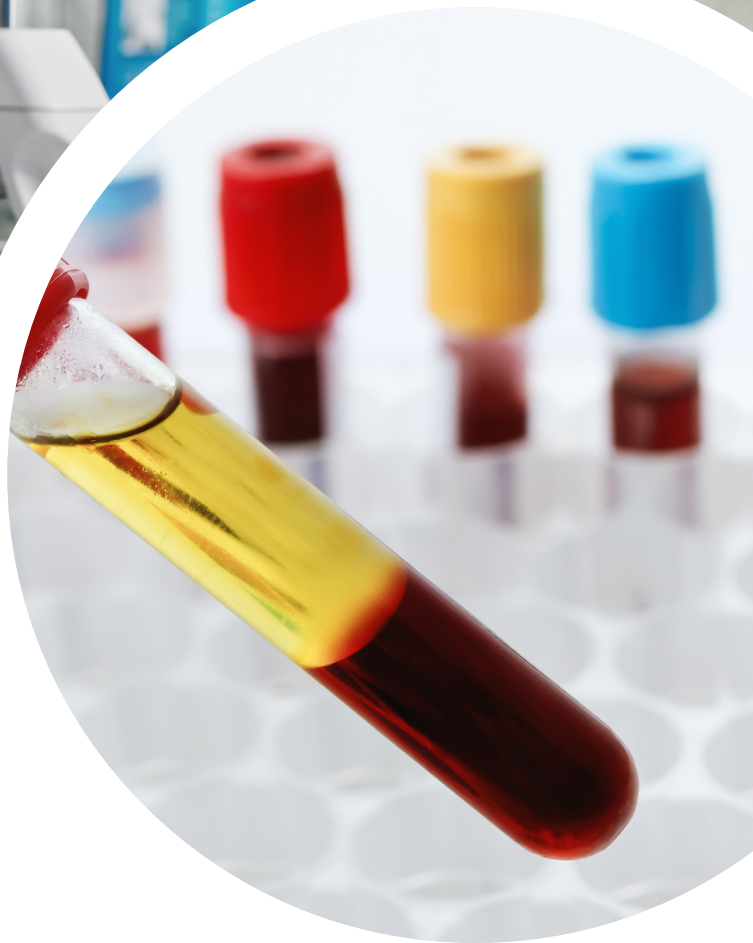
The Haematology Workforce

A comprehensive view



British Society for Haematology

Listening • Learning • Leading

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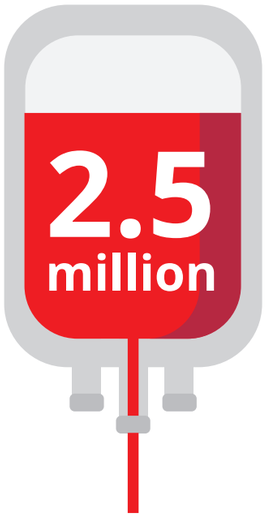


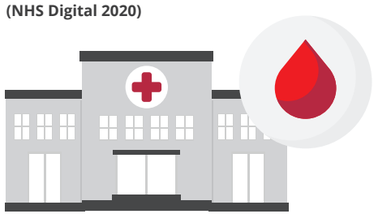
units of blood and blood components are transfused in the UK each year

280,000

living with blood cancer in the UK

Clinical haematology provides almost 2.5 million episodes of outpatient care in England in a year

(NHS Digital 2020)



in 2,000 people

in the UK have been diagnosed with a bleeding disorder

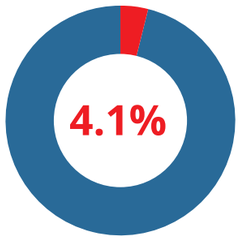
The two leading causes of maternal death in the UK are haematological

17,500

people live with sickle cell disease in the UK

130 million

haematology tests conducted each year in the UK



of people in England have anaemia

40,000

people diagnosed with blood cancer each year in the UK

1 in 1,000

people affected by VTE annually in the UK

1. Foreword

Haematology is a challenging and highly rewarding discipline. The field comprises Haemato-oncology and Medical Haematology. The latter cuts across all medical and surgical disciplines. Other important interfaces include that between primary and secondary care.

