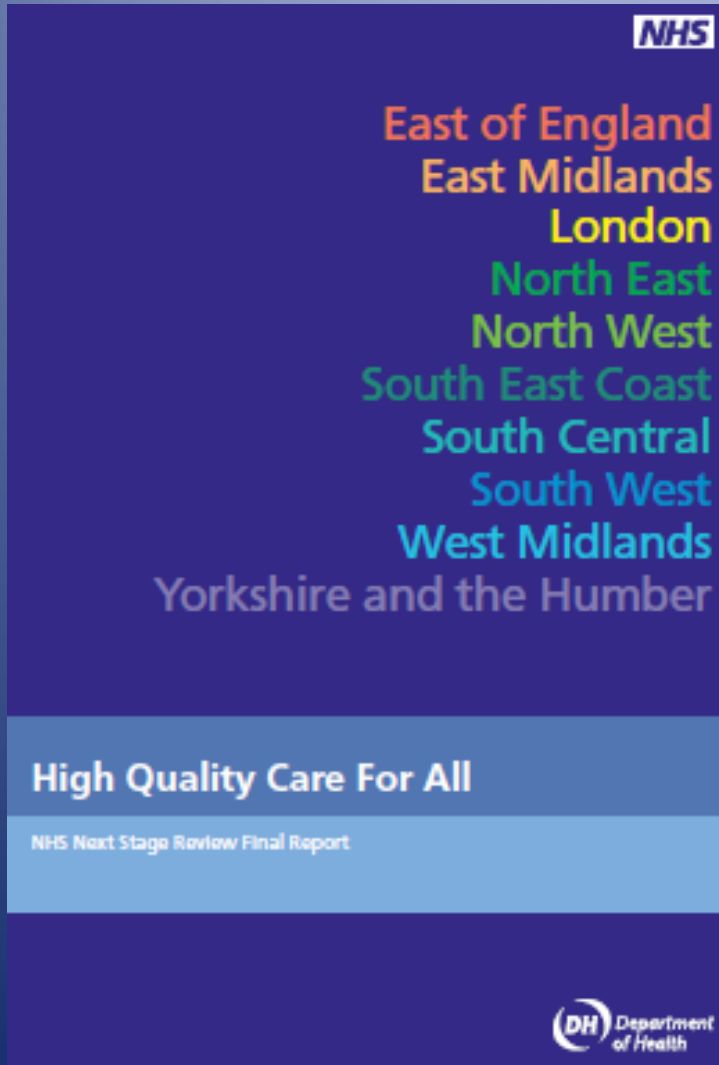
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HOW DID WE GET HERE?



HOW DID WE GET HERE?



Published in June 2008

Sought to renew the NHS
for the 21st century

HOW DID WE GET HERE?

NHS

East of England
East Midlands

- **Safeguard quality.** Patients and the public need to be reassured that the NHS everywhere is providing high quality care. Regulation – of professions and of services – has a key role to play in ensuring this is the case.

Yorkshire and the Humber

High Quality Care For All

NHS Next Stage Review Final Report

HOW DID WE GET HERE?



HOW DID WE GET HERE?



Published in June 2008

Described a system for workforce planning, education and training that will be sustainable for the long term

HOW DID WE GET HERE?



As a result, the healthcare scientist workforce makes a critical contribution to delivering healthcare. More than 80% of clinical decisions¹⁴, spanning all stages of clinical pathways from prevention and well-being through to end of life care, involve the work of healthcare scientists. This contribution is vital to safe and effective care, to achieving an accurate and timely diagnosis and to monitoring the response to a range of therapeutic interventions.

We will support healthcare scientists in meeting these challenges and safeguarding and enhancing the sustainability of this workforce by changing existing training and career arrangements to meet today's and tomorrow's needs. In doing so, the NHS will be able to continue to attract the very best of the UK's science students and graduates and they will maintain their excellent contribution for the benefit of patients and the public.

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HOW DID WE GET HERE?

The Future of the Healthcare Science Workforce

Modernising Scientific Careers: The Next Steps

A Consultation



HOW DID WE GET HERE?



Published in November
2008

A public consultation
on a proposal to
transform the training
and career pathway for
all healthcare scientists

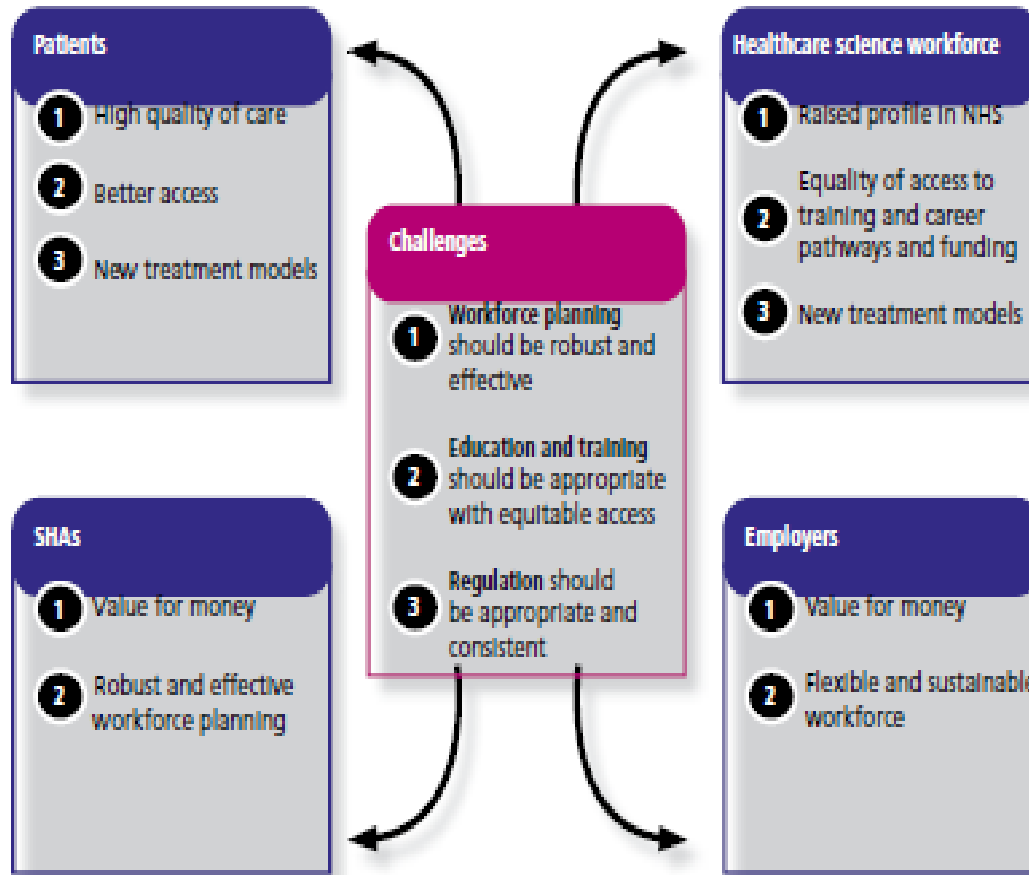
HOW DID WE GET HERE?

