



# RCS

ADVANCING SURGICAL STANDARDS



# SURGICAL WORKFORCE 2011

A report from The Royal College of Surgeons of England  
in collaboration with the surgical specialty associations



## CONTRIBUTORS

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The Association of Surgeons of Great Britain and Ireland

The British Association of Paediatric Surgeons

The British Association of Plastic, Reconstructive and Aesthetic Surgeons

The British Association of Oral and Maxillofacial Surgeons

The British Association of Otorhinolaryngologists

The British Association of Urological Surgeons

The British Orthopaedic Association

The Society of British Neurological Surgeons

The Society for Cardiothoracic Surgery in Great Britain and Ireland

## FURTHER INFORMATION

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[www.rcseng.ac.uk/surgeons/working/clinical-policy/workforce](http://www.rcseng.ac.uk/surgeons/working/clinical-policy/workforce)

[workforce@rcseng.ac.uk](mailto:workforce@rcseng.ac.uk)

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## Foreword

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I am pleased to present the College's second annual workforce census of all surgical specialties at a Consultant level. The first census conducted in 2010 was met with considerable success and allowed the College to make evidence-based contributions to national workforce planning. The 2011 census brings with it the promise of even better contributions, as it saw a remarkable rise in the participation of individual surgeons by more than 10%.

The College's mission statement commits us to enabling surgeons to achieve and maintain the highest standards of surgical practice and patient care. This requires consistent and appropriate staffing levels for all surgical services and can only be achieved by rigorous workforce planning. The College's dedication to collecting information directly from the profession ensures that we can produce relevant and accurate data to support commissioners and service planners in developing high quality surgical services. It is important therefore that this project continues to grow from strength to strength.

I am thankful to the many surgeons who contributed to this census and hope that this publication shows what value we gain from their direct involvement. I hope that we can continue to benefit from increasing support from the profession.

I would like particularly to acknowledge the work of Bob Greatorex, former Council Lead for workforce for his dedication to this project, and of the nine surgical specialty associations for their continued collaboration and expert contribution to this project.

A handwritten signature in black ink that reads "Norman Williams". The signature is written in a cursive style with a long, sweeping tail on the final letter.

Professor Norman Williams  
President  
Royal College of Surgeons

## Introduction and key messages

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The Royal College of Surgeons is committed to collecting accurate and reliable data on the surgical workforce in England, Wales and Northern Ireland. Such information is crucial for delivering safe and effective services, high quality patient care and for ensuring that workforce planning is robust and flexible enough to respond to the ever-changing landscape of the NHS and technological developments. As part of this commitment, we have established an annual, professionally led census of individual consultant surgeons employed in England, Wales and Northern Ireland, which is just about to enter its third year. This report reflects the results of the second annual census, which ran in 2011, and marked an improvement in accuracy, relevance and return rates from the first census in 2010: it achieved a response rate of over 70%, compared with 60% in 2010. This increase in participation has allowed us to give a more in-depth picture of the consultant surgical workforce across English regions as well as additional data on the consultant workload.

The first part of the report provides an overview of the surgical workforce in England, Wales and Northern Ireland. There is a breakdown of the total response rate and response rate by surgical specialty, followed by an analysis of all respondents, which is broken down by number, gender, age and region. We have profiled workload patterns and intentions, such as the rate of on-call commitments, contract type and retirement plans. We have also provided a breakdown of programmed activities in a working week.

The second part of the report provides workforce information that is specific to each of the nine surgical specialties.<sup>1</sup> It includes comments and recommendations for the consultant workforce from the specialty associations. These recommendations can be interpreted against the backdrop of the UK population and national population projection statistics from the Office for National Statistics (Table 1).

Some of the most notable trends from the 2011 data include a significantly low number of female consultants, representing just over 8.5% of the total workforce. While this marks an increase of almost 1% from 2010's results, female participation in the surgical workforce lies well behind other professions.

<sup>1</sup> At the time of writing, vascular surgery had been acknowledged as a separate surgical specialty. However, at the time that the census closed, vascular surgery was still part of general surgery and that is how it has been reflected in this report. Future censuses will reflect the transition of vascular surgery as a separate surgical specialty.

## PRELIMINARIES INTRODUCTION AND KEY MESSAGES

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Another notable trend that will be of significance for those in the front line of surgical services is the consistent tendency of consultant surgeons to work more than the 10 programmed activities (PAs) that NHS Employers recommend and more than the 12 PAs that the European Working Time Regulations recommend. It is interesting to note that in 2010 less than 10% of surgeons who responded to the census worked more than 12 PAs a week. This year that figure has risen to 13%. The current climate of financial strain combined with major changes to the NHS is placing significant pressure on the surgical workforce.

Based on the census results, most of this additional working time is spent on direct clinical care with the vast majority of surgeons spending an average of 1.6 PAs per week on supporting professional activities (SPAs). The College recommends that new consultant posts should typically include 2.5 SPAs in a 10 PA contract at appointment but this provision should be subject to annual appraisal and job planning. SPAs are essential not only for the development of the individual surgeon but also of the NHS more broadly. With the revalidation implementation approaching at the end of the year, it is likely that the demand on surgeons' SPA time will only increase in the coming years.

Finally, a consistent trend which reappears in this year's census is the large percentage of surgeons (over 30%) who express the desire to work part time at some point in their career. Although currently less than 10% of the surgical workforce is employed on a part-time basis, it is likely that future years will see a shift towards surgeons wishing to achieve more work-life balance, which could potentially have significant implications for workforce planning.

We hope that by highlighting these issues using reliable data from surgeons themselves we can support policy development and workforce planning such that it can adapt and address major workforce problems in the future. In particular, we hope that it will assist those responsible for the development of surgical services, the Department of Health, the Centre for Workforce Intelligence, Health Education England, the NHS Commissioning Board, the local education and training boards, the Human Resources Directorate

## PRELIMINARIES INTRODUCTION AND KEY MESSAGES

of the Welsh Assembly Government, the Department of Health, Social Services and Public Safety of Northern Ireland and all those concerned with the training, development and employment of surgeons.

We would also like to acknowledge the support provided to the surgical service across the UK by Staff and Associate Specialist Surgeons (SAS). Although the College's workforce census is publicised and disseminated to all non-training grade surgeons, data for SAS surgeons have so far been scarce and not sufficiently reliable for publication. In order to capture a complete picture of the surgical workforce it is essential to account for this group of surgeons. We are therefore in the process of launching a separate, dedicated workforce initiative that will hopefully allow us to identify their location and contact details in the next year.

	2011 (000s)	2021 (000s)	2031 (000s)	2035 (000s)
United Kingdom	62,735	67,636	71,766	73,208
England	52,655	57,020	60,751	62,078
Wales	3,018	3,187	3,326	3,369
Scotland	5,251	5,509	5,701	5,755
Northern Ireland	1,811	1,919	1,987	2,005

**Table 1**  
UK population projection  
from the Office of  
National Statistics.

## Notes on methodology

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This report provides data on consultant surgeons practising in England, Wales and Northern Ireland. Surgeons classified as retired, temporarily not in practice, surgeons in training and non-consultant grades are not included in this report. For further information on collecting data on specialty doctors, associated specialists and staff grades, please see the note in the introduction.

The Royal College of Surgeons ran an online census from March 2011 to October 2011. A personalised link to the online census was emailed to all surgeons on the College's database<sup>2</sup> and was followed up by email reminders. For those surgeons without email addresses, hard copies of the census were sent by post.

<sup>2</sup> The College database includes information not only on RCS fellows and members but also on consultants who practice in England, Wales and Northern Ireland and are involved in the activities of the College.

The results were anonymised by the College data team and then shared with the nine surgical specialty associations as defined by the specialist advisory committees. The specialty associations provided, where possible, additional workforce information and recommendations for their own field.

The census achieved a 70.41% response rate and collected data on the surgical workforce and information on consultant surgeons' working practices. This year we also introduced analysis-based data on the 10 strategic health authorities as defined by the Department of Health. All information in this year's census refers to England, Wales and Northern Ireland unless stated otherwise. The source of the information presented in this report is indicated throughout. The primary data sources for this report include:

- consultant responses to the census of The Royal College of Surgeons of England
- the surgical database of The Royal College of Surgeons of England
- data from the nine surgical specialty associations.

The numbers presented may vary at times from other reports. This is to be expected, as those reports may use different categories and selection criteria. Please pay close attention to the notes included in this report before making direct comparisons to other data.

## OVERVIEW

## Shape of the surgical workforce

**Number of consultant surgeons by surgical specialty**

Data refer to consultant surgeons who practice in England, Wales and Northern Ireland as of October 2011.

Surgeons classified as retired, temporarily not in practice, surgeons in training and non-consultant surgeons are not included.

Source: RCS Surgical Database, RCS Census October 2011 and surgical specialty associations.

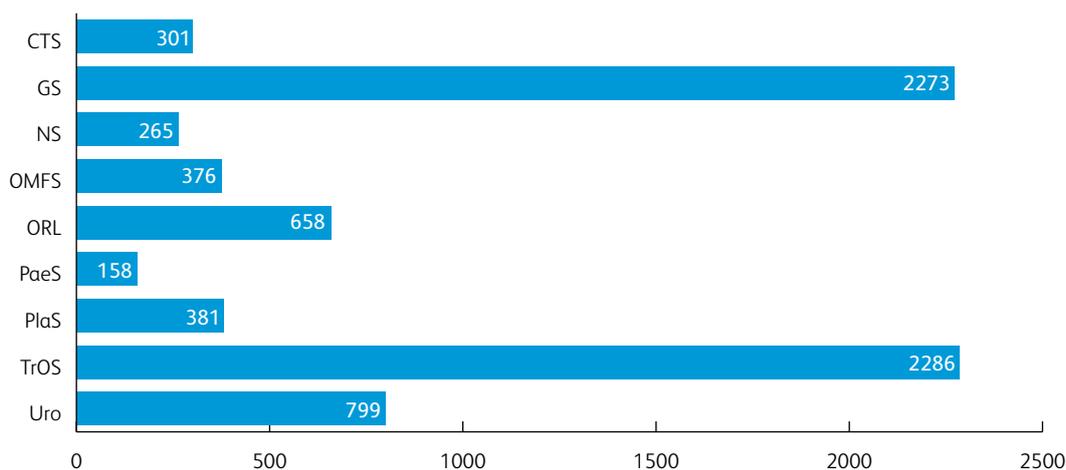
Specialty	England	Wales	Northern Ireland	TOTAL
Cardiothoracic Surgery	322	13	9	344
General Surgery	2052	133	88	2273
Neurosurgery	246	11	8	265
Oral and Maxillofacial Surgery	336	31	9	376
Otorhinolaryngology	583	44	31	658
Paediatric Surgery	146	6	6	158
Plastic Surgery	357	14	10	381
Trauma and Orthopaedic Surgery	2089	142	55	2286
Urology	733	44	22	799
All Specialties	6864	438	238	7540

**Total number of consultant surgeons by surgical specialty**

Data based on the total number of consultant surgeons who practice in England, Wales and Northern Ireland as of October 2011.

Surgeons classified as retired, temporarily not in practice, surgeons in training and non-consultant surgeons are not included.

Source: RCS Surgical Database, RCS Census October 2011 and surgical specialty associations.



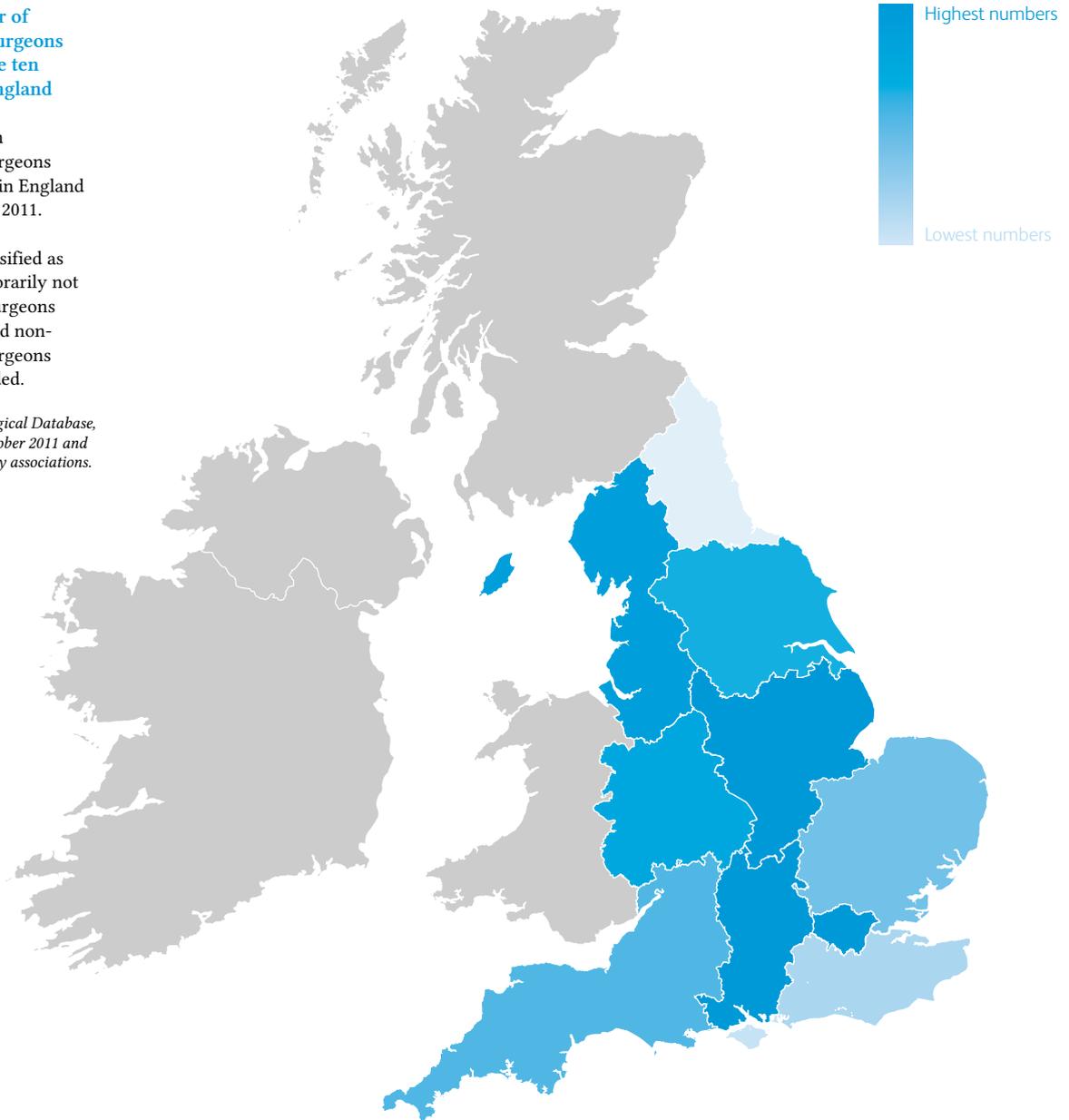
## OVERVIEW SHAPE OF THE SURGICAL WORKFORCE

### Total number of consultant surgeons in each of the ten regions in England

Data based on consultant surgeons who practise in England as of October 2011.

Surgeons classified as retired, temporarily not in practice, surgeons in training and non-consultant surgeons are not included.

Source: RCS Surgical Database, RCS Census October 2011 and surgical specialty associations.



Specialty	North East	North West	Yorkshire & Humber	East Midlands	West Midlands	East of England	London	South East Coast	South Central	South West	TOTAL
Cardiothoracic Surgery	23	51	32	26	33	27	78	6	22	24	322
General Surgery	133	289	226	144	224	194	343	162	134	203	2052
Neurosurgery	18	33	24	13	27	13	70	6	20	22	246
Oral and Maxillofacial Surgery	18	42	36	28	32	26	61	37	24	32	336
Otorhinolaryngology	33	85	51	41	70	52	102	44	42	63	583
Paediatric Surgery	8	22	17	12	10	11	39	6	15	6	146
Plastic Surgery	26	37	38	19	43	38	86	15	22	33	357
Trauma and Orthopaedic Surgery	130	290	206	163	261	207	319	152	144	217	2089
Urology	40	105	77	45	65	86	136	59	48	72	733
<b>Total</b>	<b>429</b>	<b>954</b>	<b>707</b>	<b>491</b>	<b>765</b>	<b>654</b>	<b>1234</b>	<b>487</b>	<b>471</b>	<b>672</b>	<b>6864</b>

## OVERVIEW SHAPE OF THE SURGICAL WORKFORCE

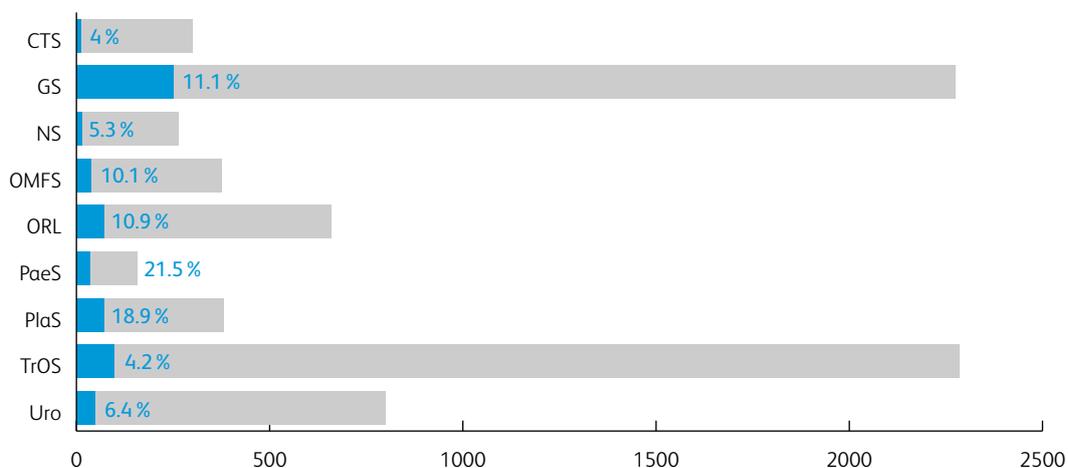
### Number of female surgeons by surgical specialty

Data based on consultant surgeons who practise in England, Wales and Northern Ireland as of October 2011.

Surgeons classified as retired, temporarily not in practice, surgeons in training and non-consultant surgeons are not included.

The percentages are based on the number of surgeons whose gender was known. Gender was unknown for 247 practising surgeons.

Source: RCS Surgical Database, RCS Census October 2011.

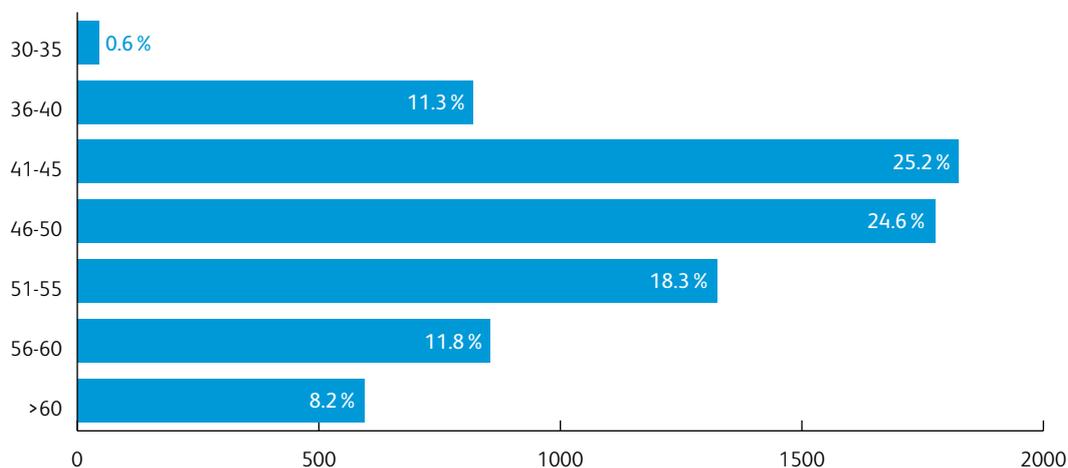


### Age profile (in years) of consultant surgeons in all surgical specialties

Data based on consultant surgeons of all surgical specialties who practise in England, Wales and Northern Ireland as of October 2011.

The percentages are based on the number of surgeons whose age was known. Age was unknown for 202 practising surgeons.

Source: RCS Surgical Database, RCS census October 2011.



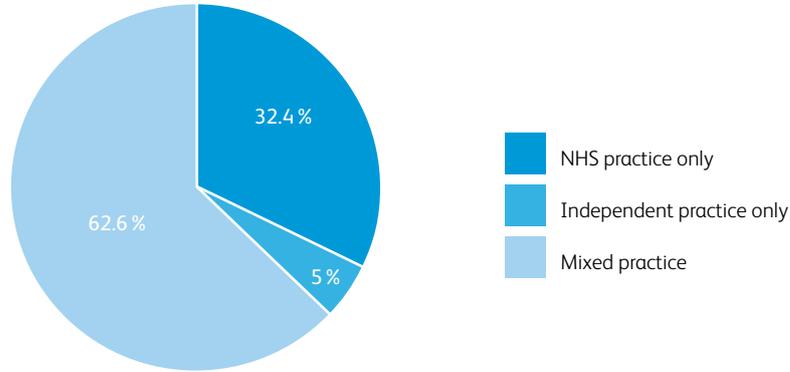
## OVERVIEW

# Profile of workload

## Consultant surgeons working in the NHS or independent practice

The majority of consultant surgeons (62.6%) identify themselves as having a mixed NHS and independent practice.

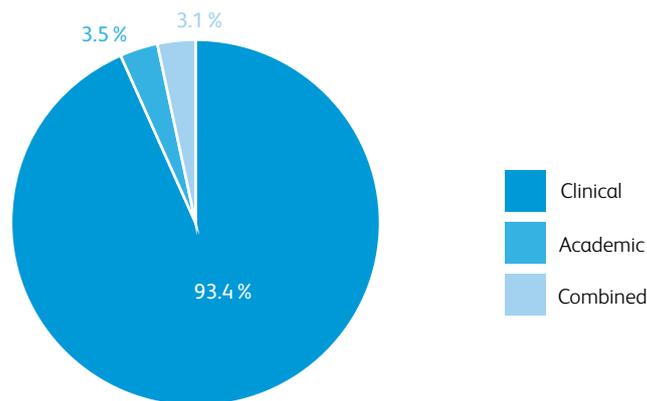
Source: RCS census, October 2011



## Consultant surgeons in clinical or academic practice

The vast majority of surgeons (93.4%) work in direct clinical care with 6.6% maintaining an academic element to their work.

