Histopathology Workforce Survey Summary and Reports (Reports 1 and 2 originally published in *The Bulletin* April 2018 edition)

Introduction

The College Workforce Department conducted a formal survey of all UK histopathology/cellular pathology departments at the beginning of 2017. This was the first such comprehensive survey to be sent out to the managers of all the pathology departments in the UK, although workforce surveys have been sent in the past to College Fellows, on a voluntary, self-completion basis.

Email invitations were sent to Clinical Directors and Heads of Departments to participate in a web-based survey, using Survey Monkey. The aims were to gather reliable data about the structure of the pathology workforce in the UK and to identify the number of vacant positions.

This information will hopefully assist the Royal College of Pathologists (RCPath) in advising the Department of Health in England, and in all the devolved countries, as to the extent of the problems that the profession could be facing in the future and to then try and work with the relevant organisations on potential solutions.

This was the first specialty survey to be sent out; other specialties will follow. As these are baseline surveys, the overall aim is that they can be regularly updated, to provide continuous and evolving information about how the workforce situation is changing over time and whether specific problems are being adequately addressed.

The data was collated by Miss Fiona Addiscott, Workforce Planning Manager at the RCPath, while the data analysis was undertaken by Dr Gareth Lloyd Rowlands, Consultant histopathologist in Cardiff and Chair of the RCPath Workload and Job Planning Working Group.

The conclusions and suggested recommendations are those of Dr Rowlands, based on the analysis of the data provided and extrapolating based on the assumption that the non-participants are of a similar distribution to the participants.

Structure of survey

The survey was subdivided into seven sections (Sections A–G), composed of 32 questions that were a mixture of free text, selecting the best option and inputting specific numerical answers. The seven sections were as follows:

- section A – contact and workload data
- section B – anonymised data on consultants in post (including their demographics), job planned sessions, vacancies, advertising posts and dealing with excess clinical demand
- section C – specialty doctors, associate specialists and staff grade doctors (SAS doctors), -including job planned sessions and demographics
- section D – predicted staffing requirements for the next two years
- section E – number of locums, reasons for their employment and cost to the departments
- section F – HM Coroner service and the number of pathologists undertaking the work
- section G – free text section to allow additional information to be provided.

Participation rates
Seventy-three per cent of all departments completed the survey.

Data collection and analysis
Responses were collated and analysed to produce four reports:

- clinical demand
- consultant histopathologists
- Coroners' post mortems
- SAS doctors.

This survey did not involve the neuropathology, forensic or paediatric pathology workforce.

REPORT 1 – CLINICAL DEMAND

An important aspect to consider is how departments currently deal with any excess demand to capacity that they may have, including the use of locum staff members, and its associated expenditure. Locums, by definition, are generally relatively short-term positions that plug a capacity gap, but are unstable for workforce planning purposes.

Ninety-seven per cent of all departments either stated they had inadequate staffing to meet demands and/or used at least one specific method to deal with excess capacity (options including additional sessions, overtime, waiting list initiatives [WLIs], outsourcing work and the use of locums).

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

Twenty-two per cent of departments use methods involving existing internal staff to deal with this excess clinical demand, 6% only use externally-derived methods and 72% of departments use a combination of internal and external mechanisms.

Breaking down the methods utilised to deal with excess capacity further:

- 85% of departments use overtime (internal)
- 67% of departments use additional programmed activities (PAs; internal)
- 31% of departments use WLIs (internal)
- 50% of departments use locum staff (external)
- 45% of departments use outsourcing of work (external)
- 9% of departments use none of these methods (external)
- 24% of all departments use a combination of locums and outsourcing work, which is likely to be significantly more expensive to the NHS (especially if using non-NHS locums) than solely relying on using existing staff to - undertake overtime and extra sessions
- 5% of departments use all five methods of generating additional capacity (overtime, additional PAs, WLIs, locums and outsourcing).

Locums
Fifty per cent of all departments stated their current staffing included the use of locum positions, ranging from 31% to 86% of departments across the UK. The percentage was lowest in the South-West and North-East of England and Northern Ireland and highest in the East of England, the South-East of England and Wales.

In total, 111 locums of all grades were identified in this survey, which would extrapolate to 152 locum posts throughout the UK; 86% are consultants, 5% are SAS grades, 6% are junior doctor positions and 3% are 'other' posts.

Forty-five per cent of all locum posts are NHS-derived, with 55% coming from external agencies. 130 locum consultant histopathologists currently work in the NHS, representing about 9% of all consultants currently in post, 5% of all posts being filled by external agency locums and 4% by NHS locums (see figure 1).