**The Future
Science Workforce**
Modernising Science
A Consultation

Critically, these bold and ambitious proposals will advance the opportunities and recognition of the healthcare science workforce in the UK. They will also give appropriate opportunities and recognition to this highly skilled workforce, which is so critical to effective diagnosis and treatment. With the new career pathways, scientists with the requisite training and expertise will be able to rise to very senior levels in the workforce, for the benefit of patients. They will deliver high quality, safe and effective care and innovations based on the latest scientific and technological developments.

MODERNISING SCIENTIFIC CAREERS

The MSC Model addresses these issues to ensure the HCS workforce is fit to face the challenges of today and tomorrow



MODERNISING SCIENTIFIC CAREERS

The Vision for Healthcare Science

The vision for healthcare science is of a world class workforce integral to multi-professional teams delivering high quality innovative patient care, in a range of settings...delivering excellence in knowledge creation, innovation and service improvement... leading and embracing research and development and continually evaluating clinical practice and care delivery models.

MODERNISING SCIENTIFIC CAREERS

- A learning and development programme for technical and support grades responsive to the evolving regulatory environment and which will potentially enable those who wish to develop into registered scientists to do so;
- A competitive common entry into registration training for scientists based on graduate entry;
- A three-year rotational Registration Training Programme (RTP) in each of the three divisions of the scientific workforce;
- Regulation for healthcare scientists to common and consistent standards;
- On successful completion of the RTP, competitive entry into either: Higher Speciality Scientific Training (HSST) or employment underpinned by employer-based professional development programmes

MODERNISING SCIENTIFIC CAREERS

- A competitive common entry into registration training for scientists based on graduate entry
- A three-year rotational Registration Training Programme (RTP) in each of the three divisions of the scientific workforce (*cardiac, respiratory and vascular*)
- On successful completion of the RTP, competitive entry into either: Higher Speciality Scientific Training (HSST) or employment underpinned by employer-based professional development programmes

MODERNISING SCIENTIFIC CAREERS

Regulation

- regulation is inconsistent across different groups within the healthcare science workforce
- currently only two groups are regulated by statute: clinical scientists and biomedical scientists
- patient quality and safety is therefore potentially at risk, particularly as healthcare scientists take on more patient-facing roles in clinical care

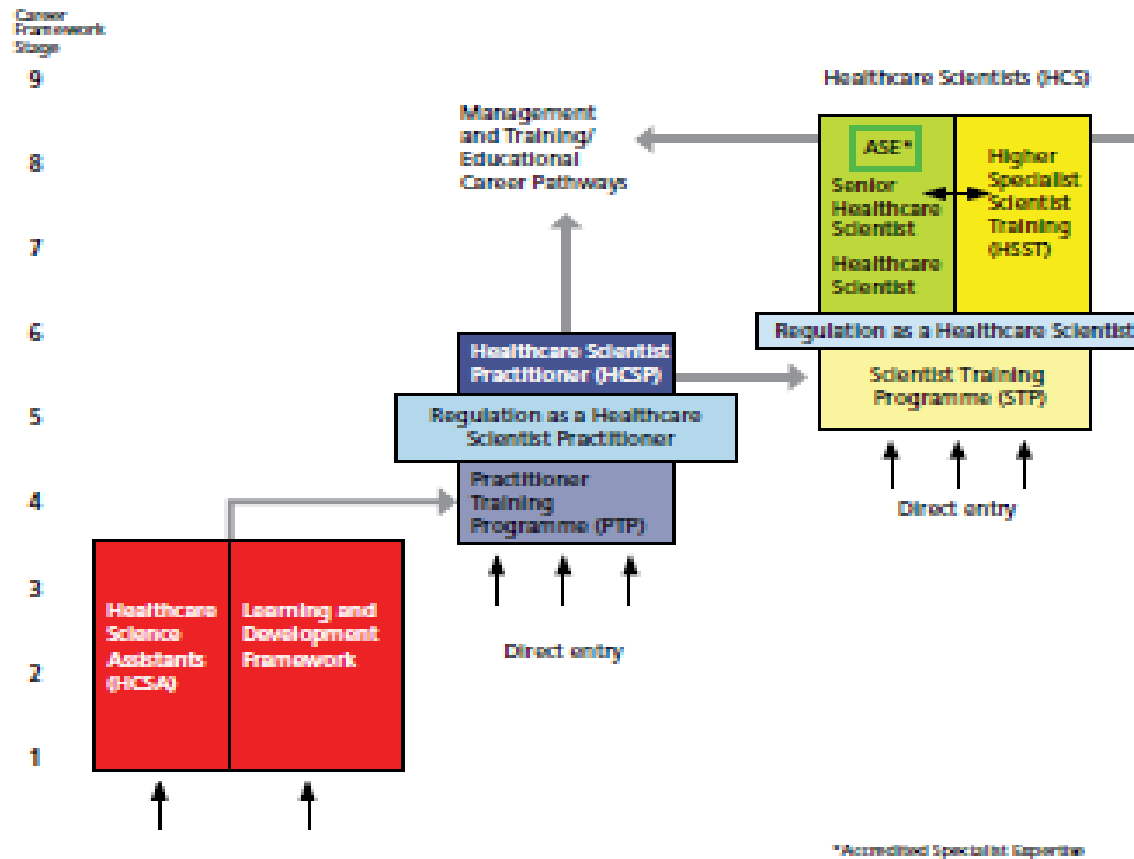
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MODERNISING SCIENTIFIC CAREERS

