

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

Workforce Report

November 2017

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Overall UK Consultant and Trainee Numbers

	2013	2014	2015	2016	2017
Consultant	886	963	989	1048	1083
Trainee	326	277*	322	310	319

UK Consultant Distribution 2017 (2016)

	Total 2017 (2016)	Substantive 2017 (2016)	Locums 2017 (2016)
England	922 (889)	866 (848)	56 (41)
Wales	50 (50)	46 (46)	4 (4)
Scotland	86(85)	83 (81)	3 (5)
Northern Ireland	25 (24)	24 (23)	1 (1)
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UK	1083 (1048)	1019 (997)	64 (51)
Republic of Ireland	44	39	5

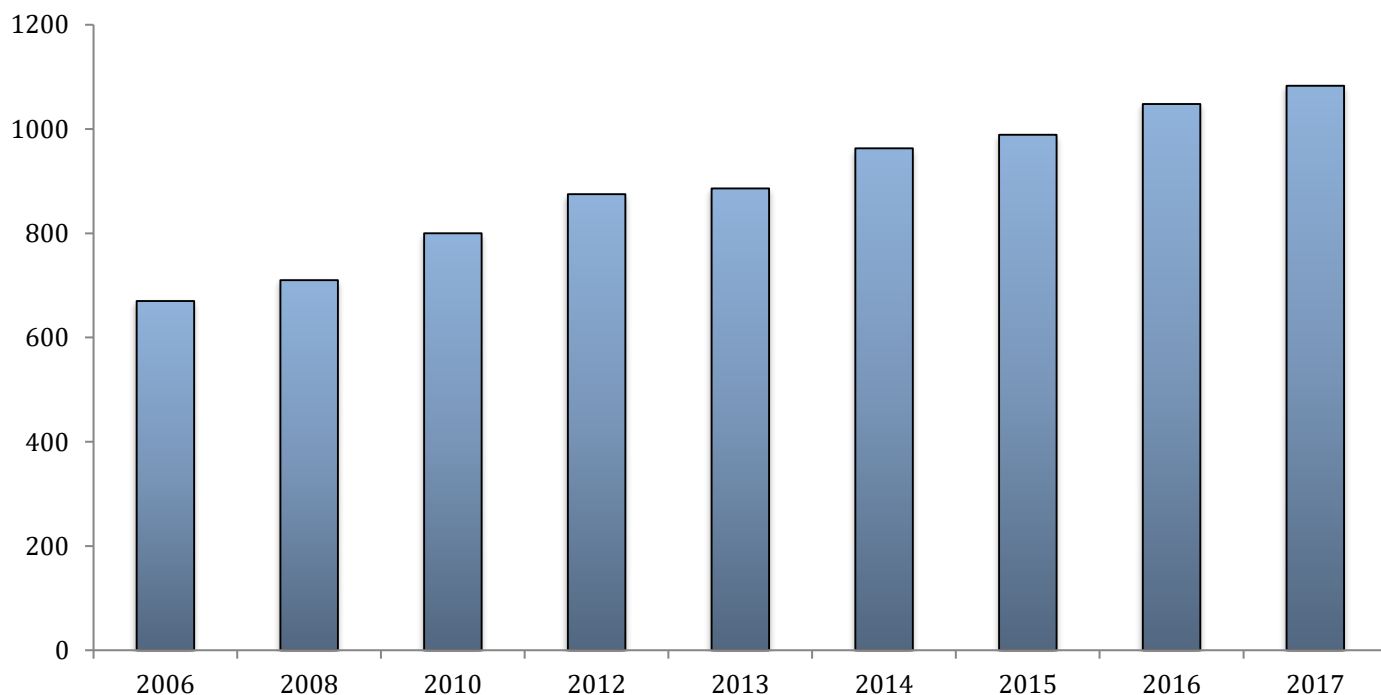
Consultant Numbers by BAUS Region

Region	Regional Rep	Substantive 2017(2016)	Locum Cons
England			
North East	David Thomas	46 (47)	0
North West	Max Mokete	124 (124)	8
Yorks/Humberside	Tony Browning	88 (90)	5
West Midlands	Hemant Ohja	78 (78)	7
East Midlands	Simon Williams	49 (49)	3
East of England	Bill Turner	101 (92)	14
South East Coast	Sri Sriprasad	71 (63)	1
London North	Giles Hellawell	104 (102)	9
London South	Nick Watkin	53 (53)	4
South Central	Matt Hayes	75 (77)	4
South West	Mark Stott	77 (73)	1
Wales	Neil Fenn	46 (46)	4
Scotland			
Scotland West	Mary Brown	45 (43)	1
Scotland East	Ben Thomas	38 (37)	2
Northern Ireland	John McKnight	24 (23)	1
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UK Total		1019 (997)	64 (51)
Republic of Ireland	Tom Lynch	33	4

UK SUBSTANTIVE Consultant Urologist: Population Ratios 2007-17

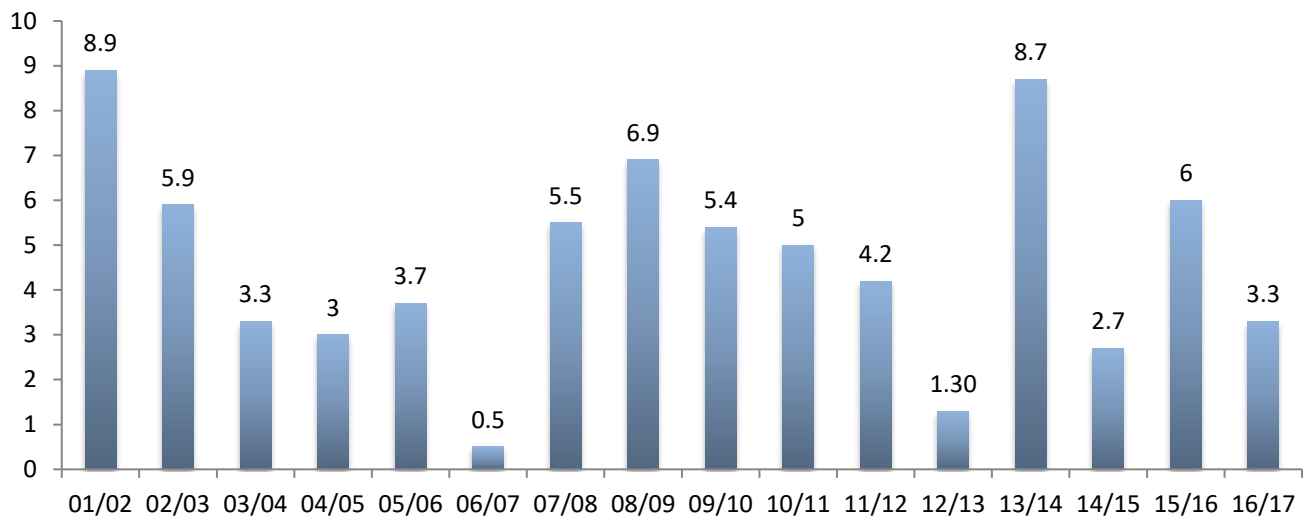
	UK	England	Wales	Scotland	N Ireland
2007	1:88,000	1:91,000	1:90,000	1:83,000	1:110,000
2008	1:84,000	1:85,000	1:83,000	1:72,000	1:103,000
2009	1:80,000	1:81,000	1:78,000	1:71,000	1:93,000
2010	1:77,000	1:78,000	1:70,000	1:70,000	1:89,000
2011	1:74,121	1:74,301	1:71,581	1:69,613	1:89,970
2012	1:72,189	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
2015	1:69,457	1:69,095	1:74,171	1:66,512	1:84,286
2016	1:65,769	1:65,116	1:67,826	1:67,250	1:81,000
2017	1:64,376	1:63,810	1:67,608	1:65,060	1:77,500

