



Summary of main findings from Rehabilitation Engineering Workforce Survey 2015

Background

An online workforce survey carried out by IPeM's Workforce Intelligence Unit during 2015, and data was collected between July and September.

There were 53 usable responses containing workforce data, which represents approximately a third of the known centres providing rehabilitation engineering services. Respondents were somewhat skewed towards large centres employing clinical scientists, and providing a multiplicity of services (67% response rate). 27% of wheelchair services responded, which represents a good response rate for this group. Information on a total establishment of 305 WTE posts was received (68 Clinical Scientists, 237 technologists).

Workforce Compared to Establishment:

Clinical Scientists

- 12.8% vacancy rate
 - 13.8% in large centres
 - 10.1% in smaller services
- 21 (20.4 WTE) supernumerary STP trainees
- this out-turn should fill vacancies over the next 2 years, provided no other change to the workforce
- 17.6% aged over 55; which is high compared to other specialties (cf 7.8% for radiotherapy)

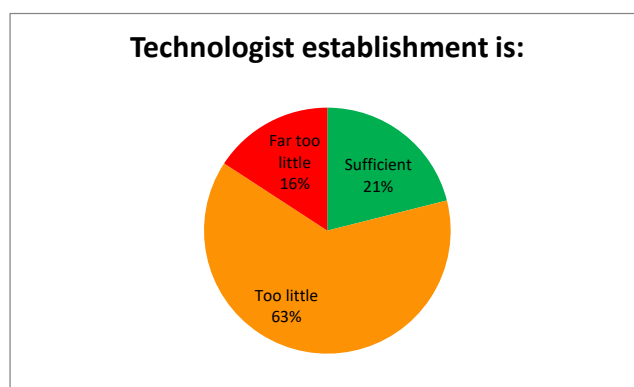
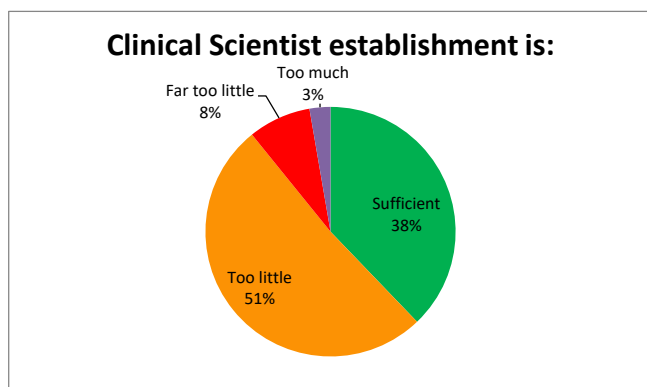
The number of supernumerary STP trainees anticipated to qualify in the 2016-2017 period (20) is significantly higher than the number of Clinical Scientists passing ACS assessment in the 2014-2015 period (5).

Technologists

- 9.8% vacancy rate
 - 7.5% in large centre
 - 11.1% in smaller services
- Small number of trainees <5, which will not fill the vacancies identified (23 WTE), nor those from the 73% of services who didn't respond, leaving a significant number of vacancies
- 30% aged over 55, meaning recruitment difficulties will intensify over the next 5 years

Sufficiency of establishment:

Respondents were asked whether they felt their Clinical Scientist and technologist establishment was sufficient.



As can be clearly seen, very few centres felt their establishment was sufficient, and a significant percentage felt it was far too little. Several comments were received regarding the impossibility of covering maternity leave or long-term sick leave, either obtaining funds to recruit a short-term cover, or indeed recruiting a short term cover even if funds were made available. This means that many services were often not at full establishment.