An effective liaison haematology service enhances community care of patients and reduces the need for outpatient referrals and emergency admissions. The clinical-pathology, laboratory work is crucial for rapid diagnosis and clinical management of primary and secondary haematological disease.

The workload is vast and these interfaces are vital for prevention and management of disease. Despite all the strains in the system, professionals mostly experience satisfaction in their roles. Three in four (76%) would like to stay and develop their careers in haematology. Haematology training programmes are routinely oversubscribed and there are consistently more people applying for haematology trainee posts than places (207 applications for 79 ST3 posts in 2024).

However, there is little doubt that the working lives of haematology professionals can sometimes be difficult. The system is under considerable pressure, with contributory factors such as poor estate, IT infrastructures, deficiencies in social care and demands on primary care all playing their part.

The haematology workforce is a core theme for the BSH. We see it as one of our responsibilities to improve the working lives of our members and to help them deliver meaningful change in their place of work to improve job satisfaction and the quality of care for the patients who rely on them.

In 2023/24 we set out to attain a better understanding of the haematology workforce, the pressures it faces and the opportunities for innovation and development. With our academic partners, London South Bank University (LSBU), we have established an understanding of wellbeing among the multi-disciplinary team, examined how workforce shortages may be affecting it and started to explore how alternative models of delivery can contribute to better patient outcome and less burnout.

Now that data collection and analysis is complete, we are looking at ways to influence change. Perhaps unsurprisingly, the data doesn't paint a pretty picture. Few, if any, other specialties have this level of data on their workforce. We have already started to use these results in planning BSH programmes, and our wider conversations with stakeholders and policy makers are made stronger with this evidence. Much of the focus for the coming year will be in relation to the issues identified in our research and outlined in this paper.

Dr Josh Wright,
BSH President
2022-2024

Dr Sue Pavord,
BSH President
2024-2026

FINDINGS

2. Staffing levels

The NHS faces workforce challenges, and it would be easy for us to join a long queue of specialties and ask for more staff to help overcome those challenges. While haematology is undoubtedly affected by staffing deficiencies our study showed a more nuanced view – with issues around retirement, vacancies, retention and the increased pursuit of flexible, part time working. With a holistic view of the workforce and workload distribution, we might see less strain in the system.

The heavy workload that many haematology professionals experience is partly caused by unfilled vacancies. One in eight (12%) of available roles are vacant (rising to 16% for SAS doctors) and the same proportion (12%) of positions are frozen. Clinical Scientists in the East Midlands have twice as many vacancies than they have staff, and there are as many Advanced Nurse Practitioner vacancies as current staff in the South East of England. High vacancy rates were scattered across all four nations in various roles, with the East of England even struggling to fill trainee roles, with a 40% vacancy rate.

