Demographics of the laboratory workforce

- Dr Gareth Lloyd Rowlands

- Consultant Histopathologist

- Chair, Workload and Job Planning Recommendations Working Group

What did people have to complete for Histo/Cyto?

- 14 pages
- 32 questions
- 7 sections
- Contact details and workload
- Consultants – demographics (age group, gender, PAs etc)
- SAS/AS grades – demographics (same as Consultants)
- Predicted future requirements
- Locums – reasons and expenditure
- Autopsies – number, remuneration etc
- Comments

I looked at the data ...

Consultant Histopathologist in Cardiff

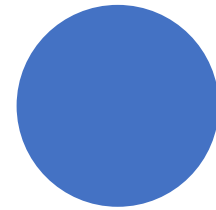Gynae > Non-gynae cytology > Skin > GIT

Chair of RCPath Workload & Job Planning Recommendations Working Group

Update document on 'workload scoring' from last edition
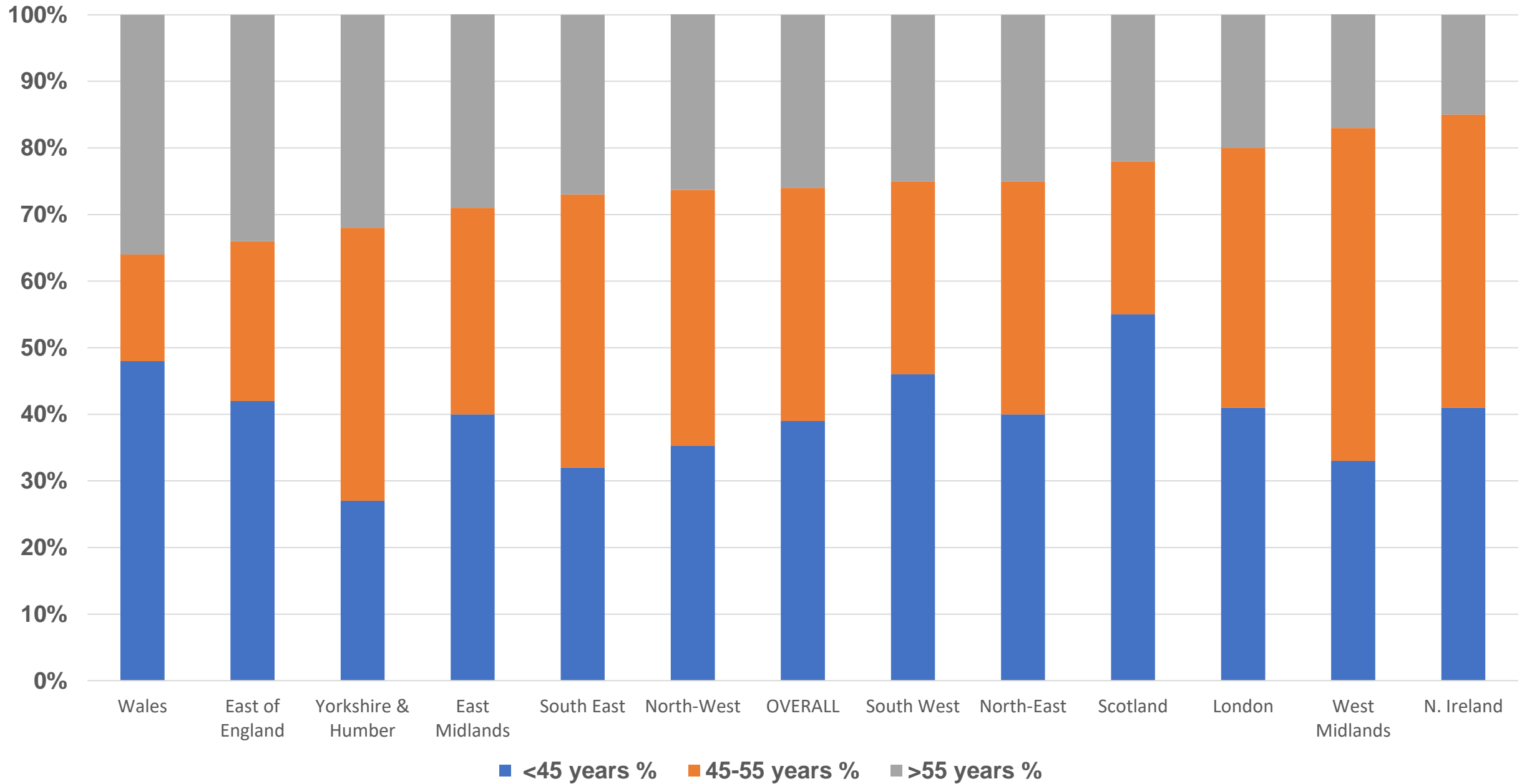
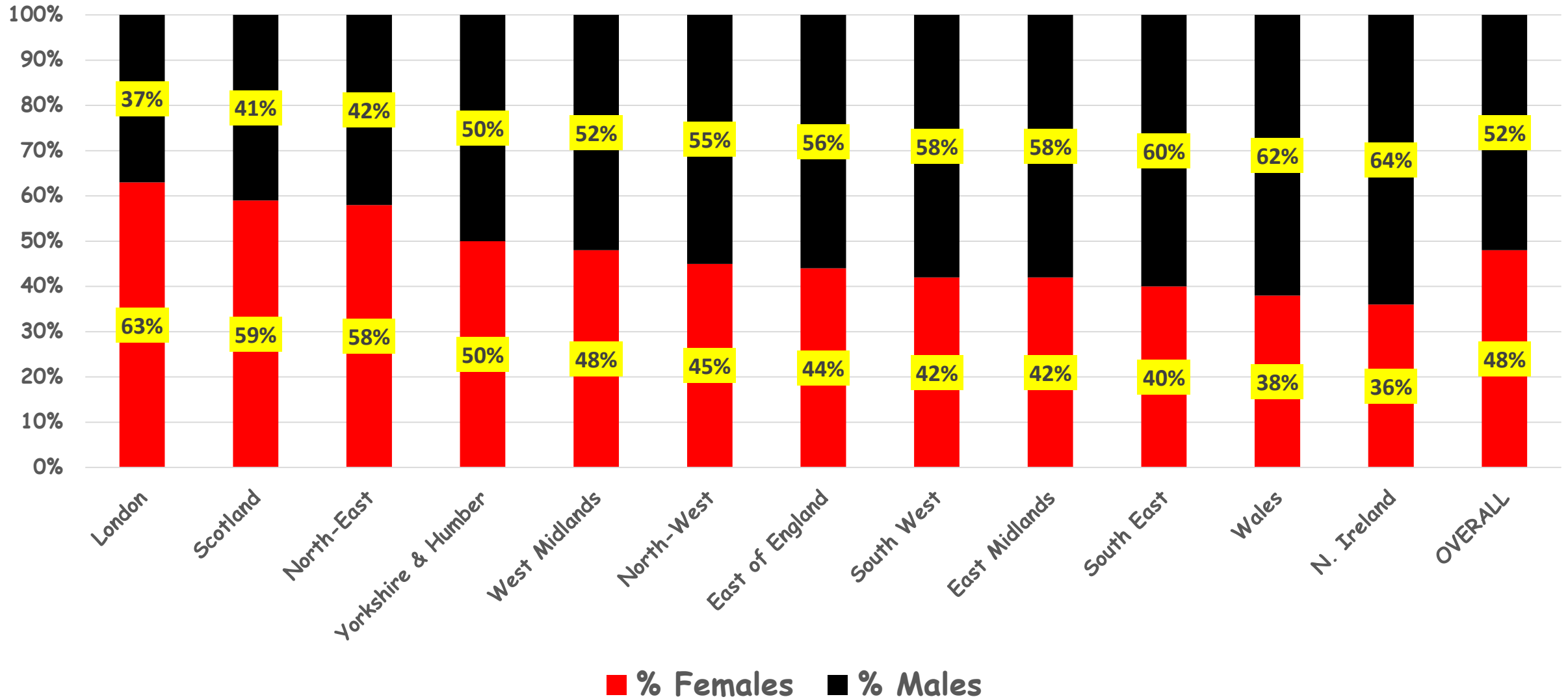# Histopathology and Cytopathology

