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# Census of consultant physicians and medical registrars in the UK 2012: Full report

Dr Andrew Goddard, director Medical Workforce Unit



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## 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](http://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](http://www.rcpe.ac.uk)  
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## 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](http://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](mailto:mwucensus@rcplondon.ac.uk)

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# Census of consultant physicians in the UK, 2012

## Acknowledgements

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November 2013

**Dr Andrew Goddard**  
*Director, Medical Workforce Unit*

# Census of consultant physicians in the UK 2012:

## Introduction and commentary on census data



# 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?

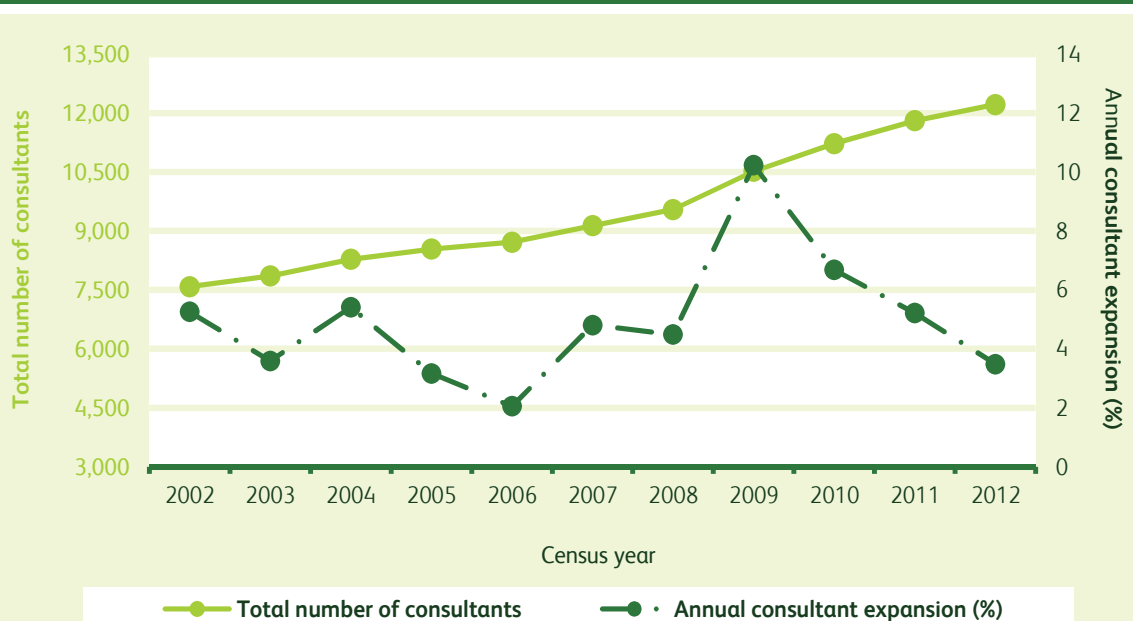
The census was coordinated by the Medical Workforce Unit of the RCP. Census forms were sent out electronically in September 2012 to all consultant physicians in the UK as identified by the RCP. Paper forms were then sent out to consultants who had not returned the electronic form by December 2012. Consultant 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.

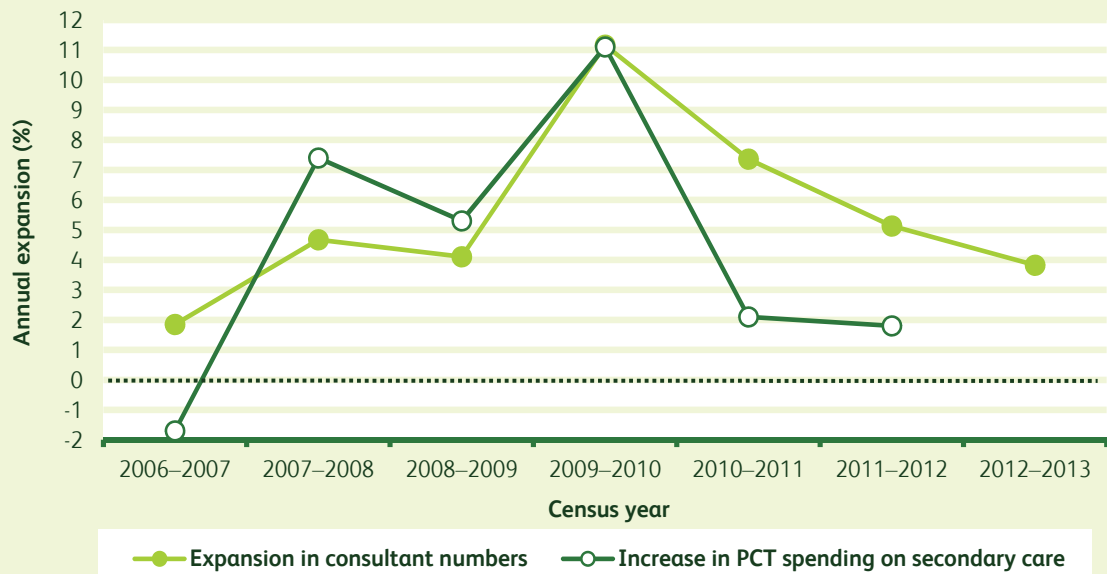
### How many physicians are there?

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

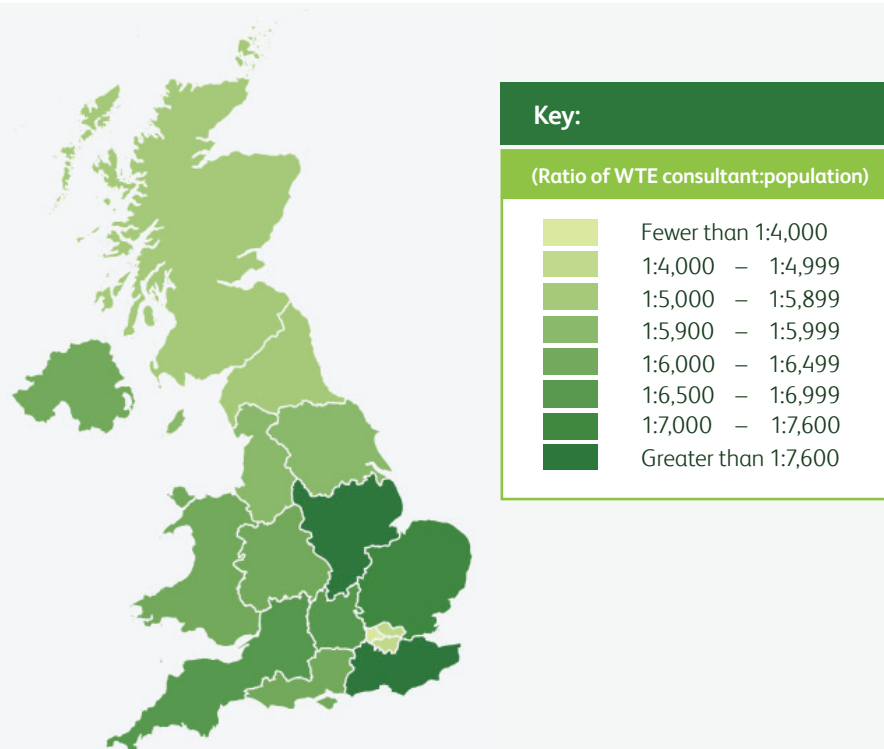
London and those in other areas of the country. Which parts of the UK are most understaffed varies by specialty, but no specialty has low numbers in London (see also C2b–g).

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.

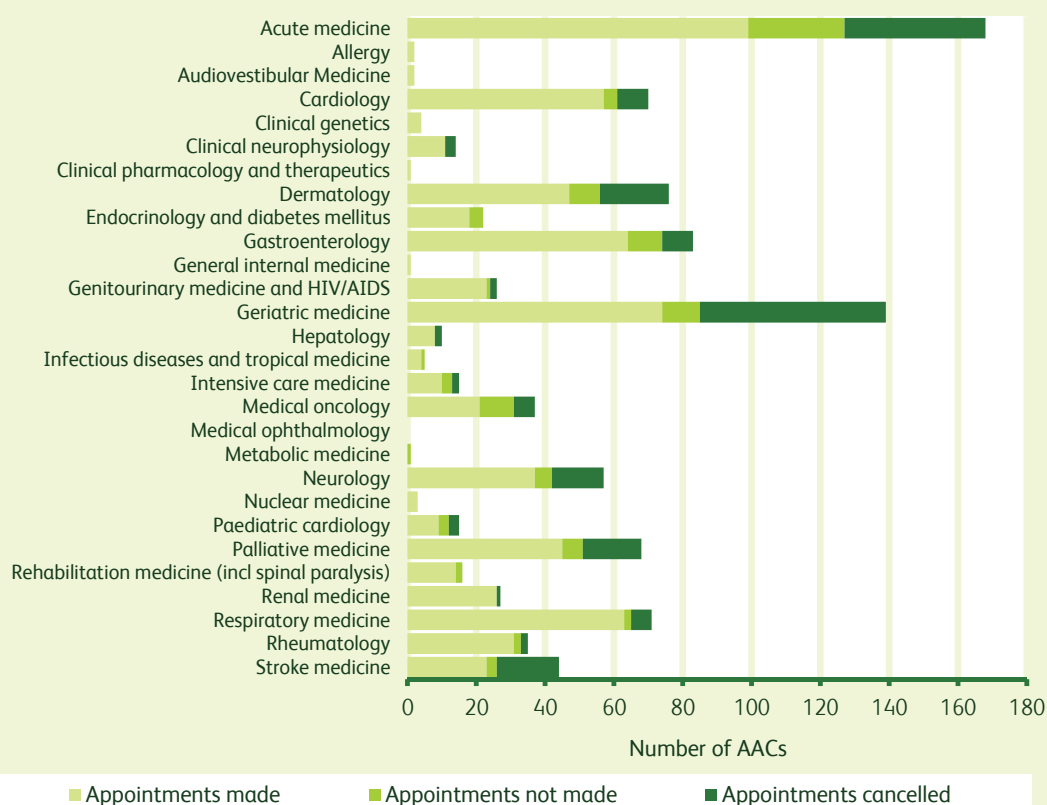
Fig 4 and Fig 5 show data for success rates of consultant appointments by specialty and region. These charts are good barometers of clinical demand for consultants by hospitals in the UK. More posts were advertised in acute medicine and geriatric medicine than any of the other specialties. There were 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).



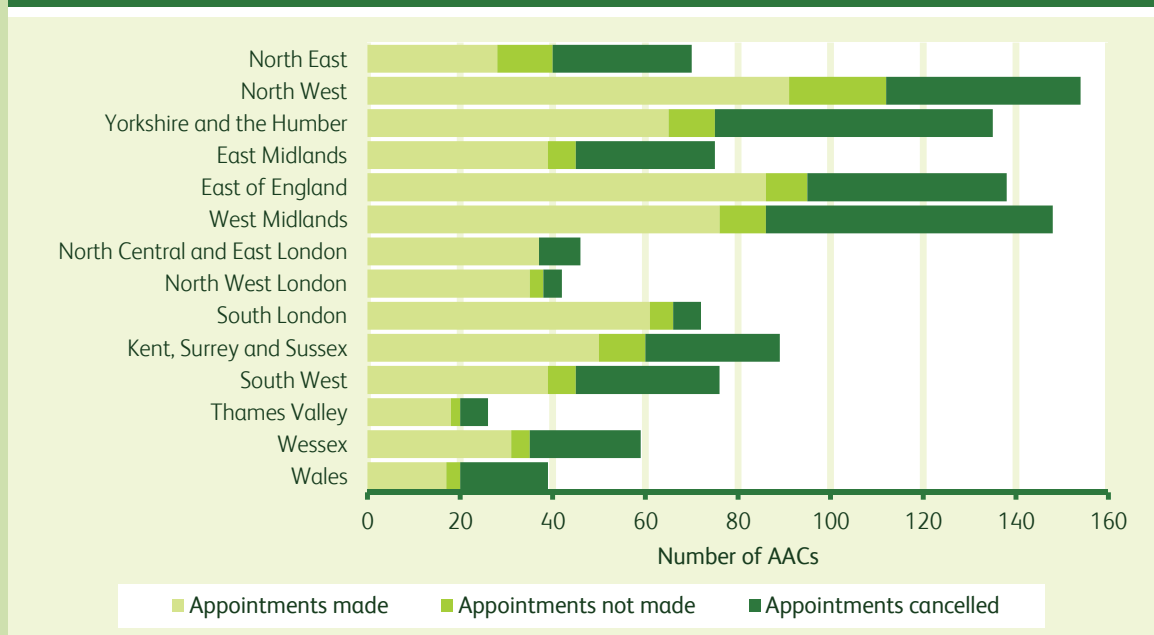
**Figure 3. Geographical distribution of the consultant physician workforce**  
Population served by each whole-time equivalent (WTE) consultant



**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?

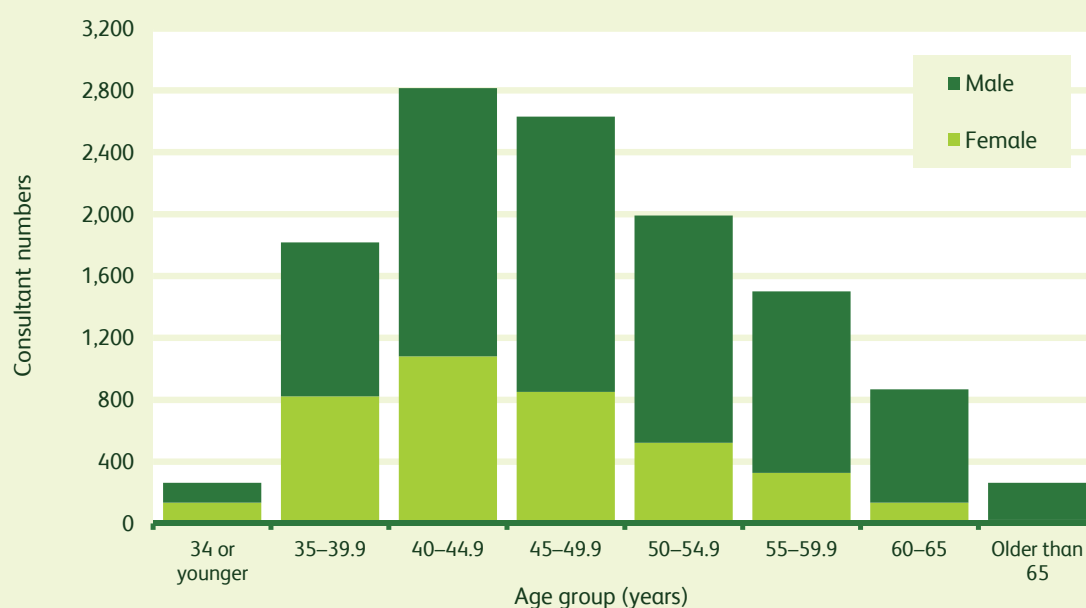
The consultant physician workforce continued to become younger and more populated by women. The largest age group was aged 40–44 years (*Fig 6*). Women made up 51.3% of the youngest age group (34 years or younger). The shift towards a more sex-balanced workforce is shown most clearly in *Fig 7*. This 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).

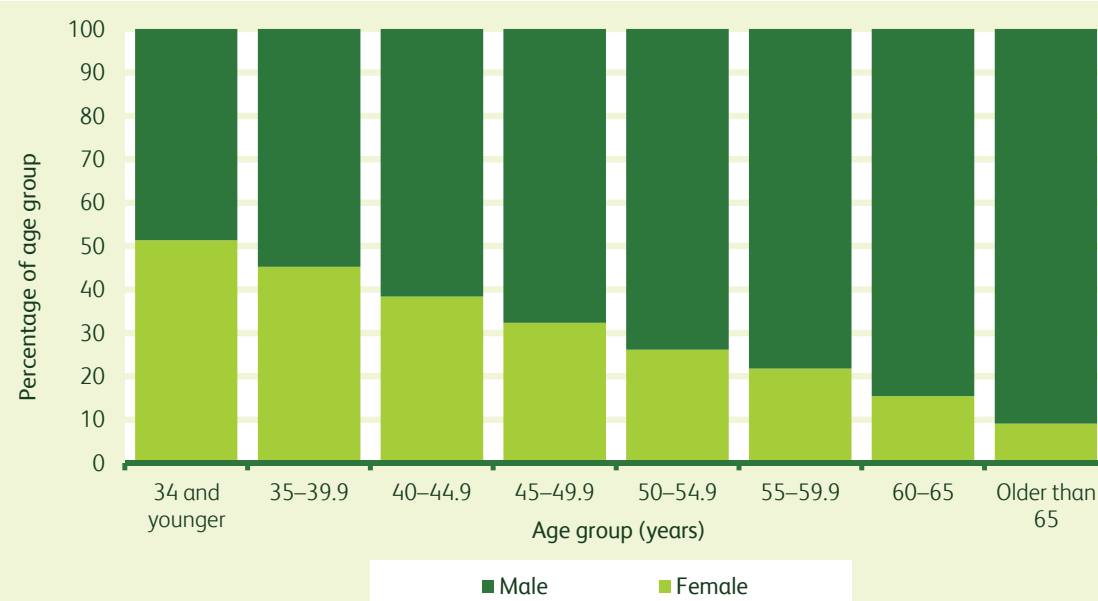
### How do consultants spend their time?

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.

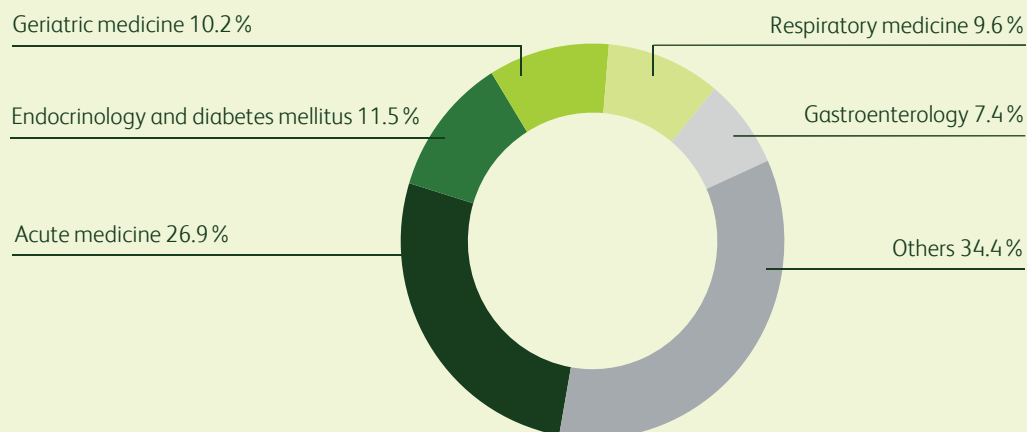
### Which specialties provide acute medicine?

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 specialties 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



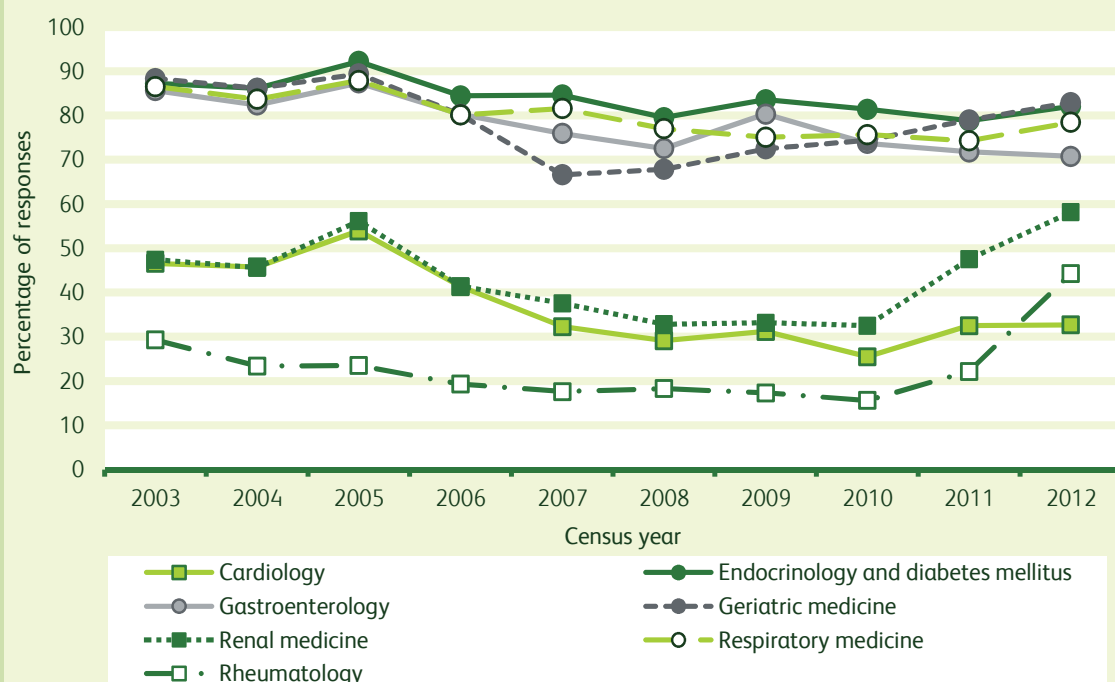
renal medicine and rheumatology is probably a reflection of newer posts being advertised with a large acute medical component. The recent report of the Future Hospital Commission has described the need for a larger workforce to provide acute medicine and *Fig 4* shows that employers also see this as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

(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.

### 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

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## 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



# Census of consultant physicians in the UK 2012: National commentaries on census data



# Census of consultant physicians in the UK, 2012

## National commentaries on census data: Wales

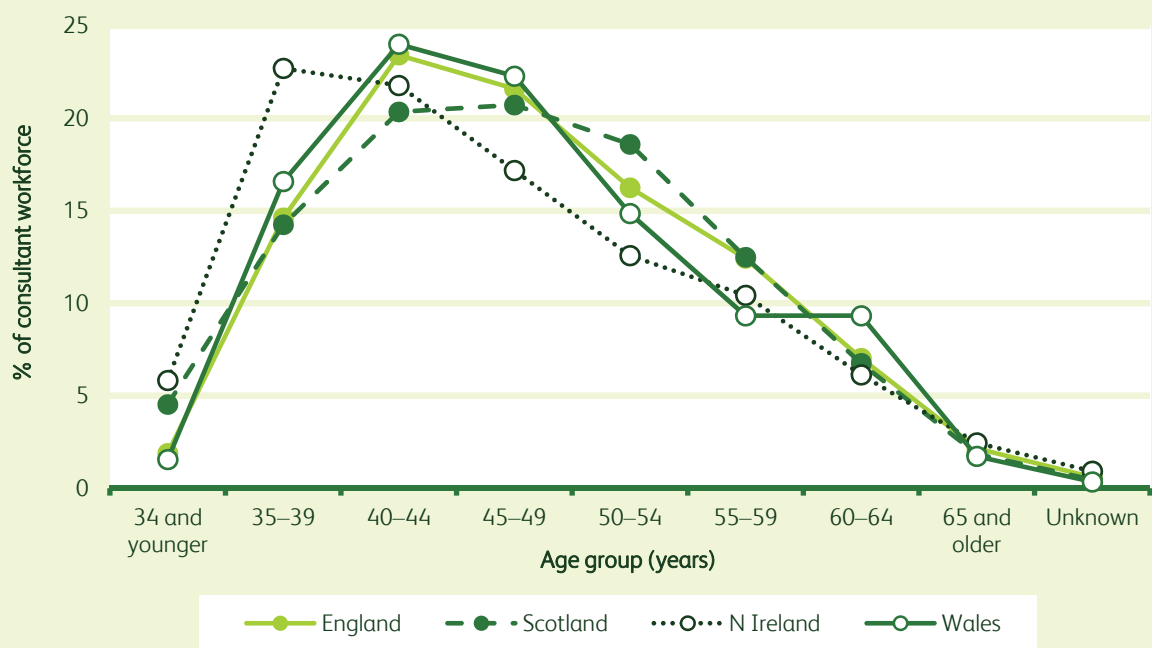
The total expansion in this 12-month period in Wales was 1%. This contrasts with 3.8% in England and Northern Ireland, and 1.5% in Scotland. The average for the UK overall was 3.5% (C2a). Whilst consultant expansion had been above the UK average in the preceding decade, the 2012 figure represents a precipitous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

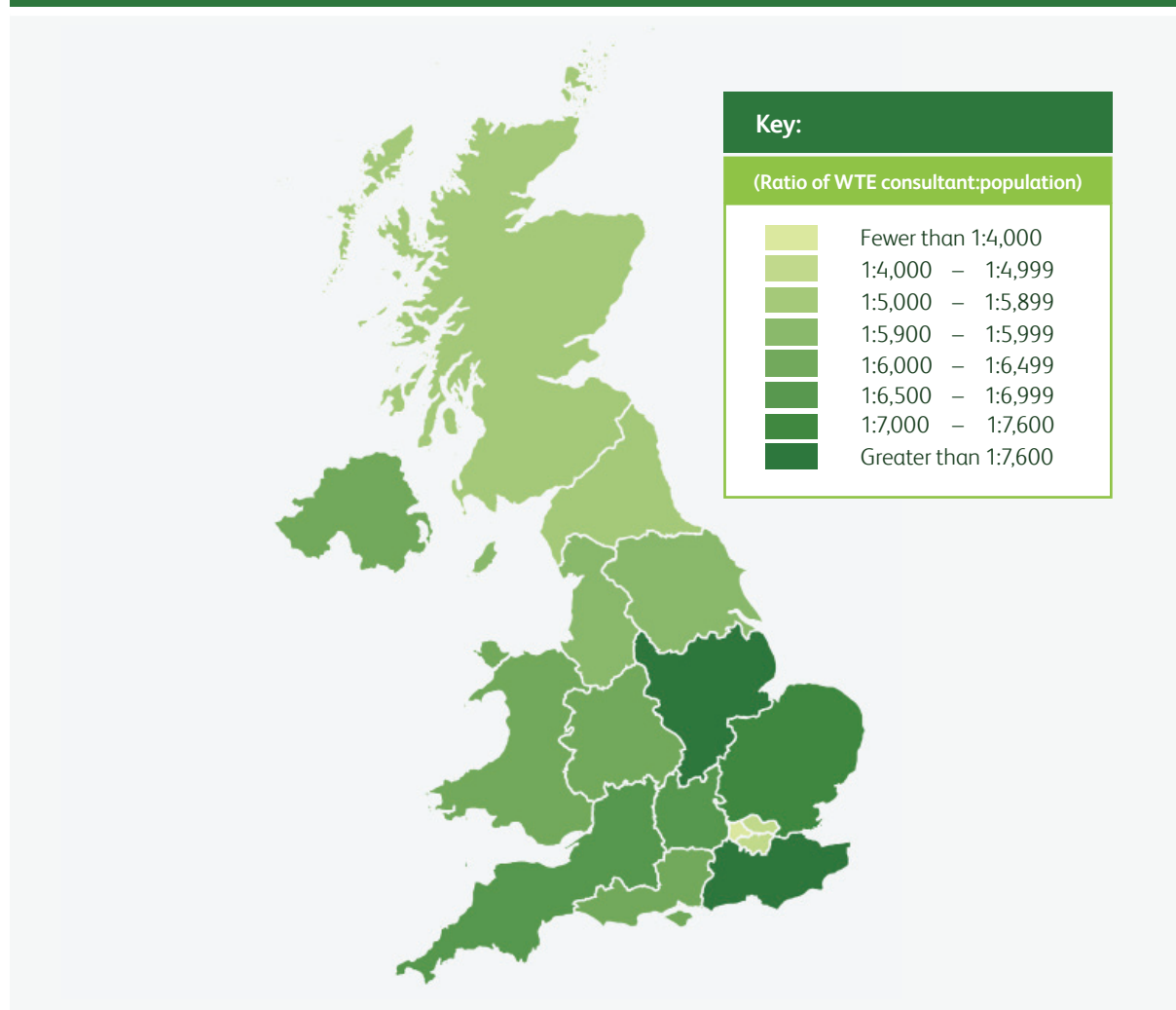
*RCP vice president for Wales*

# 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*



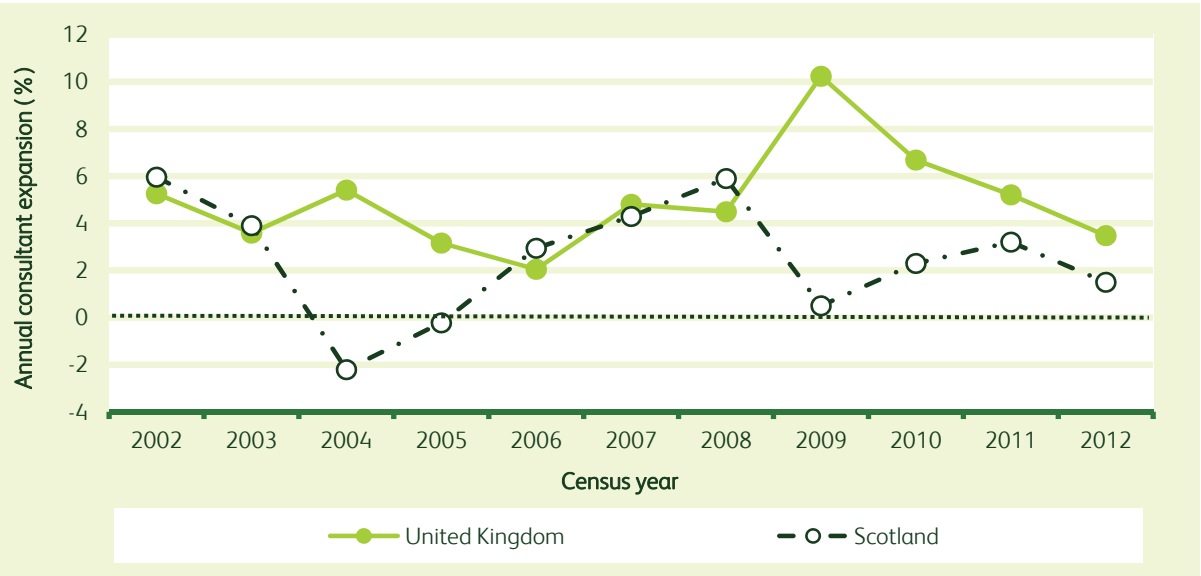
# Census of consultant physicians in the UK, 2012

## 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 specialties, 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

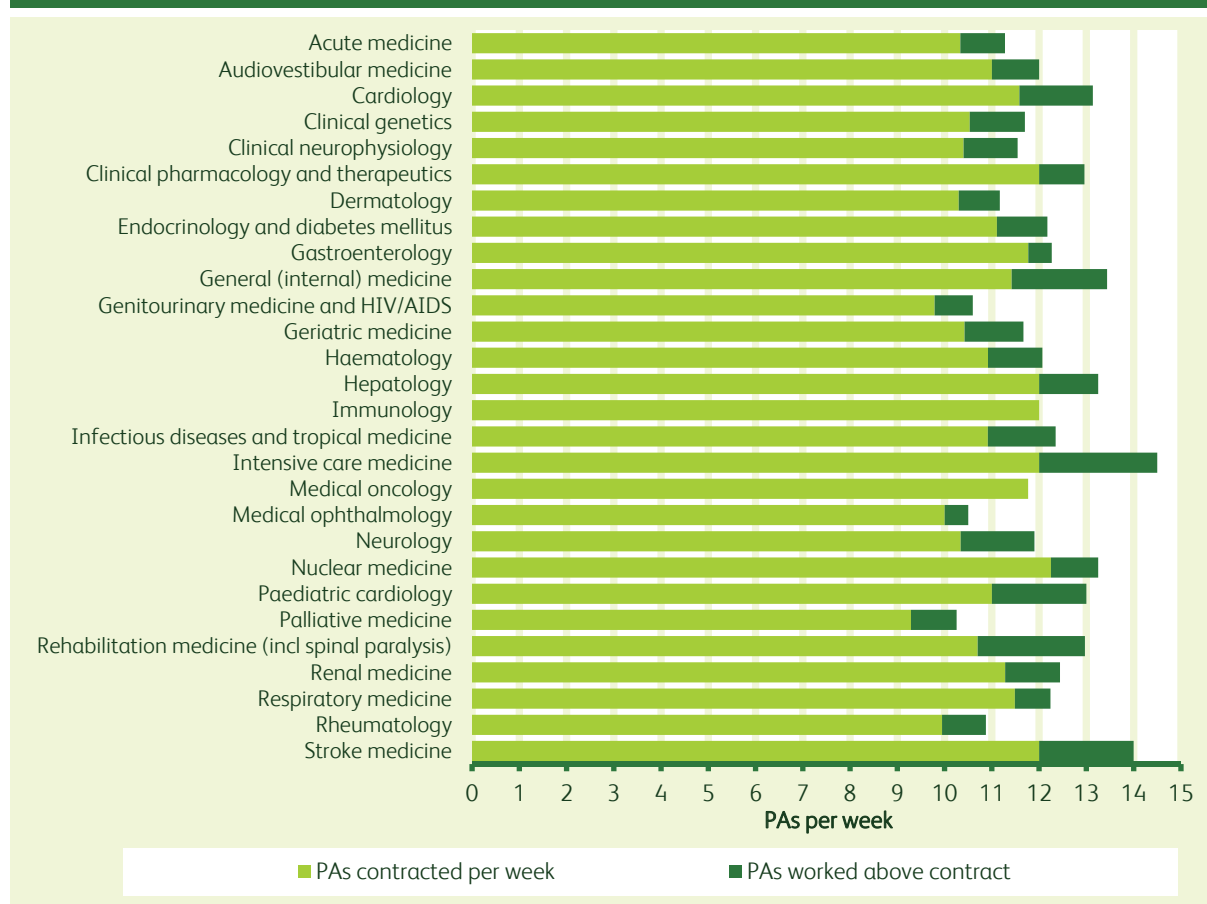
\* Information services division (internal data; unpublished).

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.<sup>†</sup>

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

Source: RCP consultant census – census date 30 September 2012



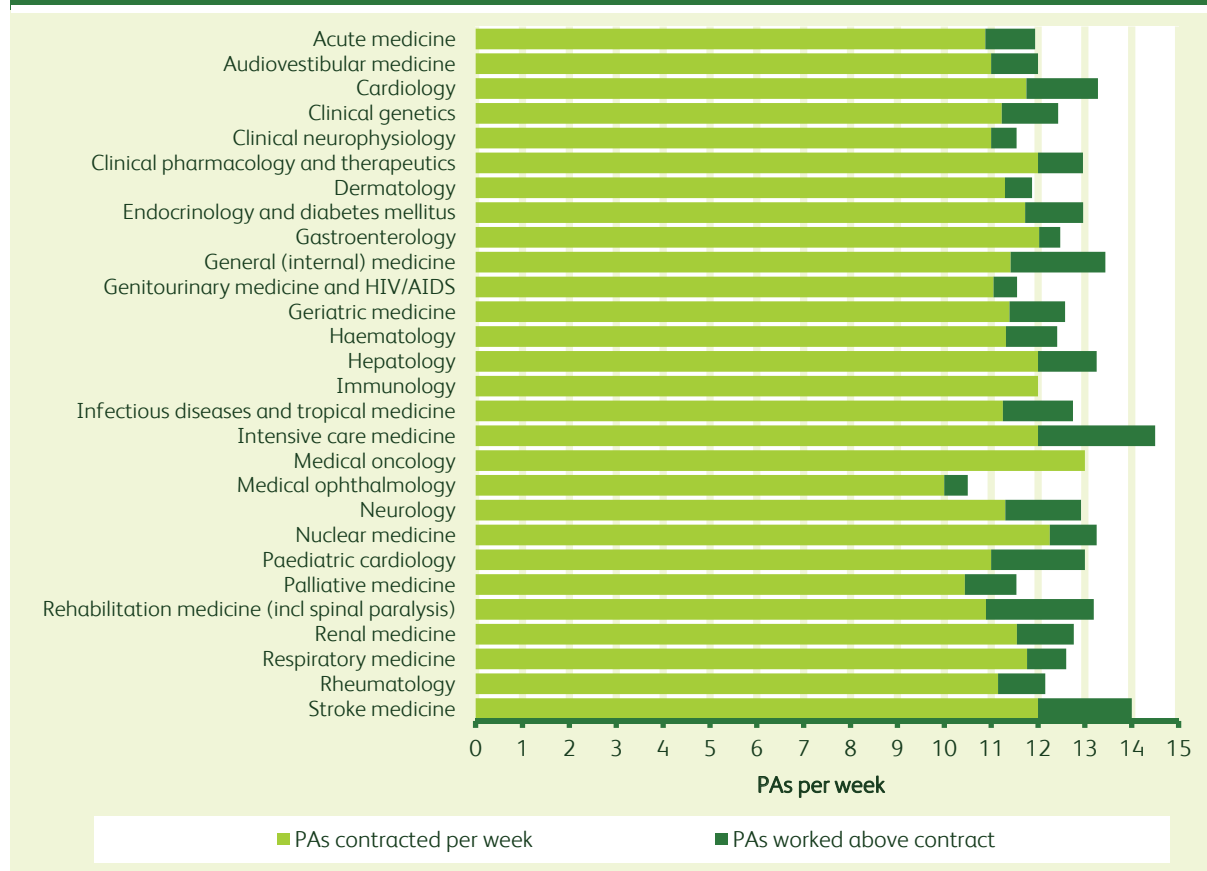
Whole-time physicians in Scotland reported working 1 PA on average above their contracted sessions. Cardiology, neurology and stroke medicine reported working in excess of 1.5 PAs with general (internal) medicine, intensive care medicine and rehabilitation medicine all working two or more additional 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).

<sup>†</sup> 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

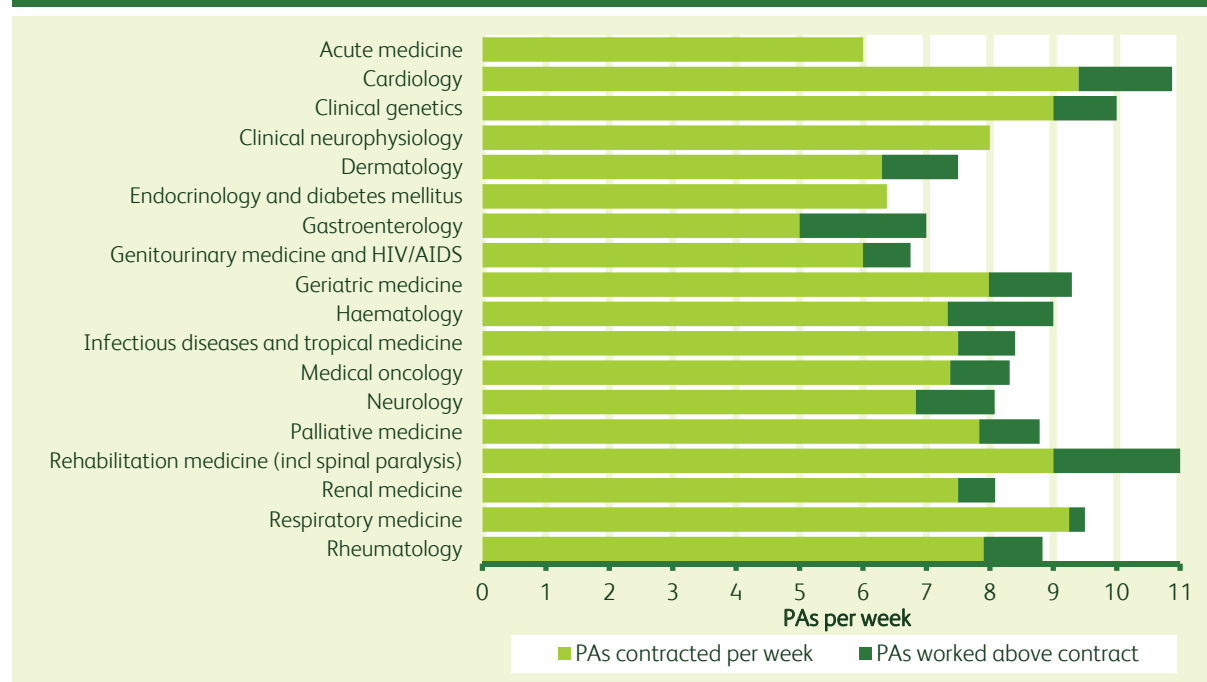
Source: RCP consultant census – census date 30 September 2012



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

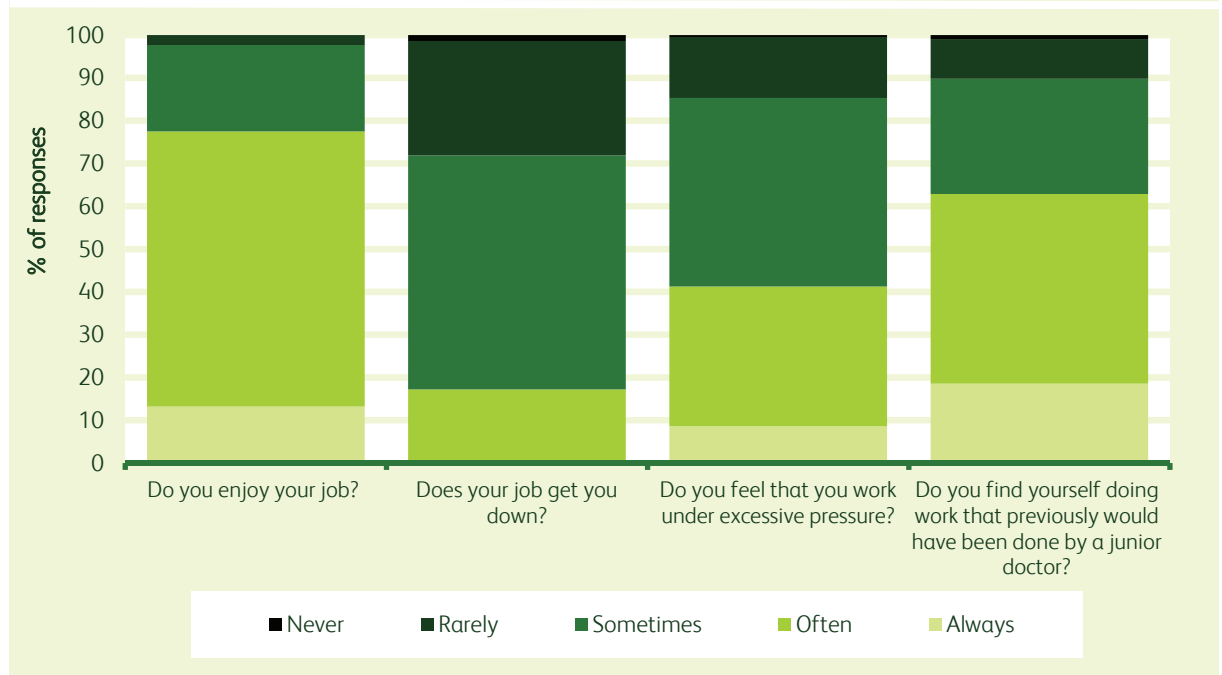


and geriatric medicine all reported in excess of 1.3 additional PAs, with higher levels still in rehabilitation medicine. Of some concern is the lower allocation in contracts of SPA time for less-than-whole-time consultants (1.5 SPAs). This implies these consultants (who are in the main women) have little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

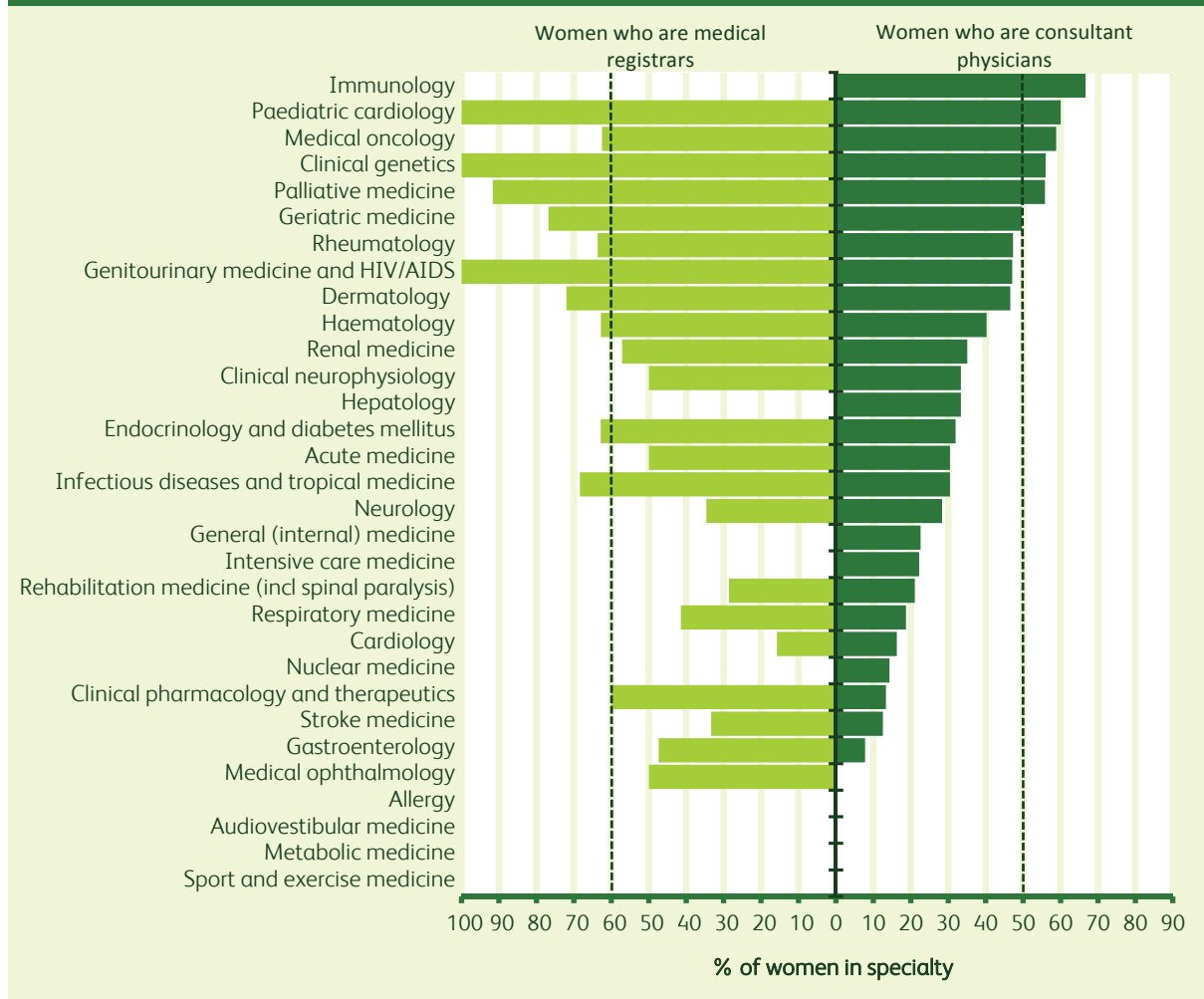
Source: RCP consultant census – census date 30 September 2012



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

# Census of consultant physicians in the UK 2012: data, figures and tables C1–C29j



## C1. Consultant census 2012 return-rate

### Consultant physicians working in the UK

Source: RCP consultant census – census date 30 September 2012

<b>Total number of forms sent during September 2012</b>	<b>11,900</b>
Online forms returned completed in detail	4,360 (36.6%)
Paper forms returned	1,284 (10.8%)
<b>Total questionnaires returned</b>	<b>5,644 (47.4%)</b>
Data verified with: specialist societies/workforce contacts including data obtained from the Information and Statistics Division, NHS Scotland and medical staffing departments at trusts	6,005
<b>Total returned forms or data confirmed</b>	<b>11,649</b>
Consultants added to the census (notified by: specialist societies/ workforce contacts/ new consultant registration form/ advisory appointment committees/ post-CCT survey of physicians, 2013)	572
<b>Total number of consultants meeting census reporting criteria</b>	<b>12,221</b>

## C2a. Consultant workforce by specialty and country

### UK – all medical specialties

Source: RCP consultant census – census date 30 September 2012

Specialty	England Consultants	Wales Consultants	Northern Ireland Consultants	Scotland Consultants	Total (UK) Consultants	Expansion (2011–2012) %
Acute medicine	341	19	10	23	393	33.2
Allergy	28	–	–	–	28	0.0
Audiovestibular medicine	38	2	1	1	42	-8.7
Cardiology	899	59	28	80	1,066	4.9
Clinical genetics	166	12	6	25	209	0.0
Clinical neurophysiology	105	4	2	9	120	0.0
Clinical pharmacology and therapeutics	57	4	1	15	77	5.5
Dermatology	613	35	20	73	741	2.2
Endocrinology and diabetes mellitus	660	41	21	72	794	-0.3
Gastroenterology	889	49	33	90	1,061	2.4
General (internal) medicine	130	12	8	31	181	-13.0
Genitourinary medicine and HIV/AIDS	376	12	4	17	409	3.5
Geriatric medicine	1009	71	39	133	1,252	2.5
Haematology	745	46	21	92	904	2.4
Hepatology	82	2	–	3	87	17.6
Immunology	62	2	3	3	70	0.0
Infectious diseases and tropical medicine	133	4	1	23	161	4.5
Intensive care medicine	77	9	1	9	96	14.3
Medical oncology	330	11	12	34	387	9.9
Medical ophthalmology	11	–	–	2	13	0.0
Metabolic medicine	16	1	1	1	19	-13.6
Neurology	615	26	15	60	716	3.2
Nuclear medicine	64	1	3	7	75	4.2
Paediatric cardiology	75	3	3	5	86	-2.3
Palliative medicine	415	28	16	43	502	5.9
Rehabilitation medicine (incl spinal paralysis)	135	6	4	19	164	-1.8
Renal medicine	451	27	20	57	555	2.8
Respiratory medicine	912	56	31	91	1,090	2.4
Rheumatology	625	34	19	55	733	1.4
Sport and exercise medicine	7	–	1	–	8	14.3
Stroke medicine	169	3	2	8	182	13.8
<b>Total</b>	<b>10,235</b>	<b>579</b>	<b>326</b>	<b>1,081</b>	<b>12,221</b>	
<b>Total (2011)</b>	<b>9,858</b>	<b>573</b>	<b>314</b>	<b>1,065</b>	<b>11,810</b>	
<b>Total expansion</b>	<b>3.8%</b>	<b>1.0%</b>	<b>3.8%</b>	<b>1.5%</b>	<b>3.5%</b>	

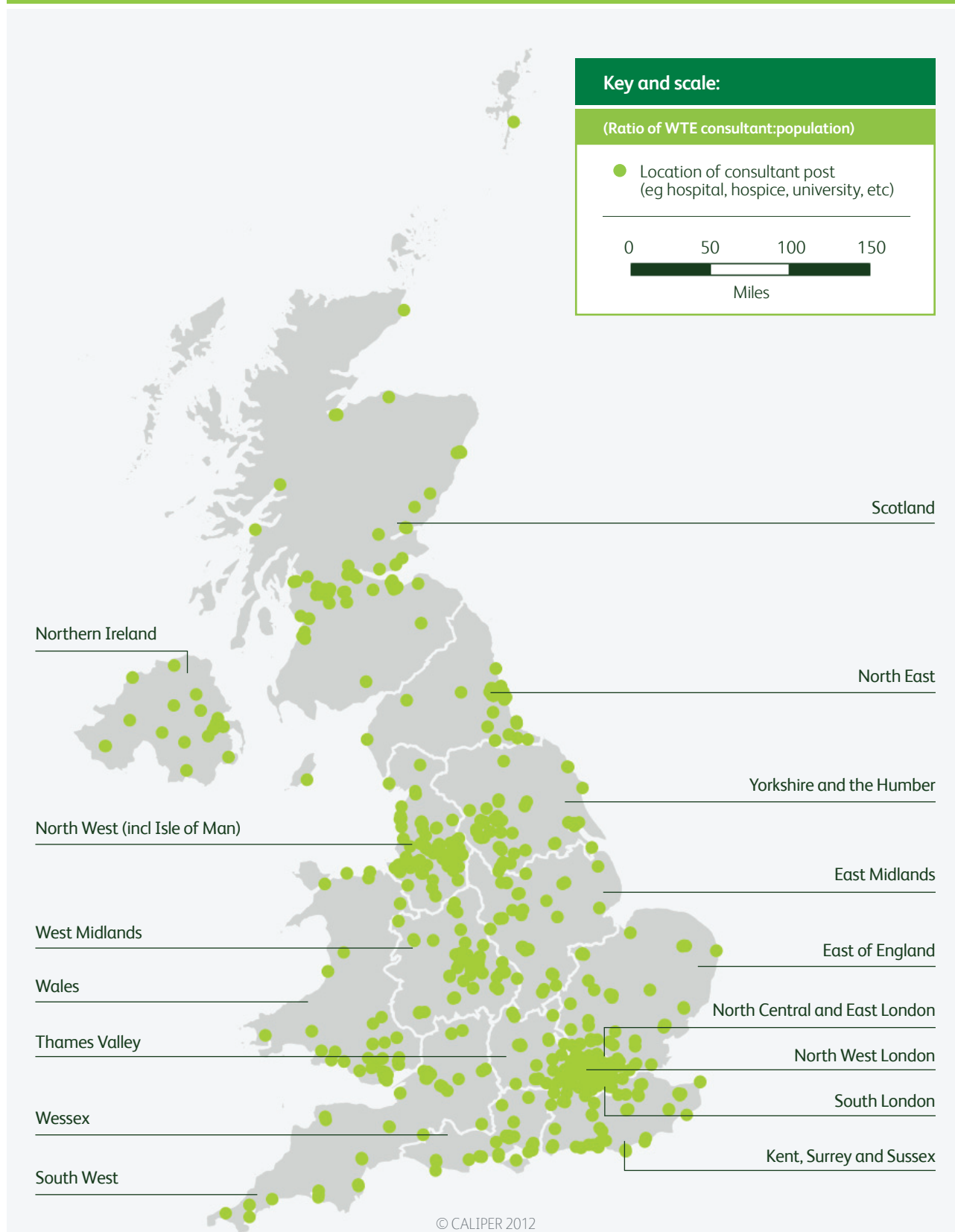


## C2b. Geographical distribution of the consultant physician workforce

### Locations of consultant posts across the UK

UK – all medical specialties

Source: RCP consultant census – census date 30 September 2012

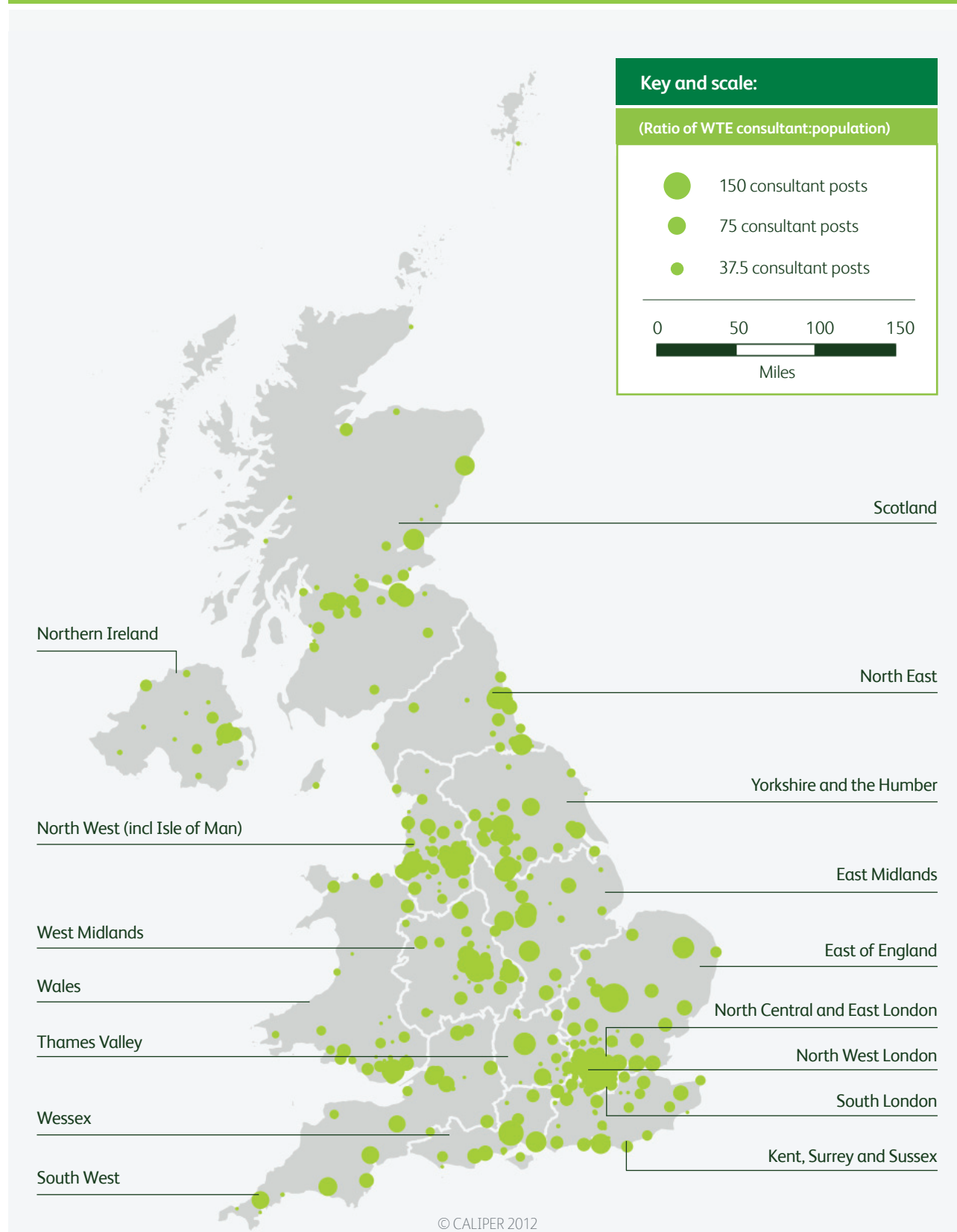


## C2c. Geographical distribution of the consultant physician workforce

### Density of consultant posts

UK – all medical specialties

Source: RCP consultant census – census date 30 September 2012

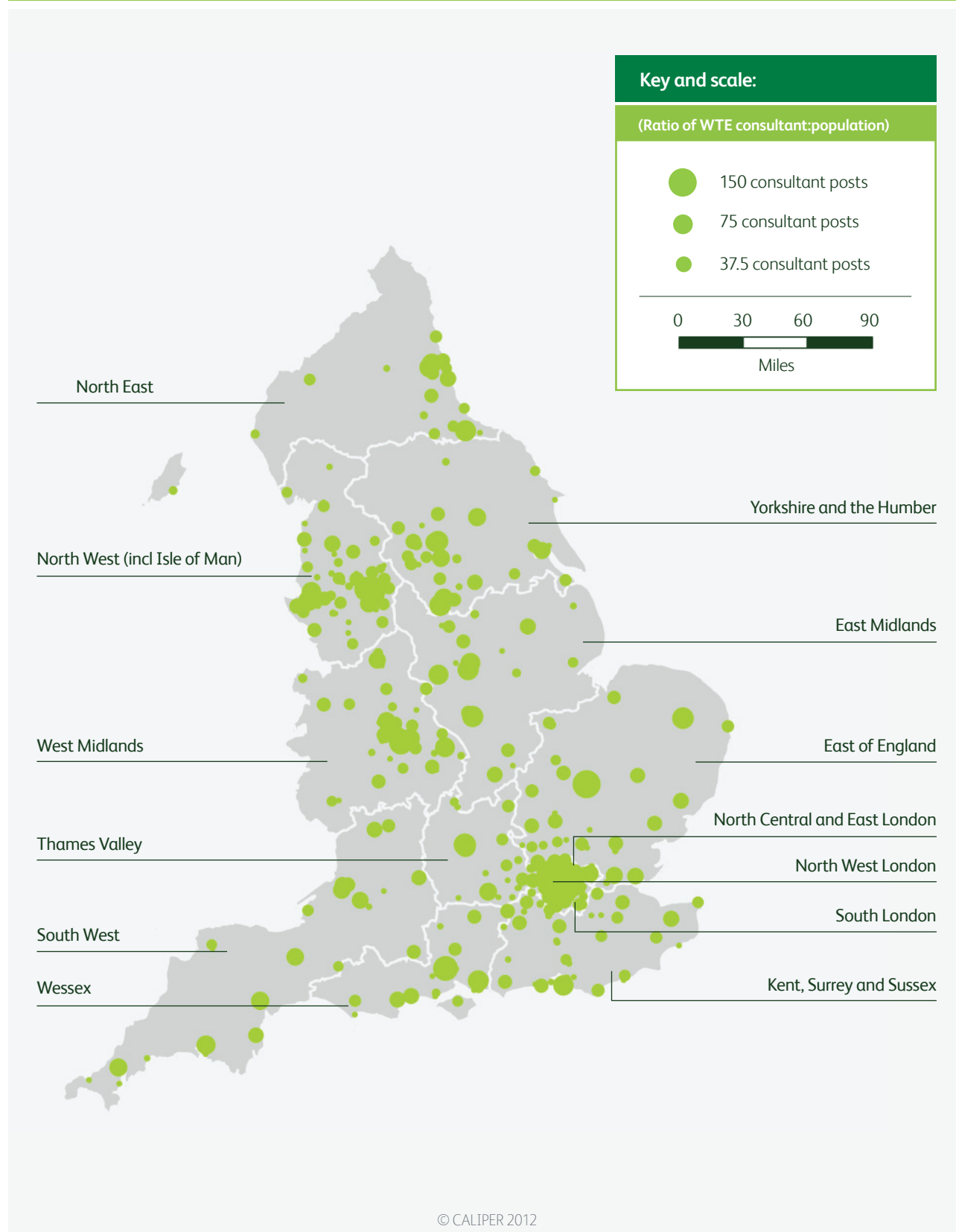


## C2d. Geographical distribution of the consultant physician workforce

### Density of consultant posts – by Local Education and Training Board (LETB)

England – all medical specialties

Source: RCP consultant census – census date 30 September 2012

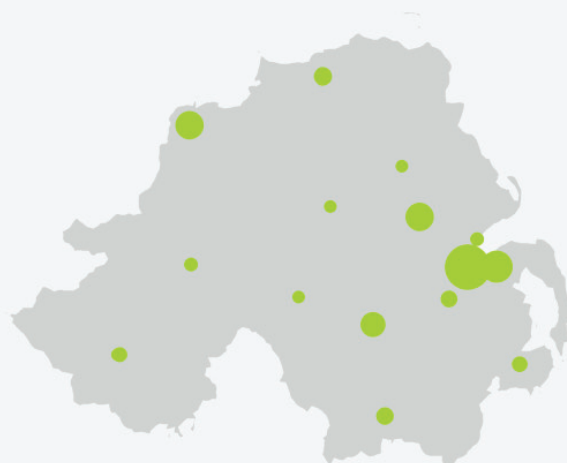


## C2e. Geographical distribution of the consultant physician workforce

### Density of consultant posts

Northern Ireland – all medical specialties

Source: RCP consultant census – census date 30 September 2012



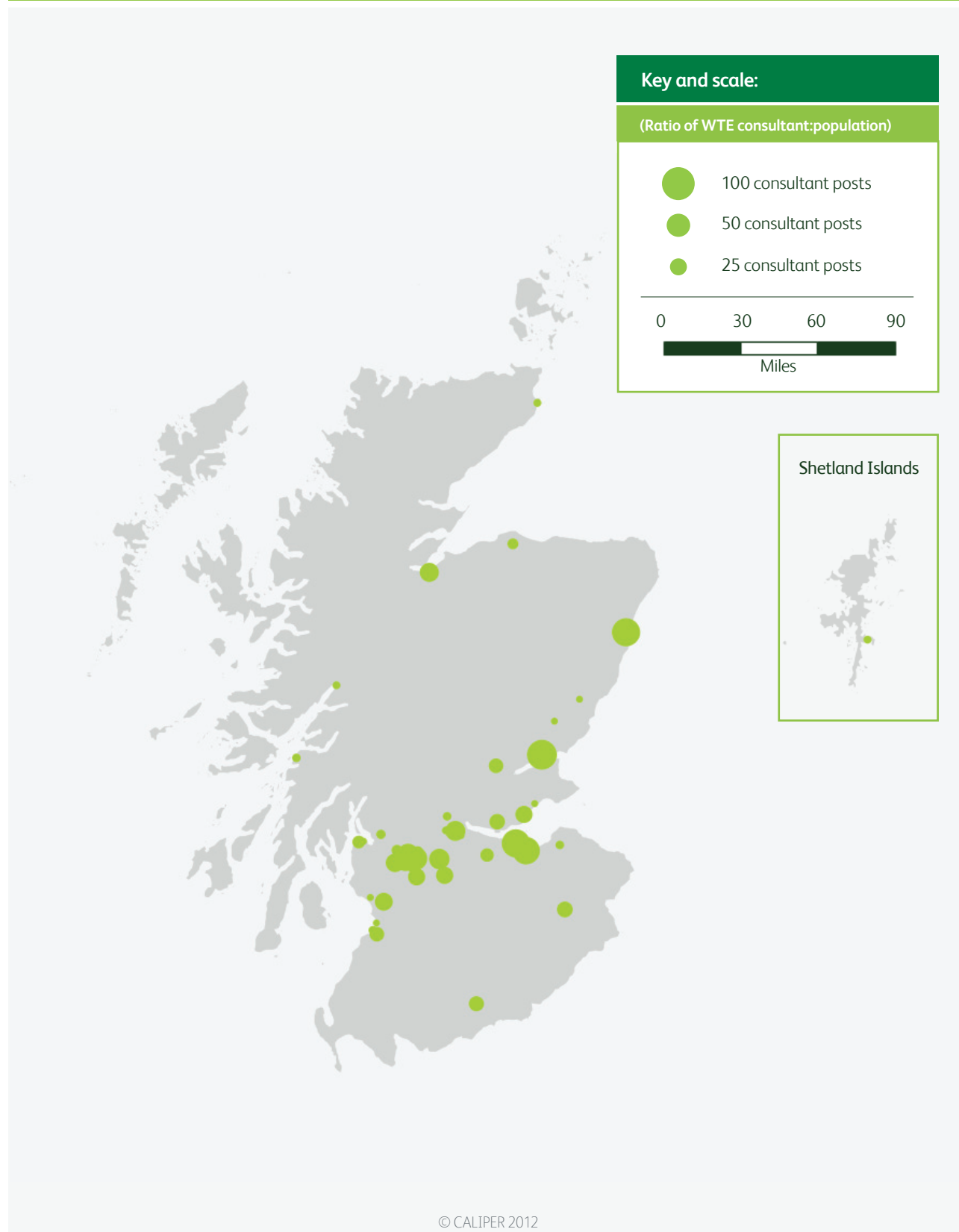
© CALIPER 2012

## C2f. Geographical distribution of the consultant physician workforce

### Density of consultant posts

Scotland – all medical specialties

Source: RCP consultant census – census date 30 September 2012



## C2g. Geographical distribution of the consultant physician workforce

### Density of consultant posts

Wales – all medical specialties

Source: RCP consultant census – census date 30 September 2012

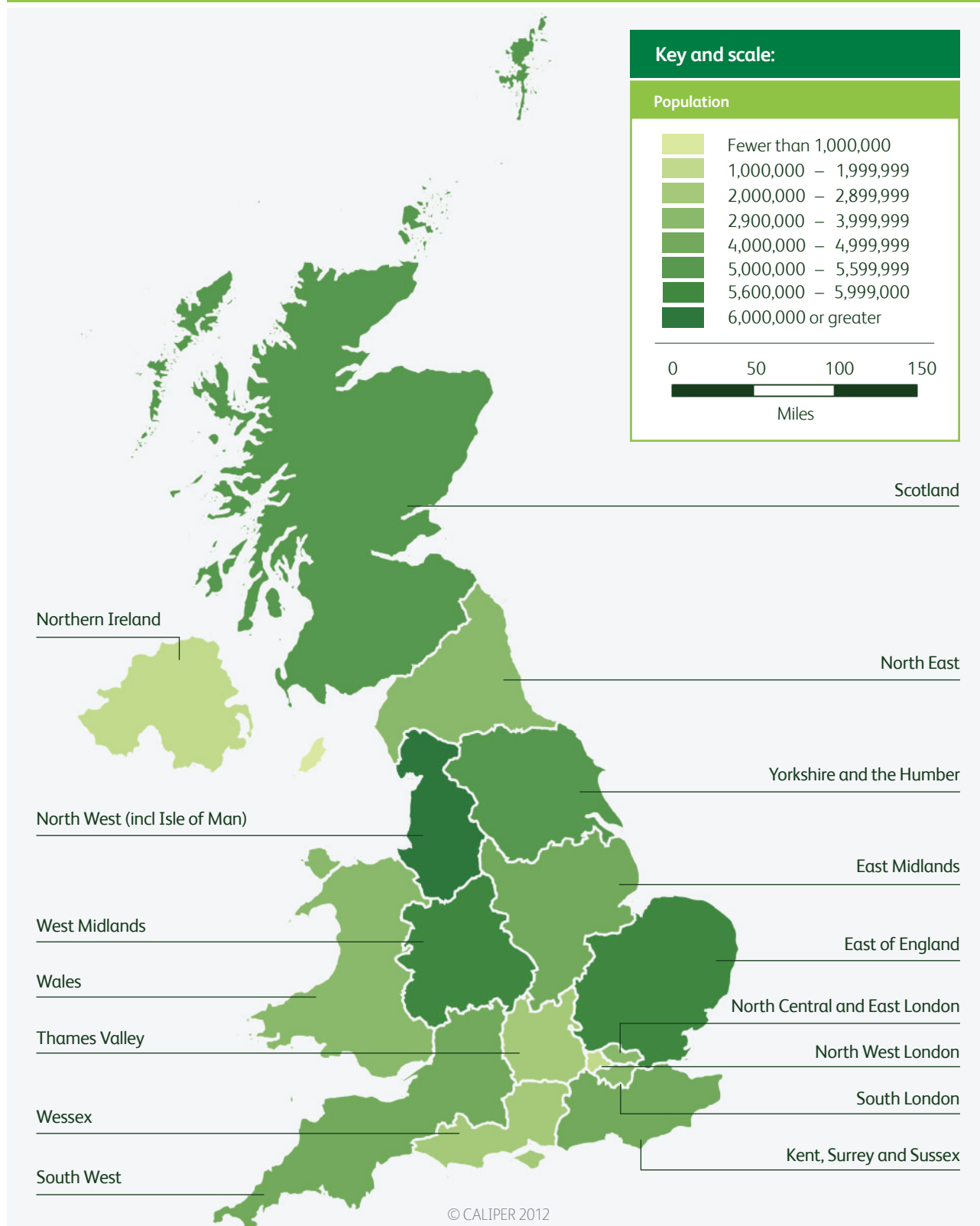


**C2h. Size of the regional populations**

Data for England sub-divided by Local Education and Training Board (LETB)

United Kingdom

Sources: Mid-2012 population estimates \*



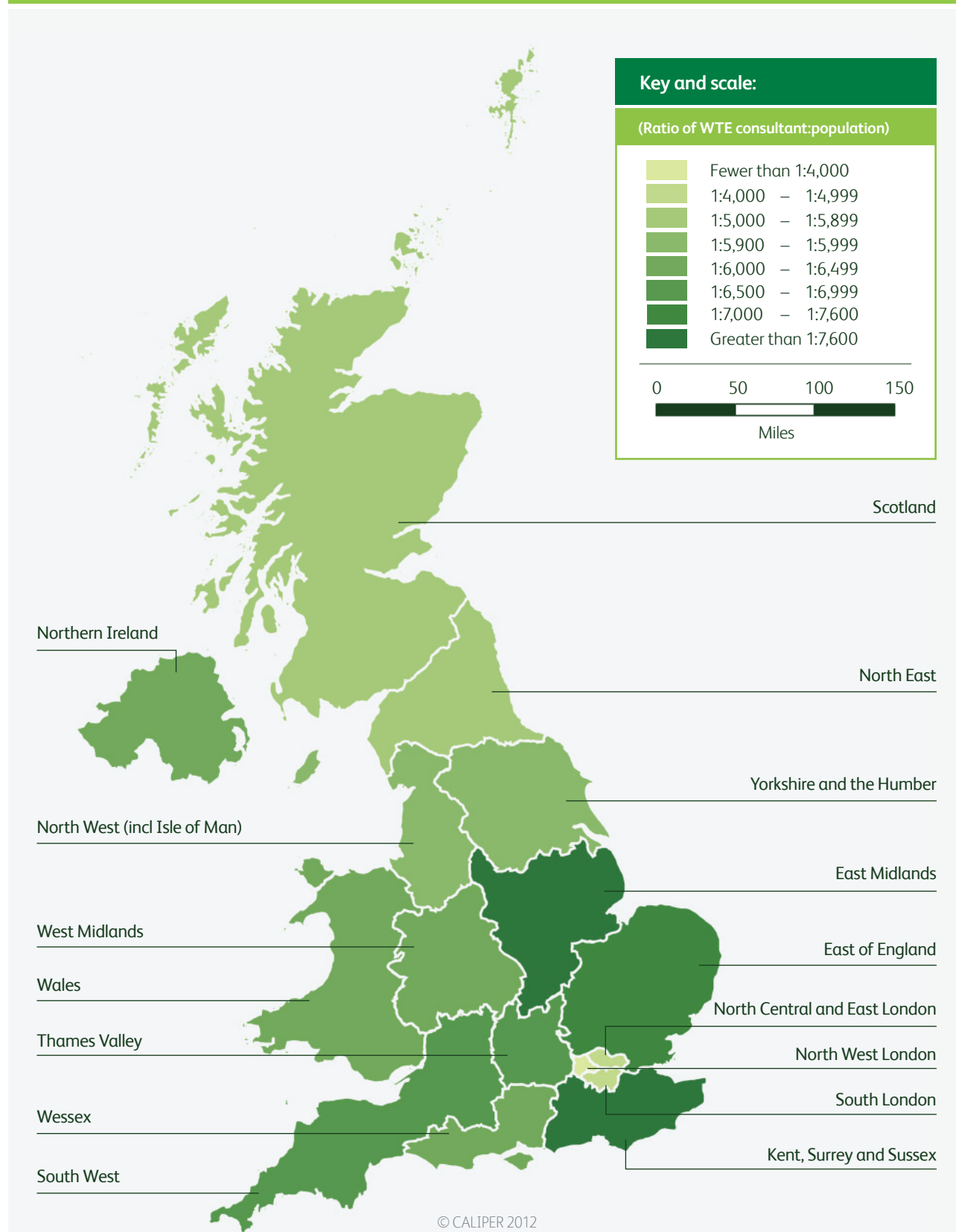
\*Office for National Statistics. *Annual Mid-year Population Estimates for England and Wales, 2012* (26 June 2013). [www.ons.gov.uk/ons/rel/pop-estimate/population-estimates-for-england-and-wales/mid-2012/mid-2012-population-estimates-for-england-and-wales.html](http://www.ons.gov.uk/ons/rel/pop-estimate/population-estimates-for-england-and-wales/mid-2012/mid-2012-population-estimates-for-england-and-wales.html) [Accessed Nov 2013]; General Register Office for Scotland. *Mid-2012 Population Estimates: Scotland* (8 August 2013). [www.gro-scotland.gov.uk/statistics/theme/population/estimates/mid-year/2012/index.html](http://www.gro-scotland.gov.uk/statistics/theme/population/estimates/mid-year/2012/index.html) [Accessed Nov 2013]; Northern Ireland Statistics and Research Agency. *2012 Mid-Year Population Estimates* (26 June 2013). [www.nisra.gov.uk/demography/default.asp17.htm](http://www.nisra.gov.uk/demography/default.asp17.htm) [Accessed Nov 2013]

## C2i. Geographical distribution of the consultant physician workforce

### Population served by each whole-time equivalent (WTE) consultant

UK – all medical specialties

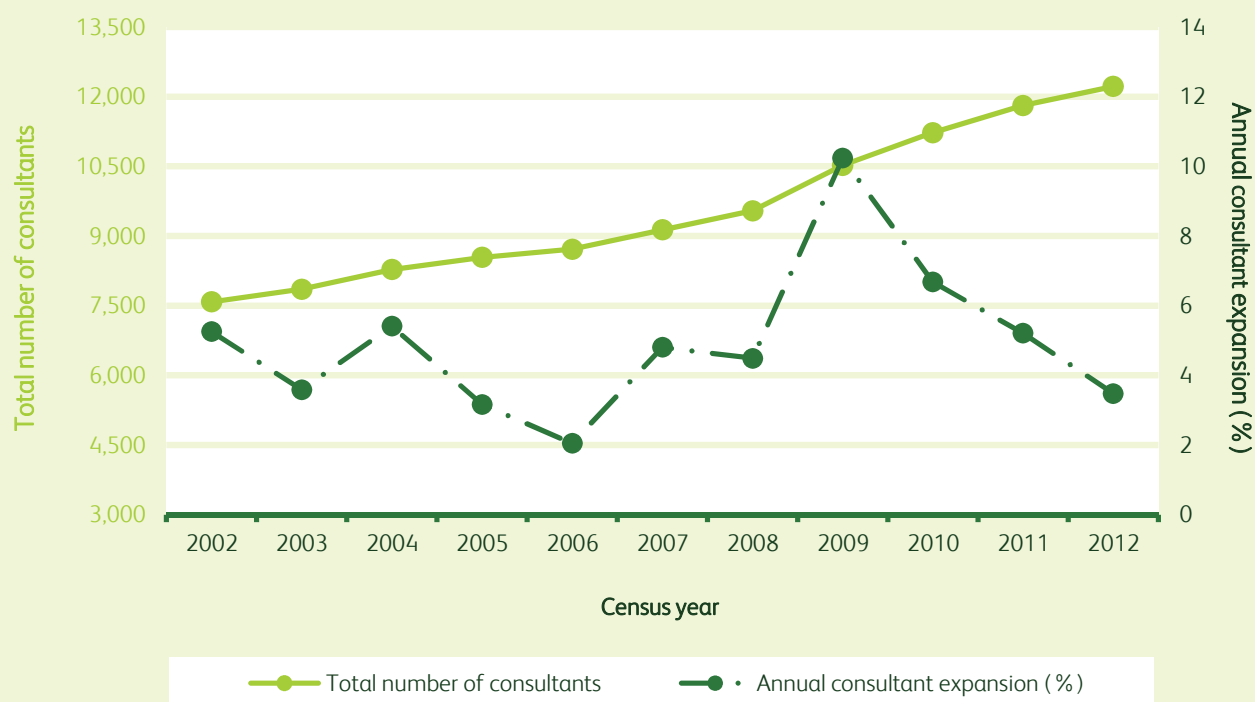
Source: RCP consultant census – census date 30 September 2012





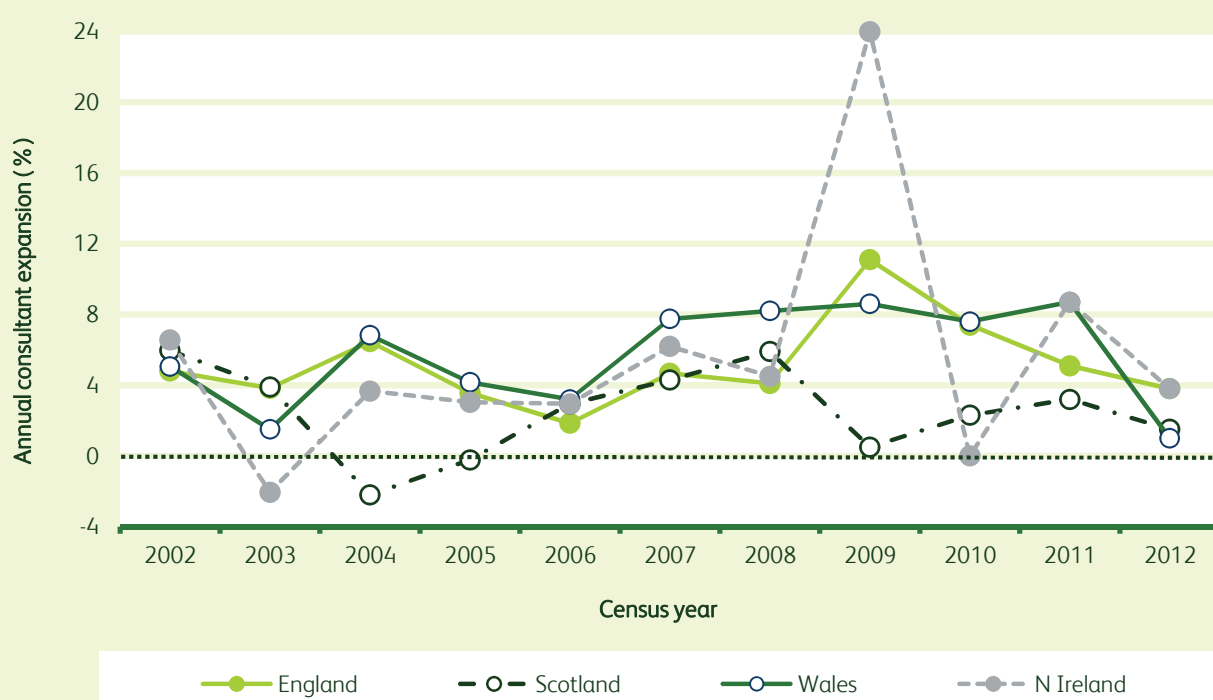
### C3. Consultant numbers and expansion (2002–2012) UK – all medical specialties

Source: RCP consultant census – census date 30 September 2002–2012



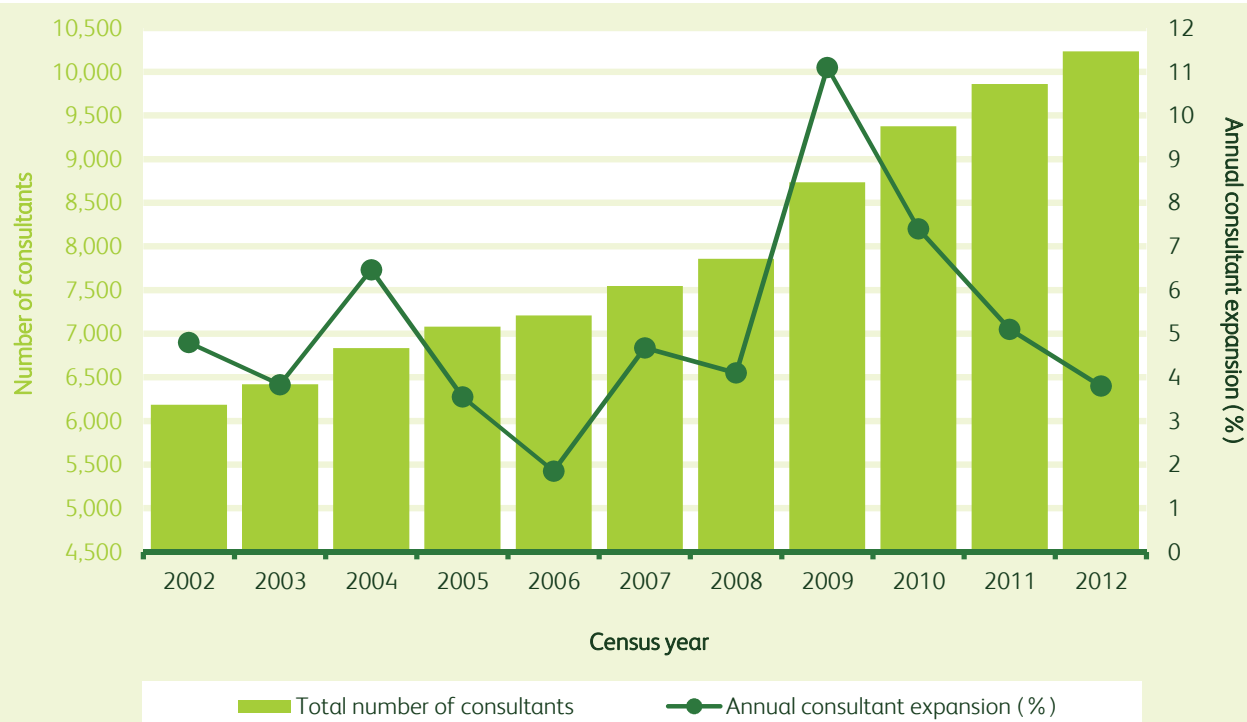
### C4. Annual consultant expansion 2002–2012 UK – all medical specialties

Source: RCP consultant census – census date 30 September 2002–2012



### C5a. Consultant numbers and expansion 2002–2012 England

Source: RCP consultant census – census date 30 September 2002–2012



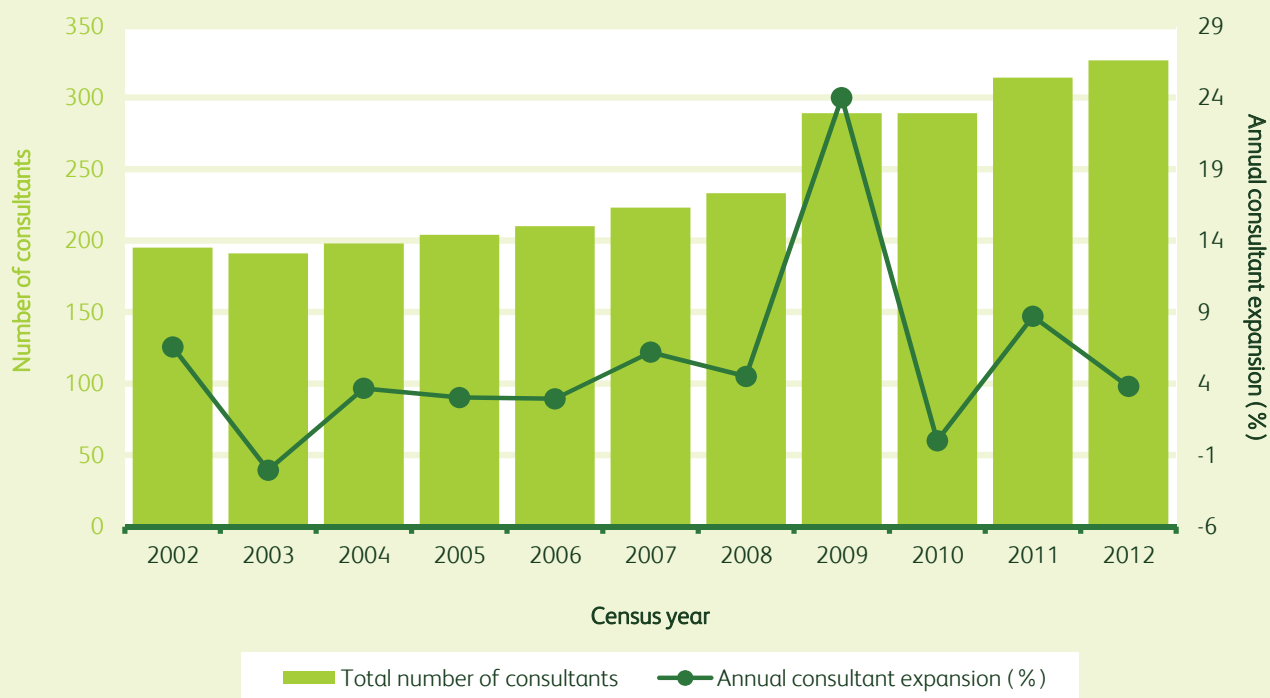
### C5b. Consultant numbers and expansion 2002–2012 Wales

Source: RCP consultant census – census date 30 September 2002–2012



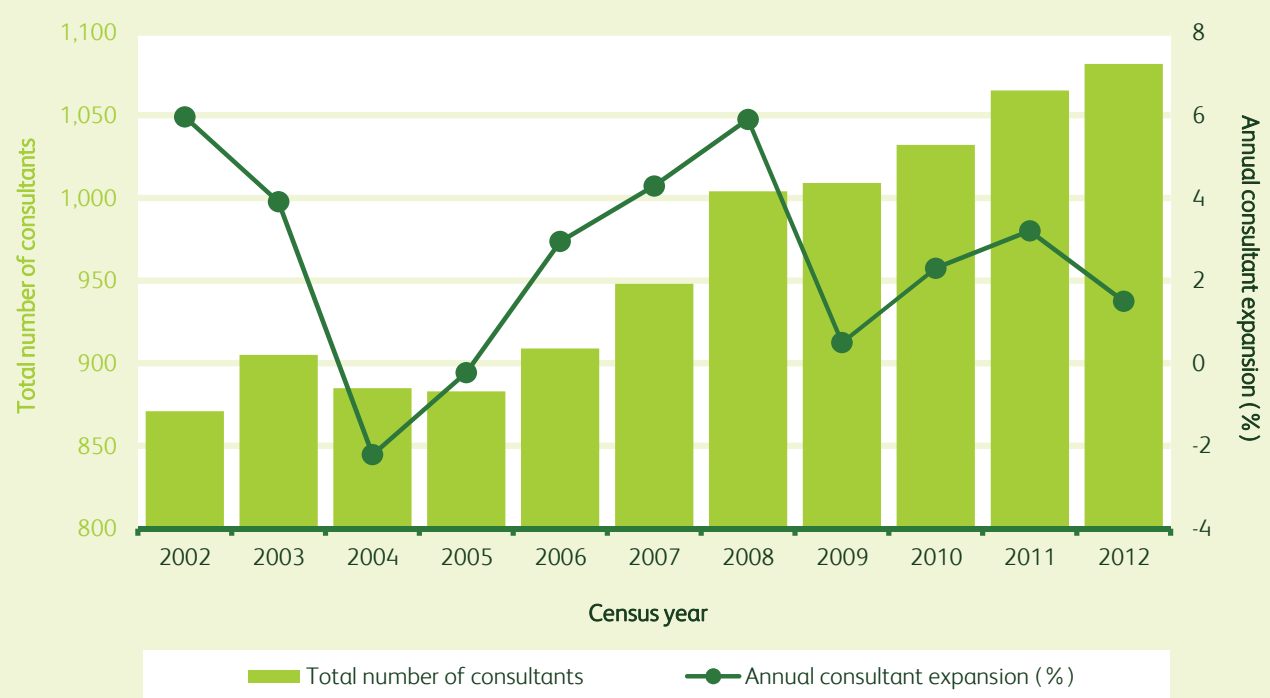
### C5c. Consultant numbers and expansion 2002–2012 Northern Ireland

Source: RCP consultant census – census date 30 September 2002–2012



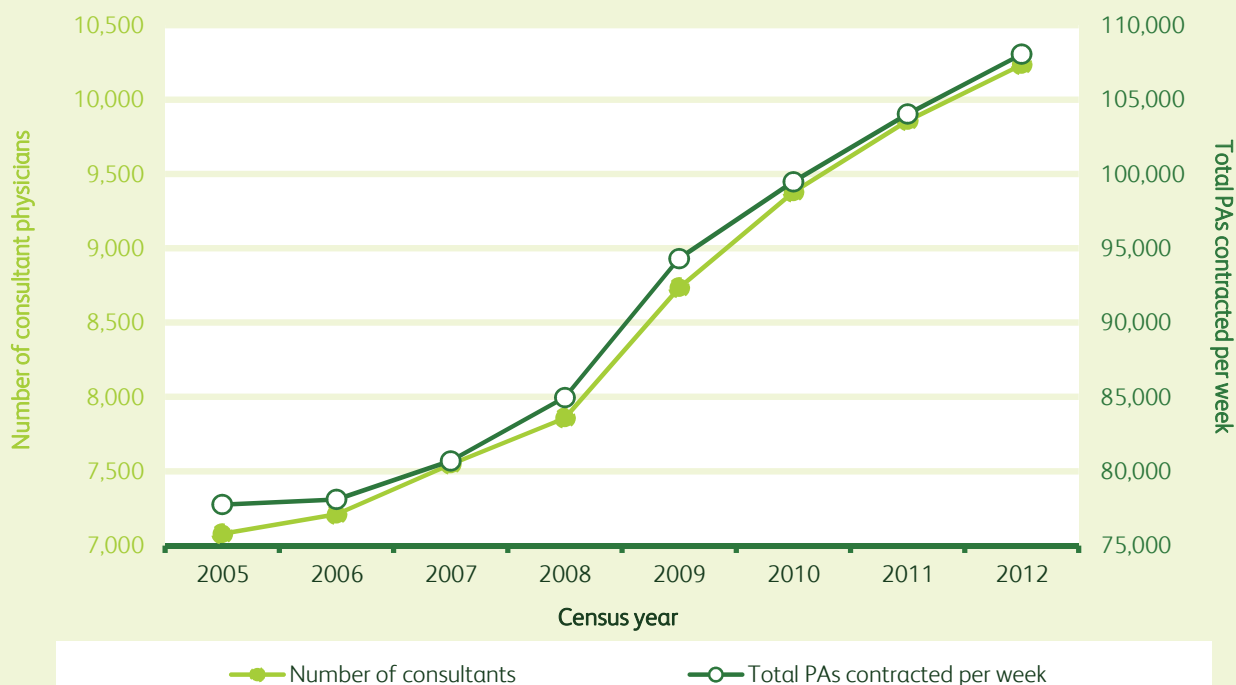
### C5d. Consultant numbers and expansion 2002–2012 Scotland

Source: RCP consultant census – census date 30 September 2002–2012



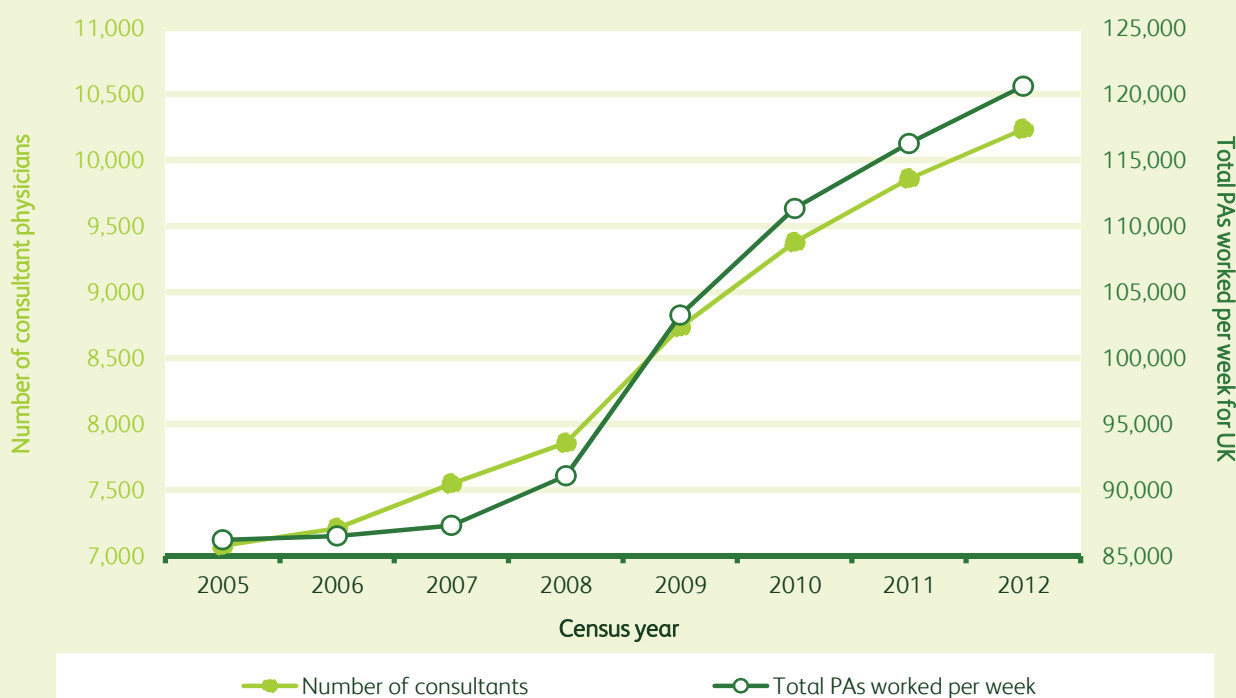
### C6a. Change in the number of consultants vs annual change in total programmed activities (PAs) contracted per week (2005–2012) England

Sources: RCP consultant censuses – census dates 30 September 2006–2012



### C6b. Change in the number of consultants vs annual change in total PAs worked per week (2005–2012) England

Sources: RCP consultant censuses – census dates 30 September 2006–2012



### C6c. Expansion in the number of consultants vs change in primary care trust spending on secondary care (2006–2012) England

Source: RCP consultant censuses – census dates 30 September 2006–2012  
Nuffield Trust –The anatomy of health spending 2011/12\*



\* Jones N, Charlesworth A. *The anatomy of health spending 2011/12: a review of NHS expenditure and labour productivity*. The Nuffield Trust. London: 2013: 13–15. [www.nuffieldtrust.org.uk/sites/files/nuffield/publication/130305\\_anatomy-health-spending.pdf](http://www.nuffieldtrust.org.uk/sites/files/nuffield/publication/130305_anatomy-health-spending.pdf) [Accessed Sept 2013]

## C7a. Breakdown of whole-time and less-than-whole-time working – by gender

### UK – all medical specialties

Source: RCP consultant census – census date 30 September 2012

Specialty	Responses	Whole-time		Less-than-whole-time		Female		Male	
		Number	%	Number	%	Whole-time %	Less than- whole-time %	Whole-time %	Less than- whole-time %
Acute medicine	177	163	92.1	14	7.9	78.4	21.6	97.6	2.4
Allergy	9	6	66.7	3	33.3	50.0	50.0	80.0	20.0
Audiovestibular medicine	26	19	73.1	7	26.9	57.1	42.9	91.7	8.3
Cardiology	418	392	93.8	26	6.2	74.1	25.9	96.7	3.3
Clinical genetics	113	70	61.9	43	38.1	47.4	52.6	94.3	5.7
Clinical neurophysiology	54	49	90.7	5	9.3	85.7	14.3	92.5	7.5
Clinical pharmacology and therapeutics	32	30	93.8	2	6.3	100.0	0.0	92.9	7.1
Dermatology	276	166	60.1	110	39.9	44.2	55.8	80.8	19.2
Endocrinology and diabetes mellitus	385	334	86.8	51	13.2	68.8	31.2	93.8	6.2
Gastroenterology	401	364	90.8	37	9.2	71.4	28.6	95.4	4.6
General (internal) medicine	69	64	92.8	5	7.2	76.5	23.5	98.1	1.9
Genitourinary medicine and HIV/AIDS	192	144	75.0	48	25.0	59.3	40.7	95.2	4.8
Geriatric medicine	545	451	82.8	94	17.2	62.6	37.4	95.8	4.2
Haematology	250	215	86.0	35	14.0	72.6	27.4	97.1	2.9
Hepatology	44	40	90.9	4	9.1	69.2	30.8	100.0	0.0
Immunology	32	25	78.1	7	21.9	40.0	60.0	95.5	4.5
Infectious diseases and tropical medicine	63	56	88.9	7	11.1	75.0	25.0	93.6	6.4
Intensive care medicine	41	41	100.0	—	—	100	—	100.0	—
Medical oncology	175	134	76.6	41	23.4	55.8	44.2	96.6	3.4
Medical ophthalmology	6	4	66.7	2	33.3	33.3	66.7	100.0	—
Metabolic medicine	5	4	80.0	1	20.0	—	—	80.0	20.0
Neurology	290	247	85.2	43	14.8	57.3	42.7	94.9	5.1
Nuclear medicine	33	28	84.8	5	15.2	54.5	45.5	100.0	—
Paediatric cardiology	28	27	96.4	1	3.6	100.0	—	95.5	4.5
Palliative medicine	249	129	51.8	120	48.2	43.2	56.8	75.8	24.2
Rehabilitation medicine (incl spinal paralysis)	77	65	84.4	12	15.6	65.4	34.6	94.1	5.9
Renal medicine	258	234	90.7	24	9.3	69.7	30.3	97.9	2.1
Respiratory medicine	440	393	89.3	47	10.7	76.2	23.8	94.6	5.4
Rheumatology	353	275	77.9	78	22.1	54.8	45.2	94.2	5.8
Sport and exercise medicine	7	5	71.4	2	28.6	—	—	71.4	28.6
Stroke medicine	95	85	89.5	10	10.5	66.7	33.3	97.2	2.8
<b>Summary</b>	<b>5,143</b>	<b>4,259</b>	<b>82.8%</b>	<b>884</b>	<b>17.2%</b>	<b>61.0%</b>	<b>39.0%</b>	<b>94.7%</b>	<b>5.3%</b>

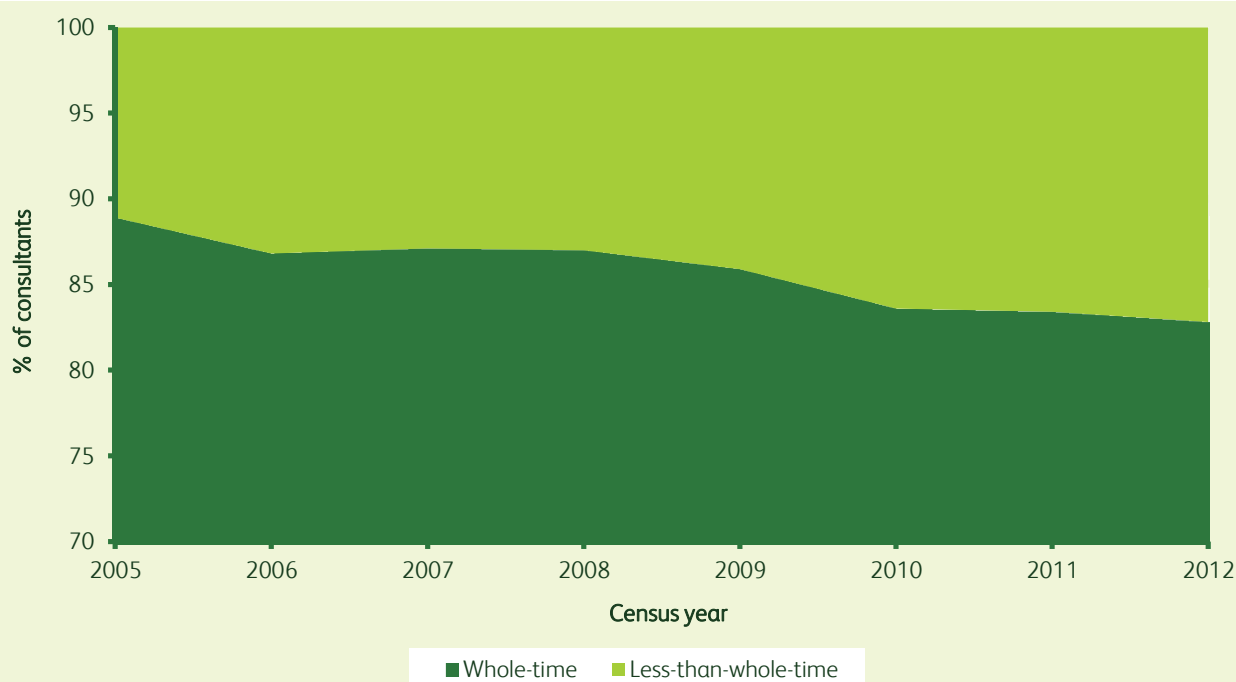
**C7b. Breakdown of whole-time and less-than-whole-time working – by region**
**UK – all medical specialties**
*Source: RCP consultant census – census date 30 September 2012*

