

What and where will our
trainees be in 2020?

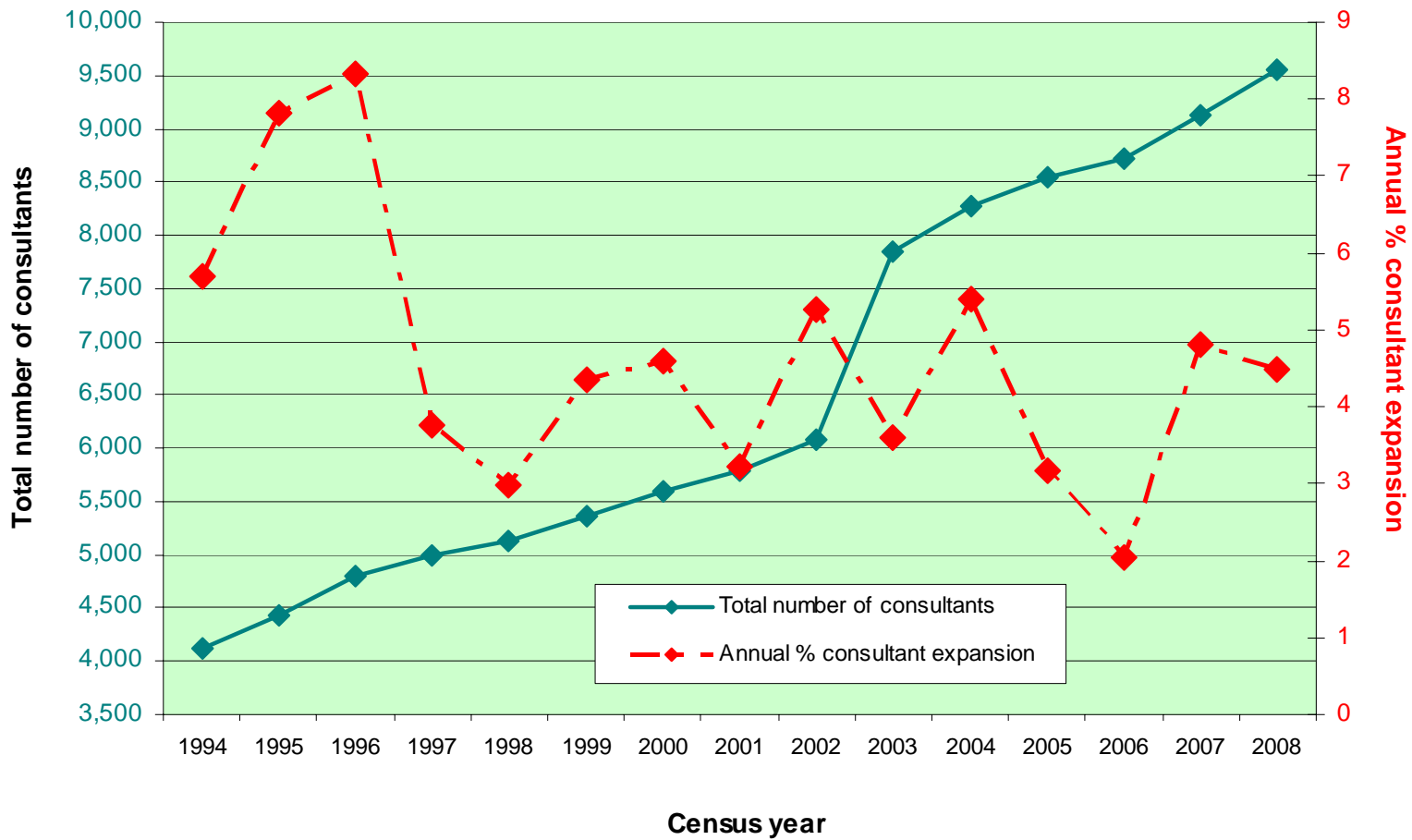
Dr Andrew F Goddard

Director, Medical Workforce Unit

Want & where will our trainees be in 2020?

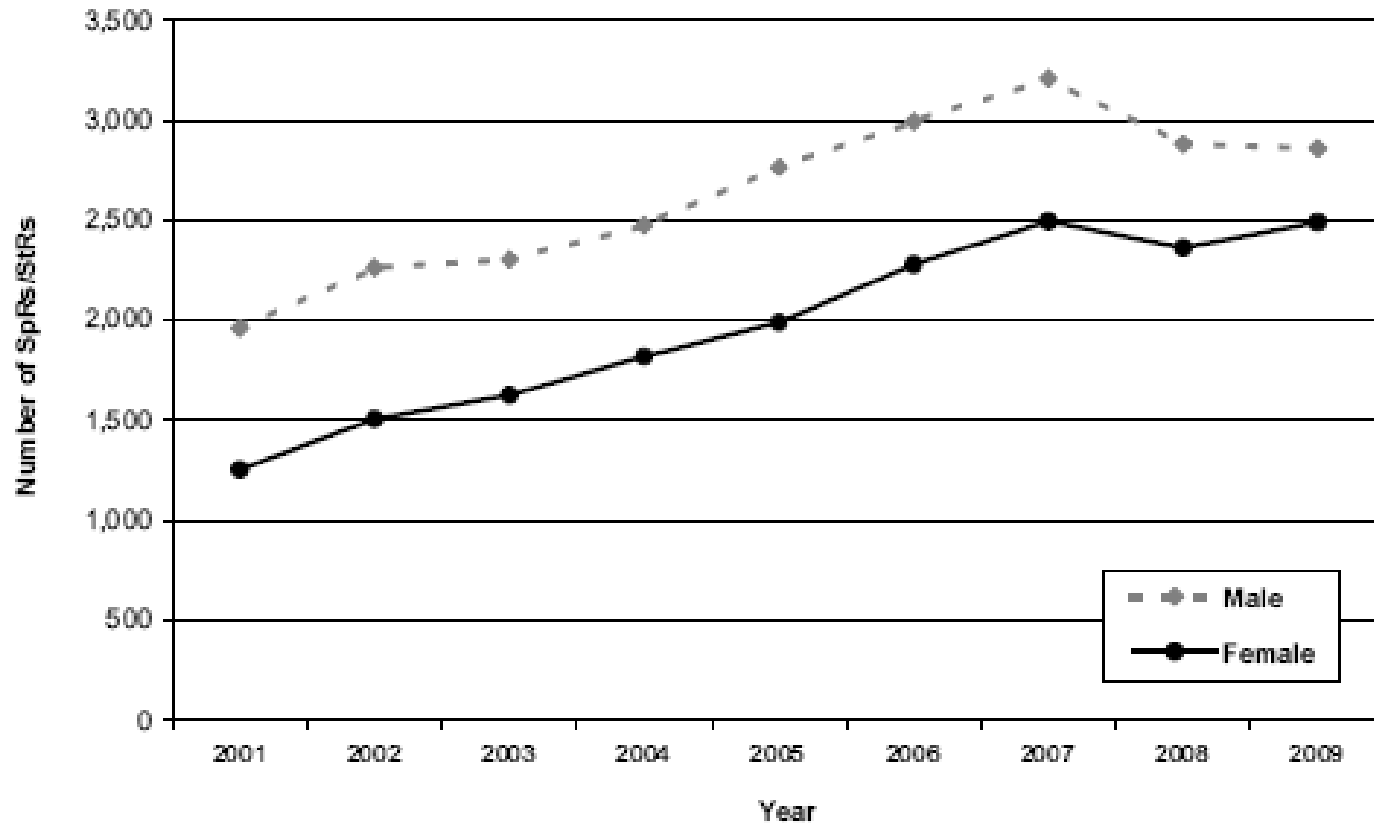
- Overview of current doctor expansion
- The need for more doctors
- Factors influencing future doctor numbers
- Models of working
- Questions

