HEE Workforce Planning 2014/15 – Call for Evidence

To submit your evidence please complete this form. Please make your submissions relevant to the categories provided in the boxes provided. We have categorised the known drivers of demand and supply under the following headings, and believe this to be a comprehensive description of the variable involved.

You can provide extracts of reports into the free text boxes below, or submit a whole report with this form by clicking on the email at the bottom of this form. Please mark clearly in the email which of the below categories the report/evidence relates to, including any relevant page numbers. Where an extract is provided, please reference the source.

Please use Part 3 to submit any information/evidence that does not fit the below categories. You can also leave any comments/observations in the free text box.

Before completing the form below please submit your contact details here:

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Form submission:

Once completed please submit the form via email to hee.workforceplanning1@nhs.net making sure all supporting documents are also attached to the email.

Please make the subject of the email: HEE Workforce Planning 2014/15 Call for Evidence - The Royal College of Pathologists

Data Protection and Freedom of Information

The information you send us may be made available to wider partners, referred to in future published workforce returns or other reports and may be stored on our internal evidence database.

Any information contained in your response may be subject to publication or disclosure if requested under the Freedom of Information Act 2000. By providing personal information for this review it is understood that you consent to its disclosure and publication. If this is not the case, you should limit any personal information provided or remove it completely.

If you want the information in your response to be kept within HEE's executive processes, you should make this clear in your submission, although we cannot guarantee to be able to do this.

PART 1 – Future Service and Workforce Models

1. **Drivers of Future Service Demand**
   - Needs identified by patients and the public
   - Activity and epidemiology
   - Quality. Innovation, prevention and productivity
   - Funding
   - Other
2. **Future Service Models**
3. **Future Workforce Models**
   - Associated knowledge and skills – and assessments of the supply and demand position*
   - Associated values and behaviours – and assessments as above*
   - Workforce structure, team structure, skill mix, new roles.
   - Workforce performance and productivity

*NB: – this may include views on the efficacy and quality of education processes in equipping staff with these skills, knowledge, values and behaviours.

1. Drivers of Future Service Demand

- Chemical Pathology is predominantly a laboratory based specialty with the Chemical Pathologist bringing vital medical insight, direction and leadership to the nature and quality of the diagnostic service provided by the laboratory.
- The Chemical Pathologist also straddles the clinical-laboratory interface and is able to ensure that diagnostics are used properly in the clinical setting.
- They increasingly find themselves making significant and important contributions to how diagnostic testing can improve the whole patient pathway, with essential guidance, explanation and interpretation provided to other healthcare professionals who increasingly are unable to deal with the complexity of modern diagnostic medicine in an optimal manner without such input. The recently published Diagnostic Atlas of Variation demonstrates the huge variation in the level of use of diagnostic tests which in turn points towards significant levels of inappropriate testing and understanding amongst medical professionals.
- Such clinical liaison work is important for primary and secondary care, especially in providing advice to junior doctors and GPs about the most appropriate tests to request – especially important given that they have not had the same exposure to pathology compared to previous generations. Also in the near future there will likely be a need to provide more direct interpretative and advisory services direct to patients as they obtain the right to access their own results directly (April 2015).
- Chemical Pathologists are already pivotally involved in the provision of direct specialist patient care, notably in diabetes, obesity, lipid disorders, metabolic bone disease and inherited metabolic diseases in Trusts and Health Boards across the UK. These additional Chemical Pathologists roles are also forecast to experience

increasing pressure in the years ahead – as a direct consequence of the increasing prevalence of diabetes, obesity and lipid disorders which will undoubtedly impact heavily on the out-patient services typically led by Chemical Pathologists. This will inevitably lead to more involvement in community provision of services and the education of patients to prevent morbidity.

- The Chemical Pathologist is also becoming an increasingly important player, providing much needed clinically diagnostic insight, into the processes of reconfiguration, procurement and commissioning of pathology services, including areas such as repertoire, turnaround times and demand management that depend hugely on being able to make the link between diagnostic service and the needs of the patient.
- Pressure on Clinical Biochemistry (Chemical Pathology) diagnostic services continues to rise year on year both in terms of the number of samples but also with regards to the increasing complexity of requests, which includes a wider repertoire with molecular based testing beginning to emerge in some areas.
- The ageing population will continue to add pressure to the whole of diagnostics in relation to the inevitable increase in prevalence of multi-system and chronic disease processes.
- Chemical Pathologists working within the NHS and academia make significant contributions to research output both directly via their own driven research activity, but also by providing essential and important collaboration and diagnostic support to many other studies and trials.

