Royal College of Physicians

JRCPTB

Joint Royal Colleges of Physicians Training Board

Survey of medical certificate of completion of training (CCT) holders' career progression 2016

January 2017

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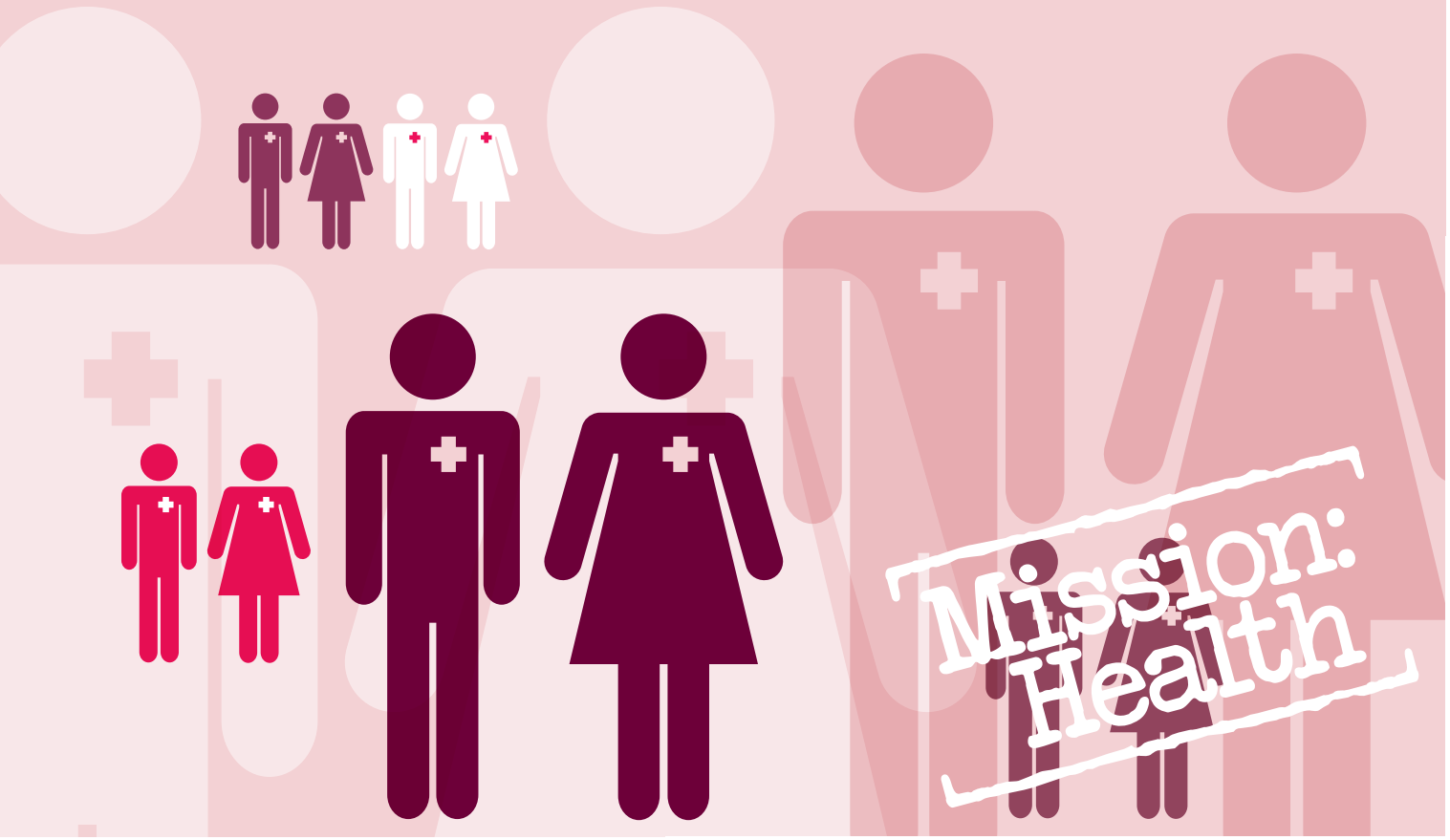

Summary

- **In total, 63% of certificate of completion of training (CCT) holders held a substantive post, which is consistent with the early years of the survey and an improvement on recent years.**
- **For the third consecutive year, and unlike other medical sub-specialities, a higher proportion of genitourinary medicine CCT holders were in locum posts or unemployed (54.6%) than were in consultant posts (18.2%).**
- **Of CCT holders who were in a substantive post, 48.2% had been offered mentoring and an encouraging 85.3% had taken this up.**
- **CCT holders of white British ethnic origin applied for fewer posts, were more likely to be shortlisted and were more likely to be offered a consultant post, compared with CCT holders of other ethnic origins.**
- **Overall, 62.6% of CCT holders who trained in general medicine reported 'acting up' during their training to undertake a post-take ward round with their consultant simply watching to give feedback, and 97.6% recommended this to other trainees. This opportunity should clearly be made available to all trainees in general medicine.**
- **There has been a gradual fall over the past 6 years in perceptions of how well CCT holders feel trained in their speciality.**
- **If they had their training period again, 94% of CCT holders reported that they would train again in their specialty and 85% reported that they would train again in general medicine.**

