

Workforce survey of Histopathology/Cellular Pathology Departments 2017

Summary of findings related to Consultant Pathologists in the UK

The College conducted a survey of Histopathology/Cellular Pathology Departments in Organisations between January – March 2017. It achieved a response rate of 73% of departments/organisations. The high response rate provides confidence that the results are likely to be representative.

Findings

Information available on current Consultants Histopathologists in post, based on the responses to the survey indicates:

Consultants in UK (1 w.t.e. = 10PA): survey responses

Total consultants: Headcount = 1054 W.T.E. = 1054.5

Gender split: Male = 545 (52%) Female = 509 (48%)

Age ranges: Under 35 to 70-74 years

Retired and Return: 54 pathologists (5% of total headcount)

Extrapolating, this would mean currently around 1,444 working Consultant Histopathologists in the UK, with a very similar number of working time equivalents (1 w.t.e. = 10 PA); these are relatively evenly split across the UK, by gender, with slightly more male staff than females, although there is a wide spectrum of ages, ranging from the early 30s to over 70 years of age.

The number of pathologists working post-retirement is relatively small, at 5% of the total headcount, which would extrapolate to be 74 pathologists across the UK.

The consultant demographics and gender by nation are broken down, to see if there are any significant differences (**Table 1**).



TABLE 1: Consultant Demographics by Country – by responses

| CONSULTANTS | England | Wales | Scotland | N. Ireland | TOTALS |
|-------------------------------------------|-----------------|-----------------|-----------------|-------------------|-------------------|
| Total Consultants | 895 | 42 | 81 | 36 | 1,054 |
| Whole Time Equivalents | 896.6 | 44.7 | 76.6 | 36.6 | 1,054.5 |
| Average PA per consultant | 10.02 | 11.02 | 9.46 | 10.17 | 10.00 |
| Total Consultants (extrapolated) | 1,226 | 58 | 111 | 49 | 1,444 |
| Retired & Returned | 46 | 4 | 3 | 1 | 54 |
| Retired & Returned (extrapolated) | 63 | 5 | 4 | 1 | 73 |
| % Retired and Returned | 5% | 10% | 4% | 3% | 5% |
| GENDER (where given) | | | | | |
| Male | 463 | 26 | 33 | 23 | 545 |
| Female | 432 | 16 | 48 | 13 | 509 |
| M: F ratio | 1.07:1 | 1.63:1 | 0.69:1 | 1.77:1 | 1.07:1 |
| AGES RANGES (where given) | | | | | |
| Under 35 year-olds | 39 (4%) | 2 (5%) | 4 (7%) | 4 (11%) | 49 (5%) |
| 35-39 year-olds | 108 (12%) | 7 (17%) | 7 (13%) | 4 (11%) | 126 (12%) |
| 40-44 year olds | 183 (21%) | 11 (26%) | 19 (35%) | 7 (19%) | 220 (22%) |
| 45-49 year olds | 157 (18%) | 1 (2%) | 9 (16%) | 7 (19%) | 174 (17%) |
| 50-54 year olds | 160 (18%) | 6 (14%) | 4 (7%) | 9 (25%) | 179 (18%) |
| 55-59 year olds | 145 (17%) | 10 (24%) | 9 (16%) | 4 (11%) | 168 (17%) |
| 60-64 year olds | 70 (8%) | 4 (10%) | 2 (4%) | 1 (4%) | 77 (8%) |
| 65-69 year olds | 12 (1%) | 1 (2%) | 1 (2%) | 0 | 14 (1%) |
| 70+ year olds | 2 (<1%) | 0 | 0 | 0 | 2 (<1%) |
| <45 year olds | 330 (37%) | 20 (48%) | 30 (55%) | 15 (41%) | 395 (39%) |
| 45-54 year olds | 336 (38%) | 7 (16%) | 13 (23%) | 16 (44%) | 372 (36%) |
| 55+ year olds | 229 (26%) | 15 (36%) | 12 (22%) | 5 (15%) | 261 (25%) |
| 60+ year olds | 84 (9%) | 5 (12%) | 3 (6%) | 1 (4%) | 93 (9%) |
| Estimated average age of all staff | 48 years | 48 years | 46 years | 46 years | 48 years |

