

**UK Medical Careers Research Group  
Oxford University**

**2005 cohort of UK Medical Graduates**

**Report of First Survey, conducted in 2006**

**Report produced February 2011**

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## **Introduction**

This report describes the results of the first survey of the cohort of 5129 doctors who qualified from UK medical schools in 2005. The first mailing for this survey was completed in April 2006 and late replies were received up to November 2006.

The report outlines the main results from the first survey, focusing on career choices and plans, types of placement completed during the F1 year, experiences of those placements and enjoyment of the F1 year overall. It is not intended as an analytical report and does not seek to relate data from this cohort to that obtained from other cohorts.

We expect this report to be of interest to medical workforce planners, policymakers, researchers and others with an interest in medical careers.

## **Cohort size and response to survey**

The cohort comprises 5129 doctors (2142 men, 2987 women). Excluding from the denominator 4 who had declined to participate, and 1 who had died, the response to the first survey was 61% (3128/5124). For men the response rate was 55.1% (1181/2142), and for women was 65.3% (1947/2982).

## **Demographics**

### *Age*

The 3072 respondents who provided information on their age when beginning pre-clinical medical school had a median age of 18 years (Table 1). 59% were aged 18 or younger, 89% of respondents were 21 or less and 97% were aged 25 or younger. The oldest respondent was aged 42 years.

**Table 1: Age when started as a pre-clinical medical student**

	Men		Women		Total	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
17	48	4	88	5	136	4
18	605	51	1083	56	1688	54
19	262	22	413	21	675	22
20	57	5	75	4	132	4
21	41	4	69	4	110	4
22	40	3	67	3	107	3
23	26	2	33	2	59	2
24	22	2	17	1	39	1
25	13	1	18	1	31	1
26	8	1	13	1	21	1
27	8	1	10	1	18	1
28	8	1	9	1	17	1
29	6	1	4	0	10	0
30	5	0	4	0	9	0
31	3	0	0	0	3	0
32	1	0	3	0	4	0
33	1	0	0	0	1	0
34	2	0	1	0	3	0
35	3	0	0	0	3	0
37	1	0	0	0	1	0
38	1	0	2	0	3	0
40	0	0	1	0	1	0
42	1	0	0	0	1	0
Not Given	19	2	37	2	56	2
Total	1181	100	1947	100	3128	100

### *Ethnicity*

3099 respondents provided information on their ethnic origin. Non-white respondents comprised 29%, with Indians being the largest group, followed by Chinese, and Asian-Other (Table 2). 212 respondents were overseas students (7%) (Table 3).

**Table 2: Ethnicity**

	Men		Women		Total	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
White	740	63	1463	75	2203	70
Indian	153	13	144	7	297	10
Pakistani	47	4	45	2	92	3
Bangladeshi	11	1	15	1	26	1
Chinese	58	5	73	4	131	4
Asian-other*	61	5	62	3	123	4
Black Caribbean	5	0	3	0	8	0
Black African	22	2	16	1	38	1
Black-other*	2	0	3	0	5	0
Other*	38	3	65	3	103	3
Mixed	28	2	45	2	73	2
Not Given	16	1	13	1	29	1
Total	1181	100	1947	100	3128	100

**Table 3: Overseas students**

	Male		Female		Total	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Yes	110	9	102	5	212	7
No	1044	88	1804	93	2848	91
Not Given	27	2	41	2	68	2
Total	1181	100	1947	100	3128	100

***Location of family home at time of application to medical school***

92% of respondents (90.4% of men, 93% of women) reported that their family home at the time of their application to pre-clinical medical school was in the UK (Table 4). Respondents had lived in their family home (or near to the family home) for a median 18 years.

**Table 4: Family home**

	Men		Women		Total	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
UK	1068	90.4	1810	93.0	2878	92.0
Abroad	96	8.1	121	6.2	217	6.9
Unknown	17	1.4	16	0.8	33	1.1
Total	1181	100.0	1947	100.0	3128	100.0

*Clinical medical school*

Table 5 shows the distribution of 2005 graduates who responded to the survey one year post-graduation across medical schools.

**Table 5: Clinical medical school**

	Men		Women		Total	
	Count	Col %	Count	Col %	Count	Col %
Aberdeen	49	4.1	62	3.2	111	3.5
Birmingham	55	4.7	111	5.7	166	5.3
Bristol	38	3.2	67	3.4	105	3.4
Cambridge	35	3.0	53	2.7	88	2.8
Dundee	29	2.5	64	3.3	93	3.0
Edinburgh	58	4.9	99	5.1	157	5.0
Glasgow	43	3.6	97	5.0	140	4.5
Leeds	44	3.7	93	4.8	137	4.4
Liverpool	44	3.7	77	4.0	121	3.9
Manchester	76	6.4	136	7.0	212	6.8
Newcastle	42	3.6	87	4.5	129	4.1
Oxford	35	3.0	47	2.4	82	2.6
Sheffield	65	5.5	82	4.2	147	4.7
Cardiff	49	4.1	114	5.9	163	5.2
Imperial College	57	4.8	106	5.4	163	5.2
King`s College	76	6.4	133	6.8	209	6.7
Queen Mary and Westfield	61	5.2	57	2.9	118	3.8
St George`s	56	4.7	60	3.1	116	3.7
University College	78	6.6	112	5.8	190	6.1
Belfast	47	4.0	60	3.1	107	3.4
Nottingham	36	3.0	63	3.2	99	3.2
Southampton	45	3.8	68	3.5	113	3.6
Leicester	35	3.0	54	2.8	89	2.8
Leicester/Warwick	27	2.3	45	2.3	72	2.3
Not known	1	0.1			1	0.0
<b>Total</b>	<b>1181</b>	<b>100.0</b>	<b>1947</b>	<b>100.0</b>	<b>3128</b>	<b>100.0</b>



### Qualifications prior to medical school

12.3% of respondents had obtained professional or other post-school qualification before entering medical school. Of these, 377 doctors provided further detail of these qualifications. 40.4% had a medical-related degree, 45.1% had a science degree, 4.4% had a dental degree, 6.8% had an Arts/Humanities degree and 1.6% had a nursing or paramedical qualification (Table 6).

**Table 6: Details of qualifications prior to pre-clinical medical school**

	Men		Women		Total	
	Count	Col %	Count	Col %	Count	Col %
Dental degree/LDS	10	6.2	7	3.1	17	4.4
Medical-related degree	56	34.8	99	44.4	155	40.4
Nursing/paramedical qualification	1	0.6	5	2.2	6	1.6
Science degree/BSc	82	50.9	91	40.8	173	45.1
Arts/Humanities degree/BA	7	4.3	19	8.5	26	6.8
Not given/not applicable	5	3.1	2	0.9	7	1.8
<b>Total</b>	<b>161</b>	<b>100.0</b>	<b>223</b>	<b>100.0</b>	<b>384</b>	<b>100.0</b>

Respondents were also asked whether they had obtained any non-clinical qualifications during medical school. 43.5% had gained an intercalated degree during their time at medical school.

