

**British Association of Urological Surgeons**  
**and**  
**The Specialist Advisory Committee in Urology**

**Workforce Report**

September 2015

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## Consultant Numbers by BAUS Region

Region	Regional Rep	Substantive 2015(2014)	Locum Cons
<b>England</b>			
North East	David Thomas	<b>46</b> (44)	1
North West	Max Mokete	<b>115</b> (110)	7
Yorks/Humberside	Tony Browning	<b>82</b> (81)	2
West Midlands	Michael Foster	<b>72</b> (71)	6
East Midlands	Gurminder Mann	<b>49</b> (45)	2
East of England	Damian Hanbury	<b>86</b> (89)	7
South East Coast	Sri Sriprasad	<b>61</b> (60)	1
London North	Giles Hellawell	<b>93</b> (87)	12
London South	Nick Watkin	<b>51</b> (47)	5
South Central	Andrew Adamson	<b>70</b> (67)	2
South West	Mark Stott	<b>67</b> (68)	1
<b>Wales</b>	Pradeep Bose	<b>42</b> (41)	2
<b>Scotland</b>			
Scotland West	Bob Meddings	<b>44</b> (41)	0
Scotland East	Ben Thomas	<b>37</b> (36)	4
<b>Northern Ireland</b>	John McKnight	<b>22</b> (21)	0
<hr/>			
<b>UK Total</b>		<b>937</b> (910)	<b>52</b> (53)
<b>Republic of Ireland</b>	Kilian Walsh	<b>33</b> (31)	4

### Total Numbers

	2011	2012	2013	2014	2015
Consultant	840	875	886	963	989
Trainee	329	323	326	277	322

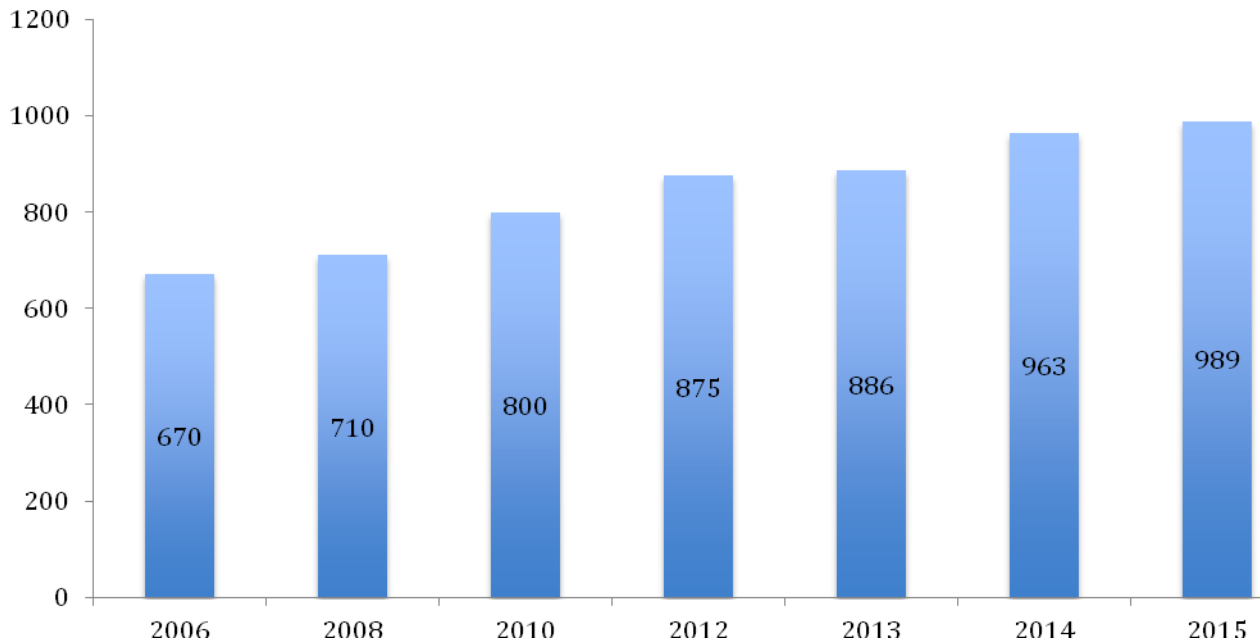
### UK Consultant Distribution

	2015	(2014)	
England	<b>838</b>	(815)	of which 46 are locums
Wales	<b>44</b>	(44)	of which 2 are locums
Scotland	<b>85</b>	(83)	of which 4 are locums
Northern Ireland	<b>22</b>	(21)	no locums
UK	<b>989</b>	(963)	of which 52 are locums
Republic of Ireland	<b>37</b>	(34)	of which 4 are locums

### UK SUBSTANTIVE Consultant Urologist: Population Ratios 2005-15

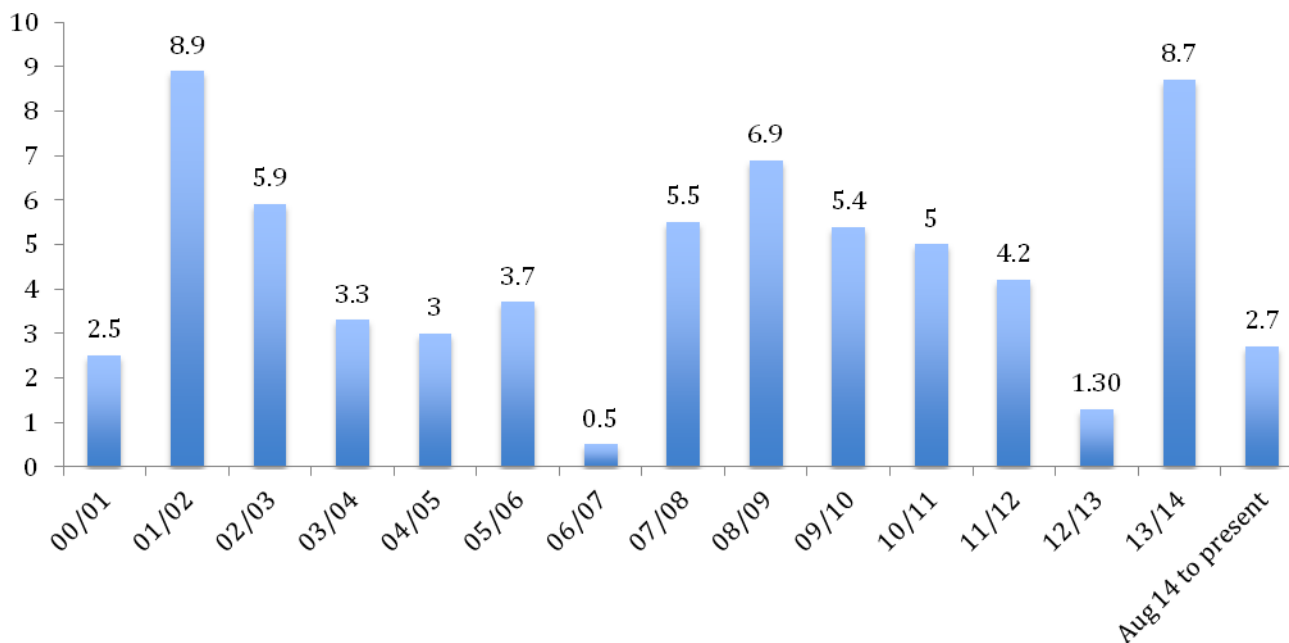
	UK	England	Wales	Scotland	N Ireland
2005	1:94,000	1:93,000	1:107,000	1:94,000	1:113,000
2006	1:93,000	1:92,000	1:99,000	1:95,000	1:109,000
2007	1:88,000	1:91,000	1:90,000	1:83,000	1:110,000
2008	1:84,000	1:85,000	1:83,000	1:72,000	1:103,000
2009	1:80,000	1:81,000	1:78,000	1:71,000	1:93,000
2010	1:77,000	1:78,000	1:70,000	1:70,000	1:89,000
2011	1:74,121	1:74,301	1:71,581	1:69,613	1:89,970
2012	1:72,189	1:72,306	1:70,455	1:69,142	1:82,309
2013	1:71,312	1:71,349	1:68,076	1:68,771	1:86,232
2014	1:70,330	1:69,909	1:75,610	1:68,831	1:85,714
<b>2015</b>	<b>1:69,457</b>	<b>1:69,095</b>	<b>1:74,171</b>	<b>1:66,512</b>	<b>1:84,286</b>

### Total Consultant Numbers 2006-15



There has been an 2.7% increase in total consultant numbers over the last 12 months and 3% increase in substantive numbers.