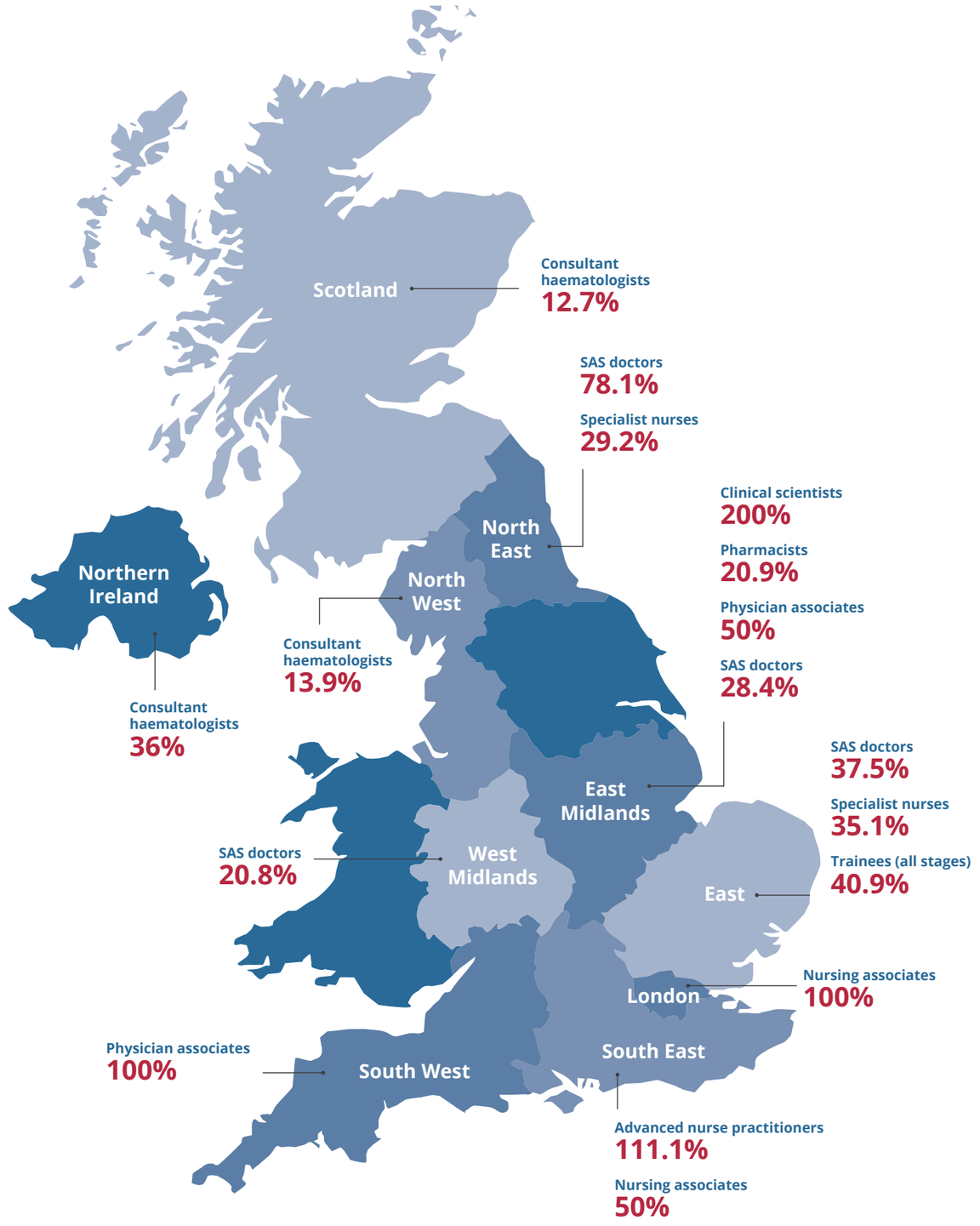
Given factors such as the age profile of the current workforce and the desire for better work-life balance, it is not surprising that a high proportion of haematology professionals are planning to retire in the next three years. Overall, this applies to 9% of the haematology workforce – while 8% are considering leaving haematology or the UK altogether.

One in eight consultants (12%) and associate specialist doctors (13%) plan to retire in the next three years. This is also true for nearly one in four nurse consultants (22%) and one in 12 specialist nurses (8%). This is exacerbated by regional imbalances, with Wales at particular risk, with a retirement rate in the next three years of 60%.