Table 7 combines information on qualifications gained before and/or during medical school from respondents who had replied to both questions. Men were significantly more likely to have qualifications before or during medical school than women respondents ( $p=0.001$ ).

**Table 7: Qualifications prior to and during medical school**

	Men		Women		Total	
	Count	Col %	Count	Col %	Count	Col %
Before med school	140	12.0	209	10.9	349	11.3
During med school	546	46.9	798	41.5	1344	43.5
Both	6	0.5	5	0.3	11	0.4
Neither	461	39.6	905	47.0	1366	44.3
Dental degree before	10	0.9	7	0.4	17	0.6
<b>Total</b>	<b>1163</b>	<b>100.0</b>	<b>1924</b>	<b>100.0</b>	<b>3087</b>	<b>100.0</b>

## Views of respondents on whether medical school prepared them well for work

The following statement was included in the questionnaire: 'Experience at medical school prepared me well for the jobs I have undertaken so far.' Respondents were invited to state their level of agreement on a five –point scale from 'strongly agree' to 'strongly disagree' (Table 8). The majority of respondents (57.9%) either strongly agreed or agreed with the statement. 21.1% neither agreed nor disagreed, and 20.5% of respondents disagreed or strongly disagreed that their experience at medical school had prepared them well. There were no appreciable differences between men and women in their responses.

**Table 8: Percentages of respondents agreeing that they were well prepared**

	Men		Women		Total	
	Count	Col %	Count	Col %	Count	Col %
Strongly Agree	94	8.0	104	5.3	198	6.3
Agree	596	50.5	1018	52.3	1614	51.6
Neither Agree nor Disagree	255	21.6	405	20.8	660	21.1
Disagree	197	16.7	357	18.3	554	17.7
Strongly Disagree	33	2.8	54	2.8	87	2.8
No Reply Given	6	0.5	9	0.5	15	0.5
Total	1181	100.0	1947	100.0	3128	100.0

Doctors were then asked to indicate which, if any, of the areas described in Table 9 below they did not feel well prepared. The category with the highest percentage of 'feeling unprepared' was that of administrative tasks (32.9% overall, 35.2% men, 31.5% women), closely followed by that of clinical procedures for which 26.9% of respondents did not feel well prepared (28.1% women, 24.9% men). Interpersonal skills was the area where the lowest percentage indicated that they did not feel well prepared (2.1% overall).

Respondents were further asked 'was lack of preparation a serious, medium-sized or minor problem for you?'. Only 2.4% overall felt that it was a 'serious' problem, whilst 26.1% felt it was a 'medium' problem (Table 10). The distribution of responses was very similar for men and for women.

**Table 9: Areas where respondents did not feel well prepared**

	Men		Women		Total	
	n	%	n	%	n	%
Clinical knowledge	215	18.3	325	16.8	540	17.3
Clinical procedures	293	24.9	545	28.1	838	26.9
Administrative tasks	414	35.2	610	31.5	1024	32.9
Interpersonal skills	32	2.7	34	1.8	66	2.1
Physical/emotional/mental demands	217	18.5	479	24.7	696	22.4

**Table 10: Extent to which lack of preparation was a problem**

	Men		Women		Total	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Serious	31	2.6	45	2.3	76	2.4
Medium	307	26.1	507	26.2	814	26.1
Minor	355	30.2	584	30.1	939	30.2
Not entered	482	41.0	802	41.4	1284	41.2
Total	1175	100.0	1938	100.0	3113	100.0

Note: the denominator for Tables 9 and 10 consists of respondents (n=3113) who had replied to the overall preparedness statement.

## F1 posts

Respondents were asked to provide details on their first and second F1 placements (Tables 11 and 12). 46% of survey respondents were in a medical post for their first placement, with 40% in a surgical post and 2% in general practice. The corresponding percentages for men and women were very similar. Regarding their second placement, a slightly lower percentage of doctors reported that they were in a medical post (43%), a fall of 3 percent, whilst the percentage of those in a surgical post increased by 3 percent to 43%. The percentage of those in a general practice placement dropped to 1%. In the second placement a slightly higher percentage of men were in surgery (45% compared to 42% of women), whereas a slightly higher percentage of women were in a medical post (44% compared to 42% of men). There was no difference in the percentage of men and women in general practice placements.

