GASTROENTEROLOGY WORKFORCE REPORT, Oct 14 – June 15 update

Chris Romaya & Melanie Lockett

Key points:

- On 1st June 2015 there were 1370 substantive gastroenterology consultants in the UK, a 3.3% expansion from 30/09/14. The mean annual expansion over the last 10 years has been 4.9% per year but this is lower that it could have been as there are 20 locum consultants in post and a third of advertised consultant posts are not filled (despite there being 110 UK CCT holders without a substantive consultant post). If all advertised posts had been filled then there would have been a 9.2% expansion in 2014.
- Despite recruitment difficulties, gastroenterology and hepatology expanded the most of all medical specialties in 2013.
- In 2011 the RCP predicted that we need 6 whole-time equivalent consultants per 250,000 population (1 per 41,667) doing 11.5 PAs of gastroenterology & GIM, a total of 1516 consultants (146 more). As 11% of consultants work less than whole time we need a total of 1584 consultants (214 more). If expansion continues at 5% per year then this will take 3 years to achieve. However, the UK population is expanding and aging and there have been major service changes that were not included in the 2011 figures (e.g. bowel scope & 7 day services) so further expansion will be required.
- Over the last 5 years our gastroenterology & hepatology training programmes have produced an average output of 87 CCTs per year. Once retirement posts have been replaced, this number would only be sufficient to produce an average consultant expansion rate of 4.7% per year over the next 5 years.
- There is significant regional variation in consultant gastroenterologist provision in the UK; North East England & London have exceeded the RCP recommended number per population, Wales, East Midlands and South East Coast/South Central England have the least consultant gastroenterologists per population. There is a similar regional variation in the number of trainees per population. Redistributing NTN posts to areas of consultant under-provision could help consultant recruitment in these areas.
- The proportion of female gastroenterologists is increasing (18% consultants & 37% trainees are female) but remains much lower than other medical specialties (32% consultants, 48% trainees), medical students (57%) and doctors in training (54%) presumably as some females struggle to see how GIM & endoscopy on call rotas are compatible with family life.
- There is a shortfall of 300 CMT posts below requirements so it is impossible to fill medical ST3 posts beyond the 70-80% level. Gastroenterology remains a popular specialty filling 100% NTN posts but only 51% of advertised LAT posts resulting in gaps in training programmes. Health Education England (HEE) increased the number of CMTs by 23 in 2014/15, a further 104 increase is planned for 2015/16.
- There will be no change in the number of gastroenterology or hepatology NTNs in 2015/16 but HEE are reducing the number of LAT posts by 20% in 2015 & abolishing LATs in 2016. This may drive trainees to take an NTN in their second choice specialty rather than a service post in gastroenterology, which could reduce gastroenterology CCT output (inhibiting consultant expansion) and cause rotation gaps unless the number of NTNs posts are increased to compensate (HEE have no plans to do this).
- The number of trainees doing a post CCT fellowship has increased significantly in the last year.

Consultant gastroenterologists

Consultant expansion

There are currently (at 01.06.15) 1370 substantive gastroenterology consultants in the UK, an increase of 3.3% from 30.09.14 (tables 1 & 2).

In addition on the 01.06.15 there were 20 locum consultants. In total therefore there were 1390 gastroenterology consultants in the UK a 1.9% increase compared to the total number on the 30.09.14.

Table 1: Number of substantive UK consultant gastroenterologists by year

	30/9/6	30/9/7	30/9/8	30/9/9	30/9/10	30/9/11	30/9/12	30/09/13	30/09/14	01/06/15
England	752	780	824	866	926	957	996	1054	1107	1147
Wales	43	45	48	49	48	52	52	55	59	62
Scotland	82	86	89	96	108	108	107	111	122	122
Northern Ireland	26	27	29	30	31	35	36	35	39	39
Total	**903**	**938**	**990**	**1041**	**1113**	**1152**	**1191**	**1255**	**1326**	**1370**

Table 2: Annual expansion (%) of UK consultant gastroenterologists by year

	30/9/6	30/9/7	30/9/8	30/9/9	30/9/10	30/9/11	30/9/12	30/09/13	30/09/14	10/02/15
England	2.0	3.7	5.6	5.1	6.9	3.5	4.1	5.8	5.0	3.6
Wales	7.5	4.7	6.7	2.1	-2	8.3	0	5.8	7.3	5.1
Scotland	1.2	4.8	3.4	7.9	12.5	0	-0.9	3.7	9.9	0.0
Northern Ireland	4.0	3.8	6.9	3.4	3.3	12.9	2.9	-2.8	11.4	0.0
Total	**2.3**	**3.9**	**5.5**	**5.2**	**6.9**	**3.5**	**3.4**	**5.4**	**5.7**	**3.3**

Figure 1: Number of UK consultant gastroenterologists and annual expansion (%) by year

Over the last 10 years the mean annual % expansion of UK consultant gastroenterologists has been 4.9% per year (Table 2 & figure 1). Expansion was 6.9% in 2005, dropped to 2.3 % in 2006 and 3.9% in 2007. It increased to 6.9% again in 2010, attributable to financially supported recruitment driven by national bowel cancer screening and other political targets e.g. the '18 week pathway'. It fell to 3.5 & 3.4% in 2011 & 2012 as NHS resources were reduced during the UK recession, but has increased to 5.4% & 5.7% in 2013 & 2014 attributable to financially supported recruitment driven by bowel scope, as well as Trusts expanding gastroenterology services as they move towards 7 day services.

44 substantive consultant posts were advertised from Sep 2013-14 but not filled. If all advertised posts had been filled there would have been a 9.2% consultant expansion in 2014. In addition there is an unknown number of consultant posts that have not been advertised waiting for the “right” CCT holder to be available to apply.

Data from the 2013 RCP census shows that together, gastroenterology & hepatology are the medical specialties that have expanded the most in 2013 (figure2) and are now the second largest medical specialty (geriatric medicine is the largest).

Figure 2: Graph of expansion in consultant workforce by specialty (RCP census 2013)

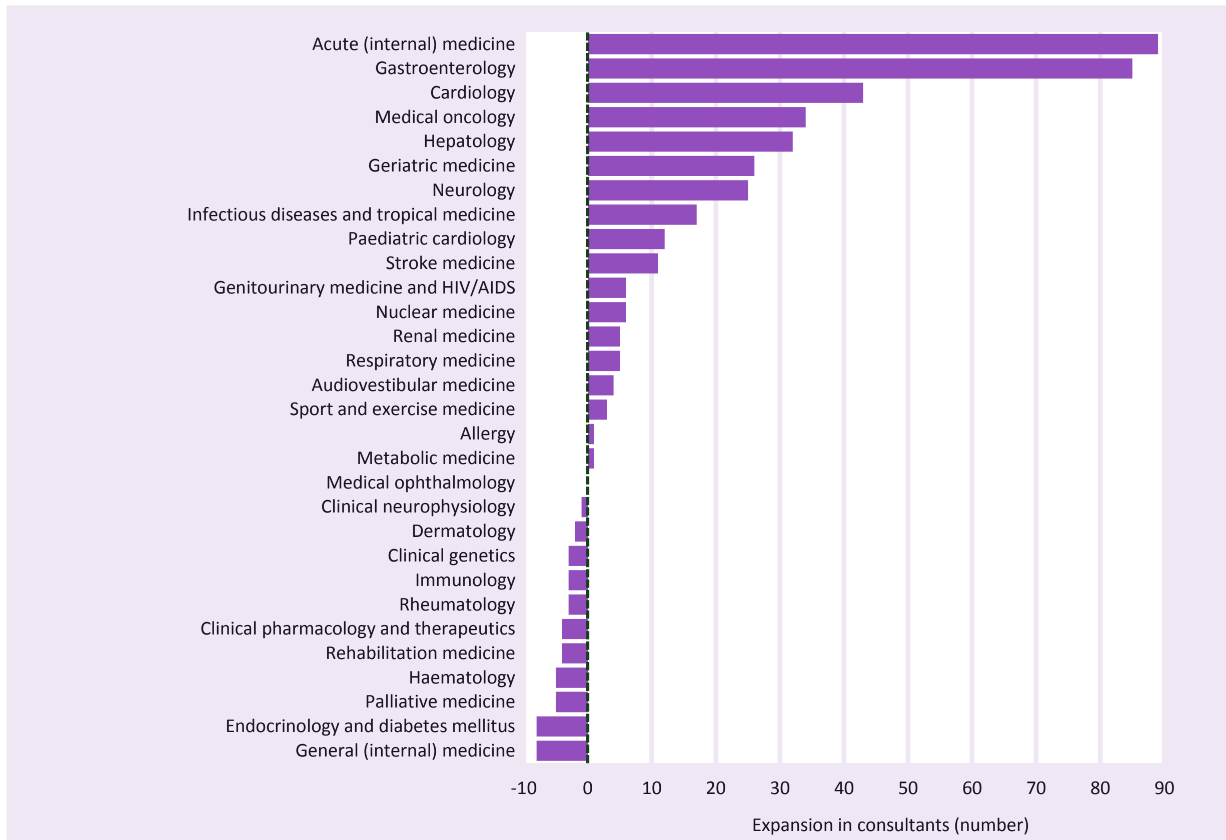
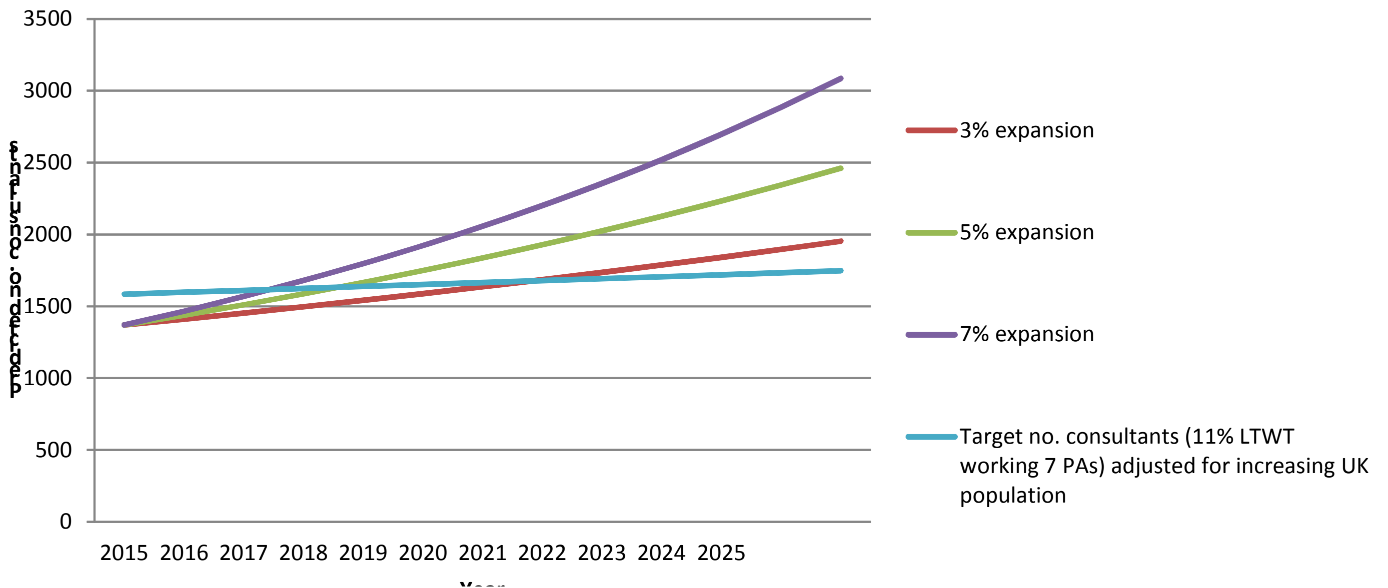


Figure 3: Graph of predicted WTE consultant expansion at 3%, 5% and 7%



The 2011 RCP document *Consultant Physicians Working for Patients* predicted that we need 6 whole-time equivalent (WTE) consultants in gastroenterology (with GIM) all working 11.5 PAs per week per 250,000 population (1 consultant per 41,667 population). For the current UK population of 63,181,775 (office for national statistics (ONS) population census 2011) this is a total of 1,516 WTE, or an additional 146 WTE. With consultant expansion at 7% this would take 1-2 years to achieve, with consultant expansion at 5% 2-3 years, and with consultant expansion at 3% it would take 3-4 years to achieve (figure 3).

If we assume that the number of less than whole time (LTWT) consultants (anyone working <10PAs) will remain at 11%, and they will work 7 PAs on average, this gives a total of 1584 consultants or 214 more new consultants over and above retirement replacements. This would be achievable in 2-3 years if expansion is at 7%, 3 years if expansion is at 5% and 5 years if expansion is at 3% (figure 3).

If we assume that the number of LTWT consultants working 7 PAs on average increases to 30% (as the proportion of females and number of returning retired consultants increases) this would mean we would need a total of 1,718 consultants or 348 more. This would be achievable in 3-4 years if expansion is at 7%, 4-5 years if expansion is at 5% and 7-8 years if expansion is at 3%.

The ONS predicts that the UK population will increase to 68.0 million by 2022. This would require 1,632 WTEs (262 more) or 1,705 with 11% LTWT (335 more) or 1,849 with 30% LTWT (479 more).

