

CONSULTANT CLINICAL SCIENTIST RECOMMENDATIONS

FREQUENTLY ASKED QUESTIONS

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This document was developed by members of the Consultant Clinical Scientist Task and Finish Group. It is recommended that the document is read in conjunction with the [“Consultant Clinical Scientists in NHS Wales”](#) guidance document and [“Overview of proposed Implementation Plan”](#).

This will be updated with additional questions as these are identified. For any other enquiries, please contact the Healthcare Science Programme on HCS.HEIW@wales.nhs.uk.

Recommendation 1. *‘Consider new clinical roles for the Consultant Clinical Scientist in the future plans and re-design of the NHS clinical workforce.’*

What roles can a Consultant Clinical Scientist do?

Dependent on the discipline, Consultant Clinical Scientist roles may include overseeing the diagnosis of disease, undertaking complex clinical measurement and/or leading on treatment, technology and rehabilitation services. Roles may provide strategic and clinical leadership for clinical services, and delivery of training, education, research and innovation. Support is also often given for both Healthcare Science and non-Healthcare Science professionals.

Can Consultant Clinical Scientists take patient-facing clinical roles as part of role redesign?

Yes, many Healthcare Science disciplines already have patient facing clinical roles as one of their primary functions. Where clinical practice is being reviewed and developed as part of a clinical service redesign, direction will be taken from professional bodies, national approaches and local expertise, where new clinical services require roles and skills in addition to current standard practice.

Will there be support for all Healthcare Science specialties to meet these recommendations?

Yes, support will be made available from the Healthcare Science Network and its membership for all Healthcare Science professionals in delivering/progressing the paper in their own specialty through national resources and meeting opportunities.

Is there national strategic support for this to be put into place?

Yes, it is important to note that there is strategic support across Welsh Government and the NHS organisations in Wales for this to be implemented; please see the cover letter for more detail.

Is there additional financial support for this to be implemented?

No, this is a fundamental part of local planning and strategic change within Health Boards and Trusts, reliant upon local decision making processes regarding funding allocation.

What is this seeking to achieve?

For Healthcare Scientists, this furthers the ability to progress in a career from any entry point to Consultant and beyond, improving recruitment, wellbeing and retention of staff working in Wales.

Recommendation 2. *'When developing senior healthcare science leadership posts at head of service level, routinely appoint Consultant Clinical Scientists.'*

Does this recommendation mean that only Consultant Clinical Scientists should be appointed to Heads of Service posts?

Yes, where there is responsibility for delivering autonomous professional leadership of a Healthcare Science service. However, there may be Head of Service positions for which non-Consultant Clinical Scientist appointments are appropriate. These will require consultant-level clinical supervision within the relevant discipline, and also profession-specific support from a named Consultant Clinical Scientist. In such cases, the non-consultant Head of Service will retain managerial and professional responsibility for the service.

Do existing head of service roles need to change to consultant clinical scientists?

No, the recommendation is that employers proactively consider the potential benefits of appointing Consultant Clinical Scientists to senior leadership positions in Healthcare Science, with review against national NHS Employers profiles for Consultant Clinical Scientists.

When would it be beneficial for a new senior leadership post such as a head of service to be a consultant clinical scientist role?

Where the leadership attributes listed in section 2 of the Consultant Clinical Scientists guidance are required. Benefits principally relate to improvement of service delivery, development of the workforce and governance assurance, requiring a strategic approach for a clinical scientific service.

Is this recommendation going to inadvertently give priority to Higher Specialist Scientist registered individuals, over those with significant operational and leadership experience?

Those with significant operational and leadership experience should seek equivalence (described in section 3.2), providing an assurance to the employer that they are ready to apply for such posts. Priority will therefore go to individuals who take up opportunities to secure Higher Specialist Scientist Register (HSSR) registration. Applications for equivalency will consider operational and leadership experience.

Is it possible for someone to gain the experience needed to become a Consultant Clinical Scientist without having already been a Consultant Clinical Scientist before?

Yes, the equivalence route to registration takes into account leadership undertaken within teams and services and is not restricted to leadership of teams and services. Guidance is available online: <https://www.ahcs.ac.uk/equivalence/equivalence-guidance/>

Recommendation 3. *‘Follow advice from NHS Employers and the appropriate professional body (if required) on the appointment of Consultant Clinical Scientist, including to adopt suitable job profiles at minimum Agenda for Change Band 8C.’*

How can NHS employers ensure that this recommendation is implemented within their organisation?

Yes, where the Head of Service is responsible for delivering autonomous professional leadership of a Healthcare Science service. However, there may be Heads of Service positions for which non-Consultant Clinical Scientist appointments are appropriate, where there is access to another Consultant Clinical Scientist providing scientific oversight relevant to the discipline/specialty, including where this is not available within the organisation.

What wording could be used on job descriptions to support this?

Suggested wording as ‘essential’ criteria within person specifications and recruitment materials: i) Registered on Higher Specialist Scientist Register, or ii) Able to register within an agreed period as provided for under Annex 21 (see below), or iii) Previously appointed to a position as a Consultant Clinical Scientist in the UK (that was subject to external professional contribution at appointment).

Could Agenda for Change Annex 21 be used where the most suitable candidate does not currently have HSSR registration?

Yes, Annex 21 is an option to allow appointment of those not fulfilling all essential criteria to be made by requiring an agreed training plan that enables the successful candidate to achieve the required level within a specified timescale. For Annex 21 see: <https://www.nhsggc.org.uk/media/252246/doc-5-acrobat-document.pdf>

What does this mean where Consultant Clinical Scientists are currently at Band 8d or above?