**Table 11: Placement Post 1**

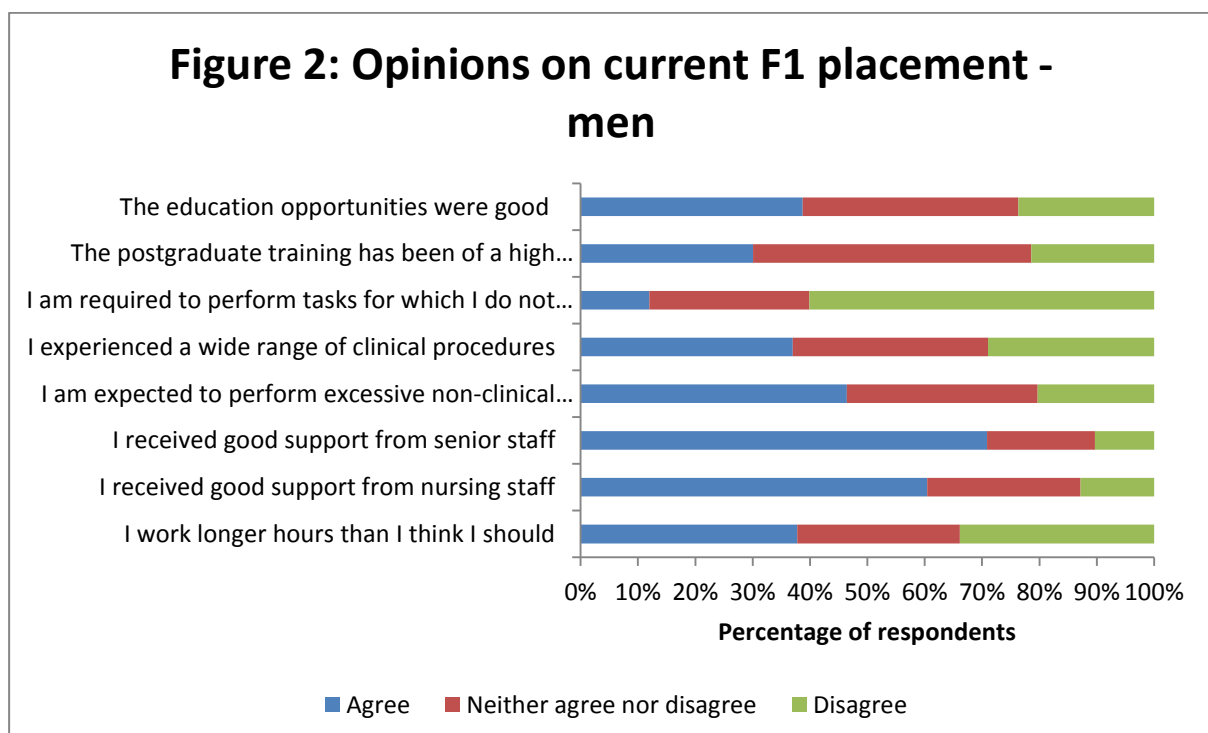
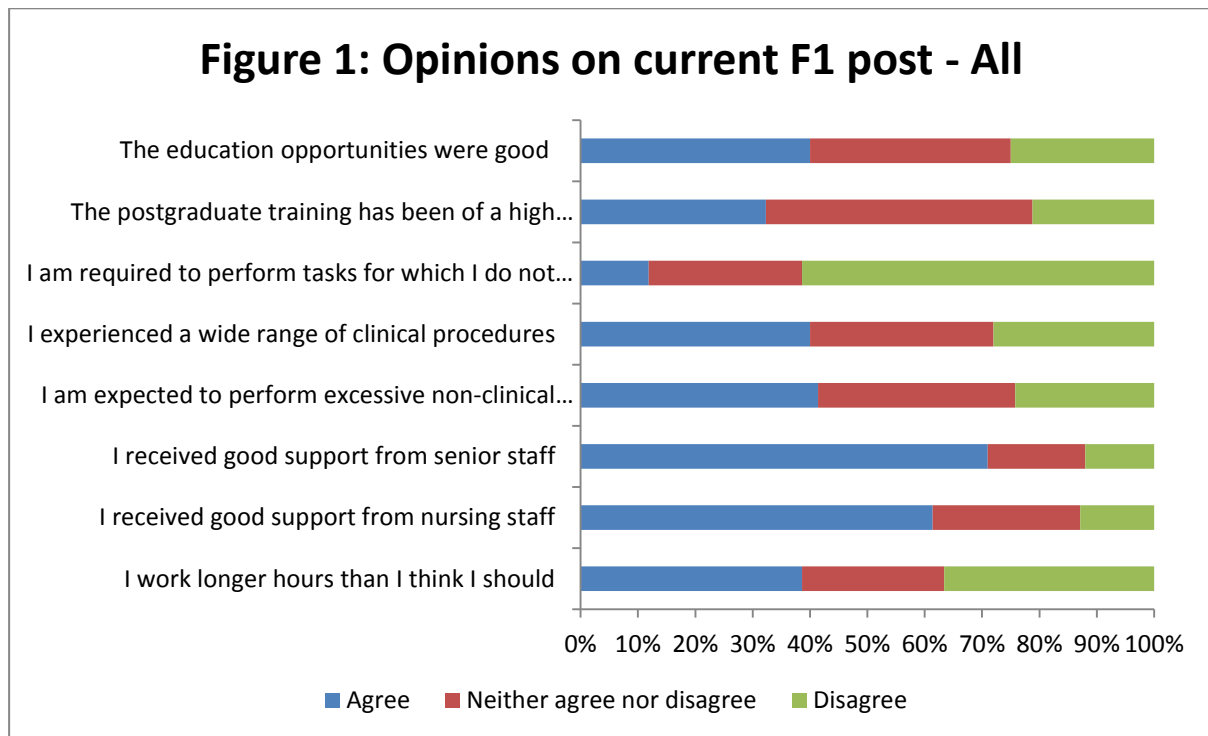
	Men		Women		Total	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Surgery	469	40	779	40	1248	40
Medicine	556	47	888	46	1444	46
GP	22	2	30	2	52	2
Not Given	134	11	250	13	384	12
Total	1181	100	1947	100	3128	100

**Table 12: Placement Post 2**

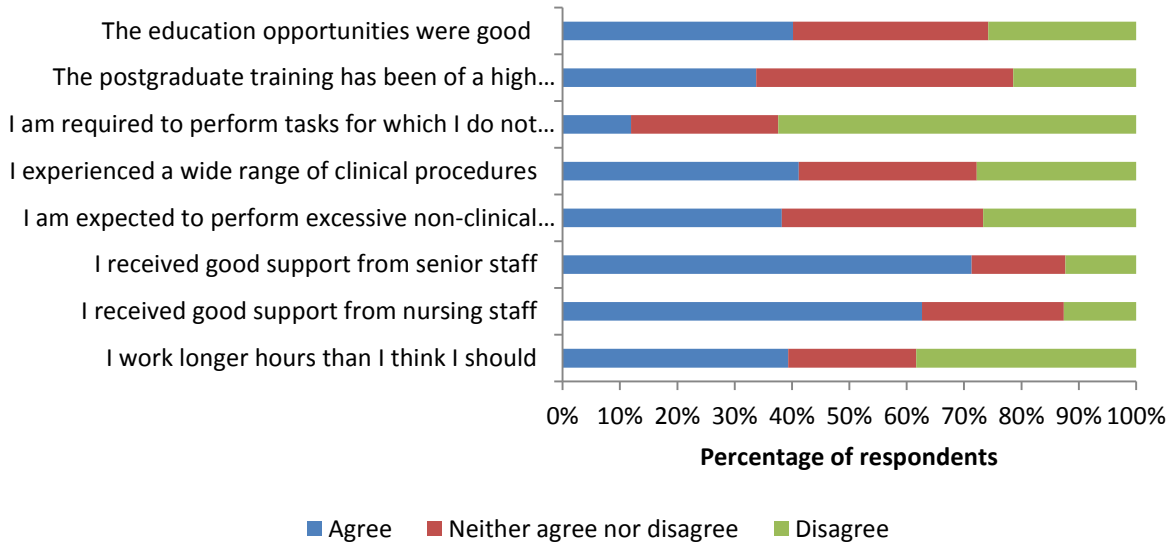
	Men		Women		Total	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Surgery	527	45	825	42	1352	43
Medicine	496	42	857	44	1353	43
GP	8	1	10	1	18	1
Not Given	150	13	255	13	405	13
Total	1181	100	1947	100	3128	100

