

## GASTROENTEROLOGY WORKFORCE REPORT

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### Consultant Expansion

As of 30/9/08 there were **990** Consultant Gastroenterologists across the UK, an increase of **5.5%** over the last year. During 2001-2005 there was a consistent, approximate 7% growth in posts across the UK – this rate slowed to 2.3% in 2006 but increased somewhat in 2007 and more so during the past 12 months. Data for different parts of the UK are shown below. The agreed long-term aim is that there should be around 6 whole-time equivalent gastroenterologists per 250,000, which equates to around 1900 consultant posts in the UK and 1625 posts in England (see page 9 for details). There was little evidence of difficulty in appointing consultants in gastroenterology, with only 6 of 71 of (8%) advertised posts in England, Wales and N Ireland not appointed over the past year (RCP data, figs for Scotland not available). 159 (16%) consultants reported that they were not members of the BSG – down from 178 consultants last year.

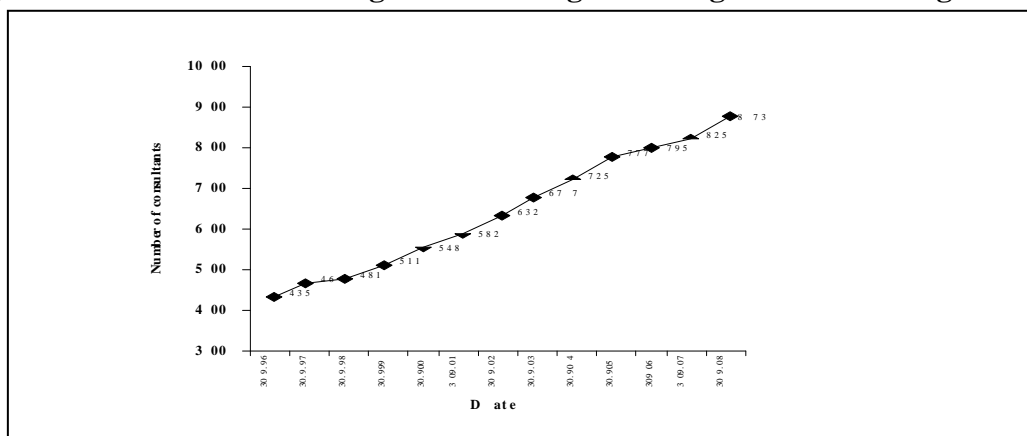
### Numbers of consultants in different parts of the UK by year

	30/9/01	30/9/02	30/9/03	30/9/04	30/9/05	30/9/06	30/9/07	30/9/08
England	552	600	643	688	737	752	780	824
Wales	30	32	34	37	40	43	45	48
Scotland	67	69	71	76	81	82	86	89
Northern Ireland	20	21	23	25	25	26	27	29
UK	669	722	771	826	883	903	938	990

### Annual expansion (%) of consultants in different parts of the UK by year

	30/9/01	30/9/02	30/9/03	30/9/04	30/9/05	30/9/06	30/9/07	30/9/08
England	5.7	8.0	7.2	6.5	7.0	2.0	3.7	5.6
Wales	20.0	6.7	6.3	8.1	8.1	7.5	4.7	6.7
Scotland	8.1	3.0	2.9	6.6	6.6	1.2	4.8	3.4
Northern Ireland	5.3	5.0	9.5	8.0	0	4.0	3.8	6.9
UK	6.4	7.9	6.8	7.1	6.9	2.3	3.9	5.5

**Fig 1. Numbers of consultant gastroenterologists in England & Wales against time**



### Retirements Expected

Most gastroenterologists currently retire between the ages of 60 and 65 years. Thus the number reaching 60 or 65 gives an indication of the number of retirements and posts likely to require replacing. Over the past 3 years the average age of those retiring has been 62.7 years (based on 55 consultant retirements). In England there will be at least 151 retirements by Gastroenterology consultants by 30/09/2018; an average of 15 per year. There may be as many as 250 if all retired at 60 years of age; an average of 25 per year. In Scotland there will be an average of 1.4 retirements per year for the next ten years but if all retired at 60 this could rise to 2.5 per year. At present, 214 consultants across the UK have indicated that they would plan to retire by 2018, which is consistent with an average retirement age of just under 63 years.