Participation rates

- **73%** of organisations responded
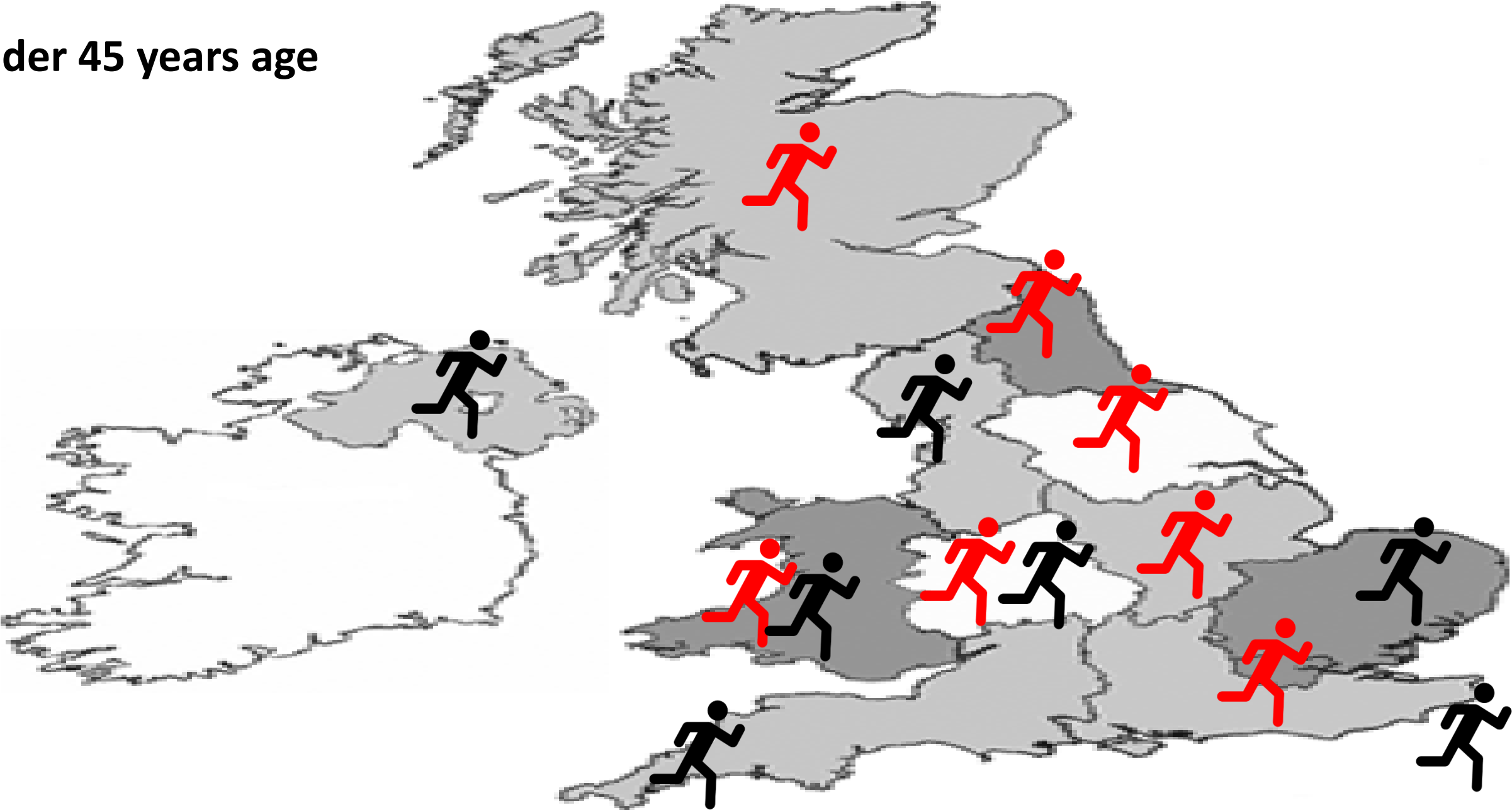
Age structure of the workforce (2017)

Breakdown of staff by age for each region/country (2017)

Legend: <45 years % | 45-55 years % | >55 years %

Pathologists, by Gender %, across the U.K. (2017)

Region	% Females	% Males
London	63%	37%
Scotland	59%	41%
North-East	58%	42%
Yorkshire & Humber	50%	50%
West Midlands	48%	52%
North-West	45%	55%
East of England	44%	56%
South West	42%	58%
East Midlands	42%	58%
South East	40%	60%
Wales	38%	62%
N. Ireland	36%	64%
OVERALL	48%	52%