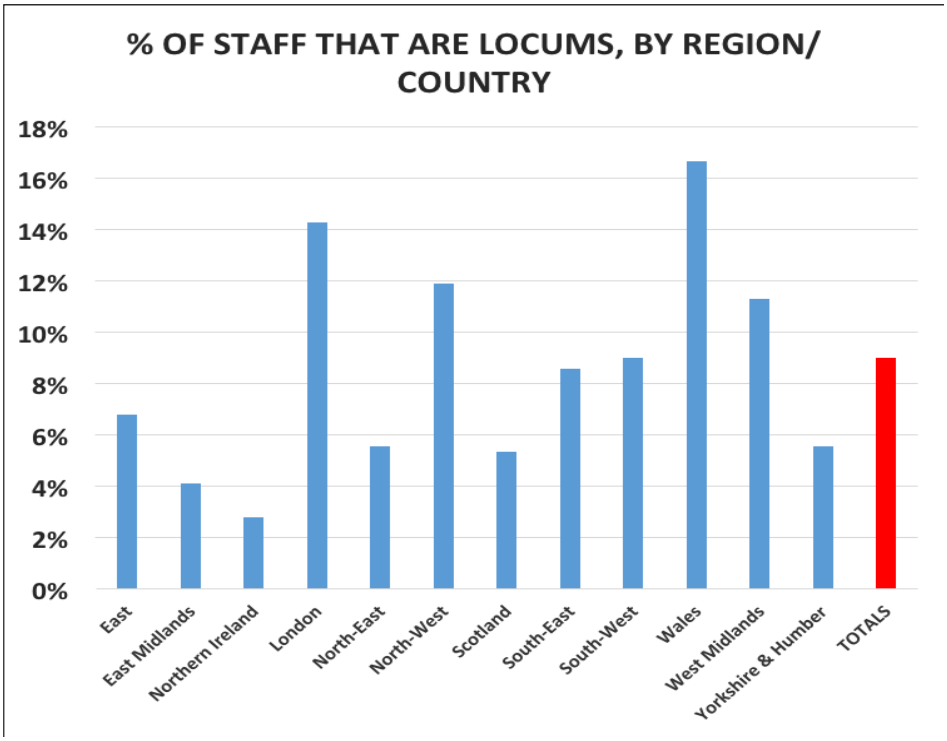

Figure 1: Percentage of consultants that are locums by region/country

The overall proportion of consultant staff that are employed as locums is 9%. There is a 3% to 17% range across the UK; it is highest in Wales (17%), London (14%) and the North-West of England (12%), while it is lowest in Ireland (3%), the East Midlands (4%) and Scotland (5%).

Wales and the East Midlands are more likely to use non-NHS locums, while Ireland and Scotland are more likely to use NHS-derived locums.

Twenty-five per cent of all consultant locums are due to long-term leave issues and awaiting starting dates (thus these are time-defined temporary locums), 64% are due to insufficient number of applicants or unsuitable applicants, and 11% are needed to deal with excess demand for available capacity (thus less likely to be time defined).

Northern Ireland, London and the East Midlands are the areas that have most locums because of insufficient number of/unsuitable applicants (more than 70%), while Wales has the highest proportion of locums due to excess clinical demands (40%). The North-West and South-West of England have the highest proportion of locums due to temporary situations (long-term leave and awaiting starting dates), making up more than 40% of their locums.

Locum expenditure

Approximately £9.8 million per year is spent on locum posts by 38 respondents who directly responded to this question. This covers 77 locum posts at an average of around £127,000 per year each equating to approximately £10,600 per month per locum post. Extrapolated to 130 locum consultant posts across the UK, this would equate to approximately £17 million per year on locum consultant posts in cellular pathology.

The cost of employing a full-time locum is generally higher than employing a substantive NHS consultant. As most locum posts are needed due to an insufficient number of adequate candidates, it makes financial sense to try and improve recruitment into vacant posts by a combination of ensuring sufficient numbers in training programmes and ensuring that all vacant posts are sufficiently attractive to recruit and retain already 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.

Substantive, locum and vacant posts

Seventy-eight per cent of all departments said that they had at least one consultant vacancy, with 63% of these departments employing at least one locum in their unit to help cover vacant posts (equating to 50% of all departments).

Extrapolating the number of current vacancies in the UK is difficult, but this survey suggests that there are currently 226 consultant histopathologist vacancies in the UK (165 in this survey of 73% of all participants), 130 of which are covered by locums, with 96 posts not covered by a locum.

Sixty-six per cent of all posts not filled by substantive consultants are worked by locum consultants.

What does this mean?

There are an estimated 1,540 current consultant histopathologist posts in the UK. In the NHS:

- 1,314 posts are filled by substantive consultants (85% occupancy rate)
- 130 posts are filled by locum consultants (9% of total)
- 96 posts are vacant (6% of total)
- 9% of all occupied posts are covered by locums.

Overall, 86% of posts are covered by substantive consultants and 14% of all consultant posts are now either vacant or covered by a locum.

Substantive posts by region/country

If the data of post types is broken down by country or region:

<u>East of England</u>

90% substantive

7% locum

3% vacant

<u>East Midlands</u>

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 overall data (although there may be issues in how they are recorded) suggests the substantive post occupancy rate varies between 74% and 93%, with the lowest rates seen in Wales and the West Midlands, and with the highest rates in Scotland and the East of England.

Locum use ranges from 2% to 15%, with the lowest rates in Northern Ireland, the East Midlands and the North-East of England, and the highest rates in Wales, the North-West of England and the West Midlands.

Counterbalancing that is the proportion of vacant posts not filled by locums, ranging from 1% to 13% of all posts. This percentage is lowest in Scotland and the East of England, and the percentage is highest in the East Midlands, Northern Ireland and Wales.

Nine per cent of all staffed posts are filled by locums, varying between 2% and 17% across the UK; high percentages suggest the potential for instability of the workforce in the future due to the nature of locum contracts, especially if coexisting posts are vacant and a high proportion are close to retirement. Low percentages suggest more stable staffing levels.

The lowest proportions of locum staff are seen in Northern Ireland and the North-East of England, and the highest proportions are seen in Wales, the North-West of England and the West Midlands.

Outsourcing work

Fourty-five per cent of departments outsource work to meet clinical demand, which would extrapolate to 63 departments across the UK.

