

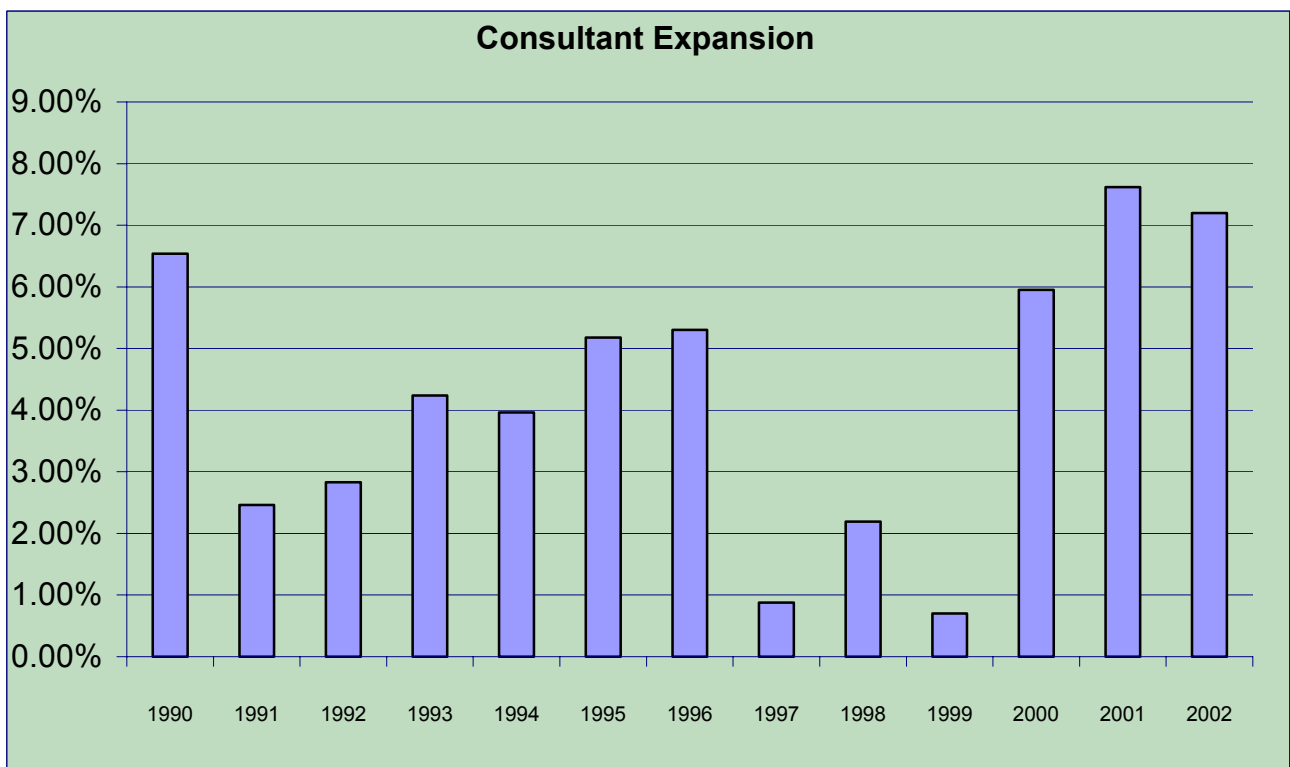
The Census and Comparative Information England and Wales (Census May 2002)

Consultant Expansion

The annual rate of consultant expansion can be calculated in two ways, by a comparison of the annual census returns, or from the Advisory Appointment Committees (AACs) held during the year.

The data from AACs is more up-to-date as it spans from January 2001 through to December 2001. Also, given the close involvement the College has with the appointment process, it is likely that this data is more accurate. The Census data spans May 2001 to May 2002.

The Census data indicates that the number of consultant posts increased by 43 from 1,341 to 1,384, representing a consultant expansion rate of 7.2%. Interestingly, the number of consultant vacancies increased significantly from 52 to 61. The deficit is looming. The jobs currently not being filled are those with less attractive job plans and those requiring subspecialty training, particularly in gynaecological oncology. The situation is set to worsen.





The Advisory Appointment Committees show that there were a total of 149 AACs arranged for 145 posts. In 2001 there were 114 AACs arranged for new posts and in 2002 there were 73. During this time there were also 67 replacements. An additional 5 were not identified as new or replacement, making an overall total of 145 consultant opportunities. A comparison with the data from AACs in 2001 indicates that the consultant expansion rate has fallen a little. However, a continuing and significant increase in consultant numbers is occurring.

The College continues to approve all consultant job descriptions to ensure all posts have appropriate job plans, but it cannot influence changes to job plans made once the consultant is in post.

