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# Census of consultant physicians and higher specialty trainees in the UK 2014–15

## Executive summary

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Do consultants enjoy their jobs?

■ Always or often 78% ■ Sometimes 19.3% ■ Rarely or never 2.7%

## Introduction

This is the 2014–15 annual census and survey of the consultant and higher specialty trainee (HST) physician workforce in the UK.

The census was coordinated by the Medical Workforce Unit of the Royal College of Physicians (RCP) on behalf of the Federation of the Royal Colleges of Physicians. Census forms were sent out electronically to all UK consultants who were in post on 30 September 2014. Those who had not responded by December 2014 were sent paper forms. The RCP verifies consultant numbers by checking with each specialty representative and then telephoning each trust, so that headcount data are accurate. HST data were obtained from an electronic census that was sent to all registrars on the Joint Royal Colleges of Physicians Training Board (JRCPTB) database.

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



Are higher specialty trainees satisfied with their career choice?

■ Very or moderately satisfied 78.6% ■ No strong feelings 12.9%  
■ Dissatisfied or very dissatisfied 8.5%

## Job satisfaction

The censuses of consultant physicians and higher specialty trainees (HSTs) asked respondents about their job satisfaction. Consultants were asked ‘do you enjoy your job?’, and HSTs were asked whether they were ‘satisfied with their career choice’.

The results of these questions have been aggregated and are displayed above in two figures showing satisfaction in the workforce. The figures show that, despite the many challenges that doctors face in the current workplace, both consultant physicians and HSTs overwhelmingly reported high levels of job satisfaction, with dissatisfaction with their jobs or career choices being in a clear minority.



Fig 1

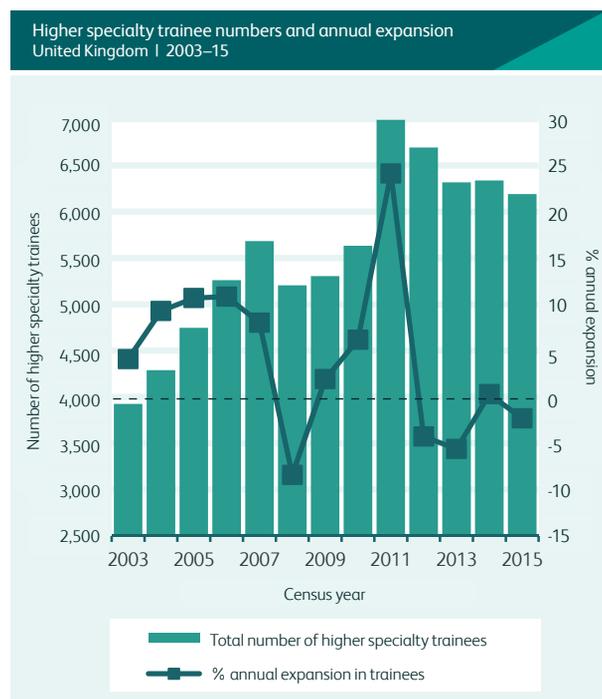


Fig 2

### Expansion of consultant numbers

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

There has been a 3.2% expansion in consultant numbers, so the consultant population has continued to grow, but slower than the previous year (3.9%) and not at the level of 2009 (10.0%) or 2004 (5.4%), which were seen at times of pre-election increased NHS spending. (Fig 1)

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

### Specialty data

The greatest increase in actual numbers of physicians has been in acute medicine (+69), followed by renal medicine (+43), geriatric medicine (+38), respiratory medicine (+38) and cardiology (+37): all are specialties with generalist skills.

There have not been huge changes in the numbers of physicians in each specialty; but the number of dermatologists has decreased by 11. The largest specialty remains geriatric medicine, followed by gastroenterology, respiratory medicine and cardiology.