Since 2011 there have been further drivers to expand gastroenterology services (including bowel scope & 7 day services) which are not included in the RCP predicted figures. There is a push for this additional expansion now, but it has not been planned for, hence the inability to fill advertised consultant posts. The RCP is undertaking a major overhaul of the document *Consultant Physicians Working with Patients* to create a new web-based resource which offers solutions to some of the challenges facing the healthcare system today by

focusing on new ways of working and how they can be applied across different care settings, specialties and patient groups. The plan is for this resource - *Medical Care: A guide to planning and providing medical services for patients* to be launched in spring 2016.

The number of training posts is currently at a level that produces on average (over the last 5 years) an output of 87 CCT holders per year. This is because the average training time is 6.5 years rather than 5, there are some trainees that leave gastroenterology before CCT, and not all LATs go on to be appointed to an NTN post. Even if LATs do go on to obtain an NTN, they may decide not to count their LAT post towards training. 87 CCTs per year is only sufficient to enable an average consultant expansion rate of 4.3% over the next 5 years once retirement posts have been replaced. There is the potential for this to be higher if all LAT posts were filled. Unfortunately, we have only been able to fill 51% of advertised LAT posts (rounds 1 and 2 combined) resulting in gaps in rotations and therefore ultimately a lower CCT output than planned for. The potential solution is for each deanery/LETB to be allocated 27% more NTNs than the number of clinical training posts to compensate for the 21% of trainees that are out of program at any one time (the "NTN weave"; table 13). There are currently 523 clinical training posts in the UK. This would therefore require 664 NTNs in total.

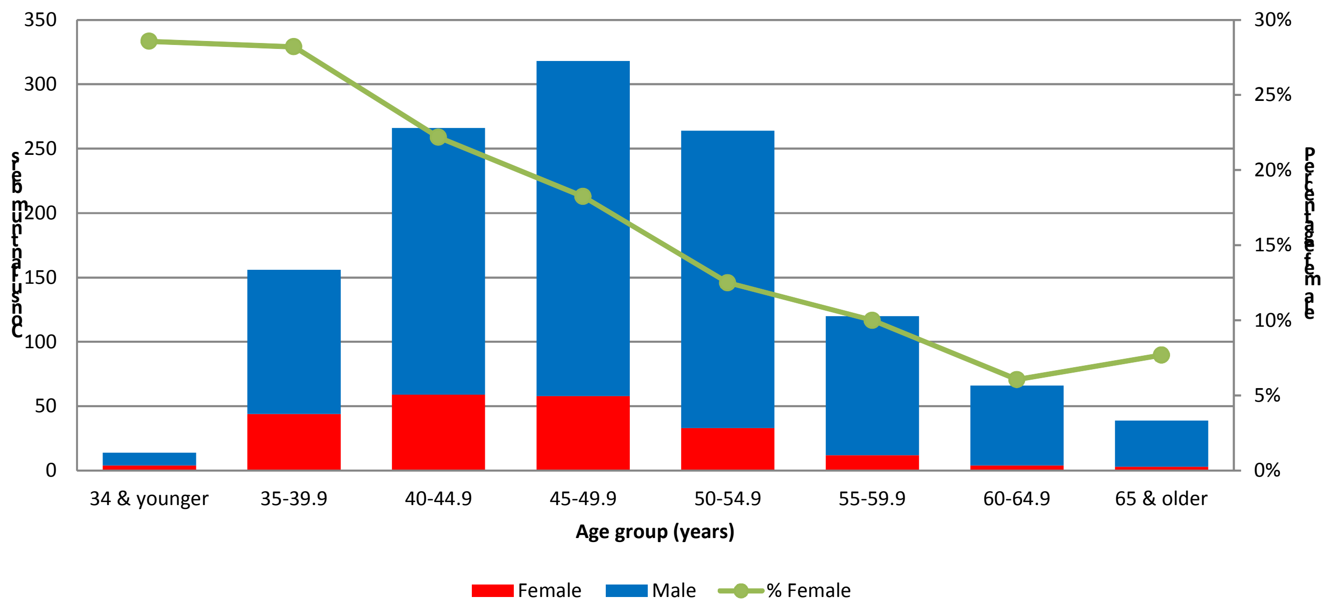
Gender

On 30.09.14 1,090 (82%) of substantive gastroenterology consultants were male, and 236 (18%) female. The proportion of female gastroenterology consultants has increased compared to 2013 (83% male, 17% female). Across all medical specialties 33% consultants are female (RCP census 2013). Figure 4 illustrates the percentage of female consultants in different age ranges. 28% of 35-39 year olds are female compared to 10% of 55-59 year olds.

37% of trainee gastroenterologists are female (48% of trainees for all medical specialties within the Royal College of Physicians are female (JRCPTB database Aug 2012)). The 2014 GMC report "The state of medical education and practice in the UK" states that in 2013 females made up 57% of medical students, 54% of doctors in training, 44% of licensed doctors, 49% of general practitioners and 32% of specialists. The RCP predicts that the

number of female doctors will outnumber men sometime between 2017 and 2022.

Figure 4: Age/gender distribution of UK consultant gastroenterologists: age groups & percentage female



Age of consultants

Figure 4 shows the age & gender distribution of substantive UK consultant gastroenterologists. The majority of the consultants are in the 45-49 year age group. The mean age is 48 years (mode 47 years).

Locum consultants

Locum consultants are employed to meet fluctuations in activity levels and to cover vacancies, sickness, maternity leave and sabbaticals of medical staff. On the 30.09.14 there were 38 locum gastroenterology consultants (37 in England, 1 in Northern Ireland, 0 in Scotland and in 0 Wales). This is a 23% increase in locum consultants compared to 2013 which is presumably because we cannot fill substantive consultant posts. 20 of these posts were filled by UK CCT holders, 1 by an Irish CCT holder & 17 with consultants trained outside the UK & Ireland. The duration of their post is known for 28 of the 38 locum consultants. These 28 individuals have been in post for 1 month to 7.8 years (average is 1.8 years). The UK trainees have been in post ranging from 1 month to 3.1 years (average 1.1 years).

Locum consultants trained abroad may not be familiar with the NHS and may not have a CCT

in general internal medicine. They are more likely to have a complaint, have a complaint that is investigated & to receive a sanction or warning (GMC survey 2014). They are also very expensive for the employing Trust so the rise in the number of locum consultants is concerning.

Retirements

Actual retirements

Table 3: Number of substantive consultant posts vacated by calendar year

	2005	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**
No. posts	24	39	23	26	21	26	21	13	13	5

There have been 6 substantive consultants who have vacated their posts between 1st Oct 2013 and 30th Sept 2014. All 6 have retired and left their consultant post. The mean retirement age has increased again to 63 years (it was 61 years in 2013 and 63 years in 2012). The range of age at retirement was 56-65 years. This does not include consultants who have taken their pension then returned to clinical work this year. Table 3 shows the number of posts vacated by calendar year for the last 10 years. The average has been 21 posts per year although this has dropped to 10 per year on average for the last 3 years.

On 30.09.2014 there were 15 substantive consultants (14 (93%) male and 1 (7%) female) who had retired then returned to work as consultants in a clinical post. Their age range is 57 to 73 years (mean 64 years). Information on PAs worked was available for 14 of the 15. Five (36%) work less than 10 PAs and 9 (64%) work 10 or more PAs. This is a similar number to 2013.

Predicted retirements

Table 4: Number of consultant reaching age 60 in the next 10 years

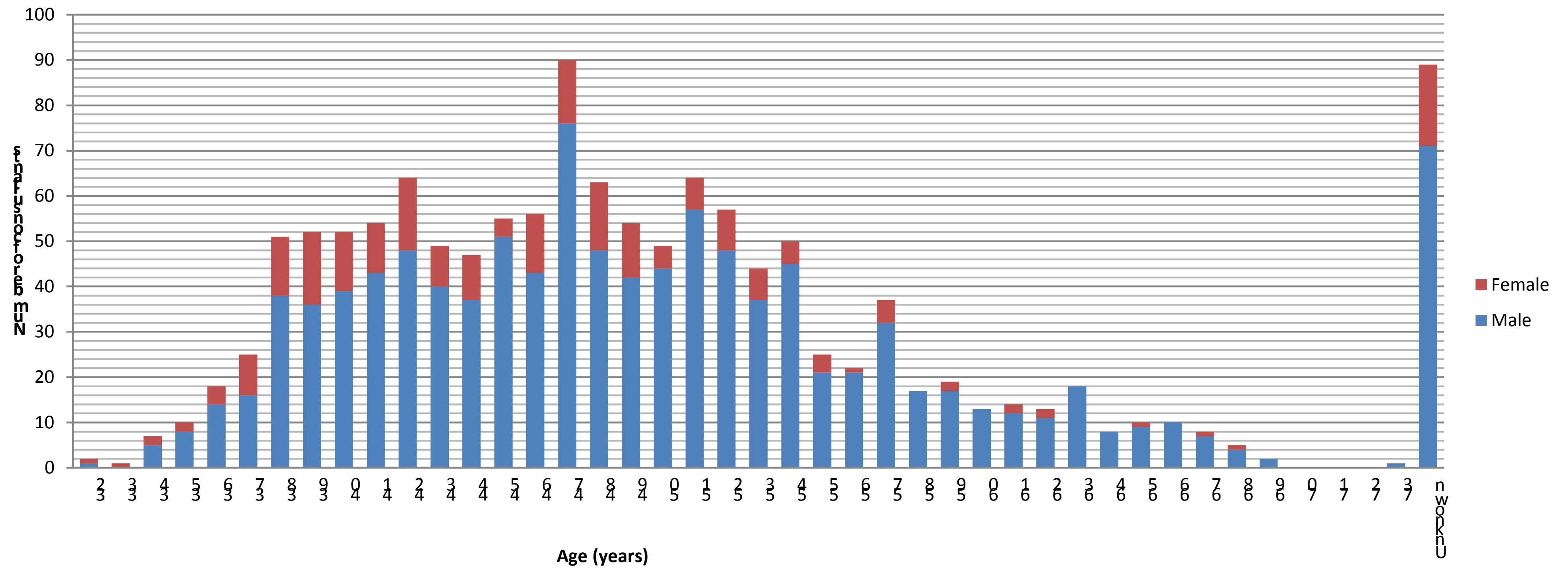
Numbers at 30.09.14	**England**	**Wales**	**Scotland**	**N Ireland**	**Totals**
≥60 years at 30.9.14	87	5	9	1	102
Reaching 60 or more in the next 10 years	325	15	37	7	384

On the 30.09.2014 there were 102 consultant gastroenterologists in the UK aged 60 years or more (table 4 & figures 4 & 5) and 36 aged 65 years or more. It may be that some of these older consultants have already retired, as once they have left their Trust they will not receive a census form to fill in and return so we are reliant on information from other consultants.

If we assume that anyone aged 63 years or more plans to work to 65 years on average and that anyone under 63 years of age will retire at 63 years on average then there should be 25 predicted retirements per year over the next 6 years.

There are 584 consultants in the 40-49 years age group. Therefore in 13 years the average number of retirements per year may increase to 58. However, compulsory changes to the NHS pension scheme on 1st April 2015 will link usual retirement age (currently 60 for those in the 1995 scheme & 65 for those in the 2008 scheme) to State Pension age (increasing to 66-68 years depending on year of birth). Consultants within 11 years of retirement will have protection arrangements. In April 2026, when protection arrangements cease, the usual NHS retirement age will jump from 60 to 66 years overnight. This could result in a 6 year retirement vacuum leading to an excess of CCT holders over jobs. It has been proposed that in the Isle of Man the State Pension age should rise to 74 years for those born in 2011 or later.