The MSC Model: Pathways for Healthcare Science Assistants, Healthcare Scientist Practitioners and Healthcare Scientists



*Accredited Specialist Register

NOTE: SIZE OF BOXES NOT PROPORTIONAL TO SIZE OF WORKFORCE

HEALTHCARE SCIENCE ASSISTANTS

The HCSA workforce will be diverse, creating equal opportunities for school-leavers, those with initial qualifications and others who wish to work in healthcare science. There will be competitive entry into employment to assistant posts, including opportunities for those who may wish to apply from other healthcare posts and disciplines.

HEALTHCARE SCIENCE ASSISTANTS

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and others
be coming
including
other health

The MSC Model: Pathways for Healthcare Science Assistants (HCSA)

Career
Framework
Stage
5-6

4-5

Healthcare Scientist Practitioner Pathway

1-3/4

Different entry points: development and progression through a range of vocational training and qualifications (e.g. Apprenticeships, NVQs, Diplomas)

Learning and Development Framework

HEALTHCARE SCIENCE PRACTITIONER

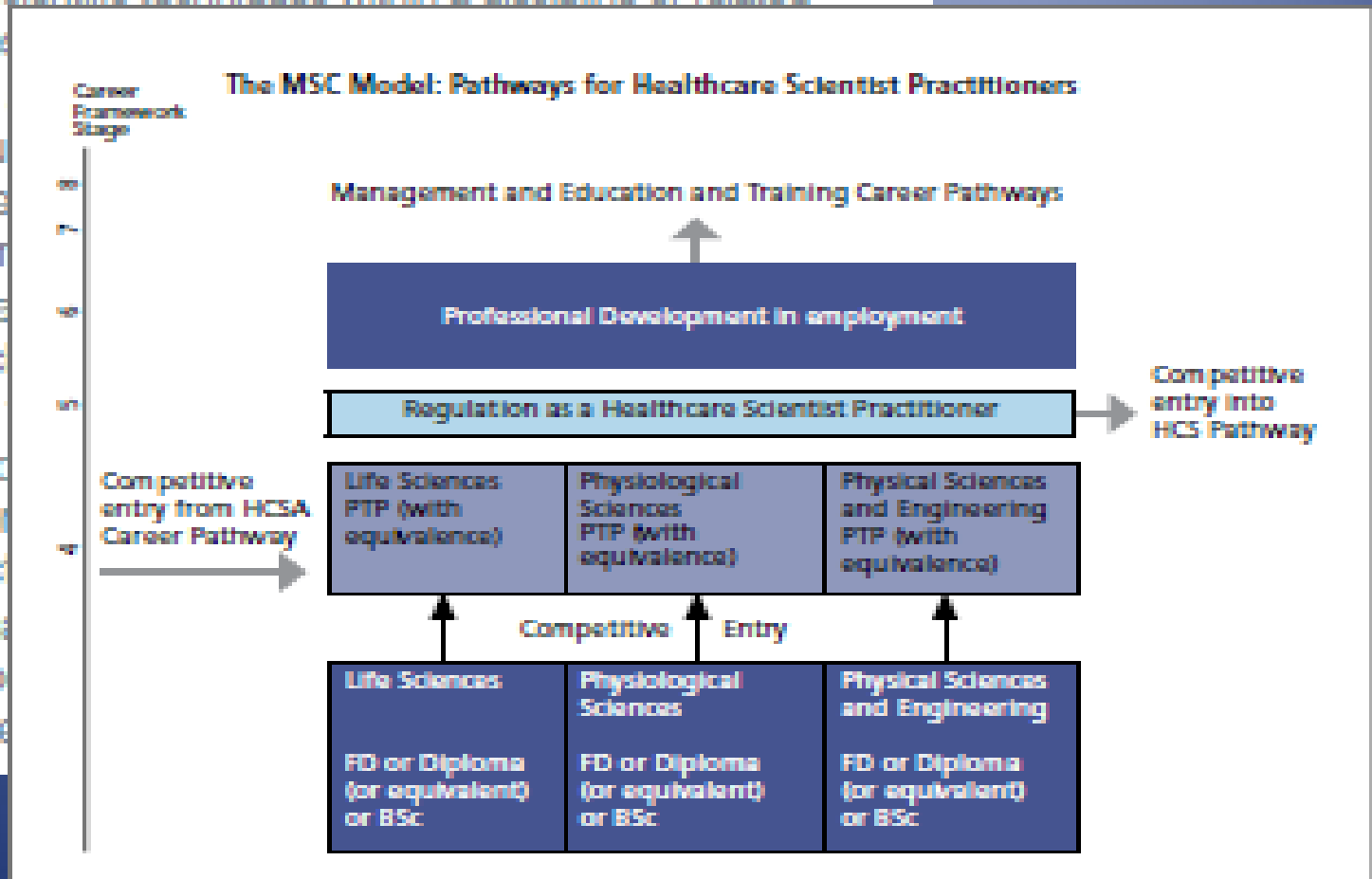
A HCS Practitioner (HCSP) will have the necessary expertise in applied scientific techniques within a discipline or related disciplines and will work in a range of healthcare settings:

- with a defined role in the delivery and reporting of quality assured tests, investigations and interventions on patients, samples or equipment
- in a number of disciplines, HCSPs will provide therapeutic interventions in patient-facing roles, some of which may be specialist
- with the potential for further development into more senior roles, potentially designated as Senior Healthcare Scientist Practitioners, with a more defined area of practice, as well as opportunities to progress in management and in training and education
- proposals for proportionate, risk-based regulation will be subject to a separate consultation.