### Appointments made

For the third consecutive year, the greatest number of advertised appointments was in geriatric and acute medicine, and these specialties also had the largest number of appointments that could not be made. Overall, 40% of appointments could not be made: almost all were due to there being either no applicants or no suitable applicants. Despite the continued demand for geriatric appointments, there was a reduction in geriatric medicine training posts this year. (Fig 3)

The largest numbers of appointments were attempted in the North West and the West Midlands, with nearly half unfilled (55% and 60% filled respectively), while Kent, Surrey and Sussex filled only 41% of posts.

### Trainee data

In the past, trainee numbers have increased in the year following a peak in consultant numbers, with trainee numbers being highest in 2011. However, the number of trainees has reduced during the last 4 years (reducing by 2.3% in the last year). (Fig 2)

The largest specialty for trainees is cardiology, followed by geriatric medicine, respiratory medicine and gastroenterology. If the number of trainees reflected the number of consultant posts advertised, then the largest number of trainees would be in geriatric and acute medicine.

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

### Rota gaps

Consultants were asked about gaps in their trainees' rotas. Rota gaps were reported by 21% of respondents

Consultant appointments made, not made and cancelled  
United Kingdom | 1 January – 31 December 2014

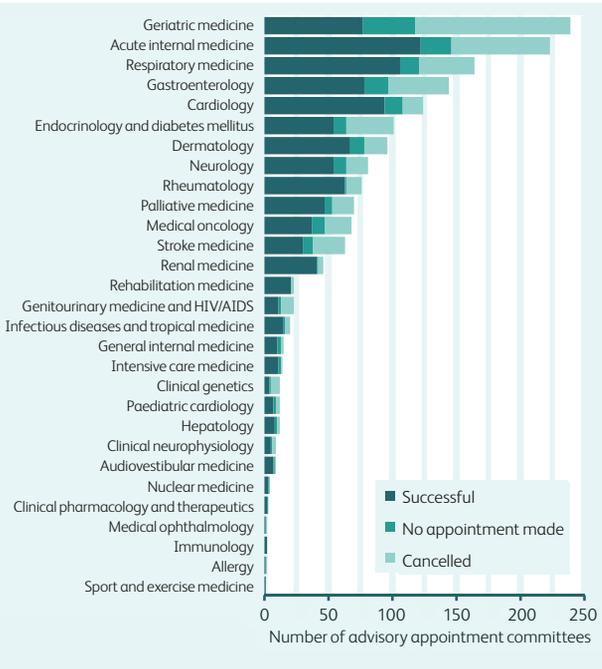


Fig 3

as 'frequent, such that they cause significant problems for patient safety', and by a further 48% as 'often but usually with a workaround solution such that patient safety is not compromised'. The problem is seen to be greater among consultants who have an acute or general medical commitment: 28% 'frequently' and 56% 'often'. (Fig 4)

The greatest rota gaps are reported in specialties that have an acute aspect, such that the work cannot be deferred: acute medicine, respiratory medicine, stroke medicine, gastroenterology and endocrinology. Regionally, London has the lowest rate of rota gaps (15% of consultants reported frequent gaps), which reflects the higher number of trainees; and Wales has the highest rate of rota gaps (33%). Locum appointments for training (LATs) are currently used to fill rota gaps, but from 2016 LATs will be abolished in England, which will exacerbate the problem. Rota gaps have been monitored in the last three RCP censuses, and they have been stable at 20–21%; therefore, the problem is neither new nor resolving.

