National Clinical / Medical Engineering Service Survey

1. Introduction

Purpose of the Survey

Clinical / Medical Engineering services play a critical role in the safe, effective and sustainable use of healthcare technology. There is currently no comprehensive UK-wide picture of how these services are structured, staffed, governed, assured and delivered.

This survey aims to establish a national evidence base across the full breadth of engineering services supporting healthcare technology, with equal relevance to England, Scotland, Wales and Northern Ireland. The findings will inform workforce development, career pathways, governance, professional standards, service models, strategic representation, benchmarking and policy across the four UK nations.

For the purposes of this survey, 'Clinical Engineering' is used as an umbrella term. It includes services operating under names such as Electrical and Biomedical Engineering (EBME), Medical Engineering, Medical Equipment Management, Medical Physics Engineering, Rehabilitation Engineering, Renal Technical Services, specialist engineering, Clinical Scientific Computing, digital/connected-device engineering and fully managed service models.

Survey design principle

The survey deliberately distinguishes three levels of responsibility because they answer different patient-safety questions:

Level	Core question	Examples
1. Operational Management	Are the required controls being delivered?	Asset records, maintenance, training, incident response, lifecycle, cybersecurity, workload, quality management systems (QMS).
2. Senior Management & Organisational Governance	Is the organisation directing, monitoring and taking accountability for those controls?	Executive ownership, Board visibility, corporate risk, strategy, investment, workforce, outsourced services.
3. Quality and Independent Assurance	Has sufficiently independent scrutiny tested whether organisational confidence is justified?	QMS certification/accreditation, internal and external audits, regulatory inspection, peer review, independent professional advice, AE(ME), reporting, action tracking, and closure.

Professional registration provides assurance about the competence and accountability of individuals. It does not, by itself, demonstrate that organisational governance is effective or independently assured.

Recommended respondent model

One coordinated organisational submission is recommended. It is not necessary for an Executive Director personally to complete the survey. The coordinating respondent should, however, seek input or validation from the person best placed to answer each section where the required information sits outside their own remit.

Role / respondent	Primary section(s)	Expected contribution
Coordinating operational/service lead	Sections 1-5 and 6A	Detailed knowledge of service structure, delivery, workforce and operational controls.
Responsible senior manager / governance lead	Section 6B	Validation of organisational accountability, corporate risk, strategy, resource, Board reporting and cross-organisational governance.
Quality / governance / assurance lead or equivalent, where applicable	Section 6C	Validation of the nature, scope, independence, reporting and follow-up of independent assurance.

Where more than one specialist engineering service exists in different departments or reporting lines, the response should identify the principal service being described and record other relevant services separately rather than assuming a single departmental structure.

Survey contents

1. Organisational structure and service scope
2. Professional scope and responsibilities
3. Workforce, training and career development
4. Professional registration and recognition
5. Service delivery models and operational pressures
6. Governance, safety and assurance
7. Future priorities, benchmarking and use of data

You can view a PDF version of the questions here, if you wish to collate information before responding.

2. Section 1: Organisational Structure and Service Scope

1. Healthcare organisation name

2. UK Nation

- [ ] England
- [ ] Scotland
- [ ] Wales
- [ ] Northern Ireland

3. Region / Health Board / Health and Social Care Trust area

4. Principal Clinical / Medical Engineering service or function being described

5. Coordinating respondent name

6. Job title

7. Email address

8. Are there other Clinical / Medical Engineering, Medical Physics engineering or specialist technical services within the organisation that have separate departmental or reporting arrangements?

- [ ] Yes
- [ ] No
- [ ] Unsure

If yes, please identify the principal services/functions and, where known, their reporting lines:

9. How would you describe the scope and principal responsibilities of the engineering service(s) supporting healthcare technology within your organisation?

10. Does your service support or provide services to other healthcare organisations through a Service Level Agreement (SLA), contract, network or regional arrangement?

