UK PLASTIC SURGERY WORKFORCE 2012

Profile and Analysis



FOREWORD

This is the third workforce report into the provision of plastic surgery services across the United Kingdom.

The report reflects a great deal of hard work from many members of your Association under the leadership of David Lam, ably assisted by Sharon Ross in the Secretariat. Surveys of this type can easily falter and it is to the great credit of David and Sharon that such a comprehensive response has been obtained.

"May you live in interesting times" is said to be an old Chinese curse and this applies in 2013 as never before. The NHS becomes more fragmented, with increasing provision of services by the private sector, which has yet to be fully understood. Changes to NHS Pensions may see more retirements than anticipated.

In addition to the 54 Plastic Surgery Units around the UK, we must acknowledge the small number of Plastic Surgeons who work outwith these units as part of other teams in Hand Surgery, Brachial Plexus, and Oncoplastic Breast Surgery for example.

I concur with Rick Milner's view last year that "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."

The one thing that is certain is that we all "have many patients but only one licence to practice". So however the workforce changes play out we must ensure that we work and mentor our trainees to the highest standards.

Please reflect on David Lam's Summary.

Gracme Perks

President

British Association of Plastic Reconstructive and Aesthetic Surgeons 2013

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 2012.

The information enclosed is based on 437 Consultants, 118 Specialty Doctors and 489 Trainees (Foundation years and specialty surgical training years) based in 54 plastic surgery units.



UK Regional Units

- 1. East of England
- 2. East Midlands
- 3. London
- 4. North East
- 5. North West
- 6. South Central
- 7. South East

- 8. South West
- 9. West Midlands
- 10. Yorkshire & The Humber
- 11. Wales
- 12. Scotland
- 13. Northern Ireland

2012 WORKFORCE LINKPERSONS

We would like to thank all the 2012 Workforce Linkpersons. Without their assistance, this survey would not be possible.

East Midlands Kettering General Hospital Thangasamy Sankar

Leicester Royal InfirmaryMatt SmithNorthampton General HospitalMichael McKiernanNottingham University HospitalAnna Raurell

East of England Addenbrookes Hospital Sarah Louise Benyon

Broomfield Hospital Niri Niranjan
The Lister Hospital Nick James
Norfolk & Norwich University Hospital Elaine Sassoon

Northern Ireland Royal Victoria Hospital/Ulster Hospital Harry Lewis

London Barts & The London NHS Trust Raj Ragoowansi

Charing Cross Hospital Abhilash Jain
Chelsea & Westminster Hospital Niall Kirkpatrick
Great Ormond Street Hospital Neil Bulstrode
Guy's & St Thomas Hospital Mark Ho-Asjoe
Royal Free Hospital Bran Sivakumar
Royal Marsden Hospital Stuart James
St George's Hospital Sonja Cerovac

North East Royal Victoria Infirmary Sarah Pape

University Hospital of North Durham Tom Collin Wansbeck General Hospital Neil McLean

North West Alderhey Children's Hospital Sian Falder
Christie NHS Foundation Trust David Mowatt

Royal Preston Hospital Jeyaram Srinivasan
The Countess of Chester Hospital Fahmy Fahmy
Whiston Hospital David Bell
Wythenshawe Hospital/Royal Manchester Childrens Hospital
Victoria Rose

wytnensnawe Hospital/Royal Manchester Childrens Hospital Victoria Rose

Scotland St John's Hospital at Howden/Royal Hospital for Sick Children William Anderson

Aberdeen Royal Infirmary Ivan Depasquale
Glasgow Royal Infirmary Iain Mackay
Ninewells Hospital Fiona Hogg

South Central John Radcliffe Hospital David Coleman

Mountbatten Nicholas Bennett Stoke Mandeville Hospital Michael Tyler

Wexham Park Hospital Anthony Armstrong

Coast Queen Victoria Hospital John Boorman

South West Derriford Hospital Antony Fitton
Frenchay Hospital Sherif Wilson

Odstock Ctr for Burns, Plastic & Maxillofacial Rod Dunn
Royal Devon & Exeter Healthcare NHS Trust Nick Cawrse

