British Society of Gastroenterology Workforce Report
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Key Points:

- On 27th October '22 there were 1941 substantive and locum consultant gastroenterologists and hepatologists in the UK, a 9.2% expansion from '21.
- 24% of consultants were female and 20% of consultants worked flexibly and or LTFT. The total flexible workforce increased by 5% on last year.
- The consultant workforce has expanded by 70% over the last ten years; mean yearly expansion is 6.3%.
- In the 2021 census 1 FTE substantive consultant served 40,510 people and in 2022 1 FTE substantive consultant served 42,815.
- Mean intended retirement age is reported at 62 with 49% reported to reach this age over the next decade. On average this is 74 retirements a year.
- Mean WTE PAs contracted per week were 11.54PAs and flexible PAs were 7.0PAs; Consultants reported working an additional 1PA a week. This is an increase of activity due to an increase in retiring consultants.
- 82% of advertised consultant gastroenterology and hepatology posts in 2022 were unfilled indicating expansion in substantive posts was significantly less than it could be.
- With the current predicted shortfall in workforce, predicted retirements and population growth (particularly in those over the age of 70yrs) we need much more than 9% expansion.
- On 30th September 2023 there were 660 gastroenterology and hepatology Higher Specialty Trainees in the UK. This is a reduction in number from 700 HSTs due to the shortened 4 yr syllabus in the advent of Shape of Training.
- Only 26% of newly qualified consultants surveyed intend to apply for a substantive post. The number of locums in the department has doubled.
- All Consultants over 65 yrs are now working LTFT or Flexibly. It is likely we are retaining the retired workforce.
- It would be appropriate to increase the numbers of ST4 NTNs recruited each year to address the consultant deficit and need for greater expansion.

ERROR in 2022 report. There was no reduction in consultant PA output last year. In fact there was a small increase but the overall consultant expansion was smaller than anticipated.

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 (2022), the British Society of Gastroenterology Trainees Section survey and the Medical Register of the General Medical Council (GMC).

Consultant Gastroenterologists and Hepatologists:

On 27th October 2022 there were 1941 substantive and locum gastroenterology and hepatology consultants in the UK[1], a 9.2% expansion from 30th September 2021 (Tables 1 and 2). 24% of consultants were women compared with 41% across all medical specialties[1]. This is an increase of 2% on last year's census. 20% of all consultants worked flexibly compared with 30% across all medical specialties. This is an increase of 5% on last year. There were 2297 doctors holding a licence on the GMC Medical Register who listed Gastroenterology as their main specialty[2].

Year	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
England	968	1082	1095	1170	1258	1290	1355	1388	1485	1511	1647
Scotland	93	99	105	109	113	106	107	108	109	110	126
Wales	51	54	56	59	58	59	65	68	70	72	80
N. Ireland	33	33	34	38	38	39	44	43	46	53	80
Total	**1145**	**1268**	**1290**	**1376**	**1467**	**1494**	**1570**	**1607**	**1700**	**1761**	**1941**

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

Year	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
England	4.1	5.8	5	6.8	3.4	2.2	5.0	2.4	7.0	1.8	8.3
Scotland	-0.9	3.7	9.9	4.9	-0.8	-6.2	0	1.9	-8.3	26.3	12.7
Wales	0	5.8	7.3	8.5	3.1	-1.7	10.2	4.6	2.9	2.9	10.0
Northern Ireland	2.9	-2.8	11.4	2.6	0	-2.6	12.8	-2.3	6.5	15.0	33.8
Total	**3.4**	**10.7**	**1.7**	**6.7**	**6.6**	**1.8**	**5.1**	**2.4**	**5.8**	**3.6**	**9.2**

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

Mean annual consultant expansion between 2012 and 2022 was 6.4% and despite variability year by year (Table 2 and Figure 1). The substantive gastroenterology and hepatology consultant workforce has expanded by 70% over the last ten years.

