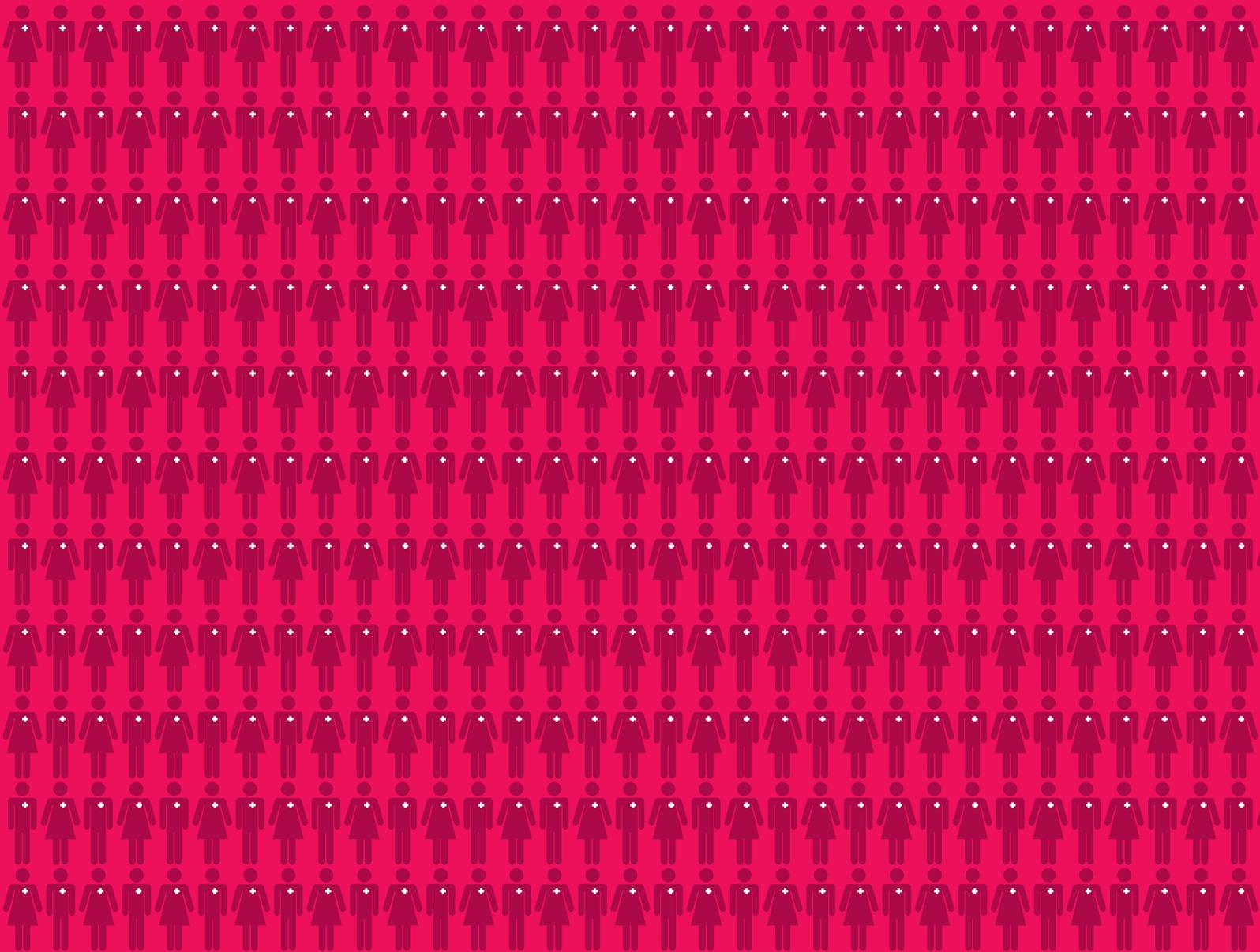
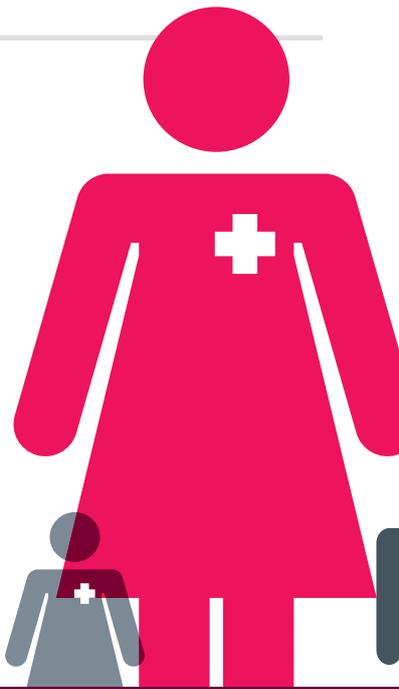
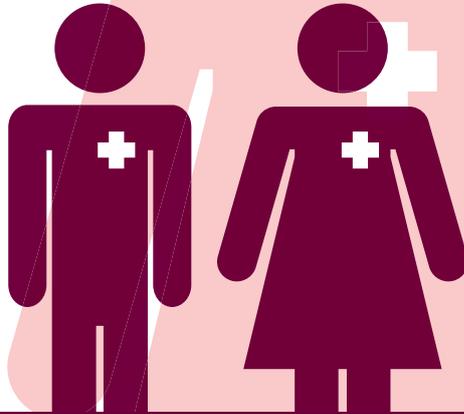
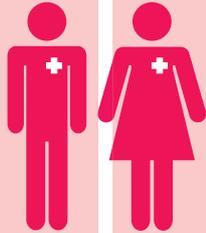
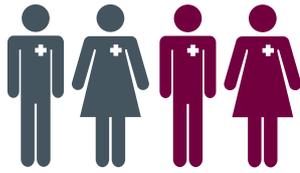


**Focus on physicians:**  
census of consultant physicians and  
higher specialty trainees 2015–16



Census of consultant physicians and higher specialty trainees



## Introduction

This is the 2015–16 annual census and survey of the consultant and higher specialty trainee (HST) physician workforce in the UK.

