

FICM WORKFORCE CENSUS 2019

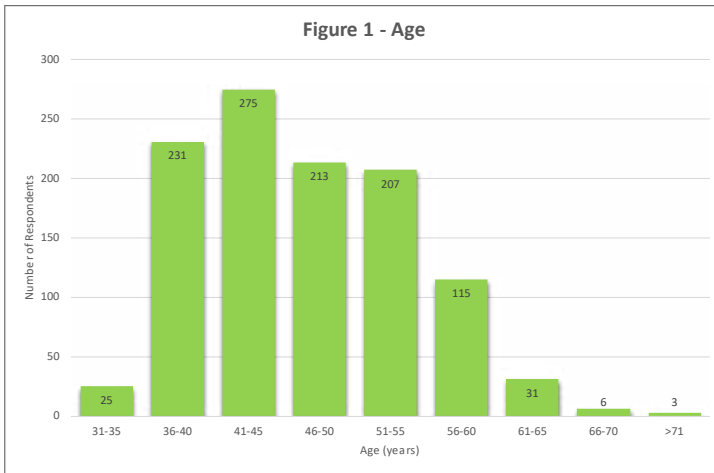
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In 2019, the Careers, Recruitment and Workforce Committee surveyed the UK's senior clinicians within Intensive Care Medicine to ascertain working patterns and attitudes to future career planning.

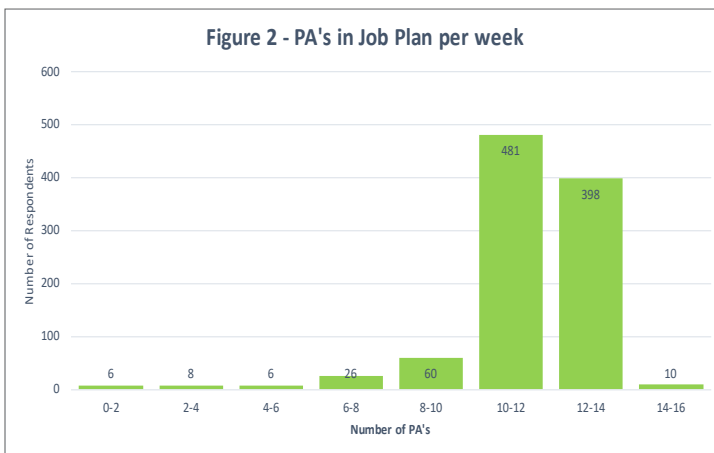
programmed activity or bias towards working more unsocial hours which carry a greater PA allocation. This is a concerning finding as levels of activity at this level may become difficult to sustain particularly in

Overall 1106 people responded of which 126 were the clinical lead for their intensive care unit (ICU). Of this 827 (74.8%) were male and 270 (24.4%) female with 9 (0.81%) preferring not to say. Figure 1



shows the age range of this cohort and demonstrates that the number of doctors practicing intensive care decreases once they reach the age of 60. Three intensivists are still practicing over the age of 71.

Figure 2 illustrates the number of programmed activities (PAs) intensivists are job planned per week. 481 (48.3%) work between 10 and 12. However, 408 (41.0%) are working more than 12 PAs per week – this may either reflect working more than 48 hours per week of

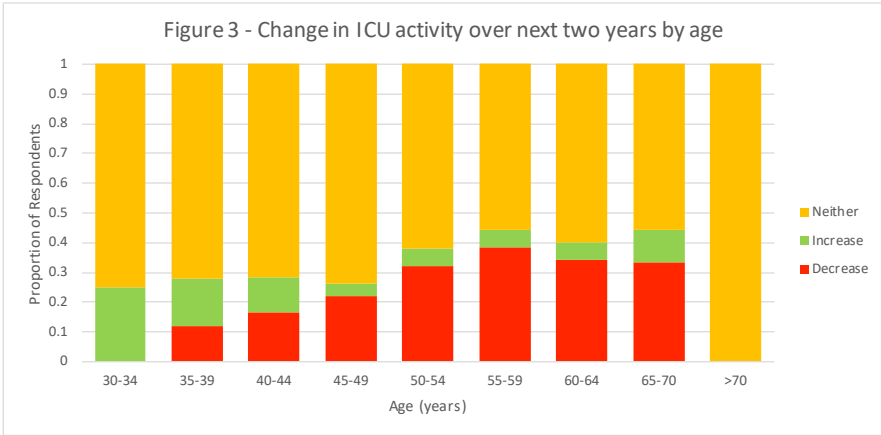


are planning to decrease rather than increase: 246 (23.2%) versus 95 (9.0%) respectively. When plotted against age it is clear that decreasing ICU becomes more prevalent as you get older. This is demonstrated in figure 3.

the event of stressful periods in either home or work life.

When looking at what intensive care consultants are planning to do over next two years in terms of intensive care medicine activity it is clear more

The reason for decreasing ICU commitment is shown in figure 4. Burnout is the reason given for 108 cases (27.1%) with family commitment in 56 (14.1%) cases. Pension tax was the main reason in 46 (32.9%)



cases. Overall there were 398 respondents describing a reason for decreasing intensive care medicine activity. This is more than the 246 planning to decrease over the next two years so this may include those planning to decrease on a different time scale and those who have recently decreased commitment.

A total of 58 (44.6%) of the 130 units responding to the census have unfilled consultant posts. 19 (32.8%) had three or more unfilled posts.

In summary this census indicates that a high proportion of doctors working in intensive care are on high programmed PA activity. There is a significant

proportion wishing to decrease activity and that burnout does contribute significantly to the need for individuals to reduce working commitments. Pension tax does not contribute comparatively in a major way at present, to those wishing to decrease Intensive Care Medicine commitment. There are a large number of units with Consultant vacancies on the intensive care rota.

The future of intensive care medicine is reliant on expanding recruitment, not only to cover current gaps and career plans to decrease commitment, but to ensure that intensive care medicine is a lifelong sustainable way of working.