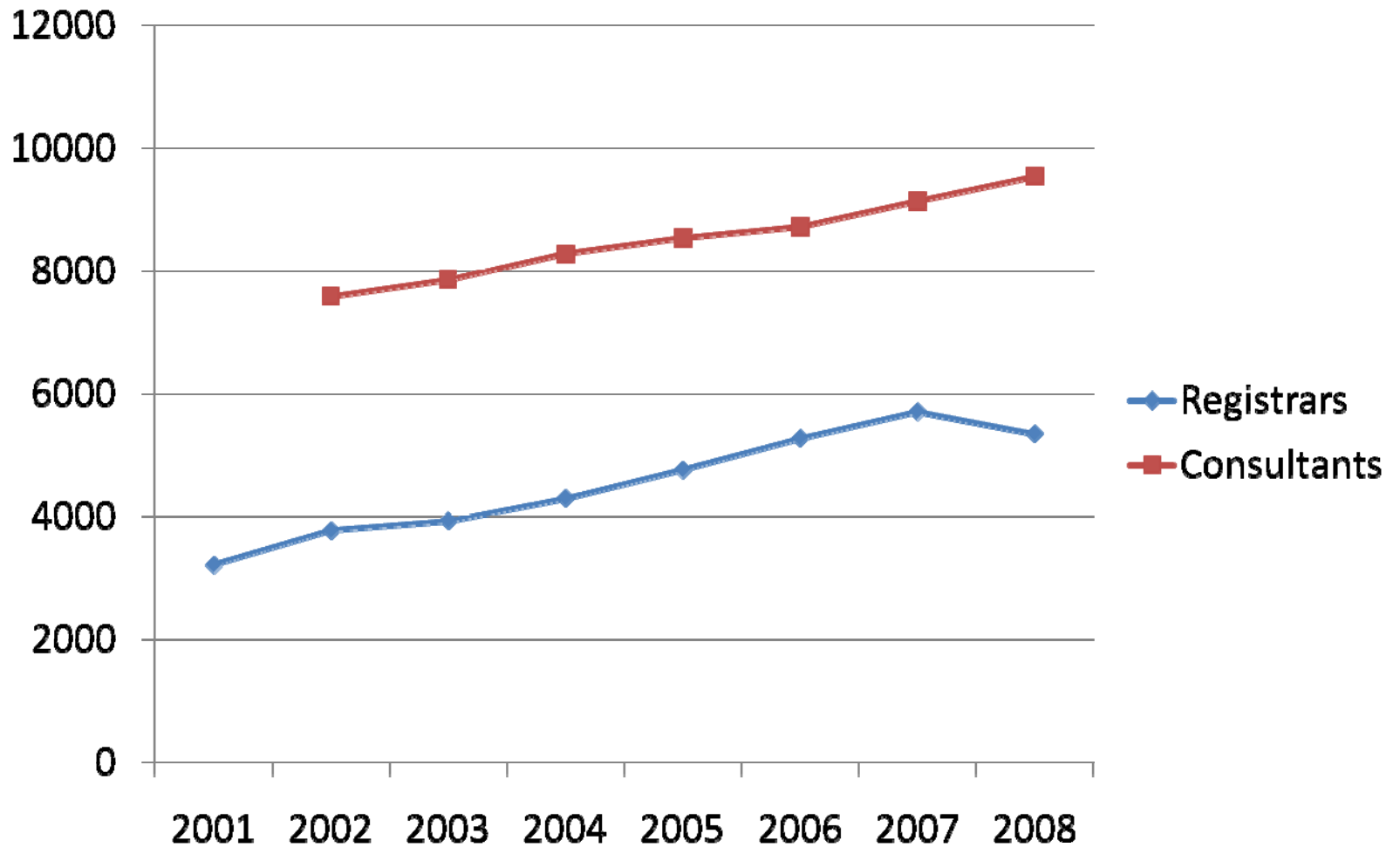
Consultant numbers and expansion
England, Wales and Northern Ireland 1994 - 2002
United Kingdom 2003 - 2008



