

GASTROENTEROLOGY WORKFORCE REPORT, DEC 2011

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Key points

- There are 1152 gastroenterologists across the UK, a 3.5% expansion on last year.
- It is predicted that we need 6.1 full-time consultants per 250,000 population, a total of 1980, or 828 more. This is achievable over the next 7 years if there is 7% expansion, the trainees are planned for.
- For the next 4 years there are a potential 100 CCT holders in excess of predicted retirements.
- It is appropriate not to increase the total number of training posts now to avoid a further increase in trainees above this who would gain CCTs around 2018.
- National requirements in the future, e.g. screening programmes, 24 hour 7 day working, may alter the number of gastroenterologists needed.

Consultant gastroenterologists

There are currently (at 30.9.11) 1152 gastroenterology consultants, an increase of 3.5% from last year.

Of these consultants 85% are male, and 15% female, unchanged from last year. Across all medical specialties 30% consultants are female.

Table 1: Number of consultants in different parts of the UK

	30/9/2	30/9/3	30/9/4	30/9/5	30/9/6	30/9/7	30/9/8	30/9/9	30/9/10	30.9.11
England	600	643	688	737	752	780	824	866	926	957
Wales	32	34	37	40	43	45	48	49	48	52
Scotland	69	71	76	81	82	86	89	96	108	108
Northern Ireland	21	23	25	25	26	27	29	30	31	35
Total	722	771	826	883	903	938	990	1041	1113	1152

Consultant expansion

Table 2: Annual expansion (%) of consultants in different parts of the UK by year

	30/9/2	30/9/3	30/9/4	30/9/5	30/9/6	30/9/7	30/9/8	30/9/9	30/9/10	30.9.11
England	8.0	7.2	6.5	7.0	2.0	3.7	5.6	5.1	6.9	3.5
Wales	6.7	6.3	8.1	8.1	7.5	4.7	6.7	2.1	-2	8.3
Scotland	3.0	2.9	6.6	6.6	1.2	4.8	3.4	7.9	12.5	0
Northern Ireland	5.0	9.5	8.0	0	4.0	3.8	6.9	3.4	3.3	12.9
Total	7.9	6.8	7.1	6.9	2.3	3.9	5.5	5.2	6.9	3.5

It is estimated that we need approximately 6.1 WTE gastroenterology consultants per 250,000 populations or around a total of 1980 consultants across the UK. Therefore we need approximately 828 more new consultants over and above retirement replacements. This would be achievable over the next 8 years if expansion is at 7%. There are already approximately 800 SpRs in training, and if the average training time continues at 7 years, then there are sufficient trainees already in place to meet this target.

However expansion, which was running at 6-7% until 2005, dropped to 2-3 % in 2006 and 2007. It increased to 6.9% in 2010, attributable to recruitment driven by financed national bowel cancer screening and other political requirements from targets e.g. the '18 week pathway'. This has now dropped off to 3.5% as NHS resources have been reduced.

Retirements

There have been 32 retirements in the last year, the current average retirement age is 65 (range 56-69).

