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Life in the time of COVID-19: the 2020 UK consultant census

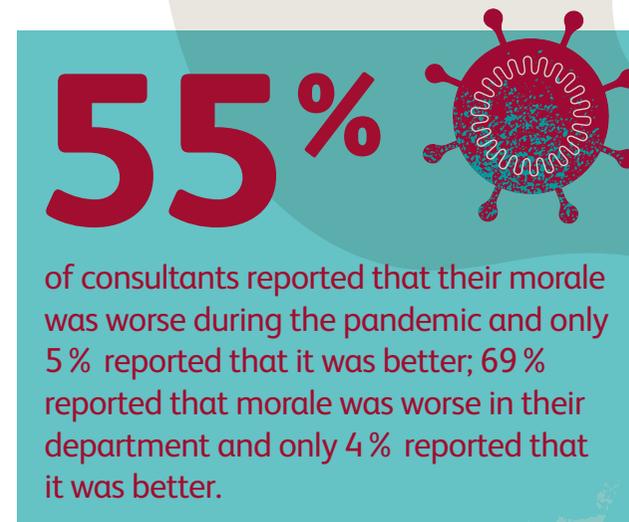
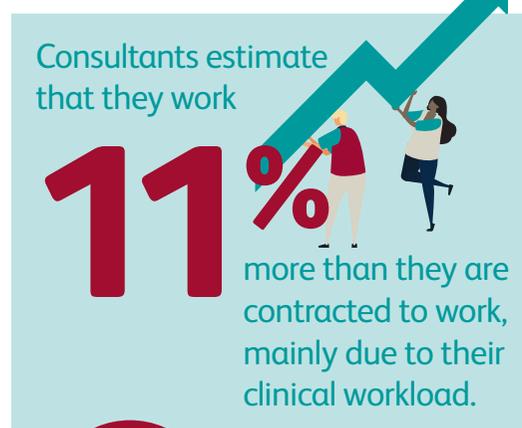
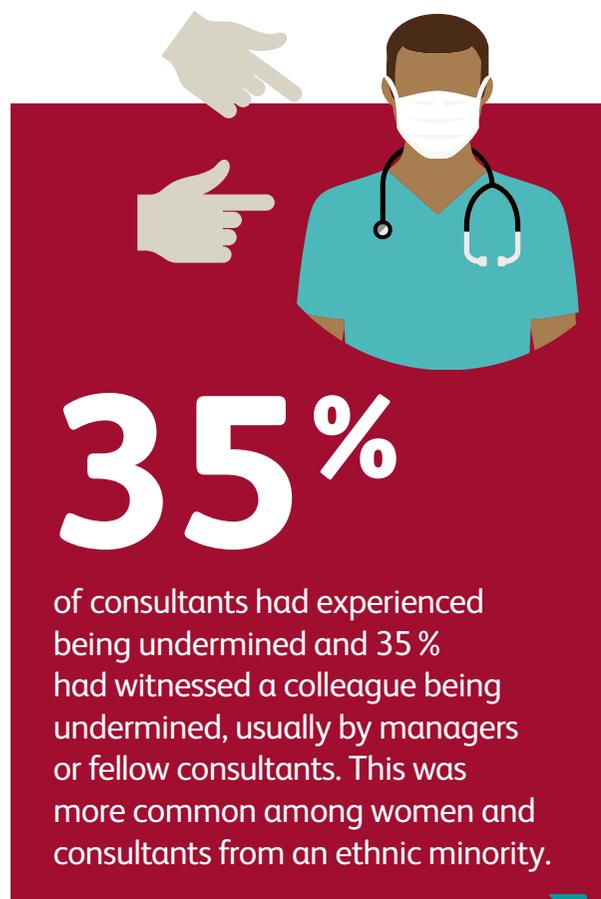
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Key findings

The COVID-19 pandemic has had a profound impact on the NHS, but the pressure on its systems and medical workforce as shown by the 2020 UK consultant census are not new.