Fourteen respondents stated that they sent between them 55,000 cases/requests, approximately 4,000 cases per department. The mean workload of these departments is 24,000 surgical requests, thus approximately 17% of their departmental workload was outsourced.

Other responses stated other data, such as <5%, <10% and ad hoc sending, with one department sending their whole workload for outsourcing.

Extrapolating is difficult as data is patchy, but the total workload of departments who outsourced work was 1,255,000 surgical requests; 17% of this workload, if extrapolated to the UK, could indicate that potentially 290,000 surgical requests are being outsourced from all departments, although this is a crude estimate.

Regions with a high number of departments outsourcing work include the East Midlands (71%), Northern Ireland (67%) and the North-East of England (67%). Conversely, the East of England (29%), Scotland (33%), and the South-West (40%) and North-West of England (41%) have a below average proportion of departments who outsource work.

Cost of outsourcing

The cost per case of outsourcing work ranges from £5 to £51 per case. The average cost was £35 per case.

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

Conclusions

The data highlights how excess clinical demand is dealt with in the UK, and the need for locum positions in many departments throughout the UK to maintain clinical services and cover vacant positions. In many cases, workload must be outsourced due to insufficient capacity to deal with all the clinical work.

Almost one in six posts are either covered by locums or are vacant. One in 11 of all occupied posts are covered by locums, with the rest being vacant.

There is variation across the UK in terms of the use of locum staff and how many vacancies exist. Action may soon be needed in certain areas of the UK that currently have high locum and vacancy rates.

The potential cost of outsourcing work and the use of locums is estimated at

approximately £27 million, from the data supplied in this survey, a not insignificant amount of expenditure.

This should drive the debate with regards to trying to achieve better workforce planning over the next five years, as the number of retirements from the NHS is expected to increase significantly.

REPORT 2 – CONSULTANT HISTOPATHOLOGISTS

This report examines the data collected about the consultant workforce in histopathology – the largest body of medical professionals in this discipline, given that it is a consultant-led service reporting and authorising the bulk of the work received, as well as overseeing the work of junior doctors and biomedical scientists (BMS).

Concerns have been raised about a future shortfall in the number of consultant histopathologists in post in the UK, with an insufficient number of junior doctors in recognised training programmes to match the expected number of retirements over the next five years. This is against a background of increasing demand due to an ageing population.

Workforce structure
Within the survey responses, 1,054 consultant histopathologists were identified, extrapolating to 1,444 staff members in post across the UK.

There is a wide spectrum of age ranges, between under 35 and over 70 years of age, with an overall gender split of 52% male and 48% female.

The age-group structure of the consultant workforce is as follows:

Under 35 year olds
5% of consultants

35–39 year olds
12% of consultants

40–44 year olds
22% of consultants

45–49 year olds
17% of consultants

50–54 year olds
18% of consultants

55–59 year olds
17% of consultants

60–64 year olds
8% of consultants

65–69 year olds

1% of consultants

70+ year olds

<1% of consultants

Seventeen per cent of the workforce is below 40 years of age, 39% between 40 and 49 years of age, 35% between 50 and 59 years of age and 9% is aged 60 years of age or older (thus 44% are aged 50 years or more).

Retirement planning

Seventy-four per cent of the workforce (currently below 55 years of age) is considered highly unlikely to have retired from the profession over the next 2–5 years, while 17% could consider retirement over this period (those currently aged 55–59 years of age) and 9% of the workforce are highly likely to have retired over the next 2–5 years (those aged 60 years or older).

Five per cent of the workforce are deemed 'retired and returned', i.e. those who have usually officially retired from their substantive posts, but have returned to work some sessions in the NHS. These individuals help to keep the service running in many departments, although, by the very nature of their arrangements, they could retire fully at very short notice.

Additional losses to the workforce are likely to materialise from some emigration to other countries, due to Brexit, as well as other personal circumstances.

Workforce age variations across the UK

Although the data is a summary of the age profiles across the UK, it also identified significant variation across England, Wales, Scotland and Northern Ireland.

Most pathologists working in Wales and Northern Ireland are male (62% and 64% of staff, respectively), as opposed to Scotland where pathologists are predominantly female (59%). There is an almost equal gender split of histopathologists working in England (52% male and 48% female).

Departments in Scotland and Wales appear to have a higher proportion of staff under 45 years of age (55% and 48%, respectively) compared with England and Northern Ireland (37% and 41%, respectively). In England and Northern Ireland, 38% and 44% of staff, respectively, are in the 45–54-year-old age group, whereas relatively few staff in Wales and Scotland are in this age group (16% and 23%, respectively).

Wales has the largest proportion of staff aged 55 years or older (36%) compared with all the other nations, with proportions ranging from 15% to 26%. Of all staff in Wales, 12% are at least 60 years of age, again higher than in all the other nations (ranging from 4% to 9%).

This structure suggests that Wales is more likely to lose staff owing to retirement in the near future than 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 of the UK and higher than in all the other countries (range of 3% to 5%).

Workforce age variations across England

Figure 2 highlights the age profiles of the consultant workforce across all regions of

England, subdivided into <45 years, 45–54 years and 55+ years age groups.

