

Workforce

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Why Have A Workforce Survey?

Variance in outcomes – Scottish and English Ovarian Cancer Audits

- Rates of surgery
- Extent of Surgery
- Rates of Chemotherapy

International Benchmarking data – Must do better!

Why is their Variance?

What can we do better?



1. What is the average number of hours a surgeon operates in a week?
2. What is the median number of surgeons/million catchment population?

• A:

• B:

• C:

• D:

People make the difference

Resource is important

Skills are important

Knowledge is important

BUT

We need the surgeons, nurses, oncologists, pathologist and radiologists working together to maximise their skills and knowledge to utilise the resources

SO

How many People do we have?

How many do we need ?

Workforce Survey

- Regional BGCS reps convened multiple meetings
- Discussions with RCOG/HEE/RCS
- Discussed data points to collect
- Revised after discussion with wider council
- Aimed to cover all MDT participants
- 'Peer to Peer' approach
- Final survey sent as Survey Monkey to help collate results

So Far..... 37/47 centres responded..... 78%

Midlands

	Catchment	Consultants	Theatre Hours	Vacancies	Cons/million
Wolverhampton		-	-	-	
Pan Birmingham	2.2 mill	5	40	0.5	2.2
Coventry	1 mill	3	33	0	3
Royal Stoke		3	19	0	
Derby	0.8 mill	4	44	0	5
Northampton	0.6 mill	3	24	0	5
Leicester	1 mill	3.5	32	1	3.5
Nottingham	1.8 mill	5	28	0	2.8

Average hours operated/Cons = 8 (6.5-11)

North Of England

	Catchment	Consultants	Theatre Hours	Vacancies	Cons/million
QEH Gateshead	2.3 mill	6	65	0	2.6
Middlesbrough	1.1 mill	2	36	1	1.8
Lancashire	1.7 mill	-	-	-	-
Castle Hill Hospital		-	-	-	-
Leeds	2.9 mill	-	-	-	-
Liverpool	2.3 mill	-	-	-	-
Grter Manchester	3.4 mill	10	-	0	2.9
Sheffield	1.8 mill	-	-	-	-

Average hours operated/Cons = 12.6 (11 – 18)

East of England

	Catchment	Consultants	Theatre Hours	Vacancies	Cons/million
Cambridge	1.5 mill	5	47.5	1	3.3
Ipswich	1.1 mill	2	20	1	1.8
Norfolk & Norwich	1 mill	4	40	0	4
Southend	0.8 mill	3	16	0	3.75
Watford	1.4 mill	3	28	1	2.14

Average hours operated/Cons = 9 (5-10)

London

	Catchment	Consultants	Theatre Hours	Vacancies	Cons/million
Barts and the London	1.6 mill	4.6	43.5	0	2.8
Guys & St Thomas'	1.5 mill	-	-	-	-
Hammersmith	2 mill	5	52	0	2.5
Royal Marsden & St G	2 mill	4	70	0	2
UCLH	1.5 mill	4.5	48	1 ac	3

Average hours operated/Cons = 11.8 (9.4 - 17.5)

South

	Catchment	Consultants	Theatre Hours	Vacancies	Cons/million
Cheltenham	1.2 mill	3.3	30	0	2.75
Taunton	0.55 mill	2.3	22	0	4
Bristol	1.2 mill	5	32	0	4.1
Bath	1 mill	2	16	2	2
Royal Cornwall	0.44 mill	2	25.5	1	4.5
Royal Devon & Exeter	0.85 mill	3	26	0	3.75
Oxford University	2.3 mill	4	60	1	1.7
Poole	0.8 mill	3	25.5	0	3.75
Portsmouth	0.9 mill	3	-	-	3.3
Southampton	1.3 mill	3	36	0	2.3
Maidstone Hospital	0.95 mill	-	-	-	-
QE Margate	0.8 mill	3	36	0	3.75
Royal Surrey	1.5 mill	4	40	0	2.7
Brighton and Sussex	0.75 mill	3	28	0	4

Average hours operated/Cons = 10 (8-15)

Celtic Connections

	Catchment	Consultants	Theatre Hours	Vacancies	Cons/million
Belfast	1.7 mill	5	34	0	2.94
West Of Scotland	2.4 mill	3	48	2	1.25
East of Scotland	1.5 mill	4	32	1	2.66
North Of Scotland	1.2 mill	3	24	1	2.5
Ysbyty Gwynedd, Bangor	0.6 mill	-	-	-	-
University Hospital of Wales	1.5 mill	4	27	0	2.66
Singleton Hospital, Swansea	1.1 mill	4	26.25	1	3.6

Average hours operated/Cons = 8.3 (6.5 -16)

BGCS Workforce Totals (From Responses)

- In post = 140.2
- Vacancies = 15.5
- Perceived need = 24.5
- Current workforce Shortfall = 40

MDT Team Members

- Proved to be challenging
- Complex working pattern across multiple tumour groups / areas
- Very difficult to quantify for many centres
- There are still pressures in each area
 - Vacancies : Med Onc 8 / Clin Onc 4 / Rad 4 / Path 9 / CNS 16
 - External reporting
 - CNS Banding
 - Delineation of roles for Nurses with advanced knowledge and skills

Workforce – Clinical Questions

- How often do you have difficulty accessing ITU ?
 - <5% = 66%
 - 5-10% = 22%
 - >10% = 11%
- Exenteration data
 - 70% centres offer exenteration
 - Range 1-15
 - Median 5

Comments

“We have struggled to appoint a 6th WTE gynae oncology consultant”

“delays in delivery chemo are due to scarcity of med onc ”

“redeployment and shielding had caused many patients inability to access any CNS support ”

“helpful for the BGCS to define roles/ responsibilities of members of a gynaecology oncology MDT ”

“The important issue is sustainability - we have had major issues in retention. ”

“This department is under resourced at all levels. It is still being managed as a DGH despite this being a major regional cancer centre ”

“ Need additional staff for resilience and sustainability ”

Pressures will be increasing

- Complex work patterns
- Covid
- Delayed diagnosis post pandemic
- Multi-specialty working
- Ageing population – having had fewer hysterectomies....probably!
- Pensions and early retirement

Discussion Points

- How do we meet demand?
- What will be the driver for change?
- Training requirements?
 - Where should funding / places for training be?
 - Delivery model for training?
- Can we set a standard for MDT members per centre?
- How many hours should we be operating?
 - It is what we are meant to be good at and enjoy!

**Long road to get to this point....
Not at the end yet....
We need to maintain momentum**



Workforce Opportunities

- <https://www.bgcs.org.uk/professionals/job-vacancies/>