Wales Morriston Hospital Ian Josty

West Midlands Birmingham Children's Hospital Hiroshi Nishikawa

Queen Elizabeth Hospital Birmingham Garth Titley

Russells Hall Hospital Simon Wharton Sandwell Healthcare NHS Trust/City Hospital Atul Khanna

University Hospital Coventry & Warwickshire
University Hospital North Staffordshire

Attl Knanna
Tigi Eltigani
Wayne Jaffe

Yorkshire &Bradford Royal InfirmaryMichael TimmonsThe HumberCastle Hill HospitalAlastair Platt

Royal Hallamshire/Northern General Hospital

James Cook University Hospital Chris Dunkin
Leeds General Infirmary Daniel Thornton
New Pinderfields Hospital Alan Phipps

David Lam

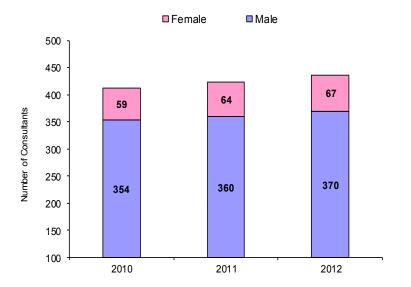
4

South East

CONSULTANTS

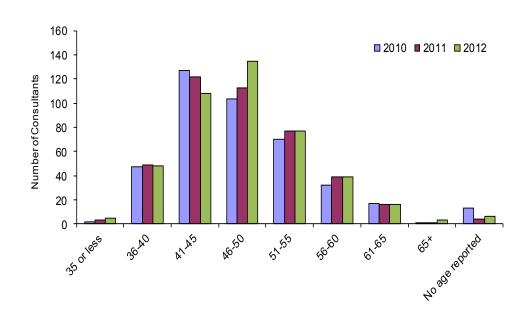
GENDER BREAKDOWN

(Headcount)



- i
- As in 2011, there has been an increase in both male and female consultants for 2012.
 Females have increased by 4.6%, males by 2.8%.
- The overall number of consultants has increased by 3.1% (13 posts)

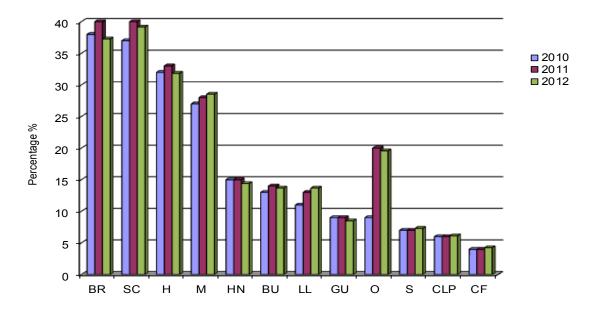
AGE ANALYSIS



During 2012 there was a shift from the 41-45 age bracket to the 46-50 age bracket. The 46-50 age bracket now contains the greatest number of consultants (31%).

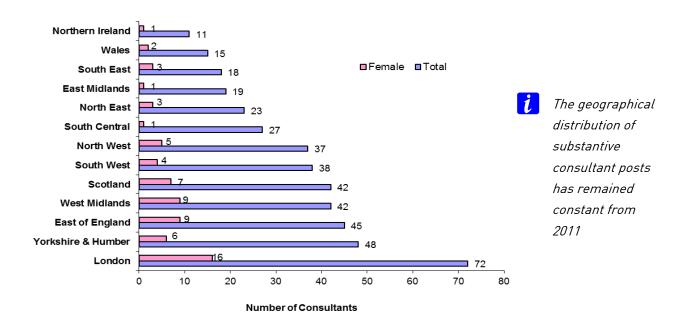
CONSULTANT SUB-SPECIALTIES

(By Percentage)

