



Workforce survey of Histopathology/Cellular Pathology Departments 2017

Summary of findings related to dealing with excess clinical demand in 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

86 out of 103 departments (83%) stated inadequate staff in post to meet current clinical demands, indicating that only 17 respondents (17%) felt that there were adequate staff in post to meet current clinical demands. (See **Figure 1**)

14 of 17 respondents (82%) stated that they did employ one or more additional methods to help meet clinical demands: 10 using overtime/extra sessions, 3 use Waiting-List Initiatives (WLIs), 3 Locums and 6 outsource work.

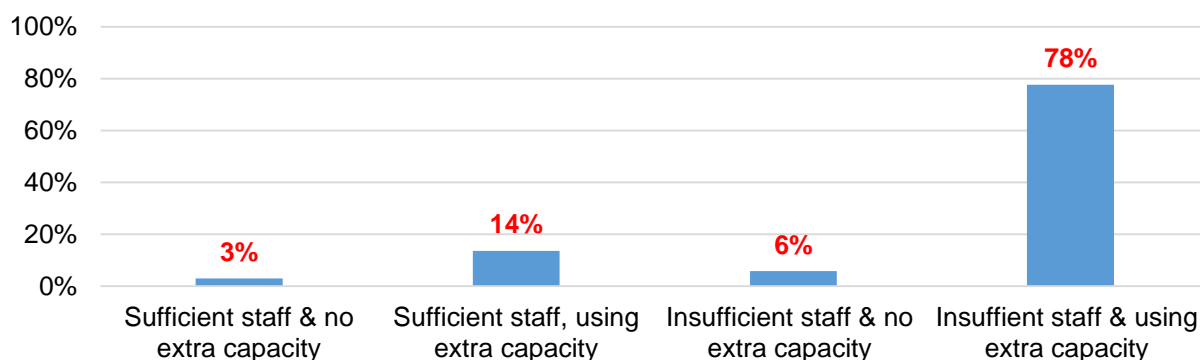
This indicates that these 14 respondents should belong with the other 86 respondents, with, at least technically, inadequate staffing to meet clinical demand.

This means 100 out of 103 respondents (97%) either stated to have inadequate staffing to meet demands and/or must use at least one method to deal with excess capacity, leaving only 3 respondents (3%) appearing to have sufficient clinical staff for current demand.

Extrapolated to all departments, this could indicate that 137 departments in the UK could have insufficient consultant staff to meet clinical demand.

Breakdown of how the 103 departments are broken down by adequate staff for clinical demand and whether additional capacity methods are used. It shows that 91% of departments, however their staffing levels, use additional methods to generate capacity (a range of combination of overtime, additional sessions, WLIs, using locums and outsourcing).

FIGURE 1: Percentage of departments with regards to staff adequacy and utilising extra capacity



Methods used to generate additional capacity

Figure 2 indicates that, of the departments which generate additional capacity to meet demand, 22% utilise only existing staff to do, 6% utilise only external methods (including locums) and 71% use a combination of internal and external methods.