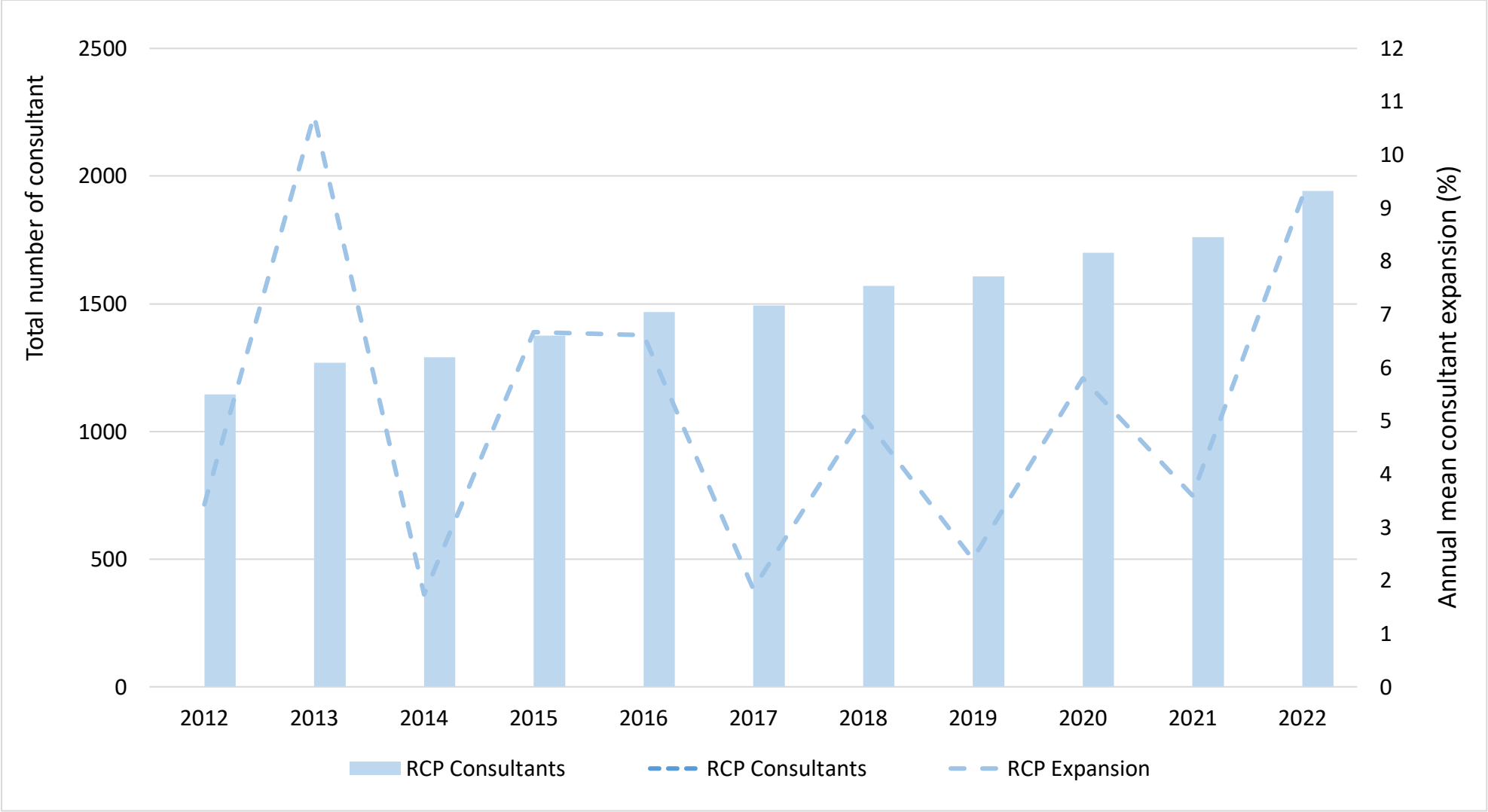

Figure 1 Trends in the number of substantive gastroenterology and hepatology consultants and annual mean expansion

Of the current workforce there are 388 LTFT consultants contracted to provide a median of 5.4PAs and 1552 WTE consultants contracted to provide a mean of 11.54PAs.[1] 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 24,378 PAs worked. Incorporating this additional workload equates to a current shortfall of 3,726 PAs.

This shortfall could be provided by an additional 322 WTE consultants or, if the proportion of flexible consultants remains static at 20%, by 280 WTE and 70 flexible consultants. This requires an immediate 18% consultant expansion (350 in total) and will only provide the substantive consultant workforce needed to meet current demand. It will not contribute towards the expected annual expansion required for population growth which in turn will lead to increasing demand 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 42,815 which does not meet the RCP estimate made in 2013 of 1 WTE per 41,667 population[3*]. The ONS population in 2022 is 67, 026, 307[4]. There remains considerable geographical variation with some populations much more poorly served such as London South, Northern England and Scotland.

*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.

Nation	NHS region	Sub-region	Female	Male	Total headcoun	Total FTEs	Population	Population per FTE
England	London	London - Central and North East	59	129	188	173	3,409,442	19,705
		London - North West	29	70	99	84	2,091,086	24,894
		London - South	18	50	68	18	3,296,100	183,117
	Midlands and East	East Midlands	26	101	127	121	4,880,094	40,369
		East of England	39	127	166	154	6,348,096	41,278
		West Midlands	38	134	172	164	5,954,240	36,353
	North	North West	48	182	230	216	7,093,525	32,851
		Northern	18	67	85	18	2,695,192	149,733
		Yorkshire and the Humber	27	92	119	115	5,761,781	50,199
	South	Kent, Surrey and Sussex	28	96	124	116	4,628,346	40,029
		South West	37	123	160	151	4,965,716	32,818
		Thames Valley	14	40	54	50	2,520,576	50,097
		Wessex	10	45	55	54	2,892,225	53,959
Northern Ireland		Northern Ireland	11	45	56	–	1,904,578	– –
Scotland	Scotland	Scotland - East	4	9	13	4	417,650	104,413
		Scotland - North	7	13	20	6	982,930	162,804
		Scotland - South	11	29	40	10	1,407,060	134,647
		Scotland - West	14	39	53	51	2,672,260	52,794
Wales	Wales	Wales - North	2	13	15	–	687,098	– –
		Wales - South	16	49	65	61	2,418,312	39,416
Unknown / various		Unknown / various	5	27	32	–	–	–
Total			**461**	**1,480**	**1,941**	**1,566**	########	**42,815**

Figure 2 Location of substantive gastroenterologist and hepatologist consultants in the UK with population per WTE consultant[1]

Equality and diversity:

The largest proportion of consultant gastroenterologists and hepatologists were aged between 45-49yrs; 12% were aged 60 years or older (Figure 3). There has been a 3% increase of consultants between 35-39. 24% of consultants were women, an increase from 15% in 2010.[1] This year there was a significant jump in LTFT/flexible working from 15 to 20%. As we can see from table 3 an increasing number of LTFT/flexible consultant start their post between 35-39yrs of

age with a jump in entry in 2022. This is a quarter of all new starters in this age group. In fact those who start a consultant post below age 34 yrs is predominantly male and whole-time. This years census is the first time we are seeing all consultants over 65 are working LTFT/flexibly. They are predominantly male.

59% identified themselves as white and 36% from a minority ethnicity; 95% were UK citizens. 70% graduated in the UK, 17% in Asia, 8% from the European Economic Area (EU, EEA, EFTA) and 4% from Africa. [1] These figures were similar to all medical specialties. Mean time since consultants gained their first substantive post was 13.6 years. [1] Mean time consultants had worked in their current post was 11.0 years.

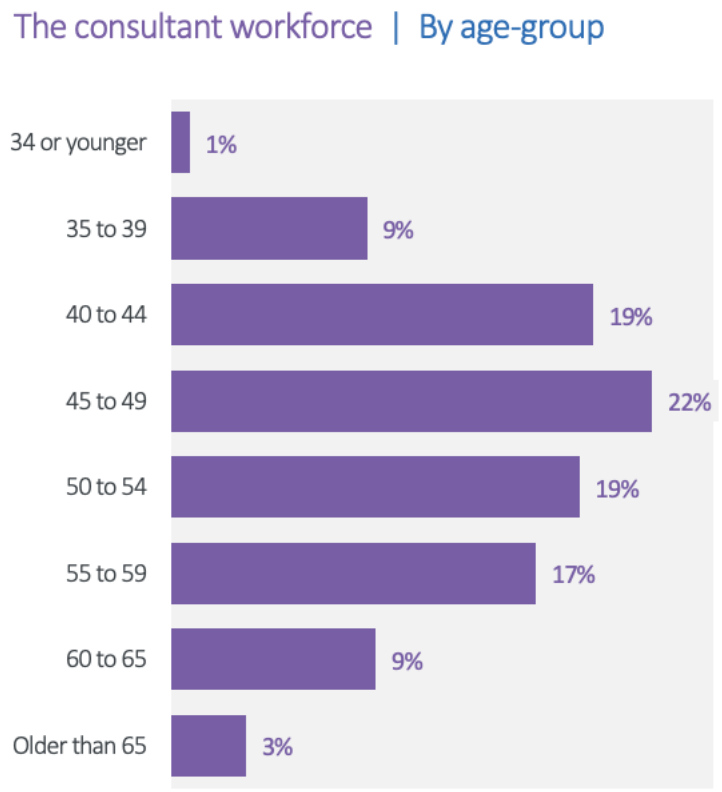

Figure 3 The consultant gastroenterology and hepatology workforce by age.

