



Programme of Research Exploring Issues of Private Healthcare Among General Practitioners and Medical Consultants

Population Overview Report for the Office of Fair Trading

August 2011

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A report submitted by **GHK**
in association with

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Contents

| | |
|--|-----------|
| Overview of key findings | 4 |
| Executive summary | 5 |
| 1 Introduction..... | 8 |
| 1.1 Overview | 8 |
| 1.2 Public and private healthcare in the United Kingdom..... | 8 |
| 1.3 Market structure, competition and contestability | 10 |
| 1.4 The OFT's private healthcare market study | 13 |
| 1.5 Purpose of this report | 14 |
| 1.6 Method of approach..... | 15 |
| 1.7 Structure of this report | 15 |
| 2 Profile of General Practitioners..... | 16 |
| 2.1 The scope of this exercise | 16 |
| 2.2 The GP workforce..... | 16 |
| 2.3 GP employment practices..... | 22 |
| 2.4 Key findings | 27 |
| 3 Profile of Consultants | 28 |
| 3.1 The scope of this exercise | 28 |
| 3.2 The Consultant workforce | 28 |
| 3.3 Consultant employment practices..... | 36 |
| 3.4 Key findings | 38 |
| Annex 1 General Practitioner Data Tables | 39 |
| Annex 2 Consultant Data Tables..... | 46 |
| Annex 3 References and data sources..... | 56 |
| Annex 4 Consultant Specialty Classification System..... | 60 |

Overview of key findings

GP workforce and employment practices

- In 2010, there were a total of 42,500 GPs working in the UK. Changes in the method for counting GP numbers mean that year-on-year comparisons should be treated with caution, but the overall trend over the past decade has been a steady increase in the size of the GP workforce throughout the UK.
- In 2009, there were 1,430 people per GP in the UK. The number of people per GP declined year-on-year between 2004 and 2009 (from 1,560 in 2004).
- Sub-nationally, the number of GPs in 2010 was highest in London (5,390) and lowest in Northern Ireland (1,160). The number of people per GP in 2009 was highest in the East of England SHA (1,570) and lowest in Scotland (1,210).
- In 2010, 55 per cent of all GPs in Great Britain were male, a fall from 2007 (59 per cent).
- In 2010, some 78 per cent of GPs in Great Britain were aged between 30 and 54, with 42 per cent of the total GP workforce aged between 30 and 44.
- Just over half of all GPs in England (51 per cent of the total workforce) were employed under a General Medical Services (GMS) contract in 2010, down from 95 per cent in 2000. The proportion of GPs working under a Personal Medical Service (PMS) contract increased from 5 per cent in 2000 to 46 per cent in 2010. Around 3 per cent of GPs are employed under Alternative Provider Medical Services (APMS) and Primary Medical Services (PCTMS) contracts.
- In 2008/09, contracted GPs in the UK earned an average of £106,900 per year (before tax) and salaried GPs in Great Britain earned an average of £57,300 per year (before tax). Earnings for contracted GPs decreased by an average of 0.8 per cent per year between 2006/07 and 2008/09, whilst earnings for salaried GPs increased by an average of 3.1 per cent per year.
- In 2010, 2.1 per cent of GP positions in England were vacant compared to 1.1 per cent in Wales.
- In 2009, there were some 10,090 GP practices in the UK. The number of practices has declined in recent years (a net loss of 360 GP practices between 2004 and 2009). Just under half of all GP practices in England (45 per cent) consisted of between one and three GPs (14 per cent only had a single GP).

Consultant workforce and employment practices:

- In 2010, a total of 46,000 Medical Consultants ('Consultants') worked in the UK. The number of Consultants increased by just under 4 per cent per year between 2001 and 2010.
- There were 1,374 people per Consultant in the UK in 2009. The number of people per Consultant decreased between 2001 and 2009 (down from 1,877 people per Consultant in 2001).
- Sub-nationally, the number of Consultants in 2010 was highest in London (7,400) and lowest in Northern Ireland (1,400). London also had the lowest number of people per Consultant of all the English SHAs/ Devolved Administrations.
- In 2010, the majority of Consultants in England, Scotland and Northern Ireland were male (69 per cent of the total workforce) which was down from 77 per cent in 2001.
- Over half (55 per cent) of Consultants in England, Scotland and Northern Ireland were aged between 40 and 49 in 2010. Just 2 per cent of Consultants were aged under 30.
- In 2010, the majority (66 per cent) of Consultants in England described themselves as 'White', down from 75 per cent of the total workforce in 2005.
- General medicine was the single most common area of specialty of Consultants in England, Scotland and Wales in 2010, accounting for just under a quarter (22 per cent) of all Consultants.
- In 2010, Consultants in England on the new contract (which accounts for the majority of positions) earned an average of £89,600 per year in basic salary. Average earnings for Consultants increased by 1.5 per cent per year between 2007 and 2010.
- In 2010, the Consultant vacancy rate ranged from 2.9 per cent of all positions in Northern Ireland to 3.5 per cent in England.

Executive summary

Background

This report provides factual evidence and information about the nature of the populations of General Practitioners (GPs) and Medical Consultants (Consultants) in the United Kingdom. The report will inform the current wider Office of Fair Trading (OFT) market study into private healthcare. It is intended to enhance the OFT's understanding of the United Kingdom populations of GPs and Consultants who are engaged in private healthcare provision.

Healthcare in the UK, including the National Health Service (NHS), has been subject to a series of reforms over the years. These reforms increased the mix of public and private provision of healthcare services by promoting greater patient choice, establishing foundation hospital trusts (FTs) and injecting independent and private sector treatment centres into the NHS. The reforms proposed in the 2010 NHS White Paper propose to extend the scope of these initiatives.

Market structure, competition and contestability

General Practitioners

Typically, the majority of the income of a GP practice comes from the NHS¹. The vast majority of primary care in the UK is provided through the NHS. In 2009 just 3 per cent of GP consultations in Great Britain were undertaken by private primary care providers, a proportion that has remained largely unchanged over recent years². It is estimated that this equates to around 7 million private GP consultations each year³.

The number of private sector GP facilities is unknown. Laing and Buisson's review of the healthcare market describes the private GP market as 'underdeveloped'⁴, citing the below market and regulatory factors which hamper growth in the private GP market:

- primary care provision through the NHS is regarded largely as satisfactory;
- NHS GPs are not allowed to treat patients on their NHS lists privately;
- a GP who sees a patient privately cannot issue an NHS prescription; and
- there is little in the way of primary care insurance cover.

Whilst the private GP sector was estimated to be worth £500 million, the Laing and Buisson healthcare market review does not forecast significant growth in the near future for the reasons identified above.

Consultants

Consultants are specialist doctors who provide secondary care to patients. Many Consultants undertake some private sector work in addition to their public sector work. The British Medical Association (BMA) estimated that in 2005, 59 per cent of NHS Consultants were also practising in the private sector. By 2006 the National Audit Office put the figure at 55 per cent of the total workforce⁵. The BMA has also suggested that the proportion of NHS Consultants who also practise privately has been decreasing in recent years and will continue to do so in the future, since the new 'generation' of Consultants are less likely to carry out private sector work than has traditionally been the case⁶. A narrowing of the earnings gap between private practice and NHS work was identified as a key driver behind this development.

¹ Laing & Buisson. 2010 – 2011. *Laing's Healthcare Market Review 2010 – 2011*, p. 209.

² ONS (2011) General Lifestyle Survey Overview: A report on the 2009 General Lifestyle Survey.

³ Laing & Buisson. 2010 – 2011. *Laing's Healthcare Market Review 2010 – 2011*, p. 219.

⁴ Laing & Buisson. 2010 – 2011. *Laing's Healthcare Market Review 2010 – 2011*, p. 221.

⁵ Both cited in Laing & Buisson. 2010 – 2011. *Laing's Healthcare Market Review 2010 – 2011*, p. 113.

⁶ Cited in Laing & Buisson. 2010 – 2011. *Laing's Healthcare Market Review 2010 – 2011*, p. 113.

In addition to NHS Consultants who undertake private sector work, there are also Consultants who operate solely in the private sector. The most recent data on the number of privately-practising Consultants dates from 1992, when it was estimated that there were 17,300 doctors carrying out private practice but the majority (84 per cent) also held an NHS Consultant position and a further 15 per cent were former NHS Consultants. Just 1 per cent of privately-practising medical specialists had never worked for the NHS.

GP workforce and employment practices

The primary source of information on GPs is publicly available data concerning the healthcare sector including datasets held by the NHS Information Centre in England. However, these datasets only include information on GPs who are contracted with the NHS. The very small numbers of GPs who operate outside of the NHS – i.e. purely privately – are not included. There is no comparable dataset available on private sector GPs.

The size of the GP workforce in the United Kingdom and the population per GP

In 2010 there were a total of 42,500 GPs working in the United Kingdom. Changes in the method for counting GP numbers mean that year-on-year comparisons should be treated with caution, but the overall trend over the past decade has been a steady increase in the size of the GP workforce throughout the United Kingdom. In 2009 there were 1,430 people per GP in the United Kingdom as a whole. The number of people per GP declined year-on-year between 2004 and 2009 (down from 1,560 in 2004).

The sub-national GP workforce

Sub-nationally, in 2010 the number of GPs was highest in London (5,390) and lowest in Northern Ireland (1,160). The number of people per GP in 2009 was highest in the East of England Strategic Health Authority (SHA) (1,570) and lowest in Scotland (1,210 people per GP in 2009).

The gender profile of the GP workforce

In 2010, 55 per cent of all GPs in Great Britain were male, a fall from 2007 (59 per cent).

The age profile of the GP workforce

In 2010, some 78 per cent of GPs in Great Britain were aged between 30 and 54, with 42 per cent of the total GP workforce aged between 30 and 44.

GP contract types

Just over half of all GPs in England (51 per cent of the total workforce) were employed under a GMS contract in 2010, down from 95 per cent of the total in 2000. The proportion of GPs working under a PMS contract increased from just 5 per cent in 2000 to 46 per cent in 2010. Around 3 per cent of GPs are employed under APMS and PCTMS contracts.

GP earnings

In 2008/09, contracted GPs in the UK earned an average of £106,900 per year (before tax) and salaried GPs in Great Britain earned an average of £57,300 per year (before tax). Earnings for contracted GPs decreased by an average of 0.8 per cent per year between 2006/07 and 2008/09, whilst earnings for salaried GPs increased by an average of 3.1 per cent per year.

Vacancies in GP positions

In 2010, 2.1 per cent of GP positions in England were vacant compared to 1.1 per cent in Wales.

The number and size of GP practices

In 2009, there were some 10,090 GP practices in the UK. The number of practices has declined in recent years (a net loss of 360 GP practices between 2004 and 2009). Just under half of all GP practices in England (45 per cent) consisted of between one and three GPs (14 per cent only had a single GP).

Consultant workforce and employment practices

The primary source of information on Consultants is publicly available data concerning the healthcare sector including datasets held by the NHS Information Centre in England. However, these datasets only include information on Consultants who hold a contract with the NHS. Consultants who operate outside of the NHS – i.e. purely privately – are not included. There is no comparable dataset available on Consultants who only work in the private sector.

The size of the Consultant workforce in the UK and the population per Consultant

In 2010, there were a total of 46,000 Medical Consultants ('Consultants') working in the United Kingdom. The number of Consultants increased by just under 4 per cent per year between 2001 and 2010. There were 1,374 people per Consultant in the UK in 2009.

The number of people per Consultant decreased between 2001 and 2009 (down from 1,877 people per Consultant in 2001).

The sub-national Consultant workforce

Sub-nationally, the number of Consultants in 2010 was highest in London (7,400), and lowest in Northern Ireland (1,400). London also had the lowest number of people per Consultant of all the English SHAs/ Devolved Administrations.

The gender profile of the Consultant workforce

In 2010 the majority of Consultants in England, Scotland and Northern Ireland were male (69 per cent of the total workforce), which was down from 77 per cent in 2001;

The age profile of the Consultant workforce

Over half (55 per cent) of Consultants in England, Scotland and Northern Ireland were aged between 40 and 49 in 2010. Just 2 per cent of Consultants were aged under 30;

The ethnic mix of the Consultant workforce

In 2010, the majority (66 per cent) of Consultants in England described themselves as 'White', down from 75 per cent of the total workforce in 2005;

Consultant areas of specialty

General medicine was the single most common area of specialty of Consultants in England, Scotland and Wales in 2010, accounting for just under a quarter of all Consultants;

Consultant earnings

In 2010, Consultants in England on the new contract (which accounts for the majority of positions) earned an average of £89,600 per year in basic salary. Average earnings for Consultants increased by 1.5 per cent per year between 2007 and 2010;

Consultant vacancies

In 2010, the Consultant vacancy rate ranged from 2.9 per cent of all positions in Northern Ireland to 3.5 per cent in England.

1 Introduction

This section provides an introduction and overview for this report including relevant background and contextual information and a summary of the method used.

1.1 Overview

GHK Consulting (GHK), supported by ICM Research (ICM), was commissioned by the OFT in April 2011 to undertake a programme of research exploring issues of private healthcare amongst GPs and Consultants.

The study consists of two research elements:

- the production of a concise but information rich report about the nature of the populations of GPs and Consultants in the United Kingdom in 2011, or as recently as information is available; and,
- the conduct and reporting of two sample surveys directed separately at GPs and Consultants.

This Population Overview Report addresses the first of these two research activities.

1.2 Public and private healthcare in the United Kingdom

This section provides an overview of public and private healthcare in the United Kingdom. It describes the structure and evolution of the healthcare market and the nature of the 'patient pathway' through it. It provides important context for the data and information that follows in later sections.

1.2.1 The founding and evolution of the NHS

The National Health Service (NHS) was founded in 1948 under the guidance of the then health secretary Aneurin Bevan who had an ambitious plan to deliver good healthcare to all. Before this, healthcare in the United Kingdom was provided by charities, voluntary hospitals, private medical clubs, occupational medical services and work clubs (Doyle & Bull, 2000). Gradually over the first half of the twentieth century, the provision of healthcare services was taken over by the state. In 1948, these services were consolidated to form the new NHS which, through a series of contract negotiations, came to employ the majority of healthcare workers in the United Kingdom (Ham, 2004).

The founding principles of the NHS were to be free at the point of use and available to all based on need (NHS choices 2011). These principles are still relevant today and indeed quoted in the NHS White Paper published in 2010 (Dept of Health, 2010). Whilst the NHS was, and still is, accessible to all, its establishment did not abolish the need for a private sector. A proportion of healthcare remained private post 1948, viewing itself complimentary to the NHS (Doyle & Bull, 2000).

The current structure of the United Kingdom healthcare market is the product of a series of reforms that took place over the last two decades. The creation of the NHS internal market in the early 1990s marked the first attempt to break up the state monopoly the NHS was perceived to be. This initiative created the distinction between purchasers and providers within the NHS. Commissioners based in health authorities were expected to purchase services on behalf of their populations. Similarly, healthcare providers primarily based in secondary care were expected to compete to win these contracts (Enthoven, 2001).

This separation of power gave purchasers more flexibility to demand the level of services they desired. Equally, this gave suppliers the autonomy to restructure their arrangements with staff and position themselves to meet these needs (Enthoven, 2001). Prior to this the NHS did purchase private healthcare although this step marked the first serious attempt to induce efficiencies through competitive pressures.

The NHS was subject to a further series of reforms in 2004, which also aimed to induce efficiencies through competition. These initiatives increased the mix of public and private

provision by promoting greater patient choice, establishing FTs and injecting independent and private sector treatment centres into the NHS (Timmins, 2005).

1.2.2 The NHS White Paper and the role of private healthcare providers

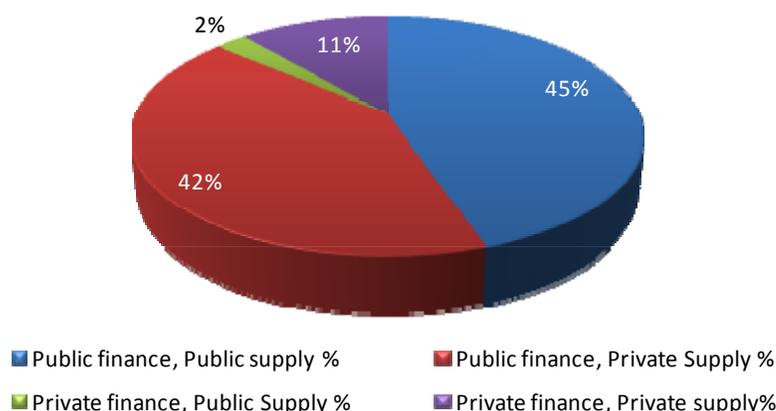
The reforms proposed in the 2010 NHS White Paper ('Equity and excellence: Liberating the NHS') propose to extend the scope of these initiatives (NHS, 2010). It is therefore expected that the size of the private market and the links between private and public provision will increase.

The United Kingdom health sector is therefore now a mixed market as both private and public markets are intrinsically linked. Private providers have contracts to treat NHS patients, with NHS funding of medical treatments provided via private healthcare more than doubling in the last four years (OFT, 2011). Furthermore, the role of private healthcare providers in delivering NHS services is set to increase and there is recognition of the private sector's potential capacity to deliver NHS targets (Skills for Health, 2008).

Similarly, the NHS is also a direct supplier of private healthcare through NHS private patient units (PPUs). This role is also expected to increase as the White Paper proposes to remove the cap on the amount of finance FTs can raise through private healthcare (Department of Health, 2010).

Figure 1.1 provides a breakdown of healthcare finance and supply provided by public and private sources.

Figure 1.1 Healthcare finance and supply provided by public and private sources, 2008-2010



Source: Laing & Buisson 2011

The NHS still dominates the sector, employing around three-quarters of the workforce, with the private sector accounting for most of the remaining 25 per cent (Skills for health, 2011).

In 2009, the United Kingdom private acute healthcare market was estimated to be worth £7.2 billion. This comprises of £5.1 billion generated by independent hospitals, £1.7 billion paid to specialists practising in independent hospitals and £474 million in private patient fees collected by the NHS including the Health Service in Northern Ireland (Laing & Buisson, 2011, Ch. 2).