R2a. Gender of the SpR/StR workforce — 2001—2009
UK - all medical specialties

Source: JRCPTB database — 2001—2009



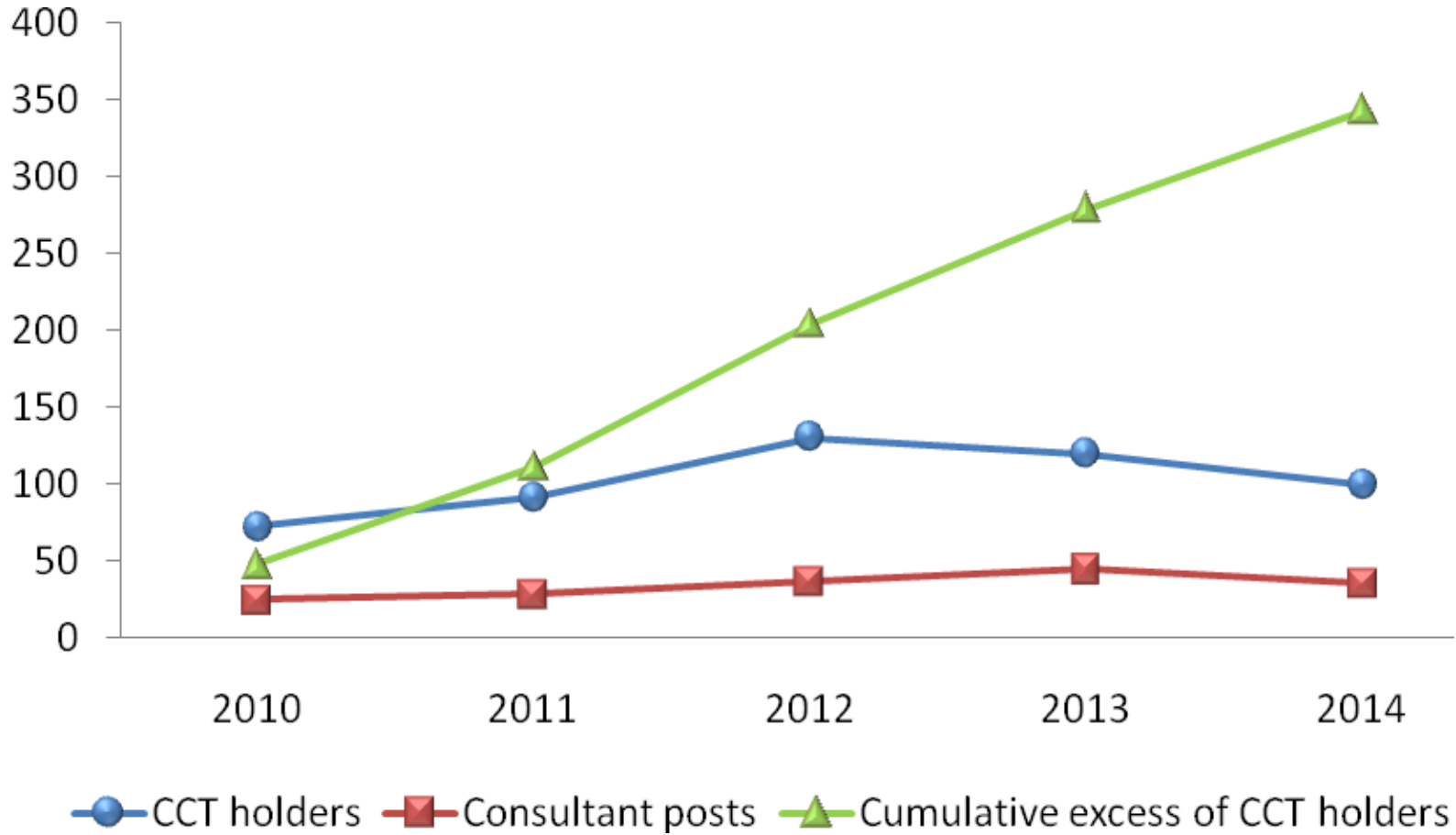


Since 2001:

Registrar numbers have increased by 66.3%

Consultant numbers have increased by 25.9%

Cardiology trainee's future



	Per annum 2010-14			Per annum expansion 2006-8	Potential excess CCT holders in 2014 if historical expansion maintained
	New CCT holders	Consultant retirements ³	Consultant expansion required		
Cardiology	88	14	74	29 (3.3%)	225
Diabetes & Endocrinology	67	21	46	14 (2.1%)	160
Gastroenterology	87	25	62	49 (5.2%)	65
Geriatric Medicine	87	5	82	10 (0.9%)	360
Renal Medicine	56	5	51	30 (7.7%)	105
Respiratory Medicine	101	16	85	23 (3.1%)	310

Specialties with problems recruiting to training vacancies

	Mersey	London & KSS	Trent	Northern	SW	West Midlands	Yorkshire
Acute medicine	-	0.9	1.0	0.8	1.0	2.3	1.6
Cardiology	7.5	6.4	-	3.0	-	5.5	5.0
Dermatology	4.0	6.8	-	2.0	-	1.8	-
Endocrinology	2.1	2.5	2.0	2.0	1.0	2.8	3.0
Genito-urinary medicine	0	3.4	-	-	-	0	1.0
Gastroenterology	2.3	5.1	2.5	4.4	1.5	4.8	-
Medical microbiology	-	1.9	-	-	-	-	1.0
Nuclear Medicine	-	0.8	-	-	-	0	-
Rehabilitation Medicine	0	2.0	-	0	0	0.3	0.3
Renal Medicine	1.5	2.7	2.0	1.0	-	4.0	4.0
Respiratory Medicine	3.0	2.9	6.0	2.3	-	4.0	3.3
Rheumatology	-	4.3	-	2.0	0	1.7	2.8

Number of **first choice** applications per post for ST3 recruitment 2007

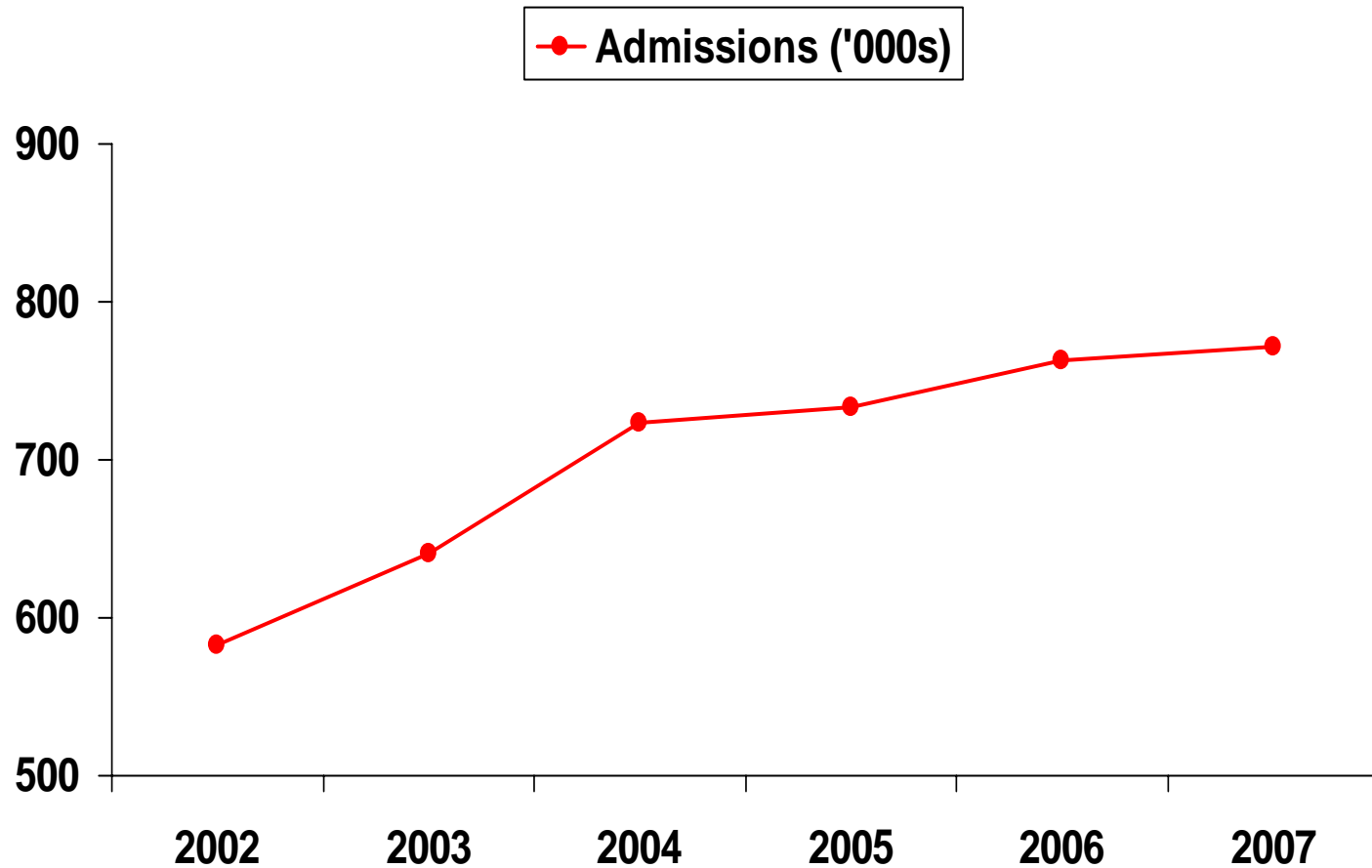
Geographical differences in AAC outcomes in 2008-9

