

Making Information Count:

**A Human Resources Strategy for Health
Informatics Professionals**

October 2002

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1. Introduction

The **purpose** of this document is to ensure that people who work primarily in the area of **Health Informatics** in all sectors of the NHS in England are able to make the best possible contribution, individually and collectively to improving health and patient care.

It is the beginning of a process, not the end. It sets the direction of travel and a national framework for investment and measuring progress. Reaching the desired goals will need commitment and action on the part of those who are tasked with making it happen.

It brings together new work and work that has taken place in isolation from a national framework and places this firmly within the context of the wider Human Resources Strategy for the NHS, '*HR in the NHS Plan.*'

It is written at a time when there are many important changes in the way in which information and technology are being delivered within a modernised NHS. It is intended that **Health Informatics** staff be fully engaged in this process. For this to be the case there needs to be **the right staff, in sufficient numbers with the right skills.**

It is based on the following strong system of underpinning values.

- That the effective use of information and technology in a health care setting does contribute directly and indirectly to the improved care of patients.

There is increasing testimony from national and individual audits of organisational performance that inadequate technology and problems with the collection of, and access to, information of a quality that can be reliably used to inform patient care decisions, is a direct contributor to failures in health care delivery.

- That training and development in **Health Informatics** skills and knowledge does contribute to the effectiveness of the NHS workforce to utilise the investment in new information technology to directly benefit the delivery of patient care.
- That recruitment and career development of a specialist **Health Informatics** workforce in line with the emerging health professional framework for the NHS will enable them to make the best possible contribution, individually and collectively to improving health and patient care.

2. What is Health Informatics?

2.1 Definitions

Health Informatics is an emerging discipline within healthcare and there are many definitions in use, which reflect either a perspective of its use or a description of the work area undertaken by the staff involved.

The following definition is generally agreed to sum up the scope of the Health Informatics discipline as it is currently practised.

'The knowledge, skills and tools which enable information to be collected, managed, used and shared to support the delivery of healthcare and to promote health.'

All staff working in the NHS need a level of competence in Health Informatics. Basic IT skills underpin the effective use of the information technology in daily use to support many health care practices. To this end the European Computer Driving Licence (ECDL) has been adopted as the referenced standard for NHS staff covering the basic use of information technology.

Healthcare professionals increasingly recognise that collecting and using information effectively is a fundamental part of their professional practice. The skills and knowledge needed to do this are set out in the document *Learning to Manage Health Information; A theme for clinical education* and appear in CPD guidance and benchmark statements for each profession to underpin the education and training of health professionals.

This strategy recognises this theme and the importance of appropriate skills and knowledge for the users of technology and health information but is primarily concerned with those staff for which **Health Informatics** is their whole role or a major part of their role. These staff need highly developed specialist skills and knowledge to carry out their work.

2.2 Who Works in Health Informatics?

The type of work encompassed by **Health Informatics** is carried out by the following groups of staff. Each staff group will share a core of knowledge and skills and will in addition have a recognised specialist area of practice.

Where these staff groups are brought together to support a health community they may be collectively called a **Health Informatics Service**.

Staff Group	Description of the Function or Role
<p data-bbox="263 230 560 322">Information & Communication Technology (ICT) Staff</p> 	<p data-bbox="643 230 1382 353">Staff roles include Network Management, Technology and Help Desk support, Application and Systems Development, Project Management and Implementation, System Security and, Staff Training</p> <p data-bbox="643 371 1410 658">The ICT function is responsible for the development, management and support of the ICT infrastructure in an NHS organisation. In broad terms this means the internal and external electronic communication networks (WANs and LANs) which link the operational systems within healthcare organisations, and the hardware (desktop PCs) and software systems (e.g.ward ordering, email, pathology reports, patient administration) within those healthcare organisations, which are used by health professionals, managerial and support staff.</p>
<p data-bbox="263 721 544 745">Health Records Staff</p> 	<p data-bbox="643 721 1415 875">The role of Health Records staff is to collate, organise, retrieve and archive the record of a patient or client, for the purpose of recording and informing their care, the communication of their care between health professionals and to meet legal, audit and governance requirements.</p> <p data-bbox="643 896 1358 956">To additionally collect the activity data related to all patient or client attendance for care with a health practitioner.</p> <p data-bbox="643 976 1386 1068">Clinical Coders are responsible for accurate coding of the health record and this is a specialist area within Health Records management.</p>
<p data-bbox="263 1211 515 1272">Knowledge Management Staff</p> 	<p data-bbox="643 1211 1415 1303">The traditional role of the Librarian within healthcare organisations or associated academic institutions has developed in response to the growth of ICT and service needs.</p> <p data-bbox="643 1323 1422 1574">The area increasingly referred to as knowledge management supports health professionals and management staff in their education, training and development and professional practice. The knowledge and evidence base of health care is widely dispersed and in many formats. Access may be through physical or virtual facilities and an important role within Knowledge Management is training staff in the use of a wide range of retrieval and analysis tools.</p>

Staff Group	Description of the Function or Role
<p data-bbox="263 230 518 293">Information Management Staff</p> 	<p data-bbox="641 230 1396 322">Staff roles include Business and Data analysis, Research, Clinical Audit, Data Protection and Confidentiality, Planning and Performance Management.</p> <p data-bbox="641 342 1417 562">Individuals in roles within information management are responsible for the retrieval, analysis, interpretation and presentation of health data and information, to a high standard, enabling planning and understanding of the delivery of patient services and patient care. Information management requires a sound understanding of the health care process in a range of organisational settings e.g. public health, primary care, acute services, social services.</p>
<p data-bbox="263 721 550 813">Health Informatics Senior Managers and Directors of Services</p> 	<p data-bbox="641 721 1388 781">Senior Managers and Directors will come from all of the Health Informatics specialist areas.</p> <p data-bbox="641 801 1374 987">To gain the most benefit from the diverse functions within Health Informatics, linkages between the functional areas need to be made. This requires balancing sound management skills, effective operational service delivery experience and strategic leadership with a sound understanding that the overall purpose of the function is to benefit patient/client services.</p> <p data-bbox="641 1008 1361 1068">Directors will report to or be operating at organisational Board level.</p>
<p data-bbox="263 1211 523 1272">Clinical Informatics Staff</p> 	<p data-bbox="641 1211 1422 1559">Clinical Informatics concerns the capture, communication and use of patient data and clinical knowledge by Doctors and other Clinical Professionals and the development and implementation of electronic tools to support the whole cycle of clinical information. Working effectively in Clinical Informatics builds on clinical training, experience and judgement, so is a development of the general Health Informatics basics set out for all health professionals and where the medical or clinical staff who engage in it have decided to focus their practice on this aspect of the patient care process. It is directly relevant to the delivery of care to patients and enables clinical governance in a modernised NHS.</p>

3. Where are we now?

Local health communities working to implement 'Information for Health' and 'Building the Information Core', to deliver the **Health Informatics** component of the NHS Plan, have identified problems of capacity, capability and low morale within the current **Health Informatics** workforce.

