Census of consultant physicians in the UK 2012: National commentaries 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

National commentaries on census data: Wales

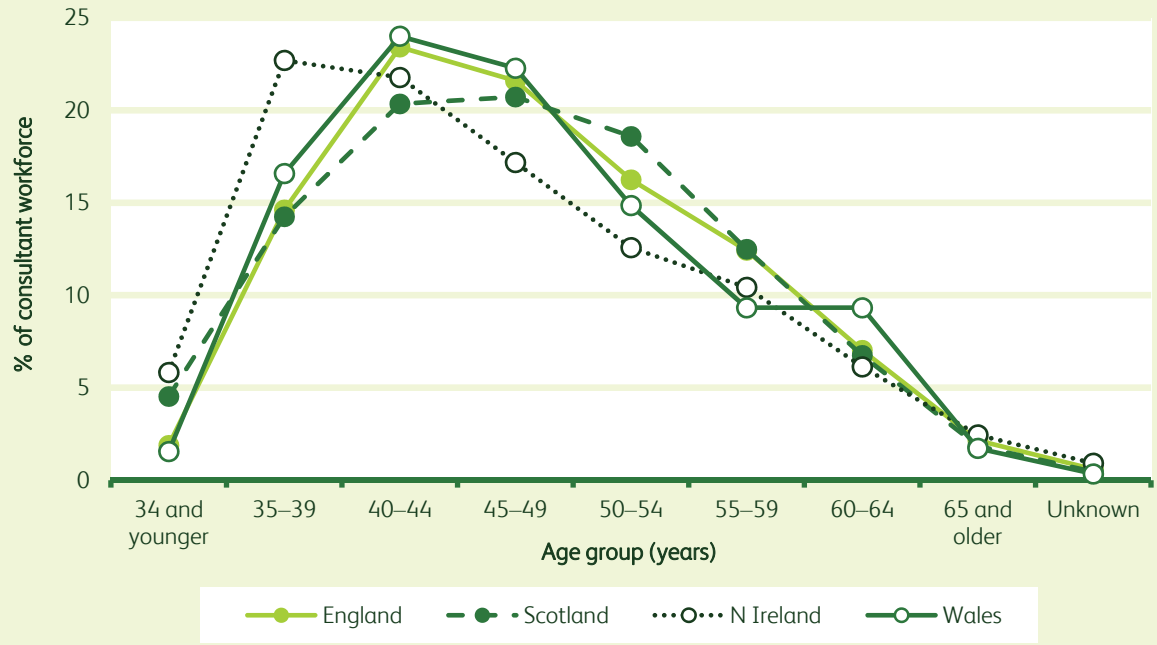
The total expansion in this 12-month period in Wales was 1%. This contrasts with 3.8% in England and Northern Ireland, and 1.5% in Scotland. The average for the UK overall was 3.5% (C2a). Whilst consultant expansion had been above the UK average in the preceding decade, the 2012 figure represents a precipitous drop in the rate of expansion (C4).

The medical specialties characterised by more than 25% of the consultant workforce working less-than-whole time included audiovestibular medicine, clinical genetics, palliative medicine, rheumatology and stroke medicine (C7b). The figures for Welsh consultants in rehabilitation medicine were precisely 75% whole-time and 25% less-than-whole-time. There has been a gradual increase in less-than-whole-time working in Wales over the past seven years. (C7d) However, the rate of increase is comparable to that seen in England, Scotland and Northern Ireland.

Wales had the lowest percentage of female consultants in the UK (at 26%) (C11a); the UK average was 32%. The age demographics of the consultant workforce in Wales are broadly equivalent to the rest of the UK.

Age distribution of the consultant workforce – by country
UK – all medical specialties

Source: RCP consultant census – census date 30 September 2012



Only 77.7% of consultants in Wales had been appraised during the preceding 12 months (C27). This compares to 91.4% in England, 94.4% in Northern Ireland and 89.6% in Scotland. In Wales 19.1% of consultants had zero- or self-funded study leave in the preceding 12 months and this is broadly comparable to figures across the rest of the UK (C28).

In summary, the Welsh NHS needs to start planning now to ensure a strong medical workforce for the future. Over the coming years, we will need more general physicians, especially as reconfiguration aims to expand the amount of care provided outside hospitals. The drop in the rate of consultant expansion could be cause for concern in the coming years. The Welsh NHS must look at workforce planning and recruitment in close conjunction with reconfiguration; we must look nationally at how we are planning to structure our

health service. It is likely that, post-reconfiguration in Wales, we will have a smaller number of major acute hospitals, providing specialist care, with other smaller sites providing ongoing secondary care, as well as an increased provision of community care. When planning for the future medical workforce, it will be crucial for local health boards and the Welsh Government to look at the bigger picture and include primary care, general practice and community health services in their plans.