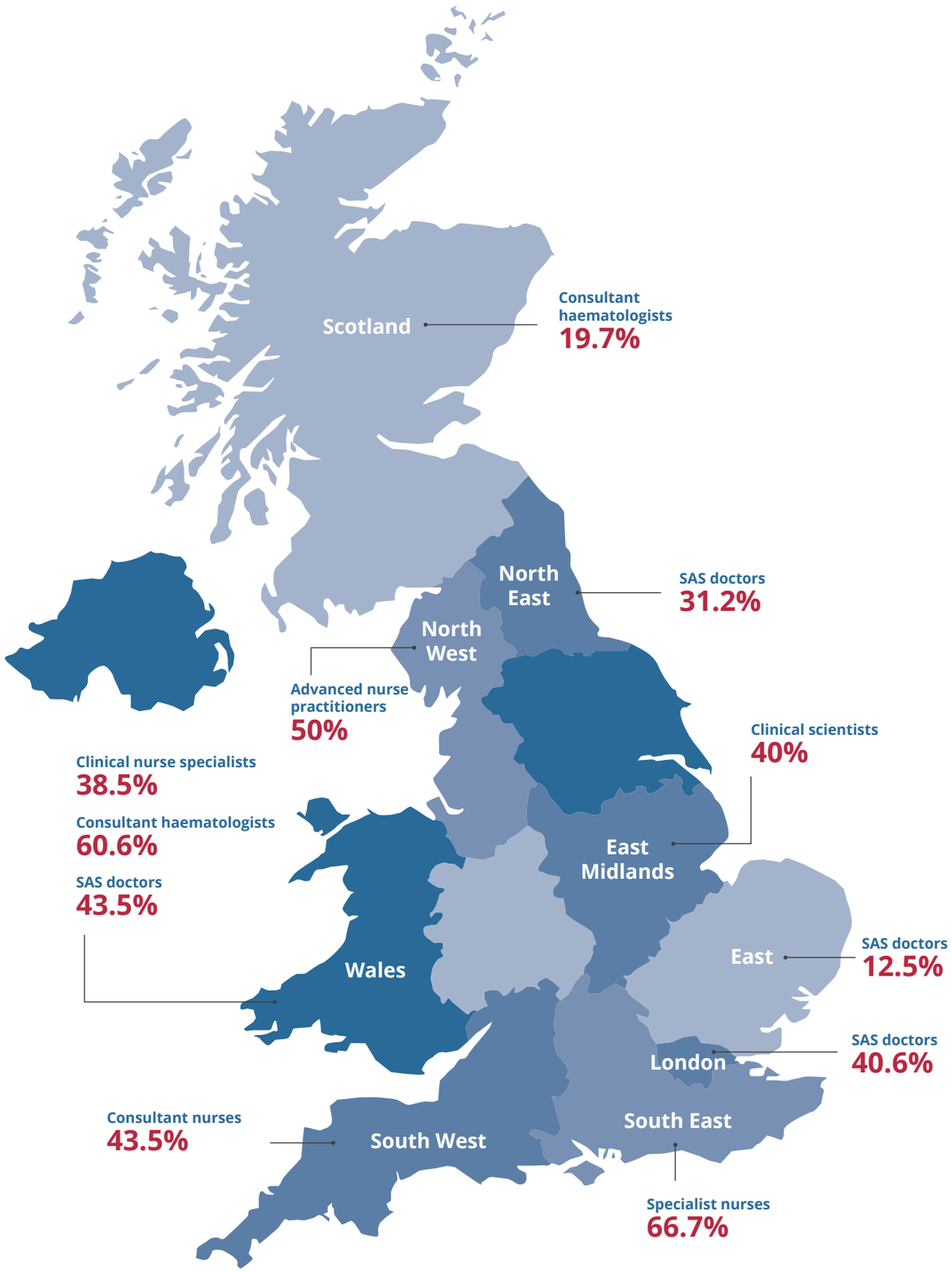
12%

of all available roles within haemotology are vacant

Worst areas for vacancies by profession (% of vacant roles compared to those in post)



Retirement rate in the next 3 years



If proposed retirement plans are fulfilled without a programme of replacement, workloads can only worsen. This is likely to be exacerbated by a steady transition to less than full time working without a concurrent expansion in training posts to facilitate this.

