

# THE BIG QUESTION

THIS MONTH WE ASK

“How can we solve the  
workforce shortage in  
biomedical science?”





## Sheri Scott

Senior Lecturer in Biomedical Science  
Nottingham Trent University

**W**e can only look to solve the workforce problem by recognising the value and importance of training. For too long, money has been saved by loss and non-replacement of experienced staff or by lack of investment in post-graduate education/CPD. Pathology departments need to invest in their workforce and encourage retention by valuing staff and investing in their development. Movement is often seen when staff are looking for career advancement or feelings of undervalue. Staff investment can be achieved through apprenticeships, which can involve the development of promising staff members who know the job and the department without the requirement for a vacancy. Homegrown biomedical scientists are one way to help foster a good working environment and promote retention. If employers invest in upskilling their support staff, they are often local to the area, have established roots in their communities and develop a loyalty to the department. Alternative options include apprenticeships involving employment of college/sixth-form students from the local area, and placement opportunities encouraging undergraduate students to learn on-the-job skills while achieving their certificate of competence during their degree. Both these options provide a pool of qualified ready-to-practice biomedical scientists upon graduation. This said, these methods are only successful if underpinned by investment in the training. Time for training, investment in CPD for trainers and good planning and delivery are also fundamental.



## Aimee Pinnington

Senior Lecturer in Biomedical Science  
Staffordshire University

**F**or me, this month's big question comes down to two key factors: 1) improved access to the profession, and 2) retention of experienced staff.

Improved access to the profession can come in several ways, and it's great to see the increasing support from the IBMS for this. The recent rise in healthcare science apprenticeships is one such way to improve access, allowing support staff to whom the door was previously closed to progress to registered biomedical scientist positions. Similarly, the recent rounds of Health Education England funding to support top-up modules have allowed support staff to progress. However, a major limiting factor for a lot of students is the lack of placement availability – I think there is a growing demand for alternative and simulated placements in our profession (like those already supported in allied health professions), and I am working with others on projects to develop this.

Despite all the above measures, if we don't retain our experienced staff, we will always struggle to support access to the profession. The role of the training officer is invaluable here, as is progression to advanced skills posts to inspire junior staff – there are several inspiring trailblazers in our profession; wouldn't it be great to see more? I will shortly be starting my doctoral project researching several aspects of this month's big question, which I welcome involvement with from any interested parties.



## Michael Douglas

Senior Lecturer in Biomedical Science  
University of Lincoln

**S**ince coming into academia, I am aware of just how popular a Biomedical Science degree is, with programme numbers increasing in most institutions. So why is there still a workforce shortage?

One thing that cannot be overlooked is the amount of change in the profession over the past decade or two; this has led to a sense of instability and uncertainty, which has the effect of making it look less attractive to any prospective biomedical scientists.

We have lost a large number of highly experienced scientists to retirement, which has created a skills gap. Younger generations are also more mobile and willing to relocate or commute to advance their careers. Both factors lead to an increased turnover of staff. Currently it takes 6–12 months to become fully competent in a new lab; longer if training for the Certificate of Competence is needed.

It is imperative that we make training more efficient at building competence and confidence – there is perhaps a role here for universities to support laboratory training officers.

Increasing the number of placements would help students come out of university with the Certificate of Competence and, perhaps most importantly, an understanding of the role that cannot be taught in academia. However, this relies on laboratories to increase their “training burden” within a profession that is already overburdened.