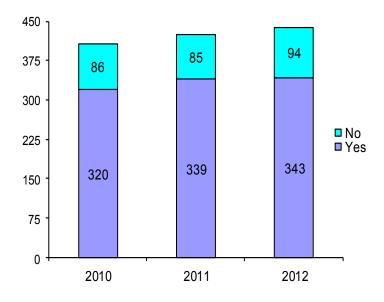


- BR=Breast, SC=Skin Cancer, H=Hand Upper Limb, M=Microsurgical Reconstruction HN=Head & Neck, BU=Burns, LL=Lower Limb Trauma, GU=Genitourinary, O=Other, S=Sarcoma, CLP=Cleft Lip & Palate, CF=Craniofacial
 - Each consultant was given the option of listing a maximum of 3 sub-specialty interests.
 - In 2012 Skin Cancer was the most reported subspecialty interest. In 2010 and 2011 the most reported subspecialty interest was Breast.
 - 'Other' includes interests in laser surgery, facial palsy, ear reconstruction, paediatrics, vascular malformations, perineal, hypospadia, wound care, congenital hand, pelvioncology, brachial plexus, gynae reconstruction, spinal injuries, melanoma, hypohedema, vascular anomolies and pressure sores.

GEOGRAPHICAL DISTRIBUTION OF SUBSTANTIVE CONSULTANT POSTS

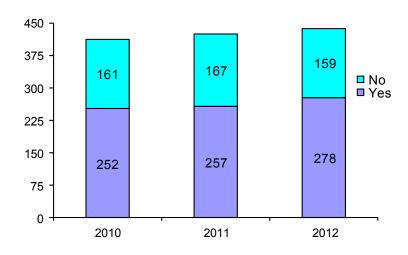


CONSULTANTS UNDERTAKING PRIVATE PRACTICE



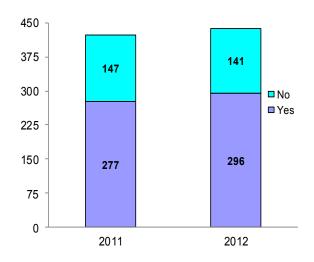
*The number of consultants*undertaking private practice has
remained constant. However, the
number of consultants not
undertaking private practice has
increased from 20% to 22% in
2012.

CONSULTANTS ACTING AS ASSIGNED EDUCATIONAL SUPERVISORS



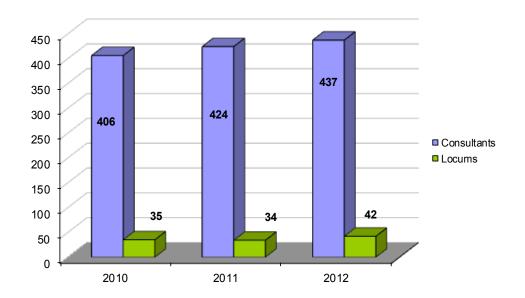
The number of consultants
acting as Assigned Educational
Supervisors has increased by 3%
in 2012.

CONSULTANTS ACTING AS CLINICAL SUPERVISORS



The number of consultants acting as Clinical Supervisors has increased by 3% in 2012.

CONSULTANTS AND LOCUMS



*The number of Locum posts in plastic surgery for 2012 increased by 23.5% (8 posts)*The number of Consultant posts in plastic surgery for 2012 increased by 3% (13 posts)

SUBSTANTIVE AND LOCUM POSTS

(By Region)

| Region | Substa | antive | Vacar | ncies | NF | IS | Acad | emic | Milit | tary | Loc | um |
|--------------------|--------|--------|-------|-------|------|------|------|------|-------|------|------|------|
| | 2011 | 2012 | 2011 | 2012 | 2011 | 2012 | 2011 | 2012 | 2011 | 2012 | 2011 | 2012 |
| London | 73 | 73 | 1 | 1 | 69 | 69 | 3 | 3 | 0 | 0 | 3 | 9 |
| Yorkshire & Humber | 47 | 50 | 0 | 2 | 47 | 48 | 0 | 0 | 0 | 0 | 6 | 4 |
| East of England | 44 | 47 | 1 | 2 | 43 | 45 | 0 | 0 | 0 | 0 | 3 | 5 |
| Scotland | 41 | 43 | 3 | 1 | 37 | 41 | 1 | 0 | 0 | 0 | 2 | 1 |
| West Midlands | 44 | 42 | 0 | 0 | 41 | 39 | 0 | 0 | 3 | 3 | 2 | 5 |
| South West | 36 | 37 | 0 | 0 | 34 | 35 | 0 | 0 | 2 | 2 | 2 | 6 |
| North West | 38 | 37 | 1 | 0 | 36 | 36 | 1 | 1 | 0 | 0 | 3 | 4 |
| South Central | 26 | 27 | 1 | 0 | 21 | 23 | 0 | 0 | 4 | 4 | 3 | 2 |
| North East | 24 | 24 | 2 | 1 | 22 | 23 | 0 | 0 | 0 | 0 | 2 | 2 |
| South East | 17 | 18 | 0 | 0 | 16 | 17 | 0 | 0 | 1 | 1 | 0 | 0 |
| East Midlands | 18 | 17 | 0 | 0 | 18 | 17 | 0 | 0 | 0 | 0 | 1 | 2 |
| Wales | 12 | 15 | 0 | 0 | 12 | 14 | 0 | 1 | 0 | 0 | 2 | 2 |
| Northern Ireland | 9 | 11 | 0 | 0 | 9 | 11 | 0 | 0 | 0 | 0 | 2 | 0 |

