

Workforce Survey 2016-2017

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ABCD Spring
Conference
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Responses

	Postal Survey Oct 2015	Online Census Nov 2016	Online Census Nov 2017
Sent out	922	1070 (226 no email address)	1185 (54 undeliverable, 150 bounced back, 52 started but did not complete)
Responses received	269	320 fully complete (374 total)	313 fully complete (368 total)

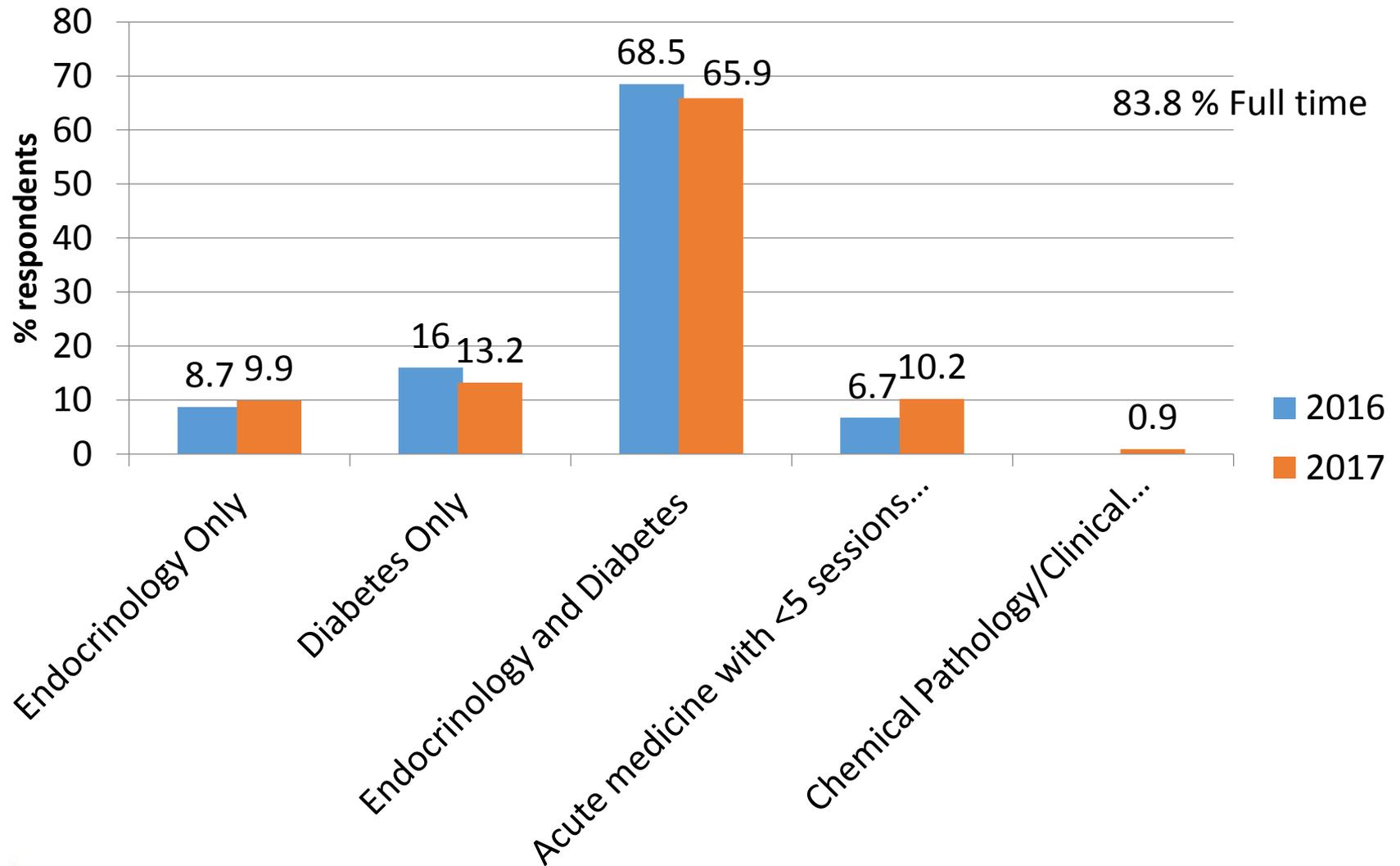
Gender

Male 244 (66.8%) Female 121 (33.2%)

