

## **National Assembly for Wales Consultation: Inquiry into the sustainability of the health and social care workforce**

The Committee welcomes views on any or all of the following points:

Do we have an accurate picture of the current health and care workforce? Are there any data gaps?

Is there a clear understanding of the Welsh Government's vision for health and care services and the workforce needed to deliver this?

How well-equipped is the workforce to meet future health and care needs?

What are the factors that influence recruitment and retention of staff across Wales? This might include for example:

- the opportunities for young people to find out about/experience the range of NHS and social care careers
- education and training (commissioning and/or delivery)
- pay and terms of employment/contract

Whether there are there particular issues in some geographic areas, rural or urban areas, or areas of deprivation.

### **Background**

#### **The Institute of Physics and Engineering in Medicine (IPEM)**

IPEM is a professional association and Learned Society with 4,300 members across the UK who are physicists, engineers and technologists working with applications of physics and engineering applied to medicine and biology. Our members work in hospitals, academia and industry, and IPEM has a unique role in linking the three areas.

As a charity, IPEM's aim is to advance the application of physics and engineering to medicine for the public benefit and to advance public education in this field. We do so by supporting and publishing research, and supporting the dissemination of knowledge and innovation through project funding and scientific meetings; and by setting standards for education, training and continuing professional development for healthcare scientists and clinical engineers.

IPEM's Welsh members were circulated with consultation documents and asked to provide their views to IPEM. The response is based on the feedback received and specifically addresses the following questions posed by the Committee, namely: Do we have an accurate picture of the current health and care workforce? Are there any data gaps? How well-equipped is the workforce to meet future health and care needs? What are the factors that influence recruitment and retention of staff across Wales?

## IPEM response

### Do we have an accurate picture of the current health and care workforce? Are there any data gaps?

1. In response to these particular questions, IPEM carried out a census of the Radiotherapy Physics workforce in November, 2015. All three radiotherapy centres (North Wales Cancer Treatment Centre, South West Wales Cancer Centre, and Velindre Cancer Centre) responded to the census, and the results are shown in the table below:

	Workforce/Whole Time Equivalent (WTE)	Vacancies	Vacancy Rate
Clinical Scientists	36.55	0	0%
Clinical Technologists (Physics)	25.56	3	11.7%
Clinical Technologists (Engineering)	19	2	10.5%

2. In terms of the Rehabilitation Engineering workforce, insufficient responses were received to produce a table as above. Some issues that were highlighted included difficulties in recruiting trained staff and retention concerns. In order to increase the service as required, more staff will be needed.
3. A 2014 survey of Diagnostic Radiology found that no department had adequate workforce resources in terms of establishment and some suffered from on-going vacancy issues. There is very limited MRI physics expertise in Wales (0.3 WTE).
4. IPEM holds no data on the following areas: Radiation Protection, Nuclear Medicine, Clinical Engineering (including Electro-biomedical Engineering) and Physiological Measurement.

### How well-equipped is the workforce to meet future health and care needs? What are the factors that influence recruitment and retention of staff across Wales? The following forms IPEM's response to these particular questions.

5. Medical Physics and Clinical Engineering (MPCE) training capability exists but capacity is stretched; some training schemes (for example, imaging with ionising radiation at Scientist Training Programme level) are not offered locally due to resource limitations.
6. Where numbers of staff are very small, accurate workforce planning is difficult and the availability of vacancies to match training course outputs is unpredictable. This is a major issue. Some good staff are 'lost' and Health Boards should be encouraged to provide flexibility. Nevertheless, recruitment to vacancies for Clinical Scientist posts, suitable for newly-qualified Clinical Scientists, remains challenging as graduating trainees return to England, undertake PhD study etc. A 'lock-in' for both trainee and health board/trust might be explored.
7. Innovative solutions to recruitment are developing, for example, recruitment of Assistant Physicists (not yet qualified as Clinical Scientists) to support the scientific service and subsequently pursuing 'Route 2' training schemes to Health and Care

Professions Council (HCPC) Registration; but this is not a universal solution and has limited capacity.

8. Outreach activities to schools and work experience for students are activities supported by departments as an aid to advertising and recruiting the best students but it is too little and needs formal support. Unfortunately it is an activity that is under severe pressure as the working schedules of staff become ever more crowded.
9. Some engineering disciplines are stretched, for example, linear accelerator engineering, and in-service training schemes to 'grow-your-own' need to be available at Career Framework Level 3-5. Fully qualified engineers are in increasing demand.
10. Extending roles into previously 'medical functions' (for example, radiotherapy treatment volume and Organ At Risk outlining, nuclear medicine scan reporting). This extends the role of staff and follows prudent healthcare principles. This has particular promise for medical disciplines with recruitment shortages (for example, radiology, oncology).
11. Need for supporting newer modalities, for example, the provision of MRI safety expert advice, which remains a particular challenge in Wales.
12. Need to respond to the evolving technology of healthcare (for example, CT scanning on linear accelerators, diagnostic systems vastly more complex than just a few years ago etc.) where MPCE has the knowledge and skills to optimise safe and effective use but has limited resources with which to develop, advise and implement evolving technologies.
13. The growth of private healthcare providers in Wales, and particularly the recent X-ray and Proton Radiotherapy Centre under construction in Newport, has potential to impact on the NHS especially where highly specialist staff are scarce e.g. radiotherapy physicists. The Newport Centre has already recruited staff from the NHS. It would be good to encourage private providers to have a stake in the formal training of scientists and practitioners.
14. Some disciplines are working extended hours and thus staff presence during normal clinical hours can be limited with potential compromise in the service. The impact of extended hour working, and particularly if weekend services are to be provided, needs to be recognised as additional work and supported through an appropriate change to the Whole Time Equivalent (reliance on overtime payment is not a viable long term solution).
15. The workforce can be equipped for the future given the opportunity for development through protected time; the time available for training has become increasingly short in order to accommodate greater clinical workloads.
16. Further ideas being considered by the Clinical Engineering Profession Specific Group include:
  - 16.1 To develop and strengthen the clinical engineering Assistants and Associates workforce by providing centrally funded supernumerary apprenticeships aimed at attracting school leavers and those seeking career changes to clinical engineering within the NHS.

16.2 To establish readily accessible in-service clinical engineering Practitioner training across Wales based upon the following:

16.2.1 Top up routes for those already employed as Healthcare Science Assistants and Associates specialising in clinical engineering

16.2.2 Fast track conversion routes for graduates from non-Practitioner Training Programme medical engineering degree courses such as those offered by Cardiff and Swansea universities.

17. Consultant Clinical Scientists specialising in Clinical Biomedical Engineering to be based in every Health Board in Wales and to lead the adoption of medical technologies and the associated development of innovative practice within each Health Board. As such, each will provide the expert link with the Wales Health Technology Hub on behalf of that Health Board. This will be achieved via:

17.1 Strategic commissioning of Higher Specialist Scientific Training (HSST) Clinical Biomedical Engineering on an all Wales basis.

17.2 Centrally funded consultant level Continuing Personal and Professional Development (CPPD) to support in-service equivalence routes to registration on the Academy for Healthcare Science (AHCS) Higher Specialist Scientist Register (HSSR).

**Ends**