Under 45 years age

45-54 years age

55+ years age
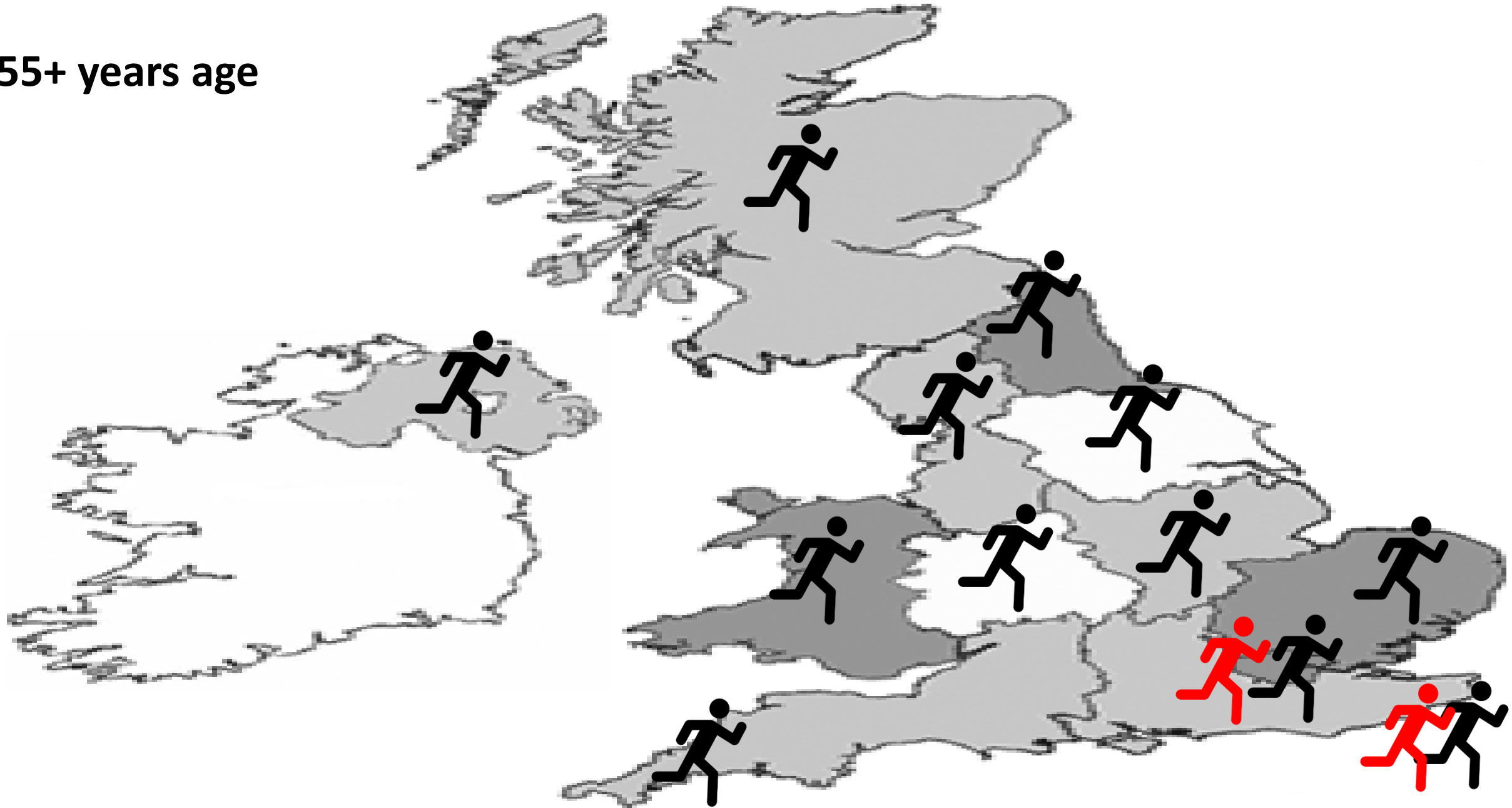
% of staff over 55 years age, by gender and region (2017)

Legend:
- % of Females 55y+ (red)
- % of Males 55y+ (black)
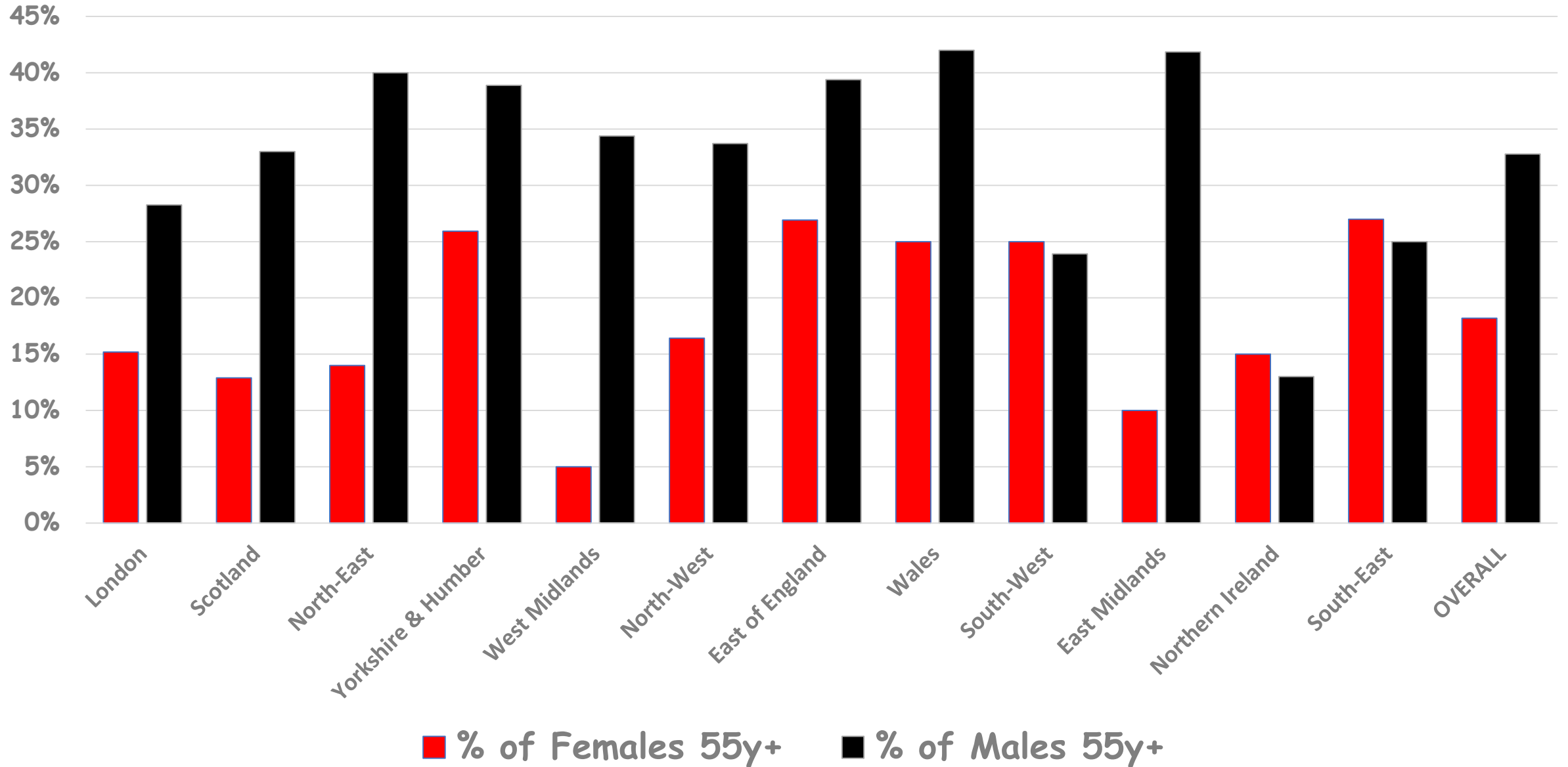
% of full staffing posts that are filled by substantives (2017)

