

British Society of Gastroenterology Workforce Report 2024

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Key Points:

- On 15th November '23 there were 2097 consultant gastroenterologists and hepatologists in the UK, an 8.0% expansion from '22.
- 26% of consultants were female and 18.9% consultants that responded to the RCP census reported LTFT working.
- The return rate of the RCP census amongst gastroenterologists has dropped to 15% (16.6% across all specialties)
- The consultant workforce has expanded by 65% over the last ten years; mean yearly expansion is 7.2%.
- Mean intended retirement age is reported at 62 with 54.41% reported to reach this age over the next decade.
- 74% of respondents to the RCP census reported a consultant vacancy in their department and increase from 59% of respondents in the previous census year
- On the 31st of December 2023, there were 611 (234 female and 377 male) gastroenterology and hepatology Higher Specialty Trainees in the UK (information supplied by JRCPTB)
- Only 28% of newly qualified consultant respondents to the RCP post CCT survey intend to apply for a substantive post.
- 76% Consultants over 65 yrs surveyed continue working LTFT or Flexibly. This is the same figure as last year demonstrating we continue to retain our retiring workforce
- Objective and credible mathematical modelling suggests we should be offered 34 additional NTN's annually for the UK as whole if a moderate demand scenario is realised.

This year's workforce report is slimmed down due to both CSSC's focus on "Getting Ahead of the curve"¹ and the RCP census² return rate of 16.6% overall of all its membership and 15% return rate in Consultant Gastroenterologists and Hepatologists specifically³.

The Future Workforce Report¹ (Click link) will provide openly available, objective and credible data regarding its vision of how the BSG's membership should look like in the future in order to provide sustainable services over the next two decades. This meets with its charitable aims to provide high standards of care to all our patients as described by the BSG's internationally recognised guidelines.

Introduction:

The BSG Workforce Report collates data from the Federation of Royal Colleges of Physicians from the 2023 Census², and the Medical Register of the General Medical Council (GMC)³. From this year we will also include data from the BSG's membership register⁴ and continue to use NHS E data^{5,6} to demonstrate demands on our OP waiting lists times and diagnostic services waits.

The BSG AWR continues to utilise NHSE data on trainee clinical endoscopists⁷ and this year a snapshot of our medical and wider workforce numbers in IBD through IBD UK benchmarking 2023⁸. Further data demonstrating a near complete set of independent endoscopy workforce numbers through NED2 2023 data and the latest BASL services demonstrating the wider hepatology workforce can be found within "Getting Ahead of the Curve" on the BSG website by clicking here¹ (click link to be added when BSG Exec approves report).

Consultant Gastroenterologists and Hepatologists:

On 15th November 2023 there were 2097 gastroenterology and hepatology consultants in the UK³, an 8% expansion from 2022 (Tables 1 and 2). In this year's RCP census², 261 out of 304 consultant respondents declared they had a substantive post and 10 respondents reported to be in a locum post.

26% of consultants were women an increase of 2% on last year compared with 41% (remains static on last year) across all medical specialties³. 18.9% of all responding consultants worked LTFT.

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
England	1082	1095	1170	1258	1290	1355	1388	1485	1511	1647	1778
Scotland	99	105	109	113	106	107	108	109	110	126	154
Wales	54	56	59	58	59	65	68	70	72	80	77
Northern Ireland	33	34	38	38	39	44	43	46	53	80	65
Total	1268	1290	1376	1467	1494	1570	1607	1700	1761	1941	2097

Table 1 Number of UK gastroenterology and hepatology consultants by year from RCP census data⁴.

