The Royal College of Pathologists

Pathology: the science behind the cure

Response by Royal College of Pathologists to Discussion Paper: "The Future of the Medical Workforce"

Professor C.S. Foster
Director of Workforce Planning

Professor A. Newland
President

22 February 2007

INTRODUCTION

Published on 18th January 2007 by NHS Employers, part of the NHS Confederation working on behalf of the NHS, the Discussion paper outlines some current issues with respect to the future profile of the Medical Workforce and the ability of that workforce to respond to the complex trends and demands of healthcare delivery in the United Kingdom. A series of key questions is posed within this document.

The Royal College of Pathologists welcomes this opportunity to contribute to this discussion. In all laboratory disciplines, Pathology is the key diagnostic modality in at least 75% of new diagnoses and underpins a significantly higher proportion of the ongoing management of patients after an initial diagnosis has been made. Representing and applying the science behind the diagnosis and management of patients, integral involvement of Pathology to the Workforce and its contribution to modern healthcare is of fundamental importance.

The following response addresses the questions posted within the Discussion document. Some questions fall outside the remit of The Royal College of Pathologists. The response concludes with observations on the nature of the Document and the questions therein.

RESPONSE

1. Do you anticipate major changes in the number of doctors you employ or the way they train or work as a result of planned reconfiguration?

The Royal College of Pathologists is already contributing to a re-alignment of Pathology laboratory workforce, particularly through programmes such as Skills for Health. While each specialty might vary in the specifics, the intention is to enable medically-trained pathologists to contribute optimally their clinical skills while devolving some laboratory activities that do not require a medical training to Scientists or to Technologists.

Throughout the United Kingdom, there are significant shortages in medical manpower in all disciplines, although some more so than others. Despite a proposed re-alignment of activities, it is anticipated that an increase in the Pathology medical manpower is desirable if healthcare is to move-forwards in the manner planned. It is unlikely that current policies will achieve this objective.

2. *What are the implications for training and employment arrangements of more care being delivered outside hospital?*

There is an urgent need to re-introduce a more robust core of scientific training into the undergraduate medical curriculum. Pathologists, in all specialties, represent core scientific knowledge applied to clinical situations. Within the medical workforce, they are the only group with this level of knowledge and expertise. Unfortunately, lack of exposure to modern scientific principles during undergraduate and postgraduate medical training results in a total workforce that is significantly deficient in a modern comprehension of pathological processes underlying individual diseases.

3. How have you integrated the Modernising Medical Careers plans into a wider health community reconfiguration plan for service?

Through its Committee on Modernising Pathology Careers, and its involvement with groups such as the Life Sciences Task Force, The Royal College of Pathologists is actively developing a blueprint by which many of its activities, were appropriate, can be devolved into the wider medical community and thus brought closer to the patient.

4. Do we need to do more to recruit and retain more GPs?

This is outwith the remit of The Royal College of Pathologists.

5. What is the impact on medical workforce of more autonomous providers and a more pluralistic system of healthcare?

During the management of an individual patient, it is fundamentally important that all of the information pertaining to that patient is simultaneously available so that there might be a complete understanding of the patient's condition. The tests performed in the pathology laboratory comprise an essential core of this information. Frequently, it is not an individual value or test result that provides vital information but the trends identified by several similar tests performed over a period of time. The use of autonomous providers within a pluralistic system of healthcare does not provide the optimum foundation for integrated information. While systems are potentially available to make knowledge freely available between different providers, the reality is that such information is NOT readily available, thus significantly weakening the power of an otherwise integrated healthcare delivery system. The implementation of proposals inherent in this document will significantly change UK healthcare.

6. What are the implications of an integrated workforce across a range of employers for the way in which we train and employ doctors?

