



## Update on Modernising Scientific Careers August 2011

This document provides members with additional information on Modernising Scientific Careers (MSC), focussing on areas where members have expressed specific concerns.

Please note that in many cases the Institute shares these concerns, but the update document focuses on providing information about the current situation. The responses below are believed to be accurate at the time of writing, but new information is emerging constantly, and members are advised to watch for updates on the IPEM website:

<http://www.ipem.ac.uk/careers/modernisingscientificcareers/Pages/default.aspx>

and on NHS Networks:

[http://www.networks.nhs.uk/nhs-networks/msc-framework-curricula/network\\_profile\\_view](http://www.networks.nhs.uk/nhs-networks/msc-framework-curricula/network_profile_view)

The introduction of the Modernising Scientific Careers framework has been a disruptive process, like all periods of change. For several years the Institute has provided advice, expertise and comment to improve the MSC programme, and we will continue to engage with all the relevant groups in order to improve the system further. However, the first tranche of STP trainees will be joining the NHS in England in September, and we need to ensure that their training needs are met, and that their first experience of medical physics and clinical engineering inspires them to an enjoyable and worthwhile career. It is now time for IPEM and IPEM members to focus on making the MSC framework a success, to support training supervisors and all those involved in the implementation process, and to exploit the opportunities which will follow from this major change in scientific training.

If you have any specific queries or comments after you have read this paper, please get in touch via the [IPEM Office](#).

### Recent Developments

The MSC programme requires the development and implementation of new degree courses, at BSc level for the Practitioner Training Programme (PTP) and at MSc level for the Scientist Training Programme (STP). The results of the tender process for Universities to provide the academic component of STP courses have been announced, and MSC courses for English STP trainees entering September 2011 will be provided at three centres in the UK:

#### Medical Physics

Kings College London, University of Liverpool and Newcastle University

#### Clinical Engineering

Kings College London

“Train the Trainer” events are being organised in each English SHA. These will provide information on the on-line assessment tools which will be used to monitor and assess the progress of STP, and eventually PTP, trainees.

### Specific updates relating to comments from members

#### **Why are there only three universities providing MSc courses for the STP programme?**

The Department of Health, through the West Midlands SHA, invited universities to respond to a competitive tender process to provide MSc degree courses as part of the 3 year MSC programme. For approx 200 STP trainees entering in September 2011, across all healthcare science subjects, the Department of Health takes the view that the number of viable courses is necessarily limited. In several healthcare science subject areas only one university has been awarded a contract to provide the academic training for all STP trainees in England. For Medical Physics trainees there are 3 providers, and for Clinical Engineering trainees there is 1 provider.

#### **Will other universities continue to offer MSc courses in Medical Physics and Clinical Engineering?**

Many of the students (often the majority) undertaking these MSc courses in previous years were not Part I trainee clinical scientists, and it seems likely that these courses will continue. IPEM currently accredits a number of MSc courses, and the Institute is planning to restructure the course accreditation group in order to expand our accreditation services, to include undergraduate as well as postgraduate degrees.

#### **Which students will attend which course, and what are the course timetables?**

West Midlands SHA is currently completing the assignment of STP trainees to universities, and will presumably need to strike a balance between the numbers assigned to each MSc provider and geographical constraints. Universities have been asked to get in touch with individual local supervisors, to share details of the course timetables. The Institute has pointed out the urgency of this information sharing, to enable planning of placements, travel and accommodation.

### **What about STP trainees who already hold an accredited MSc?**

Each university has their own mechanism for assessment of Accredited Prior Learning (APL). Individuals with relevant prior qualifications should be able to apply for APL for elements of their existing degree against the new STP MSc course.

### **What must STP trainees achieve during their work placements?**

Learning Outcomes, and draft Trainee Learning Guides for each speciality area, have been published. Consultation is continuing on the Learning Guides with significant input from the IPEM SIGs:

<http://www.networks.nhs.uk/nhs-networks/msc-framework-curricula/stp#documentContent>

### **Is there any flexibility as to how Learning Outcomes are achieved during workplace training?**

IPEM and IPEM members continue to engage with the MSC team on the ways in which the Learning Outcomes can be delivered. Specific issues include: some departments lack capabilities to deliver training in Non-Ionising Imaging; several competencies from the Imaging and Radiation Safety fields could be better delivered together rather than separately; and some Clinical Engineering specialities may require collaboration between departments in different Trusts. Further statements from the MSC team are anticipated, but it seems very likely that consortia arrangements will be needed in many areas, as has been the case for Part I clinical scientist training.