The census was coordinated by the Medical Workforce Unit of the Royal College of Physicians (RCP) on behalf of the Federation of the Royal Colleges of Physicians. Census forms were sent out electronically to all UK consultants who were in post on 30 September 2015. The RCP verified consultant numbers by checking with each specialty representative and then telephoned each trust, so that headcount data are accurate. HST data were obtained from an electronic census that was sent to all registrars on the Joint Royal Colleges of Physicians Training Board (JRCPTB) database.

34% of consultants – but 53% of trainees – are women, with considerable variation by specialty.

10%

Drop in consultant recruitment since 2014–15

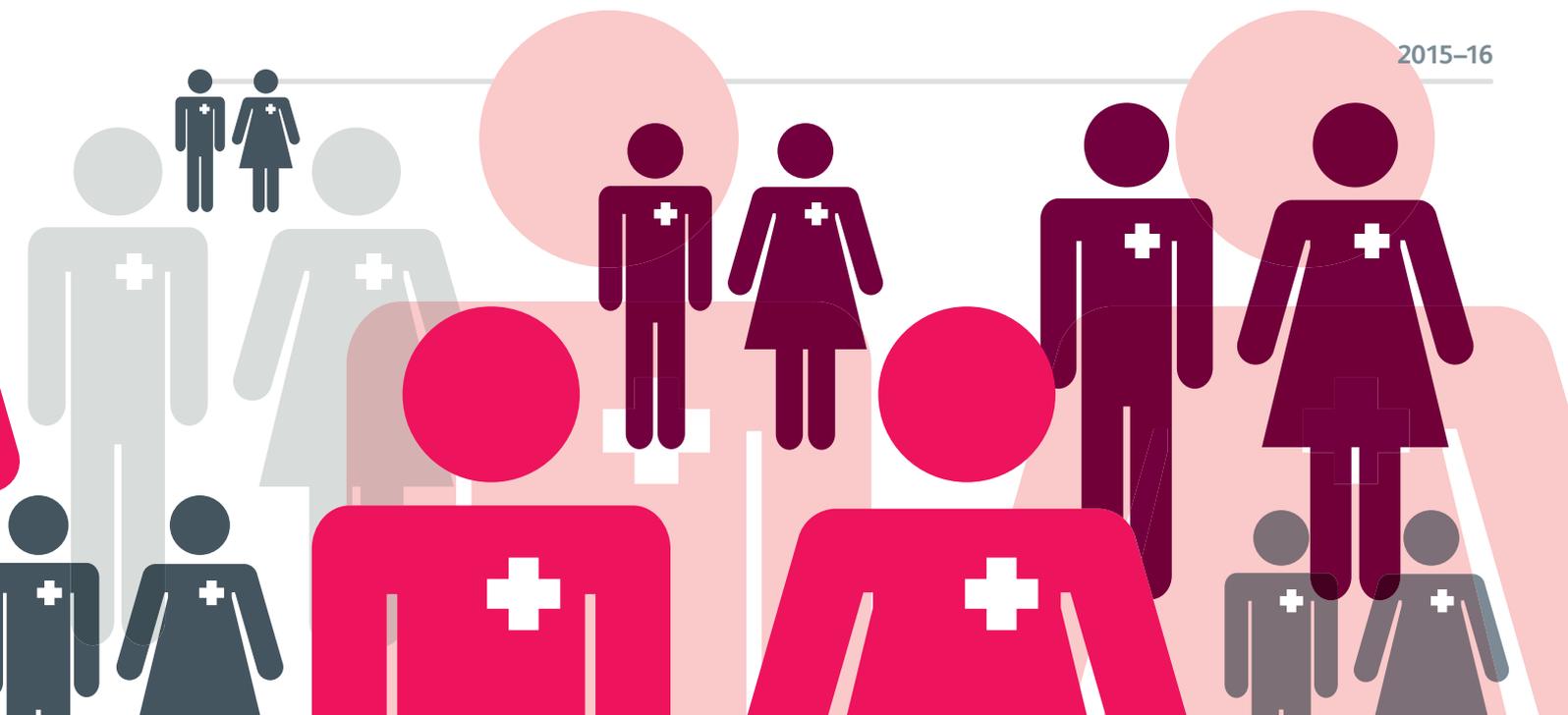
↓  
Participation in the acute take and looking after GIM patients is down

44%

Consultant physician posts unfilled

13%

Consultant physicians who 'act down' regularly



## Key points

- > 10% fewer consultants were recruited during 2015 than were reported in the 2014–15 census, and 6% fewer posts were advertised.
- > Reductions in participation in both the acute take and looking after general medical patients were reported, compared with the 2014–15 census.
- > 44% of advertised consultant physician jobs went unfilled.
- > 13% of consultant physicians reported 'acting down' regularly to cover trainee rota gaps.
- > 34% of consultants – but 53% of trainees – are women, with considerable variation by specialty.
- > Less-than-full-time working has increased to 20%, and is particularly reported by those aged over 60.
- > 79% of consultants regularly work on call out of hours: for their specialty (47%), for unselected medical admissions (21%) or for both (11%).
- > Reporting of rota gaps has increased, with 28% of consultants reporting them 'frequently' and 51% 'often'.

**34%**

Consultant physicians who are women

**20%**

Consultants now working less than full time

**79%**

Regularly work on call out of hours

**28%**

Consultants who report frequent rota gaps

## Consultant and trainee numbers and appointments

There are now 14,674 consultant physicians in the UK: 12,331 (84%) working in England, 389 (3%) in Northern Ireland, 1,290 (9%) in Scotland and 664 (5%) in Wales. In total, 19% of all consultant physicians are now based in London, but only 16% are based in Wales, Northern Ireland and Scotland combined. Geriatric medicine and cardiology are the largest specialties, with 10% each of all consultant physicians (1,488 and 1,487, respectively), followed by gastroenterology/hepatology (1,380) and respiratory medicine (1,265).

