Association for Palliative Medicine

ASSOCIATION OF PALLIATIVE MEDICINE

Palliative Medicine Workforce Report 2016 -17.

6. UK Consultants 7-Day Palliative Care Services APM 2016 Survey

6.1 Hospice IP Units

6.2 Hospital Support Teams

6.3 Community Palliative Care Teams

6.4 Day care Services

Appendix

Table 1. APM Workforce Survey 2016: UK consultant provision seven-day services

Table 2. Estimates by population need for Consultant workforce in each country for UK and Ireland

APM workforce committee

Chair of APM Workforce Committee Stephanie Gomm

Representatives for:

England	Benoit Ritzenthaler/Polly Edmonds
Scotland	Vacant
Wales	Caroline Usborne
Northern Ireland	Joan Regan
Republic of Ireland	Feargal Twomey
Registrars	Felicity Dewhurst
SSAS	Nicola Goss
SAC	Polly Edmonds /Alison Coackley
Junior Members Committee	Laura Gordge

Association for Palliative Medicine

ASSOCIATION OF PALLIATIVE MEDICINE

Palliative Medicine Workforce Report 2016 -17.

The 2016 APM workforce commentary presents a summary of the analysis of the APM 2016 workforce survey. Workforce data from the RCP Census of Consultant physicians and higher medical specialty trainees (HST) 2015-16, and the 2016 workforce data provided by the SAC Palliative Medicine are included in this report.

1.Executive Summary

1.1 Key messages:

- There has been no expansion of UK Consultants in palliative medicine with headcounts of 609 and 603 in 2015 and 2016 respectively that only represent 471 and 459 FTEs, (Table 1. SAC data 2015 & 2016), as the % of less than full-time working (LTFT) increased from 61% to 66%. Overall the participation ratios (FTE/Headcount) are reduced to 77% and 76%, partly explained by 74% of the consultant workforce is female (RCP Census 2015-16).

- The average annual number of 40 CCTs is inadequate to meet the existing and anticipated demand for Consultant posts, as the UK Consultant vacancy rate has increased to 10 % (61 posts) in 2016 compared to 7.5 % in 2015, along with the expected development of 30 new posts over the next 5 years, and an anticipated increase in the average retirement rate of 11/year between 2016-20. (SAC data September 2016).

- For HST no recruitment problems in 2016 as all ST3 posts filled and a 5% NTN vacancy rate. Impact of loss of LATs in 2016 for hospices re funding of LAS posts for maternity leave and OOP experience and the effect of reductions in tariff make the potential withdrawal of training posts if hospices are disadvantaged. Major risk of not meeting the current curriculum if hospices financially become less willing to train.

- Major geographical variation in Consultant posts as demonstrated by RCP data for 2015/16 for East Midlands and East of England followed closely by Wessex LETBs in having the lowest number of FTE consultants i.e. 1 FTE for > 165,000 population. Consideration needs to be given to recruiting additional funded NTNs in these geographical areas, and specifically in LETB areas where Consultant recruitment is difficult requiring a greater increase in both training numbers and capacity.

- It remains challenging to interface with deaneries and LETBs re palliative medicine workforce needs but vitally important we do so for 2017/18 e.g. submission of information to HEE on workforce numbers and planning.

- Impact of implementation of 'Shape of Medical Training' on workforce requirements for the specialty: the SAC and APM have fed back the implications for the specialty for delivering service requirements and training in all settings alongside internal medicine training

requirements. There must be a clear recognition of maintaining and expanding both training and service delivery in non-hospital settings to fit with the national agenda of more care delivered in the community. The full implications on training and service, including on call provision, are currently being worked through. 'Shape of Medical Training' has the potential to change the distribution of both the junior doctor and consultant palliative medicine workforce, particularly if consultants are appointed in future that are dual accredited in palliative and internal medicine.

- The junior doctors contract in England significantly changes the pay for non-resident on call structure. This combined with the changes to pay progression may affect the choices junior doctors make about entering the specialty, and the choices made about taking time out of programme for research etc.

