Industry insight - Health

In a nutshell

The health sector is made up of hospitals, hospices, nursing and care homes, medical and dental practices, ambulance transportation, complementary medicine and other human health activities, such as medical laboratories and scientific services, across a range of organisations within the public, private and voluntary sectors.

Opportunities within the sector are heavily influenced by national governmental policies. The current financial climate, combined with recent changes within The National Health Service (NHS), has had a major influence on the health sector labour market.

The government's white paper ‘Equity and Excellence: Liberating the NHS’ (July 2010) set out the long-term vision of the NHS, including giving frontline staff, such as GPs, more control. The plan also includes doing away with primary care trusts (PCTs) and strategic health authorities (SHAs) by 2013.

Other long-term trends shaping the sector include an ageing population, innovations in healthcare provision, the rising incidence and prevalence of people with long-term conditions and the growing expectations of patients themselves (Sector Skills Assessment, Skills for Health, 2011).

What kind of work can I do?

Jobs exist across a variety of career areas:

- **The medical profession** - including hospital doctor, general practice doctor, surgeon, psychiatrist and ophthalmologist.
- **Nursing** - including adult nurse, paediatric nurse, mental health nurse, learning disability nurse and other specialist nurses, plus midwife and health visitor.
- **Dentistry** - including dentist and dental hygienists.
- **Medical-related scientific services** - including audiological scientist, biomedical scientist, haematologist, immunologist, medical physicist and physiological scientist.
• **Qualified medical support** - including clinical psychologist, community pharmacist, diagnostic radiographer, therapeutic radiographer, dietitian, physiotherapist and speech and language therapist.

• **Qualified ambulance staff** - including paramedic and ambulance technician.

• **Therapeutic services** - including art therapist and music therapist.

• **Complementary medicine** - including acupuncture, homeopath, osteopath and sports therapist.

• **Business support roles** - in areas such as finance, HR and IT.

• **Associated support services** - including catering, gardening and specialised managerial staff.

See [types of jobs](#) for job options with your degree subject.

A number of occupations are on the Home Office Shortage Occupation List (HOSOL), whereby employers unable to recruit successfully from the UK/European Economic Area are permitted to recruit from overseas. See the [UK Border Agency (UKBA)](#) for a list of current shortage occupations.

**What’s it like working in this industry?**

• **Agenda for Change** pay scales, which cover the majority of jobs within the NHS, are published by NHS Careers. Salaries range from £13,903 (Band 1, Point 1) to £97,478 (Band 9, Point 54). High area cost supplements are also listed.

• Pay rates for NHS doctors are also available on the website, and range from a starting salary of £22,412 for a trainee doctor to a maximum salary of £176,242 for a senior, experienced consultant.

• Private healthcare employers have their own salary systems, and rates of pay vary depending on employer, job role, level of experience and location. Overall, salaries tend to be slightly higher than in the public sector.

• Around 80% of staff in the sector are women. However, women are not well represented in the medical profession, particularly at consultant level, or among qualified ambulance staff and hospital porters. Approximately 19% of all occupational roles in the sector are occupied solely by women, and 24% solely by men.

• There is a greater diversity of ethnicity in the sector’s workforce than in the UK economy as a whole, with around 14% being made up of non-white employees.
• Around 47% of staff are aged 45 or over (UK Sector Skills Assessment 2011, Skills for Health).
• Around 50% of the workforce do part-time hours, which is higher than the rest of the UK economy.
• Disability and work in health care is a complex matter. There are some jobs where certain disabilities are a barrier to employment, so it is essential to check with individual employers, professional bodies and course providers for specific guidance.
• Ethnic minorities make up 13% of the workforce, compared to 9% in the economy as a whole. In particular, 40% of medical and dental staff in England are an ethnic minority, with 27% of an Asian background.
• The UK health sector employs just over 2.1 million people, which represents around 8% of the total workforce. It is estimated that 72% of these work in the public sector (the NHS), with the remaining 26% working in the independent sector, including 2% in the voluntary sector. (UK Sector Skills Assessment 2011, Skills for Health)
• The sector was predicted to grow by 11% between 2007 and 2017 but this forecast is likely to be diminished in light of the recent recession and austerity measures. Similar changes are scheduled for Scotland, with a planned 25% reduction in management costs. Similar cost savings have also been put in place in Wales. (Skills for Health LMI, 2011)
• The government spends £80billion on the NHS per annum but need to find savings of £15-20billion in efficiency savings over the next few years.
• Jobs within the health sector are located throughout the UK and worldwide, with high proportions of jobs in London, the South East and the North West. (UK Sector Skills Assessment 2011, Skills for Health).

See opportunities abroad for further information about worldwide opportunities.

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**Entry and progression**

**How do I find a job?**

Entry to the health sector depends on individual organisations’ recruitment procedures.

