Survey of the laboratory workforce in Cervical Screening in the British Isles

Given the momentous changes in service delivery planned for the Cervical Screening Programmes (CSPs) with the change to primary HPV screening there was a need to better understand the roles, views and intentions of the current laboratory workforce working within the CSPs across the British Isles. The BAC undertook this survey via its own membership, and also via SQAS and PHE routes within England, during March 2017. The survey was intended to help provide information for all bodies making proposals for changes within the CSPs. As such the information from the results of this survey is for use by all those involved with CSPs for use.

The survey was conducted online (using Survey Monkey) using a set of questions (76) which were split into several sections aimed at maximising information for each laboratory staff group:

All respondents were required to complete Section’s 1 & 6
Section 2 for Pathologists
Section 3 for ABMSPs
Section 4 for BMSs
Section 5 for Cytoscreeners

The BAC would like to thank all those who completed to the survey.

Results

For the purposes of this summary all the replies have been used, unless otherwise stated. The replies relating to England alone (which amounted to 83.3% of all the replies) are detailed in Appendices 1-5. Of the other countries (See section 1) only Scotland produced a sufficient numbers of replies that allowed some analysis (Appendix 6)

1. Responses by area

The responses by Country and Region (within England) are as below. Some variation exists due to some responses being re-allocated (largely affecting replies for Wales and South West).

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>North East</td>
<td>6.05%</td>
</tr>
<tr>
<td>Yorkshire &amp; Humber</td>
<td>8.66%</td>
</tr>
<tr>
<td>North West</td>
<td>5.88%</td>
</tr>
<tr>
<td>East Midlands</td>
<td>8.01%</td>
</tr>
<tr>
<td>West Midlands</td>
<td>9.64%</td>
</tr>
<tr>
<td>East of England</td>
<td>15.03%</td>
</tr>
<tr>
<td>London</td>
<td>9.48%</td>
</tr>
<tr>
<td>South East Coast</td>
<td>7.19%</td>
</tr>
<tr>
<td>South Central</td>
<td>5.88%</td>
</tr>
<tr>
<td>South West</td>
<td>15.69%</td>
</tr>
<tr>
<td>Ireland</td>
<td>0.33%</td>
</tr>
<tr>
<td>Scotland</td>
<td>0.05%</td>
</tr>
<tr>
<td>Wales</td>
<td>1.14%</td>
</tr>
<tr>
<td>Northern Ireland</td>
<td>0.06%</td>
</tr>
<tr>
<td>Total</td>
<td>612</td>
</tr>
</tbody>
</table>
78% of replies were from “stand alone” laboratories, which were not part of a formal network.

2. Responses by Professional grouping

Most respondents were able to categorise themselves within the main four professional groupings. The “other” category replies included Medical Laboratory Assistant 11, locums (not specified) 9, Trainee BMS 4, with the others being a mix of Bank Staff, Administrators, retired cytoscreeners and 2 Pathologists (not otherwise specified).

ABMSPs indicated that they had a range of job titles which were (when given): Consultant BMS 30, ABMSP 9, Clinical Cytologist 3, Clinical Scientist 1, Consultant Health Care Scientist 1, Lead Cytologist 1. Several also had other job titles as well (such as HBPC, Cytology School lead etc).

A total of 612 replies were obtained. For England this represents an estimated rate of 54% (see appendix 1). The number of responses by staff groups was as follows:

<table>
<thead>
<tr>
<th></th>
<th>Pathologists</th>
<th>ABMSPs</th>
<th>BMSs</th>
<th>Cytoscreeners</th>
<th>Others</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>54</td>
<td>51</td>
<td>261</td>
<td>144</td>
<td>38</td>
<td>548</td>
</tr>
<tr>
<td>Scotland</td>
<td>7</td>
<td>5</td>
<td>21</td>
<td>5</td>
<td>0</td>
<td>38</td>
</tr>
<tr>
<td>Wales</td>
<td>0</td>
<td>2</td>
<td>9</td>
<td>7</td>
<td>0</td>
<td>18</td>
</tr>
<tr>
<td>Northern Ireland</td>
<td>5</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>Ireland</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>Total</td>
<td>67</td>
<td>59</td>
<td>292</td>
<td>156</td>
<td>38</td>
<td>612</td>
</tr>
</tbody>
</table>

3. Professional group roles

Pathologists undertook four main roles. The vast majority of Pathologists report cervical cytology as part of an overall Cellular Pathology workload (histology/cervical and NG cytology/Post Mortems). Overall, of those that gave a reply, only 3 (5%) Pathologists indicated that they reported cervical cytology alone.
ABMSPs have many roles within the CSP in their jobs (reporting cervical cytology 85%, HBPC 55%, HPV pathway lead 38%) as well as significant non-gynaecological, molecular, andrology, histology reporting and management roles. BMSs have a similar spectrum of roles.

**ABMSPs roles within the CSP and Cellular Pathology:**

**BMS roles within the CSP and Cellular Pathology:**
Cytoscreener roles within the CSP and Cellular Pathology:

Cytoscreeners have other roles apart from CSP screening and undertake cytology preparation (cervical and non-gynaecological), HPV testing, data entry and failsafe.