- [ ] Yes
- [ ] No

If yes, please describe the organisations and/or geographical area covered:

11. Which of the following services are present within your organisation? Select all that apply.

- [ ] Medical Equipment Management / EBME
- [ ] Clinical Engineering
- [ ] Medical Device Safety
- [ ] Clinical Safety
- [ ] Rehabilitation Engineering
- [ ] Wheelchair Services Engineering
- [ ] Renal Technical Services
- [ ] Imaging Engineering
- [ ] Radiotherapy Engineering
- [ ] Nuclear Medicine Engineering / Technical Services
- [ ] Physiological Measurement / Calibration
- [ ] Digital Health Technology Support
- [ ] Cybersecurity for Medical Devices
- [ ] Medical Physics Engineering
- [ ] Assistive Technology
- [ ] Clinical Scientific Computing
- [ ] Research & Innovation
- [ ] Fully Managed Equipment Service
- [ ] Other (please specify):

12. Where is the principal engineering service/function being described positioned within the organisation?

- [ ] Estates and Facilities
- [ ] Clinical Support Services
- [ ] Corporate Services
- [ ] Operations
- [ ] Digital / Information Technology (IT)
- [ ] Cancer Services
- [ ] Diagnostics
- [ ] Medical Physics
- [ ] Clinical Directorate
- [ ] Wholly owned subsidiary
- [ ] Estates Special Purpose Vehicle (SPV) / Private Finance Initiative (PFI) arrangement
- [ ] Hybrid / matrix structure
- [ ] Other (please specify):

13. Are there other engineering or technical services supporting healthcare technology that sit outside this reporting line?

- [ ] Yes
- [ ] No

If yes, please describe their reporting arrangements.

14. The principal service/function ultimately reports through which route?

- [ ] Trust / Health Board/ or equivalent
- [ ] Executive Director
- [ ] Clinical Director
- [ ] Divisional Director
- [ ] Director / Associate Director
- [ ] Head of Service
- [ ] Wholly owned subsidiary
- [ ] Estates SPV / PFI arrangement
- [ ] Other (please specify):

15. Which Executive Director or equivalent is accountable to the Board for Clinical / Medical Engineering and medical-device governance?

16. Is this accountability formally documented?

- [ ] Yes
- [ ] Partly
- [ ] No
- [ ] Unsure

17. How visible is the engineering service within organisational decision-making?

- [ ] Very high
- [ ] High
- [ ] Moderate
- [ ] Limited
- [ ] Very limited
- [ ] Please provide an example or comment.

3. Section 2: Professional Scope and Responsibilities

18. Which responsibilities fall within your service? Select all that apply.

- [ ] Medical device lifecycle management
- [ ] Medical device maintenance
- [ ] Equipment procurement advice and technical support
- [ ] Medical device safety / incident liaison support (e.g. Medical Device Safety Officer (MDSO) / Incident and Safety Officer (IASO) / Medical Device Liaison Officer (MDLO))
- [ ] Clinical safety governance
- [ ] Device connectivity
- [ ] Cybersecurity
- [ ] Acceptance and commissioning
- [ ] Decommissioning and disposal
- [ ] Equipment library / equipment pool management
- [ ] Service commissioning
- [ ] Technical training and competency management
- [ ] Clinical equipment user-training support
- [ ] Clinical investigations / incident investigation
- [ ] Rehabilitation engineering
- [ ] Assistive technology
- [ ] Clinical Scientific Computing
- [ ] Clinical pathway redesign
- [ ] Change management / technology implementation
- [ ] Innovation programme support
- [ ] Research and innovation
- [ ] Digital health technologies
- [ ] Other (please specify):

