

UK  
PLASTIC SURGERY  
WORKFORCE  
2011

*Profile and Analysis*



BAPRAS

British Association of Plastic  
Reconstructive and Aesthetic Surgeons

## FOREWORD

It gives me great pleasure to introduce this report on behalf of the Association. It is the second such report and provides a detailed review of the provision of plastic surgery services across the United Kingdom.

It represents a great deal of work from many members of your Association under the leadership of Eric Freedlander. He has been ably assisted by Sharon Ross. Previous surveys of this type have floundered and it is to the great credit of Eric and Sharon that such a comprehensive response has been obtained.

The findings in this second report consolidate the previous survey and provide a firm statistical basis on which decisions can be made and recommendations presented to government and the colleges. Without these facts and figures our recommendations would simply be an educated guess work and as such would have little impact on the planning of future developments.

The results of the survey which are clearly presented do provide a great deal of food for thought. The age of the consultant population, the number in our surgical sub-specialities and the variations throughout the UK are particularly revealing. It is surprising to me that the number of consultants needed to service a population at a ratio 1 plastic surgeon per 100,000 population varies so much between areas. In some there is a good balance and in others the numbers fall well short of this ratio. This provides valuable ammunition for arguing for the extra provision of plastic surgery services in the different regions.

The bulge of trainees expected to complete training in the next few years represents a significant problem and if the number of consultants to service a 1 per 100,000 population ratio were achieved, that would mean 171 new consultant posts and this is before retirements are taken into consideration. Whilst this figure is clearly unrealistic, I would hope it does signify the direction of travel to the commissioners. The service needs of the country are best met by expansion of the consultant grade with post CCT specialists rather than the appointment of those in more junior positions as some Trusts are advocating. There would need to be some adjustment of our work pattern as care is likely to be more consultant provided than consultant led in the future.

We do face an uncertain time with restriction in expenditure in the health service and the new commissioning process but the facts and figures provided in this report will prove invaluable to those responsible for planning and future design of plastic surgery care.

This survey is intended to be a permanent part of the Associations' role and will provide support for the speciality across the United Kingdom and runs parallel with the workforce surveys of the Royal College of Surgeons. I encourage you to use the information provided in this document to ensure that the plastic surgery service which we provide remains an enviable speciality which is quite rightly popular with trainees and has the respect of our surgical colleagues.



**Rick Milner**

President

British Association of Plastic Reconstructive and Aesthetic Surgeons

2012

## Who is the Survey About?

This 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 2011.

The information enclosed is based on 424 Consultants, 113 Specialty Doctors and 519 Trainees (Foundation years and specialty surgical training years).



### UK Regional Units

- |                    |                            |
|--------------------|----------------------------|
| 1. East of England | 8. South West              |
| 2. East Midlands   | 9. West Midlands           |
| 3. London          | 10. Yorkshire & The Humber |
| 4. North East      | 11. Wales                  |
| 5. North West      | 12. Scotland               |
| 6. South Central   | 13. Northern Ireland       |
| 7. South East      |                            |

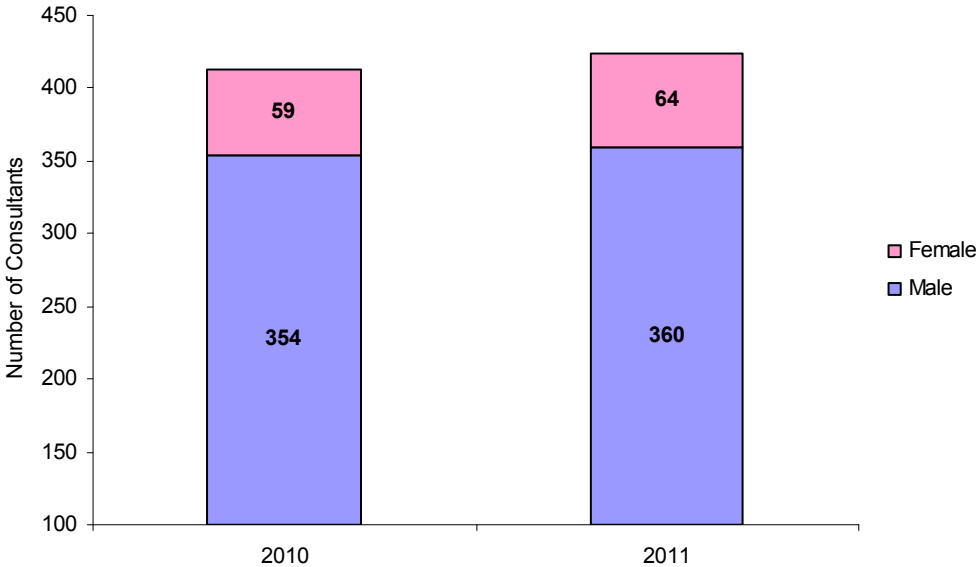
## 2011 WORKFORCE LINKPERSONS

We would like to thank all the 2011 Workforce Linkpersons. Without their assistance, this survey would not be possible.

<b>East Midlands</b>	Kettering General Hospital/Leicester Royal Infirmary Northampton General Hospital Nottingham University Hospital	Thangasamy Sankar Michael McKiernan Anna Raurell
<b>East of England</b>	Addenbrookes Hospital Broomfield Hospital The Lister Hospital Norfolk & Norwich University Hospital	Sarah Louise Benyon Niri Niranjani Nick James Elaine Sassoon
<b>Ireland</b>	Royal Victoria Hospital/Ulster Hospital	Harry Lewis
<b>London</b>	Barts & The London NHS Trust Charing Cross Hospital Chelsea & Westminster Hospital Great Ormond Street Hospital Guy's & St Thomas Hospital Royal Free Hospital Royal Marsden Hospital St George's Hospital	Raj Ragoowansi Abhilash Jain Niall Kirkpatrick Neil Bulstrode Mark Ho-Asjoe Bran Sivakumar Stuart James Sonja Cerovac
<b>North East</b>	Royal Victoria Infirmary University Hospital of North Durham Wansbeck General Hospital	Sarah Pape Tom Collin Neil McLean
<b>North West</b>	Alderhey Children's Hospital Christie NHS Foundation Trust Royal Preston Hospital The Countess of Chester Hospital Whiston Hospital Wythenshawe Hospital/Royal Manchester Childrens Hospital	Sian Falder David Mowatt Jeyaram Srinivasan Fahmy Fahmy David Bell Victoria Rose
<b>Scotland</b>	St John's Hospital at Howden/Royal Hospital for Sick Children Aberdeen Royal Infirmary Glasgow Royal Infirmary Ninewells Hospital	William Anderson Ivan Depasquale Iain Mackay Fiona Hogg
<b>South Central</b>	John Radcliffe Hospital Mountbatten Stoke Mandeville Hospital Wexham Park Hospital	David Coleman Nicholas Bennett Michael Tyler Anthony Armstrong
<b>South East Coast</b>	Queen Victoria Hospital	John Boorman
<b>South West</b>	Derriford Hospital Frenchay Hospital Odstock Ctr for Burns, Plastic & Maxillofacial Royal Devon & Exeter Healthcare NHS Trust	Antony Fitton Sherif Wilson Rod Dunn Nick Cawrse
<b>Wales</b>	Morrison Hospital	Ian Josty
<b>West Midlands</b>	Birmingham Children's Hospital Queen Elizabeth Hospital Birmingham Russells Hall Hospital Sandwell Healthcare NHS Trust/City Hospital University Hospital Coventry & Warwickshire University Hospital North Staffordshire	Hiroshi Nishikawa Garth Tittley Simon Wharton Atul Khanna Tigi Eltigani Wayne Jaffe
<b>Yorkshire &amp; The Humber</b>	Bradford Royal Infirmary Castle Hill Hospital James Cook University Hospital Leeds General Infirmary New Pinderfields Hospital Royal Hallamshire/Northern General Hospital	Michael Timmons Alastair Platt Chris Dunkin Daniel Thornton Alan Phipps Eric Freedlander

