



IPEM guidance on coding Medical Physics and Clinical Engineering staff within ESR for Healthcare Science Leads

Background

Workforce Standards at the Health & Social Care Information Centre have recently issued a User Notice (UN1828) requiring the re-coding of all posts in the Healthcare Science (HCS) Staff Group within the Electronic Staff Record (ESR). The intention of this is two-fold; to align the description of the workforce with the Modernising Scientific Careers (MSC) Training Programme themes, and to improve the accuracy of coding within the HCS workforce. At present, it is estimated that at least 26% of the HCS workforce is inaccurately coded, and even if coding is accurate, it still does not provide a detailed description of the workforce. The main aim of the re-coding exercise is to better profile the workforce, and the work is driven jointly by the Health & Social Care Information Centre (HSCiC), Health Education England (HEE) and NHS Employers.

The ESR Occupation Code for each post comprises three parts, the Staff Group, Job Role and Area of Work. Occupation Codes are a long established set of codes used to classify NHS staff. Occupation Codes are three character codes, presented as a matrix by broad Staff Group, showing the level on the vertical axis and the area of work on horizontal. A new matrix, the U-matrix has been issued for the Healthcare Science Staff Group, to replace the T-matrix, and is considerably more detailed. Consequently old values cannot simply be mapped to new values. It is HR staff who are responsible for ensuring that this re-coding takes place, but without HCS staff input the re-coding will not be accurate. The HSCiC will be asking HR departments to liaise with HCS leads. However, not all organisations have a Lead Scientist in place, and where this is an organisation-wide lead, this may not be a Medical Physicist or Clinical Engineer. Consequently, IPEM urges members in senior roles to make themselves known and available to HR to ensure that this sector of the workforce is coded as accurately as possible.

The first character of the Occupation Code indicates the Staff Group, (e.g. "U**" for Healthcare Science), the second indicates the level at which an individual works (e.g. UA* for a Consultant Healthcare Scientist), and the third the area of work or science theme, which is linked to the nine MSC themes (e.g. UAH for a Consultant Medical Physicist). The part of the code indicating level is linked to the entry level required for the role, which has been decided by HSCiC and is detailed on page 5 of the Healthcare Science section of the Occupation Code Manual.

The HSCiC are keen for it to be recognised that it is the **post** that is coded, not the person; so it is the educational entry level required for the role that is relevant, regardless of that which the individual in the post actually holds.

The Occupation Code is not directly linked to Pay Band, although necessarily there will be a limited range of Pay Bands within each level.

Selection of Matrix and Science Theme

The HSCiC requests that the third character of the Occupation Code, indicating the science theme (A-J), is selected according to the role's activity, not the department in which the individual in the role actually works. Vascular Scientists working in a Medical Physics department should be coded U*E, and EBME staff working in Estates departments should be coded U*J. Additionally, new notes accompanying the S-matrix suggest that some posts formerly coded to the S-matrix would now be better described on the U-matrix.

"8. S4C has now been opened for Occupational Therapy Technicians - please note this should only include those staff who provide technician support for existing

equipment. Those who develop new equipment or modify existing equipment should be coded as U4J - Practitioner in Clinical Engineering with the Area of Work of Rehabilitation Engineering.

16. S4F [Radiography (diagnostic) Technician] has now been closed, staff formerly coded here should now be coded as U4H [Healthcare Science Practitioner Medical Physics].

18. Because of the introduction of the U Matrix, some staff formerly coded as S*X (Other S,T & T), and elsewhere within the 'S' matrix may now be more accurately coded to the relevant level and area of work within the U matrix."

IPEM recommends that you consider carefully whether in your organisation, there are posts coded on other Staff Group matrices which would now be better placed on the Healthcare Science Staff Group U-matrix

Consultant Healthcare Scientist Code (UA*)

The HSCiC Guidance "NHS Occupation Code Manual Version 12" states that:

"Consultant Healthcare Scientists (UA) are Clinical Scientists who are typically employed on Agenda for Change pay bands 8c or above and are appointed to the position by a local Consultant appointment panel. Under the previous system, they were defined as Clinical Scientist Grade C with or without enhancement points"*

IPEM notes that Consultant Appointment Panels are no longer in existence in many areas, and indeed have never been used in some fields, but that equivalent peer-reviewed processes which are no less rigorous take their place.