### Chronological Rate of Annual Total Consultant Expansion (%)



The mean rate of consultant expansion over the last 15 years has been 4.5%. If this rate of expansion continues and the UK population expands at the expected rate, the **urologist:population ratio will be 1:59,978 in 2020.**

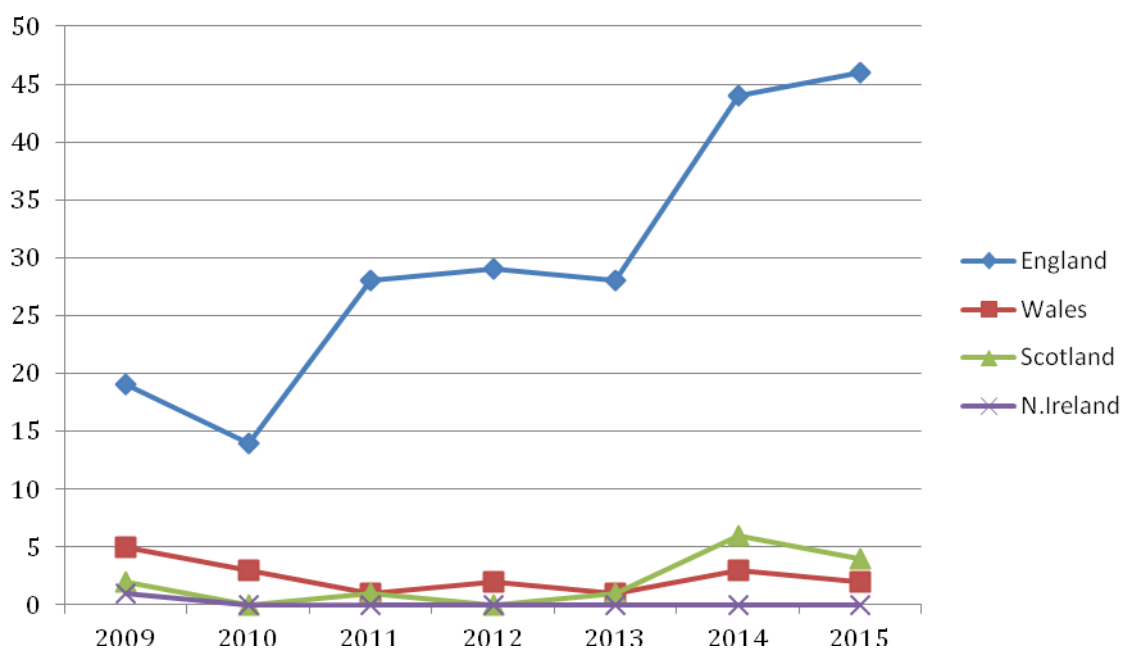
## Substantive UK Consultant: Population Ratios 2015

UK 65 million	1: 69,457	↓ (relative to 2014)
England 54.7 million	1: 69,095	↓
Wales 3.1 million	1: 74,171	↓
Scotland 5.3 million	1: 66,512	↓
Northern Ireland 1.8 million	1: 84,286	↓
Republic Ireland 4.8 million	1: 145,454	↓

All regions demonstrate improved Con:Population ratios. The largest reduction in Scotland is due to conversion of two locum posts to substantive plus two extra substantive posts.

Marginal reduction in overall UK locum appointments from 53 to 52 with slight increase in England.

## Locum Consultant Appointments



## European Workforce Perspective

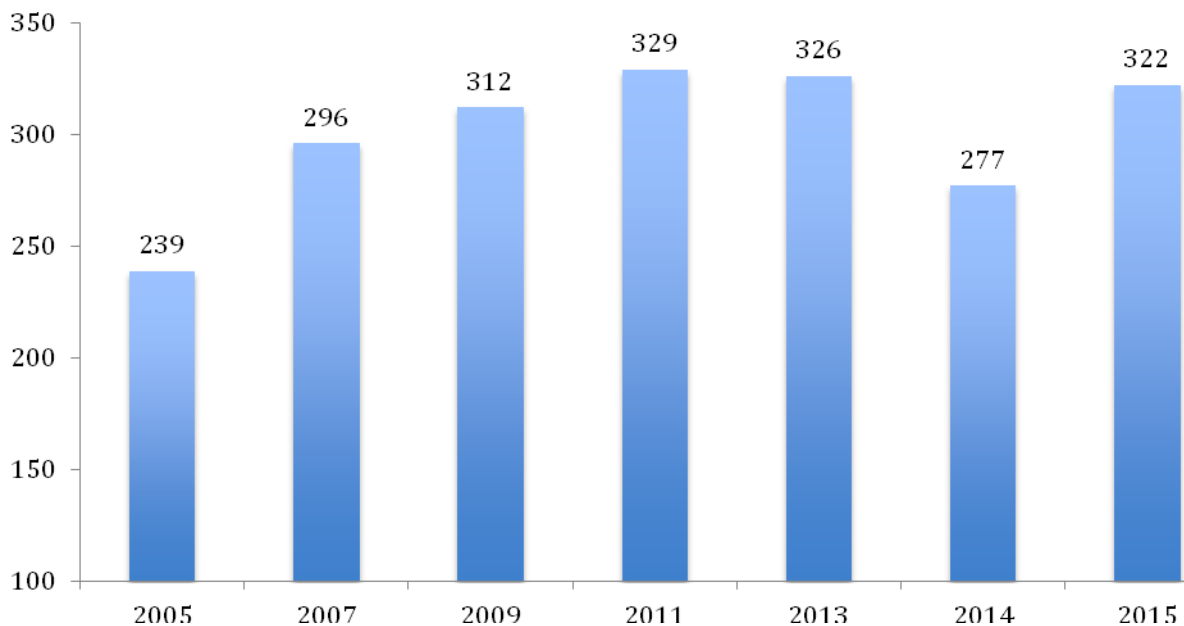
Country	Population	Urologists/Population	Trainee/ Residents	Subst. Cons	Cons / Trainee ratio	Vacancies per year
United Kingdom	65,081,276	69,457	322	937	3:1	65
Austria	8,490,000	16,233	95	523	5:5	Unknown
Belgium	11,035,948	30,740	88	359	4:1	5
Czech Rep.	10,000,000	12,500	108	800	7:4	10
France	65,586,000	50,450	237	1300	5:5	53
Germany	81,800,000	16,751	Unknown	4883	Unknown	Unknown
Italy	60,000,000	15,000	490	4000	8:2	Unknown
Netherlands	16,818,428	42,578	140	395	2:8	10
Spain	50,000,000	25,000	375	2000	5:3	25
Greece	10,850,000	9,305	196	1166	5:9	22

Comparison with 2014 European figures as updated figures for 2015 unavailable. UK urologists remain the lowest in number per head of population across the whole of Europe. These figures are difficult to interpret, however, due to very significant differences in what constitutes a “urologist” in different countries.

## Trainee Numbers

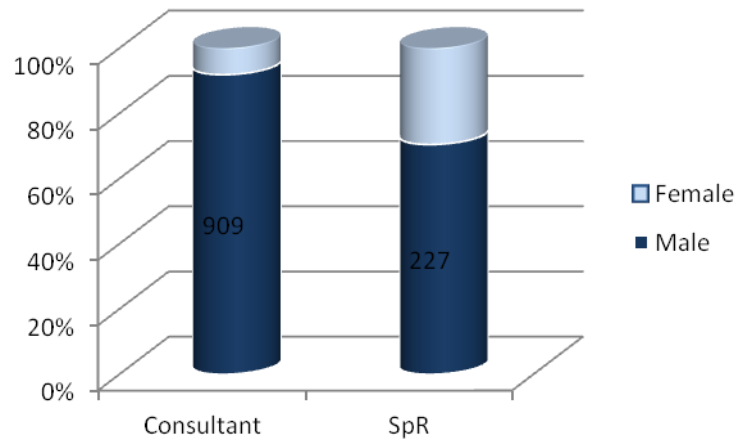
Deanery	No of Trainees
North West	19
Northern	19
Yorkshire and Humber	39
Mersey	16
E Midlands (M/S Trent)	17
West Midlands	25
East of England	21
Oxford	13
Wessex	9
South West	22
London/KSS	80
Wales	9
Scotland East	12
Scotland West	14
Northern Ireland	7
Total (Aug 2015)	322
Republic of Ireland	18 (not included in total)

