Census of consultant physicians and higher specialty trainees in the UK 2014–15
Full report
The Royal College of Physicians

The Royal College of Physicians (RCP) plays a leading role in the delivery of high-quality patient care by setting standards of medical practice and promoting clinical excellence. It provides physicians in over 30 medical specialties with education, training and support throughout their careers. As an independent charity representing 30,000 fellows and members worldwide, it advises and works with government, patients, allied healthcare professionals and the public to improve health and healthcare.

Citation for this document


Copyright

All rights reserved. No part of this publication may be reproduced in any form (including photocopying or storing it in any medium by electronic means and whether or not transiently or incidentally to some other use of this publication) without the written permission of the copyright owner. Applications for the copyright owner’s written permission to reproduce any part of this publication should be addressed to the publisher.

Copyright © The Royal Colleges of Physicians London, 2016


The Royal College of Physicians of London

11 St Andrews Place, Regent’s Park, London, NW1 4LE
Phone:  +44 (0)20 7935 1174
Fax:  +44 (0)20 7487 5218
Web:  www.rcplondon.ac.uk
Registered Charity No 210508

The Royal College of Physicians of Edinburgh

9 Queen Street, Edinburgh, EH2 1JQ
Phone:  +44 (0)131 225 7324
Fax:  +44 (0)131 220 3939
Web:  www.rcpe.ac.uk
Registered Charity No SC009465

The Royal College of Physicians and Surgeons of Glasgow

232–242 St Vincent Street, Glasgow, G2 5RJ
Phone:  +44 (0)141 221 6072
Fax:  +44 (0)141 221 1804
Web:  www.rcpsg.ac.uk
Registered Charity No SC000847

Analysed, designed, arranged and typeset by Christopher Phillips, Medical Workforce Unit, RCP

If you have any queries about any of the data presented herein, or have any requests for further data, please email the RCP’s Medical Workforce Unit at mwucensus@rcplondon.ac.uk
Acknowledgements

I have been immensely helped by the experience and professionalism from the Medical Workforce Unit at the RCP: Nina Newbery, Darin Nagamootoo and Christopher Phillips whose creativity, input and abilities have ensured integrity of data. I am particularly grateful for their enthusiasm towards shaping this web-based interactive format, which I hope will prove of interest and benefit to interested parties.

Many thanks must also go to Natalie Ruginis and Amir Jamal for their contribution in verifying consultant details, and to Elaine Tait and Lindsay Paterson at the Royal College of Physicians of Edinburgh, and John Cooper and Elaine Mulcahy at the Royal College of Physicians and Surgeons of Glasgow for their input and work on the census. I am grateful to all the specialty workforce representatives for their interest and feedback in shaping the workforce.

December 2015

Dr Harriet Gordon
Director, Medical Workforce Unit, RCP
Contents

- Citation for this document
- Acknowledgements
- Table of contents
- Introduction
- Commentary on census results  | Dr Harriet Gordon

1 Consultant numbers, expansion trends and location of the workforce

- Table 1  Consultant workforce by specialty and nation  | United Kingdom
- Table 2  Higher specialty trainee workforce by specialty and nation  | United Kingdom
- Fig 1  Number of substantive consultant physicians in the medical specialties  | United Kingdom
- Fig 2  Number of higher specialty trainees in the medical specialties  | United Kingdom
- Fig 3  Expansion in consultant numbers in the medical specialties  | United Kingdom  | 2013–14
- Fig 4  Consultant numbers and annual expansion  | United Kingdom  | 2003–14
- Fig 5  Higher specialty trainee numbers and annual expansion  | United Kingdom  | 2003–15
- Fig 6  Consultant numbers and annual expansion  | England  | 2003–14
- Fig 7  Consultant numbers and annual expansion  | Northern Ireland  | 2003–14
- Fig 8  Consultant numbers and annual expansion  | Scotland  | 2003–14
- Fig 9  Consultant numbers and annual expansion  | Wales  | 2003–14
- Fig 10 Geographical distribution of the consultant physician workforce  | United Kingdom | Population served by each full time equivalent (FTE) consultant
- Fig 11 Geographical distribution of the higher specialty trainee workforce  | United Kingdom | Population served by each FTE higher specialty trainee
- Fig 12 Consultant appointments made, appointments not made and appointments cancelled  | United Kingdom  | 1 January – 31 December 2014  | By specialty
- Fig 13 Consultant appointments made, appointments not made and appointments cancelled  | United Kingdom  | 1 January – 31 December 2014  | By local education and training board (LETB) or region
- Fig 14 Consultant appointments made, appointments not made and appointments cancelled  | United Kingdom  | 1 January – 31 December 2014  | By clinical commissioning group (CCG) region or nation
- Fig 15 Reason for consultant appointment cancellation  | United Kingdom  | 1 January – 31 December 2014  | By specialty
- Fig 16 Reason for consultant appointment cancellation  | United Kingdom  | 1 January – 31 December 2014  | By LETB or region
- Fig 17 Reason for consultant appointment cancellation  | United Kingdom  | 1 January – 31 December 2014  | By CCG region or nation
- Fig 18 Consultant physicians reporting that they are supported by physician associates  | United Kingdom
2 Contract types and less than full time working

- Fig 19 Types of post reported by consultant physicians (i.e. contract/funding) | United Kingdom
- Fig 20 Types of post reported by higher specialty trainees | United Kingdom
- Fig 21 Consultants working less than full time | United Kingdom | 2005–14
- Fig 22 Consultants working less than full time | United Kingdom | 2005–14 | By nation
- Fig 23 Consultants working less than full time | United Kingdom | By gender and specialty
- Fig 24 Higher specialty trainees working less than full time | United Kingdom
- Fig 25 Higher specialty trainees working less than full time | United Kingdom | By nation

3 Demographics of the consultant physician and HST workforce

- Fig 26 Age and gender of the consultant physician workforce | United Kingdom
- Fig 27 Gender of the consultant physician workforce over time | United Kingdom | 2003–14
- Fig 28 Age and gender of the higher specialty trainee workforce | United Kingdom
- Fig 29 Gender of the higher specialty trainee workforce over time | United Kingdom | 2003–14
- Fig 30 Gender breakdown of the consultant and higher specialty trainee workforces | United Kingdom
- Fig 31 Percentage of women in the consultant and higher specialty trainee workforces | United Kingdom

4 Time contracted and worked in the average week

- Fig 32 Breakdown of consultants’ programmed activities (PAs) contracted per week | United Kingdom | All contracts
- Fig 33 Breakdown of consultants’ PAs worked per week | United Kingdom | All contracts
- Fig 34 Mean consultant PAs contracted per week | United Kingdom | By nation | All contracts
- Fig 35 Mean consultant PAs worked per week | United Kingdom | By nation | All contracts
- Fig 36 Consultant physicians: comparison of contracted PAs with PAs worked per week | United Kingdom | 2005–14 | All contracts
- Fig 37 Higher specialty trainees: comparison of hours rostered with hours worked per week | United Kingdom | 2009–14 | All contracts
- Fig 38 Comparison of consultants’ PAs contracted with PAs worked per week | United Kingdom | All contracts
- Fig 39 Comparison of higher specialty trainees’ hours rostered with hours worked in a typical week | United Kingdom | All contract types
5 Acute medical, general medical and on-call commitments

- Fig 40 Percentage of consultants with a commitment to acute internal medicine and general internal medicine (GIM) | United Kingdom 34
- Fig 41 Consultants’ commitment to acute internal medicine or GIM | United Kingdom | 2003–14 | Selected medical specialties 35
- Fig 42 Higher specialty trainees training/dual-accrediting in acute internal or GIM | United Kingdom 35
- Fig 43 Total acute medical take workload undertaken by consultant physicians | United Kingdom 36
- Fig 44 Total general medical patient workload undertaken by consultant physicians | United Kingdom 36
- Fig 45 Consultants: are you on call for specialty, unselected emergency admissions or both? | United Kingdom | Summary 37
- Fig 46 Consultants: are you on call for specialty, unselected emergency admissions or both? | United Kingdom | By nation 37
- Fig 47 Consultants: are you on call for specialty, unselected emergency admissions or both? | United Kingdom | By specialty 38

6 Rota gaps, 7-day working and consultants currently working weekends

- Fig 48 Consultants: when on acute duty (specialty or unselected) are you aware of gaps in the trainees’ rotas? | United Kingdom | Summary 40
- Fig 49 Consultants: have you been asked to act down to cover gaps in the junior rota? | United Kingdom | Summary 40
- Fig 50 Consultants: when on acute duty (specialty or unselected) are you aware of gaps in the trainees’ rotas? | United Kingdom | By specialty 41
- Fig 51 Consultants: have you been asked to act down to cover gaps in the junior rota? | United Kingdom | By specialty 42
- Fig 52 Support for 7-day services in main specialties and acute medicine among consultant physicians | United Kingdom 43
- Fig 53 Support for 7-day services in main specialties and acute medicine among consultant physicians | United Kingdom | By nation 44
- Fig 54 Consultants’ preferred forms of compensation for 7-day working | United Kingdom | Summary 44
- Fig 55 Consultants currently working weekends in acute internal medicine | United Kingdom | Summary 45
- Fig 56 Consultants currently working weekends in their main specialty | United Kingdom | Summary 45
- Fig 57 Consultants currently working weekends in their main specialty | United Kingdom | By specialty 46
- Fig 58 Consultants currently working weekends in acute internal medicine | United Kingdom | By specialty 47
- Fig 59 Consultants currently working weekends in their main specialty or acute internal medicine | United Kingdom | By nation 48
7 Future job prospects for higher specialty trainees