Put simply, the number of doctors and other clinicians needed to meet patient demand continues to significantly outnumber the supply. As the NHS moves from crisis management to recovery, we must take the opportunity to address this long-term issue.



The ratio of population size to number of consultant physicians varies widely. Regions with comparatively fewer consultants have the highest rates of unfilled advertised posts and locum consultants.

The continuing pressures that physicians are under, exacerbated by the pandemic, appear to be the main factor behind the negative experiences documented by the 3,736 consultants who contributed to the census. Filling vacant consultant posts, reducing experiences of undermining, addressing excessive workloads and improving consultant experiences of general internal medicine (GIM) are crucial if we are to improve the working lives of physicians in the UK.

Next steps

We will continue to:

1



use the census data in our discussions with government about the need for accountability and transparency in workforce planning

2



work with government and our partners to double the number of medical school places, with a focus on regions with fewer doctors

3



work with the NHS in England to help develop the People Plan that supports its Long Term Plan, making the case for greater flexibility for staff of all ages and career stages

4



identify and promote ways of encouraging trainees to work in specialties and locations with the largest recruitment gaps

5



make the case for the UK to be accessible and welcoming to trainees and doctors from countries outside the UK

Consultant workforce

The Medical Workforce Unit (MWU) of the Royal College of Physicians (RCP) conducts an annual consultant census on behalf of the RCP, the Royal College of Physicians of Edinburgh (RCPE) and the Royal College of Physicians and Surgeons of Glasgow (RCPSG).

The census was sent electronically to 15,383 consultants and 3,736 (24%) responded. Removing consultants who no longer work in the UK and adding new consultant appointments gave a total of 17,219 substantive consultant physicians in the UK: 84% worked in England, 3% in Northern Ireland, 7% in Scotland and 6% in Wales.

Consultant physicians are not distributed evenly in the UK according to the background population. The mean ratio of background population to full-time equivalent (FTE) consultant was 4,245. The highest ratios of population to FTE consultant in England were in Wessex (5,945), the East of England (5,170), the East Midlands (5,073) and Yorkshire and the Humber (5,026). By far the lowest ratio in England was in London (2,968).

Consultant physicians are not distributed evenly in the UK according to the background population

The population to FTE consultant ratios were close to the national average in Wales (4,238), Northern Ireland (4,343) and Scotland (4,259). Regions with high population to FTE consultant ratios often also have the highest rates of unsuccessful consultant appointments, and interventions to address these disparities should be an important element of future workforce planning.

Trend of women in the consultant workforce



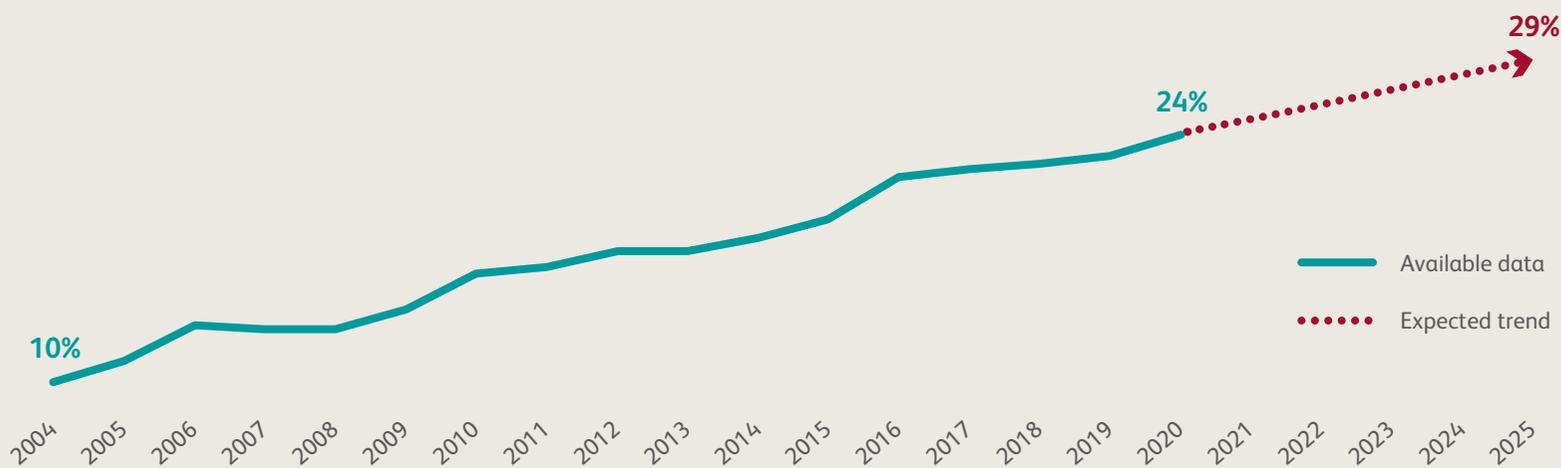
The five largest medical specialties remained cardiology (10.3% of all consultant physicians), geriatric medicine (10.1%), gastroenterology/hepatology (9.9%), respiratory medicine (9.1%) and endocrinology and diabetes (6.6%). 5.5% of consultant physicians specialise in acute medicine.

