APM Workforce Report for Palliative Medicine 2012-2016

Document on behalf of the
Workforce Committee of the Association of Palliative Medicine

Executive Summary APM Workforce Report for Palliative Medicine 2012-2016

This report has been prepared by the APM Workforce Committee and is based on data provided by the APM Workforce survey 2011, RCP Workforce Census 2011 (Royal College of Physicians) and from the JRCPTB (Joint Royal Colleges Physicians Training Board) and SAC (Specialty Advisory Committee) Palliative Medicine workforce data produced in 2011 and 2012.

For each of the four countries of the United Kingdom & Eire the report aims to:

- Review the current number of Consultants in Palliative Medicine working in the NHS, voluntary sector and in academic posts.
- Identify the current number of specialty doctors and other non-training grades working in the NHS and the voluntary sector.
- Identify the current number of trainees and estimate those entering and completing training over the next five years and in conjunction review the trends in the number of Consultant appointments, vacancy rate and retirements.
- Estimate the Consultant workforce required to meet the needs of patients requiring specialist palliative care over the next five years.
- Review the factors in the future development of the palliative medicine workforce.

- **2011 APM medical workforce survey** full data analysis completed and undertaken from November 2011 to April 2012 in obtaining information for UK and Eire on numbers and grades of post-holders, age, gender, ethnicity, hours of working, type of contract, funding, type of clinical service and out of hours working. Overall response rate was 63.6% hence under-reporting of workforce numbers.

- **RCP workforce census 2011 and SAC workforce data for 2011 and 2012** are included in this report for Consultants and trainees.

- **Trends in workforce:**
  The high proportion of women trainees (greater than 80%). The high percentage of doctors working less-than-whole-time (44% for Consultants , 76.5% for SAS doctors and 38% for trainees).

- **Expansion of Consultant numbers** is greater than other medical specialties 9.2% v 5.2%. Vacancy rate has fallen for the 4th successive year and for 2012 is < 8%. Retirement age at 65yrs estimated Consultant numbers for 2011-17 are 4-5/yr then increases to 12/yr from 2017-22. The impact of those Consultants aged < 50 years whose retirement age increases to 67 years. In Eire, currently there are no Consultants over the age of 56 years.

- **Registrar trainees.** Annual expansion fell in 2011 to 5% but increased again to 10% in 2012 to 251 posts despite not replacing significant number of Hewitt-Johnson posts in England. No evidence of unemployment in outcome of CCT holders average 40/year for 2009-2012, though a few are taking up non-consultant posts. Predicted average CCT output 40/year (2011-16).

- **Estimated Consultant workforce numbers**

Table 1. Estimated Consultant workforce numbers and fte for each country in UK and Eire compared to current provision (SAC data 2012).

Country	Population Millions (2011)	RCP estimate[1]		Current SAC 2012 data[2]	
		Headcount[2]	fte	Headcount	fte
Wales	3.10	30	**24.8**	36	29.80
N Ireland	1.80	16	**14.4**	18	16.25
Scotland	5.25	53	**42.0**	47	37.55
England	53.00	526	**424.0**	404	325.95
UK	62.15	624	**505.2**	507	408.60
Eire	4.05	34	**32.4**	30	28.60

Based on 2 full time equivalent (fte) per 250,000 population Consultant Physicians working with patients: The duties, responsibilities and practice of Physicians in Medicine. (4th Ed) revised Royal College of Physicians, 2011.[2] With a participation ratio (0.8-0.96) for fte and headcount in each country using SAC 2012 data.

Estimated need for UK Consultants = 505 fte (624 headcount). A significant shortfall in England with 326 fte in 2012 compared with an estimated need of 424 fte.

The following factors will influence the numbers and development of the workforce:

- The increase in workload due to the higher prevalence of cancer, and patients with long-term conditions.
- A predicted 20% increase in mortality rates for patients aged 85 years or older.
- The high proportion of women trainees (greater than 80%).
- The high percentage of doctors working less-than-whole-time (44% for Consultants, 76.5% for SSAS doctors and 38% for trainees).

However the number of Consultant posts available may increase due to trainees moving abroad, entering whole-time research or leaving medicine, an increase in the rate of retirement among older consultants, and the impact of the retirement age for those currently younger than 50 years increasing to the age of 67.

The most important variable, though, is the creation of new posts (ie expansion in consultant numbers) within the current financial climate.

- **Workload activity** data for Consultants in the specialty of palliative medicine is mainly based on cancer and was undertaken towards the end of the 1990s,and needs to include the increasing workload for cancer and long-term conditions over the last decade. The impact of the need to provide a 7 day /24 hour service.

- **Other factors**
  Unless there is a significant reduction in medical student numbers over the next decade, there will be an over-supply of doctors, which will have an inevitable impact on a reduction required in the number of trainees for the majority of specialties .The number of medical students is determined centrally .The number of Foundation and ST posts by Deaneries. However, the number of Consultant posts created is dependent on local needs, priorities and funding issues at Trust/Voluntary sector level.

- The most important variable in the current financial climate is the creation of new consultant posts and the continued funding of consultant vacancies. Overall there is the potential risk in the next 5 years that there will be an over production of CCT holders in regard to available consultant posts. One of the consequences of this may be the facilitation of recruitment of consultants to regions that are currently under supplied.

Recommendations

- As a result of a predicted excess in number of CCT holders in the larger medical specialties and a resultant unaffordable number of consultants overall by 2020, and recognising the potential risk of excess CCTs for palliative medicine ; a major piece of work by the specialty is needed on the models of service provision, skill-mix, and the future role of consultants, with an expected requirement to deliver a consultant-led 7 day service. *(Shape of the medical workforce: Starting the debate on the future consultant workforce CWFI England February 2012).*

Dr Stephanie Gomm Chair APM Workforce Committee

APM Workforce Report for Palliative Medicine 2012-2016

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1. Introduction:

This report has been prepared by the APM Workforce Committee (see Appendix 1).

2. ***Aims:*** For each of the four countries of the United Kingdom & Eire to :

2.1 Review the current number of Consultants in Palliative Medicine working in the NHS, voluntary sector and in academic posts.
2.2 Identify the current number of specialty doctors and other non-training grades working in the NHS and the voluntary sector.
2.3 Identify the current number of trainees and estimate those entering and completing training over the next five years and in conjunction review the trends in the number of Consultant appointments, vacancy rate and retirements.
2.4 Estimate the Consultant workforce required to meet the needs of patients requiring specialist palliative care over the next five years.
2.5 Review the factors in the future development of palliative medicine workforce.

3. Background:

3.1 Needs assessment:

Estimates of need for the numbers (fte) Consultants in Palliative Medicine) have been derived from the following sources:-

- Working for Patients – 5th Edition Consultant Physicians - Palliative Medicine 2011.[1]
- Association of Palliative Medicine Workforce Databases and Annual Reports 2005 -2012.
- Needs Assessment undertaken by National Council for Palliative Care NCPC Specialist Palliative Care Workforce Survey SPC Longitudinal Survey of English Cancer Networks November 2011 [2]
- **For England:** the Centre for Workforce Intelligence (CfWI) report [3] July 2011,http://www.cfwi.org.uk/intelligence/in-shape-of-the-medical-workforce-informing-medical-speciality-training-numbers/palliative-medicine.
- Centre for Workforce Intelligence (CfWI) *Shape of the medical workforce :Starting the debate on the future consultant workforce CWFI England February 2012* [4]
- **For Scotland:** Re-shaping the medical workforce in Scotland consultation of specialty trainers from 2000 – 2015. [5]
- **For Wales:** Sugar Report 2008: Palliative Care Planning Group Report Wales: Report to the Minister for Health and Social Services (June 2008) chaired by Vivienne Sugar and Ilora Finlay's Implementation of Palliative Care Report (October 2008). [6]
- RCP Workforce Census reports 2005-2011 [7]
- Data from SAC (JRCPTB) Palliative Medicine 2009-2012
- Commissioning Guidance for Specialist Palliative Care: Helping to deliver commissioning objectives, December 2012.Guidance document published collaboratively with the Association for Palliative Medicine of Great Britain and Ireland, Consultant Nurse in Palliative Care Reference Group, Marie Curie

Cancer Care, National Council for Palliative Care, and Palliative Care Section of the Royal Society of Medicine, London, UK. [8]
www.apmonline.org/documents/135764105191600.pdf

3.2 Estimate of need: Consultants in palliative medicine

Based on various sources a current estimate of the overall number of required Consultants 2 fte per 250,000 population (2011) representing 505 fte working across the UK and for Eire 24 fte (see Table 1).

