SCPS DEI Census 2025

Census Report: Workforce Profile & Protected Characteristics

Second Installment of a Longitudinal Series

Society of Clinical Perfusion Scientists of Great Britain and Ireland
Prepared by Aswani Parmar | DEI Data collected: November 2025
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John O'Neill as author of the N+1 Survey (2023)

Noel Kelleher & James Tyrell as co-designers of the 2025 Census

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Executive Summary

246	44.8%	53%	86%
Total Responses	Response Rate	Female (Perfusionists)	Male (Chiefs)

The 2025 DEI Census is the second and voluntary diversity survey of perfusionists workforce practising in Great Britain and Ireland. Building on the 2022 census, the survey was live for four months, November 2025 to March 2026, and received 246 responses; a response rate of 44.8%, compared to the 33.6% achieved in 2022.

In total, 549 perfusionists were surveyed; chief perfusionists were surveyed as a seperate cohort. In total, 30 chiefs responded separately from 216 perfusionists. The census constitutes the second installment in a longitudinal series, allowing executives to track change over time.

Purpose and scope: This is a DEI, workforce conditions, and safety report. It uses protected characteristic data to identify whether workforce pressures and experiences differ across groups, and to highlight where inclusive practice and equitable progression intersect with retention, wellbeing, and service resilience.

Key Findings at a Glance

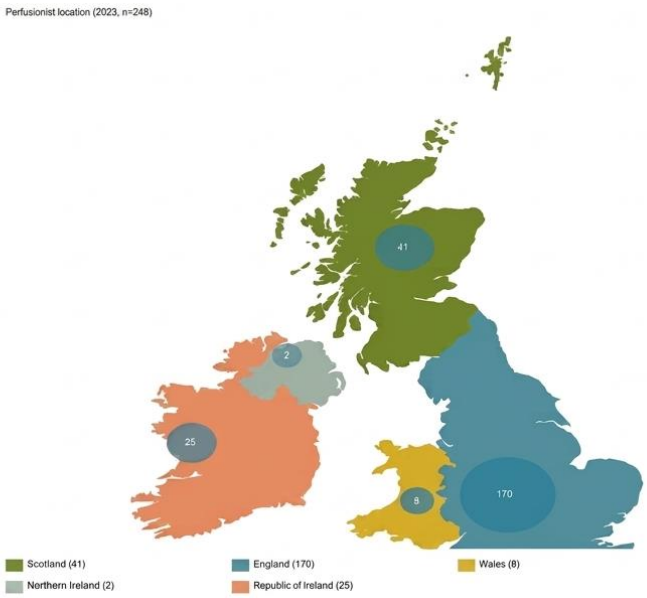
- **Female majority with male leadership:** The practising workforce is 53% female, yet the chief perfusionist cohort is 86% male.
- **Burnout risk:** 25% of perfusionists report being close to burnout; 54% of women and 44% of men have considered leaving the profession at some point in their career.
- **Workforce sustainability is under pressure:** 23% of perfusionists plan to retire within 10 years and 7.4% cite stress or burnout as a reason to leave.
- **Safe staffing is not universal:** 22% report their department is only sometimes, rarely, or never safely staffed; 34% meet N+1 daytime hours only.

Executive Summary

4	25%	56%	2028
Data sets across 4 year span	Burnout rate	Are uninformed on professional regulation	Third census

Key Findings at a Glance (cont...)

- **The profession has adapted to its own pressures:** chronically understaff departments have normalised conditions that fall below safe staffing minimums.
- **Time and resource poverty:** Only 9% always have adequate resources and only 6% always have sufficient time for CPD, research, and audit.
- **Regulation awareness gap:** 65% believe regulation will benefit the profession however 56% (121 respondents feel uninformed on what it means to be professionally regulated.
- **Respondents reported from:** England (170), Wales (8), Scotland (41), Ireland (2) and Republic of Ireland (25) with majority respondents working for the NHS (187) followed by private/locum (22) and HSE Ireland (7).