October 2013

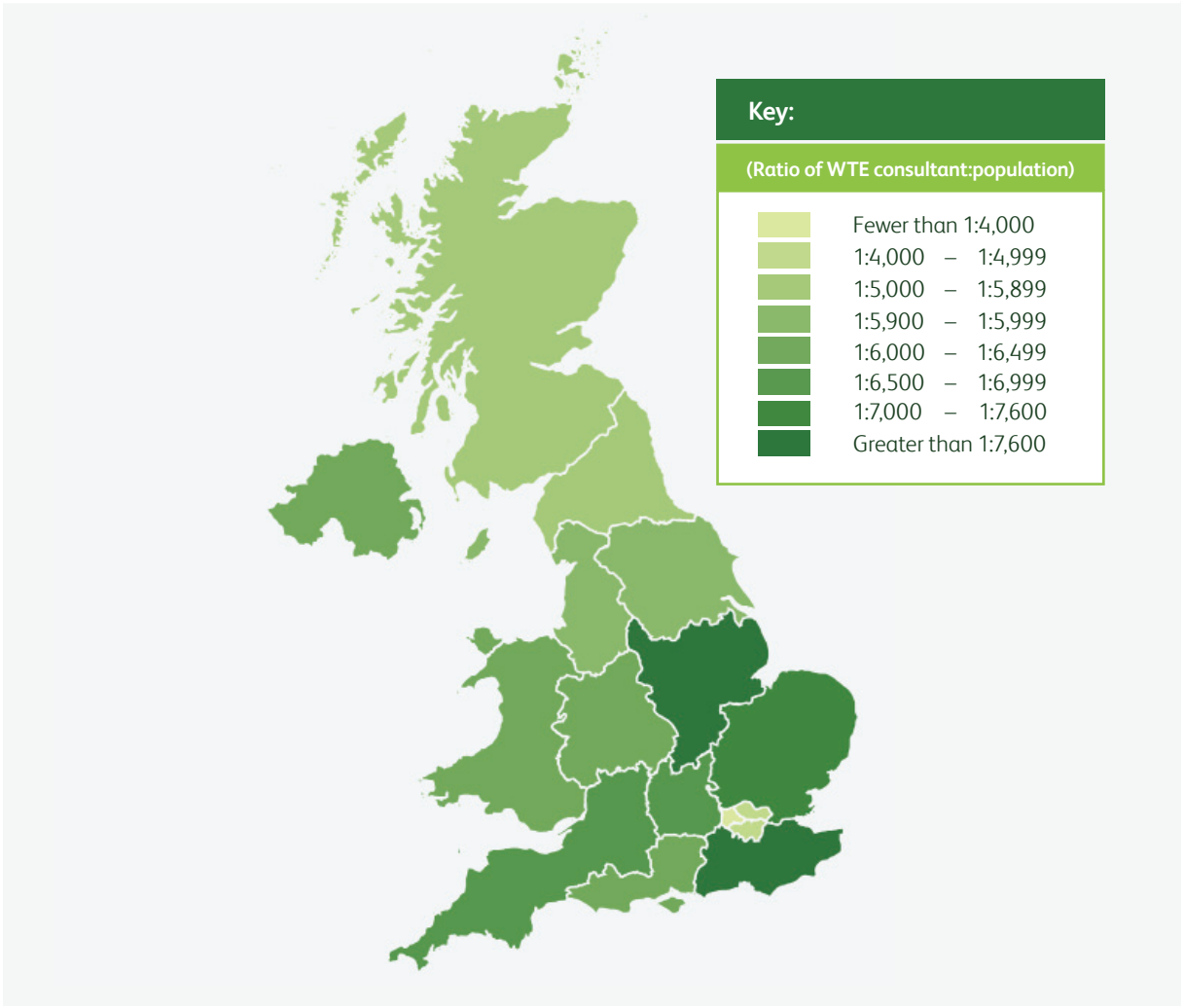
Dr Alan Rees
RCP vice president for Wales

Census of consultant physicians in the UK, 2012

National commentaries on census data: Northern Ireland

There were 326 consultant physicians in Northern Ireland in 2012. This is an expansion of 3.8% in consultant numbers since the 2011 census, in keeping with the rest of the UK (C2a). Although this is a marked reduction from the 8.7% increase seen in 2011, overall the trend has been upward since 2002 (C5c). Each whole-time equivalent consultant (regardless of specialty) serves an average population of approximately 6,300 in Northern Ireland.