4. Current and possible future travel to work place

The majority of the replies stated distances but some indicated that time travelling rather than distance was a more important consideration. There was variation by staff group, and this should be taken into consideration when looking at current and possible future willingness to travel if services are re-located. For England alone the information provided is:

4.1 For Pathologists:

Travel distance currently in miles

<table>
<thead>
<tr>
<th>Distance</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 or less</td>
<td>21</td>
</tr>
<tr>
<td>6-10</td>
<td>14</td>
</tr>
<tr>
<td>11-20</td>
<td>9</td>
</tr>
<tr>
<td>&gt;21</td>
<td>4</td>
</tr>
</tbody>
</table>

If service moved, how far would you be willing to travel in miles

<table>
<thead>
<tr>
<th>Distance</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 or less</td>
<td>5</td>
</tr>
<tr>
<td>6-10</td>
<td>7</td>
</tr>
</tbody>
</table>
4.2 For ABMSP staff

Travel to work (one way)

Range: 1 – 50

Average = 21 miles

- 15 travel up to 10 miles to work
- 14 travel up to 20 miles to work
- 6 travel up to 30 miles to work
- 5 travel up to 40 miles to work
- 7 travel over 40 miles to work
17 would relocate if service moved

29 would NOT relocate

**Distance prepared to travel if service relocated**

Range: 15 to 60 miles

- 7 would travel up to 20 miles
- 7 would travel up to 30 miles
- 9 would travel up to 40 miles
- 14 would travel over 40 miles, to a maximum of 60 miles

Few comments made about time being more important than mileage, most saying 1 hour max. 1 said 2 hours.

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**ABMSP Travel Modelling**

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**4.3 For BMS staff:**

**Travel to work (one way)**

Range: 0.25 – 205 (entry error for this figure?)

Average = 16 miles

- 116 travel up to 10 miles to work
- 68 travel between 11 and 20 miles to work
- 30 travel between 21 and 30 miles to work
- 9 travel between 31 and 40 miles to work
- 15 travel over 40 miles to work

**Distance prepared to travel if service relocated**

Range: 1 to 75 miles

- 115 would travel up to 20 miles
- 61 would travel between 21 and 30 miles
- 20 would travel between 31 and 40 miles
- 8 would travel between 41 and 50 miles
- 5 would travel over 50 miles

Many text comments about public transport and comments on time and route rather than mileage

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**BMS Travel Modelling**

![Graph showing distance travelled (miles) vs individual staff numbers. The graph includes two lines, one for 'NOW' and another for 'FUTURE'. The data points are distributed along the distance travelled (miles) ranging from <10 to >41 miles.](image)
4.4 For Cytoscreeners:

- Currently travel to work: 1 – 54 miles   average: 12 miles
- Would travel if service relocated: 3 – 54 miles   average: 20 miles

5. If the service moved away would you relocate if possible?

71% of all replies indicated that staff would not relocate if the service left the current site. However, this question was on reflection ambiguous in that relocate may be taken to move to another laboratory for work and commute or move home to be able to work in a new laboratory.
6. If the service was centralised away from your current base, what factors would encourage you to continue to work in the cervical screening programme but on a new site?

Across the staff groups reasons varied to a degree but the overall replies were:

- Job security
- Banding protection
- Within a reasonable...
- Support with travel costs
- Part time/flexible...
- Working in a specialist...
- Opportunities for...
- Developing additional/s...
- HBPC role
- Joint honorary contracts...
- Recruitment premium on...
- Other (please specify)

The biggest considerations for continuing working within a CSP would be reasonable commuting distance (85%), job security (67%), support with travel costs (66%), banding protection (65%) and part time/flexible working (62%). Opportunities for professional development, specific other roles and working in a specialist unit were lesser considerations.

7. HBPC role

The role of the HBPC is undertaken by an ABMSP in 42% of cases, and a Pathologist in 19%, with others (other grade BMS/Colposcopist/Managers) also undertaking this role. This role is unique to the English CSP, although equivalent type roles do exist in the other CSPs.
8. MDT role

77% of Pathologists and 97% of ABMSP have an input into Colposcopy MDTs. 55% of Pathologists indicated that they took part in some form of slide review for these meetings. The number of meetings ranged from 1 or less per month to up to 17 per month, with 91% of replies indicating 5 meetings or less per month with the current laboratory/colposcopy unit configurations.

9. Education and Training

83% of the Pathologist replies indicated that they had trainee pathologists working in their departments. Of the replies, approximately 29% indicated that some of the trainees were thinking of taking the Certificate in Higher Cervical Cytopathology Training (CHCCT) which would be required to report cervical cytology. Most replies indicated no Pathology trainees were interested.

Of the ABMSP replies, only 21% indicated that they knew of BMS staff thinking about doing the ASD in cervical cytology.

10. Do you know if your laboratory would be likely to consider contracting to be a primary HPV/cytology laboratory and if so do you know what these plans are?

80% replied that they believed their laboratory would try to contract for the new service, but 84% of these did not know their laboratory plans for this.
Conclusions

The current survey of the laboratory workforce in the CSPs across the British Isles is the most up to date and comprehensive one for many years. It has had a good response rate of 612 replies overall, and for England the response rate would suggest an overall CSP workforce reply rate of 54%. The high ABMSP and BMS reply suggests good engagement with the survey. The Pathologist numbers are lower (67 in total) but may reflect communications routes used for the survey. Cytoscreener numbers are similar to that of Pathologists.

The survey highlights that many staff undertake multiple roles within the CSPs apart from cytology reporting. It indicates that staff at most grades would be reluctant to travel further (or potentially relocate) if the service moved away from their current base, and hence any move to a lesser number of laboratories with primary HPV must consider staff losses and a potential worsening of staff shortages in the short term. Assistance with travel costs and job security/pay protection would assist in retaining staff within the CSPs.