## Opinions of F1 placements

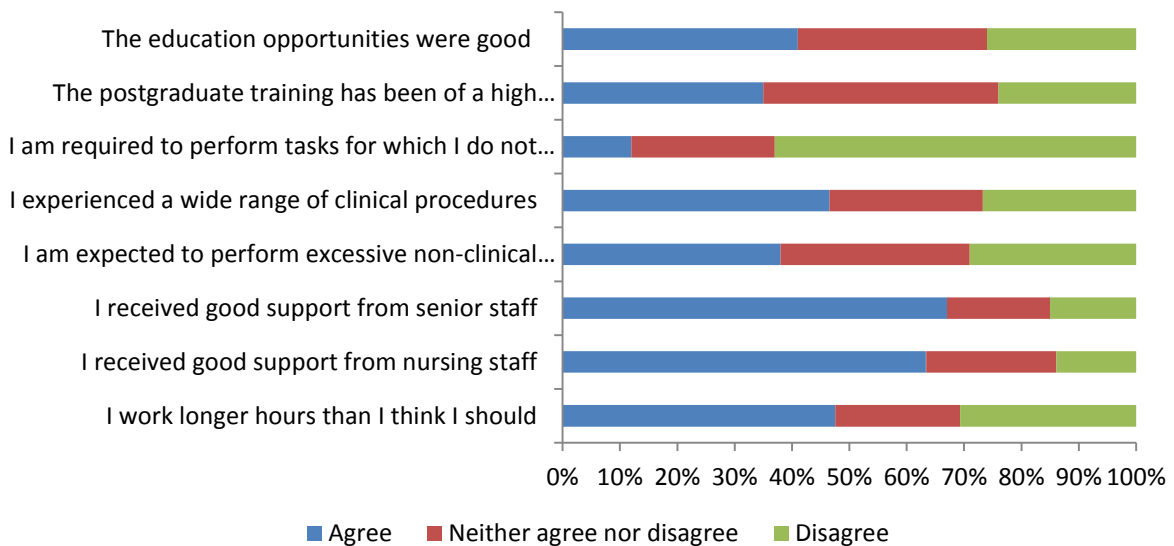
Doctors were invited to respond to a number of structured statements describing their experience in the current and preceding F1 posts. For all statements the response options were 'Agree, Neither Agree nor Disagree, Disagree'. Figures 1, 2 and 3 show the levels of agreement to the structured statements referring to the current F1 post for all respondents, then for men and women separately, Figures 4, 5 and 6 show levels of agreement with statements with reference to the preceding F1 post.



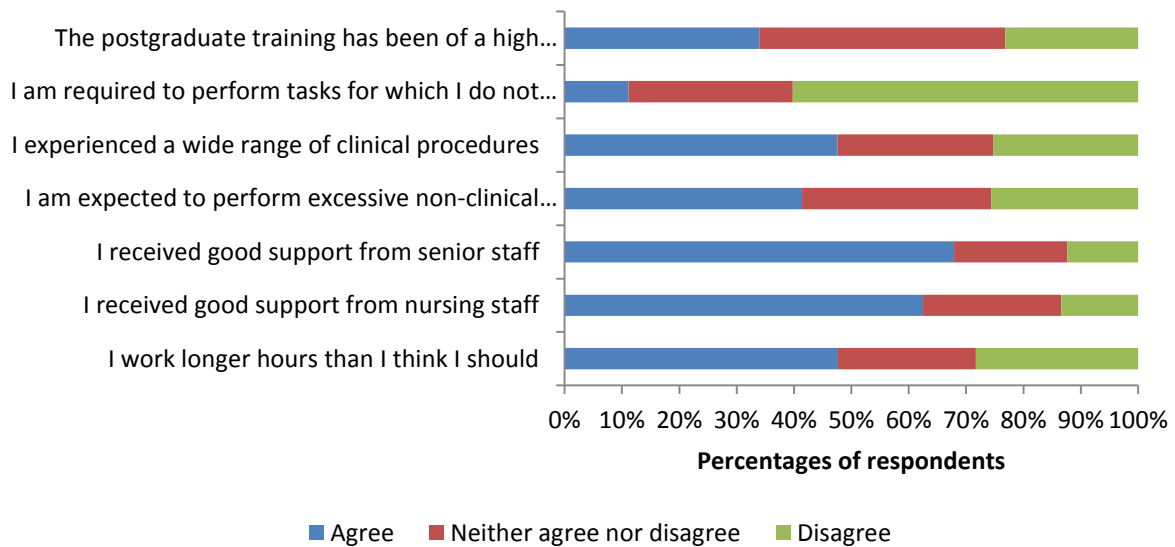
**Figure 3: Opinions of current F1 placement - women**



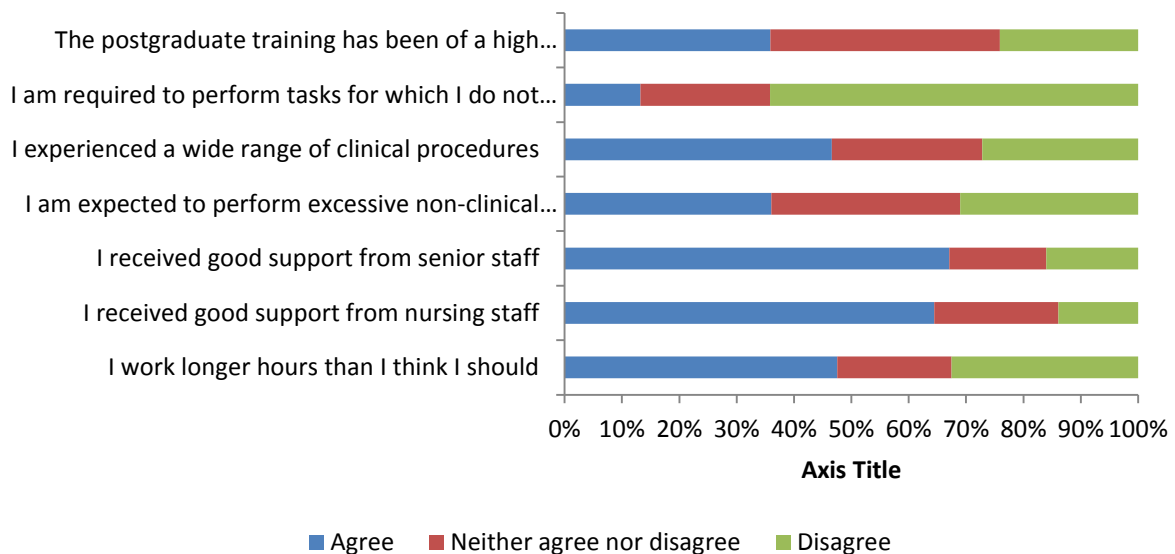
**Figure 4: Opinions of previous F1 placement - all**



**Figure 5: Opinions on previous F1 placement - men**



**Figure 6: Opinions on previous F1 placement - women**



The highest levels of agreement referring to both current and preceding posts were found for the statements 'I received good support from senior staff' (71% and 67% respectively) and 'I received good support from nursing staff' (62% and 64% respectively). In contrast, the lowest levels of agreements were found for the statement 'I am required to perform tasks for which I do not feel qualified' (62% and 63% for current and preceding posts respectively).