Understanding where we are now within these three categories helps to define and suggest a sensible approach within this strategy.

3.1 Workforce Demographics – Capacity

It is estimated that there are in excess of 20,000 staff working in **Health Informatics** at the present time. This represents a rise of over 200% from the estimated figure of 6,000 staff taken from a survey conducted by the NHS Training Directorate in 1993.

The most recent, comprehensive survey of **Health Informatics**' roles and the numbers of staff employed in them was conducted as part of the '*Information for health*' Initial Local Implementation Strategy (LIS) process (1999). Health communities grouped around health authority boundaries completed an audit of the staff in post in acute, community, primary care and health authority organisations. The audit did not differentiate between gender, age or ethnicity.

Attempts to draw a reliable picture of the size and scope of the function from this data must be treated with caution. It was recognised that the audit did not capture staff engaged in **Health Informatics** who were working within, e.g. clinical departments – as system support to Pathology systems or IT Trainers attached to general training departments or staff who had the major responsibility for e.g. ICT support and development within their organisation but this was not their primary job role – GP Practice Managers. The definition of **Health Informatics** job roles was also very open to local interpretation.

However, data from this survey has been used and updated by sampling to provide a fair assessment of the current size and scope of the function, see *Annex 2*.

It is recognised that developing and implementing the information and technology component of the NHS plan and delivering the new national programme for IT in the NHS, requires a coherent, integrated approach to ensure that the right mix and numbers of Health Informatics staff are employed in the right place at the right time. There are marked fluctuations within and across what are now strategic health authority geographical areas, which cannot be explained by differences in the size and complexity of the respective **Health Informatics** requirement. There are areas of marked good practice, and we need to share this, around the required size and mix of workforce required to maintain an efficient and effective **Health Informatics Service** for a health community.

Without good practice to cover the job roles required to maintain an effective service and to understand the link between **Health Informatics** and delivering as well as measuring patient care, recruiting staff into this area will continue to struggle to compete with other priorities.

3.2 Education, Training and Development – Capability

The last decade over which the discipline of **Health Informatics** has been forming, has seen the development of a range of standards, often expressed as outcomes of learning which are designed to inform educational providers course curriculum and to advise those who commission education and training on behalf of NHS staff in England.

The latest and most relevant of these standards are published in *Learning to Manage Health Information: a theme for clinical education* and the standards that underpin the *Professional Awards in Information and Technology for health care staff*.

Progress to gain delivery to meet the standards has been slow. There is a direct correlation between supply and demand and education providers have understandably not been willing to commit scarce resources to develop education and training in **Health Informatics** subjects, if these are not specified as a requirement and resources allocated to their supply by mainstream commissioners of education and training for the NHS.

This applies to the provision of **Health Informatics** within pre and post registration education for health professionals as well as education and training for specialists in **Health Informatics**.

In June 2000 a set of **Health Informatics** Competency Profiles was developed by the NHS Information Authority's Ways of Working with Information Programme, which identified the **Health Informatics** competencies required for all NHS staff roles. The first audit of the service carried out in January 2001 showed a huge competency shortfall across all subject areas and all staff groups. The 2002 annual survey against these competencies shows improvement in basic IT skills but there is along way to go yet across all staff groups

The situation for clinical staff has improved over recent years. Developments under the new Health Professionals' framework and the associated benchmark statements for education and training identify **Health Informatics** topics to be covered. This should ensure that Workforce Development Confederations commissioning from education providers require that the syllabus offered to the student contains relevant elements of **Health Informatics** and that these are assessed to an agreed level of competence.

Health Informatics areas included in the benchmark statements for Radiographers are:

Information Gathering:

- The ability to gather and evaluate evidence and information from a wide range of sources including electronic data.
- The ability to use methods of enquiry to collect and interpret data in order to provide information that would inform or benefit practice.

Communication:

- Effective skills in communicating information, advice, instruction and professional opinion to colleagues, patient, clients, their relatives and carers and, when necessary, to groups of colleagues or clients.

Numeracy:

- Understanding, manipulating, interpreting and presenting numerical data.

Information Technology:

- The ability to engage with technology, particularly the effective and efficient use of information technology.

Informatics subjects benefit from a multidisciplinary approach to their delivery, which is in line with the ethos of education, training and development for the NHS set out in *Working Together, learning Together*. There are a growing number of good practice examples in the service that are taking this approach.

New Generation Project operating at the University of Southampton, Hampshire, one of the leading edge sites for Inter-professional Education.

Health Informatics is a Module in a common learning programme at this institution.

There are no nationally recognised funding streams to support the education and training of staff who enter the specialist area of **Health Informatics**. The IM&T Recruitment and Retention Survey – 2000, covering training for **Health Informatics** specialist staff, reported that 73% of staff had unmet training needs, with 44% of these staff having no means of meeting the need. The reasons for this were lack of investment in training or where there was funding available there was often no suitable course to attend.

Recently partnerships have been established with a number of Universities across England to deliver courses that meet the standards of the Professional Certificate and Diplomas in Information Management and Technology (Health). A growing number of staff, committed to working in the Health sector register for these awards and other recommended professional qualifications.

The University of Derby's BSc in Health Informatics has been recognised as providing learning and assessment which incorporates the standards of the Certificate and Diploma level of the IM&T Professional Awards. Candidates gain both an academic qualification and entry to the NHS Information Authority's Register of Professional Competence in Health Informatics. The programme is multidisciplinary and leads to a common professional qualification in the subject area.

However there is as yet no link made between gaining the qualifications that prove competence and subsequent career progression including pay and reward.

Some regional groups representing local health communities have sponsored trainee schemes for **Health Informatics** specialists e.g. the London **Health Informatics** Scheme: the North West IM&T Trainee Scheme and the Trent **Health Informatics** Trainee scheme. These commendable but ad hoc schemes clearly demonstrate the local need. They receive financial support from a variety of sources but are heavily dependent on the commitment of local champions and vulnerable to changing organisational structures and priorities.

*The situation in **Health Informatics** education and training for NHS staff can be summarised as follows,*

*There is clarity generally on the learning requirements although these are not yet related through occupational standards to specific functions and job roles but reluctance to recognise and prioritise the need for investment and the development of quality programmes to deliver the learning outcomes for clinical professionals as well as for staff working in the specialist areas within **Health Informatics**.*

3.3 Recruitment and Retention – Staff Morale

The public sector including the NHS has recognised difficulties in recruiting and retaining staff across the **Health Informatics** work area at all levels of need. There are particular problems recruiting into senior posts and retaining Health Records and ICT staff.

