Recruitment and Retention

Katherine M Whalley

I would like to share some of my experiences regarding recruitment and retention in Clinical Embryology. Clearly, a specialist health care science limited to the teaching hospitals and private sector across the UK, not rural/DGH.

Previously trainees were supported by individual health boards and undertook a postgraduate training scheme managed by the professional body ACE (Association of Clinical Embryologists) leading to HCPC registration. Although a different matter the Professional body cover the UK and state registration also covers the UK. The specialists in Scotland are few and need to be part of the UK body.

The training programme for HCS is now based on the Scientist Training Programme which is supported and funded by NES.

The move to STP means a trainee is on rotation for the first year in related specialties, then 2 years based in one specialty, as well as attending Manchester Metropolitan University, and leads to completion of MSc in Reproductive Science over 3 years, ready for HCPC registration.

With the trainee off site and nationally funded, the recruitment of Band 6 trainee posts by health boards is no longer supported, however the funding for staff within a department is based on their establishment with inhouse trainees.

I have for the past 8/9 months attempted to restructure my team.

I had one vacancy when a band 6 was promoted to a post in Glasgow in 2014. The post was kept open for another Band 6 who was completing STP training (NES funded). This trainee also moved to a promotion in Glasgow at the start of the year leaving no back fill.

The remaining complement consists of myself as service lead, one band 6 who has been in post awaiting a band 7 vacancy and two band 7 clinical embryologists (one on pay protected following restructuring in 2009), as well as 1.8 WTE fixed term Band 5 posts funded by Scottish Government. The service is now limited to the recruitment of band 7 posts and the funding available for this in our budget does not enable full time posts to be recruited.

With restructuring, including my resignation, promotion of the pay protected staff to this post, promotion of the existing band 6 staff and the unfilled vacancy, there is funding to recruit 1.6 WTE clinical embryologists. Overall this should result in a better structured team with a lead, a pool of clinical embryologists (3.6 WTE) and lab practitioners (1.8 WTE) supporting the clinical service and individual STP trainees. However, as this is such a specialised discipline there are significant concerns as to whether recruitment will be
successful; previous efforts to recruit a fixed term band 6 pre-registrant post was unsuccessful.

This clinic works closely with the University of Dundee and provides support for some of the teaching of a related MSc course. There is an offer of funding from this course to support 10 hours of embryology time, but this is fixed term and becomes problematic to manage given the 7 day cover required by the staff in the clinical laboratories.

Further investment by the Scottish Government/ NHS is required but given the current situation it is understandable that this is unlikely to happen.

Should the recruitment of the new post be unsuccessful, the service as it is will not be sustainable.

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