Introduction

This is the eighth annual survey reporting the experiences of and outcomes for CCT holders within a year of gaining their CCT in the medical specialties in the UK. The survey results from a collaboration between the Royal College of Physicians (RCP) Medical Workforce Unit and the Joint Royal Colleges of Physicians Training Board (JRCPTB). This unique survey has monitored changing outcomes for CCT holders across the different medical specialties since 2009, during a period of considerable change and uncertainty in the NHS.

Data collection

Contact details and CCT dates for trainees in all 30 medical specialties were obtained from the JRCPTB. In July 2016, an email invitation to an online survey using Verint questionnaire software was sent to all doctors in medical specialties who had obtained their CCT in the previous 12 months. Data were collected on specialty; age; gender; ethnicity; deanery; full time or less than full time status; current work situation and reasons for not being in a substantive consultant post, if appropriate; applications for substantive consultant posts and interview success; attitudes to 7-day working; mentoring; the quality of training in their specialty and general medicine; and whether, if they had their training period again, CCT holders would still choose to train in their specialty and general medicine. All results described in this report are in comparison with the previous 7 years' data, where available. The tables referred to are available in the Appendix section of this report.

Demographics

In total, 855 CCT holders were contacted and 386 responses were received (45.1%): a little lower than the response rate last year (49.6%). Fifty-three per cent of respondents were male and 18% of respondents trained less than full time. Fifty-three per cent of respondents described their ethnicity as white British, 20% as Indian, 6% as white other than British, 5% as Pakistani and all other ethnic groups were each less than 5%. Responses were obtained from CCT holders in a wide range of medical

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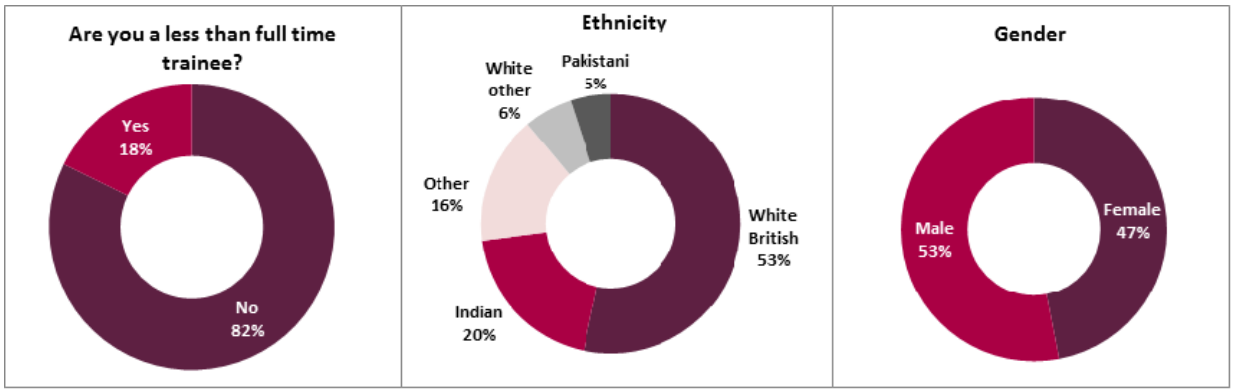
specialties (Appendix, Table 1) and 53.7% of respondents dual accredited in their speciality and general internal medicine. There was no evidence that CCT holders in different areas of the country or different specialties were under-represented in the survey. While it would be desirable to increase the response rate to the survey, the fact that trainees are surveyed frequently throughout their training has an inevitable impact on the response rate to this survey.

Fig 1 Demographics of the respondents: gender, less than full time working and ethnicity



Current work situation of CCT holders

Figure 2 shows the work situation for CCT holders at the time of the survey for the past 3 years. Encouragingly, there has been a modest increase in the number of CCT holders in substantive posts this year to 62.9% (from 61.7% last year, 57.1% in 2014 and 56.1% in 2013). This may well reflect consultant shortages in some specialities, particularly acute medicine and geriatrics. There was a concurrent fall in the number of CCT holders in locum consultant posts to 15.2% from 19% last year. Similarly to last year, respondents reported that they were in locum posts principally due to waiting for a particular post to become available (47%), wanting to stay in the same region where they trained (21%) or for family or personal reasons (11%). There was only one specialty (with more than 10 respondents) that had more CCT holders in locum posts than in substantive posts – genitourinary medicine (18.2% in consultant posts, 54.6% in locum posts or unemployed). This is the third consecutive year that a high proportion of CCT holders in genitourinary medicine are in locum rather than substantive posts, and this is likely to relate to the Health and Social Care Act's introduction of commissioning of contraception and sexual health by local authorities, separately from HIV medicine, on short-term tendering cycles. In the absence of a change in commissioning arrangements, this seems likely to continue to create uncertainty for genitourinary medicine trainees and consultants alike.