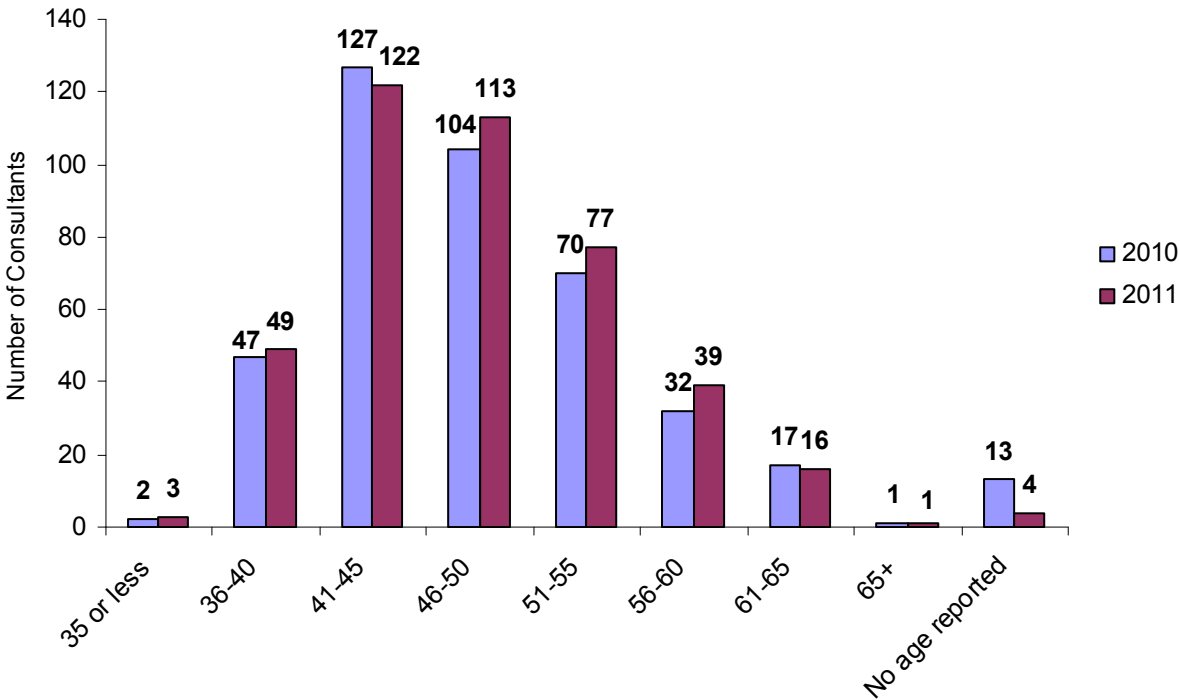
# CONSULTANTS

## GENDER BREAKDOWN (Headcount)

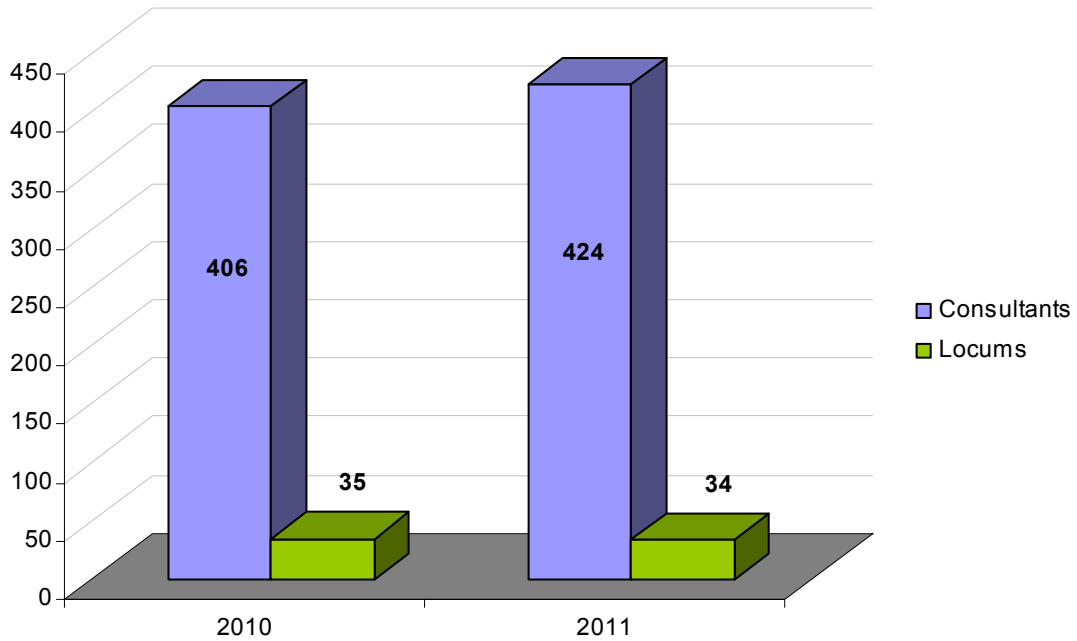


**i** There has been a slight increase in both male and female consultants for 2011. Females have increased by 8%, males by 2%.

## AGE ANALYSIS



## CONSULTANTS AND LOCUMS



**i** The number of Consultant and Locum posts in plastic surgery for 2011 increased by 3.8% (17 posts)

## SUBSTANTIVE AND LOCUM POSTS

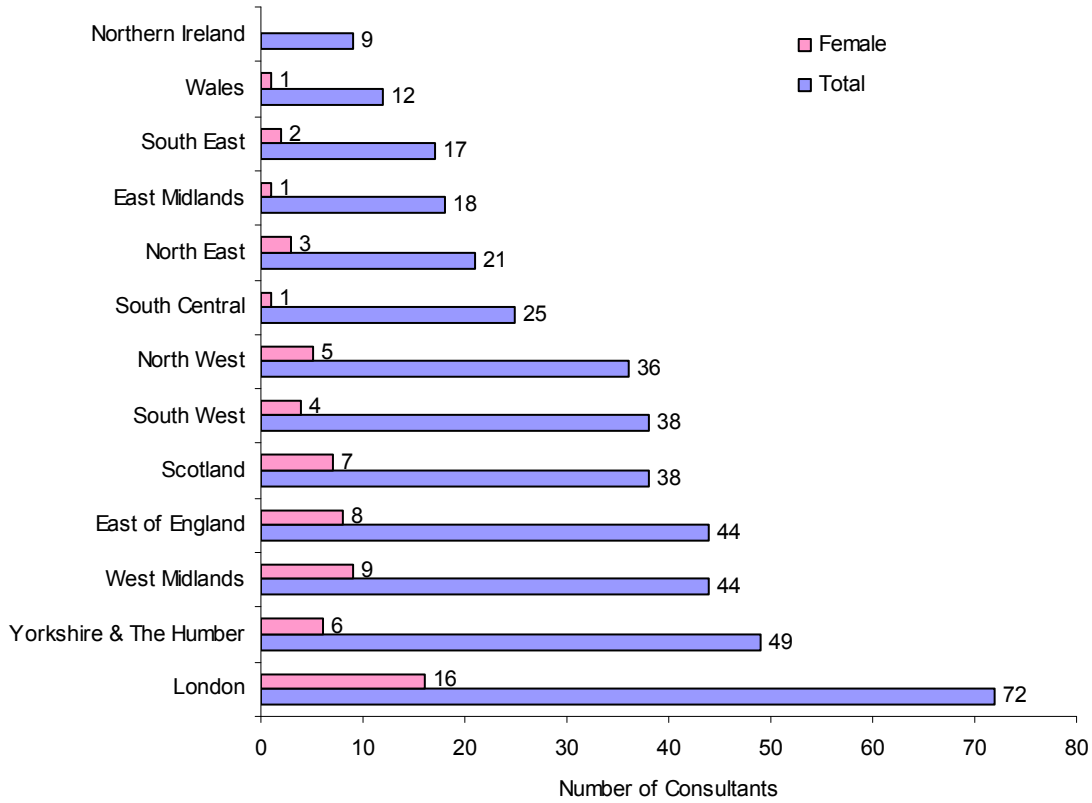
(By Region)