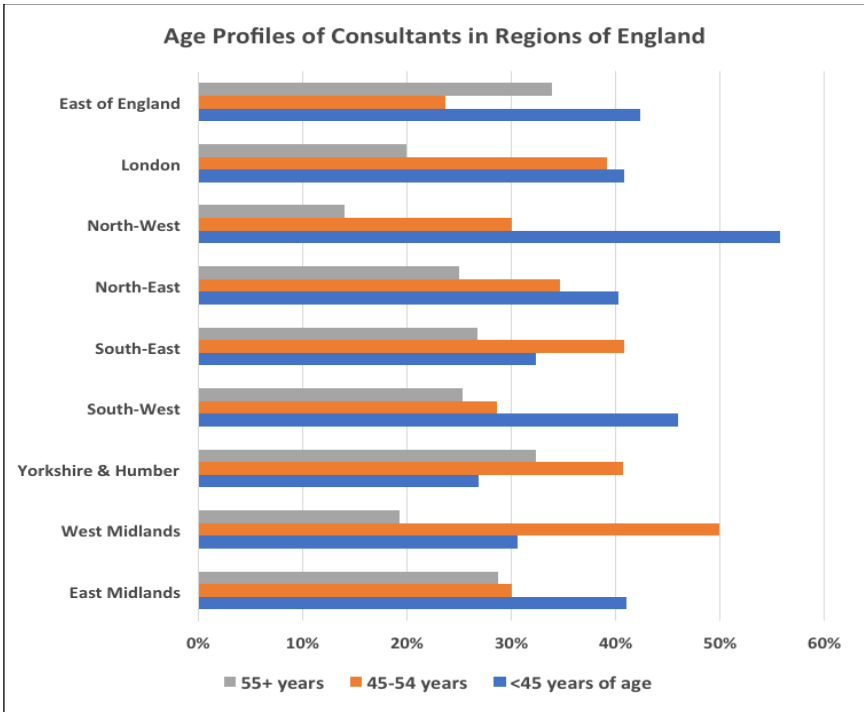

Figure 2: Age groups of consultant histopathologists across all regions in England

While the proportion of all staff in England aged 55 years or more is 26%, it is lowest in the regions of the North-West (14%), the West Midlands (19%) and London (20%). The proportion is highest in the regions of Yorkshire & Humber and the East of England (32% and 34%, respectively). The higher the percentage, the earlier retirement will have impact on the regional workforce.

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

Consultant job plans

There has been a recent trend for decreasing supporting professional activity (SPA) sessions owing to financial constraints within health organisations, intending to help maximise clinical productivity.

On average, ten sessions are worked by each consultant each working week, although this figure is ten PAs in England, 11 PAs in Wales, 9.5 PAs in Scotland and 10.2 PAs in Northern Ireland.

Broken down to their constituent parts:

<u>England</u>

Mean of 8.0 direct clinical care (DCC) and 2.0 SPA sessions per week (80% of time as DCCs)

<u>Wales</u>

Mean of 8.5 DCC and 2.5 SPA sessions per week (77% of time as DCCs)

Scotland

Mean of 7.5 DCC and 2.0 SPA sessions per week (79% of time as DCCs)

Northern Ireland

Mean of 8.0 DCC and 2.2 SPA sessions per week (78% of time as DCCs)

The SPA proportion of Job Plans appears relatively uniform across all countries (77–80% of the total PAs).

There is a wide regional variation in terms of average number of weekly SPAs. Staff working in Yorkshire & Humber, the North-East and the East of England were most likely to have fewer than two SPA sessions per week, while those in Wales, the South-East of England and Scotland were the least likely to get below two SPA sessions each.

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

Working patterns across UK

Thirty-two per cent of all staff work the standard full-time ten session contract, with the lowest rate in Northern Ireland (8%) and Wales (12%) and the highest rate in England (32%) and Scotland (40%).

Twenty-four per cent work less than full time (under ten PAs), with the lowest rate in Wales (16%) and highest rate in Scotland (30%).

Fourty-four per cent of all staff work more than ten PAs per week, with the lowest rate in Scotland (30%) versus 45% in England, 70% in Northern Ireland and 72% in Wales.

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

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 RCPath.

Using sessions as time based, with no case complexity scoring, could potentially underestimate the true demand and overestimate the true capacity in the departments.

Working patterns across England

Looking at all regions of England, there is significant variation in the proportions of staff who work more than ten sessions. The proportion varies between 34% and 60%, averaging 45% overall. The lowest rates are noted in London (34%) and the North-East of England (35%), and the highest rates are noted in the East of England (60%) and the South-East of England (56%).

Full time working

Fourty-two per cent of full-time staff work ten PAs and 58% work more than ten PAs across the UK.

Broken down by region and country, it appears as follows:

England

42% ten PAs
58% more than ten PAs

Wales
14% ten PAs
86% more than ten PAs

Scotland
57% ten PAs
43% more than ten PAs

Northern Ireland
10% ten PAs
90% more than ten PAs

East Midlands
33% ten PAs
67% more than ten PAs

West Midlands
24% ten PAs
76% more than ten PAs

Yorkshire & Humber
37% ten PAs
63% more than ten PAs

South-West
33% ten PAs
67% more than ten PAs

South-East
35% ten PAs
65% more than ten PAs

North-East
55% ten PAs
45% more than ten PAs

North-West
37% ten PAs
63% more than ten PAs

London
57% ten PAs
43% more than ten PAs

East of England

29% ten PAs

71% more than ten PAs

Nearly all full-time pathologists in Wales and Northern Ireland appear to work more than ten PAs. The rate is highest in the West Midlands (76%) and the East of England (71%), and the lowest in London (43%) and the North-East of England (45%).