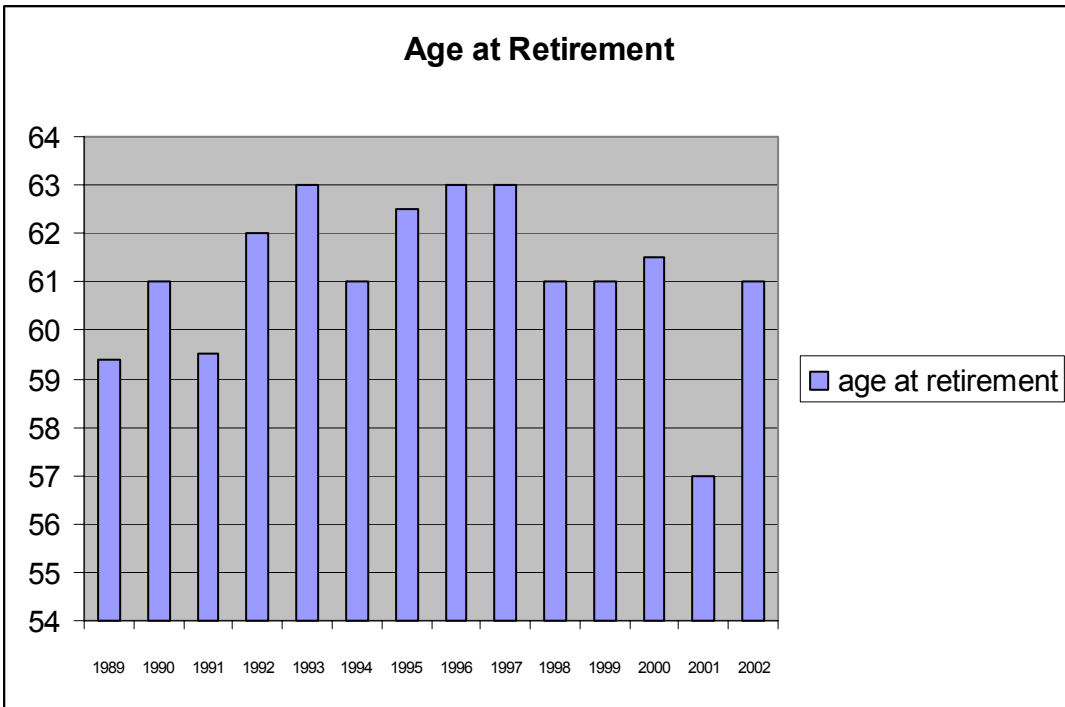
Less attractive job plans, eg obstetric posts with heavy labour ward components continue to be unpopular.

Average Age of Appointment

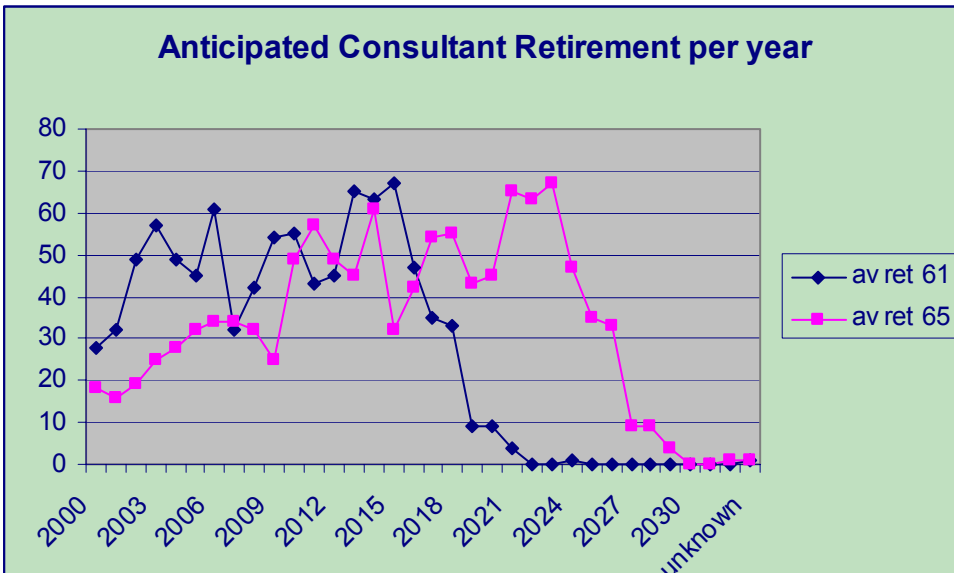
The average age of first appointment to a consultant post remains at 38. This has not changed significantly over many years. The average age of all appointments has, however, increased to 42. The youngest age of appointment was 32 and the oldest was 62. The evidence would suggest that a number of more senior consultants are changing posts.

Consultant Retirements

Between May 2001 and May 2002 there were 38 consultant retirements similar to the previous year and in keeping with expectations. The age of retirement has increased from 57 to 61.



The future number of consultants coming to retirement age, either at the compulsory age of 65, or the present 61, can be predicted from the ages of all consultants. The data shows a fluctuating, but small, increase in the number of retirements towards 2020. For the next few years between 30 and 65 replacement appointments will be required to cover the number of retirements.



Consultant Workload

The commonly used arbiter of workload, the average number of deliveries per consultant, although not taking into consideration those gynaecology consultants not involved in the delivery of obstetric care, has shown a persistent fall over the years.

	1999	2000	2001	2002
No del/cons	543	505	460	422
No del/WTE	568	554	491	502

However, the number of deliveries per WTE is still too high.