Table 3: Number of consultant reaching retirement age in the next 10 years

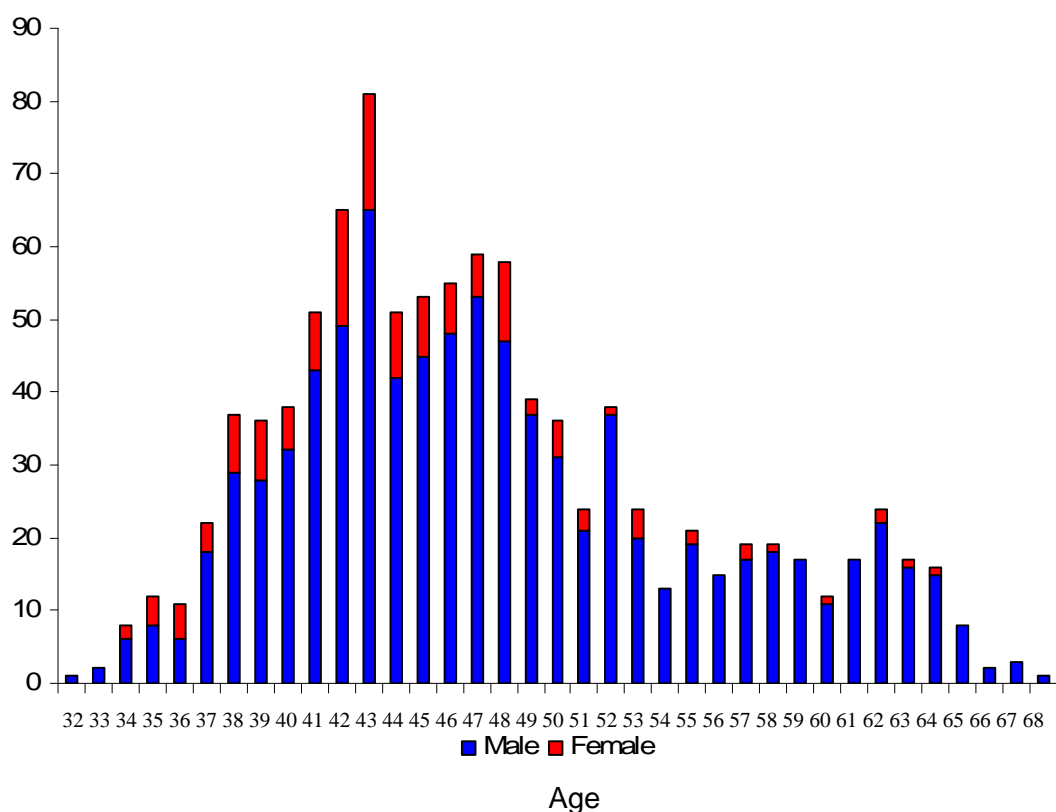
Numbers at 30/09/11	England	Wales	Scotland	N Ireland	Totals
≥60 years at 30.9.11	70	3	10	1	84
Reaching 60 or more in the next 10 years	267	14	38	9	328

There are 328 consultants reaching the age of 60 over the next 10 years, averaging 33 retirements per year

Age of consultants

The majority of the consultants are within the 40-50 age group, so that there is likely to be 20 retirements per year over the next 5 years, increasing thereafter.

Fig 1: Age/gender distribution of consultants



Part-time appointments

The picture is similar to last year. 58 (5%) of consultants described themselves as part-time, 17% of all medical specialties are part-timers. Of all those who gave details of their PAs, 88 receive <10 in total (11% of respondents for this question), and of those who described themselves as part time, 22% received ≥ 10 Pas. Of all the part-timers, 72% were female.

Acute medicine/gastroenterology:

34 consultants were working within acute medicine and gastroenterology, with

2-10 PAs of a total 7-13 PAs as gastroenterology.

20% of consultants giving information no longer take part in a GIM on call.
From RCP data 64% of hepatologists are not committed to GIM.

Acaademic

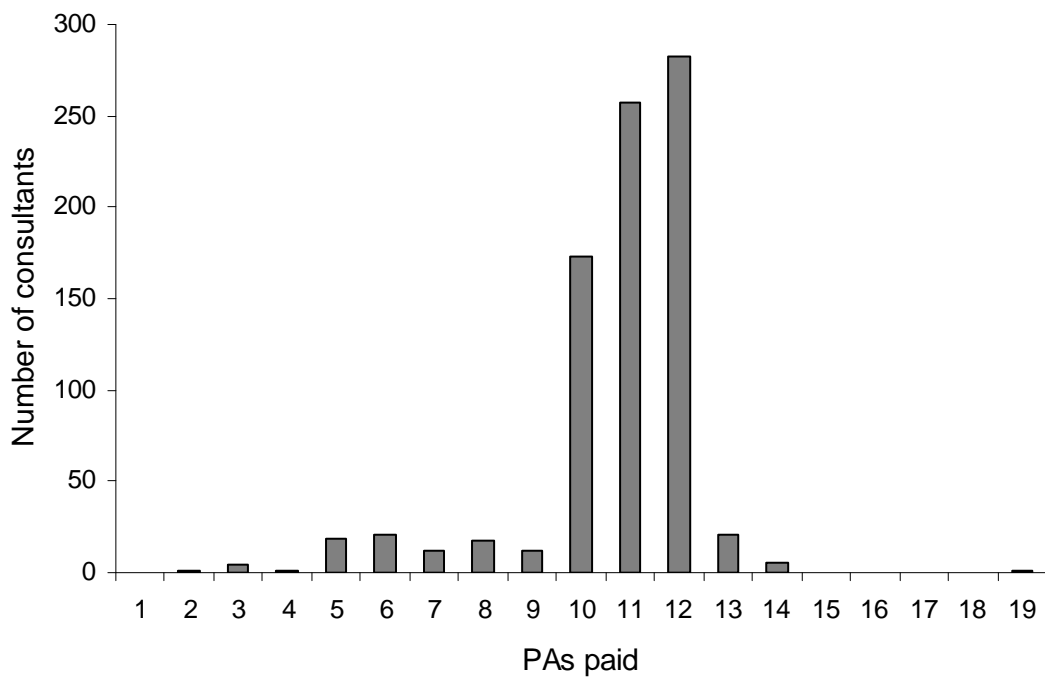
83 consultants described themselves as acaademic. 14 (17%) were female.