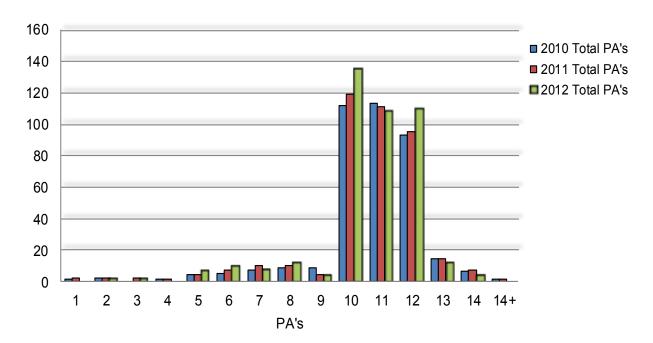


Substantive posts include NHS, Academic, Military and vacant posts

Of the 13 regions, 8 regions increased the number of substantive posts; 3 decreased and 2 remained constant with the previous year.

PA's WORKED BY CONSULTANTS

(On New Contract)

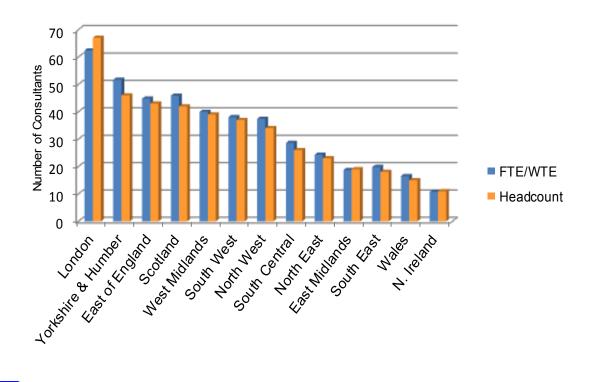


The number of consultants working 10 PA's increased by 13% over 2011. The number of consultants working 12 PA's increased by 15.7% over 2011

The number of consultants working 13 or more PA's has decreased by 23% over 2011

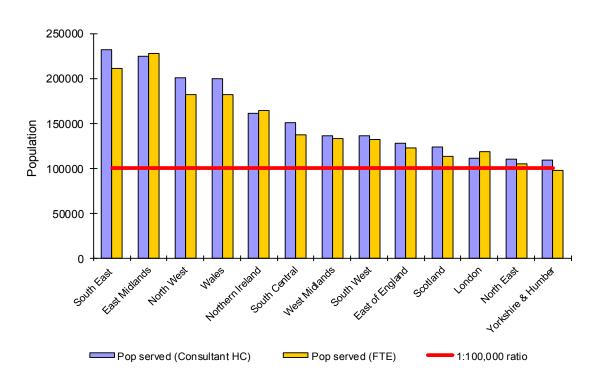
FULL TIME EQUIVALENTS

(By Region)



*In South West Region there are 2 part time consultants that share 1 full time post.*The above does not include consultants that are working on 'Old Contracts'

