



Academy of Medical Royal Colleges and Faculties in Scotland

EXTERNAL ADVISER SERVICE ANNUAL REPORT 2024



Background

External Advisers have an important role to play in the consultant appointment process in Scotland, as governed by The National Health Service (Appointment of Consultants) (Scotland) Regulations 2009.

The regulations require that a single specialty External Adviser is present on each NHS consultant appointment panel in Scotland. The External Adviser is a full panel member providing specialty knowledge and an important external perspective throughout the recruitment process.

[The National Health Service \(Appointment of Consultants\) \(Scotland\) Regulations 2009](#)

[The National Health Service \(Appointment of Consultants\) \(Scotland\) Amendment Regulations 2010](#)

The Academy of Medical Royal Colleges and Faculties in Scotland (“The Scottish Academy”) has been contracted by the Scottish Government Health and Social Care Directorate to compile and maintain a list of External Advisers (EAs) for this purpose and to run a service to assign an EA per specialty consultant interview panel across Scotland.

This report to the Scottish Academy contains information on EAs requested, panels completed and cancelled over the previous years, details of panel activity and appointments made from 2024, the EA list and recruitment process, Scottish Academy service provision, along with issues raised and recommendations for improving the current service. The proceeding Appendix contains the data referred to in the report.

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Foreword from the Chair of the Academy of Medical Royal Colleges and Faculties in Scotland

As Chair, it is a privilege to be involved with the External Advisers (EAs). Consultant appointment committees require external advice as part of their governance, and it is heartening to note the dedication and expertise of our voluntary EAs in providing this. EAs provide reassurance to appointees, the appointment panel and the appointee's prospective employer. Furthermore, Scottish law mandates an external advisory system for consultant appointments. We are fortunate to have nearly 500 consultant colleagues who are willing to give us their time and be EAs. The fact that we have recruited 20 new EAs this year suggests that consultants are aware that being an EA is a fulfilling role, and we have more on consultants our a "waiting list" for when EA roles become available in their specialty. Feedback from EAs and health board human resource teams is hugely supportive and appreciative of the External Advisers process - see the anecdotal evidence of this on pages 4, 5 and 6 of this report. We include just a selection of the positive comments in this report, but we could have filled a couple of pages. As Chair, I extend my thanks to everyone who has made this work so well.

Looking at the data from 2024, it is encouraging to note a 8% percentage point reduction in cancellations, among specialties with five or more consultant appointment panels. There is always a "but", however. The 2024 data show that there was a drop both in the number of requests received for EAs (569) and the number of consultant appointments made (435). In 2023, we had 662 requests for EAs and there were 469 appointments. This could be a one-off result. However, the Scottish Academy will work with the Scottish Government to consider the context in which these data are published. Taken in the context of substantive consultant shortages, as indicated by the rising number of agency spending on locum doctors (£129.6 million per year according to NHS Turas data published in June 2024) and the general trend of consultant vacancies (WTE) remaining high, some investigation is required in order to understand the wider impact on recruitment of fewer EA requests and consultant appointments in 2024.

The EA process is not without its logistical challenges. You may be aware that the first stage is identifying an EA, sharing the job description (JD) with them, resolving any issues before the JD is published and then applicants hopefully come forward. The second stage then involves the interview. Usually, the same EA is involved in both stages but with the approval of the Scottish Government, we uncoupled the two stages. We did this in response to the increasing proportion of interviews which are cancelled. For example, in 2023 between 38-64% of interviews outside of Greater Glasgow and Clyde, Lothian and Golden Jubilee Boards were cancelled. This change in our process does not solve the problem of recruitment, but it makes the EA task easier by sparing them from re-approving the same JD when it used for a second (and third) interview which is rescheduled within 12 months of the initial JD. The impression of the EA services team is that this has streamlined the process both for EAs, and for recruiting health boards. I will end by thanking the EAs, the Scottish Government, Human Resource teams around the country, the EA service team in Edinburgh and the Royal College of Physicians of Edinburgh for hosting the EA service team.

Professor Andrew Elder

Chair, Academy of Medical Royal Colleges and Faculties in Scotland

April 2025



External Advisers

External Advisers are invited to assist with approximately 3 consultant adviser appointment committees per year. In 2024 there were 321 Active External Advisers and 171 Reserve External Advisers. Of these, 308 External Advisers supported 569 panels (including 59 reserves who supported 81 panels). To provide extra capacity, an additional 20 advisers were recruited in 2024.