The results indicate that most Pathologists report Cervical Cytology as part of an overall Cellular Pathology workload, and that these other reporting roles (as would also apply to ABMSPs/BMS staff with other reporting skills) must also be factored into staff retention if there are to be sufficient senior staff to report cervical cytology in the future. Equally, the ability of any displaced staff to remain in the Cellular Pathology service (NG cytology/histology) must be considered, and suitable career pathways and options must exist to allow them to retrain if needs be. The loss of many laboratory staff at one time could have a destabilising effect on other aspects of cellular pathology.

The free text comments do demonstrate a commitment to the quality and delivery of the CSPs. However, many comments also mention the need to make a clear decision soon on the future direction of the CSPs, especially in England.

It would appear that few Pathology trainees and BMS staff are looking to sit the CHCCT and ASD exams respectively which would be needed for Consultant level reporting in the CSPs. All CSPs require sufficient trained and qualified staff, especially at Consultant level, and it is vital that appropriate trained and educated staff are available for the future of the CSPs. It is likely that many experienced staff will be lost to the programmes in the next few years, and it is vital to ensure new staff are trained and educated for the future. Equally, appropriate and accessible training and career options must be available for all staff otherwise the skilled workforce, many of whom have transferable skills within laboratory medicine, could be lost, with potential destabilising effects on cellular pathology especially.

The BAC are undertaking a separate survey of the English primary HPV pilot sites to try and better understand the possible changes in staff structures and educational/training needs and what the pilot sites may have found already through experience.
Appendices

Appendix 1

For England, the only estimate of actual numbers involved in the CSP is from the National Gynaecological Cytology EQA Scheme. Comparing the results from the survey against staff groups, the response rate by group is:

<table>
<thead>
<tr>
<th>EQA scheme participant numbers</th>
<th>Survey response</th>
<th>% group response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pathologists</td>
<td>169</td>
<td>54</td>
</tr>
<tr>
<td>ABMSPs</td>
<td>51</td>
<td>51</td>
</tr>
<tr>
<td>BMSs</td>
<td>281</td>
<td>261</td>
</tr>
<tr>
<td>Cytoscreeners</td>
<td>448</td>
<td>144</td>
</tr>
</tbody>
</table>

This would suggest an overall English CSP response rate of 54%.

Ages of staff groups in English CSP (where provided)

<table>
<thead>
<tr>
<th>Age range</th>
<th>Average age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pathologists</td>
<td>33-64</td>
</tr>
<tr>
<td>ABMSPs</td>
<td>35-64</td>
</tr>
<tr>
<td>BMSs</td>
<td>21-67</td>
</tr>
<tr>
<td>Cytoscreeners</td>
<td>23-70</td>
</tr>
</tbody>
</table>

Appendix 2 Pathologist responses England
Appendix 3 ABMSP responses England
Appendix 4 BMS responses England
Appendix 5 Cytoscreener responses England
Appendix 6 Staff responses Scotland
Analysis of responses from Pathologists - England

54 responses from Pathologists in England.

There are estimated to be 169 Pathologists reporting CSP material in England, so 32% response rate

Responses from the regions (with number thought to be in post in brackets):

<table>
<thead>
<tr>
<th>Region</th>
<th>Pathologists</th>
<th>Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Midlands</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>East of England</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>London</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td>North East</td>
<td>9</td>
<td>4</td>
</tr>
<tr>
<td>North West</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>South Central</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>S. East Coast</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>South West</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>West Midlands</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Yorks &amp; Humber</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>54</td>
<td>35</td>
</tr>
</tbody>
</table>

Summary of all responses

Age profile (n=46): 33-64

Average age: 52

Age range of Pathologists

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>30-40</td>
<td>5</td>
</tr>
<tr>
<td>41-50</td>
<td>15</td>
</tr>
<tr>
<td>51-55</td>
<td>13</td>
</tr>
<tr>
<td>56-60</td>
<td>8</td>
</tr>
<tr>
<td>61+</td>
<td>5</td>
</tr>
</tbody>
</table>
Years until retirement (n=48)

- 3 have already retired/returned
- 15 plan to retire in next 5 years
- 12 plan to retire in next 6-10 years
- 15 plan to retire in 11-20 years
- 3 have more than 21 years to retire

No of Pathologists in Department overall (n=44)

<table>
<thead>
<tr>
<th>Range</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;10</td>
<td>20</td>
</tr>
<tr>
<td>11-20</td>
<td>13</td>
</tr>
<tr>
<td>21-30</td>
<td>7</td>
</tr>
<tr>
<td>&gt;31</td>
<td>4</td>
</tr>
</tbody>
</table>

No of Pathologists reporting cervical cytology (n=48)

<table>
<thead>
<tr>
<th>Count</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>16</td>
</tr>
<tr>
<td>3</td>
<td>17</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>6</td>
<td>2</td>
</tr>
</tbody>
</table>

What areas of work do you undertake? (n=54)

<table>
<thead>
<tr>
<th>Areas of Work</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cervical cytology alone</td>
<td>2</td>
</tr>
<tr>
<td>Cervical Cytology/NG cytology</td>
<td>2</td>
</tr>
<tr>
<td>Cervical cytology/Histology</td>
<td>4</td>
</tr>
<tr>
<td>Cervical cytology/Histology/PMs</td>
<td>3</td>
</tr>
<tr>
<td>Cervical cytology/NG cytology/Histology</td>
<td>26</td>
</tr>
<tr>
<td>Cervical cytology/NG cytology/Histology/PMs</td>
<td>17</td>
</tr>
</tbody>
</table>
### Total Contracted hours (n=49)

<table>
<thead>
<tr>
<th>Hours</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 or less</td>
<td>3</td>
</tr>
<tr>
<td>11-20</td>
<td>2</td>
</tr>
<tr>
<td>21-30</td>
<td>7</td>
</tr>
<tr>
<td>31-40</td>
<td>14</td>
</tr>
<tr>
<td>&gt;41</td>
<td>23</td>
</tr>
</tbody>
</table>