On a positive note, of CCT holders in a substantive consultant post, 48.2% had been offered mentoring and an encouraging 85.3% had taken up the offer.

There were four unemployed CCT holders: two in genitourinary medicine, one in renal medicine and one who did not provide their speciality. Three of the CCT holders stated that this was due to: being unsuccessful at interview, personal choice and taking a career break. Two out of the three unemployed CCT holders who responded to the question had made themselves available for locum work.

This year, 4.5% of CCT holders were in post-CCT fellowships, principally cardiology and haematology. Overwhelmingly, these respondents reported that they were undertaking a post-CCT fellowship to develop a subspecialty interest (87%).

The detailed results of CCT holders' current work situation by employment type in comparison with previous years of the survey can be found in Table 2 and by speciality in Table 3 in the Appendix.

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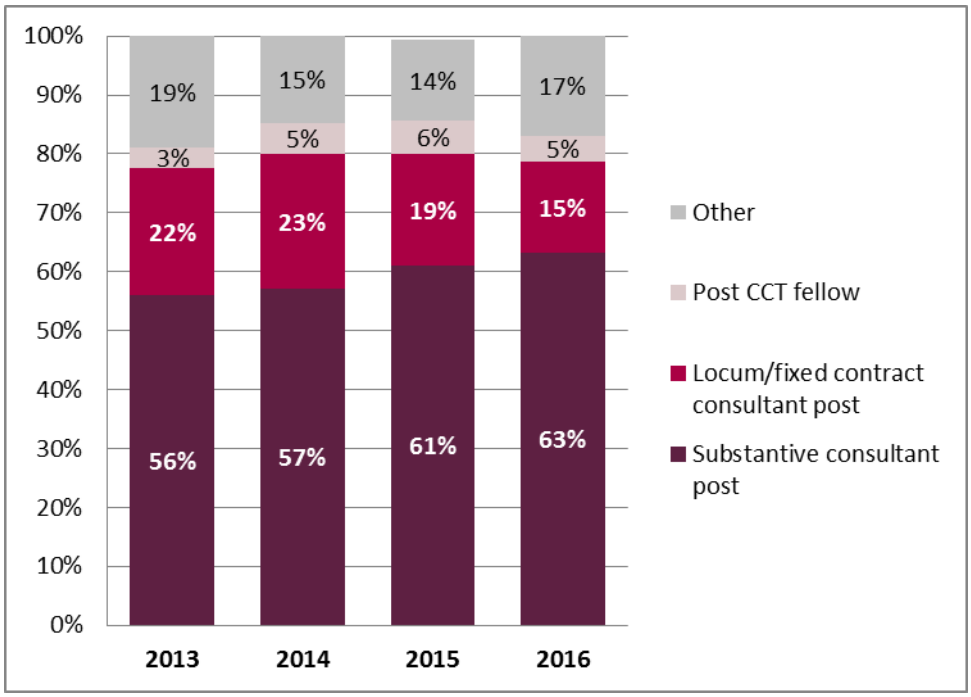
Fig 2 The current work situation of CCT holders from 2013 to 2016



'Other' includes: freelance pharmaceutical physician and GP, implementation/management role in NHS transformation project, tenure track university fellow / honorary consultant, medical director, clinical development for pharmaceutical company, and between jobs out of choice due to end of fixed-term contract and awaiting the start of another.

Shortlisting and appointment success rates

Unfortunately, we were unable to directly compare this year's shortlisting and appointment success data by speciality with previous years of the survey, due to the inadvertent exclusion from those questions this year of respondents who had obtained a substantive post at the time of the survey.

Despite this limitation, as seen in previous years of the survey, women appeared to apply for fewer jobs compared with men (1.4 versus 1.9); to be more successful at being shortlisted (100% versus 75%); and to be offered a substantive post (44% versus 34%) (Fig 3a). There was a similar pattern for less than full time compared with full time CCT holders, which will relate to the preponderance of women among less than full time CCT holders (Fig 3b). This persistent difference is likely to be due to the differing gender balance in different medical sub-specialities and the prioritisation of geographical location over other considerations reported by female CCT holders, rather than inherent bias against male CCT holders.