Specialty	Responses	England		N Ireland		Scotland		Wales	
		Whole-time	Less-than-whole-time	Whole-time	Less-than-whole-time	Whole-time	Less-than-whole-time	Whole-time	Less-than-whole-time
		%	%	%	%	%	%	%	%
Acute medicine	177	91.4	8.6	100.0	–	88.9	11.1	100.0	–
Allergy	9	66.7	33.3	–	–	–	–	–	–
Audiovestibular medicine	26	72.7	27.3	100.0	–	100.0	–	50.0	50.0
Cardiology	418	94.1	5.9	85.7	14.3	92.3	7.7	92.6	7.4
Clinical genetics	113	60.2	39.8	75.0	25.0	70.0	30.0	66.7	33.3
Clinical neurophysiology	54	91.3	8.7	–	–	80.0	20.0	100.0	–
Clinical pharmacology and therapeutics	32	91.7	8.3	100.0	–	100.0	–	100.0	–
Dermatology	276	54.7	45.3	83.3	16.7	80.8	19.2	85.7	14.3
Endocrinology and diabetes mellitus	385	85.5	14.5	100.0	–	88.6	11.4	96.2	3.8
Gastroenterology	401	90.7	9.3	100.0	–	96.4	3.6	78.9	21.1
General (internal) medicine	69	91.8	8.2	100.0	–	100.0	–	83.3	16.7
Genitourinary medicine and HIV/AIDS	192	74.6	25.4	100.0	–	75.0	25.0	83.3	16.7
Geriatric medicine	545	83.3	16.7	89.5	10.5	71.4	28.6	92.6	7.4
Haematology	250	84.4	15.6	100.0	–	90.0	10.0	92.9	7.1
Hepatology	44	90.0	10.0	–	–	100.0	–	100.0	–
Immunology	32	75.9	24.1	–	–	100.0	–	100.0	–
Infectious diseases and tropical medicine	63	90.0	10.0	–	–	90.9	9.1	50.0	50.0
Intensive care medicine	41	100.0	0.0	–	–	100.0	–	100.0	–
Medical oncology	175	79.4	20.6	40.0	60.0	65.2	34.8	83.3	16.7
Medical ophthalmology	6	60.0	40.0	–	–	100.0	–	–	–
Metabolic medicine	5	75.0	25.0	–	–	–	–	100.0	–
Neurology	290	85.8	14.2	80.0	20.0	78.6	21.4	90.0	10.0
Nuclear medicine	33	83.9	16.1	–	–	100.0	–	–	–
Paediatric cardiology	28	95.8	4.2	100.0	–	100.0	–	100.0	–
Palliative medicine	249	52.6	47.4	54.5	45.5	53.3	46.7	35.7	64.3
Rehabilitation medicine (incl spinal paralysis)	77	83.6	16.4	100.0	–	90.0	10.0	75.0	25.0
Renal medicine	258	89.9	10.1	90.9	9.1	93.3	6.7	100.0	–
Respiratory medicine	440	89.1	10.9	81.8	18.2	88.9	11.1	96.2	3.8
Rheumatology	353	80.4	19.6	66.7	33.3	63.0	37.0	62.5	37.5
Sport and exercise medicine	7	66.7	33.3	100.0	–	–	–	–	–
Stroke medicine	95	89.8	10.2	100.0	–	100.0	–	66.7	33.3
<b>Summary</b>	<b>5,143</b>	<b>82.6%</b>	<b>17.4%</b>	<b>84.5%</b>	<b>15.5%</b>	<b>82.6%</b>	<b>17.4%</b>	<b>85.6%</b>	<b>14.4%</b>

### C7c. Whole-time and less-than-whole-time working (2005–2012)

UK – all medical specialties

Source: RCP consultant census – census dates 30 September 2005–2012



### C7d. Less-than-whole-time working – by region (2005–2012)

UK – all medical specialties

Source: RCP consultant census – census dates 30 September 2005–2012



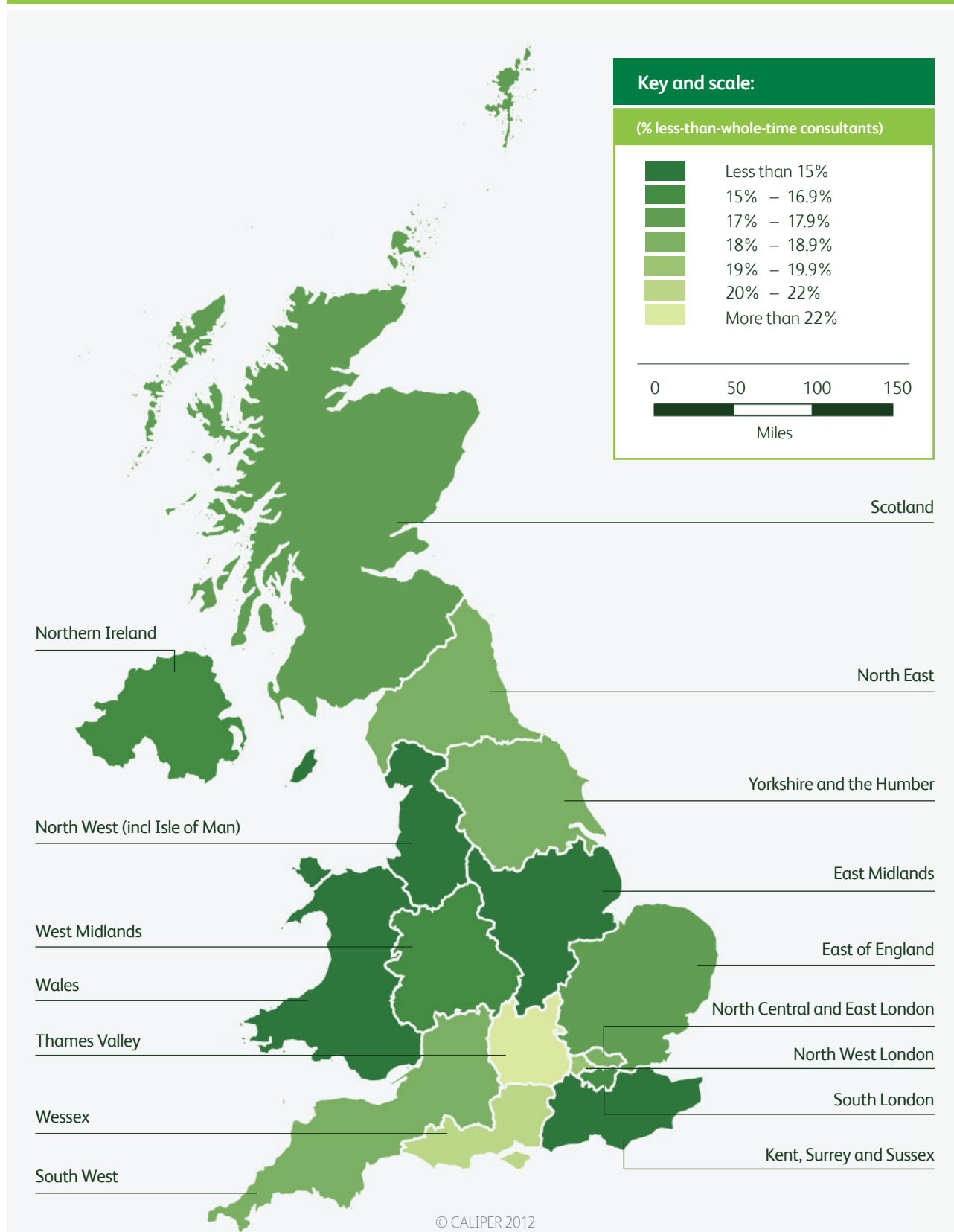


## C7e. Geographical distribution of the consultant physician workforce

### Percentage of consultant workforce who work less-than-whole-time – by region

UK – all medical specialties

Source: RCP consultant census – census date 30 September 2012



## C8. Consultant workforce by specialty and category of post

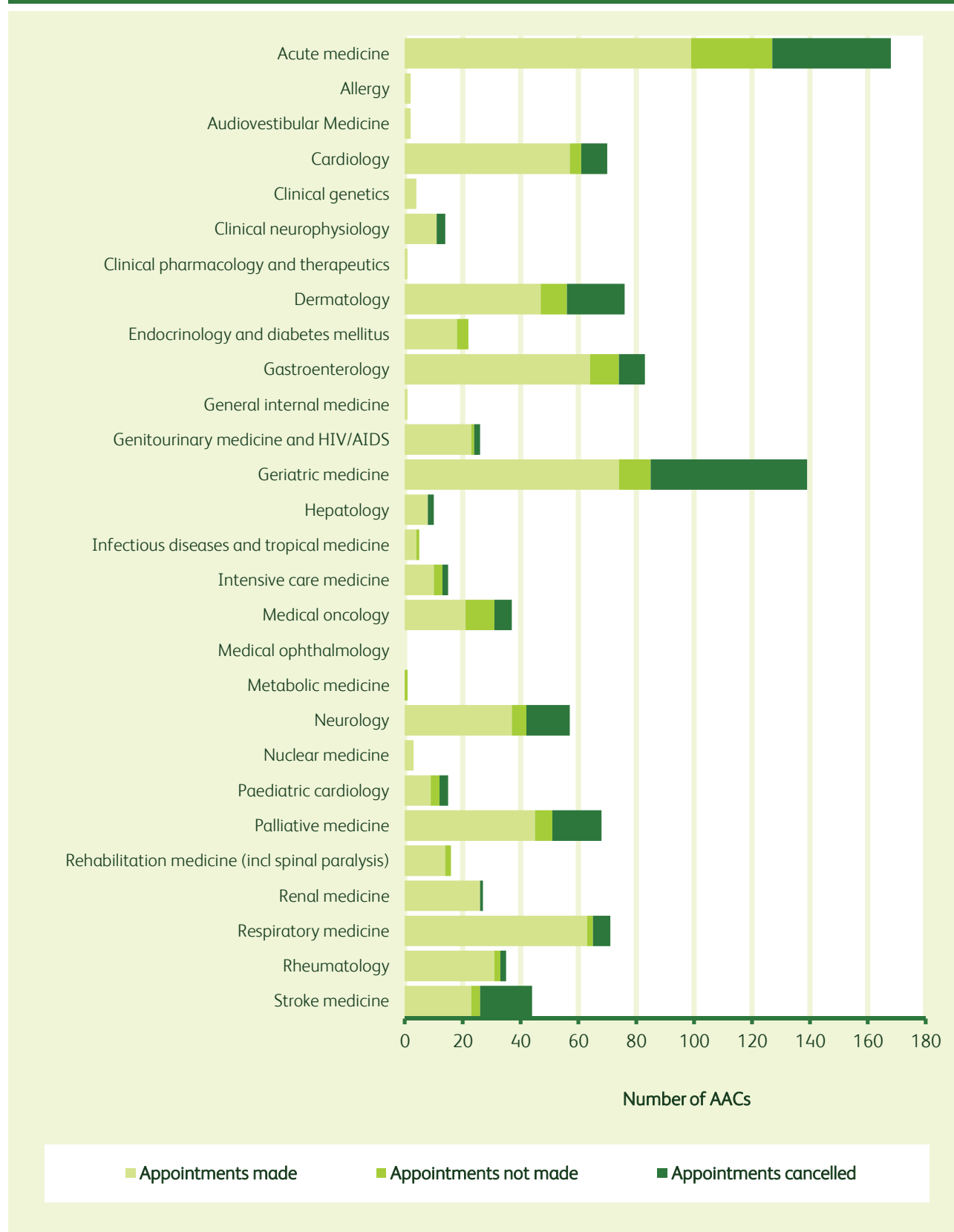
### UK – all medical specialties

Source: RCP consultant census – census date 30 September 2012

Specialty	Responses	Pure NHS %	Pure academic/reseach %	Joint NHS-academic (majority NHS funded) %	Joint NHS-academic (majority academic funded) %	Other (eg charity) %	Joint NHS-other (eg NHS and charity) %
Acute medicine	178	91.6	–	7.3	0.6	0.6	–
Allergy	12	50.0	–	8.3	41.7	–	–
Audiovestibular medicine	26	92.3	–	3.8	3.8	–	–
Cardiology	428	86.2	0.7	4.9	7.0	1.2	–
Clinical genetics	117	72.6	0.9	10.3	14.5	0.9	0.9
Clinical neurophysiology	55	89.1	–	5.5	3.6	1.8	–
Clinical pharmacology and therapeutics	33	24.2	3.0	15.2	48.5	6.1	3.0
Dermatology	290	86.6	–	7.2	4.5	1.7	–
Endocrinology and diabetes mellitus	390	72.6	1.0	11.0	13.8	1.5	–
Gastroenterology	411	83.9	0.5	8.3	5.6	1.7	–
General (internal) medicine	72	84.7	1.4	4.2	4.2	4.2	1.4
Genitourinary medicine and HIV/AIDS	200	89.5	–	3.5	4.5	2.5	–
Geriatric medicine	556	88.7	0.2	6.3	3.1	1.4	0.4
Haematology	258	85.7	1.2	6.6	5.8	0.8	–
Hepatology	46	65.2	2.2	13.0	17.4	2.2	–
Immunology	33	69.7	–	18.2	9.1	3.0	–
Infectious diseases and tropical medicine	63	58.7	1.6	14.3	22.2	3.2	–
Intensive care medicine	42	73.8	–	19.0	4.8	2.4	–
Medical oncology	180	57.2	3.3	15.0	22.8	1.7	–
Medical ophthalmology	6	66.7	–	16.7	16.7	–	–
Metabolic medicine	6	33.3	–	33.3	33.3	–	–
Neurology	297	72.7	0.7	11.1	14.1	1.0	0.3
Nuclear medicine	33	72.7	–	12.1	15.2	–	–
Paediatric cardiology	28	85.7	–	10.7	3.6	–	–
Palliative medicine	256	44.9	–	3.5	3.1	43.8	4.7
Rehabilitation medicine (incl spinal paralysis)	80	83.8	–	5.0	5.0	3.8	2.5
Renal medicine	263	78.3	0.8	10.6	9.1	0.8	0.4
Respiratory medicine	449	79.5	0.7	10.0	8.0	1.8	–
Rheumatology	360	77.2	1.4	10.0	9.4	1.9	–
Sport and exercise medicine	7	14.3	–	28.6	14.3	42.9	–
Stroke medicine	98	78.6	–	13.3	7.1	–	1.0
<b>Summary</b>	<b>5,273</b>	<b>78.4%</b>	<b>0.7%</b>	<b>8.6%</b>	<b>8.3%</b>	<b>3.6%</b>	<b>0.4%</b>

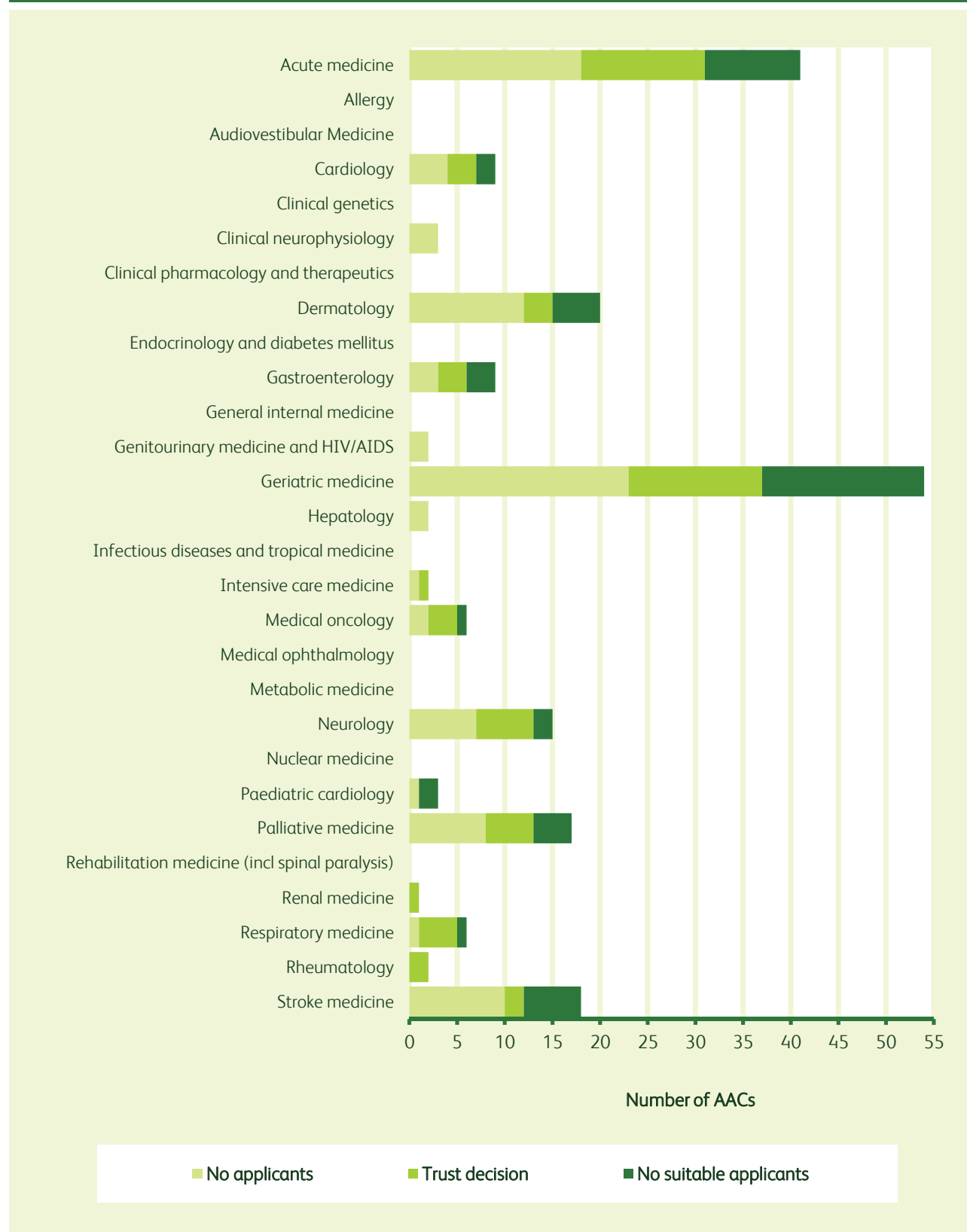
### C9a. Consultant appointments made, appointments not made, and cancelled – by specialty (1 January–31 December 2012) England and Wales

Source: RCP Advisory Appointments Committees database (2013)



### C9b. Reason for consultant appointment cancellation – by specialty (1 January–31 December 2012) England and Wales

Source: RCP Advisory Appointments Committees database (2013)



### C9c. Consultant appointments made, appointments not made, and cancelled – by LETB (1 January–31 December 2012)

England and Wales

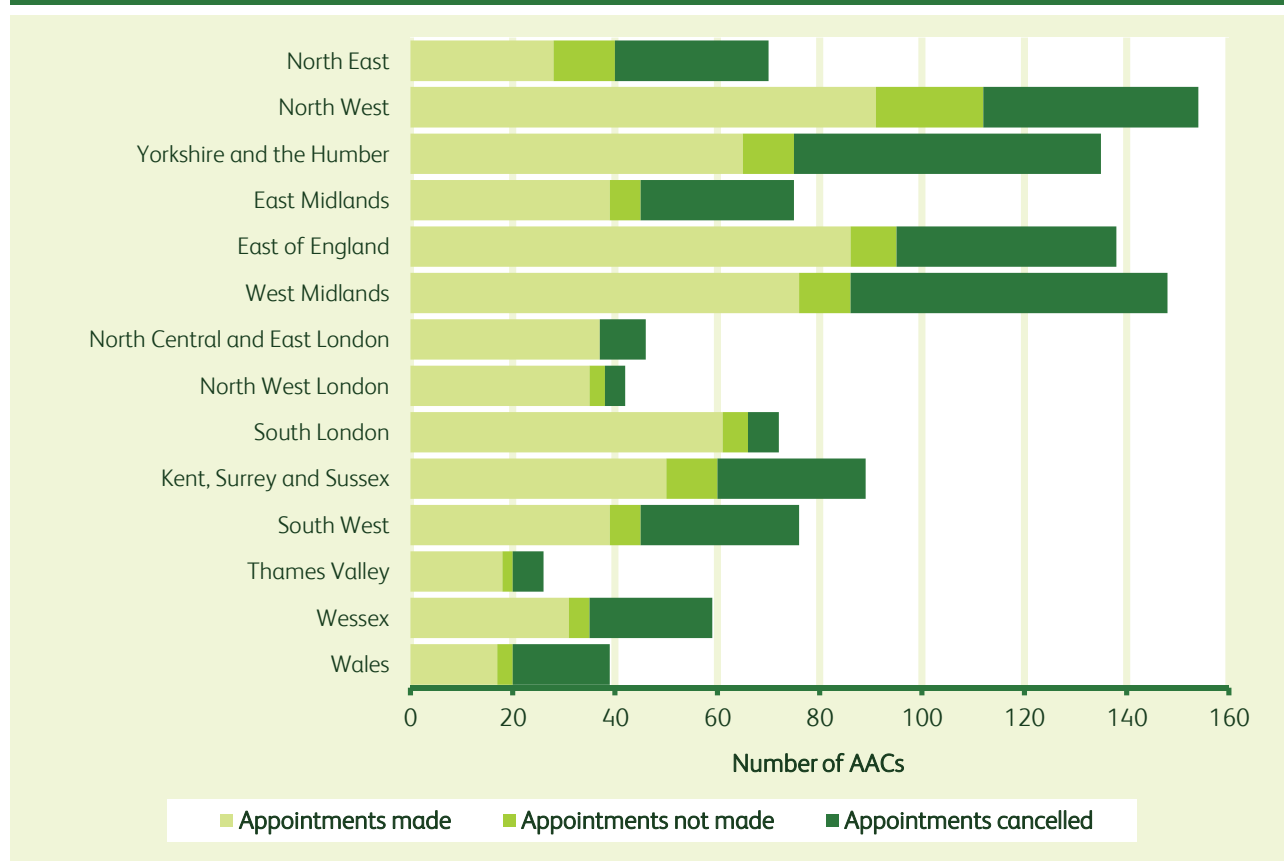
Source: RCP Advisory Appointments Committees database (2013)

Region	Local education and training board	Total	Appointments made %	Appointments not made %	Appointments cancelled %
North	North East	70	40.0	17.1	42.9
	North West	154	59.1	13.6	27.3
	Yorkshire and the Humber	135	48.1	7.4	44.4
Midlands and East	East Midlands	75	52.0	8.0	40.0
	East of England	138	62.3	6.5	31.2
	West Midlands	148	51.4	6.8	41.9
London	North Central and East London	46	80.4	0.0	19.6
	North West London	42	83.3	7.1	9.5
	South London	72	84.7	6.9	8.3
South of England	Kent, Surrey and Sussex	89	56.2	11.2	32.6
	South West	76	51.3	7.9	40.8
	Thames Valley	26	69.2	7.7	23.1
	Wessex	59	52.5	6.8	40.7
Wales		39	43.6	7.7	48.7
Summary		1,169	57.6%	8.6%	33.8%

### C9d. Consultant appointments made, appointments not made, and cancelled – by LETB (1 January–31 December 2012)

England and Wales

Source: RCP Advisory Appointments Committees database (2013)



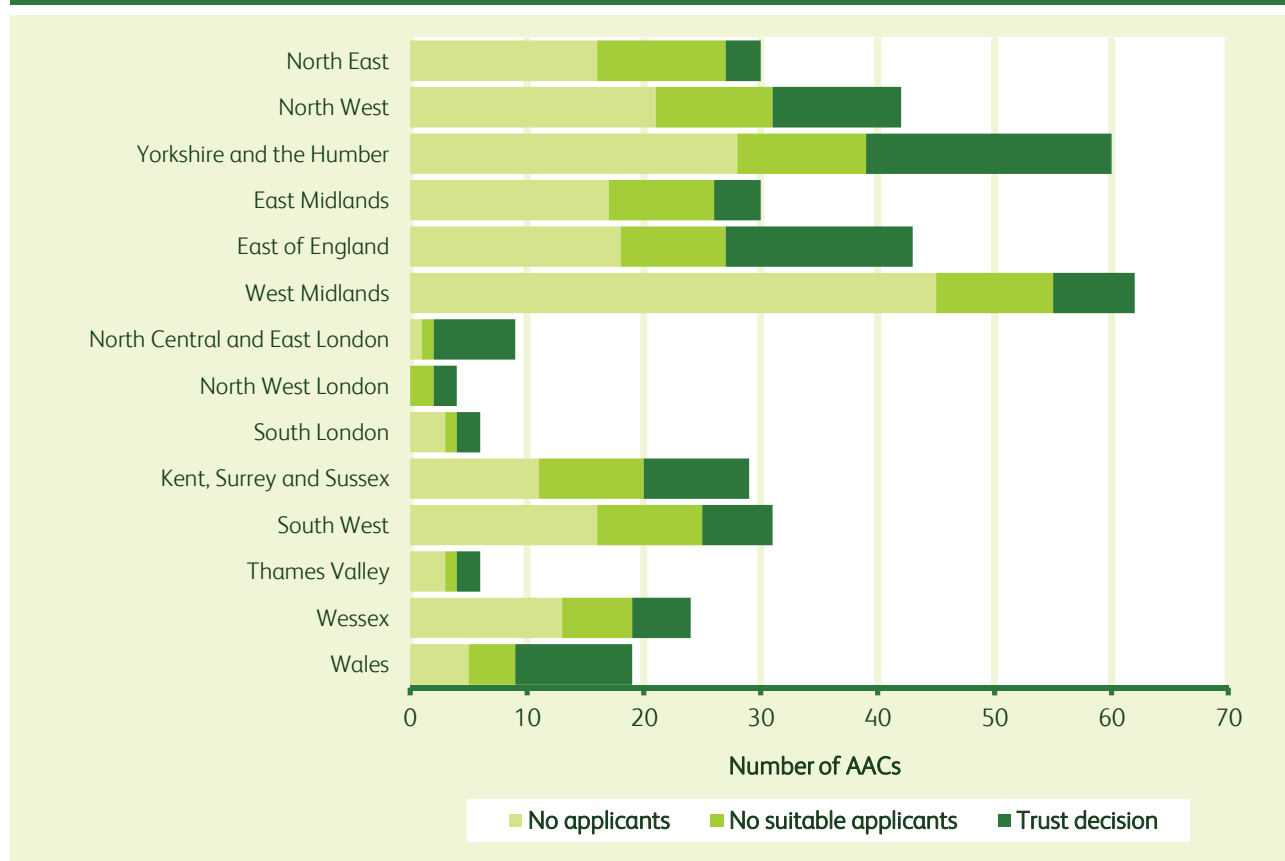
### C9e. Given reasons why consultant appointments were cancelled – by LETB (1 January–31 December 2012) England and Wales

Source: RCP Advisory Appointments Committees database (2013)

Region	Local education and training board	Total	No applicants %	No suitable applicants %	Trust decision %
North	North East	30	53.3	36.7	10.0
	North West	42	50.0	23.8	26.2
	Yorkshire and the Humber	60	46.7	18.3	35.0
Midlands and East	East Midlands	30	56.7	30.0	13.3
	East of England	43	41.9	20.9	37.2
	West Midlands	62	72.6	16.1	11.3
London	North Central and East London	9	11.1	11.1	77.8
	North West London	4	0.0	50.0	50.0
	South London	6	50.0	16.7	33.3
South of England	Kent, Surrey and Sussex	29	37.9	31.0	31.0
	South West	31	51.6	29.0	19.4
	Thames Valley	6	50.0	16.7	33.3
	Wessex	24	54.2	25.0	20.8
Wales		19	26.3	21.1	52.6
Summary		263	50.2%	23.2%	26.6%

### C9f. Given reasons why consultant appointments were cancelled – by LETB (1 January–31 December 2012) England and Wales

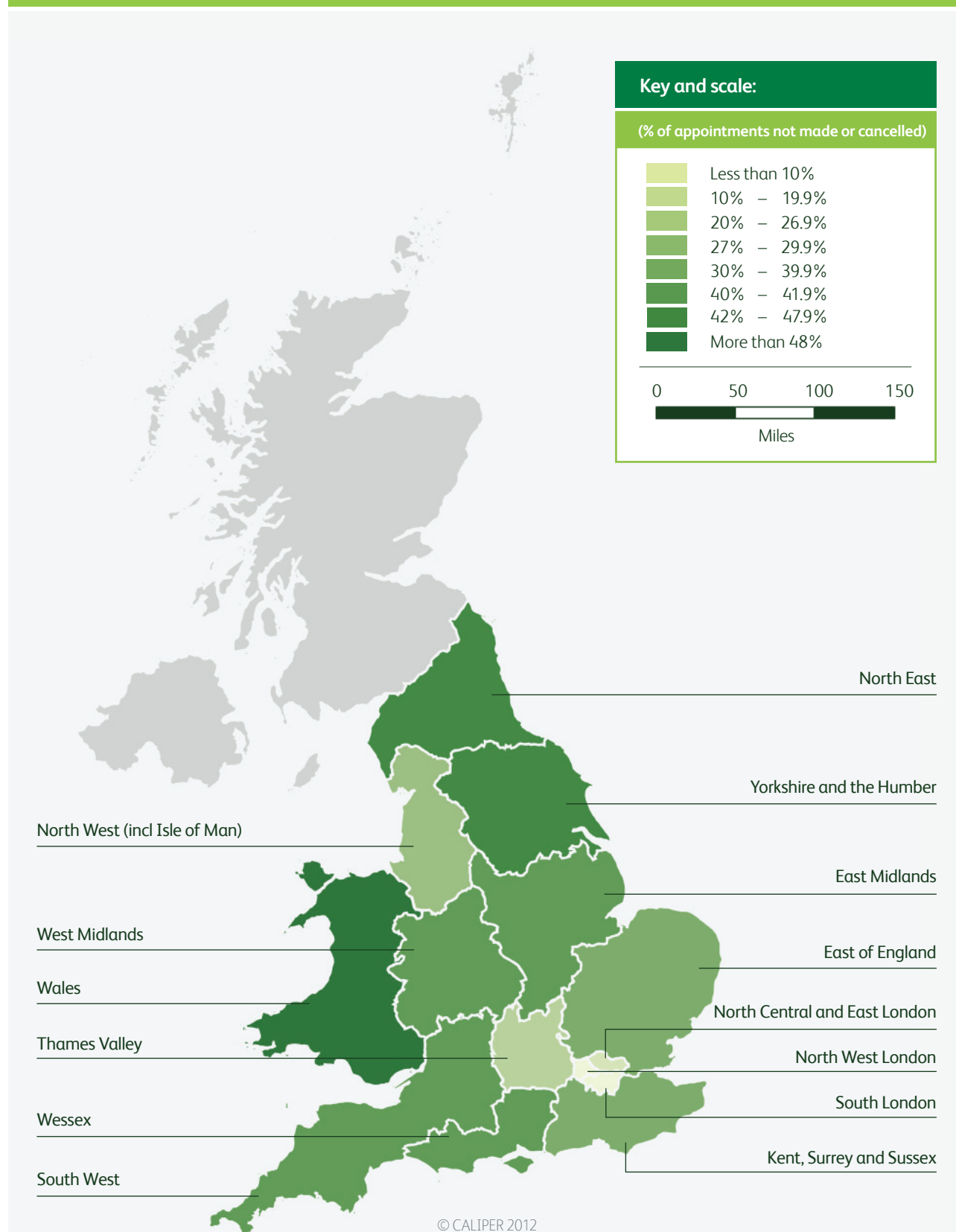
Source: RCP Advisory Appointments Committees database (2013)



## C9g. Consultant appointments not made or cancelled (1 January 2012–31 December 2012)

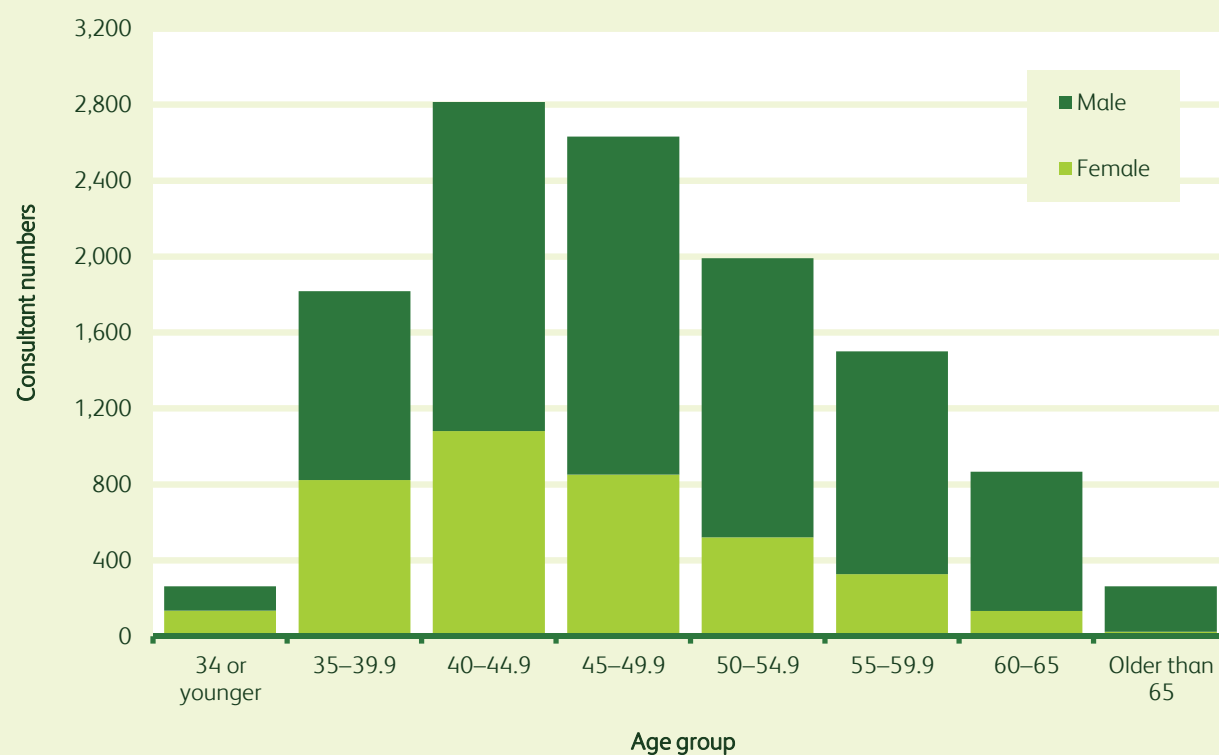
England and Wales – all medical specialties

Source: RCP Advisory Appointments Committee database (2013)



### C10a. Age distribution of consultant workforce UK – all medical specialties

Source: RCP consultant census – census date 30 September 2012



### C10b. Consultant workforce by age and gender UK – all medical specialties

Source: RCP consultant census – census date 30 September 2012

Age	Male			Female			Total
	% of gender	Number	% of age group	% of gender	Number	% of age group	
34 or younger	1.5	128	48.7	3.4	135	51.3	263
35-39.9	12.0	995	54.8	20.9	822	45.2	1,817
40-44.9	20.9	1,734	61.6	27.5	1,080	38.4	2,814
45-49.9	21.5	1,780	67.7	21.7	851	32.3	2,631
50-54.9	17.7	1,470	73.8	13.3	521	26.2	1,991
55-59.9	14.2	1,174	78.2	8.3	327	21.8	1,501
60-65	8.8	733	84.5	3.4	134	15.5	867
Older than 65	2.9	239	90.9	0.6	24	9.1	263
Unknown	0.5	41	55.4	0.8	33	44.6	74
<b>Summary</b>		<b>8,294</b>	<b>67.9</b>		<b>3,927</b>	<b>32.1</b>	<b>12,221</b>



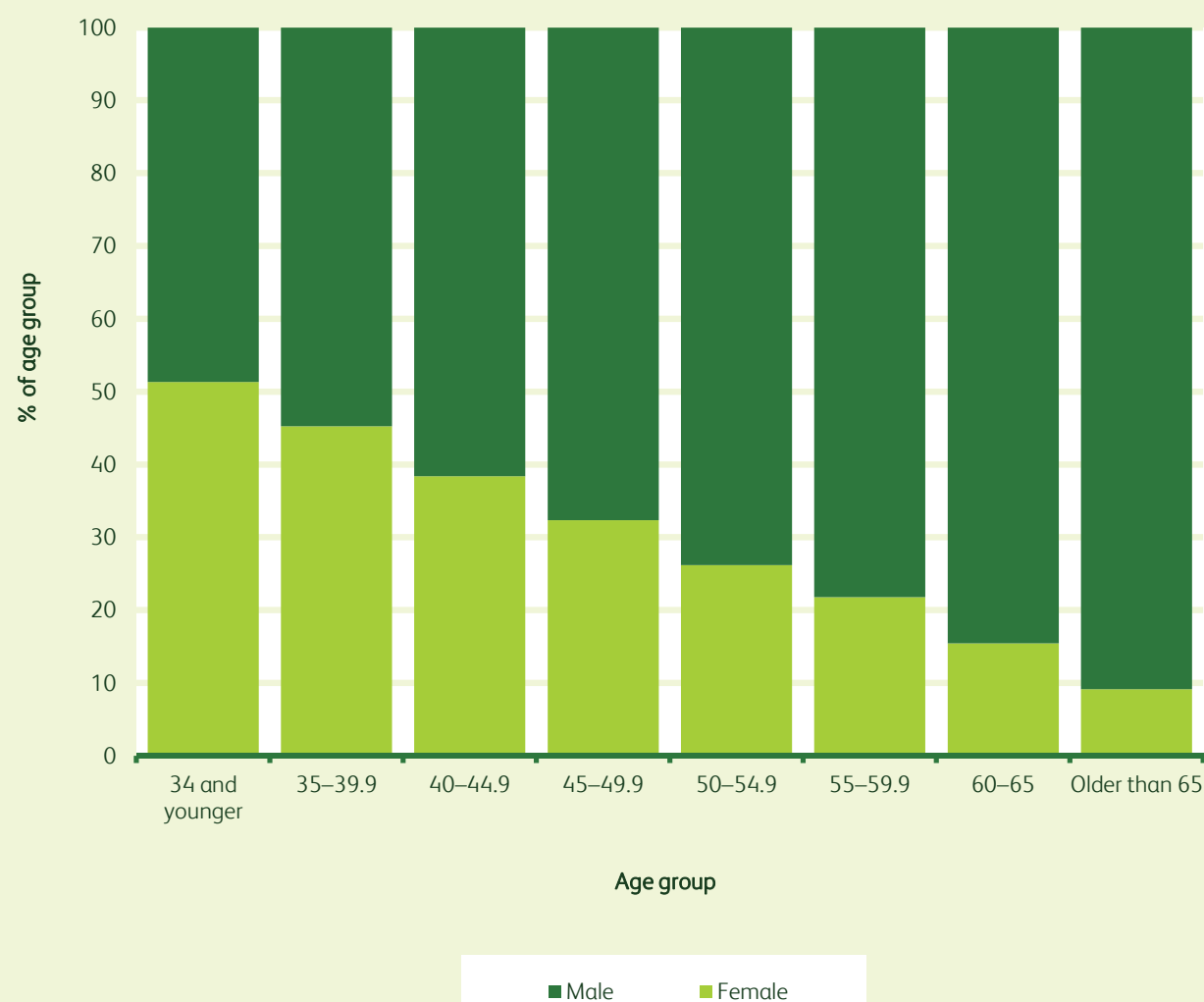
### C11a. Consultant physician workforce by country and gender UK – summary

Source: RCP consultant census – census date 30 September 2012

Country	Male		Female		Total number of consultants
	Number	%	Number	%	
England	6,942	67.8	3,293	32.2	10,235
Wales	425	73.4	154	26.6	579
Northern Ireland	213	65.3	113	34.7	326
Scotland	715	66.1	366	33.9	1,081
<b>UK</b>	<b>8,295</b>	<b>67.9%</b>	<b>3,926</b>	<b>32.1%</b>	<b>12,221</b>

### C11b. Age distribution of consultant workforce by gender UK – all medical specialties

Source: RCP consultant census – census date 30 September 2012



### C12a. Number of consultants who will reach 65 years of age over the next 10 years – by region UK – all medical specialties

Source: RCP consultant census – census date 30 September 2012

Country	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Total (%)
England	118	131	146	156	169	225	222	257	286	282	324	2,316 (22.7%)
Wales	8	10	10	12	15	6	9	13	12	13	14	122 (21.1%)
Northern Ireland	3	4	4	2	6	7	8	7	8	5	6	60 (18.5%)
Scotland	8	14	15	16	20	20	22	27	34	38	40	254 (23.5%)
<b>UK</b>	<b>137</b>	<b>159</b>	<b>175</b>	<b>186</b>	<b>210</b>	<b>258</b>	<b>261</b>	<b>304</b>	<b>340</b>	<b>338</b>	<b>384</b>	<b>2,752 (22.5%)</b>

### C12b. Percentage of current consultant workforce who will reach 65 over the next 10 years – by region UK – all medical specialties

Source: RCP consultant census – census date 30 September 2012



**C12c. Number of consultants who will reach 65 years of age over the next 10 years – by specialty****UK – all medical specialties***Source: RCP consultant census – census date 30 September 2012*

Specialty	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Total	% of specialty
Acute medicine	2	–	4	3	4	3	4	6	6	3	7	<b>42</b>	10.7
Allergy	1	–	–	2	2	–	–	1	–	–	1	<b>7</b>	25.0
Audiovestibular medicine	4	1	3	1	1	3	1	2	–	3	2	<b>21</b>	50.0
Cardiology	9	7	13	15	13	24	12	30	26	27	34	<b>210</b>	19.7
Clinical genetics	–	–	2	3	2	6	5	4	10	4	12	<b>48</b>	23.0
Clinical neurophysiology	3	4	3	3	3	5	2	10	1	6	2	<b>42</b>	35.0
Clinical pharmacology and therapeutics	3	2	4	1	2	3	4	–	5	2	1	<b>27</b>	35.1
Dermatology	3	12	13	12	20	14	17	19	19	24	18	<b>171</b>	23.1
Endocrinology and diabetes mellitus	14	9	15	12	15	21	20	16	17	19	30	<b>188</b>	23.7
Gastroenterology	15	9	6	13	15	14	12	19	16	25	26	<b>170</b>	16.0
General (internal) medicine	4	3	4	6	7	2	9	2	7	5	3	<b>52</b>	28.7
Genitourinary medicine and HIV/AIDS	5	7	5	7	7	10	11	13	25	14	14	<b>118</b>	28.9
Geriatric medicine	17	19	18	23	18	31	39	51	45	43	46	<b>350</b>	28.0
Haematology	6	16	14	16	25	24	31	30	31	33	38	<b>264</b>	29.2
Hepatology	–	1	1	1	1	1	–	1	1	1	6	<b>14</b>	16.1
Immunology	2	1	1	1	2	3	1	1	3	5	4	<b>24</b>	34.3
Infectious diseases and tropical medicine	2	2	1	1	2	7	2	5	2	6	9	<b>39</b>	24.2
Intensive care medicine	–	–	1	1	2	1	1	2	2	–	8	<b>18</b>	18.8
Medical oncology	4	2	5	5	3	2	5	6	13	5	13	<b>63</b>	16.3
Medical ophthalmology	1	2	2	–	1	–	1	–	–	–	–	<b>7</b>	53.8
Metabolic medicine	2	–	–	–	1	1	1	–	1	1	–	<b>7</b>	36.8
Neurology	8	13	10	6	5	15	8	26	20	20	21	<b>152</b>	21.2
Nuclear medicine	1	–	3	4	2	1	1	2	2	1	2	<b>19</b>	25.3
Paediatric cardiology	–	2	1	–	4	2	1	2	6	1	4	<b>23</b>	26.7
Palliative medicine	2	1	7	4	7	14	11	8	12	11	11	<b>88</b>	17.5
Rehabilitation medicine (incl spinal paralysis)	3	9	5	6	5	6	6	4	5	2	5	<b>56</b>	34.1
Renal medicine	8	7	6	3	5	12	8	7	19	18	14	<b>107</b>	19.3
Respiratory medicine	9	17	14	19	14	16	28	24	20	26	23	<b>210</b>	19.3
Rheumatology	8	10	11	12	19	16	16	10	16	25	23	<b>166</b>	22.6
Sport and exercise medicine	–	–	1	–	–	–	–	–	–	–	1	<b>2</b>	25.0
Stroke medicine	1	3	2	6	3	1	4	3	10	8	6	<b>47</b>	25.8
<b>Summary</b>	<b>137</b>	<b>159</b>	<b>175</b>	<b>186</b>	<b>210</b>	<b>258</b>	<b>261</b>	<b>304</b>	<b>340</b>	<b>338</b>	<b>384</b>	<b>2,752</b>	<b>22.5%</b>

**C12d. Number of consultants who will reach 65 years of age over the next 10 years – by specialty****England – all medical specialties***Source: RCP consultant census – census date 30 September 2012*

Specialty	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Total	% of specialty
Acute medicine	2	–	2	3	4	3	3	5	6	3	7	<b>38</b>	11.1
Allergy	1	–	–	2	2	–	–	1	–	–	1	<b>7</b>	25.0
Audiovestibular medicine	4	–	3	1	1	3	1	2	–	3	1	<b>19</b>	50.0
Cardiology	7	5	10	11	10	24	9	27	23	23	26	<b>175</b>	19.5
Clinical genetics	–	–	2	2	1	5	2	3	9	3	11	<b>38</b>	22.9
Clinical neurophysiology	2	4	2	3	2	5	2	9	1	5	2	<b>37</b>	35.2
Clinical pharmacology and therapeutics	2	2	3	1	1	1	3	–	4	2	1	<b>20</b>	35.1
Dermatology	2	10	13	10	16	13	15	16	15	16	15	<b>141</b>	23.0
Endocrinology and diabetes mellitus	14	8	10	10	12	17	16	12	15	16	25	<b>155</b>	23.5
Gastroenterology	14	6	5	9	11	13	10	17	11	22	19	<b>137</b>	15.4
General (internal) medicine	3	2	3	3	5	2	7	2	5	3	2	<b>37</b>	28.5
Genitourinary medicine and HIV/AIDS	4	7	5	6	7	10	10	12	23	12	12	<b>108</b>	28.7
Geriatric medicine	12	13	15	20	16	26	36	37	38	34	36	<b>283</b>	28.0
Haematology	3	12	13	13	23	21	27	28	24	24	34	<b>222</b>	29.8
Hepatology	–	1	1	1	1	1	–	1	1	1	6	<b>14</b>	17.1
Immunology	2	1	1	1	1	3	–	1	3	5	3	<b>21</b>	33.9
Infectious diseases and tropical medicine	2	2	1	1	1	5	2	4	2	6	6	<b>32</b>	24.1
Intensive care medicine	–	–	1	1	2	1	1	2	1	–	8	<b>17</b>	22.1
Medical oncology	4	2	5	5	2	2	5	6	10	5	10	<b>56</b>	17.0
Medical ophthalmology	1	2	2	–	1	–	1	–	–	–	–	<b>7</b>	63.6
Metabolic medicine	2	–	–	–	–	1	1	–	1	1	–	<b>6</b>	37.5
Neurology	7	12	9	4	4	15	7	23	16	17	21	<b>135</b>	22.0
Nuclear medicine	1	–	3	3	2	1	1	1	1	1	2	<b>16</b>	25.0
Paediatric cardiology	–	1	1	–	4	1	1	2	5	1	4	<b>20</b>	26.7
Palliative medicine	2	–	6	4	3	11	7	5	11	10	8	<b>67</b>	16.1
Rehabilitation medicine (incl spinal paralysis)	3	9	4	6	4	5	4	3	4	2	3	<b>47</b>	34.8
Renal medicine	7	6	5	3	3	10	7	7	15	15	13	<b>91</b>	20.2
Respiratory medicine	8	13	9	19	11	11	25	19	19	23	22	<b>179</b>	19.6
Rheumatology	8	10	9	10	18	14	15	9	14	22	20	<b>149</b>	23.8
Sport and exercise medicine	–	–	1	–	–	–	–	–	–	–	–	<b>1</b>	14.3
Stroke medicine	1	3	2	4	1	1	4	3	9	7	6	<b>41</b>	24.3
<b>Summary</b>	<b>118</b>	<b>131</b>	<b>146</b>	<b>156</b>	<b>169</b>	<b>225</b>	<b>222</b>	<b>257</b>	<b>286</b>	<b>282</b>	<b>324</b>	<b>2,316</b>	<b>22.6%</b>

**C12e. Number of consultants who will reach 65 years of age over the next 10 years – by specialty****Wales – all medical specialties**

Source: RCP consultant census – census date 30 September 2012

Specialty	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Total	% of specialty
Acute medicine	–	–	2	–	–	–	–	1	–	–	–	3	15.8
Allergy	–	–	–	–	–	–	–	–	–	–	–	–	–
Audiovestibular medicine	–	–	–	–	–	–	–	–	–	–	–	–	–
Cardiology	–	–	–	2	1	–	1	1	2	–	3	10	16.9
Clinical genetics	–	–	–	1	–	1	1	–	–	–	–	3	25.0
Clinical neurophysiology	1	–	–	–	1	–	–	–	–	–	–	2	50.0
Clinical pharmacology and therapeutics	–	–	–	–	–	–	–	–	–	–	–	–	–
Dermatology	–	1	–	1	–	–	1	1	–	2	–	6	17.1
Endocrinology and diabetes mellitus	–	1	2	2	2	–	1	–	–	1	1	10	24.4
Gastroenterology	–	1	–	–	–	–	1	2	1	–	3	8	16.3
General (internal) medicine	–	1	1	2	1	–	–	–	–	–	–	5	41.7
Genitourinary medicine and HIV/AIDS	1	–	–	1	–	–	–	1	–	2	1	6	50.0
Geriatric medicine	1	3	2	3	1	–	1	5	2	3	3	24	33.8
Haematology	3	1	1	–	1	1	–	–	3	3	–	13	28.3
Hepatology	–	–	–	–	–	–	–	–	–	–	–	–	–
Immunology	–	–	–	–	–	–	1	–	–	–	–	1	50.0
Infectious diseases and tropical medicine	–	–	–	–	–	–	–	1	–	–	1	2	50.0
Intensive care medicine	–	–	–	–	–	–	–	–	1	–	–	1	11.1
Medical oncology	–	–	–	–	1	–	–	–	1	–	–	2	18.2
Medical ophthalmology	–	–	–	–	–	–	–	–	–	–	–	–	–
Metabolic medicine	–	–	–	–	–	–	–	–	–	–	–	–	–
Neurology	–	–	–	–	1	–	–	–	1	1	–	3	11.5
Nuclear medicine	–	–	–	–	–	–	–	–	–	–	–	–	–
Paediatric cardiology	–	–	–	–	–	–	–	–	–	–	–	–	–
Palliative medicine	–	1	1	–	–	1	–	1	–	–	1	5	17.9
Rehabilitation medicine (incl spinal paralysis)	–	1	–	–	1	–	–	–	–	–	–	2	33.3
Renal medicine	1	–	–	–	2	1	–	–	1	–	1	6	22.2
Respiratory medicine	1	–	1	–	2	2	1	–	–	1	–	8	14.3
Rheumatology	–	–	–	–	–	–	1	–	–	–	–	1	2.9
Sport and exercise medicine	–	–	–	–	–	–	–	–	–	–	–	–	–
Stroke medicine	–	–	–	–	1	–	–	–	–	–	–	1	33.3
<b>Summary</b>	<b>8</b>	<b>10</b>	<b>10</b>	<b>12</b>	<b>15</b>	<b>6</b>	<b>9</b>	<b>13</b>	<b>12</b>	<b>13</b>	<b>14</b>	<b>122</b>	<b>21.1%</b>

**C12f. Number of consultants who will reach 65 years of age over the next 10 years – by specialty****Northern Ireland – all medical specialties***Source: RCP consultant census – census date 30 September 2012*

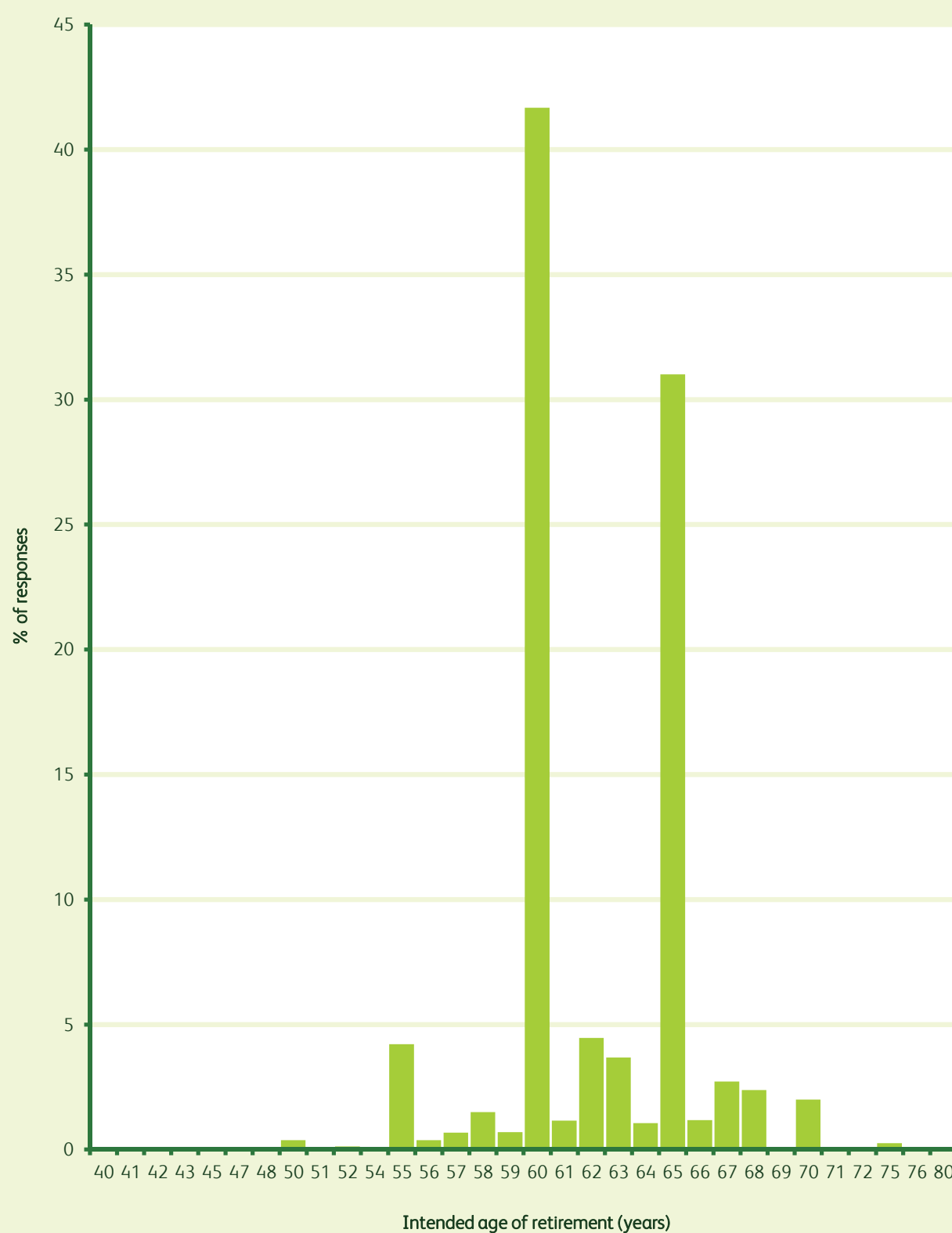
Specialty	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Total	% of specialty
Acute medicine	–	–	–	–	–	–	–	–	–	–	–	–	–
Allergy	–	–	–	–	–	–	–	–	–	–	–	–	–
Audiovestibular medicine	–	1	–	–	–	–	–	–	–	–	–	1	100.0
Cardiology	–	–	1	–	–	–	–	1	–	1	1	4	14.3
Clinical genetics	–	–	–	–	–	–	–	1	–	–	–	1	16.7
Clinical neurophysiology	–	–	–	–	–	–	–	–	–	–	–	–	–
Clinical pharmacology and therapeutics	–	–	–	–	–	–	–	–	–	–	–	–	–
Dermatology	–	–	–	–	–	–	–	1	–	1	1	3	15.0
Endocrinology and diabetes mellitus	–	–	–	–	–	1	1	–	1	–	–	3	14.3
Gastroenterology	–	–	–	1	3	–	1	–	–	–	–	5	15.2
General (internal) medicine	–	–	–	–	1	–	1	–	–	1	–	3	37.5
Genitourinary medicine and HIV/AIDS	–	–	–	–	–	–	1	–	–	–	–	1	25.0
Geriatric medicine	2	2	–	–	–	1	2	3	2	1	–	13	33.3
Haematology	–	–	–	1	–	–	1	–	2	–	–	4	19.0
Hepatology	–	–	–	–	–	–	–	–	–	–	–	–	–
Immunology	–	–	–	–	1	–	–	–	–	–	–	1	33.3
Infectious diseases and tropical medicine	–	–	–	–	–	–	–	–	–	–	–	–	–
Intensive care medicine	–	–	–	–	–	–	–	–	–	–	–	–	–
Medical oncology	–	–	–	–	–	–	–	–	–	–	1	1	8.3
Medical ophthalmology	–	–	–	–	–	–	–	–	–	–	–	–	–
Metabolic medicine	–	–	–	–	–	–	–	–	–	–	–	–	–
Neurology	1	–	–	–	–	–	–	–	1	–	–	2	13.3
Nuclear medicine	–	–	–	–	–	–	–	–	–	–	–	–	–
Paediatric cardiology	–	–	–	–	–	1	–	–	1	–	–	2	66.7
Palliative medicine	–	–	–	–	–	2	–	–	1	–	–	3	18.8
Rehabilitation medicine (incl spinal paralysis)	–	–	–	–	–	1	–	–	–	–	–	1	25.0
Renal medicine	–	1	–	–	–	–	–	–	–	1	–	2	10.0
Respiratory medicine	–	–	1	–	–	–	1	1	–	–	1	4	12.9
Rheumatology	–	–	2	–	1	1	–	–	–	–	1	5	26.3
Sport and exercise medicine	–	–	–	–	–	–	–	–	–	–	1	1	100.0
Stroke medicine	–	–	–	–	–	–	–	–	–	–	–	–	–
<b>Summary</b>	<b>3</b>	<b>4</b>	<b>4</b>	<b>2</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>7</b>	<b>8</b>	<b>5</b>	<b>6</b>	<b>60</b>	<b>18.4%</b>

**C12g. Number of consultants who will reach 65 years of age over the next 10 years – by specialty****Scotland – all medical specialties***Source: RCP consultant census – census date 30 September 2012*

Specialty	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Total	% of specialty
Acute medicine	–	–	–	–	–	–	1	–	–	–	–	1	4.3
Allergy	–	–	–	–	–	–	–	–	–	–	–	–	–
Audiovestibular medicine	–	–	–	–	–	–	–	–	–	–	1	1	100.0
Cardiology	2	2	2	2	2	–	2	1	1	3	4	21	26.3
Clinical genetics	–	–	–	–	1	–	2	–	1	1	1	6	24.0
Clinical neurophysiology	1	–	1	–	–	–	–	1	–	1	–	4	44.4
Clinical pharmacology and therapeutics	–	–	1	–	1	2	1	–	1	–	–	6	40.0
Dermatology	1	1	–	1	4	1	1	1	4	5	2	21	28.8
Endocrinology and diabetes mellitus	–	–	3	–	1	3	2	4	1	2	4	20	27.8
Gastroenterology	1	2	1	3	1	1	–	–	4	3	4	20	22.2
General (internal) medicine	1	–	–	1	–	–	1	–	2	1	1	7	22.6
Genitourinary medicine and HIV/AIDS	–	–	–	–	–	–	–	–	2	–	1	3	17.6
Geriatric medicine	2	1	1	–	1	4	–	6	3	5	7	30	22.6
Haematology	–	3	–	2	1	2	3	2	2	6	4	25	27.2
Hepatology	–	–	–	–	–	–	–	–	–	–	–	–	–
Immunology	–	–	–	–	–	–	–	–	–	–	1	1	33.3
Infectious diseases and tropical medicine	–	–	–	–	1	2	–	–	–	–	2	5	21.7
Intensive care medicine	–	–	–	–	–	–	–	–	–	–	–	–	–
Medical oncology	–	–	–	–	–	–	–	–	2	–	2	4	11.8
Medical ophthalmology	–	–	–	–	–	–	–	–	–	–	–	–	–
Metabolic medicine	–	–	–	–	1	–	–	–	–	–	–	1	100.0
Neurology	–	1	1	2	–	–	1	3	2	2	–	12	20.0
Nuclear medicine	–	–	–	1	–	–	–	1	1	–	–	3	42.9
Paediatric cardiology	–	1	–	–	–	–	–	–	–	–	–	1	20.0
Palliative medicine	–	–	–	–	4	–	4	2	–	1	2	13	30.2
Rehabilitation medicine (incl spinal paralysis)	–	–	1	–	–	–	2	1	1	–	2	7	36.8
Renal medicine	–	–	1	–	–	1	1	–	3	2	–	8	14.0
Respiratory medicine	–	3	3	–	1	3	1	4	1	2	–	18	19.8
Rheumatology	–	–	–	2	–	1	–	1	2	3	2	11	20.0
Sport and exercise medicine	–	–	–	2	–	–	–	–	–	–	–	2	–
Stroke medicine	–	–	–	–	1	–	–	–	1	1	–	3	37.5
<b>Summary</b>	<b>8</b>	<b>14</b>	<b>15</b>	<b>16</b>	<b>20</b>	<b>20</b>	<b>22</b>	<b>27</b>	<b>34</b>	<b>38</b>	<b>40</b>	<b>254</b>	<b>23.5%</b>

### C13a. Intended age of retirement UK – all medical specialties

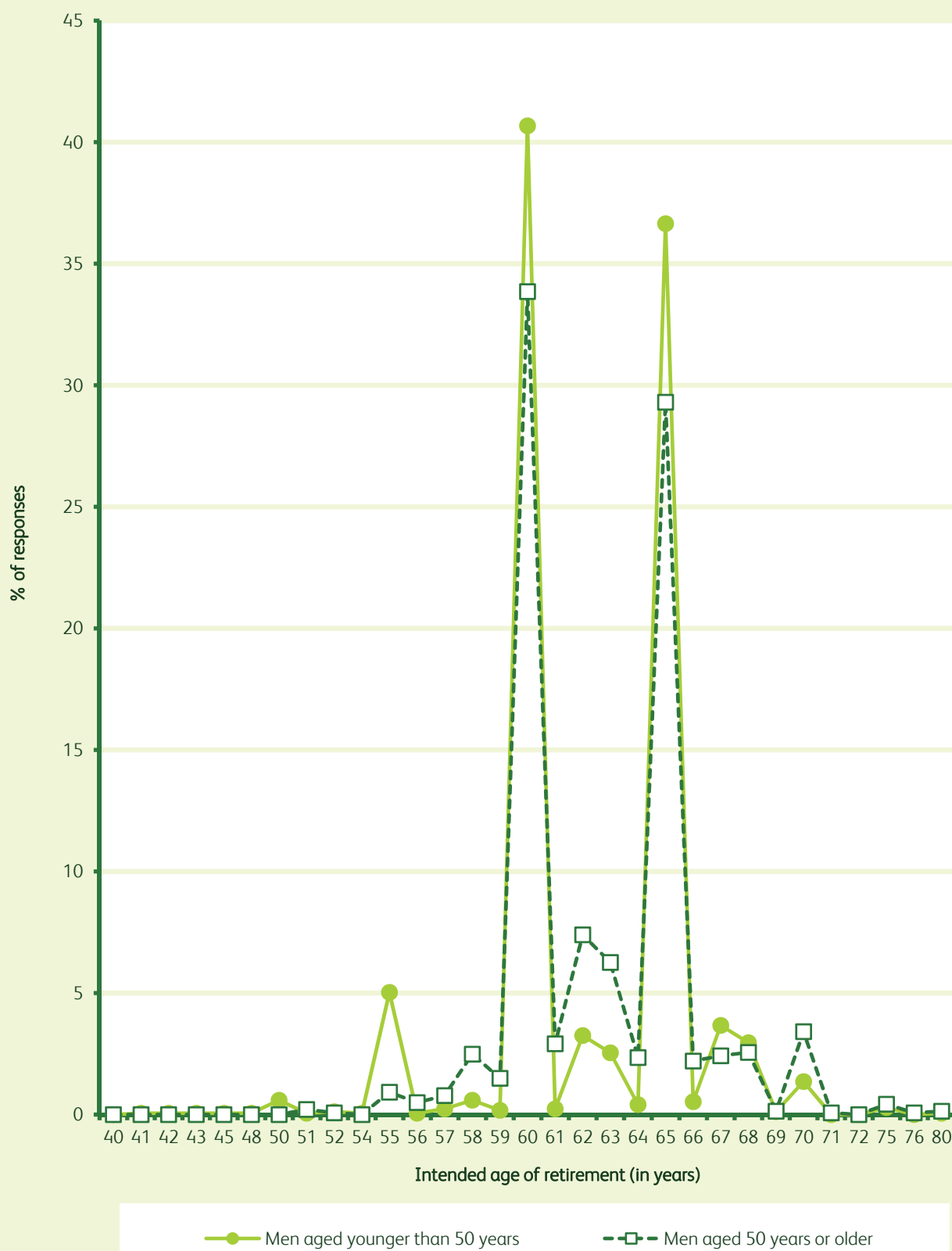
Source: RCP consultant census – census date 30 September 2012





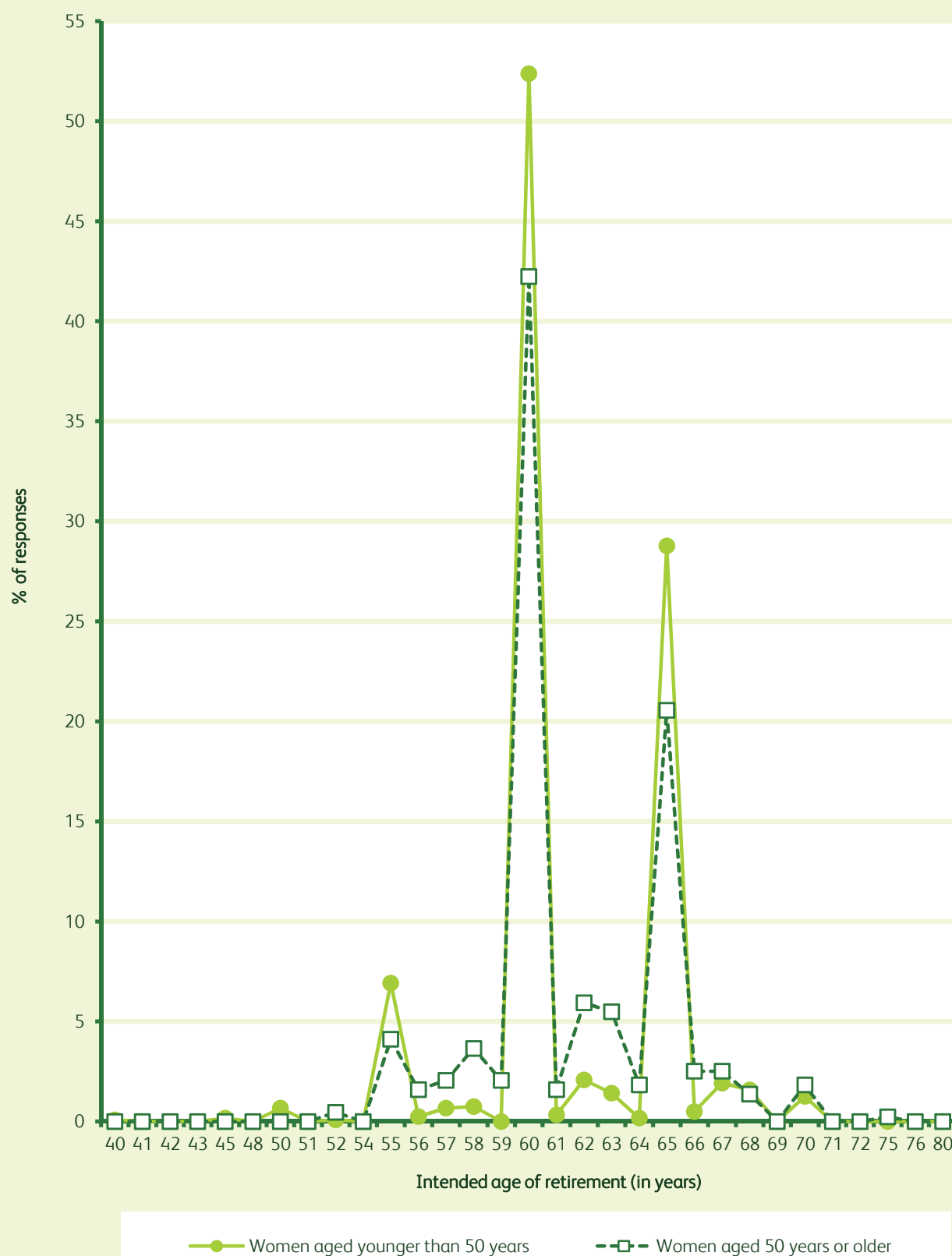
### C13b. Intended age of retirement – broken down by gender and age-group (at census date) UK – all medical specialties – men

Source: RCP consultant census – census date 30 September 2012



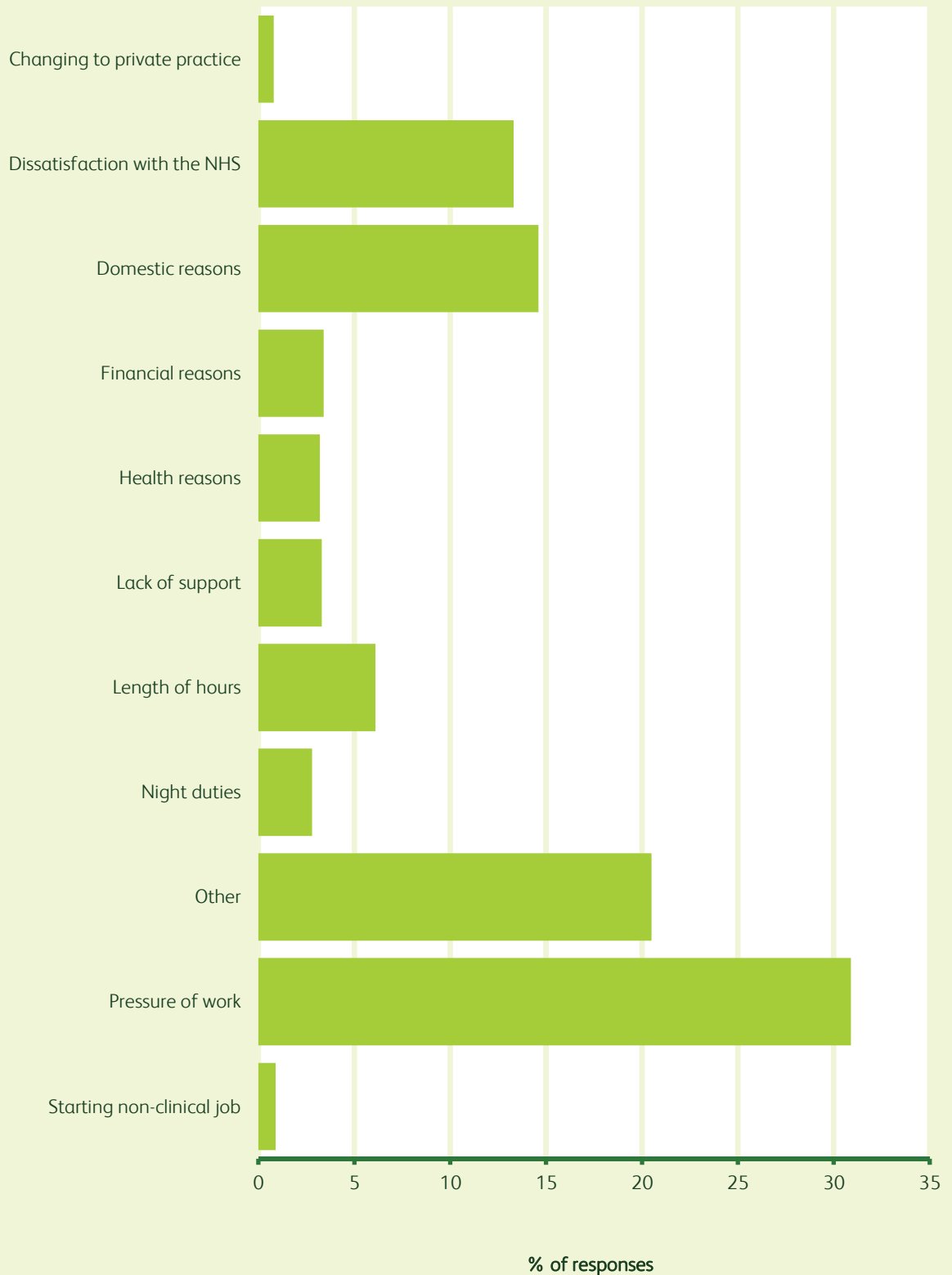
### C13c. Intended age of retirement – broken down by gender and age-group (at census date) UK – all medical specialties – women

Source: RCP consultant census – census date 30 September 2012



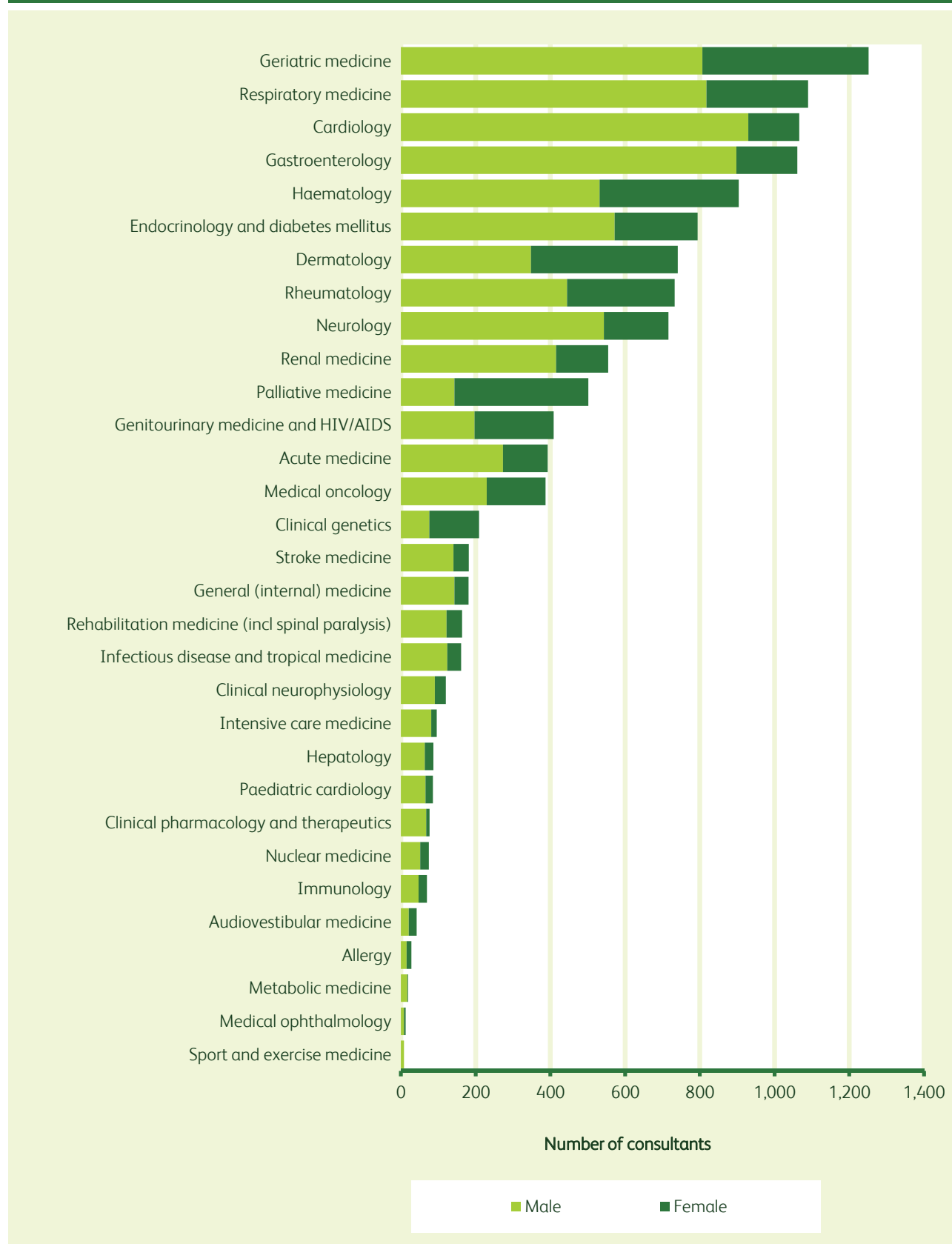
### C13d. Reasons for intended early retirement UK – all medical specialties

Source: RCP consultant census – census date 30 September 2012



# **C14a. Gender of consultant workforce in the medical specialties** **UK – all medical specialties**

Source: RCP consultant census – census date 30 September 2012



**C14b. Gender of consultant workforce in the medical specialties**  
**UK – all medical specialties**
*Source: RCP consultant census – census date 30 September 2012*

Specialty	Male		Female		Total number of consultants
	Number	%	Number	%	
Acute medicine	273	69.5	120	30.5	393
Allergy	15	53.6	13	46.4	28
Audiovestibular medicine	21	50.0	21	50.0	42
Cardiology	930	87.2	136	12.8	1,066
Clinical genetics	76	36.4	133	63.6	209
Clinical neurophysiology	91	75.8	29	24.2	120
Clinical pharmacology and therapeutics	68	88.3	9	11.7	77
Dermatology	348	47.0	393	53.0	741
Endocrinology and diabetes mellitus	572	72.0	222	28.0	794
Gastroenterology	898	84.6	163	15.4	1,061
General (internal) medicine	143	79.0	38	21.0	181
Genitourinary medicine and HIV/AIDS	197	48.2	212	51.8	409
Geriatric medicine	807	64.5	445	35.5	1,252
Haematology	532	58.8	372	41.2	904
Hepatology	64	73.6	23	26.4	87
Immunology	47	67.1	23	32.9	70
Infectious diseases and tropical medicine	124	77.0	37	23.0	161
Intensive care medicine	81	84.4	15	15.6	96
Medical oncology	230	59.4	157	40.6	387
Medical ophthalmology	8	61.5	5	38.5	13
Metabolic medicine	17	89.5	2	10.5	19
Neurology	543	75.8	173	24.2	716
Nuclear medicine	52	69.3	23	30.7	75
Paediatric cardiology	66	76.7	20	23.3	86
Palliative medicine	143	28.5	359	71.5	502
Rehabilitation medicine (incl spinal paralysis)	122	74.4	42	25.6	164
Renal medicine	415	74.8	140	25.2	555
Respiratory medicine	818	75.0	272	25.0	1,090
Rheumatology	445	60.7	288	39.3	733
Sport and exercise medicine	8	100.0	–	–	8
Stroke medicine	141	77.5	41	22.5	182
<b>Summary</b>	<b>8,295</b>	<b>67.9%</b>	<b>3,926</b>	<b>32.1%</b>	<b>12,221</b>

### C14c. Gender of consultant workforce in the medical specialties England

Source: RCP consultant census – census date 30 September 2012

Specialty	Male		Female		Total number of consultants
	Number	%	Number	%	
Acute medicine	235	68.9	106	31.1	341
Allergy	15	53.6	13	46.4	28
Audiovestibular medicine	18	47.4	20	52.6	38
Cardiology	789	87.8	110	12.2	899
Clinical genetics	58	34.9	108	65.1	166
Clinical neurophysiology	79	75.2	26	24.8	105
Clinical pharmacology and therapeutics	51	89.5	6	10.5	57
Dermatology	277	45.2	336	54.8	613
Endocrinology and diabetes mellitus	477	72.3	183	27.7	660
Gastroenterology	742	83.5	147	16.5	889
General (internal) medicine	101	77.7	29	22.3	130
Genitourinary medicine and HIV/AIDS	182	48.4	194	51.6	376
Geriatric medicine	653	64.7	356	35.3	1,009
Haematology	437	58.7	308	41.3	745
Hepatology	60	73.2	22	26.8	82
Immunology	42	67.7	20	32.3	62
Infectious diseases and tropical medicine	105	78.9	28	21.1	133
Intensive care medicine	64	83.1	13	16.9	77
Medical oncology	203	61.5	127	38.5	330
Medical ophthalmology	6	54.5	5	45.5	11
Metabolic medicine	14	87.5	2	12.5	16
Neurology	469	76.3	146	23.7	615
Nuclear medicine	42	65.6	22	34.4	64
Paediatric cardiology	58	77.3	17	22.7	75
Palliative medicine	113	27.2	302	72.8	415
Rehabilitation medicine (incl spinal paralysis)	100	74.1	35	25.9	135
Renal medicine	342	75.8	109	24.2	451
Respiratory medicine	685	75.1	227	24.9	912
Rheumatology	387	61.9	238	38.1	625
Sport and exercise medicine	7	100.0	–	–	7
Stroke medicine	131	77.5	38	22.5	169
<b>Summary</b>	<b>6,942</b>	<b>67.8%</b>	<b>3,293</b>	<b>32.2%</b>	<b>10,235</b>

### C14d. Gender of consultant workforce in the medical specialties Wales

Source: RCP consultant census – census date 30 September 2012

Specialty	Male		Female		Total number of consultants
	Number	%	Number	%	
Acute medicine	16	84.2	3	15.8	19
Allergy	–	–	–	–	–
Audiovestibular medicine	1	50.0	1	50.0	2
Cardiology	53	89.8	6	10.2	59
Clinical genetics	4	33.3	8	66.7	12
Clinical neurophysiology	4	100.0	–	–	4
Clinical pharmacology and therapeutics	3	75.0	1	25.0	4
Dermatology	24	68.6	11	31.4	35
Endocrinology and diabetes mellitus	34	82.9	7	17.1	41
Gastroenterology	42	85.7	7	14.3	49
General (internal) medicine	11	91.7	1	8.3	12
Genitourinary medicine and HIV/AIDS	4	33.3	8	66.7	12
Geriatric medicine	61	85.9	10	14.1	71
Haematology	29	63.0	17	37.0	46
Hepatology	2	100.0	–	–	2
Immunology	2	100.0	–	–	2
Infectious diseases and tropical medicine	3	75.0	1	25.0	4
Intensive care medicine	9	100.0	–	–	9
Medical oncology	8	72.7	3	27.3	11
Medical ophthalmology	–	–	–	–	–
Metabolic medicine	1	100.0	–	–	1
Neurology	19	73.1	7	26.9	26
Nuclear medicine	1	100.0	–	–	1
Paediatric cardiology	3	100.0	–	–	3
Palliative medicine	8	28.6	20	71.4	28
Rehabilitation medicine (incl spinal paralysis)	5	83.3	1	16.7	6
Renal medicine	22	81.5	5	18.5	27
Respiratory medicine	38	67.9	18	32.1	56
Rheumatology	16	47.1	18	52.9	34
Sport and exercise medicine	–	–	–	–	–
Stroke medicine	2	66.7	1	33.3	3
<b>Summary</b>	<b>425</b>	<b>73.4%</b>	<b>154</b>	<b>26.6%</b>	<b>579</b>

**C14e. Gender of consultant workforce in the medical specialties  
Northern Ireland**
*Source: RCP consultant census – census date 30 September 2012*

Specialty	Male		Female		Total number of consultants
	Number	%	Number	%	
Acute medicine	6	60.0	4	40.0	10
Allergy	–	–	–	–	–
Audiovestibular medicine	1	100.0	–	–	1
Cardiology	21	75.0	7	25.0	28
Clinical genetics	3	50.0	3	50.0	6
Clinical neurophysiology	2	100.0	–	–	2
Clinical pharmacology and therapeutics	1	100.0	–	–	1
Dermatology	8	40.0	12	60.0	20
Endocrinology and diabetes mellitus	12	57.1	9	42.9	21
Gastroenterology	31	93.9	2	6.1	33
General (internal) medicine	7	87.5	1	12.5	8
Genitourinary medicine and HIV/AIDS	2	50.0	2	50.0	4
Geriatric medicine	26	66.7	13	33.3	39
Haematology	11	52.4	10	47.6	21
Hepatology	–	–	–	–	–
Immunology	2	66.7	1	33.3	3
Infectious diseases and tropical medicine	–	–	1	100.0	1
Intensive care medicine	1	100.0	–	–	1
Medical oncology	5	41.7	7	58.3	12
Medical ophthalmology	–	–	–	–	–
Metabolic medicine	1	100.0	–	–	1
Neurology	12	80.0	3	20.0	15
Nuclear medicine	3	100.0	–	–	3
Paediatric cardiology	3	100.0	–	–	3
Palliative medicine	3	18.8	13	81.3	16
Rehabilitation medicine (incl spinal paralysis)	2	50.0	2	50.0	4
Renal medicine	14	70.0	6	30.0	20
Respiratory medicine	21	67.7	10	32.3	31
Rheumatology	13	68.4	6	31.6	19
Sport and exercise medicine	1	100.0	–	–	1
Stroke medicine	1	50.0	1	50.0	2
<b>Summary</b>	<b>213</b>	<b>65.3%</b>	<b>113</b>	<b>34.7%</b>	<b>326</b>

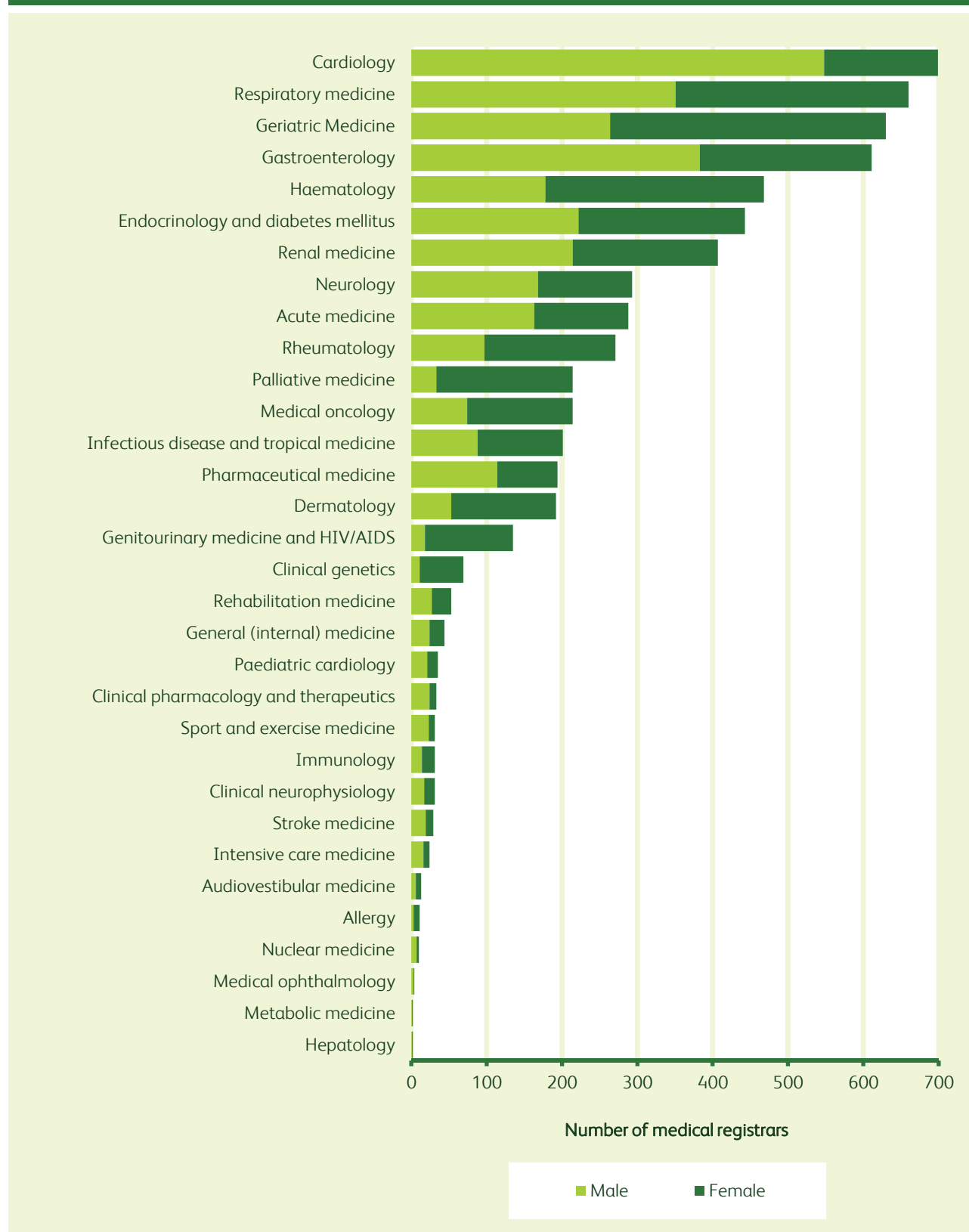


**C14f. Gender of consultant workforce in the medical specialties  
Scotland**
*Source: RCP consultant census – census date 30 September 2012*

Specialty	Male		Female		Total number of consultants
	Number	%	Number	%	
Acute medicine	16	69.6	7	30.4	23
Allergy	–	–	–	–	–
Audiovestibular medicine	1	100.0	–	–	1
Cardiology	67	83.8	13	16.3	80
Clinical genetics	11	44.0	14	56.0	25
Clinical neurophysiology	6	66.7	3	33.3	9
Clinical pharmacology and therapeutics	13	86.7	2	13.3	15
Dermatology	39	53.4	34	46.6	73
Endocrinology and diabetes mellitus	49	68.1	23	31.9	72
Gastroenterology	83	92.2	7	7.8	90
General (internal) medicine	24	77.4	7	22.6	31
Genitourinary medicine and HIV/AIDS	9	52.9	8	47.1	17
Geriatric medicine	67	50.4	66	49.6	133
Haematology	55	59.8	37	40.2	92
Hepatology	2	66.7	1	33.3	3
Immunology	1	33.3	2	66.7	3
Infectious diseases and tropical medicine	16	69.6	7	30.4	23
Intensive care medicine	7	77.8	2	22.2	9
Medical oncology	14	41.2	20	58.8	34
Medical ophthalmology	2	100.0	–	–	2
Metabolic medicine	1	100.0	–	–	1
Neurology	43	71.7	17	28.3	60
Nuclear medicine	6	85.7	1	14.3	7
Paediatric cardiology	2	40.0	3	60.0	5
Palliative medicine	19	44.2	24	55.8	43
Rehabilitation medicine (incl spinal paralysis)	15	78.9	4	21.1	19
Renal medicine	37	64.9	20	35.1	57
Respiratory medicine	74	81.3	17	18.7	91
Rheumatology	29	52.7	26	47.3	55
Sport and exercise medicine	–	–	–	–	–
Stroke medicine	7	87.5	1	12.5	8
<b>Summary</b>	<b>715</b>	<b>66.1%</b>	<b>366</b>	<b>33.9%</b>	<b>1,081</b>

### C15a. Gender of the medical registrar workforce in the medical specialties UK – all medical specialties

Source: JRCPTB database – 20 August 2013



## C15b. Gender of medical registrar workforce in the medical specialties UK – all medical specialties

Source: JRCPTB database – 20 August 2013

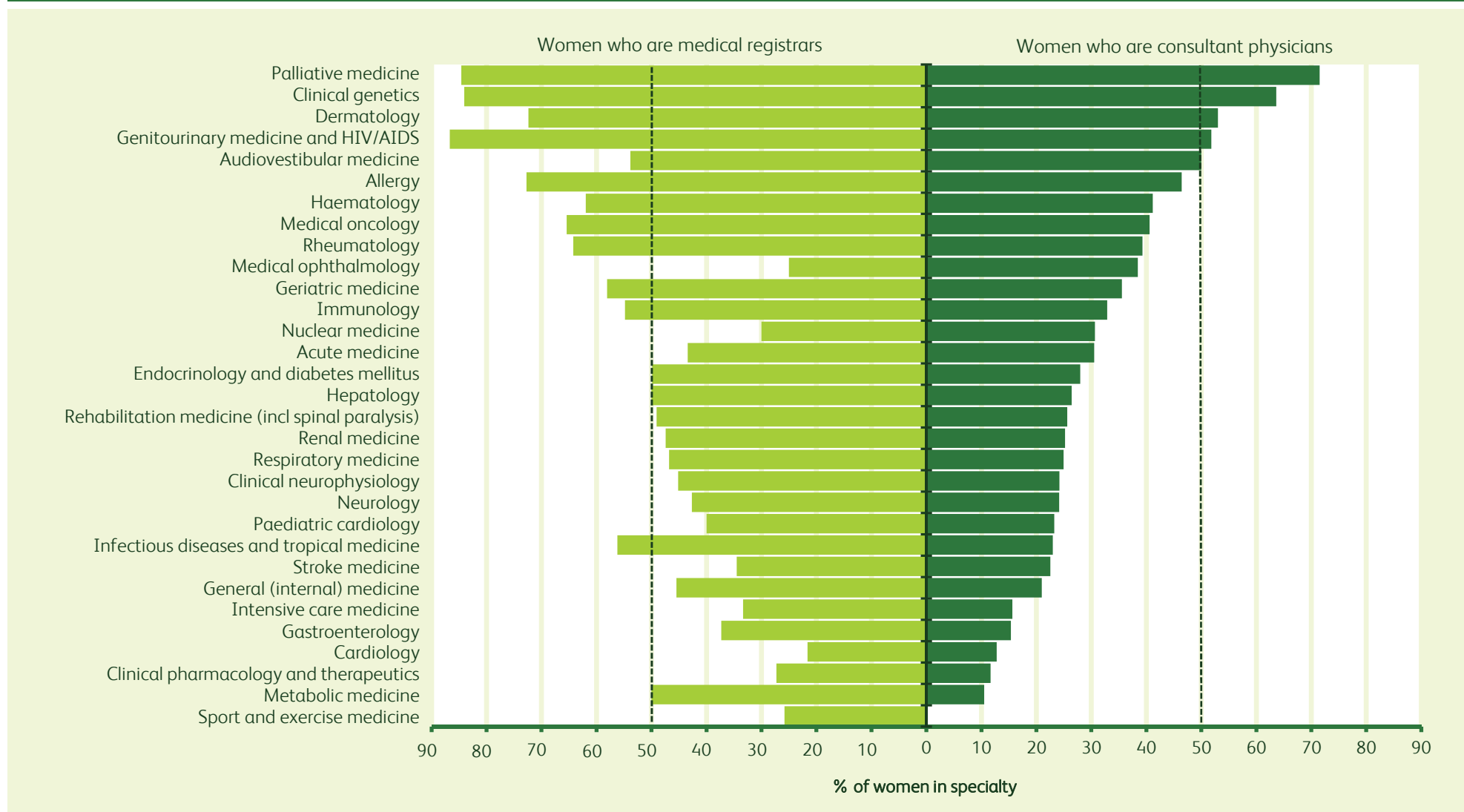
Specialty	Male		Female		Total number of registrars
	Number	%	Number	%	
Acute (internal) medicine	191*	56.6	142*	43.4	333*
Allergy	3	27.3	8	72.7	11
Audiovestibular medicine	6	46.2	7	53.8	13
Cardiology	548	78.4	151	21.6	699
Clinical genetics	11	15.9	58	84.1	69
Clinical neurophysiology	17	54.8	14	45.2	31
Clinical pharmacology and therapeutics	24	72.7	9	27.3	33
Dermatology	53	27.6	139	72.4	192
Endocrinology and diabetes mellitus	222	50.1	221	49.9	443
Gastroenterology	383	62.7	228	37.3	611
General (internal) medicine	2,066*	54.5	1,668*	45.5	3,734*
Genitourinary medicine and HIV/AIDS	19*	13.3	117*	86.7	136*
Geriatric medicine	269*	41.9	367*	58.1	636*
Haematology	178	38.0	290	62.0	468
Hepatology	11*	50.0	11*	50.0	22*
Immunology	14*	45.2	18*	54.8	32*
Infectious diseases and tropical medicine	89*	43.8	113*	56.2	202*
Intensive care medicine	32	66.7	16	33.3	48
Medical oncology	74	34.6	140	65.4	214
Medical ophthalmology	3	75.0	1	25.0	4
Metabolic medicine	1	50.0	1	50.0	2
Neurology	168	57.3	125	42.7	293
Nuclear medicine	7	70.0	3	30.0	10
Paediatric cardiology	21	60.0	14	40.0	35
Palliative medicine	33	15.4	181	84.6	214
Pharmaceutical medicine <sup>†</sup>	114	58.8	80	41.2	194
Rehabilitation medicine (incl spinal paralysis)**	29	50.9	26	49.1	55
Renal medicine	215*	52.6	193*	47.4	408*
Respiratory medicine	351	53.2	309	46.8	660
Rheumatology	98*	35.8	174*	64.2	272*
Sport and exercise medicine	23	74.2	8	25.8	31
Stroke medicine	82*	65.5	30*	34.5	112*
<b>Summary</b>	<b>3,185</b>	<b>50.2%</b>	<b>3,157</b>	<b>49.8%</b>	<b>6,342</b>

\* Please note that the numbers here are based on dual-accreditation. The 'headcount' numbers are: acute (internal) medicine 288 (women = 125; men = 163); general (internal) medicine 44 (women = 20; men = 24); genitourinary medicine 135 (women = 117; men = 18); geriatric medicine 630 (women = 366; men = 264); hepatology 2 (women = 1; men = 1); immunology 31 (women = 17; men = 14); infectious diseases 201 (women = 113; men = 88); renal medicine 407 (women = 193; men = 214); rheumatology 271 (women = 174; men = 97) and stroke medicine 29 (women = 10; men = 19)

<sup>†</sup> These data were obtained from the JRCPTB database, rather than from the RCP's census of medical registrars. As such pharmaceutical medicine appears in this table. Elsewhere in the document it will not appear as the RCP census did not collect data for this specialty.