## Number of Trainees NTN (2005-15)



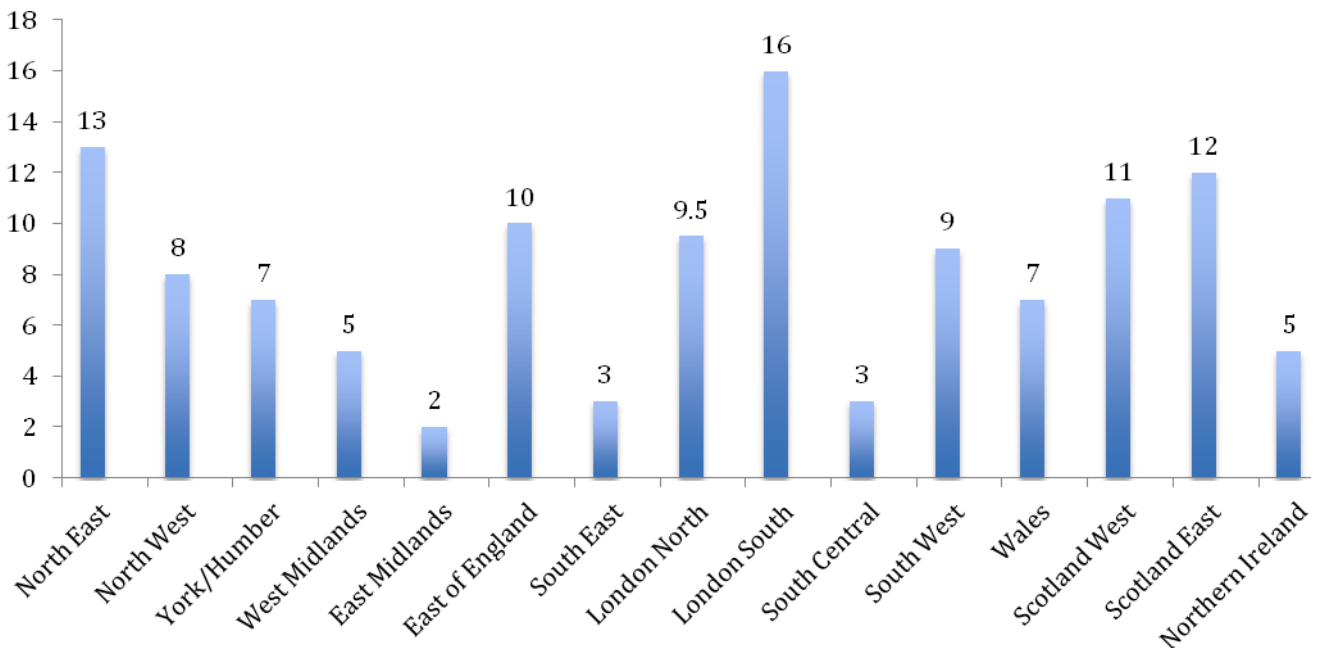
The overall figure of 293 in the 2014 report was incorrect in that the Republic of Ireland trainees were included. The apparent reduction in NTN for 2014 looks anomalous and may be partly down to data collection methodology. Cross checking data against JCST registration data suggests the figure for this year is more accurate.

## Workforce Distribution Male: Female 2015



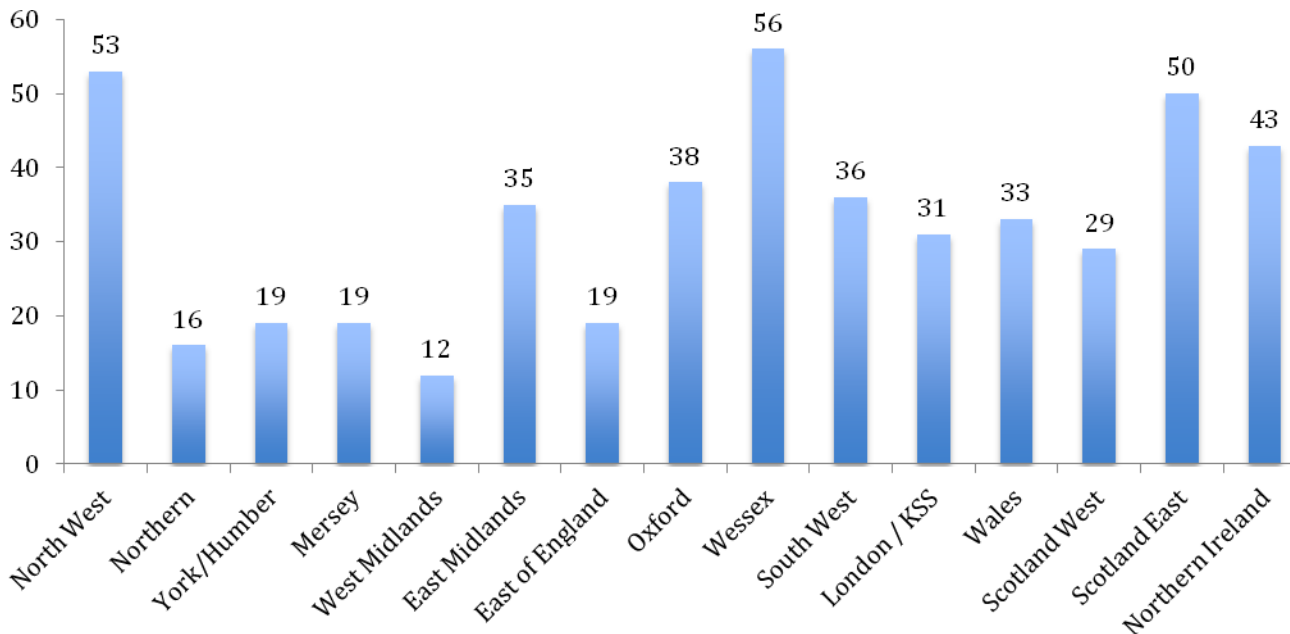
Current consultant workforce (inc. locums) comprises 80 females and 909 males (8%). Female trainee numbers are now 95 of 322 (30%)

## Percentage of Female Consultants by Region





## Percentage of Female Trainees by Programme



There is now a very marked difference in the male:female ratios between training and consultant grades. The consultant body remains overwhelmingly male (92%) whereas in some parts of the country the trainee ratio is close to 50:50

## Certification Statistics

### GMC CCT Statistics 2010-14

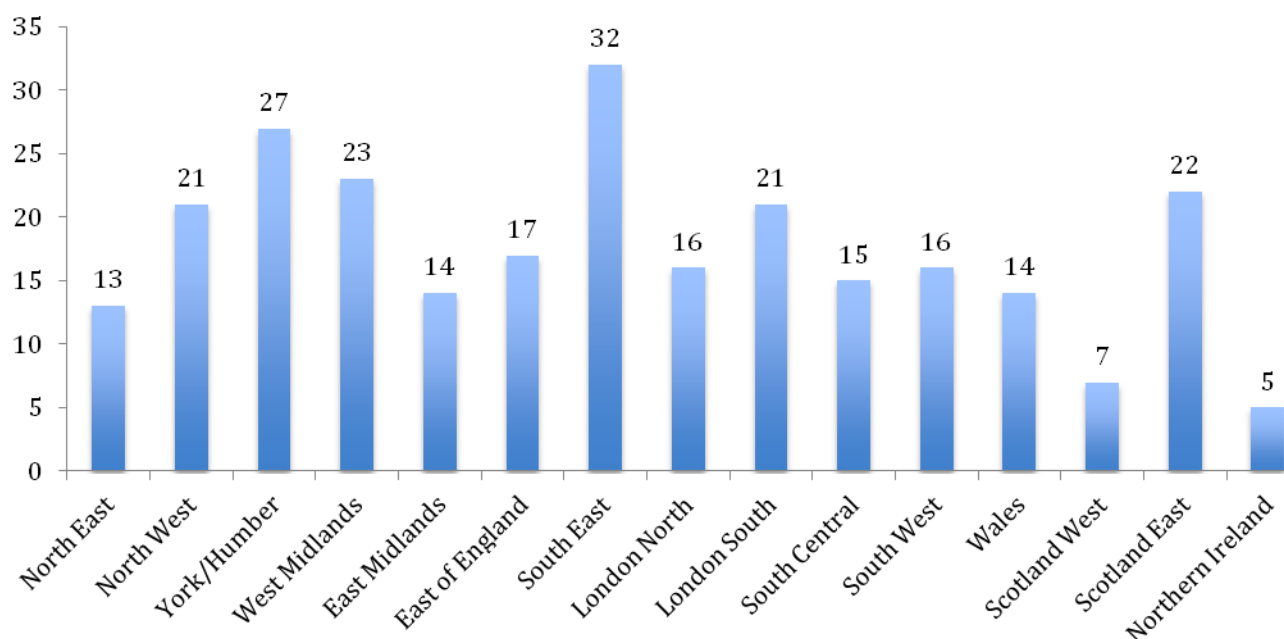
Year	No of Trainees obtaining CCT
2010	51
2011	44
2012	60
2013	46
2014	54