IPEM recommends that, if the job title is "Consultant" and the remaining criteria are met, including a rigorous appointment process, then the post be coded as a Consultant Healthcare Scientist (UA*)

Manager Code (U0*)

Some clarification is required over the use of the "manager" code. Many MP & CE Heads of Department, Section or Service could equally well be coded as Consultant Healthcare Scientists or as Managers. In other cases, senior healthcare scientists or technologists who cannot be coded as Consultant Healthcare Scientists (UA*), who have management responsibilities, again could be coded either as managers (U0) or as Scientists or Practitioners at the appropriate level.

The Occupation Code Manual states that:

"1. Managers (U0) are those who are operationally responsible for a healthcare science department. They may have overall responsibility for budgets, manpower or assets or who are held accountable for a significant area of work. They may undertake little or no direct healthcare science function (lab or patient investigations).*

2. All managers who need to be a qualified Healthcare Scientist to undertake the role and fulfil the requirement outlined in point 1 should be included in the Healthcare Science staff matrix (U) as Managers (U0) within their relevant area of work.*

3. All managers who do not need to be a qualified Healthcare Scientist should be included in the administration and estates staff matrix (G)."

The comment “little or no direct healthcare science function” implies that, in practice few healthcare scientists and practitioners who have managerial roles should be coded as managers. For an accurate picture of the workforce, it is important to recognise the essential contribution of scientific experience and expertise of Heads of Department and Section, as well as their management responsibility. Equally, it would not reflect the workforce accurately if individuals were coded as Managers simply to reflect their seniority.

IPEM’s view is that direct healthcare science activity need not be limited to direct clinical work, but could include involvement in equipment selection, or using scientific skills and expertise to take responsibility for service delivery.

IPEM recommends that if such an individual spends more than 10% of their time in direct healthcare science activity, then they should be coded as appropriate for their healthcare science role (in most cases as Consultant Clinical Scientist UA*).

IPEM’s expectation is that there will be very few Healthcare Science Managers under the Occupation Code coding. The HSCiC, similarly do not anticipate this being a well-used code; their main concern is that managers who do NOT require a HCS qualification to carry out their job are coded to the G matrix (Admin & Estates).

Assistants and Associates

Although Occupation Code is not definitively linked to Pay Band, as a broad guide, posts coded as Healthcare Science Associate will largely be allocated to Agenda for Change Pay Band 4, and posts coded as Healthcare Science Assistant will most likely be Agenda for Change Pay Bands 2 and 3.

Area of Work

In addition to the main U-code, there is the option to select a further descriptor “Area of Work”. For many individuals it will be difficult either to select just one area of work, or to decide which description their main area of work falls into. This guidance aims to address these ambiguities and provide consistency across England and Wales.

Mixed roles.

If the majority of an individual’s time (over 50%) is spent in one area of work, then they should be assigned to this area of work in ESR. If time is divided between two areas on an exactly 50:50 basis, then reference should be made to the job description and job title to determine coding. For example a Clinical Engineer who spends 50% of his/her time on engineering and 50% of time carrying out a radiation safety role should be coded as a Clinical Engineer, on the basis of their job title. In a further example, if a member of staff is predominantly or solely involved in mammography, mammography should be chosen as the area of work. If however, mammography is just one of a number of diagnostic imaging modalities supported, then diagnostic and interventional radiology is a more appropriate choice for the area of work, alternatively, if an individual supports solely breast screening techniques, of which mammography is one, the Breast Screening is the most appropriate choice.

If an individual does actually have two roles, with two job descriptions, then two ESR codes should be allocated, along with the WTE spent on each.

Selecting area of work, when not precisely defined

The allowed areas of work in the U-matrix do not have a uniform level of granularity. They are intended to reflect the specialisms within the MSC programme. The HSCiC asks that, if possible, one of the more specialised areas of work be selected, rather than the broader descriptors (e.g. choose Rehabilitation Engineering, rather than Clinical Engineering). However, IPEM believes that some of the specialised terms proposed under the medical physics theme in particular are likely to be used very sparingly (e.g. it is unlikely that any medical physics staff are employed solely in angiography).

IPEM recommends using a specific area of work description where possible, but take care not to choose a very specific term if it is not justified.

A number of areas of medical physics and clinical engineering work appear not to have been captured in the U-matrix, and it is more important that descriptions are consistent across England and Wales than that they reflect individual departmental service structures. IPEM has drawn up a List of Services, in conjunction with a number of Heads of Department and Service to recommend where these areas of work should be coded.