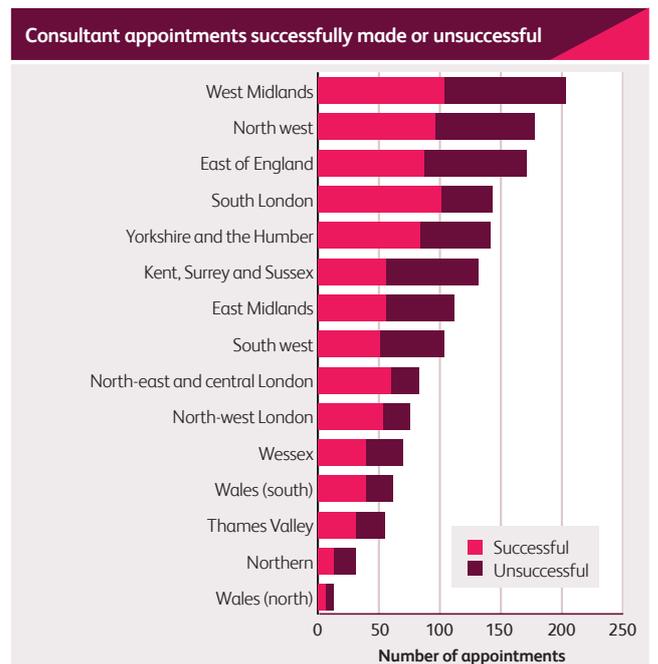
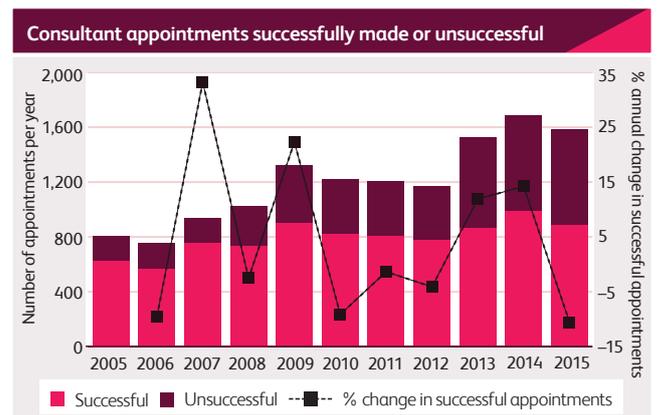
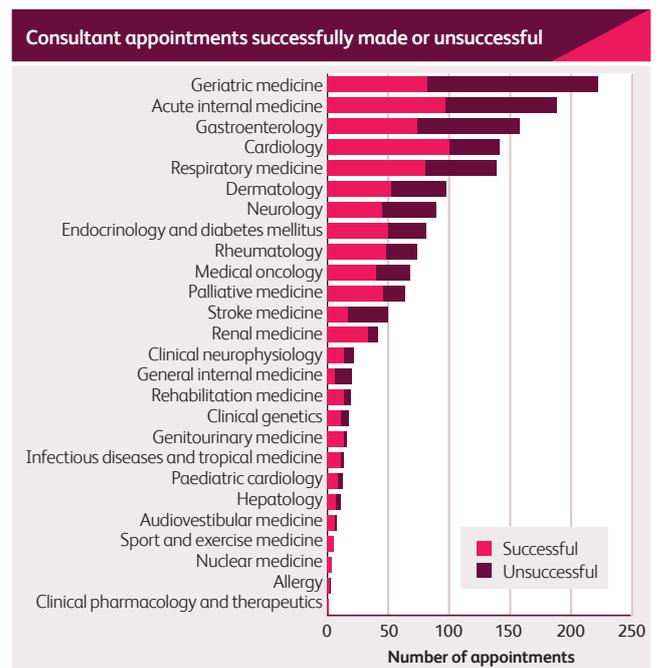
For the fourth consecutive year, geriatric medicine and acute internal medicine advertised the largest numbers of posts in England and Wales,\* closely followed by gastroenterology/hepatology (222, 188 and 169 posts, respectively). The highest number of successful appointments was in cardiology (100 posts, a fill rate of 71% of advertised posts), followed by acute internal medicine (97 posts) and geriatric medicine (82 posts). The specialty with the lowest number of successful appointments was geriatric medicine (140 unfilled posts; only 37% of all posts appointed), followed by acute medicine (91 unfilled posts; only 48% of all posts appointed) and gastroenterology (88 unfilled posts; only 52% of all posts appointed).

Overall, 44% of advertised consultant physician posts were not filled (owing to a lack of suitable applicants). There was a 10% reduction in successful appointments compared with 2014–15, with a 6% reduction in the number of posts advertised. Anecdotal reports suggest that trusts, if repeatedly unsuccessful with recruitment, are waiting for trainees to develop instead of advertising.