Total Consultant Numbers 2006-17



There has been a 3.3% increase in total consultant numbers over the last 12 months and a 2.2% increase in substantive numbers. Increase in locum consultant numbers was 25%

Chronological Rate of Annual Total Consultant Expansion (%)



The average annual rate of total consultant expansion over the last 16 years has been 4.6%

Substantive UK Consultant: Population Ratios 2017

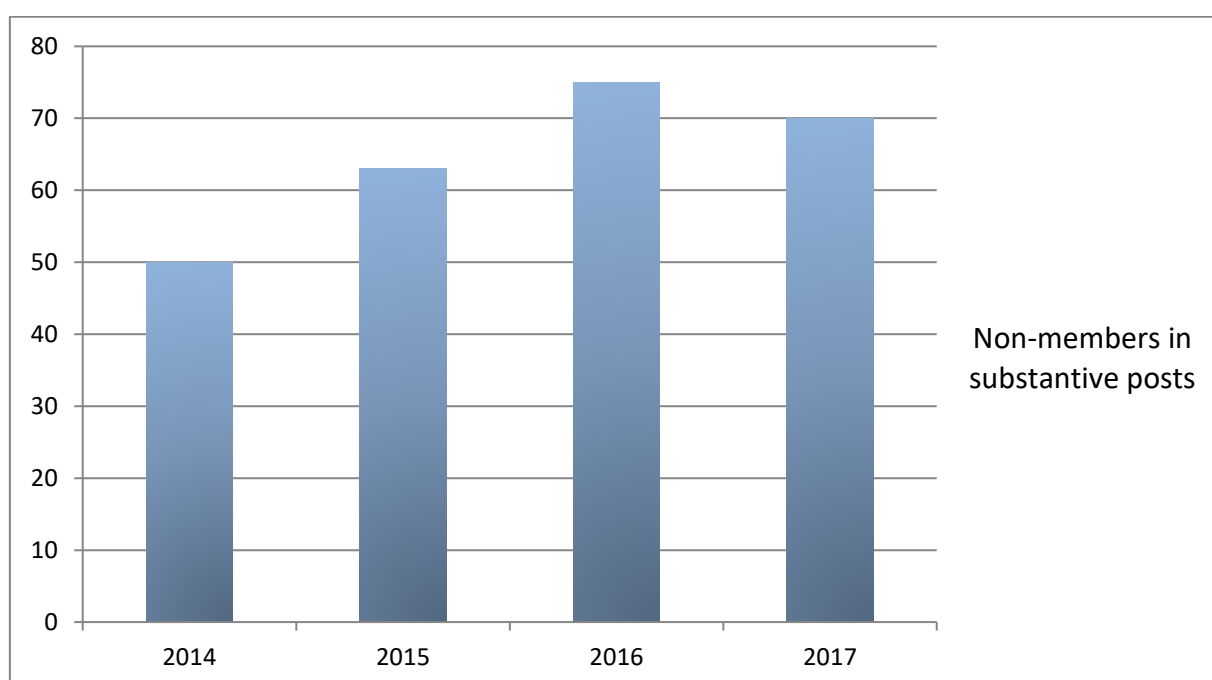
UK 65.6 million	1: 64,376	↓ (relative to 2016)
England 55.26 million	1: 63,810	↓
Wales 3.11 million	1: 67,608	no change
Scotland 5.40 million	1: 65,060	↓
Northern Ireland 1.86 million	1: 77,500	↓
Republic Ireland 4.7 million	1: 127,027	2016 data

Comparison with Other Countries

Country	Population	Number of Urologists	Pop ratio
United Kingdom	65,648,100	1017	1: 64,550
Australia	24,168,303	380	1: 63,500
France	64,811,043	1350	1:48,008
New Zealand	4,565,185	120	1: 38,043
Denmark	5,690,750	253 (est)	1: 22,493
Sweden	9,851,852	480	1: 20,524
Spain	47,737,941	2400	1: 19,890

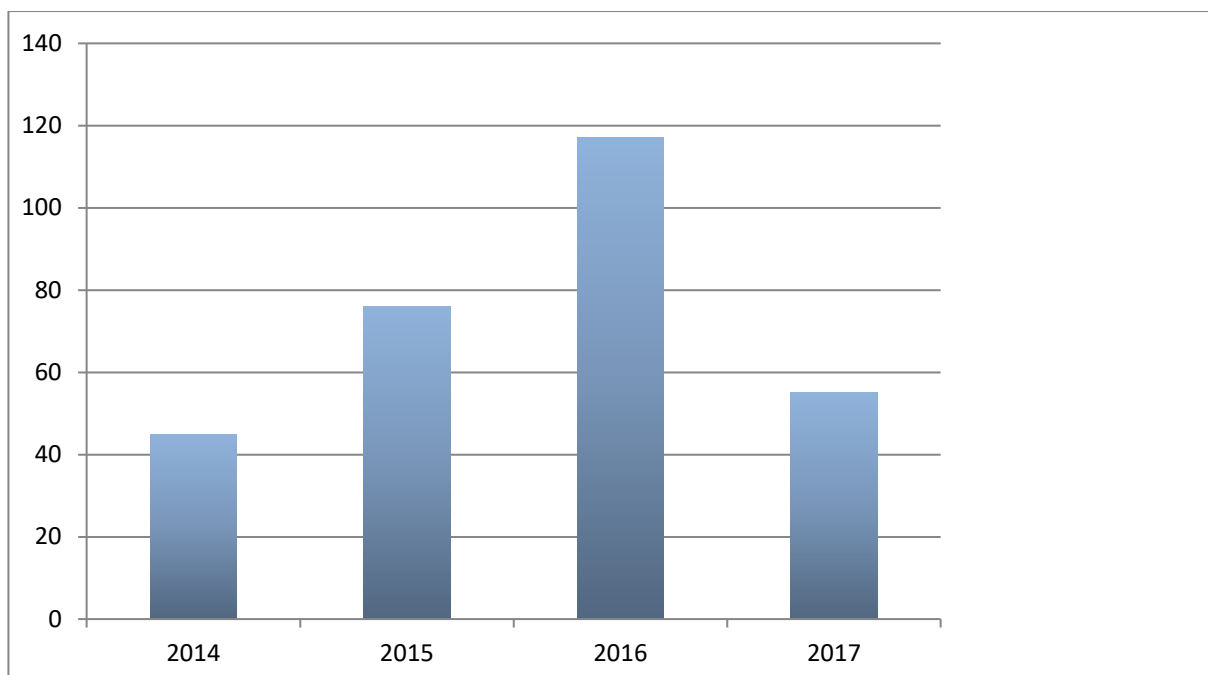
Much of the data available online from sources such as EAU/ESRU is out of date. The above information was obtained directly from USANZ, Association Française de Urologie, Spanish Association of Urology, Danish Urological Society and the National Board of Health and Welfare Office (Sweden). The presence of office urologists in some countries makes comparisons difficult.

