

Who's who in Clinical Genetics.
An exercise in workforce identification and planning.

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Introduction

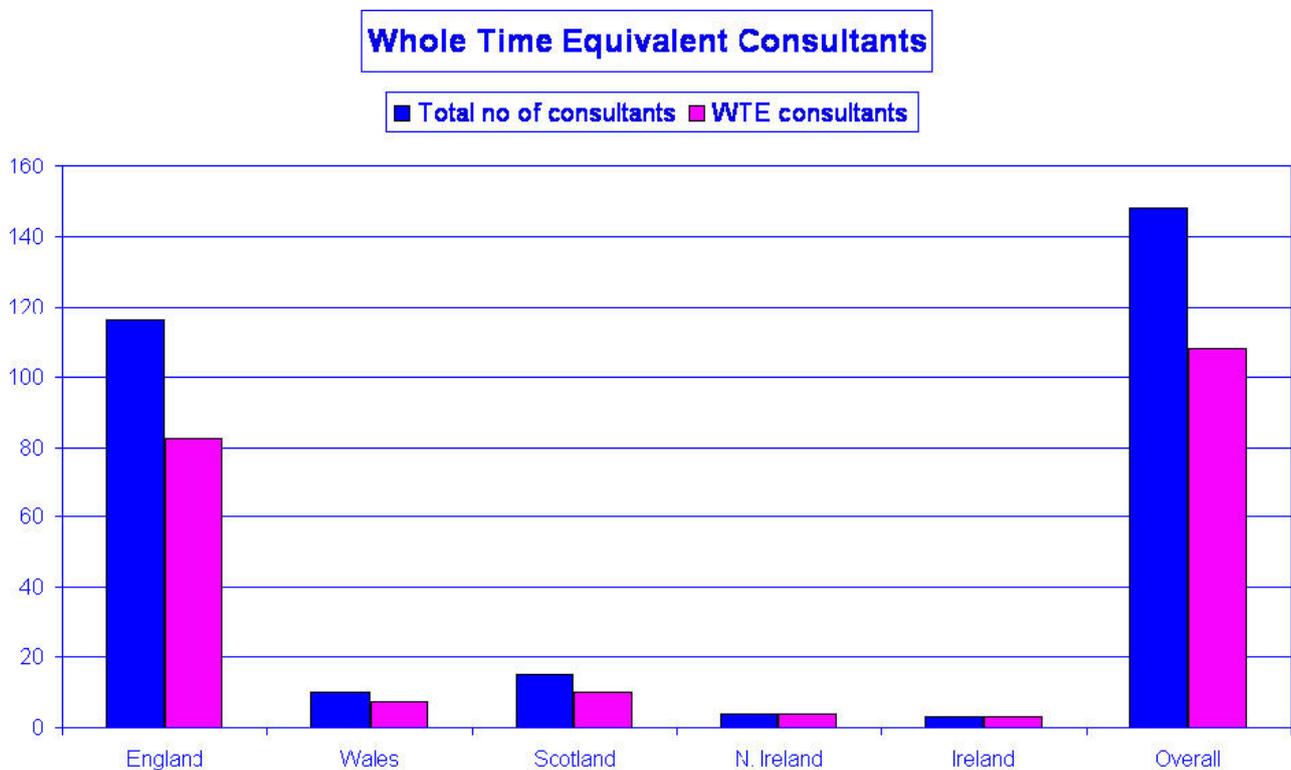
Historically, workforce planning has always been difficult. In recent years, the Government has recognised the increasing impact on healthcare of advances in human genetics and the need for increased investment in genetic services. The contribution of genetic factors to common diseases is now increasingly being recognised. Since devolution, Wales, Scotland and Northern Ireland have been independently responsible for healthcare provision including genetics services. In England the Workforce Review Team is responsible for workforce planning and it determines the number of training numbers. Although they are only responsible for trainee numbers for England, planning must take account of all trainees in the UK and Ireland since they will all be competing for consultant posts.

Method

We conducted a survey of all Clinical Genetics Centres in the UK to establish the number of consultants, whole time equivalent (WTE) consultants and specialist registrars in each region as well as the proportions of full-time and part-time workers and the proportion of SpRs currently out of programme doing research.

