Census of consultant physicians in the UK 2012: Introduction and commentary on census data

The Royal College of Physicians

The Royal College of Physicians is a registered charity that aims to ensure high-quality care for patients by promoting the highest standards of medical practice. It provides and sets standards in clinical practice and education and training, conducts assessments and examinations, quality assures external audit programmes, supports doctors in their practice of medicine, and advises the government, public and the profession on healthcare issues.

Citation for this document

Federation of the Royal Colleges of Physicians of the UK. *Census of consultant physicians and medical registrars in the UK, 2012: data and commentary.* London: Royal College of Physicians, 2014

Copyright

ISBN 978-1-86016-529-0
eISBN 978-1-86016-530-6

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

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

Census of consultant physicians in the UK, 2012

Introduction

The census of consultant physicians of the UK is a project undertaken by the RCP London (on behalf of the Federation of Royal Colleges of Physicians of the UK) to collect data about the consultant physician workforce. The census is conducted annually and has now been running for over 20 years. It is a source of evidence for future Federation of Royal Colleges of Physicians' policy, as well as a historical record of the workforce across that time. Additionally, the census results are used by individual specialty societies and other external agencies, such as the Centre for Workforce Intelligence, Health Education England and the National Audit Office.

The annual census asks various types of questions, which broadly break 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
> allergy, stroke, acute medicine and on-call commitments
> appraisal and study leave
> quality of care and job satisfaction.

In addition to collecting key information year-on-year, the census is a flexible document and collects data for contemporary and important issues (such as 7-day working). Furthermore, it has recently begun collecting data specific to individual specialties. With the passage of time, this data collection has become increasingly sophisticated and has allowed us to understand demographic changes and working patterns within the many medical specialties.

This report summarises the findings of the 2012 census and assesses the implications for the medical profession and the health service.

Census of consultant physicians in the UK, 2012

Commentary on census data

How were the data collected?

The census was coordinated by the Medical Workforce Unit of the RCP. Census forms were sent out electronically in September 2012 to all consultant physicians in the UK as identified by the RCP. Paper forms were then sent out to consultants who had not returned the electronic form by December 2012. Consultant numbers were checked with workforce representatives of the specialty societies, and all hospital trusts were contacted by telephone to ensure headcount data were as accurate as possible. Forms were returned by 5,644 consultant physicians (a return rate of 47.6%); further headcount data were verified for 6,005 consultants (C1).

Census data on medical registrars were obtained by sending an electronic form to all registrars on the Joint Royal Colleges of Physicians Training Board (JRCPTB) database.

How many physicians are there?

At the end of 2012, 12,221 consultant physicians were working in the UK, compared with 11,810 in 2011 (an increase of 3.5%). The expansion in consultant numbers since 2002 is shown in *Fig 1* (*see also* C2a). Expansion has been slowing since 2009 and mirrors spending on secondary care very closely (*Fig 2*), suggesting that the main driver for consultant expansion in the UK is funding of hospitals. Given that this has no link to planning of training, the numbers may go some way to explaining why medical workforce planning has been subject to swings in oversupply and undersupply.

Figure1. Consultant numbers and expansion (2002–2012)
UK – all medical specialties