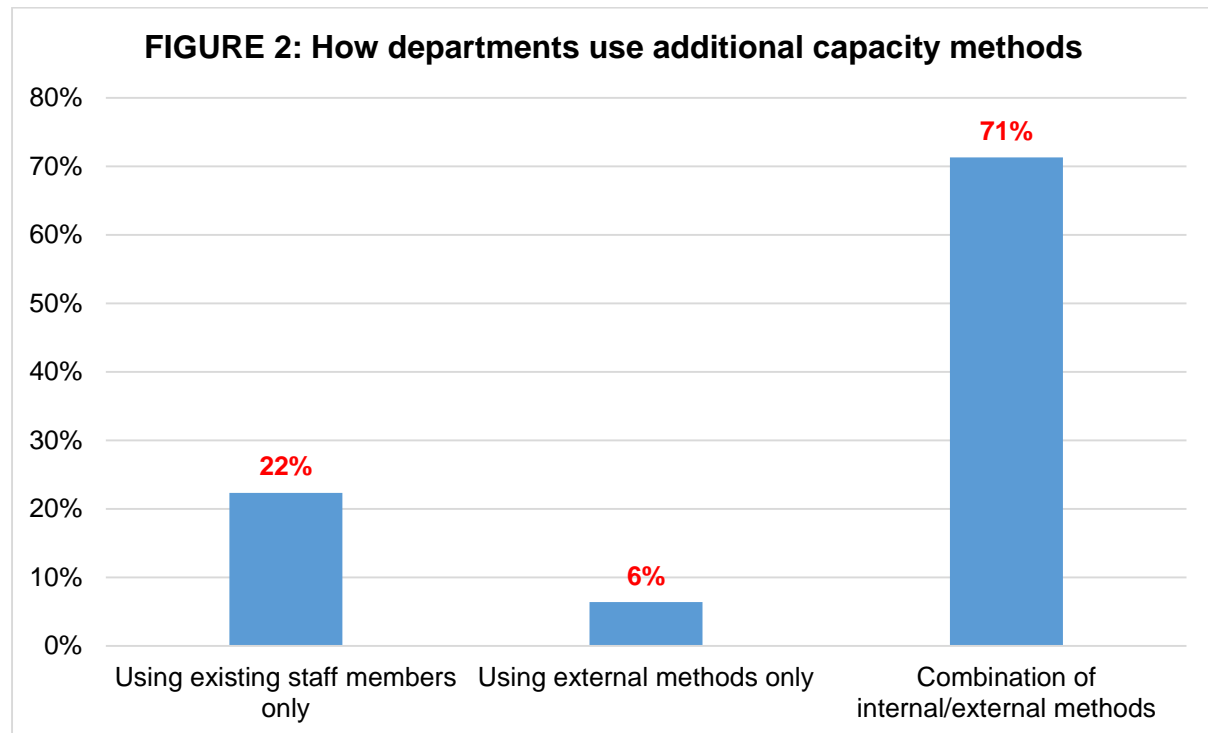
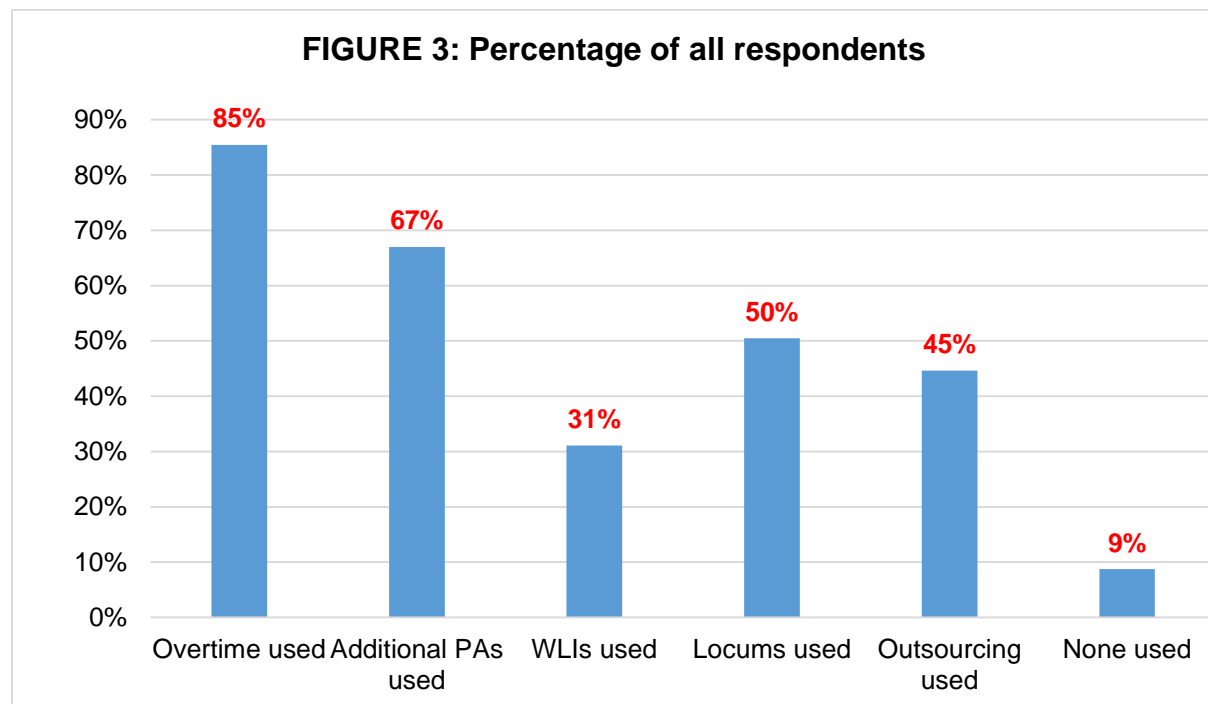


Figure 3 shows that half of all respondents use one or more Locums in their department, and almost half (45%) outsource some work for reporting.



Indeed, 25 departments (24%), use both Locums and Outsourcing as external means of generating capacity. These two external methods are likely to be significantly more expensive to the NHS (especially if using non-NHS Locums) than using existing staff to undertake

overtime and extra sessions. Cost of WLIs can vary significantly and at times can also be relatively expensive.

