



Royal College  
of Physicians

Royal College of  
Physicians of Edinburgh

Educating doctors, improving care.



ROYAL COLLEGE OF  
PHYSICIANS AND  
SURGEONS OF GLASGOW



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

## Full report

Dr Harriet Gordon, director, Medical Workforce Unit

## The Royal College of Physicians

The Royal College of Physicians (RCP) plays a leading role in the delivery of high-quality patient care by setting standards of medical practice and promoting clinical excellence. It provides physicians in over 30 medical specialties with education, training and support throughout their careers. As an independent charity representing 30,000 fellows and members worldwide, it advises and works with government, patients, allied healthcare professionals and the public to improve health and healthcare.

## Citation for this document

Federation of the Royal Colleges of Physicians of the UK. *Census of consultant physicians and higher specialty trainees in the UK, 2014–15: data and commentary*. London: Royal College of Physicians, 2016

## Copyright

All rights reserved. No part of this publication may be reproduced in any form (including photocopying or storing it in any medium by electronic means and whether or not transiently or incidentally to some other use of this publication) without the written permission of the copyright owner. Applications for the copyright owner's written permission to reproduce any part of this publication should be addressed to the publisher.

Copyright © The Royal Colleges of Physicians London, 2016

eISBN 978-1-86016-597-9

## 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)  
Registered Charity No SC009465

## The Royal College of Physicians and Surgeons of Glasgow

232–242 St Vincent Street, Glasgow, G2 5RJ  
Phone: +44 (0)141 221 6072  
Fax: +44 (0)141 221 1804  
Web: [www.rcpsg.ac.uk](http://www.rcpsg.ac.uk)  
Registered Charity No SC000847

Analysed, designed, arranged and 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)

---

## Acknowledgements

I have been immensely helped by the experience and professionalism from the Medical Workforce Unit at the RCP: Nina Newbery, Darin Nagamootoo and Christopher Phillips whose creativity, input and abilities have ensured integrity of data. I am particularly grateful for their enthusiasm towards shaping this web-based interactive format, which I hope will prove of interest and benefit to interested parties.

Many thanks must also go to Natalie Ruginis and Amir Jamal for their contribution in verifying consultant details, and to Elaine Tait and Lindsay Paterson at the Royal College of Physicians of Edinburgh, and John Cooper and Elaine Mulcahy at the Royal College of Physicians and Surgeons of Glasgow for their input and work on the census. I am grateful to all the specialty workforce representatives for their interest and feedback in shaping the workforce.

December 2015

Dr Harriet Gordon  
Director, Medical Workforce Unit, RCP

# Contents

▶ Citation for this document	i
▶ Acknowledgements	ii
▶ Table of contents	iii
▶ Introduction	viii
▶ Commentary on census results   Dr Harriet Gordon	ix

## 1 Consultant numbers, expansion trends and location of the workforce

▶ Table 1	Consultant workforce by specialty and nation   United Kingdom	2
▶ Table 2	Higher specialty trainee workforce by specialty and nation   United Kingdom	3
▶ Fig 1	Number of substantive consultant physicians in the medical specialties   United Kingdom	4
▶ Fig 2	Number of higher specialty trainees in the medical specialties   United Kingdom	5
▶ Fig 3	Expansion in consultant numbers in the medical specialties   United Kingdom   2013–14	6
▶ Fig 4	Consultant numbers and annual expansion   United Kingdom   2003–14	7
▶ Fig 5	Higher specialty trainee numbers and annual expansion   United Kingdom   2003–15	7
▶ Fig 6	Consultant numbers and annual expansion   England   2003–14	8
▶ Fig 7	Consultant numbers and annual expansion   Northern Ireland   2003–14	8
▶ Fig 8	Consultant numbers and annual expansion   Scotland   2003–14	9
▶ Fig 9	Consultant numbers and annual expansion   Wales   2003–14	9
▶ Fig 10	Geographical distribution of the consultant physician workforce   United Kingdom   Population served by each full time equivalent (FTE) consultant	10
▶ Fig 11	Geographical distribution of the higher specialty trainee workforce   United Kingdom   Population served by each FTE higher specialty trainee	11
▶ Fig 12	Consultant appointments made, appointments not made and appointments cancelled   United Kingdom   1 January – 31 December 2014   By specialty	12
▶ Fig 13	Consultant appointments made, appointments not made and appointments cancelled   United Kingdom   1 January – 31 December 2014   By local education and training board (LETB) or region	13
▶ Fig 14	Consultant appointments made, appointments not made and appointments cancelled   United Kingdom   1 January – 31 December 2014   By clinical commissioning group (CCG) region or nation	13
▶ Fig 15	Reason for consultant appointment cancellation   United Kingdom   1 January – 31 December 2014   By specialty	14
▶ Fig 16	Reason for consultant appointment cancellation   United Kingdom   1 January – 31 December 2014   By LETB or region	15
▶ Fig 17	Reason for consultant appointment cancellation   United Kingdom   1 January – 31 December 2014   By CCG region or nation	15
▶ Fig 18	Consultant physicians reporting that they are supported by physician associates   United Kingdom	16

## 2 Contract types and less than full time working

► Fig 19	Types of post reported by consultant physicians (ie contract/funding)   United Kingdom	18
► Fig 20	Types of post reported by higher specialty trainees   United Kingdom	18
► Fig 21	Consultants working less than full time   United Kingdom   2005–14	19
► Fig 22	Consultants working less than full time   United Kingdom   2005–14   By nation	19
► Fig 23	Consultants working less than full time   United Kingdom   By gender and specialty	20
► Fig 24	Higher specialty trainees working less than full time   United Kingdom	21
► Fig 25	Higher specialty trainees working less than full time   United Kingdom   By nation	21

## 3 Demographics of the consultant physician and HST workforce

► Fig 26	Age and gender of the consultant physician workforce   United Kingdom	23
► Fig 27	Gender of the consultant physician workforce over time   United Kingdom   2003–14	23
► Fig 28	Age and gender of the higher specialty trainee workforce   United Kingdom	24
► Fig 29	Gender of the higher specialty trainee workforce over time   United Kingdom   2003–14	24
► Fig 30	Gender breakdown of the consultant and higher specialty trainee workforces   United Kingdom	25
► Fig 31	Percentage of women in the consultant and higher specialty trainee workforces   United Kingdom	26

## 4 Time contracted and worked in the average week

► Fig 32	Breakdown of consultants' programmed activities (PAs) contracted per week   United Kingdom   All contracts	28
► Fig 33	Breakdown of consultants' PAs worked per week   United Kingdom   All contracts	28
► Fig 34	Mean consultant PAs contracted per week   United Kingdom   By nation   All contracts	29
► Fig 35	Mean consultant PAs worked per week   United Kingdom   By nation   All contracts	29
► Fig 36	Consultant physicians: comparison of contracted PAs with PAs worked per week   United Kingdom   2005–14   All contracts	30
► Fig 37	Higher specialty trainees: comparison of hours rostered with hours worked per week   United Kingdom   2009–14   All contracts	30
► Fig 38	Comparison of consultants' PAs contracted with PAs worked per week   United Kingdom   All contracts	31
► Fig 39	Comparison of higher specialty trainees' hours rostered with hours worked in a typical week   United Kingdom   All contract types	32

## 5 Acute medical, general medical and on-call commitments

▶ Fig 40	Percentage of consultants with a commitment to acute internal medicine and general internal medicine (GIM)   United Kingdom	34
▶ Fig 41	Consultants' commitment to acute internal medicine or GIM   United Kingdom   2003–14   Selected medical specialties	35
▶ Fig 42	Higher specialty trainees training/dual-accrediting in acute internal or GIM   United Kingdom	35
▶ Fig 43	Total acute medical take workload undertaken by consultant physicians   United Kingdom	36
▶ Fig 44	Total general medical patient workload undertaken by consultant physicians   United Kingdom	36
▶ Fig 45	Consultants: are you on call for specialty, unselected emergency admissions or both?   United Kingdom   Summary	37
▶ Fig 46	Consultants: are you on call for specialty, unselected emergency admissions or both?   United Kingdom   By nation	37
▶ Fig 47	Consultants: are you on call for specialty, unselected emergency admissions or both?   United Kingdom   By specialty	38

## 6 Rota gaps, 7-day working and consultants currently working weekends

▶ Fig 48	Consultants: when on acute duty (specialty or unselected) are you aware of gaps in the trainees' rotas?   United Kingdom   Summary	40
▶ Fig 49	Consultants: have you been asked to act down to cover gaps in the junior rota?   United Kingdom   Summary	40
▶ Fig 50	Consultants: when on acute duty (specialty or unselected) are you aware of gaps in the trainees' rotas?   United Kingdom   By specialty	41
▶ Fig 51	Consultants: have you been asked to act down to cover gaps in the junior rota?   United Kingdom   Summary	42
▶ Fig 52	Support for 7-day services in main specialties and acute medicine among consultant physicians   United Kingdom	43
▶ Fig 53	Support for 7-day services in main specialties and acute medicine among consultant physicians   United Kingdom   By nation	44
▶ Fig 54	Consultants' preferred forms of compensation for 7-day working   United Kingdom   Summary	44
▶ Fig 55	Consultants currently working weekends in acute internal medicine   United Kingdom   Summary	45
▶ Fig 56	Consultants currently working weekends in their main specialty   United Kingdom   Summary	45
▶ Fig 57	Consultants currently working weekends in their main specialty   United Kingdom   By specialty	46
▶ Fig 58	Consultants currently working weekends in acute internal medicine   United Kingdom   By specialty	47
▶ Fig 59	Consultants currently working weekends in their main specialty or acute internal medicine   United Kingdom   By nation	48

## 7 Future job prospects for higher specialty trainees

► Fig 60	Higher specialty trainees: would you wish to continue doing the acute medical take when you obtain your consultant post?   United Kingdom   By specialty	50
► Fig 61	Higher specialty trainees: would you wish to continue doing the acute medical take when you obtain your consultant post?   United Kingdom   2008–15	51
► Fig 62	Higher specialty trainees: would you consider an acute consultant post rather than one in your specialty?   United Kingdom   HSTs training in acute medicine vs not training in acute medicine   2013–15	51
► Table 3	Factors affecting higher specialty trainees' job applications   United Kingdom	52

## 8 Job satisfaction and retirement intentions

► Fig 63	Consultant job satisfaction   United Kingdom   Summary	54
► Fig 64	Consultant job satisfaction: do you enjoy your job?   United Kingdom   Summary	54
► Fig 65	Consultant job satisfaction: do you enjoy your job?   United Kingdom   By nation	55
► Fig 66	Higher specialty trainees' overall satisfaction with their career choice   United Kingdom   Summary	55
► Fig 67	Higher specialty trainees' job satisfaction with general internal medicine   United Kingdom   By specialty	56
► Fig 68	Higher specialty trainees' job satisfaction with their main specialties   United Kingdom   By specialty	57
► Fig 69	Higher specialty trainees: balance of service provision and training for general internal medicine   United Kingdom   By specialty	58
► Fig 70	Higher specialty trainees: balance of service provision and training for main specialty   United Kingdom   By specialty	59
► Fig 71	Higher specialty trainees' opinions on the quality of training in their main specialty   United Kingdom   2012–15	60
► Fig 72	Higher specialty trainees' opinions on the quality of training in general internal medicine   United Kingdom   2012–15	60
► Fig 73	Consultant job satisfaction: do you enjoy your job?   United Kingdom   By specialty	61
► Fig 74	Consultant job satisfaction: does your job get you down?   United Kingdom   By specialty	62
► Fig 75	Consultant job satisfaction: do you find yourself doing jobs that previously would have been done by a junior doctor?   United Kingdom   By specialty	63
► Fig 76	Consultant job satisfaction: do you find you work under excessive pressure?   United Kingdom   By specialty	64
► Fig 77	Consultant job satisfaction: do you feel that inadequate consultant numbers is a reason for feeling under pressure?   United Kingdom   By specialty	65
► Fig 78	Consultants' reasons for intended early retirement   United Kingdom   Summary	66

## Appendix: 2014–15 census forms

- ▶ Federation of the Royal Colleges of Physicians consultant census 2014–15 | census date: 30 September 2014 | Sample form 68
- ▶ Federation of Royal Colleges of Physicians' Higher Medical Trainee Workforce Census 2014–15 | Sample form 68



---

## 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%.

# Commentary on census results

Dr Harriet Gordon, director of the Medical Workforce Unit, looks at the results of the census and the trends in the medical workforce

## Expansion in consultant numbers

The UK population is estimated to have grown by 0.6% in the last year,<sup>1</sup> 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 ►Table 1, 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 4.

Scotland has seen the greatest increase in consultant numbers (8.0%),<sup>2</sup> followed by Wales (3.8%), England (2.7%) and Northern Ireland (0.9%) ►Table 1, Fig 4, 6–9.

## 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 ►Fig 1, 3.

## Appointments made

For the third consecutive year, the greatest numbers of advertised appointments were in geriatric and acute medicine, and these specialties also had the largest number of appointments that could not be made. ►Fig 12. Overall, 40% of appointments could not be made: almost all were due to there being either no applicants or no suitable applicants ►Fig 15–17. Despite the continued demand for geriatric appointments, there was a reduction in geriatric medicine training posts this year.

In previous years, the London area had either no difficulty filling jobs, or less difficulty than other local education and training boards (LETBs). In this census, all regions had some difficulties, but again London had fewer appointments that were not made, as did Northern Ireland. 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 ►Fig 13–14.

## 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 5.

The largest specialty for trainees is cardiology, followed by geriatric medicine, respiratory medicine and gastroenterology ►Table 2, Fig 2. 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 as 'frequent, such that they cause

**Rota gaps were reported by 21% of respondents as 'frequent, such that they cause significant problems for patient safety'.**



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’ ▶Fig 48.

The problem is seen to be greater among consultants who have an acute or general medical commitment: 28% ‘frequently’ and 56% ‘often’ ▶Fig 50.

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 ▶Fig 50. 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’ ▶Fig 49. 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 51.

### 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 ▶Fig 18.

### 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) ▶Fig 19. There has been a 4% increase in the number of female consultants: women now comprise 34% of the consultant workforce ▶Fig 27. Trainees are predominantly female (52%) ▶Fig 29.

Those working less than full time (fewer than 10 programmed activities (PAs) per week) made up 18% of the consultant workforce ▶Fig 21, 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 is employed less than full time, and therefore these specialties need a higher number of trainees ▶Fig 23.

Twelve per cent of trainees are working less than full time: 23% of female trainees and 1% of male trainees ▶Fig 24. 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>3</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.

### Contracted sessions

The mean number of PAs contracted across the UK remains stable at 10.6 ▶Fig 36, with 7.5 clinical session PAs and 3.1 ‘other’ PAs ▶Fig 32. 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 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.



**10% of consultants reported that they often act down, and a further 30% that they have acted down as a ‘one off’.**

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 ►Fig 36.

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 – the European Working Time Directive limit (with a range of 35–53 hours) ►Fig 37.

### GIM versus specialty

Thirty-six per cent of consultants contribute to the acute take, and 47% of consultants participate in looking after GIM patients. In terms of headcount, those participating in acute medicine provision are:

- 19.6% geriatric medicine
- 18.0% respiratory medicine
- 15.2% endocrinology and diabetes
- 12.9% acute medicine
- 13.4% gastroenterology
- 4.4% cardiology
- 3.7% renal medicine
- 2.9% rheumatology
- 9.9% others.

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 ►Fig 40. 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 ►Fig 40:

- 18.2% respiratory medicine
- 16.5% geriatric medicine
- 16.3% gastroenterology
- 12.6% endocrinology
- 9.3% acute internal medicine
- 7.9% cardiology
- 19.3% others.

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 ►Fig 45–47.

Seventy per cent of consultants work at weekends for their specialty ►Fig 56, 57, 59. 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) ►Fig 55, 58, 59. Those who are not working at weekends have a predominantly non-acute specialty, such as clinical genetics and medical ophthalmology ►Fig 57, 58.

### 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 ►Fig 53: 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 ►Fig 52.

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) ►Fig 52. 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 LETBs. The only group who were less supportive of 7-day services was female consultants who work less than full time.

In compensation for working weekends, 78% of consultants would like time off in lieu or annual leave, and 22% would like increased pay ►Fig 54. Again, there was no difference in the response from those with or without children.



**70% of consultants work at weekends for their specialty ... 37% work at weekends providing acute medicine.**

## 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 ►Fig 42.

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 ►Fig 71, 72. 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 ►Fig 69; however for specialty training, they report that they spent more of their time in training (37%) ►Fig 70. Similarly, 87% reported job satisfaction for their specialty ►Fig 68, but the figure was only 41% for GIM ►Fig 67. When asked whether they would continue the acute take, 37% of trainees said 'no' (the same response as for the last 3 years) ►Fig 61.

The consultant census shows that there are currently insufficient trainees to fill the available posts ►Table 2, Fig 2, Fig 12–17. 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 ►Table 3. 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 ►Fig 78. 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 ►Fig 63, 76, and 41% reported that this was due to inadequate consultant numbers ►Fig 63, 77.

Despite all the issues, 78% of consultants always/often enjoy their jobs (down from 80% last year) ►Fig 63–65, 73. In total, 79% of trainees are moderately or very satisfied with their career choice ►Fig 66.



**78% of consultants always/often enjoy their jobs ... 79% of trainees are moderately or very satisfied with their career choice.**

## Conclusion

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 all parts of the UK. Gaps in the trainees' rotas have led to consultants 'acting down'.

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.

Trainees value specialty over GIM work. Those working in the acute medical specialties are more supportive of 7-day services, particularly the 70% of consultants who regularly work at weekends.

Despite continued pressures and demands, 78% of consultants always or often enjoy their job. ■

---

## 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.

---

## References

- <sup>1</sup> Office for National Statistics. Compendium of UK statistics: population and migration. Latest update 5 June 2014.  
[www.ons.gov.uk/ons/guide-method/compendiums/compendium-of-uk-statistics/population-and-migration/index.html](http://www.ons.gov.uk/ons/guide-method/compendiums/compendium-of-uk-statistics/population-and-migration/index.html) [Accessed 04.12.15]
- <sup>2</sup> The RCP London was made aware of many consultant physicians working in Scotland during collection of 2014–15 data. If those consultants had not been appointed in the last year, this would have affected the level of expansion reported for Scotland this year / data reported for Scotland in previous years.
- <sup>3</sup> 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]



# 1 Consultant numbers, expansion trends and location of the workforce



Table 1. Consultant workforce by specialty and nation

United Kingdom

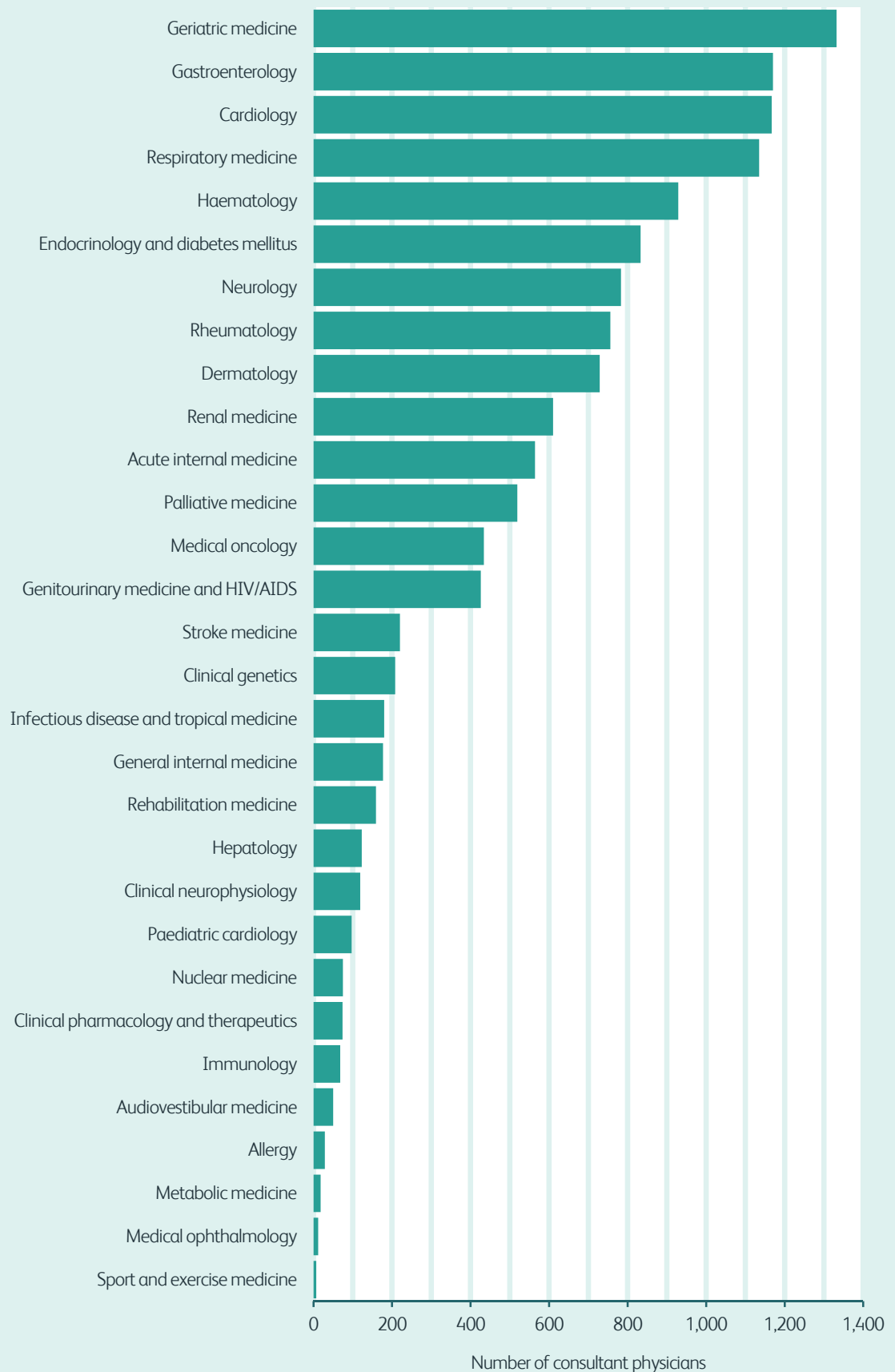
Specialty	England	Northern Ireland	Scotland	Wales	United Kingdom	Expansion (2014–15) %
Acute internal medicine	473	16	44	31	564	13.9
Allergy	29	–	–	–	29	0.0
Audiovestibular medicine	47	–	1	2	50	6.4
Cardiology	976	28	103	60	1,167	3.3
Clinical genetics	166	7	23	12	208	2.0
Clinical neurophysiology	102	2	11	4	119	-0.8
Clinical pharmacology and therapeutics	53	1	15	5	74	2.8
Dermatology	601	16	77	35	729	-1.5
Endocrinology and diabetes mellitus	674	22	96	41	833	4.4
Gastroenterology	982	33	101	54	1,170	1.6
General internal medicine	118	4	43	12	177	1.7
Genitourinary medicine and HIV/AIDS	384	4	28	10	426	2.4
Geriatric medicine	1,059	37	162	74	1,332	2.9
Haematology	763	23	99	44	929	2.9
Hepatology	116	1	4	2	123	3.4
Immunology	59	3	4	2	68	1.5
Infectious disease and tropical medicine	149	2	25	4	180	0.0
Medical oncology	373	14	34	13	434	2.8
Medical ophthalmology	10	–	2	–	12	-7.7
Metabolic medicine	15	1	1	1	18	-14.3
Neurology	663	17	77	26	783	3.6
Nuclear medicine	65	3	6	1	75	-6.3
Paediatric cardiology	85	2	6	4	97	-2.0
Palliative medicine	427	15	51	26	519	3.4
Rehabilitation medicine	131	3	20	5	159	-0.6
Renal medicine	488	21	71	30	610	7.6
Respiratory medicine	941	31	104	59	1,135	3.5
Rheumatology	642	16	61	37	756	3.3
Sport and exercise medicine	6	1	–	–	7	-36.4
Stroke medicine	197	3	15	5	220	11.7
<b>Total (2014 / 15)</b>	<b>10,794</b>	<b>326</b>	<b>1,284</b>	<b>599</b>	<b>13,003</b>	
<b>Total (2013 / 14)</b>	<b>10,508</b>	<b>323</b>	<b>1,189</b>	<b>577</b>	<b>12,597</b>	
<b>Annual expansion</b>	<b>2.7%</b>	<b>0.9%</b>	<b>8.0%</b>	<b>3.8%</b>	<b>3.2%</b>	



**Table 2. Higher specialty trainee workforce by specialty and nation**  
United Kingdom | *Second set of columns counts all those training (eg dual-accrediting) in specialty rather than simple headcount*

Specialty	England Headcount	Northern Ireland Headcount	Scotland Headcount	Wales Headcount	United Kingdom Headcount	England Training in specialty	Northern Ireland Training in specialty	Scotland Training in specialty	Wales Training in specialty	United Kingdom Training in specialty
Acute internal medicine	264	6	32	6	308	297	7	50	5	360
Allergy	12	–	–	–	12	12	–	–	–	12
Audiovestibular medicine	13	–	–	1	14	13	–	–	1	14
Cardiology	598	24	53	39	714	600	24	54	39	717
Clinical genetics	60	2	9	3	74	60	2	9	3	74
Clinical neurophysiology	24	–	2	–	26	25	1	2	–	28
Clinical pharmacology and therapeutics	24	2	6	2	34	25	1	6	2	34
Dermatology	159	7	24	11	201	159	7	24	11	201
Endocrinology and diabetes mellitus	354	6	31	20	411	354	6	31	20	411
Gastroenterology	518	9	30	22	579	521	9	30	23	583
General internal medicine	70	1	18	2	91	3,126	75	322	154	3,677
Genitourinary medicine and HIV/AIDS	113	1	7	2	123	114	1	7	2	124
Geriatric medicine	501	14	68	32	615	499	13	67	32	611
Haematology	399	10	46	14	469	400	11	46	14	471
Hepatology	3	–	–	–	3	32	–	3	1	36
Immunology	25	2	–	–	27	25	2	–	–	27
Infectious diseases and tropical medicine	197	–	22	5	224	211	–	22	5	238
Medical oncology	193	5	14	4	216	193	5	14	4	216
Medical ophthalmology	3	–	1	–	4	4	–	1	–	5
Metabolic medicine	1	–	–	1	2	1	–	–	1	2
Neurology	242	9	24	14	289	242	9	24	14	289
Nuclear medicine	9	–	–	–	9	9	–	–	–	9
Paediatric cardiology	36	1	2	–	39	36	1	2	–	39
Palliative medicine	192	6	12	9	219	193	6	12	9	220
Pharmaceutical medicine	–	–	–	–	176	–	–	–	–	176
Rehabilitation medicine	49	1	5	1	56	51	1	5	1	58
Renal medicine	305	10	42	11	368	307	11	43	11	372
Respiratory medicine	536	11	41	24	612	539	11	41	24	615
Rheumatology	217	9	17	8	251	221	9	17	8	255
Sport and exercise medicine	20	–	1	1	22	20	–	1	1	22
Stroke medicine	2	–	1	–	3	63	2	13	5	83
<b>Total</b>	<b>5,139</b>	<b>136</b>	<b>508</b>	<b>232</b>	<b>6,191</b>					

**Fig 1. Number of substantive consultant physicians in the medical specialties United Kingdom**



**Fig 2. Number of higher specialty trainees in the medical specialties**  
United Kingdom

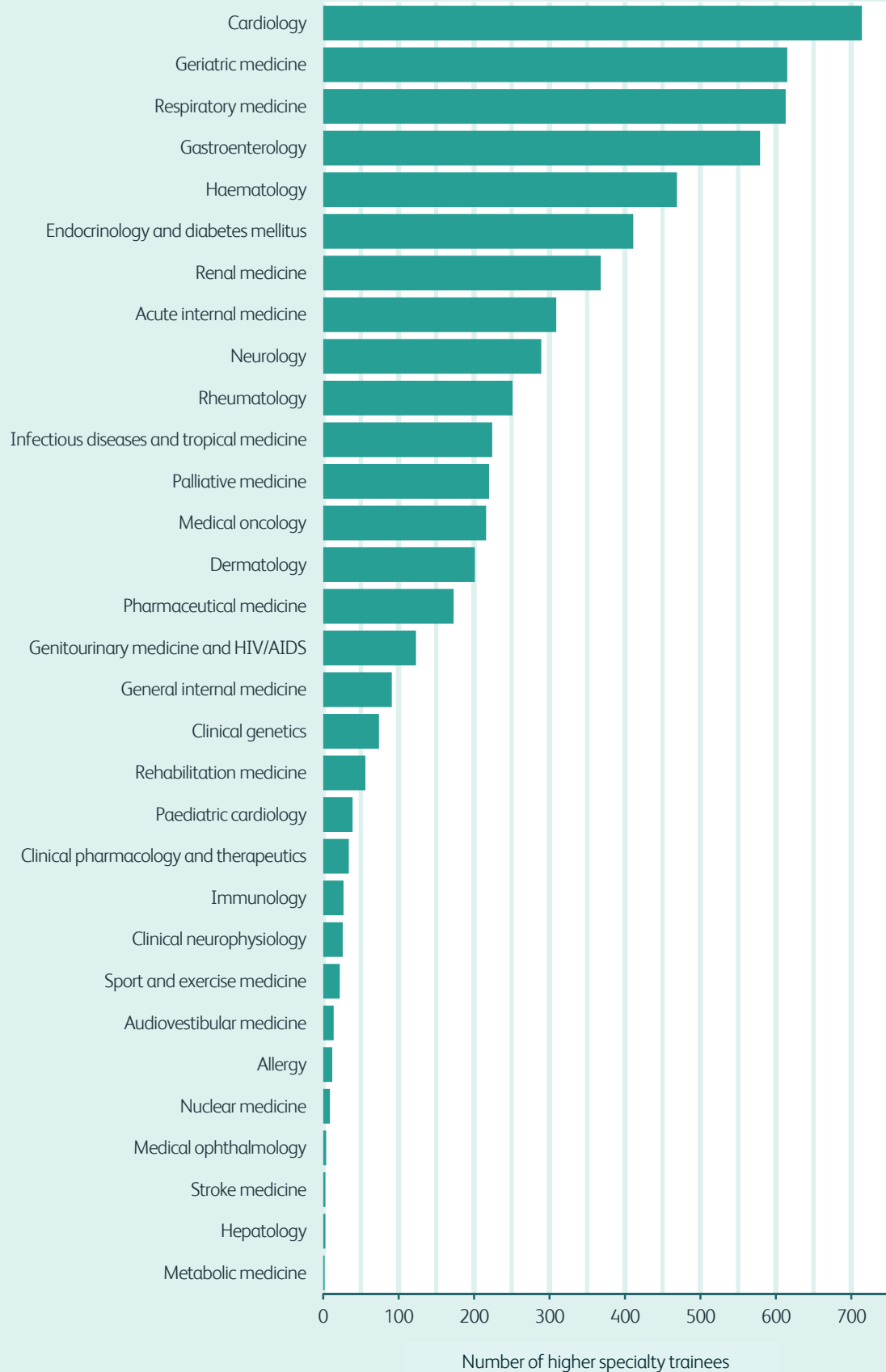
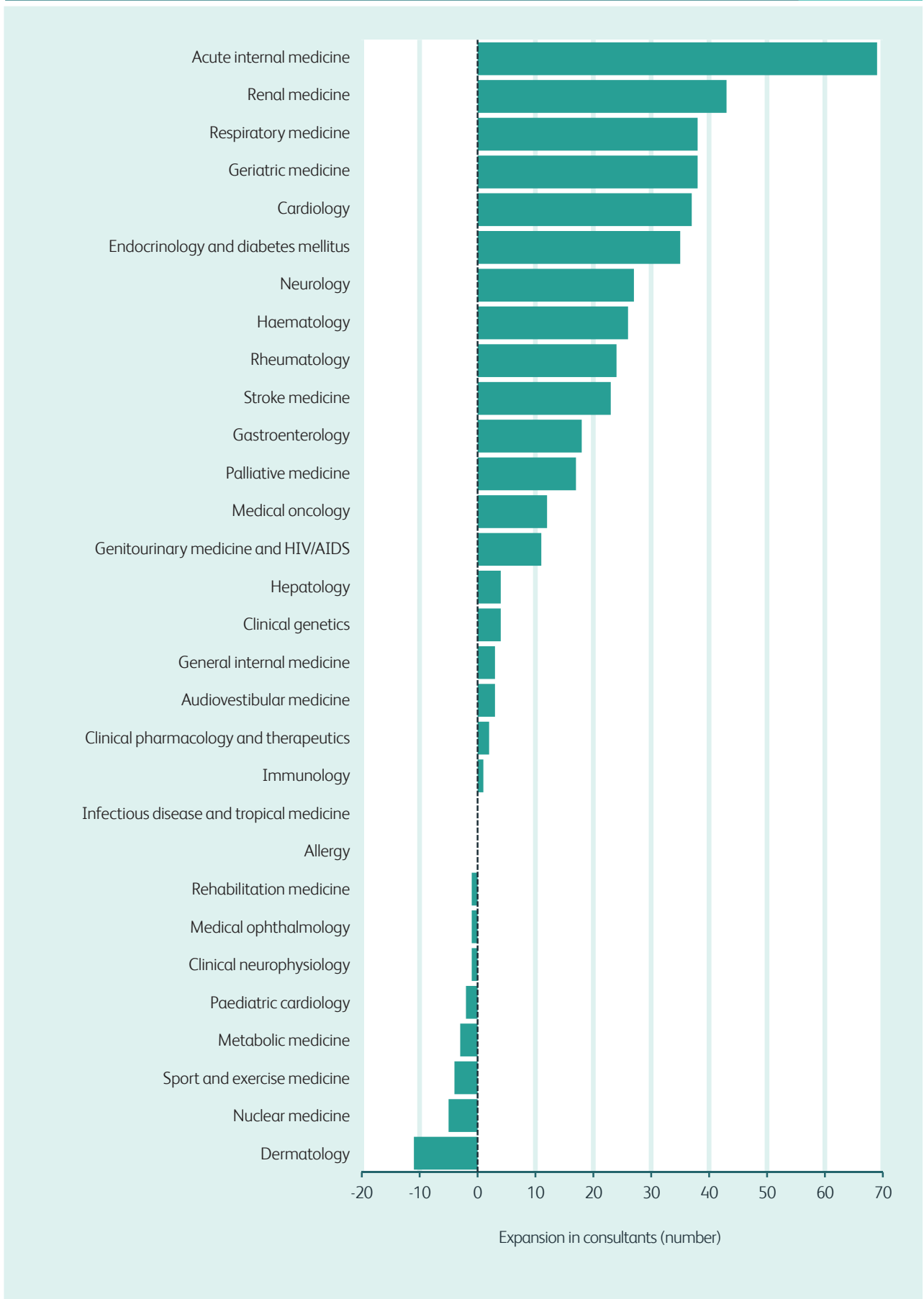
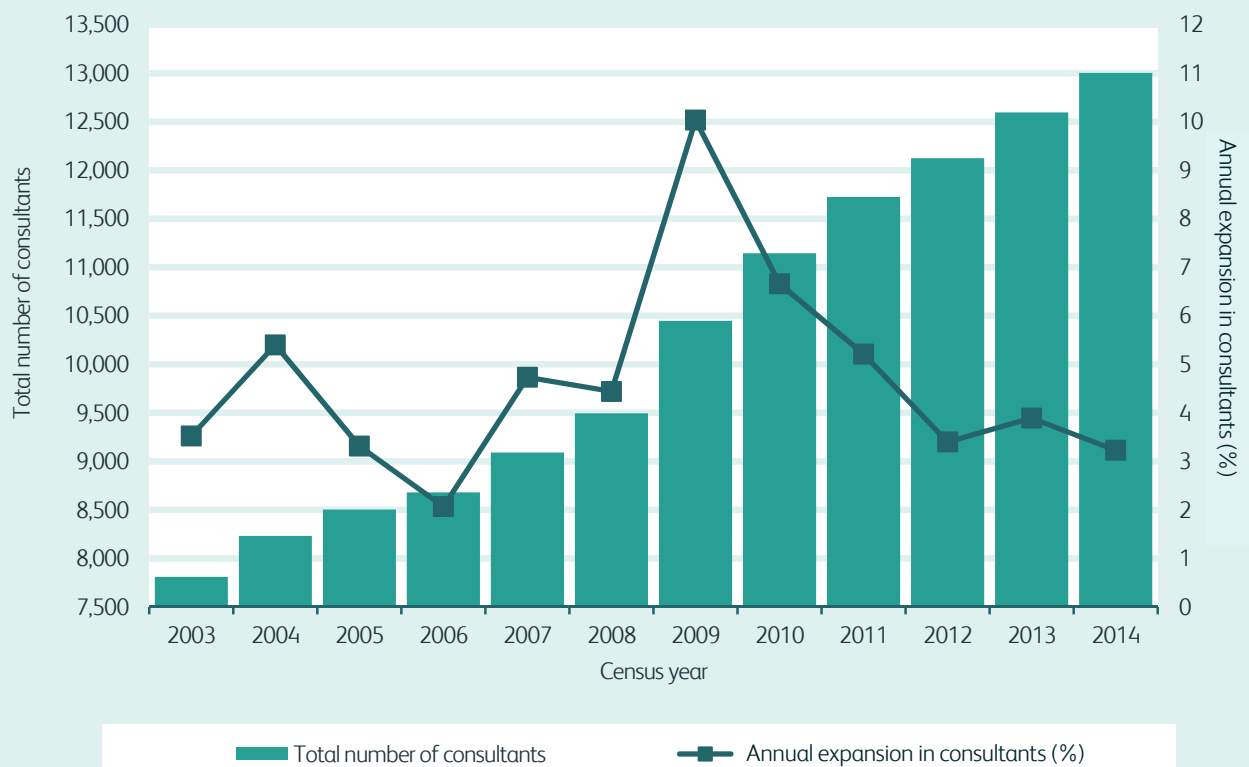