	South East & London	North East, Yorkshire & Humber
Dermatology		
Number of AACs arranged	42	43
Number of AACs cancelled because of lack of applicants (%)	0 (0%)	6 (14%)
Number of AACs held where appointment made (%)	24 (57%)	28 (76%)
Genito-Urinary Medicine		
Number of AACs arranged	29	12
Number of AACs cancelled because of lack of applicants (%)	0 (0%)	5 (42%)
Number of AACs held where appointment made (%)	15 (52%)	4 (57%)
Rheumatology		
Number of AACs arranged	15	30
Number of AACs cancelled because of lack of applicants (%)	0 (0%)	1 (3%)
Number of AACs held where appointment made (%)	8 (53%)	28 (97%)

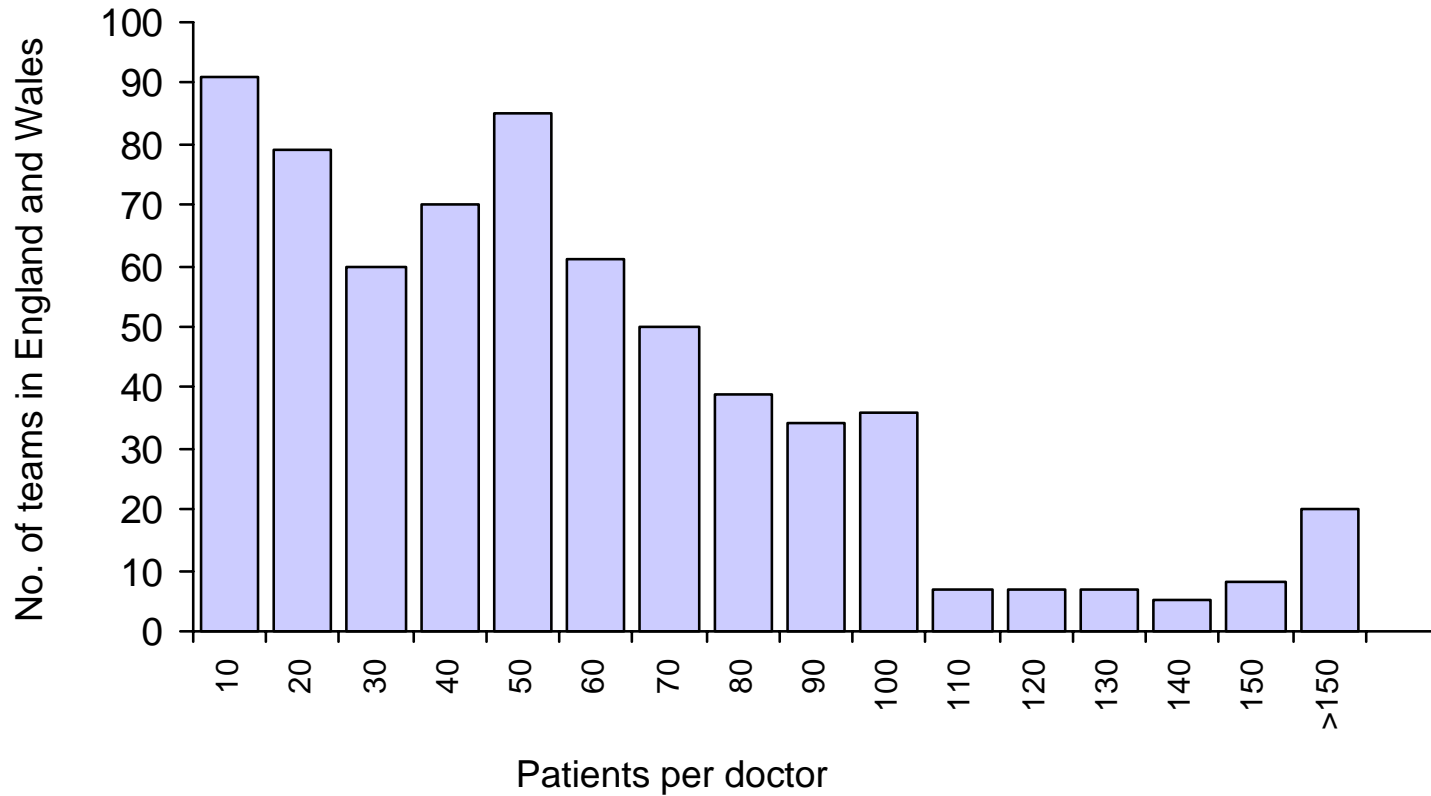
The need for more doctors

- Increased hospital admissions
- EWTD (WTR)
- Locums
- Benefits of consultant delivered care
- Low levels compared with rest of world

Increased hospital admissions



Patients per doctor at 11pm November 5th 2009



One night doctor to look after 400 hospital patients as 48-hour working week cuts cover

Doctors are looking after up to 400 patients a night on their own due to the lack of cover in hospitals, a study has found.

Experts warned last night that this was a 'disaster waiting to happen'.

The 48-hour maximum working week - introduced under EU law last August - is being blamed for insufficient staff cover, poorer training and greater sickness rates among junior doctors.