Source: RCS census, October 2011

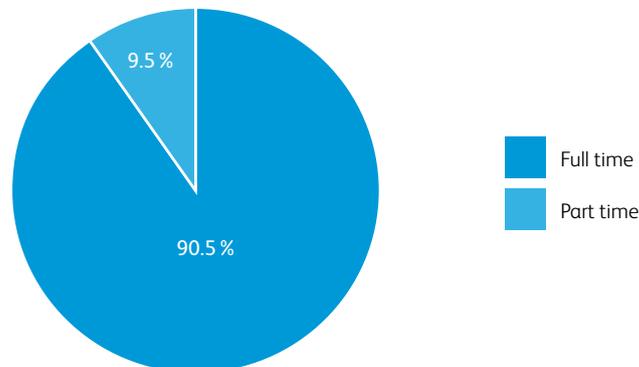


## Consultant surgeons working part time

Less than 10% of consultant surgeons identified themselves as working part time.

The census classified a workload of less than 10 programmed activities (PAs) per week as part time.

Source: RCS census, October 2011



## OVERVIEW PROFILE OF WORKLOAD

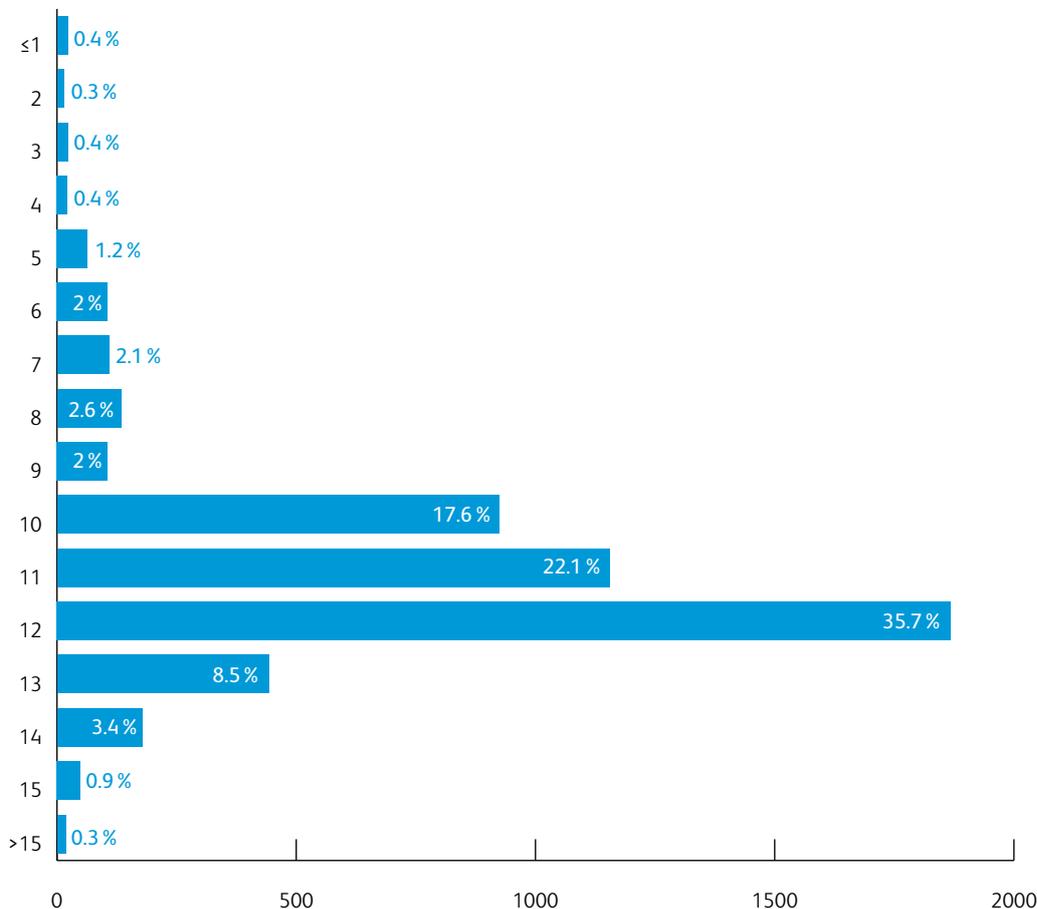
### Number of PAs worked within a week by consultant surgeons

NHS Employers recommends that a job plan for a full-time consultant surgeon should consist of 10 PAs per week. Over two-thirds of respondents (70.9%) indicated that they work longer hours.

Data based on the mean programmed activities contracted per week on a 10 PA-contract for all surgical specialties.

One PA equals approximately four hours.

Source: RCS census, October 2011

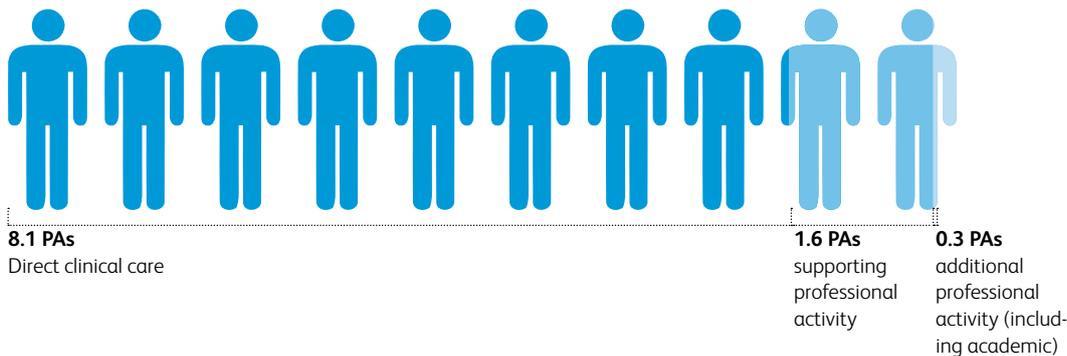


### Mean PAs contracted per week on a 10 PA contract for all surgical specialties

The distribution of mean programmed activities on a 10 PA contract comprises 1.6 PAs for supporting professional activities.

The RCS recommends approximately 2.5 PAs for supporting professional activities on a 10 PA contract.

Source: RCS census, October 2011

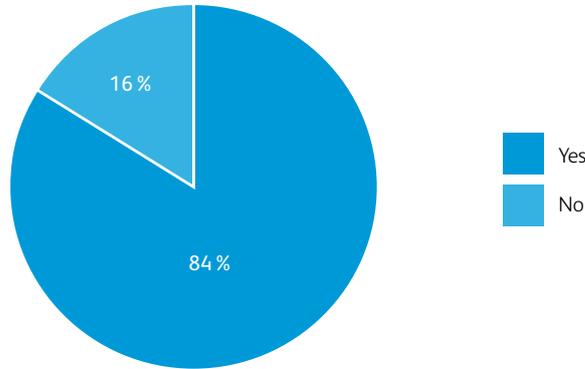


## OVERVIEW PROFILE OF WORKLOAD

### Consultant surgeons with on-call commitments

The great majority of consultant surgeons (84%) indicated that on-call commitments are part of their contracted workload.

Source: RCS census, October 2011



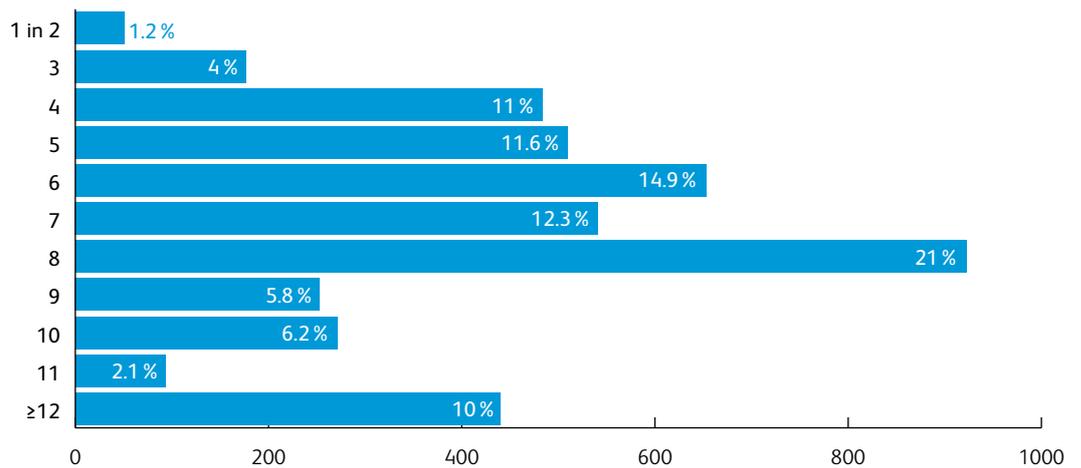
### Frequency of consultant surgeons' on-call commitments

Nearly half of consultant surgeons (48.2%) reported the frequency of their on call commitment to be between 1 in 6 and 1 in 8.

Approximately 5.2% of respondents indicated that they are working on-call rotas of greater intensity than 1 in 4.

Data based on consultant surgeons with on-call duties.

Source: RCS census, October 2011

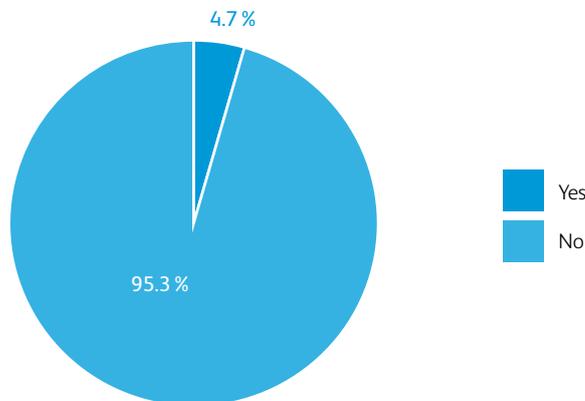


### Consultant surgeons who are resident while on call

A small percentage of consultant surgeons (4.7%) reported that they are resident while on-call. Surgeons who are resident while on-call are classified as working even when at rest, which needs to be taken into account when considering working patterns that comply with EWTR.

Data based on consultant surgeons with on-call duties.

Source: RCS census, October 2011



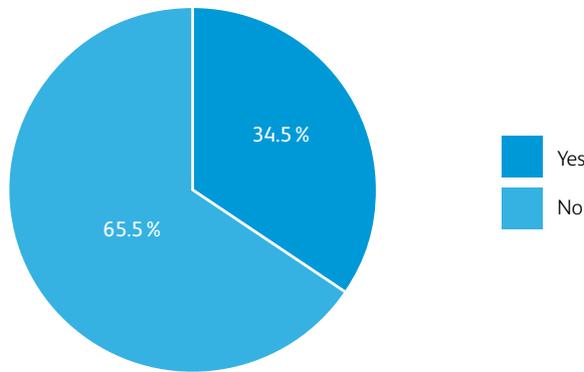
## OVERVIEW PROFILE OF WORKLOAD

### Consultant surgeons who are free from elective duties while on call

Just over a third (34.5%) of respondents indicated that they are free from elective duties while on-call.

As part of its policy for separating emergency and elective work streams to maintain high standards of practice, the RCS recommends that surgeons in specialties with high emergency workloads are free from elective duties while on call.

Source: RCS census, October 2011

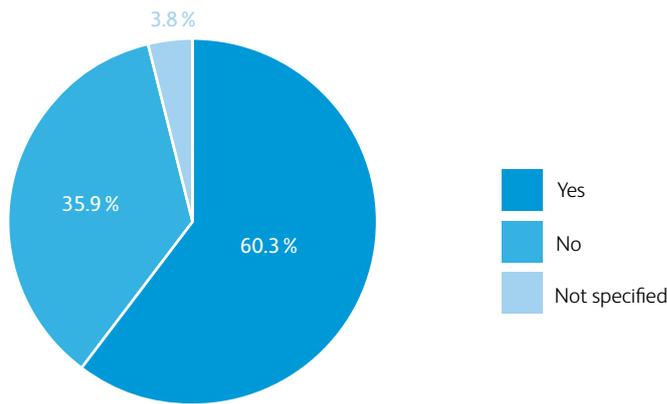


### Consultant surgeons involved in trauma care

Almost two-thirds of consultant surgeons (60.3%) have indicated that they are involved in trauma care within their usual working hours.

The RCS recommends that treatment of patients suffering major trauma is provided in a small number of specialised centres.

Source: RCS census, October 2011

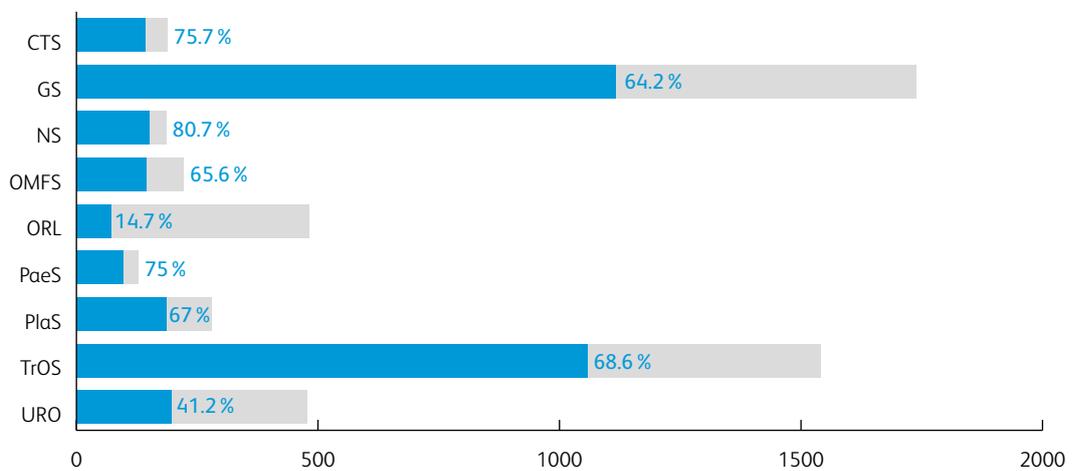


### Consultant surgeons involved in trauma care by surgical specialty

The highest number of consultant surgeons involved in trauma care come from both general surgery and trauma and orthopaedic surgery.

As a proportion of their specialty workforce, consultant neurosurgeons and cardiothoracic surgeons have the highest involvement in trauma care.

Source: RCS census, October 2011

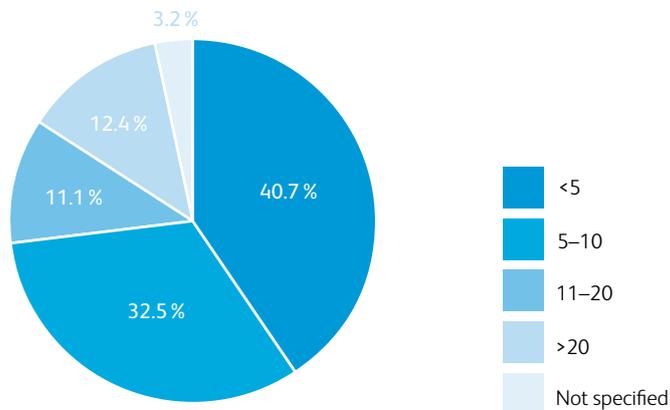


## OVERVIEW PROFILE OF WORKLOAD

### Frequency of consultant surgeons' involvement in trauma care (by number of incidents per year)

The majority of consultant surgeons (73.2%) are involved in less than ten trauma incidents per year.

Source: RCS census, October 2011

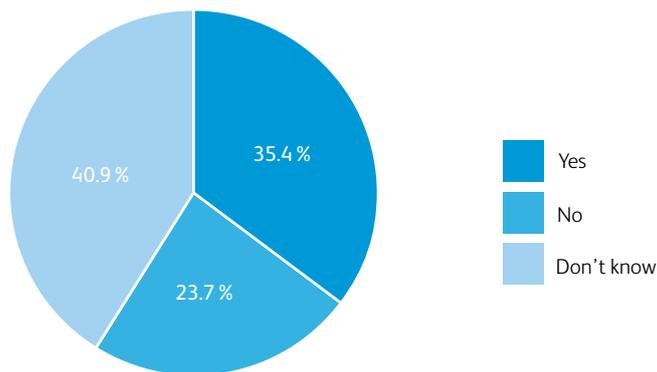


### Consultant surgeons intending to work part time at some point in their career

More than a third of consultant surgeons indicated that they would like to work part time at some point in their career. Based on census data, currently less than 10% of consultant surgeons work part time.

Data based on consultant surgeons who currently work full time.

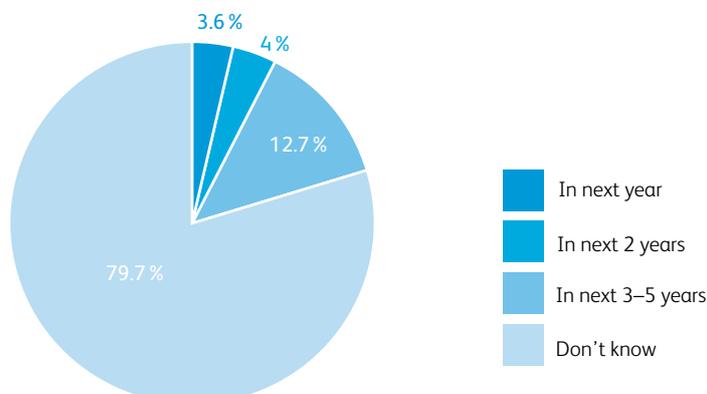
Source: RCS census, October 2011



### Consultant surgeons' intentions for their retirement

An accurate account of retirement intentions is crucial for effective workforce planning. Potential trends for earlier retirement among consultant surgeons may have a profound effect on workforce numbers, particularly for smaller surgical specialties.

Source: RCS census, October 2011



## BY SPECIALTY

# Cardiothoracic surgery

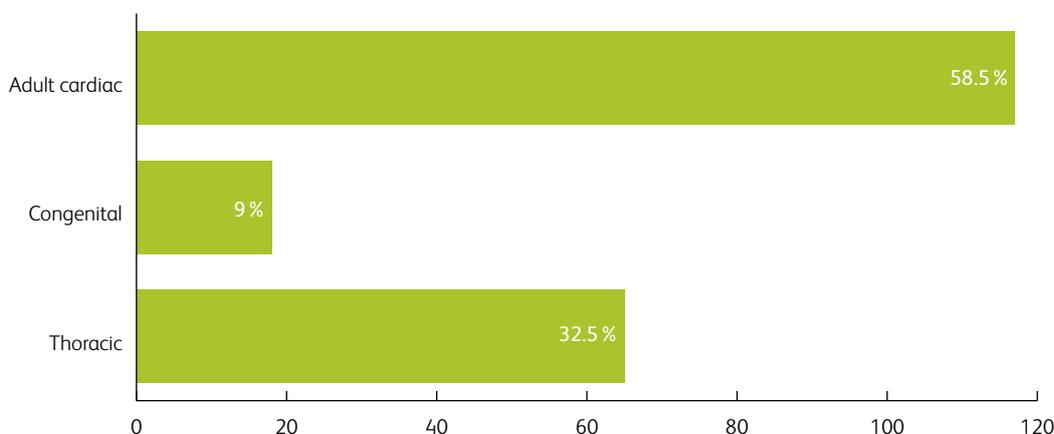
### SPECIALTY RECOMMENDATIONS FOR ENGLAND, WALES AND NORTHERN IRELAND

The Society for Cardiothoracic Surgery in Great Britain and Ireland (SCTS) recommend a total of 330 consultant cardiothoracic surgeons in England. In order to achieve this target, an expansion of the size of the consultant workforce is recommended. SCTS estimate that the current numbers of trainees are sufficient to meet this demand. SCTS maintain specialty-specific data for consultant cardiothoracic surgeons across the UK. More information can be found by contacting SCTS through its website at <http://www.scts.org>.

#### Percentage of consultant surgeons working in areas of special interest

Data refer to the responses from consultant cardiothoracic surgeons who practise in England, Wales and Northern Ireland as of October 2011.

Respondents were able to select more than one area of special interest so the total number of responses across all areas of special interest may be higher than the total number of respondents.

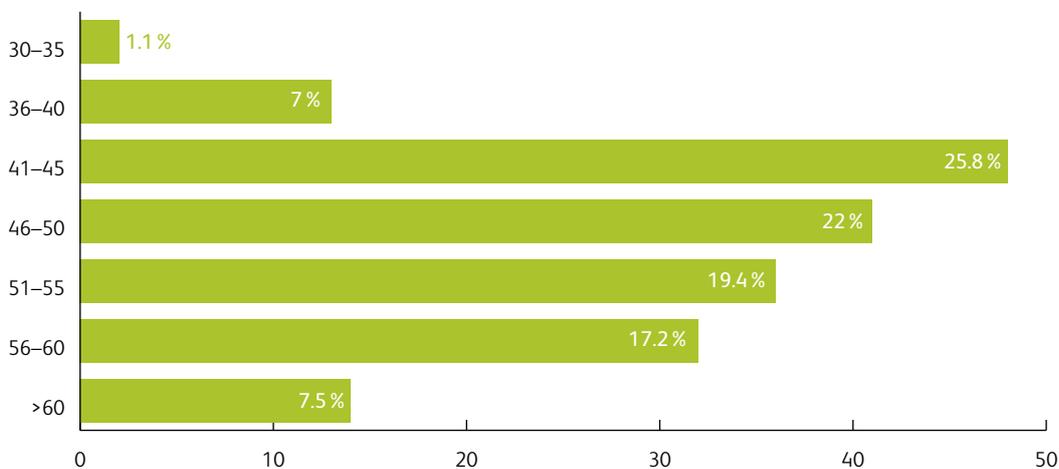


Source: RCS census, October 2011

#### Age profile of consultant surgeons

Approximately two thirds of consultant cardiothoracic surgeons (67.2%) are between 41 and 55 years old, a trend reflected in all specialties.