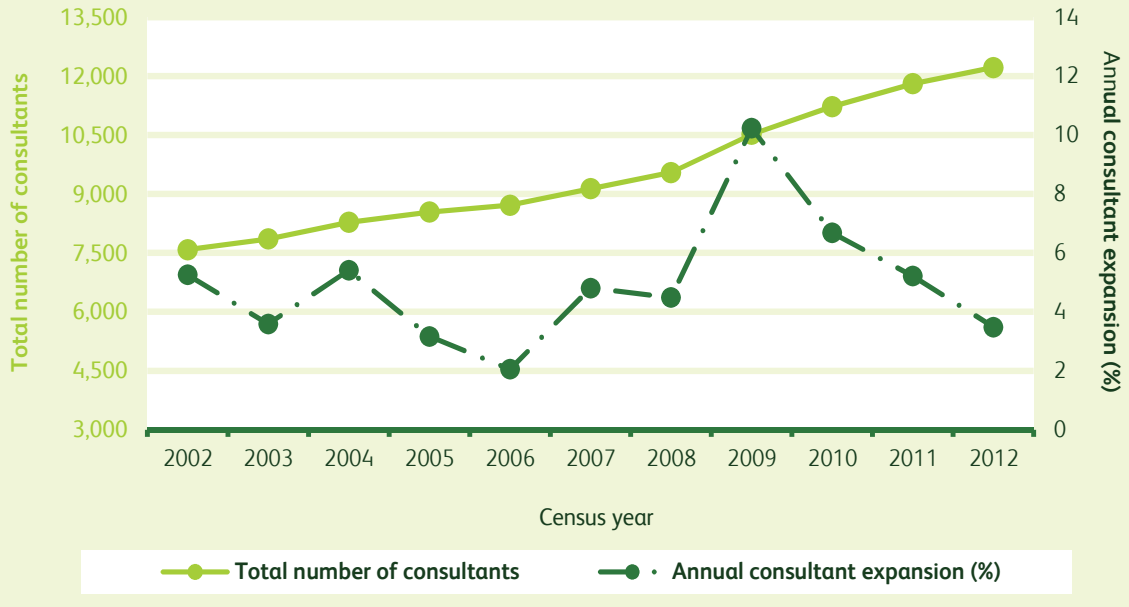
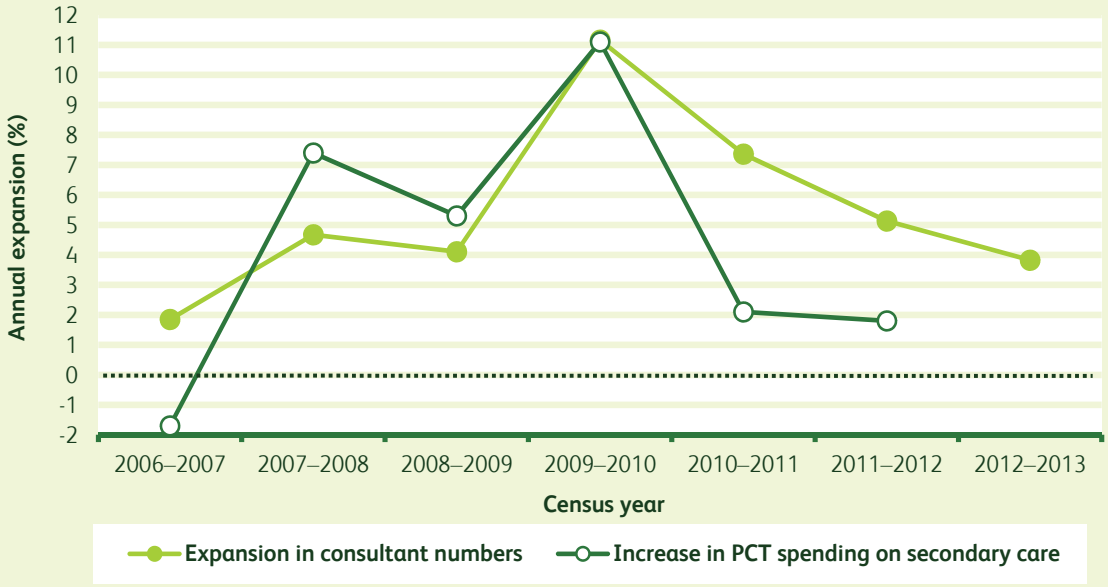


Figure 2. Expansion in the number of consultants vs change in primary care trust spending on secondary care (2006–2012)
England



Which specialties have changed the most?

Geriatric medicine was the largest specialty by consultant number (1,252) in 2012, expanding by 2.5% compared with the previous year. Proportionately acute medicine expanded the most (33.2%) but remains relatively small at 393 consultant physicians. Other specialties that expanded considerably included hepatology (17.6%) and stroke medicine (13.8%). The largest expansion purely in terms of consultant numbers was cardiology (an expansion of 4.9% to 1,066 consultants). Six specialties contracted during 2012: audiovestibular medicine (–8.7%), endocrinology and diabetes (–0.3%), general medicine (–13.0%), metabolic medicine (–13.6%), paediatric cardiology (–2.3%) and rehabilitation medicine (–1.8%). The reduction in general medicine was partly due to retirements and partly due to some consultants rebadging themselves into other specialties (C2a).

Where in the UK are the jobs?