Region	Substantive		Vacancies		NHS		Academic		Military		Locum	
	2010	2011	2010	2011	2010	2011	2010	2011	2010	2011	2010	2011
London	71	73	3	1	65	69	3	3	0	0	3	3
West Midlands	43	44	0	0	41	41	0	0	2	3	2	2
Scotland	39	41	0	3	39	37	0	1	0	0	3	2
Yorkshire & Humber	43	47	0	0	43	47	0	0	0	0	5	6
South West	36	36	0	0	33.5	34	0	0	2.5	2	4	2
East of England	41	44	2	1	39	43	0	0	0	0	6	3
North West	34	38	1	1	32	36	1	1	0	0	5	3
South Central	23	26	1	1	18	21	0	0	4	4	3	3
North East	21	24	0	2	20	22	0	0	0	0	2	2
East Midlands	19	18	0	0	19	18	0	0	0	0	0	1
South East	17	17	0	0	16	16	0	0	1	1	0	0
Wales	11	12	0	0	11	12	0	0	0	0	2	2
Northern Ireland	9	9	0	0	9	9	0	0	0	0	1	2

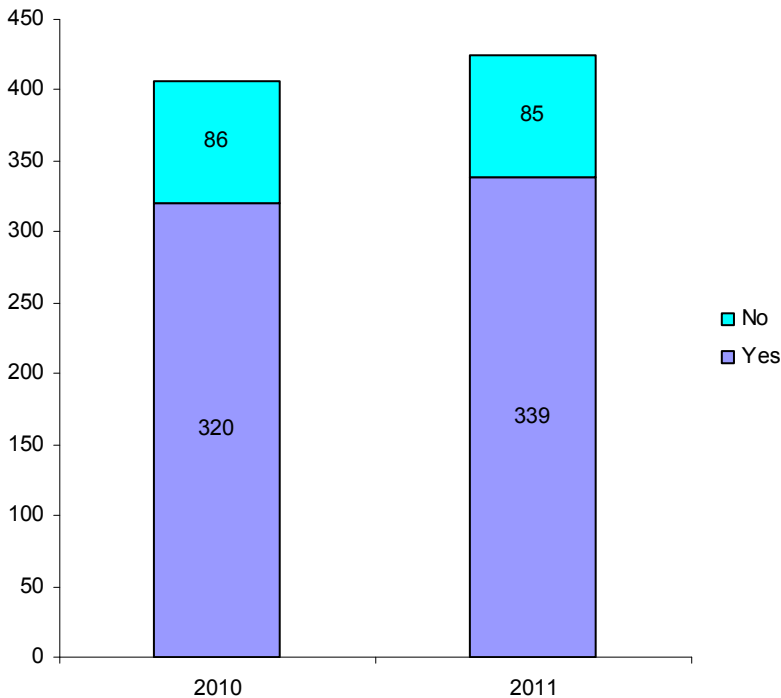
**i** Substantive posts include NHS, Academic, Military and vacant posts

## GEOGRAPHICAL DISTRIBUTION OF SUBSTANTIVE CONSULTANT POSTS

(Headcount)

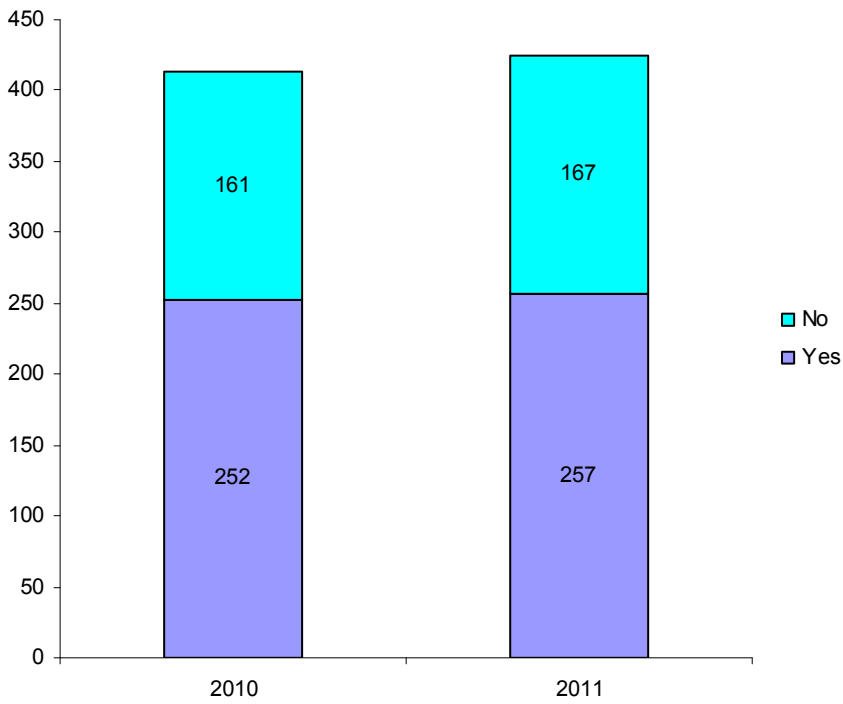


## CONSULTANTS UNDERTAKING PRIVATE PRACTICE



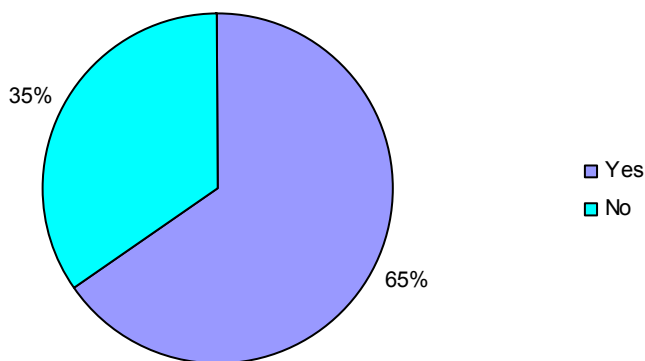
*The number of consultants undertaking private practice has increased from 79% to 80% in 2011.*