In response to dangerous trainee rota gaps, consultants are being asked to 'act down' to provide cover. Ten per cent of consultants reported that they

often act down, and a further 30% reported that they have acted down as a 'one off'. The greatest numbers of consultants who were asked to act down were, not surprisingly, in geriatric and respiratory medicine, which had the highest number of rota gaps. However, there is a shortage of trainees in most specialties, so acting down is not a sustainable solution. (Fig 5)

## Physician associates

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

## Less than full time working

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

Those working less than full time (fewer than 10 programmed activities (PAs) per week) made up 18% of the

Consultants: when on acute duty (specialty or unselected) are you aware of gaps in the trainees' rotas?  
United Kingdom

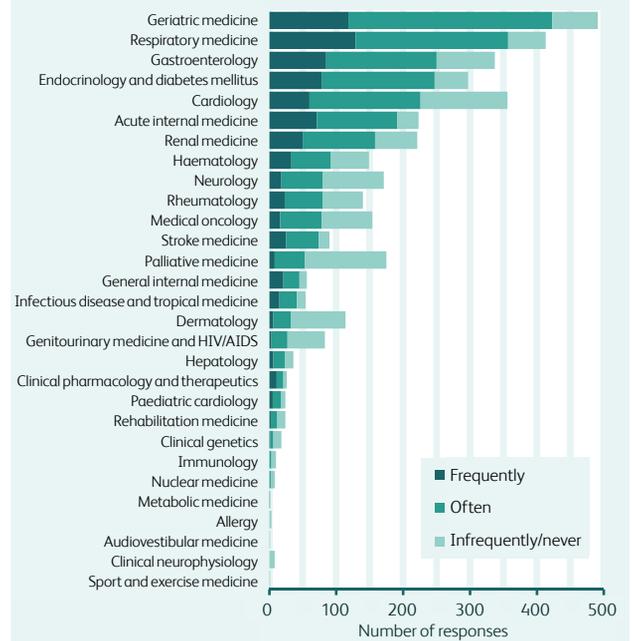


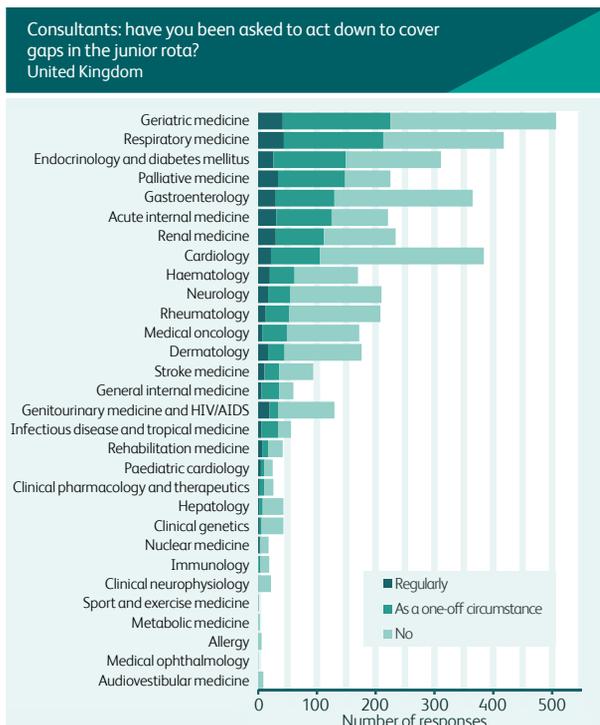
Fig 4

consultant workforce, with 40% of female physicians reporting that they worked less than full time, but this figure was only 6% for male physicians. In specialties with predictable hours, such as clinical genetics, genitourinary medicine, nuclear medicine and palliative medicine, around 50% of the workforce are employed less than full time, and therefore these specialties need a higher number of trainees.