As in last year's survey, CCT holders who described themselves as being of white British ethnicity (53% of respondents) appeared to apply for fewer posts (mean 1.4 versus 1.9); to be more likely to be shortlisted (98% versus 76%); and to be more successful at being offered a post (55% versus 24%) (Fig 3c). These findings raise the possibility of bias in the consultant appointment process against CCT holders from other ethnic groups.

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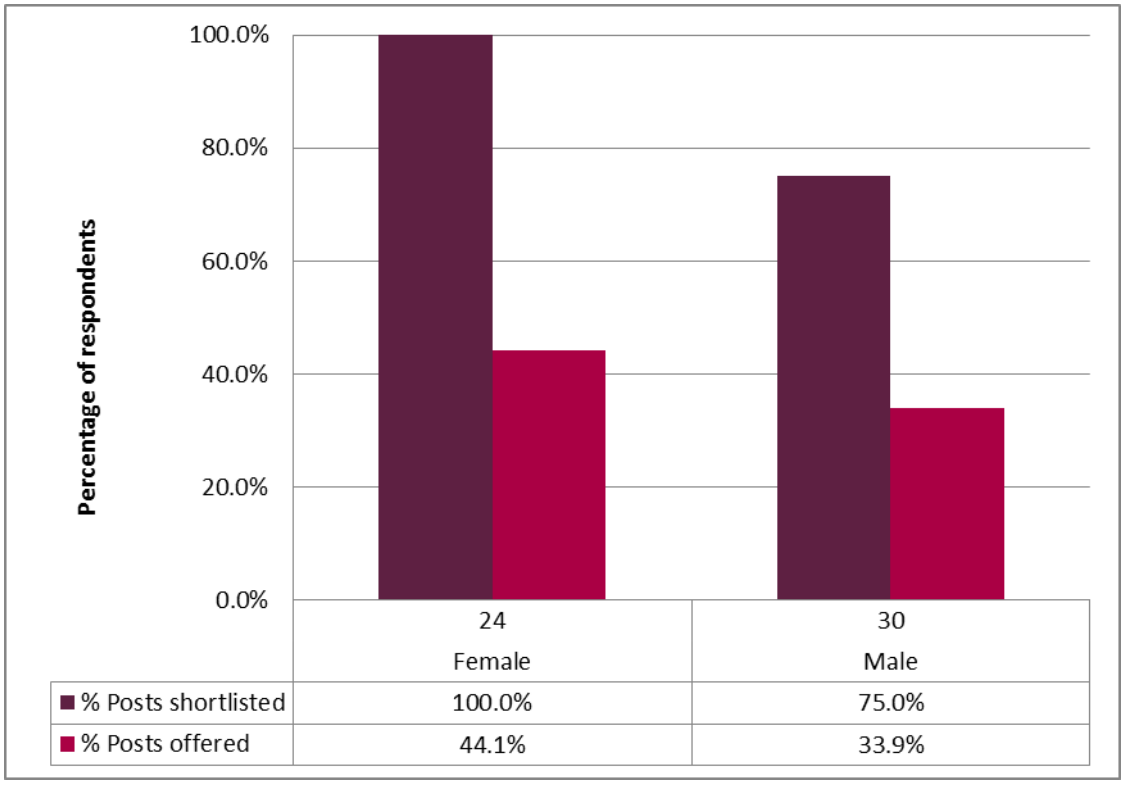
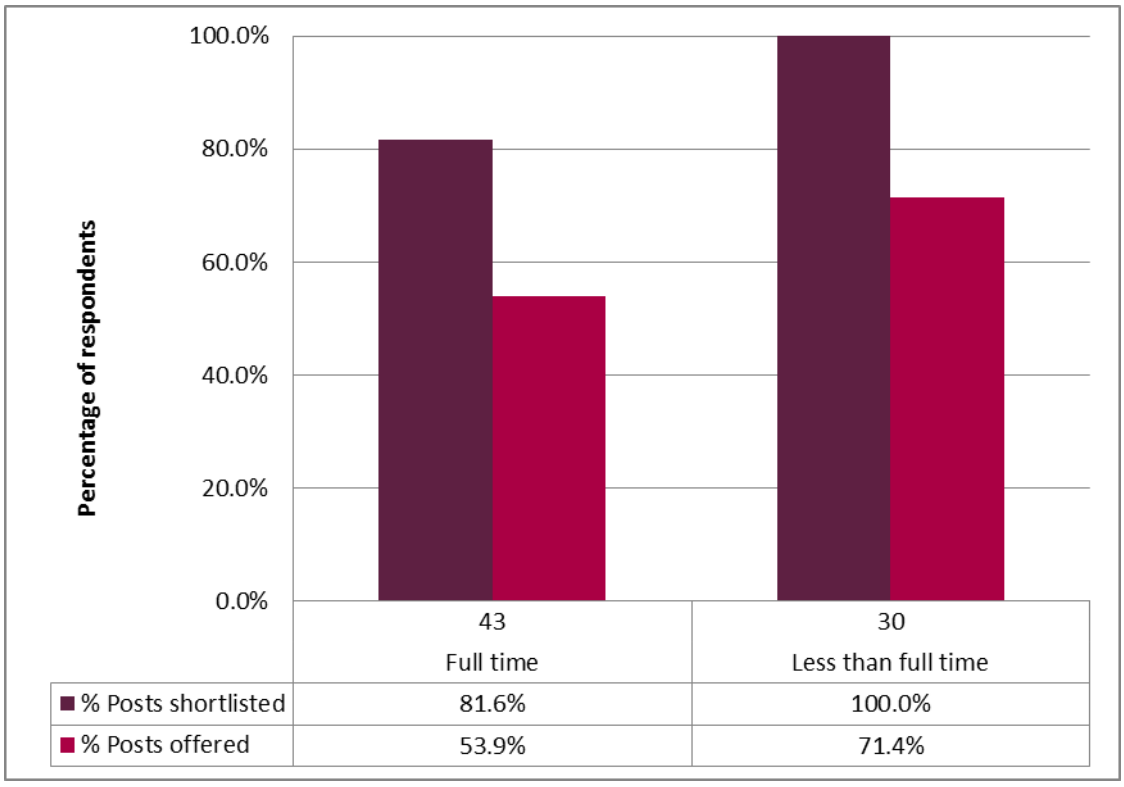
Fig 3a Success rates in being shortlisted for interview and being offered a substantive consultant post by gender