19. How clearly are responsibilities defined between your engineering service and the following functions?

	Very clear	Clear	Variable	Unclear	Very unclear
Digital / IT	☐	☐	☐	☐	☐
Estates	☐	☐	☐	☐	☐
Procurement	☐	☐	☐	☐	☐
Finance / capital planning	☐	☐	☐	☐	☐
Medical Physics	☐	☐	☐	☐	☐
Clinical Services	☐	☐	☐	☐	☐
Cybersecurity	☐	☐	☐	☐	☐
Patient Safety / Governance	☐	☐	☐	☐	☐

20. How involved is your service in the following areas?

	Always	Usually	Sometimes	Rarely	Never
Healthcare technology strategy	☐	☐	☐	☐	☐
Capital planning	☐	☐	☐	☐	☐
Lifecycle replacement pla nning	☐	☐	☐	☐	☐
Digital transformation	☐	☐	☐	☐	☐
New hospital / major capital programmes	☐	☐	☐	☐	☐
Home healthcare	☐	☐	☐	☐	☐
Service redesign	☐	☐	☐	☐	☐
Change management / technology implementati on	☐	☐	☐	☐	☐
Innovation	☐	☐	☐	☐	☐
Research partnerships	☐	☐	☐	☐	☐
Integrated Care System (ICS) / Integrated Care Board (ICB), Health Board, Trust or regional planning	☐	☐	☐	☐	☐
Health policy / strategy within your UK nation	☐	☐	☐	☐	☐

21. Where should Clinical / Medical Engineering have greater involvement?

☐

4. Section 3: Workforce, Training and Career Development

22. Please provide workforce establishment (WTE) by pay band or equivalent grade.

23. Please upload an organisational chart if available.

24. Do you believe your current establishment is sufficient to meet service demand?

- [ ] Yes
- [ ] Partly
- [ ] No

25. Do you consider the service under-established irrespective of current vacancies?

- [ ] Yes
- [ ] No
- [ ] Unsure

Please explain:

To improve comparability, please report staff below by substantive role where possible and report trainees separately. Avoid counting the same individual in more than one occupational category unless specifically requested.

26. Please provide the number of staff in each category where known:

Medical Equipment Technicians / Engineers	
Clinical Technologists	
Clinical Engineers	
Clinical Scientists	
Digital / cybersecurity specialists	
Specialist engineering staff (e.g. renal, radiotherapy, nuclear medicine, rehabilitation)	
Other technical / scientific staff	

27. Please separately provide the number of staff currently in formal training routes:

Apprentices - including Healthcare Engineering Specialist Technician (HEST)	
PTP trainees	
STP trainees	
HSST trainees	
CTTS trainees	
Local / in-house trainees	
University placements / other trainees	

28. For workforce-registration analysis, please give numbers where known:

Registered Clinical Technologists (RCT)	
Engineering Council registrants (EngTech / IEng / CEng)	
HCPC registrants	
Science Council registrants (RSciTech / RSci / CSci)	
AHCS registrants	
Other relevant registrations	

29. Which training routes are represented? Select all that apply.

- [ ] HEST / other apprenticeship
- [ ] PTP
- [ ] STP
- [ ] HSST
- [ ] CTTS
- [ ] Local / in-house programme
- [ ] University placement
- [ ] Manufacturer training
- [ ] Other

30. What are the main barriers to recruiting, supporting or progressing trainees? Select up to three.

- [ ] Funding
- [ ] Lack of training capacity / supervisors
- [ ] Difficulty recruiting suitable candidates
- [ ] Limited career progression
- [ ] Protected learning time
- [ ] Service pressure / workload
- [ ] Limited access to accredited programmes
- [ ] Other

31. Following completion of training, are trainees usually able to move into substantive posts?

- [ ] Always
- [ ] Usually
- [ ] Sometimes
- [ ] Rarely
- [ ] Never

32. Which workforce model best describes your service?

- [ ] Structured career framework
- [ ] Traditional technical structure
- [ ] Hybrid model
- [ ] Outsourced elements
- [ ] Other