Of the 25 departments, that use both Locums and Outsourcing:

All 25 (100%) also did internal overtime

20 (80%) also did extra PAs

8 (32%) also did WLIs

Five departments (5% of all respondents) used **all 5 methods** of generating additional capacity (overtime, additional PAs, WLIs, Locums and Outsourcing). These are all from different regions of the UK.

Locums

52 departments (50%) of the respondents said that they used Locums in their departments.

Figure 4 reveals regional variation of Locum use.

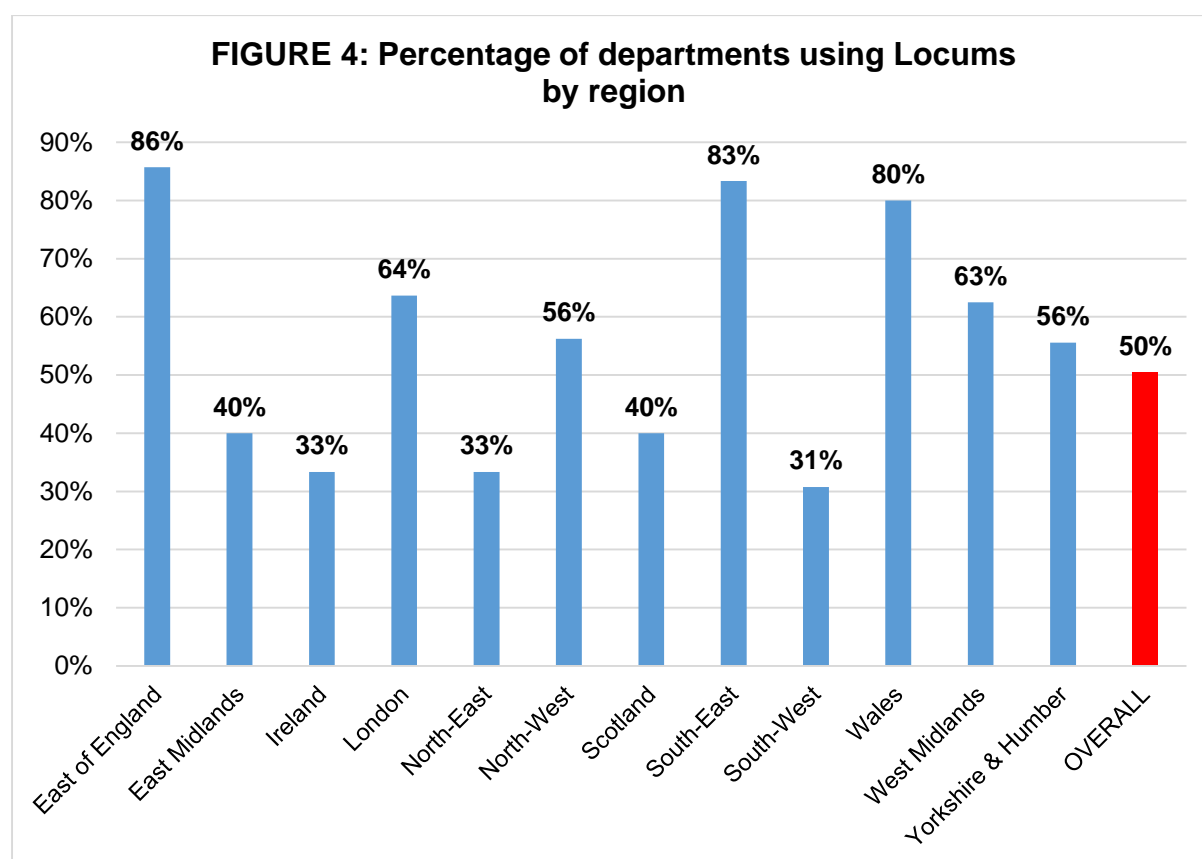


Table 1 indicates the number of locums and reasons for posts:

	NHS Locums	Agency Locums	TOTALS
Consultant	38	57	95
SAS Grade	3	2	5
Trainee	7	0	7
Other	2	2	4
TOTALS	50	61	111

This suggests that 45% of all Locums are NHS-sourced and 55% are from external agencies (the most expensive option).

The clear majority of Locum positions (86%) are for Consultant posts, although a few SAS and trainee grades are also Locum-filled.

Only 40% of all Consultant Locum positions are filled from the NHS, 60% are from external agencies.