Variations in sessions worked by gender

Male histopathologists on average work 8.4 DCC sessions and 2.0 SPA sessions, a total of 10.4 sessions. Female histopathologists work a mean of 7.8 DCC sessions and 1.9 SPA sessions, a total of 9.7 sessions per week.

Fourteen per cent of male histopathologists work fewer than ten sessions compared with 30% of female histopathologists, thus far more female histopathologists work less than full time compared with their male colleagues (three in ten compared with one in seven, respectively).

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

The proportion of female histopathologists working fewer than ten sessions appears highest in Scotland (44%), the South-West of England (41%), Northern Ireland (38%) and the North-East of England (37%), while the proportion is lowest in the East of England (15%) and the North-West of England (18%). The overall range is between 15% and 44%.

There are many explanations as to why staff choose to work less than full time, including raising families, health reasons, work life balance, nearing retirement age and returning to work after retirement.

Retired and returned staff

Many individuals have taken the decision formally to retire and then return to work. This has local advantages in terms of retaining expertise and in the ability to continue to maintain diagnostic services, but could also result in the failure to advertise replacement posts and difficulty in making appropriate succession planning.

Of all staff in post, 5% are counted as ‘retired and returned’. This ranges from 2% to 10% across the UK, with an average of 5% across the responding departments. The rate appears highest in Wales (10%), the South-East of England (8%) and the East Midlands (8%), and lowest in the the South-West of England (2%), London (3%) and Northern -Ireland (3%).

Seven per cent of all male staff in work are ‘retired and returned’ staff, compared with 3% of female staff. This suggests that female staff are more likely to fully retire without returning to work than male staff, when they reach retirement age.

Thirty-two per cent of all male staff working less than ten sessions are post-retirement compared with only 6% of all the female staff who work less than ten -sessions.

This highlights that the reasons behind working fewer sessions are likely to be different

between the genders and that the part-time female workforce is of a younger age than their male counterparts.

Consultant vacancies
Eighty departments currently had consultant vacancies, equating to 78% of all departments in the UK. This represented 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 1,540 consultant posts were identified in this survey throughout the UK (see Report 1 – Clinical demand), once the data had been extrapolated.

There are 1,444 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 1,314 substantive consultant histopathologists in the UK, representing 85% of all funded posts, with 15% either filled by a locum or vacant.

Sixty-six per cent of posts currently not filled by substantive consultants are filled by locums and 33% are vacant.

Training programmes and succession planning
An important aspect of workforce planning is ensuring that there are sufficient numbers of junior doctors in training programmes across the UK, to match predicted retirements.

The latest data suggests there are 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 those 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 2–5 (Stages B–D), varying between 78 and 96 posts, with a higher number of training posts (122) in Year 1 (Stage A) (see figure 3).

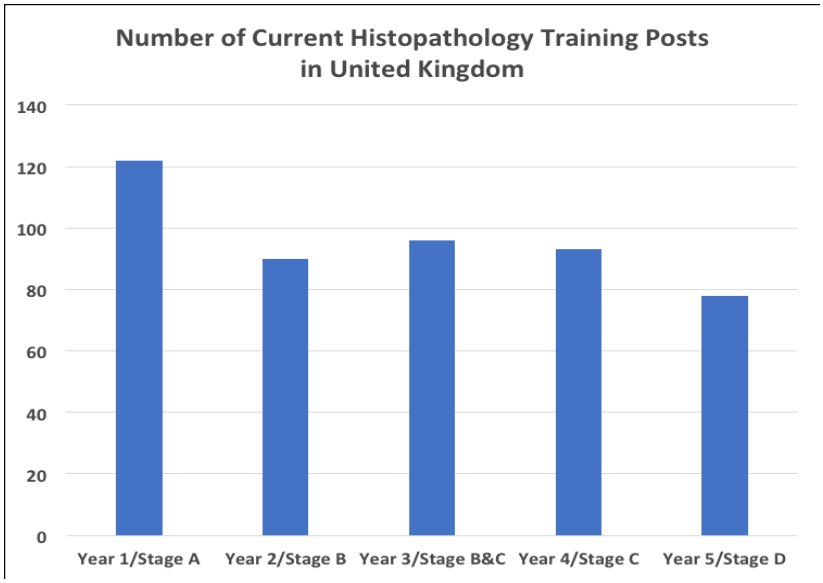

Figure 3: How current training posts are broken down by year/stage and region.

Given that Stage D is an exit stage of around 12 months, up to 78 doctors could finish the training programmes over the next 12 months and be seeking a consultant post. This data is unlikely to be completely reliable, as some trainees may decide to seek positions outside the UK or complete out-of-programme activities.

Predicting numbers beyond one year is unreliable. Some have suggested that 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 two years (out of 171 in post) and up to 360 new consultants to be available in the pool over the next five years. This does not include any potential effects of overseas immigration and emigration.

New posts

Over the next two years, 236 new consultants are predicted to be required to meet rising clinical demand, indicating that 1,776 consultant posts will be needed by the end of this timeframe.

Predictions of the future

In this survey, there are 1,314 substantive consultants, 130 locums and 96 vacancies, with a total of 1,540 consultant posts.

Within two years, the number of posts could be 1,776; if all 127 histopathologists (9%) above 60 years of age retire, the number of current substantives in post by then could be down to 1,187 posts. This is roughly matched by the predicted number (128) of new

junior doctors completing their training (25% of cohort lost), to reach a number of 1,315 substantive consultants.

