

Baby Loss APPG and Maternity APPG: call for evidence on safe staffing

Response by the Royal College of Pathologists, 2 August 2022

1. To what extent are maternity services affected by staffing shortages?

- Paediatric and perinatal pathology workforce concerns are having an impact on maternity services.
- There is an acute shortage of workforce: Currently there are **65** consultants in post (44 full time and 21 part time) including a few adult pathologists working some sessions in perinatal or paediatric pathology. This equates to **55.8** whole-time equivalent (WTE) Consultants, whereas for full staffing across the country we need around **80** WTE Consultants. There are **15.25** WTE vacant consultant posts and the number of current trainees (14) is insufficient to fill these vacancies as many wishing to work part time once they become consultants.
- Therefore, to cope with any increase in demand and to ensure quality of care, a rapid and significant increase in consultant numbers would be needed. Increased numbers of consultants would be needed in several different units.
- Pathology trainees have a two-week exposure to perinatal pathology during their training. This short exposure, combined with the high-volume workload and limited private practice opportunities in perinatal pathology, affects speciality choices for pathologists in training.
- Recruitment and retention salary premiums may need to be paid to encourage trainees to undertake specialist training in perinatal pathology. Work life balance and opportunities for flexible working would also be valued by trainees.
- Additional training posts require funding to ensure succession planning for consultant positions.
- Difficulty in recruiting Consultants: Despite repeated calls for recruitment, Belfast, Birmingham and Bristol have not been able to recruit workforce from within the UK.
- The current Consultant staff is overstretched, demotivated, tired and low on self-esteem as there are increased work and time pressures.
- The distribution of Consultants and trainees is not uniform across the UK. Whereas London (14) and the North West (12) have good staffing, most other centres are low on staffing with no/few trainees for succession planning (0 in Northern Ireland, 1 in North East England, 1 in Wales, 1 in South East England, 1.25 in East Scotland etc.). This also means that the trainees in workforce-restricted centres get poor training and consequently fail their exams. Those in well-staffed centres have better well-rounded training, fare better in exams and choose to stay in these centres for employment.

Question Title

2. What are the principal factors that are causing staffing shortages?

- Pathology workforce pressures across the four UK nations have been compounded by the COVID-19 pandemic. These pressures were exacerbated by illness, self-isolation requirements, and other obstacles that reduced staff numbers. In some cases, pathologists have been redeployed to other areas such as critical care.
- There have been reductions in patients seeking help for their symptoms, including a significant decline in referrals from primary care leading to substantial delays in diagnosis and a significant backlog of cases.
- Existing pressures on the pathology workforce have been exacerbated by the pandemic. NHS staff who have been exhausted by the pandemic are now facing a healthcare backlog.
- Tackling the backlog will need all pathology specialities working together and supporting each other. For example, by ensuring that Trusts have included pathology services as a central element in their workstreams to manage the backlog. Pathologists are key to reducing the backlog. There are currently vacancies for 290 consultant pathologists in the UK.
- It is important to remember that the staff who are going to be dealing with the backlog of cases are also the staff who are exhausted after over a year of dealing with COVID-19. That's not just pathology staff; it's nurses, doctors, porters, cleaners, canteen staff – everybody. We need to work out the most efficient way to overcome the backlog without overwhelming people.
- More investment and resources are needed across pathology services if we are to alleviate workforce pressure and meet increased demand which has been compounded by the effect of the pandemic. To manage the backlog and the expected rise in referrals it will be vital to have the right number of health staff in the right places.
- The College is working very closely with the National Health Service (NHS), various government organizations, the AoMRC and other Royal Colleges to develop recovery plans.
- As well as more investment to recruit and retain more pathology staff, the College would also like to see more training places, better IT for day-to-day work and capital investment to implement digital pathology more widely, so staff can work more efficiently and flexibly.
- As an example of the approaching retirement crisis in pathology, the number of virology consultant retirements in the next 10 years outstrips the supply of trainees. Of the existing medical consultants, over 40% are expected to retire in the next five years and over 10% within ten years.

Question Title

3. What impact are staffing shortages having on the quality and/or safety of **antenatal care**?

Question Title

4. What impact are staffing shortages having on the quality and/or safety of **labour and birth**?

Placental histology services in England

- The College met the Healthcare Safety Investigation Branch (HSIB) in December 2020. The HSIB has observed through the maternity investigation programme that there is insufficient availability of specialised placental histology in England.

- Many placentae from babies born that meet their referral criteria are not being sent for histopathology. This is not in line with [RCPath guidance](#). There are concerns about maternity units facing difficulties in providing paediatric histopathology. This is in part due to local pathology services being unable to meet the demand or not having the required expertise to provide placental histology. HSIB are in dialogue with NHSE&I Maternity Transformation Programme Board about these concerns.

Question Title

5. What impact are staffing shortages having on the quality and/or safety of **postnatal care**?

- The Royal College of Pathologists responded to a consultation published on 26 March 2019 by the Ministry of Justice and Department of Health and Social Care on proposals for introducing coronial investigations of stillbirth cases in England and Wales. [Our full response](#) is published on the College website.
- The College recommends that Coroners should be adequately resourced to ensure full post mortems can be carried out.
- The activities of Coroners should also link into the other groups who already investigate stillbirth and perinatal death.
- We are awaiting the Government response which we understand will be published in due course; it is disappointing to see the lack of progress in this investigation.
- If coronial investigations of stillbirths were to be introduced, consideration also needs to be given to which other staff groups need to be involved in investigating and their existing capacity and workload. This would involve biomedical scientists, radiologists, anatomical pathology technologists and secretarial staff. Additional testing may also be needed by other medical specialties, such as genetics, toxicology or microbiology. Allowance would need to be made for costs to increase in line with inflation.