### Hours working in cytology (n=42)

<table>
<thead>
<tr>
<th>Hours</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-5</td>
<td>24</td>
</tr>
<tr>
<td>6-10</td>
<td>9</td>
</tr>
<tr>
<td>&gt;10</td>
<td>9</td>
</tr>
</tbody>
</table>

### Do you take part in colp/cytology MDTs? (n=51)

- Yes 42
- No 9

### How many colp meetings/month? (n=48)

<table>
<thead>
<tr>
<th>Meetings</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 or less</td>
<td>19</td>
</tr>
<tr>
<td>3-5</td>
<td>22</td>
</tr>
<tr>
<td>6-10</td>
<td>4</td>
</tr>
<tr>
<td>&gt;11</td>
<td>1</td>
</tr>
<tr>
<td>Don't know</td>
<td>2</td>
</tr>
</tbody>
</table>

### Travel distance currently in miles (n=48)

<table>
<thead>
<tr>
<th>Distance</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 or less</td>
<td>21</td>
</tr>
<tr>
<td>6-10</td>
<td>14</td>
</tr>
<tr>
<td>11-20</td>
<td>9</td>
</tr>
<tr>
<td>&gt;21</td>
<td>4</td>
</tr>
</tbody>
</table>

### If service moved, how far would you be willing to travel in miles (n=35)

<table>
<thead>
<tr>
<th>Distance</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 or less</td>
<td>5</td>
</tr>
<tr>
<td>6-10</td>
<td>7</td>
</tr>
</tbody>
</table>
11-20  16
>21    6
Would not travel  1
30 mins max  2
60 mins max  1

If service moved, what would make you continue to report cervical cytology? (n=53)

More than one option available

Reasonable commute  27
Support with travel costs  15
PT/flexi time options  12
Attraction of specialist unit  11
Recruitment premium  10
Developmental options  9
Joint/Honorary contract  6
To develop ABMSPs  2

Comments (free text)

If we do not have the service onsite I will stop reporting cervical cytology
I have no anticipation of working in the cervical screening programme post-HPV
I don't intend to report cervical cytology
  maintain non gynae cytology and histology skills
Wouldn't travel and would happily drop cervical cytology reporting
Protected time should be given to support working in a centralised lab.
I would happily give up cervical cytology reporting
  if work was couried to me
None, not interested in continuing to work in the CSP
  none - would give it up
I would retire
Opportunities for work from home.
  i would retire
I will stop reporting cytology in 2017-18 as I am struggling to get numbers
none, I'd be happy to leave, Public Health England are making it impossible to do our job,
increasing red tape exponentially
I would not move
I would never relocate to pursue cervical cytology.
**Would you relocate? (n=50)**

Yes 4

No 46

**Comments (free text)**

Any last comments you wish to make? And thank you for taking the time to complete this survey - please ensure that all your staff in your cytology department are aware of the survey and encourage their participation.

I am concerned about the HPV variants which can still cause cancer but has not yet been picked up. Most women are not very clear what happens to their smear. Most do not understand the results. They should be more transparent to women.

Would prefer to stay with the current system of HPV testing.

I believe a robust screening programme is currently in place.

Some questions are a bit ambiguous.

Q39 is loaded, is about time to travel to relocated lab. At present it takes 40 to 50 minutes to travel 9 miles.

I do not think this new change will be to anyone’s advantage and going back to smaller labs and on site are more advantages to all users and staff.

I am concerned for my future as currently have very little experience in anything other than my current role. The department has been unable to make plans as we have received very little information on how the cervical screening service is likely to be arranged when HPV primary screening is implemented. Communication needs to be improved.

XXXX has a large and very successful cytology department and every member of staff would be very happy to take on primary HPV testing.

Would like to be a part of change in screening pathway and integration of cytology and HPV testing.

Even though the future seems uncertain at the moment, I would like to stay in the cytology discipline if possible. Will be interesting to see the results of this survey.

It seems a shame that cytologists spend more than any discipline training to be competent to do their job, apart from the twice yearly EQA’s, to find that in the not to distant future we will probably be a dying breed.

I would like to keep my screening skills and retain my job if possible.

I have worked in Cytology for over 30 years because I enjoy my work. I do not relish retraining in a different role at my time of life. It is Cytology that has made me want to keep working and not retire early when Voluntary Early Release became available.

If it meant in future that my travelling to work was further and a longer day I would seek employment elsewhere. The pay doesn’t reflect such upheaval in my daily life.

As this seems to be a done deal we have to accept changes will be made, despite our reservations. 20 years in cytology has given me knowledge and transferable skills relevant to the health service, screening programmes etc but I enjoy my job and don’t wish to change. I currently work away from home in the week, renting a small room locally and driving home at weekends, as some locums do. This is tolerable for me as I have no children but not ideal, however, I do it to keep my job and banding in a place I enjoy working.

XXXX Trust has room for growth and is currently meeting all targets set by SQAS.

Please make a decision quickly.

The delay in providing information to staff within cytology after the main announcement of HPV.
primary being rolled out has been intolerable for some staff and overall very poor planning with little consideration for the overall service and in particular the staff that work within it. Part of my reason for retiring early partly is this lack of consideration for staff in the service.