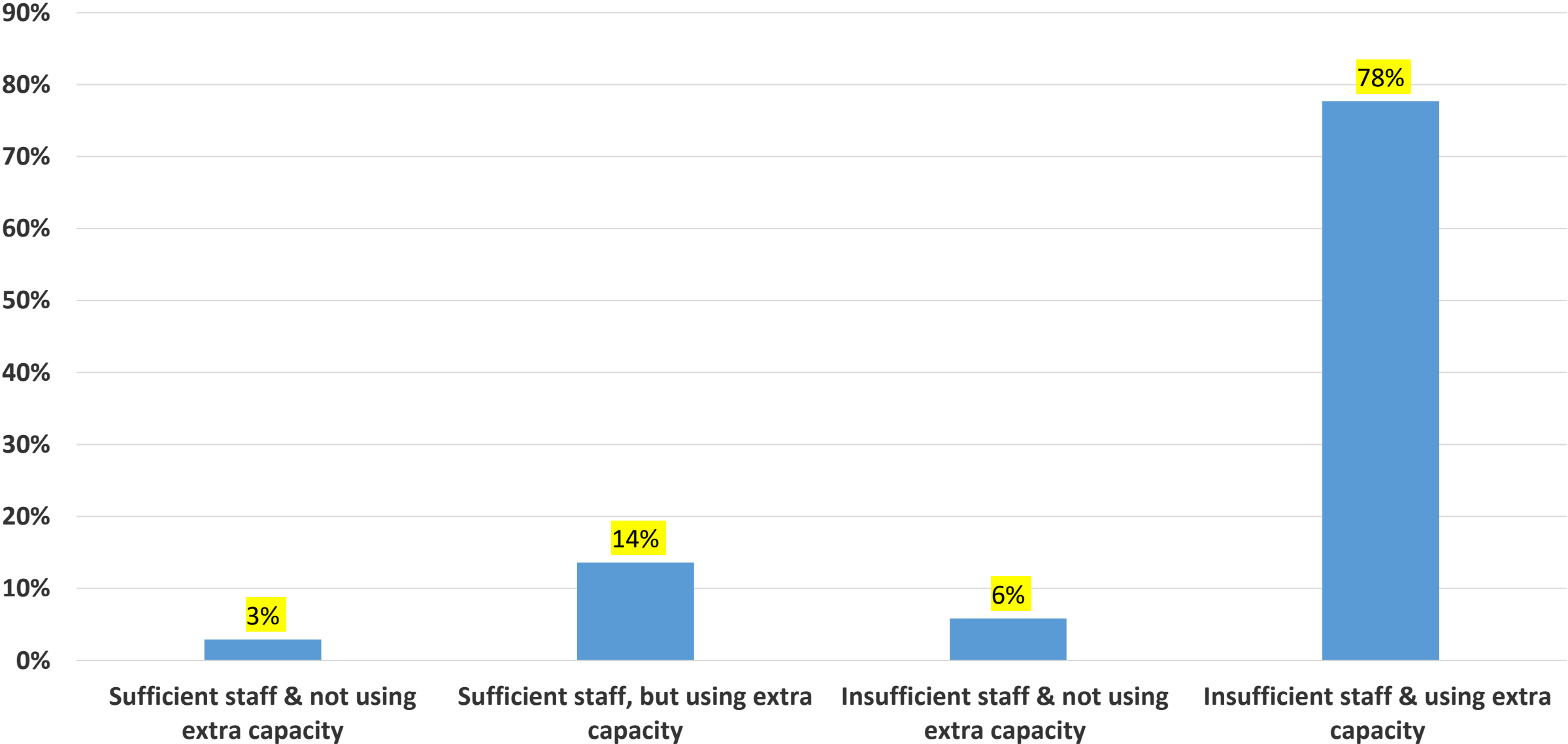| Region	%
East of England	85%
East Midlands	80%
Ireland	83%
London	75%
North-East	82%
North-West	77%
Scotland	89%
South-East	80%
South-West	77%
Wales	74%
West Midlands	75%
Yorkshire & Humber	84%
AVERAGE	80%
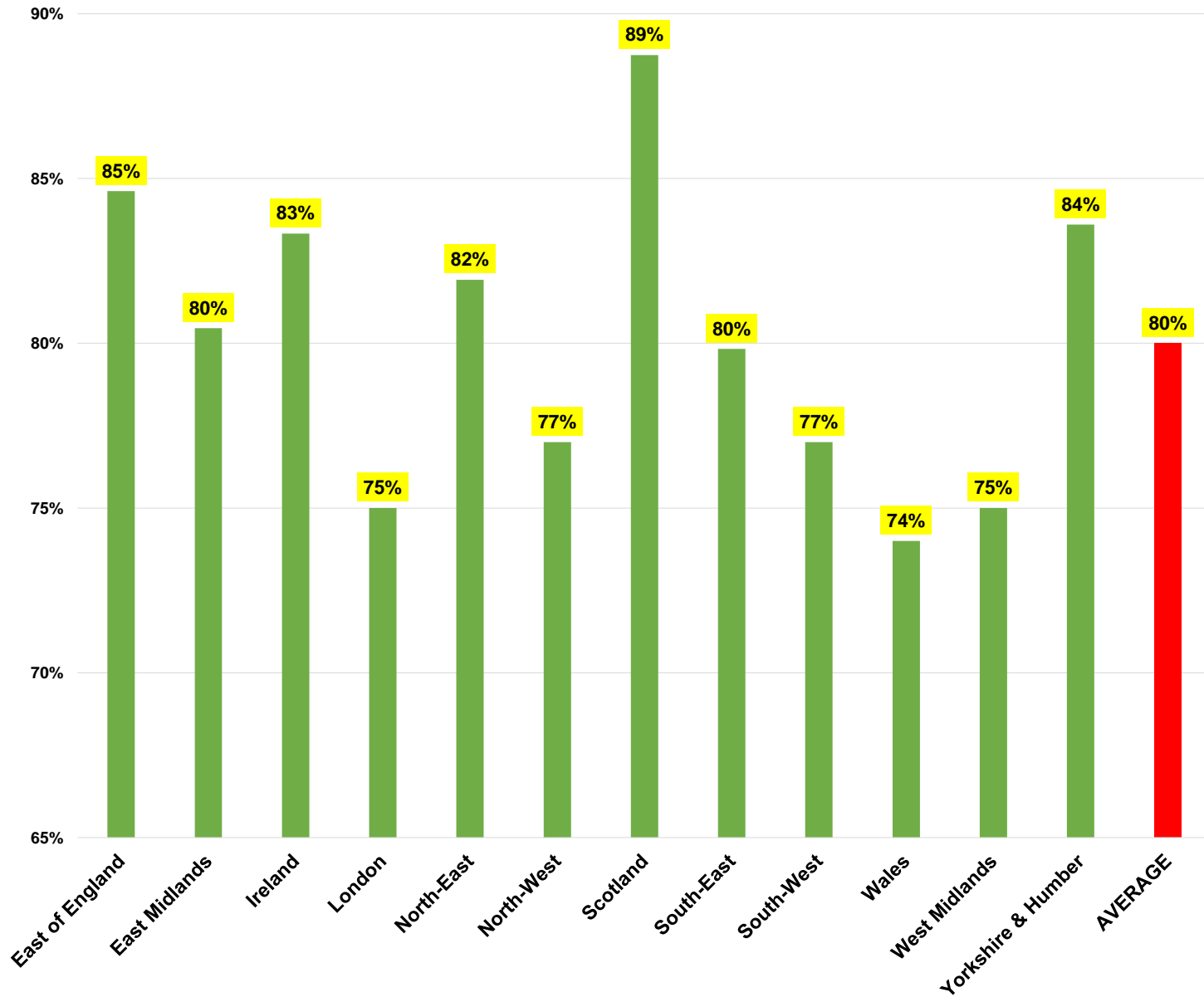
Why does the age structure matter for today's staff?

