

Review of the NHS (Wales) Workforce – Call for Evidence Questions

Contact details

Name	Ms Avril Wayte
Job title/role in organisation	Assistant Registrar
Pathology Specialty	Medical Virology
Organisation (in full please)	Royal College of Pathologists
Contact email	avril.wayte@wales.nhs.uk / Fiona.addiscott@rcpath.org
Contact number	01248 384262 / 020 7451 6726
Submission version (if you resubmit at any point)	1
Date	29/09/2015

Integration of health and social care

The identification of new models of service delivery which are at the forefront of the integration of health and social care along with an analysis of the barriers experienced by such models and associated ways of working. We would welcome your views in this regard and in particular we would welcome your views concerning:

How have other countries/health systems adapted to meet exponential increases in demand for health and social care provision?

One initiative is that the Royal College of Pathologists and Royal College of Physicians applied to and have received approval from the GMC for a Combined Infection Training (CIT) programme. The infection control training model is expected to lead to alignment of microbiology and virology with infectious diseases and may lead to a more clinically orientated profession.

- Initially, CIT will be a common two year, integrated laboratory and clinical programme prior to trainees progressing to separate CCTs in Medical Microbiology, Medical Virology, Infectious Diseases and Tropical Medicine. An NTN in one of these (or a dual programme) will be confirmed at the recruitment into CIT.
- The first tranche of trainees has started on the new system in August 2015. (See **Appendix A**, Infection training flow diagram)
- Pathology reorganisation, particularly in England, is having a significant effect on Medical Microbiology and Virology practice given that many acute hospitals no longer have an on site laboratory which needs managed (part of the rationale for the changes in Infection training).
- Private companies in England, which now provide the laboratory service, may have a different range of diagnostic investigations with greater emphasis on automated diagnostics procedures and genetic analyses in place of some traditional methodologies. This is impacting both on the routine work of consultant Virologists as well as the capacity to train doctors for the future.

What factors have led to the increases in demand for provision within these countries/systems?

Virology is the diagnosis and treatment of infections e.g. HIV and hepatitis. Virology remains a growing and increasingly clinically relevant specialty with rapid progress in diagnostics and treatment as well as of continued relevance to public health and infection control.

The factors include:

Increased demands for virological clinical opinion concerning :

- the management of patients with viral infections with the advent of more sensitive, specific and rapid tests and new antiviral drugs
- tests for antiviral drug resistance particularly HIV, hepatitis B and C, cytomegalovirus (CMV), herpes simplex virus infections and influenza
- increasing numbers of both recipients of and types of organ transplantation, increasing numbers of patients treated with immunosuppressive drugs
- novel viruses often with potential for widespread disease include MERS-CoV, avian influenza A H7N9 virus, Ebola virus, dengue virus and chikungunya virus infections from a diagnostic and infection control perspective

Together with laboratory centralisations/mergers, joint ventures with private companies have changed the

virological landscape in the last few years with varied results. This has not had an immediate effect on medical workforce numbers but is likely to do so in the future.

What criteria have been used to assess degree to which integration of services has contributed to effective management of demand?

Not known

To what extent can these models be replicated in Welsh system of health and social care?

Not known

What barriers have been identified in inhibiting successful implementation of such models?

Not known

How might such barriers be overcome within Welsh context?

Not known

Future workforce skill and skills mix

The workforce of the future; the staff and skill mix the NHS needs to ensure patients continue to receive high-quality care as close to their homes as possible. We would welcome your views in this regard and in particular we would welcome your views concerning:

To what extent has service provision changed within NHS Wales and across social care in Wales over past 10 years?

Not known

How has the composition of workforce changed within the same time period – numbers, type, location, etc?

In 2005:

- There were 2 medically qualified consultants in post in Wales in Medical Virology. In addition there were 2 consultants in Medical Microbiology/Virology in post.
- There was 1 trainee in post in Medical Virology. There were 7 Medical Microbiology trainees and 1 trainee in Infectious Diseases.

In 2015:

- There are 6 medically qualified consultants in post in Wales in Medical Virology. (see [Table 1](#))
- All 6 are under the age of 50.
- There are 2 trainees in post in Medical Microbiology/Virology and 2 in Medical Microbiology/Virology and Infectious Diseases. There are currently no trainees training in single specialty Medical Virology.
- One of the dual Medical Microbiology/Virology trainees is an academic, doing a PhD.
- Two trainees are male and 2 are female. 1 of the females is part time.
- The trainees are provisionally due to obtain their CCT in the following years: 2 in 2015; 1 in 2016; 1 in 2018.