2. Future Service Models

- The financial downturn, along with recommendations from the Carter Report has resulted in diagnostic services going through a process of reconfiguration which has by and large promoted the evolution of larger centres connected to smaller providers (hub and spoke model). The historic discipline specific boundaries have also begun to contract, with the concept of blood science based models also becoming common. This is likely to continue to be refined.
- The Health and Social Care Act of 2012 has also added a further level of complexity, with competition, commercial awareness and a risk of fragmentation of both services and the workforce providing such.
- The rising importance of quality in healthcare, highlighted by the NHS England publication of the Pathology Quality Assurance Review, will also drive all aspects of Clinical Biochemistry services in the coming years. Medical leadership and insight into this process will be vital to ensure appropriate quality milestones are achieved in relation to teaching, CPD, informatics, quality assessment and clinical governance.
- The increasing use and dependency on Point of Care Testing (POCT) will continue to expand not just in primary and secondary care, but also in the high street and in patient's homes. While there will be a vital input required from pathology professionals to ensure that the technical aspects of such POCT is carried out to sufficient standards; there will also be additional guidance from Chemical Pathologists in particular to ensure that any such service is clinically relevant, warranted and is performed and understood by the user of the test. It will be the responsibility of the Chemical Pathologist to redesign the patient pathway using

POCT and other innovative approaches to improve the clinical efficiency and patient experience.

3. Future Workforce Models

- Workforce models with Clinical Biochemistry services will continue to be delivered using a combination of Chemical Pathologists, clinical scientists, biomedical scientists and other support workers. This team approach is essential as it allows each member to bring an important, clearly identifiable and necessary capability that compliments the others in the team.
- There are clear distinctions between the contributions of Chemical Pathologists and clinical scientists.
- The particular insight of the Chemical Pathologist, using the combination of both medical training and experience along with diagnostic knowledge, will be vital to direct, advise and lead the provision of increasing complex diagnostic strategies that will have significant impact on patient flow and outcomes across the whole patient pathway.
- Continued and increasing demand on the particular direct patient care activities provided by Chemical Pathologists will also become apparent as a result of the epidemiological changes in relation to obesity and ageing that are affecting the population.
- Additional new roles will develop in the near future as a result of the increasing demand for interpretative services – potentially as a direct service to patients as they gain access to their own results. Such enquiry is likely to depend heavily on prior medical knowledge and may involve therapeutic insight and instruction.

Overall Part 1 comment

Chemical Pathology is a laboratory based discipline with the vital role of Chemical Pathologists bringing their medical and diagnostic insight to direct and lead diagnostic services both in terms of the laboratory aspects but also outside of the lab to influence patient pathways, define actions, provide interpretation and subsequent patient management. Their additional valuable role in direct patient care activities is an essential element of several specialist services, which complements their important laboratory based activities.

PART 2 – Forecast of future supply and demand – volumes

If you want to input evidence into the forecasting of future numbers you can report your perspectives on either;

i) the high level indicators; supply, demand, and any forecast under / over supply, or if available - Part 2.1

ii) the more granular components of these three components e.g. retirement rates, output from education relative to attrition – Part 2.2

2.1 Summary forecasts

- Forecast Workforce Demand
- Forecast Workforce Supply and Turnover
- Forecast Under / Over Supply

Summary Forecasts

1. Accuracy of Current Consultant and Trainee Numbers
Data can be derived from a number of sources such as that held by HSCIC or directly by the Royal College of Pathologists (RCPath). The HSCIC data (from January 2014) indicates 119 Consultant Chemical Pathologists in England. This compares with data from RCPath which indicates 177 Consultants. Neither data should be regarded as correct but clearly the importance of establishing a valid baseline on which to base workforce projections needs emphasising. The real number of posts is most likely to be closer to the RCPath estimate as it is a known problem with HSCIC data that many Chemical Pathologists are registered by their Trust employers incorrectly as histopathologists (as a result of confusion amongst clerical staff as to what is meant by the term "pathologist". A similar phenomenon is experienced with the classification of Chemical Pathologists in Scotland).
2. Baseline Current Consultants – likely to be near 177 rather than 119.
3. Baseline Current Trainees – RCPath figures record that there are currently 54 trainees in Chemical Pathology.
4. Supply/Demand. RCPath figures suggest that there are 83 consultants over the age of 55 – most of these are expected to retire in the next 5 years, with many choosing to retire early as a result of pension changes currently being implemented. The average training time for a consultant Chemical Pathologist has been identified as 6.5 years (RCPath training department calculations) with an attrition rate (trainees leaving the discipline of 20%). This will only add to the likely shortfall experienced.

2.2 Detailed / Component forecasts

Forecast Workforce Demand

- Service Demand drivers
- Change in use of temporary staff
- Addressing historic vacancies
- Skill Mix / New Roles
- Workforce Productivity

Detailed/Component Forecasts

1. Replacement Rates/Skill Mix. It has been suggested that reconfiguration, commissioning and commercialisation may result in some of these medical consultant posts not being replaced or replaced by consultant clinical scientist posts. It is the strong view of RCPath and the profession however that this would be a mistake with the likely need for Chemical Pathology input to rise in the coming years due to the important role and demand illustrated in section one.
2. Other Service Demand Drivers. Increasing laboratory workload, expanding clinical liaison and interpretative role, increasing specialist out-patient and community-based activity related to diabetes, obesity, lipids, metabolic bone disease, inborn errors and nutrition and increasing medical leadership relating to the integration of diagnostics into patient pathways, are all likely to impact positively on the need to have specific medically qualified Chemical Pathologists available.