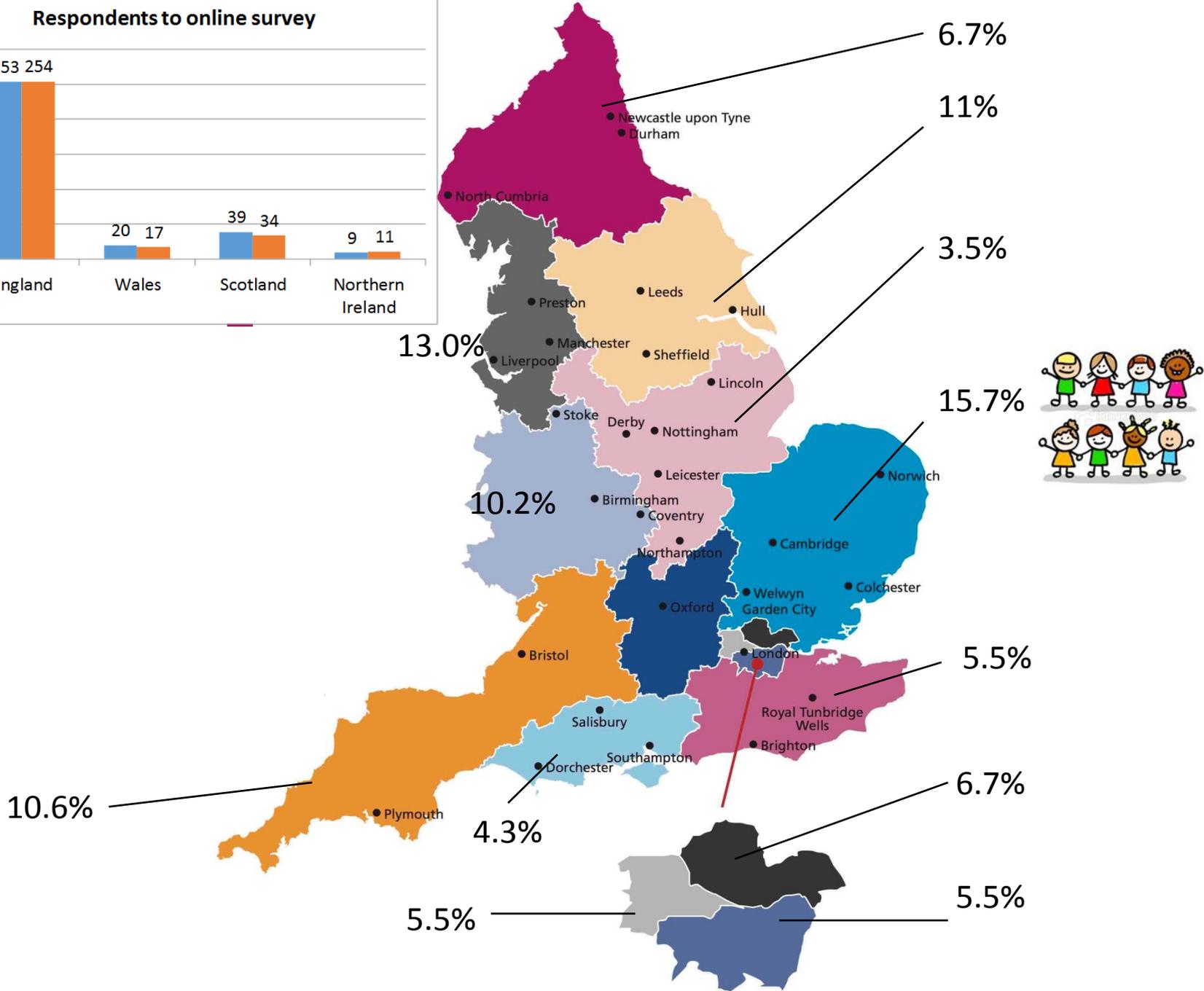
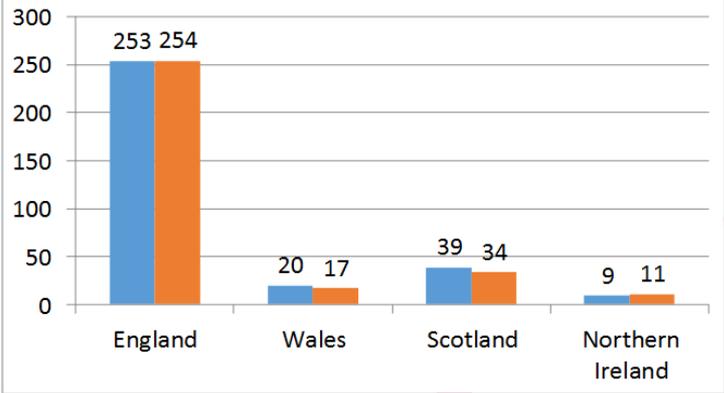
Headline Results