In their current post, a significantly higher percentage of men than women agreed that they were required to do excess non–medical tasks (46% and 38% respectively,  $p<0.001$ ). In contrast, a higher percentage of women compared to men agreed with the statements that their postgraduate training had been of a high standard (34% and 30%,  $p<0.05$ ) and that they experienced a wide range of clinical procedures (41% and 37%,  $p<0.05$ ).

According to respondents’ views on their preceding F1 post, similar differences were found between men and women regarding their agreement that they were expected to perform excess non–medical tasks (41% and 36% respectively,  $p<0.011$ ). There were no other significant differences between men and women in their respondents to the statements regarding their previous F1 post.

***Comparing current and previous posts (Table 13)***

For all respondents, for the majority of statements (with the exception of views regarding excessive non medical tasks), attitudes to current posts differed significantly to attitudes towards preceding posts, in terms of the level of agreement expressed (all  $p<0.001$ ). In a positive direction, fewer respondents agree that they had to work long hours, and a higher percentage agreed that they had received good support from both nurses and from senior staff. However, fewer respondents agreed that their educational opportunities were good, and that their postgraduate training had been of a high standard in their current post. A higher percentage also felt that they were expected to perform excessive non-clinical work, and fewer had experienced a wide range of clinical procedures in the current post compared with the previous post.

**Table 13: A comparison of percentages agreeing with statements about training and duties, for current and preceding F1 posts**

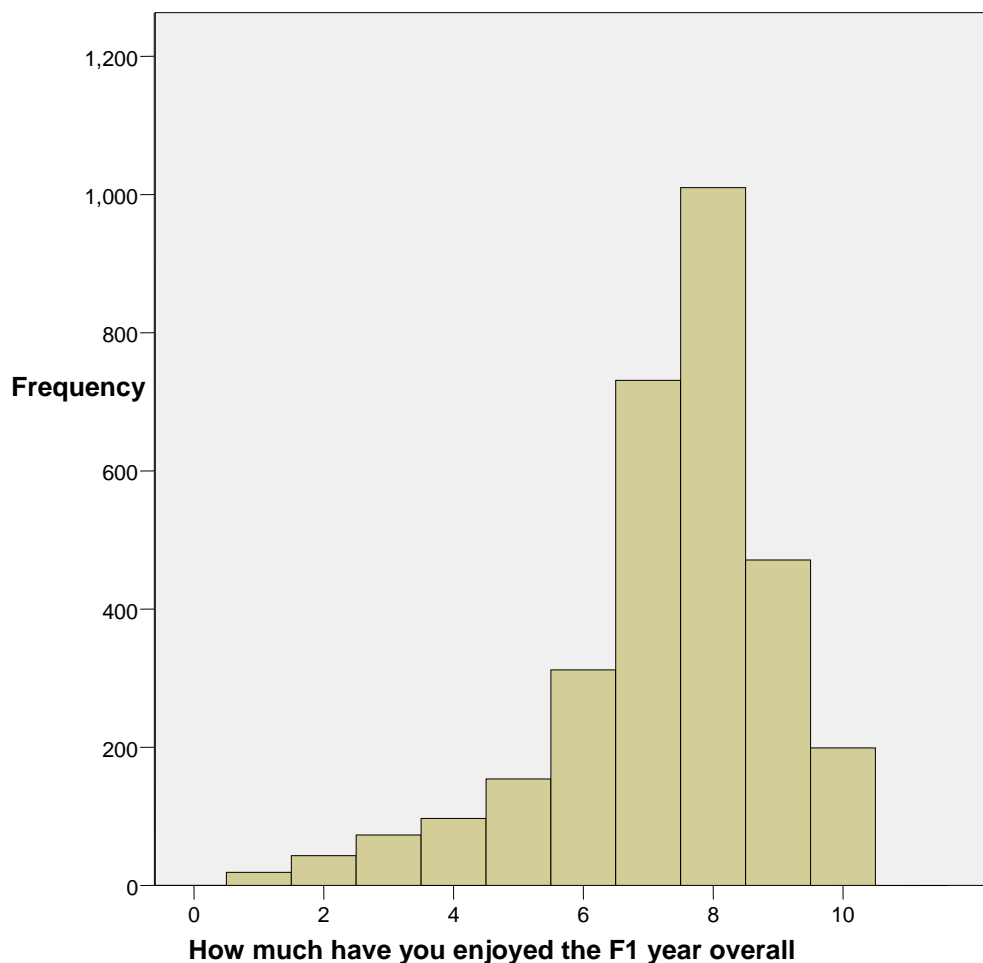
<b>Statement</b>	<b>Current F1 post</b>	<b>Preceding F1 post</b>
Good educational opportunities	39.9	41.1
Long hours	37.9	47.4
Support from nurses	63.9	61.5
Support from seniors	71.2	67.4
Excess non -medical work	41.0	38.0
Wide range of clinical procedures	39.3	47.0
High standard of training	32.6	35.2
Clinical tasks - inadequately trained	11.6	12.3

Note: Percentages are of all respondents who answered statements both for their current and preceding posts

### *Overall enjoyment of the F1 year*

Respondents were asked how much they had enjoyed the F1 year overall on a scale from 1 ('not at all') to 10 ('greatly enjoying'). Figure 7 shows respondents' distribution of scores. The median score for all respondents (and for men and women) was 8, suggesting a high level of enjoyment. Looking at the cumulative percentages for men and women combined, 12.4% scored 5 or less (suggesting low enjoyment), approximately a third (33.5%) scored 6 or 7, and over 50% (54%) scored 8, 9, or 10 (indicating a high level of enjoyment).

