

British Society of Gastroenterology Workforce Report - November 2022

Dr Shairoz Samji

Key Points:

- On 30th September 2021 there were 1761 substantive consultant gastroenterologists and hepatologists in the UK, a 3.6% expansion from 2020.
- 22% of consultants were female and 15% of consultants worked flexibly.
- The consultant workforce has expanded by 53% over the last ten years; mean yearly expansion is 5.8%.
- Mean intended retirement age is reported at 62.1 with 47% reported to reach this age over the next decade. On average this is 77 retirements a year.
- Mean WTE PAs contracted per week were 10.50PAs and flexible PAs were 6.0PAs; Consultants reported working an additional 1PA a week. This is a decrease of activity of 8% on last year due to an overall decrease in PAs during job planning and lack of expansion in consultant numbers to catch up.
- 48% of advertised consultant gastroenterology and hepatology posts in 2021 were unfilled indicating expansion was less than it could be.
- With the current predicted shortfall in workforce, predicted retirements, reduction in PAs and population growth we need greater than 9% expansion.
- On 30th September 2020 there were 700 gastroenterology and hepatology Higher Specialty Trainees in the UK.
- It would be appropriate to increase the numbers of ST4 NTN recruited each year to address the consultant deficit and need for greater expansion.

Introduction:

The BSG Workforce Report collates data from the Royal College of Physicians (RCP) Census of consultant physicians and higher specialty trainees in the UK (2021), the British Society of Gastroenterology Clinical Services and Standards Committee (BSG CSSC) and the Medical Register of the General Medical Council (GMC).

Consultant Gastroenterologists and Hepatologists:

On 30th September 2021 there were 1761 substantive gastroenterology and hepatology consultants in the UK¹, a 3.6% expansion from 30th September 2020 (Tables 1 and 2). 22% of consultants were women compared with 39% across all medical specialties¹. 15% of all consultants worked flexibly compared with 24% across all medical specialties. This is an increase of 1% on last year. There were 2611 doctors holding a licence on the GMC Medical Register who listed Gastroenterology as their main specialty².

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
England	968	1082	1095	1170	1258	1290	1355	1388	1485	1511.0
Scotland	93	99	105	109	113	106	107	108	109	110
Wales	51	54	56	59	58	59	65	68	70	72.0
Northern Ireland	33	33	34	38	38	39	44.0	43.0	46.0	53.0
Total	1145	1268	1290	1376	1467	1494	1570	1607	1700	1761

Table 1 Number of substantive UK gastroenterology and hepatology consultants year by year

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
England	4.1	5.8	5	6.8	3.4	2.2	5.0	2.4	7.0	1.8
Scotland	-0.9	3.7	9.9	4.9	-0.8	-6.2	0	1.9	-8.3	26.3
Wales	0	5.8	7.3	8.5	3.1	-1.7	10.2	4.6	2.9	2.9
Northern Ireland	2.9	-2.8	11.4	2.6	0	-2.6	12.8	-2.3	6.5	15.0
Total	3.4	10.7	1.7	6.7	6.6	1.8	5.1	2.4	5.8	3.6

Table 2 Annual expansion (%) of substantive UK gastroenterology and hepatology consultants by year from RCP census data.

Mean annual consultant expansion between 2011 and 2021 was 5.8% and despite variability year by year (Table 2 and Figure 1). The substantive gastroenterology and hepatology consultant workforce has expanded by 53% over the last ten years.