Numbers of consultants in all of these large specialties appeared from the census to have increased over the past year despite the pandemic: in cardiology by 2%, geriatrics by 4%, gastroenterology/hepatology by 6%, respiratory medicine by 5%, endocrinology and diabetes by 3% and acute medicine by 8%.

As in previous years, there has been an increase in the proportion of female consultant physicians, so that the consultant workforce is now 62% men and 38% women. This trend is set to continue as the majority (53%) of higher specialty trainees (HSTs) are women. 24% of consultants worked less than full time (LTFT), including 42% of women and 12% of men.

5.5%
of consultant physicians
specialise in acute medicine

Trend of less-than-full-time working in the consultant workforce



Consultant appointments

48% of advertised consultant physician posts with an advisory appointments committee (AAC) in England, Northern Ireland and Wales were not filled this year, with 49% of these due to a lack of any applicants at all and 34% due to no suitable applicants. In 2018 we noted a fall of 33% in the number of advertised consultant posts with an AAC, a 5% rise in 2019 and this year there was a further reduction of 15%.

A number of factors may have contributed to this fall, including a lack of HSTs able to complete their training during the pandemic to meet the demand in shortage specialties, the deteriorating financial situation within the NHS and the wider effects of the pandemic, but this is a worrying pattern.

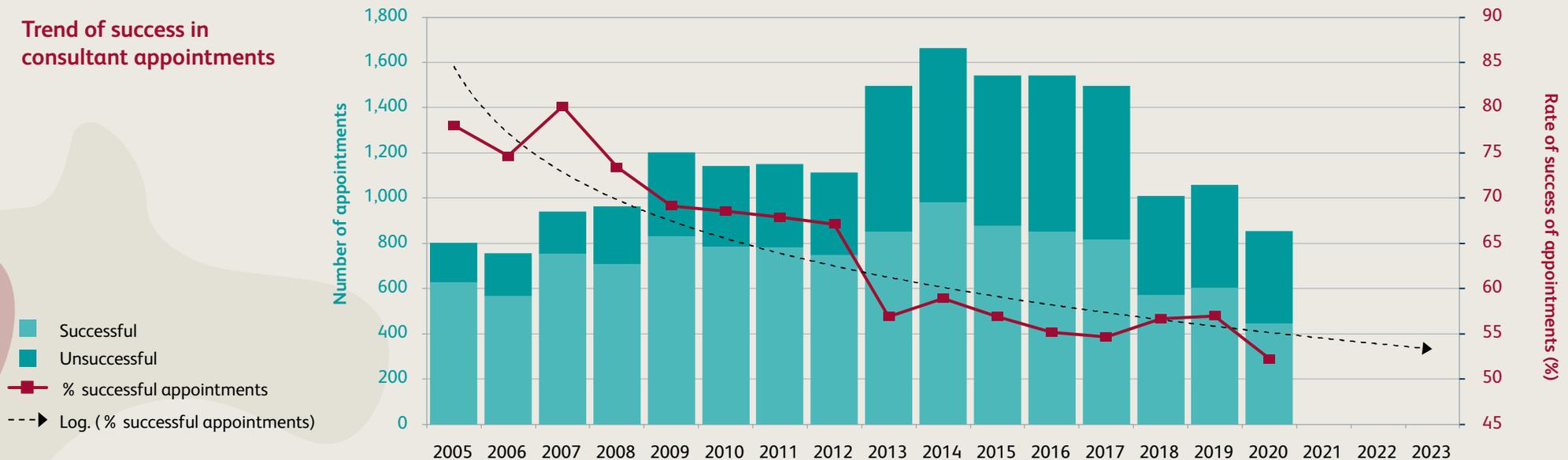
This year, acute medicine again advertised the highest number of posts (127), followed by geriatric medicine (111) and respiratory medicine (79). There was marked variation in the proportion of successful appointments between specialties, with genitourinary medicine (95%) and renal medicine (75%) having the highest proportion, but other specialties having less success – acute medicine (35%), respiratory medicine (46%) and geriatric medicine (49%).