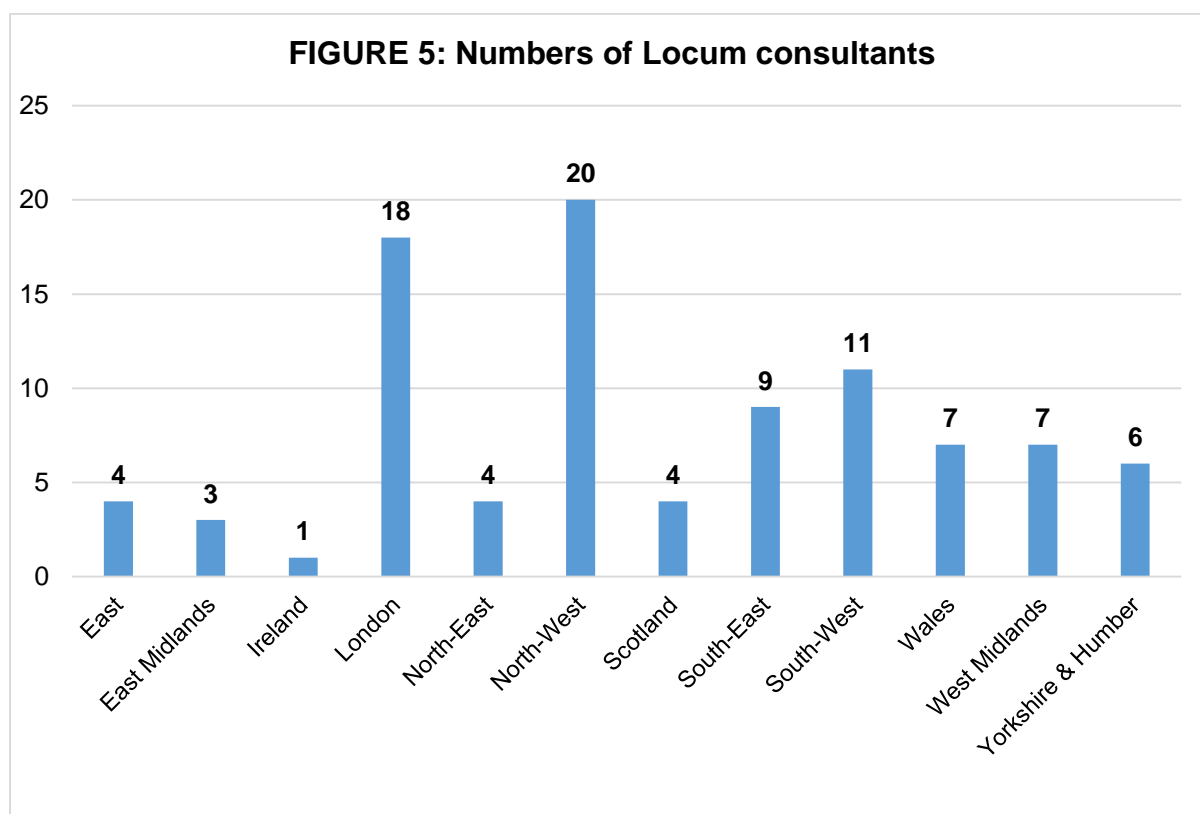
95 Consultant Locum positions out of 103 respondents suggests an average of 0.9 Locum Consultant position in force within every single department in the UK.

This represents approximately 9% of all consultant staff in post (approximately 1 consultant in 11 in the UK are Locums).

Extrapolating the data, could indicate around 152 Locums (of all grades) in the UK, of which approximately 130 Consultant posts are filled by Locums.

Regional distribution of locum numbers and proportions of consultant staff

Figure 5 indicates that London and the North West seem to have a higher number of locums in their regions, compared to other areas of the UK, with relatively few in East Midlands, East of England, Northern Ireland, Scotland and North East of England.



In terms of proportion of all staff numbers, there is a large regional variation in the use of Locum Consultant posts in departments, between 3 and 17% of all Consultant staff, between 3% in Northern Ireland and 17% in Wales, whilst in England, it is highest (>10%) in London, West Midlands and North West, whilst appears lowest in East Midlands (4%).

Locum and vacancy rates by region/country

The tables below indicates that there is a regional variation in what proportion of the full staffing levels are occupied by either Locum Consultants or are vacant.

If we breakdown the data of post types by country or region:

East of England	90% substantive	7% Locum	3% vacant
East Midlands	83% substantive	4% Locum	13% vacant
Northern Ireland	85% substantive	2% Locum	12% vacant
North-East	86% substantive	4% Locum	9% vacant
North-West	83% substantive	12% Locum	6% vacant
Scotland	93% substantive	5% Locum	1% vacant
South-East	87% substantive	9% Locum	4% vacant
South-West	82% substantive	9% Locum	9% vacant
Wales	74% substantive	15% Locum	11% vacant
West Midlands	81% substantive	10% Locum	9% vacant
Yorkshire & Humber	86% substantive	5% Locum	7% vacant

When excluding all posts that are currently vacant:

East of England	7% of all filled posts are Locum
East Midlands	5% of all filled posts are Locum
Northern Ireland	2% of all filled posts are Locum
North-East	4% of all filled posts are Locum
North-West	13% of all filled posts are Locum
Scotland	5% of all filled posts are Locum
South-East	9% of all filled posts are Locum
South-West	10% of all filled posts are Locum
Wales	17% of all filled posts are Locum
West Midlands	11% of all filled posts are Locum
Yorkshire & Humber	5% of all filled posts are Locum

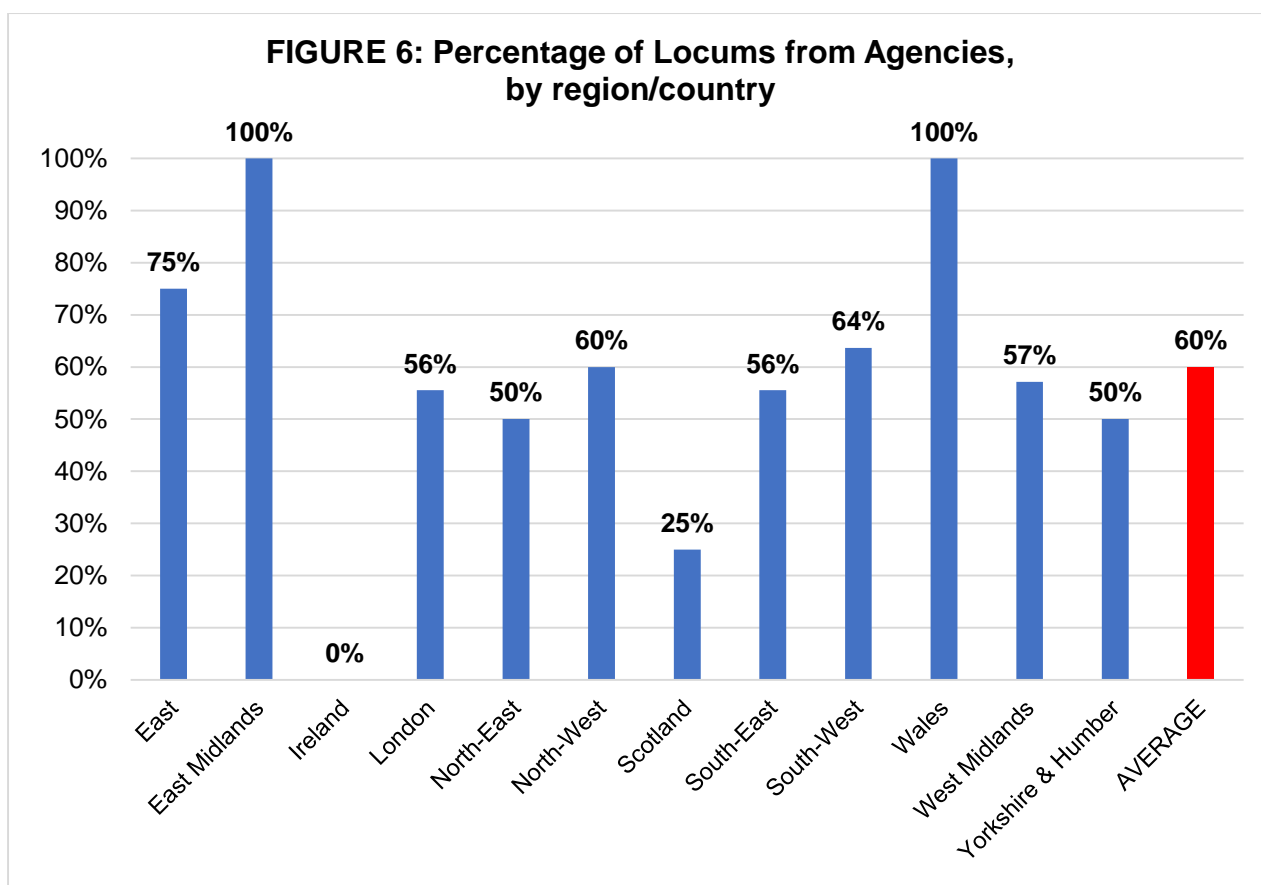
The data for London was difficult to interpret accurately.

The percentage of substantive occupied posts are currently lowest in Wales (74%), followed by West Midlands (81%) and the South-West (82%), whilst highest in East of England (90%) and Scotland (93%).

In terms of vacancies, East Midlands, Northern Ireland and Wales have the highest percentage of vacant posts, 11-13%, so more than 1 post in 10, with lowest levels seen in East of England and Scotland (<5%); high vacancy rates are also noted in North-East, South West and West Midlands (9%).

In terms of Locums, highest proportions of occupied jobs are seen in Wales (17%) and the North-West (11%), lowest seen in Northern Ireland (2%) and the North-East (4%).