Percentage of Gastroenterology/hepatology Consultants						
Year	2017	2018	2019	2020	2021	2022
34 or younger	16.7%	0.0%	0.0%	0.0%	0.0%	0.0%
35 to 39	3.0%	6.8%	9.1%	9.3%	9.8%	26.1%
40 to 44	10.0%	10.4%	8.8%	8.9%	8.7%	3.2%
45 to 49	12.5%	10.0%	7.6%	8.0%	10.7%	12.4%
50 to 54	7.1%	7.6%	9.6%	8.8%	10.6%	10.3%
55 to 59	15.3%	13.1%	12.8%	15.9%	16.1%	17.3%
60 to 64	45.5%	41.4%	41.7%	42.9%	36.8%	51.4%
65 or older	77.8%	83.3%	78.9%	58.3%	63.6%	100.0%
All consultants	1,494	1,570	1,607	1,700	1,761	1,941
LTFT (total)	13.4%	13.6%	13.8%	14.3%	15.5%	19.5%
Estimated LTFT / flex consultants	200	214	221	244	272	379

Table 3 Table showing changes in age of LTFT/Flex working overtime of respondents to RCP census 2022 (unpublished data)

Retirements:

The 2022 RCP census reported mean intended retirement age for consultant gastroenterologists and hepatologists as 62 years (61.2y for females and 61.8y for males) with 49% estimated to reach this age over the next decade. [1] This suggests between 25% and 52% consultants are expected to retire over the next 10 years (Figure 4). Two hundred and seven consultants in 2023 have already reached intended retirement age. (Figure 5). In the next decade 947 consultants will reach mean intended retirement age, on average 74 intended retirements per year. This has decreased from a British Society of Gastroenterology Workforce Report 2021 average of 77 retirements per year in last year's report[5]. All consultant who are working over 65yrs are LTFT/Flexible. The number of NTNs is fixed therefore the number attaining a CCT is also fixed at around 100 per year with an increasing number choosing to work LTFT. This number is probably only going to be enough to replace retiring consultants limiting expansion. We therefore need to retain existing consultants (from leaving or retiring) and recruit from elsewhere e.g. overseas or advocate for an increase the number NTN posts.