HEALTHCARE SCIENCE PRACTITIONER

A HCS Practitioner (HCSP) will have the necessary expertise in applied scientific techniques within a discipline or related disciplines

- with appropriate
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HEALTHCARE SCIENTIST

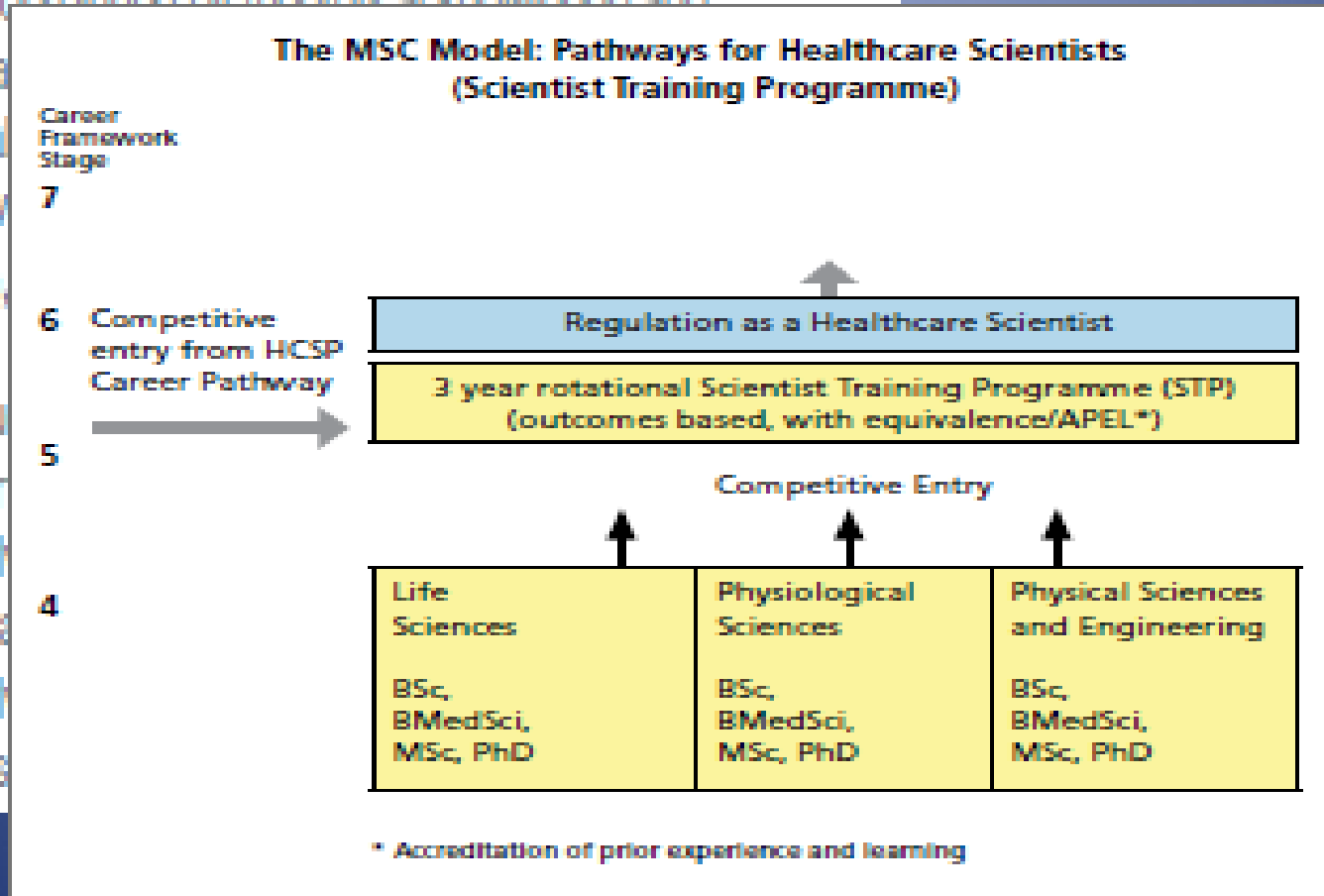
A Healthcare Scientist (HCS) will have clinical and specialist expertise underpinned by theoretical knowledge and experience and will:

- undertake complex scientific and clinical roles, including those working directly with patients
- analyse, interpret and compare investigative and clinical options
- make judgements involving complicated facts or situations which impact on patients
- be involved in innovation and improvement
- participate in research and development
- be involved in the education of trainees and other learners in the workplace.

HEALTHCARE SCIENTIST

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- undertake those with
- analyse, options
- make judicious situation
- be involved
- participate
- be involved learners







WHAT DOES MSC REALLY MEAN?

- How will students be 'selected'?
- Who will pay for their training?
- What degree of competence will result from a rotational training programme?
- What will happen to staff currently in post?
- Will I have to quit my job and become a student to attain career progression?

Shhhh. . .that's the sound
of nobody caring what you think



THE MSC CONSULTATION

- **Statement: UK-wide Modernising Scientific Careers**
- **Last modified date:** 27 May 2009
- **Gateway reference:** 11890
- A UK wide programme to modernise scientific careers was established in 2007.
- In November 2008, we published a UK consultation document ... This statement sets out the direction of travel following the closure of consultation on 6 March 2009.
- We received over 900 responses to the proposals from individuals, employers, professional bodies, education providers and others. A full independent analysis of the responses is being conducted.

THE MSC CONSULTATION

- Overall, there was recognition of the need to modernise education and training for this workforce and general support for the proposed model. There are some areas however where respondents have asked for more detail, additional clarification or have suggested refinements. Work continues to develop the education and training curricula and to further refine the training programmes and other aspects related to implementation.
- Over the summer, further engagement events will be held to inform the model as it emerges. Invitations will be sent out to senior professionals and wider NHS stakeholders. As previously indicated we will publish a further policy document, in the autumn.

