

College response to House of Commons Health and Social Care Committee: Workforce recruitment, training and retention in health and social care

19 January 2022

Introduction

The Royal College of Pathologists (RCPATH) is a professional membership organisation with more than 12,000 fellows, affiliates, and trainees. We set and maintain professional standards and promote excellence in the teaching and practice of pathology, for the benefit of patients.

Our members include medically qualified pathologists and clinical scientists in 17 diagnostic specialties.

What is pathology?

Pathology underpins every aspect of patient care, and pathologists are crucial to diagnosis, treatment, and monitoring of patients. Pathologists provide diagnostic information and advice to all specialties in primary, secondary, and tertiary care.

95%¹ of patients will have a pathologist involved in their healthcare journey. The specialties play a vital part in cancer diagnosis, chronic disease management and have been central to efforts during the COVID-19 pandemic. As the evidence points to pathology being between 2%² and 4%³ of the healthcare bill, the value of pathology services far outweighs the cost.

Without the right test, at the right time, with the right answer, safe and effective patient care cannot be delivered. Having the right number of diagnostic staff in the right places, working in a supportive culture, is key to the delivery of our vision of an agile and resilient pathology service with patients at its heart.

Effective diagnostic pathology investigations improve efficiency and economy across the NHS, by focusing treatment correctly and avoiding unnecessary interventions. A quality pathology service is vital for patients, to ensure they receive the best care, and that harm is prevented.

Key messages

- 95% of clinical pathways rely on patients having access to efficient, timely and cost-effective pathology services; a service that requires significant attention and investment if it is to meet both the immediate and future workforce demands.

¹ [pathol-dig-first.pdf \(england.nhs.uk\)](#)

² [IBMS supports call for increased diagnostics investment - Institute of Biomedical Science](#)

³ [NHS England » Funding and efficiency](#)

- The workforce is an ageing one; around a third of pathologists are 55 or over. When our most senior consultants retire in the next 5-10 years, there will not be enough trainees to replace them in numbers, let alone in knowledge and expertise.
- The College has serious concerns over preparations to deal with the backlog of non-COVID-19 related illness and the related surge of demand for pathology services, particularly for cancer diagnosis and treatment for both tissue and blood cancers.
- The UK has known about many of the issues raised in this document for some time. Real change is required to address these potentially catastrophic workforce issues to protect the workforce and so protect patients.

What steps will help recruit staff?

The COVID-19 pandemic highlights the importance of laboratory professionals and tests. Notwithstanding pre-existing workforce shortages, now more than ever it is vital that services are sufficiently funded/supported. This is necessary to optimise healthcare recovery both for COVID-19 related illness and to tackle the diagnostic backlog, particularly in cancer services. Ensuring that there are sufficient trained staff, equipment, and IT support to underpin laboratory services is vital.

Short-term:

- Increase numbers of biomedical scientists supporting medically qualified pathologists.
- Increase number of clinical scientists in pathology and provide improved/widened workplace/academic training programmes.
- Encourage return to practice.

Medium-term:

- Increase medical training posts in all specialties.
- Invest in schemes to attract trainees to pathology at all stages of education.
- Provide better IT; modern, functional laboratory information systems, voice recognition support and remote working software.
- Ensure capital investment to implement digital pathology more widely, enabling staff to work more efficiently and flexibly. We acknowledge the significant investment in LIMS/digital pathology promised for 2021-2022. This corresponds to the NHS priorities for 2022/3 announced on 24 December 2021 (Achieving “digitisation in every service”⁴).

Long-term:

- Invest in training staff and establishing well-equipped laboratories to support Genomic medicine, which offers faster, accurate diagnosis and tailored treatment, particularly for people with cancer.
- Prepare for greater demand for pathology services to service increases in chronic disease, (diabetes, heart disease, chronic respiratory diseases).
- Ensure staffing levels are sufficient to meet service expectations. This is not possible where staffing is aimed to cover minimum/average workload.

How to adapt models to provide future care change?

Health Education England (HEE) have supported the English workforce through two initiatives:

1. Establishment of the National School of Healthcare Science (2011)
2. Pathology Portal (2021/2022)

However, there has been a decade-long gap between these initiatives without significant improvements to workforce numbers. We recommend the following:

⁴ [NHS England 2022/3 Priorities and operational planning guidance](#)

- Harness changes in HEE (merger) to facilitate more collaboration on data collection/analysis/recommendations with RCPATH.
- Provide protected funds to RCPATH for regular monitoring/modelling work. Collection of qualitative/quantitative data will help ensure the right funding and approaches are delivered to recruit/train/retain.
- Commitment to three yearly reviews to ensure modifications are made to funding/approach in response to intelligence gathered.
- Stronger models of support for trainees/newly qualified pathologists to ensure they navigate hurdles and continue to progress.
- Stronger focus on impactful wellbeing support.