Thus, the number of junior doctors currently in Years 4 and 5 is approximately the correct amount to balance out all those currently at least 60 years of age in substantive 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 remains unchanged at 130, the actual number of vacant posts could go up by 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 retire (354 members), and a predicted number of 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) that will need filling by locums or will be 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.

REPORT 3 – H M CORONER POST-MORTEM REPORT SUMMARY

This report concentrates on data provided with regards to undertaking coronial autopsies, as this is a specific area of concern that has been raised in the past, as being in potential jeopardy unless action is taken. There now follows a summary of the survey's main findings, based on the situation in England and Wales. Scotland and Northern Ireland have not been included in this report.

Pathologist numbers and job planning

Approximately 458 pathologists undertake autopsies for H M Coroner in England, equating to 46% of substantive histopathologists within departments that perform autopsies.

Seventy-four per cent of departments use the time-shifting model, where displaced work is done out of hours, while 9% perform autopsies out of normal working hours and 9% perform them within normal working hours, in a 'minimal disruption' model.

Increasing pressures of diagnostic reporting, accompanied by a 'squeeze' on supporting professional activity (SPA) sessions and increasing vacancies, on a background of flat coronial fees, may result in these largely time-shifting models becoming unmanageable in the future.

Eight per cent of respondents incorporate autopsy work into their NHS job plans.

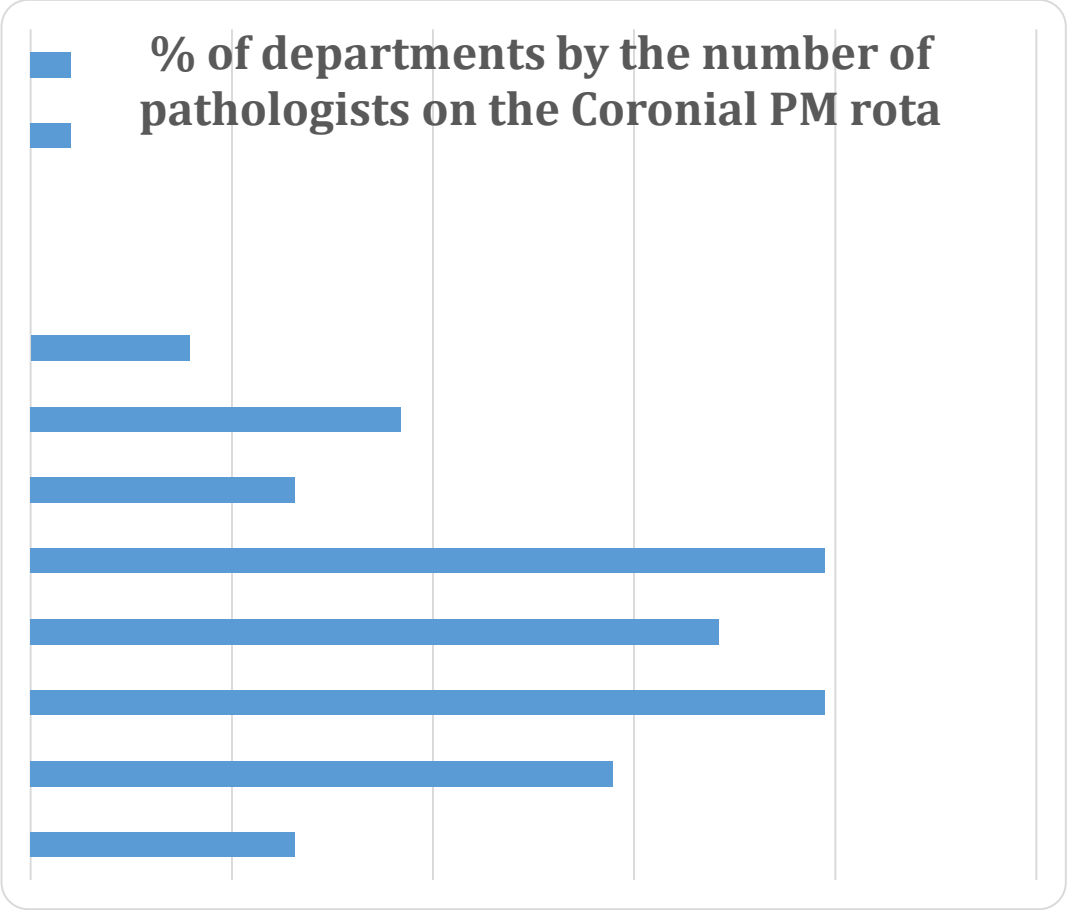

Figure 1: Number of pathologists on the autopsy rosters across all departments.

Autopsy rosters

Twenty-one per cent of departments operate with only one or two autopsy pathologists and 58% of departments operate with fewer than five pathologists; although the survey did not ask about autopsy volumes, it may be reasonable to assume that the service could become stretched, especially at times of leave, when the number of pathologists is this low.

Future workforce

Additional pressures on the autopsy service over the coming years will include current autopsy pathologists giving up their practice, either voluntarily or owing to retirement, as well as a significant proportion of new CCT holders not holding the certificate of higher autopsy training (CHAT).

Previous surveys have suggested at least 25% of existing autopsy pathologists may soon wish to give up autopsy practice. Using current survey data, this would generate a fall of 115 pathologists, from 458 to 343.

This could result in a serious staffing shortage, as the exiting numbers would not be matched by the number of newly qualified staff that are appointed every year (30 candidates gained the CHAT qualification in the last 12 months).