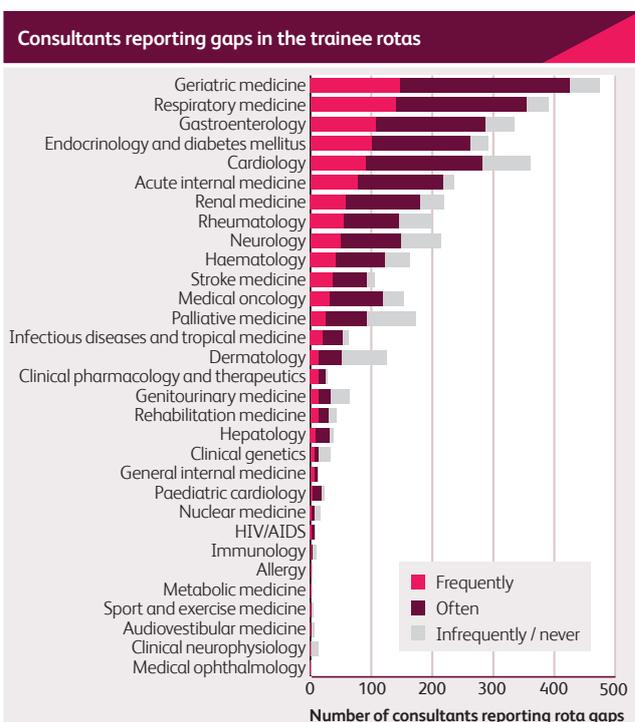
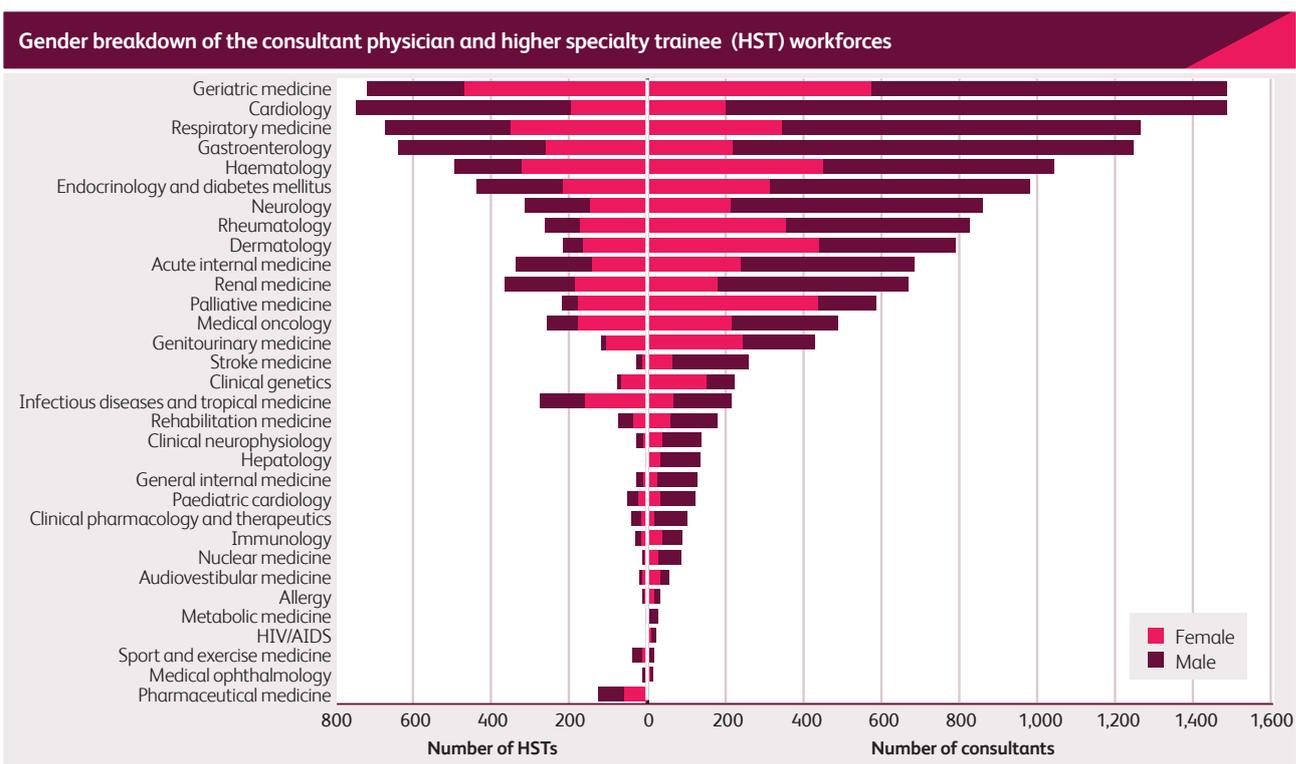
Regionally, most appointments were made in the West Midlands (103), south London (101) and the north west of England (96). The West Midlands had the largest number of unsuccessful appointments (100), followed by the east of England (84). Proportionately, the London local education and training boards (LETBs) had the highest appointment rates (all >70%), while the Northern LETB had the lowest rate (42%).

29% of consultants were aware of one or more posts in their department that had been vacant for longer than 6 months, with 52% of this group reporting two or more vacancies. These vacancies are covered equally by locums and by colleagues; less often, work is left undone.

57% of successful appointees were men, and 43% were women. The consultant population is now 66% men / 34% women, but with considerable inter-specialty variation.



\*Data for appointments in Scotland and Northern Ireland unavailable.



Cardiology is the most male-dominated large or medium-sized specialty, with 87% male consultants; palliative medicine is the most female-dominated specialty, with 74% female consultants.

Data from the JRCPTB showed that there were 6,622 trainees during 2015–16. While 53% of trainees were women (similar to last year’s figure of 52%), there was significant variation between specialties – 90% of genitourinary medicine trainees, but only 26% of cardiology trainees, were women. Overall, most trainees are found in cardiology (746), followed by geriatric medicine (720), respiratory medicine (671) and gastroenterology/hepatology (642), as in the previous year. If the number of trainees were to accurately reflect the number of consultant posts advertised, there would be a greater proportion of trainees in geriatric medicine and acute internal medicine.

## Rota gaps

Gaps in trainees’ rotas were reported by 79% of consultants: 28% reported gaps ‘such that they frequently cause significant problems for patient safety’ – an increase from the 21% who reported this last year. 51% stated that gaps occur ‘often, but there is a workaround solution so that patient safety is not compromised’ – an increase from last year’s figure of 48%. The lack of LATs (locums appointed for training) in 2015 is likely to have exacerbated this problem.

Consequently, more consultants reported covering gaps in junior doctors' rotas: 13% regularly and 32% as a one-off (increases from 10% and 30%, respectively, in 2014–15). In addition, 9% of consultants aged over 60 are regularly covering gaps in trainees' rotas. 72% of consultants reported receiving no compensation at all for acting down; 16% received extra payment; the remainder (12%) took time off in lieu (2% took time off the next day so that elective work was cancelled, 5% took time off so that a colleague was asked to cover the planned work, and 5% took time off at a later date).

In addition to consultants, 7% of higher specialty trainees (HSTs) reported regularly acting down to cover the core medical trainees' rota, with an additional 14% reporting having done so as a one-off. 2% of HSTs also reported regularly 'acting up' to cover a consultant vacancy, with a further 10% having done so as a one-off.