These problems are most acute in London and the South East. The 'IM&T Recruitment and Retention Survey – 2000' found that there was 43% attrition into similar posts in the private sector compared with 29% movement to other NHS or Healthcare (non-NHS) posts.

Health Records staff are known to be mainly female and there is a high incidence of part-time posts. Poor working conditions and low pay contribute most to their turnover.

A particular feature of the ICT labour market is its volatility and this is true for both the public and private sector. Demand and supply are subject to changes in level of organisational investment, surges or dips in the development of new technologies and external forces such as was experienced during the Y2K compliance project.

At the entry and middle level of operation recruitment is less of a problem but staff are leaving too soon. Having gained knowledge and experience they look for more development and reward within the role.

Problems also exist recruiting into the most senior posts in the **Health Informatics** discipline where we seek to attract the best to lead the function. Salaries across all managerial level job roles are known to be 30 – 50% lower than the private sector and can be up to 10% lower than other public sector organisations.

Pay is not the only reason that **Health Informatics** staff would consider a job move. According to the IM&T Recruitment and Retention Survey – 2000, salary increase is ranked 3rd in the list of circumstances where staff would consider a job move. Training and development (lack of this) and the work environment (stress, lack of feedback on performance and inflexible hours, which prevented a better home and work balance) ranked higher.

Work has commenced to develop occupational standards for Health Records and ICT staff in the NHS, on which a career structure can be based, which is aligned to knowledge and skills required in the job role and linked with pay and reward. This is in line with other work on occupational standards for Support Services and for Healthcare Scientists and the development of a functional map for the health sector as a whole.

The contribution that doctors and other clinical staff can make to a **Health Informatics** Service is considerable and should be encouraged. Valuing this area of health practice and the practitioners who chose to work within it is an important first step.

Doctors and other clinical staff are required to maintain their professional status under rules regarding re-validation introduced in January 2002. Medical or Clinical Informatics is not yet recognised as a full clinical speciality, which currently penalises staff if they enter the discipline full-time. Most of the re-validation folder contents are directly relevant and easy to supply but some are not.

4. What do we want to achieve?

This strategy strongly supports and works towards the four pillars of HR in the NHS Plan (2002) as a means of achieving its overall purpose. In practical terms this means setting out what needs to be done to ensure that for **Health Informatics** staff the NHS is a

- model employer
- provides a model career
- improves staff morale
- builds people management skills

The NHS Information Authority has set up the **National Health Informatics Development Service (NHIDS)**, to replace the Ways of Working with Information programme. This service is well placed to specify, commission, deliver and co-ordinate the work required to deliver the agenda set out in the strategy. This will be achieved with support from the DoH, NHS U, professional and statutory bodies, and education providers in public and private sectors, suppliers and service stakeholders. All will be required to develop solutions to meet the capacity and capability needs of Health Informatics services and staff.

The **NHS U** (a university for the NHS) is being established as a key part of the modernisation programme for the NHS to give access to learning and development for all staff. An early development will be the establishment of a stream of **Health Informatics** activity. It is the intention that the NHS U will specify, commission and deliver health informatics programmes in partnership with further and higher education institutions and others including the NHS Information Authority, using innovative 'blended' learning solutions.

4.1 Securing the Health Informatics Workforce

“We know we need more, and we need those we have to stay with us longer.”

No systematic **workforce planning** has been done by the NHS to establish the number of staff required to manage the information technology infrastructure and to provide the services required in order to collect, organise, retrieve and analyse the data and information about the business of health care delivery. At the moment **Health Informatics** staff are employed solely on the basis of local demand.

Key recommendations of the Wanless report require a doubling of NHS spending on technology to support its clinical care targets, from 1.5% of the NHS spend to 3%.

To support this level of new investment in technology will require a significant level of recruitment of new staff as well as in the development of exiting staff to maximise their contribution.

The most effective recruitment and employment policies are based on a sound understanding of the work that is required of a job holder, at the required levels in an organisation and how their job role fits into the whole picture of the function it supports.

As a priority the NHS Information Authority is to carry out work to produce a functional map of **Health Informatics**, including Clinical Informatics. This work is essential to identify clearly the purpose of each area of speciality in **Health Informatics**, the associated job roles that achieve the purpose and the knowledge and skills required for the job roles. The current occupational standards work on the specific functions of ICT and Health Records contributes to this and should be fully integrated into the **Health Informatics** functional map.

Once the **Health Informatics** function and its component parts is fully understood advice based on best practice can be drawn up to help local workforce planning and local and national staff development programmes.

Career information will be produced that reflects the current areas of work involved in **Health Informatics**, in a positive and integrated way. Career progression both within a specialist area e.g. health records as well as across into another specialist area e.g. information management, will be proactively portrayed.

Rachel began her career in the NHS in 1991 as a coding clerk with the Harrogate Healthcare Trust rising to Clinical Coding Manager at Bradford Hospitals NHS Trust. A growing interest in and understanding of information technology in health organisations led her into a Project Support Manager role dealing with a variety of IT implementation and development projects in the Bradford Trust.

In this role she gained more insight into the use of the data and information from healthcare systems and how this is used to contribute to clinical governance through monitoring patient care and in dealing with patient's charter reporting and responding to complaints and enquiries.

Her current post as Booked Admissions Project Manager makes use of her previous experience in Health Informatics areas and widens its application from an Acute Trust into the Primary Care sector.

Career pathways that attract external entrants and encourage migration from clinical health roles will need to be clearly set out.

Staff retention has been identified as a real problem. Improvements in equity of salaries within the NHS and parity at least between similar public sector posts will go some way to both attract and retain staff.

However if the NHS is to be seen as '*the place to work*' by new entrants and experienced staff it will need to actively adopt the guidelines set out to achieve model employer status.

The Improving Working Lives campaign is central to delivering improved recruitment and retention in the NHS. By April 2003, all employers are expected to be accredited against the Working Lives Standard, published in October 2002. They will have to demonstrate their commitment to flexible working arrangements for, example:

Flexi-time, job -share, flexible retirement, reduced hours option, career breaks and childcare facilities.

Much of the work carried out by **Health Informatics** staff can be done flexibly, in terms of hours of work and place of work. Computer systems and electronic communication networks allow the NHS to operate flexibly and remotely. Offering the benefits of a work-life balance to staff may depend on

our willingness as an organisation to also use the technology to its full potential to support healthy working practices.

The IM&T Recruitment and retention Survey also found that 12% of staff were leaving to retire or were not taking up another job. Retaining a percentage of these through improved and flexible working practices would be a welcome step in the right direction.