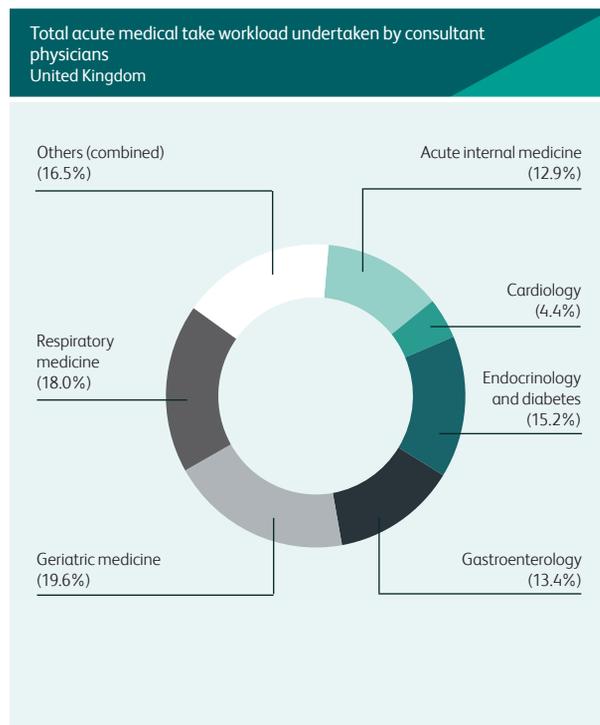
Twelve per cent of trainees are working less than full time: 23% of female trainees and 1% of male trainees. Specialties with a high proportion of less than full time consultants also have a high proportion of less than full time trainees. However, studies<sup>1</sup> have shown that women work a median of 14 years less than full time; therefore, less than full time trainees may become full time consultants or vice versa. (Fig 7)

## Contracted sessions

The mean number of PAs contracted across the UK remains stable at 10.6, with 7.5 clinical session PAs and 3.1 'other' PAs. Those on a full time contract undertook 11.3 PAs, with 7.9 clinical PAs and 3.4 other PAs. Those on less than full time contracts worked 7.4 PAs, with 5.3 clinical PAs and 2.1 other



**Fig 5**



**Fig 6**

PAs. For on-call activity, an average of 0.9 PAs for either specialty on call or for acute medicine were paid.

Overall, consultants undertaking GIM received an average total of 0.9 PAs more than those who do not undertake GIM; therefore GIM is usually undertaken in addition to other specialty work.

There has been a slight increase in both contracted and worked PAs on the previous year, for both full time and less than full time work. The trend over the last 10 years suggests that if more work is contracted, consultants continue to work above this level.

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

### GIM versus specialty

Thirty-six per cent of consultants contribute to the acute take, and 47% of consultants participate in looking after GIM patients. The proportions of those within each specialty who participate in acute

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

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

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

Seventy per cent of consultants work at weekends for their specialty. Thirty-seven per cent work at weekends providing acute medicine, but this is 52% of those with a GIM certificate of completion of training (CCT). Those who are not working at weekends have a predominantly non-acute specialty, such as clinical genetics and medical ophthalmology. (Fig 6)

### Support for 7-day services

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

Fifty per cent of consultants would support 7-day services for specialties. While there is greater support for 7-day services for acute medicine than for specialty medicine, there is considerable variation between specialties, with greater support from those who already have an acute commitment (stroke, acute medicine, renal medicine and palliative care).

There was no gender difference in the response to questions about 7-day services; and responsibility for children was not a factor. There was very little variation between local education and training boards (LETBs). The only group who were less supportive of 7-day services was female consultants who work less than full time.