## C15c. Comparison of percentages of women consultant physicians to women medical registrars UK – all medical specialties

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



### C16a. Mean programmed activities (PAs) contracted per week – by country

UK – all medical specialties

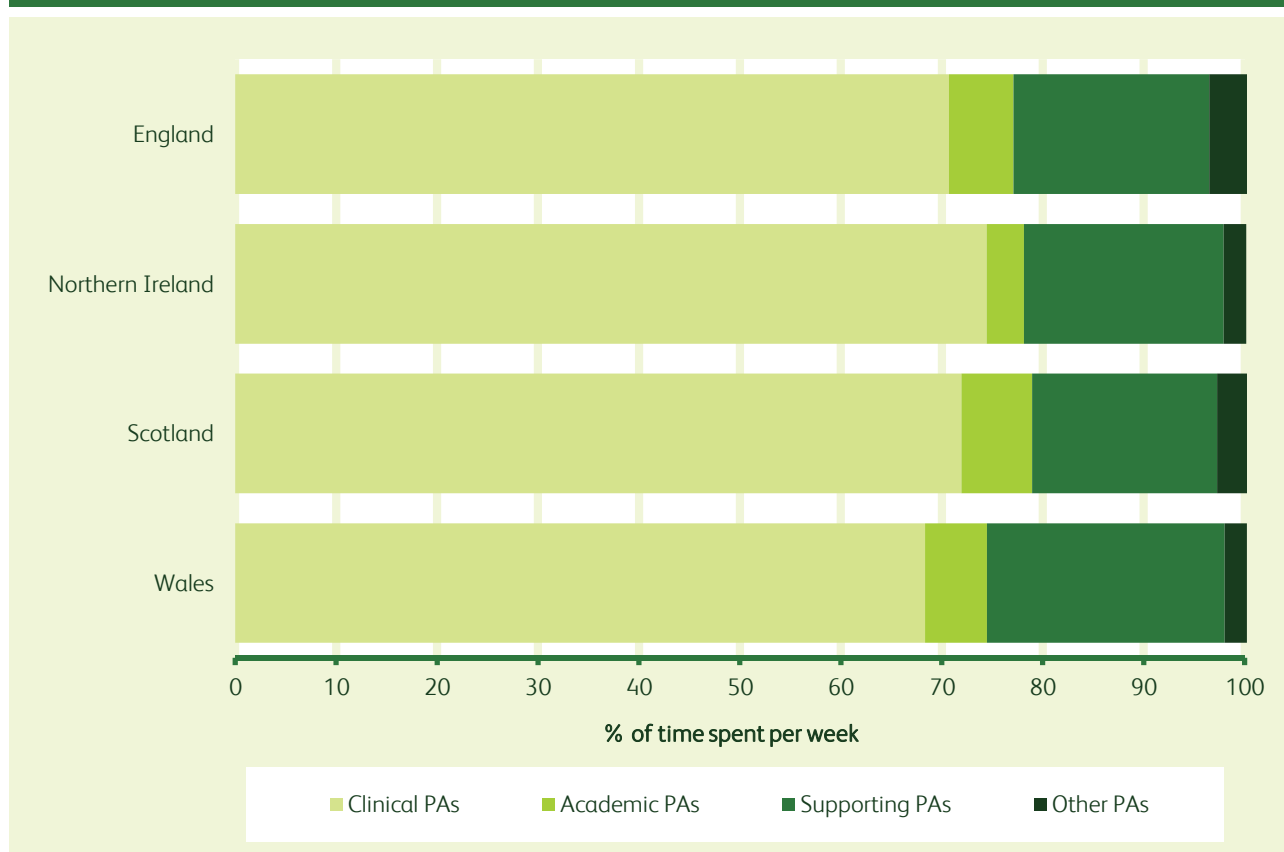
Source: RCP consultant census – census date 30 September 2012

Specialty	Responses	Total PAs	Clinical PAs	Academic PAs	Supporting PAs	Other PAs
England	4,301	10.6	7.5	0.7	2.0	0.4
Northern Ireland	129	10.8	8.0	0.4	2.1	0.2
Scotland	442	10.8	7.8	0.8	2.0	0.3
Wales	271	10.4	7.1	0.6	2.4	0.2
<b>UK</b>	<b>5,143</b>	<b>10.6</b>	<b>7.5</b>	<b>0.7</b>	<b>2.1</b>	<b>0.4</b>

### C16b. Mean programmed activities (PAs) contracted per week – by country

UK – all medical specialties

Source: RCP consultant census – census date 30 September 2012



### 16c. Mean programmed activities (PAs) worked per week – by country

UK – all medical specialties

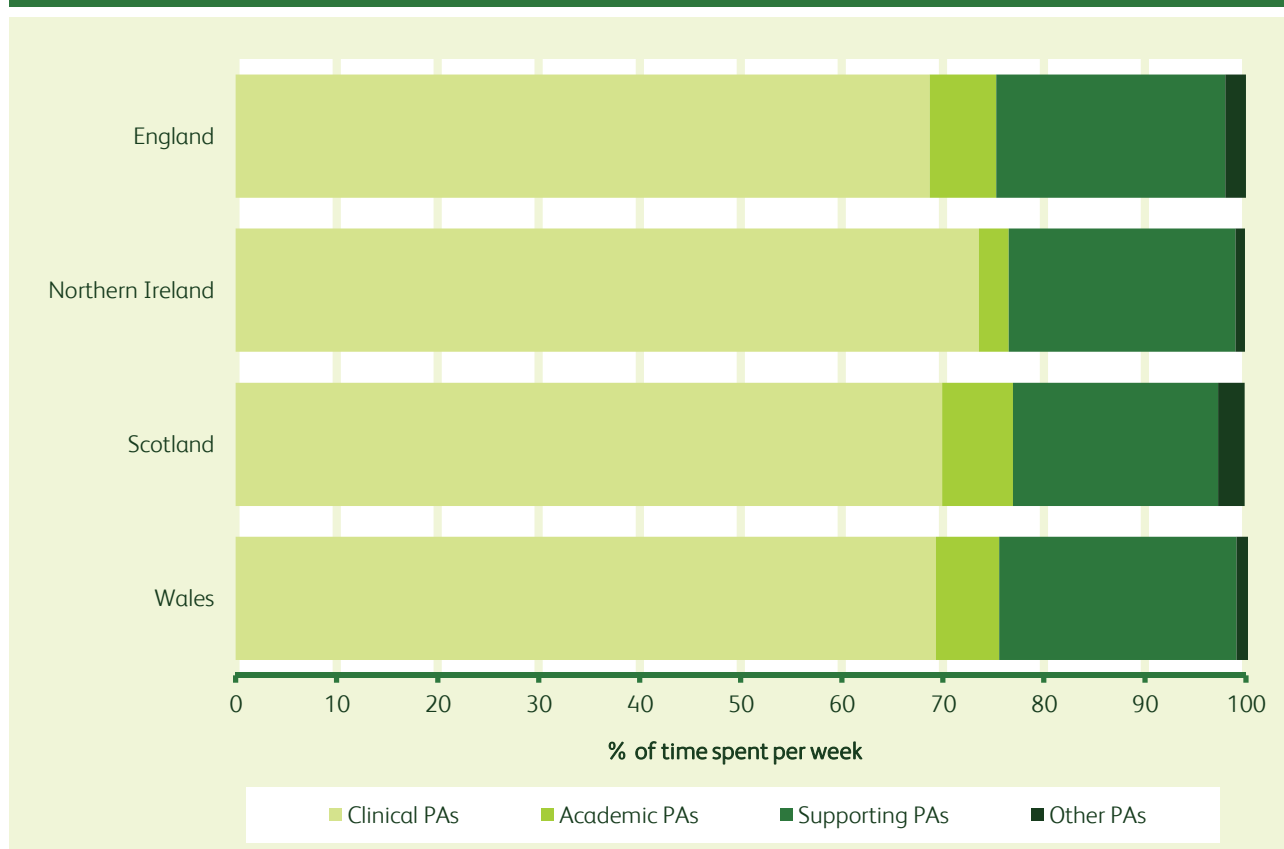
Source: RCP consultant census – census date 30 September 2012

Specialty	Responses	Total PAs	Clinical PAs	Academic PAs	Supporting PAs	Other PAs
England	4,250	11.8	8.1	0.8	2.7	0.2
Northern Ireland	127	11.8	8.7	0.3	2.6	0.1
Scotland	435	12.0	8.4	0.8	2.4	0.3
Wales	263	11.7	8.1	0.7	2.7	0.2
<b>UK</b>	<b>5,075</b>	<b>11.8</b>	<b>8.1</b>	<b>0.8</b>	<b>2.7</b>	<b>0.2</b>

### C16d. Mean programmed activities (PAs) worked per week – by country

UK – all medical specialties

Source: RCP consultant census – census date 30 September 2012



### C17a. Mean programmed activities (PAs) contracted per week UK – all medical specialties

Source: RCP consultant census – census date 30 September 2012

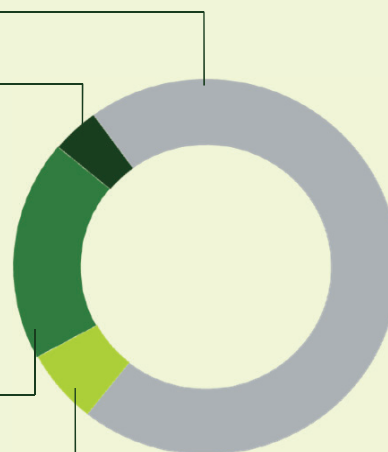
Specialty	Responses	Total PAs	Clinical PAs	Academic PAs	Supporting PAs	Other PAs
Acute medicine	177	10.8	8.0	0.2	2.2	0.4
Allergy	9	10.1	4.5	3.6	1.6	0.4
Audiovestibular medicine	26	9.6	7.1	0.3	2.0	0.2
Cardiology	418	11.3	8.5	0.5	2.0	0.3
Clinical genetics	113	9.5	6.5	1.0	1.8	0.3
Clinical neurophysiology	54	10.5	8.2	0.3	2.0	0.1
Clinical pharmacology and therapeutics	32	11.0	5.6	3.3	1.6	0.5
Dermatology	276	9.2	6.8	0.3	2.0	0.1
Endocrinology and diabetes mellitus	385	10.8	7.1	1.1	2.0	0.6
Gastroenterology	401	11.1	8.0	0.5	2.1	0.5
General (internal) medicine	69	11.1	8.1	0.3	2.1	0.6
Genitourinary medicine and HIV/AIDS	192	10.0	7.0	0.3	2.2	0.4
Geriatric medicine	545	10.7	7.7	0.4	2.0	0.5
Haematology	250	10.8	7.9	0.5	1.9	0.4
Hepatology	44	11.0	7.3	1.3	2.0	0.4
Immunology	32	10.5	7.6	0.8	1.8	0.3
Infectious diseases and tropical medicine	63	11.1	6.9	1.6	1.8	0.8
Intensive care medicine	41	11.7	8.2	0.6	2.4	0.6
Medical oncology	175	10.3	6.6	1.7	1.7	0.3
Medical ophthalmology	6	8.4	5.9	0.0	2.0	0.5
Metabolic medicine	5	8.9	4.8	3.0	0.9	0.2
Neurology	290	10.4	7.3	1.0	1.8	0.3
Nuclear medicine	33	10.5	7.7	0.7	2.0	0.1
Paediatric cardiology	28	11.6	8.7	0.6	2.0	0.3
Palliative medicine	249	9.2	6.5	0.3	2.1	0.3
Rehabilitation medicine (incl spinal paralysis)	77	10.2	7.5	0.4	2.0	0.3
Renal medicine	258	11.3	7.8	0.8	2.0	0.7
Respiratory medicine	440	11.0	7.7	0.7	2.1	0.5
Rheumatology	353	10.1	6.9	0.8	2.0	0.4
Sport and exercise medicine	7	9.4	6.2	0.3	2.4	0.4
Stroke medicine	95	11.0	7.5	0.9	2.1	0.6
<b>Summary</b>	<b>5,143</b>	<b>10.6</b>	<b>7.5</b>	<b>0.7</b>	<b>2.0</b>	<b>0.4</b>

Clinical PAs 70.7%

Other PAs 4.0%

Supporting PAs 19.0%

Academic PAs 6.4%



### C17b. Mean programmed activities (PAs) worked per week UK – all medical specialties

Source: RCP consultant census – census date 30 September 2012

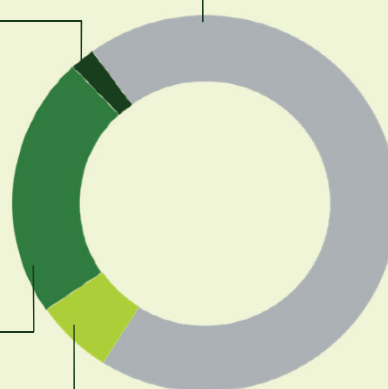
Specialty	Responses	Total PAs	Clinical PAs	Academic PAs	Supporting PAs	Other PAs
Acute medicine	170	11.7	8.6	0.1	2.7	0.2
Allergy	11	12.0	6.1	3.1	2.6	0.2
Audiovestibular medicine	26	11.6	8.4	0.4	2.5	0.3
Cardiology	414	12.8	9.3	0.8	2.5	0.1
Clinical genetics	110	11.2	7.4	1.3	2.2	0.3
Clinical neurophysiology	52	11.2	8.5	0.6	1.9	0.2
Clinical pharmacology and therapeutics	32	12.3	6.1	2.7	3.5	0.1
Dermatology	277	10.1	7.2	0.4	2.2	0.2
Endocrinology and diabetes mellitus	377	11.8	7.7	1.1	2.7	0.3
Gastroenterology	398	12.2	8.6	0.5	2.8	0.2
General (internal) medicine	68	12.5	8.9	0.6	2.8	0.2
Genitourinary medicine and HIV/AIDS	187	11.0	7.3	0.5	2.9	0.3
Geriatric medicine	530	11.6	8.2	0.3	2.8	0.3
Haematology	251	12.0	8.6	0.7	2.5	0.2
Hepatology	45	12.5	8.2	1.3	2.8	0.2
Immunology	33	11.5	7.8	1.0	2.4	0.3
Infectious diseases and tropical medicine	63	12.9	7.5	1.8	3.5	0.1
Intensive care medicine	42	13.1	8.7	0.9	3.1	0.4
Medical oncology	171	11.8	7.4	2.1	2.1	0.2
Medical ophthalmology	6	9.9	6.4	0.5	2.2	0.8
Metabolic medicine	5	11.6	5.8	2.7	3.2	0.0
Neurology	286	11.7	7.9	1.3	2.4	0.2
Nuclear medicine	33	11.9	8.7	1.0	2.2	0.1
Paediatric cardiology	28	13.1	9.7	0.6	2.6	0.1
Palliative medicine	245	10.4	6.8	0.3	2.9	0.4
Rehabilitation medicine (incl spinal paralysis)	77	11.4	8.5	0.4	2.3	0.2
Renal medicine	255	12.6	8.4	1.0	3.0	0.2
Respiratory medicine	432	12.4	8.6	0.7	2.8	0.3
Rheumatology	349	11.3	7.7	0.9	2.6	0.2
Sport and exercise medicine	7	11.2	6.4	0.6	3.6	0.7
Stroke medicine	95	12.4	8.7	0.8	2.8	0.2
<b>Summary</b>	<b>5,075</b>	<b>11.8</b>	<b>8.1</b>	<b>0.8</b>	<b>2.7</b>	<b>0.2</b>

Clinical PAs 69.0 %

Other PAs 2.0 %

Supporting PAs 22.5 %

Academic PAs 6.5 %





### C18a. Mean programmed activities (PAs) contracted per week for whole-time consultants UK – all medical specialties

Source: RCP consultant census – census date 30 September 2012

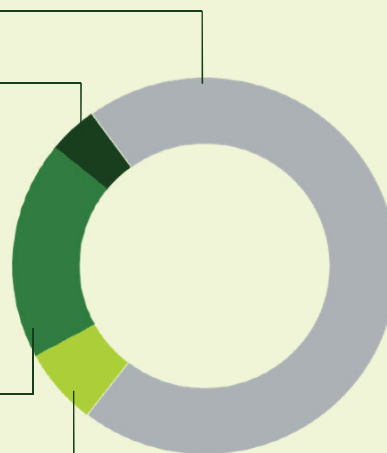
Specialty	Responses	Total PAs	Clinical PAs	Academic PAs	Supporting PAs	Other PAs
Acute medicine	163	11.1	8.3	0.2	2.3	0.4
Allergy	6	11.3	4.3	4.8	1.6	0.6
Audiovestibular medicine	19	10.4	7.6	0.4	2.3	0.1
Cardiology	392	11.6	8.8	0.5	2.0	0.3
Clinical genetics	70	10.7	6.9	1.5	1.9	0.3
Clinical neurophysiology	49	10.9	8.5	0.2	2.0	0.1
Clinical pharmacology and therapeutics	30	11.4	5.9	3.3	1.7	0.5
Dermatology	166	10.7	7.8	0.5	2.2	0.2
Endocrinology and diabetes mellitus	334	11.3	7.4	1.2	2.1	0.6
Gastroenterology	364	11.5	8.3	0.5	2.2	0.5
General (internal) medicine	64	11.3	8.4	0.3	2.1	0.6
Genitourinary medicine and HIV/AIDS	144	10.9	7.7	0.3	2.4	0.5
Geriatric medicine	451	11.3	8.1	0.4	2.1	0.6
Haematology	215	11.4	8.3	0.6	2.0	0.4
Hepatology	40	11.6	7.7	1.4	2.1	0.4
Immunology	25	11.2	8.1	0.8	2.0	0.3
Infectious diseases and tropical medicine	56	11.3	7.1	1.5	1.8	0.8
Intensive care medicine	41	11.7	8.2	0.6	2.4	0.6
Medical oncology	134	11.2	7.1	2.0	1.8	0.3
Medical ophthalmology	4	10.5	7.1	0.0	2.6	0.8
Metabolic medicine	4	12.4	7.4	3.8	1.1	0.3
Neurology	247	11.0	7.7	1.0	2.0	0.3
Nuclear medicine	28	10.9	8.0	0.8	2.0	0.1
Paediatric cardiology	27	11.8	9.0	0.6	2.1	0.1
Palliative medicine	129	10.7	7.3	0.5	2.5	0.4
Rehabilitation medicine (incl spinal paralysis)	65	10.9	8.0	0.4	2.2	0.3
Renal medicine	234	11.6	8.0	0.8	2.1	0.7
Respiratory medicine	393	11.5	8.0	0.7	2.2	0.6
Rheumatology	275	10.9	7.4	1.0	2.1	0.4
Sport and exercise medicine	5	10.9	7.5	0.4	2.4	0.6
Stroke medicine	85	11.4	7.8	0.9	2.1	0.7
<b>Summary</b>	<b>4,259</b>	<b>11.3</b>	<b>7.9</b>	<b>0.7</b>	<b>2.1</b>	<b>0.5</b>

Clinical PAs 70.5 %

Other PAs 4.1 %

Supporting PAs 18.8 %

Academic PAs 6.6 %



### C18b. Mean programmed activities (PAs) worked per week for whole-time consultants UK – all medical specialties

Source: RCP consultant census – census date 30 September 2012

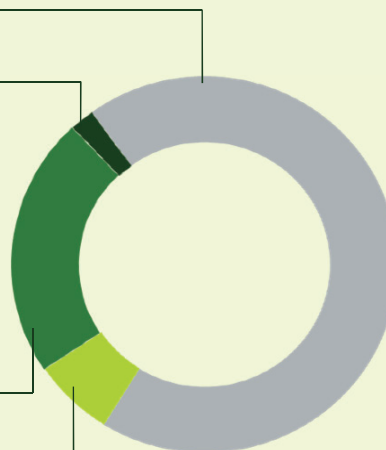
Specialty	Responses	Total PAs	Clinical PAs	Academic PAs	Supporting PAs	Other PAs
Acute medicine	156	11.9	8.8	0.1	2.8	0.2
Allergy	7	14.1	6.5	4.2	3.1	0.3
Audiovestibular medicine	19	12.1	8.8	0.6	2.5	0.3
Cardiology	388	13.1	9.6	0.8	2.6	0.1
Clinical genetics	69	12.2	7.7	1.7	2.4	0.4
Clinical neurophysiology	48	11.5	8.7	0.6	2.0	0.2
Clinical pharmacology and therapeutics	30	12.7	6.3	2.6	3.7	0.1
Dermatology	166	11.7	8.4	0.6	2.5	0.2
Endocrinology and diabetes mellitus	326	12.5	8.1	1.2	2.9	0.3
Gastroenterology	360	12.6	9.0	0.5	2.9	0.2
General (internal) medicine	63	12.9	9.2	0.6	2.8	0.2
Genitourinary medicine and HIV/AIDS	140	12.0	8.1	0.5	3.0	0.4
Geriatric medicine	437	12.3	8.6	0.3	3.0	0.3
Haematology	216	12.5	9.0	0.7	2.6	0.2
Hepatology	41	13.1	8.6	1.3	2.9	0.3
Immunology	25	12.5	8.4	1.3	2.5	0.3
Infectious diseases and tropical medicine	56	13.1	7.7	1.8	3.5	0.1
Intensive care medicine	41	13.1	8.8	0.9	3.1	0.4
Medical oncology	130	12.7	7.8	2.4	2.3	0.2
Medical ophthalmology	4	12.3	7.8	0.8	2.4	1.3
Metabolic medicine	4	13.2	6.7	3.3	3.2	0.0
Neurology	245	12.3	8.3	1.4	2.5	0.2
Nuclear medicine	28	12.4	9.0	1.0	2.3	0.1
Paediatric cardiology	27	13.5	10.1	0.6	2.6	0.1
Palliative medicine	126	12.1	7.6	0.5	3.5	0.5
Rehabilitation medicine (incl spinal paralysis)	65	12.1	9.1	0.3	2.4	0.2
Renal medicine	232	12.9	8.6	1.0	3.1	0.2
Respiratory medicine	388	12.9	8.9	0.8	2.9	0.3
Rheumatology	271	12.1	8.2	1.0	2.7	0.2
Sport and exercise medicine	5	13.2	7.5	0.8	3.9	1.0
Stroke medicine	85	12.8	9.0	0.8	2.8	0.2
<b>Summary</b>	<b>4,198</b>	<b>12.5</b>	<b>8.6</b>	<b>0.9</b>	<b>2.8</b>	<b>0.3</b>

Clinical PAs 68.8 %

Other PAs 2.0 %

Supporting PAs 22.4 %

Academic PAs 6.8 %



### C19a. Mean programmed activities (PAs) contracted per week for less-than-whole-time consultants

UK – all medical specialties

Source: RCP consultant census – census date 30 September 2012

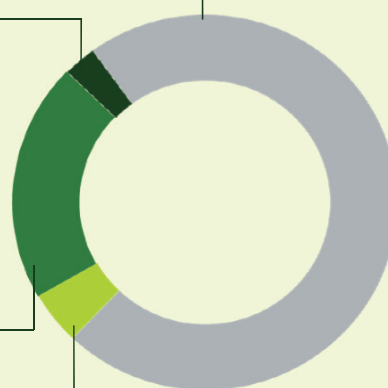
Specialty	Responses	Total PAs	Clinical PAs	Academic PAs	Supporting PAs	Other PAs
Acute medicine	14	7.4	5.0	0.2	1.9	0.3
Allergy	3	7.7	4.9	1.3	1.4	–
Audiovestibular medicine	7	7.4	5.7	–	1.1	0.6
Cardiology	26	6.4	5.1	0.2	1.0	0.1
Clinical genetics	43	7.7	5.7	0.2	1.5	0.2
Clinical neurophysiology	5	6.8	5.2	0.4	1.2	–
Clinical pharmacology and therapeutics	2	5.8	1.8	3.0	1.0	–
Dermatology	110	7.0	5.2	0.1	1.6	0.1
Endocrinology and diabetes mellitus	51	7.1	5.1	0.4	1.4	0.2
Gastroenterology	37	6.7	4.7	0.6	1.3	0.2
General (internal) medicine	5	7.4	5.4	–	1.7	0.4
Genitourinary medicine and HIV/AIDS	48	7.2	4.9	0.3	1.7	0.3
Geriatric medicine	94	7.7	5.8	0.3	1.5	0.2
Haematology	35	7.5	5.8	0.2	1.2	0.3
Hepatology	4	5.5	3.7	0.7	1.1	–
Immunology	7	7.8	5.6	0.9	1.1	0.2
Infectious diseases and tropical medicine	7	9.2	5.1	1.6	1.5	1.1
Intensive care medicine	No data					
Medical oncology	41	7.3	5.1	0.7	1.4	0.1
Medical ophthalmology	2	4.3	3.5	–	0.8	–
Metabolic medicine	1	2.0	2.0	–	–	–
Neurology	43	6.7	4.7	0.8	1.1	0.2
Nuclear medicine	5	8.2	6.1	0.2	1.7	0.2
Paediatric cardiology	1	4.0	No data			
Palliative medicine	120	7.5	5.5	0.1	1.8	0.1
Rehabilitation medicine (incl spinal paralysis)	12	6.7	4.4	0.5	1.4	0.3
Renal medicine	24	8.1	5.5	0.5	1.4	0.7
Respiratory medicine	47	7.0	5.1	0.4	1.4	0.1
Rheumatology	78	7.2	5.1	0.3	1.6	0.2
Sport and exercise medicine	2	5.5	3.0	–	2.5	–
Stroke medicine	10	7.7	5.1	0.7	1.8	0.2
<b>Summary</b>	<b>884</b>	<b>7.3</b>	<b>5.2</b>	<b>0.3</b>	<b>1.5</b>	<b>0.2</b>

Clinical PAs 72.1 %

Other PAs 2.8 %

Supporting PAs 20.6 %

Academic PAs 4.5 %



### C19b. Mean programmed activities (PAs) worked per week for less-than-whole-time consultants UK – all medical specialties

Source: RCP consultant census – census date 30 September 2012

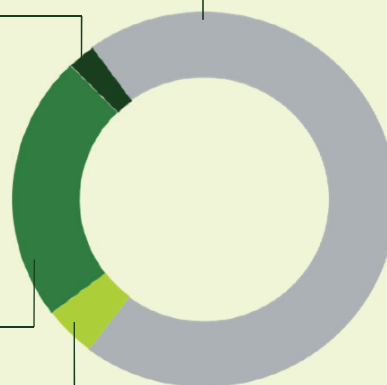
Specialty	Responses	Total PAs	Clinical PAs	Academic PAs	Supporting PAs	Other PAs
Acute medicine	14	8.8	6.7	–	1.8	0.3
Allergy	4	8.1	5.3	1.3	1.4	0.2
Audiovestibular medicine	7	10.1	7.1	0.1	2.4	0.5
Cardiology	26	7.9	5.9	0.2	1.7	0.1
Clinical genetics	41	9.5	6.9	0.6	1.9	0.1
Clinical neurophysiology	4	7.4	5.9	0.3	1.3	–
Clinical pharmacology and therapeutics	2	6.3	2.0	3.0	1.3	–
Dermatology	111	7.6	5.5	0.2	1.7	0.1
Endocrinology and diabetes mellitus	51	7.4	5.3	0.4	1.5	0.1
Gastroenterology	38	8.0	5.4	0.5	1.9	0.2
General (internal) medicine	5	8.0	5.2	0.1	2.6	0.1
Genitourinary medicine and HIV/AIDS	47	8.0	5.0	0.4	2.4	0.2
Geriatric medicine	93	8.5	6.3	0.1	1.8	0.3
Haematology	35	8.7	6.5	0.1	1.9	0.1
Hepatology	4	6.7	4.0	1.1	1.7	–
Immunology	8	8.4	6.1	0.1	2.0	0.2
Infectious diseases and tropical medicine	7	10.7	5.4	1.7	3.4	0.1
Intensive care medicine	1	11.0	7.5	–	3.5	–
Medical oncology	41	9.0	6.0	1.0	1.7	0.3
Medical ophthalmology	2	4.8	3.8	–	1.0	–
Metabolic medicine	1	2.0	2.0	No data		
Neurology	41	7.9	5.7	0.5	1.6	0.1
Nuclear medicine	5	9.2	7.0	0.8	1.3	–
Paediatric cardiology	1	4.0	No data			
Palliative medicine	119	8.6	6.0	0.1	2.2	0.3
Rehabilitation medicine (incl spinal paralysis)	12	7.9	5.3	0.5	1.9	0.2
Renal medicine	23	9.0	6.1	0.8	1.8	0.2
Respiratory medicine	44	8.5	6.0	0.4	1.9	0.3
Rheumatology	78	8.3	5.9	0.4	2.0	0.1
Sport and exercise medicine	2	6.5	3.5	–	3.0	–
Stroke medicine	10	8.8	6.1	0.4	2.2	0.1
<b>Summary</b>	<b>877</b>	<b>8.3</b>	<b>5.8</b>	<b>0.4</b>	<b>1.9</b>	<b>0.2</b>

Clinical PAs 70.3%

Other PAs 2.3%

Supporting PAs 23.0%

Academic PAs 4.4%



### C20a. Comparison of contracted programmed activities (PAs) with worked PAs per week (2006–2012) UK – all medical specialties – all contracts

Source: RCP consultant census – census date 30 September 2006–2012



### C20b. Comparison of contracted programmed activities (PAs) with worked PAs per week (2006–2012) UK – all medical specialties – whole-time consultants

Source: RCP consultant census – census date 30 September 2006–2012



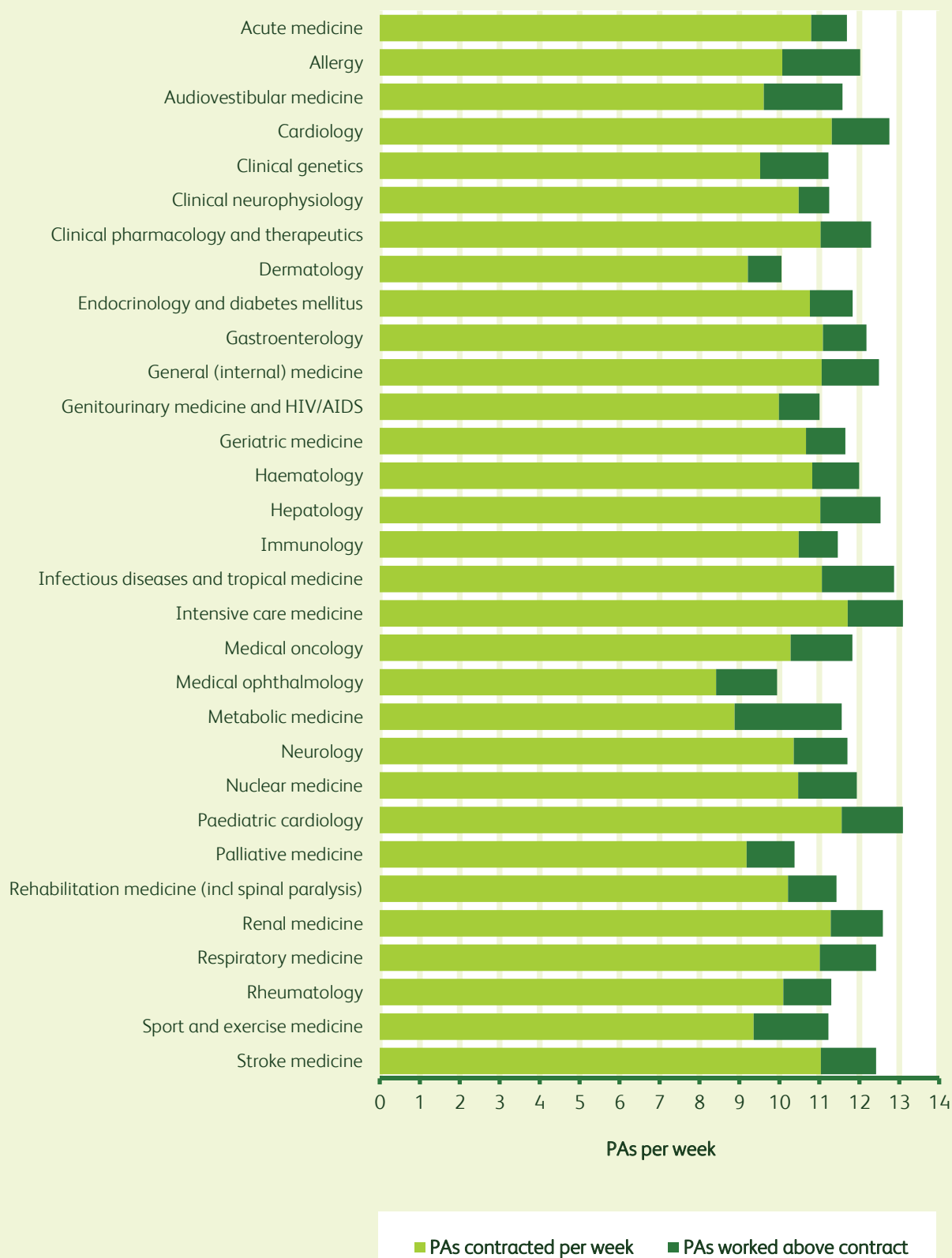
### C20c. Comparison of contracted programmed activities (PAs) with worked PAs per week (2006–2012) UK – all medical specialties – less-than-whole-time consultants

Source: RCP consultant census – census date 30 September 2006–2012



## C20d. Comparison of contracted programmed activities (PAs) with worked PAs per week for consultants UK – all medical specialties

Source: RCP consultant census – census date 30 September 2012

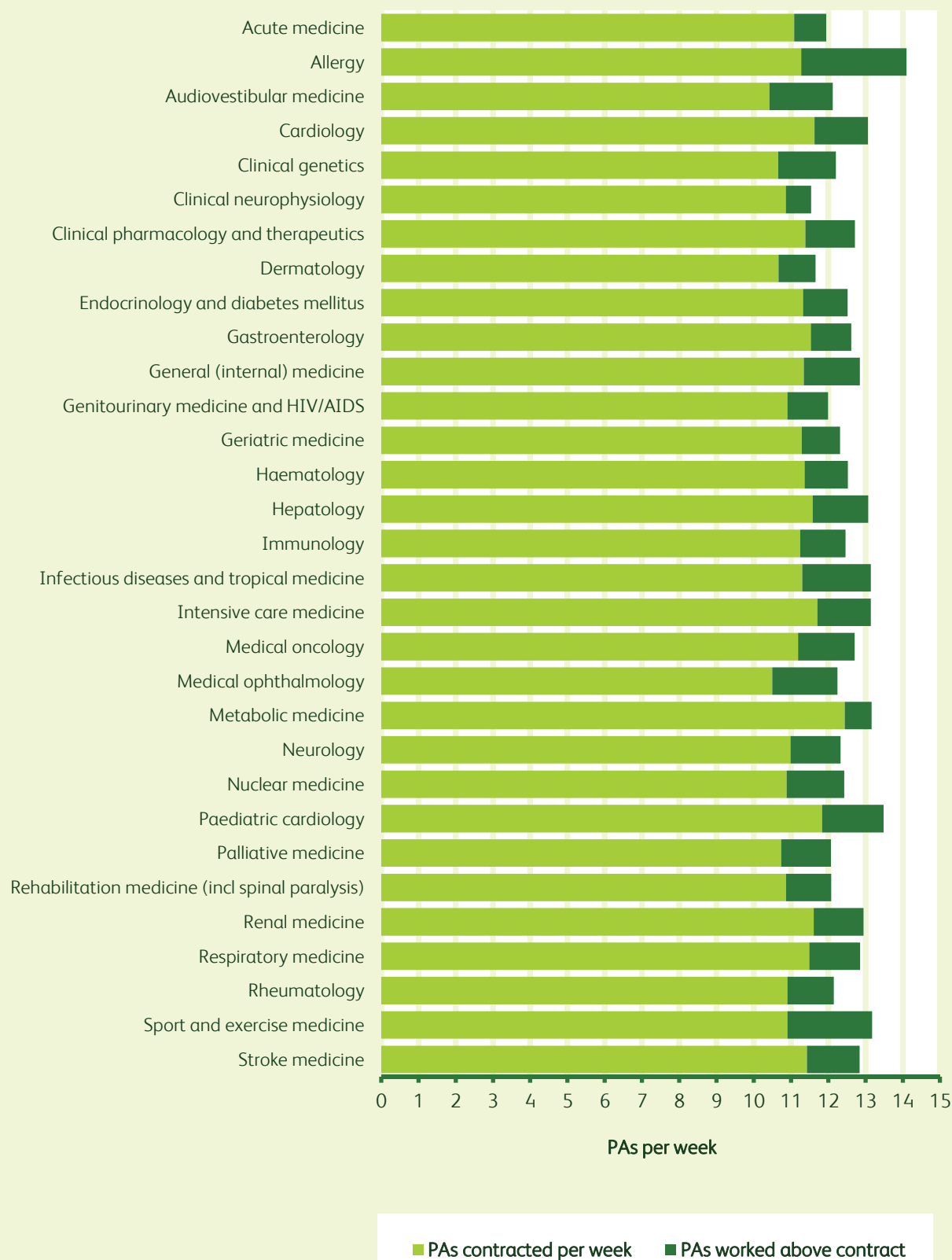


**C20e. Comparison of programmed activities (PAs) contracted and worked per week**  
**UK – all medical specialties**
*Source: RCP consultant census – census date 30 September 2012*

Specialty	Responses	Mean total contracted PAs	Mean total worked PAs	Mean excess PAs worked
Acute medicine	170	10.8	11.7	0.9
Allergy	11	10.1	12.0	1.9
Audiovestibular medicine	26	9.6	11.6	2.0
Cardiology	414	11.3	12.8	1.4
Clinical genetics	110	9.5	11.2	1.7
Clinical neurophysiology	52	10.5	11.2	0.8
Clinical pharmacology and therapeutics	32	11.0	12.3	1.3
Dermatology	277	9.2	10.1	0.8
Endocrinology and diabetes mellitus	377	10.8	11.8	1.1
Gastroenterology	398	11.1	12.2	1.1
General (internal) medicine	68	11.1	12.5	1.4
Genitourinary medicine and HIV/AIDS	187	10.0	11.0	1.0
Geriatric medicine	530	10.7	11.6	1.0
Haematology	251	10.8	12.0	1.2
Hepatology	45	11.0	12.5	1.5
Immunology	33	10.5	11.5	1.0
Infectious diseases and tropical medicine	63	11.1	12.9	1.8
Intensive care medicine	42	11.7	13.1	1.4
Medical oncology	171	10.3	11.8	1.5
Medical ophthalmology	6	8.4	9.9	1.5
Metabolic medicine	5	8.9	11.6	2.7
Neurology	286	10.4	11.7	1.3
Nuclear medicine	33	10.5	11.9	1.5
Paediatric cardiology	28	11.6	13.1	1.5
Palliative medicine	245	9.2	10.4	1.2
Rehabilitation medicine (incl spinal paralysis)	77	10.2	11.4	1.2
Renal medicine	255	11.3	12.6	1.3
Respiratory medicine	432	11.0	12.4	1.4
Rheumatology	349	10.1	11.3	1.2
Sport and exercise medicine	7	9.4	11.2	1.9
Stroke medicine	95	11.0	12.4	1.4
<b>Summary</b>	<b>5,075</b>	<b>10.6</b>	<b>11.8</b>	<b>1.2</b>

## C20f. Comparison of contracted programmed activities (PAs) with worked PAs per week for whole-time consultants UK – all medical specialties

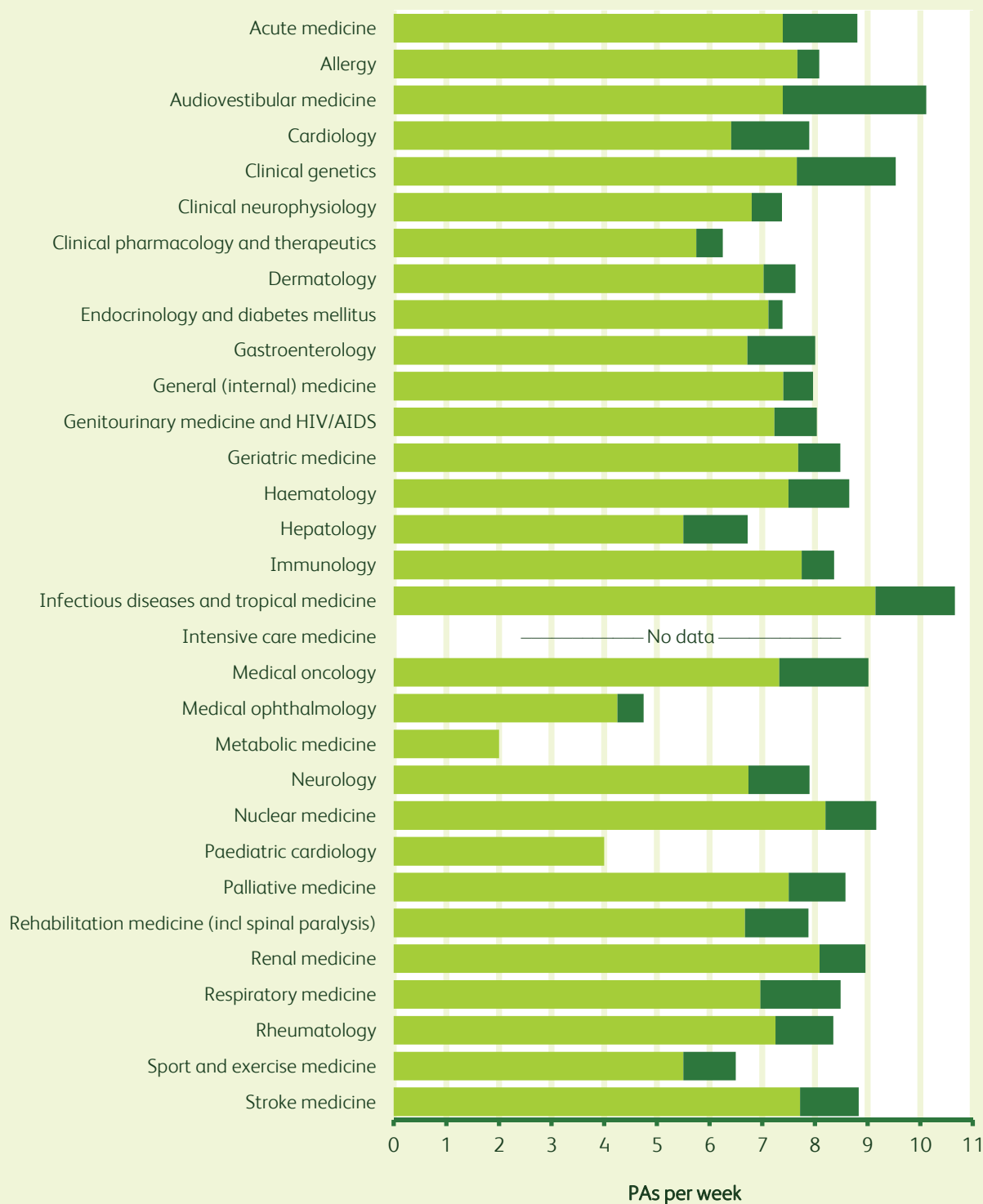
Source: RCP consultant census – census date 30 September 2012





## C20g. Comparison of contracted programmed activities (PAs) with worked PAs per week for less-than-whole-time consultants UK – all medical specialties

Source: RCP consultant census – census date 30 September 2012



■ PAs contracted per week ■ PAs worked above contract

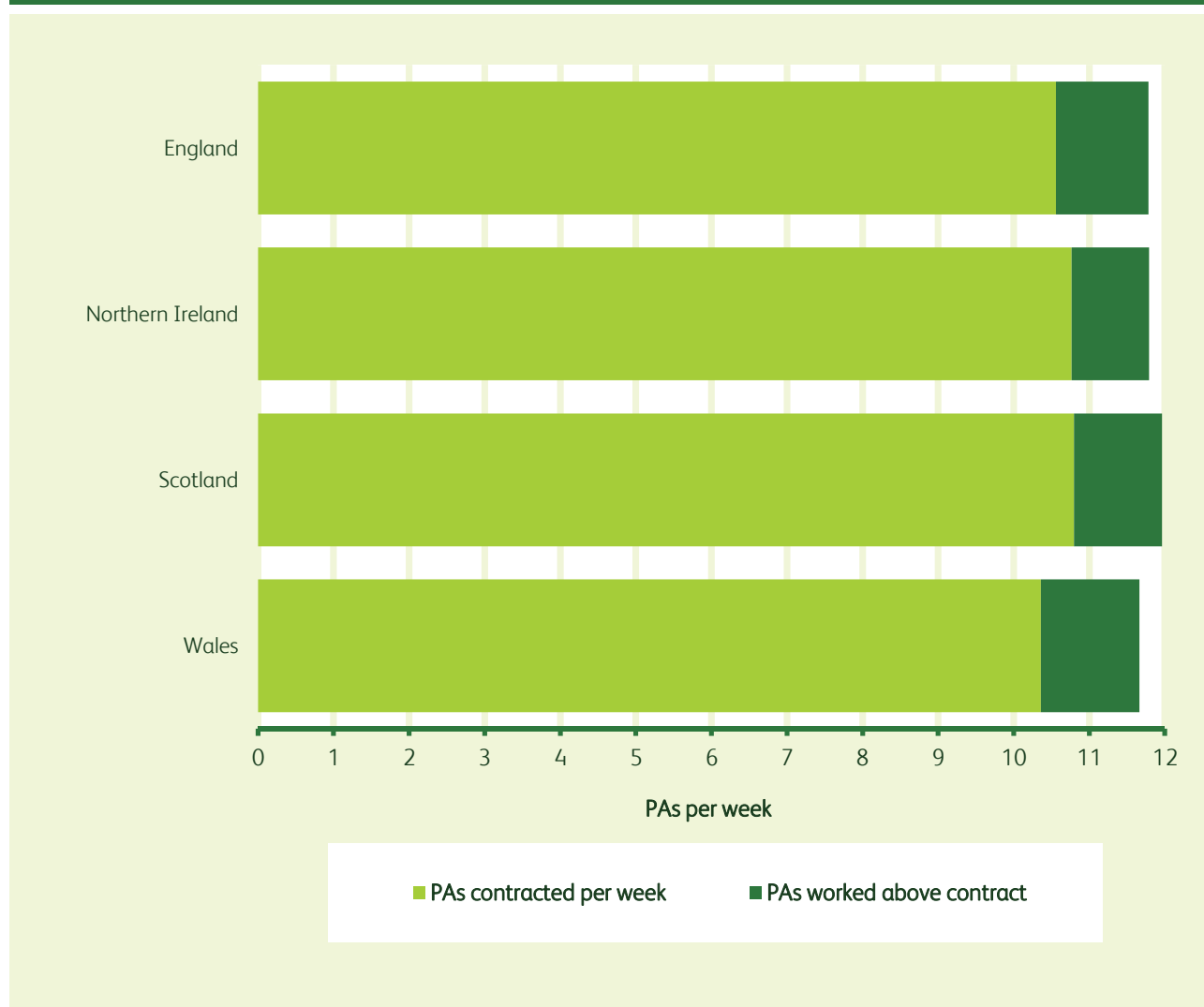
### C20h. Comparison of programmed activities (PAs) contracted and worked per week – by country UK – all medical specialties

Source: RCP consultant census – census date 30 September 2012

Region	Responses	Mean PAs contracted per week	Mean PAs worked per week	Mean excess PAs worked per week
England	4,250	10.6	11.8	1.2
Northern Ireland	127	10.8	11.8	1.0
Scotland	435	10.8	12.0	1.2
Wales	263	10.4	11.7	1.3
<b>UK</b>	<b>5,075</b>	<b>10.6</b>	<b>11.8</b>	<b>1.2</b>

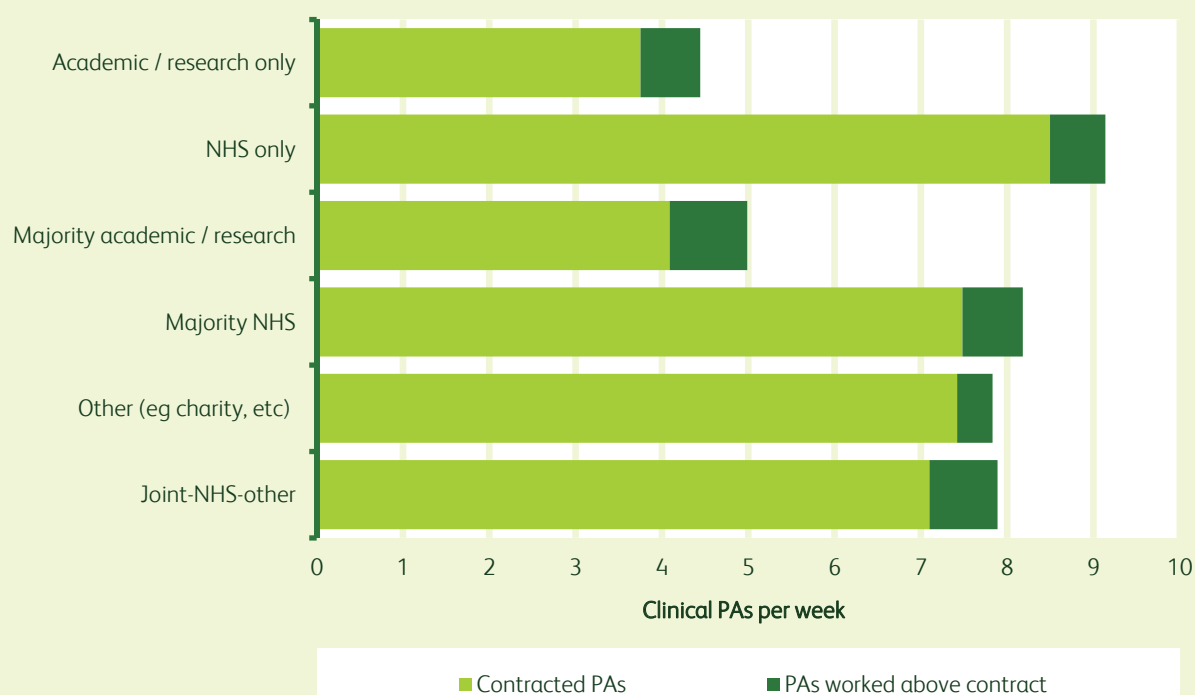
### C20i. Comparison of programmed activities (PAs) contracted and worked per week – by country UK – all medical specialties

Source: RCP consultant census – census date 30 September 2012

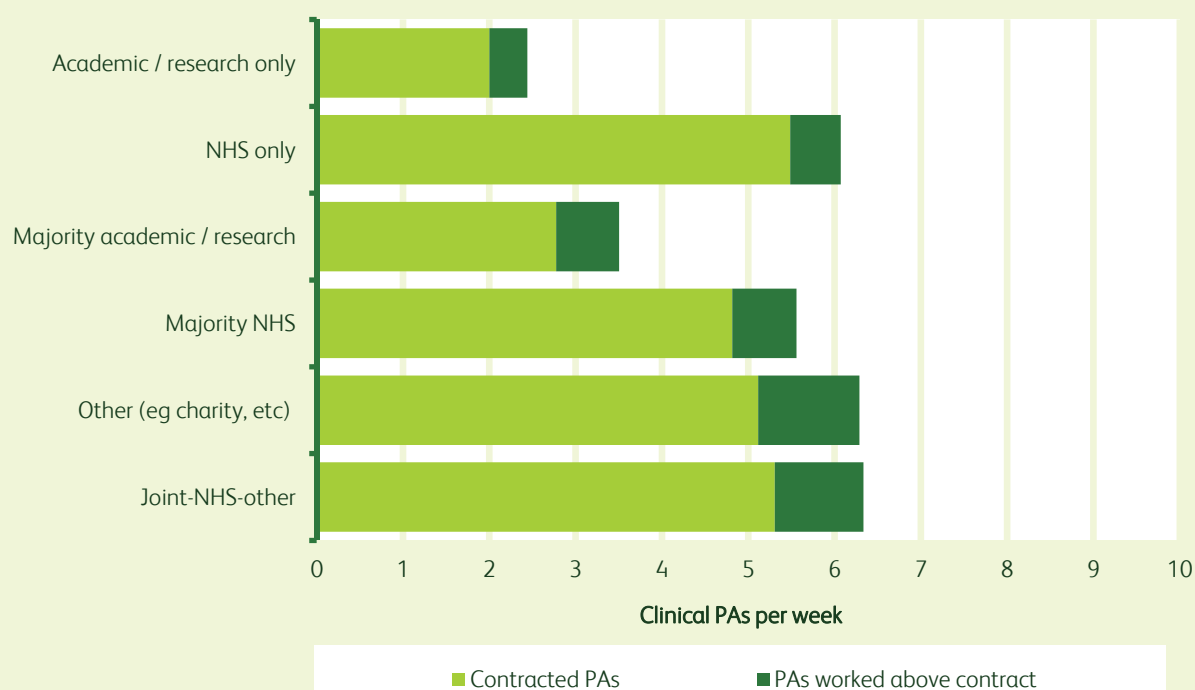


### C20j. Mean programmed activities (PAs) contracted per week for whole-time consultants UK – all medical specialties – by category of post

Source: RCP consultant census – census date 30 September 2012

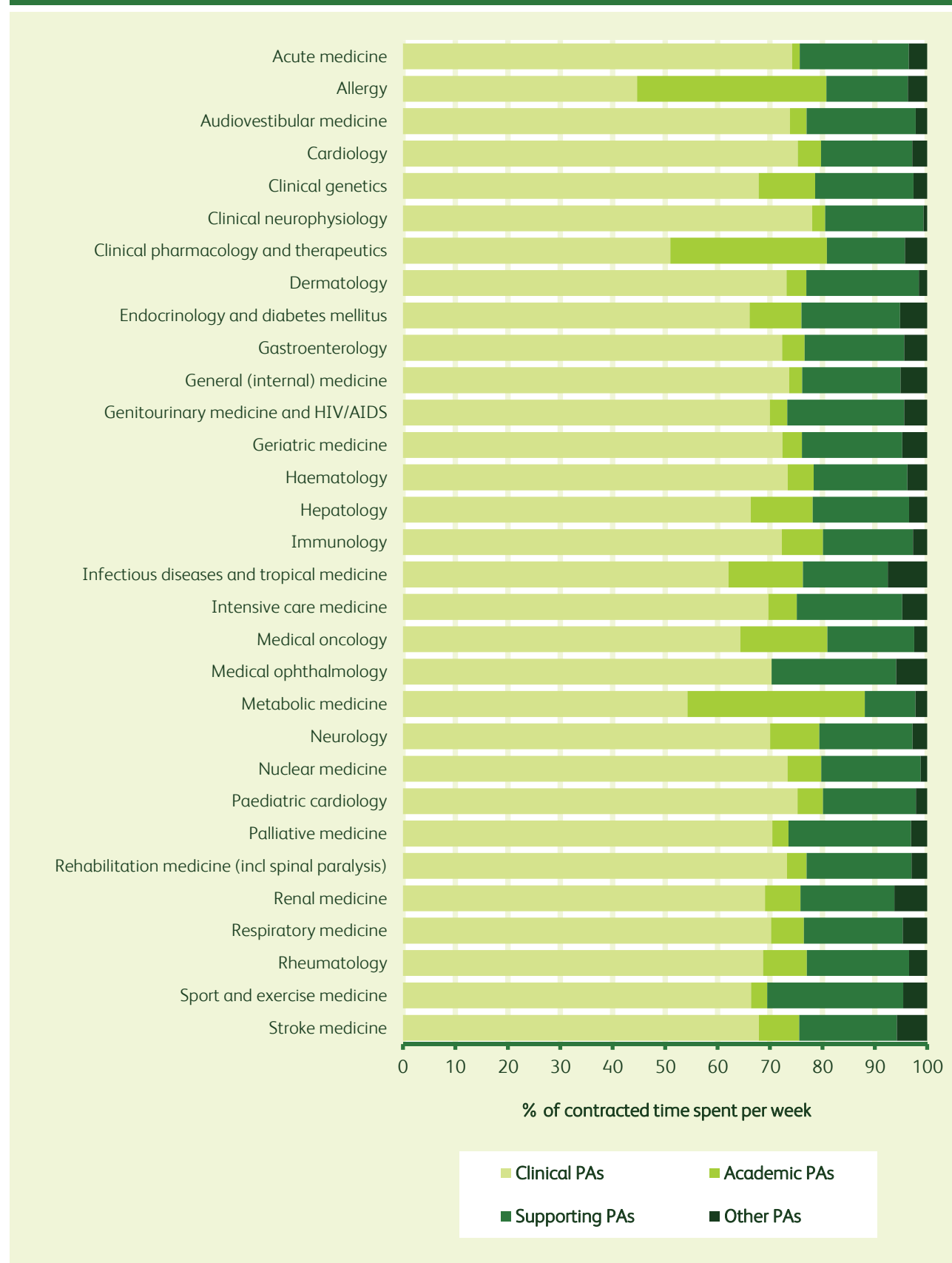


### C20k. Mean programmed activities (PAs) contracted per week for less-than-whole-time consultants UK – all medical specialties – by category of post



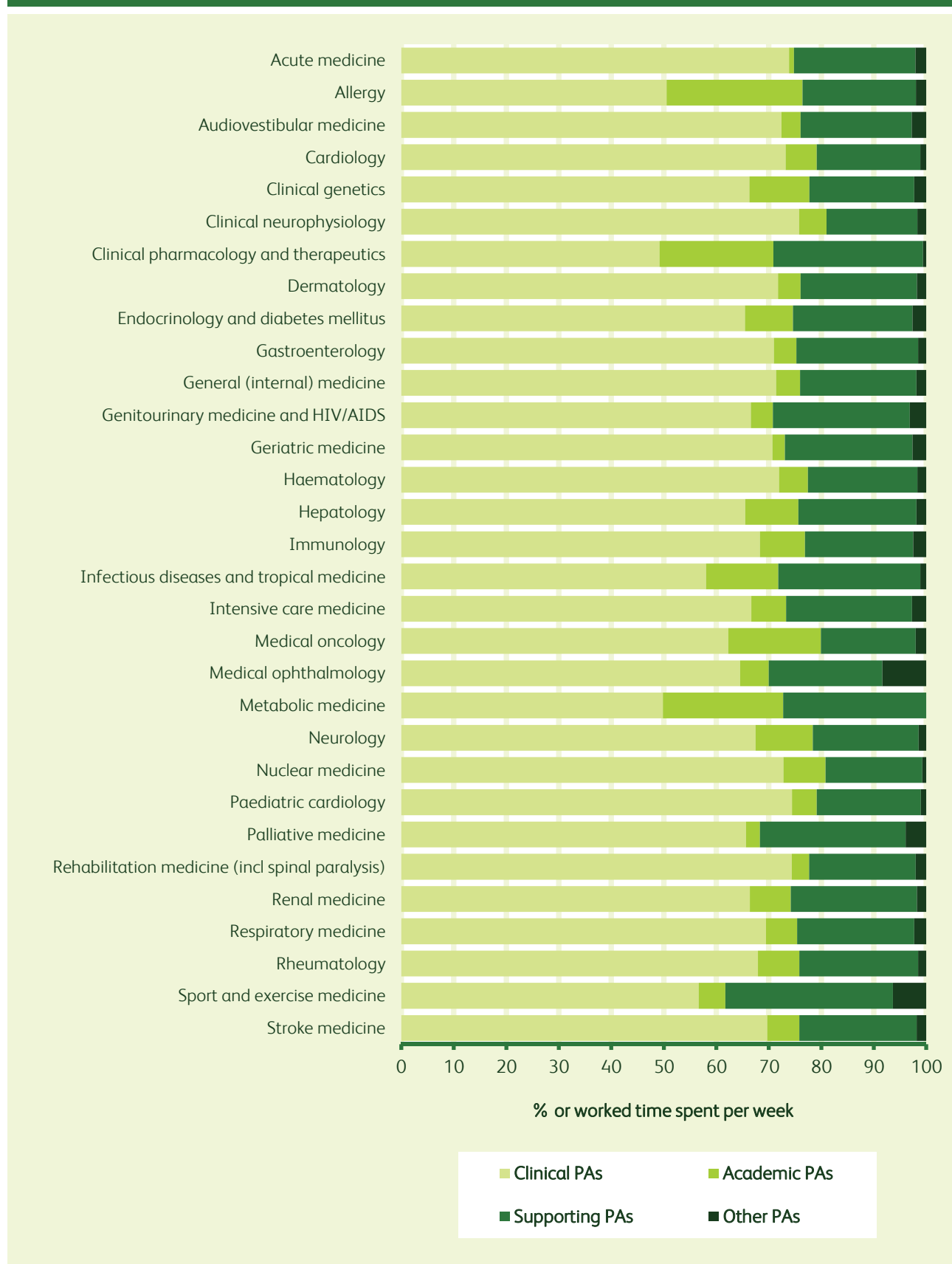
## C21a. Mean programmed activities (PAs) contracted per week UK – all medical specialties

Source: RCP consultant census – census date 30 September 2012



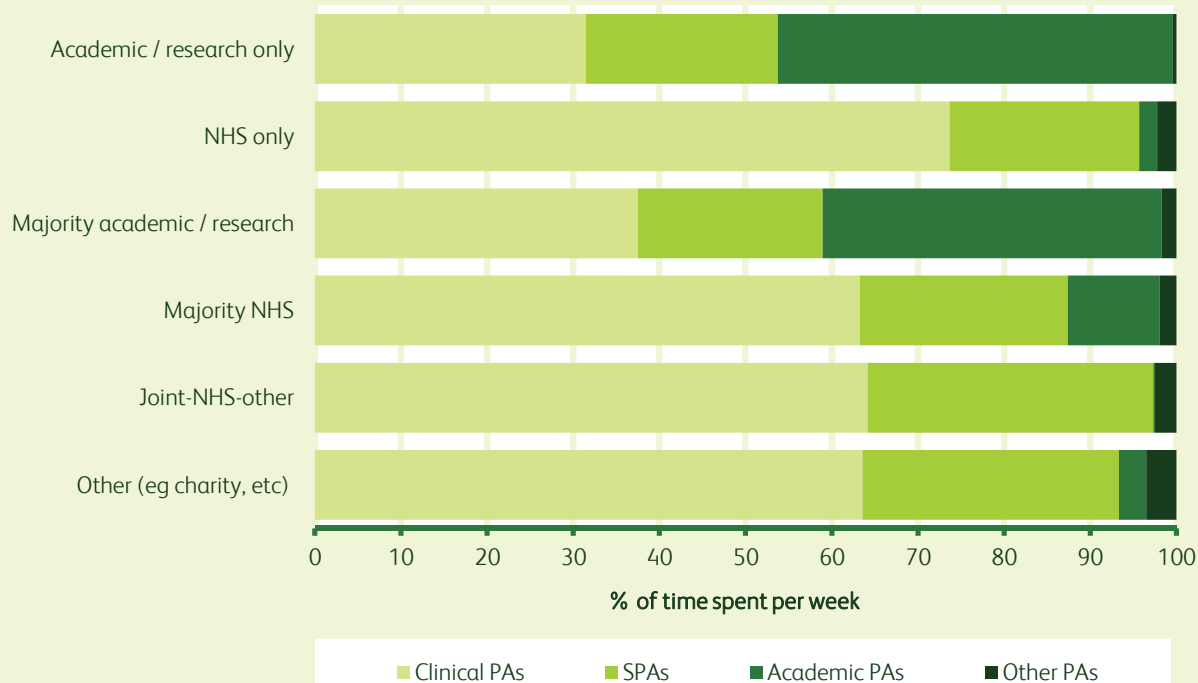
## C21b. Mean programmed activities (PAs) worked per week UK – all medical specialties

Source: RCP consultant census – census date 30 September 2012



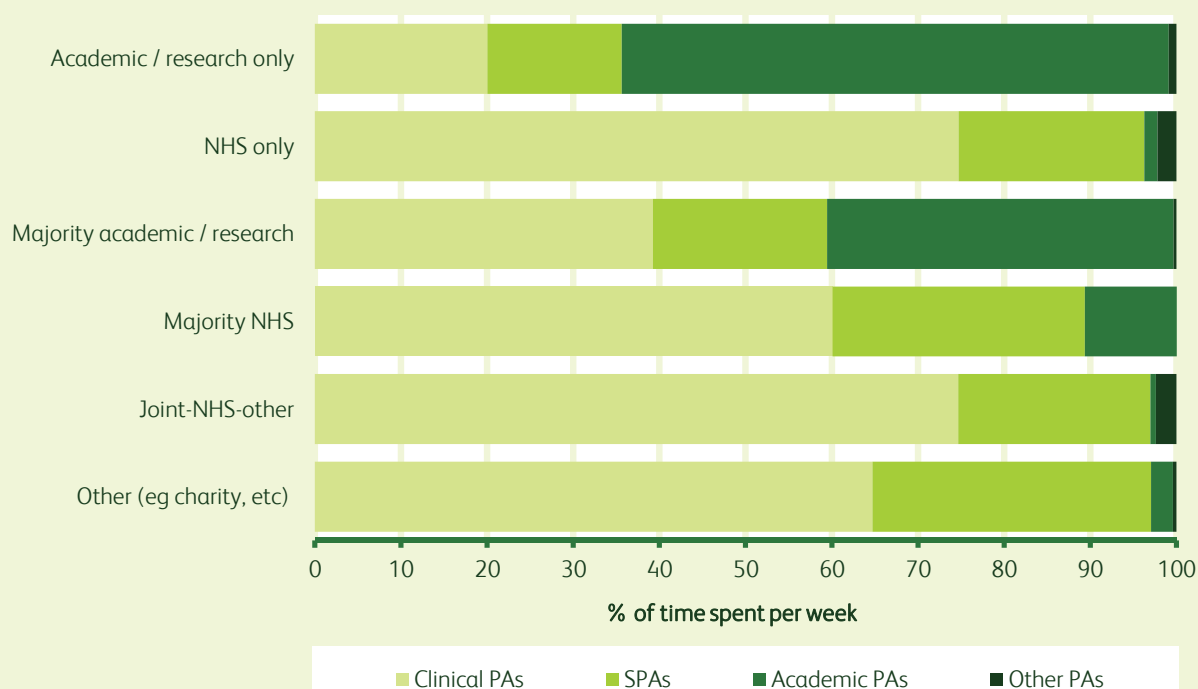
### C21c. Breakdown of time worked per week for whole-time consultants UK – all medical specialties – by category of post

Source: RCP consultant census – census date 30 September 2012



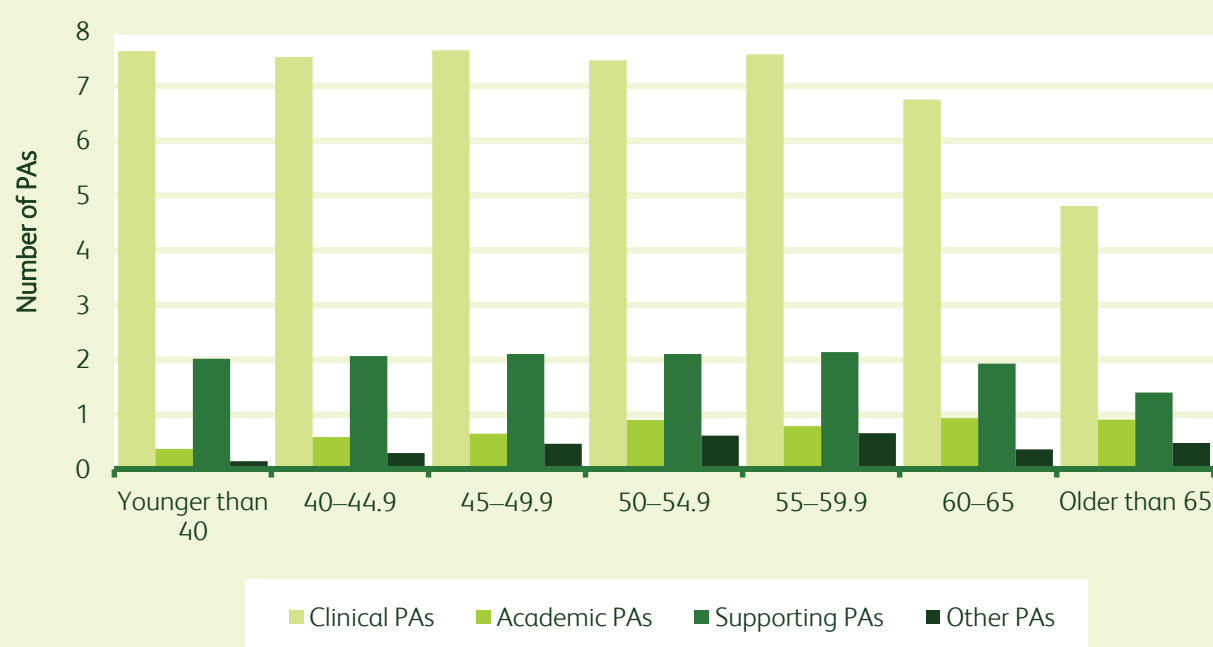
### C21d. Breakdown of time worked per week for less-than-whole-time consultants UK – all medical specialties – by category of post

Source: RCP consultant census – census date 30 September 2012



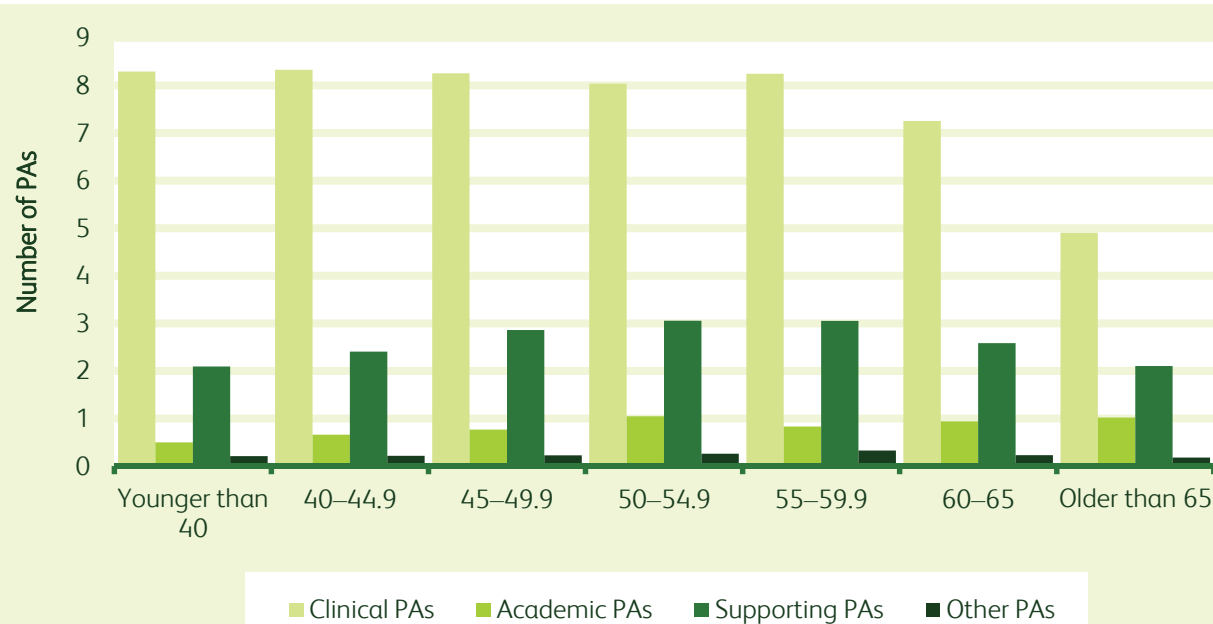
### C22a. Comparison of programmed activities (PAs) contracted per week and age groups for consultant physicians UK – all medical specialties

Source: RCP consultant census – census date 30 September 2012



### C22b. Comparison of programmed activities (PAs) worked per week and age groups for consultant physicians UK – all medical specialties

Source: RCP consultant census – census date 30 September 2012



### C23a. Consultants who work in the field of allergy

UK – all medical specialties

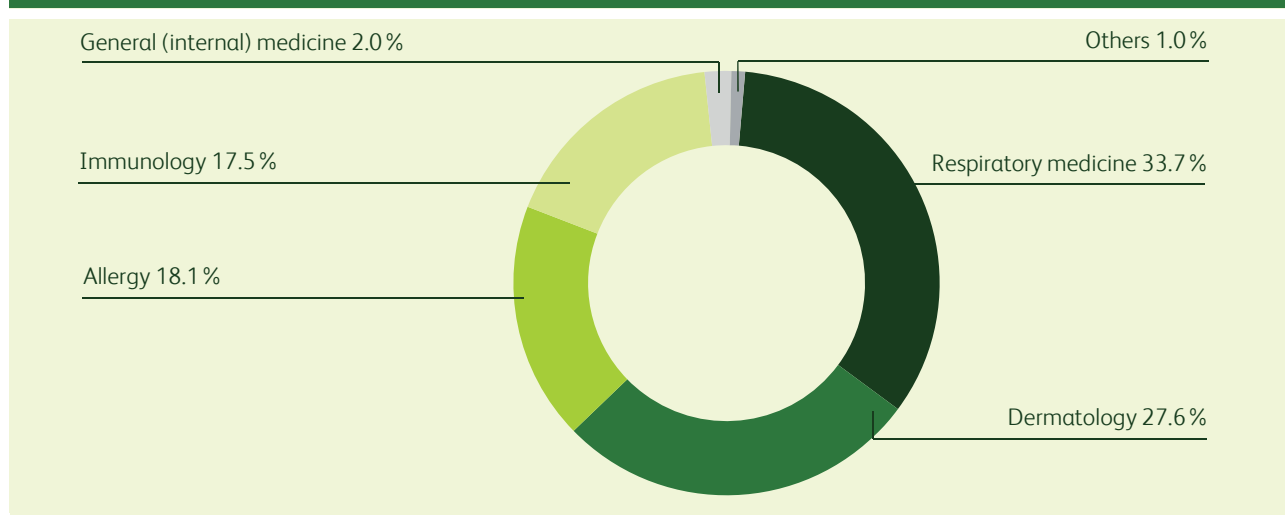
Source: RCP consultant census – census date 30 September 2012

Specialty	Responses	Yes %	No %	Mean total allergy PAs	Mean clinical allergy PAs	Mean non-clinical allergy PAs
Acute medicine	21	9.5	90.5	<0.1	<0.1	<0.1
Allergy	10	100.0	–	8.5	5.4	3.1
Audiovestibular medicine	8	12.5	87.5	0.1	0.1	<0.1
Cardiology	119	–	100.0	–	–	–
Clinical genetics	29	–	100.0	–	–	–
Clinical neurophysiology	13	–	100.0	–	–	–
Clinical pharmacology and therapeutics	6	33.3	66.7	0.6	0.3	0.3
Dermatology	129	48.8	51.2	1.0	0.8	0.2
Endocrinology and diabetes mellitus	81	–	100.0	–	–	–
Gastroenterology	107	0.9	99.1	<0.1	<0.1	<0.1
General (internal) medicine	19	5.3	94.7	0.5	0.5	–
Genitourinary medicine and HIV/AIDS	37	–	100.0	–	–	–
Geriatric medicine	97	–	100.0	–	–	–
Haematology	106	–	100.0	–	–	–
Hepatology	18	–	100.0	–	–	–
Immunology	26	96.2	3.8	3.2	2.3	0.8
Infectious diseases and tropical medicine	11	9.1	90.9	0.1	0.1	<0.1
Intensive care medicine	8	–	100.0	–	–	–
Medical oncology	51	–	100.0	–	–	–
Medical ophthalmology	–	–	–	–	–	–
Metabolic medicine	3	–	100.0	–	–	–
Neurology	69	–	100.0	–	–	–
Nuclear medicine	5	–	100.0	–	–	–
Paediatric cardiology	4	–	100.0	–	–	–
Palliative medicine	47	–	100.0	–	–	–
Rehabilitation medicine (incl spinal paralysis)	23	–	100.0	–	–	–
Renal medicine	53	–	100.0	–	–	–
Respiratory medicine	131	29.0	71.0	1.2	0.8	0.4
Rheumatology	88	–	100.0	–	–	–
Sport and exercise medicine	1	–	100.0	–	–	–
Stroke medicine	22	–	100.0	–	–	–
<b>Summary</b>	<b>1,342</b>	<b>10.7%</b>	<b>89.3%</b>	<b>2.2</b>	<b>1.4</b>	<b>0.8</b>

### C23b. Percentage of total service provided by consultants who work in the field of allergy

UK – selected medical specialties

Source: RCP consultant census – census date 30 September 2012





## C24a. Consultants who work in the field of stroke medicine

UK – all medical specialties

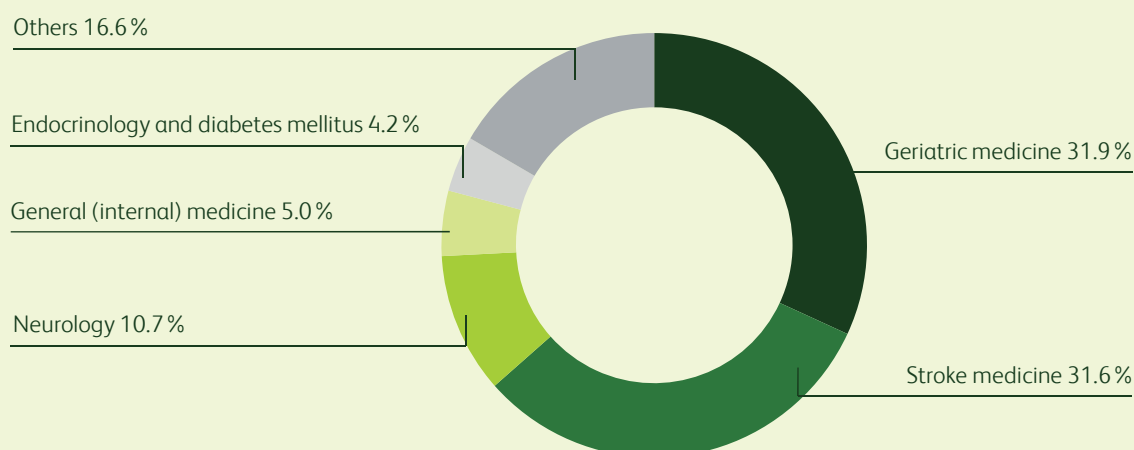
Source: RCP consultant census – census date 30 September 2012

Specialty	Responses	Yes %	No %	Mean total stroke PAs	Mean clinical stroke PAs	Mean non-clinical stroke PAs
Acute medicine	31	48.4	51.6	1.0	0.7	0.3
Allergy	4	–	100.0	–	–	–
Audiovestibular medicine	7	–	100.0	–	–	–
Cardiology	120	2.5	97.5	0.8	0.8	<.01
Clinical genetics	29	–	100.0	–	–	–
Clinical neurophysiology	13	–	100.0	–	–	–
Clinical pharmacology and therapeutics	8	50.0	50.0	3.4	1.9	1.5
Dermatology	88	–	100.0	–	–	–
Endocrinology and diabetes mellitus	83	6.0	94.0	1.3	1.3	–
Gastroenterology	108	3.7	96.3	0.3	0.3	–
General (internal) medicine	31	45.2	54.8	4.1	3.3	0.8
Genitourinary medicine and HIV/AIDS	36	–	100.0	–	–	–
Geriatric medicine	219	69.9	30.1	3.8	3.0	0.8
Haematology	107	0.9	99.1	1.0	1.0	<.01
Hepatology	19	5.3	94.7	<0.1	<.01	<.01
Immunology	3	–	100.0	–	–	–
Infectious diseases and tropical medicine	11	–	100.0	–	–	–
Intensive care medicine	7	14.3	85.7	0.2	0.2	<.01
Medical oncology	51	–	100.0	–	–	–
Medical ophthalmology	–	–	–	–	–	–
Metabolic medicine	2	–	100.0	–	–	–
Neurology	136	66.9	33.1	2.0	1.4	0.6
Nuclear medicine	5	–	100.0	–	–	–
Paediatric cardiology	4	–	100.0	–	–	–
Palliative medicine	47	–	100.0	–	–	–
Rehabilitation medicine (incl spinal paralysis)	42	66.7	33.3	2.4	1.9	0.5
Renal medicine	56	7.1	92.9	0.2	0.2	–
Respiratory medicine	108	6.5	93.5	0.3	0.3	–
Rheumatology	88	1.1	98.9	<0.1	<0.1	<0.1
Sport and exercise medicine	1	–	100.0	–	–	–
Stroke medicine	92	100.0	–	8.9	6.9	2.0
<b>Summary</b>	<b>1,556</b>	<b>27.2%</b>	<b>72.8%</b>	<b>4.4</b>	<b>3.3</b>	<b>1.1</b>

## C24b. Percentage of total service provided by consultants who work in the field of stroke medicine

UK – selected medical specialties

Source: RCP consultant census – census date 30 September 2012



## C25a. Consultants who work in the field of acute medicine

UK – all medical specialties

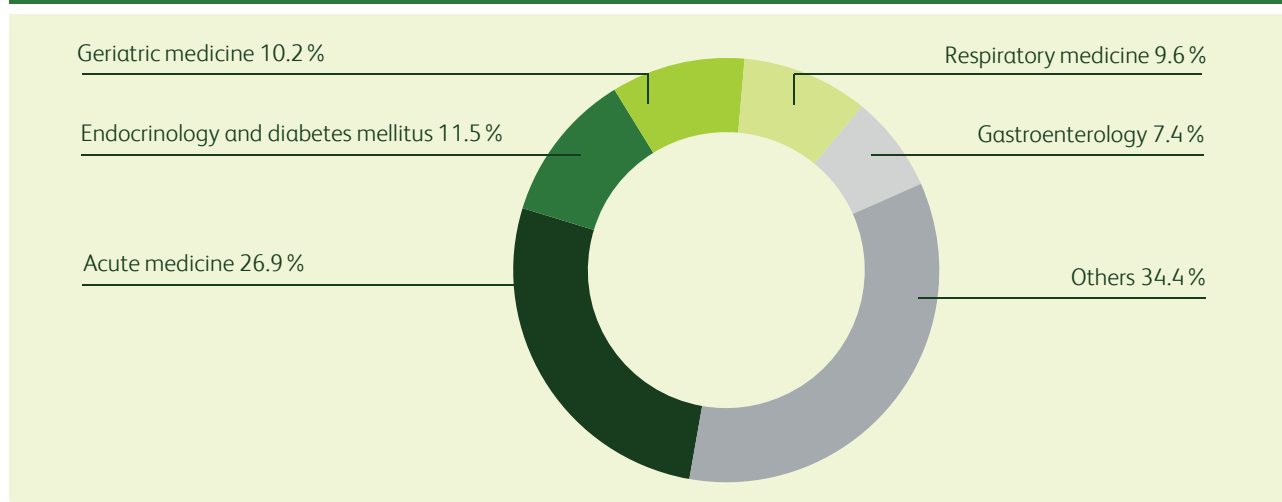
Source: RCP consultant census – census date 30 September 2012

Specialty	Responses	Yes %	No %	Mean total acute PAs	Mean clinical acute PAs	Mean non-clinical acute PAs
Acute medicine	166	100.0	–	9.3	7.3	1.9
Allergy	4	–	100.0	–	–	–
Audiovestibular medicine	7	–	100.0	–	–	–
Cardiology	159	32.7	67.3	1.6	1.4	0.2
Clinical genetics	29	–	100.0	–	–	–
Clinical neurophysiology	13	–	100.0	–	–	–
Clinical pharmacology and therapeutics	19	89.5	10.5	2.9	2.4	0.5
Dermatology	91	4.4	95.6	0.7	0.6	0.1
Endocrinology and diabetes mellitus	262	82.1	17.9	2.5	2.0	0.5
Gastroenterology	236	70.8	29.2	1.8	1.5	0.3
General (internal) medicine	61	95.1	4.9	6.2	4.9	1.3
Genitourinary medicine and HIV/AIDS	40	7.5	92.5	1.8	1.5	0.3
Geriatric medicine	322	82.9	17.1	1.8	1.5	0.4
Haematology	106	0.9	99.1	–	–	–
Hepatology	25	28.0	72.0	1.3	1.3	–
Immunology	3	–	100.0	–	–	–
Infectious diseases and tropical medicine	35	85.7	14.3	2.2	1.9	0.4
Intensive care medicine	17	64.7	35.3	2.6	2.1	0.5
Medical oncology	53	3.8	96.2	–	1.8	–
Medical ophthalmology	–	–	–	–	–	–
Metabolic medicine	3	33.3	66.7	0.5	0.5	–
Neurology	76	10.5	89.5	2.1	1.6	0.4
Nuclear medicine	6	16.7	83.3	1.5	1.0	0.5
Paediatric cardiology	6	33.3	66.7	11.0	6.0	5.0
Palliative medicine	47	6.4	100.0	4.8	4.3	0.5
Rehabilitation medicine (incl spinal paralysis)	24	–	87.5	–	–	–
Renal medicine	98	58.2	41.8	2.0	1.6	0.3
Respiratory medicine	279	78.5	21.5	2.0	1.7	0.3
Rheumatology	131	44.3	55.7	2.1	1.7	0.3
Sport and exercise medicine	1	–	100.0	–	–	–
Stroke medicine	53	69.8	30.2	1.3	1.1	0.2
<b>Summary</b>	<b>2,372</b>	<b>58.4%</b>	<b>41.6%</b>	<b>3.2</b>	<b>2.5</b>	<b>0.7</b>

## C25b. Percentage of total service provided by consultants who work in the field of acute medicine

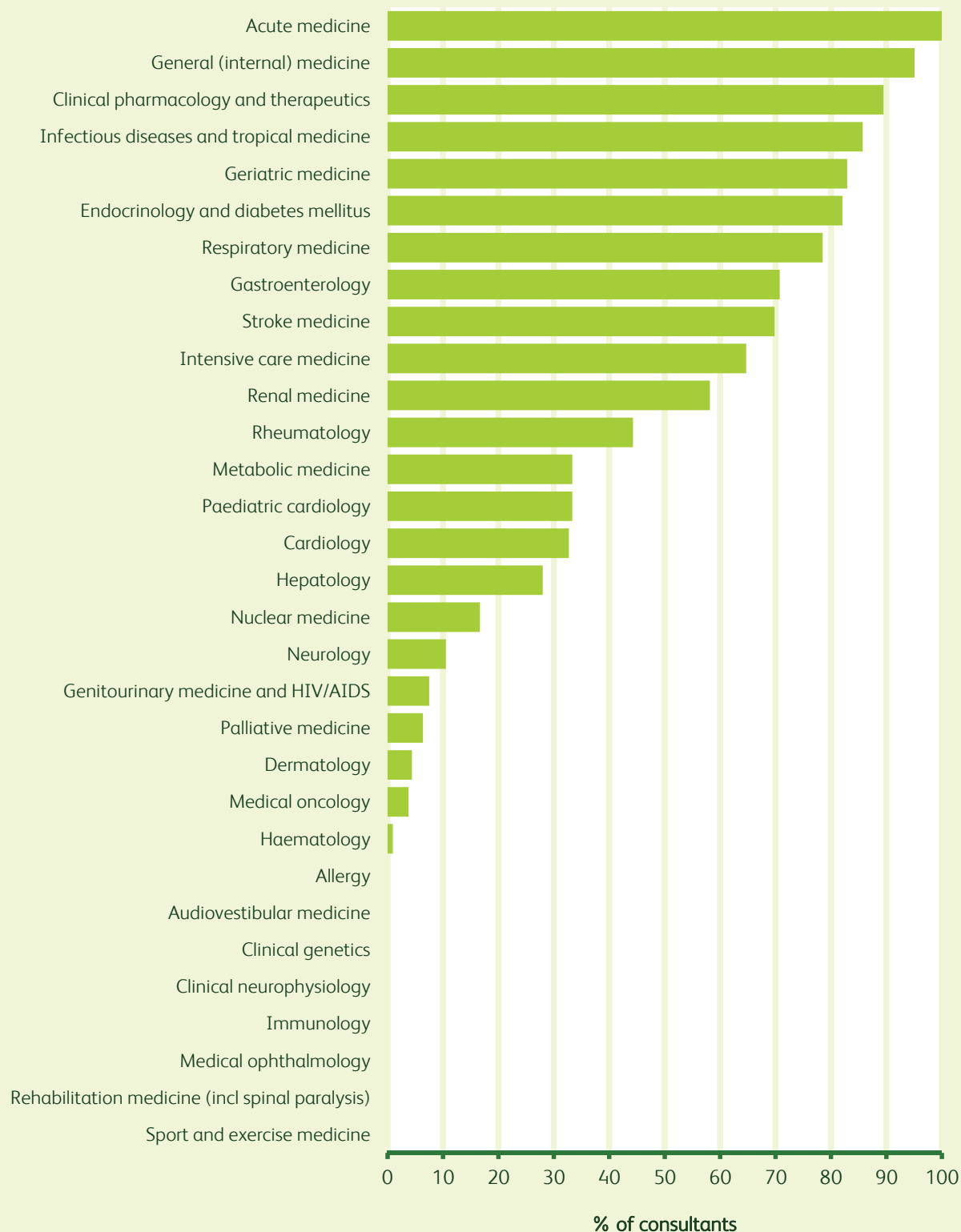
UK – selected medical specialties

Source: RCP consultant census – census date 30 September 2012



## C25c. Percentage of consultants with a commitment to acute medicine UK – all medical specialties

Source: RCP consultant census – census date 30 September 2012



### C25d. Commitment to acute medicine (2003–2012)

#### UK – selected medical specialties

Source: RCP consultant census – census date 30 September 2012

Specialty	2003 %	2004 %	2005 %	2006 %	2007 %	2008 %	2009 %	2010 %	2011 %	2012 %
Cardiology	46.6	45.8	53.9	41.3	32.3	29.1	31.2	25.5	32.5	32.7
Endocrinology and diabetes mellitus	87.3	86.1	92.2	84.4	84.6	79.5	83.6	81.4	78.8	82.1
Gastroenterology	85.6	82.4	87.4	80.2	75.9	72.5	80.3	73.7	71.8	70.8
Geriatric medicine	88.3	86.1	89.4	80.2	66.6	67.8	72.5	74.4	79.0	82.9
Renal medicine	47.4	45.6	56.1	41.4	37.6	32.8	33.2	32.5	47.5	58.2
Respiratory medicine	86.5	83.7	87.9	80.2	81.6	77.0	75.1	75.7	74.3	78.5
Rheumatology	29.3	23.4	23.5	19.3	17.6	18.3	17.3	15.6	22.2	44.3

### C25e. Commitment to acute medicine (2003–2012)

#### UK – selected medical specialties

Source: RCP consultant census – census date 30 September 2003–2012



## C26. Are you on-call for: unselected emergency admissions, your specialty, or both?

### UK – all medical specialties

Source: RCP consultant census – census date 30 September 2012

Specialty	Responses	Unselected emergency admissions %	Specialty %	Both %
Acute medicine	139	78.4	5.8	15.8
Allergy	2	–	100.0	–
Audiovestibular medicine	1	–	100.0	–
Cardiology	367	12.5	82.3	5.2
Clinical genetics	27	–	100.0	–
Clinical neurophysiology	20	–	100.0	–
Clinical pharmacology and therapeutics	26	61.5	23.1	15.4
Dermatology	145	–	99.3	0.7
Endocrinology and diabetes mellitus	306	73.5	9.8	16.7
Gastroenterology	345	25.2	36.2	38.6
General (internal) medicine	62	71.0	6.5	22.6
Genitourinary medicine and HIV/AIDS	93	1.1	98.9	–
Geriatric medicine	453	44.8	29.8	25.4
Haematology	231	–	100.0	–
Hepatology	38	10.5	71.1	18.4
Immunology	13	–	100.0	–
Infectious diseases and tropical medicine	55	20.0	38.2	41.8
Intensive care medicine	40	5.0	67.5	27.5
Medical oncology	146	1.4	97.9	0.7
Medical ophthalmology	1	–	100.0	–
Metabolic medicine	2	–	100.0	–
Neurology	199	–	99.5	0.5
Nuclear medicine	8	12.5	75.0	12.5
Paediatric cardiology	23	–	100.0	–
Palliative medicine	219	–	100.0	–
Rehabilitation medicine	42	7.1	92.9	–
Renal medicine	223	5.8	72.2	22.0
Respiratory medicine	375	59.2	25.3	15.5
Rheumatology	190	28.9	68.4	2.6
Sport and exercise medicine	1	–	100.0	–
Stroke medicine	80	16.3	50.0	33.8
<b>Summary</b>	<b>3,872</b>	<b>27.3%</b>	<b>58.7%</b>	<b>14.0%</b>

## C27. Consultant appraisal during the last 12 months

### UK – all medical specialties

Source: RCP consultant census – census date 30 September 2012

Region	Responses	Had annual appraisal		Mean time spent preparing documents hours
		Yes %	No %	
England	4,231	91.4	8.6	9.5
Northern Ireland	125	94.4	5.6	12.2
Scotland	433	89.6	10.4	10.4
Wales	260	77.7	22.3	10.0
<b>UK</b>	<b>5,049</b>	<b>90.6%</b>	<b>9.4%</b>	<b>9.7</b>

## C28. Funding of study leave during the last 12 months

### UK – all medical specialties

Source: RCP consultant census – census date 30 September 2012

Funding	Total (UK)		Regions							
			England		N Ireland		Scotland		Wales	
	Number	%	Number	%	Number	%	Number	%	Number	%
Zero / self-funded	657	18.1	555	17.7	24	27.6	48	20.3	30	19.1
Less than £100	13	0.4	12	0.4	–	–	–	–	1	0.6
£100–£299	92	2.5	70	2.2	2	2.3	14	5.9	6	3.8
£300–£599	913	25.2	784	25.0	20	23.0	57	24.1	52	33.1
£600–£999	1,072	29.6	983	31.3	15	17.2	41	17.3	33	21.0
£1,000–£1,299	723	20.0	621	19.8	19	21.8	52	21.9	31	19.7
£1,300–£1,599	57	1.6	42	1.3	5	5.7	8	3.4	2	1.3
£1,600–£1,999	10	0.3	6	0.2	1	1.1	3	1.3	–	–
£2,000–£2,499	32	0.9	28	0.9	1	1.1	3	1.3	–	–
£2,500–£2,999	4	0.1	4	0.1	–	–	–	–	–	–
£3,000–£4,999	36	1.0	31	1.0	–	–	5	2.1	–	–
£5,000–£10,000	11	0.3	3	0.1	–	–	6	2.5	2	1.3
Greater than £10,000	3	0.1	3	0.1	–	–	–	–	–	–
<b>Summary</b>	<b>3,623</b>		<b>3,142</b>		<b>87</b>		<b>237</b>		<b>157</b>	

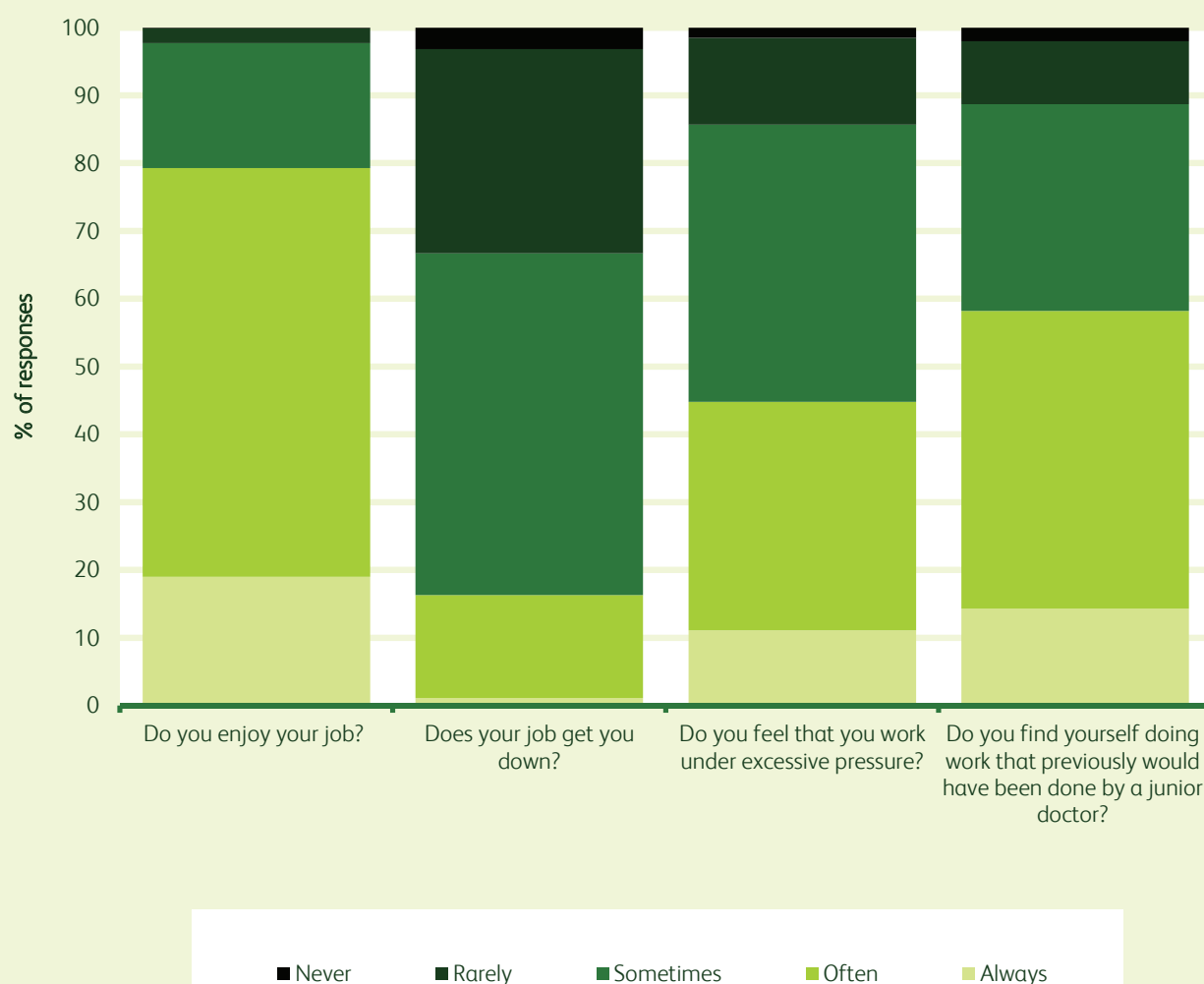
### C29a. Consultant job satisfaction – summary UK – all medical specialties

Source: RCP consultant census – census date 30 September 2012

	Always %	Often %	Sometimes %	Rarely %	Never %
Do you enjoy your job?	19.0	60.3	18.4	2.2	0.1
Does your job get you down?	1.1	15.2	50.4	30.1	3.2
Do you feel that you work under excessive pressure?	11.1	33.7	40.9	12.8	1.5
Do you find yourself doing work that previously would have been done by a junior doctor?	14.3	43.9	30.5	9.3	2.0

### C29b. Consultant job satisfaction – summary UK – all medical specialties

Source: RCP consultant census – census dates 30 September 2012



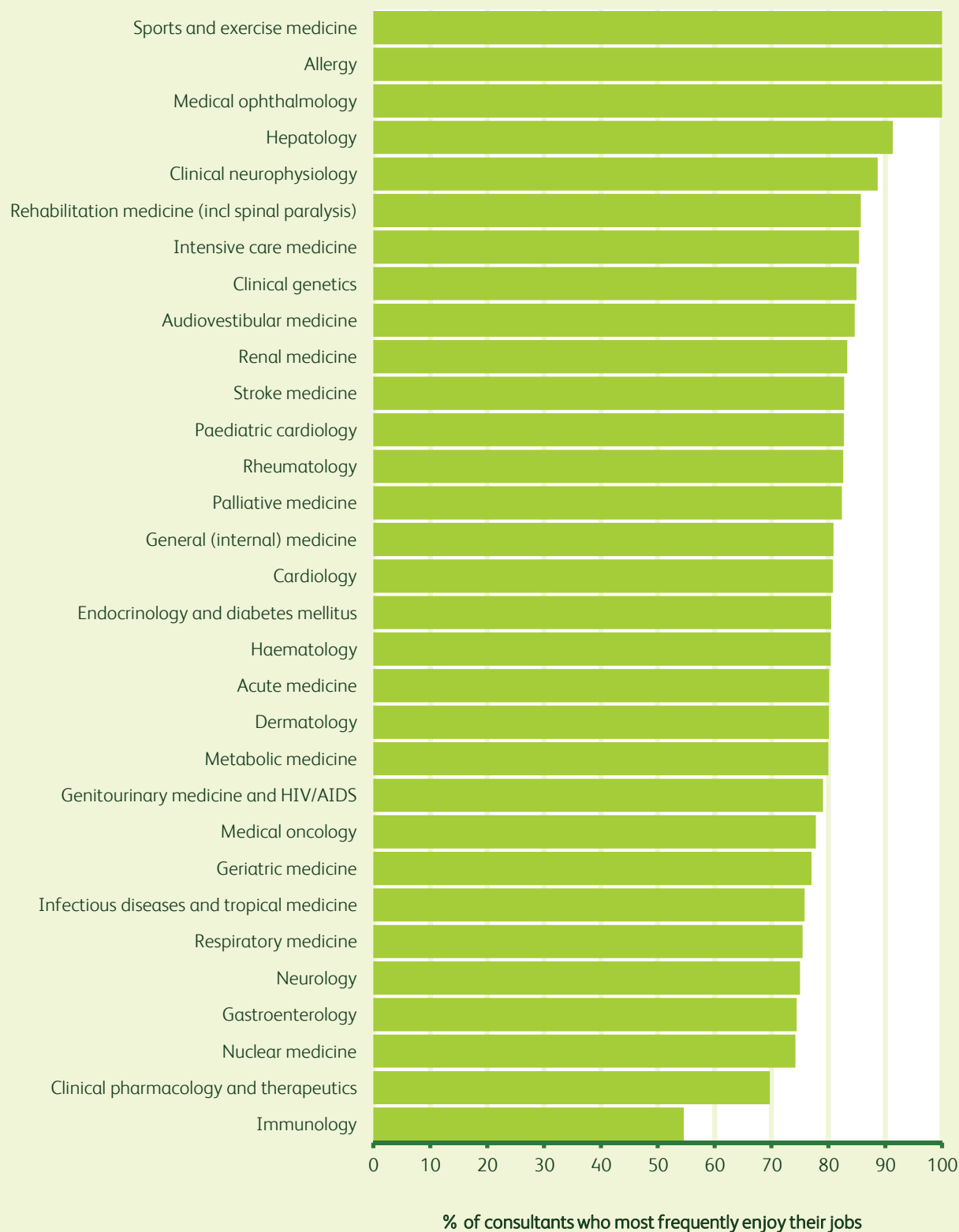
**C29c. Consultant job satisfaction: do you enjoy your job?****UK – all medical specialties***Source: RCP consultant census – census date 30 September 2012*

Specialty	Responses %	Always %	Often %	Sometimes %	Rarely %	Never %
Acute medicine	42.2	25.3	54.8	16.9	2.4	0.6
Allergy	35.7	20.0	80.0	–	–	–
Audiovestibular medicine	61.9	23.1	61.5	15.4	–	–
Cardiology	38.6	19.9	60.9	17.5	1.5	0.2
Clinical genetics	54.1	17.7	67.3	14.2	0.9	–
Clinical neurophysiology	44.2	32.1	56.6	9.4	1.9	–
Clinical pharmacology and therapeutics	42.9	21.2	48.5	27.3	3.0	–
Dermatology	37.2	21.4	58.7	18.1	1.8	–
Endocrinology and diabetes mellitus	46.5	19.8	60.7	16.5	3.0	–
Gastroenterology	37.2	15.4	59.0	22.5	3.0	–
General (internal) medicine	37.6	26.5	54.4	19.1	–	–
Genitourinary medicine and HIV/AIDS	45.5	21.0	58.1	18.8	1.6	0.5
Geriatric medicine	41.1	18.3	58.8	19.8	3.1	–
Haematology	27.7	17.6	62.8	17.6	2.0	–
Hepatology	52.9	23.9	67.4	8.7	–	–
Immunology	47.1	15.2	39.4	42.4	3.0	–
Infectious diseases and tropical medicine	38.5	21.0	54.8	24.2	–	–
Intensive care medicine	42.7	26.8	58.5	9.8	4.9	–
Medical oncology	44.2	9.9	67.8	20.5	1.8	–
Medical ophthalmology	46.2	33.3	66.7	–	–	–
Metabolic medicine	26.3	–	80.0	20.0	–	–
Neurology	40.2	14.9	60.1	21.5	3.5	–
Nuclear medicine	41.3	16.1	58.1	22.6	3.2	–
Paediatric cardiology	33.7	31.0	51.7	17.2	–	–
Palliative medicine	48.6	13.9	68.4	17.2	0.4	–
Rehabilitation medicine (incl spinal paralysis)	47.0	23.4	62.3	11.7	2.6	–
Renal medicine	45.4	19.8	63.5	14.3	2.4	–
Respiratory medicine	39.3	19.4	56.1	21.5	2.8	0.2
Rheumatology	47.1	17.4	65.2	16.2	1.2	–
Sport and exercise medicine	87.5	28.6	71.4	–	–	–
Stroke medicine	51.1	32.3	50.5	15.1	2.2	–
<b>Summary</b>	<b>41.2%</b>	<b>19.0%</b>	<b>60.3%</b>	<b>18.4%</b>	<b>2.2%</b>	<b>0.1%</b>



**C29d. Consultant job satisfaction: *do you enjoy your job?***  
**UK – all medical specialties: ordered by specialties that most frequently enjoy their jobs**

Source: RCP consultant census – census date 30 September 2012

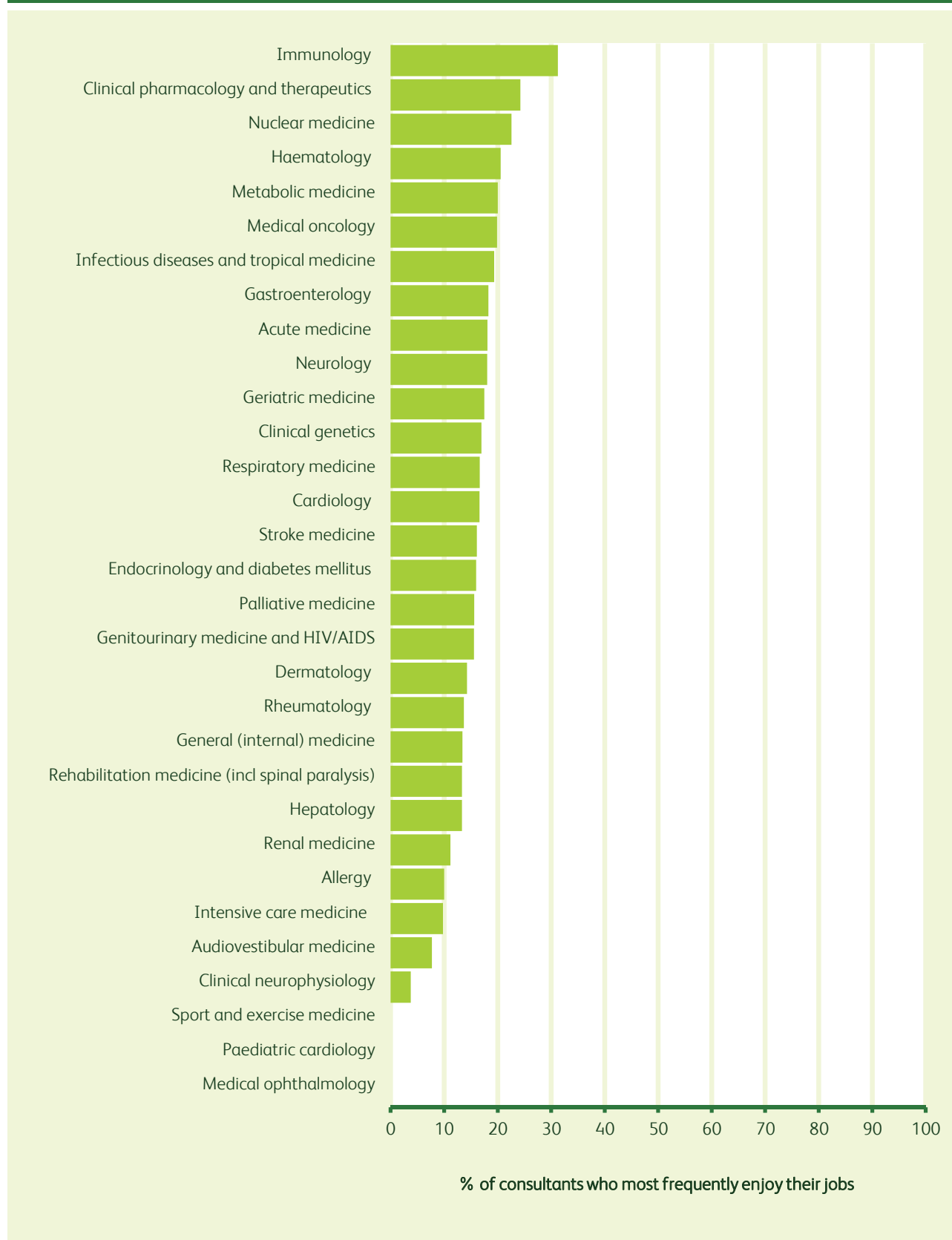


**C29e. Consultant job satisfaction: *does your job get you down?*****UK – all medical specialties***Source: RCP consultant census – census date 30 September 2012*

Specialty	Responses %	Always %	Often %	Sometimes %	Rarely %	Never %
Acute medicine	42.2	2.4	15.7	43.4	34.3	4.2
Allergy	35.7	–	10.0	30.0	60.0	–
Audiovestibular medicine	61.9	–	7.7	69.2	19.2	3.8
Cardiology	38.4	1.0	15.6	48.4	31.5	3.4
Clinical genetics	53.6	–	17.0	52.7	30.4	–
Clinical neurophysiology	44.2	–	3.8	37.7	54.7	3.8
Clinical pharmacology and therapeutics	42.9	–	24.2	39.4	30.3	6.1
Dermatology	36.8	1.5	12.8	50.9	31.1	3.7
Endocrinology and diabetes mellitus	46.5	1.4	14.6	52.3	29.3	2.4
Gastroenterology	37.1	2.0	16.2	48.2	31.0	2.5
General (internal) medicine	37.0	1.5	11.9	65.7	14.9	6.0
Genitourinary medicine and HIV/AIDS	45.5	2.2	13.4	49.5	31.2	3.8
Geriatric medicine	41.1	1.4	16.1	53.7	26.7	2.1
Haematology	27.4	0.8	19.8	46.4	29.4	3.6
Hepatology	51.7	–	13.3	55.6	28.9	2.2
Immunology	45.7	3.1	28.1	46.9	21.9	–
Infectious diseases and tropical medicine	38.5	1.6	17.7	40.3	37.1	3.2
Intensive care medicine	42.7	–	9.8	48.8	41.5	–
Medical oncology	44.2	–	19.9	56.1	22.2	1.8
Medical ophthalmology	46.2	–	–	33.3	33.3	33.3
Metabolic medicine	26.3	–	20.0	40.0	40.0	–
Neurology	40.2	1.0	17.0	44.8	29.5	7.6
Nuclear medicine	41.3	6.5	16.1	51.6	25.8	–
Paediatric cardiology	33.7	–	–	62.1	34.5	3.4
Palliative medicine	48.4	–	15.6	56.8	27.2	0.4
Rehabilitation medicine (incl spinal paralysis)	45.7	1.3	12.0	53.3	32.0	1.3
Renal medicine	45.2	1.2	10.0	53.8	32.7	2.4
Respiratory medicine	39.2	–	16.6	52.7	27.6	3.0
Rheumatology	46.9	0.6	13.1	50.0	32.8	3.5
Sport and exercise medicine	87.5	–	–	42.9	42.9	14.3
Stroke medicine	51.1	1.1	15.1	41.9	34.4	7.5
<b>Summary</b>	<b>41.0%</b>	<b>1.1%</b>	<b>15.2%</b>	<b>50.4%</b>	<b>30.1%</b>	<b>3.2%</b>

**C29f. Consultant job satisfaction: *does your job get you down?***  
**UK – all medical specialties: ordered by specialties that most frequently feel that way**

Source: RCP consultant census – census date 30 September 2012



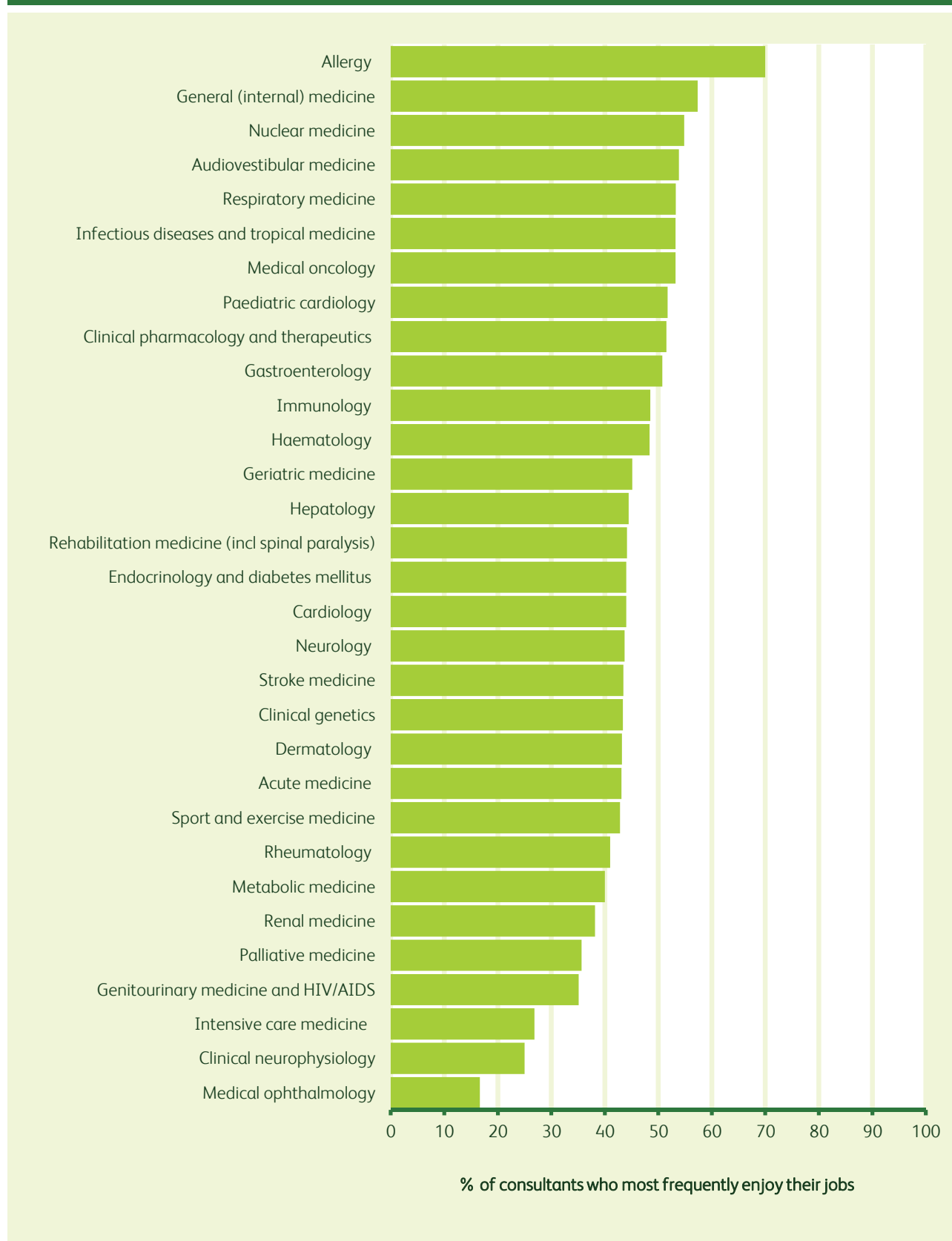
### C29g. Consultant job satisfaction: *do you feel that you work under excessive pressure?* UK – all medical specialties

Source: RCP consultant census – census date 30 September 2012

Specialty	Responses %	Always %	Often %	Sometimes %	Rarely %	Never %
Acute medicine	42.5	13.2	29.9	38.3	16.2	2.4
Allergy	35.7	10.0	60.0	10.0	20.0	–
Audiovestibular medicine	61.9	7.7	46.2	46.2	–	–
Cardiology	38.4	11.7	32.3	41.1	13.7	1.2
Clinical genetics	54.1	12.4	31.0	45.1	9.7	1.8
Clinical neurophysiology	43.3	–	25.0	42.3	26.9	5.8
Clinical pharmacology and therapeutics	42.9	21.2	30.3	24.2	24.2	–
Dermatology	36.8	11.0	32.2	39.9	14.7	2.2
Endocrinology and diabetes mellitus	46.3	8.7	35.3	44.6	10.1	1.4
Gastroenterology	37.3	14.1	36.6	38.6	9.3	1.3
General (internal) medicine	37.6	14.7	42.6	38.2	2.9	1.5
Genitourinary medicine and HIV/AIDS	45.2	9.2	25.9	49.7	13.5	1.6
Geriatric medicine	41.1	8.4	36.8	43.0	11.5	0.4
Haematology	27.4	14.9	33.5	35.9	12.9	2.8
Hepatology	51.7	11.1	33.3	42.2	13.3	–
Immunology	47.1	12.1	36.4	42.4	9.1	–
Infectious diseases and tropical medicine	38.5	16.1	37.1	32.3	12.9	1.6
Intensive care medicine	42.7	7.3	19.5	61.0	9.8	2.4
Medical oncology	44.2	14.0	39.2	38.6	8.2	–
Medical ophthalmology	46.2	–	16.7	50.0	16.7	16.7
Metabolic medicine	26.3	20.0	20.0	20.0	40.0	–
Neurology	39.9	11.5	32.2	39.9	13.6	2.8
Nuclear medicine	41.3	9.7	45.2	38.7	3.2	3.2
Paediatric cardiology	33.7	17.2	34.5	41.4	3.4	3.4
Palliative medicine	48.6	6.6	29.1	44.7	18.9	0.8
Rehabilitation medicine (incl spinal paralysis)	47.0	6.5	37.7	42.9	11.7	1.3
Renal medicine	44.9	10.4	27.7	45.8	15.3	0.8
Respiratory medicine	39.3	14.5	38.8	35.3	10.0	1.4
Rheumatology	46.9	9.0	32.0	40.1	17.4	1.5
Sport and exercise medicine	87.5	–	42.9	28.6	28.6	–
Stroke medicine	50.5	12.0	31.5	37.0	15.2	4.3
<b>Summary</b>	<b>41.0%</b>	<b>11.1%</b>	<b>33.7%</b>	<b>40.9%</b>	<b>12.8%</b>	<b>1.5%</b>

**C29h. Consultant job satisfaction: *do you feel that you work under excessive pressure?***  
**UK – all medical specialties: ordered by specialties that most frequently feel they work under excessive pressure**

Source: RCP consultant census – census date 30 September 2012



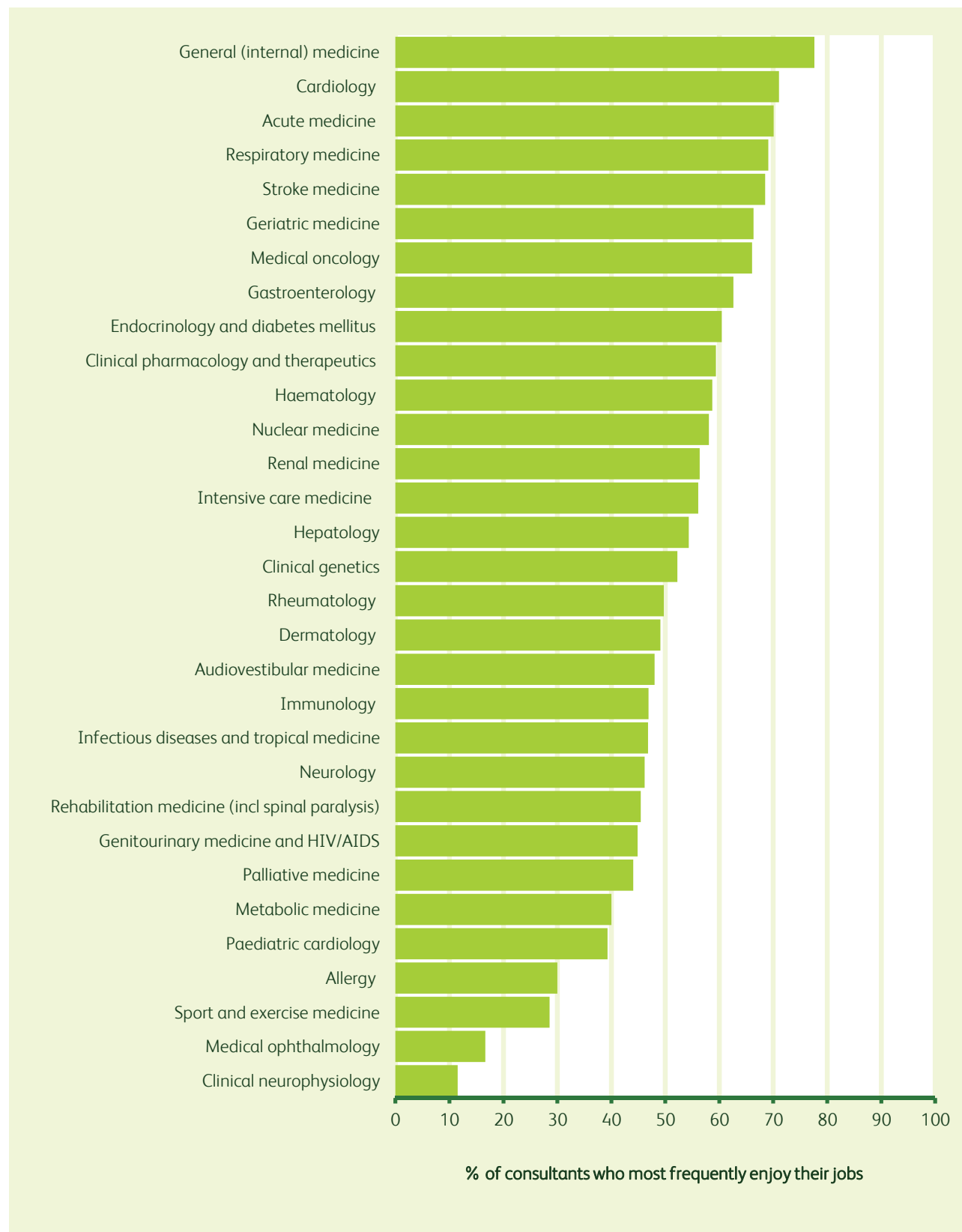
**C29i. Consultant job satisfaction: do you find yourself doing work that previously would have been done by a junior doctor?**
**UK – all medical specialties**
*Source: RCP consultant census – census date 30 September 2012*

Specialty	Responses %	Always %	Often %	Sometimes %	Rarely %	Never %
Acute medicine	42.5	19.8	50.3	28.7	1.2	–
Allergy	35.7	20.0	10.0	20.0	50.0	–
Audiovestibular medicine	59.5	20.0	28.0	36.0	8.0	8.0
Cardiology	38.6	18.0	53.0	21.7	6.8	0.5
Clinical genetics	54.1	7.1	45.1	31.9	13.3	2.7
Clinical neurophysiology	43.3	–	11.5	28.8	32.7	26.9
Clinical pharmacology and therapeutics	41.6	9.4	50.0	31.3	6.3	3.1
Dermatology	36.8	8.4	40.7	37.0	12.5	1.5
Endocrinology and diabetes mellitus	46.5	14.4	46.1	30.1	7.9	1.6
Gastroenterology	37.3	15.4	47.2	28.0	7.3	2.0
General (internal) medicine	37.0	20.9	56.7	17.9	4.5	–
Genitourinary medicine and HIV/AIDS	45.2	6.5	38.4	39.5	12.4	3.2
Geriatric medicine	41.1	15.4	51.0	27.4	5.6	0.6
Haematology	27.3	18.6	40.1	30.8	7.3	3.2
Hepatology	52.9	15.2	39.1	34.8	10.9	–
Immunology	45.7	–	46.9	43.8	6.3	3.1
Infectious diseases and tropical medicine	38.5	12.9	33.9	35.5	14.5	3.2
Intensive care medicine	42.7	12.2	43.9	34.1	4.9	4.9
Medical oncology	44.2	18.7	47.4	28.1	5.3	0.6
Medical ophthalmology	46.2	–	16.7	33.3	33.3	16.7
Metabolic medicine	26.3	–	40.0	60.0	–	–
Neurology	40.2	11.8	34.4	34.0	16.0	3.8
Nuclear medicine	41.3	22.6	35.5	22.6	9.7	9.7
Paediatric cardiology	32.6	7.1	32.1	53.6	7.1	–
Palliative medicine	48.4	5.3	38.7	39.9	14.8	1.2
Rehabilitation medicine (incl spinal paralysis)	47.0	16.9	28.6	37.7	15.6	1.3
Renal medicine	45.4	14.3	42.1	33.3	7.1	3.2
Respiratory medicine	39.2	20.8	48.2	23.2	6.3	1.4
Rheumatology	46.9	11.3	38.4	35.5	14.0	0.9
Sport and exercise medicine	87.5	–	28.6	57.1	14.3	–
Stroke medicine	50.5	20.7	47.8	25.0	6.5	–
<b>Summary</b>	<b>41.0%</b>	<b>14.3%</b>	<b>43.9%</b>	<b>30.5%</b>	<b>9.3%</b>	<b>2.0%</b>

**C29j. Consultant job satisfaction: do you find yourself doing work that previously would have been done by a junior doctor?**

**UK – all medical specialties: ordered by specialties that most frequently find this to be the case**

Source: RCP consultant census – census date 30 September 2012



# Census of consultant physicians in the UK 2012

## Specialty report: acute medicine and general (internal) medicine





# Census of consultant physicians in the UK, 2012

## Acute medicine and general (internal) medicine

### Commentary on specialty report

Data from the 2012 RCP census of consultant physicians again demonstrated that acute medicine is a specialty that has continued to increase in size with an expansion in consultant numbers of almost one-third since 2011. In comparison, data for general (internal) medicine (GIM) suggest that the number of consultants in the specialty has fallen by 13% (a trend that shows no sign of abating presently as 28% (52) of those in GIM will reach 65 years or over in the next 10 years). This contrasts with acute medicine which as a relatively young specialty has only 10.7% (42) reaching that target age by 2023.