Non-Membership of BAUS



There has been a slight reduction in the number of consultants in substantive posts who are not members of BAUS.

“Unfilled” posts

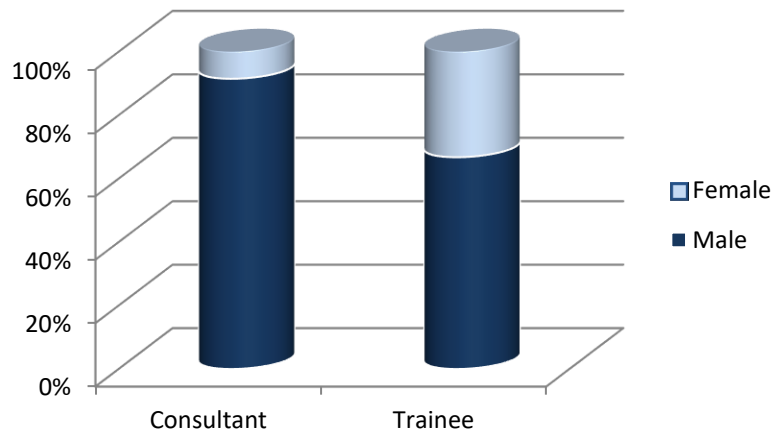


There has been an apparent reduction by 53% in the number of “unfilled” posts over the last twelve months.

	2016		2017	
	Total posts (inc unfilled)	Unfilled posts	Total posts (inc unfilled)	Unfilled posts
North East	53	5	47	1
North West	137	4	134	2
York / Humber	102	9	100	7
West Midlands	95	14	89	4
East Midlands	59	7	52	0
East of England	112	14	117	2
South East Coast	76	12	78	7
London North	120	8	120	7
London South	65	10	61	3
South Central	87	9	84	4
South West	79	4	85	7
Wales	55	5	53	3
Scotland West	49	6	48	3
Scotland East	48	6	42	2
Northern Ireland	28	4	28	3
Totals	1165	117	1138	55

The reduction in “unfilled posts” cannot be explained simply by recruitment into them or replacement by locums. Overall, 27 less posts have been declared compared with last year, when filled and unfilled posts are added together. It is possible that posts which have not been filled have been withdrawn, but inaccurate returns are also an explanation.

Gender Ratios 2017



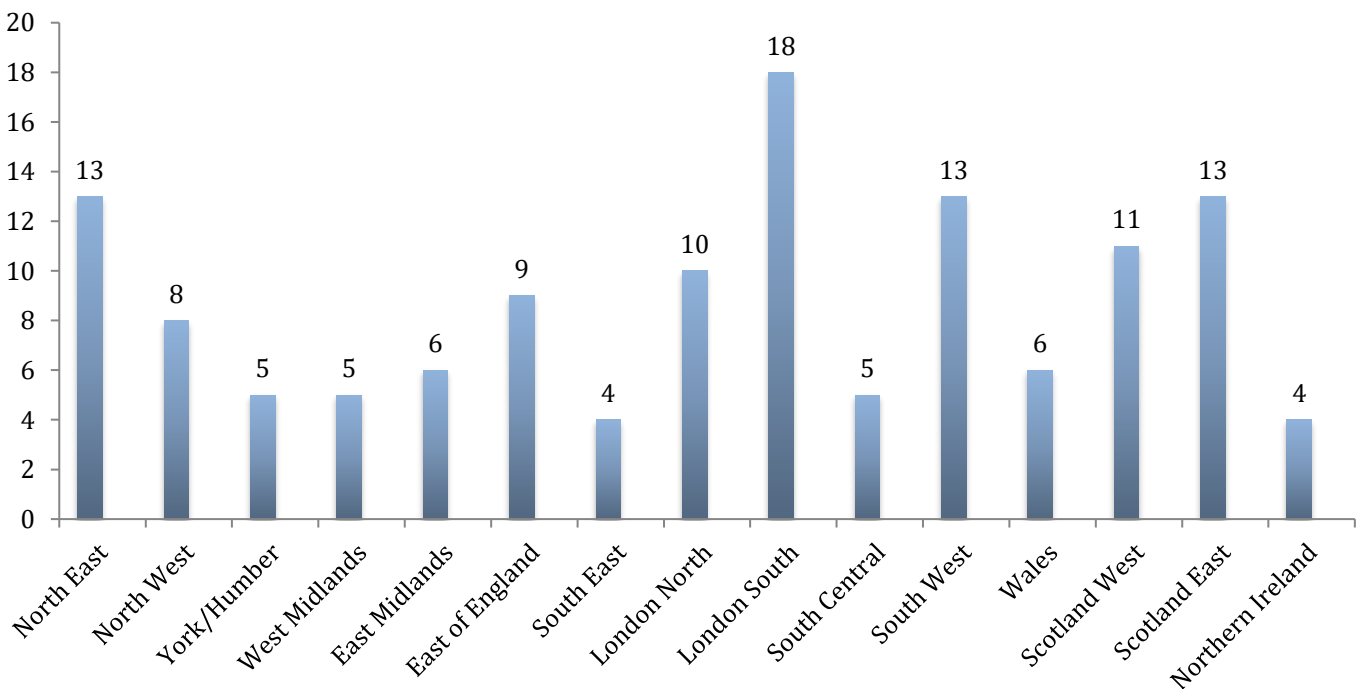
Current consultant workforce (inc. locums) comprises 92 females and 991 males (8.5% female). Female trainee numbers are 106 of 319 (33%) a slight reduction compared to 2016.