## CONSULTANTS ACTING AS ASSIGNED EDUCATIONAL SUPERVISORS



**i** The number of consultants acting as Assigned Educational Supervisors has decreased by just under 1/2% in 2011.

## CONSULTANTS ACTING AS CLINICAL SUPERVISORS

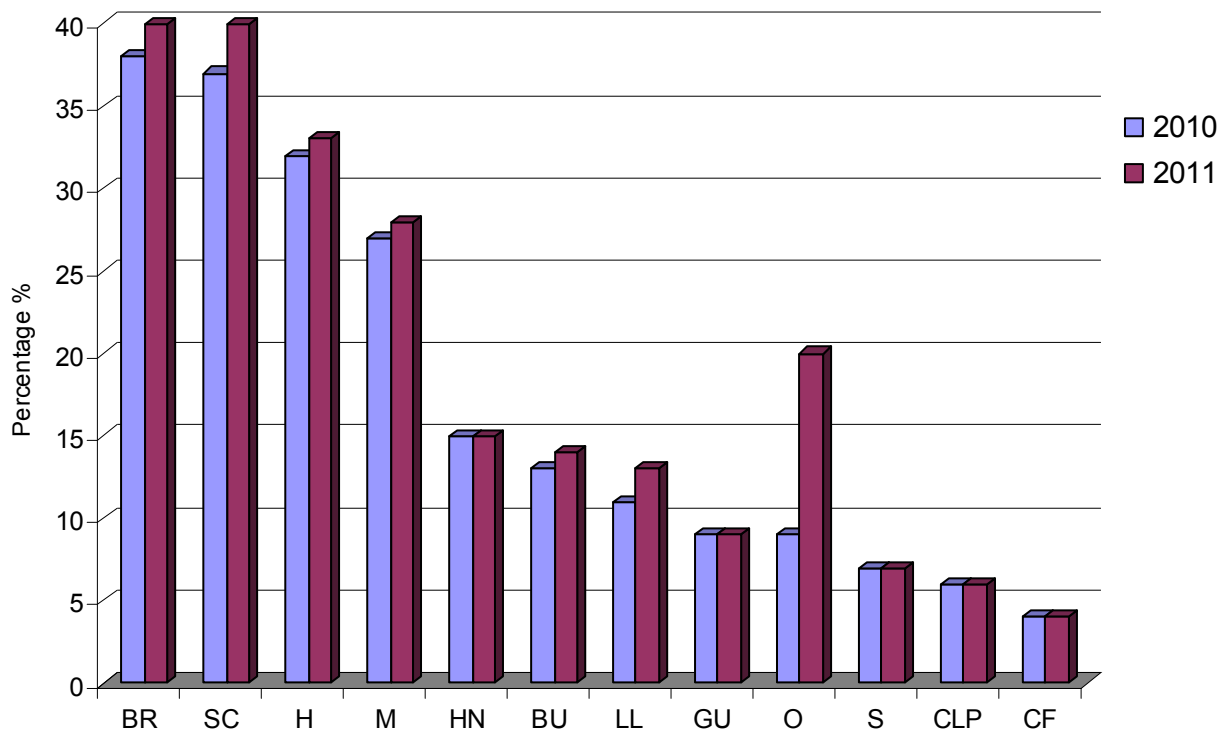


**i** This question was not asked in 2010, therefore, there is no existing data to compare it with



## CONSULTANT SUB-SPECIALTIES

(By Percentage)

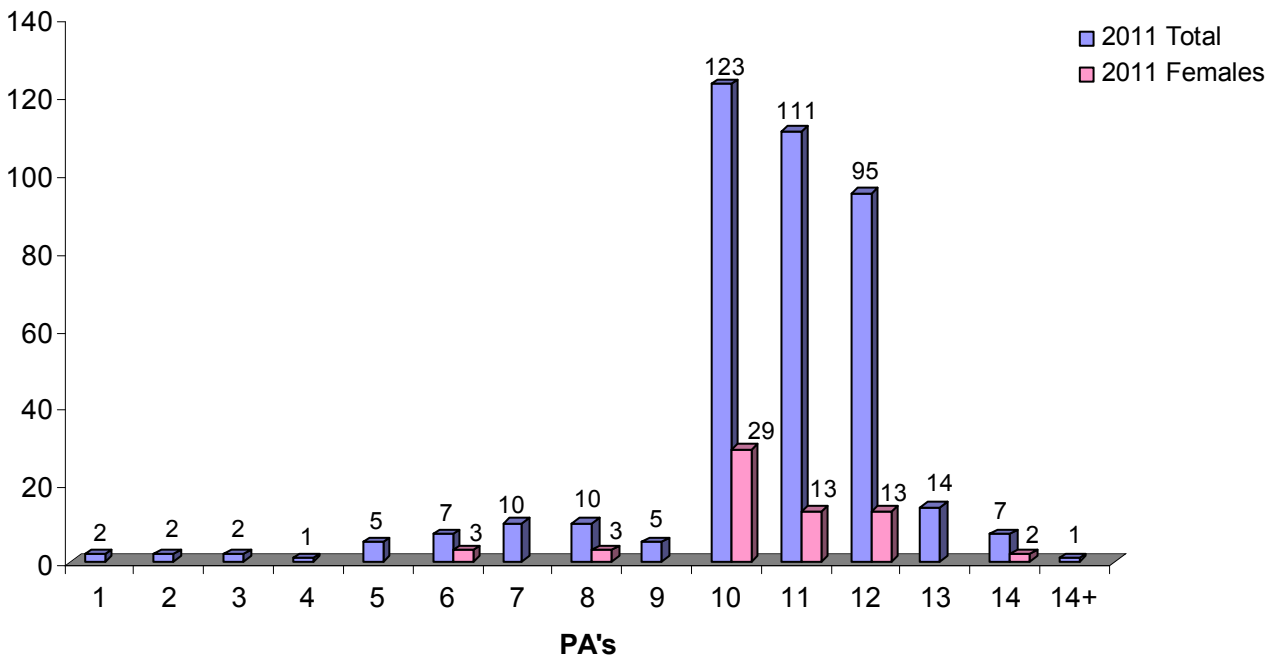


**BR=Breast, SC=Skin Cancer, H=Hand Upper Limb, M=Microsurgical Reconstruction, HN=Head & Neck, BU=Burns, LL=Lower Limb Trauma, GU=Genitourinary, O=Other, S=Sarcoma, CLP=Cleft Lip & Palate, CF=Craniofacial**

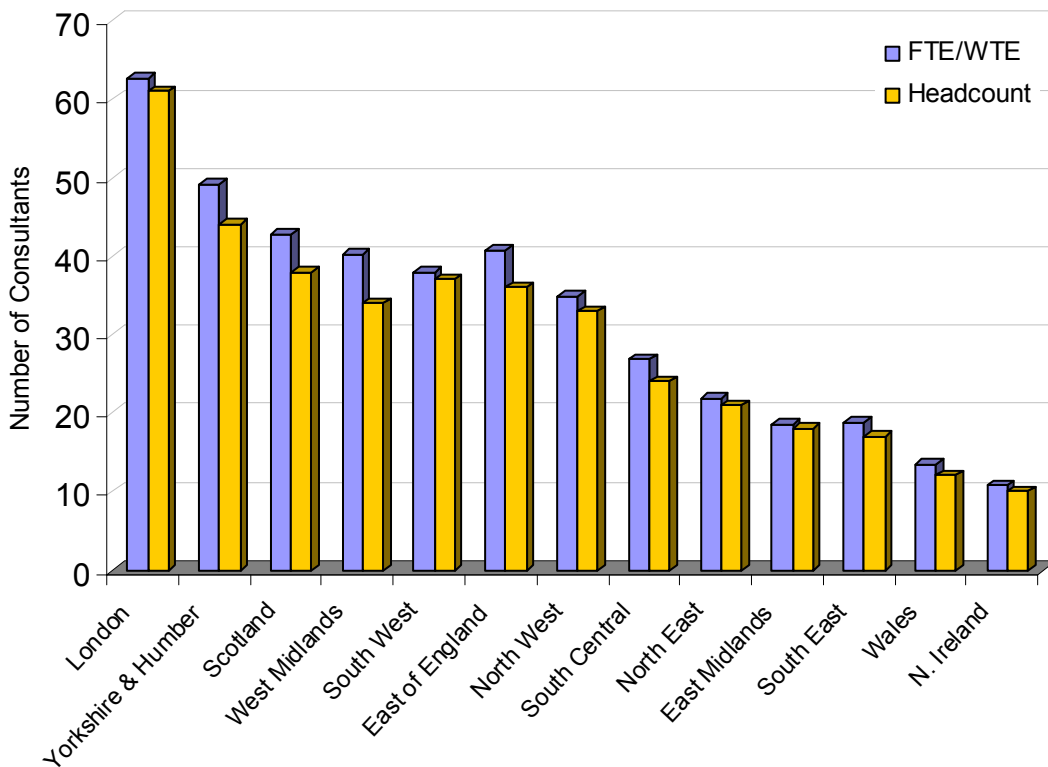
*Each consultant was given the option of listing a maximum of 3 sub-specialty interests.*