Sharon has a background in HR and organisational development and works in the West Midlands as an Information Education, Training and Development Adviser (ETDA). The NHS has been able to continue to benefit from Sharon's enthusiasm, knowledge and experience in this area of work despite family responsibilities for four children, including 5 year old twins through a flexible job-share arrangement.

Natalie, the other partner in the arrangement has a business and technology background and a personal interest in staff development that she brings to the role.

She juggles the demands of a teenage son and a 3 year old with her work role and complements Sharon in both knowledge and experience.

Limitations on pay and reward are cited as a factor in their decision by most leavers. The initiative *Agenda for Change* proposes a number of important changes to increase opportunities for staff. The ones of particular relevance to **Health Informatics** staff, that may help to improve recruitment and retention are;

- The ability to develop new roles and jobs locally or nationally and reward them fairly using the Job Evaluation system.
- The improved opportunities for switching between roles at the same level or progressing to more demanding roles within the new system of simplified pay bands.
- The opportunity for pay progression within pay bands linked to the new skills and knowledge framework, to reward staff who take on new skills and responsibilities.

Currently there is an improved climate for change in the NHS that offers many opportunities for Health Informatics staff. The involvement of Health Informatics staff in ensuring this process works for their area of activity has traditionally been low but they now need to become fully engaged.

Working with the Private Sector

The national programme for IT in the NHS sees partnership with the private sector as a key factor towards meeting the challenge to increase capacity.

The NHS has a mixed experience of dealing with the private sector to provide all or selected IT services. Leaking of experienced staff to the private sector to see their return on improved salaries to provide services to the NHS, whilst understandable at an individual level, organisationally has led to instability and ambivalence.

Where there is a good partnership working arrangement this demonstrates the need to retain a high quality in-house team to ensure that the contracts and service level agreements are well managed and that NHS stakeholders needs and organisational 'fit' with other systems is maintained.

The private sector, are and will continue to be an important component of IT provision within and for the NHS. The private sector share public sector concerns about capacity and capability, essentially we are

both fishing in the same pot. The private sector has the immediate advantage of passing additional staff costs to the customer. In the medium to longer term escalating costs may seriously damage their customer relationships.

A proactive response would be, a positive employment strategy that recognises the opportunities for staff within the private sector but emphasises the advantages of this being carried out through partnership arrangements for NHS staff with all terms and conditions protected.

The NHS should share capacity needs with key partners in the IT industry, so that it can jointly invest in resources for research, evaluation and training and development.

Strategic outsourcing of services has advantages, these are in the,

Short-term – shared risk and allowing time for the NHS to concentrate on the development of in-house management capability including leadership qualities of Health Informatics staff.

Mid-term – development of strategic recruitment and retention partnership arrangements involving apprenticeship and fast-track trainee programmes aimed at building a more sustainable and less competitive environment for staff relations between the NHS and its key IT suppliers.

Mid to longer term – as best practice is shared and trust is gained there will be strategic advantage for both public and private sector from shared posts, secondments and joint research involving senior practitioners and managers.

The emphasis above is on the capacity issues within the ICT area of Health Informatics but there are known difficulties in the recruitment and retention of knowledge management staff and analysts with statistical analysis skills and experience where we also compete with private and other public sector employees.

Based on the current position with Health Informatics staff and the likely capacity required to implement the national programme for IT across the NHS, it will be necessary to consider increasing the levels of staff.

The estimated current attrition rate of 43% of staff leaving to take up posts in non public sector organisations should be addressed.

Workforce planning will consider shared public/private sector models to deliver the increased capacity required by the NHS, linking with Prime Service Providers, Regional Economic Development Agencies and learning Skills Councils.

Career literature representing Health Informatics as a career of positive choice will be produced for new entrants and to encourage career changes and career development amongst current NHS employees by September 2003.

4.2 Developing the Health Informatics Workforce

High quality, credible, recognised education, training and development and good direction and leadership are essential components to ensure the NHS has an effective **Health Informatics** workforce now and for the future.

The first **lifelong learning framework** for the NHS 'Working Together – Learning Together' states that,

“lifelong learning is primarily about growth and opportunity, about making sure that staff are supported to acquire new skills and realise their potential to help change things for the better.”

The framework covers all aspects of learning and development for health care staff from basic induction, vocational and professional training, CPD, management and leadership development. Individual learning will be set within a personal development plan and should be valued, recorded, recognised and where possible accredited.

There is much greater emphasis on education, training and development with validated academic outcomes that emphasise competence to apply learning to workplace activities and can lead to professional recognition.

The use of informal learning through e.g. action learning sets and development associated with problem solving within groups and in communities will be encouraged within a CPD scheme to ensure that this is valued and recorded within a professional programme. Opportunities for this are already available through the locally based Informatics Learning Networks.

The lifelong learning framework is relevant to **Health Informatics** staff and will underpin the following specific development initiatives.

The Skills Escalator for Health Informatics Staff – Annex 3

The concept of the Skills Escalator is about attracting a wider range of people to work within the NHS by offering a variety of step-on and step-off points. It will enable young people starting out on a career to get the support they need to progress as well as support those in mid-or later life or embarking on a second career to join at the most appropriate point based on their knowledge and experience.

Age, background and existing academic attainment will no longer be barriers to those with potential and the will to progress their careers. It will also enable the NHS to have a workforce that is more representative of a local community and to demonstrate the benefits of working within the NHS.

Some staff may wish to develop their skills at a particular level of responsibility. Others may choose to develop the skills necessary to progress to the next level. This does not guarantee promotion or advancement but will place them in a favourable position to take advantage of opportunities as they arise. In this way staff entering careers in **Health Informatics** will be enabled to have careers that are satisfying, whilst simultaneously filling skills gaps that develop through staff turnover or increased demand for a service.

Health Informatics Training schemes.

There is a firm commitment to enable staff to achieve their full potential both within their current job role and to enable them to achieve progression. This will be achieved through the development of a series of interconnected training schemes involving knowledge, skills and experience and linked to professional recognition that will support mobility from entry level to director level.

Entry to the training schemes will be **inclusive not exclusive** with entry and exit points that reflect an individual's chosen career pathway. The schemes will adopt the principles of the Skills Escalator and have different in-takes, with different qualifications and experiential requirements for entry, to develop capacity and to address the known deficiencies e.g. Project managers, skilled technical staff and future managers of services.

We would wish to emulate and work alongside the successful management and finance schemes, to benefit particularly from their recruitment, placement and mentoring experience.

Throughout the lifecycle of development there will be a requirement that **Health Informatics** staff gain transferable skills in communication and team working as well as have an understanding of the NHS to compliment the specialist knowledge and skills relevant to their individual job role.