Data based on the number of surgeons whose age was known. Age was unknown for 13 practising cardiothoracic surgeons.



Source: RCS census, October 2011

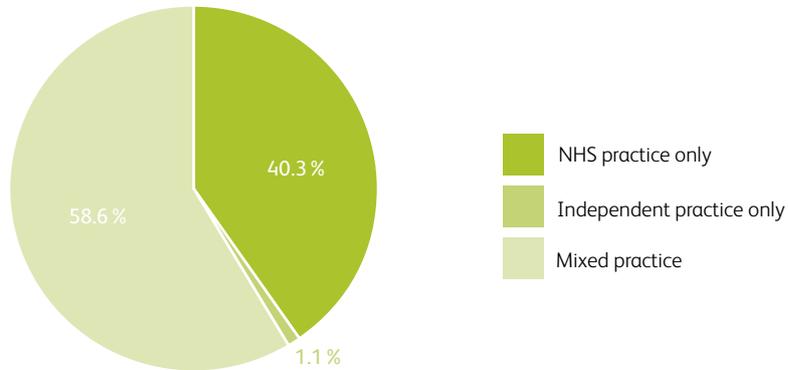


## BY SPECIALTY CARDIOTHORACIC SURGERY

### Consultant surgeons working in the NHS or independent practice

The majority of consultant cardiothoracic surgeons (58.6%) identify themselves as having a mixed NHS and independent practice.

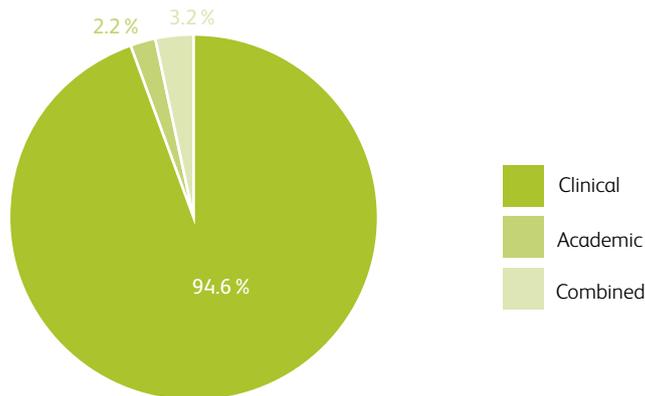
Source: RCS census, October 2011



### Consultant surgeons in clinical or academic practice

Approximately 5.4% of respondents maintain an academic element to their work.

Source: RCS census, October 2011

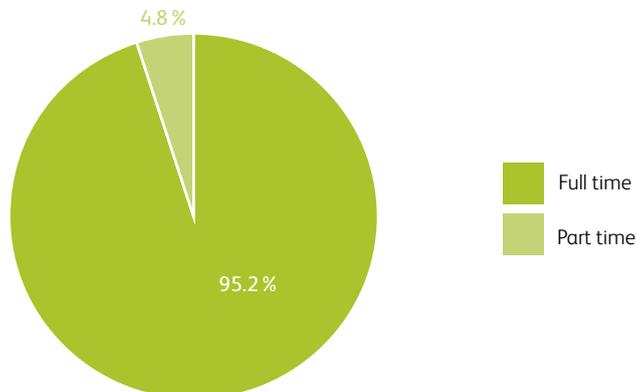


### Consultant surgeons working part time

4.8% of respondents identified themselves as working part time, lower than the total surgical average (9.45%).

The census classified a workload of less than 10 PAs per week as part time.

Source: RCS census, October 2011

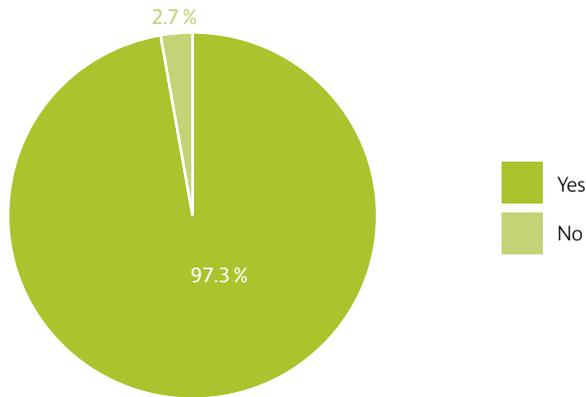


## BY SPECIALTY CARDIOTHORACIC SURGERY

### Consultant surgeons with on-call commitments

The great majority of consultant cardiothoracic surgeons (97.3%) indicated that on-call commitments are part of their contracted workload.

Source: RCS census, October 2011

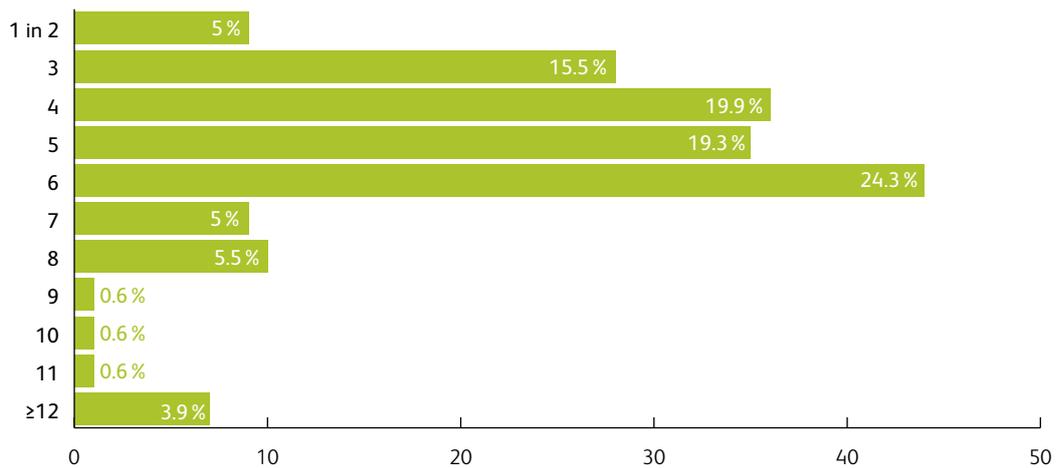


### Frequency of on-call commitments

The majority of respondents (84%) are on call at a frequency of 1 in 2 to 1 in 6, a more intense frequency than the total surgical average.

Data based on consultant cardiothoracic surgeons with on-call duties.

Source: RCS census, October 2011

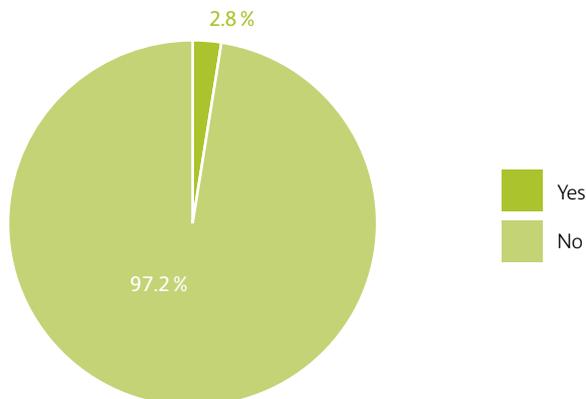


### Consultant surgeons who are resident while on call

A small percentage of consultant cardiothoracic surgeons (2.8%) indicated that they are resident while on call.

Data based on consultant cardiothoracic surgeons with on-call duties.

Source: RCS census, October 2011



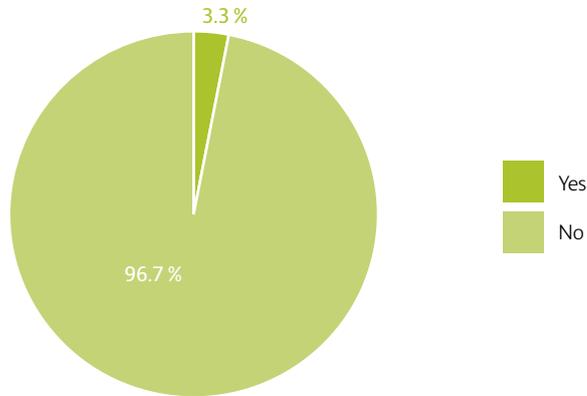
## BY SPECIALTY CARDIOTHORACIC SURGERY

### Consultant surgeons who are free from elective duties while on call

Only 3.3% of respondents indicated that they are free from elective duties while on call, much lower than the total surgical average (34.5%).

The RCS recommends that surgeons are free from elective duties while on call.

Source: RCS census, October 2011

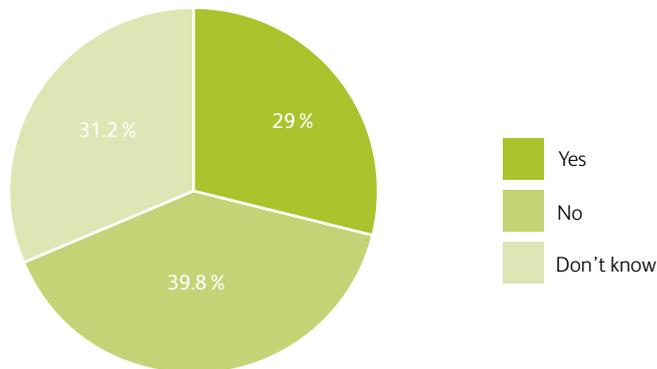


### Consultant surgeons intending to work part time at some point in their career

Almost one third (29%) of respondents indicated that they would like to work part time, compared with 4.8% of the cardiothoracic surgical workforce who actually do.

Data based on consultant cardiothoracic surgeons who currently work full time.

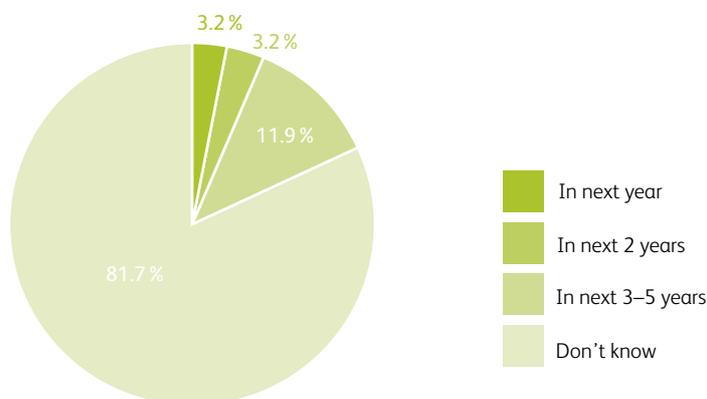
Source: RCS census, October 2011



### Consultant surgeons' intentions for their retirement

Less than a fifth (18.3%) of consultant cardiothoracic surgeons indicated that they wish to retire within the next one to five years.

Source: RCS census, October 2011



# BY SPECIALTY

## General surgery

### SPECIALTY RECOMMENDATIONS FOR ENGLAND, WALES AND NORTHERN IRELAND

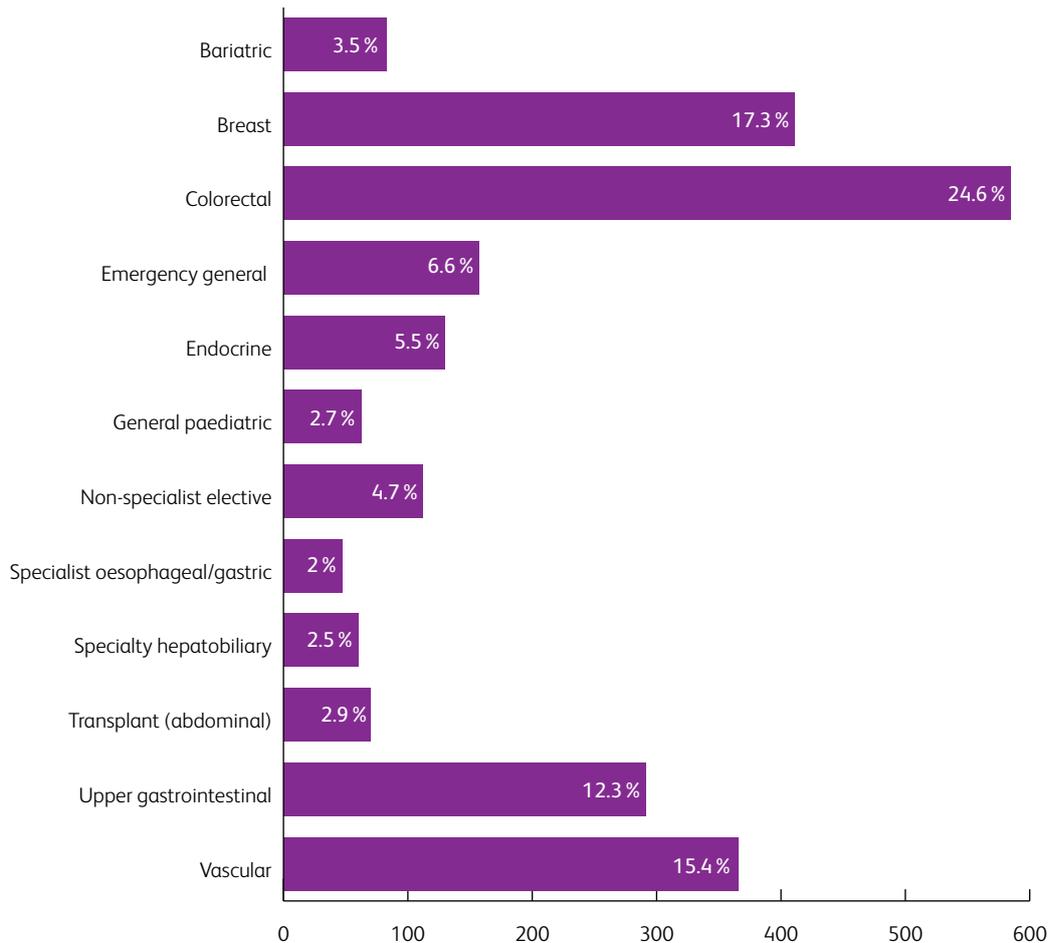
In 2010 The Association of Surgeons of Great Britain and Ireland (ASGBI) recommended a consultant workforce ratio of 1:25,000 population and an overall maintenance of consultant surgeon numbers. These recommendations will vary depending on each sub-specialty.

#### Percentage of consultant surgeons working in areas of special interest

Data refer to the responses from consultant general surgeons who practise in England, Wales and Northern Ireland as of October 2011.

Respondents were able to select more than one area of special interest so the total number of responses across all areas of special interest may be higher than the total number of respondents.

Source: RCS census, October 2011

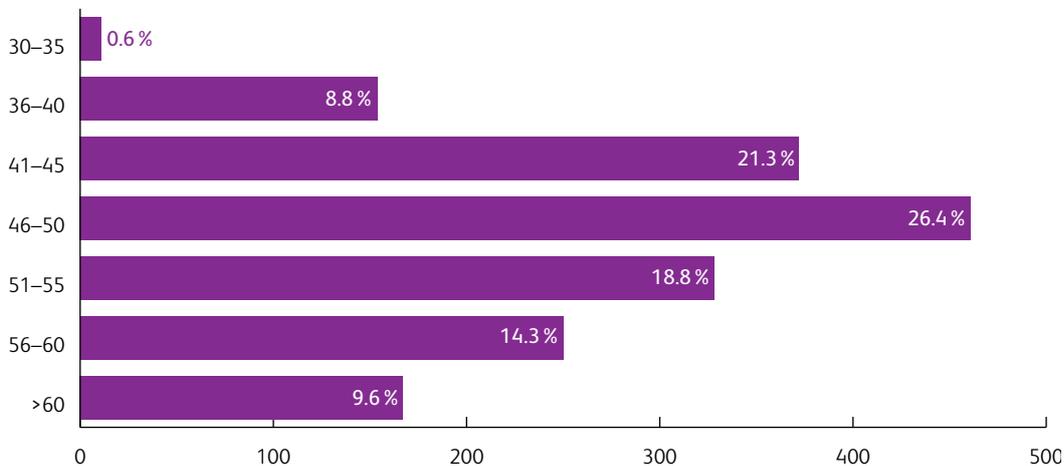


#### Age profile of consultant surgeons

Two thirds (66.6%) of consultant general surgeons are between 41 and 55 years old, a trend reflected in all specialties.

Data based on the number of surgeons whose age was known. Age was unknown for 56 practising general surgeons.

Source: RCS census, October 2011

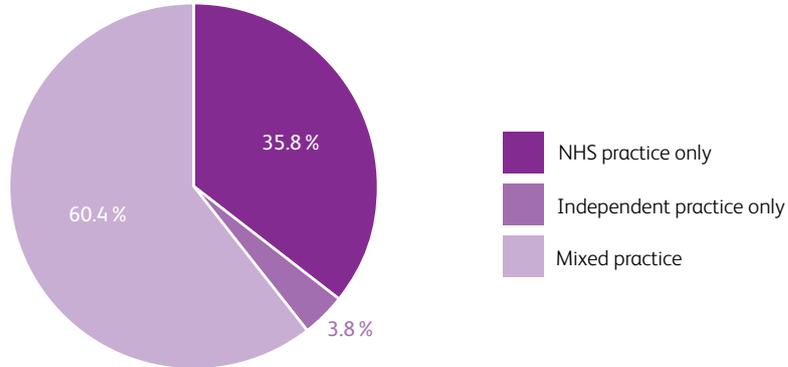


## BY SPECIALTY GENERAL SURGERY

### Consultant surgeons working in the NHS or independent practice

The majority of consultant general surgeons (60.4%) identify themselves as having a mixed NHS and independent practice.

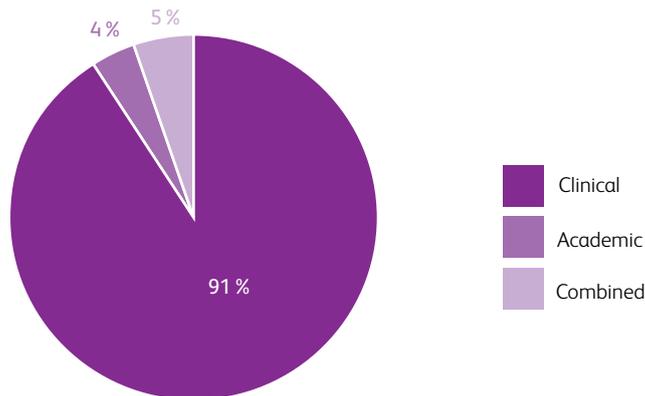
Source: RCS census, October 2011



### Consultant surgeons in clinical or academic practice

Approximately 9% of consultant general surgeons maintain an academic element to their work.

Source: RCS census, October 2011

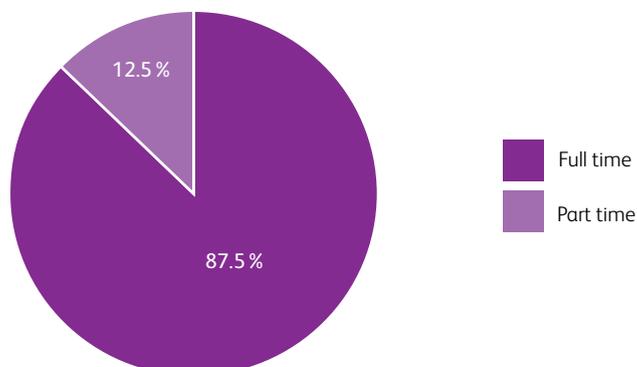


### Consultant surgeons working part time

12.5% of respondents identified themselves as working part time, slightly higher than the total surgical average (9.45%).

The census classified a workload of less than 10 PAs per week as part time.

Source: RCS census, October 2011

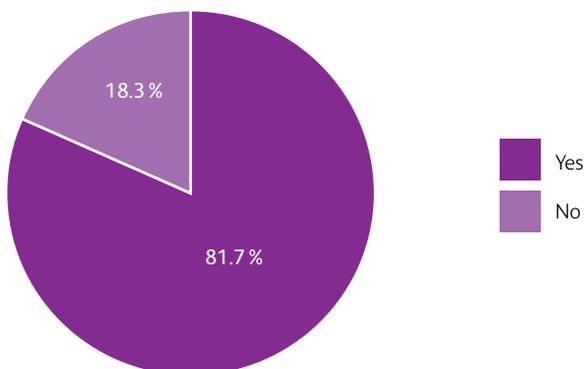


## BY SPECIALTY GENERAL SURGERY

### Consultant surgeons with on-call commitments

The great majority of consultant general surgeons (81.7%) indicated that on-call commitments are part of their contracted workload.

Source: RCS census, October 2011



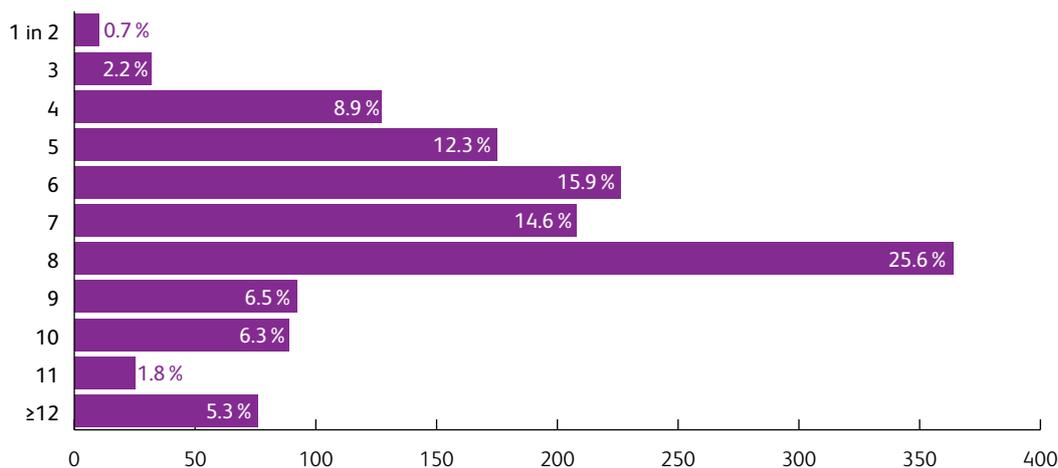
### Frequency of on-call commitments

Over half of respondents (56.1%) are on call at a frequency of 1 in 6 to 1 in 8.

11.8% are working on-call rotas of 1 in 4 intensity or greater.

Data based on consultant general surgeons with on-call duties.