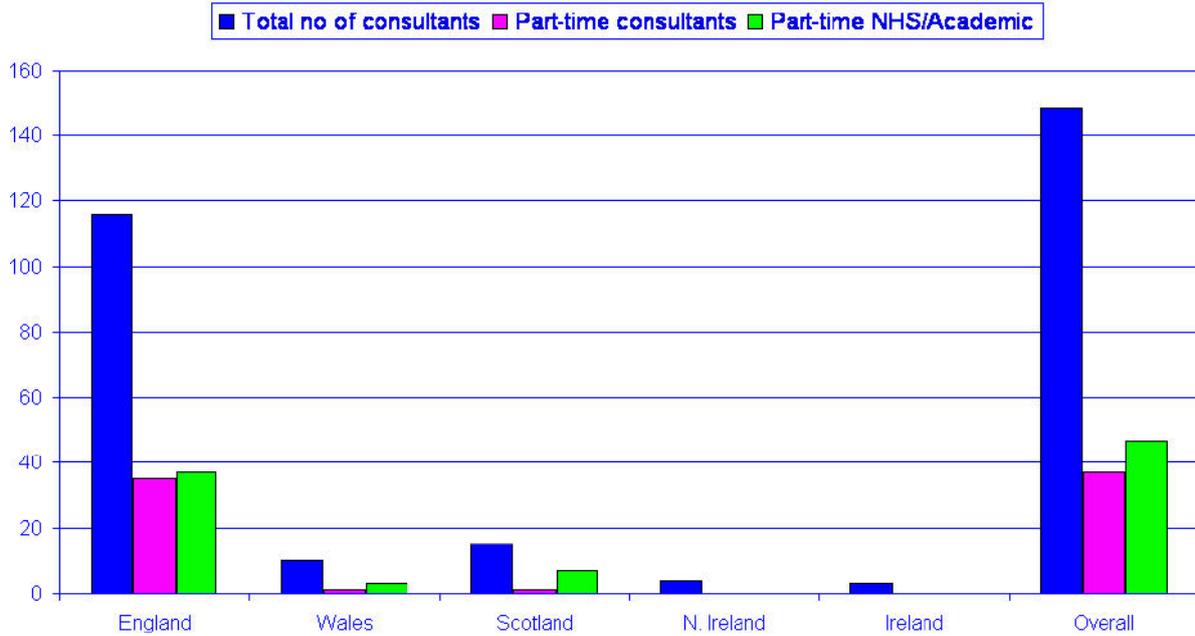
Results

1) Consultants



There are 148 Consultant Clinical Geneticists in the UK & Ireland but only 106.8 WTE. [England: 117, 82.5 WTE]