- Fig 60 Higher specialty trainees: would you wish to continue doing the acute medical take when you obtain your consultant post? United Kingdom By specialty
- Fig 61 Higher specialty trainees: would you wish to continue doing the acute medical take when you obtain your consultant post? United Kingdom 2008–15
- Fig 62 Higher specialty trainees: would you consider an acute consultant post rather than one in your specialty? United Kingdom HSTs training in acute medicine vs not training in acute medicine 2013–15
- Table 3 Factors affecting higher specialty trainees’ job applications United Kingdom

8 Job satisfaction and retirement intentions

- Fig 63 Consultant job satisfaction United Kingdom Summary
- Fig 64 Consultant job satisfaction: do you enjoy your job? United Kingdom Summary
- Fig 65 Consultant job satisfaction: do you enjoy your job? United Kingdom By nation
- Fig 66 Higher specialty trainees’ overall satisfaction with their career choice United Kingdom Summary
- Fig 67 Higher specialty trainees’ job satisfaction with general internal medicine United Kingdom By specialty
- Fig 68 Higher specialty trainees’ job satisfaction with their main specialties United Kingdom By specialty
- Fig 69 Higher specialty trainees: balance of service provision and training for general internal medicine United Kingdom By specialty
- Fig 70 Higher specialty trainees: balance of service provision and training for main specialty United Kingdom By specialty
- Fig 71 Higher specialty trainees’ opinions on the quality of training in their main specialty United Kingdom 2012–15
- Fig 72 Higher specialty trainees’ opinions on the quality of training in general internal medicine United Kingdom 2012–15
- Fig 73 Consultant job satisfaction: do you enjoy your job? United Kingdom By specialty
- Fig 74 Consultant job satisfaction: does your job get you down? United Kingdom By specialty
- Fig 75 Consultant job satisfaction: do you find yourself doing jobs that previously would have been done by a junior doctor? United Kingdom By specialty
- Fig 76 Consultant job satisfaction: do you find you work under excessive pressure? United Kingdom By specialty
- Fig 77 Consultant job satisfaction: do you feel that inadequate consultant numbers is a reason for feeling under pressure? United Kingdom By specialty
- Fig 78 Consultants’ reasons for intended early retirement United Kingdom Summary
Appendix: 2014–15 census forms

- Federation of the Royal Colleges of Physicians consultant census 2014–15 | census date: 30 September 2014 | Sample form
- Federation of Royal Colleges of Physicians’ Higher Medical Trainee Workforce Census 2014–15 | Sample form
Introduction

This is the 2014–15 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 2014. Those who had not responded by December 2014 were sent paper forms. The RCP verifies consultant numbers by checking with each specialty representative and then telephoning 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.

The 2014–15 consultant census had a return rate of 56.6%: 79.3% of forms were completed online. The HST census forms were only sent online and there was a return rate of 36.7%.
Commentary on census results

Dr Harriet Gordon, director of the Medical Workforce Unit, looks at the results of the census and the trends in the medical workforce

Expansion in consultant numbers

The UK population is estimated to have grown by 0.6% in the last year, and the needs of the population and the expectations of the public are increasing the pressures on the medical workforce.

There has been a 3.2% expansion in consultant numbers, so the consultant population has continued to grow, but slower than the previous year (3.9%) and not at the level of 2009 (10.0%) or 2004 (5.4%), which were seen at times of pre-election increased NHS spending.

Scotland has seen the greatest increase in consultant numbers (8.0%), followed by Wales (3.8%), England (2.7%) and Northern Ireland (0.9%).

Specialty data

The greatest increase in actual numbers of physicians has been in acute medicine (+69), followed by renal medicine (+43), geriatric medicine (+38), respiratory medicine (+38) and cardiology (+37); all are specialties with generalist skills. There have not been huge changes in the numbers of physicians in each specialty; but the number of dermatologists has decreased by 11.

The largest specialty remains geriatric medicine, followed by gastroenterology, respiratory medicine and cardiology.

Appointments made

For the third consecutive year, the greatest numbers of advertised appointments were in geriatric and acute medicine, and these specialties also had the largest number of appointments that could not be made.

Overall, 40% of appointments could not be made: almost all were due to there being either no applicants or no suitable applicants. Despite the continued demand for geriatric appointments, there was a reduction in geriatric medicine training posts this year.

In previous years, the London area had either no difficulty filling jobs, or less difficulty than other local education and training boards (LETBs). In this census, all regions had some difficulties, but again London had fewer appointments that were not made, as did Northern Ireland. The largest numbers of appointments were attempted in the North West and the West Midlands, with nearly half unfilled (55% and 60% filled respectively), while Kent, Surrey and Sussex filled only 41% of posts.

Trainee data

In the past, trainee numbers have increased in the year following a peak in consultant numbers, with trainee numbers being highest in 2011. However, the number of trainees has reduced during the last 4 years (reducing by 2.3% in the last year).

The largest specialty for trainees is cardiology, followed by geriatric medicine, respiratory medicine and gastroenterology.

If the number of trainees reflected the number of consultant posts advertised, then the largest number of trainees would be in geriatric and acute medicine.

Therefore the steady expansion of consultant numbers and reduction in trainee numbers over the last 4 years is such that the consultant jobs that are advertised cannot be filled. Other consequences of a reduction in trainee numbers are rota gaps and how these are filled.

Rota gaps

Consultants were asked about gaps in their trainees’ rotas. Rota gaps were reported by 21% of respondents as ‘frequent, such that they cause significant problems for patient safety’.

Rota gaps were reported by 21% of respondents as ‘frequent, such that they cause significant problems for patient safety’.
10% of consultants reported that they often act down, and a further 30% that they have acted down as a ‘one off’.

significant problems for patient safety’, and by a further 48% as ‘often but usually with a workaround solution such that patient safety is not compromised’ Fig 48.

The problem is seen to be greater among consultants who have an acute or general medical commitment: 28% ‘frequently’ and 56% ‘often’ Fig 50.

The greatest rota gaps are reported in specialties that have an acute aspect, such that the work cannot be deferred: acute medicine, respiratory medicine, stroke medicine, gastroenterology and endocrinology Fig 50. Regionally, London has the lowest rate of rota gaps (15% of consultants reported frequent gaps), which reflects the higher number of trainees; and Wales has the highest rate of rota gaps (33%). Locum appointments for training (LATs) are currently used to fill rota gaps, but from 2016 LATs will be abolished in England, which will exacerbate the problem.

Rota gaps have been monitored in the last three RCP censuses, and they have been stable at 20–21%; therefore, the problem is neither new nor resolving.

In response to dangerous trainee rota gaps, consultants are being asked to ‘act down’ to provide cover. Ten per cent of consultants reported that they often act down were, not surprisingly, in geriatric and respiratory medicine, which had the highest number of rota gaps. However, there is a shortage of trainees in most specialties, so acting down is not a sustainable solution Fig 51.

Physician associates

Physician associates are becoming increasingly involved in the medical team in the UK. They have been reported to be working with over 400 acute physicians, which is four times as many as in any other specialty Fig 18.

Less than full time working

In total, 78% of consultants are working purely in the NHS, with 18% working in an academic role (at least in part) Fig 19. There has been a 4% increase in the number of female consultants: women now comprise 34% of the consultant workforce Fig 27. Trainees are predominantly female (52%) Fig 29.

Those working less than full time (fewer than 10 programmed activities (PAs) per week) made up 18% of the consultant workforce Fig 21, with 40% of female physicians reporting that they worked less than full time, but this figure was only 6% for male physicians. In specialties with predictable hours, such as clinical genetics, genitourinary medicine, nuclear medicine and palliative medicine, around 50% of the workforce is employed less than full time, and therefore these specialties need a higher number of trainees Fig 23.

Twelve per cent of trainees are working less than full time: 23% of female trainees and 1% of male trainees Fig 24. Specialties with a high proportion of less than full time consultants also have a high proportion of less than full time trainees. However, studies have shown that women work a median of 14 years less than full time; therefore, less than full time trainees may become full time consultants or vice versa.

