

Training and education

Career prospects in medical gastroenterology in the United Kingdom

A REPORT PREPARED FOR THE COMMITTEE ON GASTROENTEROLOGY OF THE ROYAL COLLEGE OF PHYSICIANS (LONDON)*

SUMMARY There are about 270 physicians with a special interest in gastroenterology distributed throughout the United Kingdom; most of them (91%) are members of the British Society of Gastroenterology. Two-thirds of these physicians regard their post as that of general physician with a special interest in gastroenterology and a quarter as general physician. Very few physicians (nine) practise gastroenterology alone. Most physicians devote between three and six sessions to gastroenterology; this time is divided between inpatient care, outpatient consultation, and endoscopy in roughly equal proportions. Most physicians spend one to two sessions performing endoscopy. Nearly all district general hospitals, except the smallest with a staff of two or three physicians, have a physician with a special interest in gastroenterology on their staff. Some district general hospitals and most university hospitals have two such physicians. The number of likely consultant vacancies by retirement on grounds of age is small in the next five years (14) and then rises progressively, reaching about eight per annum in 1991-95 and more than 10 per annum thereafter. There are about 90 trainees of senior registrar status who aspire to a career as consultant physician with a special interest in gastroenterology, or an academic career in gastroenterology, distributed throughout the country. There are also eight trainees of senior registrar status who wish to obtain a post as general physician with gastroenterology as one of two or more special interests. There are known to be about 70 trainees of registrar status who wish to train in general medicine with a special interest in gastroenterology and another 24 who wish to make gastroenterology one of their special interests.

The number of applicants for recent consultant vacancies suggests that there is a disproportion between the number of trainees in gastroenterology and the availability of posts for consultant physicians with this special interest. As few figures are available on which an assessment of career prospects can be based, the Gastroenterology Committee of the Royal College of Physicians (London) organised this survey of consultants and trainees in the United Kingdom who regard themselves as having a special interest in the specialty.

Method

Early in 1980, a gastroenterologist* in each Region of England and in Northern Ireland, Scotland, and Wales was asked to make inquiries in his area and supply a list of physicians with a special interest in gastroenterology and an analysis of local career opportunities. A questionnaire was sent to each physician listed and the replies were

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collated with the reports of regional representatives to complete the survey in December 1980.

NUMBER AND DISTRIBUTION OF
PHYSICIANS WITH SPECIAL
INTEREST IN GASTROENTEROLOGY

On the advice of regional representatives 278 questionnaires were sent and a complete return was obtained. Seven of the 278 physicians no longer regard themselves as practising with a special interest in gastroenterology and the following analysis is based on 271 replies from physicians who regard gastroenterology (including liver disease) as a subject in which they have special interest, experience, and training.

Geographical distribution

The distribution of posts, the total number of sessions which each physician estimates that he devotes to gastroenterology, and the nominal population of each region is shown in Table 1. Posts are distributed throughout Great Britain with more than a two-fold variation between regions in the population served by one consultant and more than a three-fold variation in the population for which one session is worked. In general, consultants devote an average of four to five sessions to gastroenterology and serve a population of 124 000–326 000.

Distribution by size and type of hospital

All except four general hospitals with a staff of

five or more physicians and all except three with a staff of four physicians have a physician with a special interest in gastroenterology. The remaining 22 hospitals without a physician with a special interest in gastroenterology each have only two or three physicians on their staff.

Of 23 university hospitals, 14 have two, six have three, and three have four physicians with a special interest in gastroenterology. Sixteen district general hospitals, some associated with university hospitals, have two such physicians on their staff, half of these hospitals are situated in the West Midlands Region.

Title of appointment

Each physician was asked to record the title of his appointment with the following result: general physician (68), general physician with a special interest in gastroenterology (169), gastroenterologist (six), professor of medicine (seven), professor of gastroenterology (three), reader in medicine (two) and senior lecturer in medicine (16).

Other special interest

Of the 271 physicians with a special interest in gastroenterology, 47 declared a special interest in one other specialty and 10 in two other specialties. The commonest other special interests were diabetes (18), nutrition (seven), and haematology (six). Other interests included cardiology (four), clinical pharmacology (four), geriatrics (four), infectious diseases (four), rheumatology (four), in-

Table 1 *Distribution of posts, total number of gastroenterology sessions, and nominal population of each region*

	Number of consultants	Total sessions	Nominal†	Population	× 1000
			Total	Per consultant	Per session
East Anglia	6	25	1863	310	75
Mersey	10	54	2458	246	46
Northern	13	59	3087	237	52
North-West	15	69	4047	270	59
Oxford	7	36	2283	326	63
South-West	11	45	3030	275	67
Thames NE	27	125	3691	137	30
NW	28	140	3460	124	25
SE	21	93	3542	169	38
SW	16	54	2971	186	55
Trent	17	53	4515	266	85
Wessex	13	57	2720	209	48
West Midlands	26	138	5152	198	37
Yorkshire	17	67	3577	210	53
N Ireland	8	34	1545	193	45
Scotland	26	146	5167	199	35
Wales	10	35	2775	277	79
Total	271	1230		(mean* 225)	
		(mean* 4.7)			

*Seven consultants did not estimate the time spent on gastroenterology.

