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Council – 25 March 2010

## Modernising Scientific Careers

### Executive summary and recommendations

#### Introduction

For the last six years the Chief Scientific Officer at the Department of Health has been undertaking a review of how the careers of healthcare scientists working in the National Health Service can be modernised.

On 26 February 2010 the four UK Health Departments published a report entitled “Modernising Scientific Careers – The UK Way Forward”. The 56 page document is attached as a background paper for reference.

In September 2008 the Executive of the Health Professions Council (HPC) presented a paper to the Council detailing the HPC’s position on a range of issues relating to the Chief Scientific Officer’s project. A copy of the paper is attached as a background paper for reference.

The 26 February report addresses four main areas. They are as follows:

- i Career structures
- ii Education and training
- iii Regulatory changes
- iv Workforce planning

The report proposes four categories of scientists working in health. They are as follows:

- i Associates and assistants
- ii Health science practitioners
- iii Healthcare scientists
- iv Higher specialist scientists

It appears that the protected titles Clinical Scientist and Biomedical Scientist will no longer be used.

Since the publication of the report, the Institute of Biomedical Science (IBMS) and the Heads of University Centres of Biomedical Science (HUCBMS) have written to the Secretary of State for Health detailing their views of the report. The two letters, dated 12 and 18 February, are included as background information.

Date	Ver.	Dept/Cmte	Doc Type	Title	Status	Int. Aud.
2010-03-15	a	CER	PPR	Modernising Scientific Careers	Final	Public
					DD: None	RD: None

## Next steps

Following the publication of the report, a UK Healthcare Science Regulation Liaison Group has been established. On page 17 of the report it states that the purpose of the Liaison Group will be to “assist officials in the development of policy advice for ministers”.

The HPC Executive has been informed that the Liaison Group will draft Standards of Proficiency for the healthcare science practitioners and healthcare scientists.

The report makes no definitive statement on how the education of the new roles will be funded or how the UK Healthcare Science Education and Training Board will also be funded.

## Research tender document

A research tender document has also been prepared which details a range of activities that need to be completed before the draft Section 60 is published. A copy of the document is attached as a background document for reference. It should be noted, on page 2, in addition to the five groups recommended by the HPC for statutory regulation, six additional groups have been included.

## **Decision**

The Council is requested to note the report and to request the Executive to report to the Council on developments with:

- Draft standards of proficiency
- Protected titles
- Structure of the register
- The timetable

## **Background information**

Modernising Scientific Careers – The UK Way Forward  
Modernising Scientific Careers – HPC Position Paper  
IBMS and HUCBMS letters  
Research tender document

## **Resource implications**

Not yet quantified

## **Financial implications**

Not yet quantified

## **Appendices**

None

## **Date of paper**

15 March 2010

Health Professions Council – 11 September 2008

Modernising Scientific Careers – HPC Position Paper

Executive summary and recommendations

### **Introduction**

A presentation was made to the HPC's Education and Training Committee on 26 March 2008 by Professor Sue Hill, who is the Department of Health (DH) Chief Scientific Officer.

The presentation outlined the DH Modernising Scientific Careers project. The project's Oversight Board has now met for the first time. The terms of reference of the Board are attached for reference.

Since then a number of organisations have contacted the HPC seeking to ascertain our position on a range of issues connected to the project.

A draft Position Paper has been prepared. The Council is requested to approve the Position Paper.

### **Decision**

The Council is asked to approve the Position Paper.

### **Background information**

Oversight Board Terms of Reference

### **Resource implications**

None

### **Financial implications**

None

### **Appendices**

Draft Position Paper

### **Date of paper**

29 August 2008

Date	Ver.	Dept/Cmte	Doc Type	Title	Status	Int. Aud.
2008-07-23	b	CER	PPR	Modernising Scientific Careers	Final	Public
					DD: None	RD: None

## **Modernising Scientific Careers - Oversight Board**

### **Terms of Reference**

1. To oversee and provide the governance of the development of UK strategy for modernising scientific careers in health.
2. To ensure that the Modernising Scientific Careers (MSC) programme is developed within the overall UK health departments and policy framework for modernising the healthcare workforce.
3. To have oversight of the development and roll-out of the programme, including the establishment of short-lived working groups.
4. To ensure that the products from the programme meet the requirements of patients, the service and the profession.
5. To ensure that risks in introducing the programme are identified proactively and managed before further escalation is required.
6. To ensure that there is active engagement of all stakeholders across the four countries in the development and implementation of the programme.
7. To ensure that funding and workforce planning arrangements yield value for money whilst ensuring high quality scientific services for health.
8. To ensure that partner organisations responsible for the delivery of key elements of the programme are fully engaged with the MSC programme.
9. To ensure that there is a timely and robust communications strategy that is far reaching and comprehensive.