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



When compared with the rest of the UK, Northern Ireland was notably geographically under-represented in several specialties (C2a).

In 2012, 15.5% of consultants in Northern Ireland worked less-than-whole-time, compared with 7.8% in 2011 (C7d). It is unlikely that the less-than-whole-time workforce has doubled in the last year: this is probably the result of the low number of responses to the census from Northern Irish consultants. The highest proportion of women consultants of the UK nations in 2012 was found in Northern Ireland (34.7% of consultants; 32.1% was the average across all nations) (C11a).

The average consultant in Northern Ireland is contracted for 10.8 programmed activities (PAs) per week (**C16a** and **C16b**), but actually works 11.8 PAs (**C16c** and **C16d**; see also **C20h** and **C20i**). More consultants in Northern Ireland reported having had an annual appraisal than in any other part of the UK (94.4%; the average was 90.6% across all nations) (**C27**). In addition, consultants in Northern Ireland reported spending 2.5 hours longer, on average, than consultants elsewhere in the UK when preparing for their appraisals.

Proportionately more consultants in Northern Ireland reported having to fund their own study leave than consultants elsewhere in the UK (**C28**).

December 2013

Dr Andrew Goddard
Director, Medical Workforce Unit

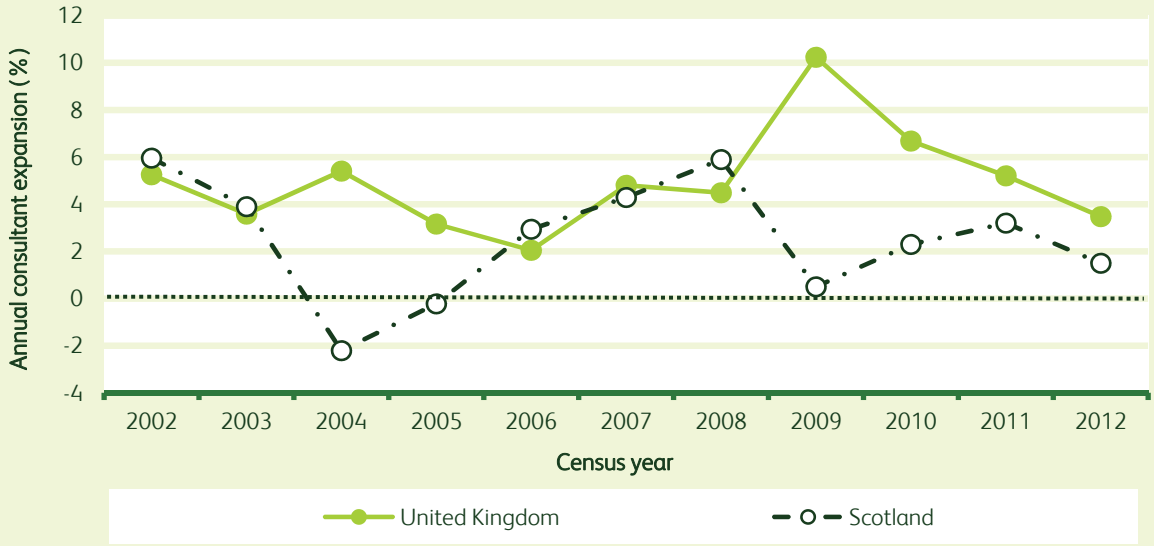
Census of consultant physicians in the UK, 2012

National commentaries on census data: Scotland

The census results for Scottish physicians indicated a continued lower rate of growth in posts (1.5%) than for the rest of the UK (average 3.5%), which is of significant concern given that overall expansion has itself reduced in recent years (C2a).

Annual consultant expansion 2002–2012
UK vs Scotland – all medical specialties

Source: RCP consultant census – census date 30 September 2012



It has also proved difficult to reconcile the specialty-specific numbers reported with the official workforce data held by the Scottish government. This, in part, reflects the inaccurate recording of specialties in official data and confirms why this is a poor basis for workforce-planning. A collaborative project between the Scottish government and the Royal College of Physicians of Edinburgh (RCPE) intends to tease out the acute/general (internal) medicine and specialty split. This will go some way to explaining the differences for those specialties contributing to acute medical receiving and should be helpful in providing confirmatory data for the census going forward. It does not however explain the significant differences in other specialities, including palliative medicine and medical oncology.