†Mid-1979 population estimates. Office of Population Censuses and Surveys Monitor. Reference PPI 80/3, July 1980.

tensive care (two), metabolism (two), and a wide variety of other subjects such as neurology, chest medicine, and oncology.

MEMBERSHIP OF THE BRITISH SOCIETY OF GASTROENTEROLOGY

Membership of this Society is restricted and can be regarded as evidence of special training and/or experience in the subject. Of the 278 physicians to whom questionnaires were sent, 246 (91%) are members of the Society.

PATTERN OF WORK

Number of hospitals

Of the 271 consultants, 192 work at one hospital, 75 at two, and four at three hospitals.

Number of sessions devoted to gastroenterology

As shown in Table 1 the average estimate for time devoted to gastroenterology was 4.7 sessions, but there were wide variations (Table 2).

Table 2 Correlation between numbers of consultants and time estimated as devoted to gastroenterology each week

Consultants (no.)*	Sessions weekly (no.)									
	1	2	3	4	5	6	7	8	9	10
	7	26	41	59	50	34	22	10	7	8

*No estimate: seven.

Number of sessions devoted to particular activities

Many physicians found it difficult to separate time spent on patients with gastroenterological disorders from time spent on patients with other medical conditions. It will be observed from Table 3 that most physicians estimate that they devote about one session weekly to care of gastroenterological patients in the ward, one to two

sessions to outpatient care, and one to two sessions to endoscopy. About one-quarter of the physicians devote half to one session to special procedures and over half spend at least half to one session on research and/or teaching.

Number of patients

Physicians were asked to estimate the number of patients with gastroenterological disorders occupying a bed under their care at one time, the number of patients seen for outpatient consultation weekly, and the number undergoing endoscopy weekly. The replies are shown in Table 4. It will be seen that the majority of physicians have six to 10 patients in hospital with gastroenterological disorders under their care at one time, see an equivalent number of new outpatients weekly, and perform between six and 20 endoscopies (mostly upper gastrointestinal endoscopy, but this includes colonoscopy or ERCP in some centres). One-third of the physicians have clinics in which more than 30 patients are seen for follow-up each week.

Table 4 Work-load shown as number of inpatients with gastroenterological disorders at any one time, number of new patients seen for outpatient consultation weekly, number of patients undergoing endoscopy weekly, and number of outpatient follow-up visits weekly correlated with number of replies from consultant physicians with special interest in gastroenterology

	Patients (no.)					
	0	1-5	6-10	11-20	21-30	30+
Inpatients* (at one time)	0	81	123	54	0	2
New outpatients* (weekly)	0	61	113	87	4	1
Endoscopy* (weekly)	8	54	85	83	28	11
Follow-up visits * 0	0	8	25	63	69	94

*Not estimated: 11, 5, 2, and 12 respectively.

Table 3 Correlation between numbers of consultants and number of sessions estimated as devoted weekly to investigation and care of patients with gastroenterological disorders

	Sessions weekly					
	0*	½ or 1	1½ or 2	3	3+	Not estimated
Inpatient	4	162	74	16	5	10
Outpatient	8	108	123	19	6	7
Endoscopy	27	115	106	18	1	4
Special procedures	192	73	5	1	0	—
Research/teaching	126	89	29	10	17	—

*The inclusion of a person in this column does not imply that no time is given to the activity but that less than half a session is devoted to it.

Table 5 Number of consultant vacancies expected by retirement at 65 years of age in successive five year periods*

Consultant vacancies (no.) in five-year periods						
1981-1985	1986-1990	1991-1995	1996-2000	2001-2005	2006-2010	2011+
14	18	41	54	71	58	15

*The data take no account of possible early retirement or death.

LIKELY VACANCIES BY RETIREMENT (Table 5)

Each physician was asked to state his likely year of retirement; where there was uncertainty about retirement at age 60 or 65 years, the latter was listed. In general, the large number of vacancies expected in the period 1996 to 2010 reflects the recent expansion in the specialty, so that the majority of physicians now in post are between the ages of 36 and 50 years.

NUMBER AND ASPIRATIONS OF TRAINEES

Each consultant was asked to list any trainees working with him who intend to follow a career which includes gastroenterology in the United Kingdom. The name, age, and status of each trainee was given to prevent duplication and to assess their seniority. For those in university or

research posts it was sometimes difficult to grade the post in terms of an NHS equivalent. In general, lecturers or research Fellows were included among those with senior registrar status only when this was specified. Occasionally, senior registrar status was assumed from the age and academic status of the person named.

It will be seen (Table 6) that 90 trainees of senior registrar status (+three locum appointments) aspire to a consultant post in general medicine with a special interest in gastroenterology as the only specialty. Fourteen of the 30 university lecturers aspire to an academic career in gastroenterology. Eight other trainees wish to obtain a consultant post in which gastroenterology is one of two or more special interests. These other interests are very varied and include immunology, metabolic medicine, nutrition, clinical pharmacology, endocrinology, oncology, and geriatrics.