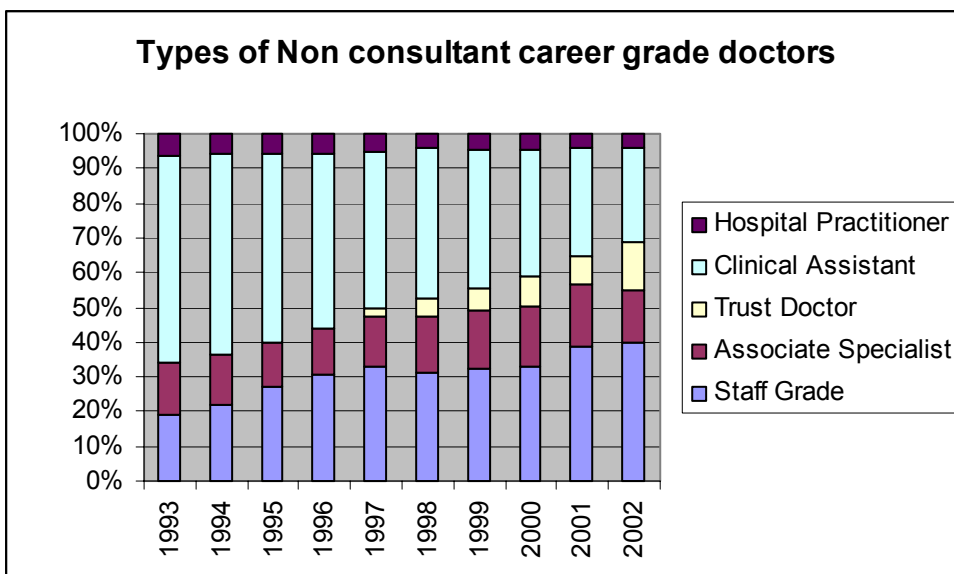
Staff Grades and Associate Specialists (SAS)

The number of staff grade doctors continues to increase. A reduction in the number of available trainees due to a shortage of training numbers and the need for extra doctors to ensure rotas are "New Deal" compliant has led to an increase in this grade.

A recent College questionnaire sent to all SAS doctors revealed that the majority of SAS doctors are resident when on-call with 90% of staff grade doctors undertaking day-time labour ward sessions, the majority working on middle grade rotas.

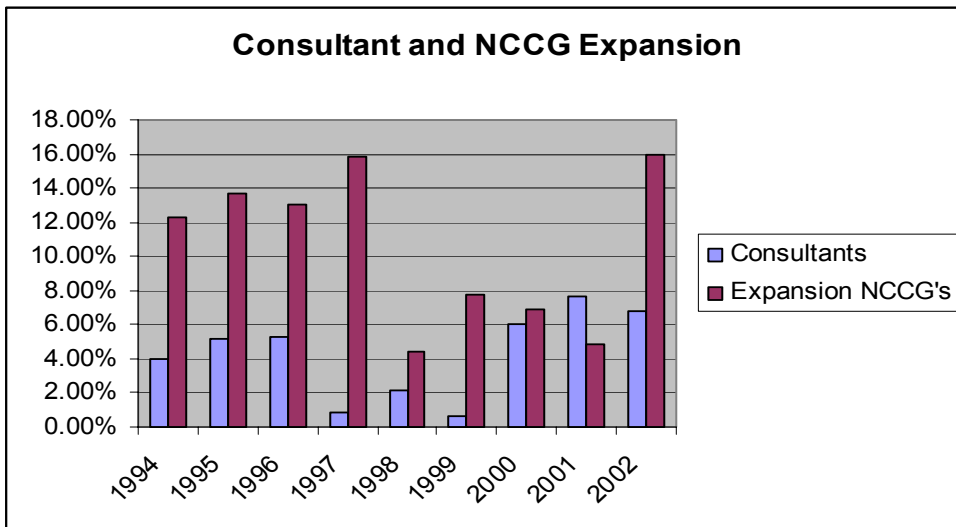
When asked whether they would wish to return to the training grade to complete training and obtain a CCST 81% of staff grade doctors indicated they would wish to do so. As the number of training places increases, these doctors may well apply entering at year 4 and 5. They will leave the middle grade rotas very exposed.

After a slight fall in the number of Trust Doctor Appointments last year, this census has revealed an increase of >100% in the number of Trust doctors from 41 to 91. The number of staff grade posts increased by 49, a rise of 23%.



NCCG Expansion

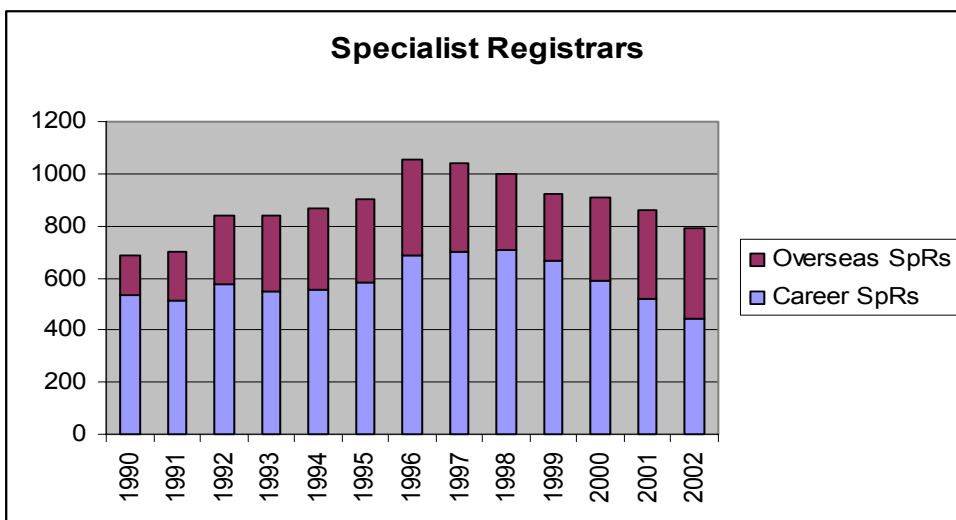
Consultant expansion, while being maintained, is not keeping pace with the massive expansion in NCCG doctors. The majority of these posts are created to support both the reduction of training posts and the need for additional doctors on rotas. This situation requires urgent action. The European Working Time Directive is upon us and innovative ways of providing emergency cover are required.