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
England	5.8	5	6.8	3.4	2.2	5.0	2.4	7.0	1.8	8.3	8.0
Scotland	3.7	9.9	4.9	-0.8	-6.2	0	1.9	-8.3	26.3	12.7	22.2
Wales	5.8	7.3	8.5	3.1	-1.7	10.2	4.6	2.9	2.9	10.0	-3.8
Northern Ireland	-2.8	11.4	2.6	0	-2.6	12.8	-2.3	6.5	15.0	33.8	-18.8
Total	10.7	1.7	6.7	6.6	1.8	5.1	2.4	5.8	3.6	9.2	8

Table 2 Annual expansion (%) of UK gastroenterology and hepatology consultants by year from RCP census data.⁴

Mean annual consultant expansion between 2013 and 2023 was 5.6% and despite variability year by year (Table 2). The substantive gastroenterology and hepatology consultant workforce has expanded by 65% over the last ten years⁴.

LTFT consultants who responded to the survey reported a median of 5.5PAs and reporting FT consultants contracted to provide a mean of 11.2PAs.⁴ The FT median PAs is reduced on last year from 11.54 PAs reflecting that respondents to the survey may be reducing the hours of work they are contracted to provide. Uncontracted LTFT median reported PAs are 6.13 and FT reported median PAs are 12.0 which demonstrates that reporting consultants are not offering as much uncontracted overtime which has been as much as 1 PA year on year since the RCP annual census 2019.

This year the BSG has commissioned a mathematical modelling team to objectively and credibly calculate our future medical workforce numbers. For the UK as a whole in order to meet the 20-year demand would require 34 additional trainees annually under the 1.8% demand scenario and 78 additional trainees annually for the 2.4% demand scenario. For more detailed information please click here to read “Getting Ahead of the Curve”.

Retirements

The 2023 RCP census reported the mean intended retirement age for consultant gastroenterologists and hepatologists as 62 years (61.5y for females and 62.6y for males) with 43% are estimated to reach this age over the next decade⁴. See below table 3 and 4 for projected year on year figures depending on consultant age for likely retirement scenarios.

Year	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033
Total N. of consultants	46	54	68	83	78	67	58	67	78	71
Gender F/M	5 F 41 M	5 F 41 M	15 F 53 M	16 F 67 M	22 F 56M	10 F 57 M	5 F 41 M	12 F 55 M	15 F 63M	20F 51 M

Table 3 Consultants reaching 60 and intended retirement age over the next decade including gender data (F female M male)⁴

Year:	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033
Total N. of consultants	25	33	40	42	60	46	54	68	83	78
Gender F/M	2 F 23 M	4 F 29 M	2 F 38 M	7 F 35 M	6 F 54 M	5 F 41 M	8 F 46 M	15 F 53 M	16 F 67 M	22 F 56 M
Year:	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033

Table 4 Consultants reaching 65 and intended retirement age over the next decade including gender data (F female M male).⁴

Regional variation of consultants:

For the 2023 breakdown please see table 5.⁴

Table 5 Breakdown of Gastroenterologists and Hepatologists by country, region and gender.

Nation	NHS Region	Sub-region	Female	Male	Headcount
	London	London - Central and North East	61	136	197
		London - North West	31	80	111
		London - South	19	53	72
	Midlands and East	East Midlands	27	108	135
		East of England	43	126	169
England		West Midlands	42	148	190
	North	North West	54	193	247
		Northern	22	78	100
		Yorkshire and the Humber	32	110	142
	South	Kent, Surrey and Sussex	32	96	128
		South West	40	130	170
		Thames Valley	18	41	59
		Wessex	11	47	58
None				3	3
Northern Ireland		Northern Ireland	11	54	65
Scotland	Scotland	Scotland - East	5	11	16
	Scotland	Scotland - North	9	16	25
	Scotland	Scotland - South	11	36	47
	Scotland	Scotland - West	22	44	66
Wales	Wales	Wales - North	3	14	17
		Wales - South	17	43	60
Unknown/Variou		Unknown / Variou	2	18	20
Total			512	1585	2097

For comparison regarding the FTE head count covered by each geographical location in 2022 please see the heat map found in the BGS's future workforce report¹. (click link) For the raw data please refer to the corresponding appendix.

The Size of the Backlog

Although the numbers of diagnostic endoscopies waiting greater than 6 weeks appears to be slowly returning to pre-pandemic levels (figure 1)⁶ our outpatient backlog appears to be growing (figure 2)⁷.