Source: RCS census, October 2011

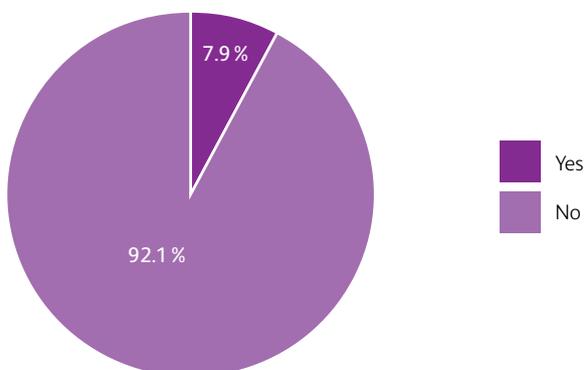


### Consultant surgeons who are resident while on call

Approximately 7.9% of respondents indicated that they are resident while on call.

Data based on consultant general surgeons with on-call duties.

Source: RCS census, October 2011

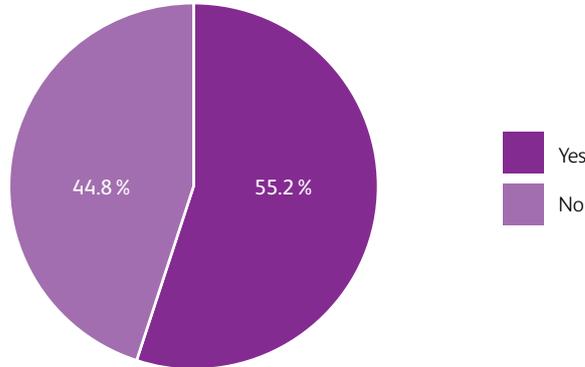


## BY SPECIALTY GENERAL SURGERY

### Consultant surgeons who are free from elective duties while on call

Over half (55.2%) of respondents indicated that they are free from elective duties while on call, much lower than the total surgical average (34.5%).

The RCS recommends that surgeons are free from elective duties while on call.

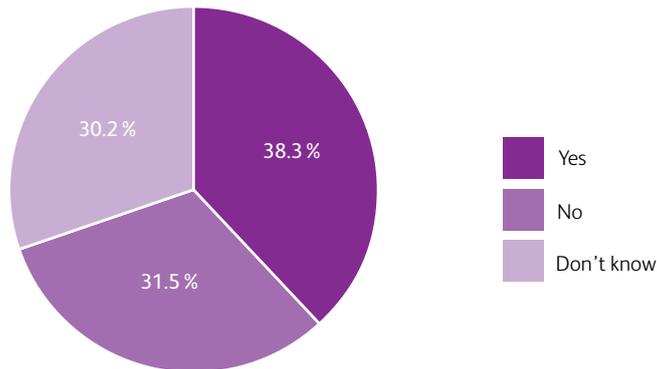


Source: RCS census, October 2011

### Consultant surgeons intending to work part time at some point in their career

More than one third (38.3%) of respondents indicated that they would like to work part time at some point in their career, compared with 4.8% of the general surgical workforce who actually do.

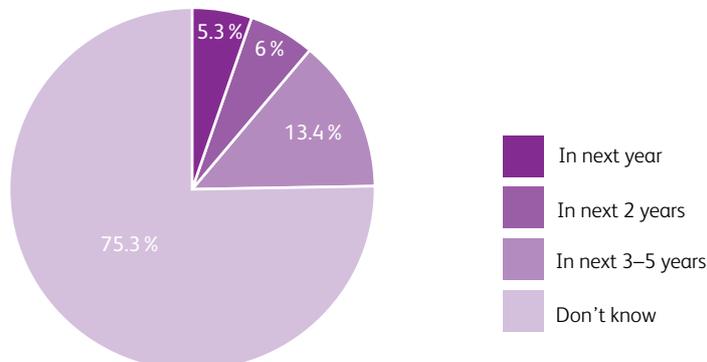
Data based on consultant general surgeons who currently work full time.



Source: RCS census, October 2011

### Consultant surgeons' intentions for their retirement

Approximately a quarter (24.7%) of consultant general surgeons indicated that they wish to retire within the next one to five years.



Source: RCS census, October 2011

## BY SPECIALTY

# Neurosurgery

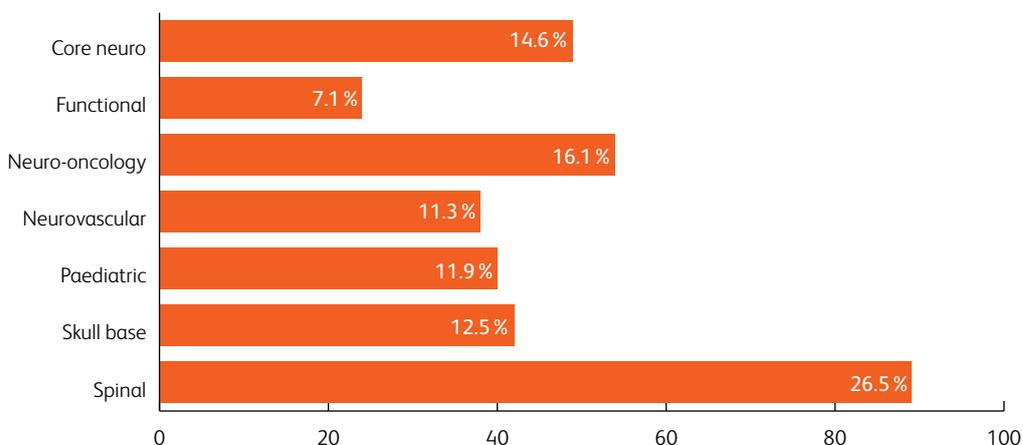
### SPECIALTY RECOMMENDATIONS FOR ENGLAND, WALES AND NORTHERN IRELAND

The Society of British Neurological Surgeons (SBNS) recommend a consultant workforce ratio of 1:200,000 population. They note, however, that this figure does not take into account workforce requirements related to NHS targets, trauma centres, sub-specialty rotas, an ageing population, increasing time requirements for delivering and supervising training and for preparing for revalidation. In order to achieve this target, an expansion of the size of the consultant workforce is recommended. They estimate that the current training numbers are enough to meet this demand. SBNS maintain specialty-specific data for neurological surgeons across the UK. More information can be found by contacting SBNS through its website at [www.sbns.org.uk](http://www.sbns.org.uk)

#### Percentage of consultant surgeons working in areas of special interest

Data refer to the responses from consultant neurosurgeons who practise in England, Wales and Northern Ireland as of October 2011.

Respondents were able to select more than one area of special interest so the total number of responses across all areas of special interest may be higher than the total number of respondents.

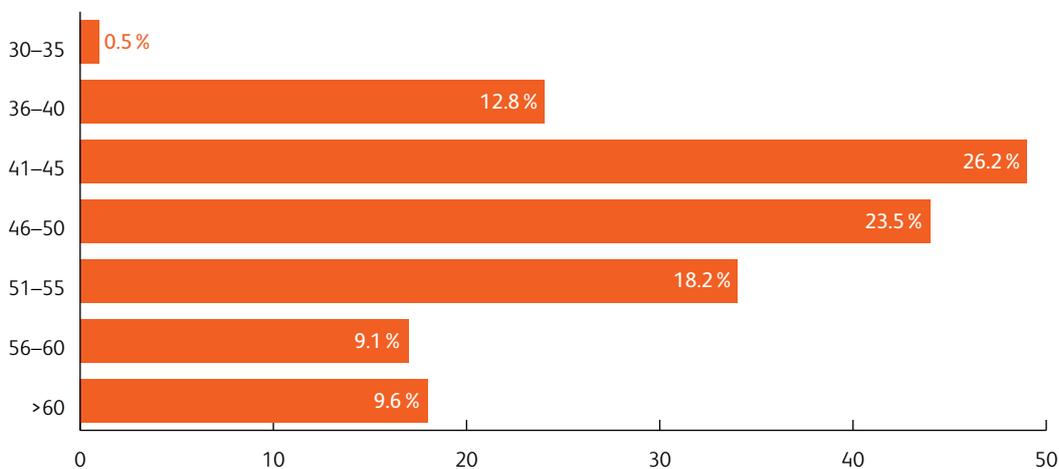


Source: RCS census, October 2011

#### Age profile of consultant surgeons

Just over two thirds (67.91%) of consultant neurosurgeons are between 41 and 55 years old, a trend reflected in all specialties.

Data based on the number of surgeons whose age was known. Age was unknown for 7 practising neurosurgeons.



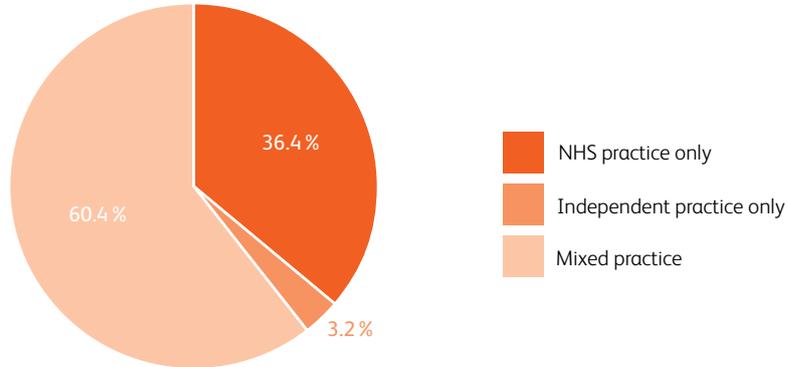
Source: RCS census, October 2011

## BY SPECIALTY NEUROSURGERY

### Consultant surgeons working in the NHS or independent practice

The majority of consultant neurosurgeons (60.4%) identify themselves as having a mixed NHS and independent practice.

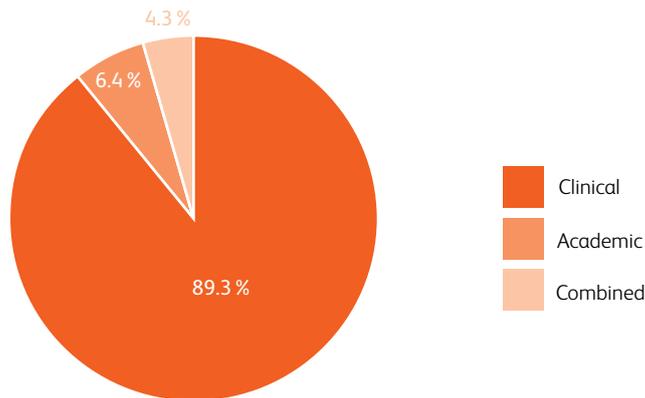
Source: RCS census, October 2011



### Consultant surgeons in clinical or academic practice

Approximately 10.7% of consultant neurosurgeons maintain an academic element to their work.

Source: RCS census, October 2011

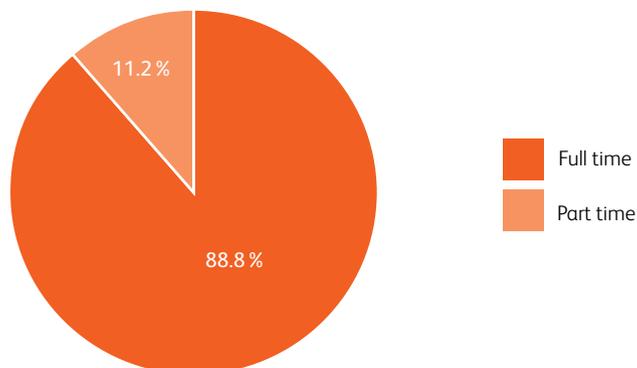


### Consultant surgeons working part time

11.2% of respondents identified themselves as working part time, slightly higher than the total surgical average (9.45%).

The census classified a workload of less than 10 PAs per week as part time.

Source: RCS census, October 2011

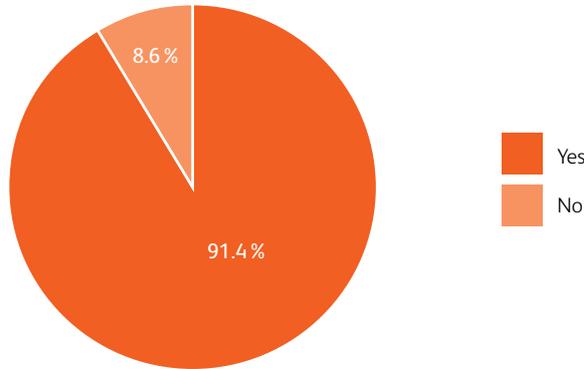


## BY SPECIALTY NEUROSURGERY

### Consultant surgeons with on-call commitments

The great majority of consultant neurosurgeons (91.4%) indicated that on-call commitments are part of their contracted workload.

Source: RCS census, October 2011



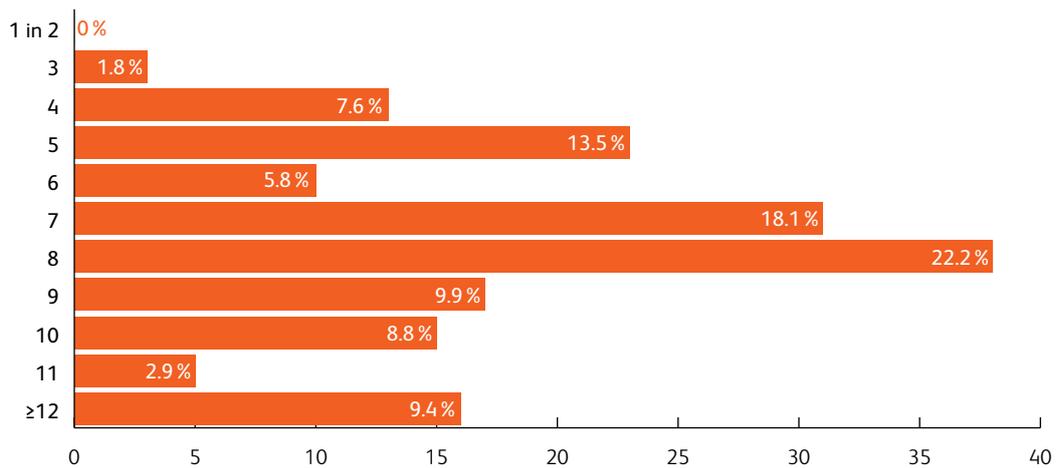
### Frequency of on-call commitments

Nearly half of respondents (46.1%) are on call at a frequency of 1 in 6 to 1 in 8.

9.4% are working on-call rotas of 1 in 4 intensity or greater.

Data based on consultant neurosurgeons with on-call duties.

Source: RCS census, October 2011

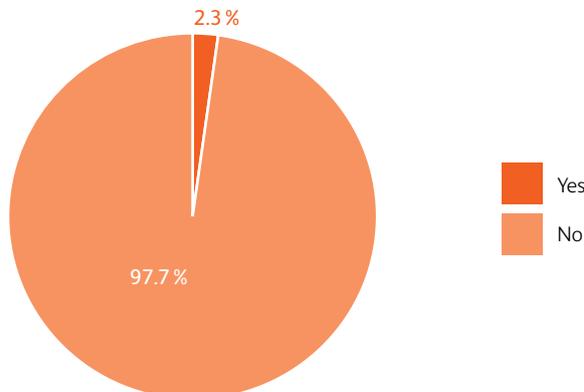


### Consultant surgeons who are resident while on call

Approximately 2.3% of respondents are resident while on-call.

Data based on consultant neurosurgeons with on-call duties.

Source: RCS census, October 2011



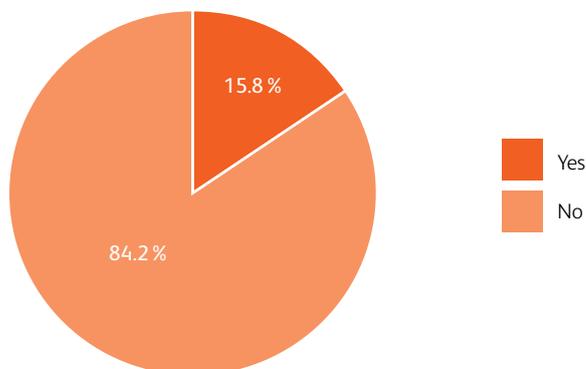
## BY SPECIALTY NEUROSURGERY

### Consultant surgeons who are free from elective duties while on call

Only 15.8% of respondents indicated that they are free from elective duties while on call, much lower than the total surgical average (34.5%).

The RCS recommends that surgeons are free from elective duties while on call.

Source: RCS census, October 2011

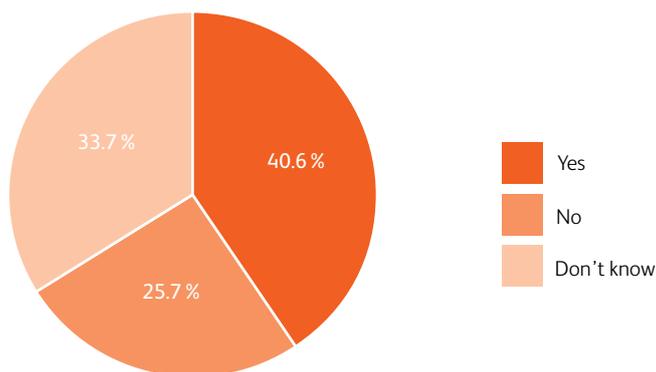


### Consultant surgeons intending to work part time at some point in their career

More than 40% of respondents indicated that they would like to work part time at some point in their career, compared with 11.2% of the neurosurgical workforce who actually do.

Data based on consultant neurosurgeons who currently work full time.

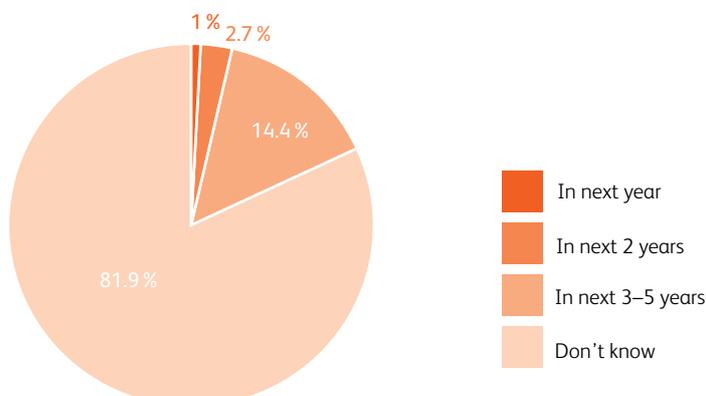
Source: RCS census, October 2011



### Consultant surgeons' intentions for their retirement

Less than a fifth (18.1%) of consultant neurosurgeons indicated that they wish to retire within the next one to five years.

Source: RCS census, October 2011



BY SPECIALTY

# Oral and maxillofacial surgery

## SPECIALTY RECOMMENDATIONS FOR ENGLAND, WALES AND NORTHERN IRELAND

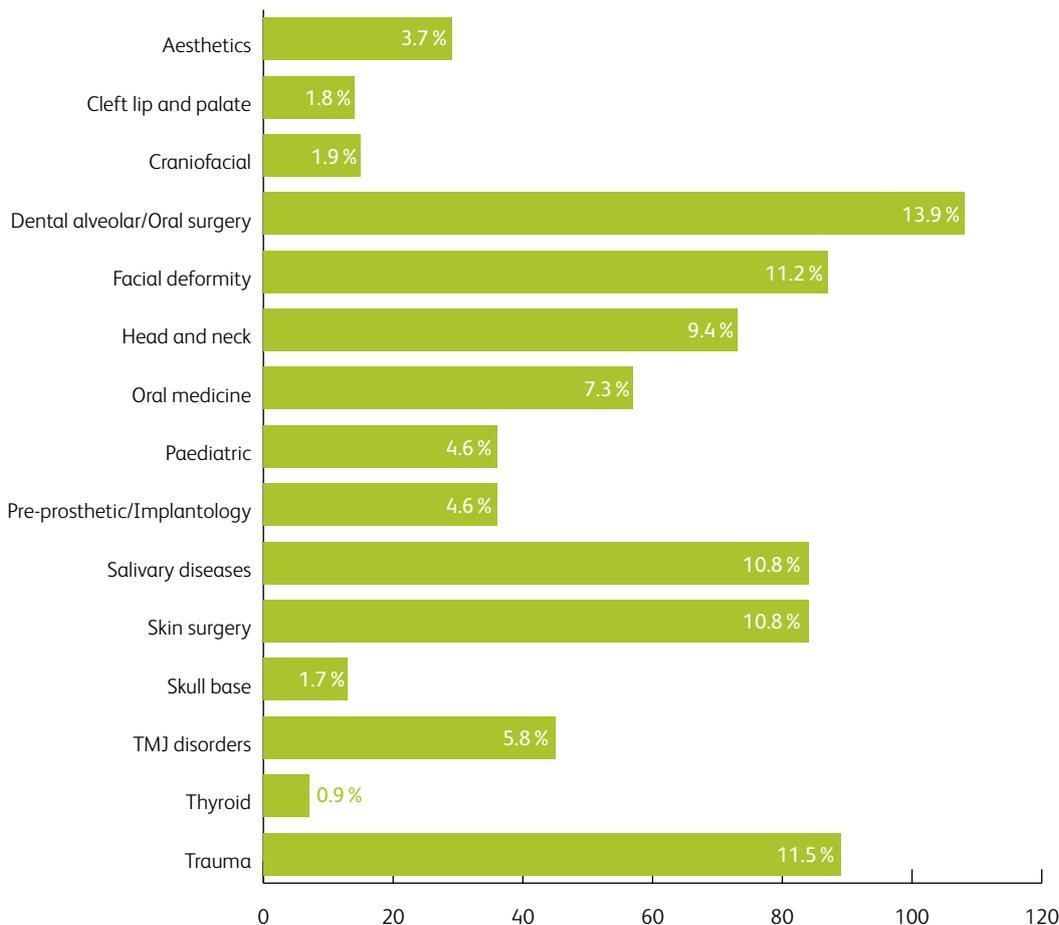
The British Association of Oral and Maxillofacial Surgeons (BAOMS) recommend a consultant workforce ratio of 1:150,000 population. In order to achieve this target an expansion of the size of the consultant workforce is recommended. They estimate that the current training numbers are not yet enough to meet this demand. They note that a move to 24/7 direct supervision of all emergency care may affect the ability to meet their target with the current training numbers. BAOMS maintain specialty-specific data for oral and maxillofacial surgeons across the UK. BAOMS can be contacted through its website at [www.baoms.org.uk](http://www.baoms.org.uk).