	24 Female	30 Male
% Posts shortlisted	100.0%	75.0%
% Posts offered	44.1%	33.9%

Fig 3b Success rates in being shortlisted for interview and being offered a substantive consultant post by full time or less than full time training status



	43 Full time	30 Less than full time
% Posts shortlisted	81.6%	100.0%
% Posts offered	53.9%	71.4%

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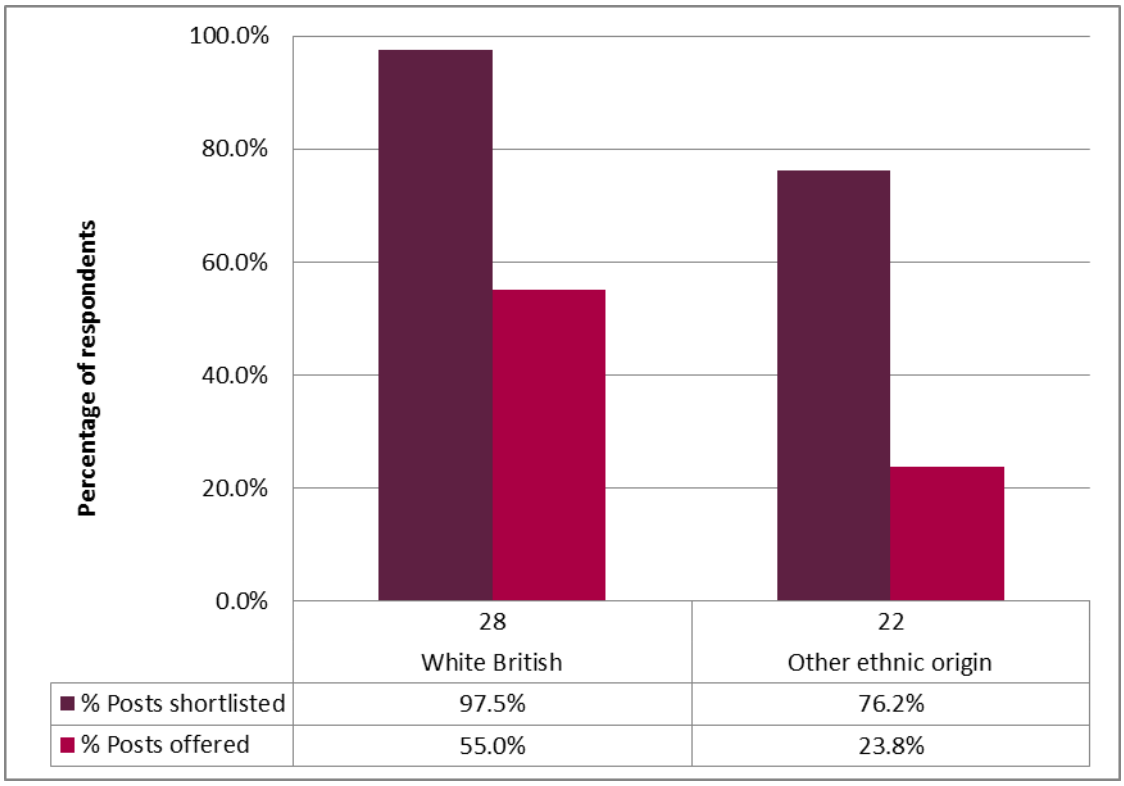
Fig 3c Success rates in being shortlisted for interview and being offered a substantive consultant post by ethnicity