Contracted sessions

The mean number of PAs contracted across the UK remains stable at 10.6 Fig 36, with 7.5 clinical session PAs and 3.1 ‘other’ PAs Fig 32. Those on a full time contract undertook 11.3 PAs, with 7.9 clinical PAs and 3.4 other PAs. Those on less than full time contracts worked 7.4 PAs, with 5.3 clinical PAs and 2.1 other PAs. For on-call activity, an average of 0.9 PAs for either specialty on call or for acute medicine were paid.

Overall, consultants undertaking GIM received an average total of 0.9 PAs more than those who do not undertake GIM; therefore GIM is usually undertaken in addition to other specialty work.
There has been a slight increase in both contracted and worked PAs on the previous year, for both full time and less than full time work. The trend over the last 10 years suggests that if more work is contracted, consultants continue to work above this level Fig 36.

Trainees on average are rostered to work 43 hours per week (range 35–47 hours) but report that they work on average 48 hours per week – the European Working Time Directive limit (with a range of 35–53 hours) Fig 37.

GIM versus specialty

Thirty-six per cent of consultants contribute to the acute take, and 47% of consultants participate in looking after GIM patients. In terms of headcount, those participating in acute medicine provision are:

- 19.6% geriatric medicine
- 18.0% respiratory medicine
- 15.2% endocrinology and diabetes
- 12.9% acute medicine
- 13.4% gastroenterology
- 4.4% cardiology
- 3.7% renal medicine
- 2.9% rheumatology
- 9.9% others.

The proportions of those within each specialty who participate in acute or general medical work are: 92% of respiratory physicians, 89% of endocrinologists, 84% of geriatricians and 81% of gastroenterologists Fig 40. If these specialties have difficulty filling consultant posts or the specialty demands increase, then other specialties may become more involved in acute or general medical work.

General medical patients (those who are not specifically within a consultant’s specialty) are looked after by the same groups who participate in the acute medical take Fig 40:

- 18.2% respiratory medicine
- 16.5 geriatric medicine
- 16.3% gastroenterology
- 12.6% endocrinology
- 9.3% acute internal medicine
- 7.9% cardiology
- 19.3% others.

Forty-five per cent of consultants are on call for their specialty, 22% are on call for the acute unselected take, and 11% are on call for both the acute unselected take and their specialty. Only 22% do not work on call Fig 45–47.

Seventy per cent of consultants work at weekends for their specialty Fig 56, 57, 59. Thirty-seven per cent work at weekends providing acute medicine, but this is 52% of those with a GIM certificate of completion of training (CCT) Fig 55, 58, 59. Those who are not working at weekends have a predominantly non-acute specialty, such as clinical genetics and medical ophthalmology Fig 57, 58.

Support for 7-day services

There is considerable movement towards increased out-of-hours working over a 7-day period. Sixty-four per cent of consultants would support a 12-hour, 7-day acute medical service Fig 53: 76% of consultants who already have an acute commitment were supportive of 7-day services, as opposed to 57% of those who do not have an acute commitment Fig 52.

Fifty per cent of consultants would support 7-day services for specialties. While there is greater support for 7-day services for acute medicine than for specialty medicine, there is considerable variation between specialties, with greater support from those who already have an acute commitment (stroke, acute medicine, renal medicine and palliative care) Fig 52. There was no gender difference in the response to questions about 7-day services; and responsibility for children was not a factor. There was very little variation between LETBs. The only group who were less supportive of 7-day services was female consultants who work less than full time.

In compensation for working weekends, 78% of consultants would like time off in lieu or annual leave, and 22% would like increased pay Fig 54. Again, there was no difference in the response from those with or without children.

70% of consultants work at weekends for their specialty ... 37% work at weekends providing acute medicine.
**GIM trainees**

Shape of Training looks to dual-accreditation for all trainees, to increase GIM skills. Currently, 60% of trainees dual-accredit in GIM: 68% of male trainees and 54% of female trainees ►Fig 42.

Regionally, trainees in London have the lowest rate of dual accreditation (53%) but the highest proportion of non-acute trainees, such as in audiovestibular medicine and clinical genetics, which may only have a single national training centre.

Trainees report greater satisfaction with specialty than GIM training, as in previous years. Seventy-three per cent of trainees felt that their specialty training was good or excellent, but only 26% felt that their GIM training was good or excellent: both the same as the previous year ►Fig 71, 72. One reason may be that for GIM training, trainees report that an average of 82% of their time is spent in service and 18% of their time is in training ►Fig 69; however for specialty training, they report that they spent more of their time in training (37%) ►Fig 70. Similarly, 87% reported job satisfaction for their specialty ►Fig 68, but the figure was only 41% for GIM ►Fig 67. When asked whether they would continue the acute take, 37% of trainees said ‘no’ (the same response as for the last 3 years) ►Fig 61.

The consultant census shows that there are currently insufficient trainees to fill the available posts ►Table 2, Fig 2, Fig 12–17. Trainees were asked to rate the factors that affect their job applications, and they again rated geography as the most important, followed by the proportion of specialty work within the job plan ►Table 3. Therefore, although trainees may indicate a reluctance to undertake GIM, it is not the determining factor for job applications.

**Retirement**

The average age of intended retirement reported by consultants was 62 years (approximately 40 years after qualifying), with the commonest reason for retiring being the pressure of work ►Fig 78. Seventy-two per cent of consultants do not plan to work beyond retirement age. However, the pension changes may lead consultants to retire at an older age.

Fifty per cent of consultants reported working under excessive pressure ►Fig 63, 76, and 41% reported that this was due to inadequate consultant numbers ►Fig 63, 77.

Despite all the issues, 78% of consultants always/often enjoy their jobs (down from 80% last year) ►Fig 63–65, 73. In total, 79% of trainees are moderately or very satisfied with their career choice ►Fig 66.

78% of consultants always/often enjoy their jobs ... 79% of trainees are moderately or very satisfied with their career choice.

**Conclusion**

The increasing healthcare demands of the population exceed the expansion of the medical workforce, and the number of trainees is insufficient to meet the number of available consultant posts across all parts of the UK. Gaps in the trainees’ rotas have led to consultants ‘acting down’.

There are increasing demands for both specialty and generalist skills; geriatric and acute medicine have consistently had the largest number of posts being advertised, but they also consistently have the largest number of posts that cannot be filled.

Trainees value specialty over GIM work. Those working in the acute medical specialties are more supportive of 7-day services, particularly the 70% of consultants who regularly work at weekends.

Despite continued pressures and demands, 78% of consultants always or often enjoy their job. ■
Summary

- Consultant expansion has continued to gradually slow to 3.2%.
- Forty per cent of consultant appointments could not be made: nearly always due to a lack of candidates.
- There are increasing demands for both specialty and generalist skills; geriatric and acute medicine have consistently had the largest number of posts being advertised, but they also consistently have the largest number of posts that cannot be filled.
- There continues to be a geographical variation in successful appointments.
- The increasing healthcare demands of the population exceed the expansion of the medical workforce, and the number of trainees is insufficient to meet the number of available consultant posts across the UK.
- The number of higher specialty trainees has fallen.
- Twenty-one per cent of consultants report ‘significant gaps in the trainees’ rota such that patient care is compromised’. Ten per cent of consultants often ‘act down’ and a further 30% have acted down as a ‘one off’.
- The medical workforce continues to become feminised and less than full time, with women choosing specialties with more predictable hours.
- Support for 7-day working is greatest among the 70% of consultants who are routinely working at weekends.
- Despite continued pressures and demands, 78% of consultants always or often enjoy their job.

References


2 The RCP London was made aware of many consultant physicians working in Scotland during collection of 2014–15 data. If those consultants had not been appointed in the last year, this would have affected the level of expansion reported for Scotland this year / data reported for Scotland in previous years.

1 Consultant numbers, expansion trends and location of the workforce
### Table 1. Consultant workforce by specialty and nation