*'Other' category includes consultants indicating interests in laser surgery, melanoma, facial palsy, ear reconstruction, paediatrics, vascular malformations, perineal, hypospadias, wound care, congenital hand, nose reconstruction, pelvic oncology, brachial plexus, gynae reconstruction, weight loss and pressure sores.*

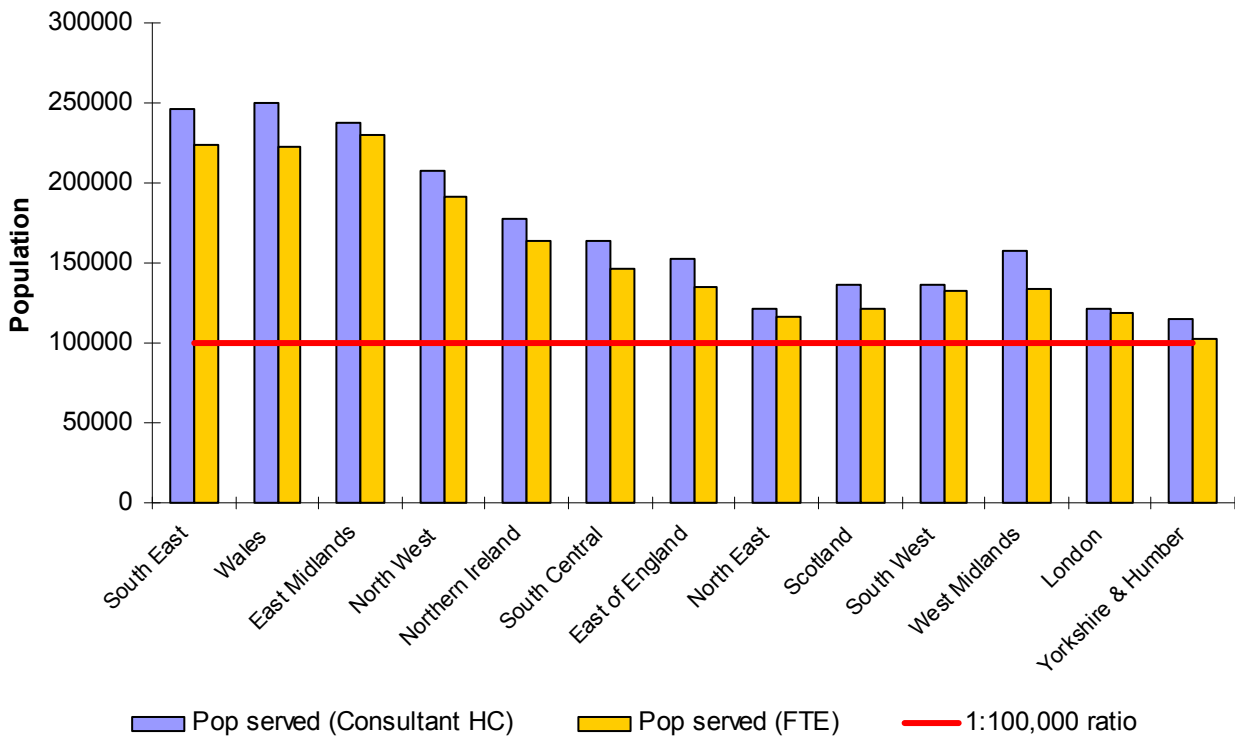
## PA's WORKED BY CONSULTANTS (On New Contract)



## FULL TIME EQUIVALENTS (By Region)



## REGIONAL VARIATIONS IN POPULATION SERVED PER CONSULTANT




## TOTAL CONSULTANTS NEEDED TO SERVICE 1:100,000 POPULATION RATIO

Region	*FTE req'd for 1:100,000 ratio	Current FTE	Additional FTE Consultants required
North West	68	35.59	32
East Midlands	42	18.62	23
South East	41	18.74	22
Wales	30	13.45	16
East of England	54	40.8	13
West Midlands	53	39.8	13
South Central	39	26.86	12
South West	50	37.89	12
London	74	62.6	11
Scotland	51	42.75	8
Northern Ireland	17	10.8	6
North East	25	21.80	3
Yorkshire & Humber	50	49.28	0

Above does not include locums

## CONSULTANT 2011 RETIREMENTS


Loss reason	2011
Retirement (at/over age 65)	0
Retirement (before age 65)	4
Resignations	1
Death	1
<b>TOTAL</b>	<b>6</b>

 This is the first year for tracking loss of consultants.

All retirements for 2011 occurred within the 59-64 age bracket

## CONSULTANT RETIREMENT PROJECTIONS

Retirement Year	Estimated Number of Consultants Retiring Based on 15% retirement rate *1	Estimated Number of Consultants Retiring Based on 50% retirement rate *2	Estimated Number of Consultants Retiring Based on 100% retirement rate *3
2012	6	19	37
2013	6	13	8
2014	7	12	11
2015	7	10	8
2016	8	13	15

 The above chart represents the estimated number of consultant retirements over the next 5 years.

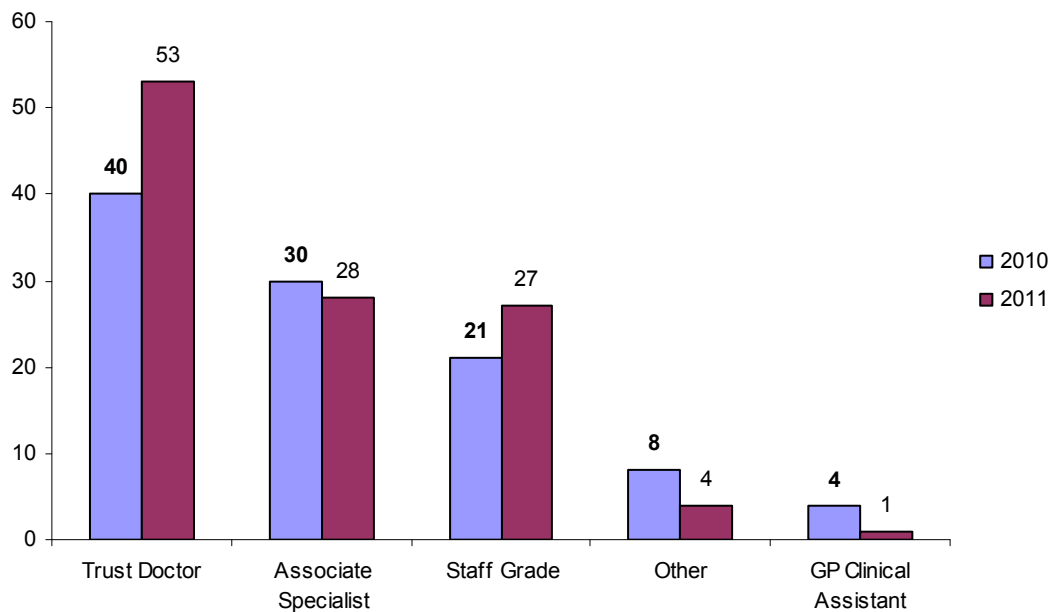
\*1—15% rate is based on number of consultants that retired at the age of 59 or older during 2011