	28 White British	22 Other ethnic origin
% Posts shortlisted	97.5%	76.2%
% Posts offered	55.0%	23.8%

Seven-day working

Of respondents to the survey who were in substantive posts, 41.7% take part in the acute medical take and 47.7% are involved in the care of non-speciality general medical inpatients. Respondents were asked about their support for 7-day working. If support services, including junior doctors or physician associates / clinical nurse specialists, were available at the weekend, 55% would support a 12 hours, 7 days per week service in their specialty (including a full ward round). If support services, including junior doctors or physician associates / clinical nurse specialists, were available at the weekend, 66.2% would support a 12 hours, 7 days per week service in acute internal medicine. Finally, if support services (eg phlebotomy, imaging etc) were available at the weekend, 34.7% would support a 12 hours, 7 days per week outpatient service in their specialty (including outpatient clinics at the weekend).

Quality of training in general medicine and specialty

The perceived quality of general medical training has been consistently poorer than specialty training throughout the years of the survey. However, there has also been a gradual fall in the perceived quality of CCT holders' training in their specialty (Fig 4). The proportion who report being very well trained in their specialty has steadily fallen since 2010 from 78% to 63.7%, with a coincident rise in those who report being fairly well trained (from 18.5% to 30.8%). In general medicine the pattern is less clear, with 47% reporting being very well trained in general medicine this year, only slightly lower than the peak of 52% between 2012 and 2014.

Encouragingly, 62.6% of CCT holders who trained in general medicine reported acting up during their training to undertake a post-take ward round with their consultant simply watching to give feedback, and a remarkable 97.6% recommended this to other trainees. The same opportunity should clearly be made available to all trainees in general medicine, given this ringing endorsement.