### Consultant Retirements

Region	Projected Retirements 2016 - 2020
North East	6
North West	25
York/Humber	23
West Midlands	18
East Midlands	7
East of England	16
South East	20
London North	17
London South	12
South Central	11
South West	11
Wales	6
Scotland West	3
Scotland East	9
Northern Ireland	1

Based on number of consultants aged 62 or over during 2016 – 2020

### Retirements as % of Workforce by Region 2016 - 2020



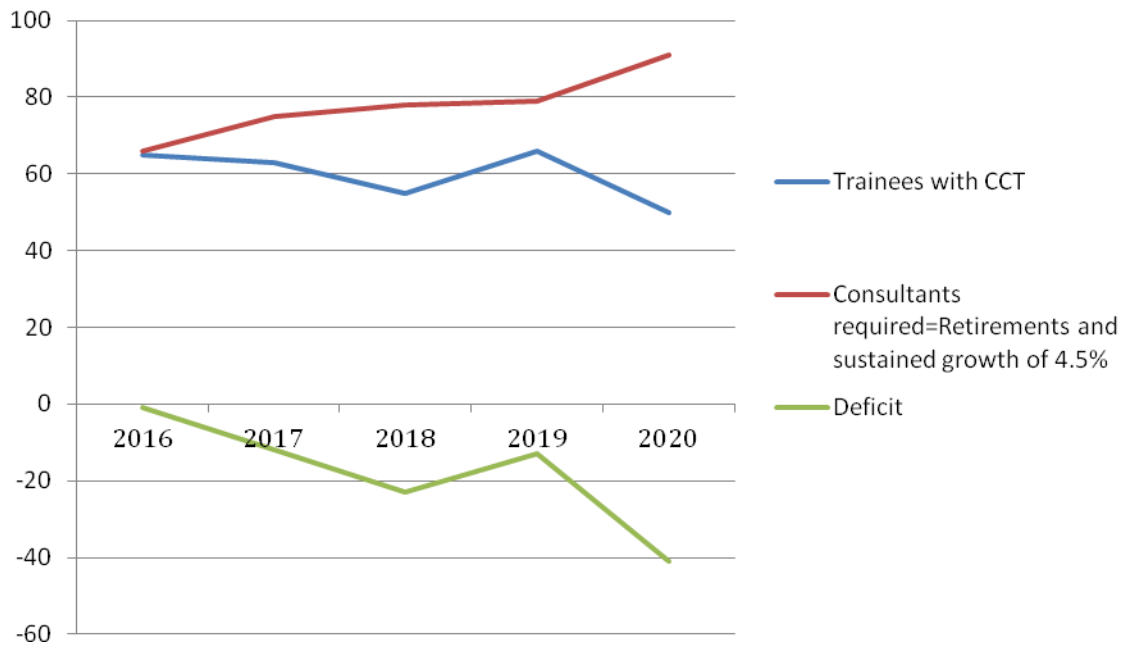
## Workforce Predictions 2016-2020

**Number of projected Trainees awarded CCT against Consultant retirements  
Assuming 4.5%, 2% and 0% expansion  
(Includes SAS Grade retirements)**

Year	CCT	Additional Posts (4.5%)	Retirements	Expansion 4.5%	Expansion 2%	No expansion
2016	65	42	24	-1	+22	+41
2017	63	44	31	-12	+13	+32
2018	55	46	32	-23	+4	+23
2019	66	48	31	-13	+15	+35
2020	50	50	41	-41	-11	+9

The estimated CCT number for 2020 is very approximate as 2015 registration numbers not available.

## Annual Future Consultant numbers at 4.5% expansion



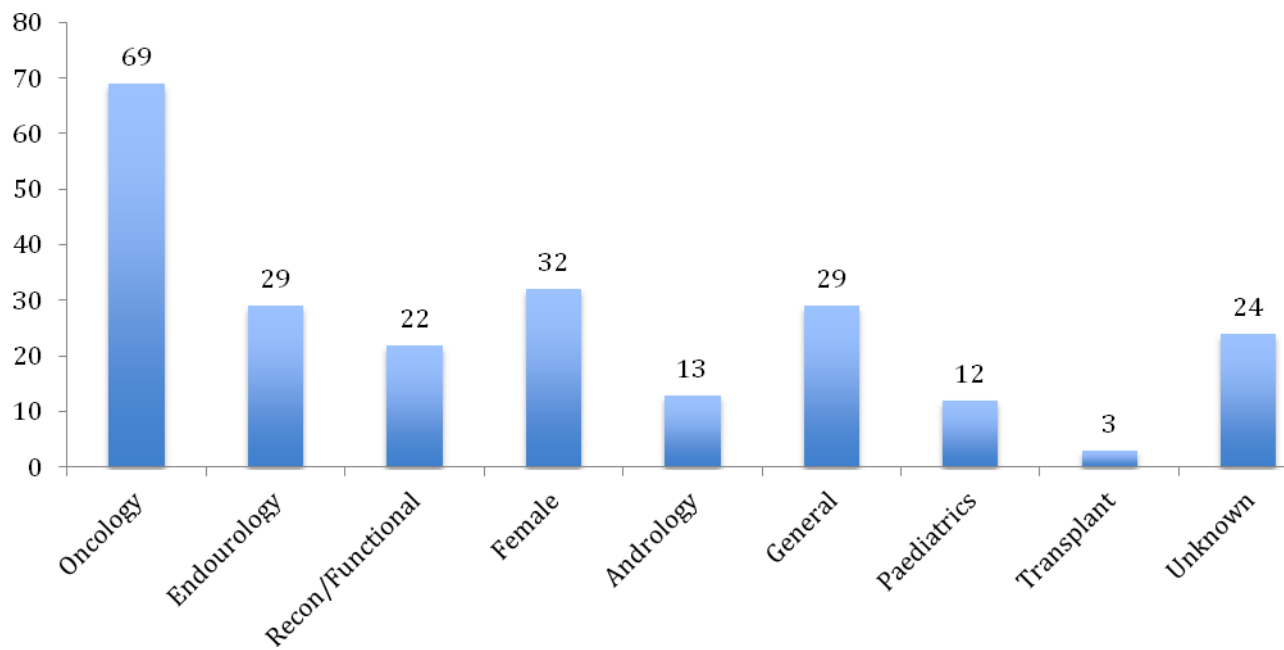
Figures based on average consultant retirement age of 62, assumption that all SAS posts will be replaced by consultant posts and that all current trainees complete training.

These predictions highlight the fact that CCT numbers are based on the assumption that there will be consultant expansion in the future. This has been the case for many years but consideration has to be given as to what will happen in the longer term. The UK population is expected to rise by 0.75% per annum over the next decade. The con:pop ratio will be below 1:60,000 within 5 years on current trends. An increase in urologists of 4.5% per annum therefore has to be justified on other grounds than population growth. There are a number of factors which suggest that some expansion will continue in the medium term –