THE MSC CONSULTATION

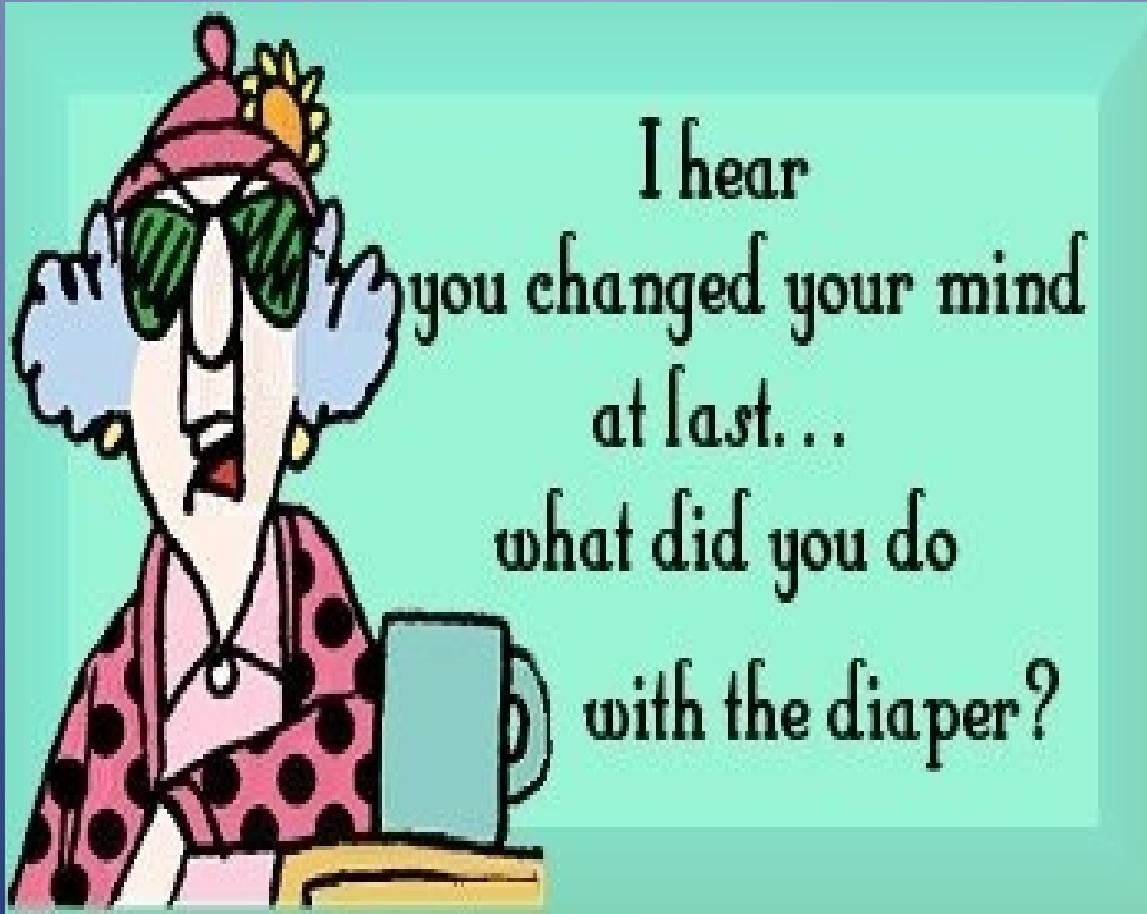
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THE MSC CONSULTATION

- There will be a separate consultation on proposals for a new regulatory framework. We have begun the background preparation work and we will shortly be engaging with all stakeholders to develop these proposals. We will set them out in a separate consultation document.

AFTER THE CONSULTATION

AFTER THE CONSULTATION



AFTER THE CONSULTATION

To All HEI's.

Our Ref: LB/AD 005

9th October 2009

Dear Colleague,

Re: HEFCE Additional Student Numbers (ASNs) for new programmes in Healthcare

HEFCE has announced that ASNs are to be made available for high priority areas in healthcare, this is now confirmed on their website at

http://www.hefce.ac.uk/pubs/circlelets/2009/cl22_09/

A HEFCE deadline of Monday 26th October has been given for bids against this offer from universities. The priority areas listed are in the academic provision for Paramedics, Healthcare Sciences, and Adult Social Care. Bids must meet the stated criteria, which include documentary support from the Strategic Health Authority (SHA), accompanying any application.

In respect of Healthcare Sciences, the Modernising Scientific Careers (MSC) programme at the Department of Health (DH) has resulted in a number of opportunities for new provision in this field, for which ASNs will be required. These new programmes will be three-year, full-time, integrated undergraduate degrees, for the Healthcare Science Practitioner.

As these are HEFCE-funded programmes, SHAs do not commission these programmes or set targets, however, as integrated provision, they will require up to 50 weeks of clinical placement activity with specified learning outcomes therefore NHS providers in partnership with SHAs will be expected to work with HEIs on placement availability. Placement capacity for each pathway may potentially differ each year depending on workforce needs, but in due course the plan is for some over-arching national co-ordination of these numbers.

AFTER THE CONSULTATION

DEPARTMENT OF HEALTH
MODERNISING SCIENTIFIC CAREERS
NEW ACADEMIC PROGRAMMES
FOR HEFCE-FUNDED ADDITIONAL STUDENT NUMBERS

INTRODUCTION

The four UK countries health departments' proposals for Modernising Scientific Careers have been the subject of public consultation, and substantive policy proposals are currently being finalised. A summary of the proposed training and career pathways for the healthcare science workforce is attached at Annex 1.

It is anticipated that an integrated three year full time Bachelors degree programme in healthcare science will be proposed as the principal training route for healthcare science practitioners in England. **Given the immediate and short-term availability of HEFCE-funded Additional Student Numbers [ASNs] for healthcare science in England**, this paper sets out for English Strategic Health Authorities [SHAs] and Higher Education Institutions [HEIs], the integrated degree programmes which, it is anticipated, will comprise the principal route for the new Modernising Scientific Careers [MSC] Practitioner Training Programmes [PTP] in England.