Consultant Gender Ratio by Age

Age range	Male	Female	% Female
< 40	66	15	19%
40 - 49	330	54	14%
Over 50	447	16	3%

Analysis of 928 consultants for whom date of birth is known

Percentage of Female Consultants by Region

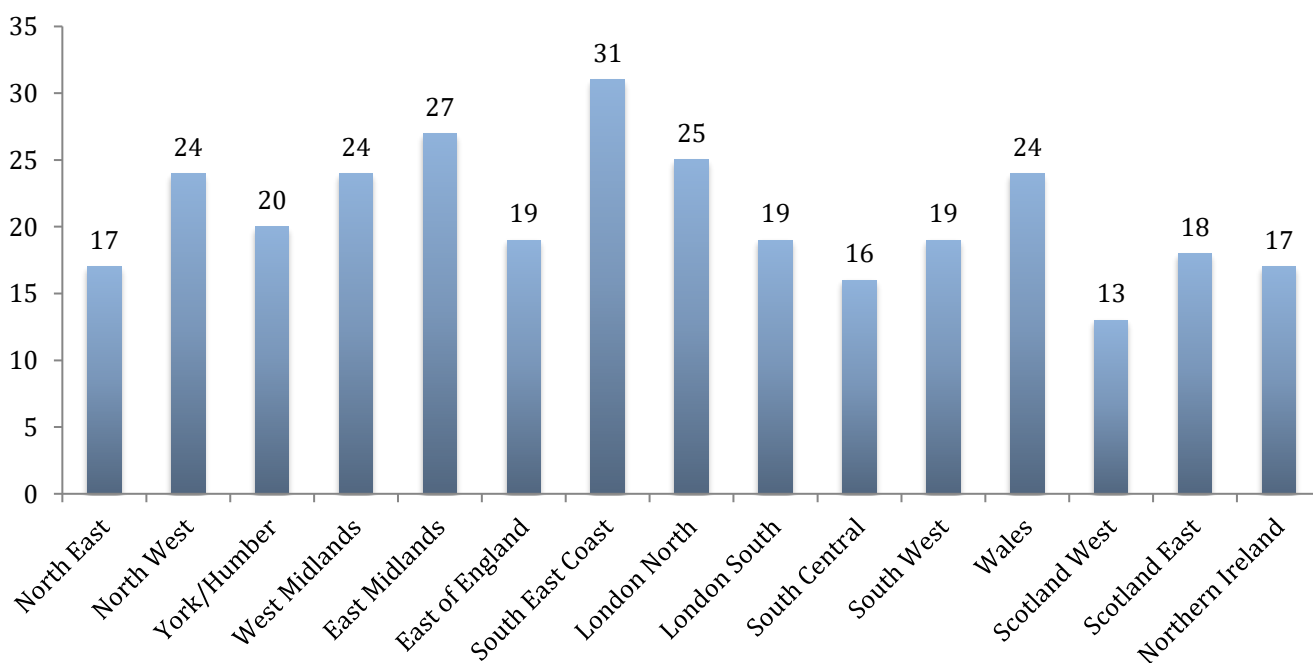


Consultant Retirements

Region	Projected Retirements 2018 - 2022
North East	8
North West	30
York/Humber	18
West Midlands	19
East Midlands	13
East of England	19
South East Coast	22
London North	26
London South	10
South Central	12
South West	15
Wales	11
Scotland West	6
Scotland East	7
Northern Ireland	4

Based on number of consultants aged 62 or over during 2018 – 2022

Projected Retirements as % of Workforce by Region 2018 - 2022

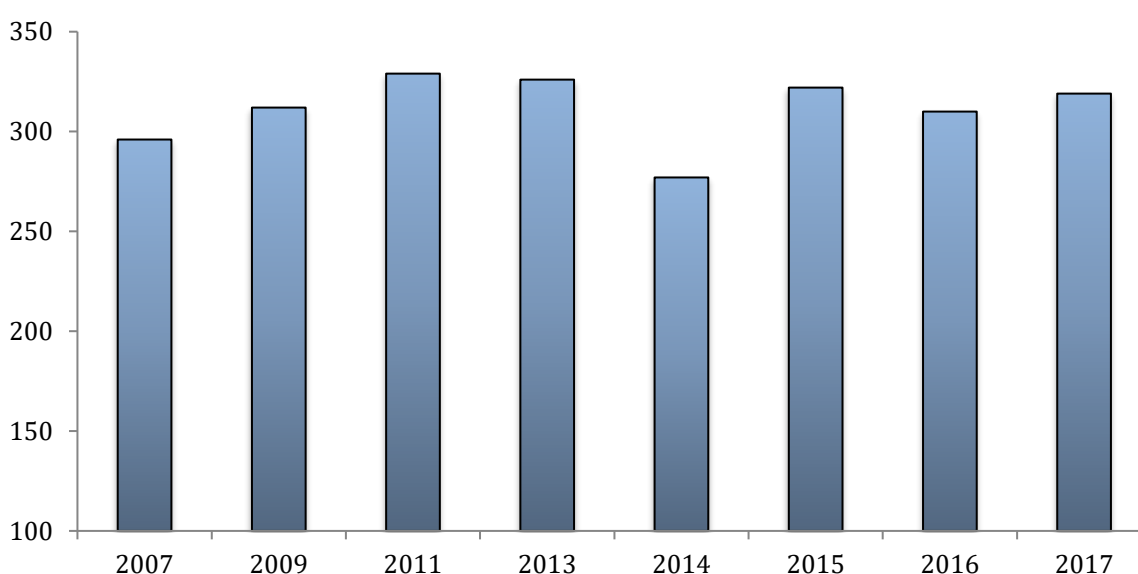


Trainee Numbers

Deanery	No of Trainees
Northern	19
North West	18
Mersey	17
Yorkshire and Humber	30
West Midlands	25
East Midlands	16
East of England	20
Thames Valley	14
Wessex	11
South West	18
London/KSS	84
Wales	13
Scotland East	14
Scotland West	14
Northern Ireland	6
Total	319
Republic of Ireland	20 (not included in total)

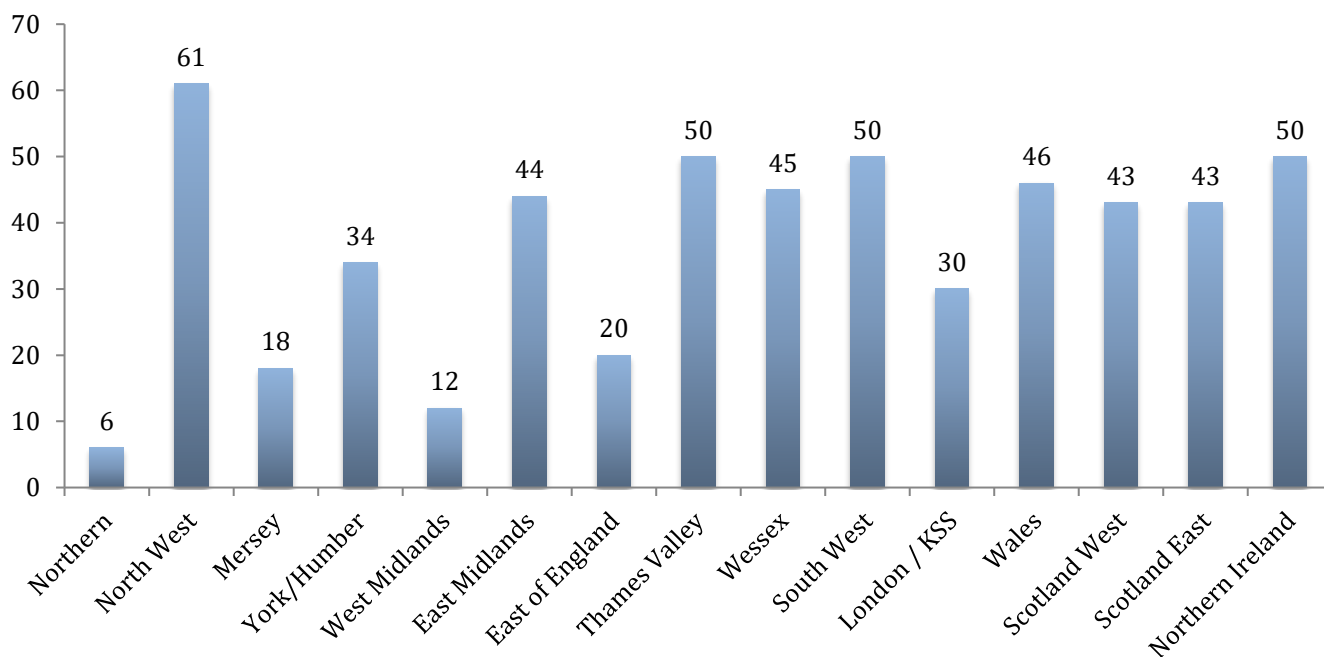
Recording the exact number of trainees remains difficult. Calculation was made more difficult this year due to JCST declining to release data to allow cross checking. The apparent increase from last year's total of 310 is mainly due to an increase in the return from London/KSS of 6 trainees. This appears to be due to inaccuracy in previous returns. There will always be variation due to trainees on OOP and in periods of grace, some of whom will have already been replaced at the time of the return, resulting in double counting.

