

**UK  
PLASTIC SURGERY  
WORKFORCE SURVEY  
2010**

*Profile and Analysis*



**BAPRAS**

British Association of Plastic  
Reconstructive and Aesthetic Surgeons

## FOREWORD

I am delighted to introduce this report to the Association, which provides the most comprehensive picture of our UK workforce since we were founded. In my time in the specialty, it has changed more than most could have anticipated, with a massive increase in numbers, sub-specialisation, and changes in service organisation. Careers have also changed, with greater variation in job plans than was the norm in the last century.

The report describes the state of play in our country last year with considerable accuracy. Most of the credit for this goes to my predecessor and originator of the survey, Eric Freedlander, ably assisted by Sharon Ross who joined the BAPRAS Secretariat team with a clear remit to produce this survey. The 100% response rate must be something of a record for such enterprises, and reflects Sharon's persistence with the task as well as the willing cooperation of all the link persons who devoted their time to form filling as a 'labour of love'. My sincere thanks go to all of you, without who this would have had far less value and credibility.

Some of the findings in this report are highly educative and useful; the number working in various domains of practice, the age profile of workforce, the true size of the trainee 'bulge' heading for CCT in the coming 2-3 years, and the regional variation in NHS sessional provision and average FTEs being just some examples. I need not describe any more however; simply turn the pages ahead and the picture that is presented will speak for itself and hopefully be of value to you all. For senior staff managing service provision and future design, it will assist good planning as the demands of the unknown future approach us. For trainees, specialty doctors, part time staff, and managers of our services, this will be a valuable tool.

We intend this process to become a permanent part of our support for the specialty across the United Kingdom, and it will run alongside the RCS of England's less detailed workforce survey first published last year across all specialties. Please use and disseminate the data as best you can; we have much ground to cover if we are to achieve the highest standard of service provision for our populations that we know is required in order for us to match the best of European and worldwide services. I would also urge you to continue supporting this initiative with your regular feedback and comments; as an Association we are only as strong as our member's contributions. Thank you for your effort.

**Tim Goodacre**

President

British Association of Plastic Reconstructive and Aesthetic Surgeons

2011

## Why the Survey Was Created

It has been known for some time that our specialty has lagged behind other surgical specialties in terms of accurate workforce data. Information that has been available from outside sources was incomplete and suspected to be inaccurate. BAPRAS Council decided in March 2010 that a full Workforce Survey should be carried out. This document reports the results and provides a sound foundation for further workforce planning.

## How the Survey Information Was Gathered

In October 2010 all UK Plastic Surgery units were requested to nominate an individual to act as a 'Workforce Link Person'. This individual was to be responsible for collecting the data from all consultants and trainees in their unit and submitting this information to the BAPRAS Secretariat, where it was collated. In total there were 50 Link Persons representing 53 units.

Survey forms were sent to all Link Persons both electronically and by post during the first week of January 2011. The Link Persons were given until 28th February to return the completed survey. The survey has achieved a response rate of 100% which provides an accurate representation of the UK Plastic Surgery specialty.

We would like to give special thanks to all the Workforce Link Persons for their time and effort in collecting the data. They are an integral part in the success of this survey.

## Who is the Survey About?

This report provides important workforce data on plastic surgery consultants, specialty doctors and trainees practicing in England, Scotland, Wales and Northern Ireland. It is based on their employment status as at 31st December 2010. The information enclosed is based on 413 Consultants, 103 Specialty Doctors and 542 trainees (foundation years and specialty surgical training years).

## Where Do We Go From Here?

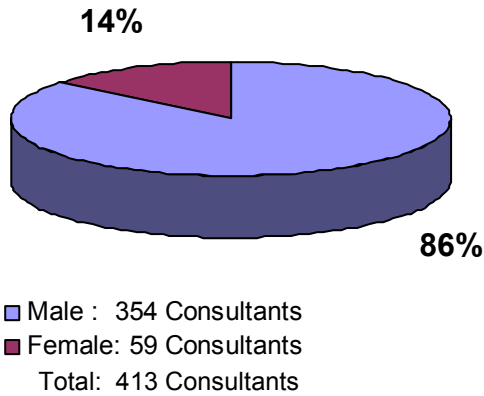
This survey represents the first official Workforce Survey undertaken by the plastic surgery specialty. It was designed as a starting point for data collection. The information that was requested was elementary in order to maximize the response rate thus allowing the specialty to be profiled. It can be viewed as the crucial building block for future surveys.

Future surveys will update the information already collected in 2010, as well as gathering further data. By carrying out an annual survey, trends will be observed and analysed.

If there is any particular type of information you would like to see gathered in future surveys, please contact the BAPRAS Secretariat.

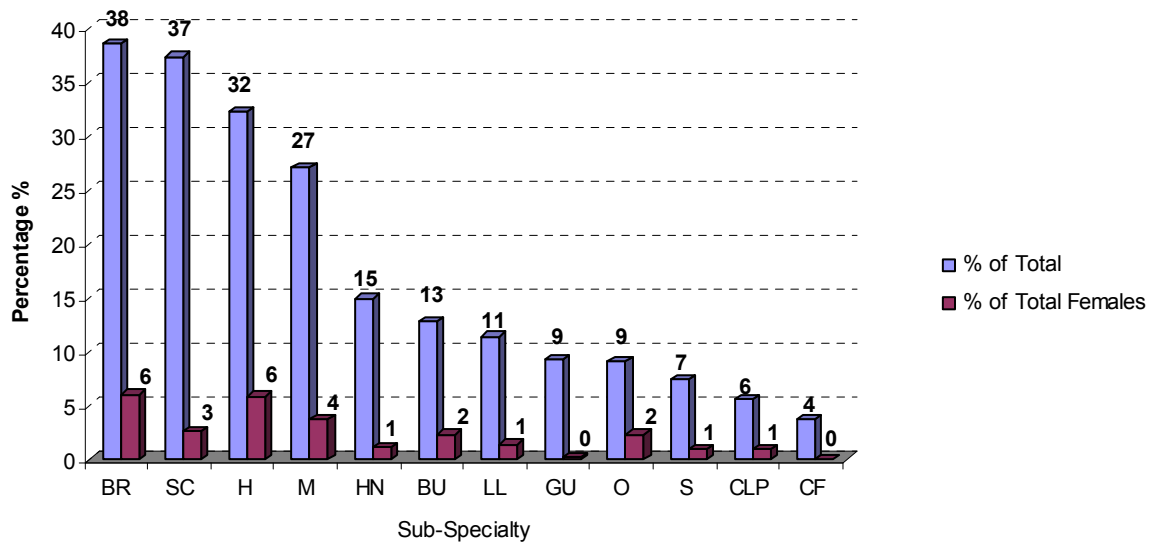
# CONSULTANTS

## NUMBER BY GENDER (Headcount)



**i** Based on results from PLASTA Workforce Survey 2011, 28% of trainee respondents are female. If these trainees remain in this specialty, the percentage of female plastic surgeon consultants will increase.