Entry Level – training scheme

All **Health Informatics** staff on joining the NHS should have a personal development plan (PDP), which will ensure that they have the core knowledge and skills identified for working in the discipline. These will include basic IT skills, the European Computer Driving Licence (ECDL) or equivalent. An induction programme will cover an understanding of the NHS, health informatics, confidentiality and security and relevant NHS technical and data standards. In addition they should gain introductory communication and team working skills.

It is expected that many staff taking up job roles in the NHS will already possess many of the core skills. The objective of the PDP should be to ensure that any gaps are identified and development is planned and achieved. For all staff the learning will count towards professional recognition and for some this may be within a recognised qualification e.g. the Certificate in IM&T (Health).

Stephen began his career in the NHS as a nurse in a busy central London teaching hospital. In this capacity he was seconded to a major development project to introduce a computerised system into the Accident and Emergency department. He brought to the role an understanding of health care practice and management skills gained in his nursing role. Training and development enhanced his understanding and capability to work with and manage information technology. In late 1998 he embarked on a Health Informatics professional development programme to consolidate the skills and knowledge he had gained and to identify and fill gaps. In summer 2002 he qualified for the Advanced Diploma in IM&T (Health). He is now in a Director of Health Informatics post within an outer London Trust.

Core Practitioner and Senior Practitioner – training scheme

The specialist skills required to carry out the job role will be identified through the work being carried out by NHS Information Authority to create a functional map for **Health Informatics** and identify occupational standards. Individuals' PDPs based on the identified requirements should be used to ensure that development planned and delivered for staff is relevant to the job role.

The occupational standards can be linked with appropriate qualifications, experience and levels of professional competence.

Development will be through a variety of flexible opportunities:

- recognised part-time academic courses based on known learning outcomes, which contribute to verified levels of competence.
- accredited short courses, seminars, distance and e-learning programmes which carry points contributing to CPD and may lead towards a formal professional qualification
- mentoring, work shadowing and placements in other departments contributing to the experience required to gain professional recognition.

The audits conducted against the *Health Informatics Competency Profiles for the NHS* showed that there were some key areas of development e.g. procurement, business case development and project management that applied to many core and senior **Health Informatics** specialist staff

As a priority, these courses will be commissioned and made available centrally in order to meet the need in the shortest time-scale and provide value for money. These courses will be accredited under arrangements for CPD.

The Microsoft Professional Engineer qualification is recognised within the e-skills occupational standards framework for ICT staff and within e.g. British Computer Society professional development model. Current work carried out by Health Skills UK to establish occupational standards for the ICT function in health care, has confirmed that the generic e-skills standards are appropriate for ICT in the health sector.

As a priority the Microsoft Professional Engineer qualification will be commissioned and made available centrally. This qualification will also be accredited under CPD.

Training and development should be available within a framework of occupational and professional standards for all staff. However it is recognised that there will be individuals who show particular aptitude and commitment to a career in **Health Informatics**. To ensure that they are enabled to develop quickly to their full potential, a **'fast track'** approach can be offered.

This will be developed centrally for local buy-in to cover up to 10% of the available workforce over a 3 year period. It will aim to recruit from all of the specialist areas within **Health Informatics**. It will recognise the need for development of specialist skills within the scheme but a key objective is to develop the managerial skills required to direct people and lead service areas.

There are growing partnerships between the NHS and the private sector to deliver the **Health Informatics** agenda and these should be used to best advantage in the development of NHS staff. Opportunities for partnership programmes with the private sector will be actively explored for their potential use within the 'fast track' and leadership programmes.

National Health Informatics Leadership Programme

There is an urgent need to improve the leadership capability of key staff with the responsibility for our expanding **Health Informatics Services** within local communities. In addition a Chief Information Officer is being appointed for each of the strategic health authorities with a challenging leadership role in support of local **Health Informatics** heads of services.

The NHS Leadership Centre, established in May 2001 as part of the Modernisation Agency is developing a framework of core leadership qualities and is actively progressing developments.

Partnership between the NHS U and the NHIDS will provide access and support for leadership development of health informatics staff and will facilitate close working with the NHS Leadership Centre and multidisciplinary approaches to learning.

Standards to work at the strategic level within **Health Informatics** have been identified within the top levels of the Professional Qualifications for IM&T in Healthcare. These, and the standards to support the preparation and continuing professional development of leaders provided by the Leadership Centre for health will be the basis of a national **Health Informatics** Leadership programme.

Recommended good practice to support the development of the **Health Informatics** workforce are:

All Health Informatics staff to agree a PDP with their line manager by December 2003

Programmes to be centrally produced to meet the identified priority training needs identified to support the training schemes and will become available from June 2003

Functional maps and occupational standards will be produced for the whole of the Health Informatics discipline by September 2003

Guidance on CPD for all Health Informatics specialist areas, will be produced centrally by September 2003

Career pathways guidance will be produced centrally by September 2003

Partnership arrangements to deliver apprenticeship and 'fast track' Health Informatics development programme will be developed with key IT suppliers. The first schemes will be organised centrally for local buy-in by July 2003

The national Health Informatics Leadership programme will be designed by April 2003 and will complete its first phase of implementation by December 2005

The aspiration is for all staff to have either gained, or to be undertaking development linked to, a recognised professional qualification by 2005.

4.3 Valuing the Health Informatics Workforce

It is essential for the NHS to develop a responsive working environment that is sensitive to the needs of individuals and that will attract staff. We have identified the following areas of the working environment as most important to individuals working in **Health Informatics**:

- **Equitable pay structures** that are nationally determined and eliminate the variances between post-holders from different organisations who carry out the same job role at the same level.

It is recommended that in line with the processes set out in *Agenda for Change* a new pay structure for **Health Informatics** staff is established based on nationally defined and agreed occupational standards, qualifications and CPD framework, which identifies roles and responsibilities from entry level to strategic management. Pay and reward should be linked to roles and responsibilities and the achievement of skills and knowledge within the job role.

- **Working in a decent environment.**

We accept that space on clinical sites is often at a premium and that priority must be given to clinical activities and patient areas. New services are inadequately provided for on all but the newest hospital or healthcare management sites. It should be remembered that all staff have an equal right to work in an environment conducive to their health and safety and which allows them to carry out their work role effectively.

The external perceptions of **Health Informatics** as an area of health care practice must be seen as relevant to patient care. There is a compelling argument that modern **Health Informatics** should move closer to patient delivery areas, both physically through the hardware and in the personal communication between informatics practitioners and their clinical colleagues. It is a responsibility of the **Health Informatics** practitioners and particularly of the leaders of the discipline to ensure that this is proactively pursued. If the discipline is valued then the environment of its practitioners will justifiably improve.