In 2012 the total number of consultants in acute medicine and GIM was 574 compared with 503 in 2011. Of these, 358 were younger than 45 years of age. Women comprised 27.5% of the total consultant workforce in these specialties, but the trend towards parity in numbers between men and women continues with 41.9% of the consultant under 34 being women.

The number of programmed activities (PAs) worked ranged from fewer than 10 to greater than 15. In acute medicine it is of concern that working 15 PAs long term may not be sustainable and this is another aspect that should be considered in workforce planning.

It is remarkable that, despite the relative youth of the consultant workforce, and the fact that the specialty is so suited to family-friendly work, such a small percentage (17.2%) of consultants reported undertaking less-than-whole-time work (although for women alone this percentage was 39.0%). It remains vital that this aspect of the specialty is recognised especially with the changing demographic of the consultant workforce.

The necessity for an academic base to acute medicine has again been emphasised by the fact that joint NHS-academic contracts have increased from 2.4% of the workforce to 7.9%. In GIM the percentage of this type of contract has decreased from 9.7% to 8.4%. This increase in academic contracts is encouraging for acute medicine as it can only survive as a specialty if the academic base continues to expand.

The exact number of consultants working as acute physicians and leading an acute medical unit remains unclear. There remains a pressing need to separate the relative contribution to the acute medical take by general physicians and specialists and that of acute physicians. This is likely to be a key consideration of workforce planning. Recruitment to the generalist physician roles including geriatrics has been subject to review by both the Centre for Workforce Intelligence and the DH in association with Health Education England. Combined with the Future Hospital Commission report,<sup>\*</sup> it is hoped that this work will encourage more physicians to undertake appropriate work in relation to the acute medical take.

The health of acute medicine as a specialty (as indicated by the rise in consultant numbers) has to be measured against the state of GIM where the number of consultants is decreasing. It is important to replace consultants who contribute significantly to the acute medical take with individuals who will provide the same, or even greater, commitment.

Despite the present financial climate, the rate of expansion in acute medical posts must be sustained in order to accommodate rising referrals to acute medical units and a requirement for seven-day working with increased consultant presence throughout the weekends. It is also necessary to review the contraction in

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<sup>\*</sup> Future Hospital Commission. *Future hospital: caring for medical patients*. A report from the Future Hospital Commission to the Royal College of Physicians. London: Royal College of Physicians, 2013

the GIM workforce and whether this remains realistic. The need for continuing data to accurately inform workforce planning remains of paramount importance.

October 2013

Dr Mike Jones BSc (Hons), MD (Hons) FRCPE, FRCP, FRCPG

*Consultant in acute medicine*

*SAC chair, acute (internal) medicine*

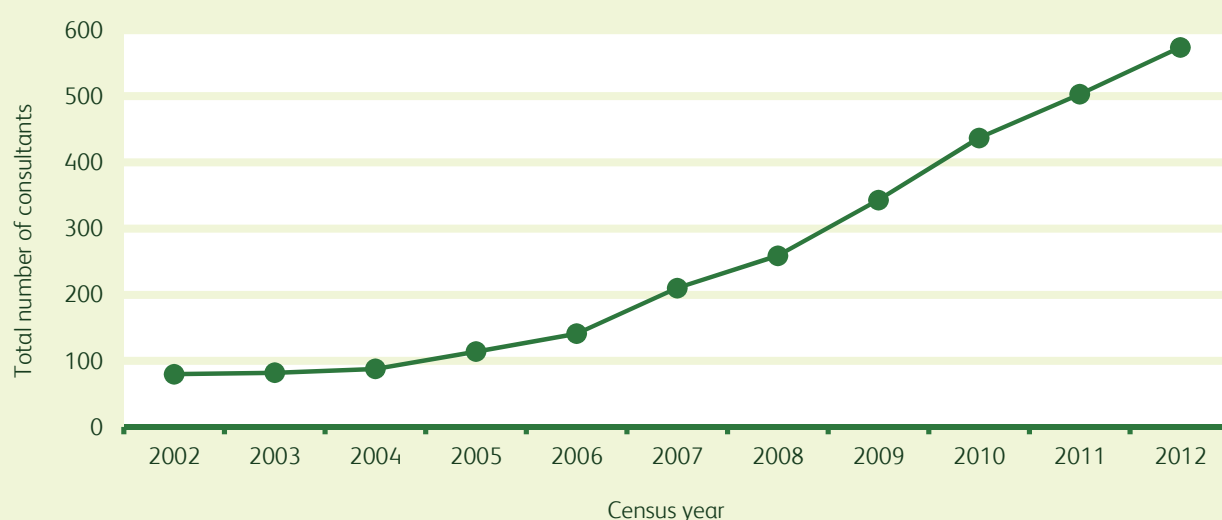
*Vice president, Royal College of Physicians of Edinburgh*

## Acute medicine and general (internal) medicine

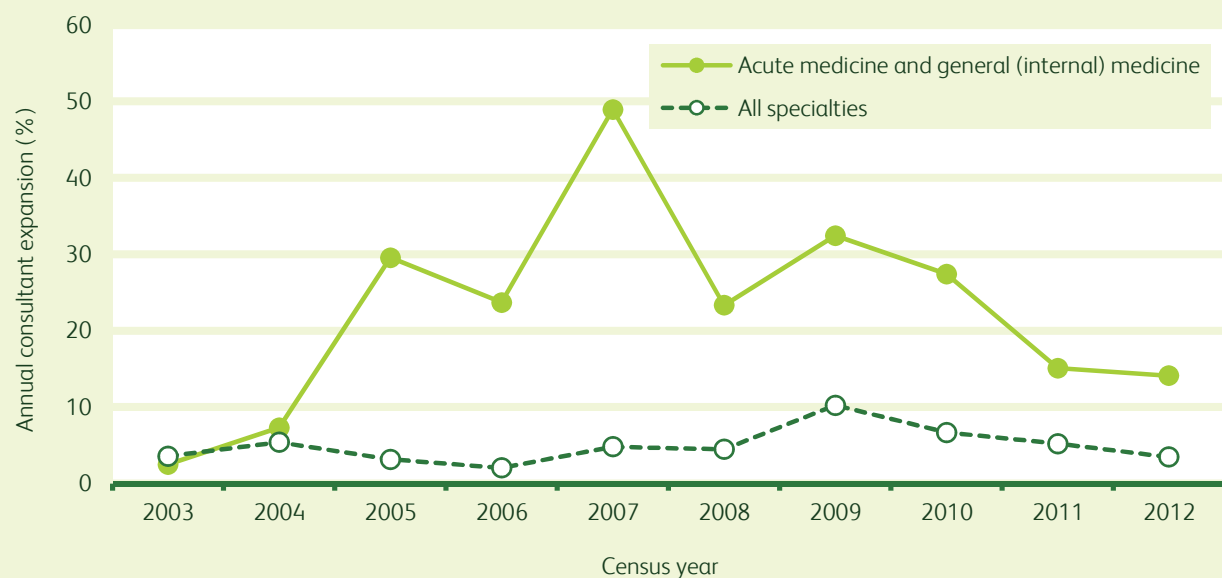
### Consultant workforce by specialty and country

Specialty	England	Wales	Northern Ireland	Scotland	UK (2012)	UK (2011)	Expansion (2011–2012)
Acute medicine	341	19	10	23	393	295	33.2%
General (internal) medicine	130	12	8	31	181	208	-13.0%
All specialties	10,235	579	326	1,081	12,221	11,810	3.5%

### Change in the total number of consultants over time United Kingdom 2002–2012



### Consultant expansion in specialty vs all specialties United Kingdom 2003–2012



## Acute medicine and general (internal) medicine

### Number of consultants who will reach 65 years of age over the next 10 years – by specialty

Specialty	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Total	% of specialty
Acute medicine	2	–	4	3	4	3	4	6	6	3	7	<b>42</b>	10.7
General (internal) medicine	4	3	4	6	7	2	9	2	7	5	3	<b>52</b>	28.7
All specialties	137	159	175	186	210	258	261	304	340	338	384	<b>2,752</b>	22.5

### Consultant workforce by specialty and category of post

Specialty	Responses	Pure NHS	Pure academic/ research	Other (eg charity)	Joint NHS- academic (majority NHS funded)	Joint NHS- academic (majority academic funded)	Joint NHS- other (eg NHS and charity)
		%	%	%	%	%	%
Acute medicine	178	91.6	–	0.6	7.3	0.6	–
General (internal) medicine	72	84.7	1.4	4.2	4.2	4.2	1.4
All specialties	5,273	78.4%	0.7%	3.6%	8.6%	8.3%	0.4%

### Breakdown of whole-time and less-than-whole-time working – by gender

Specialty	Responses	— Whole-time —		— Less-than-whole-time —		— Female —		— Male —	
		Number	%	Number	%	Whole-time %	Less than- whole- %	Whole-time %	Less than- whole- %
Acute medicine	177	163	92.1	14	7.9	78.4	21.6	97.6	2.4
General (internal) medicine	69	64	92.8	5	7.2	76.5	23.5	98.1	1.9
All specialties	5,143	4,259	82.8%	884	17.2%	61.0%	39.0%	94.7%	5.3%

### Consultant workforce by age and gender

Age	Responses	Female			Male		
		% gender	Number	% age group	% gender	Number	% age group
34 and younger	62	16.5	26	41.9	8.7	36	58.1
35–39	157	37.3	59	37.6	23.6	98	62.4
40–44	139	28.5	45	32.4	22.6	94	67.6
45–49	74	8.9	14	18.9	14.4	60	81.1
50–54	49	3.8	6	12.2	10.3	43	87.8
55–59	48	3.2	5	10.4	10.3	43	89.6
60–64	34	1.3	2	5.9	7.7	32	94.1
65 and older	8	–	–	–	1.9	8	100.0
Unknown	3	0.6	1	33.3	0.5	2	66.7
Summary	574		158	27.5%		416	72.5%

## Acute medicine and general (internal) medicine

### Mean programmed activities (PAs) contracted per week

Specialty	Responses	Total PAs	Clinical PAs	Academic PAs	Supporting PAs	Other PAs
Acute medicine	177	10.8	8.0	0.2	2.2	0.4
General (internal) medicine	69	11.1	8.1	0.3	2.1	0.6
All specialties	5,143	10.6	7.5	0.7	2.0	0.4

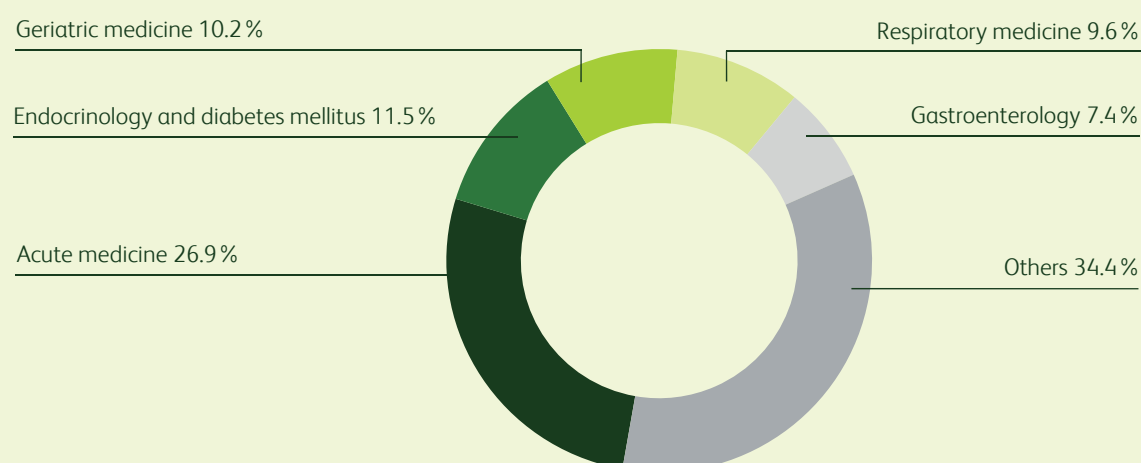
### Mean programmed activities (PAs) worked per week

Specialty	Responses	Total PAs	Clinical PAs	Academic PAs	Supporting PAs	Other PAs
Acute medicine	170	11.7	8.6	0.1	2.7	0.2
General (internal) medicine	68	12.5	8.9	0.6	2.8	0.2
All specialties	5,075	11.8	8.1	0.8	2.7	0.2

### Mean programmed activities (PAs) worked per week – by gender

Specialty	Gender	Responses	Fewer than 10 %	10–10.9 %	11–11.9 %	12–12.9 %	13–13.9 %	14–14.9 %	15 or more %
Acute medicine	Female	48	18.8	20.8	22.9	16.7	12.5	6.3	2.1
Acute medicine	Male	122	2.5	16.4	29.5	25.4	10.7	8.2	7.4
General (internal) medicine	Female	17	23.5	11.8	5.9	17.6	17.6	17.6	5.9
General (internal) medicine	Male	51	2.0	5.9	9.8	37.3	17.6	17.6	9.8

### Percentage of total service provided by consultants who work in the field of acute medicine

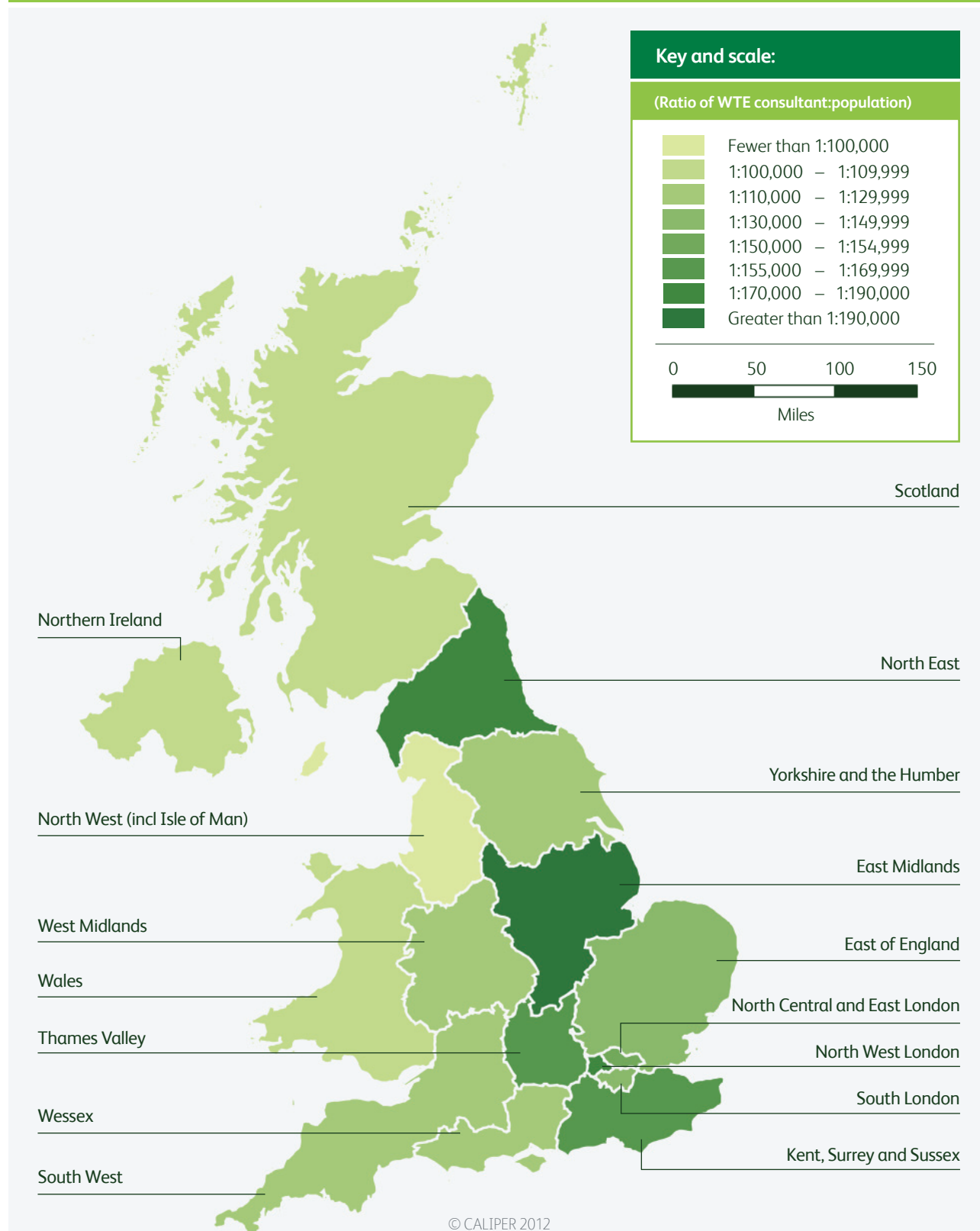


## Acute medicine and general (internal) medicine

### Population served by each whole-time equivalent (WTE) consultant

RCP recommendation 1:24,10 (approx)\*

Source: RCP consultant census – census date 30 September 2012



\*Royal College of Physicians. *Consultant physicians working with patients: the duties, responsibilities and practice of physicians in medicine, 5th edn.* London: RCP, 2011: 22 (recommendations may be rounded to the nearest 100 or 1,000 depending on scale)

# Census of consultant physicians in the UK 2012

## Specialty report: allergy



# Census of consultant physicians in the UK, 2012

## Allergy

### Commentary on specialty report

The RCP's census of consultant physicians reported that there were 28 consultant allergists across the UK in 2012, 50% of whom completed the census. Between 2010 and 2011 the RCP census showed a reduction in consultant allergy posts (from 32 to 28). Whilst this reduction has not continued, there has been no expansion since 2011.

The 2012 census reported that women comprised 46.4% of the consultant workforce and that 50% of them worked less-than-whole-time. Female trainees made up 72.7% of the medical registrar workforce in allergy. The census showed that 50 % of consultant posts were purely NHS-funded and the remainder were mostly joint-NHS-academic posts.

It is predicted that five consultants (comprising 17.9% of the consultant workforce) will reach retirement age by 2017.

The census reported that mean programmed activities (PAs) increased slightly since 2011. Respondents stated that they were contracted for 10.1 PAs per week but actually worked 11.8 PAs per week (2011 data showed 9.3 PAs contracted and 11.2 PAs worked).

November 2013

**Dr Andrew Goddard**  
*Director, Medical workforce Unit*

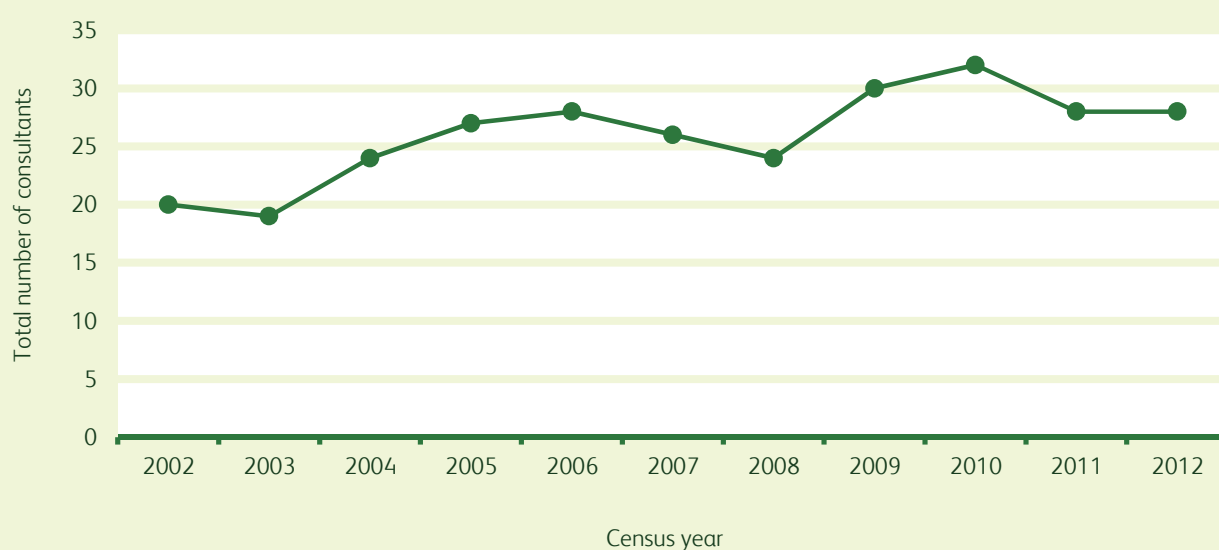


## Allergy

### Consultant workforce by specialty and country

Specialty	England	Wales	Northern Ireland	Scotland	UK (2012)	UK (2011)	Expansion (2011–2012)
Allergy	28	–	–	–	28	28	0.0%
All specialties	10,235	579	326	1,081	12,221	11,810	3.5%

### Change in the total number of consultants over time United Kingdom 2002–2012



### Consultant expansion in specialty vs all specialties United Kingdom 2003–2012



## Allergy

### Number of consultants who will reach 65 years of age over the next 10 years – by specialty

Specialty	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Total	% of specialty
Allergy	1	–	–	2	2	–	–	1	–	–	1	7	25.0
All specialties	137	159	175	186	210	258	261	304	340	338	384	2,752	22.5

### Consultant workforce by specialty and category of post

Specialty	Responses	Pure NHS	Pure academic/ research	Other (eg charity)	Joint NHS- academic (majority NHS funded)	Joint NHS- academic (majority academic funded)	Joint NHS- other (eg NHS and charity)
		%	%	%	%	%	%
Allergy	12	50.0	–	–	8.3	41.7	–
All specialties	5,273	78.4%	0.7%	3.6%	8.6%	8.3%	0.4%

### Breakdown of whole-time and less-than-whole-time working – by gender

Specialty	Responses	— Whole-time —		— Less-than-whole-time —		— Female —		— Male —	
		Number	%	Number	%	Whole-time	Less than-whole-time	Whole-time	Less than-whole-time
						%	%	%	%
Allergy	9	6	66.7	3	33.3	50.0	50.0	80.0	20.0
All specialties	5,143	4,259	82.8%	884	17.2%	61.0%	39.0%	94.7%	5.3%

### Consultant workforce by age and gender

Age	Responses	— Female —		— Male —	
		% gender	Number	% gender	Number
34 and younger	–	–	–	–	–
35–39	3	1.3	2	0.2	1
40–44	6	1.3	2	1.0	4
45–49	2	1.3	2	–	–
50–54	7	1.9	3	1.0	4
55–59	2	0.6	1	0.2	1
60–64	4	0.6	1	0.7	3
65 and older	4	1.3	2	0.5	2
Unknown	–	–	–	–	–
Summary	28		13		15

## Allergy

### Mean programmed activities (PAs) contracted per week

Specialty	Responses	Total PAs	Clinical PAs	Academic PAs	Supporting PAs	Other PAs
Allergy	9	10.1	4.5	3.6	1.6	0.4
All specialties	5,143	10.6	7.5	0.7	2.0	0.4

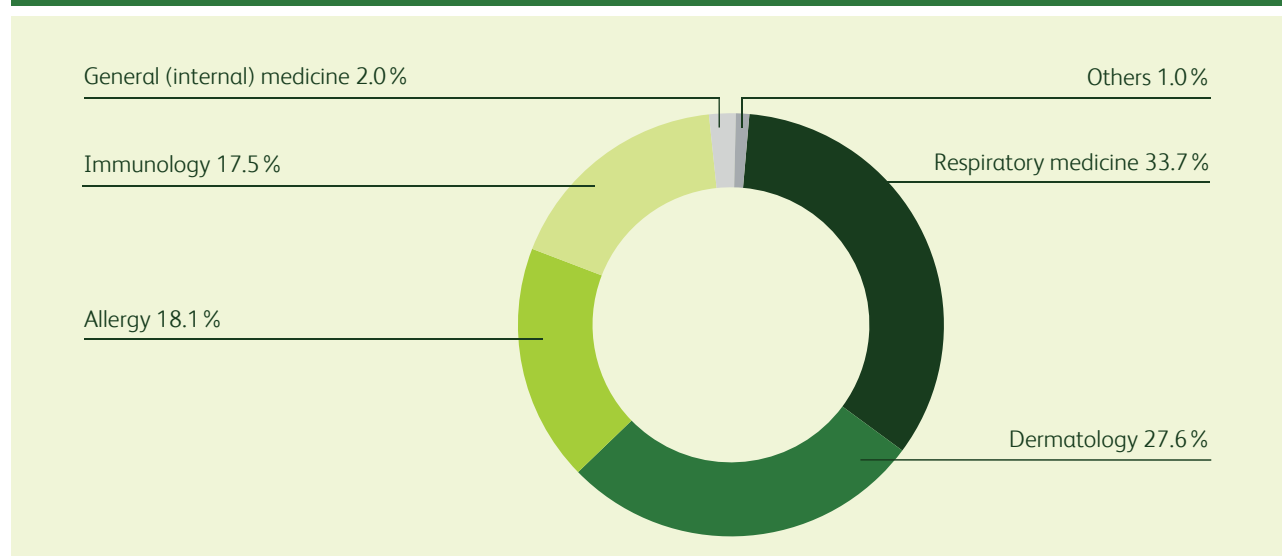
### Mean programmed activities (PAs) worked per week

Specialty	Responses	Total PAs	Clinical PAs	Academic PAs	Supporting PAs	Other PAs
Allergy	11	11.8	6.1	3.1	2.6	0.2
All specialties	5,075	11.8	8.1	0.8	2.7	0.2

### Mean programmed activities (PAs) worked per week – by gender

Gender	Responses	Fewer than 10 %	10–10.9 %	11–11.9 %	12–12.9 %	13–13.9 %	14–14.9 %	15 or more %
Female	5	40.0	20.0	–	20.0	–	–	20.0
Male	6	16.7	–	–	–	33.3	33.3	16.7

### Percentage of total service provided by consultants who work in the field of allergy

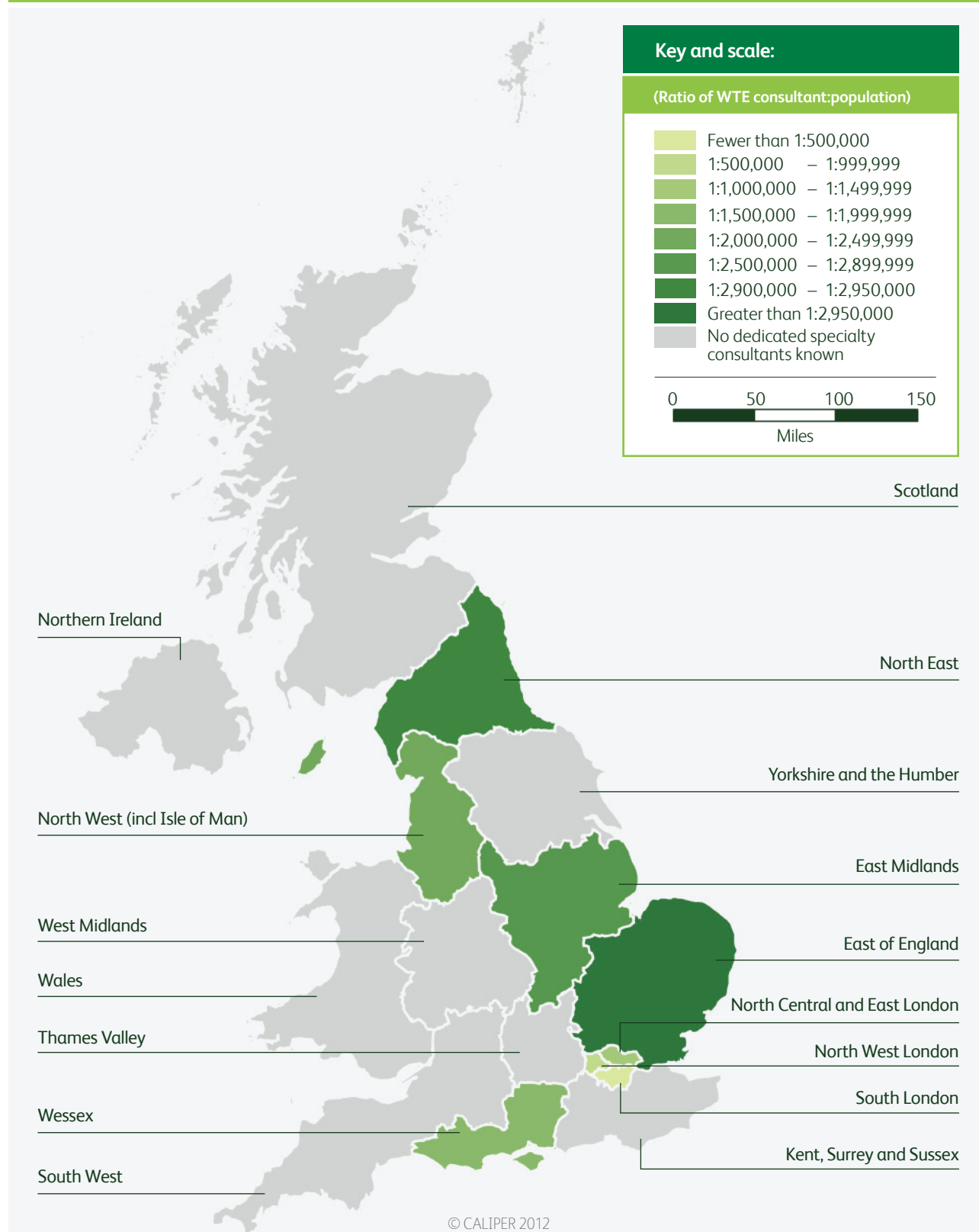


## Allergy

### Population served by each whole-time equivalent (WTE) consultant

RCP recommendation 1:149,500 (approx)\*

Source: RCP consultant census – census date 30 September 2012



\*Royal College of Physicians. *Consultant physicians working with patients: the duties, responsibilities and practice of physicians in medicine, 5th edn*. London: RCP, 2011: 32–33 (recommendations may be rounded to the nearest 100 or 1,000 depending on scale)

# Census of consultant physicians in the UK 2012

## Specialty report: audiovestibular medicine



# Census of consultant physicians in the UK, 2012

## Audiovestibular medicine

### Commentary on specialty report

The 2012 census of consultant physicians shows that there continues to be change in the audiovestibular medicine workforce. Five new consultant posts were created during 2012-13 and, as of writing, there are posts currently being developed. These posts were mainly to be found in the field of paediatric audiovestibular medicine. Some CCT-holders in the specialty are in locum consultant posts (some long-term and many less-than-whole-time), while a few have obtained substantive posts. Two posts have been lost due to consultants retiring and a replacement not having been appointed.

Audiovestibular medicine has an ageing consultant body; the census shows almost one-third of the workforce are likely to retire by 2017. Recruitment issues in recent years have meant that the specialty is not training sufficient registrars to replace these retirements – let alone to provide for any future expansion in consultant numbers.

The relatively high proportion of female trainees who work less-than-whole-time makes it difficult to predict the dates at which they will attain their CCTs. The specialty also has difficulty with trainees being reluctant to move to consultant posts outside their training region, which is resulting in a consultant workforce heavily centred in and around the home counties.

There has been a recent improvement in recruitment and the northern rotation currently has a full complement of trainees. There remain three unfilled training posts in the London-based rotation while a number of posts that are whole-time are filled by only one less-than-whole-time trainee.

Another of the recruitment issues facing audiovestibular medicine is the reduced numbers of trainees within core medical training available for higher training across all medical specialties. This, combined with the limitations of our 2010 curriculum, compounded the specialty's problems. These difficulties have led us to submit a revision of the curriculum, waiving the need for trainees with MRCS (ear nose and throat (ENT)) to gain MRCP, in order to make the specialty more attractive to recruits from ENT surgery, while maintaining high standards of clinical competence in medical practice.

In addition, the specialty has advertised audiovestibular medicine by offering Foundation Year 2 taster sessions and attachments as well as an annual taster day for foundation and core medical, paediatric and ENT trainees. We have been successful in attracting more interest in our training programme, particularly from ENT core trainees.

October 2013

**Dr Charlotte Agrup**

*Consultant in audiovestibular medicine*

*Honorary secretary, British Association of Audiovestibular Medicine*

## Audiovestibular medicine

### Consultant workforce by specialty and country

Specialty	England	Wales	Northern Ireland	Scotland	UK (2012)	UK (2011)	Expansion (2011–2012)
Audiovestibular medicine	38	2	1	1	42	46	-8.7%
All specialties	10,235	579	326	1,081	12,221	11,810	3.5%

### Change in total number of consultants over time United Kingdom 2002–2012



### Consultant expansion in specialty vs all specialties United Kingdom 2003–2012



## Audiovestibular medicine

### Number of consultants who will reach 65 years of age over the next 10 years – by specialty

Specialty	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Total	% of specialty
Audiovestibular medicine	4	1	3	1	1	3	1	2	–	3	2	<b>21</b>	50.0
All specialties	137	159	175	186	210	258	261	304	340	338	384	<b>2,752</b>	22.5

### Consultant workforce by specialty and category of post

Specialty	Responses	Pure NHS	Pure academic/ research	Other (eg charity)	Joint NHS- academic (majority NHS funded)	Joint NHS- academic (majority academic funded)	Joint NHS- other (eg NHS and charity)
		%	%	%	%	%	%
Audiovestibular medicine	26	92.3	–	–	3.8	3.8	–
All specialties	5,273	78.4%	0.7%	3.6%	8.6%	8.3%	0.4%

### Breakdown of whole-time and less-than-whole-time working – by gender

Specialty	Responses	— Whole-time —		— Less-than-whole-time —		— Female —		— Male —	
		Number		Number		Whole-time		Whole-time	
		%	%	%	%	%	%	%	%
Audiovestibular medicine	26	19	73.1	7	26.9	57.1	42.9	91.7	8.3
All specialties	5,143	4,259	82.8%	884	17.2%	61.0%	39.0%	94.7%	5.3%

### Consultant workforce by age and gender

Age	Responses	— Female —		— Male —	
		% gender	Number	% gender	Number
34 and younger	–	–	–	–	–
35–39	1	0.6	1	–	–
40–44	7	2.5	4	0.7	3
45–49	8	2.5	4	1.0	4
50–54	7	1.3	2	1.2	5
55–59	8	2.5	4	1.0	4
60–64	10	3.8	6	1.0	4
65 and older	1	–	–	0.2	1
Unknown	–	–	–	–	–
Summary	42		21		21



## Audiovestibular medicine

### Mean programmed activities (PAs) contracted per week

Specialty	Responses	Total PAs	Clinical PAs	Academic PAs	Supporting PAs	Other PAs
Audiovestibular medicine	26	9.6	7.1	0.3	2.0	0.2
All specialties	5,143	10.6	7.5	0.7	2.0	0.4

### Mean programmed activities (PAs) worked per week

Specialty	Responses	Total PAs	Clinical PAs	Academic PAs	Supporting PAs	Other PAs
Audiovestibular medicine	26	11.4	8.4	0.4	2.5	0.3
All specialties	5,075	11.8	8.1	0.8	2.7	0.2

### Mean programmed activities (PAs) worked per week – by gender

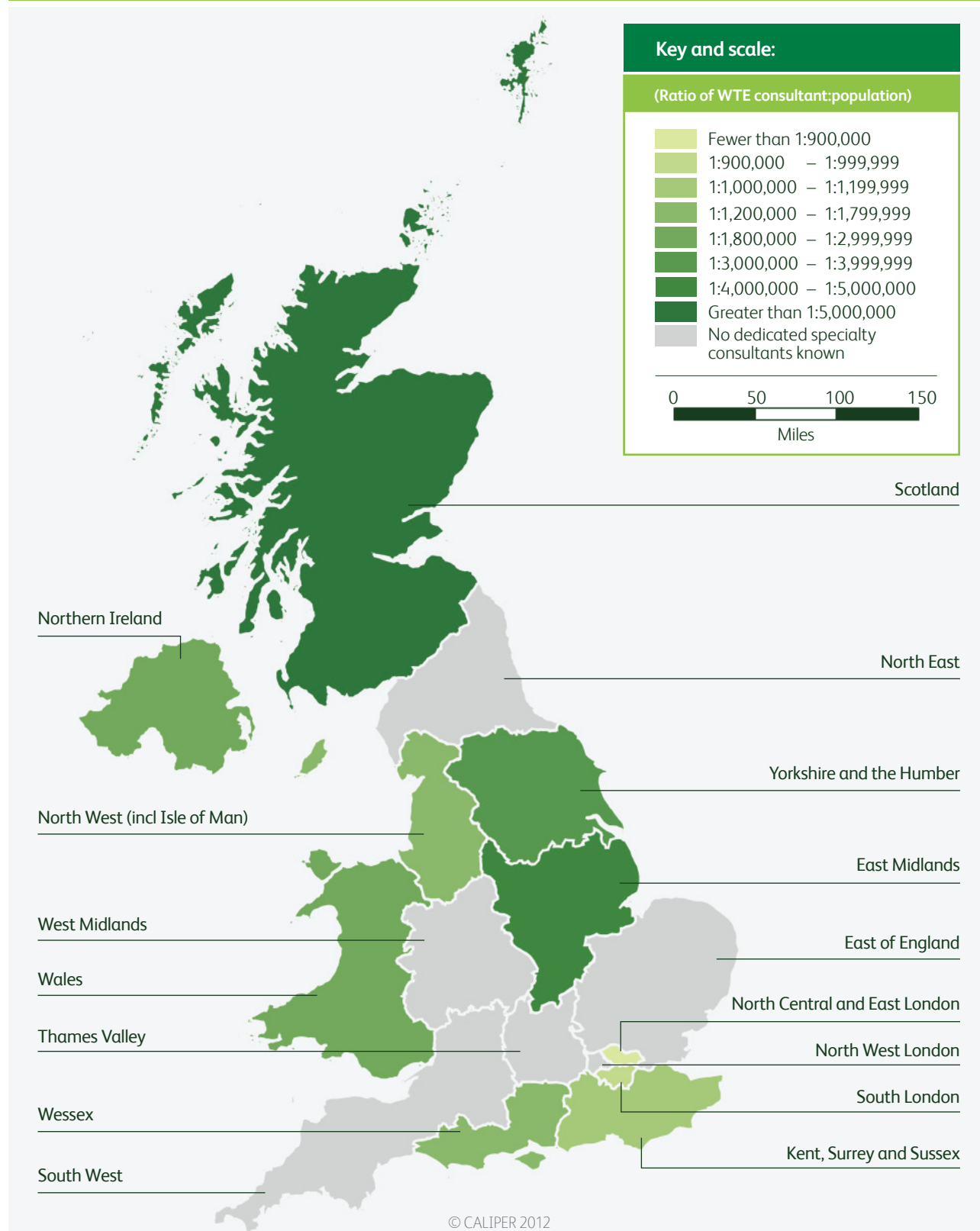
Gender	Responses	Fewer than 10 %	10–10.9 %	11–11.9 %	12–12.9 %	13–13.9 %	14–14.9 %	15 or more %
Female	14	21.4	28.6	7.1	21.4	21.4	–	–
Male	12	–	33.3	33.3	8.3	8.3	–	16.7

## Audiovestibular medicine

### Population served by each whole-time equivalent (WTE) consultant

RCP recommendation 1:250,000 (approx)\*

Source: RCP consultant census – census date 30 September 2012



\*Royal College of Physicians. *Consultant physicians working with patients: the duties, responsibilities and practice of physicians in medicine, 5th edn.* London: RCP, 2011: 41–42 (recommendations may be rounded to the nearest 100 or 1,000 depending on scale)

# Census of consultant physicians in the UK 2012

## Specialty report: cardiology



# Census of consultant physicians in the UK, 2012

## Cardiology

### Commentary on specialty report

The RCP's 2012 census of consultant physicians demonstrated continued steady expansion of the cardiology workforce. The absolute numbers remained less than those collated by the British Cardiovascular Society's (BCS) own survey (which recorded 1,173 consultants in the UK, versus the 1,066 that the RCP reported)\* but the 4.9% expansion is consistent.

We remain concerned that this expansion does not reflect the increasing burden of disease in an ageing population.

When combined with retirements, it is clear that the number of national training numbers (NTNs) in cardiology should be maintained.

October 2013

Dr Kevin F Fox MD FRCP FESC

*Consultant cardiologist and head of cardiology  
Imperial College Healthcare NHS Trust at Charing Cross Hospital*

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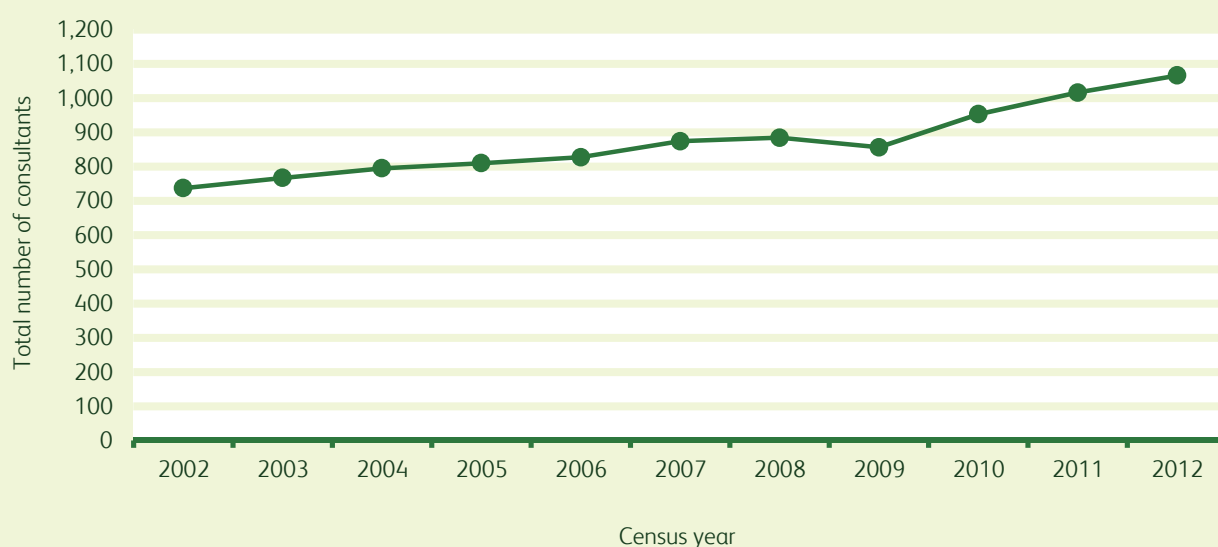
\* Fox K. *The 2012 BCS Cardiac Workforce Survey*. London: BCS, 2012. [www.bcs.com/documents/BCS\\_Workforce\\_Survey\\_for\\_year\\_ending\\_2012.pdf](http://www.bcs.com/documents/BCS_Workforce_Survey_for_year_ending_2012.pdf) [Accessed October 2013]

## Cardiology

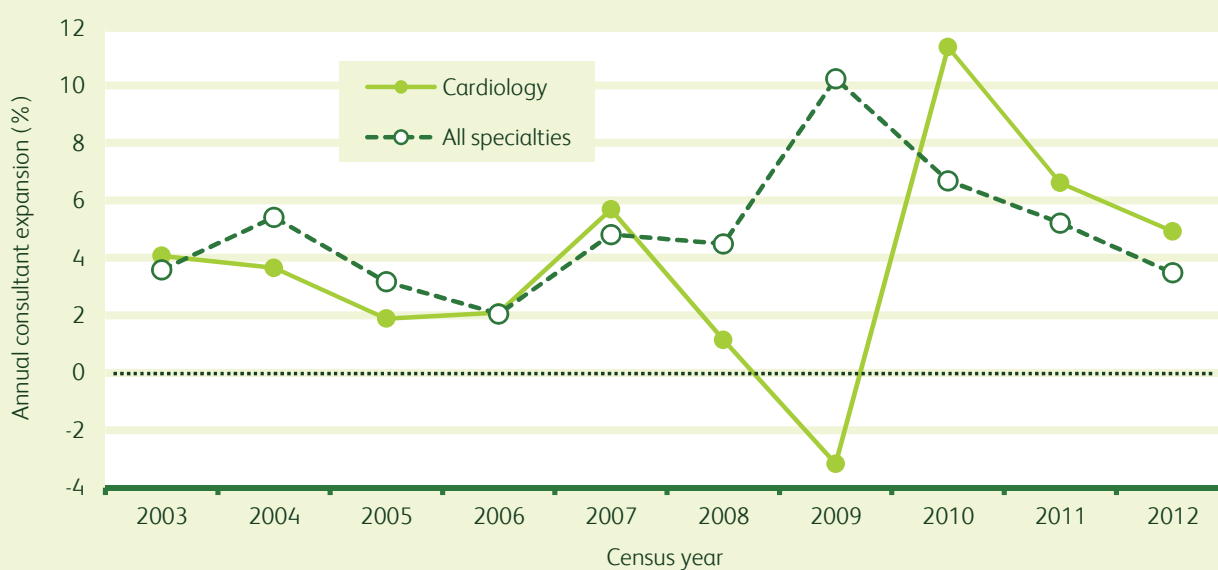
### Consultant workforce by specialty and country

Specialty	England	Wales	Northern Ireland	Scotland	UK (2012)	UK (2011)	Expansion (2011–2012)
Cardiology	899	59	28	80	1,066	1,016	4.9%
All specialties	10,235	579	326	1,081	12,221	11,810	3.5%

### Change in the total number of consultants over time United Kingdom 2002–2012



### Consultant expansion in specialty vs all specialties United Kingdom 2003–2012



## Cardiology

### Number of consultants who will reach 65 years of age over the next 10 years – by specialty

Specialty	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Total	% of specialty
Cardiology	9	7	13	15	13	24	12	30	26	27	34	210	19.7
All specialties	137	159	175	186	210	258	261	304	340	338	384	2,752	22.5

### Consultant workforce by specialty and category of post

Specialty	Responses	Pure NHS	Pure academic/ research	Other (eg charity)	Joint NHS- academic (majority NHS funded)	Joint NHS- academic (majority academic funded)	Joint NHS- other (eg NHS and charity)
		%	%	%	%	%	%
Cardiology	428	86.2	0.7	1.2	4.9	7.0	–
All specialties	5,273	78.4%	0.7%	3.6%	8.6%	8.3%	0.4%

### Breakdown of whole-time and less-than-whole-time working – by gender

Specialty	Responses	— Whole-time —		— Less-than-whole-time —		— Female —		— Male —	
		Number	%	Number	%	Whole-time %	Less than-whole-time %	Whole-time %	Less than-whole-time %
Cardiology	418	392	93.8	26	6.2	74.1	25.9	96.7	3.3
All specialties	5,143	4,259	82.8%	884	17.2%	61.0%	39.0%	94.7%	5.3%

### Consultant workforce by age and gender

Age	Responses	— Female —				— Male —	
		% gender	Number	% age group	% gender	Number	% age group
34 and younger	7	1.3	2	28.6	1.2	5	71.4
35–39	148	17.1	27	18.2	29.1	121	81.8
40–44	266	25.9	41	15.4	54.1	225	84.6
45–49	245	20.3	32	13.1	51.2	213	86.9
50–54	198	10.8	17	8.6	43.5	181	91.4
55–59	113	5.7	9	8.0	25.0	104	92.0
60–64	54	3.2	5	9.3	11.8	49	90.7
65 and older	26	–	–	–	6.3	26	100.0
Unknown	9	1.9	3	33.3	1.4	6	66.7
Summary	1,066		136	12.8%		930	87.2%

## Cardiology

### Mean programmed activities (PAs) contracted per week

Specialty	Responses	Total PAs	Clinical PAs	Academic PAs	Supporting PAs	Other PAs
Cardiology	418	11.3	8.5	0.5	2.0	0.3
All specialties	5,143	10.6	7.5	0.7	2.0	0.4

### Mean programmed activities (PAs) worked per week

Specialty	Responses	Total PAs	Clinical PAs	Academic PAs	Supporting PAs	Other PAs
Cardiology	414	12.7	9.3	0.8	2.5	0.1
All specialties	5,075	11.8	8.1	0.8	2.7	0.2

### Mean programmed activities (PAs) worked per week – by gender

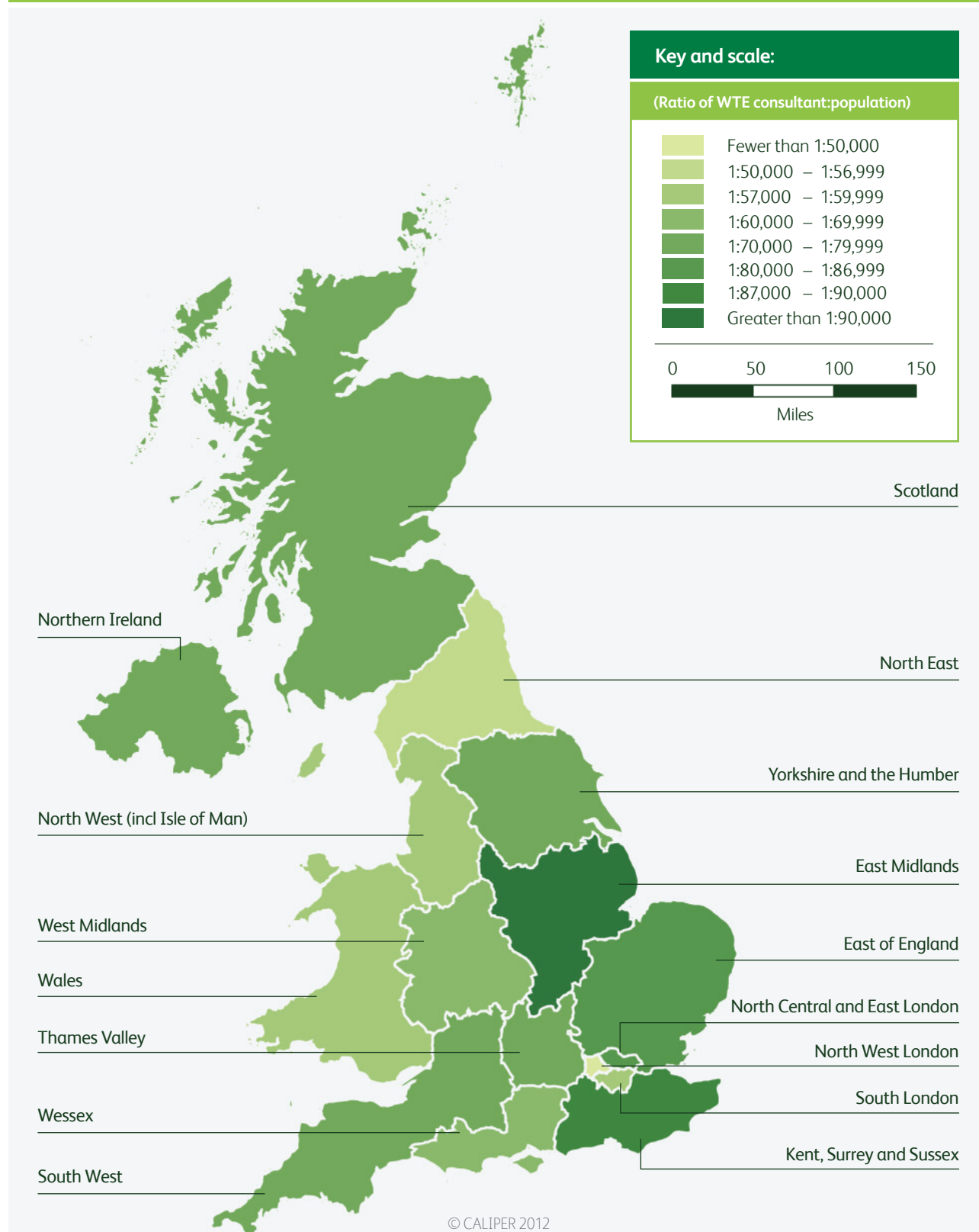
Gender	Responses	Fewer than 10 %	10–10.9 %	11–11.9 %	12–12.9 %	13–13.9 %	14–14.9 %	15 or more %
Female	51	15.7	11.8	13.7	21.6	17.6	9.8	9.8
Male	363	2.8	5.8	11.6	24.8	20.9	18.7	15.4

## Cardiology

### Population served by each whole-time equivalent (WTE) consultant

RCP recommendation 1: 41,700 (approx)\*

Source: RCP consultant census – census date 30 September 2012



\*Royal College of Physicians. *Consultant physicians working with patients: the duties, responsibilities and practice of physicians in medicine, 5th edn*. London: RCP, 2011: 54–55 (recommendations may be rounded to the nearest 100 or 1,000 depending on scale)

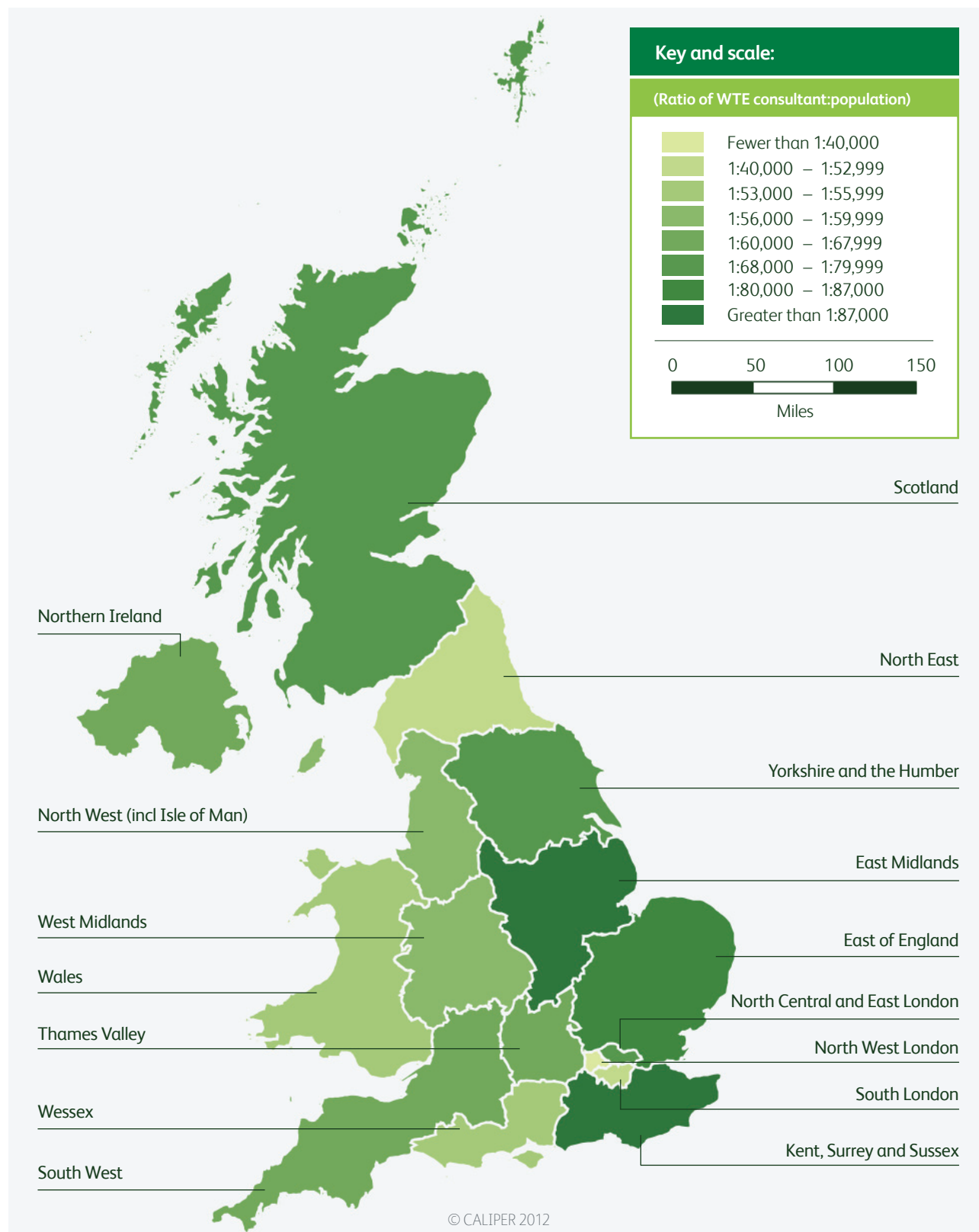


## Cardiology and paediatric cardiology

### Population served by each whole-time equivalent (WTE) consultant

No RCP recommendation defined

Source: RCP consultant census – census date 30 September 2012



# Census of consultant physicians in the UK 2012

## Specialty report: clinical genetics



# Census of consultant physicians in the UK, 2012

## Clinical genetics

### Commentary on specialty report

According to the RCP's census of consultant physicians there were 209 clinical genetics consultants across the UK in 2012, and approximately 52% of them responded to the census. There was no expansion in the number of consultant posts since 2011. This compares to an overall 3.5% consultant expansion for all specialties

Women represented 63.6% of the total clinical genetic consultant workforce, with a higher proportion of women in the younger age groups. Given the majority of women amongst trainees, the feminisation of the workforce is likely to continue for the foreseeable future.

The RCP's census showed that 52.6% of women consultants in clinical genetics worked less-than-whole-time, compared with 5.7% of men in the specialty and 39% women in other specialties. Overall, 62% of clinical genetics consultants work whole-time and 38% less-than-whole-time.

Categories of posts remained unchanged, and 72.6% of consultants reported working pure NHS contracts, 10.3% joint NHS-academic (major NHS-funded) contracts and 14.5% joint NHS-academic (mainly academically funded). This represents a higher number of academic posts than other specialties.

There was no significant change in programmed activities (PAs) contracted or worked compared with data reported in the 2011 census, with a small reduction in academic PAs mirrored by a small rise in clinical PAs. Men generally worked more PAs per week than women. Mean PAs contracted were 9.5 compared to 10.6 for all specialties.

Clinical genetics is still a relatively young specialty with seven consultants reaching the age of 65 during the next five years, but with a bulge thereafter- totaling 48 over the next 10 years (which represents 23% of the workforce).

The mainstreaming of genetics and genomic medicine will mean a significant requirement for education for health professionals outside clinical genetics. The burden of time involved in interpretation and counselling for the 100,000 genomes projects and future exome sequencing strategies has not been taken into account in workforce-planning, and needs to be addressed if the benefits of the technology for patients are to be realised.

October 2013

**Dr Kay Metcalfe**

*Consultant clinical geneticist and workforce representative*

## Clinical genetics

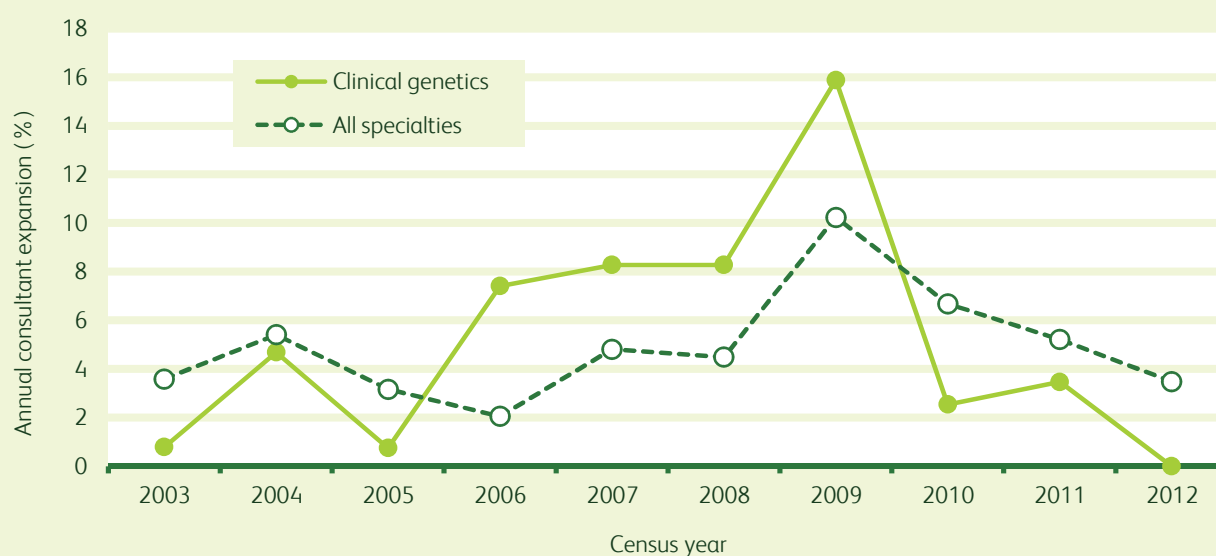
### Consultant workforce by specialty and country

Specialty	England	Wales	Northern Ireland	Scotland	UK (2012)	UK (2011)	Expansion (2011–2012)
Clinical genetics	166	12	6	25	209	209	0.0%
All specialties	10,235	579	326	1,081	12,221	11,810	3.5%

### Change in total number of consultants over time United Kingdom 2002–2012



### Consultant expansion in specialty vs all specialties United Kingdom 2003–2012



## Clinical genetics

### Number of consultants who will reach 65 years of age over the next 10 years – by specialty

Specialty	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Total	% of specialty
Clinical genetics	–	–	2	3	2	6	5	4	10	4	12	48	23.0
All specialties	137	159	175	186	210	258	261	304	340	338	384	2,752	22.5

### Consultant workforce by specialty and category of post

Specialty	Responses	Pure NHS	Pure academic/ research	Other (eg charity)	JOINT NHS- academic (majority NHS)	JOINT NHS- academic (majority academic)	JOINT NHS- other (eg NHS and charity)
		%	%	%	%	%	%
Clinical genetics	117	72.6	0.9	0.9	10.3	14.5	0.9
All specialties	5,273	78.4%	0.7%	3.6%	8.6%	8.3%	0.4%

### Breakdown of whole-time and less-than-whole-time working – by gender

Specialty	Responses	— Whole-time —		— Less-than-whole-time —		— Female —		— Male —	
		Number	%	Number	%	Whole-time %	Less than- whole- %	Whole-time %	Less than- whole- %
Clinical genetics	113	70	61.9	43	38.1	47.4	52.6	94.3	5.7
All specialties	5,143	4,259	82.8%	884	17.2%	61.0%	39.0%	94.7%	5.3%

### Consultant workforce by age and gender

Age	Responses	— Female —		— Male —	
		% gender	Number	% gender	Number
34 and younger	4	1.9	3	0.2	1
35–39	22	11.4	18	1.0	4
40–44	46	20.3	32	3.4	14
45–49	42	19.6	31	2.6	11
50–54	54	19.0	30	5.8	24
55–59	27	8.2	13	3.4	14
60–64	7	1.9	3	1.0	4
65 and older	5	1.3	2	0.7	3
Unknown	2	0.6	1	0.2	1
Summary	209		133		76

## Clinical genetics

### Mean programmed activities (PAs) contracted per week

Specialty	Responses	Total PAs	Clinical PAs	Academic PAs	Supporting PAs	Other PAs
Clinical genetics	113	9.5	6.5	1.0	1.8	0.3
All specialties	5,143	10.6	7.5	0.7	2.0	0.4

### Mean programmed activities (PAs) worked per week

Specialty	Responses	Total PAs	Clinical PAs	Academic PAs	Supporting PAs	Other PAs
Clinical genetics	110	11.3	7.4	1.3	2.2	0.3
All specialties	5,075	11.8	8.1	0.8	2.7	0.2

### Mean programmed activities (PAs) worked per week – by gender

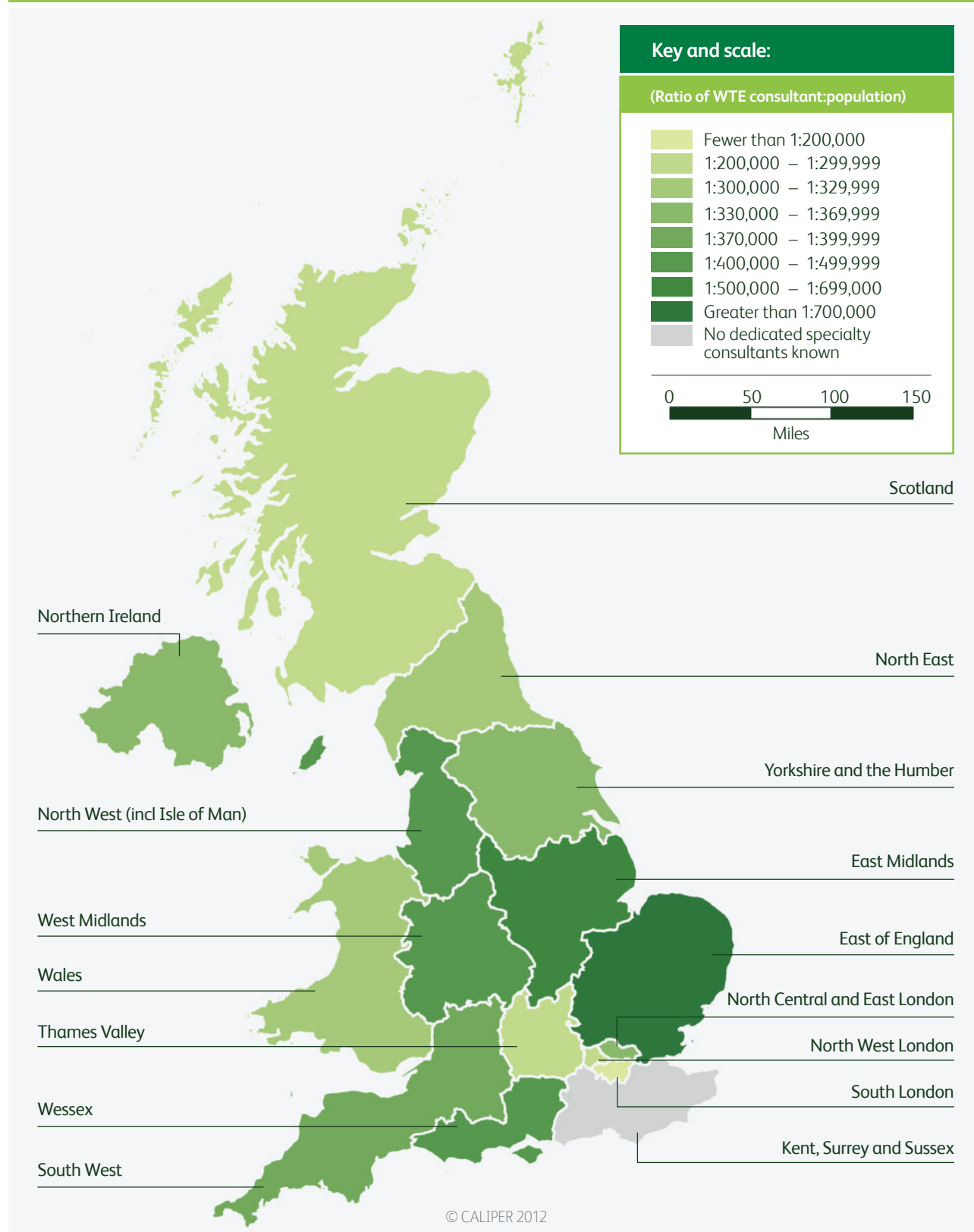
Gender	Responses	Fewer than 10 %	10–10.9 %	11–11.9 %	12–12.9 %	13–13.9 %	14–14.9 %	15 or more %
Female	75	32.0	16.0	16.0	16.0	6.7	9.3	4.0
Male	35	2.9	14.3	22.9	25.7	11.4	8.6	14.3

## Clinical genetics

### Population served by each whole-time equivalent (WTE) consultant

RCP recommendation 1:333,333 (approx)\*

Source: RCP consultant census – census date 30 September 2012



\*Royal College of Physicians. *Consultant physicians working with patients: the duties, responsibilities and practice of physicians in medicine, 5th edn.* London: RCP, 2011: 61 (recommendations may be rounded to the nearest 100 or 1,000 depending on scale)

# Census of consultant physicians in the UK 2012

## Specialty report: clinical neurophysiology





# Census of consultant physicians in the UK, 2012

## Clinical neurophysiology

### Commentary on specialty report

Despite a low number of trainees qualifying during 2012, consultant numbers have remained constant. There is still significant unmet demand with several posts in major neuroscience centres unfilled because of a lack of candidates. The RCP's census of consultant physicians shows and indeed there remains an unacceptable geographical variation in the availability of consultants with several regions poorly supplied.

The specialty's efforts at recruiting trainees have again been successful, and, for the third year running, nearly all training posts were occupied. It is hoped that the increased number of trainees gaining their CCTs will balance the demographic bulge in retirements expected over the next five years.

Demand for clinical neurophysiology investigations continues to increase, but there is growing concern that the introduction of 'modernising scientific careers', which has proved unpopular with higher educational institutions, will significantly reduce the number of supporting healthcare scientists and impede service delivery.

October 2013

Dr Jerry Heath FRCP

*Consultant clinical neurophysiologist*

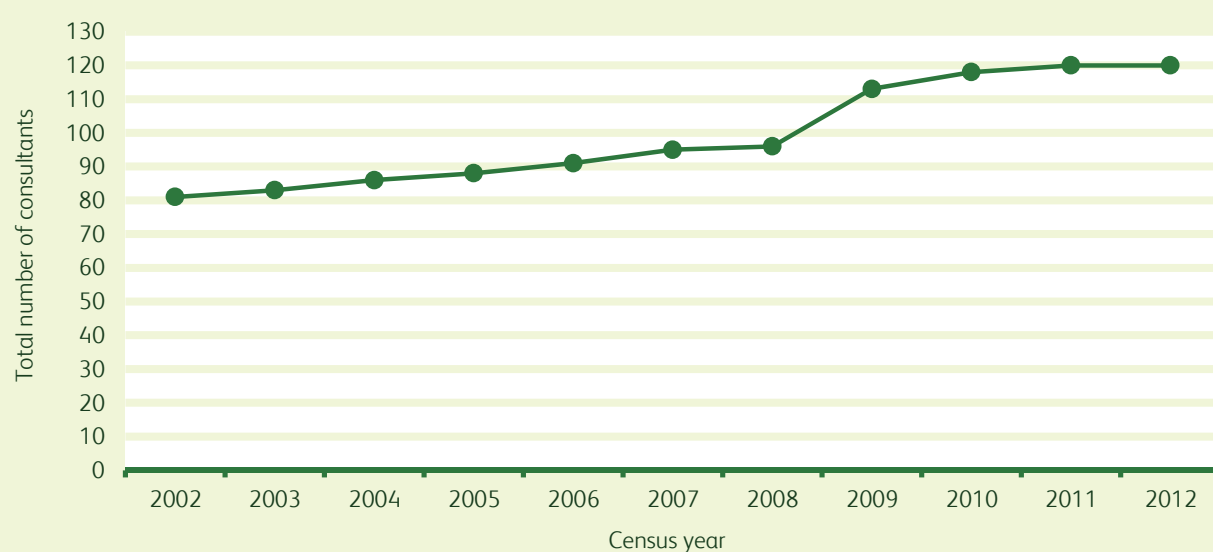
*Chair, standing committee (medical), British Society for Clinical Neurophysiology*

## Clinical neurophysiology

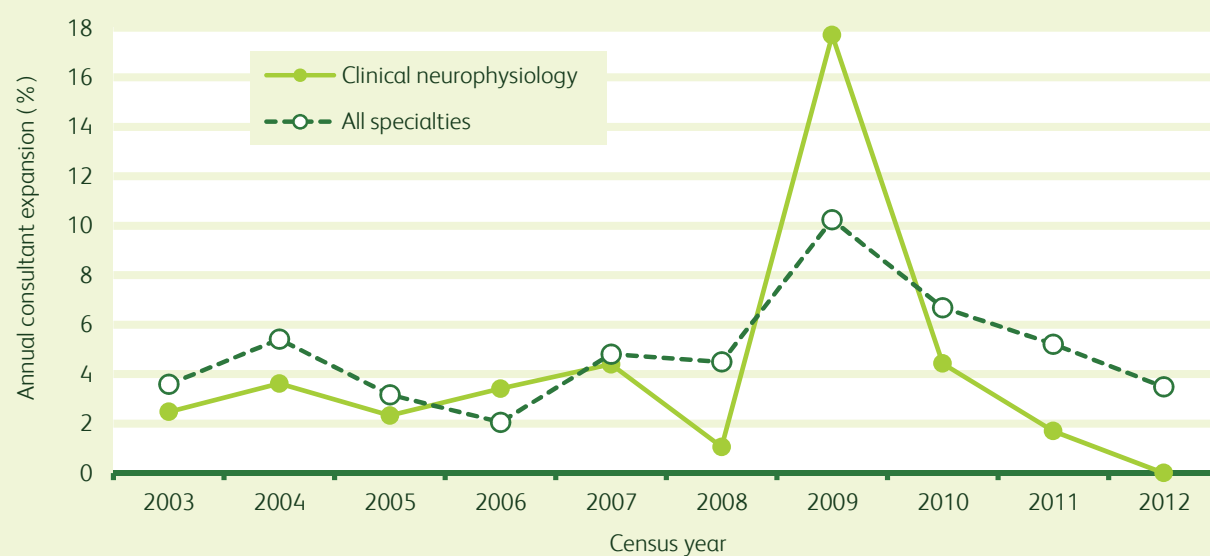
### Consultant workforce by specialty and country

Specialty	England	Wales	Northern Ireland	Scotland	UK (2012)	UK (2011)	Expansion (2011–2012)
Clinical neurophysiology	105	4	2	9	120	120	0.0%
All specialties	10,235	579	326	1,081	12,221	11,810	3.5%

### Change in total number of consultants over time United Kingdom 2002–2012



### Consultant expansion in specialty vs all specialties United Kingdom 2003–2012



## Clinical neurophysiology

### Number of consultants who will reach 65 years of age over the next 10 years – by specialty

Specialty	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Total	% of specialty
Clinical neurophysiology	3	4	3	3	3	5	2	10	1	6	2	42	35.0
All specialties	137	159	175	186	210	258	261	304	340	338	384	2,752	22.5

### Consultant workforce by specialty and category of post

Specialty	Responses	Pure NHS	Pure academic/ research	Other (eg charity)	Joint NHS- academic (majority NHS funded)	Joint NHS- academic (majority academic funded)	Joint NHS- other (eg NHS and charity)
		%	%	%	%	%	%
Clinical neurophysiology	55	89.1	–	1.8	5.5	3.6	–
All specialties	5,273	78.4%	0.7%	3.6%	8.6%	8.3%	0.4%

### Breakdown of whole-time and less-than-whole-time working – by gender

Specialty	Responses	— Whole-time —		— Less-than-whole-time —		— Female —		— Male —	
		Number	%	Number	%	Whole-time %	Less than- whole-time %	Whole-time %	Less than- whole-time %
Clinical neurophysiology	54	49	90.7	5	9.3	85.7	14.3	92.5	7.5
All specialties	5,143	4,259	82.8%	884	17.2%	61.0%	39.0%	94.7%	5.3%

### Consultant workforce by age and gender

Age	Responses	— Female —		— Male —	
		% gender	Number	% gender	Number
34 and younger	2	–	–	0.5	2
35–39	10	1.3	2	1.9	8
40–44	17	3.2	5	2.9	12
45–49	30	5.1	8	5.3	22
50–54	14	2.5	4	2.4	10
55–59	23	1.9	3	4.8	20
60–64	17	1.9	3	3.4	14
65 and older	4	0.6	1	0.7	3
Unknown	3	1.9	3	–	–
Summary	120		29		91

## Clinical neurophysiology

### Mean programmed activities (PAs) contracted per week

Specialty	Responses	Total PAs	Clinical PAs	Academic PAs	Supporting PAs	Other PAs
Clinical neurophysiology	54	10.5	8.2	0.3	2.0	0.1
All specialties	5,143	10.6	7.5	0.7	2.0	0.4

### Mean programmed activities (PAs) worked per week

Specialty	Responses	Total PAs	Clinical PAs	Academic PAs	Supporting PAs	Other PAs
Clinical neurophysiology	52	11.3	8.5	0.6	1.9	0.2
All specialties	5,075	11.8	8.1	0.8	2.7	0.2

### Mean programmed activities (PAs) worked per week – by gender

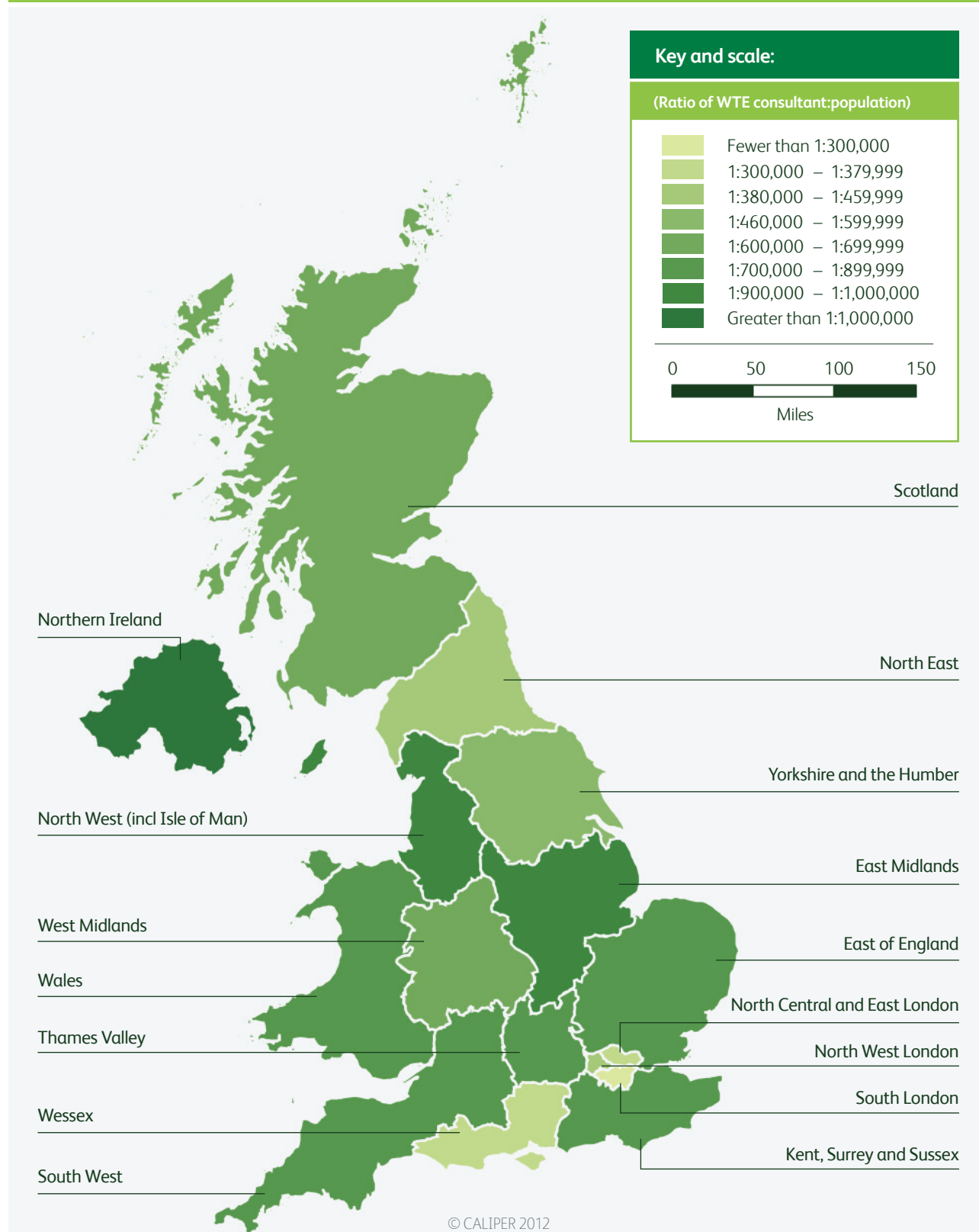
Gender	Responses	Fewer than 10 %	10–10.9 %	11–11.9 %	12–12.9 %	13–13.9 %	14–14.9 %	15 or more %
Female	12	8.3	33.3	41.7	16.7	–	–	–
Male	39	7.7	15.4	35.9	17.9	12.8	5.1	5.1

## Clinical neurophysiology

### Population served by each whole-time equivalent (WTE) consultant

RCP recommendation 1:333,333 (approx)\*

Source: RCP consultant census – census date 30 September 2012



\*Royal College of Physicians. *Consultant physicians working with patients: the duties, responsibilities and practice of physicians in medicine, 4th edn*. London: RCP, 2008: 97–98 (recommendations may be rounded to the nearest 100 or 1,000 depending on scale). No recommendation made in *Consultant Physicians Working with Patients ...5th edn*. (2011).

# Census of consultant physicians in the UK 2012

## Specialty report: clinical pharmacology and therapeutics



# Census of consultant physicians in the UK, 2012

## Clinical pharmacology and therapeutics

### Commentary on specialty report

Between 2011 and 2012 clinical pharmacology and therapeutics (CPT) experienced a 5.5% expansion in consultant numbers, compared to an average of 3.5% in all medical specialties. While this increase in consultant numbers is welcome, the 5.5% increase reflects only four new appointments, and the consultant workforce in CPT remains significantly less than the number recommended by the RCP.\*

Over the next 10 years it is expected that 35% of the current consultant workforce in CPT will retire; this compares with 23% across all medical specialties. To prevent a serious shortfall in the number of consultants, the number of training posts in CPT will need to be increased to match retirements and ensure an increase in the consultant workforce to meet the recommended minimum.

Overall, the 2012 data showed that the majority of consultants were men (88%), with the majority (63%) aged 50-years or older. There was a small increase in the proportion of women in the specialty (11.7%), who were on average younger, with 89% younger than 50 years of age.

The majority (64%) of consultants in CPT held joint NHS-academic contracts compared with 17% in all medical specialties. The high proportion of academic posts makes the specialty uniquely sensitive to changes in academic funding. Although the census reported that the majority of CPT consultants were academic, they contributed more clinical work than they are contracted for, at the expense of their academic time: 76% of CPT consultants reported working 12 or more programmed activities (PAs), with a mean workload of 12.9 PAs weekly (approximately 1.9 PAs above contracted hours).

Nearly 90% of CPT consultants reported a commitment to acute medicine, and 50% reported a commitment to stroke medicine; however there were no data available to reflect the significant CPT consultant work force input into toxicology and acute general (internal) medicine. Consultants in CPT also contributed a significant amount of supporting professional activity to the NHS as a whole – a higher proportion than that seen in any other specialty, reflecting the age distribution and academic nature of the workforce. It does, however, demonstrate the additional value which these consultants bring to the NHS as a whole, above and beyond their contracts.

October 2013

Professor James McLay

Consultant in clinical pharmacology and therapeutics  
Chair, SAC in clinical pharmacology and therapeutics

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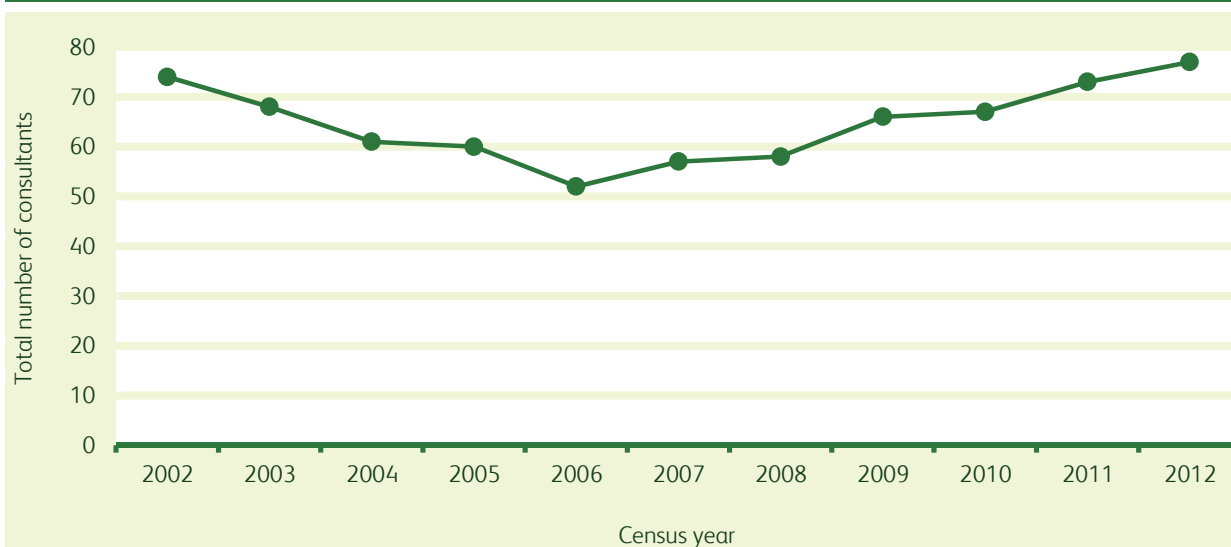
\* Royal College of Physicians. *Consultant physicians working with patients: the duties, responsibilities and practice of physicians in medicine*, 5th edn. London: RCP, 2011: 68–69.

## Clinical pharmacology and therapeutics

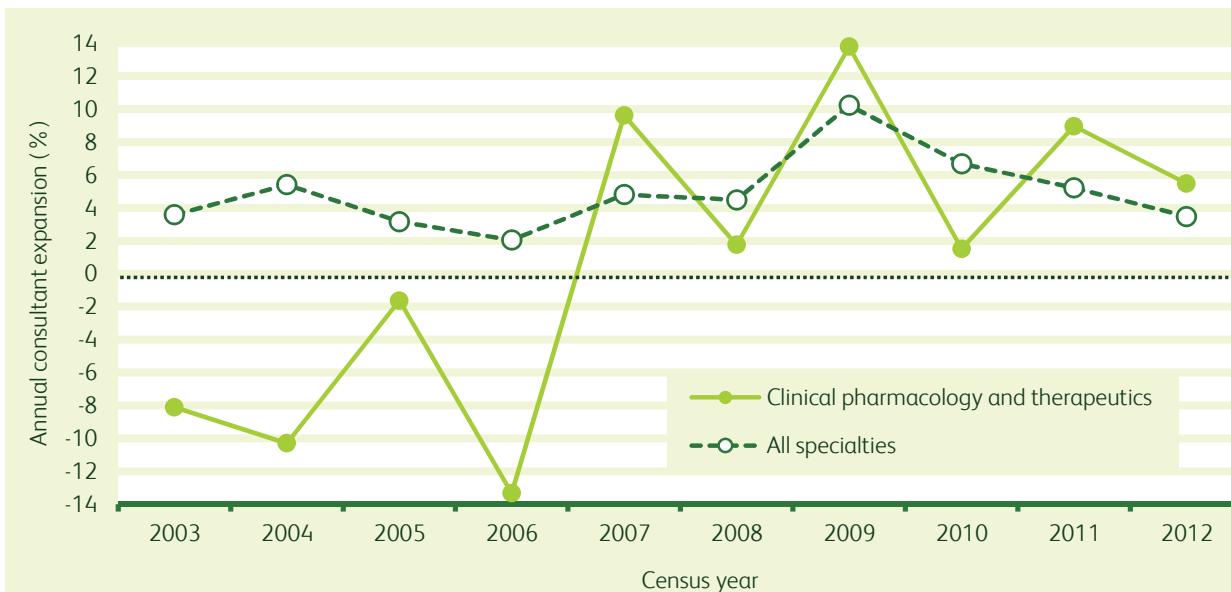
### Consultant workforce by specialty and country

Specialty	England	Wales	Northern Ireland	Scotland	UK (2012)	UK (2011)	Expansion (2011–2012)
Clinical pharmacology and therapeutics	57	4	1	15	77	73	5.5%
All specialties	10,235	579	326	1,081	12,221	11,810	3.5%

### Change in total number of consultants over time United Kingdom 2002–2012



### Consultant expansion in specialty vs all specialties United Kingdom 2003–2012





## Clinical pharmacology and therapeutics

### Number of consultants who will reach 65 years of age over the next 10 years – by specialty

Specialty	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Total	% of specialty
Clinical pharmacology and therapeutics	3	2	4	1	2	3	4	–	5	2	1	<b>27</b>	35.1
All specialties	137	159	175	186	210	258	261	304	340	338	384	<b>2,752</b>	22.5

### Consultant workforce by specialty and category of post

Specialty	Responses	Pure NHS	Pure academic/ research	Other (eg charity)	Joint NHS- academic (majority NHS funded)	Joint NHS- academic (majority academic funded)	Joint NHS- other (eg NHS and charity)
		%	%	%	%	%	%
Clinical pharmacology and therapeutics	33	24.2	3.0	6.1	15.2	48.5	3.0
All specialties	5,273	78.4%	0.7%	3.6%	8.6%	8.3%	0.4%

### Breakdown of whole-time and less-than-whole-time working – by gender

Specialty	Responses	— Whole-time —		— Less-than-whole-time —		—— Female ——		—— Male ——	
		Number	%	Number	%	Whole-time %	Less than-whole-time %	Whole-time %	Less than-whole-time %
Clinical pharmacology and therapeutics	32	30	93.8	2	6.3	100.0	–	92.9	7.1
All specialties	5,143	4,259	82.8%	884	17.2%	61.0%	39.0%	94.7%	5.3%

### Consultant workforce by age and gender

Age	Responses	—— Female ——		—— Male ——	
		% gender	Number	% gender	Number
34 and younger	1	–	–	0.2	1
35–39	9	1.3	2	1.7	7
40–44	15	1.9	3	2.9	12
45–49	8	1.9	3	1.2	5
50–54	12	–	–	2.9	12
55–59	15	–	–	3.6	15
60–64	11	0.6	1	2.4	10
65 and older	6	–	–	1.4	6
Unknown	–	–	–	–	–
Summary	77		9		68

## Clinical pharmacology and therapeutics

### Mean programmed activities (PAs) contracted per week

Specialty	Responses	Total PAs	Clinical PAs	Academic PAs	Supporting PAs	Other PAs
Clinical pharmacology and therapeutics	32	11.0	5.6	3.3	1.6	0.5
All specialties	5,143	10.6	7.5	0.7	2.0	0.4

### Mean programmed activities (PAs) worked per week

Specialty	Responses	Total PAs	Clinical PAs	Academic PAs	Supporting PAs	Other PAs
Clinical pharmacology and therapeutics	32	12.9	6.1	2.7	3.5	0.1
All specialties	5,075	11.8	8.1	0.8	2.7	0.2

### Mean programmed activities (PAs) worked per week – by gender

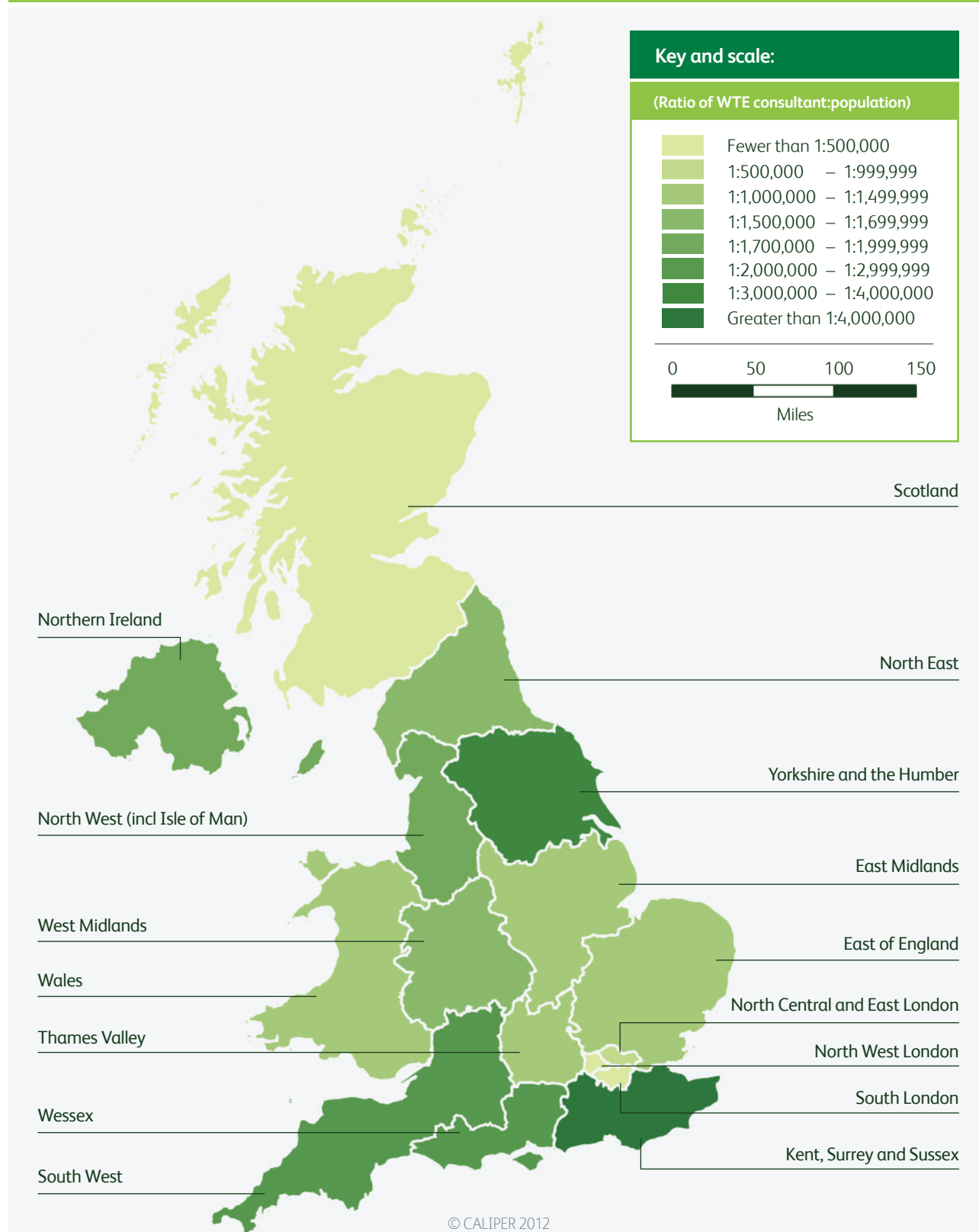
Gender	Responses	Fewer than 10 %	10–10.9 %	11–11.9 %	12–12.9 %	13–13.9 %	14–14.9 %	15 or more %
Female	4	–	50.0	–	25.0	25.0	–	–
Male	28	10.7	7.1	3.6	21.4	10.7	17.9	28.6

## Clinical pharmacology and therapeutics

### Population served by each whole-time equivalent (WTE) consultant

RCP recommendation 1:250,000 (approx)\*

Source: RCP consultant census – census date 30 September 2012



\*Royal College of Physicians. *Consultant physicians working with patients: the duties, responsibilities and practice of physicians in medicine, 5th edn.* London: RCP, 2011: 68–69 (recommendations may be rounded to the nearest 100 or 1,000 depending on scale)

# Census of consultant physicians in the UK 2012

## Specialty report: dermatology



# Census of consultant physicians in the UK, 2012

## Dermatology

### Commentary on specialty report

The 2012 census of consultant physicians showed that dermatology has a severe shortage of consultants; this is causing a crisis. The recommended ratio of one consultant per 62,500 head of population\* was only met in one part of the UK (south London). In some parts of the country (for example Cumbria) there are very few consultant dermatologists.