The main entry routes are via an undergraduate or postgraduate degree, apprenticeships,
work experience and volunteering, and gaining employment either directly or through a scheme.

There are formal career structures and training paths within some larger organisations, such as The National Health Service (NHS). Jobs within the NHS are advertised on NHS Jobs and NHS Scotland Recruitment.

Other vacancies are advertised throughout the year on company websites, in professional journals and magazines (e.g. Community Care, Health Service Journal, Nursing Times and New Scientist Jobs), on health-specific job websites (e.g. Health Jobs UK and NursingNetUK) and in hospital and trust vacancy bulletins.

Some employers use agencies to help them recruit permanent and temporary staff. NHS Professionals, for example, provides flexible work opportunities for nursing and medical staff. The Recruitment and Employment Confederation (REC) is the representative body for private agencies and provides details of relevant member agencies.

Many smaller companies within the sector have no formal or graduate training schemes. Vacancies may be advertised in the local or national press, relevant journals and association websites or through recruitment consultancies and agencies.

The Careers Information, Advice and Guidance (CIAG) section of the Skills for Health website has useful information on understanding the sector, types of jobs, career pathways, work experience and volunteering.

Find out more about job application advice.

**What skills do I need?**

In addition to high level professional and job-specific skills, required skills include:

- patient handling;
- management and leadership;
- teamwork;
- numeracy and literacy;
- communication and language;
In general, the health sector has a more highly skilled workforce and offers more training than other sectors of the economy. A high proportion of occupations require degree level entry.

Research your area of interest to identify the competences you need to develop. Some jobs may require specific knowledge, skills, experience or technical ability. Other jobs require more general skills, developed through a combination of activities, including academic work, participation in clubs and societies, voluntary work, part-time jobs, work experience and work shadowing.

**Where can I find work experience?**

Gaining relevant work experience is often essential when applying for jobs and professional training courses within the health sector. Any job-related work experience is valuable as it demonstrates interest and commitment to potential employers or admissions tutors, and will also help you to find out what the work is really like.

Structured work experience schemes are rare but available with some of the larger organisations. Schemes include short-term supervised placements, Easter and summer vacation schemes and year-long industrial placements. Information on these schemes is usually available on company websites.

Work shadowing and volunteering are great ways of gaining experience and skills. Many opportunities are unadvertised and speculative applications may be useful. See the following websites for more information on work experience and volunteering:

- [Skills for Health](#) (CIAG section);
- [Volunteering England](#), [Volunteer Scotland](#), [Volunteering Wales](#) and [Volunteer Now](#).

**Is postgraduate study useful?**

Entry into the sector is available at all levels, and formal qualifications are not required for some positions. Some jobs require GCSEs/S grades (A-C/1-3) whereas others require a degree or a postgraduate qualification plus additional supervised training elements before fully-qualified status is achieved.
A relevant postgraduate qualification may be advantageous, and sometimes essential. Postgraduate study is becoming increasingly popular as it enables you to add value to your first degree and develop specialist knowledge and skills.

If you are a graduate in a non-vocational subject, there are a number of possible routes that allow you to retrain in medical and scientific professions. However, your choice will be considerably wider if you have a scientific degree or background.

Shortened postgraduate courses are available in psychology (further study needed for specialisation), dietetics, occupational therapy, radiography, speech therapy, nursing and audiology.

Second undergraduate degrees are required for professions such as medicine (accelerated courses available), dentistry, optometry, orthoptics, physiotherapy, podiatry and orthotics/prosthetics.

See NHS Business Services Authority (NHSBSA), NHS Careers, professional body websites and Financial Help for Healthcare Students for details of bursaries and funding available.

Art, drama and music therapists usually enter through a degree that is broadly related, followed by specialist postgraduate study. An accredited biomedical science degree is the usual route to becoming a biomedical scientist and a relevant science degree is essential to become a clinical scientist.

The majority of these routes are not open to HND or foundation degree graduates without further study. Check individual job entry requirements for details.

**How can my career develop?**

Possible areas of career development include specialisation, a move into management and progression into teaching, training, research or academia.

The NHS has developed a career pathway that clearly defines the routes available for career progression. Priorities include structured training and the promotion of lifelong learning through work-based learning, distance and e-learning and further education.
Close collaboration and joint service provision between the NHS and independent healthcare sector has strengthened opportunities for learning and career progression. There are now many opportunities to progress and develop so that skills and expertise are recognised by employers across these sectors.

**Typical employers**

There are around 62,000 healthcare establishments in the UK. Around 65% of these establishments have less than 10 employees while larger institutions, with over 100 employees, account for 3.5% of the sector. ([UK Sector Skills Assessment 2011](https://www.skillsforhealth.org.uk), Skills for Health)

A large number of recruitment agencies specialise in health sector recruitment. The [Recruitment and Employment Confederation (REC)](https://www.rec.org.uk) is the representative body for private agencies and provides details of member agencies.