## CONSULTANT SUB-SPECIALTIES (By Percentage)



**i** **BR**=Breast, **SC**=Skin Cancer, **H**=Hand Upper Limb, **M**=Microsurgical Reconstruction  
**HN**=Head & Neck, **BU**=Burns, **LL**=Lower Limb Trauma, **GU**=Genitourinary, **O**=Other,  
**S**=Sarcoma, **CLP**=Cleft Lip & Palate, **CF**=Craniofacial

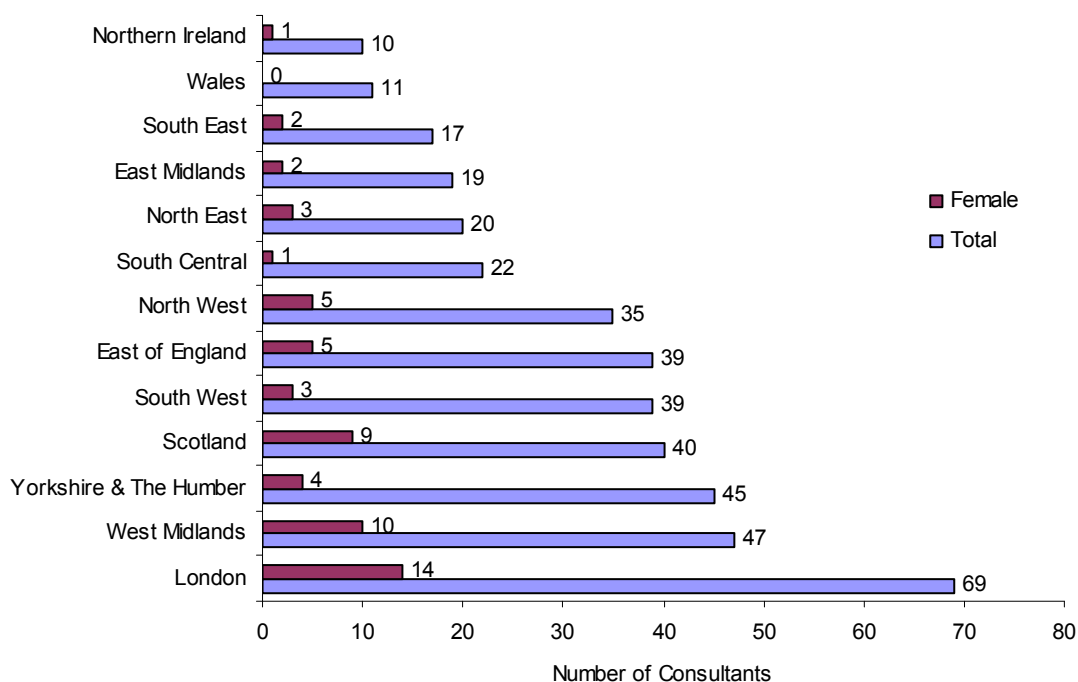
Each consultant was given the option of listing a maximum of 3 sub-specialty interests.

Breast and Skin Cancer are the two most practiced sub-specialties.

'Other' category includes consultants indicating interests in laser surgery, melanoma, facial palsy, ear reconstruction, paediatrics, vascular malformations and pressure sores .

## GEOGRAPHICAL DISTRIBUTION OF SUBSTANTIVE CONSULTANT POSTS

(Headcount)



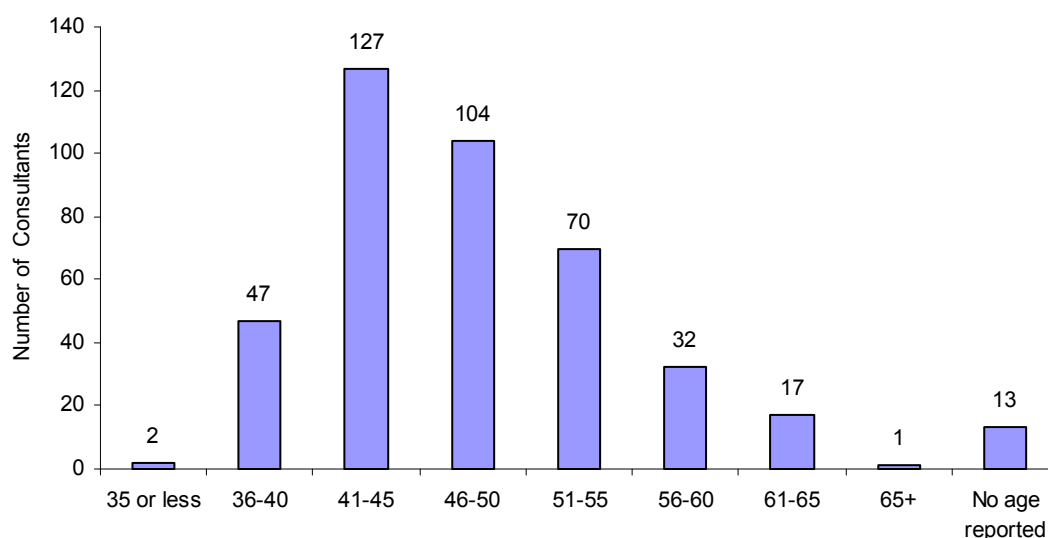
**i** The above graph also contains information for 7 Locum consultants.

## SUBSTANTIVE AND LOCUM POSTS (BY REGION)

Region	Substantive	Vacancies	NHS	Academic	Military	Locum
Northern Ireland	9	0	9	0	0	1
Wales	11	0	11	0	0	2
South East	17	0	16	0	1	0
East Midlands	19	0	19	0	0	0
North East	20	1	19	0	0	2
South Central	23	1	18	0	4	3
North West	35	1	33	1	0	5
East of England	35	2	33	0	0	6
South West	37	0	34	0	3	4
Scotland	40	1	39	0	0	3
Yorkshire & Humber	38	0	38	0	0	5
West Midlands	43	0	41	0	2	2
London	67	3	61	3	0	3

**i** Substantive posts include NHS, Academic, Military and vacant posts.

## AGE ANALYSIS OF CONSULTANTS



- i** 13 consultants (3%) chose not to provide their year of birth.
- 56% of all consultants are between the ages of 41-50.
- 4% of all consultants are over the age of 60.

## CONSULTANTS APPROACHING TRADITIONAL RETIREMENT AGES

(Over next 5 years)