### Percentage of consultant surgeons working in areas of special interest

Data refer to the responses from consultant oral and maxillofacial surgeons who practise in England, Wales and Northern Ireland as of October 2011.

Respondents were able to select more than one area of special interest so the total number of responses across all areas of special interest may be higher than the total number of respondents.

Source: RCS census, October 2011

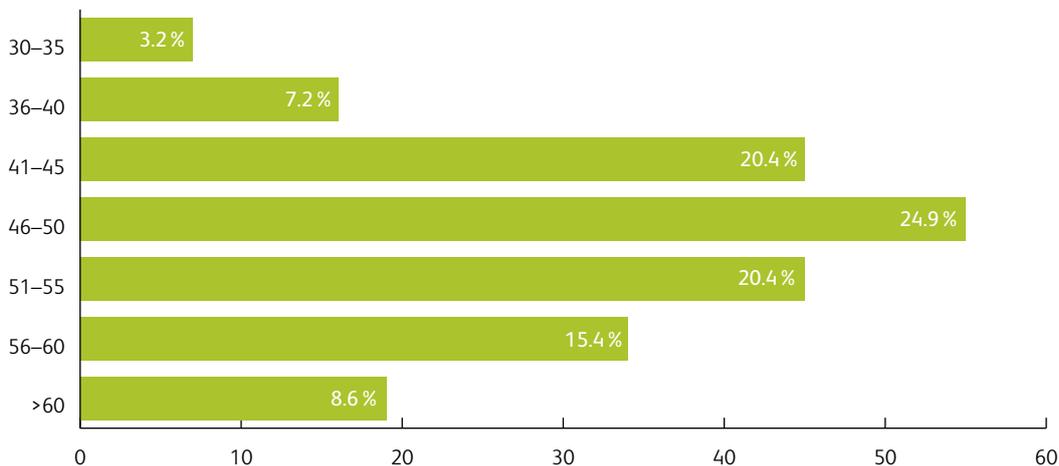


### Age profile of consultant surgeons

Almost two thirds (65.7%) of respondents are between 41 and 55 years old, a trend reflected in all specialties.

Data based on the number of surgeons whose age was known. Age was unknown for 2 practising oral and maxillofacial surgeons.

Source: RCS census, October 2011

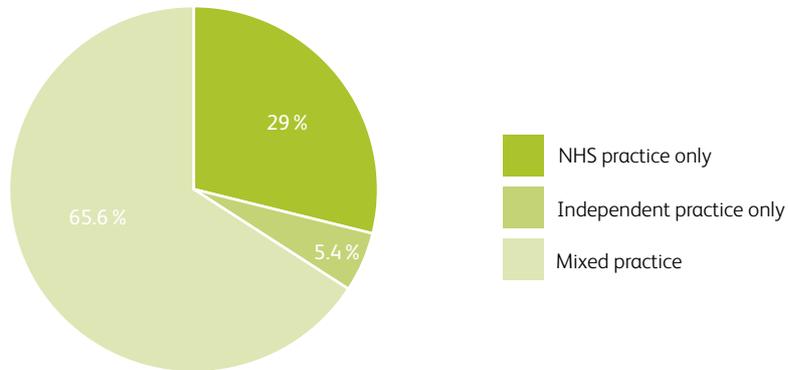


## BY SPECIALTY ORAL AND MAXILLOFACIAL SURGERY

### Consultant surgeons working in the NHS or independent practice

The majority of consultant oral and maxillofacial surgeons (65.6%) identify themselves as having a mixed NHS and independent practice.

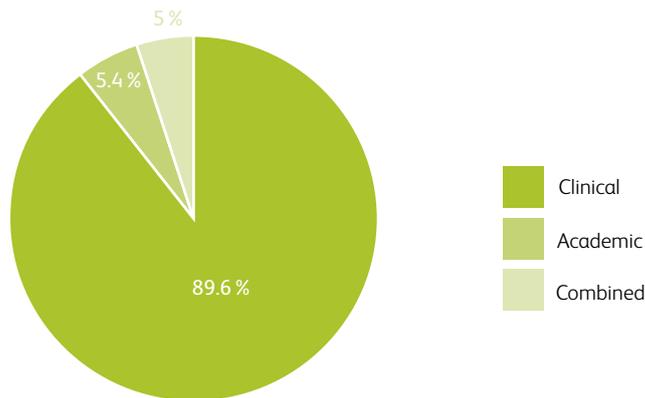
Source: RCS census, October 2011



### Consultant surgeons in clinical or academic practice

Approximately 10.4% of consultant oral and maxillofacial surgeons maintain an academic element to their work.

Source: RCS census, October 2011

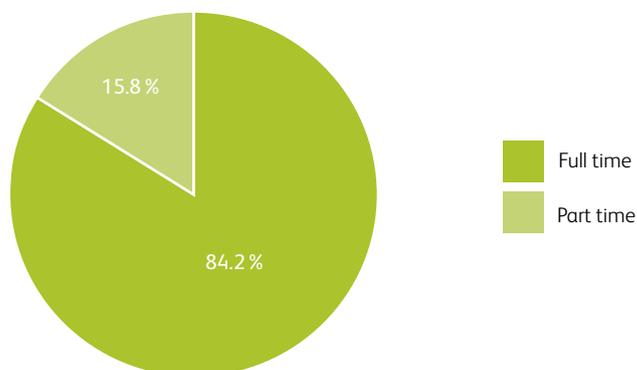


### Consultant surgeons working part time

15.8% of respondents identified themselves as working part time, slightly higher than the total surgical average (9.45%).

The census classified a workload of less than 10 PAs per week as part time.

Source: RCS census, October 2011

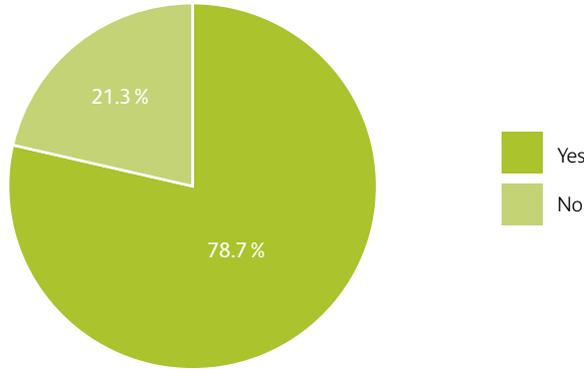


## BY SPECIALTY ORAL AND MAXILLOFACIAL SURGERY

### Consultant surgeons with on-call commitments

The great majority of consultant oral and maxillofacial surgeons (78.7%) indicated that on-call commitments are part of their contracted workload.

Source: RCS census, October 2011

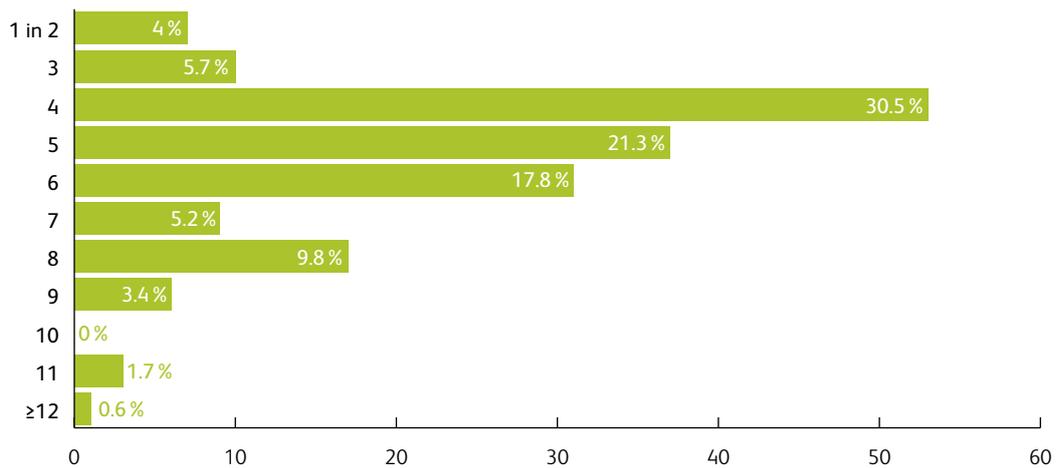


### Frequency of on-call commitments

Over two thirds of respondents (69.6%) are on call at a frequency of 1 in 4 to 1 in 6, a greater intensity than the total surgical workforce average.

Data based on consultant oral and maxillofacial surgeons with on-call duties.

Source: RCS census, October 2011

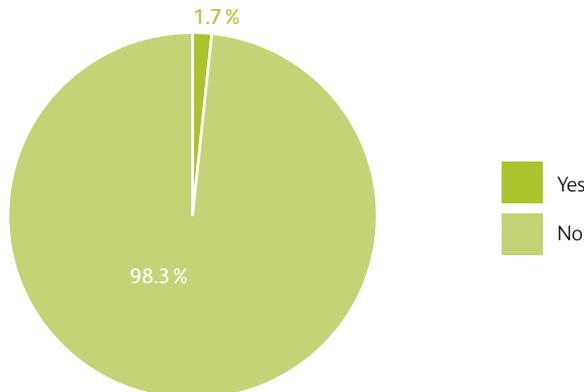


### Consultant surgeons who are resident while on call

Approximately 1.7% of respondents are resident while on-call.

Data based on consultant oral and maxillofacial surgeons with on-call duties.

Source: RCS census, October 2011



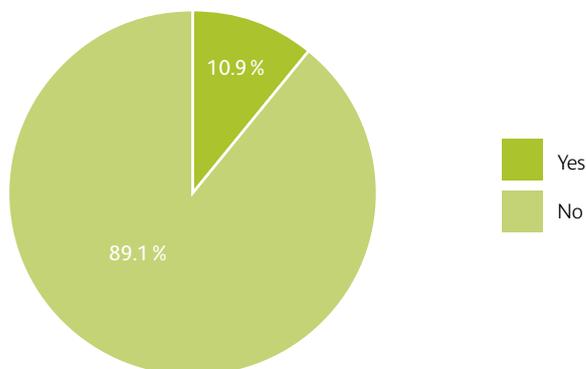
## BY SPECIALTY ORAL AND MAXILLOFACIAL SURGERY

### Consultant surgeons who are free from elective duties while on call

Only 10.9% of respondents indicated that they are free from elective duties while on call, much lower than the total surgical average (34.5%).

The RCS recommends that surgeons are free from elective duties while on call.

Source: RCS census, October 2011

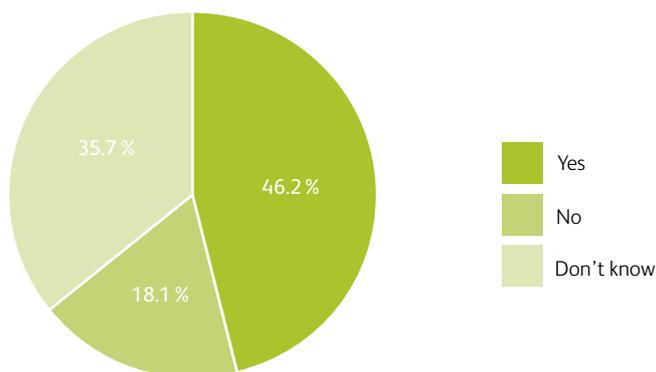


### Consultant surgeons intending to work part time at some point in their career

Almost half (46.2%) of respondents indicated that they would like to work part time, compared with 15.8% of the oral and maxillofacial surgical workforce who actually do.

Data based on consultant oral and maxillofacial surgeons who currently work full time.

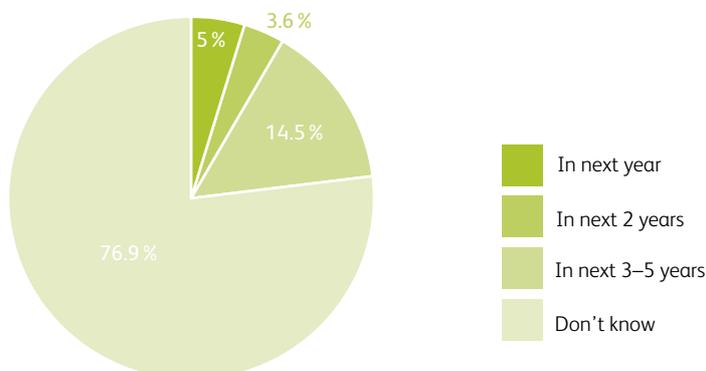
Source: RCS census, October 2011



### Consultant surgeons' intentions for their retirement

Approximately a quarter (23.1%) of consultant oral and maxillofacial surgeons indicated that they wish to retire within the next one to five years.

Source: RCS census, October 2011



# BY SPECIALTY

## Otorhinolaryngology

### SPECIALTY RECOMMENDATIONS FOR ENGLAND, WALES AND NORTHERN IRELAND

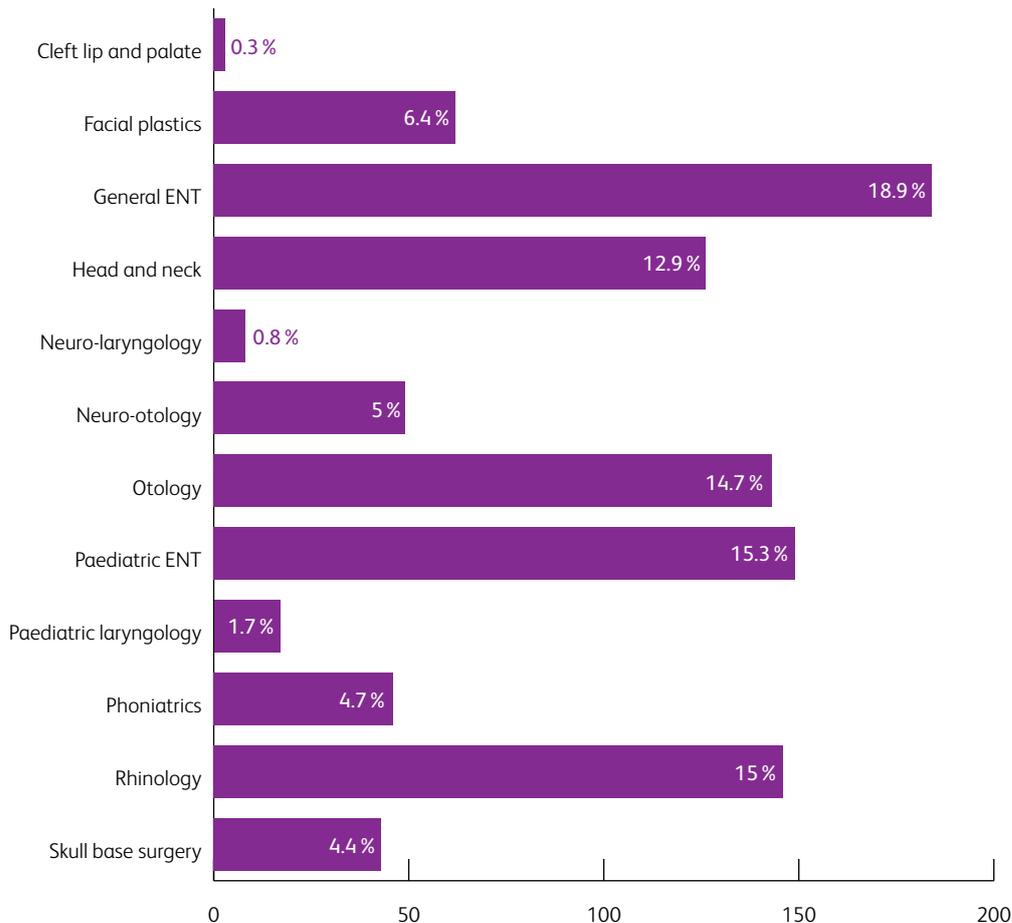
The British Association of Otorhinolaryngologists (ENT UK) recommend a consultant workforce ratio of 1:50,000 population. They estimate that current numbers are closer to 1:86,000. In order to achieve this target, an expansion of the size of the consultant workforce is recommended. They estimate that the current training numbers are enough to meet this demand. ENT UK maintain specialty-specific data for otorhinolaryngologists across the UK. More information can be found by contacting ENT UK through its website at [www.entuk.org](http://www.entuk.org).

#### Percentage of consultant surgeons working in areas of special interest

Data refer to the responses from consultant otorhinolaryngologists who practise in England, Wales and Northern Ireland as of October 2011.

Respondents were able to select more than one area of special interest so the total number of responses across all areas of special interest may be higher than the total number of respondents.

Source: RCS census, October 2011

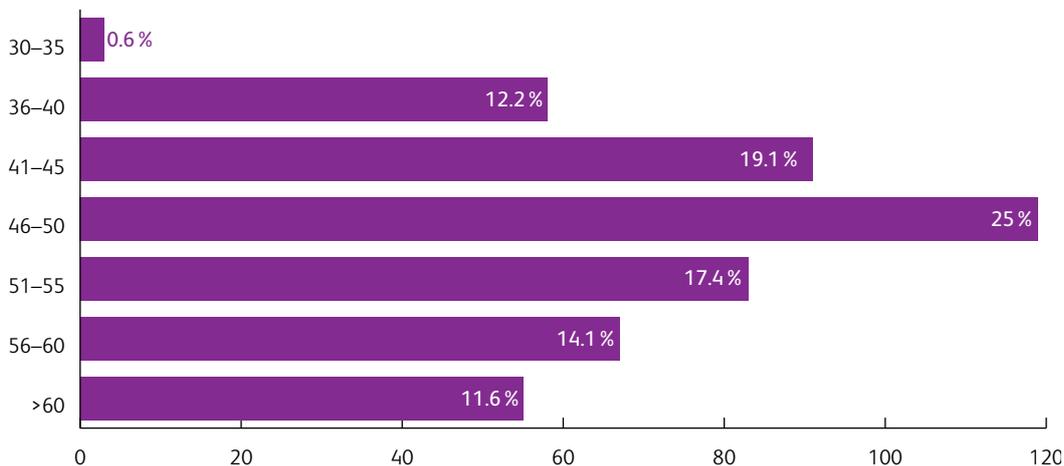


#### Age profile of consultant surgeons

Almost two thirds (61.5%) of respondents are between 41 and 55 years old, a trend reflected in all specialties.

Data based on the number of surgeons whose age was known. Age was unknown for 22 practising otorhinolaryngologists.

Source: RCS census, October 2011

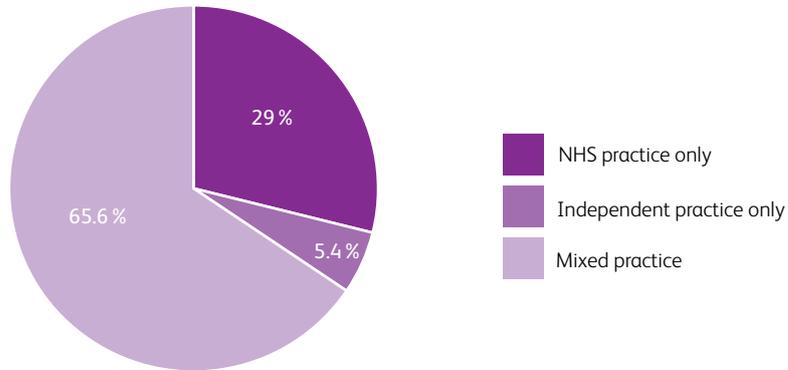


## BY SPECIALTY OTORHINOLARYNGOLOGY

### Consultant surgeons working in the NHS or independent practice

The majority of consultant otorhinolaryngologists (65.6%) identify themselves as having a mixed NHS and independent practice.

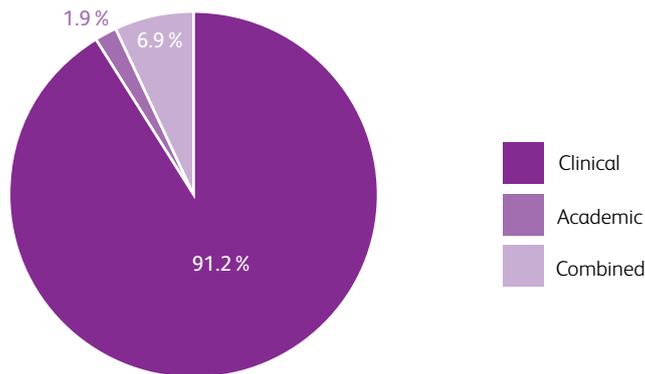
Source: RCS census, October 2011



### Consultant surgeons in clinical or academic practice

Approximately 8.8% of consultant otorhinolaryngologists maintain an academic element to their work.

Source: RCS census, October 2011

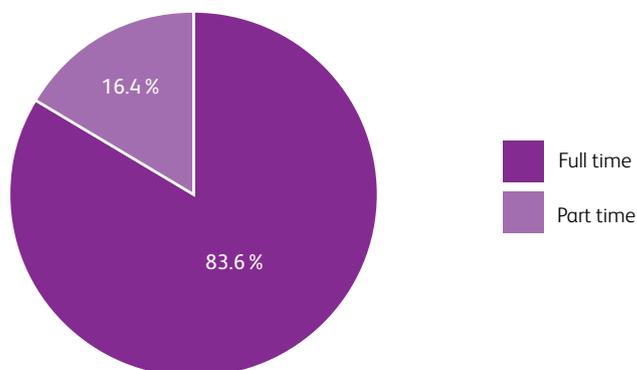


### Consultant surgeons working part time

16.4% of respondents identified themselves as working part time, higher than the total surgical average (9.45%).

The census classified a workload of less than 10 PAs per week as part time.

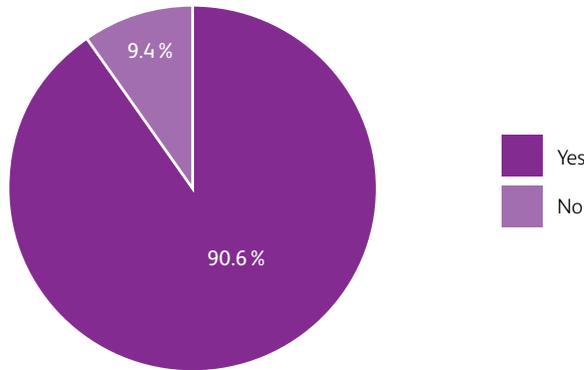
Source: RCS census, October 2011



## BY SPECIALTY OTORHINOLARYNGOLOGY

### Consultant surgeons with on-call commitments

The great majority of consultant otorhinolaryngologists (90.6%) indicated that on-call commitments are part of their contracted workload.