The 2012 census reported a below average expansion of consultant dermatology posts when compared with 2011. Dermatology also had fewer whole-time consultants than the average. This means that the crisis of a shortage of consultants will only get worse over the coming years. The recent suggestion in the Future Hospital Commission that all specialties take part in medical admissions would further reduce dermatology provision making a bad situation even worse.

In addition to a shortage of consultant posts, dermatology also suffers from having many long-term locum consultant posts. These locum posts are not meant to be in place for longer than six months, but many have been going for several years (despite many doctors in these posts not even being on the specialist register). The existence of long-term locum posts effectively prevents the appointment of substantive consultants. Whilst these locum posts have previously not been considered on the annual census, the 2013 census will include questions about long-term dermatology locums and should allow further discussion next year.

October 2013

Dr Anshoo Sahota

Consultant dermatologist

Honorary secretary, British Association of Dermatologists

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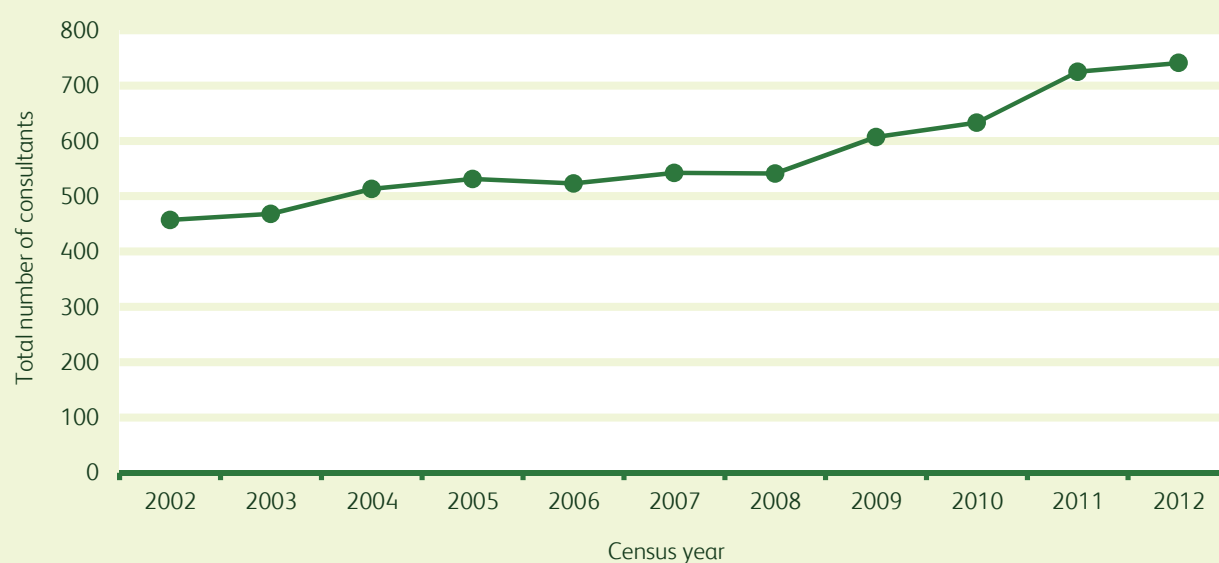
\* Royal College of Physicians. *Consultant physicians working with patients: the duties, responsibilities and practice of physicians in medicine*, 5th edn. London: RCP, 2011: 77–79

## Dermatology

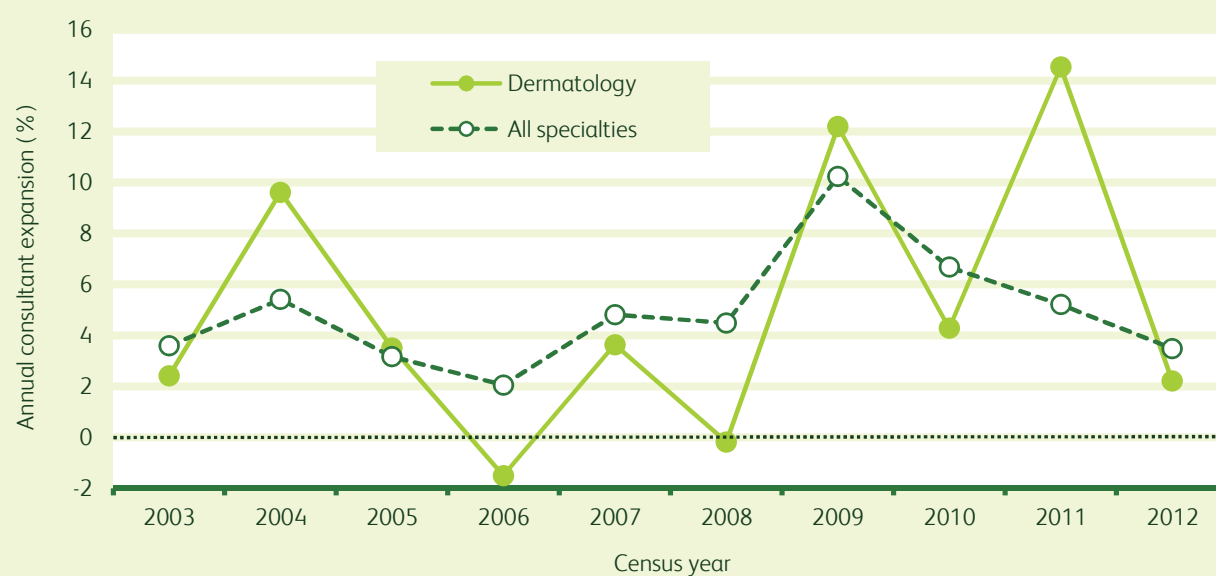
### Consultant workforce by specialty and country

Specialty	England	Wales	Northern Ireland	Scotland	UK (2012)	UK (2011)	Expansion (2011–2012)
Dermatology	613	35	20	73	741	725	2.2%
All specialties	10,235	579	326	1,081	12,221	11,810	3.5%

### Change in total number of consultants over time United Kingdom 2002–2012



### Consultant expansion in specialty vs all specialties United Kingdom 2003–2012



## Dermatology

### Number of consultants who will reach 65 years of age over the next 10 years – by specialty

Specialty	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Total	% of specialty
Dermatology	3	12	13	12	20	14	17	19	19	24	18	<b>171</b>	23.1
All specialties	137	159	175	186	210	258	261	304	340	338	384	<b>2,752</b>	22.5

### Consultant workforce by specialty and category of post

Specialty	Responses	Pure NHS	Pure academic/ research	Other (eg charity)	Joint NHS- academic (majority NHS funded)	Joint NHS- academic (majority academic funded)	Joint NHS- other (eg NHS and charity)
		%	%	%	%	%	%
Dermatology	290	86.6	–	1.7	7.2	4.5	–
All specialties	5,273	78.4%	0.7%	3.6%	8.6%	8.3%	0.4%

### Breakdown of whole-time and less-than-whole-time working – by gender

Specialty	Responses	— Whole-time —		— Less-than-whole-time —		— Female —		— Male —	
		Number	%	Number	%	Whole- time %	Less than- whole- time %	Whole- time %	Less than- whole- time %
Dermatology	276	166	60.1	110	39.9	44.2	55.8	80.8	19.2
All specialties	5,143	4,259	82.8%	884	17.2%	61.0%	39.0%	94.7%	5.3%

### Consultant workforce by age and gender

Age	Responses	Female		Male	
		% gender	Number % age group	% gender	Number % age group
34 and younger	21	6.3	10 47.6	2.6	11 52.4
35–39	132	60.8	96 72.7	8.7	36 27.3
40–44	165	62.0	98 59.4	16.1	67 40.6
45–49	149	55.1	87 58.4	14.9	62 41.6
50–54	100	28.5	45 45.0	13.2	55 55.0
55–59	94	21.5	34 36.2	14.4	60 63.8
60–64	58	10.8	17 29.3	9.9	41 70.7
65 and older	17	0.6	1 5.9	3.8	16 94.1
Unknown	5	3.2	5 100.0	–	– –
Summary	741		393 53.0%		348 47.0%

## Dermatology

### Mean programmed activities (PAs) contracted per week

Specialty	Responses	Total PAs	Clinical PAs	Academic PAs	Supporting PAs	Other PAs
Dermatology	276	9.2	6.8	0.3	2.0	0.1
All specialties	5,143	10.6	7.5	0.7	2.0	0.4

### Mean programmed activities (PAs) worked per week

Specialty	Responses	Total PAs	Clinical PAs	Academic PAs	Supporting PAs	Other PAs
Dermatology	277	10.0	7.2	0.4	2.2	0.2
All specialties	5,075	11.8	8.1	0.8	2.7	0.2

### Mean programmed activities (PAs) worked per week – by gender

Gender	Responses	Fewer than 10 %	10–10.9 %	11–11.9 %	12–12.9 %	13–13.9 %	14–14.9 %	15 or more %
Female	154	46.1	22.7	14.3	7.1	6.5	1.9	1.3
Male	123	20.3	26.0	20.3	17.9	6.5	3.3	5.7

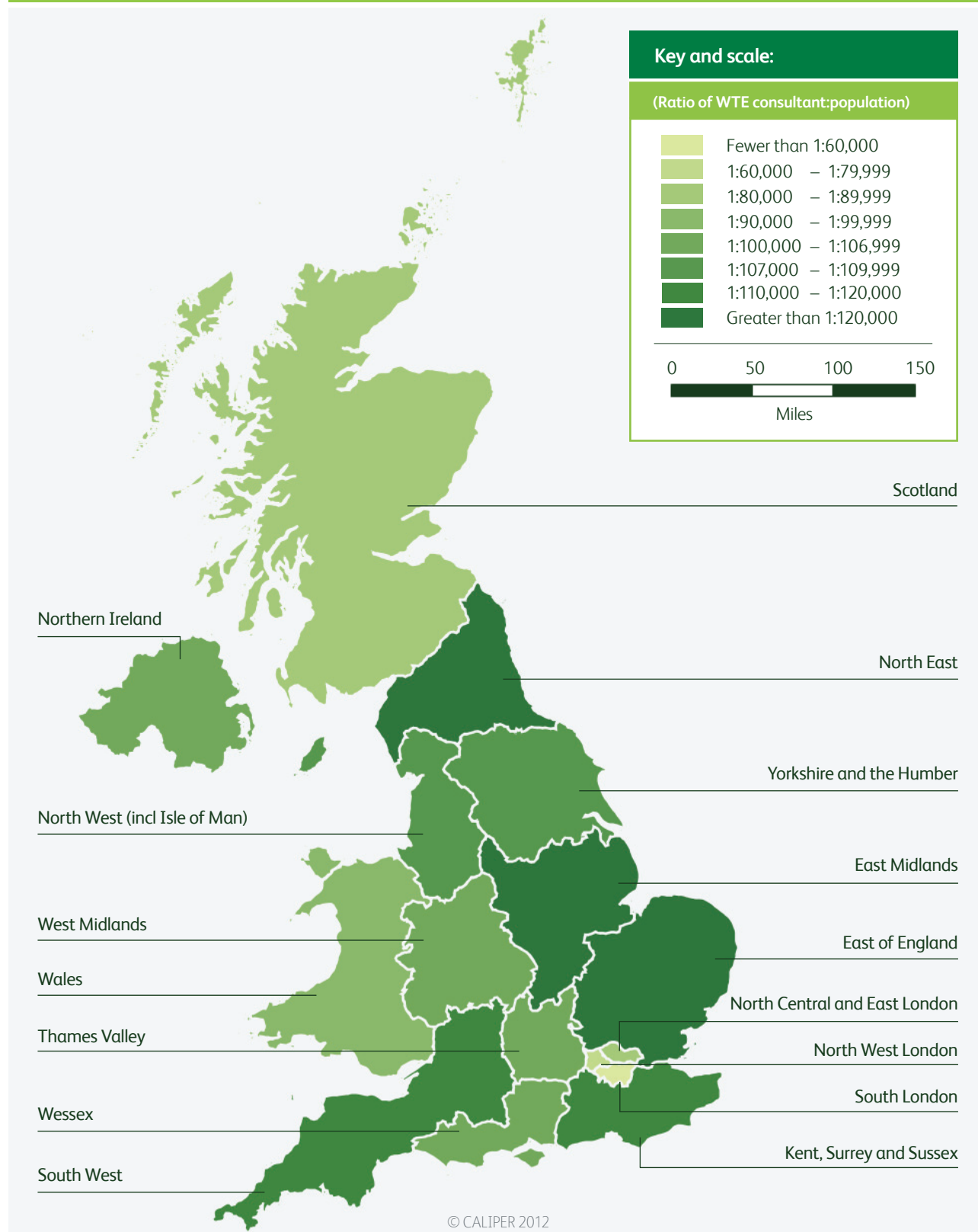


## Dermatology

### Population served by each whole-time equivalent (WTE) consultant

RCP recommendation 1:62,500 (approx)\*

Source: RCP consultant census – census date 30 September 2012



\*Royal College of Physicians. *Consultant physicians working with patients: the duties, responsibilities and practice of physicians in medicine, 5th edn.* London: RCP, 2011: 77–79 (recommendations may be rounded to the nearest 100 or 1,000 depending on scale)

# Census of consultant physicians in the UK 2012

## Specialty report: endocrinology and diabetes mellitus



# Census of consultant physicians in the UK, 2012

## Endocrinology and diabetes mellitus

### Commentary on specialty report

The 2012 census of consultant physicians reported that consultant recruitment into the specialty has shown no net growth since 2011 (-0.3% for endocrinology and diabetes compared with an average of 3.5% across specialties). There are several potential reasons for this but perhaps the most important is the notion that all diabetes care can be provided in primary care. Endocrinology and diabetes is the sixth biggest specialty in the UK with highest contribution to acute medicine compared to other specialties (at approximately 11.5% of all acute work undertaken by consultants in endocrinology and diabetes).

This trend is a worry to some, especially considering that the specialty is still training a significant number of trainees who might be left without jobs in their chosen specialty. The trends in terms of retirement remained consistent with other specialties. The average number of contracted programmed activities (PAs) was 10.8 per week – which was lower than PAs actually worked per week (12 PAs). The proportion of the workforce who reported working whole-time was also consistent with other specialties.

There is evidence from JRCPTB of issues pertaining to recruitment to the specialty,\* with significant concerns about the quality of candidates and geographical variations in the number of vacant posts.

October 2013

Dinesh Nagi MBBS, PhD (Lond) FRCP

*Consultant in endocrinology and diabetes mellitus  
ABCD, RCP, Diabetes UK manpower coordinator*

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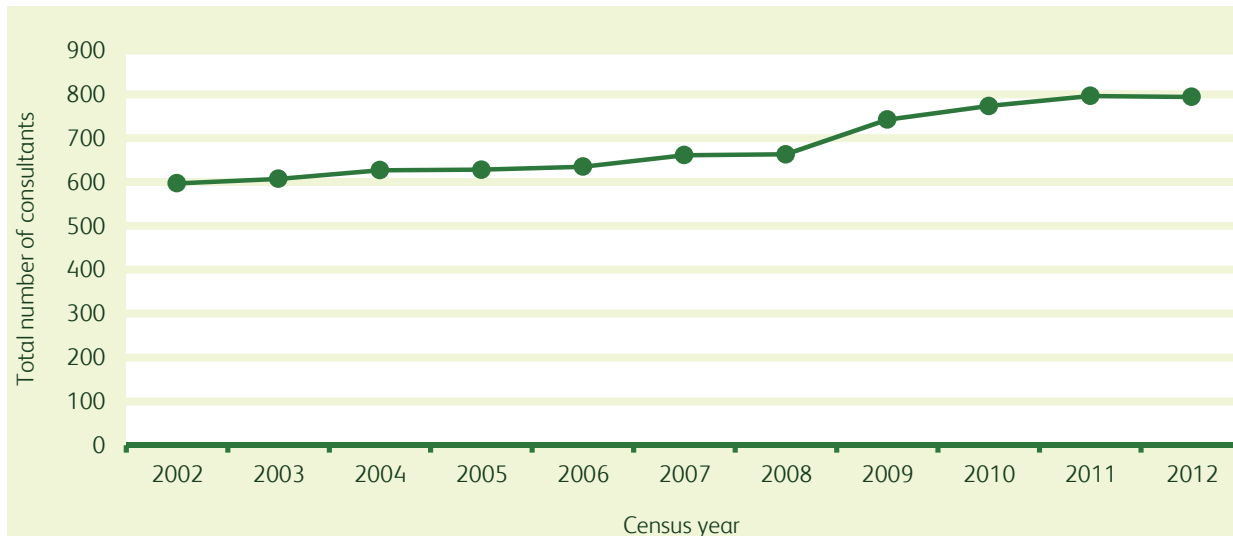
\* [www.st3recruitment.org.uk/about-st3/recruitment-data-2012-2013.html](http://www.st3recruitment.org.uk/about-st3/recruitment-data-2012-2013.html) [Accessed October 2013]

## Endocrinology and diabetes mellitus

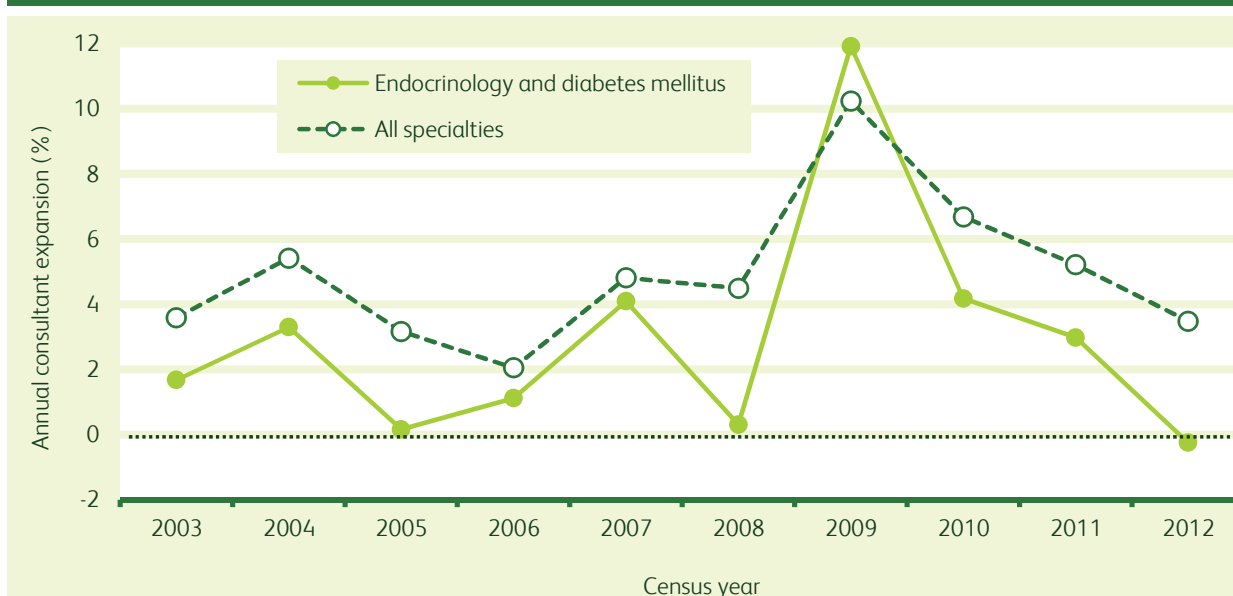
### Consultant workforce by specialty and country

Specialty	England	Wales	Northern Ireland	Scotland	UK (2012)	UK (2011)	Expansion (2011–2012)
Endocrinology and diabetes mellitus	660	41	21	72	794	796	-0.3%
All specialties	10,235	579	326	1,081	12,221	11,810	3.5%

### Change in total number of consultants over time United Kingdom 2002–2012



### Consultant expansion in specialty vs all specialties United Kingdom 2003–2012



## Endocrinology and diabetes mellitus

### Number of consultants who will reach 65 years of age over the next 10 years – by specialty

Specialty	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Total	% of specialty
Endocrinology and diabetes mellitus	14	9	15	12	15	21	20	16	17	19	30	<b>188</b>	23.7
All specialties	137	159	175	186	210	258	261	304	340	338	384	<b>2,752</b>	22.5

### Consultant workforce by specialty and category of post

Specialty	Responses	Pure NHS	Pure academic/ research	Other (eg charity)	Joint NHS- academic (majority NHS funded)	Joint NHS- academic (majority academic funded)	Joint NHS- other (eg NHS and charity)
		%	%	%	%	%	%
Endocrinology and diabetes mellitus	390	72.6	1.0	1.5	11.0	13.8	—
All specialties	5,273	78.4%	0.7%	3.6%	8.6%	8.3%	0.4%

### Breakdown of whole-time and less-than-whole-time working – by gender

Specialty	Responses	— Whole-time —		— Less-than-whole-time —		— Female —		— Male —	
		Number	%	Number	%	Whole-time %	Less than-whole-time %	Whole-time %	Less than-whole-time %
Endocrinology and diabetes mellitus	385	334	86.8	51	13.2	68.8	31.2	93.8	6.2
All specialties	5,143	4,259	82.8%	884	17.2%	61.0%	39.0%	94.7%	5.3%

### Consultant workforce by age and gender

Age	Responses	— Female —		— Male —	
		% gender	Number	% age group	% gender
34 and younger	11	5.1	8	72.7	0.7
35–39	88	22.2	35	39.8	12.7
40–44	206	48.1	76	36.9	31.3
45–49	188	36.7	58	30.9	31.3
50–54	129	15.2	24	18.6	25.2
55–59	94	9.5	15	16.0	19.0
60–64	62	3.2	5	8.1	13.7
65 and older	16	0.6	1	6.3	3.6
Unknown	—	—	—	—	—
Summary	794		222	28.0%	572

## Endocrinology and diabetes mellitus

### Mean programmed activities (PAs) contracted per week

Specialty	Responses	Total PAs	Clinical PAs	Academic PAs	Supporting PAs	Other PAs
Endocrinology and diabetes mellitus	385	10.8	7.1	1.1	2.0	0.6
All specialties	5,143	10.6	7.5	0.7	2.0	0.4

### Mean programmed activities (PAs) worked per week

Specialty	Responses	Total PAs	Clinical PAs	Academic PAs	Supporting PAs	Other PAs
Endocrinology and diabetes mellitus	377	12.0	7.7	1.1	2.7	0.3
All specialties	5,075	11.8	8.1	0.8	2.7	0.2

### Mean programmed activities (PAs) worked per week – by gender

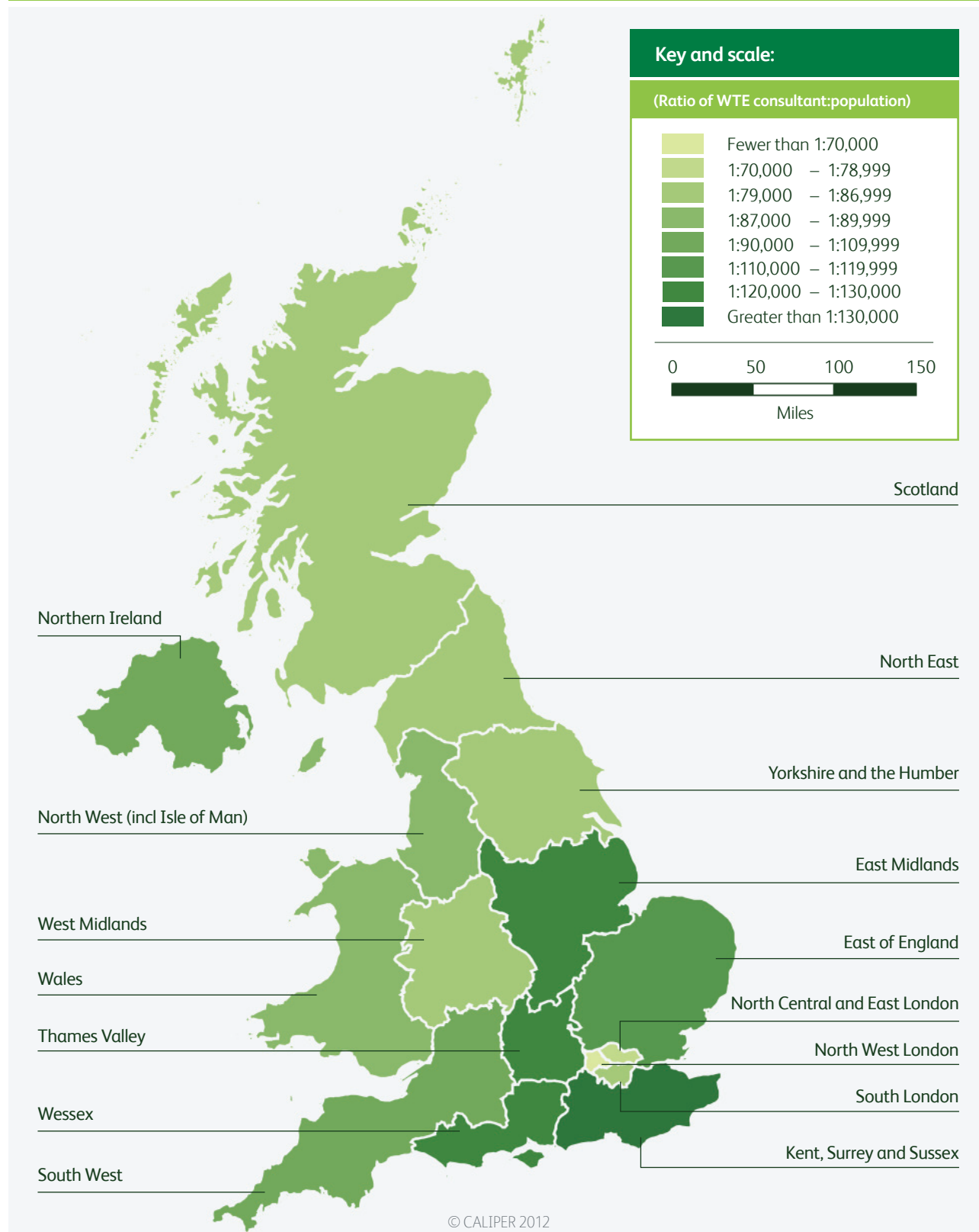
Gender	Responses	Fewer than 10 %	10–10.9 %	11–11.9 %	12–12.9 %	13–13.9 %	14–14.9 %	15 or more %
Female	107	24.3	12.1	16.8	25.2	9.3	9.3	2.8
Male	270	6.3	7.4	14.8	31.5	18.1	11.1	10.7

## Endocrinology and diabetes mellitus

### Population served by each whole-time equivalent (WTE) consultant

RCP recommendation 1:62,500 (approx)\*

Source: RCP consultant census – census date 30 September 2012



\*Royal College of Physicians. *Consultant physicians working with patients: the duties, responsibilities and practice of physicians in medicine, 5th edn*. London: RCP, 2011: 85 (recommendations may be rounded to the nearest 100 or 1,000 depending on scale)

# Census of consultant physicians in the UK 2012

## Specialty report: gastroenterology and hepatology





# Census of consultant physicians in the UK, 2012

## Gastroenterology and hepatology

### Commentary on specialty report

During the past decade the average expansion in the number of consultant gastroenterologists and hepatologists has been 5.2% per year (the range was from 3.1% in 2011 to 9.3% in 2005). It is estimated that we need six whole-time equivalent (WTE) consultant gastroenterologists all working 11.5 programmed activities (PAs) per week for a population of 250,000, (or 1:41,700).<sup>\*</sup> For the UK population of 63.2 million people<sup>†</sup> this is a total of 1,516 WTE consultants (368 more) and will take approximately 6.5 years to achieve assuming expansion continued at the current rate and the population remained static. However, 9.2% of consultants work less-than-whole-time (LTWT). If we assume the average LTWT contract is 6 PAs, we actually require 1,585 consultants (437 more) which would take 7.3 years to achieve.

The proportion of female gastroenterologists and hepatologists has steadily increased each year from 8.7% in 2002 to 16.2% in 2012, and this is expected to continue. The census reported that women made up 8.3% of consultants aged 55 years or more, 15.3% aged 45–54 years, 20.0% aged 44 years or younger and 37.8% of trainees). On average, female consultants worked LTWT more often than men (28.8% compared with 4.2% of male consultants). Therefore as the feminisation of the workforce continues, more than 1,585 consultants will be required.

The main drivers to specialty expansion are:

- > further expansion to bowel cancer screening
- > an increased hepatology workload
- > the requirement for 7-day working and out-of-hours GI bleed rotas
- > an aging population who are high service users.

The cost of consultant expansion should be, at least partly, offset by efficiency savings (eg reduced length of stay, better decision making). However, in this austere financial climate there is also the possibility that some of this service demand may be met by a reduction in the amount of general (internal) medicine cover provided by the specialty, balanced by an expansion of other specialties – such as acute medicine and medicine for the elderly – to take on this work.

The census showed marked geographical variation in the provision of consultant gastroenterologists and hepatologists across the UK. While some areas such as north west London and the north east already have the desired number of consultants for their population, other areas such as Kent, Surrey, Sussex and Thames Valley have less than half the desired number. Tertiary services are not taken into account by the recommendations, so some inequality is inevitable. Approximately 80–100 gastroenterology CCTs are gained each year. Concerns about unemployed CCT-holders have been unfounded, with some advertised consultant posts not being filled. Most trainees prefer not to move area for their consultant job, and this desire will increase with further feminisation. Ideally, trainee numbers should be planned at a regional level, increasing in areas of consultant under-provision and reducing in areas that have reached recommended levels. However, there is of course no guarantee that consultant expansion would occur in under-provided areas.

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<sup>\*</sup> Royal College of Physicians. *Consultant physicians working with patients: the duties, responsibilities and practice of physicians in medicine*, 5th edn. London: RCP, 2011: 94–96

<sup>†</sup> Office for National Statistics. 2011 Census: *Population Estimates for the United Kingdom*, 27 March 2011 [www.ons.gov.uk/ons/rel/census/2011-census/population-and-household-estimates-for-the-united-kingdom/stb-2011-census--population-estimates-for-the-united-kingdom.html](http://www.ons.gov.uk/ons/rel/census/2011-census/population-and-household-estimates-for-the-united-kingdom/stb-2011-census--population-estimates-for-the-united-kingdom.html) [Accessed Oct 2013].

Gastroenterology and hepatology consultants are young (67.9% of consultants were aged younger than 50 years at the time of the census). There are predicted to be 13 retirements per year over the next seven years, increasing to 24 per year for the next four years. As yet unknown changes to the NHS pension scheme in 2015 may link usual retirement age (currently 60 years of age) to the state pension age (increasing to 66 years of age in 2018–2020). If this occurs, there will be a six year retirement vacuum leading to an excess of CCT holders over jobs.

October 2013

**Dr Melanie Lockett**

*Consultant gastroenterologist*

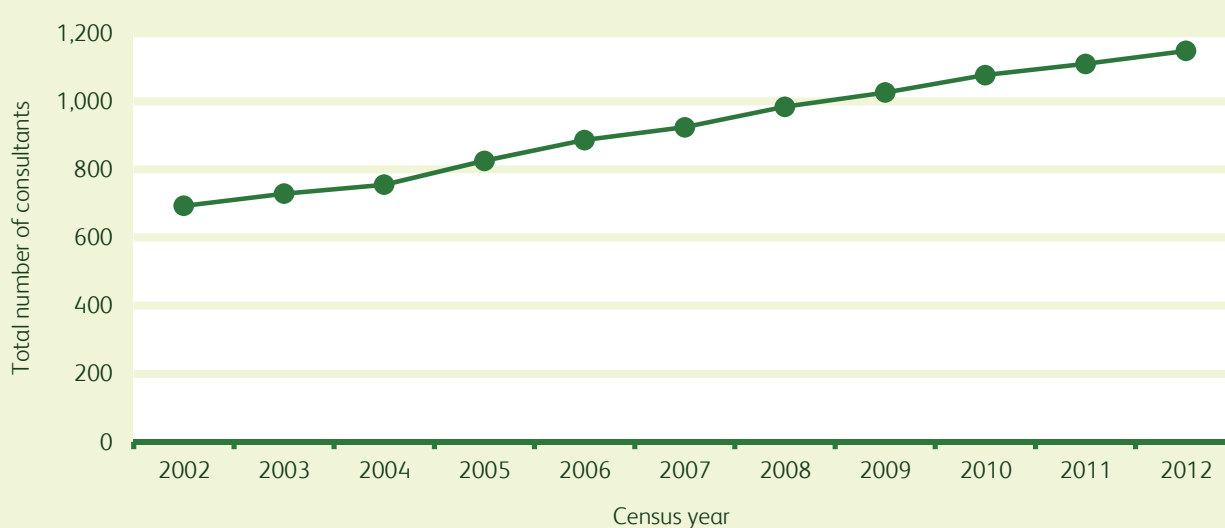
*Workforce representative, British Society of Gastroenterology*

## Gastroenterology and hepatology

### Consultant workforce by specialty and country

Specialty	England	Wales	Northern Ireland	Scotland	UK (2012)	UK (2011)	Expansion (2011–2012)
Gastroenterology	889	49	33	90	1,061	1,036	2.4%
Hepatology	82	2	–	3	87	74	17.6%
All specialties	10,235	579	326	1,081	12,221	11,810	3.5%

### Change in total number of consultants over time United Kingdom 2002–2012



### Consultant expansion in specialty vs all specialties United Kingdom 2003–2012



## Gastroenterology and hepatology

### Number of consultants who will reach 65 years of age over the next 10 years – by specialty

Specialty	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Total	% of specialty
Gastroenterology	15	9	6	13	15	14	12	19	16	25	26	<b>170</b>	16.0
Hepatology	–	1	1	1	1	1	–	1	1	1	6	<b>14</b>	16.1
All specialties	137	159	175	186	210	258	261	304	340	338	384	2,752	22.5

### Consultant workforce by specialty and category of post

Specialty	Responses	Pure NHS	Pure academic/ research	Other (eg charity)	Joint NHS- academic (majority NHS funded)	Joint NHS- academic (majority academic funded)	Joint NHS- other (eg NHS and charity)
		%	%	%	%	%	%
Gastroenterology	411	83.9	0.5	1.7	8.3	5.6	–
Hepatology	46	65.2	2.2	2.2	13.0	17.4	–
All specialties	5,273	78.4%	0.7%	3.6%	8.6%	8.3%	0.4%

### Breakdown of whole-time and less-than-whole-time working – by gender

Specialty	Responses	— Whole-time —		— Less-than-whole-time —		— Female —		— Male —	
		Number	%	Number	%	Whole-time %	Less than- whole-time %	Whole-time %	Less than- whole-time %
Gastroenterology	401	364	90.8	37	9.2	71.4	28.6	95.4	4.6
Hepatology	44	40	90.9	4	9.1	69.2	30.8	100.0	–
All specialties	5,143	4,259	82.8%	884	17.2%	61.0%	39.0%	94.7%	5.3%

### Consultant workforce by age and gender

Age	Responses	— Female —		— Male —	
		% gender	Number	% age group	% gender
34 and younger	12	1.3	2	16.7	2.4
35–39	174	23.4	37	21.3	32.9
40–44	284	34.8	55	19.4	55.0
45–49	309	34.2	54	17.5	61.3
50–54	200	15.2	24	12.0	42.3
55–59	85	4.4	7	8.2	18.8
60–64	62	2.5	4	6.5	13.9
65 and older	18	0.6	1	5.6	4.1
Unknown	4	1.3	2	50.0	0.5
Summary	1,148		186	16.2%	

## Gastroenterology and hepatology

### Mean programmed activities (PAs) contracted per week

Specialty	Responses	Total PAs	Clinical PAs	Academic PAs	Supporting PAs	Other PAs
Gastroenterology	401	11.1	8.0	0.5	2.1	0.5
Hepatology	44	11.0	7.3	1.3	2.0	0.4
All specialties	5,143	10.6	7.5	0.7	2.0	0.4

### Mean programmed activities (PAs) worked per week

Specialty	Responses	Total PAs	Clinical PAs	Academic PAs	Supporting PAs	Other PAs
Gastroenterology	398	12.2	8.6	0.5	2.8	0.2
Hepatology	45	12.6	8.2	1.3	2.8	0.2
All specialties	5,075	11.8	8.1	0.8	2.7	0.2

### Mean programmed activities (PAs) worked per week – by gender

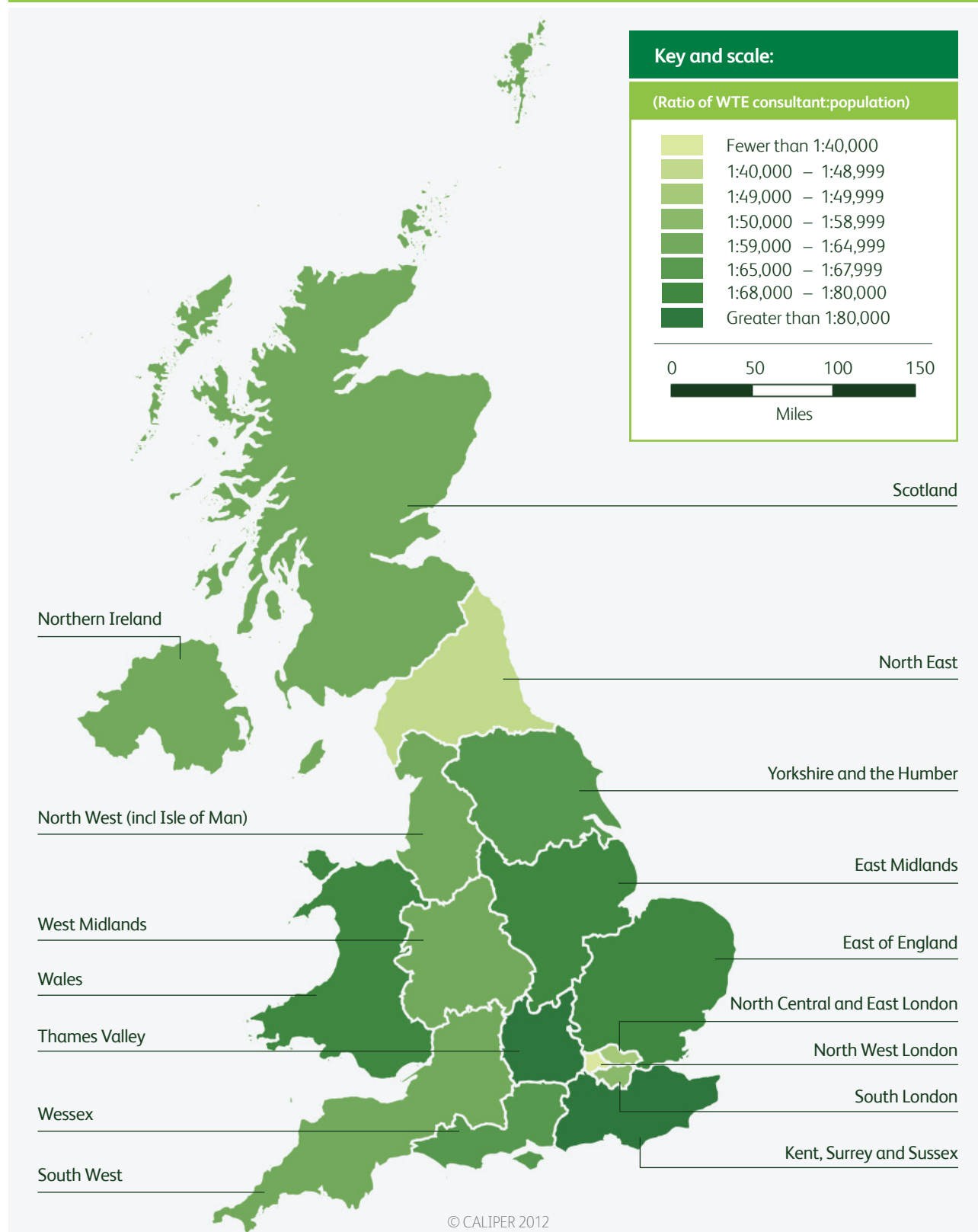
Specialty	Gender	Responses	Fewer than 10 %	10–10.9 %	11–11.9 %	12–12.9 %	13–13.9 %	14–14.9 %	15 or more %
Gastroenterology	Female	76	26.3	14.5	22.4	14.5	7.9	7.9	6.6
Gastroenterology	Male	322	4.3	7.8	17.1	28.3	16.8	17.4	8.4
Hepatology	Female	13	30.8	–	23.1	23.1	–	–	23.1
Hepatology	Male	32	–	3.1	6.3	34.4	28.1	6.3	21.9

## Gastroenterology and hepatology

### Population served by each whole-time equivalent (WTE) consultant

RCP recommendation 1:41,700 (approx)\*

Source: RCP consultant census – census date 30 September 2012



\*Royal College of Physicians. *Consultant physicians working with patients: the duties, responsibilities and practice of physicians in medicine, 5th edn.* London: RCP, 2011: 94–96 (recommendations may be rounded to the nearest 100 or 1,000 depending on scale)

# Census of consultant physicians in the UK 2012

## Specialty report: genitourinary medicine and HIV/AIDS



# Census of consultant physicians in the UK, 2012

## Genitourinary medicine and HIV/AIDS

### Commentary on specialty report

There were a total of 409 consultants in genitourinary medicine consultants reported in the UK in 2012, representing a 3.5% increase in headcount from 2011 (395), with 376 in England, 17 in Scotland, four in Northern Ireland and 12 in Wales. There were 212 female and 197 male consultants, compared with 199 and 196 respectively in 2011.

The census received only a 46.9% response rate so any data interpretation needs to be undertaken with caution.

The census reported that the majority of trainees, and the majority of consultants younger than 50 years of age, were female. With 40.7% of female consultants working less-than-whole-time, there are concerns that the increase in consultant headcount may disguise static, or even falling, WTE numbers.

The Centre for Workforce Intelligence (CfWFI) for England and Wales suggested continuing a steady state for trainee intake until 2014.\* In December 2012 it was estimated there were 159 (including 15 locum appointment for service and locum appointment for training) trainees across the UK, with 19% working less-than-whole-time – so a whole-time equivalent of 137. Of these, 45% were based in London and the south east. Historically, the majority of trainees have wished to stay in their region of training once they have gained their consultant posts, and this can result in mismatch between consultant vacancies and applicants.

In 2012, 31 trainees gained CCTs, with 21 consultant posts being advertised. Reports from training programme directors suggested that the majority of CCT-holders who had not gained a substantive consultant post were found working in locum posts, undertaking research or working overseas.

Projections by the CfWFI require an expansion rate of 3.5% *per annum* in the number of consultant posts in the specialty. In 2012, 11 male consultants aged over 65 were still working, and a further 118 (28.9%) of consultants will reach 65 during the next 10 years (although their retirement plans are not known).

With recent changes in commissioning arrangements, a number of vacancies produced as the result of retirements are being advertised as less-than-whole-time to replace a previous whole-time post holder.

In view of these uncertainties, the specialist society will endeavour to improve the return-rate for the 2013 census, and hence improve the available information.

October 2013

Dr JS Sherrard FRCP

Consultant in genitourinary medicine and HIV/AIDS  
Vice chair, Joint Specialty Committee for genitourinary medicine

\* Centre for Workforce Intelligence. *Genitourinary Medicine: CfWFI medical fact sheet and summary sheet – August 2010*. London: CfWFI, 2010.



## Genitourinary medicine and HIV/AIDS

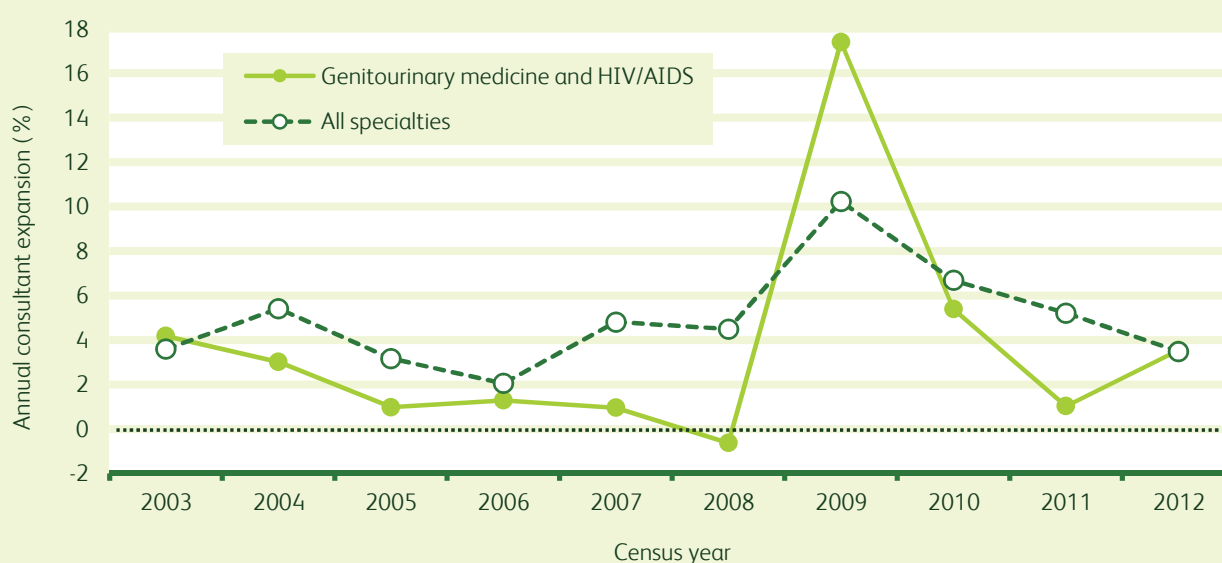
### Consultant workforce by specialty and country

Specialty	England	Wales	Northern Ireland	Scotland	UK (2012)	UK (2011)	Expansion (2011–2012)
Genitourinary medicine and HIV/AIDS	376	12	4	17	409	395	3.5%
All specialties	10,235	579	326	1,081	12,221	11,810	3.5%

### Change in total number of consultants over time United Kingdom 2002–2012



### Consultant expansion in specialty vs all specialties United Kingdom 2003–2012



## Genitourinary medicine and HIV/AIDS

### Number of consultants who will reach 65 years of age over the next 10 years – by specialty

Specialty	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Total	% of specialty
Genitourinary medicine and HIV/AIDS	5	7	5	7	7	10	11	13	25	14	14	<b>118</b>	28.9
All specialties	137	159	175	186	210	258	261	304	340	338	384	<b>2,752</b>	22.5

### Consultant workforce by specialty and category of post

Specialty	Responses	Pure NHS	Pure academic/ research	Other (eg charity)	Joint NHS- academic (majority NHS funded)	Joint NHS- academic (majority academic funded)	Joint NHS- other (eg NHS and charity)
		%	%	%	%	%	%
Genitourinary medicine and HIV/AIDS	200	89.5	–	2.5	3.5	4.5	–
All specialties	5,273	78.4%	0.7%	3.6%	8.6%	8.3%	0.4%

### Breakdown of whole-time and less-than-whole-time working – by gender

Specialty	Responses	— Whole-time —		— Less-than-whole-time —		— Female —		— Male —	
		Number	%	Number	%	Whole-time %	Less than-whole-time %	Whole-time %	Less than-whole-time %
Genitourinary medicine and HIV/AIDS	192	144	75.0	48	25.0	59.3	40.7	95.2	4.8
All specialties	5,143	4,259	82.8%	884	17.2%	61.0%	39.0%	94.7%	5.3%

### Consultant workforce by age and gender

Age	Responses	— Female —		— Male —	
		% gender	Number	% gender	Number
34 and younger	17	6.3	10	1.7	7
35–39	58	29.1	46	2.9	12
40–44	74	30.4	48	6.3	26
45–49	79	30.4	48	7.5	31
50–54	67	17.1	27	9.6	40
55–59	75	17.7	28	11.3	47
60–64	28	3.2	5	5.5	23
65 and older	11	–	–	2.6	11
Unknown	–	–	–	–	–
Summary	409		212		197

## Genitourinary medicine and HIV/AIDS

### Mean programmed activities (PAs) contracted per week

Specialty	Responses	Total PAs	Clinical PAs	Academic PAs	Supporting PAs	Other PAs
Genitourinary medicine and HIV/AIDS	192	10.0	7.0	0.3	2.2	0.4
All specialties	5,143	10.6	7.5	0.7	2.0	0.4

### Mean programmed activities (PAs) worked per week

Specialty	Responses	Total PAs	Clinical PAs	Academic PAs	Supporting PAs	Other PAs
Genitourinary medicine and HIV/AIDS	187	11.0	7.3	0.5	2.9	0.3
All specialties	5,075	11.8	8.1	0.8	2.7	0.2

### Mean programmed activities (PAs) worked per week – by gender

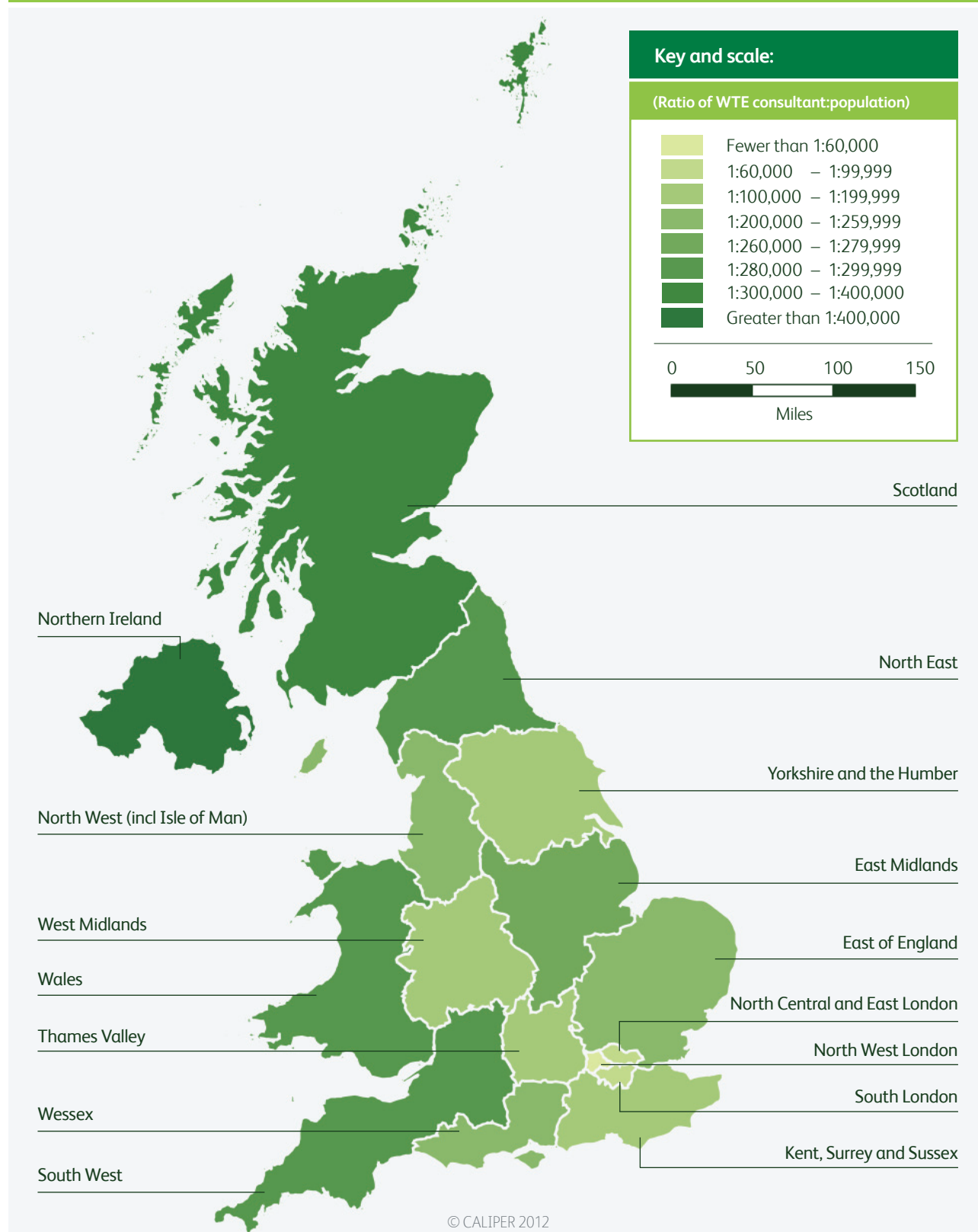
Gender	Responses	Fewer than 10 %	10–10.9 %	11–11.9 %	12–12.9 %	13–13.9 %	14–14.9 %	15 or more %
Female	106	32.1	22.6	18.9	9.4	9.4	3.8	3.8
Male	81	6.2	18.5	27.2	23.5	12.3	7.4	4.9

## Genitourinary medicine and HIV/AIDS

### Population served by each whole-time equivalent (WTE) consultant

RCP recommendation 1:125,000 (approx)\*

Source: RCP consultant census – census date 30 September 2012



\*Royal College of Physicians. *Consultant physicians working with patients: the duties, responsibilities and practice of physicians in medicine, 5th edn.* London: RCP, 2011: 104–105 (recommendations may be rounded to the nearest 100 or 1,000 depending on scale)

# Census of consultant physicians in the UK 2012

## Specialty report: geriatric medicine



# Census of consultant physicians in the UK, 2012

## Geriatric medicine

### Commentary on specialty report

Geriatricians are increasingly being seen as the solution for many of the issues which are affecting the NHS today. The last of the true generalists, consultants in the specialty are being relied upon to reverse undignified practice in healthcare settings, while simultaneously holding together the acute take, and using their expertise for all older people within hospital rather than just those on medical wards. Consultant geriatricians are already working across the boundaries of primary, secondary and community care, a model recommended in the RCP's *Future Hospital Commission* report.\*

In order to carry out this work, the number of geriatricians will need to increase at a rate greater than the 2.5% reported in the RCP's 2012 census of consultant physicians. Older people living in the devolved nations are more likely to be able to access specialist care than those who live in central England, where there is less than one geriatrician per 80,000 head of population.

The census reported that in 2012 overall the consultant geriatrician workforce was two-thirds male, that consultant geriatricians aged younger than 40 years were more likely to be female, and were nine times more likely than their male colleagues to be working less-than-whole-time. There remained a discrepancy between the average number of programmed activities (PAs) worked (11.7) and the average number contracted (10.7), and, as seen in the 2011 census, this additional unpaid time was likely to be used for supporting professional activities (SPAs).

Assuming retirement at the state pension age, almost 30% of the current consultant body will step down over the next decade. This – in addition to the fact that ongoing expansion of consultant numbers is essential to provide skilled, expert care to increasingly frail and multi-morbid older people – means ongoing investment in the specialty is essential.

October 2013

Dr Zoe Wyrko MBChB MMedSci MRCP  
Consultant geriatrician  
Honorary secretary, British Geriatrics Society

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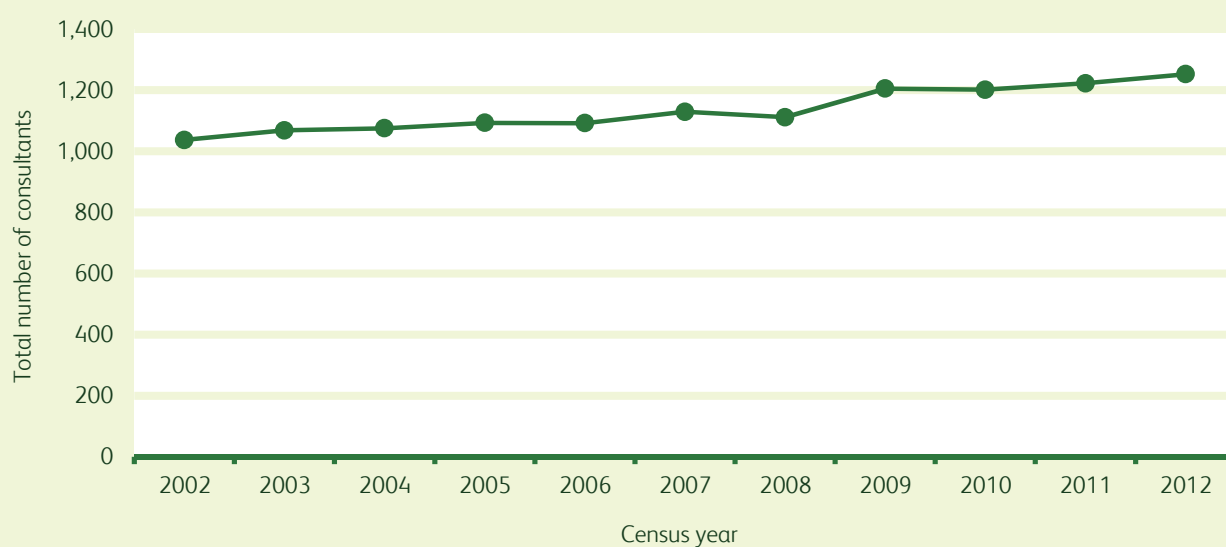
\* Future Hospital Commission. *Future hospital: caring for medical patients*. A report from the Future Hospital Commission to the Royal College of Physicians. London: Royal College of Physicians, 2013. [www.rcplondon.ac.uk/sites/default/files/future-hospital-commission-report.pdf](http://www.rcplondon.ac.uk/sites/default/files/future-hospital-commission-report.pdf) [Accessed October 2013]

## Geriatric medicine

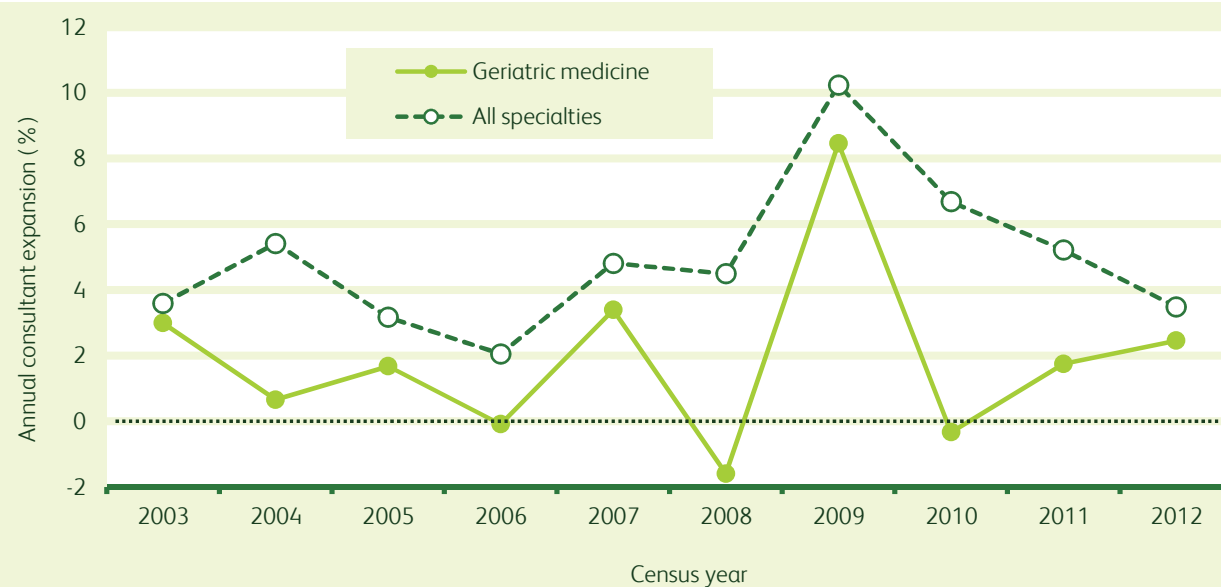
### Consultant workforce by specialty and country

Specialty	England	Wales	Northern Ireland	Scotland	UK (2012)	UK (2011)	Expansion (2011–2012)
Geriatric medicine	1009	71	39	133	1,252	1,222	2.5%
All specialties	10,235	579	326	1,081	12,221	11,810	3.5%

### Change in total number of consultants over time United Kingdom 2002–2012



### Consultant expansion in specialty vs all specialties United Kingdom 2003–2012



## Geriatric medicine

### Number of consultants who will reach 65 years of age over the next 10 years – by specialty

Specialty	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Total	% of specialty
Geriatric medicine	17	19	18	23	18	31	39	51	45	43	46	350	28.0
All specialties	137	159	175	186	210	258	261	304	340	338	384	2,752	22.5

### Consultant workforce by specialty and category of post

Specialty	Responses	Pure NHS	Pure academic/ research	Other (eg charity)	Joint NHS- academic (majority NHS funded)	Joint NHS- academic (majority academic funded)	Joint NHS- other (eg NHS and charity)
		%	%	%	%	%	%
Geriatric medicine	556	88.7	0.2	1.4	6.3	3.1	0.4
All specialties	5,273	78.4%	0.7%	3.6%	8.6%	8.3%	0.4%

### Breakdown of whole-time and less-than-whole-time working – by gender

Specialty	Responses	— Whole-time —		— Less-than-whole-time —		— Female —		— Male —	
		Number	%	Number	%	Whole- time %	Less than- whole- time %	Whole- time %	Less than- whole- time %
Geriatric medicine	545	451	82.8	94	17.2	62.6	37.4	95.8	4.2
All specialties	5,143	4,259	82.8%	884	17.2%	61.0%	39.0%	94.7%	5.3%

### Consultant workforce by age and gender

Age	Responses	Female		Male	
		% gender	Number	% gender	Number
34 and younger	41	13.3	21	4.8	20
35–39	183	63.3	100	20.0	83
40–44	259	68.4	108	36.3	151
45–49	241	58.2	92	35.8	149
50–54	207	41.8	66	33.9	141
55–59	201	24.7	39	38.9	162
60–64	95	10.1	16	19.0	79
65 and older	25	1.9	3	5.3	22
Unknown	—	—	—	—	—
Summary	1,252		445		807



## Geriatric medicine

### Mean programmed activities (PAs) contracted per week

Specialty	Responses	Total PAs	Clinical PAs	Academic PAs	Supporting PAs	Other PAs
Geriatric medicine	545	10.7	7.7	0.4	2.0	0.5
All specialties	5,143	10.6	7.5	0.7	2.0	0.4

### Mean programmed activities (PAs) worked per week

Specialty	Responses	Total PAs	Clinical PAs	Academic PAs	Supporting PAs	Other PAs
Geriatric medicine	530	11.7	8.2	0.3	2.8	0.3
All specialties	5,075	11.8	8.1	0.8	2.7	0.2

### Mean programmed activities (PAs) worked per week – by gender

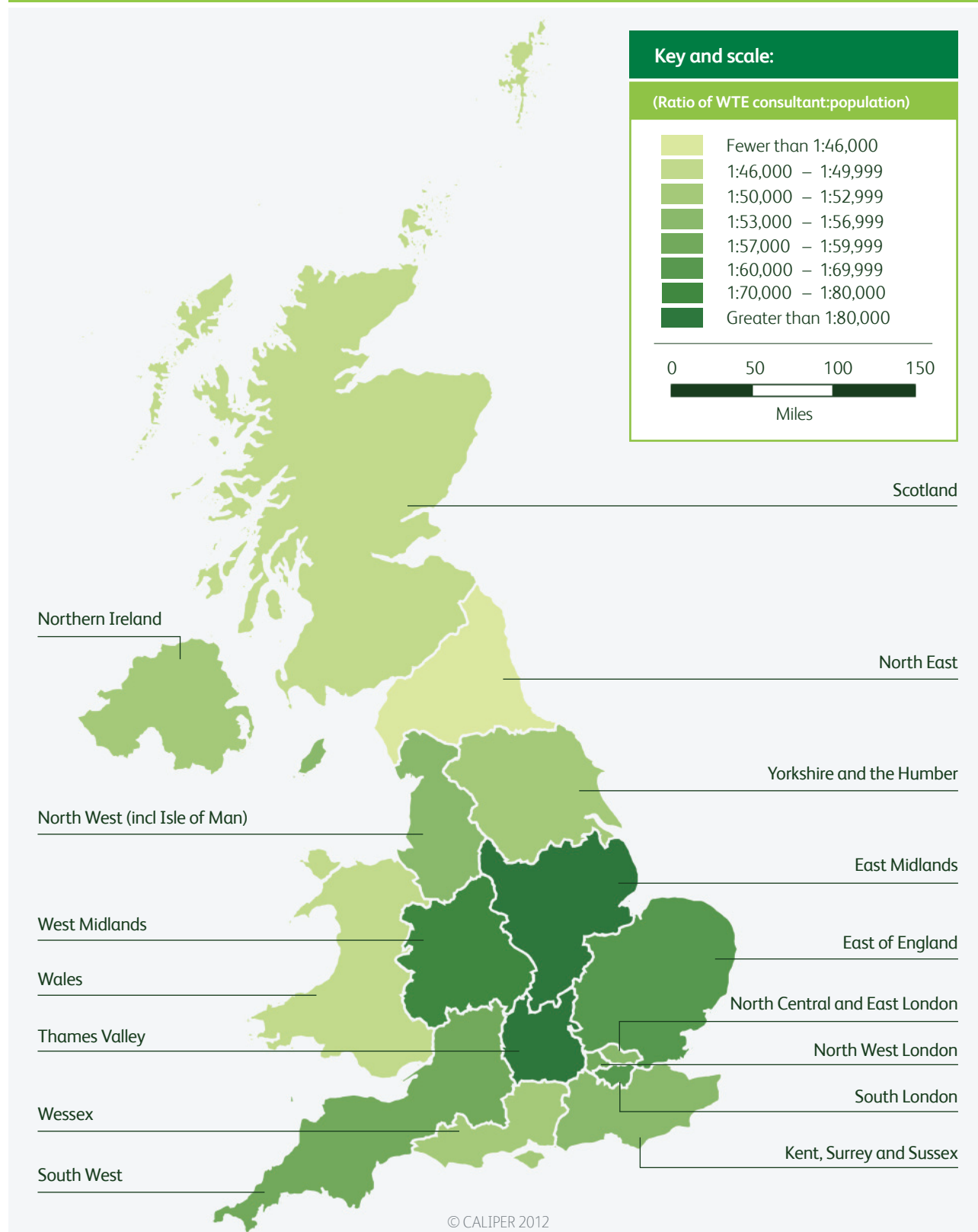
Gender	Responses	Fewer than 10 %	10–10.9 %	11–11.9 %	12–12.9 %	13–13.9 %	14–14.9 %	15 or more %
Female	206	30.6	16.0	16.0	17.5	9.7	5.8	4.4
Male	324	3.1	10.8	21.6	30.6	15.1	13.6	5.2

## Geriatric medicine

### Population served by each whole-time equivalent (WTE) consultant

RCP recommendation 1:50,000 (approx)\*

Source: RCP consultant census – census date 30 September 2012



\*Royal College of Physicians. *Consultant physicians working with patients: the duties, responsibilities and practice of physicians in medicine, 5th edn*. London: RCP, 2011: 111–112 (recommendations may be rounded to the nearest 100 or 1,000 depending on scale)

# Census of consultant physicians in the UK 2012

## Specialty report: haematology



# Census of consultant physicians in the UK, 2012

## Haematology

### Commentary on specialty report

The RCP's 2012 census of consultant physicians reported that there were 904 consultant haematologists in the UK, a 2.4% expansion from that reported in 2011. Of the respondents, 27.4% of women worked less-than-whole-time, compared with 2.9% of men.

One issue affecting haematology has been unfilled consultant posts. This is presumably because there are too few trainees for the posts available although, surprisingly, the data are not easily accessible to confirm this. Looking at the age of the consultant workforce, 151 (16.7%) were aged 55–59 years.

Clinical haematology is a stressful career and many consultants will, I suspect, retire before the age of 65. It is to be hoped that there are sufficient trainees to fill the posts.

October 2013

**Dr Tim Littlewood**

*Consultant haematologist*

*Chair, Intercollegiate Committee on Haematology*

## Haematology

### Consultant workforce by specialty and country

Specialty	England	Wales	Northern Ireland	Scotland	UK (2012)	UK (2011)	Expansion (2011–2012)
Haematology	745	46	21	92	904	883	2.4%
All specialties	10,235	579	326	1,081	12,221	11,810	3.5%

### Change in total number of consultants over time United Kingdom 2002–2012



### Consultant expansion in specialty vs all specialties United Kingdom 2003–2012



## Haematology

### Number of consultants who will reach 65 years of age over the next 10 years – by specialty

Specialty	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Total	% of specialty
Haematology	6	16	14	16	25	24	31	30	31	33	38	264	29.2
All specialties	137	159	175	186	210	258	261	304	340	338	384	2,752	22.5

### Consultant workforce by specialty and category of post

Specialty	Responses	Pure NHS	Pure academic/ research	Other (eg charity)	Joint NHS- academic (majority NHS funded)	Joint NHS- academic (majority academic funded)	Joint NHS- other (eg NHS and charity)
		%	%	%	%	%	%
Haematology	258	85.7	1.2	0.8	6.6	5.8	–
All specialties	5,273	78.4%	0.7%	3.6%	8.6%	8.3%	0.4%

### Breakdown of whole-time and less-than-whole-time working – by gender

Specialty	Responses	— Whole-time —		— Less-than-whole-time —		— Female —		— Male —	
		Number	%	Number	%	Whole-time %	Less than-whole-time %	Whole-time %	Less than-whole-time %
Haematology	250	215	86.0	35	14.0	72.6	27.4	97.1	2.9
All specialties	5,143	4,259	82.8%	884	17.2%	61.0%	39.0%	94.7%	5.3%

### Consultant workforce by age and gender

Age	Responses	Female		Male	
		% gender	Number % age group	% gender	Number % age group
34 and younger	17	6.3	10 58.8	1.7	7 41.2
35–39	118	43.0	68 57.6	12.0	50 42.4
40–44	187	55.7	88 47.1	23.8	99 52.9
45–49	179	46.8	74 41.3	25.2	105 58.7
50–54	155	34.8	55 35.5	24.0	100 64.5
55–59	151	31.6	50 33.1	24.3	101 66.9
60–64	74	12.7	20 27.0	13.0	54 73.0
65 and older	8	1.3	2 25.0	1.4	6 75.0
Unknown	15	3.2	5 33.3	2.4	10 66.7
Summary	904		372 41.2%		532 58.8%

## Haematology

### Mean programmed activities (PAs) contracted per week

Specialty	Responses	Total PAs	Clinical PAs	Academic PAs	Supporting PAs	Other PAs
Haematology	250	10.8	7.9	0.5	1.9	0.4
All specialties	5,143	10.6	7.5	0.7	2.0	0.4

### Mean programmed activities (PAs) worked per week

Specialty	Responses	Total PAs	Clinical PAs	Academic PAs	Supporting PAs	Other PAs
Haematology	251	12.0	8.6	0.7	2.5	0.2
All specialties	5,075	11.8	8.1	0.8	2.7	0.2

### Mean programmed activities (PAs) worked per week – by gender

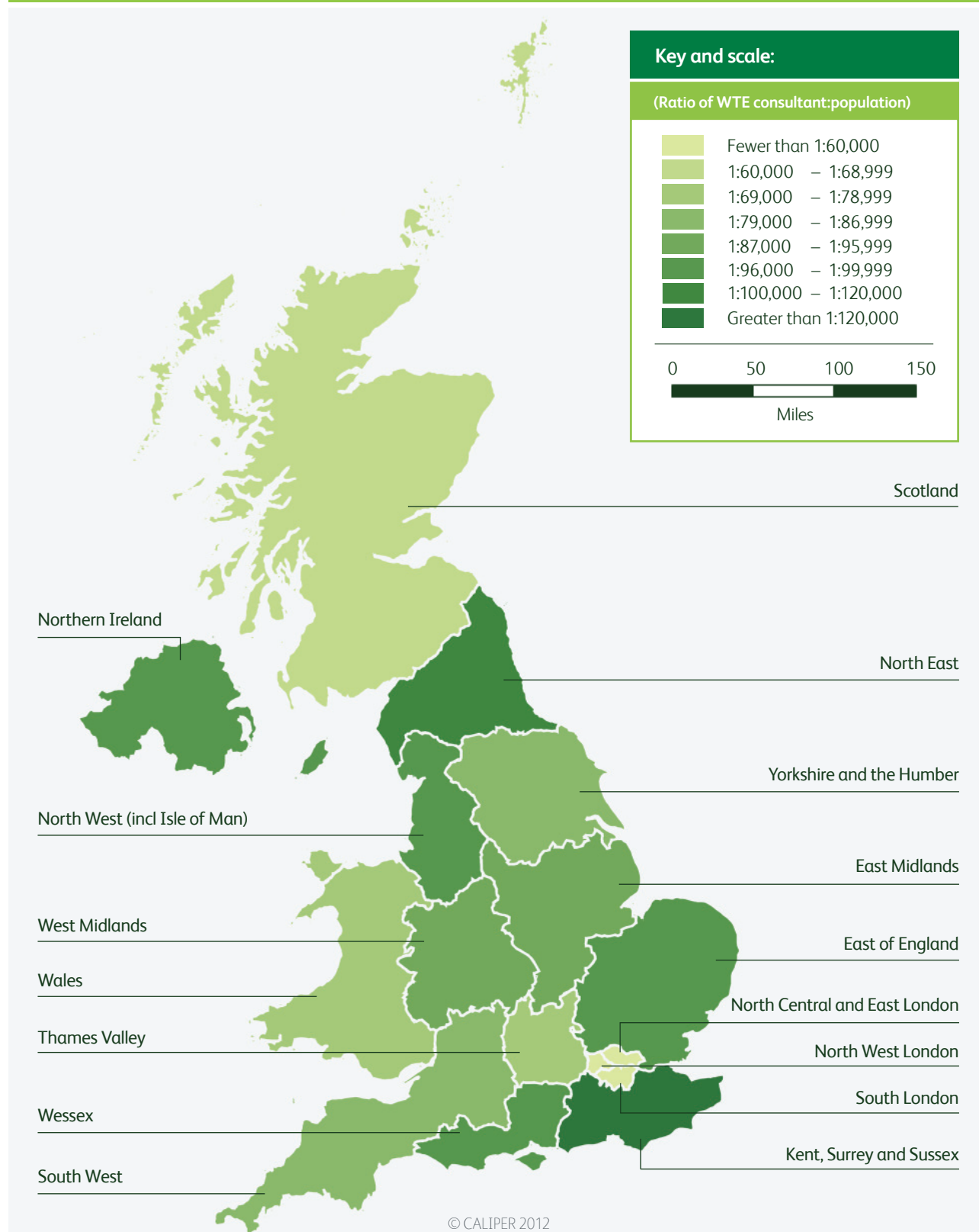
Gender	Responses	Fewer than 10 %	10–10.9 %	11–11.9 %	12–12.9 %	13–13.9 %	14–14.9 %	15 or more %
Female	112	16.1	13.4	21.4	17.9	18.8	8.0	4.5
Male	139	2.9	9.4	16.5	26.6	18.7	17.3	8.6

## Haematology

### Population served by each whole-time equivalent (WTE) consultant

RCP recommendation 1:49,900 (approx)\*

Source: RCP consultant census – census date 30 September 2012



\*Royal College of Physicians. *Consultant physicians working with patients: the duties, responsibilities and practice of physicians in medicine, 5th edn.* London: RCP, 2011: 118–119 (recommendations may be rounded to the nearest 100 or 1,000 depending on scale)



# Census of consultant physicians in the UK 2012

## Specialty report: immunology



# Census of consultant physicians in the UK, 2012

## Immunology

### Commentary on specialty report

The required expansion in immunology recommended by the RCP\* has faltered significantly. This will impact adversely on the investigation and management of the immune dysfunction associated with an aging population, increased use of a range of new biological agents and even that associated with the increased stress of modern living.

The census reported that number of UK immunology consultants remained unchanged at 70. This compares with an average increase of 3.5% in all other specialties. Ten consultants will reach 65 years-of-age in the next five years, and 24 in 10 years. The latter equates to more than one-third of all immunologists. This figure is 50% higher than the average for all specialties. However, many immunologists may work less-than-whole-time from 60 years of age onwards and the picture is complicated. Regionally, the census reported that only London had the agreed one immunologist per 500,000 people. Scotland, Wales and south east England were very poorly served.

Just over half of the immunology consultant workforce completed the census (53%). The trend for more female consultants continued and the male to female ratio has reached equivalence in the last decade. Of those who responded, 30% of UK immunologists hold at least a partial academic position; this is nearly double the average rate found across all specialties. The majority of female immunologists work less-than-whole-time while only 5% of males do so. This needs factoring when forecasting workforce needs.

Immunologists worked more than their contracted programmed activities (PAs) in 2012 (11.5 worked PAs versus 10.5 PAs contracted). More than half of the men worked greater than 13 PAs and more than half of the women worked fewer than 10 PAs per week.

In summary, the agreed expansion of immunology has stalled and gender changes in the workforce complicate the problem. Regional differences in the provision of immunology services continue to require attention.

October 2013

Dr Amolak S Bansal  
Consultant immunologist

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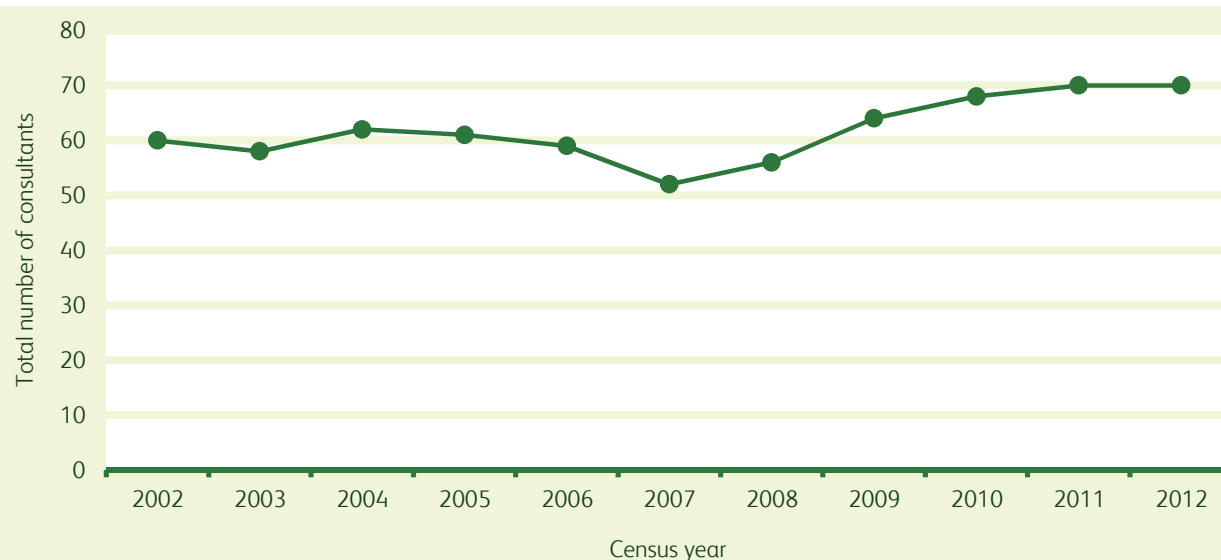
\* Royal College of Physicians. *Consultant physicians working with patients: the duties, responsibilities and practice of physicians in medicine*, 5th edn. London: RCP, 2011: 129

## Immunology

### Consultant workforce by specialty and country

Specialty	England	Wales	Northern Ireland	Scotland	UK (2012)	UK (2011)	Expansion (2011–2012)
Immunology	62	2	3	3	70	70	0.0%
All specialties	10,235	579	326	1,081	12,221	11,810	3.5%

### Change in total number of consultants over time United Kingdom 2002–2012



### Consultant expansion in specialty vs all specialties United Kingdom 2003–2012



## Immunology

### Number of consultants who will reach 65 years of age over the next 10 years – by specialty

Specialty	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Total	% of specialty
Immunology	2	1	1	1	2	3	1	1	3	5	4	<b>24</b>	34.3
All specialties	137	159	175	186	210	258	261	304	340	338	384	<b>2,752</b>	22.5

### Consultant workforce by specialty and category of post

Specialty	Responses	Pure NHS	Pure academic/ research	Other (eg charity)	Joint NHS- academic (majority NHS funded)	Joint NHS- academic (majority academic funded)	Joint NHS- other (eg NHS and charity)
		%	%	%	%	%	%
Immunology	33	69.7	–	3.0	18.2	9.1	–
All specialties	5,273	78.4%	0.7%	3.6%	8.6%	8.3%	0.4%

### Breakdown of whole-time and less-than-whole-time working – by gender

Specialty	Responses	— Whole-time —		— Less-than-whole-time —		— Female —		— Male —	
		Number		Number		Whole-time		Whole-time	
		%	%	%	%	%	%	%	%
Immunology	32	25	78.1	7	21.9	40.0	60.0	95.5	4.5
All specialties	5,143	4,259	82.8%	884	17.2%	61.0%	39.0%	94.7%	5.3%

### Consultant workforce by age and gender

Age	Responses	— Female —		— Male —	
		% gender	Number	% age group	% gender
34 and younger	–	–	–	–	–
35–39	4	1.3	2	50.0	0.5
40–44	14	4.4	7	50.0	1.7
45–49	13	3.2	5	38.5	1.9
50–54	17	1.9	3	17.6	3.4
55–59	14	1.3	2	14.3	2.9
60–64	6	1.9	3	50.0	0.7
65 and older	1	–	–	–	0.2
Unknown	1	0.6	1	100.0	–
Summary	70		23	32.9%	47

## Immunology

### Mean programmed activities (PAs) contracted per week

Specialty	Responses	Total PAs	Clinical PAs	Academic PAs	Supporting PAs	Other PAs
Immunology	32	10.5	7.6	0.8	1.8	0.3
All specialties	5,143	10.6	7.5	0.7	2.0	0.4

### Mean programmed activities (PAs) worked per week

Specialty	Responses	Total PAs	Clinical PAs	Academic PAs	Supporting PAs	Other PAs
Immunology	33	11.5	7.8	1.0	2.4	0.3
All specialties	5,075	11.8	8.1	0.8	2.7	0.2

### Mean programmed activities (PAs) worked per week – by gender

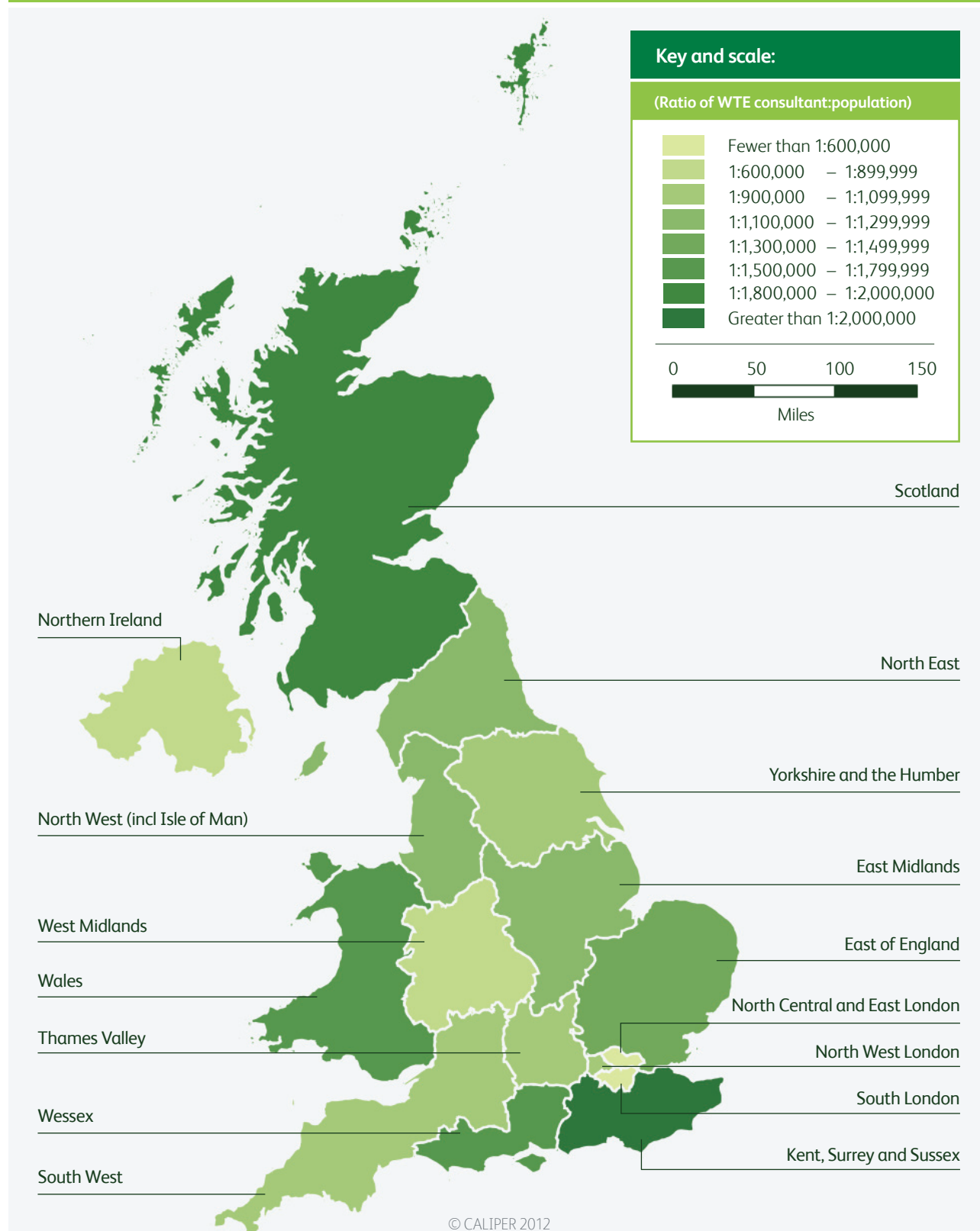
Gender	Responses	Fewer than 10 %	10–10.9 %	11–11.9 %	12–12.9 %	13–13.9 %	14–14.9 %	15 or more %
Female	11	54.5	18.2	–	18.2	9.1	–	–
Male	22	9.1	4.5	13.6	13.6	13.6	40.9	4.5

## Immunology

### Population served by each whole-time equivalent (WTE) consultant

RCP recommendation 1:514,300 (approx)\*

Source: RCP consultant census – census date 30 September 2012



\*Royal College of Physicians. *Consultant physicians working with patients: the duties, responsibilities and practice of physicians in medicine, 5th edn.* London: RCP, 2011: 129 (recommendations may be rounded to the nearest 100 or 1,000 depending on scale)

# Census of consultant physicians in the UK 2012

## Specialty report: infectious disease and tropical medicine



# Census of consultant physicians in the UK, 2012

## Infectious diseases and tropical medicine

### Commentary on specialty report

The RCP's 2012 census of consultant physicians reported that, since 2011, the number of consultants in infectious diseases and tropical medicine (IDTM) in the UK increased from 154 to 161 (4.5% expansion); this compared with 3.5% expansion in all specialties. Taken over the last 10 years, although there are fluctuations, the overall expansion in IDTM paralleled that of all specialties. The specialty is relatively young: the census reported that more than 30% of consultants were younger than 44 years of age. Service provision in the south of England remained well below the RCP's recommendation of one whole-time equivalent consultant per 200,000 of population.

These data are complicated by the fact that there are different models of care in different centres with some of the roles of ID physicians being done by medical microbiologists (MM) and vice versa (MM are not counted in this census). The JRCPTB and the Royal College of Pathologists have jointly recommended combining IDTM with medical microbiology or virology training to start in 2015 (subject to GMC approval).

The census received 66 responses (41% of the workforce). From these it appears that there were fewer less-than-whole-time consultants in IDTM (11.1%) than in other specialties (17.2%). More less-than-whole-time consultants were women – which is reflected in the fewer hours worked by women. The census reported that IDTM had a relatively high number of academic consultants with joint-NHS/academic posts (36.5%) compared to all specialties (16.9%). IDTM consultants were contracted for more hours (11.1 programmed activities (PAs)) than all specialties (10.6 PAs) although fewer clinical PAs (6.9 versus 7.5). This reflects the high number of academic/clinical posts as IDTM consultants were contracted for 1.6 academic PAs (the value was 0.7 PAs for all specialties). IDTM consultants worked 1.7 PAs more than they were contracted for (12.8 PAs). This excess work was accounted for by consultants having worked more 'supporting' PAs than consultants in other specialties (3.5% versus 2.7%). This may reflect the academic nature of the specialty and the high requirement for teaching, training, research and CPD even in those with 100% NHS appointments.

October 2013

**Dr Bridget Atkins**

*Consultant in infectious diseases and microbiology*

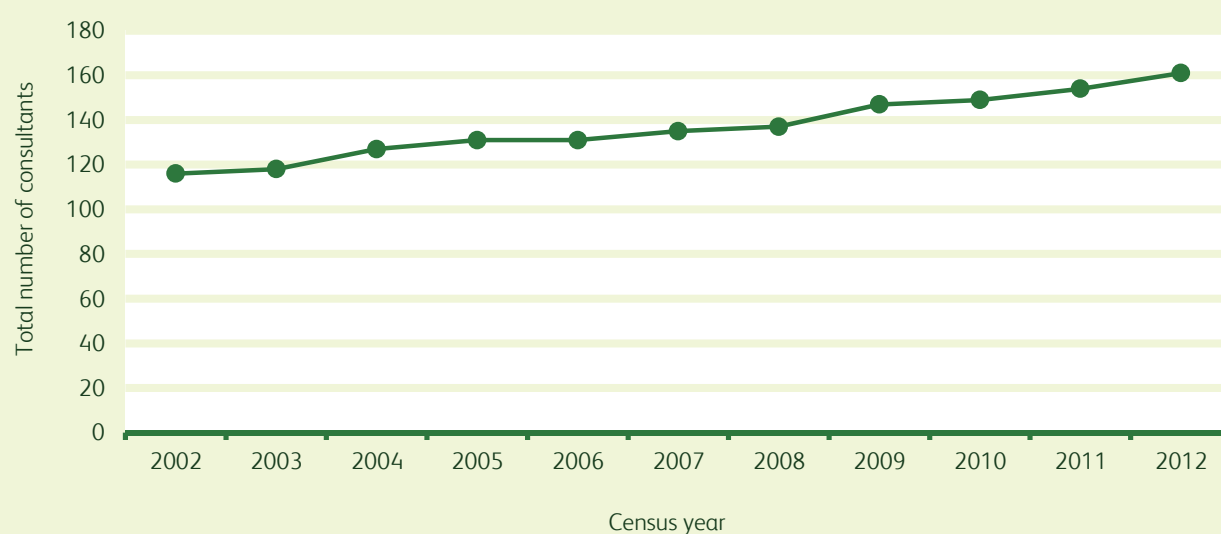


## Infectious diseases and tropical medicine

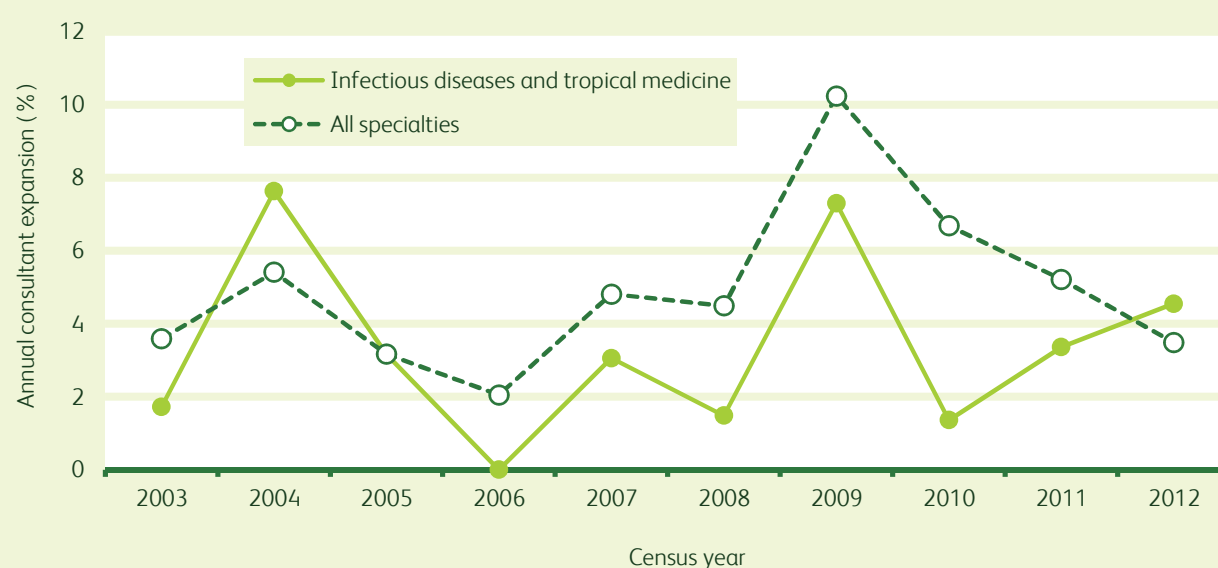
### Consultant workforce by specialty and country

Specialty	England	Wales	Northern Ireland	Scotland	UK (2012)	UK (2011)	Expansion (2011–2012)
Infectious diseases and tropical medicine	133	4	1	23	161	154	4.5%
All specialties	10,235	579	326	1,081	12,221	11,810	3.5%

### Change in total number of consultants over time United Kingdom 2002–2012



### Consultant expansion in specialty vs all specialties United Kingdom 2003–2012



## Infectious diseases and tropical medicine

### Number of consultants who will reach 65 years of age over the next 10 years – by specialty

Specialty	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Total	% of specialty
Infectious diseases and tropical medicine	2	2	1	1	2	7	2	5	2	6	9	39	24.2
All specialties	137	159	175	186	210	258	261	304	340	338	384	2,752	22.5

### Consultant workforce by specialty and category of post

Specialty	Responses	Pure NHS %	Pure academic/ research %	Other (eg charity) %	Joint NHS- academic (majority NHS funded) %	Joint NHS- academic (majority academic funded) %	Joint NHS- other (eg NHS and charity) %
Infectious diseases and tropical medicine	63	58.7	1.6	3.2	14.3	22.2	–
All specialties	5,273	78.4%	0.7%	3.6%	8.6%	8.3%	0.4%

### Breakdown of whole-time and less-than-whole-time working – by gender

Specialty	Responses	— Whole-time —		— Less-than-whole-time —		— Female —		— Male —	
		Number	%	Number	%	Whole-time %	Less than-whole-time %	Whole-time %	Less than-whole-time %
Infectious diseases and tropical medicine	63	56	88.9	7	11.1	75.0	25.0	93.6	6.4
All specialties	5,143	4,259	82.8%	884	17.2%	61.0%	39.0%	94.7%	5.3%

### Consultant workforce by age and gender

Age	Responses	— Female —		— Male —	
		% gender	Number	% gender	Number
34 and younger	3	0.6	1	0.5	2
35–39	17	5.1	8	2.2	9
40–44	31	5.7	9	5.3	22
45–49	39	7.6	12	6.5	27
50–54	37	3.2	5	7.7	32
55–59	21	1.3	2	4.6	19
60–64	8	–	–	1.9	8
65 and older	5	–	–	1.2	5
Unknown	–	–	–	–	–
Summary	161		37		124

## Infectious diseases and tropical medicine

### Mean programmed activities (PAs) contracted per week

Specialty	Responses	Total PAs	Clinical PAs	Academic PAs	Supporting PAs	Other PAs
Infectious diseases and tropical medicine	63	11.1	6.9	1.6	1.8	0.8
All specialties	5,143	10.6	7.5	0.7	2.0	0.4

### Mean programmed activities (PAs) worked per week

Specialty	Responses	Total PAs	Clinical PAs	Academic PAs	Supporting PAs	Other PAs
Infectious diseases and tropical medicine	63	12.8	7.5	1.8	3.5	0.1
All specialties	5,075	11.8	8.1	0.8	2.7	0.2

### Mean programmed activities (PAs) worked per week – by gender

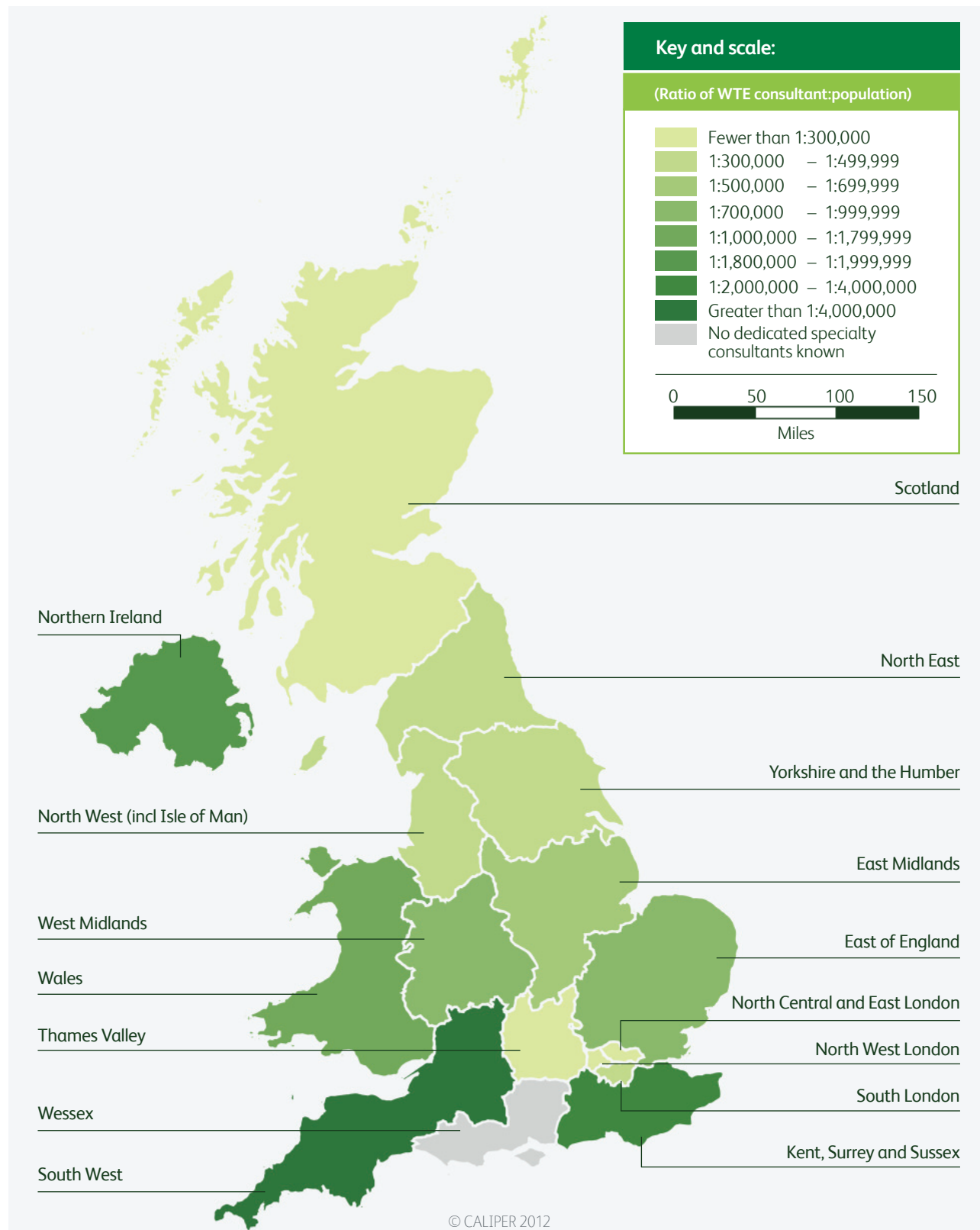
Gender	Responses	Fewer than 10 %	10–10.9 %	11–11.9 %	12–12.9 %	13–13.9 %	14–14.9 %	15 or more %
Female	16	25.0	12.5	18.8	6.3	12.5	18.8	6.3
Male	47	–	4.3	10.6	34.0	19.1	14.9	17.0

## Infectious diseases and tropical medicine

### Population served by each whole-time equivalent (WTE) consultant

RCP recommendation 1:200,000 (approx)\*

Source: RCP consultant census – census date 30 September 2012



\*Royal College of Physicians. *Consultant physicians working with patients: the duties, responsibilities and practice of physicians in medicine, 5th edn.* London: RCP, 2011: 138 (recommendations may be rounded to the nearest 100 or 1,000 depending on scale)

# Census of consultant physicians in the UK 2012

## Specialty report: medical oncology



# Census of consultant physicians in the UK, 2012

## Medical oncology

### Commentary on specialty report

Changing population demographics have led to a surge in cancer incidence. Concurrently, improvements in multidisciplinary care, chemotherapy and personalised medicine have led to increasing numbers of patients being treated for and surviving a cancer diagnosis. By necessity, in order to support these changes, the number of medical oncologists has continued to expand. Although medical oncology represents a tiny proportion of the consultant physician workforce in the UK (3.2%), as of 2012 medical oncologists numbered 387, representing a doubling in the number of consultants over the last decade. Considering that one in four people will be diagnosed with cancer over the course of their lifetime, scope for further expansion still clearly exists. This is underscored by the large populations served by each medical oncologist in the UK reported in the census, with most serving patient populations of greater than 200,000 per whole-time consultant.

