



Health Education England

In partnership with

South, Central & West
Commissioning Support Unit

Health Informatics Career Pathways Project

Report C: Executive Summary

Report commissioned by the national
Building a Digital Ready Workforce Programme

Aasha Cowey, South, Central & West
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Executive summary

Background

The focus on digital, technology and data within healthcare continues to rise and for the purposes of researching this work we have used the term health informatics. More than ever, there is a significant need to ensure we have a workforce who are both skilled and knowledgeable alongside creating the conditions to ensure individuals can put those skills and knowledge to good use and have the confidence they can progress with a career should they wish to do so. Without a better understanding of this, the NHS will continue to face recruitment and retention problems in this area, and individuals risk continuing to languish in unhelpful roles not putting their skills to good use.

Our overall aim was to understand how recruitment and retention (including progression) for health informatics can be improved by learning from the experiences of our existing workforce. The recommendations are primarily aimed at those who have national or local responsibility for the informatics workforce. We also hope that this research will guide CIOs and boards to develop the profession within their own organisations with nationally focused recommendations to support and enable this. The full report will likely make interesting reading to anyone within the profession.

Methods

While various surveys are available focusing on a point in time and individual anecdotes are aplenty, there appeared to be little work done at scale to understand the collective journey the health informatics workforce has been on. We undertook an online survey using a mixture of quantitative and qualitative questions to capture information on the following four areas: contextual information, mapping career pathways, reflections and looking to the future.

Results

507 individuals participated in the survey. We captured information about 855 individual roles including 627 unique job titles. All roles were coded by seniority and specialist career area enabling us to build a career pathway heatmap, plotting movements where possible. This activity was challenging; many job titles were vague and difficult to code. It was evident that roles tended to be more specialist early on, becoming broader with seniority.

Individuals had mixed opinions about the usefulness of the terminology *health informatics* in the modern workplace and offered a variety of interpretations around its scope. The challenges presented by individuals tended to focus on national, organisational or cultural issues such as their profession being underappreciated and lack of clear career pathways. The enablers tended to focus on personal qualities where people had carved out their own opportunities or had access to positive support networks or appropriate training. Individuals were able to articulate what they wanted going forwards to help them on their career paths, some of which are things that are already available yet were either unknown or access was perceived as difficult, sometimes due to lack of funding.

Recommendations

We have structured our report to present our five areas requiring improvement. For each area we have included narrative on what needs to change based on the findings from our survey results, alongside some practical recommendations.

Articulating health informatics career pathways across the NHS: There is a need to agree and articulate the specialist areas within health informatics alongside skill requirements. Job titles and descriptions need to be in line with industry standards and be meaningful. This is not about dictating a particular career path but enabling individuals to be aware of the opportunities and make informed choices about their future. Increased consistency in terminology will also enable us to measure and improve diversity in specific specialist areas as well as ensuring individuals seeking work are able to locate opportunities. Inspirational case studies would be welcome and existing initiatives should be considered such as the HEE careers function to promote this.

Nationally supported recruitment and retention: We have identified three career levels where glass ceilings can hinder progression between them. Entry level roles require an improved foundation potentially with a basic education package to avoid being specialised too early on and gaining a better understanding as to how their specialism fits into the wider NHS. Mid-career roles need support to build specialist skills and be able to use them in practice. Senior managers require more knowledge and leadership support as their portfolios broaden. Leadership skills are required at all levels including those who do not wish to become managers. Individuals external to the NHS may need an orientation to the NHS initially but must not be automatically disregarded. The apprentice levy can support some of this but it is not clear if that is being utilised from these survey results.

Define the professional body offer and understand health informatics network opportunities: Individuals were not always clear what the professional bodies were offering, what the overlap was and how they could benefit. There is real potential for the professional bodies and local training networks to support individuals in realising their goals; however until we can articulate with consistent language what we are striving to achieve, this is difficult to match up. The professional bodies and training networks also have an opportunity to support organisations with understanding their profiles and developing meaningful succession planning, while supporting individuals with careers advice and development. There is a need to ensure that there is more consistency in training and support available and this is not down to luck or being in the right organisation.

Regional/System approaches to developing an informatics workforce: There are opportunities for organisations to tackle workforce challenges together at scale. This includes developing joint initiatives to enable staff to gain exposure through rotational, placement or secondments in system wide projects, developing new skills and experience valuable to the local system without the costs of unplanned succession planning and recruitment. Structured activities around networking, mentoring and coaching should also be encouraged as part of this to build up individuals' support networks. This should be linked closely with local training networks providing specialist training and linked to Regional Talent Boards to ensure this is considered as part of the mainstream and future proofing the local workforce. We believe that the roles of professional bodies and informatics networks and regional/system workforce approaches are complimentary with the former providing advice and services, the latter identifying local supply and demand requirements.

What can senior leaders do now?: This section considers the cultural changes that all leaders can explore with their organisation including the importance of executives understanding what health informatics staff need in order to do their jobs effectively. Part of this is ensuring health informatics has a voice and is seen as integral to service transformation, rather than becoming a scapegoat and suffering from blame cultures. Those in a recruiting or line manager capacity can also do more to support and signpost their direct reports.