### Number of Consultant Gastroenterologists reaching retirement age in the next decade.

Numbers at 30/9/08	England	Wales	Scotland	N Ireland	Totals
>60 years currently	82	3	4	4	93
=65 in next 10 years	151	5	14	7	204
=60 in next 10 years	250	12	25	8	295

### Part-time and Academic appointments (30/9/08):

There are currently 44 consultants who report working part-time in England, 3 in Wales 2 in Scotland and 1 in N Ireland; representing 5.1% of the workforce. There are a total of 93 self-reported academic gastroenterologists representing 9.4% of the workforce; 81 in England, 8 in Scotland, 3 in Wales and 1 in N Ireland. This is a fall from 108 over the last 2 years and may represent a failure to replace those retiring or a re-classification of those in still in post. There are no reliable central data on the number of gastroenterologists employed wholly by universities. In the tables of distribution of gastroenterologists across the UK it is assumed that on average academic gastroenterologists spend 0.6 of their time in NHS work, as do those reporting that they work part-time or those with a significant contribution to acute medicine (see below). 133 consultant gastroenterologists (13.4% of the workforce) are women. In the 2007 RCP census 25% of consultant physicians in the UK were female (cardiology is the only major medical specialty with a lower proportion of women).

### Contracts

We have data on the numbers of PAs paid to individuals for 735 gastroenterologists. 75 are on less than 10PA contracts, 121 are on 10 PAs, 494 are on either 11 or 12 PAs and 52 have contracts greater than 12 PAs. There are 53 (5.4%) gastroenterologists who report working 2 or more days per week within acute medicine; in the tables of distribution of gastroenterologists across the UK it is assumed that on average these gastroenterologists spend 0.6 of their time in gastroenterology.

### Appointment of Consultants

Previously the majority of consultant appointments in the UK have been made with trainees who have trained in the same region however when the reduction in expansion occurred there was a trend that trainees were more likely to be appointed from a different region to that in which they trained. With the increase in posts available the trend has once more reverted to the majority being appointed from the region where they trained. Since the beginning of 2007 3 trainees have moved to permanent posts abroad and 6 trained abroad have moved to consultant posts within the UK.

Year	Trainee to con appointment in same region	Trainee to con appointment in different region	Con to con appointments	Total no of appointments
2004	44 (55%)	32 (37%)	11 (13%)	87
2005	46 (55%)	25 (30%)	13 (15%)	84
2006	29 (44%)	24 (36%)	13 (20%)	66
2007	32 (60%)	13 (25%)	8 (15%)	53
2008 (Jan-Oct)	42 (58%)	22 (30%)	9 (12%)	73

### Distribution of Gastroenterologists by Health Authority or Board

Overall a WTE in Scotland (83.4 WTEs in total) serves a population of 61,000 and in England a population of 66,000 (763.6 WTEs in total). The average, whole-time equivalent (WTE) gastroenterologist across the UK serves a population of 45,000-87,000. There is wide variation in the numbers of consultant gastroenterologists per head of population; part of the reason for this variation may be that other health care professionals are delivering gastroenterological services for those patients and may reflect particular referral patterns.

The population figures for England and Wales are drawn from GP lists and so may under-represent the total population by not including those not registered with a GP. Those for Scotland are derived from the 2001 census. Recent increases in population due to net immigration are not accounted for. In England there are 13 consultants who work as the only gastroenterologist in their hospital, similarly 4 in Wales, 3 in Scotland and 2 in N Ireland; this does not necessarily mean they are single-handed within their trust.