FIGURE 1: Percentage of Consultants in Age Range Groups, by Country

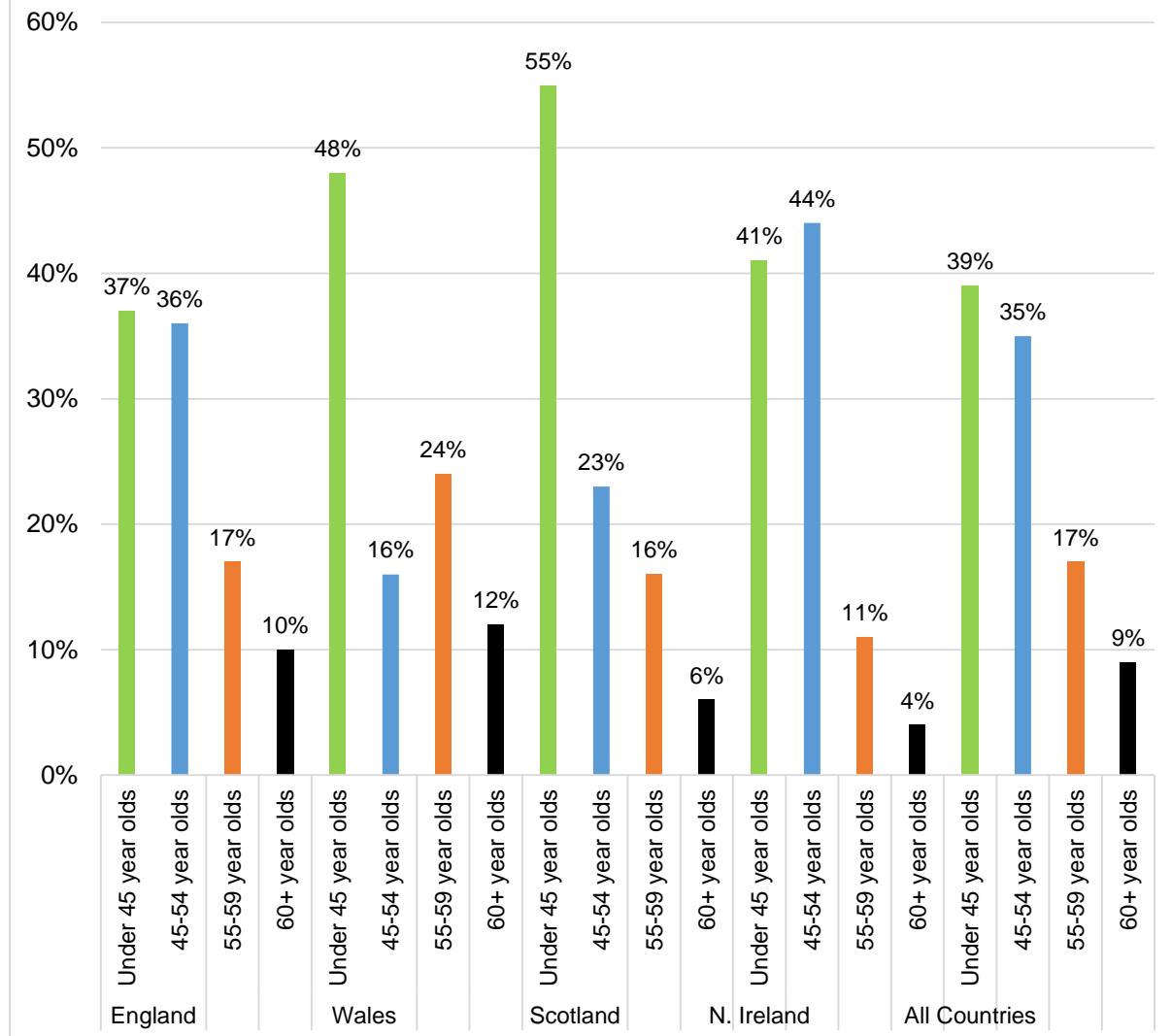


Table 1 and **Figure 1** highlight differences between the UK nations in terms of gender and staff age profiles.

The clear majority of pathologists working in Wales and Northern Ireland appear to be male (62% and 64% of staff respectively), as opposed to the majority of pathologists working in Scotland being female, at 59% (from the respondents).

In terms of age breakdown, 25% of the whole Consultant staff are 55 years of age or more, with 36% of this specific demographic (9% of all the Consultant staff) being aged 60 years or more; staff above 55 years of age could potentially all decide to retire from their position over the next 2-5 years, depending on their individual circumstances.

39% of the staff are below 45 years of age and 35% of staff in the 'intermediate' 45-54 years of age. This represents the 75% of staff that are not likely to be retiring over the next 2-5 years (although this does not equate to staff remaining in their posts).

The estimated average age of the Consultant staff is around 48 years of age (ranging between 46-48 years across the nations), but this hides significant differences with regards to the breakdown of the age groups in the UK.

Departments in Scotland and Wales appear to have a higher proportion of their staff being under 45 years of age (55% and 48%), compared to England and Northern Ireland (37% and 41%), with the latter two countries having far more of their staff being slightly older, in the 45-54 years old age group (38% and 44%), with relatively few staff of Wales and Scotland being in this age profile (only 16% and 23% respectively).

Wales also has the largest proportion of staff aged 55 years or older (36%), compared to all the other nations, which ranges between 15-26% of the workforce (lowest in Northern Ireland at 15%). 12% of all staff in Wales are at least 60 years of age, which is higher than in all the other nations (ranging between 4% to 9%).

This indicates that the staff in Wales seem to be broadly divided into two main groups; those under 45 years of age and those aged 55 years or more, with relatively few of their staff aged between 45 and 54 years of age (16%); this contrasts with other countries, who have more of their staff in this 'intermediate' age group, especially in England and Northern Ireland (38% and 44% respectively).

This age profile structure suggests that losing staff due to retirement is more likely to affect Wales as a nation before the other countries. This is highlighted further on finding that potentially 10% of staff in Wales are 'retired and returned', which is twice the level of the average of the whole UK and much higher than all the other countries (3-5% range).

If one assumed that all staff aged 55 years or more were to retire in the next 5 years, which would leave only 64% of the current workforce in place in Wales, compared to 74% in England, 78% in Scotland and 85% in Northern Ireland. This 'worst case scenario' analysis should be considered when workforce planning is considered.

Variation in the age profiles of England's regions

It might also be useful to break down the age ranges data in England into regions, to make them more comparable to the sizes of the other countries of the UK, as its overall large size could potentially mask significant regional variation.

Figure 2 below highlights the age profiles by individual region of England:

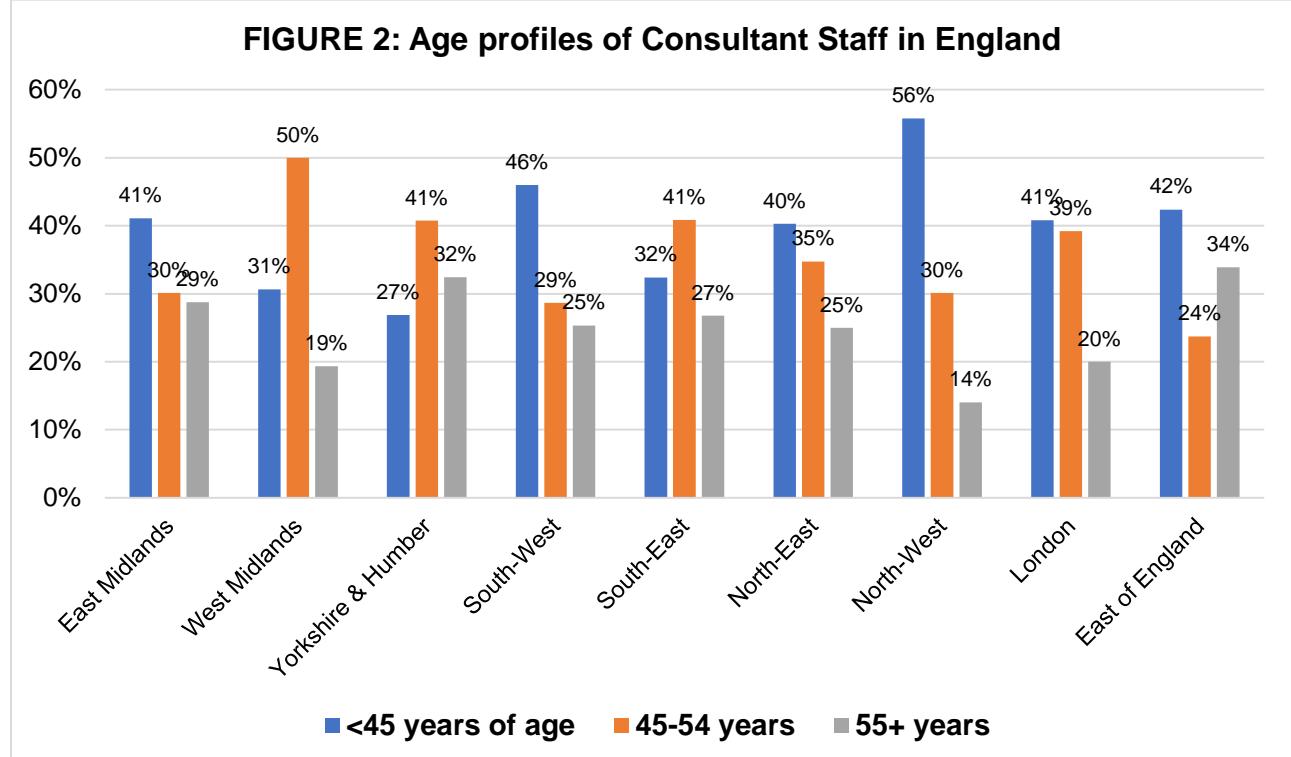


Figure 2 confirms that there is variation between different areas of England. Whilst the proportion of all staff, aged 55 years or more, is 26%, it appears lowest in the North-West (14%), West Midlands (19%) and London (20%), whilst over 30% in Yorkshire & Humber and East of England (32% and 34% respectively).