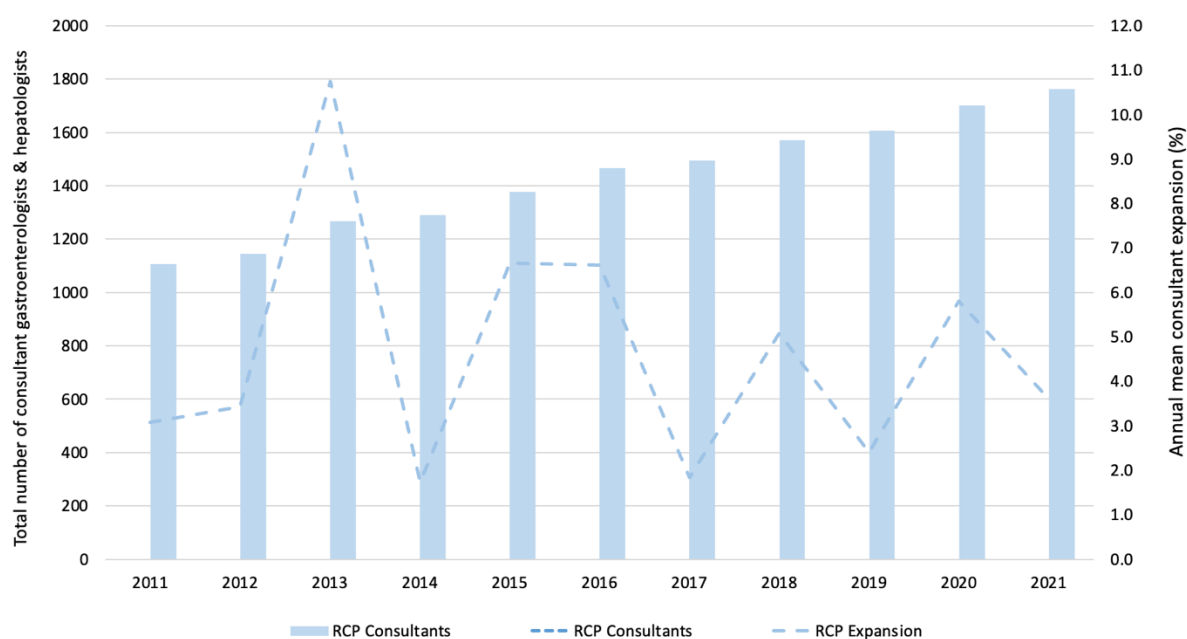


Figure 1 Trends in the number of substantive gastroenterology and hepatology consultants and annual mean expansion

The 2013 RCP document Consultant Physicians Working for Patients estimated that we need approximately 6 whole-time-equivalent (WTE) consultant gastroenterologists (with GIM) per 250,000 population^{3*}. For the 2021 ONS population of 67,081,000⁴ this equates to 1,610 WTE substantive consultants providing 18,596PAs. Of the current workforce (1,7061) there are 277 flexible consultants contracted to provide a median of 6.0PAs and 1484 WTE consultants contracted to provide a median of 10.50PAs.¹ Both full-time and LTFT consultants are now working 1 PA less than the year before.¹ Together, the substantive consultant workforce provides a total of 17,244PAs. Additional workload pressures are reported by consultants delivering on average just under 1PA over and above their contracted job plan which equates to a total of 18,634 PAs worked. Incorporating this additional workload equates to a current shortfall of 1,390PAs.

This shortfall could be provided by an additional 132 WTE consultants or, if the proportion of flexible consultants remains static at 22%, by 94 WTE and 42 flexible consultants. This requires an immediate 7.7% consultant expansion (136 in total) and will only provide the substantive consultant workforce

*It is likely that this figure is out of date as it is based on approximations for population data in 2013 and much has changed in how we deliver services and the age and complexity of patients in this time. Work is currently being commissioned to update this figure.

needed to meet current demand. It will not contribute towards the expected annual expansion required for population growth or replacement posts for predicted retirements.

It should be noted that the proportion of the consultant workforce on flexible contracts is likely to increase rather than remaining static, putting further emphasis on the need for greater workforce expansion.

Regional variation of consultants:

Figure 2 shows the regional variation of substantive consultant gastroenterologists and hepatologists throughout the UK and population per WTE. The average WTE consultant in the UK serves a population of 40,510 which does meet the RCP estimate made in 2013 of 1 WTE per 41,667 population¹. There remains considerable geographical variation with some populations much more poorly served such as London South, Wessex, the North and West of Scotland and North Wales. 29% of consultants reported their primary work was in a majority-rural or hub-town area.¹

Locations of consultants and full time equivalent vs population | By nation and region

Nation	NHS region	Sub-region	Female	Male	Total headcount	Total FTEs	Population	Population per FTE	
England	London	London - Central and North East	45	119	164	158	3,563,052	22,598	
		London - North West	23	62	85	78	2,111,469	27,018	
		London - South	17	45	62	58	3,327,967	57,810	
	Midlands and East	East Midlands	23	103	126	125	4,865,583	39,045	
		East of England	33	112	145	136	6,269,161	46,147	
		West Midlands	35	125	160	152	5,961,929	39,235	
	North	North West	36	181	217	207	7,039,306	34,037	
		Northern	15	67	82	81	2,730,400	33,722	
	South	Kent, Surrey and Sussex	Yorkshire and the Humber	30	83	113	108	5,804,863	53,606
			West Midlands	27	84	111	104	4,635,942	44,571
		South West	30	117	147	142	4,932,192	34,814	
		Thames Valley	13	32	45	45	2,431,905	54,492	
		Wessex	13	41	54	51	2,876,369	56,893	
Northern Ireland	Northern Ireland	9	44	53	51	1,895,510	37,185		
Scotland	Scotland	Scotland - East	3	10	13	10	416,550	42,361	
		Scotland - North	4	14	18	14	978,180	68,222	
		Scotland - South	9	30	39	36	1,401,860	38,585	
		Scotland - West	14	41	55	39	2,669,410	68,310	
Wales	Wales	Wales - North	1	10	11	9	703,361	78,151	
		Wales - South	14	47	61	54	2,466,225	46,023	