Appendix table one shows the number of active and reserve EAs in each specialty.

Feedback is requested from Health Boards and External Advisers regarding various aspects of the process both leading up to the interview and at interview stage. **Tables one, two and three** shows that the Health Boards, External Advisers and External Adviser Coordinators were all consistently rated high. Training for External Advisers should continue in order to maintain standards.

Table one. Feedback of Health Boards from External Advisers when asked:

“How would you rate the Health Board on the following:”

Average of 88% Positive (combined ‘Excellent’ and ‘Good’ ratings) across all categories:

| | EXCELLENT | GOOD | FAIR | POOR | N/A |
|---------------------------------|-----------|------|------|------|-----|
| JOB PLAN/JOB DESCRIPTION | 124 | 165 | 28 | 5 | 4 |
| SHORTLISTING | 124 | 147 | 38 | 4 | 13 |
| JOB TRAIN | 90 | 139 | 54 | 21 | 22 |
| CHAIR OF PANEL | 216 | 93 | 11 | 0 | 6 |
| PERFORMANCE AT INTERVIEW | 188 | 118 | 12 | 2 | 6 |
| DECISION MAKING | 193 | 115 | 10 | 1 | 7 |
| OVERALL PROCESS | 160 | 139 | 19 | 2 | 6 |



Table two. Feedback of External Advisers from Health Boards when asked:

“How would you rate the External Adviser on the following:”

Average of 92% Positive (combined ‘Excellent’ and ‘Good’ ratings) across all categories:

| | EXCELLENT | GOOD | FAIR | POOR | N/A |
|----------------------------------|-----------|------|------|------|-----|
| JOB PLAN/ JOB DESCRIPTION | 267 | 100 | 2 | 0 | 16 |
| SHORTLISTING | 261 | 108 | 2 | 2 | 12 |
| JOB TRAIN | 246 | 106 | 2 | 2 | 29 |
| SUPPORT | 260 | 96 | 2 | 0 | 27 |
| ADVICE | 255 | 96 | 2 | 0 | 31 |
| RELIABILITY | 261 | 99 | 2 | 1 | 22 |
| PERFORMANCE AT INTERVIEW | 253 | 75 | 1 | 0 | 56 |

Table three. Feedback of External Adviser Coordinators from Health Boards and External Advisers when asked:

“How would you rate the External Adviser Coordinators on the following:”

Average of 93% Positive (combined ‘Excellent’ and ‘Good’ ratings) across all categories:

| | EXCELLENT | GOOD | FAIR | POOR | N/A |
|----------------------|-----------|------|------|------|-----|
| COMMUNICATION | 518 | 172 | 8 | 1 | 12 |
| SUPPORT | 487 | 171 | 10 | 0 | 43 |
| AVAILABILITY | 487 | 169 | 8 | 1 | 46 |
| GUIDANCE | 466 | 161 | 10 | 1 | 73 |

Positive Feedback

Strong Process and Panel Management

- “Job pack and advertising - excellent organisation from clinical and administrative teams. Responded to queries regarding job plan promptly. Pre-interview - good preparation and planning and interesting interview format that worked really well.”
- “A pleasure interviewing with a team who were both fair and professional”.
- “An excellent collection of interviewers was provided demonstrating a very cohesive and supportive environment for trainees. The appointed candidates were outstanding. As an external adviser, I was made very welcome, treated with great respect and listened to in my contributions to the discussions relating to the appointment of the candidates”.
- “The chair had stepped in at the last minute. I was impressed by his manner and care for each candidate, helping to relax them”.

Hybrid and Virtual Interviews

- “Hybrid interview worked well (via TEAMS). Local panel all involved, well led by the Chair”.
- “Worked very well with a virtual panel, they clearly were experienced in running virtual interviews”.
- “I felt included despite being the only virtual attendee”.



Areas for improvement

Job Train Concerns

- “Job Train as a piece of software works well, but the limitation placed on candidates outlining their previous training is very restrictive. It would be preferable to be able to have access to a detailed CV particularly when assessing their training and whether it has been appropriate for the appointment on offer. Job Train remains the worst electronic system I have the misfortune to work with”.
- “The forms need completely rewriting, or the candidates should be encouraged to upload a copy of their CV”.
- “It does not let you see the job description/person specification after shortlisting”.