Advertised NCCG posts

The medical workforce office records all non-consultant career grade advertisements. During the year January-December 2002, a total of 180 non-consultant career grade posts were advertised, 85 staff grades and 94 trust doctors. These more recent figures indicate a more alarming picture than the census data portrays. Whilst not all of these adverts may have led to appointments, it represents a 69% increase in staff grade doctors and a 69% increase in Trust doctors. It is likely that those doctors working as trust doctors will rapidly become disillusioned and leave to pursue other areas. Their appointment does not solve the workforce crisis.

Specialist Registrars

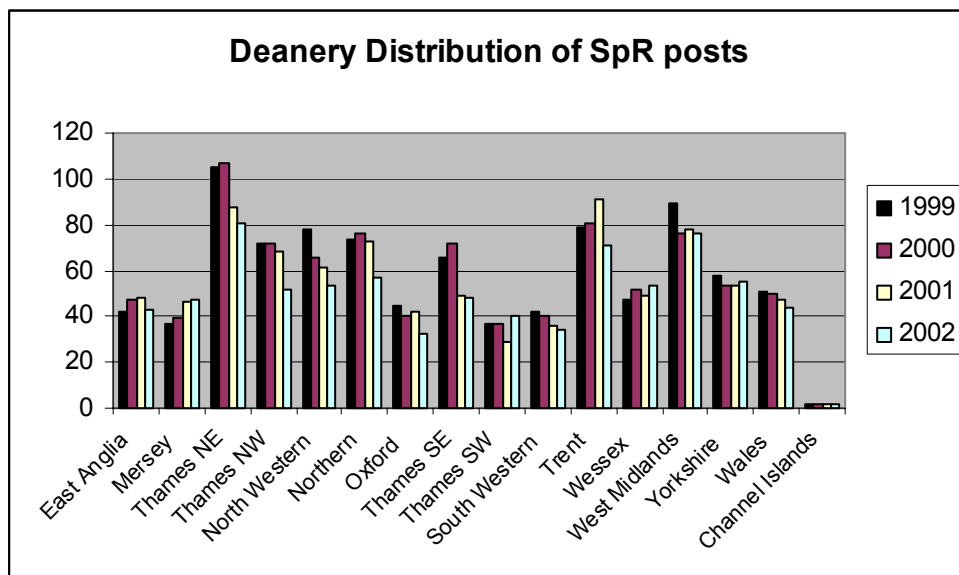


The previous years of imposed limits on the appointment of Type 1 trainees can be seen in this year's census figures. The total number of specialist registrars in post, fell from 860 to 788. In line with the restrictions, the number of career specialist registrars fell by 16% from 522 to 447. Since 1997 there has been a drop from 77 careers SpR to 447, a 36% reduction. The funding from some of these posts has been lost from the specialty. In 1997 there was a total of 1,037 and in 2002 there were 788 specialist registrars in post, a reduction of 24 %. Some funding has been retained but many hospitals have lost funding and are struggling to cover service commitments.

The number of Type 2 posts has not changed significantly.

The Deanery Distribution of SpRs

Over recent years, workforce restrictions should have been evenly distributed across the Deaneries. Recruitment has been limited irrespective of the size of the Deanery or number of SpRs in post. The historical distribution of SpRs was deemed to be inequitable and, therefore, those Deaneries with the largest number of SpRs would theoretically be more adversely affected. However, the effect of this workforce planning measure has impacted in a variable manner. It seems unlikely that this has been caused by differences, across the Deaneries, of the number of trainees beyond CCST requiring replacement. More likely, the reason for some Deaneries losing and some gaining SpRs almost certainly relates to the differing action, and implementation of the rules, by individual Postgraduate Deans.