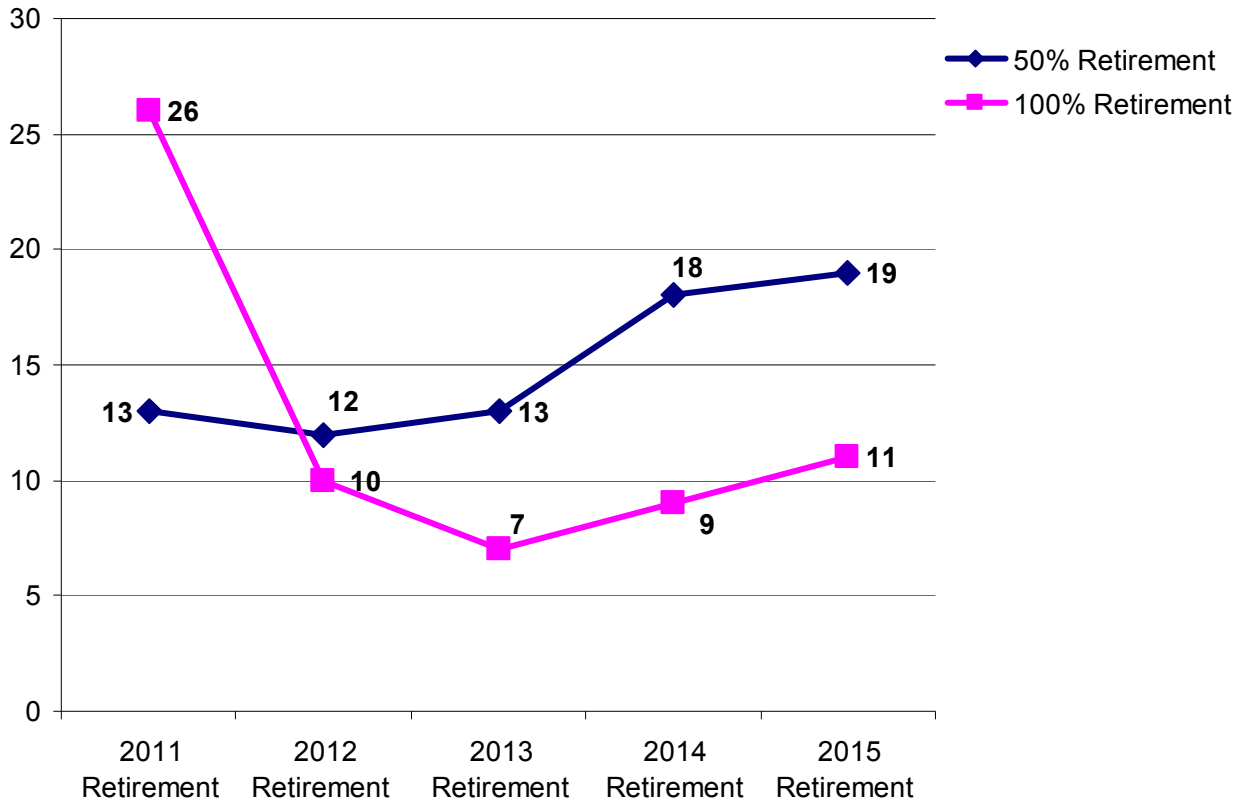
Age	2011	2012	2013	2014	2015
60	5	10	7	9	11
61	2	5	10	7	9
62	7	2	5	10	7
63	5	7	2	5	10
64	2	5	7	2	5
65	4	2	5	7	2
66	0	4	2	5	7
67	1	0	4	2	5
68	0	1	0	4	2
69	0	0	1	0	4
70	0	0	0	1	0
71	0	0	0	0	1

- i** The above chart represents the number of consultants in each age group, over the next five years (assuming no retirements). It is difficult, of course, to determine exactly at what age consultants will, in fact, retire. The yellow box represents the 5 consultants reaching age 60 in 2011 that continue onward to 2015 without retiring.

According to the RCS 2010 Surgical Workforce Report, 5% of consultants have an intention to retire in the next two years. In practice, there are liable to be fewer than 5%, however, the RCS does predict a bulge of retirements in 2012-2013.

This graph does not take into account those consultants that plan to retire before 60, deaths or retirement through ill health.

## POTENTIAL CONSULTANT RETIREMENTS—60 AND OVER (Over next 5 years)

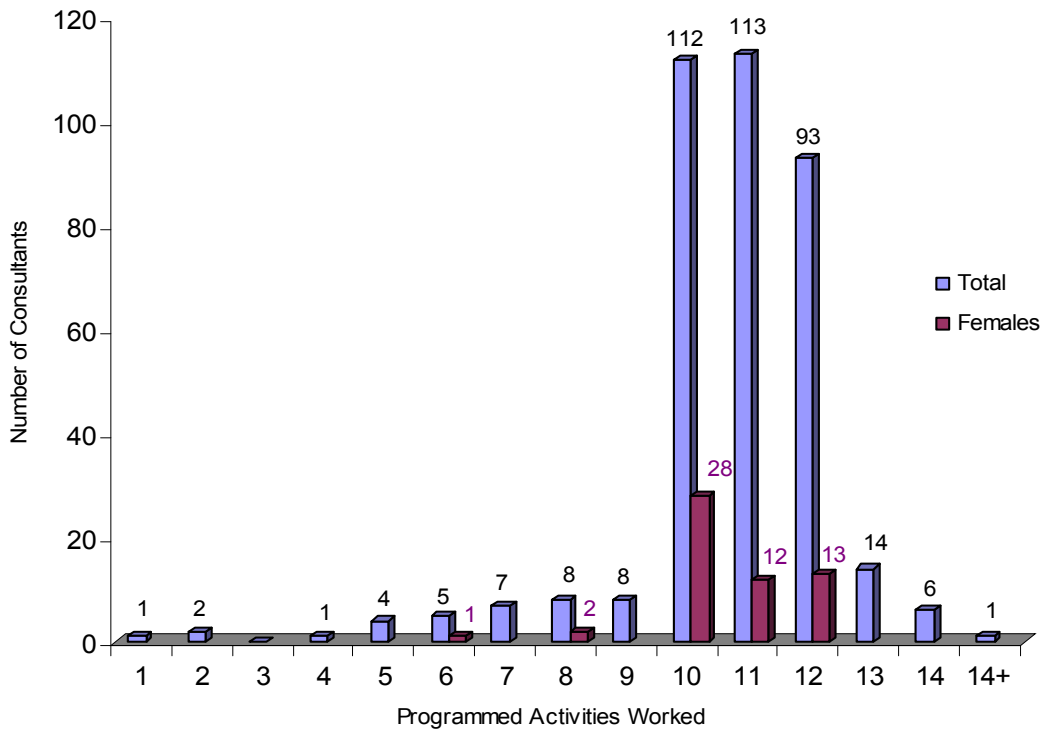


*To determine 50% retirement rate: In each year following 2011, an assumption is made that 50% of consultants, 60 and over, had retired in the previous year.*

*To determine 100% retirement rate: In each year following 2011, an assumption is made that 100% of consultants, 60 and over, had retired in the previous year.*

*The above graph is an estimation only providing two different scenarios of potential consultant retirements.*

## PA's WORKED BY CONSULTANTS (On New Contract)



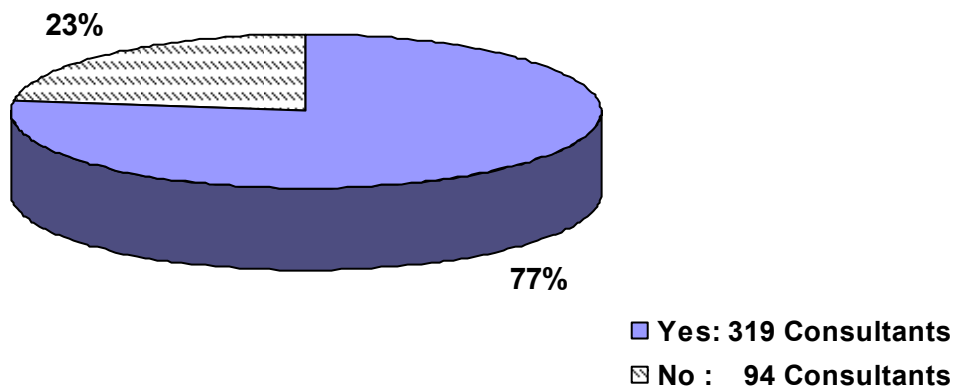
The above graph shows Programmed Activities (PA's) worked by consultants per week under 'New Contract' only (375 consultants). 27% of Consultants are working 10 PA's, 27% working 11 and 23% are working 12 PA's.

Under the 'Old Contract' there are 22 Consultants working maximum part time (MPT) and 9 Consultants (1 Female) working part time.

7 Consultants (1 Female) did not submit PA information.

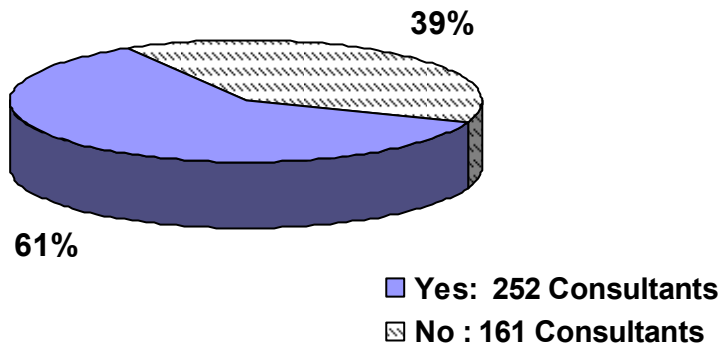
It will be important to follow trends in the number of PA's worked over the next few years.