1.2.3 The patient pathway and the role of GPs and Consultants

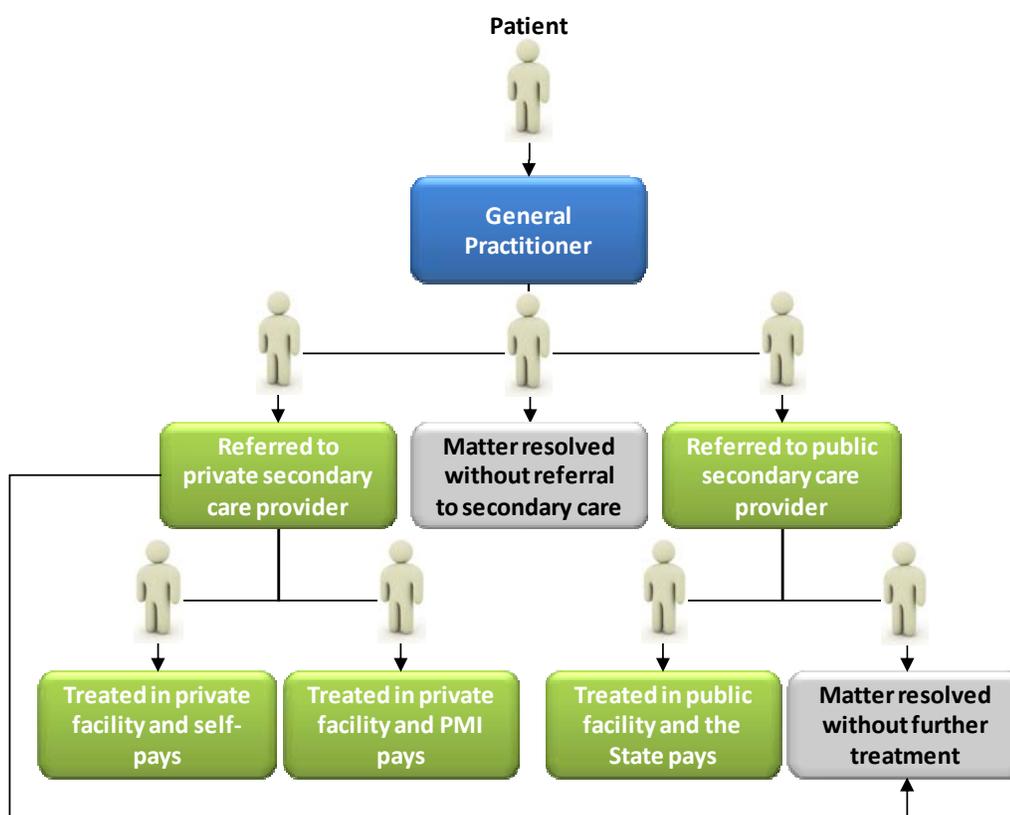
The structure of the UK health system can be described according to different patient pathways. At its broadest this can be split as follows:

- **primary care** has two essential components: in most cases it is the first point of contact a patient will make with a health service provider and it provides continuous care, often by a designated health professional (typically a GP), who takes primary responsibility for an individual's health;

- **secondary care** is provided mainly in hospitals by specialist doctors and a range of other clinicians (including nurses and allied health professionals). This type of care typically follows a referral from a GP (the exception being emergency admissions). Most secondary care is provided and paid for by the state, although there is a sizeable private sector with significant crossover between public and private provision;
- **tertiary care** describes the range of highly specialised services provided by NHS Trusts to deal with rare conditions. The Department of Health has defined this as provision to catchment areas of one million or more people (typically located in large urban areas). These hospitals are often linked to university departments and are centres of research in their area of specialism; and
- **emergency care** is a loosely defined set of services (from a local GP surgery to a large Accident and Emergency department) which respond to the urgent health needs of individuals.⁷

The focus of this report is on the patient pathway through primary and secondary care – including the interaction with GPs (primary) and Consultants (secondary) which will shape the information and choices available to patients – for which we present a simplified graphical representation in Figure 1.2.

Figure 1.2 Patient pathway through primary and secondary healthcare



1.3 Market structure, competition and contestability

The structure of the UK healthcare market and, specifically, the extent to which it is seen as healthy, competitive and well-functioning, is a vital precondition for ensuring that consumers can access affordable and quality healthcare that reflects their needs and preferences.

Where the market does not function properly, this can generate significant consumer

⁷ Boyle, S., 2011. United Kingdom (England): Health Systems Review. *Health Systems in Transition*, 13 (1), pp. 224 – 241.

detriment as well as costs for existing and potential new providers within the healthcare market.

This section presents briefly the existing evidence on market structure, competition and contestability in relation to primary and secondary healthcare in the UK.

1.3.1 General Practitioners

GPs are '*the focal point for primary care, [providing] a range of preventative, diagnostic and curative primary care services...they are usually the first point of contact for a person and also act as gatekeepers to secondary care*'⁸. In 2008, it was estimated that there were just over 300 million GP consultations in England (NHS and private), equal to around 5.4 consultations per person per year⁹. The number of consultations per year increased from an estimated 217 million in 1995, equal to around 3.9 consultations per person¹⁰.

1.3.1.1 NHS GP practices

GP practices consist of a team of individuals, including doctors, practice nurses, administrators and potentially specialist providers of primary care such as physiotherapists, counsellors, and speech therapists. Traditionally, GP practices are independent self-employed contractors, characterised as a '*professionally based, for-profit, cottage industry*'¹¹. Under this model, individual GPs are contractors/ partners, rather than salaried (non partner) professionals. Alongside this single practice model are a small number of multiple-practice groups, who may directly employ GPs on a salaried basis. In 2010 it was estimated that, within England, there were just 270 practices operating within the multiple-practice sector, equal to just 3 per cent of all GP practices¹².

GP practices may access contracts with the NHS through which they generate revenue. They may also charge NHS patients for non-NHS services (e.g. accident or sickness certificates), and may also charge other institutions for non-NHS services (e.g. life assurance reports for insurance companies). Typically, however, the majority of the income of a GP practice comes from the NHS¹³.

Most GP contracts with the NHS are managed by Primary Care Organisations (PCOs)¹⁴, who collectively distribute around 80 per cent of the total NHS budget to healthcare providers¹⁵. Four types of NHS contracting arrangement between GP practices and PCOs are possible:

- *The General Medical Services (GMS) contract.* The GMS contract is negotiated nationally and allocates revenue to GP practices based on their patient list size (adjusted for factors such as location etc);
- *The Personal Medical Services (PMS) contract.* The PMS contract was first introduced in 1998 and became a permanent option in 2004. It is negotiated locally between PCOs and GP practices, enabling the contract to be tailored to meet local circumstances;

⁸ Boyle, S., 2011. United Kingdom (England): Health Systems Review. *Health Systems in Transition*, 13 (1), p. 225.

⁹ The NHS Information Centre (2009) Trends in Consultation Rates in General Practice 1995 to 2008: Analysis of the QResearch® database, p. 21; available at http://www.ic.nhs.uk/webfiles/publications/gp/Trends_in_Consultation_Rates_in_General_Practice_1995_2008.pdf; accessed 14/6/2011.

¹⁰ The NHS Information Centre (2009) Trends in Consultation Rates in General Practice 1995 to 2008: Analysis of the QResearch® database, p. 21; available at http://www.ic.nhs.uk/webfiles/publications/gp/Trends_in_Consultation_Rates_in_General_Practice_1995_2008.pdf; accessed 14/6/2011.

¹¹ Laing & Buisson. 2010 – 2011. *Laing's Healthcare Market Review 2010 – 2011*, p. 210.

¹² Laing & Buisson. 2010 – 2011. *Laing's Healthcare Market Review 2010 – 2011*, p. 211.

¹³ Laing & Buisson. 2010 – 2011. *Laing's Healthcare Market Review 2010 – 2011*, p. 209.

¹⁴ In England these are Primary Care Trusts (PCTs) while in Scotland and Wales they are known as Health Boards, and as Health and Social Care Trusts in Northern Ireland.

¹⁵ http://www.bma.org.uk/patients_public/registerhssurgery.jsp; accessed 14/6/2011.

- *The Alternative Provider Medical Service (APMS) contract:* The APMS contract was introduced in 2004 and enables PCOs to contract with a wide range of organisations to provide GP services, potentially including GPs from the private or voluntary sectors; and
- *The Primary Care Trust Medical Services (PCTMS) contract:* The PCTMS contract was also introduced in 2004 and allows PCOs to directly employ GPs in order to provide services themselves.

1.3.1.2 Private sector GP provision

The vast majority of primary care in the UK is provided through the NHS. In 2009 just 3 per cent of GP consultations undertaken by Great Britain residents were carried out with private primary care providers, a proportion that has remained largely unchanged over recent years¹⁶. It is estimated that this equates to around 7 million private GP consultations each year¹⁷.

Private sector GP facilities typically include the following¹⁸:

- *independent private medical practices:* comparable to traditional GP practices but owned and managed by doctors outside of the NHS;
- *private walk-in and casualty centres:* typically located within high street locations and other areas with high footfall;
- *private primary care in a high street retail environment:* extensions of traditional pharmacy services and potentially located within high street pharmacy providers, though a number of leading supermarket chains have also sought to develop this market;
- *company-paid primary medical care:* some companies offer in-work primary healthcare as an employee benefit;
- *private general practice located within private hospitals:* private hospitals may provide a walk-in GP service, potentially linked to the provision of secondary care within the facility; and
- *private visiting doctor services:* mobile GPs undertaking home-visits.

In contrast with secondary care facilities such as hospitals – which typically mix both public and private revenue streams – public and private primary care facilities are relatively distinct, with little in the way of overlap.

The number of private sector GP facilities is not known. Laing and Buisson's review of the healthcare market describes the private GP market as 'underdeveloped'¹⁹, citing a variety of market and regulatory factors which hamper growth (these may also be considered barriers to entry):

- *primary care provision through the NHS is largely regarded as satisfactory²⁰* and is free at the point of use. Waiting lists – an important driver of private provision within the secondary healthcare market – are not a major issue within the GP sector;
- *NHS GPs are not allowed to treat patients on their NHS lists privately*, since GPs may not charge or accept a fee for patients registered with them for NHS treatment. Privately practising GPs must operate separate private/NHS patient lists, or practise exclusively privately;

¹⁶ ONS (2011) General Lifestyle Survey Overview: A report on the 2009 General Lifestyle Survey.

¹⁷ Laing & Buisson. 2010 – 2011. *Laing's Healthcare Market Review 2010 – 2011*, p. 219.

¹⁸ Laing & Buisson. 2010 – 2011. *Laing's Healthcare Market Review 2010 – 2011*, p. 224-5.

¹⁹ Laing & Buisson. 2010 – 2011. *Laing's Healthcare Market Review 2010 – 2011*, p. 221.

²⁰ Ipsos MORI (2010) Commentary Report for the GP Patient Survey 2009/10 Annual Report, available at http://gp-patient.co.uk/results/download/Y4Q4/Y4Q4_AnnualCommentary_unweighted.pdf; accessed 14/6/2011.

- a GP who sees a patient privately cannot issue an NHS prescription, resulting in an additional cost for the patient; and
- there is little in the way of primary care insurance cover, since GP consultations are typically frequent. PMIs operating in the market typically require co-payment by the user or limit the amount of cover provided in order to limit usage.

Whilst the private GP sector was estimated to be worth £500 million, the Laing and Buisson healthcare market review does not forecast significant growth in the near future, for the reasons identified above.

1.3.2 Consultants

Consultants are specialist doctors who provide secondary care to patients. To be employed as a Consultant, a doctor must have completed all necessary training (which varies depending on the area of specialty but is typically around 9 years) and be placed on the specialist register in their chosen specialty. Consultants typically hold a long-term contract with the NHS – through hospital trusts – based on national terms and conditions of service.

In addition to their NHS position, many Consultants also undertake some private sector work. The BMA estimated that in 2005, 59 per cent of NHS Consultants were also practising in the private sector. By 2006 the National Audit Office put the figure at 55 per cent of the total workforce²¹. The BMA has also suggested that the proportion of NHS Consultants who also practise privately has been decreasing in recent years and will continue to do so in the future, since the new 'generation' of Consultants are less likely to carry out private sector work than has traditionally been the case²². A narrowing of the earnings gap between private practice and NHS work was identified as a key driver behind this development.

Under the new NHS Consultant contract which was agreed in 2003, all Consultants employed by the NHS in England have a standard contract (most Consultants are employed under this new contract). Key features of this new contract include the following:

- Consultants employed full-time by the NHS are required to work in the NHS a minimum of 10 programmed activities of 4 hours per week (i.e. 40 hours of NHS work per week). Programmed activities include clinical care and supporting professional activities. Similar requirements exist for Consultants employed on part-time NHS contracts;
- Consultants must consult with their NHS employer(s) before practising privately, and if they wish to work over and above their core contractual hours they are encouraged to offer these additional hours to the NHS in the first instance;
- Consultants who also work in the private sector must work a minimum of one additional programmed activity of 4 hours per week within the NHS, or pay progression will be deferred; and
- no account is taken of the level of private practice earnings within the new contract (there were previously restrictions).

In addition to NHS Consultants who undertake private sector work, there are also Consultants who operate solely in the private sector. The most recent data on the number of privately-practising Consultants dates from 1992, when it was estimated that there were 17,300 doctors carrying out private practice but the majority (84 per cent) also held an NHS Consultant position, and a further 15 per cent were former NHS Consultants. Just 1 per cent of privately-practising medical specialists had never worked for the NHS.

1.4 The OFT's private healthcare market study

The OFT aims to make markets work well for consumers. It achieves this by promoting and protecting consumer interests throughout the United Kingdom, while ensuring that

²¹ Both cited in Laing & Buisson. 2010 – 2011. *Laing's Healthcare Market Review 2010 – 2011*, p. 113.

²² Cited in Laing & Buisson. 2010 – 2011. *Laing's Healthcare Market Review 2010 – 2011*, p. 113.

businesses are fair and competitive²³. Market studies focus on how effectively certain markets work for consumers and whether and how their operation can be improved.

Initial research undertaken by the OFT into the private healthcare market has raised questions about whether the market is delivering outcomes that are in the best interests of consumers. This led to the formal launch of the private healthcare market study in March 2011 following consultation on its scope.

Much of the debate around the drivers for change in the healthcare market focuses on the area of policy development. However, there is also a range of issues in terms of how people consume healthcare products and services currently as privately paying individuals. The OFT will therefore examine the private healthcare factors and incentives that influence how consumers make decisions regarding the choice of Consultant and/or private healthcare provider.

The OFT proposes that the market study seeks to examine the dynamics of choice for consumers of private healthcare throughout the 'patient journey' from the moment a consumer consults a GP to receiving private healthcare treatment. In particular, the OFT will: examine the role of GPs, Consultants and Private Medical Insurance providers (PMI) in advising consumers of their healthcare choices; assess how price and quality of private healthcare providers feature in the decision making processes throughout the patient journey; and examine what incentives GPs and Consultants have to identify the lowest cost and highest quality pathway. The key areas of focus for the OFT's market study are set out below (box).

Focus of the OFT's private healthcare market study²⁴

- **The nature of competition in private healthcare provision** – how private healthcare providers compete on the price and quality of treatment and the role of the NHS as a provider of privately-funded healthcare through its private patient units.
- **Concentration of provision** – whether concentration at the national, regional and/or local levels might be limiting the extent of competition in the market.
- **Barriers to entry** – whether the relationships between private healthcare providers, PMIs, Consultants and GPs may restrict entry and/or expansion, and whether there are other restrictions on the ability of providers to enter or expand into the market.
- **The role of Consultants** – whether restrictions placed by healthcare and PMI providers on Consultants and other medical professionals limit choice and quality of care for patients, and the role of Consultants more generally in determining how patients are treated, where they are treated and by whom.
- **Constraints on consumers** – how consumers access and assess information about private healthcare providers, and how they exercise choice.

1.5 Purpose of this report

This report constitutes a vital part of the wider OFT market study into private healthcare. It will enhance the OFT's understanding of the United Kingdom populations of GPs and Consultants who are engaged in private healthcare provision.

GPs and Consultants are at the heart of the healthcare market in the United Kingdom – a market which is increasingly characterised by mixed provision both in terms of a mix of providers (public, private and not-for-profit) and individual medical professionals that undertake a mix of work (public and private). Consequently, this report produces detailed

²³ OFT (unpublished), 'Statement of requirements for a program of research exploring issues of private healthcare among general practitioners and Consultants'.

²⁴ OFT (2011), *Private Healthcare - Final statement of scope*, [online], available at http://www.of.gov.uk/shared_of/market-studies/of1295f.pdf, accessed 6 April 2011.

evidence and information about the nature of the populations of GPs and Consultants in the United Kingdom to reveal issues such as how and where they work, professional status and the contractual relationships they have with both the public sector and private sector bodies.

Overall, this report and the wider program of research will provide the OFT with an increasingly detailed picture of two major actors in the private healthcare market and how they help to shape health outcomes for an increasing number of consumers.

1.6 Method of approach

Our method of approach to this Population Overview Report has predominantly involved desk-based research. This included a comprehensive review of existing literature, market data and other intelligence on general practitioners and Consultants in the UK. A full list of resources and data sources used in compiling this report can be found in Annex 3.

Once we retrieved all necessary data and information, we reviewed, analysed and synthesised the information. In presenting the evidence contained herein, we have given consideration to the strength of that evidence, including whether the evidence and findings are consistent across sources and why inconsistencies might arise.

We supplemented our desk-based research with a small number of consultations with selected key stakeholders and experts including the Royal College of General Practitioners (RCGP), the British Medical Association (BMA) and the General Medical Council (GMC). These consultations allowed us to ensure we had sight of any additional organisational material (e.g. 'grey' literature, data and intelligence) of relevance to this report.

1.7 Structure of this report

The remainder of this report is structured as follows:

- Section 2 analyses the GP workforce;
- Section 3 analyses the Consultant workforce; and,
- Section 4 outlines the next steps for the study.

Supporting material is included within the Annexes to this report:

- Annex 1 provides data on the General Practitioner workforce;
- Annex 2 provides data on the Consultant workforce;
- Annex 3 contains information on the references and data sources used; and
- Annex 4 contains information on the system used to classify Consultant specialties.

2 Profile of General Practitioners

This section of the report presents a profile of the GP workforce in the United Kingdom. The section is divided into two main parts:

- an overview of the characteristics of the GP workforce; and
- an overview of GP employment practices.

The section finishes with a set of key findings.

2.1 The scope of this exercise

The Tender Specification for this assignment requested a comprehensive profile of the GP workforce. The primary source of information on GPs is publicly available data concerning the healthcare sector including datasets held by the NHS Information Centre in England. However, these datasets only include information on GPs who are contracted with the NHS. The very small number of GPs who operate outside of the NHS – i.e. purely privately – are not included.

There is no comparable dataset available on private sector GPs. As discussed in Section 1.3.1.2, there are a small number of private facilities that provide primary healthcare, but there are no robust estimates available of the number of facilities operating within the United Kingdom²⁵, nor the number of GPs who work within the sector. The available information suggests, however, that the private GP workforce is very small, since in 2009 just 3 per cent of total GP consultations were carried out privately.

2.2 The GP workforce

This sub-section of the report provides an overview of the key characteristics of the GP workforce in the United Kingdom. Data are presented on:

- the size of the GP workforce in the United Kingdom and the population per GP;
- the sub-national GP workforce;
- the gender profile of the GP workforce; and,
- the age profile of the GP workforce;

Supporting data are included within Annex 1. The Tender Specification requested data on the distribution of the GP workforce by area type (inner city, rural etc), and the year of GP qualification. Neither of these two datasets could be located. The year of GP qualification, for instance, is only available from the GMC's register, but since this includes non-practising GPs it was not possible to include this information.