There is also a problem with the distribution of training places for doctors, which are concentrated around specialist centres and major urban conurbations. As the majority of trainees tend to take substantive roles in the vicinity of their training institution this practice effectively discriminates against fair and equal recruitment.

Using the Batenburg model [1], workforce projections have this situation getting worse in the future, with the gap between available staff and required capacity in consultants and clinical nurse specialists widening over time due to unseen labour demand and an aging population.

Recommendations:

- Improvements to the working environment (see next steps) would increase retention within the specialty.
- Development of a workforce development line for those close to retirement, with a focus on training, to increase retention of staff near or at retirement age.
- Workforce planning with a flexible, part time workforce in mind.
- Support for national initiatives improving the distribution of training to meet population needs across the country.

32%

Our survey found that one in three clinicians working in haematology plans to move from full-time to part-time work. Changes which will encourage people to stay include:

- **less intense workloads (36%)**
- **improved rates of pay (35%)**
- **management valuing their work (30%)**
- **flexible working (30%)**
- **better workplace culture (25%)**

[1] 'The 'Batenburg workforce project on model" is a simulation model used for health workforce planning, that forecasts the future evolution of the workforce based on historical trends and demographic factors. The model aims to prevent imbalances in the health workforce by anticipating future needs and ensuring the right number of professionals with the right skills are available. It was developed by Ronald Batenburg and Lud van der Velden.

3. Unrecorded work

Job planning is supposed to ensure that roles are recruited to meet need, and this is based on an understanding of the time that is required for each task.

It was therefore an important and alarming finding that large parts of essential work done by haematology professionals are not captured in NHS statistics, despite their using resources within the system. These were liaison haematology and transfusion work.

3.1 Liaison haematology

Haematology professionals spend a significant proportion of their time every day providing advice (in diagnosis and treatment) to other clinicians in different services. Much of this work is unrecorded. This is generally described in the UK as 'liaison haematology'. It involves consultation, advice and investigation and is not limited to the time spent in direct communication with the requestor. Many requests for advice necessitate further investigation and/or consideration. This work is vital to quality of care, reduces unnecessary testing and hospital admission and allows professionals to deal more efficiently with issues at an earlier stage.

3.2 Transfusion

A second area of work largely unaccounted for in NHS statistics is haematologists' involvement in transfusion practice. 2.5 million units of blood and blood components are transfused in the UK each year The annual Serious Hazards of Transfusion report and the infected blood inquiry highlights the risks of the transfusion of all blood products yet the amount of job planned haematologically time allotted to transfusion is minimal. The clinical haematological input to transfusion is delivered by physicians and transfusion practitioners, 35% of whom are single handed practitioners for large hospital groups.

Haematologists are brought in to help assess the most complex and difficult situations delivering clinical advice in high-risk areas, such as bleeding in obstetrics and cancer.

3.3 Implications

Job planning

Since significant proportions of haematologists' work goes unrecorded, NHS job planning fails to take account of the resource required to keep the system running. Consequently, planning for future haematology capacity is unfit for purpose.

Productivity

Within the NHS productivity measures output, such as the number of appointments or procedures delivered per unit of input. Since liaison haematology and the time spent by haematology professionals on transfusions are under-recorded, the value of the denominator (input) is correspondingly too low significantly underestimating haematology workloads. Having defined liaison haematology, BSH are currently evaluating workloads to inform future discussions.

Recommendations

The NHS should record properly the time haematologists spend advising other clinicians in liaison haematology and transfusions.

Job planning – and therefore recruitment and retention plans – should be adjusted to recognise this 'invisible work', so that there are sufficient haematologists to meet patient needs and provide high quality care.

> "Many hours' (of) work [are] summarised in one or two lines in the patients' notes and all that happens [is] not necessarily recorded in a formal way."
>
> – **Clinician**

35%

of those delivering transfusions are single handed practitioners in large hospital groups

4. Strain in the system

Wellbeing – the mental and physical health, job security, work engagement, and work-life balance of professionals – is critical to workforce sustainability and in turn to high quality patient care. Yet we found significant evidence of this being compromised.