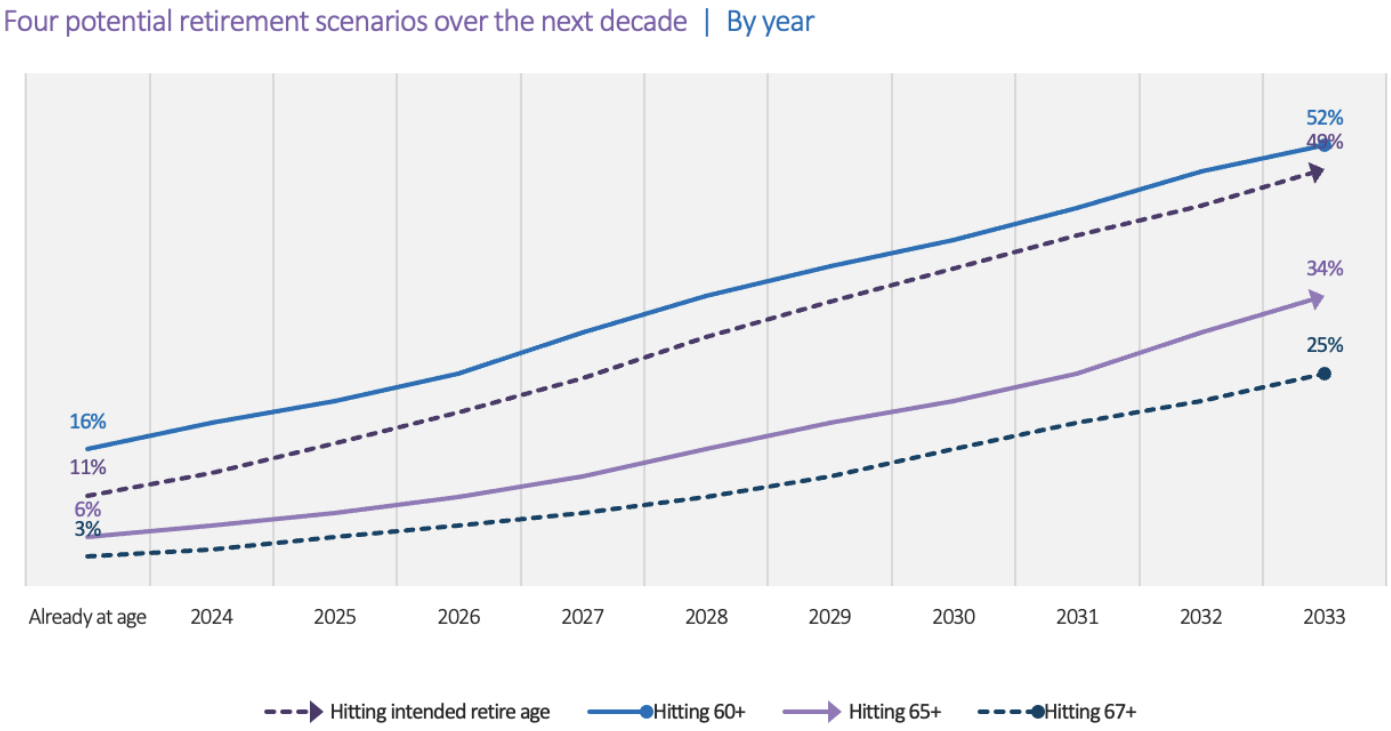

Figure 4 Potential retirement scenarios over the next decade

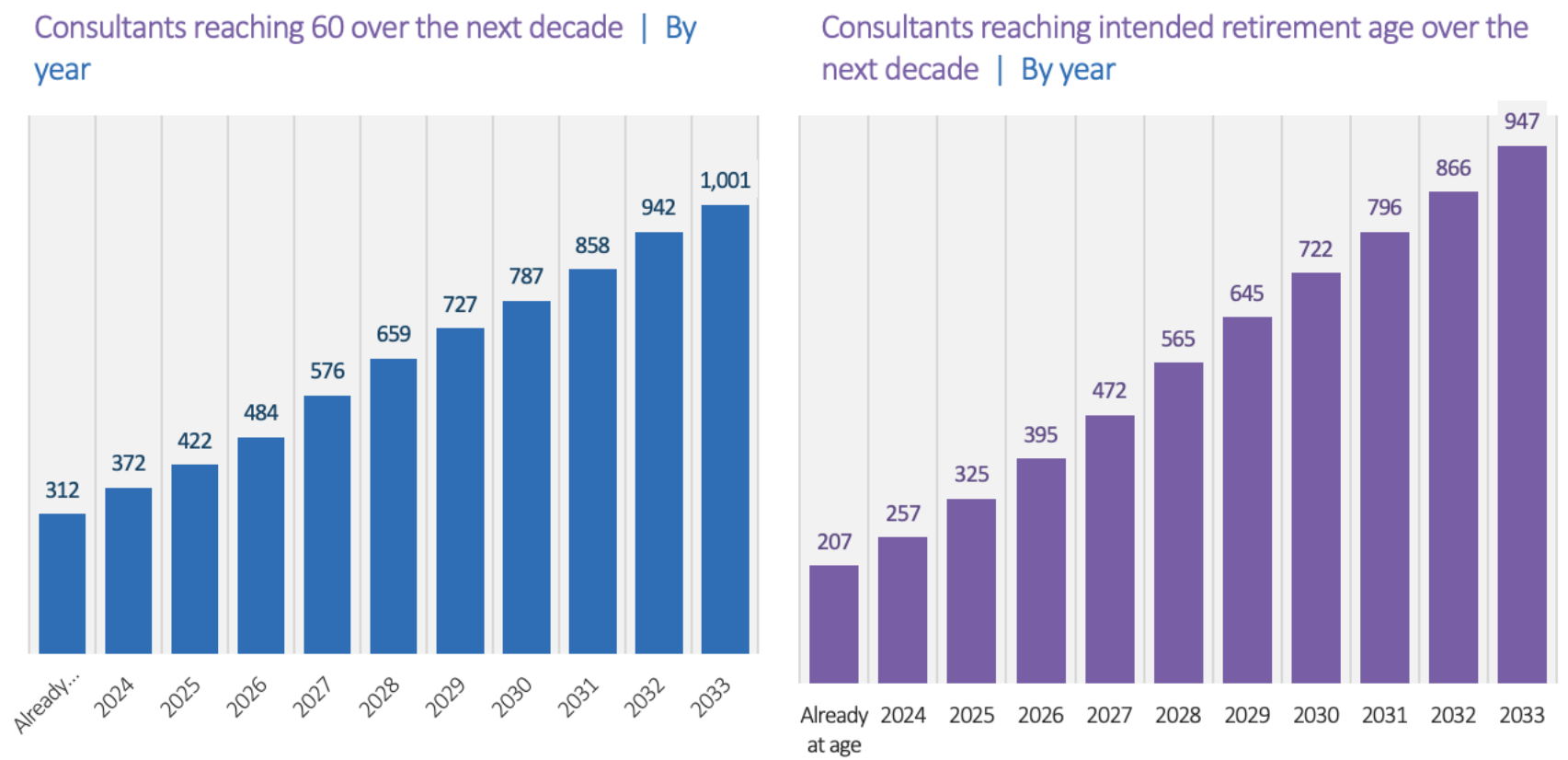

Figure 5 Consultants reaching 60 and intended retirement age over the next decade

The Size of the Backlog

According to data from NHS England we are the medical specialty with the most patients waiting to start treatments in England.[6,7] Figure 6 gives us an idea of the demands in our OP services that we have been unable to meet. Currently 40% of patients have spent longer than that on the waiting list.[6] This chart demonstrates that we do not currently have enough workforce to meet the increasing demand on our outpatient services.