Communication and Planning Issues

- “I wasn’t informed that the interview was over two days”.
- “The venue was changed without informing me”.
- “An email from HR once shortlisting was complete to confirm the number of interviewees and whether interviews were on Teams or in person would have been appreciated”.
- “HR very disorganised in getting the interview set up. Only worked because of direct communication from consultants”.

Shortlisting and Job Description Concerns

- “Short time between closing of applications to interview date, meaning a very tight shortlisting window”.
- “Person specification was not sent out initially with the job description - had to ask HR to send this”.
- “Job description did not include a job plan, this was pointed out in pre-interview panel meeting”.

Conclusion

The external adviser service continues to receive positive feedback regarding professionalism, fairness, and the effectiveness of hybrid interviews. However, ongoing concerns around Job Train, communication, and shortlisting processes highlight areas that could benefit from further improvement.

Feedback suggests that accessibility and usability of Job Train remain challenging, with advisers noting difficulties in navigating the platform and accessing key candidate information. Communication regarding interview logistics and shortlisting timelines has also been identified as an area where improvements could enhance the overall experience.

Despite these challenges, most advisers remain satisfied with the process and value the flexibility of both in-person and remote panel participation options, which continue to support a fair and well-managed recruitment process.



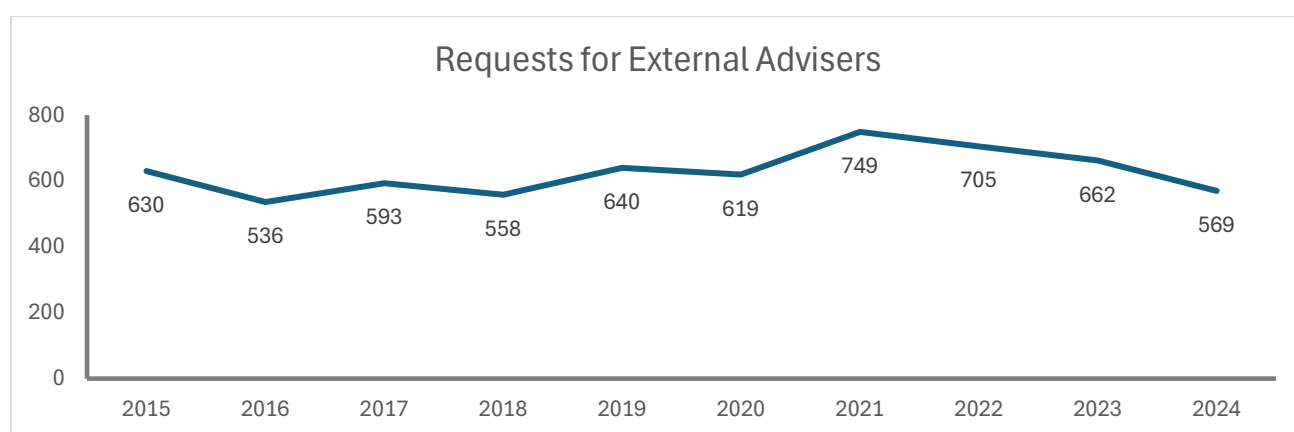
A few words about how the following data have been analysed

Requests for an External Adviser are “time stamped” when received, for example where a request is received in November or December and the subsequent panel is scheduled for the following year, the request for an EA is recorded under the current year and the Panel Outcome data is recorded under the following year. The number of appointments is higher than the number of panels where at least one candidate was interviewed – this is due to some panels appointing more than one candidate following interview. Supplemental table two presents the raw data for this figure. Data are presented from 2015 onwards since different reporting periods were used previously.

Panel requests

Between 2023 and 2024, the number of requests for an EA fell from 662 to 569 (figure one) and consultant appointments fell from 469 to 435 (figure two).