4.1 Team structures

Where haematologists work with a supportive team of other professionals, such as nurses, data managers and admin staff, they are able to concentrate on what they do best and contribute to high quality patient care. But all too often, the full team is unavailable or the work is not organised in the optimal way.

The ratio of doctors to other workers is typically 1:3, but it should be lower. In particular, professionals identified a relative shortage of clinical nurse specialists – specialist advanced nurses who manage caseloads and ensure patients get the care they need. Other skilled workers whom haematologists felt were in short supply included:

- Administrative staff (48%)
- Other registered professionals (41%)
- Data managers/ audit professionals (40%)
- Clinical support assistants (40%)

Consequently, haematologists get pulled in multiple directions and are often unable to complete their tasks. Haematology professionals spend on average seven hours each week undertaking unpaid overtime and only 7% of haematologists go home at the end of the day satisfied they have achieved everything they set out to do. Despite the unpaid overtime, other important tasks for the long-term good of the system get overlooked. These include:

- Quality and improvement work (69% of professionals)
- Professional development (63%) – a huge increase from 40% of respondents in 2020 who said they had missed or postponed CPD sessions.
- Research (58%)
- Teaching (51%)
- Quality assurance (45%)

4.2 Burn-out and exhaustion

Stress is high in the haematology healthcare workforce, with 35% of professionals feeling very stressed. The principal factors causing this were reported as:

- Overwork (44%)
- Meeting patient expectations (28%)
- Discrimination/ favouritism in the workplace (20%)
- Insufficient salary (20%)

Half of all professionals (50%) said they were exhausted after each shift. Half (52%) said that stress in the last year had made them unwell. On average, they reported they took 15 days off because of poor physical health and up to 35 days off due to poor mental health – but just over half (56%) continued attending work.

> “
>
> I worked four days a week (on a Less Than Full Time contract)... I can say, without a doubt, that I needed that one day off a week. To decompress, to feel like I had a life outside of medicine, to not feel stressed all the time.
>
> **– ST3 Haematology Trainee**
>
> ”

One in three (34%) described their condition as ‘burn-out’. This is the first time that the condition has been ascribed to the haematology workforce in a formal study.

Excessive working hours and the practice of working beyond contracted time to meet clinical demands significantly affects work-life balance. Many individuals undertake work outside of working hours to keep up with the clinical demands with a deep sense of responsibility towards their patients. Participants shared experiences of ‘juggling’ work with home commitments and how this impacted their personal relationships. Despite the challenges, some participants looked forward to a time when they could achieve a more sustainable balance.

Haematology professionals highlighted the provision of support by employers as pivotal in nurturing their wellbeing, yet the efficacy and accessibility of such support varied significantly across different organisational contexts. Study participants highlighted a dissonance between the abundance of wellbeing resources offered by employers and the practical challenges of accessing them.

We also identified that over one-third (37%) of haematology professionals find their work emotionally exhausting, with one-in-five (20%) suppressing concern a few times per day. Suppressed negative emotional expression is associated with higher levels of emotional exhaustion and potential for burnout. However, this so-called ‘emotional labour’ is rarely factored into any workforce calculations in health and social care.

52%

said that stress in the last year had made them unwell

> “
>
> They [wellbeing support offers] are not really that well-advertised; you are going to have to go searching for them and people are just too busy to seek out things like that, they are just trying to do their job...
>
> **– Clinician**
>
> ”

4.3 Recommendations

NHS Trusts should organise work better, ensuring that more routine tasks are allocated to admin and support staff, and create teams utilising more skilled expert workers, such as clinical scientists and specialist nurses. Job planning should also take account of emotional stress and allow sufficient time for structured debriefs after emotionally taxing events.

Trusts should ensure that they fulfil the staff wellbeing targets to which they generally aspire. It is not enough to say that resources are available if they are very difficult to access.

