# Modernisation and healthcare careers - help or hindrance?

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## Introduction

Service modernisation is a term which made its debut on the scene of radiography some 10 or more years since, and is used with increasing frequency by policy makers charged with visioning the National Health Service (NHS) to ensure the service remains fit for purpose.

Across the profession of radiography there are individuals and organisations that are embracing willingly the concept and impact of modernisation. It is also the case that there are radiographers who, perhaps, do not always share the modernist view point, or who feel that there are some aspects of modernisation which cause service/sector fragmentation. This article examines aspects of modernisation and its effect on academic and clinical integration through a particular career pathway – the clinical academic career route.

## What is modernisation?

It is helpful, first, to determine what is meant by the term 'modernisation', and, subsequently, to look behind the meaning to understand the effects of modernisation programmes on clinical academic healthcare careers. Within a typical dictionary[1], two definitions for the term 'to modernise' may be found:

- To make modern; adapt to modern needs or habits.
- To adopt modern ways or views.

Consider the first explanation which states 'to make modern'. There is an implication here that there are *extrinsic* forces at work which compel us to use, not always willingly, modernisation as a process for change. Is this the way radiographers view modernisation – something which is imposed upon the profession as an extrinsic action? Perhaps preferable is the second statement which defines modernisation as adapting to modern needs or habits, and adopting modern ways or views. These statements confer a degree of ownership and autonomy within the process. Within oncology services, it can be argued that staff and patients have an intrinsic drive towards modernism,

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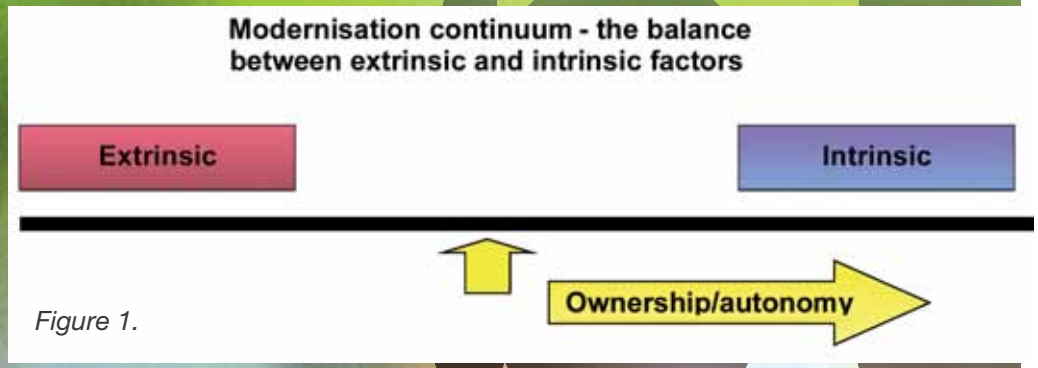



*Figure 1.*

and that it does not always require policy imperatives to initiate modern practice or consolidate change.

The healthy approach would be to consider 'modernisation' as a continuum, with both extrinsic and intrinsic values within the continuum. Drivers of modernisation should always aim at getting a balance between these extrinsic and intrinsic factors, and getting the balance right is an important holistic philosophy for the profession and others. Modernisation should take account of the needs of the individual, of teams, the service and the professions as a whole. Too great an emphasis on extrinsically-led modernisation may reduce the levels of ownership and autonomy experienced by individuals and the professions within oncology services and this, in turn, can increase resistance to change. Ownership of and agreement to modernisation and change is an important maxim for any organisation and is more likely to bring compliance and satisfaction to the service. (See Figure 1.)

There are a number of initiatives under the umbrella of modernisation in the NHS currently. The way in which some of these have impacted on the partnership between the clinical and academic sectors are discussed here.

Many of the key modernisation programmes have, with good reason, centred upon workforce and service redesign within the NHS. However, in the attempt to develop the NHS through modernisation initiatives, there is an increasing concern that the service and clinical staff are distancing themselves from academic colleagues in the higher education sector. This is problematic for those staff wishing to develop a career path that combines both clinical and academic elements of a healthcare profession.