The map of the UK (*Fig 3*) shows the variation in numbers of consultants per head of the population by Local Education and Training Boards (LETBs). As in previous years there is a clear difference between consultant numbers in London and those in other areas of the country. Which parts of the UK are most understaffed varies by specialty, but no specialty has low numbers in London (*see also* C2b–g).

The shortage of consultant physicians in a particular area is not due to a lack of attempts by hospitals to recruit. Posts are being advertised throughout the UK, but many specialties and areas of the country are unable to fill them.

Fig 4 and *Fig 5* show data for success rates of consultant appointments by specialty and region. These charts are good barometers of clinical demand for consultants by hospitals in the UK. More posts were advertised in acute medicine and geriatric medicine than any of the other specialties. There were insufficient trainees to fill these posts, especially outside London. The reasons for this are complex but include changing demands on the health service and the desire of many trainees to stay local to where they trained (*see also* C9a–f).

Figure 3. Geographical distribution of the consultant physician workforce
Population served by each whole-time equivalent (WTE) consultant

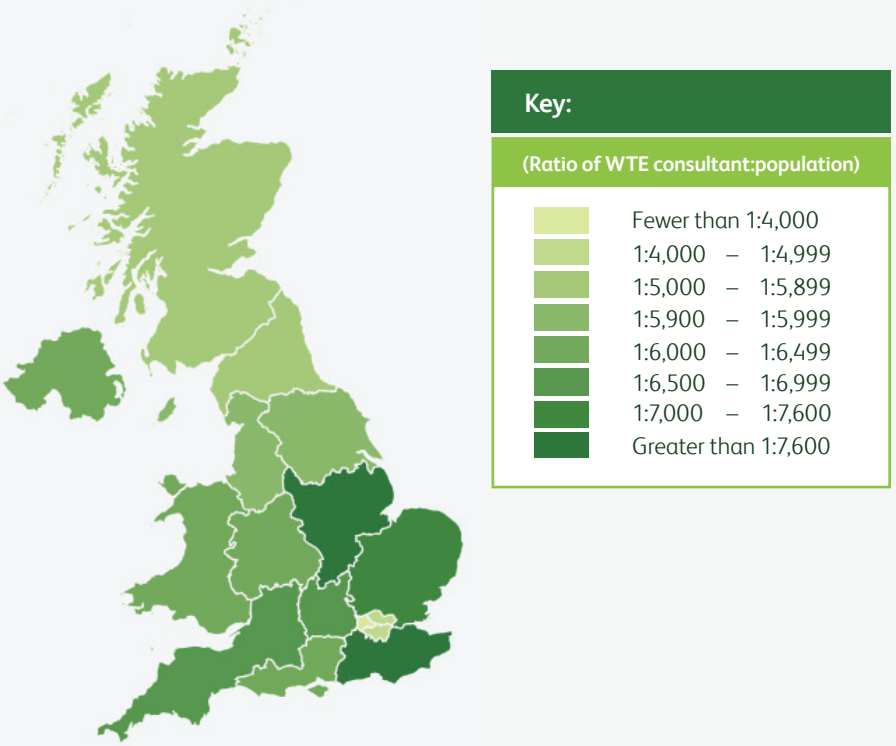


Figure 4. Consultant appointments made, appointments not made, and cancelled – by specialty (1 January–31 December 2012)
England and Wales