Specifically, the paper sets out:

- a summary of the proposed healthcare science practitioner role;
- those proposed healthcare science Bachelors degree programmes and final year core specialisms which DH and SHAs wish to see taken forward with the first intake of students/trainees in October 2010 [Phase 1]
 - ⇒ indicative curricula will be available by **31 October 2009**;
 - ⇒ detailed curricula will be available by **31 December 2009**;
- the healthcare science final year core specialisms which DH and SHAs wish to see taken forward with the second intake of students/trainees in October 2011 and beyond [Phase 2]
 - ⇒ detailed curricula for those programmes will be available in **Spring 2010**.
- Work is currently underway to finalise the modular and credit structure of the degree programme by **31 October 2009**.

THE PROPOSED ROLE OF THE HEALTHCARE SCIENCE PRACTITIONER [HCSP]

It is proposed that the future Healthcare Science Practitioner [HCSP] will be regulated and will:

- have the necessary expertise in *applied scientific techniques* within a discipline or group of related disciplines and will work in a range of healthcare settings:
 - ⇒ within a defined role in the delivery and reporting of quality assured tests, investigations and interventions on patients, samples or equipment
 - ⇒ in a number of disciplines, HCSPs will provide therapeutic interventions in patient-facing roles, some of which may be specialist
 - ⇒ have the potential for further development into more senior roles, including in management and in training and education

NEW INTEGRATED BACHELORS PROGRAMMES IN HEALTHCARE SCIENCE

It is proposed that new integrated **Bachelors [Honours] programmes in Healthcare Science** will be provided by HEIs as the principal training route for the new Healthcare Science Practitioner Training Programme [PTP]. HEIs will be expected to use HEFCE-funded student numbers for the academic component, with SHA funding to support workplace based learning placements up to a total of 50 weeks over the course of the degree [currently anticipated to be 10 weeks in Year One, 15 weeks in Year Two and 25 weeks in Year 3]. The attached diagram [Annex 2] sets out a high level model of the integrated degree, with:

- an introductory programme across healthcare science, and HCS division-specific programmes¹ in Scientific Basics in Year One
- increasing specialisation with supporting science in Year Two, with a focus on Techniques and Methodologies
- core specialisms in Year Three, in which the knowledge and understanding of science, technologies and techniques acquired in Years One and Two are applied to practice in the core specialism in the service context.

AFTER THE CONSULTATION

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It is anticipated that an integrated three year full time Bachelors degree programme in healthcare science will be proposed as the principal training route for healthcare science practitioners in England. **Given the immediate and short-term availability of HEFCE-funded Additional Student Numbers [ASNs] for healthcare science in England**, this paper sets out for English Strategic Health Authorities [SHAs] and Higher Education Institutions [HEIs], the integrated degree programmes which, it is anticipated, will comprise the principal route for the new Modernising Scientific Careers [MSC] Practitioner Training Programmes [PTP] in England.

Specifically, the paper sets out:

- a summary of the proposed healthcare science practitioner role;
- those proposed healthcare science Bachelors degree programmes and final year core specialisms which DH and SHAs wish to see taken forward with the first intake of students/trainees in October 2010 [Phase 1]
 - ⇒ indicative curricula will be available by **31 October 2009**;
 - ⇒ detailed curricula will be available by **31 December 2009**;
- the healthcare science final year core specialisms which DH and SHAs wish to see taken forward with the second intake of students/trainees in October 2011 and beyond [Phase 2]
 - ⇒ detailed curricula for those programmes will be available in **Spring 2010**.
- Work is currently underway to finalise the modular and credit structure of the degree programme by **31 October 2009**.

THE PROPOSED ROLE OF THE HEALTHCARE SCIENCE PRACTITIONER [HCSP]

It is proposed that the future Healthcare Science Practitioner [HCSP] will be regulated and will:

- have the necessary expertise in *applied scientific techniques* within a discipline or group of related disciplines and will work in a range of healthcare settings:
 - ⇒ within a defined role in the delivery and reporting of quality assured tests, investigations and interventions on patients, samples or equipment
 - ⇒ in a number of disciplines, HCSPs will provide therapeutic interventions in patient-facing roles, some of which may be specialist
 - ⇒ have the potential for further development into more senior roles, including in management and in training and education

NEW INTEGRATED BACHELORS PROGRAMMES IN HEALTHCARE SCIENCE

It is proposed that new integrated **Bachelors [Honours] programmes in Healthcare Science** will be provided by HEIs as the principal training route for the new Healthcare Science Practitioner Training Programme [PTP]. HEIs will be expected to use HEFCE-funded student numbers for the academic component, with SHA funding to support workplace based learning placements up to a total of 50 weeks over the course of the degree [currently anticipated to be 10 weeks in Year One, 15 weeks in Year Two and 25 weeks in Year 3]. The attached diagram [Annex 2] sets out a high level model of the integrated degree, with:

- an introductory programme across healthcare science, and HCS division-specific programmes¹ in Scientific Basics in Year One
- increasing specialisation with supporting science in Year Two, with a focus on Techniques and Methodologies
- core specialisms in Year Three, in which the knowledge and understanding of science, technologies and techniques acquired in Years One and Two are applied to practice in the core specialism in the service context.