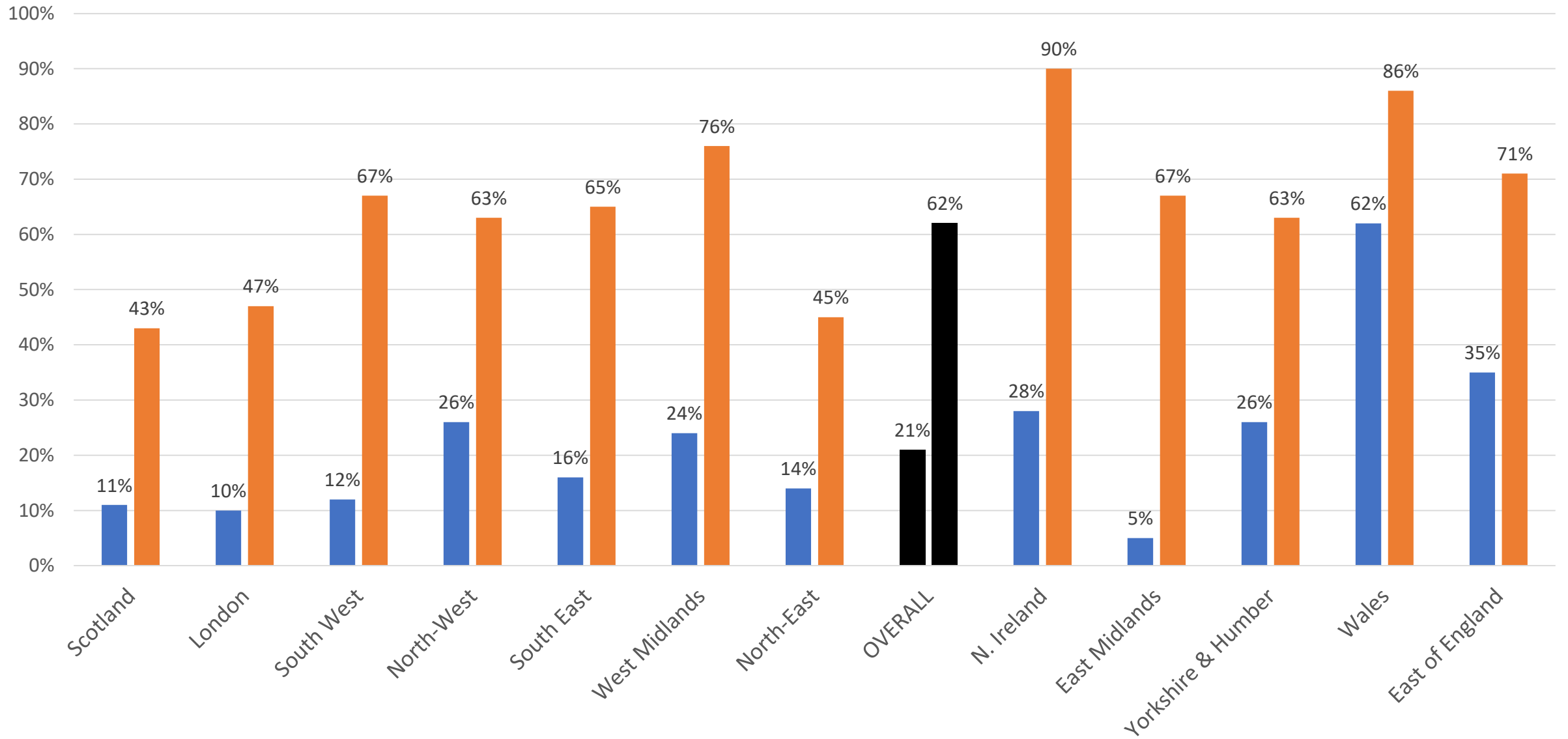# Departmental coping strategies (2017)

% of Departments with regards to Staff Adequacy & Utilising Extra Capacity (2017)

Category	Percentage
Sufficient staff & not using extra capacity	3%
Sufficient staff, but using extra capacity	14%
Insufficient staff & not using extra capacity	6%
Insufficient staff & using extra capacity	78%

% Staff On 12+ PAs and % Full-timers Working >10 PAs (2017)
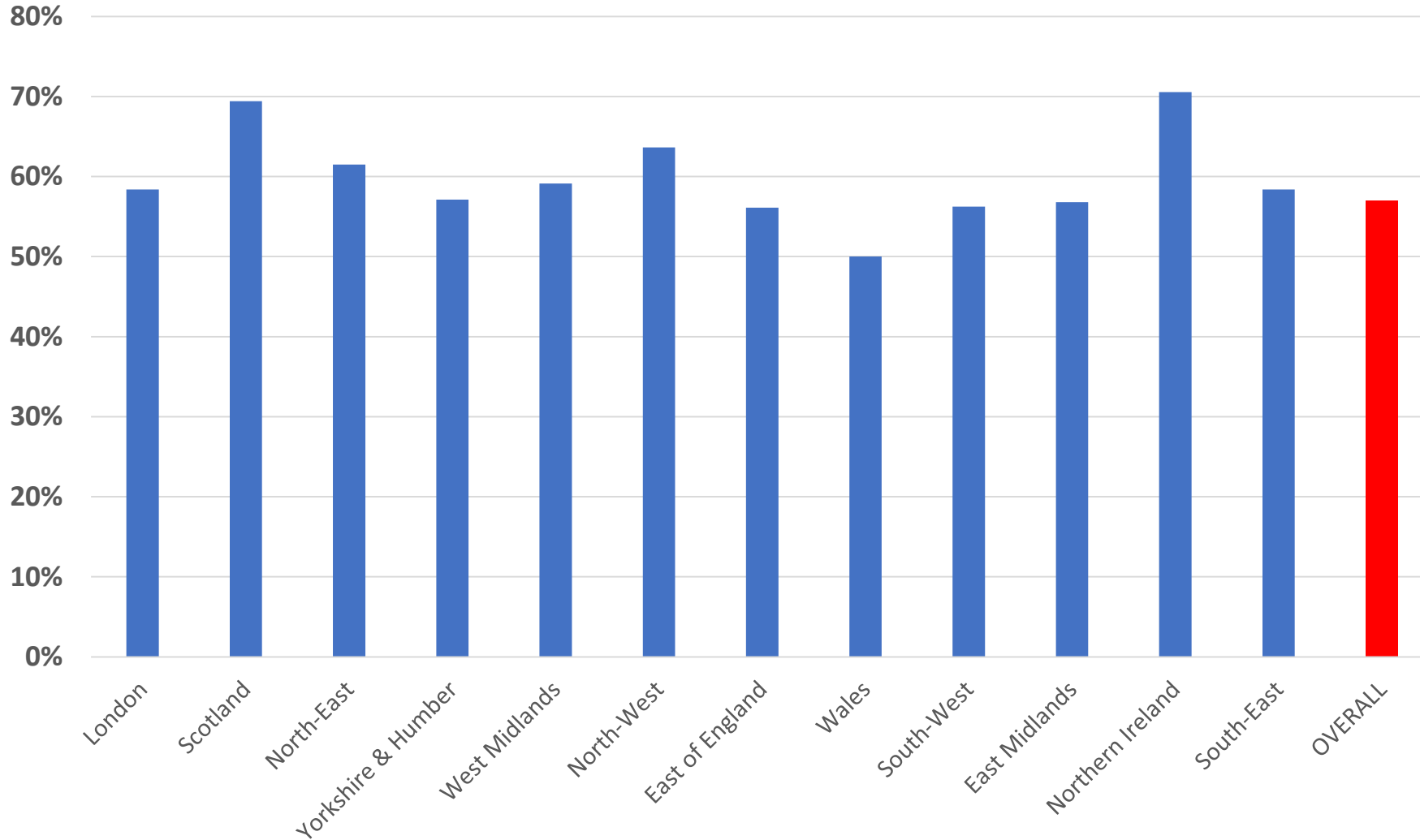
% Staff Working 'Full-Time' (2017)
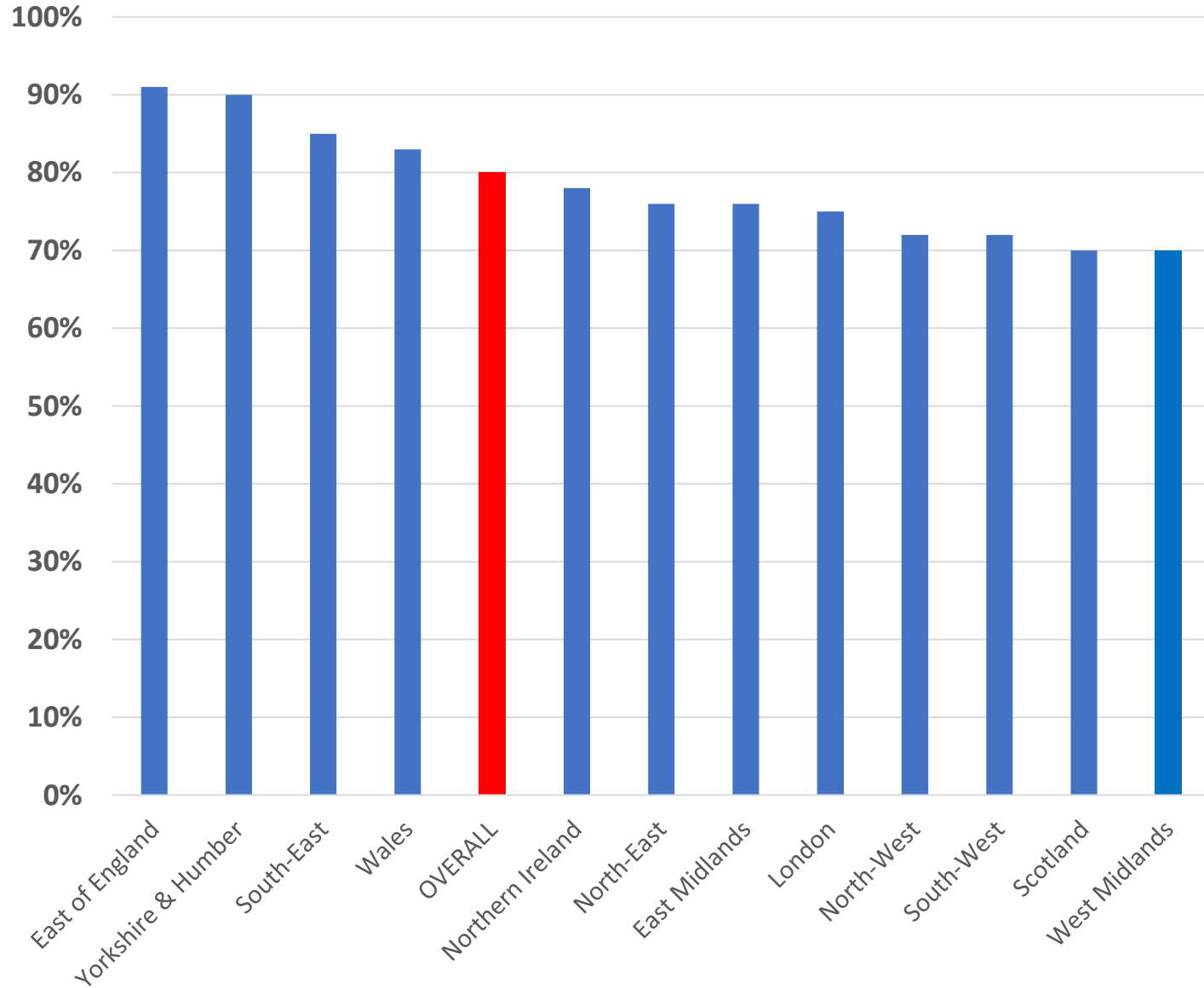
Predicting the future?