Data Quality, Limitations and a Note on Representativeness

The findings in this report are based on a 44.8% response rate from 246 respondents out of 549 surveyed. Whilst this compares well against benchmarks for voluntary professional surveys, the remaining 55.2% of the workforce did not respond. All demographic findings should be understood as estimates derived from a self-selected sample and associated bias' and as such, non-response bias cannot be ruled out; respondents to DEI-focused surveys may skew towards groups more engaged with diversity issues or dissatisfaction, which may affect the representativeness of some findings. Percentage figures throughout this report reflect the responding cohort and should be interpreted with appropriate caution.

The chief survey was distributed separately to those listed as chiefs on administrative records; however, 8 respondents self-identified as Chief within the main survey, indicating some overlap. These have been retained in the perfusionist dataset. Where margins of error are relevant, these are detailed in Section 9 Methodology and Data Quality.

This report brings together workforce conditions, wellbeing, and patient safety signals alongside diversity and inclusion metrics to inform national workforce planning.

Section 1: Workforce Profile and Protected Characteristics

The following data covers the nine protected characteristics as defined in the Equality Act 2010, alongside workforce structural data. Where 2022 comparisons are available, these are noted.

1.1 Gender Identity

The 2025 survey continues to show a female-majority respondent profile with 53% identifying as female, 45% as male, and 2% preferring not to say. This is consistent with 2022 (55% female, 44% male), suggesting that perfusion remains one of the more gender-balanced clinical professions. Nonetheless, 86% of chiefs responding are male and only 14% are female; a significant structural gender imbalance at leadership level.

1.2 Age Distribution

The reporting workforce is predominantly in the 31–50 age range. The single largest cohort (44%) is aged 31–40, reflecting a profession that recruited strongly a decade ago. The 41–50 group (27%) and 51–60 group (16%) represent a substantial body of perfusion experience moving towards retirement. Only 11% of respondents are aged 21–30.

With only 6% of respondents identifying as trainees across both census cycles, it has not been possible to draw firm conclusions about whether recruitment into the profession is keeping pace with the anticipated loss of experience through retirement.

1.3 Ethnicity

84% of respondents identify as White (British, Irish, or other White background). Ethnic minority perfusionists represent approximately 13% of respondents, with South Asian (2.3%), Asian/Asian-British (5.6%), Black African (1.4%), Black Caribbean (0.9%), Mixed ethnic groups (1.4%), and Chinese (0.9%) backgrounds represented. 2.3% preferred not to say. This is similar to 2022 (86.3% White), suggesting limited change in ethnic diversity over the three-year period.