- ***In all countries, the consequences of financial restraints and envisaged changes to education, training and workforce planning are a major concern. This will require the recognition that a review of the skill-mix of the specialist palliative care workforce both medical and nursing is undertaken to meet demand and access to 7 day, 24 hours palliative care.***

2. **APM Workforce Commentary by Country**

2.1 England: As a specialty there has been no reduction in training numbers in 2015 and 2016. Despite detailed data from the APM and SAC, HEE and LETBs use Information from NHS Trusts that underestimates both the headcount and FTEs for palliative medicine trainee/Consultant and their required expansion e.g. 272 FTE Consultants for England but SAC 2016 data report 376 FTE. Across England engagement with LETBs has been difficult, in many places there is lack of understanding about NHS and voluntary sector workforce. It remains challenging to interface with LETBs re palliative medicine workforce needs but vitally important we do so for 2017/18,and submit information to HEE on workforce numbers and planning. The Association for Palliative Medicine approached Health Education England, explaining that we will not be able to meet the demand and the existing Consultant vacancy rate unless a significant increase of national training numbers is provided for the specialty and specifically in the LETBs where there is a higher need for consultant posts per population because most trainees do not move given the availability of consultant posts across the country. The low participation rate of 77% means we require more doctors trained in the specialty to meet the existing and future need.

.

- SAC data 2016 indicated a total of 505 consultants (34% FT) compared to 34% in the UK .49% (157/320) of Consultant responders in England work full-time (48% in the UK; APM 2016).
- 63% (138/219) of Registrars (SAC 2016) are in full-time posts compared with UK-wide, 65% (SAC 2016) and 65% (APM 2016) respectively.
- 56/521 respondents (10.7%) of respondents, held academic positions vs. 66/629 (10.5%) across the UK. (APM 2016).
- For lead employer, 73% of consultants respondents hold NHS contracts, 23% a voluntary hospice contract and 3.8% with an academic institution (APM 2015).

- 207/261 (79%) of consultant respondents receive funding from the NHS, 28 (11%) from a charity, 92 (35%) from a voluntary hospice and 31 (12%) from an academic institution. (APM 2015).

2.2 Scotland: Following the decision approved by the Reshaping Medical Workforce Project Board that NES should work with whole time equivalent (wte) numbers rather than trainee establishment numbers, the Scottish training Programme was given one additional trainee in 2016, The number of trainees on the Programme is 14.

- SAC data 2016 reported 14/46 consultants (30% FT).43% (9/21) of Consultant respondents work full-time (49% in the UK; APM 2016).
- 54% (7/13) of Registrars (SAC 2016) are in full-time posts compared with UK-wide, 65% (SAC) and 66% (APM 2015).
- 3/66 (4.5%) of respondents hold academic positions vs. 10.5% in the UK. (APM 2016).
- 53% of respondents employed by the NHS and 47% by voluntary hospices (APM 2015).
- 8/17 (47%) of consultant respondents receive funding from the statutory sector, 12 from a charity, and 5 from a voluntary hospice and 3 from an academic institution. (APM 2015).

2.3 Wales: It is not anticipated that there will be a significant further expansion in medical workforce in Wales. These calculations are based on the existing models of service delivery and workforce. There remains uncertainty, depending on the outcome on the current consultation on the 'Shape of Medical Training' in making future projections difficult for the medical workforce.

- SAC data 2016 reported 34 consultants (41% FT).46% (13/28) of Consultant respondents work full-time (49% in the UK; APM 2016).
- 54% (7/13) of Registrars (SAC 2016) are in full-time posts compared with UK-wide, 65% (SAC) and 66% respectively (APM 2015).
- 5 of 66 respondents (20%) held academic positions vs. 11% in the UK. (APM 2015).
- 84% of respondents hold an NHS contract and 16% by a voluntary hospice (APM 2015).
- 17/19 of consultant respondents indicated that funding was received from the statutory sector, 5 posts from a voluntary hospice, and 9 from a charity and 3 from an academic institution. APM 2015).

2.4 Northern Ireland: The Palliative Care Programme Board has developed a Clinical Engagement Group, whose first task is undertaking a workforce planning review of the specialist palliative care workforce and will include specialist medical, nursing and AHP staff. This unique multidisciplinary review is being lead by Dr Gillian Rankin of the Public Health Agency, and is using the 2012 UK Commissioning Guidance to benchmark current staffing and activity levels. This review is well underway, with the final report due in Autumn 2017. There are no plans to expand trainee numbers prior to the outcome of the report.

- 16 consultants responded to APM survey 2016 (7 full-time, 44% and 9 < full-time) and 5 registrars. SAC data 2016 reported 18 consultants (55% FT) and 7 registrars (57% FT) compared with FT UK-wide, 65% (SAC 2016) and 66% (APM 2016).