Figure 5: Age/gender distribution of UK substantive consultant gastroenterologists: numbers



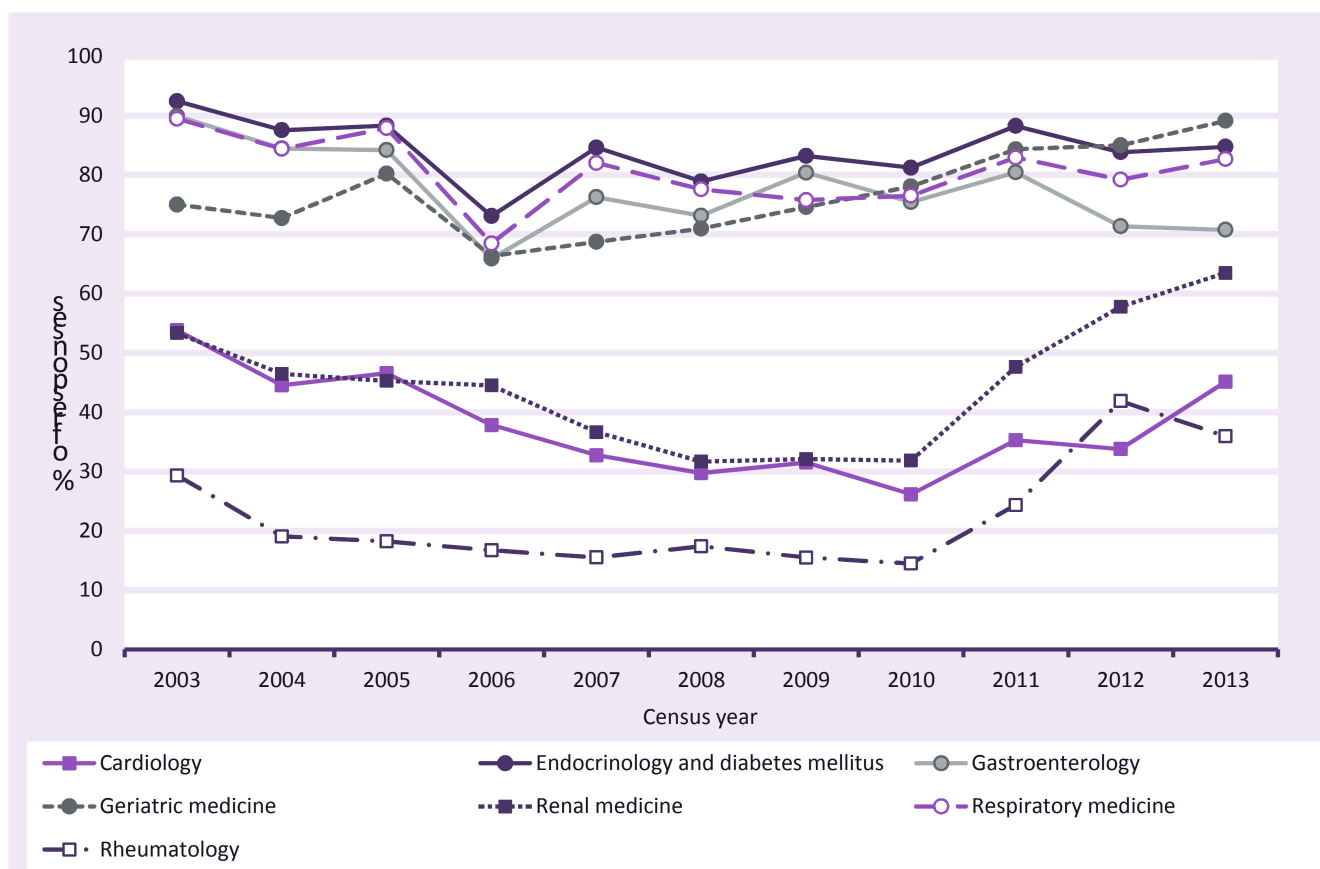
Sub-specialty, on call & 7 day services

866 of 1326 (65%) consultant gastroenterologists have a job plan that includes general gastroenterology & general (internal) medicine. 267 (20%) just do gastroenterology with or without a sub-specialty interest. There are 162 hepatologists or consultants specialising in hepatopancreatobiliary (12% of total). Only 23 of these (14% of hepatologists) also do general (internal) medicine.

21 consultants (2%) are working within acute medicine and gastroenterology, a 50% increase on 2013. There are two neurogastroenterologists, two pure endoscopists, one intensive care gastroenterologist, one community gastroenterologist and one geriatric gastroenterologist.

Figure 6 shows the RCP census data for commitment to acute GIM of the 7 large medical specialties over time. Gastroenterology appears to be the only specialty where the proportion of gastroenterologists doing acute GIM is falling.

Figure 6: Commitment to acute GIM by RCP census year



904 consultants (68%) answered the question about endoscopy on call rotas. 647 (72%) of those who answered this question have some sort of endoscopy on call rota, ranging from 1:1 to 1:52 on call frequency. 22 (2%) have an ad hoc/goodwill rota.

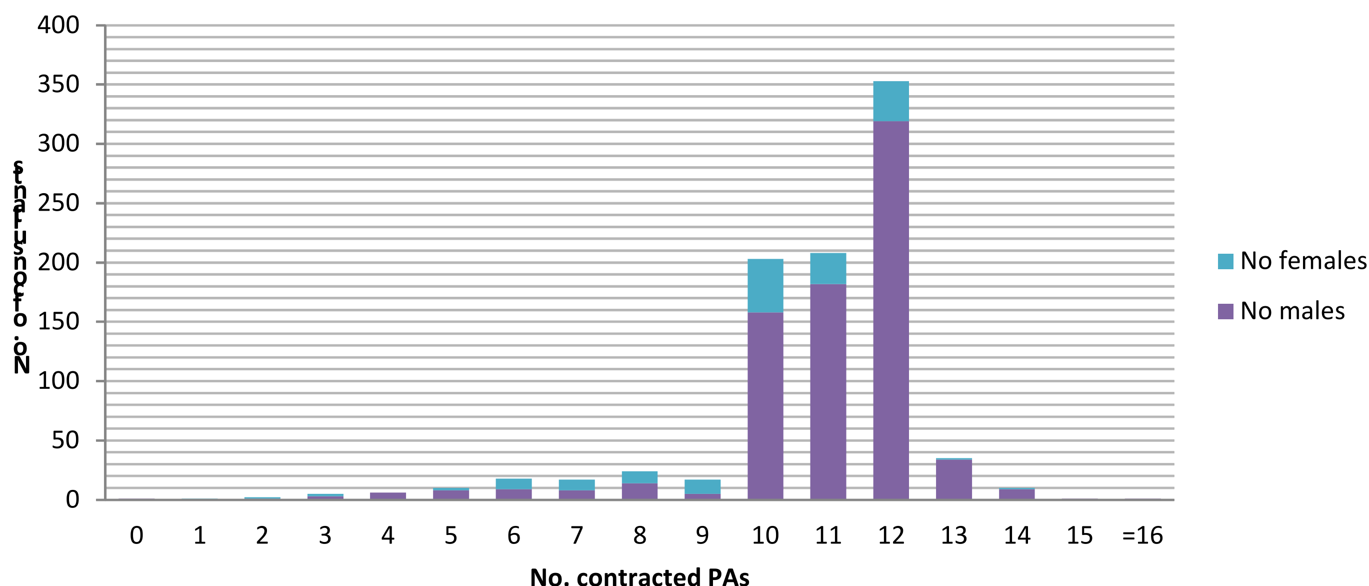
439 consultants (33%) answered the question about 7 day services. Of these, 201 (46%) are part of a 7 day service working a 1:8 rota most commonly (range 1:1 to 1:30 weekends).

Academics

Of the 963 consultants who answered the question, 122 (13%) described themselves as academics and 17 (14%) of these academics were female. 36 were professors, 5 associate professors 35 senior lecturers, 5 lecturers and 5 readers, 2 clinical scientists, 1 associate dean, 1 clinical sub-dean, 1 senior clinical tutor and 1 GSK fellow. In addition there were 10 consultants who did not describe themselves as academic who were professors, honorary senior lecturers, or clinical teachers.

PAs, SPAs & private practice

Figure 7: Distribution of contracted total PAs



We have data on total contracted PAs from 912 of 1326 consultants (69%) shown in figure 7. Gastroenterology consultants are contracted for an average of 10.8 PAs (the same as 2013), median 11 PAs, mode 12 PAS.

584 consultants told us that they had SPAs in their contract. The average was 2.1 SPAs per consultant with a range of 0.25 to 8 SPAs (median 2, mode 2.5).

457 of 1326 consultants (34%) answered the question about private practice. 236 (52% of those that answered) are seeing private patients.

Less than whole-time (LTWT) appointments

Details of total contracted PAs were available for 913 of the 1326 consultants (69%) comprising 154 females & 759 males. 104 are contracted for <10 PAs in total (11% of respondents for this question). This compares to 18% of all consultants in all medical specialties. Of those working LTWT, 47 (45%) are female and 57 (55%) are male. 31% of female consultant gastroenterologists work LTWT (compared to 39% of female consultants in all medical specialties (RCP census 2013)). 8% of male consultant gastroenterologists work LTWT. There continues to be a significant increase in males working LTWT (in 2013 48% of consultants working LTWT were male & 52% female), some of whom have taken their pensions and returned to work LTWT (5 (5%)), or have taken an increasing role in management, education, research or other national roles. This has also been seen in other medical specialties. The LTWT consultants

work 6.7 PAs on average (median 7 PAs, range 0-9.67 PAs).

Distribution of gastroenterologists nationally: regional variations

Table 5: Distribution of substantive UK gastroenterology consultants by region

Region (previously SHA)	Pop (1,000s) for 2011	No. cons 30/9/13	No. cons 30/9/14	% change	Population served by 1 consultant
North East	2596.900	75	78	4.0	33,294
London	8173.900	208	221	5.8	36,986
Scotland	5295.000	111	122	9.9	43,402
South West	5288.900	107	114	6.5	46,394
Northern Ireland	1810.863	35	39	11.4	46,432
North West	7052.200	145	145	0	48,636
Yorkshire & the Humber	5283.700	97	106	9.3	49,846
East of England	5847.000	108	114	5.6	51,289
West Midlands	5601.800	112	110	-1.8	51,393
Wales	3063.456	55	59	7.3	51,923
East Midlands	4533.200	77	79	2.6	56,665
South East Coast/South Central	8634.800	125	139	11.2	62,121
UK	**63181.775**	**1255**	**1326**	**5.6**	**47,648**

Population statistics 2011: Office for national statistics population census 2011 http://www.ons.gov.uk/ons/rel/census/2011-census/population-and-household-estimates-for-the-united-kingdom/stb-2011-census--population-estimates-for-the-united-kingdom.html (accessed Mar 2014).

The 2011 RCP document *Consultant Physicians Working for Patients* predicted that we need 69 PAs per week or 6 whole-time equivalent (WTE) consultants in gastroenterology (with GIM) all working 11.5 PAs per week per 250,000 population. For the current UK population of 63,181,775 this is a total of 1,516 WTE. Therefore ideally 1 WTE consultant should serve a population of 41,677. The average gastroenterologist in the UK currently serves a population of 47,648. In England the average is 47,932, in Wales there is one consultant per 51,923 population, in Northern Ireland one per 46,432 population and in Scotland one per 43,402.

There continues to be significant variation across England; South Coast/South Central having among the highest populations per gastroenterologist (62,121) and the North East the lowest (33,294) (table 5). Only the North East & London meet the RCP recommendation of number of gastroenterologists for the population served.

Single handed gastroenterologists

There are 30 consultants working alone, 19 in England, 2 in Northern Ireland, 6 in Scotland and 3 in Wales. 1 is working on an island.

Non-consultant career grades (NCCGs), GPs & other consultants

On the 30.09.2014 there were 331 in total (0.6% less than 2013), of which there were:

- 78 associate specialists (11 of these are surgical)
- 57 staff grades (11 of these are surgical)
- 45 GPs providing 0 to 3 endoscopy sessions per week (median 1 session).
- 30 hospital practitioners
- 10 acute physicians
- 26 consultants from other specialties (e.g. radiology, care of the elderly, cardiology) contributing to gastroenterology
- 20 clinical assistants
- 28 trust doctors
- 9 surgical trainees
- 3 radiographers
- 1 pharmacist
- 4 locum consultants (2 surgical)
- 1 non-UK trainee
- 1 honorary consultant
- 1 clinical scientist

The above doctors work 0-7 endoscopy sessions per week, median 1 session.

Compared to last year, there has been a reduction in the number of GPs, staff grades and clinical assistants and a slight increase in the number of associate specialists and trust doctors.

Nurses and allied health professionals in gastroenterology

On the 30.09.2014 there were 1063 known specialist nurses & allied health professionals working in clinical gastroenterology within the UK, an increase of 172 (19%) compared to 2013. However, this number includes only 20 bowel cancer screening specialist screening practitioners (SSPs), 13 stoma nurses and 15 dietitians and is likely to be a significant underestimate of the true number.

There are:

- 399 nurse endoscopists / nurses performing $\geq$1 endoscopy session / week
- 176 IBD nurses
- 160 hepatology nurses
- 86 cancer nurses
- 54 nutrition nurses
- 39 general gastro nurses
- 25 physiology nurses / physiologists
- 21 bowel cancer screening nurses (an underestimate)
- 28 alcohol nurses
- 15 dietitians (an underestimate)
- 13 stoma nurses (an underestimate)
- 11 PEG nurses
- 4 IBS nurses
- 4 GI pharmacists
- 3 dyspepsia nurses
- 3 anaemia nurses
- 3 coeliac nurses
- 2 family cancer nurses
- 1 pre-assessment nurse
- 1 bariatric nurse
- 4 nurses whose role was not specified
- 58 nurses with more than 1 role (included in the above)
- 19 research nurses

Within these groups there are:

- 380 nurse practitioners (16% increase on 2013)
- 21 nurse consultants (31% increase on 2013)
- 13 nurses in training

Surgeons in gastroenterology

On 30.09.2014 there were 1311 GI surgeons in the UK contributing to service provision, a 1.9% increase from 2013. Gender is known for 1283. 91 (7%) are female and 1192 (93%) male. 480 perform 0.25-3 sessions (median 1) per week of OGD, 765 perform 0.2-4 (median 1) sessions per week of lower GI endoscopy and 73 perform 0.5-2 sessions (median 1) per week of ERCP.

Trainees in gastroenterology

On 30.09.14 there were 843 gastroenterology trainees in the UK, an increase of 59 (7.5%) on 2013. Of these 744 are in the UK training scheme (694 NTNs, 37 academic NTNs, 7 CESR NTNs, 5 VTNs and 1 industry NTN) and 59 are LATs and may choose to count their LAT time towards training (803 in total).