Response	Frequency % (2016 %)	Count (2016)
I am currently working as a substantive or honorary consultant providing at least some NHS commitment (within first year of gaining your CCT)	3.7 (6.7)	13 (25)
I am currently working as a substantive or honorary consultant providing at least some NHS commitment (more than 1 year post CCT)	83.7 (81.1)	293 (301)
I have previously retired but have returned to work (as a substantive consultant providing at least some NHS commitment)	7.7 (4.0)	27 (15)
I am on a fixed term consultant contract providing at least some NHS commitment	1.7 (1.3)	6 (5)
I have fully retired from the NHS and medical practice	0.6 (3.0)	2 (11)
I have relocated out of the UK permanently	0.6 (1.1)	2 (4)
I no longer provide or undertake any work for the NHS, but work medically in a non-NHS capacity eg Pure Academic post	0.6 (0.8)	2 (3)
I am a locum	0.3 (1.9)	1 (7)
I am on sabbatical leave / maternity leave / temporarily working outside of the UK	1.1 (0.0)	4 (0)
I am in a post CCT fellowship post	0 (0.3)	0 (1)
Not Answered	0	0 (1)
Total Responses		350

Consultant Contracts Speciality Split

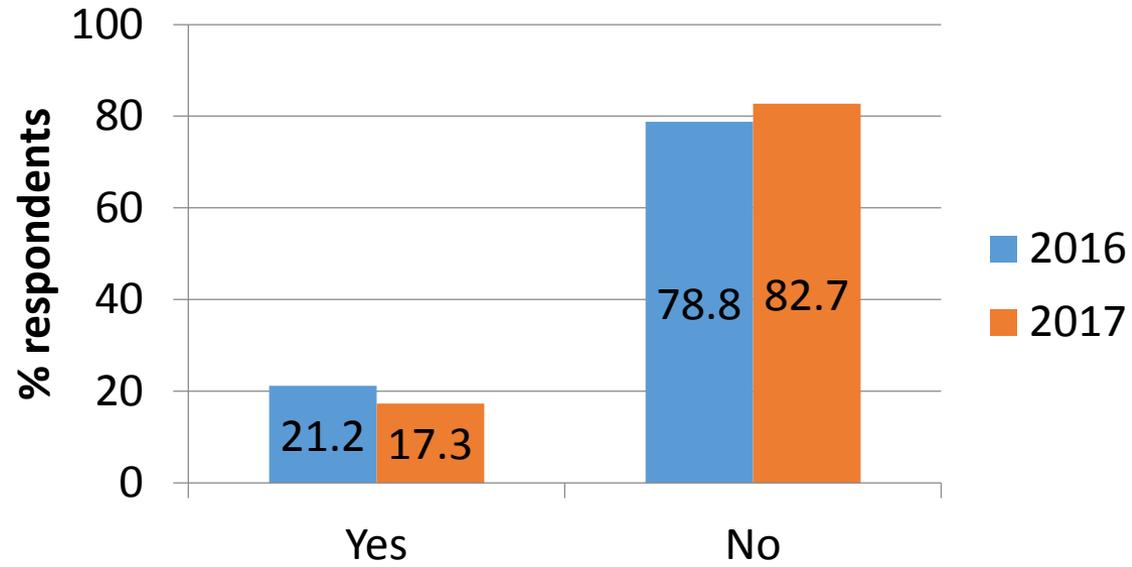


Respondents to online survey



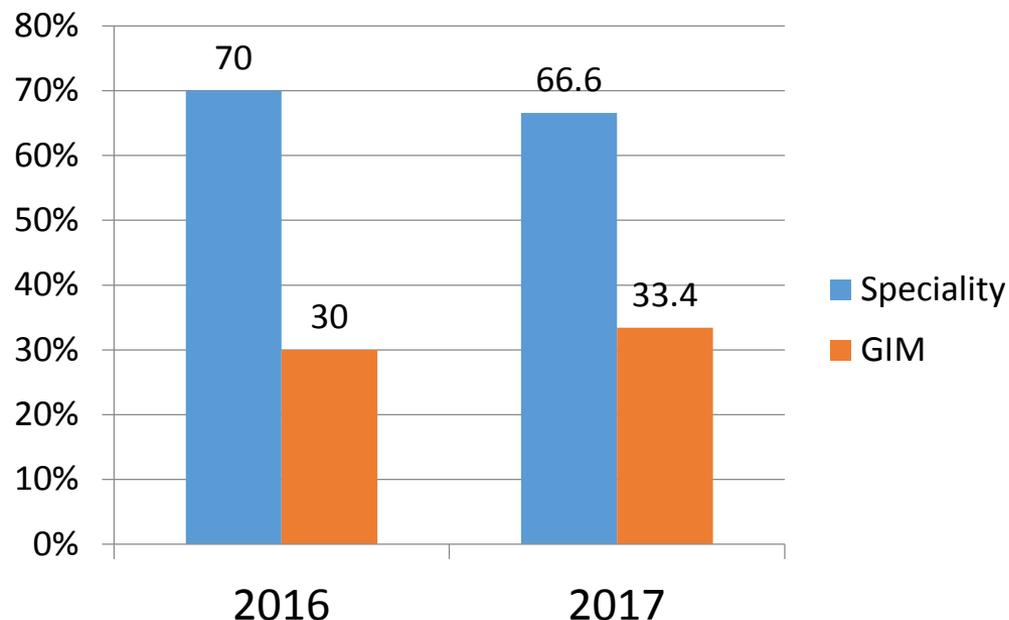
Do you do speciality on call?

312 respondents



Response	Frequency	Count
At the same time as the general unselected emergency on call	24.5%	13
At a separate time from the general unselected emergency on call (i.e. runs on a separate parallel rota)	28.3%	15
Both of the above - hybrid rota and changes from month-to-month	30.2%	16
Other – please give brief details	17.0%	9
Not Answered		1
	Valid Responses	53
	Total Responses	54

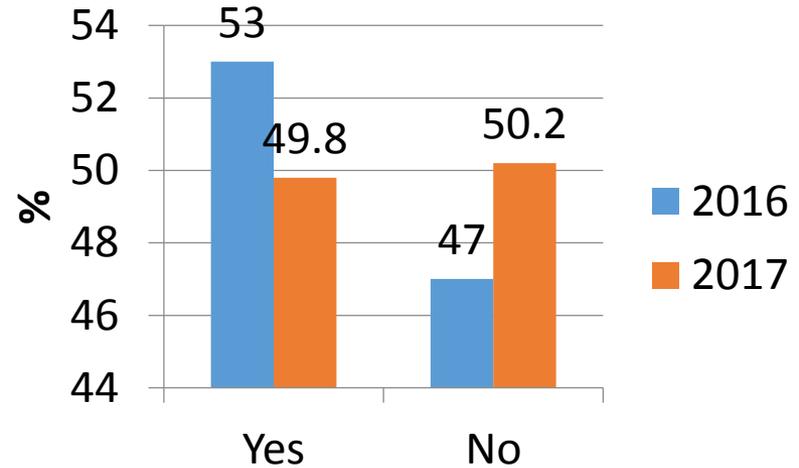
What proportion of your NHS work do you spend doing GIM vs Speciality