## CONSULTANTS UNDERTAKING PRIVATE PRACTICE



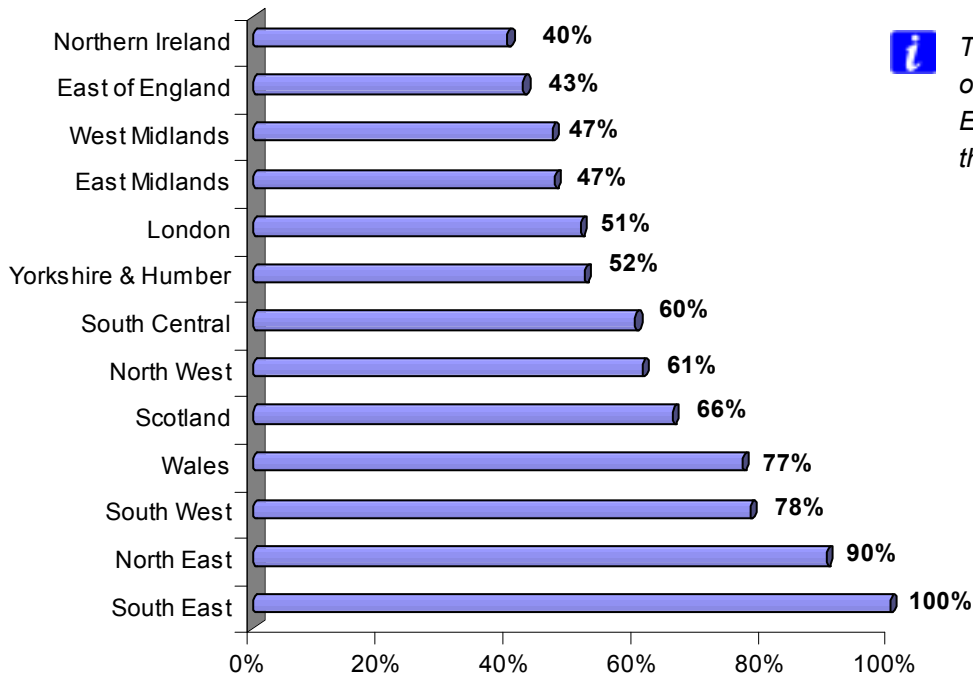


## CONSULTANTS ACTING AS ASSIGNED EDUCATIONAL SUPERVISORS



**i** Future numbers of Assigned Education Supervisors may change due to new proposals from the General Medical Council regarding training for this role.

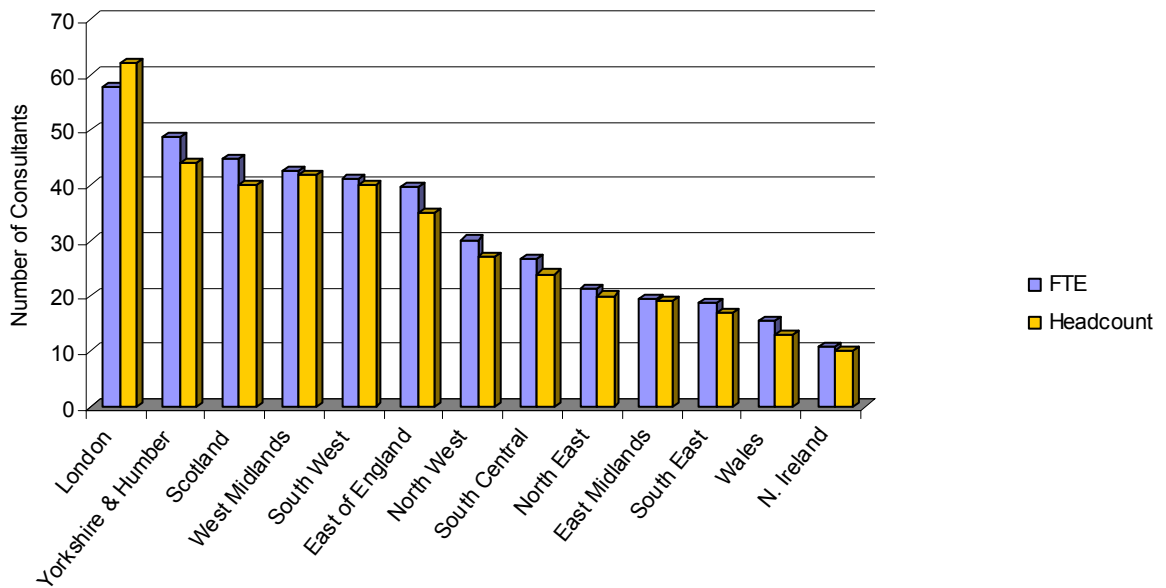
## % OF ASSIGNED EDUCATIONAL SUPERVISORS (By Region)



**i** This graph shows the percentage of consultants acting as Assigned Educational Supervisors within their own regions.

## FULL TIME EQUIVALENTS

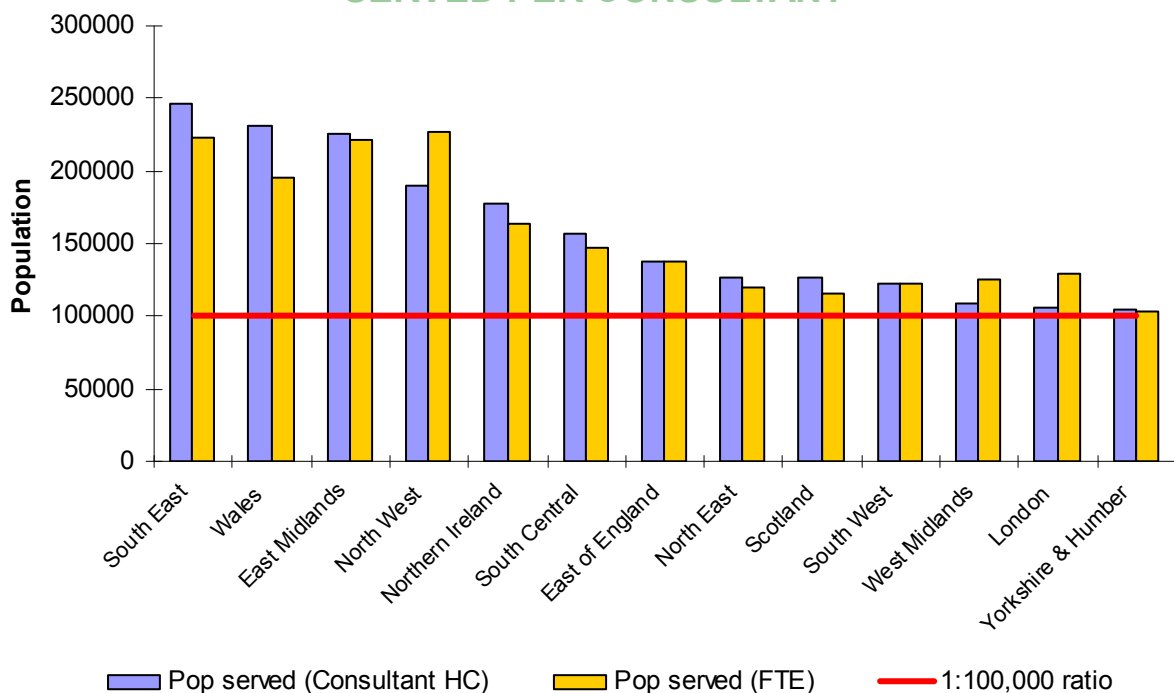
(By Region)



The above graph represents the total current headcount in each region compared to the Full Time Equivalent in each region.