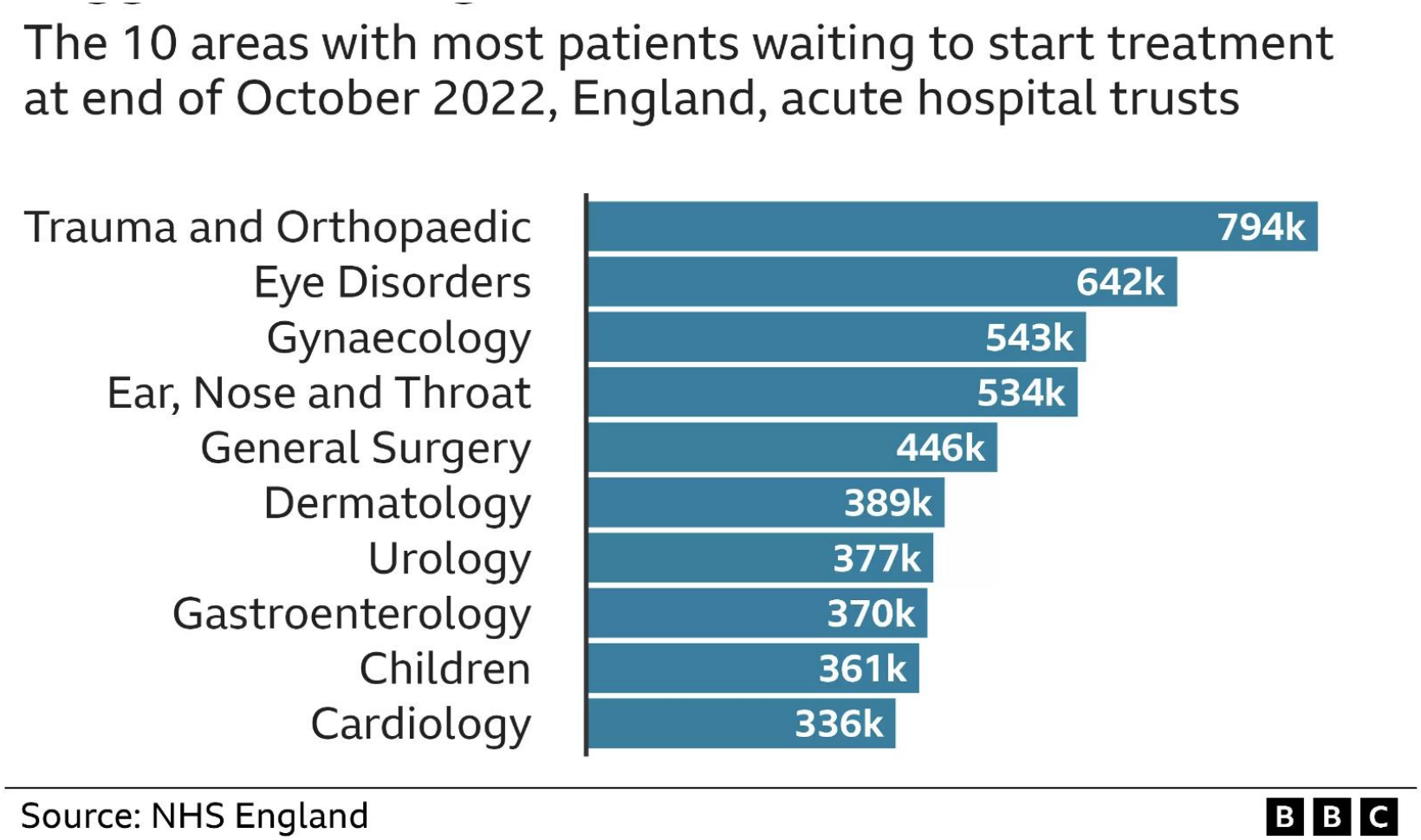

Figure 6 Top ten specialties waiting lists at the end of October 2022

Our endoscopic services are also found in the top 15 diagnostic tests in NHS England.[8] (Table 4)

Commissioner level data

Diagnostic ID	Diagnostic Test Name	Total Waiting List	Number waiting 6+ Weeks
	Total	1,549,994	425,821
1	Magnetic Resonance Imaging	281,358	59,101
2	Computed Tomography	169,639	25,124
3	Non-obstetric Ultrasound	547,244	137,527
4	Barium Enema	1,753	100
5	DEXA Scan	62,035	21,533
6	Audiology - Audiology Assessments	83,667	26,590
7	Cardiology - Echocardiography	156,435	67,190
8	Cardiology - Electrophysiology	648	128
9	Neurophysiology - Peripheral Neurophysiology	25,033	5,076
10	Respiratory Physiology - Sleep Studies	21,340	7,493
11	Urodynamics - Pressures & Flows	7,888	3,656
12	Colonoscopy	80,881	32,119
13	Flexi Sigmoidoscopy	26,159	10,455
14	Cystoscopy	21,683	7,419
15	Gastroscopy	64,231	22,310

Table 4 Waiting times and activity for diagnostic tests and procedure in NHS England Oct 22 [8]

Required Expansion

Mean yearly consultant expansion over the last 10 years was 6.4% (Figure 7). How much consultant expansion we will need over time will depend on how we utilise new ways of working which may include a greater utilisation of the wider workforce.

It should be noted that we have had a large increase in consultant numbers this year. There was a lower than usual increase in numbers last year and as such we have caught up this year. The 35-40 age group are increasingly working LTFT/Flexibly. There appears to be a trend post COVID for a longer delay to applying for a substantive consultant post which is reflected in the post-CCT census data. (unpublished data from RCP Workforce Unit). As the number of retirements is rising rapidly each year, potentially 257 next year, reflecting the expansion in consultant numbers in 1995 onwards, appointments are unlikely now to even be replaced and little to no expansion in substantive posts. It is also likely that more popular Trusts will continue to expand leaving a reducing workforce at other Trusts as consultants retire, which will have implications for service provision and design and widen health inequalities in under-doctored regions.