The more effective recruitment – including filling of vacancies – of staff able to fulfil more routine tasks would reduce the strain on the whole system, as would the more effective use of IT, including Artificial Intelligence.

Culture also plays a part. If more managers were to show they value the work undertaken, this would go some way to improving job satisfaction. Similarly, offering more opportunities for flexible working could also make a positive difference.

At a national level, consideration should be given to additional training posts in rural and suburban settings, which would help even out future workforce supply. BSH members should consider whether the innovative ways of working introduced in some trusts could be replicated in their own area.

5. Next steps

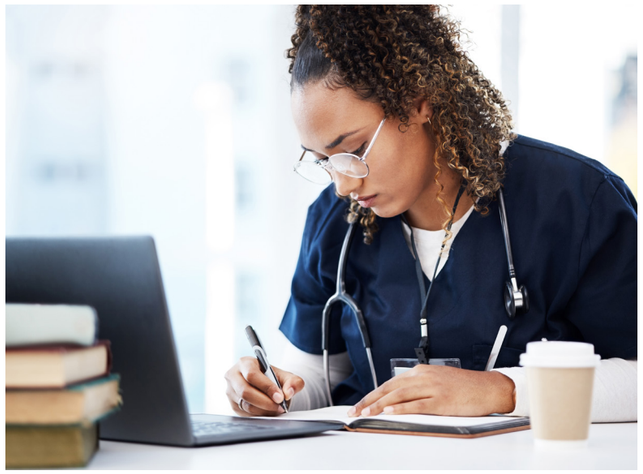
Despite all the strains in the system, professionals report satisfaction with their work. Three in four (76%) would like to stay and develop their careers in haematology.

There are consistently more people applying for haematology trainee posts than places (207 applications for 79 ST3 posts in 2024), showing haematology to be an attractive specialty for trainees.

We want this love for haematology to continue, to enable our members to thrive and grow as professionals, and to ensure they provide the best patient care.

We plan to work with our members and stakeholders to help overcome the current workforce challenges, including:

- Seek recognition of unrecorded hours for liaison haematology and transfusion both in NHS modelling and in individual job plans.
- Look at how BSH can support all those working in haematology, at all stages of their career, across our programmes, such as education, grants, access to research and improving wellbeing at work.
- Work with stakeholders on further workforce research and implementation of recommendations.
- Empower the membership to advocate for their specialty, for example by creating toolkits for engagement with local trust management and policy makers.
- Seek out and share innovative ways of working to inspire other members to remain working in haematology and deliver better patient care.



76%

would like to stay and develop their careers in haematology

6. Acknowledgements

Since 2023, the British Society of Haematology (BSH) has worked with a research team at London South Bank University, led by Professor Adele Stewart-Lord and Professor Alison Leary, to carry out a major research project to investigate the current state of the haematology workforce, the wellbeing of the multidisciplinary team and how good practice can help the issues facing our workforce. This was a whole system review, looking at the entirety of the clinical haematological workforce, including nurses, allied health professionals and physician associates, not just consultants and trainee doctors.

A workforce census was sent to 146 trusts, and responses covered 60% of Trusts across England, Scotland, Wales and Northern Ireland. A survey of work-related quality of life and a series of semi-structured interviews were also conducted. We also recruited two research fellows, one HSST clinical scientist and one trainee doctor, to work alongside the main research team to look at the special area of liaison haematology.

We would like to thank all those who participated in the research, and in particular the BSH project advisory group which was appointed to provide overall project guidance to LSBU, comprising Dr Josh Wright, Dr Sue Pavord, Dr Mark Ethell, Dr Fiona Miall, Dr Subarna Chakravorty, Dr John Ashcroft, Dr Noemi Roy and Dr John Grainger.

This report now sets out our main findings and the action we plan to take on behalf of the whole haematology community to help improve working lives and ultimately deliver even higher quality patient care.

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