The recommendation states a minimum Agenda for Change Band 8C, whereas some roles may be at a higher A4C banding i.e. due to additional responsibilities or skills required.

Does this minimum banding for Consultant Clinical Scientists mean that all Heads of Service must now be Band 8c?

No, banding of roles is wholly dependent on the individual responsibilities and skills required, and whether or not there is a requirement that the post holder is registered as a Consultant Clinical Scientist on the HSSR. An individual performing a Consultant Clinical Scientist role as a Head of Service which requires functions described under Good Scientific Practice (the basis of HSSR registration) and outlined in section 2 of the Consultant Clinical Scientist guidance, would be expected to be at Band 8C or above.

It is common for non-medical consultants in Nursing and AHPs to be Banded as an 8a or 8b. Why is this different for Healthcare Scientists?

Current frameworks in Wales for non-medical consultants and Allied Health Professionals do not require the same level of academic training or include a higher level of registration, for example, a doctorate or equivalent is required to attain HSSR. Evidence from existing Consultant Clinical Scientist posts is that an individual performing a role with the breadth outlined in section 2 of the Consultant Clinical Scientist paper, would be expected to be at Band 8C or above.

How should job appointments be supported?

Guidance from NHS Employers is available on appointments. This includes recommended use of external assessors to support appointments for which some professional bodies have put in place mechanisms to support.

Recommendation 4. *'By 31st December 2022, individuals seeking their first appointment to a Consultant Clinical Scientist post in Wales must be on the Higher Specialist Scientific Register (HSSR).'*

What is expected of someone who is not currently registered as a Clinical Scientist?

To be registered on the HSSR, Clinical Scientist registration must be held first. This can be achieved through a "Scientist Training Programme equivalence" portfolio submission to the Academy for Healthcare Science (AHCS), prior to submission of the HSS equivalence portfolio.

What does the term 'equivalence' mean?

'Equivalence' in the HSS context means that if someone puts in an application to AHCS and achieves Outcomes 1 or 2 (see the [HSS Flowchart of Equivalence Process](#)) then they will be awarded a Certificate of Equivalence and be eligible to register on the HSSR.

Is there support to attain registration in HSSR for those likely to be applying for these roles from 31st December 2022?

Yes, there is HEIW funding for the equivalence process and for any additional training requirements (<https://heiw.nhs.wales/education-and-training/postgraduate-education-for-healthcare-professionals/healthcare-science-specific-funding/>). Additionally, the Healthcare Science Network is keen to support individuals with understanding these processes, with resources and meeting opportunities to be announced on the Healthcare Science Cymru website:

<https://heiw.nhs.wales/transformation/healthcare-science-cymru/>

Do those on the register automatically become Consultant Clinical Scientists?

No, HSSR registration provides eligibility for application for these roles. Where a newly registered individual is not currently in a Consultant Clinical Scientist role, services may wish to review the role and the needs of the service accordingly.

Does this mean that those not on the HSSR cannot be appointed to vacant Consultant Clinical Scientists positions under any circumstances?

No, for professions that need to develop candidates towards meeting the requirements for HSSR, employers are able to make use of the suggested job description wording above and/or provisions of Agenda for Change Annex 21 with an agreed training plan to enable the successful candidate to achieve the required level within a specified timescale.

Recommendation 5. *‘Perform succession planning for healthcare science services, promoting the routes to the Higher Specialist Scientific Register, Higher Specialist Scientific Equivalence and Higher Specialist Scientific Training. Identified individuals should be supported in their professional development.’*

Is funding available for departments and individuals wishing to undertake the formal training route?

Yes, Higher Specialist Scientist Training (HSST) is funded by Welsh Government via HEIW, including both the training fees and a training grant which may be used by services in a manner of their choosing. To access this, services should indicate need on their annual Health Board or Trust IMTP.

Is funding available for departments and individuals wishing to undertake the equivalence route?

Yes, equivalence education and processes are funded annually by HEIW, with submission by service leads by June for needs within that financial year. Application process can be found online here: <https://heiw.nhs.wales/education-and-training/postgraduate-education-for-healthcare-professionals/healthcare-science-specific-funding/>

Is support with this process of equivalence available?

Yes, the Academy for Healthcare Science provides support and guidance for equivalence and registration, with full details here: <https://www.ahcs.ac.uk/equivalence/> Drop-in sessions are being held in 2022/23 for this: <https://www.ahcs.ac.uk/2022/05/19/equivalence-drop-in-sessions/>

Who is responsible for promoting these routes?

It is the responsibility of the Health Boards and Trusts, including services, line managers and Directors of Therapies and Health Science, to ensure succession planning and to support professionals in their individual development.

What support is there for Healthcare Scientists in Wales?

The Healthcare Science Programme and Healthcare Science Network are working to provide information and resources. Please liaise with your professional Networks/Service Managers groups who will be linking in with this work. Identified individuals should also be supported with their professional development i.e. with the provision of Clinical Supervision from a Consultant Clinical Scientist.

Recommendation 6. *‘Attend to the development of individuals holding Consultant Clinical Scientist posts to take on further responsibilities, to facilitate potential progression into roles at executive level.’*

Once individuals are registered and hold a Consultant Clinical Scientist post, what is expected of them and the services?

There is a national leadership programme to support aspiring Directors, which individuals may access; details are available at: <https://nhs.wales/leadershipportal.heiw.wales/talent-and-succession>. There may also be local Health Board opportunities. It is responsibility of the service and the individual to ensure appropriate continual professional development is maintained.