**Big players**

- **The National Health Service (NHS)** employs staff across more than 300 careers and recruits graduates onto management training schemes in the four specialist areas of finance, HR, IT and general management.

- **BUPA** - includes health insurance, hospitals, cosmetic surgery, care homes, home care, health assessments and fitness centres. The company recruits graduates into four programmes (finance, marketing, information systems and general management) and also directly recruits for a range of functions.

- **General Healthcare Group** - provider of independent healthcare. Divisions include BMI Healthcare and Care Fertility and specialities include acute hospital care and fertility management. They employ dentists, pharmacists, allied health professionals, scientific and technical staff, as well as a range of non-clinical staff.

- **Nestor Healthcare** - consists of a number of smaller companies covering optical services, disability assessment, primary care treatment centres, home and nursing care, personal injury assessment, occupational health, care homes and telephone health advice.

- **AXA PPP Healthcare** - includes health insurance, dental and cancer care and telephone health advice. The company operates sandwich year placements and summer internships for undergraduate students, and graduate schemes in accountancy, investment and IT.
The armed forces - recruit dentists, doctors, nurses and other medical staff.

Private hospitals - employers include Cygnet Health Care, Nuffield Health and Ramsay Health Care. These organisations provide a range of services, including neurological, psychiatric, routine operations and eye treatments. They recruit staff into a range of roles, including nursing, psychiatry, psychology, occupational therapy and social work.

Professional bodies - recruit into a variety of roles in areas such as education, research and regulatory affairs.

**Small to medium-sized enterprises (SMEs)**

SMEs are organisations with fewer than 250 employees and an annual turnover of no more than £26 million. Working for a smaller company can be rewarding because you are more likely to forge a path for yourself within the company, although opportunities to try other departments may be limited.

SMEs are unlikely to use the testing and assessment techniques of larger companies, or follow lengthy recruitment procedures. SMEs are more likely to advertise their vacancies through the local press, university careers service bulletins, local graduate vacancy listings, jobcentres, and word of mouth, rather than rely on their reputation and a presence at graduate recruitment fairs.

Your university careers service should have listings of jobs with small firms. See also the [Department for Business, Innovation and Skills (BIS)](https://www.gov.uk).

The health sector is dominated by micro-businesses, with 65% of all health establishments, mostly independent and voluntary healthcare providers, employing fewer than ten people (Sector Skills Assessment, Skills for Health, 2009/10). These private and voluntary organisations provide an essential and increasing role in the health sector.

**Self-employment**

This is an option for many healthcare professionals, particularly locum clinical staff. The majority of practitioners in complementary medicine are self-employed.

Find out more about [self-employment](https://www.gov.uk).

**Opportunities abroad**
The health sector offers numerous opportunities for professionals to work overseas. There are various government and independent global health strategies, including the United Nations Millennium Development Goals, which aim to address the health needs of the poorest countries using the external expertise of richer countries.

If you are interested in working abroad, it is important to know the specific requirements of the countries you would like to work in. The flow of vacancies is often determined by specific labour market shortages and government agendas, which are subject to change. It is important to check details and plan very thoroughly. Contact foreign embassies of the country of interest to find out exact immigration requirements and visit the websites of relevant professional bodies and institutions for more details on working abroad.

Opportunities may be available through:

- Voluntary organisations such as Voluntary Service Overseas (VSO), Médecins sans Frontières (MSF) and the British Red Cross employ a wide range of health care professionals. Most of the vacancies in Africa or South America will be with voluntary organisations;
- the World Health Organization (WHO) is the directing and coordinating authority for health within the United Nations and has fixed-term and temporary appointments for experienced medical officers, epidemiologists, public health specialists, environmental health specialists, health scientists, statisticians, health economists and policy analysts;
- private healthcare companies with operations abroad also have vacancies for qualified staff.

**Will my qualifications be recognised?**

You may find that you can only enter certain occupations by satisfying local licensing arrangements or taking further examinations in that country. The procedures involved in securing accreditation can vary between countries, and even from region to region within each country.

As some alternative/complementary therapies are not fully accepted in certain countries, practitioners may find that their qualifications are less transferable than those of other health care workers. Check with relevant professional bodies for more information.