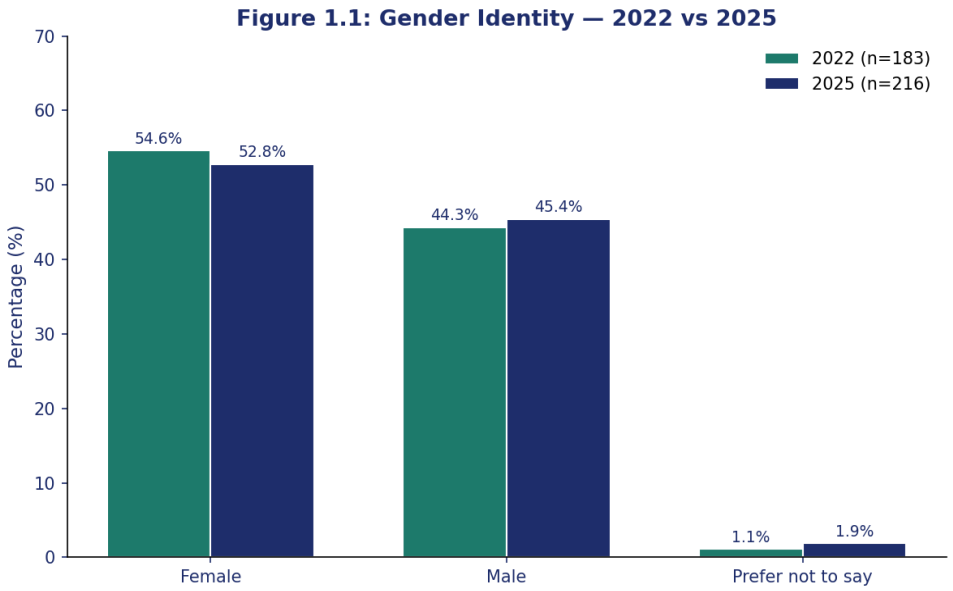


Figure 1.1: Gender Identity of Respondents; 2022 vs 2025

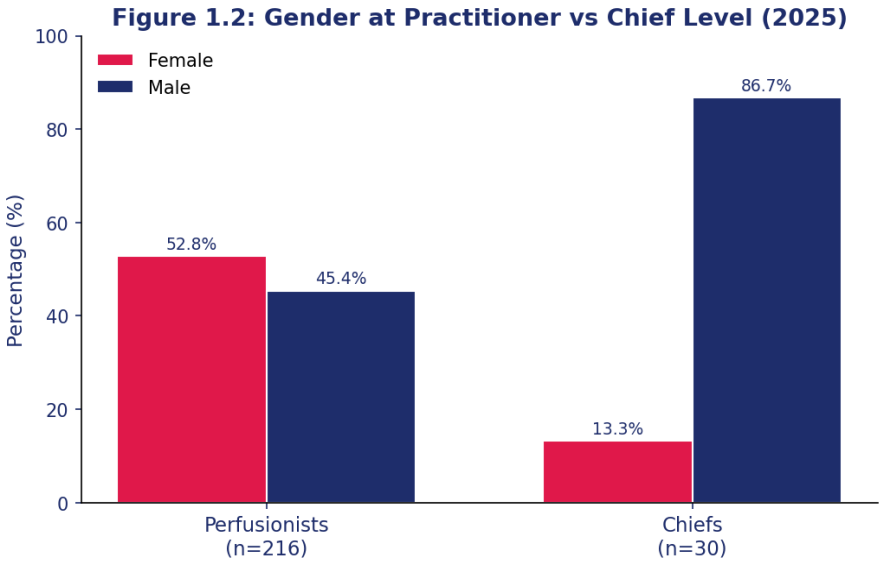


Figure 1.2: Gender Distribution at Practitioner vs Chief Level (2025)

1.4 Disability

3.2% of respondents (7 individuals) identified as having a disability in 2025, compared with 1.6% in 2022. While absolute numbers remain small, this increase may reflect greater willingness to disclose and a positive signal for workforce psychological safety. 2.3% preferred not to say.

1.5 Sexual Orientation

93% of respondents identified as heterosexual or straight. 4% preferred not to say, 2.8% identified as bisexual, and 1.4% as homosexual. The proportion identifying as non-heterosexual (approximately 4.3%) is modestly higher than 2022 (2.9%), suggesting an improvement in inclusion culture and disclosure rates for LGBTQ+ identity.

1.6 Religion and Belief

Christian respondents represent 40%, followed by those with no religion or agnostic views (30%) and atheists (21%). Muslim (2.8%), Hindu (3.2%), Buddhist (0.9%), Sikh (0.5%), and Catholic (0.5%) respondents were also represented. This is comparable with 2022, where Christian (45.6%) and no religion or agnostic (47.8%) were the two dominant categories.

1.7 Pregnancy, Maternity and Paternity

Twelve respondents (5.6%) reported being pregnant or on parental leave at the time of the 2025 census; of these, 4 were on maternity leave and 1 on paternity leave similar to 2022.

1.8 Gender Identity and Sex Registered at Birth

Twenty respondents (9.3%) indicated that their gender identity differs from their sex registered at birth, compared with 7 (3.8%) in 2022. The subcommittee notes that this figure is higher than UK population prevalence data and may partly reflect ambiguity in how the question was interpreted. The question is aligned with ONS standards however, this is acknowledged as a survey design limitation. The 2028 census will adopt an alternative question wording.

