Census of consultant physicians in the UK 2013–14
Executive summary

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Introduction

The census of consultant physicians is an annual project that has been running for almost 25 years. It is conducted by the Royal College of Physicians London (RCP) on behalf of the Federation of Royal Colleges of Physicians of the UK, and collects data about the consultant physician workforce.

The census provides essential information for all our workforce planning and surrounding strategy. Census findings are used as a historical record of the consultant workforce as well as a source of evidence for future Federation of Royal Colleges of Physicians’ policy. Results from the census are also used by specialty societies and external agencies such as Health Education England, the Centre for Workforce Intelligence and the National Audit Office.

The key questions asked in the census can be broadly broken down into the following categories: consultant numbers; appointment of consultants; demography; retirement intentions and employment prospects; gender of the consultant physician workforce; time worked and contracted; on-call commitments; appraisal and study leave; quality of care and job satisfaction.

The census is a flexible document which also allows us to focus on contemporary and important issues (such as out-of-hours and 7-day working). Furthermore, it collects data for individual specialties. As the methodology and software used to collect these data have become increasingly sophisticated over time, we have been able to understand demographic changes and working patterns within the many medical specialties.

This report summarises the findings of the 2013–14 census for England, Wales and Northern Ireland and assesses the implications for the medical profession and the NHS.

‘The 2013–14 census had a return rate of 47%. Online forms comprised 74% of all forms returned.’
Data collection

The census was coordinated by the Medical Workforce Unit of the RCP on behalf of the three colleges of physicians in the Federation of Royal Colleges of Physicians of the UK. Online census forms were initially sent out to all UK consultant physicians on 30 September 2013.

Those who had not responded by December were sent paper forms. Those who had not completed either the online or paper forms were verified by other means; the RCP confirmed consultant numbers by specialty by checking with workforce representatives at each of the specialty societies, and then by contacting each trust, so that we could ensure accurate headcount and demographic data.

Higher specialty trainee (HST) data were obtained from an online census form sent to all HSTs on the Joint Royal College of Physicians Training Board database.

The data in this report are for England, Northern Ireland and Wales only. Data for consultants working in Scotland will be published once they have been verified, as it has been difficult to reconcile numbers with official statistics.

The 2013–14 consultant census had a return rate of 47%. Online forms comprised 74% of all forms returned.

Headcount

At 30 September 2013 there were 11,412 consultant physicians, compared to 11,053 in 2012, an increase of 3.2%. The expansion mirrors spending in secondary care, and showed a peak in 2009, just before a change of government. It has slowed since then.

Workforce demographics

There has been an increase of 359 consultant physicians since 2012. England saw a 3.5% expansion, and Wales 1.2%, but Northern Ireland contracted by 0.6%. In recent years the greatest expansion has been in acute medicine – which again had the largest actual increase in consultant numbers, and expansion at 24% – however the highest percentage expansions were seen in hepatology, and sports and exercise medicine, which both saw expansion of 38%.

The biggest specialty overall remains geriatric medicine (at 1,145 consultant physicians), with gastroenterology now the second biggest, having had a large increase in numbers (from 971 in 2012–13 to 1,056 in 2013–14).

There has been a reduction in the numbers of consultants found in 11 specialties: clinical genetics; clinical neurophysiology; clinical pharmacology and therapeutics; dermatology; endocrinology and diabetes; general (internal) medicine; haematology; immunology; palliative medicine; rehabilitation medicine and rheumatology.

Appointments

As in previous years, the largest number of appointments was in geriatric medicine and acute medicine, which also had the largest numbers of failed appointments, reflecting again the desire by trusts to appoint posts that meet the increasing needs of an ageing population with multiple medical problems. In both specialties almost half the attempted appointments could not be made due to no applicants at all, or a lack of suitable candidates.

Almost all appointments were made in: audiovestibular medicine; clinical genetics; clinical pharmacology and therapeutics; genitourinary medicine and HIV/AIDS; hepatology; nuclear medicine; paediatric cardiology and renal medicine. These specialties have either been contracting (clinical genetics, clinical pharmacology) or have a larger number of trainees available.

Geographically, by local education and training board (LETB), the largest number of appointments were made in the North West and Yorkshire and Humber regions which also had the largest number not made. These regions both made large numbers of appointments in the previous year (2012–13), but also saw significant numbers of appointments cancelled due to no (or unsuitable) applicants.

‘The census of higher specialist trainees shows that trainees value geography over all other criteria in choosing substantive posts, so areas with lower numbers of trainees may well have consistent difficulty in appointing to consultant posts.’
Northern Ireland had the highest proportion of appointments made. In previous years, the London regions have rarely had significant numbers of unfilled posts, but there was a modest increase in appointments which were not made during 2013.

The commonest reason for non-appointment nationwide was a lack of applicants (particularly in the West Midlands, North West and Yorkshire and Humber) suggesting that some trusts are having difficulty filling posts in certain specialties. The census of higher specialist trainees shows that trainees value geography over all other criteria in choosing substantive posts, so areas with lower numbers of trainees may well have consistent difficulty in appointing to consultant posts.

Demographics See Fig 4

The workforce is 67% male, although more than 50% of consultants younger than 35 are women. The workforce remains predominantly whole-time, although the proportion of those working less-than-whole-time has risen to 18% (39% of women, and 6% of men). Less-than-whole-time working is much more common in those specialties with hours that can be planned; allergy, dermatology, medical ophthalmology and palliative medicine all have around 50% of female consultants working fewer than 10 programmed activities (PAs). The distribution of trainees suggests that this trend will continue.