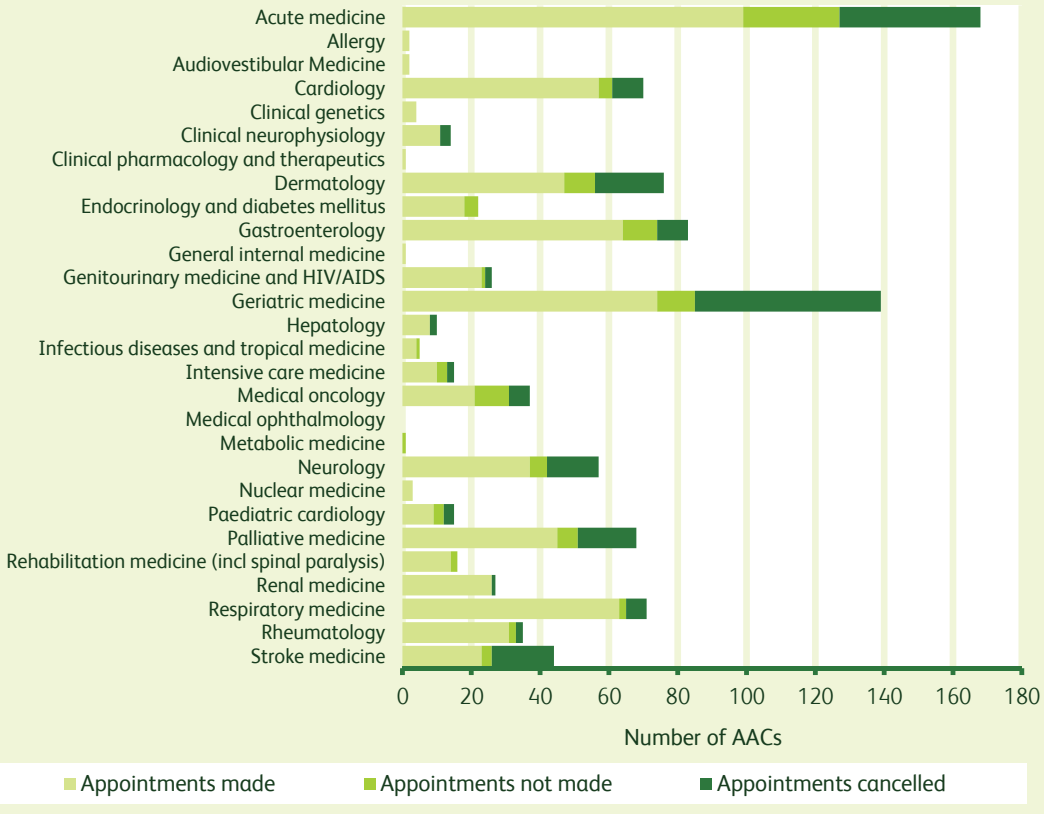
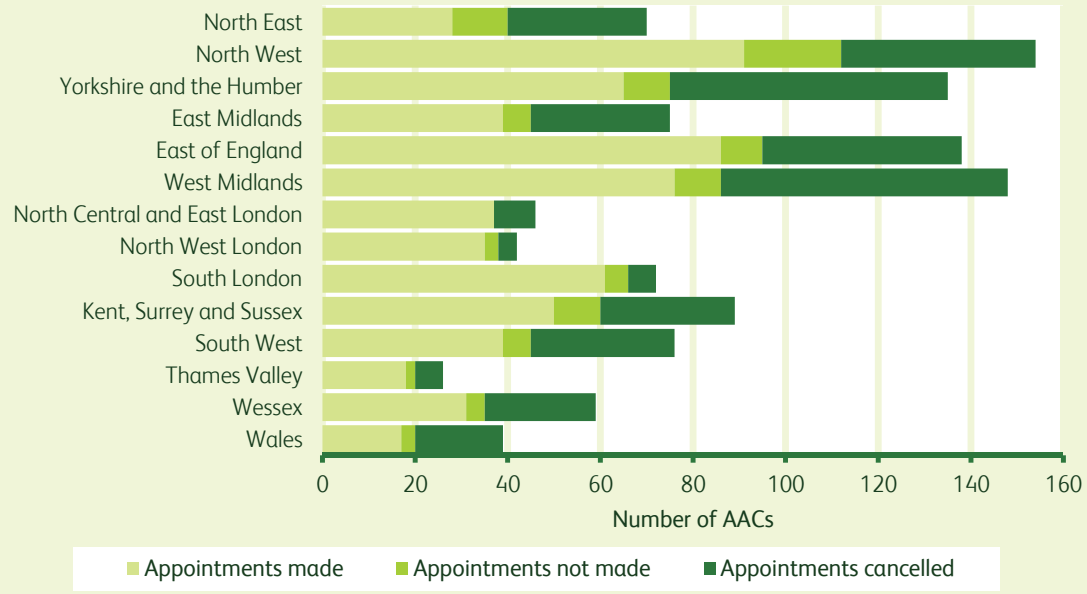


Figure 5. Consultant appointments made, appointments not made, and cancelled – by LETB (1 January–31 December 2012)
England and Wales



What these charts do not show, however, is the differences within regions, with some hospitals (especially in rural areas) unable to fill vacant consultant posts. This puts added pressure on the workforce in non-vacant posts and needs to be explored in the next census. Furthermore, *Fig 4* shows that some specialties were able to recruit to almost all of their advertised posts (renal medicine, rehabilitation medicine, genitourinary medicine). Again, the reasons behind this are complex. As well as oversupply of trainees – meaning that posts are easily filled – undersupply may mean that a hospital will advertise a post only when there are eligible candidates that will apply. This variation makes accurate workforce planning across the specialties, and across the country, almost impossible.