Implementation of the European Working Time Directive in an NHS trust: impact on patient care and junior doctor welfare

Hugh F McIntyre, Sarah Winfield, Hui Sen Te and David Crook

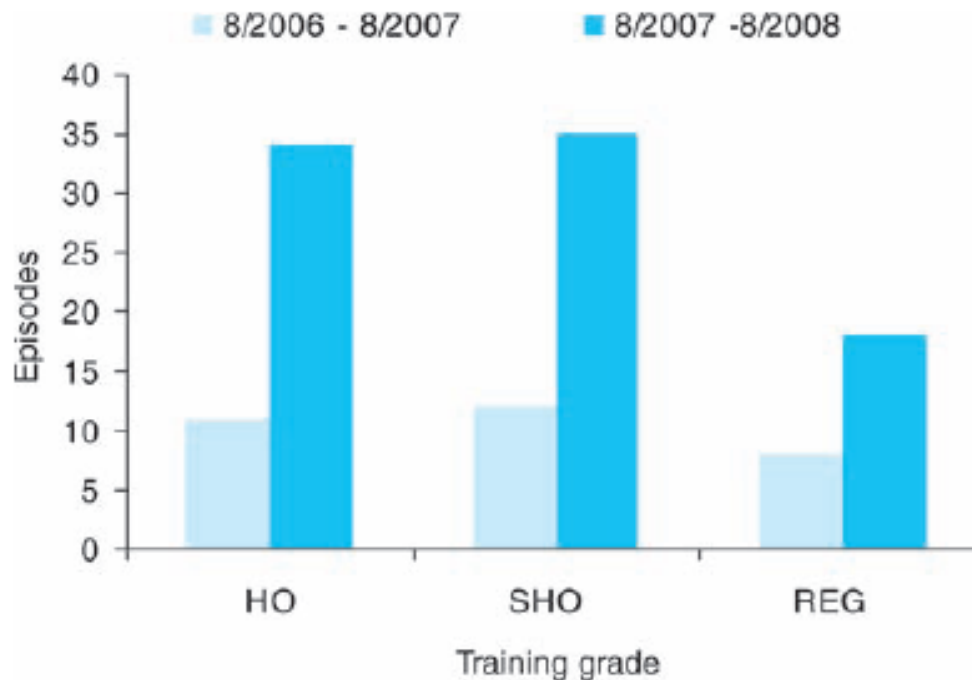
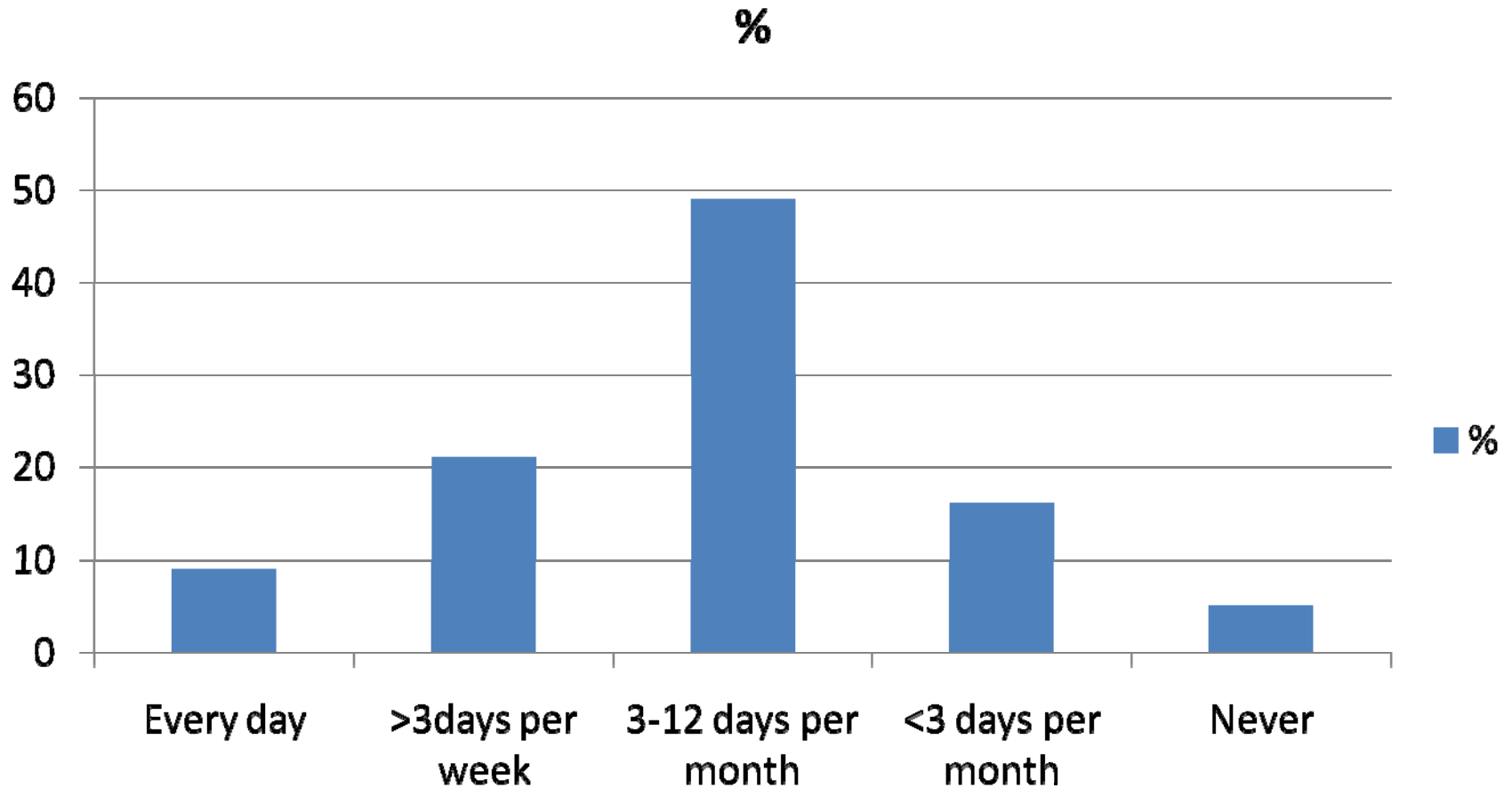


Fig 1. The total number of episodes of sick leave taken, by grade, for the period August 2006–July 2007 and August 2007–July 2008. HO = house officer; REG = registrar; SHO = senior house officer.

How often do you use locums?