**United Kingdom**

<table>
<thead>
<tr>
<th>Specialty</th>
<th>England</th>
<th>Northern Ireland</th>
<th>Scotland</th>
<th>Wales</th>
<th>United Kingdom</th>
<th>Expansion (2014–15)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute internal medicine</td>
<td>473</td>
<td>16</td>
<td>44</td>
<td>31</td>
<td>564</td>
<td>13.9</td>
</tr>
<tr>
<td>Allergy</td>
<td>29</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>29</td>
<td>0.0</td>
</tr>
<tr>
<td>Audiovestibular medicine</td>
<td>47</td>
<td>–</td>
<td>1</td>
<td>2</td>
<td>50</td>
<td>6.4</td>
</tr>
<tr>
<td>Cardiology</td>
<td>976</td>
<td>28</td>
<td>103</td>
<td>60</td>
<td>1,167</td>
<td>3.3</td>
</tr>
<tr>
<td>Clinical genetics</td>
<td>166</td>
<td>7</td>
<td>23</td>
<td>12</td>
<td>208</td>
<td>2.0</td>
</tr>
<tr>
<td>Clinical neurophysiology</td>
<td>102</td>
<td>2</td>
<td>11</td>
<td>4</td>
<td>119</td>
<td>-0.8</td>
</tr>
<tr>
<td>Clinical pharmacology and therapeutics</td>
<td>53</td>
<td>1</td>
<td>15</td>
<td>5</td>
<td>74</td>
<td>2.8</td>
</tr>
<tr>
<td>Dermatology</td>
<td>601</td>
<td>16</td>
<td>77</td>
<td>35</td>
<td>729</td>
<td>-1.5</td>
</tr>
<tr>
<td>Endocrinology and diabetes mellitus</td>
<td>674</td>
<td>22</td>
<td>96</td>
<td>41</td>
<td>833</td>
<td>4.4</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>982</td>
<td>33</td>
<td>101</td>
<td>54</td>
<td>1,170</td>
<td>1.6</td>
</tr>
<tr>
<td>General internal medicine</td>
<td>118</td>
<td>4</td>
<td>43</td>
<td>12</td>
<td>177</td>
<td>1.7</td>
</tr>
<tr>
<td>Genitourinary medicine and HIV/AIDS</td>
<td>384</td>
<td>4</td>
<td>28</td>
<td>10</td>
<td>426</td>
<td>2.4</td>
</tr>
<tr>
<td>Geriatric medicine</td>
<td>1,059</td>
<td>37</td>
<td>162</td>
<td>74</td>
<td>1,332</td>
<td>2.9</td>
</tr>
<tr>
<td>Haematology</td>
<td>763</td>
<td>23</td>
<td>99</td>
<td>44</td>
<td>929</td>
<td>2.9</td>
</tr>
<tr>
<td>Hepatology</td>
<td>116</td>
<td>2</td>
<td>15</td>
<td>5</td>
<td>123</td>
<td>3.4</td>
</tr>
<tr>
<td>Immunology</td>
<td>59</td>
<td>3</td>
<td>4</td>
<td>2</td>
<td>68</td>
<td>1.5</td>
</tr>
<tr>
<td>Infectious disease and tropical medicine</td>
<td>149</td>
<td>2</td>
<td>25</td>
<td>4</td>
<td>180</td>
<td>0.0</td>
</tr>
<tr>
<td>Medical oncology</td>
<td>373</td>
<td>14</td>
<td>34</td>
<td>13</td>
<td>434</td>
<td>2.8</td>
</tr>
<tr>
<td>Medical ophthalmology</td>
<td>10</td>
<td>–</td>
<td>2</td>
<td>–</td>
<td>12</td>
<td>-7.7</td>
</tr>
<tr>
<td>Metabolic medicine</td>
<td>15</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>18</td>
<td>-14.3</td>
</tr>
<tr>
<td>Neurology</td>
<td>663</td>
<td>17</td>
<td>77</td>
<td>26</td>
<td>783</td>
<td>3.6</td>
</tr>
<tr>
<td>Nuclear medicine</td>
<td>65</td>
<td>3</td>
<td>6</td>
<td>1</td>
<td>75</td>
<td>-6.3</td>
</tr>
<tr>
<td>Paediatric cardiology</td>
<td>85</td>
<td>2</td>
<td>6</td>
<td>4</td>
<td>97</td>
<td>-2.0</td>
</tr>
<tr>
<td>Palliative medicine</td>
<td>427</td>
<td>15</td>
<td>51</td>
<td>26</td>
<td>519</td>
<td>3.4</td>
</tr>
<tr>
<td>Rehabilitation medicine</td>
<td>131</td>
<td>3</td>
<td>20</td>
<td>5</td>
<td>159</td>
<td>-0.6</td>
</tr>
<tr>
<td>Renal medicine</td>
<td>488</td>
<td>21</td>
<td>71</td>
<td>30</td>
<td>610</td>
<td>7.6</td>
</tr>
<tr>
<td>Respiratory medicine</td>
<td>941</td>
<td>31</td>
<td>104</td>
<td>59</td>
<td>1,135</td>
<td>3.5</td>
</tr>
<tr>
<td>Rheumatology</td>
<td>642</td>
<td>16</td>
<td>61</td>
<td>37</td>
<td>756</td>
<td>3.3</td>
</tr>
<tr>
<td>Sport and exercise medicine</td>
<td>6</td>
<td>1</td>
<td>–</td>
<td>–</td>
<td>7</td>
<td>-36.4</td>
</tr>
<tr>
<td>Stroke medicine</td>
<td>197</td>
<td>3</td>
<td>15</td>
<td>5</td>
<td>220</td>
<td>11.7</td>
</tr>
<tr>
<td><strong>Total (2014 / 15)</strong></td>
<td>10,794</td>
<td>326</td>
<td>1,284</td>
<td>599</td>
<td>13,003</td>
<td></td>
</tr>
<tr>
<td><strong>Total (2013 / 14)</strong></td>
<td>10,508</td>
<td>323</td>
<td>1,189</td>
<td>577</td>
<td>12,597</td>
<td></td>
</tr>
<tr>
<td><strong>Annual expansion</strong></td>
<td>2.7%</td>
<td>0.9%</td>
<td>8.0%</td>
<td>3.8%</td>
<td>3.2%</td>
<td></td>
</tr>
<tr>
<td>Specialty</td>
<td>England Headcount</td>
<td>Northern Ireland Headcount</td>
<td>Scotland Headcount</td>
<td>Wales Headcount</td>
<td>United Kingdom Headcount</td>
<td>England Training in specialty</td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
<td>-------------------</td>
<td>-----------------------------</td>
<td>--------------------</td>
<td>----------------</td>
<td>--------------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>Acute internal medicine</td>
<td>264</td>
<td>6</td>
<td>32</td>
<td>6</td>
<td>308</td>
<td>297</td>
</tr>
<tr>
<td>Allergy</td>
<td>12</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>Audiovestibular medicine</td>
<td>13</td>
<td>–</td>
<td>–</td>
<td>1</td>
<td>14</td>
<td>13</td>
</tr>
<tr>
<td>Cardiology</td>
<td>598</td>
<td>24</td>
<td>53</td>
<td>39</td>
<td>714</td>
<td>600</td>
</tr>
<tr>
<td>Clinical genetics</td>
<td>60</td>
<td>2</td>
<td>9</td>
<td>3</td>
<td>74</td>
<td>60</td>
</tr>
<tr>
<td>Clinical neurophysiology</td>
<td>24</td>
<td>–</td>
<td>2</td>
<td>–</td>
<td>26</td>
<td>25</td>
</tr>
<tr>
<td>Clinical pharmacology and therapeutics</td>
<td>24</td>
<td>2</td>
<td>6</td>
<td>2</td>
<td>34</td>
<td>25</td>
</tr>
<tr>
<td>Dermatology</td>
<td>159</td>
<td>7</td>
<td>24</td>
<td>11</td>
<td>201</td>
<td>159</td>
</tr>
<tr>
<td>Endocrinology and diabetes mellitus</td>
<td>354</td>
<td>6</td>
<td>31</td>
<td>20</td>
<td>411</td>
<td>354</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>518</td>
<td>9</td>
<td>30</td>
<td>22</td>
<td>579</td>
<td>521</td>
</tr>
<tr>
<td>General internal medicine</td>
<td>70</td>
<td>1</td>
<td>18</td>
<td>2</td>
<td>91</td>
<td>3,126</td>
</tr>
<tr>
<td>Genitourinary medicine and HIV/AIDS</td>
<td>113</td>
<td>1</td>
<td>7</td>
<td>2</td>
<td>123</td>
<td>114</td>
</tr>
<tr>
<td>Geriatric medicine</td>
<td>501</td>
<td>14</td>
<td>68</td>
<td>32</td>
<td>615</td>
<td>499</td>
</tr>
<tr>
<td>Haematology</td>
<td>399</td>
<td>10</td>
<td>46</td>
<td>14</td>
<td>469</td>
<td>400</td>
</tr>
<tr>
<td>Hepatology</td>
<td>3</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>3</td>
<td>32</td>
</tr>
<tr>
<td>Immunology</td>
<td>25</td>
<td>2</td>
<td>–</td>
<td>–</td>
<td>27</td>
<td>25</td>
</tr>
<tr>
<td>Infectious diseases and tropical medicine</td>
<td>197</td>
<td>–</td>
<td>22</td>
<td>5</td>
<td>224</td>
<td>211</td>
</tr>
<tr>
<td>Medical oncology</td>
<td>193</td>
<td>5</td>
<td>14</td>
<td>4</td>
<td>216</td>
<td>193</td>
</tr>
<tr>
<td>Medical ophthalmology</td>
<td>3</td>
<td>–</td>
<td>1</td>
<td>–</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Metabolic medicine</td>
<td>1</td>
<td>–</td>
<td>–</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Neurology</td>
<td>242</td>
<td>9</td>
<td>24</td>
<td>14</td>
<td>289</td>
<td>242</td>
</tr>
<tr>
<td>Nuclear medicine</td>
<td>9</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>Paediatric cardiology</td>
<td>36</td>
<td>1</td>
<td>2</td>
<td>–</td>
<td>39</td>
<td>36</td>
</tr>
<tr>
<td>Palliative medicine</td>
<td>192</td>
<td>6</td>
<td>12</td>
<td>9</td>
<td>219</td>
<td>193</td>
</tr>
<tr>
<td>Pharmaceutical medicine</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>176</td>
<td>–</td>
</tr>
<tr>
<td>Rehabilitation medicine</td>
<td>49</td>
<td>1</td>
<td>5</td>
<td>1</td>
<td>56</td>
<td>51</td>
</tr>
<tr>
<td>Renal medicine</td>
<td>305</td>
<td>10</td>
<td>42</td>
<td>11</td>
<td>368</td>
<td>307</td>
</tr>
<tr>
<td>Respiratory medicine</td>
<td>536</td>
<td>11</td>
<td>41</td>
<td>24</td>
<td>612</td>
<td>539</td>
</tr>
<tr>
<td>Rheumatology</td>
<td>217</td>
<td>9</td>
<td>17</td>
<td>8</td>
<td>251</td>
<td>221</td>
</tr>
<tr>
<td>Sport and exercise medicine</td>
<td>20</td>
<td>–</td>
<td>1</td>
<td>1</td>
<td>22</td>
<td>20</td>
</tr>
<tr>
<td>Stroke medicine</td>
<td>2</td>
<td>–</td>
<td>1</td>
<td>–</td>
<td>3</td>
<td>63</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>5,139</strong></td>
<td><strong>136</strong></td>
<td><strong>508</strong></td>
<td><strong>232</strong></td>
<td><strong>6,191</strong></td>
<td><strong>3,126</strong></td>
</tr>
</tbody>
</table>
Fig 1. Number of substantive consultant physicians in the medical specialties
United Kingdom