From the other side of the age spectrum, the highest proportions of staff aged below 45 years of age, are seen in the North-West (56%) and the South-West (46%), the lowest proportions seen in Yorkshire & Humber (27%) and West Midlands (31%).

Job Plans

It is also useful to examine the 'typical' job plans of consultant staff across the UK, as a marker of clinical activity and how resources are distributed. Consultant contracts are divided into Direct Clinical Care (DCC) sessions and Supporting Professional Activity (SPA) sessions, with one full-time equivalent equating to 10 sessions per week.

There has been a recent overall trend for decreasing SPA sessions for consultant staff, due to financial constraints within health organisations, to help maximise clinical productivity, but it is important that consultants do get a sufficient number of SPA sessions in their job plans, to allow time for required activities, such as EQA participation, continuing professional development, participation in appraisals and revalidation, teaching, training and research.

The average total PAs for all responding departments is exactly 10.0 PA per week, equating being highest in Wales (11.02 PA per week) and Northern Ireland (10.17 PA per week), and is lowest in Scotland (9.46 PA per week). This suggests that a higher proportion of staff in Wales and Northern Ireland do Extra Programmed Activities (work more than 10 sessions), compared to their counterparts in England and Scotland; this contrasts with Scotland, where a higher proportion of their workforce work part-time (<10 sessions per week).

If one breaks down the data further by nation (**Table 2**):

| Country | Mean DCC PAs | Mean SPA PAs | Mean Total PAs | SPA as % |
|------------|--------------|--------------|----------------|----------|
| England | 8.0 PA/week | 1.9 PA/week | 10.0 PA/week | 20% |
| Wales | 8.6 PA/week | 2.5 PA/week | 11.0 PA/week | 23% |
| Scotland | 7.5 PA/week | 2.0 PA/week | 9.5 PA/week | 21% |
| N. Ireland | 8.0 PA/week | 2.2 PA/week | 10.2 PA/week | 22% |

Table 2 shows that the highest mean number of DCC sessions are worked in Wales (8.6 PA/week), but the staff also have the highest number of SPA sessions per week (2.5 PA/week). The whole consultant staff of the UK seem to have around 20-23% of their whole sessions (including additional sessions), as SPA sessions, that seems to be averaging at around 2 sessions per week, if you exclude Wales from the calculation, as they are more typically working 2.5 sessions per week (they have an amended contract and pay-scales).

Table 3 examines the sessional breakdown in further detail:

| TABLE 3 | England | Wales | Scotland | N. Ireland | TOTALS |
|--------------|---------|-------|----------|------------|--------|
| % on 1-8 PAs | 18% | 14% | 26% | 19% | 18% |
| % on 9 PA | 6% | 2% | 4% | 3% | 6% |
| % on 10 PA | 32% | 12% | 40% | 8% | 32% |
| % on 11 PA | 27% | 10% | 19% | 42% | 27% |
| % on 12+ PA | 18% | 62% | 11% | 28% | 18% |

This indicates that, in the UK as a whole, a third of staff work 10 sessions, almost half the staff work more than 10 sessions and almost a quarter of staff work less than 10 sessions.

30% of staff in Scotland work less than 10 sessions, compared to 16% in Wales and 22-24% for England and Northern Ireland. Contrasting to that is 72% of staff in Wales are working more than 10 sessions and 70% in Northern Ireland, thus many working additional sessions.

Reasons for many staff working above 10 sessions are multifactorial, but could be related to how straightforward, or not, it is to recruit new staff members when vacancies arise.

In addition, there will be variation as to whether employers will pay additional sessions or not, whether there is adequate staffing or not to cover the demand, external work and roles and how the work demand and capacity is measured, be it by time or by workload scoring system, such as the one advocated by the Royal College of Pathologists.

It is feasible that using sessions as time-based, with no case complexity scoring, could potentially underestimate the true demand and over-estimate the true capacity in the departments.

Only 30% of staff in Scotland and 45% in England works above 10 sessions.

The standard 'basic' full-time job is of 10 sessions, but this is worked by only around 1/3 of all the staff (32%), but very few staff in Northern Ireland and Wales are on this number of sessions (8% and 12%), with two-fifths (40%) of staff in Scotland working at this level.

Variation in the number of sessions worked in England by region

Looking at all regions of England, there is a significant variation in the proportions of staff who are on 11 sessions or more, varying between 34-60%, averaging 45% overall; the lowest rates are noted in London (34%) and the North-East (35%), the highest in the East of England (60%) and the South-East (56%).