- For 8/9 Consultant respondents receive NHS funding,1 receives funding from a charity,2 from an university and 5 from voluntary sector hospices. (APM 2015)
  Most Consultants participate in on-call for Hospice units, including those who work primarily in hospitals. In one Specialist Palliative Care Unit, Consultants participate in a first on-call Rota. There is currently no commissioned out-of-hours cover for hospitals in Northern Ireland. There is variable out-of-hours Consultant cover for Community Teams.

2.5 Ireland: The HSE's National Clinical Programme for Palliative Care has prioritised the development of a palliative care model of care for 2017. Workforce planning across disciplines is a core component of this work stream. The Palliative Medicine Workforce report has been submitted to the HSE's National Doctors Training and Planning Directorate. It is hoped that the HSE will endorse and publish this as a specialty benchmark report to guide workforce development and expansion.

- 94% (17/19) (APM 2016) of Consultant respondents work full-time (34% in the UK) and 35/38 (92%) RCPI data 2017.
- 100 % of ROI Specialist Registrars are in full-time posts (APM 2016) and 14/15 (93%)RCPI data 2017 compared with 65% UK-wide.
- 12/28 (43%) respondents, in the ROI held academic positions vs. 10.5% in the UK.
- 80% of respondents indicated that 10 posts received funding from the statutory sector, 1 had academic and one received charitable funding. (APM 2015).
- 95 % provide OOH on call, with 48% provided second on call only and 52% undertook first and second on call.

3. Commentary by medical grade:

3.1 Consultant Workforce data 2016

- There has been no expansion of UK Consultants in palliative medicine with headcounts of 609 and 603 in 2015 and 2016 respectively, and only represent 471 and 459 FTEs, (Table 2. SAC data 2015 and 2016} as 61% and 66% are working less than full-time (LTFT). Overall the participation ratios are reduced to 77% and 76% and is partly explained by 74% of the consultant workforce is female (RCP Census 2015-16).

- For Ireland Consultant headcount is 38 (36.6 FTE) with 3 (5.3 %) LTFT. RCPI expansion rate of 8.5% from 35 Consultant posts (33.6 FTE). There is one new full-time consultant post expected in 2017. HST numbers are 14 (13.5 FTE) at present with no immediate plans to expand the number of higher specialist training posts.

- The UK palliative medicine consultant vacancies are 61 posts (53.8 FTE) using SAC data September 2016, with approximately 30 new posts in development. Hence the current average annual number of 40 CCTs is inadequate to fill the existing and anticipated annual consultant vacancy rates.

- The RCP census 2015-16 (2014) of Consultant physicians identified 586 (519) palliative medicine consultants working in the UK, with 484 (427) in England, 33 (26) in Wales, 51 (51) in Scotland and 18 (15) in Northern Ireland.
- The self-reported planned average retirement rate is 4-5 consultants per year in 2016-2020 increasing to 13-14 annually for 2021-2026 (RCP census 2015-2016) and 58 anticipated retirements over the next 5 years, an average of 11/yr (SAC data 2016).
- A significant decline in the number of AACs for Consultants held in 2015 (RCP data 2016) decreased by 30% from 70 to 49 with 34 appointed (69%).
- With the extension of palliative care activity to non-malignant disease, end of life and supporting patients during active treatment and in survivorship, this is likely to increase the overall workforce need.
- There is regional variation in the number of Consultant FTEs per population; to address this consideration needs to be given to the recruitment of additional funded NTNs in those geographical areas with the lowest FTE per population.
- The majority of UK Consultants (>90%) provide telephone advice on call to hospices community palliative care teams (75%) and for hospital palliative care teams. (70%). 76% undertake emergency face-to-face assessments with 70% for hospices but only 32% for hospitals and 23% for community palliative care team reviews. (APM Workforce survey 2016). See Appendix Table 1.

Table 1. UK Consultants by Country. (SAC and RCP data 2015-16).

UK Consultants	England	N Ireland	Scotland	Wales
SAC 2015				
N = 609	505	20	49	35
FTE = 471	385.6	17.3	39.2	29.2
SAC 2016				
N = 603	500	18	51	34
FTE = 457.6	376.1	13.2	39.25	29.05

RCP 2015-16				
N = 586	484	18	51	33
FTE = 497	411	15	43	28

Overall significant cumulative consultant expansion occurred in the last decade but has declined over the last 5 years. Noting that there has been an increase in the proportion of Consultants working less than FT i.e. from 30% to >60%, and hence using 2.5 FTE/250,000 populations would represent 651 FTE needed for UK (Appendix Table 2). A significant shortfall exists in England with 385 FTE Consultants in 2015 compared with an estimated need of 548 FTE.