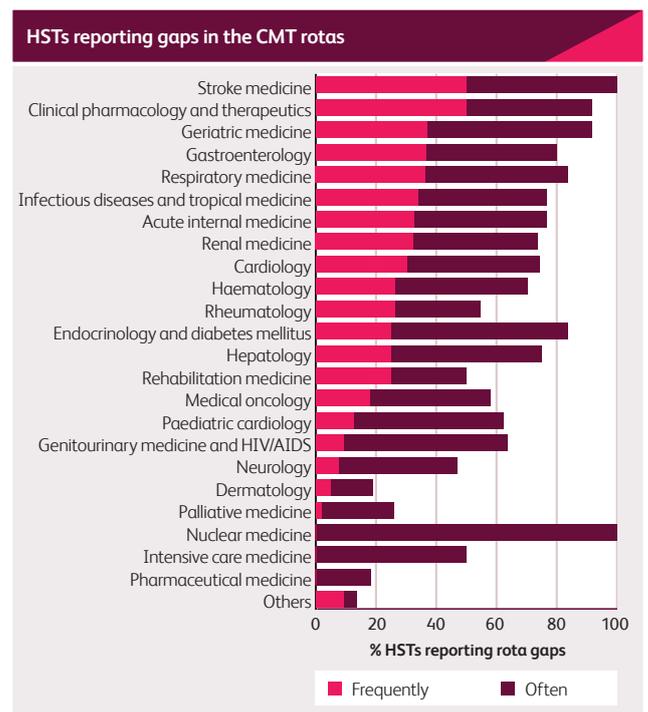
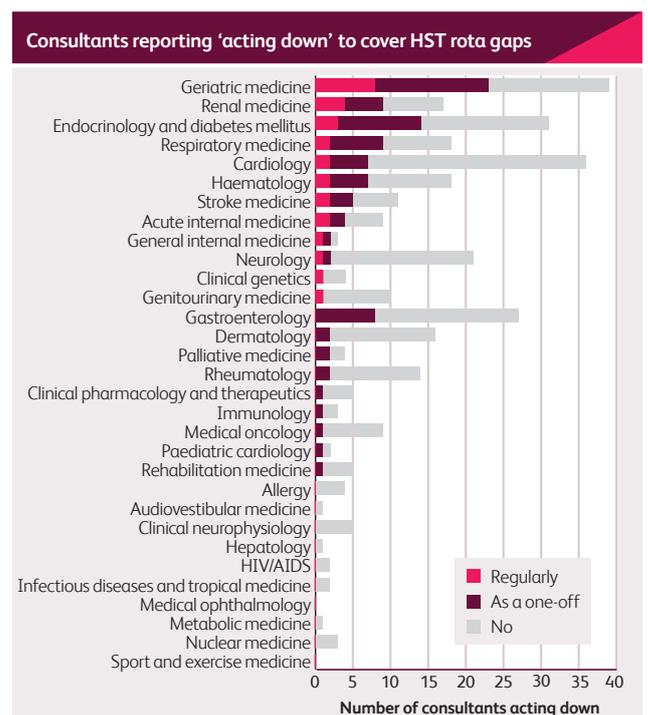
## Contracts

The majority (90%) of consultant posts advertised were contracted for 10–10.9 programmed activities (PAs) per week. Less-than-full-time (LTFT) working has again increased, with 20% of consultants now working LTFT or paid for fewer than 10 PAs per week (a 2% increase from last year). 39% of all female consultants reported working LTFT, with 7% of male consultants working LTFT (an increase of 1% from last year). The highest proportion of consultants of both genders working LTFT is in those aged over 60 (37%): 35% of all male consultants over 60, 62% of male consultants over 65, and 44% of female consultants over 60 work LTFT.

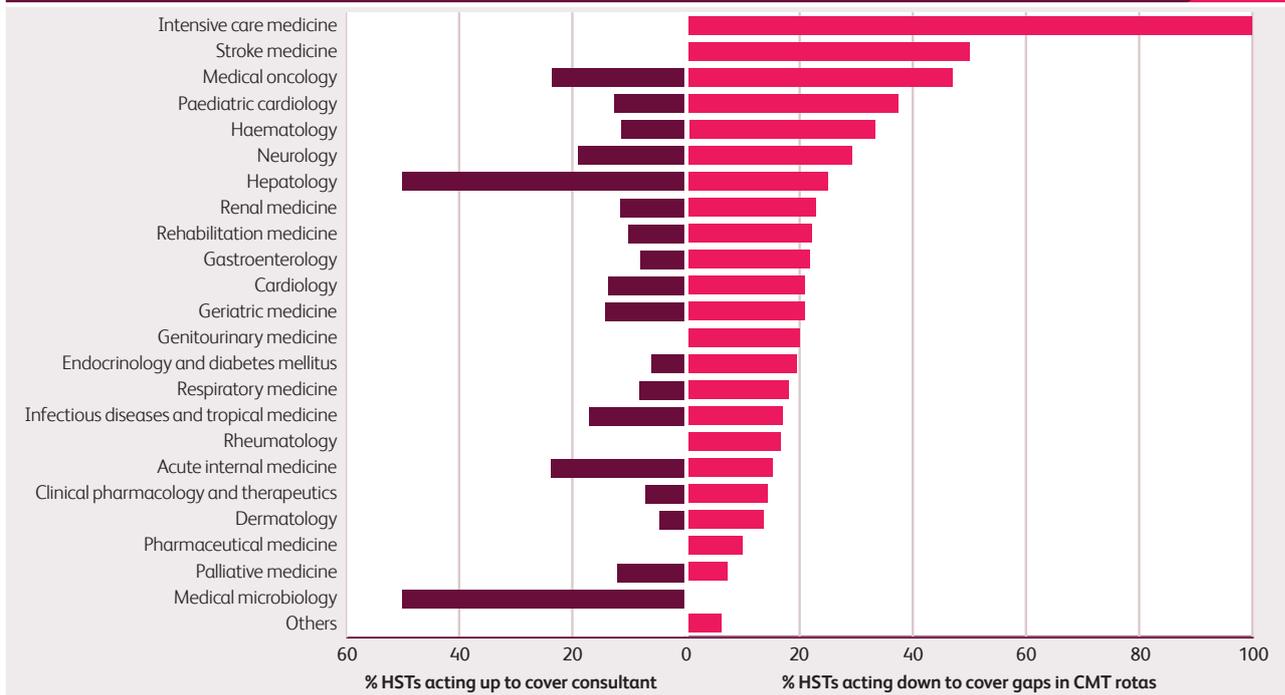
Between specialties, there is considerable variation in LTFT working: 49% of palliative care consultants, but only 8% of cardiologists, reported working LTFT. No specialty has fewer than 20% of consultants aged over 60 working LTFT.

There was a small reduction in the proportion of trainees working LTFT, down from 13% last year to 11% this year. Of these, 91% are female, and they comprise 20% of all female HSTs (23% in the 2014–15 census). The highest proportion of LTFT trainees was found among non-general medical specialties (15%).