Vacancy information, also derived from official government statistics, shows that on 30 September 2012, there were 46 vacancies in the medical specialties in Scotland (an increase from 33 in September 2011); 15 of these posts had been vacant for longer than six months.* This may be influencing the indicative slower growth in Scotland as the census reported on those consultants who were in post only.

Mean programmed activities (PAs) contracted per week for whole-time consultants
England and Scotland – all medical specialties

Country	Total PAs per week	Clinical PAs	Academic PAs	Supporting PAs	Other PAs
England	11.3	7.9	0.7	2.2	0.5
Scotland	11.6	8.2	0.9	2.1	0.4

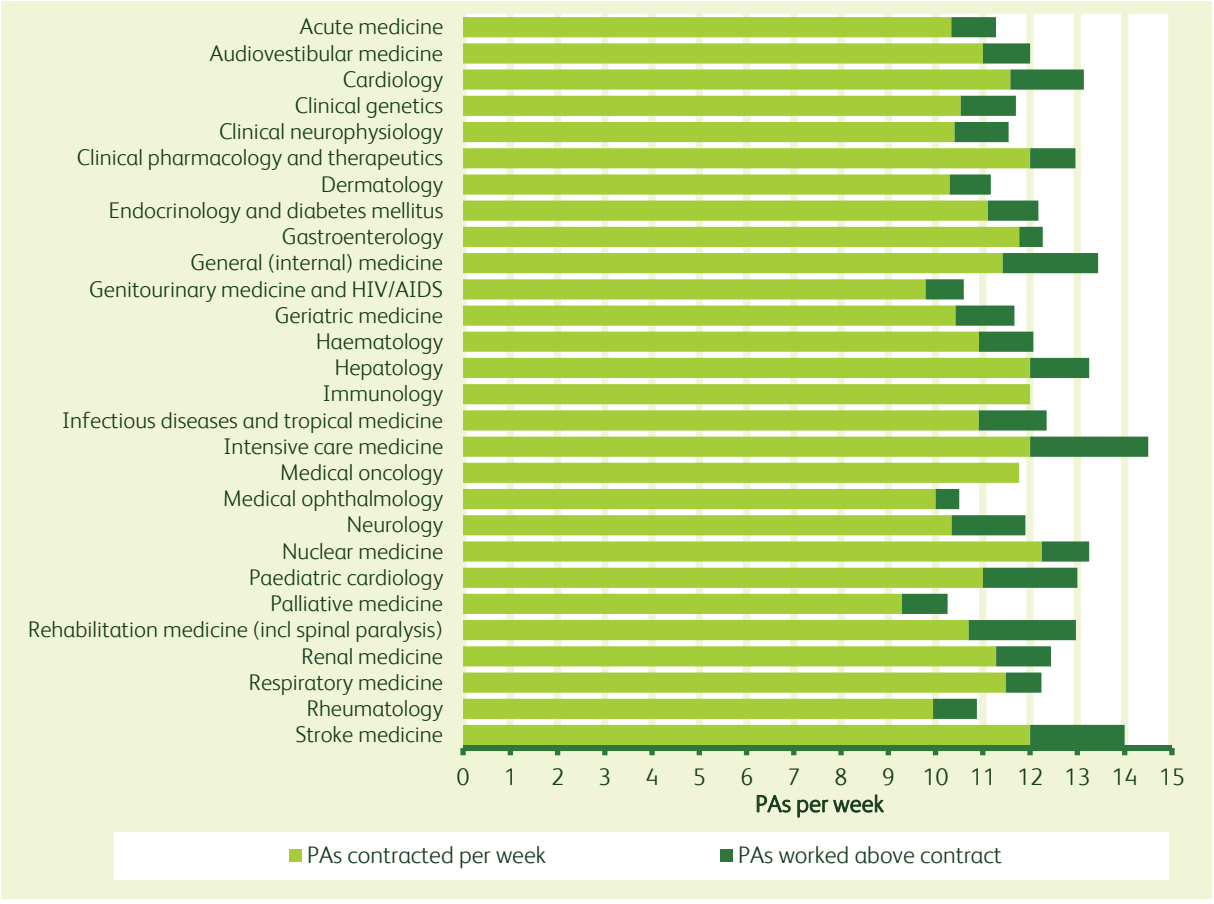
* Information services division (internal data; unpublished).