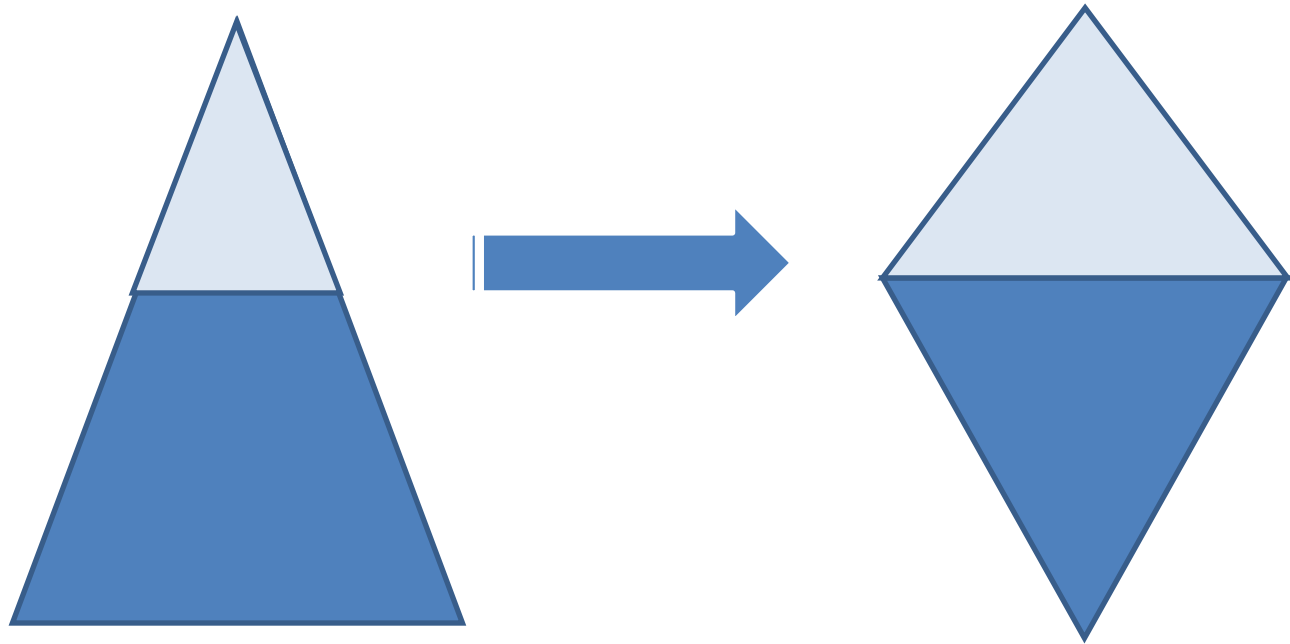


	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Internal locum cover is easy to organise	1.6%	6.3%	12.7%	46.0%	33.3%
External locum cover is easy to organise	1.6%	4.8%	6.5%	30.6%	56.5%
Internal locums are usually reliable	25.8%	71.0%	3.2%	0%	0%
External locums are usually reliable	1.6%	19.4%	45.2%	30.6%	3.2%
Internal locums are usually high quality	23.8%	57.1%	17.5%	1.6%	0%
External locums are usually high quality	0%	9.7%	41.9%	40.3%	8.1%
Patient care is usually worse when internal locums are employed	1.6%	3.2%	9.5%	66.7%	19.0%
Patient care is usually worse when external locums are employed	9.7%	33.9%	43.5%	12.9%	0%

Increasing the number of consultants

- Benefits
 - Shorter patient stay
 - Reduced mortality
 - Improved patient safety
 - More trainers
 - Less restrictions within EWTD
 - Low sickness rates
- Drawbacks
 - ?Increased readmission rate
 - Cost

Consultant delivered service



Patients per doctor

Cuba 170	Latvia 330	Tunisia 750	Nicaragua 2.700	Eritrea 20.000
Belarus 220	Ireland 360	Turkey 750	Thailand 2.700	Lesotho 20.000
Belgium 220	Uzbekistan 360	Bolivia 800	Myanmar 2.800	Papua NG 20.000
Greece 230	Mongolia 380	Peru 850	Yemen 3.000	Rwanda 20.000
Russia 230	United States 390	Algeria 900	Namibia 3.300	Benin 25.000
Georgia 240	Australia 400	Bahrain 900	Madagascar 3.400	Chad 25.000
Italy 240	Kirgizstan 400	Brazil 900	Bangladesh 3.800	Niger 25.000
Turkmenistan 240	Poland 400	Chile 900	Haiti 4.000	Somalia 25.000
Ukraine 240	New Zealand 420	Paraguay 900	Sudan 4.500	Burundi 33.500
Lithuania 250	Great Britain 440	China 950	Nepal 4.800	Ethiopia 33.500
Uruguay 270	Qatar 450	Guatemala 1.100	Afghanistan 5.300	Liberia 33.500
Bulgaria 280	Canada 470	Jamaica 1.200	Cameroon 5.300	Mozambique 33.500
Iceland 280	Jordan 490	South Africa 1.300	Cambodia 6.300	Malawi 50.000
Kazakhstan 280	Tajikistan 490	Malaysia 1.400	Zimbabwe 6.300	Tanzania 50.000
Switzerland 280	Japan 500	Pakistan 1.400	Kenia 7.100	
Portugal 290	Mexico 500	Iraq 1.500	Indonesia 7.700	
France 300	Venezuela 500	India 1.700	Zambia 8.300	
Germany 300	Romania 550	Laos 1.700	D.R. Congo 9.100	
Hungary 300	Ecuador 650	Honduras 1.800	Gambia 9.100	
South Korea 300	North Korea 650	Philippines 1.800	Mauritani 9.100	
Spain 300	Panama 700	Sri Lanka 1.800	Angola 12.500	
Denmark 310	Syria 700	Egypt 1.900	C.A.R. 12.500	
Sweden 310	Bosnia-H. 750	Vietnam 1.900	Mali 12.500	
Finland 320	Colombia 750	Morocco 2.000	Uganda 12.500	
Netherlands 320	Lybia 750	Iran 2.200	Senegal 16.500	
Norway 320	Oman 750	Suriname 2.200	Bhutan 20.000	
Argentina 330	Saudi Arabia 750	Botswana 2.500		

Factors influencing future doctor numbers

- Policy
- Retirements
- Immigration
- Emigration
- The female workforce
- Finances