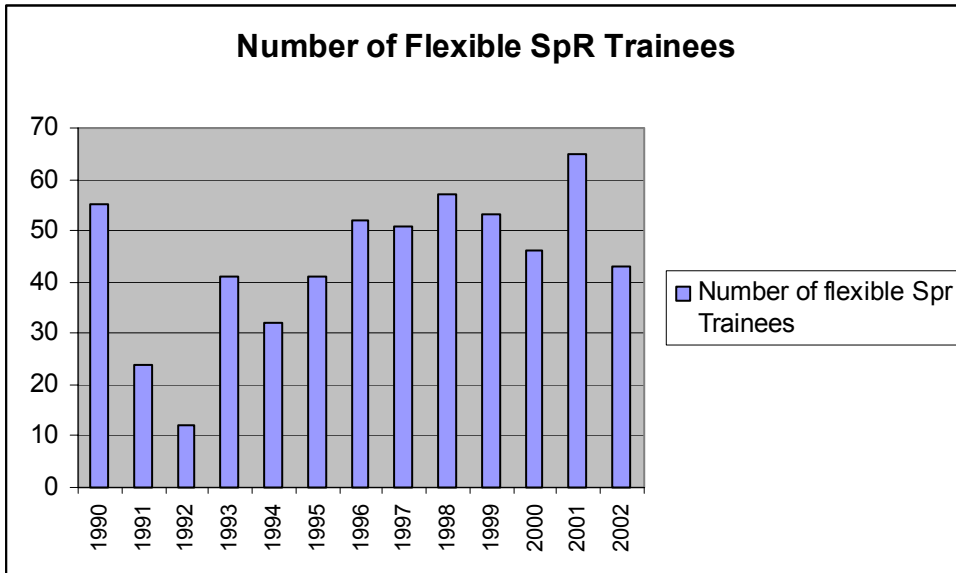


The census shows that the biggest reductions were seen in the Thames Deaneries and in particular South East Thames. South East Thames saw their number of SpRs drop from 72 to 49, a loss of 23 SpRs, equivalent to 32% of their registrar numbers.

Disparity across Deaneries, particularly over numbers of NTN's lost, will be considered when numbers are put back into the system.

Flexible Specialist Registrars

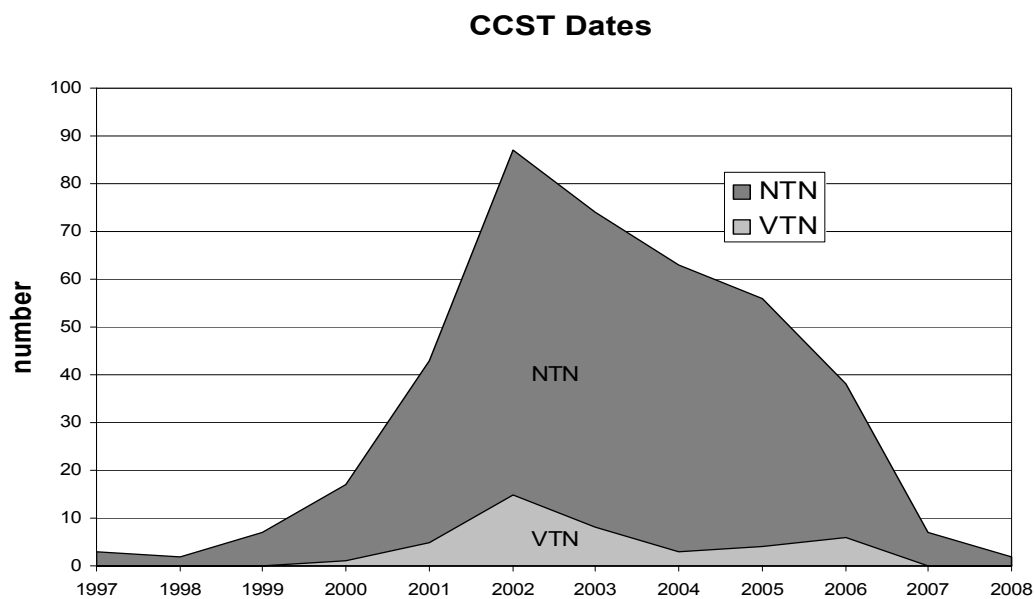
The number of flexible registrars has dropped a little over the year from 65 to 43. This is probably an underestimate of the numbers. Approximately 10% of the current workforce is training flexibly. Most of these trainees entered the training grade as full-time trainees and have switched to flexible training sometime during the programme. These trainees take on average 8 years to complete training and many may wish to continue to work flexibly at consultant grade.



Whilst over previous years the number of flexible trainees has not particularly changed, one might expect, with an increasing feminisation of the workforce that the number of flexible trainees will increase.