### Distribution of Consultant Gastroenterologists across the UK

Strategic Health Authority	Trust Code	Pop (1,000s)	Total no gastroenterologists (WTE)	Population served by 1 WTE Consultant
North East	1f,d,h,i,m,o,l,j ,n,a,e,g,r	2,545.1	<b>62 (57.2)</b>	<b>45,000</b>
Yorkshire & the Humber	3a,d,i,j,n,m; 2	5,038.8	<b>77 (72.2)</b>	<b>70,000</b>
North West	14;1c,p;13	6,827.2	<b>106 (99.6)</b>	<b>69,000</b>
East Midlands	3l,b,g,f,k,o,c,h e,p,q	4,279.7	<b>61 (57)</b>	<b>75,000</b>
West Midlands	12	5,334.0	<b>87 (82.2)</b>	<b>65,000</b>
East of England	4;5i,m	5,491.3	<b>78 (72.4)</b>	<b>76,000</b>
South West	11;18a,b,c 9b,h,c,m,i,f	5,038.2	<b>77 (72.6)</b>	<b>69,000</b>
South Central	9a,d,e,g,j,l,n; 10	3,922.3	<b>50 (46)</b>	<b>85,000</b>
South East Coast	7e,f,n,p,k,b,g,i .l; 8c,h,l,f,m,j; 9o	4,187.9	<b>51 (48.2)</b>	<b>87,000</b>
London	5e,c,d,b,n,f,g,j .k;6;7a,c,d,j,o, q,h;8d,k,b,e,g, i	7,428.6	<b>175 (156.2)</b>	<b>48,000</b>
Glasgow, Lanarkshire, South-west	16a,b,d,h,p,j	2,356.4	<b>37 (35)</b>	<b>67,000</b>
N Scotland – Grampian & Highlands	16g,i	802.5	<b>14 (13.6)</b>	<b>59,000</b>
Lothian, Forth valley, Borders	16k,c,f	1164.7	<b>25 (23)</b>	<b>51,000</b>
E Scotland- Tayside & Fife	16n,e	738.4	<b>13 (11.8)</b>	<b>63,000</b>
Wales	15	2,952.5	<b>48 (44.4)</b>	<b>66,000</b>
Northern Ireland	17	1,710.3	<b>29 (26.6)</b>	<b>64,000</b>
<b>Total</b>		<b>59,357.2</b>	<b>990 (918)</b>	<b>65,000</b>

Population data DoH 2004 (for Scotland 2001).

WTE assumes that academics/part-timers work 0.6 for NHS.

### Trainees in Gastroenterology in the UK

There are now a total of **762** trainees in gastroenterology, excluding those in LAS or senior SHO posts. Since 30/09/07 there has been an increase of 75 trainees - an increase of 11%. This rate of growth of training posts has increased compared to last year when there was only a 3% increase. Compared to last year there are an additional 75 clinical SpRs but 24 fewer visiting registrars (this pattern of decreasing numbers of VTNs was also seen last year). There are 15 more research registrars and 5 more academic trainees. Two trainees describe themselves as time expired and 1 is in a locum staff post. At least 112 of 132 (85%) research registrars have an NTN. There are 16 identified Hepatology posts. It is planned that there will be a total of 27 academic posts in gastroenterology/hepatology in England over the next 5 years which will receive direct partial funding.

### Distribution of grade of those in Registrar posts is shown (30/09/08)

	England	Wales	Scotland	N Ireland	UK
Specialist Registrar (Clinical)	391	18	39	14	<b>462</b>
Research Registrar	119	4	8	1	<b>132</b>
Out of Programme	8	0	1	1	<b>10</b>
Visiting Registrar	49	2	1	1	<b>53</b>
LAT	51	3	2	1	<b>57</b>
Locum Consultant	29	2	1	1	<b>33</b>
Academic registrar/lecturer	14	0	1	0	<b>15</b>
<b>Total</b>	<b>661</b>	<b>29</b>	<b>53</b>	<b>19</b>	<b>762</b>

Approximately 30% of trainees are female (compared to 27% in 2003); 41 (5.3%) trainees in gastroenterology are in flexible training posts (compared to 4.9% in 2003). The mean total training time for consultants appointed in the UK over the past year was 7.6 years, which is largely unchanged over the past 5 years (7.2 years in 2003).