The most important variables in the current financial climate remain the creation and funding of new consultant posts and the continued funding of existing consultant vacancies. Currently there is no risk of a mismatch of CCT holders in regard to available consultant posts with the consistent Consultant vacancy rate over the last 5 years. Recruitment of trainees and consultants to regions that are currently under supplied should be facilitated.

3.2 SSAS Drs Workforce data 2016

- SSAS and non-training doctors make a significant contribution to the medical workforce yet their contribution tends to be are under-reported.
- The APM Survey 2016 included SSAS grades and other non-training grades.
    - For the UK 96 SSAS doctors responded, 88% of who are female.
    - 79% of 81 respondents provide on call for telephone advice mostly covering hospices and community services,
    - 71% undertake emergency face-to-face reviews with the majority at a hospice unit(s)
- SAC 2016 data however indicated there are 482 (293 FTE) SSAS and non-training doctors of whom 78% work LTFT.
- Medical grades below Consultant will need expansion to support service models, which require these doctors to be available on Saturdays, Sundays and Bank Holidays.

3.3 Higher Specialty Trainees (HST) Workforce data 2016

- In the UK, RCP 2015-16 HST Census reported 218 trainees (161 FTE), 177 female (81.2%) and 41 male (18.8%); England 189 (140 FTE), Wales 9 (7 FTE), Scotland 14 (10 FTE) and Northern Ireland 6 (4 FTE). See Table 2.

- In September 2016, the SAC reported 240 (202 FTE) palliative medicine registrars in the UK. Overall, 35% of registrars were working < FT. The breakdown for these posts was: 209 (175.2 FTE) in England, 13 (11 FTE) in Scotland, 11 (9.7 FTE) in Wales and 7 (6.0 FTE) in Northern Ireland. See Table 1.The number of Out of Programme (OOP) UK trainees was 19 (18.4 WTE) (8% of trainees). 43 (37.6 WTE) are on maternity leave (ML). A total of 26% trainees OOP or on ML that required backfill, noting the national variation as to funding of LAS posts and ability to mortgage NTNS. In England there were 5 academic fellows and 5 academic clinical lecturer posts occupied.

  For the Republic of Ireland there are 15 (14.5 FTE) registrars.

- Over the last 5 years as a specialty we have the highest average % of female trainees at 87% (JRCPTB data) and taking into account maternity leave, LTFT in both male and female trainees, and out of programme experience the average length of training increases from 4 to 5 years. 40 higher specialty trainees annually achieve their certificate of completion of specialist Training (CCT). 43 and 30 CCTs were achieved in 2015 and 2016 with 37 anticipated for 2017. The projected average number of CCTs per year over next 3 years is 40-45.

- The annual average output of 40 CCTs is not sufficient to cover the demand of filling > 60 vacant consultant posts each year. The estimated need is for 60 StRs to undertake HST annually to increase the number of CCTs required each year to fill the current 50 FTE consultant vacancies, the 30 anticipated new posts over the next 5 years and to support the increasing workload of existing post-holders. However, no increase in training numbers is expected in the current financial climate.

- 89% of trainees who responded undertake on-call telephone advice with 94% providing face-to-face emergency reviews in hospices, 30% in hospital and 19% in the community. (APM Workforce survey 2016).

- Shape of Training may result in a shorter length of time in specialty training that may influence voluntary sector hospices funding speciality doctors rather than HST that could potentially reduce the annual output of the numbers of consultants.

Table 2. Comparisons of UK Higher Specialty Trainee Numbers (RCP and SAC data).

