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SURGEONS OF GLASGOW



# Focus on physicians

Census of consultant physicians and  
higher specialty trainees 2016–17

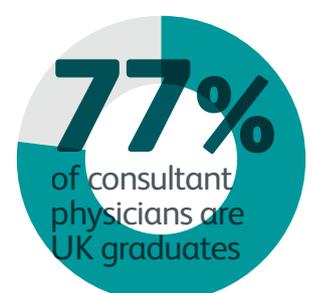
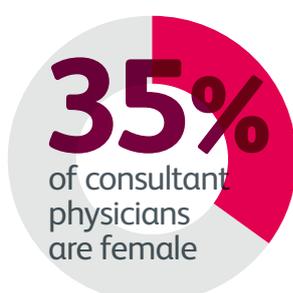


## Introduction

This is the 2016–17 annual census of the consultant and higher specialty trainee (HST) physician workforce in the UK.

The census was conducted on behalf of the Royal College of Physicians of Edinburgh, the Royal College of Physicians and Surgeons of Glasgow and the Royal College of Physicians of London (RCP), and coordinated by the Medical Workforce Unit of the RCP. Census forms were sent out electronically to all UK consultants and HSTs who were in post on 30 September 2016. The RCP verifies consultant numbers by checking with each specialty representative and then phoning each trust, so that headcount data are accurate. Additional HST data were obtained from the Joint Royal Colleges of Physicians Training Board (JRCPTB) database.

Despite current work problems, consultant physicians continued to report high job satisfaction for specialty work: 88% ‘always’ or ‘often’ enjoyed their job.

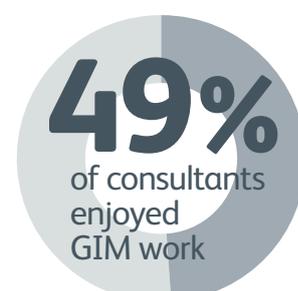
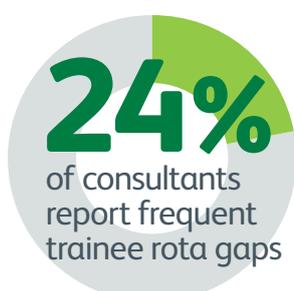
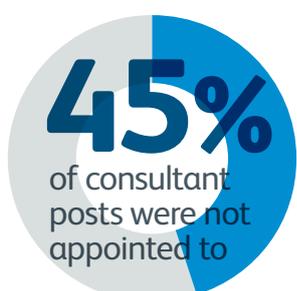