5 Consultants in North West did not provide PA information

## REGIONAL VARIATIONS IN POPULATION SERVED PER CONSULTANT



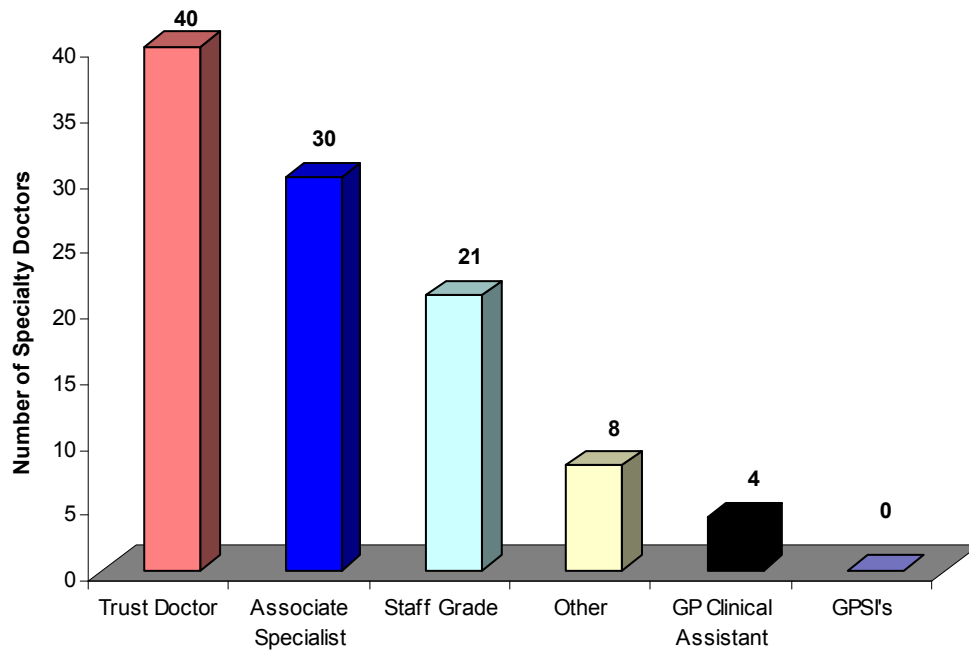
BAPRAS currently recommends a ratio of one plastic surgeon for every 100,000 of population.

This graph does not take into account the fact that services to any one region may be provided by another region.

Population data from Office for National Statistics - National Population Census 2001.

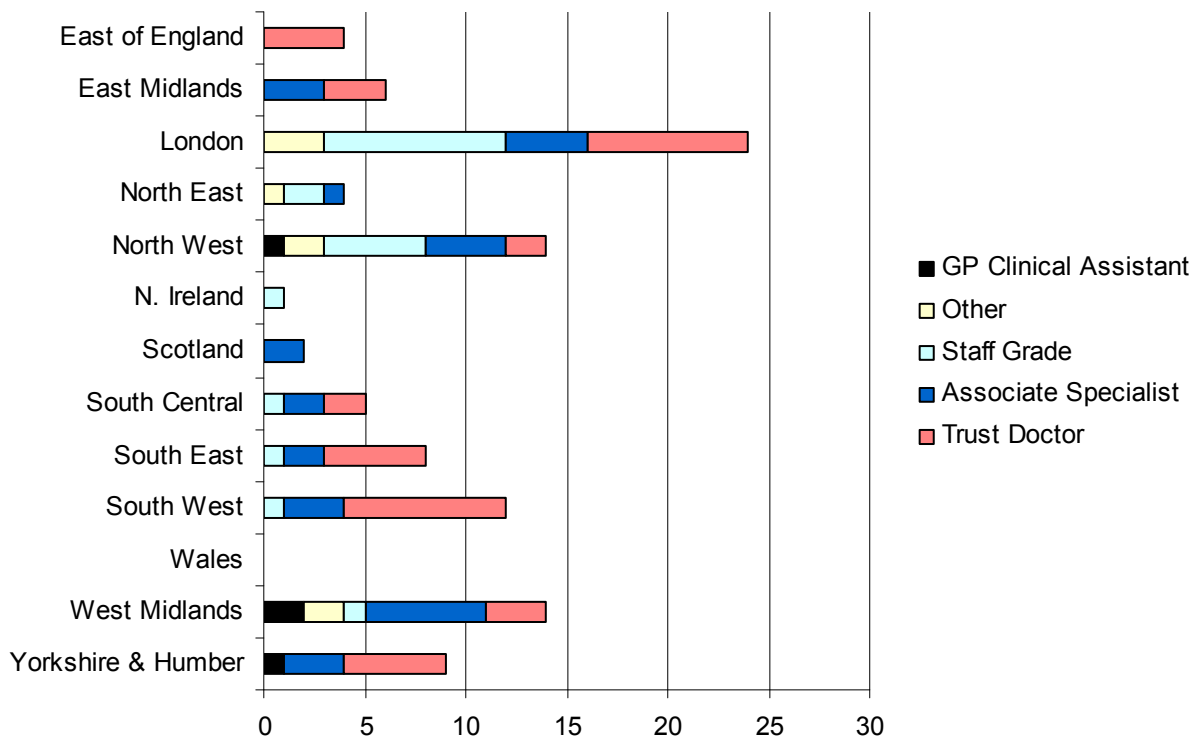
## SPECIALTY DOCTORS

(By Category)



## SPECIALTY DOCTORS

(By Region)

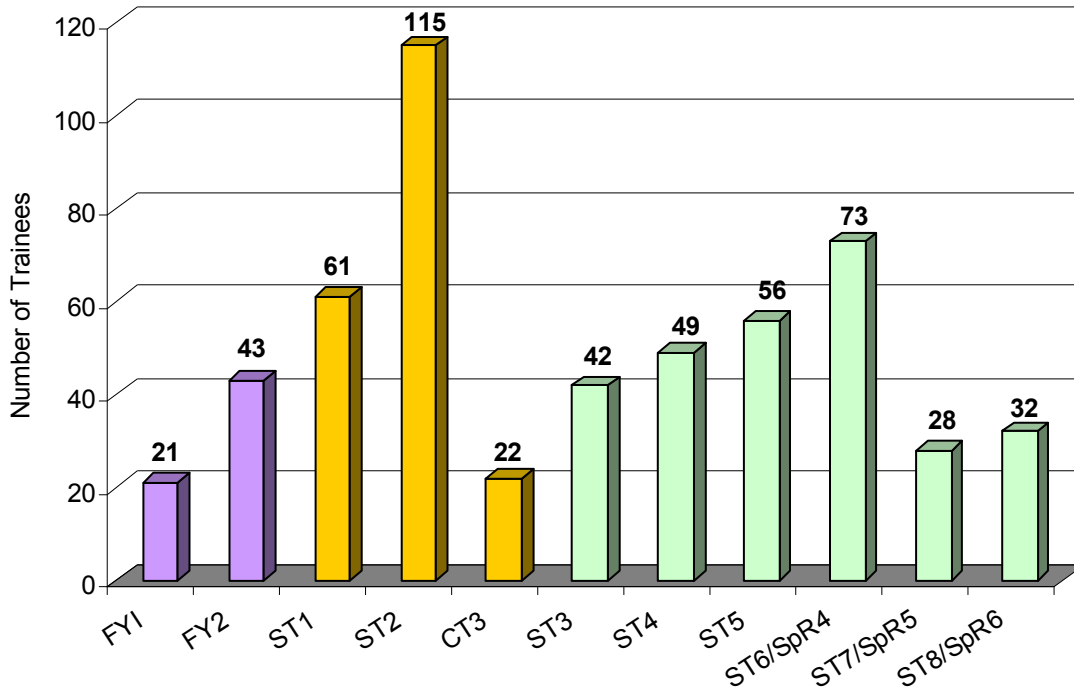


86% of Specialty Doctors are classified as working full time ( $\geq 10$  PA's).