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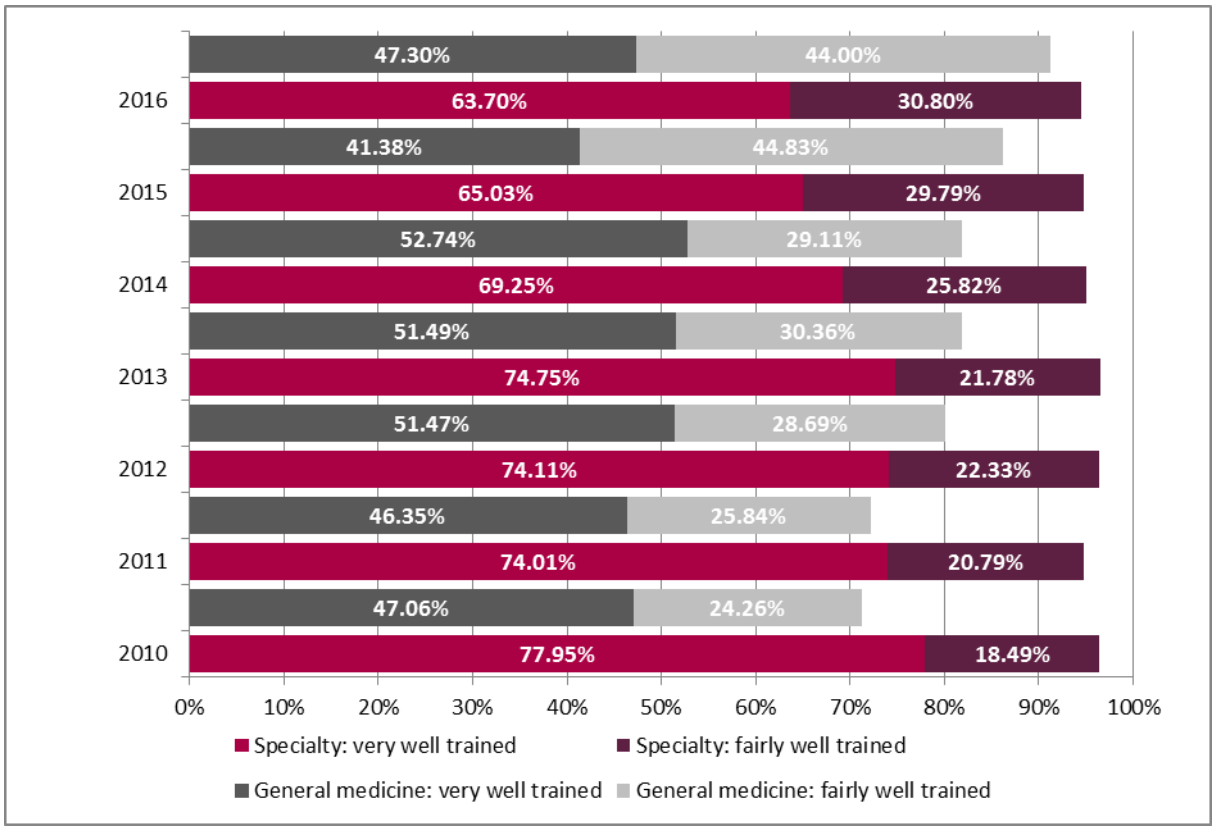
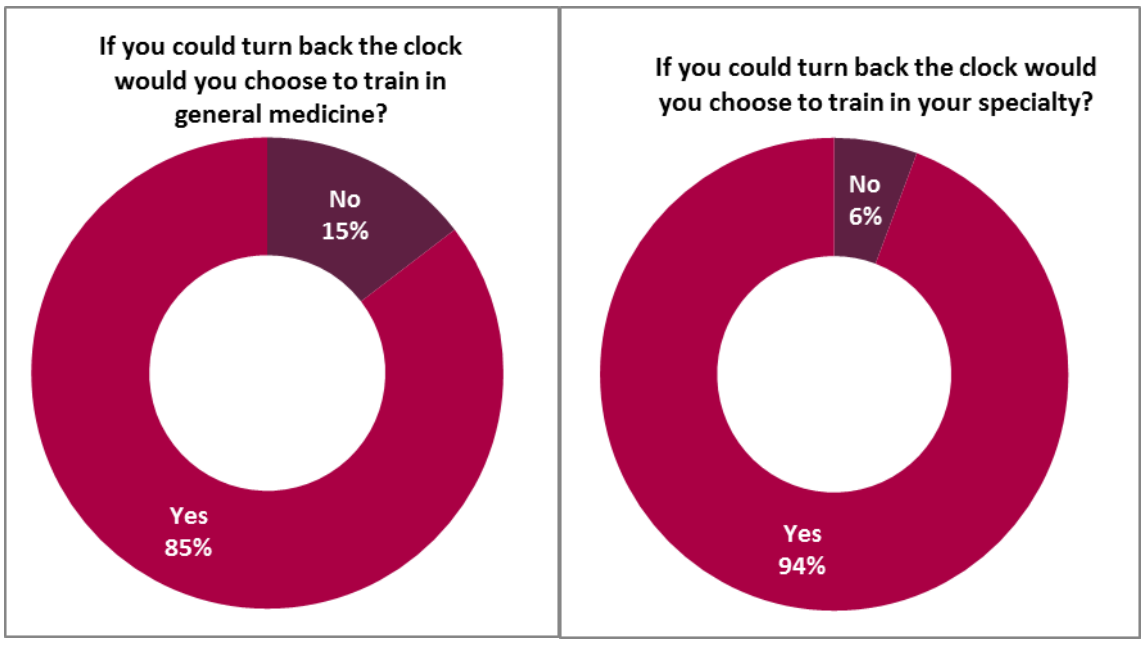
Fig 4 Reported quality of training in general internal medicine and specialty



When CCT holders were asked whether they would train again in their specialty if they could have their training period again, a reassuring 94% said they would, and 84.6% of those who trained in general medicine reported that they would train again in general medicine (Fig 5). This is a distinct improvement on last year, when only 64.7% said they would train again in general medicine, but it still implies that one in seven trainees regret training in general internal medicine.

Fig 5 If respondents had their training period again, would they train in general medicine and their speciality?



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Appendix

Table 1 Respondents according to specialty – 2016

Acute internal medicine	23
Audiovestibular medicine	1
Cardiology	34
Clinical genetics	2
Clinical neurophysiology	4
Clinical pharmacology and therapeutics	1
Dermatology	11
Endocrinology and diabetes mellitus	20
Gastroenterology	35
Genitourinary medicine	11
Geriatric medicine	36
Haematology	22
Hepatology	9
Immunology	3
Infection and tropical medicine	8
Intensive care medicine	3
Medical oncology	8
Neurology	15
Paediatric cardiology	1
Pharmaceutical medicine	7
Palliative medicine	21
Rehabilitation medicine	4
Renal medicine	24
Respiratory medicine	33
Rheumatology	22
Sport and exercise medicine	2
Stroke medicine	1
Other	1*

* Medical microbiology

Table 2 Responses to the question 'What is your current work situation?'

