

My struggle this month is with the paradoxical situation in healthcare of a move towards greater homogeneity of knowledge and skills at a time when more specialised knowledge and skills are required in the real world.

Previously I have expressed my dislike of the meaningless term “healthcare scientist” that gives no indication of the specific function of any individual. It is about as informative as “arthropod” that tells little of the individual classes within that collective phylum. My latest bugbear is happening away from the laboratory and in the world of academia.

A major function of the Institute is the accreditation of biomedical science degrees that are required for Health and Care Professions Council registration as a biomedical scientist. Like pathology, our universities are also under pressure to operate efficiently and cost effectively and that results in some degree modules being offered across a number of degree programmes. There is nothing wrong with this, as many subject areas are common to multiple programmes, but when the unique identity of our biomedical science degrees becomes blended into “biosciences”, I have a problem. I don’t want to sound like King Canute trying to hold back the inevitable waves, but biomedical science undergraduates must be aware of their unique academic identity, irrespective of

REALITY PARADOX



The unique identity and role of biomedical science need to be recognised at all levels.

their subsequent choice of career path. I know little about the undergraduate medical degree programmes, but I do know that pathology as a discrete subject has been dropped from the curriculum. This is a worrying trend at a time when the future of disease diagnosis and treatment will be increasingly dependent on our pathology services. The successful introduction of genomic testing and personalised medicine hinges on the highly specialised knowledge and skills that sit firmly within biomedical science and pathology. How do we successfully take this forward when our identity is so constantly under challenge, seemingly from all quarters?

Perhaps this is all a symptom of insufficient funds to meet developmental, diagnostic, treatment and social needs. The constant pressure for standardisation and economy of scale is inhibiting the ability to see the bigger picture and is causing a lack of joined-up thinking. I am adamant that biomedical science at all levels should be recognised for what it is and the role it has to play in healthcare.

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