'Other' includes SHO Trust doctors, Clinical Fellows, Clinical Research Fellows and unknown (12%).

# TRAINEES

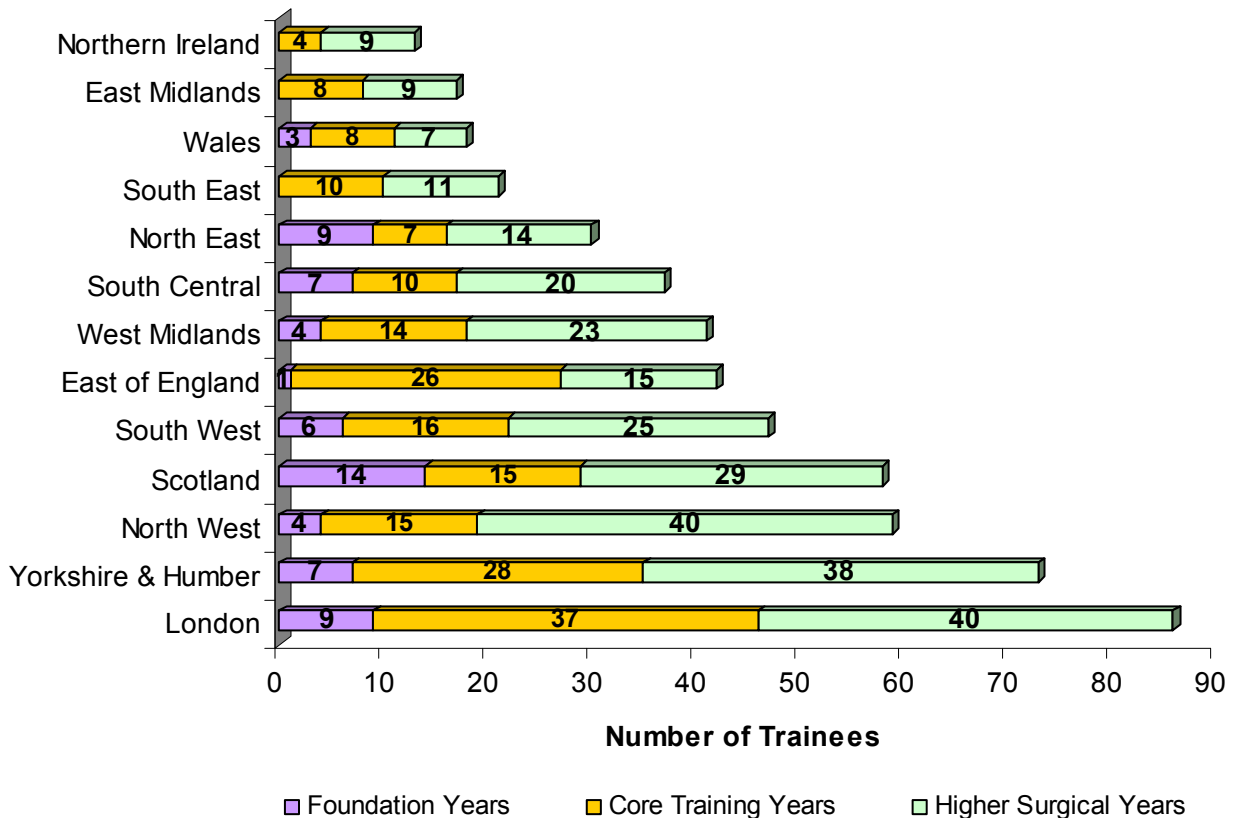
FOUNDATION YEARS      CORE TRAINING      HIGHER SURGICAL



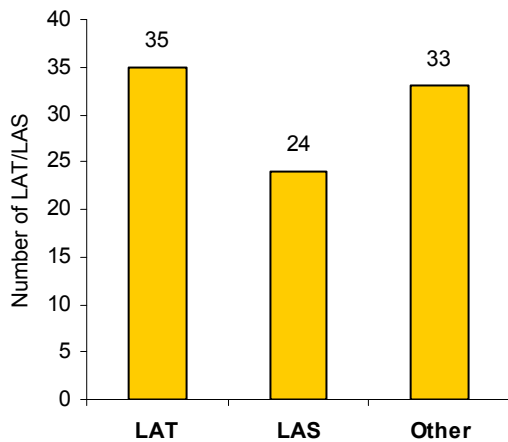
There is a large number of ST2's reported. To continue on to higher surgical training, core trainees must now obtain an ST3 post through National Selection.

For the purpose of this graph, the ST6/SpR4; ST7/SpR5 and ST8/SpR6 have been combined for each level.

## BY REGION



## TOTAL NUMBER OF LAT/LAS



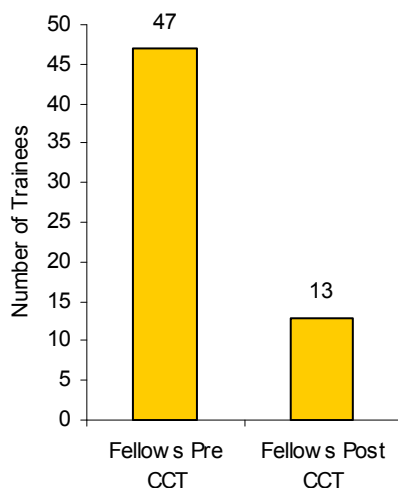
LAT = Locum Appointment for Training  
LAS = Locum Appointment for Service

A LAT post is recognised for training purposes by the SAC; a LAS post is not.

Some categories that were reported in the 'Other' column were: Welsh Clinical Academic Training Fellows, Junior Staff Doctor, Burns Fellows, Research Registrar and SHO's.

One LAT post was a part time job share.

## TOTAL NUMBER OF FELLOWS\*



The majority of Pre CCT Fellows are in East of England (36%) and South West (26%). Northern Ireland, Scotland, South Central and Wales had no Pre CCT Fellows.