PAs

The majority of consultants are paid 12-12.9 PAs. Most consultants reported working 1-5 PAs more in reality.

Of the PAs paid, 26% receive <2 SPAs, an increase from 21% last year.

Fig 2: Distribution of PAs paid



Distribution of gastroenterologists nationally

The average gastroenterologist in the UK serves a population of 53,025. In England the average is 53,433, varying from under 40,000 in London and the NE to double this, nearly 72,000 on the South Coast/South central.

In Wales there is one consultant per 57,565 population, in Northern Ireland one per 51,111 population and in Scotland one per 47,856, where there has been a national freeze on posts.

Thus there continues to be significant variation across the UK, South Central having among the highest populations per gastroenterologist, and London and the North East the lowest.

Table 4: Distribution of gastroenterology consultants by SHA

Strategic Health Authority	Pop (1,000s) for 2008	Total no consultants	Population served by 1 consultant
North East	2,559.5	71	36,049
London	7,562.5	192	39,388
Scotland	5,168.5	108	47,856
Northern Ireland	1,788.9	35	51,111
West Midlands	5,374.3	103	52,178
North West	6,893.5	127	54,280
South West	5,128.9	93	55,149
Yorkshire & the Humber	5,166.6	92	56,159
Wales	2,993.4	52	57,565
East of England	5,608.5	94	59,665
East Midlands	4,327.6	70	61,823
South East Coast	4,246.8	59	71,980
South Central	4,000.2	51	78,435
Total	60,819.2	1147	53,025

Population statistics 2008: DOH for England, General Register Office for Scotland, Statistics for Wales, NISRA for Northern Ireland

Consultant numbers excludes those working in the Channel Islands

The population statistics for England came from the Department of Health, from GP registrations in 2008, and therefore may under-represent, missing those not registered. The Wales, Scotland and Northern Ireland statistics come from their 2008 national census.

Single handed gastroenterologists

There are 10 consultants working alone, 8 of whom have nearby hospitals, 2

working on Islands.

Non-consultant career grades

There are 353 in total:

- 89 associate specialists,
- 70 staff grades
- 50 clinical assistants
- 37 consultants from other specialties (care of the elderly, radiology) contributing to gastroenterology
- 23 trust doctors
- 84 hospital practitioners/GPs, majority working one session per week

These numbers are very similar to last year.

Nurses in gastroenterology

There are currently 809 nurses working in clinical gastroenterology within the UK, a reduction of 70 (8%) over the last year, but the same as 2009

- 242 Nurse endoscopists/nurses performing ≥ 1 session endoscopy / week, a 33% reduction from last year

Similar numbers to last year:

- 217 Clinical nurse specialists (including IBD, hepatitis, nutrition, alcohol liaison)
- 257 Nurse practitioners,
- 23 Nurse consultants.

There are 242 performing regular endoscopy (1-10 sessions stated in the survey, median 3 per week). Previously the median was 2, so although there are fewer nurse endoscopists, they are performing more endoscopy each.