- 549 specialist registrars with NTNs (546) or VTNs (3) in UK hospital training posts (including 8 lecturers without an academic NTN). This does not include ATP posts.
- 101 NTN trainees out of programme (67 OOPR, 14 OOPC (1 suspended, 2 long term sick, 11 maternity leave), 3 OOPE, 15 OOPT (1 acting up as a consultant, 13 ATP, 1 other), 2 OOP).
- 59 LATs
- 36 trainees holding academic training numbers (22 in NHS clinical posts, 6 lecturers, 6 in research (5 OOPR & 1 post CCT) and 2 in advanced training programme (ATP) posts (1 OOPT)).
- 14 clinical fellows (no NTN)
- 12 research fellows (no NTN)
- 20 locum consultants
- 12 NTN holders in ATP posts in their own LETB
- 23 other post CCT fellows (a 214% increase on 2013): 13 in UK clinical posts (2 VTNs), 8 in research and 2 abroad.
- 6 locum appointment for service (LAS) (no NTN)
- 5 CMTs (no NTN)
- 1 industry post
- 1 maternity leave post CCT (assumed to be an OOPC)

- 1 acute trainee in a gastroenterology training post
- 3 unknown

2 pre-CCT trainees have been appointed to a consultant post and are waiting for their CCT date & working their notice period.

64 trainees in UK clinical posts have a CCT (38 are in their 6 month grace period and 26 are >6months post CCT (time expired)). There are also 24 post CCT fellows, 2 post CCT trainees on maternity leave and 20 locum consultants giving a total of 110 UK CCT holders without a substantive consultant post.

There will be no change in the number of Gastroenterology training posts in 2015/16.

Table 6: Distribution of UK trainees by appointed LETB/deanery (rather than current post) (30/09/14)

	England	**Wales**	**Scotland**	**N Ireland**	**UK**
Specialist Registrar/Lecturer (Clinical)	524	26	32	10	**592**
Out of programme	96	3	8	1	**108**
Visiting Registrar	5	0	0	0	**5**
LAT	53	1	4	1	**59**
Locum Consultant	20	0	0	0	**20**
Academic NTN	32	3	1	0	**36**
Post CCT fellow/research	23	0	0	1	**24**

Some trainees may be counted in more than one category if for example they have an academic NTN and are out of programme or are a VTN and in a clinical post.

18% of trainees with a training number are currently out of programme. There has been a 41% reduction in the number of trainees out of programme from 183 in 2013

to 108 in 2014. This may be due to difficulties recruiting LATs and LASs to back fill vacant posts resulting in LETBs and/or training programme directors turning down some out of programme applications. This may be why the number of trainees doing a post CCT fellowship or research post has dramatically increased again (243%; 24 in 2014, 7 in 2013, 2 in 2012) as trainees choose to get extra experience post CCT rather than as an OOP post.

In addition there are CMTs, clinical fellows and LASs in clinical posts, but numbers are insufficient to cover, leaving an unknown number of gaps in the service (on the 2nd Sept 2013 there were 28 unfilled posts in the UK (TPD census 2013).

Despite recruitment difficulties the number of LATs in post is currently above the average number over the last 10 years of 56 (table 7).

Table 7: No. of LATs by calendar year

	2005	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**
No. LATs	38	55	58	57	64	59	45	65	58	59

Table 8: Number of trainees in training or within 6 months of CCT date in different parts of the UK by year

	2005	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012***	**2013***	**2014***
England	542	586	602	661	696	689	698	622	624	674
Wales	25	25	25	25	25	28	28	29	26	30
Scotland	39	40	44	53	56	55	48	47	45	42
Northern Ireland	13	16	15	19	18	18	16	16	12	12
Total	**619**	**667**	**686**	**759**	**795**	**790**	**790**	**714**	**707**	**758**
% change	**12.5**	**7.7**	**2.8**	**10.6**	**4.7**	**-0.1**	**0**	**-9.6**	**-1.0**	**7.2**

*The definition of trainees changed in 2012 to those training or within 6 months of CCT date. Prior to 2012 the total trainee population was counted accounting for the apparent 9.6% reduction in 2012.

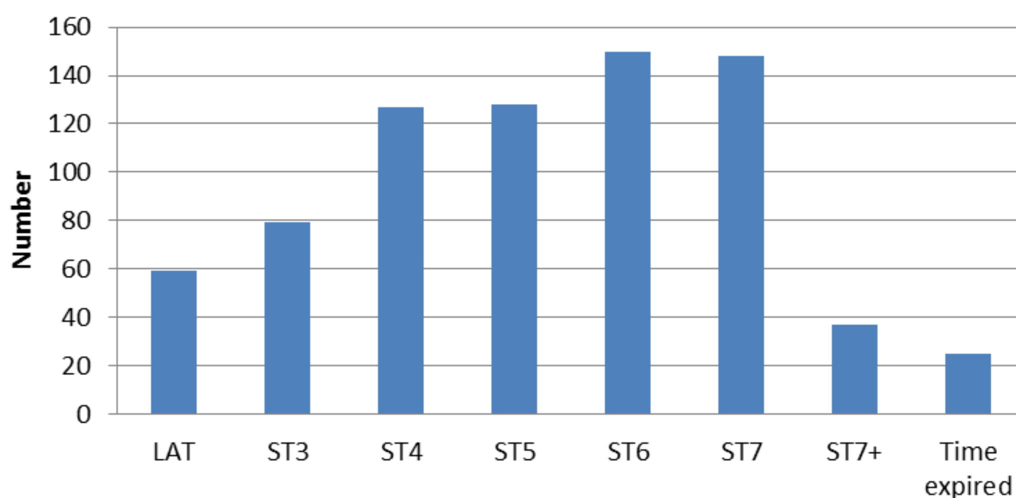
Gender

Gender is known for 833 trainees. 312 (37%) are female and 522 (63%) are male. The proportion of female trainees continues to increase (35% in 2013) but is still significantly lower than the average percentage female for all medical specialties within the Royal College of Physicians: 48% (JRCPTB database Aug 2012).

Year of training

Of the 758 trainees in UK training posts the year of training can be estimated for 753 and is shown in figure 8 below. The numbers are skewed towards more senior trainees as trainees often take time out of programme, go less than whole time or have their CCT date adjusted for other reasons at this stage in their careers lengthening training and effectively repeating a year that they have just completed. In addition some trainees spend more than one year as a LAT and will then be propelled beyond the ST4 year when they eventually obtain an NTN.

Figure 8: Number of trainees in a UK training post by training year



ST7+ = within 6 months of CCT date

Time expired = >6 months after CCT date

Less than whole time (LTWT) trainees

There are 41 LTWT trainees representing 5% of the total trainees which is the same as 2013 despite the higher proportion of female trainees compared to 2013. 31 LTWT trainees are in clinical training posts, 8 are out of programme (5 OOPR, 2 OOPE and 1 OOPT) and 2 are locum consultants. 1 LTWT trainee has an academic NTN. 5 LTWT trainees are currently on maternity leave. 39 (95%) of LTWT trainees are female, 13% of female trainees work LTWT (in 2013 it was 14%). This compares to

25% of female trainees in all medical specialties working LTWT (Royal College of Physicians JRCPTB database Aug 2012).
LTWT trainees usually work 60% (range 50-80%). Only one LTWT trainees has supernumerary funding.

Advanced Training Programme Posts (ATPs)

National ATPs

Hepatology

In 2015/16 there will be 15 English & 1 Scottish hepatology ATP posts (16 in total). The 15 English posts were recruited nationally for the second time in Jan 2015 and all posts were filled. 13 posts were filled with trainees who will not have a CCT by the end of the post. 2 trainees will finish the post more than 6 months after their gastroenterology CCT date and will therefore extend their training time. The Scottish post was advertised separately and did not fill at the first recruitment attempt requiring a second interview. It is hoped that Scotland will join the national recruitment process for 2016/17 hepatology ATP posts. The next interview is planned for the January 2016. There may be a second Scottish ATP post in the future if funding can be secured.

Nutrition

4 nutrition ATP posts were offered for 2015/16 (2 St Mark's/Addenbrookes, John Radcliffe Hospital, Hope Hospital). Only 3 candidates were appointable. They will all be pre-CCT at the end of the post. One post was unfilled. There does not appear to be the demand from trainees to create more posts. The interviews for 2016/17 are to be held in the January 2016.

Local ATPs

There are 3 trainees doing an endoscopy ATP (one as an OOPT). One of these trainees is post CCT. 6 trainees are doing an IBD ATP (2 as an OOPT) and all are pre-CCT.

Relationship of trainees in clinical posts according to population

There is a variation across the UK for the number of trainees in a clinical post per

population (figure 9). As with consultants there is a higher than average density of trainees to population in London (1:42,572) and the North East (1:81,153). The West Midlands also has a higher than average density of trainees to population (1:86,182). Northern Ireland, the South West and Scotland have the lowest density: Scotland 1:135,769, the South West 1:146,914 and Northern Ireland 1:150,905.

Fig 9: Population served by 1 trainee in a clinical post

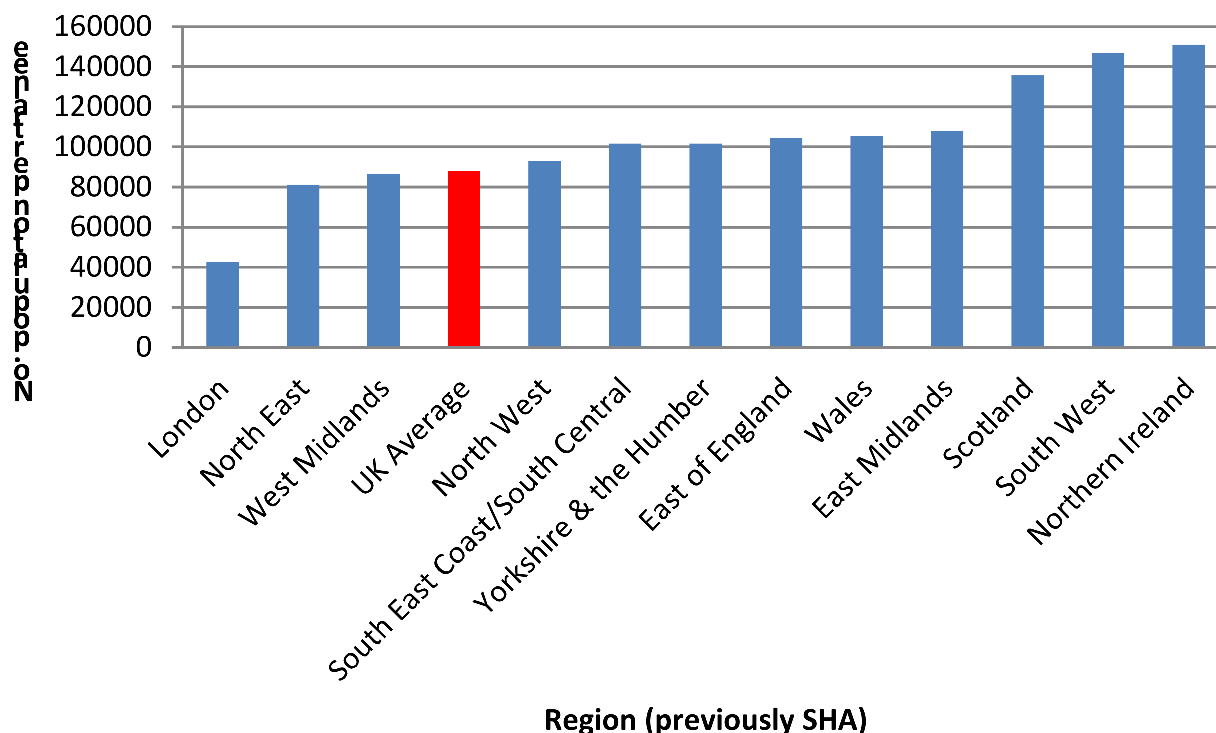
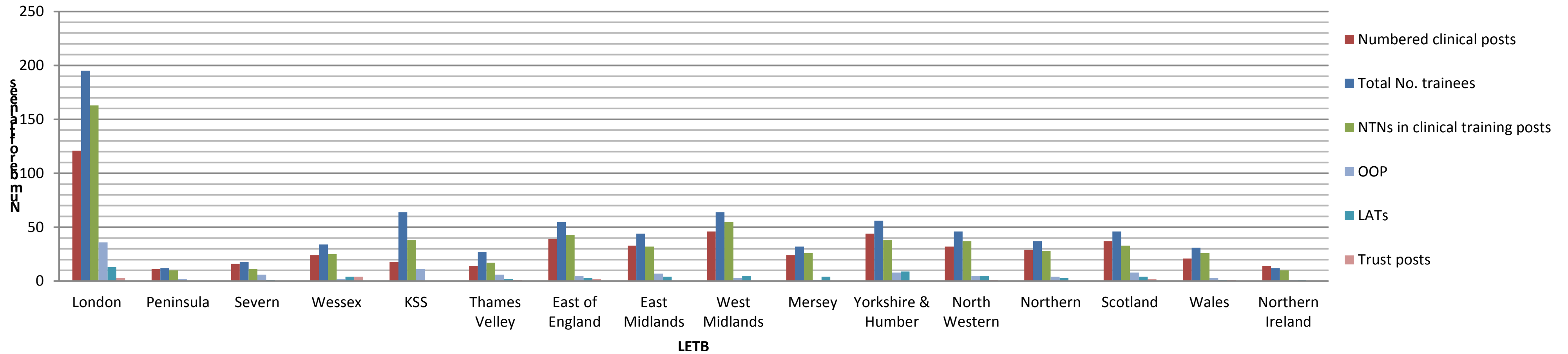


Fig 10: Trainees in each LETB



Numbered clinical posts - refers to the number of clinical posts in each LETB declared in the TPD survey in 2013.