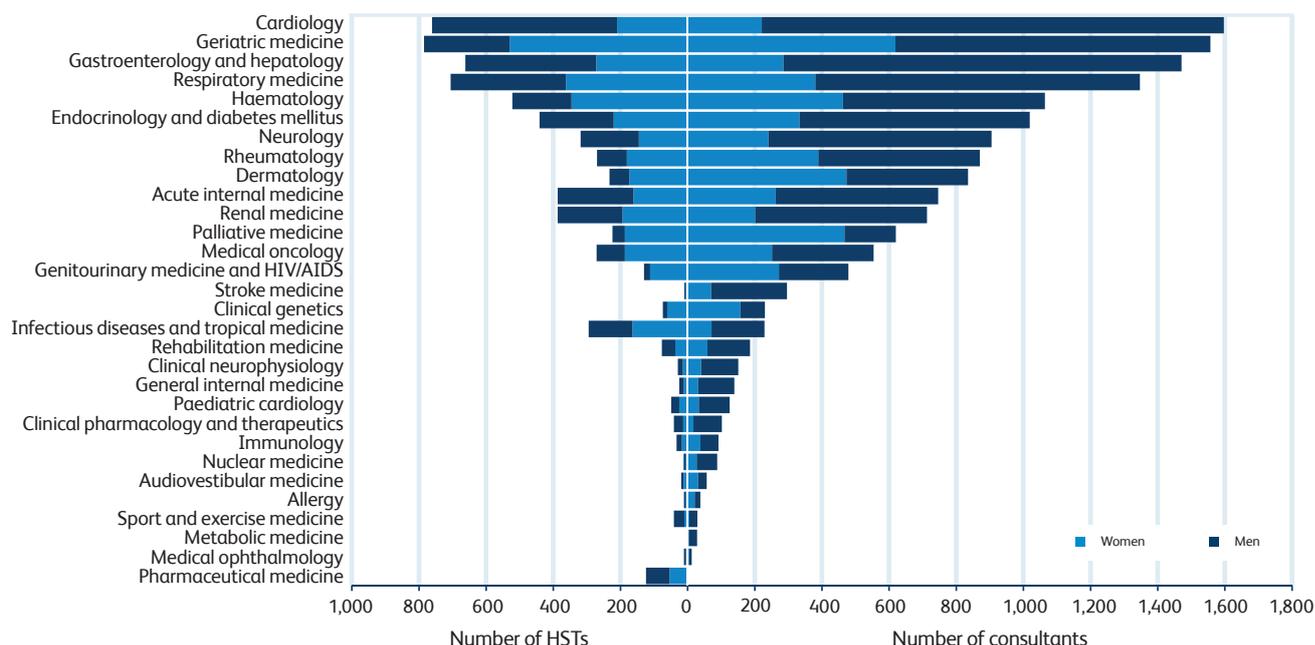
## Key points

- > **35%** of all consultant physicians, and 54% of higher specialty trainees (HSTs), are female.
- > **22%** of consultants worked less than full time (LTFT).
- > **5%** of all consultants had recently retired but subsequently returned to work, predominantly LTFT.
- > **77%** of consultant physicians are UK graduates, and **92%** are UK citizens. **83%** of trainees are UK graduates; **86%** are UK citizens.
- > **1,542** consultant jobs were advertised, but only **853 CCTs<sup>†</sup>** were awarded; **45%** of consultant posts were not appointed to.
- > **24%** of consultants reported that trainee rota gaps occur ‘frequently’ or ‘often’. Of these, **22%** stated that these gaps have a significant impact on patient safety.
- > Physician associates were seen more frequently in specialties with significant rota gaps.
- > **88%** of consultants ‘always’ or ‘often’ enjoyed their specialty work, with trainees reporting 86% specialty satisfaction.
- > **49%** of consultants ‘always’ or ‘often’ enjoyed their general internal medicine (GIM) work, with **25%** of trainees reporting likewise.

<sup>†</sup>certificates of completion of training



## Consultant physicians and HSTs | Gender of the workforce



In 2016 there were 15,579 substantive consultant physicians in the UK, with 13,154 (84%) in England, 397 (3%) in Northern Ireland, 1,341 (9%) in Scotland<sup>◊</sup> and 687 (4%) in Wales, matching population distribution. 20% of all consultants worked in London, a greater proportion than in Northern Ireland, Scotland, Wales and the Crown Dependency Islands combined (16%). The largest region was the north west of England with 11% consultant physicians; the smallest was the Isle of Man (0.06%).

95% of consultant physicians in the census were contracted to substantive appointments, with the remaining 5% representing those who had recently retired but returned to work.

The proportion of female consultants had increased since that reported in the 2015–16 census<sup>1</sup> (from 34% to 35%); men comprised 65% of the workforce. There is a consistent gender variation in specialty choice, and an increasing proportion of female trainees is likely to affect those specialties with a predominantly male workforce.

<sup>1</sup> Federation of the Royal Colleges of Physicians. *Focus on physicians: census of consultant physicians and higher specialty trainees 2015–16*. London: RCP, 2016. [www.rcplondon.ac.uk/projects/outputs/2015-16-census-uk-consultants-and-higher-specialty-trainees](http://www.rcplondon.ac.uk/projects/outputs/2015-16-census-uk-consultants-and-higher-specialty-trainees) [Accessed 25 May 2017].

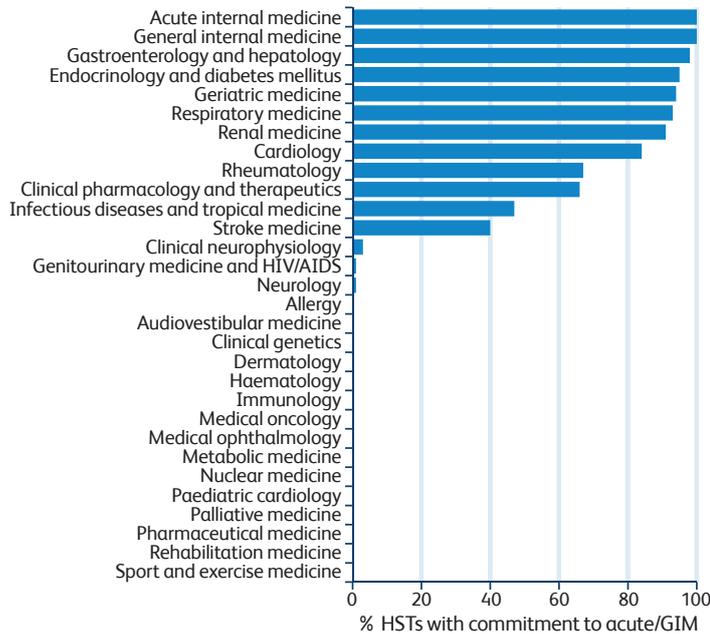
<sup>◊</sup> Any discrepancies in consultant headcount numbers in Scotland between *Focus on physicians* and Information Services Division (ISD) figures may reflect the fact that individuals who hold more than one appointment are included under each area of work in ISD data.

There were 6,951 HSTs, and a greater proportion of these trainees were women (54%) than men (46%). While most HSTs worked full time (89%), 11% were contracted to LTFT contracts, consistent with data published in the 2015–16 census.<sup>1</sup> Cardiology has consistently been the most male-dominated large specialty (72% male trainees; 86% male consultants), while those specialties with more controllable hours remain female dominated – such as genitourinary medicine (86% female trainees; 57% female consultants), palliative medicine (83% female trainees; 75% female consultants), clinical genetics (82% female trainees; 68% female consultants) and dermatology (75% female trainees; 57% female consultants).