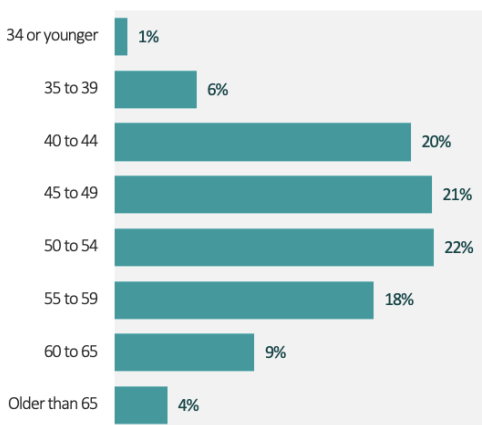
Figure 2 Location of substantive gastroenterologist and hepatologist consultants in the UK with population per WTE consultant¹

Equality and diversity:

The largest proportion of consultant gastroenterologists and hepatologists were aged between 50 and 54y; 13% were aged 60 years or older (Figure 3). 22% of consultants were women, an increase from 15% in 2010.¹

62% identified themselves as white and 38% from a minority ethnicity; 94% were UK citizens. 73% graduated in the UK, 17% in Asia, 7% from the European Economic Area (EU, EEA, EFTA) and 3% from Africa.¹ These figures were similar to all medical specialties. 75% of UK graduates were men (84% outside the UK) and 25% women (16% outside the UK). Across all medical specialties 57% of graduates were men (70% outside the UK) and 43% women (30% outside the UK). Mean time since consultants gained their substantive post was 13.4 years.¹ Mean time consultants had worked in their current post was 10.9 years.

The consultant workforce | By age-group



LTFT working in the workforce | By year

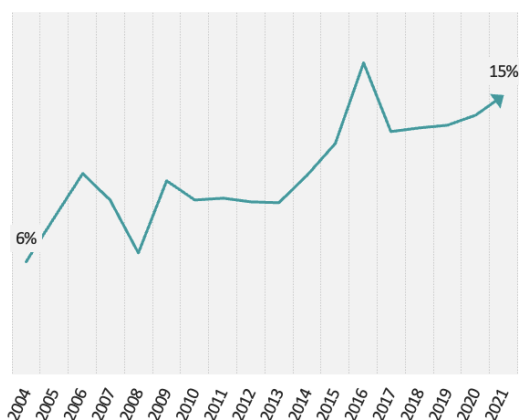
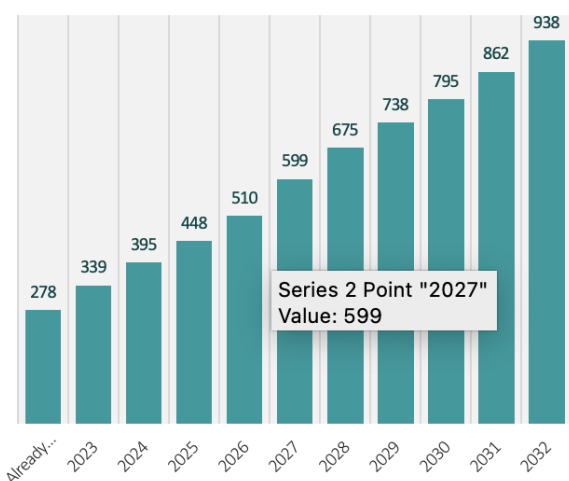


Figure 3 The consultant gastroenterology and hepatology workforce by age and sex

Retirements:

The 2021 RCP census reported mean intended retirement age for consultant gastroenterologists and hepatologists as 62.1 years (61.3y for females and 62.3y for males) with 47% estimated to reach this age over the next decade.¹ This suggests between 600 and 939 consultants are expected to retire over the next 10 years (Figure 4). One hundred and ninety-two consultants in 2020 have already reached intended retirement age. In the next decade 833 consultants will reach mean intended retirement age, on average 77 intended retirements per year. This has decreased from a British Society of Gastroenterology Workforce Report 2021 average of 87 retirements per year in last year’s report. 6% have retired and returned suggesting 106 have returned to work – this has decreased by 41.7% in the 2020 Workforce Report as fewer colleagues choose to return to work. They have predominantly undertaken outpatient work (63%) and endoscopy (74%) with 66% working less than 10PAs.