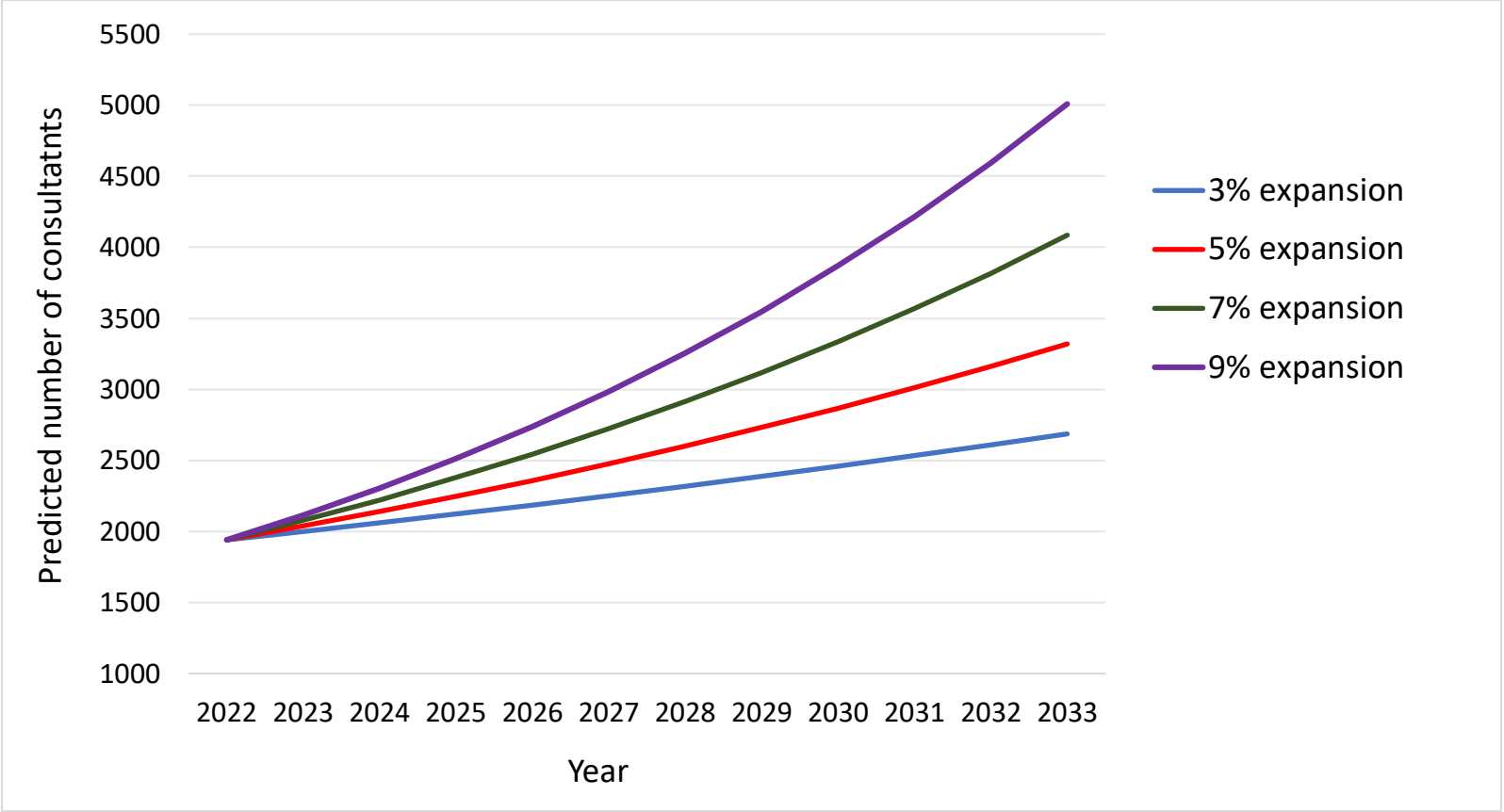

Figure 7 Graph showing consultant expansion at 3%, 5%, 7% and 9%

Consultant Hepatologists:

Of the 1,941 substantive consultants there were 243 consultants who identified hepatology as their main specialty[1]. 25% were female. Over the last 5 years there has been a 58% expansion in consultant hepatologists. It should be noted that the RCP workforce unit has changed the way it collected this data in this year and intends to return to the original method next year. The 2019 BSG Workforce Report[5] identified the average UK hepatologist serves a population of 525,734.[5] In the document "Remeasuring the Units" it was noted that Alcohol-related liver disease (ARLD) is an ongoing health concern[9]. In 2021, 74% of deaths from ARLD occurred in hospital. Furthermore, during the COVID-19 pandemic, rates of alcohol intake at potentially harmful levels increased markedly. Public Health England (PHE) reported that between March 2020 and March 2021, there was a 58.6% increase in people reporting that they were drinking at increasing

and higher-risk levels and the number of deaths from ARLD has also risen during this time, highlighting the urgent need to prioritise care pathways for patients with ARLD. The Lancet Commission in 2019 reported that the UK needs 0.8WTE consultant hepatologists per 100,000 population[10]. This equates to a total of 776 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 trained[7]. Due to the simultaneous deficit in gastroenterologists this can only be achieved by a significant increase in the total number of Gastroenterology NTNs, thus increasing the number of Certificate of Completion of Training (CCT)s awarded annually.

Consultant gastroenterologist and hepatologist and wider workforce appointments:

On 1st September 2020 82% of advertised consultant physician posts were unfilled, with an average of 2.5 WTE vacancies reported as unfilled and 66% of gastroenterology and hepatology consultants reported unsuccessful attempts to appoint to a consultant post[1]. There has been an increase in locums reported by substantive consultants in the department in this census year from 0.8WTE (census 2021) to 1.9FTE. Also 66% of respondents reported a consultant vacancy in their department. Consultants are now reporting more than twice the WTE locums in the department compared to last year's workforce report. This may account for the increase in overall consultant expansion this year. 21% are employing another healthcare professional other than a consultant. (Figure 8)

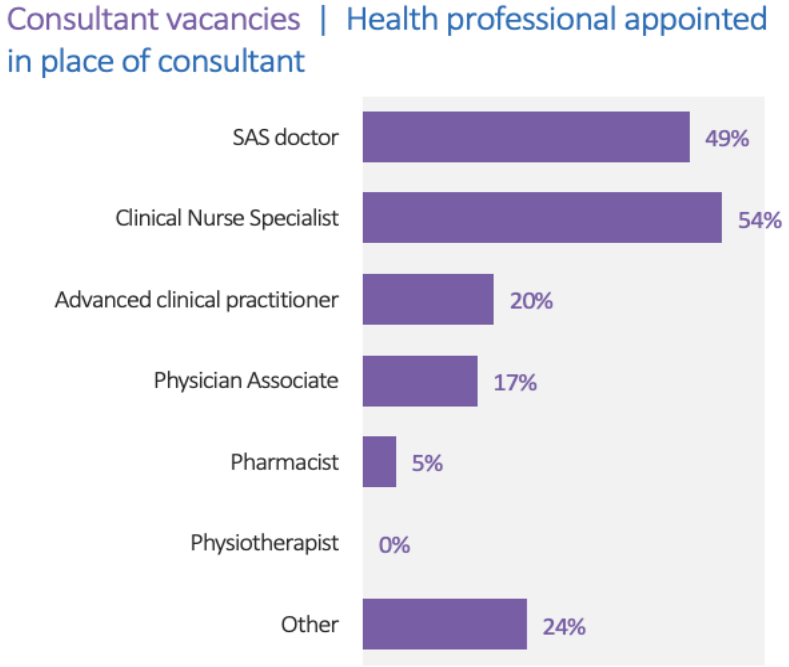

Figure 8 Healthcare professional appointed in place of consultant

BSG Trainees Survey [11]

The RCP only surveys higher specialty trainees every other year. As such information this year is reported from the BSG Trainees section.[11] It should also be noted that this year Shape of Training has been implemented and the gastroenterology and hepatology curriculum has now been shortened from 5 years to 4 yrs. 40% of the 660 trainees in gastroenterology and hepatology replied to the survey. 38% were female and 19% were LTFT which is an increase on the RCP HST survey from previous year. 47% were white compared to 59% in the consultant group in the RCP survey. 31% identified at Asian or British Asian, 5.6% were Black in origin and 11% were mixed or from multiple ethnic groups. This year the trainees chose to survey sexual preference and 86% identified as heterosexual, 5.6% as gay, lesbian or bisexual and 7.6% preferred not to say.