Total number of trainees - categorises trainees according to the LETB of their NTN

NTNs in clinical training posts - categorises trainees according to the LETB of their current post

Trust posts - include CMTs, LASs, an acute trainee & unknown

Fig 11: Total number of consultants and trainees in each LETB

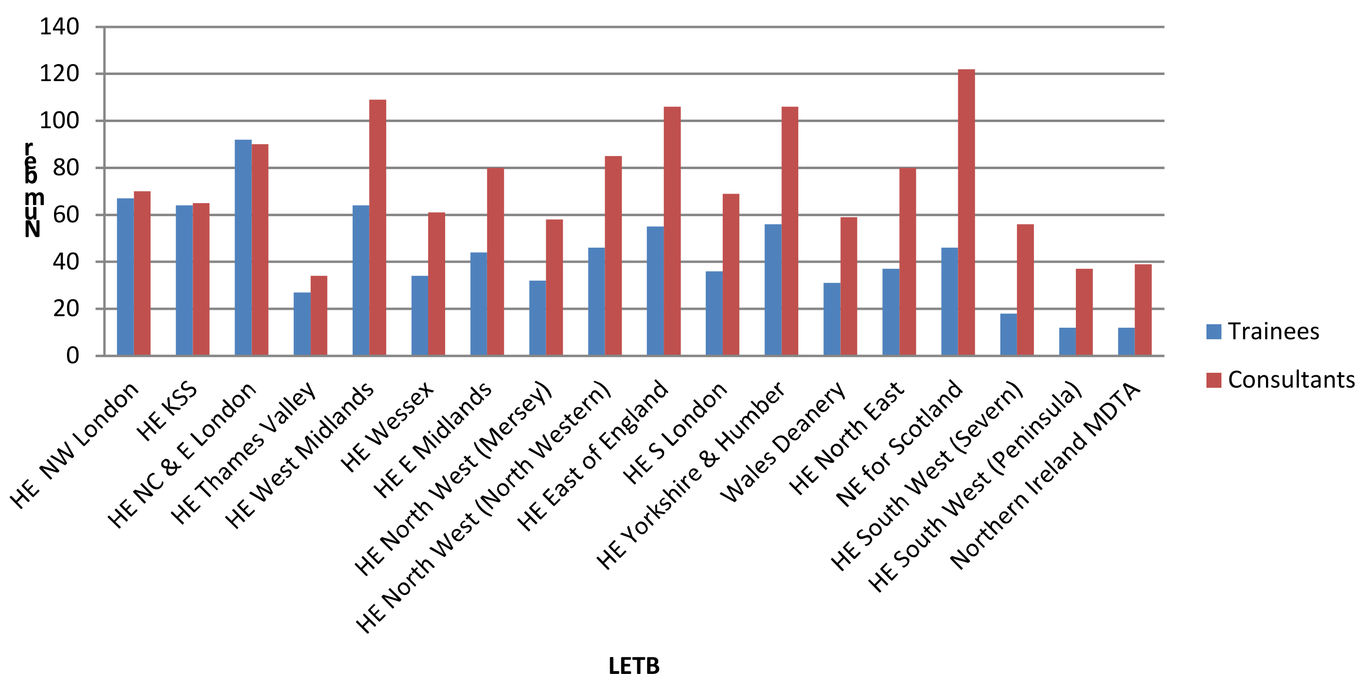
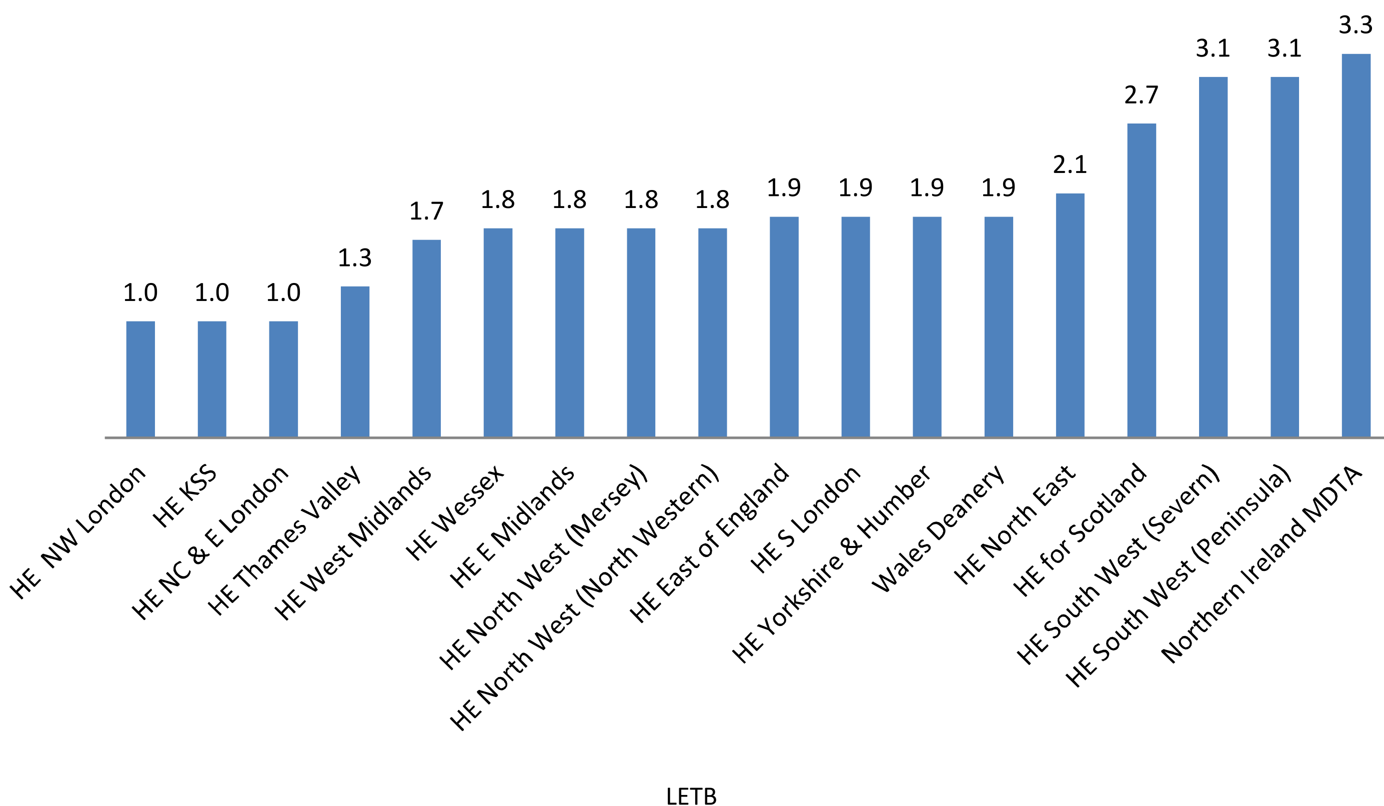


Fig 12: Consultant: trainee ratio according to LETB



Predicted CCT dates

Fig 13: Graph of predicted number of CCTs per year

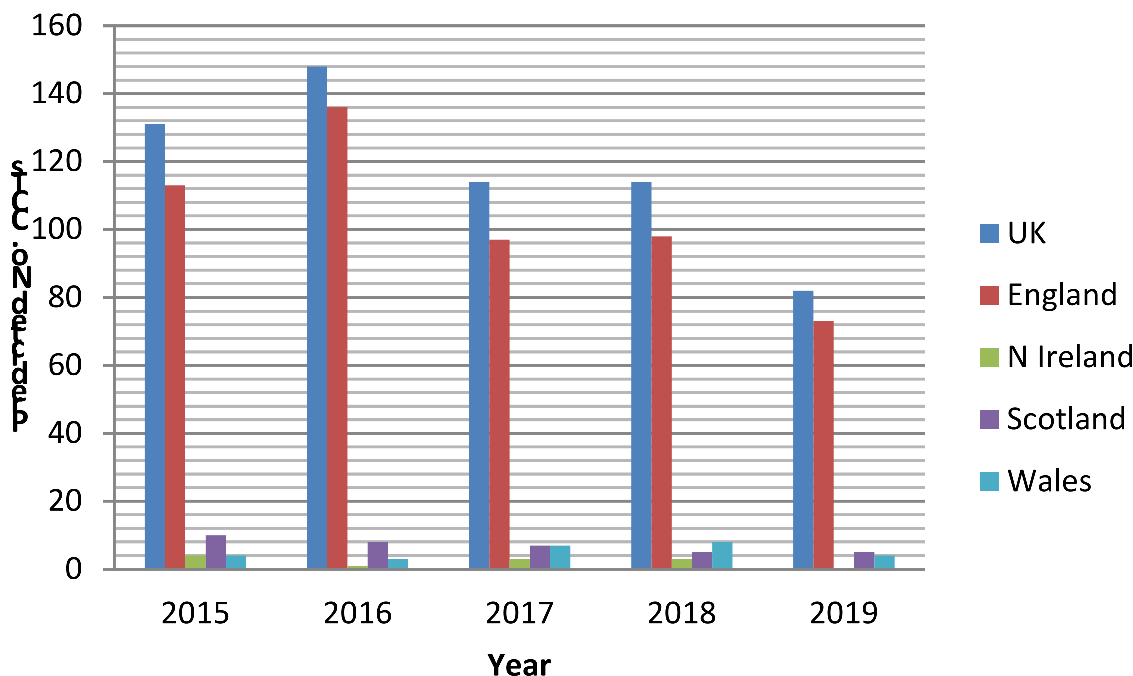
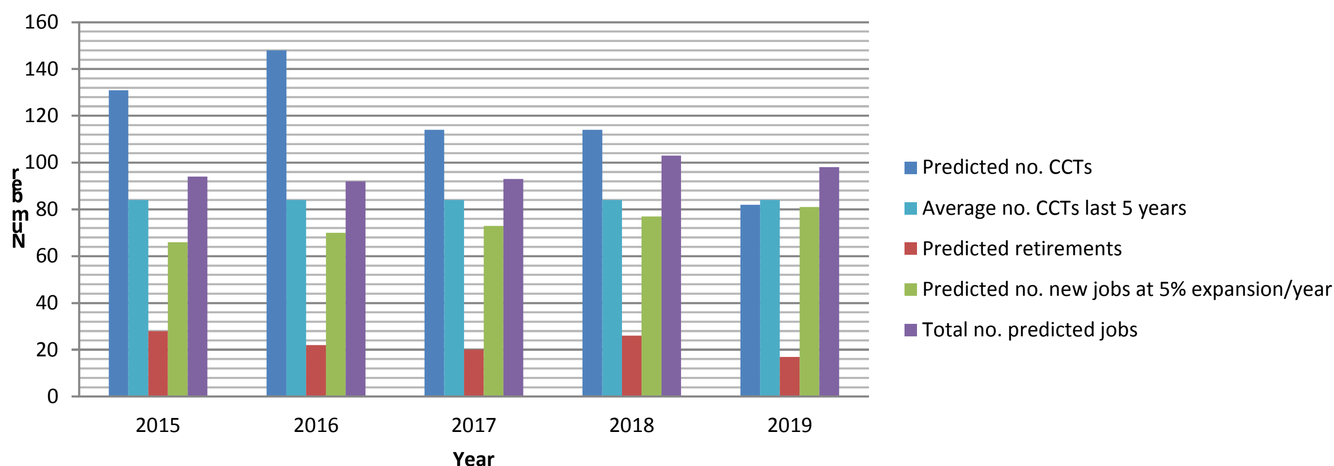


Figure 13 shows the predicted number of CCTs each year in the UK. This takes no account of “CCT drift” – trainees delaying their CCT by a few months or years by taking time out of program, having parental leave, going LTWT, having training time extended at ARCP or choosing not to count LATs. This is likely to extend at least 14% of predicted CCTs in the last 18 months of training when a final CCT date is set at PYA. The actual number of CCTs awarded has averaged 87 per year for the last 5 years.

The number of predicted retirements (consultants reaching 63 or 65 years of age) is on average 23 per year for the next 5 years (figure 14). As the average CCT output has been 87 per year for the last 5 years this leaves 64 CCT holders in excess of retirements, per year. At least 2 of these (2%) will probably leave the UK workforce permanently leaving 62 who will require a consultant post in the UK. 5% expansion would result in 66 new consultant posts next year. 62 new posts only require 4.7% consultant expansion.

Fig 14: Planned retirements and CCT dates



Actual CCTs awarded

Table 9: No CCTs awarded by calendar year

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
No. CCTs	42	55	61	71	89	88	74	69	98	104

104 UK gastroenterology CCTs were awarded in the 2014 calendar year (table 9). In this cohort, the mean UK training time from appointment to NTN to CCT was 6.5 years (range 3.6 to 12.6 years; median 6 years). This may not include time spent as a LAT and counted towards training, or any time in a LAS or LAT post that is not counted towards training as this information was not recorded on the database until 2013. We have however used RCP information to get a more accurate start date where we can. So the actual time in gastroenterology registrar level posts prior to obtaining a CCT is likely to be longer than 6.5 years. In this cohort there are 7 trainees (7%) who apparently trained in less than 5 years which is likely to be incorrect. 30 (29%) trained in 5 years, 23 (22%) in 6 years and 66 (63%) in 6 years or more. Of those that took more than 5 years to train the average additional training time was 2.4 years (range 0.5 to 6.6 years). Training time has not been adjusted for LTWT training.