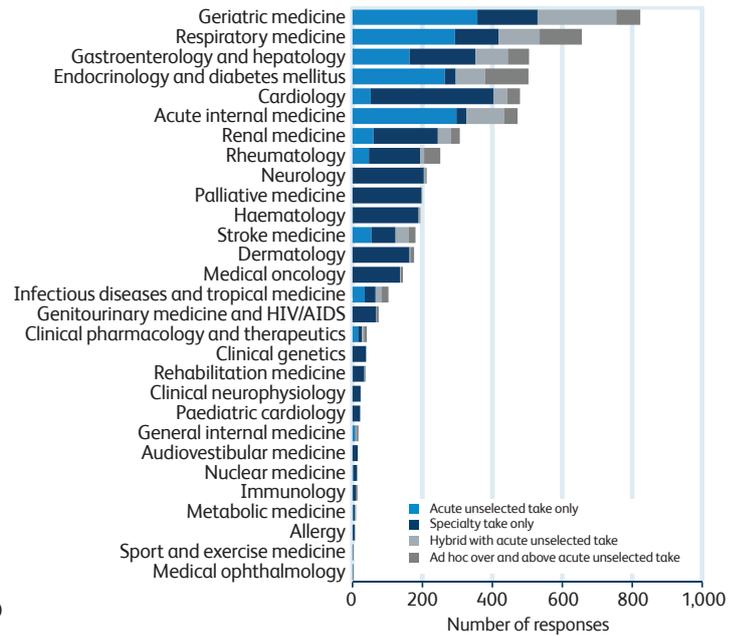
## General internal medicine

The proportion of consultant physicians involved in GIM, 42%, was the same as last year, thus halting the decline seen in previous years. 41% of consultant physicians undertook general medical ward responsibilities, 82% of which were done by consultants in acute internal medicine, cardiology, endocrinology and diabetes, gastroenterology and hepatology, geriatrics and respiratory medicine.

**HSTs | Commitment to acute internal medicine/GIM**

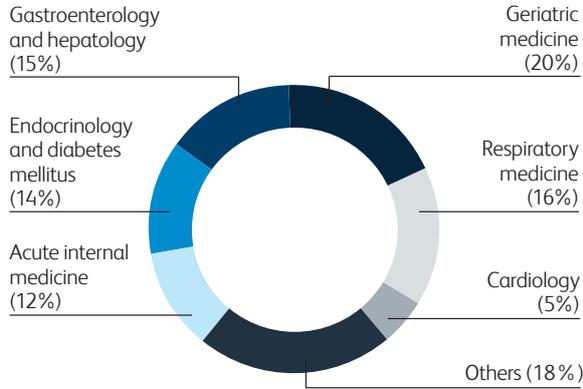


**Consultant physicians | On-call commitments**



**Consultant physicians**

**Acute internal medicine / GIM undertaken**



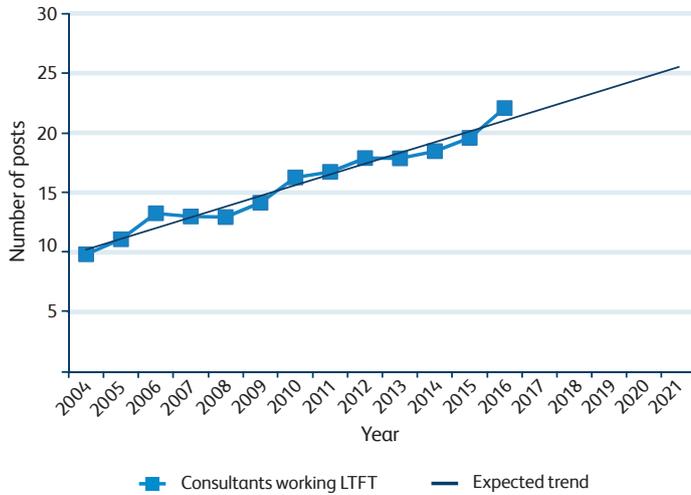
33% of consultants participated in the acute medical take (82% of that work was provided by the five specialties listed above). This involved 98% of acute physicians, 75% of consultants in endocrinology and diabetes, 62% of geriatricians, 59% of respiratory physicians and 38% of gastroenterologists.

The proportion of trainees dual training in GIM and their specialty had increased slightly to 61%, from 59% the previous year. Of those accrediting in GIM, 93% participated in the acute unselected medical take (53% of all trainees), and 84% (48% of all trainees) looked after non-specialty general medical patients as inpatients. The demand for generalist skills remains high and often unmet, and so training in GIM allows the greatest flexibility for trainees when considering their career opportunities. There remains a gender divide, with data showing 67% of male trainees and 55% of female trainees accrediting in GIM. More full-time trainees were accrediting in GIM (66%) than LTFT trainees (47%). It would therefore appear that GIM is preferentially dropped when moving to LTFT work.

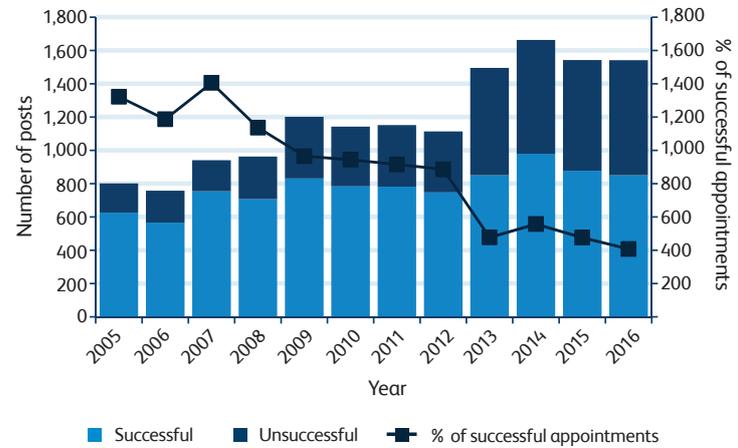
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The specialty take was undertaken by 64% of consultants; a further 21% did this as a hybrid with the acute medical take, and 16% did this ad hoc over and above the acute unselected take.