- **Celebrating success**

The media has been quick to publicise bad news on ICT and the flaws in information management that have led to failure to deliver a quality service to patients. These are well documented and it is essential that the lessons are learned. It should be remembered that there are also successes. We expect these to increase and they should be celebrated. This is essential to restore public and staff confidence as well as to maintain staff morale within the discipline.

There are already a number of excellence awards in operation primarily for technological innovation and use of information technology in any healthcare sector. A new excellence award will concentrate on recognising people who have inspired and 'made a difference' in **Health Informatics**, through excellence in leadership and in the exemplary conduct of their **Health Informatics** practice.

- **Professional Recognition**

High quality, credible, recognised education, training and development and good direction and leadership have already been identified as essential components of an effective **Health Informatics** workforce.

The aspiration of many **Health Informatics** staff is to receive professional recognition based on the qualification(s) they gain to undertake their work role, the experience they bring to the role and their personal conduct in discharging the responsibilities within their work role.

Professional regulation, is seen as directly relevant to the development of a modern patient centred service. This emphasises the need to relate the delivery of high quality, **Health Informatics** services to high quality patient care. The competencies required of individuals to practice including adherence to national standards and a code of conduct based on these must be actively pursued and valued.

In line with developments for Healthcare Scientists and other professional groups, the NHS will adopt a voluntary professional regulatory process for Health Informatics staff. This will be linked to nationally recognised standards for Health Informatics competence within the specialist areas and evidence of continuing learning through Continuous Professional Development (CPD), to maintain the professional standards of practice.

A Register of Professional Competence will be established and maintained with central support by the NHS Information Authority until an appropriate academic or professional organisation can take over its management.

The NHS Information Authority will work with the emergent UK Council for Health Informatics Professions (UKCHIP) and others to establish the infrastructure necessary for a UK-wide professional body.

Guidance on a framework for lifelong learning within **Health Informatics** will be established to accredit, courses, seminars, learning sets, mentoring and assessment activities that contribute to CPD. A minimum level of CPD points will be necessary annually to retain professional registration.

NHS IA to work with professional bodies and the DoH to consider new pay and reward arrangements by June 2004

A new excellence award will be launched on October 30th 2002

A voluntary registration process with a supporting code of conduct will be in place by September 2003

The professional body UK CHIP will have in place a full registration process by September 2004

The aim is to move toward statutory regulation by 2007

5. How do we Make it Happen?

This is a national approach for local implementation with central support.

Although local 'buy-in to the strategy is essential, it is accepted that there will be local priorities over the pace and requirement for Health Informatics staff and their individual need for development.

The following issues will be considered nationally:

- suggestions for the structure and size of the Health Informatics workforce to meet local needs
- occupational standards for Health Informatics areas of work
- a qualifications framework associated with the occupational standards and linked to career pathways and guidelines supporting CPD
- possible new pay arrangements and conditions of service based on a redefinition of job roles and associated pay bands
- a quality assurance process for partnership working with education institutions and private sector organisations providing validated Health Informatics courses and qualifications
- a stream of Health Informatics work within the NHS U
- training schemes – internal to the NHS and external in partnership with key private sector organisations
- a Health Informatics leadership programme

The **NHS Information Authority** will work closely with the national **Workforce Development Board** to suggest the direction for workforce developments in Health Informatics.

The **NHS Information Authority and its specialist area NHIDS** will work with the **NHS U** on materials to support induction and core communication skills programmes for Health Informatics staff.

The **NHS Information Authority** will work with the **NHS U, the NHS Leadership Centre, Higher Education and the private sector** to develop and where appropriate deliver training schemes and professional development programmes that contribute to the solution of the identified capacity and capability problems in Health Informatics.

In addition the **NHS Information Authority** will support the development of a central voluntary professional regulatory process, **in partnership with professional bodies and UKCHIP**. In the longer-term this/these bodies will determine the requirement for statutory professional registration.

Workforce Development Confederations have been established to plan and develop the health care workforce, working with local Acute and Primary Care Trusts, local authorities, private and voluntary healthcare providers and local higher education providers. They are responsible for driving change locally, supported by local Health Informatics ETD leads and Health Informatics professionals to ensure that education and training is provided to meet local needs.

The **NHS Information Authority and the DoH will work with the local Health Informatics training and professional leads** to ensure that Health Informatics needs are understood by the **Workforce Confederations**, in order that education, training and development solutions to meet these are included in mainstream provision and are appropriately and consistently funded.

Securing appropriate levels of funding for the provision of Health Informatics education and training **will be shared national and local responsibility** between these bodies.

The following are local issues to be considered.

Health Informatics Services are delivered locally and should be shaped locally within a national framework. **Health Informatics staff education, training and development has similarly to be promoted planned and delivered locally** according to local priorities and requirements within a framework of national standards and guidance.

Chief Information Officers will play a key role as leaders of Health Informatics community. This role **will include ensuring that the development of health informatics staff is within the policy framework** set out in this document. They will work with **local Health Informatics professionals, including ETD leads and their Workforce Development Confederation(s)** to identify and prioritise needs and agree the most effective methods to ensure that health informatics staff have access to required education, training and development.

Time for staff to undertake training and development will be required. It is sensible for **local communities to have a policy** that allows a minimum number of days for professional training and development for non-mandatory courses within the national guidelines supporting Health Informatics staff CPD.

Workforce Development Confederations and local **Health Informatics leaders** should, where most appropriate, **commission the delivery of education and training locally**. Central provision will be reserved for areas where quality and value can best be served. It is important that local partnerships with educational institutions and organisations delivering programmes to defined NHS standards flourish and that there is a common professional monitoring system in place to verify candidate achievement, wherever it takes place, against these standards.

Managing the Implementation

Annexes 4 and 5 set out a suggested framework and key issues for local consideration.

The **NHS Information Authority's National Health Informatics Development Service (NHIDS)** is well placed to co-ordinate the implementation, including the specifying, commissioning and delivery of many of the practical aspects of this strategy **in partnership with the DoH, NHS U, professional and statutory bodies, and education providers in public and private sector, suppliers and service stakeholders**.

This strategy was launched at the **NHS IT and Informatics Professionals Conference on October 30th 2002**.

This event provided an opportunity to invite applications for the **Health Informatics Excellence Awards** for NHS organisations and individuals who have demonstrated excellence in leadership and in practice and began the important process to cement the feeling of community, structure and progression in **Health Informatics** throughout the service.

Annex 1

Consultation and Communication

This *strategy* has been produced by the NHS Information Authority, Ways of Working Programme.

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In producing this draft account has been taken of consultation with **Health Informatics** stakeholders undertaken by Di Millen between August 2001 – March 2002 on ‘Pathways to Professionalism’.

LIS **Health Informatics** staff developments within London, North West and Trent regions.