Key Performance Indicator (KPI)

A Key Performance Indicator (KPI) in autopsy services is that over 90% of autopsies are completed within two working days from the original request. This is a useful surrogate marker to identify if there is sufficient staff in place to run an efficient service.

Sixty-eight per cent of all departments in England and Wales reach the two-working-day standard, although 80% of departments having five or more autopsy pathologists could reach the required standard. All departments taking more than five working days to perform autopsies had fewer than five pathologists on the roster; this gives credence to the assumption that small numbers of pathologists make it challenging to maintain KPI standards.

There is a marked regional/country variation in the ability to reach this KPI. Over 80% of departments in the East of England, London, Wales and the West Midlands could perform their examinations within two working days, compared with only 15% of departments in the East Midlands, where 57% take between three and five working days.

Departments able to meet their two-day target usually had at least 50% of their departmental consultant staff undertaking autopsies, compared with, on average, around 40% of staff in departments which failed to reach this KPI target.

Workforce adequacy

Only 35% of all departments stated they had adequate staffing to run the autopsy service, while 65% stated they had inadequate staff to run the service. 81% of departments that failed to reach the two-working-day target reported they had inadequate staffing.

There is significant regional variation in adequate autopsy staffing, with the East Midlands and the North-East reporting the greatest problems (100% and 83% of departments, respectively). Conversely, Wales, London and Yorkshire & Humber report the lowest percentage of staffing shortfall (20%, 33% and 38%, respectively).

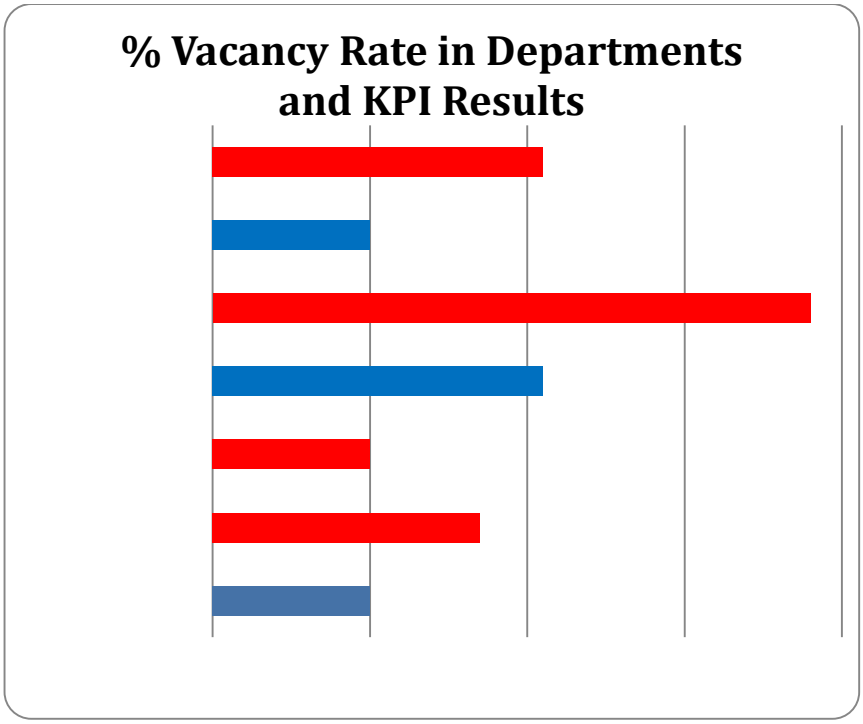

Figure 2: How the ability to meet the KPI varies with percentage of vacant/locum posts.

One potential factor that could affect the ability to meet the turnaround KPI could be associated departmental vacancies.

Figure 2 highlights how the percentage of vacant posts seems higher in departments with ‘Inadequate’ autopsy staffing (21%), compared to ‘Adequate’ autopsy staffing (10%).

Departments taking more than five working days to do autopsies have an exceptionally high vacancy rate, with, on average, 38% of their posts being vacant (average 2.9 vacant posts each), indicating some difficulty to maintain all their pathology services.

Those taking more than five working days to perform their autopsies had only, on average, six pathologist posts in all their departments, when fully staffed, compared to around 12 in departments who undertake autopsies in less than five working days; smaller sized departments, that have high vacancy rates, can struggle to maintain an efficient autopsy service.

Conclusions

The survey demonstrates that there are significant challenges facing the H M Coronial autopsy service in England and Wales.

Sixty-five per cent of responding departments report inadequate staffing, with only 46% of histopathologists performing autopsies in mortuary-linked departments, 25% of which are considering stopping this service soon, a fall in pathologist numbers of 115.

Around 30 doctors gained the CHAT qualification in the past 12 months, which is insufficient to plug the gap that would be created by those retiring or voluntarily dropping autopsies, unless there is a significant drop in the number of autopsies performed for H M Coroner.

It would be useful to undertake a survey to assess what is needed to retain pathologists undertaking H M Coroner work in the future and whether the current system of time shifting and working outside one's job plan to undertake autopsies is fit for purpose anymore.

The fact that there are more vacancies in departments that have inadequate autopsy staffing, and their tendency to have fewer pathologists on the autopsy roster, should give some food for thought in the wider context of service reconfigurations.

The introduction of the new Medical Examiner system may be helpful to address the issues, although, equally, it could potentially result in more autopsy examinations being recommended.