3.2.1 Estimates of need palliative medicine consultant numbers and fte for each country in UK and Eire. [1,8]

The estimated RCP workforce requirements are 2 fte consultants for a population of 250,000 representing 505 fte working across the UK.[1]
Table 1 demonstrates the continued under provision in England of 326 fte with an estimated need of 424 fte . Both Scotland and Eire have a lesser degree of under provision.

Table 1. Estimated Consultant workforce numbers and fte for each country in UK and Eire compared to current provision (SAC data 2012)

Country	Population Millions(2011)	RCP estimate3		Current SAC 2012 data2	
		Headcount[4]	fte	Headcount	fte
Wales	3.10	30	**24.8**	36	29.80
N Ireland	1.80	16	**14.4**	18	16.25
Scotland	5.25	53	**42.0**	47	37.55
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[1] Based on 2 full time equivalent (fte) per 250,000 population Consultant Physicians working with patients: The duties, responsibilities and practice of Physicians in Medicine. (4th Ed) Royal College of Physicians, 2011.
[2] Based on the participation ratio (0.8-0.96) for fte and headcount in each country using SAC 2012 data.

For Wales the current provision in December 2011 estimates was based on the Sugar report [3] – 0.76 participation rate with a headcount of 38 palliative medicine consultants (total 29 fte).
Table 2. Estimated and current provision Consultant workforce numbers and fte for Wales.[8]

Country	Population Millions (2011)	Headcount No.	No. fte
Wales [8]	3.1	38.0	29.0
Wales SAC 2012	3.1	36.0	29.8

Finlay I. Implementation of Palliative Care Report: Palliative care services funding 2008-09, 2009

These estimates of need for Consultant posts have been used by the Departments of Health in England and Wales. These estimates of need will be altered by the future increases in workload that are expected as a result of:

- An increase in the number of dying patients as a result of the growing population.
- The increasing life span of patients with advanced disease requiring longer periods of specialist palliative care.
- Increasing referral of patients with non-malignant diseases.
- Increasing complexity of medical treatments in advanced disease and increasing co-morbidities.
- An increasing role in the supportive care of patients receiving potentially curable therapies for cancer and non-malignant diseases.
- Increased patient and carer expectation of medical treatments in advanced disease.
- Increases in Palliative Medicine consultant outpatient episodes .[6]
- Significant changes in commissioning structures and processes which call for high quality clinical engagement between providers and their commissioners.
- The centrally led focus on increasing and improving delivery of End of Life care services into the future including a focus on limiting inappropriate admissions to hospital for patients at the end of life, and providing care closer to home.

3.3 The change in shape and size of the medical workforce.

This is an extremely important issue affecting workforce planning, in particular the 80% increase in medical student numbers between 1996 and 2007. Currently, the number of medical students who are female at 67%. An increasing number of women and men will wish to work part-time (BMA Survey 2006 of graduates, 21% of females want to work part-time for most of their careers and 48% want to train less than whole time).

In addition, the RCP Workforce Group has predicted by various models that by 2021 there will be a significant reduction in training post numbers. The balance of the number of training posts is changing with the recommendation to decrease hospital trainees and increase GP training numbers by 50%. This will have an ultimate impact on the type of doctor undertaking clinics and ward work, i.e., increasing numbers of Consultant and non-training grades undertaking these service roles. Training has also been affected by EWTD rules from August 2009 onwards in regard to the amount of time for training that will be available as a consequence.

Other significant impacts changes have been in the length of training eg following the implications of the Tooke Report 2007. The pending publication of the Shape of Training by the Academy of Royal Colleges in 2013 will estimate the need and type of medical workforce for the next 30 years.

3.4 Medical Workforce Planning

3.4.1 England: the Centre for Workforce Intelligence (CfWI)[3] published their report in July 2011, http://www.cfwi.org.uk/intelligence/in-shape-of-the-medical-workforce-informing-medical-speciality-training-numbers/palliative-medicine.

This stated: “the forecast growth in palliative medicine CCT holders, together with the potentially slower growth in substantive consultant posts may suggest the number of CCT holders could become too strong. When balancing the progressive ageing population, with higher rates of obesity and a greater number of co-morbidities certainly, the increase in patient activity (2003 – 2009) and the potential withdrawal or non- recurrent funding of the Hewitt & Johnson trainee numbers. The CfWI recommended that no change is made in palliative medicine to either the number of training posts or their current geographical distribution and included the

recommendation to retain the Hewitt & Johnson posts. We still await the response from the Department of Health and the recommendations of Health Education England. We are monitoring the Deaneries whether the replacement of the Hewitt & Johnson trainee numbers 2007/8 is occurring. From trainees recruited in 2007 – only 4 out of 23 posts continue, 5 lost, 2 with non-recurrent and 12 unstable funding.

The consequences for education, training, funding and workforce planning even after amendments to the NHS White Paper in England are still a major concern, in particular the impact of the Learning, Education and Training Boards (LETBs) taking over the role of the SHAs with no commitment to national workforce planning or standards.

3.4.2 Scotland: Re-shaping the medical workforce in Scotland consultation of specialty trainers from 2010 – 2015 [4] has indicated that palliative medicine sets a target to reduce training numbers nationally from 16 to 11, however, currently workforce representatives are trying to maintain these at 14.

3.4.3 Wales The medical workforce in Wales following the Sugar Report 2008 [6] has recently had significant expansion in consultants posts and is unlikely to significantly increase further or its training capacity.

3.4.4 Northern Ireland: workforce issues are under discussion.

3.4.5 Éire: Expansion in consultant posts is likely to be slow over the coming years. Allied to the fact that none of the consultant body is over 56 years old, this will impact significantly on the availability of consultant posts for trainees who obtain CCST. The RCPI currently has no plans to reduce the numbers of NTNs or trainees in Palliative Medicine.

4. Medical Workforce:

4.1 Current workforce numbers

As part of implementation of the APM Strategy 2008 [12], an APM Workforce Committee (see Appendix 1) was convened in July 2011 which has undertaken annual electronic workforce questionnaire surveys from 2011 to ascertain for each country in the United Kingdom and Eire the numbers of Consultants, training grades, speciality doctors, other non-raining grades and academic post-holders.
For the 2011 survey undertaken from November 2011 to April 2012 obtaining information for UK and Eire on numbers and grade of post-holders, age, gender, ethnicity, hours of working, type of contract, funding, type of clinical service and out of hours working. Overall response rate was 64.6% for APM members (605/936). hence under-reporting of workforce numbers.

Grades of palliative medicine doctors by country are shown in Table 2.

Table 2.Grade of Doctor by Country APM 2011.

Grade	*England*	*Northern Ireland*	*Republic of Ireland*	*Scotland*	*Wales*	*Unknown*	*Totals*
Associate Specialist	24 66.7%	1 2.8%	0 0.0%	5 13.9%	3 8.3%	3 8.3%	**36** **5.3%**
Clinical Assistant	3 42.9%	0 0.0%	0 0.0%	4 57.1%	0 0.0%	0 0.0%	**7** **1.0%**
Clinical Lecturer	2 66.7%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	1 33.3%	**3** **0.4%**
Consultant	197 66.5%	8 2.7%	7 2.4%	16 5.4%	20 6.8%	48 16.2%	**296** **44.0%**
Locum Consultant	13 76.5%	0 0.0%	0 0.0%	2 11.8%	0 0.0%	2 11.8%	**17** **2.5%**
GP with Special Interest (GPwSI)	3 75.0%	1 25.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	**4** **0.6%**
Lecturer	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	1 100%	**1** **0.1%**
Macmillan GP Facilitator	2 100%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	**2** **0.3%**
Medical Director	30 63.8%	2 4.3%	1 2.1%	3 6.4%	0 0.0%	11 23.4%	**47** **7.0%**
Medical Officer	4 50.0%	2 25.0%	0 0.0%	0 0.0%	0 0.0%	2 25.0%	**8** **1.2%**
Professor	4 66.7%	0 0.0%	0 0.0%	0 0.0%	1 16.7%	1 16.7%	**6** **0.9%**
Reader	3 100%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	**3** **0.4%**
Research Fellow	8 88.9%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	1 11.1%	**9** **1.3%**
Senior Lecturer	12 80.0%	0 0.0%	0 0.0%	0 0.0%	2 13.3%	1 6.7%	**15** **2.2%**
Specialty Doctor	30 65.2%	1 2.2%	0 0.0%	6 13.0%	3 6.5%	6 13.0%	**46** **6.8%**
Staff Grade	11 78.6%	0 0.0%	0 0.0%	2 14.3%	0 0.0%	1 7.1%	**14** **2.1%**
Other non-training post	11 68.8%	0 0.0%	0 0.0%	2 12.5%	0 0.0%	3 18.8%	**16** **2.4%**
F1 Post	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	**0** **0.0%**
F2 Post	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	**0** **0.0%**
GP Specialty Trainee	1 100%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	**1** **0.1%**
Specialist Registrar	25 78.1%	0 0.0%	2 6.3%	2 6.3%	1 3.1%	2 6.3%	**32** **4.8%**
Specialty Reg. (MMC ST3 & above)	86 82.7%	1 1.0%	0 0.0%	6 5.8%	9 8.7%	2 1.9%	**104** **15.5%**
Specialty ST1/ST2 Post	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	**0** **0.0%**
Other training post	5 83.3%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	1 16.7%	**6** **0.9%**
Totals	**474** **70.4%**	**16** **2.4%**	**10** **1.5%**	**48** **7.1%**	**39** **5.8%**	**86** **12.8%**	**673**