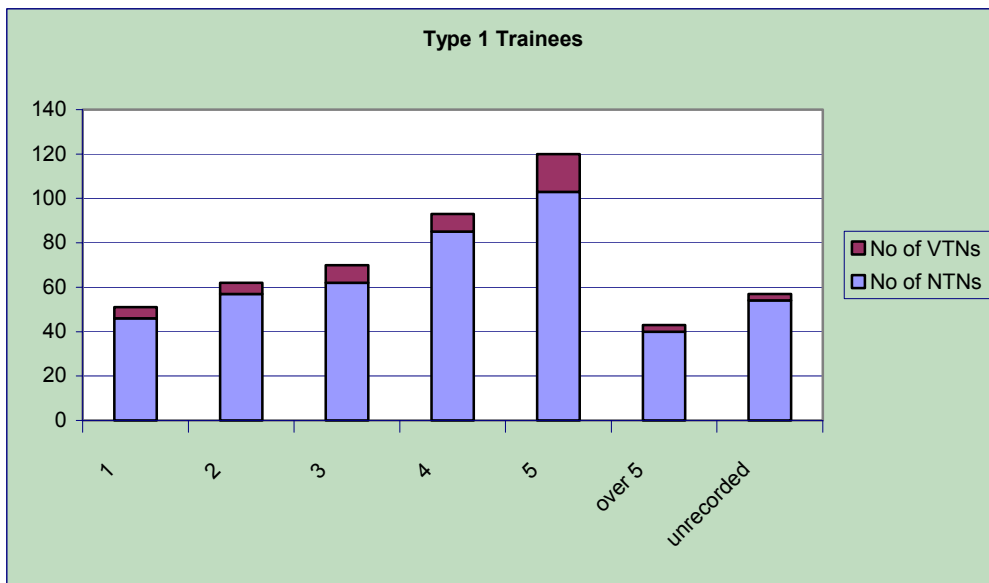
CCST Awards

Whilst the Deans' database, updated by RITA returns, was, in the past, the most accurate record of predicted CCST awards, this information has not been available over the last year. The census data is, therefore, the most accurate information presently available.



There are currently 372 UK graduates, 33 EU graduates and 82 overseas graduates who are intending to take up a consultant post in the UK. By 2008 assuming a 5% consultant expansion and a retirement age that holds at 60 there will be approximately 1,248 consultant opportunities.

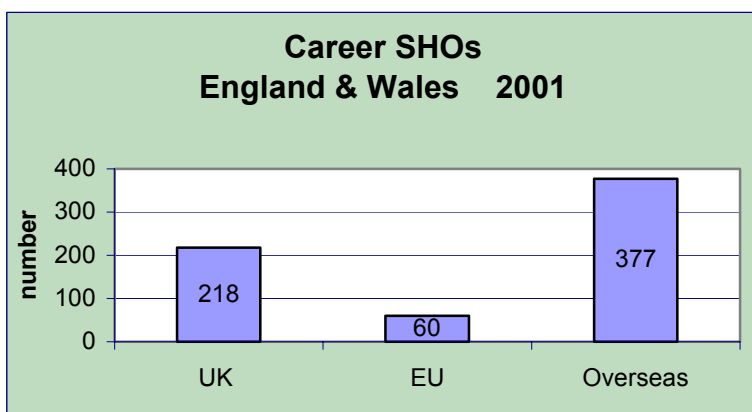
The considerable reduction over recent years in the number of trainees entering Type1 posts will impact beyond 2005. Meanwhile, there will be an increasing deficit in the senior training grades, adding a further burden to service provision and consultant workload.



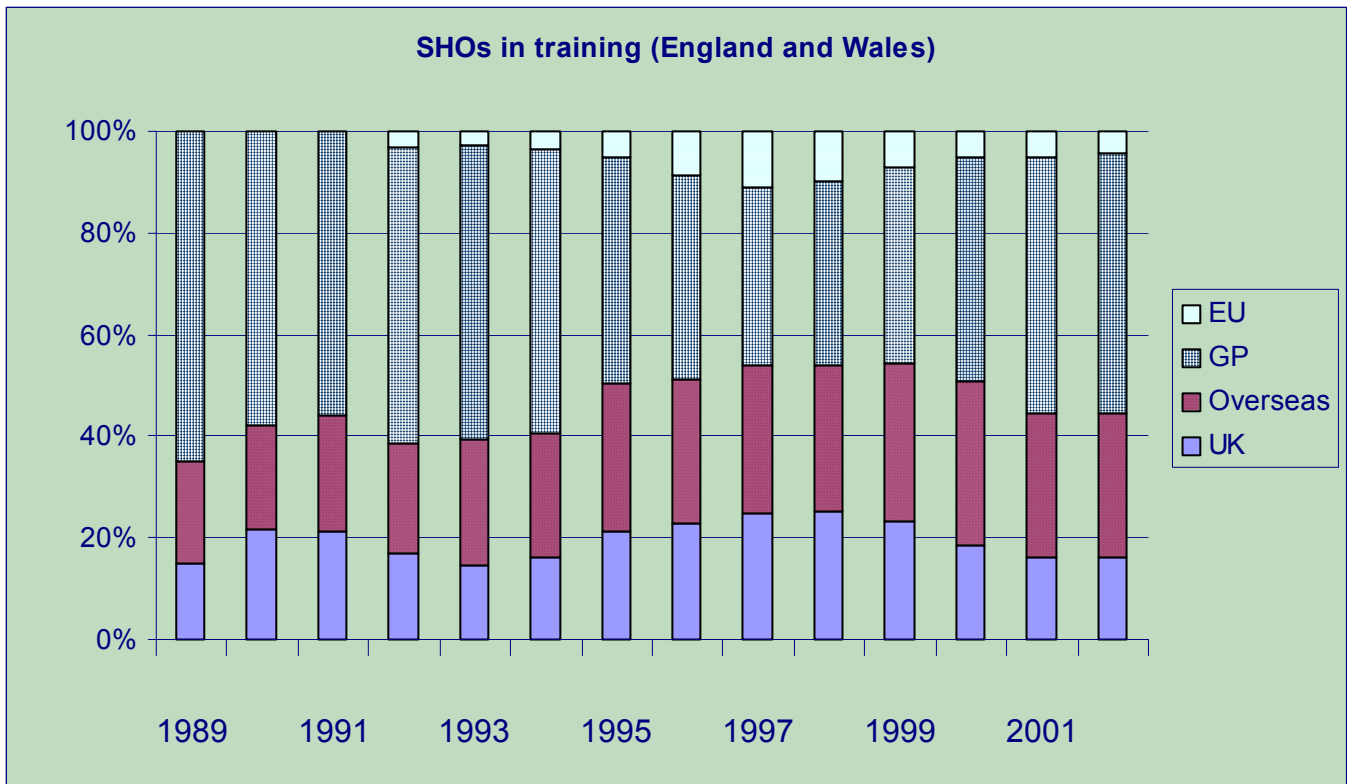
The anticipated deficit in CCST awards is clearly seen when the number of trainees in each year is reviewed. There is going to be a deficit unless urgent action is taken.