24% of GIM rota is carried out by
Diabetes and Endocrinology

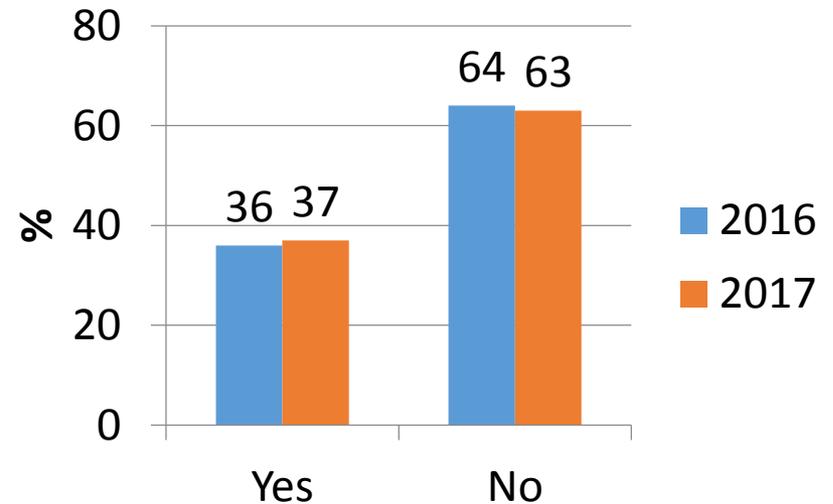
When doing GIM do you have to cancel speciality commitments ?

264 respondents 2016
225 respondents 2017



If yes, are these speciality commitments carried out at a different time? i.e made up for in time off the ward?

140 respondents 2016
108 respondents 2017



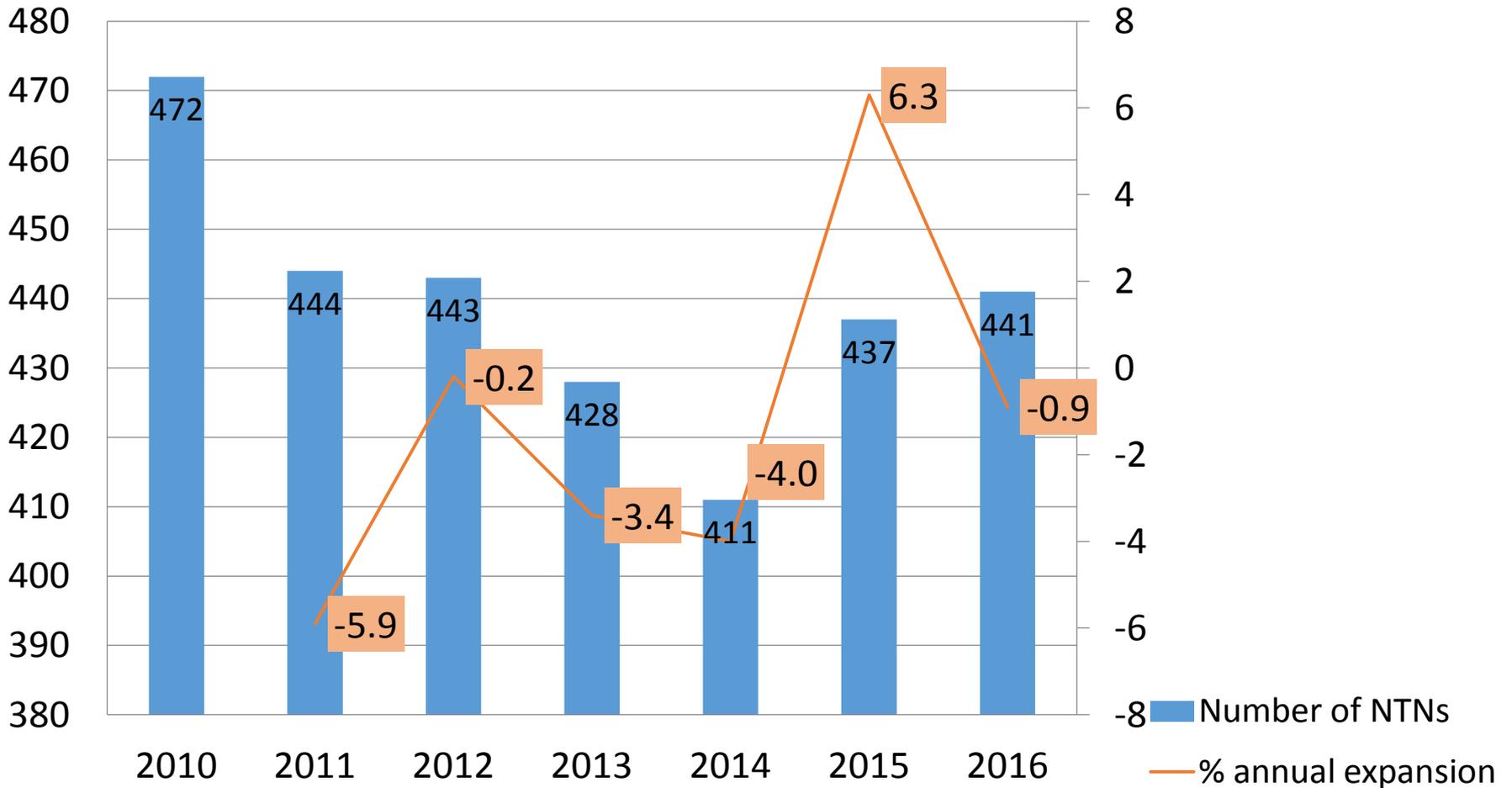
If you plan early retirement – what are your reasons? (multiple responses allowed)