Consultant physicians | Trend in LTFT working



Consultant physicians | Trend in appointment success  
Data for Scotland unavailable



Less-than-full-time working

78% of substantive consultants worked full time and 22% worked LTFT – which has increased from 20% last year. 31% of those who worked LTFT were male (and comprised 11% of all male consultants), and 69% were female (41% of all female consultant physicians). There has been a large increase in male consultants working LTFT – from 4% in 2004 to 7% in 2015 and 11% in 2016. The increase seen since 2015 was accounted for by male consultants who had recently retired, but subsequently returned to work. Of those recently retired and returned to work (5% of the total consultant physician workforce), 81% worked LTFT (19% of the total LTFT workforce), and 83% were male (thus accounting for the large increase in male LTFT physicians).

Those working LTFT participated less in GIM (23%) and the acute take (16%) than those who worked full time (46% and 37%, respectively).

1,542 appointments were attempted, with a 55% success rate (851 successful appointments). This is both a lower success rate and a lower number of appointments than the previous year.

Appointments

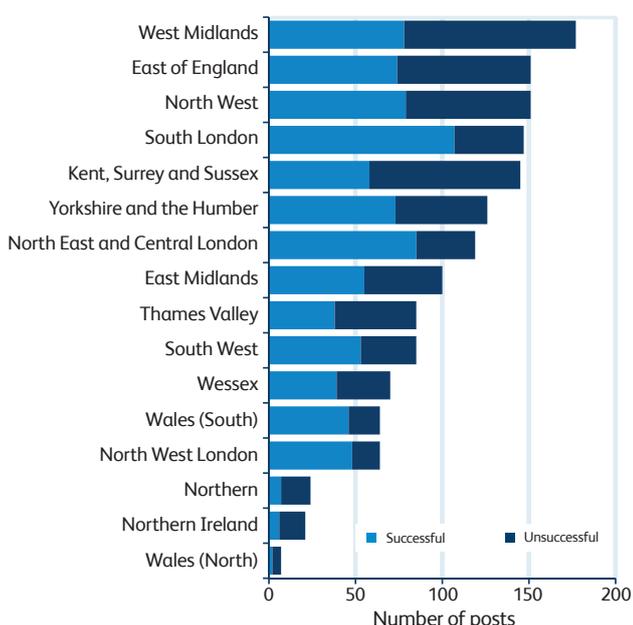
There were fewer appointments in 2016 than in any year since 2013, reversing the steady increase seen since this criterion has been monitored. 1,542 appointments were attempted, with a 55% success rate (851 successful appointments). This is both a lower success rate and a lower number of appointments than the previous year, a result of only 853 CCTs being awarded. The appointment rate has fallen since 2008 (73%) to 57% in 2015, and to 55% in 2016. In 2016, women were appointed to 47% of consultant positions, and men to 53%. This is a higher female proportion than seen in previous years – in 2008, only 36% of consultants appointed were female.

In 2016, 45% of advertised consultant posts were not appointed to: 65% of these were due to no applicants and 19% to no suitable applicants. The proportion of unappointed posts due to lack of applicants has increased from 32% in 2008, to 39% in 2011, to 65% in 2016.

The largest number of successful appointments was in south London (13% of all appointments), then in north-east and central London (10% of all appointments), reflecting the number of CCT holders in these regions. The largest number of advertised posts was in the

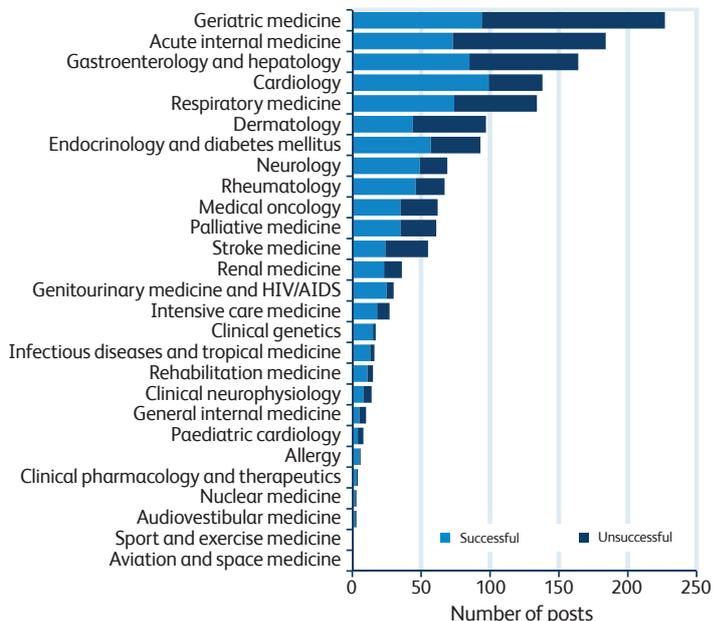
### Consultant physicians | Appointments by LETB or region

Data for Scotland unavailable



### Consultant physicians | Appointments by specialty

Data for Scotland unavailable



West Midlands (177, or 11% of all advertised posts), which, with Kent, Surrey and Sussex, also had the largest number of failed appointments (74 posts each). Over the past 5 years, the West Midlands, the north west, and Kent, Surrey and Sussex have consistently advertised the largest number of consultant posts, but have also reported the largest number of failed appointments. Trainees have consistently shown that they apply for jobs in the region in which they are working, so if there are to be sufficient consultants to meet population requirements, there need to be more trainees in regions that have failed to appoint to over 50% of posts, such as the east of England, Kent, Surrey and Sussex, north Wales, the north west, the northern region, the Thames Valley and the West Midlands.