### Verification of Trainee numbers

JCRPTB also collect data concerning trainees in gastroenterology and they estimate that there are 515 trainees (on 9/10/08) however they are 79 trainees who have applied for enrollment but this is not yet confirmed. JCRPTB data includes NTN, VTN, LAT and ATN but does not include anyone with, or recommended for, a CCT (our database includes 79 trainees with a CCT date before 30/09/08). The JCRPTB figure will not include all those in research, or in out-of-programme experience and also requires that trainees have registered with the JCRPTB and this results in a degree of under reporting of trainee numbers. Some LAT posts have not been filled due to problems with recruitment and this may have provided a further cause of under-reporting.

In order to compare the two sources all those who have applied and are enrolled to the JCRPTB amounts to 594 trainees. If those who are post-CCT are excluded from our data, as well as 20 research registrars without NTN then our total of trainees is 663. The

difference is likely to be explained for the reasons given above. In later modeling estimates we have assumed that there are currently 603 trainees across the UK.

### **Expansion of NTN's over the past 6 years**

There was an increase of 70 unfunded posts in 2002-3 which were distributed by deaneries or WDCs. In 2004-5 there was an increase of 135 trainees with expansion of posts by Trusts seeking to meet EWTD demands, so-called "Hutton numbers". In 2005-6 there were 87 additional trainees with an apparent further 75 trainees in the last year. There has, therefore, been an increase of over 360 trainees or over 90% in the number of trainees in the past 7 years (the time it takes to train a gastroenterologist at present).

### **Trainees more than 6 months past their CCT date**

At 30/9/08 there were 39 trainees (44 last year) who had not yet obtained a substantive consultant post and who were more than 6 months past their CCT date. 19 were working as locum consultants, 1 as a locum staff grade, 13 as Specialist registrars, 1 as Visiting registrar, 2 as Research registrars, 1 in Out of programme experience. In addition there were 2 previous trainees described as time expired, of whom 1 is working in the NHS and 1 is on maternity leave. In total there were 79 trainees (the same as last year) who were beyond their CCT on this date. Therefore the increased expansion of consultant posts has kept pace with the numbers of trainees obtaining their CCT during the past year.

### **Career aims of SpRs in gastroenterology**

Trainees have been asked to indicate their preferred final post type: whether their target career is in a DGH or teaching hospital, whether they aim for a gastroenterology or hepatology post or plan an academic career – some responded positively to more than one option. The results of those who responded are:

- 185 (24%) expressed an interest in a post in a teaching hospital
- 94 (12%) expressed an interest in a hepatology post
- 61 (8%) expressed an interest in an academic post in gastroenterology or hepatology
- Only 20 trainees explicitly stated that they wished to work part-time as consultants
- Only 5 trainees reported they were not dually accrediting in gastroenterology & GIM
- 33 of 34 (97%) visiting registrars, expressing an opinion, wished to remain in the UK.

### **Non-consultant career grades in Gastroenterology**

Within the UK there are 63 Staff grade posts, 69 Associate specialists, 56 Clinical Assistants and 19 trust doctors working at least part-time in gastroenterology (these numbers are similar to last year). In addition 47 Hospital practitioners and 49 General practitioners contribute to gastroenterology, the majority working only 1 session per week. There are also 25 consultants from other specialties (not including surgery eg care of the elderly or radiology) who contribute to providing gastroenterology, mostly 1 or 2 sessions per week.