2.2.1 The size of the GP workforce

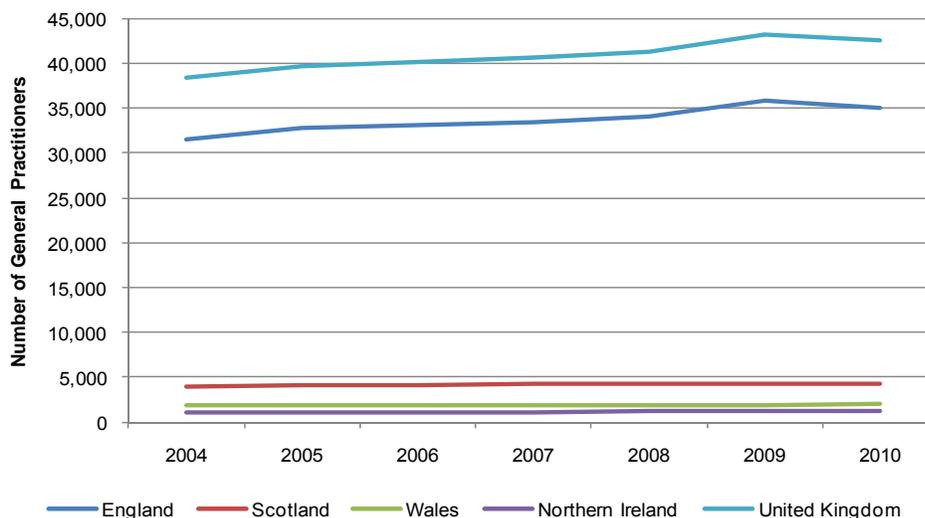
Figure 2.3 provides data on the number of GPs in the United Kingdom between 2004 and 2010. A new methodology for measuring GP headcount was introduced in England in 2010, meaning that data for 2010 are not directly comparable with data from previous years. Key findings are as follows:

- there were a total of 42,500 GPs working in the United Kingdom in 2010, the majority of whom (83 per cent) worked in England;

²⁵ It is possible to produce an estimate, however. As noted in Section 1.3.1.2 it was estimated that there were around 7 million private consultations in the UK in 2009. Data from NHS GP practices indicates that there were an average of 34,200 consultations per practice in 2008, which would imply that there are around 200 private GP practices in the UK, assuming that private GP practices are the same size as NHS GP practices and carry out the same number of consultations.

- the number of GPs in the United Kingdom increased from 38,400 in 2004 to 42,500 in 2010, an average annual increase of 1.7 per cent per year; and
- the rate of growth in the number of GPs was greatest in England, where the number of GPs increased by an average of 1.8 per cent per year between 2004 and 2010, compared to an average increase of 1.2 per cent per year in Scotland.

Figure 2.3 The GP workforce in the United Kingdom, 2004-2010 (headcount)

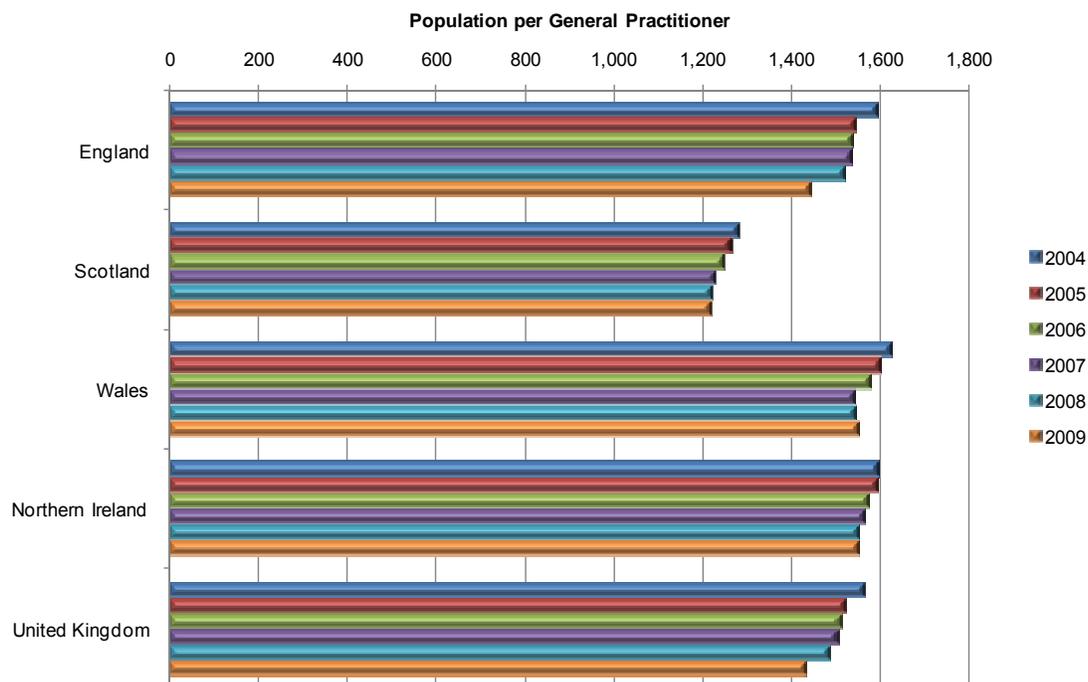


Source: NHS Information Centre England, *General Practice Bulletin 2000-2010*

Figure 2.4 shows the number of people per GP in the United Kingdom and how this changed between 2004 and 2009 (2010 population estimates were not available):

- in 2009 there were 1,430 people per GP in the United Kingdom as a whole;
- in 2009 the number of people per GP was highest in Northern Ireland (1,550 people per GP), and lowest in Scotland (1,200 people per GP); and
- the number of people per GP across the United Kingdom decreased from 1,560 people per GP in 2004 to 1,430 people per GP in 2009 (an average annual decrease of 1.7 per cent per year).

Figure 2.4 The population per GP in the United Kingdom, 2004-2009 (headcount)



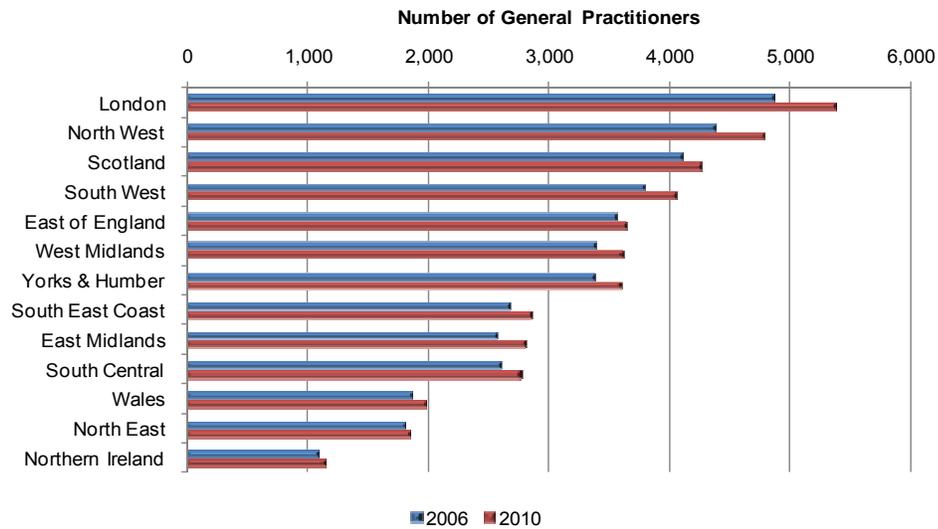
Source: NHS Information Centre England, *General Practice Bulletin 2000-2010*; ONS mid-year population estimates 2004-2009

2.2.2 The sub-national GP workforce

Figure 2.5 shows the size of the GP workforce within the English SHAs, Scotland, Wales and Northern Ireland in 2006 and 2010. Figure 2.6 shows the population per GP within these areas. Key findings include:

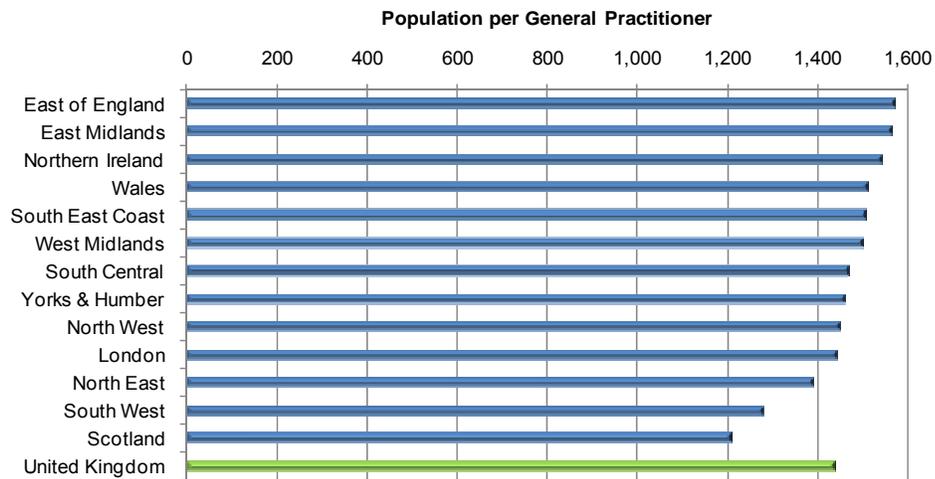
- London accounted for the single largest number of GPs in 2010 (5,390 GPs, or 13 per cent of the total United Kingdom GP workforce). Of the English SHAs, North East England recorded the lowest number of GPs – 1,860, or 4 per cent of the total United Kingdom workforce);
- the GP workforce increased between 2006 and 2010 in all of the sub-national units of analysis. In absolute terms, the increase was greatest in London (an increase of 520 GPs) and North West England (an increase of 400 GPs); and
- in terms of the population per GP, the East of England SHA recorded the highest number of people per GP (1,570 in 2010), and Scotland the lowest number (1,210 people per GP).

Figure 2.5 The GP workforce within the English SHAs, Scotland, Wales and Northern Ireland, 2006 and 2010 (headcount)



Source: NHS Information Centre England, NHS Staff 2000-2010 (General Practice); NHS Information Centre England, General Practice Bulletin 2000-2010

Figure 2.6 The population (2009) per GP (2010) in the English SHAs, Scotland, Wales and Northern Ireland (headcount)



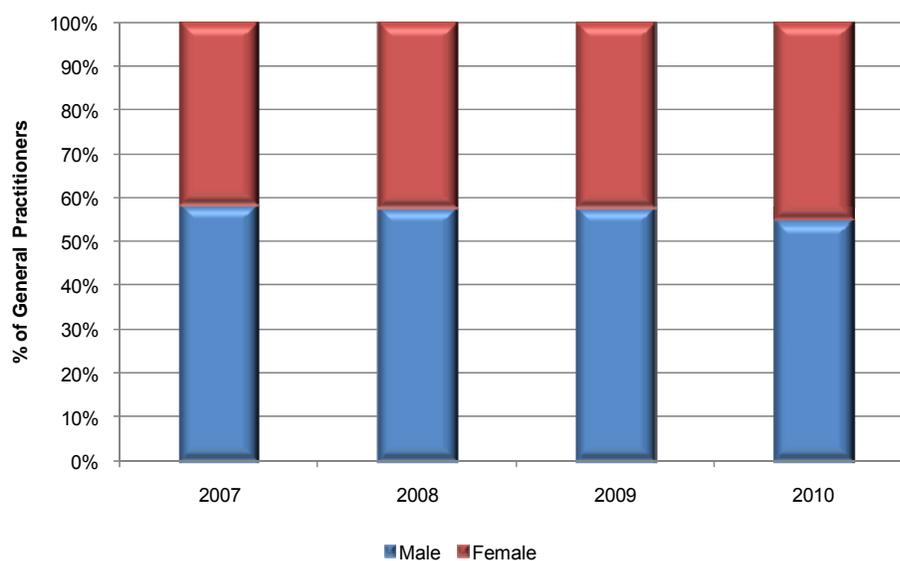
Source: NHS Information Centre England, NHS Staff 2000-2010 (General Practice); NHS Information Centre England, General Practice Bulletin 2000-2010; NHS Information Centre England, Attribution dataset GP registered populations 2010; ONS mid-year population estimates 2004-2009

2.2.3 The gender profile of the GP workforce

Figure 2.7 shows the proportion of the GP workforce in Great Britain²⁶ who were male and the proportion who were female, and how this balance changed between 2007 and 2010. Figure 2.8 and Figure 2.9 show how the male and female GP workforce changed between 2001 and 2010 respectively²⁷:

- in 2010, 55 per cent of GPs in Great Britain were male and 45 per cent were female. In 2007, 41 per cent of GPs were female; and
- whilst changes in the methodology used to generate headcount data mean that comparisons between 2010 and preceding years should be treated with caution, the evidence suggests that the number of female GPs increased steadily between 2001 and 2010, particularly in England (where the annual average rate of increase was 5.1 per cent per year).

Figure 2.7 The proportion of male and female GPs in Great Britain, 2007-2010 (headcount)

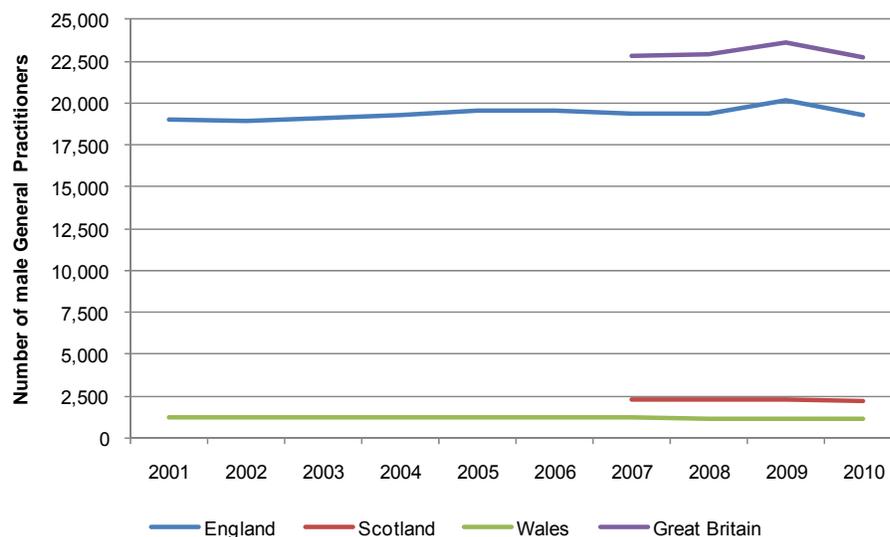


Source: NHS Information Centre England; ISD Scotland, General Practice; Welsh Assembly Government, General Medical Practitioners in Wales

²⁶ No data were available for Northern Ireland.

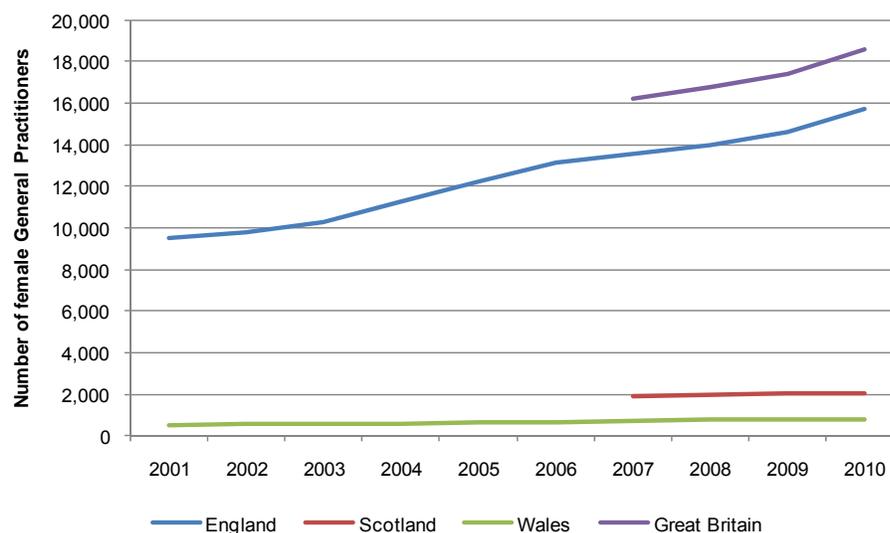
²⁷ No data on the gender of GPs were available for Scotland before 2007.

Figure 2.8 The number of male GPs in Great Britain, 2001-2010 (headcount)



Source: NHS Information Centre England; ISD Scotland, General Practice; Welsh Assembly Government, General Medical Practitioners in Wales

Figure 2.9 The number of female GPs in Great Britain, 2001-2010 (headcount)



Source: NHS Information Centre England; ISD Scotland, General Practice; Welsh Assembly Government, General Medical Practitioners in Wales

2.2.4 The age profile of the GP workforce

Figure 2.10 shows the proportion of GPs within selected age categories in 2010²⁸ in Great Britain²⁹:

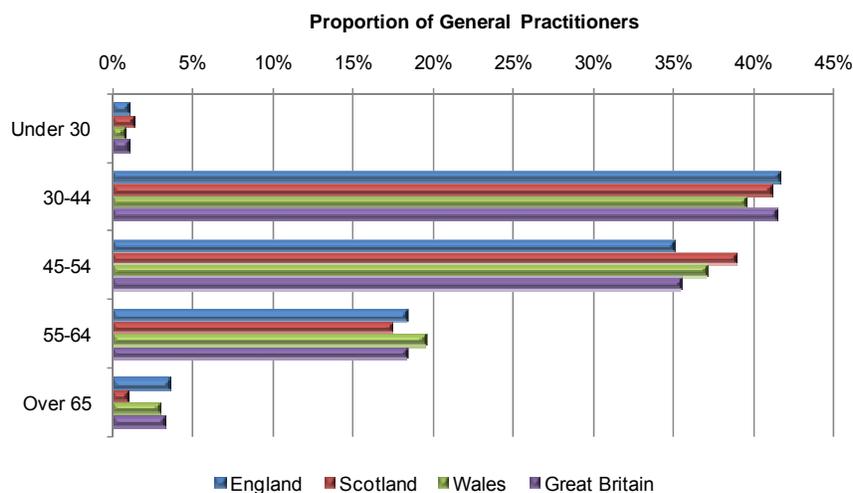
- there are very few GPs under the age of 30 in Great Britain (just 500 GPs, or 1 per cent of the total workforce);

²⁸ Consistent time series data were not available.

²⁹ No data were available for Northern Ireland.

- some 42 per cent of the GP workforce in Great Britain fell into the 30-44 age category, the single largest age group; and
- a further 36 per cent of the GP workforce in Great Britain fell into the 45-54 age category.

Figure 2.10 The age profile of GPs in Great Britain, 2010 (headcount)



Source: NHS Information Centre England; ISD Scotland, General Practice; Welsh Assembly Government, General Medical Practitioners in Wales

2.3 GP employment practices

This sub-section of the report presents data on employment practices within the GP workforce, including:

- GP contract types;
- GP earnings;
- vacancies in GP positions;
- the numbers of GP practices; and
- the size of GP practices.

Supporting data are included within Annex 1.