By specialty, over the past 5 years, acute internal medicine, geriatric medicine and gastroenterology/hepatology have advertised the largest number of consultant posts, but have also had the largest numbers of failed appointments due to a lack of applicants. Although this remained the situation in 2016, the proportion in all of these specialties has increased. Cardiology had the largest number of successful appointments, followed by geriatric medicine and gastroenterology/hepatology, reflecting the number of CCT holders in these specialties. Given that the demand for generalist skills is likely to increase in coming years,

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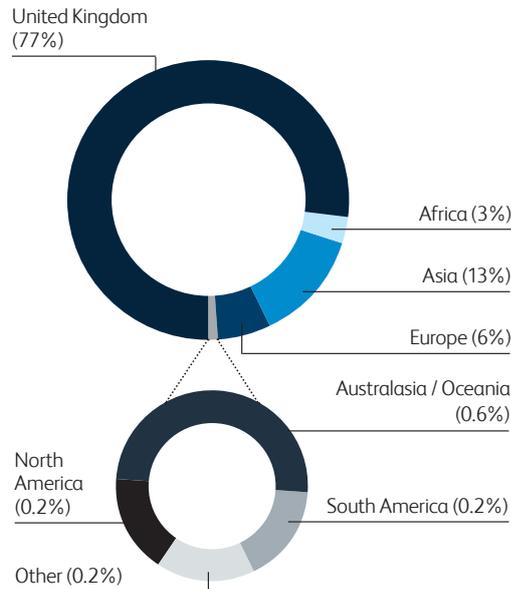
it is encouraging to see that geriatrics now has the largest number of trainees (785), rather than cardiology (761), which was previously consistently the largest trainee group.

Almost all jobs (90%) advertised in 2016 had 10 programmed activities (PAs) in total. This has remained the case for 5 years with, over the same period, an average of 6.5% of jobs advertised with fewer than 10 PAs.

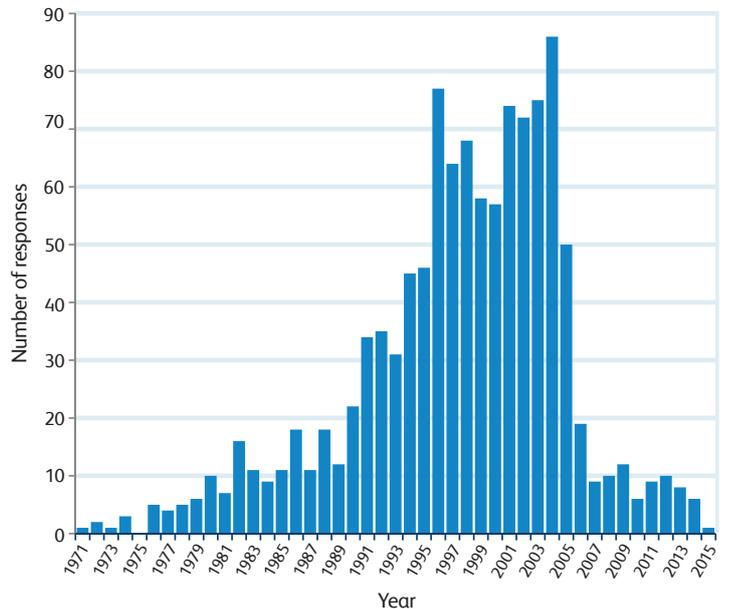
Data for appointments in Scotland were not collected by the RCP. The Academy of Medical Royal Colleges and Faculties in Scotland has published its own data on appointments.<sup>2</sup>

2. 2015 annual report. Edinburgh: Academy of Medical Royal Colleges and Faculties in Scotland, 2016. [www.scottishacademy.org.uk/academy-reports.php](http://www.scottishacademy.org.uk/academy-reports.php) [Accessed 7 June 2017].

Consultant physicians | Place of graduation



Consultant physicians | Year overseas doctors moved to the UK



Citizenship and country of graduation

UK graduates made up 77% of consultant physicians. Of the remaining 23% overseas graduates, 58% were from Asia (52% from the Indian subcontinent), 26% from Europe (mostly Ireland and Germany) and 11% from Africa. 83% of trainees were UK graduates, with 9% from Asia (predominantly the Indian subcontinent) and 5% from Europe.

UK citizens made up 92% of the UK consultant physician workforce, with 5% from the EEA/Switzerland (69% of the non-UK citizens). Of consultant physicians from the EEA/Switzerland, most were Irish or German. 86% of trainees were UK citizens, with the majority of non-UK citizens coming from Ireland (1.5% of the total), Greece (0.7%) or Germany (0.5%).