Correct balance between domestic and international recruitment?

Additional training posts were created in histopathology/haematology in 2021. However, there are still insufficient domestically trained pathologists and a five-year delay between the implementation of training posts and trainees completing training.

Whilst international recruitment is an option, we have ethical concerns. We collaborate with several international partners and many face similar workforce issues to those in the UK.

The College would like to see the strategy for domestic and international recruitment complement each other better; continued increases in funded training posts in the UK alongside well supported opportunities for international doctors.

How can Government ease staff recruitment ethically from countries with trusted training programmes?

A range of programmes already exist to assist with recruitment of staff from overseas countries, but we need to ensure:

- all agencies involved can support/process applications and paperwork in a timely manner to make the process smoother/easier.
- good pastoral support to allow staff to navigate all aspects of their life in the UK, (inductions, contracts, pay, accommodation, etc).
- a review of the requirements for doctors applying through the Certificate of Eligibility for Specialist Registration (CESR). For pathology specialties where Internal Medicine Training and MRCP (UK) are a pre-requisite for entry to UK training programmes, it's difficult for non-UK trained doctors to demonstrate equivalence despite having good clinical skills and appropriate pathology training.

Initial/ongoing staff training changes to increase the health workforce?

1. Financial support - technology advances

Digital pathology, and developments in technology enhanced learning provide unique opportunities to support future training models (attracting high-calibre trainees), multidisciplinary learning, and workforce challenges. For example, the Pathology Portal⁵. The

⁵ <https://www.rcpath.org/discover-pathology/news/pathology-portal.html>

adoption of these beneficial modern technologies will require initial funding and ongoing financial support to maintain up-to-date systems.

2. Increased flexibility in training pathways

The Topol review⁶ highlighted the need to adapt to developing technology, and workforce reviews have emphasised the need for increasing flexibility during training pathways.

3. Accommodating nuances of different specialties

Immunology trainees require a strong/broad experience of general medicine. In contrast to many other medical disciplines, immunologists see patients with disease affecting nearly all systems of the body, requiring them to work across many different disciplines.

Workloads of senior histopathology staff are high. Independent, supervised reporting by skilled trainees can help alleviate this and build their confidence. The College framework for independent reporting⁷ should be used more widely.

Conventional digital learning in histopathology has operated via EQA schemes, through a topic based 'stamp collection' of annotated scanned whole slides. Learning in practice though is through graded exposure and the learning of what is 'normal' and the identification of what is abnormal in that clinical/morphological context. No learning platforms in histopathology currently structure material in a graded fashion to help learners develop their skills in a supported way.

The new 'step on, step off' pattern of learning allows trainees to manage their training more flexibly if wished but this doesn't work in histopathology. Being able to support and evidence progression/attainment of individuals in a blended learning strategy rather than focus on 'time served,' with equity of access to learning materials, and evidence for Annual Review of Competence Progression (ARCP) and CESR assessments is important.

The Pathology Portal will provide trainees with an adaptive learning approach to support development of proficiency in general and specialist areas of learning and provide a flexible/equitable access to content.

4. Investment (financial and educational) in Artificial Intelligence (AI)

There is enormous potential for the development of AI to support the diagnostic process in pathology. Investment in digital pathology systems with joined up IT systems and information sharing across organisations is vital. The single Welsh Laboratory Information Management System (WLIMS) and single results portal (the Welsh Clinical Portal) demonstrate the benefits of investment in digital pathology nationwide. Resources to educate health professionals in data governance, ethics, appraisal and interpretation of AI and similar technologies will be required.

5. Equity

The College would like to see greater equity in distribution of training posts across the country in line with population/need, considering training centre capacity, specialist services location and experience in delivery of high-quality training. This needs to factor in the time, physical space (see HBN recommendations) and consultant availability required. There are already problems implementing the current workforce expansion plans as Trusts cannot cope with additional trainees, and we do not want to jeopardise the training of existing trainees. A coordinated and phased approach is required.

Molecular training and expertise are vital to both the current and future generation of pathologists. Currently, training can only be delivered in major centres due to its expert-

⁶ <https://www.rcpath.org/discover-pathology/public-affairs/our-response-to-the-topol-review.html>

⁷ [Independent-Reporting-for-trainees-in-Cellular-Pathology.pdf \(rcpath.org\)](#)

labour intensive nature and being dependent upon having adequate numbers of samples of a “run”. However, as these tests become more conventional/cheaper, it is anticipated that the need for centralisation will cease.