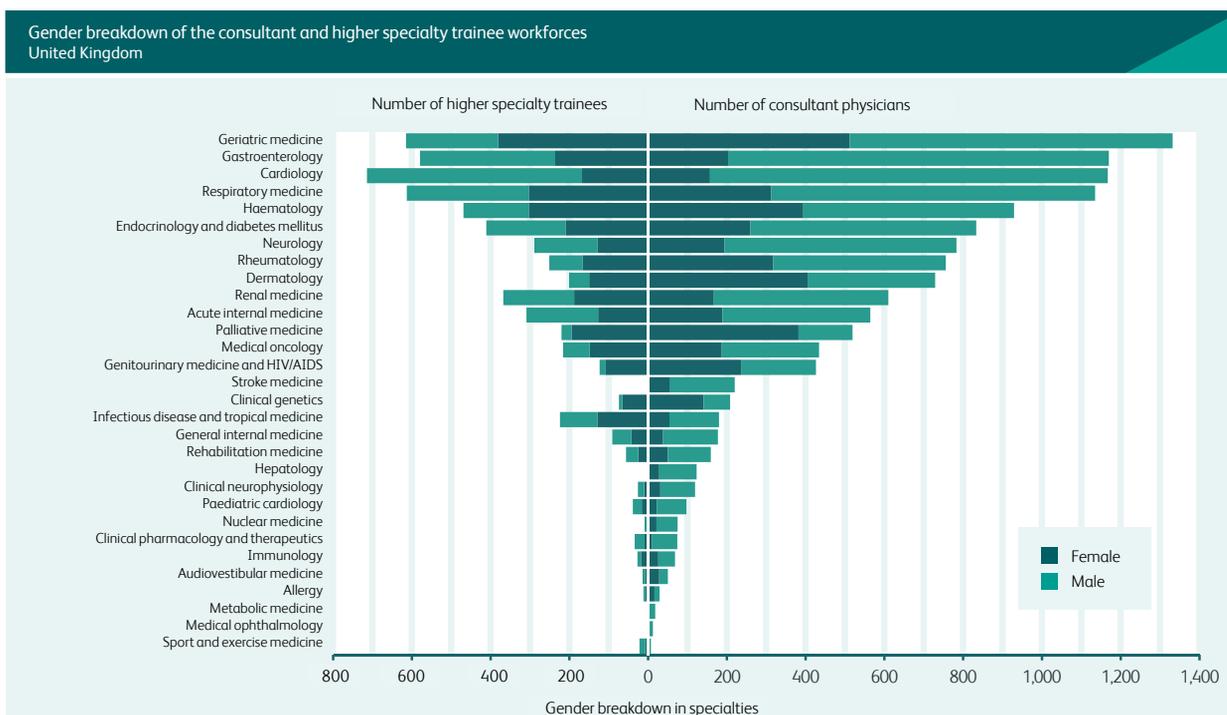


Fig 7

In compensation for working weekends, 78% of consultants would like time off in lieu or annual leave, and 22% would like increased pay.

## GIM trainees

Shape of Training looks to dual-accreditation for all trainees, to increase GIM skills. Currently, 60% of trainees dual-accredit in GIM: 68% of male trainees and 54% of female trainees. Regionally, trainees in London have the lowest rate of dual accreditation (53%) but the highest proportion of non-acute trainees, such as in audiovestibular medicine and clinical genetics, which may only have a single national training centre.

Trainees report greater satisfaction with specialty than GIM training, as in previous years. Seventy-three per cent of trainees felt that their specialty training was good or excellent, but only 26% felt that their GIM training was good or excellent: both the same as the previous year. One reason may be that for GIM training, trainees report that an average of 82% of their time is spent in service and 18% of their time is in training; however for specialty training, they report that they spent more of their

time in training (37%). Similarly, 87% reported job satisfaction for their specialty, but the figure was only 41% for GIM. When asked whether they would continue the acute take, 37% of trainees said 'no' (the same response as for the last 3 years).

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

## Retirement

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

working under excessive pressure, and 41% reported that this was due to inadequate consultant numbers.

Despite all the issues, 78% of consultants always/often enjoy their job (down from 80% last year). In total, 79% of trainees are moderately or very satisfied with their career choice. ■

## References

1 UK Medical Careers Research Group. 1977 cohort of UK medical graduates, report of the seventh survey July 2006. Oxford: University of Oxford, 2006. [www.uhce.ox.ac.uk/ukmcrg/publications.php](http://www.uhce.ox.ac.uk/ukmcrg/publications.php) [Accessed 04.12.15]

**Twenty-one per cent of consultants report 'significant gaps in the trainees' rotas such that patient care is compromised'.**

## Summary

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

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