2.3.1 GP contract types

As outlined in Section 1.3.1.1, there are four types of contract under which GPs can operate: the GMS, PMS, APMS and PCTMS contracts. Figure 2.11 shows the number of GPs employed under these four contract types in England³⁰ between 2000 and 2010³¹:

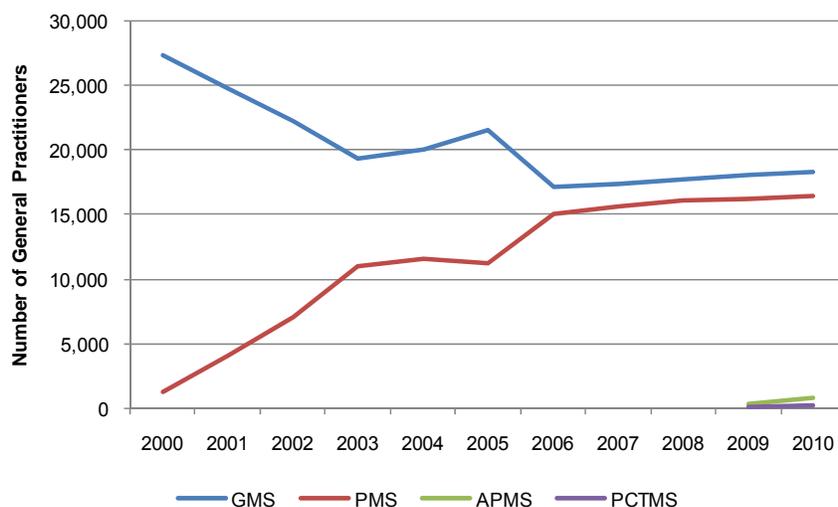
- the number of GPs employed under a GMS contract declined from 27,300 in 2000 to 18,350 in 2010. The share of total contracts that are GMS thus dropped from 95 per cent to 51 per cent between 2000 and 2010;
- between 2000 and 2010 the proportion of GPs employed under a PMS contract increased from just 1,300 to 16,430. In 2010, PMS contracts accounted for 46 per cent of all contracts; and

³⁰ Data were not available for Scotland, Wales or Northern Ireland.

³¹ Data on APMS and PCTMS contracts were only available for 2009 and 2010.

- APMS and PCTMS contracts collectively accounted for just 3 per cent of all contract types in 2010, with a small increase in the number of GPs employed under these contracts since 2009.

Figure 2.11 The number of GPs employed under the four main contract types in England, 2000-2010 (headcount)



Source: NHS Information Centre England, *General Practice Bulletin 2000-2010*

2.3.2 GP earnings

GP earnings are affected by a number of factors, including their contract type, and whether they are contracted or salaried.

2.3.2.3 Contracted GPs

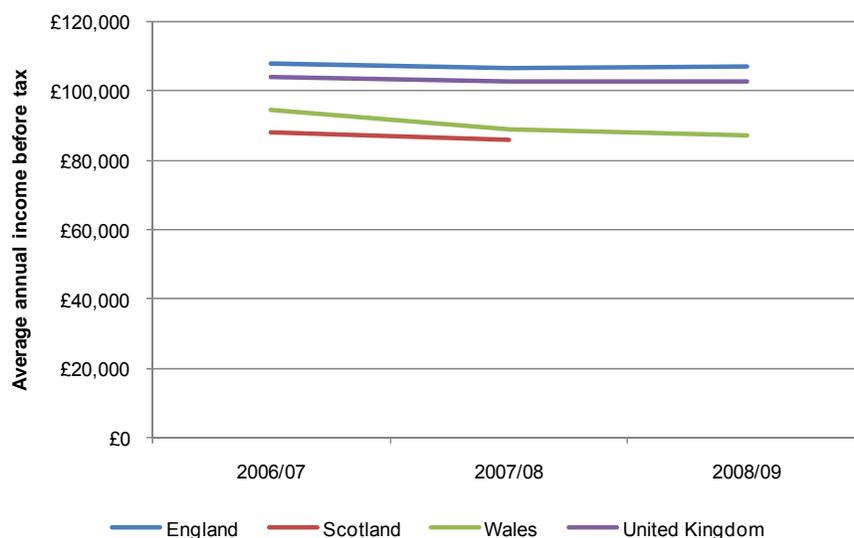
Figure 2.12 shows the average earnings of contracted GPs in England, Scotland and Wales³² between 2006/07 and 2008/09 (for GMS and PMS contracts combined), for non-dispensing GPs³³ only:

- GP earnings were highest in England, where the annual average pre-tax income was £106,900 in 2008/09;
- average GP earnings declined between 2006/07 and 2008/09, by an average of 0.8 per cent per year in the United Kingdom as a whole. The greatest rate of decline was recorded in Wales, where average earnings decreased by 4 per cent per year between 2006/07 and 2008/09.

³² Disaggregated data were not available for Northern Ireland, though United Kingdom data were available.

³³ Dispensing GP practices are able to dispense prescription medicines. They tend to be located in rural areas, and GP earnings in such cases tend to be higher than is the case for non-dispensing GP practices. It is estimated that around 15 per cent of GP practices are dispensing practices, see http://www.bma.org.uk/press_centre/pressgps.jsp; accessed 14/6/2011.

Figure 2.12 The average earnings of salaried GPs in the United Kingdom, 2006/07 to 2008/09 (income before tax)



Source: NHS Information Centre, GP earnings and expenses time series

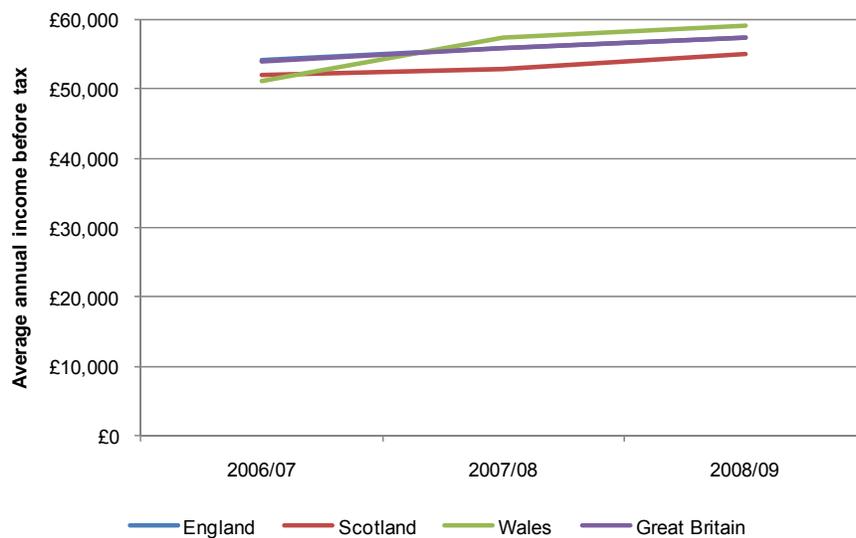
2.3.2.4 Salaried GPs

Figure 2.13 shows the average earnings of salaried GPs in England, Scotland and Wales³⁴ between 2006/07 and 2008/09 (for GMS and PMS contracts combined):

- between 2006/07 and 2008/09, the average annual income before tax for salaried GPs in Great Britain as a whole increased from £53,940 to £57,300, an average increase of 3.1 per cent per year; and
- in 2008/09 the highest average earnings were in Wales, where a salaried GP earned an average of £59,200 a year before tax. Between 2006/07 and 2008/09 salaried GP earnings in Wales increased by an average of 7.2 per cent per year.

³⁴ Data were not available for Northern Ireland.

Figure 2.13 The average earnings of salaried GPs in Great Britain, 2006/07 to 2008/09 (income before tax)



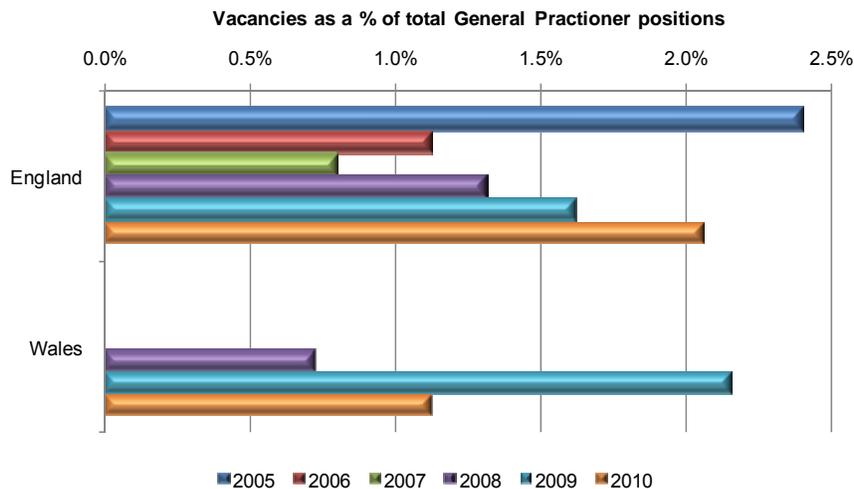
Source: NHS Information Centre, GP earnings and expenses time series

2.3.3 GP vacancies

Figure 2.14 shows the proportion of GP positions that were vacant in England and Wales³⁵ between 2005 and 2010 (2008 to 2010 in Wales):

- in 2010 the GP vacancy rate in England was 2.1 per cent, and in Wales the vacancy rate was 1.1 per cent; and
- the GP vacancy rate varies significantly between years. In England the vacancy rate dropped from a high of 2.4 per cent in 2005 to a low of 0.8 per cent in 2007, before increasing to its current (2010) rate of 2.1 per cent.

Figure 2.14 The proportion of GP positions that were vacant as of March in England and Wales, 2005-2010 (full-time equivalent)



Source: NHS Information Centre, GP Practice Vacancies Survey

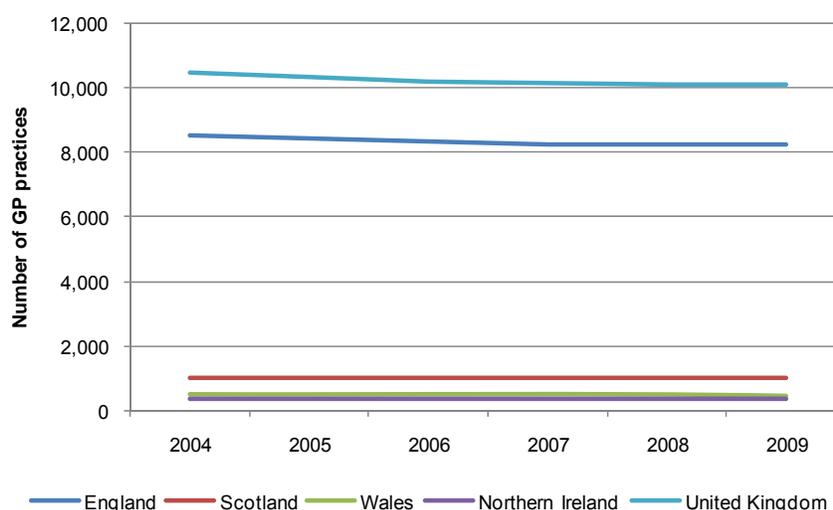
³⁵ No data were available on GP vacancies in Scotland or Northern Ireland.

2.3.4 Practice numbers

Figure 2.15 shows how the number of GP practices in the United Kingdom changed between 2004 and 2009. Key points of note are as follows:

- in 2009 there were a total of 10,090 GP practices in the United Kingdom, down from 10,450 in 2004 (an average annual decrease of 0.7 per cent per year). Between 2004 and 2009 there was a net loss of 360 GP practices in the United Kingdom as a whole;
- the number of GP practices declined between 2004 and 2009 in England, Scotland, Wales and Northern Ireland; and
- the majority of GP practices (82 per cent of the United Kingdom total) were located in England.

Figure 2.15 The number of GP practices in the United Kingdom, 2004-2009



Source: *General Practice Trends in the United Kingdom, March 2011*

2.3.5 Practice size

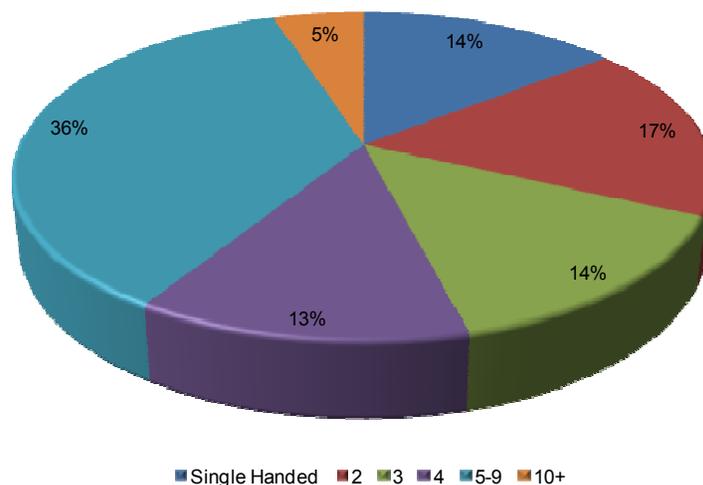
Figure 2.16 shows the size of GP practices in England³⁶ in 2010³⁷, measured according to the number of GPs operating from the practice. Key points of note are as follows:

- some 14 per cent of GP practices were classed as 'single handed' (i.e. there was only one GP present);
- the single most common practice size was between 5 and 9 GPs (accounting for 36 per cent of all GP practices in England); and
- just under half of all GP practices in England (45 per cent of the total) consisted of between 1 and 3 GPs.

³⁶ No comparable data were available for Scotland, Wales or Northern Ireland.

³⁷ Time series data were not available.

Figure 2.16 The number of GPs working in GP practices in England, 2010



Source: NHS Information Centre, NHS Staff 2000 - 2010 (General Practice)

2.4 Key findings

This section of the report has presented and analysed the available data on the GP workforce in the United Kingdom. Key findings are set out below.

Key findings:

- In 2010, there were a total of 42,500 GPs working in the United Kingdom. Changes in the method for counting GP numbers mean that year-on-year comparisons should be treated with caution, but the overall trend over the past decade has been a steady increase in the size of the GP workforce throughout the United Kingdom;
- In 2009, there were 1,430 people per GP in the United Kingdom as a whole. The number of people per GP declined year-on-year between 2004 and 2009 (down from 1,560 people per GP in 2004);
- Sub-nationally, in 2010 the number of GPs was highest in London (5,390 GPs), and lowest in Northern Ireland (1,160 GPs). The number of people per GP was highest in the East of England SHA (1,570 people per GP in 2009), and lowest in Scotland (1,210 people per GP in 2009);
- In 2010, just over half (55 per cent) of all GPs in Great Britain were male. The proportion of GPs who were male decreased between 2007 and 2010 (down from 59 per cent of the total in 2007);
- In 2010, some 78 per cent of GPs in Great Britain were aged between 30 and 54, with 42 per cent of the total GP workforce aged between 30 and 44;
- Slightly over half of all GPs in England (51 per cent of the total workforce) were employed under a GMS contract in 2010, down from 95 per cent of the total in 2000. The proportion of GPs working under a PMS contract increased from just 5 per cent in 2000 to 46 per cent in 2010. Around 3 per cent of GPs are employed under APMS and PCTMS contracts;
- In 2008/09, contracted GPs in the United Kingdom earned an average of £106,900 per year (before tax) and salaried GPs in Great Britain earned an average of £57,300 per year (before tax). Earnings for contracted GPs decreased by an average of 0.8 per cent per year between 2006/07 and 2008/09, whilst earnings for salaried GPs increased by an average of 3.1 per cent per year;
- In 2010, 2.1 per cent of GP positions in England were vacant, and 1.1 per cent of GP positions in Wales were vacant;
- In 2009, there were some 10,090 GP practices in the United Kingdom. The number of practices has declined in recent years (a net loss of 360 GP practices between 2004 and 2009). Just under half of all GP practices in England (45 per cent) consisted of between 1 and 3 GPs (14 per cent only had a single GP).

3 Profile of Consultants

This section of the report presents a profile of the Consultant workforce in the United Kingdom. The section is divided into two main parts:

- an overview of the characteristics of the Consultant workforce; and
- an overview of Consultant employment practices.

The section finishes with a set of key findings.

3.1 The scope of this exercise

The Tender Specification for this assignment requested a comprehensive profile of the Consultant workforce. The primary source of information on Consultants is publicly available data concerning the healthcare sector including datasets held by the NHS Information Centre in England. However, these datasets only include information on Consultants who hold a contract with the NHS. Consultants who operate outside of the NHS – i.e. purely privately – are not included.

There is no comparable dataset available on Consultants who only work in the private sector. As discussed in Section 1.3.2, however, this is likely to be a relatively small number of individuals. In 1992 – the most recent year for which data are available – 84 per cent of private sector medical specialists also held an NHS Consultant position, meaning that they would be included within the datasets used for this report.

The data in this section of the report only concerns the NHS Consultant workforce (henceforth referred to as the Consultant workforce).

3.2 The Consultant workforce

This sub-section of the report provides an overview of the key characteristics of the Consultant workforce in the United Kingdom. Data are presented on:

- the size of the Consultant workforce in the United Kingdom and the population per Consultant;
- the sub-national Consultant workforce;
- the gender profile of the Consultant workforce;
- the age profile of the Consultant workforce;
- the ethnic mix of the Consultant workforce; and
- Consultant areas of specialty.

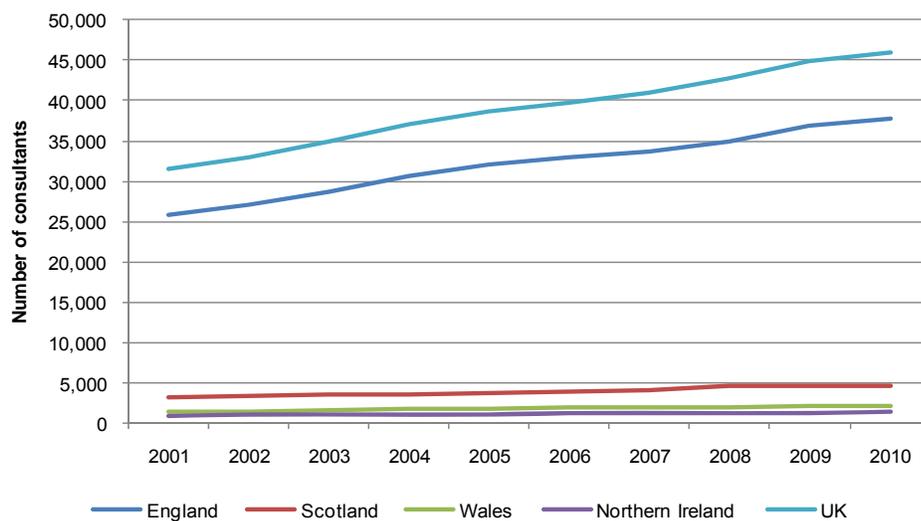
Supporting data are included within Annex 1.

3.2.1 The size of the Consultant workforce

Figure 3.17 shows the number of NHS Consultants working in the United Kingdom between 2001 and 2010. Data are disaggregated between England, Scotland, Wales and Northern Ireland:

- in 2010 there were around 46,000 Consultants working in the United Kingdom, up from around 31,500 in 2001 (an average annual increase of 3.9 per cent);
- the majority of Consultants were employed in England, which accounted for 82 per cent of the total in 2010; and
- between 2001 and 2010, the size of the Consultant workforce increased by an average of 3.9 per cent per year in England and in Northern Ireland, and by 4 per cent per year in Wales. In Scotland the average annual rate of increase was slightly lower (3.5 per cent per year).