Figure 6 shows that variation also exists in whether the locums are internal NHS ones or from external agency, between 0% (Northern Ireland) and 100% (Wales and East Midlands), although most regions range between 50-60% of their agency staff are from agencies. East of England also has a high average (75%), whilst Scotland is low (25%).



Reasons given for locum consultant posts

1 =	Long term sick leave	(1%)
3 =	Maternity leave	(3%)
57 =	No suitable applicants for consultant posts	(63%)
1 =	Uncertain funds	(1%)
19 =	Pending appointment	(21%)
10 =	Excess clinical demand	(11%)

These reasons can be categorised as follows:

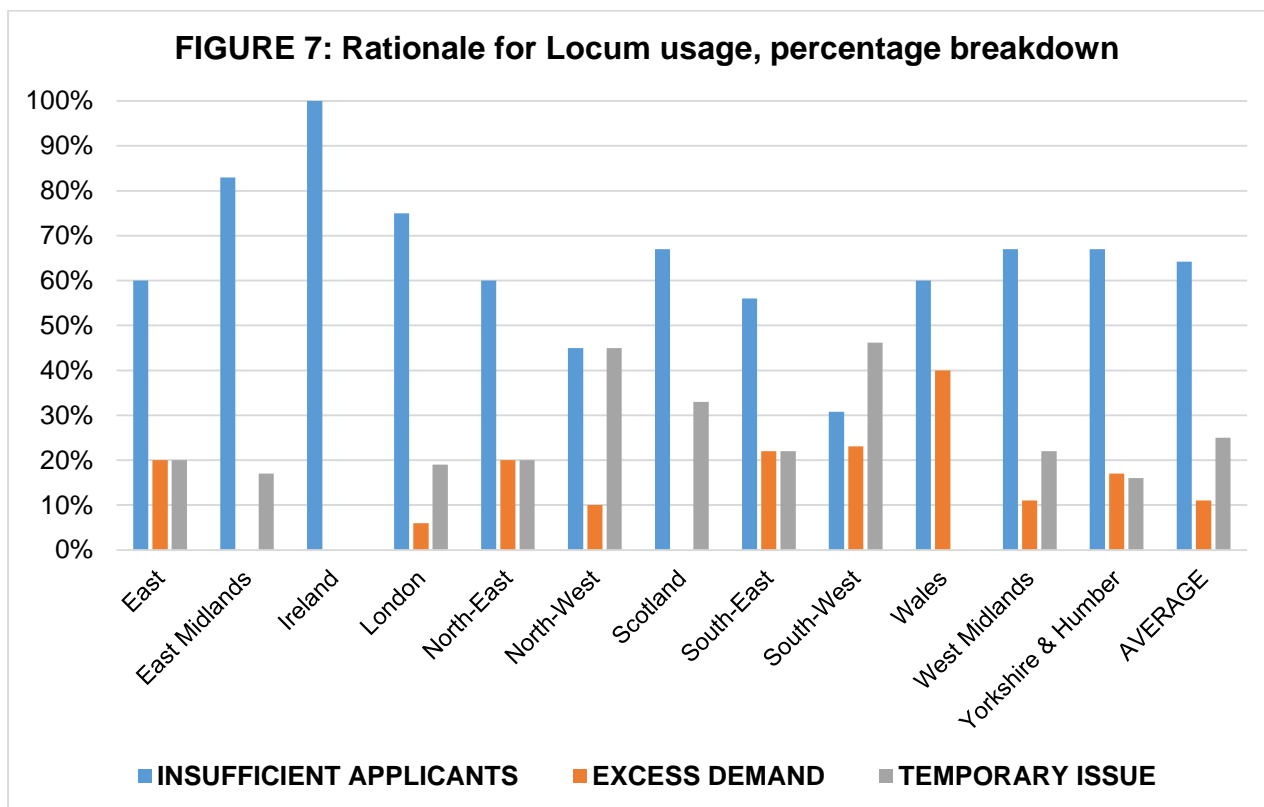
Insufficient number of exiting trainees and/or jobs deemed unsuitable	64%
Excess clinical demands for current staffing numbers	11%
Covering long-term leave (temporary staffing) & awaiting starting dates	25%

75% of the reasons given indicate current severe ability to match supply & demand capacity and relate to overall financial situation of departments and employers.

Regional variation of locum consultant requirements

Figure 7 indicates that Northern Ireland, East Midlands and London have a higher percentage of their locums due to insufficient / appropriate candidates (>70% of all locums), whilst the North West and South West have lower percentages of their locums due to insufficient candidates (<50%). Wales had a high proportion of their locums (40%) due to excess clinical demands.