1.9 Marriage and Civil Partnership

The marital and civil partnership profile of the perfusion workforce has shifted modestly between 2022 and 2025. Married respondents remain the largest group in both censuses (62% in 2022, 57% in 2025), while cohabiting respondents have increased notably from 10% to 17%. Single respondents are broadly stable at 22% (2022) and 18% (2025). Divorce has increased slightly (2.8% to 4.6%). These shifts broadly mirror national demographic trends.

1.10 Workforce Structure: Banding and Designation

Respondents are predominantly banded at 8A (44%) and 8B (26%), with Band 7 representing 11%. This distribution has shifted since 2022, when Band 8A represented 40% and Band 8C represented 12%. The 2025 data show an upward shift into 8A and 8B, which may reflect incremental progression of the cohort through the bands over the three-year period, and/or a change in the composition of respondents. The apparent decline in Band 8C representation may reflect movement between bands, the separation of the chief cohort into a distinct survey.

By designation, 51% are Senior Perfusionists, 16% Staff Grade, 12% Lead, 8% Deputy, 6% Trainee, and 4% identified as Chief within the main survey.

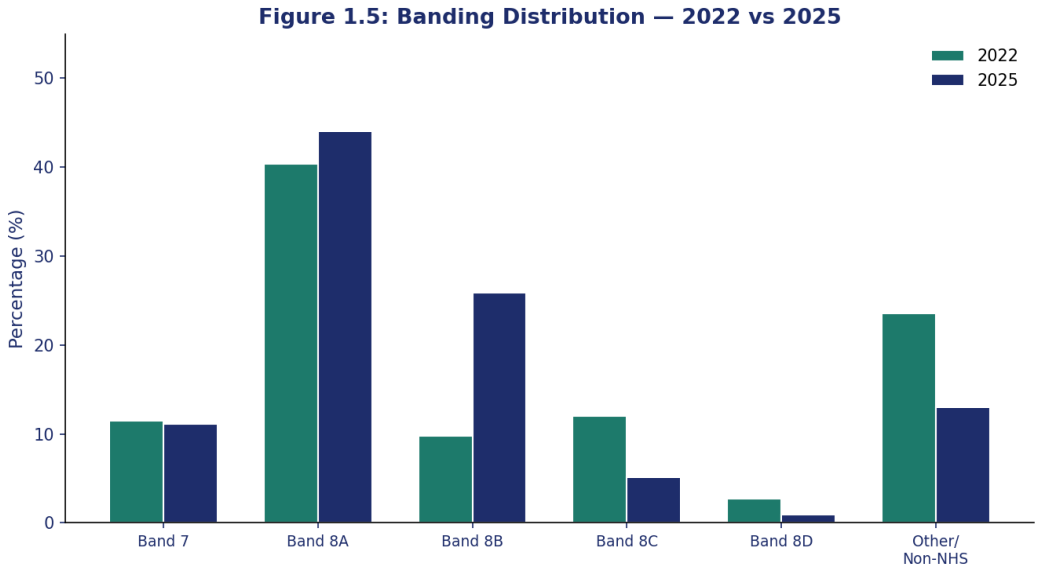


Figure 1.5: Banding Distribution of Respondents 2022 vs 2025

1.11 Looking Ahead: Priorities for the Third Census

The 2025 census has identified several areas where data collection could be strengthened.

Trainee and pipeline data require closer attention with only 6% of respondents identifying as trainees in both cycles. It has not been possible to draw firm conclusions about whether recruitment is keeping pace with anticipated retirement losses, and the third census should consider targeted outreach to trainees and newly qualified perfusionists to improve representation.

Future census and workforce cycles should include specific questions on the experience of practice and/or of return to practice in the instances of parental leave, given the staffing pressures identified elsewhere in this report. Furthermore, questions should monitor wellbeing of the disability perfusion community to monitor and report on workplace adaptations.