Policy



WAPPIG

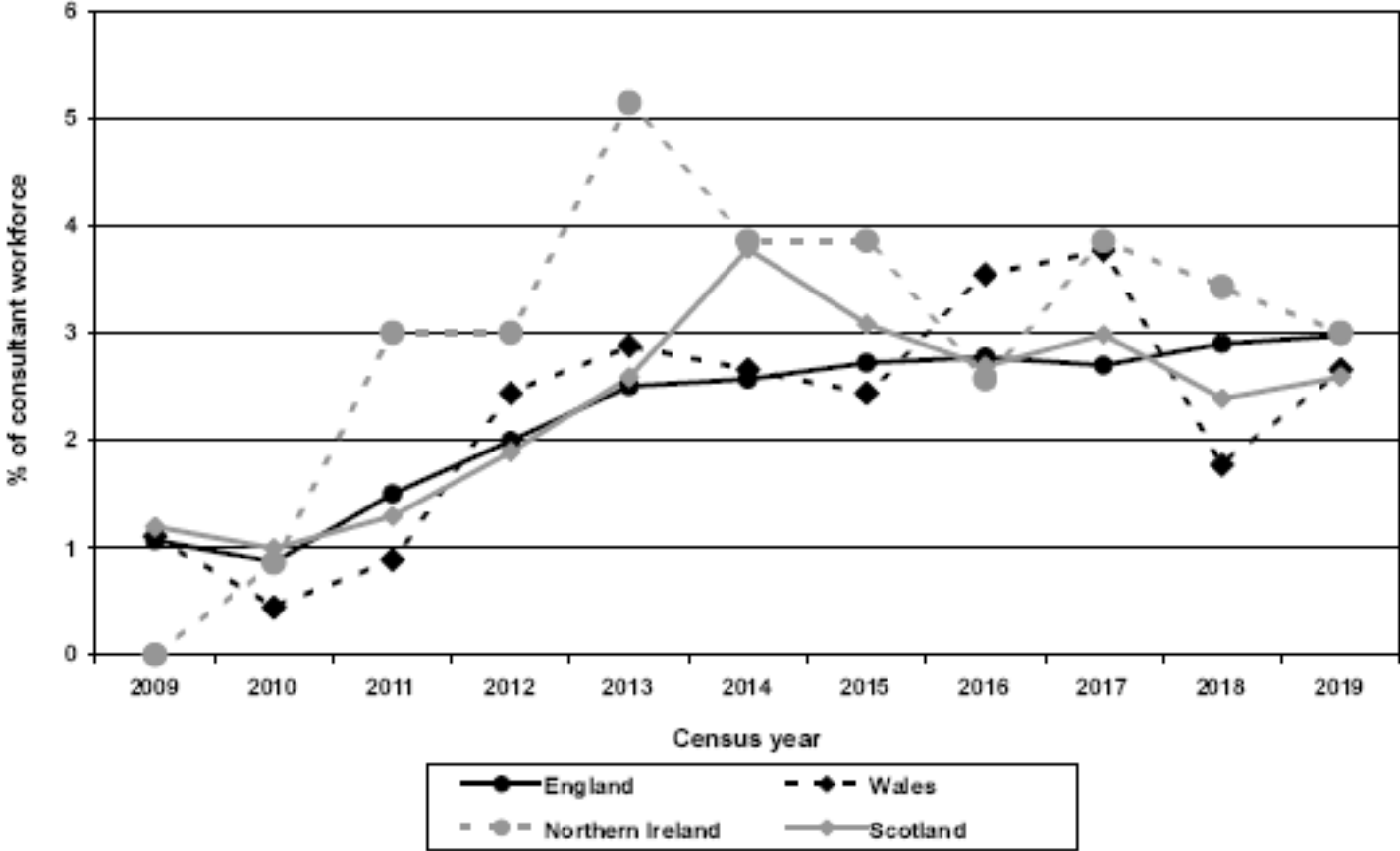
Workforce Availability Policy and
Programme Implementation Group

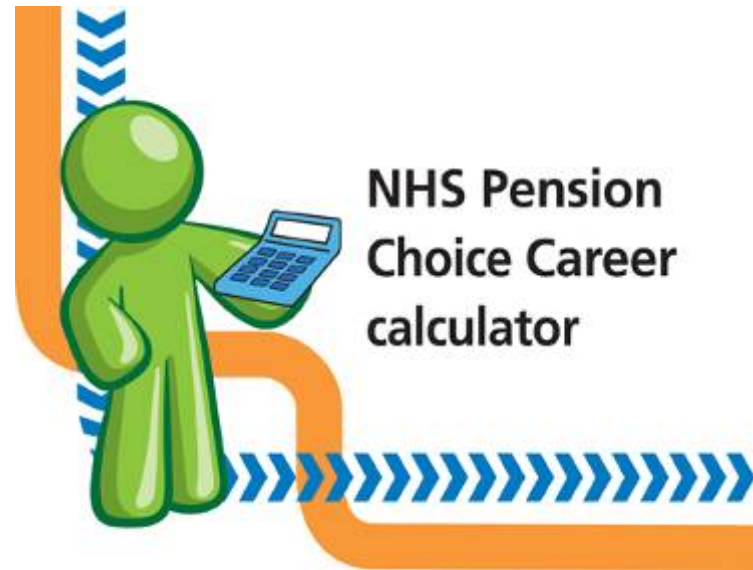


Retirements

C12b. Percentage of current consultant workforce by country who will reach 65 over the next 10 years
United Kingdom

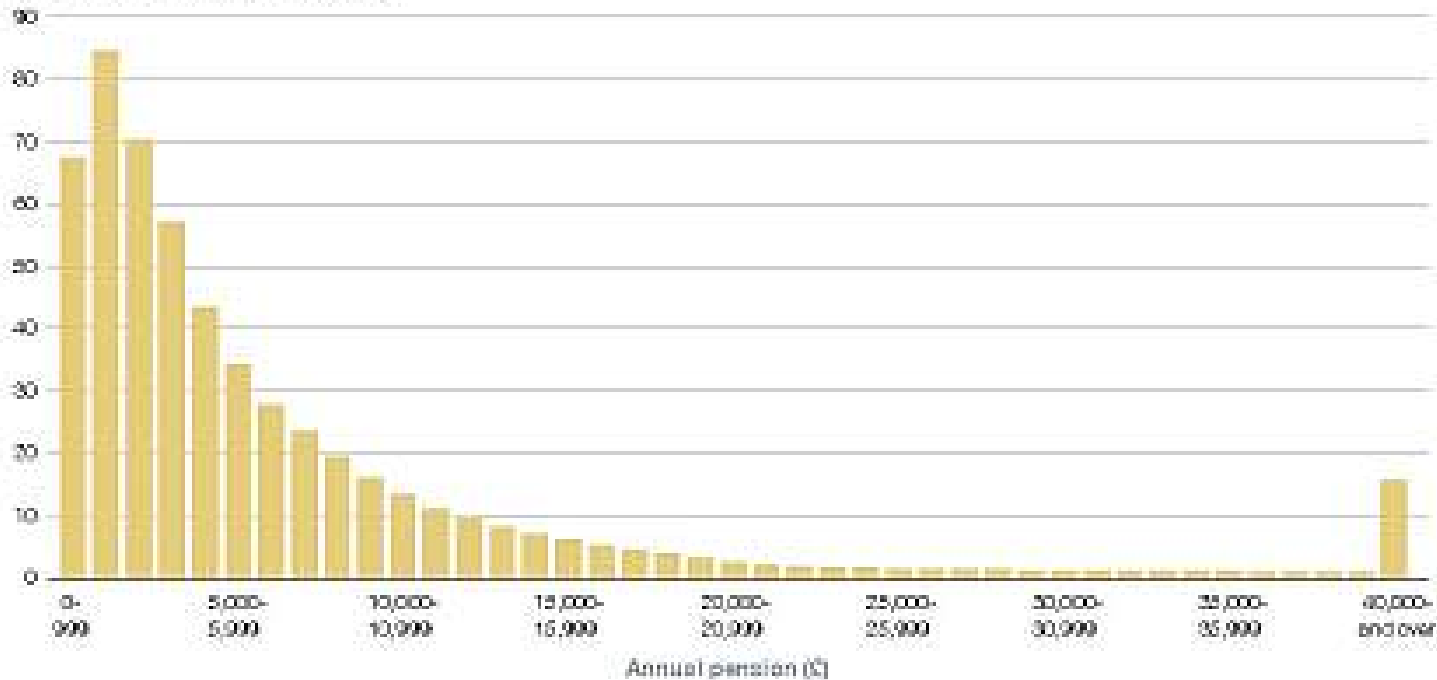
Source: RCP consultant census — census date 30 September 2008