Fig 3. Expansion in consultant numbers in the medical specialties  
United Kingdom | 2013–14



**Fig 4. Consultant numbers and annual expansion**  
United Kingdom | 2003–14



**Fig 5. Higher specialty trainee numbers and annual expansion**  
United Kingdom | 2003–15

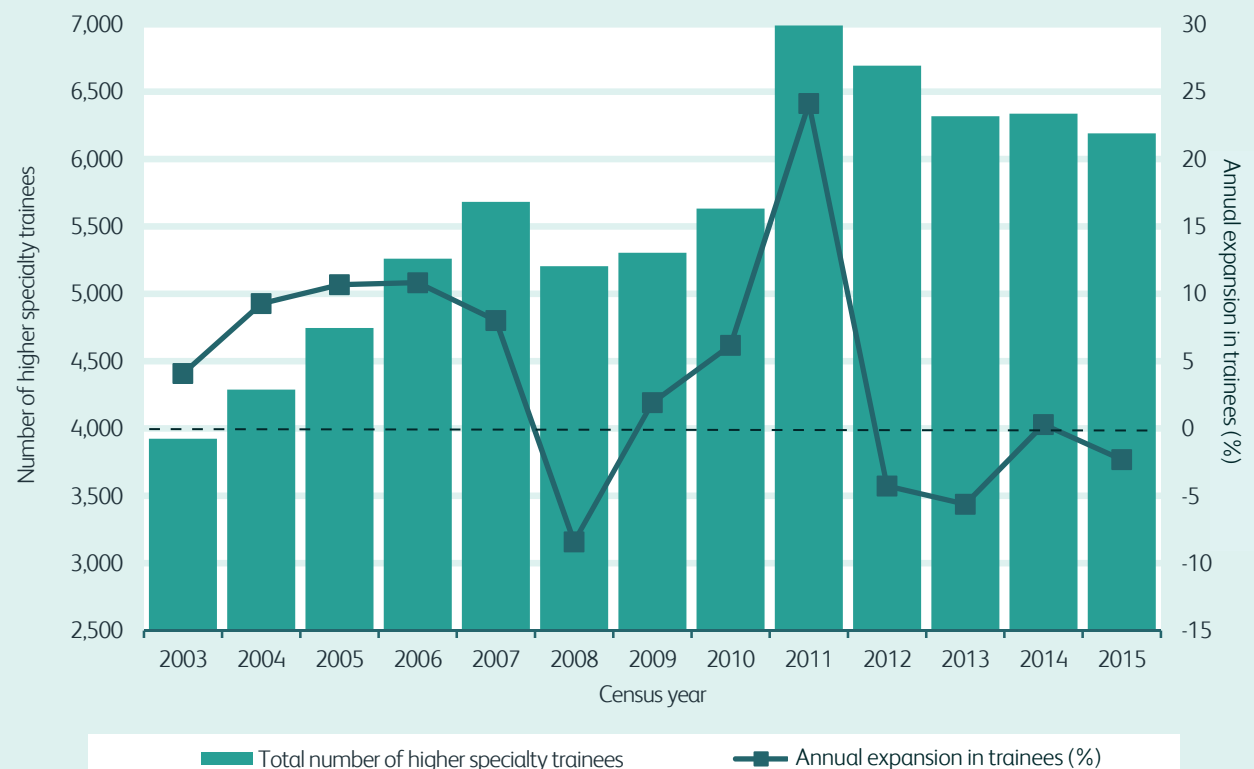


Fig 6. Consultant numbers and annual expansion  
England | 2003–14

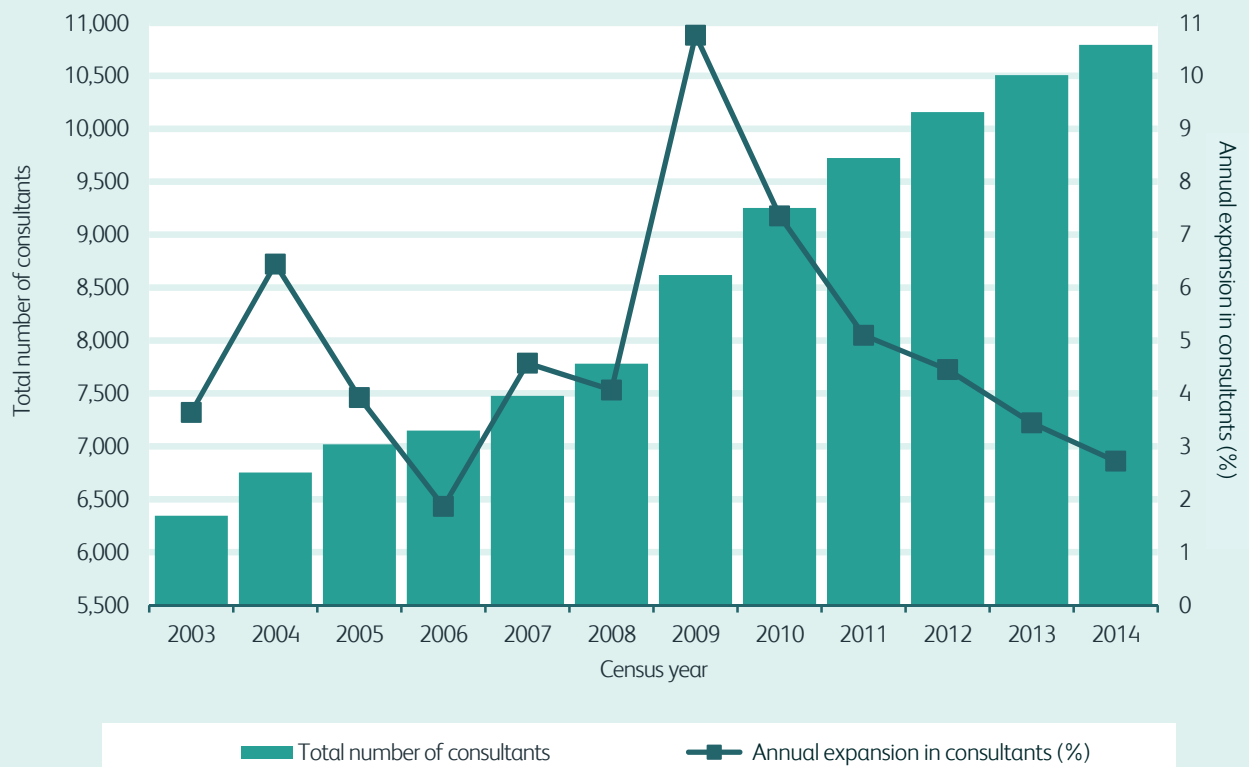
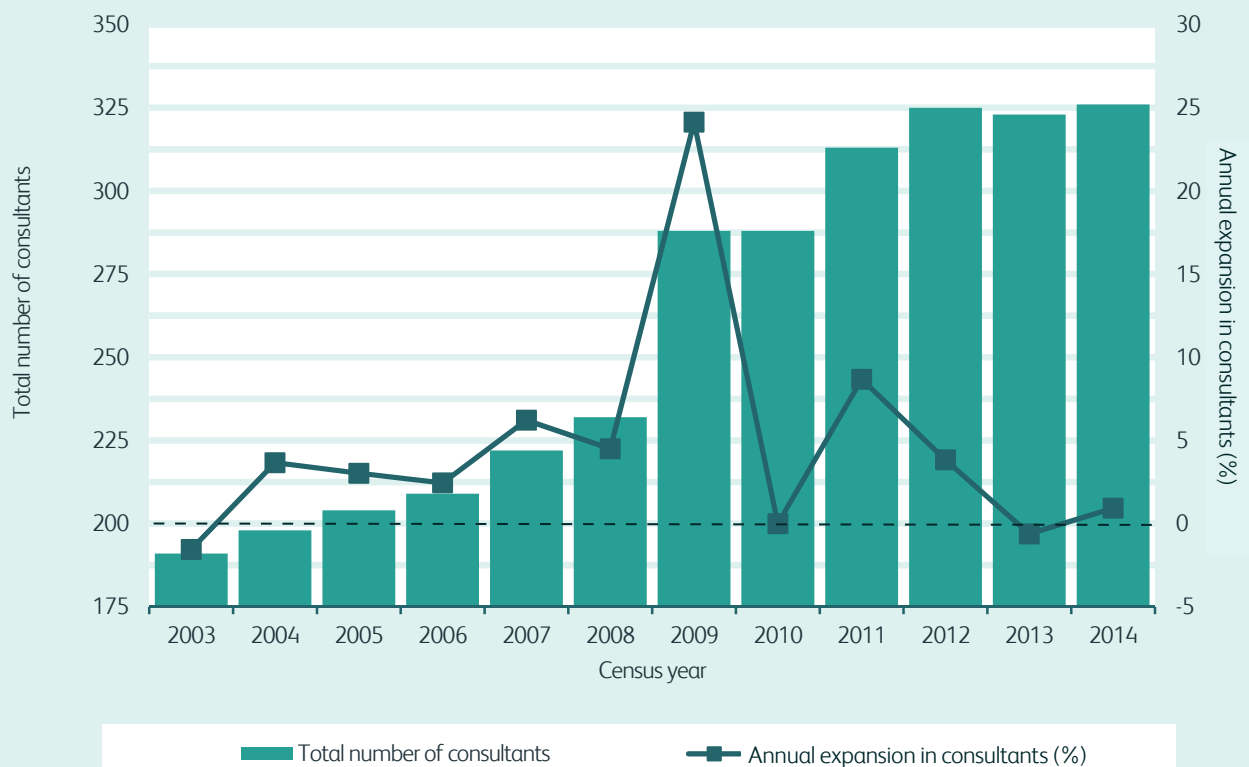


Fig 7. Consultant numbers and annual expansion  
Northern Ireland | 2003–14



**Fig 8. Consultant numbers and annual expansion**  
Scotland | 2003–14



**Fig 9. Consultant numbers and annual expansion**  
Wales | 2003–14

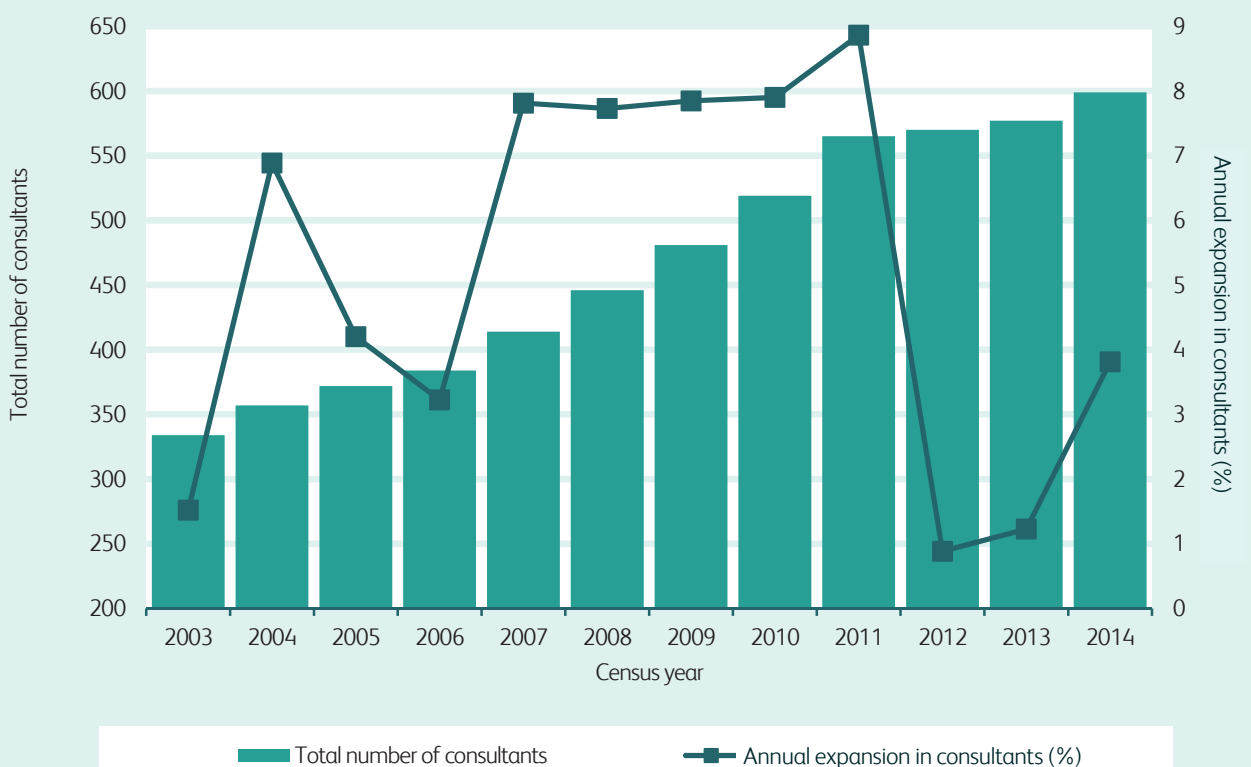
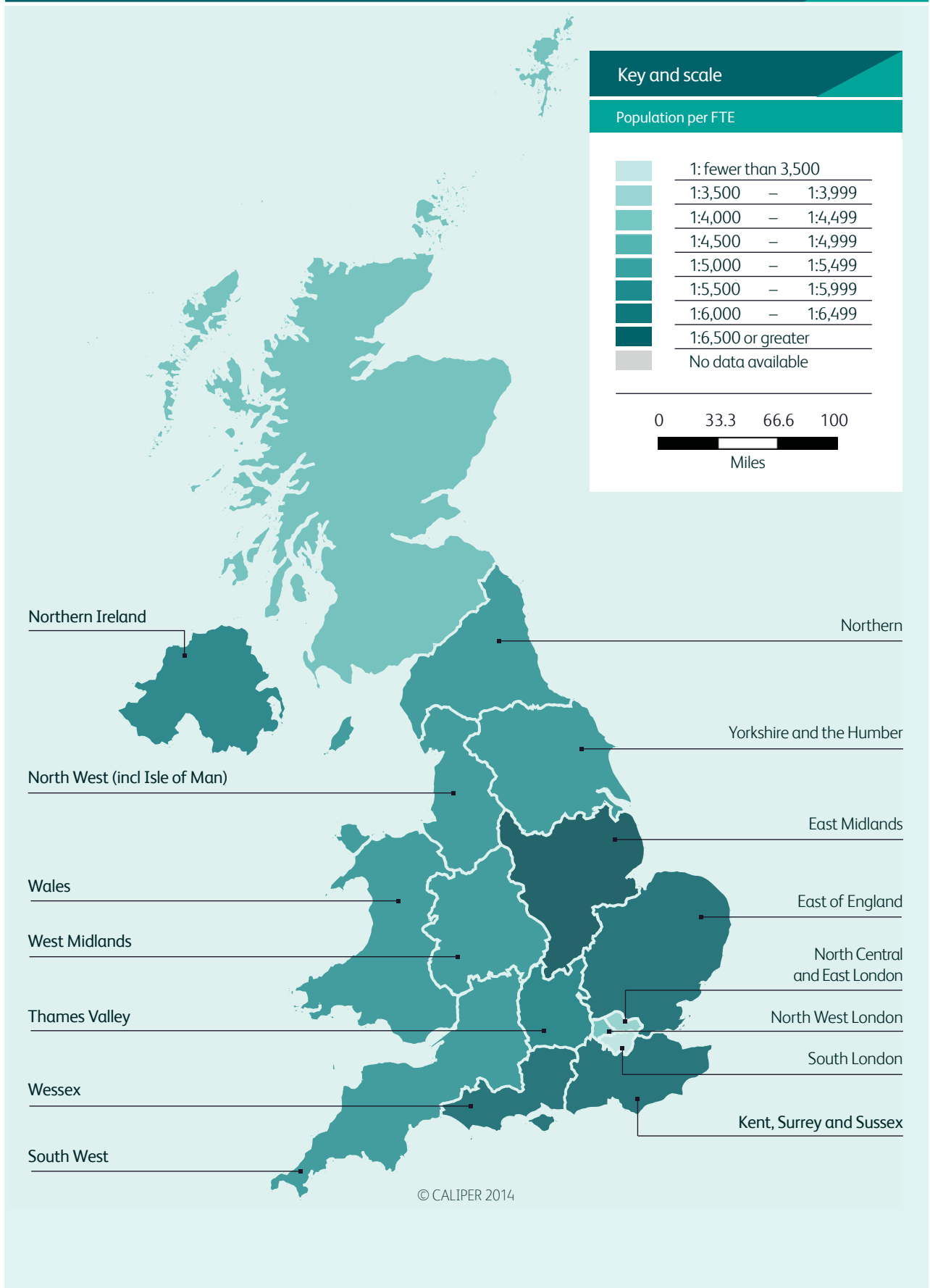
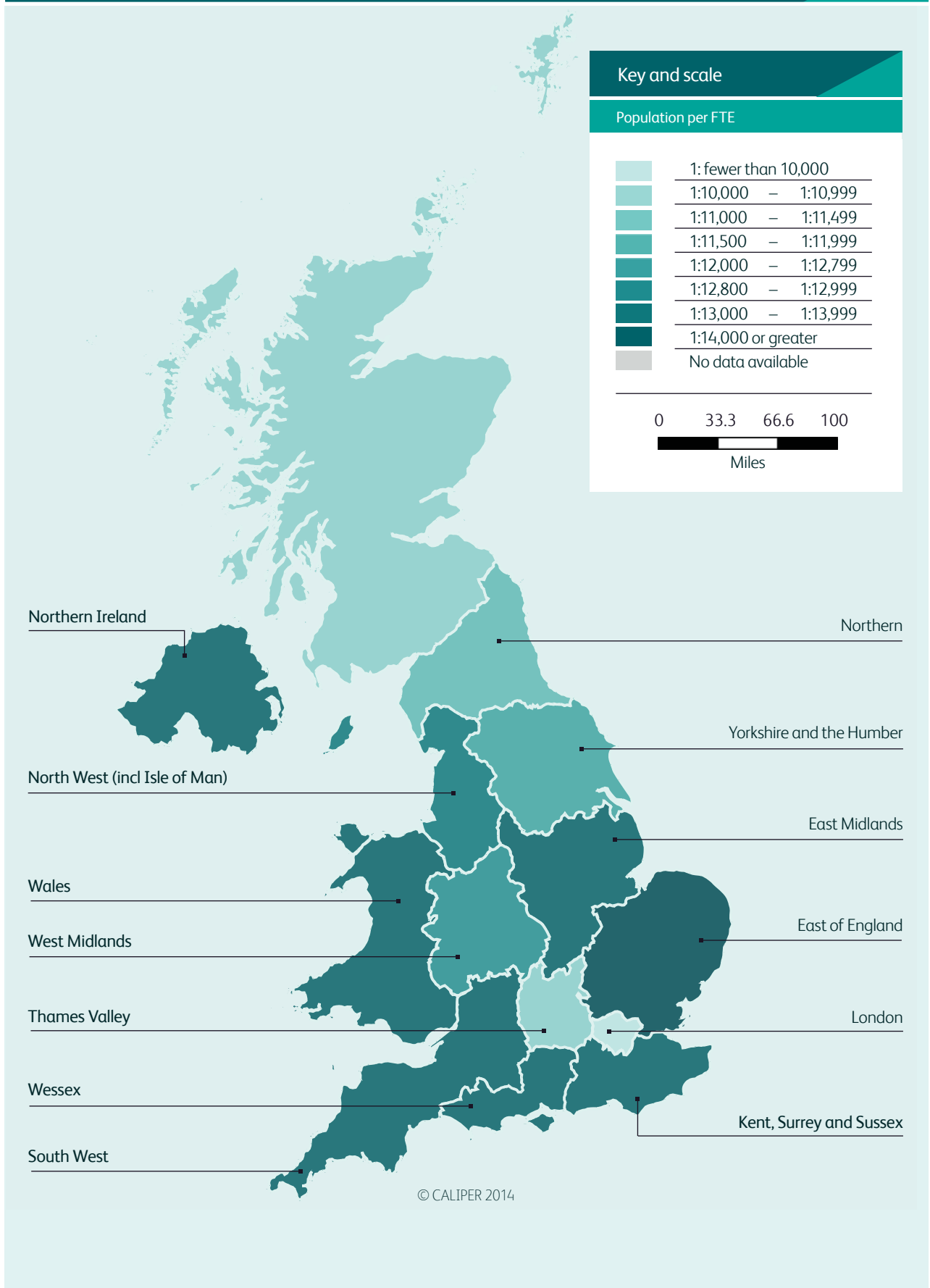


Fig 10. Geographical distribution of the consultant physician workforce  
United Kingdom | Population served by each full time equivalent (FTE) consultant

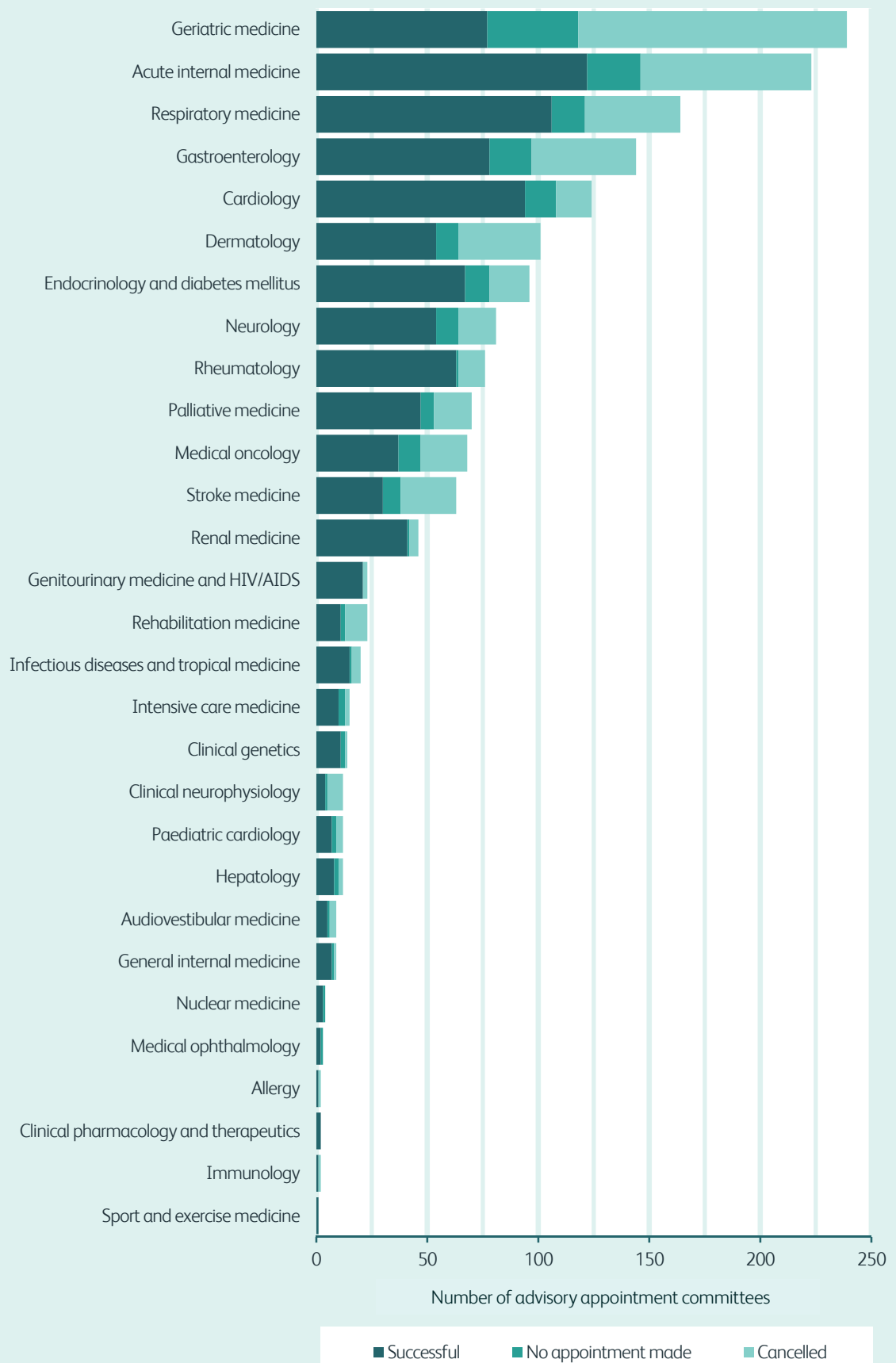




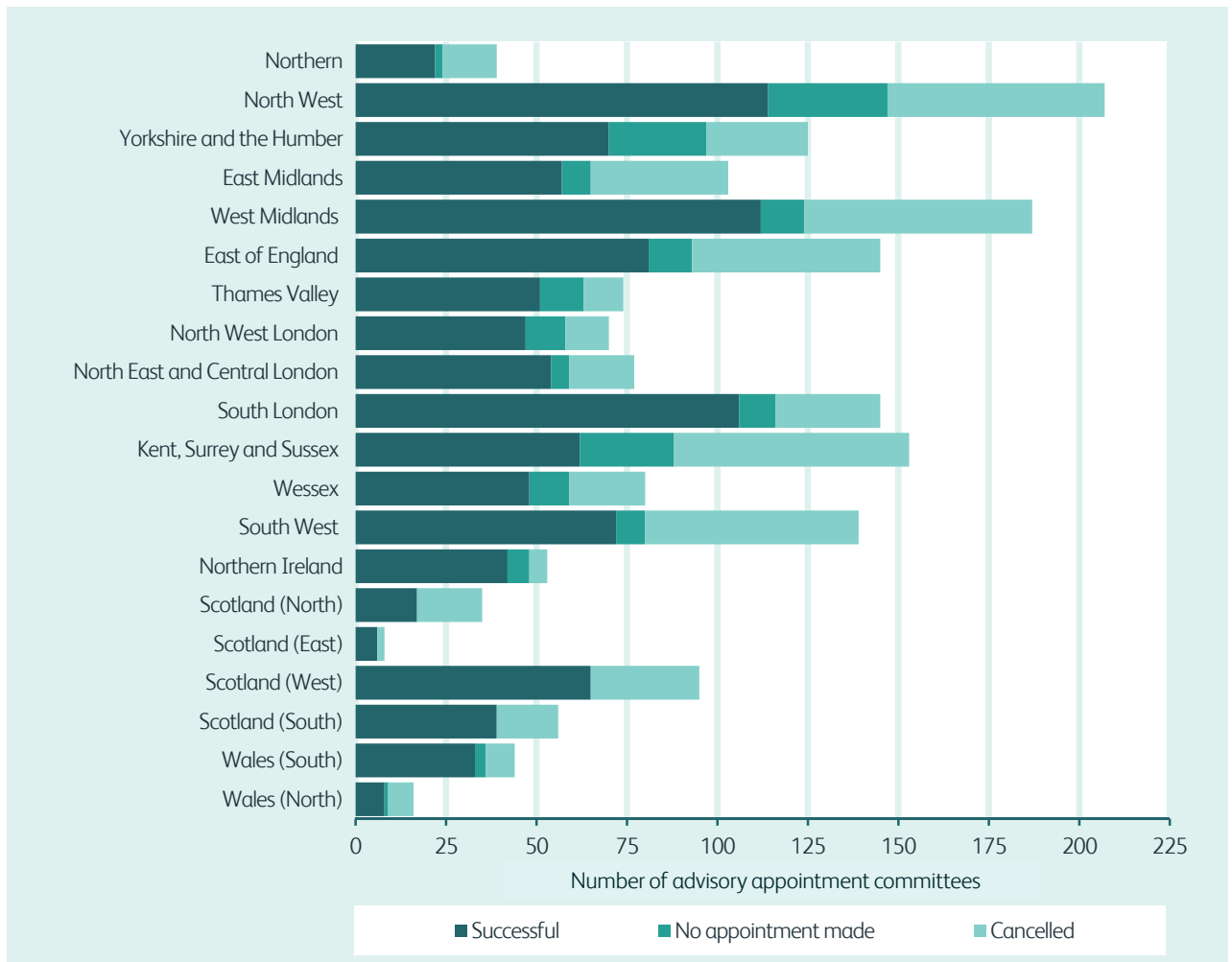
**Fig 11. Geographical distribution of the higher specialty trainee workforce**  
 United Kingdom | Population served by each FTE higher specialty trainee



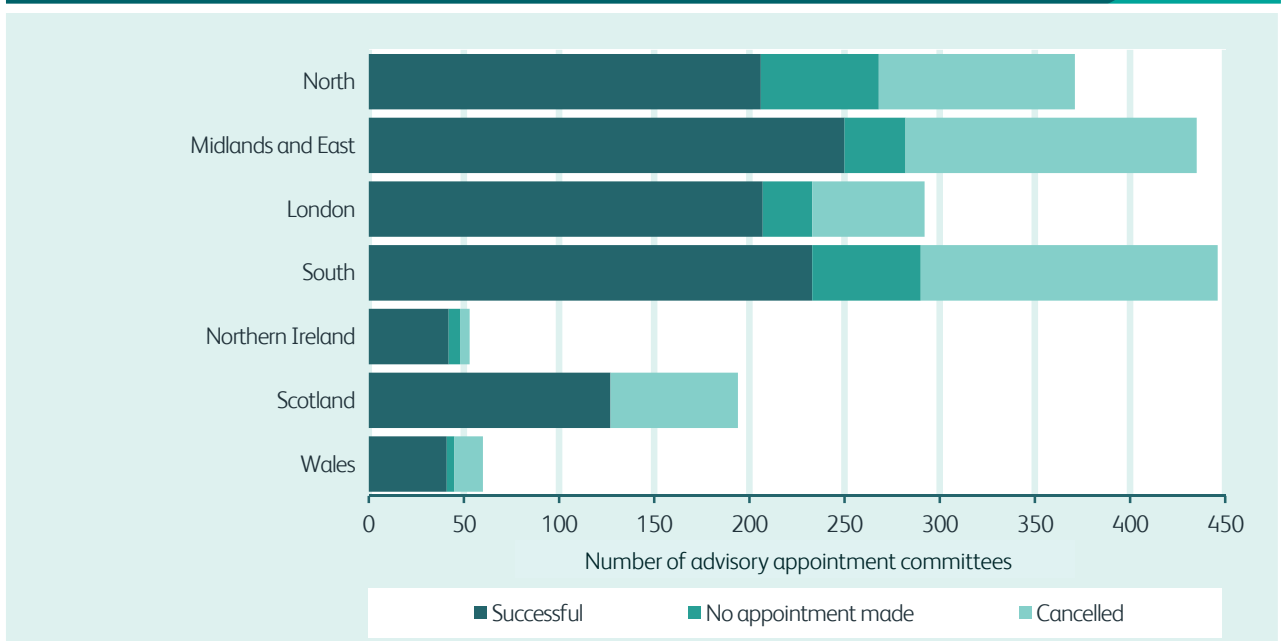
**Fig 12. Consultant appointments made, appointments not made and appointments cancelled**  
 United Kingdom | 1 January – 31 December 2014 | By specialty



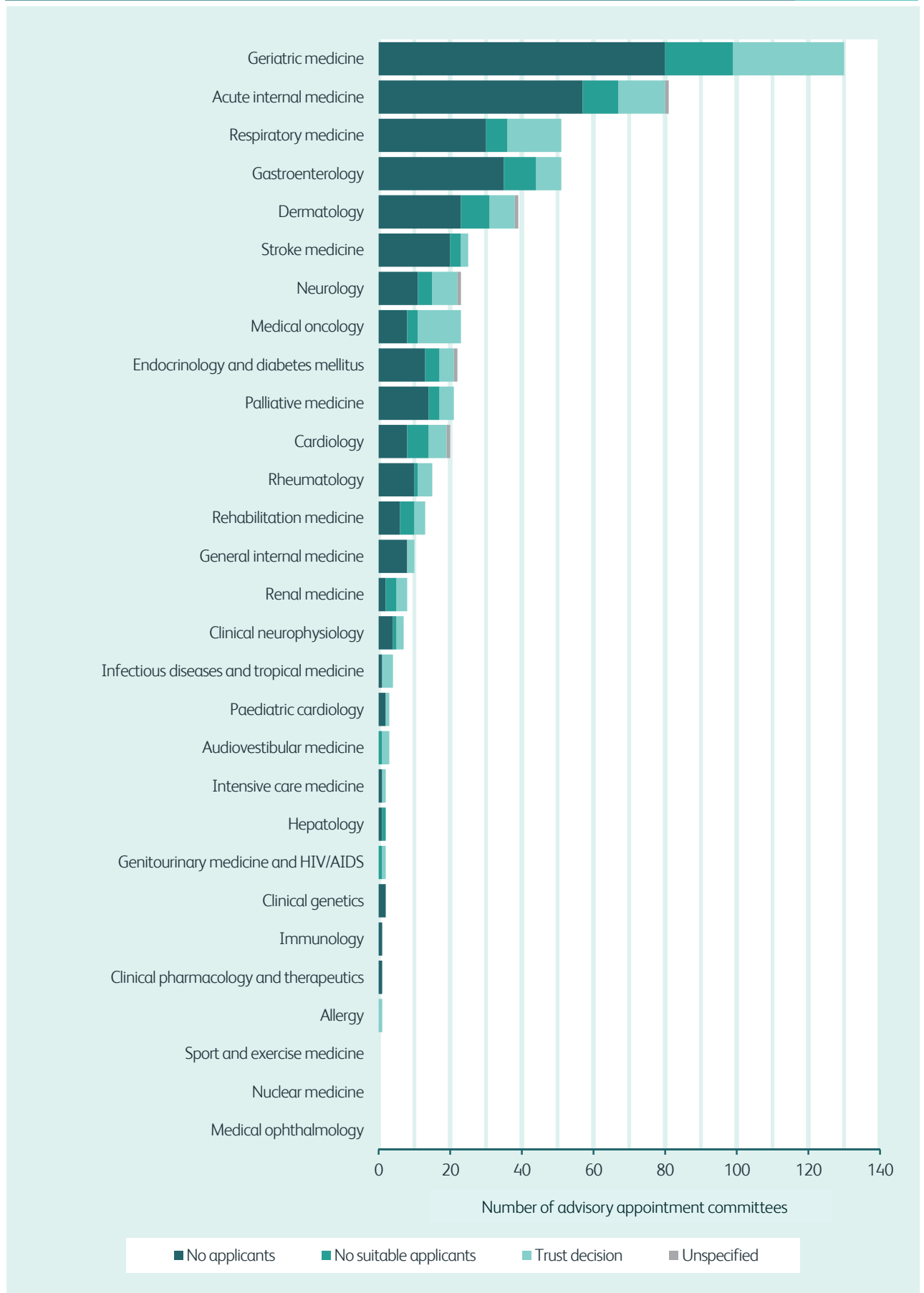
**Fig 13. Consultant appointments made, appointments not made and appointments cancelled**  
 United Kingdom | 1 January – 31 December 2014 | By local education and training board (LETB) or region