Contracted PAs for whole-time physicians in Scotland continued to be slightly higher at 11.6 than in England and Wales; although this is largely a result of higher numbers of clinical PAs (supporting PAs (SPAs) are at 2.1 in both Scotland and England).

Specialty differences in contracted SPAs imply pressure on newer consultants as averages drop below 2 SPAs in some, including acute medicine. Independent information from the Scottish Academy indicated that in 2012, 42% of consultants were appointed on 9+1 contracts and this trend has increased to 58% in 2013 leading the colleges to expect a decrease in average SPA allocations for physicians in Scotland in the next census.[†]

Comparison of contracted PAs with worked PAs per week for consultants *
Scotland – all medical specialties

Source: RCP consultant census – census date 30 September 2012



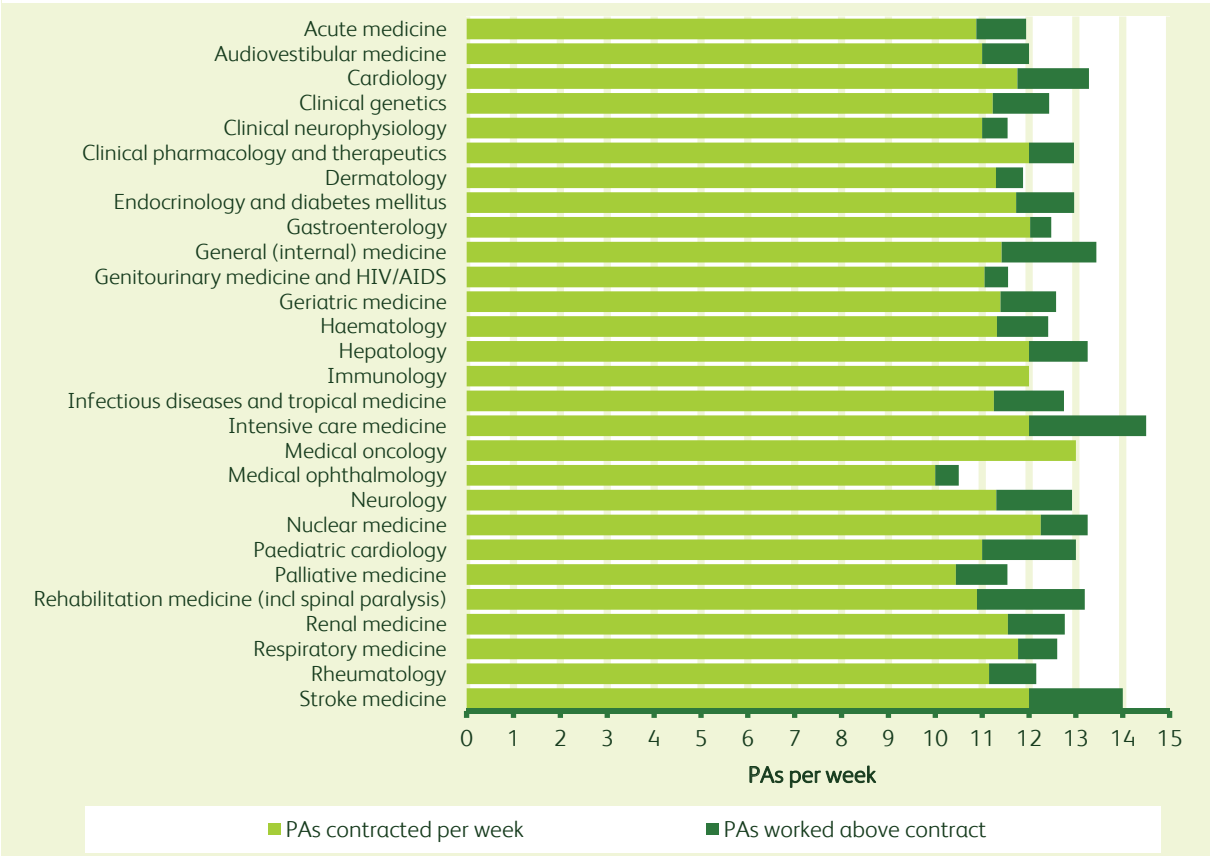
Whole-time physicians in Scotland reported working 1 PA on average above their contracted sessions. Cardiology, neurology and stroke medicine reported working in excess of 1.5 PAs with general (internal) medicine, intensive care medicine and rehabilitation medicine all working two or more additional PAs. SPAs worked averaged at 2.6, indicating that most continued to commit significant time above contracted levels to education and other additional responsibilities (but this is highly variable between specialties).