Medically-trained pathologists, in all of their disciplines, are most valuable to the healthcare community when their training is based upon a wide range of high-quality experience. Such training also ensures future flexibility and the ability of the healthcare system to respond to changes in demand resulting from altered patterns of disease as well as altered types of management. Therefore, the medical workforce is best trained in centres able to offer a wide range of high-quality experience, particularly involving modern scientific techniques and contemporary understanding of disease processes. One example would be "run-through" training schools, such as occur in histopathology. It is likely that in other pathology disciplines, such as clinical chemistry or metabolic medicine, many sophisticated tests are performed only in a few specialised centres where the majority of training could be most appropriately concentrated. Developing pathology networks is already spanning a number of Strategic Health Authorities (StHAs) thus representing a range of employers. It is of fundamental importance that those employers do not concentrate their activities only on the easy high-throughput, low-cost work – whether clinical or laboratory. Such an approach would be highly detrimental to pathology practice, to the pathology workforce and to training.

7. What is the future for private practice?

Provision of private pathology is contentious. For some specialties, such as clinical chemistry or haematology, provision of a basic service would be easy. However, if such work were to be taken out of NHS laboratories, the effect of such "cherry-picking" would be to drive-upwards the cost of the remainder and more difficult parts of the service. Provision of much of the routine work could be performed by non-medically trained staff. However, this is undesirable and would cause a significant loss to patient care in that medically-trained pathologists provide a very high level of "added value" in the identification of particular combinations of results or in trends in pathological tests where a diagnosis is not immediately apparent from any individual test at a single point in time.

Overall, the number of medically trained pathologists in the country is relatively small such that any significant migration into private practice by the medically pathology workforce will have significantly damaging effects on NHS provision of pathology services. However, introduction of the European Working Time Directive is intended to prevent any member of the workforce being "dual employed" in the private sector as well as in the NHS sector. New regulations will ensure that after 40 hours work within one sector, then there will be a mandatory rest period that will effectively present cross-working. The consequence is likely to be migration of pathologists from the NHS to the private sector (see also response #23).

8. Will we see medical "chambers" where doctors are self-employed?

This is likely. However, the two major caveats have already been addressed: 1) Cherry-picking of financially-rewarding pathology that is high volume and low cost and; 2) Time-constraints of

attempting to work within private practice as well as within the NHS. To be intellectually and financially rewarding probably requires the same sort of mixture of workload and problems as currently occurs within NHS laboratories. Segregation of the work is likely to result in damage to any individuals practice as well as to the intellectual rewards. Both would be severely damaging to training in all branches of pathology. Current policies, if continued, will drive pathologists into chambers where they will protect their own interests. This will increasingly change the NHS provision of healthcare.

9. Who should be setting the agenda on the future shape of the medical workforce – commissioners, providers or both?

Assuming that the UK does not become a wholly dictatorial society, then development of the future shape of the medical workforce must be collaborative and requires the integrated experience of all those involved in healthcare. This is self-evident.

10. Are you confident that our medical workforce is shaped to support the healthcare needs of an ageing population?

Many healthcare needs of an ageing population are well-defined both with respect to clinical practice and to pathological investigations required to support such practice. With modern information technology, including detailed demographics and the age-distribution of populations, it would be relatively straightforward to know whether or not certain populations are being appropriately investigated to standards that might be anticipated. Without being intrusive, populations containing high proportions of the elderly could be monitored at a much higher level than currently occurs, to the benefit of those populations.

11. Are you taking a long-term view of recruitment?

The Royal College of Pathologists has, for a number of years, actively managed its recruitment and has identified trends and factors that affect recruitment adversely. The low profile of pathology teaching within the undergraduate medical curriculum has become increasingly damaging to the recruitment of quality UK medical students. Declining training budgets have also impacted adversely upon good medical graduates entering Pathology as a career. This trend has exacerbated deficits that have occurred as funds for vacated consultant posts (whether through resignation, retirement or death) have been withdrawn. The Royal College of Pathologists is aware of all these factors and has campaigned vigorously to increase its recruitment and to retain posts to which recruitment might be made. To assist this planned strategy, the College has not only maintained an active Workforce Database but has recently commissioned an Electronic Workforce Database so that contemporary information of high quality will be readily accessible at all times. This information is readily available, although there is little evidence of its use by managers!