Surgeons in gastroenterology

478 perform 0.25-3 sessions (median 1) per week of OGD, and 697 perform 0.2-4 (median 1) sessions per week of lower GI endoscopy

Trainees in gastroenterology

There are currently 790 trainees in the UK, the same as last year, reflecting a total freeze on posts. Within the trainee population, or within 6 months of a CCT, there are:

- 472 trainees in hospital posts (decreased by 4% from last year)
- 176 trainees taking time out for a period of formal research or OOPE, an 11% increase on last year
- 21 VTNs (50% decrease on last year)
- 45 LATs, 24% reduction on the previous year
- 38 acting as locum consultants, the same as last year
- 7 post CCT fellows, an increase from 4 last year
- 31 ACFs, a reduction of 4
- 47 less than full time trainees, 37 in hospital posts, 5 in research, 4 doing locum consultant posts, 1 ACF

The mean training time remains at 7 years.

Table 5: Distribution of grade of those in Registrar posts (30/09/11)

	England	Wales	Scotland	N Ireland	UK
Specialist Registrar (Clinical)	408	16	36	12	472
Research Registrar/OOPE	161	4	9	2	176
Visiting Registrar	20	0	1	0	21
LAT	42 56	2	0	1	45
Locum Consultant	32	4	1	1	38
ACF	28	2	1	0	31
Post CCT fellow	7	0	0	0	7
<i>Total trainees for each country</i>	698	28	48	16	790
Less than full-time trainee	40	2	5	0	47

There would appear to be a decrease of 15 clinical posts in England; 3 in Scotland and 3 in Northern Ireland; Wales has frozen posts.

There has been a reduction in VTNs from 34 to 21. A reduction in LATs from 59 to 45, which may be attributable to the national recruitment process.

There are currently 11 in specialised hepatology posts, although there are 16 posts available nationally. This is the same situation as for the previous 2 years. Trainees have been reluctant to move out of region for a 12 month post, and also do not want to designate themselves 'hepatologists' and potentially reduce their job opportunities in the future, despite a drive to increase the number of hepatologists nationally.

Table 6: Number of trainees in different parts of the UK by year

	2003	2004	2005	2006	2007	2008	2009	2010	2011
England	430	478	542	586	602	661	696	689	698
Wales	20	26	25	25	25	25	25	28	28
Scotland	27	34	39	40	44	53	56	55	48
Northern Ireland	13	12	13	16	15	19	18	18	16
Total	490	550	619	667	686	759	795	790	790
% expansion		+12.2%	+12.5%	+7.7%	+2.8%	+10.6%	+4.7%	-0.06%	0

Gender

The trainee population is now 34% female, the same as last year. Within the Royal College of Physicians the average for all medical specialties is 47%.

There are 47 less than full time trainees, 2 more than last year, representing 6% of the total trainees. 43 of these are female, or 17% of the female trainees. 25% of less than full time trainees are female in all medical specialties.

Relationship of trainees to population

There is a variation across the UK for the number of trainees per population. As with consultants, there is a higher density of trainees to population in London (1: 34,000) than for other regions, with the lowest density in Northern

Ireland (1:112,000), East Midlands (1:108,000), Scotland and Wales (1:107,000), and the South East Coast (1:106,000).

