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# Education & Training of healthcare scientists: Fit for the future?

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#### INTRODUCTION

Over the last 60 years Haematology & Transfusion Science laboratories have undergone changes starting from a limited repertoire of tests carried out by general technicians to the current state of specialist testing carried out by highly skilled healthcare scientists (HCS) using sophisticated technology.

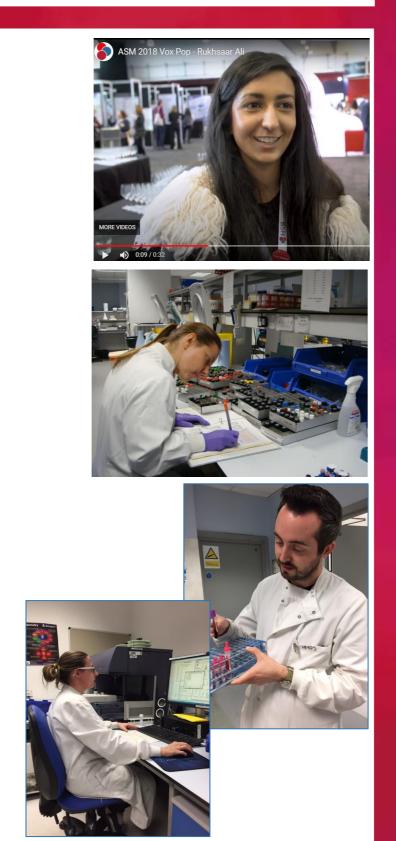
However, the current service is a mishmash of poorly connected specialist laboratories and large numbers of general laboratories.

The historical evolution of the NHS and laboratory service has resulted in a lack of concordance in training HCS and career progression nationally within Haematology & Transfusion Science.

This results in the loss of HCS from the workforce and stagnation and under use of HCS with the potential to become the specialists and leaders of the future.

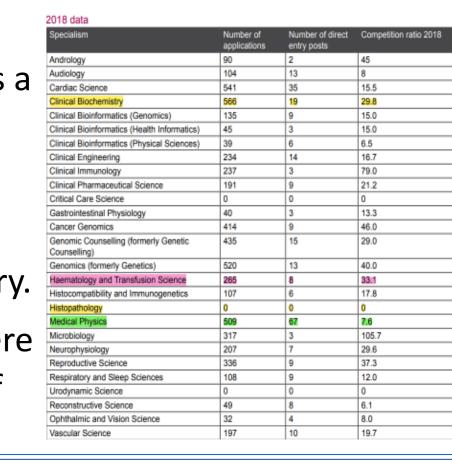
### AIM

- Our staff are our greatest resource we cannot keep losing skilled staff because of lack of academic career progression.
- There is overlap in the roles of biomedical Scientists (BMS) and Clinical Scientists (CS)
- Advanced BMS and CS may have almost identical training and job roles
- Currently only CS are eligible for higher specialist scientist training (HSST) leading to FRCPath and future Consultant Clinical Scientist roles
- Aim of this abstract is to open up the discussion and find a path to enable BMS to have equal access to HSST.