**Figure 7 Overall enjoyment of the F1 year.**



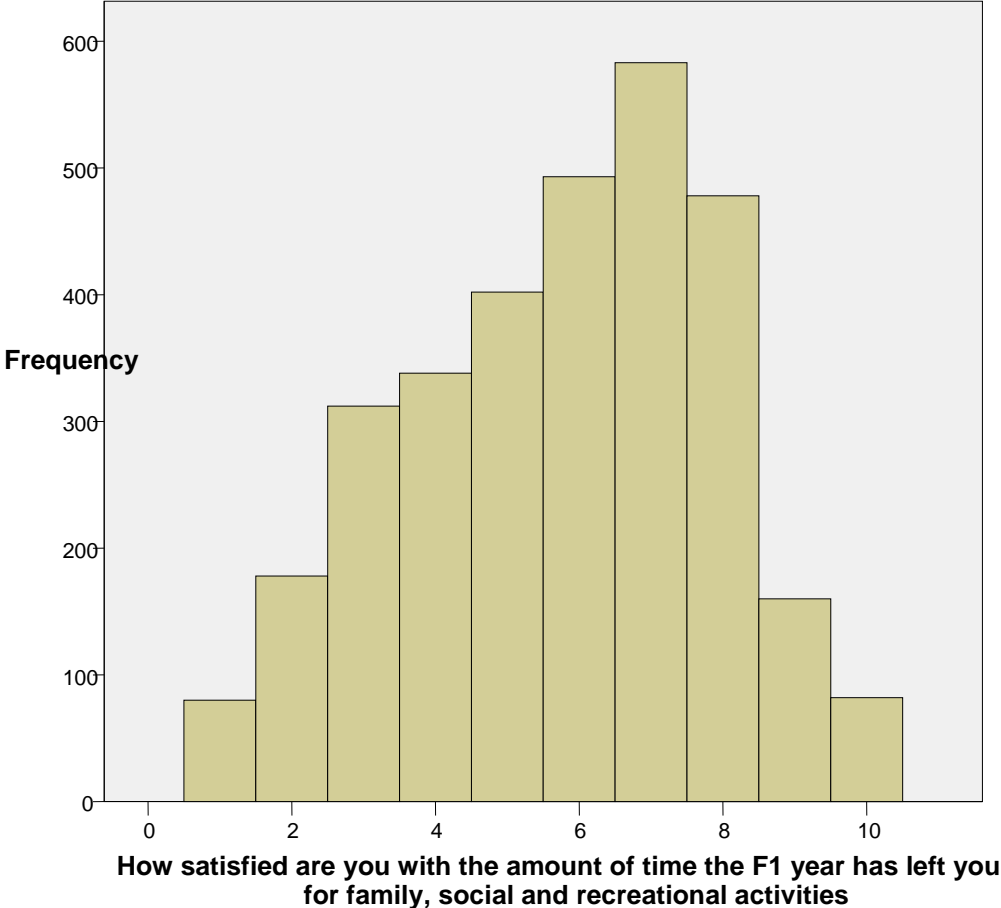
### *Satisfaction with time for family and leisure*

Respondents were also asked to what degree they were satisfied with the amount of time left by the F1 year for family, social and recreational activities, on a scale from 1 ('not at all satisfied') to 10 ('extremely satisfied'). Figure 8 shows the distribution of scores for respondents to the question. The



median score was 7. Nearly half scored 5 or less (42.2%), a third scored 6 or 7, and 28.2% scored 8, 9 or 10. There were very similar distributions of scores for both men and women respondents.

**Figure 8: Satisfaction with time for family and leisure**



## Career choices

### *Certainty of career choice*

Respondents were asked whether they had made up their minds about their choice of long-term career. At this stage, one year after graduation, only 16% were definite about their long-term choice (Table 11). The majority (51%) described their career choice as 'probable'. Women were less definite than men about their career choice (chi-squared test with 2 degrees of freedom,  $p < 0.01$ ).

**Table 14: Certainty of Career Choice**

	Men		Women		Total	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Definitely	220	19	271	14	491	16
Probably	583	49	1010	52	1593	51
Not really	370	31	652	33	1022	33
No reply given	8	1	14	1	22	1
<b>Total</b>	<b>1181</b>	<b>100</b>	<b>1947</b>	<b>100</b>	<b>3128</b>	<b>100</b>

### *First, second and third choices of long-term career*

Tables 15, 16 and 17 show the first, second, and third choices of career expressed by respondents. Choices have been grouped into mainstream specialties, then adjusted so that if a respondent gave two or more choices within one mainstream specialty (e.g. trauma and orthopaedics and general surgery), those choices became classified as an untied first choice (for surgery).

The most popular overall first choice was for general practice (27.5% across all respondents). The next highest percentage of first choices was for the hospital medical specialties (21.5%) closely followed by surgery (19.6%). For men the most popular choice was surgery (33% compared with 11.5% for women), whilst for women general practice was the most frequent first choice given (33.9% compared with 16.9% men) (Table 15).

Tables 16 and 17 show the second and third choices of respondents who gave a first choice. Overall, the hospital medical specialties were the most popular second choice (21.1%), followed by general practice (17%) for both men and women (Table 16). Only a third of respondents who provided a first choice also provided a third choice. General practice was the most popular third option provided (8.5%) followed by the hospital medical specialties (7.3%) (Table 17).

**Table 15: First choices of long-term career**

	Men		Women		Total	
	Count	Col %	Count	Col %	Count	Col %
Hospital medical specialties	254	21.9	420	21.9	674	21.9
Paediatrics	38	3.3	148	7.7	186	6.0
Accident & Emergency	57	4.9	59	3.1	116	3.8
Surgery	390	33.6	223	11.6	613	19.9
Obstetrics & Gynaecology	12	1.0	100	5.2	112	3.6
Anaesthetics	91	7.8	156	8.1	247	8.0
Radiology	23	2.0	20	1.0	43	1.4
Clinical Oncology	11	0.9	32	1.7	43	1.4
Pathology	28	2.4	28	1.5	56	1.8
Psychiatry	32	2.8	48	2.5	80	2.6
General Practice	200	17.2	660	34.5	860	28.0
Community Health	1	0.1	1	0.1	2	0.1
Public Health Medicine	6	0.5	6	0.3	12	0.4
Other Medical	11	0.9	11	0.6	22	0.7
Non-Medical	6	0.5	3	0.2	9	0.3
<b>Total</b>	<b>1160</b>	<b>100</b>	<b>1915</b>	<b>100</b>	<b>3075</b>	<b>100</b>

Note: 53 respondents did not provide a long-term career choice and are excluded from Tables 15, 16 and 17.