4.1.2. Consultant medical workforce in Palliative Medicine.

RCP Consultant Census 2011:
The RCP census 2011 of consultant physicians identified 474 consultants in palliative medicine across the UK; 136 (28.7%) were male and 338 female (71.3%) and overall 44.1% working less than full-time (< FT) compared to 16.6% for all specialties. Consultant numbers were 387 in England, 29 in Wales, 42 in Scotland and 16 in Northern Ireland. (Fig 1.)

Fig 1. RCP census 2011: Palliative Medicine Consultant Headcount by Country

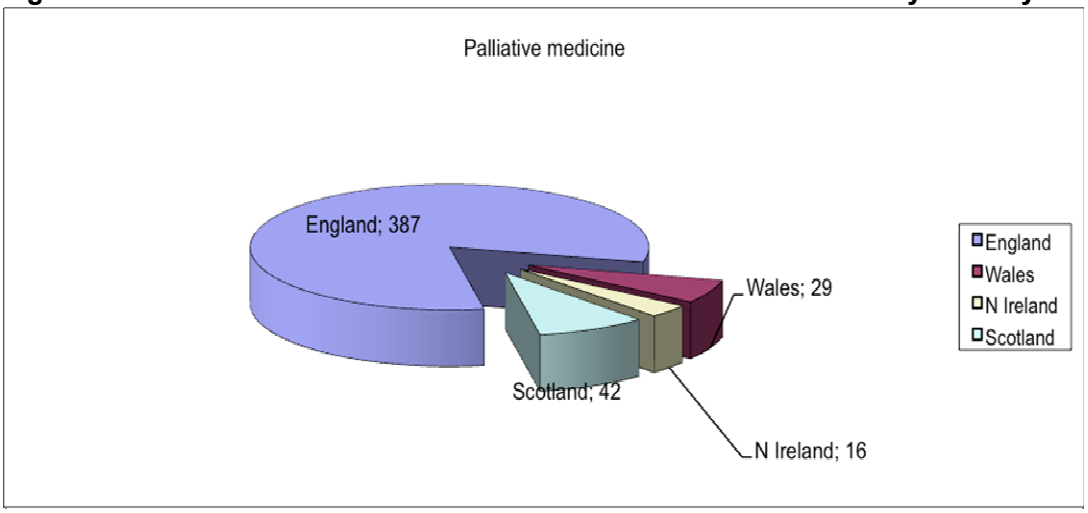

Table 3. RCP Census 2011 Palliative Medicine Consultant posts by age and gender

Palliative medicine consultant workforce by age and gender							
Age	Male			Female			Total
	% gender	Number	% age group	% gender	Number	% age group	
34 and younger	2.9	4	17.4	5.6	19	82.6	23
35–39	16.9	23	22.3	23.7	80	77.7	103
40–44	16.9	23	22.8	23.1	78	77.2	101
45–49	20.6	28	30.4	18.9	64	69.6	92
50–54	19.1	26	32.9	15.7	53	67.1	79
55–59	19.1	26	44.8	9.5	32	55.2	58
60–64	4.4	6	33.3	3.6	12	66.7	18
65 and older	–	–	–	–	–	–	–
Unknown	–	–	–	–	–	–	–
Total		136			338		474

Females = 71.3% Males = 28.7%

Table 4. % UK Palliative Medicine Consultant posts by gender and country

For UK Consultants, 28.7% male and 71.3% female (Table 4.).
In total 63% < 50 years of age. 71% females and 57% males are <50 years of age.

Country	England	Scotland	Wales	N Ireland	UK
% Female	72.9	54.8	69.0	81.3	71.3
% Male	27.1	45.2	31.0	18.7	28.7

For UK In total, 44.1% of Consultants working less than full-time (< FT), with 54,2 % females <FT and 15.9% males <FT, compared to all specialties a total of 16.6% working <FT (Tables 5 & 6).

Table 5. % Consultant posts by country and type of working hours

Country	England	Scotland	Wales	N Ireland	UK
% FT	54.5	63.6	75.0	42.9	55.9
% < FT	45.5	36.4	25.0	57.1	44.1

Table 6.RCP Census 2011 Palliative Medicine Consultant and type of working hours.

Breakdown of whole-time and less-than-whole-time working

Specialty	Responses	Whole-time		Less-than-whole-time	
		Number	%	Number	%
Palliative medicine	257	143	55.6	114	44.4
All specialties	5,057	4,218	83.4	839	16.6

The annual UK expansion of consultant numbers showed a small increase to 9.5% (compared to 8.8% in 2010, and 17.4% in 2009). This compares to an overall fall in expansion rates for medical specialties from 10.2% in 2009 to 5.2% in 2011.
(Figs 1. & 2).

Consultant Workforce SAC September 2011 UK

The SAC in Palliative Medicine in September 2011 reported UK Consultant numbers as 459 (360.75 fte) and for each country: England 358 (275.1fte), for Scotland 46 (40.8fte), for Wales 37 (28.9 fte) and for Northern Ireland 18 (15.95 fte) see tables 5a & 5b. The consultant vacancy rate was reported as 8.4% for the UK, representing 39 posts (37.1 fte).
For Eire there were 29 (27.6 fte) Consultant posts: 26 full time and 3 < full time (APM 2011 data).

Table 7a. SAC Consultant workforce 2011.

September 2011 SAC	UK	England	Scotland	Wales	Northern Ireland	Eire APM 2011
Consultant posts	459	358	46	37	18	29
Consultant fte	360.75	275.1	40.8	28.9	15.95	27.6

SAC Consultant workforce 2012 reported an expansion rate of 10.0% in UK Consultant numbers from 461 (359.35 fte) in 2011 to 505 (409.6 fte). England expansion provided the major increase in Consultant numbers with little change for the rest of the UK or Eire as follows: For England 404 (325.95 fte), for Scotland 47 (37.55 fte), for Wales 36 (29.8 fte) and for Northern Ireland 18 (16.25 fte). 2012 APM Data* for Eire identified 30 Consultants (28.6 fte).

Table 7b. SAC Consultant workforce 2012

Country	UK	England	Scotland	Wales	Northern Ireland	Eire*
Consultant posts No. Consultant fte	505 409.6	404 325.95	47 37.55	36 29.8.	18 16.25	30 28.6
% <FT	44.4% (RCP 2011}	45.5% (RCP 2011}	53.2%	52.7%	22.2%	10.0%
Vacant posts n (fte)	40 (33.85)	32 (29.3)	4 (3.65)	3 (3)	1 (1)	0 (0)
Vacancy rate	7.9%	7.9%	8.5%	8.3%	0.6%	0%

APM Consultant Workforce November 2011 UK and Eire

APM Workforce survey 2011 obtained information for UK and Eire on numbers and grades of post, age, gender, full-time and less than full-time working see Tables 8a-d.