Number of Trainees (2007-17)



Trainee numbers remain static (2014 figures almost certainly incorrect)

Percentage of Female Trainees by Programme



Certification Statistics

GMC CCT Statistics 2010-16

Year	No of Trainees obtaining CCT (or CESR CP)
2010	51
2011	44
2012	60
2013	46
2014	54
2015	51
2016	54

Average annual number of trainees completing training over the last 7 years is 51

Workforce Predictions – do we have enough trainees?

Number of projected Trainees awarded CCT against Consultant retirements 2018 - 2022 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
2018	59	49	27	-17	+10	+32
2019	64	51	28	-15	+14	+36
2020	58	53	39	-34	-4	+19
2021	67	56	32	-21	+12	+35
2022	71	58	47	-34	+1	+24

Projections are based on the number of consultants reaching 62 in each year. The consultants already over 62 at the time of compilation are excluded as it is assumed that they will be offset by some consultants retiring before age 62. CCT numbers are estimates based on all trainees completing training at their current expected CCT date. Due to lack of JCST figures for cross checking purposes, some data has extrapolated from 2016 data.

As in previous years, the figures demonstrate the importance of consultant expansion in the calculations. If the expansion continues at the same rate as the last 15 years we do not have enough trainees. A smaller expansion could be accommodated.

Number of projected Trainees awarded CCT against Consultant retirements 2018 - 2022 using historical average CCT award numbers (Includes SAS Grade retirements)

Year	CCT	Additional Posts (4.5%)	Retirements	Expansion 4.5%	Expansion 2%	No expansion
2018	51	49	27	-25	+2	+24
2019	51	51	28	-28	+1	+23
2020	51	53	39	-41	-11	+12
2021	51	56	32	-37	-4	+19
2022	51	58	47	-54	-19	+4

Using a more realistic number of CCT awards based on historical averages, these predictions show that even a very small expansion of 2% is not achievable in the medium term. The number of trainees required to expand at 2% over the next 5 years would be 288, based on these figures, but we are unlikely to produce more than 255 new CCT holders during that period. If the expansion continues at the same rate as the last 15 years there will be a significant shortfall.

Longer Term Projections

An additional approach to estimating trainee numbers is to look at longer term trends. Using the following data a number of projections can be developed.

Of 928 consultants whose date of birth is known, there are 463 aged over 50 years (50%). This number can be expected to retire over the next 12 years. The expected number of SAS retirements is not known but has been estimated in the past to be approximately 7 per year.

There are a total of 319 Urology trainees on a 5 year training programme. If all trainees achieve CCT (or CESR CP) within the minimum time then the maximum average number of new consultants per annum we can achieve is 64. This will not be achieved due to periods of OOP, delayed progression, post CCT fellowships and some trainees not taking up UK consultant posts. Over the last 7 years the average number has been 51 per annum.

“Unfilled posts” have **not** been included in this analysis.

Historical consultant grade expansion has been 4.6% over the last 15 years. We do not know what it will be going forward, but it is highly unlikely to be 0%

Scenario 1 – Minimum requirement

	Assumptions	Number over next 12 years
Replacement of retired Urologists	Known consultants only SAS grades not included	463
Expansion	2%	289
New consultants available	Maximum possible	744
Outcome		-8

Scenario 2 – “Realistic” requirement

	Assumptions	Number over next 12 years
Replacement of retired Urologists	Known consultants only, SAS grades not included	463
Expansion	2%	289
New consultants available	Historical average (51 per annum)	612
Outcome		-140

Scenario 3 – Maximum requirement

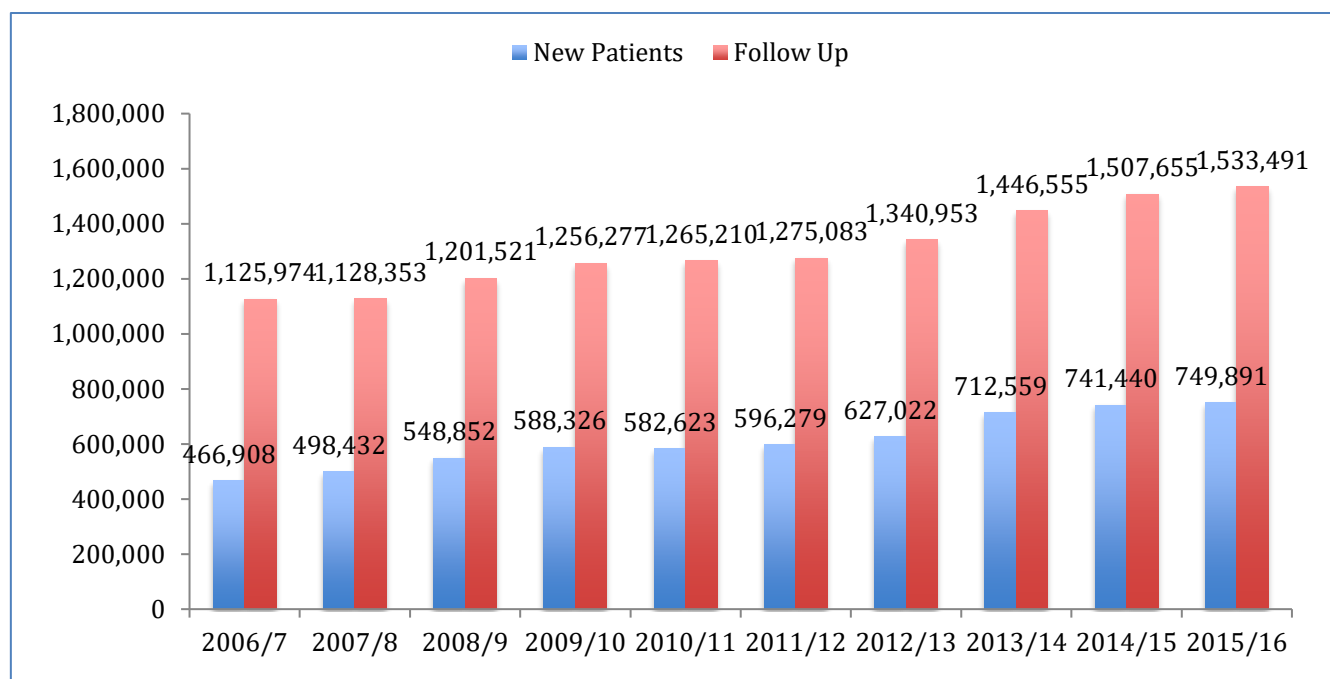
	Assumptions	Number over next 12 years
Replacement of retired Urologists	SAS grades included at rate of 7 per annum	547
Expansion	Historical average (4.6%)	772
New consultants available	Historical average (51 per annum)	612
Outcome		-707