I THINK THAT CYTOLOGY SHOULD BE USED TO RUN ASIDE HPV TESTING FOR AT LEAST A FEW YEARS TO SUPPORT THE NEW SYSTEM. YOU JUST DONT KNOW WHAT THE FUTURE WILL BRING AND I AM NOT TOTALLY CONFIDENT IN THE NEW SYSTEM. WE NEED A DEFAULT.
Analysis of responses from ABMSPs - England

51 responses from ABMSPs in England, 1 invalid = 50 responses used in analysis

There are thought to be 58 ABMSPs in post in England = 50/58 responses = 86% response rate

Responses from the regions (with number thought to be in post in brackets):

- East Midlands: 7 (7)
- East of England: 7 (7)
- London: 2 (3)
- North East: 4 (5)
- North West: 7 (8)
- South Central: 2 (NK)
- S. East Coast: 2 (4)
- South West: 7 (NK)
- West Midlands: 8 (NK)
- Yorks & Humber: 4 (6)
- Total: 50 (58)

Summary of all responses

Age profile (46 responses): 35 – 64
Average age: 51

Years until retirement (48 responses): range: 2 months – 30 years

- 2 are already retired & working p/t only until HPV PS is implemented
- 9 plan to retire within 2 years
- 5 plan to retire in between 3 and 5 years
- 15 plan to retire in between 6 and 10 years
- 9 plan to retire in between 11 and 15 years
- 7 plan to retire in between 16 and 20 years
• 1 plans to retire in 30 years

11 will have retired within next 2 years, 16 within next 5 years.

Total number of BMS currently in training to take the ASD in Cervical Cytology = 6

Reasons given for why BMS’s not undertaking ASD training:

• Uncertain future 9
• Not interested 9
• Exam failure rate 4
• No suitable candidates 4
• Entry criteria 3
• Pursuing other roles 2 (non-gynae / Histo reporting)

Few comments made that people do not want to start training for ASD until HPV PS has been tendered/awarded and they know if they will still have a job in Cytology.

MDTs

49/50 participate in Colposcopy MDTs

No. MDTs / month supported by dept: range 1 - 17

Just Cytology presented: range 0 - 16

Comments – don’t underestimate time needed for multiple MDTs

Travel to work (one way)

Range: 1 – 50 (one response = 154 ? one way ? two way)

Average = 21 miles (24 if include the 154 miles)

• 15 travel up to 10 miles to work
• 14 travel up to 20 miles to work
• 6 travel up to 30 miles to work
• 5 travel up to 40 miles to work
• 7 travel over 40 miles to work

17 would relocate if service moved

29 would NOT relocate
Distance prepared to travel if service relocated

Range: 15 to 60 miles

- 7 would travel up to 20 miles
- 7 would travel up to 30 miles
- 9 would travel up to 40 miles
- 14 would travel over 40 miles, to a maximum of 60 miles

Few comments made about time being more important than mileage, most saying 1 hour max. 1 said 2 hours.

Factors that would encourage moving to new site – in order of most cited

- Job security
- Banding protection
- Reasonable commute
- Travel cost support
- Part-time / flexible working
- To work in a specialist unit
- Opportunity for career development
- Expanding roles
- Recruitment & retention premium

Is your lab likely to bid to become an HPV PS hub?

44 said yes, from ?? labs

Only 11 of these said they know what the plans are if they were NOT to become a HPV PS hub

These plans include

- Redeployment within Pathology
- Retrain in other Pathology disciplines
- Non-gynae
• Histology
• TUPE transfer to new site

General comments
• Unsettling / worrying / stressful time in Cytology right now
• Decision needs to be made ASAP which labs will become HPV PS hubs
• Tender process needs to start ASAP
• Huge risk to service delivery and sustainability in the interim period, and also during transition phase once location of hubs is known

Analysis by English region

**East Midlands**  7 responses (7 in post)
3 labs
7 ABMSPs  2 to retire ~2 years  1 to retire <10 yrs  4 to retire <20 yrs
0 in training
Max distance would travel: 25, 35, 40, 50, 60

**East of England**  7 responses (7 in post)
5 labs
7 ABMSPs  1 to retire <10 yrs  5 to retire <20 yrs
0 in training
Max distance would travel: 20, 25, 40, 45, 60, 1 hour, 1 hour

**London**  2 responses (3 in post)
2 ABMSPs  2 to retire in 7 years
0 in training
Max distance would travel: 20, 90

BAC CSP Workforce Survey FINAL 25/05/2017
<table>
<thead>
<tr>
<th>Region</th>
<th>Number of Responses (Number in post)</th>
<th>Labs</th>
<th>ABMSPs</th>
<th>Number of Retirees</th>
<th>Max Distance Would Travel</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>North East</strong></td>
<td>4 responses (5 in post)</td>
<td>4</td>
<td>4 ABMSPs</td>
<td>3 to retire &lt;10 yrs, 1 to retire &lt;20 yrs, 1 uncertain</td>
<td>20, 45, 50</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>0 in training</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>North West</strong></td>
<td>7 responses (8 in post)</td>
<td>3</td>
<td>7 ABMSPs</td>
<td>1 to retire ~2 years, 3 to retire &lt;10 yrs, 1 to retire &lt;20 yrs, 2 uncertain</td>
<td>25, 30, 50, 50, 1 hour, 2 hours</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3 in training</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>South Central</strong></td>
<td>2 responses (* in post)</td>
<td>2</td>
<td>2 ABMSPs</td>
<td>1 to retire &lt;10 yrs, 1 to retire &lt;20 yrs</td>
<td>5, 20</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>0 in training</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>South East Coast</strong></td>
<td>2 responses (3 in post)</td>
<td>3</td>
<td>2 ABMSPs</td>
<td>1 to retire &lt;10 yrs, 1 to retire &lt;20 yrs</td>
<td>50</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3 in training</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>South West</strong></td>
<td>7 responses (7 in post)</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