REGIONAL VARIATIONS IN POPULATION SERVED PER CONSULTANT



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

| Region | FTE required for 1:100,000 ratio | Current FTE | Additional FTE Consultants required 2012 | Additional FTE Consultants required 2011 |
|--------------------|----------------------------------|----------------|--|--|
| North West | 68 | 37.42 | 31 | 32 |
| East Midlands | 42 | 18.75 | 23 | 23 |
| South East | 41 | 19.82 | 21 | 22 |
| Wales | 30 | 16.45 | 16 | 16 |
| West Midlands | 53 | 40.00 | 13 | 13 |
| South West | 50 | 38.04 | 12 | 12 |
| London | 74 | 62.40 | 12 | 11 |
| South Central | 39 | 28.56 | 10 | 12 |
| East of England | 54 | 44.83 | 9 | 13 |
| N. Ireland | 17 | 10.80 | 6 | 6 |
| Scotland | 51 | 45.85 | 5 | 8 |
| North East | 25 | 24.32 | 1 | 3 |
| Yorkshire & Humber | 50 | 51.66 | 0 | 0 |

CONSULTANT RETIREMENTS

| Loss reason | 2011 | 2012 |
|--|------|------|
| Retirement (at/over age 65) | 0 | 1 |
| Retirement (before age 65) | 4 | 4 |
| Resignations | 1 | 0 |
| Death | 1 | 0 |
| TOTAL | 6 | 5 |
| Retirement rate of total number of consultants | 1% | 1.1% |
| Retirement rate of consultants 60 and over | 18% | 21% |



The number of retirements remained consistent from 2011 with a retirement rate of 1.1% of total consultants.

The youngest age that retired in 2012 was 60 whilst the oldest retirement age was 66.

Based on known consultant retirements from 2012 survey, 4 consultants will be retiring in 2014 and 1 in 2013

CONSULTANT RETIREMENT PROJECTIONS

| Retirement Year | Estimated Number of Consultants Retiring Based on 1% retirement rate *1 | Estimated Number of Consultants Retiring Based on 15% retirement rate *2 | Estimated Number of Consultants Retiring Based on 25% retirement rate *3 |
|--------------------|--|---|---|
| 2013 | 4 | 4 | 7 |
| 2014 | 4 | 5 | 7 |
| 2015 | 4 | 6 | 8 |
| 2016 | 4 | 6 | 9 |
| 2017 | 4 | 8 | 10 |



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

Number of Consultants 60 and over during the next 5 years, assuming zero retirements is:

 2013 – 30 Consultants
 2016—58 Consultants

 2014—38 Consultants
 2017—74 Consultants

2015—49 Consultants

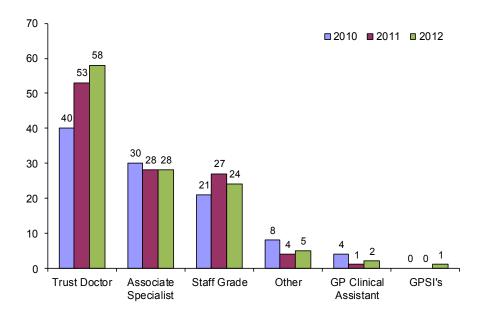
^{*1—1%} rate is based on the percentage of the total number of consultants during 2012

^{*2—15%} rate is based on 15% of consultants, 60 or older retiring

^{*3—25%} rate is based on 25% of consultants, 60 or older retiring

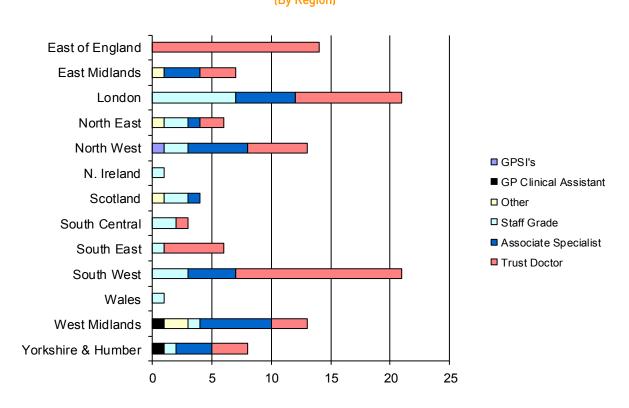
SPECIALTY DOCTORS

(By Category)



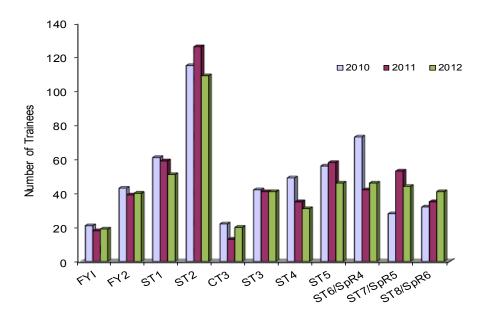
† The number of Specialty Doctors has increased from 113 to 118 in 2012. This represents an increase of 4.3% and an increase of 14.5% since 2010.