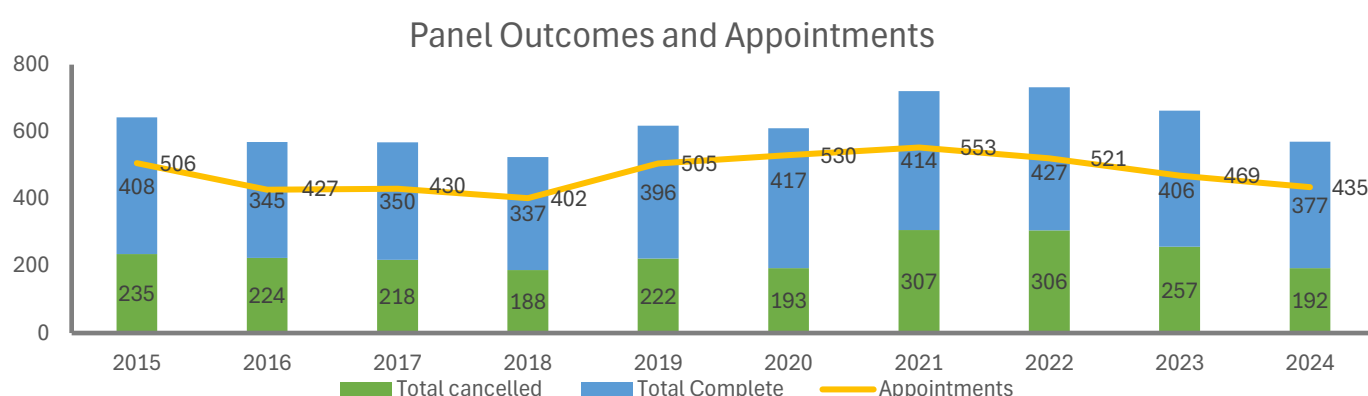
Figure one. The number of requests for an external adviser per annum.



Panel outcomes

There were 569 panels held in 2024, of which 372 made a total of 435 appointments, figure two. The year 2024 continued a trend of a reducing number of panels which made more than one appointment (109 in 2019 and 62 in 2024). There were an additional 193 panels cancelled in 2024 (257 in 2023). In 87% of cancellations, the cause was applicant related: no applicant in 85; no suitable applicant in 61; and applicants withdrew from 21 posts. See table three. Details of cancellations for individual Boards are provided on page 10.

Figure two. The outcome of panels per annum.





Panel cancellations

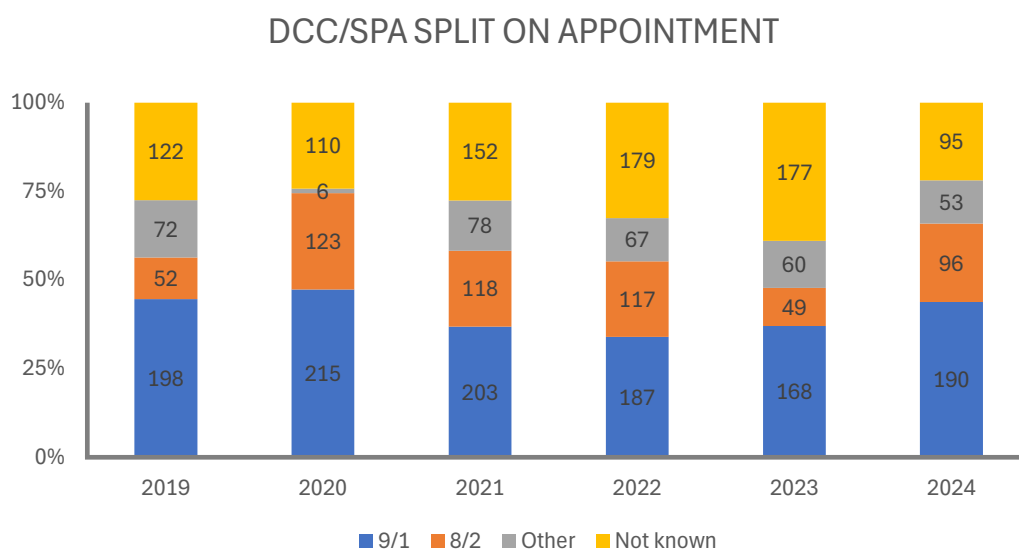
Table three. Reason for panel cancellations.

| YEAR | NO APPLICANTS | NO SUITABLE CANDIDATES | CANDIDATE(S) WITHDREW | COVID -19 | HB POSTPONED / REARRANGED | NO REASON GIVEN | OTHER | CANCELLED | % APPLICANT RELATED |
|------|---------------|------------------------|-----------------------|-----------|---------------------------|-----------------|-------|-----------|---------------------|
| 2019 | 139 | 26 | 25 | N/A | 25 | 0 | 7 | 222 | 86% |
| 2020 | 110 | 24 | 27 | 6 | 22 | 0 | 4 | 193 | 83% |
| 2021 | 184 | 57 | 25 | 1 | 35 | 0 | 5 | 307 | 87% |
| 2022 | 195 | 53 | 25 | 0 | 22 | 1 | 10 | 306 | 89% |
| 2023 | 160 | 52 | 22 | 0 | 19 | 3 | 1 | 257 | 91% |
| 2024 | 85 | 61 | 21 | 0 | 12 | 2 | 12 | 192 | 87% |