12. Is there enough flexibility in the medical workforce to allow for the trend towards flexible working?

The Royal College of Pathologists is already engaged with The Department of Health through programmes such as Skills for Health and Life Sciences Task Force to be recommending, designing and implementing flexible working.

13. Should all UK graduates be guaranteed a Foundation training post?

The Royal College of Pathologists has strongly promoted experiential exposure to all pathology specialties within the Foundation Programme. Unfortunately, in many instances where creation or foundation posts in pathology disciplines has been advocated, funding has been diverted to subjects that appear to have a more immediate bearing on so-called “front-line” patient activities. Thus, relatively few medical graduates have been exposed to pathology disciplines during the latter years of their training with the consequence that no improvement in recruitment through the Foundation route has occurred.

All Pathology disciplines could accommodate the training of more Foundation Programme doctors, principally through attachments to the emerging centres of training that contain the wide spectrum of both general and specialist expertise required for balanced training of new pathologists. Unfortunately, problems of recruitment and training have been further exacerbated in years 2007-2008 by inclusion of the former MPET training monies in the general allocation to Strategic Health Authorities (StHAs). A large amount of this money has now been used to pay-off debts within those StHAs and has not been used, as formerly intended, for the training of young medical graduates into specialties.

14. Have you made plans to accommodate more Foundation Programme doctors?

See response #13. The Royal College of Pathologists has consistently advocated development of more Foundation programmes to encourage medical graduates in the latter years of their training to experience the work of pathology laboratories and the role those laboratories play in the diagnosis and management of patients. Unfortunately, as already stated, these intents have been largely forwarded by the allocation of available monies to support so-called "front-line" patient-related activities. Such an approach continues to be significantly damaging to the training of the emerging medical workforce.

15. Do you believe a modest over-supply of Graduates would be a good thing?

The Royal College of Pathologists is concerned with the training of medical graduates entering the pathology specialties with a specific remit to ensure that the standards of its trained members (i.e. Pathologists) are both maintained and are adequate to support healthcare in the United Kingdom. It is not appropriate for the College to comment on the numbers of medical graduates trained each year. However, in maintaining standards of training, it is probably correct to state that an element of competition becomes a form of natural selection whereby entry into Pathology becomes actively sought-after, and the trainee experience thereafter guarded, protected and fully utilised. The converse is that, if entry into any training programme becomes easy, and completion almost guaranteed with minimal effort, then the quality of the training is likely to suffer. The Royal College of Pathologists would like to see more medical graduates applying for its training posts, not because of any elements of competition but because of the varied professional expertise linking to every other specialism within medicine, thus providing the opportunity of fulfilling careers to its members.

16. Do you believe that current medical workforce planning is effective? If not, what could be done to improve it?

Current workforce planning is neither efficient nor effective since there is little evidence that data on workforce requirements is heeded by Trusts or Commissioners. The Royal College of Pathologists maintains a highly detailed database of its workforce and the demographic distribution of its members together with their expertise. For many years, significant deficits have been highlighted that adversely affect the clinical management of patients throughout the Country. Consistently, requests to amplify the pathology workforce in specific areas have been ignored, even though the detrimental effect of those deficits has been acknowledged. Until such time that workforce issues are driven by actual clinical need rather than political objectives, such deficits would not be adequately addressed.

17. Are you sufficiently involved or represented in the commissioning of medical training, from establishment of medical school places through to specialty training programme posts?

The Royal College of Pathologists has consistently campaigned against the almost universal removal of pathology teaching from the undergraduate medical curriculum. The detrimental effect of this doctrinal approach has been consistent over the years and has highlighted the detrimental effect that lack of pathology training is having on the emerging medical graduate population and consequently on healthcare in the United Kingdom. Token provision of pathology experience to a declining portion of the medical undergraduate population does not compensate for the lack of core training in pathology disciplines.