Intersectional analysis by protected characteristic remains constrained by sample size. Respondents identifying as being from an ethnic minority background (n=29), as LGBTQ+ (n≈9), or as living with a disability (n=7) are too few for reliable subgroup analysis, and this census therefore cannot yet describe how burnout, progression, or on-call pressures are experienced differently across communities. The absence of a finding should not be read as the absence of an issue but the limits of the data. Where demographic groups are under-represented, or choose not to disclose, inequities remain invisible to the profession and cannot inform SCPS advocacy, workforce planning, or changes in practice. The rise in disability disclosure from 1.6% to 3.2% between 2022 and 2025 suggests growing trust in the census process, and the third census aims to build on it.

Ahead of 2028, SCPS therefore encourages every perfusionist, particularly colleagues from smaller demographic communities, to complete the census and to answer the monitoring questions in full. All responses are confidential and reported only in aggregate, never in a form that could identify an individual. A fuller demographic picture is the precondition for the intersectional analysis this report aspires to deliver.

Section 3: Intersectional Analysis

Definitions:

Intersectional analysis examines the “flashpoints” in how overlapping characteristics meet and interact with shaping the workforce experience.

Signal strength measure in percentage point difference (pp) is calculated between the highest and lowest subgroups. Sample size caveats apply per Section 9; subgroups with fewer than 10 respondents should be treated as indicative only.

Signal Strength Key

Strong (concern)	15 or more percentage point difference between subgroups within the intersection	**Moderate (concern)**	8-14 point difference, or structural pattern in data distribution
Positive	Improvement versus 2022 or majority-positive finding		

The following tables and charts are presented in landscape format for readability.

3.1 Areas of Concerns

Intersection	Key Data Points	Signal
Age × Burnout	(31- 40): 30.5% burnout vs 13.0% (21- 30) | 20.6% (51- 60) | 0% (61- 70) Largest cohort: 44% of all respondents	**Strong +17.5 pp vs 21–30**
Age × Leaving Intention	(31- 40): 57.9% considered leaving highest of any age group; dual high risk also highest burnout	**Strong +7.9 pp vs next highest**
Gender × Part-time × Banding	72.5% of part-time workers are female 37 of 51 part-time workers at Band 8A or 8B	**Moderate**
Gender × Retirement Timing	21 men vs 6 women retiring within 5 years 3.5:1 male-to-female ratio in near-retirement 86% of chiefs currently male	**Moderate**