Consultants reaching 60 over the next decade | By year



Consultants reaching intended retirement age over the next decade | By year

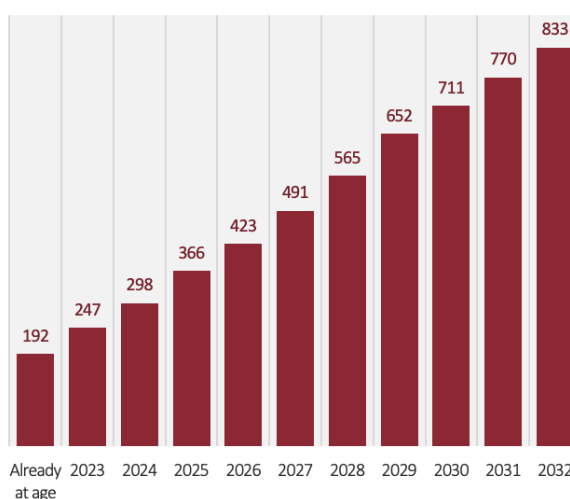


Figure 4 Consultants reaching 60 and intended retirement age over the next decade

Four potential retirement scenarios over the next decade | By year

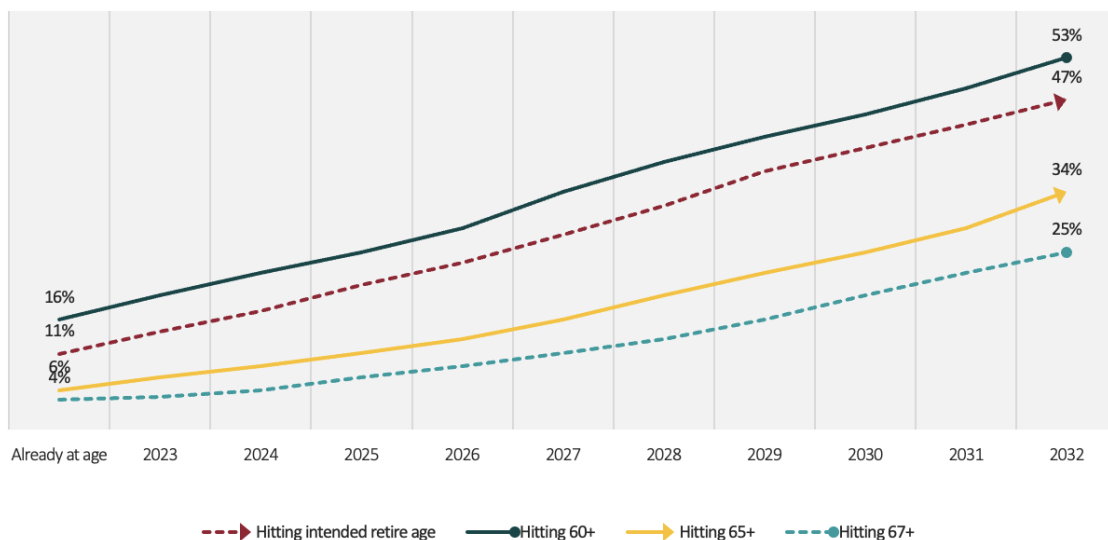


Figure 5 Potential retirement scenarios over the next decade

Required Expansion

Mean yearly consultant expansion over the last 10 years was 5.8% (Figure 6). With additional population expansion we need a sustained 9% yearly expansion to provide an adequate consultant workforce.

It should be noted that the number of CCTs largely matches the number of appointments. As the number of retirements is rising rapidly each year, potentially 193 next year, reflecting the expansion in consultant numbers in 1995 onwards, appointments are likely now to be replacement only at best, not allowing for much expansion.