In England, the East Midlands region had the highest proportion of unsuccessful appointments (63%), followed by the West Midlands (61%).

A number of factors may have contributed to this fall, including a lack of HSTs able to complete their training during the pandemic

It was easier to appoint consultants in London – only 38% of appointments were unsuccessful. There were higher rates of unsuccessful appointments in Wales (59%) and Northern Ireland (57%), compared with 46% in England overall.

Trend of success in consultant appointments



It is crucial that the geographical distribution of trainees in the UK better matches the geographical population demand for consultant physicians. Trainees prioritise geographical location, illustrated by the fact that only 21% of CCT holders reported applying for a consultant post outside their deanery (www.rcp.ac.uk/projects/outputs/2019-survey-medical-certificate-completion-training-cct-holders-career-progression).

39% of consultants reported a consultant vacancy within their department and this particularly affected some specialties: acute medicine 60%, geriatric medicine 56%, gastroenterology/hepatology 46% and respiratory medicine 45%. 37% of respondents' departments had tried unsuccessfully to appoint to a consultant vacancy in

the past 2 years, 39% had been successful and 25% had not tried. These reports fit well with data from consultant physician AACs, with the East Midlands (50%), Kent, Surrey and Sussex (46%), South West (45%) and Northern (45%) English regions reporting the highest rates of being unsuccessful in appointing to a vacancy, and London (25%) the lowest rate.

54% of consultants reported adverse effects from consultant vacancies within their department, most commonly adequate work-life balance (39%), audit/quality improvement (25%), inpatient work (24%), educational supervision or assessments (24%) and elective clinical work (22%).

60%
of acute medicine consultants
reported a consultant vacancy
within their department



Locum consultants

The mean reported number of FTE substantive consultants in a specialty department was 8.6 and the mean number of locum consultants was 1.7.

The specialties reporting the highest percentage of locum consultants were clinical pharmacology and therapeutics (28%), stroke medicine (26%), acute medicine (23%), genitourinary medicine (22%) and palliative medicine (20%).

The regions that reported the highest percentages of locum consultants in a specialty department included north Wales (26%), north Scotland (23%), Kent, Surrey and Sussex (21%), Northern Ireland (21%) and the East of England (20%). Consultants generally reported that locum consultants had been needed to staff their department for the past year (24%) or 2 years (19%), but 13% reported that this had been the case for 5 years and 7% for 10 years.