Working Party papers from ACIG on the revalidation of Doctors working in the Medical Informatics Field.

The authors wish to thank those who contributed to the development and initial service consultation

Project Commissioner

Professor Sir John Pattison, Director of Research, Analysis and Information

Government

Minister Lord Phillip Hunt

Department of Health

Information Policy Unit

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HR Directorate and The Workforce Taskforce – Andrew Foster

NHS U – Tony Lawrence, Di Millen

Modernisation Agency – David Fillingham, Director

Skills for Health UK – Chris Pearson, Director

National Health Service

Strategic Health Authorities: Selected Chief Executives, All Chief Information Officers

Workforce Development Confederations

LIS Leads and ETD LIS Leads

NHS Information Authority Management Executive

Professional Bodies

ASSIST – Tony Eardley, Chair to consult with National Council and members
British Computer Society, Health Informatics Committee
Chartered Institute of Library and Information Professional (CILIP)
Institute of Health Records and Information Managers (IHRIM)

Trade Unions

MSF (Manufacturing, Science and Finance Union)

Academia

Professor David Ingram, Chair Academic Forum

Following its release the HR strategy should be communicated widely within the NHS to ensure that it is well understood and can be owned and accepted locally.

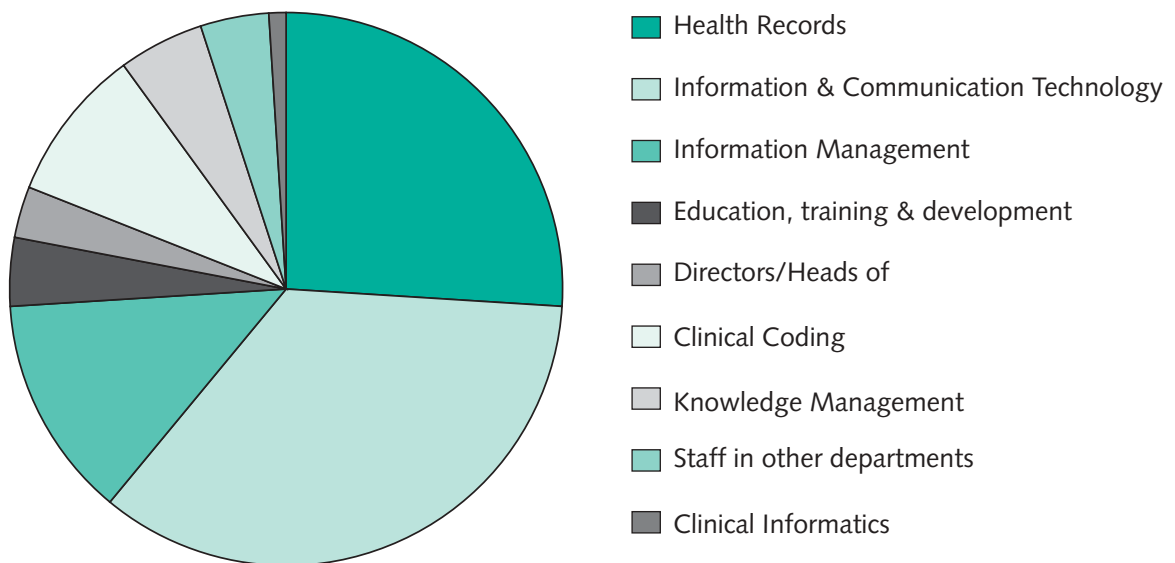
It is the intention to hold a series of focused workshops in early 2003.

Annex 2

An Assessment of the Current Health Informatics Workforce

This assessment has been based on the data provided by the initial LIS's and updated by sampling. The total number of current Health Informatics staff in the NHS is estimated at 20,271.

The chart and table below provide a breakdown by staff group:



Staff Groups	Estimated No. of Staff
Health Records	5300
Information & Communication Technology	7140
Information Management	2595
Education, training & development	840
Directors/Heads of	600
Clinical Coding	1890
Knowledge Management	913
Staff in other departments	870
Clinical Informatics	123
Total	20271

Annex 3

Skills Escalator for Health Informatics Staff

Staff Group	Knowledge & Skills	Suggested Qualifications & Development Opportunity
<p><i>All Staff</i></p> <p>Entry level</p>	<p>Basic IT Skills</p> <p>Team Working</p> <p>Communication Skills</p> <p>Health Informatics Induction: <i>NHS Overview</i> <i>Health Informatics Overview</i> <i>NHS technical & data standards relevant to specialist area</i></p>	<p>ECDL</p> <p>Module A – and C Certificate in IM&T(Health)Diploma in IM&T (Health)</p> <p>Accredited short course, conference, self-paced learning package</p>
<p><i>Specialist Staff</i></p> <p>Core Practitioners</p> <p>Information Management</p> <p>Health Records Management</p> <p>Clinical Coders</p> <p>ICT</p> <p>Knowledge Management</p> <p>Medical/Clinical Informaticians</p>	<p>NHS technical and data standards.</p> <p>As set out in the Occupational Standards for each functional area in Health Informatics and for each identified job role.</p> <p>As indicated in the Health Informatics Competency profile for NHS staff.</p> <p>As set out by the lead standards or Professional bodies where this is relevant to the core specialist area and as it is practised in a NHS context.</p> <p>Transferable personal and professional management Skills</p>	<p>To be confirmed by professional bodies, QCA and through the Functional and Occupational mapping process.</p> <p>May include:</p> <p>Professional Awards in IM&T (Health)</p> <p>National Clinical Coding Qualification (UK) Certificate in IM&T (Health) Module J – The Collection, Management and Use of Health Data</p> <p>IHRIM, IITT qualifications</p> <p>BCS, ISE, IEE, Microsoft Professional qualifications</p> <p>E-Skills NVQs</p> <p>CILIP qualifications ILS NVQs</p> <p>MSc in Medical Informatics or equivalent developing from the base of a medical/clinical professional qualification.</p> <p>Accredited short course, conference, self-paced learning package. Mentoring, rotating placements, work shadowing, learning sets</p>
<p><i>Service Managers and Strategists</i></p> <p>Senior Service Manager</p> <p>Directors</p>	<p>As set out in the Occupational Standards for each functional area in Health Informatics and for each identified job role.</p> <p>As defined in the management competencies for service managers and leaders e.g. MCI</p>	<p>Advanced Professional Diploma in IM&T (Health)</p> <p>Strategic Management of IM&T (Health)</p> <p>MBA's where these are related to the NHS/Informatics context</p>