Most consultants plan to retire between 55–70 years of age, with the commonest predicted ages being 60 and 65. We will continue to monitor this as changes in pension arrangements may alter retirement plans. The main reasons given for intended early retirement were pressure of work, dissatisfaction with the NHS and domestic factors.

Contracted sessions

The mean number of PAs contracted across the UK remains at 10.5, comprising 7.4 clinical PAs and 2.6 PAs of supporting and other duties. However, the average time actually worked was 11.7 PAs.

On average, whole-time consultants reported working 10% above their contracted time (12.4 PAs rather than 11.2), while less-than-whole-time consultants worked 15% more than they were contracted for (8.4 PAs rather than 7.3). Overall this equates approximately to the work of an additional 1,400 consultants in England, Northern Ireland and Wales.

Commitment to acute medicine See Fig 5

Many physicians (63%) are involved in acute medicine, with a mean of 3 PAs for this. When looked at by total PAs worked in acute medicine, 20% is provided by acute physicians — increasingly by geriatric medicine (10%), cardiology (9%), endocrinology (8%) and respiratory medicine (8%). Gastroenterology provides 8% of acute medicine but the proportion is falling. Overall, physicians in acute internal medicine provided the highest number of acute PAs per week (with a mean of 9.1 PAs); the average for other specialties was 1.9 PAs.

See Fig 6

Consultants were asked if they were on call for unselected emergency admissions, on call for their specialty, or both. At least 85% of physicians in: acute medicine; cardiology; gastroenterology; geriatric medicine; haematology; immunology; infectious diseases; medical oncology; paediatric cardiology; palliative medicine; renal medicine; respiratory medicine and stroke medicine are on call for unselected emergency admissions, their specialty, or both. Overall, if on call, 27% of physicians are on call for unselected emergencies, 60% for specialty, and 13% for both.

‘80% of consultants reported enjoying their jobs ‘always’ or ‘often.’

Gaps in trainee rotas

Gaps in the trainee rotas are seen on call ‘often’ or ‘frequently’ in those specialties heavily involved in the unselected medical take; the highest in acute medicine in 89% of responses. We will be exploring this further in the 2014–15 census, including whether consultants are regularly asked to ‘act down’.

‘Overall 68% of consultant physicians who responded to the census supported 7-day working in principle, given satisfactory support. The support reflects those specialties with weekend work featuring routinely.’
Job satisfaction

Despite all the difficulties, 80% of consultants reported enjoying their jobs ‘always’ or ‘often’, in keeping with recent years.

7-day working See Fig 7

Overall 68% of consultant physicians who responded to the census supported 7-day working in principle, given satisfactory support. The support reflects those specialties with weekend work featuring routinely. We will be monitoring this further in future censuses.

Summary

> Consultant expansion has continued to gradually slow to 3.2%.
> The greatest number of appointments made were in acute medicine and geriatric medicine.
> The greatest number of failed appointments were also in acute medicine and geriatric medicine.
> Lack of applicants accounted for most cancelled consultant appointments.
> There continues to be a geographical variation in success of appointments.
> The proportion of less-than-whole-time working has continued to increase.
> The number of women in the consultant workforce has grown, with women on average choosing specialties with lower out-of-hours commitment.
> There are significant gaps in trainee rotas.
> Support for 7-day working is greatest in those consultants currently working routinely at weekends.
Expansion in consultant numbers (2012–2013)
England, Northern Ireland and Wales

Acute internal medicine
Gastroenterology
Cardiology
Medical oncology
Hepatology
Geriatric medicine
Neurology
Infectious diseases and tropical medicine
Paediatric cardiology
Stroke medicine
Genitourinary medicine and HIV/AIDS
Nuclear medicine
Renal medicine
Respiratory medicine
Audiovestibular medicine
Sport and exercise medicine
Allergy
Metabolic medicine
Medical ophthalmology
Clinical neurophysiology
Dermatology
Clinical genetics
Immunology
Rheumatology
Clinical pharmacology and therapeutics
Rehabilitation medicine
Haematology
Palliative medicine
Endocrinology and diabetes mellitus
General internal medicine
Fig 2 Consultant appointments made, appointments not made, and cancelled – by specialty
(1 January–31 December 2013)
England, Northern Ireland and Wales

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

Number of AACS
- Appointments made
- Appointments not made
- Appointments cancelled
Consultant appointments made, appointments not made, and cancelled – by LETB (1 January–31 December 2013) England, Northern Ireland and Wales

Number of AACS

- Northern
- North West
- Yorkshire and the Humber
- East Midlands
- East of England
- West Midlands
- North Central and East London
- North West London
- South London
- Kent, Surrey and Sussex
- South West
- Thames Valley
- Wessex
- N Ireland
- Wales

Appointments made | Appointments not made | Appointments cancelled
Comparison of percentages of women consultant physicians to women higher specialty trainees
England, Northern Ireland and Wales

Census of consultant physicians in the UK 2013–14

Fig 4

Comparison of percentages of women consultant physicians to women higher specialty trainees
England, Northern Ireland and Wales

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

Women who are higher specialty trainees
Women who are consultant physicians

% of women in specialty

90 80 70 60 50 40 30 20 10 0 10 20 30 40 50 60 70 80 90
Commitment to acute medicine (2003–2013)
England, Northern Ireland and Wales

Census of consultant physicians in the UK 2013–14

Return to commentary
Are you on-call for: unselected emergency admissions, your specialty, or both?
England, Northern Ireland and Wales

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<tr>
<td>Clinical genetics</td>
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<td>Audiovestibular medicine</td>
<td>0%</td>
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<td>Medical ophthalmology</td>
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% of responses
Comparison of consultants who support 7-day working with consultants who currently routinely work weekends

England, Northern Ireland and Wales

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

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