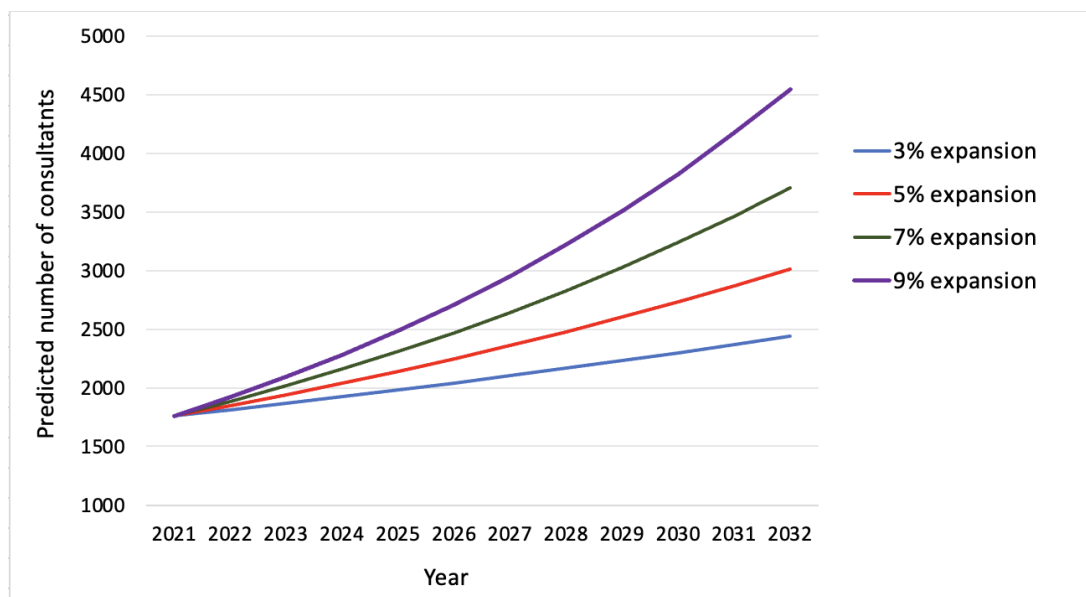


Figure 6 Graph showing consultant expansion at 3%, 5%, 7% and 9%

Consultant Hepatologists:

Of the 1,761 substantive consultants there were 167 consultants who identified hepatology as their main specialty¹. 27% were female, the majority aged between 40 to 44y and 13% worked flexibly. ¹ (Figure 3) Over the last 5 years there has been a 22% expansion in consultant hepatologists. The 2019 BSG Workforce Report⁵ identified the average UK hepatologist serves a population of 525,734. Liver disease and liver cancer together caused 2.5% of deaths in England in 2020. Almost half of these deaths occur in those of working age (ages 15 to 64). Since 2001, in England the rate of liver disease and liver cancer deaths in people aged under 75 has been increasing, and in 2020 it reached its highest at 20.6 per 100,000 population.⁶ In 2001, the rate was 15.4 per 100,000 population. ⁶ The Lancet Commission in 2019 reported that the UK needs 0.8WTE consultant hepatologists per 100,000 population⁷. This equates to a total of 537 WTE consultants, or 3.2 times more hepatologists than those currently identifying hepatology as their main specialty. To address this the BSG and the British Association for the Study of the Liver (BASL) proposed 25% of higher specialty trainees (HSTs) are hepatology trained⁷. Due to the simultaneous deficit in gastroenterologists this can only be achieved by a significant increase in the total number of Gastroenterology NTN, thus increasing the number of Certificate of Completion of Training (CCT)s awarded annually.

Consultant gastroenterologist and hepatologist appointments:

On 1st September 2020 48% of advertised consultant physician posts were unfilled, with 45% of those due to a lack of any applicants at all and 20% due to no suitable applicants¹. 48% of gastroenterology and hepatology consultants reported unsuccessful attempts to appoint to a consultant post¹. Also 53% of respondents reported a consultant vacancy in their department which was not staffed by a locum, and 66% of consultants reported that locums represented 7% of posts in their department. This is nearly twice as many consultants reporting locums in the department compared to last year's workforce report and as such cannot be correlated to the number of locum posts increasing¹.

Over 50% of Trusts reported at least one Gastroenterology consultant vacancy and 12% a Hepatology consultant vacancy¹. There were 14% more vacant District General Hospital (DGH) Gastroenterology posts compared to University Teaching Hospitals (UTH)¹. There were 10% more vacant DGH Hepatology posts compared to UTH¹. Over 25% of both DGH and UTH had advertised for a Gastroenterologist with the post remaining unfilled over the previous 12 months¹. There were no unfilled UTH Hepatology advertised but 14% were unfilled following advertisement by a DGH¹. UTH clearly identified this was due to no applicants however DGH reported a split between no applicants and no appointable applicants.

Higher Specialty Trainees (HSTs) in gastroenterology and hepatology:

At the time of writing this report detailed specialty specific data from the HST Census 2021 was made available. On 30th September 2020 there were 7,545 medical HSTs in the UK of whom 700 were training in gastroenterology and hepatology (unpublished data from RCP Workforce Unit). 40% were female and 16% working flexibly or LTFT which is an increase on the previous year. 95% of HSTs were doing acute/GIM work (unpublished data from RCP Workforce Unit). During 2021 and 2022 99 CCTs were awarded in gastroenterology and hepatology (unpublished data from RCP Workforce Unit). This is an increase of 11% on previous years whereby an average of 85 CCTs were awarded annually in the last 5 yrs. One third of CCT identified as female. 78% of those awarded a CCT in this round applied for a substantive consultant post. 11% of trainees felt discriminated against when applying for a consultant post. (unpublished data from RCP Workforce Unit) A quarter of newly qualified consultants surveyed training LTFT at some point in their training.