What are the key strategic drivers that will influence trends in service provision over next 10 years?

- The move to broader infection training where virologists, microbiologists and infectious diseases physicians will all receive core medical training and laboratory and clinical infection training will lead to specialist virologists with more clinical input and direct patient care in an infection team. Such Infection trained doctors may be expected to participate in acute medicine rotas which may alter working practice and reduce time spent in laboratories.
- Increase in 7 day working in virology may lead to need for increased numbers required.
- Consideration must be given to the waiting time for results that are not required urgently i.e. same day. From an infection control perspective, same day chlamydia, gonorrhoea, respiratory virus testing, as examples, would help reduce transmission. However, a discussion about what the population feels about waiting times for test results that are not urgent may reveal that 24/7 access is not necessary.
- Virology is at a crossroads. There are already bigger centres with experienced staff carrying out in-house and commercially available specialised tests as well as high volume assays and smaller centres

<p>running commercially available specialised tests with less experienced staff.</p> <ul style="list-style-type: none"> • Regional virology centres are expected to integrate fully with microbiology and genomics.
<p>What structural/organisational changes may be required to address such changes?</p> <p>Not known</p>
<p>What are the likely workforce requirements to meet such demands on service provision over next 10 years?</p> <ul style="list-style-type: none"> • There is a need for more medically trained Medical Virologists to meet demands of service provision over the next 10 years. • In addition, there is a need for more clinical scientist Virologists to be trained to meet demands of service provision.
<p>What are the likely deficits in workforce supply over next decade?</p> <ul style="list-style-type: none"> • The impact of recent changes in provision of NHS pensions is forecast by many organisations to have a significant effect on the retirement age of many consultant Medical Microbiologists, with the likelihood of earlier retirement. In addition, those consultants in receipt of ACCEA merit awards are also likely to retire early before the risk of these pensionable additions to salary are challenged. • Although virologists usually have a skeleton service at weekends, the introduction of 7 day working would require an increase in virology consultant numbers. Our service models incorporate Microbiologists, Virologists and Infectious Diseases consultants, thereby providing a wider pool of people to do the work.
<p>How can such workforce supply deficits be addressed?</p> <p>Not known</p>
<p>What policies are in place to address such deficits?</p> <p>Not known</p>
<p>What new professional groupings and roles will be required? e.g physician assistants, advanced practitioners.</p> <p>Not known</p>
<p>What is the evidence for the effectiveness of such groups and roles in meeting supply deficits?</p> <p>Not known</p>

Efficiency and prudent principles

Areas of potential efficiency, taking into account the principles of prudent healthcare, in order to address the long-term financial challenge between 2016-17 and 2025-26 set out by the Nuffield Trust. We would welcome your views in this regard and in particular we would welcome your views concerning:

<p>How can the ‘only do what only you can do’ principle be translated into an estimate of workforce configuration in the future?</p> <p>Not known</p>
<p>How can the ‘only do what only you can do’ principle be factored into workforce planning mechanisms?</p> <p>Not known</p>
<p>What is the scope for professional substitution?</p> <p>Developments in higher specialist training for clinical scientists under Modernising Scientific Careers will see more of these individuals holding senior laboratory posts. The Royal College of Pathologists supports the employment of clinical scientists to work alongside consultant microbiologists and virologists in hospitals and clinical laboratories. Such individuals add to quality of service as well as being cost-effective. Their employment enables the release of medically qualified infection specialists to deliver direct patient-care activities. There is therefore a need to train a greater number of clinical scientists in virology.</p>

What are the financial implications of professional substitution?

Not known

What is the role of technology in compensating for time and distance?

- Ongoing increases in medical technology, e.g. in-treatment of cancers and utilisation of ITUs and HDUs is making increased demands on diagnostic laboratory services generally, with consequent impact on scientific laboratory staffing, and additionally on infection specialists such as microbiologists and virologists.
- Point of care tests and 24/7 working will lead to results being available more rapidly. Staff in health centres will need training and issues around quality control and clinical governance will need to be understood.

What are the financial implications of technological developments in this area?