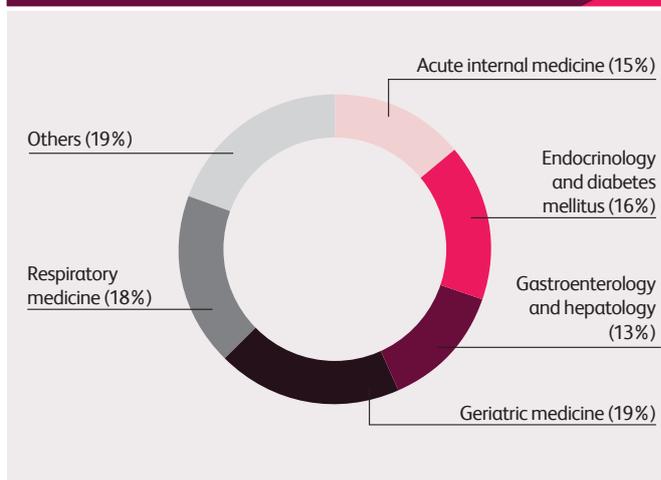
17% of consultants were contracted in part or wholly for academic work (19% of male and 13% of female consultants). Non-British ethnic groups comprise 36% of the consultant workforce, with the largest group being from the Indian subcontinent (18%).



### HSTs reporting 'acting down' to cover gaps in the CMT rotas or 'acting up' to cover consultant vacancies



### Total acute medical workload undertaken by consultants



## General internal medicine

There was a slight drop in the proportion of trainees dual accrediting in general internal medicine (GIM), from 61% in 2014–15 to 59% in 2015–16, with 67% of male trainees and 55% of female trainees dual accrediting. However, dual accrediting in GIM fell to 47% among those working LTFT.

Compared with data from the previous census, there were reductions in the proportion of consultants participating in the acute unselected medical take and in those in looking after GIM patients on wards. The unselected medical take was undertaken by 33% of consultants (down from 36%), with 27% of female consultants and 36% of male consultants reporting that they participated. The acute medical take was largely undertaken by consultants from only five specialties: 19% from geriatric medicine, 18% from respiratory medicine, 16% from endocrinology and diabetes mellitus, 14% from acute internal medicine (up from 13%) and 13% from gastroenterology/hepatology.

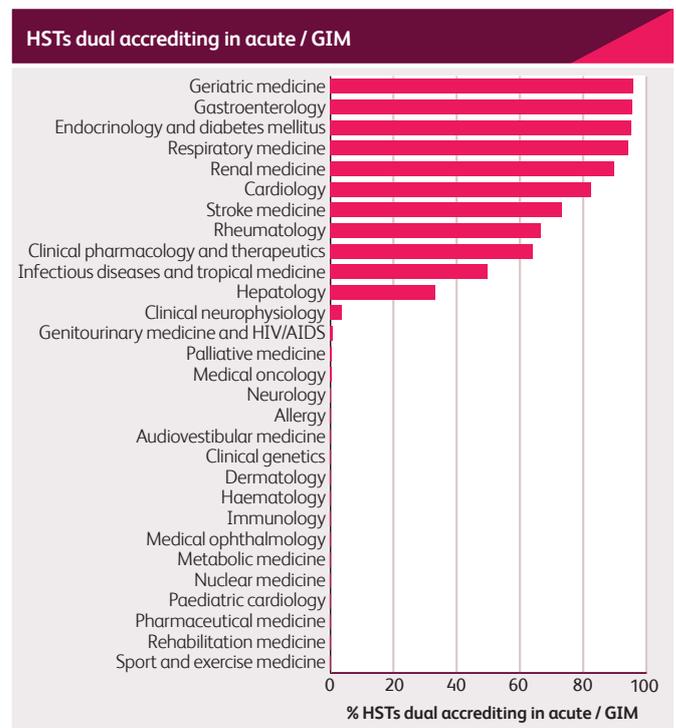
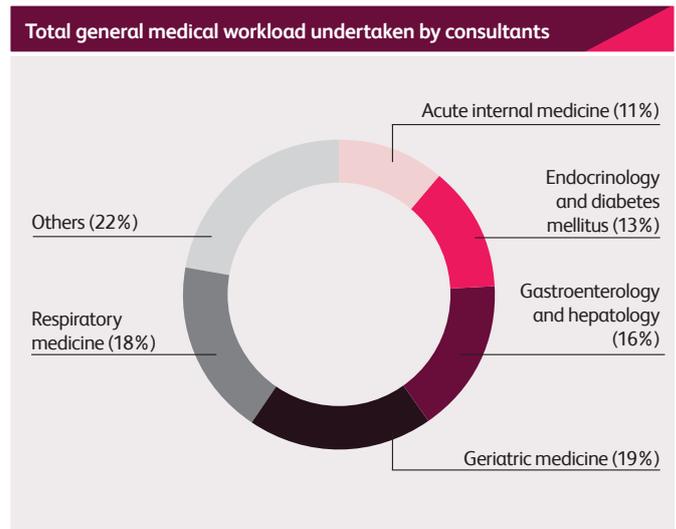
74% of consultants in endocrinology and diabetes mellitus, 66% of respiratory physicians, 59% of geriatricians and 42% of gastroenterologists/hepatologists reported participating in the acute medical take. The proportions within all these specialties have reduced – it may be that the inability to recruit specialty consultants has necessitated using consultants’ time for specialty (ie non-GIM) work. Consequently, the GIM work may have been covered by increasing the number of consultants in acute internal medicine, albeit at a lower rate than indicated by the number of posts that have been advertised.