Medical oncology remains a young, vibrant, research-driven speciality, with proportionately fewer impending consultant retirements than other specialities combined.\* Just over 70% of consultants in medical oncology were younger than 50 years of age, and these posts were almost completely balanced between male and female consultants. A significant proportion of female medical oncologists worked less than whole-time (44.2%). This has implications for structuring of posts and workforce-planning in order to optimise service provision.

Befitting the research-oriented dynamic of cancer medicine, medical oncology is an academic speciality; there were three times more pure academic medical oncology consultants, and more than twice as many joint NHS-academic consultants in medical oncology than other specialities combined (37.8% versus 16.8% overall). This enables the UK medical oncologist population to make a continued significant contribution to both pre-clinical and clinical research and development on a worldwide stage. In order to sustain this global reputation and to ensure continuing improvements in UK cancer outcomes, ongoing investment in recruitment, retention and training of UK medical oncologists is mandated.

October 2013

**Professor David Cunningham**

*Consultant medical oncologist*

*Head, gastrointestinal unit, The Royal Marsden*

*Chair, National Cancer Research Institute upper gastrointestinal clinical studies group*

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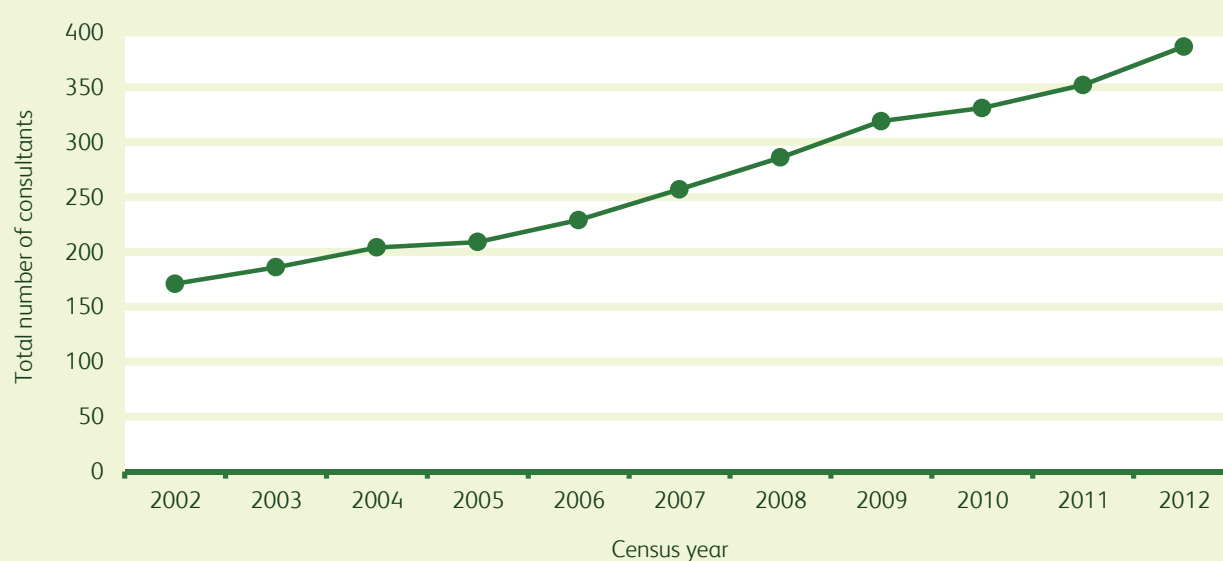
\* Expected retirements by 2023 for all specialties are 38.0% higher than for medical oncology. The figures are: 63 retirements (16.3% of the total workforce) for medical oncology; 2,752 retirements (22.5% of the total workforce) for all specialties combined.

## Medical oncology

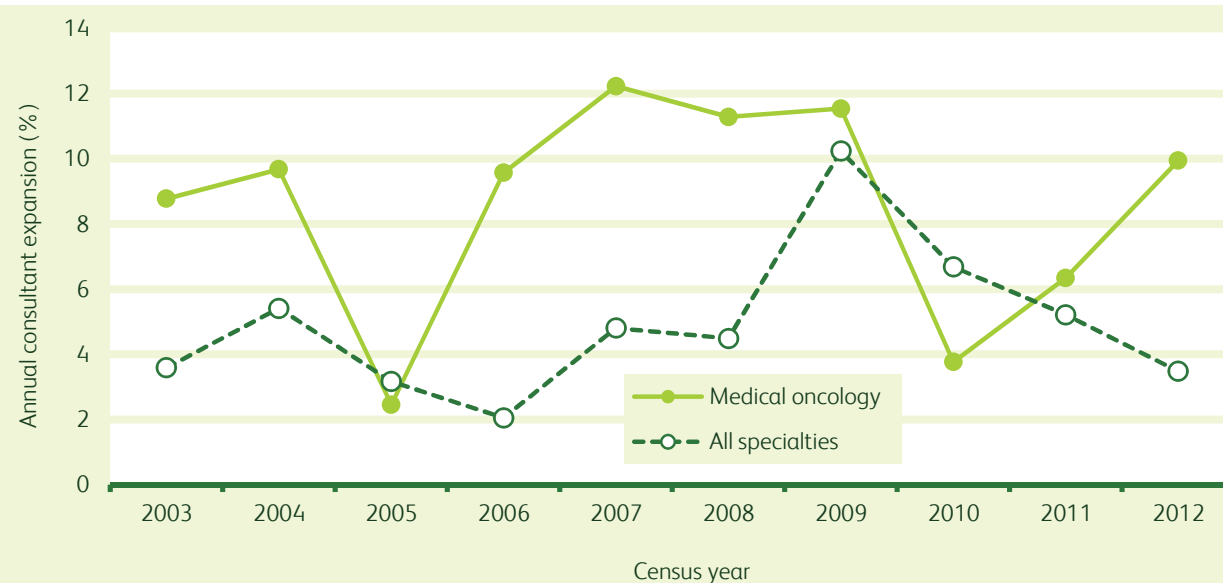
### Consultant workforce by specialty and country

Specialty	England	Wales	Northern Ireland	Scotland	UK (2012)	UK (2011)	Expansion (2011–2012)
Medical oncology	330	11	12	34	387	352	9.9%
All specialties	10,235	579	326	1,081	12,221	11,810	3.5%

### Change in total number of consultants over time United Kingdom 2002–2012



### Consultant expansion in specialty vs all specialties United Kingdom 2003–2012



## Medical oncology

### Number of consultants who will reach 65 years of age over the next 10 years – by specialty

Specialty	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Total	% of specialty
Medical oncology	4	2	5	5	3	2	5	6	13	5	13	<b>63</b>	16.3
All specialties	137	159	175	186	210	258	261	304	340	338	384	<b>2,752</b>	22.5

### Consultant workforce by specialty and category of post

Specialty	Responses	Pure NHS	Pure academic/ research	Other (eg charity)	Joint NHS- academic (majority NHS funded)	Joint NHS- academic (majority academic funded)	Joint NHS- other (eg NHS and charity)
		%	%	%	%	%	%
Medical oncology	180	57.2	3.3	1.7	15.0	22.8	—
All specialties	5,273	78.4%	0.7%	3.6%	8.6%	8.3%	0.4%

### Breakdown of whole-time and less-than-whole-time working – by gender

Specialty	Responses	— Whole-time —		— Less-than-whole-time —		— Female —		— Male —	
		Number	%	Number	%	Whole-time	Less than-whole-time	Whole-time	Less than-whole-time
						%	%	%	%
Medical oncology	175	134	76.6	41	23.4	55.8	44.2	96.6	3.4
All specialties	5,143	4,259	82.8%	884	17.2%	61.0%	39.0%	94.7%	5.3%

### Consultant workforce by age and gender

Age	Responses	— Female —		— Male —	
		% gender	Number	% gender	Number
34 and younger	3	1.3	2	0.2	1
35–39	69	24.1	38	7.5	31
40–44	121	39.9	63	13.9	58
45–49	82	20.3	32	12.0	50
50–54	54	7.6	12	10.1	42
55–59	31	4.4	7	5.8	24
60–64	19	0.6	1	4.3	18
65 and older	5	—	—	1.2	5
Unknown	3	1.3	2	0.2	1
Summary	387		157		230



## Medical oncology

### Mean programmed activities (PAs) contracted per week

Specialty	Responses	Total PAs	Clinical PAs	Academic PAs	Supporting PAs	Other PAs
Medical oncology	175	10.3	6.6	1.7	1.7	0.3
All specialties	5,143	10.6	7.5	0.7	2.0	0.4

### Mean programmed activities (PAs) worked per week

Specialty	Responses	Total PAs	Clinical PAs	Academic PAs	Supporting PAs	Other PAs
Medical oncology	171	11.7	7.4	2.1	2.1	0.2
All specialties	5,075	11.8	8.1	0.8	2.7	0.2

### Mean programmed activities (PAs) worked per week – by gender

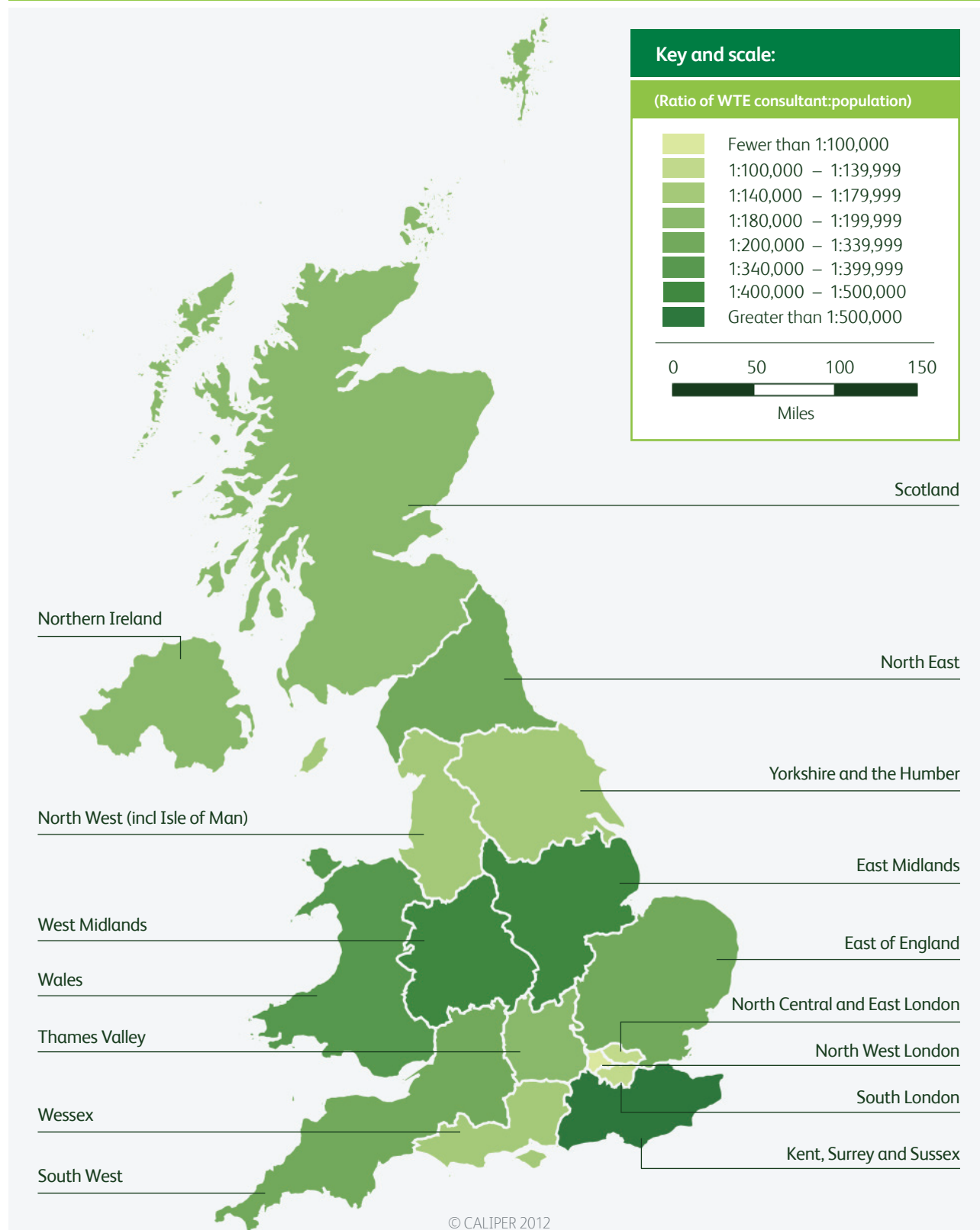
Gender	Responses	Fewer than 10 %	10–10.9 %	11–11.9 %	12–12.9 %	13–13.9 %	14–14.9 %	15 or more %
Female	83	31.3	22.9	15.7	16.9	6.0	6.0	1.2
Male	88	2.3	6.8	18.2	25.0	13.6	21.6	12.5

## Medical oncology

### Population served by each whole-time equivalent (WTE) consultant

RCP recommendation 1:81,900 (approx)\*

Source: RCP consultant census – census date 30 September 2012



\*Royal College of Physicians. *Consultant physicians working with patients: the duties, responsibilities and practice of physicians in medicine, 5th edn.* London: RCP, 2011: 149–150 (recommendations may be rounded to the nearest 100 or 1,000 depending on scale)

# Census of consultant physicians in the UK 2012

## Specialty report: medical ophthalmology



# Census of consultant physicians in the UK, 2012

## Medical ophthalmology

### Commentary on specialty report

Since medical ophthalmology is a small specialty, data presented herein are open to some interpretation and should be approached with caution.

The RCP's 2012 census of consultant physicians reported a 0% expansion in consultant medical ophthalmologists since 2011. The specialty was predominantly male and women comprised 38.5% of the consultant workforce. Less-than-whole-time contracts were reported by 33.3% of respondents (although, given the 46.2% response-rate, it is difficult to see the national picture).

Most (66.7%) consultants surveyed stated that they were employed on pure-NHS contracts. Mean programmed activities (PAs) have decreased since 2011. Respondents reported being contracted for 8.4 PAs per week while actually working 9.6 PAs per week (2011 data showed 9.9 PAs contracted and 13.1 PAs worked). However, these changes in data may be the result of the low numbers of responses rather than an actual change.

In addition to this, the specialty faces an impending glut of retirements – with 46.2% of the workforce expected to retire by 2017 (and nearly 54% by 2019) – and unless it continues to recruit new doctors, service provision for medical ophthalmology will suffer. Furthermore, the national distribution of medical ophthalmologists is, at present, limited to a small number of consultants at a handful of sites across the UK, with much of the country without dedicated ophthalmological physicians.

November 2013

**Dr Andrew Goddard**  
*Director, medical workforce unit*

The Centre for Workforce Intelligence (CfWI) has recommended staged increases in the medical ophthalmology (MO) workforce supply through additional specialty training places (to provide adequate hyper-specialist MO services in England), and has recommended reviews in between the various stages to ensure this overall objective is being met.\*

The CfWI considers that these increases should be to serve the population across England as a whole, so the geographic distribution of new consultant posts is an important consideration, and the CfWI proposes that at least a proportion of the training is undertaken in surgical ophthalmology units close to, but not coterminous with, MO units so that the geographic centres for training spread beyond the existing MO service-provision distribution.

The CfWI has also recommended joint stakeholder efforts to promote the specialty as a career option to augment recruitment to MO ST3, in addition to other recommendations for activity guidelines, data collection, skill mix, service delivery and commissioning strategy.

January 2014

**Dr Eoin O'Sullivan**  
*Consultant in medical ophthalmology  
SAC for medical ophthalmology*

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\* Centre for Workforce Intelligence. *Securing the future workforce supply*. Medical ophthalmology stocktake. London: CfWI, 2014. [www.cfwi.org.uk/publications/securing-the-future-workforce-supply-medical-ophthalmology-stocktake/attachment.pdf](http://www.cfwi.org.uk/publications/securing-the-future-workforce-supply-medical-ophthalmology-stocktake/attachment.pdf) [Accessed Jan 2014]

## Medical ophthalmology

### Consultant workforce by specialty and country

Specialty	England	Wales	Northern Ireland	Scotland	UK (2012)	UK (2011)	Expansion (2011–2012)
Medical ophthalmology	11	–	–	2	13	13	0.0%
All specialties	10,235	579	326	1,081	12,221	11,810	3.5%

### Change in total number of consultants over time United Kingdom 2006–2012



### Consultant expansion in specialty vs all specialties United Kingdom 2006–2012



## Medical ophthalmology

### Number of consultants who will reach 65 years of age over the next 10 years – by specialty

Specialty	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Total	% of specialty
Medical ophthalmology	1	2	2	–	1	–	1	–	–	–	–	7	53.8
All specialties	137	159	175	186	210	258	261	304	340	338	384	2,752	22.5

### Consultant workforce by specialty and category of post

Specialty	Responses	Pure NHS	Pure academic/ research	Other (eg charity)	Joint NHS- academic (majority NHS funded)	Joint NHS- academic (majority academic funded)	Joint NHS- other (eg NHS and charity)
		%	%	%	%	%	%
Medical ophthalmology	6	66.7	–	–	16.7	16.7	–
All specialties	5,273	78.4%	0.7%	3.6%	8.6%	8.3%	0.4%

### Breakdown of whole-time and less-than-whole-time working – by gender

Specialty	Responses	— Whole-time —		— Less-than-whole-time —		— Female —		— Male —	
		Number		Number		Whole-time		Whole-time	
		%	%	%	%	%	%	%	%
Medical ophthalmology	6	4	66.7	2	33.3	33.3	66.7	100.0	–
All specialties	5,143	4,259	82.8%	884	17.2%	61.0%	39.0%	94.7%	5.3%

### Consultant workforce by age and gender

Age	Responses	— Female —		— Male —	
		% gender	Number	% gender	Number
34 and younger	1	0.6	1	–	–
35–39	2	–	–	0.5	2
40–44	0	–	–	–	–
45–49	3	–	–	0.7	3
50–54	0	–	–	–	–
55–59	1	–	–	0.2	1
60–64	6	2.5	4	0.5	2
65 and older	0	–	–	–	–
Unknown	0	–	–	–	–
Summary	13		5		8

## Medical ophthalmology

### Mean programmed activities (PAs) contracted per week

Specialty	Responses	Total PAs	Clinical PAs	Academic PAs	Supporting PAs	Other PAs
Medical ophthalmology	6	8.4	5.9	0.0	2.0	0.5
All specialties	5,143	10.6	7.5	0.7	2.0	0.4

### Mean programmed activities (PAs) worked per week

Specialty	Responses	Total PAs	Clinical PAs	Academic PAs	Supporting PAs	Other PAs
Medical ophthalmology	6	9.6	6.4	0.5	2.2	0.8
All specialties	5,075	11.8	8.1	0.8	2.7	0.2

### Mean programmed activities (PAs) worked per week – by gender

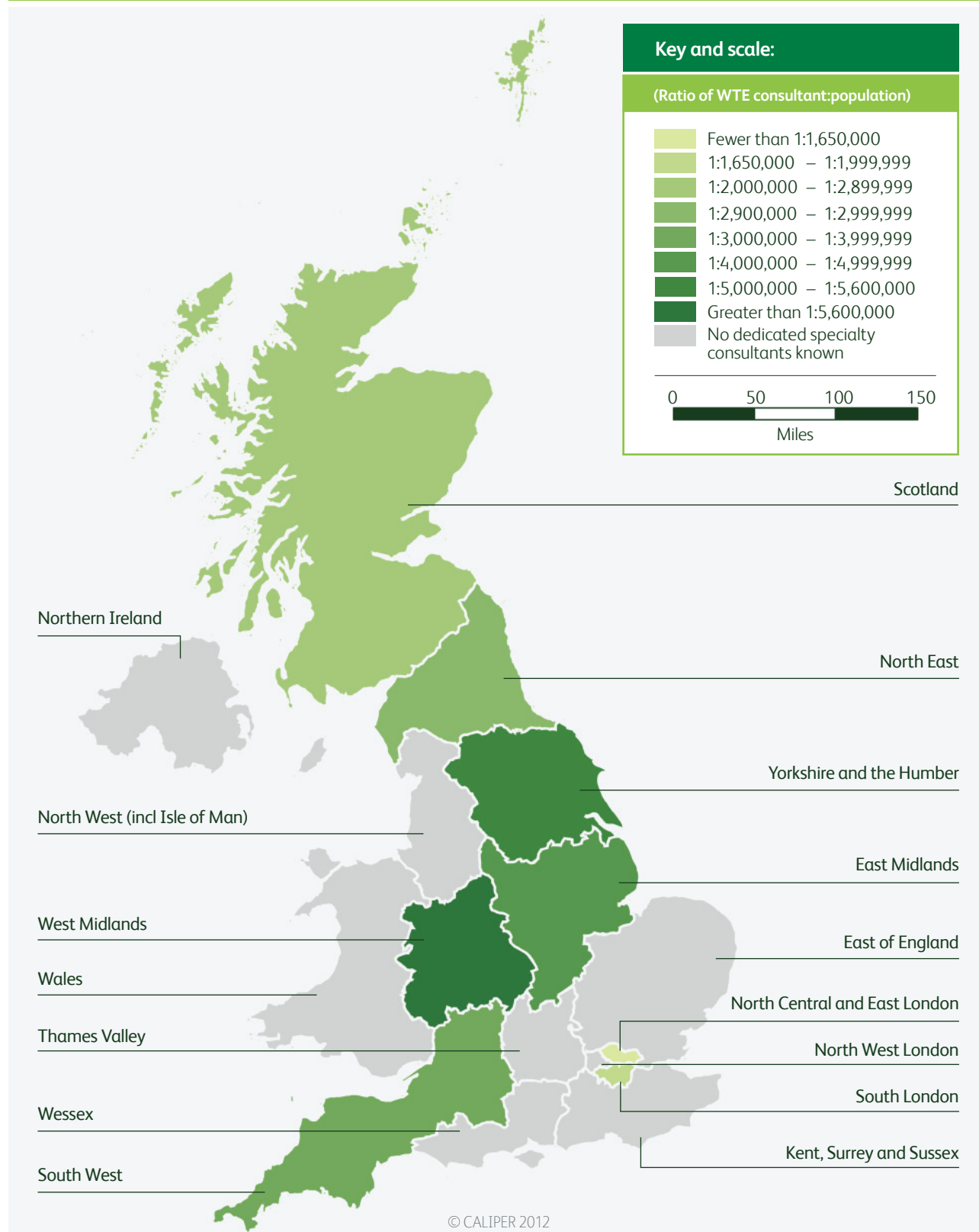
Gender	Responses	Fewer than 10 %	10–10.9 %	11–11.9 %	12–12.9 %	13–13.9 %	14–14.9 %	15 or more %
Female	3	66.7	33.3	–	–	–	–	–
Male	3	–	33.3	33.3	–	–	–	33.3

## Medical ophthalmology

### Population served by each whole-time equivalent (WTE) consultant

RCP recommendation 1:263,000 (approx)\*

Source: RCP consultant census – census date 30 September 2012



\*Royal College of Physicians. *Consultant physicians working with patients: the duties, responsibilities and practice of physicians in medicine, 5th edn.* London: RCP, 2011: 156–157 (recommendations may be rounded to the nearest 100 or 1,000 depending on scale)



# Census of consultant physicians in the UK 2012

## Specialty report: metabolic medicine



# Census of consultant physicians in the UK, 2012

## Metabolic medicine

### Commentary on specialty report

According to the RCP's 2012 census of consultant physicians, there were 19 consultants in metabolic medicine across the UK, 31.6% of whom returned a completed census form.

The census showed that there was a –decrease in the number of consultant posts in metabolic medicine since that reported in the 2011 census. Whilst this was a loss of only three consultants, due to the small size of the specialty this is equivalent to a reduction of 13.6% in the total workforce. Given that there has been no expansion in consultant numbers in the specialty since 2009, this is of some concern. Census data showed that 66.6% of consultant posts were joint-NHS and academically funded, with the remainder being pure NHS posts.

Women comprised 10.5% of the consultant workforce in 2012 (13.6% in 2011). This represents a reduction of one female consultant in metabolic medicine since 2011. Female trainees made up 50% of the medical registrar workforce in metabolic medicine. However, JRCPTB data from August 2013 show that there were only two trainees enrolled: one male; one female.

Data for contracted or worked programmed activities (PAs) must be interpreted with some caution due to the small number of returns for a small specialty. Most male consultants (80%) reported working whole-time; there were no available data for women working within the specialty. Mean programmed activities (PAs) have decreased since those reported in the 2011 census. Respondents reported being contracted for 8.9 PAs per week while actually working 10.3 PAs per week (2011 data showed 9.9 PAs contracted and 13.1 PAs worked).

It is predicted that seven consultants (comprising 36.8% of the consultant workforce) will reach retirement age by 2022.

November 2013

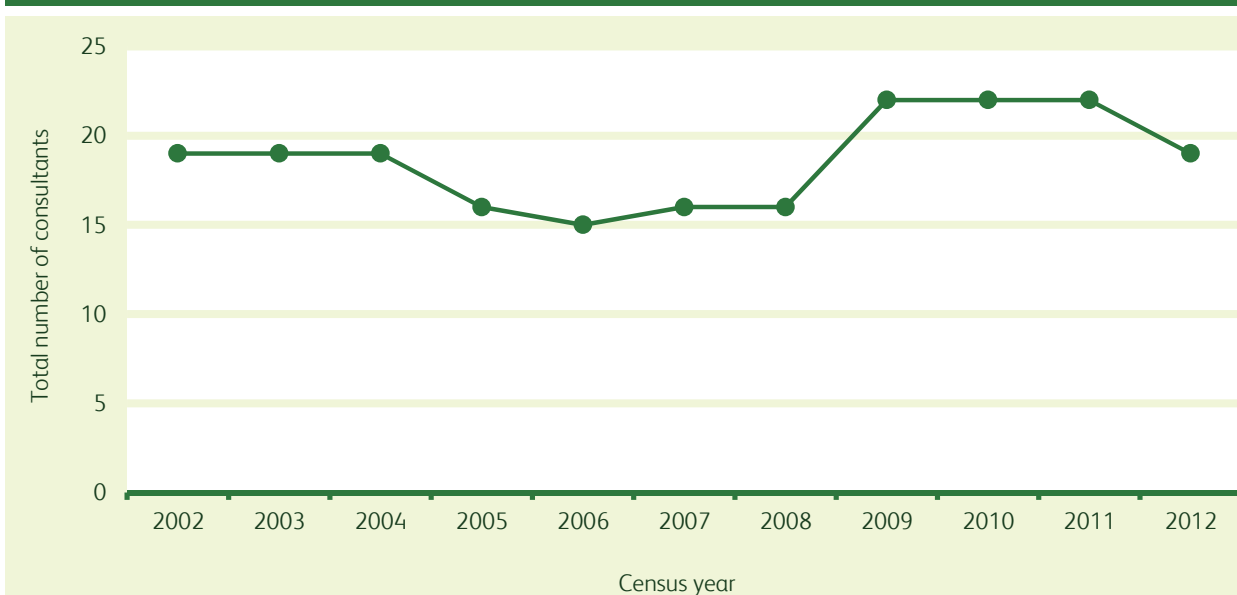
**Dr Andrew Goddard**  
*Director, Medical Workforce Unit*

## Metabolic medicine

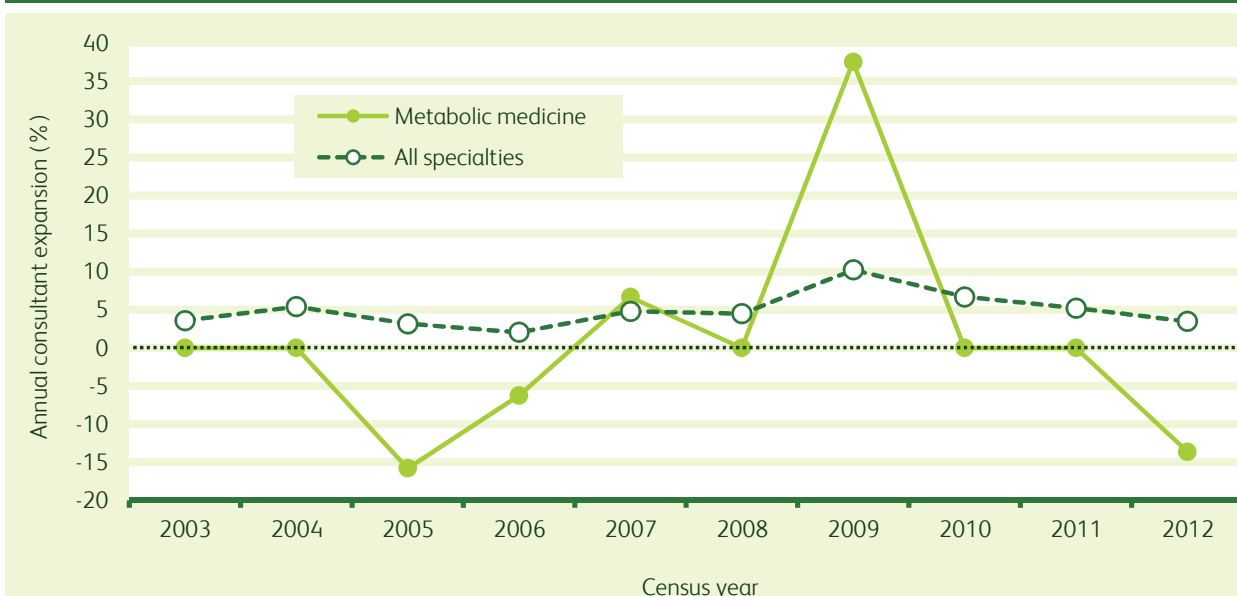
### Consultant workforce by specialty and country

Specialty	England	Wales	Northern Ireland	Scotland	UK (2012)	UK (2011)	Expansion (2011–2012)
Metabolic medicine	16	1	1	1	19	22	-13.6%
All specialties	10,235	579	326	1,081	12,221	11,810	3.5%

### Change in total number of consultants over time United Kingdom 2002–2012



### Consultant expansion in specialty vs all specialties United Kingdom 2003–2012



## Metabolic medicine

### Number of consultants who will reach 65 years of age over the next 10 years – by specialty

Specialty	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Total	% of specialty
Metabolic medicine	2	–	–	–	1	1	1	–	1	1	–	7	36.8
All specialties	137	159	175	186	210	258	261	304	340	338	384	2,752	22.5

### Consultant workforce by specialty and category of post

Specialty	Responses	Pure NHS	Pure academic/ research	Other (eg charity)	Joint NHS- academic (majority NHS funded)	Joint NHS- academic (majority academic funded)	Joint NHS- other (eg NHS and charity)
		%	%	%	%	%	%
Metabolic medicine	6	33.3	–	–	33.3	33.3	–
All specialties	5,273	78.4%	0.7%	3.6%	8.6%	8.3%	0.4%

### Breakdown of whole-time and less-than-whole-time working – by gender

Specialty	Responses	— Whole-time —		— Less-than-whole-time —		— Female —		— Male —	
		Number	%	Number	%	Whole-time %	Less than-whole-time %	Whole-time %	Less than-whole-time %
Metabolic medicine	5	4	80.0	1	20.0	–	–	80.0	20.0
All specialties	5,143	4,259	82.8%	884	17.2%	61.0%	39.0%	94.7%	5.3%

### Consultant workforce by age and gender

Age	Responses	Female			Male		
		% gender	Number	% age group	% gender	Number	% age group
34 and younger	–	–	–	–	–	–	–
35–39	1	–	–	–	0.2	1	100.0
40–44	3	–	–	–	0.7	3	100.0
45–49	4	0.6	1	25.0	0.7	3	75.0
50–54	1	–	–	–	0.2	1	100.0
55–59	4	–	–	–	1.0	4	100.0
60–64	3	–	–	–	0.7	3	100.0
65 and older	2	0.6	1	50.0	0.2	1	50.0
Unknown	1	–	–	–	0.2	1	100.0
Summary	19		2	10.5%		17	89.5%

## Metabolic medicine

### Mean programmed activities (PAs) contracted per week

Specialty	Responses	Total PAs	Clinical PAs	Academic PAs	Supporting PAs	Other PAs
Metabolic medicine	5	8.9	4.8	3.0	0.9	0.2
All specialties	5,143	10.6	7.5	0.7	2.0	0.4

### Mean programmed activities (PAs) worked per week

Specialty	Responses	Total PAs	Clinical PAs	Academic PAs	Supporting PAs	Other PAs
Metabolic medicine	5	10.3	5.8	2.7	3.2	0.0
All specialties	5,075	11.8	8.1	0.8	2.7	0.2

### Mean programmed activities (PAs) worked per week – by gender

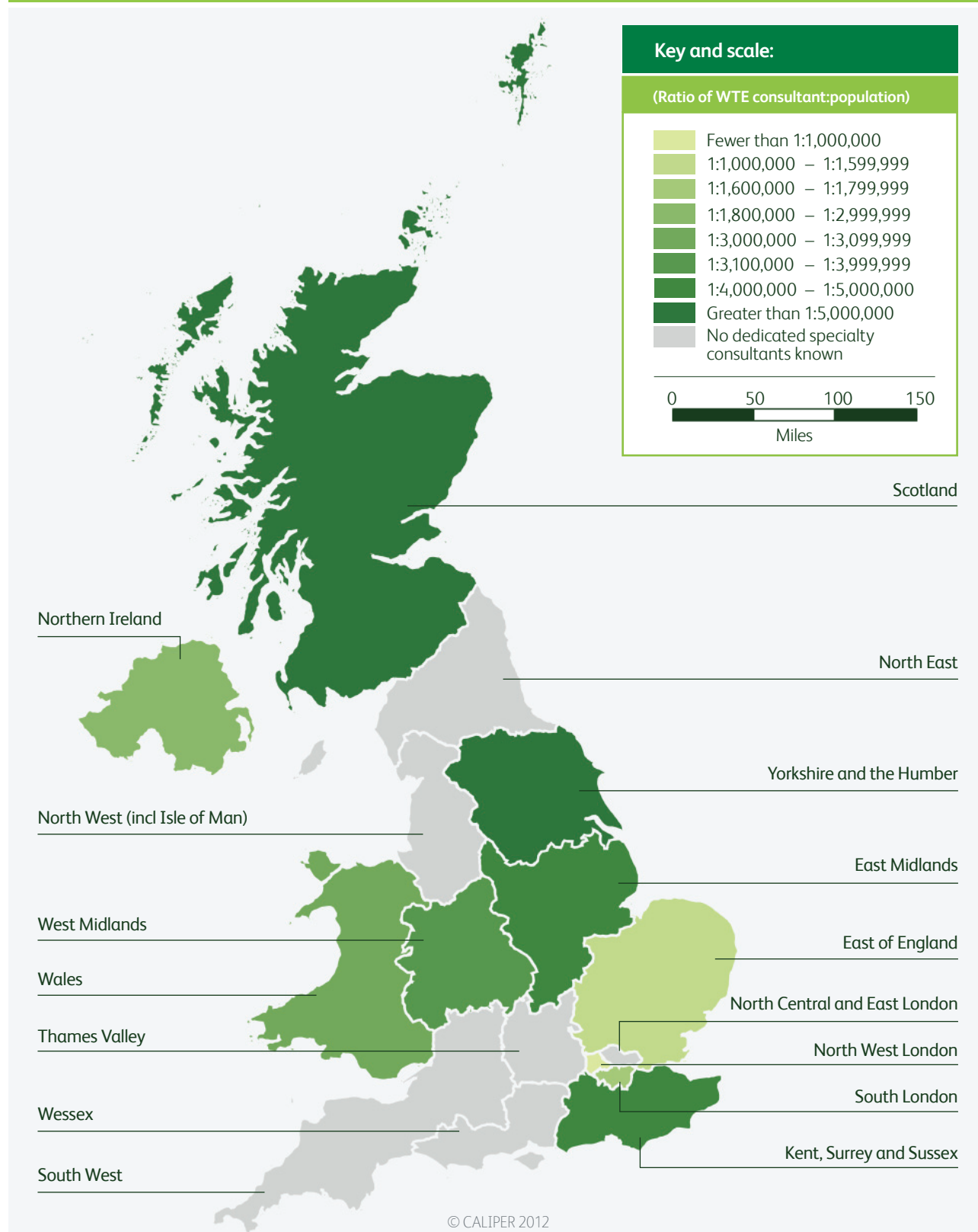
Gender	Responses	Fewer than 10 %	10–10.9 %	11–11.9 %	12–12.9 %	13–13.9 %	14–14.9 %	15 or more %
Female	3	66.7	33.3	–	–	–	–	–
Male	3	–	33.3	33.3	–	–	–	33.3

## Metabolic medicine

### Population served by each whole-time equivalent (WTE) consultant

RCP recommendation 1: (approx)\*

Source: RCP consultant census – census date 30 September 2012



\*Although the RCP's most recent version of *Consultant physicians working with patients* contains a chapter for metabolic medicine, no recommended ratio of WTE physician:population is defined therein. Royal College of Physicians. *Consultant physicians working with patients: the duties, responsibilities and practice of physicians in medicine*, 5th edn. London: RCP, 2011

# Census of consultant physicians in the UK 2012

## Specialty report: neurology



# Census of consultant physicians in the UK, 2012

## Neurology

### Commentary on specialty report

The RCP census of consultant physicians gives a limited overview of neurology, as it was completed by fewer than half of those consultant neurologists in post in 2012. There were 716 neurologists in the UK in 2012. This equated to approximately one neurologist per 90,000 head of population, but still fell short of the ratio of one per 69,500 recommended by the RCP.\* There was enormous disparity in the distribution of consultants – from more than one per 40,000 in London to less than one per 130,000 in numerous other regions of England. Northern Ireland and Wales continued to have low numbers of neurologists. Scotland fared best of the home nations with one per 50–100,000).

As predicted in last year's commentary, the rate of expansion has slowed up in line with other medical specialties, reflecting the economic downturn. It appears that the retirement rate will be low at 5–15 per year until 2019, beyond which it increases to 20–26 retirements per year.

Overall, a quarter of the consultant workforce was female, of which nearly half worked less-than-whole-time. The trend in the consultant workforce has been for increasing numbers of women (a ratio of nearly 50:50) in those aged 35–39 years; but that trend was not seen in the recent younger consultants (younger than 35 years), although the total number of consultant appointments in this age group was small. Those with whole-time posts (men and women) continued to state that they worked on average one programmed activity (PA) per week more than they had been contracted for.

Training numbers need to be increased to ensure an adequate workforce that allows for current under-provision, the increase in less-than-whole-time working, and retirement patterns.

The Association of British Neurologists actively encourages the involvement of neurologists in assessing acute neurological emergencies with the aim that a patient should be seen by a neurologist within 24 hours of admission. There are several excellent models around the UK, but they appear to be quite variable in their distribution and the factors related to this need to be understood. A few neurology units deliver a 24/7 acute neurology intake and many have worked closely with stroke physicians to deliver 24/7 thrombolysis services. Another model is to support general (internal) medicine with medical admissions unit ward rounds and early ward liaison service – ensuring appropriate management, reducing admissions and allowing earlier transfer of care back to the community.

Clinical commissioning groups and health boards need to urgently ensure that patients admitted to hospital with an acute neurological problem receive early assessment by a neurologist.

October 2013

Dr J Gareth Llewelyn

Consultant neurologist

Chair, joint clinical neurosciences committee

\* Royal College of Physicians. *Consultant physicians working with patients: the duties, responsibilities and practice of physicians in medicine*, 5th edn. London: RCP, 2011: 169–170

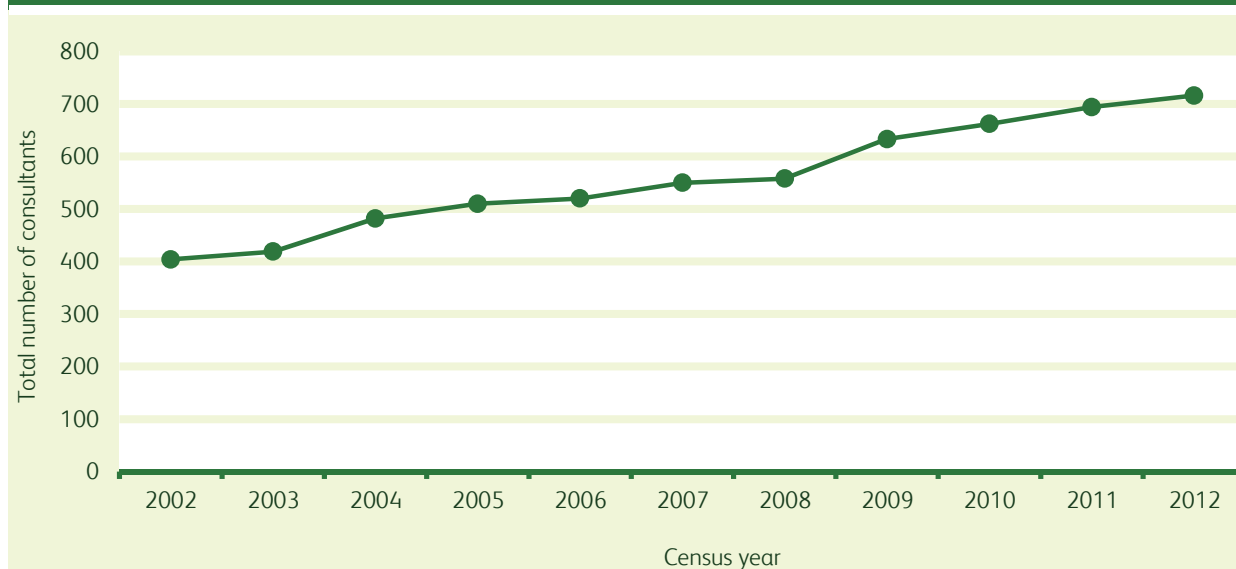


## Neurology

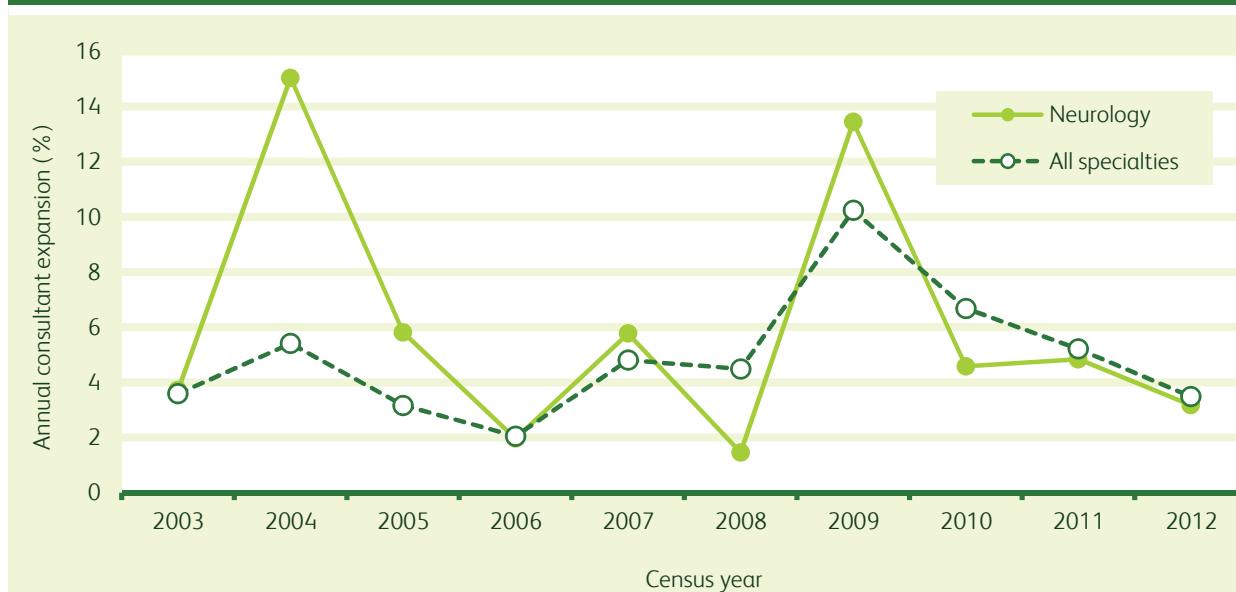
### Consultant workforce by specialty and country

Specialty	England	Wales	Northern Ireland	Scotland	UK (2012)	UK (2011)	Expansion (2011–2012)
Neurology	615	26	15	60	716	694	3.2%
All specialties	10,235	579	326	1,081	12,221	11,810	3.5%

### Change in total number of consultants over time United Kingdom 2002–2012



### Consultant expansion in specialty vs all specialties United Kingdom 2003–2012



## Neurology

### Number of consultants who will reach 65 years of age over the next 10 years – by specialty

Specialty	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Total	% of specialty
Neurology	8	13	10	6	5	15	8	26	20	20	21	<b>152</b>	21.2
All specialties	137	159	175	186	210	258	261	304	340	338	384	<b>2,752</b>	22.5

### Consultant workforce by specialty and category of post

Specialty	Responses	Pure NHS	Pure academic/ research	Other (eg charity)	Joint NHS- academic (majority NHS funded)	Joint NHS- academic (majority academic funded)	Joint NHS- other (eg NHS and charity)
		%	%	%	%	%	%
Neurology	297	72.7	0.7	1.0	11.1	14.1	0.3
All specialties	5,273	78.4%	0.7%	3.6%	8.6%	8.3%	0.4%

### Breakdown of whole-time and less-than-whole-time working – by gender

Specialty	Responses	— Whole-time —		Less-than-whole-time		Female		Male	
		Number	%	Number	%	Whole-time	Less than-whole-time	Whole-time	Less than-whole-time
Neurology	290	247	85.2	43	14.8	57.3	42.7	94.9	5.1
All specialties	5,143	4,259	82.8%	884	17.2%	61.0%	39.0%	94.7%	5.3%

### Consultant workforce by age and gender

Age	Responses	Female		Male	
		% gender	Number	% gender	Number
34 and younger	8	1.9	3	1.2	5
35–39	92	25.9	41	12.3	51
40–44	150	27.2	43	25.7	107
45–49	189	25.3	40	35.8	149
50–54	115	14.6	23	22.1	92
55–59	87	7.6	12	18.0	75
60–64	41	1.9	3	9.1	38
65 and older	21	1.3	2	4.6	19
Unknown	13	3.8	6	1.7	7
Summary	716		173		543

## Neurology

### Mean programmed activities (PAs) contracted per week

Specialty	Responses	Total PAs	Clinical PAs	Academic PAs	Supporting PAs	Other PAs
Neurology	290	10.4	7.3	1.0	1.8	0.3
All specialties	5,143	10.6	7.5	0.7	2.0	0.4

### Mean programmed activities (PAs) worked per week

Specialty	Responses	Total PAs	Clinical PAs	Academic PAs	Supporting PAs	Other PAs
Neurology	286	11.6	7.9	1.3	2.4	0.2
All specialties	5,075	11.8	8.1	0.8	2.7	0.2

### Mean programmed activities (PAs) worked per week – by gender

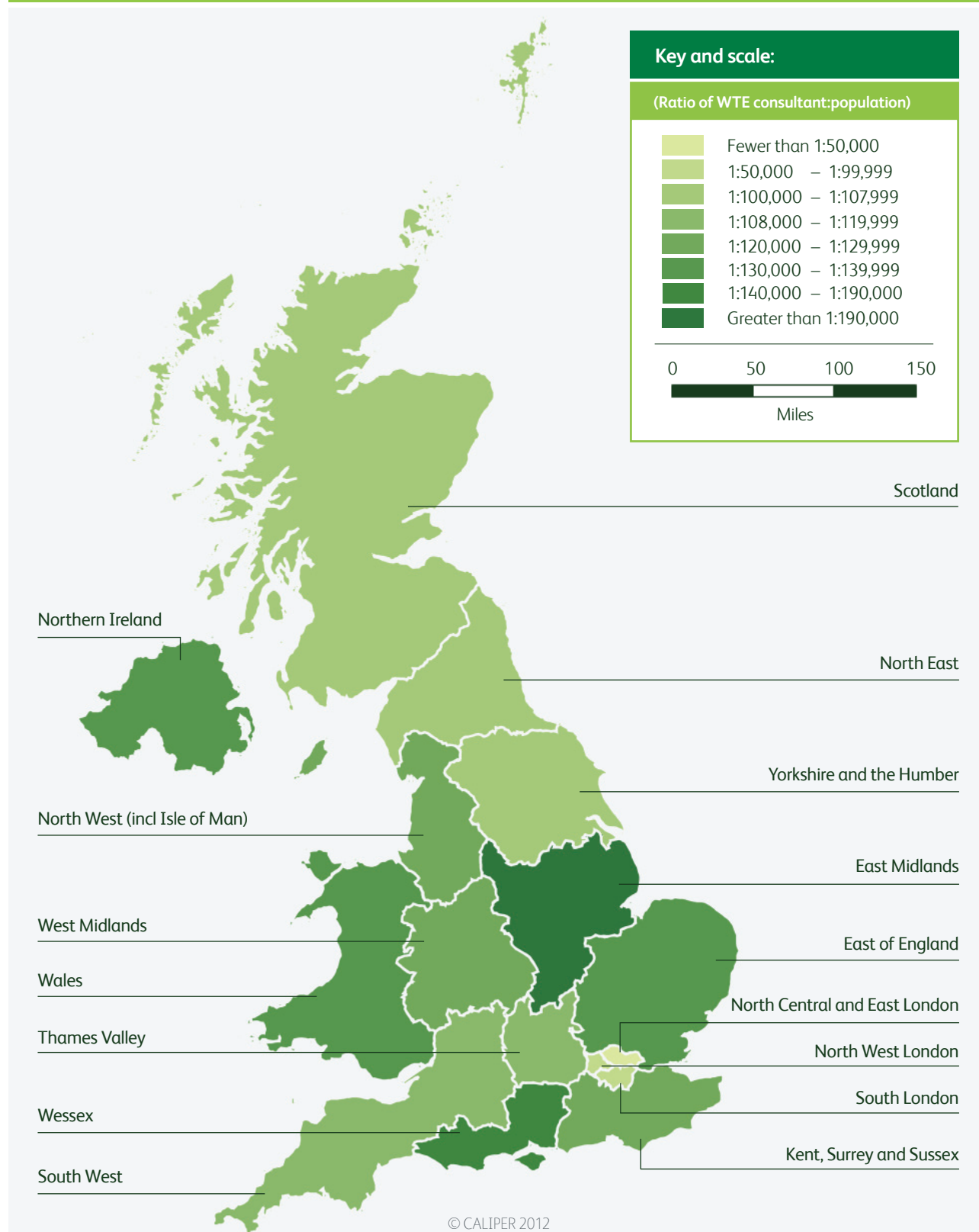
Gender	Responses	Fewer than 10 %	10–10.9 %	11–11.9 %	12–12.9 %	13–13.9 %	14–14.9 %	15 or more %
Female	75	36.0	18.7	16.0	16.0	6.7	4.0	2.7
Male	211	3.8	10.4	23.7	28.9	14.7	10.9	7.6

## Neurology

### Population served by each whole-time equivalent (WTE) consultant

RCP recommendation 1:69,500 (approx)\*

Source: RCP consultant census – census date 30 September 2012



\*Royal College of Physicians. *Consultant physicians working with patients: the duties, responsibilities and practice of physicians in medicine, 5th edn.* London: RCP, 2011: 169–170 (recommendations may be rounded to the nearest 100 or 1,000 depending on scale)

# Census of consultant physicians in the UK 2012

## Specialty report: nuclear medicine



# Census of consultant physicians in the UK, 2012

## Nuclear medicine

### Commentary on specialty report

The 2012 census of consultant physicians' report for nuclear medicine has indicated some important changes, particularly in the category of posts, in the last year. Generally, however, the specialty remains under-represented in the UK.

Some regions of the UK continued to have minimal or no dedicated clinical input, and relied heavily on the input of clinical scientists to maintain nuclear medicine services.

There is an ongoing problem with recruitment of young doctors into the specialty. Nuclear medical jobs are increasingly advertised as requiring Fellowship of the Royal College of Radiologists and a revised training curriculum has been proposed to address and overcome this issue.

The census reported a 4.2 % increase in consultant posts between 2011 and 2012 (the mean expansion for all specialties was 3.5%) which compensated for the 4.0% decrease seen in 2011 – hence it does not represent a true expansion. This situation is clearly not sufficient to meet ever-increasing clinical demand.

Female consultants represented 30.7% of workforce in 2012 and 69.3% of consultants were male. Whilst 45.5% of female consultants reported working less-than-whole-time, the majority (54.5%) worked whole-time. Overall, the mean time contracted was 10.5 programmed activities (PAs) per week, whereas, the majority of consultants worked 11.9 programmed activities (PAs) per week with some working up to 15 PAs (mostly 11–14 PAs for men) On average 1.4 PAs were worked in extra-contracted time and not remunerated.

The number consultants employed in joint-academic-NHS posts has increased from 8.8% to 27.3% from 2011 to 2012; however there remained no response from a consultant in a dedicated, pure research post.

One-quarter of the consultant workforce in the specialty is expected to reach 65 years of age in the next 10 years, and more than half of that (13.3% in 2012; 7.2% in 2011) over the next five years.

In the context of increasing use of multimodality imaging (SPECT-CT, PET-CT, PET-MRI), increased contribution to MDMs and developments in nuclear medical therapy, further new posts need to be created. The promotion and awareness of the specialty should be increased, and better recruitment of young doctors to the specialty is a high priority.

October 2013

Dr Sabina Dizdarevic  
*Consultant in nuclear medicine*

## Nuclear medicine

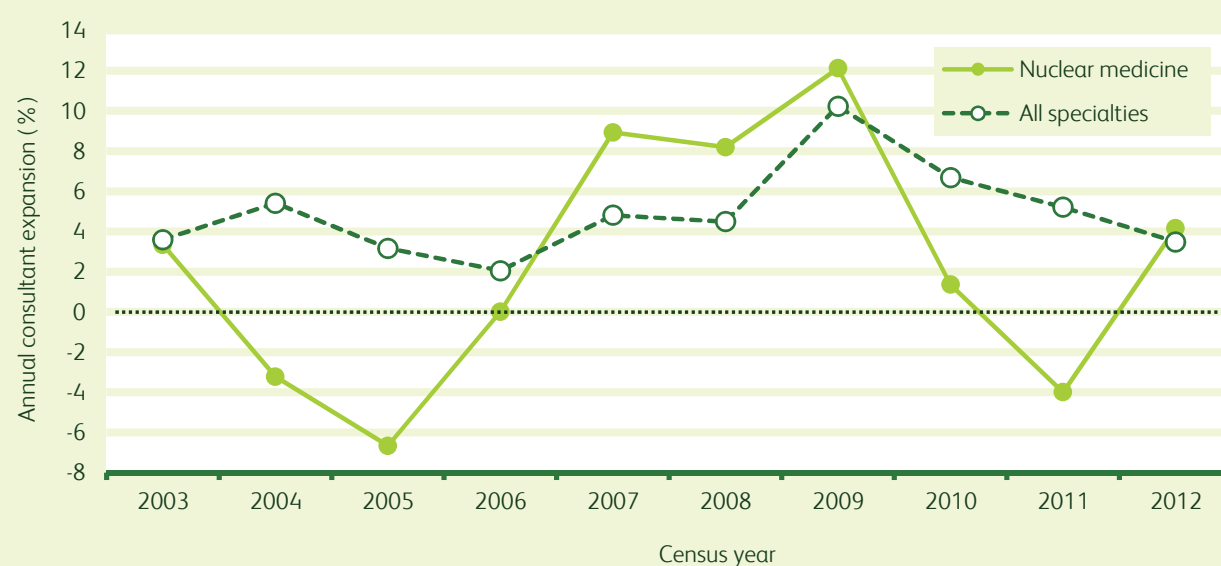
### Consultant workforce by specialty and country

Specialty	England	Wales	Northern Ireland	Scotland	UK (2012)	UK (2011)	Expansion (2011–2012)
Nuclear medicine	64	1	3	7	75	72	4.2%
All specialties	10,235	579	326	1,081	12,221	11,810	3.5%

### Change in total number of consultants over time United Kingdom 2002–2012



### Consultant expansion in specialty vs all specialties United Kingdom 2003–2012



## Nuclear medicine

### Number of consultants who will reach 65 years of age over the next 10 years – by specialty

Specialty	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Total	% of specialty
Nuclear medicine	1	–	3	4	2	1	1	2	2	1	2	19	25.3
All specialties	137	159	175	186	210	258	261	304	340	338	384	2,752	22.5

### Consultant workforce by specialty and category of post

Specialty	Responses	Pure NHS	Pure academic/ research	Other (eg charity)	Joint NHS- academic (majority NHS funded)	Joint NHS- academic (majority academic funded)	Joint NHS- other (eg NHS and charity)
		%	%	%	%	%	%
Nuclear medicine	33	72.7	–	–	12.1	15.2	–
All specialties	5,273	78.4%	0.7%	3.6%	8.6%	8.3%	0.4%

### Breakdown of whole-time and less-than-whole-time working – by gender

Specialty	Responses	— Whole-time —		— Less-than-whole-time —		— Female —		— Male —	
		Number	%	Number	%	Whole-time %	Less than- whole-time %	Whole-time %	Less than- whole-time %
Nuclear medicine	33	28	84.8	5	15.2	54.5	45.5	100.0	–
All specialties	5,143	4,259	82.8%	884	17.2%	61.0%	39.0%	94.7%	5.3%

### Consultant workforce by age and gender

Age	Responses	— Female —		— Male —	
		% gender	Number	% gender	Number
34 and younger	1	0.6	1	–	–
35–39	6	0.6	1	1.2	5
40–44	20	4.4	7	3.1	13
45–49	16	3.2	5	2.6	11
50–54	13	2.5	4	2.2	9
55–59	8	2.5	4	1.0	4
60–64	9	0.6	1	1.9	8
65 and older	1	–	–	0.2	1
Unknown	1	–	–	0.2	1
Summary	75		23		52



## Nuclear medicine

### Mean programmed activities (PAs) contracted per week

Specialty	Responses	Total PAs	Clinical PAs	Academic PAs	Supporting PAs	Other PAs
Nuclear medicine	33	10.5	7.7	0.7	2.0	0.1
All specialties	5,143	10.6	7.5	0.7	2.0	0.4

### Mean programmed activities (PAs) worked per week

Specialty	Responses	Total PAs	Clinical PAs	Academic PAs	Supporting PAs	Other PAs
Nuclear medicine	33	11.9	8.7	1.0	2.2	0.1
All specialties	5,075	11.8	8.1	0.8	2.7	0.2

### Mean programmed activities (PAs) worked per week – by gender

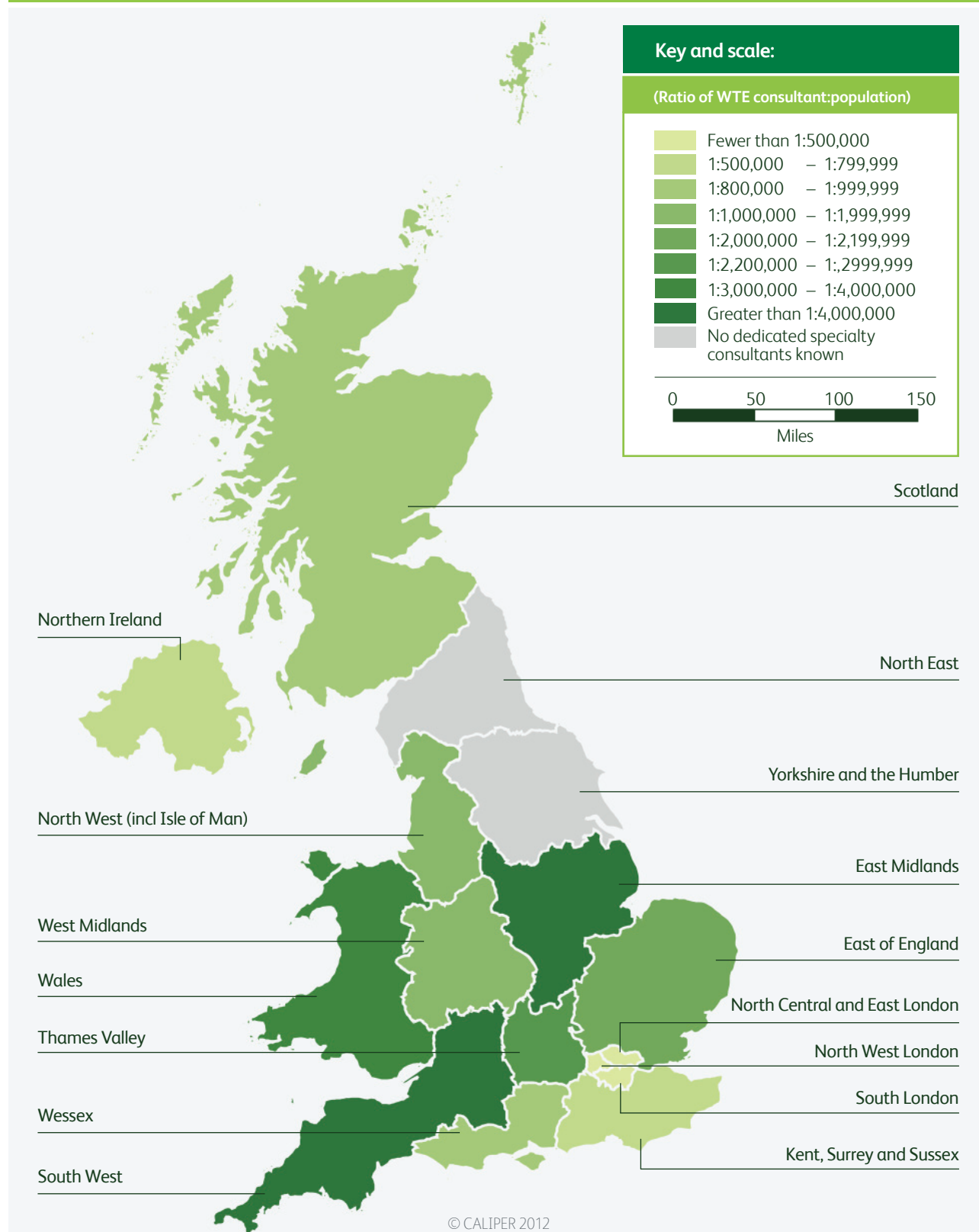
Gender	Responses	Fewer than 10 %	10–10.9 %	11–11.9 %	12–12.9 %	13–13.9 %	14–14.9 %	15 or more %
Female	11	27.3	27.3	–	9.1	18.2	–	18.2
Male	22	–	9.1	22.7	45.5	4.5	9.1	9.1

## Nuclear medicine

### Population served by each whole-time equivalent (WTE) consultant

RCP recommendation 1:178,200 (approx)\*

Source: RCP consultant census – census date 30 September 2012



\*Royal College of Physicians. *Consultant physicians working with patients: the duties, responsibilities and practice of physicians in medicine, 5th edn.* London: RCP, 2011: 176–177 (recommendations may be rounded to the nearest 100 or 1,000 depending on scale)

# Census of consultant physicians in the UK 2012

## Specialty report: paediatric cardiology



# Census of consultant physicians in the UK, 2012

## Paediatric cardiology

### Commentary on specialty report

After a bulge in recruitment in 2009, the number of consultants in paediatric cardiology in the UK has remained steady with a slight fall from 88 to 86 since 2011. This is in spite of a continually increasing workload as measured by Congenital Cardiac Audit Database returns.\* Over 80% of consultants reported working more than 12 programmed activities (PAs) with a mean of 13 PAs (11.6 contracted). The geographical distribution of paediatric cardiologists across the UK would appear uneven, with the census reporting some areas having a population of more than 1.2 million served by a single doctor. However this does not take into account the wide networks of outreach clinics extending across LETB boundaries. On average there was only one paediatric cardiologist for a population of more than 700,000 people across the UK, which is less than the one per 500,000 recommended by the British Congenital Cardiac Association.†

The role of the paediatric cardiologist has gradually evolved with increasing specialisation leading to a need for 'areas of special interest' training for two years before obtaining a CCT. While the increasing dependence on new technology demands this change, there is a risk that we are creating individuals less able to see the bigger picture. Also, such increasing sub-specialisation earlier in training can make tailoring of consultant supply to future demand more challenging.

The census reported that the age spread of consultants was normally distributed, however four consultants are aged 65 or older, which makes workforce-planning difficult and could limit entry of enthusiastic young doctors into the specialty. All women in the specialty reported that they worked whole-time, while 4.5 % of men worked less-than-whole- time.

Currently NHS England is conducting a further review of congenital cardiac services which may influence the distribution of services in the future based on nationally agreed standards. This continued uncertainty has led to some emigration in the past few years; however recruitment into the specialty generally remains in good shape.

October 2013

Dr Alan Magee

Consultant in paediatric cardiology  
SAC representative for paediatric cardiology

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\* [https://nicor.org.uk/CHD/an\\_paeds.nsf/](https://nicor.org.uk/CHD/an_paeds.nsf/) [Accessed October 2013]

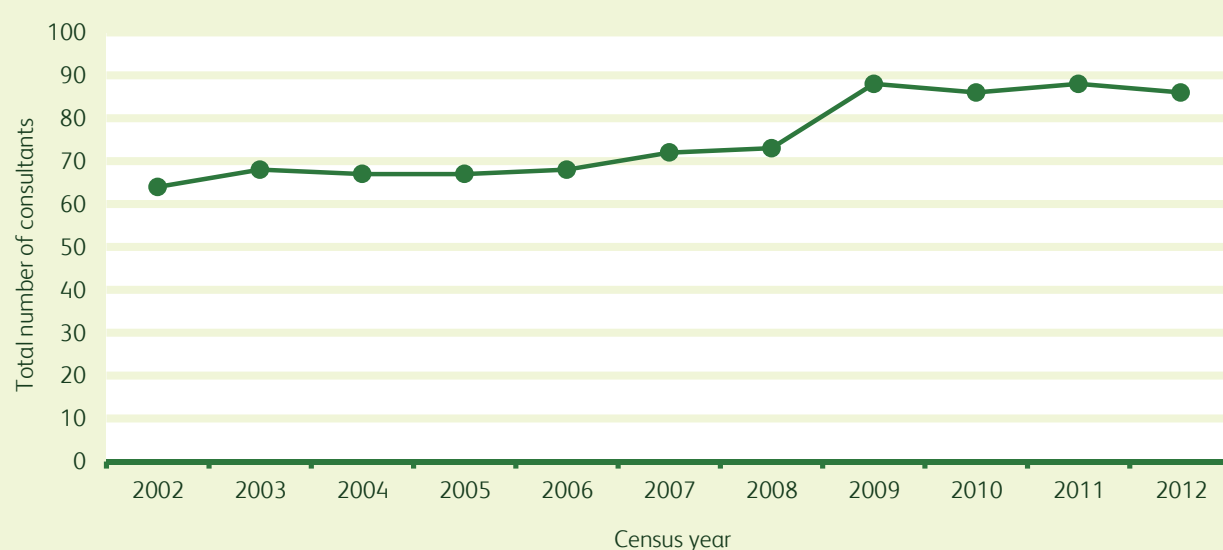
† Fifth report on the provision of services for patients with heart disease. *Heart* 2002; 88 (suppl 3): iii 1-56. Quoted in: Royal College of Physicians. *Consultant physicians working with patients: the duties, responsibilities and practice of physicians in medicine*, 3rd edn. London: RCP, 2005: 244

## Paediatric cardiology

### Consultant workforce by specialty and country

Specialty	England	Wales	Northern Ireland	Scotland	UK (2012)	UK (2011)	Expansion (2011–2012)
Paediatric cardiology	75	3	3	5	86	88	-2.3%
All specialties	10,235	579	326	1,081	12,221	11,810	3.5%

### Change in total number of consultants over time United Kingdom 2002–2012



### Consultant expansion in specialty vs all specialties United Kingdom 2003–2012



## Paediatric cardiology

### Number of consultants who will reach 65 years of age over the next 10 years – by specialty

Specialty	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Total	% of specialty
Paediatric cardiology	–	2	1	–	4	2	1	2	6	1	4	<b>23</b>	26.7
All specialties	137	159	175	186	210	258	261	304	340	338	384	<b>2,752</b>	22.5

### Consultant workforce by specialty and category of post

Specialty	Responses	Pure NHS	Pure academic/ research	Other (eg charity)	Joint NHS- academic (majority NHS funded)	Joint NHS- academic (majority academic funded)	Joint NHS- other (eg NHS and charity)
		%	%	%	%	%	%
Paediatric cardiology	28	85.7	–	–	10.7	3.6	–
All specialties	5,273	78.4%	0.7%	3.6%	8.6%	8.3%	0.4%

### Breakdown of whole-time and less-than-whole-time working – by gender

Specialty	Responses	— Whole-time —		— Less-than-whole-time —		— Female —		— Male —	
		Number	%	Number	%	Whole-time %	Less than-whole-time %	Whole-time %	Less than-whole-time %
Paediatric cardiology	28	27	96.4	1	3.6	100.0	–	95.5	4.5
All specialties	5,143	4,259	82.8%	884	17.2%	61.0%	39.0%	94.7%	5.3%

### Consultant workforce by age and gender

Age	Responses	— Female —		— Male —	
		% gender	Number	% age group	% gender
34 and younger	–	–	–	–	–
35–39	6	1.3	2	33.3	1.0
40–44	15	3.2	5	33.3	2.4
45–49	19	3.2	5	26.3	3.4
50–54	23	3.2	5	21.7	4.3
55–59	12	0.6	1	8.3	2.6
60–64	7	0.6	1	14.3	1.4
65 and older	4	0.6	1	25.0	0.7
Unknown	–	–	–	–	–
Summary	86		20	23.3%	

## Paediatric cardiology

### Mean programmed activities (PAs) contracted per week

Specialty	Responses	Total PAs	Clinical PAs	Academic PAs	Supporting PAs	Other PAs
Paediatric cardiology	28	11.6	8.7	0.6	2.0	0.3
All specialties	5,143	10.6	7.5	0.7	2.0	0.4

### Mean programmed activities (PAs) worked per week

Specialty	Responses	Total PAs	Clinical PAs	Academic PAs	Supporting PAs	Other PAs
Paediatric cardiology	28	13.0	9.7	0.6	2.6	0.1
All specialties	5,075	11.8	8.1	0.8	2.7	0.2

### Mean programmed activities (PAs) worked per week – by gender

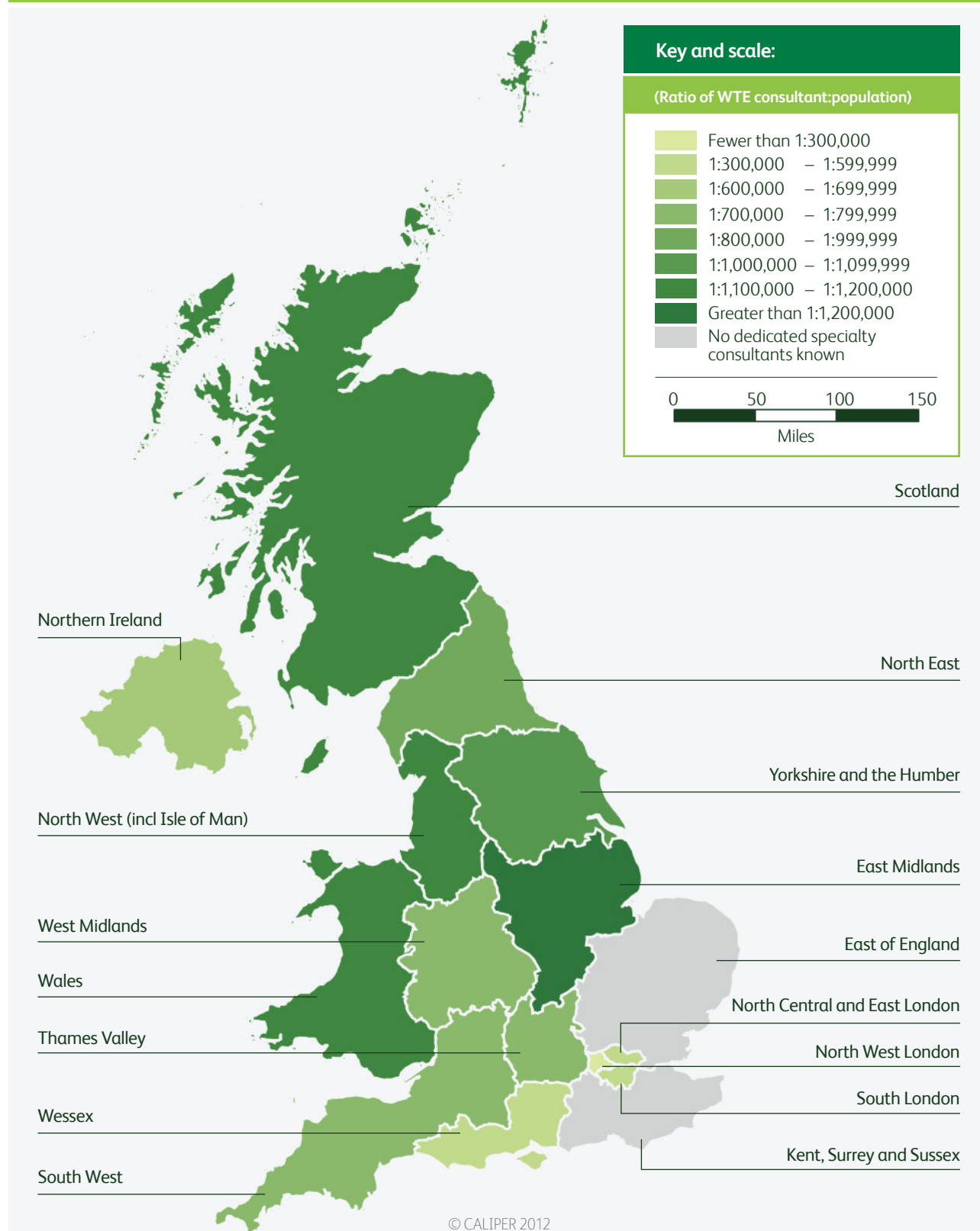
Gender	Responses	Fewer than 10 %	10–10.9 %	11–11.9 %	12–12.9 %	13–13.9 %	14–14.9 %	15 or more %
Female	6	–	–	16.7	33.3	16.7	16.7	16.7
Male	22	9.1	–	4.5	27.3	18.2	13.6	27.3

## Paediatric cardiology

### Population served by each whole-time equivalent (WTE) consultant

RCP recommendation 1:333,333 (approx)\*

Source: RCP consultant census – census date 30 September 2012



\*Royal College of Physicians. *Consultant physicians working with patients: the duties, responsibilities and practice of physicians in medicine, 5th edn.* London: RCP, 2011: 54–55 (recommendations may be rounded to the nearest 100 or 1,000 depending on scale)

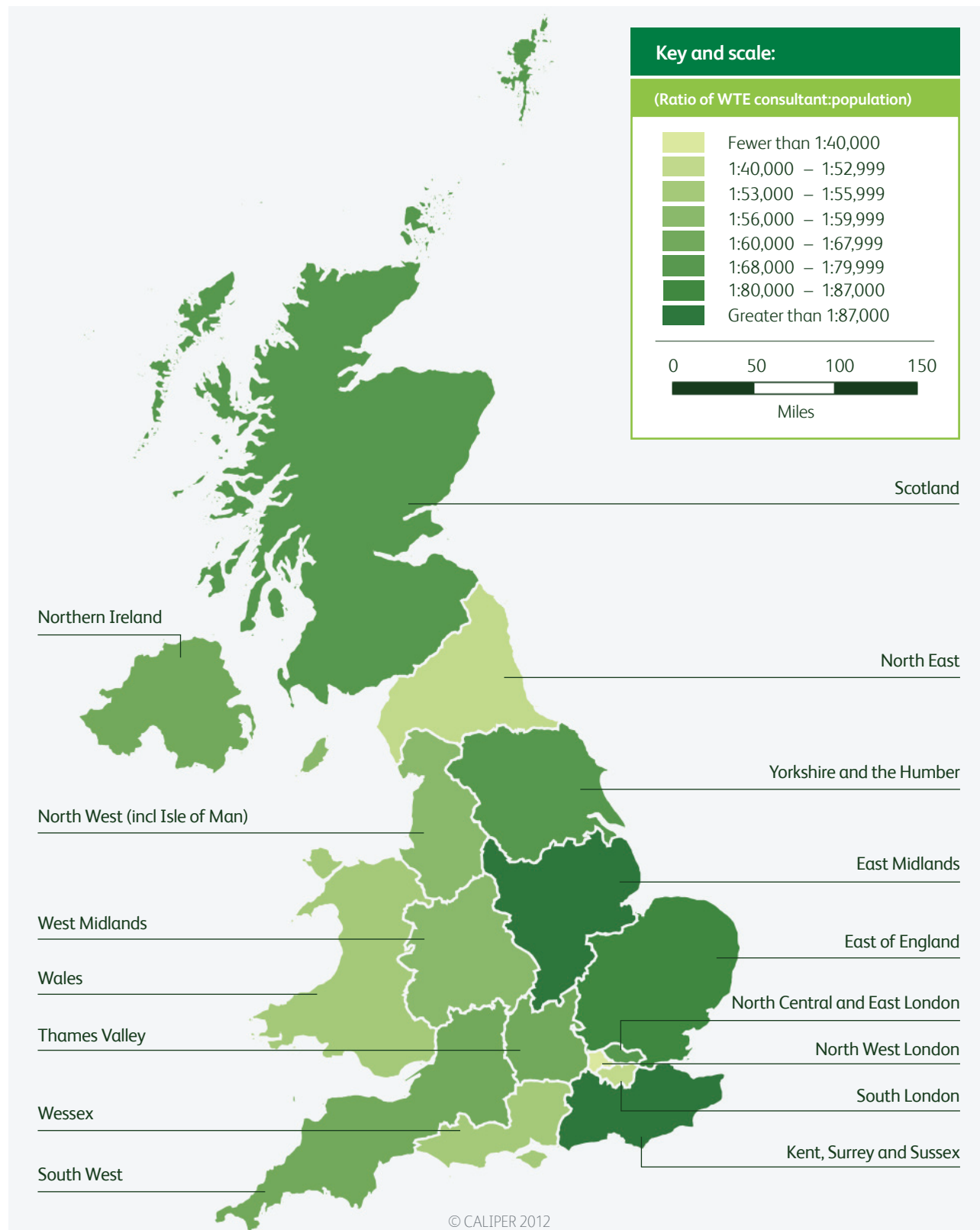


## Cardiology and paediatric cardiology

### Population served by each whole-time equivalent (WTE) consultant

No RCP recommendation defined

Source: RCP consultant census – census date 30 September 2012



# Census of consultant physicians in the UK 2012

## Specialty report: palliative medicine



# Census of consultant physicians in the UK, 2012

## Palliative medicine

### Commentary on specialty report

The RCP's 2012 census of consultant physicians identified 502 consultants in palliative medicine working in the UK: 415 in England, 28 in Wales, 43 in Scotland and 16 in Northern Ireland. The rate of expansion in consultant numbers has continued since 2011, slightly outpacing that found across all medical specialties. Nevertheless expansion has slowed to 5.9% from the 9.5% increase found by the 2011 census.

The anticipated retirement rate for the next five years averages at four per year. The average number of consultant appointments made between 2008 and 2011 was 30 per year. It is predicted that there will be an average of 40 CCTs achieved per year, and this can be used as a model against which to match number of consultants required. Over the next five years there may potentially be an excess of CCT holders who require consultant posts; nevertheless several factors may mitigate this:

- > the ageing population of the UK is likely to increase the number of patients
- > the development of palliative medicine within long-term condition management is likely to increase
- > movement of CCT holders to areas of the country with proportionately fewer consultants may provide balance in the foreseeable future.

At 71.5% the palliative medicine workforce has a higher proportion of female consultants than most other medical specialties. A relatively high proportion of these (43%) reported working fewer than 10 programmed activities (PAs) per week. This has had a knock-on effect across the specialty – almost half the workforce (48.2%) reported working less-than-whole-time.

The charitable sector employs 43.8% of consultants in the specialty; this is almost equal to the number of purely NHS posts (44.9%). Many consultants worked across more than one location, combining hospital, community and hospice settings. The stream of funding to charity posts is often complex, but it is likely that a large proportion is the result of charity fundraising.

Compared with most specialties, consultants in palliative medicine spent slightly fewer PAs per week in clinical work (6.8 PAs) and slightly more in supporting activities (2.9 PAs) (compared with 8.1 and 2.7 respectively for the average consultant). This may reflect the higher proportion of management roles required in a hospice or combined post. It is also to be noted that on average consultants in palliative medicine reported a smaller proportion of time dedicated to academic activities per week (0.3 PAs) when compared with the mean across all medical specialties (0.8 PAs).

The geographical distribution of consultant posts across the UK can be viewed in the map featured in the report.

### Estimate of need for the consultant workforce in palliative medicine

The RCP's estimated minimum workforce requirement for palliative medicine is two whole-time-equivalent (WTE) consultants per 250,000 of population.\* This represents a headcount of 631 (510 WTE) working across the UK. There is a significant shortfall in England which was estimated to have 326 WTE in post in 2012, compared with an estimated need for 429 WTE (see below).

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\* Royal College of Physicians. *Consultant physicians working with patients: the duties, responsibilities and practice of physicians in medicine*, 5th edn. London: RCP, 2011: 183

### Estimated consultant workforce numbers with WTE counts for each country in the UK compared to current provision (SAC data 2012)

Country	2012 Population (in millions) <sup>†</sup>	———— RCP estimate <sup>‡</sup> ————		— Current SAC 2012 data <sup>§</sup> —	
		Headcount <sup>§</sup>	WTE	Headcount	WTE
England	53.6	530	424	404	326.0
Scotland	5.3	53	42	47	37.6
N Ireland	1.8	18	14.4	18	16.3
Wales	3.1	30	24.8	36	29.8
<b>UK</b>	<b>63.8</b>	<b>631</b>	<b>505.2</b>	<b>505</b>	<b>404.0</b>

These estimates of need were mainly based on the cancer workload and were undertaken towards the end of the 1990s, with the requirement to include the predicted increasing workload for cancer and long-term conditions, the context of the changes in skill-mix of specialist palliative care services over the last decade and the impact of the need to provide 7-day / 24-hour specialist palliative care services.

November 2013

**Dr Stephanie Gomm**

*Consultant in palliative medicine  
Workforce lead, Association for Palliative Medicine*

<sup>†</sup> Office for National Statistics. *Annual Mid-year Population Estimates for England and Wales, 2012* (26 June 2013). [www.ons.gov.uk/ons/rel/pop-estimate/population-estimates-for-england-and-wales/mid-2012/mid-2012-population-estimates-for-england-and-wales.html](http://www.ons.gov.uk/ons/rel/pop-estimate/population-estimates-for-england-and-wales/mid-2012/mid-2012-population-estimates-for-england-and-wales.html) [Accessed November 2013]

General Register Office for Scotland. *Mid-2012 Population Estimates: Scotland* (8 August 2013). [www.gro-scotland.gov.uk/statistics/theme/population/estimates/mid-year/2012/index.html](http://www.gro-scotland.gov.uk/statistics/theme/population/estimates/mid-year/2012/index.html) [Accessed November 2013]

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<sup>‡</sup> Based on the participation ratio (0.8–0.96) for WTE and headcount in each country using SAC 2012 data (unpublished).

<sup>§</sup> Association for Palliative Medicine/SAC. Internal report: September 2012 (unpublished)

## Palliative medicine

### Consultant workforce by specialty and country

Specialty	England	Wales	Northern Ireland	Scotland	UK (2012)	UK (2011)	Expansion (2011–2012)
Palliative medicine	415	28	16	43	502	474	5.9%
All specialties	10,235	579	326	1,081	12,221	11,810	3.5%

### Change in total number of consultants over time United Kingdom 2002–2012



### Consultant expansion in specialty vs all specialties United Kingdom 2003–2012



## Palliative medicine

### Number of consultants who will reach 65 years of age over the next 10 years – by specialty

Specialty	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Total	% of specialty
Palliative medicine	2	1	7	4	7	14	11	8	12	11	11	<b>88</b>	17.5
All specialties	137	159	175	186	210	258	261	304	340	338	384	<b>2,752</b>	22.5

### Consultant workforce by specialty and category of post

Specialty	Responses	Pure NHS	Pure academic/ research	Other (eg charity)	Joint NHS- academic (majority NHS funded)	Joint NHS- academic (majority academic funded)	Joint NHS- other (eg NHS and charity)
		%	%	%	%	%	%
Palliative medicine	256	44.9	–	43.8	3.5	3.1	4.7
All specialties	5,273	78.4%	0.7%	3.6%	8.6%	8.3%	0.4%

### Breakdown of whole-time and less-than-whole-time working – by gender

Specialty	Responses	— Whole-time —		— Less-than-whole-time —		— Female —		— Male —	
		Number	%	Number	%	Whole-time %	Less than-whole-time %	Whole-time %	Less than-whole-time %
Palliative medicine	249	129	51.8	120	48.2	43.2	56.8	75.8	24.2
All specialties	5,143	4,259	82.8%	884	17.2%	61.0%	39.0%	94.7%	5.3%

### Consultant workforce by age and gender

Age	Responses	— Female —		— Male —	
		% gender	Number	% gender	Number
34 and younger	29	14.6	23	1.4	6
35–39	111	53.2	84	6.5	27
40–44	117	59.5	94	5.5	23
45–49	92	39.2	62	7.2	30
50–54	77	34.2	54	5.5	23
55–59	57	20.3	32	6.0	25
60–64	18	6.3	10	1.9	8
65 and older	1	–	–	0.2	1
Unknown	–	–	–	–	–
Summary	502		359		143

## Palliative medicine

### Mean programmed activities (PAs) contracted per week

Specialty	Responses	Total PAs	Clinical PAs	Academic PAs	Supporting PAs	Other PAs
Palliative medicine	249	9.2	6.5	0.3	2.1	0.3
All specialties	5,143	10.6	7.5	0.7	2.0	0.4

### Mean programmed activities (PAs) worked per week

Specialty	Responses	Total PAs	Clinical PAs	Academic PAs	Supporting PAs	Other PAs
Palliative medicine	245	10.4	6.8	0.3	2.9	0.4
All specialties	5,075	11.8	8.1	0.8	2.7	0.2

### Mean programmed activities (PAs) worked per week – by gender

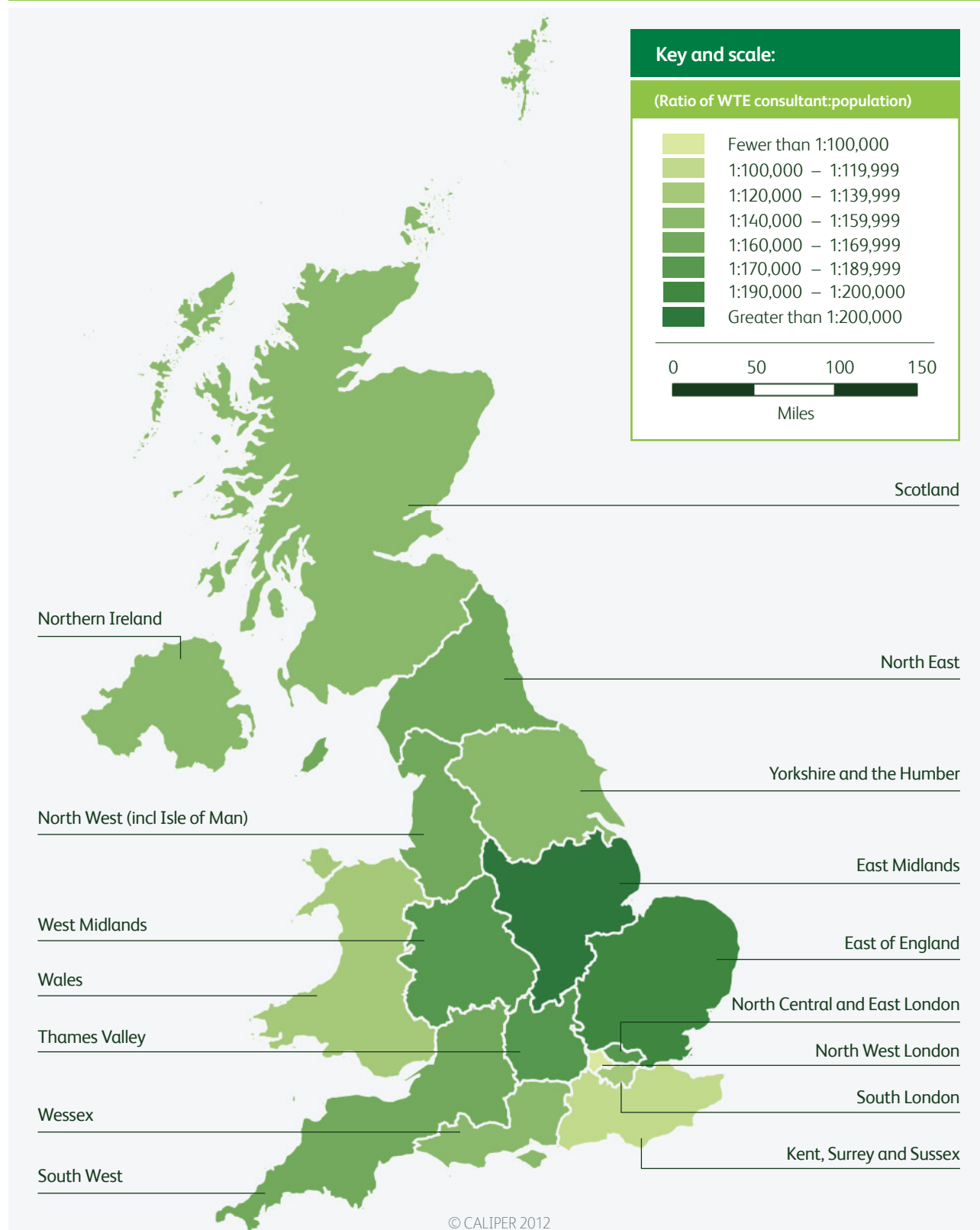
Gender	Responses	Fewer than 10 %	10–10.9 %	11–11.9 %	12–12.9 %	13–13.9 %	14–14.9 %	15 or more %
Female	179	43.0	17.3	16.2	13.4	3.4	3.4	3.4
Male	66	15.2	10.6	18.2	27.3	16.7	6.1	6.1

## Palliative medicine

### Population served by each whole-time equivalent (WTE) consultant

RCP recommendation 1:125,000 (approx)\*

Source: RCP consultant census – census date 30 September 2012



\*Royal College of Physicians. *Consultant physicians working with patients: the duties, responsibilities and practice of physicians in medicine, 5th edn.* London: RCP, 2011: 183 (recommendations may be rounded to the nearest 100 or 1,000 depending on scale)



# Census of consultant physicians in the UK 2012

## Specialty report: rehabilitation medicine (incl spinal paralysis)



# Census of consultant physicians in the UK, 2012

## Rehabilitation medicine (incl spinal paralysis)

### Commentary on specialty report

The RCP's 2012 census report appears to show that expansion in rehabilitation medicine (RM) has dried up when that does not appear to be the situation on the ground. The recent growth in consultant numbers has largely been due to the Trauma Initiative in England and Wales. The numbers are starting to stabilise now, but the push in this area will now have to come from setting up specialised rehabilitation medicine in community settings. It is hoped that clinical commissioning groups will see that the development of specialised rehabilitation plans (carried through and out into community practice) work well in trauma survivors, and that it is worth putting similar plans in place for people with long-term disabling health conditions.

There was a 1.8% retraction in the number of consultants in the specialty in 2012 compared to a 3.5% mean expansion across all specialties. There were several appointments during this year and I have asked the British Society of Rehabilitation Medicine (BSRM) to enquire about the accuracy of this. The worry is that the RM 'baby boomers' are now retiring (ie those people who entered the specialty at its inception as young consultants).

The establishment of new consultant posts has not taken place at the rate demanded by the BSRM. There were 164 whole-time equivalent (WTE) consultants with RM as their main specialty in England and Wales and a further 25 consultants with a different main specialty who also practise in RM.\* The number of consultants who worked less-than-whole-time was slightly below the average seen across all specialties, which is difficult to explain, as the specialty might be thought of as being attractive to that lifestyle. There remained serious under-provision despite the fact that the BSRM recommends a minimum of 1.5 whole-time equivalent consultants (WTEs) per 250,000 of the population, including 0.9 WTE for inpatient and standard outpatient services, and 0.6 WTE for community provision.

To achieve this level, there would need to be 195 WTE consultants for England and Wales, and 233 for the UK as whole – an increase of approximately 50% on current numbers. Additional consultants are required to serve patients with highly complex needs, so the numbers reported in the census are little over half of what is required. There is a likelihood that if consultant posts are dispersed into the community, there will be an even greater increase in the need for expansion in consultant numbers because of reduced productivity.

The difficulty finding suitable, eligible trainees for specialty training remains a serious problem for the specialty. Many specialties have this problem as well, but the difficulty is compounded in a relatively small specialty like RM. In addition, the paucity of academic numbers is disappointing despite the push to create appointments. We will have to keep on trying!

October 2013

**Professor Anthony B Ward**  
*Consultant in rehabilitation medicine*  
*British Society of Rehabilitation Medicine*

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\* BSRM internal data (unpublished). The basis of this is from workforce figures and extrapolation from data in: Royal College of Physicians. *Medical rehabilitation in 2011 and beyond*. Report of a working party. London: RCP, 2010.

## Rehabilitation medicine (incl spinal paralysis)

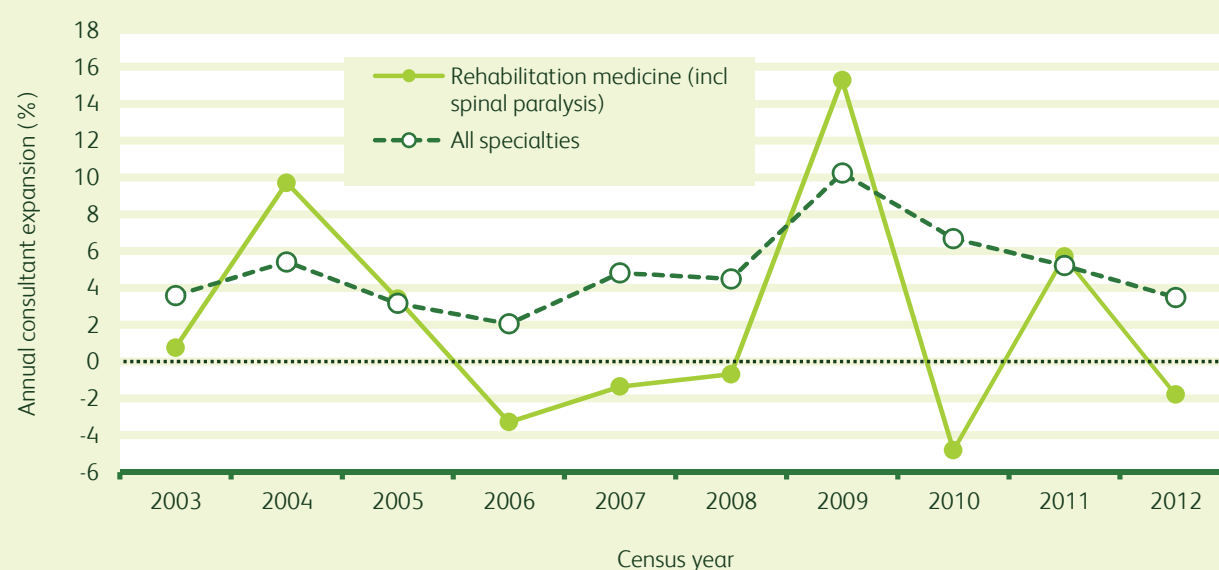
### Consultant workforce by specialty and country

Specialty	England	Wales	Northern Ireland	Scotland	UK (2012)	UK (2011)	Expansion (2011–2012)
Rehabilitation medicine (incl spinal paralysis)	135	6	4	19	164	167	-1.8%
All specialties	10,235	579	326	1,081	12,221	11,810	3.5%

### Change in total number of consultants over time United Kingdom 2002–2012



### Consultant expansion in specialty vs all specialties United Kingdom 2003–2012



## Rehabilitation medicine (incl spinal paralysis)

### Number of consultants who will reach 65 years of age over the next 10 years – by specialty

Specialty	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Total	% of specialty
Rehabilitation medicine (incl spinal paralysis)	3	9	5	6	5	6	6	4	5	2	5	56	34.1
All specialties	137	159	175	186	210	258	261	304	340	338	384	2,752	22.5

### Consultant workforce by specialty and category of post

Specialty	Responses	Pure NHS %	Pure academic/ research %	Other (eg charity) %	Joint NHS- academic (majority NHS funded) %	Joint NHS- academic (majority academic funded) %	Joint NHS- other (eg NHS and charity) %
Rehabilitation medicine (incl spinal paralysis)	80	83.8	—	3.8	5.0	5.0	2.5
All specialties	5,273	78.4%	0.7%	3.6%	8.6%	8.3%	0.4%

### Breakdown of whole-time and less-than-whole-time working – by gender

Specialty	Responses	— Whole-time —		— Less-than-whole-time —		— Female —		— Male —	
		Number		Number		Whole-time		Whole-time	
		%	%	%	%	%	%	%	%
Rehabilitation medicine (incl spinal paralysis)	77	65	84.4	12	15.6	65.4	34.6	94.1	5.9
All specialties	5,143	4,259	82.8%	884	17.2%	61.0%	39.0%	94.7%	5.3%

### Consultant workforce by age and gender

Age	Responses	— Female —		— Male —	
		% gender	Number	% gender	Number
34 and younger	—	—	—	—	—
35–39	17	2.5	4	3.1	13
40–44	31	7.6	12	4.6	19
45–49	34	7.6	12	5.3	22
50–54	24	4.4	7	4.1	17
55–59	25	3.2	5	4.8	20
60–64	27	0.6	1	6.3	26
65 and older	6	0.6	1	1.2	5
Unknown	—	—	—	—	—
Summary	164		42		122

## Rehabilitation medicine (incl spinal paralysis)

### Mean programmed activities (PAs) contracted per week

Specialty	Responses	Total PAs	Clinical PAs	Academic PAs	Supporting PAs	Other PAs
Rehabilitation medicine (incl spinal paralysis)	77	10.2	7.5	0.4	2.0	0.3
All specialties	5,143	10.6	7.5	0.7	2.0	0.4

### Mean programmed activities (PAs) worked per week

Specialty	Responses	Total PAs	Clinical PAs	Academic PAs	Supporting PAs	Other PAs
Rehabilitation medicine (incl spinal paralysis)	77	11.4	8.5	0.4	2.3	0.2
All specialties	5,075	11.8	8.1	0.8	2.7	0.2

### Mean programmed activities (PAs) worked per week – by gender

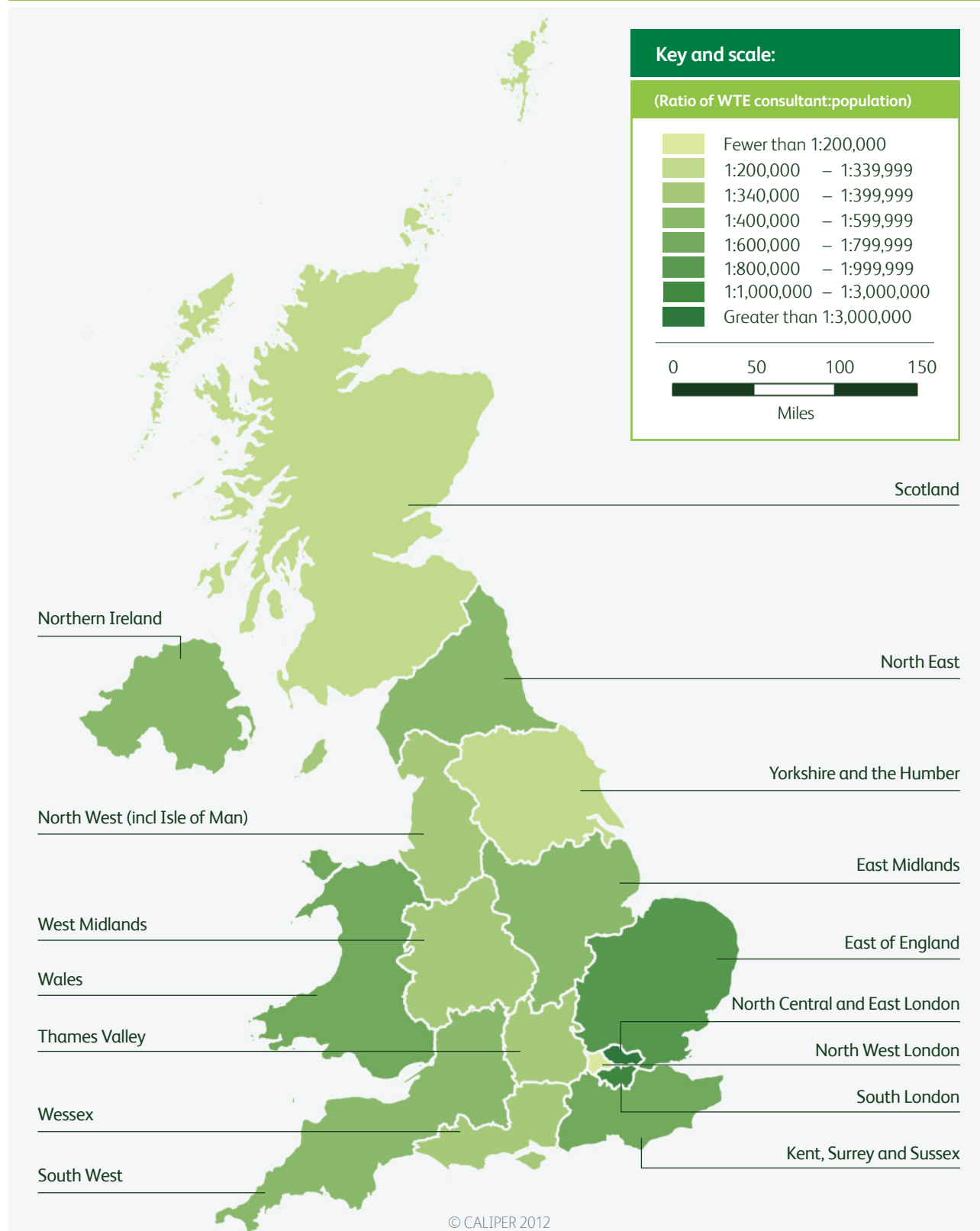
Gender	Responses	Fewer than 10 %	10–10.9 %	11–11.9 %	12–12.9 %	13–13.9 %	14–14.9 %	15 or more %
Female	26	26.9	15.4	19.2	19.2	7.7	7.7	3.8
Male	51	3.9	17.6	27.5	25.5	13.7	5.9	5.9

## Rehabilitation medicine (incl spinal paralysis)

### Population served by each whole-time equivalent (WTE) consultant

RCP recommendation 1:166,700 (approx)\*

Source: RCP consultant census – census date 30 September 2012



\*Royal College of Physicians. *Consultant physicians working with patients: the duties, responsibilities and practice of physicians in medicine, 5th edn.* London: RCP, 2011: 197–198 (recommendations may be rounded to the nearest 100 or 1,000 depending on scale)

# Census of consultant physicians in the UK 2012

## Specialty report: renal medicine





# Census of consultant physicians in the UK, 2012

## Renal medicine

### Commentary on specialty report

The number of consultants in renal medicine increased by only 2.8% (compared with 3.5% for all specialties) since 2011. This is significantly less than the 4% increase in the number of prevalent renal replacement therapy (RRT) patients (ie those with a transplant or receiving dialysis) during the same period. The specialty has therefore fallen further behind the planned need to expand the consultant workforce to a level considered necessary. Based on the British Renal Society's 2002 *National renal workforce planning report*, to provide an adequate standard of care the recommended ratio would be at least one whole-time-equivalent (WTE) nephrologist to 90–100 renal replacement therapy patients, requiring less than 590 WTE.\*

In 2012 there were 555 consultants in renal medicine. This equates to approximately 440 renal medicine WTEs (due to commitments to general (internal) medicine, academic and other responsibilities). However, the number required to provide a basic standard of care may be more than this for two reasons:

- > There has been an increased awareness of the prevalence of chronic kidney disease and need to prevent progression.
- > The NCEPOD report on acute kidney injury recommends that all acute admitting hospitals should have access to on-site nephrologists (or a dedicated nephrology service within a reasonable distance), and all level-3 units should have the ability to deliver dialysis with clinical input from a nephrologist.†

Consequently, individual workload continues to increase as demonstrated by the census data for 2012 which reported that contracted and worked programmed activities (PAs) are about 10% higher than average. The census also reported a higher proportion of academic PAs and a much lower rate of less-than-whole-time working than average

The proposed expansion in the number of consultants resulted in a large increase in training posts during 2003–2007, which was intended to be a temporary, but the subsequent reduction in numbers never happened. There are currently 320 funded clinical training posts (and about 420 trainees in total, including those on out-of-programme experience). Expected certificate of completion of training numbers and trainees' attitudes and aspirations regarding working practices (including less-than-whole-time working and training time) have been analysed using the Joint Royal Colleges of Physicians Training Board (JRCPTB) data and a trainee census.