Ways of working that impact trainees well-being and protecting against burnout
11% of trainees were out-of programme and as such extending their training. Reasons for pursuing this pathway included sub-specialist interest development (77.8%), curriculum vitae enhancement (69.1%), work-life balance (39.7%,) and concerns about burnout (30.2%). Of the 50 respondents working less than full time, almost half (48%) chose this pathway for improved work-life balance, whereas 24% did so due to concerns about burnout. Looking toward the future, 34.8% (63/181) of whole-time respondents are considering going LTFT, mostly due to work-life balance (68.9%), family and friends (44.6%) and concerns about burnout (41.9%). (Unpublished data from BSG Trainees section survey)

Almost half (47%, 117/249) plan to undertake a post-CCT fellowship. As a result of the pandemic, more than half of respondents (52.5%, 104/198) reported needing to make up for missed training opportunities with post-CCT fellowships (26.3%, 52/198), time OOP (15.2%, 30/198), or extended training (12.1%, 22/198). Amongst respondents interested in hepatology, 62.5% (65/104) perceived barriers with the application for an advanced training post (ATP), citing concerns regarding caring responsibilities and geographical relocation.

44% of respondents would prefer to work LTFT as a consultant compared to 32% in 2020. Female respondents indicated a greater preference compared to their male counterparts (64.9% vs 29.9%, $p<0.001$) and this gender difference persisted even for female respondents without caring responsibilities. 57.4% of respondents would be willing to move to another region for a consultant post. This is in stark contrast to 2018 when 59% of trainees preferred to remain in their region.

Recruitment and CCT data (including CESR data):

109 NTN posts were filled in 2022 in round 1 and 2.[12] This year 90 NTN posts were advertised in round 1 and 17 in round 2. This is a small decrease on last year but in line with the overall trend of an increase in NTN numbers whereby prior to shape of training between 2016-2020 on average 95.8 NTN numbers were released in both rounds on an annual basis.[12]

During 2022, 108 CCTs were awarded in gastroenterology and hepatology (unpublished data from RCP Workforce Unit). This is an increase of 8% on last year and on average of 95 CCTs were awarded annually in the last 5 yrs. Only half of CCTs responded to the survey. Only 10% of the surveyed CCT holders identified as female. This is in stark contrast to an expected 35% percentage being female in this CCT year group. In the overall RCP group 51% of those surveyed identified as female. Only 27% applied for a substantive consultant gastroenterologist post in this round compared to 70% across the whole RCP. None of the applicants felt discriminated against versus 7% across the RCP and 11% in the gastro data last year. Only 6% of the newly qualified consultants surveyed trained LTWT at some point in their training versus a quarter last year. There appears to be a trend for newly qualified CCT holders not applying for established post and more sharply in those that are female and LTWT.

In past year 12 applications have been made to the JRCPTB for CESR posts.(unpublished data from JRCPTB) 6 were granted. The majority of applications came from applicants whose primary qualification was from India. Much progress has been made by the Gastroenterology SAC committee to streamline this application process so that is now a much less laborious and easier for assessors to make objective decisions with the appropriate evidence sourced by the JRCPTB team.

Clinical Endoscopists

This is an ever expanding part of our workforce as we try to get on top of the backlog of endoscopic procedures.[8] NHS England has trained 501 clinical endoscopists (CE) since 2016. Of those training 86 are predicted to be independent by the end of the third quartile in 2023. It currently has plans to continue and expand training through 2023/24 and 2024/25 and have committed that 75 clinical endoscopists will commence training in 23/24.(unpublished data).
In Wales, WAGE currently report 34 CE, 3 of which are awaiting JAG accreditation and there are plans for four trainees to start this year. (unpublished data)
Scottish data is awaited. Northern Ireland does not report having a clinical endoscopist programme.

How we are working, sickness rates and feeling valued at work:

Annual leave and sick leave
We are currently in the midst of a workforce crisis and as such the pressure to perform to the high standards set by the BSG is quite challenging. Rates of moral injury are likely to be high. This is leading to 49% of consultants not taking their full annual leave entitlement and 31% of these consultants stated that they could not find clinical cover for their work[1]. Both these figures are higher than the RCP average figure. 48% have taken time off for an unexpected illness in the RCP census year 2022 and in particular 69% took time off for COVID[1]. However, 90% of consultants felt the team supported them when they were on sick leave. 64% of gastroenterologists and hepatologists were contacted about work when on annual leave.[1]

Rota Gaps and locums
Substantive consultants report 2.5 WTE consultant vacancies in their department but only 1.9 WTE locum consultants in the department and 77% of consultants report gaps in their trainee rotas daily or weekly. [1] 79% feel these gaps in their rota impact on clinical care. [1] Again these figures are higher than

the RCP average. 22% of gastroenterology and hepatology consultants are at risk of burnout and 19% in the RCP overall. 56% feel they have an excessive workload. 65% would like to work fewer PAs in the future. This is well above the RCP average of 56%.[1]

Remote Working

84% of our medical workforce work remotely and 79% have IT equipment provided by their work place. [1] This figure rises to 90% in consultants under the age of 40 yrs who do work remotely. The most common work consists of administrative work related to patient care and CPD. 51% of those who do not currently work remotely would like to in the future. [1]

Interestingly, in the LTWT female demographic, 91% work remotely but only 77% have IT equipment provided by their work place. All 5 LTWT female consultants under the age of 40 have access to remote working and complete all their admin from home. [1]

Feeling Valued, Specialty and GIM satisfaction rates and Leadership roles

75% feel valued by their medical colleagues and 81% feel valued by their patients and 86% feel always or often satisfied with their specialty. [1] Only 16% of gastroenterologists and hepatologists felt satisfied with general internal medicine which is significantly less that the 33% satisfaction rate across all specialties.

45% of consultant gastroenterologists and hepatologists report being in a leadership role in addition to clinical leadership of teams. This is below the RCP average. 76% felt that this role was valued by their specialty colleagues. 75% of leaders enjoy their job more due to their leadership role which is above the RCP average. [1]

Conclusion

We are still in the midst of an NHS workforce crisis. NHS England medical director Prof Sir Stephen Powis said: "The NHS has simply never seen this kind of industrial action in its history."[13] This is a reference to both junior doctors and consultants striking in September. The reality is that both the medical and wider workforce have been striking not just about pay but the state of the high volume, highly intensive and under-workforced environment we are in.