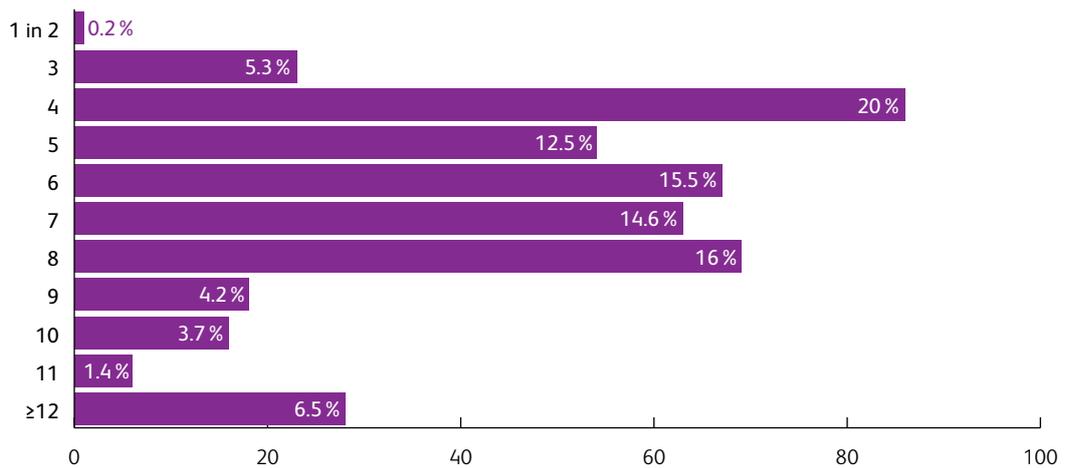


Source: RCS census, October 2011

### Frequency of on-call commitments

The majority of respondents (78.6%) are on call at a frequency of 1 in 4 to 1 in 8, a greater intensity than the total surgical workforce average.

Data based on consultant otorhinolaryngologists with on-call duties.

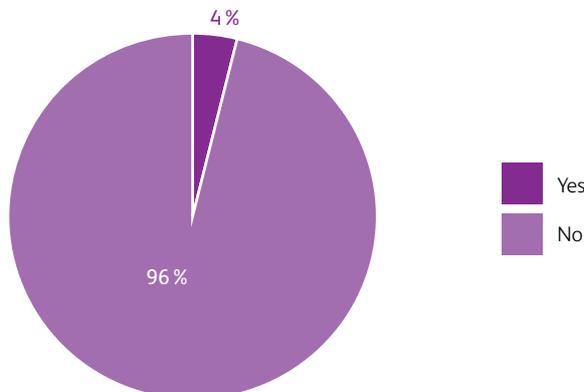


Source: RCS census, October 2011

### Consultant surgeons who are resident while on call

Approximately 4% of respondents are resident while on-call.

Data based on consultant otorhinolaryngologists with on-call duties.



Source: RCS census, October 2011

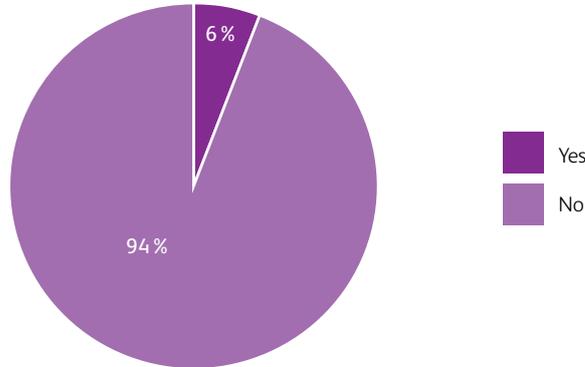


## BY SPECIALTY OTORHINOLARYNGOLOGY

### Consultant surgeons who are free from elective duties while on call

Only 6% of respondents indicated that they are free from elective duties while on call, much lower than the total surgical average (34.5%).

The RCS recommends that surgeons are free from elective duties while on call.

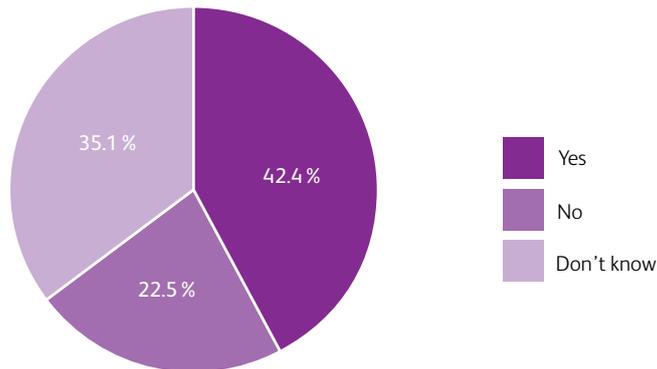


Source: RCS census, October 2011

### Consultant surgeons intending to work part time at some point in their career

Over 40% indicated that they would like to work part time at some point in their careers, compared with 16.4% of the otorhinolaryngological workforce who actually do.

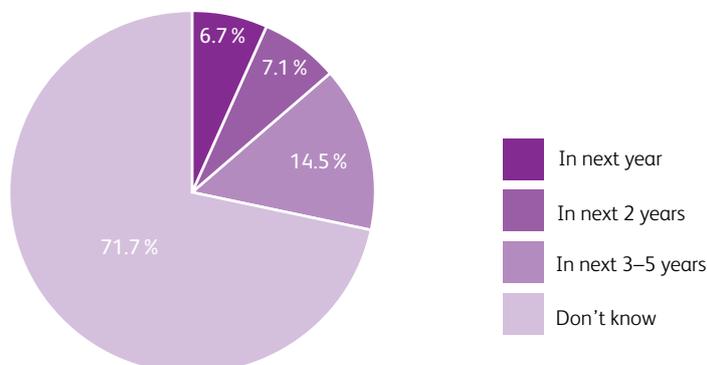
Data based on consultant otorhinolaryngologists who currently work full time.



Source: RCS census, October 2011

### Consultant surgeons' intentions for their retirement

More than a quarter (28.3%) of consultant otorhinolaryngologists indicated that they wish to retire within the next one to five years.



Source: RCS census, October 2011

BY SPECIALTY

# Paediatric surgery

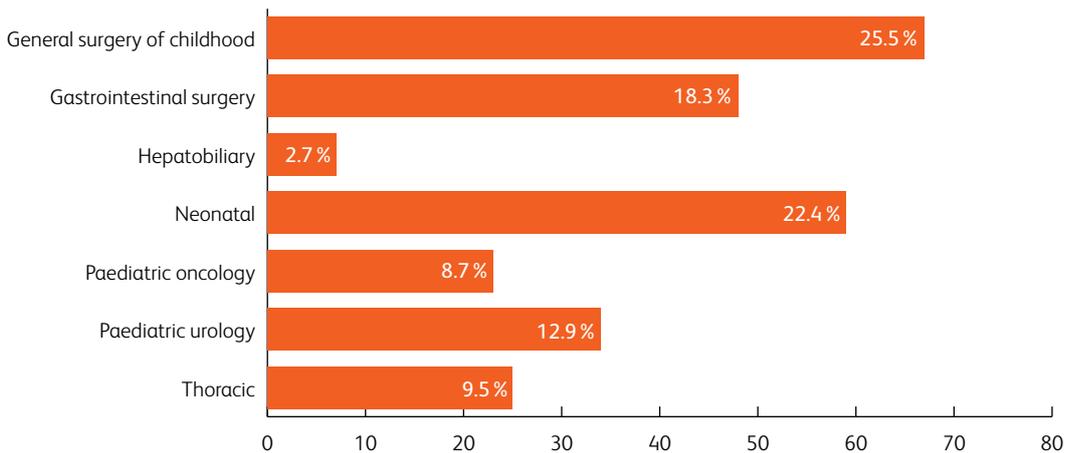
## SPECIALTY RECOMMENDATIONS FOR ENGLAND, WALES AND NORTHERN IRELAND

The British Association of Paediatric Surgeons (BAPS) recommend a consultant workforce ratio of 1:250,000 population. In order to achieve this target, an expansion of the size of the consultant workforce is recommended. BAPS estimate that the current training numbers are enough to meet this demand. BAPS maintain specialty-specific data for paediatric surgeons across the UK. BAPS can be contacted through its website at [www.baps.org.uk](http://www.baps.org.uk).

### Percentage of consultant surgeons working in areas of special interest

Data refer to the responses from consultant paediatric surgeons who practise in England, Wales and Northern Ireland as of October 2011.

Respondents were able to select more than one area of special interest so the total number of responses across all areas of special interest may be higher than the total number of respondents.

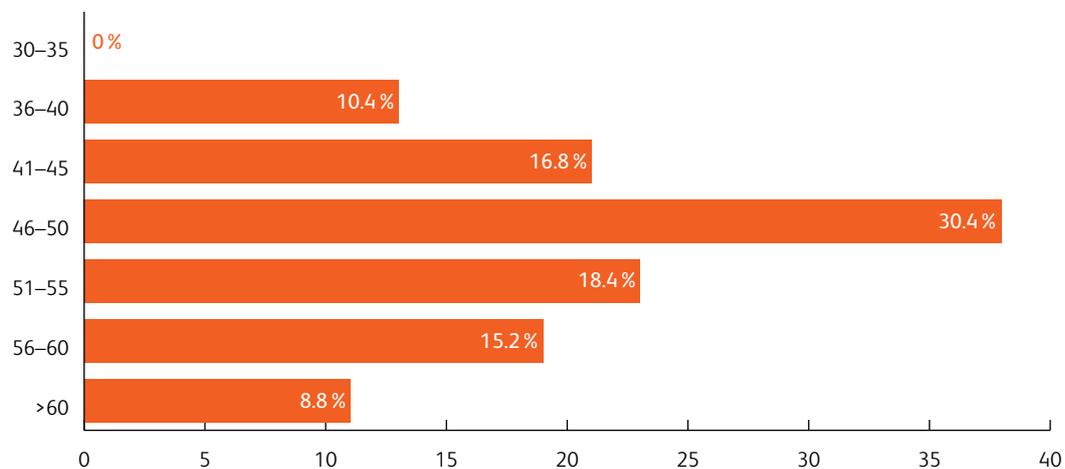


Source: RCS census, October 2011

### Age profile of consultant surgeons

Approximately two thirds (65.6%) of respondents are between 41 and 55 years old, a trend reflected in all specialties.

Data based on the number of surgeons whose age was known. Age was unknown for 6 practising consultant paediatric surgeons.



Source: RCS census, October 2011

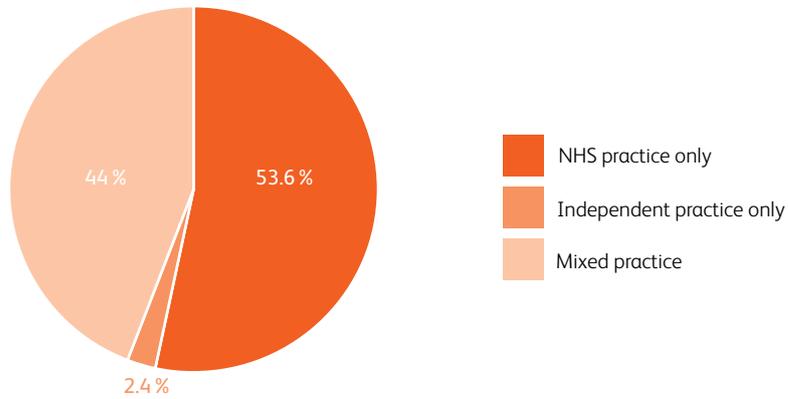


## BY SPECIALTY PAEDIATRIC SURGERY

### Consultant surgeons working in the NHS or independent practice

Over half of consultant paediatric surgeons (53.6%) identify themselves as being in NHS practice only.

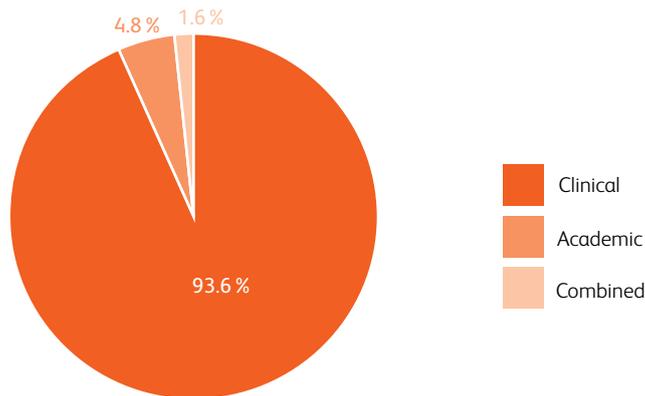
Source: RCS census, October 2011



### Consultant surgeons in clinical or academic practice

Approximately 6.4% of consultant paediatric surgeons maintain an academic element to their work.

Source: RCS census, October 2011

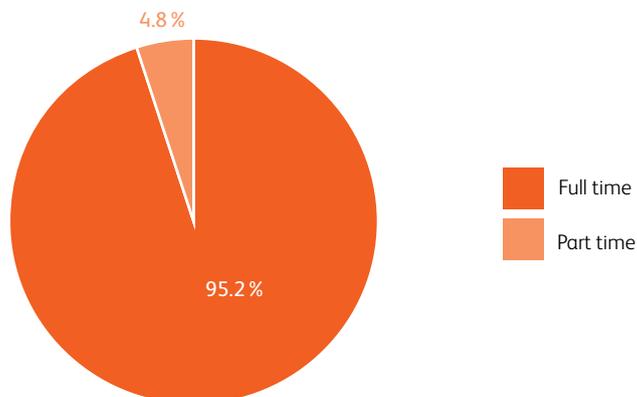


### Consultant surgeons working part time

4.8% of respondents identified themselves as working part time, lower than the total surgical average (9.45%).

The census classified a workload of less than 10 PAs per week as part time.

Source: RCS census, October 2011

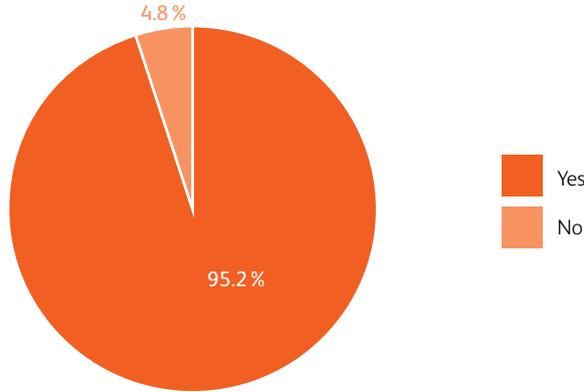


## BY SPECIALTY PAEDIATRIC SURGERY

### Consultant surgeons with on-call commitments

The great majority of consultant paediatric surgeons (95.2%) indicated that on-call commitments are part of their contracted workload.

Source: RCS census, October 2011

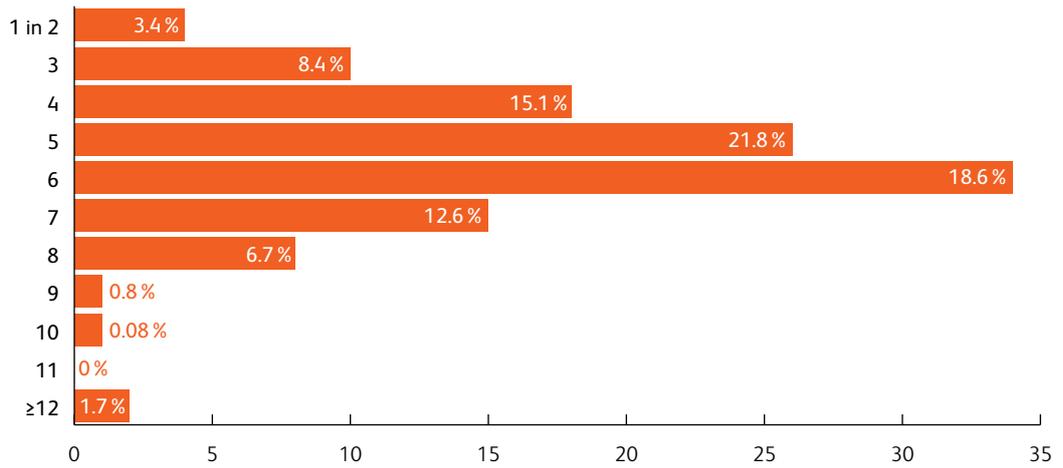


### Frequency of on-call commitments

Almost two thirds (65.5%) of respondents are on call at a frequency of 1 in 4 to 1 in 6, a greater intensity than the total surgical workforce average.

Data based on consultant paediatric surgeons with on-call duties.

Source: RCS census, October 2011

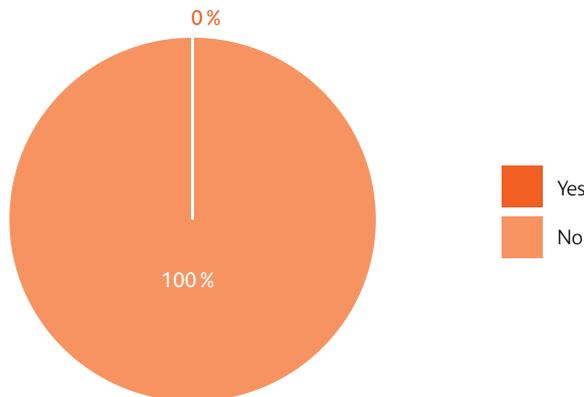


### Consultant surgeons who are resident while on call

There are no consultant paediatric surgeons who are resident while on-call.

Data based on consultant paediatric surgeons with on-call duties.

Source: RCS census, October 2011



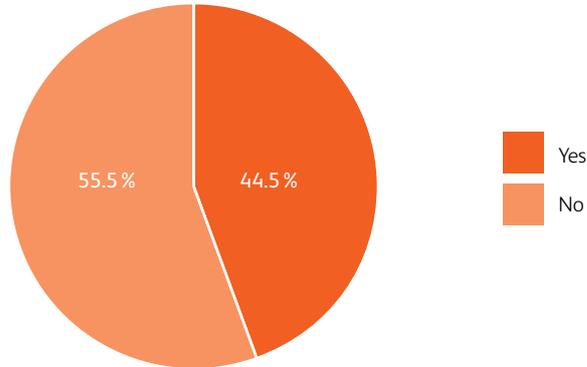
## BY SPECIALTY PAEDIATRIC SURGERY

### Consultant surgeons who are free from elective duties while on call

Under half (44.5%) of respondents indicated that they are free from elective duties while on call, higher than the total surgical average (34.5%).

The RCS recommends that surgeons are free from elective duties while on call.

Source: RCS census, October 2011

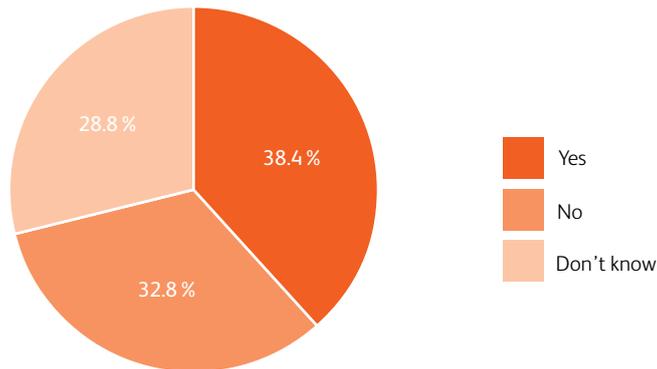


### Consultant surgeons intending to work part time at some point in their career

More than a third (38.4%) of respondents indicated that they would like to work part time at some point in their careers, compared with 4.8% of the paediatric surgical workforce who actually do.

Data based on consultant paediatric surgeons who currently work full time.

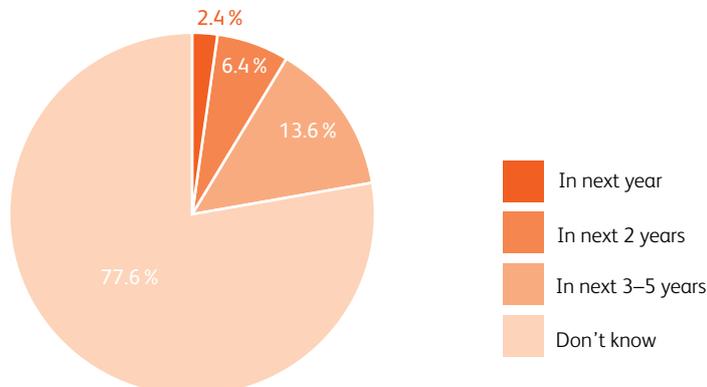
Source: RCS census, October 2011



### Consultant surgeons' intentions for their retirement

Less than a quarter (22.4%) of consultant paediatric surgeons indicated that they wish to retire within the next one to five years.