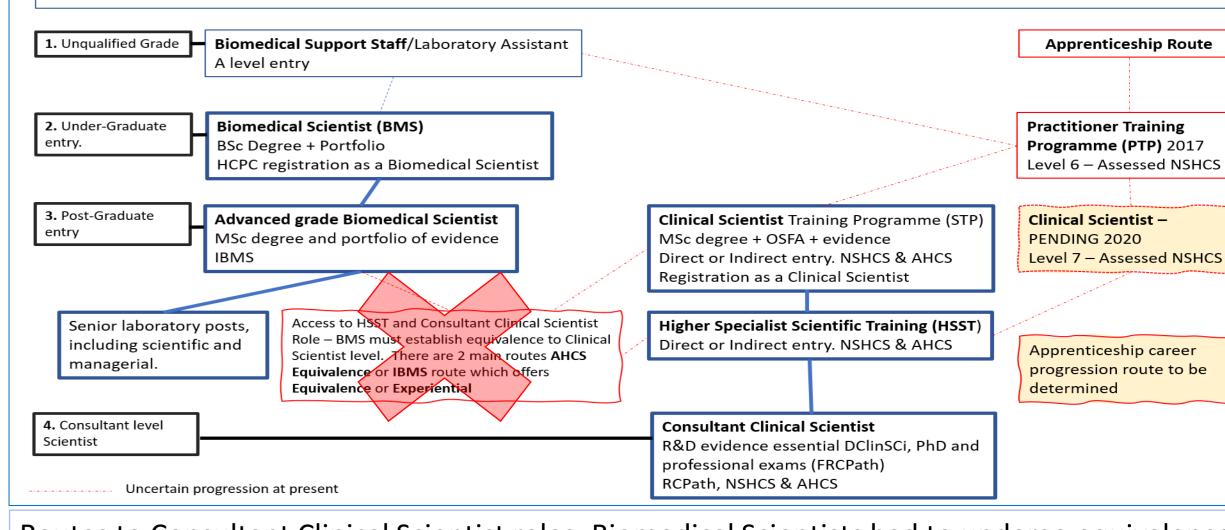
### **BACKGROUND**

- The term HCS covers both Biomedical Scientists (BMS) and Clinical Scientists (CS), Health and Care Professions Council (HCPC) registered titles.
- Haematology & Transfusion Science laboratories historically employ BMS with CS confined to specialised laboratories.
  - This matters as there is an established route to Consultant CS
  - but scientific/academic career progression as a BMS is difficult with able BMS often progressing to senior laboratory management and quality roles.
  - There is a **clear need** for highly skilled, academic HCS to develop, implement and interpret complex assays in clinical laboratories in an era of precision medicine.
- I hoped the 2010 education and training strategy for HCS, so called 'Modernising Scientific Careers' (MSC) would remove artificial barriers that exist by introducing a national curriculum and harmonising career pathways.
  - This did not happen, instead a parallel system 'Scientist Training Programme' was developed.
- Scientist Training Programme (STP) is run by the National School of Healthcare Science (NSHCS), it is a highly competitive post-graduate programme attracting the brightest but remains under-utilised in Haematology with few posts commissioned by haematology departments.
- **2020** there were just **2** x **STP** posts commissioned in the UK (table is 2018 when 8 posts commissioned, most we have ever had in a cohort) Haematology should be similar to Biochemistry.
- At a time when there is a workforce shortfall in medical Haematology & Transfusion Consultants there should be an expansion of CS undergoing Higher Specialist Training (HSST) with clear recognition of their role within the profession.









Routes to Consultant Clinical Scientist roles: Biomedical Scientists had to undergo equivalence via the Academy of Healthcare Science (AHCS) or Institute of Biomedical Science (IBMS) - a significant amount of extra work which possibly deterred potential candidates.

# **BSH & RCPATH REPORTS 2019**

"There were insufficient data collected about haematology clinical scientists to make any clear conclusions, but those who did respond to the survey expressed concerns about problems with recruitment and retention in their professions'

> "consultant clinical scientists will be required to fill the gap this leaves behind at the interface between the lab and clinical services at the diagnostic end of haematology patient journeys in the future"

"Furthermore, we will work to ensure availability and continuity of **funding** for HSST, particularly across some of the devolved nations".

"The College will continue to recommend and encourage trusts and employers to appoint consultant clinical scientists to support haematology services and patient care".

### CONCLUSIONS

- A Haematology & Transfusion Science scientific workforce fit for the next 60 years requires a re-think in education and training of HCS.
- Doing nothing risks this valuable human resource because of artificial barriers to higher specialist training.
- Education and training of HCS routes must be simplified. There should be agreed national curricula and objective assessment that all routes.
- Existing **professional bodies** need to **co-operate** with joined up approaches to assessment and clear benchmarks for career progression.
- This generates a larger pool of eligible staff for HSST which would ameliorate some of the workforce issues as Consultant HCS are able to report a broad range of complex tests.

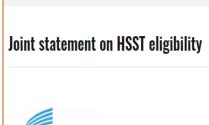
### **BREAKING NEWS**

Following submission of this abstract (Jan 2020) work has progressed:

- 'Task & Finish' workforce groups were organised with representatives from the various professional bodies and Chaired by the NSHCS.
- MS Teams meetings during lockdown
- Agreement was reached
- Consensus statement issued Sept 2020
- **HSST** commissioning open for 2021 entry.

**HSST** now open to **Biomedical Scientists** 

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https://www.ibms.org/resources/ne ws/joint-statement-on-hssteligibility/

## REFERENCES & USEFUL WEBSITES

British Society for Haematology's Workforce Report 2019

Royal College of Pathologists' report The haematology laboratory workforce: challenges and solutions 2019

- https://nshcs.hee.nhs.uk/
- https://www.ahcs.ac.uk/
- https://www.ibms.org/home/
- https://b-s-h.org.uk/
- https://www.rcpath.org/

### **CONTACT INFORMATION**

The view expressed are my own.

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