Consultants Working Part-Time

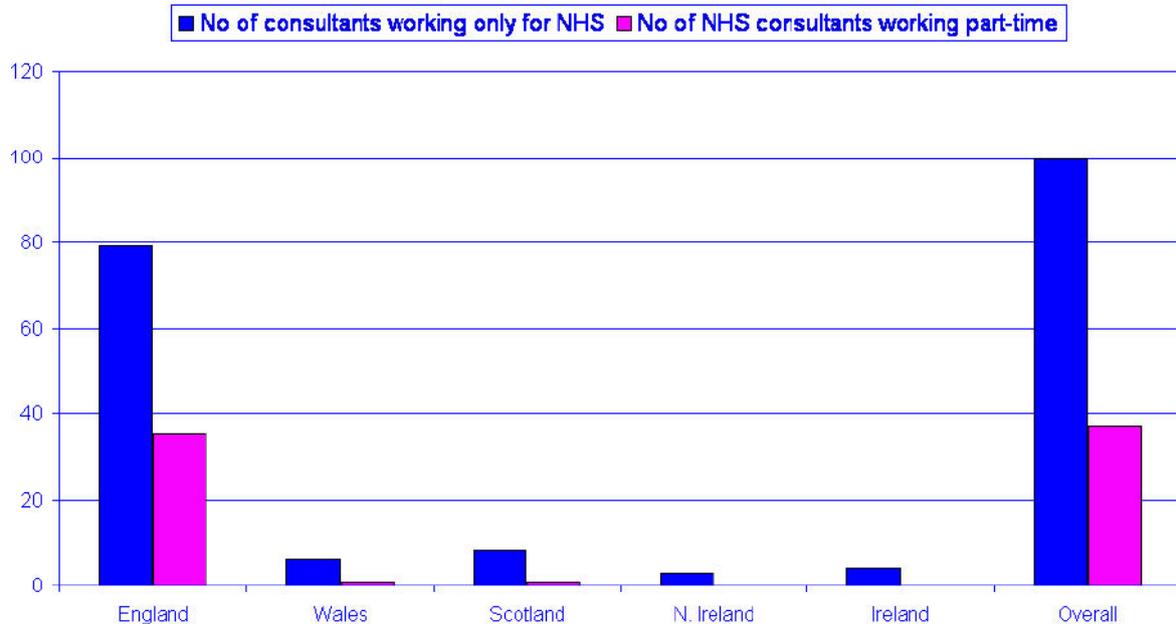


85/148 (57%) consultants in the UK & Ireland work less than full time for the NHS.
 [England: 73/117 (62%)]

37/148 (25%) choose to work part time. [England: 35/117 (30%)]

48/148 (32%) combine part time NHS work with academic and/or research commitments. [England: 38/117 (32%)]