Geriatric medicine
Gastroenterology
Cardiology
Respiratory medicine
Haematology
Endocrinology and diabetes mellitus
Neurology
Rheumatology
Dermatology
Renal medicine
Acute internal medicine
Palliative medicine
Medical oncology
Genitourinary medicine and HIV/AIDS
Stroke medicine
Clinical genetics
Infectious disease and tropical medicine
General internal medicine
Rehabilitation medicine
Hepatology
Clinical neurophysiology
Paediatric cardiology
Nuclear medicine
Clinical pharmacology and therapeutics
Immunology
Audiovestibular medicine
Allergy
Metabolic medicine
Medical ophthalmology
Sport and exercise medicine

Number of consultant physicians
Fig 2. Number of higher specialty trainees in the medical specialties
United Kingdom

- Cardiology: 700
- Geriatric medicine: 600
- Respiratory medicine: 500
- Gastroenterology: 450
- Haematology: 400
- Endocrinology and diabetes mellitus: 350
- Renal medicine: 300
- Acute internal medicine: 250
- Neurology: 200
- Rheumatology: 150
- Infectious diseases and tropical medicine: 100
- Palliative medicine: 75
- Medical oncology: 50
- Dermatology: 25
- Pharmaceutical medicine: 20
- Genitourinary medicine and HIV/AIDS: 15
- General internal medicine: 10
- Clinical genetics: 5
- Rehabilitation medicine: 2.5
- Paediatric cardiology: 2
- Clinical pharmacology and therapeutics: 1.5
- Immunology: 1
- Clinical neurophysiology: 0.5
- Sport and exercise medicine: 0.5
- Audovestibular medicine: 0.25
- Allergy: 0.25
- Nuclear medicine: 0.25
- Medical ophthalmology: 0.25
- Stroke medicine: 0.25
- Hepatology: 0.25
- Metabolic medicine: 0.25

Number of HSTs
Number of higher specialty trainees
Fig 3. Expansion in consultant numbers in the medical specialties
United Kingdom | 2013–14

- Acute internal medicine
- Renal medicine
- Respiratory medicine
- Geriatric medicine
- Cardiology
- Endocrinology and diabetes mellitus
- Neurology
- Haematology
- Rheumatology
- Stroke medicine
- Gastroenterology
- Palliative medicine
- Medical oncology
- Genitourinary medicine and HIV/AIDS
- Hepatology
- Clinical genetics
- General internal medicine
- Audiovestibular medicine
- Clinical pharmacology and therapeutics
- Immunology
- Infectious disease and tropical medicine
- Allergy
- Rehabilitation medicine
- Medical ophthalmology
- Clinical neurophysiology
- Paediatric cardiology
- Metabolic medicine
- Sport and exercise medicine
- Nuclear medicine
- Dermatology
**Fig 4. Consultant numbers and annual expansion**
United Kingdom | 2003–14

![Graph showing consultant numbers and annual expansion from 2003 to 2014.](image)

**Fig 5. Higher specialty trainee numbers and annual expansion**
United Kingdom | 2003–15

![Graph showing higher specialty trainee numbers and annual expansion from 2003 to 2015.](image)
Fig 6. Consultant numbers and annual expansion
England | 2003–14

Fig 7. Consultant numbers and annual expansion
Northern Ireland | 2003–14
Fig 8. Consultant numbers and annual expansion
Scotland | 2003–14

Fig 9. Consultant numbers and annual expansion
Wales | 2003–14
Fig 10. Geographical distribution of the consultant physician workforce
United Kingdom | Population served by each full time equivalent (FTE) consultant

Key and scale

<table>
<thead>
<tr>
<th>Population per FTE</th>
<th>Miles</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: fewer than 3,500</td>
<td>0</td>
</tr>
<tr>
<td>1:3,500 – 1:3,999</td>
<td>33.3</td>
</tr>
<tr>
<td>1:4,000 – 1:4,499</td>
<td>66.6</td>
</tr>
<tr>
<td>1:4,500 – 1:4,999</td>
<td>100</td>
</tr>
<tr>
<td>1:5,000 – 1:5,499</td>
<td></td>
</tr>
<tr>
<td>1:5,500 – 1:5,999</td>
<td></td>
</tr>
<tr>
<td>1:6,000 – 1:6,499</td>
<td></td>
</tr>
<tr>
<td>1:6,500 or greater</td>
<td></td>
</tr>
<tr>
<td>No data available</td>
<td></td>
</tr>
</tbody>
</table>

© CALIPER 2014
Fig 11. Geographical distribution of the higher specialty trainee workforce
United Kingdom | Population served by each FTE higher specialty trainee

Key and scale
Population per FTE
- 1: fewer than 10,000
- 1:10,000 – 1:10,999
- 1:11,000 – 1:11,999
- 1:12,000 – 1:12,799
- 1:12,800 – 1:12,999
- 1:13,000 – 1:13,999
- 1:14,000 or greater
- No data available

© CALIPER 2014
Fig 12. Consultant appointments made, appointments not made and appointments cancelled
United Kingdom | 1 January – 31 December 2014 | By specialty

Number of advisory appointment committees

- Geriatric medicine
- Acute internal medicine
- Respiratory medicine
- Gastroenterology
- Cardiology
- Dermatology
- Endocrinology and diabetes mellitus
- Neurology
- Rheumatology
- Palliative medicine
- Medical oncology
- Stroke medicine
- Renal medicine
- Genitourinary medicine and HIV/AIDS
- Rehabilitation medicine
- Infectious diseases and tropical medicine
- Intensive care medicine
- Clinical genetics
- Clinical neurophysiology
- Paediatric cardiology
- Hepatology
- Audiovestibular medicine
- General internal medicine
- Nuclear medicine
- Medical ophthalmology
- Allergy
- Clinical pharmacology and therapeutics
- Immunology
- Sport and exercise medicine

- Successful
- No appointment made
- Cancelled
Fig 13. Consultant appointments made, appointments not made and appointments cancelled
United Kingdom | 1 January – 31 December 2014 | By local education and training board (LETB) or region

Fig 14. Consultant appointments made, appointments not made and appointments cancelled
United Kingdom | 1 January – 31 December 2014 | By clinical commissioning group (CCG) region or nation
Fig 15. Reason for consultant appointment cancellation
United Kingdom | 1 January – 31 December 2014 | By specialty

Number of advisory appointment committees

- Geriatric medicine
- Acute internal medicine
- Respiratory medicine
- Gastroenterology
- Dermatology
- Stroke medicine
- Neurology
- Medical oncology
- Endocrinology and diabetes mellitus
- Palliative medicine
- Cardiology
- Rheumatology
- Rehabilitation medicine
- General internal medicine
- Renal medicine
- Clinical neurophysiology
- Infectious diseases and tropical medicine
- Paediatric cardiology
- Audiovestibular medicine
- Intensive care medicine
- Hepatology
- Genitourinary medicine and HIV/AIDS
- Clinical genetics
- Immunology
- Clinical pharmacology and therapeutics
- Allergy
- Sport and exercise medicine
- Nuclear medicine
- Medical ophthalmology

Legend:
- No applicants
- No suitable applicants
- Trust decision
- Unspecified
Fig 18. Consultant physicians reporting that they are supported by physician associates