Of these 104 CCT holders, 38 (37%) are still working in UK training posts, 49 (47%) have been appointed to substantive NHS consultant posts, 9 (9%) to locum consultant posts, 2 (2%) are in UK post-CCT fellowships and 4 (4%) are in post CCT

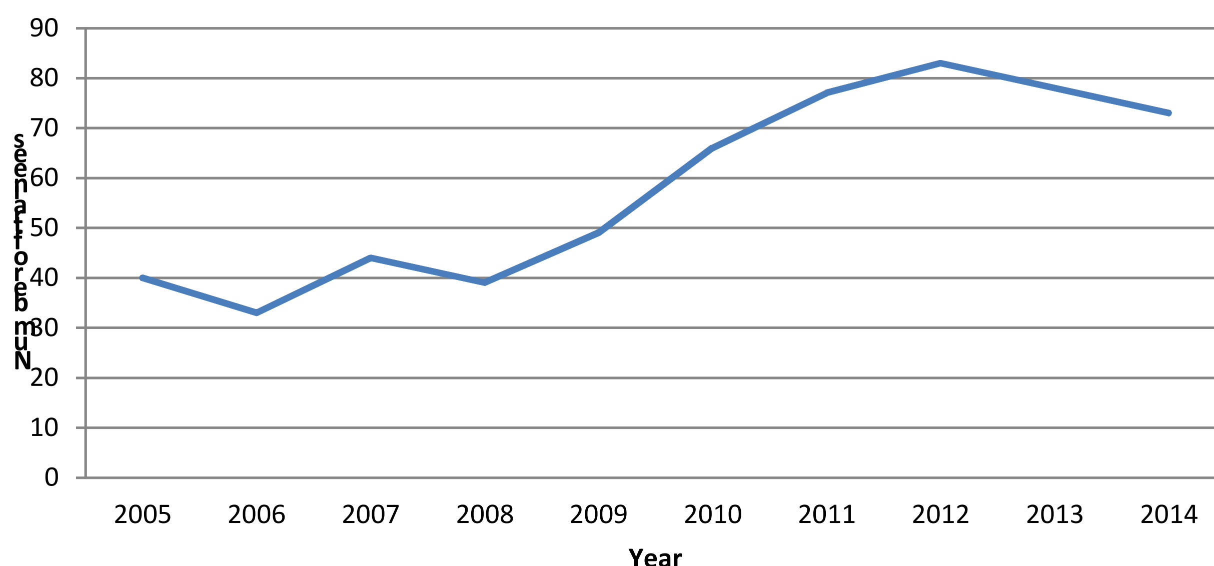
research posts.

The average number of CCTs awarded has been 75 per year for the last 10 years. The average of 64 per year from 2005 to 2009 increased to 87 per year from 2010 to 2014.

Outcome of trainees >6 months post CCT

Table 10 & figure 15: Number of trainees >6 months post-CCT without a substantive consultant post by calendar year

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
No. >6/12 post CCT	40	33	44	39	49	66	77	83	78	73



At the end of 2014 73 trainees were more than 6 months post CCT and unappointed to a substantive consultant post, a 6% reduction on last year.

Of these:

- 33 are in specialist registrar posts (1 is a VTN)
- 19 are in locum consultant posts
- 7 are in clinical post CCT fellowships
- 8 are in post CCT research fellowships
- 6 are out of programme

Anecdotal evidence suggests that some CCT holders are preferring locum posts to substantive appointments as the remuneration is significantly higher (c£3600 per day).

Outcome of LATs in Gastroenterology

Of the 51 individuals offered Gastroenterology LAT posts in 2013, 31 (61%) were offered a gastroenterology NTN post in 2014, 10 (20%) were offered a second gastroenterology LAT post, 9 (18%) were not offered another gastroenterology post (3 of these 9 had spent 2 years as a gastroenterology LAT) & 1 (2%) went into a research post.

There is to be a 20% reduction in LAT posts across all medical specialties in 2015 (50% reduction in all non-medical specialties) and in 2016 they will be removed completely.

Post CCT fellowships

Table 11: Number of trainees in post-CCT fellowships by year

	2009	**2010**	**2011**	**2012**	**2013**	**2014**
No. trainees in a post CCT fellowship	0	4	7	2	7	24

Post CCT fellows first appeared in the workforce figures in 2010. There has been a dramatic increase in the number of trainees undertaking a fellowship post CCT in the last year (table 11). This may reflect trainees having difficulty taking time out of programme to gain sub-specialty experience due to LAT recruitment difficulties or perhaps trainees lack confidence or feel they do not have sufficient skills to take up a consultant post, it is certainly not due to a lack of substantive consultant posts.

Career aims of trainees

239 of 843 trainees answered questions regarding career aims.

Of 183 trainees that answered, 70 (38%) want to be a consultant in a district general hospital (DGH), 71 (39%) want to be a consultant in a teaching hospital (TH), 42 (23%) would work in either a DGH or TH and 1 (1%) did not know.

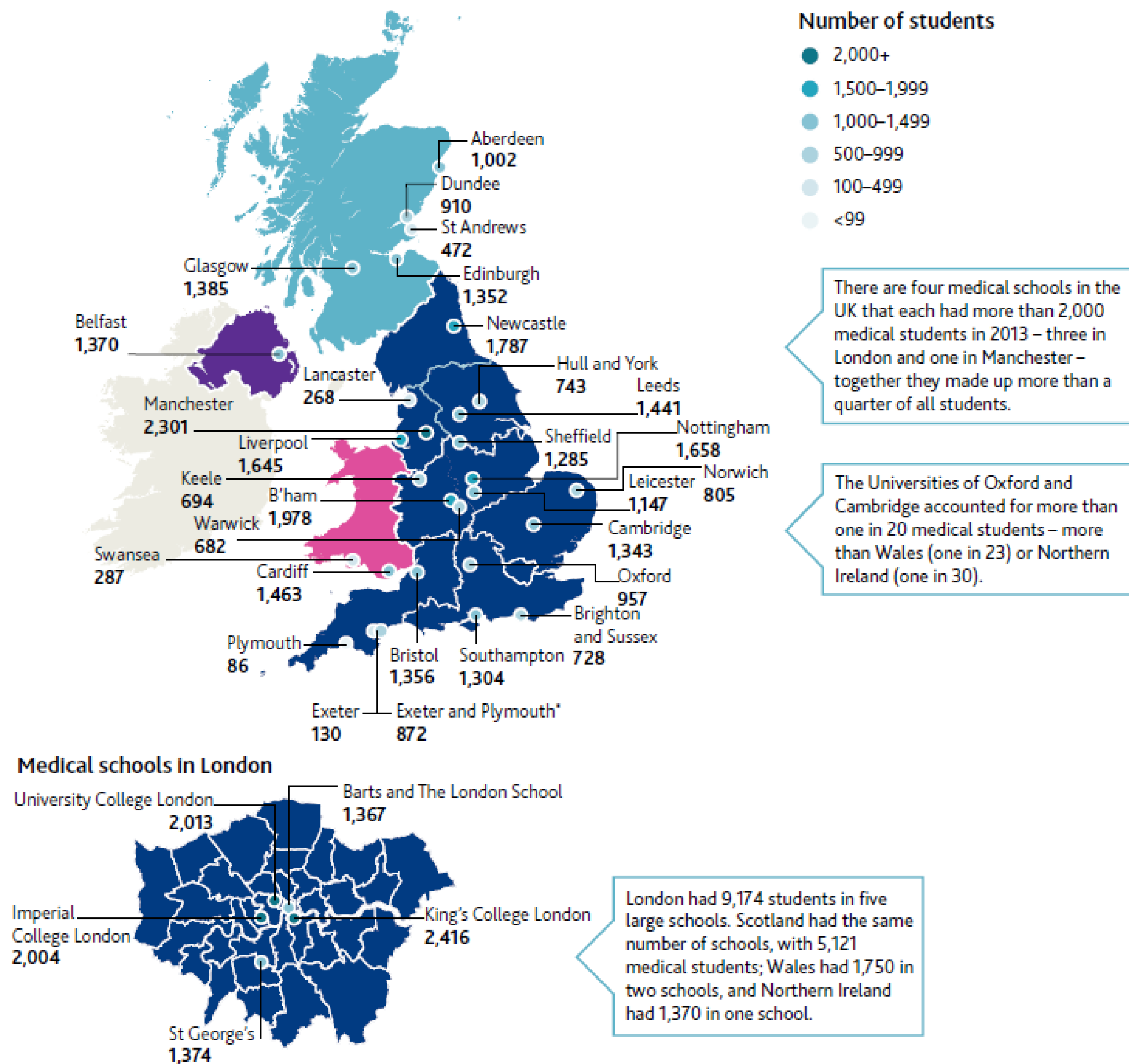
19 (8%) want to be a general gastroenterologist without a sub-specialty interest. 75 (31%) want to be a hepatologist (21 of these pure hepatology only). The following want to be a general gastroenterologist with a sub-specialty interest in: IBD 70 (29%), 94 endoscopy (39%), ERCP 52 (22%) and nutrition 21 (9%). 28 (12%) are

planning to obtain a consultant post abroad, 2 others (1%) plan to work in the UK but outside the NHS.

Recruitment

Medical schools

Figure 16: Distribution of UK medical students in 2013 (GMC survey 2014)



* In 2000, the Universities of Exeter and Plymouth founded a joint medical school – Peninsula College of Medicine and Dentistry. In 2013, this medical school separated into two – University of Exeter Medical School and Plymouth University Peninsula Schools of Medicine and Dentistry – and the two universities accepted their first cohorts of medical students studying for a degree at only one of the universities.

In 2013 there were 40,625 medical students in the UK. Figure 16 shows where these students were studying. There were more students in London than in Northern Ireland, Scotland and Wales combined. This is one reason why London rotations are popular, although another possible reason is the research opportunities available there compared to a perceived lack elsewhere.

Core Medical Trainees (CMTs)

There is currently a deficit of around 250 CMT posts each year compared to the number of advertised medical ST3 posts. In addition to this 15% of CMT trainees choose to go into non-medical specialties such as general practice or clinical oncology. This has created a total shortfall of about 300 CMT trainees and therefore there are currently not enough applicants to fill medical ST3 posts beyond the 70-80% level. HEE increased the number of CMT places by 23 in 2014/15 and is planning a further increase of 104 CMTs for 2015/16. This goes some way to help meet this shortfall but we still need to attract applicants to gastroenterology. We need to make the jobs enjoyable, inspire them to become gastroenterologists, mentor them and offer taster courses & experiences. It is also very important to show how a gastroenterology career can be compatible with family life and a healthy work-life balance in view of the increasing number of female trainees.

2014 ST3 recruitment

In the 2014 ST3 recruitment round 1 103 NTNs and 58 LATs were advertised in Gastroenterology, a total of 161 training posts (table 12). 100% of the NTNs were filled but only 55% of the LATS (overall fill rate was 135/161 posts (84%)). This compares to fill rates for all medical specialties of 88% of NTN posts, 45% of LAT posts & 76% of posts overall. The specialties that filled 100% of training posts were allergy, dermatology and palliative medicine (none of which dual train with GIM). There was regional variation with London filling 95% of all posts.

ST3 recruitment round 1 resulted in 94 new trainees starting gastroenterology training (69 NTNs and 25 LATs). The difference in appointments and new trainees reflects the fact that some existing gastroenterology LATs will be appointed to an NTN post or a second (or third) LAT post. If this is within the LETB that they are a LAT then this means that this LETB will require another LAT to fill clinical posts but are unlikely to appoint (resulting in gaps). If the LAT moves LETBs for their NTN this will leave the LETB they are leaving with the need to appoint an additional LAT.