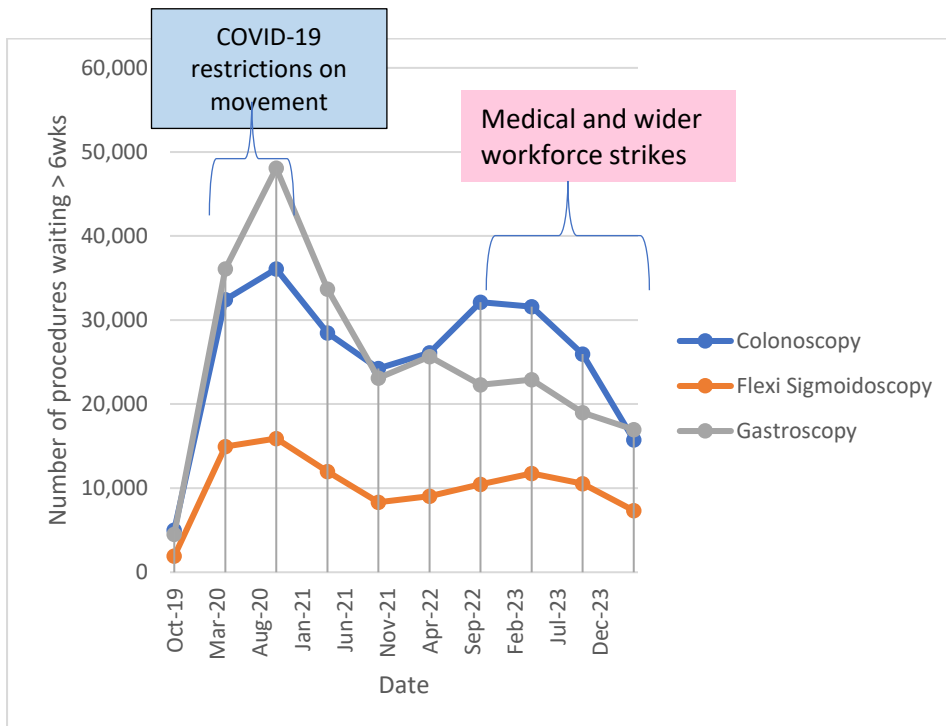


Figure 1 Number of Endoscopic Procedures waiting greater than 6 weeks utilising 6 monthly data since October 2019 highlighting periods of time whereby there were restrictions on movement during the COVID-19 pandemic and workforce strike⁷