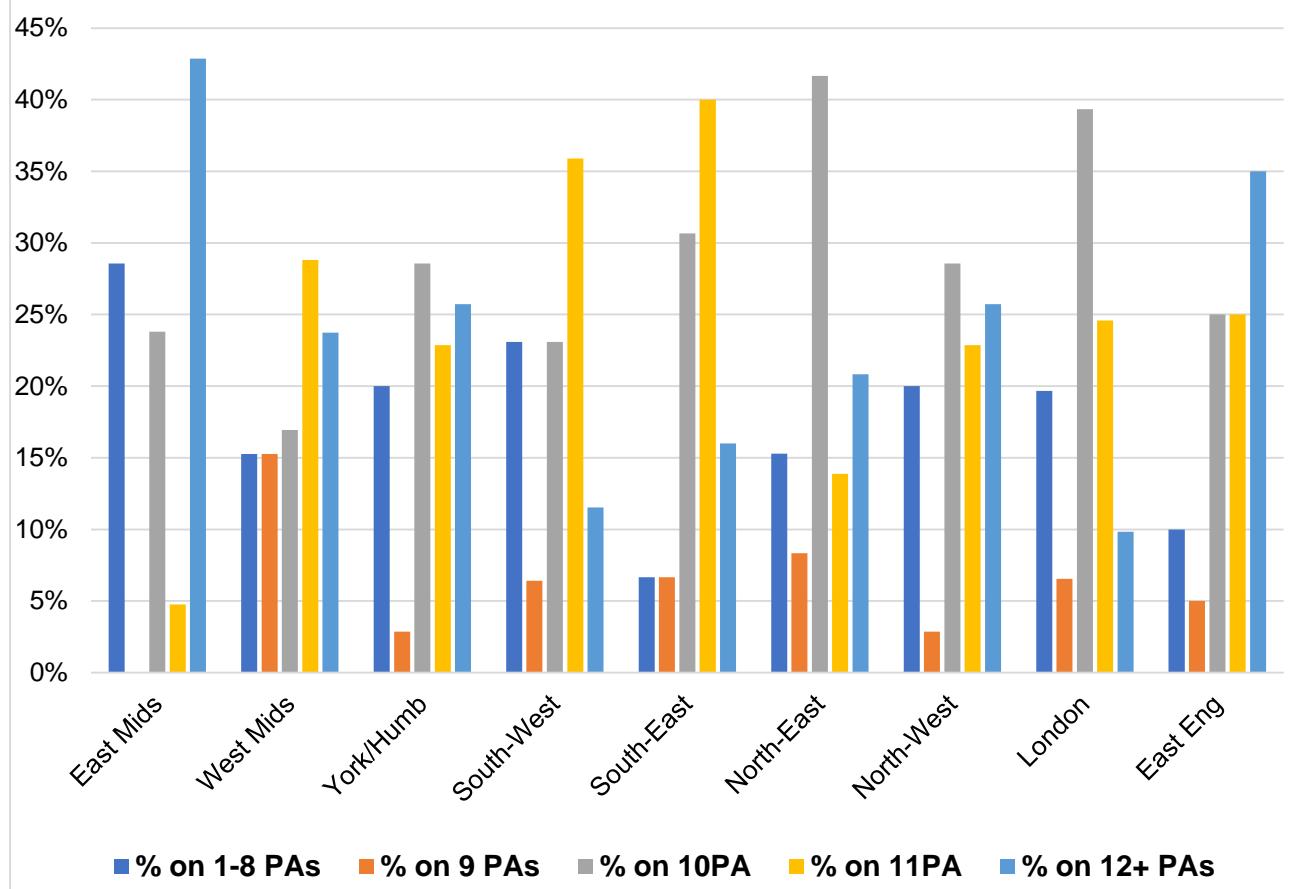
On looking at 12 sessions or more, 18% of the whole of England staff fall into this category, the highest areas include East Midlands (43%) and the East of England (35%), with the lowest proportions noted in London (10%), South-West (12%) and the South-East (16%). In comparison, when looking at 11 sessions, the highest regions are South-East (40%) and the South-West (36%), lowest in East Midlands (5%) and North-East (14%).

56% of all staff are on 10 sessions or less, 24% on no more than 9 sessions (part-time) and 32% on 10 sessions (full-time). Highest proportion of staff on 10 sessions is seen in North-East (42%) and London (39%) and lowest in the West Midlands (17%).

Whilst 24% of staff in England are less-than-full-time (less than 10 sessions), it varies between 13% and 31% between the regions; it is lowest in the South-East (13%) and East of England (15%), highest in West Midlands (31%), South-West (29%) and East Midlands (29%).

Figure 3 reveals how the number of sessions worked varies between the different regions of England.

FIGURE 3: Proportion of staff on various PAs/week, from respondents, by region, in England



As working **less** than 10 sessions is usually a decision made by individuals, rather than advertised posts, and working **more** than 10 sessions depends on available sessions, vacancies and by individual agreement, it may be useful to look at what proportion of staff working 10 sessions or more (i.e. full-time), are on 10 sessions and what proportion are on more than 10 sessions.

Table 4 indicates the proportion of all 10+ PA per week staff working 10 sessions & > 10 sessions, by region & country:

| REGION/COUNTRY | % of all 10+ PA staff working exactly 10 PAs | % of all 10+ PA staff working more than 10 PAs |
|--------------------|----------------------------------------------|------------------------------------------------|
| East Midlands | 33% | 67% |
| West Midlands | 24% | 76% |
| Yorkshire & Humber | 37% | 63% |
| South-West | 33% | 67% |
| South-East | 35% | 65% |
| North-East | 55% | 45% |
| North-West | 37% | 63% |
| London | 53% | 47% |
| East of England | 29% | 71% |
| Wales | 14% | 86% |
| Scotland | 57% | 43% |
| Northern Ireland | 10% | 90% |
| TOTALS | 42% | 58% |

Table 4 indicates that 42% of staff who do work 10 sessions or more, do work 10 sessions, leaving 58% working 11 sessions or more. It highlights that the vast majority of full-time staff in Wales and Northern Ireland work more than 10 sessions (86% and 90%), with the highest areas in England being in the West Midlands (76%) and East of England (71%), lowest in North-East of England (45%) and London (47%).

Staff working less than 10 sessions (less than full-time) is highest in proportion in West Midlands (31%), East Midlands (29%) and South-West (29%), lowest in South-East (13%) and East of England (15%).

Variation in the number of DCCs and SPAs by region and country

As well as having variation in the contracted sessions between the four nations of the UK, it is worth examining how the average DCCs and SPAs vary between all main regions of England, as workload requirements will vary between different areas of the country.

Figure 4 indicates that the overall average contracted DCCs in the UK is 8.0 PA per week, with a variation in average DCCs between 7.9 and 9.0 PAs in England, 8.6 in Wales PAs, 7.5 in Scotland and 8.0 in Northern Ireland. In England it is highest in East of England (9.0 PA), lowest in North-West, South-West and London (7.9 PA).

The overall average contracted SPAs in the UK is 2.0 PA per week, with a variation in average SPAs between 1.6 and 2.2 PAs in England, 2.5 in Wales, 2.0 in Scotland and 2.2 in Northern Ireland. In England it is highest in North-West and East Midlands (2.2 PA), lowest in Yorkshire & Humber (1.6 PA), South-West (1.7 PA) and North-East (1.7 PA).