Registrars	RCP 2015-16	SAC 2015	SAC 2016

UK	218 (161 FTE)	236 (204 FTE)	240 (201.9FTE)
England	189 (140 FTE)	202 (175 FTE)	209 (175.2 FTE)
Northern Ireland	6 (4 FTE)	7 (6.4 FTE)	7 (6 FTE)
Scotland	14 (10 FTE)	14 (12.5 FTE)	13 (11 FTE)
Wales	9 (7 FTE)	13 (10.4 FTE)	11 (9.7 FTE)

Challenges

Main issues confronting the workforce are extending the current patterns of 7 day working and the potential added commitment to acute medicine, in the context of delivering out of hours cross-site working in community, hospice and hospital settings and securing the recognition that the current proposed changes to UK medical training would shorten the length of specialty training in that more medical specialties will have greater involvement in acute medical intake. These changes are being considered by the specialties and Colleges but will ultimately be determined by the GMC and the respective Departments of Health. The effect of 'Shape of training' review and the anticipated changes in service provision will influence the traditional roles of hospices, the future models of community and hospital palliative care teams and their medical workforce requirements. These proposals will impact on the format of the delivery of 7-day access to palliative medicine, continuity of care, our relationship to the wider hospital and community services, in meeting the needs of the frail elderly and the rising tide of acute medical admissions. There remains uncertainty in making future projections for the medical workforce at this juncture.

In all countries, the consequences of financial restraints and the envisaged changes to education, training and workforce planning are a major concern. This will require the recognition that a review of the skill-mix of the specialist palliative care workforce both medical and nursing is undertaken to meet demand and improve access to 7-day, 24 hour palliative care.

4. APM Workforce Survey 2016 Analysis

A total of 1213 questionnaires were issued between July 1st to 30th September 2016. 96% issued to APM Members and 4% to non-members understood to be working in palliative medicine in the UK and the Republic of Ireland. In total 717 questionnaires were completed a response rate of 59%.

4.1 Medical Grade

Consultants in UK and ROI
405 Consultants from UK and 19 from Ireland APM 2016 Survey. See Table 3.
Grade of Dr by country for UK and Ireland

ANSWER OPTIONS	ENGLAND	NORTHERN IRELAND	SCOTLAND	WALES	UK TOTAL	REPUBLIC OF IRELAND
Consultant	338	17	22	28	**405**	19
SSAS Doctor	80	3	7	6	**96**	2
Training Post	95	5	5	9	**114**	6
Other non-training Grades	8	3	2	1	**13**	1
Total	**521**	**28**	**36**	**44**	**629**	**28**

Table 3

Type of working: In the UK % of less than full time Consultants was 52%; in England 51%, N Ireland 56%, Scotland 57% and Wales 54%.

Academic posts: Total of 138 posts in UK and 19 posts in Ireland.

Gender by country: Highest % was female in both UK and Ireland for all grades. See Table 4.

CLINICAL POSTS	UK			REPUBLIC OF IRELAND		
	FEMALE	**MALE**	**TOTAL**	**FEMALE**	**MALE**	**TOTAL**
Consultant	304 (75%)	103 (25%)	407	15 (62%)	4 (38%)	19
Specialty, Staff Grade or Associate Specialist (SSAS) Doctor	84 (88%)	12 (12%)	96	1 (50%)	1 (50%)	2
Training Post	95 (83%)	19 (17%)	114	5 (83%)	1 (17%)	6
Total Clinical Posts	**483 (78%)**	**134 (22%)**	**617**	**21 (78%)**	**6 (22%)**	**27**
Total Clinical Posts by Country	**UK = 617**			**Republic of Ireland = 27**		

Table 4

Contracts: majority held by NHS Employer in UK and Ireland. For UK, 72% of contracts held by NHS and 22% by a hospice.

Appraisals: In last 12 months > 95% of UK Consultants and >75% of Ireland Consultants.

Retirements: In the UK between 2016 - 2020 a total of 29, an average of 5/yr and for 2021 - 2025 a total of 30, an average of 6/yr; majority at age of 60 years reflecting high % of female. Consultants in ROI a total of 4 Consultants expect to retire between 2020 and 2024, majority at age of 65 years.

4.2 SSAS Drs APM Survey 2016

APM survey 2016 reported: - 96 UK and 2 ROI SSAS doctors completed the survey representing 15% of the total respondents. Tables 3 & 4.

69% of SSAS Drs work less than full time, a similar trend for the specialty.

In the UK 88% are female and 50 % in the ROI.

67% are employed/contracted to hospices.

96% (UK) and 100% (ROI) had an appraisal in the last 12 months.

4.3. Trainee Drs APM Survey 2016

A total of 114 UK palliative medicine trainees completed the survey, comprising of 95 from England, 5 from Northern Ireland, 5 from Scotland and 9 from Wales and 6 trainees from the Republic of Ireland. Total responses of 120 trainees, 83% were female and 17% were male. See Tables 3 & 4.