Table 8a. Consultants by age and gender

Age range	*Female*		*Male*		*Total*	
34 and under	16	76.2%	5	23.8%	21	7.1%
35 – 39	59	84.3%	11	15.7%	70	23.6%
40 – 44	40	75.5%	13	24.5%	53	17.9%
45 – 49	42	68.9%	19	31.1%	61	20.6%
50 – 54	36	72.0%	14	28.0%	50	16.9%
55 – 59	15	42.9%	20	57.1%	35	11.8%
60 – 64	3	50.0%	3	50.0%	6	2.0%
65 and over	0	0.0%	0	0.0%	0	0.0%
Totals	**211**	**71.3%**	**85**	**28.7%**	**296**	

Table 8b.Consultants by hours of working and gender.

Grade	*Full time 56.1%*		*Less than full time 43.9%*		*Total*
Gender	*Female*	*Male*	*Female*	*Male*	
Consultant	97 32.8%	69 23.3%	114 38.5%	16 5.4%	296

Table 8c.Consultants by hours of working, age and gender.

Hours	*34 & under*	*35-39*	*40-44*	*45-49*	*50-54*	*55-59*	*60-64*	*65 & over*	*Total*
Full time posts	11 6.6%	37 22.3%	23 13.9%	36 21.7%	30 18.1%	26 15.7%	3 1.8%	0 0.0%	166 56.1%
Less than full time posts	10 7.7%	33 25.4%	30 23.1%	25 19.2%	20 15.4%	9 6.9%	3 2.3%	0 0.0%	130 43.9%
Totals	**21 7.1%**	**70 23.6%**	**53 17.9%**	**61 20.6%**	**50 16.9%**	**35 11.8%**	**6 2.0%**	**0 0.0%**	**296**

Table 8d.Consultants fte by gender and country.

Gender		*fte*					
	England	*Northern Ireland*	*Eire*	*Scotland*	*Wales*	*Unknown*	*Total*
Female	123.9	5.8	2.6	9.4	13.5	-	177.7
Male	54.5	0.7	3.9	5.6	4.2	-	83.0
Totals	**178.4**	**6.5**	**6.5**	**15.0**	**17.7**	**-**	**260.7**
Headcount	197	8	7	16	20	48	296

4.2 Role of Palliative Care Physicians: -

4.2.1 Working hours

Programmed activity contracted and actual work for Consultants and Specialty doctors

- Direct Clinical Care.
- Supporting Programmed activity (teaching, CPD, audit, research and strategic development).
- Other Programmed activity (e.g. RCP, BMA, Medical Director roles, Deanery Training Programme director)

4.2.2 Working hours Consultants:

RCP census 2011

The 2011 census reported that working patterns for palliative medicine are similar to those found in other specialties with regard to direct clinical care.
Palliative Medicine Consultant Physicians worked on average 42 hours with the mean number of PAs contracted = 9.4. However due to the high percentage of Consultants working <FT, Table 9a shows that a full-time Consultant is contracted for a mean of 10.6 PAs and works on average 12 PAs. Table 9c. A less than FT Consultant is contacted to work a mean of 7.6 PAs and works on average 8.6 PAs. (Tables 9b and 9d) . However, palliative consultants spend more time undertaking supporting activities than the mean in other medical specialties, overall SPA is preserved recognising the strategic role required for the majority of the Consultant workforce. Compared to other specialties on average there is less contracted time for academic activity, and worked fewer PAs in academic work than the mean for all specialties (reflecting the small number of university consultant appointments). This has an impact on the potential for expansion of the programme for training academic fellows. This is also reflected in the APM Survey 2011. (Tables 10a & 10b)

Table 9a. RCP 2011: Mean contracted PAs per week. Full-time consultants

Mean PAs Full-time	Total	Clinical	Academic	Supporting	Other
Palliative Medicine	10.6	7.1	0.5	2.5	0.5
All specialties	10.5	7.4	0.7	2.0	0.4

Table 9b. RCP 2011: Mean contracted PAs per week.Less than full-time consultants.

Mean PAs Less than Full-time	Total	Clinical	Academic	Supporting	Other
Palliative Medicine	7.6	5.4	0.1	1.8	0.3
All specialties	8.6	6.0	0.2	2.1	0.3

Table 9c.RCP 2011: Mean PAs worked per week. Full-time consultants.

Mean PAs Full-time	Total	Clinical	Academic	Supporting	Other
Palliative Medicine	12.1	7.6	0.6	3.4	0.5
All specialties	11.7	8.1	0.8	2.6	0.2

Table 9d. RCP 2011: Mean PAs worked per week.Less than full-time consultants.

Mean PAs Less than Full-time	Total	Clinical	Academic	Supporting	Other
Palliative Medicine	8.6	6.0	0.2	2.1	0.3
All specialties	8.1	5.8	0.4	1.7	0.2

APM Workforce data 2011

Table 10a Consultants' contracted hours.

Full-time / less than full time	***PAs (mean)***				
	Clinical	***Supporting***	***Academic***	***Other***	***Total***
Full time	7.2	2.5	0.5	0.5	10.7
Less than full time	5.2	1.9	0.1	0.1	7.3
Totals	**6.3**	**2.2**	**0.3**	**0.3**	**9.2**

Table 10b Consultants' actual hours.

Full-time / less than full time	***PAs (mean)***				
	Clinical	***Supporting***	***Academic***	***Other***	***Total***
Full time	8.3	3.1	0.5	0.4	12.3
Less than full time	6.2	2.7	0.2	0.2	9.3
Totals	**7.3**	**3.2**	**0.3**	**0.3**	**11.1**

4.3. Consultant Expansion and Retirements.

RCP Census 2011.

Consultant expansion rate. The annual UK expansion of consultant numbers showed a small increase to 9.5% in 2011 and was above all medical specialties (5.2%). Expansion rate was significantly raised in 2009 at 17.4% but decreased to 8.8% in 2010 and appears in 2012 to be maintained at 10.5% using SAC data.

This compares to an overall fall in expansion rates for medical specialties from 10.2% in 2009 to 5.2% in 2011. (Tables 11,12a and 12b).

Consultant appointments in 2011 at Advisory Appointments Committees (AACs) appointed consultants in 53 out of 70 cases (76%), with nine appointments not made and 8 cancelled due to no suitable applicants.

Consultant retirements for UK on average 4.5/year between 2012 and 2017. The estimated number of consultants due to retire (at age of 65 years) for the period 2012–17 is 26 (or 5.5% of the total workforce), but increases to 87 from 2017□2022 (or 18.7% of the total workforce).

APM data 2011 predicted Consultant retirement plans across the UK of 6-7 /year for time period 2012-20. (Table 12c).
In Eire in 2012 there were no consultants > 56 years of age. (APM data)

Table 11. RCP Census 2011

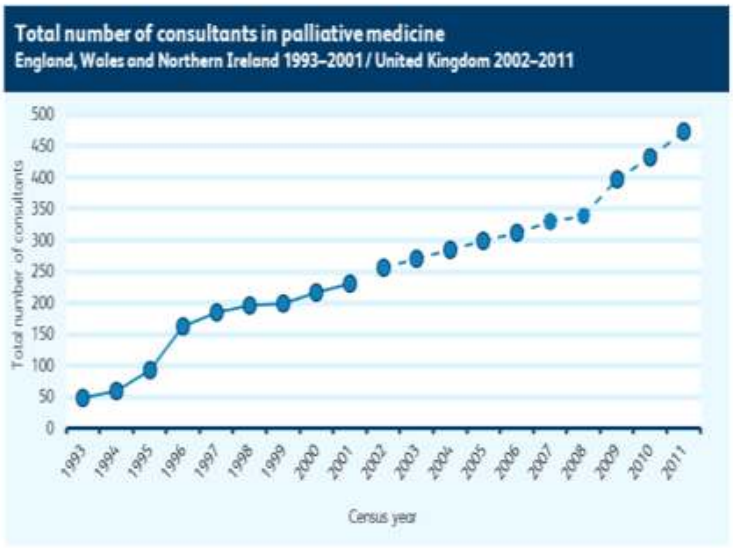

Table 12a. RCP Census 2011

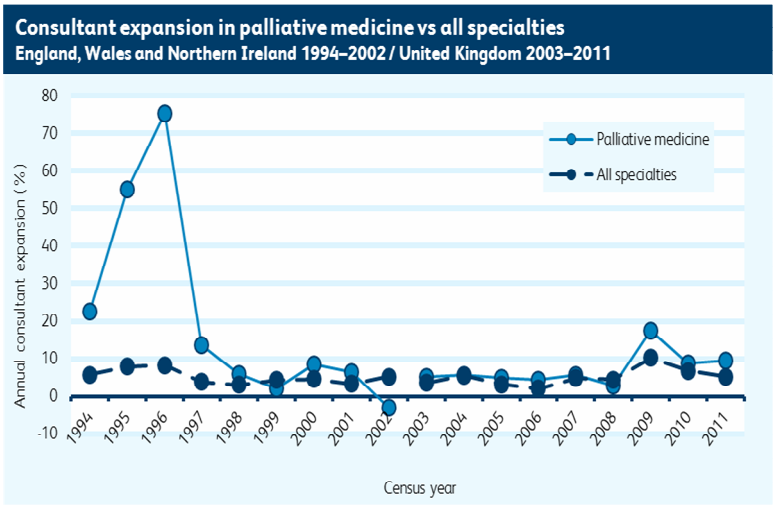

Table 12b. RCP Census 2011

Consultant expansion

	England	Wales	N Ireland	Scotland	UK (2011)	UK (2010)	Expansion since 2010
Palliative medicine	387	29	16	42	474	433	9.5%
All specialties	9,858	573	314	1,065	11,810	11,225	5.2%