### **What about subjects not explicitly identified as speciality areas in the STP framework?**

There is understandable concern about areas such as IT and physiological measurement. However, the number of clinical scientists who undertook formal Part I training in these areas has been small, and this has made it difficult to argue for their inclusion as mandatory components of the new STP programme. We will continue to make the case for training in these skills as a key part of medical physics and clinical engineering activity, and to stress the value of IT skills within medical physics and clinical engineering departments.

### **Are there any PTP courses in medical physics and clinical engineering?**

At present there are no universities which have been accredited to offer relevant PTP courses. Several such courses are in preparation, and the Institute is working to encourage these universities to seek accreditation. There are particular concerns about the specialities where relatively small numbers of students are anticipated (e.g. Radiation Engineering), where national coordination of attachments will be needed. IPEM will be seeking to increase its presence in relevant universities, and to facilitate links with hospitals offering PTP attachments.

### **Are there any Department of Health bursaries for PTP training?**

No, and this is an issue which IPEM continues to raise with the Department of Health via several routes. The Institute does not accept that bursaries should be available for many other vocational healthcare degrees, but not for healthcare science.

### **What will happen to the existing IPEM Training Schemes?**

Because of continuing uncertainty, especially in relation to the provision of PTP courses, the current IPEM schemes will continue at present. The future of the Part I clinical scientist scheme will be reviewed later this year, but it is guaranteed to continue for the cohort entering in September 2011.

### **What about Scotland, Wales and N Ireland?**

All four countries in the UK have agreed to the MSC policy document, but the implementation process is different in each case. IPEM is not linked to any one country, but we believe that scientific training across the UK must provide consistency, so that individuals trained in each country can work throughout the UK.

### **Will STP and PTP graduates have statutory regulation?**

This is a rapidly changing area, but as things currently stand, neither PTP nor STP graduates will have automatic statutory regulation. The Health Professions Council currently has a statement on their website to the effect that they will not be regulating these new titles, and the UK government has expressed its opposition to any new statutory regulation. The Institute believes that statutory regulation is appropriate and proportionate for all the medical physics and clinical engineering healthcare workforce, and we continue to engage in discussions with the Department of Health. The possibility of an "approved voluntary register", with NHS Employer engagement, cannot be excluded.

### **What will happen to Route 2 for clinical scientist entry?**

This will continue, for several years at least. IPEM has continued to stress the need for flexibility of entry to the healthcare science workforce, from academia and from industry. "Equivalence" to STP and PTP training has not yet been defined, and we anticipate further proposals in this area.

### **Have career pathways become more flexible or more rigid?**

Until the equivalence proposals are clarified, this is difficult to answer. The MSC policy document implied that routes would exist for progressing from associate to practitioner, and from practitioner to scientist, but the precise mechanism remains unclear. It is evident that a number of employers are already funding "grow your own" STP trainees, taking individuals who are already employed within the NHS and providing them with academic training to qualify them for healthcare scientist roles. This pathway is expected to grow, potentially to include trainees on PTP courses as well.

**How does MSC link to Workforce Planning?**

Arrangements for workforce planning throughout the NHS are changing as a result of the reorganisations proposed in the NHS White Paper. There is an expectation that Trusts will review their workforce needs using competency based approaches, and that the new roles described as “healthcare science practitioner” (from the PTP programme) and “healthcare scientist” (from the STP programme) are not exactly equivalent to current roles. Workforce planning tools have been developed by the Department of Health, and the IPEM SIGs are reviewing these at present.

**What are the quality assurance arrangements for MSC, and will it evolve?**

Quality Assurance arrangements are not yet clear. IPEM is intentionally closely involved in the development of the Academy for Healthcare Science, and it is likely that this body (which is partly built on the existing Association of Clinical Scientists) will provide a route for the professions to take ownership of the MSC programme, in terms of curricula, accreditation of providers, and final outcome assessments. The Academy is likely to be the route through which the curricula are refined and improved in the light of experience.

**Does MSC represent a threat to IPEM membership and finances?**

IPEM is fortunate in being an Institute with several different sources of income (see our financial reports on the website at:

<http://www.ipem.ac.uk/aboutipem/annualreportandreview/Pages/default.aspx>

The existing training schemes have been a source of income, but there are also significant costs to the Institute. The net effect of a complete loss of training activity would be small, and we do not anticipate that all training activity will disappear as a result of MSC. Potentially a more significant threat is from a loss of membership, since many IPEM members first join the Institute when they enter the training scheme. The Institute has put in place steps to address this, with a presence during the STP interview process, a special offer of student membership, and a follow-up electronic magazine. We are also considering other means of offering pastoral and potentially bursary support to STP and PTP trainees.

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