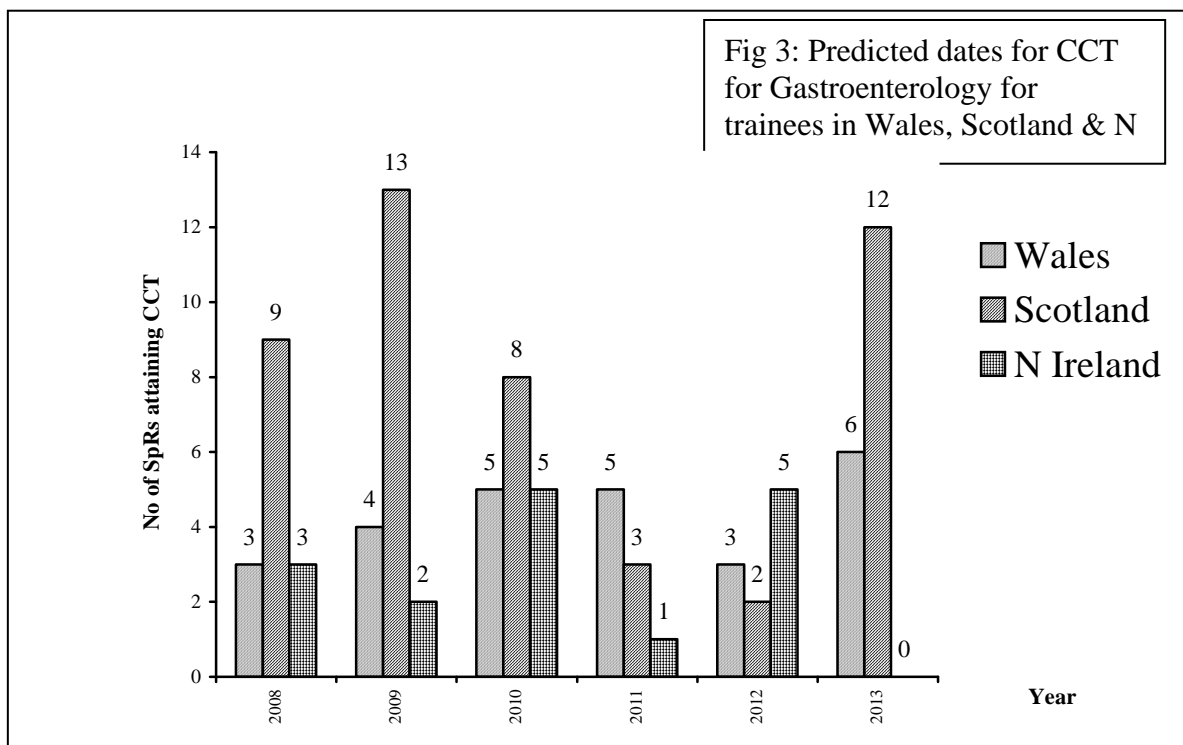
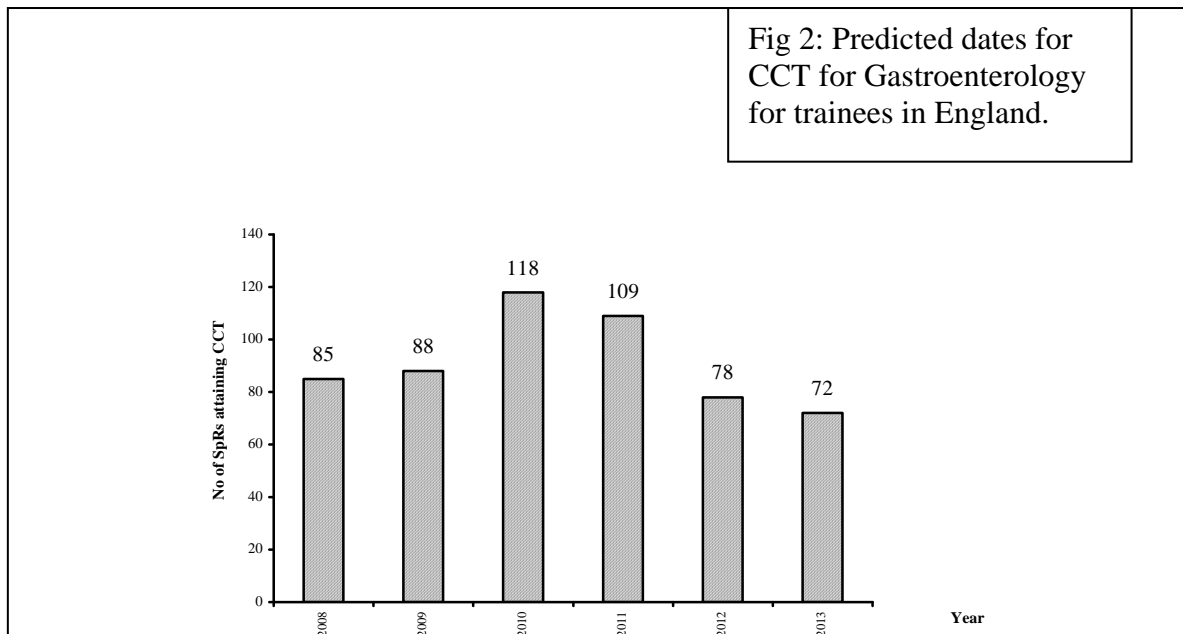
30 Associate specialists and staff grade doctors have reported previously that they have registered with PMETB for entry onto the Specialist register via Article 14. JRCPTB confirm that 36 Gastroenterology applications were considered up to Jan 2009; of these 22 were approved, 9 were rejected, 4 withdrawn and 1 unknown. The overall success rate of application is therefore 61% which compares with an average across all physician specialties of 49%. It is likely that some of these individuals will seek to become consultants and it may be that some NCCG posts will be or have been converted into consultant posts.