United Kingdom

- Acute internal medicine
- Accident and emergency medicine
- General internal medicine
- Cardiology
- Geriatric medicine
- Respiratory medicine
- Gastroenterology
- Dermatology
- Neurology
- Stroke medicine
- Haematology
- Medical oncology
- Renal medicine
- Rehabilitation medicine
- Rheumatology
- Genitourinary medicine
- Clinical genetics
- Endocrinology
- Infectious diseases
- Transplantation medicine
- Intensive care medicine
- Endocrinology and diabetes mellitus
- Nuclear medicine
- Diabetes mellitus
- Palliative medicine
- Allergy
- Spinal cord injuries
- HIV/AIDS
- Paediatric cardiology
- Audiovestibular medicine
- Metabolic medicine
- Pharmaceutical medicine
- Other

Count of responses
2 Contract types and less than full time working
Fig 19. Types of post reported by consultant physicians (ie contract/funding)
United Kingdom

Fig 20. Types of post reported by higher specialty trainees
United Kingdom
Fig 21. Consultants working less than full time
United Kingdom | 2005–14

Fig 22. Consultants working less than full time
United Kingdom | 2005–14 | By nation
Fig 23. Consultant physicians working less than full time
United Kingdom | By gender and specialty

- Medical ophthalmology
- Allergy
- Clinical genetics
- Palliative medicine
- Dermatology
- Medical oncology
- Genitourinary medicine and HIV/AIDS
- General internal medicine
- Audiovestibular medicine
- Nuclear medicine
- Rheumatology
- Neurology
- Immunology
- Gastroenterology
- Geriatric medicine
- Stroke medicine
- Infectious disease and tropical medicine
- Haematology
- Rehabilitation medicine
- Endocrinology and diabetes mellitus
- Renal medicine
- Acute internal medicine
- Respiratory medicine
- Cardiology
- Hepatology
- Clinical neurophysiology
- Sport and exercise medicine
- Metabolic medicine
- Paediatric cardiology
- Clinical pharmacology and therapeutics

% of workforce by gender

- Men
- Women
Fig 24. Higher specialty trainees working less than full time
United Kingdom

Fig 25. Higher specialty trainees working less than full time
United Kingdom | By nation

Full time (87.3%)

Less than full time (12.7%)

United Kingdom

England

Northern Ireland

Scotland

Wales

% of higher specialty trainees

Full time

Less than full time
Demographics of the consultant physician and HST workforce
**Fig 26. Age and gender of the consultant physician workforce**

*United Kingdom*

- **Female**
- **Male**

**Fig 27. Gender of the consultant physician workforce over time**

*United Kingdom | 2003–14*
Fig 28. Age and gender of the higher specialty trainee workforce
United Kingdom

Fig 29. Gender of the higher specialty trainee workforce over time
United Kingdom | 2003–14
Fig 30. Gender breakdown of the consultant and higher specialty trainee workforces
United Kingdom

Number of higher specialty trainees
Number of consultants

Geriatric medicine
Gastroenterology
Cardiology
Respiratory medicine
Haematology
Endocrinology and diabetes mellitus
Neurology
Rheumatology
Dermatology
Renal medicine
Acute internal medicine
Palliative medicine
Medical oncology
Genitourinary medicine and HIV/AIDS
Stroke medicine
Clinical genetics
Infectious disease and tropical medicine
General internal medicine
Rehabilitation medicine
Hepatology
Clinical neurophysiology
Paediatric cardiology
Nuclear medicine
Clinical pharmacology and therapeutics
Immunology
Audiovestibular medicine
Allergy
Metabolic medicine
Medical ophthalmology
Sport and exercise medicine
Fig 31. Percentage of women in the consultant and higher specialty trainee workforces
United Kingdom

- Palliative medicine
- Clinical genetics
- Audiovestibular medicine
- Dermatology
- Genitourinary medicine and HIV/AIDS
- Allergy
- Medical oncology
- Haematology
- Rheumatology
- Geriatric medicine
- Immunology
- Acute internal medicine
- Medical ophthalmology
- Rehabilitation medicine
- Endocrinology and diabetes mellitus
- Infectious disease and tropical medicine
- Nuclear medicine
- Respiratory medicine
- Renal medicine
- Clinical neurophysiology
- Stroke medicine
- Neurology
- Hepatology
- Paediatric cardiology
- General internal medicine
- Gastroenterology
- Sport and exercise medicine
- Cardiology
- Clinical pharmacology and therapeutics
- Metabolic medicine

% of women in specialty

- Consultants
- Higher specialty trainees

© Royal College of Physicians 2016
Time contracted and worked in the average week
Fig 32. Breakdown of consultants’ programmed activities (PAs) contracted per week
United Kingdom  |  All contracts

- Clinical PAs (71.8%)
- Supporting PAs (20.5%)
- Academic PAs (3.9%)
- Other PAs (3.9%)

Fig 33. Breakdown of consultants’ PAs worked per week
United Kingdom  |  All contracts

- Clinical PAs (69.1%)
- Supporting PAs (18.3%)
- Academic PAs (6.5%)
- Other PAs (6.0%)
Fig 36. Consultant physicians: comparison of contracted PAs with PAs worked per week
United Kingdom | 2005–14 | All contracts

Fig 37. Higher specialty trainees: comparison of hours rostered with hours worked per week
United Kingdom | 2009–14 | All contracts
Fig 38. Comparison of consultants’ PAs contracted with PAs worked per week
United Kingdom | All contracts

- Acute internal medicine
- Allergy
- Audiovestibular medicine
- Cardiology
- Clinical genetics
- Clinical neurophysiology
- Clinical pharmacology and therapeutics
- Dermatology
- Endocrinology and diabetes mellitus
- Gastroenterology
- General internal medicine
- Genitourinary medicine and HIV/AIDS
- Geriatric medicine
- Haematology
- Hepatology
- Immunology
- Infectious disease and tropical medicine
- Medical oncology
- Medical ophthalmology
- Metabolic medicine
- Neurology
- Nuclear medicine
- Paediatric cardiology
- Palliative medicine
- Rehabilitation medicine
- Renal medicine
- Respiratory medicine
- Rheumatology
- Sport and exercise medicine
- Stroke medicine

PAs per week

- Contracted PAs
- PAs worked above contract
Fig 39. Comparison of higher specialty trainees’ hours rostered with hours worked in a typical week
United Kingdom | All contract types

![Bar chart showing comparison of hours rostered per week versus excess hours worked per week for various specialties.](image-url)
5 Acute medical, general medical and on-call commitments
Fig 40. Percentage of consultants with a commitment to acute internal medicine and general internal medicine (GIM)
United Kingdom

Acute internal medicine
General internal medicine
Clinical pharmacology and therapeutics
Endocrinology and diabetes mellitus
Respiratory medicine
Geriatric medicine
Infectious disease and tropical medicine
Gastroenterology
Stroke medicine
Renal medicine
Hepatology
Paediatric cardiology
Cardiology
Rheumatology
Metabolic medicine
Other
Neurology
Medical oncology
Nuclear medicine
Haematology
Rehabilitation medicine
Clinical genetics
Genitourinary medicine and HIV/AIDS
Palliative medicine
Sport and exercise medicine
Medical ophthalmology
Immunology
Dermatology
Clinical neurophysiology
Audiovestibular medicine
Allergy

100 90 80 70 60 50 40 30 20 10 0
GIM commitment  Acute commitment
Fig 41. Consultants’ commitment to acute internal medicine or GIM
United Kingdom | 2003–14 | Selected medical specialties

Fig 42. Higher specialty trainees training/dual-accrediting in acute internal or GIM
United Kingdom

Yes (60.2%)  No (39.8%)
Fig 43. Total acute medical take workload undertaken by consultant physicians
United Kingdom

- Others (combined) (16.5%)
- Respiratory medicine (18.0%)
- Geriatric medicine (19.6%)
- Acute internal medicine (12.9%)
- Cardiology (4.4%)
- Endocrinology and diabetes mellitus (15.2%)
- Gastroenterology (13.4%)

Fig 44. Total general medical patient workload undertaken by consultant physicians
United Kingdom

- Others (combined) (19.3%)
- Respiratory medicine (18.2%)
- Geriatric medicine (16.5%)
- Acute internal medicine (9.3%)
- Cardiology (7.9%)
- Endocrinology and diabetes mellitus (12.6%)
- Gastroenterology (16.3%)
Fig 45. Consultants: are you on call for specialty, unselected emergency admissions or both?
United Kingdom | Summary

- Specialty (64.8%)
- Unselected emergency admissions (21.6%)
- Not applicable (22.4%)
- Both (11.2%)

Fig 46. Consultants: are you on call for specialty, unselected emergency admissions or both?
United Kingdom | By nation
Fig 47. Consultants: are you on call for specialty, unselected emergency admissions or both?
United Kingdom  |  By specialty
6 Rota gaps, 7-day working and consultants currently working weekends
Fig 48. Consultants: when on acute duty (specialty or unselected) are you aware of gaps in the trainees’ rotas?
United Kingdom | Summary

