

BEYOND THE TRAINING SCHEMES: BUILDING CAREERS AND SHAPING TOMORROW'S CLINICAL SCIENTISTS

Healthcare is becoming increasingly complex and specialised. Diagnostics, including the development and deployment of novel tests, have never been more important in managing a growing, ageing and increasingly co-morbid patient population. Clinical scientists are integral to these processes, and the NHS has an absolute need to train scientific staff for service delivery now, and to be the leaders of tomorrow. This never-ending pipeline of training is something to be nurtured and to be proud of. I'm reminded of this by reflecting that many of my peers from the early days of my training in London in the early 2000s are now in senior roles, contributing to complex clinical services and have trained (and continue to train) excellent scientists. These clinical scientists will continue to grow and develop and will ultimately oversee the training of the generations to come.

The nature of clinical scientist training has always been precarious, whether it be the old Grade A training scheme, the Scientist Training Programme, or the keen graduate looking to take every opportunity going to gain the experience to achieve equivalence. When the end of this training process is on the horizon, the inevitable anxiety of "what do I do next" appears. Most funded training posts cover the length of the training and no more. I don't think I'm breaking any professional code of secrecy here by stating that workforce planning for clinical scientists is just as bad as in the rest of the NHS, and the number of training posts offered is seldom linked to service need, but more often reflects the finances available and the number of willing training centres at the time. This inevitably leads to peaks and troughs in the numbers of trainees and newly registered clinical scientists.

We are soon to see a large cohort of microbiology STPs exit training in September. You'd have to have your head buried in the sand to not be aware of the precarious financial state of many NHS trusts. Recruitment freezes, pauses in



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capital purchases and even redundancies are occurring. This constrained financial climate is certainly impacting on the number of HCPC-registered clinical scientist posts being advertised. This is certainly causing significant amounts of anxiety within the cohort of microbiology STPs, and I'm hearing similar reports from both immunologists and biochemists. I'm not going to condescend to you all by saying that this is all fine and that everything will be ok. However, there are a few things that I'd like to share that may provide some reassurance.

Firstly, by being accepted onto, and completing, STP you've already beaten the odds. STP is a highly competitive graduate entry training scheme. The most recent data from the National School of Healthcare Science shows that there are 71 applicants for every direct entry microbiology post. Sometimes even highly achieving people experience doubt and imposter syndrome. I often tell trainees to take a moment to reflect on their achievements. You are here on merit, have worked hard over the three years, and have achieved a lot. This broad ranging experience, including an MSc, will make you far more attractive to a future employer than you were at the start of STP. Most microbiology STPs that I speak to want to progress to HSST, then onto consultant roles. This, although a challenging and highly competitive process, is admirable and to be encouraged, especially with current and future consultant vacancies. Some clinical scientists who have progressed directly from STP to HSST have found the leap in workload and complexity challenging. Some involved in the training are advocating for a mandatory gap of at least a year between these training schemes to allow a trainee to gain more experience and to prepare for HSST. Us clinical scientists old enough to remember the Grade A training scheme had a fourth (unfunded) pre-registration year to navigate.

Whilst it is tempting to want to 'get through' the training schemes as quickly as possible, I'm constantly reminded of a few prompts that I share with my trainees and anyone else who stands still long enough to have their ears chewed off by me. Firstly, very few clinical scientists have linear careers. They often bump around a few jobs and labs, picking up a broad range of skills, experience (and a wider network of colleagues) on the way. We are constantly learning, and whilst the next opportunity that presents itself may not be your ideal job, there is still plenty that you can learn from it. Always look for how a role can add to your knowledge, skills and experience. How can this role make you a better clinical scientist and mean that you'll be in an even better position to succeed when the 'dream job' comes up? I call these 'stepping stone' jobs. It may not be perfect, but if you're clear in your planning of what you want to achieve in the long term, you can assess what each of these potential roles might add to your CV. Is it in a reference lab where you'd gain specialist knowledge or a new technique? Is it in an academic setting that might grow your research experience? Is it in industry that allows you to see the other side of the curtain and grants an opportunity to grow some soft skills. If you think that you might grow as an individual in the role, then it is not wasted time. You should grasp the opportunity and suck as much experience from it as possible. Clinical scientists with broad experience are often very well placed to take up more senior roles, including HSST.

We hosted a webinar last year when several clinical scientists in vastly different roles described their career paths. I hope that this will give some reassurance that you don't need to rush through training in a straight line, and that some stepping stone jobs on the way may even open up a whole new direction of travel for your career. As always, keep working hard, take every opportunity offered that you think will add to your CV, and try to enjoy the ride.