System for determining trained staff quantity to meet long-term need

The College, as part of a coalition of c.90 health and care organisations, supports an amendment calling for stronger provisions on workforce planning in the Health and Care Bill. This broad-spectrum coalition is clear that the data gap on how many staff will be needed in future must be resolved to put the NHS and care workforce back on a sustainable footing. The amendment would mandate the regular publication of independent assessments of current and future health and care workforce numbers.

Update curricula to ensure right skill-mix?

The College has recently reviewed, updated, and received approval for all the pathology medical curricula from the GMC. These therefore meet the *Shape of Training* principles and embed the Generic Professional Capabilities framework implemented by the GMC. Reviewing and updating curricula, usually on a five-yearly basis, take a long time and the two-stage GMC approvals process can take 12–24 months. Having recently completed a review of the medical curricula, the College would not support another review unless a compelling case was made regarding the benefits for all concerned.

The College encourages a review of the Higher Specialist Scientific Training (HSST) curricula in the life sciences, which were produced in 2015. The Specialty Training Programme (STP) curricula that precede the HSST curricula were reviewed and updated in 2021.

Reduce doctors’ training period?

The training period for doctors was closely reviewed during the revision of the medical curricula. An extension to the period of histopathology training was requested and rejected. All pathology medical training programmes are only five years in length (with some preceded by two of Internal Medicine Training (IMT)) and the reduction of training time in the pathology specialties would be to the detriment of the delivery of the service and ultimately patient safety.

Remove cap

The College believes the cap should be removed (or re-set at a newly defined level). Evidence shows the UK needs more doctors, which will come through a mixture of better retention and enhanced flexibility, alongside an increase in the numbers of medical students.

The Medical Schools Council recently provided guidance that the UK needs 5000 extra medical students each year. The growing internationalisation of healthcare provision, and realisation of the importance of global health and a global recruitment strategy mean that it is right that we seek to train doctors from a wide range of countries and backgrounds, more reflective of the UK's diverse society and the nationalities of colleagues who work for the NHS.

Principal factors driving staff to leave and potential solutions?

The consultant workforce is ageing, and there are insufficient trainees to replace retiring consultants. Difficulties in recruitment into pathology specialties means an increasing/relentless demand on existing staff, negatively impacting workforce retention. The pathology workforce is also increasingly moving to more flexible working patterns, which we understand from members reduces the capacity of departments. The post-COVID recovery of services, particularly cancer, is placing a huge demand on pathology services who are already stretched by vacancies and are still having to manage COVID related absences. It is important to:

- Urgently address pension tax arrangements problems.
- Facilitate flexible training/working.
- Recognise/reward professional activities which are vital to patient safety and protect the future workforce (writing clinical guidelines, being an examiner, clinical leadership, etc).
- Recognise/value contributions of trainees, international colleagues, and skill-mix.
- Support optimisation of multi-professional teams.
- Reduce administrative burdens.
- Simplify appraisal and revalidation.
- Facilitate improved work-life balance and prioritise staff well-being.
- Improve retire and return arrangements and make the GMC's COVID return to practice registration easements permanent.
- Support/improve the development and experiences of final year medical students.
- Utilise 'stay' (not just exit) interviews to identify staff at risk of leaving.

COVID-19 has disrupted training/examination schedules across the pathology specialties, impacting trainee progress. Highly skilled pathologists and clinical scientists will be needed to provide safe, high quality pathology services. This will lead to a diversion from the delivery of supervision and training for trainees, exacerbating the issues outlined above.

To avoid pathology trainees leaving their specialty, it is important to:

- address burnout and workforce issues,
- provide flexibility/support to offset lost training time, including extensions,
- commit to regular teaching time and centralised training,
- improve access to digital training resources including case studies and guidance, and
- address the lack of access to specialist placements (neuropathology, paediatric pathology, and molecular pathology (cellular pathology trainees)).

Roles/geographical locations where recruitment/retention are concerning and potential solutions?

The Getting It Right First Time (GIRFT) programme's report on pathology services⁸ highlights the profound changes the NHS has undergone in response to the COVID-19 pandemic and recognises that 'reliable testing has been a central focus of the UK's pandemic response'. It raises the importance of pathology as an end-to-end process and the need for pathologists to use their expert knowledge to extend their influence beyond the laboratory.

⁸ [Pathology – GIRFT Programme National Specialty Report September 2021](#)

The College-produced workforce data⁹ identify the following geographical trends:

- North West England has highest proportion of vacant medical posts.
- Wales has lowest number of histopathology consultants per million population.
- Aside from London, the England regions have lower rates numbers of clinical biochemistry consultants than the other three countries.
- The Midlands has greatest proportion of medical haematology consultant vacancies.
- North West England has highest proportion of medical microbiology consultant vacancies.