# Modernising Scientific Careers

## Draft Position Paper

September 2008

### **Introduction**

The following Position Paper aims to set out from the perspective of the Health Professions Council (HPC) the key issues that need to be taken into consideration so that recommendations that will arise in due course from the Department of Health's Modernising Scientific Careers can be implemented in a timely and economic fashion.

### **Contents**

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## **Devolution**

- The statutory regulation of a new profession such as Health Care Scientists by the Health Professions Council (HPC) must be approved by the Westminster Parliament, the Scottish Parliament and the Northern Ireland Assembly.
- Any recommendations must not hinder the development of any existing or future alternative models of health care delivery system in the four home countries.
- An early indication of their public support will be vital to the success of the project.
- This support should preferably be in writing.

## **Education Providers**

- The overt public support from existing and future providers of Education and Training programmes throughout the four home countries should be sought.
- A clear practical timetable for the commencement of new programmes, including details of number of prospective registrants and year of graduation should be made available.
- Migration from the existing to new programmes should not disadvantage current student progress.
- The funding intentions of existing and future commissioner of Education and Training programmes should be sought and made available.
- The HPC should not inhibit flexible education routes on to the register.

## **Health Care Scientists**

- The initial briefing by the UK Department of Health strongly indicates that Health Care Scientists are not covered by an existing Standard of Proficiency or Standard of Education.
- Health Care Scientists will be considered to be a new profession or “aspirant group” by the HPC.

## **MSC and Aspirant Groups**

- The HPC has made a number of recommendations to the Secretary of State for Health that various healthcare professionals should be regulated.

They include:

- i Clinical Perfusion Scientists
- ii Clinical Physiologists
- iii Clinical Technologists
- iv Medical Illustrators
- v Maxillofacial Prosthetists and Technologists

- The HPC as a regulator whose main objective is to protect the public, wishes to ensure that there is no further unreasonable delay in regulating these five groups.
- An untoward incident relating to the five aspirant groups would generate adverse publicity.
- There are no reasons why the statutory regulation of the five aspirant groups cannot proceed in parallel with the MSC project given the flexibility of the structure of the HPC register.

## **Post Registration Qualifications**

- Article 19(6) of the Health Professions Order 2001 allows the HPC to establish Standards of Education and Training.

## **Professional Bodies**

- An early indication of the public support of all relevant professional bodies affected by the MSC project will be vital to the success of the project.
- This support should preferably be in writing.

## **Protected Titles**

- Public protection will be enhanced if as few as possible protected titles are created or retained.

## **Register (HPC)**

- Article 6(3)(d), (e) and (f) of the Health Professions Order 2001 allows for great flexibility to the structure of the register.

## **Role of the HPC**

- The role of the HPC in relation to the Modernising Scientific Careers Project is set out in Article 3 (5) (b) (i) – (v) and Article 3 (17).
- It is not the role of a statutory regulator of healthcare professionals such as the HPC to either support or inhibit the establishment of a new profession.
- The role of the HPC is to act as a facilitator/catalyst and we will therefore give the project any assistance that is required and we can provide under our legislation, the Health Professions Order 2001.
- The HPC will seek to ensure that any issues connected to professional statutory regulation will be brought to the attention of the MSC Project team.
- Article 3(5) of the Health Professions Order 2001 places clear responsibilities on the HPC to take account of key stakeholder interests and to cooperate with them wherever reasonably practicable.

## **Standards**

- The HPC sets the Standards of Education and Training and the Standards of Proficiency for a new profession.
- Article 3(14) of the Health Professions Order 2001 requires the HPC to consult before establishing any standards.

## **Timetable**

- A realistic project timetable should be made available by the MSC Project Team.
- The timetable should include details of the legislative timetable.