Overseas graduates were more likely to be male (74%), to work full time (89%) and to undertake GIM (56%) than UK graduates (59% male, 74% full time and 39% GIM). The commonest years that overseas trainees moved to the UK were 2004 (10%), 2005 (9.5%) and 2008 (9.2%).

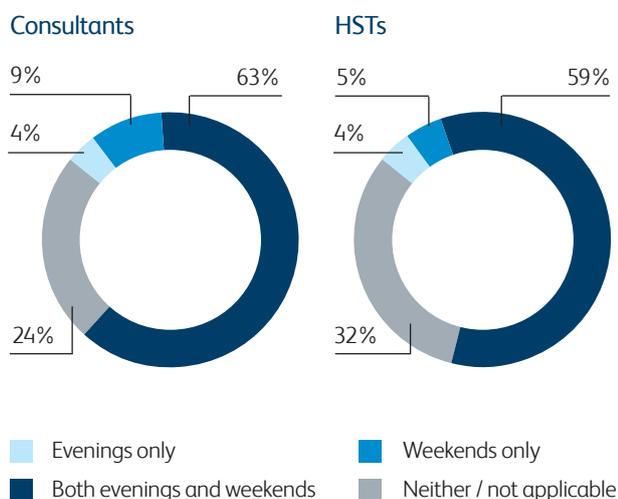
The census, which took place after the Brexit vote, asked consultants whether they wished to remain in the UK for the next 5 years; 81% stated that they would and 16% were unsure. 77% of trainees would like to remain in the UK and 19% were unsure.

PAs worked and paid

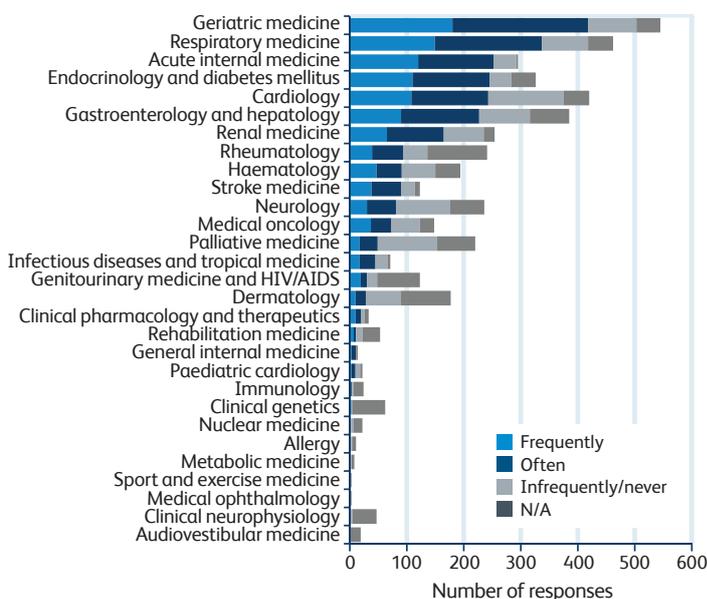
The mean number of contracted PAs for consultant physicians was 10.7, with 7.3 PAs of direct clinical care and 1.9 PAs of supporting work (SPAs), the remainder being academic and 'other' work. A mean of 11.4 PAs were actually worked, ie physicians have consistently worked 7% or more above paid time.

The European Working Time Directive (2003) allows an average maximum 48-hour working week. Trainees reported a mean of 42 hours rostered and of 47 hours worked, ie an excess of 5 hours, or 12%, above contracted time. Trainees who stated that they worked consistently over their rostered hours were those with on-call commitments, where hours may be less controllable.

### Consultant physicians and HSTs Evening and weekend working



### Consultant physicians | Gaps reported in HST rotas



### Out-of-hours work

Of all consultant physicians, 76% undertook regular contracted work in the evenings and/or weekends: 67% in the evenings, 72% at weekends, and 63% both at weekends and in the evenings. 79% of trainees worked regularly at weekends and/or in evenings: 73% worked both evenings and weekends, 4% just weekends, and 3% just evenings. Those who worked full time were more likely to work evenings and/or weekends (85%) than those who worked LTFT (71%), and those who undertook GIM (86%) were more likely to do so than those who did not undertake GIM (68%).

### Rota gaps

The Royal College of Physicians of Edinburgh, the Royal College of Physicians and Surgeons of Glasgow and the Royal College of Physicians of London have reported concerns about, and data for, gaps in trainees' rotas since the 2013–14 census.<sup>3</sup> This year, 24% of consultants reported gaps in trainees' rotas 'frequently', 31% 'often', 23% 'infrequently/never', and rota gaps were not applicable for 21%. Of those who reported rota gaps 'frequently' or 'often', 22% reported that they cause significant problems in patient safety, 75% that they potentially cause problems 'but [they] have a workaround solution', and 1% that they cause other problems; only 2% of consultants reported that trainee rota gaps have no impact on patient safety at all.