FIGURE 4: Average DCCs and SPAs in departments by region/country

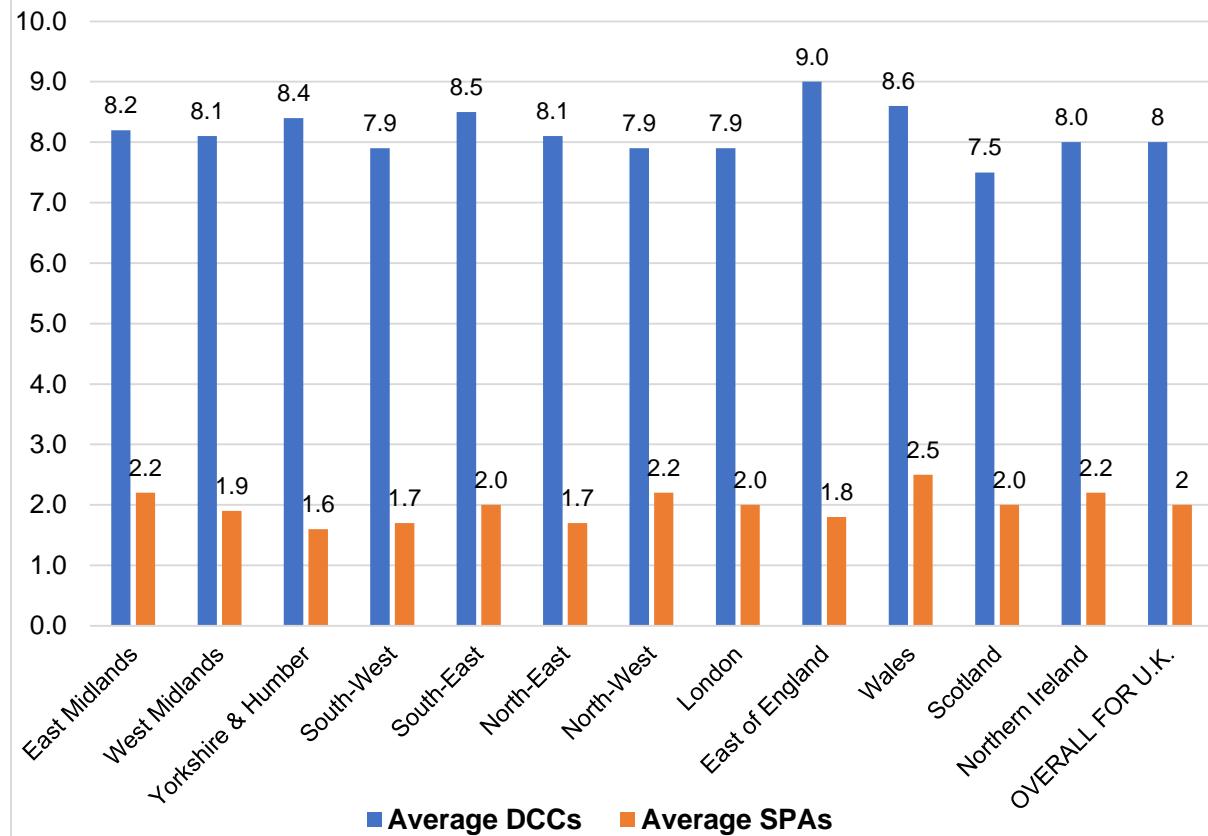


Table 5 indicates the percentage of each region/country where 0-1.5 SPA sessions are given, 2 SPAs and 2.5 or more SPAs PAs per week.

| TABLE 5 REGION/COUNTRY | % of respondents with 0-1.5 SPAs/week | % of respondents with 2.0 SPAs PA/week | % of respondents with 2.5 SPAs or more PA/week |
|-----------------------------------|----------------------------------------------------------|-------------------------------------------------------|---------------------------------------------------------------|
| East Midlands | 27% | 14% | 59% |
| West Midlands | 40% | 23% | 37% |
| Yorkshire & Humber | 78% | 18% | 4% |
| South-West | 52% | 28% | 19% |
| South-East | 17% | 72% | 11% |
| North-East | 69% | 22% | 9% |
| North-West | 23% | 33% | 44% |
| London | 35% | 37% | 28% |
| East of England | 69% | 20% | 11% |
| Wales | 17% | 26% | 57% |
| Scotland | 22% | 37% | 41% |
| Northern Ireland | 27% | 22% | 50% |

From the respondents, there is a wide regional variation in terms of average number of SPA sessions per week, per Consultant, when sub-divided into less than 2, 2 and more than 2 sessions. Staff working in Yorkshire & Humber, North-East and East of England were most likely to have less than 2 SPA sessions per week (78%, 69% and 69%), whilst those in Wales, South-East of England and Scotland had least proportion of staff under 2 SPA sessions (17%, 17% and 22%).

Staff in the South-East were by far most likely to be given exactly 2 SPA sessions (72% of responding staff), least likely in East Midlands (14%).

With diminishing number of staff receiving more than 2 SPA sessions, these were most likely to be found in East Midlands (59%), Wales (57%) and Northern Ireland (50%), least likely to be working in Yorkshire & Humber (4%), North-East (9%), East of England (11%) and South-East (11%).

What the data cannot indicate is how much work is expected for each DCC and SPA sessions across the UK.

Variation in the average number of sessions worked according to gender

This is how the number of sessions done varies by male and female gender, by region/country and for the whole of the UK.

| | | | |
|----------------------|------------------|------------------|------------------|
| Consultants - Male | average 8.4 DCCs | average 2.0 SPAs | average 10.3 PAs |
| Consultants - Female | average 7.8 DCCs | average 1.9 SPAs | average 9.7 PAs |

As a global calculation, on average, Males are contracted to do around 0.5 sessions per week more than Females, but this seems to be coming from doing around 0.5 sessions of DCC work, rather than working more SPA sessions. One explanation that the total average number of sessions being significantly below 10 sessions (9.7 PAs) for females could be due to possibly a higher proportion working less than full-time, compared to their male counterparts.

Breaking down the sessional commitments by gender to examine this hypothesis further reveals that:

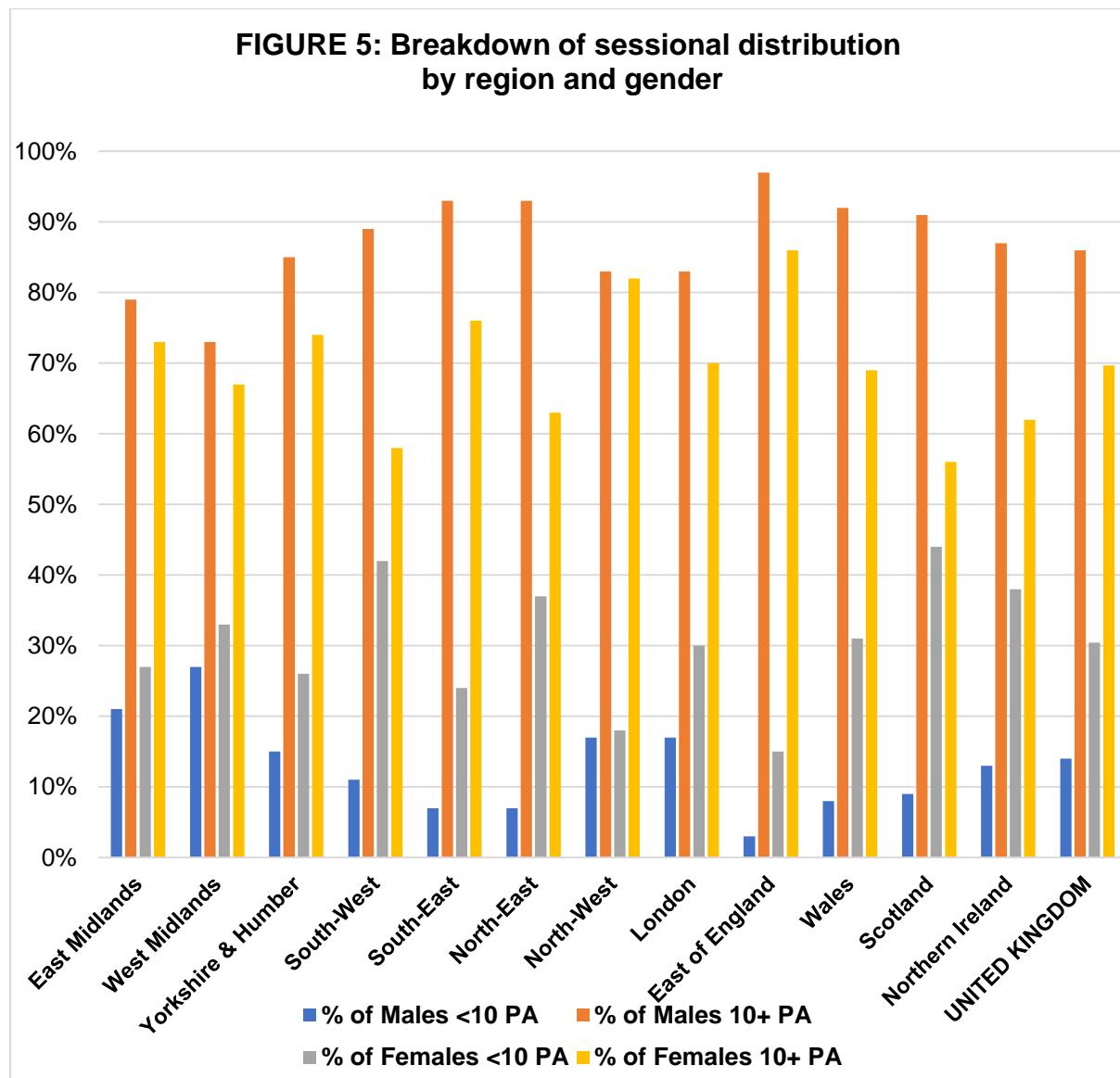
Consultants – Male 14% work less than 10 PAs 86% work 10 PAs or more

Consultants – Female 30% work less than 10 PAs 70% work 10 PAs or more

Overall split: Consultants – Male is 52% of the staff and Consultants – Female 48% of staff

Although the overall number of males and female Consultants are relatively similar, it appears that only 1 in 7 male Consultants work less than 10 sessions, compared with as many as 3 in 10 of all female Consultants (thus twice as many females, proportion-wise).

Figure 5 shows the breakdown of sessional commitment, by gender, in each region/country



The above graph needs to be interpreted with the gender breakdown of each region/country as documented in **Table 6**.

Table 6: How the Consultant workforce is split by gender & by region/country

| REGION/COUNTRY | % OF STAFF – MALE | % OF STAFF – FEMALE |
|--------------------|-------------------|---------------------|
| East Midlands | 58% | 42% |
| West Midlands | 52% | 48% |
| Yorkshire & Humber | 50% | 50% |
| South-West | 58% | 42% |
| South-East | 60% | 40% |
| North-East | 42% | 58% |
| North-West | 55% | 45% |
| London | 37% | 63% |
| East of England | 56% | 44% |
| Wales | 62% | 38% |
| Scotland | 41% | 59% |
| Northern Ireland | 64% | 36% |
| TOTALS | 53% | 47% |

Figure 5 and **Table 6** demonstrate how the gender breakdown varies by region, and how this relates to working less than 10 sessions versus working 10 sessions or more.

Only 32% of all staff working less than 10 sessions are male, 68% are female, which highlights that working less-than-full-time is far more likely to be undertaken by females, compared to male Consultants.

Conversely, of all staff working 10 sessions or more, 57% of these are male compared to 43% females.

The proportion of all Males working less than 10 sessions appears highest in West Midlands (27%) and East Midlands (21%), lowest in East of England (3%), South-East (7%) and North-East (7%). Wales (8%) and Scotland (9%) also have very few Males working less than 10 sessions. The overall range is between 3-27%.

The proportion of all Females working less than 10 sessions appears highest in Scotland (44%), South-West (41%), Northern Ireland (38%) and North-East (37%), whilst lowest in East of England (15%) and North-West (18%). The overall range is between 15-44%.

In terms of gender balance, the regions with the highest proportion of the staff being Male is seen in Northern Ireland (64%), Wales (62%), South-East of England (60%), East Midlands (58%) and the South-West (58%), whilst the proportion of the staff being Female is highest in London (63%), Scotland (59%) and the North-East (58%).