Figure 3.17 The total Consultant workforce in the United Kingdom, 2001-2010 (headcount)



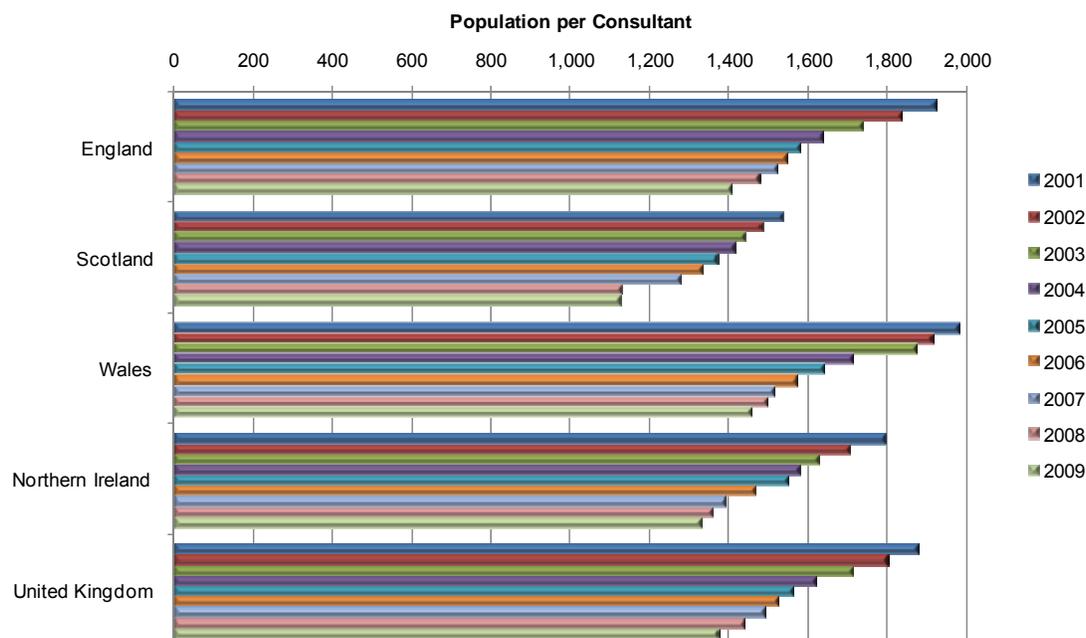
Source: NHS Information Centre; ISD Scotland; Welsh Assembly Government; Department of Health, Social Services and Public Safety

Figure 3.18 shows the number of people per Consultant in England, Scotland, Wales and Northern Ireland and how this changed between 2001 and 2009³⁸:

- in 2009 there were 1,374 people per Consultant across the United Kingdom;
- the number of people per Consultant was highest in Wales (1,454 people per Consultant) and lowest in Scotland (1,127 people per Consultant); and
- in the United Kingdom the number of people per Consultant decreased from 1,877 people in 2001 to 1,374 people in 2009 (an average annual decrease of 3.4 per cent).

³⁸ 2010 population estimates were not available.

Figure 3.18 The population per Consultant in the United Kingdom, 2001-2009 (headcount)



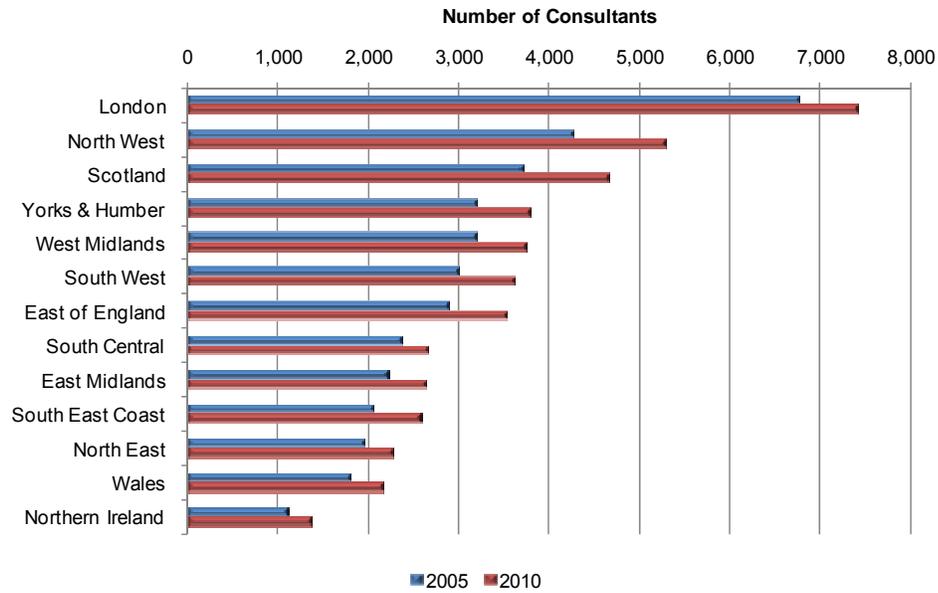
Source: NHS Information Centre; ISD Scotland; Welsh Assembly Government; Department of Health, Social Services and Public Safety; ONS mid-year population estimates 2000-2009

3.2.2 The sub-national Consultant workforce

Figure 3.19 shows the size of the Consultant workforce in the nine English SHAs and in the Devolved Administrations, and how this changed between 2005 and 2010. Figure 3.20 shows the population per Consultant within these areas in 2010. Key findings are as follows:

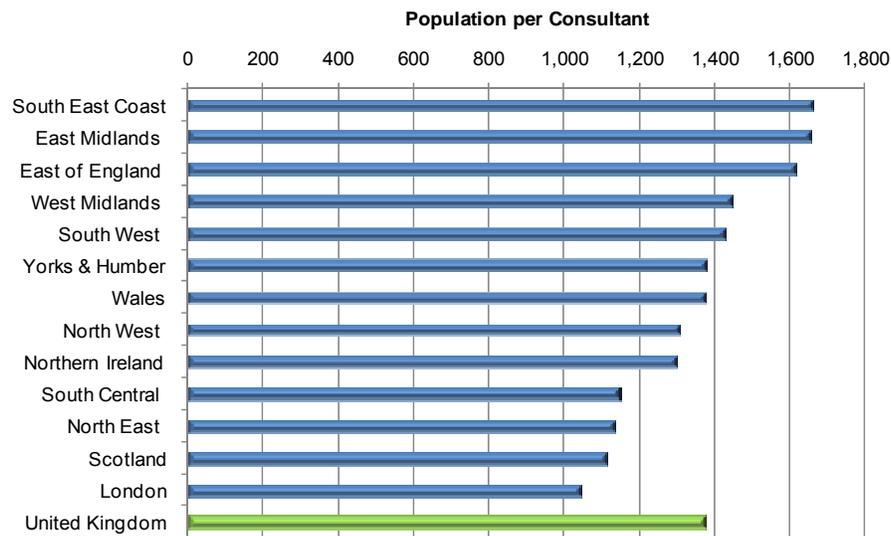
- of all the SHAs/ Devolved Administrations, London had the most Consultants (7,400 in 2010) and Northern Ireland the fewest (1,400 in 2010);
- there were a total of 1,664 people per Consultant in the South East Coast SHA in 2009, the most people per Consultant of all the SHAs/ Devolved Administrations. London – with 1,047 people per Consultant – had the lowest population per Consultant ratio; and
- in absolute terms, the increase in the number of Consultants was greatest in the North West SHA, where an extra 1,000 Consultants joined the workforce between 2005 and 2010 (an average annual increase of 3.6 per cent per year).

Figure 3.19 The Consultant workforce within the English SHAs, Scotland, Wales and Northern Ireland, 2005 and 2010 (headcount)



Source: NHS Information Centre (England); ISD Scotland (Scotland); Welsh Assembly Government (Wales); The Department of Health, Social Services and Public Safety (Northern Ireland)

Figure 3.20 The population (2009) per Consultant (2010) in the English SHAs, Scotland, Wales and Northern Ireland (headcount)



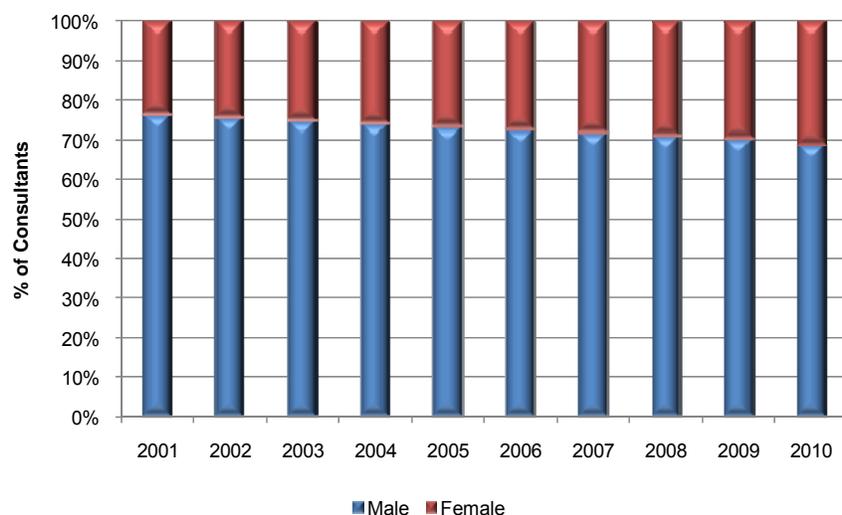
Source: NHS Information Centre (England); ISD Scotland (Scotland); Welsh Assembly Government (Wales); The Department of Health, Social Services and Public Safety (Northern Ireland); ONS mid-year population estimates 2004-2009

3.2.3 The gender profile of the Consultant workforce

Figure 3.21 shows the proportion of the Consultant workforce in England, Scotland and Northern Ireland³⁹ who were male and the proportion who were female, and how this balance changed between 2001 and 2010. Figure 2.8 show how the male and female Consultant workforce changed between 2001 and 2010 respectively:

- in 2010, 69 per cent of Consultants in England, Scotland and Northern Ireland were male and 31 per cent were female. In 2001, 23 per cent of Consultants were female;
- over the same time period, the total number of male Consultants increased from 23,000 to 30,100 (an average annual increase of 3.1 per cent per year). The number of female Consultants almost doubled between 2001 and 2010, increasing from 7,000 to 13,700, an average annual increase of 7.6 per cent per year).

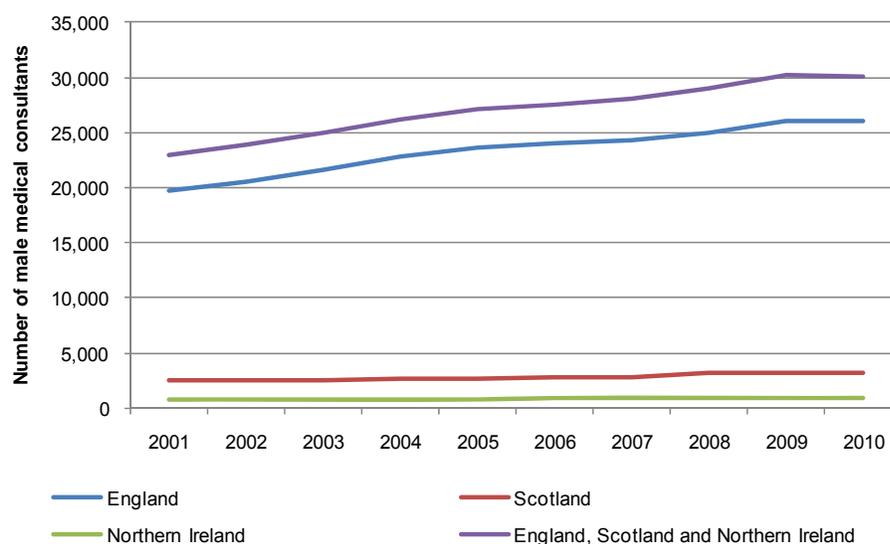
Figure 3.21 The proportion of male and female Consultants in England, Scotland and Northern Ireland, 2001-2010 (headcount)



Source: NHS Information Centre (England); ISD Scotland (Scotland); The Department of Health, Social Services and Public Safety (Northern Ireland)

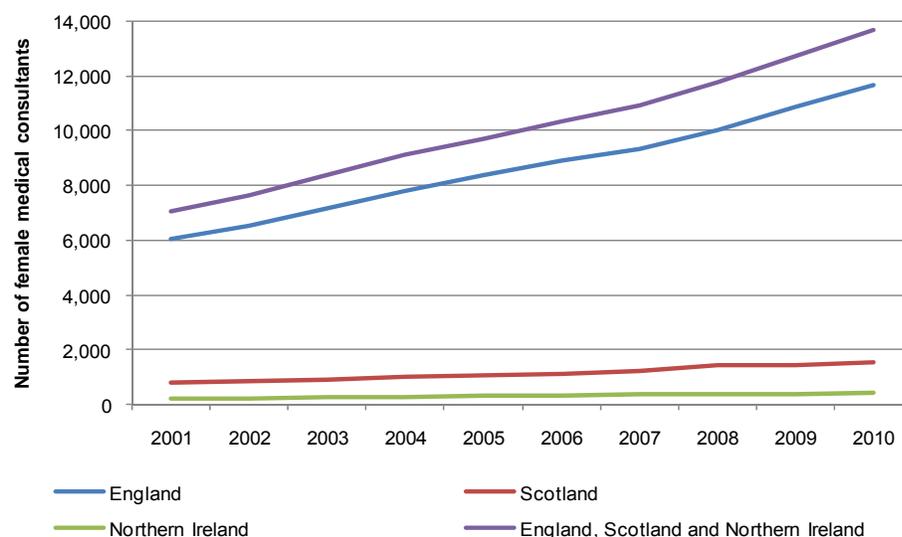
³⁹ No data on the gender of Consultants were available for Wales.

Figure 3.22 The number of male Consultants in England, Scotland and Northern Ireland, 2001-2010 (headcount)



Source: NHS Information Centre (England); ISD Scotland (Scotland); The Department of Health, Social Services and Public Safety (Northern Ireland)

Figure 3.23 The number of female Consultants in England, Scotland and Northern Ireland, 2001-2010 (headcount)



Source: NHS Information Centre (England); ISD Scotland (Scotland); The Department of Health, Social Services and Public Safety (Northern Ireland)

3.2.4 The age profile of the Consultant workforce

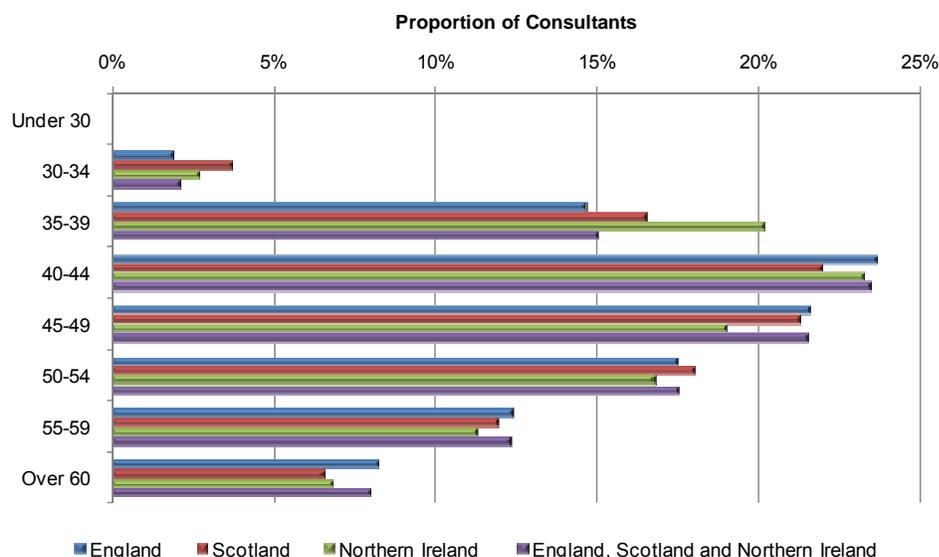
Figure 3.24 shows the proportion of Consultants within selected age categories in 2010⁴⁰ in England, Scotland and Northern Ireland⁴¹:

⁴⁰ Consistent time series data were not available.

⁴¹ No data on the age of Consultants were available for Wales.

- in 2010 there were almost no Consultants under the age of 30 in the England, Scotland and Northern Ireland, and just 2 per cent of the total workforce were aged between 30-34; and
- the 40-44 age group accounted for the single largest proportion of the Consultant workforce in England, Scotland and Northern Ireland – some 23 per cent of the total – followed by the 45-50 age group (another 22 per cent of the total).

Figure 3.24 The age profile of Consultants in England, Scotland and Northern Ireland, 2010 (headcount)



Source: NHS Information Centre (England); ISD Scotland (Scotland); The Department of Health, Social Services and Public Safety (Northern Ireland)

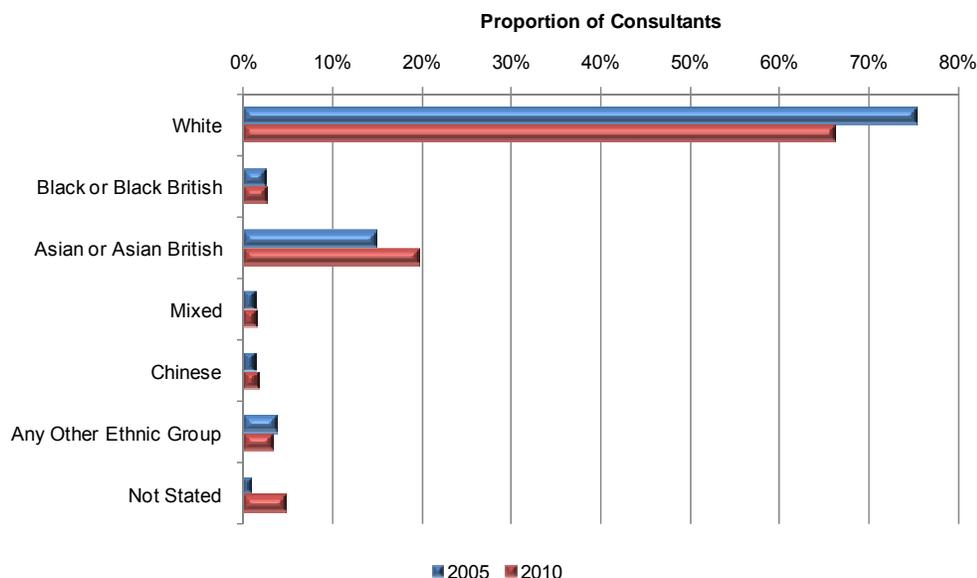
3.2.5 The ethnic mix of the Consultant workforce

Figure 3.25 shows the ethnic group of the Consultant workforce in England⁴² and how this changed between 2005 and 2010:

- Consultants describing themselves as ‘White’ made up the majority of the workforce (66 per cent of the total in 2010);
- the proportion of Consultants describing themselves as ‘White’ fell from 75 per cent of the total in 2005 to 66 per cent of the total in 2010. The average annual rate of increase between 2005 and 2010 for Consultants describing themselves as ‘White’ was 3.2 per cent per year, the lowest rate of all the ethnic groups shown in Figure 3.25; and
- Consultants describing themselves as ‘Asian or Asian British’ made up 20 per cent of the workforce in 2010. The number of Consultants describing themselves as ‘Asian or Asian British’ increased by an average of 12 per cent per year between 2005 and 2010, the fastest rate of increase of all the ethnic groups shown in Figure 3.25.

⁴² No data were available for any of the Devolved Administrations.