How is the workforce demographic changing?

The consultant physician workforce continued to become younger and more populated by women. The largest age group was aged 40–44 years (*Fig 6*). Women made up 51.3% of the youngest age group (34 years or younger). The shift towards a more sex-balanced workforce is shown most clearly in *Fig 7*. This changing demographic has also transformed the working practices of consultant physicians. The number of consultants who reported working less than whole time was 17.2%. Many more female (39.0%) than male (5.3%) consultants worked this way (C7a, *see also* C10a–b, C11a–b, C14a–f, C15a–c *for more on gender of the consultant workforce*).

How do consultants spend their time?

The average consultant was contracted to work 10.6 programmed activities (PAs) per week (C16a, C17a) (equivalent to just over a 42-hour week) during 2012, but reported actually working 11.8 PAs per week (47 hours) (C16b, C17b). However, those on whole-time contracts were contracted to work 11.3 PAs (45 hours) (C18a) and actually worked 12.5 PAs (50 hours) (C18b). Direct clinical care, such as ward rounds, clinics and procedure lists, accounted for 71% of this time, and 19% of time was spent in supporting clinical activity, such as educational supervision, continuing professional development and quality-improvement activity. In addition, 6% of time was spent in research activity and 4% in other roles (such as management). This breakdown of work is very similar for both whole-time consultants and less-than-whole-time consultants (*see also* C20b–c *and* C20f–g). In short, the NHS gets a lot of clinical work from its consultant

Figure 6. Age distribution of consultant workforce
UK – all medical specialties

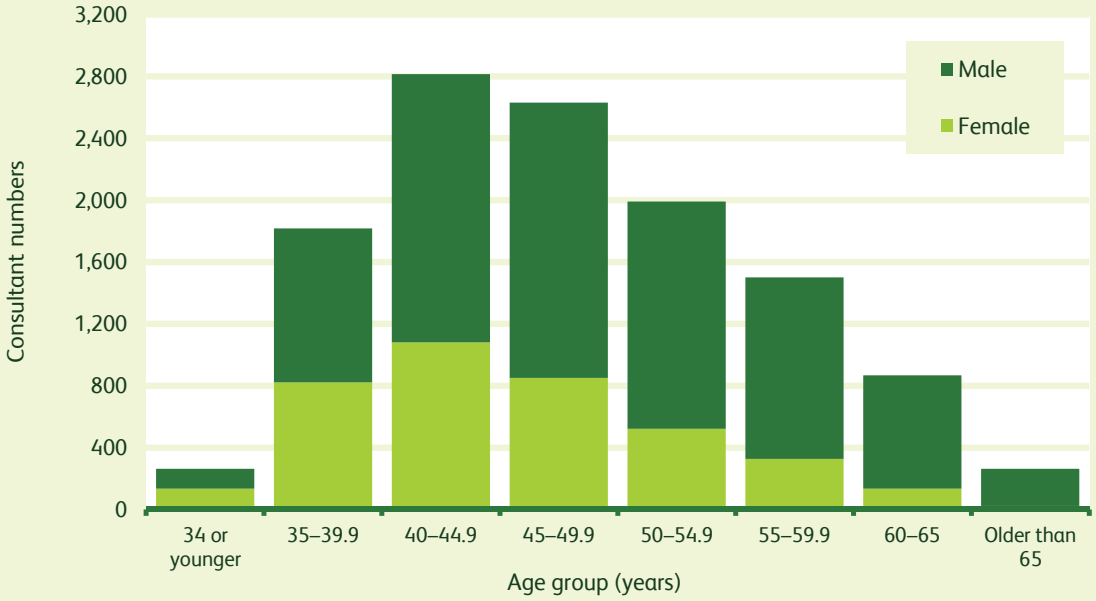
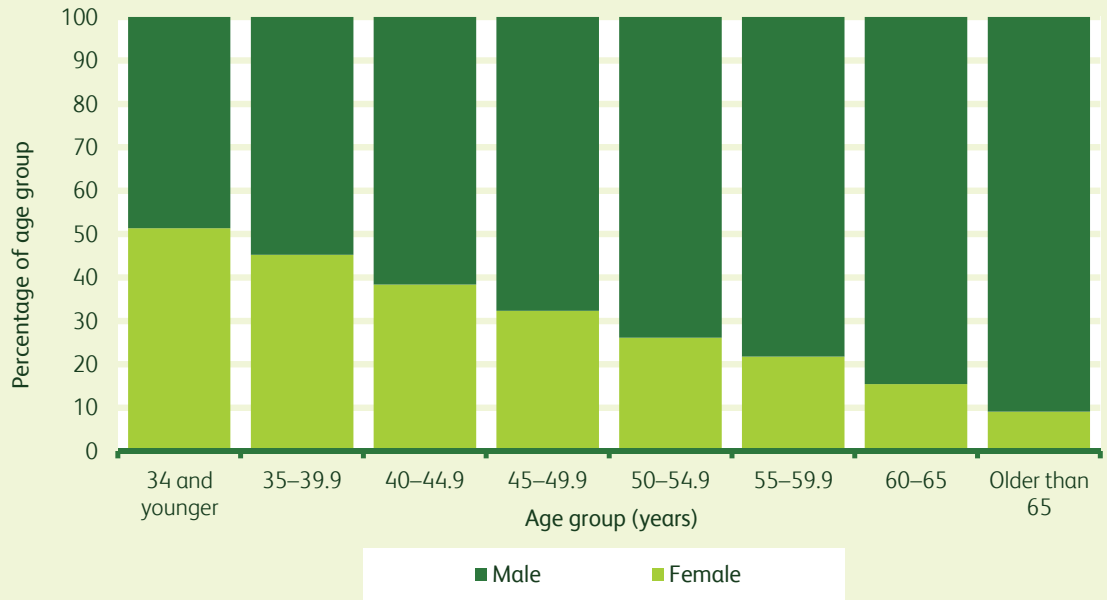