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CHIEF EXECUTIVE  
Alan R Potter  
MBE MPhil DSc(Hon) CSci FIBMS

12 February 2010

Rt Hon Andy Burnham MP  
Secretary of State for Health  
Department of Health  
Richmond House  
79 Whitehall  
London SW1A 2NS

Dear Secretary of State

### **Modernising Scientific Careers**

The Institute is the professional body that represents over 19,000 biomedical scientists, most of whom are employed by the health service or private companies that provide services to the health service. Approaching 6,000 of our members are Chartered Scientists with Masters-level qualifications.

I am writing on behalf of the Institute's Council to express its real and considerable concerns over the direction that this project is taking.

Specifically, I regret to say that the Institute has lost confidence in the Modernising Scientific Careers team. The method of working that the team has adopted lacks transparency and has built discord and disagreement. This lack of consensus, we believe, is being ignored and denied in equal measure. This, in effect, is beginning to destroy trust between government and some of the professions.

The MSC project is proposing radical change without any visible evidence base for benefit. There has been no meaningful discussion about the many points of concern that were raised during the consultation period, which we know were received. No credible transitional arrangements have been discussed. It must be that there are major implications for funding for both the degree programmes and training; again there has been scant acknowledgment of this.

The Institute has been represented in the various working parties and committees, and is concerned that its mere presence is being used to assume agreement and compliance. This is not the case, and major concerns remain with the framework proposed.

In 2012 the Institute celebrates its centenary, which represents 100 years of working tirelessly for the benefit of this profession, the health service that it serves and specifically patients. It is therefore with considerable regret that the Institute is forced to the view that continuation with this project without a fundamental review would be improper and not in the best interests of the service or the safety of the patients that it serves.

With kindest regards

Yours sincerely

A R Potter MBE MPhil DSc(Hon) CSci FIBMS  
**Chief Executive**

Scan / File  
15/2/10  
Marc

Copies of this letter were also sent to the following:

Ann Keen MP  
Parliamentary Under-Secretary

Phil Hope MP  
Minister of State (Care Services)

Rt Hon Mike O'Brien MP  
Minister of State (Health Services)

Gillian Merron MP  
Minister of State (Public Health)

Andrew Lansley CBE MP  
Shadow Secretary of State for Health

Norman Lamb MP  
Shadow Secretary of State for Health

Hywel Williams  
Plaid Cymru spokesperson  
Children, Schools and Families; Health; International Development; Work and Pensions

David Nicholson CBE  
NHS Chief Executive

Nicola Sturgeon MSP  
Cabinet Secretary for Health and Wellbeing

Dr Kevin Woods  
Chief Executive  
NHS Scotland

Jacqui Lunday  
Chief Health Professions Officer  
NHS Scotland

Dr Kevin Woods  
Director General and Chief Executive  
NHS Scotland

Dr Harry Burns  
Chief Medical Officer  
NHS Scotland

Dr Aileen Keel  
Deputy Chief Medical Officer  
NHS Scotland

Professor Peter Donnelly  
Deputy Chief Medical Officer  
NHS Scotland

Michael McGimpsey MLA  
Minister for Health, Social Services and Public Safety in the Northern Ireland

Ms Joyce Cairns  
Deputy Director of Human Resources

Dr Andrew McCormick  
Permanent Secretary  
Department of Health, Social Services & Public Safety

Paul Williams  
Director General, Health & Social Services  
Chief Executive, NHS Wales

Dr. Tony Jewell  
Chief Medical Officer Wales

Mrs Jennifer A. Frost  
Deputy Chief Scientific Adviser  
Welsh Assembly Government

Professor John Harries  
Chief Scientific Adviser Wales

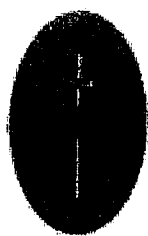
Dr Anna van der Gaag  
President  
Health Professions Council

Marc Seale ✓  
Chief Executive and Registrar  
Health Professions Council

David Fleming  
UNITE

Prof Hardial Chowdrey  
Chair  
Heads of University Centres of Biomedical Science

18 FEB 2010



**HUCBMS**

HEADS OF UNIVERSITY CENTRES OF BIOMEDICAL SCIENCE

18 February 2010

Rt Hon Andy Burnham MP  
Secretary of State for Health  
Department of Health  
Richmond House  
79 Whitehall  
London  
SW1A 2NS

Dear Secretary of State

**Ref: Modernising Scientific Careers**

I am taking the extraordinary step of writing to you directly on behalf of the Executive of the Heads of University Centres of Biomedical Science to express our real concerns about the proposed developments which are emerging from Modernising Scientific Careers project.