SPECIALTY DOCTORS (By Region)



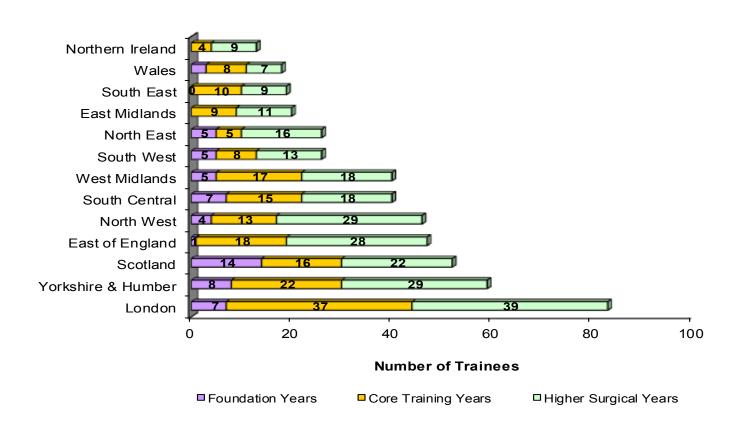
i 'Other' includes Trust Grade SHO, Micro Fellow and GP's

TRAINEES

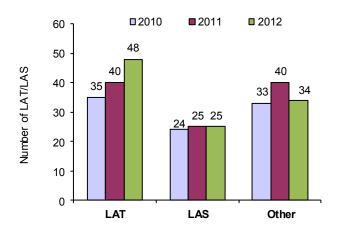


*The number of trainees in 2012 decreased by 6.0% (31 trainee posts) since 2011.*Since 2010 the number of trainees in plastic surgery has decreased by 10%.

BY REGION



TOTAL NUMBER OF LAT/LAS POSTS



i

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

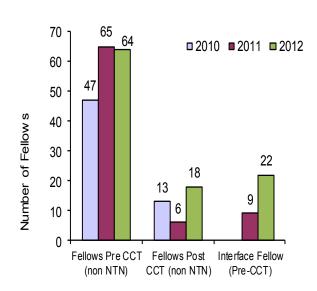
A LAT post is recognised for training purposes by the SAC; a LAS post is not.

LAT has increased by 20% over 2011 and 37% since 2010.

Categories that were reported in the 'Other' column were: CT2 posts, Trust Registrar, Physicians Assistant, Plastic Trainee, Breast Trainee, Welsh Clinical Academic Training Fellow and Microsurgical Fellow.

One LAT post is vacant

TOTAL NUMBER OF FELLOWS



1

2012 Non NTN Pre-CCT Fellows include:

Research, CP Trainee, Overseas, Microsurgical, Plastic SpR6, Staff Grade, Sr Clinical Fellows, Breast, Craniofacial, Cleft, Hand, Orthopaedics, SHO Level and Sarcoma

2012 Non NTN Post-CCT Fellows include:

Craniofacial Fellow, Breast Surgeon, Staff Grade and Fellows from Spain and Italy

2012 Interface Fellows Pre-CCT include:

Part-time Breast and Head & Neck, Hand, Oncoplastic Breast Surgeon, Cosmetic, Cleft Lip and Palate and SHO Level

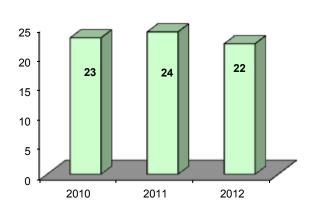
PLASTIC SURGERY TRAINEES IN TIG POSTS

| Specialty | Plastic Trainees in Post in 2010 | Plastic Trainees in Post in 2011 | Plastic Trainees in Post in 2012 |
|-------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| | | | |
| Breast Oncoplastics | 3 | 0 | 2 |
| Cleft Lip & Palate | 0 | 1 | 1 |
| Cosmetic Reconstructive | 4 | 8 | 16 |
| Hand | 5 | 4 | 5 |
| Head & Neck Oncology | 1 | 0 | 1 |
| Reconstructive Trauma Surgery | 0 | 2 | 4 |
| Therapeutic Use of Lasers | | | 1 |