The RCP HST census reported that gastroenterology and hepatology HSTs ranked 10th most at risk of burnout amongst medical specialties. 62% of HSTs said that work had impacted on their relationship

with their partner and 58% with their children. 33% of trainees reported a deterioration in morale since the previous year and only 20% an improvement. 80% of HSTs said they found their specialty work satisfying always or often, but only 20% their general internal medicine work (unpublished data from RCP Workforce Unit). An increasing number of gastroenterology HSTs worked flexibly and or LTFT (16% - RCP unpublished data). When asked if they wished to train flexibly if given the opportunity, a surprising 32% of gastroenterology HSTs said they would choose to work LTFT at consultant level. 42% were offered mentoring by their trust on starting a new post and only 20% were offered a new consultant induction by their trust (unpublished data from RCP Workforce Unit). This is an improvement on the previous years survey hopefully reflecting a return to “normal” following the COVID-19 pandemic.

Number of HSTs By nation and region								
Nation	NHS region	Sub-region	Female	Male	Total headcount	Total FTEs	Population	Population per FTE
England	London	London	64	89	153	148	8,961,989	60,759
		East Midlands	12	35	47	47	4,835,928	103,332
		Midlands and East	26	43	69	68	6,236,072	91,977
	North	West Midlands	22	42	64	62	5,934,037	95,097
		North West	28	43	71	69	7,013,321	102,235
	South	Northern	15	18	33	32	2,719,686	86,066
		Yorkshire and the Humber	22	31	53	52	5,781,097	111,389
		Kent, Surrey and Sussex	22	24	46	45	4,619,443	101,750
		South West	18	22	40	39	4,902,479	127,007
	Wales	Thames Valley	7	11	18	18	2,419,956	137,498
		Wessex	11	18	29	28	2,862,953	102,212
Northern Ireland		Northern Ireland	8	14	22	22	1,893,667	86,076
Scotland	Scotland	Scotland - East	4	1	5	5	417,470	83,494
		Scotland - North	6	6	12	12	979,310	82,992
		Scotland - South	8	8	16	16	1,396,640	89,528
		Scotland - West	11	8	19	19	2,669,880	142,015
Wales		Wales	8	16	24	23	3,152,879	137,680

Figure 7 Number of Gastroenterology HSTs by nation and region (unpublished data from RCP Workforce Unit)

Impact of COVID-19 on services and training:

The 2020 BSG Trainees Survey also focused on the impact of COVID-19 on training. In the first wave 88.5% of trainees reported no access to training lists⁸. 42% of trainees wish to consider extending their training in order to obtain any lost skill⁸. It is hoped that the successful roll-out of endoscopy academies will plug some of this gap. However, if the number of consultants who plan to take early retirements rises in tandem with the number current trainees choosing to extend their training further this may leave a crucial workforce gap at a time that our specialty is dealing with the outpatient and endoscopy backlog.

Recruitment:

There were 95 NTN posts filled (fill rate to be declared) and 8 LATs (fill rate to be declared) in 2022⁹. Recruitment with round 2 thought to be 12 posts (data yet to be published). It should be noted that there was a lower-than-normal number in the previous year due shape of training and changes in the curriculum from 5 yrs of training to 4 and the creation of IMT3 places. Between 2016-2020 on average 95.8 NTN numbers were released in both rounds on an annual basis⁹. This means that was on balance an increase of 12.5% in NTN numbers. It should also be noted that 10 posts were a one off in order to meet the demands of the Richard's report. The rest were due to a rise in the number of group 1 specialties as per the suggestions made by the GMC. It should be noted that this year there was a much lower than normal number of NTN posts offered in round 2 (data yet to be published). It is felt that this maybe due to the impact of COVID extending training, a mismatch in trainees extending OOP and a year without recruitment. It is important that we continue to see a sustained rise in Gastroenterology NTN numbers but this still falls well below a request by previous

reports to double the number of NTN numbers to meet the need of the increasing numbers of trainees who wish to work LTFT with the increases in women training in gastroenterology.