[†] External adviser report to Scottish Government 2012-13 (unpublished)

* No data were available for the following specialties: allergy, metabolic medicine or sport and exercise medicine for 'all consultants' and 'whole-time consultants'. In the case of less-than-whole-time consultants no data were available for allergy, audiovestibular medicine, clinical pharmacology and therapeutics, general (internal) medicine, hepatology, immunology, intensive care medicine, medical ophthalmology, metabolic medicine, nuclear medicine, paediatric cardiology, sport and exercise medicine or stroke medicine. This was either due to no response to the census from consultants in the specialties and contract types, or due to a lack of consultants in the region.

Comparison of contracted PAs with worked PAs per week for whole-time consultants *
Scotland – all medical specialties

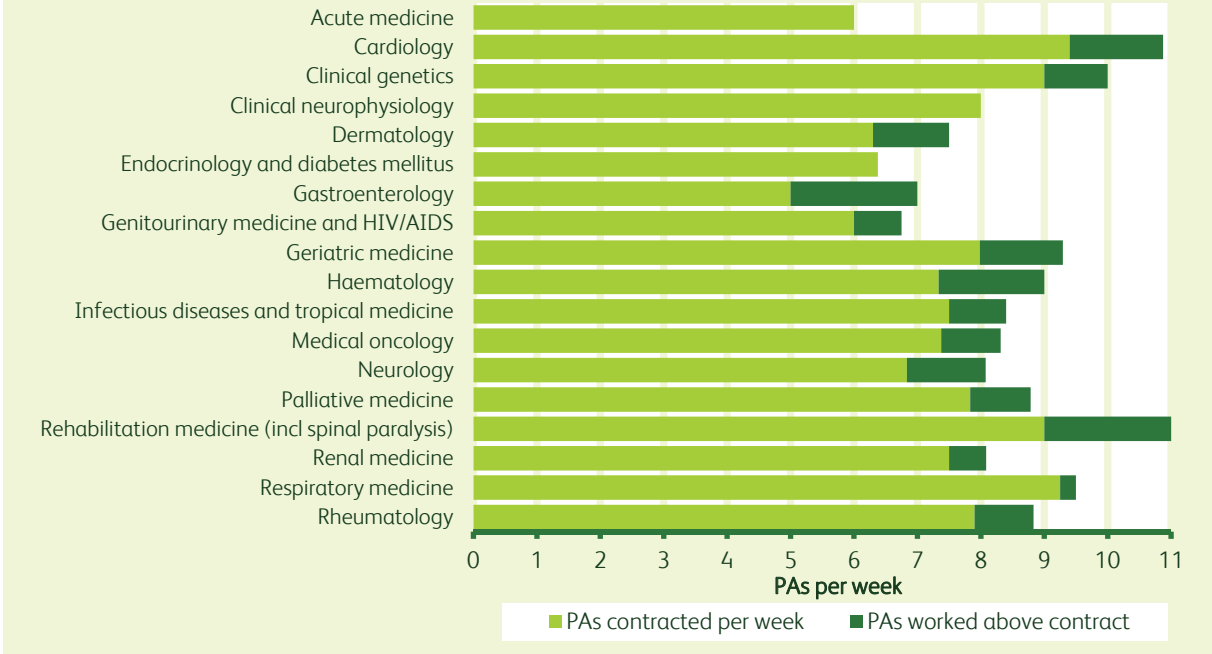
Source: RCP consultant census – census date 30 September 2012



Interestingly, less-than-whole-time consultants in Scotland also reported an excess of 1 PA worked, but here the specialty differences were more variable and may reflect the sample size. Cardiology, gastroenterology

Comparison of contracted PAs with worked PAs per week for less-than-whole-time consultants *
Scotland – all medical specialties