Fig 6: Population served by 1 trainee

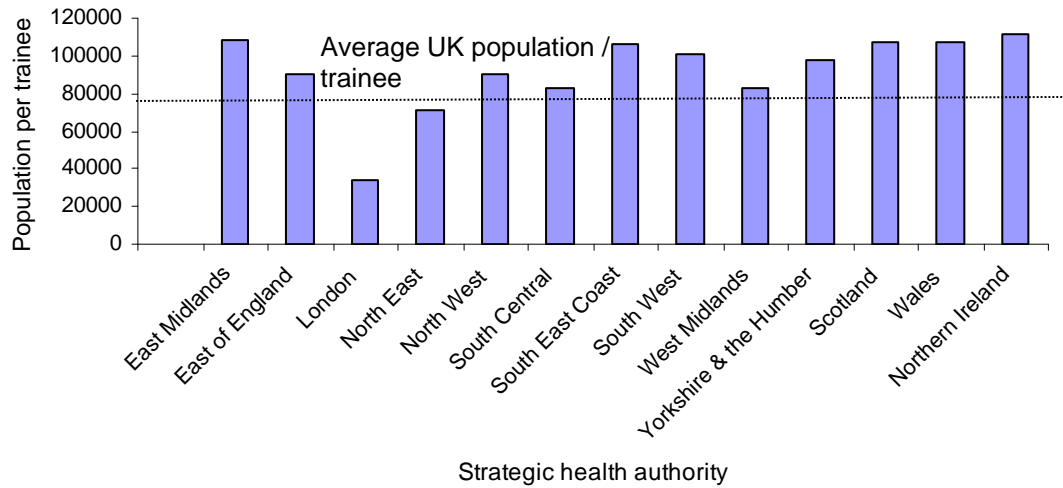
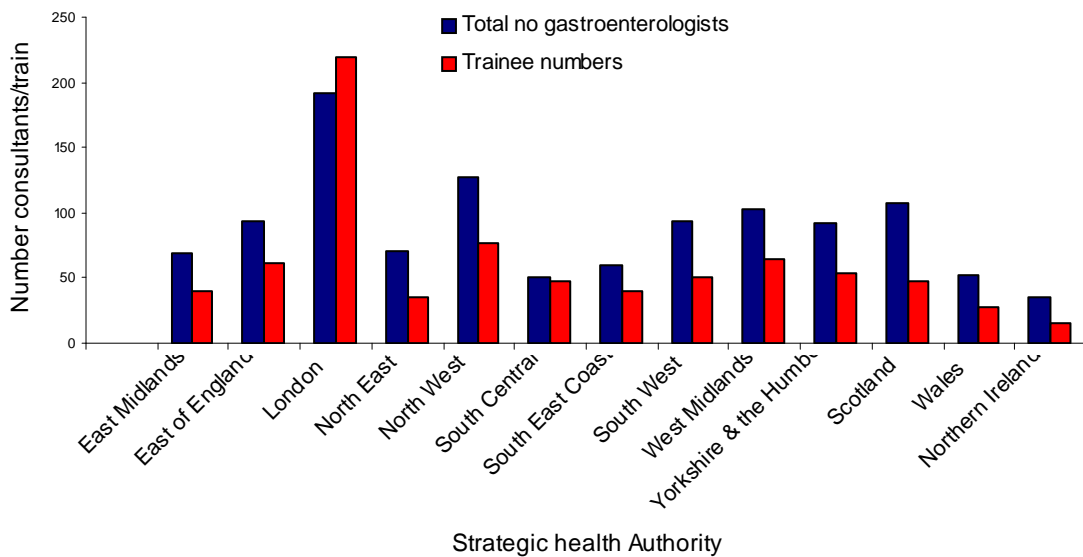
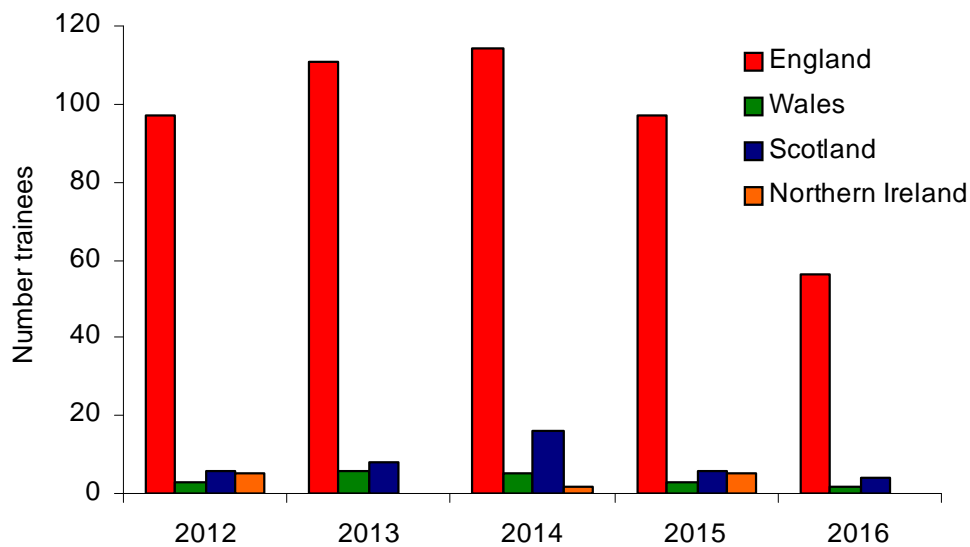