Figure 3.25 The proportion of Consultants within selected ethnic groups in England, 2005 and 2010 (headcount)



Source: NHS Information Centre

3.2.6 Area of specialty of Consultants

Consultants typically have an area of specialty⁴³. Figure 3.26 shows the proportion of the total Consultant workforce in England, Scotland, Wales and Great Britain⁴⁴ who worked within the major specialty areas⁴⁵, and Figure 3.27 shows how this changed between 2001 and 2010 in Great Britain:

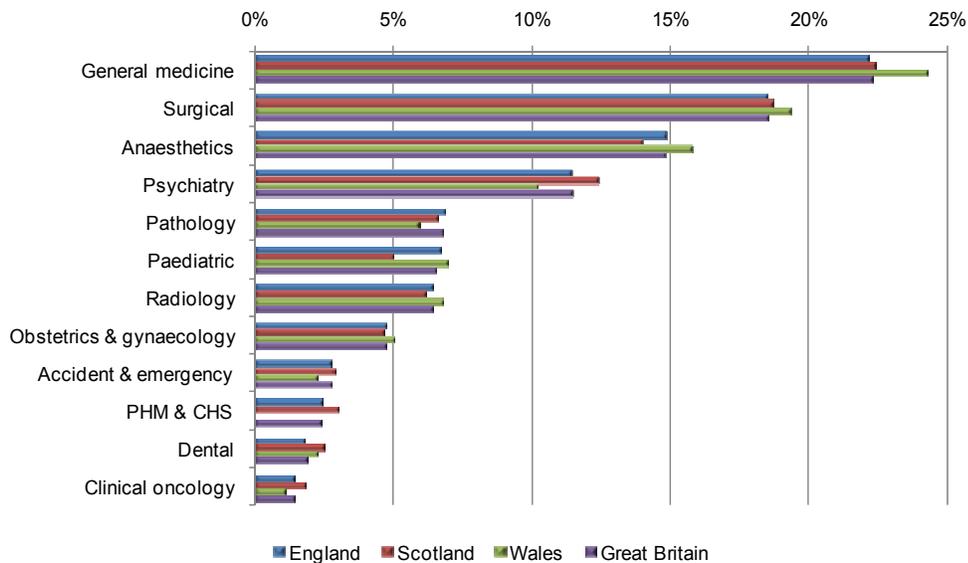
- general medicine was the specialty that accounted for the single largest proportion of Consultants (22 per cent of the Consultant workforce in Great Britain in 2010);
- within Great Britain, surgery (18 per cent of the total workforce), anaesthetics (15 per cent) and psychiatry (11 per cent) were other common specialty areas for Consultants; and
- between 2001 and 2010 the Consultant workforce as a whole increased by 4.3 per cent per year. Over this time the fastest rate of growth was within general medicine, where the number of Consultants increased by 9.2 per cent per year, followed by paediatrics, where the number of Consultants increased by 6 per cent per year.

⁴³ We have defined these specialty areas following the classification used for the workforce statistics provided by the NHS Information Centre, ISD Scotland, and the Welsh Assembly Government. The GMC provides an alternative classification for sub-specialties, available at http://www.gmc-uk.org/education/A-Z_by_specialty.asp; accessed 14/6/2011.

⁴⁴ No data were available for Northern Ireland.

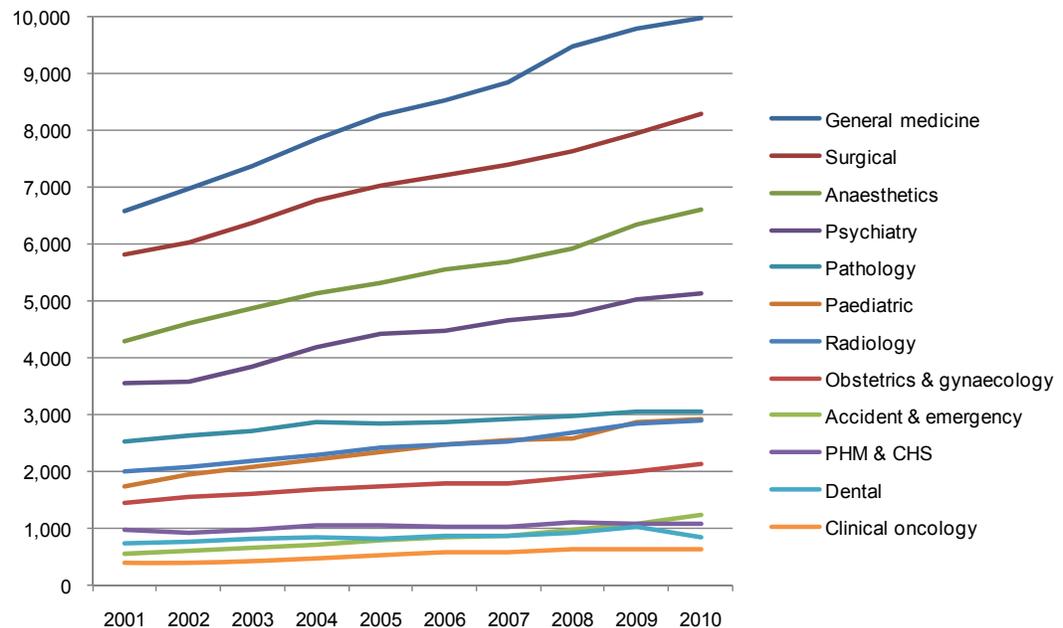
⁴⁵ The major specialty areas have been based on the data provided by the NHS Information Centre, for England. The specialty categories for Scotland and Wales required aggregation in order to match these standard categories – further details are contained in Annex 4.

Figure 3.26 The proportion of Consultants working within the major speciality areas in England, Scotland, Wales and Great Britain, 2010 (headcount)



Source: NHS Information Centre (England); ISD Scotland (Scotland); Welsh Assembly Government (Wales)

Figure 3.27 The number of Consultants working within the major speciality areas in Great Britain 2001-2010 (headcount)



Source: NHS Information Centre (England); ISD Scotland (Scotland); Welsh Assembly Government (Wales)

3.3 Consultant employment practices

This sub-section of the report presents data on employment practices within the Consultant workforce, including:

- Consultant earnings, and
- vacancies in Consultant positions.

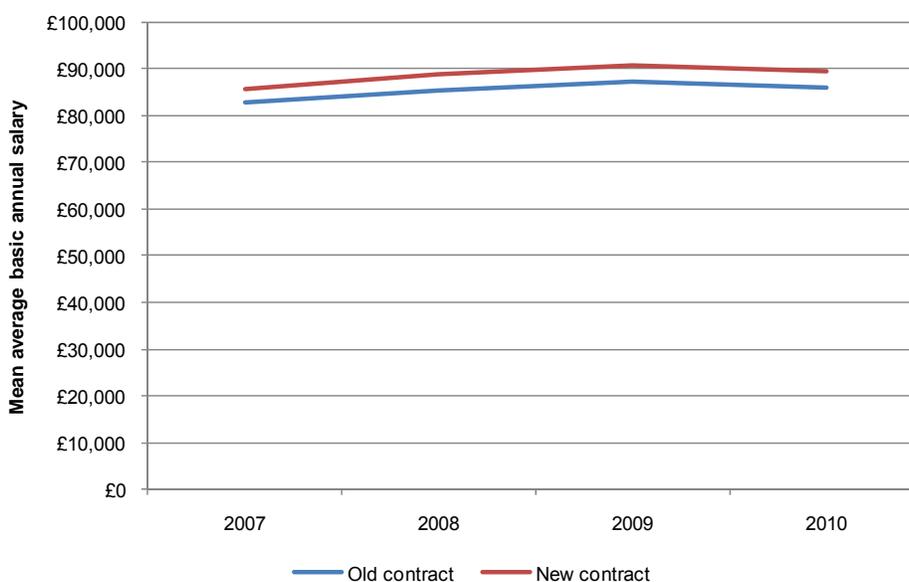
Supporting data are included within Annex 1.

3.3.1 Consultant earnings

Figure 3.28 shows average basic salary of Consultants in England⁴⁶ between 2007 and 2010. Data have been disaggregated according to whether Consultants were employed under the new or old NHS Consultant contracts⁴⁷. Key points of note are:

- in 2010, the average salary of a Consultant in England was £89,600 (new contract). Consultants on the old contract earned slightly less on average (£85,900 per year); and
- between 2007 and 2009 the average basic salary of a Consultant on the new contract increased by an average of 2.9 per cent per year. Between 2009 and 2010, however, the average salary of a Consultant decreased from £90,700 a year to £89,600 a year, a drop of 1.2 per cent).

Figure 3.28 The average basic salary of Consultants under the old and new contracts in England, 2007-2010



Source: NHS Information Centre

3.3.2 Consultant vacancies

Figure 3.29 shows the proportion of Consultant positions that were vacant⁴⁸ in England, Scotland and Northern Ireland⁴⁹ between 2008 and 2010⁵⁰:

- in 2010 the Consultant vacancy rate ranged from 2.9 per cent in Northern Ireland to 3.5 per cent in England; and

⁴⁶ No data were available for Scotland, Wales or Northern Ireland.

⁴⁷ The term 'old contract' refers to pre-2003 contracts, whilst 'new contract' is used to describe post-2003 contracts – see Section 1.3.2.

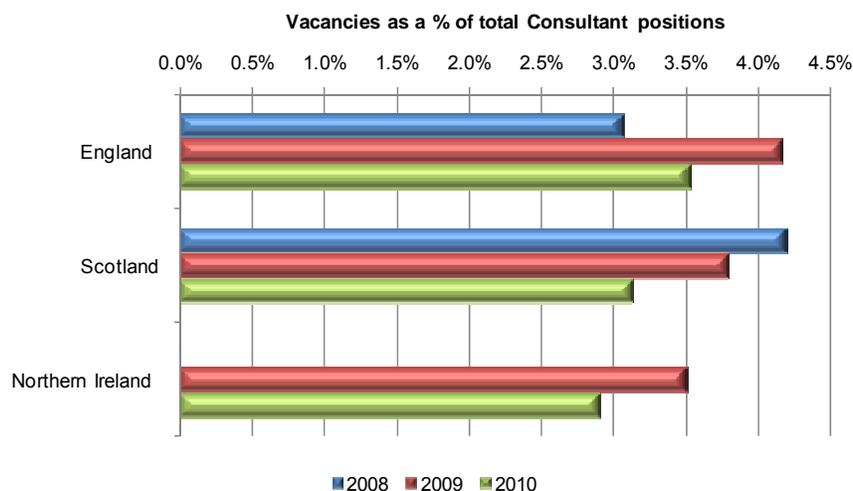
⁴⁸ All vacancies as at March (September for Scotland), full-time equivalents.

⁴⁹ No data were available on Consultant vacancies in Wales.

⁵⁰ No data were available for Northern Ireland for 2008.

- the Consultant vacancy rate varied slightly between years. In Scotland the vacancy rate dropped from 4.2 per cent in 2008 to 3.1 per cent in 2010.

Figure 3.29 The proportion of Consultant positions that were vacant as at March in England, Scotland and Northern Ireland, 2008-2010 (full-time equivalent)



Source: NHS Information Centre; ISD Scotland (Scotland); The Department of Health, Social Services and Public Safety (Northern Ireland)

3.4 Key findings

This section of the report has presented and analysed the available data on the Consultant workforce in the United Kingdom. Key findings are set out below.

Key findings:

- In 2010, there were a total of 46,000 Consultants working in the United Kingdom. The number of Consultants increased by just under 4 per cent per year between 2001 and 2010;
- There were 1,374 people per Consultant in the United Kingdom in 2009. Increases in the number of Consultants meant that the number of people per Consultant decreased between 2001 and 2009 (down from 1,877 people per Consultant in 2001);
- Sub-nationally, the number of Consultants was highest in London (7,400 Consultants in 2010), and lowest in Northern Ireland (1,400 Consultants). London also had the lowest number of people per Consultant of all the English SHAs/ Devolved Administrations;
- In 2010, the majority of Consultants in England, Scotland and Northern Ireland were male (69 per cent of the total workforce), though the proportion was down from 77 per cent in 2001;
- Over half (55 per cent) of Consultants in England, Scotland and Northern Ireland were aged between 40 and 49 in 2010. Just 2 per cent of Consultants were aged under 30;
- In 2010, the majority (66 per cent) of Consultants in England described themselves as 'White', down from 75 per cent of the total workforce in 2005;
- General medicine was the single most common area of specialty of Consultants in England, Scotland and Wales in 2010, accounting for just under a quarter (22 per cent) of all Consultants;
- In 2010, Consultants in England on the new contract (which accounts for the majority of positions) earned an average of £89,600 per year in basic salary. Average earnings for Consultants increased by an average of 1.5 per cent per year between 2007 and 2010;
- In 2010, the Consultant vacancy rate ranged from 2.9 per cent of all positions in Northern Ireland to 3.5 per cent in England.

Annex 1 General Practitioner Data Tables

Table A1.1 The GP workforce in the United Kingdom, 2004-2010 (headcount)

| Area | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | Average annual % change 2004-2009 |
|-----------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|-----------------------------------|
| England | 31,523 | 32,738 | 33,091 | 33,364 | 34,010 | 35,917 | 35,120 | 1.8% |
| Scotland | 3,970 | 4,033 | 4,111 | 4,195 | 4,234 | 4,269 | 4,268 | 1.2% |
| Wales | 1,816 | 1,849 | 1,882 | 1,936 | 1,940 | 1,940 | 1,991 | 1.5% |
| Northern Ireland | 1,073 | 1,084 | 1,110 | 1,128 | 1,148 | 1,156 | 1,160 | 1.3% |
| United Kingdom | 38,382 | 39,704 | 40,194 | 40,623 | 41,332 | 43,282 | 42,539 | 1.7% |

Source: NHS Information Centre England, General Practice Bulletin 2000-2010

Table A1.2 The population per GP in the United Kingdom, 2004-2009 (headcount)

| Area | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | Average annual % change 2004-2009 |
|-----------------------|--------------|--------------|--------------|--------------|--------------|--------------|-----------------------------------|
| England | 1,590 | 1,542 | 1,534 | 1,532 | 1,513 | 1,442 | -1.9% |
| Scotland | 1,279 | 1,263 | 1,245 | 1,226 | 1,221 | 1,217 | -1.0% |
| Wales | 1,621 | 1,595 | 1,574 | 1,537 | 1,541 | 1,546 | -0.9% |
| Northern Ireland | 1,594 | 1,590 | 1,569 | 1,559 | 1,546 | 1,548 | -0.6% |
| United Kingdom | 1,559 | 1,517 | 1,507 | 1,501 | 1,485 | 1,428 | -1.7% |

Source: NHS Information Centre England, General Practice Bulletin 2000-2010; ONS mid-year population estimates 2004-2009

Table A1.3 The GP workforce within the English SHAs, Scotland, Wales and Northern Ireland, 2006 and 2010 (headcount)

| SHA | 2006 | 2010 | Average annual % change 2006-2010 |
|-----------------------|---------------|---------------|-----------------------------------|
| London | 4,868 | 5,385 | 2.6% |
| North West | 4,392 | 4,787 | 2.2% |
| Scotland | 4,111 | 4,268 | 0.9% |
| South West | 3,807 | 4,067 | 1.7% |
| East of England | 3,568 | 3,642 | 0.5% |
| West Midlands | 3,390 | 3,621 | 1.7% |
| Yorkshire & Humber | 3,386 | 3,599 | 1.5% |
| South East Coast | 2,684 | 2,861 | 1.6% |
| East Midlands | 2,570 | 2,808 | 2.2% |
| South Central | 2,611 | 2,775 | 1.5% |
| Wales | 1,882 | 1,991 | 1.4% |
| North East | 1,815 | 1,859 | 0.6% |
| Northern Ireland | 1,110 | 1,160 | 1.1% |
| United Kingdom | 40,194 | 42,823 | 1.6% |

Source: NHS Information Centre England, NHS Staff 2000 - 2010 (General Practice); NHS Information Centre England, General Practice Bulletin 2000-2010



Table A1.4 The population (2009) per GP (2010) in the English SHAs, Scotland, Wales and Northern Ireland (headcount)

| SHA | Population per GP |
|-----------------------|--------------------------|
| East of England | 1,569 |
| East Midlands | 1,560 |
| Northern Ireland | 1,542 |
| Wales | 1,506 |
| South East Coast | 1,504 |
| West Midlands | 1,497 |
| South Central | 1,466 |
| Yorkshire & Humber | 1,457 |
| North West | 1,446 |
| London | 1,441 |
| North East | 1,387 |
| South West | 1,274 |
| Scotland | 1,207 |
| United Kingdom | 1,436 |

Source: NHS Information Centre England, NHS Staff 2000-2010 (General Practice); NHS Information Centre England, General Practice Bulletin 2000-2010; NHS Information Centre England, Attribution dataset GP registered populations 2010; ONS mid-year population estimates 2004-2009

Table A1.5 Total male GP workforce, 2001-2010 (headcount)

| Area | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | Average annual % change 2007-2010 |
|----------------------|------------|------------|------------|------------|------------|------------|---------------|---------------|---------------|---------------|-----------------------------------|
| England | 18,990 | 18,892 | 19,107 | 19,288 | 19,598 | 19,541 | 19,361 | 19,420 | 20,207 | 19,314 | -0.1% |
| Scotland | n/a | n/a | n/a | n/a | n/a | n/a | 2,304 | 2,292 | 2,275 | 2,226 | -1.1% |
| Wales | 1,276 | 1,258 | 1,245 | 1,219 | 1,208 | 1,202 | 1,204 | 1,179 | 1,162 | 1,162 | -1.2% |
| Great Britain | n/a | n/a | n/a | n/a | n/a | n/a | 22,869 | 22,891 | 23,644 | 22,702 | -0.2% |

Source: NHS Information Centre England; ISD Scotland, General Practice; Welsh Assembly Government, General Medical Practitioners in Wales

Table A1.6 Total female GP workforce, 2001-2010 (headcount)

| Area | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | Average annual % change 2007-2010 |
|----------------------|------------|------------|------------|------------|------------|------------|---------------|---------------|---------------|---------------|-----------------------------------|
| England | 9,513 | 9,812 | 10,310 | 11,251 | 12,235 | 13,140 | 13,550 | 14,003 | 14,590 | 15,710 | 5.1% |
| Scotland | n/a | n/a | n/a | n/a | n/a | n/a | 1,930 | 1,977 | 2,042 | 2,076 | 2.5% |
| Wales | 531 | 550 | 577 | 597 | 641 | 680 | 732 | 761 | 778 | 827 | 4.2% |
| Great Britain | n/a | n/a | n/a | n/a | n/a | n/a | 16,212 | 16,741 | 17,410 | 18,613 | 4.7% |

Source: NHS Information Centre England; ISD Scotland, General Practice; Welsh Assembly Government, General Medical Practitioners in Wales

Table A1.7 Age profile of GP workforce, 2010 (headcount)

| Area | Under 30 | 30-44 | 45-54 | 55-64 | Over 65 |
|----------------------|------------|---------------|---------------|--------------|--------------|
| England | 419 | 15,140 | 12,733 | 6,701 | 1,311 |
| Scotland | 59 | 1770 | 1675 | 752 | 46 |
| Wales | 16 | 787 | 738 | 389 | 59 |
| Great Britain | 494 | 17,697 | 15,146 | 7,842 | 1,416 |

Source: NHS Information Centre England; ISD Scotland, General Practice; Welsh Assembly Government, General Medical Practitioners in Wales