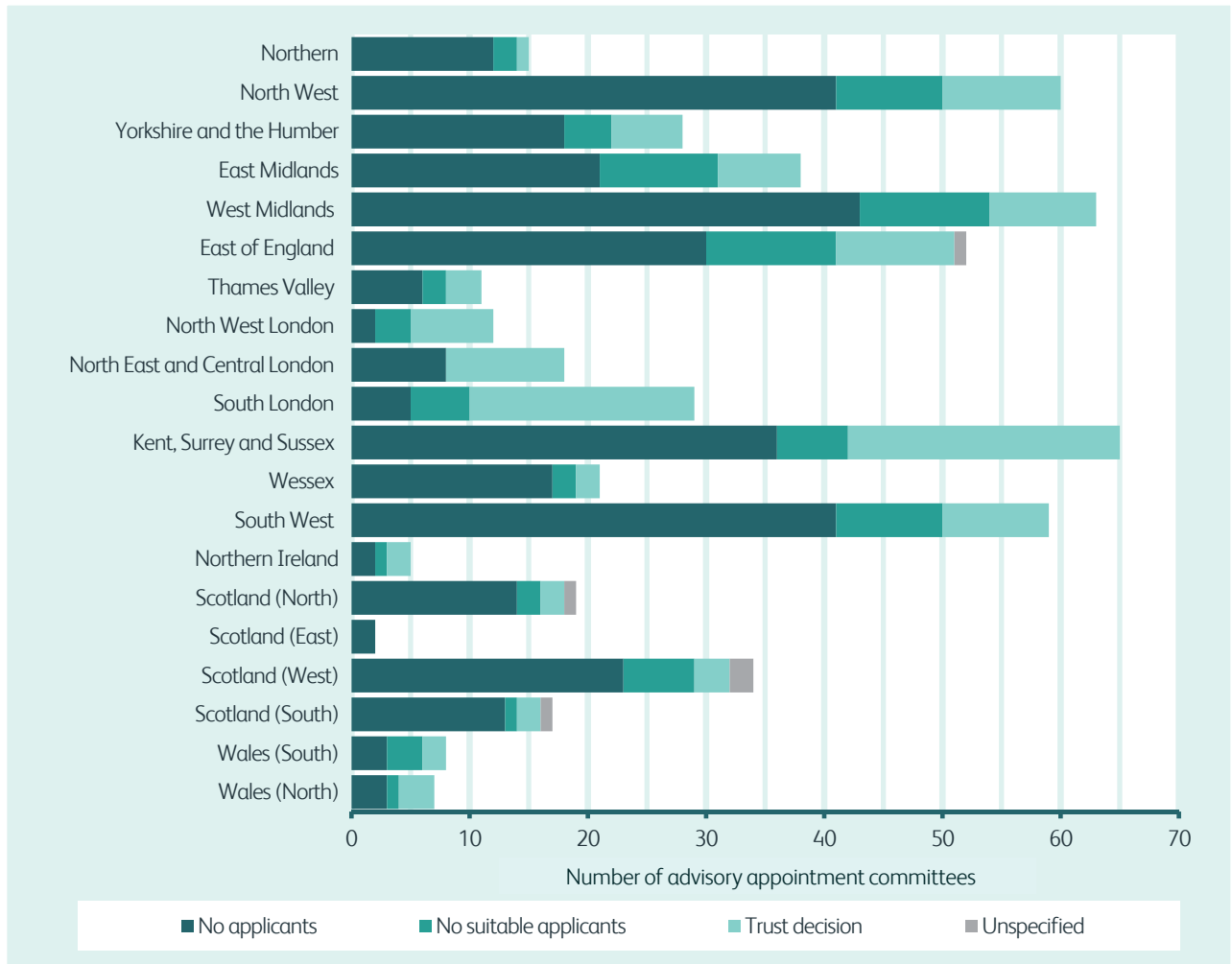
**Fig 14. Consultant appointments made, appointments not made and appointments cancelled**  
 United Kingdom | 1 January – 31 December 2014 | By clinical commissioning group (CCG) region or nation



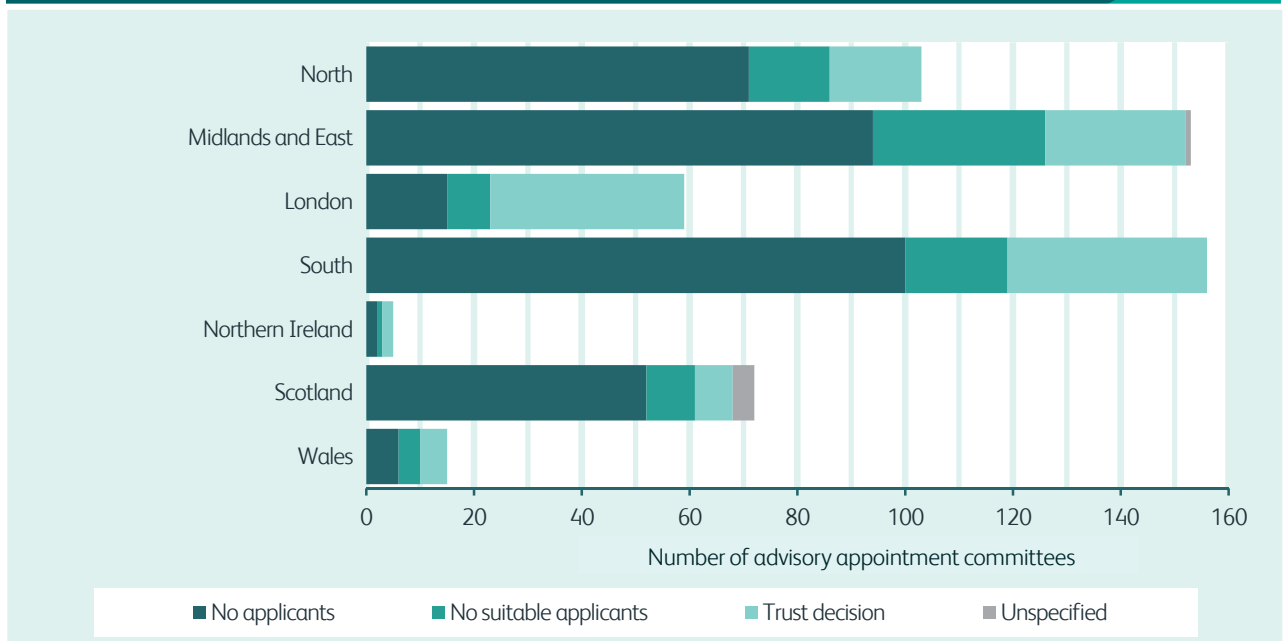
**Fig 15. Reason for consultant appointment cancellation**  
 United Kingdom | 1 January – 31 December 2014 | By specialty



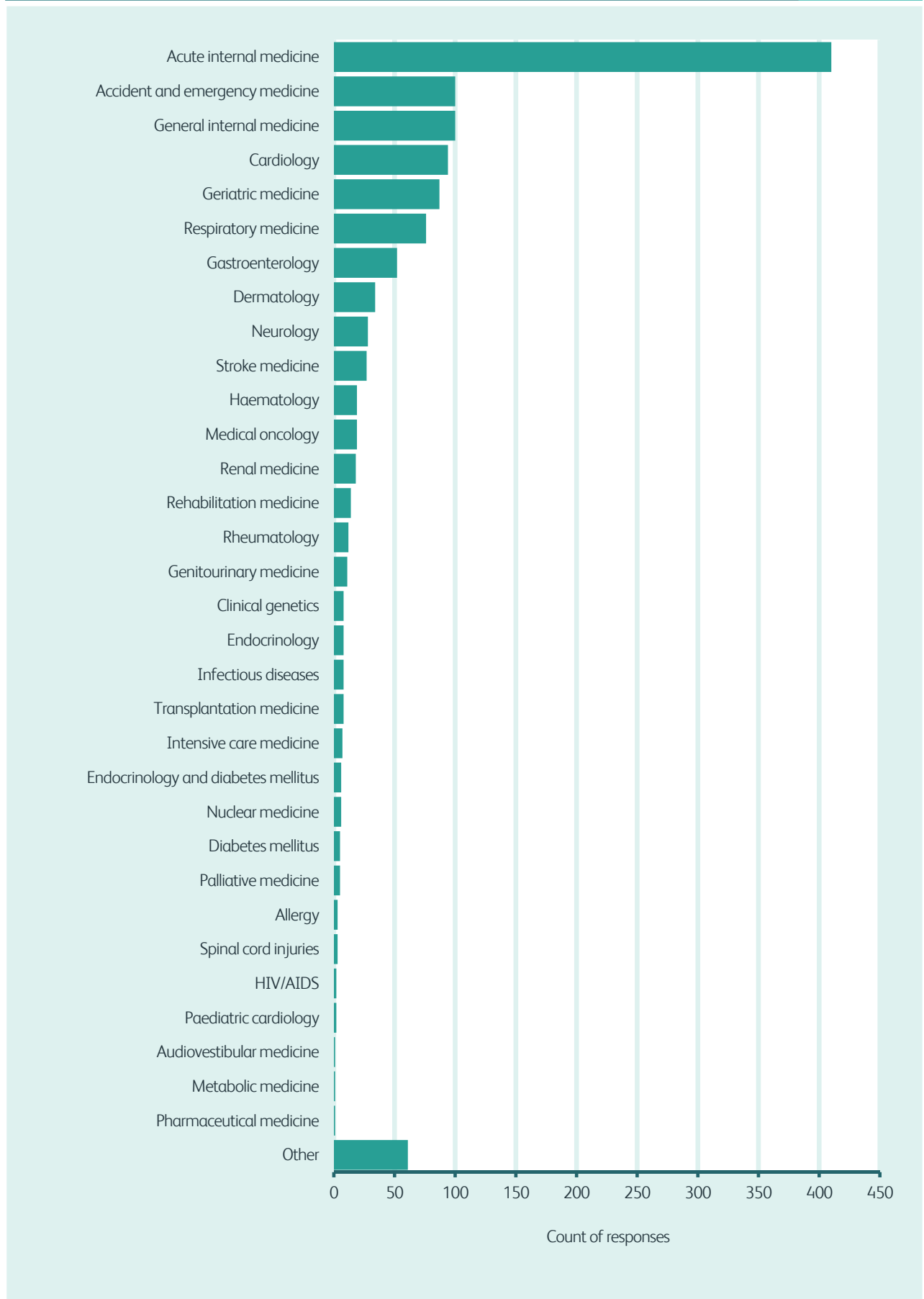
**Fig 16. Reason for consultant appointment cancellation**  
United Kingdom | 1 January – 31 December 2014 | By LETB or region



**Fig 17. Reason for consultant appointment cancellation**  
United Kingdom | 1 January – 31 December 2014 | By nation or CCG region



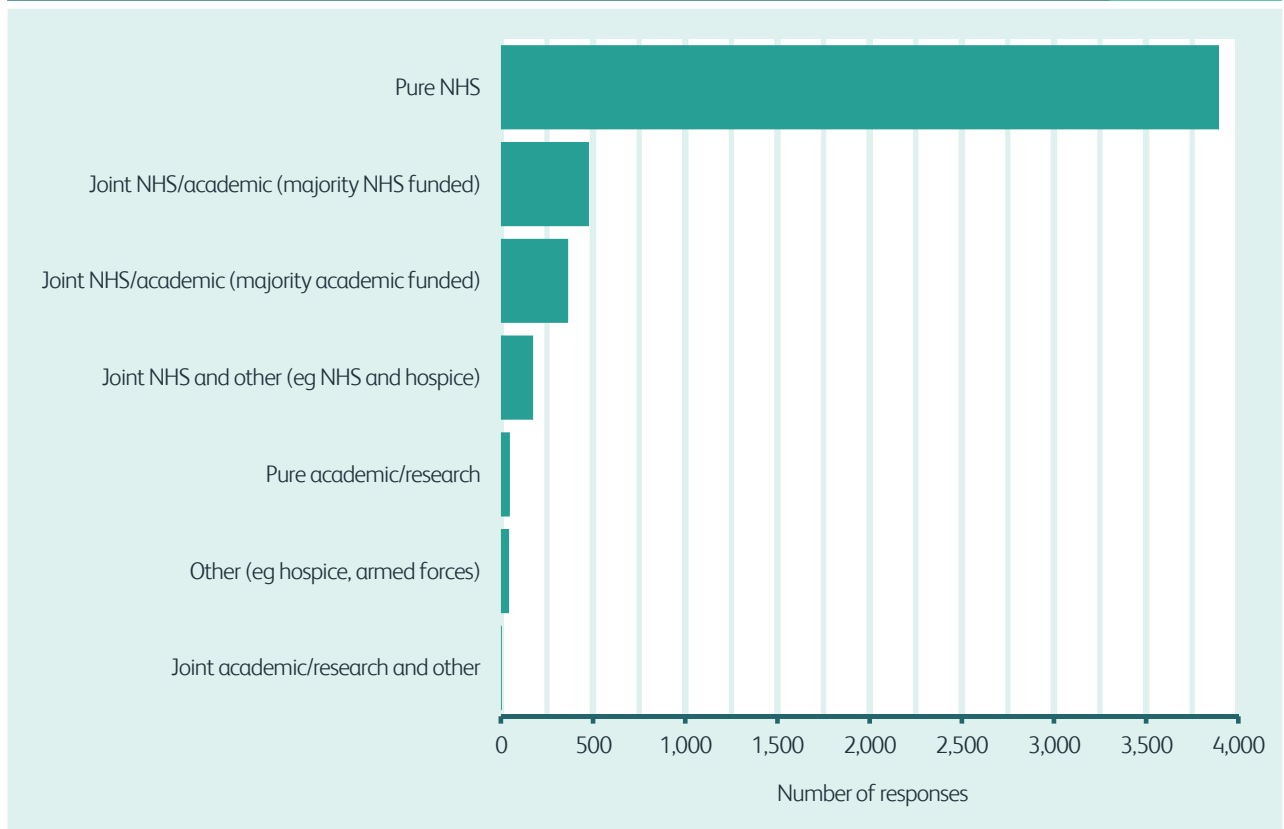
**Fig 18. Consultant physicians reporting that they are supported by physician associates**  
United Kingdom



# 2 Contract types and less than full time working



**Fig 19. Types of post reported by consultant physicians (ie contract/funding)**  
United Kingdom



**Fig 20. Types of post reported by higher specialty trainees**  
United Kingdom

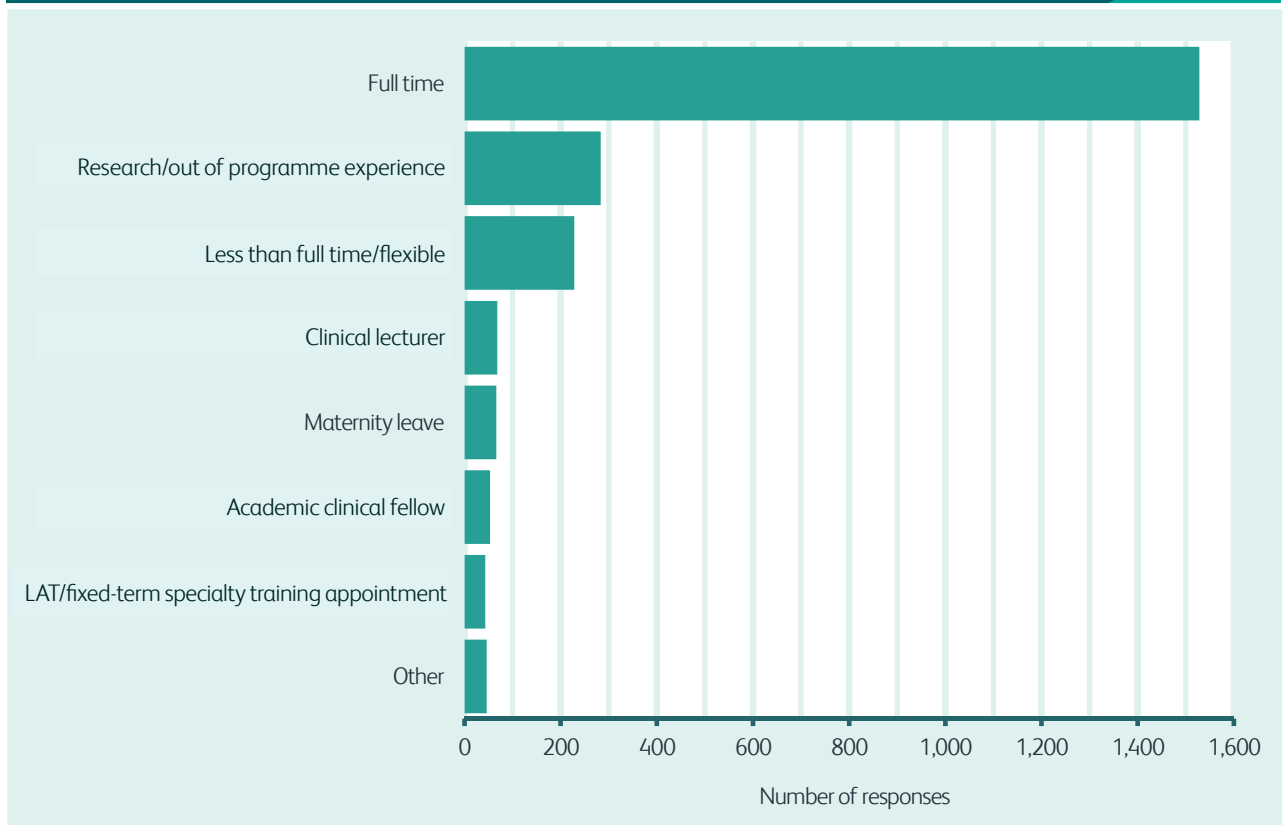




Fig 21. Consultants working less than full time  
United Kingdom | 2005–14

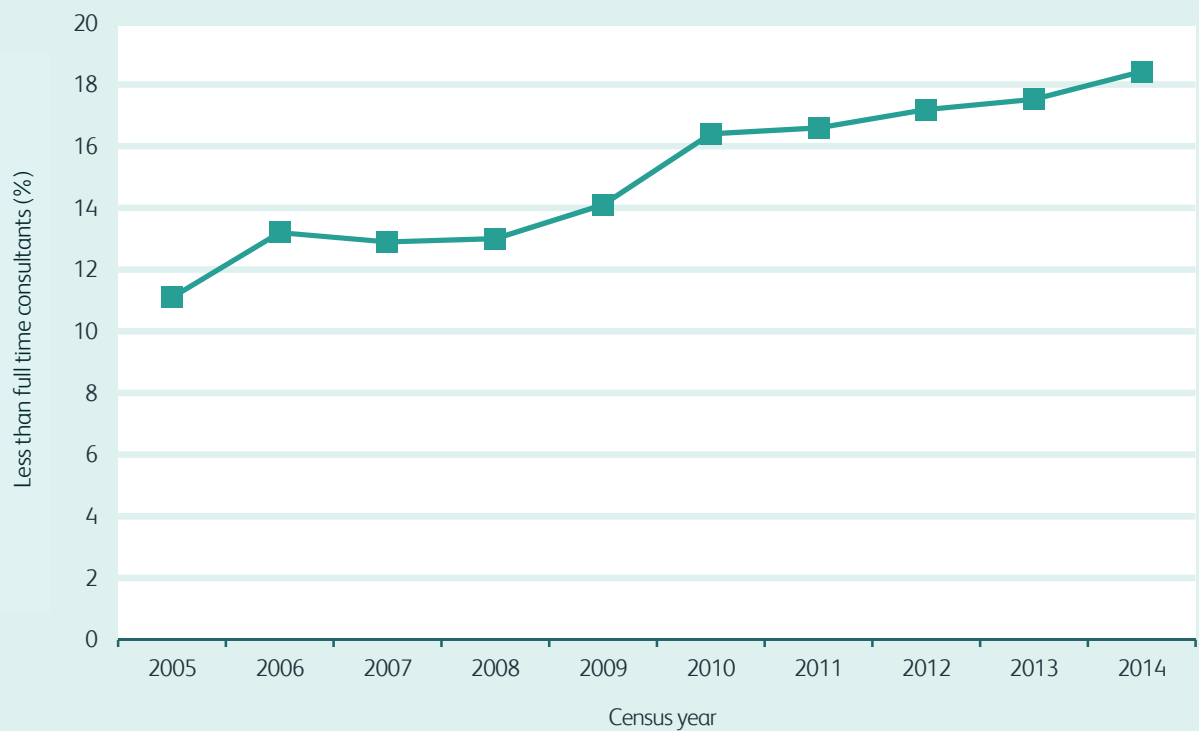


Fig 22. Consultants working less than full time  
United Kingdom | 2005–14 | By nation

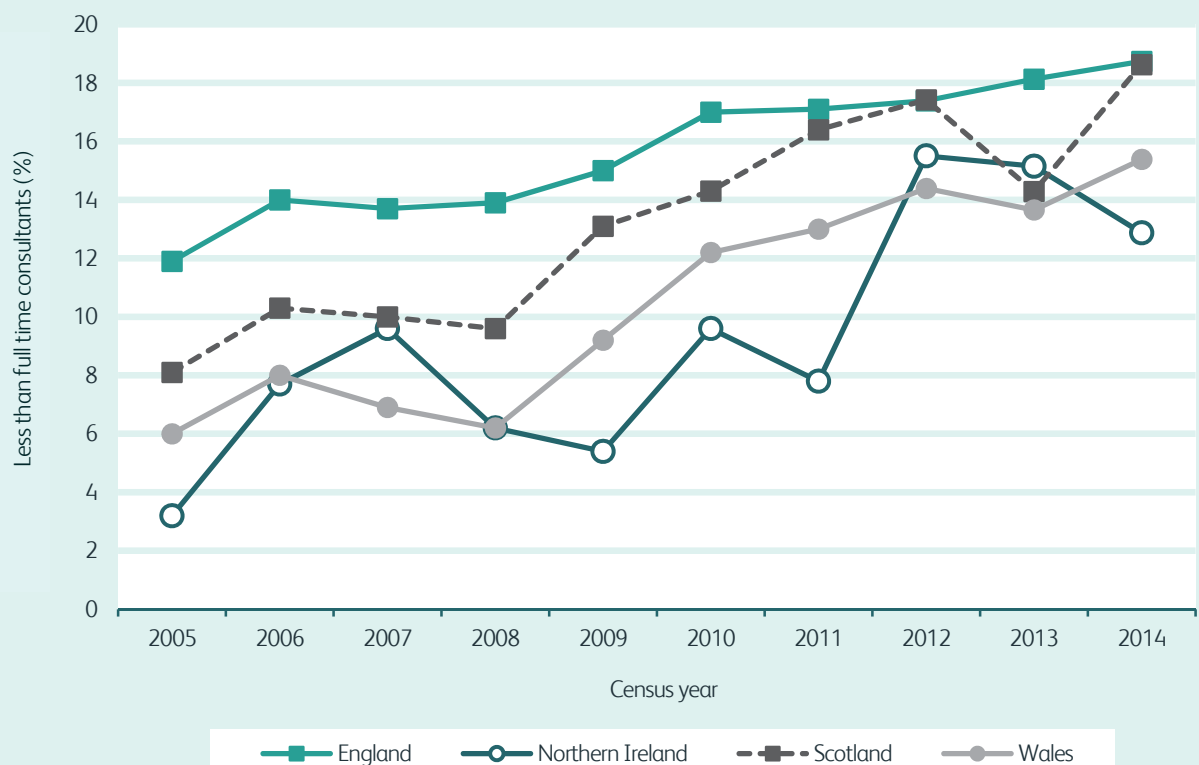


Fig 23. Consultant physicians working less than full time  
United Kingdom | By gender and specialty

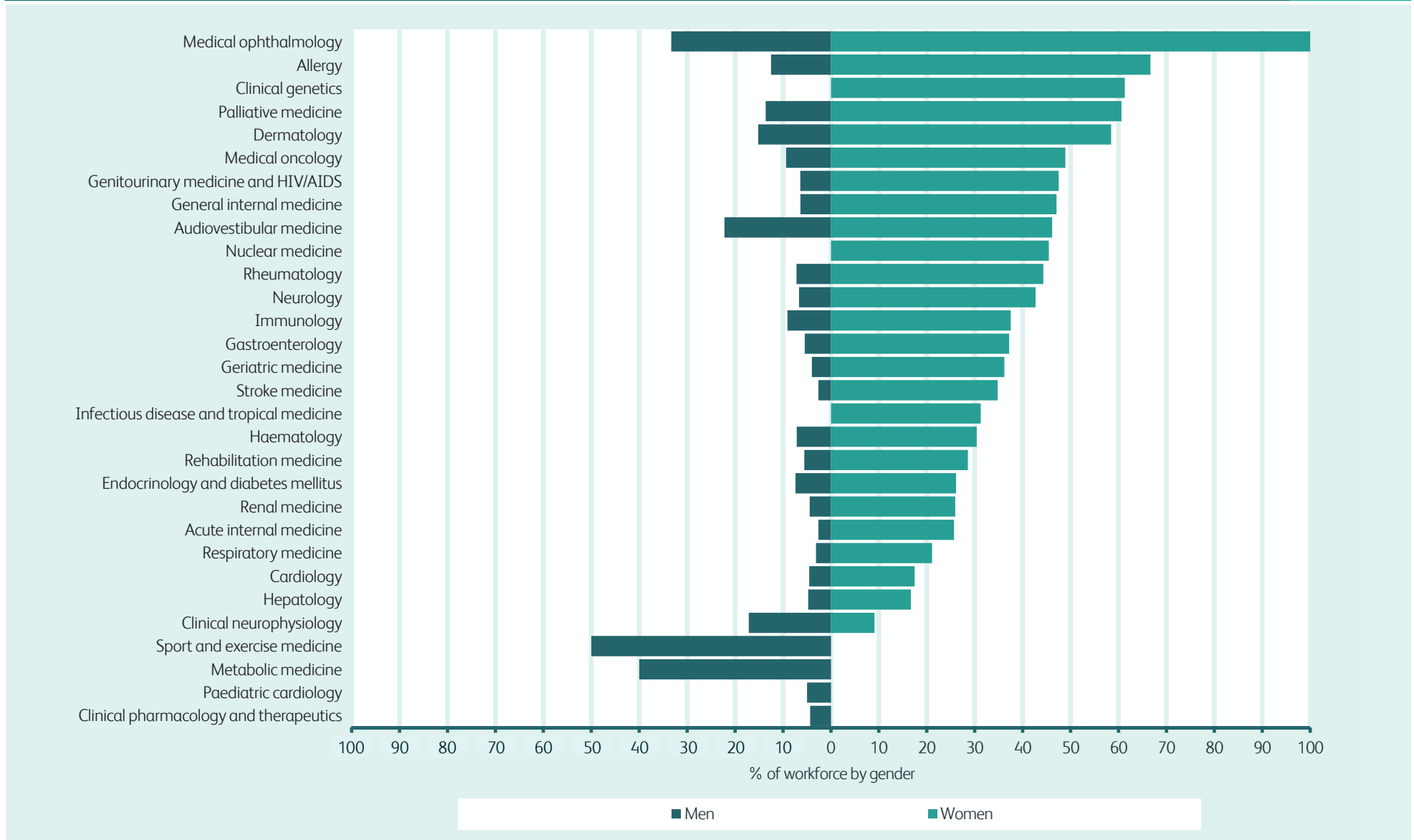


Fig 24. Higher specialty trainees working less than full time  
United Kingdom

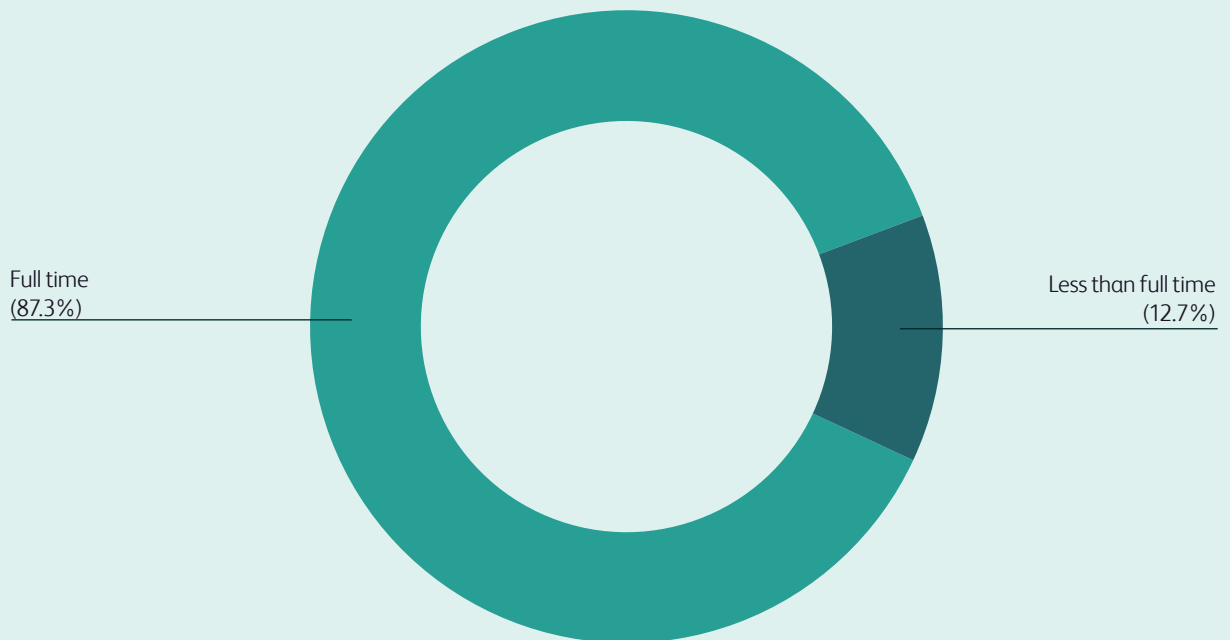
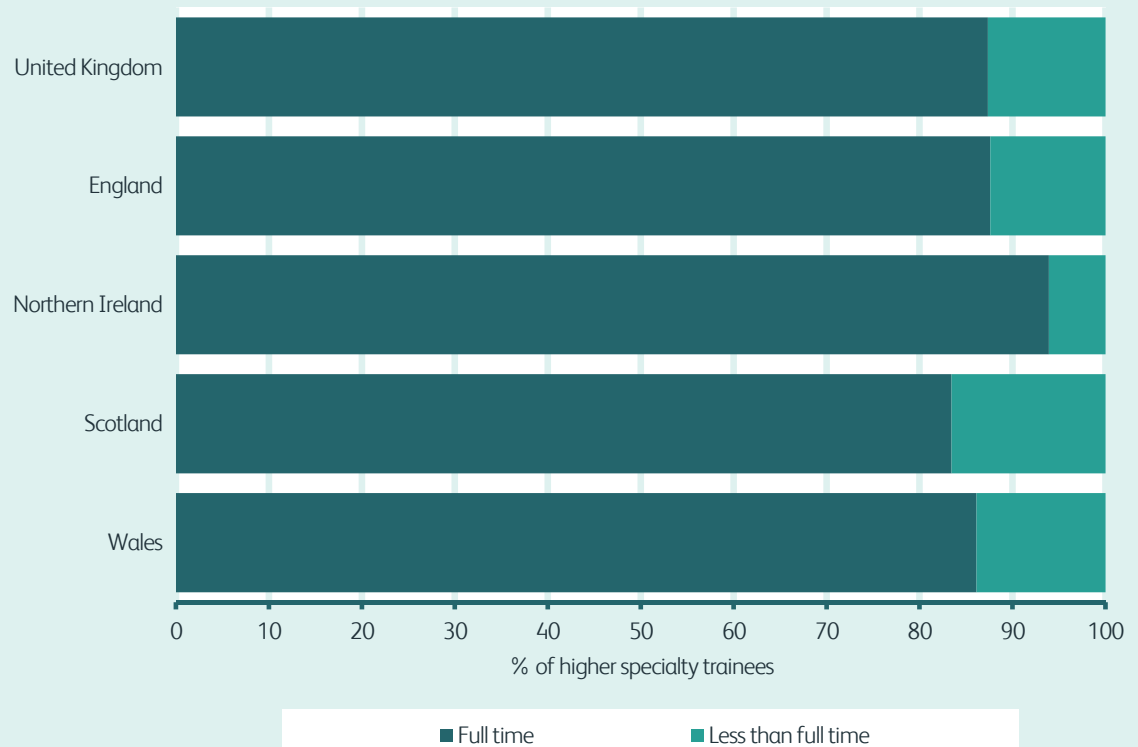


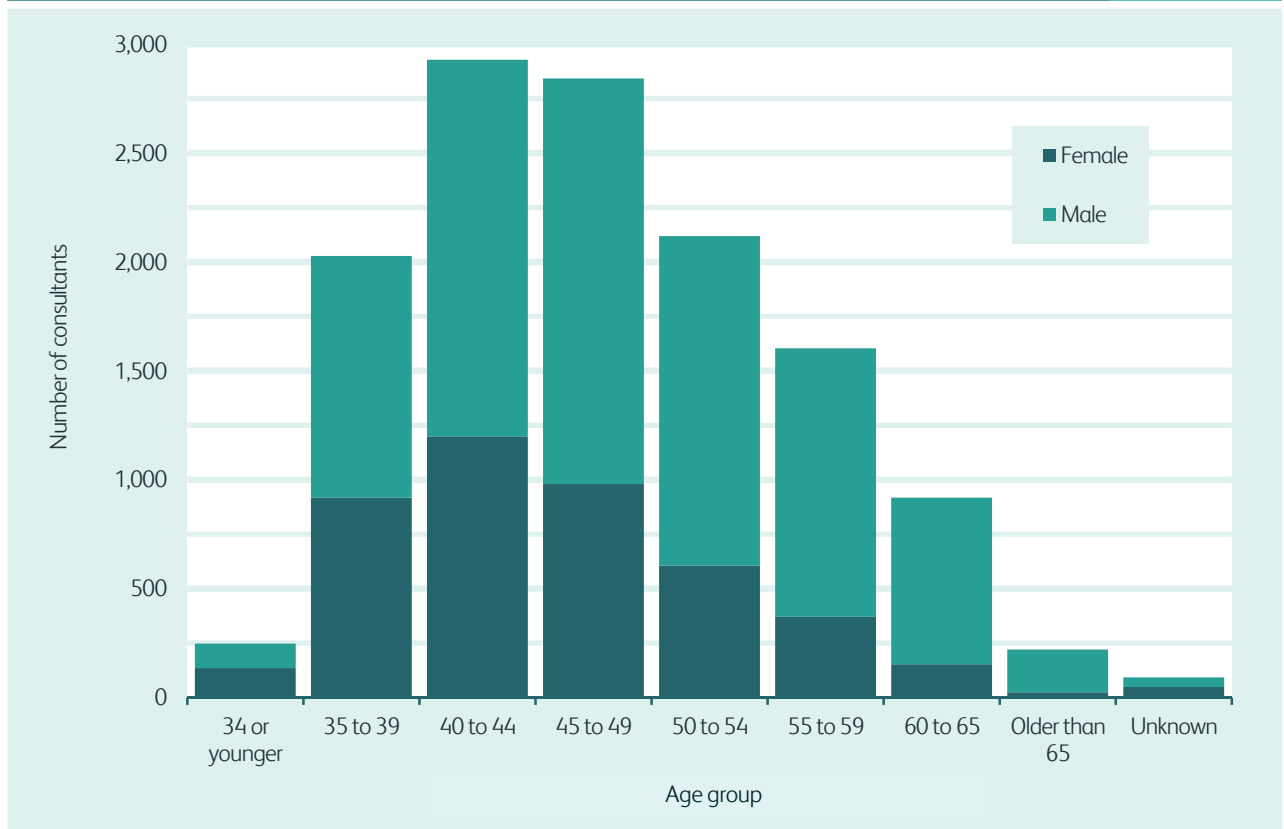
Fig 25. Higher specialty trainees working less than full time  
United Kingdom | By nation



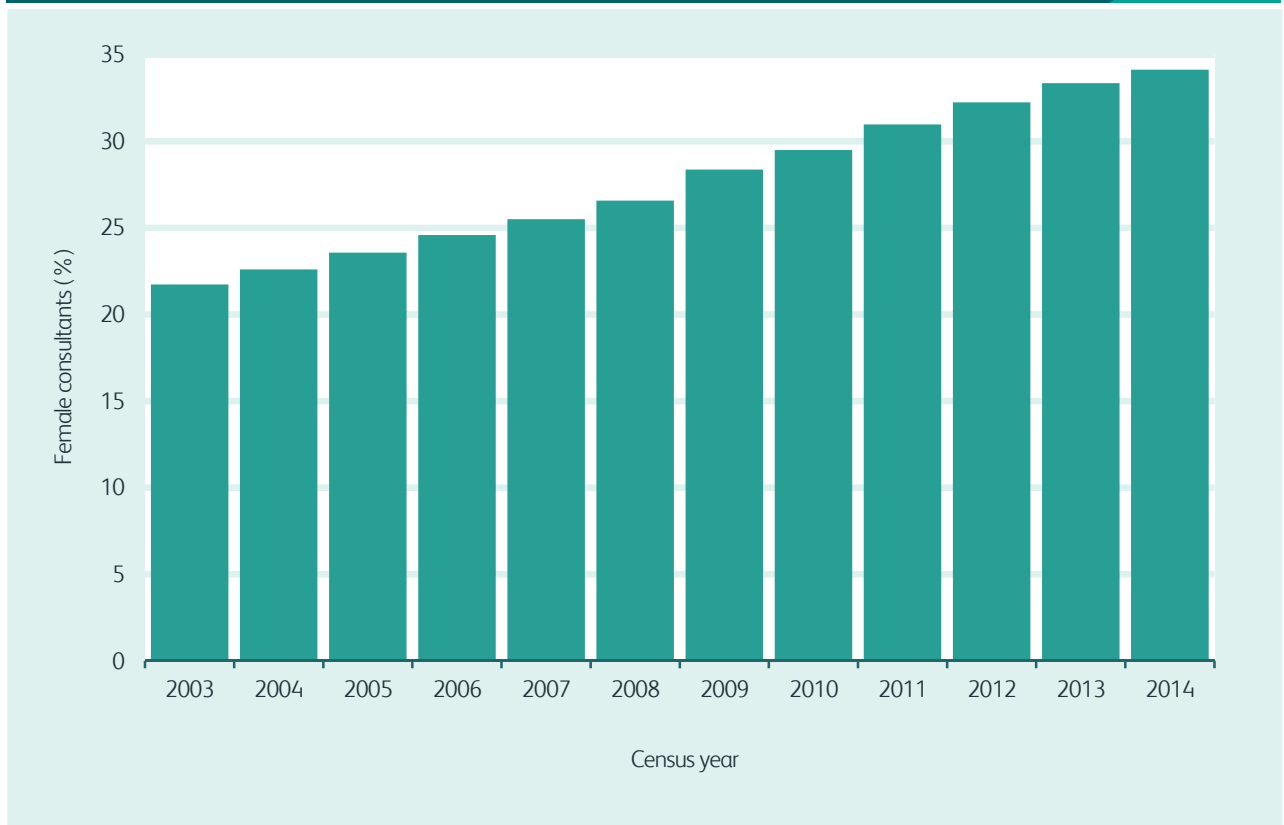
# 3 Demographics of the consultant physician and HST workforce