Fig 7: Total number of consultants and trainees in each SHA



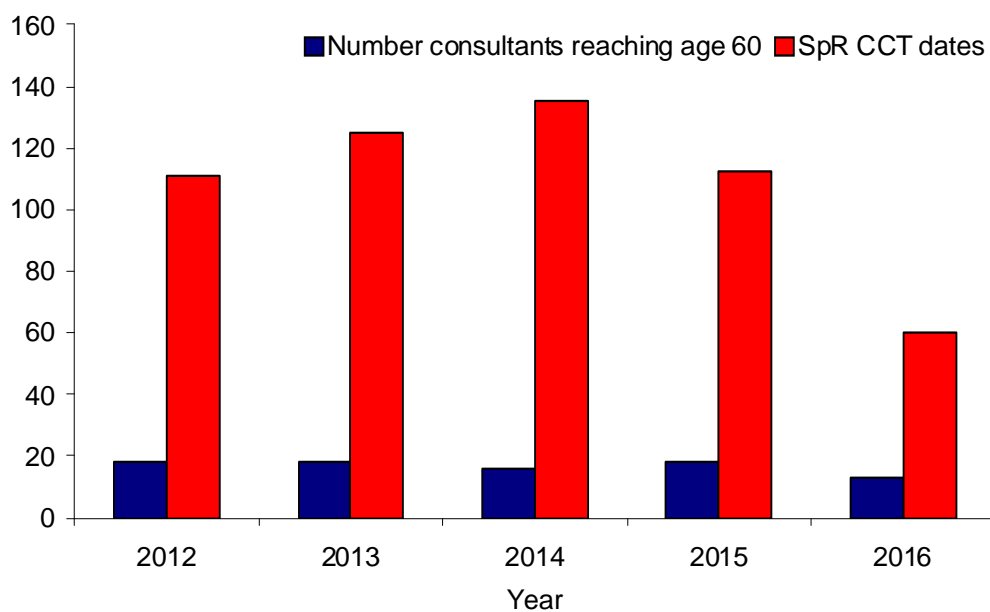
Predicted CCT dates

Fig 3: Graph of predicted CCT dates



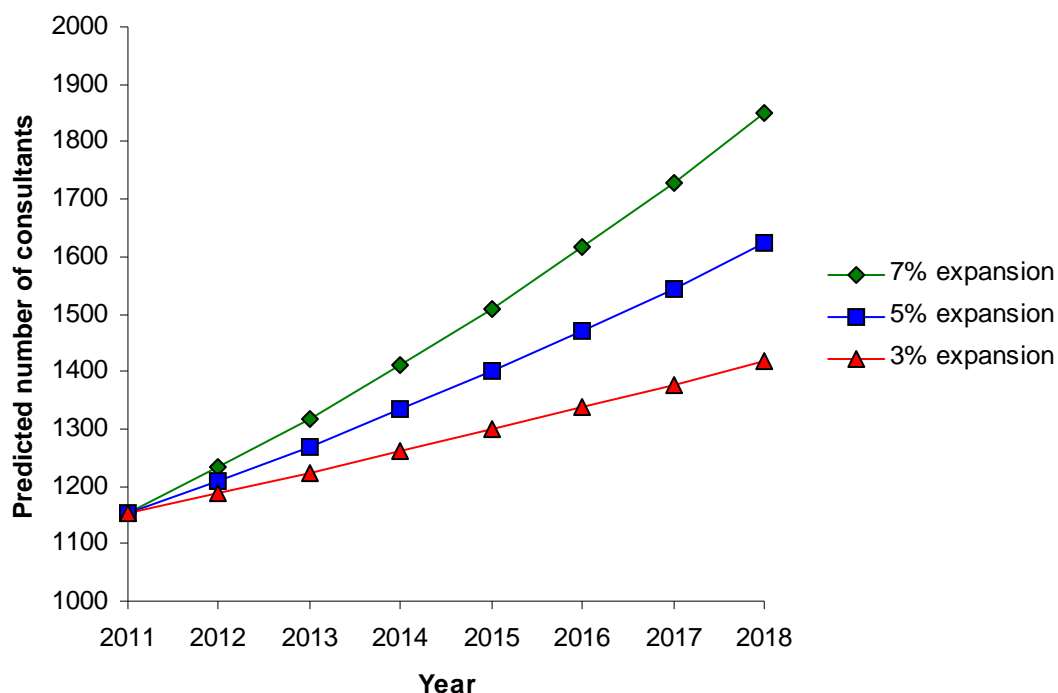
There are a stable number of retirements expected over the next 5 years of around 15-25 per year. These leaves around 100 predicted CCT holders in excess of retirements, per year. 7% expansion would require 78 new consultant posts next year.