Whilst there has been an agreement to increase medical school places this will not impact on the workforce for another 10 - 15 years and the numbers calculated do not account for attrition seen during medical student and training years (~25%). The RCP "Double or quits" document estimated a need for an additional 7,500 medical students per year at the very least⁹ and 2021 figures suggest this should be increased to 15,000¹⁰.

Physicians Associates working in Gastroenterology

In the 2021 FPA census 790 physicians associates participated in this survey. Of this number 16 declared that they work in gastroenterology. This seems out of step with the 31% of consultants in the RCP 2021 census who declared that they work with PAs but it should be noted that this may include in the acute medical take which is where PAs predominate. 89% of consultants have noticed a benefit in working with this newly expanding part of the workforce. The benefits include: reliable presence in the department during trainee doctor changeover, continuity of care for patients, support for medical staff on the ward, improving wellbeing and morale among doctors by sharing workload, organisational knowledge maintained within team, a flexible workforce to meet the needs of department, improved patient experience and patient safety and their presence allows trainee doctors to attend more teaching. It should be noted that 94% of PAs when surveyed felt moderately to very satisfied about their work. 94% would recommend this role to another PA. The BSG WAG supports the expansion in numbers in physicians associates and is taking steps in its up and coming strategy to support development of this newly expanding part of the workforce to enable them to work within our specialty.

Impact of COVID-19 Recovery on Workforce, Work Load and Wellbeing

RCP census data showed that in 2021, mid-pandemic, our specialty was ranked sixth highest risk of burnout compared to other medical specialties¹. A cross-sectional survey was carried out last year by the BSG in autumn 2021 showed that 38% of those who contracted COVID-19 during the pandemic felt pressurised to return to work before they were ready with 44% of the workforce surveyed having an increase in their out of hours working¹¹. This increase in OOH working was particularly seen in BAME groups and newly appointed consultants¹¹.

92% of the workforce believe that the workforce is inadequate to manage the service backlog¹¹. The pandemic has changed the way we work forever but not necessarily for the better. Although the BSG recognises that working from home improves our green footprint within the NHS it has also had negative impacts on wellbeing causing high levels of feeling isolated due to remote working and the reduction in face-to-face patient contact made their job less fulfilling.

RCP census data demonstrated in 2021 that only 50% of consultants in our specialty and 42% of HSTs took their full annual leave entitlement¹. 54% of consultants feel that they have an excessive workload (compared with 45% of all physicians)¹. 89% of consultant gastroenterologists and hepatologists reported an increase in admin work over the last 2 years. 89% of consultants have a job plan and 85% of them had this agreed in the last 2 years¹.

The BSG survey demonstrated that there is more demand from our consultant body to work LTFT and the pandemic has created more opportunities to work flexibly. This was supported by the BSG in principle a position statement supporting flexible working that was released last year¹². Half of consultants surveyed retired early or planned to retire early. This will ultimately impact on our ability as a specialty to manage the backlog. It is key that the BSG creates strategies to support retiring members to return to work with job plans that support their retention.

Conclusion

Despite consultant expansion of 53% over the last ten years there has been a decrease in activity in substantive consultants of 8% this year¹. The number of NTN and CCTs has increased however our workforce has reduced the number of PAs they choose to work presumably to reduce the individual's risk of burnout. This is a key strategy to support workforce retention. In order to meet the needs of the aging population and the increased likelihood of newly qualified consultant choosing to work LTFT for work-life balance there needs to be significant expansion in NTN numbers. The BSG is currently commissioning work to look into exactly how much expansion is required.

There has been NHSE data demonstrates that endoscopy accounts for 182 640 of this backlog with 34.8% of patients waiting more than 6 weeks (NHSE data). The Richards report has an aspiration to improve and increase community cancer diagnostics¹³. This will require substantial increases in the workforce across the board from endoscopists to booking staff as well an increasing room availability in both endoscopy and outpatient clinics. It is concerning from a service perspective that there has been a reduction of 8% in PAs of substantive consultants. This could be due to either early retirement, consultants requesting to reduce their hours for either pensions penalties or for work/life balance. The reality on the ground is that gastroenterologists will need to reduce their GIM commitments in order to meet the demand to provide these specialty services in the short and medium term as well as expanding the consultant workforce.

With such a stretched workforce an increased focus on wellness and wellbeing needs to be considered. It is of great concern that 50% of consultant and 42% of HSTs did not use their full annual leave entitlement¹. The BSG survey highlighted that BAME and newly qualified consultants were disproportionately impacted with an increase in their OOH work during the pandemic¹¹. Between high rates of retirement and early retirement and overworking of younger new consultants a better strategy needs to be developed to support and retain the current workforce as well and focus on expansion.