Figure 7. Age distribution of consultant workforce by gender
UK – all medical specialties



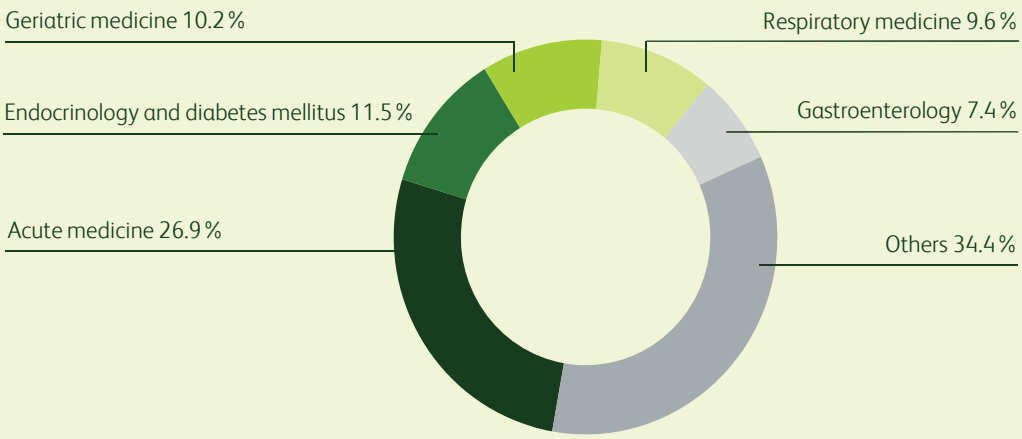
physician workforce, with a significant amount (equivalent to around 1,400 consultants) for free.

Which specialties provide acute medicine?

Given the need for acute physicians discussed above, the census allowed us to assess which specialties provided acute medical services. As would be expected, acute physicians provided a significant proportion (26.9%), but the majority of acute medicine was provided by four large specialties (*Fig 8*).