33. Do you have clearly defined career pathways beyond Band 7 (or equivalent)?

- [ ] Yes
- [ ] Partly
- [ ] No

34. What are the most significant skills shortages? Select up to five.

- [ ] Medical device management
- [ ] Digital technologies
- [ ] Cybersecurity
- [ ] Clinical safety
- [ ] Leadership
- [ ] General specialist engineering
- [ ] Renal technology
- [ ] Radiotherapy engineering
- [ ] Nuclear medicine engineering
- [ ] Rehabilitation engineering
- [ ] Data analytics
- [ ] Research and innovation
- [ ] Lifecycle / capital planning
- [ ] Other

35. Which workforce challenges are greatest? Select up to three.

- [ ] Recruitment
- [ ] Retention
- [ ] Succession planning
- [ ] Leadership capacity
- [ ] Registration
- [ ] Specialist skills
- [ ] Digital skills
- [ ] Workforce ageing

36. Do you believe your workforce is sustainable over the next five years?

- [ ] Yes
- [ ] Partly
- [ ] No

Please explain:

37. Do you currently have vacancies that have remained unfilled for more than six months?

- [ ] Yes
- [ ] No

If yes, please specify the role(s), band/grade and approximate duration where known:

5. Section 4: Professional Registration and Recognition

38. How many staff in your workforce are registered through each route? Please provide a headcount.

	Headcount
Health and Care Professions Council (HCPC)	
Register of Clinical Technologists (RCT)	
Engineering Council – Engineering Technician (EngTech) / Incorporated Engineer (IEng) / Chartered Engineer (CEng)	
Science Council – Registered Science Technician (RSciTech) / Registered Scientist (RSci) / Chartered Scientist (CSci)	
Academy for Healthcare Science (AHCS)	
Other	

39. Does your organisation distinguish between roles where professional registration is required, desirable or not necessary according to scope of practice and patient-safety risk?

- [ ] Yes - clearly defined by role/scope
- [ ] Partly
- [ ] Registration is required for most/all technical roles
- [ ] Registration is desirable but not mandatory
- [ ] No formal policy
- [ ] Under review

Please provide examples of roles where registration is mandatory or expected:

40. Does professional registration influence any of the following? Select all that apply.

- [ ] Recruitment
- [ ] Career progression
- [ ] Pay progression / banding
- [ ] Leadership opportunities
- [ ] Scope of practice
- [ ] Employer confidence
- [ ] None
- [ ] Other (please specify):

Please provide examples:

41. Does your organisation have viable entry or equivalence routes for experienced engineers/technicians entering from manufacturers, independent service organisations, the Armed Forces or other sectors?

- [ ] Yes
- [ ] Partly
- [ ] No
- [ ] Unsure

42. Which routes are recognised? Select all that apply.

- [ ] Recognition of prior learning / experience
- [ ] Portfolio assessment
- [ ] Equivalence assessment
- [ ] Supervised adaptation period
- [ ] Local competency assessment
- [ ] Other (please specify):

6. Section 5: Service Delivery Models and Operational Pressures

43. Which service delivery model best describes your organisation?

- [ ] Fully in-house
- [ ] Predominantly in-house
- [ ] Mixed model
- [ ] Predominantly outsourced
- [ ] Fully outsourced

44. Does your organisation operate a Fully Managed Equipment Service (FMES) or equivalent managed-service arrangement?

- [ ] Yes
- [ ] No

If yes, please briefly describe the scope:

45. How involved is the Clinical / Medical Engineering function in managing or assuring the FMES contract?

- [ ] Lead role
- [ ] Joint role
- [ ] Advisory / technical role
- [ ] Limited involvement
- [ ] No involvement
- [ ] Not applicable / unsure

46. For comparability, estimate the proportion of devices/assets within the organisation's maintenance scope, rather than staff time or financial spend. Figures should total approximately 100%.

	% of devices/assets
Maintained by internal workforce	
Maintained under Original Equipment Manufacturer (OEM) contracts	
Maintained by third-party contractors	

47. Where engineering or maintenance activity is outsourced, who retains organisational accountability for assuring safety, quality and performance?