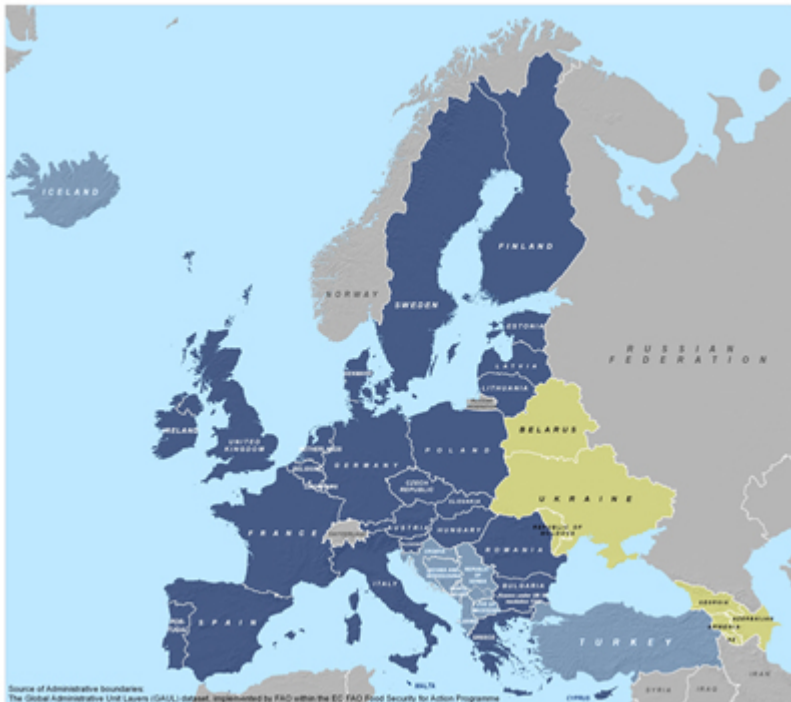


NHS pension scheme

Number of pensioners (thousands)

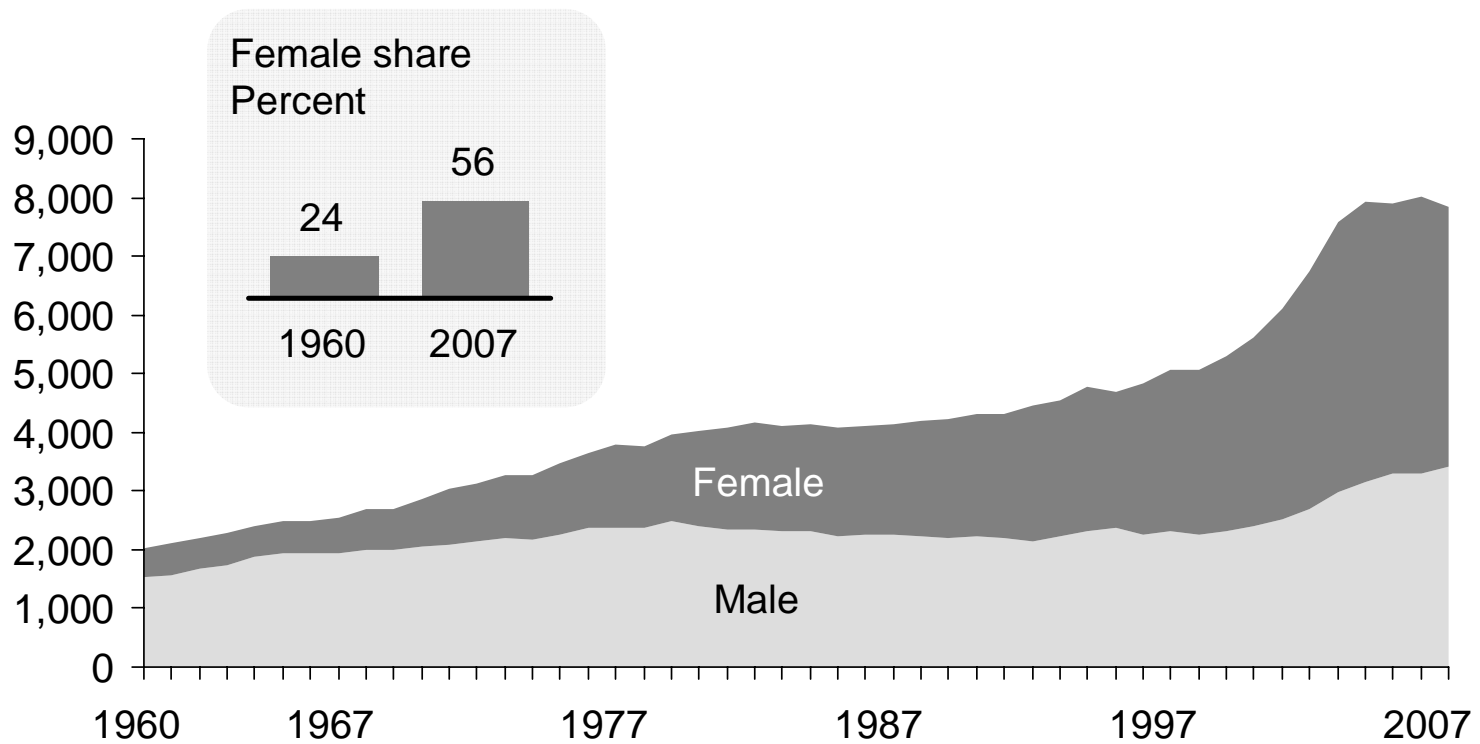


Immigration & Emigration



Feminisation of the workforce

Male and female intake into UK medical schools
(1960–2007)



Austerity and consultant working

- Freeze on expansion
- Reduction in Pas
- Reduction in MPET and SIFT payments

Summary of current situation

- EWTD has stretched the profession
- Night-time care is currently maintained but under threat in the future
- Consultant expansion is needed
- There is a large emerging workforce which could be used

Models of expansion

- Sustaining consultant expansion as is
- Sub-consultant grade
- Reducing PAs across UK
- Changing payscale

Where will our trainees be?

.....any questions?