BAC CSP Workforce Survey FINAL 25/05/2017
7 ABMSps  2 to retire ~ 2 years  3 to retire < 10 yrs  2 to retire < 20 yrs
1 in training; 1 planned
Max distance would travel: 10, 30, 30, 45, 1 hour

**West Midlands**  8 responses (8 in post)
4 labs
8 ABMSps  1 to retire ~ 2 years  4 to retire < 10 yrs  2 to retire < 20 yrs  2 uncertain
1 in training
Max distance would travel: 15, 16, 20, 20, 25, 25, 26

**Yorkshire & Humber**  4 responses (6 in post)
4 labs
4 ABMSps  1 to retire ~ 2 years  2 to retire < 10 yrs*  1 to retire < 20 yrs
2 in training
Max distance would travel: 30, 35, 50
(1 just been made redundant*)

**Any last comments you wish to make? And thank you for taking the time to complete this survey - please ensure that all your staff in your cytology department are aware of the survey and encourage their participation**

Please note all the answers in section 6 depend on what other work I could get, either within the NHS (Histology, Non-gynae) or outside. I would see relocation or long distance travel as a last resort, not as a choice high on my list. I would relocate with my family if you can support us to find a place to live/rent plus financial support with the rent in the first few months etc.

There is some feeling that the change over may take longer than 2019. It is a quite unsettling time obviously. Will some screeners be needed well into the future?

Having to work at another site more than 20 miles away would make me seriously consider whether to continue working in the screening programme, if more local work cannot be found for me to continue with my banding of 8A, as I am near to retirement age and would not like to affect the potential for maximising my pension entitlements. I would not like to spend over 1.5 hours as the return journey time from home to work every day, as this would seriously detract from my work/life balance and would be a big decider for my future. I would not like to lose my current banding by the move, unless my responsibilities lessened and I could have some form of salary/pension protection. My years of building up skills in cervical and non-gynae cytology may be wasted if I do not continue working in this field, but I am willing to learn new skills to fit in with the new service configuration.

I would like the service as centrally located as possible and would only consider moving to another hospital if the...
opportunity was available to enhance my key skill set and move up a pay banding to cover travel cost.

I have a young family and rely on family for childcare so would be very difficult to relocate.

I retire this week and then return on 18.5 hours per week. If the service relocates I would consider moving, but only if the commute is reasonable, if I am not happy with the arrangements I will simply retire.

With the lack of gynaec staff I really don’t think any lab should be made bigger than processing 300000pa. Cytoscreeners will not travel far distances unless we all receive a band 5 in the future or some kind of retention compensation is offered.

After working in cytology for over 30 years it is a shame the staff have not been kept informed. All staff are worried about what will happen to them if there are no screening positions.

digital reporting as send opinion from senior cytopathologists should be pursued.

Staff need to be kept informed all the way along - this is their future and their pensions at stake.

Only be able to relocate if relocation costs were covered.

I would love to stay working within Cytology on a part time basis.

Worrying time for everyone due to continued uncertainty.

Many staff suffering stress as a result of losing their jobs in Cytology.
261 responses from BMSs in England, all used in analysis

Estimated to be 448 Cytoscreeners in England, so response rate of 58%.

Responses from the regions

<table>
<thead>
<tr>
<th>Region</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Midlands</td>
<td>16</td>
</tr>
<tr>
<td>East of England</td>
<td>35</td>
</tr>
<tr>
<td>London</td>
<td>38</td>
</tr>
<tr>
<td>North East</td>
<td>16</td>
</tr>
<tr>
<td>North West</td>
<td>12</td>
</tr>
<tr>
<td>South Central</td>
<td>16</td>
</tr>
<tr>
<td>S. East Coast</td>
<td>27</td>
</tr>
<tr>
<td>South West</td>
<td>50</td>
</tr>
<tr>
<td>West Midlands</td>
<td>28</td>
</tr>
<tr>
<td>Yorks &amp; Humber</td>
<td>23</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>261</strong></td>
</tr>
</tbody>
</table>

Summary of all responses

Age profile (236 responses): 21 - 67

Average age: 47

**Years until retirement (236 responses): range: 1 months – 43 years**

- 2 are already retired & working p/t only
- 22 plan to retire within 2 years
- 22 plan to retire in between 3 and 5 years
- 37 plan to retire in between 6 and 10 years
- 29 plan to retire in between 11 and 15 years
- 26 plan to retire in between 16 and 20 years
• 84 plans to retire between 21 and 43 years
• 13 have no plans/unknown/undecided

Job titles – 40 different titles
• 2 Trainee BMS
• 123 Biomedical Scientists
• 60 Senior Biomedical Scientists/Team leader
• 4 Chief Biomedical Scientists
• 32 Cytology lead Biomedical Scientist
• 4 Cell Path manager/senior manager
• 3 Training officers
• 2 Training School managers/deputy TS manager
• 3 Locum Biomedical Scientists
• 1 Quality supervisor

Agenda for Change band
• 2 Band 4
• 25 band 5
• 85 band 6
• 87 band 7
• 29 band 8a
• 3 band 8b
• 2 band 8c

Travel to work (one way)
Range: 0.25 – 205
Average = 16 miles
• 116 travel up to 10 miles to work
• 68 travel between 11 and 20 miles to work
• 30 travel between 21 and 30 miles to work
• 9 travel between 31 and 40 miles to work
• 15 travel over 40 miles to work

82 would relocate if service moved – BUT IS THIS WOULD MOVE HOUSE OR JUST MOVE JOB?