The number of TIG's in Cosmetic Reconstructive has doubled from 2011 TIG Post figures kindly provided by Plastic Surgery SAC

TOTAL NUMBER OF SURGICAL CARE PRACTITIONERS



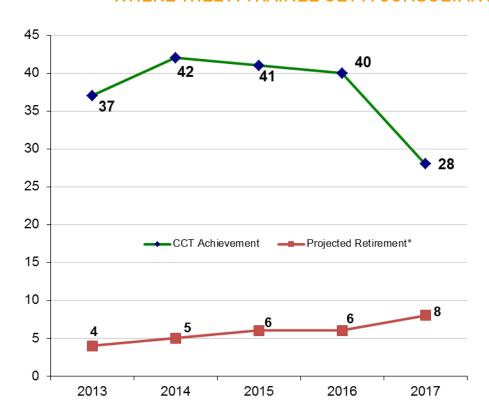
*t*This represents Surgical Care

Practitioners and Surgical Nurse

Practitioners that are allowed to

operate or suture.

WHERE WILL A TRAINEE GET A CONSULTANT JOB?

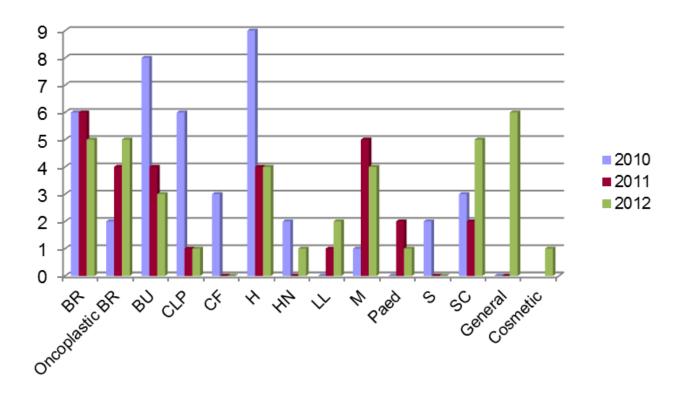


*Projected retirement based on 15% retirement rate for consultants 60 and older

Based on 2012 survey, known hiring will occur for 3 consultants and 1 locum post during 2013.

Numbers coming out of training peaking in next 1-4 years

SUBSTANTIVE CONSULTANT PLASTIC POSTS FROM BRITISH MEDICAL JOURNAL



i

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

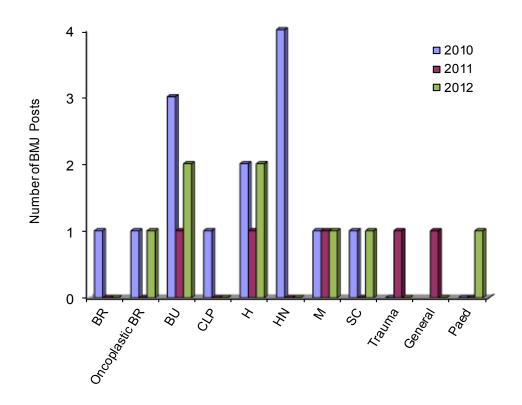
<u>2012</u>

18% of posts were Part-Time/Job Share 92% were newly created posts The subspecialty of 'General Plastic Surgery' has increased in BMJ by 15.7% since 2011

<u>2013</u>

Based on 2012 survey, 5 Consultant posts and 3 Locum posts will be advertised in 2013.

LOCUM CONSULTANT PLASTIC POSTS FROM BRITISH MEDICAL JOURNAL



<u>i</u> 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.