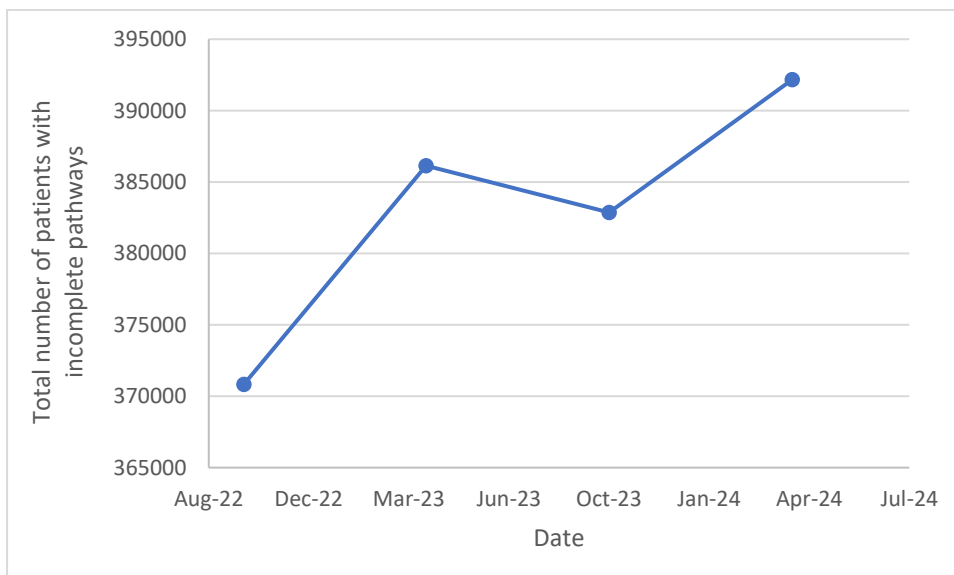


Figure 2. Number of Gastroenterology patients' RTT with incomplete pathways utilising NHS E 6 monthly data (NB Oct 2022 dataset incomplete missing 2 trusts)⁶

Trainees

On the 31st of December 2023, there were 611 (234 female and 377 male) gastroenterology and hepatology Higher Specialty Trainees in the UK.⁹

Class of 2023 RCP CCT Survey⁴

During 2023 out of 1083 CCT awarded 110 CCTs were awarded in gastroenterology (obtained from JRCPTB). 25 responses were noted in gastroenterology. This is half the number of respondents as last year. Survey response rate found to be 23%. 48% of respondents identified as female compared with 38% on BSG Trainee survey 2022. 28% of respondents applied for a consultant post which is comparable to 27% of the class of 2022 respondents. This is in stark contrast with 75% of respondents across all medical specialties who applied for a consultant post. 2 respondents felt discriminated against when applying for a consultant post. 5 out of 25 newly qualified gastro consultants surveyed trained LTFT at some point in their training.

BSG Membership data⁵

In the British Society of Gastroenterology the membership is the workforce. For the first time the CSSC publishes the number of different components of our membership. (Table 6) Consultant members have taken a small downturn this year but overall our membership numbers rise year on year.

Membership type	Total in Dec 2019	Total in Dec 2020	Total in Dec 21	Total in Dec 22	Total in Dec 23	Total in Nov 24
AHP,AGIP,PA	157	168	185	201	211	229
Consultant	1394	1385	1597	1614	1604	1559
International	99	88	87	104	112	129
Medically qualified NCCG and GPs	49	52	71	81	81	81
Nurses	383	489	526	600	678	770
Trainee	641	743	794	692	724	803
Total	2733	2925	3242	3292	3410	3571

Table 6 displays data on BSG database on membership type year on year from Dec 2019 to date⁵

For interest this year the RCP membership team have shared their data as regards Gastroenterology and Hepatology specialists.⁴ Out of 2097 Gastroenterologists/Hepatologists from the Census 2023, 1335 are members of the RCP (table 7).

Specialty	Associate	Collegiate	Fellow	Total
Gastroenterology	9	384	842	1235
Hepatology	0	19	81	100
Grand Total	9	403	923	1335

Table 7 Table showing the numbers of consultant gastroenterologists and hepatologists who are members of the RCP who have taken part in the RCP census 2023.

Update on NHS E CE training⁸

The national programme transitioned to regional delivery, so each of the seven endoscopy training academies are now coordinating the training. 556 clinical endoscopists have been trained to date since the programme commenced in 2016. 123 clinical endoscopists are in training since September 2024. 108 clinical endoscopists trained were trained in 2023/24, which was the largest cohort & the year the programme transitioned from national to regional management.

The ambition is for a total of 136 clinical endoscopists to be in training for 24/25 (123 CEs have already started).

IBD workforce

The IBD UK standards data for the 2023 survey have been shared with the BSG¹⁰. The response rate in 2023 was 63%. A summary of the wider workforce data collected in all 4 nations can be seen in Table 8.¹⁰

	IBD Standards 2019 recommendation for WTE staff per 250,000 catchment area population	Hospital services responding 2023	% meeting standard 2023	% meeting standard in 2019
Consultant Gastroenterologist with IBD interest	2	118	50	31
Colorectal Surgeon	2	117	22.2	18
Stoma Nurse	1.5	118	46.6	34
GI Dietician	1	117	21.4	9
Psychologist	0.5	117	5.9	18
GI Radiologist	0.5	115	76.5	44
GI pathologist	1	114	31.6	12
Administrator for IBD service	0.5	118	40.7	47
IBD Specialist Nurse	2.5	118	19.5	14

Table 8 A table showing the ideal numbers of components of the medical and wider workforce as outlined by the IBD UK partnership¹¹ and the data from the responding hospitals found in our 4 nations.