18. Do you envisage recruiting and employing Doctors from Outside the EEA in the future?

The Royal College of Pathologists does accept trained pathologists from outside the United Kingdom, and from outside the EEA. Such doctors may apply to work as pathologists in the United Kingdom either because they have relocated as emigres from their country of origin or temporarily to gain additional experience as part of on-going training. However, The Royal College of Pathologists does not operate or condone a policy of active recruitment from so-called "Third World" countries. Pathologists are recognised to be in short supply in many countries, particularly less-developed countries outside the EEA. Here, training pathologists have a vital role in developing indigenous healthcare systems. They require support through training but should not be encouraged to leave those countries for selfish reasons such as ameliorating workforce deficits in the United Kingdom.

19. *Has the recent change in work permits and EU membership had an impact on your medical workforce?*

Thusfar, only a small number of applications have been made through Article 14. No significant impact on medical workforce has occurred through recent changes in work permits and EU membership.

20. *Will increased EU Mobility have implications for your Medical Workforce?*

Throughout the EU, pathologists are in short supply, particularly those who are well qualified. To practice Pathology, in any of the disciplines, to an acceptable standard requires a high level of linguistic skill in the native language as well as a high level of qualification and experience in medicine as well as the pathological discipline. Thus, all pathologists are valued in their country of origin. Furthermore, they are usually mature in years with commitments to families, children's schooling and other social ties. As a group, it is unlikely that large numbers of trained pathologists would be expected to apply to work in the United Kingdom. This is the experience of The Royal College of Pathologists where a few EU pathologists make application to work, but the numbers have little impact on the UK Pathology Medical Workforce.

21. Does your Trust need any support to comply with the 48-hour week by 2009? If so, what would you find most helpful?

The Royal College of Pathologists cannot answer this question!

22. Do you believe doctors in training will gain all the necessary skills and experience for safe practice in reduced hours?

No! – Although evidence is anecdotal and controversial in this respect. However, there is no doubt that current medical graduates experience less training in the pathology specialties and in the science underpinning clinical practice than occurred in former years. Not only is knowledge in science and pathology disciplines accelerating rapidly, but following graduation there is no opportunity for medical graduates to learn those scientific and pathology principles they did not gain during their training. In general, such deficits in knowledge may not impact significantly in clinical practice. However, there are situations many in which failure to understand underlying general principles results in doctors being less prepared, flexible or adaptable in responding to clinical situations that could be managed in a more appropriate manner.

23. Which specialties are most challenged by the Working Time Directive?

All of the pathology disciplines currently require the majority of its medical workforce to work beyond the Working Time Directive. Irrespective of innovative technologies or systems reconfiguration, there remains a significant mismatch between pathology workload and medical workforce in pathology. It is of little consequence whether pathology is performed within the private sector or within NHS laboratories. In the UK, it is generally the same workforce moving between the

two sectors that is responsible for performing the work. Thus, a pathologist might work within the current Working Time Directive in an NHS laboratory, but then may spend a further period of time working within the private sector. Conversely, another pathologist may work extended hours either within the private sector or within the NHS laboratories. Thus, to comply with the Working Time Directive, an increase in medical workforce will be required.

24. Have you considered how your Trust can benefit from the introduction of Modernising Medical Careers?

The Royal College of Pathologists is already actively engaged in the implementation of modernising medical careers and, through its membership, advises Trusts on how best the principles of modernising medical careers might be implemented.

25. ***Have you incorporated the increasing number of trained doctors into your workforce plans?***

The Royal College of Pathologists would welcome an increase in recruitment of doctors into training in its laboratories and to increase its medical workforce. However, within the current environment, for reasons already stated, it is unlikely that additional members of graduates will apply for training.

26. How will the new fixed-term specialty training posts fit into your structure?

These posts have a limited life-span so that they will disappear as the workforce becomes fully trained.

27. Will all trained doctors in secondary care be consultants?

The Royal College of Pathologists assesses the training and accredits individual pathologists as being fully competent in their specialty on completion of training. At that point, each individual is deemed to be performing at the standard of a consultant.