According to the APM data there is only 1 UK Academic Clinical Lecturer and 2 in the ROI. This is a very small number in comparison to other specialties. There are 6 Academic Clinical Fellows in the UK and 1 in the ROI.

Trainees completing the survey comprised the following: 1 (1%) F1, 1 (1%) ST1/ST2, 5 (4%) Academic Clinical Fellows, 1 (1%) Academic Clinical Lecturer, 108 (90%) specialty registrars, and 4 (3%) in other types of training posts.

With regard to yearly appraisal in the UK; only 91/114 trainees completed this section of the survey, 73 had received an appraisal in the last 12 months, 5 had not and 13 deemed this to be non applicable.

All 6 ROI trainees completed, 4 had received an appraisal in the last 12 months, 1 had not and 1 deemed it not applicable.

5. ON CALL APM SURVEY 2016

5.1 UK Consultants OOH On call

- **Total number of UK Consultants providing on-call was 342/380 representing 90% of respondents.** The majority of consultants 181 (53%) provide only second on-call duties but a large number 136 (40%) include first on-call duties with their second on-call work. 24 consultants (7%) are first on call.

- **91% of on-call Consultants covers out of hour's telephone advice. 85% for hospices, 75% for community palliative care teams and 70 % for hospital palliative care teams.** Majority of Consultants cover OOH one hospice site, 1 in 3 provide no hospital cover and majority cover 2 or more cover community teams.

- **76% undertake emergency face-to-face assessments with 70% for hospices but only 32% for hospitals and 23% for community palliative care team reviews. (APM Workforce survey 2016).** 1 in 3 Consultants cover OOH 2 or more hospice sites; >40% cover 2 or more hospital teams and >50% 2 or more community teams.
- **On-call frequency:**
  - High frequency 87/266: - 1 in 1 to 1 in 4 = 33%
  - Medium frequency 150/266: - 1 in 5 to 1 in 8 = 56%
  - Low frequency 29/266: -1 in 9 or less = 11%

- **On Call Supplement for UK Consultants**
  - 79% of 266/335 consultants receive paid supplement and 69 (21%) declared no on-call supplement.

- **Contracted PAs for OOH on call**
  - UK consultants 168/322 (52%) receive no PAs for combined telephone advice and face-to-face contact. 154 /322 (48%) receive PAs of whom only 54 (35%) receive 1 PA or >.

5.2 ROI Consultants OOH On call

- **OOH Telephone advice**
  - **Undertaken for hospices by 91% of consultants, for community and hospital palliative care teams by 56% and 64% respectively.** Consultants cover 2 or more services across all types of orgabisations.

Emergency Palliative Medicine OOH on call:

- **OOH Palliative Medicine Emergency admissions on call:**
  - **Undertaken for hospices by 93%, 56% for hospital and 64% for community palliative care teams. 36% - 44% of consultant respondents reported as not providing emergency cover**. Majority covers 2 or more sites for hospitals and community teams/.

5.3 UK SSAS Doctors 2016 OOH On call

- ***Telephone advice OOH***
  - 81/96 participating SSAS doctors (84%) answered this question.

- **64/81 (79% of respondents) provided telephone advice.**92% for hospices, 27% for hospital and 87% for community palliative teams. Majority cover one site for each sector of care.

- **Emergency OOH reviews**

- **71% undertake emergency face-to-face reviews with the majority 88% covering hospice units and community services.** There is variation in hospital cover, which may reflect the hospice arrangements with local hospitals and community teams.

Type of on call

Provision: 74% 1st on call, 11% only 2nd and 14% a mixture of 1st and 2nd on call

For 1st on call - 90% cover hospice, 23% hospital, 50% community and 17% patient telephone advice. Numbers too small to interpret second on call sites.

On call frequency:

65% provide either 1:4 or 1:5 for first on call.

On call payments:

- The majority of SSAS doctors do not receive PAs for OOH telephone advice, although 51% did get payment for telephone advice to hospices.

- Only 14% and 4% of respondent SSAS Drs receive payment for hospital and community face-to-face contacts and 63% for hospice review.

- For hospices 24% of SSAS Drs received < 1 PA and 38% 1PA or >, those providing hospital or community cover were small in number.

5.4 ROI SSAS Drs OOH On call

- **OOH Telephone advice** In the non-training grade, 26/28 (93%) undertake telephone advice.

- **Emergency Palliative Medicine OOH on call.** The very small numbers of SSAS Drs and non-training posts made it difficult to comment.