North West and South West of England had a higher proportion of their locums (>40%) as likely temporary, due to long-term leave and sickness.



Cost of locum consultant posts

Approximately £9.8 million pounds per year is spend on Locum posts by 38 respondents to this question. This covers 77 Locum posts, at an average of around £127,000 per year each, on average, equating to £10,600 per month per post.

Extrapolated to 130 consultant locum posts across the UK, this would equate to approximately £17million per year on Locum posts in Cellular Pathology.

The average cost of employing a full-time locum is generally higher than employing a substantive NHS consultant, and that 64% of all locum posts are there due to insufficient/inadequate candidates, it makes financial sense to try and improve recruitment into vacant posts, by a combination of examining numbers in training programmes and ensuring all vacant posts are sufficiently attractive to retain and recruit qualified Consultants.

Given that 11% of locum posts are cited for excess clinical demand, again it would make financial sense to try and convert these into new substantive posts.

Relationship between consultant locum posts and vacancies

80 departments responded to say they had consultant vacancies =78% of all
50 of these departments using locums in their department = 63% of this figure

23 departments responded to say they had no consultant vacancies = 22% of all
2 of these departments using locums in their department = 9% of this figure

Clear (if not unexpected) relationship between having vacancies and using Locums:

There is an estimated 1540 Consultant posts currently in the United Kingdom.

226 posts are filled by either a Locum or are Vacant, representing 15% of the total posts, whilst 1314 posts are filled by substantive Consultants (85% occupancy rate).

Around 2/3 of posts not filled by substantive posts, are filled by Locum Consultants.

Outsourcing work

46 (45%) of departments outsource work to meet clinical demand, which would extrapolate to 63 departments across the United Kingdom.

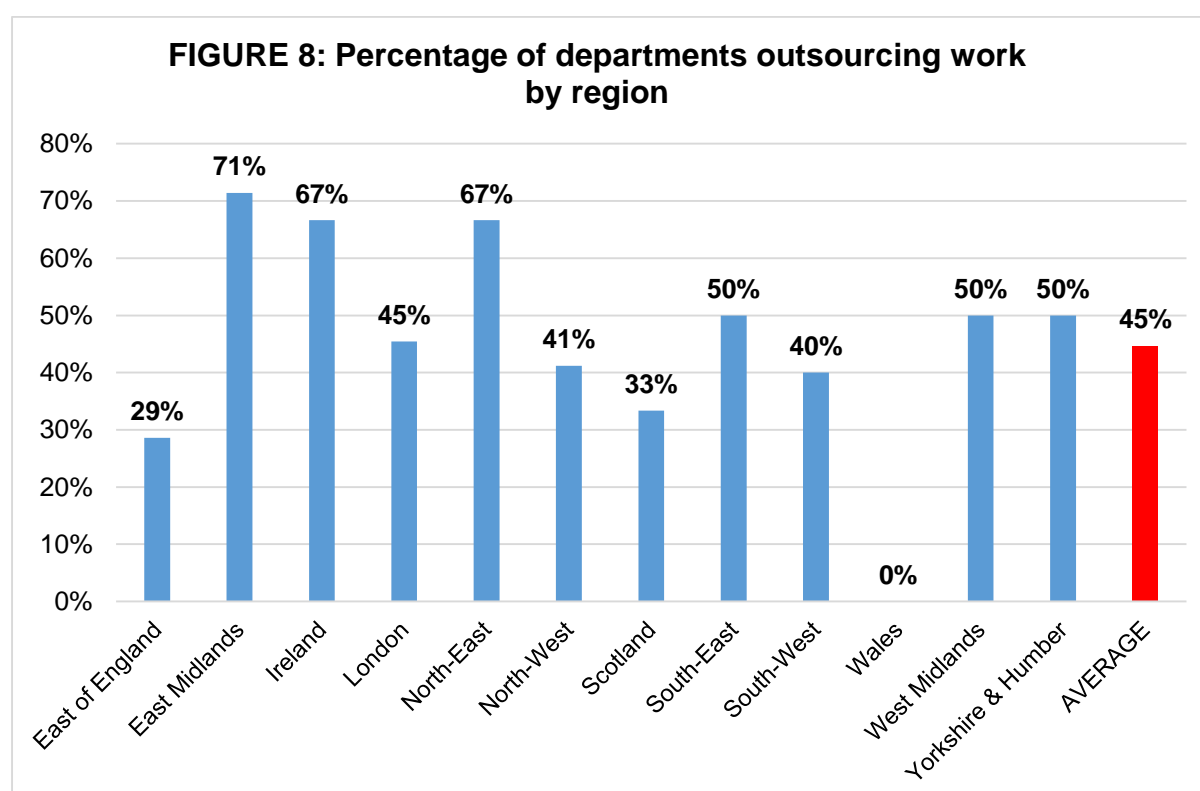
A proportion of respondents stated the volume of cases they sent out for reporting to external providers; 14 respondents totalled 55,000 cases, thus approximately 4,000 cases / department. These departments had 24,000 of surgical requests each on average, thus, approximately 17% of their departmental workloads were outsourced.