Retirement plans

Consultants reaching 65	2012	2013	2014	2015	2016	2017	Total	% of consultant body
Palliative medicine	1	3	4	6	4	8	26	5.5
All specialties	135	174	190	198	220	262	1179	10.0

Consultant vacancy rate has fallen to 8.4 % in 2011 (RCP) and 7.9% in 2012 (SAC) compared to 8.8 % in 2010 and 12.3 % in 2009.

APM data 2011

Table 12c.Consultant retirements at age of 65 by country.

Year	*England*	*Northern Ireland*	*Republic of Ireland*	*Scotland*	*Wales*	*Total*
2011	1 (0.6)					**1**
2012	6 (3.5)					**6**
2013	6 (4.2)			2		**8**
2014	5 (5.3)			2		**7**
2015	4 (3.3)			1	1	**6**
2016	6 (2.7)	1			1	**8**
2017	6					**6**
2018	3	1				**4**
2019	6				1	**7**
2020	12			1		**13**
Totals	**55**	**2**	**0**	**6**	**3**	**66**

4.4. Type of clinical service

To identify the type of clinical services undertaken by a Palliative Medicine Consultant in regard to Hospice inpatient, Day Therapy Services, Hospital Specialist Palliative Team, and Community Specialist Palliative Care Team.

APM Data 2011.

Table 13a Type of Clinical Service undertaken by Consultants

Clinical Service	***Number =296***	
Hospice in patient beds	192	71.1%
Hospital specialist palliative care in patient beds	93	34.6%
Hospice day centre	114	42.7%
Hospital day centre	8	3%
Hospice out patient clinic	119	44.7%
Hospital out patient clinic	112	42.1%
Community out patient clinic (not hospice)	25	9.4%
Hospital support team	167	62.8%
Community specialist palliative care team	178	67.2%

Table 13b Combinations of Clinical Services undertaken by Consultants

Clinical Service	***Number = 296***	
Hospital support team *plus* Hospice in patient beds	104	35.1%
Hospital support team *plus* Community specialist palliative care team	99	33.4%
Community specialist palliative care team *plus* Hospice in patient beds	135	45.6%
Community specialist palliative care team *plus* Hospice in patient beds *and* Hospital support team	68	22.8%

4.5. ON CALL AND EMERGENCY ADMISSIONS (APM data 2011)

Total consultants providing on-call: 248/296 (83.8%)

Consultants' on-call frequency across all locations:

First on-call only	29	11.7 %
Second on-call only	119	48.0 %
Both first and second on-call	82	33.1 %

For the 29 Consultants on a first on-call rota 20% are undertaking a 1 in 3 frequency or greater.

47 (19%) Consultants provide a paediatric on- call admission service

4.6 Type of Employment Contract.

Majority of UK Consultants, the NHS is the lead employer in 74.6% (185/248), with all consultants in N Ireland contracted to a NHS employer. Hospice as lead employer in 24.6%, with the highest rate in Scotland (37.5%). 3.6 % of Consultants have an academic institution as lead employer. 48 contract status was unknown.For Eire all consultants employed by HSE Ireland.
For each country see Table 14.

Table 14. Lead Employer by country.

Employer	*England*	*Northern Ireland*	*Republic of Ireland*	*Scotland*	*Wales*	*Unknown*	*Total*
HSE Ireland	N/A	N/A	5 71.4%	N/A	N/A		5
NHS employer	147 74.6%	8 100%	N/A	11 68.75%	19 95%		185
Academic/research institution	8 4.1%	0	0	0	1 5.0%		9
Hospice	43 21.8%	0	2 28.6%	6 37.5%	0		51
Other	2 1.0%	0	0	0	0		2
Totals	197	8	7	16	20	48	248

4.8 Table 15a. % source of funding for consultants in each country.

Funding source	*England*	*Northern Ireland*	*Eire*	*Scotland*	*Wales*
Hospice – voluntary sector	60.0%	50.0%	28.6%	43.8%	20.0%
Charity – Macmillan Cancer Support	1.0%	0.0%	0.0%	0.0%	0.0%
Charity – Marie Curie Care	4.6%	12.5%	0.0%	12.5%	5.0%
Charity – other (non-hospice)	1.5%	0.0%	0.0%	0.0%	0.0%
University or grant body	7.6%	0.0%	0.0%	18.8%	15.0%
HSE (Ireland)	N/A	N/A	71.4%	N/A	N/A
NHS community provider (England)	11.7%	N/A	N/A	N/A	N/A
NHS hospital trust (England)	54.3%	N/A	N/A	N/A	N/A
NHS primary care trust (England)	18.3%	N/A	N/A	N/A	N/A
NHS trust (Northern Ireland)	N/A	75.0%	N/A	N/A	N/A
NHS board (Scotland)	N/A	N/A	N/A	93.8%	N/A
NHS local health board (Wales)	N/A	N/A	N/A	N/A	95.0%
Any other source	3.0%	0.0%	0.0%	0.0%	0.0%
Consultants n = 248	197	8	7	16	20

Table 15b. Source of funding ranked by number of consultants receiving funding from each source in each country:

Rank	*England*	*Northern Ireland*	*Eire*	*Scotland*	*Wales*
1	NHS hospital trust (112)	NHS trust (8)	HSE (5)	NHS board (16)	NHS local health board (19)
2	Hospice – voluntary sector (106)	Hospice – voluntary sector (4)	Hospice – voluntary sector (2)	Hospice – voluntary sector (7)	Hospice – voluntary sector (4)
3	NHS primary care trust (37)	Charity – Marie Curie Care (2)		University or grant body (3)	University or grant body (3)
4	NHS community provider (23)			Charity – Marie Curie Care (2)	Charity – Marie Curie Care (1)
5	University or grant body (15)				
6	All other funding sources (17)				
Consultants n =	**197**	**8**	**7**	**16**	**20**

5 SSAS Doctors

5.1 SSAS Doctors were defined as Associate specialist, staff grade, clinical assistants, medical officers GPwSI, Specialty Doctors and other non-training grades numbered 115 of whom 82% female and 18% male and in total 35.4% > 50years of age. Overall 76.5% were working less than full-time.

Table 16a. SSAS Doctors Age and gender distribution

Age range	*Female*		*Male*		*Total*	
34 and under	13	14.3%	1	5.0%	14	12.6%
35 – 39	11	12.1%	4	20.0%	15	13.5%
40 – 44	18	19.8%	1	5.0%	19	17.1%
45 – 49	18	19.8%	6	30.0%	24	21.6%
50 – 54	18	19.8%	3	15.0%	21	18.9%
55 – 59	12	13.2%	2	10.0%	14	12.6%
60 – 64	1	1.1%	2	10.0%	3	2.7%
65 and over	0	0.0%	1	5.0%	1	0.9%
Totals	**91**	**82.0%**	**20**	**18.0%**	**111**	

Table 16b SSAS Doctors Fulltime and < Full-time working.