Not known

Pay and reward

The long-term strategic direction for pay and reward for those currently covered by the UK Agenda for Change (and Executive and Senior Posts) contract terms and conditions. This will include the affordability of future pay and reward, set in the context of the Nuffield Trust's report; and the approach to considering, determining and setting future pay and reward. We would welcome your views in this regard and in particular we would welcome your views concerning:

What are your expectations for the long term strategic direction for pay and rewards within the NHS and in relation to pay and rewards within the wider economy?

Not known

What are your expectations with regard to the continuation of, or changes to, current pay and reward differentials?

Not known

What are the existing arrangements for A4C staff, executives and senior posts and how have these operated in each of the past five years?

Not known

To what extent does Wales have autonomy, authority and powers to be able to determine pay and reward mechanisms and to what extent does this vary as between A4C staff, executives and senior posts?

Not known

To what extent can the long-term strategic direction for pay and reward for people currently covered by the UK Agenda for Change contract terms and conditions be considered separately from a similar consideration of pay and reward for staff covered by the Doctors and Dentists Review Body?

Not known

To what extent can pay and rewards be considered in isolation from all the other terms and conditions of employment?

Not known

Appendix A

Infection training flow diagram

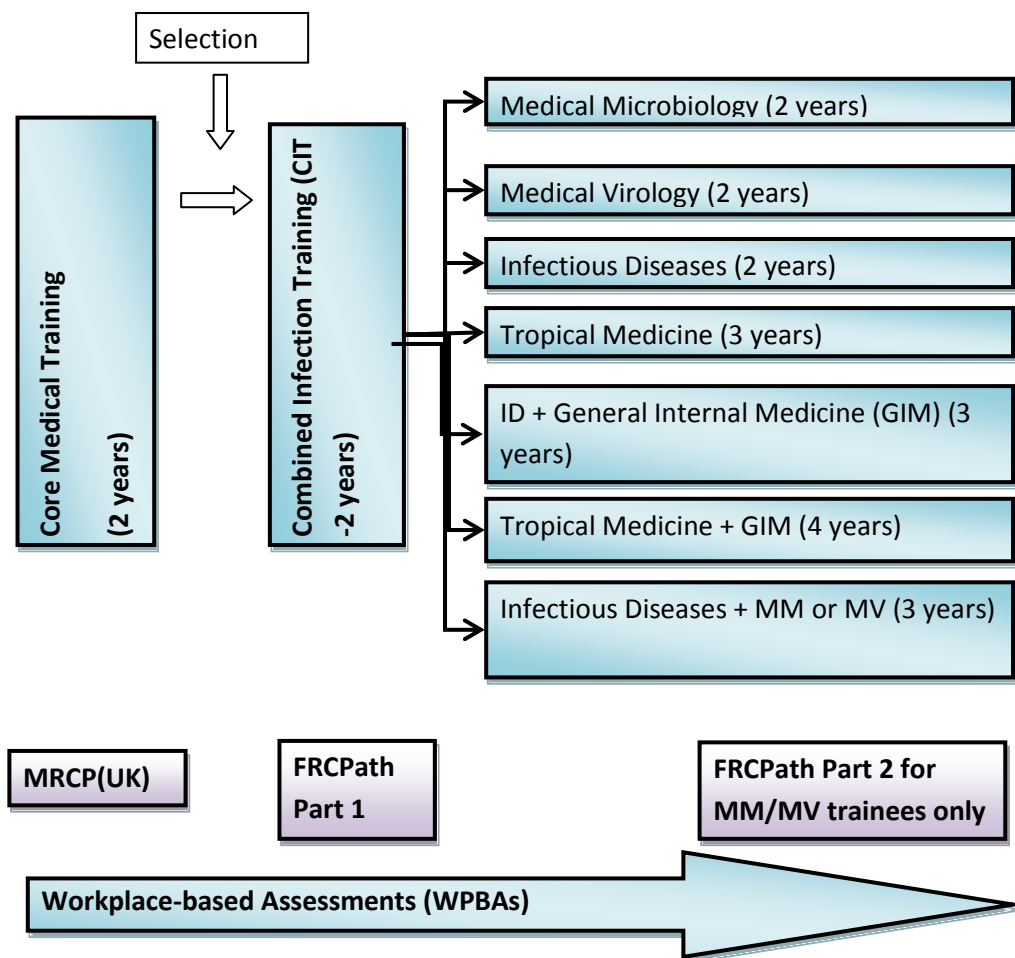


Table 1

Consultant Medical Virologists in Wales in 2015 (medically qualified)