Table 12: 2014 ST3 recruitment for gastroenterology by deanery/LETB

LETB/Deanery	Round 1			Round 2		
	NTNs	LATs	**Total**	NTNs	LATs	**Total**
HE East Midlands	3/3 (100%)	1/4 (25%)	**4/7 (57%)**	2/2 (100%)	1/2 (50%)	**3/4 (75%)**
HE East of England	6/6 (100%)	1/3 (33%)	**7/9 (78%)**	1/1 (100%)	0/2 (0%)	**1/33 (33%)**
HE Kent, Surrey & Sussex	10/10 (100%)	1/3 (33%)	**11/13 (85%)**	1/1 (100%)	2/2 (100%)	**3/3 (100%)**
HE North East	5/5 (100%)	2/3 (67%)	**7/8 (88%)**	0	0/1 (0%)	**0/1 (0%)**
HE NW Mersey	6/6 (100%)	4/4 (100%)	**10/10 (100%)**	0	0	**0**
HE NW North Western	5/5 (100%)	4/4 (100%)	**9/9 (100%)**	0	1/1 (100%)	**1/1 (100%)**
HE SW Peninsula	3/3 (100%)	0/1 (0%)	**3/4 (75%)**	0	0/1 (0%)	**0/1 (0%)**
HE SW Severn	2/2 (100%)	1/5 (20%)	**3/7 (43%)**	4/4 (100%)	1/3 (33%)	**5/7 (71%)**
HE Thames Valley	4/4 (100%)	0/2 (0%)	**4/6 (67%)**	0	0/1 (0%)	**0/1 (0%)**
HE Wessex	2/2 (100%)	2/4 (50%)	**4/6 (67%)**	1/1 (100%)	0/1 (0%)	**1/2 (50%)**
HE West Midlands	10/10 (100%)	0/0 (N/A)	**10/10 (100%)**	4/4 (100%)	1/1 (0%)	**5/5 (100%)**
HE Yorkshire & Humber	5/5 (100%)	5/8 (63%)	**10/13 (77%)**	0	1/5 (20%)	**1/5 (20%)**
London recruitment	21/21 (100%)	8/9 (89%)	**29/30 (97%)**	3/3 (100%)	2/2 (100%)	**5/5 (100%)**
Scotland	11/11 (100%)	3/8 (38%)	**14/19 (74%)**	0	0	**0**
Wales	5/5 (100%)	0/0 (N/A)	**5/5 (100%)**	1/1 (100%)	0	**1/1 (100%)**
Northern Ireland	5/5 (100%)	0/0 (N/A)	**5/5 (100%)**	0	0	**0**
Total	**103/103 (100%)**	**32/58 (55%)**	**135/161 (84%)**	**17/17 (100%)**	**9/22 (41%)**	**26/39 (67%)**

In the 2014 ST3 recruitment round 2 17 NTNs and 22 LATs were advertised in Gastroenterology, a total of 39 training posts. Some of these posts will have been unfilled posts from R1 and some will have been new posts. 100% of the NTNs were filled but only 41% of the LATS (overall fill rate was 26/39 posts (67%)). This compares to fill rates for all medical specialties of 62% of NTN posts, 16% of LAT posts & 43% of posts overall. Only dermatology filled 100% of training posts in R2. Palliative medicine filled 82%; gastroenterology was third at 67%. London was the only region that filled more than 50% of posts overall (62%).

It is as yet unknown how many new gastroenterology trainees will start gastroenterology training after the 2014 R2 recruitment round. After 2013 R2 recruitment there was only 6 new gastroenterology trainees and there were only 3 appointed in 2012. In total, rounds 1 & 2 recruitment in 2013 appointed 108 new gastroenterology trainees who are still in a gastroenterology training post. If we assume that about 12 are LATs who do not go on to get an NTN this leaves approximately 96 trainees per year who will eventually get a number. Of these 1 or

two will leave gastroenterology training before obtaining a CCT leaving ~94. If they take 6.5 years to train on average then this will result in an output of approximately 75 trainees with CCT per year (which is 9 less per year than we have seen in practice over the last 5 years).

Table 13: The "NTN weave"

Deanery/LETB	No. clinical training posts	Actual no. of NTNs	No OOP	NTNs - OOP	Times 1.27 (NTN weave)	NTN weave – actual no. NTN
HE East Midlands	33	40	7	33	42	2
HE East of England	39	50	5	45	50	0
*HE Kent, Surrey & Sussex	18	64	11	53	23	-39
HE North East	29	34	4	30	37	3
HE NW Mersey	24	28	1	27	30	2
HE NW North Western	32	40	5	35	41	1
HE SW Peninsula	11	12	2	10	14	2
HE SW Severn	16	17	6	11	20	3
HE Thames Valley	14	24	6	18	18	-6
HE Wessex	24	26	2	24	30	4
HE West Midlands	46	59	3	56	58	-1
HE Yorkshire & Humber	44	47	8	39	56	9
*HE London S	36	33	13	20	46	12
HE London NW	37	66	11	55	47	-19
HE London NC & E	48	80	12	68	61	-19
Scotland	37	40	8	32	47	7
Wales	21	29	3	26	27	-2
Northern Ireland	14	11	1	10	18	7
Total	**523**	**700**	**108**	**592**	**664**	**-35**

**A large proportion of KSS trainees have clinical posts in London and other regions (mainly London south).*

Table 13 looks at the number of numbered clinical training posts, the number of NTNs in a deanery/LETB & the number of these trainees out of program (OOP). Where the number of NTNs minus the number OOP equals or exceeds the number of clinical training posts the Deanery is already "weaving" NTNs to cover OOP (this appears to be most deaneries/LETBs). Where the number of NTNs minus the number OOP is less than the number of clinical training posts the deanery/LETB is attempting to backfill OOP with LATs and will be prone gaps in the rotation unless the number of NTNs are increased, especially when LATS are withdrawn in 2015/16 (Peninsula,

Severn, Yorkshire & Humber, Scotland, Northern Ireland).

Consultants

Advertisements

There were 181 substantive gastroenterology or hepatology consultant jobs advertised between 1st Oct 2013 & 30th Sep 2014 (158 in England, 11 in Scotland, 4 in Northern Ireland and 8 in Wales) (figure 17). The three regions with the largest number of posts were East of England, KSS & Scotland. 133 (73%) were new posts, 28 (15%) replacement posts and 20 (11%) were unclassified. 13 of these adverts had a closing date after 30th Sep 2014. 81 posts have definitely been filled and the successful candidate is in post, 14 are definitely unfilled, the remaining 48 are either waiting for the successful candidate to start or have not been filled.

Figure 18 shows the type of jobs advertised. 88 of the 181 advertised posts (49%) were after a pure gastroenterologist, 55 (30%) a physician & gastroenterologist, 9 (5%) a hepatologist, 2 (1%) an acute physician with an interest in gastroenterology, 1 (1%) a clinical associate professor & 1 (1%) a clinician scientist.

A sub-specialty interest was specified in 48 job adverts (figure 19) (some specified more than 1 sub-specialty) – hepatology in 10, endoscopy/advanced endoscopy in 11, nutrition in 10, IBD in 7, luminal in 5, upper GI in 3, viral hepatitis in 2, ERCP in 2, pancreaticobiliary in 2, and EUS, multivisceral transplantation and polyposis in 1.

Figure 17: Number of substantive consultant advertisements by LETB/deanery 1st Oct 2013-30th Sep 2014

Figure 18: Type of consultant posts advertised

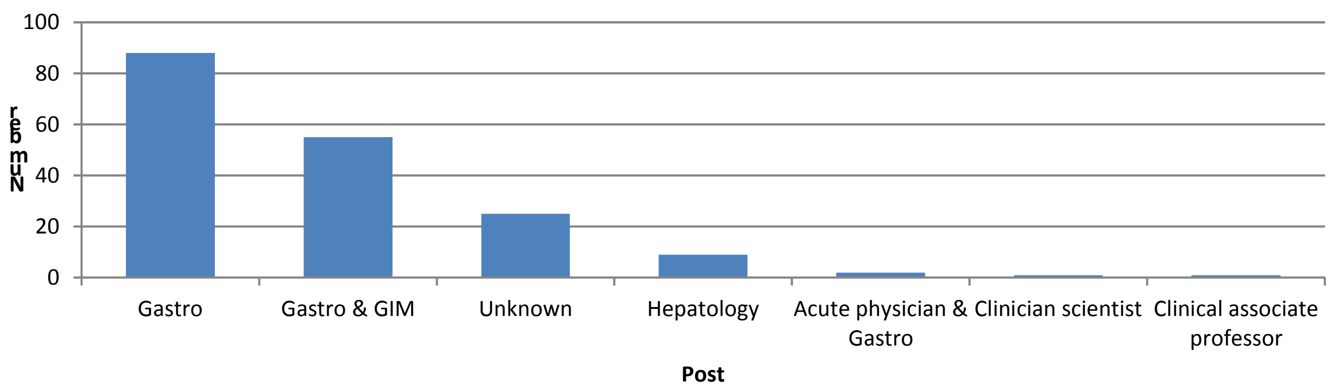
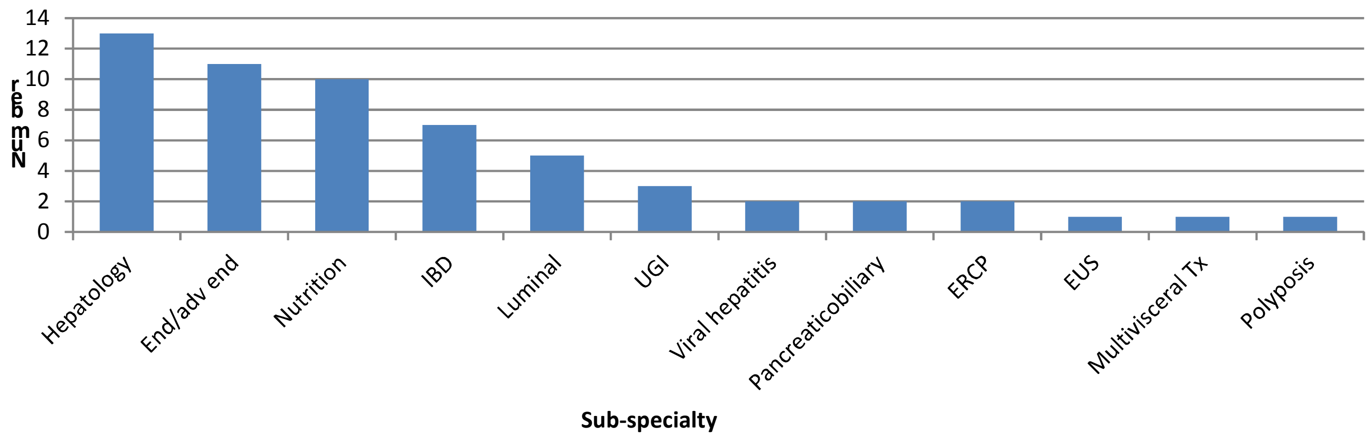


Figure 19: Sub-specialty interest specified in consultant posts advertised

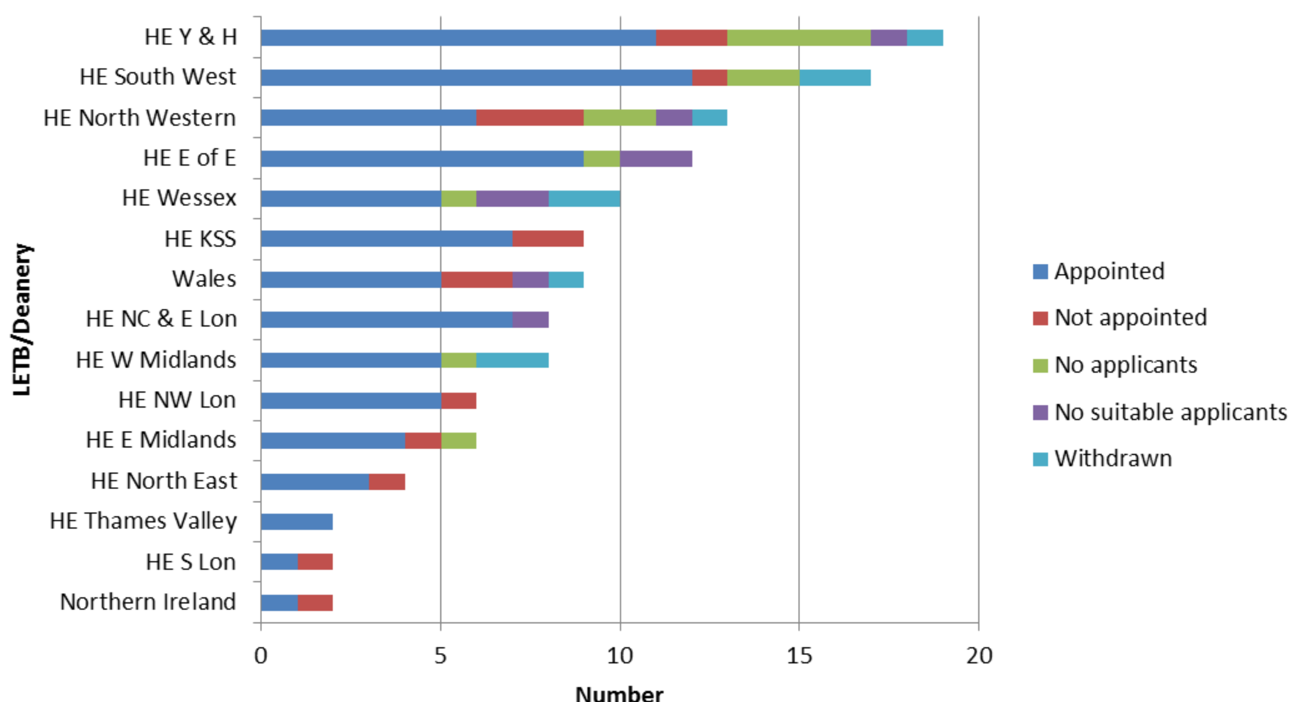


Appointments

Table 14: Outcome of substantive gastroenterology & hepatology consultant advertisements by LETB Sep 2013-14 AAC data

LETB / deanery	No. appointments attempted	Appointed N (%)	Not appointed	No applicants	No suitable applicants	Withdrawn	Total no. unfilled
Scotland	?	?	?	?	?	?	?
Northern Ireland	2	1 (50%)	1	0	0	0	1 (50%)
Wales	9	5 (56%)	2		1	1	4 (44%)
HE North East	4	3 (75%)	1	0	0	0	1 (25%)
HE North Western	13	6 (46%)	3	2	1	1	7 (54%)
HE Y & H	19	11 (58%)	2	4	1	1	8 (42%)
HE E Midlands	6	4 (67%)	1	1	0	0	2 (33%)
HE W Midlands	8	5 (63%)	0	1	0	2	3 (37%)
HE E of E	12	9 (75%)	0	1	2	0	3 (25%)
HE NW Lon	6	5 (83%)	1	0	0	0	1 (17%)
HE NC & E Lon	8	7 (88%)	0	0	1	0	1 (12%)
HE S Lon	2	1 (50%)	1	0	0	0	1 (50%)
HE KSS	9	7 (78%)	2	0	0	0	2 (22%)
HE Thames Valley	2	2 (100%)	0	0	0	0	0 (0%)
HE Wessex	10	5 (50%)	0	1	2	2	5 (50%)
HE South West	17	12 (71%)	1	2	0	2	5 (29%)
Total	**127**	**83 (65%)**	**15 (12%)**	**12 (9%)**	**8 (6%)**	**9 (7%)**	**44 (35%)**

Figure 20: Outcome of substantive gastroenterology & hepatology consultant



We have data from the RCP Appointments Advisory Committee (AAC) from Sep 2013-14 for 127 attempted appointments (table 14, figure 20). Of these posts 83 (65%) were filled but 44 (35%) were unfilled. There were no applicants for 12 appointments (9%) and no suitable applicants for 8 appointments (6%). No appointments were made in 15 cases (12%). The largest number of attempted appointments was made by Yorkshire & Humber, the South West & London. The largest number of unfilled posts was in Yorkshire & Humber, North Western, the South West & Wessex. In addition to this I am aware that some Trusts are not advertising posts as they are waiting for a suitable trainee to get CCT prior to advertisement. The Scottish appointments data for 2014 is still awaited.