A few other responses stated other data, such as <5%, <10%, *ad hoc* sending, with one department actually sending their whole workload for outsourcing.

Extrapolating this data is difficult, but the 46 departments, which outsource work, generate 1,255,000 surgical work and 17% of this workload would be to the whole UK is thus difficult to carry out, but could indicate potentially 215,000 surgical requests being outsourced from these departments, if set at 17%, which would equate to approximately 290,000 surgical requests being outsourced from all departments in the UK.

Regional variation of outsourcing work

Figure 8 shows a large variation in how much work is outsourced by each region, with around 45% of all departments outsourcing work, although no respondent in Wales said they outsourced work. Regions that have a high number of departments outsourcing work include East Midlands (71%), Northern Ireland (67%) and North East (67%), whilst East of England (29%), Scotland (33%), South West (40%) and North West (41%) have below average proportion of departments who outsource work.



Whether a department outsources work or not will depend on whether they have a high number of vacancies and a shortage of substantive staff, and how willing the employer is to allow this as a method of dealing with surplus capacity.

Expenditure of Outsourcing

The cost per case of outsourcing work was given as a range between £5 to £51 per case, by the minority of respondents who responded to this question.

The average cost was £35 per case, which would result in approximately £140,000 per year expenditure to a typical Department that outsources 4,000 cases /year.

If 290,000 cases were outsourced in the UK, this would cost approximately £10.2 million in terms of expenditure at £35 per case.

SUMMARY OF MAIN FINDINGS

1. 83% of respondents said the current staffing was inadequate to meet current clinical demands.
2. 91% of respondents stated they used at least one method of generating additional capacity, to meet demand (from Overtime / Extra PAs / WLIs / Locums / Outsourcing).
3. 22% of those using additional capacity methods used internal methods only (WLIs, additional sessions and overtime), 6% used external methods only (locums and outsourcing), whilst 71% used a combination of internal and external methods.
4. 85% of all departments used overtime, 67% used additional sessions, 31% used WLIs.
5. 50% of departments employ at least one locum in their department and 45% outsource work.
6. 5% of all departments used all 5 main methods of generating additional capacity.
8. 45% of all the locums are NHS-locums, 55% are from external sources, which translates to 60% of Consultant locums are non-NHS and 40% are NHS-derived.
9. Each department has an average of 0.9 Consultant locum position across the country.
10. Around 9% of Consultant staff positions are filled by Locums, estimated 130 posts in the UK filled by Locums.
11. Most locums, in terms of numbers, are employed in the North West, London and South West, whilst relatively very few are employed in East of England, East Midlands, Northern Ireland, North East and Scotland.
12. Proportion-wise, highest percentage of Locums are employed in Wales, followed by the North West, whilst a relatively low percentage are employed by Northern Ireland and North East.
13. All locums in Wales and East Midlands were from Agencies, with none or very few Agency Locums used by Northern Ireland and Scotland.
14. Respondents said that 5% of all their consultant staffing were from external locum agencies, highest in Wales, lowest in Scotland and Northern Ireland.
15. 64% of locums were employed due to lack of suitable applicants for posts, 25% of locums were finite locums (leave cover or pending appointments), 11% due to excess clinical demand.
16. Northern Ireland, East Midlands and London, had most of their locums in place due to lack of appropriate candidates, but this was less of an issue in the South West.
17. North West and South West had highest percentage of locums employed due to leave/pending appointments, whilst excess clinical demand was stated in 40% of respondents in Wales.
18. Locum posts potentially costing £17 million per year to the departments.
19. 15% of all Consultant posts appear to be either Vacant or filled by Locums, with Wales having lowest percentage of overall percentage of posts filled by substantives (74%),

followed by West Midlands (81%) and the South West (82%). Scotland had the highest percentage (93%).

20. 45% of Departments outsource work, highest in East Midlands (71%), on average sending 4,000 cases each per department, potentially 290,000 surgical requests across the UK, as a crude estimate.
21. Outsourcing average cost was £35 per case, thus 4,000 cases per department average would equate to £140,000 per year per Department who outsource.
22. Potential cost of outsourcing could amount to £10 million per year.
23. Overall, potentially 130 locums employed, costing £17 million per year and outsourcing 290,000 surgicals could be costing £10 million per year, overall total cost of £27 million per year.

Source: RCPATH workforce survey of Cellular Pathology Departments 2017