It is clear that there is a significant oversupply of trainees and recruitment needs to be reduced substantially. By August 2014 20 posts will have been removed with a further review of future reductions due soon. However, since consultant expansion has stalled (and with only 30 expected retirements over the next five years) many trainees have been unable to obtain substantive consultant posts. Sadly this is a situation that will worsen unless significant expansion occurs.

October 2013

Dr Phil Mason

Consultant in renal medicine  
JSC and workforce lead, Renal Association

\* British Renal Society. *Recommendations of the national renal workforce planning group*. BRS: 2002. [www.britishrenal.org/getattachment/Workforce-Planning/WFP\\_Renal\\_Book1.pdf.aspx](http://www.britishrenal.org/getattachment/Workforce-Planning/WFP_Renal_Book1.pdf.aspx) [accessed Oct 2013]

† National Confidential Enquiry into Patient Outcome and Death. *Adding insult to injury: a review of the care of patients who died in hospital with a primary diagnosis of acute kidney injury (acute renal failure)*. NCEPOD, London:2009. [www.ncepod.org.uk/2009report1/Downloads/AKI\\_report.pdf](http://www.ncepod.org.uk/2009report1/Downloads/AKI_report.pdf) [accessed Oct 2012]

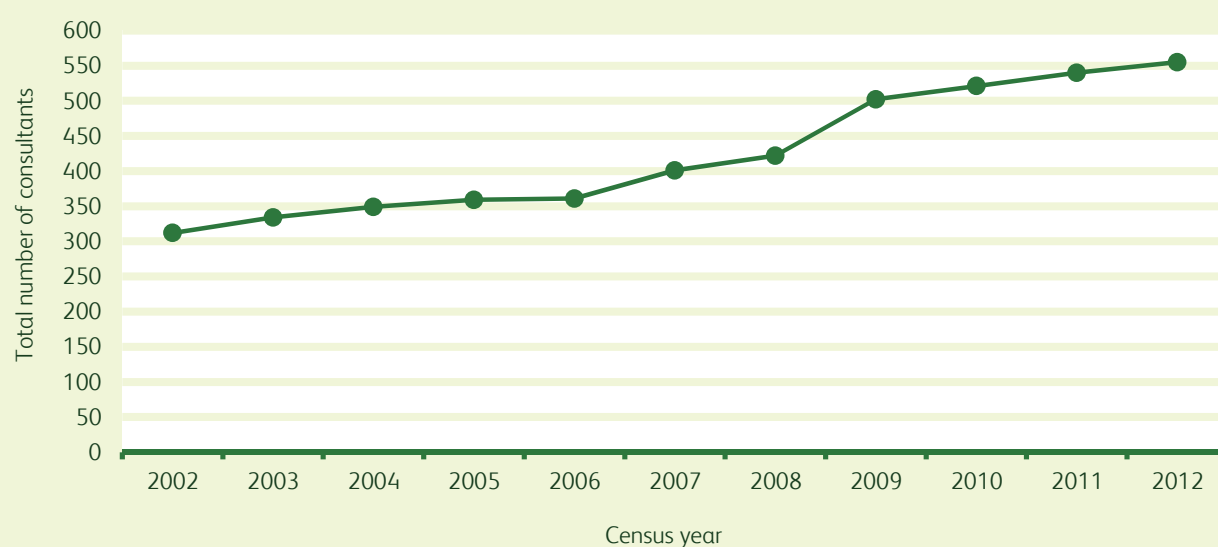


## Renal medicine

### Consultant workforce by specialty and country

Specialty	England	Wales	Northern Ireland	Scotland	UK (2012)	UK (2011)	Expansion (2011–2012)
Renal medicine	451	27	20	57	555	540	2.8%
All specialties	10,235	579	326	1,081	12,221	11,810	3.5%

### Change in total number of consultants over time United Kingdom 2002–2012



### Consultant expansion in specialty vs all specialties United Kingdom 2003–2012



## Renal medicine

### Number of consultants who will reach 65 years of age over the next 10 years – by specialty

Specialty	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Total	% of specialty
Renal medicine	8	7	6	3	5	12	8	7	19	18	14	<b>107</b>	19.3
All specialties	137	159	175	186	210	258	261	304	340	338	384	<b>2,752</b>	22.5

### Consultant workforce by specialty and category of post

Specialty	Responses	Pure NHS	Pure academic/ research	Other (eg charity)	Joint NHS- academic (majority NHS funded)	Joint NHS- academic (majority academic funded)	Joint NHS- other (eg NHS and charity)
		%	%	%	%	%	%
Renal medicine	263	78.3	0.8	0.8	10.6	9.1	0.4
All specialties	5,273	78.4%	0.7%	3.6%	8.6%	8.3%	0.4%

### Breakdown of whole-time and less-than-whole-time working – by gender

Specialty	Responses	— Whole-time —		— Less-than-whole-time —		— Female —		— Male —	
		Number	%	Number	%	Whole-time %	Less than-whole-time %	Whole-time %	Less than-whole-time %
Renal medicine	258	234	90.7	24	9.3	69.7	30.3	97.9	2.1
All specialties	5,143	4,259	82.8%	884	17.2%	61.0%	39.0%	94.7%	5.3%

### Consultant workforce by age and gender

Age	Responses	Female		Male	
		% gender	Number	% gender	Number
34 and younger	10	2.5	4	1.4	6
35–39	82	16.5	26	13.5	56
40–44	137	27.8	44	22.4	93
45–49	135	22.2	35	24.0	100
50–54	93	12.0	19	17.8	74
55–59	61	5.1	8	12.7	53
60–64	30	1.9	3	6.5	27
65 and older	4	–	–	1.0	4
Unknown	3	0.6	1	0.5	2
Summary	555		140	25.2%	415

## Renal medicine

### Mean programmed activities (PAs) contracted per week

Specialty	Responses	Total PAs	Clinical PAs	Academic PAs	Supporting PAs	Other PAs
Renal medicine	258	11.3	7.8	0.8	2.0	0.7
All specialties	5,143	10.6	7.5	0.7	2.0	0.4

### Mean programmed activities (PAs) worked per week

Specialty	Responses	Total PAs	Clinical PAs	Academic PAs	Supporting PAs	Other PAs
Renal medicine	255	12.7	8.4	1.0	3.0	0.2
All specialties	5,075	11.8	8.1	0.8	2.7	0.2

### Mean programmed activities (PAs) worked per week – by gender

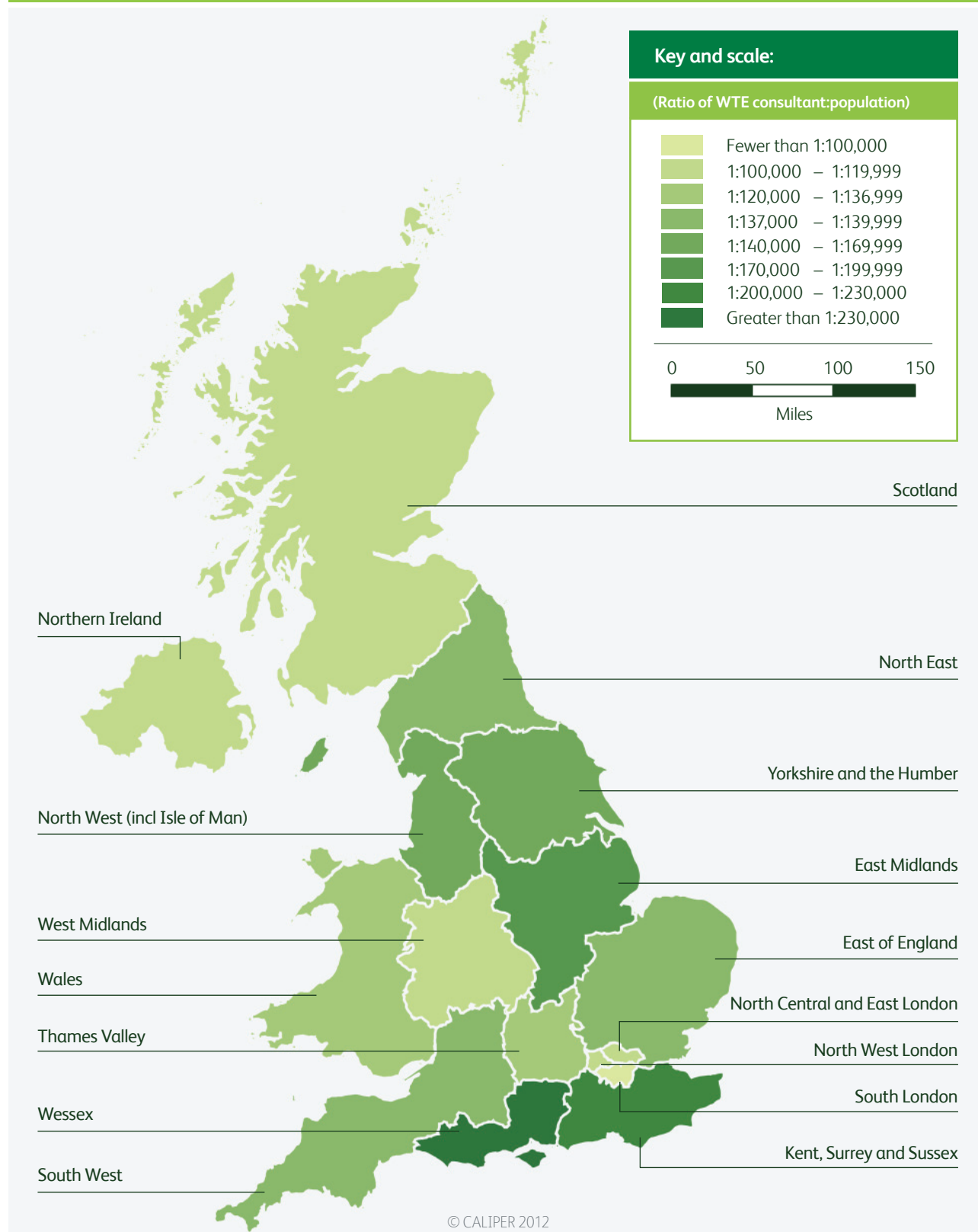
Gender	Responses	Fewer than 10 %	10–10.9 %	11–11.9 %	12–12.9 %	13–13.9 %	14–14.9 %	15 or more %
Female	65	20.0	10.8	20.0	21.5	9.2	12.3	6.2
Male	190	0.5	3.2	12.6	22.6	25.8	17.4	17.9

## Renal medicine

### Population served by each whole-time equivalent (WTE) consultant

RCP recommendation 1:109,400 (approx)\*

Source: RCP consultant census – census date 30 September 2012



\*Royal College of Physicians. *Consultant physicians working with patients: the duties, responsibilities and practice of physicians in medicine, 5th edn.* London: RCP, 2011: 208 (recommendations may be rounded to the nearest 100 or 1,000 depending on scale)

# Census of consultant physicians in the UK 2012

## Specialty report: respiratory medicine



# Census of consultant physicians in the UK, 2012

## Respiratory medicine

### Commentary on specialty report

Respiratory medicine saw a dramatic increase in consultant numbers in the period between 2008 and 2010. Although consultant numbers have continued to expand over the past two years, the rate of expansion plateaued in 2012 at 2.4% (there was 2.8% expansion in 2011) and remains lower than for many specialties.

The majority of respiratory physicians reported working whole-time and continued to contribute to the acute medical take. Of those who completed the census, 18% of respiratory physicians reported being in combined academic and NHS posts. Although the 2012 census showed that only 25% of respiratory physicians were women, there is an increasing trend in the number of female consultants under the age of 40 (age 35–39: 36.9%, 34 and under: 52%) reflecting the demographic of the specialty trainee workforce of which women now comprise about half. The number of consultants who worked in less-than-whole-time posts remained static at 10.7%.

Although the specialty has seen a slowing in the rate of expansion in consultant numbers, our trainees achieving certificate of completion of training (CCT) remain well placed in the job market. A recent survey by the British Thoracic Society (BTS) suggested\* that almost 10% of those with CCTs do not follow traditional paths for employment and, rather than enter consultant physician posts in the UK, they move abroad, become academics, work with pharmaceutical or legal companies and, less commonly, leave medicine entirely. Respiratory and general (internal) medicine CCT-holders who wish to take up posts in acute medicine, or posts combining acute and respiratory medicine are well placed to do so.

Respiratory medicine is in a strong position to deliver high-quality acute and ongoing care to chest patients who are admitted to hospital, and we are keen to ensure that expert respiratory care for all our patients is available from the time of admission onwards, and to maintain and develop excellent integrated, subspecialist and tertiary services.

October 2013

Dr Caroline Elston

Consultant in respiratory medicine  
Chair, specialty workforce committee, BTS

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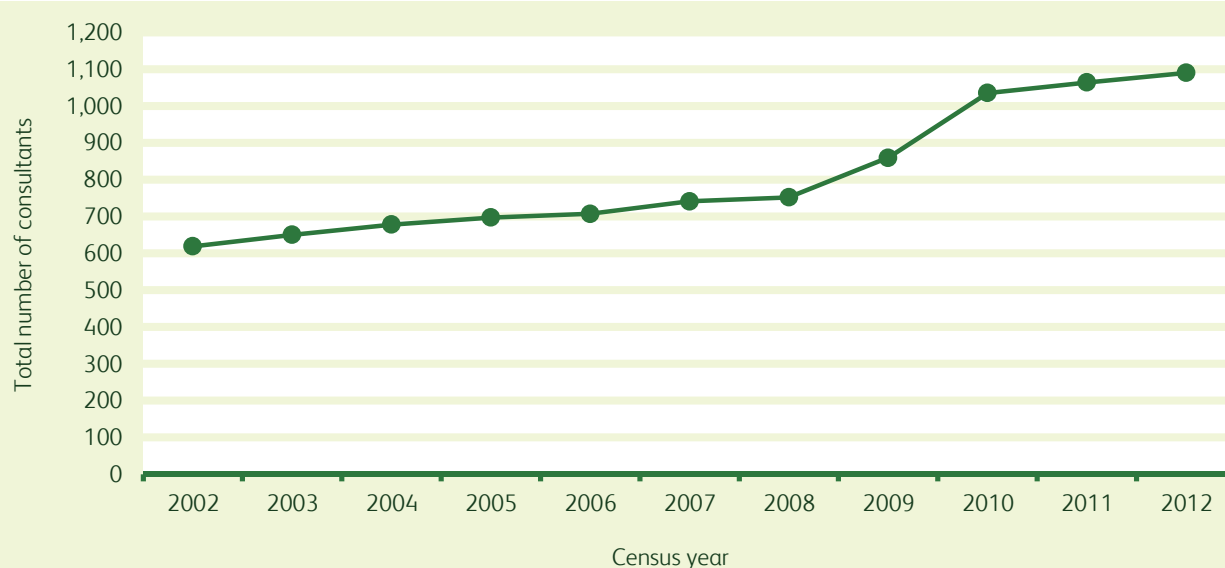
\* British Thoracic Society. *Specialty workforce committee survey: 2013* (unpublished)

## Respiratory medicine

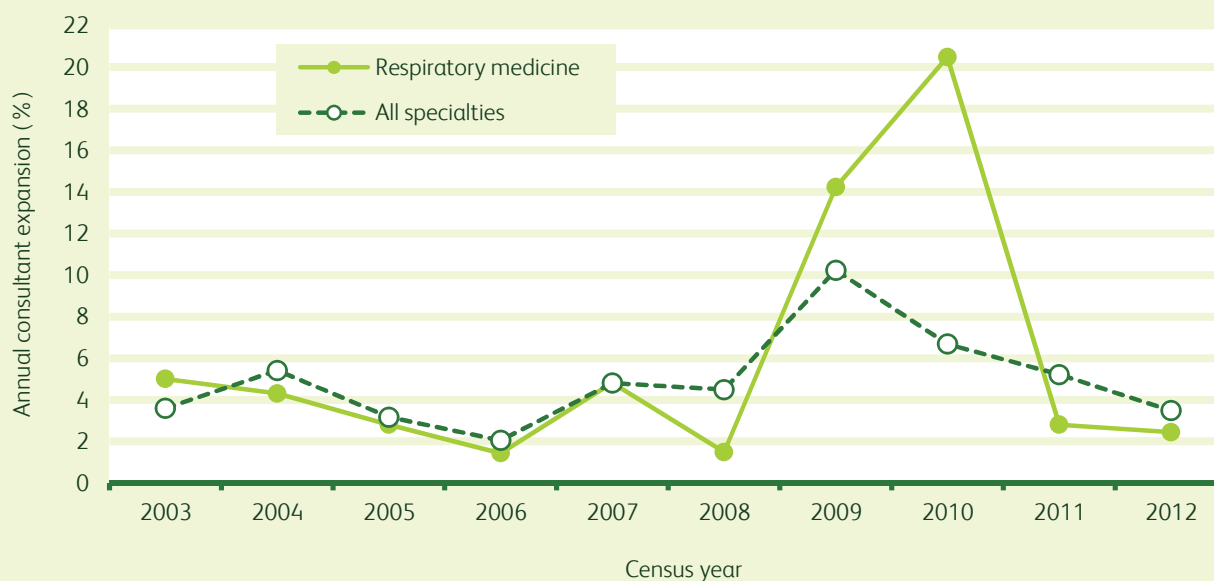
### Consultant workforce by specialty and country

Specialty	England	Wales	Northern Ireland	Scotland	UK (2012)	UK (2011)	Expansion (2011–2012)
Respiratory medicine	912	56	31	91	1,090	1,064	2.4%
All specialties	10,235	579	326	1,081	12,221	11,810	3.5%

### Change in total number of consultants over time United Kingdom 2002–2012



### Consultant expansion in specialty vs all specialties United Kingdom 2003–2012



## Respiratory medicine

### Number of consultants who will reach 65 years of age over the next 10 years – by specialty

Specialty	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Total	% of specialty
Respiratory medicine	9	17	14	19	14	16	28	24	20	26	23	210	19.3
All specialties	137	159	175	186	210	258	261	304	340	338	384	2,752	22.5

### Consultant workforce by specialty and category of post

Specialty	Responses	Pure NHS	Pure academic/ research	Other (eg charity)	Joint NHS- academic (majority NHS funded)	Joint NHS- academic (majority academic funded)	Joint NHS- other (eg NHS and charity)
		%	%	%	%	%	%
Respiratory medicine	449	79.5	0.7	1.8	10.0	8.0	–
All specialties	5,273	78.4%	0.7%	3.6%	8.6%	8.3%	0.4%

### Breakdown of whole-time and less-than-whole-time working – by gender

Specialty	Responses	— Whole-time —		— Less-than-whole-time —		—— Female ——		—— Male ——	
		Number	%	Number	%	Whole- time %	Less than- whole- time %	Whole- time %	Less than- whole- time %
Respiratory medicine	440	393	89.3	47	10.7	76.2	23.8	94.6	5.4
All specialties	5,143	4,259	82.8%	884	17.2%	61.0%	39.0%	94.7%	5.3%

### Consultant workforce by age and gender

Age	Responses	Female			Male		
		% gender	Number	% age group	% gender	Number	% age group
34 and younger	17	5.7	9	52.9	1.9	8	47.1
35–39	198	46.2	73	36.9	30.0	125	63.1
40–44	291	53.2	84	28.9	49.8	207	71.1
45–49	217	35.4	56	25.8	38.7	161	74.2
50–54	155	18.4	29	18.7	30.3	126	81.3
55–59	110	10.1	16	14.5	22.6	94	85.5
60–64	72	3.2	5	6.9	16.1	67	93.1
65 and older	27	–	–	–	6.5	27	100.0
Unknown	3	–	–	–	0.7	3	100.0
Summary	1,090		272	25.0%		818	75.0%



## Respiratory medicine

### Mean programmed activities (PAs) contracted per week

Specialty	Responses	Total PAs	Clinical PAs	Academic PAs	Supporting PAs	Other PAs
Respiratory medicine	440	11.0	7.7	0.7	2.1	0.5
All specialties	5,143	10.6	7.5	0.7	2.0	0.4

### Mean programmed activities (PAs) worked per week

Specialty	Responses	Total PAs	Clinical PAs	Academic PAs	Supporting PAs	Other PAs
Respiratory medicine	432	12.4	8.6	0.7	2.8	0.3
All specialties	5,075	11.8	8.1	0.8	2.7	0.2

### Mean programmed activities (PAs) worked per week – by gender

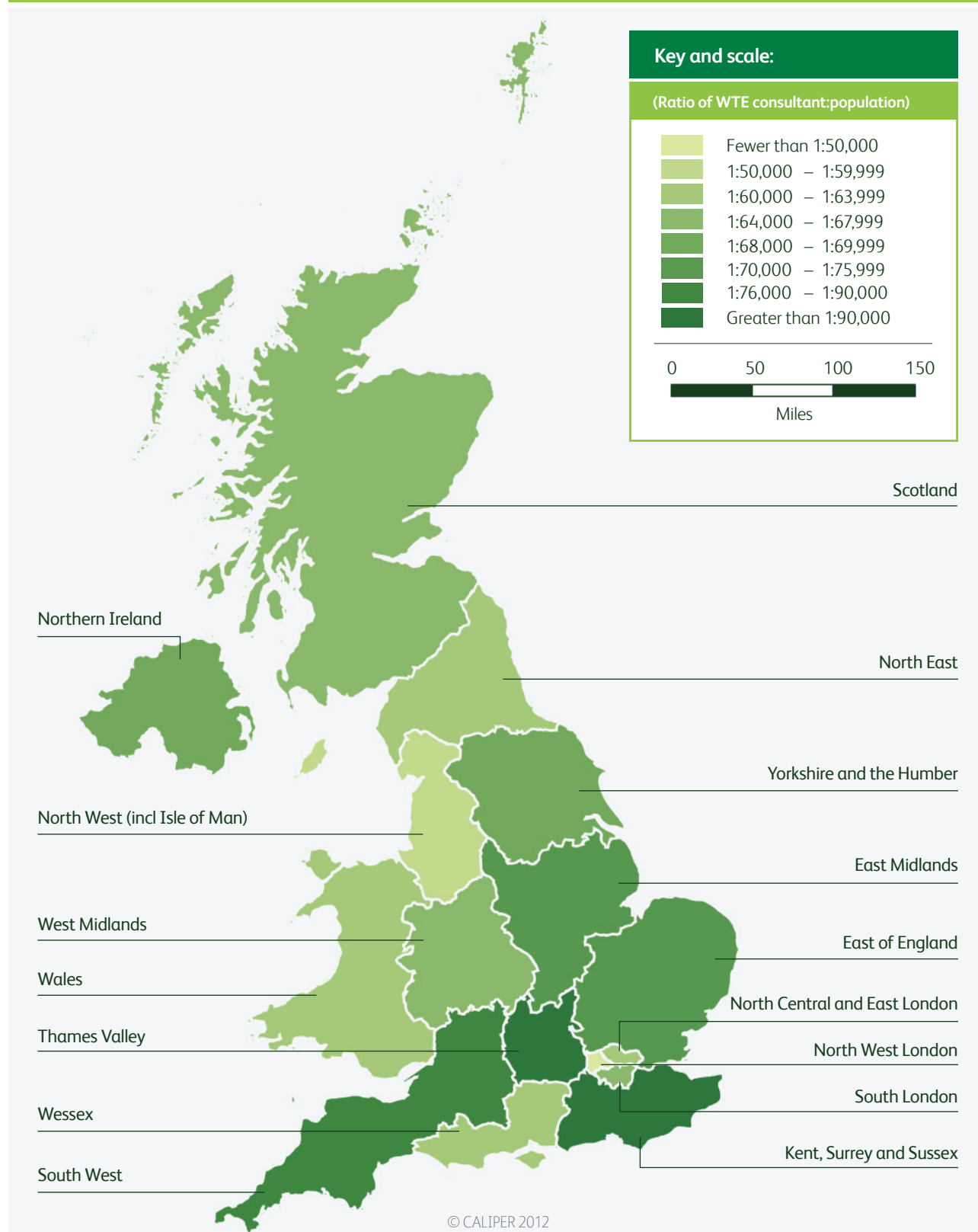
Gender	Responses	Fewer than 10 %	10–10.9 %	11–11.9 %	12–12.9 %	13–13.9 %	14–14.9 %	15 or more %
Female	125	16.0	12.8	16.0	20.0	20.0	9.6	5.6
Male	307	4.6	7.8	14.0	22.1	21.5	18.9	11.1

## Respiratory medicine

### Population served by each whole-time equivalent (WTE) consultant

RCP recommendation 1:35,800 (approx)\*

Source: RCP consultant census – census date 30 September 2012



\*Royal College of Physicians. *Consultant physicians working with patients: the duties, responsibilities and practice of physicians in medicine, 5th edn.* London: RCP, 2011: 218 (recommendations may be rounded to the nearest 100 or 1,000 depending on scale)

# Census of consultant physicians in the UK 2012

## Specialty report: rheumatology



# Census of consultant physicians in the UK, 2012

## Rheumatology

### Commentary on specialty report

The varied ways in which rheumatologists will be expected to deliver their specialist service over the next few years is likely to influence the demographics of the consultant workforce. In some areas of the country, there are pressures and changes that have already taken place to provide a service based in the community. In contrast to this, the increasing requirement to cover acute general (internal) medicine 24 hours per day, seven days per week is likely to impact on those rheumatologists that practice in a secondary care setting.

The 2012 census reported that consultant expansion continued in rheumatology but at a slower rate than the physician group as a whole (presumably influenced by the growth in acute medicine) and in comparison to previous years. The projected percentage of retirements mirrors that of other specialties.

The biggest change in the workforce is a gender shift in younger consultants. In the younger than 45 age group the ratio of male to female consultants was close to 1:1. In contrast, in the older than 45 age group, the ratio was more than 2:1 in favour of male consultants. Future workforce planning will need to take into account that a large percentage of female consultants in the specialty work less-than-whole-time (the 2012 census reported that 45% of female consultants worked this way). In addition, in 2012 it was mainly male consultants who worked more than 10 PAs.

All of these factors will impact on the likelihood that consultant expansion in rheumatology will need to increase over the next 5–10 years.

October 2013

Dr Simon Allard MD FRCP

Consultant rheumatologist

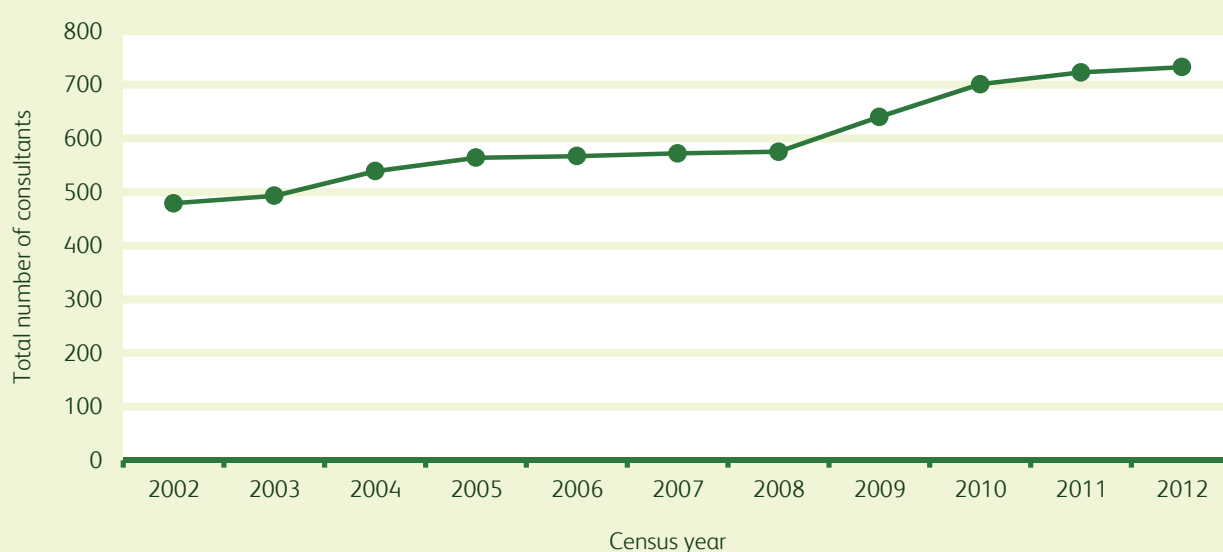
*Honorary secretary, British Society for Rheumatology, and past chair, rheumatology SAC*

## Rheumatology

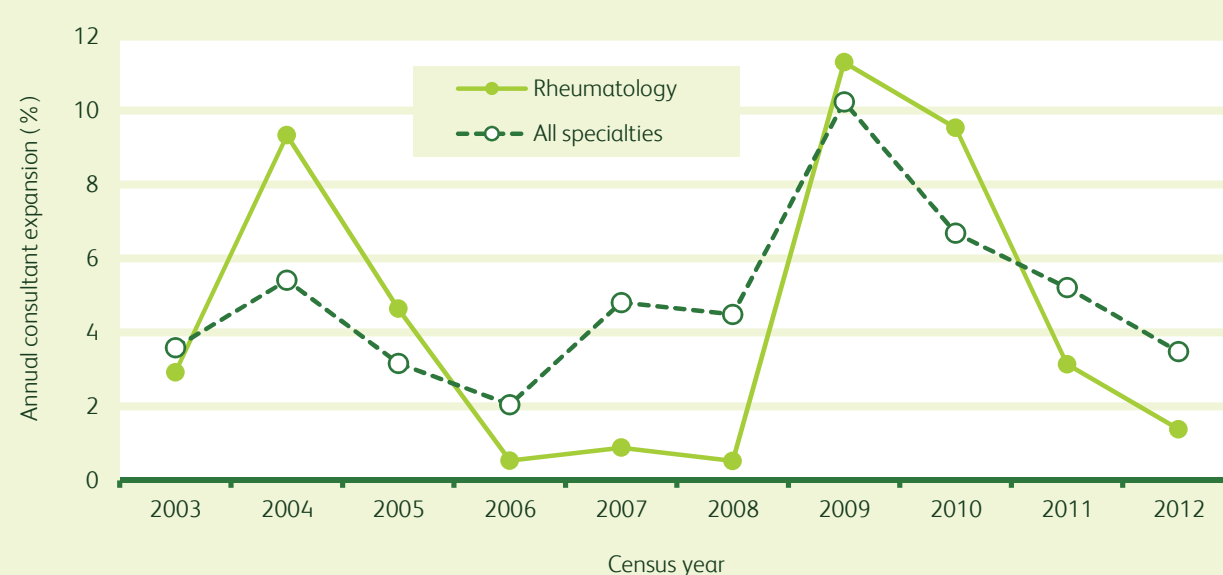
### Consultant workforce by specialty and country

Specialty	England	Wales	Northern Ireland	Scotland	UK (2012)	UK (2011)	Expansion (2011–2012)
Rheumatology	625	34	19	55	733	723	1.4%
All specialties	10,235	579	326	1,081	12,221	11,810	3.5%

### Change in total number of consultants over time United Kingdom 2002–2012



### Consultant expansion in specialty vs all specialties United Kingdom 2003–2012



## Rheumatology

### Number of consultants who will reach 65 years of age over the next 10 years – by specialty

Specialty	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Total	% of specialty
Rheumatology	8	10	11	12	19	16	16	10	16	25	23	<b>166</b>	22.6
All specialties	137	159	175	186	210	258	261	304	340	338	384	<b>2,752</b>	22.5

### Consultant workforce by specialty and category of post

Specialty	Responses	Pure NHS	Pure academic/ research	Other (eg charity)	Joint NHS- academic (majority NHS funded)	Joint NHS- academic (majority academic funded)	Joint NHS- other (eg NHS and charity)
		%	%	%	%	%	%
Rheumatology	360	77.2	1.4	1.9	10.0	9.4	–
All specialties	5,273	78.4%	0.7%	3.6%	8.6%	8.3%	0.4%

### Breakdown of whole-time and less-than-whole-time working – by gender

Specialty	Responses	— Whole-time —		— Less-than-whole-time —		—— Female ——		—— Male ——	
		Number	%	Number	%	Whole- time %	Less than- whole- time %	Whole- time %	Less than- whole- time %
Rheumatology	353	275	77.9	78	22.1	54.8	45.2	94.2	5.8
All specialties	5,143	4,259	82.8%	884	17.2%	61.0%	39.0%	94.7%	5.3%

### Consultant workforce by age and gender

Age	Responses	Female			Male		
		% gender	Number	% age group	% gender	Number	% age group
34 and younger	26	8.9	14	53.8	2.9	12	46.2
35–39	99	33.5	53	53.5	11.1	46	46.5
40–44	172	52.5	83	48.3	21.4	89	51.7
45–49	156	44.9	71	45.5	20.4	85	54.5
50–54	117	18.4	29	24.8	21.2	88	75.2
55–59	85	17.1	27	31.8	13.9	58	68.2
60–64	57	4.4	7	12.3	12.0	50	87.7
65 and older	16	1.3	2	12.5	3.4	14	87.5
Unknown	5	1.3	2	40.0	0.7	3	60.0
Summary	733		288	39.3%		445	60.7%

## Rheumatology

### Mean programmed activities (PAs) contracted per week

Specialty	Responses	Total PAs	Clinical PAs	Academic PAs	Supporting PAs	Other PAs
Rheumatology	353	10.1	6.9	0.8	2.0	0.4
All specialties	5,143	10.6	7.5	0.7	2.0	0.4

### Mean programmed activities (PAs) worked per week

Specialty	Responses	Total PAs	Clinical PAs	Academic PAs	Supporting PAs	Other PAs
Rheumatology	349	11.2	7.7	0.9	2.6	0.2
All specialties	5,075	11.8	8.1	0.8	2.7	0.2

### Mean programmed activities (PAs) worked per week – by gender

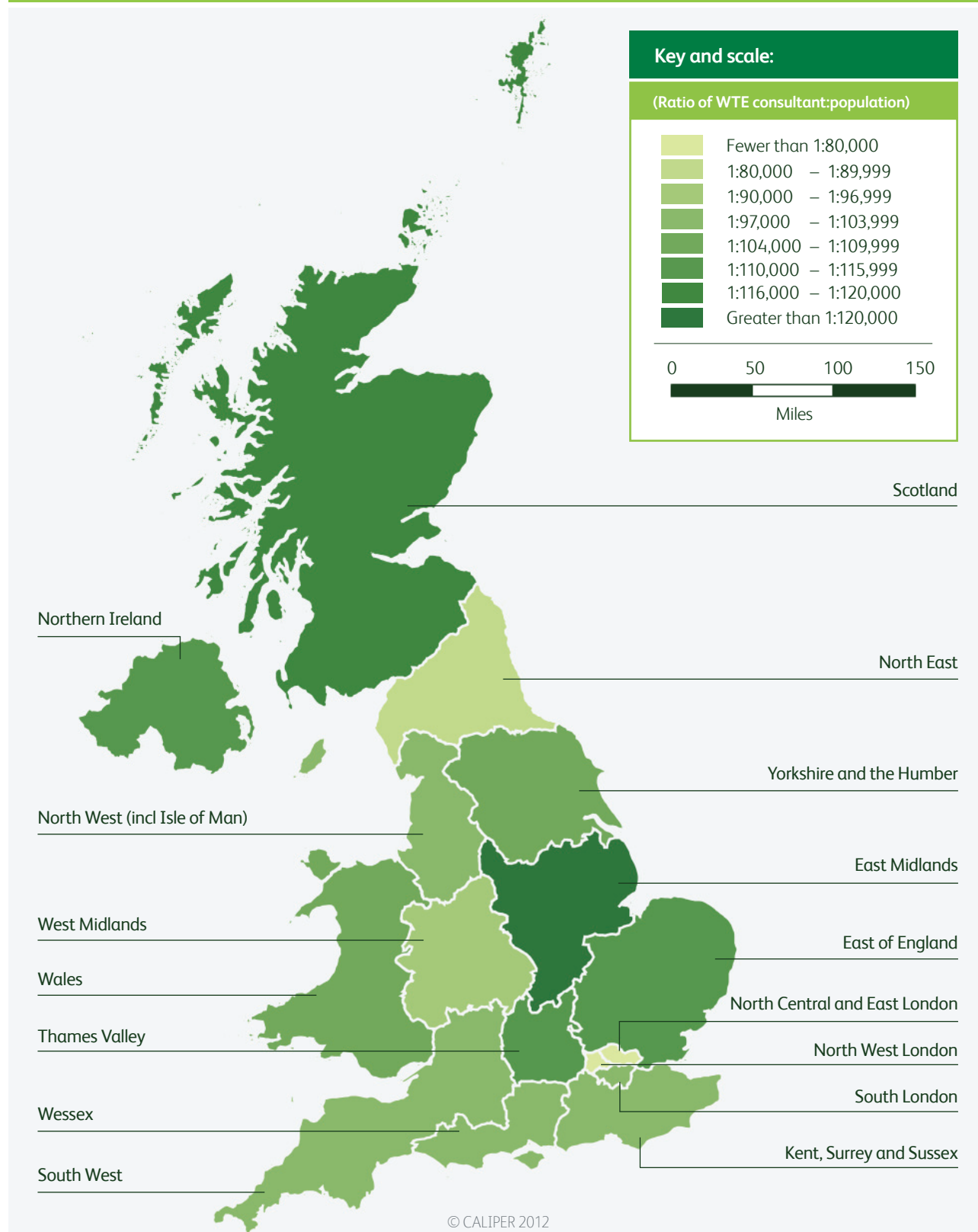
Gender	Responses	Fewer than 10 %	10–10.9 %	11–11.9 %	12–12.9 %	13–13.9 %	14–14.9 %	15 or more %
Female	147	36.7	15.6	14.3	19.0	8.2	0.7	5.4
Male	202	4.0	24.8	23.3	21.8	12.4	5.9	7.9

## Rheumatology

### Population served by each whole-time equivalent (WTE) consultant

RCP recommendation 1:86,000 (approx)\*

Source: RCP consultant census – census date 30 September 2012



\*Royal College of Physicians. *Consultant physicians working with patients: the duties, responsibilities and practice of physicians in medicine, 5th edn.* London: RCP, 2011: 229–231 (recommendations may be rounded to the nearest 100 or 1,000 depending on scale)



# Census of consultant physicians in the UK 2012

## Specialty report: sport and exercise medicine



# Census of consultant physicians in the UK, 2012

## Sport and exercise medicine

### Commentary on specialty report

Sport and exercise medicine (SEM) is still a small specialty and any data must be interpreted with some caution. In the commentary for the 2011 census,<sup>\*</sup> it was noted that the Faculty of Sport and Exercise Medicine had 550 members and fellows, and that 55 doctors were, at that time, on the GMC register for SEM. Since the census reports on substantive consultants in NHS practice the data herein may not accurately reflect the nature of SEM work undertaken across the UK by privately employed consultants, nor those in other specialties (eg rheumatology) who may work in SEM roles. The RCP aims to find out more about SEM consultants in the NHS in future censuses.

The RCP's census of consultant physicians reported that there were eight consultants in sport and exercise medicine across the UK in 2012, seven of whom completed the census (87.5%).

The RCP's 2011 census reported an increase of three consultants since 2010, and a further consultant was added in 2012 (this represents a 14.3% expansion from 2011).

The RCP's census reported that there were no women working in the specialty in 2012. There were, however, eight female trainees enrolled with JRCPTB in sport and exercise medicine, making up 25.8% of the medical registrar workforce in the specialty. The census showed that 14.3% of consultant posts are purely NHS-funded, with the majority (42.9%) being joint-NHS-academic posts. It is predicted that 2 consultants (comprising 25.0% of the consultant workforce) will reach retirement age by 2023.

Mean programmed activities (PAs) have decreased slightly since 2011, although such changes may be the result of the small number of responses to the census. Respondents reported being contracted for 9.4 PAs per week while actually working 10.7 PAs per week (2011 data showed 10.7 PAs contracted and 11.8 PAs worked).

November 2013

Dr Andrew Goddard  
Director, Medical Workforce Unit

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<sup>\*</sup> Federation of the Royal Colleges of Physicians of the UK. *Census of consultant physicians and medical registrars in the UK, 2011: data and commentary*. London: Royal College of Physicians, 2013: 234

## Sport and exercise medicine

### Consultant workforce by specialty and country

Specialty	England	Wales	Northern Ireland	Scotland	UK (2012)	UK (2011)	Expansion (2011–2012)
Sport and exercise medicine	7	–	1	–	8	7	14.3%
All specialties	10,235	579	326	1,081	12,221	11,810	3.5%

### Number of consultants who will reach 65 years of age over the next 10 years – by specialty

Specialty	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Total	% of specialty
Sport and exercise medicine	–	–	1	–	–	–	–	–	–	–	1	2	25.0
All specialties	137	159	175	186	210	258	261	304	340	338	384	2,752	22.5

### Consultant workforce by specialty and category of post

Specialty	Responses	Pure NHS %	Pure academic/ research %	Other (eg charity) %	Joint NHS- academic (majority NHS funded) %	Joint NHS- academic (majority academic funded) %	Joint NHS- other (eg NHS and charity) %
Sport and exercise medicine	7	14.3	–	42.9	28.6	14.3	–
All specialties	5,273	78.4%	0.7%	3.6%	8.6%	8.3%	0.4%

### Breakdown of whole-time and less-than-whole-time working – by gender

Specialty	Responses	— Whole-time —		— Less-than-whole-time —		— Female —		— Male —	
		Number	%	Number	%	Whole-time %	Less than-whole-time %	Whole-time %	Less than-whole-time %
Sport and exercise medicine	7	5	71.4	2	28.6	–	–	71.4	28.6
All specialties	5,143	4,259	82.8%	884	17.2%	61.0%	39.0%	94.7%	5.3%

## Sport and exercise medicine

### Consultant workforce by age and gender

Age	Responses	Female			Male		
		% gender	Number	% age group	% gender	Number	% age group
34 and younger	—	—	—	—	—	—	—
35–39	—	—	—	—	—	—	—
40–44	—	—	—	—	—	—	—
45–49	2	—	—	—	0.5	2	100.0
50–54	5	—	—	—	1.2	5	100.0
55–59	—	—	—	—	—	—	—
60–64	1	—	—	—	0.2	1	100.0
65 and older	—	—	—	—	—	—	—
Unknown	—	—	—	—	—	—	—
<b>Total</b>	<b>8</b>		<b>0</b>	<b>0.0%</b>		<b>8</b>	<b>100.0%</b>

### Mean programmed activities (PAs) contracted per week

Specialty	Responses	Total PAs	Clinical PAs	Academic PAs	Supporting PAs	Other PAs
Sport and exercise medicine	7	9.4	6.2	0.3	2.4	0.4
All specialties	5,143	10.6	7.5	0.7	2.0	0.4

### Mean programmed activities (PAs) worked per week

Specialty	Responses	Total PAs	Clinical PAs	Academic PAs	Supporting PAs	Other PAs
Sport and exercise medicine	7	10.7	6.4	0.6	3.6	0.7
All specialties	5,075	11.8	8.1	0.8	2.7	0.2

### Mean programmed activities (PAs) worked per week – by gender

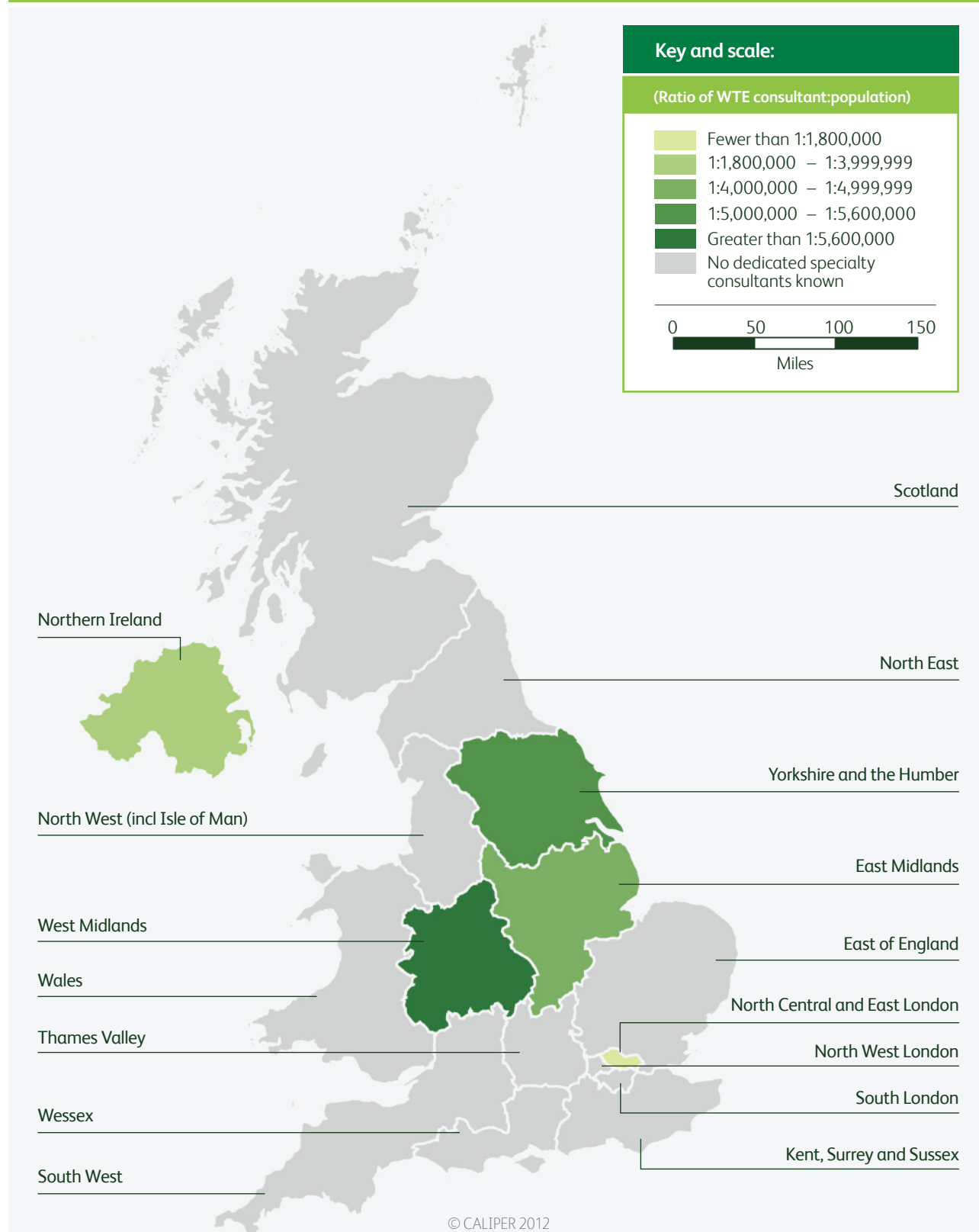
Gender	Responses	Fewer than 10 %	10–10.9 %	11–11.9 %	12–12.9 %	13–13.9 %	14–14.9 %	15 or more %
Female	—	—	—	—	—	—	—	—
Male	7	14.3	28.6	—	14.3	42.9	—	—

## Sport and exercise medicine

### Population served by each whole-time equivalent (WTE) consultant

RCP recommendation 1:165,000 (approx)\*

Source: RCP consultant census – census date 30 September 2012



\*Royal College of Physicians. *Consultant physicians working with patients: the duties, responsibilities and practice of physicians in medicine, 5th edn.* London: RCP, 2011: 239 (recommendations may be rounded to the nearest 100 or 1,000 depending on scale)

# Census of consultant physicians in the UK 2012

## Specialty report: stroke medicine



# Census of consultant physicians in the UK, 2012

## Stroke medicine

### Commentary on specialty report

Despite being a relatively new specialty with significant new service developments that are advocated and compared to standards of a national sentinel audit by the RCP London,<sup>\*</sup> the rate of expansion in stroke consultant posts fell substantially from 2011 to 2012 (13.8% in 2012, 44.1% in 2011). In addition, the number of new posts again fell well short of the projected expansion of stroke consultants advised by the British Association of Stroke Physicians, in order to meet the targets of an evolving new stroke service in the UK.

The numbers of stroke consultants reported by the census may not accurately reflect the PAs that are provided for the stroke services. Firstly, this is because stroke medicine has one of the highest proportions of consultants who simultaneously contribute to the acute medicine on-call rotas in their hospitals. Secondly, their weekly timetable is also divided so that they often contribute the majority of their time to departmental work for other specialties eg, neurology, medicine for the elderly, acute medicine, or clinical pharmacology.

There is also a marked mismatch between available stroke medicine posts and appointments at consultant level, suggesting an insufficient supply of suitably qualified trainees. Furthermore, there is a striking regional mismatch in the ratio of stroke medicine specialists to population size (as reported by the census). Nevertheless, job satisfaction levels remain high despite stroke consultants reporting that they increasingly perform the tasks previously undertaken by junior doctors.

Stroke medicine is becoming more specialised, with consultants leading more comprehensive emergency stroke on-call rotas 24/7, often making use of new technology (eg telemedicine or advanced neuro-radiological techniques). Therefore, it is requisite that stroke services are supported by establishing an appropriate number of additional senior doctors, to allow further evolution of a consultant-led, equitable stroke service in Britain.

October 2013

Dr SR Hart

*Consultant in stroke medicine  
SAC workforce lead for stroke medicine*

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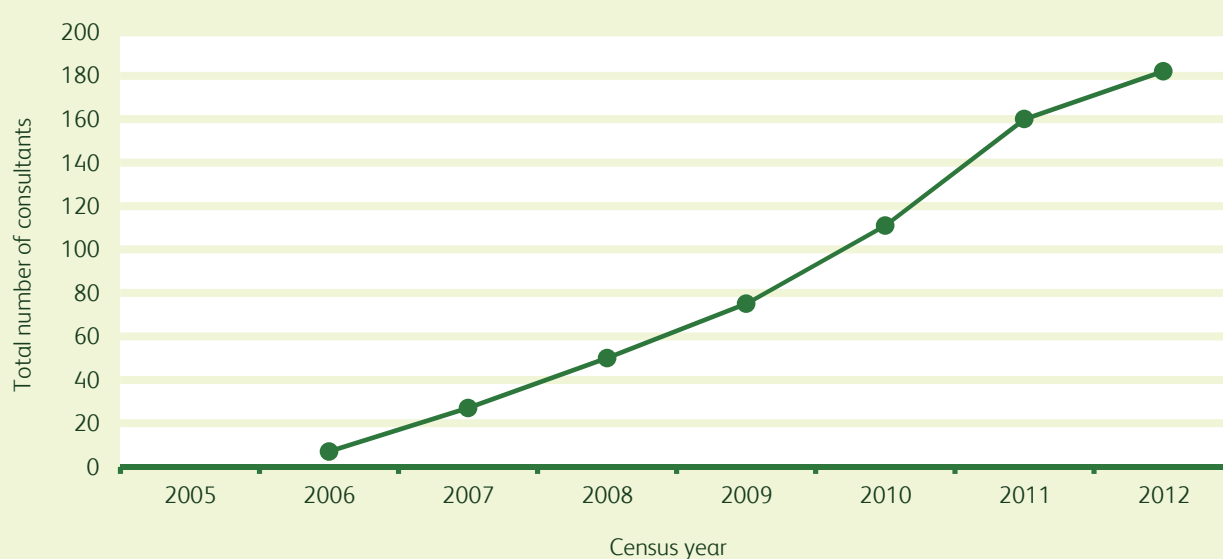
<sup>\*</sup> [www.rcplondon.ac.uk/resources/national-sentinel-stroke-audit](http://www.rcplondon.ac.uk/resources/national-sentinel-stroke-audit) [Accessed Oct 2013]

## Stroke medicine

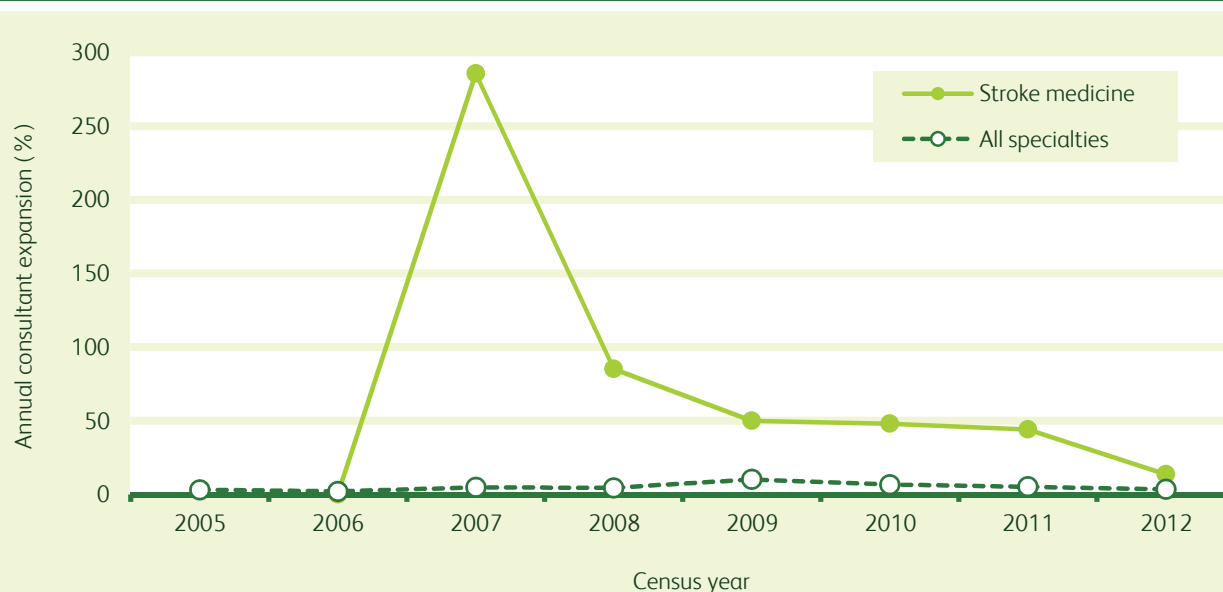
### Consultant workforce by specialty and country

Specialty	England	Wales	Northern Ireland	Scotland	UK (2012)	UK (2011)	Expansion (2011–2012)
Stroke medicine	169	3	2	8	182	160	13.8%
All specialties	10,235	579	326	1,081	12,221	11,810	3.5%

### Change in total number of consultants over time United Kingdom 2002–2012



### Consultant expansion in specialty vs all specialties United Kingdom 2003–2012





## Stroke medicine

### Number of consultants who will reach 65 years of age over the next 10 years – by specialty

Specialty	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Total	% of specialty
Stroke medicine	1	3	2	6	3	1	4	3	10	8	6	47	25.8
All specialties	137	159	175	186	210	258	261	304	340	338	384	2,752	22.5

### Consultant workforce by specialty and category of post

Specialty	Responses	Pure NHS	Pure academic/ research	Other (eg charity)	Joint NHS- academic (majority NHS funded)	Joint NHS- academic (majority academic funded)	Joint NHS- other (eg NHS and charity)
		%	%	%	%	%	%
Stroke medicine	98	78.6	–	–	13.3	7.1	1.0
All specialties	5,273	78.4%	0.7%	3.6%	8.6%	8.3%	0.4%

### Breakdown of whole-time and less-than-whole-time working – by gender

Specialty	Responses	— Whole-time —		— Less-than-whole-time —		— Female —		— Male —	
		Number	%	Number	%	Whole-time %	Less than-whole-time %	Whole-time %	Less than-whole-time %
Stroke medicine	95	85	89.5	10	10.5	66.7	33.3	97.2	2.8
All specialties	5,143	4,259	82.8%	884	17.2%	61.0%	39.0%	94.7%	5.3%

### Consultant workforce by age and gender

Age	Responses	— Female —		— Male —	
		% gender	Number	% gender	Number
34 and younger	4	1.3	2	0.5	2
35–39	35	6.3	10	6.0	25
40–44	50	10.1	16	8.2	34
45–49	26	2.5	4	5.3	22
50–54	25	4.4	7	4.3	18
55–59	26	1.3	2	5.8	24
60–64	14	–	–	3.4	14
65 and older	1	–	–	0.2	1
Unknown	1	–	–	0.2	1
Summary	182		41		141

## Stroke medicine

### Mean programmed activities (PAs) contracted per week

Specialty	Responses	Total PAs	Clinical PAs	Academic PAs	Supporting PAs	Other PAs
Stroke medicine	95	11.0	7.5	0.9	2.1	0.6
All specialties	5,143	10.6	7.5	0.7	2.0	0.4

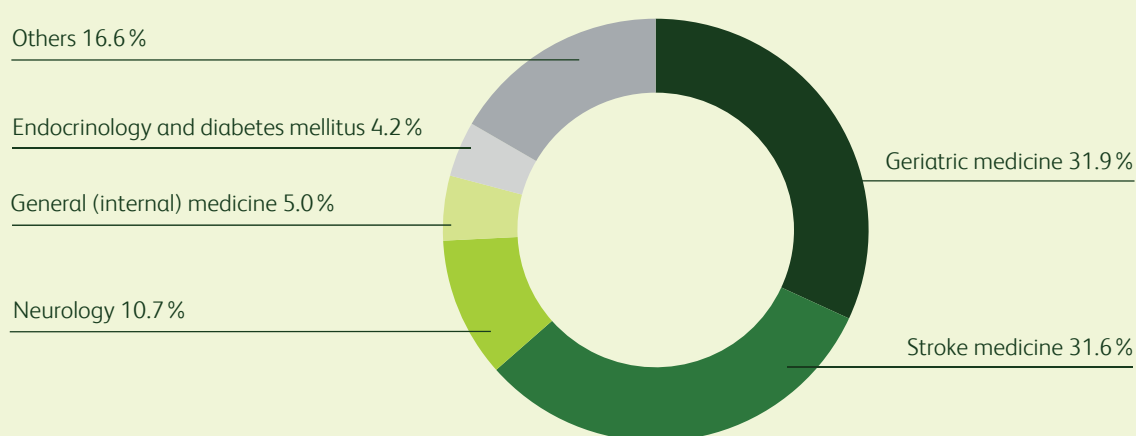
### Mean programmed activities (PAs) worked per week

Specialty	Responses	Total PAs	Clinical PAs	Academic PAs	Supporting PAs	Other PAs
Stroke medicine	95	12.3	8.7	0.8	2.8	0.2
All specialties	5,075	11.8	8.1	0.8	2.7	0.2

### Mean programmed activities (PAs) worked per week – by gender

Gender	Responses	Fewer than 10 %	10–10.9 %	11–11.9 %	12–12.9 %	13–13.9 %	14–14.9 %	15 or more %
Female	24	25.0	12.5	8.3	20.8	12.5	8.3	12.5
Male	71	2.8	11.3	14.1	25.4	18.3	18.3	9.9

### Percentage of total service provided by consultants who work in the field of stroke medicine

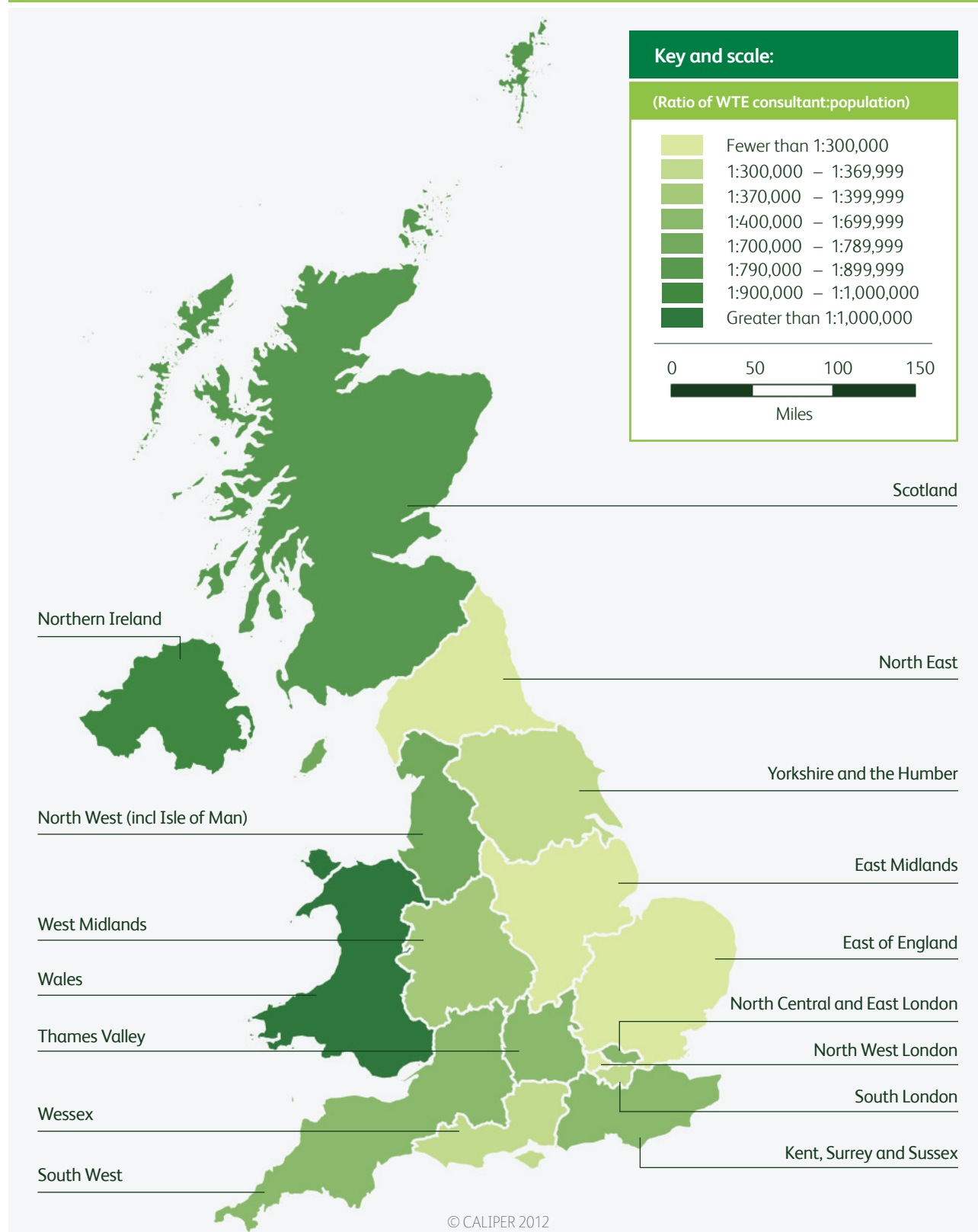


## Stroke medicine

### Population served by each whole-time equivalent (WTE) consultant

RCP recommendation 1:93,100 (approx)\*

Source: RCP consultant census – census date 30 September 2012



\*Royal College of Physicians. *Consultant physicians working with patients: the duties, responsibilities and practice of physicians in medicine, 5th edn.* London: RCP, 2011: 245 (recommendations may be rounded to the nearest 100 or 1,000 depending on scale)

# Census of medical registrars in the UK 2012–2013: data, figures and tables R1a–R24e



**R1a. Numbers of medical registrars – by specialty (2003–2013)****UK – all medical specialties**

Source: JRCPTB database 2003–2013

Specialty	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	Expansion (2012–2013)
Acute medicine	37	47	35	119	143	133	214	279	284 <sup>†</sup>	344 <sup>†</sup>	333 <sup>†</sup>	-5.0%
Allergy	3	4	3	6	7	6	8	11	13	13	11	-15.4%
Audiovestibular medicine	19	22	21	18	19	18	18	18	18	20	13	-35.0%
Cardiology	419	438	495	542	569	552	585	680	722	767	699	-8.9%
Clinical genetics	66	74	76	65	69	65	63	63	67	68	69	1.5%
Clinical neurophysiology	25	35	31	27	27	26	27	26	32	35	31	-11.4%
Clinical pharmacology and therapeutics	45	44	42	51	48	52	50	54	34	36	33	-8.3%
Dermatology	160	186	207	218	218	188	195	184	192	213	192	-9.9%
Endocrinology and diabetes mellitus	310	342	396	454	456	387	392	433	451	464	443	-4.5%
Gastroenterology	407	447	503	564	569	520	516	566	583	640	611	-4.5%
General (internal) medicine	–	–	–	–	–	–	–	–	3,460 <sup>†</sup>	3,836 <sup>†</sup>	3,734 <sup>†</sup>	10.9%
Genitourinary medicine and HIV/AIDS	116	113	116	133	157	136	145	149	162	171	135	-21.1%
Geriatric medicine	433	474	513	526	581	523	508	584	619	614	630	2.6%
Haematology	303	330	358	388	399	378	386	411	425	430	468	8.8%
Hepatology	–	–	–	9	19	19	22	16	11	11	2	-81.8%
Immunology	28	28	32	34	35	34	39	40	30	32	31	-3.1%
Infectious diseases and tropical medicine	93	112	118	127	128	125	159	187	198	209	201	-3.8%
Intensive care medicine	4	5	7	11	19	38	43	54	28	32	24	-25.0%
Medical oncology	192	216	219	232	231	209	209	216	213	223	214	-4.0%
Medical ophthalmology	–	–	–	4	4	4	5	7	6	7	4	-42.9%
Metabolic medicine	1	2	3	2	2	2	2	3	2	2	2	0.0%
Neurology	147	154	191	201	192	180	222	245	275	298	293	-1.7%
Nuclear medicine	10	17	23	22	15	15	23	19	18	20	10	-50.0%
Paediatric cardiology	32	32	44	45	38	31	31	37	30	36	35	-2.8%
Palliative medicine	164	173	179	196	207	194	206	208	220	243	214	-11.9%
Pharmaceutical medicine*	–	–	–	–	186	174	204	235	215	220	194	-11.8%
Rehabilitation medicine (incl spinal paralysis)	58	59	50	58	60	48	57	69	55	59	53	-10.2%
Renal medicine	254	284	301	336	359	336	347	390	373	405	407	0.5%
Respiratory medicine	366	423	522	578	612	553	529	598	638	687	660	-3.9%
Rheumatology	223	209	240	262	279	235	213	241	259	293	271	-7.5%
Sport and exercise medicine	–	–	–	–	–	–	17	24	37	40	31	-22.5%
Stroke medicine	–	–	–	14	19	26	37	56	18	80	29	-63.8%
<b>Total</b>	<b>3,915</b>	<b>4,270</b>	<b>4,725</b>	<b>5,242</b>	<b>5,667</b>	<b>5,207</b>	<b>5,472</b>	<b>6,103</b>	<b>6,265</b>	<b>6,726</b>	<b>6,342</b>	
<b>Year-on-year expansion</b>	<b>4.1%</b>	<b>9.1%</b>	<b>10.7%</b>	<b>10.9%</b>	<b>8.1%</b>	<b>-8.1%</b>	<b>5.1%</b>	<b>11.5%</b>	<b>2.7%</b>	<b>7.4%</b>	<b>-5.7%</b>	

\* These data were taken from the JRCPTB's database, rather than being obtained from the RCP's census of medical registrars. As such, pharmaceutical medicine appear in this table and any others for which the source is the JRCPTB's database. Elsewhere in the document they will not appear as the RCP census did not report on them.

<sup>†</sup> In 2012–13, 44 individuals were solely studying GIM; an additional 3,792 individuals were dual-accrediting in GIM with another specialty. Additionally, 288 individuals were solely studying acute medicine; an additional 56 individuals were dual-accrediting in acute medicine with another specialty

**R1b. Numbers of medical registrars – by specialty – including dual-accreditation (2012–2013)**  
**UK – all medical specialties**

Source: JRCPTB database 2012–2013

Specialty	2012		2013		2012–2013	
	Headcount Numbers	Training in specialty (incl dual-accreditation) Numbers	Headcount Numbers	Training in specialty (incl dual-accreditation) Numbers	Expansion in headcount %	Expansion in training (incl dual-accreditation) %
Acute medicine	303	344	288	333	-5.0	-3.2
Allergy	13	13	11	11	–	–
Audiovestibular medicine	20	21	13	13	-35.0	-38.1
Cardiology	767	767	699	699	-8.9	-8.9
Clinical genetics	68	75	69	69	1.5	-8.0
Clinical neurophysiology	35	37	31	31	-11.4	-16.2
Clinical pharmacology and therapeutics	36	36	33	33	-8.3	–
Dermatology	213	225	192	192	-9.9	-14.7
Endocrinology and diabetes mellitus	464	480	443	443	-4.5	-7.7
Gastroenterology	640	640	611	611	-4.5	-4.5
General (internal) medicine	55	3,836	44	3,734	-20.0	-2.7
Genitourinary medicine and HIV/AIDS	171	171	135	136	-21.1	-20.5
Geriatric medicine	614	668	630	636	2.6	-4.8
Haematology	430	459	468	468	8.8	2.0
Hepatology	11	14	2	22	–	57.1
Immunology	32	34	31	32	-3.1	-5.9
Infectious diseases and tropical medicine	209	209	201	202	-3.8	-3.3
Intensive care medicine	32	54	24	48	-25.0	-11.1
Medical oncology	223	229	214	214	-4.0	-6.6
Medical ophthalmology	7	7	4	4	-42.9	-42.9
Metabolic medicine	2	2	2	2	–	–
Neurology	298	314	293	293	-1.7	-6.7
Nuclear medicine	20	20	10	10	-50.0	-50.0
Paediatric cardiology	36	40	35	35	-2.8	-12.5
Palliative medicine	243	243	214	214	-11.9	-11.9
Pharmaceutical medicine*	220	220	194	194	-11.8	-11.8
Rehabilitation medicine (incl spinal paralysis)	59	59	53	55	-10.2	-6.8
Renal medicine	405	405	407	408	0.5	0.7
Respiratory medicine	687	687	660	660	-3.9	-3.9
Rheumatology	293	293	271	272	-7.5	-7.2
Sport and exercise medicine	40	55	31	31	-22.5	-43.6
Stroke medicine	80	86	29	112	-63.8	30.2
<b>Summary</b>	<b>6,726</b>	<b>10,834</b>	<b>6,342</b>	<b>10,217</b>	<b>-5.7%</b>	<b>-5.7%</b>

\* These data were taken from the JRCPTB's database, rather than being obtained from the RCP's census of medical registrars. As such, pharmaceutical medicine appear in this table and any others for which the source is the JRCPTB's database. Elsewhere in the document they will not appear as the RCP census did not report on them.

## R1c. Profile of responses by specialty and banding

### UK – all medical specialties

Source: RCP SpR/StR census – census date 25 July 2013

Specialty	Responses	1A %	1B %	1C %	2A %	2B %	3 %	Unknown %
Acute and general (internal) medicine	130	27.7	42.3	–	3.1	11.5	–	15.4
Allergy	4	25.0	–	–	–	–	–	75.0
Audiovestibular medicine	1	–	–	–	–	–	–	100.0
Cardiology	195	19.5	33.3	1.0	6.2	11.3	1.0	27.7
Clinical genetics	32	15.6	6.3	3.1	–	–	6.3	68.8
Clinical neurophysiology	10	20.0	30.0	–	–	–	20.0	30.0
Clinical pharmacology and therapeutics	11	18.2	36.4	–	27.3	–	–	18.2
Dermatology	64	20.3	35.9	6.3	3.1	10.9	–	23.4
Endocrinology and diabetes mellitus	131	13.7	35.9	0.8	6.1	16.0	–	27.5
Gastroenterology	215	20.0	36.7	–	3.7	14.0	0.5	25.1
Genitourinary medicine and HIV/AIDS	54	16.7	33.3	–	1.9	11.1	–	37.0
Geriatric medicine	258	17.8	43.8	–	5.0	13.2	0.4	19.8
Haematology	112	18.8	22.3	1.8	8.9	17.9	–	30.4
Hepatology	–	–	–	–	–	–	–	–
Immunology	6	–	66.7	–	–	–	–	33.3
Infectious diseases and tropical medicine	61	18.0	42.6	3.3	8.2	8.2	–	19.7
Intensive care medicine	2	100.0	–	–	–	–	–	–
Medical oncology	13	38.5	23.1	–	7.7	–	–	30.8
Medical ophthalmology	57	8.8	33.3	5.3	7.0	14.0	1.8	29.8
Metabolic medicine	1	–	–	–	–	–	–	100.0
Neurology	89	13.5	27.0	3.4	5.6	22.5	6.7	21.3
Nuclear medicine	2	–	–	–	–	50.0	–	50.0
Paediatric cardiology	13	30.8	–	–	–	23.1	15.4	30.8
Palliative medicine	111	33.3	27.0	–	6.3	9.9	–	23.4
Rehabilitation medicine (incl spinal paralysis)	23	13.0	26.1	4.3	4.3	–	–	52.2
Renal medicine	125	19.2	34.4	0.8	5.6	16.0	2.4	21.6
Respiratory medicine	227	16.3	41.0	0.9	6.6	8.8	–	26.4
Rheumatology	99	23.2	21.2	3.0	4.0	9.1	–	39.4
Sport and exercise medicine	13	15.4	7.7	7.7	–	–	–	69.2
Stroke medicine	2	–	–	–	–	–	–	100.0
Other	48	10.4	8.3	–	6.3	–	–	75.0
Unknown	1	–	100.0	–	–	–	–	–
<b>Summary</b>	<b>2,110</b>	<b>19.1%</b>	<b>33.6%</b>	<b>1.2%</b>	<b>5.4%</b>	<b>11.9%</b>	<b>0.9%</b>	<b>27.8%</b>

## R2a. Gender of the medical registrar workforce 2002–2013

### UK – all medical specialties

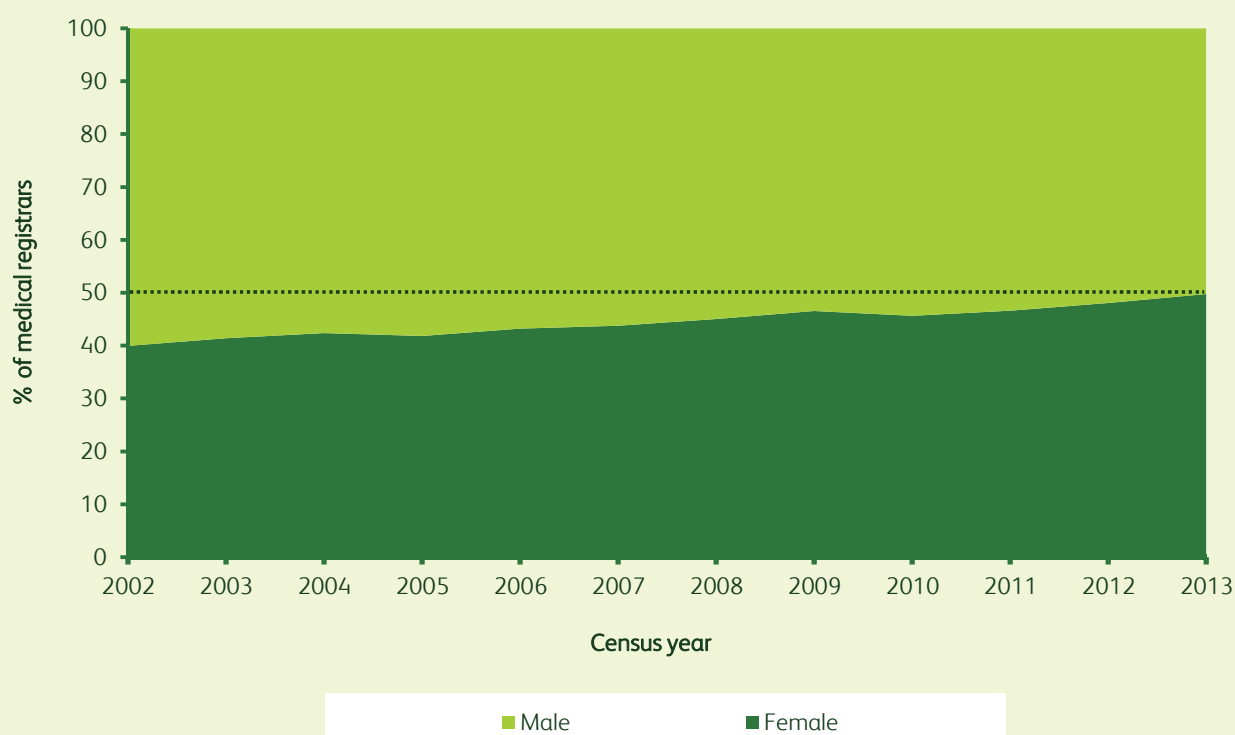
Source: JRCPTB database 2002–2013



## R2b. Gender of the medical registrar workforce 2002–2013

### UK – all medical specialties

Source: JRCPTB database 2002–2013





## R2c. Gender breakdown of the medical registrar workforce – by specialty (2005–2013)

UK – all medical specialties

Source: JRCPTB database 2005–2013

Specialty	2005		2006		2007		2008		2009		2010		2011		2012		2013	
	Male %	Female %	Male %	Female %	Male %	Female %	Male %	Female %	Male %	Female %	Male %	Female %	Male %	Female %	Male %	Female %	Male %	Female %
Acute medicine	71.4	28.6	64.7	35.3	60.1	39.9	53.4	46.6	63.6	36.4	59.9	40.1	62.1	37.9	57.4	42.6	56.6	43.4
Allergy	33.3	66.7	33.3	66.7	42.9	57.1	50.0	50.0	62.5	37.5	45.5	54.5	38.5	61.5	30.8	69.2	27.3	72.7
Audiovestibular medicine	33.3	66.7	27.8	72.2	31.6	68.4	33.3	66.7	33.3	66.7	38.9	61.1	21.1	78.9	30.0	70.0	46.2	53.8
Cardiology	82.8	17.2	81.4	18.6	80.3	19.7	79.7	20.3	80.0	20.0	78.4	21.6	79.2	20.8	78.7	21.3	78.4	21.6
Clinical genetics	19.7	80.3	20.0	80.0	18.8	81.2	20.0	80.0	17.5	82.5	25.4	74.6	14.3	85.7	13.2	86.8	15.9	84.1
Clinical neurophysiology	67.7	32.3	63.0	37.0	74.1	25.9	69.2	30.8	59.3	40.7	46.2	53.8	38.9	61.1	42.9	57.1	54.8	45.2
Clinical pharmacology and therapeutics	66.7	33.3	68.6	31.4	64.6	35.4	69.2	30.8	70.0	30.0	70.4	29.6	82.2	17.8	80.6	19.4	72.7	27.3
Dermatology	28.0	72.0	28.0	72.0	26.6	73.4	24.5	75.5	24.6	75.4	25.5	74.5	32.5	67.5	29.6	70.4	27.6	72.4
Endocrinology and diabetes mellitus	59.6	40.4	56.8	43.2	56.6	43.4	53.2	46.8	51.8	48.2	54.0	46.0	51.2	48.8	50.9	49.1	50.1	49.9
Gastroenterology	75.7	24.3	76.1	23.9	74.5	25.5	72.9	27.1	69.6	30.4	68.0	32.0	65.7	34.3	64.8	35.2	62.7	37.3
Genitourinary medicine and HIV/AIDS	25.0	75.0	24.1	75.9	26.8	73.2	25.0	75.0	26.9	73.1	25.5	74.5	23.0	77.0	21.6	78.4	13.3	86.7
Geriatric medicine	58.5	41.5	55.3	44.7	54.4	45.6	52.4	47.6	50.4	49.6	51.0	49.0	47.5	52.5	43.3	56.7	41.9	58.1
Haematology	48.3	51.7	46.9	53.1	47.6	52.4	46.0	54.0	44.0	56.0	43.8	56.2	40.6	59.4	42.1	57.9	38.0	62.0
Hepatology	–	–	88.9	11.1	78.9	21.1	78.9	21.1	81.8	18.2	75.0	25.0	72.7	27.3	45.5	54.5	50.0	50.0
Immunology	56.3	43.8	52.9	47.1	54.3	45.7	55.9	44.1	53.8	46.2	52.5	47.5	48.6	51.4	46.9	53.1	45.2	54.8
Infectious diseases and tropical medicine	–	–	60.2	47.5	57.5	43.3	55.5	42.2	60.8	66.4	48.7	51.3	50.0	50.0	42.6	57.4	43.8	56.2
Intensive care medicine	57.1	42.9	63.6	36.4	73.7	26.3	57.9	42.1	60.5	39.5	70.4	29.6	63.2	36.8	65.6	34.4	66.7	33.3
Medical oncology	42.9	57.1	42.7	57.3	42.0	58.0	39.7	60.3	37.3	62.7	38.4	61.6	38.2	61.8	36.3	63.7	34.6	65.4
Medical ophthalmology	–	–	75.0	25.0	50.0	50.0	75.0	25.0	20.0	80.0	28.6	71.4	50.0	50.0	57.1	42.9	75.0	25.0
Metabolic medicine	66.7	33.3	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	66.7	33.3	50.0	50.0	50.0	50.0	50.0	50.0
Neurology	65.4	34.6	64.2	35.8	63.5	36.5	58.9	41.1	58.1	41.9	58.0	42.0	59.5	40.5	59.1	40.9	57.3	42.7
Nuclear medicine	87.0	13.0	86.4	13.6	73.3	26.7	73.3	26.7	78.3	21.7	78.9	21.1	73.7	26.3	75.0	25.0	70.0	30.0
Paediatric cardiology	61.4	38.6	64.4	35.6	63.2	36.8	67.7	32.3	64.5	35.5	62.2	37.8	56.7	43.3	58.3	41.7	60.0	40.0
Palliative medicine	19.0	81.0	17.3	82.7	17.4	82.6	14.9	85.1	14.1	85.9	15.9	84.1	17.3	82.7	15.6	84.4	15.4	84.6
Pharmaceutical medicine*	–	–	–	–	64.0	36.0	64.4	35.6	63.2	36.8	62.1	37.9	59.7	40.3	60.5	39.5	58.8	41.2
Rehabilitation medicine (incl spinal paralysis)	68.0	32.0	65.5	34.5	68.3	31.7	68.8	31.3	61.4	38.6	63.8	36.2	56.5	43.5	50.8	49.2	50.9	49.1
Renal medicine	63.1	36.9	63.4	36.6	61.6	38.4	61.6	38.4	58.8	41.2	57.9	42.1	56.8	43.2	55.6	44.4	52.6	47.4
Respiratory medicine	63.4	36.6	58.1	41.9	57.0	43.0	54.2	45.8	53.1	46.9	52.8	47.2	54.4	45.6	54.4	45.6	53.2	46.8
Rheumatology	47.5	52.5	45.4	54.6	44.4	55.6	46.8	53.2	43.7	56.3	44.8	55.2	39.7	60.3	39.6	60.4	35.8	64.2
Sport and exercise medicine	–	–	–	–	–	–	–	–	64.7	35.3	62.5	37.5	65.8	34.2	72.5	27.5	74.2	25.8
Stroke medicine	–	–	57.1	42.9	68.4	31.6	61.5	38.5	73.0	27.0	80.4	19.6	71.6	28.4	67.5	32.5	65.5	34.5
<b>Summary</b>	<b>58.2</b>	<b>41.8</b>	<b>56.8</b>	<b>43.2</b>	<b>56.2</b>	<b>43.8</b>	<b>54.9</b>	<b>45.1</b>	<b>53.4</b>	<b>46.6</b>	<b>54.4</b>	<b>45.6</b>	<b>53.4</b>	<b>46.6</b>	<b>51.9</b>	<b>48.1</b>	<b>50.2</b>	<b>49.8</b>

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### R3. Age distribution of the medical registrar workforce

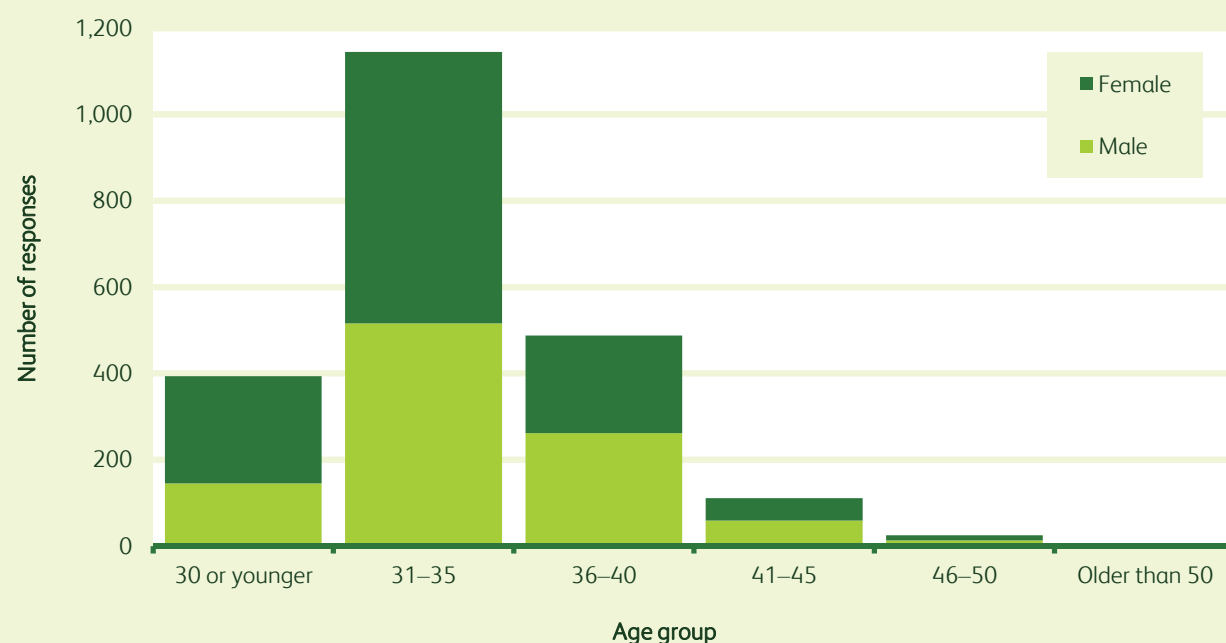
#### UK – all medical specialties

Source: JRCPTB database – 2 Oct 2013

Specialty	Responses	30 or younger %	31–35 %	36–40 %	41–45 %	46–50 %	Older than 50 %
Acute medicine	288	15.6	44.8	27.1	10.1	2.1	0.3
Allergy	11	9.1	36.4	27.3	18.2	–	9.1
Audiovestibular medicine	13	–	38.5	23.1	23.1	15.4	–
Cardiology	699	12.4	56.7	26.8	4.1	–	–
Clinical genetics	69	10.1	52.2	33.3	1.4	2.9	–
Clinical neurophysiology	31	3.2	38.7	45.2	9.7	3.2	–
Clinical pharmacology and therapeutics	33	12.1	51.5	30.3	6.1	–	–
Dermatology	192	22.9	54.7	19.3	2.6	0.5	–
Endocrinology and diabetes mellitus	443	10.2	51.0	28.2	8.1	2.3	0.2
Gastroenterology	611	14.1	55.8	26.4	2.3	1.5	–
General (internal) medicine	44	31.8	38.6	13.6	15.9	–	–
Genitourinary medicine and HIV/AIDS	135	20.0	52.6	20.7	4.4	1.5	0.7
Geriatric medicine	630	22.9	50.0	17.5	7.3	1.6	0.8
Haematology	468	17.9	53.2	21.4	4.7	2.4	0.4
Hepatology	2	–	50.0	50.0	–	–	–
Immunology	31	6.5	35.5	38.7	12.9	6.5	–
Infectious diseases and tropical medicine	201	8.0	56.7	28.9	6.5	–	–
Intensive care medicine	24	8.3	66.7	20.8	4.2	–	–
Medical oncology	214	11.2	55.6	29.0	3.7	0.5	–
Medical ophthalmology	4	–	50.0	25.0	25.0	–	–
Metabolic medicine	2	–	–	100.0	–	–	–
Neurology	293	15.7	52.9	25.9	4.4	1.0	–
Nuclear medicine	10	–	30.0	40.0	20.0	–	10.0
Paediatric cardiology	35	2.9	42.9	54.3	–	–	–
Palliative medicine	214	19.2	56.1	20.1	3.7	0.9	–
Rehabilitation medicine (incl spinal paralysis)	53	3.8	39.6	34.0	15.1	5.7	1.9
Renal medicine	407	15.5	55.0	25.1	3.9	0.5	–
Respiratory medicine	660	13.8	59.2	23.0	3.5	0.3	0.2
Rheumatology	271	16.2	56.8	19.9	5.9	1.1	–
Sport and exercise medicine	31	16.1	64.5	9.7	3.2	6.5	–
Stroke medicine	29	–	51.7	44.8	3.4	–	–
Other	192	0.5	21.4	38.5	25.5	7.3	6.8
<b>Summary</b>	<b>6,340</b>	<b>14.6%</b>	<b>52.8%</b>	<b>25.0%</b>	<b>5.8%</b>	<b>1.4%</b>	<b>0.4%</b>

#### R4. Profile of responses by age and gender UK – all medical specialties

Source: RCP SpR/StR census – census date 25 July 2013



#### R5. Profile of responses by ethnic origin UK – all medical specialties

Source: RCP SpR/StR census – census date 25 July 2013

Ethnicity	Responses	
	Number	%
African	22	1.0
Any other ethnic group	4	0.2
Arabic	15	0.7
Bangladeshi	11	0.5
British	793	36.0
Caribbean	5	0.2
Chinese or Chinese British	45	2.0
Indian	219	9.9
Irish	35	1.6
Malay	6	0.3
Middle Eastern	6	0.3
Pakistani	59	2.7
Mixed: white and Asian	20	0.9
Mixed: white and black African	2	0.1
Mixed: white and black Caribbean	1	0.0
Other Asian background	60	2.7
Other black background	4	0.2
Other mixed background	11	0.5
Other white background	68	3.1
Unknown/unanswered	816	37.1
<b>Summary</b>	<b>3,320</b>	

## R6. Profile of responses by gender and training contract UK – all medical specialties

Source: RCP SpR/StR census – census date 25 July 2013

Current training contract	Responses	Female		Male	
		Number	% of contract type	Number	% of contract type
Flexible	213	205	96.2	8	3.8
Whole-time	1,282	601	46.9	681	53.1
LAT	24	10	41.7	14	58.3
Maternity leave	67	65	97.0	2	3
Other OOPE	3	2	66.7	1	33.3
Academic clinical fellow	98	44	44.9	54	55.1
Research (OOPE)	293	130	44.4	163	55.6
Unknown	188	113	60.1	75	39.9
Other	4	3	75.0	1	25.0
<b>Summary</b>	<b>2,172</b>	<b>1,173</b>	<b>54.0%</b>	<b>999</b>	<b>46.0%</b>

## R7. Profile of whole- and less-than-whole-time medical registrars UK – all medical specialties

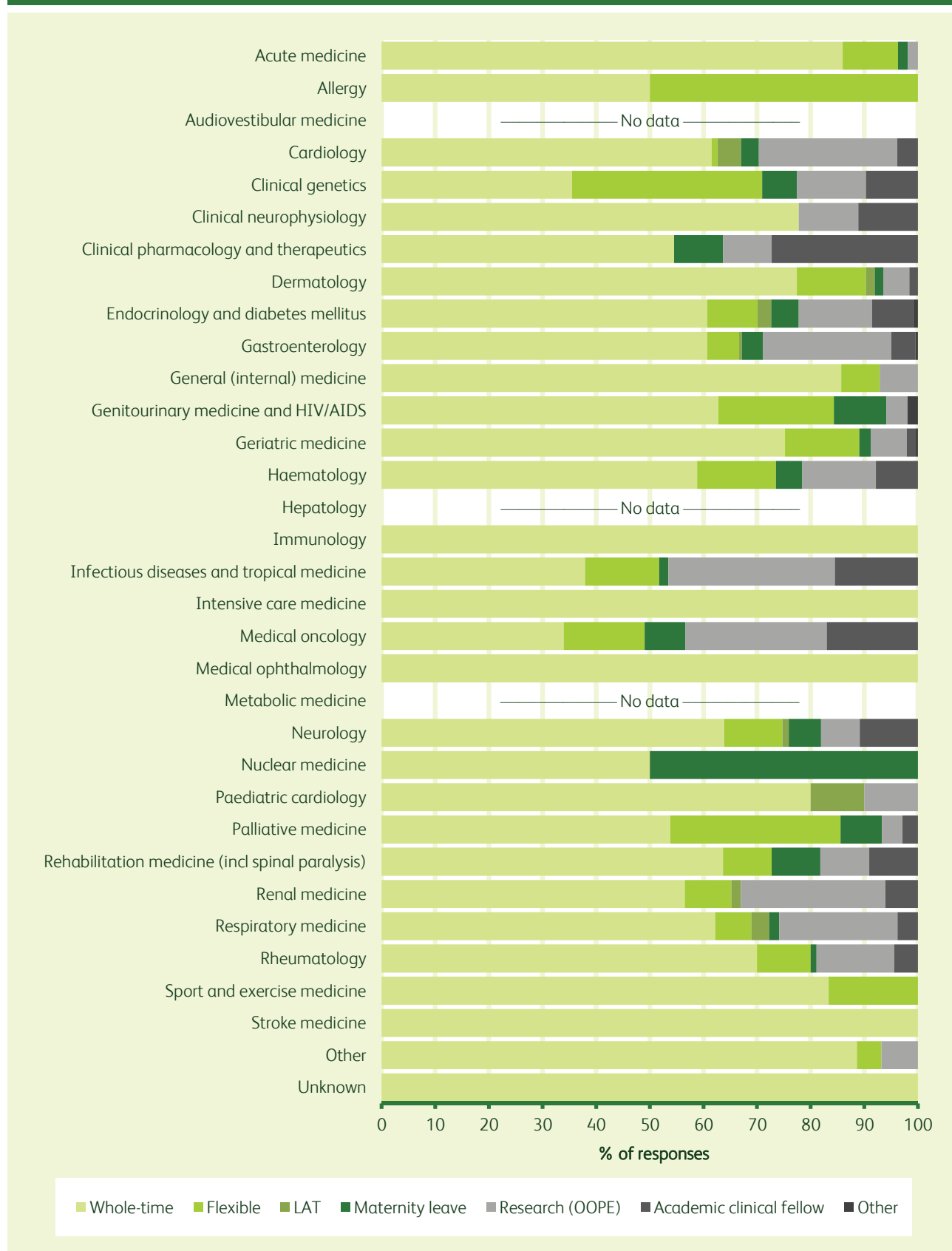
Source: RCP SpR/StR census – census date 25 July 2013

Contract	Responses	Female		Male	
		Number	% of gender working whole- or less-than-whole-time	Number	% of gender working whole- or less-than-whole-time
Whole-time	1,620	769	72.8	851	92.2
Less-than-whole-time	261	240	22.7	21	2.3
Unknown	98	47	4.5	51	5.5
<b>Summary</b>	<b>1,979</b>	<b>1,056</b>		<b>923</b>	

## R8. Profile of responses by specialty and contract type

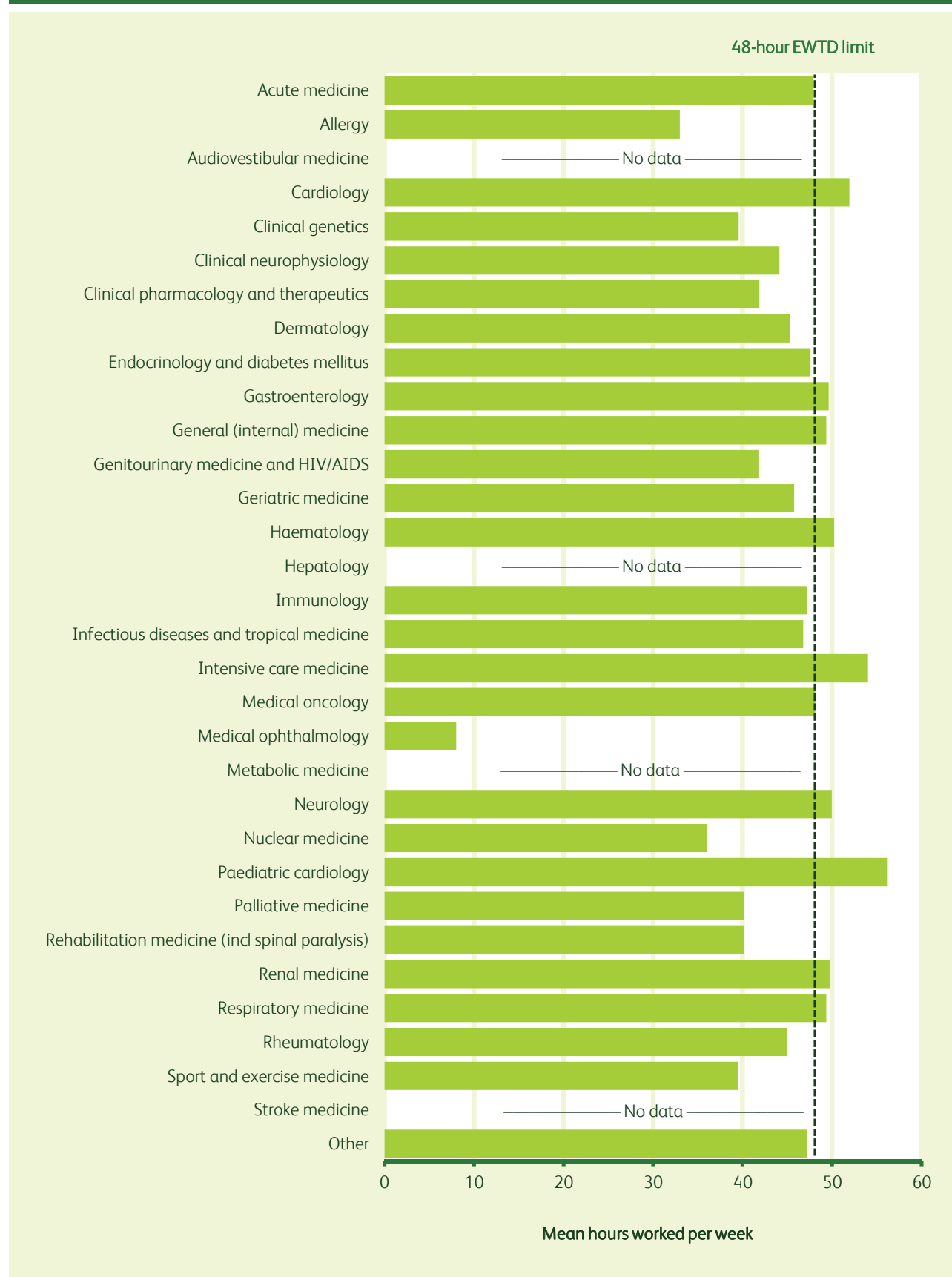
### UK – all medical specialties

Source: RCP SpR/StR census – census date 25 July 2013



## R9a. Mean hours worked in a typical week UK – all medical specialties

Source: RCP SpR/StR census – census date 25 July 2013



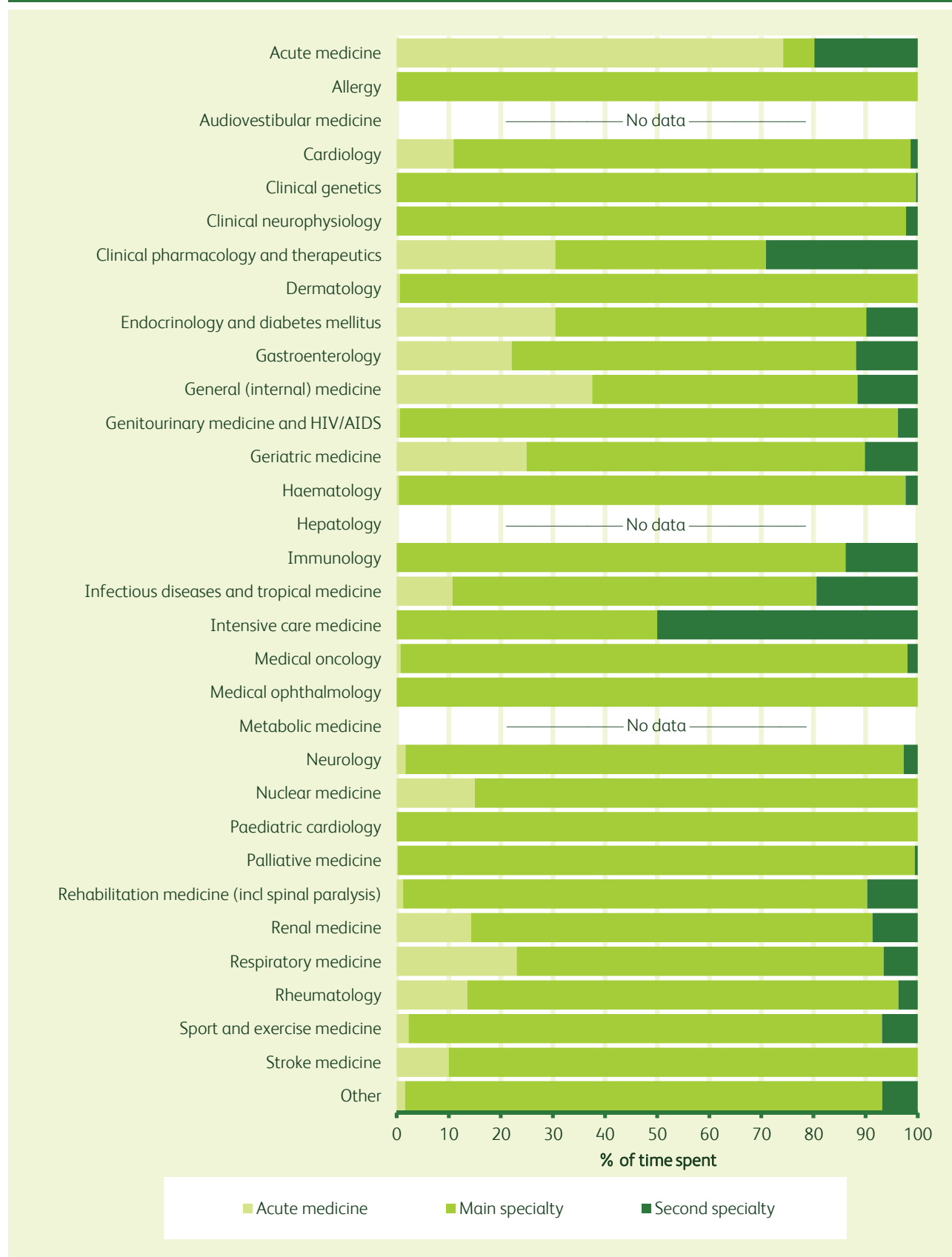
## R9b. Mean hours worked in a typical week UK – all medical specialties

Source: RCP SpR/StR census – census date 25 July 2013

Specialty	Responses	Mean hours per week	Whole-time		Less-than-whole-time	
			%	Mean hrs per week	%	Mean hours per week
Acute medicine	106	47.8	88.7	50.1	11.3	29.5
Allergy	2	33.0	50.0	40.0	50.0	26.0
Audiovestibular medicine	–	–	–	–	–	–
Cardiology	166	51.9	96.4	53.0	3.6	26.0
Clinical genetics	30	39.6	60.0	45.9	40.0	28.9
Clinical neurophysiology	9	44.1	100.0	44.1	–	–
Clinical pharmacology and therapeutics	10	41.9	80.0	48.1	20.0	20.0
Dermatology	60	45.3	88.3	47.3	11.7	31.0
Endocrinology and diabetes mellitus	113	47.6	87.6	49.9	12.4	31.8
Gastroenterology	187	49.6	89.8	51.6	10.2	32.4
General (internal) medicine	14	49.4	92.9	50.4	7.1	36.0
Genitourinary medicine and HIV/AIDS	51	41.8	78.4	45.9	21.6	29.4
Geriatric medicine	234	45.8	85.9	48.3	14.1	31.0
Haematology	93	50.2	82.8	52.8	17	38
Hepatology	–	–	–	–	–	–
Immunology	6	47.2	100	47.2	–	–
Infectious diseases and tropical medicine	54	46.8	85.2	48.7	14.8	36.0
Intensive care medicine	2	54.0	100.0	54.0	–	–
Medical oncology	48	48.1	79.2	51.2	20.8	36.7
Medical ophthalmology	1	8.0	100.0	8.0	–	–
Metabolic medicine	–	–	–	–	–	–
Neurology	79	50.0	86.1	52.5	13.9	34.1
Nuclear medicine	2	36.0	50.0	40.0	50.0	32.0
Paediatric cardiology	10	56.2	100.0	56.2	–	–
Palliative medicine	103	40.1	64.1	47.2	35.9	27.9
Rehabilitation medicine (incl spinal paralysis)	20	40.2	80.0	44.7	20.0	24.4
Renal medicine	105	49.7	86.7	52.4	13.3	29.8
Respiratory medicine	192	49.4	89.1	51.5	10.9	32.4
Rheumatology	87	45.0	83.9	48.4	16.1	26.3
Sport and exercise medicine	12	39.5	83.3	42.4	17	26
Stroke medicine	2	–	100.0	–	–	–
Other	44	47.2	88.6	49	11.4	31.5
<b>Summary</b>	<b>1,842</b>	<b>47.4</b>	<b>85.8%</b>	<b>50.2</b>	<b>14.2%</b>	<b>30.8</b>

# R10a. Percentage breakdown of hours worked in acute medicine, main specialty and second specialty UK – all medical specialties

Source: RCP SpR/StR census – census date 25 July 2013





**R10b. Percentage breakdown of hours worked**  
**UK – all medical specialties**

Source: RCP SpR/StR census – census date 25 July 2013

Specialty	Responders	Mean hours worked per week	% of time spent doing the following								
			Ward work	Outpatient clinics	Procedure lists	Admin	Acute medical unit	Out of hours (weekends)	Out of hours (nights / evenings)	Research	Other duties
Acute medicine	110	47.8	33.2	9.0	0.7	6.5	25.0	11.3	12.0	1.3	1.0
Allergy	4	33.0	–	44.0	–	11.0	–	–	–	45.0	–
Audiovestibular medicine	1	–	–	–	–	–	–	–	–	–	–
Cardiology	196	51.9	17.7	15.1	22.7	6.8	3.8	7.7	7.9	17.3	1.1
Clinical genetics	32	39.6	4.4	30.9	0.2	32.2	–	–	0.2	20.2	12.0
Clinical neurophysiology	10	44.1	5.6	35.0	23.3	13.3	–	3.9	2.2	5.6	11.1
Clinical pharmacology and therapeutics	11	41.9	28.3	10.7	1.1	7.8	12.0	5.7	7.1	25.7	1.7
Dermatology	64	45.3	8.6	50.5	12.6	11.4	0.1	4.3	3.2	7.2	2.1
Endocrinology and diabetes mellitus	131	47.6	22.3	26.7	0.2	10.1	7.2	8.6	8.7	14.5	1.6
Gastroenterology	215	49.6	20.8	15.9	14.4	6.9	6.7	8.0	8.3	17.4	1.6
General (internal) medicine	20	49.4	50.8	3.9	0.5	6.1	8.8	11.9	8.6	7.8	1.5
Genitourinary medicine and HIV/AIDS	54	41.8	7.5	56.5	0.5	13.3	–	5.0	5.1	9.4	2.7
Geriatric medicine	258	45.8	43.5	11.9	0.2	7.1	8.5	9.8	10.1	6.1	2.8
Haematology	111	50.2	30.5	19.0	5.2	7.8	0.9	8.1	7.2	16.0	5.3
Hepatology	–	–	–	–	–	–	–	–	–	–	–
Immunology	6	47.2	13.5	34.7	–	20.7	–	3.3	0.8	11.7	15.3
Infectious disease and tropical medicine	61	46.8	38.6	15.2	0.2	7.4	2.9	5.0	5.4	22.9	2.4
Intensive care medicine	2	54.0	25.0	–	32.5	–	–	19.5	20.0	–	3.0
Medical oncology	57	48.1	14.2	33.3	0.4	9.8	0.5	5.3	3.9	31.8	0.8
Medical ophthalmology	1	8.0	–	100.0	–	–	–	–	–	–	–
Metabolic medicine	–	–	–	–	–	–	–	–	–	–	–
Neurology	89	50.0	28.2	25.0	1.4	13.2	2.9	9.0	9.3	8.3	2.8
Nuclear medicine	2	36.0	25.0	10.0	40.0	10.0	10.0	5.0	–	–	–
Paediatric cardiology	13	56.2	22.5	30.8	8.3	8.5	0.6	10.6	12.8	1.6	4.4
Palliative medicine	111	40.1	53.6	8.8	–	10.3	–	8.4	6.6	6.3	6.1
Rehabilitation medicine (incl spinal paralysis)	23	40.2	44.3	21.8	3.3	10.3	–	3.0	4.1	10.5	2.7
Renal medicine	125	49.7	30.4	14.6	5.5	6.3	3.9	7.2	7.8	22.9	1.4
Respiratory medicine	229	49.4	28.1	19.7	7.5	6.6	6.7	7.7	7.6	14.8	1.3
Rheumatology	100	45.0	16.6	40.2	2.6	11.1	2.5	4.8	3.9	15.9	2.3
Sport and exercise medicine	13	39.5	0.0	64.5	3.2	10.0	–	7.3	0.5	5.9	8.6
Stroke medicine	2	–	65.0	10.0	–	15.0	–	5.0	5.0	–	–
Other	49	47.2	11.2	3.9	0.2	15.2	0.8	5.7	4.2	18.8	40.0
<b>Summary</b>	<b>2,100</b>	<b>47.4</b>	<b>27.5</b>	<b>20.5</b>	<b>5.9</b>	<b>8.9</b>	<b>5.5</b>	<b>7.7</b>	<b>7.5</b>	<b>13.4</b>	<b>3.2</b>

## R11. Rostered hours worked in a typical week and hours worked in busiest week

### UK – all medical specialties

Source: RCP SpR/StR census – census date 25 July 2013

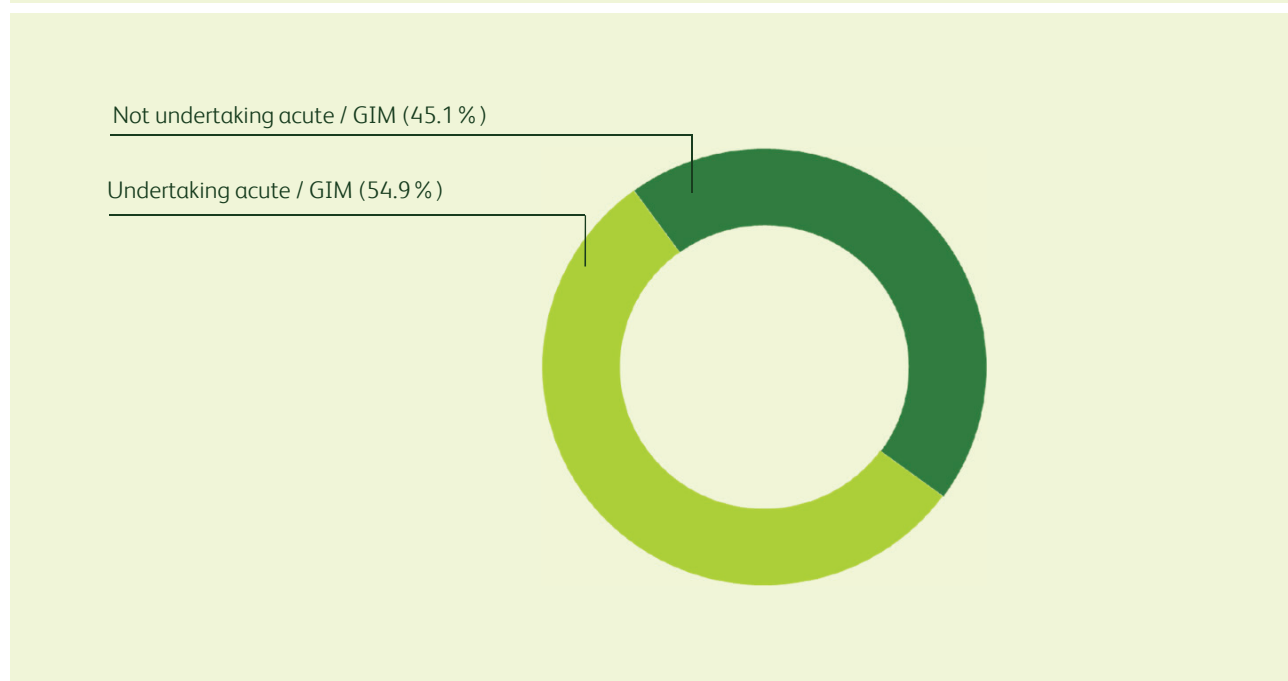
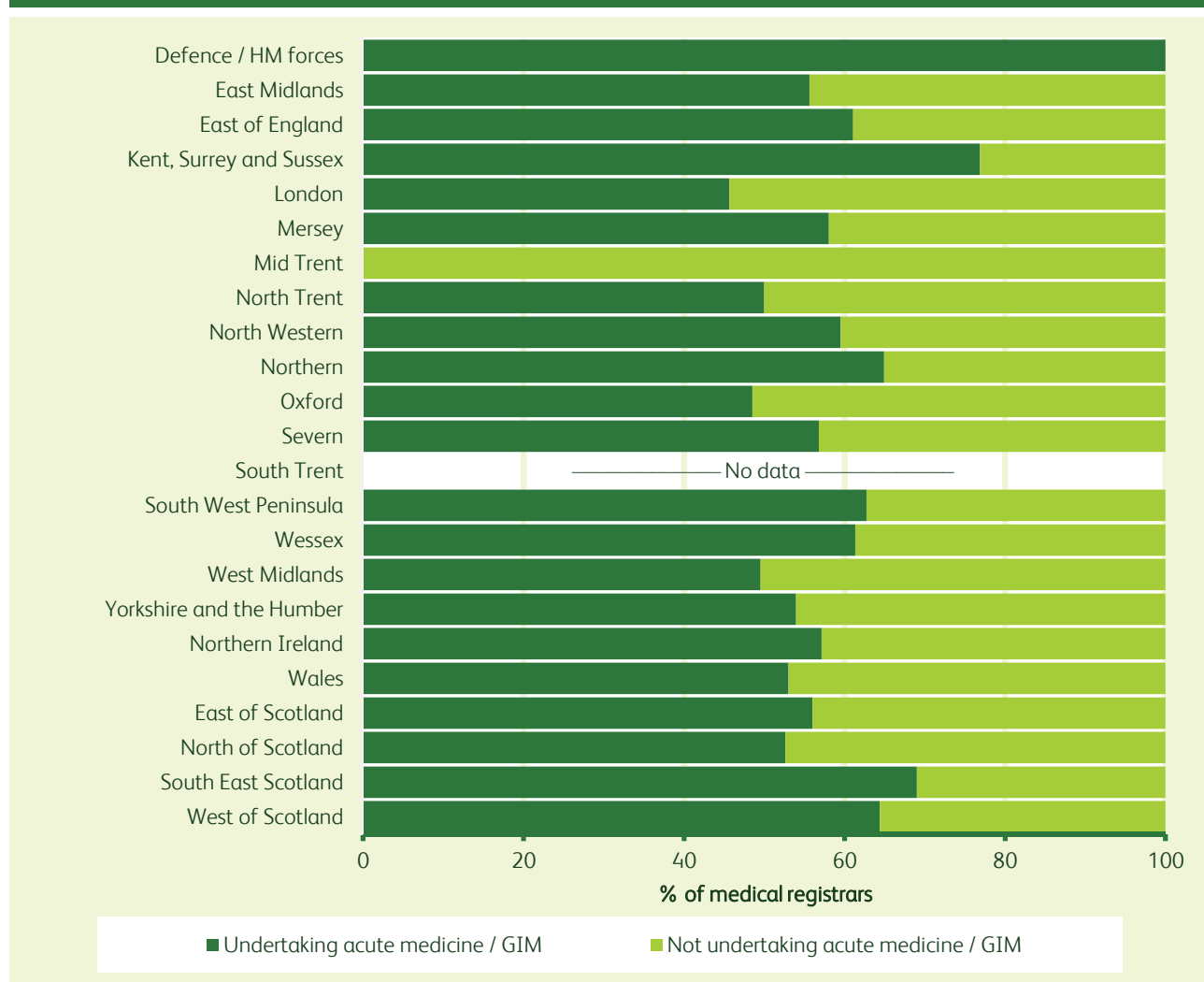
Specialty	Responses	Mean hours worked per typical week	Mean rostered hours per week	Excess hours per week*	Mean hours worked in busiest week	Mean extra overtime hours
Acute medicine		47.8	44.2	3.7	59.3	4.3
Allergy		33.0	32.0	1.0	54.3	6.8
Audiovestibular medicine		–	–	–	–	–
Cardiology		51.9	44.5	7.4	64.1	5.3
Clinical genetics		39.6	34.2	5.3	61.8	6.1
Clinical neurophysiology		44.1	41.8	2.3	51.0	5.5
Clinical pharmacology and therapeutics		41.9	36.9	5.0	60.6	4.4
Dermatology		45.3	41.8	3.5	67.5	6.6
Endocrinology and diabetes mellitus		47.6	42.9	4.7	55.7	4.8
Gastroenterology		49.6	43.9	5.7	59.4	6.0
General (internal) medicine		49.4	44.7	4.6	58.7	7.2
Genitourinary medicine and HIV/AIDS		41.8	39.1	2.7	55.0	9.6
Geriatric medicine		45.8	42.2	3.5	58.2	4.3
Haematology		50.2	44.0	6.3	61.3	5.1
Hepatology		–	–	–	–	–
Immunology		47.2	44.0	3.2	53.0	2.5
Infectious diseases and tropical medicine		46.8	43.4	3.4	61.2	4.7
Intensive care medicine		54.0	48.0	6.0	51.0	2.0
Medical oncology		48.1	40.7	7.5	57.2	4.4
Medical ophthalmology		8.0	8.0	0.0	60.0	2.0
Metabolic medicine		–	–	–	–	–
Neurology		50.0	46.2	3.8	64.9	5.2
Nuclear medicine		36.0	36.0	0.0	75.0	2.0
Paediatric cardiology		56.2	47.2	9.0	63.5	4.0
Palliative medicine		40.1	37.1	3.0	64.7	4.8
Rehabilitation medicine (incl spinal paralysis)		40.2	33.8	6.4	55.1	3.8
Renal medicine		49.7	43.9	5.8	63.1	5.6
Respiratory medicine		49.4	43.6	5.7	61.0	5.9
Rheumatology		45.0	41.0	3.9	56.5	4.4
Sport and exercise medicine		39.5	37.5	2.0	49.7	9.0
Stroke medicine		–	–	–	–	–
Other		47.2	41.6	5.6	63.2	6.7
<b>Summary</b>		<b>47.4</b>	<b>42.5</b>	<b>4.9</b>	<b>60.7</b>	<b>5.3</b>

\*Calculated as follows: (mean worked hours per week - mean rostered hours per week).