AFTER THE CONSULTATION

DEPARTMENT OF HEALTH
MODERNISING SCIENTIFIC CAREERS
NEW ACADEMIC PROGRAMMES
FOR HEFCE-FUNDED ADDITIONAL STUDENT NUMBERS

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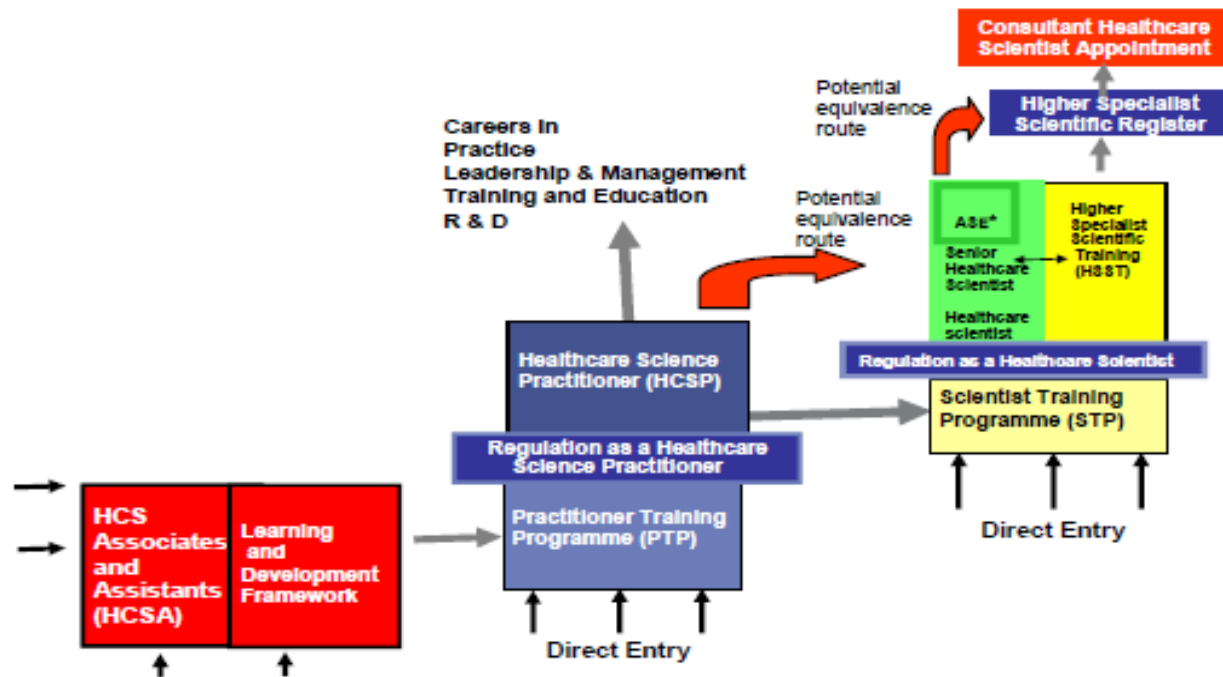
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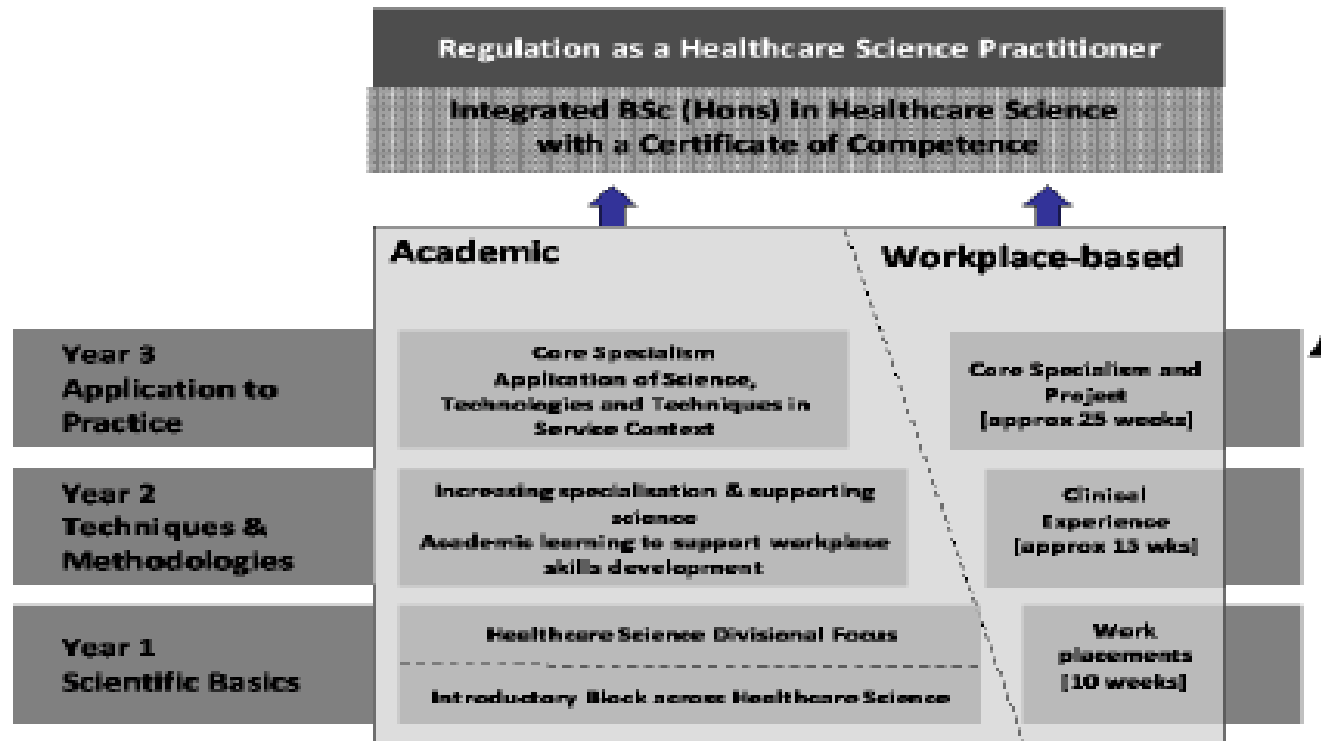
AFTER THE CONSULTATION

Annex 1: Modernising Scientific Careers
Career and Training Pathways



AFTER THE CONSULTATION

INTEGRATED BACHELORS DEGREE IN HEALTHCARE SCIENCE: OVERVIEW



WHAT ABOUT REGULATION?