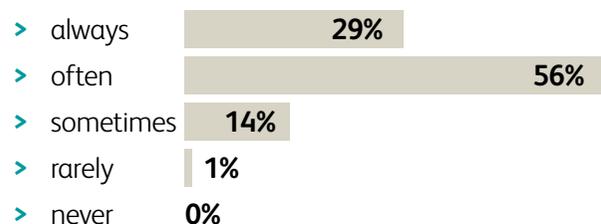
48% of consultants reported adverse effects from needing to staff their department with locums. Most commonly these were adequate work–life balance (32%), educational supervision or assessments (22%), audit/quality improvement (21%) and formal teaching (19%).

26%

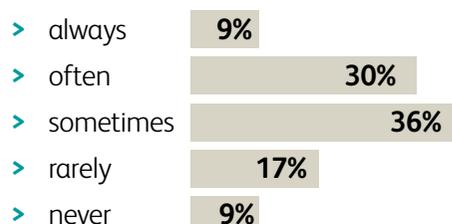
was the highest regional percentage of locum consultants in a specialty department and this was in north Wales

Consultant job satisfaction and wellbeing

Despite the pressures that many consultant physicians face, including the impact of the pandemic, their job satisfaction remains remarkably resilient. Consultants reported finding their specialty work satisfying as in previous censuses:

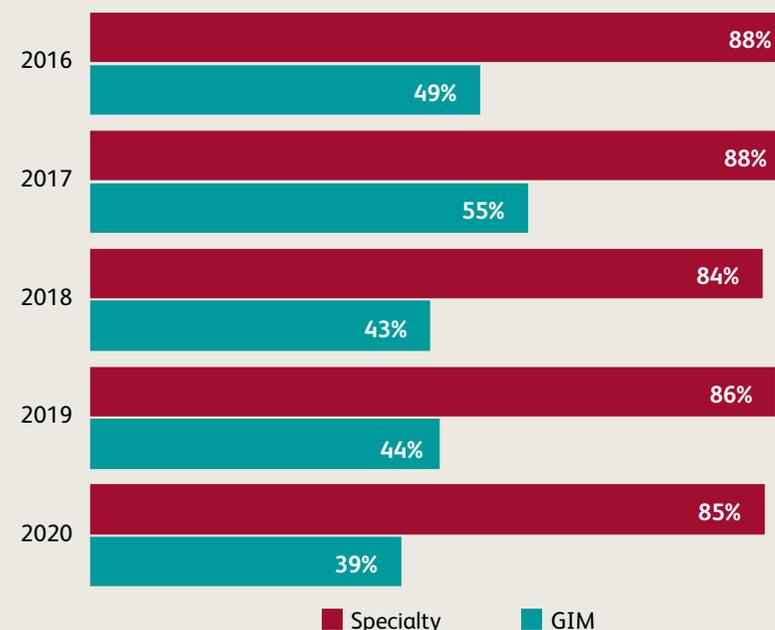


However, consultant physicians reported finding their GIM work less satisfying and this was more marked than the previous year of the census, probably reflecting the effects of the pandemic:



Job satisfaction for specialty work was consistent across the UK, but it varied between nations for GIM work. Consultants in Wales (51%) reported higher satisfaction with GIM work than consultants in England (39%), and consultants in Scotland (34%) and Northern Ireland (31%) reported lower satisfaction.

Generally, consultants throughout the UK and across specialties would recommend their organisation to trainees, to fellow consultants applying for a consultant post, and to a relative or friend as a patient.



However, 18% would not recommend their organisation to other consultants, 13% would not recommend it to trainees and 11% would not recommend it to a relative or friend as a patient.

36% of consultants described being in control of their workload 'sometimes' or 'almost never'. 38% reported that they worked excessive hours or had an excessive workload 'almost always' or 'most of the time'. Undertaking any GIM work had no influence but, compared with LTFT consultants, those working full time (FT) reported being less in control of their workload (38% vs 32%), more likely to work excessive hours (42% vs 27%) and more likely to have an excessive workload (42% vs 29%). Consultants aged 35–39 were

less likely than average to work excessive hours or have an excessive workload, and consultants aged 60–65 were much less likely to report all three.

