

IPEM's response to 'reforming healthcare education funding: creating a sustainable future workforce'

This consultation paper addresses a proposal for reforming the healthcare education funding of nursing, midwifery and Allied Health Professional (AHP) students, with the aim of increasing the number of students in these areas. It does not address the consequences to the workplace training providers, who are integral to education of these students.

The Institute of Physics and Engineering in Medicine (IPEM) is the Learned Society and professional organisation for physicists, clinical and biomedical engineers and technologists working in medicine and biology. We are a charity with around 4,300 members from healthcare, academia and industry and our aim is to advance physics and engineering applied to medicine and biology for the public good.

Our members help to ensure that patients are correctly diagnosed and safely treated for illnesses such as cancer and stroke. They also maintain and manage medical equipment such as MRI and ultrasound scanners, X-ray machines, drug delivery systems and patient monitors. Their research and innovation leads to new technologies and methods that improve on existing medical treatments. They provide new solutions that enable older people and patients with injuries or long-term conditions to complete everyday tasks.

Question 1: After reading the list of impacted undergraduate and postgraduate courses, are there further courses which you consider should be included in the scope of the reforms? If yes, what are these courses and why would the current funding and delivery models require their inclusion?

- The IPEM membership from the NHS sector, and IPEM's education and training interests, are primarily related to the healthcare scientist workforce. This staff group has not been included in this consultation.
- IPEM do not believe that the healthcare scientist 3 year postgraduate salaried Scientist Training Programme (STP) is suitable to be included in the reforms, however it is not clear whether HEE has budgeted to continue funding STP from 2017. It is essential that the STP programme remains fully-funded, for the reasons given below.
- The Scientist Training Programme (STP) is in competition for candidates with other highly-paid graduate programmes from industry. If Clinical Scientist training ceases to be an attractive option to high quality physics and engineering graduates, this will be detrimental to the patient care.
- The healthcare scientist undergraduate Practitioner Training Programme (PTP) already broadly follows the model outlined in the consultation paper, and the experience of this should be used to consider whether this is a viable model and how this could impact the nursing, midwifery and AHP students.

- The experience with the Practitioner Training Programme (Medical Physics) has shown that it is not attractive at undergraduate level without funded places; only the places **funded** by the Welsh Assembly have ever been filled in physics. The **self-funded**, undergraduate PTP has yet to produce **any** trained staff in Radiotherapy Physics, Nuclear Medicine Physics or Radiation Physics, and only very few (less than 25 over 3 years) in Engineering.

Question 11: We would welcome respondents' views on how, in delivering these reforms, we look at the widest possible solutions to ensuring high quality clinical placements. These views will actively inform further stakeholder engagement prior to the government response.

- The consultation paper acknowledges that the clinical placements are outside the scope of the document and comment is invited on how clinical placements will be managed. To produce a high quality healthcare workforce both the HEI education and the workplace education and training are essential and cannot be decoupled. The PTP requires 50 weeks of clinical placement over 3 years. A Clinical Scientist (Medical Physics) 3 year STP trainee may typically spend up to six months directly at the HEI with the remaining 30 months of the programme within the workplace.
- There is a need to increase the workforce in Medical Physics and Engineering. The UK Shortage Occupations List includes Radiotherapy and Nuclear Medicine Scientists and Practitioners. HEE's 16/17 Workforce Plan for England states that there has been a 4.3% increase in the number of healthcare scientist STP commissions for 16/17. However this overall figure for healthcare scientists disguises the changes in commissions in the individual specialties. The Clinical Scientists (Medical Physics) commissions for 16/17 have decreased by 8% compared to the previous year. The reason for the reduction in the number of commissions is not clear - there is evidence that some training centres have reduced their commissions due to the high training workload that the STP generates, while on the other hand at least two large centres have not had their requests for trainees to start in 2016 fulfilled.
- The failure of the PTP programme to attract suitable trainees and deliver the practitioner workforce required in Medical Physics and Engineering has demonstrated that without adequate funding for clinical placements including the provision of suitably qualified supervisors/mentors, self-funded undergraduate schemes that require substantial clinical placements find it extremely difficult to produce the required numbers of qualified staff
- To increase the workplace training capacity workplace funding and investment would be required, to provide the training infrastructure and training support. There may be particular difficulties in providing placements for smaller specialised groups of health workers, where the small number of students, and the associated workplace funding may not be sufficient to support the workplace training infrastructure required, and there may be difficulties in providing the breadth of training required.
- IPEM's view is that funding to the workplace training providers is essential to ensure an increase in the numbers of trainees and to maintain the quality of the training.
- Without access to a salaried programme the STP training becomes unworkable. IPEM's view is that a salaried programme is essential to underpin postgraduate clinical scientist training.

Question 12: What more needs to be done to ensure small and specialist subject provision continues to be adequately provided?

- There is often poor career visibility in these areas, which would limit recruitment. The experience of the PTP training programme shows that there is poor take-up of these programmes and may lead to the provision of these courses not being viable – in physics only the places funded by the Welsh Assembly have ever been filled.

Question 14: Do you have any further comments on this consultation which you think the government should consider?

- The proposal affects undergraduate and postgraduate pre-registration students starting their courses from August 2017. This is a very short lead in period to allow HEIs and workplace providers to implement changes required to support the proposed reforms.
- The failure of the PTP programme has demonstrated that there are significant risks to training the future nursing, midwifery and AHP workforce with such a model. Under the proposed model, even if the removal of the limits on student numbers should result in more undergraduates, there will not be the capacity to provide all the additional clinical placement training for the extra students unless this is addressed.