- [ ] Named Executive Director
- [ ] Clinical / Medical Engineering service lead
- [ ] Procurement / contract management
- [ ] Supplier / FMES provider
- [ ] Shared arrangement
- [ ] Unclear
- [ ] Other (please specify):

48. Are outsourced providers subject to the same organisational governance, incident, performance and assurance requirements as in-house services?

- [ ] Yes
- [ ] Partly
- [ ] No
- [ ] Unsure

49. Does your service provide any of the following?

- [ ] 24/7 support
- [ ] On-call services
- [ ] Regional support
- [ ] Community support
- [ ] Home healthcare support
- [ ] None of the above

50. Rank the three greatest current operational pressures.

- [ ] Funding
- [ ] Workforce
- [ ] Technology complexity
- [ ] Cybersecurity
- [ ] Estates constraints
- [ ] Regulatory requirements
- [ ] Demand growth
- [ ] Digital transformation
- [ ] Lifecycle backlog
- [ ] Other (please specify):

51. How actively is your service involved in Net Zero and sustainable medical-equipment initiatives?

- [ ] Actively
- [ ] Partly
- [ ] Limited
- [ ] Not currently

Comments:

7. Section 6: Governance, Safety and Assurance

This section is intentionally divided into three levels: Operational Management, Senior Management & Organisational Governance, and External Independent Assurance. The aim is to distinguish day-to-day control from organisational oversight and from independent scrutiny.

52. Please indicate whether the following controls are formally in place and routinely monitored.

	Yes	Partly	No	Unsure
Complete and validated medical-device asset register	☐	☐	☐	☐
Unique device identification/traceability	☐	☐	☐	☐
Planned maintenance compliance monitoring	☐	☐	☐	☐
Risk-based escalation for overdue/unavailable d evices	☐	☐	☐	☐
Documented acceptance and commissioning process	☐	☐	☐	☐
Controlled decommission ing and disposal process	☐	☐	☐	☐
Documented lifecycle replacement plan	☐	☐	☐	☐
Formal technical competency and authorisation records	☐	☐	☐	☐
Defined user-training responsibilities	☐	☐	☐	☐
Connected-device/cybersecurity gov ernance	☐	☐	☐	☐
Medical-device incident and near-miss review	☐	☐	☐	☐
Trend analysis of recurring technical/sys tem failure	☐	☐	☐	☐

53. Does your organisation have a Medical Device Safety Officer (MDSO)/ Incident Liaison role (e.g. MDSO in England and Wales, IASO in Scotland, or MDLO in Northern Ireland)?

- ☐ Yes
- ☐ No
- ☐ Unsure

54. Where is the role located organisationally?

55. Which local governance structures exist? Select all that apply.

- [ ] Medical Devices Management Group
- [ ] Clinical Engineering Governance Group
- [ ] Medical Technology Committee
- [ ] Clinical Safety Group
- [ ] Digital / Cybersecurity governance group
- [ ] Other (please specify):

56. Does your service operate within a formal Quality Management System (QMS)?

- [ ] Yes - externally accredited/certified
- [ ] Yes - formal Quality Management System (QMS) but not externally accredited
- [ ] Partly
- [ ] No
- [ ] Unsure

57. Which standards/frameworks apply? Select all that apply.

- [ ] International Organisation for Standardisation (ISO) 9001
- [ ] International Organisation for Standardisation (ISO) 13485
- [ ] International Organisation for Standardisation (ISO) 15189
- [ ] International Organisation for Standardisation (ISO) 17025
- [ ] International Organisation for Standardisation (ISO) 27001
- [ ] Medical Physics and Clinical Engineering accreditation framework/scheme (MPACE)
- [ ] National Health Service (NHS) / equivalent organisational QM
- [ ] Local quality framework
- [ ] Other (please specify):