IPEM recommends using the List of Services to ensure consistency of description across England and Wales

Protected Titles

HSCiC strongly recommends that Protected Titles (eg Clinical Scientist) be recorded both in the Position (Job) Title Field, and in the Professional Registration Field; this ensures that the number of registered professionals is recorded, and allows comparison with centres in which ESR is not used.

Issues and Inconsistencies

IPEM recognises that there are a number of difficulties that a healthcare scientist may have with allocating these codes. For example the difficult of allocating the Consultant code, and an apparent lack of recognition for Technologists, with the highest code that can be allocated (without using the manager code) being U3*. We hope to have addressed these as far as possible with this guidance, but would like to re-iterate that IPEM is not responsible for the creation of any part of the U-matrix or coding system. We have worked with HSCiC to seek answers to questions that have been raised, and would welcome feedback on any unanswered questions as well as information as to how this re-coding has actually worked in practice, which can then address is a future version of this document.

Appendix 1: List of Services

List of Physics and Engineering Services & Areas of Work for the Electronic Staff Record

Area of Work given in U-matrix	Area of work also assigned to this	ESR Occupation Code
Medical Physics Theme		
Medical Illustration		U*H
Angiography		U*H
Dental & Maxillofacial Radiology		U*H
Breast Screening (except mammography)		U*H
Mammography		U*H
	Mammography QA services	U*H
Magnetic Resonance Imaging		U*H
CT		U*H
Non-ionising Radiation	Ultrasound	U*H
	Phototherapy/photobiology	U*H
	UV& Pulsed light sources	U*H
(Other) Imaging		U*H
	ICT for Imaging	U*H
Nuclear Medicine		U*H
	In-vitro Nuclear Medicine	U*H
	Nuclear Medicine Therapy	U*H
	Single Photon Imaging	U*H

	PET Imaging	U*H
	ICT for Nuclear Medicine	U*H
Radiation Safety		U*H
	Radiation Protection	U*H
	Room Design/RT bunker design	U*H
	Sealed Source RPA services	U*H
	Unsealed source RPA Services	U*H
	RWA	U*H
	Laser Safety LPA services	U*H
	DGSA	U*H
	Personal Dosimetry/Monitoring/Film badge monitoring	U*H
Clinical Radiology		U*H
Diagnostic and Interventional Radiology		U*H
	Fluoroscopy	U*H
	DEXA	U*H
	X-ray QA	U*H
	ICT for Diagnostic Radiology	U*H
	Diagnostic Radiology Physics	U*H
Radiotherapy Physics		U*H
	External Beam Physics	U*H
	Brachytherapy Physics	U*H
	Proton Therapy	U*H
	Treatment Planning	U*H
	Mould Room Services	U*H
	Intraoperative RT	U*H
	ICT for Radiotherapy	U*H
		U*H
Radiopharmacy		U*H
	Cyclotron and Radiochemistry	U*H
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Clinical Engineering Theme		U*J
	Maxillo-facial (inc Prosthetics)	U*J
	Rehabilitation Engineering	U*J
	Electronic Assistive Technology	U*J
	Wheelchair Services	U*J
	Specialist Seating services	U*J
	Prosthetic Services	U*J
	Orthotic Services	U*J
	Clinical Gait Laboratory	U*J
	ICT for Rehabilitation Engineering	U*J
Renal Technology		U*J
Clinical/Physiological Measurement		U*J
	ICT for Clinical Measurement	U*J
Medical Equipment Management / EBME		U*J
		U*J
	Equipment Library	U*J
	Critical Care Technology	U*J
	ICU/NICU/PICU support	U*J
	Electro-medical Equipment Maintenance	U*J
	Equipment Management & Contract Management	U*J

	Theatre Tech Services & Equipment	
	Maintenance	U*J
	ICT for EBME	U*J
Medical Engineering Design & Manufacture		U*J
	Electronic Engineering	U*J
	Mechanical Workshop	U*J
	Medical Device Integration	U*J
Radiation Engineering (Radiotherapy Engineering)		U*J
	Radiotherapy Equipment Maintenance	U*J
Anaesthetic Engineering		U*J
	Anaesthetic Equipment Maintenance	U*J
Theatre Technical Services (Other Clinical Engineering)		U*J
	ICT for Clinical Engineering	U*J
