

**C**onsiderable activity has been happening in the various agencies that fall within the Department of Health and Social Care in England and I am confident that similar thought processes are being followed in Scotland, Northern Ireland and Wales. The object of this activity: workforce.

Workforce is the biggest, most costly and valuable resource in the UK health services, so it is no wonder that the oft-quoted management aspiration is “the right number, in the right place, at the right time”. Another requirement has now been added to that mantra: “knowing the right things”.

Health Education England is currently undertaking a major consultation (the Topol Review) on how best to prepare the workforce to integrate digital technologies into their daily practice. I have a mix of conflicting thoughts when I consider this issue, similar to the feelings I have about the impact of genomic technologies. It is about how we get to the envisaged high-tech future from where we are at this relatively low-tech present when we have a service that is already stretched to its limits.

I know that our professional practice is constantly evolving and the roles many of us now have, and the knowledge we use, is vastly different from where many of us started our careers; however, I feel that the osmotic assimilation of new knowledge will be too piecemeal and

# TECHNOLOGICAL REVOLUTION



How do we get from the low-tech present, to the high-tech future, with an already stretched workforce?

inadequate to deal with the challenges of the technological revolution that is heading our way. This matter is also causing a headache for those that plan and commission services, hence the Topol Review. The key questions that are being asked are: “What needs to be retained? What new things are needed? What needs to be updated, or could be done by someone else?” Herein lies the root of my concerns; technology has the potential to revolutionise healthcare, but the vast bureaucratic machine that is our health service, with its convoluted financial models and ever-tightened budgets, means that a smooth, co-ordinated technology transition is somewhat unlikely. Much can be achieved with sufficient money, but while we continue to struggle with budget cuts and basic

issues of IT compatibility I am at a loss to see how the envisaged upskilling of the world’s fourth largest workforce is going to be achieved.

Recent headlines concerning the Defence Medical Services’ IT problems do nothing to reassure me. At the BMA’s conference in June, delegates heard that one member had described the IT system as “the biggest threat to patient safety that I have encountered in my 20-year career”. Unfortunately, I think we have a way to go before high-tech and healthcare are natural bedfellows.

**Sarah May**  
Deputy Chief Executive



Institute of Biomedical Science is the professional body for the biomedical science profession.

**INSTITUTE OF BIOMEDICAL SCIENCE**  
12 Coldbath Square  
London, EC1R 5HL  
United Kingdom  
+44 (0)20 7713 0214  
+44 (0)20 7837 9658  
Email: [mail@ibms.org](mailto:mail@ibms.org)  
Web: [www.ibms.org](http://www.ibms.org)

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**EDUCATION AND TRAINING**  
[education@ibms.org](mailto:education@ibms.org)

**EXAMINATIONS**  
[examinations@ibms.org](mailto:examinations@ibms.org)

**MEMBERSHIP**  
[mc@ibms.org](mailto:mc@ibms.org)

**CHARTERED SCIENTIST**  
[chartered@ibms.org](mailto:chartered@ibms.org)

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