Joint statement by the four UK Health Departments on the regulation of clinical scientists

We would like to take this opportunity to clarify the position and to set out our plans in relation to the regulation of clinical physiologists and other healthcare science groups who seek statutory regulation, within the broader picture of both the White Paper *Trust Assurance and Safety: The Regulation of Health Professionals in the 21st Century* and the new regulatory framework proposed under *Modernising Scientific Careers*.

The Health Departments in the four UK countries remain committed to the regulation of healthcare scientists. This was clearly set out in the White Paper *Trust Assurance and Safety: The Regulation of Health Professionals in the 21st Century* (the UK White Paper) and specifically reinforced in *Modernising Scientific Careers: The Next Steps* (MSC) which stated that all outstanding matters relating to the regulation of applicant groups¹ would be resolved as part of a separate consultation. The consultation document also indicated that separate proposals would be brought forward to put in place a new regulatory framework capable of capturing all healthcare scientists who need to be regulated.

It also signalled we would look to progress regulation for other groups in the healthcare science workforce in line with the recommendations of the forthcoming *Extending Professional Regulation Report*, ensuring that proposals provide risk based and proportionate solutions. As the reforms to regulators set out in the White Paper have progressed significantly, attention can now be given to the work surrounding the statutory regulation of those groups already agreed.

The Health Departments intend to develop, with stakeholders, proposals for the regulation of the healthcare scientist workforce. The work to inform the development of the publication of a draft Section 60 Order and accompanying public consultation document will start with members of RCOCP in June. It should be recognised that the whole process can take up to two years to complete before opening a new register. This includes for example, a 3 month public consultation period, laying of Regulations in the Scottish and English Parliaments and is subject to any delay occurring as part of the Parliamentary process.

We look forward to a productive working relationship among all partners as we strive to achieve a satisfactory outcome, for the purposes of public protection and patient safety, within a challenging timescale.



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This measure will require a 12 month public consultation period, being introduced in the Scottish and English Parliaments and is subject to any delay occurring as part of the Parliamentary process.

We look forward to a productive working relationship among all partners as we strive to achieve a satisfactory outcome, for the purposes of public protection and patient safety, within a challenging timescale.



WHAT ABOUT REGULATION?



Joint statement on employment of clinical physiologists

The Department of Health, NHS Employers and the Registration Council for Clinical Physiology (RCCP) have agreed joint work on the issue of regulation of clinical physiologists. In the meantime, whilst we await the arrangements for statutory regulation to be put in place and in order to mitigate risk, the following statement sets out a solution for employers. This is similar to other such earlier statements for other staff groups, for example, clinical perfusionists and operating department practitioners.

Summary and action required

While provision is being made for clinical physiologists to gain statutory regulation, employers are asked to ensure that the employment of healthcare scientists known as clinical physiologists and practising in the areas¹ of:

- respiratory physiology
- neurophysiology
- gastro-intestinal physiology
- cardiac physiology
- audiology and hearing therapy

is limited to those whose names appear on the voluntary register held by the RCCP and that any practitioner not so registered is appropriately supervised. The degree of supervision should be determined by the departmental manager in collaboration with the clinical director and other members of the team. When considering the level of supervision, employers should take into consideration the individual's relevant experience, training and competency to deliver patient care as many long-term staff will not require supervision.

WHAT ABOUT REGULATION?



Summary and action required

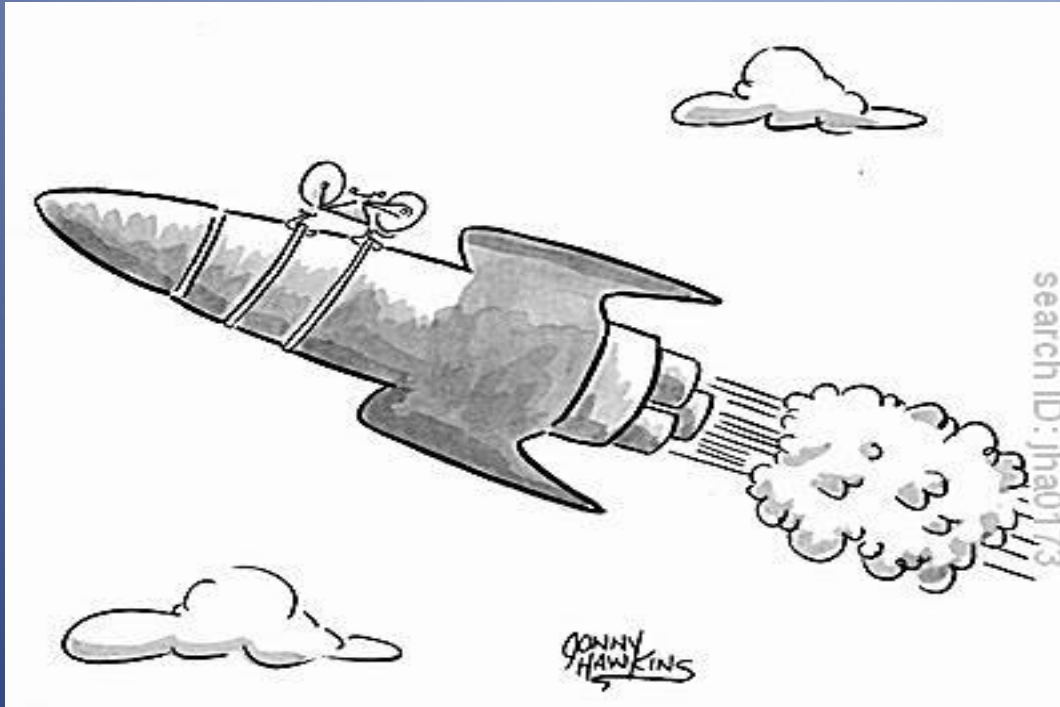
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MODERNISING SCIENTIFIC CAREERS



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search ID: jmo0438

"I've worked here for thirty years and seen a lot of changes and fought every damn one of them!"

ARE WE THERE YET?!!



No we're not there yet - Daddy has to reverse off the drive first