REPORT 4 – SPECIALTY DOCTORS, ASSOCIATE SPECIALISTS AND STAFF GRADE DOCTORS (SAS DOCTORS)

Specialty doctors, associate specialists and staff grade doctors (SAS doctors) are a relatively small group of medical professionals in histopathology, compared with other branches of medicine in the UK, although their contribution is of vital importance in maintaining the day-to-day running of essential services in the NHS.

Workforce numbers

Thirty-three departments (23%) employ SAS doctors in histopathology, with an estimated 58 SAS doctors employed in the UK. Most departments employ one or two doctors, although one department employs three doctors and one department employs eight doctors in the survey responses.

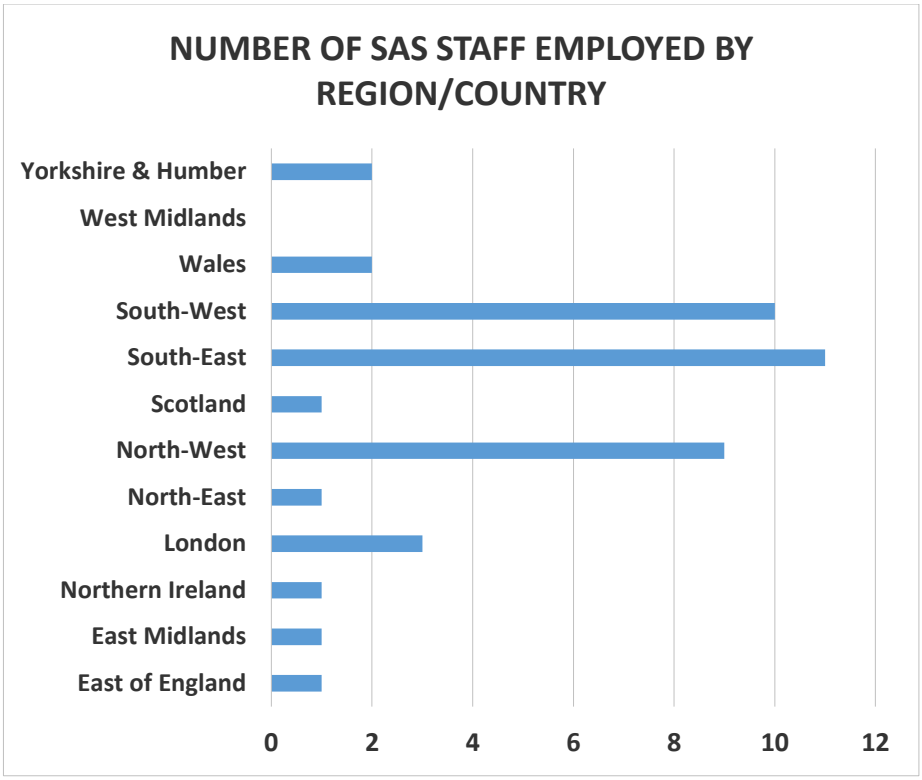

Figure 3: Numbers employed in each region/country in this survey.

Seventy-one per cent of all SAS doctors in this survey are employed in the North-West, South-East and South-West regions, with relatively few appearing to be employed in all other regions and countries.

More than 40% of responding departments in the North-West said they employed SAS doctors, compared to less than 15% of departments in the East of England, East Midlands and Yorkshire & Humber.

Workforce job planning

SAS doctors are often employed using the same job plan sessional basis as substantive consultants.

The respondents gave the following information about their contracted sessions:

- Direct clinical care (DCC) sessions – average 7.7 sessions (range 3–10 sessions)
- SPA sessions – average 1.6 sessions (range 0–4 sessions)
- Total sessions – average 9.3 sessions (range 4–11 sessions)
- 13% of respondents were identified to have no SPA sessions in their job plans, 33% having one SPA session, 27% had 1.5 SPA sessions and 27% had two or more weekly SPA sessions.

The overall DCC/SPA full-time equivalent ratio for all respondents was reported as 8.3 DCC to 1.7 SPA (ten sessions).

Age and gender

In terms of gender split, 58% of SAS doctors are female and 42% male, thus a clear majority are female, many of which appeared to work less than full-time contracts (less than ten sessions).

The average age of SAS grade doctors in the UK is relatively low, with 27% of respondents being below 40 years of age and 76% being below 50 years of age, meaning only 24% of the workforce are aged 50 years or more.

Workforce retirements and vacancies

Staff aged 55 years or more that could potentially retire over the next two years represent 19% of all staff, almost one in five SAS grade doctors in post.

This is likely a ‘worst-case scenario’ prediction, although it does assume that no younger member of staff leaves their post to seek an alternative country of employment.

Two current vacancies were identified from the respondents, extrapolating to a total of three vacancies nationwide.

This would indicate that there are 61 posts currently in the UK, 58 of which are filled, indicating a 95% occupancy rate (5% vacancy rate).

Future

Eight new clinical posts are predicted to be required over the next two years, to meet rising clinical demand, suggesting a total need for 69 posts by then (13% rise on current post numbers); if no suitable new applicants were available, the current 95% occupancy rate would fall then to 84% (11 vacancies).

If these posts are required, but all those over 60 years of age have also retired by then, this would generate a total of 16 vacant posts (23% vacancy rate), while 22 vacant posts would be available if all those aged 55 years of age had also retired within the next two years (32% vacancy rate).

This highlights the need to start planning now for mechanisms to fill these posts and how to deal with the workload that this group of doctors undertakes in the NHS.

Dr Gareth Lloyd Rowlands
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