58. If not externally accredited, what are the main barriers?

- [ ] Funding
- [ ] Capacity
- [ ] Resources
- [ ] Organisational support
- [ ] Perceived lack of benefit
- [ ] Other (please specify):

59. Which Computerised inventory management system do you use?

- [ ] e-Quip
- [ ] F2
- [ ] Medusa
- [ ] AIMS
- [ ] RAM / RAM 5000 / Series 4000/5000
- [ ] Siemens equipment management system (SEMS) or other locally developed medical-equipment management system
- [ ] Estates / Computer-Aided Facilities Management (CAFM) / Equipment Asset Management (EAM) system — e.g. Planet FM, MICAD or similar
- [ ] Microsoft Excel / Access / SharePoint or other locally developed database
- [ ] Supplier/outsourced-provider system
- [ ] No dedicated electronic system
- [ ] Other (please specify):

60. Is there a named Executive Director or equivalent accountable for Clinical / Medical Engineering and medical-device governance

- [ ] Yes
- [ ] No
- [ ] Unclear
- [ ] Unsure

61. Does the Board or a Board committee receive regular assurance on medical-device / healthcare-technology governance?

- [ ] Yes - routinely
- [ ] Yes - periodically
- [ ] Only when an issue arises
- [ ] No
- [ ] Unsure

62. How frequently is this formally reported?

- [ ] Monthly
- [ ] Quarterly
- [ ] Six-monthly
- [ ] Annually
- [ ] Ad hoc
- [ ] Not reported

63. Are Clinical / Medical Engineering and medical-device risks formally integrated into the organisation's corporate risk structure?

- [ ] Yes
- [ ] Partly
- [ ] No
- [ ] Unsure

64. Does the organisation have an approved medical-device / healthcare-technology strategy?

- [ ] Yes
- [ ] In development
- [ ] No
- [ ] Unsure

65. Are lifecycle replacement risks formally reflected in capital planning?

- [ ] Yes
- [ ] Partly
- [ ] No
- [ ] Unsure

66. Is Clinical / Medical Engineering formally represented in the following?

- [ ] Patient safety / quality committees
- [ ] Digital governance
- [ ] Cybersecurity governance
- [ ] Risk committee
- [ ] Capital planning
- [ ] Technology strategy
- [ ] Procurement governance
- [ ] Estates governance
- [ ] Research & Innovation
- [ ] Other (please specify):

67. Is workforce capability (capacity, competence, succession and specialist skill) treated as an organisational patient-safety / governance risk?

- [ ] Yes
- [ ] Partly
- [ ] No
- [ ] Unsure

68. How confident are you that your governance arrangements are sufficient to support current and future healthcare-technology demands?

- [ ] Very confident
- [ ] Confident
- [ ] Neutral
- [ ] Concerned
- [ ] Very concerned

69. What evidence supports that confidence? Select all that apply.

- [ ] Internal performance data
- [ ] Internal audit
- [ ] QMS certification/accreditation
- [ ] Regulatory inspection
- [ ] External peer review
- [ ] Independent AE(ME) assurance review
- [ ] Board assurance process
- [ ] Benchmarking against other organisations
- [ ] No independent evidence
- [ ] Other (please specify):

70. How does the organisation assess whether the Clinical / Medical Engineering service is meeting clinical and organisational needs, rather than only its own operational targets? Select all that apply.

- [ ] Clinical-user feedback
- [ ] Patient/user feedback where applicable
- [ ] Service availability and performance indicators
- [ ] Incident and near-miss trends
- [ ] Lifecycle / capital-risk measures
- [ ] Executive or Board-level review
- [ ] External benchmarking
- [ ] Independent assurance / peer review
- [ ] Contract or SLA performance review
- [ ] No formal assessment
- [ ] Other (please specify):

71. Which of the following arrangements are used to provide external or independent scrutiny of Clinical / Medical Engineering governance and service quality? Select all that apply.