- Infrequently/never: unaware of patient safety issues as a result of gaps in trainees’ rotas (31.1%)
- Often: there is usually a work-around solution so patient safety is not usually compromised by using other juniors (47.6%)
- Frequently: causing significant problems in patient safety in hospital (21.3%)

Fig 49. Consultants: have you been asked to act down to cover gaps in the junior rota?
United Kingdom | Summary

- Yes, regularly (9.5%)
- No (60.1%)
- As a one-off circumstance (30.4%)
Fig 50. Consultants: when on acute duty (specialty or unselected) are you aware of gaps in the trainees’ rotas?
United Kingdom | By specialty
Fig 51. Consultants: have you been asked to act down to cover gaps in the junior rota?
United Kingdom | Summary

Number of responses

- Regularly
- As a one-off circumstance
- No
Fig 52. Support for 7-day services in main specialties and acute medicine among consultant physicians

United Kingdom

- Medical ophthalmology
- Metabolic medicine
- Clinical neurophysiology
- Dermatology
- Clinical genetics
- Audiologyvestibular medicine
- Rheumatology
- Genitourinary medicine and HIV/AIDS
- Allergy
- Paediatric cardiology
- Medical oncology
- Immunology
- Rehabilitation medicine
- Nuclear medicine
- Haematology
- Neurology
- Endocrinology and diabetes mellitus
- Infectious disease and tropical medicine
- Sport and exercise medicine
- Respiratory medicine
- Geriatric medicine
- Gastroenterology
- General internal medicine
- Clinical pharmacology and therapeutics
- Cardiology
- Hepatology
- Palliative medicine
- Renal medicine
- Stroke medicine
- Acute internal medicine

% of responses

Support 7-day service in acute medicine
Support 7-day service in specialty
Fig 53. Support for 7-day services in main specialties and acute medicine among consultant physicians
United Kingdom | By nation

- United Kingdom: 50% support 7-day service in acute medicine, 60% support 7-day service in specialty services.
- England: 50% support 7-day service in acute medicine, 60% support 7-day service in specialty services.
- Northern Ireland: 40% support 7-day service in acute medicine, 60% support 7-day service in specialty services.
- Scotland: 50% support 7-day service in acute medicine, 60% support 7-day service in specialty services.
- Wales: 60% support 7-day service in acute medicine, 60% support 7-day service in specialty services.

Fig 54. Consultants’ preferred forms of compensation for 7-day working
United Kingdom | Summary

- Days off in lieu (e.g. Monday/Tuesday): 30% of responses.
- Annual leave (for 5 weekends per year)/10 days’ annual leave: 20% of responses.
- Increased pay: 10% of responses.
- 8-week sabbatical every 4 years: 0% of responses.
Fig 55. Consultants currently working weekends in acute internal medicine
United Kingdom | Summary

- Not applicable (29.0%)
- Yes (36.9%)
- No (34.1%)

Fig 56. Consultants currently working weekends in their main specialty
United Kingdom | Summary

- No (29.7%)
- Yes (70.3%)
Fig 57. Consultants currently working weekends in their main specialty
United Kingdom | By specialty

- Geriatric medicine
- Respiratory medicine
- Cardiology
- Gastroenterology
- Palliative medicine
- Endocrinology and diabetes mellitus
- Renal medicine
- Acute internal medicine
- Haematology
- Neurology
- Medical oncology
- Rheumatology
- Dermatology
- Stroke medicine
- Genitourinary medicine and HIV/AIDS
- Infectious disease and tropical medicine
- General internal medicine
- Hepatology
- Rehabilitation medicine
- Paediatric cardiology
- Clinical pharmacology and therapeutics
- Clinical neurophysiology
- Immunology
- Clinical genetics
- Nuclear medicine
- Metabolic medicine
- Medical oncology
- Neurology
- Haematology
- Acute internal medicine
- Renal medicine
- Endocrinology and diabetes mellitus
- Palliative medicine
- Gastroenterology
- Cardiology
- Respiratory medicine
- Geriatric medicine
- Yes
- No
Fig 58. Consultants currently working weekends in acute internal medicine
United Kingdom  |  By specialty

- Geriatric medicine
- Respiratory medicine
- Endocrinology and diabetes mellitus
- Gastroenterology
- Acute internal medicine
- Cardiology
- Renal medicine
- Rheumatology
- General internal medicine
- Stroke medicine
- Infectious disease and tropical medicine
- Haematology
- Palliative medicine
- Medical oncology
- Neurology
- Clinical pharmacology and therapeutics
- Genitourinary medicine and HIV/AIDS
- Hepatology
- Dermatology
- Paediatric cardiology
- Rehabilitation medicine
- Clinical neurophysiology
- Nuclear medicine
- Clinical genetics
- Metabolic medicine
- Allergy
- Medical ophthalmology
- Sport and exercise medicine
- Audiovestibular medicine
- Immunology

Number of responses
- Yes
- No
- Not applicable
Fig 59. Consultants currently working weekends in their main specialty or acute internal medicine
United Kingdom  |  By nation

- United Kingdom
- England
- Northern Ireland
- Scotland
- Wales

% of responses

- Currently work weekends in acute medicine
- Currently work weekends in specialty
Future job prospects for higher specialty trainees
Fig 60. Higher specialty trainees: would you wish to continue doing the acute medical take when you obtain your consultant post?
United Kingdom | By specialty

- Acute internal medicine
- Clinical pharmacology and therapeutics
- Geriatric medicine
- Respiratory medicine
- Endocrinology and diabetes mellitus
- General internal medicine
- Infectious disease and tropical medicine
- Paediatric cardiology
- Renal medicine
- Gastroenterology
- Rheumatology
- Immunology
- Cardiology
- Pharmaceutical medicine
- Medical oncology
- Neurology
- Haematology
- Palliative medicine
- Medical microbiology
- Sport and exercise medicine
- Allergy
- Dermatology
- Genitourinary medicine
- Rehabilitation medicine
- Nuclear medicine
- Clinical genetics
- Clinical neurophysiology
- Stroke medicine
- Audiovestibular medicine

% of responses

- Yes
- Undecided
- No
- Not applicable
Fig 61. Higher specialty trainees: would you wish to continue doing the acute medical take when you obtain your consultant post?
United Kingdom | 2008–15

Fig 62. Higher specialty trainees: would you consider an acute consultant post rather than one in your specialty?
United Kingdom | HSTs training in acute medicine vs not training in acute medicine | 2013–15
Table 3. Factors affecting higher specialty trainees’ job applications
United Kingdom | Ranked in order of preference, with 1 being the most important and 6 the least important

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Geography</th>
<th>High proportion of specialty in job plan</th>
<th>Ability to work part time</th>
<th>Inclusion of GIM in job plan</th>
<th>Job plan includes 7-day / on-call work</th>
<th>Job plan includes GIM unselected take</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute internal medicine</td>
<td>1</td>
<td>2</td>
<td>5</td>
<td>4</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Allergy</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Audiovestibular medicine</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Cardiology</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>5</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Clinical genetics</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>5</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Clinical neurophysiology</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>5</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Clinical pharmacology and therapeutics</td>
<td>1</td>
<td>2</td>
<td>5</td>
<td>3</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Dermatology</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>5</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Endocrinology and diabetes mellitus</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>1</td>
<td>2</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>General internal medicine</td>
<td>1</td>
<td>2</td>
<td>5</td>
<td>3</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Genitourinary medicine</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>5</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Geriatric medicine</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>3</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Haematology</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>5</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Immunology</td>
<td>1</td>
<td>2</td>
<td>6</td>
<td>5</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Infectious disease and tropical medicine</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>5</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Intensive care medicine</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>6</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Medical microbiology</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>5</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Medical oncology</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>5</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Neurology</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>5</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Nuclear medicine</td>
<td>2</td>
<td>1</td>
<td>4</td>
<td>5</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Paediatric cardiology</td>
<td>2</td>
<td>1</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Palliative medicine</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>5</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Pharmaceutical medicine</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Rehabilitation medicine</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>5</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Renal medicine</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Respiratory medicine</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>3</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Rheumatology</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Sport and exercise medicine</td>
<td>1</td>
<td>2</td>
<td>No data</td>
<td>No data</td>
<td>No data</td>
<td>No data</td>
</tr>
<tr>
<td>Stroke medicine</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>6</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Summary</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>
Job satisfaction and retirement intentions
Do you enjoy your job? Does your job get you down? Do you feel that you work under excessive pressure? Do you feel that inadequate consultant numbers is a reason for feeling under pressure? Do you find yourself doing work that previously would have been done by a junior doctor?