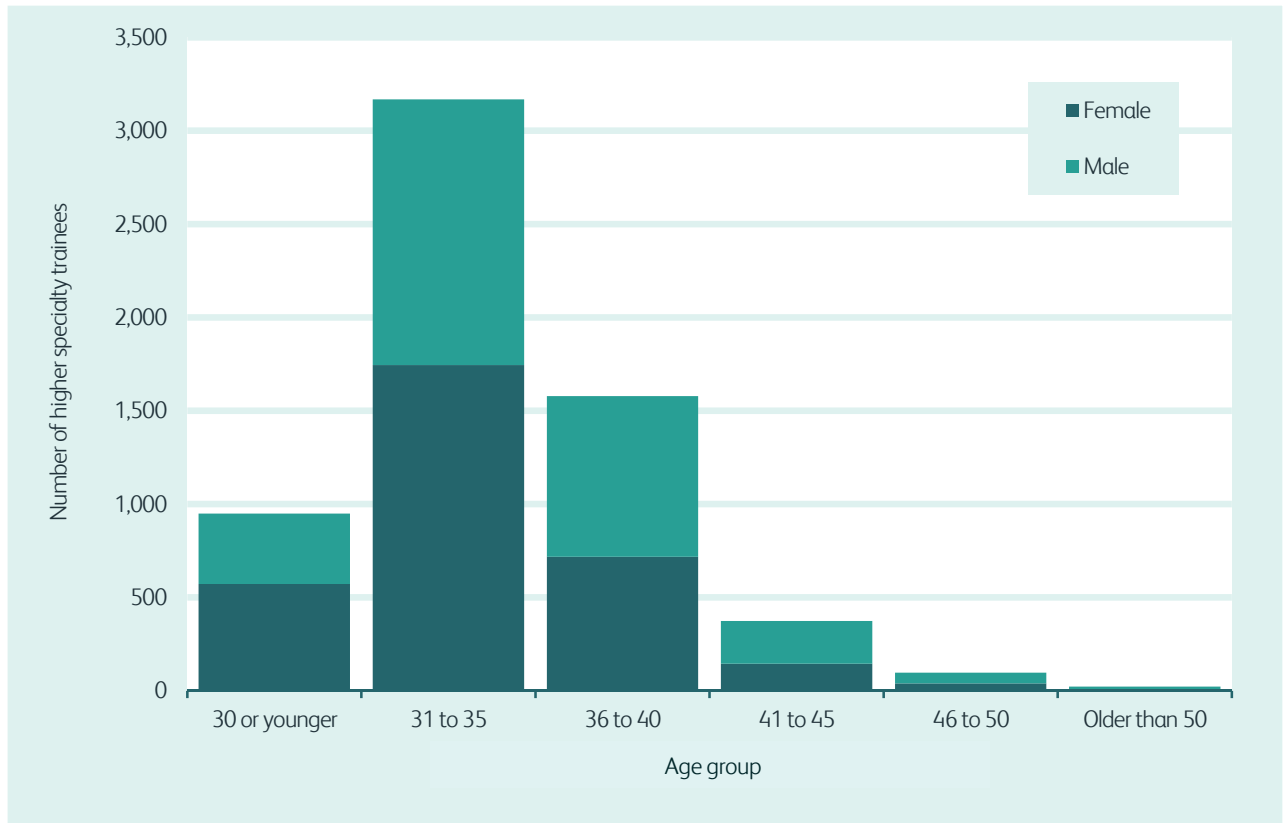
**Fig 26. Age and gender of the consultant physician workforce**  
United Kingdom



**Fig 27. Gender of the consultant physician workforce over time**  
United Kingdom | 2003–14



**Fig 28. Age and gender of the higher specialty trainee workforce**  
United Kingdom



**Fig 29. Gender of the higher specialty trainee workforce over time**  
United Kingdom | 2003–14

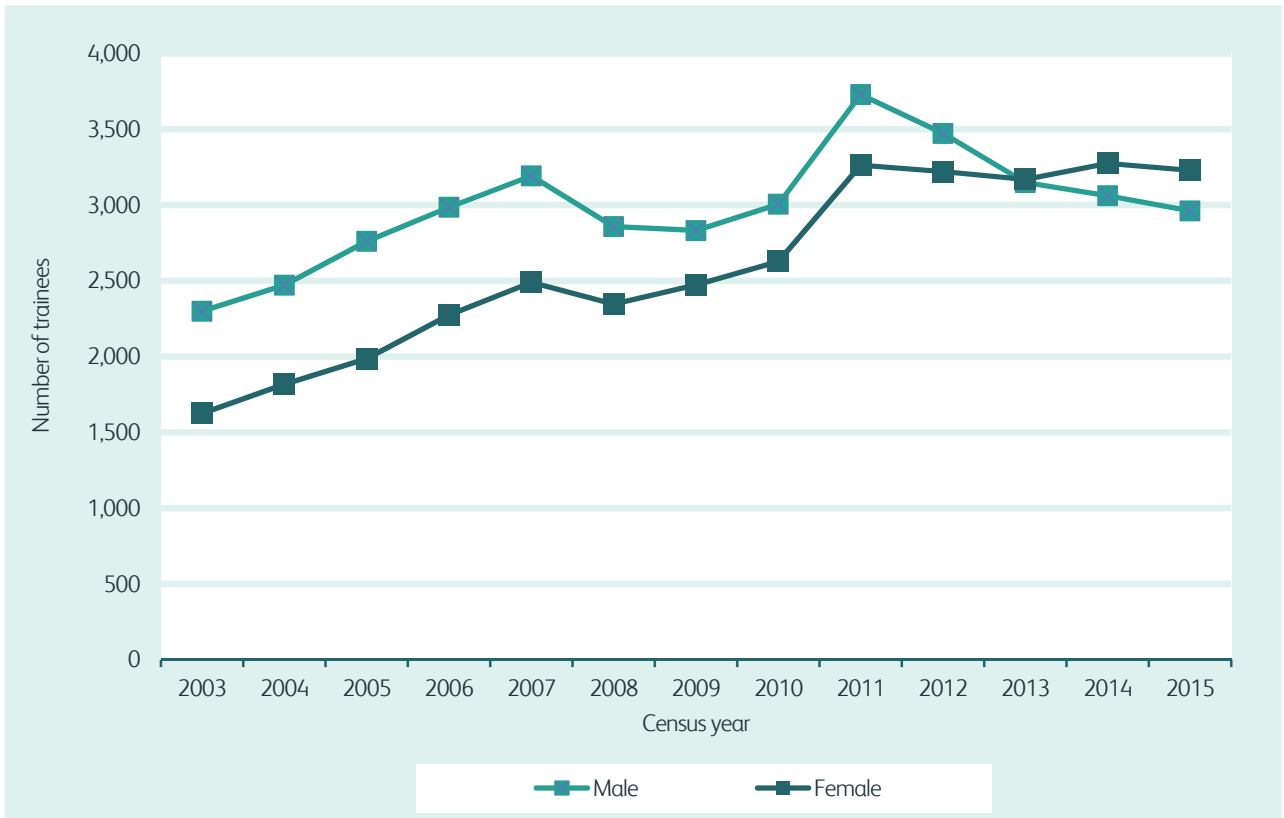


Fig 30. Gender breakdown of the consultant and higher specialty trainee workforces  
United Kingdom

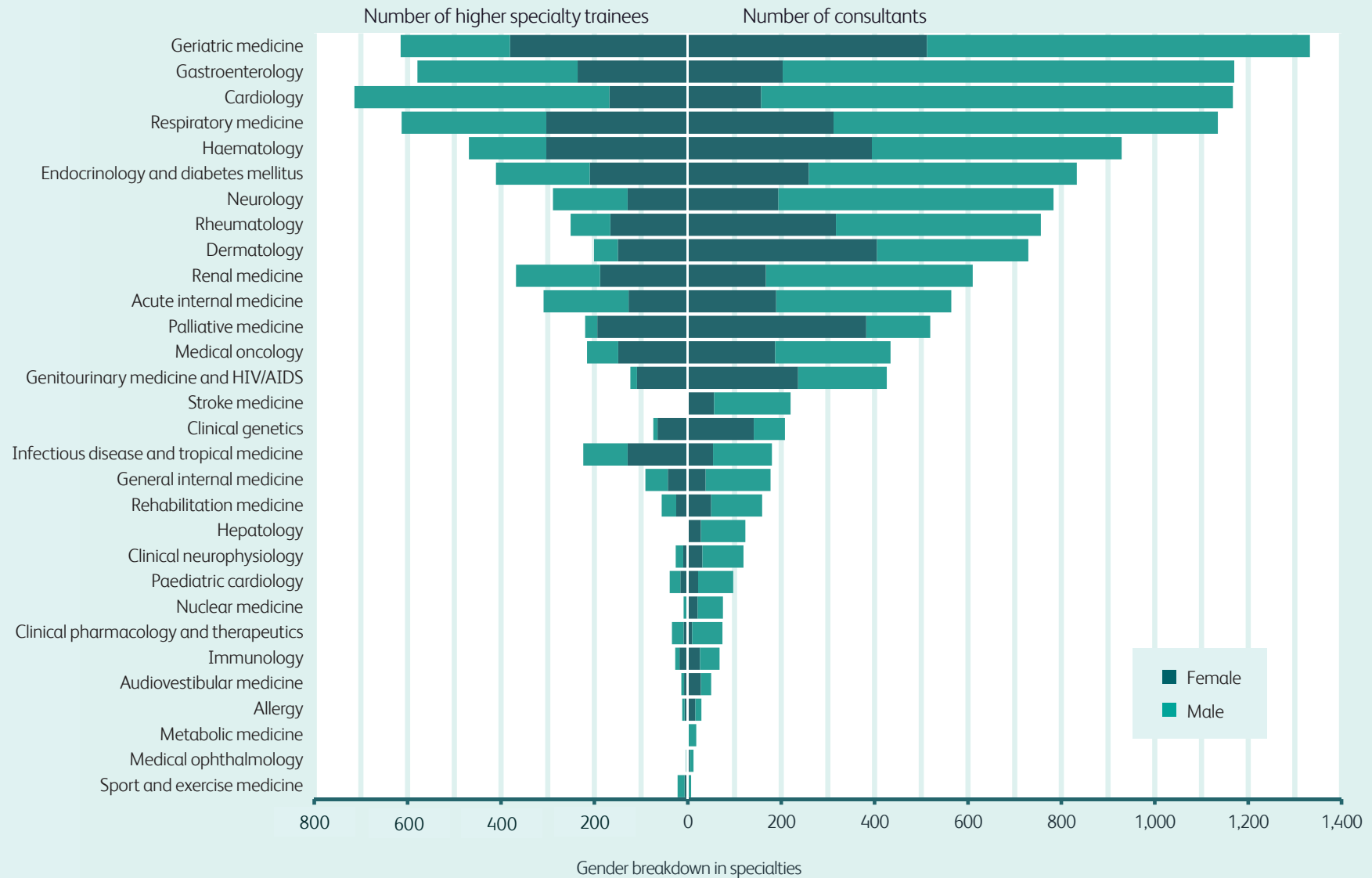
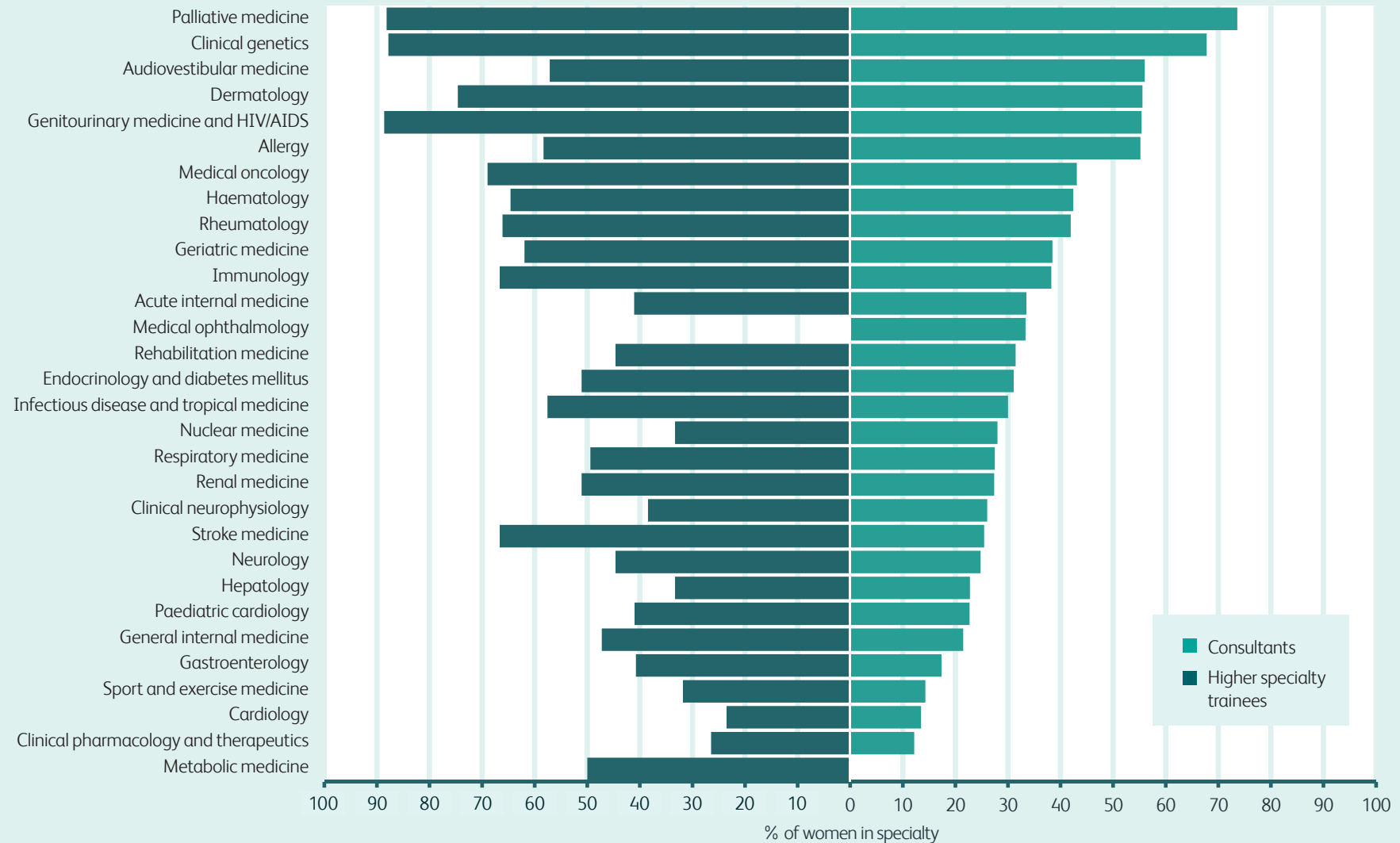


Fig 31. Percentage of women in the consultant and higher specialty trainee workforces  
United Kingdom





# 4 Time contracted and worked in the average week



Fig 32. Breakdown of consultants' programmed activities (PAs) contracted per week  
United Kingdom | All contracts

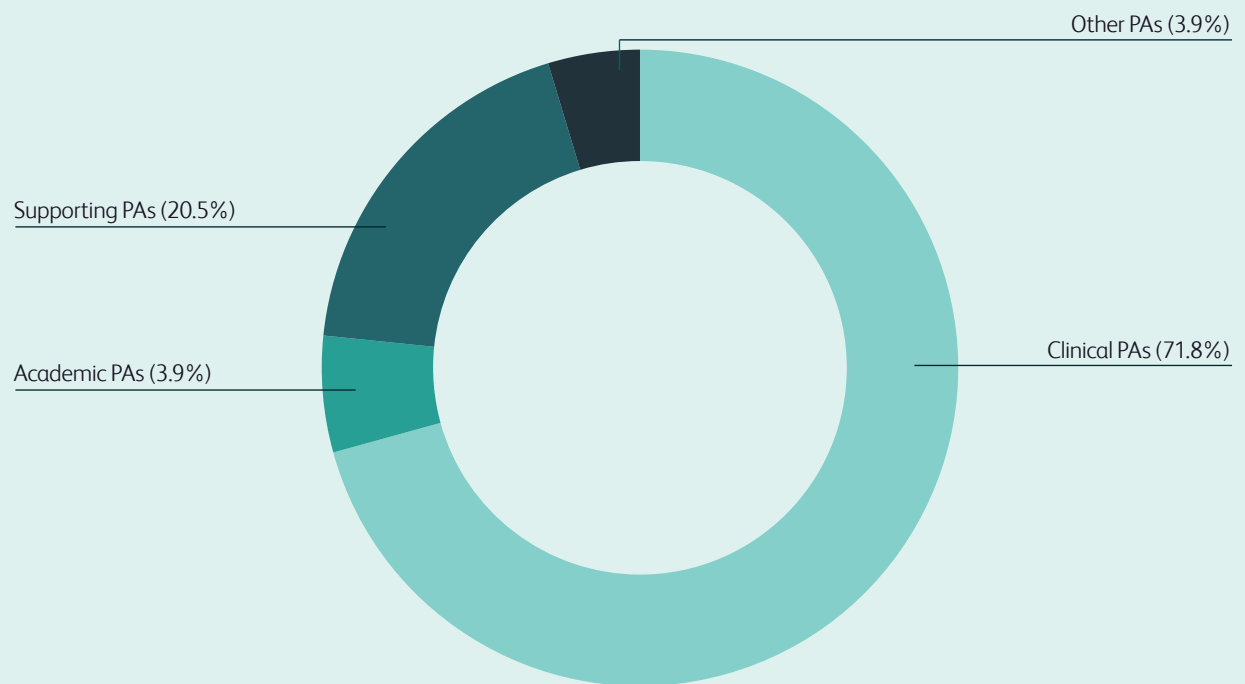


Fig 33. Breakdown of consultants' PAs worked per week  
United Kingdom | All contracts

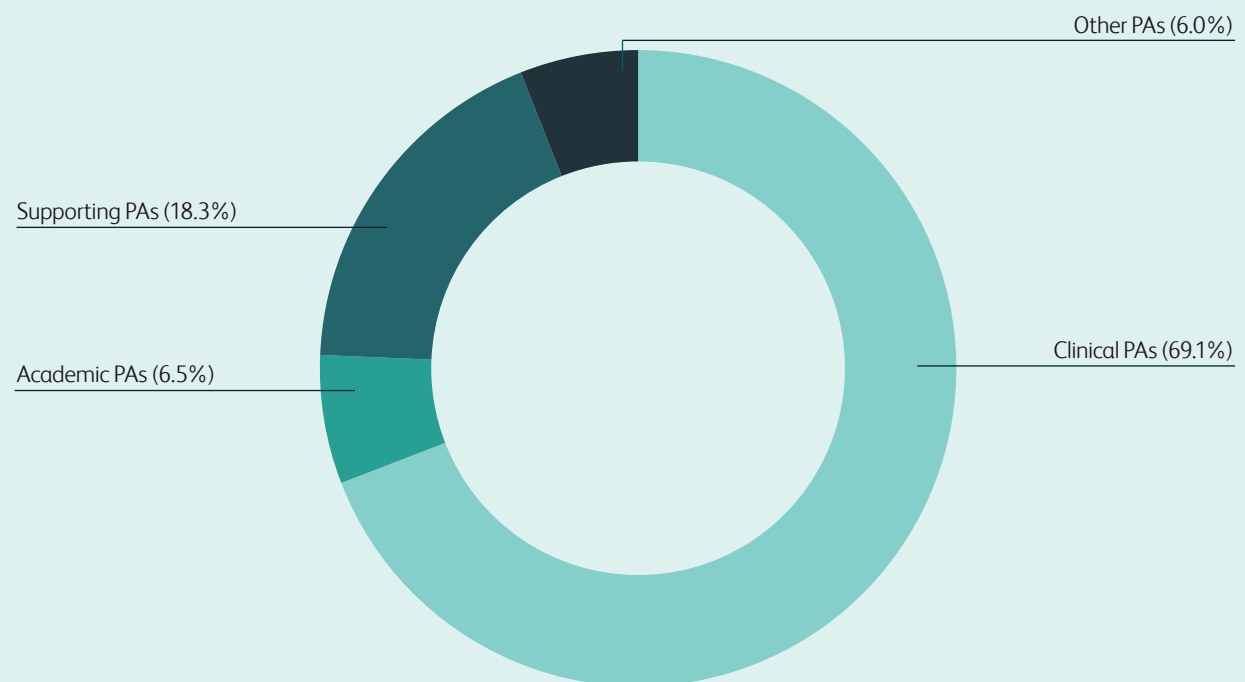


Fig 34. Mean consultant PAs contracted per week  
United Kingdom | By nation | All contracts

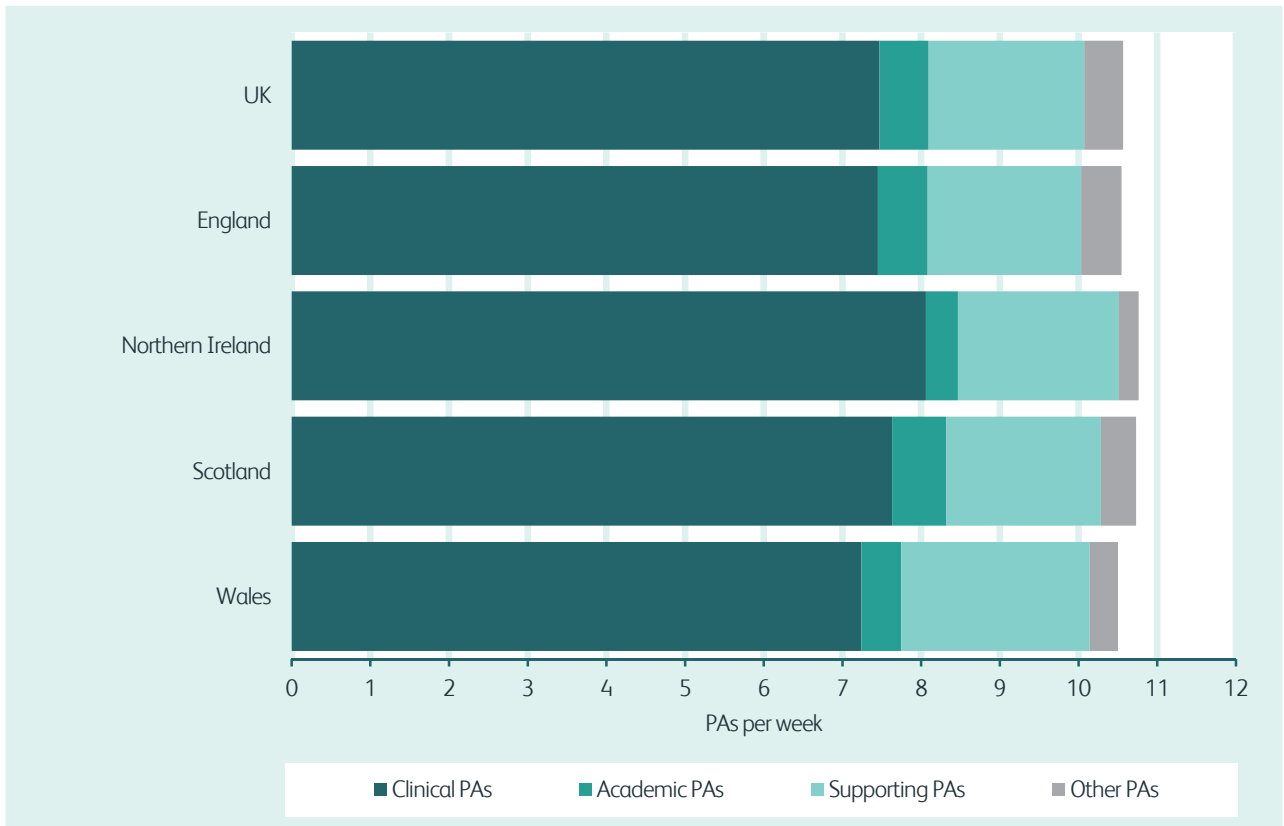
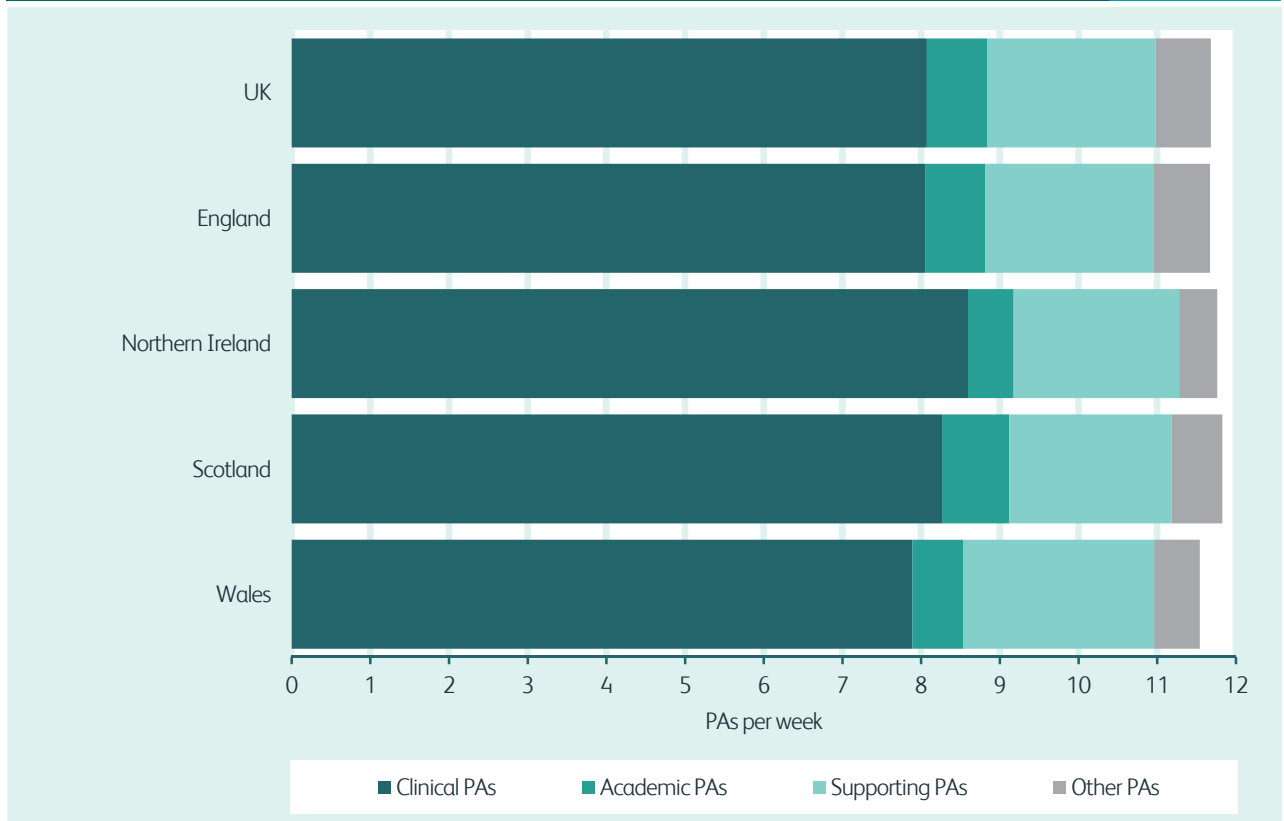
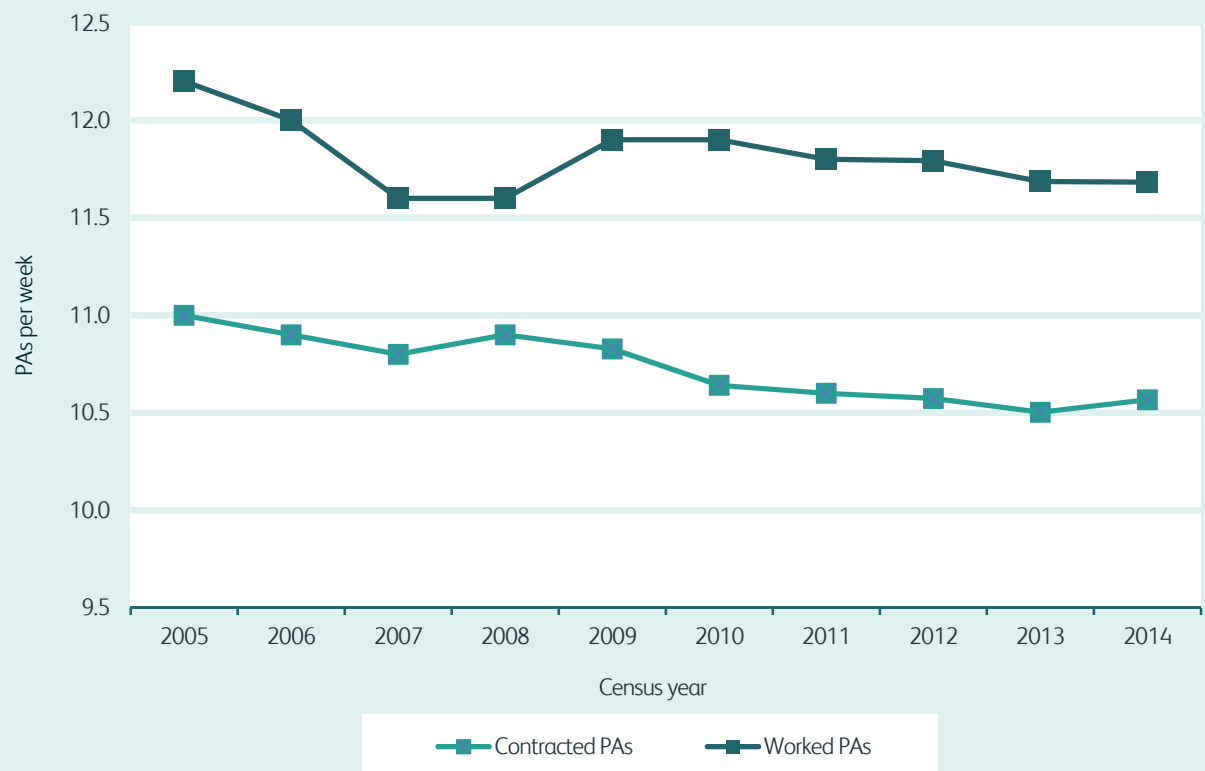


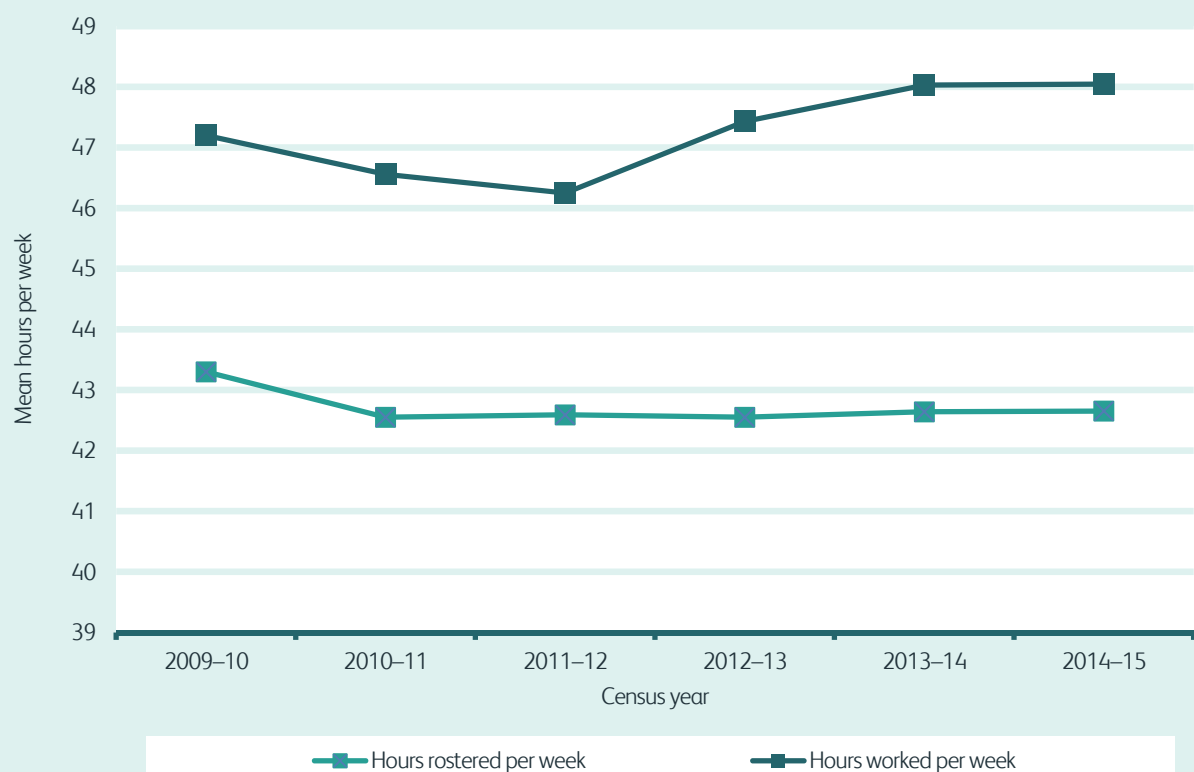
Fig 35. Mean consultant PAs worked per week  
United Kingdom | By nation | All contracts



**Fig 36. Consultant physicians: comparison of contracted PAs with PAs worked per week**  
United Kingdom | 2005–14 | All contracts



**Fig 37. Higher specialty trainees: comparison of hours rostered with hours worked per week**  
United Kingdom | 2009–14 | All contracts