	34 & under	*35-39*	*40-44*	*45-49*	*50-54*	*55-59*	*60-64*	*65 & over*	*Total*
Full time posts	4 14.8%	7 25.9%	3 11.1%	4 14.8%	7 25.9%	1 3.7%	1 3.7%	0 0.0%	27 23.5%
Less than full time posts	10 11.4%	9 10.2%	17 19.3%	20 22.7%	14 15.9%	14 15.9%	3 3.4%	1 1.1%	88 76.5%
Totals	**14** **12.2%**	**16** **13.9%**	**20** **17.4%**	**24** **20.9%**	**21** **18.3%**	**15** **13.0%**	**4** **3.5%**	**1** **0.9%**	**115**

5.2 SSAS doctors working hours.

Table 16c. SSAS doctors by gender and full time / less than full time:

Gender	*Full time*		*Less than Full time*		*Total*
Female	21	22.8%	71	77.2%	92
Male	6	26.1%	17	73.9%	23
Totals	**26**	**22.6%**	**85**	**73.9%**	**115**

Table 16d. SSAS doctors contracted hours.

Full time / less than full time	*PAs (mean)*				
	Clinical	*Supporting*	*Academic*	*Other*	*Total*
Full time	8.4	1.2	1.1	0.1	10.7
Less than full time	4.8	0.6	0.0	0.1	5.4
Totals	**5.4**	**0.7**	**0.2**	**0.1**	**6.4**

5.3 SSAS doctors. Type of Contract.

Majority of SSAS doctors are contracted to a hospice employer except in Wales and Eire.

Table 17.Type of SSAS contract by country.

Employer	*England*	*Northern Ireland*	*Eire*	*Scotland*	*Wales*	*Total*
HSE Ireland	N/A	N/A	0	N/A	N/A	0
NHS employer	16 21.3%	0	N/A	4 23.5%	5 83.3%	25 21.7%
Academic/research institution	3 4.0%	0	0	0	0	3 2.6%
Hospice	52 69.3%	4 80.0%	0	13 76.5%	1 16.7%	70 60.9%
Other	4 5.3%	1 20.0%	0	0	0	5 4.3%
Totals	75	5	0	17	6	115

Total SSAS Doctors providing on-call: 89 73.9% (total SSAS 115)

SSAS on-call frequency across all locations:

First on-call only	72	80.9%
Second on-call only	9	10.1%
Both first and second on-call	8	

6. Trainee Workforce.

6.1 RCP Census 2011

Data used for trainees was provided by the Joint Royal Colleges of Physicians

Training Board (JRCPTB) and reported in September 2011 that there were 220 specialty registrars training in palliative medicine (84.4% women).

6.2 Specialist Advisory Committee (SAC) in September 2011 reported 241 posts (190.7 fte) – including 23 who were out of programme. The breakdown for these posts was: 208 (180.8fte) in England, 14 (11.6 fte) in Scotland, 13 (12.1 fte) in Wales and 7 (6.7 fte) in Northern Ireland. Overall 71 (33%) were working less-than-whole-time. 81.4 % of the specialty registrar work-force are women. (Table 18a)

In September 2012, the SAC reported 251 palliative medicine registrars in the UK (Table 18b) increasing from 241 in 2011 (Table 18a), with 84.4% female. Overall, 37.5% of registrars were working < FT. The breakdown for these posts was: 218 (178.7fte) in England, 13 (11.0 fte) in Scotland, 13 (11.1 fte) in Wales and 7 (6.7 fte) in Northern Ireland. The number OOP had fallen to 15 post-holders of whom 9 were in research posts .In England there were 9 academic fellows at registrar grade. Annual expansion rate of registrar posts fell to 2011 to 5.8 % and was 10.5% in 2012 (Table 18b) compared to the overall expansion rate of 54.1% between 2001 and 2010.
In Eire (APM Data) there were 14 full-time Registrars in training (2 out of programme); 13 female and 1 male (APM data).

Table 18a.SAC Trainee Registrar Data 2011.

SAC 2011	UK	England	Scotland	Wales	N Ireland
No. Registrars (fte)	241 (190.7)	208 (161)	14 (11.6)	13 (12.1)	6
FT Registrars **63.1%**	152	128	7	11	6
<FT Registrars **36.9%**	89	80	7	2	0

Table 18b. SAC Trainee Registrar Data 2012.

SAC 2012	UK	England	Scotland	Wales	N Ireland
No. Registrars (fte)	251 (207.5)	218 (178.7)	13 (11.0)	13 (11.1)	7 (6.7)
FT Registrars	157 62.5%	133 60.0%	7 53.8%	11 84.6%	6 75.7%
<FT Registrars	94 37.5%	85 39.0%	6 46.2%	2 15.4%	1 24.3%
LAT posts (Vacant)	9 (9)	8 (7)	1 (1)	0 (0)	0 (1)
OOP	15	14	1	0	0
ACF	11 (2 CMT)	11	-	-	-

6.3 APM Trainee Registrar data 2011.

Table 18c. APM Workforce survey Registrars September 2011.

Grade	**Full time 64.7 %**		**Less than full time 35.3%**		**Total**
Gender	Female	Male	Female	Male	
Registrars	70 51.5%	18 13.2%	48 35.3%	0 0%	136

6.4 Current NTNs Palliative Medicine.

Growth of NTNs has been steady with a burst of 10% due to Hewitt/ Johnson posts in England see Tables 19 and 20 in 2007/8 that have contracted since 2012 despite recommendation of CWfI to retain these training numbers. For 2007 cohort only 4/23 posts continue, 5 lost, 2 non-recurrent and 12 unstable funding.

Table 19. NTNs in Palliative Medicine (September 2012)

Current NTNs	251
Hewitt/Johnson numbers (2007/8)	Created a 10% expansion but from 2012 onwards contraction of these posts
Out of Programme	15
Less Than Full Time	94 (37.5%)
Female	84.4 %
Annual New CCT holders	35 - 40

Table 20.Expansion of Registrar posts (JRCPTB database).

No. UK Registrars	Year	% expansion
135	2001	-
179	2005	32.6%
208	2010	16.2%
220	2011	5.8 %
243	2012	10.5%

6.5 Outcome of achieved CCT holders 2009-2012:

Overall, it takes on average 5 years to train a Palliative Care Physician (Note: this figure modified from 4 years full-time training because of the number of less than full-time trainees). For UK the number of CCTs achieved between August 2009/10 = 53 and for the period August 2010/11 = 40 and 34 between August 2011/12.
During the period for 2009-10, of the 53 CCTs awarded (Table 21a), 32 (60.3%) recipients were in substantive posts, 16 (30.2%) in locum consultant posts, 1 (1.9%), in their period of grace 2 (3.8%) abroad and 2 (3.8%) categorized as other (1 academic and 1 unknown).

Table 21a. Outcome of CCT holders 2009/10

CCT Holders July 2009-2010 N (wte)	England	Scotland	Wales	N Ireland	UK
Substantive Consultant	29	1	1	1	32
Locum Consultant	10	3	3	0	16
Period of grace	1	0	0	0	1
Abroad	2	0	0	0	2
Other	1?	1 academic post	0	0	2
Total	**43**	**5**	**4**	**1**	**53**

During the period for 2010□11, 40 CCTs were awarded, with 17 (42.5%) recipients in substantive posts, 18 (45%) in locum consultant posts, 4 (10%) in their periods of grace and 1 (2.5%) unknown (Table 21b).

Table 21b.

Outcome of CCT Holders 2010/11 (n=40)

CCT Holders July 2010-2011 N (wte)	England	Wales	Scotland	N Ireland	UK
Substantive Consultant	8 (5.8)	4 (1 appt Scotland)	5 (4)	0	17 (13.8)
Locum Consultant	18 (10.8)	0	0	0	18 (10.8)
Period of grace	2	2	0	0	4
Abroad	0	0	0	0	0
Other	1	0	0	0	1
Total	**29 (19.6)**	**6**	**5**	**0**	**40 (29.6)**

For the period 1st August 2011□31st July 2012, 34 certificates of completion of training (CCTs) in palliative medicine were awarded 20 (59%) recipients in substantive posts, 4 (11.8%) in locum consultant posts, 4 (11.8%) in their periods of grace and 6 (17.6%) other (3 non training grades, 2 maternity leave and one unemployed.