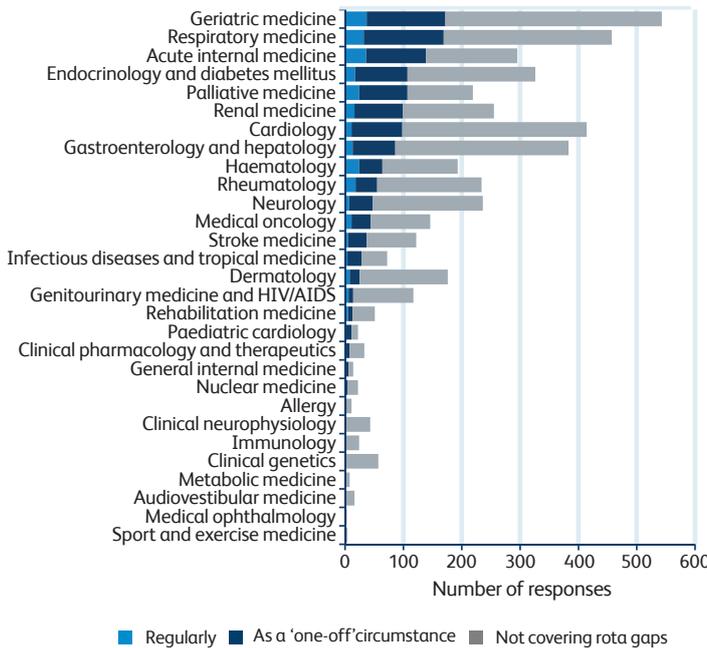
6% of consultants reported that they have been asked to act down to cover HST rotas regularly, and a further 23% reported doing so due to a 'one-off circumstance'. The previous 2015–16 census reported that 13% of consultants acted down 'regularly' and 32% as a 'one-off', suggesting that, as rota gaps become embedded, more permanent solutions have been sought.

In compensation for covering rota gaps, time may be taken off in lieu with elective work being cancelled (5%), or so that a colleague covers work (6%), or at a later date (7%); 19% of consultants received an increase in pay pro rata, but 60% of respondents stated that they received no compensation for such work. The 2015–16 census reported that 72% of consultants acting down received no compensation, so as rota gaps become established, so does the need for compensation.

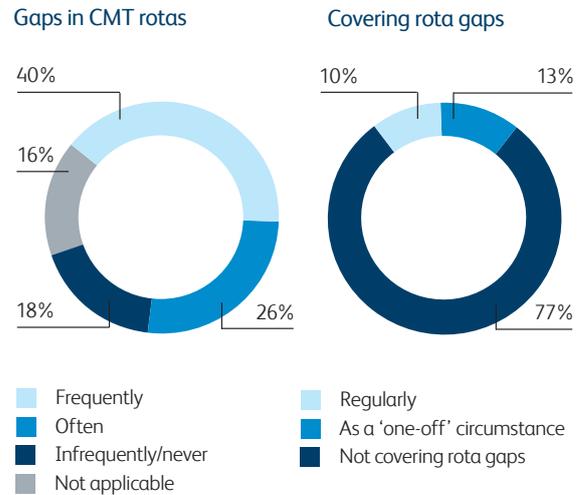
Trainees reported being aware of gaps in other trainee rotas 'frequently' (40%), 'often' (26%), 'infrequently/never' (18%), and for the remainder the question was not applicable. Where there were gaps 'frequently' or 'often', 28% of trainees stated that these cause significant problems in patient safety, and 67% reported that they could potentially cause problems. Thus, trainees reported a greater incidence than consultants of gaps that they perceived to put patient safety at risk. HSTs reported that they had been asked to act down to cover core medical trainee gaps regularly

<sup>3</sup> Federation of the Royal Colleges of Physicians. *Census of consultant physicians and higher specialty trainees in the UK 2013/14*. [www.rcplondon.ac.uk/projects/outputs/2013-14-census-uk-consultants-and-higher-specialty-trainees](http://www.rcplondon.ac.uk/projects/outputs/2013-14-census-uk-consultants-and-higher-specialty-trainees) [Accessed 21 June 2017].

Consultant physicians | Covering gaps in HST rotas



HSTs | Gaps in CMT rotas / covering gaps



(10%) or as a 'one-off' (13%). They also acted up to cover consultant vacancies 'regularly' (3%) or as a 'one-off' (7%). As with consultants, most HSTs received no compensation (64%); however, a significant minority (19%) received extra pay, and they were less likely to receive time off in lieu (11% for all relevant categories combined).

Physician associates were reported to work in the departments of 498 consultants (or with about 10% of consultants who completed the census). Previously, physician associates were largely seen in acute medicine, but over the past year they were seen more frequently in respiratory medicine, cardiology and gastroenterology/hepatology, all specialties with significant rota gaps.