28. ***Do you believe all new CCT holders are fit to work immediately as consultants?***

The training of a Consultant, in whatever specialty, is a continuous and incremental process in which knowledge of the subject is assimilated and applied, while simultaneously, the individual in-training to become a consultant assimilates the working practices of the environment in which the routine work takes place. Therefore, one cannot define a single precise moment in which any consultant is considered to be fully competent in all aspects. Indeed, some of the assimilation of the working practices within the environment (the second phase of the training alluded-to in the opening sentence) requires each individual to be placed within the working environment in order to experience the necessary influences. Therefore, the considered answer to this question is that successful completion of training (as defined by The Royal College of Pathologists) together with award of CCT allows a prospective consultant to enter into their second phase of training. To become a fully-independent Consultant Pathologist, may take a totally-competent pathologist several more years working in an environment in which he/she is supported by colleagues but while delivering a first-rate consultant service.

29. ***Is there a need for a new specialist grade below Consultant?***

No.

30. ***How do you envisage the career options for doctors once they are on the Specialist Register?***

The Royal College of Pathologists is actively working with members of the Department of Health, particularly on programmes that include Agenda for Change, Life Sciences Task Force and Skills for Health. The College supports the concept of flexibility and adaptability such that the medically-

trained pathology workforce is able to respond appropriately to novel demands of the service as well as to the individual career desires and preferences of individual members of that workforce.

31. Has Modernising Medical Careers changed your relationship with your deanery?

Members of the Royal College of Pathologists have always worked very closely with Post-graduate Deans in order to ensure that pathology trainees are fully and appropriately supported. A number of common problems require joint planning, particularly limitations of funding in supporting training programmes. Introduction of MMC might have further strengthened that already strong relationship.

32. Do you believe medical students and doctors in training receive adequate career advice?

Hitherto, the United Kingdom has not been directive with respect to the appointment of young medical graduates to particular specialties, unlike some more authoritarian countries. In the UK, it has generally been the personal preference of individual medical students and young medical graduates, based upon their experience and exposure to different specialties while in training. This aspect is of particular importance to the recruitment and training of pathologists. Previously highlighted in this document, pathology is no longer included as a core subject in many undergraduate medical curricula. Furthermore, the Foundation Programme has been singularly unsuccessful in promoting experience of pathology to young medical graduates. Therefore, the profile of all pathology disciplines is extremely low, such that relatively few medical students understand that pathology, as a discipline within a group of specialties, might provide a worthwhile and fulfilling career. It is difficult to comprehend how provision of passive advice might enhance pathology when active experience of this collection of specialties is sufficient to ignite the interest and curiosity of those best suited to these subjects.

33. How can we put in place a better workforce planning system to account for this? What would it look like? Who should be responsible?

Workforce Planning is a highly complex subject in which many of the variables are either unknown or are outwith the control of any one group of individuals. Therefore, it is not possible to give a single simplistic answer to this question. The principle conflicts are:

i. Lack of profile of the pathology disciplines both within the Undergraduate Medical Curriculum and also within much clinical medical practice, even though pathology underpins the majority of diagnoses and patient follow-up and management.

ii. Lack of profile is reflected in a relative shortage of suitable medical graduates applying for training in the pathology disciplines. Therefore, there is very little competition for those places that do exist. The consequence is that many (but not all) of those recruited, while performing perfectly adequately, are unlikely to drive-forward the subject particularly through academic/research activities.

iii. Pathology has always been considered a financial “soft target” by Trusts wanting to conserve money or reduce debts. Regarded (incorrectly) as not being a so-called “front-line” patient-activity, it is commonplace that funds are directed away from pathology towards ostensibly more obvious patient-care activities. Evidence for such an assertion is obvious in the recent diversion of MPET teaching monies from training to the short-term settlement of Trust overspends in the current financial year 2007-2008.

iv. Pathology services are commissioned by Strategic Health Authorities and are based upon those clinical activities to be pursued by Trusts within the StHAs. The profile of the individual pathology services commissioned is therefore driven by external forces that include a combination of finance and clinical activities but not by the pathology services themselves.

v. From entry into pathology training, there is a minimum of 5 years before an individual medical graduate gains the CCT. Thereafter, there is a necessary period of time in which that qualified pathologist assembles and develops all the necessary skills to be regarded as a truly independent pathologist. Realistically, the total time necessary for a medical graduate to be recruited and to become fully functional is not less than 8 years. This is a long time-scale in the current planning and commissioning of activities of Strategic Health Authorities. Mismatch in time represents a significant barrier to accurate workforce planning and should be enforced by a mechanism other than that currently employed.