Source: RCP consultant census – census date 30 September 2012

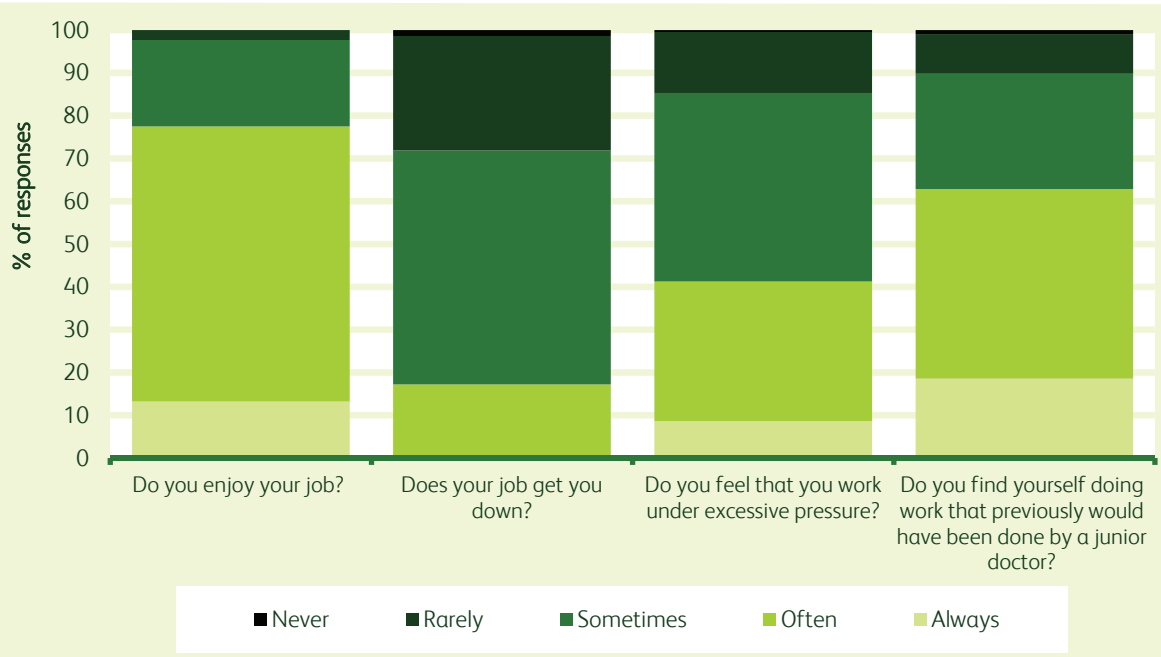


and geriatric medicine all reported in excess of 1.3 additional PAs, with higher levels still in rehabilitation medicine. Of some concern is the lower allocation in contracts of SPA time for less-than-whole-time consultants (1.5 SPAs). This implies these consultants (who are in the main women) have little space for additional responsibilities beyond their own continuing professional development and revalidation.

Persistent vacancy rates and rota gaps for trainees may account for some of the additional work pressure. Independent information from the Scottish Academy indicates that in 2012, over 30% of consultant appointment panels were cancelled, over half of which were due to either no suitable applicants or no applicants at all. Competition ratios at CMT and specialty registrar level are decreasing, supporting the view that medicine is becoming less popular, and gaps in rotas are appearing all over Scotland. However, feedback on morale indicates that physicians in Scotland are remarkably resilient despite the increasing workload, vacancy levels and failure to recruit to posts. Nearly 80% of Scottish consultants reported enjoying their job 'always' or 'often', with less than 17% claiming it gets them down. However over 40% reported believing they work under excessive pressure, and over 60% reported believing they often find themselves doing work previously supported by a junior doctor.