\*2—50% rate is based on 50% of consultants, 59 or older retiring

\*3—100% rate is based on 100% of consultants, 59 or older retiring

## SPECIALTY DOCTORS

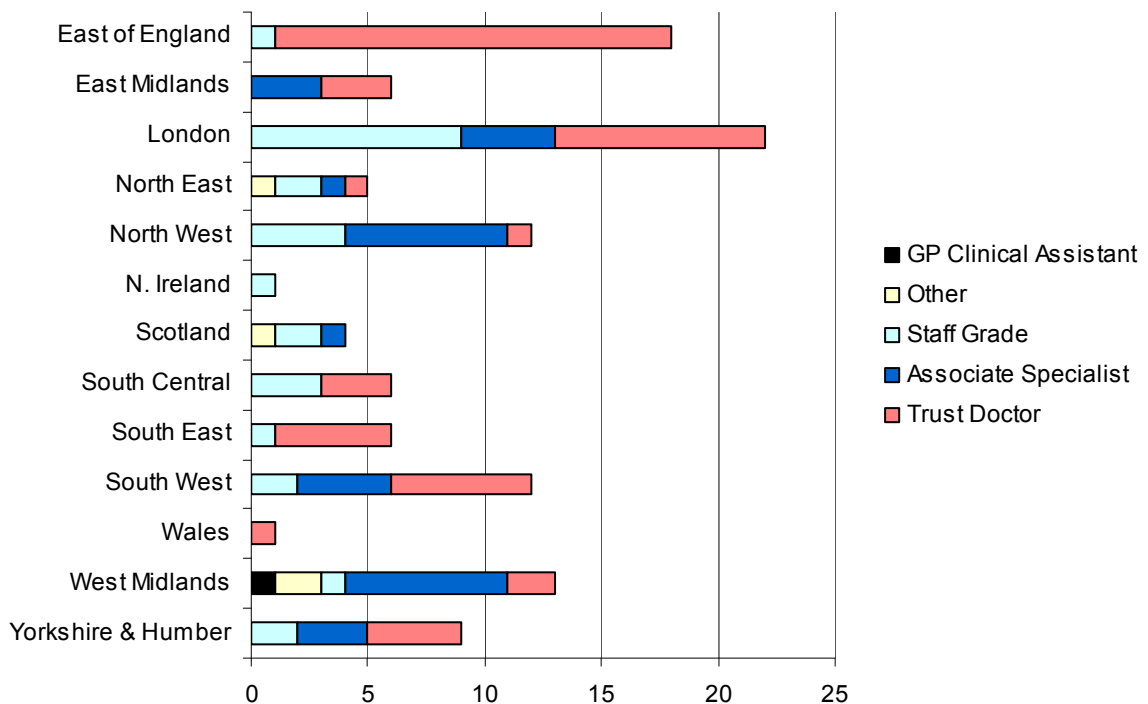
(By Category)



In 2010 there were 103 Specialty Doctors; in 2011 there are 113. This represents an increase of 9.7%.

## SPECIALTY DOCTORS

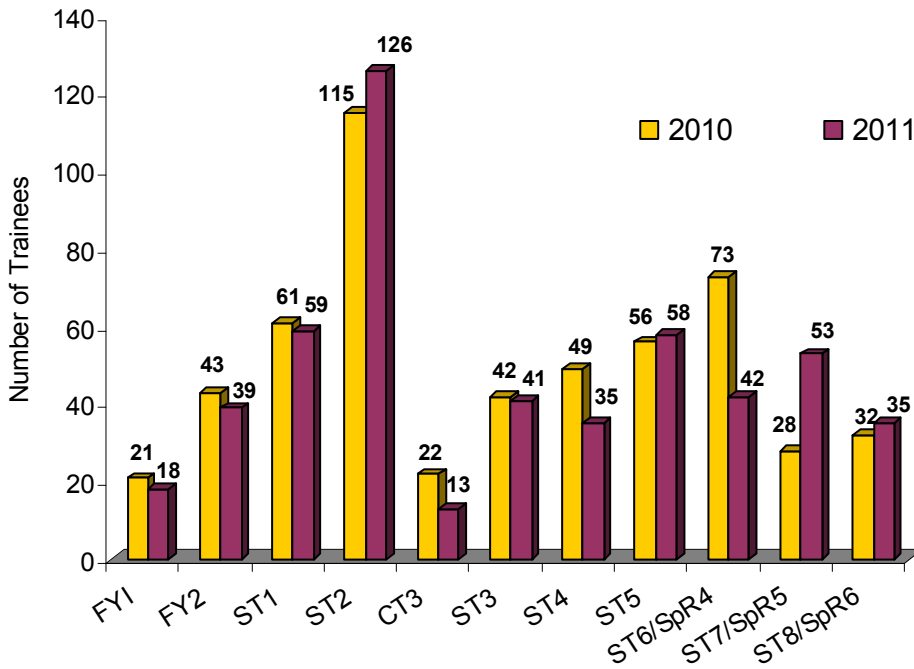
(By Region)



88% of Specialty Doctors are classified as working full time ( $\geq 10$  PA's) This is an increase of 2% over 2010.

'Other' includes Trust Grade SHO and GP's

# TRAINEES

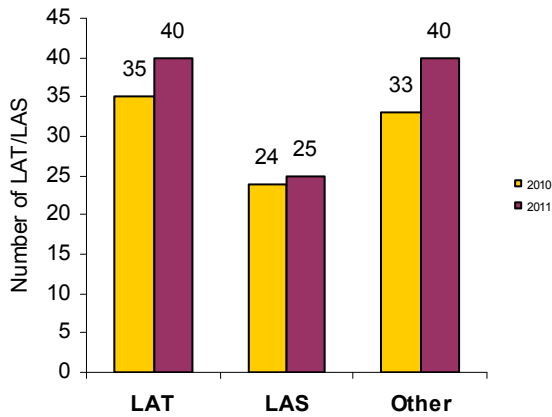


The number of trainees in 2011 decreased by 4.4% (23 trainee posts) since 2010.