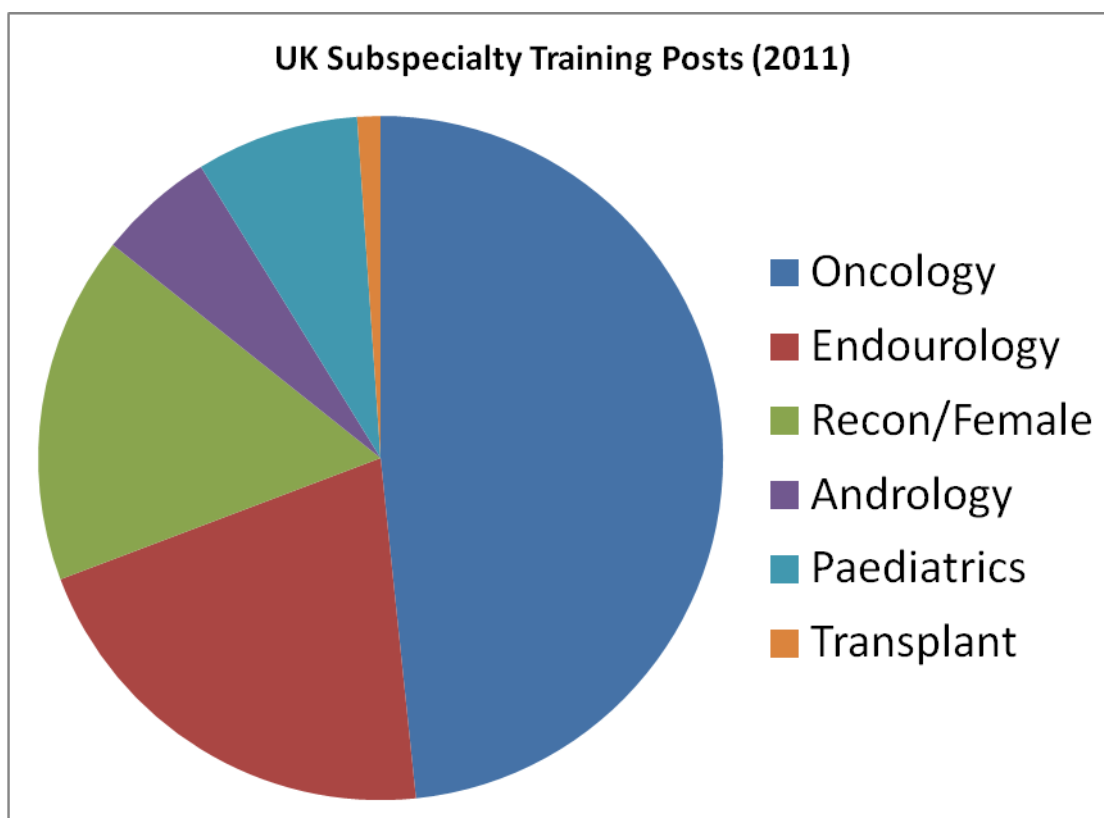
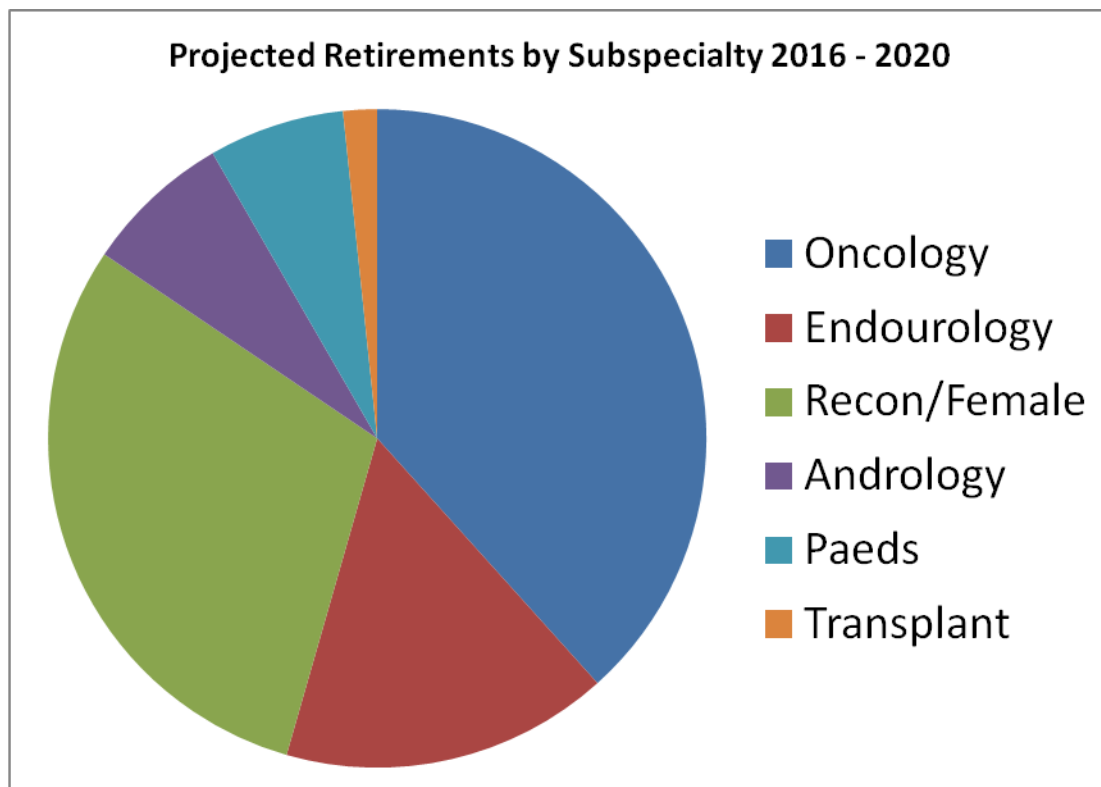
1. Historically low urologist:population ratios compared to other European countries.
2. Increasing workload – the workload section below demonstrates a steadily increasing workload well beyond population expansion. To some extent this is inevitable given consultant expansion and in areas such as outpatient activity may not necessarily relate to true increase in demand.
3. Increasingly consultant delivered emergency services – in the 2012 BAUS Workforce Survey 80% of respondents did not reduce any clinical activity to allow for emergency work. This is likely to change in the future.
4. NHS plans to introduce 7 day working.
5. Ageing population.
6. Earlier retirement due to reduction in lifetime pension allowance.
7. Effect of increasing numbers of female urologists. Whether an increased percentage of female consultants will have a significant effect is debatable, but a higher percentage of female trainees is likely to increase average training times.

Nevertheless, it is probably inevitable that expansion will eventually fall significantly below recent historical levels and the profession will need to give some thought as to how this needs to be addressed, given that trainees are, currently, an important part of service provision.

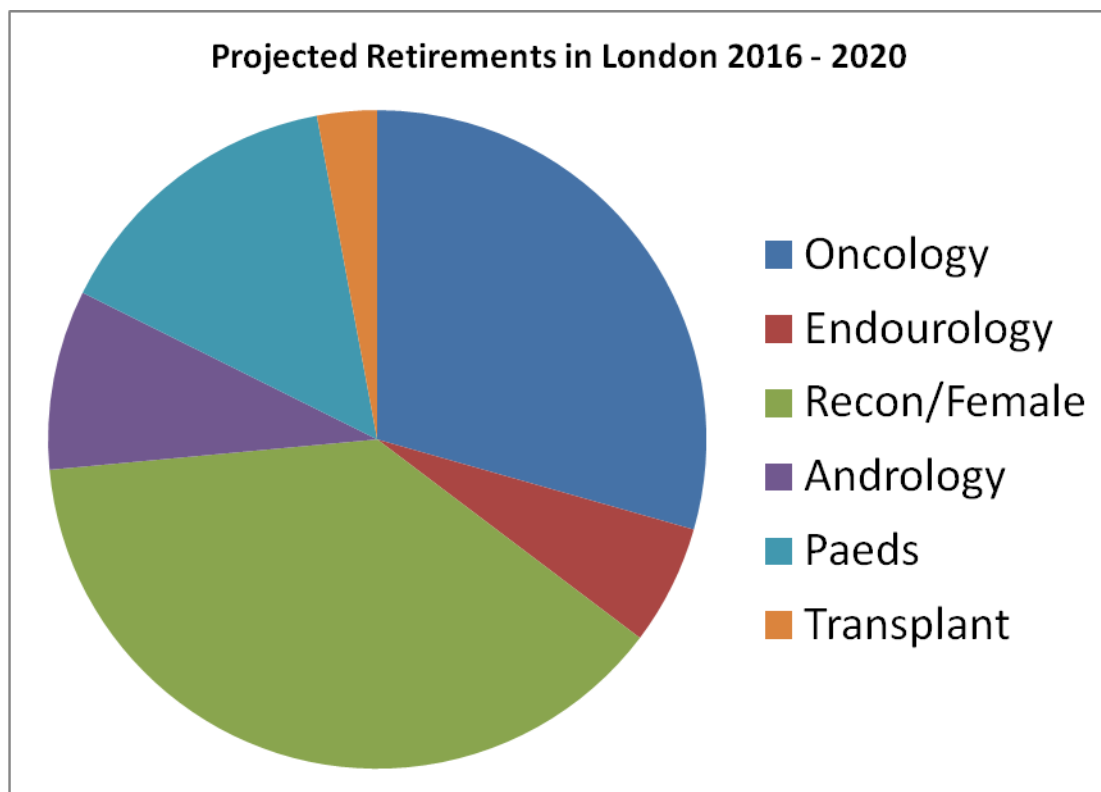
### Projected Retirements by Subspecialty 2016 - 2020



These figures were compiled by internet search on each consultant's name and are therefore quite a crude analysis of subspecialty interest.