Source: RCS census, October 2011



# BY SPECIALTY

## Plastic surgery

### SPECIALTY RECOMMENDATIONS FOR ENGLAND, WALES AND NORTHERN IRELAND

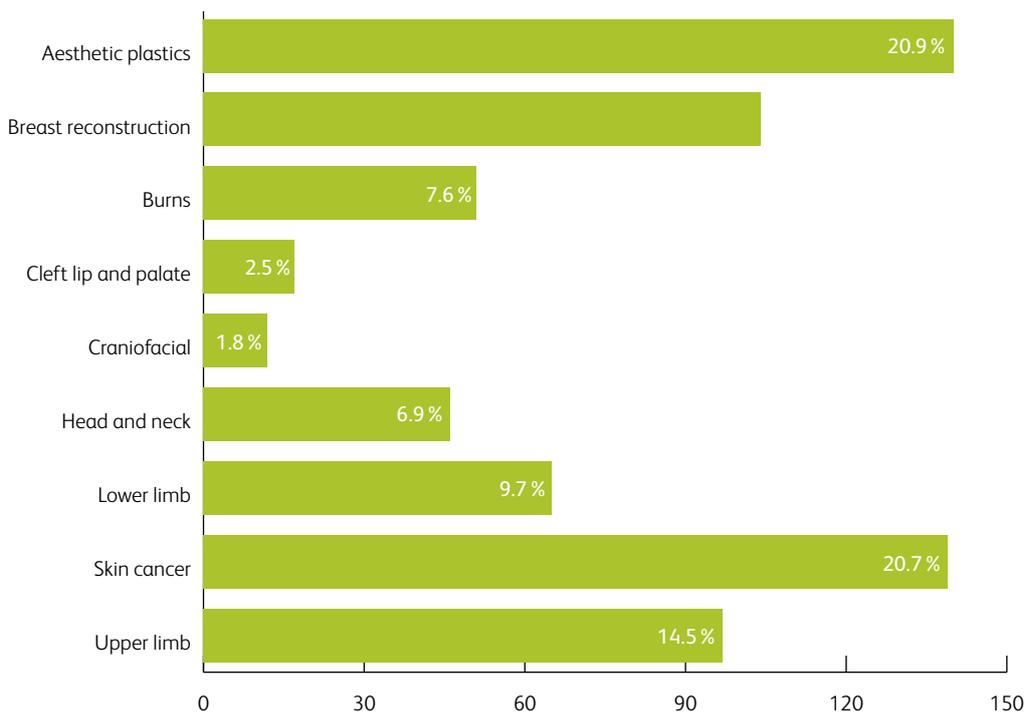
The British Association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS) recommend a consultant workforce ratio of 1:100,000 population. In order to achieve this target, an expansion of the size of the consultant workforce is recommended. They estimate that the current training numbers are enough to meet this demand. BAPRAS is conducting a specialty-specific census of plastic surgeons across the UK. More information can be found through the BAPRAS website at [www.bapras.org.uk](http://www.bapras.org.uk)

#### Percentage of consultant surgeons working in areas of special interest

Data refer to the responses from consultant plastic surgeons who practise in England, Wales and Northern Ireland as of October 2011.

Respondents were able to select more than one area of special interest so the total number of responses across all areas of special interest may be higher than the total number of respondents.

Source: RCS census, October 2011

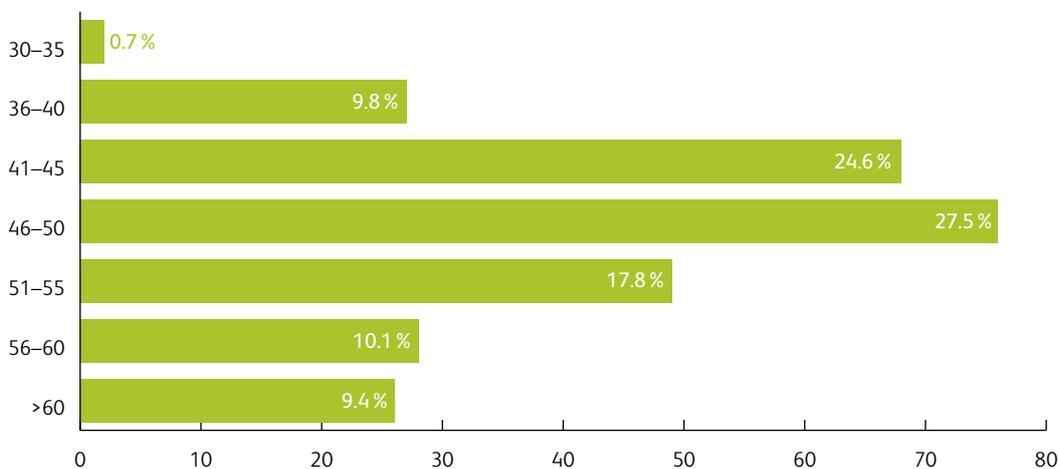


#### Age profile of consultant surgeons

Just over two thirds (69.9%) of respondents are between 41 and 55 years old, a trend reflected in all specialties.

Data based on the number of surgeons whose age was known. Age was unknown for 24 practising consultant plastic surgeons.

Source: RCS census, October 2011

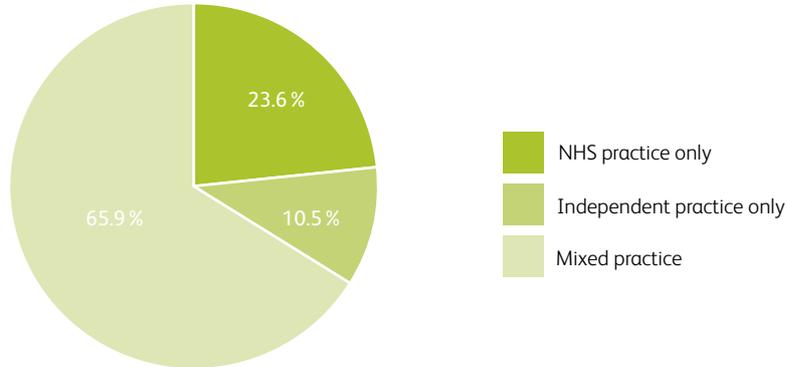


## BY SPECIALTY PLASTIC SURGERY

### Consultant surgeons working in the NHS or independent practice

Almost two thirds of consultant plastic surgeons (65.9%) identify themselves as being in mixed NHS and independent practice.

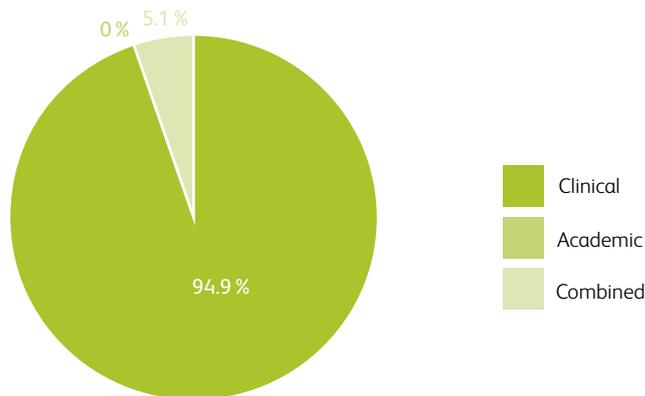
Source: RCS census, October 2011



### Consultant surgeons in clinical or academic practice

Approximately 5% of consultant plastic surgeons maintain an academic element to their work.

Source: RCS census, October 2011

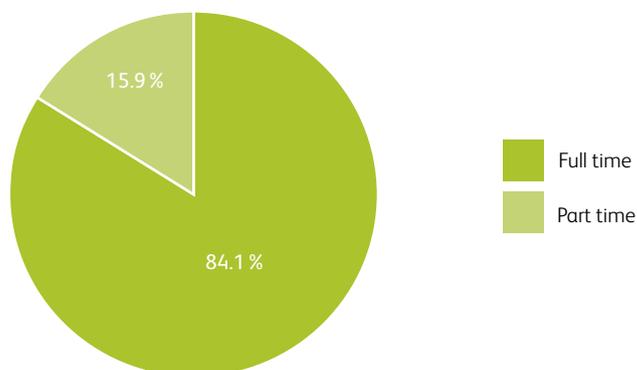


### Consultant surgeons working part time

15.9% of respondents identified themselves as working part time, higher than the total surgical average (9.45%).

The census classified a workload of less than 10 PAs per week as part time.

Source: RCS census, October 2011

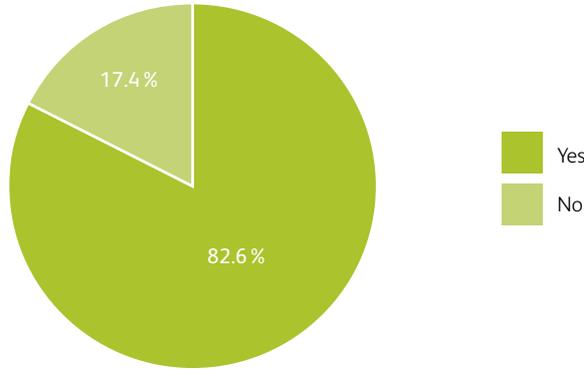


## BY SPECIALTY PLASTIC SURGERY

### Consultant surgeons with on-call commitments

The great majority of consultant plastic surgeons (82.6%) indicated that on-call commitments are part of their contracted workload.

Source: RCS census, October 2011



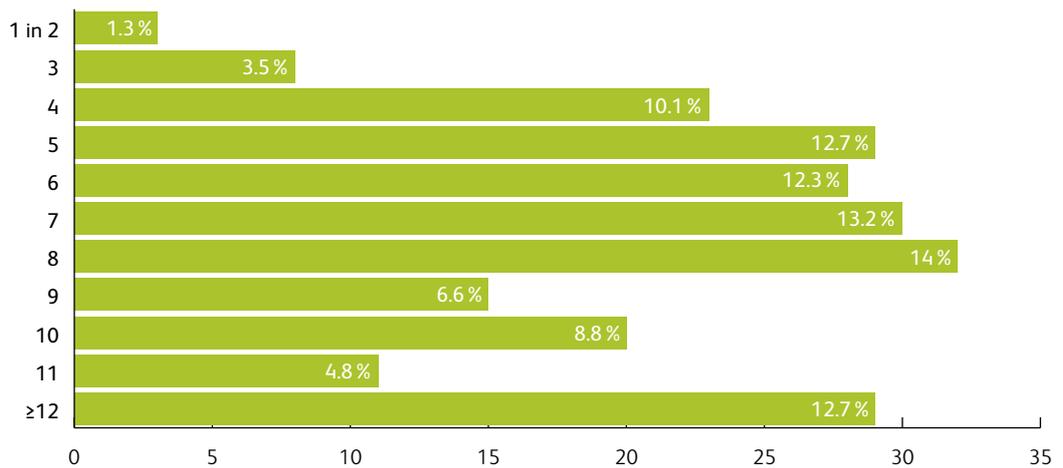
### Frequency of on-call commitments

Almost two thirds (62.8%) of respondents are on call at a frequency of 1 in 4 to 1 in 8, a greater intensity than the total surgical workforce average.

A high percentage (10%) have an on-call frequency of only 1 in  $\geq 12$ .

Data based on consultant plastic surgeons with on-call duties.

Source: RCS census, October 2011

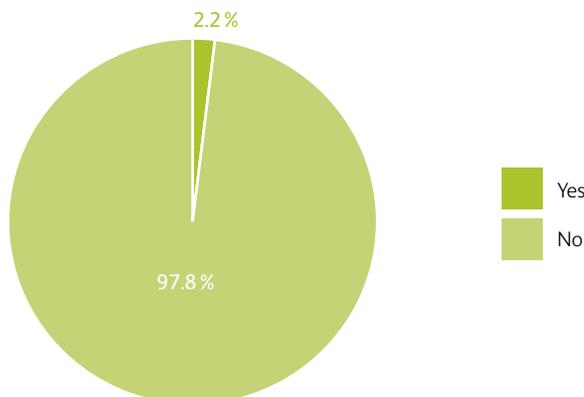


### Consultant surgeons who are resident while on call

Approximately 2.2% of respondents indicated that they are resident while one call.

Data based on consultant plastic surgeons with on-call duties.

Source: RCS census, October 2011



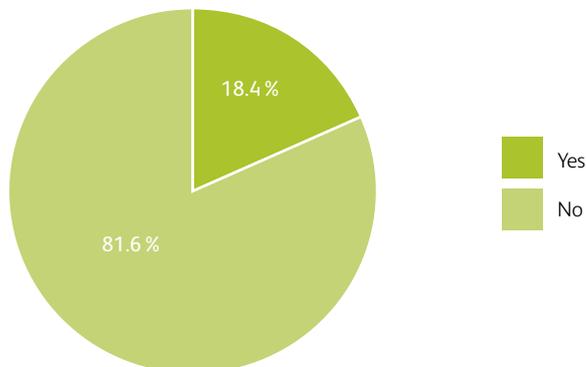
## BY SPECIALTY PLASTIC SURGERY

### Consultant surgeons who are free from elective duties while on call

Only 18.4% of respondents indicated that they are free from elective duties while on call, much lower than the total surgical average (34.5%).

The RCS recommends that surgeons are free from elective duties while on call.

Source: RCS census, October 2011

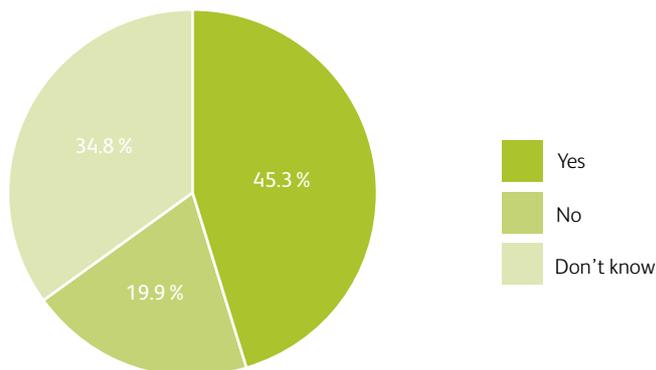


### Consultant surgeons intending to work part time at some point in their career

Nearly half (45.3%) of respondents indicated that they would like to work part time at some point in their careers, compared with 15.9% of the plastic surgical workforce who actually do.

Data based on consultant plastic surgeons who currently work full time.

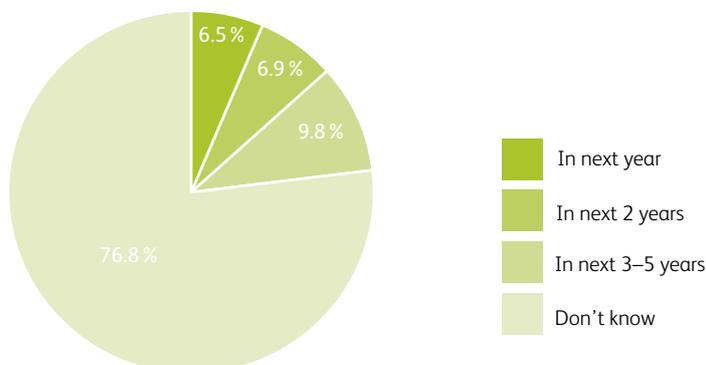
Source: RCS census, October 2011



### Consultant surgeons' intentions for their retirement

Approximately a quarter (23.2%) of consultant plastic surgeons indicated that they wish to retire within the next one to five years.

Source: RCS census, October 2011



## BY SPECIALTY

# Trauma and orthopaedic surgery

## SPECIALTY RECOMMENDATIONS FOR ENGLAND, WALES AND NORTHERN IRELAND

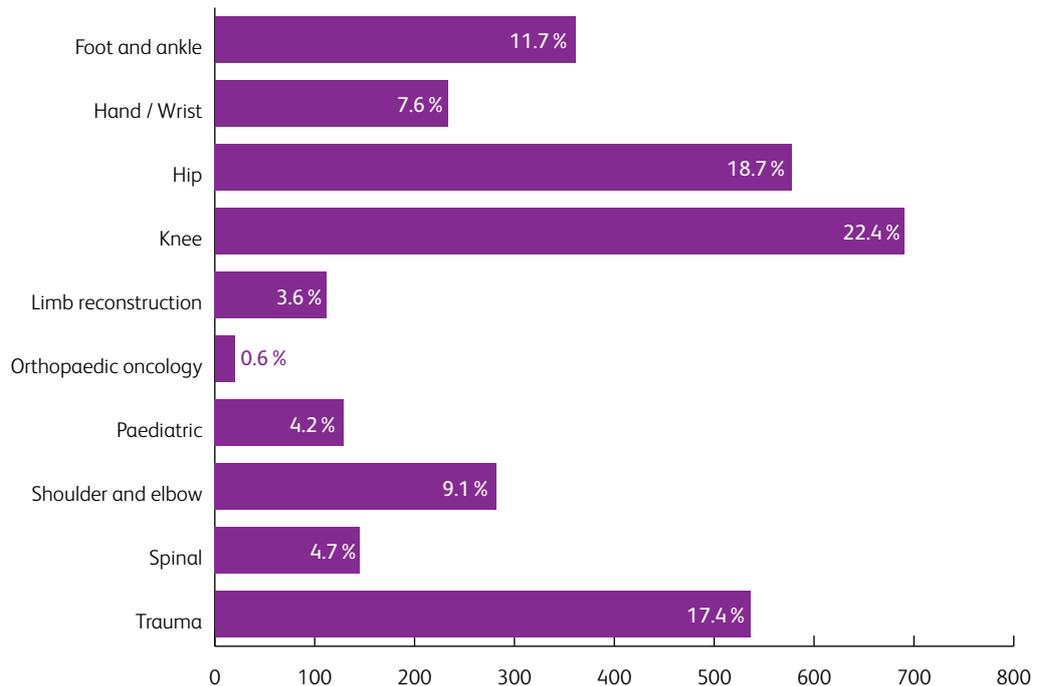
In 2010 The British Orthopaedic Association (BOA) recommended a consultant workforce ratio of 1:15,000 population, to be achieved ideally by 2020, with an interim target of 1:20,000 by 2015. These figures match European mean workforce figures for orthopaedic surgery. In order to achieve this target an expansion of the size of the consultant workforce is recommended. The BOA has for many years maintained and analysed details of the trauma and orthopaedic workforce. It is conducting a specialty-specific census of trauma and orthopaedic surgeons across the UK. More information can be found through the BOA website at [www.boa.ac.uk](http://www.boa.ac.uk)

### Percentage of consultant surgeons working in areas of special interest

Data refer to the responses from consultant trauma and orthopaedic surgeons who practise in England, Wales and Northern Ireland as of October 2011.

Respondents were able to select more than one area of special interest so the total number of responses across all areas of special interest may be higher than the total number of respondents.

Source: RCS census, October 2011

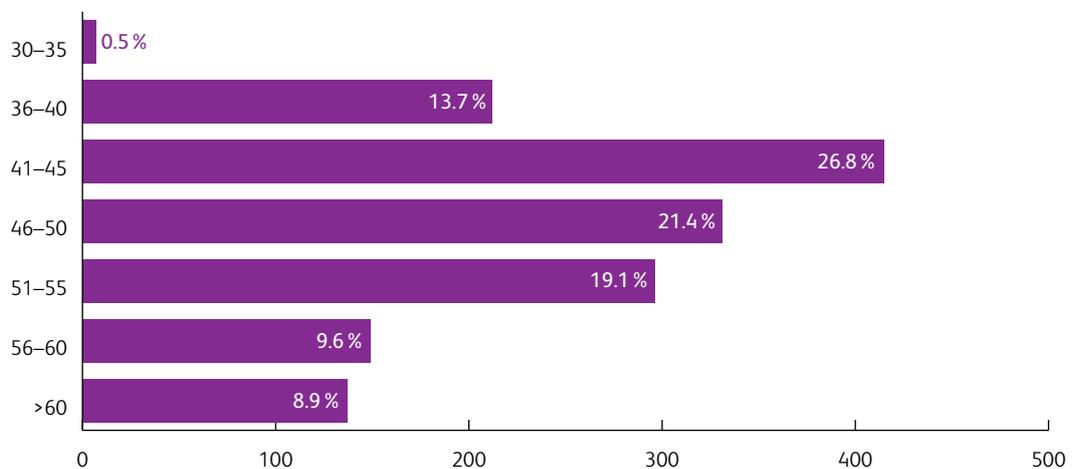


### Age profile of consultant surgeons

Just over two thirds (67.3%) of respondents are between 41 and 55 years old, a trend reflected in all specialties.

Data based on the number of surgeons whose age was known. Age was unknown for 89 practising consultant trauma and orthopaedic surgeons.

Source: RCS census, October 2011

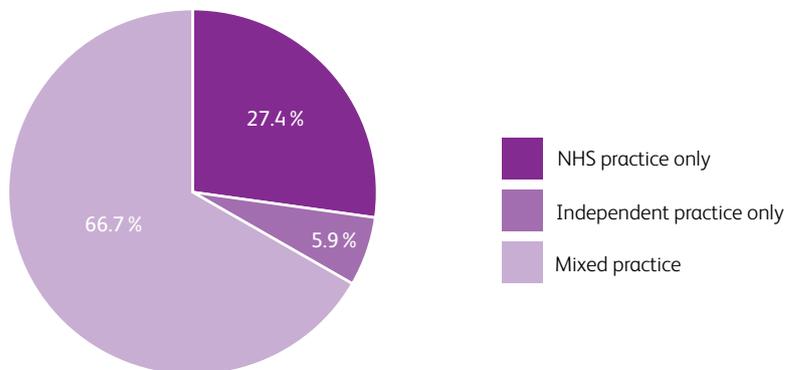


## BY SPECIALTY TRAUMA AND ORTHOPAEDIC SURGERY

### Consultant surgeons working in the NHS or independent practice

The majority of consultant trauma and orthopaedic surgeons (66.7%) identify themselves as being in mixed NHS and independent practice.

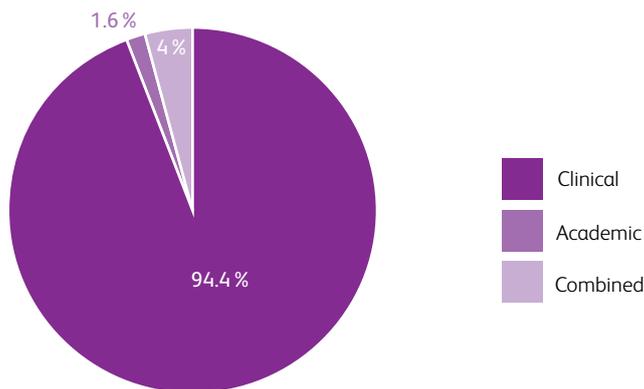
Source: RCS census, October 2011



### Consultant surgeons in clinical or academic practice

Approximately 5.6% of consultant trauma and orthopaedic surgeons maintain an academic element to their work.

Source: RCS census, October 2011

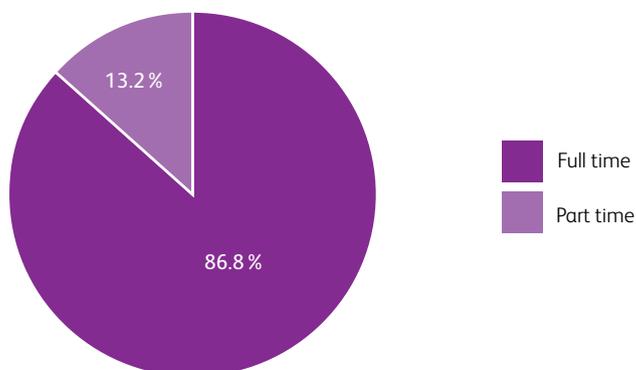


### Consultant surgeons working part time

13.2% of respondents identified themselves as working part time, slightly higher than the total surgical average (9.45%).