Job descriptions

Where the job split was stated by the Health Board, 47% of jobs were appointed to with a 9:1 split in 2024 compared to 60% in 2023. The proportion of posts where the DCC:SPA split was unknown decreased in 2024 compared to 2023. Supplemental table three presents the raw data used for this figure.

Figure three. The split in direct clinical care (DCC) and supporting professional activities (SPA) 2019-2024.





Geographical spread of interviews

As in previous years, Greater Glasgow and Clyde requested the highest number of consultant appointment panels, with 77 panels held in 2024. In contrast, several Health Boards, including Orkney, Shetland and National Services Scotland requested fewer than 10 panels. The proportion of canceled interviews varied widely, ranging from 0% at institutions such as the University of Edinburgh and the University of Glasgow to 100% in Shetland where no appointments were made. When NHS Golden Jubilee, as well as major health boards in Greater Glasgow and Clyde and Lothian, were excluded from the analysis, the cancellation rates ranged between 20% and 67%.

Table five. The number of consultant appointment panels in each Health Board and University for 2024.

| HEALTH BOARD | TOTAL | COMPLETED | APPOINTMENTS | CANCELLED | % CANCELLED |
|----------------------------|------------|------------|--------------|------------|-------------|
| Ayrshire & Arran | 29 | 21 | 29 | 8 | 28% |
| Borders | 14 | 10 | 7 | 4 | 29% |
| Dumfries & Galloway | 18 | 12 | 11 | 6 | 33% |
| Fife | 22 | 16 | 15 | 6 | 27% |
| Forth Valley | 27 | 17 | 19 | 10 | 37% |
| Golden Jubilee | 10 | 9 | 12 | 1 | 10% |
| Grampian | 61 | 32 | 35 | 29 | 48% |
| Greater Glasgow & Clyde | 98 | 77 | 101 | 21 | 21% |
| Highland | 48 | 22 | 25 | 26 | 57% |
| Lanarkshire | 56 | 35 | 46 | 21 | 38% |
| Lothian | 86 | 57 | 65 | 29 | 34% |
| National Services Scotland | 6 | 2 | 1 | 4 | 67% |
| NES Education for Scotland | 3 | 3 | 2 | 0 | 0% |
| Orkney | 5 | 2 | 1 | 3 | 60% |
| Shetland | 5 | 0 | 0 | 5 | 100% |
| State Hospital | 0 | 0 | 0 | 0 | 0% |
| Tayside | 50 | 36 | 43 | 14 | 28% |
| Western Isles | 7 | 4 | 2 | 3 | 43% |
| Public Health Scotland | 10 | 8 | 5 | 2 | 20% |
| University of Aberdeen | 0 | 0 | 0 | 0 | 0% |
| University of Dundee | 2 | 2 | 3 | 0 | 0% |
| University of Edinburgh | 9 | 9 | 10 | 0 | 0% |
| University of Glasgow | 3 | 3 | 3 | 0 | 0% |
| Total | 569 | 377 | 435 | 192 | 34% |



Appointments by specialty

The busiest specialties in 2024 were Anaesthetics (55), General Psychiatry (47), Clinical Radiology (30), and Obstetrics & Gynecology (30).

Among specialties with five or more consultant appointment panels:

- Compared to the previous year, cancellation rates decreased in 31 specialties and increased in 14 specialties, indicating a notable overall improvement.
- The average cancellation rate across specialties in 2024 was approximately 29% down from the previous year's average of around 39%, reflecting 8% percentage point reduction in cancellations.

Supplemental table four shows the number of panels across each of the specialties.