Table 7 shows the replies for trainees specified

Table 6 Aspirations of trainees with senior registrar status

	General medicine + gastroenterology			General medicine + gastroenterology + other speciality		
	SR	Hon SR	Lecturer	SR	Hon SR	Lecturer
East Anglia		1				
Mersey	3		1			
Northern	2		1	1		
North-West	2		2			
Oxford	3		1			
South-West			3			
Thames NE	5	3	5			
NW	7	2	2	1		
SE	2	6	3	1	1	
SW	1	1	1	1		
Trent	4	1	3			1
Wessex	2	1	2		1	
West Midlands	3	1				
Yorkshire	1	1	2			
N Ireland	1			1		
Scotland	4	1	3			
Wales	2		1			
Total	42	18	30*	5	2	1
	(+ 3 locum)			(+ 1 locum)		

*Fourteen wish to follow an academic career if possible.

Table 7 Aspirations of trainees with status of registrar/SHO or lecturer/research Fellow

	General medicine + gastroenterology		General medicine + gastroenterology + other speciality	
	Reg/SHO	Lecturer/ research Fellow	Reg/SHO	Lecturer research Fellow
East Anglia				
Mersey	4			1
Northern		2	1	
North-West	2	2		
Oxford	1			
South-West	2		2	
Thames NE	3	12	2	
NW	10	2	1	2
SE	2	1		2
SW		2	1	
Trent	3			1
Wessex	4		1	
West Midlands	2		2	
Yorkshire	1	3	4	
N Ireland				
Scotland	9	3	2	2
Wales	1	1		
Total	44	28	16	8

as a registrar, senior house officer, lecturer, or research Fellow. Most of these trainees are aged 30 years or less. Seventy-two of these trainees wish to become a physician with a special interest in gastroenterology and 24 wish to achieve a consultant post with gastroenterology as one of two or more special interests.

Comment

The total number of physicians recorded in this survey who regard themselves as having a special interest in gastroenterology may be compared with data obtained in another inquiry into the second specialty of general physicians.¹ Physicians in England and Wales recorded by the Department of Health and Social Security as general physicians were asked to list in order of importance up to three specialties in which they had a special interest or expertise. The most frequently chosen specialties were endocrinology (321), gastroenterology (175), cardiology (126) and diseases of the chest (114). When incomplete returns were allowed for, it was estimated that 197 physicians (95% confidence limits, 189–205) regarded gastroenterology as a primary second interest. Besides these general physicians, the Department of Health also listed in England and Wales 39 physicians as gastroenterologists.² This total of 236 physicians, gastroenterologists, and physicians with a special interest in the specialty, corresponds closely with the 227 shown in Table 1 as working in England and Wales. The present inquiry was extended to Northern Ireland and, with the permission of the Royal Colleges of Physicians of Edinburgh and Glasgow, to Scotland where 44 additional physicians with a special interest in gastroenterology were identified, giving a total of 271 in the United Kingdom.

The high proportion of consultants with a special interest in gastroenterology who are aged 50 years or less (73%) was confirmed by the DHSS survey among general physicians in which 72% of those with a primary second interest in gastroenterology were less than 50 years of age. The age distribution of consultants interested in gastroenterology shows how rapidly this specialty has expanded during the last 15 years. For physicians interested in gastroenterology 14 vacancies by retirement on grounds of age (taking no account of early retirement or death) can be forecast in

the next five years and 32 in the next 10 years. Thereafter, an increase to eight to 14 vacancies each year can be expected. This is in striking contrast with physicians practising thoracic medicine in England and Wales of whom about half (205) are expected to retire on grounds of age in the next 10 years and one-third (122) in the next five years.³ Physicians with no special interest are also concentrated in the older age groups and 80% of them are aged over 50 years.¹

The present survey suggests that most district general hospitals now have on their staff a physician interested in gastroenterology; it is only the smallest which do not have such a consultant and little expansion of the specialty can be envisaged by creation of posts in these hospitals where the specialty is not at present represented. Expansion can only occur if more than one physician with a special interest in gastroenterology is appointed to larger hospitals.

The data for those in training posts probably include most or all of those undergoing higher medical training in gastroenterology in the United Kingdom, but do not include any who were working abroad at the time of the survey and who wish to return to a consultant post at home. It should be noted that no trainee wished to practise gastroenterology exclusively and that, apart from those wishing to follow an academic career, all wished to obtain a consultant post as general physician with a special interest in gastroenterology. This implies that all the trainees are also being trained in general medicine, and a few are also developing one or more special interests in addition to gastroenterology. All trainees are thus eligible for posts as general physicians without a specified special interest in gastroenterology. The estimate of new consultant vacancies was unable to take this fact into account in the assessment of career prospects.

References

- ¹Houghton Jane, Richings Jane. The second specialty of general physicians. *J R Coll Physicians Lond* 1981; **15**:28–31.
- ²Medical staffing and prospects in the NHS in England and Wales 1979. *Health Trends* 1980; **12**: 51–4.
- ³Citron KM, Lewis DR, Nunn AJ. Staffing in thoracic medicine. *Br Med J* 1980; **281**:887–8.