288 Vacant Posts

(80% occupancy)

If all 55+ years of age fully-retire *'stat'*
(354 posts)

Potentially 642 Vacant Posts

(57% of current available posts filled)

"What's the worst that could happen?"

- ❑ 800 PAs could be dropped by up by people on extra PAs
- ✓ Equivalent 100 full-time new consultants (with SPAs)

- ❑ People on 10 PAs dropping sessions to eg 8 or 9 PAs

- ❑ New jobs due to additional work demands (236 predicted in survey)

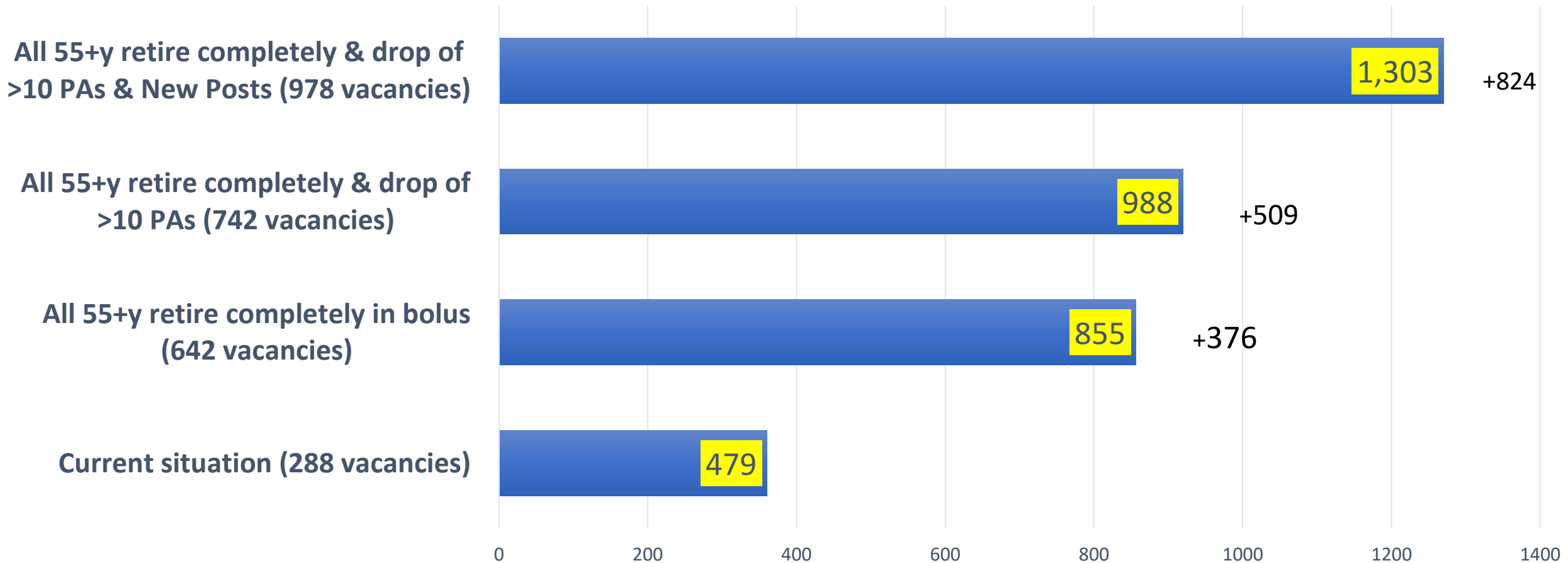# What about those in training?