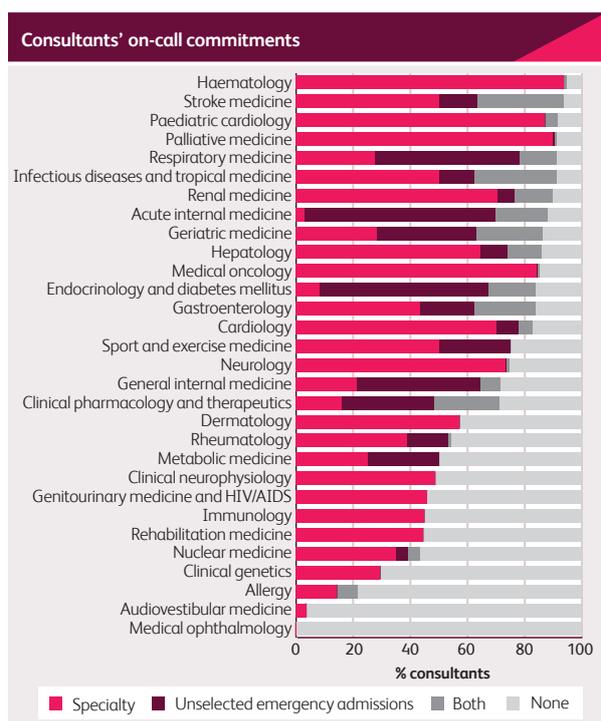
General medical patients are looked after by 41% of consultant physicians (34% of female consultants and 46% of male consultants), a reduction from the 47% reported in the 2014–15 census. 19% of the total amount of national GIM work was done by consultant geriatricians, 18% by respiratory medicine consultants, 16% by gastroenterologists/hepatologists, 13% by endocrinology and diabetes mellitus consultants, and 11% by acute internal medicine consultants. By specialty, this represents 93% of all consultants in acute medicine, 83% of respiratory medicine consultants, 79% of endocrinologists/diabetologists, 72% of geriatricians and 68% of gastroenterologists/hepatologists.

Specialties with very high numbers of trainees participating in the acute take or looking after non-specialty-specific patients were acute internal medicine (100%), geriatric medicine (96%), endocrinology and diabetes mellitus (95%), gastroenterology/hepatology (95%), respiratory medicine (94%), renal medicine (90%) and cardiology (82%). In addition, other specialties have trainees who participate in GIM: stroke medicine (73%), rheumatology (66%), clinical pharmacology and therapeutics (64%) and infectious diseases (50%). Fewer than 5% of trainees in other specialties are involved in GIM.

Kent, Surrey and Sussex had the highest proportion of trainees undertaking GIM (80%), while London had the lowest (52%); this is likely to be the result of some specialties training only in London.

The specialty take, regardless of the time of day, was regularly undertaken by 64% of consultants, predominantly in those specialties that do not participate in the unselected medical take, such as haematology, medical oncology, neurology and palliative medicine; a further 19% of consultants worked a hybrid of the specialty take with the acute unselected medical take. A further 17% worked an ad hoc specialty take, over and above the unselected take.





**38% of consultant physicians felt that the prospect of 7-day services is 'reasonable, so long as [they receive] adequate compensation'; 28% felt that this represents no change as they already undertake it; 12% felt that it is 'probably the best thing to happen to patients'**

In total, 79% of consultant physicians worked on call: 47% doing specialty cover only, 21% covering for unselected medical emergencies and 11% providing both types of on-call cover.

## Seven-day working

65% of consultant physicians expressed support for a 12-hour, 7-day per week acute medical service, unchanged from last year's census. In those who currently carry out the unselected medical take or GIM, support increased to 81%. There was no significant gender difference in support.

The proportion of consultants who supported 7-day working in their specialty increased from 50% in 2014–15 to 55% this year – again higher in those who reported participating in acute unselected medical take and GIM responsibilities. Support was lower in women (47%) than in men (59%).

38% of consultant physicians felt that the prospect of 7-day services is 'reasonable, so long as [they receive] adequate compensation'; 28% felt that this represents no change as they already undertake it; 12% felt that it is 'probably the best thing to happen to patients'; 6% felt that it is 'inevitable [and they will] just have to do it', and 15% 'given [their] domestic circumstances don't know how [they] will manage' – this group increased to 22% for women. Of those for whom domestic circumstances presented a barrier to 7-day working, 96% had responsibility for at least one child younger than 16. Overall, 59% of consultant physicians reported responsibility for a child younger than 16.

In compensation for working over 7 days, 23% of consultants wanted increased pay, while 40% would like days off in lieu, 28% wanted annual leave and 9% wanted a sabbatical.

63% of trainees supported 7-day working if full support services in their main specialty were available at weekends, and 70% supported it in general internal medicine. As with consultants, there was considerable variation in support, but it was highest in trainees who were already working across 7 days, trainees in larger specialties and those that participate in GIM, and in younger age groups.

## Weekend working

Weekend working can involve specialty and GIM work, emergency and on-call work, and planned or ad hoc elective work. 77% of consultants reported regularly working at weekends – an increase of 7% on the proportion reported in the 2014–15 census.

In those consultants who worked weekends in their specialty, 77% worked on call and 23% performed planned routine work; for those who worked weekends in GIM, 64% worked on call and 36% in planned routine work patterns.

Of those consultants who reported weekend working, 23% reported seeing patients on a ward round with full nursing, junior doctor and service support from Monday to Sunday. Of the remainder, 46% reported that they were supported by a junior doctor and 22% reported nurse support on ward rounds, 17% reported that radiology was routinely available and 8% reported routine pharmacy support at weekends. Furthermore, 6% reported the presence of a specialty nurse and 1% reported the presence of a physician associate. Thus, while the majority of consultant physicians work weekends, fewer other members of the multidisciplinary team are available.

Of those who responded to the questions on weekend working, 36% received no compensation at all for working at a weekend, 42% received additional payment and the rest took time off in lieu: 4% took time off the next day so that elective work was cancelled, 2% took time off with a colleague asked to cover the planned work, and 9% took time off at a later date.

Non-emergency elective work at the weekend was undertaken by 12% of consultants. This was disproportionately high in gastroenterology, where 41% of consultants reported that they regularly perform elective work at the weekend – a reflection of the pressures of achieving targets in both outpatient and endoscopy work, and recent difficulties in recruiting consultants.

Of those consultants who performed non-emergency elective work at the weekend, 41% reported doing ad hoc elective work paid pro rata, but without the same hospital backup as is available during the week, while 15% did this with the same support that is available during the week. Additionally, 8% of consultants performed clinics or elective lists scheduled within their job plan at the weekend with the same support that is available during the week; 15% reported doing this without the same support.