- [ ] External QMS certification or accreditation and surveillance audits
- [ ] Regulatory inspection
- [ ] External peer review
- [ ] Independent professional or technical adviser, including AE(ME)
- [ ] Independent governance or service review
- [ ] None
- [ ] Unsure
- [ ] Other (please specify):

72. Does your organisation appoint an independent Authorising Engineer (Medical Engineering) - AE(ME), or equivalent independent adviser, for Medical Engineering governance?

- [ ] Yes - AE(ME)
- [ ] Yes - equivalent independent adviser
- [ ] Under consideration
- [ ] No
- [ ] Unsure

73. If yes, is the adviser independent of the operational service and maintenance delivery?

- [ ] Yes
- [ ] Partly
- [ ] No
- [ ] Unsure

74. Does your organisation undertake periodic independent assurance reviews of Medical Engineering governance?

- [ ] Annually
- [ ] Every two years
- [ ] Less frequently
- [ ] Ad hoc
- [ ] No
- [ ] Unsure

75. What is the scope of independent assurance? Select all that apply

- [ ] Asset management and traceability
- [ ] Maintenance governance
- [ ] Lifecycle replacement planning
- [ ] Procurement / commissioning
- [ ] User and technical training
- [ ] Incident and safety governance
- [ ] Connectivity / cybersecurity
- [ ] Workforce capability
- [ ] QMS / management controls
- [ ] Board / executive oversight
- [ ] Whether service delivery meets clinical and organisational need
- [ ] Other (please specify):

76. To whom are independent assurance findings formally reported? Select all that apply.

- [ ] Head of Clinical / Medical Engineering
- [ ] Divisional management
- [ ] Executive Director
- [ ] Board / Board committee
- [ ] Audit / Risk committee
- [ ] Other (please specify):

77. Are independent assurance recommendations formally:

- [ ] Risk-rated
- [ ] Assigned to accountable owners
- [ ] Given completion dates
- [ ] Tracked to closure
- [ ] Re-tested / validated after closure
- [ ] Not formally tracked

78. Has independent assurance identified previously unrecognised organisational risk?

- [ ] Yes
- [ ] No
- [ ] Not applicable
- [ ] Unsure

79. If yes, please provide an anonymised example if appropriate.

80. What governance or assurance improvements would most strengthen Clinical / Medical Engineering across the UK and within the four nations?

8. Section 7: Future Priorities, Benchmarking and Use of Data

81. What are the three most important actions needed to strengthen Clinical / Medical Engineering across the UK and within your nation? Select up to three.

- [ ] Workforce planning
- [ ] Career pathways
- [ ] Professional recognition
- [ ] Role-specific registration
- [ ] Governance frameworks
- [ ] Independent assurance
- [ ] UK-wide and/or nation-specific standards
- [ ] Education and training
- [ ] Leadership development
- [ ] Strategic representation
- [ ] Funding and investment
- [ ] Digital engineering
- [ ] Cybersecurity
- [ ] Research and innovation
- [ ] Service sustainability
- [ ] Implementation of UK-wide and/or nation-specific health strategies

82. Would benchmarking information comparing organisational models, workforce, governance maturity and assurance arrangements be valuable?

- [ ] Yes
- [ ] No
- [ ] Unsure

83. Would you be willing for your service to be included within a UK-wide directory of Clinical / Medical Engineering expertise?

- [ ] Yes
- [ ] No
- [ ] Subject to further information

84. Which uses of the resulting dataset would you support? Select all that apply.

- [ ] Uk-wide and/or nation-specific workforce planning
- [ ] Regional and/or nation-level service-provider catalogues
- [ ] Benchmarking
- [ ] Policy development
- [ ] Career and education framework development
- [ ] Governance improvement
- [ ] Patient-safety and assurance improvement
- [ ] Research
- [ ] Other (please specify):

85. Please provide any additional comments or recommendations.