- ❑ <u>479 funded posts at time</u>
- ❑ 384 were for England
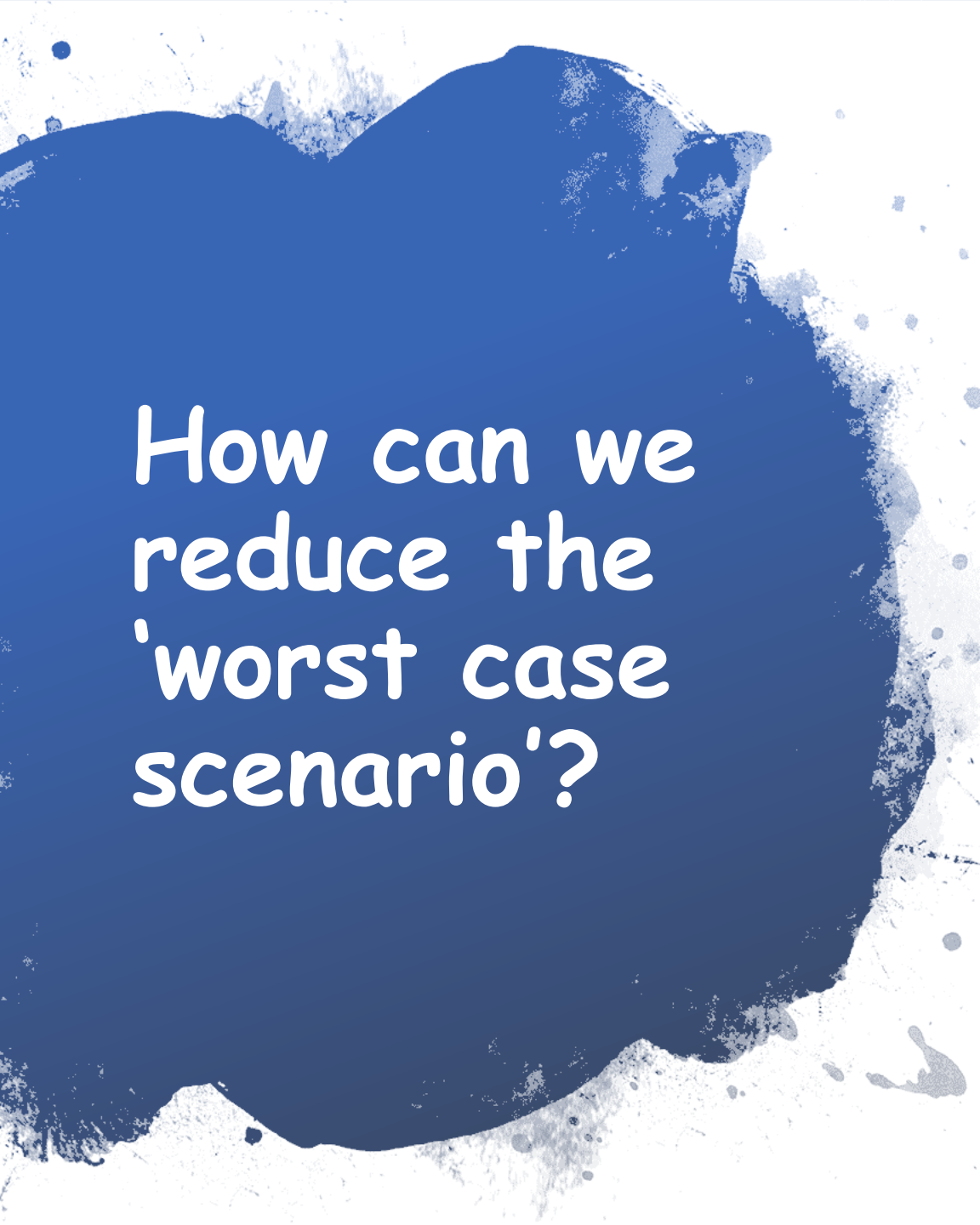- ❑ 122 for Year 1 (Stage A)
- ❑ 78 to 96 each Years 2-5

- ❑ Potentially 78-96 out per year
- ❑ 25% may not finish training

- ❑ **360 predicted out over 5y**

How many training posts needed to cover all funded posts?

Number of training posts needed (75% completion); currently almost 500 posts

- All 55+y retire completely & drop of >10 PAs & New Posts (978 vacancies): **1,303** +824
- All 55+y retire completely & drop of >10 PAs (742 vacancies): **988** +509
- All 55+y retire completely in bolus (642 vacancies): **855** +376
- Current situation (288 vacancies): **479**

How can we reduce the 'worst case scenario'?

- ❑ Reduce duplication & unnecessary work

- ❑ Significantly increase workers of the future
  - ➤ Junior doctors
  - ➤ Healthcare Scientists

- ❑ Lobby to try and reduce the mass exodus

- ❑ Networking and reconfiguration services

- ❑ Digital technology and Artificial Intelligence

- ❑ Better collaboration with molecular scientists

Chemical Pathology Survey - Highlights

Chemical Pathology Survey - Highlights

❑ Similar type of survey between October 2017 and May 2018

❑ 78% response rate from departments / organisations
➢ 73% for Histopathology/Cytopathology

❑ On average 1 medic consultant per department

❑ On average 3 clinical scientists per department (bands 7-9)
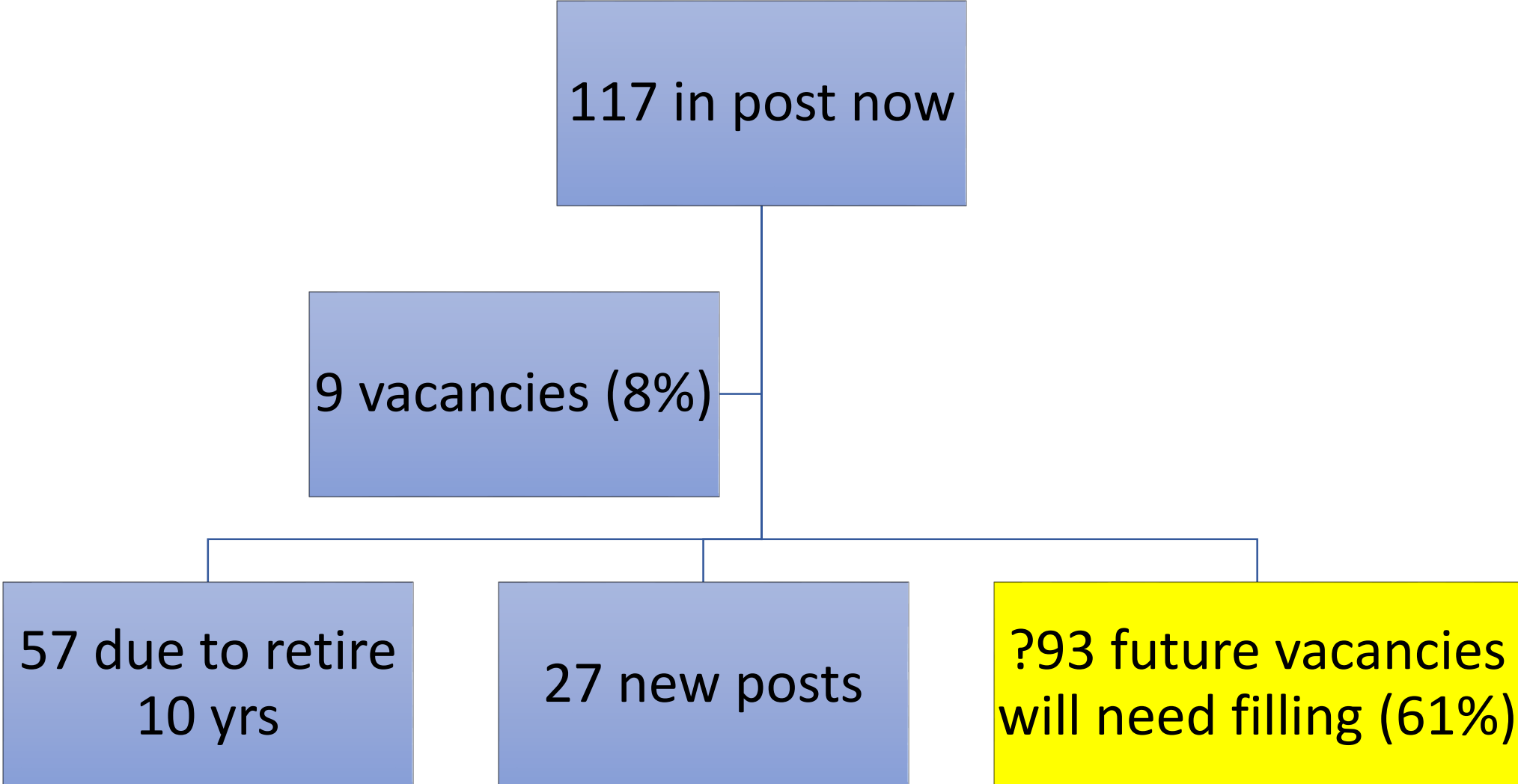➢ On average 1 consultant clinical scientist in department (bands 8c-9)