## BY REGION



## TOTAL NUMBER OF LAT/LAS POSTS



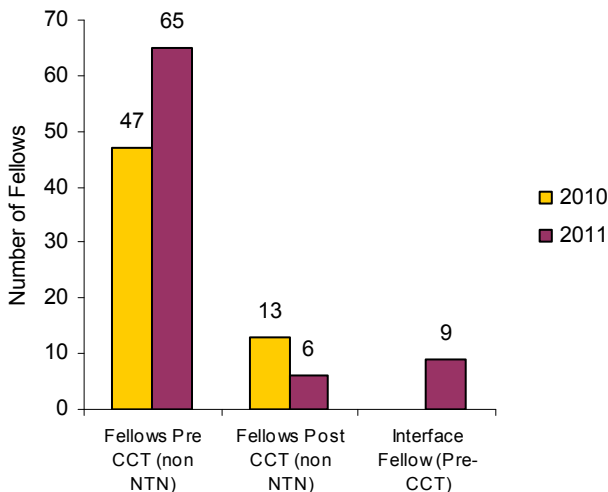
**i** LAT = Locum Appointment for Training  
LAS = Locum Appointment for Service

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

Categories that were reported in the 'Other' column were: Unpaid visiting Australian Fellow, CT2 posts, Trauma doctors, Trust Grade senior clinical fellow, Welsh Clinical Academic Training Fellow, Burns Fellow and Microsurgical Fellow.

One LAT post is vacant

## TOTAL NUMBER OF FELLOWS



**i** 2011 Non NTN Pre-CCT Fellows include:

Micro-2, Craniofacial-6, Cleft-2-, Hand-3, Orthopaedic-2, Breast-2, Sr Clinical Fellow-2, Laser Research-1, Overseas-1 and Trauma-1

2011 Non NTN Post-CCT Fellows include:

Breast-1 and International Plastic Surgery Fellow-1

2011 Interface Fellows Pre-CCT include:

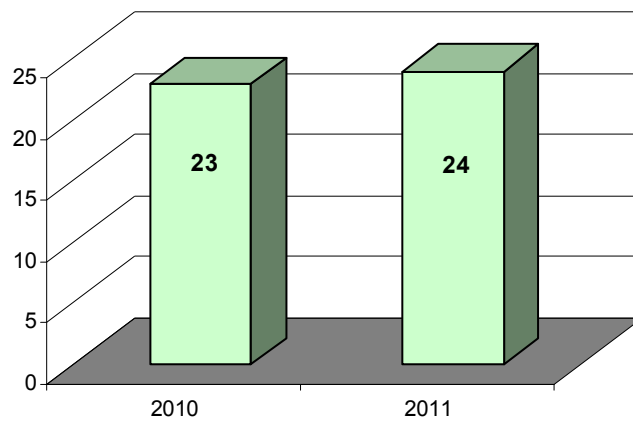
Hand-1, Orthopaedic-1 and Breast-1

## PLASTIC SURGERY TRAINEES IN TIG POSTS

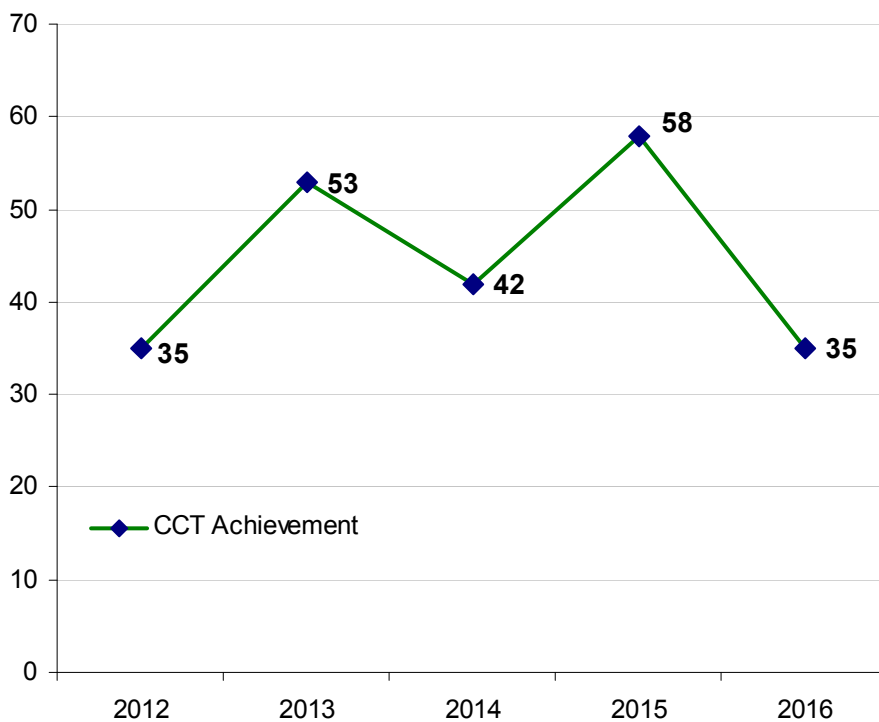
Specialty	Plastic Trainees in Post in 2010	Plastic Trainees in Post in 2011	
Breast Oncoplastics	3	0	
Cleft Lip & Palate	0	1	From July 2011
Cosmetic Reconstructive	4	8	From Feb 2011-Feb 2012
Hand	5	4	From Feb 2011-Feb 2012
Head & Neck Oncology	1	0	
Reconstructive Trauma Surgery	0	2	

**i** TIG Post figures kindly provided by Plastic Surgery SAC

## TOTAL NUMBER OF SURGICAL CARE PRACTITIONERS



## WHERE WILL A TRAINEE GET A CONSULTANT JOB?



## PROJECTED NUMBER OF RETIREMENTS IN EACH YEAR\*

6                  6                  6                  7                  8

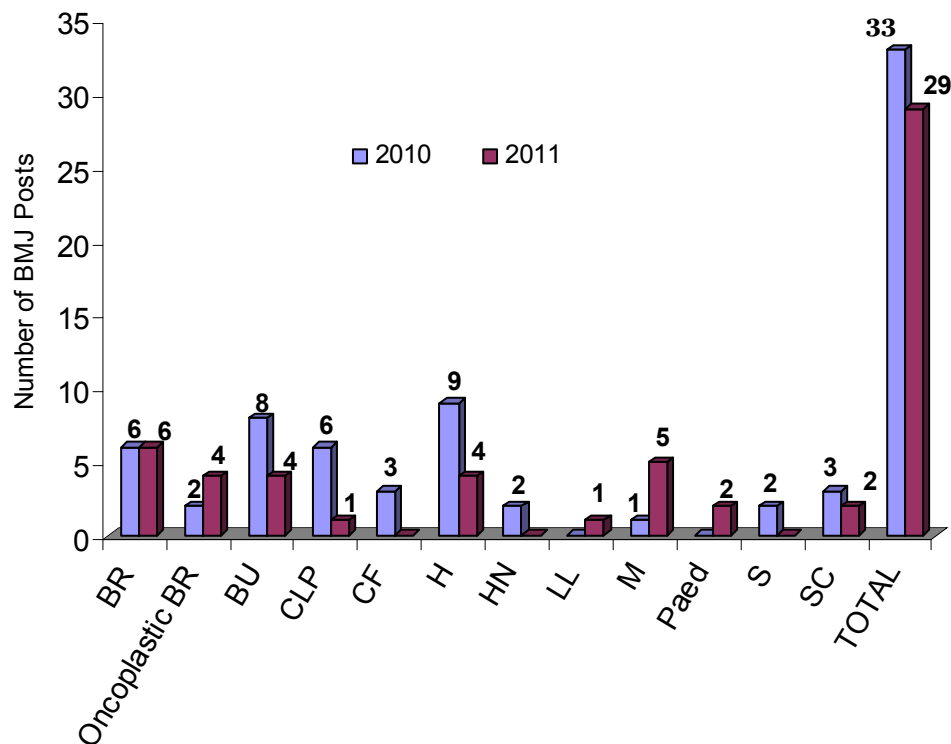
\*Projections based on 15% retirement rate for consultants 59 and older .