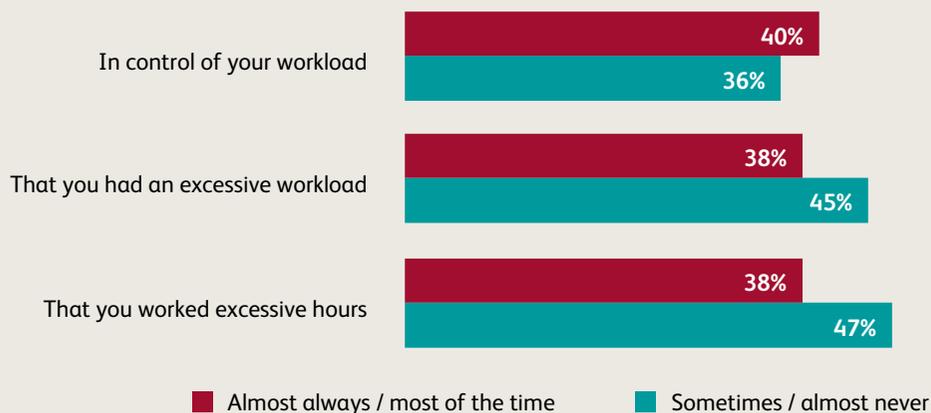
We examined the frequency of six symptoms which suggest that a person may be at risk of burnout (the Maslach Burnout Inventory). 17% of consultants experienced three or more of the six burnout features 'almost always' or 'most of the time', compared with 14% in 2018 (www.rcp.ac.uk/news/understanding-wellbeing-consultant-physicians).

This was more common in those working FT (18%) than in those working LTFT (13%), and common at all ages except among consultants over 60. It was more

common among certain specialties – immunology (31%), clinical pharmacology and therapeutics (30%), genitourinary medicine (23%), medical oncology (23%) and gastroenterology/hepatology (22%). A GIM commitment made burnout seem more likely (19% compared with no GIM commitment (15%). Gender and ethnicity had no influence.

Only
39%
of consultants found their
GIM work satisfying

Consultant-reported wellbeing



Undermining and complaints

Last year's census found that 20% of consultants had been bullied or harassed in the past year and 25% had witnessed a colleague being bullied or harassed (www.rcp.ac.uk/projects/outputs/medical-workforce-bc-covid-19-2019-uk-consultant-census). But consultants said that what they often experienced was more accurately described as feeling **undermined**. We altered the census this year to better reflect their concerns, finding that 35% of consultants reported feeling undermined at work, usually by a manager (62%) or a fellow consultant (57%). The same proportion had witnessed a colleague (usually other consultants) being undermined by consultants or managers.

Women consultants were more likely to report feeling undermined (40%) or witnessing undermining (39%) than men (31% and 32%). This was more common among consultants aged 40–44 (40% and 37%) and less common among consultants aged 60–65 (24% and 27%). FT consultants were more likely to report feeling undermined (36%) or witnessing it (36%) than LTFT consultants (31% and 31%). Experiencing or witnessing undermining was also more common among consultants from an ethnic minority background (38% and 38%) than among consultants of white ethnic origin (33% and 34%).

33% of consultants had received a complaint about their clinical care over the past year. Consultants from an ethnic minority background were more likely to receive a complaint (37%) than white colleagues (32%), and men (35%) more likely than women (30%). Consultants in certain specialties were more likely to receive complaints, including gastroenterology 53%, neurology 50%, geriatric medicine 46% and respiratory medicine 44%. Only 76% of consultants received feedback on the final outcome of the complaint.