Medical Staff and Clinical Scientists

	Medical Staffing	All Clinical Scientists (bands 7-9)	Consultant Clinical Scientists (band 8c-9)
Headcount survey	117	338	142
Gender split	53% M 47% F	28% M 72% F	21% M 79% F
Part-time working	18%	23%	20%
Retired and return	9%	3%	5%
Vacant posts	9 (8%)	40 (12%)	4 (3%)

Medical Staff and Consultant Clinical Scientists

	Medical Staffing	Consultant Clinical Scientists (8c, 8d & 9)
Due to retire in **5 years**	40 (34%)	34 (24%)
Gender split	63% M 37% F	30% M 70% F
Due to retire in **10 years**	17 (14%)	46 (32%)
Gender split	76% M 24% F	26% M 74% F
Total retirements over 10years	57 (48%)	80 (56%)
Gender split	67% M 33% F	28% M 72% F

Medical Consultants (10 years)

117 in post now

9 vacancies (8%)

57 due to retire 10 yrs

27 new posts

?93 future vacancies will need filling (61%)

Consultant Clinical Scientists (10 years)

142 in post now

4 vacancies (3%)

80 due to retire 10 yrs

26 new posts needed

?110 future vacancies will need filling (65%)
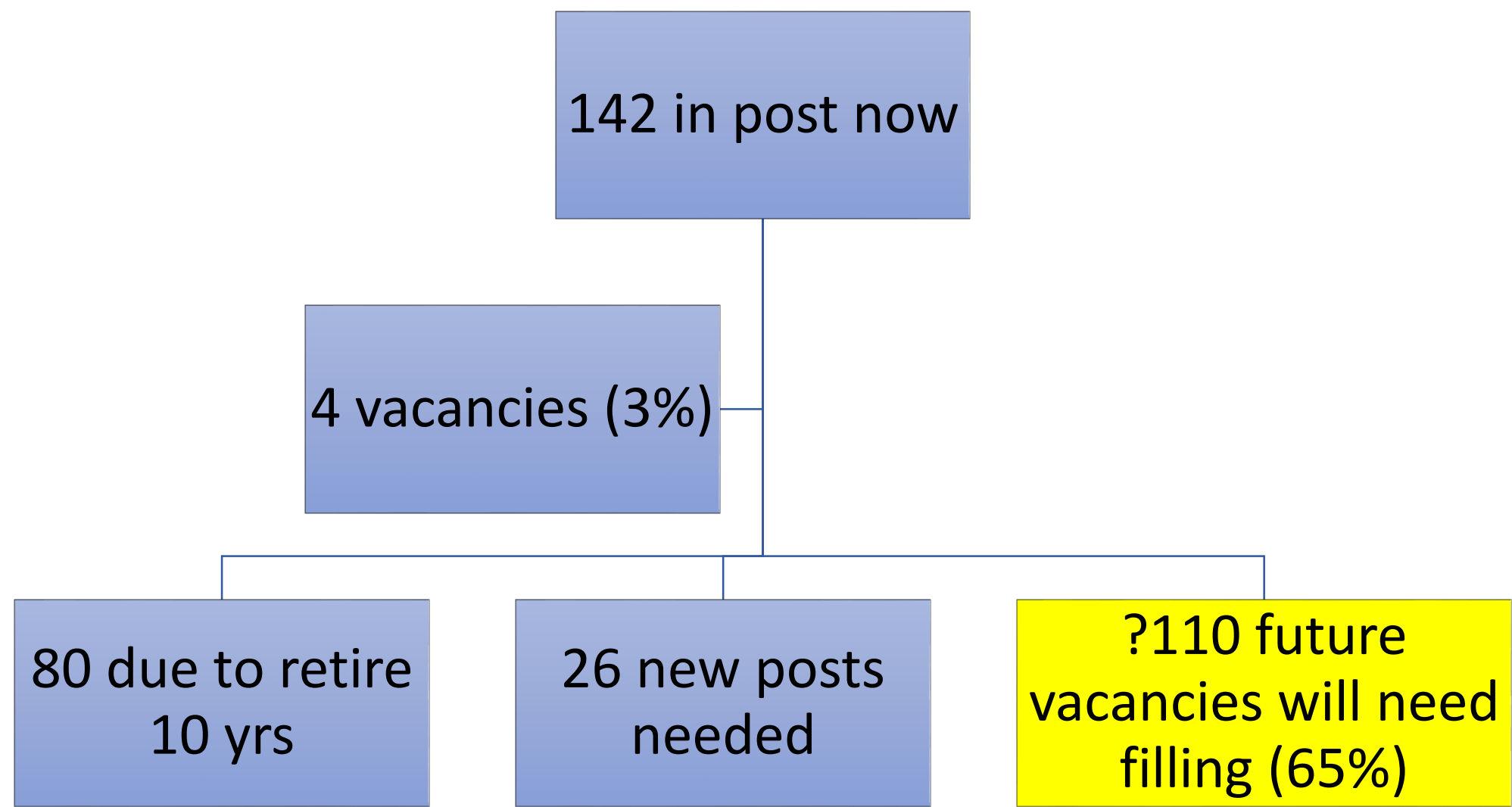
Both Medical & Scientific Groups

❑ 259 in post at the moment

❑ 13 vacancies (5%)

❑ 137 due to retire within 10 years (53%)

❑ 53 new posts

❑ **Could have 203 Vacancies within 10 years (63% of posts)**

Strategies and Solutions

- Staff skill mix evolution

- Regional pathology networks

- Automation and Artificial Intelligence

- Promotion of discipline across the world

To summarise ......

- Similar issues seem to exist in both Histopathology & Chemical Pathology

- The professions are getting 'old'

- Automation and A.I. etc may have transformed matters by 2030

- The 2020s (especially the first 5 years) expected to be challenging

- More workers are needed to come in!

THANK YOU!