5.5 UK Trainees OOH On call

- A range of grades of junior doctors completed the survey under the umbrella term of "trainee" however the majority of respondents were higher specialist trainees.

- **Levels of service provided by trainees is highly variable with regard to the different sites covered,**

- **Service provided by trainees regarding the frequency of on calls, the types of on calls and the number of sites covered when on-call is also highly variable making it difficult to ascertain how they will contribute to the effective provision of a 7 day service.**

- **The majority of face to face on calls are provided to hospices whilst other palliative care services are provided with telephone service and less frequently a face-to-face service.**

- **Palliative Medicine OOH on call.**

- **The majority of UK Trainees 101/112 (90%) provides palliative medicine OOH on call.**

- ***Telephone advice OOH***

  - **86/97 89% of trainees who responded undertake on-call telephone advice**

- **Emergency admissions OOH Palliative Medicine undertaken by 97/112 87% trainees.**

  - **94% provided face-to-face emergency reviews in hospices, 30% in hospital and 19% in the community.**

  - 78% of Trainees covered 1 hospice unit only.51% of trainees' covers 2 or fewer hospitals. The majority of trainees (56%) covered 1 community team. The majority of trainees did not provide cover for hospitals without on call teams.

- **Type of on call**

  - 60/65 trainees (92%) working first on-call are in hospices and only 18 (28%) cover hospital, 20 (31%) community services and 12 (18%) patient/carer advice lines. Most will do ward rounds at weekend in hospices but no data as to the level of face to face review is provided in hospital at weekends.

  - **Frequency of on-call duties for UK trainees**

  - 38 trainees (63%) do between 1:5 and 1:6 first on call duties covering Hospices but a few (4 trainees – 7%) do a more frequent rota (1:1 to 1:4) and the remaining 18 (30%) do 1:7 or less frequently in hospices. For second on-call duties the data is too small to be meaningful but follows the pattern found with consultants

- **On call payments:**

  - OOH face to face contacts were contracted/remunerated, 30%, 87%, 18%, and 47% of UK trainees 40%, 97%, 4%, and 90% of ROI trainees felt this was the case for hospital, hospice, community and "in total" respectively.

5.6 ROI Trainees OOH on call

- Trainees all undertook OOH on call (6/6).
- OOH Palliative Medicine Emergency admissions undertaken by 83%.

6. UK 7-DAY PALLIATIVE CARE SERVICES APM 2016 SURVEY

6.1 Hospice IP units

Total respondents = 315 UK Consultants

- **Number of consultants available by number of units:**
  - Monday to Friday 9am -5pm for 1 unit number of consultants ranged from 1 to 7, median of 2.
  - OOH median number of consultants = 1

- **Admission access to hospice in patient units:**
  - **Monday to Friday 9am to 5pm Monday to Friday access = 20% of consultant respondents**
  - **Monday to Sunday 9am to 5pm access = 31% of consultant respondents**
  - **IP admissions Monday to Sunday 24-hour access = 41% of consultant respondents.**

6.2 Hospital support teams

UK Consultants

- **74 % of consultants, who responded, undertake 7/7 cover for a hospital support team.**
- Majority cover only one unit (78%; n=139). However in a small number cover provided to 2 or 3 hospitals (n=24 and n=16 respectively**).**

- CNS number high range 1 to 17, median 5.
- The majority of hospital teams appear to have access to at least one consultant Monday to Friday 9am-5pm for ward rounds and patient review.
- OOH there is less cover usually only by one consultant. Where there is consultant cover, on the whole only for one unit though there are some exceptions.

- **Number of consultants available by number of hospital palliative care teams**
- ***Monday to Friday 9am to 5 pm for one unit number consultants 1 to 5 median 1;***
- ***Sat to Sun 9am to 5pm total number Consultants 1 per unit, median 1 for 86 respondents with 75% working in one unit.***
- ***5pm -9am OOH for 84 respondents with 71% working in one unit***

CNS Face-To-Face Cover for 7-Day Hospital Support Teams

- **CNS cover approximately 50% of hospital support teams only had access to CNSs Monday to Friday**, 9am to 5pm (although in Wales this is in all teams 7/7). For 1/2/3 units the % trends seem fairly consistent independent of the number of services covered.
- 116/223 respondents indicated CNS cover for one team:
- ***7 day CNS service 9am to 5pm = 52%;***
- ***Mon to Sun 9am to 5pm = 25%***
- ***Mon to Sun 24 hours = 1%***