165 would NOT relocate

Distance prepared to travel if service relocated

Range: 1 to 75 miles

• 115 would travel up to 20 miles
• 61 would travel between 21 and 30 miles
• 20 would travel between 31 and 40 miles
• 8 would travel between 41 and 50 miles
• 5 would travel over 50 miles

Many text comments about public transport and comments on time and route rather than mileage

Development opportunities

The responses were difficult to analyse but significant interest in the ASD (both gynae and non-gynae) and the DEP and specialist portfios. There was also interest in roles in HPV testing, ROSE, quality management and histology reporting.

Final comments

• I’m sure this survey will highlight the mood of cytologists across the country. I have been in the profession for 27 years and feel that the service is in total crisis.

• I do not think that there is much of a future in cytology and do not expect to stay in the job for much longer

• The future is very uncertain which is not helping to continue to provide the current service.

• The delay in implementing Primary HPV testing has had a seriously detrimental effect on the service, with uncertainty for staff, therefore some are leaving, and inability to recruit until people know where the labs will be.
• Have relocated once already, not prepared to do so again

• A thoughtful and careful planning will be very much appreciated.

• This is a very uncertain time for our profession. Up to date communication on the NHSCSPs long term plans would be helpful to assist us in making alternative career choices if needed.

• Focus more on non gynae and andrology, therefore learning in non gynae is paramount

• Have had very little consultation about the whole business, nobody seems to know, or won’t say, what is likely to happen. I can only surmise that there are no plans for cytology screeners in 2019
144 responses from Cytoscreeners in England.

*Estimated number in post 448 = 32% response rate*

Responses from the regions:

- East Midlands 21
- East of England 21
- London 6
- North East 6
- North West 10
- South Central 13
- S. East Coast 11
- South West 21
- West Midlands 15
- Yorks & Humber 21

Total 144

**Summary of all responses**

- Age profile (144 responses): 23 - 70
- Average age: 47.8 years
- Years until retirement (144 responses): range: <1 – 42 years
- Currently travel to work: 1 – 54 miles average: 12 miles
- Would travel if service relocated: 3 – 54 miles average: 20 miles
- Agenda for Change Banding: 26 are Band 5, 118 are Band 4

Rest of analysis is done by regions:

BAC CSP Workforce Survey FINAL 25/05/2017
Analysis by English region

**East Midlands**
- 21 responses
- Number of labs: 4
- Banding: all Band 4
- No. screened/year: 2800 - 7200
- Planned years to retirement:
  - Already retired, back p/t: 3
  - <2 yrs: 2
  - <5 yrs: 2
  - <10 yrs: 7
  - <15 yrs: 1
  - <20 yrs: 3
  - >20 yrs: 3
- Currently travel: 3 - 50
- Prepared to travel: 3 - 50
- Would relocate: 4 yes, 17 no

**East of England**
- 21 responses
- Number of labs: 6
- Banding: 15 Band 4; 6 Band 5
- No. screened/year: 2986 - 8931
- Planned years to retirement:
  - Already retired, back p/t: 0
  - <2 yrs: 2
  - <5 yrs: 0
  - <10 yrs: 4

BAC CSP Workforce Survey FINAL 25/05/2017
<15 yrs - 0
<20 yrs - 5
>20 yrs - 7
Current travel: 1 - 30
Prepared to travel: 3 - 50
Would relocate: 8 yes, 13 no

**London** 6 responses
Number of labs: 5
Bandaging: 3 Band 4; 2 Band 5; 1 Band 4 with R&R
No. screened/year: 3000 - 6888
Planned years to retirement:
Already retired, back p/t 0
<2 yrs - 0
<5 yrs - 0
<10 yrs - 1
<15 yrs - 2
<20 yrs - 0
>20 yrs - 3
Current travel: 3 - 13
Prepared to travel: 4 - 13
Would relocate: 2 yes, 4 no

**North East** 6 responses
Number of labs: 4
Bandaging: 5 Band 4; 1 Band 5
No. screened/year: 3685 - 7514
Planned years to retirement:
Already retired, back p/t 0
<2 yrs - 1

BAC CSP Workforce Survey FINAL 25/05/2017
<5 yrs - 0
<10 yrs - 0
<15 yrs - 0
<20 yrs - 1
>20 yrs - 2
Currently travel: 6 - 25
Prepared to travel: 36 - 30
Would relocate: none

North West 10 responses
Number of labs: 4  Banding: 5 Band 4; 5 Band 5
No. screened/year: 4200 - 10000
Planned years to retirement:
Already retired, back p/t
<2 yrs - 1
<5 yrs - 2
<10 yrs - 1
<15 yrs - 1
<20 yrs - 1
>20 yrs - 2
Currently travel: 5 - 54
Prepared to travel: 10 - 54
Would relocate: 3 yes, 7 no

South Central 13 responses
Number of labs: 4  Banding: all Band 4
No. screened/year: 3815 - 7402

BAC CSP Workforce Survey FINAL 25/05/2017
Planned years to retirement:

- Already retired, back p/t: 0
- <2 yrs: 2
- <5 yrs: 1
- <10 yrs: 2
- <15 yrs: 1
- <20 yrs: 2
- >20 yrs: 3

Currently travel: 2 - 12

Prepared to travel: 10 - 20

Would relocate: 2 yes, 11 no

### South East Coast

- Number of labs: 3
- Banding: 1 Band 4; 10 Band 5
- No. screened/year: 3000 - 8800

Planned years to retirement:

- Already retired, back p/t: 0
- <2 yrs: 1
- <5 yrs: 2
- <10 yrs: 1
- <15 yrs: 2
- <20 yrs: 1
- >20 yrs: 3