**Fig 38. Comparison of consultants' PAs contracted with PAs worked per week**  
United Kingdom | All contracts

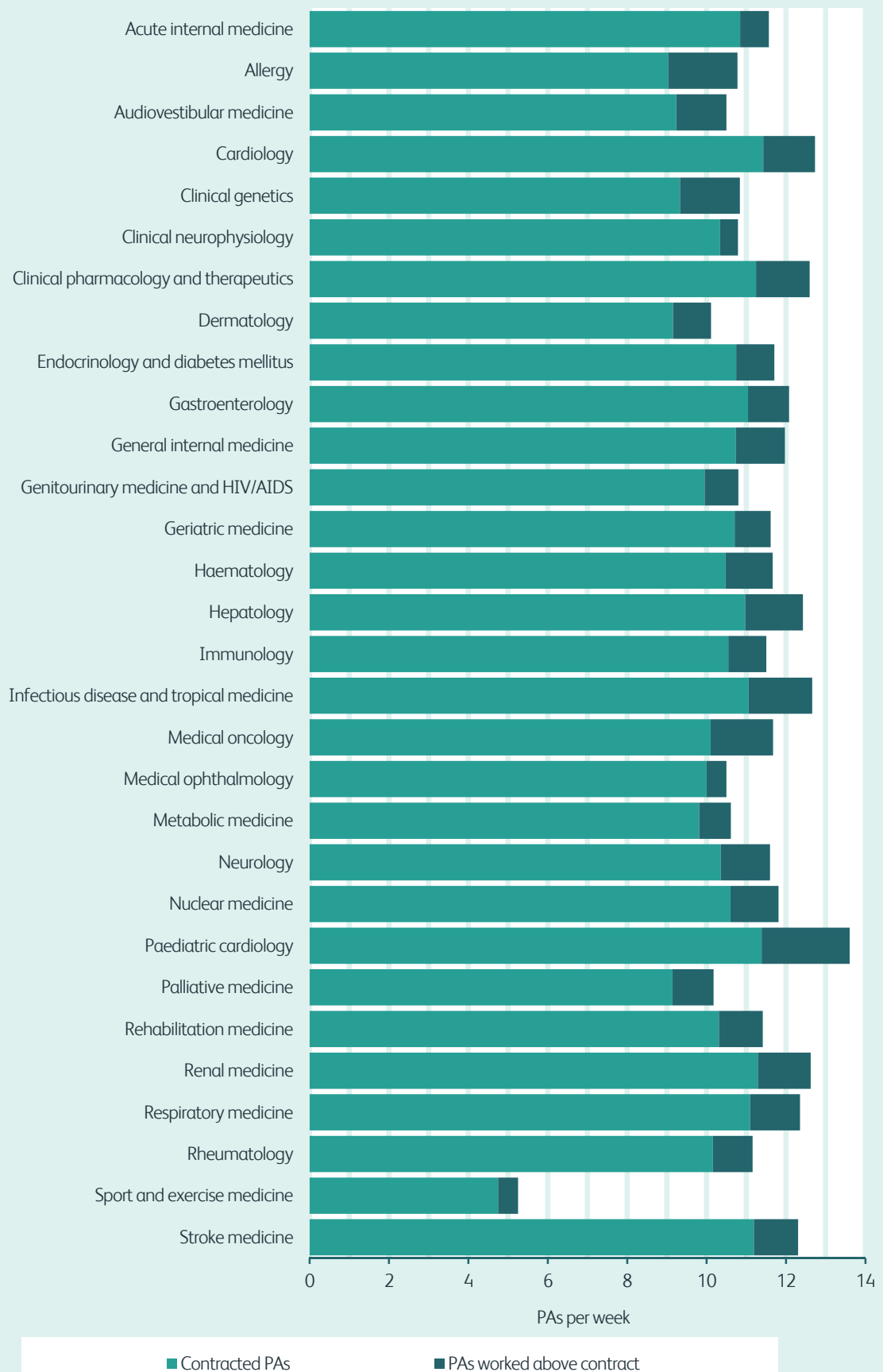
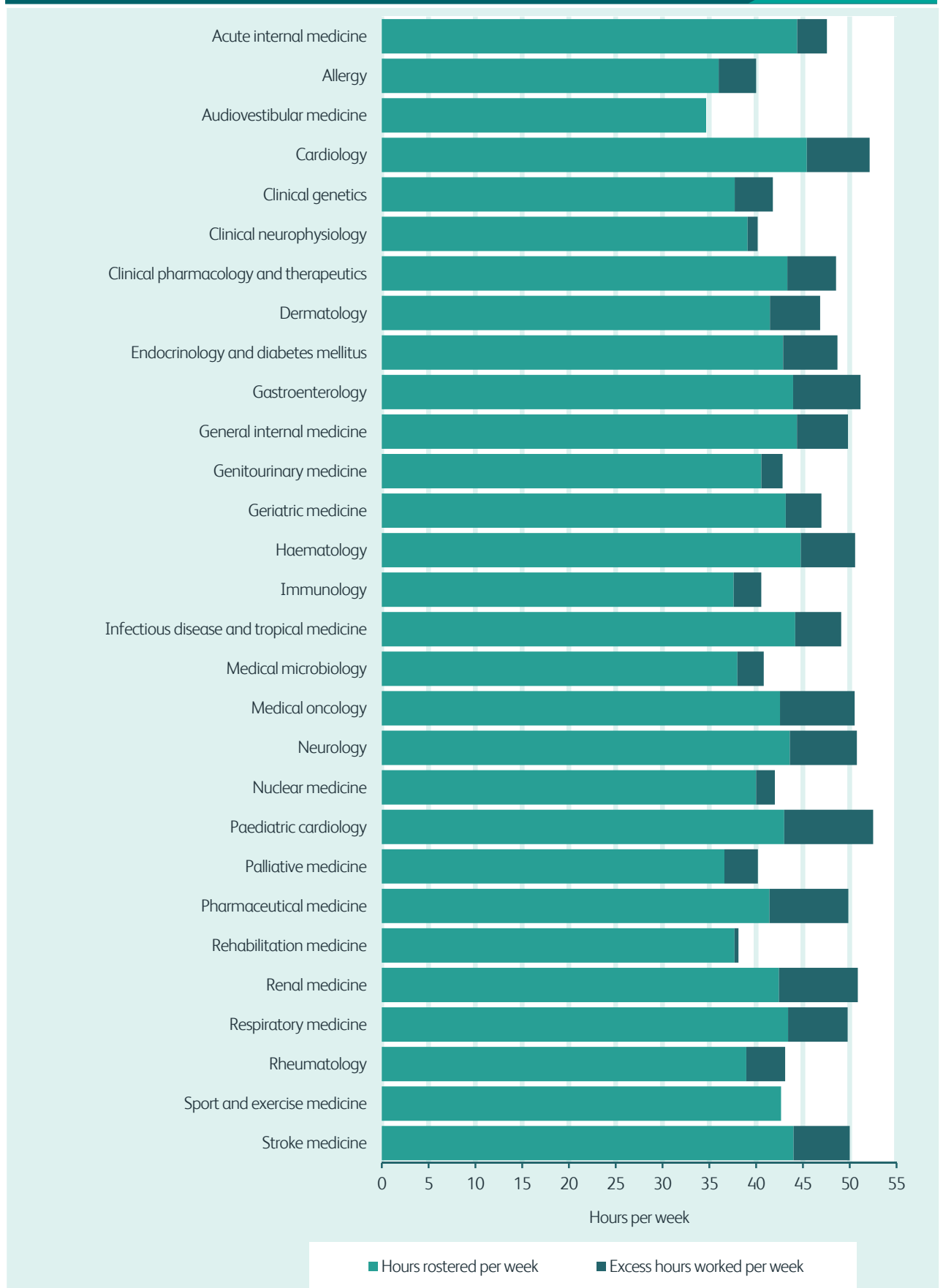


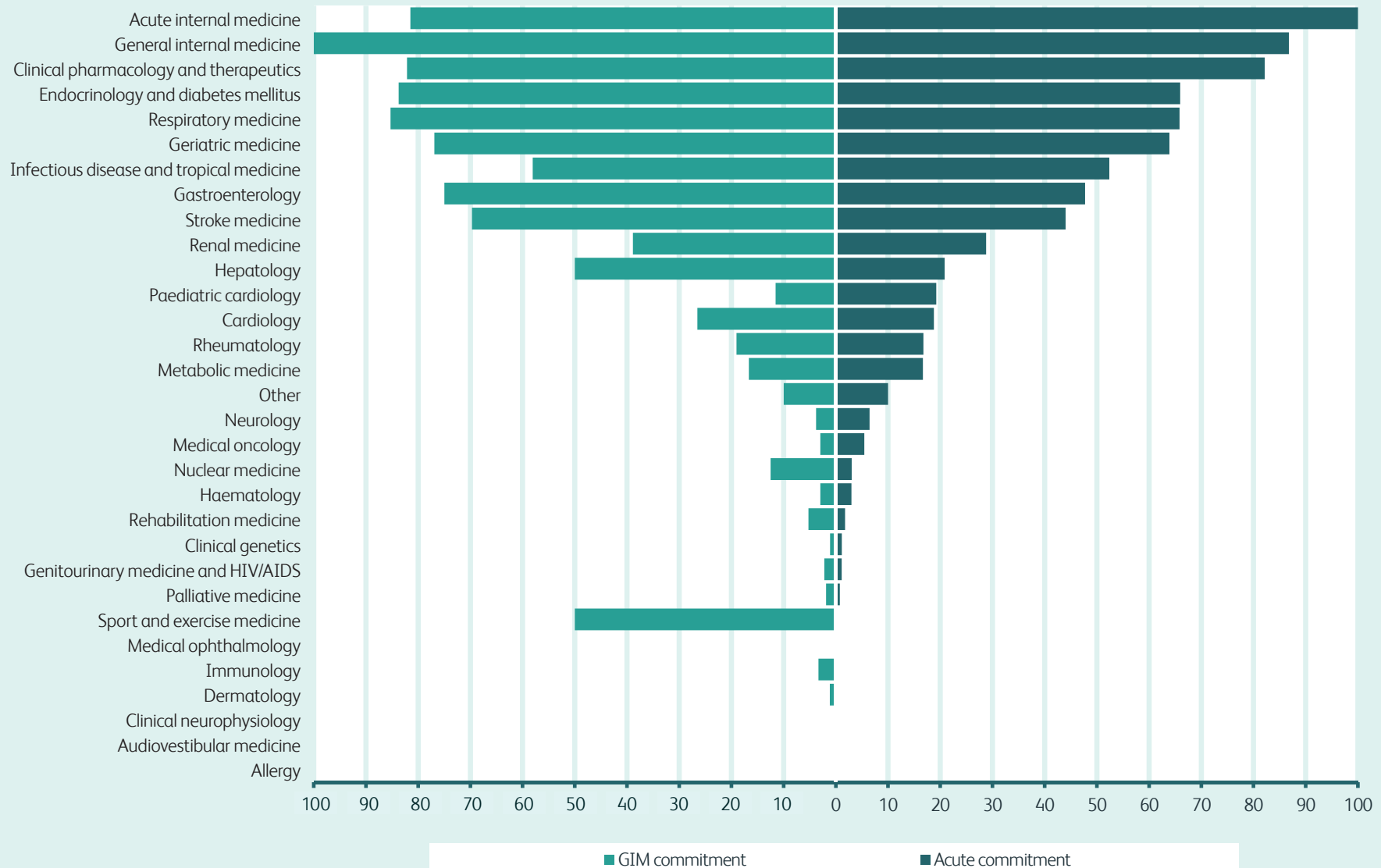
Fig 39. Comparison of higher specialty trainees' hours rostered with hours worked in a typical week  
United Kingdom | All contract types



# 5 Acute medical, general medical and on-call commitments

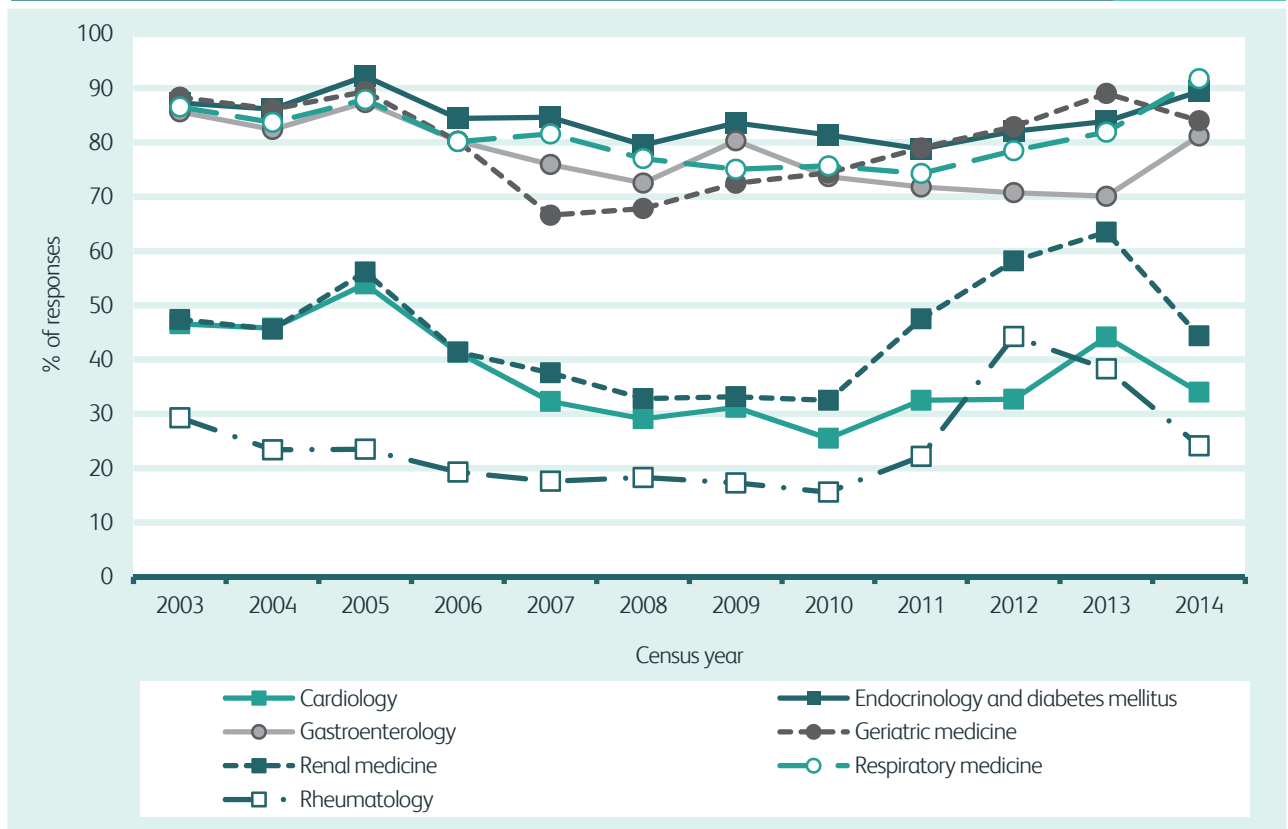


Fig 40. Percentage of consultants with a commitment to acute internal medicine and general internal medicine (GIM)  
United Kingdom

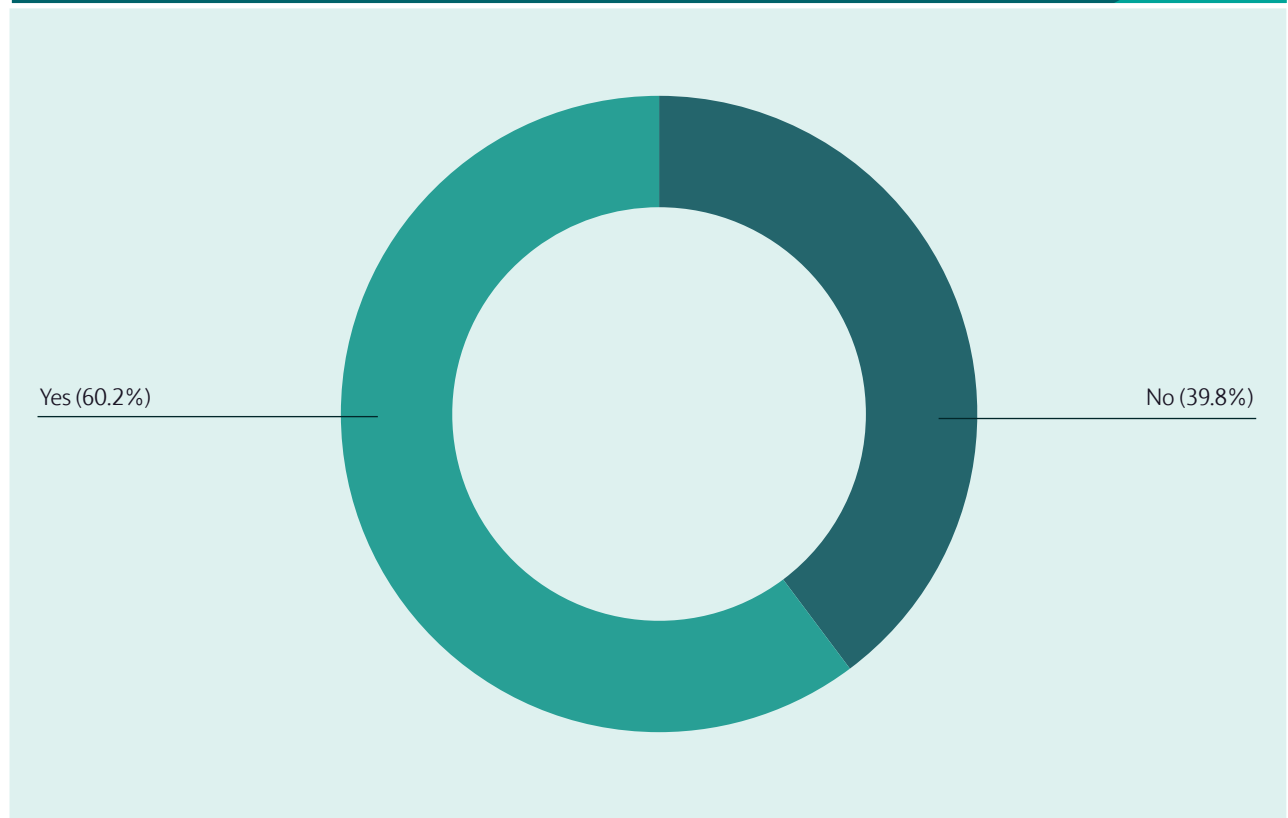




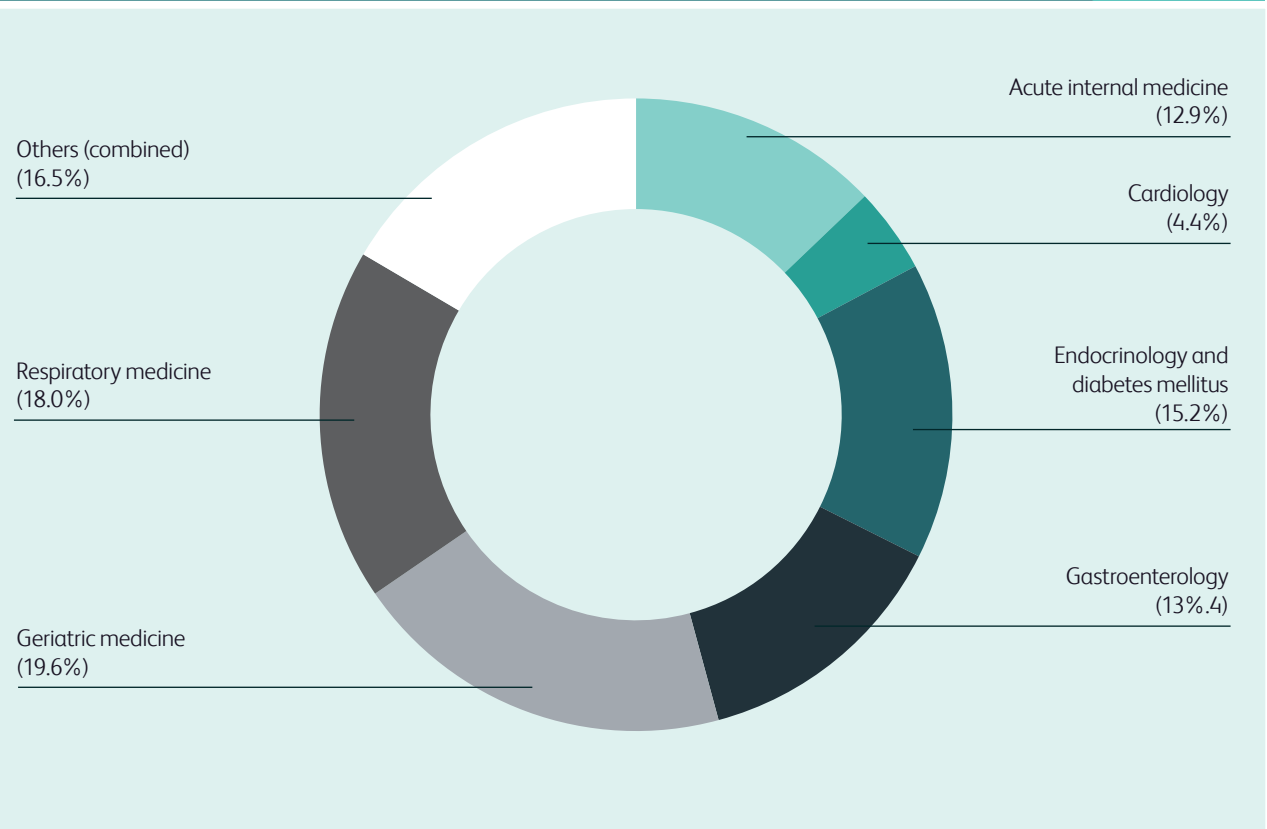
**Fig 41. Consultants' commitment to acute internal medicine or GIM**  
United Kingdom | 2003–14 | Selected medical specialties



**Fig 42. Higher specialty trainees training/dual-accrediting in acute internal or GIM**  
United Kingdom



**Fig 43. Total acute medical take workload undertaken by consultant physicians**  
United Kingdom



**Fig 44. Total general medical patient workload undertaken by consultant physicians**  
United Kingdom

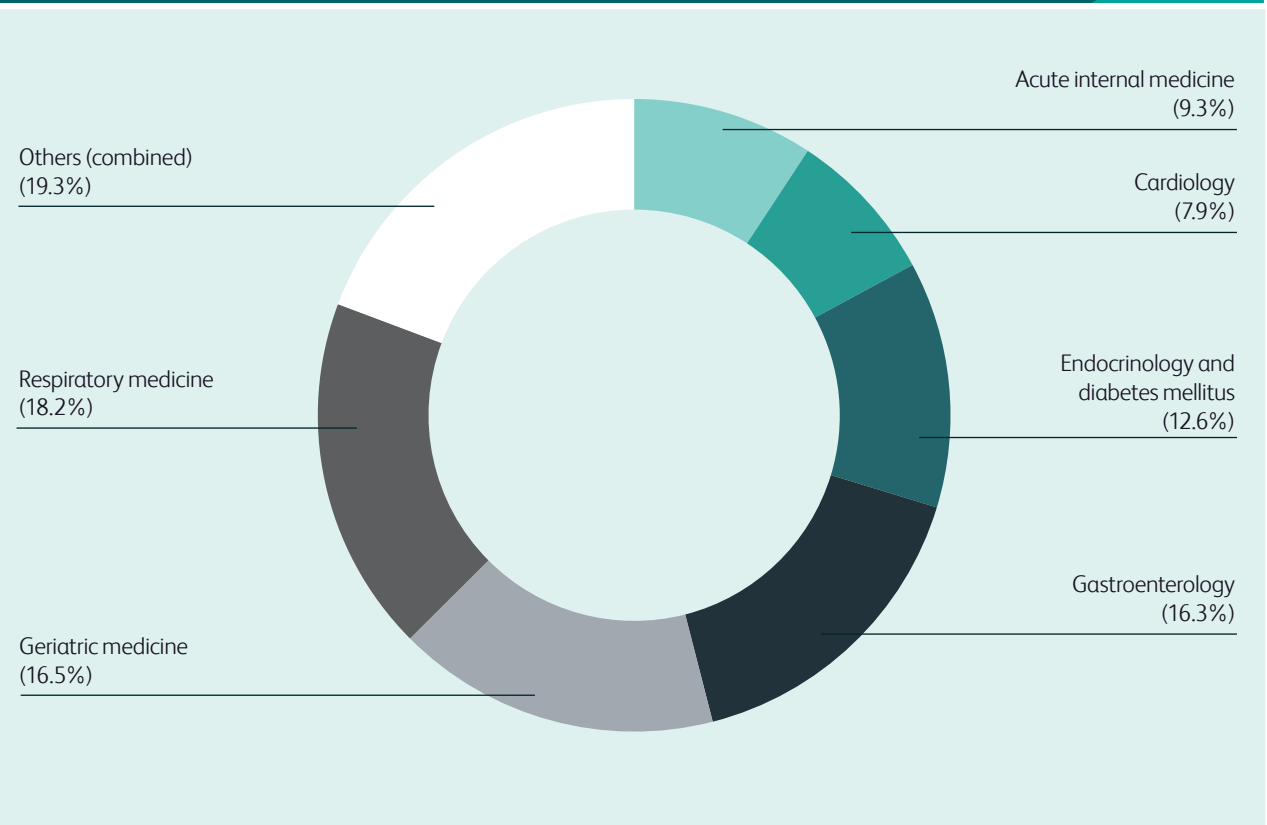


Fig 45. Consultants: are you on call for specialty, unselected emergency admissions or both?  
United Kingdom | Summary

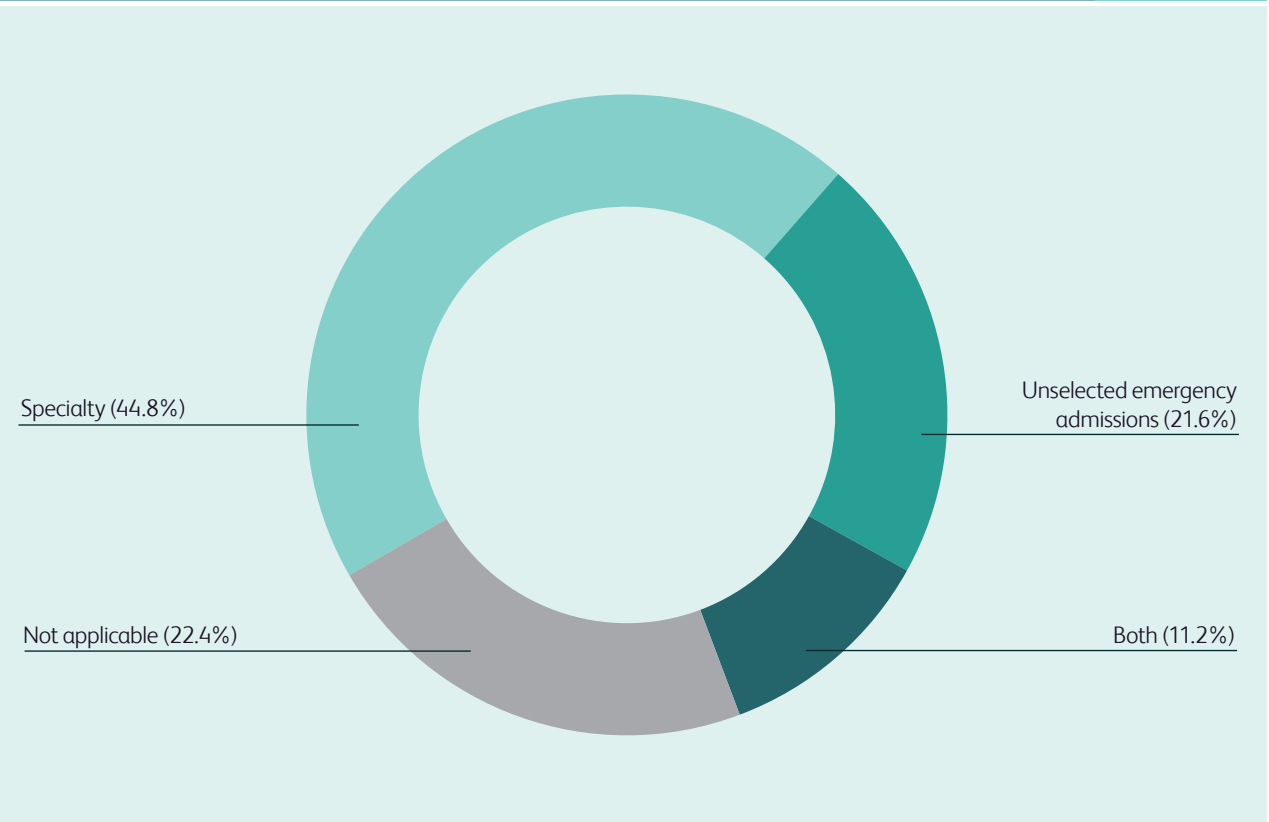
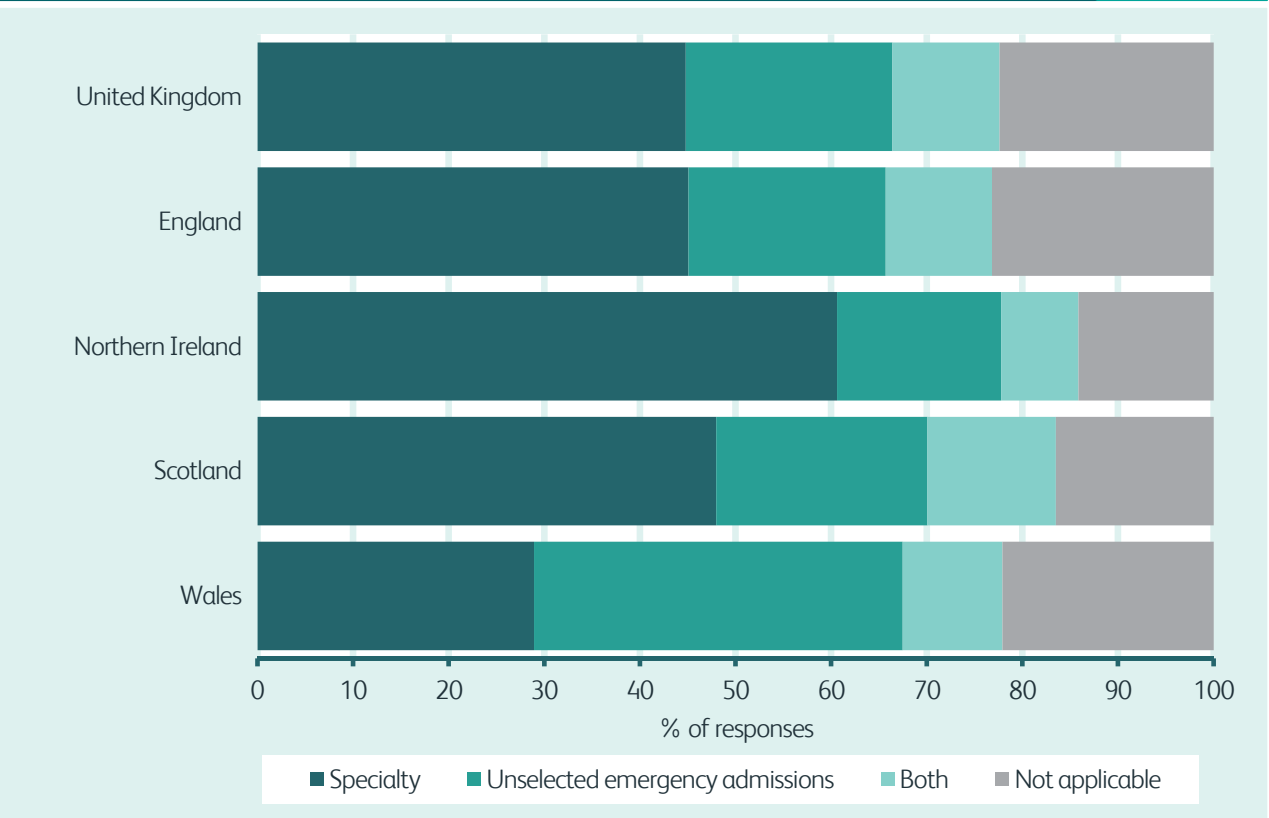
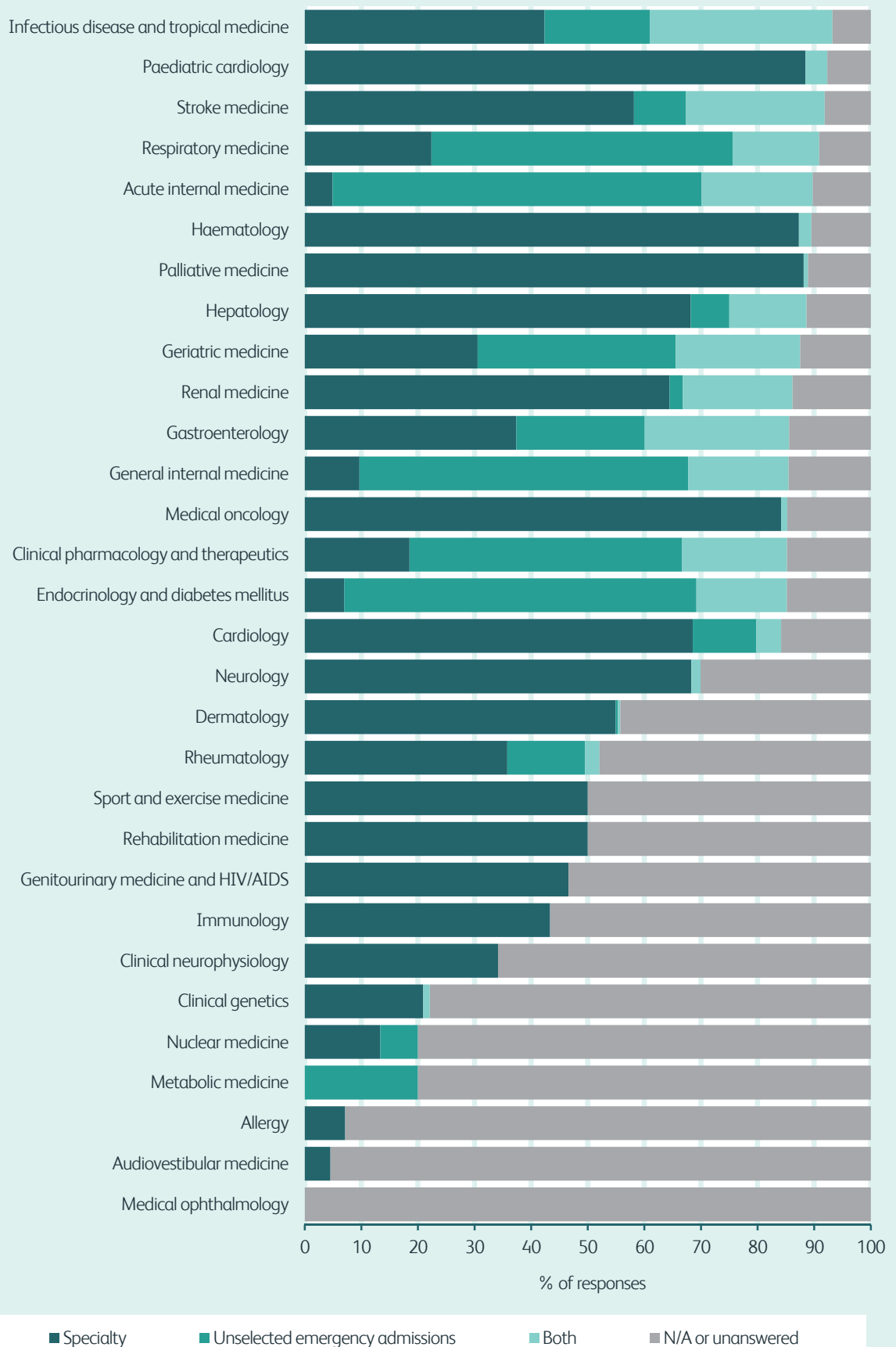


Fig 46. Consultants: are you on call for specialty, unselected emergency admissions or both?  
United Kingdom | By nation



**Fig 47. Consultants: are you on call for specialty, unselected emergency admissions or both?**  
United Kingdom | By specialty



# 6 Rota gaps, 7-day working and consultants currently working weekends



Fig 48. Consultants: when on acute duty (specialty or unselected) are you aware of gaps in the trainees' rotas?

United Kingdom | Summary

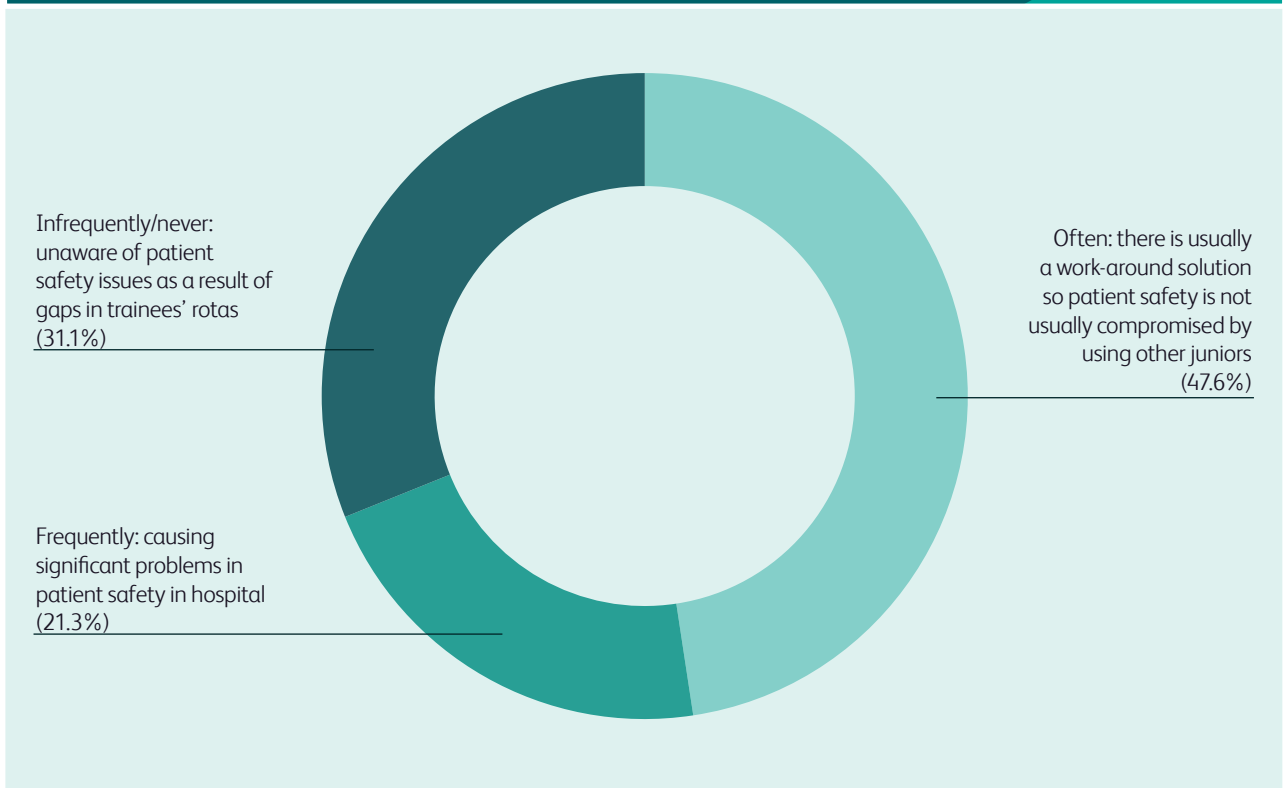


Fig 49. Consultants: have you been asked to act down to cover gaps in the junior rota?