The census classified a workload of less than 10 PAs per week as part time.

Source: RCS census, October 2011

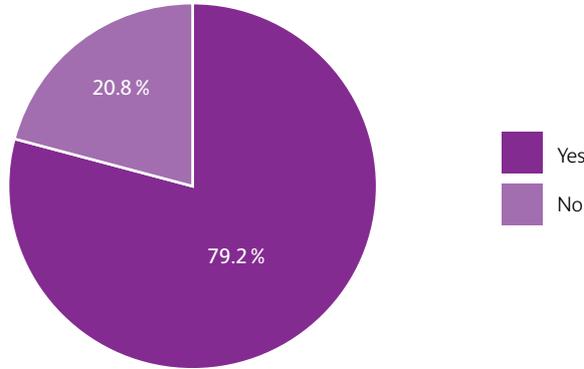


## BY SPECIALTY TRAUMA AND ORTHOPAEDIC SURGERY

### Consultant surgeons with on-call commitments

The great majority of consultant trauma and orthopaedic surgeons (79.2%) indicated that on-call commitments are part of their contracted workload.

Source: RCS census, October 2011



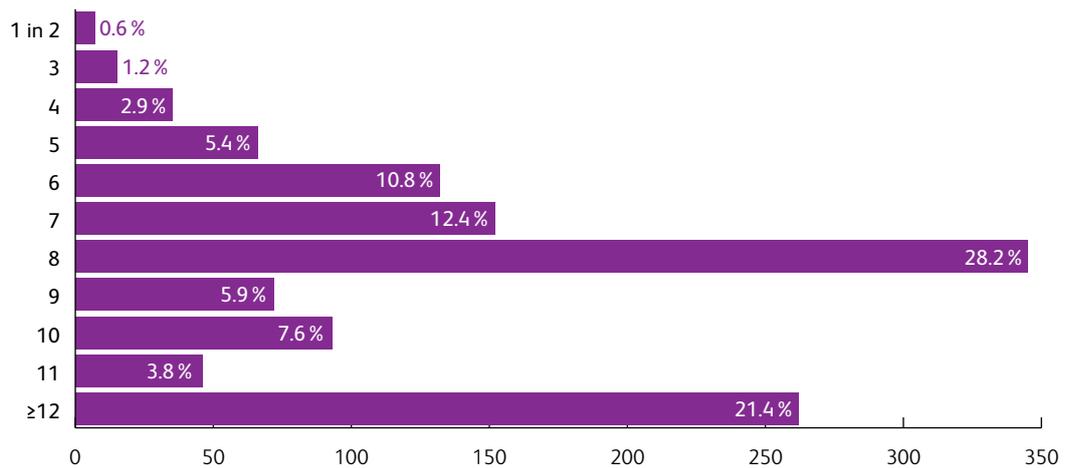
### Frequency of on-call commitments

Over half (51.4%) of respondents are on call at a frequency of 1 in 6 to 1 in 8, a greater intensity than the total surgical workforce average.

A high percentage (21.4%) have an on-call frequency of only 1 in  $\geq 12$ .

Data based on consultant trauma and orthopaedic surgeons with on-call duties.

Source: RCS census, October 2011

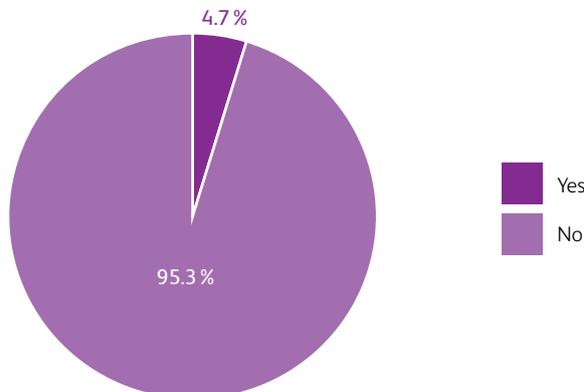


### Consultant surgeons who are resident while on call

Approximately 4.7% of consultant trauma and orthopaedic surgeons indicated that they are resident while on-call.

Data based on consultant trauma and orthopaedic surgeons with on-call duties.

Source: RCS census, October 2011

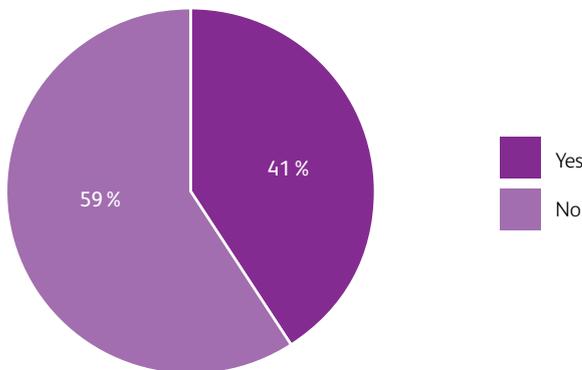


## BY SPECIALTY TRAUMA AND ORTHOPAEDIC SURGERY

### Consultant surgeons who are free from elective duties while on call

41% of respondents indicated that they are free from elective duties while on call, much higher than the total surgical average (34.5%).

The RCS recommends that surgeons are free from elective duties while on call.

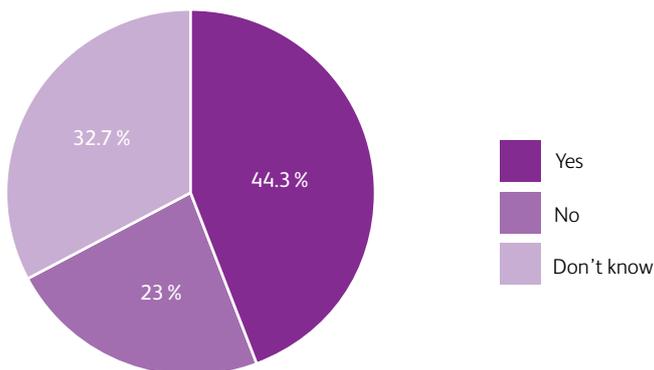


Source: RCS census, October 2011

### Consultant surgeons intending to work part time at some point in their career

Almost half (44.3%) of respondents indicated that they would like to work part time at some point in their careers, compared with 13.2% of the plastic surgical workforce who actually do.

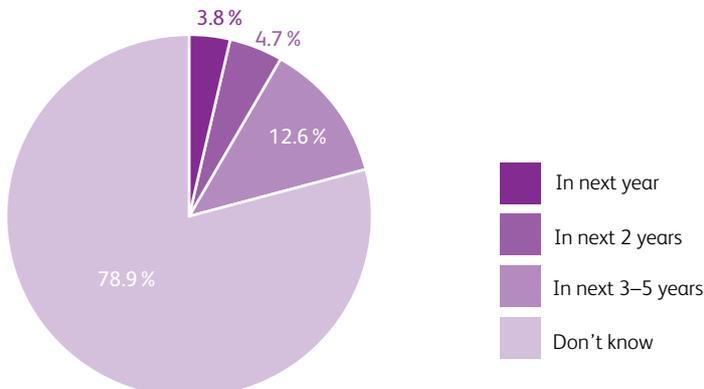
Data based on consultant trauma and orthopaedic surgeons who currently work full time.



Source: RCS census, October 2011

### Consultant surgeons' intentions for their retirement

Under a quarter (21.1%) of consultant trauma and orthopaedic surgeons indicated that they wish to retire within the next one to five years.



Source: RCS census, October 2011

## BY SPECIALTY

# Urology

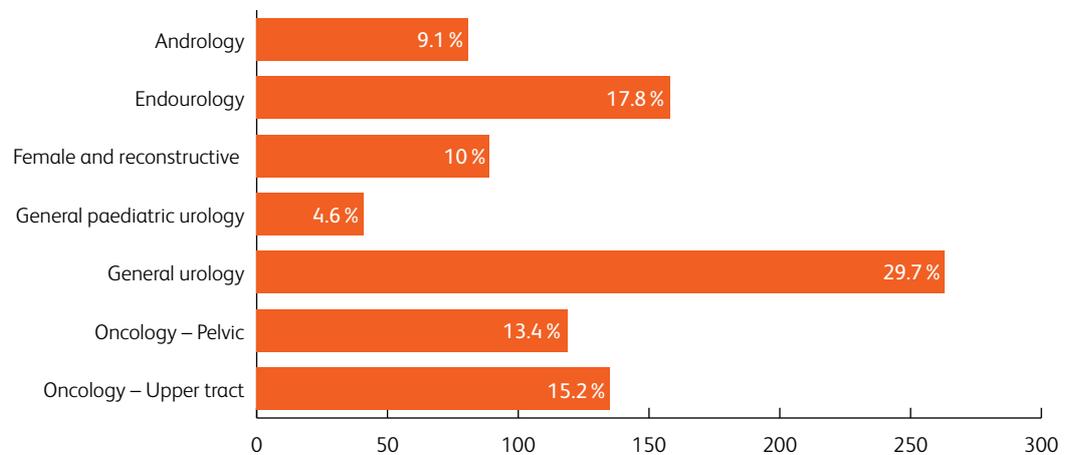
### SPECIALTY RECOMMENDATIONS FOR ENGLAND, WALES AND NORTHERN IRELAND

The British Association of Urological Surgeons (BAUS) recommend a consultant workforce ratio of 1:60,000 population. In order to achieve this target, an expansion of the size of the consultant workforce is recommended. They estimate that the current training numbers are enough to meet this demand. BAUS is conducting a specialty-specific census of urological surgeons across the UK. More information can be found through the BAUS website at <http://www.baus.org.uk>.

#### Percentage of consultant surgeons working in areas of special interest

Data refer to the responses from consultant urological surgeons who practise in England, Wales and Northern Ireland as of October 2011.

Respondents were able to select more than one area of special interest so the total number of responses across all areas of special interest may be higher than the total number of respondents.



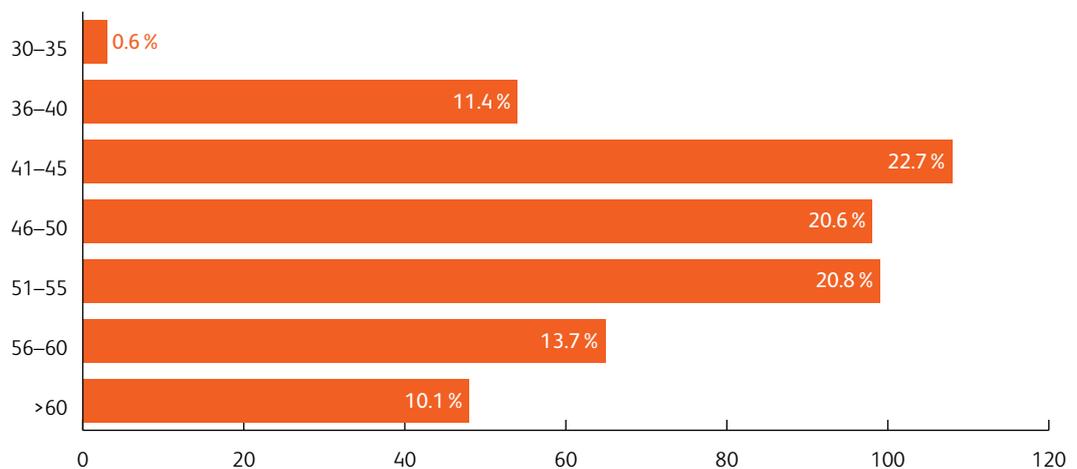
Source: RCS census, October 2011

#### Age profile of consultant surgeons

Approximately two thirds (64.2%) of respondents are between 41 and 55 years old, a trend reflected in all specialties.

Data based on the number of surgeons whose age was known. Age was unknown for 23 practising consultant urological surgeons.

Source: RCS census, October 2011

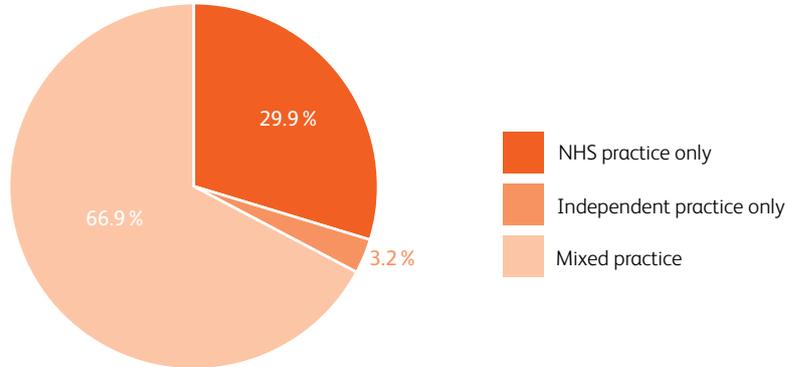


## BY SPECIALTY UROLOGY

### Consultant surgeons working in the NHS or independent practice

The majority of consultant urological surgeons (66.9%) identify themselves as being in mixed NHS and independent practice.

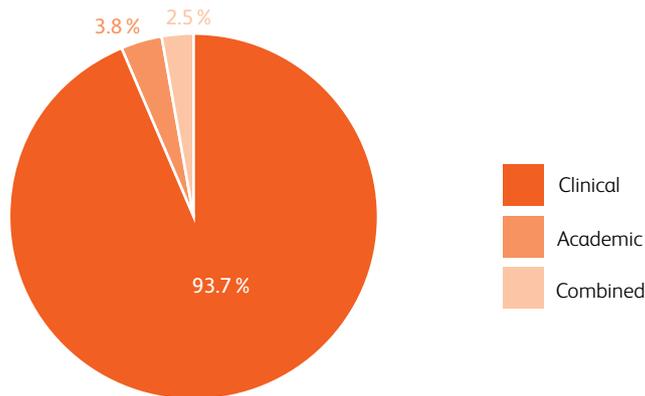
Source: RCS census, October 2011



### Consultant surgeons in clinical or academic practice

Approximately 6.3% of consultant urological surgeons maintain an academic element to their work.

Source: RCS census, October 2011

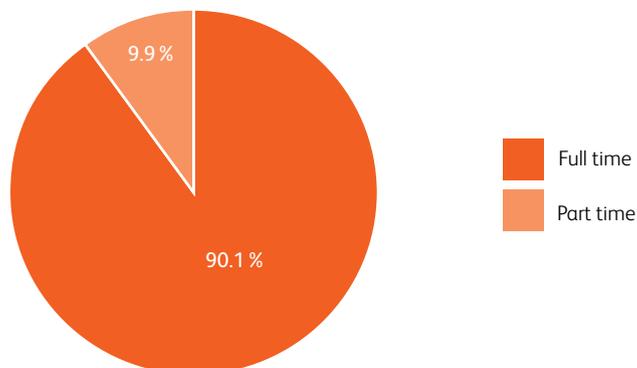


### Consultant surgeons working part time

9.9% of respondents identified themselves as working part time, which is close to the total surgical average (9.45%).

The census classified a workload of less than 10 PAs per week as part time.

Source: RCS census, October 2011

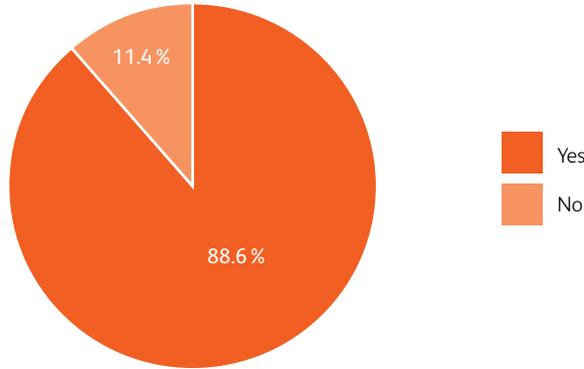


## BY SPECIALTY UROLOGY

### Consultant surgeons with on-call commitments

The great majority of consultant urological surgeons (88.6%) indicated that on-call commitments are part of their contracted workload.

Source: RCS census, October 2011

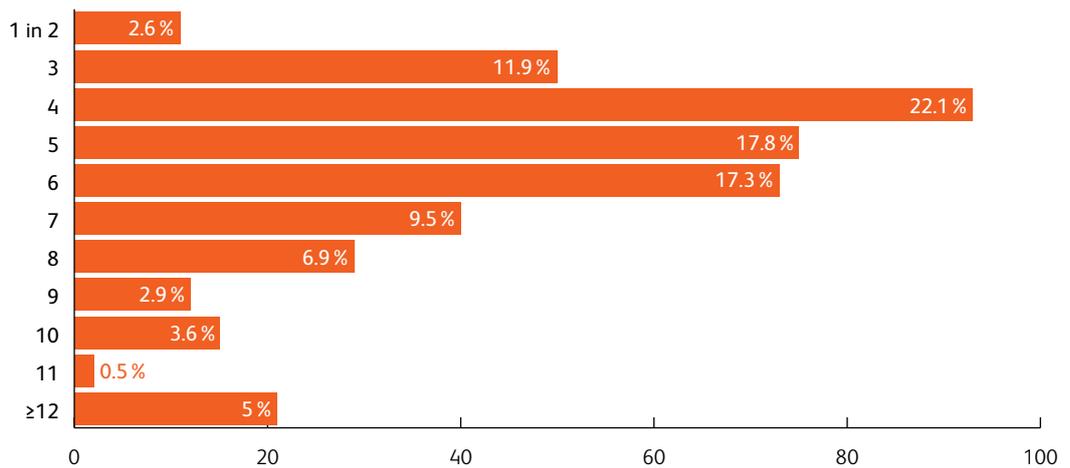


### Frequency of on-call commitments

Over half of respondents (57.2%) are on call at a frequency of 1 in 4 to 1 in 6, a greater intensity than the total surgical workforce average.

Data based on consultant urological surgeons with on-call duties.

Source: RCS census, October 2011

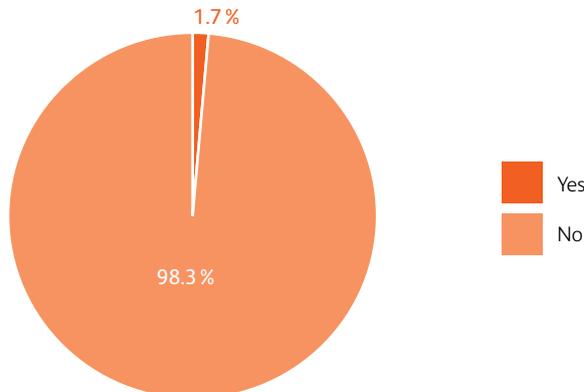


### Consultant surgeons who are resident while on call

Approximately 1.7% of respondents indicated that they are resident while on call.

Data based on consultant urological surgeons with on-call duties.

Source: RCS census, October 2011



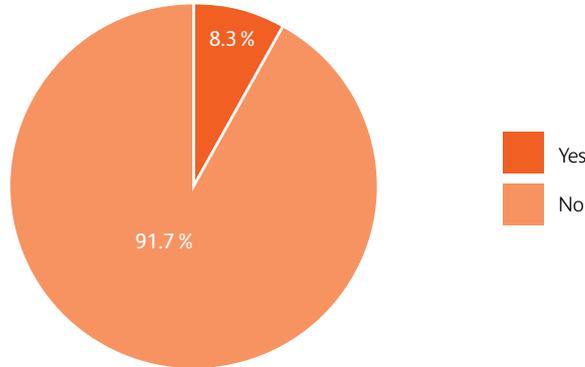
## BY SPECIALTY UROLOGY

### Consultant surgeons who are free from elective duties while on call

Only 8.3% of respondents indicated that they are free from elective duties while on call, much lower than the total surgical average (34.5%).

The RCS recommends that surgeons are free from elective duties while on call.

Source: RCS census, October 2011

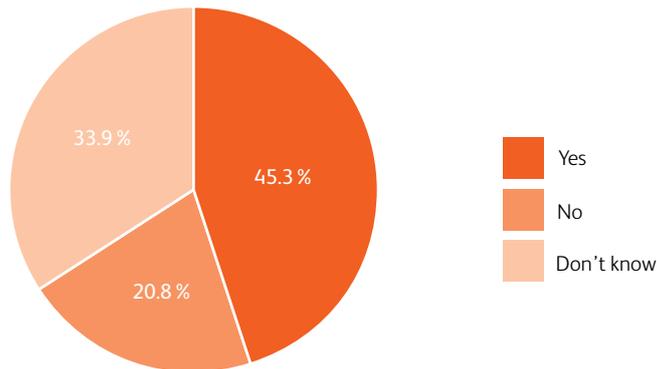


### Consultant surgeons intending to work part time at some point in their career

Nearly half (45.3%) of respondents indicated that they would like to work part time at some point in their careers, compared with 9.9% of the urological surgery workforce who actually do.

Data based on consultant urological surgeons who currently work full time.

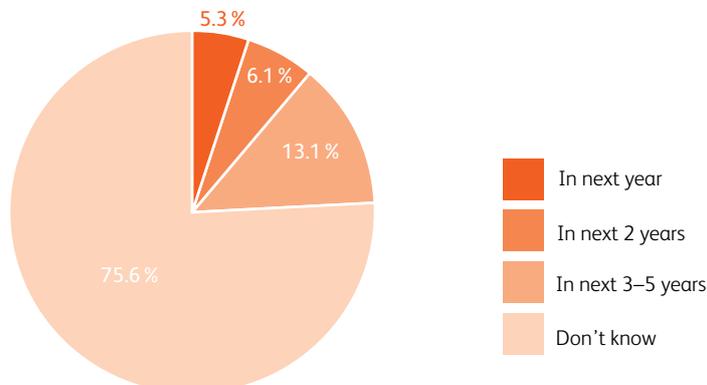
Source: RCS census, October 2011



### Consultant surgeons' intentions for their retirement

Approximately a quarter (24.5%) of consultant urological surgeons indicated that they wish to retire within the next one to five years.

Source: RCS census, October 2011





Produced by RCS Publications

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