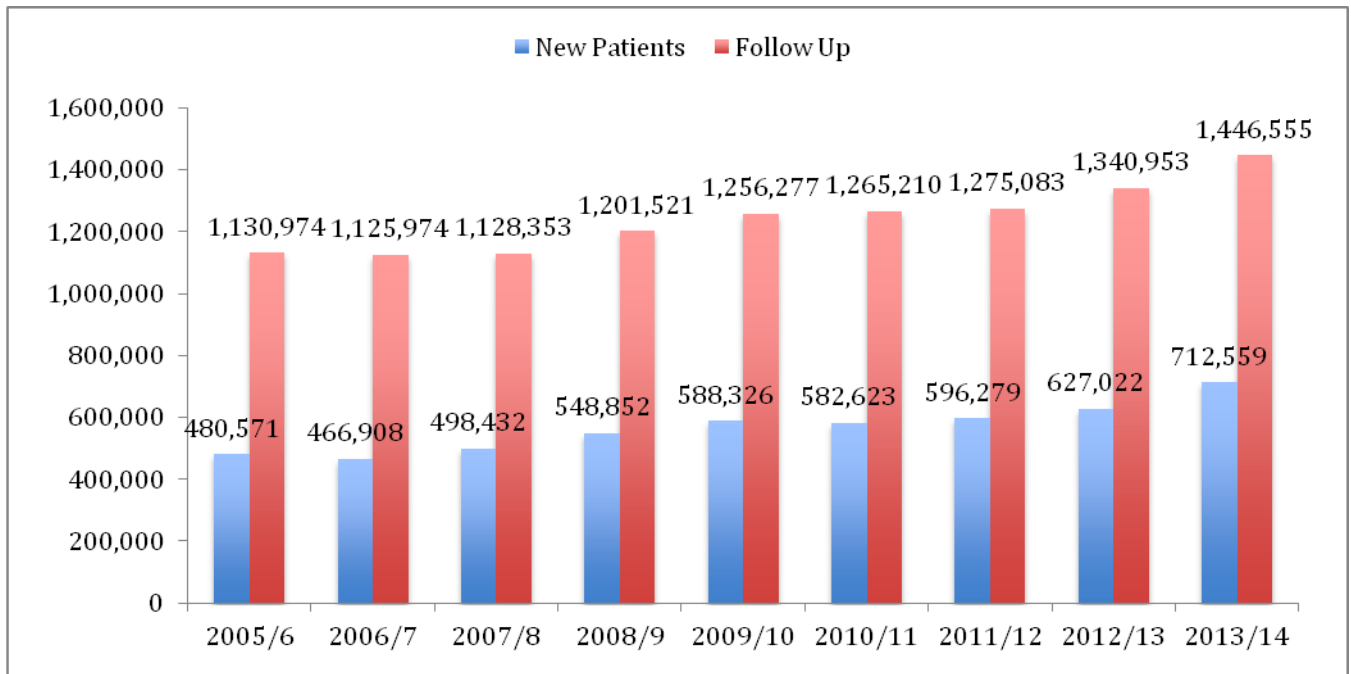
The two charts above compare the projected subspecialty retirement figures with the most recent list of subspecialty training opportunities across the UK. This would suggest an over-provision of oncology and endourology compared with reconstruction, functional and female in terms of retirement planning.



The same chart compiled with data for London alone highlights differences with the UK as a whole. There are fewer projected retirements in oncology and very few in endourology over the next five years.