United Kingdom | Summary

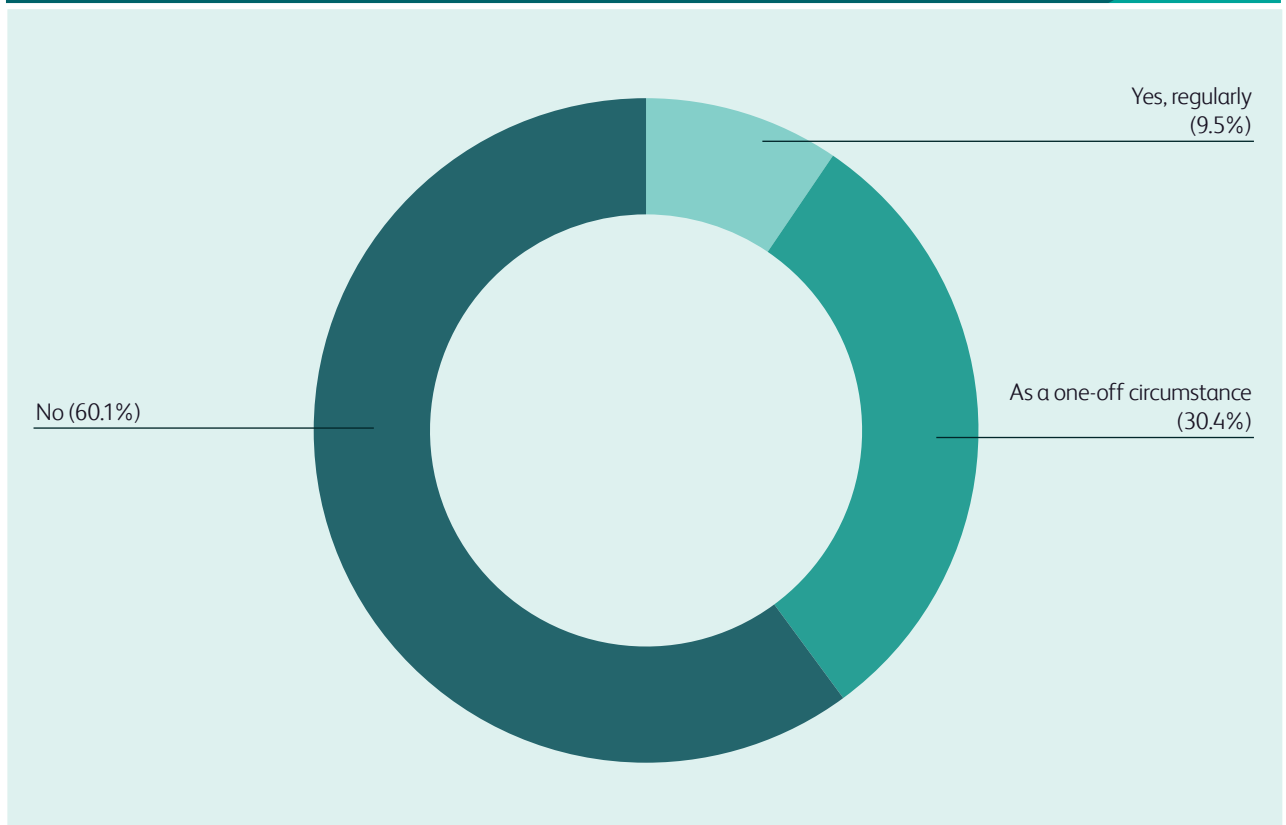
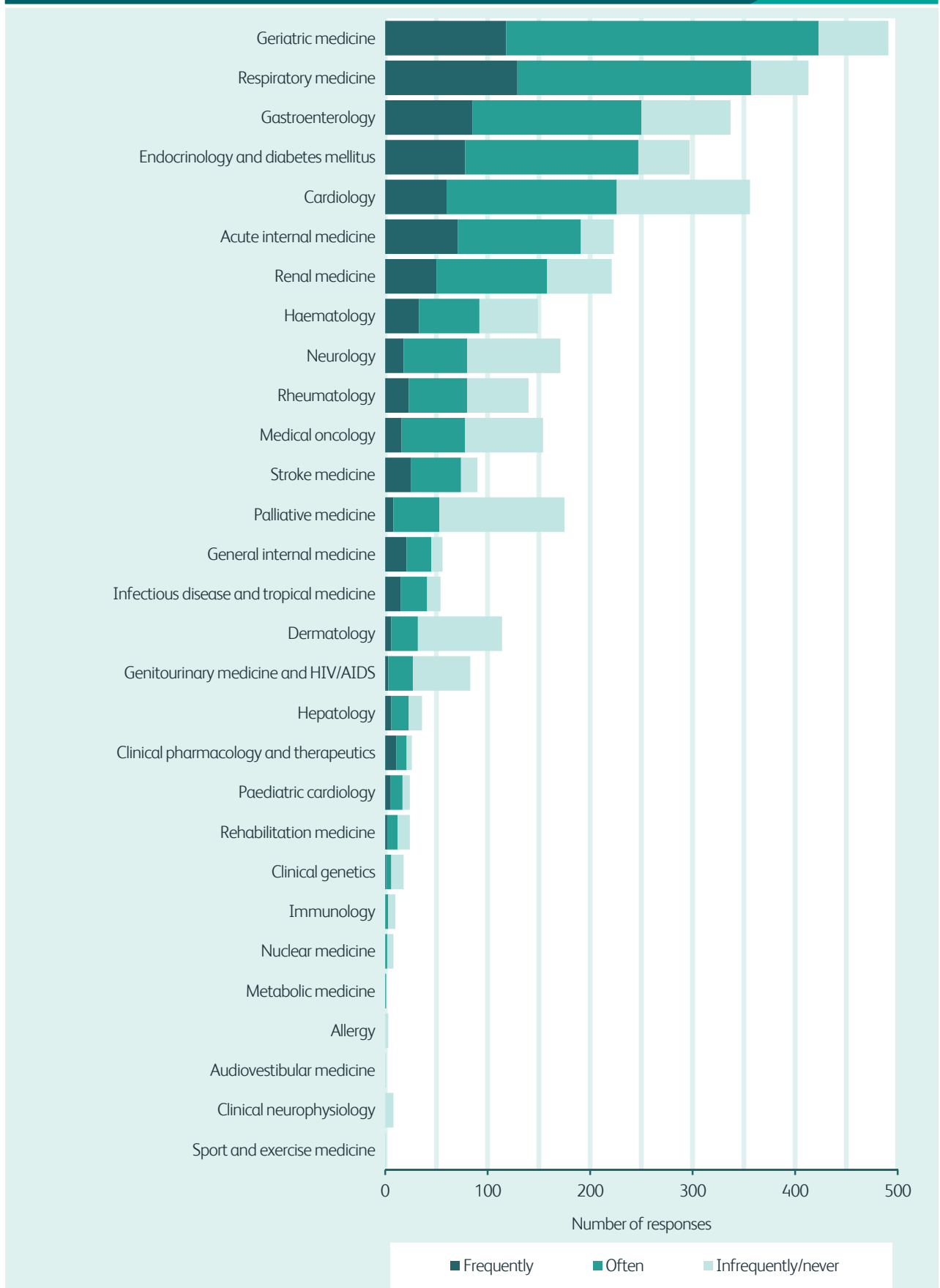


Fig 50. Consultants: when on acute duty (specialty or unselected) are you aware of gaps in the trainees' rotas?

United Kingdom | By specialty



**Fig 51. Consultants: have you been asked to act down to cover gaps in the junior rota?**  
United Kingdom | Summary

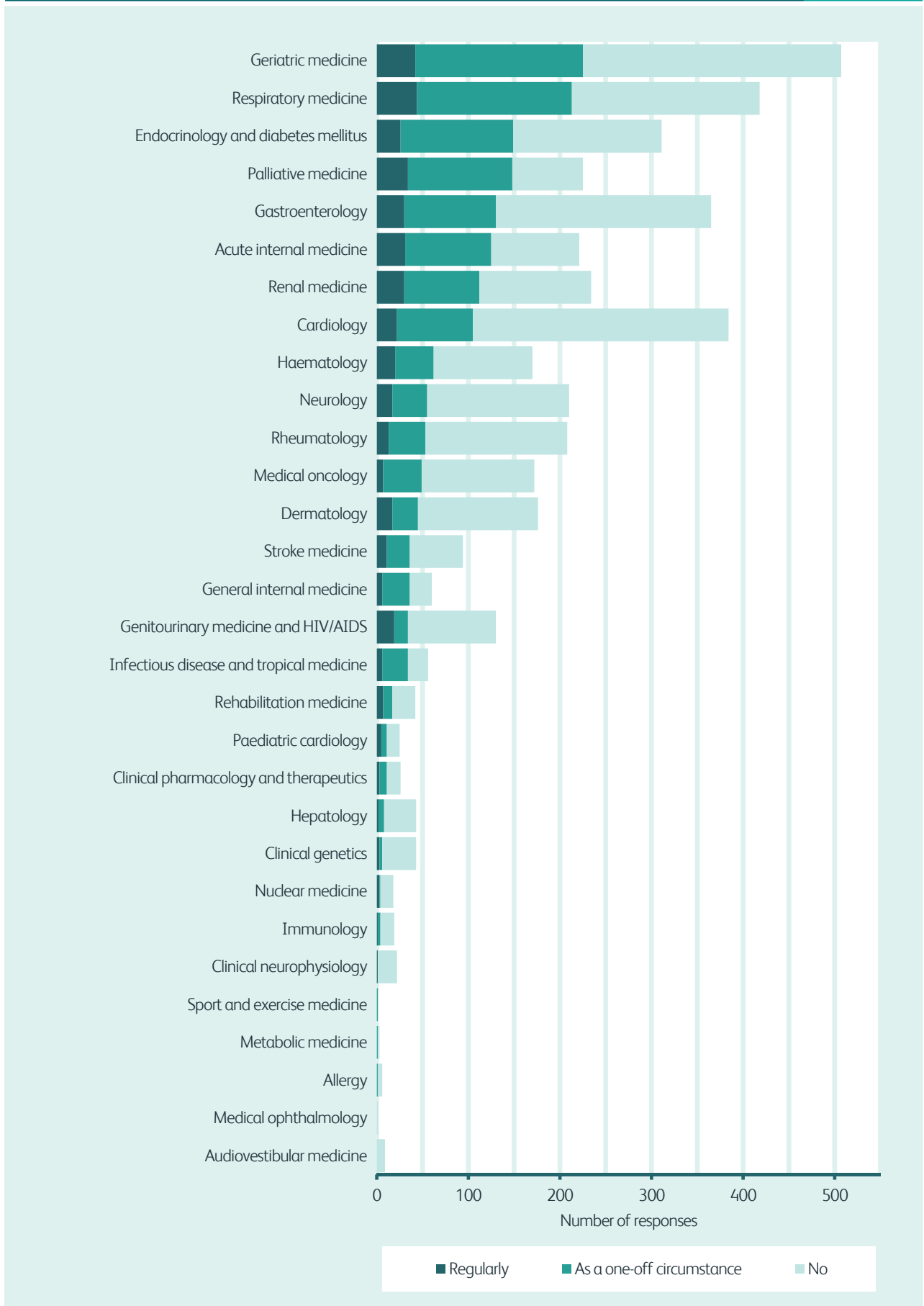
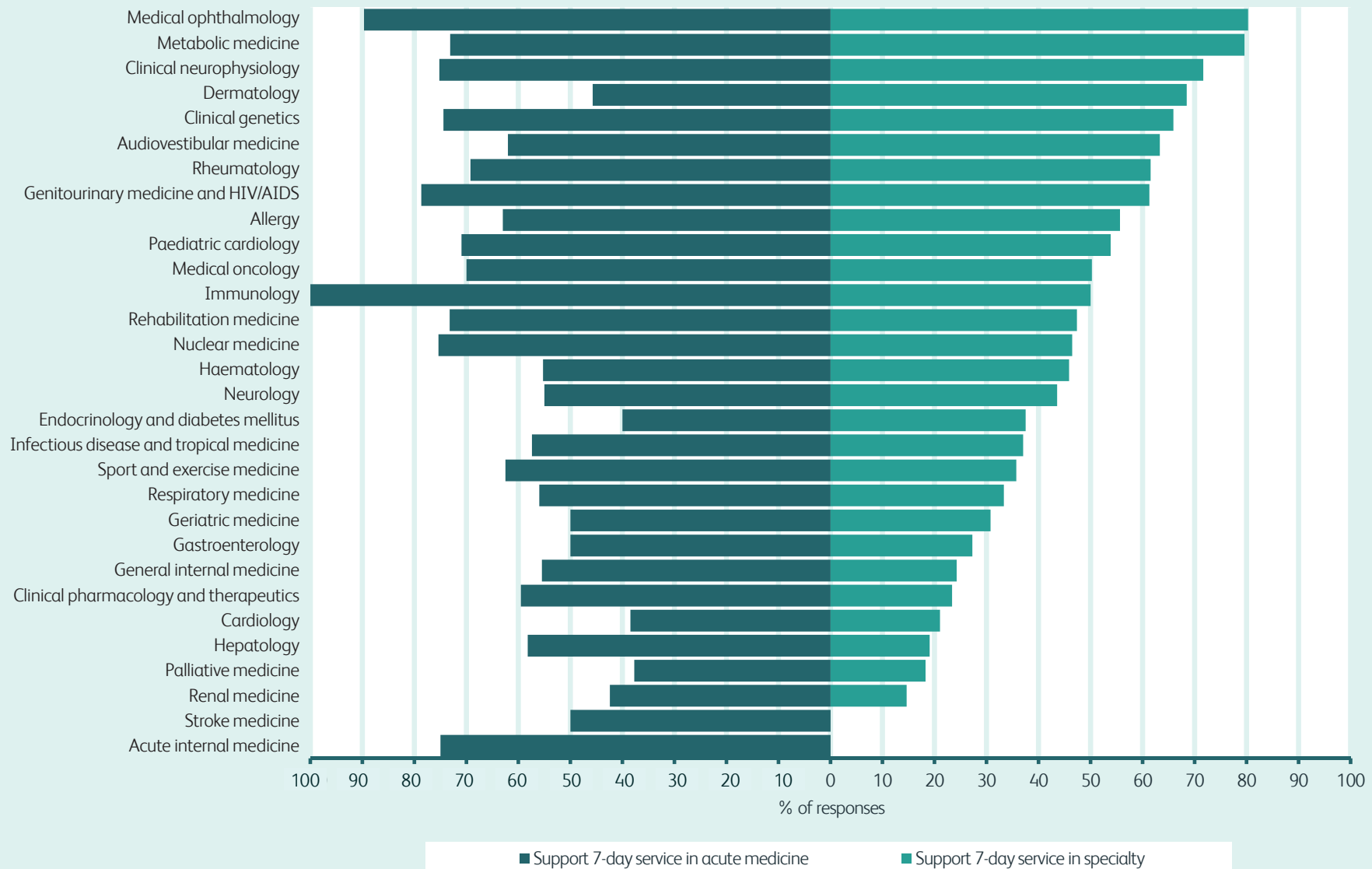


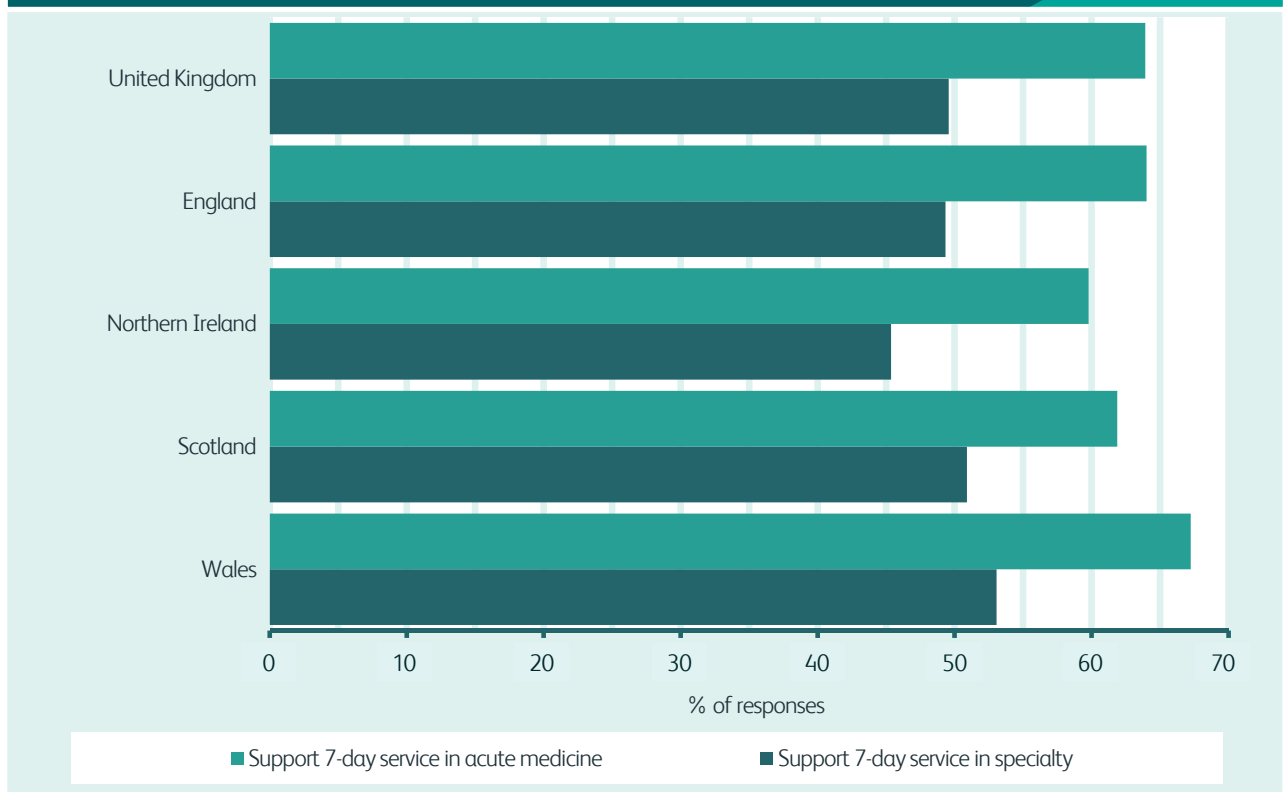


Fig 52. Support for 7-day services in main specialties and acute medicine among consultant physicians  
United Kingdom



**Fig 53. Support for 7-day services in main specialties and acute medicine among consultant physicians**

United Kingdom | By nation



**Fig 54. Consultants' preferred forms of compensation for 7-day working**

United Kingdom | Summary

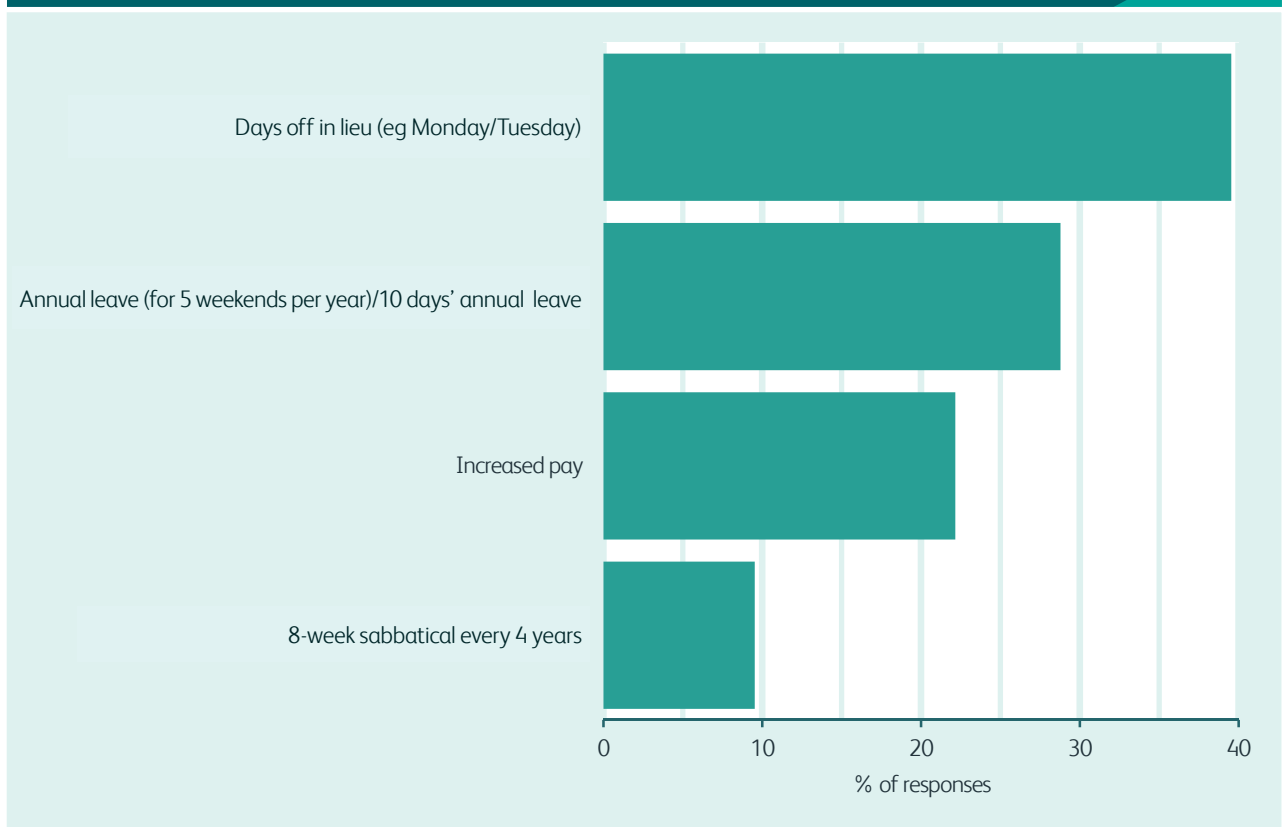


Fig 55. Consultants currently working weekends in acute internal medicine  
United Kingdom | Summary

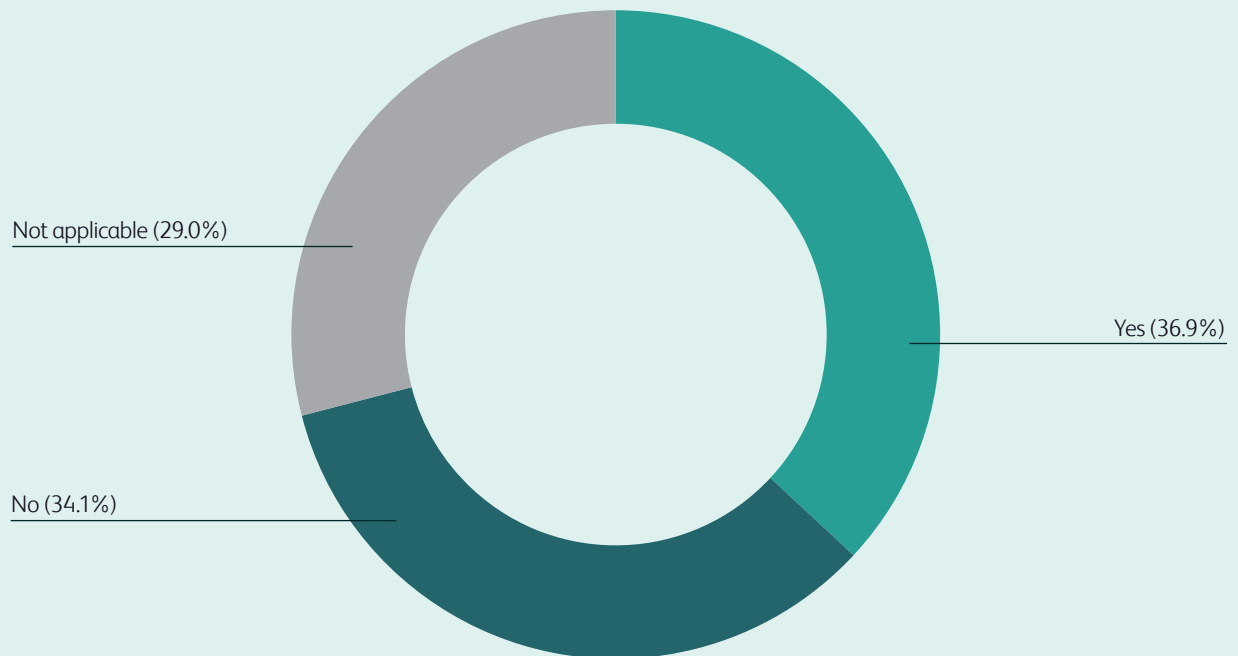
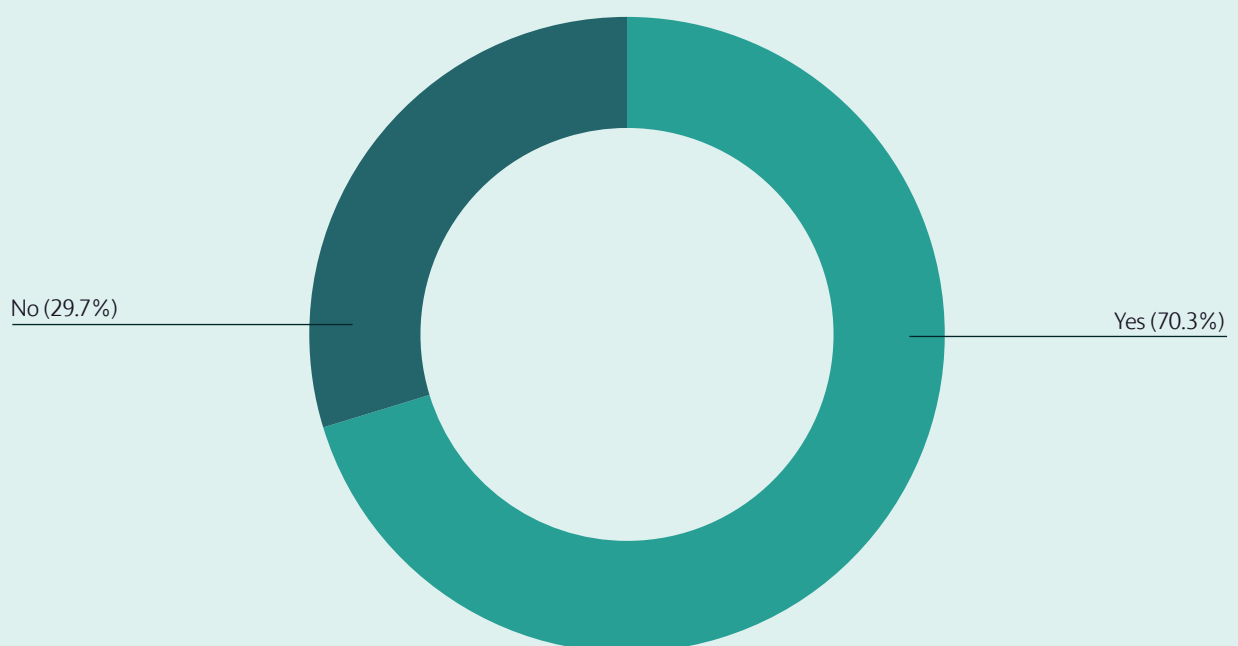
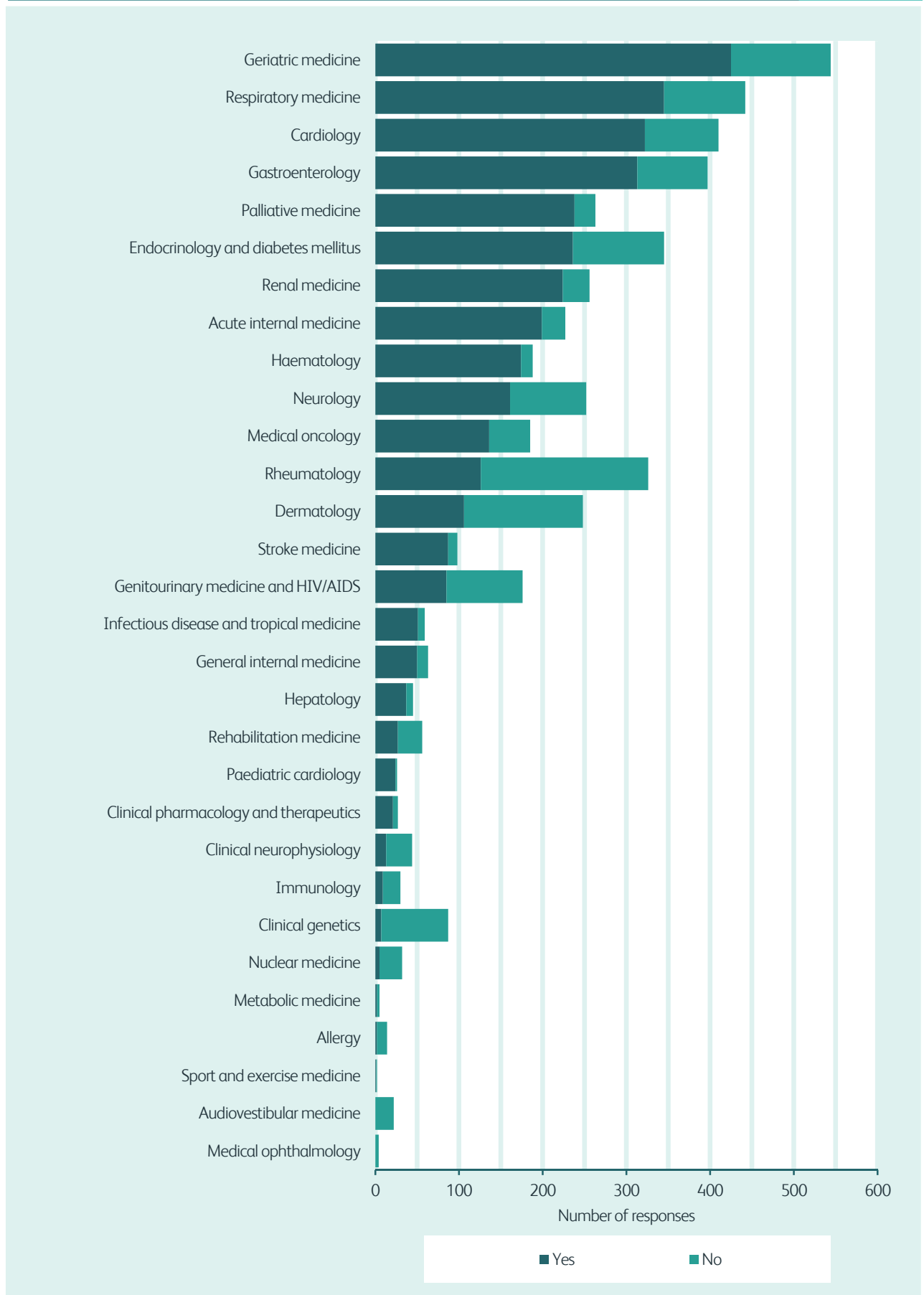


Fig 56. Consultants currently working weekends in their main specialty  
United Kingdom | Summary



**Fig 57. Consultants currently working weekends in their main specialty**  
United Kingdom | By specialty



**Fig 58. Consultants currently working weekends in acute internal medicine**  
United Kingdom | By specialty

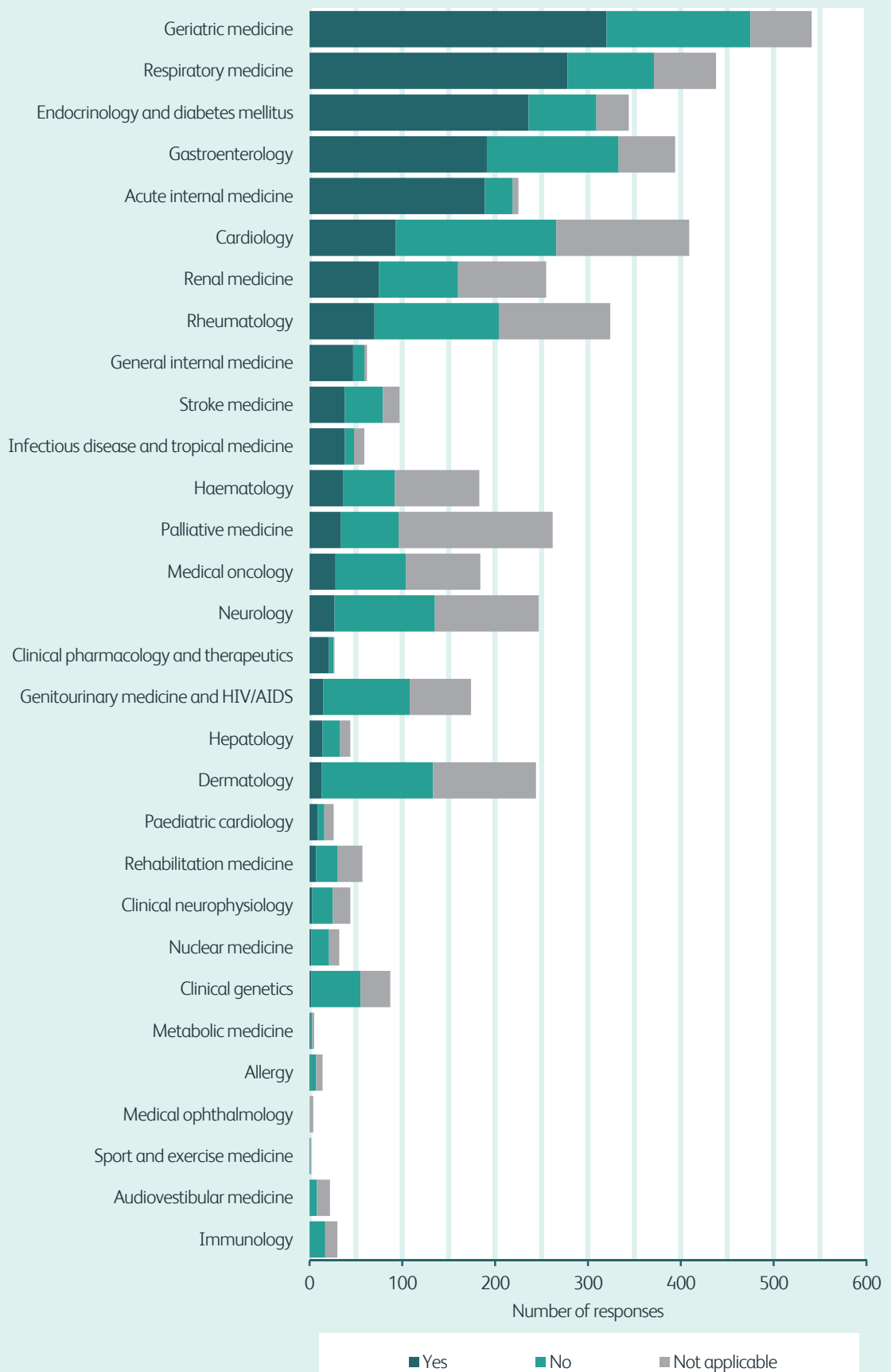
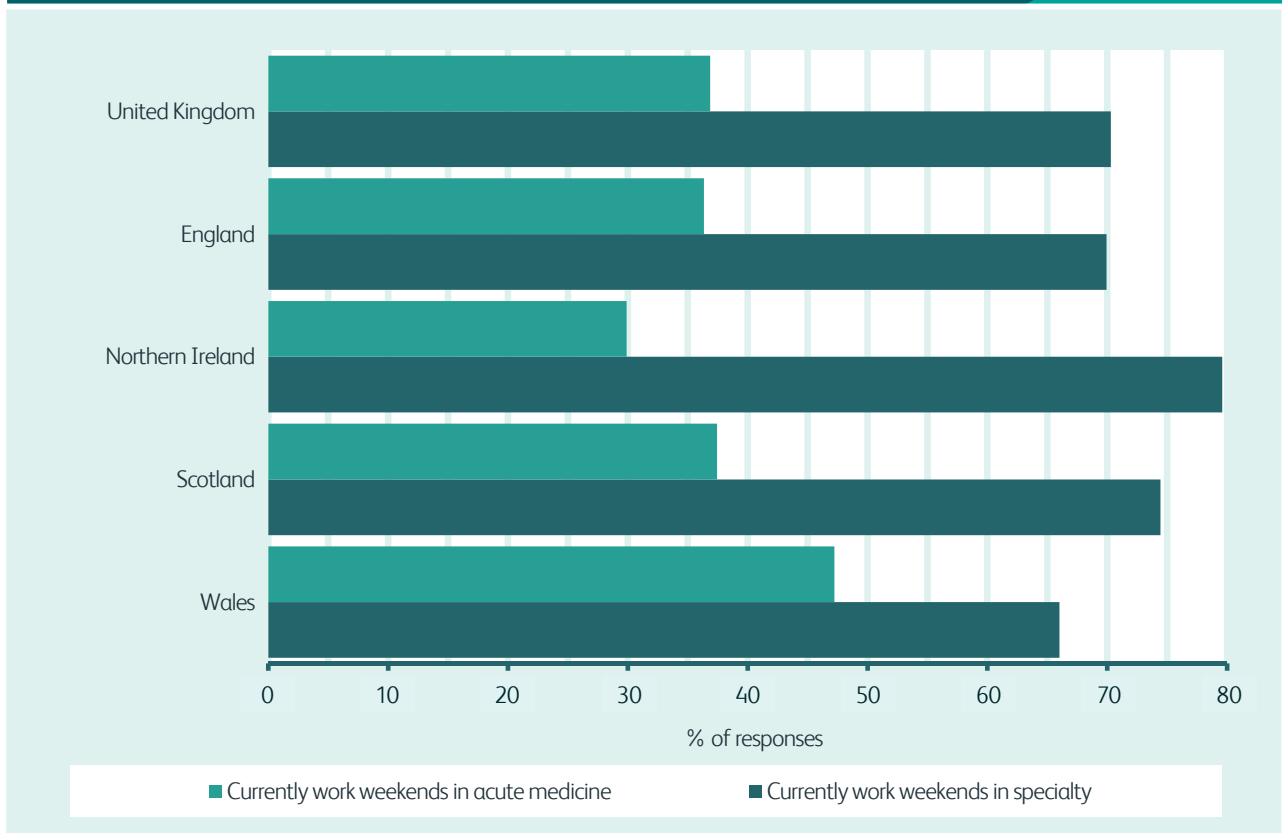


