



Workforce Planning in Cardiothoracic Surgery – Where are we now?

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This review summarises the current situation with workforce planning in cardiothoracic surgery for those in training and those who have recently obtained a Certificate of Completion of Training (CCT).

these previous predictions and the measures undertaken up to this time. The results are summarized in the graph below. These figures are for England, Scotland, Wales and Northern Ireland.



In 2004 a survey was undertaken to predict workforce requirement in cardiothoracic surgery. There were 132 Type I trainees in posts with about 80 aspirants in so-called “holding posts” awaiting a training number. A further 18 trainees were post CCST waiting for a consultant post. Predictions were made that there would be up to 90 CCST/CCT holders without a substantive consultant post by 2010. This surplus was after taking into account consultant vacancies which was predicted to be only a maximum of 33 posts by 2010.

CCST/CCT Holders

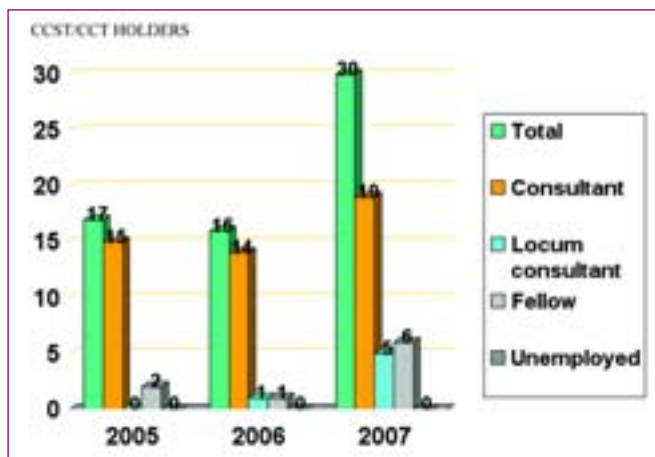
In total 63 trainees have obtained CCST/CCT and 48 (76%) have secured a substantive consultant post either in the UK or abroad. Of note is that no-one is unemployed or employed outside of the specialty.

There are many factors such as, European Working Time Directive, changes in casemix and evolving technologies, sub specialty developments, professional accountability, and professional slippage, which may have an impact on this specialty workforce planning. These cannot be accurately accounted for now and will be kept under annual review so that NTN recruitment numbers can be varied accordingly. In addition successful Article 14 candidates on the specialist register will be able to apply for consultant posts and will potentially need to be taken into account in future years.

In late 2004, 2005 and 2006 a widespread moratorium was put on NTN recruitment. In 2007 only 9 national trainees were recruited across England, Scotland, Wales and Northern Ireland and in 2008 the number was reduced to 7. The 5 for England were appointed via the national selection and recruitment process.

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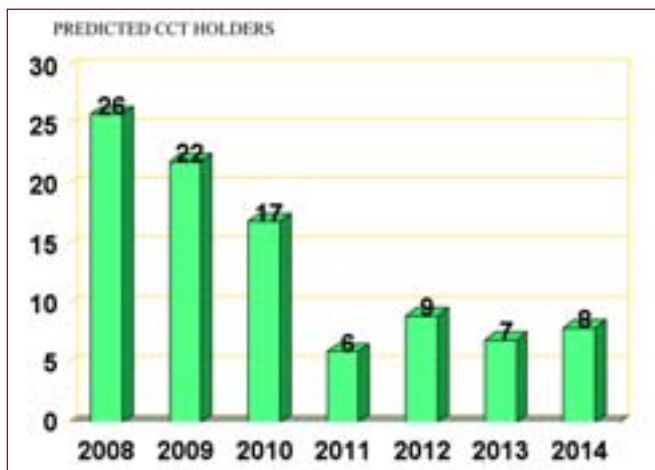
This recruitment limitation will have an impact from 2011 onwards on the number of CCT holders in the specialty. The numbers obtaining CCT will be reducing prior to 2011 following the bulge occurring during this year. The graph below shows predicted CCT holders by year out to 2014.



This grim picture was painted on a background of the demise of cardiac surgery due to advancing technologies in the field of interventional cardiology. Drastic measures were required to avert a large excess of fully trained cardiothoracic surgeons without substantive consultant posts. These measures included, reduction in recruitment into training posts, robust record of in training assessments (RITAs) in order to improve the quality of trainees and their appointability to consultant posts, and if possible increase in consultant posts.

Predicted CCT Holders

The SAC have suggested to the NHS Workforce review team that there should now be a gentle expansion of recruitment into the specialty from 2009 onwards (possibly 12 to 15 vacancies across the UK) to ensure that there is an adequate number of CCT holders to meet the Consultant workforce need in 2015 and beyond.



In March of 2008 a survey of CCST/CCT holders from the beginning of 2005 to date was undertaken to quantify the impact of