Response	Frequency (2016)	Count (2016)
Pressure of work	62.0% (64.8%) ↓	88 (105)
Length of hours	31.7% (27.8%) ↑	45 (45)
Lack of support	15.5% (21.6%)	22 (35)
Night duties	12.7% (13.0%)	18 (21)
Changing to private practice	2.1% (1.9%)	3 (3)
Starting non-clinical job	2.8% (3.7%)	4 (6)
Dissatisfaction with the NHS	27.5% (34.6%) ↓	39 (56)
Financial reasons	10.6% (7.4%)	15 (12)
Health reasons	9.2% (4.9%)	13 (8)
Domestic reasons	21.1% (17.3%)	30 (28)
Change in pension arrangements	19.0% (13.6%) ↑	27 (22)
Other please specify	7.7% (9.9%)	11 (16)
Valid Responses		142 (162)
Total Responses		285 (310)

NB 31% would work beyond retirement if able

New Consultants and Specialist Training and Recruitment

Number of NTN's and % annual expansion



Filled NTN posts medical specialties

(%)

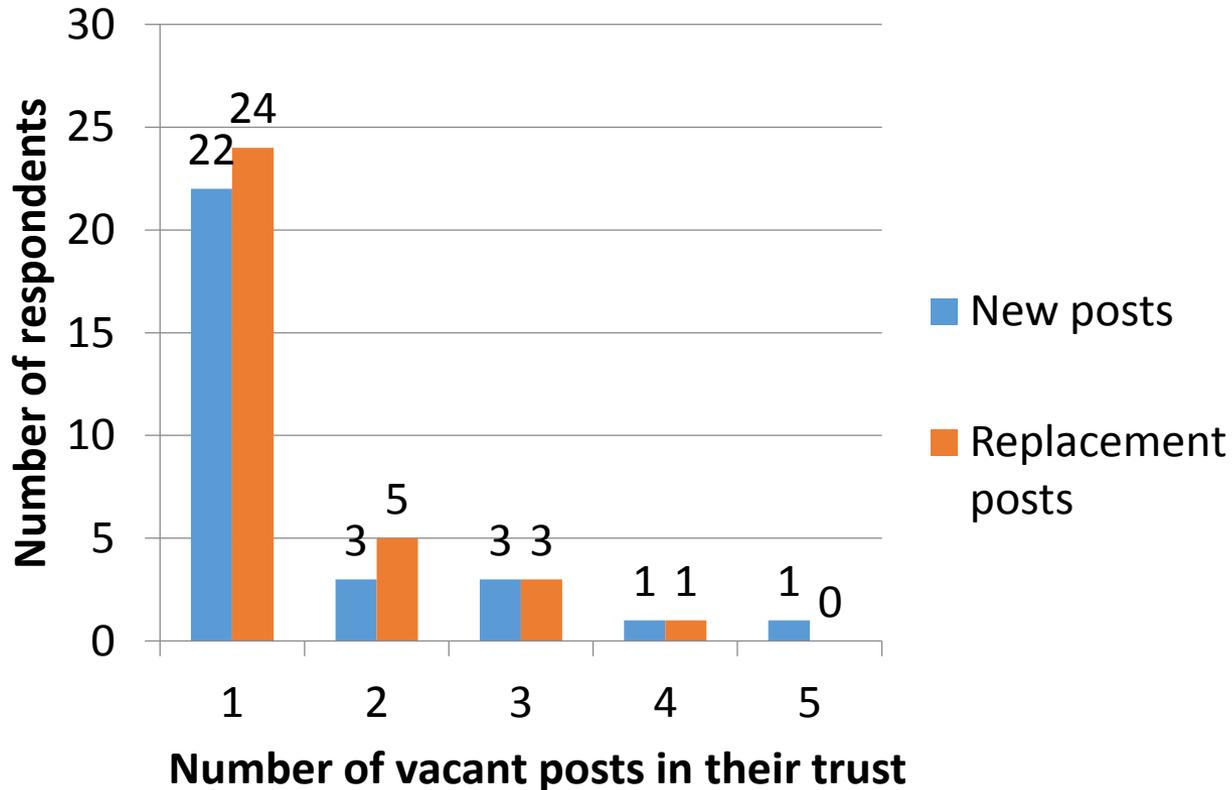
	2014	2015	2016	2017
Acute Internal Medicine	79	58	65	47
Cardiology	100	97	100	100
Dermatology	100	100	100	100
Endocrinology : Diabetes	2017 there were 24 unfilled NTN posts Competition ratio 1.9 round 1; 2.4 round 2			69
Gastroenterology	99	100	99	97
Geriatric Medicine	78	85	82	63
Haematology	94	87	72	80
Neurology	95	93	96	100
Renal	87	66	74	74
Respiratory	94	88	83	91
Rheumatology	96	91	94	95