Senior House Officers

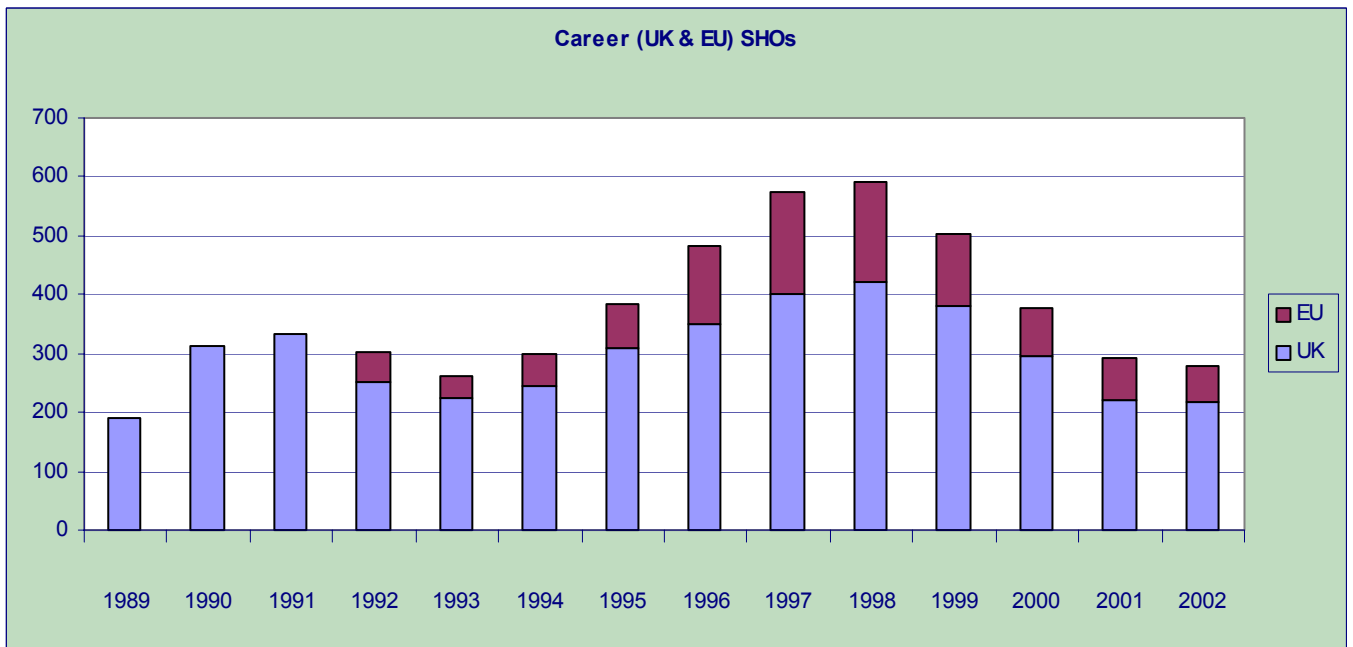
The total number of SHOs continues to fall. The number of SHOs in post fell from 1,383 to 1,338, representing a 3% reduction over the year. The majority of career SHOs are from overseas.



The number of SHOs training for a career in general practice remained static, the number of SHOs training for a career in obstetrics and gynaecology has fallen slightly again. The largest fall was in visiting trainees, from 396 to 377.

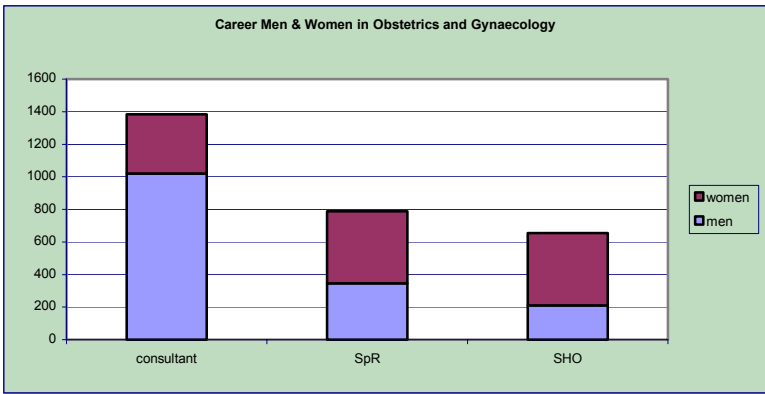


The number of career (UK and EU) SHOs continues to fall, although the rate of decline appears to have slowed. There is now a worrying decline in the number of UK trainees looking for a career in obstetrics and gynaecology