This report has been circulated to:

The Academy of Medical Royal Colleges and Faculties in Scotland

The Scottish Government Health and Social Care Directorate

NHS Education for Scotland (NES)

NHS Ayrshire & Arran

NHS Borders

NHS Dumfries & Galloway

NHS Fife

NHS Forth Valley

NHS Golden Jubilee

NHS Grampian

NHS Greater Glasgow & Clyde

NHS Highland

NHS Lanarkshire

NHS Lothian

NHS Health Scotland

NHS Orkney

NHS Shetland

NHS Tayside

NHS Western Isles

NHS 24

Public Health Scotland

University of Aberdeen

University of Dundee

University of Edinburgh

University of Glasgow

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Appendix: Data Tables

Table one. The number of active and reserve External Advisers and the ideal required.

| Specialty | ACTIVE EAs | RESERVE EAs | ALL EAs | 2024 REQUESTS | EAs Required |
|--------------------------------------|------------|-------------|------------|---------------|--------------|
| Acute Medicine | 7 | 9 | 16 | 14 | 5 |
| Anaesthetics | 20 | 9 | 29 | 55 | 19 |
| Cardiology | 4 | 2 | 6 | 16 | 6 |
| Cardiothoracic Surgery | 3 | 0 | 3 | 0 | 0 |
| Chemical Pathology | 1 | 1 | 2 | 0 | 0 |
| Child & Adolescent Psychiatry | 9 | 1 | 10 | 20 | 5 |
| Clinical Genetics | 2 | 1 | 3 | 5 | 2 |
| Clinical Oncology | 3 | 3 | 6 | 7 | 3 |
| Clinical Pharmacology & Therapeutics | 1 | 1 | 2 | 0 | 0 |
| Clinical Radiology | 16 | 6 | 22 | 30 | 10 |
| Community Child Health | 3 | 1 | 4 | 1 | 1 |
| Dental Public Health | 2 | 2 | 4 | 0 | 0 |
| Dermatology | 3 | 3 | 6 | 8 | 3 |
| Emergency Medicine | 7 | 5 | 12 | 12 | 4 |
| Endocrinology & Diabetes Mellitus | 5 | 4 | 9 | 8 | 3 |
| Forensic Psychiatry | 6 | 0 | 6 | 7 | 3 |
| Gastroenterology | 8 | 4 | 12 | 8 | 3 |
| General Medicine | 10 | 4 | 14 | 22 | 8 |
| General Psychiatry | 16 | 11 | 27 | 48 | 16 |
| General Surgery | 15 | 6 | 21 | 19 | 7 |
| Genito-Urinary Medicine | 2 | 0 | 2 | 0 | 0 |
| Geriatric Medicine | 9 | 6 | 15 | 24 | 8 |
| Haematology | 9 | 2 | 11 | 20 | 7 |
| Histopathology | 6 | 4 | 10 | 10 | 4 |
| Immunology | 2 | 0 | 2 | 1 | 1 |
| Infectious Diseases | 1 | 3 | 4 | 3 | 1 |
| Medical Microbiology & Virology | 3 | 1 | 4 | 8 | 3 |
| Medical Oncology | 4 | 5 | 9 | 3 | 1 |
| Neurology | 5 | 3 | 8 | 4 | 2 |
| Neurosurgery | 5 | 1 | 6 | 0 | 0 |
| Nuclear Medicine | 0 | 1 | 1 | 0 | 0 |
| Obstetrics & Gynaecology | 13 | 5 | 18 | 30 | 10 |
| Occupational Medicine | 2 | 4 | 6 | 1 | 1 |
| Old Age Psychiatry | 10 | 4 | 14 | 16 | 6 |
| Ophthalmology | 5 | 4 | 9 | 9 | 3 |
| Oral & Maxillofacial Surgery | 3 | 2 | 5 | 3 | 1 |
| Oral Medicine | 3 | 0 | 3 | 3 | 1 |
| Oral Surgery | 4 | 3 | 7 | 1 | 1 |
| Orthodontics | 3 | 2 | 5 | 5 | 2 |
| Otolaryngology | 6 | 2 | 8 | 5 | 2 |
| Paediatric Cardiology | 2 | 0 | 2 | 2 | 1 |
| Paediatric Dentistry | 2 | 1 | 3 | 3 | 1 |
| Paediatric Surgery | 3 | 1 | 4 | 2 | 1 |
| Paediatrics | 13 | 12 | 25 | 22 | 8 |
| Palliative Medicine | 4 | 3 | 7 | 8 | 3 |
| Plastic Surgery | 3 | 2 | 5 | 3 | 1 |
| Psychiatry of Learning Disability | 3 | 1 | 4 | 6 | 2 |
| Psychotherapy | 1 | 2 | 3 | 2 | 1 |
| Public Health | 11 | 1 | 12 | 20 | 7 |
| Rehabilitation Medicine | 3 | 0 | 3 | 2 | 1 |
| Renal Medicine | 3 | 2 | 5 | 4 | 2 |
| Respiratory Medicine | 7 | 3 | 10 | 8 | 3 |
| Restorative Dentistry | 2 | 3 | 5 | 6 | 2 |
| Rheumatology | 4 | 3 | 7 | 6 | 2 |
| Special Care Dentistry | 7 | 3 | 10 | 22 | 8 |
| Trauma & Orthopaedic Surgery | 7 | 5 | 12 | 10 | 4 |
| Urology | 5 | 3 | 8 | 13 | 5 |
| Vascular Surgery | 5 | 1 | 6 | 4 | 2 |
| Total | 321 | 171 | 492 | 569 | 206 |