### **Nurses in Gastroenterology**

There are 618 nurses working in clinical gastroenterology across the UK. These include 221 nurse endoscopists, 167 nurse practitioners, 201 nurse specialists (including IBD, liver, hepatitis and alcohol liaison nurses) and 17 nurse consultants. At least 339 nurses perform regular endoscopy (median 2 sessions per week). There appears to have been an increase of 15% in such posts over the past year (53% in the previous 3 years) but this may represent increased reporting of these posts and these figures may still under-represent the numbers actually working in gastroenterology across the country.

### Predicted dates for gaining CCT

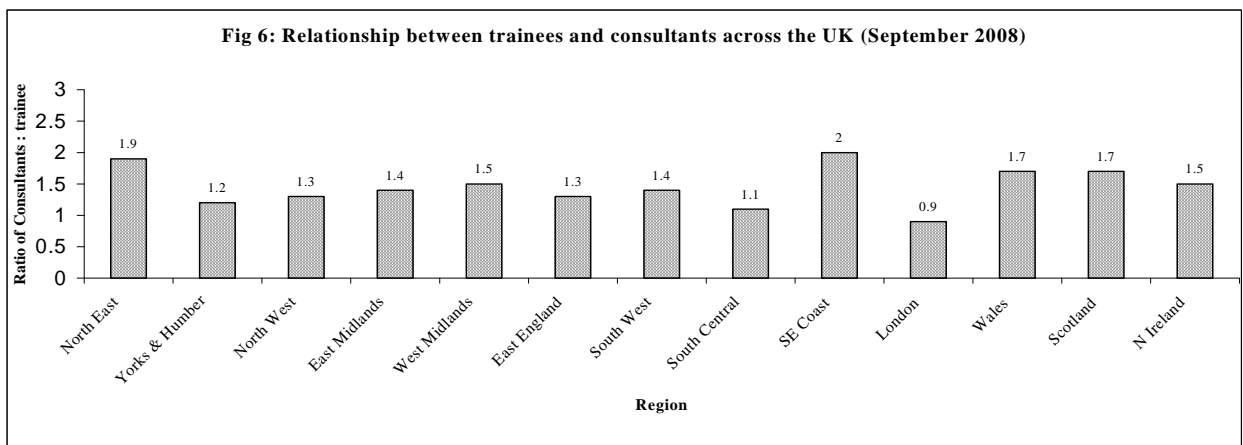