Conclusion:

The 2024 BSG Workforce Report reveals both progress and persistent challenges in gastroenterology, liver and endoscopy services across the UK. While the consultant workforce has shown significant growth (8.0% expansion from 2022, reaching 2,097 consultants), the data presents a complex picture of service sustainability. A concerning 74% of departments report consultant vacancies, and only 28% of newly qualified consultants of respondents to the RCP CCT survey intend to apply for substantive posts. Gender disparity

remains a significant issue, with women comprising only 26% of consultants, though the training pipeline shows some promise with 611 specialty trainees (234 female, 377 male).

Service delivery faces mounting pressures, evidenced by growing outpatient waiting lists⁶, despite some recovery in diagnostic endoscopy waiting times⁷. It should also be noted that NHSE has declared that to date it has not collected any central data on ERCP waiting lists. The increasing reliance on external providers to the NHS, while meeting immediate needs, raises questions about long-term sustainability. The clinical endoscopist program has shown positive impact, with 556 trained since 2016, demonstrating the value of workforce innovation. Following anecdotal discussions at the CE conference '24 work is being undertaken to outline their scope of practice but more work needs to be done to see if our stakeholders can better retain them to work in the NHS in the future.

Looking ahead, significant challenges loom with 54% of consultants reaching intended retirement age in the next decade. Mathematical modelling indicates a pressing need for substantial increase in training numbers. The IBD services data reveals significant staffing gaps against recommended standards across multiple roles, highlighting the need for comprehensive wider workforce development. In order to know the whole picture IBD UK will need to: collect data on the number of patients waiting for a new IBD patient appointment and collect all the non-responder trusts in their survey. In order to calculate a needs gap analysis, IBD UK should consider updating the IBD MDT workforce numbers in the IBD UK guidelines by collaborating with all stakeholders. They have not been reviewed for over a decade.

The BSG Future Workforce report contains a snapshot of the workforce element of the BASL services survey. They are in the process of collecting their non-responders. However, in order to begin to objectively and credibly calculate their workforce gap they will need to enable acute NHS trusts to achieve a minimum of Level 1 IQILs status. This can only be enabled through an increase in support from the RCP and other stakeholders via its accreditation unit.

The NED2 2023 data in "Getting Ahead of the curve" in NHS England reports a 97.6% response rate. This is data from 123 of 126 acute trusts in NHSE such is the strength of the support from RCP accreditation unit. Ideally this data should be supplied to the BSG year on year in time for the BSG annual workforce report.

All this data presents clear imperatives: expanding training capacity while supporting retention, developing sustainable service models that better utilise the entire workforce, implementing flexible working patterns to retain experienced staff, and focusing on diversity in recruitment and leadership development. The BSG's "Getting Ahead of the Curve" initiative and expanding collaboration with partner organisations provide frameworks for addressing these challenges, but success will require sustained investment in workforce development and service re-design across all four nations.

The BSG is in the process of re-evaluating some of guidelines to better streamline the need for some of its diagnostic tests to reduce the volume of work for its membership. This will be done with an evidenced-based approach as the BSG makes every effort to reduce moral injury and put the well-being of the workforce first.

While maintaining high-quality patient care remains paramount, the evidence suggests that current service models may be unsustainable without significant transformation in how we

train, retain, and support our workforce. The BSG remains committed to working with stakeholders to develop and implement solutions that ensure sustainable, high-quality gastroenterology services for the future.