## Modernisation of academic radiography

Academic radiography was itself modernised in the early 1990s. A radical modernising process took place with the move of academic radiography from the NHS into higher education[2]. The change had considerable impact on the provision of academic radiography services for staff, students and schools of radiography. Becoming a graduate profession offered a broader platform of educational experiences and further career opportunities in teaching and research for academic radiographers, and exposed student radiographers to wider educational opportunities. Changes of this magnitude in terms of understanding the new environment and employment contracts, and the development of new undergraduate programmes presented academic staff with immediate and stressful challenges. Looking back at the period, and the uncertainties which modernisation of radiography education precipitated, many academic radiographers would agree that the modernisation continuum felt very much loaded towards an extrinsic focus, with a loss of individual autonomy much in evidence.

There were concerns, too, about the inevitable reduction of clinical-academic links exacerbated by geography and other factors. There were successes during this time (which have continued) as academic radiographers, supported

by clinical colleagues, educated successfully academics from other disciplines to the relevance of clinical practice. Clinical practice modules were given high priority, as was the assessment of competence within radiography degree programmes[3], and this has remained the case. Radiographers and other allied health professionals have changed attitudes in higher education towards assessment of clinical practice, a process of modernisation for higher education, therefore. This focus on clinical practice and assessment also encouraged clinical staff to play an increasing role in the development and delivery of undergraduate modules and, in the last decade, there has been a year on year increase in NHS staff engaging with higher education to access professional development programmes and higher level qualifications[4]. These encouraging landmarks were tempered however by criticisms of the approach to the content and delivery of undergraduate programmes. In particular, undergraduate programmes were accused of being overly academic, with an educational regime which left newly qualified staff insufficiently prepared for their first few months of work[5]. Notwithstanding the ensuing debates between academic and clinical staff on this subject, what is not in contention is the importance that all radiographers place on providing future generations of radiographers with the best possible undergraduate education. This is achieved through high quality academic and clinical practice, supported by research and a strong evidence base.

Although many benefits have been drawn from this relatively recent modernisation of radiography education, perhaps it has not provided the best platform for collaboration and integration between academic and clinical partners, and, hence, for development of clinical-academic career pathways. The placing of healthcare education in the higher education sector has affected the geographical location of training programmes; the contractual arrangements both for staff and programmes, and has highlighted differences in vision and goals between education institutions and service organisations. It is not surprising, therefore, that barriers to achieving effective partnerships for the benefit of staff and students in both clinical and academic settings remain. So, have the recent modernisation programmes aimed at improving service delivery within the NHS assisted with removing some of the barriers, or are they able to assist?

## A common career framework for NHS staff?

The NHS now has the benefit of a new career structure following work completed in 2004 by the Modernisation Agency[6]. This depicts a nine level career framework for healthcare staff employed in the NHS in England. The framework

provides a pathway for healthcare staff to engage in and develop professional expertise and expert practice through a supported and developmental structure. However, staff across many professions were disappointed to find that it did not take account of how academic staff might link across from higher education and work within the framework. In addition, the framework did not provide a mechanism for staff in clinical settings who might wish to engage more directly with the academic environment. It seems that modernisation in this context aligns more closely to the 'make modern' definition rather than 'adapting to modern needs' in that the framework fails to support that cadre of clinicians and academics who wish to work more closely together.
Skills for Health are about to complete a further project which contributes to the larger allied health professions modernising healthcare careers agenda[7]. This later project uses national workforce competences to assist in service redesign and to develop effective patient pathways. The competences have applications and uses which include workforce development but it remains to be seen whether this Skills for Health led modernisation of Allied Health Professions careers provides a sufficiently in-depth range of competences that take account of research, educational practice within the clinical setting, and partnership with the education sector. Research and education competences are an important component of continuing professional development for all radiographers across both the healthcare and the higher education sectors, and through the entire career pathway. Research and education competences provide a shared platform through which clinical and academic healthcare staff can work together to develop effective and mutually beneficial clinical-academic careers.

## Modernising clinical-academic careers?

Modernisation has recently re-emerged for healthcare professions employed in the education sector. The Department of Health and the Department for Education and Skills have commissioned a number of key reports in the last few years that have sought to offer support for those wishing to pursue clinical-academic careers. This series of reports[8-10] has identified the need for flexible career pathways which enhance the working partnerships between academic and clinical settings for all healthcare professionals through for example, joint appointments, facilitative contractual arrangements, knowledge transfer and research collaboration.
Many academic staff wish to pursue careers in which they have opportunities to re-engage with clinical practice through clinically based research, or through the regaining of clinical skills using effective joint contractual arrangements. Equally, those clinical staff wishing to advance their careers as specialist practitioners or clinical researchers, for example, often require academic support through higher professional or research qualifications and professional development programmes.