Annex 4

Making it Happen – suggested framework

Actions	Key Dates	Lead
Making it Happen Phase 0	April 2002 – March 2003	
Organise national conference for NHS IT and Health Informatics Professionals	30th October 2002	NHS IA
Produce HR Strategy for Health Informatics Professionals	30th October 2002	NHS IA in collaboration with DoH HRD, and service stakeholders.
Produce documentation and process to support the new Accolade Awards	30th October 2002	NHS IA
Define and implement a quality assurance process for partnership working with education institutions and organisations providing health informatics courses and qualifications.	End March 2003	NHS IA in collaboration with NHS U, the education sector, professional and statutory bodies and service stakeholders
Making it Happen Phase 1	April 2003 – March 2004	
Design and implement a national Health Informatics Leadership programme for CIOs	By end April 2003	DoH, in collaboration with the CIOs and the Director General for IT.
Design and implement Health Informatics apprentice and 'fast track' programmes linked to PDP/CPD.	From June 2003 and ongoing	NHS IA in collaboration with the WDCs, NHS U, education sector, professional and statutory bodies, IT service suppliers and service stakeholders.
Produce functional map and occupational standards for the Health Informatics area of work	End June 2003	NHS IA in collaboration with DoH HRD, WDCs and service stakeholders
Develop initial partnership working over training & development with other public & private IT sector organisations.	End July 2003	NHS IA in collaboration with the NHS U and WDCs.
Produce guidelines for the structure and size of the Health Informatics workforce to meet local needs, and strategic options to meet capacity requirements.	End Sept 2003	NHS IA in collaboration with DoH HRD, WDB, WDCs and service stakeholders.
Produce a qualifications framework associated with the occupational standards and linked to career pathways and guidelines to support CPD	End Sept 2003	NHS IA in collaboration with DoH HRD, WDCs and service stakeholders
Produce career pathways literature	End Sept 2003	NHS IA in collaboration with DoH HRD, WDCs and service stakeholders
Produce CPD guidance	End Sept 2003	NHS IA in collaboration with DoH HRD, WDCs and service stakeholders

Actions	Key Dates	Lead
Making it Happen Phase 1 – <i>continued</i>	April 2003 – March 2004	
Support the establishment of a voluntary professional regulatory process and guidance on a professional framework to support Lifelong	By Sept 2003	NHS IA in collaboration with the professional and statutory bodies and service stakeholders and the emergent umbrella body UKCHIP
Establish a stream of Health Informatics education and development within the NHS U	By Sept 2003	DoH HRD (NHS U) with NHS IA
Support the establishment of an umbrella Health Informatics Professional Regulatory body – UKCHIP	By Sept 2004	UKCHIP supported by the NHS IA
Making it Happen Phase 2	April 2004 – Dec 2005	
Implement a national Health Informatics leadership programme	By Dec 2005	NHIDS in collaboration with the NHS U, NHS Leadership Centre, professional and statutory bodies and service stakeholders.
Integrate the work on standards and job roles with new pay arrangements and conditions of service	By Dec 2004	DoH HRD in collaboration with professional bodies and supported by the NHS IA
Ongoing development of Health Informatics stream within the NHS	April 2004 – Dec 2005	NHS U supported by NHS IA
Ongoing development of partnership working over training & development with other public & private IT sector organisations.	April 2004 – Dec 2005	NHS IA in collaboration with the NHS U and WDCs.
Ongoing PDP based Training schemes, 'fast track' and Leadership programmes	April 2004 – Dec 2005	WDCs, NHS IA, NHSU and partner education/supplier organisations.
Making it Happen Phase 3	Jan 2006 – Dec 2007	
Ongoing PDP based Training schemes, 'fast track' and Leadership programmes in partnership with educational and private sector.	2006 – 2007	WDCs, NHS IA, NHSU and partner education/supplier organisations.
Voluntary professional regulation extended to statutory regulation	Dec 2007	UKCHIP

Annex 5

Key considerations to improving capacity and capability through Health Informatics

Securing the Health Informatics Workforce

The drive to reform and modernise health care and services through the better management of information and use of IT will have implications for the level of Health Informatics staff. It is recommended that local consideration is given to the best way of:

- increasing the number of staff
- redressing the current attrition rate of 43% of staff leaving to take up posts in non public sector organisations
- workforce planning around shared public/private sector models to deliver the increased capacity required by the NHS.

Career literature representing Health Informatics as a career of positive choice will be produced for new entrants and to encourage mid-career changes and career development amongst current NHS employees by September 2003

Good practice in developing the Health Informatics Workforce

All Health Informatics staff to agree a PDP with their line manager by December 2003.

Programmes will be centrally produced to meet the identified priority Training needs identified to support the training schemes and will become available from April 2003.

Functional maps and occupational standards will be produced for the consideration of the whole of the Health Informatics discipline.

Guidance on CPD for all Health Informatics specialist areas will be produced centrally by September 2003.

Career pathways guidance will be produced centrally by September 2003.

Partnership arrangements to deliver apprenticeship and 'fast track' Health Informatics development programme will be developed with key IT suppliers. The first schemes will be organised centrally for local buy-in by July 2003.

The national Health Informatics Leadership programme will be designed by April 2003 and will complete its first phase of implementation by December 2005.

All staff working towards either gaining or undertaking development linked to a recognised professional qualification by December 2005.

Valuing the Health Informatics Workforce

A new excellence award will be launched on October 30th 2002.

A voluntary regulatory process with a supporting code of conduct will be advised by September 2003.

The professional body UKCHIP will have in place a full registration process by September 2004.

The aim is to move toward statutory regulation by 2007.

Guidance on a professional framework for Lifelong Learning through CPD will be ready by September 2003.

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Glossary of Acronyms used in this strategy document

BSc	Bachelor of Science
BCS	British Computer Society
CILIP	Chartered Institute of Library Information Professionals
CPD	Continuing Professional Development
DoH HRD	Department of Health Human Resources Department
ECDL	European Computer Driving Licence
ETD	Education Training & Development
RETDA	Regional Education Training & Development Adviser
HR	Human Resources
ICT	Information & Communication Technology
IEE	Institute of Electrical Engineers
IHRIM	Institute of Health Records and Information Managers
IITT	Institute of Information Technology Trainers
ILS	Information and Library Standards
IM&T	Information Management & Technology
IPU	Information Policy Unit
ISE	Institute of System Engineers
IT	Information Technology
LANs	Local Area Networks
LIS	Local Information Strategy
MBA	Master of Business Administration
MCI	Management Charter Initiative
NHIDS	National Health Informatics Development Service
NHSIA	National Health Service Information Authority
NHS U	A University for the NHS
NVQ	National Vocational Qualification
PC	Personal Computer
PDP	Personal Development Plan
QCA	Qualifications and Curriculum Authority
UKCHIP	United Kingdom Council for Health Informatics Professions
WANs	Wide Area Network
WDB	Workforce Development Board
WDC	Workforce Development Confederation
Y2K	Year 2000



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