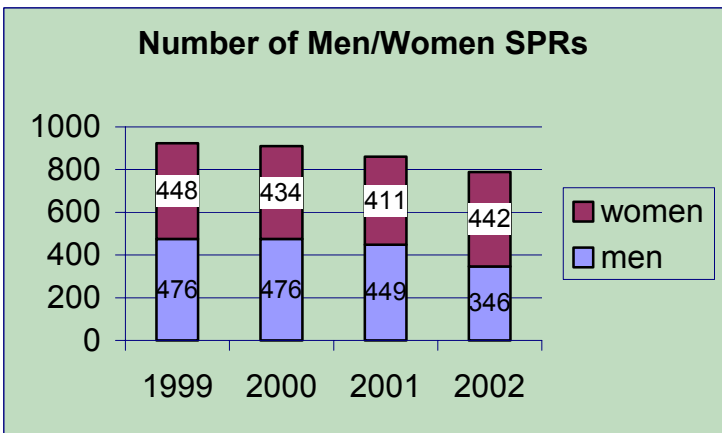


Women in Obstetrics and Gynaecology

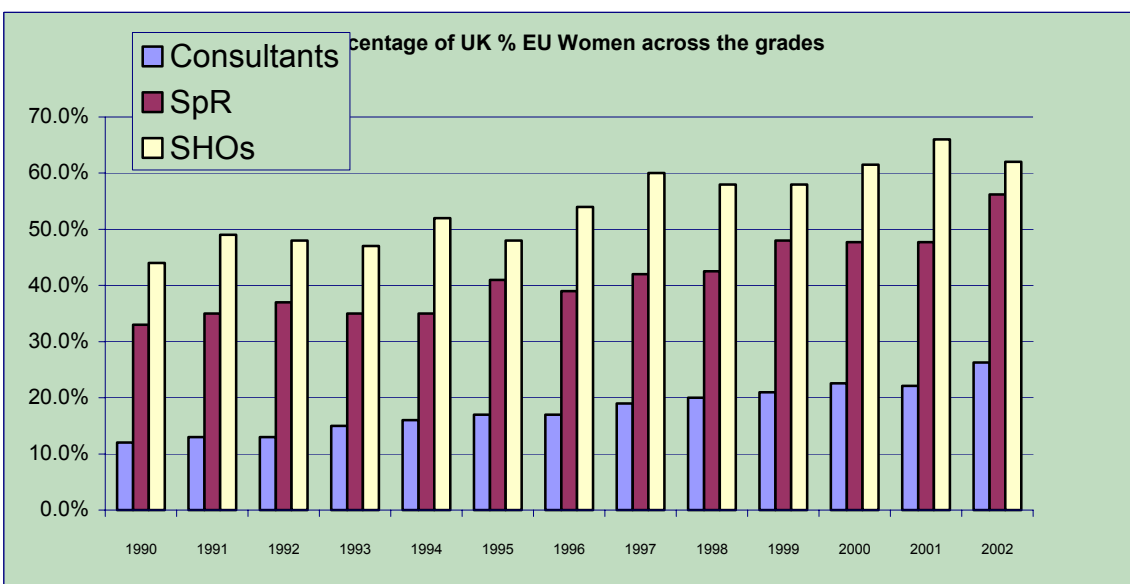
The proportion of female consultants, now, has remained static over the last year. Over preceding years there has been a significant trend towards more women in the specialty.



The proportion of women increases downwards through the grades. For the first time, however the number of women across all the training grades including SpRs exceeds men.



56% of SpRs are now women. Many of these women will wish to take time out of training for family reasons and many may wish to both train and as a consultant flexibly. This must be factored in to Workforce planning.



Consultant Opportunities

Consultant opportunities in the next few years are going to be excellent and that message needs to be broadcasted loud and clear. Recruitment to the specialty is at an all time low and the trainees of the future are not planning a career in obstetrics and gynaecology. The well publicised difficulties of obtaining a NTN and the perception that the specialty has been overproducing has deterred trainees from considering a career in obstetrics and gynaecology.

At the same time there are enormous and exciting drivers for change. The National Service Framework should lead to an increase in the numbers of consultants. clinical governance issues will push for increasing consultant involvement on the labour ward. Trainees will be better supported and care should improve.

Reforms to SHO training will ensure better and more structured training.

The European Working Time Directive is upon us; urgent action is needed both in the short and long term. Trainees must continue to be trained and inevitably this will mean more senior support out of hours.

The specialty is facing difficulties and the long predicted deficit is all too evidently here. Assuming a 5% expansion rate and approximately 50 retirements a year, there will be 892 consultant opportunities in the next 5 years. There are currently 447 career SpRs in post. The issue is being addressed additional numbers have been made available this year and the College will negotiate hard to ensure additional training numbers for next year.

The information contained in this document is a crucial part of the planning process and I thank you all for your help in collecting the data.

Notes on Calculations

Please remember that the statistics contained in this book are only as accurate as completed on the census forms.

A flexible trainee is counted as one body.

Community Gynaecologists have been removed from all calculations unless stated.

Unreturned Census Forms

The following hospitals failed to return their census forms. Data for 2001 has been used for these hospitals.

The General Infirmary at Leeds
Central Middlesex Hospital
The Homerton Hospital
Frimley Park Hospital
Hereford County Hospital
Wishaw General Hospital