



Frequently Asked Questions Recruitment and Retention of Cardiac Physiologists, Clinical Scientists and Echocardiographers

Is it just about money?

There are many mechanisms that NHS organisations may wish to use to help recruit and retain Cardiac Physiologists, Clinical Scientists and Echocardiographers. Recruitment and Retention Premia (RRP) is one option but there are many others that can be employed, for example improvements in child-friendly working, career development in sub-specialties, and support for lifelong learning in a positive and supportive environment. Professional organisations and HR departments may have case study examples for you to use in your local service.

What is Recruitment and Retention Premia (RRP)?

RRP is an addition to the pay of an individual post or specific group of posts, where labour market pressures make it difficult for employers to recruit and retain staff in sufficient numbers at the normal salary rate. Within the Agenda for Change framework there is a mechanism to award local RRP to staff.

How much RRP can be awarded?

RRP can be awarded as a fixed additional sum to a group of staff across a range of pay bands or it can be granted as a percentage of basic salary. The total amount should not normally exceed 30% of basic salary.

How do you obtain an RRP payment?

RRP needs to be justified and requires a formal application process. The application process may differ between trusts and your HR department should be able to assist you with local policy in applying for RRP. It is useful to look at other successful applications that have been submitted to your trust. A successful application will require detailed information on the financial risks and benefits to the organisation, the local labour market for the profession and examples of benefits being offered in other local trusts. Experience has shown that it needs to be accompanied by an overarching plan to address wider recruitment and retention issues. RRP is normally time limited.

Who can receive an RRP payment?

RRP can be applied to existing Cardiac Physiologists, Clinical Scientists and Echocardiographers, and does not apply only to new recruits. It may be used not only to help retain existing staff but can be used to retain those looking to retire, encourage the retired to return, or bring back to the workforce those who have left to other suppliers.

RRP may also benefit where staff on a Tier 2 Visa do not reach the required minimum salary cap required since April 2017. This is often the case where high cost living allowances are not available outside of London and the South East. This cap applies to Cardiac Physiologists, Clinical Scientists and Echocardiographers as we are currently not on the Home Office shortage occupations list (See FAQs on shortage occupations list).

Is RRP permanent?

No, once RRPs are awarded, they should be reviewed annually to ensure that the RRP continues to be required, irrespective of whether they have been deemed short term or long term. This should be done in partnership with the relevant service/department heads and trade union representatives.

To support this review organisations should put in place a formal monitoring process to ascertain-

- Whether the additional payments have allowed the NHS organisation to reduce its vacancy rates and turnover;
- The likely impact on vacancies of removing or reducing a recruitment and retention premium;
- Any changes in local labour market circumstances such as supply and demand
- The impact of any service redesign or skill mix reviews

What are the downsides to RRP?

Where providers are competing locally with each other for the supply of Cardiac Physiologists, Clinical Scientists and Echocardiographers, then RRP may not be effective. In this situation, the use of RRP has the potential to increase the cost of employment within the local health economy, and destabilise services, as Cardiac Physiologists, Clinical Scientists and Echocardiographers can be attracted to a provider which has introduced a RRP. Providers therefore need to consider the circumstances under which they introduce RRP and how they can work with other local providers to avoid wasteful competition. When considering this issue, providers should not only consider the local NHS health economy but also take into account the wages paid by independent providers and locum agencies.

RRP may be awarded locally by providers or nationally on the recommendation of the NHS Pay Review Body (NHSPRB). There is currently no recommendation for a national RRP for Cardiac Physiologists, Clinical Scientists and Echocardiographers so any RRP would need to be awarded by local trusts.

All trusts must work in partnership with trade unions, are required to follow the nationally agreed guidance when deciding on the award of a RRP.

What factors influence the award of RRP?

Local premia may help to address difficulties in recruiting to posts which are particularly influenced by local labour market pressures. These tend to be jobs for which there is also considerable demand outside of the NHS and the wider health sector. Local premia may enable the NHS to better compete with employers outside of the NHS for staff when individuals get better levels of pay in those organisations.

Why is recruitment and retention difficult for NHS services?

Cardiac Physiology and echocardiography is under pressure to provide an increasing number of procedures each year, between 2010 and 2016 demand for echo increased by 43% (NHS Commissioning 2017). In addition, services are needing to be provided across 7 days and out of hours in many cases National programmes such as modernising scientific careers and apprenticeships may help recruit and train staff through other routes.

Competition for staff is also evident from private providers (locums) and new services being set up in community locations. The extent to which the level of pay is at fault is often determined locally by the level being paid by other providers for an equivalent post.

Work is ongoing nationally with NHS England and NHS Improvement to develop the echocardiography workforce in line with the 7-day service standards. It is hoped that this work and the additional engagement of the National School of Healthcare Science / Health Education England (HEE) will enable the training of more staff echocardiography and increase the wider cardiac physiology workforce.

What other factors can help recruit and retain staff?

Where retention of staff is proving difficult consideration should be given to other benefits which might improve the situation. Analyses of evidence of reasons for staff attrition e.g. from exit interviews, staff surveys or other feedback sources?

Evidence that may indicate that pay is a major factor, or can retention problems be addressed by other means e.g. ensuring non-pay benefits such as childcare support, training and development, improved job design and flexible working that have been developed within your organisation. Evidence to suggest that turnover/wastage rates consistent with local, regional or national trends.

Is there a way to help staff wanting to return to practice?

There is now a national programme to support Allied Health Professionals (AHP) and Healthcare Scientist (HCS) to return to practice.

Using the successful foot print of a pilot run in the East Midlands by HEE the programme has been expanded across all of England. The aim of the programme is to support AHPs and HCS to return to the work place.

The programme will sign-post lapsed returnees with placements to potential clinical providers. This has the potential to lead to employment opportunities. Both returnees and providers will have access to resources of financial support and advice. Funding will pay up to £500 out of pocket expenses to the returnee and a £500 placement fee to the organisation supporting the placement. Funding can only be claimed once the returnee has formally registered with the programme

The programme has a target of 80 returnees to support by March 2018 and a further 220 between April 2018 and March 2019. For further information email Paul Chapman National Lead for Return to Practice (AHP & HCS) Paul.Chapman@hee.nhs.uk