34. How will trained doctors whose knowledge and skills are no longer relevant access retraining? Who should be responsible for planning and funding retraining?

This is an uncommon situation. Trained doctors are valuable members of the community since they have skills unique to their clinical training and so should not be discarded or disregarded simply because their detailed knowledge may not be contemporary. Re-training could occur through established training schools following aptitude assessment, as currently occurs for young medical graduates at the beginning of their training. In many instances, maturity of the trained doctors will allow a view of medical problems not available in those who are much younger and less experienced.

35. Are the new training curricula taking sufficient account of new technology and treatments?

The Royal College of Pathologists is alert to the potential role of new technologies, both diagnostically and therapeutically. However, workforce constraints and lack of funding both for new staff and capital equipment strongly mitigate against an affective and comprehensive introduction of new technologies into the laboratories. This deficit cannot be readily resolved simply by re-configuring laboratory practice or by delegating some duties of medically-trained staff to scientific and technical staff. There needs to be a more comprehensive evaluation of new technologies and a realisation that the new staff recruited should have received more robust scientific and technical training than occurs at present.

36. Should more of the current work of doctors be taken on by others, for example nurse consultants, medical secretaries or other healthcare professionals in newly developed roles?

The Royal College of Pathologists, working together with members of the Department of Health through programmes such as Agenda for Change, Skills for Health and Technology Foresight Programmes fully supports for the re-development of more clinically-directed roles for consultant medical staff within laboratories. This will require the re-assignment of some of the roles currently undertaken by medically-trained pathologists within laboratories.

37. How will the development of the wider clinical team affect medical training programmes?

In any organisation there must be strong management with central direction. Such a proposition as that advocated in the Discussion document sounds like a prescription for dissipated responsibility with the effect that medical training programmes will be further “dumbed down” with loss of responsibility by a medically trained consultant. Over all, this will have a negative impact.

38. *Would you like to see the current consultant contract amended and, if so, why?*

This falls outside the remit of The Royal College of Pathologists. However, recent and current trends have been to erode the support for professional activities within the normal consultant contract. With respect to the activities of Consultant Pathologists, such time is sacrosanct and should not be reduced by those pressures that have already eroded the training of junior pathologists (see above).

39. *Will the working practices of non consultant career grade doctors change as a consequence of their new contract?*

This is outwith the remit of The Royal College of Pathologists.

40. Do you expect a significant number of doctors to move on to the specialist register through the Article 14 route?

Current experience of the Royal College of Pathologists is that such numbers are very small.

41. What will the doctor of the future look like?

Here is a likely distinction between expectation and reality. The doctor of the future should be fully competent in the clinical management of patients through a deep understanding of the scientific and pathological basis of disease. The reality is that he/she will be a politically-correct apparatchik who responds to clinical situations in a protocol-driven and codified manner. If such an event occurs, it will be highly detrimental for the medical profession and patients alike as well as being severely damaging for society as whole.

42. What skills and attitudes will employers be looking for?

This is outside the remit of The Royal College of Pathologists.

43. What roles and procedures will doctors perform in the future? What will be needed from medical training to deliver this?

This is a political question that lies outside the remit of The Royal College of Pathologists. However, a response to this question has already been provided, in part, through the response to question 41 (above).

Conclusion

Overall, this is a naive document that exposes many errors and misconceptions currently held by employers and managers within the NHS. There continues an inherent advocacy of a 'top-down' directive approach without an acceptance that medically-trained doctors are probably best suited to develop the environment necessary for good clinical care within society. Obvious lack of appreciation of fundamental constraints such as time and money do not engender confidence in the proposed discussion or consultation process as advocated at the beginning of this document.