

HOT TOPIC: THE HIDDEN WORKFORCE – IT'S TIME FOR HEALTHCARE SCIENTISTS TO STAND UP AND BE COUNTED!

Based on current available data, the healthcare science (HCS) workforce is understood to form approximately 5% of the workforce, yet their work is believed to provide input to around 80% of all diagnostic decisions.

But wait, do we (the NHS) really understand where healthcare scientists are within our organisations, what roles they are undertaking and even how many there actually are?

The answer will probably come as no surprise, but evidence shows that at organisational level there is very little knowledge about the healthcare science workforce. There is variation between trusts in terms of what they understand about this workforce, and many examples of trusts reporting their HCS workforce in single figures, when some have literally hundreds of healthcare scientists in pathology services alone.

So why weren't these organisations able to identify their healthcare science workforce? This article will look at why healthcare scientists have been hidden to date, and how they can now be identified and integrated into mainstream workforce planning processes.

Evolution of the HCS Workforce

The HCS workforce has been evolving since the inception of the NHS; growing in terms of both number and professions. Continued evolution is necessary to keep pace with the science and technology that underpins delivery of healthcare, and to ensure the workforce can embrace the opportunities provided by often ground-breaking technological advances. The human race now has the ability to understand an individual's health almost at a molecular level and we need to ensure our workforce grows in a way that can fully utilise this understanding.

The [Modernising Scientific Careers \(MSC\)](#) programme, a UK-wide education and training strategy for the healthcare science workforce, is doing just that; enabling new professions to emerge in line with advances in science (a good example of this is the clinical bioinformatics workforce). Over the past five months, we have created a series of articles on MSC, which provides the vehicle for implementing a whole workforce solution and covers:

- training and education
- the development of a career framework
- progression routes for all levels of the workforce
- implementation of an equivalence route for staff with existing qualifications and experience
- the provision of an Accredited Scientific Practice framework (ASP) to ensure that skills and knowledge can be acquired via a modular approach, dependent on service need



New Matrix for Identifying the HCS Workforce

The continuing evolutionary journey of the healthcare science workforce has meant that there has been a slowly developing disparity between the electronic staff record (ESR) system we use to identify and record the workforce and the professions within the HCS workforce.

So how can this workforce be properly captured and planned for?

Following an extensive consultation with the MSC team at the Department of Health and Health Education England (HEE), the MSC early adopters network, NHS Employers, healthcare science professional leads and the Workforce Information Review Group, the existing occupation codes for healthcare science staff ('T Matrix') have been closed and a new 'U Matrix' has been opened to replace them. The new values in this matrix will need to be applied to the entire current HCS workforce.

Implementing the New 'U Matrix'

Implementing this new matrix will involve:

- auditing your current workforce data to ensure the correct records are included in the changes
- reviewing the new values and assessing how these will apply to your existing records
- finalising the changes that you want to make to your records

Throughout the implementation phase it is vital to ensure that you:

- engage (through whichever route is most appropriate) with your HR and ESR team locally, to understand how the process will be implemented within your organisation and to ensure that you have the right connections to ensure that the HCS workforce in your organisation is accurately captured in ESR
- make any changes in collaboration with HCS leads and service managers within your organisation, details of whom can be obtained from the North West HCS Network Lead, Helen Liggett
- support and strengthen local healthcare science networks and ensure you have an Organisational Lead Scientist in post within your organisation
- ensure your HCS workforce understands the lines for reporting workforce demand and the process within the organisation

Benefits of New Values

- Prior to coding changes being made for the HCS workforce it was only possible to satisfactorily code 16 of the 40+ scientific specialisms. However it is now possible to successfully code the vast majority correctly. The Health and Social Care Information Centre (HSCIC) will be updating the matrix as appropriate to ensure new and emerging specialisms within the HCS workforce can be accurately captured within the 'U matrix'
- These changes to coding will, perhaps for the first time, enable all stakeholders to fully understand the size and structure of the HCS workforce both within the North West and nationally. This in turn will enable greater accuracy in workforce planning at local, regional and national levels
- If applied correctly, the new ESR codes for healthcare scientists will allow workforce planners, HR teams and directors to better understand and manage their healthcare science teams. It will provide improved data quality and refine workforce profiles for HCS services by allowing consideration of the workforce at all levels - assistant and associate, practitioner, clinical scientist and consultant clinical scientist

Areas of Risk

The main area of risk to implementation of the new codes is likely to come from the following sources:

- This new process for coding the HCS workforce might be missed by some organisations, or they may not understand the routes for reporting workforce demand requirements
- Data currently recorded under T codes may simply be converted to U codes without input from HCS leads. Applying the new codes to existing posts is complex, and it is essential that coders have input from a senior healthcare scientist to ensure that the new codes are applied correctly. ESR coders should contact the organisational lead scientist (OLS). If you do not know who your OLS is, or if a lead scientist has not been appointed within your organisation please contact Helen Liggett for details of the role, and advice regarding how to identify the most appropriate person
- Without the input of service leads it is highly probable that posts currently recorded under other codes in ESR will be missed, as healthcare scientists are currently coded within other areas of ESR and not just under the old T codes. It is essential that service leads are engaged to ratify the data being entered under the new U codes

Useful Tools/Activities

In anticipation of the huge changes impacting on the HCS workforce, and to facilitate better integration and alignment of this workforce with wider system processes, the North West Healthcare Science Network has been working for some time to ensure trusts have organisational lead scientists (OLS) in post. In the event that your organisation does not have an OLS please contact Helen Liggett for a discussion about how this can be addressed.

Organisations that have fully implemented the new codes have found it particularly beneficial to set up special interest groups consisting of coders, OLS and other senior healthcare scientists.

Guidance on implementing the new codes can be found on the [Health and Social Care Information Centre website](#). Following review of lessons learnt from early implementation of the new codes, the HSCIC will be issuing further updated guidance by the end of June.

Further Reading

Previous Modernising Scientific Career Hot Topics

1. [Modernising Scientific Careers](#)
2. [Modernising Scientific Careers: Workforce Evolution in Progress](#)
3. [Modernising Scientific Careers: Practitioner Workforce Development](#)
4. [Modernising Scientific Careers: The Cardiac Scientist Role and its impact within the NHS](#)

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