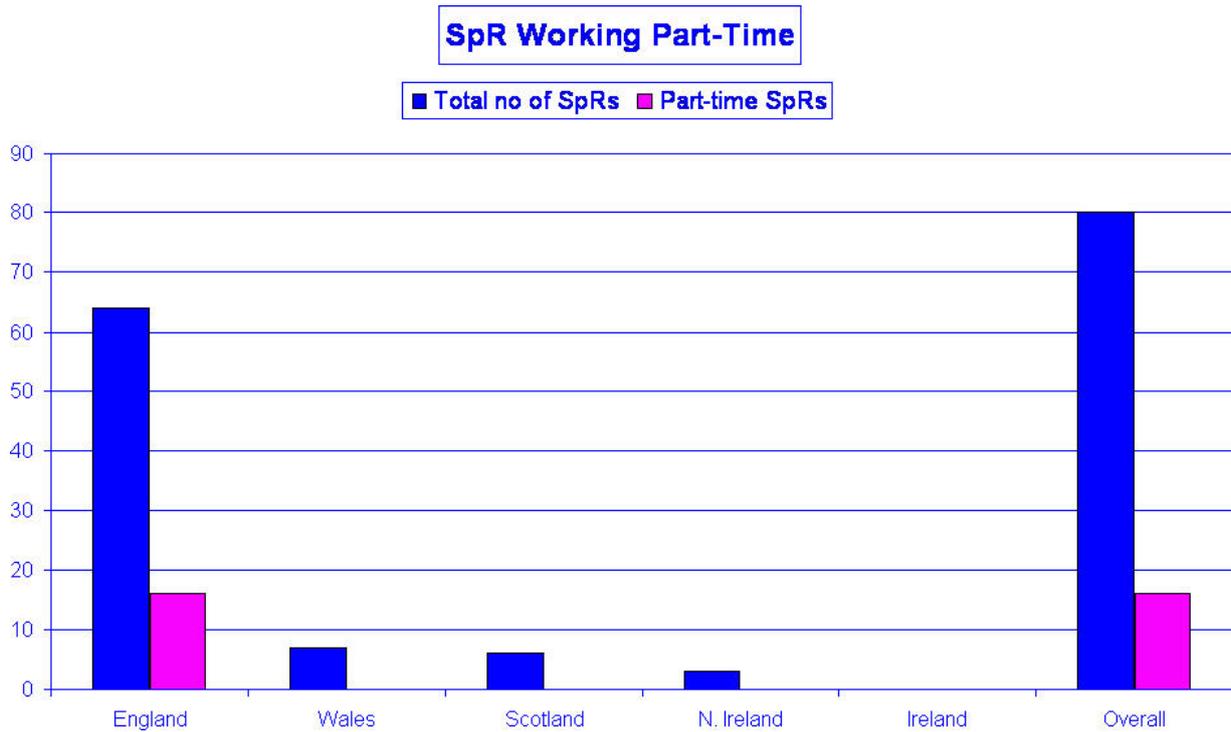
NHS Consultants



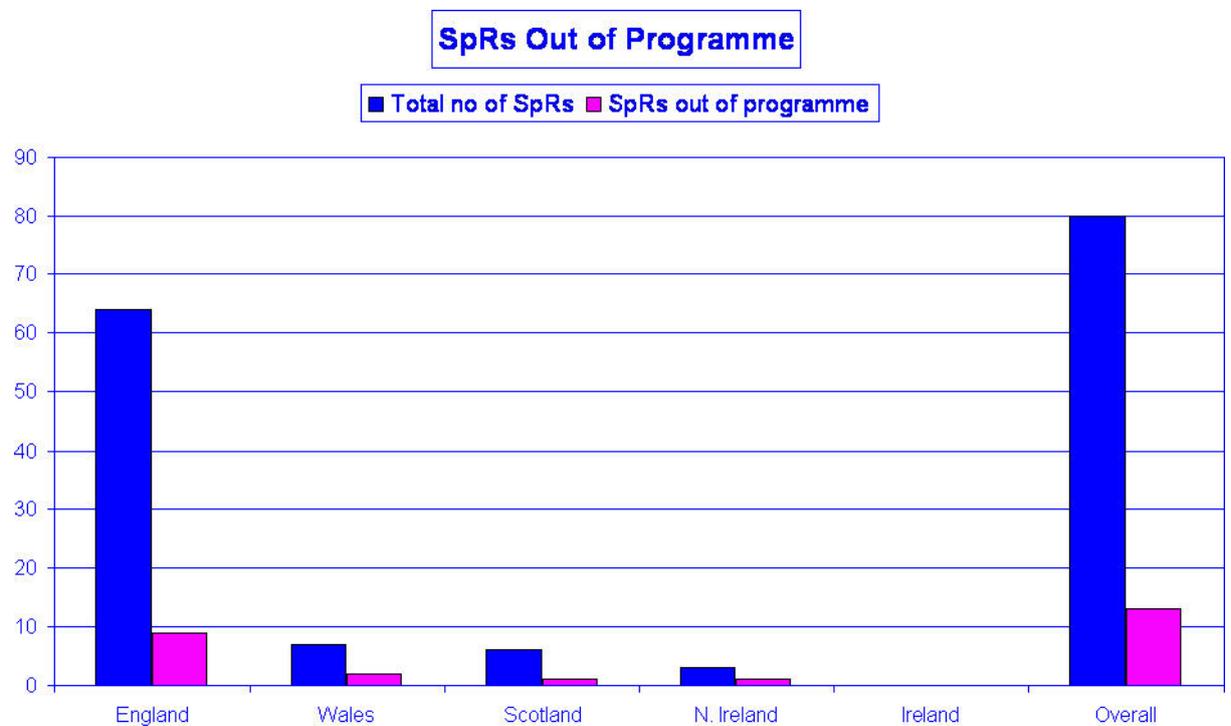
37/100 (37%) consultants working exclusively for the NHS work part time.
 [England: 35/79 (44%)]

2) Specialist Registrars

There are 80 SpRs in Clinical Genetics in the UK & Ireland.
[England: 64]



17/80 (21%) SpRs in the UK & Ireland work less than full time for the NHS.
[England: 17/64 (27%)]



13/80 (16%) SpRs in the UK & Ireland are currently out of programme.
[England: 9/64 (14%)]