**Table 16: Second choices of long-term career**

	Men		Women		Total	
	Count	Col %	Count	Col %	Count	Col %
Hospital medical specialties	209	18.0	440	23.0	649	21.1
Paediatrics	21	1.8	136	7.1	157	5.1
Accident & Emergency	108	9.3	103	5.4	211	6.9
Surgery	91	7.8	99	5.2	190	6.2
Obstetrics & Gynaecology	12	1.0	90	4.7	102	3.3
Anaesthetics	97	8.4	120	6.3	217	7.1
Radiology	46	4.0	43	2.2	89	2.9
Clinical Oncology	11	0.9	25	1.3	36	1.2
Pathology	19	1.6	30	1.6	49	1.6
Psychiatry	24	2.1	44	2.3	68	2.2
General Practice	182	15.7	342	17.9	524	17.0
Community Health			3	0.2	3	0.1
Public Health Medicine	8	0.7	5	0.3	13	0.4
Other Medical	6	0.5	13	0.7	19	0.6
Non-Medical	7	0.6	1	0.1	8	0.3
Not in Paid Employment			1	0.1	1	0.0
Unknown	319	27.5	420	21.9	739	24.0
<b>Total</b>	<b>1160</b>	<b>100</b>	<b>1915</b>	<b>100</b>	<b>3075</b>	<b>100</b>

**Table 17: Third choices of long-term career**

	Men		Women		Total	
	Count	Col %	Count	Col %	Count	Col %
Hospital medical specialties	70	6.0	156	8.1	226	7.3
Paediatrics	15	1.3	59	3.1	74	2.4
Accident & Emergency	31	2.7	51	2.7	82	2.7
Surgery	40	3.4	41	2.1	81	2.6
Obstetrics & Gynaecology	4	0.3	60	3.1	64	2.1
Anaesthetics	34	2.9	51	2.7	85	2.8
Radiology	27	2.3	17	0.9	44	1.4
Clinical Oncology	6	0.5	9	0.5	15	0.5
Pathology	7	0.6	22	1.1	29	0.9
Psychiatry	17	1.5	19	1.0	36	1.2
General Practice	102	8.8	160	8.4	262	8.5
Community Health			3	0.2	3	0.1
Public Health Medicine	6	0.5	10	0.5	16	0.5
Other Medical	9	0.8	11	0.6	20	0.7
Non-Medical	14	1.2	10	0.5	24	0.8
Not in Paid Employment			1	0.1	1	0.0
Unknown	778	67.1	1235	64.5	2013	65.5
<b>Total</b>	<b>1160</b>	<b>100.0</b>	<b>1915</b>	<b>100.0</b>	<b>3075</b>	<b>100.0</b>

### *Tied choices*

The survey asks respondents to indicate whether any of the choices they describe are of equal preference. These are termed 'tied choices'. 25% of respondents (771/3128) gave a tied choice (24.1% women and 25.5% men).

Adjusting the number of tied choices for choice occurring within the same mainstream (so that choices are grouped within the same mainstream specialty they become one untied choice) the percentage of untied choices increase to 79.5% overall (2488/3128) with no appreciable difference between men and women (79.9% and 79.3% respectively).

### *Rejected career choices*

Respondents were asked whether there was a choice of long-term career in medicine which they had seriously considered but had now decided not to pursue. 27% of survey respondents (27.7% men, 26.5% women) told us that they had, whilst approximately two thirds (68.7%) of respondents had not rejected a career choice at this stage, and 4.3% gave no response to the question. Table 15 shows the rejected career choices as described by respondents and grouped into mainstream specialties. The most commonly rejected specialties were surgery (rejected by 37.4%) and the hospital medical specialties (rejected by 24.8%). This applied both to men and women, but a higher percentage of men had rejected surgery (41.9%) than women (34.5%). Other mainstream specialties rejected by a substantial proportion of women were paediatrics and obstetrics & gynaecology (both 10.1%) and general practice (5.0%). For men who had rejected a career choice, A&E (7.3%), followed by general practice (4.9%), paediatrics (4.6%) and psychiatry (4.0%) were the other main rejected specialty groups.

**Table 18: Mainstream choices of careers once seriously considered but now rejected**

	Men		Women		Total	
	Count	Col %	Count	Col %	Count	Col %
Hospital medical	78	23.9	131	25.4	209	24.8
Paediatrics	15	4.6	52	10.1	67	7.9
Accident & Emergency	24	7.3	19	3.7	43	5.1
Surgery	137	41.9	178	34.5	315	37.4
Obstetrics & Gynaecology	8	2.4	52	10.1	60	7.1
Anaesthetics	9	2.8	15	2.9	24	2.8
Radiology	3	0.9			3	0.4
Clinical Oncology	2	0.6	5	1.0	7	0.8
Pathology	5	1.5	10	1.9	15	1.8
Psychiatry	13	4.0	15	2.9	28	3.3
General Practice	16	4.9	26	5.0	42	5.0
Other Medical Specialties	10	3.1	11	2.1	21	2.5
Non-Medical	4	1.2	1	0.2	5	0.6
Not given	3	0.9	1	0.2	4	0.5
<b>Total</b>	<b>327</b>	<b>100.0</b>	<b>516</b>	<b>100.0</b>	<b>843</b>	<b>100.0</b>

## Career plans

### *Intentions to practise in the UK*

Respondents were asked a series of questions on their intentions to practice medicine in the UK and the NHS. Table 19 summarises the responses to these questions with reference to the specific question, and with reference to the overall response to the 2006 survey.

Approximately three-quarters of respondents to the question definitely or probably intended to practise medicine in the UK for the foreseeable future (Table 19); 15% were undecided and 8% definitely or probably did not intend to do so. There were no significant differences according to sex.

Of those who did not say they were definitely intending to practise medicine in the UK for the foreseeable future, 84% said they were considering practising medicine abroad, whilst 14% were considering leaving medicine. A significantly higher percentage of women than men was considering practising medicine abroad (86% and 80% respectively,  $p < 0.01$ ).

**Table 19: Career plans**

	<i>Number</i>	<i>% of respondents to question</i>	<i>% of overall response</i>
Responders to survey	3128	100	100
<b>Intention to practice medicine in the UK</b>	3122	100	99.8
Yes, definitely	1084	34.7	34.7
Yes, probably	1322	42.3	42.3
Undecided	464	14.9	14.8
No, probably not	200	6.4	6.4
No, definitely not	52	1.7	1.7
<b>Considerations of those not Definitely intent on remaining in UK medicine</b>	2038	100	65.2
Considering medicine abroad	1703	83.6	54.4
Considering leaving medicine, remaining in the UK	226	11.1	7.2
Considering leaving medicine and the UK	65	3.2	2.1

Respondents were also asked what combination of clinical work they intended to work mainly in, if they intended to practise medicine. Details are shown in Table 20. The most popular combinations were clinical posts with some research time (39%) followed by clinical academic posts (36.6%). Within doctors who responded to this question, there were significant differences between men and women in their chosen options. Men were more likely to select clinical service posts without teaching or research or clinical academic posts, whereas women were more likely to choose clinical posts with some research time (chi-squared with 5 degrees of freedom,  $p < 0.001$ ).