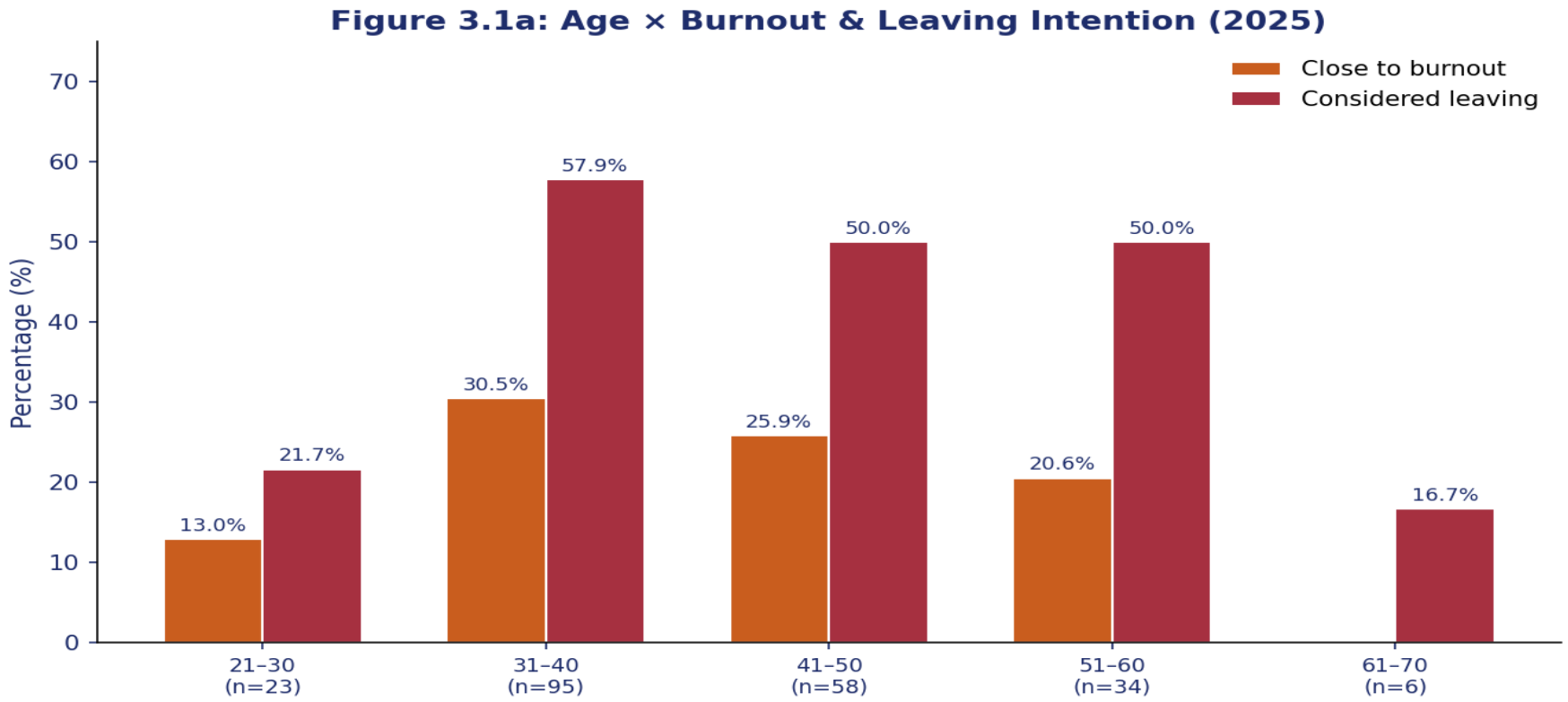


Figure 3.1a: Age × Burnout and Leaving Intention (2025)

3.2 Areas of Progress and Positive Signals

Intersection	Key Data Points	Signal
Women at Band 8C+ (2022 → 2025)	14.8% → 46.2% female at Band 8C+ +31.4 pp; largest DEI shift in the dataset	**Positive +31.4 pp vs 2022**
Age × Wellbeing (older cohort)	(61-70): 0% burnout | 83.3% positive wellbeing. Most positive of any age group 51-60 also strong: 70.6% positive work-life balance	**Positive**
Disability Disclosure (2022 → 2025)	1.6% → 3.2% disability disclosure Suggests improved psychological safety	**Positive**

Section 9: Methodology and Data Quality

9.1 Response Rates

DEI census is a voluntary professional survey distributed to all registered perfusionists. Voluntary surveys typically achieve response rates of 20–35%. The 2025 rate of 44.8% (246 of 549) exceeds this benchmark and the membership should be proud of the turnout; SCPS should take every effort to act on these findings and continue to advocate for the wellbeing of the profession.

9.2 Margins of Error

At 95% confidence, the 2025 perfusionist sample (n=216) carries a margin of error of approximately ±6.7 percentage points for proportions near 50%. For more extreme proportions, for instance the 25% burnout figure, the margin narrows to approximately ±5.8 percentage points. This means the true burnout rate lies between approximately 19% and 31% with 95% confidence.

The chief cohort (n=30) carries a margin of approximately ±17.9 percentage points at 95% confidence. Chief-level findings should be treated as directional and contextual.

9.3 Subgroup Reliability

Main findings for the full perfusionist cohort, female respondents (n=114), male respondents (n=98), Band 8A (n=95), and Band 8B (n=56) are statistically reliable. Ethnic minority (n=29), LGBTQ+ respondents (approximately n=9), trainees (n=12), and respondents with a disability (n=7) are too small for standalone analysis.

9.4 Self-Selection Bias

Both 2022 and 2025 are self-selected samples. Perfusionists who responded may differ systematically from those who did not. Those experiencing higher levels of distress or engagement may be more likely to participate. This means the reported levels of burnout, intent to leave, and staffing concerns may underestimate the true picture across the full workforce.