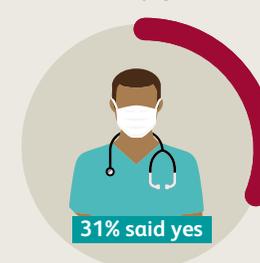
37%
of consultants from an ethnic minority background had received a complaint in the past year

Felt undermined at work

Female



Male



Ethnic minority background



White



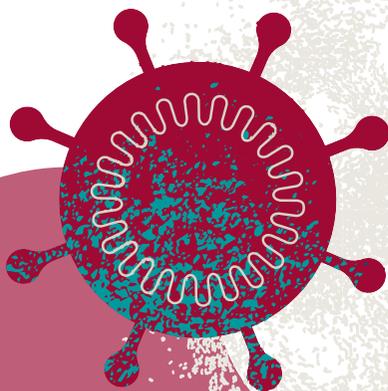
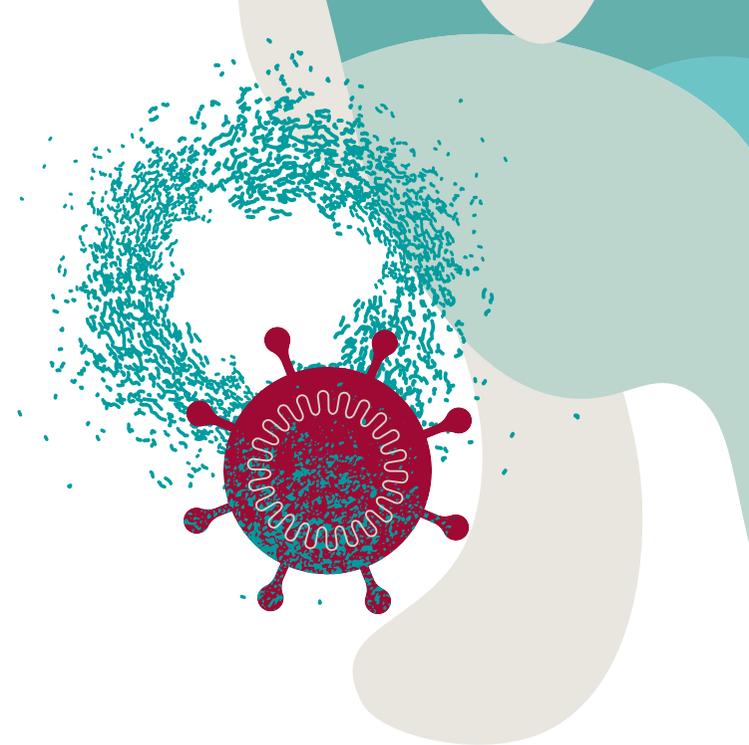
Impact of COVID-19

71% of consultant physicians were involved in the direct clinical care of patients with COVID-19, with 41% working in a different clinical area from normal during the pandemic (mostly medical wards or admission units). 21% had tested positive for COVID-19.

Only 72% had had a COVID-19 risk assessment. 55% reported that their morale was worse during the pandemic and only 5% that it was better. 69% reported that morale was worse in their department and only 4% that it was better.

55%

of consultants reported that their morale was worse during the pandemic



71%

of consultant physicians were involved in the direct clinical care of patients with COVID-19

Consultant working practices

General internal medicine

The proportion of consultants participating in the acute unselected medical take was 33%, the same as reported in the last census (www.rcp.ac.uk/projects/outputs/medical-workforce-bc-covid-19-2019-uk-consultant-census). GIM duties, including care of GIM inpatients, were undertaken by 51% of consultant physicians.

Remote working

76% of consultants were able to undertake some work remotely and 68% wanted to undertake remote work in future. 72% reported having appropriate IT equipment to work effectively remotely. The most common types of work delivered remotely included CPD (81%), patient administration (70%), education (55%) and meetings to discuss patient care (46%). Consultants wanted to deliver similar types of work remotely in future, most commonly CPD (91%), patient administration (82%), education (67%) and audit/quality improvement (66%).

Administrative support

87% of consultants had administrative support from a secretary or personal assistant for their clinical work. However, this was often for less time than was needed.

Current administrative support: <0.25 FTE 31%, 0.25–0.5 FTE 34%, 0.5–0.75 FTE 15%, 0.75–1.0 FTE 13%, >1 FTE 7%.