These scenarios continue to provide evidence that we do not have enough trainees. The training programme can only deliver Scenario 1. This scenario uses an expansion rate that is half the historical average, ignores SAS retirements and has an unrealistic number of new consultants becoming available. The other scenarios are short by large margins. Although Scenario 3 might seem extreme, it uses the historical averages over the last few years.

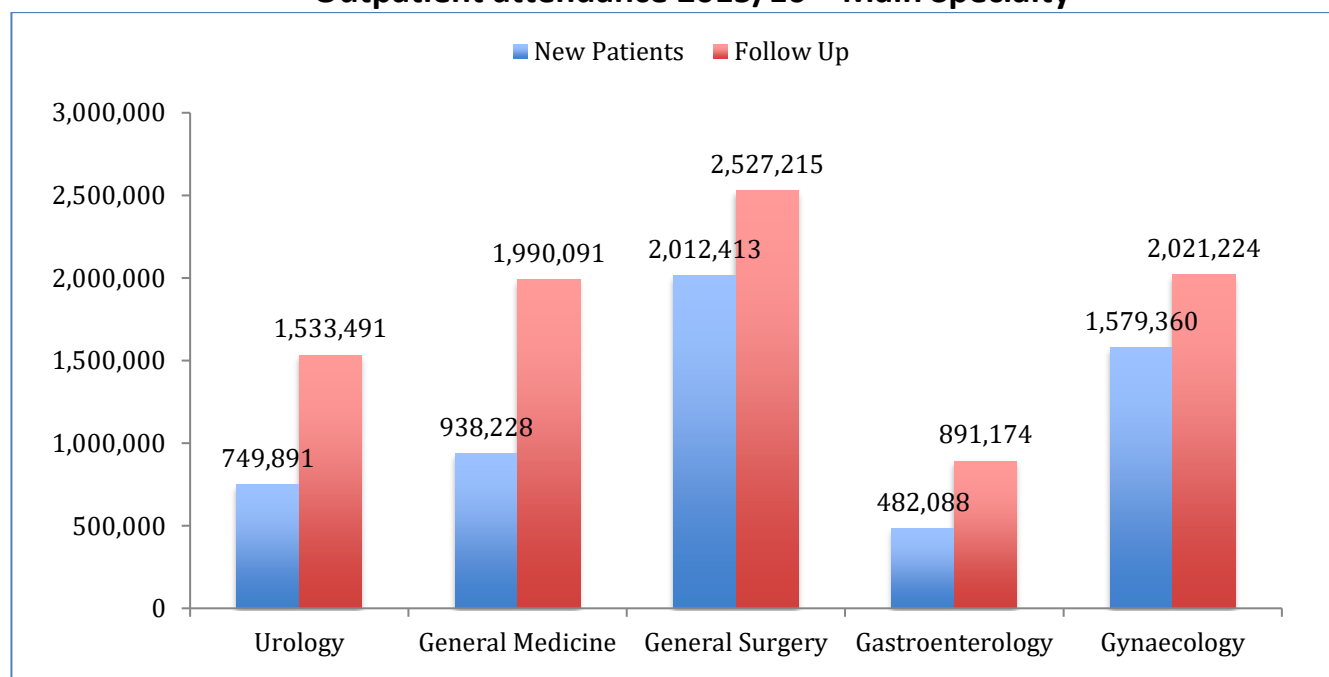
Using Scenario 2 as a guide we would need to produce 63 new consultants per year. Based on the recent CCT awards, the average is 82% of the maximum number. To produce 63 CCTs per annum we would therefore need 384 trainees – 65 more than we have at present. This number is lower than quoted last year because “unfilled posts” have not been included in the analysis.