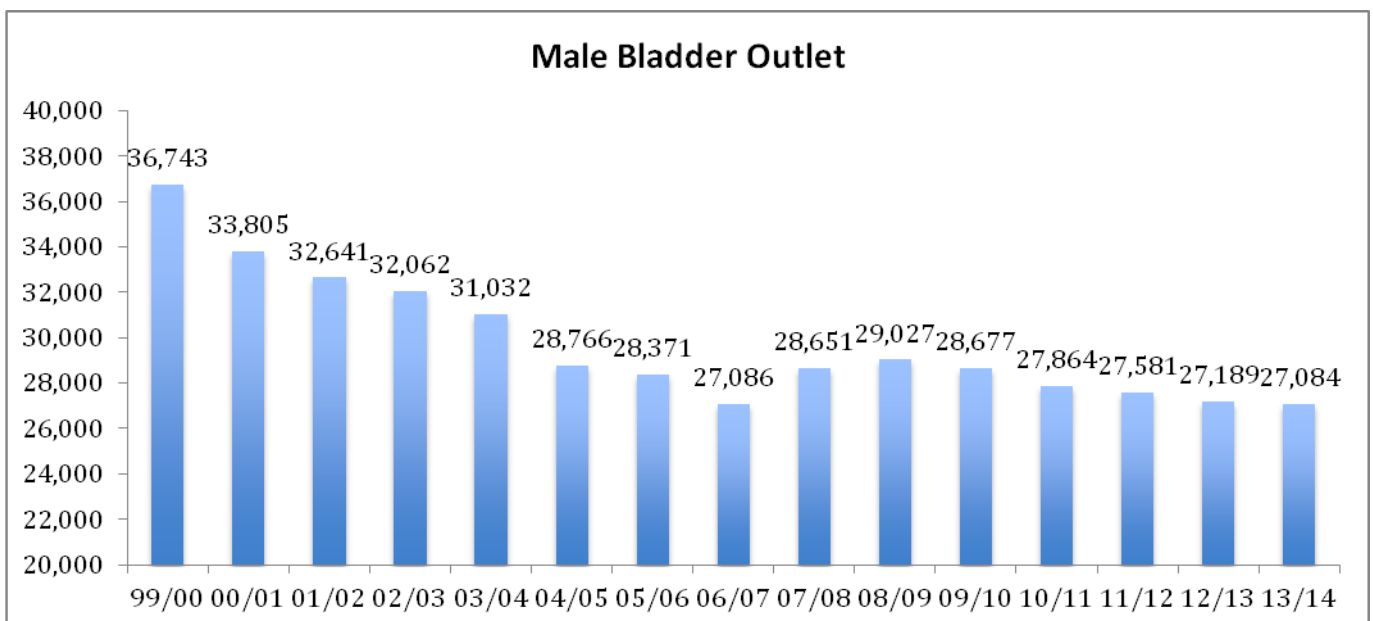
## Workload Data

### Outpatient HES Data (England only)

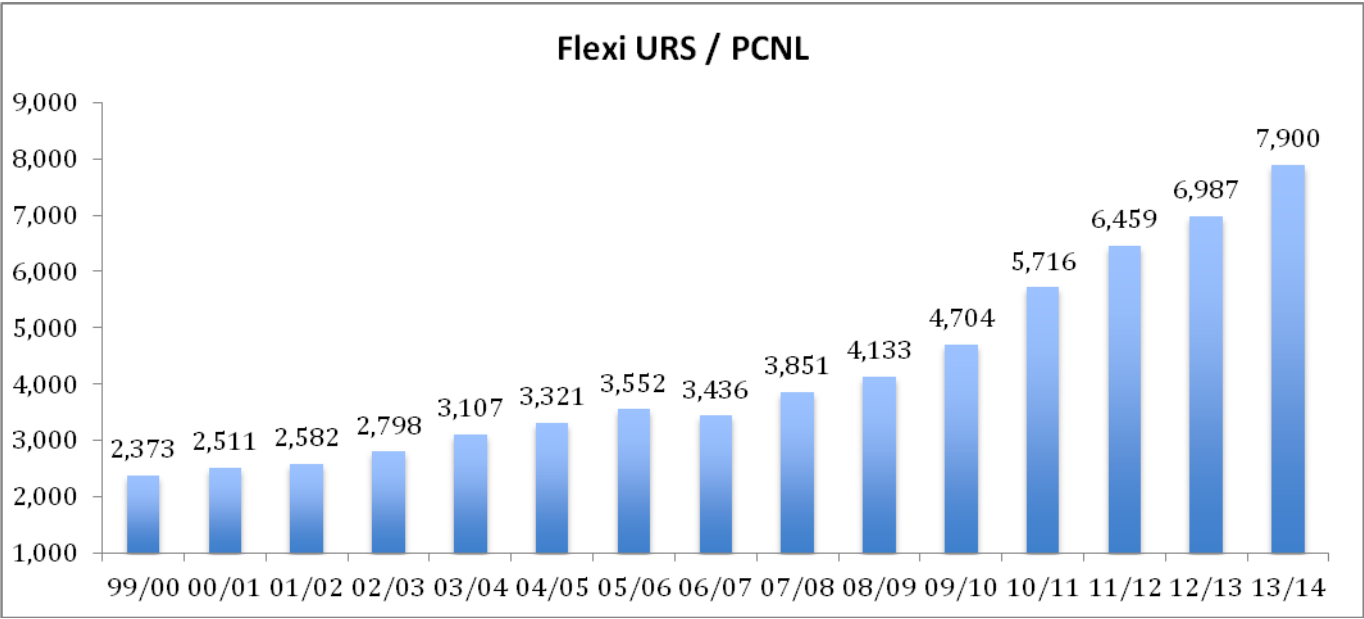
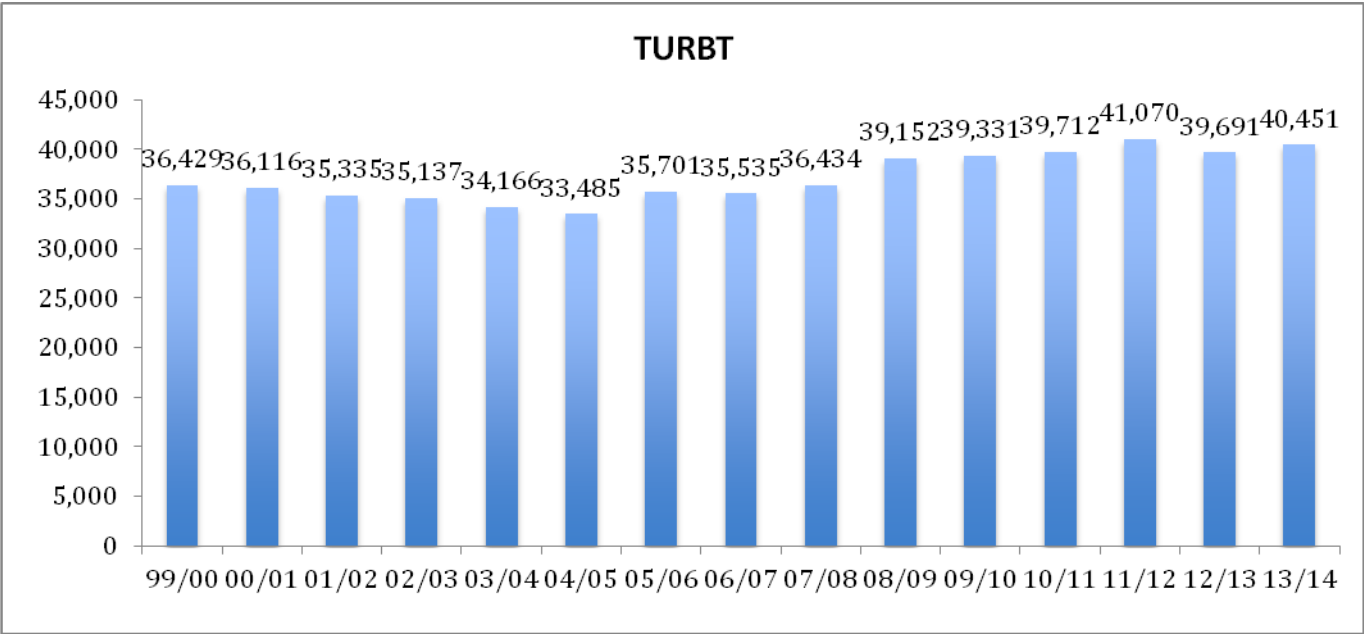


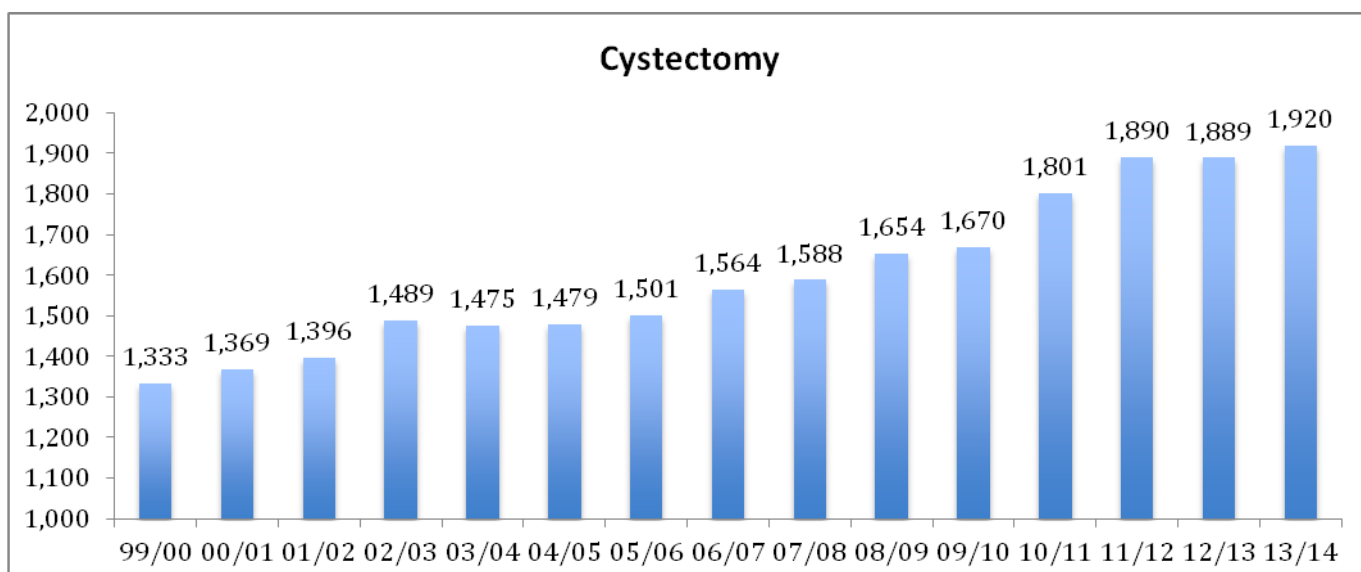
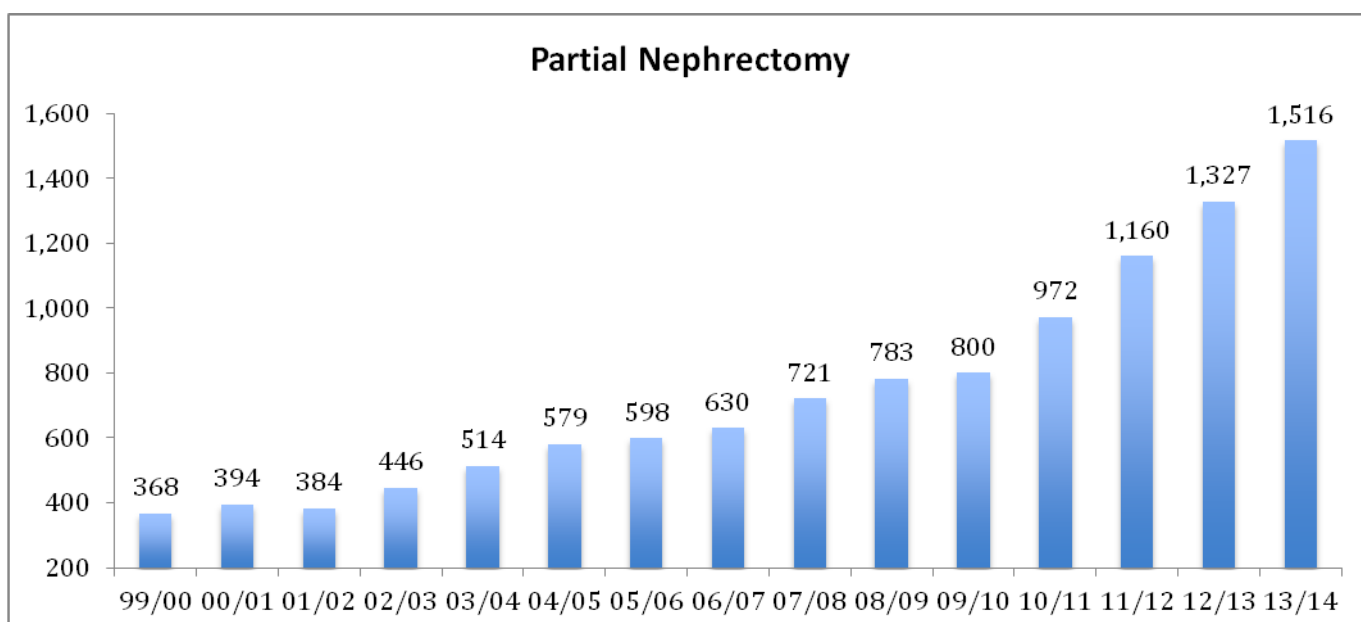
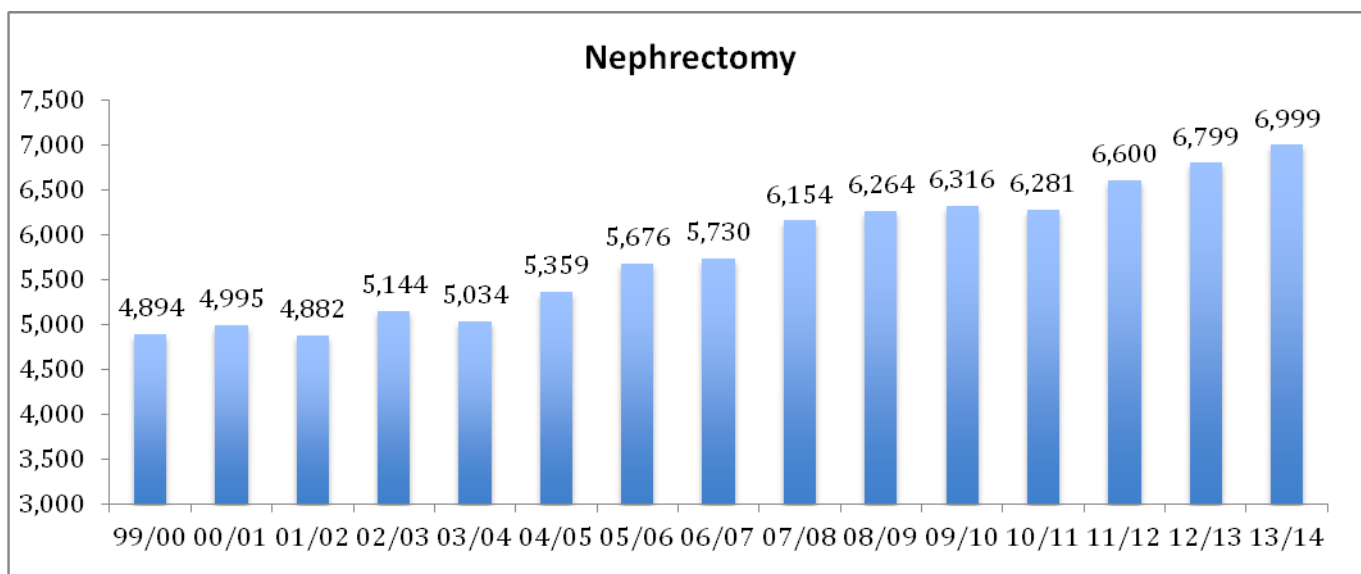
There has been a 20% increase in new outpatient episodes in England over the two years 2012 - 2014