References:

1. Getting Ahead of the curve (click link awaited)
2. <https://www.rcp.ac.uk/improving-care/resources/snapshot-of-uk-consultant-physicians-2023/> accessed Nov 24 'Focus on physicians: the UK 2023 census of consultant physicians' Produced by the RCP Medical Workforce Unit on behalf of the Federation of Royal Colleges of Physicians of the UK.
3. <https://www.gmc-uk.org/about/what-we-do-and-why/data-and-research/gmc-data-explorer> accessed July 2024
4. Unpublished data from RCP WFU
5. Unpublished data from BSG office
6. <https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/> accessed July 24
7. <https://www.england.nhs.uk/statistics/statistical-work-areas/diagnostics-waiting-times-and-activity/monthly-diagnostics-waiting-times-and-activity/monthly-diagnostics-data-2023-24/> accessed July 24
8. Unpublished data from NHSE
9. Information supplied by JRCPTB
10. Unpublished data from IBD UK
11. <https://ibduk.org/ibd-standards/the-ibd-service/the-ibd-multidisciplinary-team> accessed in July 24
12. <https://www.gov.uk/government/publications/independent-investigation-of-the-nhs-in-england/summary-letter-from-lord-darzi-to-the-secretary-of-state-for-health-and-social-care> accessed Oct 24
13. <https://covid19.public-inquiry.uk/reports/module-1-report-the-resilience-and-preparedness-of-the-united-kingdom/-section-8-chapter-5-learning-from-experience> accessed Nov 24 5.82
14. Bendall O, Pohl K, Siau K, et al. *Frontline Gastroenterology* Epub accessed Nov 24
15. NHS long term workforce plan July 2023 NHS England
16. Pan society Endoscopy workforce survey awaiting publication
17. <https://www.longtermplan.nhs.uk/online-version/chapter-3-further-progress-on-care-quality-and-outcomes/better-care-for-major-health-conditions/cancer/-:~:text=By 2023, stratified, follow-,at stage 1 or 2.> Accessed April 24
18. Everett SM, et al. *Frontline Gastroenterology* 2024;0:1–27. doi:10.1136/flgastro-2024-102804 accessed Oct 24
19. Mansour D, Masson S, Shawcross DL, et al British Society of Gastroenterology Best Practice Guidance: outpatient management of cirrhosis – part 1: compensated cirrhosis *Frontline Gastroenterology* 2023;14:453-461.
20. The BSG@90 bsg.org.uk/news/meet-the-project-90-team
21. BASL services data unpublished

Abbreviations:

ACPGBI – Association of coloproctologists in Great Britain and Ireland
ATSM – advanced training skills modules
AUGIS – Association of upper gastrointestinal surgeons
BASL – British Association for the study of the liver
BCS – Bowel Cancer Screening
BCSP - Bowel Cancer Screening Programme
BSG – British Society of Gastroenterology
CCT – Certificate of Complete of Training
CE – Clinical Endoscopists
COVID – 19 – coronavirus disease 19
CPD – continuing professional development
CSSC – Clinical Services and Standards Committee
ERCP – endoscopic retrograde pancreatography
EUS – endoscopic ultrasound
F – female gender
FIT – faecal immuno test
GIM – General Internal Medicine
GMC – General Medical Council
GP General Practice
IBD UK – Inflammatory bowel disease United Kingdom partnership
JAG – Joint advisory group
KPI – key performance indicators
LTFT – less-than-full-time
M - male gender
NCCG – non-consultant career grade
NHS – National health service
NHS E – National health service England
NHS LTP - National health service long term plan
NHS LTWP - National health service long term workforce plan
NHS WTE – National health service department of workforce education and training
NTN- National Training Number
OGD - oesophagogastroduodenoscopy
ONS – Office for National Statistics
OP - outpatient
PA – Programmed Activities
PEG – percutaneous endoscopic gastrostomy
RCP – Royal College of Physicians
RTT – referral to treatment
SSG - Scottish Society of Gastroenterology
SSP – Specialist Screening Practitioner
UGI – upper gastrointestinal
WAGE - Workforce Association for Gastroenterology and Endoscopy
WTE – whole time equivalent