Consultant job satisfaction – summary
Scotland – all medical specialties

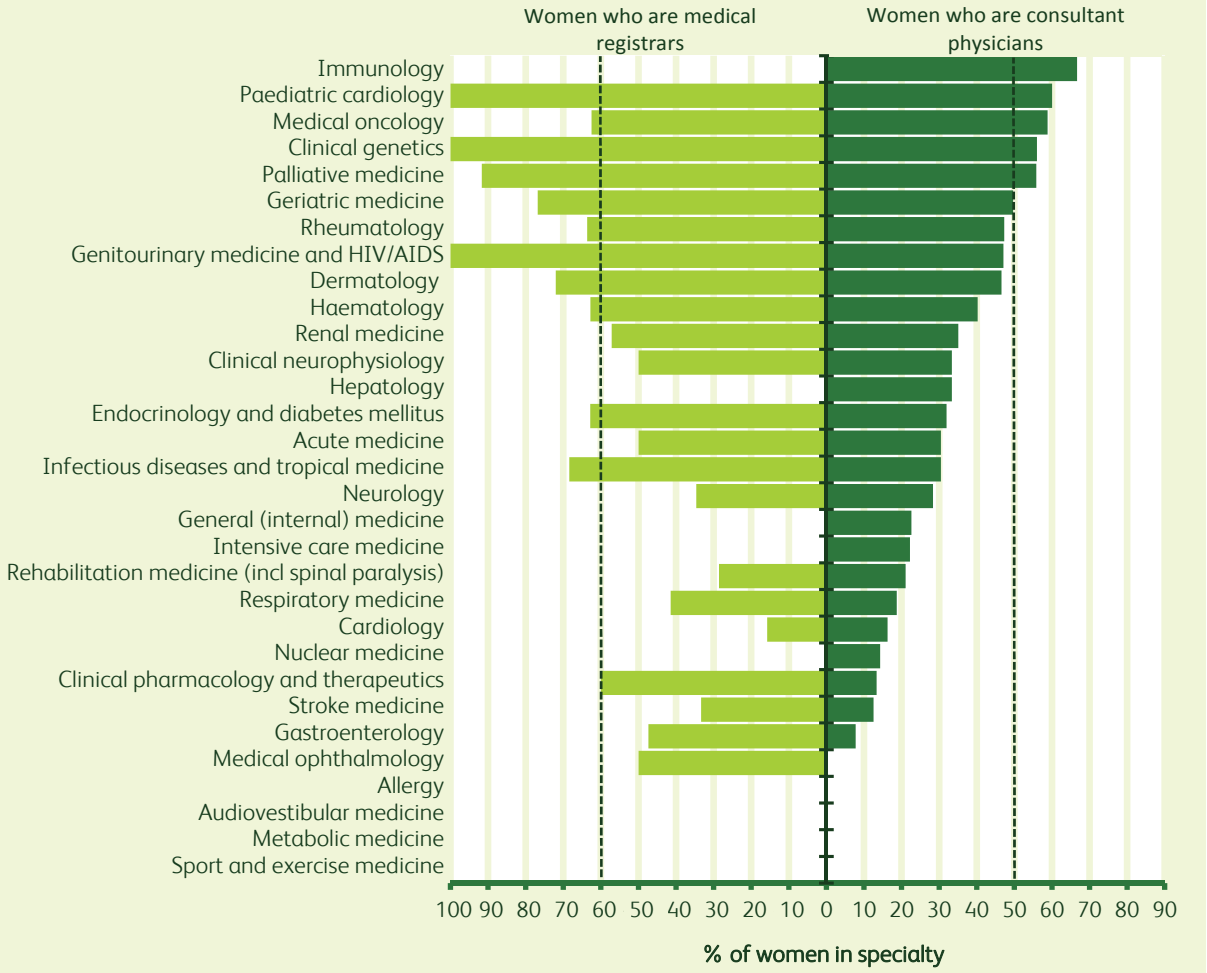
Source: RCP consultant census – census date 30 September 2012



Gender differences are narrowing, and the census reported that female consultants made up approximately 34% of Scottish physicians (**C11a**). However, the higher proportion of less-than-whole-time female doctors means the real proportion of female input will be lower. Gender preferences continued to be specialty-specific with Scotland showing below-UK rates in gastroenterology and much higher rates in geriatric medicine, medical oncology and rheumatology (**C14f**). Palliative medicine appears to be less female-dominated at consultant level in Scotland than the rest of the UK (*see* **C14b**, **C14c**, **C14d** *and* **C14e** *for comparison*). Trainee distribution indicates that this will change in the next five years as much higher proportions of female specialist trainees apply for consultant posts. This is particularly marked in genitourinary medicine, palliative medicine, geriatric medicine, rheumatology and dermatology, but may be slower in cardiology, gastroenterology and respiratory medicine (all of which contribute heavily to acute medical receiving and have well below 50% female trainees).

Comparison of percentages of women consultant physicians to women medical registrars
Scotland – all medical specialties

Sources: RCP consultant census – census date 30 September 2012; JRCPTB database 20 August 2013



A little over 17% of physicians in Scotland worked less-than-whole-time. This is comparable with rates in England but ahead of those found in Wales and Northern Ireland. Specialty differences range from single figures in cardiology, gastroenterology, infectious diseases and renal medicine to over 30% in medical oncology and rheumatology, and over 47% in palliative medicine (C7b). Scotland should expect to employ more consultants if the hours of medical time are to be maintained. The pressure for 7-day and extended working means rota patterns need careful consideration if posts in hospital medicine are to be attractive to the emerging workforce.

November 2013

Ms Elaine Tait
Chief Executive, Royal College of Physicians of Edinburgh