



January 2019

IPEM's response to the Migration Advisory Committee's (MAC) call for evidence on the National Shortage Occupation List as submitted via the MAC's online portal

Q26: If you wish you can provide details of individual job titles you/your members have found hard to fill:

Job title	Closest ONS job title	Closest ONS occupation code (4 digit)	Sectors most affected
Clinical Scientist (Radiotherapy Physics)		2219	Health
Clinical Scientist (Clinical Engineering)		2219	Health
Clinical Scientist (Nuclear Medicine Physics)		2219	Health
Clinical Scientist (Rehabilitation Engineering)		Radiotherapy Physics Practitioner	Dosimetrist
Clinical Scientist (Clinical Measurement)		2219	Health
Clinical Scientist (Radiation Protection Physics)		2219	Health
Clinical Scientist (Diagnostic Radiology Physics)		2219	Health
Clinical Scientist		2219	Health
Clinical Technologist		2219	Health
Healthcare Science Practitioner		2219	Health

If there are more than 10 jobs in shortage, please use this space to provide the job titles, closest ONS job title, ONS occupation code and sector most affected as above.

Note that the Office for National Statistics Tool does not identify appropriate SOC codes for technologist roles, and the code under which the Clinical Science/practitioner roles are currently listed on the NSOL does not match with that the Tool identifies. This too has caused difficulty with some, but not all, Tier 2 Visa applications. The exception is Nuclear Medicine Scientist which is listed under 2219 on the NSOL, Clinical Technologist roles are also known by a variety of job titles, the most common being: Clinical Technologist (Medical Physics), Healthcare Science Practitioner (Medical Physics), Radiotherapy Physics Technologist, Clinical Technologist (Rehabilitation Engineering), Rehabilitation Engineering Practitioner, Clinical Engineering Practitioner, Clinical Engineering Technologist, Healthcare Science Practitioner (Radiation Safety), Linac Engineer, Radiation Clinical Technologist, Clinical Technologist (Radiation Safety) Nuclear Medicine Technologist, Nuclear Medicine Practitioner, Clinical Technologist (Nuclear Medicine). All are in the sector of health and the closest SOC code is 2219.

Q27. What do you think are the main reasons for job shortages

‘Clinical Scientist’ is a protected title, and individuals applying to these roles must be registered with the Health and Care Professions Council (HCPC). An individual can become registered either by completing the Scientist Training Programme (STP), administered by the National School for Healthcare Science, or by following Route 2, which allows those with suitable experience and education to present for assessment by the Association of Clinical Scientists. A relevant undergraduate degree is an entry requirement for STP, and an MSc in Medical Physics is gained during training. Similar qualifications would be required for a Route 2 applicant.

Clinical technologists are regulated via PSA-accredited voluntary registers, of which there are two: the Register of Clinical Technologists, and the Academy of Healthcare Science. Entrance onto these registers is either via completion of a Practitioner Training Programme (PTP) accredited undergraduate BSc, or through completing IPeM's Diploma in Clinical Technology, which requires a relevant BSc. The uptake of PTP has been very low over the six years since its introduction. Technologists are termed Healthcare Science Practitioners within the Electronic Staff Record used by NHS England.

There is a chronic shortage of qualified staff, owing to insufficient training places having been commissioned for several years. Each training place commissioned on the STP is well over-subscribed, demonstrating there is not a shortage of skills. Retention rates within the profession are high, over 85% at five years post-qualification. Vacancy rates for each specialism are contained in the table below, and are high, owing to insufficient training provision during a period of rapid service expansion.

Q28. Please explain what measures have been taken to reduce shortages in the sector as informed by your members and/or research.

IPeM has carried out workforce surveys, identified shortages and forecast the future landscape using information on service expansion and numbers in training. The shortfall has been highlighted to Health Education England, the Chief Scientific Officer and NHS Education Scotland.

Q30. Are the jobs that you have said are in shortage open to eligible workers from the Tier 2 points-based visa system?

Yes.

Q31. If known, how many workers from outside the UK have been recruited using the Tier 2 points-based visa system in the last 12 months, stating the job titles.

A 2017 survey found that 7% of radiotherapy physics staff (scientists, technologists and engineers combined), 7% of nuclear medicine staff (scientists and technologists), 9% of diagnostic radiology staff (scientists and technologists), 10% of clinical engineering staff (scientists and technologists) and 2.6% of rehabilitation engineering staff (scientists and technologists) originated from outside of the EEA. It is believed that the majority of these are on a Tier 2 visa.

Q32. If you have supporting evidence such as survey results from members please attach here.

Vacancy data contained in the table below originates from IPEM's 2017 Radiotherapy Physics Workforce Census (response rate over >90%), IPEM's 2017 Clinical Engineering Workforce Survey (response rate 80%), IPEM's 2015 Rehabilitation Engineering Workforce Survey (response rate 60%) and IPEM's 2018 Diagnostic Radiology and Radiation Protection Physics Workforce Survey (73% response rate).

Data on the percentage of the workforce comprising non-UK nationals originates from IPEM's Medical Physics and Clinical Engineering Workforce Survey 2017 which achieved a 55% response rate, capturing approximately 70% of the workforce.

Clinical Science Modality	Vacancy Rate	Projected number of years to redress shortfall at current training rate	% of workforce comprising Non-UK nationals
Radiotherapy Physics	8.0%	>5 years	14%
Diagnostic Radiology & Radiation Protection Physics	11.6%	>5 years	14%
Clinical Engineering	13%	Insufficient data to project	18%
Rehabilitation Engineering	12.8%	>5 years	7.2%
Nuclear Medicine	No figures available directly, but anecdotal evidence suggests the situation is just as acute as in Diagnostic Radiology, as demonstrated by the proportion of the workforce recruited from overseas	No data available	16%

Clinical Technology Modality	Vacancy Rate	Projected number of years to redress shortfall at current training rate	% of workforce comprising Non-UK nationals
Radiotherapy Physics	6.0%	>5 years	14%
Diagnostic Radiology & Radiation Protection Physics	12.8%	3-5 years	14%
Clinical Engineering	5%	Insufficient data to project	18%
Rehabilitation Engineering	9.8%	>5 years	7.2%
Nuclear Medicine	No figures available directly, but anecdotal evidence suggests the situation is just as acute as in Diagnostic Radiology, as demonstrated by the proportion of the workforce recruited from overseas	No data available	16%
Radiation Engineering	6.5%	>5 years	14%

If you have any other information that might be useful for our call for evidence please explain below:

All data listed originates from workforce surveys carried out across the workforce, including non-members. All roles are skilled roles, requiring a minimum of a BSc, and so are eligible for Tier 2 visas, but only Clinical Scientist roles and senior technologist/practitioner roles would meet the salary threshold. At present Radiotherapy Physics Practitioner/Technologist and Nuclear Medicine Practitioner/Technologist are listed on the NSOL. This option is frequently used for filling nuclear medicine and radiotherapy physics technologist positions. Clinical Scientist (Radiotherapy Physics) and Clinical Scientist (Nuclear Medicine) are listed on the NSOL and recruiters make use of this. Clinical Scientist roles frequently meet the salary threshold but recruiters value being able to expedite the process by removing the requirement to meet the Resident Labour Market test. The current levels of training provision are insufficient to redress the shortfall within five years. A further difficulty which has been encountered in obtaining Tier 2 visa is that the Standard Occupation Code listed on the NSOL does not match that which the Office of National Statistics gives for these job titles, which has been a barrier for obtaining the necessary visas in a few, but not all, cases.

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