## Retirement plans

It is expected that 24% of the current consultant workforce will reach 65 years of age in the next 10 years. A consistent planned age of retirement of 62 (with a range of 60–65) for both men and women has been reported, concurring with actual retirement ages seen; there are no significant differences by specialty. Of those who stated that they plan to retire early, the commonest reasons given were ‘pressure of work’ and ‘dissatisfaction with the NHS’, as opposed to health or financial reasons. If possible, 27% of all consultant respondents would work beyond retirement age.

## Contracted PAs

The mean number of contracted PAs was 10.5, with 7.4 spent in direct clinical care (DCC), 1.9 in supporting professional activities (SPAs), 0.7 in academic work and the remainder in ‘other’ work. Those consultants undertaking the acute unselected medical take were contracted to an average 0.9 PAs more than those who did not; this work seems to be a contractual ‘add-on’.

The mean number of PAs worked was 11.6, with 7.9 spent in DCC, 2.1 in SPAs, 0.8 in academic work and the rest in ‘other’ work. These numbers are in keeping with previous years, where 10% of time above contract is consistently worked. A mean of 5.3 additional hours per week is spent working from home (eg by remote login). The number of such additional hours appeared to increase with age, peaking in those aged 55–59 years.

The European Working Time Directive specifies a maximum average 48-hour working week. HST census responses showed that, for trainees, an average of 45 hours was rostered for those on full-time contracts, with 5.6 hours worked above this.

Educational supervision was undertaken by 76% of consultant physicians, rising to 87% of those participating in GIM.

## Physician associates

16% of consultant physicians reported working with physician associates, with the mean number of physician associates being 3.6. The presence of physician associates was reported by consultants in almost all specialties, but primarily (39%) in acute internal medicine.

Overall in the UK, there are 241 registered physician associates, with a further 342 students in training.<sup>†</sup>

<sup>†</sup>Data from RCP Faculty of Physician Associates (September 2016).

## Job satisfaction

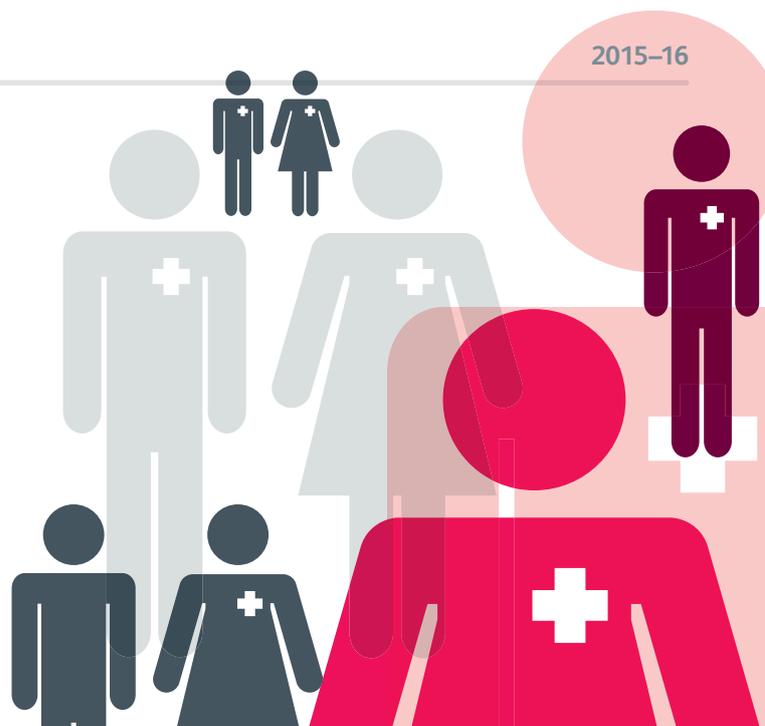
Overall, 77% of physicians reported that they 'always' or 'often' enjoy their jobs. 5% of GIM trainees reported that they had dropped GIM training in the previous 6 months; an additional 34% had considered doing so. In comparison, 6% of HSTs had considered changing specialty and 21% had considered leaving the medical profession altogether.

56% of trainees felt the balance of training between main specialty and GIM was about right, but 38% felt that their specialty training suffered from too much time spent in GIM. The balance of service provision to training reported by trainees was 65%:35% for specialty, while for GIM it was 85%:15%.

Overall, 74% of trainees described their specialty training as 'excellent' or 'good', while only 28% felt this way about GIM training. Were they able to turn back time, 54% of GIM trainees would not choose to train in GIM, but only 10% of specialty trainees would alter their specialty. In addition, 20% of trainees would prefer to train in a different location. 13% of trainees felt unprepared for a consultant role in GIM (with a further 32% feeling 'unsure'), but only 6% felt this way for a consultant role in their specialty. Upon becoming consultants, 34% of GIM trainees would not like to participate in the acute take. Just over half (56%) of trainees felt that future consultants will work differently from how they currently work. Overall, 78% of HSTs were 'satisfied' or 'very satisfied' with their specialties; the figure for GIM was 32%. Moreover, 63% of HSTs reported that they were 'satisfied with their career choice'.

As in the 2014–15 census, trainees regarded geographical location as the most important factor when applying for a consultant job, followed by the proportion of specialty time in their job plan. LTFT consultant posts were desired by 12% of male trainees, but by 41% of female trainees. ■

**Overall, 74% of trainees described their specialty training as 'excellent' or 'good', while only 28% felt this way about GIM training. Were they able to turn back time, 54% of GIM trainees would not choose to train in GIM, but only 10% of specialty trainees would alter their specialty.**



## About the Federation

The Federation is a partnership between the Royal College of Physicians of Edinburgh, the Royal College of Physicians and Surgeons of Glasgow, and the Royal College of Physicians of London. It operates on behalf of the three colleges to oversee and deliver the MRCP(UK) examination, the Joint Royal Colleges of Physicians Training Board (JRCPTB), CPD and specialty certificate examinations.

## Get involved

To be more responsive to current issues, the MWU will undertake a series of further short surveys of representative portions of the consultant workforce during the year. Our aim is not to survey any consultant more than one additional time, and to publish online to provide quick, accurate and relevant data on the present issues affecting doctors. Please get involved!

**For more census info, visit**  
[rcplondon.ac.uk/census](http://rcplondon.ac.uk/census)

**Email**  
[mwucensus@rcplondon.ac.uk](mailto:mwucensus@rcplondon.ac.uk)

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