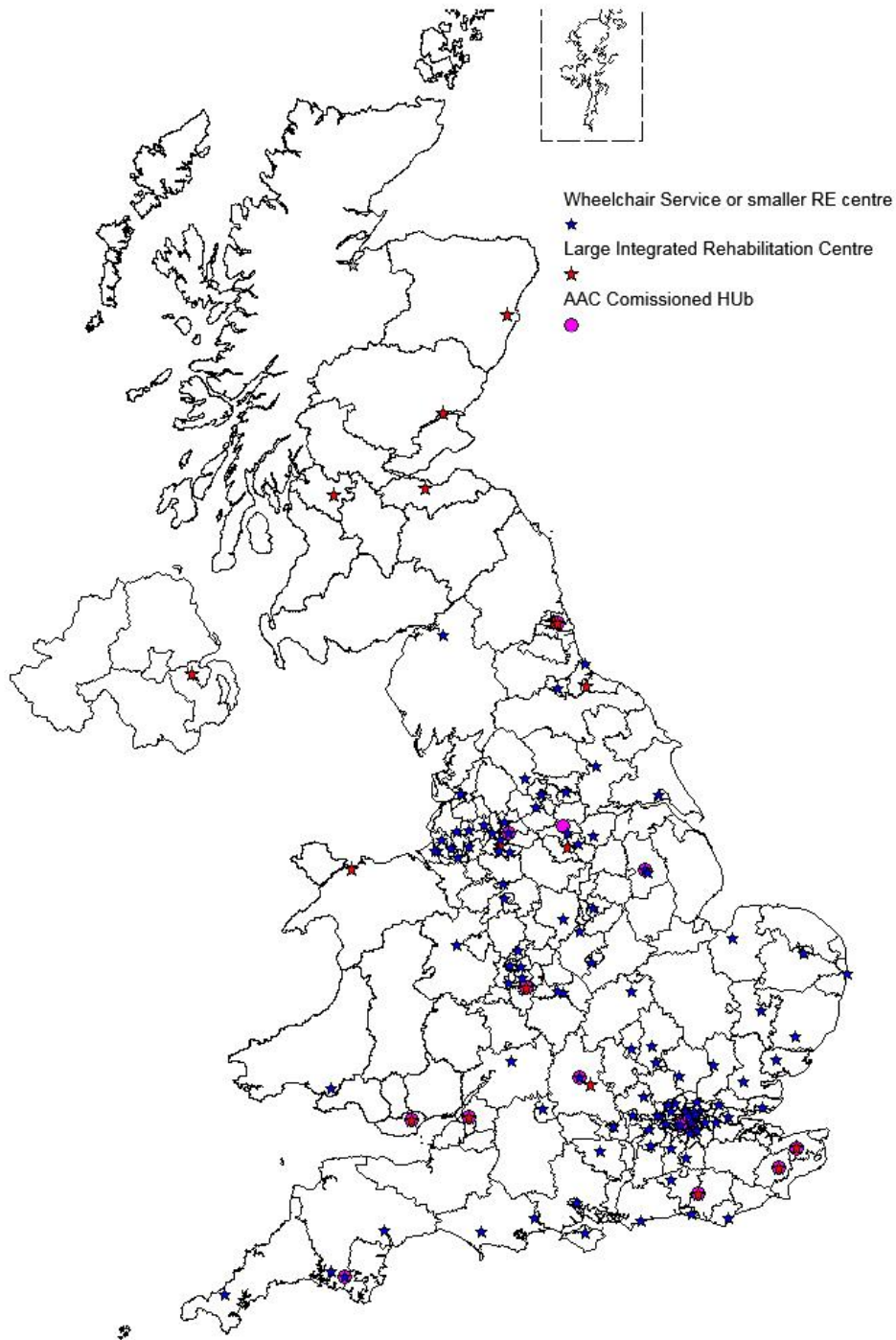
Comments expressed concerns over:

- Career progression & commensurate impact on attractiveness of profession
- Visibility of profession
- Perception of value of profession
 - Retirements seen as an opportunity for economy
 - or viewed as interchangeable with other staff groups
- The absence of a clear progression scheme from apprenticeship through to registration
- Deep concern over availability of training provision
- The lack of an approved route for employing qualified engineers from other engineering industries
 - Could be addressed through equivalence route to RCT registration?
- The lack of compulsory registration

In response to these concerns over the visibility and perceived value of the profession, IPEM's Rehabilitation and Bioengineering Special Interest Group has written a document on the "Role of the Clinical Scientist in Rehabilitation Engineering" and a similar document on the role of the Clinical Technologist is in progress.

A map showing the distribution of known rehabilitation engineering services in the UK is shown overleaf. An interactive, online map is in progress.

Rehabilitation Services in the UK IPEM workforce



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