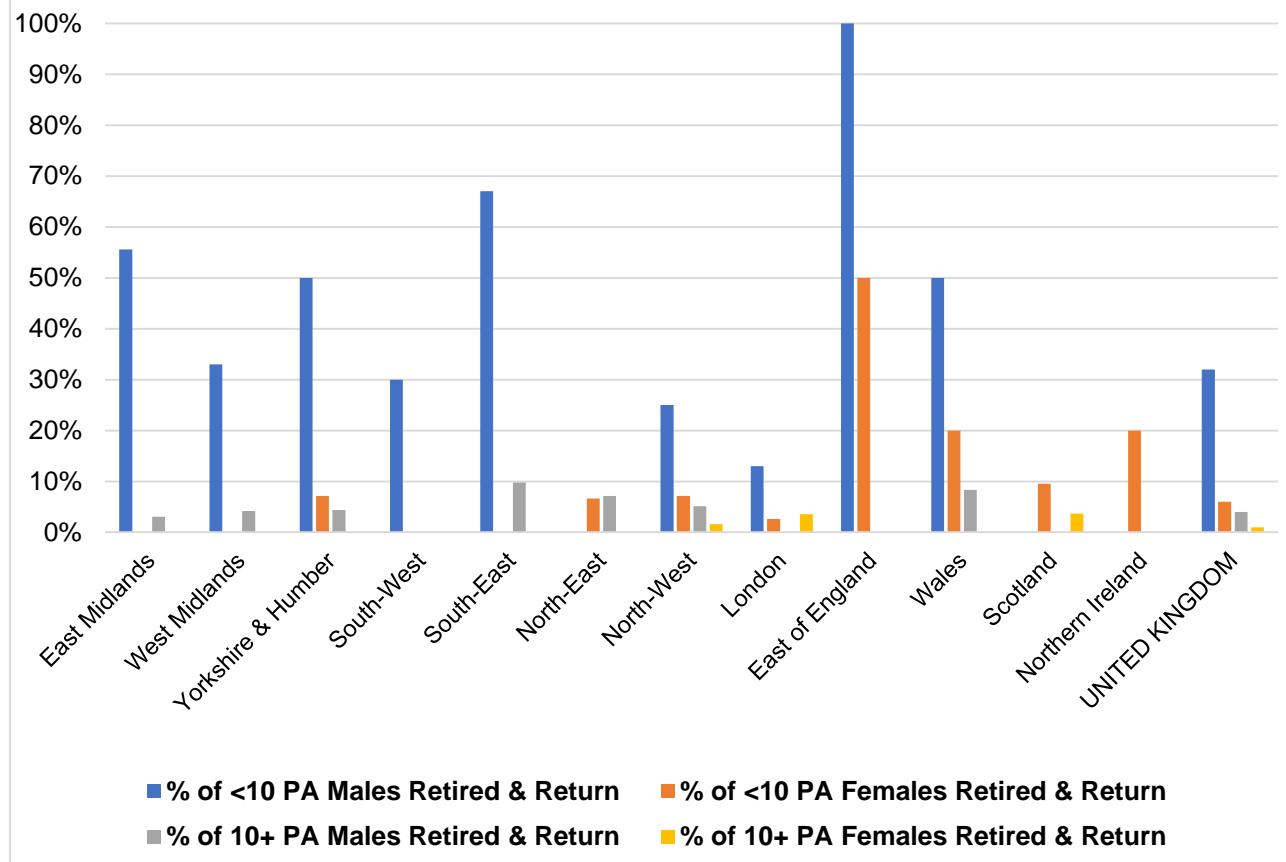
There are many possible explanations as to why staff may be choosing to work less than full-time, including raising family, health, work-life balance, nearing retirement age and returning to work after retirement.

Staff who have retired and returned to work

A number of individuals have taken the decision formally to 'retire' and then 'return to work'.

Figure 6 indicates the proportion of staff who have 'retired and returned', by sessions, region and gender breakdown.

FIGURE 6: Staff percentage who have Retired & Returned, by total sessions, region & gender



This graph highlights the regional variation that exists in the percentage of staff who are in work, having retired and returned to employment.

14% of all staff working less than 10 sessions are 'retired and returned' staff, compared to just 3% of all staff that work 10 sessions or more; this highlights that nearly all staff who do come back, after formally retiring, will not be returning on a 10 session or more contract, which will mean that not all pre-retirement sessions are covered by this mechanism, leading to a potential fall in capacity (albeit less than not returning to work at all).

Almost a third (32%) of all males working less than 10 sessions are post-retirement compared to only 6% of all the females who work less than 10 sessions.

This highlights that the reasoning behind working reduced sessions is likely to be very different between the genders and that the part-time female workforce is of younger age than their male counterparts.

Females, working less than 10 sessions, were more likely to be 'retired and returned' in this survey in East of England, Wales and Northern Ireland, whilst 'retired and returned' males, working less than 10 sessions, were more likely to be working in East of England, South-East, East Midlands, Yorkshire and Humber and Wales.

In terms of 'retired and returned' as a whole sub-set, their percentage of the Consultant workforce is as follows (**Table 7**):

TABLE 7: Percentage of all staff in position as being 'retired and returned'

| REGION/COUNTRY | % OF STAFF 'RETIRED AND RETURNED' |
|--------------------|-----------------------------------|
| East Midlands | 8% |
| West Midlands | 6% |
| Yorkshire & Humber | 6% |
| South-West | 2% |
| South-East | 8% |
| North-East | 4% |
| North-West | 6% |
| London | 3% |
| East of England | 5% |
| Wales | 10% |
| Scotland | 4% |
| Northern Ireland | 3% |
| TOTAL | 5% |

This shows a range between 2-10% across the UK, with an average of 5% across the responding departments. It appears highest in Wales (10%), South-East (8%) and East Midlands (8%), lowest in the South-West (2%), London (3%) and Northern Ireland (3%).

Regions with a high 'retired and returned' proportion of their staff do run the risk of services potentially becoming vulnerable at relatively short notice, unless adequate workforce planning is in place.

7% of all Male staff in work are 'retired and returned' staff, compared to only 3% of Female staff, suggesting that female staff are more likely to retire fully, without returning to work, than Male staff, when they do reach retirement age.

Consultant vacancies

Eighty departments stated that they had consultant vacancies currently in their department, equating to 78% of all departments in the UK, representing 75% of departments in England, 100% in Wales, 83% in Scotland and 100% in Northern Ireland.

In England, the percentage of departments with vacancies are as follows:

| | |
|--------------------|---------------------|
| East Midlands | 71% of departments |
| West Midlands | 100% of departments |
| East of England | 71% of departments |
| London | 64% of departments |
| North-East | 100% of departments |
| South-East | 75% of departments |
| South-West | 73% of departments |
| Yorkshire & Humber | 70% of departments |

A total of 1540 Consultant posts are identified in this survey, throughout the UK (see Report 4, 'Clinical Demand'), once the data has been extrapolated.

There are 1444 Consultants in posts, including 130 Locums, with 96 identified vacancies, which represents 6% of all posts. Locums represent 9% of the staff in post.

There are 1314 substantive Consultant Histopathologists in the UK, representing 85% of all funded posts, with 15% either filled by a locum or vacant.

66% of posts currently not filled by substantive Consultants are filled by Locums and 33% are vacant.

From the section on 'retired and returned', 5% of staff are in this group, so overall:

80% of funded posts are filled by substantive consultants

5% of funded posts are 'retired and returned'

9% of funded posts are filled by Locum consultants

6% of funded posts are vacant posts

Training programmes and succession planning

An important aspect of workforce planning is ensuring that there is a sufficient number of junior doctors in training programmes across the UK, to match predicted retirements.

Latest data suggests 479 Histopathology junior doctor posts in approved training programmes; 16 for Wales, 21 for Northern Ireland, 58 for Scotland and 384 for England. This number may include posts that are currently not occupied for a variety of reasons.

Neuropathology, paediatric pathology and forensic pathology posts are not included.

There is an approximately equal number of training posts for Years 2 to 5 (Stages B-D), varying between 78 and 96 posts, with a higher number in Year 1 (Stage A) of 122 training posts.

Given that Stage D is an exit stage of around 12 months, up to 78 doctors could come out of the training programmes over the next 12 months, in search for Consultant posts. This is unlikely to be completely reliable, as some may decide to seek positions outside the UK or complete out-of-programme activities.

Predicting numbers beyond one year is unreliable. Some have suggested at least 25% of junior doctors do not end up completing their training programmes and commencing as Consultants in the NHS within the expected timeframes.

