

Annual Delegate Conference 2009  
Unite: Hospital Physicists' Association

## Practical Implementation of Modernising Scientific Careers

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## What does NHS Employers do?

Represents employers (NHS Trusts) in matters of:

*Pay & negotiation*

*Recruitment and planning the workforce*

*Healthy and productive workplaces*

*Employment policy and practice*

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## Next Steps

Healthcare professionals can expect to work in a framework that seeks to be:

*focused on quality*

*flexible*

*patient centred*

*valuing people*

*clinically driven*

*promoting learning*

NHS Next Stage Review: A High Quality Workforce, June 2008.

## Workforce Planning

Employers seek an affordable workforce that has:

*capacity & capability*

to provide the current & future service with:

*flexibility & consistency*

whilst addressing issues of:

*recruitment and retention of skills*

## What is happening?

Awaiting final policy, implementation, equality & financial impact documents

Delivery Group (DH, NHSE, Trades Union)

Communication & Engagement plan

Funding & Development of Training Centres

Evaluating potential for engaging early adopters

Identifying risks

## Challenges

Policy is common, but implementation is unique to each of the 4 health administrations

Discussion and negotiation with 'UK wide' partners (Trades unions, HPC, professional bodies)

Employers lack of understanding of HCS

Confusion between AfC and Career Framework

Implications for KSF

## Challenges

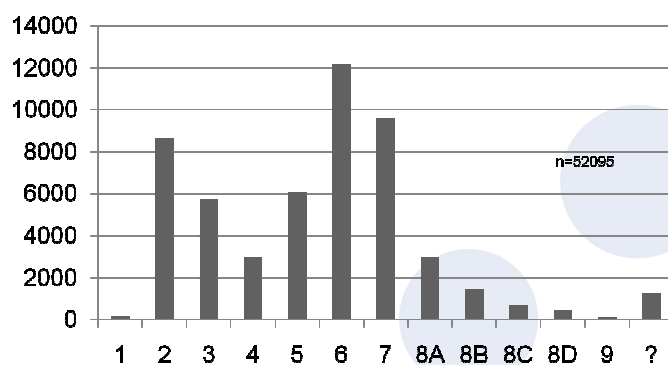
Revision of occupational codes will take several years to catch up with revised career structure

HEIs responsible for the quality of the intake into training programmes

Influencing the geographical distribution of training centres

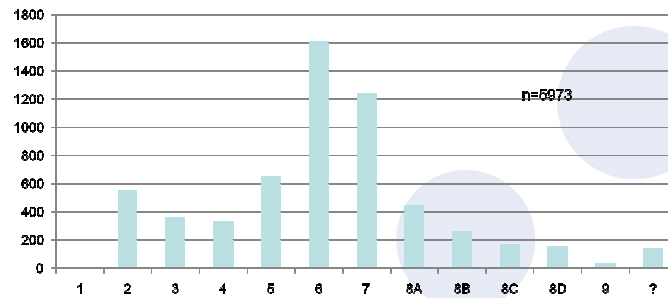
Monitoring quality of the training output

## Pay profile for Healthcare Scientists



## Pay Profile for the Physical & Engineering Sciences Division

Staff in Physical & Engineering Sciences Division



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## Quality of pay profile data

Incomplete & inconsistent information from ESR relating to assignment of a post to a Division and importantly to the many of the sub-specialties.

This is caused by:

*Inaccurate data entry by employers*

*Lack of validation methods for the data entered*

*Poor descriptors for the Healthcare Science Workforce*

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## Limitations upon quality of information

Not all HCS employers enter workforce data onto ESR

Some posts are 'mislabelled' for strategic reasons

Some posts/skills are lost between employers as services are delivered differently

Identification of staff position on career framework

## Modernising Scientific Careers

Three major challenges to be addressed:

*Improving workforce planning*

*Creating education & training pathways that are sustainable and produce broader –based practitioners*

*Implementing consistent regulation across the healthcare science workforce*

## Final remarks

Lack of awareness with employers about the importance of the HCS workforce

Implementation needs to maintain a separation in the 'value of the job' and the 'individual assignment on career framework'

HCS workforce will as a consequence of MSC need to revisit KSF