Advisory Appointment Committees

Type	Appts	GIM component	Not Appointed	New Posts	Retirement Posts	Vacancy	Not spec
Diab+Endo	42	34	3	17	6	13	6
Diab	1	1	0	1	0	0	0
Endo	2	2	0	1	1	0	0
Total	45	37	3	19	7	13	6

AAC Cancelled	Number	Breakdown
No applicants	27	D+E 25
		Diab 0
		Endo 2
No suitable candidates	1	Diab 1
Trust decision	4	D+E 4

Consultant posts vacant for >6 months



46 new posts

47 replacement posts

28 separate trusts

■ New posts

■ Replacement posts

CCT numbers

(Period 1st Aug-31st July 2015-2016)

Figures from JRCPTB

Year	CCT Awarded
2010-11	68
2011-12	N/A
2012-13	49
2013-14	68
2014-15	62
2015-2016	56
2016-2017	69

Year	Due to complete - CCT Predicted
2017-18	105
2018-19	103
2019-20	77
2020-21	86

Does your current job plan reflect the interests in subspecialty you wanted to do upon completion of your training?
 (asked of all who's ccts were within last year)

	Number	%
Yes	24	80
No	6	20
Valid responses	30	100

		Less	More
Acute / GIM	Count	3	1
Endocrinology	Count	1	4
Diabetes	Count	2	3
Other (please specify in box to the right)	Count	0	1
Total	Count	6	9

To what extent did you feel well prepared by your training for the following?

		Very well	Fair	Adequate	Poor	Not applicable	Total
Acute medicine	Count	14	12	1	0	2	29
	% by Row	48.3%	41.4%	3.4%	0.0%	6.9%	
Diabetes	Count	21	7	2	0	0	30
	% by Row	70.0%	23.3%	6.7%	0.0%	0.0%	
Endocrinology	Count	17	9	2	0	0	28
	% by Row	60.7%	32.1%	7.1%	0.0%	0.0%	
GIM	Count	16	12	1	0	0	29
	% by Row	55.2%	41.4%	3.4%	0.0%	0.0%	
Management role	Count	0	14	10	4	1	29
	% by Row	0.0%	48.3%	34.5%	13.8%	3.4%	
Leadership role	Count	3	10	9	5	1	28
	% by Row	10.7%	35.7%	32.1%	17.9%	3.6%	

Survey overview

- Numbers of respondents needs to increase- ideas please?
- Low response rates to some questions skew results
- Increasing amount of GIM in job plans
- A large number of unfilled consultant posts
- Balance of CCTs and jobs available healthy for the next few years
- New CCT holders feel well prepared clinically but a significant amount feel poorly prepared for leadership and management roles.
- New CCT holders are generally pleased with their job plans reflecting their interests
- Many and varied leadership roles – job plans becoming broader
- More detailed data will be available in full report published on ABCD/SfE/DUK websites.

Thank you

- RCP MWU
- RCP AAC unit
- JRCPTB

- And the sponsoring societies