The purpose of HUCBMS is to represent the interests of its member institutions (universities and colleges) at a national and international level including the promotion of quality in biomedical science teaching and research, ensuring that adequate funding is available to departments of biomedical science, and providing benchmarks for model curricula. HUCBMS represents 49 UK universities that offer BSc (Hons) Biomedical Science(s) and MSc Biomedical Science(s) degree programmes and have a long record of working closely with employers in NHS laboratories in developing these programmes. Collectively we have a wealth of experience in developing programmes that integrate the education and training through work place learning, of HPC registered Biomedical Scientists. Despite the long and successful experience of HUCBMS members in developing curricula for Biomedical Science(s) degrees, we have not been formally invited by the MSC team to contribute to the curriculum development meetings for the proposed 'HCS Practitioners/Scientists'.

There are a number of issues which we would like to bring to your attention:

1. We currently have an excellent tried and trusted model, supported by an excellent and cost-efficient education and training system, developed over 18 years, that produces fit-for-purpose graduates to the workplace, including the NHS. This current model could easily be extended to cover 'practitioner'

grade for all 'Life Sciences', including Genetics and yet it has been ignored by the MSC team. We question the wisdom of the MSC team that the systems we currently have in place for the education and training of Biomedical Scientists are not delivering staff which are fit for purpose or practice within the NHS.

2. Our Honours Biomedical Science degrees have a curriculum and learning outcomes as described in a QAA Benchmark Statement which is distinct from that for any other Science degree. The Benchmark Statement, recently updated (2007), has been developed by a team of professional Biomedical Scientists from the NHS, the professional body (IBMS) and academic colleagues from the HEIs. There are no such Benchmarks for the Healthcare Science degree proposed by the MSC team and yet the curriculum is being developed blindly.
3. We fail to see the rationale for not engaging academics in developing the curriculum instead of handpicked few individuals working within the NHS as training officers. These individuals have no experience of writing academic modules or how to teach the modules particularly in view of the time restraints Universities are facing in delivering the modules. It is absurd that the MSC team is recommending a 25 weeks training in the final year of study when the classification of the award is dependent on student performance.
4. One of our biggest concerns will be how to attract students into the profession under this new regime. Universities will face difficulties attracting 17/18 year olds to a degree programme that will allow them to enter a profession that has a ceiling at band 5-6 and subsequent an uncertain career structure without a smooth means of progression to higher levels.
5. As academic scientists, we are used to embracing change, and in order to accommodate our NHS employer needs and fulfil statutory body (HPC) requirements, 25 Universities across the UK have developed, in association with the IBMS, undergraduate 'co-terminus' or 'integrated' courses in Biomedical Science. The core principle of these programmes, in common with the MSC proposed routes to registration, is that they blend academic and vocational training that is delivered through Universities and NHS partnerships to produce a Biomedical Scientist workforce fit for purpose. This has been totally overlooked by the MSC team.
6. One of most serious concern about the potential outcome of MSC relates to patient safety. The Health Professions Council (HPC) holds the register for Biomedical Scientists and, when designing academic programmes, universities are mindful of the HPC Standards of Proficiency and their Standards of Education and Training. The professional body (IBMS), the universities, and the HPC have together produced well-trained, responsible and registered graduates for a profession in which patient safety is paramount.
7. It is nearly a year since the public consultation process for MSC closed we are still awaiting the results of that consultation, which are supposed to be a matter of public record. Furthermore we are still in the dark regarding the promised policy document informed by this consultation.

In summary, we do not understand why, the current arrangements for the education and training of Biomedical Scientists have not been recognised as both innovative and very successful and why the efforts of so many HEIs, NHS employers and SHAs working together with the IBMS and the HPC have been ignored and dismissed.

With reference to our integrated Biomedical Science degree I would like to quote one of your predecessors as Secretary of State for Health, Alan Johnson, who spoke at the HUCBMS Annual Conference in Brighton (2003) "Integrated Biomedical Science degrees are an example of how NHS employers and HEIs should work together to produce a coherent education and training programme leading to employable graduates".

In light of the above we urge you to review the progress of the MSC programme and take appropriate steps to address the shortcomings in the management of this important initiative. We would be happy to assist the MSC programme team in order to achieve efficient and effective education and training of tomorrow's NHS workforce.

Yours sincerely



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