	2009	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**
Substantive consultant post	59.3%	59.1%	55.7%	63.2%	56.1%	57.1%	61.7%	63.3%
Locum/fixed contract consultant post	23.8%	23.4%	20.1%	18.5%	21.6%	22.8%	19.0%	15.3%
Specialist registrar in period of grace	3.0%	5.4%	6.8%	1.9%	4.0%	2.1%	0.8%	0.3%
Specialist registrar beyond period of grace	0.9%	0.5%	1.9%	0.5%	1.5%	0.7%	0.0%	0.0%
Locum registrar	0.6%	0.8%	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%
Maternity leave	1.2%	0.5%	1.2%	0.7%	1.7%	2.3%	1.8%	1.4%
Research	5.4%	2.8%	5.8%	5.3%	3.5%	2.3%	4.4%	3.1%
Overseas	4.5%	3.6%	3.6%	2.8%	4.0%	4.0%	3.1%	4.2%
Senior/clinical lecturer	4.5%	3.6%	3.6%	1.2%	1.2%	0.9%	2.6%	3.1%
Post CCT fellow / clinical fellow	–	1.5%	2.7%	3.7%	3.5%	5.4%	5.7%	4.5%
Specialty doctor	–	–	–	–	–	–	–	1.1%
Unemployed	–	–	0.7%	0.7%	0.5%	0.5%	0.3%	1.1%
Other	1.2%	0.8%	1.2%	1.6%	2.5%	1.9%	0.8%	2.5%
Number of responses	**332**	**389**	**413**	**432**	**403**	**429**	**389**	**354**

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Table 3 Responses to the question 'What is your current work situation?' by medical specialty

	Consultant (substantive)	Locum consultant	On maternity/ paternity leave	Other	Overseas – permanently	Overseas – temporarily	Post CCT fellow	Research Fellow	Senior/clinical Lecturer	Specialty doctor	SpR/StR (in period of grace)**	Unemployed	Not specified
Acute internal medicine	87.0%	8.7%	0.0%	0.0%	0.0%	4.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Audiovestibular medicine	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Cardiology	38.2%	17.6%	0.0%	0.0%	2.9%	14.7%	17.6%	0.0%	2.9%	0.0%	0.0%	0.0%	5.9%
Clinical genetics	0.0%	0.0%	0.0%	50.0%	0.0%	0.0%	0.0%	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Clinical neurophysiology	75.0%	25.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
CPT*	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%
Dermatology	72.7%	0.0%	0.0%	0.0%	0.0%	0.0%	18.2%	0.0%	0.0%	0.0%	0.0%	0.0%	9.1%
Endocrinology and diabetes	70.0%	20.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	10.0%	0.0%	0.0%	0.0%	0.0%
Gastroenterology	71.4%	14.3%	0.0%	0.0%	0.0%	0.0%	5.7%	2.9%	2.9%	0.0%	0.0%	0.0%	2.9%
Genitourinary medicine	18.2%	36.4%	0.0%	9.1%	0.0%	9.1%	0.0%	0.0%	0.0%	9.1%	0.0%	18.2%	0.0%
Geriatric medicine	72.2%	11.1%	8.3%	0.0%	0.0%	2.8%	0.0%	2.8%	0.0%	0.0%	0.0%	0.0%	2.8%
Haematology	63.6%	22.7%	4.5%	0.0%	0.0%	0.0%	4.5%	4.5%	0.0%	0.0%	0.0%	0.0%	0.0%
Hepatology	66.7%	0.0%	0.0%	11.1%	0.0%	0.0%	0.0%	0.0%	22.2%	0.0%	0.0%	0.0%	0.0%
Immunology	66.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	33.3%	0.0%	0.0%	0.0%	0.0%
Infection and tropical medicine	37.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	50.0%	12.5%	0.0%	0.0%	0.0%	0.0%
Intensive care medicine	33.3%	66.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Medical oncology	50.0%	37.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	12.5%	0.0%	0.0%	0.0%	0.0%
Neurology	66.7%	0.0%	0.0%	6.7%	0.0%	0.0%	6.7%	13.3%	6.7%	0.0%	0.0%	0.0%	0.0%
Paediatric cardiology	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Palliative medicine	61.9%	19.0%	0.0%	4.8%	9.5%	0.0%	0.0%	0.0%	0.0%	0.0%	4.8%	0.0%	0.0%
Rehabilitation medicine	75.0%	25.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Renal medicine	58.3%	12.5%	0.0%	0.0%	4.2%	4.2%	4.2%	4.2%	0.0%	4.2%	0.0%	4.2%	4.2%
Respiratory medicine	66.7%	15.2%	3.0%	0.0%	6.1%	3.0%	6.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Rheumatology	72.7%	13.6%	0.0%	0.0%	0.0%	0.0%	4.5%	0.0%	0.0%	0.0%	0.0%	0.0%	9.1%
Sport and exercise medicine	50.0%	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Stroke medicine	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

* Clinical pharmacology and therapeutics
** Specialist registrar / specialty registrar