Table A1.8 The number of GPs employed under the four main contract types in England, 2000-2010 (headcount)

| Contract type | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | Average annual % change 2000-2010 |
|---------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----------------------------------|
| GMS | 27,294 | 24,760 | 22,175 | 19,345 | 19,976 | 21,509 | 17,154 | 17,346 | 17,658 | 18,027 | 18,350 | -3.9% |
| PMS | 1,299 | 4,042 | 7,027 | 11,013 | 11,547 | 11,229 | 15,088 | 15,621 | 16,062 | 16,200 | 16,432 | 28.9% |
| APMS | n/a | 412 | 836 | n/a |
| PCTMS | n/a | 161 | 237 | n/a |

Source: NHS Information Centre England, General Practice Bulletin 2000-2010

Table A1.9 The average earnings of salaried GPs in the United Kingdom (disaggregated data for Northern Ireland are not available), 2006/07 to 2008/09 (income before tax), GPMS contracts (GMS and PMS combined), non-dispensing GPs only

| GPMS | 2006/07 | 2007/08 | 2008/09 | Average annual % change 2006/07-2008/09 |
|-----------------------|-----------------|-----------------|-----------------|--|
| England | £107,894 | £106,707 | £106,900 | -0.5% |
| Scotland | £87,833 | £85,697 | n/a | n/a |
| Wales | £94,681 | £88,933 | £87,200 | -4.0% |
| United Kingdom | £104,093 | £102,641 | £102,500 | -0.8% |

Source: NHS Information Centre, GP earnings and expenses time series

Table A1.10 The average earnings of salaried GPs in Great Britain, 2006/07 to 2008/09 (income before tax), GPMS contracts (GMS and PMS combined)

| GPMS | 2006/07 | 2007/08 | 2008/09 | Average annual % change 2006/07-2008/09 |
|----------------------|----------------|----------------|----------------|--|
| England | £54,106 | £55,931 | £57,400 | 3.0% |
| Scotland | £52,071 | £52,912 | £55,000 | 2.8% |
| Wales | £51,148 | £57,408 | £59,200 | 7.6% |
| Great Britain | £53,940 | £55,790 | £57,300 | 3.1% |

Source: NHS Information Centre, GP earnings and expenses time series

Table A1.11 GP vacancy rates, March 2005-March 2010 (as a proportion of total full-time equivalent GP positions)

| Area | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 |
|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| England | 2.4% | 1.1% | 0.8% | 1.3% | 1.6% | 2.1% |
| Wales | n/a | n/a | n/a | 0.7% | 2.2% | 1.1% |

Source: NHS Information Centre, GP Practice Vacancies Survey

Table A1.12 The number of GP practices in the United Kingdom, 2004-2009

| Area | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | Average annual % change 2004-2009 |
|------------------|--------|--------|--------|--------|--------|--------|-----------------------------------|
| England | 8,542 | 8,451 | 8,325 | 8,261 | 8,230 | 8,228 | -0.7% |
| Scotland | 1,038 | 1,035 | 1,022 | 1,019 | 1,015 | 1,014 | -0.5% |
| Wales | 501 | 497 | 496 | 495 | 499 | 488 | -0.5% |
| Northern Ireland | 366 | 364 | 363 | 362 | 358 | 357 | -0.5% |
| United Kingdom | 10,447 | 10,347 | 10,206 | 10,137 | 10,102 | 10,087 | -0.7% |

Source: General Practice Trends in the United Kingdom, March 2011

Table A1.13 The number of GPs working in GP practices in England, 2010

| Number of GPs | Single handed | 2 | 3 | 4 | 5-9 | 10+ | Total |
|----------------------|---------------|-------|-------|-------|-------|-----|-------|
| Number | 1,203 | 1,450 | 1,174 | 1,077 | 3,002 | 418 | 8,324 |
| Percent of the total | 14% | 17% | 14% | 13% | 36% | 5% | 100% |

Source: NHS Information Centre, NHS Staff 2000 - 2010 (General Practice)

Annex 2 Consultant Data Tables

Table A2.14 Total Consultant workforce, 2001-2010 (headcount)

| Area | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | Average annual % change 2001-2010 |
|-----------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|-----------------------------------|
| England | 25,782 | 27,070 | 28,750 | 30,650 | 31,993 | 32,874 | 33,674 | 34,910 | 36,950 | 37,752 | 4.3% |
| Scotland | 3,304 | 3,411 | 3,511 | 3,591 | 3,719 | 3,847 | 4,035 | 4,581 | 4,610 | 4,670 | 3.9% |
| Wales | 1,471 | 1,526 | 1,567 | 1,720 | 1,801 | 1,884 | 1,967 | 2,001 | 2,062 | 2,176 | 4.4% |
| Northern Ireland | 941 | 997 | 1,049 | 1,084 | 1,114 | 1,188 | 1,266 | 1,306 | 1,348 | 1,377 | 4.3% |
| United Kingdom | 31,498 | 33,004 | 34,877 | 37,045 | 38,627 | 39,793 | 40,942 | 42,798 | 44,970 | 45,975 | 4.3% |

Source: NHS Information Centre, Medical and Dental Staff 2010 Detailed Results (England); ISD Scotland, HCHS by grade (Scotland); Welsh Assembly Government, Medical and Dental (Wales); The Department of Health, Social Services and Public Safety, Workforce Census (Northern Ireland)

Table A2.15 The population per Consultant in the United Kingdom, 2001-2009 (headcount)

| Area | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | Average annual % change 2001-2009 |
|-----------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|-----------------------------------|
| England | 1,918 | 1,834 | 1,734 | 1,635 | 1,577 | 1,544 | 1,518 | 1,474 | 1,402 | -3.8% |
| Scotland | 1,533 | 1,482 | 1,440 | 1,414 | 1,370 | 1,330 | 1,275 | 1,128 | 1,127 | -3.8% |
| Wales | 1,978 | 1,912 | 1,869 | 1,711 | 1,638 | 1,572 | 1,513 | 1,494 | 1,454 | -3.8% |
| Northern Ireland | 1,795 | 1,702 | 1,623 | 1,577 | 1,548 | 1,466 | 1,389 | 1,359 | 1,327 | -3.7% |
| United Kingdom | 1,877 | 1,797 | 1,707 | 1,615 | 1,559 | 1,522 | 1,490 | 1,435 | 1,374 | -3.8% |

Source: NHS Information Centre, Medical and Dental Staff 2010 Detailed Results (England); ISD Scotland, HCHS by grade (Scotland); Welsh Assembly Government, Medical and Dental (Wales); The Department of Health, Social Services and Public Safety, Workforce Census (Northern Ireland); ONS mid-year population estimates 2001-2009

Table A2.16 Consultant workforce by Strategic Health Authority/ Devolved Administration, 2005 and 2010 (headcount)

| Area | 2005 | 2010 | Average annual % change 2005-2010 |
|-----------------------|---------------|---------------|-----------------------------------|
| London | 6,753 | 7,412 | 1.6% |
| North West | 4,274 | 5,291 | 3.6% |
| Scotland | 3,719 | 4,670 | 3.9% |
| Yorkshire & Humber | 3,198 | 3,796 | 2.9% |
| West Midlands | 3,199 | 3,743 | 2.7% |
| South West | 2,992 | 3,626 | 3.3% |
| East of England | 2,894 | 3,535 | 3.4% |
| South Central | 2,367 | 2,649 | 1.9% |
| East Midlands | 2,214 | 2,641 | 3.0% |
| South East Coast | 2,048 | 2,586 | 4.0% |
| North East | 1,953 | 2,263 | 2.5% |
| Wales | 1,801 | 2,176 | 3.2% |
| Northern Ireland | 1,114 | 1,377 | 3.6% |
| United Kingdom | 38,627 | 45,975 | 3.9% |

Source: NHS Information Centre, *Medical and Dental Staff 2010 Detailed Results (England)*; ISD Scotland, *HCHS by grade (Scotland)*; Welsh Assembly Government, *Medical and Dental (Wales)*; The Department of Health, Social Services and Public Safety, *Workforce Census (Northern Ireland)*



Table A2.17 The population (2009) per Consultant (2010) in the English SHAs, Scotland, Wales and Northern Ireland (headcount)

| SHA | Population per Consultant |
|-----------------------|----------------------------------|
| South East Coast | 1,664 |
| East Midlands | 1,659 |
| East of England | 1,616 |
| West Midlands | 1,448 |
| South West | 1,429 |
| Yorkshire & Humber | 1,382 |
| Wales | 1,378 |
| North West | 1,309 |
| Northern Ireland | 1,299 |
| South Central | 1,151 |
| North East | 1,139 |
| Scotland | 1,112 |
| London | 1,047 |
| United Kingdom | 1,374 |

Source: NHS Information Centre, Medical and Dental Staff 2010 Detailed Results (England); ISD Scotland, HCBS by grade (Scotland); Welsh Assembly Government, Medical and Dental (Wales); The Department of Health, Social Services and Public Safety, Workforce Census (Northern Ireland); NHS Information Centre England, Attribution dataset GP registered populations 2010; ONS mid-year population estimates 2004-2009

Table A2.18 Total male Consultant workforce, 2001-2010 (headcount)

| Area | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | Average annual % change 2001-2010 |
|---------------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|-----------------------------------|
| England | 19,745 | 20,530 | 21,588 | 22,835 | 23,640 | 23,972 | 24,346 | 24,915 | 26,076 | 26,073 | 3.1% |
| Scotland | 2,513 | 2,555 | 2,580 | 2,600 | 2,654 | 2,720 | 2,830 | 3,159 | 3,149 | 3,128 | 2.5% |
| Northern Ireland | 733 | 757 | 782 | 793 | 812 | 863 | 909 | 935 | 955 | 942 | 2.8% |
| Eng, Scot & NI | 22,991 | 23,842 | 24,950 | 26,228 | 27,106 | 27,555 | 28,085 | 29,009 | 30,180 | 30,143 | 3.1% |

Source: NHS Information Centre, Medical and Dental Staff 2010 Detailed Results (England); ISD Scotland, HCHS by grade (Scotland); The Department of Health, Social Services and Public Safety, Workforce Census (Northern Ireland)

Table A2.19 Total female Consultant workforce, 2001-2010 (headcount)

| Area | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | Average annual % change 2001-2010 |
|---------------------------|--------------|--------------|--------------|--------------|--------------|---------------|---------------|---------------|---------------|---------------|-----------------------------------|
| England | 6,037 | 6,540 | 7,162 | 7,815 | 8,353 | 8,902 | 9,328 | 9,995 | 10,874 | 11,679 | 7.6% |
| Scotland | 791 | 856 | 931 | 991 | 1,065 | 1,127 | 1,205 | 1,422 | 1,461 | 1,542 | 7.7% |
| Northern Ireland | 208 | 240 | 267 | 291 | 302 | 325 | 357 | 371 | 393 | 435 | 8.5% |
| Eng, Scot & NI | 7,036 | 7,636 | 8,360 | 9,097 | 9,720 | 10,354 | 10,890 | 11,788 | 12,728 | 13,656 | 7.6% |

Source: NHS Information Centre, Medical and Dental Staff 2010 Detailed Results (England); ISD Scotland, HCHS by grade (Scotland); The Department of Health, Social Services and Public Safety, Workforce Census (Northern Ireland)

Table A2.20 Age profile of the Consultant workforce, 2010 (headcount)

| Area | Under 30 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | Over 60 |
|---------------------------|----------|------------|--------------|---------------|--------------|--------------|--------------|--------------|
| England | 7 | 699 | 5,407 | 8,741 | 7,990 | 6,464 | 4,593 | 3,047 |
| Scotland | 1 | 173 | 774 | 1025 | 994 | 840 | 556 | 307 |
| Northern Ireland | 0 | 37 | 278 | 320 | 261 | 231 | 156 | 94 |
| Eng, Scot & NI | 8 | 909 | 6,459 | 10,086 | 9,245 | 7,535 | 5,305 | 3,448 |

Source: NHS Information Centre, Medical and Dental Staff 2010 Detailed Results (England); ISD Scotland, HCHS by grade (Scotland); The Department of Health, Social Services and Public Safety, Workforce Census (Northern Ireland)

Table A2.21 The number of Consultants within major ethnic groups in England, 2005 and 2010 (headcount)

| Ethnic group | 2005 | 2010 | Average annual % change 2005-2010 |
|------------------------|--------|--------|-----------------------------------|
| White | 21,317 | 24,895 | 3.2% |
| Asian or Asian British | 4,240 | 7,476 | 7.5% |
| Any Other Ethnic Group | 1,089 | 1,254 | 12.0% |
| Black or Black British | 705 | 1,014 | 9.0% |
| Chinese | 368 | 607 | 10.5% |
| Mixed | 376 | 578 | 2.9% |
| Not Stated | 265 | 1,840 | 47.3% |

Source: NHS Information Centre

Table A2.22 The number of Consultants working within the major specialty areas in Great Britain, 2001-2010 (headcount)

| Specialty area | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | Average annual % change 2001-2010 |
|--------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-----------------------------------|
| Accident & emergency | 487 | 533 | 561 | 618 | 689 | 725 | 749 | 819 | 938 | 1,053 | 8.9% |
| Anaesthetics | 3,595 | 3,874 | 4,121 | 4,355 | 4,502 | 4,698 | 4,791 | 4,991 | 5,369 | 5,618 | 5.1% |
| Clinical oncology | 333 | 315 | 347 | 392 | 438 | 482 | 506 | 533 | 543 | 524 | 5.2% |
| Dental | 590 | 604 | 655 | 670 | 671 | 692 | 700 | 762 | 840 | 673 | 1.5% |
| General medicine | 5,567 | 5,931 | 6,284 | 6,726 | 7,072 | 7,277 | 7,517 | 7,906 | 8,275 | 8,384 | 4.7% |
| Obstetrics & gynaecology | 1,219 | 1,308 | 1,353 | 1,413 | 1,458 | 1,506 | 1,506 | 1,570 | 1,670 | 1,789 | 4.4% |
| Paediatric | 1,507 | 1,695 | 1,807 | 1,902 | 2,033 | 2,154 | 2,198 | 2,211 | 2,416 | 2,543 | 6.0% |
| Pathology | 2,097 | 2,219 | 2,287 | 2,411 | 2,398 | 2,416 | 2,460 | 2,513 | 2,611 | 2,597 | 2.4% |
| PHM & CHS | 852 | 779 | 857 | 926 | 927 | 885 | 897 | 914 | 943 | 935 | 1.0% |
| Psychiatry | 2,959 | 2,979 | 3,229 | 3,555 | 3,759 | 3,805 | 3,957 | 4,021 | 4,236 | 4,320 | 4.3% |
| Radiology | 1,683 | 1,745 | 1,860 | 1,928 | 2,058 | 2,105 | 2,133 | 2,269 | 2,400 | 2,442 | 4.2% |
| Surgical | 4,893 | 5,088 | 5,389 | 5,754 | 5,988 | 6,129 | 6,260 | 6,401 | 6,709 | 6,977 | 4.0% |

Source: NHS Information Centre; ISD Scotland; Welsh Assembly Government

Table A2.23 The number of Consultants working within the major specialty areas in England, 2001-2010 (headcount)

| Specialty area | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | Average annual % change 2001-2010 |
|--------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-----------------------------------|
| Accident & emergency | 487 | 533 | 561 | 618 | 689 | 725 | 749 | 819 | 938 | 1,053 | 8.9% |
| Anaesthetics | 3,595 | 3,874 | 4,121 | 4,355 | 4,502 | 4,698 | 4,791 | 4,991 | 5,369 | 5,618 | 5.1% |
| Clinical oncology | 333 | 315 | 347 | 392 | 438 | 482 | 506 | 533 | 543 | 524 | 5.2% |
| Dental | 590 | 604 | 655 | 670 | 671 | 692 | 700 | 762 | 840 | 673 | 1.5% |
| General medicine | 5,567 | 5,931 | 6,284 | 6,726 | 7,072 | 7,277 | 7,517 | 7,906 | 8,275 | 8,384 | 4.7% |
| Obstetrics & gynaecology | 1,219 | 1,308 | 1,353 | 1,413 | 1,458 | 1,506 | 1,506 | 1,570 | 1,670 | 1,789 | 4.4% |
| Paediatric | 1,507 | 1,695 | 1,807 | 1,902 | 2,033 | 2,154 | 2,198 | 2,211 | 2,416 | 2,543 | 6.0% |
| Pathology | 2,097 | 2,219 | 2,287 | 2,411 | 2,398 | 2,416 | 2,460 | 2,513 | 2,611 | 2,597 | 2.4% |
| PHM & CHS | 852 | 779 | 857 | 926 | 927 | 885 | 897 | 914 | 943 | 935 | 1.0% |
| Psychiatry | 2,959 | 2,979 | 3,229 | 3,555 | 3,759 | 3,805 | 3,957 | 4,021 | 4,236 | 4,320 | 4.3% |
| Radiology | 1,683 | 1,745 | 1,860 | 1,928 | 2,058 | 2,105 | 2,133 | 2,269 | 2,400 | 2,442 | 4.2% |
| Surgical | 4,893 | 5,088 | 5,389 | 5,754 | 5,988 | 6,129 | 6,260 | 6,401 | 6,709 | 6,977 | 4.0% |

Source: NHS Information Centre

Table A2.24 The number of Consultants working within the major specialty areas in Scotland, 2001-2010 (headcount)

| Specialty area | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | Average annual % change 2001-2010 |
|--------------------------|------|------|------|------|------|------|------|------|------|------|-----------------------------------|
| Accident & emergency | 49 | 54 | 57 | 60 | 71 | 76 | 82 | 113 | 100 | 136 | 12.0% |
| Anaesthetics | 465 | 491 | 511 | 519 | 540 | 560 | 586 | 605 | 642 | 652 | 3.8% |
| Clinical oncology | 39 | 39 | 40 | 43 | 49 | 55 | 55 | 70 | 49 | 85 | 9.0% |
| Dental | 95 | 98 | 99 | 99 | 96 | 110 | 112 | 116 | 129 | 118 | 2.4% |
| General medicine | 715 | 736 | 748 | 766 | 797 | 821 | 872 | 1093 | 996 | 1050 | 4.4% |
| Obstetrics & gynaecology | 160 | 159 | 165 | 169 | 173 | 184 | 185 | 219 | 224 | 219 | 3.5% |
| Paediatric | 133 | 155 | 165 | 173 | 179 | 183 | 210 | 237 | 309 | 234 | 6.5% |
| Pathology | 299 | 291 | 303 | 302 | 305 | 313 | 321 | 330 | 312 | 310 | 0.4% |
| PHM & CHS | 120 | 128 | 121 | 129 | 129 | 127 | 123 | 175 | 144 | 141 | 1.8% |
| Psychiatry | 422 | 434 | 456 | 451 | 485 | 490 | 497 | 530 | 584 | 581 | 3.6% |
| Radiology | 206 | 217 | 222 | 234 | 235 | 242 | 253 | 276 | 286 | 288 | 3.8% |
| Surgical | 611 | 616 | 635 | 655 | 671 | 695 | 750 | 843 | 842 | 875 | 4.1% |