Despite consultant expansion of 70% over the last ten years we have the biggest medical backlog for patients waiting to receive treament.[6,7] There is now high retention rates in our retiring colleagues who have returned to work[1] but a new trend amongst newly qualified consultants is appearing. They do not appear to choose to apply for substantive posts but instead appear to be choosing to locum (unpublished RCP CCT data) or take up a post-CCT fellowship instead[11]. Fewer LTFT and female consultants appear to be responding to the post- CCT survey. It should also be noted that 82% of advertised consultant gastroenterology and hepatology posts in 2022 were unfilled.[1] Their reasons for doing so are outlined in the BSG trainees survey data where well-being is the highest factor for this change in working pattern. In the meantime the squeezed middle continues to strike and is likely to be taking on a bigger volume of acute work as more and more gaps appear in their rotas.[1]

New CCT holders may be choosing to defer applying for a substantive post for a variety of reasons. It may be to protect against burnout[11] but also because our trainees have the lowest ESBGHE exam results in Europe (unpublished data). It may be that we need to support trainees even further in the shortened training programme and the BSG trainee section is due to initiate a gastroenterology calculator to objectively collect data on time spent doing service work running general medical on-calls as this is impacting on the time they are spending training in working hours gaining their specialty gastroenterology competencies. The voice of the collective is more powerful than that of the individual. The calculator is overwhelmingly supported by the BSG Training committee. It was agreed in the new curriculum with the JRCPTB that gastroenterology trainees would spend only 25% of their time providing GIM service work but there is a swell of opinion that this agreement may not be honoured equitably across all training posts. As they extend their time to applying for a substantive post and increase their experience to become more specialised they may increase their chances of getting a substantive post in a tertiary referral centre. This is seen in the latest BASL trainee survey showing that trainee preference for future hepatology consultant posts in specialist liver centres were almost threefold higher compared with district general hospitals (60.9% vs 22.6%).[14]If this trend continues it is likely that health inequalities experienced by regions with low doctor to patient ratios will rise and cause widening rota gaps in these hospitals.[1]

Wellbeing is also an important factor in workforce retention amongst consultants in the RCP census this year. Leadership roles and practising specialty roles provided high satisfaction rates in those surveyed.[1] General medicine continues to produce a poor satisfaction rate amongst consultant gastroenterologists. [1] Consultants and particularly newly qualified female LTFT consultants are choosing to work remotely potentially to improve their work/life balance. It is possible that this may also present a risk as admin and emails may take over their evenings and weekends.

There is evidence of increasing investment in the wider workforce with an overall increase in numbers of clinical endoscopists in 3 of our 4 nations. It is likely that the current political situation is impacting on improvements in healthcare across Northern Ireland. Respondents to the RCP survey revealed 7 more physician associates have been appointed in place of a consultant.[1]

The demographic of consultants is likely to change over time as more women and those who choose to work LTFT increase in number.[1] If future numbers of consultants are limited, each sub specialty will need to attract this demographic. Currently the number of hepatologists in this demographic is above average.[1] Early data shows that 95% of ERCPists are male and 37% nearing retirement and performing both UGI and lower GI therapeutic procedures (unpublished data from BSG ERCP/EUS ISQ). This expectation cannot be met by this new demographic. Upskilling our current ERCP workforce might close the gap in the short to medium-term but a longer term sustainable solution also needs to be found which will enable the changing demographic of the incoming gastroenterology workforce to meet the increasing demands seen by the OP backlog data.[7,8] Most female substantive consultants work a full-time slot on the acute gastroenterology, GIM and GI bleed rota and as such they would need to work full-time to maintain their KPIs in both upper and lower GI therapy. However when you choose to work LTFT with a full-time slot on the rota, your job plan is disproportionately in favour of the acute workload and as such you have fewer OP PAs to perform endoscopies. If the bar was to change, and the focus during training was in ERCP alone, perhaps the BSG could utilise the changes in the curriculum or create a new branch of hepato-biliary medicine to enable a more diverse group of trainees to choose a career in ERCP. Numbers of ERCPists may increase and fill the widening long-term gap in this highly experienced sub-specialty workforce.

The President of BASL has recently supported a paper to look at the standards required to deliver OP cirrhosis services.[15] The IBD standards community would like to embark on the design of KPI's for IBD service delivery.[16] As the workforce lead I am concerned as to how these standards can be delivered in

the current under-workforced environment and in view of the OP backlog data.[10] When polled, members of our society did support the concept of the BSG investing money into a BSG workforce strategy and a future workforce report at BSG live '23. (unpublished data). Perhaps we should aim for an increase in workforce numbers to provide gastroenterology and hepatology services in the advent of the publication of the NHS workforce plan[12] before implementing these changes in delivery of OP services.

The BSG is in the process of embedding workforce issues into its overall Strategy. Hospital episode statistics (HES) that are currently utilised by NHS long-term workforce plan in its predictive modelling[17] did not include the OP backlog [7] and diagnostics backlog data[8] and as such any predictions using purely HES data may not produce an accurate prediction of future medical and wider workforce numbers. When we realise the OP backlog[7] the demand on the diagnostics backlog will also grow significantly. If we are to predict what workforce numbers gastroenterology and hepatology services will need to meet the demand in the increasingly growing numbers of multi-morbid patients due to appear in the next ten years.[18] As the baby boomer population retires, the BSG may need to utilise all these sets of data in any future workforce recommendation as part of its reply to the NHS long term workforce plan. [17]

Hopefully, in the future when the NHS long-term plan is implemented, we can aspire to the optimum numbers required in medical and wider workforce to deliver the high standards of care that the BSG outlines in all of its guidelines. This may in turn might improve the well-being and retention of the workforce[19] we have invested in.

Acknowledgements:

I wish to acknowledge Christopher Phillips, Nina Newbery, Darin Nagamootoo and Dr Sarah Logan and (Royal College of Physicians Medical Workforce Unit) for conducting the RCP annual census and particularly for their support in writing this report and the BBC, NHS England, the GMC, JRCPTB, WAGE and BSG ERCP/EUS ISQ for sharing data that they have collected which is showcased in this year's report.

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Abbreviations:
BASL – British Association for the study of the liver
BLT – British Liver Trust
BSG – British Society of Gastroenterology
CCT – Certificate of Complete of Training
CE – Clinical Endoscopists
CESR - Certificate of Eligibility for Specialist Registration
CPD – Continuing professional development
CSSC – Clinical Standards and Services Committee
ESBGHE-European Section and Board of Gastroenterology and Hepatology Examination
GIM – General Internal Medicine
GMC – General Medical Council
HEE – Health Education England
HES – Hospital Episode Statistics
HST – Higher Specialty Trainee
IMT – Internal Medical Trainee

KPI – key performance indicators
LTFT – less-than-full-time
NHS – National health service
NTN- National Training Number
ONS – Office for National Statistics
PA – Programmed Activities
RCP – Royal College of Physicians
WAGE – Workforce Association for Gastroenterology and Endoscopy
WTE – whole time equivalent