Fig 4: Planned retirements and CCT dates



Consultant expansion

Fig 5: Graph of expansion at 3%, 5% and 7%



The Royal College of Physicians 'Working for Patients' estimates that a population of around 250,000 requires 65-75 gastroenterology PAs per week, or 6 full-timers working 10-12 PAs. On this basis we need 828 more gastroenterologists, or 1980 in total.

With consultant expansion at 7% this would take 7 years to achieve. There are predicted to be around 100 CCT holders with a CCT in excess of retirements over the next few years, so a rate of 7% expansion has the required CCT holders available, with 790 NTN's are already enrolled.

Outcome of trainees >6 months post CCT

77 trainees are more than 6 months post CCT and unappointed to a consultant post, a 17% increase on last year. Of these:

- 22 in locum consultant posts,
- 6 in post CCT fellowships
- 26 are working within the NHS in clinical other posts
- 12 in research
- 9 VTNs

- 1 unknown

Outcome of CCT holders 1.10.09-30.9.10

There were 105 CCTs gained from 1.10.09-30.9.10. By 30.9.11, i.e. at least 12 months later, the outcomes were:

- 63 (60%) substantive consultant appointments. These appointments took 0-23 months from CCT, median 2 months.
- 20 (19%) were locum consultants at 30.9.11,
- 13 (12%) as continued registrar appointments
- 5 post CCT fellows
- 6 research
- 4 abroad (3 to substantive posts, 1 for research)

Career aims of trainees

Of those who expressed a preference:

- 74 (24%) teaching hospital, 231 in a DGH
- 121 (29%) hepatology post
- 29 (7%) academic post (gastroenterology or hepatology)
- 46 (11%) work less than full time
- 98% VTNs would opt to remain in the UK

Consultant appointments in the last year

There have been 79 appointments in the last year:

- 61 GIM and gastroenterology
- 9 in hepatology
- 2 gastroenterology/nutrition
- 2 gastroenterology/IBD
- 1 gastroenterology/interventional endoscopy
- 4 into acute medicine/gastroenterology

Future changes in consultant numbers

Increased need for gastroenterologists:

- *National screening programmes.* Current bowel cancer screening programmes needs have been included in these figures. There is very

likely to be a national flexible sigmoidoscopy screening programme for the population at age 55, requiring 105 individuals, not necessarily doctors. This requirement has not been included in these figures.

- *Hepatology.* Increased hepatology requirements from a change in population behaviour, i.e. increase in obesity, alcohol misuse. The National Liver Plan asks for a trained Hepatologist in every hospital.
- Increasing requirement for 7 day, 24 hour working week
- Drive for political targets e.g. '18 week pathway'
- Increase in the number of consultants working less than full time.

The current consultant workforce is paid a median of 12-13 Pas, most working over this. There would appear to be saturation of available resources to enact the increased demands, necessitating an increase in gastroenterologists to meet needs.

Reduced need for gastroenterologists:

- If gastroenterologists withdraw from GIM rotas, currently 22% no longer participate.
- If others take on traditional gastroenterology roles, e.g. radiology replaces endoscopy

There has been a predicted excess of CCT holders over consultant jobs recently. CCT holders have taken jobs in acute medicine/gastroenterology (4 appointed in the last year). However there are now acute medicine trainees gaining specialist CCTs and it is likely that they will access these jobs in the future.

Surrogate markers for pressure on jobs:

- 60% of CCT holders have a substantive appointment ≥ 12 months post CCT
- There are 11 posts unfilled nationally, similar to last year.

The deanery budgets are being reduced and there has been a reduction in trainee numbers. 10 posts are being lost across London over the next 4 years, with 2 in Edinburgh.

Conclusions

As with all the large medical specialties gastroenterology is predicted to train an excess of CCT holders over jobs available in the next few years, around 100 per year over predicted retirements.

7% consultant expansion over the next 7 years would achieve the 1980 gastroenterologists it is estimated that the UK requires, however expansion has fallen to below this in recent years. At 3.5% expansion there would be a predicted 400 CCT holders without a consultant job over the next 8 years.