Role specific issues:

- Consultants are needed in all paediatric laboratory medicine sub-specialities.
- Increasing dependence on molecular expression and genomic information to define disease and enable treatment is “new” work. More staff are needed to take on this service load that will benefit patient outcomes.
- Staffing difficulties means the need for locum scientific and medical staff and remote reporting by private companies. Laboratory staff are often subject to poor pay structures, coupled with poor development and progression opportunities.

In 2020, Cancer Research UK¹⁰ highlighted that the number of histopathologists is forecast to reduce from the existing shortfall by an additional 2% by 2029, unless there is targeted action and investment.

Next NHS People Plan proposals

Looking after people

- address pension tax arrangements issues.
- address burnout and workforce issues.
- review/simplify appraisal and revalidation.
- facilitate improved work-life balance and ensure staff well-being is prioritised.
- mitigate impact of COVID-19 on training and examination schedules.
- ensure job planning facilitates flexible training and working, to help attract and retain staff.
- ensure commitment is made to regular teaching time and centralised training.

Belonging

- recognise/value contributions of trainees and international colleagues.

⁹ <https://www.rcpath.org/profession/workforce-data.html>

¹⁰

https://www.cancerresearchuk.org/sites/default/files/estimating_the_cost_of_growing_the_nhs_cancer_workforce_in_england_by_2029_october_2020_-_full_report.pdf

- support optimisation of multi-professional teams.
- address lack of access to specialist placements (neuropathology, paediatric pathology, and molecular pathology (cellular pathology trainees)).
- recognise/reward professional activities vital to patient safety and protection of the future workforce (writing clinical guidelines, being an examiner, clinical leadership, quality improvement, and governance).

New ways of working

- reduce administrative burdens.
- alleviate impact of flexible working patterns on the departments' capacity.
- provide digital training resources (case studies, guidance, support, etc).
- facilitate rollout of integrated IT and innovative technology.

Growing

- consider post-COVID recovery of services, particularly cancer, and mitigate workload on consultants, including delivery of supervision and training for trainees.
- inspire the public to tackle the obesity crisis and consider how best to deal with chronic illness.
- consider ways to avoid unnecessary repeat tests.

Do contractual and employment models attract, train, and retain suitable numbers of skilled staff?

- Short term contracts (< 6 months) are useful for experienced medics/senior scientists to clear backlogs and sort specific projects. Clinical scientists' training in all specialties, except for chemistry, are fixed term. Chemistry is different as many clinical scientists have worked in career grade posts (band 7 AfC) for many years with no opportunity for progression, preventing new STPs trainees gaining employment.
- The current medical consultant contract was implemented in 2003. Much has changed since then and this needs to be reviewed. Medical trainees had a new contract imposed in England but not in other UK nations. Given the cross-border movement of trainees, this is unhelpful.
- The process for retired and returning staff should be streamlined.
- Job planning needs to consider whole service or department as a single related process to avoid gaps in provision.
- Working environments/conditions, facilities, pay, benefits, training, and culture need to be improved.
- Better workforce forecasting to alleviate pressure points.

ICS role

1. **Supporting health and wellbeing of all staff**

2. **Growing workforce for the future and enabling adequate workforce supply:** all foundation posts should provide experience of each pathology specialty to ensure all future consultants understand pathology and its integral role in clinical teams. Mapping of demand for pathologists must be integrated with anticipated developments in other clinical specialties. E.g. if an additional surgeon is appointed, a corresponding increase in pathology workforce is required.
3. **Supporting inclusivity, and creating a great experience for staff**
4. **Valuing and supporting leadership at all levels, and lifelong learning**
5. **Leading workforce transformation/new ways of working:** the College champions advances in technology/innovative approaches to working. However, these advances don't decrease the workload of pathologists, it just changes and requires specialist knowledge to diagnose and interpret results.
6. **Educating, training, and developing people, and managing talent:** in practice, routine work takes priority. The College encourages skill-mix to ensure the most efficient use of talent.
7. **Driving/supporting broader social and economic development:** Quicker, easier patient access through a 'one-stop-shop' will lead to earlier diagnoses and better outcomes for patients, saving lives. New community diagnostic hubs need to be introduced with sufficient resources, in terms of staffing, IT provision and connectivity with other systems (such as GP practices).
8. **Transforming people services/supporting the professions:** through innovation and use of suitable technological infrastructure and digital tools, especially for routine work.
9. **Leading coordinated workforce planning using analysis and intelligence:** there is an issue with the accuracy of data collected for the pathology specialties. The College seeks to be involved in regular monitoring and modelling work to help ensure the right funding and approaches are delivered to recruit, train, and retain.
10. **Supporting system design/development:** requires collaboration across teams and different organisational structures.

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