This would mean around 128 new Consultants (currently Years 4-5) to be in the applicant pool over the next 2 years (out of 171 in post) and up to 360 new Consultants to be available in the pool over the next 5 years. This does not include any potential effects of overseas immigration and emigration.

New posts

236 new Consultants are predicted to be required over the next 2 years to meet rising clinical demand, indicating 1776 Consultant posts will be needed by the end of this timeframe.

Predictions of the future

In this survey, there are 1314 substantive consultants, 130 Locums and 96 vacancies, with a total of 1540 Consultant posts.

Within two years, the number of posts could be 1776; if all 127 (9%) consultants aged above 60 years have retired, the number of current substantives in post by then could be down to 1187 posts, roughly matched by a prediction of 128 new junior doctors who have completed their training (25% of cohort lost), to reach 1315 substantive consultants.

This means that junior doctors in Year 4 and 5 are around the correct number to balance out all those currently at least 60 years of age in substantive consultant posts.

This could mean that the occupancy of posts by substantives could be as little as 74%, when new posts are added into the total – a gap of 461 posts (26% of all posts).

If the number of locums remain unchanged at 130, the actual number of vacant posts could go up 235 posts, from 96 to 331 posts (19% of all posts) within the next two years, if predictions of required new posts are fully correct.

Over the next five years, if all Consultants aged 55 years or more have retired (354 members), and a predicted 360 junior doctors have completed their training, the numbers leaving and entering are again evenly balanced, leaving a gap of 456 posts (26% of all posts), needing filling by locums or being vacant.

These projected figures suggest careful workforce planning needs to be done soon; potential options could include significantly increasing trainee programme numbers and/or expansion of BMS-led cut-up and reporting of histopathology specimens, to meet this future supply and demand deficit.

SUMMARY OF MAIN FINDINGS

1. 73% of departments responded to this survey.
2. The survey identified 1,054 Consultant staff members, extrapolating to 1,444 Consultant Histopathologists in the UK.
3. 52% of all working pathologists are Male, 48% of the staff are Female.
4. 5% of all current pathologists in post are deemed 'retired and returned' staff.
5. There is a clear gender difference in staff noted in Northern Ireland (64% Male) London (63% Female), Wales (62% Male), Scotland (59% Female), South-East of England (60% Male), East Midlands (58% Male), North-East (58% Female) and South-West (58% Male).
6. 25% of all staff in post are aged 55 years or more, 36% of whom are aged 60 years or more, all staff with a significant probability of retirement over the next 2-5 years.
7. Estimated average age of Consultants in the UK is 48 years, but this hides a huge regional variation.
8. 36% of staff in Wales are aged 55 years or more, compared to 26% in England, 22% in Scotland and 15% in Northern Ireland.
9. In England, 34% of staff are aged 55 years or more in East of England and 32% in Yorkshire and Humber, lowest in the North-West (14% of staff).
10. Average contracted sessions per individual Consultant in the UK is 10.0 PA per week, but is 11.0 PA per week in Wales and 9.5 PA per week in Scotland (DCCs being 8.6 PA per week in Wales and 7.5 PA per week in Scotland). England has an average of 8 DCCs and 2 SPAs per week.
11. 32% of all staff are on 10 sessions per week, 45% are on 11 or more sessions per week and 24% work less than 10 sessions per week.
12. 72% of staff in Wales work more than 10 sessions per week, 70% in Northern Ireland, 45% in England and 30% in Scotland.
13. East of England (60%) and the South-East of England (56%) are the regions in England most likely to work more than 10 sessions per week; London (34%) and the North-East (35%) are the regions less likely to work more than 10 sessions per week.
14. East Midlands (43%) and the East of England (35%) staff work 12 sessions or more per week, compared to 18% for the whole of England, with only 10% of staff in London working this number of sessions.
15. 58% of all full-time staff (10 sessions or more) work additional sessions, highest proportion in Northern Ireland (90%) and Wales (86%), followed by West Midlands (76%) and East of England (71% of staff). Scotland has the lowest percentage (43%), followed by the North-East (45%) and London (47%).
16. Highest proportion of staff with less than 2 SPAs per week was noted in Yorkshire and Humber (78%), North-East (69%) and East of England (69%).
17. South-East of England had highest percentage with 2 SPAs per week (72%).

18. East Midlands had highest proportion with 2.5 or more SPAs per week (59%), Wales (57%) and Northern Ireland (50%).
19. Typical Male has Job Plan of 8.4 DCCs and 2.0 SPAs per week and the typical Female has Job Plan of 7.8 DCCs and 1.9 SPAs.
20. 14% of Males work less than 10 sessions per week compared to 30% of Females. This translates to 68% of all staff working less than 10 sessions are Female, despite representing 48% of all Consultant staff.
21. West Midlands (27%) and East Midlands (21%) of Males work less than 10 sessions, lowest in East of England (3%), North-East (7%) and the South-East (7%). Wales (8%) and Scotland (9%) also have low levels of Males working less than 10 sessions.
22. Highest proportion of Females working less than 10 sessions is seen in Scotland (44%), South-West (41%), Northern Ireland (38%) and North-East (37%). The rates are lowest in East of England (15%) and North-West (18%).
23. 14% of staff working less than 10 sessions are “retired and returned” compared to 3% of those working 10 sessions or more.
24. 32% of Males working less than 10 sessions are “retired and returned” compared to 6% of Females working less than 10 sessions. This highlights different age profiles and reasons for working less-than-full-time.
25. “Retired and returned” staff are highest in Wales (10% of all staff), East Midlands (8%) and South-East (8%), lowest in South-West (2%), London (3%) and Northern Ireland (3%). The overall proportion for the UK is 5%.
26. 78% of responding departments said that they had consultant vacancies.
27. 1540 Consultant posts have been identified, based on this survey, in the UK.
28. Current substantive occupancy rate is 85% (5% of which are ‘retired and returned’).
29. 66% of vacant posts are filled by locums (9% of total), 33% are vacant (6% of total)
30. Around 96 vacancies have been currently identified, not filled by any Consultant.
30. 479 trainees in training programme posts at the moment.
31. 78 trainees are in Stage D, the maximum likely to be leaving training programmes over the next 12 months.
32. If 75% of those currently in training programmes successfully enter the workforce pool over the next 5 years, around 360 potential applications for Consultant posts should be expected from these graduates.
33. The number of trainees currently in training programmes may compensate for most of the potential retirements over the next 5 years, but is likely to be insufficient to fill the current vacant posts and the predicted expansion of Consultant posts over the next 2 years, thus overall substantive occupancy rate could drop from 85% to 74%.

Source: RCPPath workforce survey of Cellular Pathology Departments 2017