Required administrative support: <0.25 FTE 14%, 0.25–0.5 FTE 30%, 0.5–0.75 FTE 22%, 0.75–1.0 FTE 19%, >1 FTE 15%.

Contracted and worked PAs

Contracted PAs

Consultant job plans are split into 4-hour work periods called programmed activities (PAs).

The mean number of contracted PAs per consultant was 10.2. On average, 7 PAs were contracted in direct clinical care (DCC), 1.8 in supporting professional activities (SPAs), 0.7 in academic work and 0.7 in 'other' work.

Worked PAs

The mean number of PAs that consultants estimated they worked was 11.3. Of these, 7.7 were spent in DCC, 1.9 in SPAs, 0.8 in academic work and 0.9 in 'other' work. Consultants estimated that they worked on average 11% more than they were contracted to work.

The most common reasons for working over contracted PAs were clinical workload (72%), additional responsibilities and external duties (46%), the COVID-19 response (37%) and covering for a colleague or vacancy (30%).

Future intentions

53% of consultants said that they wanted to work fewer PAs in future and only 7% said that they wanted to work more PAs. Wishing to work fewer PAs became more common as consultants aged. It was also more common among FT than among LTFT consultants and those working exclusively in the NHS. It did not vary by gender, ethnicity or nation.

53%

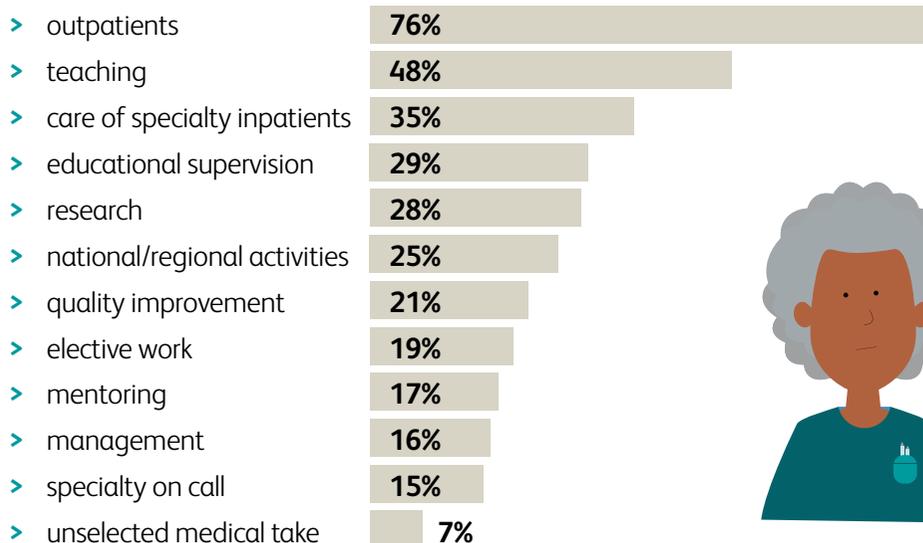
of consultants said that they wanted to work fewer PAs in future

Retirement plans

There was some variation by specialty, such as a mean age of 61.2 years for gastroenterology and respiratory medicine and 69.3 years for allergy. Women consultants reported a lower mean age of planned retirement (61.2 years) than men (63.0 years). The current age of consultants, LTFT working, GIM commitment and region of the UK appeared to have no influence on planned age of retirement.

We asked consultants if their retirement plans had changed in the past year. While for most (65%) they had not changed, 27% said they intended to retire earlier and only 8% that they would retire later.

Consultants who had retired and returned to work comprised 11% of consultants who completed the census. They worked a mean of 5.6 PAs in the NHS and reported undertaking the following work:



11%
of consultants who completed
the census had retired and
returned to work

For more census info and to use our interactive census data toolkit, visit
www.rcp.ac.uk/guidelines-policy/census-data-toolkits
Email: mwucensus@rcp.ac.uk