Pre CCT Fellows from Plastic Surgery include:

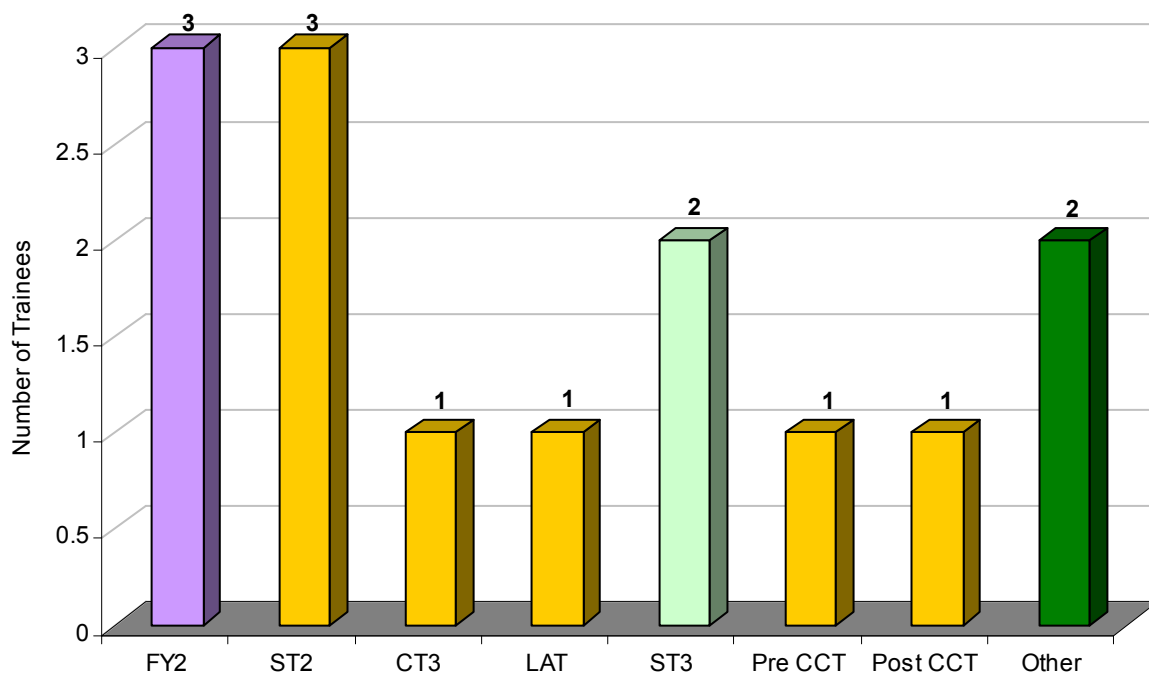
- 3 - Breast
- 0 - Cleft Lip & Palate
- 4 - Cosmetic Reconstruction
- 5 - Hand
- 1 - Head and Neck


Note: Above figures were kindly provided by Plastic Surgery SAC.

The majority of Post CCT Fellows were in London (54%). East of England, North West, Northern Ireland, Scotland, South East and West Midlands had no Post CCT Fellows.

\*Includes Interface Training Posts

## NUMBER OF TRAINEE VACANCIES



 Training vacancies were located in East of England (2), London (3), North East (2), North West (1), South Central (1), South West (1) and Yorkshire & The Humber (4).

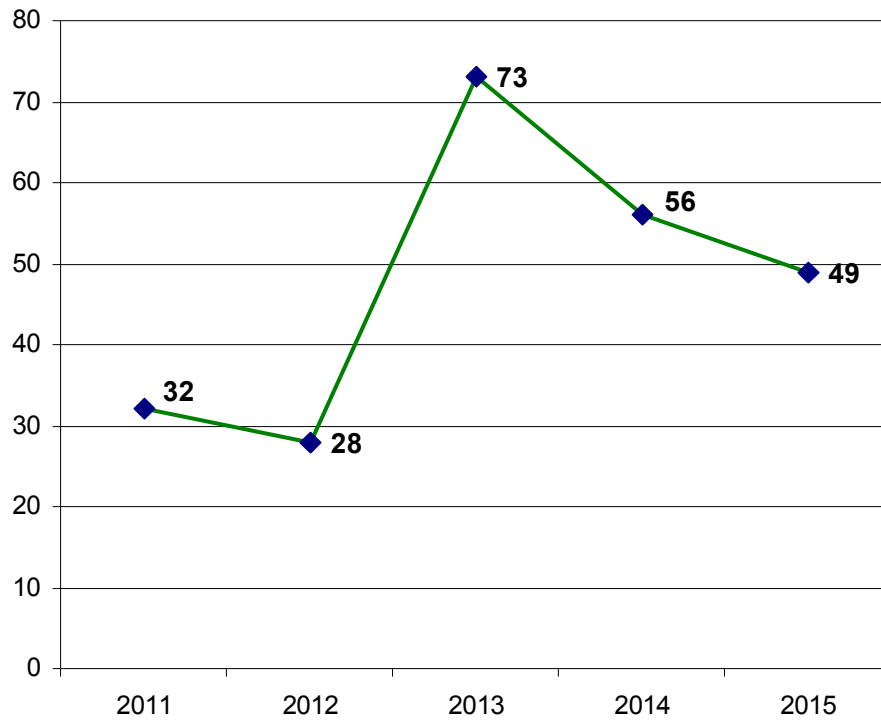
## TOTAL NUMBER OF SURGICAL CARE PRACTITIONERS

*There was a total of 23 Surgical Care Practitioners in all regions.*

*Surgical Care Practitioners or Surgical Nurse Practitioners are individuals that are allowed to operate or suture.*

*30% of Surgical Care Practitioners are located in the North West. Scotland has 26%. There are no Surgical Care Practitioners in North East, Northern Ireland, South Central, South East, Wales or the West Midlands.*

## ANTICIPATED TRAINEE CCT ACHIEVEMENT




**i** The above graph does not take into account the number of drop outs or trainees being asked to repeat a year of training.

*It is recognised that there is a significant excess number of trainees projected to achieve their CCT over predicted consultant vacancies (if no consultant expansion.)*

**SUBSTANTIVE CONSULTANT PLASTIC POSTS  
ADVERTISED IN BMJ FOR 2010  
(By Specialty and Region)**

REGION	BR	Oncoplastic BR	BU	CLP	CF	H	HN	M	S	SC	TOTAL
East Midlands			1	1				1		1	2
East of England				1		1	1				3
London	1		1	3	1						6
North East	1	1									2
North West			1	1	1	1				1	4
Scotland	1	1				2					4
South West			1						1		2
Wales	1		1				1				2
West Midlands	1				1						2
Yorkshire & Humber			2			4			1	1	6
<b>TOTAL</b>	<b>5</b>	<b>2</b>	<b>7</b>	<b>6</b>	<b>3</b>	<b>8</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>33</b>


 The above figures represent the number of Substantive Consultant plastic surgery jobs posted in the British Medical Journal for 2010 (33 jobs). These figures might also include posts that may have been re-advertised after more than 1 month.

12.5% of these posts were Part-Time/Job Share. 78% of these posts were newly created posts.

Positions are occasionally advertised specifying more than one sub-specialty. This is reflected in the body of the above graph, however, the 'Total' column reflects actual jobs only.

**LOCUM CONSULTANT PLASTIC POSTS  
ADVERTISED IN BMJ FOR 2010  
(By Specialty and Region)**

REGION	BR	Oncoplastic BR	BU	CLP	General	H	HN	M	SC	TOTAL
London				1	1					2
North East	1									1
North West		1				1		1		2
Scotland					1					1
South Central						1				1
South East			1							1
Wales							2			2
Yorkshire & Humber			2				2		1	4
<b>TOTAL</b>	<b>1</b>	<b>1</b>	<b>3</b>	<b>1</b>		<b>2</b>	<b>4</b>	<b>1</b>	<b>1</b>	<b>14</b>

 Of the 14 Locum jobs detailed in the above graph, 21% were for a time period of <6 months, 57% were for 6 months -1 year and 22% were of an unknown length of time.

Positions are occasionally advertised specifying more than one sub-specialty. This is reflected in the body of the above graph, however, the 'Total' column reflects actual jobs only.