**Future trends**
Government and economy

- The government's white paper, *Equity and excellence: Liberating the NHS* (July 2010) sets out the most significant reorganisation of the NHS in its history. The government’s objectives are to reduce mortality and morbidity, increase safety and improve patient experience and outcomes for all.
- Primary Care Trusts (PCTs) are to be abolished. Most commissioning decisions will now be made by consortia of GP practices, supported and held to account by the NHS Commissioning Board. This will push decision-making much closer to patients and local communities. Strategic Health Authorities (SHAs) will also be abolished by 2012.
- The health gap between more and less affluent groups in the population remains, and may become wider as a consequence of the recession and its impact on employment and public spending. The government has ring-fenced the public health budget, allocated to reflect relative population health outcomes, with a new health premium to promote action to reduce health inequalities (*Department of Health (DH)*, 2010).

Emphasis on prevention

Long-term conditions and chronic illnesses are on the rise, mainly due to lifestyle choices and demographic changes in the population (including an ageing population). This has led to the emergence and growth of roles in prevention, education, public health and health promotion. The emphasis is on issues such as smoking cessation, weight management, drug addiction, sexual infection, underage pregnancy and mental health.

Support for long-term/chronic illnesses

Although premature death rates from cardiovascular diseases and cancer have declined, chronic conditions such as diabetes, asthma, chronic obstructive pulmonary disease (COPD), heart failure, arthritis and mental illness have become more significant. This has led to:

- the introduction of personalised care plans for those suffering from long-term conditions;
- expanded and new opportunities for nurses and allied health professionals in planning care for individuals with long-term conditions;
- new specialist centres for major trauma, heart attack and stroke care treatment;
- the introduction of services for older people with dementia and other chronic conditions;
• research collaborations between health care providers and the pharmaceutical industry.

**Growth in public and private sector collaboration**
Increasingly close collaboration and joint service provision between the NHS and independent healthcare has led to:

• increased outsourcing and commercialisation of services;
• expanded opportunities in areas such as IVF, robotic radiosurgery systems, dialysis, endoscopy, laser services, intense pulsed light source services, mole removal and cosmetic surgery.

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**Jargon buster**

• Advisory Boards - boards established to ensure the NHS engages with stakeholders in decision making.
• Agenda for Change - NHS terms, conditions and pay for staff.
• Allied Health Professionals - a team of health professionals (including occupational therapists and radiographers), distinct from medicine and nursing.
• BMA - British Medical Association.
• Care Quality Commission (CQC) - the independent regulator of health and social care in England.
• Child and Adolescent Mental Health Services (CAMHS) - specialist mental health services provided to under 18s.
• Clinical team - a group of professionals working as a team to provide a particular service.
• Community care - care provided outside a hospital setting.
• Corporate governance - the system under which organisations are managed, directed and accountable.
• Department of Health - government body responsible for delivering health and social care services.
• Electronic patient record (EPR) - patient information held digitally.
• EPS - electronic prescription service.
• Family Health Services - community services through GPs, pharmacists, dentists and opticians.
- **Foundation Trust Network (FTN)** - represents the views and promotes the common interests of NHS foundation trusts and those aspiring to foundation trust status.

- **Foundation trusts/hospitals** - independent entities free from central government control, no longer performance managed by health authorities, but accountable to local people. All current NHS trusts will become or be part of a foundation trust.

- **GMC** - General Medical Council.

- **Information Governance (IG)** - policies, structures and practices used to ensure the confidentiality, security and ethical use of health and social care services records.

- **Local Strategic Partnerships (LSPs)** - partnerships of private, voluntary, business and public sector groups to provide support and joint working strategies.

- **National Service Frameworks (NSFs)** - national standards and service models for major care areas and disease groups.

- **NHS Commissioning Board** - an independent board to be created as a result of the coalition government’s review of the NHS.

- **NHS Confederation** - body representing NHS hospital trusts, primary care trusts, strategic health authorities, and health care. Its members aim to influence health care policy and support health care staff.

- **NICE** - National Institute for Health and Clinical Excellence. An independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health.

- **NMC** - Nursing and Midwifery Council.

- **NPSA** - National Patient Safety Agency.

- **Patient Administration System (PAS)** - system typically used in hospitals and community service settings containing essential non-clinical data, such as appointment and waiting times.

- **PCT** - Primary Care Trust. Currently responsible for commissioning all health care in their community. Coalition government will abolish these as part of plans to reorganise health services. GPs will be given responsibility for commissioning most NHS services, and responsibility for commissioning specialist and tertiary services will pass to a new NHS Commissioning Board.

- **Personal Demographics Service (PDS)** - national electronic database of NHS patient details used within health and social care.

- **Primary health care team** - team of professional staff including GPs and nurses, attached to general practices, providing a range of healthcare services.

- **Quangos** - quasi-autonomous non-governmental organisations.
Strategic Health Authorities (SHAs) - responsible for implementation of national policy at a local level and act as a link between NHS organisations and the Department of Health. The government has stated that there will be no need for SHAs once the independent NHS Commissioning Board is established and they will be abolished by 2012.