Workload Data

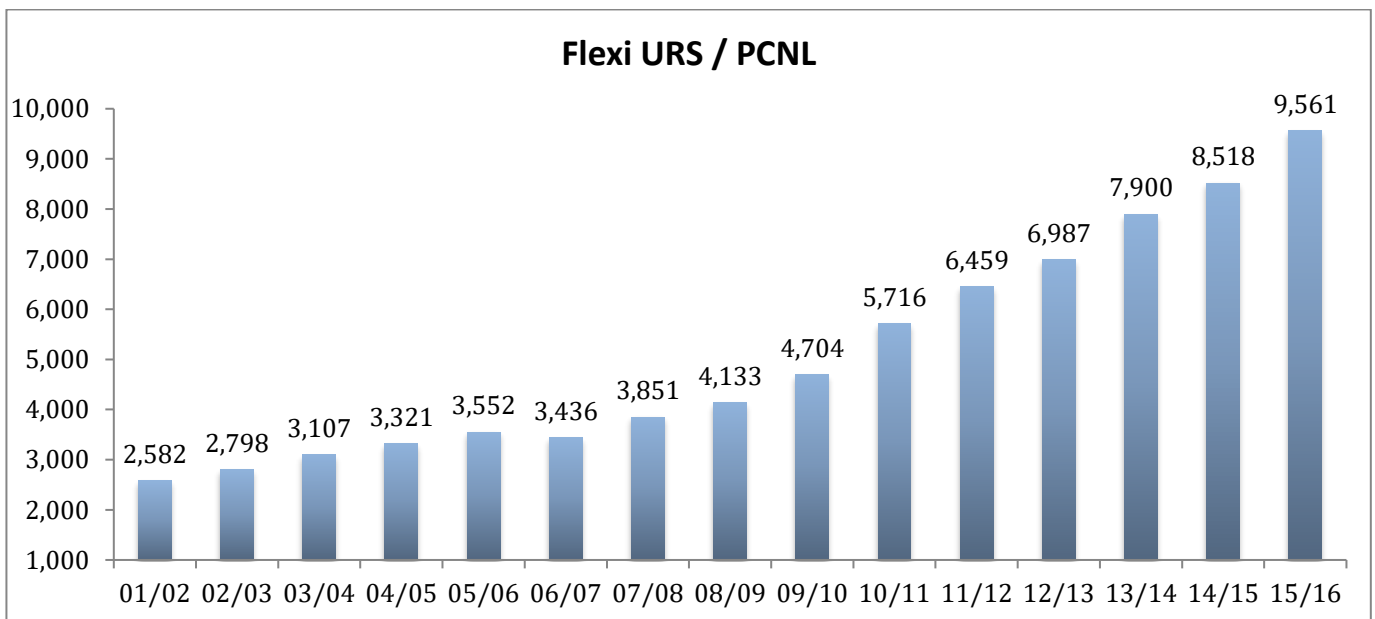
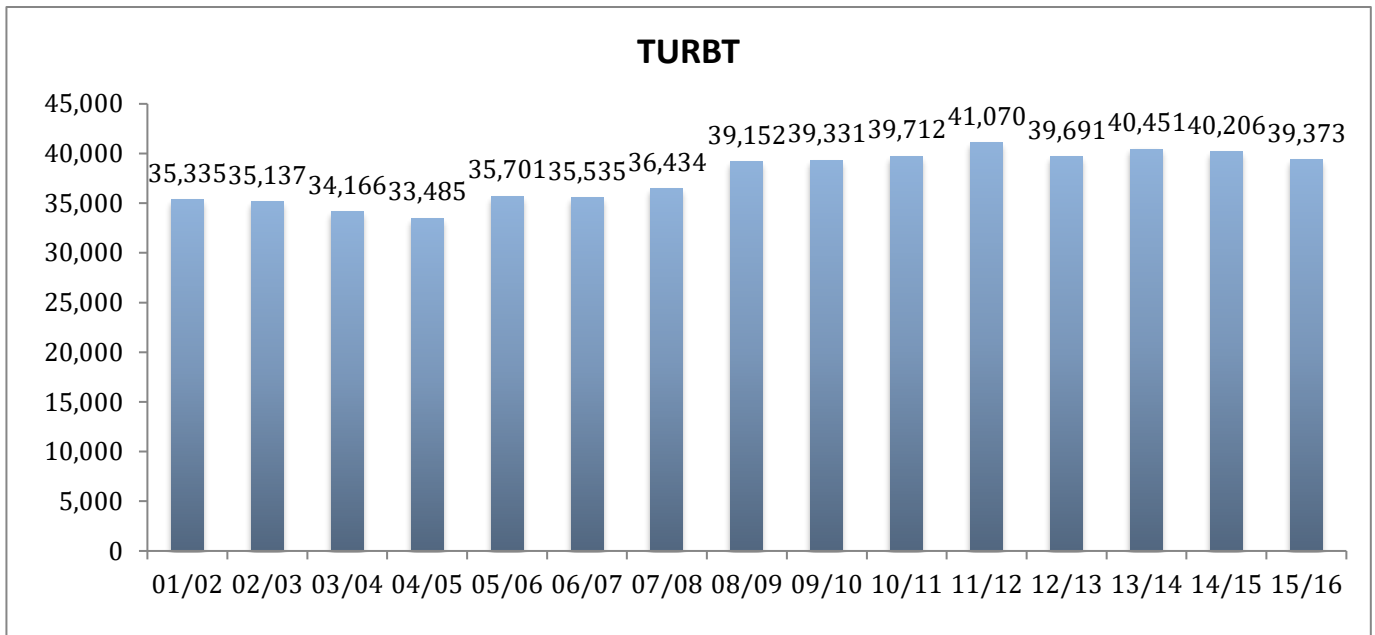
Outpatient HES Data (England only)



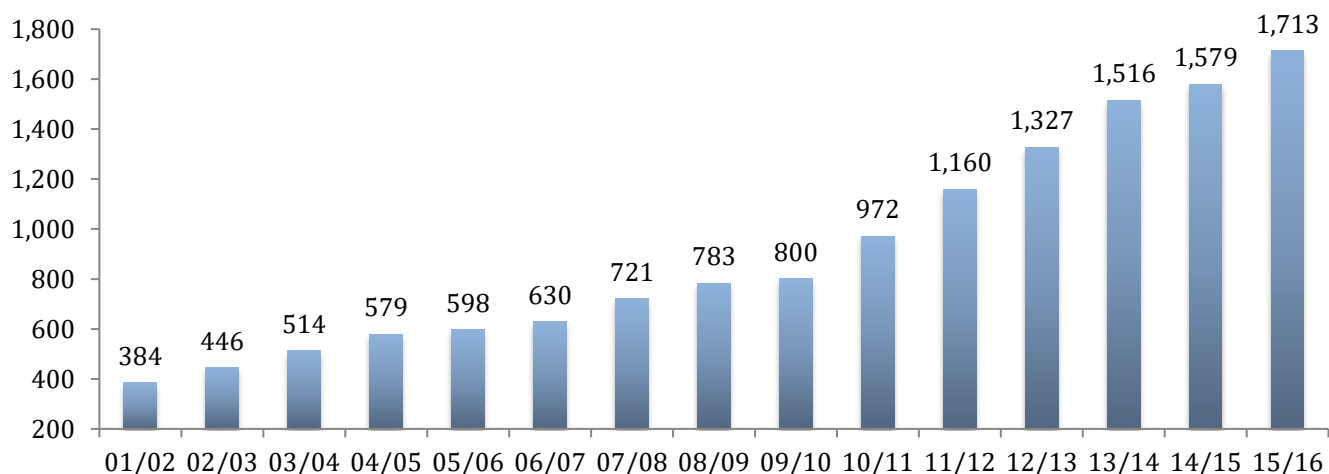
Outpatient attendance 2015/16 – Main Specialty



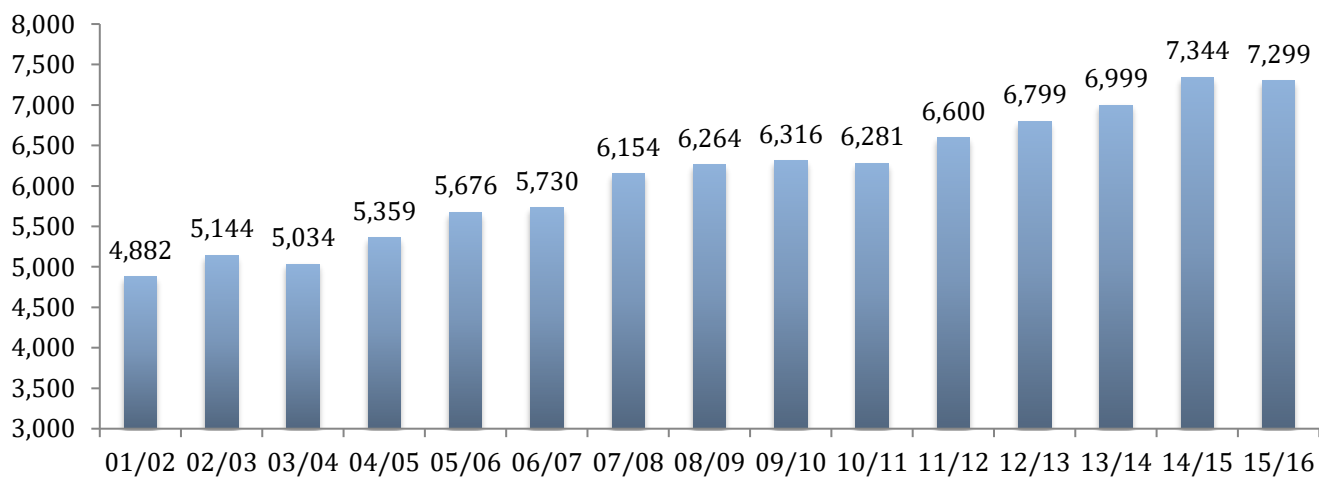
Procedures (HES – England only)