<u>2011</u>

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

<u>2012</u>

25% of posts were for a time period of <6 months, 50% for 6–12 months and 25% were Part Time/Job Share 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 31st DECEMBER 2012

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 |
| 1 | - |
| Total number of Locum Posts | |
| Total Vacancies (as of 31st Dec 2012) | |

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

| NOTE: Only i | include NHS | PA's | New Contract | Old Contract | | | | | | |
|--------------|-------------|---------|---------------|-----------------|-------------|-------------|------------|-----------|-----------|-----------|
| Consultant | Gender | Year of | Total PA's | Full Time (FT), | Assigned | Clinical | Does | Sub- | Sub- | Sub- |
| | (M or F) | Birth | All Hospitals | Maximum part | Educational | Supervisor? | individual | Specialty | Specialty | Specialty |
| | | (yyyy) | | time (MPT), | Supervisor? | | undertake | Interest | Interest | Interest |
| | | | | Part time (PT) | | | private | 1* | 2* | 3* |
| | | | | | | | practice? | | | |
| Consultant 1 | | | | | Yes 🗌 | Yes 🗌 | Yes 🗌 | | | |
| Consultant 2 | | | | | Yes 🗌 | Yes 🗌 | Yes 🗌 | | | |
| Consultant 3 | | | | | Yes 🗌 | Yes 🗌 | Yes 🗌 | | | |
| Consultant 4 | | | | | Yes 🗌 | Yes 🗌 | Yes 🗌 | | | |
| Consultant 5 | | | | | Yes 🗌 | Yes 🗌 | Yes 🗌 | | | |
| Consultant 6 | | | | | Yes 🗌 | Yes 🗌 | Yes 🗌 | | | |
| Consultant 7 | | | | | Yes 🗌 | Yes 🗌 | Yes 🗌 | | | |

*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 2012 changed very little from 2011. In 2012, the question 'How many new consultant posts will be/likely to be advertised' was removed.

FORM B: TRAINEES HIGHER SURGICAL TRAINEES/FELLOWS AND ALL OTHER POSTS (not already included on Form A). STATUS AT EACH GRADE ON 31st DECEMBER 2012

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: | | |
|--|--------------|--|
| | Total | <u>NOTES</u> |
| FOUNDATION YEARS | Number | (Please indicate if any are vacancies) |
| FY1 | | |
| FY2 | | |
| ST1/CT1 or equivalent | | |
| ST2/CT2 or equivalent | | |
| CT3 | | |
| HIGHER SURGICAL TRAINER | CS (with | <u>NOTES</u> |
| National Training number) | | 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 | | |
| LAT/LAS | | NOTES |
| Number of LAT | | |
| Number of LAS | | |
| Other (no training number) | | |
| , , | , | |
| FELLOWS: (Only include fellow | <u>s not</u> | NOTES (I) |
| already listed on this form | | (Please indicate whether from another specialty) |
| Interface Fellows - Pre CCT | | |
| Other Fellows (non NTN) | | |
| Pre CCT | | |
| Post CCT | | |
| CHRCICAL CARE | | NOTES |
| SURGICAL CARE PRACTITIONER/SURGICAL | | NOTES |
| NURSE PRACTITIONER | | |
| (allowed to operate or suture) | | |
| <u> </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

I have pleasure to report yet again 100% return on completion of all proformas and would like to thank those all involved in this. The new Health and Social Care Act 2012 has yet to take effect, with the mandate for Health Education England commencing in April to address training.

Interesting trends to note are the fact that with only few retirements planned, newly created posts have increased to 92%. This is the inevitable way forward with the effect of the EWTD taking hold and the need for consultant delivered services. Expansion by 13 new posts has still been possible, despite financial constraints in the NHS.

There is a 6% reduction in the number of trainees, which will help balance supply versus demand, moderating the number of CCT holders completing training. This would appear to be easing by 2015/6.

The use of one consultant per 100,000 of population as a means of justifying posts is a useful tool and should be embraced by regions where this is not the case, to drive expansion. Similarly, jobs with 13 or more PA's have decreased and this activity should be used to create new posts. More imaginative ways of job sharing will also help.

This is now the third in the series of annual reports from BAPRAS written and reported to the Royal College of Surgeons. The information provided by the Linkpersons is invaluable, enabling the Association to get a handle on how we can aid the careers of our younger Members.

David Lam

Chairman Workforce Planning Group June 2013