Forecast Supply from HEE commissioned education

- Assumed training levels
- Under recruitment
- Attrition
- Employment on completion of training

Forecast Supply from HEE Commissioned Education

1. Assumed Training Levels – 54 trainees currently in England.
2. Under-Recruitment – this remains a problem. No trainees were appointed in 2013 in England despite 12 vacancies. 2014 recruitment is unlikely to have reversed this trend with early reports of only 3 places being filled. This contributes significantly to the risk of under recruitment and an imbalance in the supply and demand chain for Chemical Pathologists. RCPath and the profession have begun an active programme of awareness and encouragement throughout both undergraduate and postgraduate environments which will hopefully improve recruitment rates in the near future.
3. Attrition – the arduous nature of Chemical Pathology training (6.5 years average), including significant clinical components in the metabolic medicine sub specialty curricula and the current requirement for both MRCP and FRCPath mean that many trainees decide to leave the discipline part way through training. This is estimated to be of the order of 20% overall.
http://www.rcpath.org/training-education/specialty-training/chemical-pathology.htm has links to the curriculum for specialty training in Chemical Pathology and to the Metabolic Medicine curriculum. These set out the specific knowledge, skills and behaviour required of practitioners in the specialty.

Forecast Supply – Other Supply and Turnover

- From other education supply
- To/from the devolved administrations
- To/from private and LA health and social care employers
- To/from the international labour market
- To/from other sectors / career breaks and 'return to practice'
- To/from other professions (e.g. to HV or to management)
- Increased / decreased participation rates (more or less part time working)
- Retirement

Forecast Supply – Other Supply and Turnover

- **1. From other education supply** – Trainees in Chemical Pathology with metabolic medicine sub-specialty generally are recruited from Core Medical Training output. This is becoming increasingly difficult with fewer trainees from this source available and greater interest in other medical specialities. Some confuse the metabolic medicine component as being the main element of Chemical Pathology rather than the laboratory training – this leads again to increased attrition rates.
- **2. To/from the devolved administrations** – Scotland in particular was historically a net supplier of additional trainees to consultant posts in England. This has in recent years rescinded with Scottish training schemes being matched closely to Scottish demand.
- **3. To/from private employers** – increased opportunities have arisen in recent years for trained Chemical Pathologists to undertake careers in industry - in particular, private medical care, the in-vitro diagnostics and pharmaceutical industry recognise the talent and qualities of such trainees.
- **4. To/from the International labour market** – Chemical Pathology trainees have also been lost from the NHS to other countries such as Ireland, Canada and Australasia, with many additional opportunities in Laboratory Medicine opening up in the Middle East and Far East sectors.
- **5. Participation rates** – increased use of flexible working patterns, notably with female trainees and consultants has led to longer training times in the former and less than full time posts/participation in the latter.
- **6. Retirement** – the impact of the recent changes in provision of NHS pensions are forecast by many organisations to have a significant effect on the retirement age of many consultant grade staff. The likelihood of individuals retiring earlier is increased in the cohort who will be allowed to stay completely within the 1995 section of the NHS pension scheme. In a similar way, 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, with pay protection of these being removed in 2013.

PART 3 – General / Other Evidence not included elsewhere

1. The Greenaway Report

Whilst the current attractiveness of the discipline is a challenge, the additional impact of the longer training time spent in general medicine/surgery suggested by the Greenaway Report recommendations may add to the already arduous training schedule which could add an additional 5-6.5 years and a multi-stage FRCPath exam. Considerable discussion is currently ongoing within RCPath and the Chemical Pathology community to consider whether there needs to be significant change in the training curricula in order to make the specialty more attractive, but also more relevant to the discipline and the demands of modern diagnostics. The direction of travel will need to consider how the training for Chemical Pathology integrates with the Greenaway model of training. An opportunity exists to re-emphasise the laboratory based aspects of the discipline, with some of the metabolic medicine aspects of the current curricula for sub-specialty training better placed perhaps as post CCT credentialing based training appropriate to the individual's specialist interests and career preferences. There is much clarity required as to the direction of travel that stems from the Greenaway report; however we see this as an opportunity to more closely align the practice of chemical pathology with the needs of modern healthcare. This would lead to an enhancement of useful and valuable diagnostic knowledge to be driven by the Chemical Pathologist, allowing empowerment of other healthcare professionals and patients themselves to better use and understand diagnostics.

Consultant total by age