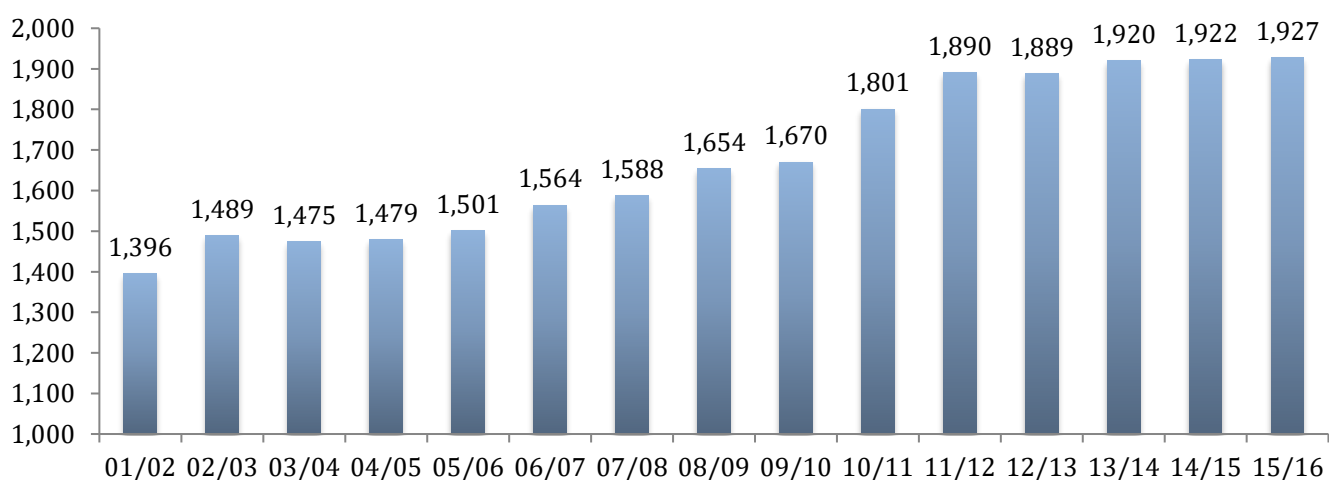
Partial Nephrectomy

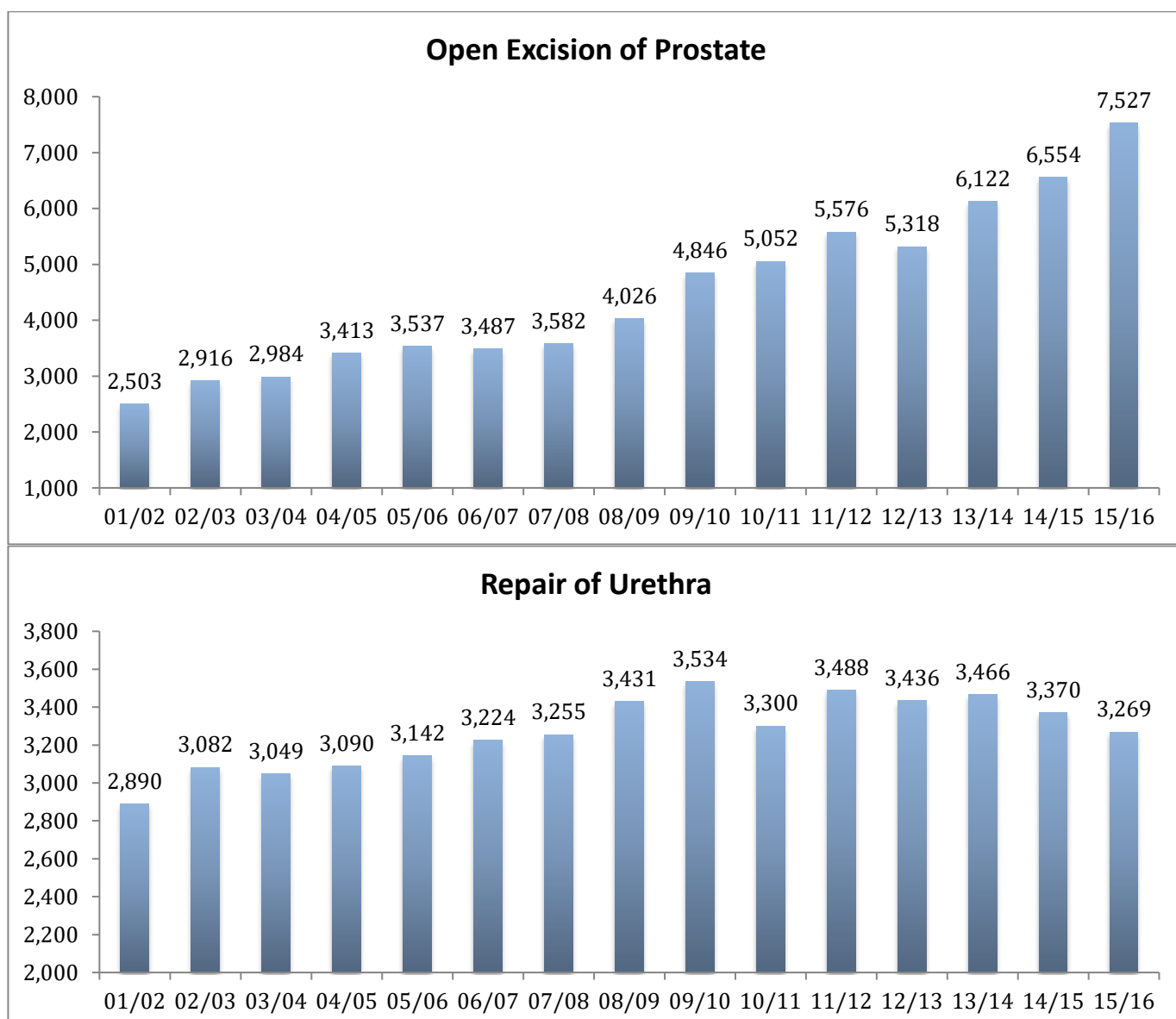


Nephrectomy



Cystectomy





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