Fig 59. Consultants currently working weekends in their main specialty or acute internal medicine  
United Kingdom | By nation

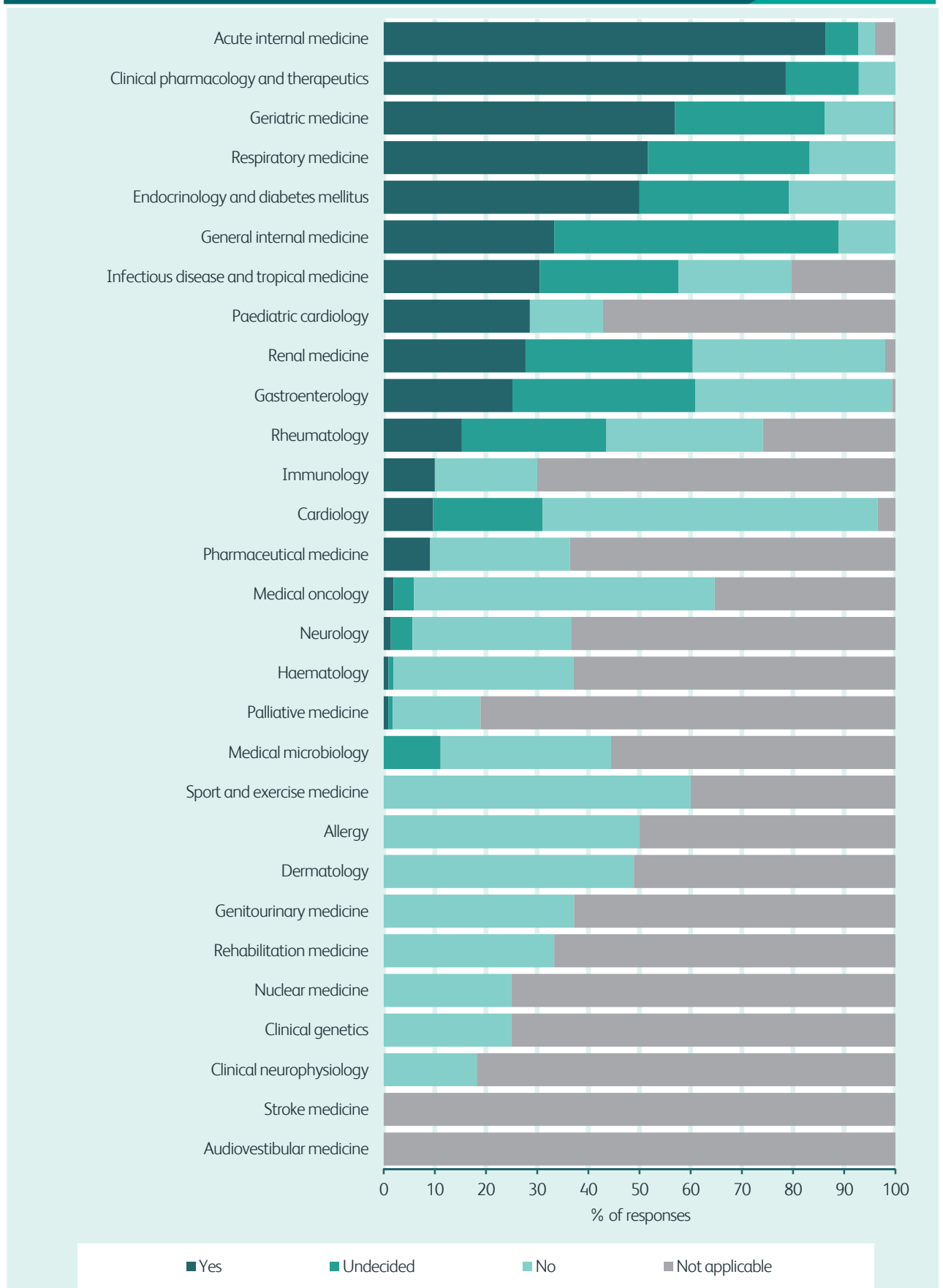


# 7 Future job prospects for higher specialty trainees



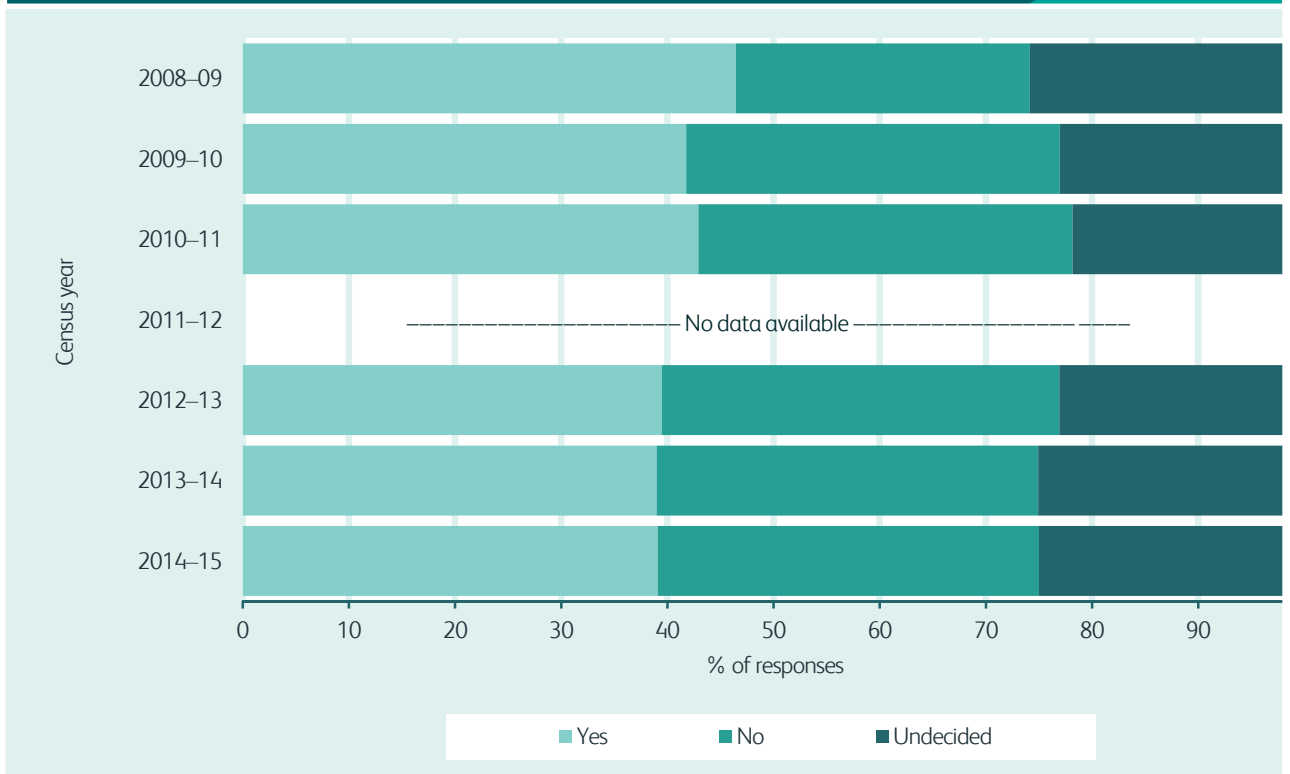
**Fig 60. Higher specialty trainees: would you wish to continue doing the acute medical take when you obtain your consultant post?**

United Kingdom | By specialty

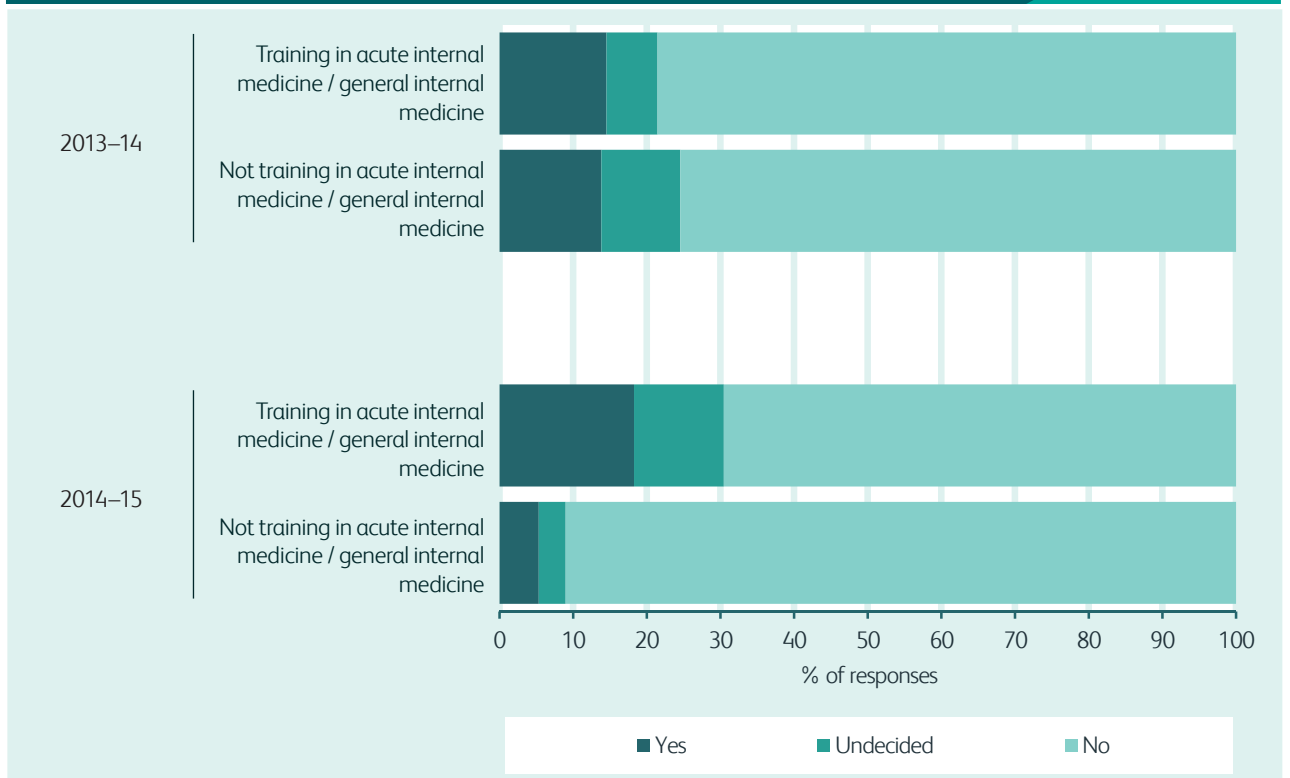




**Fig 61. Higher specialty trainees: would you wish to continue doing the acute medical take when you obtain your consultant post?**  
United Kingdom | 2008–15



**Fig 62. Higher specialty trainees: would you consider an acute consultant post rather than one in your specialty?**  
United Kingdom | HSTs training in acute medicine vs not training in acute medicine | 2013–15



**Table 3. Factors affecting higher specialty trainees' job applications**

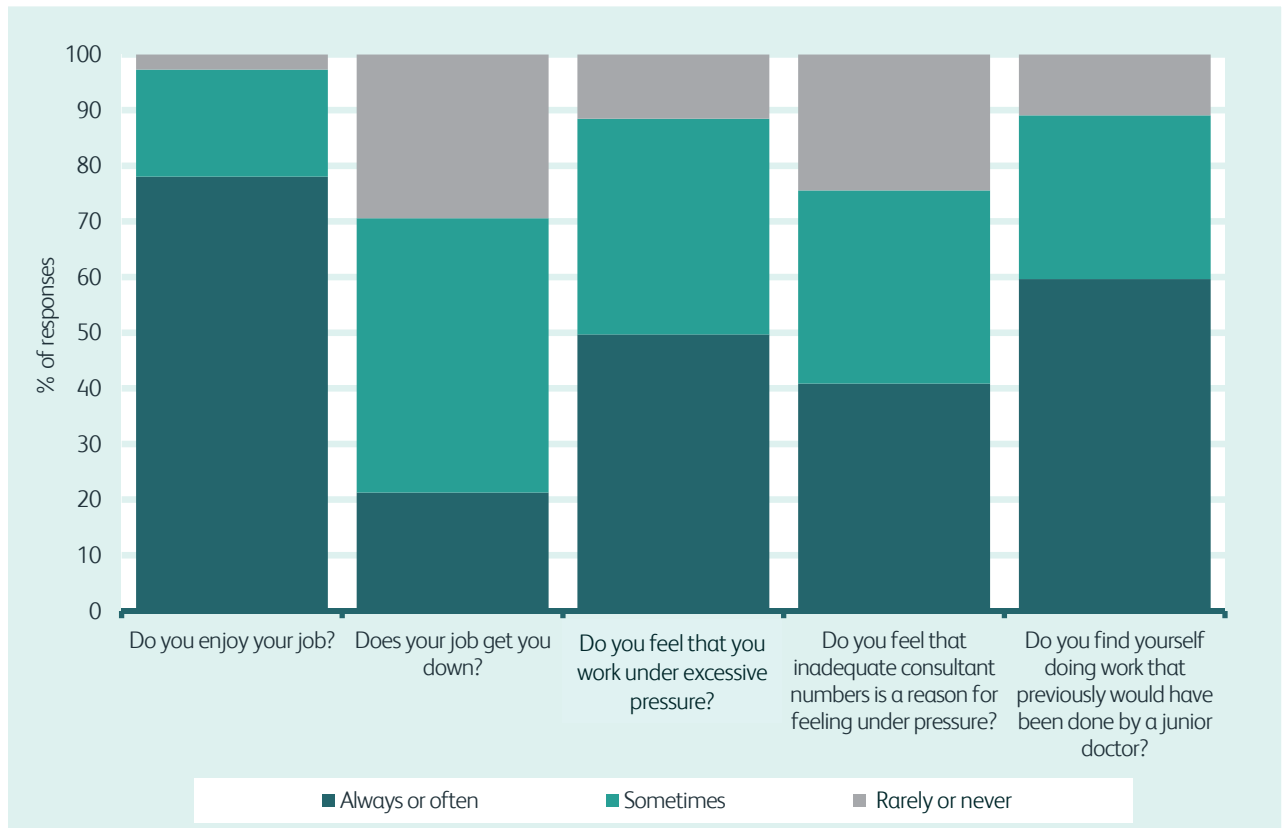
United Kingdom | Ranked in order of preference, with 1 being the most important and 6 the least important

Specialty	Geography	High proportion of specialty in job plan	Ability to work part time	Inclusion of GIM in job plan	Job plan includes 7-day / on-call work	Job plan includes GIM unselected take
Acute internal medicine	1	2	5	4	6	3
Allergy	2	1	3	4	5	6
Audiovestibular medicine	1	2	3	4	6	5
Cardiology	1	2	4	5	3	6
Clinical genetics	1	2	3	5	4	6
Clinical neurophysiology	1	2	3	5	4	6
Clinical pharmacology and therapeutics	1	2	5	3	6	4
Dermatology	1	2	3	5	4	6
Endocrinology and diabetes mellitus	1	2	3	4	6	5
Gastroenterology	1	2	5	4	3	6
General internal medicine	1	2	5	3	6	4
Genitourinary medicine	1	2	3	5	4	6
Geriatric medicine	1	2	4	3	6	5
Haematology	1	2	3	5	4	6
Immunology	1	2	6	5	3	4
Infectious disease and tropical medicine	1	2	3	5	4	6
Intensive care medicine	1	2	4	6	5	3
Medical microbiology	1	2	3	5	4	6
Medical oncology	1	2	3	5	4	6
Neurology	1	2	3	5	4	6
Nuclear medicine	2	1	4	5	3	6
Paediatric cardiology	2	1	5	4	3	6
Palliative medicine	1	2	3	5	4	6
Pharmaceutical medicine	1	2	3	4	6	5
Rehabilitation medicine	1	2	3	5	4	6
Renal medicine	1	2	3	4	5	6
Respiratory medicine	1	2	4	3	6	5
Rheumatology	1	2	3	4	6	5
Sport and exercise medicine	1	2	No data	No data	No data	No data
Stroke medicine	1	2	4	6	3	5
<b>Summary</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>

# 8 Job satisfaction and retirement intentions



**Fig 63. Consultant job satisfaction**  
United Kingdom | Summary



**Fig 64. Consultant job satisfaction: do you enjoy your job?**  
United Kingdom | Summary

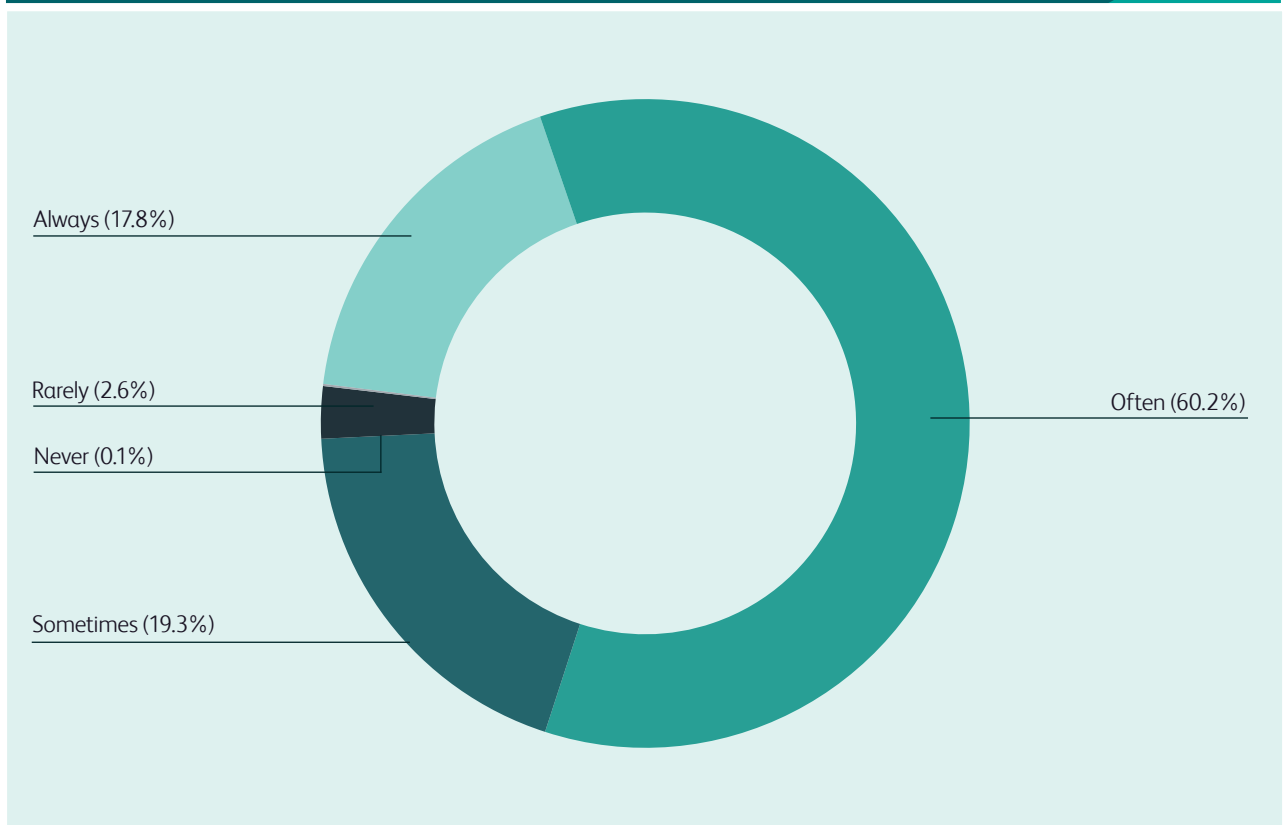


Fig 65. Consultant job satisfaction: do you enjoy your job?  
United Kingdom | By nation

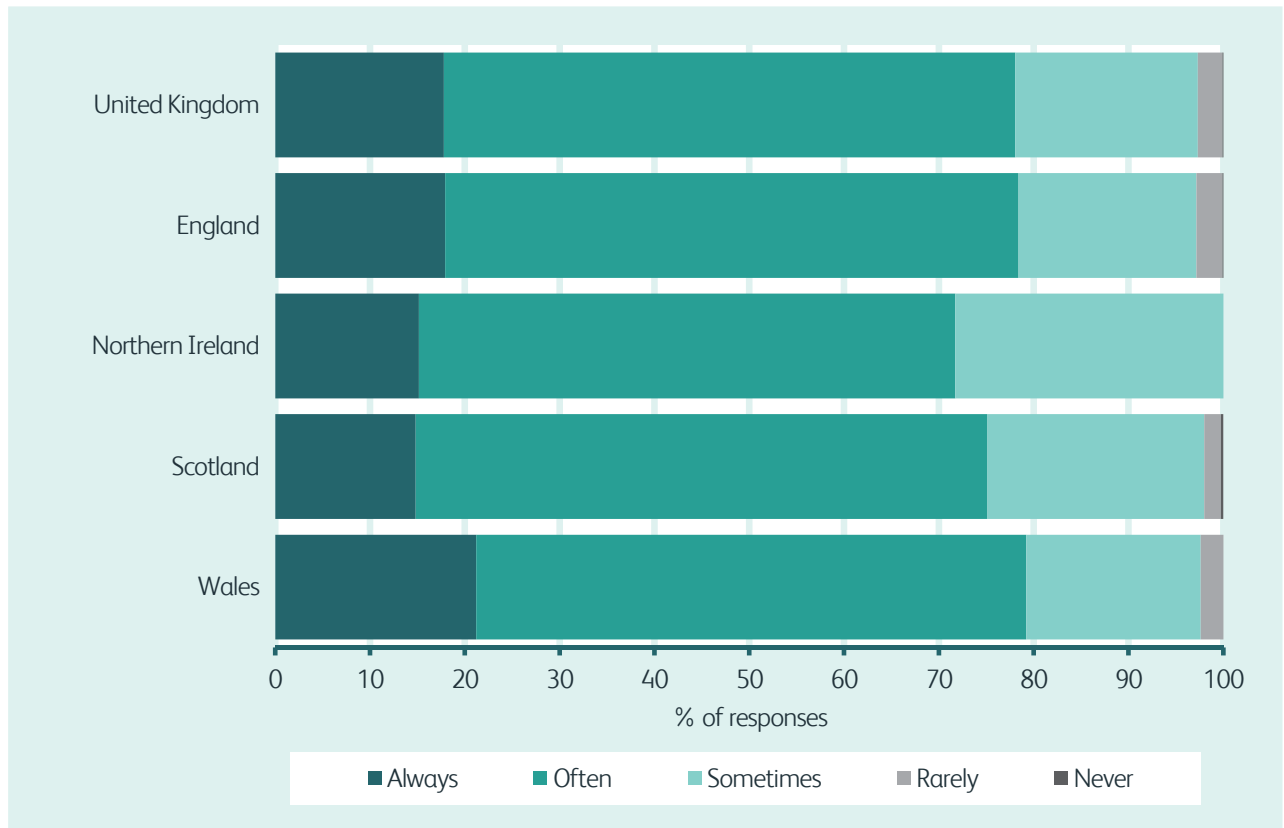
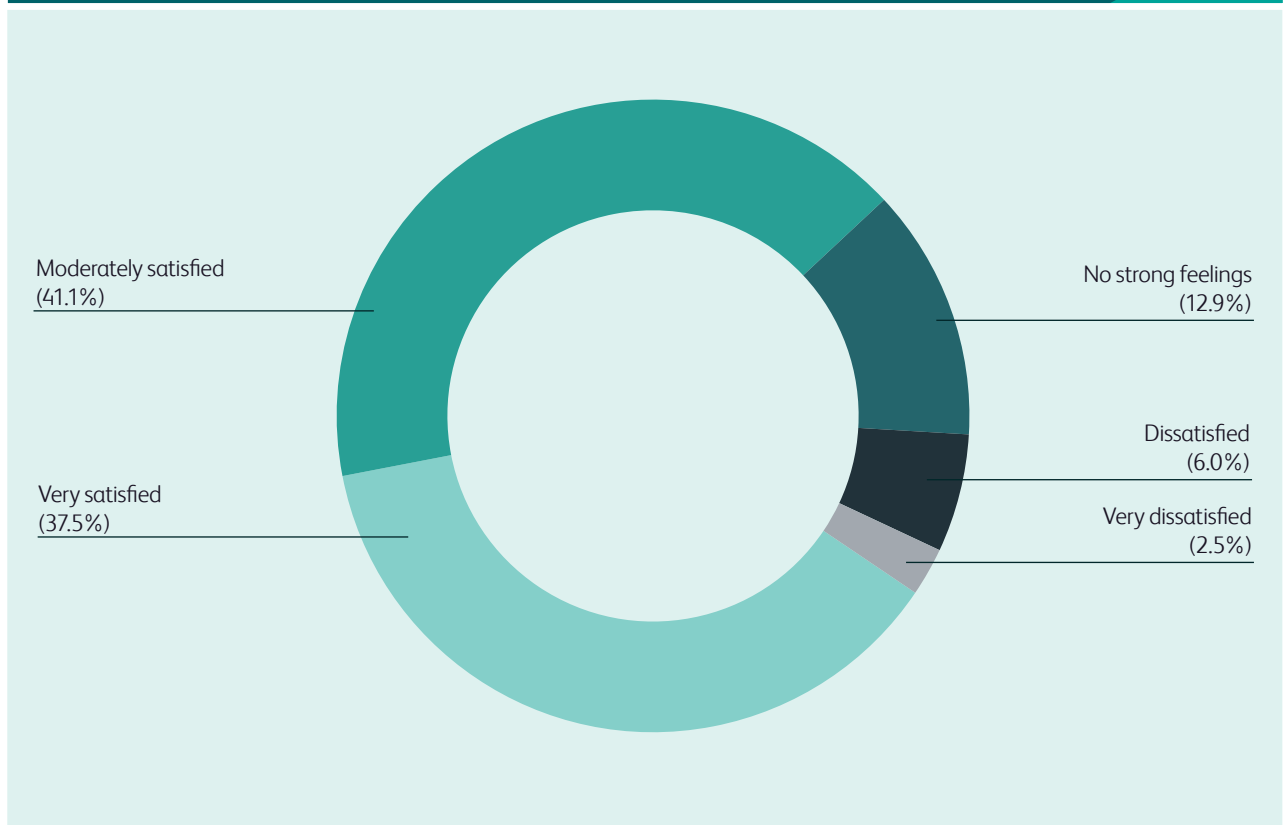
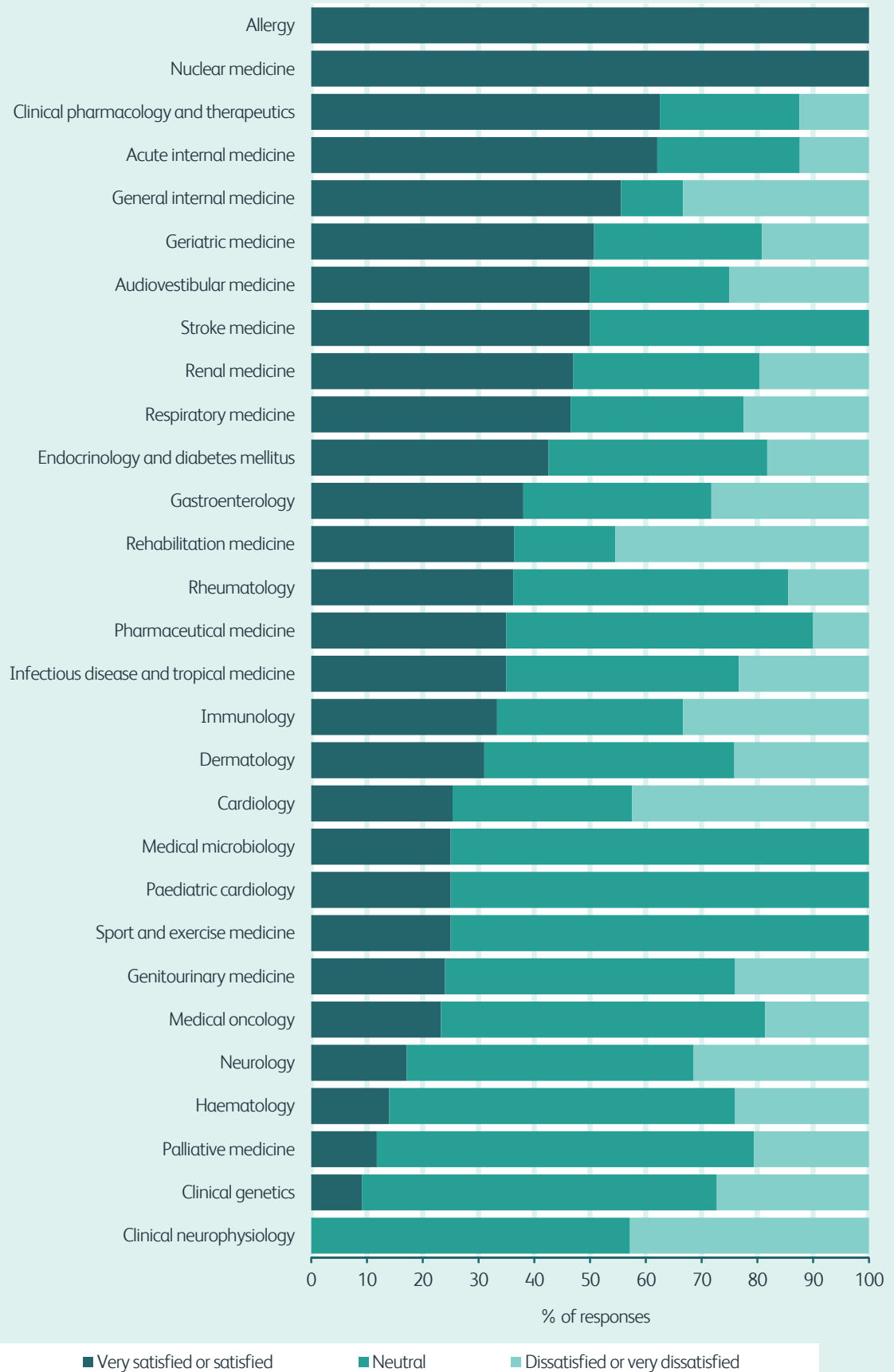


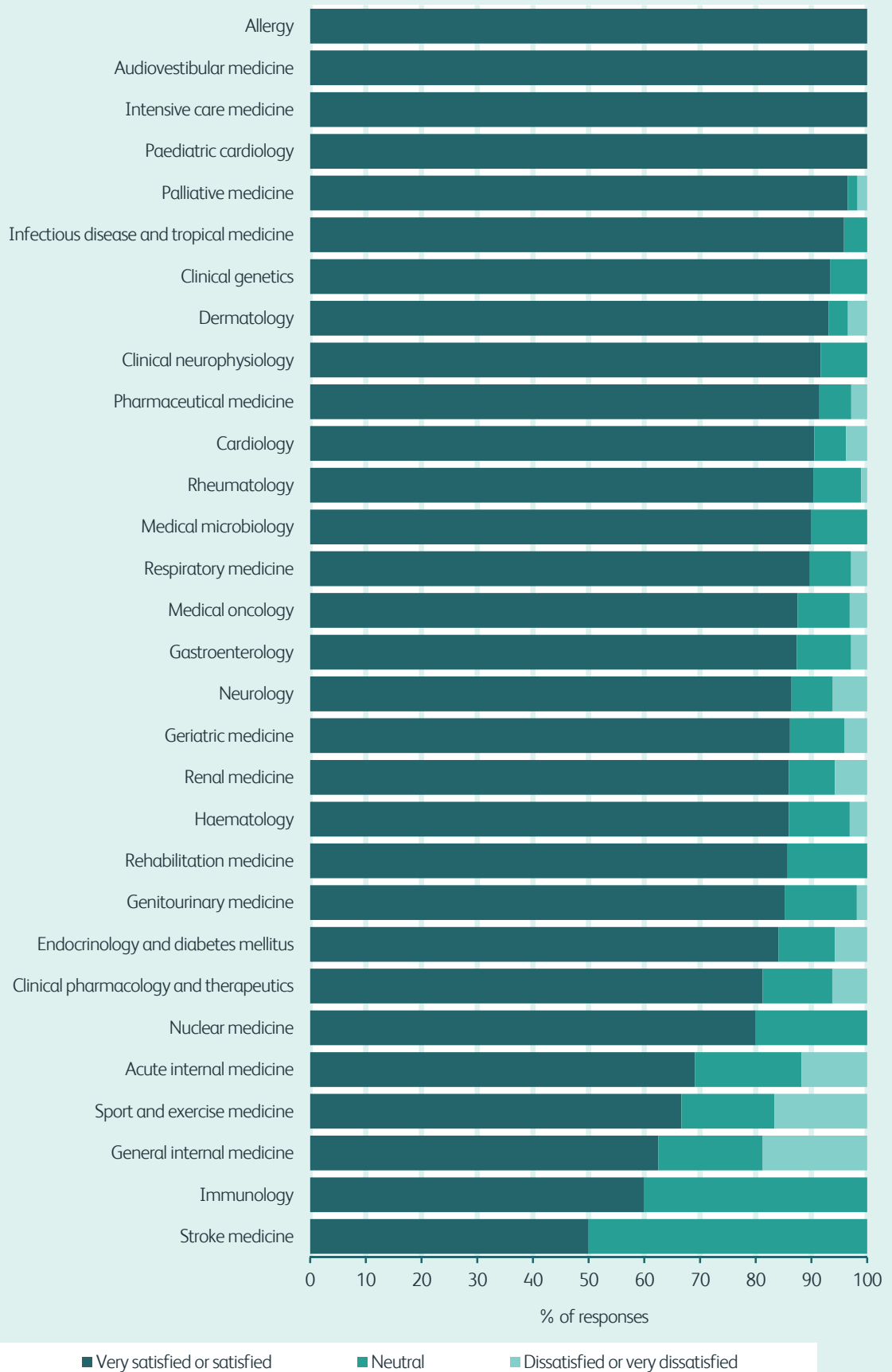
Fig 66. Higher specialty trainees' overall satisfaction with their career choice  
United Kingdom | Summary