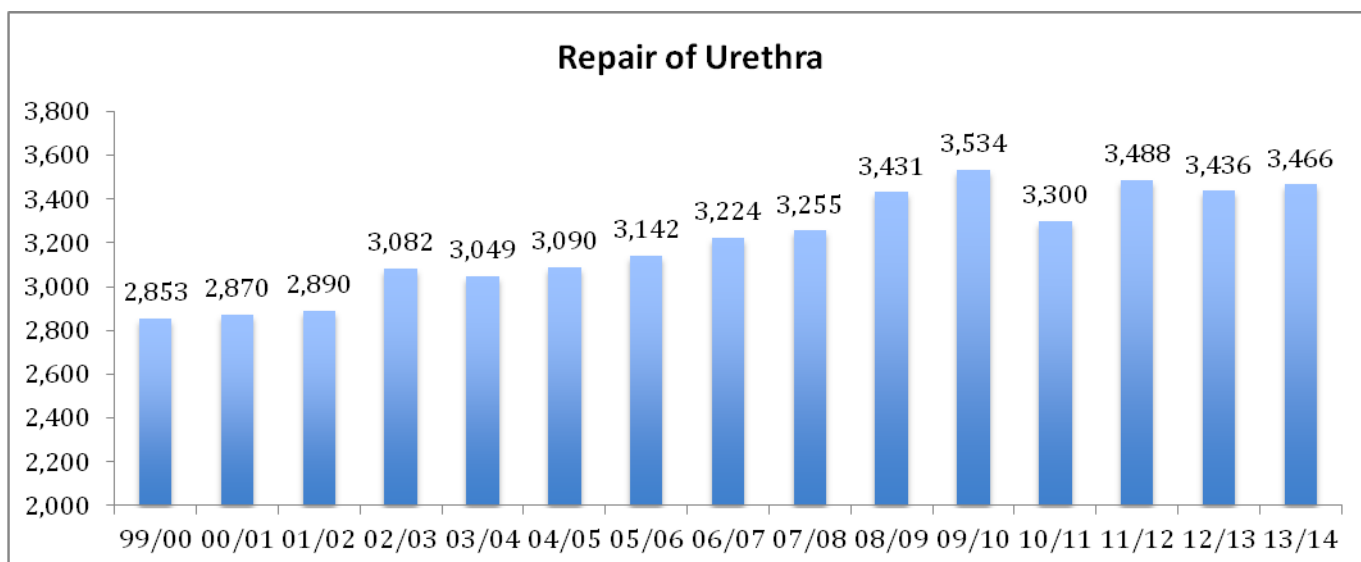
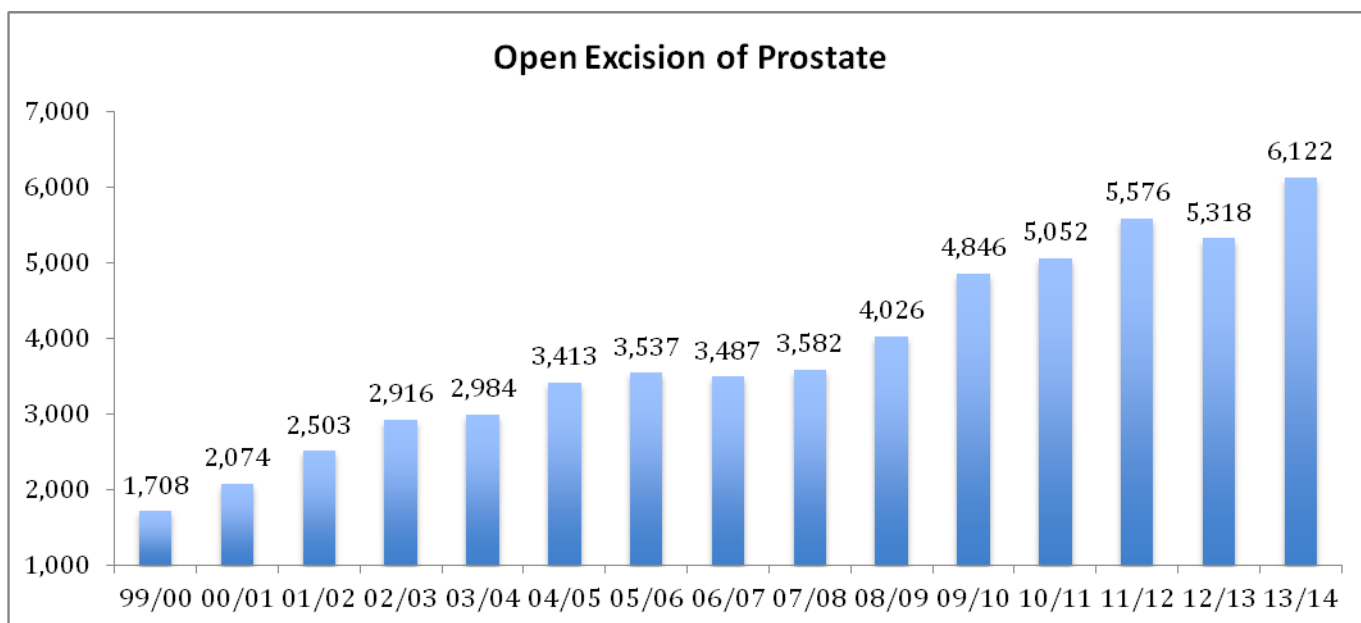
### Procedures (HES – England only)











Acknowledgements.

My thanks to:

- **Margaret Joyce** who has collated, provided regular updates of the data tables and pointed out my arithmetical mistakes despite many other calls on her time.
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- **BAUS regional representatives** for timely and accurate data submission.
- **TPDs** for updating the trainee information

