



The Royal College of **Pathologists**

Pathology: the science behind the cure

Response from the Royal College of Pathologists to

Facing the Facts, Shaping the Future

A draft health and care workforce strategy for England to 2027

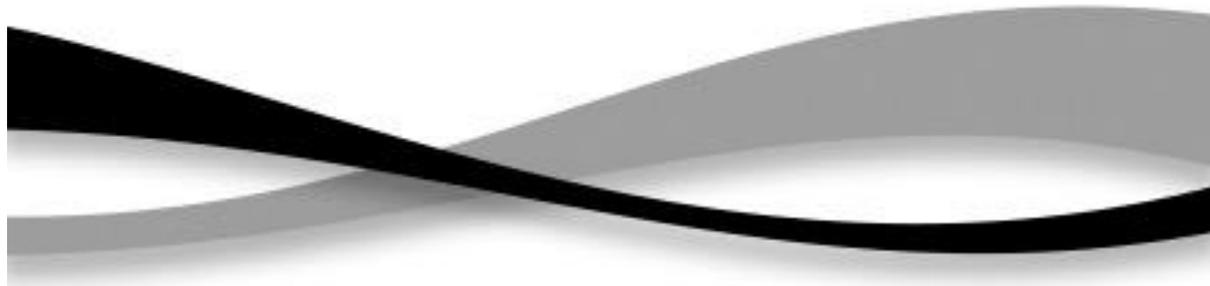
The Royal College of Pathologists' written submission

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1 About the Royal College of Pathologists

1.1 The Royal College of Pathologists (RCPATH) is a professional membership organisation with charitable status. It is committed to setting and maintaining professional standards and to promoting excellence in the teaching and practice of pathology. Pathology is the science at the heart of modern medicine and is involved in 70 per cent of all diagnoses made within the National Health Service. The College aims to advance the science and practice of pathology, to provide public education, to promote research in pathology and to disseminate the results. We have over 10,000 members across 20 specialties working in hospital laboratories, universities and industry worldwide to diagnose, treat and prevent illness.

1.2 The Royal College of Pathologists response reflects comments made by Fellows and members

2 Response

2.1 Consultation question one

Do you support the six principles proposed to support better workforce planning; and in particular will the principles lead to better alignment of financial, policy, and service planning and represent best practice in the future?

To some extent. We can be sure that the population will expand. But what else can we be really sure about?

Who can predict the strength of the UK economy next year, never mind many years from now. And that is not even thinking about the impact of Brexit.

There will no doubt be diagnostic and therapeutic progress in the next 10-20 years. But, in which diseases will this occur? How might this impact on workforce planning? Today's shortage specialties may not be short in a few years' time for technological reasons or because more people choose to pursue that career. What the drivers are for that is not always certain. In summary, there are areas of reasonable certainty to allow planning but also areas where such certainty is impossible.

2.2 Consultation question two

What measures are needed to secure the staff the system needs for the future; and how can actions already under way be made more effective?

Increasing the number of medical school places is a good start but, as the document states, it will be 2030 -2035 before they are fully trained consultants or general practitioners. How many of the current intake of students will work full time (barring maternity leave) in the NHS, as the majority of the current peer group within 10 years of retirement have done? The majority of emerging graduates are considering a much more flexible approach to their

working lives. This is backed up to some extent by the recent Foundation Doctor survey in which more than 40% were considering not working in the NHS or, not working continuously in the NHS. Part time work will also have a major impact on the number of available staff. These comments only apply to medical graduates.

There is a need to ensure that any increase in bed-holding specialties is matched by an increase in the laboratories where an increased demand for both scientists and medical staff is created.

2.3 Consultation question three

How can we ensure the system more effectively trains, educates and invests in the new and current workforce?

See comments regarding Question Five below regarding the medical workforce.

2.4 Consultation question four

What more can be done to ensure all staff, starting from the lowest paid, see a valid and attractive career in the NHS, with identifiable paths and multiple points of entry and choice?

Better careers advice in schools and universities. Well publicised and clear entry criteria based on agreed curricula for posts, with particular attention given to equivalence of different types of entry where applicable.

2.5 Consultation question five

How can we better ensure the health system meets the needs and aspirations of all communities in England?

Undergraduate and post graduate training programs can cover the needs and aspirations applicable to all communities. But, if you train in, for example, West Wales some of your experience will inevitably be different than if you trained in East London.

However, as long as local health care needs are understood and addressed by the local health care providers, such disparity in training should not be a problem.

2.6 Consultation question six

What does being a modern, model employer mean to you and how can we ensure the NHS meets those ambitions?

Non-sexist. Non-racist. No health care privatisation. Ban (absolutely) private practice from NHS providers. Ban all NHS staff from any private practice whilst contracted to the NHS. Recognise that doctors are at the epicentre of health care but that team work is essential. The most junior member of the team should be able to challenge the most senior without fear. When that happens, and it does, you can observe the whole team visibly growing in confidence and enthusiasm.

A bit more regard for those towards the end of their career. After nearly forty years of contributing (and in many cases running) a service for often severely ill patients, it may be felt that it is time for some to step down; not retire but just reduce the workload and stress. That is impossible without creating a significant additional burden on your colleagues. With the increase in retirement age, this is going to be exacerbated and attention should be given to this as a matter of urgency. It does fit with the strategy of increasing work force by encouraging retention.

The changes to the pension system, in particular the lifetime allowance and the punitive annual allowance taper make senior consultants far more likely to decide that early retirement is a good idea because by working longer all they will do is increase their tax bill with minimal extra benefit to their pensions. Since it is the long term plan to exist on a pension, the curtailing of the ability to improve the pension moves the window for taking the pension earlier. This means that senior staff will be lost and as there are not enough trainees, there will be an inevitable decrease in service availability and an increase in vacancies, not the expected decrease.

Concern was expressed about the presentation of data. There is a need to discuss whole-time-equivalents as well as staff numbers [that way we can tell whether the change in work commitments is affecting services]. Stating the number of people doing a particular job is not useful. If the number of people increases by 50% but they are now working half time, there is actually a 25% decrease in service availability.

The discussion document does not seem to consider the loss of people that is likely due to Brexit.

2.7 Consultation question seven

Do you have any comments on how we can ensure that our NHS staff make the greatest possible difference to delivering excellent care for people in England?

Provide the staff with excellent jobs, in decent surroundings, with fair employment conditions and pay.

2.8 Consultation question eight

What policy options could most effectively address the current and future challenges for the adult social care workforce?

No views were expressed by College members