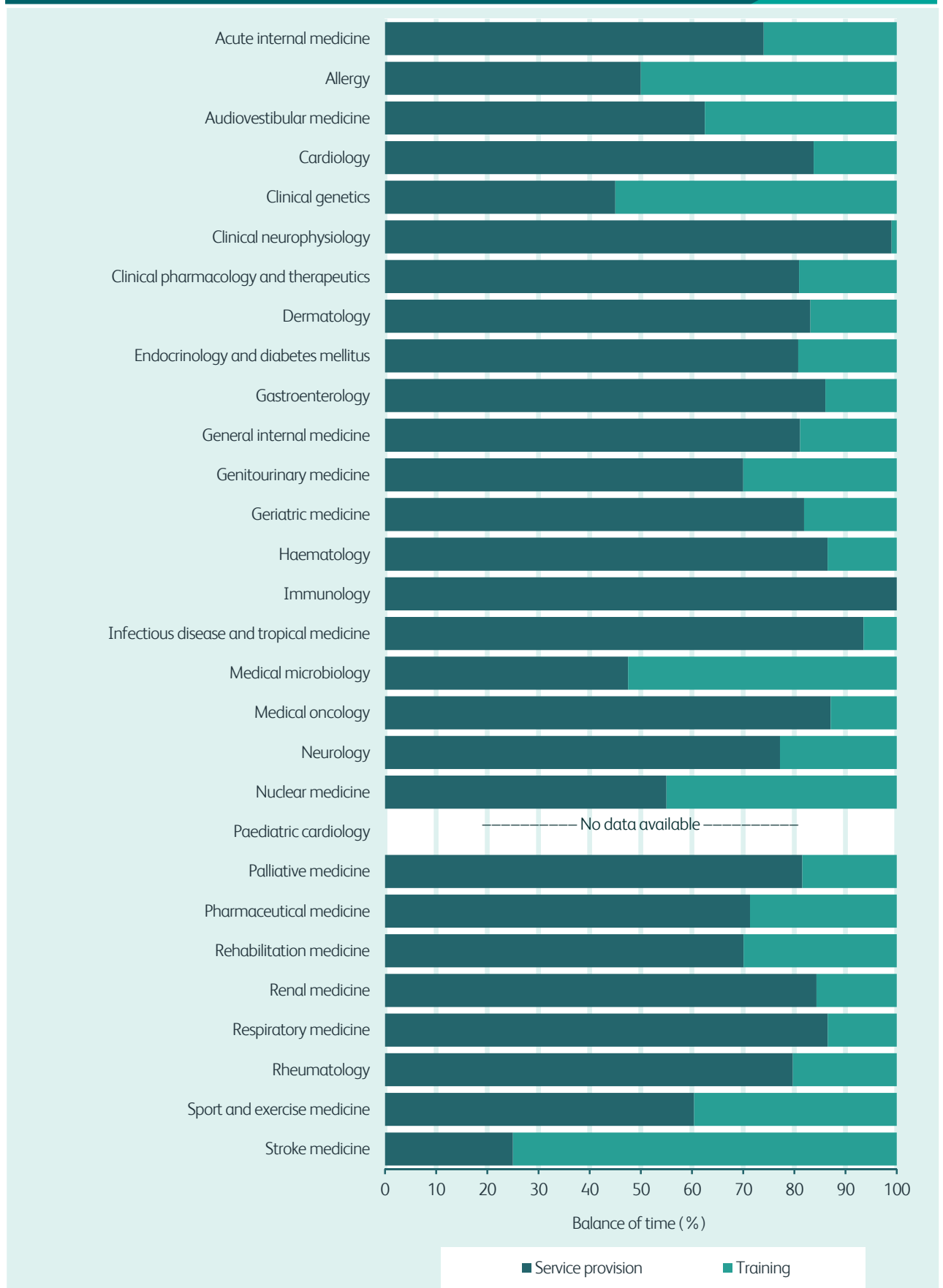
**Fig 67. Higher specialty trainees' job satisfaction with general internal medicine**  
United Kingdom | By specialty



**Fig 68. Higher specialty trainees' job satisfaction with their main specialties**  
United Kingdom | By specialty

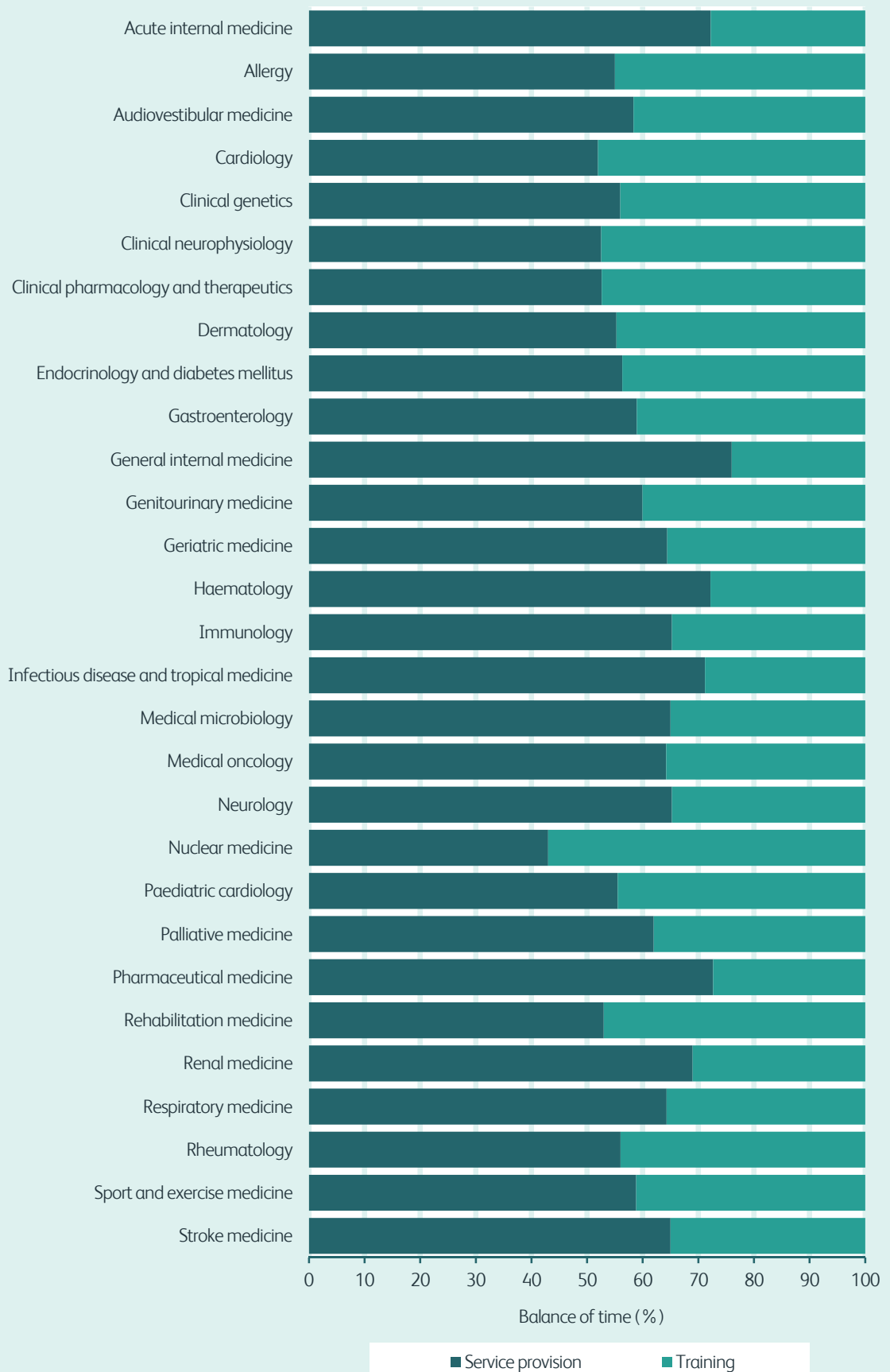


**Fig 69. Higher specialty trainees: balance of service provision and training for general internal medicine**  
United Kingdom | By specialty

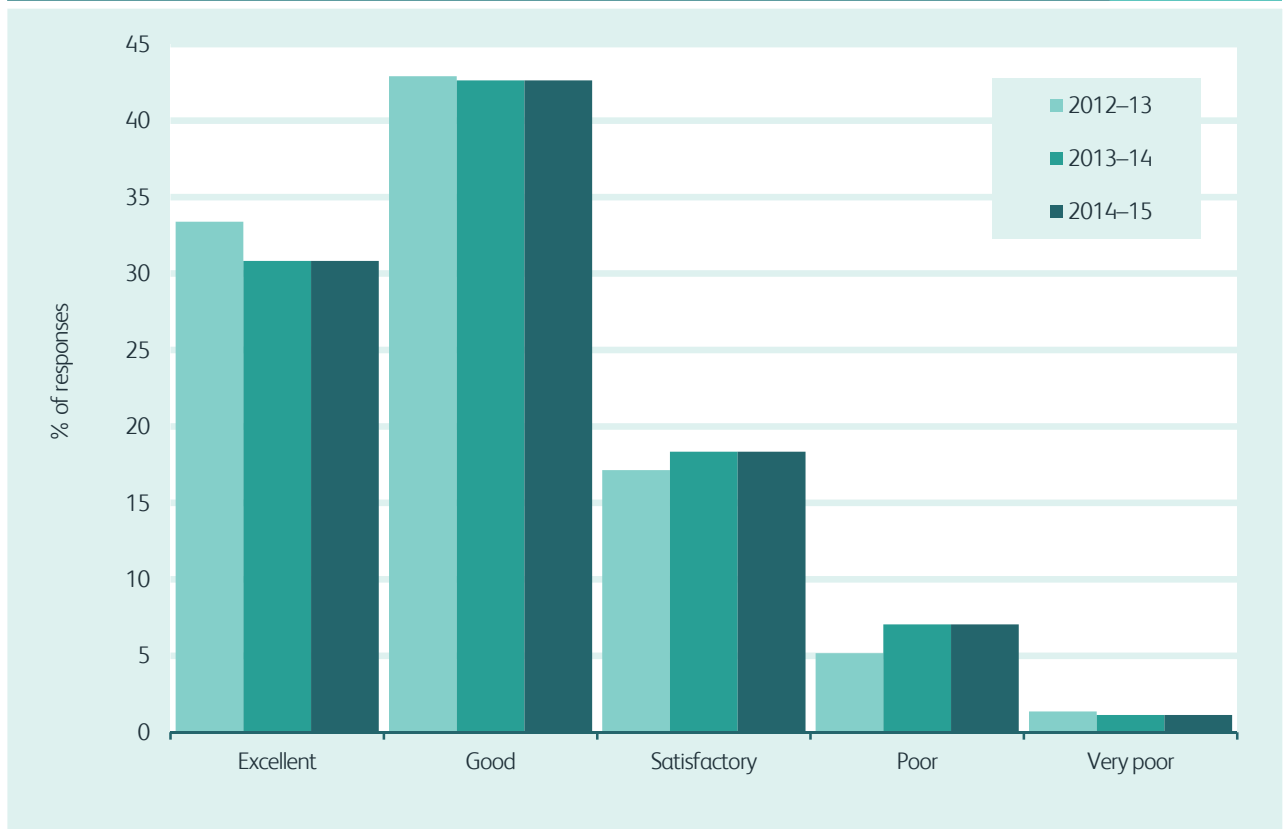




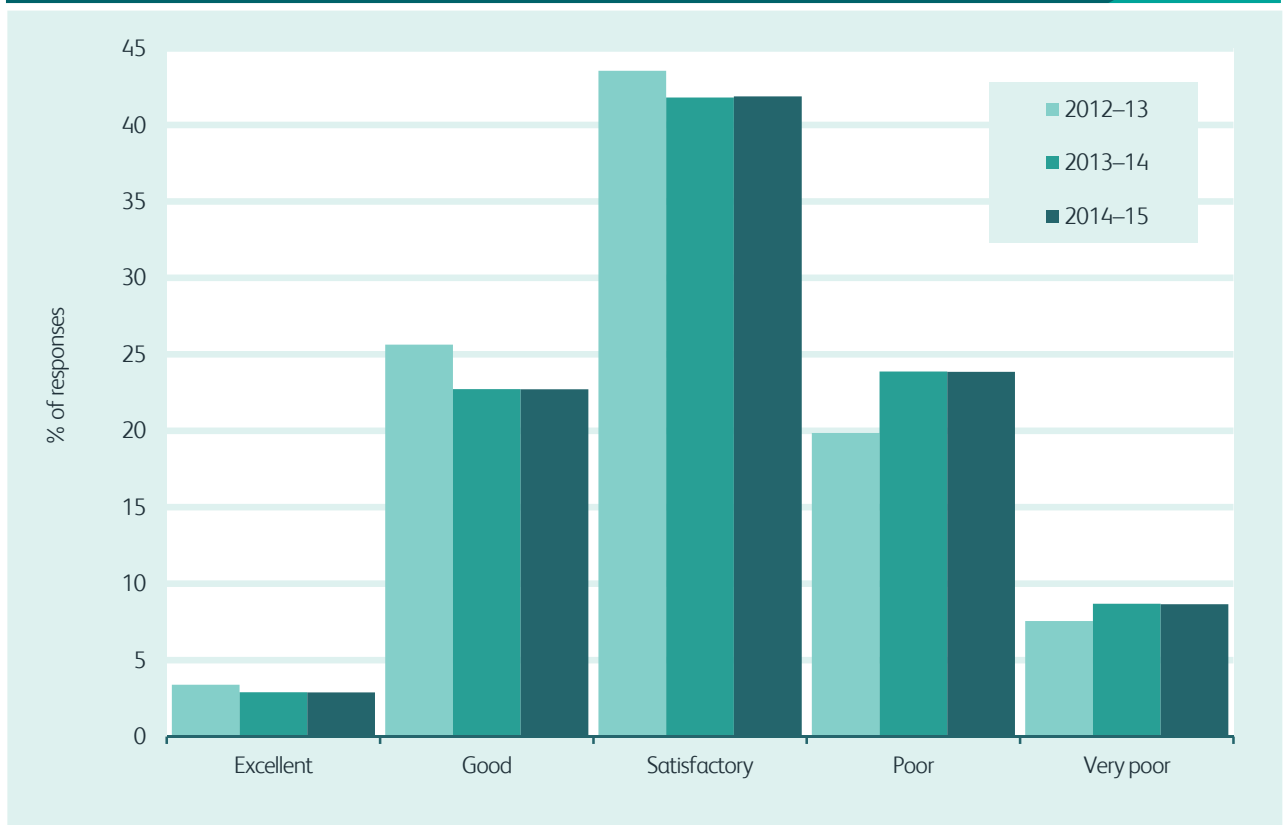
**Fig 70. Higher specialty trainees: balance of service provision and training for main specialty**  
United Kingdom | By specialty



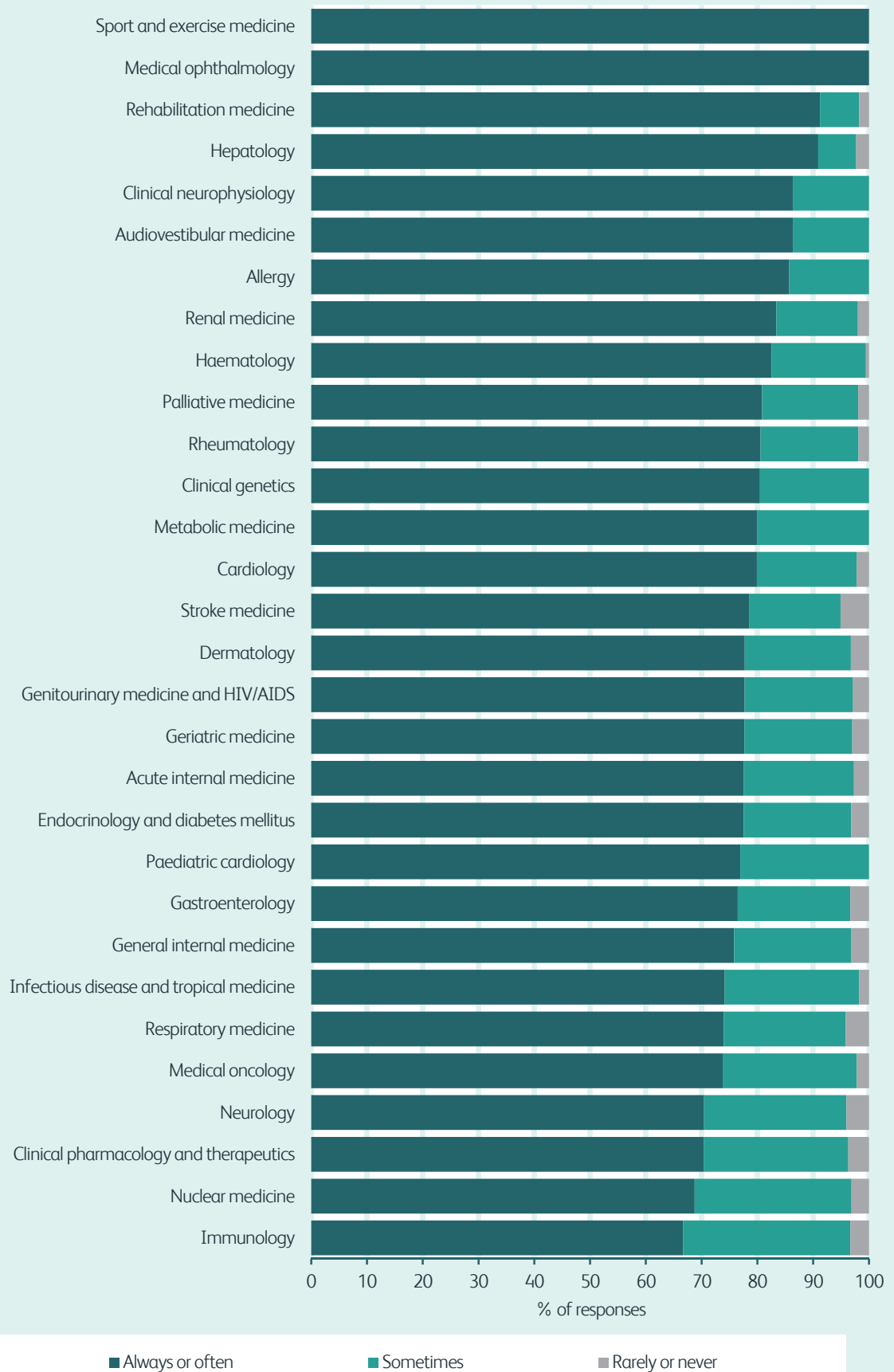
**Fig 71. Higher specialty trainees' opinions on the quality of training in their main specialty**  
United Kingdom | 2012–15



**Fig 72. Higher specialty trainees' opinions on the quality of training in general internal medicine**  
United Kingdom | 2012–15



**Fig 73. Consultant job satisfaction: do you enjoy your job?**  
United Kingdom | By specialty



**Fig 74. Consultant job satisfaction: does your job get you down?**  
United Kingdom | By specialty

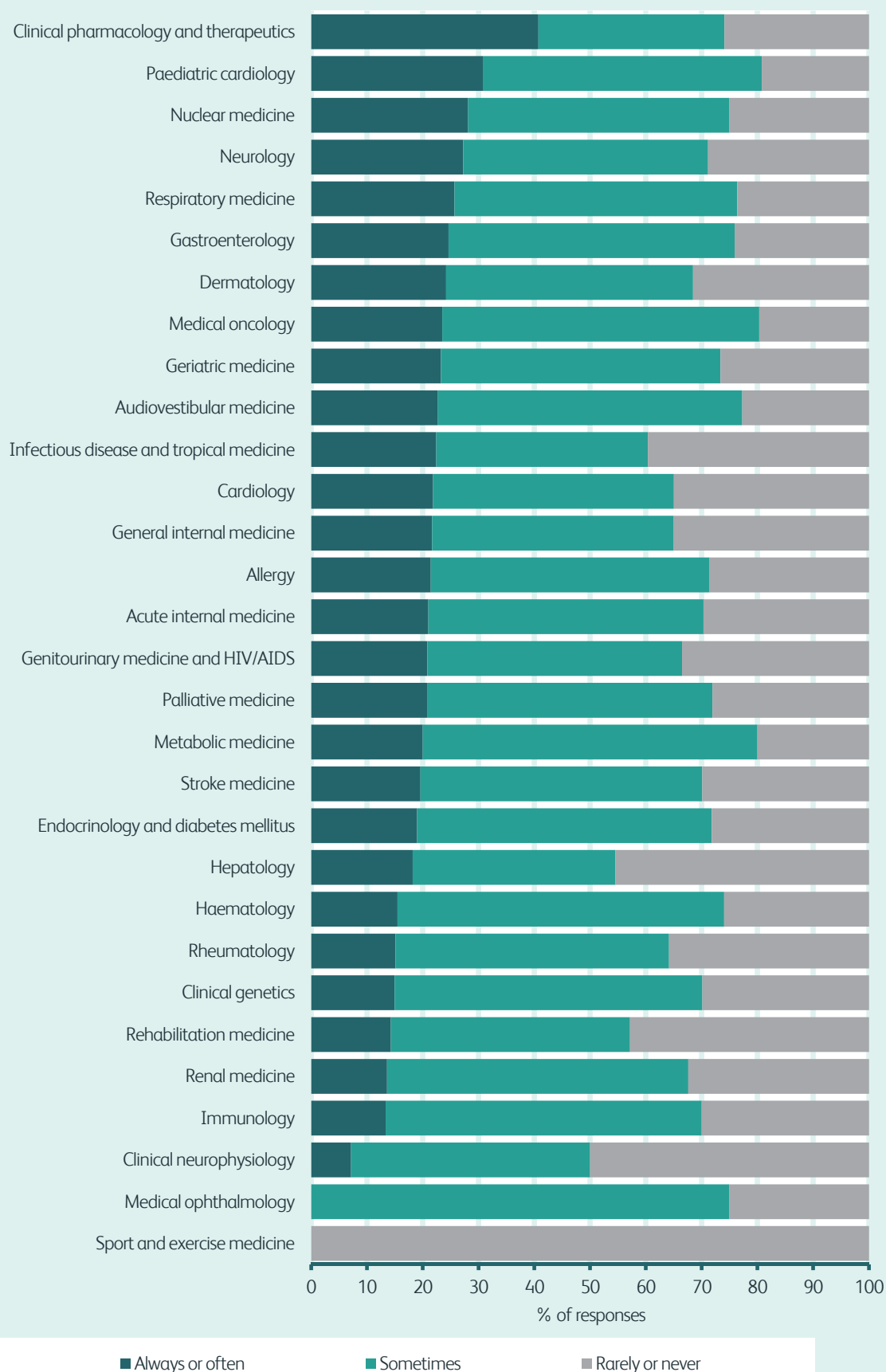
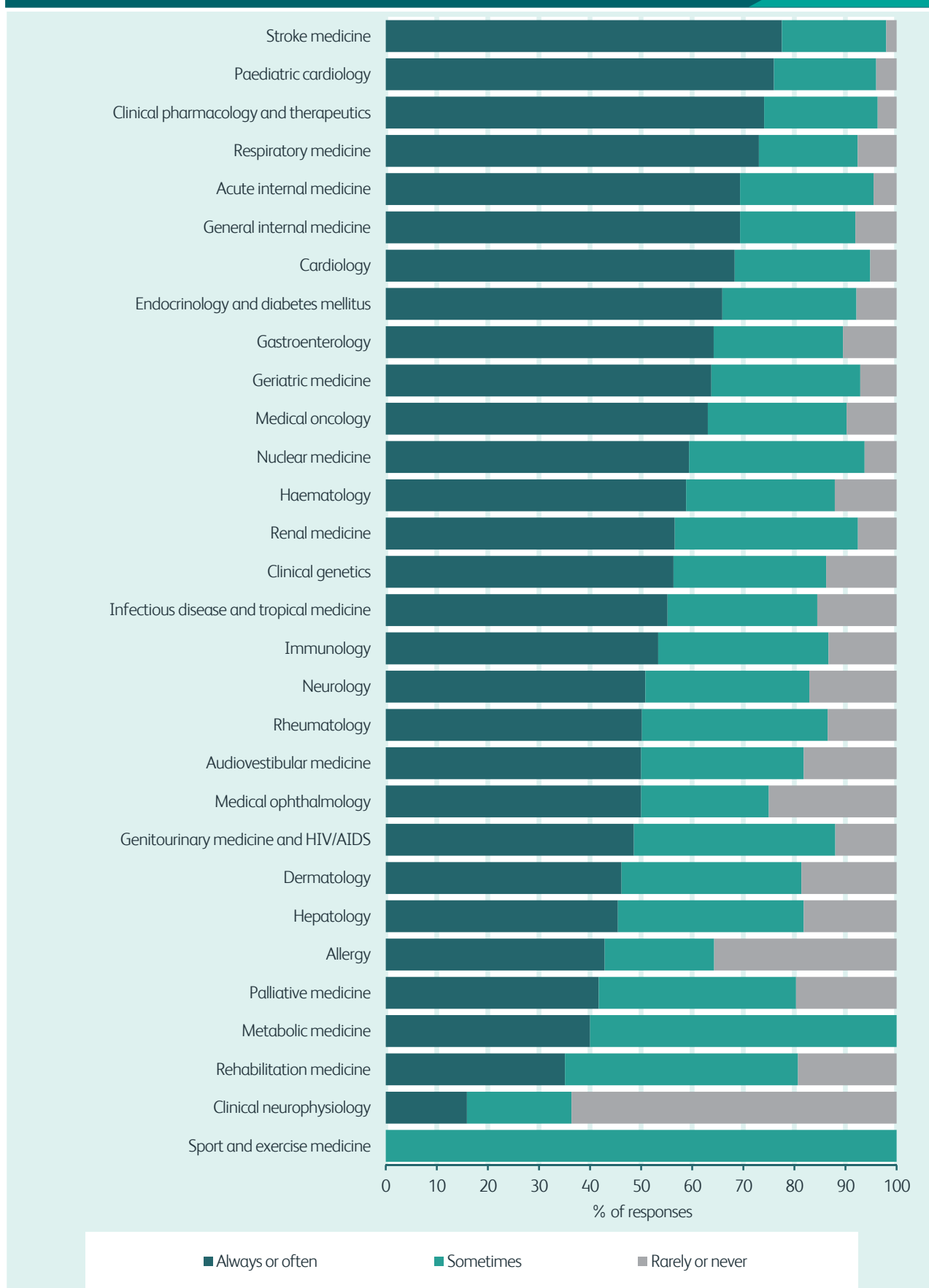
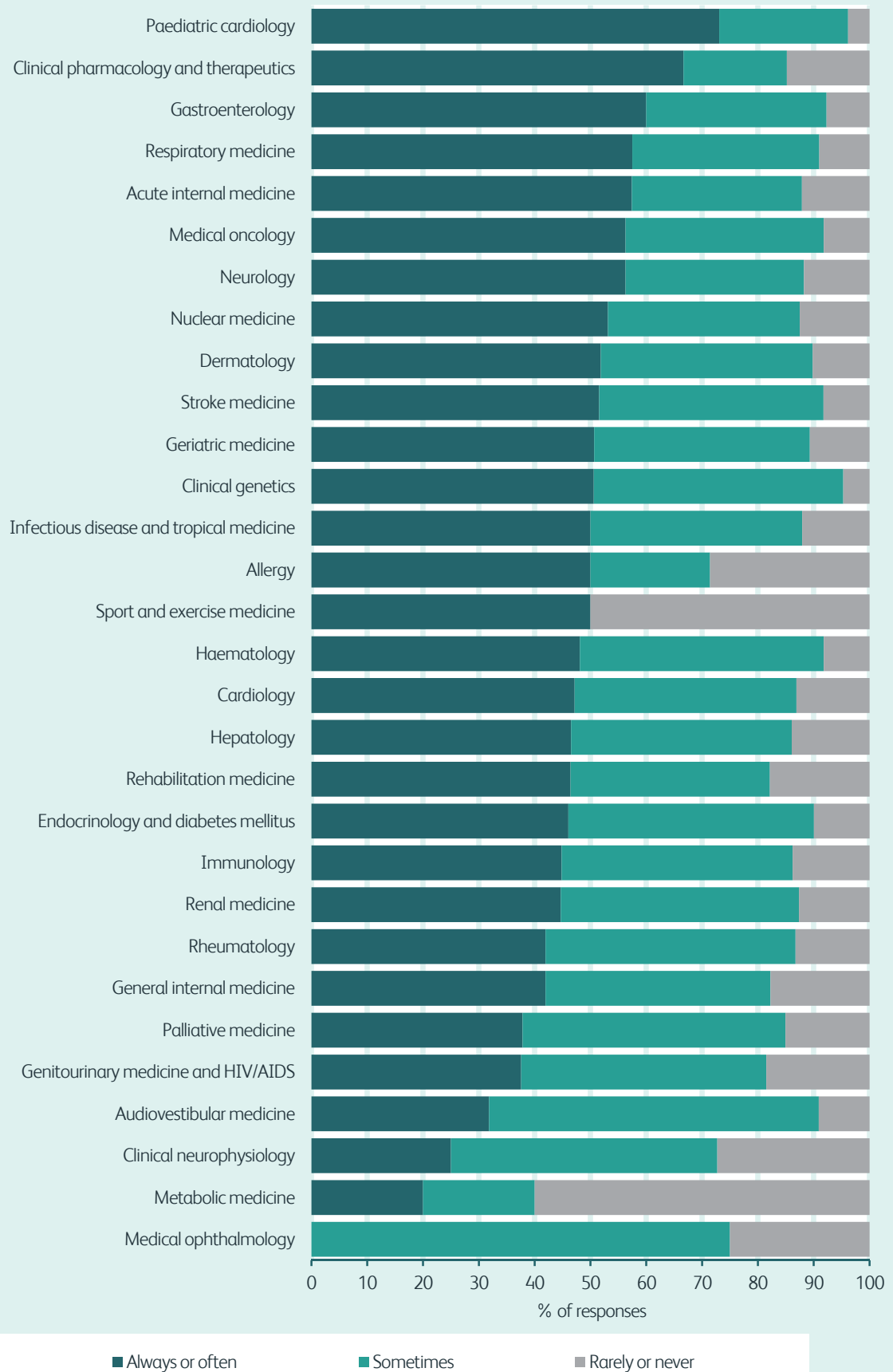


Fig 75. Consultant job satisfaction: do you find yourself doing jobs that previously would have been done by a junior doctor?

United Kingdom | By specialty



**Fig 76. Consultant job satisfaction: do you find you work under excessive pressure?**  
United Kingdom | By specialty



**Fig 77. Consultant job satisfaction: do you feel that inadequate consultant numbers is a reason for feeling under pressure?**

United Kingdom | By specialty

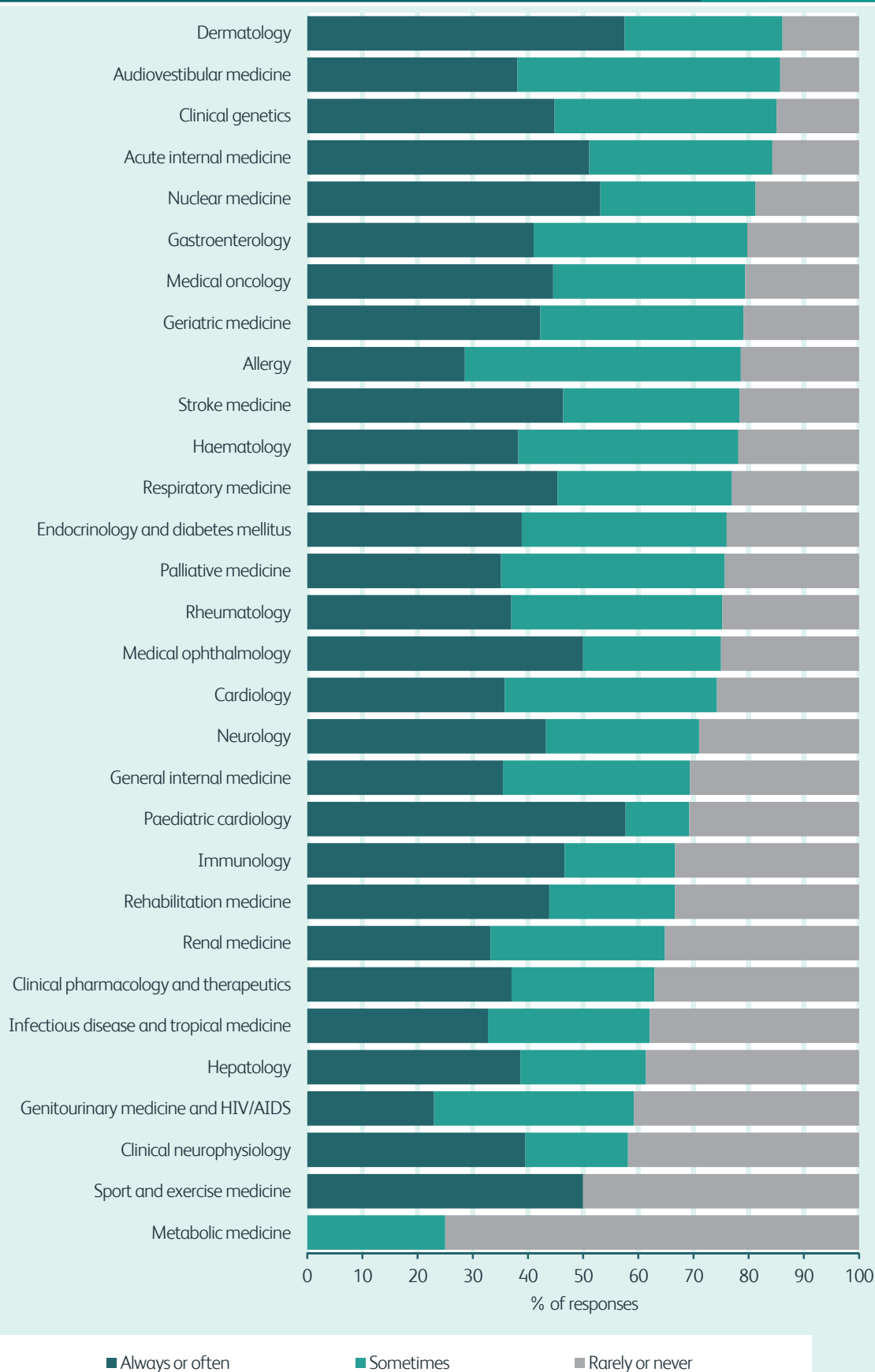
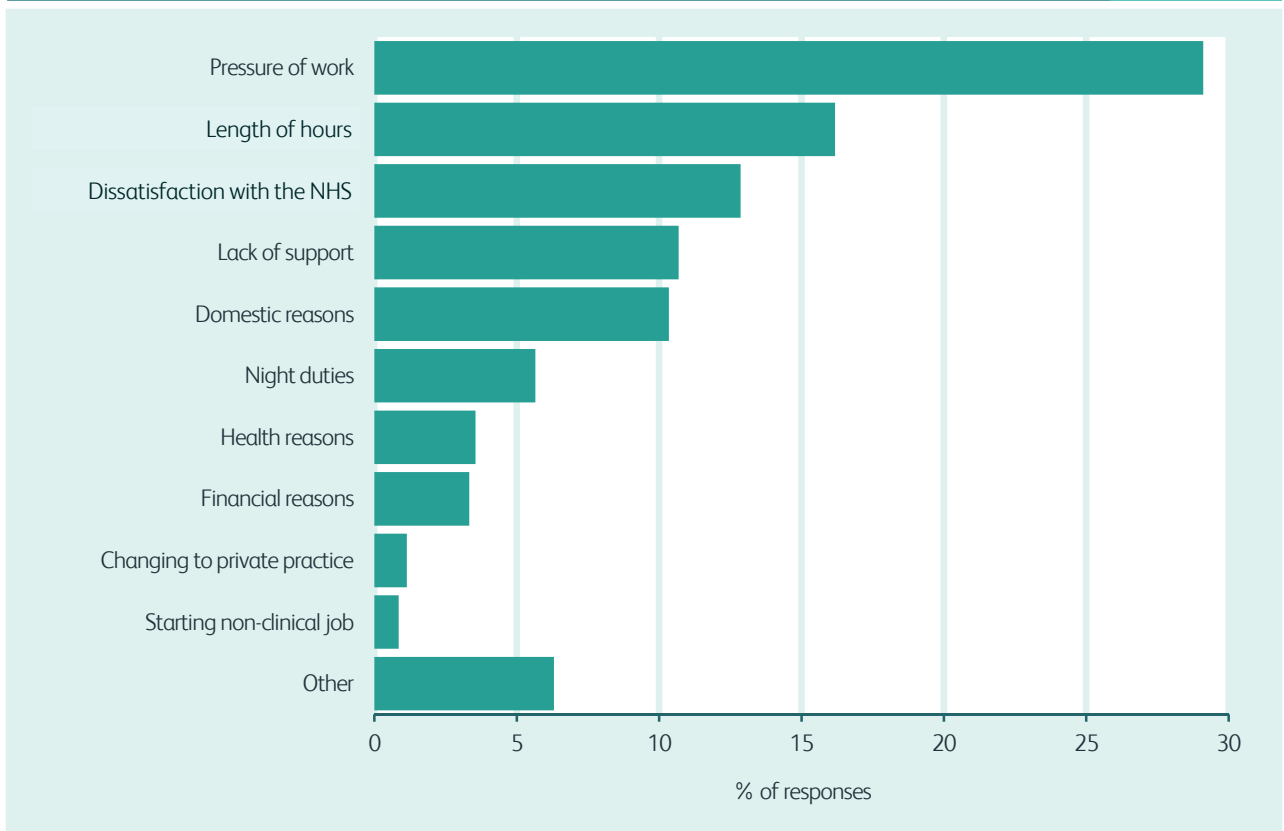


Fig 78. Consultants' reasons for intended early retirement  
United Kingdom | Summary





## Appendix: 2014–15 census forms



---

## Census forms

Below are URLs for sample versions of the census forms that were sent to consultant physicians and higher specialty trainees working in the United Kingdom during the period 2014–15.

The forms were hosted online and were sent out on 30 September 2014. Forms were available to complete until April 2015.

---

**1** Federation of the Royal Colleges of Physicians of the United Kingdom consultant census 2014–15 form

[www.rcpworkforce.com/se.ashx?s=253122AC59350228](http://www.rcpworkforce.com/se.ashx?s=253122AC59350228)

**2** Federation of the Royal Colleges of Physicians of the United Kingdom higher medical trainee workforce census 2014–15 form

[www.rcpworkforce.com/se.ashx?s=253122AC3A2C1900](http://www.rcpworkforce.com/se.ashx?s=253122AC3A2C1900)