## A model for modernising clinical-academic careers

It is possible to offer a model of modernisation that would assist those wishing to pursue clinical-academic careers and that incorporates clinical, teaching and research strands. The United Kingdom Clinical Research Collaboration (UKCRC) intends to develop a model which supports clinical-academic careers in nursing and allied health professions[11]. The report produced by the UKCRC supports the view of many clinical and academic healthcare staff in nursing and allied health professions

by placing the clinical strand firmly at the centre of career development. The proposals include the provision of appropriate infrastructure support including protected funding (see Figure 2), professional training, flexible employment contracts, support for higher qualifications and mentoring.

The model also offers the possibility of following a clinical-academic career successfully from early career positions through to leadership positions across both clinical and education sectors. The model encourages portfolio career development with sessional employment, secondments and sabbaticals between the sectors. (See Figure 3.)

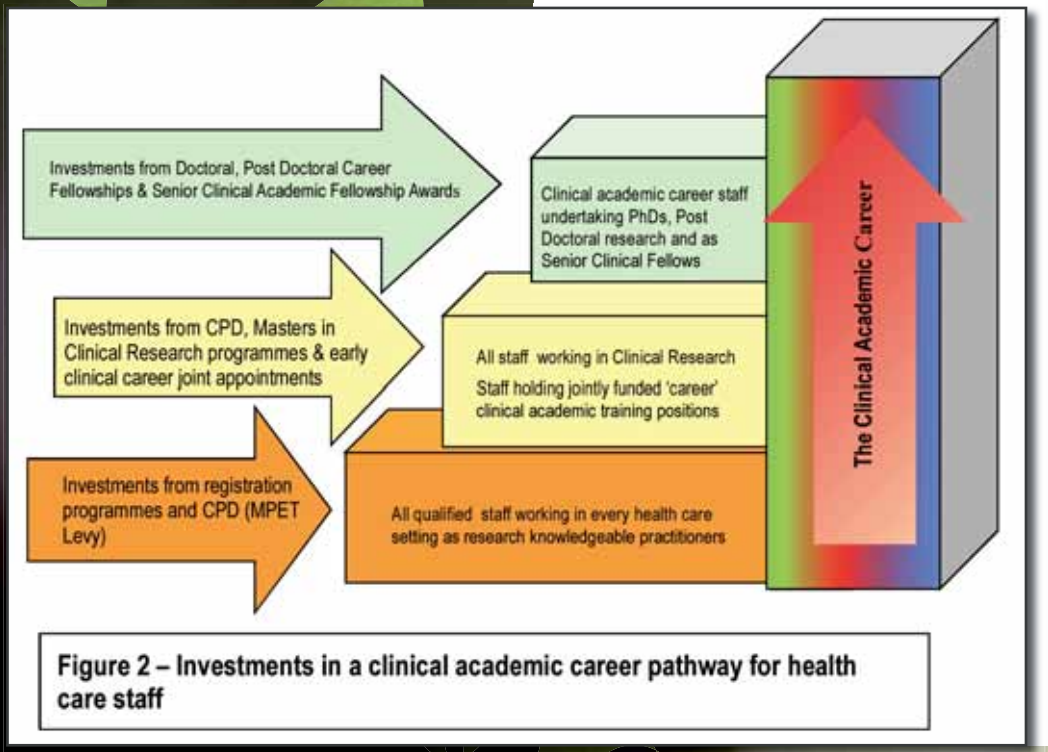
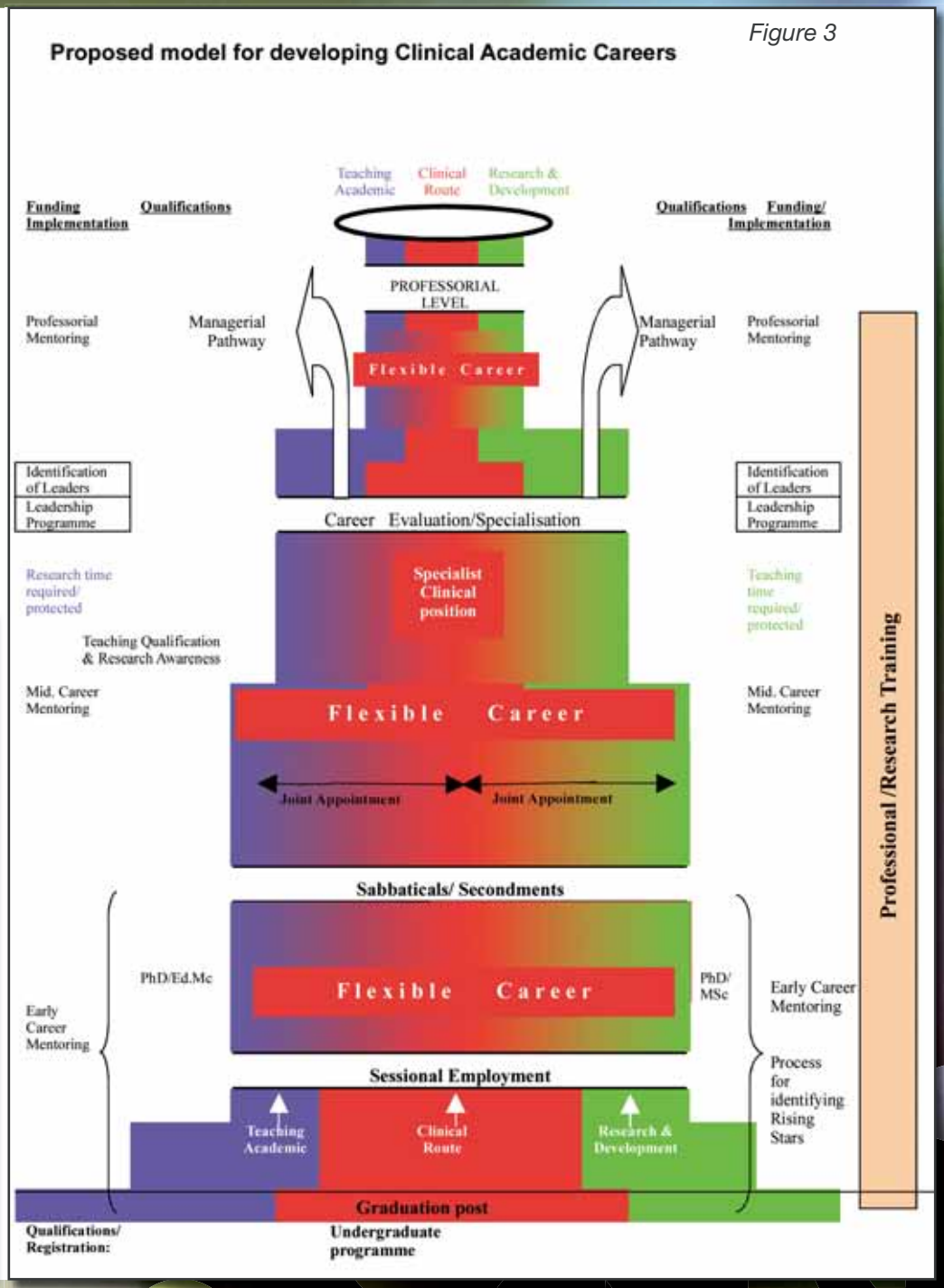



**Figure 2 – Investments in a clinical academic career pathway for health care staff**

*Figure 3*



"Room for cautious optimism for those radiographers wishing to develop an effective and supported clinical-academic career."

## Conclusion

There is room for cautious optimism for those radiographers wishing to develop an effective and supported clinical-academic career, particularly if the UKCRC model is taken up on a widespread basis. Nevertheless, this alone may be insufficient and it is essential that future modernisation programmes are scrutinised very carefully to ensure that their underpinning philosophies, directions and modelling are able to support an inclusive clinical-academic partnership. This will bring benefits to services and patients as well as to staff and students. It will also demonstrate very clearly a balance between the extrinsic and intrinsic values of modernisation.

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