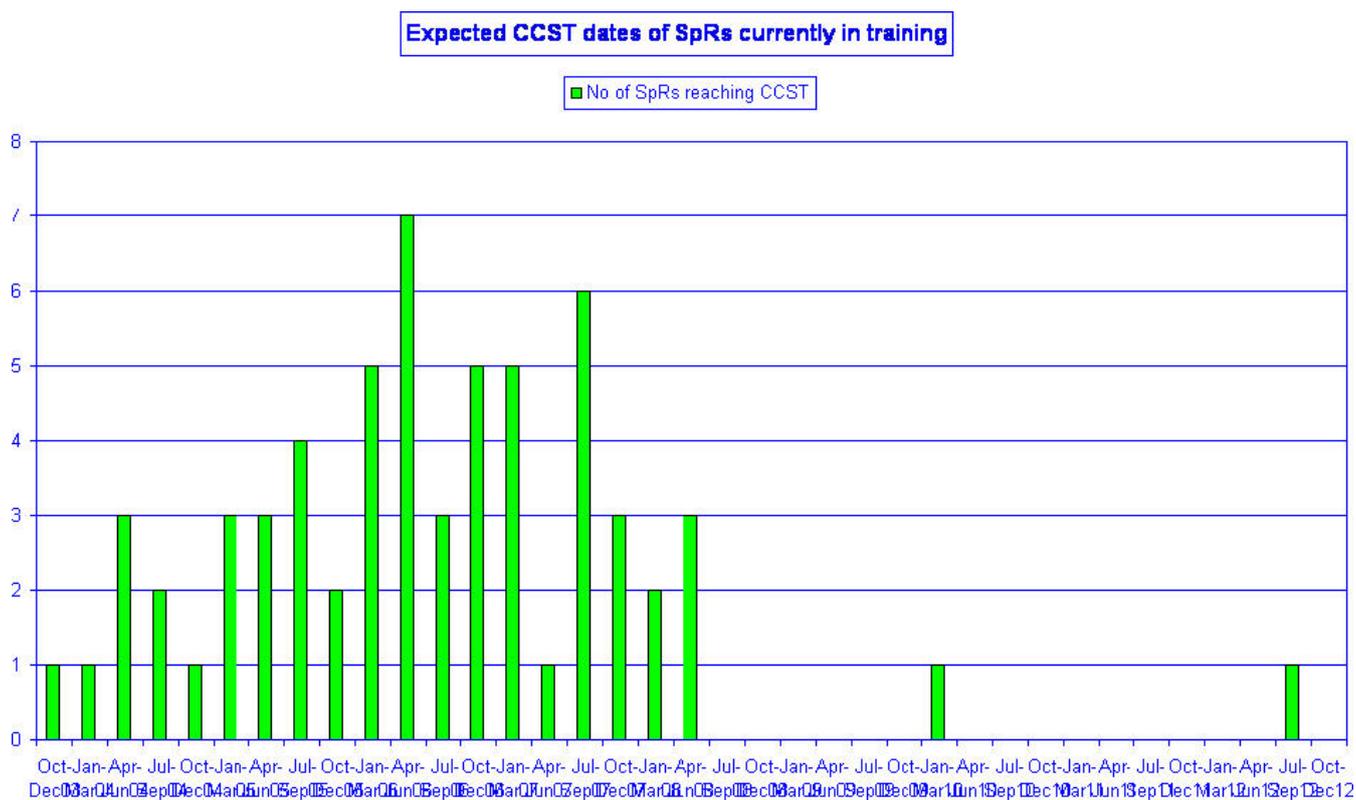
Discussion

This month (September 2004) the Royal College of Physicians publishes the 3rd edition of its working party report “Consultant Physicians Working with Patients”.

It describes the work of consultant physicians in each speciality and estimates the manpower requirements. The report recommends the provision of **1WTE Consultant Clinical Geneticist per 250,000** of the population (to include cancer genetics).

Based on figures from the 2002 Census, this equates with approximately 200 WTE Consultant Clinical Geneticists for England alone (current figure = 82.5).

According to our survey of estimated CCST dates, the current SpRs in training will not be sufficient to address the shortage in consultant numbers.



Conclusions

Workforce planning is important and as a speciality we must take ownership and be actively involved in decisions about new training numbers.

Planning must take account of all trainees in the UK & Ireland since they will all be competing for consultant posts.

We propose to establish a readily available, easily updateable, online resource for the accurate collection of this data on a regular basis.

References

1. Genetics White Paper “Our Inheritance, Our Future – realising the potential of genetics in the NHS”. June 2003. Department of Health.
2. Consultant Physicians Working with Patients – The duties, responsibilities and practice for physicians. 3rd Edition, September 2004. Royal College of Physicians.