CNS Telephone Advice

- ***Cover Bank holiday, Saturday to Sunday 9am to 5pm Nearly 50% covered by just telephone contact only with 50% presumably providing direct assessment.***
- ***OOH the proportion on these days covered by telephone advice only was slightly greater at between 65 – 59%.***

6.3 Community Specialist Palliative Care Teams:

- For doctors working in the community with palliative care teams,
- **57% of respondents provided face-to-face 9-5pm reviews. However, the majority (>71%) provided in-hours and out of hours telephone support to the community teams.**
- **UK** *Consultants*
- ***The majority of consultants (79%) worked in 1 community team site or hospice at home site*** (25% of respondents).
- 277 consultants responded to the question of working with community teams (68%).
- **Of these respondents, two thirds (66%) worked with a single team**; 19% worked with 2 sites/services, while 10% worked with >2 sites/services.
- **CNS numbers per single team range 1-25 , median 7.**

CNS Face-To-Face Cover 7-Day Community Specialist Palliative Care Teams

- **CNS cover approximately 49% of consultants in community teams only had access to CNSs Monday to Friday, 9am to 5pm.**
- For 2/3 units the % trend ranged from 31 to 39% of services covered.

- 110/226 respondents indicated CNS cover for one team:
  - **CNS service cover Monday to Friday 9am to 5pm = 49%;**
  - **Mon to Sun 9am to 5pm = 40%**
  - **Mon to Sun 24 hours = 1%**

CNS Telephone Advice

- **Cover Bank holiday, Saturday to Sunday 9am to 5pm ,nearly 37% covered by just telephone contact only with 63% presumably providing direct assessment.**
- **OOH the proportion covered by telephone advice only was greater at between 54 –68%.**

6.4 Day Care Services

- **236 UK consultants responded of whom 64% contributed to a day care service and the majority of consultants 80% work at a single site units,** 13% on 2 sites and 7% on 3 sites.
- Units offer 5 to 30 day places per day median = 15/day
- Days open 1 to 7 days, median 4 days/week
- Single site cover
  - **Consultants range from 1 to 4, median of 1**
  - SSAS Drs range from 1 to 5, and median of 1
  - Trainees range from 1 to 3, median of 1.

APM Workforce Committee March 31st 2017

Chair of APM Workforce Committee Stephanie Gomm

Association for Palliative Medicine

Appendix

Table 1. APM Workforce Survey 2016: UK consultant provision seven-day services

UK Consultant provision seven day services	Hospice	Hospital with Palliative Care Team	Hospital with No Palliative Care Team	Community with Palliative Care Team	Community with No Palliative Care Team	Not applicable	Total
Where do you provide Consultant 9am-5pm reviews?	228 (67%)	227 (67%)	12 (4%)	193 (57%)	9 (3%)	10 (3%)	**340**
Where do you provide Consultant face-to-face planned OOH review?	130 (43%)	35 (11%)	8 (3%)	26 (9%)	5 (2%)	165 (54%)	**305**
Where do you provide emergency consultant face-to-face on call?	228 (70%)	104 (32%)	28 (9%)	76 (23%)	13 (4%)	78 (24%)	**328**
Where do you provide 9am – 5pm telephone advice?	235 (71%)	242 (73%)	44 (13%)	236 (71%)	32 (10%)	15 (5%)	**332**
Where do you provide on call telephone advice?	287 (85%)	234 (70%)	107 (32%)	251 (75%)	60 (18%)	27 (8%)	**336**

Association for Palliative Medicine

Table 2 shows estimated Consultant workforce numbers and FTE for 2015 for each country on the basis of 2.5 FTE/250,000 in UK compared to current provision (SAC data 2015). With participation ratio of (0.76 - 0.95) for FTE and head count in each country.

Table 2. Estimates for each country in UK and Ireland – UK <40% full time

Country	Population Est.ONS Millions (2015)	RCP estimate[1]		SAC 2015 data		Participation Ratio
		Headcount	FTE	Headcount	FTE	
Wales	3.1	37.0	31.0	35.0	29.2	0.83
N Ireland	1.85	21.3	18.5	20.0	17.3	0.87
Scotland	5.4	67.5	54.0	49.0	39.2	0.80
England	54.8	721.0	548.0	505.0	385.0	0.76
UK	65.1	845.0	651.0	609.0	471.0	0.77
Ireland	4.05	42.5	40.5	35.0	33.6	0.95