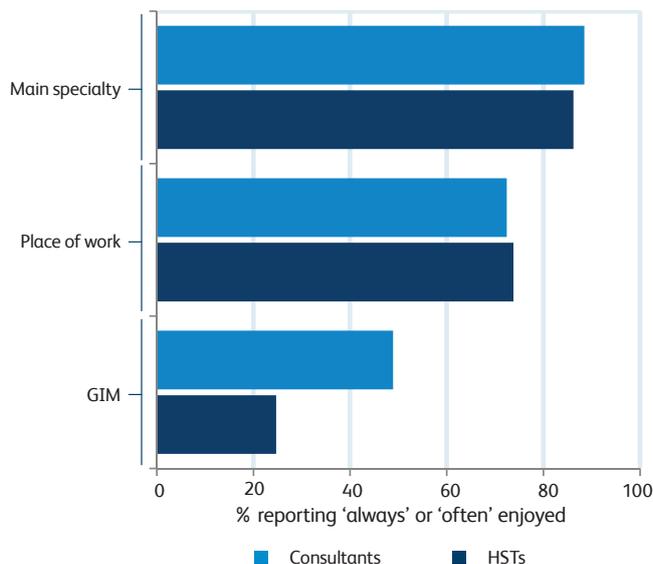
Job satisfaction

Despite current work problems, consultant physicians continued to report high job satisfaction for specialty work: 88% 'always' or 'often' enjoyed their job, but only 49% 'always' or 'often' enjoyed GIM. While 72% 'always' or 'often' enjoyed their place of work, only 2% would like to move to another part of the UK, suggesting, as with trainees, that GIM is the least appealing part of the job plan.

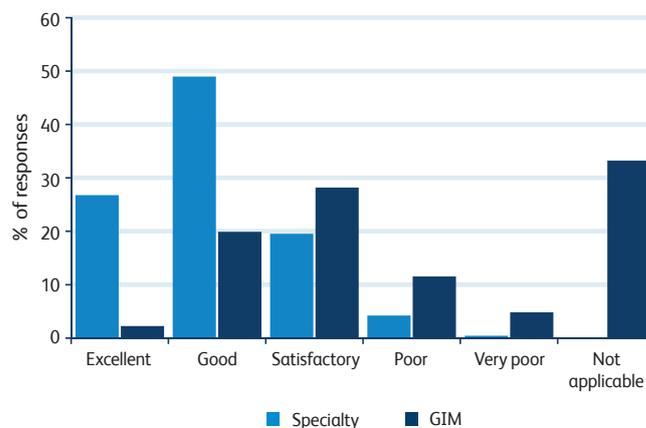
Trainees similarly reported greater job satisfaction with their specialty work (86% 'always' or 'often' enjoyed) than with GIM (25% 'always' or 'often' enjoyed); encouragingly, this is an increase in trainee job satisfaction from 78% for specialty and 21% for GIM last year. Trainees' places of work were considered satisfactory 'always' or 'often' by 70% of respondents. Although there was little difference in job satisfaction between those who worked full time and those who worked LTFT for specialty, those who worked full time were more satisfied with GIM (27%) than those who worked LTFT (19%), while those working LTFT had higher geographical satisfaction (74%) than those working full time (69%).

Trainees were asked to rank factors that would influence their choice of consultant job. As reported in the previous census, geography was the most important factor, followed by a high percentage of specialty work in the job plan, and then the ability to work flexibly. The inclusion of GIM and the unselected general medical take in job plans were the least important factors in choosing a consultant post. For those working LTFT, flexibility in contract was second only to geography, and was more important than specialty time in the job plan.

### Consultant physicians and HSTs | Job satisfaction



### HSTs | Quality of training in specialty and GIM



## HSTs: quality of training

GIM training was regarded as ‘good’ or ‘excellent’ by 22% of HSTs, while 75% of trainees regarded their specialty training as ‘good’ or ‘excellent’. This proportion has fallen from 28% for GIM, and risen from 74% for specialty training as reported in the 2015–16 census. Those working LTFT regarded the quality of their specialty training as ‘good’ or ‘excellent’ for specialty in 83% of cases, while 74% of full-time trainees reported that specialty training was ‘good’ or ‘excellent’. However, LTFT trainees indicated a lower level of satisfaction for GIM training (21% ‘good’ or ‘excellent’) than those working full time (24% ‘good’ or ‘excellent’).

If trainees were able to turn back time, 58% would not have chosen to train in GIM, but 82% would have continued training in their current location and 90% would have continued with their chosen specialties. Despite this, only 3% of trainees reported having discontinued their GIM training (with a further 27% having considered doing so; for 34% this was not applicable as they did not do GIM). Only 0.6% have discontinued specialty training (with a further 22% having considered doing so). Thus, as with consultants, there was greatest dissatisfaction with GIM.

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### About *Focus on physicians*

*Focus on physicians* is a project undertaken as a partnership between the Royal College of Physicians of Edinburgh, the Royal College of Physicians and Surgeons of Glasgow, and the Royal College of Physicians of London. It operates on behalf of the three colleges to investigate the UK medical workforce, and uses data from the Joint Royal Colleges of Physicians Training Board (JRCPTB).

[www.rcplondon.ac.uk](http://www.rcplondon.ac.uk)  
[www.rcpe.ac.uk](http://www.rcpe.ac.uk)  
[www.rcpsg.ac.uk](http://www.rcpsg.ac.uk)

## Get involved

To be more responsive to current issues, the RCP's Medical Workforce Unit (MWU) will undertake a series of further short surveys of representative portions of the consultant workforce during the year. Our aim is not to survey any consultant more than one additional time, and to publish online to provide quick, accurate and relevant data on the present issues affecting doctors. Please get involved!

### For more census info, visit

[www.rcplondon.ac.uk/census](http://www.rcplondon.ac.uk/census)

Email: [mwucensus@rcplondon.ac.uk](mailto:mwucensus@rcplondon.ac.uk)

Written by: Dr Harriet Gordon, director,  
Medical Workforce Unit

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