

THE BIG QUESTION

THIS MONTH WE ASK

“Why aren’t more biomedical scientists on hospital management boards?”



Krista De Four

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In my opinion, biomedical scientists, specialist in their knowledge and experience, are needed in the laboratory and not on a management board. However, that said, it is vitally important to have them represented and that the communication channels exist to allow them to have a say in any management decisions.

Currently, in London, there is a shortage of experienced, qualified biomedical scientists, the focus for us is to continue to train and allow for the junior laboratory staff to become specialist biomedical scientists within the department.

We also need to concentrate on the advances in science and look at ways of developing techniques as novel developments take place, especially as molecular therapy develops.

I am quite lucky in that the management team in tissue sciences is made up of managers who were once biomedical scientists.

We also have a number of clinical scientists on the management team, which ensures that specialist areas are also represented. We work to a clinical/operational/scientific model, which allows us to deliver the best test result of the patient.

Biomedical scientists love doing what they do and are vital to the laboratory, they do have a say and are represented on hospital management boards via the management team in order to take science forward in order to provide the best test result for the patient.

IMAGE: IKON



Michaela Lewin

Lead Transfusion Practitioner
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I think that, despite drives to improve leadership and the promotion of biomedical science, we still remain one of the most unrecognised areas in healthcare, not only by the public, but also by our fellow health care professionals.

Our high level of qualifications, knowledge and skills continue to be unappreciated, with senior managers still seeing us as “technicians” sitting in hospital basements performing simple scientific tests. Our skills, of course, go far beyond this and have developed alongside modern healthcare to include complex strategical and operational planning, budgeting and application of governance frameworks, which helps render us suitable to sit at higher levels within the organisational management structure.

Running a successful pathology service requires far more than knowing how to use a Bunsen burner – which is how many other health care professionals still imagine we spend our time!

Because of this total lack of appreciation, biomedical scientists get very little opportunity for exposure to senior management roles, particularly to board level. I also suspect many of us may not push ourselves forward because we feel as though we would be ill prepared to fulfil the requirements of such a “prestigious” position.

Other professional groups seem to be gaining momentum at a faster rate than us, however these groups tend to be “clinical”. If, when and how we will change this remains to be seen.



Stuart Long

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Biomedical scientists have a pathway where their careers are almost pre-defined with structured direction, using the portfolio system currently in place with the IBMS. This is often not questioned or deliberated upon by individuals or those external to laboratory medicine. Looking at higher management positions, i.e. board level, they are geared towards being more clinical-based and general operational roles as pre-requisites for application.

Biomedical scientists, often already a lesser known group of experts, will themselves not consider this a route or involvement onto trust management boards, particularly as they may feel they lack knowledge of how a trust operates.

The skills gained from working in biomedical science go beyond those that other areas perceive we have – change control, project management, quality management, business management and equipment procurement, for example.

Leadership courses are often aimed at selected health care professionals, where there is an expectation of understanding the trust’s key performance areas and where quality is based on national targets.

We need to participate in being less insular, challenge the existing preconceived notions and be more active in our approach to management. Hopefully, this will begin to showcase the skills that we have and widen interactions with clinical areas that know little of who we are or what we do. One must believe in one’s self and break the mould.