

Recruitment to non-procedural specialties

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Recruitment to physicianly specialties has diminished in recent years, despite an increasing demand for physicianly services, and this has been particularly felt in the non-procedural specialties. The procedural specialties of gastroenterology, cardiology and respiratory medicine comprise 27% of the total consultant workforce.¹ All have had well above average expansion over the last 15 years, and remain the largest specialties after geriatric medicine, with the highest expansion in numbers after acute medicine, seen in gastroenterology and cardiology.¹

Expansion has been enabled by both the need for increased numbers, but also the availability of suitable candidates to fill posts. In recent years around one-third of posts advertised could not be filled due to a lack of suitably trained applicants. The greatest number of advertised posts has been in geriatrics and acute medicine, where nearly half could not be filled due to

lack of applicants. While there have been appointments which could not be made in gastroenterology, respiratory medicine and cardiology, it has not been of this level.

There has been a gradual increase in less than full-time working, now comprising 18% of all consultants, but 39% of female consultants. Cardiology and gastroenterology are the two most male-dominated specialties, but within even the small number of female consultants less than full-time workers are below average. Medical ophthalmology, allergy, palliative medicine, dermatology and genitourinary medicine all have a significant number of female consultants, and of these more than 50% are part time. Competition ratios at ST3 show that procedural specialties have benefitted from consistently high-calibre applicants, however as the workforce becomes more feminised, these predominantly male full-time specialties may need to become more attractive to a part-time population or

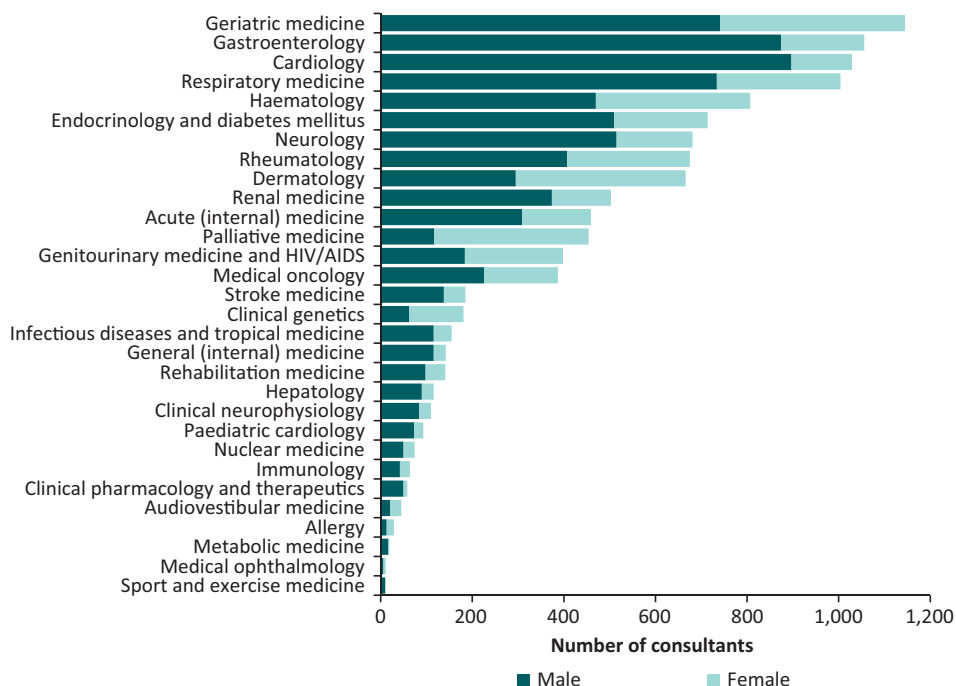


Fig 1. Consultant numbers by specialty with gender divide, 2013.

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recruit from a diminishing population. Indeed those specialties with a higher proportion of part-time working have had recruitment rates at least as good as the procedural specialties.

Competition ratios for ST3 posts have reduced in recent years. In 2012 there was an overall applicant: national training number (NTN) ratio of 3.8, reduced to 2.4 by 2014. Although there was a small reduction in the number of applicants in this time, there was a 50% increase in posts.

Gastroenterology, cardiology and respiratory have enjoyed consistently high applicant numbers, with fill rates $\geq 90\%$. Overall national rates (2012–14) for all specialties have shown a fill rate of 88%, but acute medicine has had 67–73%, and below average applicant-to-post ratios, with a similar picture in geriatric medicine.

General internal medicine (GIM) has proved less attractive in recent years, particularly at registrar level, due to increased workload.² Currently 53% of female higher specialist trainees are training in GIM (<50% in London/Thames Valley) and 67% of male trainees.¹ Increasingly, trainees do not want to continue acute take as a consultant: 20% in the 2009 survey now increased to 36% in 2013. It would be logical to expect higher recruitment levels to non-GIM specialties, but the procedural specialties all have a high commitment to GIM and remain attractive. Specialties without GIM have had high recruitment rates, for example dermatology has had applicant:NTN ratios of 4.2 for the last two years, with 100% fill rates; palliative care and genitourinary medicine also have had consistently high rates.

There is a need for generalist skills in the future workforce,³ reflected in the large number of geriatric and acute internal

medicine posts advertised. The highest levels of GIM satisfaction in training were seen in acute medicine and geriatrics trainees.¹ Geography has been shown as the most important determinant in trainees choosing a consultant post,¹ and with on-going consultant expansion, generalist trainees can realistically expect posts in their chosen location. Therefore those non-procedural GIM specialties need and could expect the highest, not the lowest, levels of recruitment. However at the time of choosing specialty, the option of part-time working seems to be a powerful factor, particularly for women. Already 11% of part-time consultants are geriatricians or acute physicians, so the profile of this cohort needs to be at the forefront of the thoughts of those planning their future careers in medicine. Part-time working may prove to be the vital ingredient for successful recruitment. ■

References

- 1 Federation of Royal College of Physicians of the UK. *Census of consultant physicians and higher specialty trainees in the UK, 2013–14: data and commentary*. London: RCP, 2015.
- 2 Royal College of Physicians. *The medical registrar: empowering the unsung heroes of patient care*. London: RCP, 2013.
- 3 Royal College of Physicians. *Hospital workforce: fit for the future*. London: RCP, 2013.

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