IPEM's Response to the Migratory Advisory Committee's Consultation on the National Shortage Occupation List

Sector

Sub-class 86.10/1: Hospital activities

The Medical Physics and Clinical Engineering workforce comprises Clinical Scientists and clinical technologists, as well as associate workers.

Additional Information

The professional roles of Clinical Scientist and Clinical Technologist in all specialties are difficult to recruit to. Clinical Scientist is a protected title, and individuals applying to these roles must be registered with the Health and Care Professions Council (HCPC). An individual can become registered either by completing the Scientist Training Programme (STP), administered by the National School for Healthcare Science, or by following approved equivalence routes with recognised assessments. A relevant undergraduate degree is an entry requirement for STP, and an MSc in Medical Physics, Clinical Science (Medical Physics), or equivalent is gained during training. Similar qualifications would be required for an equivalence applicant.

Clinical technologists are regulated via PSA-accredited voluntary registers, of which there are two: the Register of Clinical Technologists, and the Academy for Healthcare Science. Entry onto these registers is either via completion of a Practitioner Training Programme (PTP) accredited undergraduate BSc, or through completing IPEM's Diploma in Clinical Technology, which requires a relevant BSc. The uptake of PTP has been very low over the six years since its introduction. Technologists are termed Healthcare Science Practitioners within the Electronic Staff Record used by NHS England.

Job Titles

These roles are known by a variety of job titles, the most common being:

Clinical Science Roles

It should be noted that Clinical Scientist is a protected title

- Clinical Scientist (Radiotherapy Physics)
- Clinical Scientist (Nuclear Medicine Physics)
- Clinical Scientist (Radiation Protection Physics)
- Clinical Scientist (Diagnostic Radiology Physics)
- Clinical Scientist (Clinical Engineering)
- Clinical Scientist (Rehabilitation Engineering)
- Clinical Scientist (Clinical Measurement)
- Clinical Scientist

Clinical Technologist Roles

- Clinical Technologist
- Healthcare Science Practitioner
- Clinical Technologist (Medical Physics)
- Healthcare Science Practitioner (Medical Physics)

- Radiotherapy Physics Technologist
- Radiotherapy Physics Practitioner
- Dosimetrist
- Nuclear Medicine Technologist
- Nuclear Medicine Practitioner
- Clinical Technologist (Nuclear Medicine)
- Clinical Technologist (Radiation Safety)
- Healthcare Science Practitioner (Radiation Safety)
- Radiation Clinical Technologist
- Linac Engineer
- Clinical Engineering Technologist
- Clinical Engineering Practitioner
- Rehabilitation Engineering Practitioner
- Clinical Technologist (Rehabilitation Engineering)

The main reasons why you believe you have had difficulties in recruiting for this role

There is a chronic shortage of qualified staff, owing to insufficient training places having been commissioned for several years. Each training place commissioned on the STP, is well over-subscribed, demonstrating there is not a shortage of individuals suitable for training. Retention rates within the profession are high, over 85% at five years post-qualification. Vacancy rates for each specialism are contained in the table below, and are high, owing to insufficient training provision during a period of rapid service expansion.

Clinical Science Modality	**Vacancy Rate**	**Projected number of years to redress shortfall at current training rate**	% of workforce comprising Non-UK nationals	SOC Code
Diagnostic Radiology & Radiation Protection Physics	11.6%	>5 years	14%	2259: Healthcare Professional n.e.c.
Clinical Engineering	13%	Insufficient data to project	18%	2129: Engineering Professionals n.e.c.
Rehabilitation Engineering	12.8%	>5 years	7.2%	2129: Engineering Professionals n.e.c.
Clinical Technology Modality	**Vacancy Rate**	**Projected number of years to redress shortfall at current training rate**	**%** % of workforce comprising Non-UK nationals	
Diagnostic Radiology & Radiation	12.8%	3-5 years	14%	2259: Healthcare Professional n.e.c.

Protection Physics				
Clinical Engineering	5%	Insufficient data to project	18%	2129: Engineering Professionals n.e.c.
Rehabilitation Engineering	9.8%	>5 years	7.2%	2129: Engineering Professionals n.e.c.
Radiation Engineering	11.6% up from 6.5% in 2017	>5 years	14%	2129: Engineering Professionals n.e.c.

Have you undertaken any measures to try to minimise skills shortages you have experienced? (e.g. extra in-work training, engagement with education institutions)

IPEM has carried out workforce surveys, identified shortages and forecast the future landscape using information on service expansion and numbers in training. The shortfall has been highlighted to Health Education England, the Chief Scientific Officer and NHS Education Scotland.

Would the roles you have encountered problems recruiting for be eligible for a Tier 2 visa? Does the role meet the salary threshold?

All roles are skilled roles, requiring a minimum of a BSc, and so are eligible for Tier 2 visas, but only Clinical Scientist roles and senior technologist/practitioner roles would meet the salary threshold. At present Radiotherapy Physics Practitioner/Technologist and Nuclear Medicine Practitioner/Technologist are listed on the NSOL. This option is frequently used for filling nuclear medicine and radiotherapy physics technologist positions. Clinical Scientist (Radiotherapy Physics) and Clinical Scientist (Nuclear Medicine) are also listed on the NSOL, and recruiters make use of this. Clinical Scientist roles frequently meet the salary threshold but recruiters value being able to expedite the process by removing the requirement for meeting the Resident Labour Market Test.

Have you recruited any non-EEA staff using a Tier 2 visa in order to address domestic labour shortages? If so, how many?

A 2017 survey found that 7% of Radiotherapy Physics staff (Scientists, technologists and engineers combined), 7% of nuclear medicine staff (scientists and technologists), 9% of Diagnostic Radiology Staff (scientists and techologists) , 10 % of Clinical Engineering staff (scientists and technologists) and 2.6% of Rehabilitation Engineering staff (Scientists and technologists) originated from outside of the EEA. It is believed that the majority of these are on a Tier 2 visa.

Any other comments you may have on labour shortages (maximum of 100 words).

The current levels of training provision are insufficient to redress the shortfall within five years. A further difficulty which has been encountered in obtaining Tier 2 visas is that the Standard Occupation Code listed on the NSOL does not match that which the Office of National Statistics gives for these job titles, which has been a barrier for obtaining the necessary visas in a few, but not all, instances. The Office of National Statistics has recently updated the SOC codes for these occupations, and recognition of this within the National Shortage Occupation List would be valued.