Currently travel: 2 - 26

Prepared to travel: 10 - 35

Would relocate: none
### South West

- **Responses:** 21
- **Number of labs:** 6
- **Banding:** All Band 4
- **No. screened/year:** 3000 - 9000

#### Planned years to retirement:
- Already retired, back p/t: 2
- **<2 yrs:** 2
- **<5 yrs:** 2
- **<10 yrs:** 4
- **<15 yrs:** 3
- **<20 yrs:** 2
- **>20 yrs:** 6

#### Currently travel:
- 2 - 36

#### Prepared to travel:
- 15 - 30

#### Would relocate:
- 3 yes, 18 no

### West Midlands

- **Responses:** 15
- **Number of labs:** 4
- **Banding:** 7 Band 4; 6 Band 5
- **No. screened/year:** 3000 - 10539

#### Planned years to retirement:
- (6 answered ‘not known’ - depends on whether an HPV lab)

- **Already retired, back p/t:**
  - **<2 yrs:** -
  - **<5 yrs:** - 1
  - **<10 yrs:** -
  - **<15 yrs:** - 1
  - **<20 yrs:** - 1
  - **>20 yrs:** - 2

- **Currently travel:** 1 - 22

---

BAC CSP Workforce Survey FINAL 25/05/2017
Prepared to travel: 5 - 40
Would relocate: 5 yes, 10 no

**Yorks & Humber** 21 responses
Number of labs: 4 (now 3)  Banding: all Band 4
No. screened/year: 4000 - 9069

Planned years to retirement:
Already retired, back p/t
<2 yrs - 0
<5 yrs - 5
<10 yrs - 4
<15 yrs - 2
<20 yrs - 4
>20 yrs - 4
Currently travel: 2 - 23
Prepared to travel: 5 - 25
Would relocate: 5 yes, 16 no

**General comments made / questions asked**

Why had redundancy not been asked about as an option? – this would be preferable to relocation

Shouldn’t penalise people who have to retire due to HPV PS because they can’t move labs – pensions should be made up

Why is no more information being given about where the labs are going to be?

A structure and plan needs to be announced as soon as possible

Many comments about the pressure and stress being felt in labs due to lack of staff and the uncertainty about where the HPV PS labs are going to be

Commuting time is far more important than miles travelled

Family commitments will prevent a lot of staff from moving to a lab where they have to travel longer to get there

BAC CSP Workforce Survey FINAL 25/05/2017
Centralization will lead to a lot of dedicated screening staff having to leave as cannot move to another site

All screeners should be Band 5
BAC Workforce Survey 2017 – Appendix 6

Analysis of responses from Scotland

No of responses by staff group

<table>
<thead>
<tr>
<th>Staff Group</th>
<th>No of Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pathologists</td>
<td>7</td>
</tr>
<tr>
<td>ABMSPS</td>
<td>5</td>
</tr>
<tr>
<td>BMS</td>
<td>21</td>
</tr>
<tr>
<td>Cytoscreeners</td>
<td>5</td>
</tr>
</tbody>
</table>

Number of identified hospitals

- Name provided: 7
- NS: 2

Further details by staff group

1. Pathologists

Pathologist roles

- Cervical Cytology alone: 1
- Cervical Cytology and Histology: 2
- Cervical and NG cytology/Histology: 2

Age range

- 50-55: 5
- >60: 2

How long to planned retirement?

- < 5 years: 4
- >10 years: 2
- NS: 1

2. ABMSPs

- 50-55: 1
- 56-60: 1
How long to planned retirement?

- Already retired but still working: 1
- Past retirement: 1
- < 5 years: 2
- 10 years: 1

How many years have you held the ASD qualification?

- 9 years: 1
- 12 years: 1
- 13 years: 2
- 15 years: 1

3. BMS

- 30-40: 1
- 41-50: 5
- 51-60: 7
- >61: 2
- NS: 6

How long to planned retirement?

- This year: 2
- <10 years: 8
- 11-20 years: 4
- >21 years: 2
- NS: 5

4. Cytoscreeners

- 30-40: 2
- 41-50: 1
51-60 2

How long to planned retirement?

13 years 2
>25 years 2
“too many” 1

Training

Are there Pathologists in training in your department

Yes 4 No 1 NS 2

Are Pathology trainees intending to sit CHCCT?

Yes 3

Are there any BMS staff intending to sit the ASD exam in Cervical Cytology?

No 5

If No, why not?

Lack of time/interest/not sufficient staff at appropriate grade

Do Pathologists take part on Colp MDTs?

Yes 5 NS 2

Do ABMSPs take part in Colp MDTs

Yes 4 No 1

Colposcopy MDTs per month

1 or less/month 2
1-2/month 3
NS 2

Comments made

financially not worth the extra hours and cost involved with travelling further
Please be aware of the stress that staff are under due to their future, especially the delay in getting the information out. Not good when quality is a priority!
able to get to work only using public transport
None
I will only work closer to home, not further away regardless of earnings.
Will not relocate under any circumstances and will look for work outside of the NHS if this was the only option.
There has been no information / discussion from the trust about what could happen to anyone.
We are not sure whether they would offer other training to move to another discipline.
Difficult time and uncertain future for all staff working in cervical cytology
As I am only part time on a band 5 salary it would not be financially viable, and would take up too much time, for me to commute a large distance to my place of work.

As mentioned, I am in my final year of completing my BSc in biomedical science, to become a registered BMS. I was hoping that I could stay in the discipline of Cytology as still have a great passion for it. I hope this will be the case, however with histology experience, I can always try for a job in this field.