Table 21c Outcome of UK CCT holders 2011/12

CCT Holders July 2011-2012 N (fte)	England	Wales	Scotland	N Ireland	UK
Substantive Consultant	18 (16.6)	1	1	0	20 (18.6)
Locum Consultant	3 (2.6)	0	1	0	4
Period of grace	4	0	0	0	4
Abroad	0	0	0	0	0
Other	6 (2 mat leave, 1 U/E & 3 NCCCG)	0	0	0	6

6.6 Projected CCTs for the next 5 years.

Projected numbers of CCTs for the next 5 years are taken from JRCTB data for UK between 2013 and 2017. (Table 22a) and for Eire (Table 22b)
These projected numbers will vary year on year mainly affected by changes to less than full-time working, periods out of programme etc .The average number of CCTs estimated per year between 2011-2016 is 40/year.

Table 22a JRCPTB Projected CCT data September 2012

Year	*England*	*Northern Ireland*	*Scotland*	*Wales*	*UK*
2013	41	2	2	3	48
2014	56	0	5	6	67
2015	52	1	5	3	61
2016	31	1	0	0	32
2017	15	1	0	1	17
Totals	**195**	**5**	**12**	**13**	**225**

Table 22b. Projected CCTs for Eire (APM data 2012).

CCTs	2013	2014	2015	2016
Number	2	3	4	5
Year CCT due	2013	2014	2015	2016
Number	2	3	4	5

Table 22c.Projected CCTs APM Data 2011.

Year	*England*	*Northern Ireland*	*Eire*	*Scotland*	*Wales*	*Unknown*	*Total*
2013	30	0	1	2	2	0	35
2014	27	0	1	3	6	1	28
2015	18	0	0	1	1	1	21
2016	2	0	0	0	1	0	3
2017	2	0	0	0	0	0	2
Totals	**107**	**1**	**2**	**9**	**10**	**2**	**131**

7. Ethnicity.

A summary of grade of doctor by ethnic origin (Table 23.) for full data see Appendix 2.

Table 23.Ethnicity by grade of Doctor.

Ethnicity	Consultant	SAS	Registrars
White %	76.8	72.2	85.0
Unknown %	19.9	19.8	12.2
BME %	3.3	8.0	12.8

7. Future development of the Palliative Medicine Consultant Workforce.

The current estimate of need for the number of full time equivalent (fte) consultants in palliative medicine equates to 1.56 for every 250,000 population. However, analysis of current working patterns demonstrates that this workload does not allow sufficient time for continuing professional development, audit, research and clinical governance and the proportion of consultants working less than full-time. The Royal College of Physicians [1] suggest that this level should be increased to 2 (fte) consultants for every 250,000 population, not including the time spent in extended managerial roles such as Medical Director.

7.1 Estimate of need for the Consultant workforce

The estimated RCP workforce requirements are 2 fte consultants for a population of 250,000 representing 505 fte working across the UK.[1]

Table 24 demonstrates the continued under provision in England of 326 fte with an estimated need of 424 fte. Both Scotland and Eire have a lesser degree of under provision.

Table 24. Estimated Consultant workforce numbers and fte for each country in UK and Eire compared to current provision (SAC data 2012)

Country	Population Millions(2011)	RCP estimate[5]		Current SAC 2012 data[2]	
		Headcount[6]	fte	Headcount	fte
Wales	3.10	30	**24.8**	36	29.80
N Ireland	1.80	16	**14.4**	18	16.25
Scotland	5.25	53	**42.0**	47	37.55
England	53.00	526	**424.0**	404	325.95
UK	62.15	624	**505.2**	507	408.60
Eire	4.05	34	**32.4**	30	28.60

[1] Based on 2 full time equivalent (fte) per 250,000 population Consultant Physicians working with patients: The duties, responsibilities and practice of Physicians in Medicine. (4th Ed) Royal College of Physicians, 2011.
[2] Based on the participation ratio (0.8-0.96) for fte and headcount in each country using SAC 2012 data.

Table 25. Estimated and current provision Consultant workforce numbers and fte for Wales[3]

Country	Population Millions (2011)	Headcount No.	No. fte
Wales [3]	3.1	38.0	29.0
Wales SAC 2012	3.1	36.0	29.8

[3] Finlay I. Implementation of Palliative Care Report: Palliative care services funding 2008-09, 2008

Specialist palliative care workforce requirements

The Commissioning Guidance for Specialist Palliative Care 2013 [9] summarized the specialist palliative care workforce requirements as follows:

Per population of 250,000, the MINIMUM requirements are:
· Consultants in palliative medicine – 2 full- time equivalent (fte)
· Additional supporting doctors (e.g. trainee/specialty doctor) – 2 fte
· Community specialist palliative care nurses – 5 fte
· Inpatient specialist palliative care beds – 20-25 beds with 1.2 nurse : bed ratio

Per 250-bed hospital, the MINIMUM requirements are:
· Consultant/associate specialist in palliative medicine – 1 fte
· Hospital specialist palliative care nurse – 1 fte

The following caveats apply to the above MINIMUM recommendations:

- Hospitals with cancer centres and tertiary referrals for other conditions will require more than the above minimum requirements
- Each specialist palliative care team will require input from a multi-professional team including occupational therapists, physiotherapists, social workers, chaplaincy and administration, as a minimum. Data for recommending minimum requirements is not currently available.
- These figures do not take into account the education and training responsibilities, nor any sub-specialization role required locally
- These recommendations are from the last decade and are largely based on cancer requirements only
- The rapidly ageing population and increasing focus on non-cancer and multiple co-morbidities means more, not less, specialist palliative care provision will be needed
- Local considerations (rural/urban, ethnicity, deprivation, mixed funding streams, etc.) need to strongly inform what SPC is commissioned

These recommendations will be updated as new evidence and data arise.

7.2 Current factors affecting Consultant and trainee workforce requirements are:

- Annual expansion rate of Consultants
- Rates of retirement and changes in retirement age
- Consultant appointments and vacancy rate
- Projected numbers and achieved CCTs and CESRs per year

In 2011,the annual UK expansion of consultant numbers showed a small increase from 8.8% to 9.5% and appears to be maintained at 10.5% in 2012 using SAC data In comparison with an overall fall in the expansion rates for medical specialties from 10.2% in 2009 to 5.2% in 2011.

The estimated number of consultants due to retire (at age of 65 years) for the period 2012–17 is 26, at an average of 4/year (or 5.5% of the total workforce), but increases to 87, an average annual rate of 14/year between 2017□2022 (or 18.7% of the total workforce).

The average number of consultant appointments made between 2008 to 2011 was 30/year.

The consultant vacancy rate continues to fall, in 2011 decreasing to 8.4 % and fell again in 2012 to 7.9% when compared to 12.3 % in 2009.

The following factors influence the development of the consultant workforce:

- The increase in workload due to the higher prevalence of cancer, and patients with long-term conditions.
- A predicted 20% increase in mortality rates for patients aged 85 years or older.
- The high proportion of female Consultants xxx and trainees (greater than 80%).
- The percentage of doctors working less-than-whole-time (44% for Consultants, 76.5% for SAS doctors and 38% for trainees) and whether these remain static or increase .

However the number of Consultant posts available may increase due to trainees moving abroad, entering whole-time research or leaving medicine. An increase in the rate of retirement among older consultants is evident (RCP census 2011), and the impact of the increase in retirement age to 67 years for those Consultants currently younger than 50 years of age.
The most important variable, though, is the creation of new Consultant posts (ie expansion in consultant numbers) is the current financial climate.

The projected average number of CCTs achieved per year = 35 to 40 which can be used as a model to match number of Consultants needed.

Table 26. Depicts a simplified predictive model with the need to interpret with caution, as it is dependent on historical consultant expansion being maintained tempered by the annual number of retirements and the fluctuation in the number of CCT holders achieved each year

Table 26. **Predictive model of balance of CCT holders and Consultant expansion**

	Per annum 2011-16			Per annum expansion 2008-11	Potential excess CCT holders in 2016 if historical expansion maintained
	New CCT holders	Consultant retirements[3]	Consultant expansion required		
Palliative Medicine	40	4	36	30	54 Average = 9/yr

7.3 Workload activity data for Consultants in the specialty of palliative medicine is mainly based on cancer and was undertaken towards the end of the 1990's, Eire and UK needs to include the increasing workload for cancer and long-term conditions and in the context of the changes in skill-mix of specialist palliative care services over the last decade. The impact of the need to provide 7day /24hour specialist palliative care services.

7.4 Other factors.
Unless there is a significant reduction in medical student numbers over the next decade, there will be an over-supply of doctors, which will have an inevitable impact on a reduction required in the number of trainees for the majority of specialties.
The number of medical students is determined centrally. The number of Foundation and ST posts by Deaneries. However, the number of Consultant posts created is dependent on local needs, priorities and funding issues at Trust/Voluntary sector level.