†As stated by respondents.

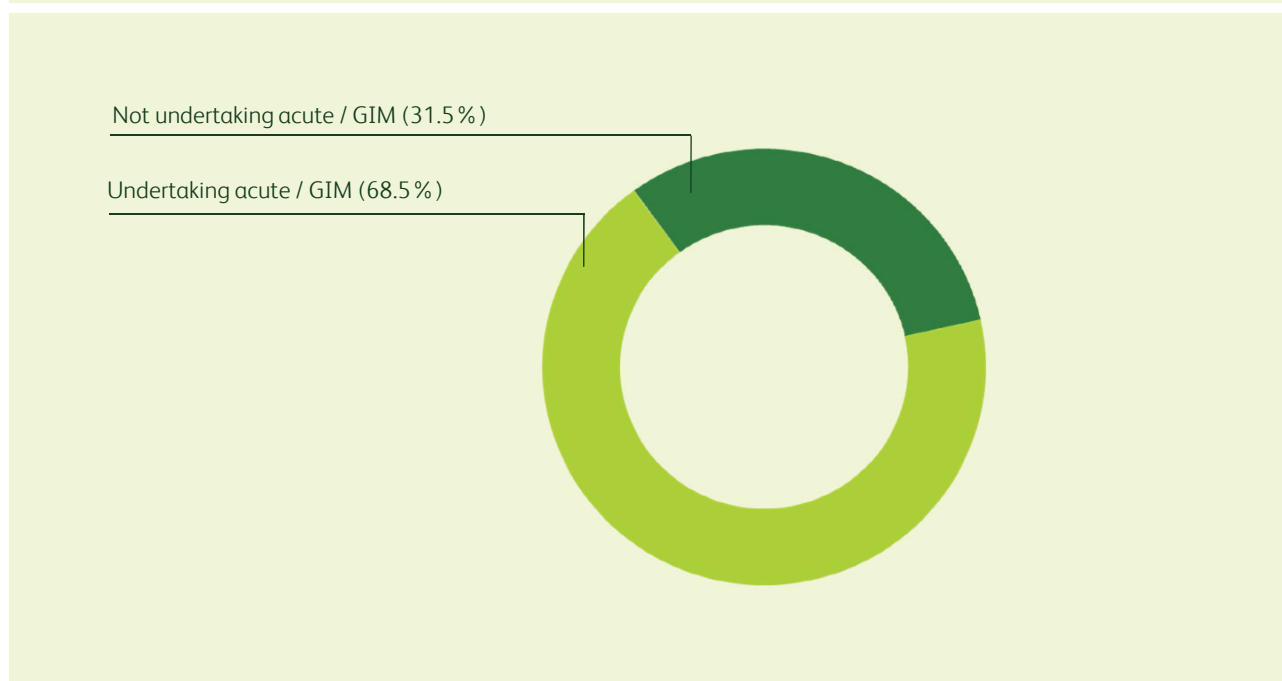
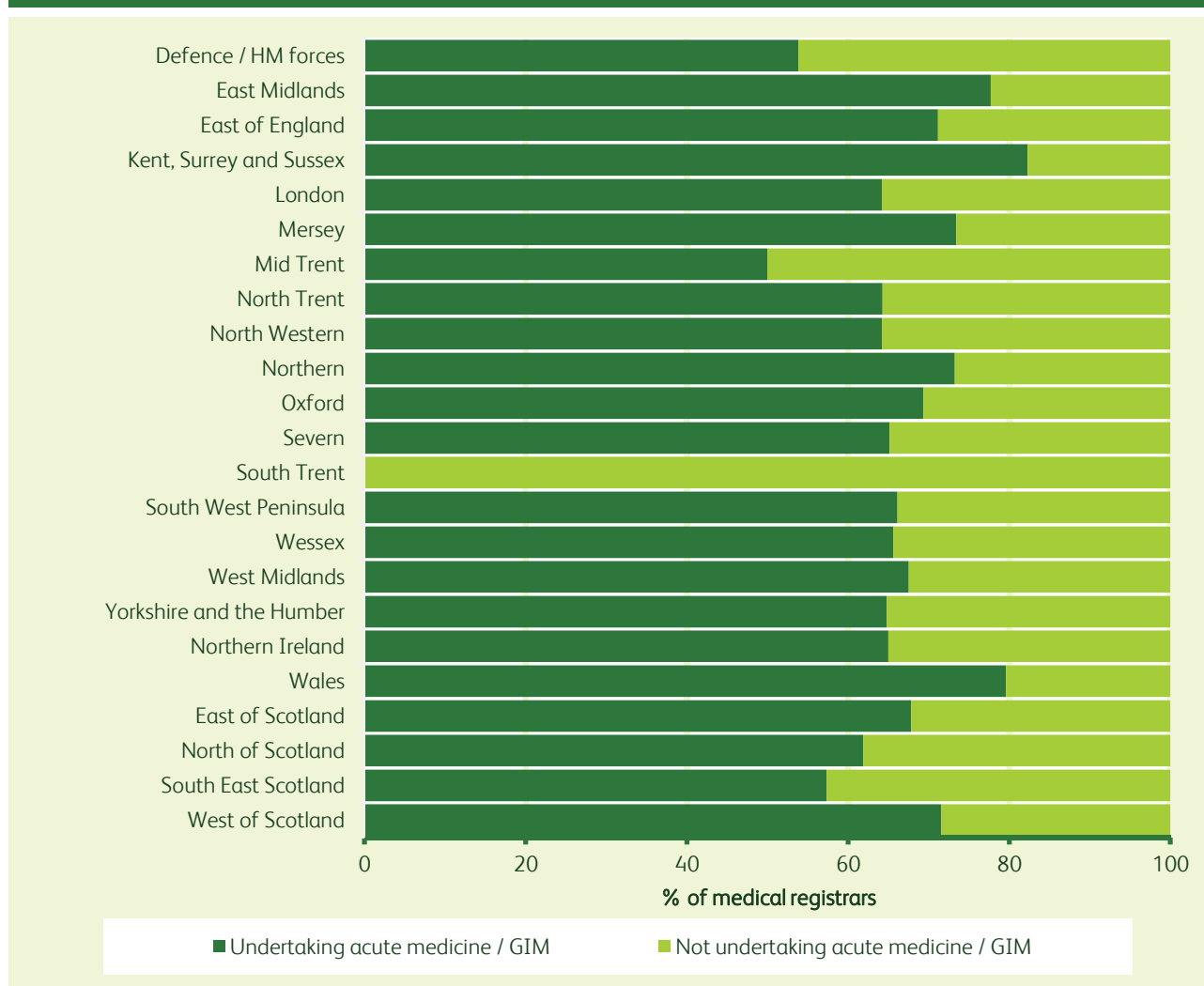
## R12a. Women medical registrars training/dual-accrediting in acute/general (internal) medicine UK – all medical specialties – by RCP region

Source: JRCPTB database 2 October 2013



## R12b. Male medical registrars training/dual-accrediting in acute/general (internal) medicine UK – all medical specialties – by RCP region

Source: JRCPTB database 2 October 2013



## R12c. Medical registrars training/dual-accrediting in acute medicine/general (internal) medicine – by gender

### UK – all medical specialties

Source: JRCPTB database 2 October 2013

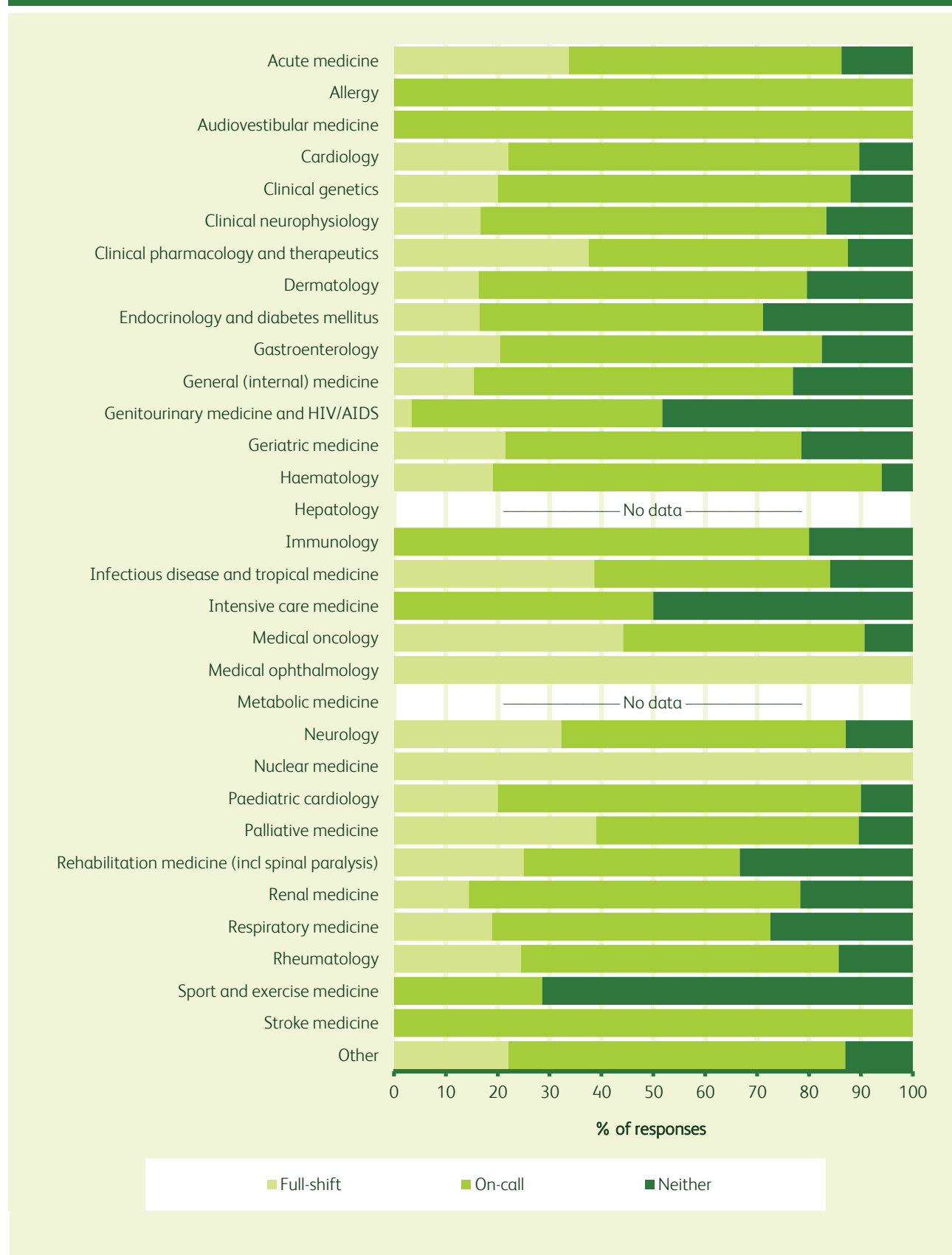
UK nation	RCP region	Total registrars in region	Registrars undertaking any acute/GIM		Women			Men		
			Number	%	Total female registrars	Undertaking acute/GIM	Not undertaking acute/GIM	Total male registrars	Undertaking acute/GIM	Not undertaking acute/GIM
England	Defence / HM forces	19	13	68.4	6	100.0	–	13	53.8	46.2
	East Midlands	299	201	67.2	142	55.6	44.4	157	77.7	22.3
	East of England	398	264	66.3	190	61.1	38.9	208	71.2	28.8
	Kent, Surrey and Sussex	292	233	79.8	134	76.9	23.1	158	82.3	17.7
	London	1,565	843	53.9	872	45.6	54.4	693	64.2	35.8
	Mersey	225	148	65.8	112	58.0	42.0	113	73.5	26.5
	Mid Trent	5	1	20.0	3	–	100.0	2	50.0	50.0
	North Trent	50	29	58.0	22	50.0	50.0	28	64.3	35.7
	North Western	344	213	61.9	168	59.5	40.5	176	64.2	35.8
	Northern	276	191	69.2	134	64.9	35.1	142	73.2	26.8
	Oxford	247	143	57.9	136	48.5	51.5	111	69.4	30.6
	Severn	234	142	60.7	125	56.8	43.2	109	65.1	34.9
	South Trent	1	–	–	–	–	–	1	–	100.0
	South West Peninsula	116	75	64.7	51	62.7	37.3	65	66.2	33.8
	Wessex	247	157	63.6	119	61.3	38.7	128	65.6	34.4
Scotland	West Midlands	480	286	59.6	212	49.5	50.5	268	67.5	32.5
	Yorkshire and the Humber	468	280	59.8	215	54.0	46.0	253	64.8	35.2
	Northern Ireland	136	84	61.8	56	57.1	42.9	80	65.0	35.0
	East of Scotland	53	33	62.3	25	56.0	44.0	28	67.9	32.1
Wales	North of Scotland	80	46	57.5	38	52.6	47.4	42	61.9	38.1
	South East Scotland	132	84	63.6	71	69.0	31.0	61	57.4	42.6
	West of Scotland	234	157	67.1	146	64.4	35.6	88	71.6	28.4
Summary		6,148	3,793	61.7%	3,077	54.1%	45.9%	3,071	68.2%	31.8%

### R13. On-call responsibility for emergency/acute medicine or specialty admissions

Q: Do you work an on-call rota, a full-shift rota or neither?

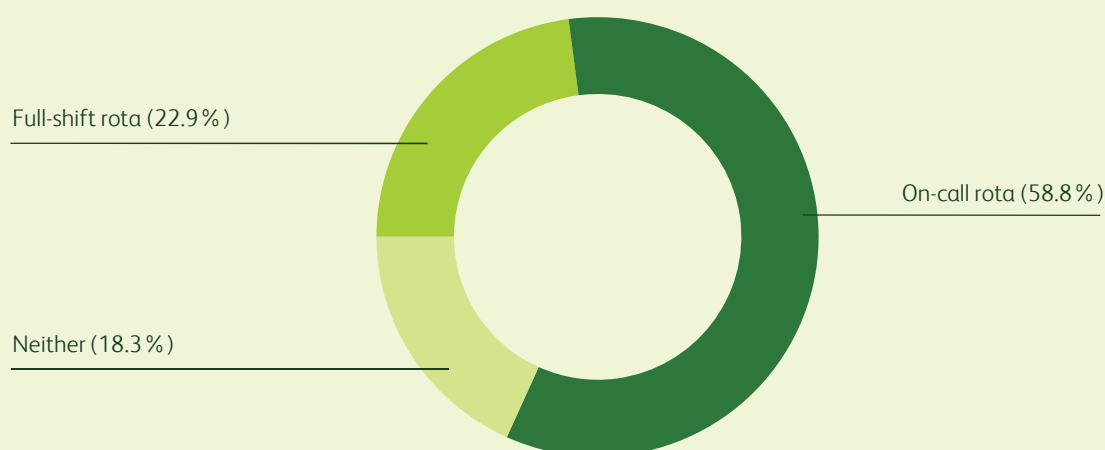
UK – all medical specialties

Source: RCP SpR/StR census – census date 25 July 2013



### R14a. Mean on-call responsibility during the day UK – all medical specialties

Source: RCP SpR/StR census – census date 25 July 2013



### R14b. Mean on-call responsibility during the day UK – all medical specialties

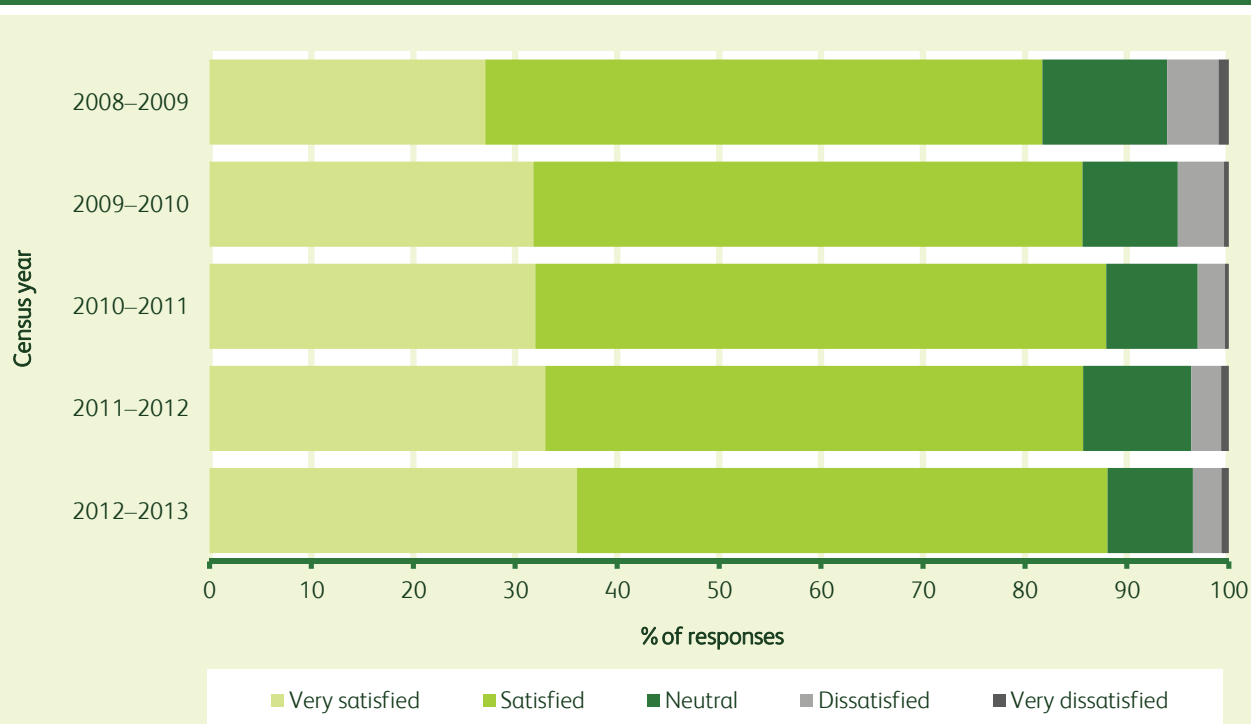
Source: RCP SpR/StR census – census date 25 July 2013

Group	On-call responsibility for emergency/acute medicine or specialty admissions	On-call rota			Full-shift rota		
		Mean frequency (1 in...)	Mean longest shift duration (hours)	Mean number of days in a row	Mean frequency (1 in...)	Mean longest shift duration (hours)	Mean number of days in a row
All registrars	Weekday (day)	9.2	16.6	2.4	9.8	13.3	3.9
	Weekday (night)	13.7	15.6	3.0	14.2	13.1	3.9
	Weekend (day)	14.4	18.7	2.5	12.9	13.4	3.2
	Weekend (night)	15.8	17.0	2.7	15.0	12.7	3.2
Registrars undertaking general (internal) medicine	Weekday (day)	9.1	16.5	2.4	9.7	13.4	3.6
	Weekday (night)	13.0	15.6	3.0	14.0	13.1	3.8
	Weekend (day)	14.0	19.0	2.5	12.5	13.7	3.0
	Weekend (night)	15.2	17.3	2.6	15.3	12.7	3.1
Registrars <b>not</b> undertaking general (internal) medicine	Weekday (day)	9.2	16.6	2.4	9.8	13.2	3.7
	Weekday (night)	14.3	15.6	3.0	14.5	13.1	4.0
	Weekend (day)	14.8	18.4	2.6	13.4	13.0	3.5
	Weekend (night)	16.5	16.7	2.7	14.7	12.8	3.2

### R15a. Registrars' job satisfaction with their main specialties (2008–2013)

UK – all medical specialties

Source: RCP SpR/StR census 2008–2013



### R15b. Registrars' job satisfaction with main specialties (2008–2013)

UK – all medical specialties – by gender

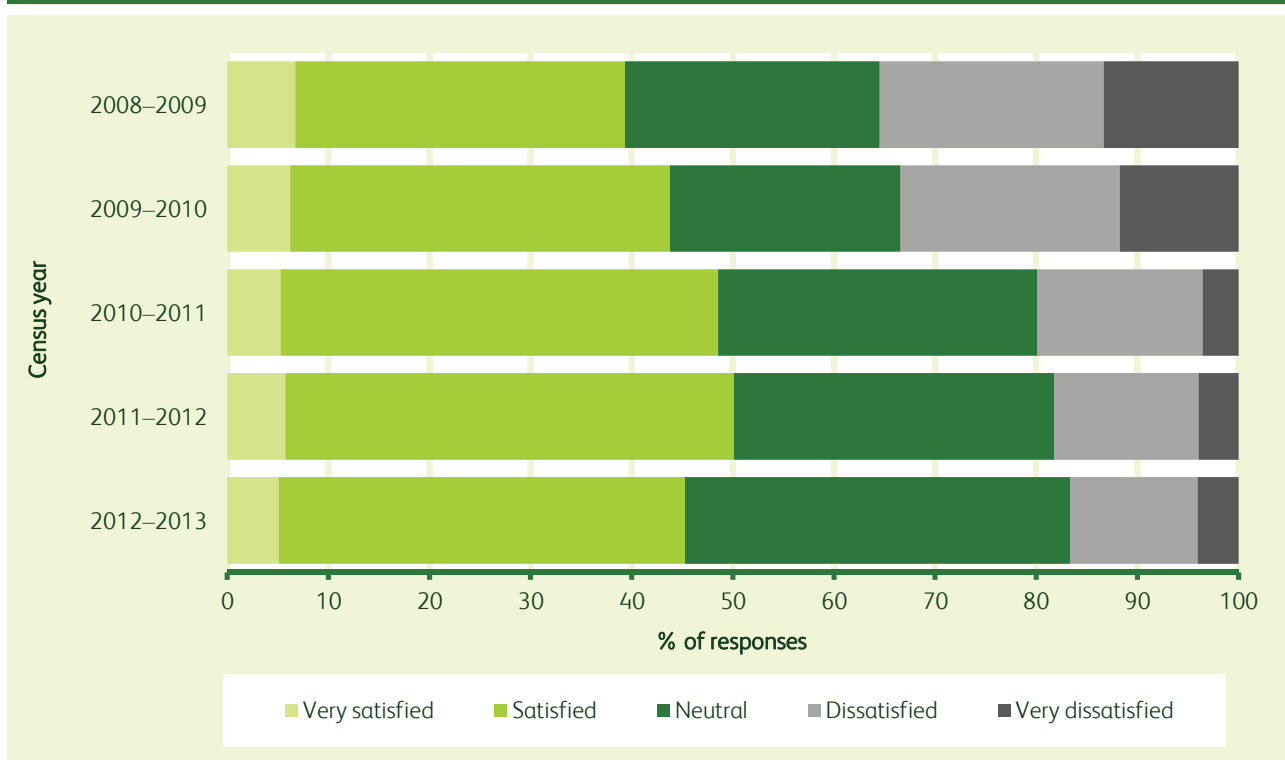
Source: RCP SpR/StR census 2008–2013





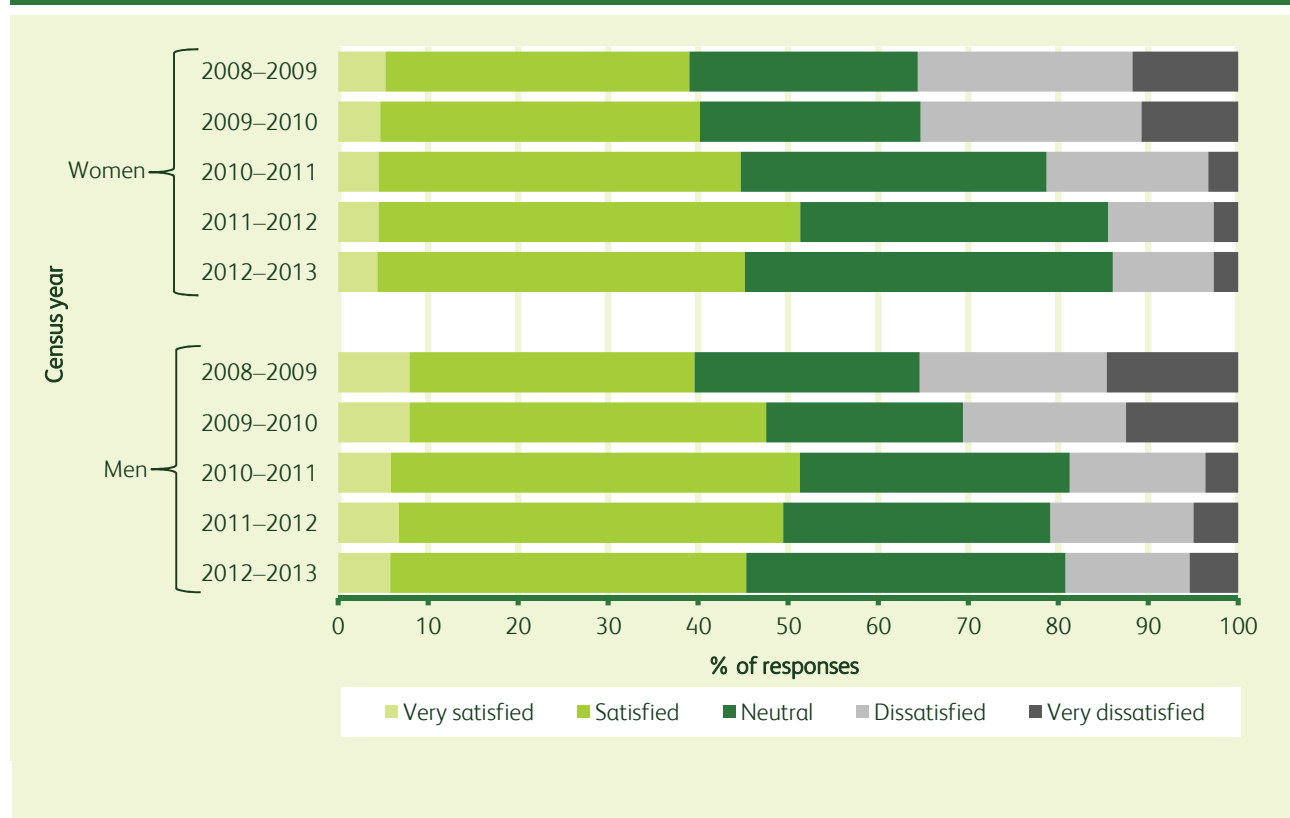
### R16a. Registrars' job satisfaction with general (internal) medicine (2008–2013) UK – all medical specialties

Source: RCP SpR/StR census 2008–2013



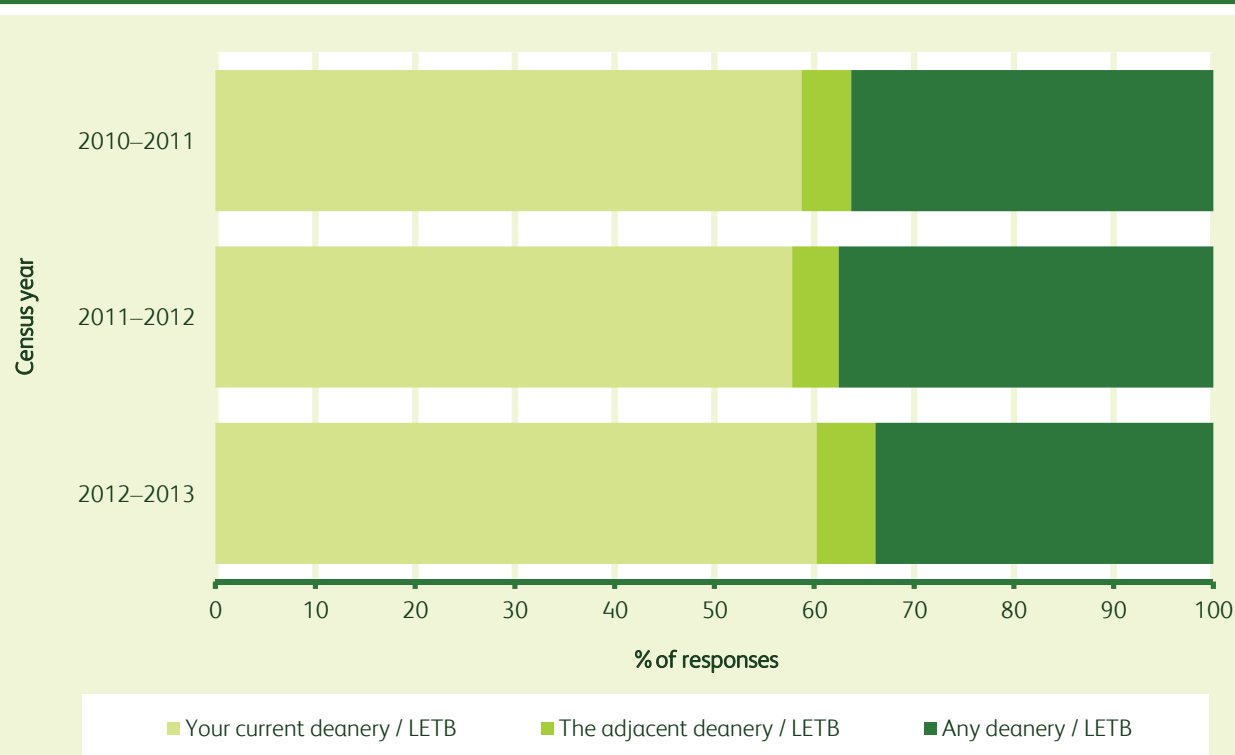
### R16b. Registrars' job satisfaction with general (internal) medicine (2008–2013) UK – all medical specialties – by gender

Source: RCP SpR/StR census 2008–2013



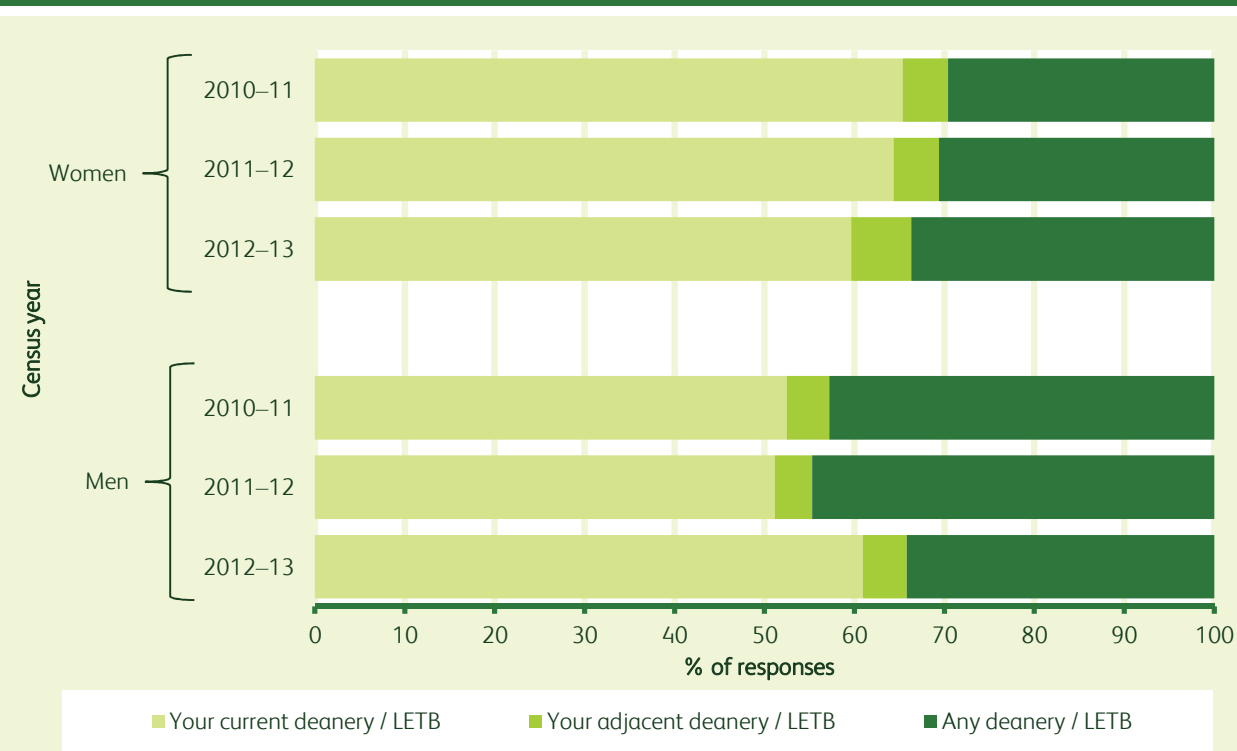
### R17a. Where are you considering gaining a consultant post? (2010–2013) UK – all medical specialties

Source: RCP SpR/StR census 2010–2013



### R17b. Where are you considering gaining a consultant post? (2010–2013) UK – all medical specialties – by gender

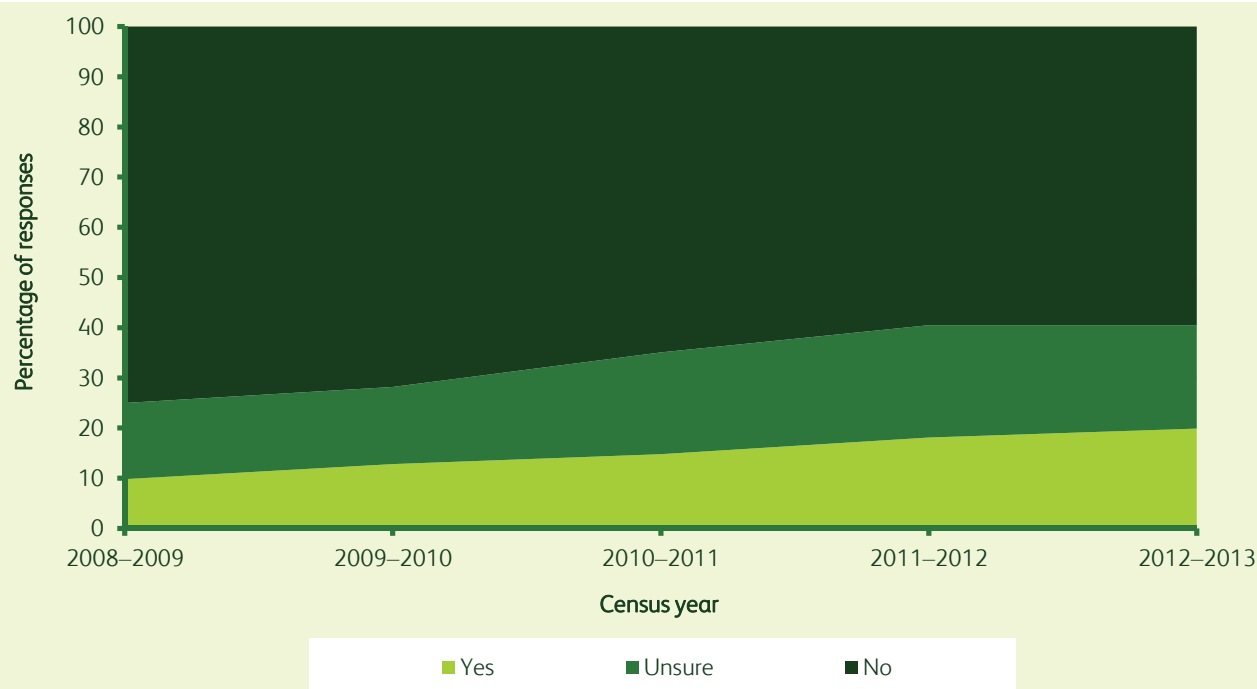
Source: RCP SpR/StR census 2010–2013



### R18a. Would you consider taking up a sub-consultant or junior-consultant grade as a career option? (2008–2013)

UK – all medical specialties

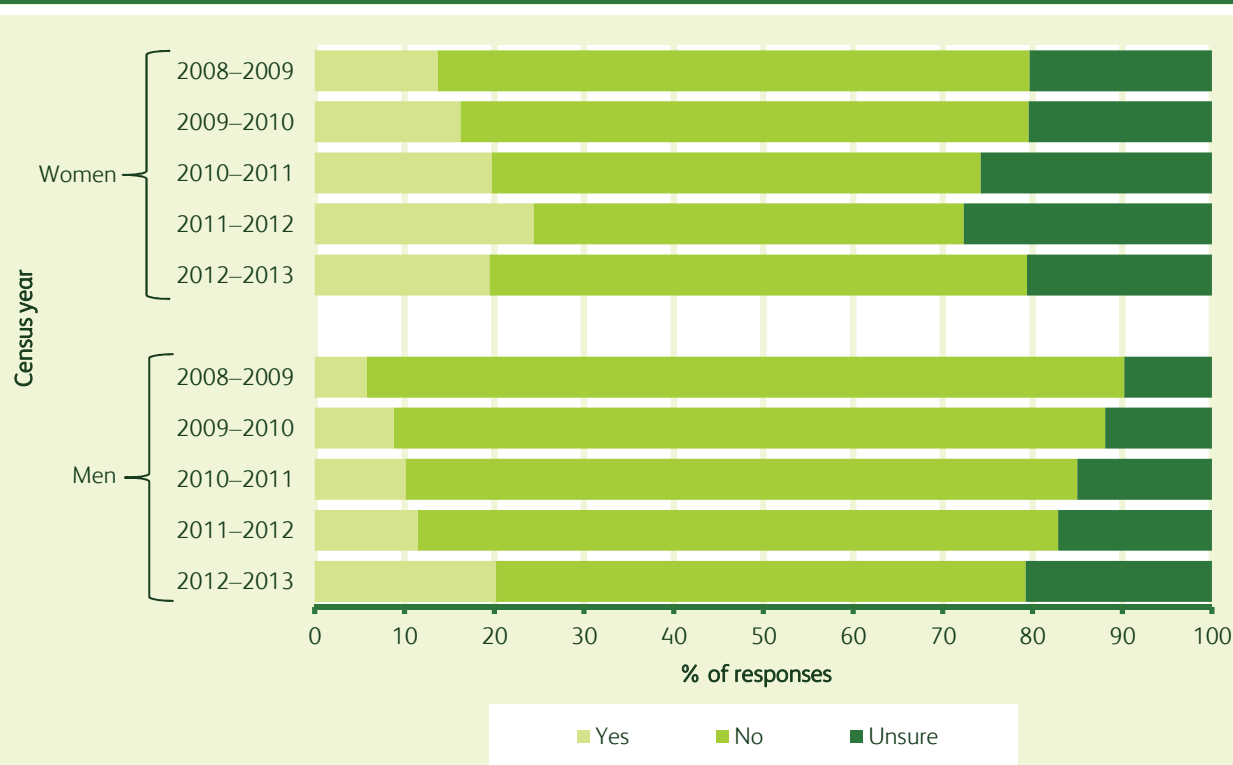
Source: RCP SpR/StR census 2008–2013



### R18b. Would you consider taking up a sub-consultant or junior-consultant grade as a career option? (2008–2013)

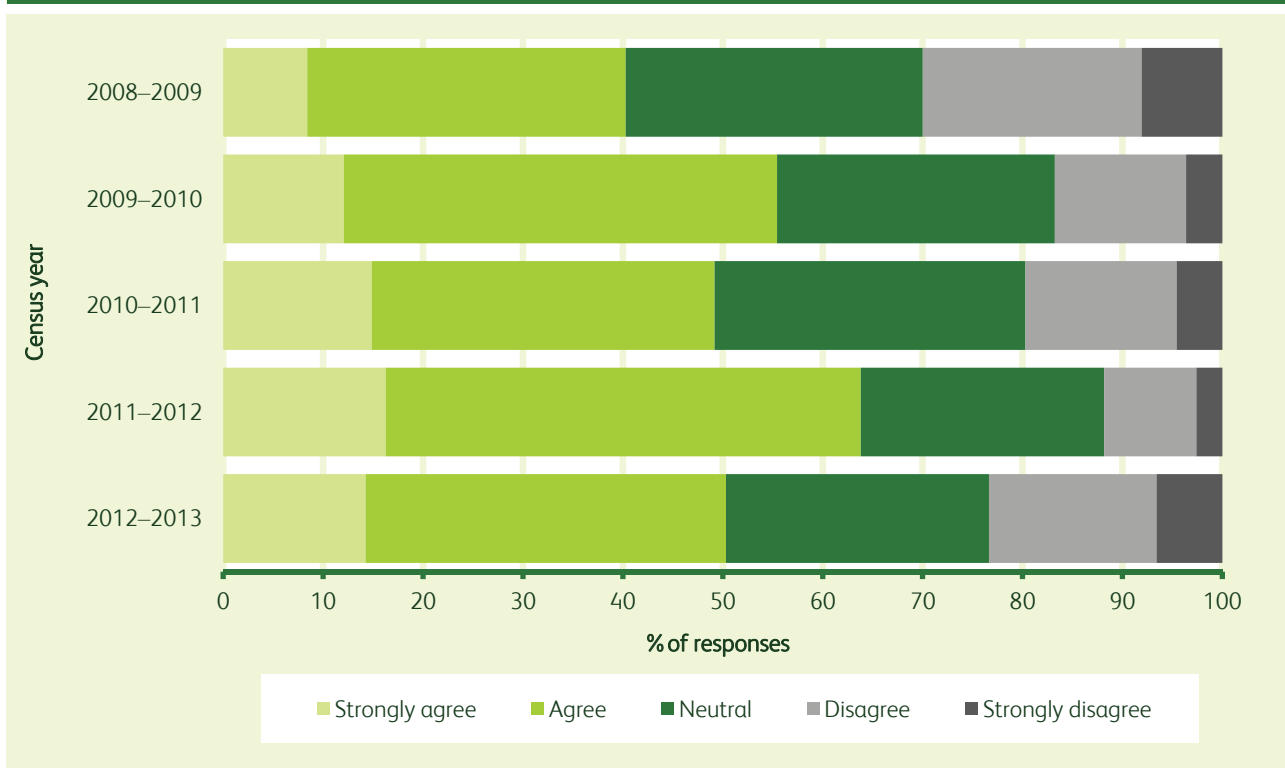
UK – all medical specialties – by gender

Source: RCP SpR/StR census 2008–2013



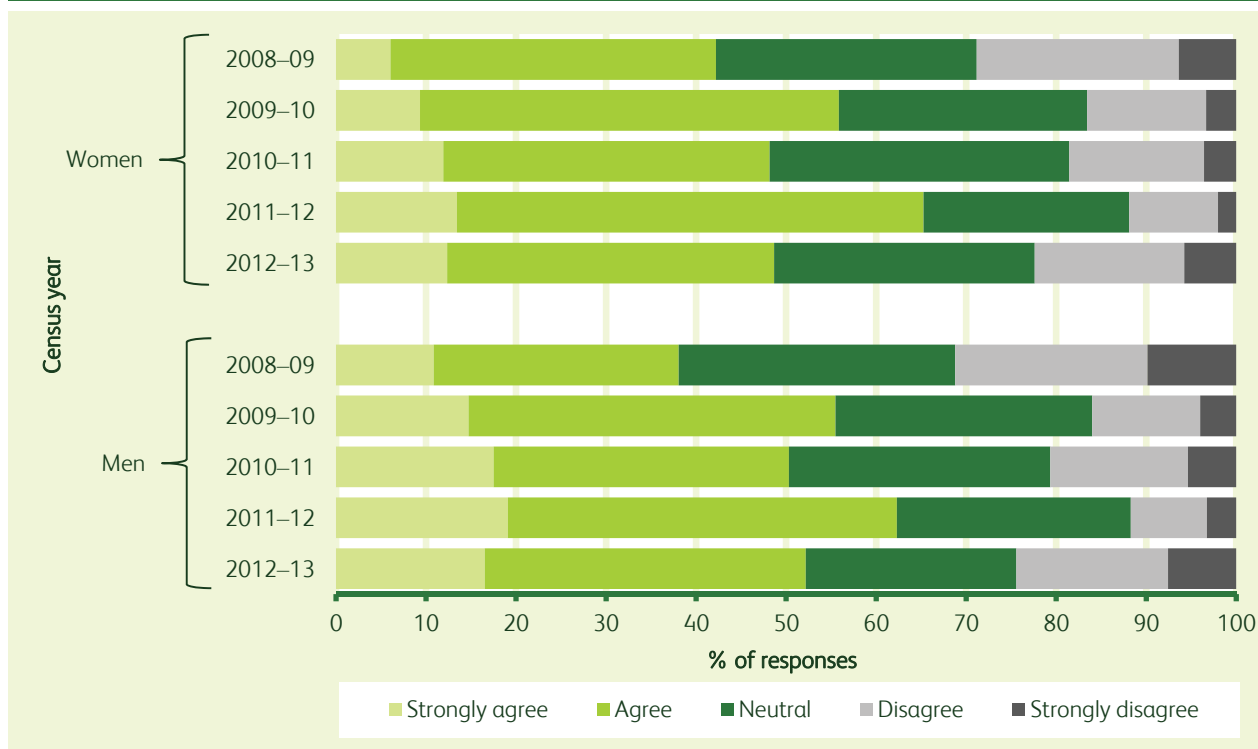
### R19a. Percentage of registrars who would recommend a career in medicine to a school leaver (2008–2013) UK – all medical specialties

Source: RCP SpR/StR census 2008–2013



### R19b. Percentage of registrars who would recommend a career in medicine to a school leaver (2008–2013) UK – all medical specialties – by gender

Source: RCP SpR/StR census 2008–2013



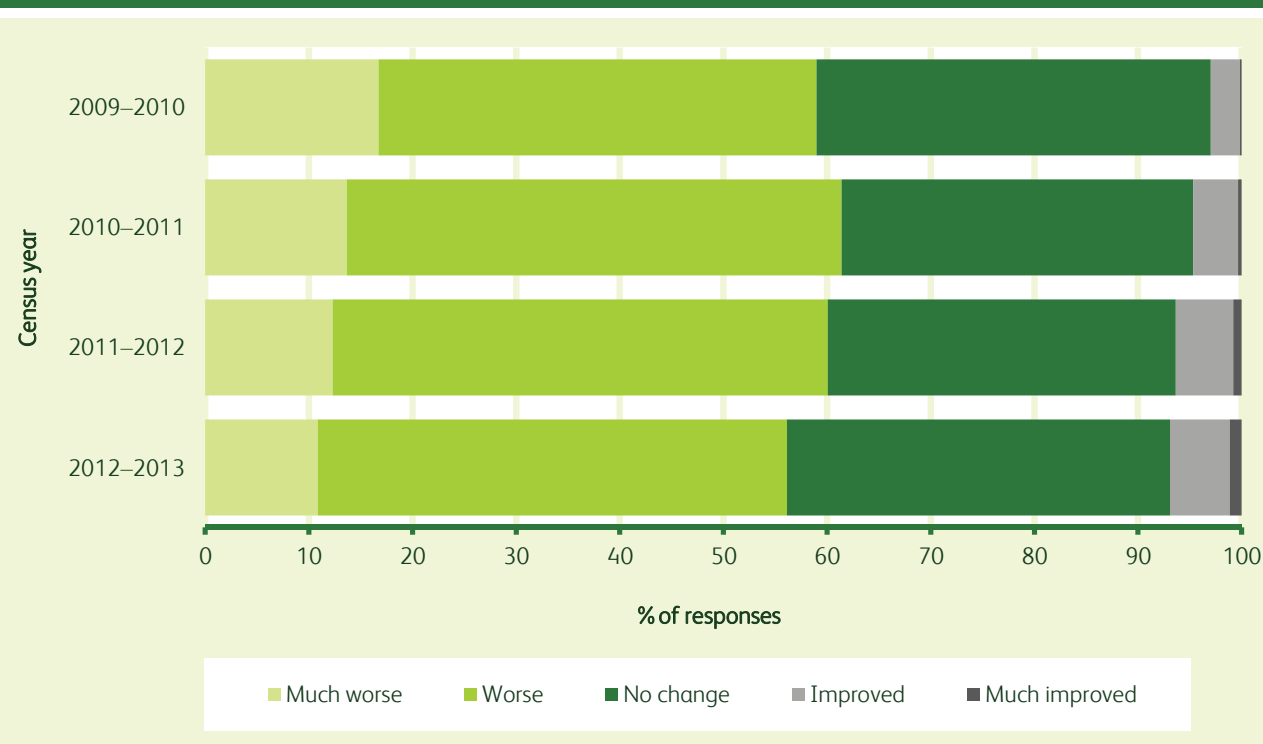
**R20a. What effect has the European Working Time Directive (EWTD) had on quality of training?  
UK – all medical specialties**
*Source: RCP SpR/StR census – census date 25 July 2013*

Specialty	Responses	Much improved %	Improved %	No change %	Worse %	Much worse %
Acute medicine	103	1.9	8.7	39.8	38.8	10.7
Allergy	2	50	–	50.0	–	–
Audiovestibular medicine	–	–	–	–	–	–
Cardiology	167	0.6	3.6	18.6	55.7	21.6
Clinical genetics	28	–	3.6	60.7	32.1	3.6
Clinical neurophysiology	9	–	11.1	55.6	33.3	–
Clinical pharmacology and therapeutics	9	–	–	11.1	55.6	33.3
Dermatology	61	–	6.6	62.3	26.2	4.9
Endocrinology and diabetes mellitus	111	2.7	4.5	40.5	45.0	7.2
Gastroenterology	190	0.5	3.7	17.4	56.3	22.1
General (internal) medicine	14	–	35.7	35.7	21.4	7.1
Genitourinary medicine	46	2.2	8.7	54.3	34.8	–
Geriatric medicine	228	0.9	7.0	39.9	46.5	5.7
Haematology	96	1	5	27.1	57.3	9.4
Hepatology	–	–	–	–	–	–
Immunology	6	–	–	50.0	33.3	16.7
Infectious disease and tropical medicine	54	–	3.7	46.3	48.1	1.9
Intensive care medicine	2	–	–	–	100.0	–
Medical oncology	51	2.0	5.9	47.1	37.3	7.8
Medical ophthalmology	1	–	–	100	–	–
Metabolic medicine	–	–	–	–	–	–
Neurology	77	5	1.3	54.5	29.9	9
Nuclear medicine	2	–	–	50.0	50.0	–
Paediatric cardiology	10	10	30.0	–	40.0	20.0
Palliative medicine	99	1.0	7.1	49.5	38.4	4.0
Rehabilitation medicine (incl spinal paralysis)	19	–	26.3	31.6	31.6	10.5
Renal medicine	107	–	2.8	32.7	50.5	14.0
Respiratory medicine	200	0.5	4.0	34.0	48.0	13.5
Rheumatology	83	1.2	8.4	38.6	45.8	6.0
Sport and exercise medicine	12	–	8	75	8.3	8
Stroke medicine	1	–	–	–	100.0	–
Other	36	–	5.6	55.6	33.3	5.6
<b>Summary</b>	<b>1,824</b>	<b>1.2%</b>	<b>5.8%</b>	<b>37.0%</b>	<b>45.3%</b>	<b>10.9%</b>

## R20b. What effect has the European Working Time Directive (EWTD) had on quality of training? (2009–2013)

UK – all medical specialties

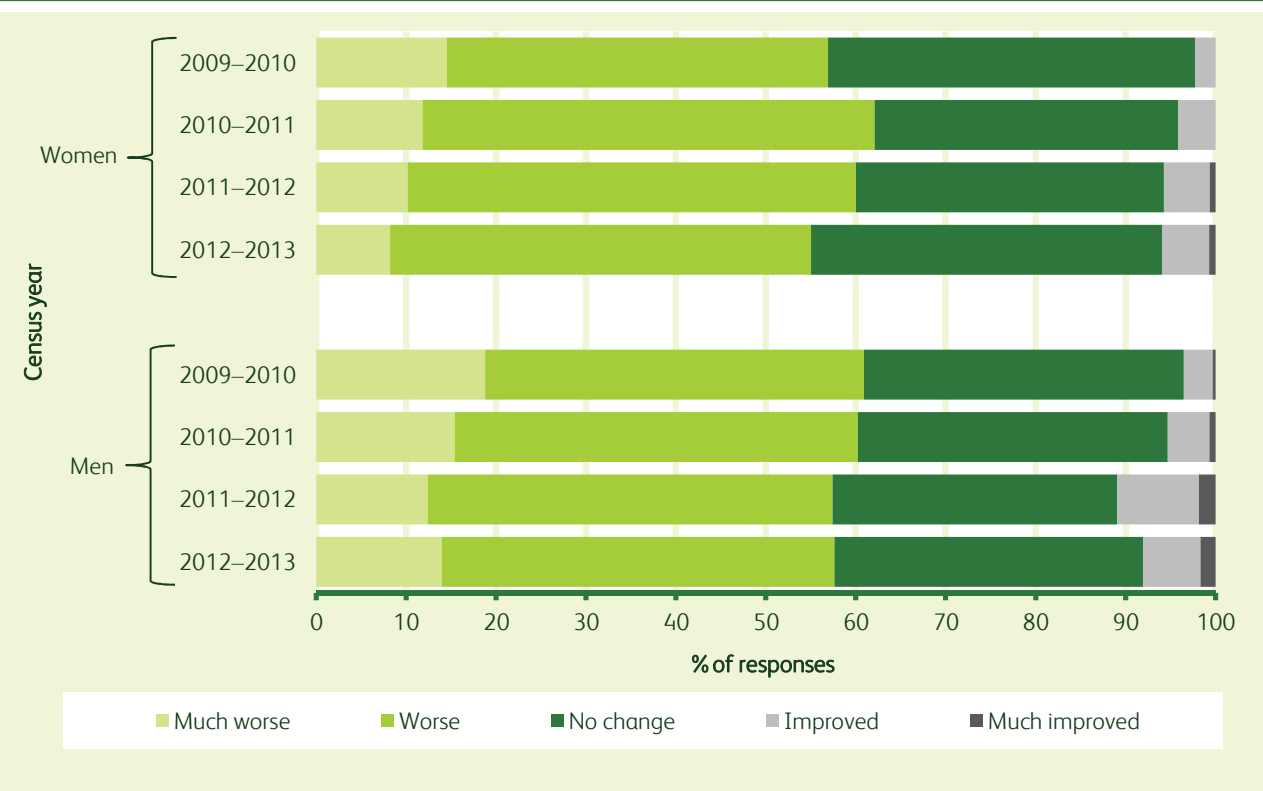
Source: RCP SpR/StR census 2009–2013



## R20c. What effect has the European Working Time Directive (EWTD) had on quality of training? (2009–2013)

UK – all medical specialties – by gender

Source: RCP SpR/StR census 2009–2013



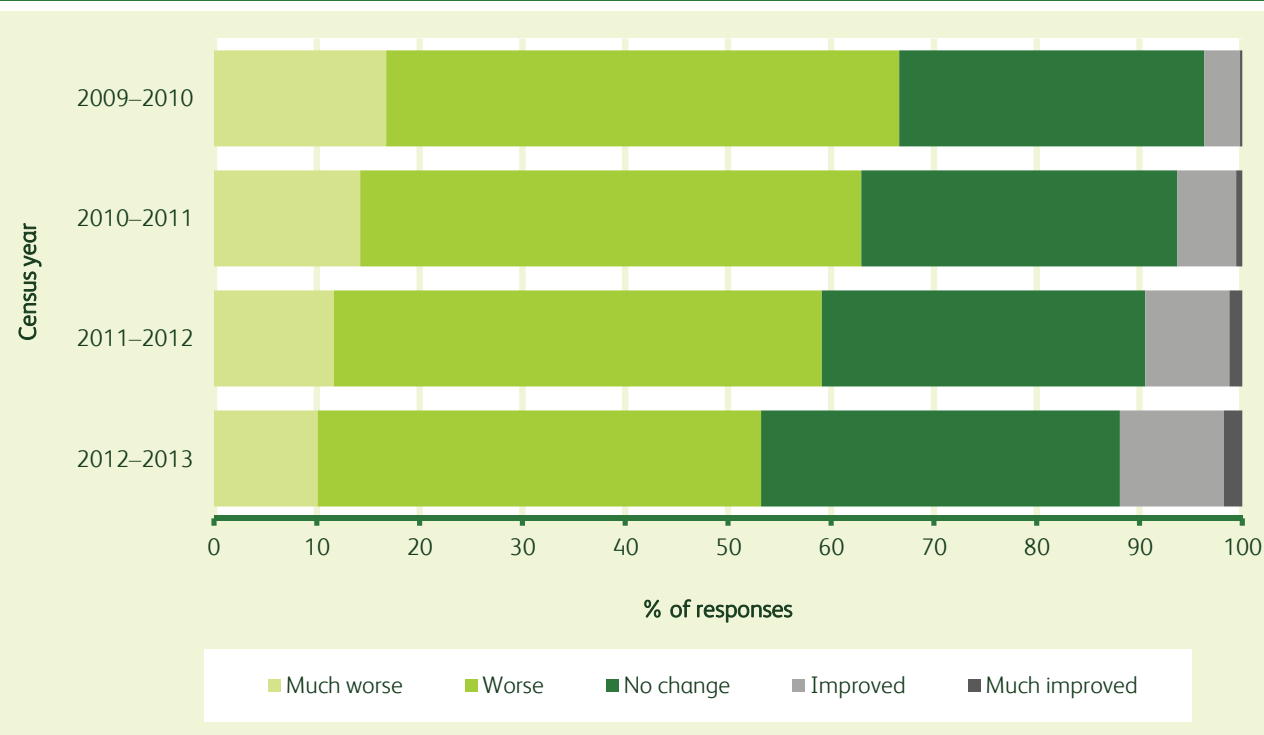
**R21a. What effect has the European Working Time Directive (EWTd) had on quality of patient care?  
UK – all medical specialties**
*Source: RCP SpR/StR census – census date 25 July 2013*

Specialty	Responses	Much improved %	Improved %	No change %	Worse %	Much worse %
Acute medicine	103	2.9	16.5	29.1	44.7	6.8
Allergy	2	50	–	50	–	–
Audiovestibular medicine	–	–	–	–	–	–
Cardiology	166	1.2	7.2	26.5	49.4	15.7
Clinical genetics	29	–	6.9	55.2	31.0	6.9
Clinical neurophysiology	9	–	11	44	33	11
Clinical pharmacology and therapeutics	9	–	–	22.2	55.6	22.2
Dermatology	61	–	8.2	55.7	26.2	9.8
Endocrinology and diabetes mellitus	111	2.7	11.7	32.4	41.4	11.7
Gastroenterology	189	1.1	7.9	28.6	48.7	13.8
General (internal) medicine	14	7.1	21.4	21.4	42.9	7.1
Genitourinary medicine	46	–	15.2	52.2	30.4	2.2
Geriatric medicine	227	2.2	10.6	33.0	47.1	7.0
Haematology	96	1	9	34	49	6
Hepatology	–	–	–	–	–	–
Immunology	6	–	–	67	17	17
Infectious disease and tropical medicine	54	–	16.7	31.5	46.3	5.6
Intensive care medicine	2	–	–	–	50	50
Medical oncology	51	2.0	9.8	41.2	41.2	5.9
Medical ophthalmology	1	–	–	100	–	–
Metabolic medicine	–	–	–	–	–	–
Neurology	77	5	5	39	44	6
Nuclear medicine	2	–	–	50.0	50.0	–
Paediatric cardiology	10	20	20	30	10	20
Palliative medicine	100	1.0	7.0	42.0	38.0	12.0
Rehabilitation medicine (incl spinal paralysis)	19	–	26	26	42	5
Renal medicine	107	0.9	7.5	31.8	46.7	13.1
Respiratory medicine	199	1.0	11.6	30.7	45.7	11.1
Rheumatology	83	3.6	10.8	39.8	32.5	13.3
Sport and exercise medicine	11	–	9	73	18	–
Stroke medicine	1	–	–	–	100	–
Other	35	–	8.6	54.3	31.4	5.7
<b>Summary</b>	<b>1,820</b>	<b>1.8%</b>	<b>10.1%</b>	<b>34.9%</b>	<b>43.1%</b>	<b>10.1%</b>

### R21b. What effect has the European Working Time Directive (EWTD) had on quality of patient care? (2009–2013)

UK – all medical specialties

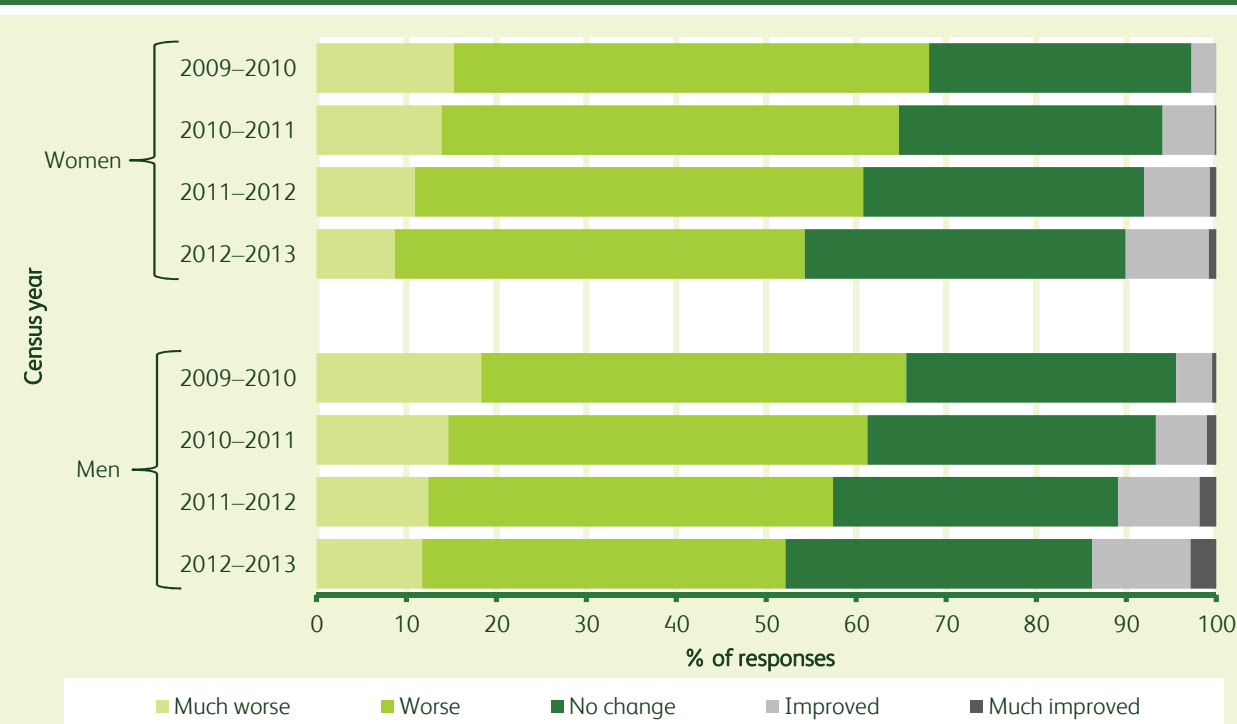
Source: RCP SpR/StR census 2009–2013



### R21c. What effect has the European Working Time Directive (EWTD) had on quality of patient care?(2009–2013)

UK – all medical specialties – by gender

Source: RCP SpR/StR census 2009–2013





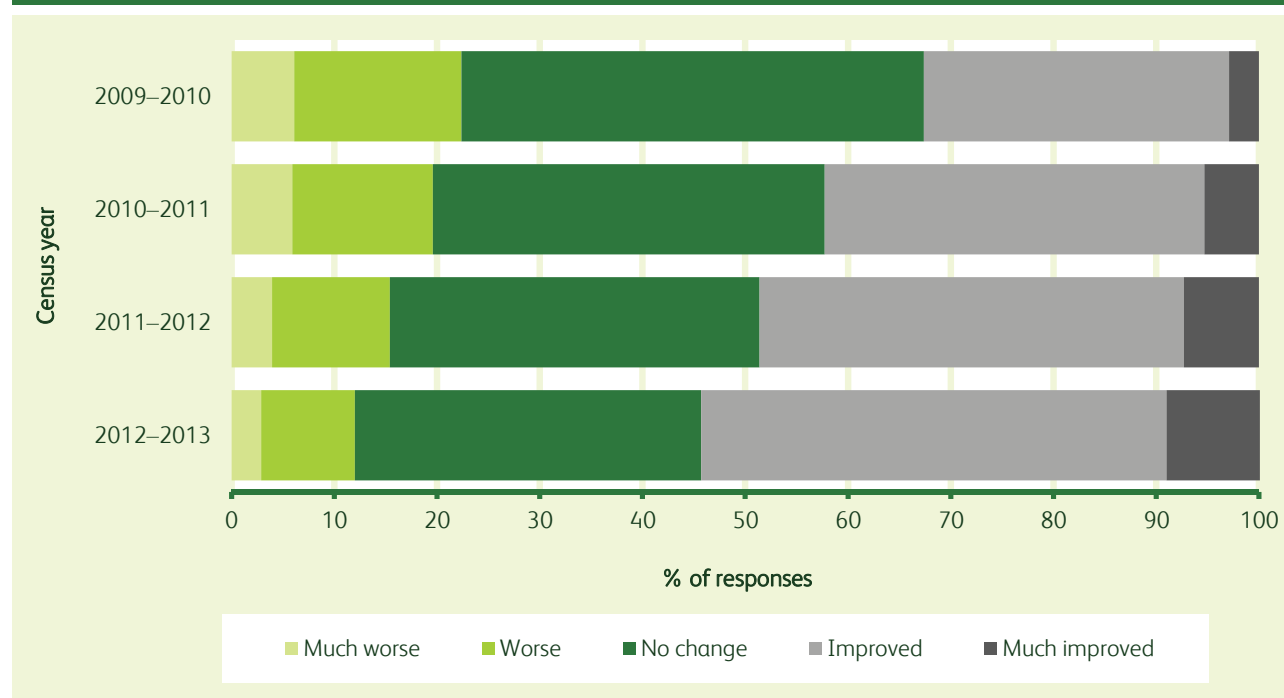
**R22a. What effect has the European Working Time Directive (EWTd) had on work-life balance?  
UK – all medical specialties**
*Source: RCP SpR/StR census – census date 25 July 2013*

Specialty	Responses	Much improved %	Improved %	No change %	Worse %	Much worse %
Acute medicine	103	12.6	51.5	24.3	5.8	5.8
Allergy	2	50	–	50	–	–
Audiovestibular medicine	–	–	–	–	–	–
Cardiology	167	7.8	41.9	35.9	8.4	6.0
Clinical genetics	29	10.3	31.0	55.2	3.4	–
Clinical neurophysiology	9	–	33	56	11	–
Clinical pharmacology and therapeutics	9	–	55.6	22.2	11.1	11.1
Dermatology	61	6.6	41.0	47.5	3.3	1.6
Endocrinology and diabetes mellitus	111	14.4	37.8	35.1	9.9	2.7
Gastroenterology	188	6.4	45.7	33.0	11.2	3.7
General (internal) medicine	14	14.3	35.7	28.6	14.3	7.1
Genitourinary medicine	46	13.0	65.2	21.7	–	–
Geriatric medicine	226	10.6	54.9	27.9	6.6	–
Haematology	96	5	46	38	9	2
Hepatology	–	–	–	–	–	–
Immunology	6	–	33	50	17	–
Infectious disease and tropical medicine	54	1.9	74.1	18.5	5.6	–
Intensive care medicine	2	–	–	50	50	–
Medical oncology	51	7.8	39.2	45.1	5.9	2.0
Medical ophthalmology	1	–	–	100	–	–
Metabolic medicine	–	–	–	–	–	–
Neurology	77	13	40	35	10	1
Nuclear medicine	2	–	50.0	50.0	–	–
Paediatric cardiology	10	20	50	10	10	10
Palliative medicine	100	10.0	41.0	40.0	8.0	1.0
Rehabilitation medicine (incl spinal paralysis)	19	26	47	26	–	–
Renal medicine	108	7.4	37.0	36.1	15.7	3.7
Respiratory medicine	200	7.0	44.0	30.5	14.5	4.0
Rheumatology	82	12.2	40.2	34.1	9.8	3.7
Sport and exercise medicine	11	–	45	45	9	–
Stroke medicine	1	–	–	–	100	–
Other	35	5.7	37.1	48.6	2.9	5.7
<b>Summary</b>	<b>1,820</b>	<b>9.1%</b>	<b>45.3%</b>	<b>33.7%</b>	<b>9.1%</b>	<b>2.9%</b>

## R22b. What effect has the European Working Time Directive (EWTD) had on work-life balance? (2009–2013)

UK – all medical specialties

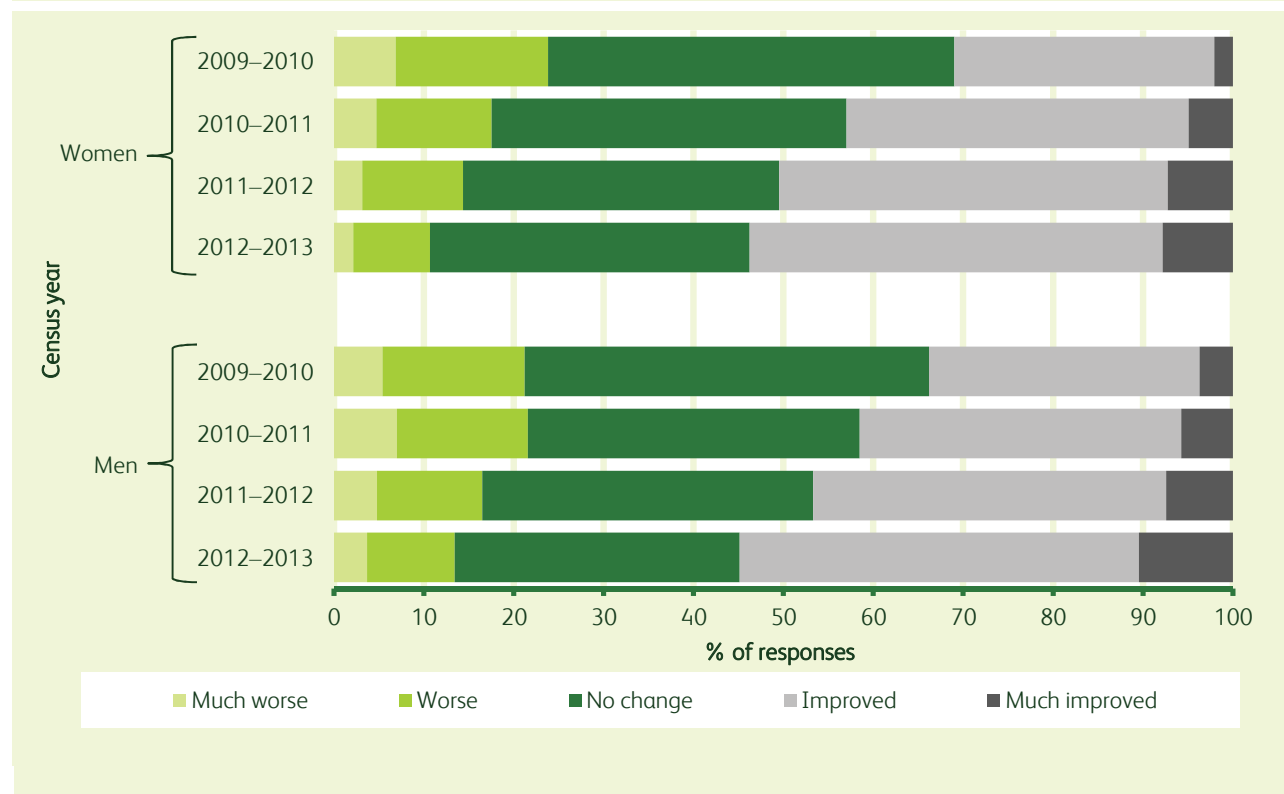
Source: RCP SpR/StR census 2009–2013



## R22c. What effect has the European Working Time Directive (EWTD) had on work-life balance? (2009–2013)

UK – all medical specialties – by gender

Source: RCP SpR/StR census 2009–2013



## R23a. How do you feel about going to work each morning?

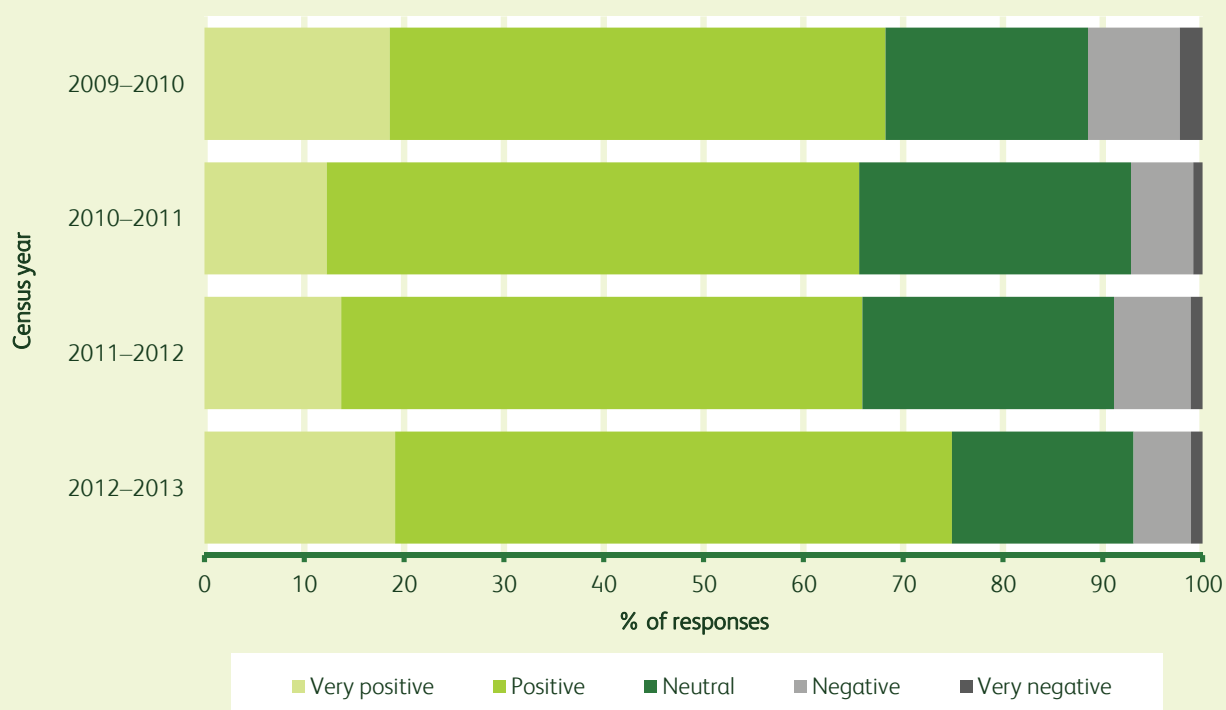
### UK – all medical specialties

Source: RCP SpR/StR census – census date 25 July 2013

Specialty	Responses	Very positive %	Positive %	Neutral %	Negative %	Very negative %
Acute medicine	104	12.5	55.8	21.2	8.7	1.9
Allergy	2	50.0	50.0	–	–	–
Audiovestibular medicine	–	–	–	–	–	–
Cardiology	171	21.1	56.1	15.8	4.7	2.3
Clinical genetics	30	16.7	73.3	10.0	–	–
Clinical neurophysiology	9	11.1	66.7	22.2	–	–
Clinical pharmacology and therapeutics	10	40.0	30.0	10.0	20.0	–
Dermatology	61	29.5	57.4	6.6	4.9	1.6
Endocrinology and diabetes mellitus	114	19.3	49.1	24.6	6.1	0.9
Gastroenterology	196	22.4	49.5	20.4	6.6	1.0
General (internal) medicine	14	28.6	42.9	28.6	–	–
Genitourinary medicine and HIV/AIDS	49	10.2	79.6	10.2	–	–
Geriatric medicine	231	16.5	56.7	18.2	7.4	1.3
Haematology	98	18.4	53.1	22.4	3.1	3.1
Hepatology	–	–	–	–	–	–
Immunology	6	16.7	33.3	50.0	–	–
Infectious disease and tropical medicine	56	25.0	62.5	10.7	1.8	–
Intensive care medicine	2	50.0	50.0	–	–	–
Medical oncology	53	13.2	60.4	20.8	5.7	–
Medical ophthalmology	1	100.0	–	–	–	–
Metabolic medicine	–	–	–	–	–	–
Neurology	78	20.5	59.0	12.8	6.4	1.3
Nuclear medicine	2	50.0	50.0	–	–	–
Paediatric cardiology	10	30.0	50.0	20.0	–	–
Palliative medicine	103	24.3	66.0	6.8	1.9	1.0
Rehabilitation medicine (incl spinal paralysis)	19	36.8	26.3	31.6	5.3	–
Renal medicine	112	17.0	54.5	19.6	8.9	–
Respiratory medicine	205	12.2	55.6	25.4	5.4	1.5
Rheumatology	86	23.3	51.2	15.1	10.5	–
Sport and exercise medicine	12	25.0	41.7	16.7	8.3	8.3
Stroke medicine	2	50.0	50.0	–	–	–
Other	44	13.6	61.4	18.2	6.8	–
<b>Summary</b>	<b>1,880</b>	<b>19.1%</b>	<b>55.8%</b>	<b>18.2%</b>	<b>5.7%</b>	<b>1.2%</b>

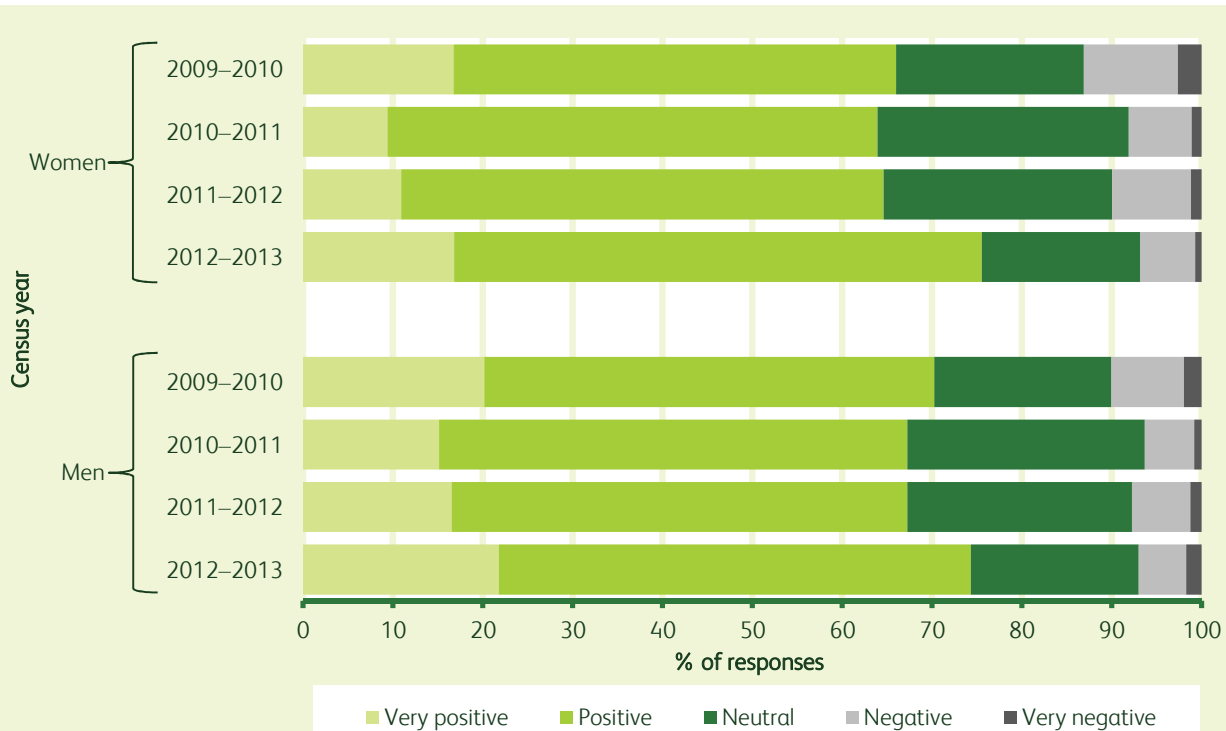
### R23b. How do you feel about going to work each morning? (2009–2013) UK – all medical specialties

Source: RCP SpR/StR census 2009–2013



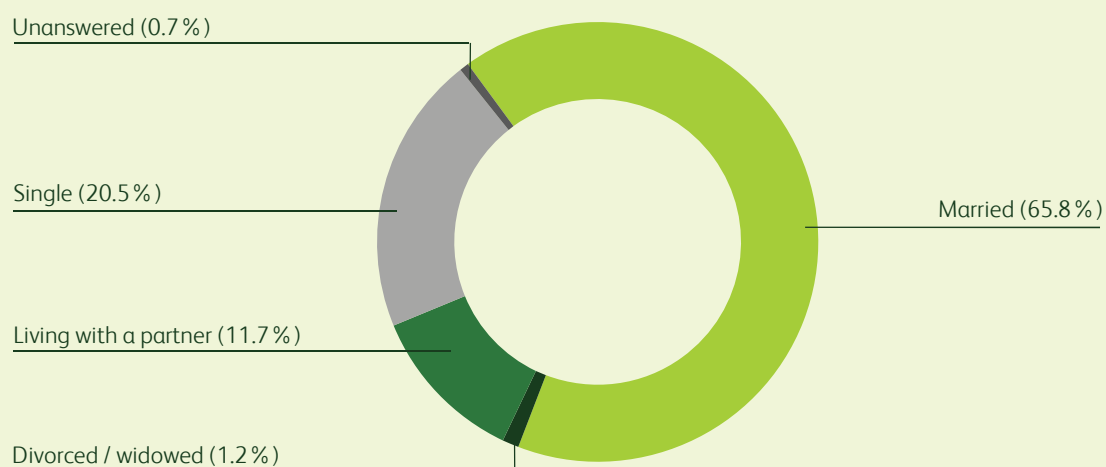
### R23c. How do you feel about going to work each morning? (2009–2013) UK – all medical specialties – by gender

Source: RCP SpR/StR census 2009–2013



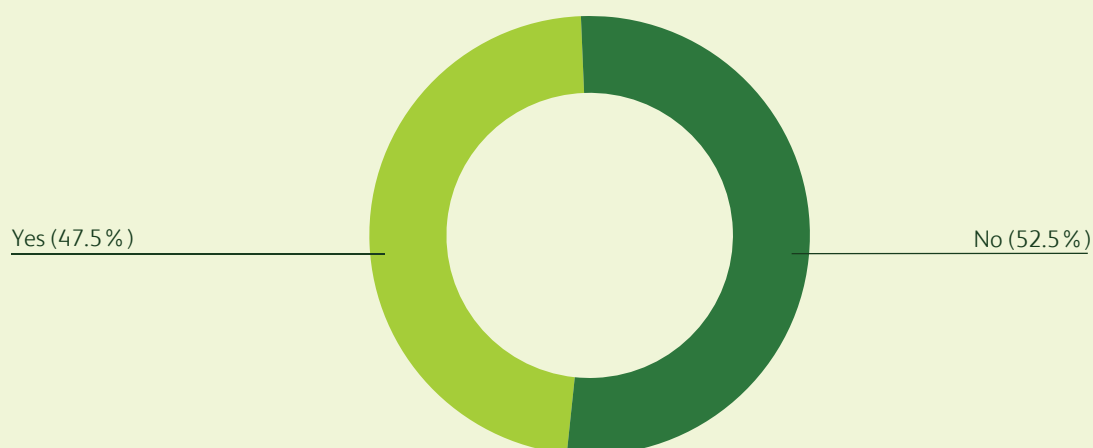
### R24a. Marital and family status of respondents UK – all medical specialties

Source: RCP SpR/StR census – census date 25 July 2013



### R24b. Marital and status of respondents: *do you have children?* UK – all medical specialties

Source: RCP SpR/StR census – census date 25 July 2013

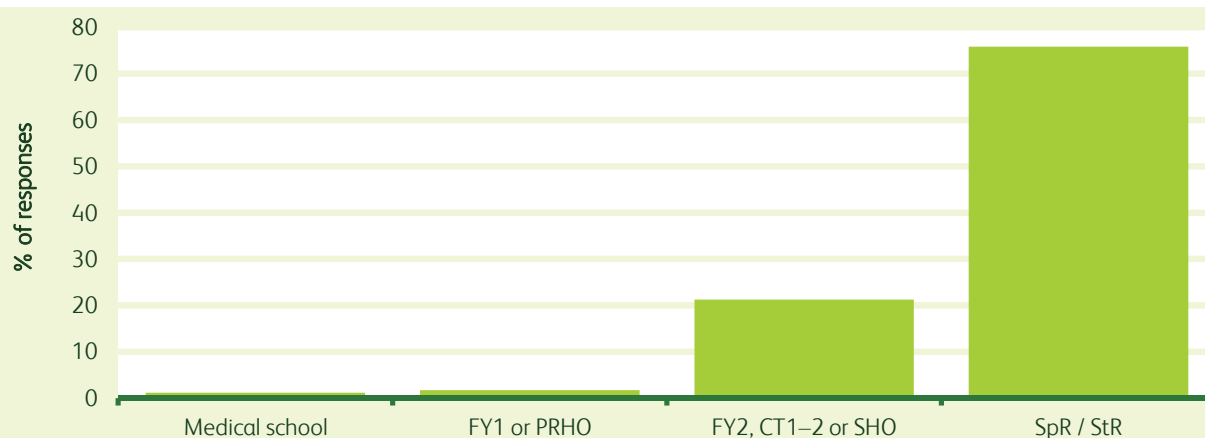


How many children do you have in the following age groups?	Responses	Number of children				
		One	Two	Three	Four	Five
0–5 years	637	379	225	31	2	–
6–10 years	151	121	29	1	–	–
11–16 years	33	26	7	–	–	–
17 years or older	3	1	1	1	–	–
<b>Summary</b>	<b>824</b>	<b>527</b>	<b>262</b>	<b>33</b>	<b>2</b>	<b>–</b>

### R24c. At what stage in your training did you have your first child?

UK – all medical specialties

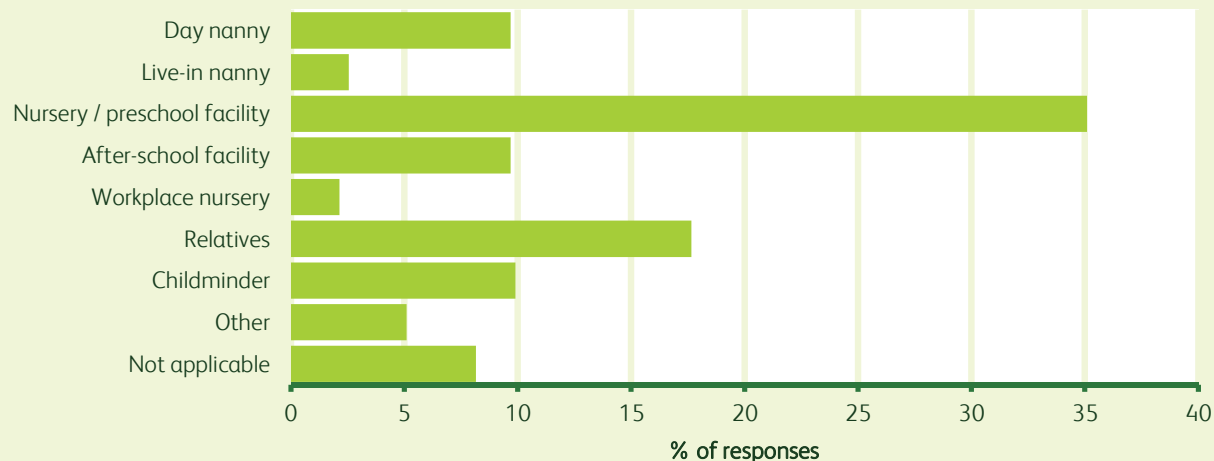
Source: RCP SpR/StR census – census date 25 July 2013



### R24d. What sort of childcare do you use?

UK – all medical specialties

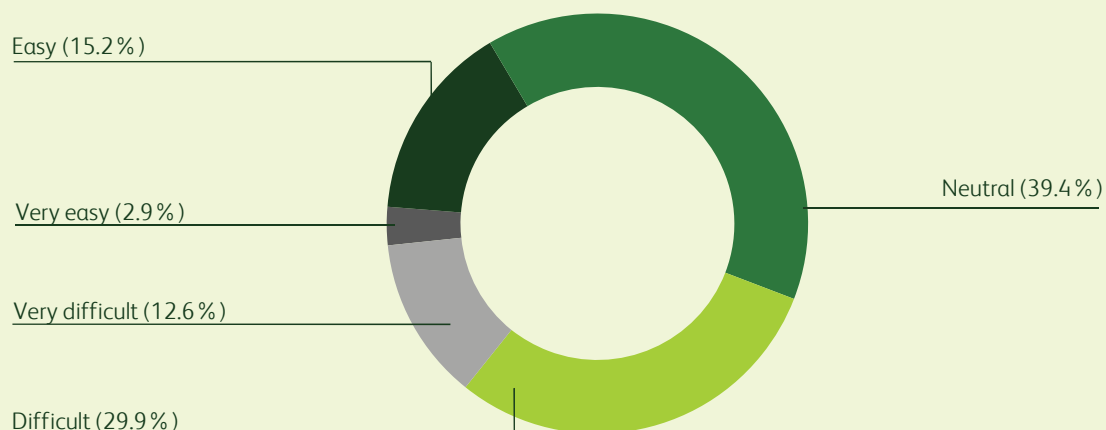
Source: RCP SpR/StR census – census date 25 July 2013



### R24e. How easy do you find it to get childcare whilst at work?

UK – all medical specialties

Source: RCP SpR/StR census – census date 25 July 2013



# Census of consultant physicians in the UK 2012: Appendix



# Census of consultant physicians in the UK, 2012

## Appendix

The RCP's Medical Workforce Unit carried out the censuses of consultant physicians and medical registrars on behalf of the Federation of Royal College of Physicians of the UK. Below can be found copies of the forms that were completed by consultant physicians and medical registrars.\*

The Federation of the Royal College of Physicians in the UK. Census of consultant physicians in the UK, 2012

<https://www.rcpworkforce.com/se.ashx?s=253122AC19510B63>

The Federation of the Royal College of Physicians in the UK. Higher Medical Trainee workforce census, 2012–2013

<https://www.rcpworkforce.com/se.ashx?s=253122AC42C8C956>

If you have any queries about the censuses, or have any requests for further data, please email the RCP's Medical Workforce Unit at [mwucensus@rcplondon.ac.uk](mailto:mwucensus@rcplondon.ac.uk)

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\* The forms themselves were password-protected and contained on a secure server as they contained data specific to individuals. The versions found here are example forms containing the same questions as those found in the original forms.