Table two. Trend Data: Panel outcomes per annum.

| YEAR | CANCELLED | COMPLETE | APPOINTMENTS | TOTAL |
|------|-----------|----------|--------------|-------|
| 2015 | 235 | 408 | 506 | 643 |
| 2016 | 224 | 345 | 427 | 569 |
| 2017 | 218 | 350 | 430 | 568 |
| 2018 | 188 | 337 | 402 | 525 |
| 2019 | 222 | 396 | 505 | 618 |
| 2020 | 193 | 417 | 530 | 610 |
| 2021 | 307 | 414 | 553 | 721 |
| 2022 | 306 | 427 | 521 | 733 |
| 2023 | 257 | 406 | 469 | 663 |
| 2024 | 192 | 377 | 435 | 569 |

Table three. Trend Data: 2015 – 2024 DCC/SPA Split on appointment

| YEAR | 9/1 SPLIT | 8/2 SPLIT | OTHER | NOT KNOWN |
|------|-----------|-----------|-------|-----------|
| 2015 | 316 | 44 | 48 | 78 |
| 2016 | 241 | 64 | 68 | 48 |
| 2017 | 196 | 69 | 55 | 109 |
| 2018 | 178 | 67 | 70 | 114 |
| 2019 | 198 | 52 | 72 | 122 |
| 2020 | 215 | 123 | 6 | 110 |
| 2021 | 203 | 118 | 78 | 152 |
| 2022 | 187 | 117 | 67 | 179 |
| 2023 | 168 | 49 | 60 | 177 |
| 2024 | 190 | 96 | 53 | 95 |



Table four. The number of consultant appointment panels convened in 2024, stratified by specialty. Percentage change from 2022 is presented for those specialties where there were at least five panels.