Fig 63. Consultant job satisfaction
United Kingdom | Summary

Fig 64. Consultant job satisfaction: do you enjoy your job?
United Kingdom | Summary
Fig 65. Consultant job satisfaction: do you enjoy your job?
United Kingdom | By nation

Fig 66. Higher specialty trainees' overall satisfaction with their career choice
United Kingdom | Summary
Fig 67. Higher specialty trainees’ job satisfaction with general internal medicine
United Kingdom | By specialty

- Allergy
- Nuclear medicine
- Clinical pharmacology and therapeutics
- Acute internal medicine
- General internal medicine
- Geriatric medicine
- Audiovestibular medicine
- Stroke medicine
- Renal medicine
- Respiratory medicine
- Endocrinology and diabetes mellitus
- Gastroenterology
- Rehabilitation medicine
- Rheumatology
- Pharmaceutical medicine
- Infectious disease and tropical medicine
- Immunology
- Dermatology
- Cardiology
- Medical microbiology
- Paediatric cardiology
- Sport and exercise medicine
- Genitourinary medicine
- Medical oncology
- Neurology
- Haematology
- Palliative medicine
- Clinical genetics
- Clinical neurophysiology

% of responses

- Very satisfied or satisfied
- Neutral
- Dissatisfied or very dissatisfied
Fig 68. Higher specialty trainees’ job satisfaction with their main specialties
United Kingdom | By specialty

- Allergy
- Audiovestibular medicine
- Intensive care medicine
- Paediatric cardiology
- Palliative medicine
- Infectious disease and tropical medicine
- Clinical genetics
- Dermatology
- Clinical neurophysiology
- Pharmaceutical medicine
- Cardiology
- Rheumatology
- Medical microbiology
- Respiratory medicine
- Medical oncology
- Gastroenterology
- Neurology
- Geriatric medicine
- Renal medicine
- Haematology
- Rehabilitation medicine
- Genitourinary medicine
- Endocrinology and diabetes mellitus
- Clinical pharmacology and therapeutics
- Nuclear medicine
- Acute internal medicine
- Sport and exercise medicine
- General internal medicine
- Immunology
- Stroke medicine

<table>
<thead>
<tr>
<th>% of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very satisfied or satisfied</td>
</tr>
<tr>
<td>Neutral</td>
</tr>
<tr>
<td>Dissatisfied or very dissatisfied</td>
</tr>
</tbody>
</table>
Fig 69. Higher specialty trainees: balance of service provision and training for general internal medicine
United Kingdom | By specialty

Balance of time (%)

Service provision | Training

Acute internal medicine
Allergy
Audiovestibular medicine
Cardiology
Clinical genetics
Clinical neurophysiology
Clinical pharmacology and therapeutics
Dermatology
Endocrinology and diabetes mellitus
Gastroenterology
General internal medicine
Genitourinary medicine
Geriatric medicine
Haematology
Immunology
Infectious disease and tropical medicine
Medical microbiology
Medical oncology
Neurology
Nuclear medicine
Paediatric cardiology
Palliative medicine
Pharmaceutical medicine
Rehabilitation medicine
Renal medicine
Respiratory medicine
Rheumatology
Sport and exercise medicine
Stroke medicine

--- No data available ---
Fig 70. Higher specialty trainees: balance of service provision and training for main specialty
United Kingdom | By specialty

- Acute internal medicine
- Allergy
- Audiovestibular medicine
- Cardiology
- Clinical genetics
- Clinical neurophysiology
- Clinical pharmacology and therapeutics
- Dermatology
- Endocrinology and diabetes mellitus
- Gastroenterology
- General internal medicine
- Genitourinary medicine
- Geriatric medicine
- Haematology
- Immunology
- Infectious disease and tropical medicine
- Medical microbiology
- Medical oncology
- Neurology
- Nuclear medicine
- Paediatric cardiology
- Palliative medicine
- Pharmaceutical medicine
- Rehabilitation medicine
- Renal medicine
- Respiratory medicine
- Rheumatology
- Sport and exercise medicine
- Stroke medicine

Balance of time (%)

- Service provision
- Training

© Royal College of Physicians 2016
Fig 71. Higher specialty trainees’ opinions on the quality of training in their main specialty
United Kingdom | 2012–15

Fig 72. Higher specialty trainees’ opinions on the quality of training in general internal medicine
United Kingdom | 2012–15
Fig 73. Consultant job satisfaction: do you enjoy your job?
United Kingdom | By specialty

- Sport and exercise medicine
- Medical ophthalmology
- Rehabilitation medicine
- Hepatology
- Clinical neurophysiology
- Audiovestibular medicine
- Allergy
- Renal medicine
- Haematology
- Palliative medicine
- Rheumatology
- Clinical genetics
- Metabolic medicine
- Cardiology
- Stroke medicine
- Dermatology
- Genitourinary medicine and HIV/AIDS
- Geriatric medicine
- Acute internal medicine
- Endocrinology and diabetes mellitus
- Paediatric cardiology
- Gastroenterology
- General internal medicine
- Infectious disease and tropical medicine
- Respiratory medicine
- Medical oncology
- Neurology
- Clinical pharmacology and therapeutics
- Nuclear medicine
- Immunology

% of responses

- Always or often
- Sometimes
- Rarely or never
Fig 74. Consultant job satisfaction: does your job get you down?
United Kingdom | By specialty

- Clinical pharmacology and therapeutics
- Paediatric cardiology
- Nuclear medicine
- Neurology
- Respiratory medicine
- Gastroenterology
- Dermatology
- Medical oncology
- Geriatric medicine
- Audiovestibular medicine
- Infectious disease and tropical medicine
- Cardiology
- General internal medicine
- Allergy
- Acute internal medicine
- Genitourinary medicine and HIV/AIDS
- Palliative medicine
- Metabolic medicine
- Stroke medicine
- Endocrinology and diabetes mellitus
- Hepatology
- Haematology
- Rheumatology
- Clinical genetics
- Rehabilitation medicine
- Renal medicine
- Immunology
- Clinical neurophysiology
- Medical ophthalmology
- Sport and exercise medicine

% of responses

- Always or often
- Sometimes
- Rarely or never

© Royal College of Physicians 2016
Fig 75. Consultant job satisfaction: do you find yourself doing jobs that previously would have been done by a junior doctor?

United Kingdom | By specialty
Fig 76. Consultant job satisfaction: do you find you work under excessive pressure?

United Kingdom | By specialty

- Paediatric cardiology
- Clinical pharmacology and therapeutics
- Gastroenterology
- Respiratory medicine
- Acute internal medicine
- Medical oncology
- Neurology
- Nuclear medicine
- Dermatology
- Stroke medicine
- Geriatric medicine
- Clinical genetics
- Infectious disease and tropical medicine
- Allergy
- Sport and exercise medicine
- Haematology
- Cardiology
- Hepatology
- Rehabilitation medicine
- Endocrinology and diabetes mellitus
- Immunology
- Renal medicine
- Rheumatology
- General internal medicine
- Palliative medicine
- Genitourinary medicine and HIV/AIDS
- Audiovestibular medicine
- Clinical neurophysiology
- Metabolic medicine
- Medical ophthalmology

% of responses

- Always or often
- Sometimes
- Rarely or never
Fig 77. Consultant job satisfaction: do you feel that inadequate consultant numbers is a reason for feeling under pressure?
United Kingdom | By specialty

% of responses

- Always or often
- Sometimes
- Rarely or never

Dermatology
Audiovestibular medicine
Clinical genetics
Acute internal medicine
Nuclear medicine
Gastroenterology
Medical oncology
Geriatric medicine
Allergy
Stroke medicine
Haematology
Respiratory medicine
Endocrinology and diabetes mellitus
Palliative medicine
Rheumatology
Medical ophthalmology
Cardiology
Neurology
General internal medicine
Paediatric cardiology
Immunology
Rehabilitation medicine
Renal medicine
Clinical pharmacology and therapeutics
Infectious disease and tropical medicine
Hepatology
Genitourinary medicine and HIV/AIDS
Clinical neurophysiology
Sport and exercise medicine
Metabolic medicine
Fig 78. Consultants’ reasons for intended early retirement
United Kingdom | Summary

- Pressure of work: 30%
- Length of hours: 15%
- Dissatisfaction with the NHS: 15%
- Lack of support: 10%
- Domestic reasons: 10%
- Night duties: 5%
- Health reasons: 5%
- Financial reasons: 5%
- Changing to private practice: 2%
- Starting non-clinical job: 2%
- Other: 5%

% of responses
Appendix: 2014–15 census forms
Census forms

Below are URLs for sample versions of the census forms that were sent to consultant physicians and higher specialty trainees working in the United Kingdom during the period 2014–15.

The forms were hosted online and were sent out on 30 September 2014. Forms were available to complete until April 2015.

1 Federation of the Royal Colleges of Physicians of the United Kingdom consultant census 2014–15 form
www.rcpworkforce.com/se.ashx?s=253122AC59350228

2 Federation of the Royal Colleges of Physicians of the United Kingdom higher medical trainee workforce census 2014–15 form
www.rcpworkforce.com/se.ashx?s=253122AC3A2C1900