8. Summary report by country representatives

Northern Ireland: Currently, there is no formal workforce planning system with on-going annual recruitment to 6 specialist palliative medicine training numbers. There are proposals for some further Consultant expansion (community posts) Consultant numbers are almost at capacity due to a proportionately young workforce hence appointments will be to replace retirements/ natural wastage with a potential risk of oversupply of CCT holders.

England: There is a significant shortfall of Consultant fte with 326 fte in 2012 compared with an estimated need of 424 fte. In addition, workforce planning faces the following challenges: geographical distribution, equity of access and meeting educational needs.

- Overall, there has been an improvement in the distribution of the medical specialty across England, but there are some localities in rural areas and those areas where minority ethnic groups represent a higher proportion of the population where the number of palliative medicine consultants is still insufficient. This will require funding of additional consultant posts and redistribution of training posts in those areas.

- Ensuring that patients irrespective of diagnosis have access to and benefit from the specialist experience of palliative medicine consultants in the delivery of the end of life care ,and specifically when there are challenging ethical decisions. This will necessitate an increased number of consultant fte working across hospital and community and the need to deliver a seven - day service.

- Meeting the educational need is multifaceted:- in improving the knowledge and evidence-base of the specialty by increasing research capacity and underpinned by expansion of the academic workforce. This requires expansion of the medical workforce To enhance the clinical skills of the specialty, underpin ethical-decision-making and support the delivery of multi-professional education requires expansion of the medical workforce.

Scotland: Re-shaping the medical workforce in Scotland consultation of specialty trainers from 2010 – 2015 [4] has indicated that palliative medicine sets a target to reduce training numbers nationally from 16 to 11, however, currently workforce representatives are trying to maintain these at 14.

Wales The medical workforce in Wales following the Sugar Report 2008 [6] has recently had significant expansion in consultants posts and is unlikely to significantly increase further or its training capacity.

Eire: In comparison to the UK,Eire (10%) has a lower proportion of LTFT posts and a lower proportion (58%) of female post-holders. Due to the relative youth of the consultant group expansion in consultant posts will remain slow for the foreseeable future.
The RCPI currently has no plans to reduce the numbers of NTNs or trainees in Palliative Medicine. The Health Service Executive's Medical Education and Training Unit has begun to explore workforce planning across all specialties with a particular focus on the creation of more intern (Pre-registration house officer equivalent) posts. The RCPI's Palliative Medicine Clinical Advisory Group has been charged with producing a Palliative Medicine perspective on this.

9 . Recommendations:

As a result of a predicted excess in number of CCT holders in the larger medical specialties and a resultant unaffordable number of consultants overall by 2020, and recognising the potential risk of excess CCTs for palliative medicine ; a major piece of work by the specialty is needed on the models of service provision, skill-mix, and the future role of consultants, with an expected requirement to deliver a consultant-led 7 day service. *(Shape of the medical workforce: Starting the debate on the future consultant workforce CWFI England February 2012).*

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Appendix 1. Membership APM Workforce Committee.

Chair:	Stephanie Gomm
England Representative:	Benoit Ritzenthaler
Scotland Representative:	Jane Edgecombe
Wales Representative:	Caroline Usborne
Northern Ireland Representative:	Bernie Corcoran
Ireland Representative:	Feargal Twomey
SAC Representative	Penny McNamara
Trainee representative	Mary McGregor
SSAS representative	Berni Mountain

Appendix 2
Recommendations of the Royal College of Physicians working for patients 4th Edn Consultant Physicians, Speciality Palliative Medicine 2011
Minimum consultant requirements (England and Wales)

Cancer deaths/annum for 250,000 population	660
If 70% access specialist palliative care	462 referrals per year
Plus 20% non-cancer referrals	554 referrals per year
Requirement if one WTE sees 360 new patients year (APM calculation)	1.54 WTE

Minimum consultant requirement per 60 million population UK England Wales Scotland N Ireland	376 WTE 315 WTE 18 WTE 32 WTE 19 WTE
Minimum consultant requirement	1 per 160,000 residents
Minimum consultant numbers assuming 30% work part-time	1 per 120,000 residents

Appendix 3.

Ethnicity of Palliative medicine workforce by grade of doctor

Ethnic grouping	*Consultants*	*SSAS doctors*	*Registrars*	*Total*
Arabic	0 0.0%	0 0.0%	2 1.5%	**2** **0.4%**
Asian or Asian British – Bangladeshi	0 0.0%	1 1.0%	0 0.0%	**1** **0.2%**
Asian or Asian British – Indian	4 1.4%	2 2.0%	11 8.1%	**17** **3.1%**
Asian or Asian British – Malay	0 0.0%	0 0.0%	0 0.0%	**0** **0.0%**
Asian or Asian British – Pakistani	0 0.0%	2 2.0%	2 1.5%	**4** **0.7%**
Asian or Asian British – Other	0 0.0%	2 2.0%	1 0.7%	**3** **0.6%**
Black or Black British – African	0 0.0%	0 0.0%	0 0.0%	**0** **0.0%**
Black or Black British – Caribbean	0 0.0%	0 0.0%	0 0.0%	**0** **0.0%**
Black or Black British – Other	1 0.3%	0 0.0%	0 0.0%	**1** **0.2%**
Chinese	3 1.0%	0 0.0%	0 0.0%	**3** **0.6%**
Middle Eastern	0 0.0%	0 0.0%	0 0.0%	**0** **0.0%**
Mixed – Asian and White	1 0.3%	0 0.0%	1 0.7%	**2** **0.4%**
Mixed – Black African and White	0 0.0%	0 0.0%	0 0.0%	**0** **0.0%**
Mixed – Black Caribbean and White	0 0.0%	0 0.0%	0 0.0%	**0** **0.0%**
Mixed – Other	1 0.3%	0 0.0%	0 0.0%	**1** **0.2%**
White – British	198 66.9%	68 61.3%	102 75.6%	**368** **68.0%**
White – Irish	21 7.1%	4 3.6%	8 5.9%	**33** **6.1%**
White – Other	8 2.7%	10 9.0%	5 3.7%	**23** **4.2%**
Unknown	59 19.9%	22 19.8%	3 2.2%	**84** **15.5%**
	296	**111**	**135**	**542**

Appendix 4.

Commissioning Guidance for Specialist Palliative Care: Helping to deliver commissioning objectives 2013.
Appendix B

Data to support recommendations for SPC provision

Detailed data extracted from various sources to support recommendations for SPC provision. These are set out under the headings of specific components of SPC provision. Most SPC services provide more than one component of service, and also provide varying levels of on-call cover, education and training support and other strategic contributions, which are not included in the data below. Local variations in both generalist end of life care and SPC provision must be taken into account when using the data below. Some of this data is drawn from European recommendations which reflect very different health service systems and cultural expectations.

In-patient specialist palliative care beds

- Between 16-18 in-patient SPC beds per 250,000 population[9].
- Considering predominantly the needs of cancer patients: a minimum of 12.5 palliative care beds for 250,000 population i.e. one bed per 20,000 population. Considering the needs of both cancer and non-cancer patients, and the growing prevalence of advanced chronic diseases, a minimum of 20-25 palliative care beds for 250,000 population [10,11]
- One consultant for each 20 specialist in-patient palliative care (hospice) beds, including outpatient and day care provision[8], or at least 3 physicians (consultant and other grades) per every 20 specialist inpatient palliative care beds (with at least one whole time SPC physician for every 5-6 beds)[10,11]
- One SPC nurse to oversee each 7.5 hospice beds, whether in-patient or Hospice At Home – note that additional nursing will be needed to provide the nursing care [9].
- Within palliative care units or hospices, nursing staff ratios for the provision of nursing care of at least 1 nurse per bed, but preferably 1.2 nurses per bed are recommended [10,11]

Community specialist palliative care

- At least 2 whole-time equivalent (WTE) community-based consultants in palliative medicine for 250,000 population [1].
- At least 5 SPC nurses per 250,000 population [9].
- 10 to 12 full time professionals, including predominantly nursing and physician time, and with social worker and administration support, for every 250,000 population, with 24 hour and 7 day per week provision for support [10,11]

Specialist palliative care delivered by hospital advisory teams

- One consultant per 850 District General Hospital beds [9].
- One SPC nurse per 300 District General Hospital beds [9].