| Specialty | Total | Completed | Appointments Made | Cancelled | % Cancelled 2024 | % Cancelled 2023 | % Difference |
|--------------------------------------|------------|------------|-------------------|------------|------------------|------------------|--------------|
| Acute Medicine | 14 | 10 | 11 | 4 | 29% | 59% | -30 |
| Anaesthetics | 55 | 41 | 55 | 14 | 25% | 32% | -7 |
| Cardiology | 16 | 16 | 17 | 0 | 0% | 36% | -36 |
| Cardiothoracic Surgery | 0 | 0 | 0 | 0 | 0% | 0% | N/A |
| Chemical Pathology | 0 | 0 | 0 | 0 | 0% | 0% | N/A |
| Child & Adolescent Psychiatry | 20 | 11 | 13 | 9 | 45% | 75% | -30 |
| Clinical Genetics | 5 | 3 | 3 | 2 | 40% | 0% | N/A |
| Clinical Oncology | 7 | 5 | 6 | 2 | 29% | 33% | -4 |
| Clinical Pharmacology & Therapeutics | 0 | 0 | 0 | 0 | 0% | 0% | N/A |
| Clinical Radiology | 30 | 22 | 26 | 8 | 27% | 26% | 1 |
| Community Child Health | 1 | 1 | 0 | 0 | 0% | 0% | N/A |
| Dental Public Health | 0 | 0 | 0 | 0 | 0% | 0% | N/A |
| Dermatology | 8 | 4 | 5 | 4 | 50% | 63% | -13 |
| Emergency Medicine | 12 | 9 | 10 | 3 | 25% | 6% | 19 |
| Endocrinology & Diabetes Mellitus | 8 | 2 | 4 | 3 | 38% | 60% | -22 |
| Forensic Psychiatry | 8 | 4 | 3 | 4 | 50% | 36% | 14 |
| Gastroenterology | 8 | 5 | 6 | 3 | 38% | 29% | 9 |
| General Medicine | 22 | 8 | 10 | 14 | 64% | 64% | 0 |
| General Psychiatry | 47 | 22 | 26 | 25 | 53% | 65% | -12 |
| General Surgery | 19 | 16 | 16 | 3 | 16% | 23% | -7 |
| Genito-Urinary Medicine | 0 | 0 | 0 | 0 | 0% | 0% | N/A |
| Geriatric Medicine | 24 | 13 | 14 | 11 | 46% | 37% | 9 |
| Haematology | 20 | 8 | 9 | 11 | 55% | 53% | 2 |
| Histopathology | 10 | 5 | 8 | 2 | 20% | 24% | -4 |
| Immunology | 1 | 0 | 0 | 1 | 100% | 100% | 0 |
| Infectious Diseases | 3 | 2 | 2 | 1 | 33% | 0% | N/A |
| Medical Microbiology & Virology | 8 | 5 | 5 | 3 | 38% | 44% | -6 |
| Medical Oncology | 3 | 0 | 0 | 3 | 100% | 29% | 71 |
| Neurology | 4 | 4 | 6 | 0 | 0% | 57% | -57 |
| Neurosurgery | 0 | 0 | 0 | 0 | 0% | 33% | -33 |
| Nuclear Medicine | 0 | 0 | 0 | 0 | 0% | 0% | N/A |
| Obstetrics & Gynaecology | 30 | 23 | 26 | 7 | 23% | 26% | -3 |
| Occupational Medicine | 1 | 1 | 1 | 0 | 0% | 100% | N/A |
| Old Age Psychiatry | 16 | 8 | 9 | 8 | 50% | 77% | -27 |
| Ophthalmology | 9 | 6 | 9 | 3 | 33% | 35% | -2 |
| Oral & Maxillofacial Surgery | 3 | 3 | 3 | 0 | 0% | 0% | N/A |
| Oral Medicine | 3 | 3 | 3 | 0 | 0% | 0% | N/A |
| Oral Surgery | 1 | 1 | 1 | 0 | 0% | 0% | N/A |
| Orthodontics | 5 | 4 | 3 | 1 | 20% | 67% | -47 |
| Otolaryngology | 5 | 3 | 5 | 2 | 40% | 50% | -10 |
| Paediatric Cardiology | 2 | 2 | 2 | 0 | 0% | 0% | N/A |
| Paediatric Dentistry | 3 | 3 | 4 | 0 | 0% | 0% | N/A |
| Paediatric Surgery | 2 | 2 | 2 | 0 | 0% | 0% | N/A |
| Paediatrics | 22 | 18 | 19 | 4 | 18% | 17% | 1 |
| Palliative Medicine | 8 | 5 | 6 | 3 | 38% | 33% | 5 |
| Plastic Surgery | 3 | 0 | 0 | 3 | 100% | 0% | N/A |
| Psychiatry of Learning Disability | 6 | 4 | 4 | 2 | 33% | 33% | 0 |
| Psychotherapy | 2 | 2 | 2 | 0 | 0% | 40% | -40 |
| Public Health | 21 | 16 | 14 | 4 | 19 | 14% | 0 |
| Rehabilitation Medicine | 1 | 0 | 0 | 1 | 100% | 0% | N/A |
| Renal Medicine | 4 | 1 | 4 | 0 | 100% | 0% | N/A |
| Respiratory Medicine | 8 | 3 | 3 | 5 | 63% | 19% | 44 |
| Restorative Dentistry | 6 | 5 | 7 | 1 | 17% | 20% | -3 |
| Rheumatology | 6 | 4 | 4 | 2 | 33% | 50% | -17 |
| Special Care Dentistry | 22 | 17 | 19 | 5 | 23% | 26% | -3 |
| Trauma & Orthopaedic Surgery | 10 | 9 | 15 | 1 | 10% | 9% | -3 |
| Urology | 13 | 11 | 14 | 2 | 15% | 56% | 1 |
| Vascular Surgery | 4 | 2 | 2 | 2 | 50% | 100% | -41 |
| Grand Total | 569 | 372 | 435 | 186 | 29% | 39% | -8% |