The data also suggests that if there is huge variation in consultants per head of population for example four times as many patients per gastroenterologist in North Wales compared to central London. It is reasonable to conclude that unless this is likely to result in significant inequity of access to high quality gastroenterology and hepatology services. There is some light at the end of this tunnel in the form of the expansion of new medical schools in some of these areas however developing this workforce will take time but hopefully result in long-lasting benefits.

It should be noted that other parts of the workforce are expanding. HEE has invested heavily in clinical endoscopists whereby since 2016 434 have completed the programme (unpublished data). Physician's Associates are also increasing in number and the BSG would like to encourage heads of services to invest in this expanding part of the workforce.

The NHS Chief Executive, Amanda Pritchard, said recently in a conference: "We've got to make sure that the NHS receives the resources it needs to deal with the biggest backlogs in its history." This needs to be done in the form of an injection of both investment in human resources and services. In order to answer part of this question and respond to the workforce planning aspect of the new Health and Social Care Act 2022¹⁴ the BSG intends to write a Future Workforce Report as part of its long-term strategy to look into the broader workforce needs in gastroenterology for the next decade.

Acknowledgements:

I wish to acknowledge Christopher Phillips, Nina Newbery, Darin Nagamootoo and Dr Sarah Logan and Prof Nigel Trudgill (Royal College of Physicians Medical Workforce Unit) for conducting the RCP annual census and particularly for their support in writing this report. I would also like to thank Dr Misha Kabir and the survey team at SWiG for all the work they put into the BSG Wellbeing survey.

References:

1. Royal College of Physicians: Working differently in the shadow of COVID-19: the UK 2021 census of consultant, higher specialty trainee and SAS physicians
<https://www.rcplondon.ac.uk/projects/outputs/working-differently-shadow-covid-19-uk-2021-census-consultant-higher-specialty> Accessed November 2022
2. General Medical Council Data Explorer <https://data.gmc-uk.org/gmcdata/home/#/> Accessed 30th October 2022
3. Royal College of Physicians: Consultant Physicians working with patients.
<https://www.rcplondon.ac.uk/projects/outputs/consultant-physicians-working-patients-revised-5th-edition> Accessed October 2022
4. Office for National Statistics Population estimates
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/population> estimates Accessed on 30th September 2022
5. BSG workforce report 2021 <https://www.bsg.org.uk/workforce-reports/workforce-report-2021/> Accessed October 2022
6. Office for Health Improvement and disparities. Liver disease applying all our health.
<https://www.gov.uk/government/publications/liver-disease-applying-all-our-health/liver-disease-applying-all-our-health-fn:4> Accessed October 2022
7. Unacceptable failures: the final report of the Lancet Commission into liver disease in the UK. Lancet 2020; 395: 226–39
8. Raju SA, Harris R, Cook C, et al. UK-wide study of the opinions of gastroenterology trainees: COVID-19, Shape of Training and the future workforce. Frontline Gastroenterology 2022;13:386–391.
9. Physician Higher Specialty Training Recruitment
<https://phstrecruitment.org.uk/specialties/gastroenterology> Accessed October 2022
10. Royal College of Physicians briefing paper “Double or quits – calculating how many more medical students we need” <https://www.rcplondon.ac.uk/news/double-or-quits-calculating-how-many-more-medical-students-we-need> Accessed October 2022
11. Kabir M.¹, Matharoo M.², Brooks-Warburton J et al. BSG Survey on Impact of COVID-19 Recovery on Workforce, Workload and Wellbeing. Accepted for publication. Frontline Gastroenterology in October 2022.
12. BSG position statement on flexible working. <https://www.bsg.org.uk/workforce-reports/british-society-of-gastroenterology-position-statement-on-flexible-working/> Accessed October 2022
13. Diagnostics Recover and Renewal. Report for the independent review of diagnostic services for NHS England. October 2020. PAR242
14. Health and Social Care Act 2022. Part 1 Section 41. Report on assessing and meeting the workforce needs.

Abbreviations:

BLT – British Liver Trust
BSG – British Society of Gastroenterology
CCT – Certificate of Complete of Training
CSSC – Clinical Standards and Services Committee
DGH – District General Hospital
FPA – Federation of Physicians Associates
GIM – General Internal Medicine
GMC – General Medical Council
HEE – Health Education England
HST – Higher Specialty Trainee
IMT – Internal Medical Trainee
NTN- National Training Number
ONS – Office for National Statistics
PA – Programmed Activities
RCP – Royal College of Physicians
RCR – Royal College of Radiologists
UTH – University Teaching Hospital
WAG – Workforce Advisory group
WTE – whole time equivalent