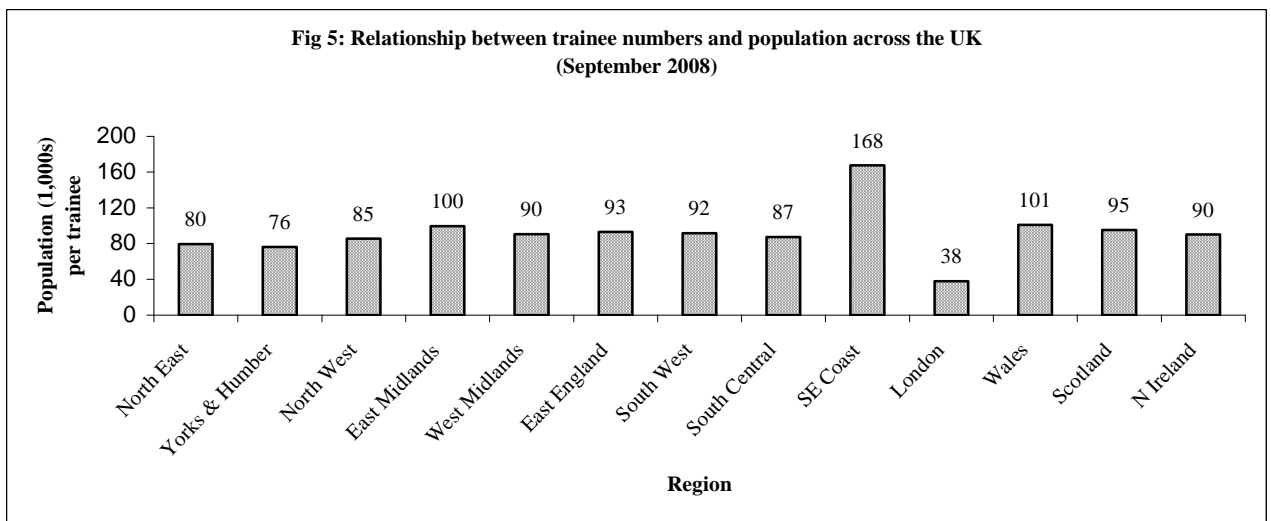
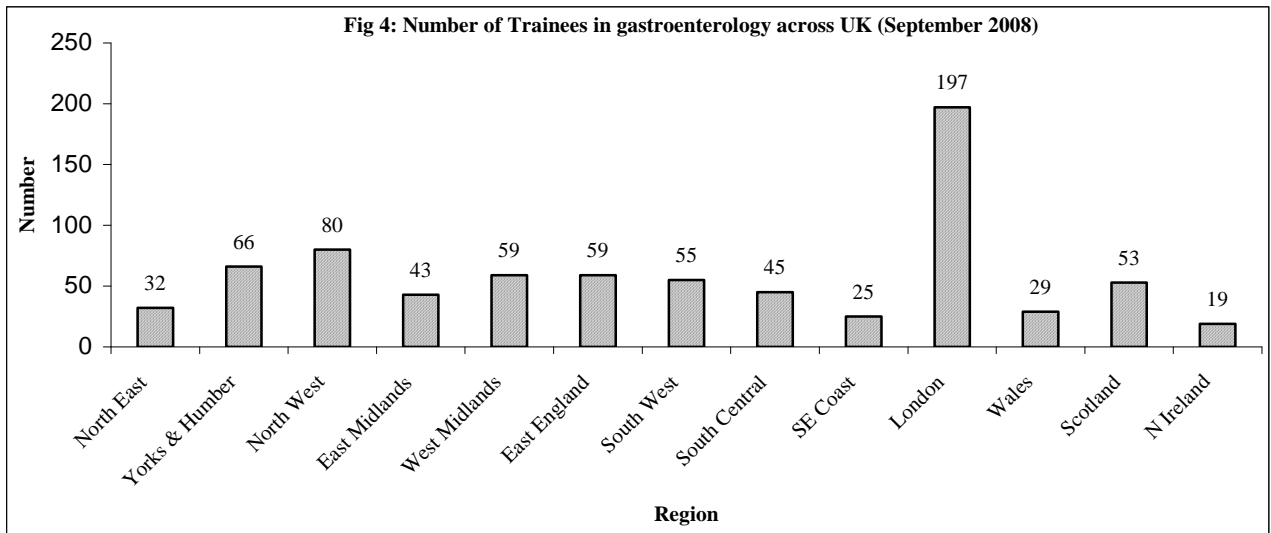
The expected number of SpR's gaining CCTs in Gastroenterology is shown in Figs 2 & 3 but this takes no account of "CCT drift" which leads to many SpR's delaying their CCT by a few months or years in the case of maternity leave, research or out of programme experience. In England on 30/9/08 there were 36 trainees in gastroenterology who were >6 months beyond their CCT date (compared to 40 on 30/09/06). Figures for 2008 include anyone with a CCT before this year as well and for 2013 includes those with a later CCT date. These figures include data from 638 trainees (ie not LATs, research registrars without an NTN or those not giving information).