Source: ISD Scotland

Table A2.25 The number of Consultants working within the major specialty areas in Wales, 2001-2010 (headcount)

| Specialty area | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | Average annual % change 2001-2010 |
|--------------------------|------|------|------|------|------|------|------|------|------|------|-----------------------------------|
| Accident & emergency | 24 | 26 | 30 | 34 | 34 | 35 | 36 | 41 | 41 | 49 | 8.3% |
| Anaesthetics | 219 | 238 | 245 | 259 | 275 | 291 | 306 | 324 | 328 | 343 | 5.1% |
| Clinical oncology | 29 | 26 | 25 | 32 | 31 | 25 | 19 | 20 | 26 | 25 | -1.6% |
| Dental | 52 | 52 | 51 | 60 | 55 | 57 | 59 | 42 | 43 | 49 | -0.7% |
| General medicine | 303 | 305 | 321 | 353 | 385 | 421 | 457 | 468 | 505 | 528 | 6.4% |
| Obstetrics & gynaecology | 73 | 76 | 86 | 89 | 88 | 90 | 91 | 97 | 99 | 109 | 4.6% |
| Paediatric | 91 | 99 | 105 | 121 | 128 | 132 | 136 | 133 | 136 | 152 | 5.9% |
| Pathology | 117 | 123 | 121 | 142 | 145 | 143 | 140 | 136 | 119 | 129 | 1.1% |
| PHM & CHS | n/a |
| Psychiatry | 159 | 155 | 149 | 165 | 179 | 186 | 192 | 205 | 211 | 223 | 3.8% |
| Radiology | 117 | 111 | 106 | 111 | 115 | 129 | 142 | 144 | 150 | 148 | 2.6% |
| Surgical | 312 | 315 | 328 | 354 | 366 | 378 | 389 | 391 | 404 | 421 | 3.4% |

Source: Welsh Assembly Government

Table A2.26 The mean average basic salary of Consultants under the old and new contracts in England, 2007-2010

| Contract type | 2007 | 2008 | 2009 | 2010 | Average annual % change 2007-2010 |
|----------------------|-------------|-------------|-------------|-------------|--|
| Old contract | £82,900 | £85,400 | £87,300 | £85,900 | 1.2% |
| New contract | £85,600 | £89,000 | £90,700 | £89,600 | 1.5% |

Source: NHS Information Centre

Table A2.27 The proportion of Consultant positions that were vacant as at March in England Scotland and Northern Ireland, 2008-2010 (full-time equivalent)

| Area | 2001 | 2002 | 2003 |
|------------------|-------------|-------------|-------------|
| England | 3.1% | 4.2% | 3.5% |
| Scotland | 4.2% | 3.8% | 3.1% |
| Northern Ireland | n/a | 3.5% | 2.9% |

Source: NHS Information Centre; ISD Scotland (Scotland); The Department of Health, Social Services and Public Safety (Northern Ireland)

Annex 3 References and data sources

A3.1 References

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A3.2 Data sources for the GP workforce profile

Table A3.28 Data sources for the GP workforce profile

| Section | Dataset | Source |
|---------|--|--|
| 2.1 | GP workforce 2004-2010 in England, Scotland, Wales and Northern Ireland | NHS Information Centre, General Practice Bulletin 2000-2010, available at: http://www.ic.nhs.uk/statistics-and-data-collections/workforce/nhs-staff-numbers/nhs-staff-2000--2010-general-practice ; accessed 14/6/2011 |
| 2.1 | Population 2004-2009 in England, Scotland, Wales and Northern Ireland | ONS mid-year population estimates 2004-2009, available at: http://www.statistics.gov.uk/statbase/Product.asp?vlnk=15106 ; accessed 14/6/2011 |
| 2.2.2 | GP workforce 2006 and 2010 in the English SHAs, Scotland, Wales and Northern Ireland | Data for English SHAs from NHS Information Centre, GP Staff 2006 Detailed Results, available at: http://www.ic.nhs.uk/statistics-and-data-collections/workforce/nhs-staff-numbers/nhs-staff-1996--2006-general-practice ; accessed 14/6/2011 Data for English SHAs from NHS Information Centre, GP Staff 2010 Detailed Results, available at: http://www.ic.nhs.uk/statistics-and-data-collections/workforce/nhs-staff-numbers/nhs-staff-2000--2010-general-practice ; accessed 14/6/2011 Data for Scotland, Wales and Northern Ireland from NHS Information Centre, General Practice Bulletin 2000-2010, available at: http://www.ic.nhs.uk/statistics-and-data-collections/workforce/nhs-staff-numbers/nhs-staff-2000--2010-general-practice ; accessed 14/6/2011 |

| Section | Dataset | Source |
|---------|--|---|
| | | collections/workforce/nhs-staff-numbers/nhs-staff-2000--2010-general-practice ; accessed 14/6/2011 |
| 2.2.2 | Population 2009 in the English SHAs, Scotland, Wales and Northern Ireland | Data for English SHAs from NHS Information Centre, Attribution dataset GP registered populations 2010, available at: http://www.ic.nhs.uk/pubs/gpregpop10 ; accessed 14/6/2011 Data for Scotland, Wales and Northern Ireland from ONS mid-year population estimates 2004-2009, available at: http://www.statistics.gov.uk/statbase/Product.asp?vlnk=15106 ; accessed 14/6/2011 |
| 2.2.3 | Male and female GP workforce 2007-2010 in England, Scotland and Wales | Data for England from NHS Information Centre, General Practice Bulletin 2000-2010, available at: http://www.ic.nhs.uk/statistics-and-data-collections/workforce/nhs-staff-numbers/nhs-staff-2000--2010-general-practice ; accessed 14/6/2011 Data for Scotland from ISD Scotland, General Practice, available at: http://www.isdscotlandarchive.scot.nhs.uk/isd/5253.html ; accessed 14/6/2011 Data for Wales from Welsh Assembly Government, General Medical Practitioners in Wales, available at: http://www.statswales.wales.gov.uk/ReportFolders/ReportFolders.aspx?lf_ActivePath=P,280,1200 ; accessed 14/6/2011 |
| 2.2.4 | Age of the GP workforce 2007-2010 in England, Scotland and Wales | Data for England from NHS Information Centre, General Practice Bulletin 2000-2010, available at: http://www.ic.nhs.uk/statistics-and-data-collections/workforce/nhs-staff-numbers/nhs-staff-2000--2010-general-practice ; accessed 14/6/2011 Data for Scotland from ISD Scotland, General Practice, available at: http://www.isdscotlandarchive.scot.nhs.uk/isd/5253.html ; accessed 14/6/2011 Data for Wales from Welsh Assembly Government, General Medical Practitioners in Wales, available at: http://www.statswales.wales.gov.uk/ReportFolders/ReportFolders.aspx?lf_ActivePath=P,280,1200 ; accessed 14/6/2011 |
| 2.3.1 | GP contract types 2000-2010 in England | NHS Information Centre, General Practice Bulletin 2000-2010, available at: http://www.ic.nhs.uk/statistics-and-data-collections/workforce/nhs-staff-numbers/nhs-staff-2000--2010-general-practice ; accessed 14/6/2011 |
| 2.3.2.3 | Contractor GP earnings 2006/07 -2008/09 in the United Kingdom, GPMS contract (non-dispensing only) | NHS Information Centre, GP earnings and expenses time series, available at: http://www.ic.nhs.uk/statistics-and-data-collections/workforce/nhs-staff-earnings/gp-earnings-and-expenses-enquiry-2004-05-final-report ; accessed 14/6/2011 |
| 2.3.2.4 | Salaried GP earnings 2006/07-2008/09 in Great Britain, GPMS contract | NHS Information Centre, GP earnings and expenses time series, available at: http://www.ic.nhs.uk/statistics-and-data-collections/workforce/nhs-staff-earnings/gp-earnings-and-expenses-enquiry-2004-05-final-report ; accessed 14/6/2011 |
| 2.3.3 | GP vacancies 2005-2010 in England and Wales | NHS Information Centre, GP Practice Vacancies Survey, available at: http://www.ic.nhs.uk/statistics-and-data-collections/workforce/nhs-and-gp-vacancies ; accessed 14/6/2011 |
| 2.3.4 | Number of GP practices 2004-2009 in the United Kingdom | NHS Information Centre, General Practice Trends in the United Kingdom, March 2011, available at http://www.ic.nhs.uk/statistics-and-data-collections/supporting-information/primary-care/general-practice/technical-steering-committee-tsc ; accessed 14/6/2011 |

| Section | Dataset | Source |
|---------|-----------------------------------|--|
| 2.3.5 | GP practice size in England, 2010 | NHS Information Centre, GP Staff 2010 Detailed Results, available at: http://www.ic.nhs.uk/statistics-and-data-collections/workforce/nhs-staff-numbers/nhs-staff-2000--2010-general-practice ; accessed 14/6/2011 |

A3.3 Data sources for the Consultant workforce profile

Table A3.29 Data sources for the Consultant workforce profile

| Section | Dataset | Source |
|---------|---|--|
| 3.2.1 | Consultant workforce 2001-2010 in England, Scotland, Wales and Northern Ireland | <p>Data for England from NHS Information Centre, Medical and Dental Staff 2010, Detailed Results, available at http://www.ic.nhs.uk/statistics-and-data-collections/workforce/nhs-staff-numbers/nhs-staff-2000--2010-medical-and-dental; accessed 14/6/2011</p> <p>Data for Scotland from ISD Scotland, HCHS by grade, available at: http://www.isdscotland.org/Health-Topics/Workforce/Medical-and-Dental/; accessed 14/6/2011</p> <p>Data for Wales from Welsh Assembly Government, Medical and Dental, available at http://www.statswales.wales.gov.uk/ReportFolders/reportFolders.aspx; accessed 14/6/2011</p> <p>Data for Northern Ireland from The Department of Health, Social Services and Public Safety, Workforce Census, available at http://www.dhsspsni.gov.uk/index/stats_research/work_force/stats_research.htm; accessed 14/6/2011</p> |
| 3.2.1 | Population 2004-2009 in England, Scotland, Wales and Northern Ireland | ONS mid-year population estimates 2004-2009, available at: http://www.statistics.gov.uk/statbase/Product.asp?vlnk=15106 ; accessed 14/6/2011 |
| 3.2.2 | The Consultant workforce within the English SHAs, Scotland, Wales and Northern Ireland, 2005 and 2010 | <p>Data for English SHAs from NHS Information Centre, Medical and Dental Staff 2010, Detailed Results, available at http://www.ic.nhs.uk/statistics-and-data-collections/workforce/nhs-staff-numbers/nhs-staff-2000--2010-medical-and-dental; accessed 14/6/2011</p> <p>Data for Scotland, Wales and Northern Ireland as for 3.2.1</p> |
| 3.2.2 | Population 2009 in the English SHAs, Scotland, Wales and Northern Ireland | <p>Data for English SHAs from NHS Information Centre, Attribution dataset GP registered populations 2010, available at: http://www.ic.nhs.uk/pubs/gpregpop10; accessed 14/6/2011</p> <p>Data for Scotland, Wales and Northern Ireland from ONS mid-year population estimates 2004-2009, available at: http://www.statistics.gov.uk/statbase/Product.asp?vlnk=15106; accessed 14/6/2011</p> |
| 3.2.3 | Male and female Consultant workforce 2001-2010 in England, Scotland and Northern Ireland | <p>Data for England from NHS Information Centre, Medical and Dental Staff 2010, Detailed Results, available at http://www.ic.nhs.uk/statistics-and-data-collections/workforce/nhs-staff-numbers/nhs-staff-2000--2010-medical-and-dental; accessed 14/6/2011</p> <p>Data for Scotland from ISD Scotland, HCHS by grade, available at: http://www.isdscotland.org/Health-Topics/Workforce/Medical-and-Dental/; accessed 14/6/2011</p> |

| Section | Dataset | Source |
|---------|---|--|
| | | Data for Northern Ireland from The Department of Health, Social Services and Public Safety, Workforce Census, available at http://www.dhsspsni.gov.uk/index/stats_research/work_force/stats-research.htm ; accessed 14/6/2011 |
| 3.2.5 | The proportion of Consultants within selected ethnic groups in England, 2005 and 2010 | NHS Information Centre, Medical and Dental Staff 2010, Detailed Results, available at http://www.ic.nhs.uk/statistics-and-data-collections/workforce/nhs-staff-numbers/nhs-staff-2000--2010-medical-and-dental ; accessed 14/6/2011 |
| 3.2.6 | The proportion of Consultants working within the major specialty areas in England, Scotland and Wales, 2010 | Data for England from NHS Information Centre, Medical and Dental Staff 2010, Detailed Results, available at http://www.ic.nhs.uk/statistics-and-data-collections/workforce/nhs-staff-numbers/nhs-staff-2000--2010-medical-and-dental ; accessed 14/6/2011 |
| | | Data for Scotland from ISD Scotland, HCHS by specialty, available at: http://www.isdscotland.org/Health-Topics/Workforce/Medical-and-Dental/ ; accessed 14/6/2011 |
| | | Data for Wales from Welsh Assembly Government, Medical and Dental, available at http://www.statswales.wales.gov.uk/ReportFolders/reportFolders.aspx ; accessed 14/6/2011 |
| 3.3.1 | The mean average basic salary of Consultants under the old and new contracts in England, 2007-2010 | NHS Information Centre, NHS staff earnings; available from: http://www.ic.nhs.uk/statistics-and-data-collections/workforce/nhs-staff-earnings ; accessed 14/6/2011 |
| 3.3.2 | The Consultant vacancy rates as at March in England Scotland and Northern Ireland, 2008-2010 | Data for England from NHS Information Centre, NHS Vacancies Survey, available at http://www.ic.nhs.uk/statistics-and-data-collections/workforce/nhs-and-gp-vacancies ; accessed 14/6/2011 |
| | | Data for Scotland from ISD Scotland, Consultant Vacancy rates, available at: http://www.isdscotland.org/Health-Topics/Workforce/Medical-and-Dental/ ; accessed 14/6/2011 |
| | | Data for Northern Ireland from The Department of Health, Social Services and Public Safety, NI HSC Workforce Vacancies, available at http://www.dhsspsni.gov.uk/index/stats_research/work_force/stats-research.htm ; accessed 14/6/2011 |

Annex 4 Consultant Specialty Classification System

Table A4.30 The classification system used for the aggregate analysis of Consultant specialties

| Aggregate categories | England sub-categories | Scotland sub-categories | Wales sub-categories |
|-----------------------|--|--------------------------------------|--------------------------------------|
| Accident & emergency | Accident & emergency | Emergency medicine | Accident & emergency |
| Anaesthetics | Anaesthetics | Anaesthetics | Anaesthetics |
| Clinical oncology | Clinical oncology | Clinical oncology | Clinical oncology |
| Dental | | Community dentistry | |
| | | Dental & maxillofacial radiology | |
| | Additional Dental medicine specialties | | Dental medicine specialties |
| | Endodontics | | |
| | Oral & maxillo facial surgery | Oral & maxillofacial surgery | Oral and Maxillo-facial surgery |
| | Oral surgery | Oral surgery | Oral surgery |
| | Orthodontics | Orthodontics | Orthodontics |
| | | Oral medicine | |
| | | Oral pathology | |
| | | Oral microbiology | |
| | Paediatric dentistry | Paediatric dentistry | Paediatric dentistry |
| | Periodontics | | |
| Prosthodontics | | | |
| Restorative dentistry | Restorative dentistry | Restorative dentistry | |
| | Special care dentistry | | |
| Surgical dentistry | Surgical dentistry | Surgical dentistry | |
| General medicine | Allergy | | Allergy |
| | Audiological medicine | Audiological medicine | Audiological medicine |
| | | | Blood transfusion |
| | Cardiology | Cardiology | Cardiology |
| | Clinical genetics | | Clinical genetics |
| | | | Clinical immunology and allergy |
| | Clinical neurophysiology | Clinical neuro-physiology | Clinical neuro physiology |
| | Clinical pharmacology and therapeutics | Clinical pharmacology & therapeutics | Clinical pharmacology & therapeutics |
| | | | Clinical physiology |
| | Dermatology | Dermatology | Dermatology |
| | Endocrinology and Diabetes Mellitus | Endocrinology & diabetes | Endocrinology & Diabetes Mellitus |

| Aggregate categories | England sub-categories | Scotland sub-categories | Wales sub-categories |
|-------------------------------------|---|--|---|
| | | | Family planning (anaesthetics) |
| | | | Family planning (surgery) |
| | Gastroenterology | Gastroenterology | Gastroenterology |
| | General (Internal) Medicine | General (acute) medicine | General medicine |
| | | General practice | General pathology |
| | Genito-urinary medicine | Genito - urinary medicine | General practice |
| | Geriatric medicine | Geriatrics | Genito-urinary medicine |
| | | Homoeopathy | Geriatric medicine |
| | | Intensive care medicine | Intensive care medicine |
| | Medical ophthalmology | Medical ophthalmology | |
| | Medical oncology | Medical oncology | Medical oncology |
| | Neurology | Neurology | Neurology |
| | | | Neuropathology |
| | Occupational health | Occupational medicine | Occupational medicine |
| | Other | Not known medical specialty | Other |
| | Palliative medicine | Palliative medicine | Palliative medicine |
| | Rehabilitation medicine | Rehabilitation medicine | Rehabilitation medicine |
| | Renal medicine | Renal medicine | Renal medicine |
| | Respiratory medicine | Respiratory medicine | Respiratory medicine |
| | Rheumatology | Rheumatology | Rheumatology |
| | Sport and Exercise Medicine | Sports & Exercise Medicine | |
| Obstetrics & gynaecology | Obstetrics & gynaecology | Obstetrics & gynaecology | Obstetrics & gynaecology |
| Paediatric | Paediatric cardiology | Paediatric cardiology | Paediatric cardiology |
| | | | Paediatric neurology |
| | Paediatrics | Paediatrics | Paediatrics |
| Pathology | Chemical pathology | Chemical pathology | Chemical pathology |
| | Clinical cytogenetics and molecular genetics | | Clinical cytogenetics & molecular genetics |
| | Haematology | Haematology | Haematology |
| | Histopathology | Histopathology | Histopathology |
| | Immunology | Immunology | Immunology |
| | Medical microbiology & virology | Medical microbiology & virology | Medical microbiology and virology |
| PHM & CHS | Dental public health | Dental public health | |

| Aggregate categories | England sub-categories | Scotland sub-categories | Wales sub-categories |
|-----------------------------|---------------------------------|-----------------------------------|-----------------------------------|
| | Public Health Medicine | Public health medicine | |
| Psychiatry | Child and adolescent psychiatry | Child & adolescent psychiatry | Child & adolescent psychiatry |
| | Forensic psychiatry | Forensic psychiatry | Forensic psychiatry |
| | General Psychiatry | General psychiatry | General psychiatry |
| | Old age psychiatry | Old age psychiatry | Old age psychiatry |
| | Learning disabilities | Psychiatry of learning disability | Psychiatry of learning disability |
| | Psychotherapy | Psychotherapy | Psychotherapy |
| Radiology | Clinical radiology | Clinical radiology | Clinical radiology |
| | Nuclear medicine | Nuclear medicine | Nuclear medicine |
| Surgical | Cardiothoracic surgery | Cardiothoracic surgery | Cardio-thoracic surgery |
| | General surgery | General surgery | General surgery |
| | Neurosurgery | Neurosurgery | Neurosurgery |
| | Ophthalmology | Ophthalmology | Ophthalmology |
| | Otolaryngology | Otolaryngology | Otolaryngology |
| | Paediatric surgery | Paediatric surgery | Paediatric surgery |
| | Plastic surgery | Plastic surgery | Plastic surgery |
| | Trauma and orthopaedic surgery | Trauma & orthopaedic surgery | Traumatic & orthopaedic surgery |
| | Urology | Urology | Urology |