

## HEE Workforce planning – Call for Evidence 2021

The Royal College of Pathologists' Clinical Science Committee have been invited to submit evidence to support the development of a long term workforce planning strategy. For Pathology, the aim is to understand the demand and supply trends for staff in England to then support the best response through the commissioning process. The Association has been invited to respond via the Clinical Science Committee to ensure that the increased role of Clinical Scientists is recognised and evidence provided that can be incorporated into the reply to ensure the recruitment of appropriate numbers to meet service needs.

Clinical Scientists are highly skilled employees working at Consultant level who provide laboratory leadership and direction, contribute to diagnostic pathways and provide clinical liaison and advice to medics on appropriate requesting and the development of new services to benefit patient care. Given the pressure on medical workforce, there is an increasing need for the clinical science workforce to expand – both in terms of training numbers but also mitigation to stop existing scientists leaving, going abroad and retiring early. There are challenges ahead and it is necessary to expand and support the Clinical Scientist workforce to ensure we can meet these challenges. The development of Community Diagnostic Hubs, expansion of point of care services, use of clinical scientists in clinics and the impact of genomics on day to day laboratory investigations will mean that the roles for Clinical Scientists are going to expand. However, as the data below demonstrates the NHS currently has a deficiency in workforce before taking the expanded roles into account.

The COVID-19 pandemic has also highlighted that existing labs had limited capacity (personnel and analytical) which needs to be addressed to ensure that we are better prepared for future challenges. This includes training sufficient Healthcare Scientists up to Consultant level as these roles are vital to laboratory leadership and the scientific developments required to respond to such challenges. The burden of assay roll-out and delivery fell heavily on an already under-resourced workforce, which resulted in a negative impact on the physical and mental health of the current workforce.

The recent RCPATH surveys along with the recent Association workforce data review highlighted the following:

- **Clinical biochemistry**

The 2017-18 RCPATH survey identified 193 medical consultants but only 60 medical trainees, and 219 clinical scientist consultants with 246 training scientists. Over the next 10 years, 80 clinical scientist consultants are expected to retire. Hence, there are not enough medical and scientific trainees to replace consultants in the future. Whilst an average of 20 new STP posts per annum are recruited very few move into higher specialist scientific training and this is not enough given the expanded roles discussed above. A recent ACB survey highlighted that 10% of jobs are not filled for this discipline. Scientists from this discipline also tend to fill specialist paediatric scientific roles and toxicology roles so forward planning is required to ensure these posts are also filled. Recent data from Clinical Biochemistry will be submitted alongside this paper.

- **Immunology**

The 2018-19 RCPATH survey identified 95 medical consultants with 42 medical trainees and 26 scientific consultants with 5 scientific trainees. Current ACB workforce data demonstrates there are 16 Consultant Clinical Scientists across the UK in Immunology and 14 HSSTs at various stages of training, with annual recruitment of 2-3 posts. Most are being trained as succession planning for the laboratories they are currently employed, not for new posts that are being created with new training. The change of medical training will result in a greater requirement for Clinical Scientists. Due to changes in the Immunology curriculum, a proportion of medical trainees will be solely trained in clinical aspects without inclusion of the laboratory content, meaning that we need to ensure the shortfall of clinical leaders within the laboratories are covered by Consultant Clinical Scientists. STP numbers are steady and we train on average 3-4 a year, with 75% retention although not all in Immunology. 50% stay Immunologists in the UK. As such more trainees are required.

- **Haematology**

The RCPATH survey identified insufficient clinical scientists to meet needs. Findings suggest that increasing numbers of medical and scientific consultants are needed to meet service requirements. The ACB has limited data from our members as very few are Haematology Clinical Scientists.

- **Microbiology**

The 2019-20 RCPATH survey identified 682 medical consultants, 250 medical trainees and 42 medical vacancies. There are 48 scientific consultants and 25 scientific trainees. With many new medical trainees likely to work mostly on infectious diseases, shortages of laboratory microbiology consultants are predicted. For this discipline there are some key areas also to consider:

- Medics infection training has changed and there is a requirement to increase HSST posts (or routes to equivalence) to ensure we have sufficient Consultant Microbiologists & Virologists.
- Infection is an often overlooked discipline and impacts on all aspects of healthcare. Workforce planning has been historically poor.
- The management of antimicrobial resistance (AMR) has been highlighted as a priority by government and resources are required to meet this challenge.
- Infection prevention and control (IPC) is an important, but poorly taught and poorly recognised aspect of infection services. This needs to be promoted as a more important part of infection training in general.
- COVID-19 has shown the power of whole genome sequencing. Sufficient capacity, with particular focus on sufficient specialised bioinformatics to analyse and interpret data, is required.
- Increased populations susceptible to opportunistic infections will add pressure to services and the workforce as well as increased zoonoses due to human-animal contact associated with population growth, changing land use, agricultural practice, urbanization (COVID-19, Ebola, Hantavirus, avian flu)
- Increased STI risk associated with HIV pre-exposure prophylaxis

Each discipline represented by the ACB membership have some immediate shortfalls and urgent requirements that are being reviewed as part of the HEE Increasing diagnostic workforce capacity and capability group, but all disciplines have the following common themes that contribute to the need for increased requirements for Clinical Scientist roles that need to be documented as part of this review:

- Expanded roles for Clinical Scientists
- Diversion of medics into solely clinical roles
- Impact of flexible working on WTE numbers
- Increasing medics and scientists moving from the UK for employment
- Ensuring the workforce numbers have the capacity to cope with future demands following COVID-19

The Association would like there to be an increase in funding to employ more trainees to meet the future service need and monies/strategies to develop and retain existing trainees. This will ensure the future of a highly skilled workforce that can continue to provide expert scientific input into diagnostic pathways and laboratory leadership.