The proportion of consultants who contributed to acute medicine for different specialities is interesting (*Fig 9*). The upward trend seen in

Figure 8. Percentage of total service provided by consultants who work in the field of acute medicine
UK – selected medical specialties



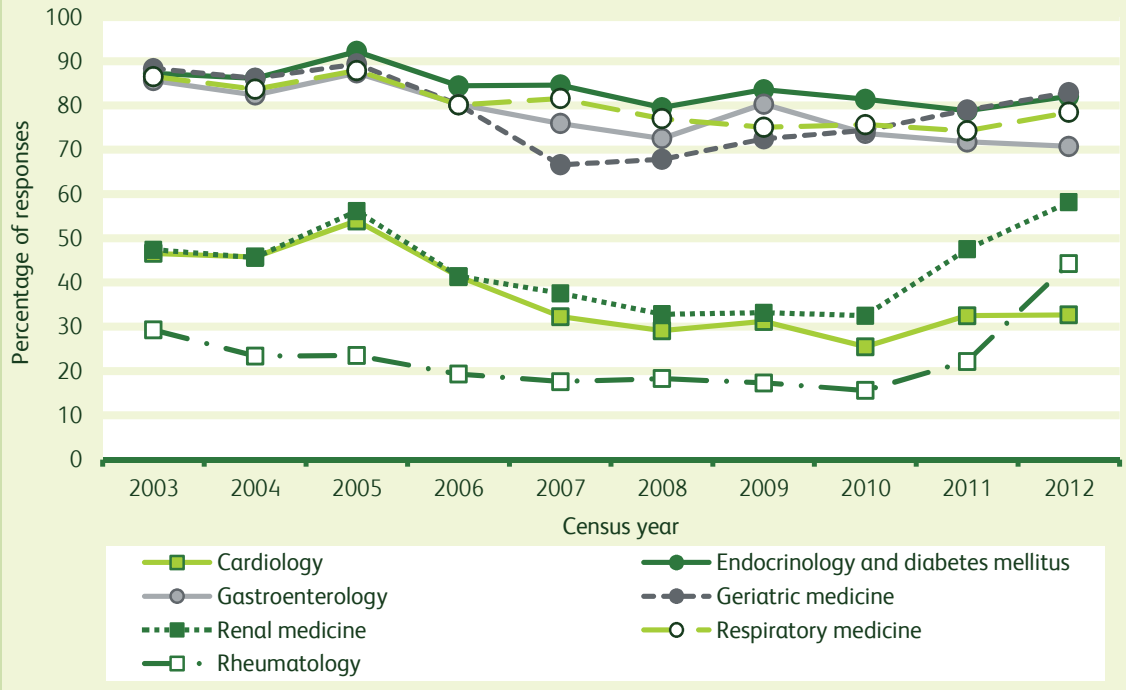
renal medicine and rheumatology is probably a reflection of newer posts being advertised with a large acute medical component. The recent report of the Future Hospital Commission has described the need for a larger workforce to provide acute medicine and *Fig 4* shows that employers also see this as a priority. *Fig 9* suggests there is already a move towards generalism away from specialism.

(*See also* C25c–e *for more on commitment to acute medicine*)

Do consultants enjoy their jobs?

Of consultants surveyed, 79% said that they enjoyed their jobs either 'all the time' or 'often' (C29a–d). This was a lower percentage than that

Figure 9. Commitment to acute medicine (2003–2012)
UK – selected medical specialties



seen in previous years (82% in 2011 and 81% in 2010), but the rate of change was very small and probably not significant. Only 2% stated that they 'never' enjoy their jobs. It is reassuring that so many consultants still enjoy their work.

When and why do consultants plan to retire?

Most consultants stated that they plan to retire at either 60 or 65 years of age (C13a–c). In total, 60.2% stated an intention to retire early. Interestingly more female consultants reported a wish to retire early (67.2%) than male consultants (56.5%). The reasons for this are unclear and certainly need further research once the pension arrangements for public sector workers become clearer during the next 12 months.

Summary

- Consultant physician numbers continued to expand but at a much slower rate than recent years.
- There were large geographical variations in consultant numbers and success in filling posts.
- The workforce continued to become younger, more female and a greater proportion worked less-than-whole-time.
- Consultants continued to provide a large amount of clinical work above and beyond contracts.
- Data suggested a move away from specialism to generalism in some specialties.
- Many plan to retire early due to pressure of work.

Dr Andrew Goddard
Director, Medical Workforce Unit