## APPENDIX (2 pages of the Survey form that were sent to the Link Persons)

**FORM A: CONSULTANTS/SPECIALTY DOCTORS**  
**SUBSTANTIVE/LOCUM PLASTIC SURGERY CONSULTANTS AND SPECIALTY DOCTORS IN POST ON 31<sup>st</sup> DECEMBER 2010**

Hospital Name: ABC HOSPITAL; LONDON  
 Region: LONDON

Link Person: John Smith  
 Tel: XXX-XXXX-XXXX  
 Mobile: XXXX XXX XXXX  
 Email: johnsmith@abc.co.uk

\*\*Only give information where this trust is the employing trust for the consultant or specialty doctor\*\*

Please enter totals for:

CONSULTANTS	TOTAL
Total number of Substantive Posts	
• NHS	
• Academic	
• Military	
Total number of Locum Posts	
Vacancies (as of 31 <sup>st</sup> Dec 2010)	

SPECIALTY DOCTOR	TOTAL	TOTAL PA's
Staff Grade		
Associate Specialist		
Trust Doctor (reg equivalent)		
GP Clinical Assistant		
GPST's		
Other		

NOTE: Only include NHS PA's

Consultant	Gender (M or F)	Year of Birth (yyyy)	New Contract		Old Contract		Assigned Educational Supervisor?	Does individual undertake private practice?	Sub-Specialty Interest 1*	Sub-Specialty Interest 2*	Sub-Specialty Interest 3*
			Total PA's All Hospitals	Total PA's This Location	Full Time (FT), Maximum part time (MPT), Part time (PT)						
Consultant 1						Yes <input type="checkbox"/>	Yes <input type="checkbox"/>				
Consultant 2						Yes <input type="checkbox"/>	Yes <input type="checkbox"/>				
Consultant 3						Yes <input type="checkbox"/>	Yes <input type="checkbox"/>				
Consultant 4						Yes <input type="checkbox"/>	Yes <input type="checkbox"/>				
Consultant 5						Yes <input type="checkbox"/>	Yes <input type="checkbox"/>				
Consultant 6						Yes <input type="checkbox"/>	Yes <input type="checkbox"/>				
Consultant 7						Yes <input type="checkbox"/>	Yes <input type="checkbox"/>				

\*Please use the following codes to indicate Consultant sub-specialty interests:

BR (Breast)	CLP (Cleft Lip/Palate)	HN (Head and Neck)	O (Other)
BU (Burns)	GU (Genitourinary)	LL (Lower Limb Trauma)	S (Sarcoma)
CF (Craniofacial)	H (Hand Upper Limb)	M (Microsurgical Reconstruction)	SC (Skin Cancer)

NOTES: \_\_\_\_\_  
 \_\_\_\_\_

Please return to: BAPRAS, 35-43 Lincoln's Inn Fields, London WC2A 3PE  
 Tel: 020 7831 5161; Fax: 020 7831 4041; Email: sharon.ross@bapras.org.uk

ALL DATA COLLECTED WILL BE KEPT ANONYMISED. RESULTS WILL BE USED TO GENERATE ANNUAL CENSUS ONLY

The above form is the first page of the Workforce Survey.

# APPENDIX: (con't)

## FORM B: TRAINEES

HIGHER SURGICAL TRAINEES/FELLOWS AND ALL OTHER POSTS (not already included on Form A).  
STATUS AT EACH GRADE ON 31<sup>st</sup> DECEMBER 2010

Hospital Name: ABC HOSPITAL; LONDON  
Region: LONDON  
Link Person: John Smith

PLEASE GIVE THE TOTAL NUMBER AT EACH GRADE (FOR THIS HOSPITAL). ANY CURRENT VACANCIES SHOULD BE INCLUDED IN TOTALS AND STAFF SHOULD BE LISTED ONLY ONCE ON THIS FORM SO THAT DUPLICATES ARE NOT CREATED. PLEASE REMEMBER TO INCLUDE ACADEMIC AS WELL AS NHS POSTS, WHERE APPLICABLE.

### TRAINEES:

<u>FOUNDATION YEARS</u>	<u>Total Number</u>	<u>NOTES</u> (Please indicate if any are vacancies)
FY1		
FY2		
ST1/CT1 or equivalent		
ST2/CT2 or equivalent		
CT3		

<u>HIGHER SURGICAL TRAINEES (with National Training number)</u>	<u>NOTES</u> Please list national training number(s)
ST3 or equivalent	
ST4 or equivalent	
ST5 or equivalent	
ST6 or equivalent	
ST7 or equivalent	
ST8 or equivalent	
SpR4	
SpR5	
SpR6	


<u>LAT/LAS</u>	<u>NOTES</u>
Number of LAT	
Number of LAS	
Other (no training number)	

<u>FELLOWS (including interface training posts if not already listed on this form)</u>	<u>NOTES</u> (Please indicate whether from another speciality)
Pre CCT	
Post CCT	

<u>SURGICAL CARE PRACTITIONER/SURGICAL NURSE PRACTITIONER (allowed to operate or suture)</u>	<u>NOTES</u>

Please return to: BAPRAS, 35-43 Lincoln's Inn Fields, London WC2A 3PE  
Tel: 020 7831 5161, Fax: 020 7831 4041; Email: sharon.ross@bapras.org.uk

ALL DATA COLLECTED WILL BE KEPT ANONYMISED. RESULTS WILL BE USED TO GENERATE ANNUAL CENSUS ONLY

 The above form is the second page of the Workforce Survey.

## SUMMARY

This survey provides accurate and comprehensive information on the current plastic surgical workforce in the UK. It is very encouraging that a 100% response has been obtained from all units. The data has been presented both for the country overall and also on a regional basis.

Although only 14% of the consultant body is female it is important to note that this percentage is predicted to climb steadily in the next few years due to increasing numbers of women currently being trained (28%).

Due to consultant expansion in the last 10 years and more it can be seen that the majority of consultants are under 50 but as it is unlikely this expansion will continue the age distribution graph will move to the right in future years. For the group approaching retirement an attempt has been made to give a range of potential retirements in the next 5 years.

An initial attempt has also been made to gather some basic information on subspecialty interests among consultants. The most common are breast surgery including reconstruction (with 38% involved in this), skin cancer (37%) and hand surgery (32%). 27% are involved in microsurgical reconstruction whilst 13% have listed burn care. In coming years with possibly altered commissioning patterns these percentages will vary.

There is a significant variation regionally in the ratio of consultants per 100,000 population. This ranges from 96% of recommended numbers in Yorkshire and Humberside, 95% in London, down to much lower numbers in East Midlands, North West, and South East England.

Official data refer to FTE (Full Time Equivalent) or WTE (Whole Time Equivalent) rather than HC (Head Count). In our specialty there is no evidence at present that there is any significant move to part time working as FTE is greater than HC.

The survey has included details of trainees by region. Continuing tracking of trainee numbers will be critical in the future to try to achieve, as close as is possible, a balance between CCT holders and consultant posts available. The bulge of trainees in training years ST5 and ST6/SpR4 has been known for some time and has resulted from the changes brought in by Modernising Medical Careers in 2007 and increased NTN numbers given to the specialty at that time. It is not clear how and where these trainees will eventually find a suitable post in the next few years.

It will be particularly important for the specialty to closely monitor the two main bottlenecks in the training pathway-entry into higher training at ST3 level, and the transition from CCT to obtaining a consultant post. By continuing to update these data on an annual basis trends will emerge both with regard to consultants and trainees. This will allow better planning of our services and more enlightened discussion with our stakeholders.

**Eric Freedlander**

Chairman

Workforce Planning Group

June 2010