The fact that we have 73 CCT holders >6 months post CCT but are unable to fill substantive consultant posts suggests that trainees are prepared to wait for the right job for them (be it specialty or location) rather than move for any job.

Figure 21: Average house price for August 2014: UK, country & region (ONS statistical bulletin 14 Oct 2014)

It is perhaps a little surprising that it is so difficult to fill substantive posts outside of London when you consider London house prices are so high (figure 21) and we have a national contract. However the majority of trainees are trained in London and we know that only a third will move regions for their substantive post we should therefore consider moving NTN posts away from areas that have reached recommended consultant numbers to areas which have a shortage of consultants and / or recruitment difficulties.

109 substantive gastroenterology consultants & 1 acute medicine consultant (filled by a gastroenterology trainee) started their posts between 1st Oct 2013 & 30th Sept 2014 (86 in England, 12 in Scotland, 7 in Northern Ireland and 5 in Wales). 17 (15%) were locum consultants prior to appointment to the substantive post (11 of the these (65%) were appointed to the same Trust in which they were a locum consultant, 12 (71%) to the same region, 5 (29%) moved regions). 72 (65%) were

trainees prior to appointment to the substantive post (65 specialist registrars, 1 acting up as a consultant, 2 research registrars and 4 post CCT fellows). 15 (14%) were substantive consultants who moved to a new post (and will have left a vacancy) which represents 1% of the consultant workforce. There were 6 (5%) who appear not to have trained in the UK. Excluding substantive consultants I have information on whether 88 appointees moved regions for their substantive consultant post; 38 (43%) moved region for their post.

Tables 15 & 16 show the distribution of substantive consultant gastroenterology job seekers according to region as well as the potential posts available & the number of consultants who are 59 or more years of age and who might retire. The regions where the number of trainees significantly outweighs the number of jobs are London, Northern Ireland and East of England which will therefore be net exporters of trainees.

Table 15: Distribution of substantive consultant job seekers (according to current post rather than original LETB) in next year by region

SHA	Locum consultants	Post-CCT trainees	Trainees obtaining CCT in next year	Total
Scotland	0	5	10	15
Northern Ireland	1	1	4	6
Wales	0	4	5	9
North West	9	5	13	27
North East	5	4	4	13
Yorkshire & the Humber	5	8	10	23
West Midlands	1	10	10	21
East Midlands	6	7	6	19
East of England	1	9	13	23
London	4	30	42	76
South West	0	0	9	9
South East Coast / South Central	7	7	10	24
Total	**39**	**90**	**136**	**265**

Table 16: Distribution of potential substantive consultant jobs & retirees by region

SHA	Locum consultants	Unfilled posts	≥60 yrs.	59 yrs.	Total
Scotland	0	?	9	0	9
Northern Ireland	1	1	1	0	3
Wales	0	4	5	1	10
North West	9	7	15	5	36
North East	5	1	3	1	10
Yorkshire & the Humber	5	8	10	1	24
West Midlands	1	3	10	1	15
East Midlands	6	2	7	1	16
East of England	1	3	6	1	11
London	4	3	22	3	32
South West	0	5	6	0	11
South East Coast / South Central	7	7	8	5	27
Total	**39**	**44**	**102**	**19**	**204**

Future changes in consultant numbers

Increased need for gastroenterologists:

- **National screening programmes**. The national flexible sigmoidoscopy screening programme for the population between 55-64 years of age – "Bowel Scope" was piloted in March 2013 and is being rolled out nationally from 2014 to 2016 with £60 million pounds investment from the Department of Health. The BSG has estimated that the extra work for FSig will require 93 WTE individuals, not necessarily doctors, divided across the 59 screening centres. This additional requirement has not been included in the RCP workforce estimates.
- **Recent BSG Barrett's oesophagus guidelines (Oct 2013)** have recommended considering endoscopic screening in patients with chronic GORD symptoms and multiple risk factors (at least three of age 50 years or older, white race, male sex, obesity), with a lower threshold in the presence of a family history.
- **Hepatology**. Increased hepatology requirements from a change in population behaviour, i.e. increase in obesity, diabetes and alcohol misuse. The National Liver Plan asks for a trained Hepatologist in every trust.
- **The future hospital commission proposals (March 2012):** continuous 7-day care, holistic inpatient care by a single team with specialist input, specialist medical care in the community
- **Management of UGI bleeding.** NICE (June 2012) recommends that unstable patients should have an OGD immediately after resuscitation and everyone else within 24 hours. Units seeing more than 330 cases per year should offer daily endoscopy lists.
- **7 day consultant present care (Dec 2012).** Increasing requirement for 7 day consultant present care, necessitating increased consultant gastroenterologist time at weekends in most acute settings. Estimating that weekend working comprises a ward round and an endoscopy list on each weekend day/ bank holiday, then in 52 weeks there will need to be 104 weekend days work, plus 8 bank holidays, making 112 days per year. These could be taken as 'days in lieu', often targeting Mondays/Tuesdays after a weekend, or taken as annual leave (Wirral model currently used successfully). If taken as annual leave then 112 days equates to 22 weeks leave, or almost

0.5 WTE. With approximately 220 Trusts across the UK, this would need about 110 new consultants. Other services may choose to take Gastroenterologists off GIM on call to compensate for specialty work at the weekend and increase the number of acute physicians and geriatricians instead to cope with the larger number of acute medical admissions over the age of 65 years.

- **Symptom awareness campaigns**
- **Increase in the number of consultants working LTWT** due to larger number of female gastroenterologists and retirements brought forward by the lower pension lifetime allowance (LTA).
- **Changes to the NHS pension**. The pension LTA fell from 1.8 million to 1.5 million on 06.04.12 and to 1.25 million on 06.04.2014. This resulted in some consultants retiring sooner than predicted, taking their pensions, and coming back to work on a LTWT contract. This does increase new appointments but at a lower rate than predicted. Anyone retiring at age 60 with 37 years' service & a level 6 clinical excellence award (CEA) or a level 3 CEA award with full added years on the 1995 contract would exceed the pension LTA (LTA = annual pension x20 + lump sum; annual pension = 1/80 pensionable pay x No. years membership; lump sum = 3 x annual pension).
- **An ageing population** who are high users of Gastroenterology services.

The current consultant workforce is paid a median of 11.5 PAs, most working more than 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** (although not if this is to compensate for 7 day gastroenterology services).
- **If others take on traditional gastroenterology roles**, e.g. radiology replaces endoscopy.
- **If curative treatments are found**, e.g. new treatments for hepatitis C.
- **Changes to commissioning to a "1 year of care" model rather than payment by results.** This would drive secondary care to be more efficient to preserve

profit, for example by screening out unnecessary referrals.

- **Changes to the NHS pension**. Changes to the NHS pension scheme in April 2015 will link usual retirement age (currently 60 for most) to State Pension age (increasing to 66 in 2018-2020). This may result in a 6 year retirement vacuum leading to an excess of CCT holders over jobs in 11 years when protection arrangements cease.

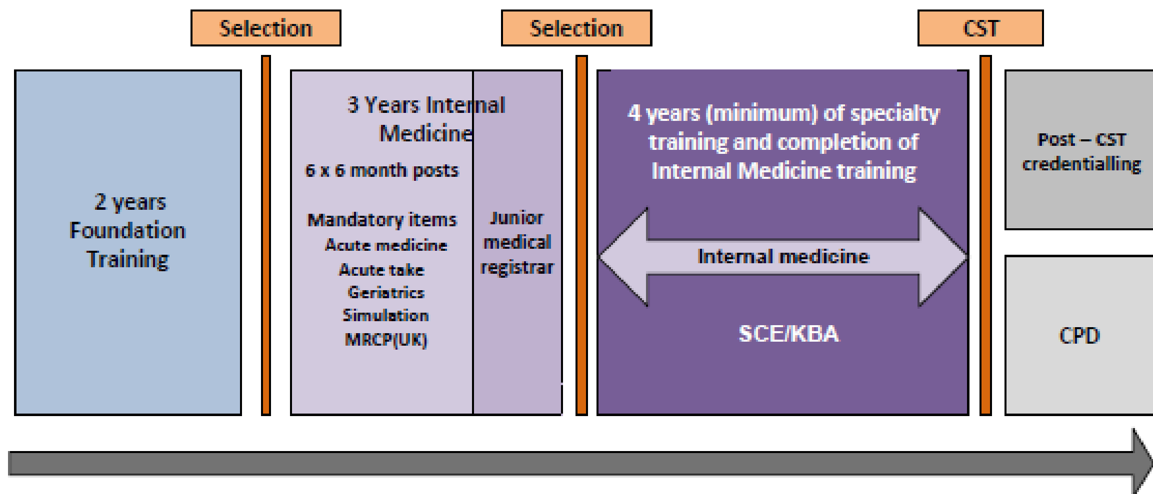
Future changes in trainee numbers

- **Removal of LAT posts.** Health Education England supported by the Conference Of Postgraduate Medical Deans (UK) (COPMeD) proposes to reduce the number of LAT posts in medical specialties by 20% in Aug 2015 (a 50% reduction is planned for all other specialties) and abolish them in 2016 in all specialties. They are felt to be wasteful use of the training budget as most do not go on to get an NTN. There will be no additional NTNs to compensate for this loss. The money saved is to be used to fund additional GP trainees. This will mean that LETBs & TPDs are less likely to release trainees to go OOP or if they do allow trainees to go OOP they will have gaps that will be even more difficult to fill. This is likely to shorten the average training time although the number of trainees seeking post-CCT experience would probably increase. It is also likely to push trainees into NTN posts in less popular specialties.

- **Shape of training review (Oct 2013).** The latest interpretation of this review is illustrated in figure 22. To increase the number of general medical registrars it has been suggested that there be an additional year (two 6 month jobs) after completion of 2 years of CMT and passing MRCP (termed the “junior medical registrar” year) prior to selection for ST3 specialty training. Specialty training has been reduced from 5 to 4 years. For gastroenterology to be able to train a trainee in this time at least one year would have to be without GIM. The first year would probably be the best time for this to allow maximum exposure to endoscopy training. A small proportion would also go on to credential in sub-specialty areas in gastroenterology post CCT, driven by workforce & patient needs. It has been

proposed that funding for national credentialing would come from the removal of funding for the 6 months period of grace post CCT although as there are gaps in rotations due to inadequate numbers of CMTs there should be adequate employment opportunities for post CCT trainees.

Figure 22: Shape of training cartoon



Surrogate markers for pressure on jobs:

- The number of trainees >6 months post-CCT without a substantive consultant appointment has fallen to 73, but remains almost twice that in 2004-2008.
- 35% of advertised substantive gastroenterology consultant posts were not filled and 9% had no applicants.

Conclusions

5% consultant expansion over the next 3-4 years would achieve the 1584 gastroenterologists estimated that the UK required in 2011.

Expansion is lower than it could be as a third of consultant posts have not been filled, with regional variation throughout the UK. Gastroenterology is also predicted to have an excess of substantive consultant jobs compared to CCT output in the next five years, although there remains competition for popular posts. The number of CCT holders >6 months post CCT without a substantive consultant posts has

plateaued. The majority of CCT-holders without a substantive post remain working in gastroenterology.

Gastroenterology has been unable to fill all its LAT posts due to a deficit of 300 CMTs and the perceived unattractiveness of a specialty combined with GIM for the increasingly female trainee population.

It is likely that the need for gastroenterologists will increase in coming years due to expansion of screening programmes, population demographic changes and the requirement for the service to cover evenings, weekends & bank holidays. Thus there is increasing need for gastroenterology services that should provide more employment for CCT holders as increased income from tariffs (not applicable everywhere) should fund the posts.

The number of gastroenterology NTN posts should increase in some regions to compensate for the abolition of LATs. The number of NTNs in a region/LETB should be approximately 27% higher that the number of clinical training posts to allow for trainees going out of program (“the NTN weave”). The exact number should be determined by the training programme director.