### Distribution of trainees in Gastroenterology across the UK

The distribution of trainees in Gastroenterology (excludes those in locum consultant posts and out of programme experience) across the UK by region is shown in figure 4. London has seen the greatest increase in trainee numbers in the last year (increase of 29). The regional variation between trainee numbers and population is shown in Fig 5 and between trainees and consultant numbers is shown in Fig 6.



### **Future Expansion & Targets**

Based on data from the Royal College of Physicians document “Working for Patients” and from discussions with the Workforce Review Team (for WNAB) it is estimated that 6 whole time equivalent consultant gastroenterologists are required for a population of 250,000. These calculations estimate that this population would require 65-74 PAs of activity, which equates to around 6 consultants working 10-12 PAs per week. This would then require a need for target number of 1625 consultant posts in England which would deliver 1250 WTEs of consultant work (on the expectation that the WTE:overall number of consultants ratio is 1:1.3, currently less than 1:1.1). This equates to around 1900 posts for the whole of the UK.

This figure includes the addition of 50 WTEs to deliver a colorectal cancer screening programme. If the job descriptions of consultant gastroenterologists were to change significantly, such as reduction of GIM, then the need per population may change. Endoscopic workload may also be delivered in other ways eg Independent treatment centres or by other professionals eg nurse specialists (some allowance has been made for this in the calculations above) and this might also affect the numbers of consultants needed (there is some evidence for an expansion in nurse specialists/endoscopists, see p6). There are so many uncertainties that predicting future demand over 5-15 years is extremely difficult.

We have agreed with the Workforce Review Team (WRT) that SpR “wastage” is 3% and that some 58% of VTNs opt to stay in the UK and take up consultant gastroenterology posts here (this may be an underestimate – see p6).

From 2000-2005 there was a steady growth of around 7%. If growth of 7% were to resume and be constant it would take 10 years to achieve 1625 consultant posts in England; to maintain that steady expansion would require an additional 100 posts per year in the later part of that expansion. If expansion were to continue at a slower pace then it would take considerably longer to meet the target. There are sufficient trainees within the system to allow 7% growth for the next 7 years (see below).

### **Impact of MMC**

It is not yet fully clear what effect MMC and the response to this (Tooke report and the DoH’s response) will have on length of training. In addition it is not known how the configuration of the workforce will change over time. If the training period is made substantially shorter then the numbers obtaining CCT will increase. The WRT had previously agreed that gastroenterology numbers should not increase due to the recent marked expansion and uncertainty regarding consultant expansion however MMC has produced significant pressure to further expand training capacity over the last 2 years. Converting present training posts to post-CCT training posts would reduce the numbers of trainees obtaining a CCT in any one year.

### **Possible models of growth in England**

Fig 7 shows a prediction of the cumulative excess of CCT holders above expected consultant posts over the next few years in England. Predictions are made assuming either 7%, 5% or 3% annual growth. At 30/9/08 there were 65 trainees, in England, with CCT who did not yet have a substantive consultant post (36 trainees who were 6 months beyond their CCT date). This has decreased slightly since last year from 70 trainees with

CCT at 30/9/07. No account has been made of CCT holders in GIM and gastroenterology taking up posts in Acute medicine. There are likely to be significant numbers of posts with a major commitment to Acute medicine and these will need to be filled by GIM CCT holders in the short to medium term.

The assumptions used include:

- there will be 20 retirements per year
- around 85% of research registrars already have a NTN
- 58% of VTNs will look to stay in the UK
- 3% wastage across 7 years
- there are 604 trainees who will obtain CCT (includes 392 SpRs/academic registrars, 98 Research registrars, 28 Visiting registrars who will elect to stay in the UK, 49 LATs and 37 in out of programme experience and locums consultants).
- training takes 7 years, ie 604 trainees spread over 7 years, assumed to be even at 86 per year – some account of likely CCT drift has been taken (see p 7 for details of expected CCT dates).
- there are no further increases in trainee numbers
- no allowance has been made for NCCGs obtaining CCT via Article 14.

It should be emphasized that all predictions are likely to be inaccurate when trying to predict over a period of 5-10 years for all the reasons given before.

**Fig 7. Predicted cumulative number of CCT holders in England**