- Numbers coming out of training peaking in next 2-4 years
- Effect of Modernising Medical Careers
- No obvious answer at present



## SUBSTANTIVE CONSULTANT PLASTIC POSTS FROM BRITISH MEDICAL JOURNAL



### 2010:

12.5% of posts were Part-Time/Job Share

78% were newly created posts

### 2011:

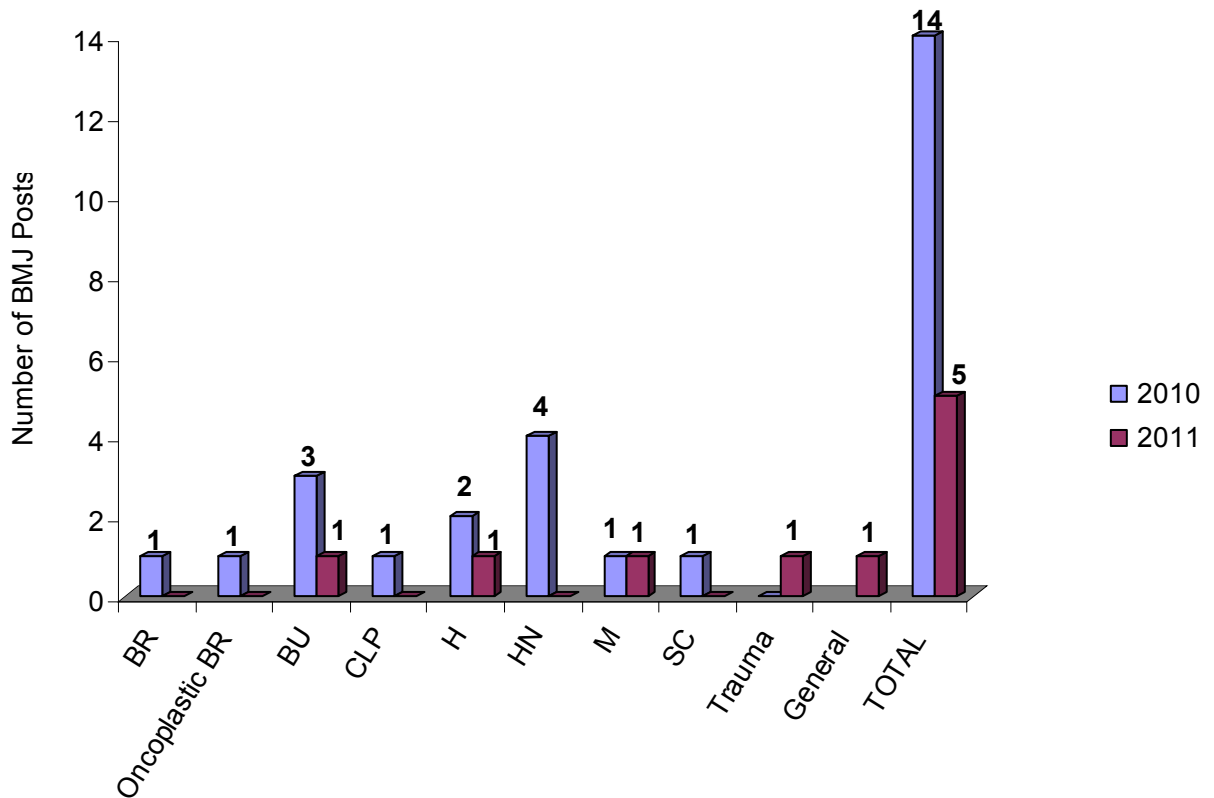
12% of posts were Part Time/Job Share

94% were newly created posts

### 2012:

Based on the 2011 survey, 25 new consultant plastic posts may be advertised in 2012. Workforce Linkpersons were asked to give a prediction for this.

## LOCUM CONSULTANT PLASTIC POSTS FROM BRITISH MEDICAL JOURNAL



### **i** 2010:

21% of posts were for a time period of <6 months, 57% for 6 months—1 year and 22% were of an unknown length of time.

### 2011:

20% of posts were for a time period of 6 months, 40% for 12 months and 40% were full time posts.

# APPENDIX (The 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 2011

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 number of Substantive Posts: NHS _____ Academic _____ Military _____		
Total number of Locum Posts _____		
Total Vacancies (as of 31 <sup>st</sup> Dec 2011) _____		
How many new Consultant Posts <i>*will be/likely to be</i> advertised during 2012? (*delete as appropriate) _____		

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

NOTE: Only include NHS PA's

Consultant	Gender (M or F)	Year of Birth (yyyy)	New Contract		Old Contract		Assigned Educational Supervisor?	Clinical Supervisor?	Does individual undertake private practice?	Sub-Specialty Interest 1*	Sub-Specialty Interest 2*	Sub-Specialty Interest 3*
			Total PA's All Hospitals	Full Time (FT), Maximum part time (MPT), Part time (PT)	Full Time (FT), Maximum part time (MPT), Part time (PT)	Full Time (FT), Maximum part time (MPT), Part time (PT)						
Consultant 1							Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>			
Consultant 2							Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>			
Consultant 3							Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>			
Consultant 4							Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>			
Consultant 5							Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>			
Consultant 6							Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>			
Consultant 7							Yes <input type="checkbox"/>	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 survey form for 2011 changed very little from 2010. In 2011 a more detailed breakdown of Fellows was noted as well as a new question regarding 'How many new consultant posts will be/likely to be advertised.'

# 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 2011

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>	Total Number	<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: (Only include fellows not already listed on this form)</u>	<u>NOTES</u> (Please indicate whether from another specialty)
Interface Fellows - Pre CCT	
Other Fellows (non NTN)	
<ul style="list-style-type: none"> <li>• Pre CCT</li> <li>• Post CCT</li> </ul>	

<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

## SUMMARY

This is the second report of what will become an annual survey. Our Link Persons in each Unit in the UK are to be congratulated on allowing us to achieve a 100% response once more. The value of comprehensive data cannot be underestimated.

It is encouraging to note that the total number of consultant posts has increased by just under 4%, perhaps surprising in the current climate where Trusts and the NHS as a whole have been asked to save very significant sums of money over the next few years. As anticipated, female consultants have increased by 8% since last year and this trend will continue with the high proportion of women trainees in our specialty.

For the first time we are able to report retirements over the last 12 months. This figure will only become useful as retirements year on year are recorded. Although we have again tried separately to predict retirements over the next few years based on different percentages of consultants retiring over the age of 58, these estimates can never be accurate. We have asked Link Persons to report if new consultant posts may be advertised in their Units during 2012. With approximately 35 trainees due to achieve a CCT during this current year, 2012 may not see a noticeable excess of trainees completing training over consultant posts available for them. It is clear however that retirements and new posts for the 3 years beyond this will not equate with the significantly increased numbers of new CCT holders. Early indications are that after 2015 this imbalance, due to the effects of Modernising Medical Careers, will reduce.

The total number of trainees (FY1-ST8) in our Units has decreased by 4% over the last year. Looking at Higher Surgical Training posts (ST3-ST8) this figure is just under 6%. All surgical specialties are expected to see trainee numbers reduce, as there is a move towards a consultant led service. There is also evidence from our returns that more specialty doctors are being appointed with an increase of 10% in the last year.

We will begin to see changes in the next year in commissioning arrangements as a result of the new Health and Social Care Bill. How this will affect the workload in our Units is impossible to predict at present. Our continuing annual survey will reflect changing patterns regionally as well as nationally and will enable our Association to better plan our workforce in future years.



**Eric Freedlander**

Chairman

Workforce Planning Group

June 2012