Question Title

6. What impact are staffing shortages having on the quality and/or safety of **neonatal care**?

Question Title

7. What impact are staffing shortages having on the quality and/or safety of **bereavement care**?

Medical Examiners would play a central role in bereavement care and would help alleviate some of the issues caused by staff shortages.

The role of medical examiners in investigating baby deaths

Medical examiners are part of a national network of specifically trained independent senior doctors (from any specialty). Overseen by a National Medical Examiner, they scrutinise all deaths that do not fall under the coroner's jurisdiction across a local area.

- As the lead medical royal college, the College supports the view that medical examiners (MEs) should work with coroners to investigate stillbirths and neonatal deaths. This would

help identify unusual patterns, such as high numbers of deaths at one hospital, which can be a strong indicator of poor care.

- The 2015 Report of the Morecambe Bay Investigation by Dr Bill Kirkup recommended that the role of medical examiners should be extended to stillbirths as well as neonatal deaths.
- We recommend that investigating stillbirths be added to the remit of medical examiners, who would then make an initial assessment of a stillbirth death in the same way that they do for adult deaths. MEs would refer only those stillbirths they think need further investigation. Coronial investigation of full-term macerated stillbirths is less likely to reveal acute failings in care than investigation of intrapartum stillbirths. However, review of antepartum stillbirths may reveal failings in wider antenatal care.
- There could be specifically trained regional MEs who could review stillbirth cases and refer those deemed appropriate for coronial investigation. However, it will be important to ensure that there are enough medical examiners in post with adequate resources to be able to take on this additional role.
- Most recently, medical examiners have started providing independent scrutiny of the deaths of health service and adult social care workers from COVID-19 in England. They have been speaking to relatives, providing an opportunity for them to give their views, and have already identified deaths which need consideration of further action, for example by coroners.

Question Title

8. What impact are staffing shortages having on the quality and/or safety of **learning from incidents**?

Question Title

9. What impact are staffing shortages having on women and families experience of maternity care?

- Poor placenta reporting: Since perinatal pathologists in the short-staffed centres struggle to find time for reporting placentas, they are frequently outsourced to private companies or may be reported by non-specialist general pathologists who mostly have inadequate training, external quality assurance (EQA) or continuous professional development (CPD) in it. This may lead to substandard reporting and thus may affect the maternity care.

Question Title

10. What impact are staffing shortages having on the **morale and wellbeing** of maternity staff?

Question Title

11. What impact are staffing shortages having on the **training and development** of maternity staff?

Question Title

12. What impact are staffing shortages having on the **recruitment and retention** of maternity staff?

Question Title

13. What measures are necessary to address staffing shortages in the short term?

- National recruitment for 25 WTE perinatal pathologists with calls to EU, EEA and wider across the world. Actively approach suitably trained perinatal pathologists by wider advertising globally and help the international potential candidates with the requisite GMC and RCPATH paperwork to take up the vacant posts. The UK international recruitment drive around 2000 brought a number of consultants in from overseas. The RCPATH successfully initiated and ran the run-through programme in histopathology back in 2005-2007 where more than 250 pathologists from around the world were successfully recruited by creating 3 training centres in Southampton, Leeds and Leicester. We need to revisit that strategy.
- To create a cadre of additional workforce by upskilling bright and motivated BMS/Science graduates to do a 2-yr Diploma Course in Placenta Reporting (to be jointly developed by IBMS and RCPATH).
- To create opportunity for general pathologists engaged in placenta reporting to enrol in a short online placenta reporting course (3-6 months) with opportunities for EQA and CPD by their respective employing Trusts.
- To create opportunities for general pathologists to do **Fellowship in Perinatal Pathology** (1-year bridge course), like those offered by the US and Canada.
- To increase trainee uptake by delivering the paediatric and perinatal pathology curriculum online, to address post-code lottery in training posts. Trainees are put off because they see my colleagues under huge amounts of work, stressed. Coupled to that the central recruitment process at ST3 level is not fit for purpose and needs revisiting. We may have to look into devolving power to the local Deaneries to recruit local interested candidates.

Question Title

14. What measures are necessary to address staffing shortages in the medium to long term?

Curriculum design and resource development

- Curriculum design (modular) and resource development for Diploma in Placenta reporting by general pathologists and non-medical professional with biological sciences background.
- Curriculum design and resource development for Fellowship in Perinatal Pathology.
- Resource development and online curriculum delivery of the PPP trainees to improve and maintain the highest standards of teaching uniformly across the nation, so that staffing does not affect quality of training.
- Establishment of **National Perinatal and Placenta Training Centre** at one of fully staffed centres to drive the agenda forwards. I proposed Liverpool as a potential centre where I work; would look at other interested parties.

Demand Management

- The new placental pathway publication revised the indications for placenta requiring histopathological examination. This will reduce the number of referrals to where it actually makes a valuable contribution to the maternal care. A similar model may be required for indication for perinatal autopsies.

Question Title

15. Please use this box to tell us anything that you haven't been able to submit in the questions above, or any additional information.