**Table 20: long-term career intentions within medicine**

	Men		Women		Total	
	Count	Col %	Count	Col %	Count	Col %
Clinical service posts without teaching or research	73	6.2	55	2.8	128	4.1
Clinical posts with some teaching responsibility	35	3.0	61	3.1	96	3.1
Clinical posts with some research time	390	33.0	834	42.8	1224	39.1
Clinical posts with some teaching and research	55	4.7	69	3.5	124	4.0
Clinical academic posts	466	39.5	678	34.8	1144	36.6
Undecided	127	10.8	204	10.5	331	10.6
Not entered	35	3.0	46	2.4	81	2.6
<b>Total</b>	<b>1181</b>	<b>100</b>	<b>1947</b>	<b>100</b>	<b>3128</b>	<b>100</b>

## **Appendix – The Questionnaire**



**UK Medical Careers Research Group, Oxford University**  
**2006 Survey of the Career Choices and Experiences of Doctors Who Qualified in 2005**

Please write as clearly as possible in the boxes.  
 Please put a cross in the box that gives your answer :     
 OR print numbers :  3  9  9  
 If you make a mistake, shade out the box and mark the correct one.

**Your career choices**

1. Have you made up your mind about your choice of long-term career? (Mark X in one box)

Definitely  Probably  Not really

2. What is your choice of long-term career?

Please list up to 3 choices in order of preference. Please give your choice of specialty or subspecialty. Be as specific or as general as you wish. Where choices are of equal preference, please mark X in the boxes adjacent to those choices, otherwise leave blank.

1		Of equal preference?	<input type="checkbox"/>
2			<input type="checkbox"/>
3			<input type="checkbox"/>

**Your career plans**

3. Apart from temporary visits abroad, do you intend to practise medicine in the United Kingdom for the foreseeable future? (Mark X in one box)

Yes-definitely  Yes-probably  Undecided  No-probably not  No-definitely not

If you did not answer 'Yes-definitely', are you considering (Mark X)

practising medicine abroad  leaving medicine but remaining in the UK  leaving medicine and leaving the UK

If you did not answer 'Yes-definitely', are there changes to medical practice in the UK that would, if made, increase your commitment to it?

4. Is there a choice of long-term career in medicine which you have seriously considered but have now decided not to pursue? (Mark X)

Yes  No

If Yes, what was that choice?

What is your most important reason for rejecting that choice?

5. a) Have you applied for an academic F2 placement? (Mark X)

Yes  No

b) If yes, has your application been successful? (Mark X)

Yes  No  Don't know

c) After F2, do you intend to apply for an academic training post? (Mark X)

Yes, academic specialist  Yes, academic GP  No  Undecided

6. If you intend to practise medicine, in your long-term career do you intend to work mainly in: (Mark X)

Clinical academic posts	<input type="checkbox"/>	Clinical service posts without teaching or research	<input type="checkbox"/>
Clinical posts with some teaching responsibility	<input type="checkbox"/>	Clinical posts with some research time	<input type="checkbox"/>
Clinical posts with some teaching and research	<input type="checkbox"/>	Undecided	<input type="checkbox"/>
Other (please describe)	<input type="text"/>		

7. How much do you agree with the following statement: (Mark X in one box)

**My experience at medical school prepared me well for the jobs I have undertaken so far**

strongly agree  agree  neither agree nor disagree  disagree  strongly disagree

If you **did not** answer 'strongly agree' or 'agree':

(a) Please indicate any areas from the list below for which you did not feel well prepared: (Mark X)

Clinical knowledge	<input type="checkbox"/>	Clinical procedures	<input type="checkbox"/>	Administrative tasks	<input type="checkbox"/>
Interpersonal skills	<input type="checkbox"/>	Physical/emotional/mental demands	<input type="checkbox"/>		

(b) Was lack of preparation a serious, medium-sized or minor problem for you? (Mark X in one box)

Serious  Medium  Minor

Please add any comments that you wish to convey on these topics on the last page of the questionnaire.

**Your current and previous First Foundation Year (F1) placements**

8. Please give details below of your current F1 placement, and the placement which immediately preceded it

	Specialty (Mark X in one box, OR enter specialty name)				Duration (months)
Current placement	Surgery <input type="checkbox"/>	Medicine <input type="checkbox"/>	GP <input type="checkbox"/>	Other: <input type="text"/>	<input type="text"/>
Previous placement	Surgery <input type="checkbox"/>	Medicine <input type="checkbox"/>	GP <input type="checkbox"/>	Other: <input type="text"/>	<input type="text"/>

Below we ask for details of your experiences in your **current F1** placement and in the **F1 placement which immediately preceded it**. Please consider each statement and, for each placement, mark (with X) the response which most accurately reflects your own opinion. Although it may be difficult to make a choice, please answer every statement.

**For all statements A=Agree, N=Neither agree nor disagree, D=Disagree.**

	Current F1 placement			Preceding F1 placement		
	A	N	D	A	N	D
I worked longer hours than I think I should	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I received good support from nursing staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I received good support from senior doctors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was expected to perform too much routine non-medical work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I gained experience of a wide range of clinical procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had to perform clinical tasks for which I felt inadequately trained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training was of a high standard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The educational opportunities were good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Enjoyment of the F1 year as a whole**

9. **Job enjoyment and lifestyle** For the following two questions please respond by placing an X in the box next to the score which you think most accurately reflects your opinion about the **F1 year overall** (so far).

a) **How much have you enjoyed the F1 year overall on a scale from 1 (didn't enjoy it at all) to 10 (enjoyed it greatly)?**

1 2 3 4 5 6 7 8 9 10  
Not enjoyed it at all Enjoyned it greatly

b) **How satisfied are you with the amount of time the F1 year has left you for family, social and recreational activities, on a scale from 1 (not at all satisfied) to 10 (extremely satisfied)?**

1 2 3 4 5 6 7 8 9 10  
Not at all satisfied Extremely satisfied

**Background information**

10. Which was your medical school?

Clinical [ ]

Pre-clinical (if different) [ ]

11. How old were you when you started as a pre-clinical medical student? [ ] years

12. Where did you live at the time of your application to medical school? [ ]

Give the UK county (if known), otherwise the name of the nearest town or city. If outside the UK, give the country.

How many years had you lived there (or near there)? [ ] years

13. Were you an overseas-based student (as defined by level of fees paid) during your time at medical school in the UK? (Mark X) Yes [ ] No [ ]

14. Did you have a degree before entering medical school? (Mark X) Yes \* [ ] No [ ]

\* Please give details of degree(s) and subject(s) [ ]

15. Did you obtain a degree during medical school? (Exclude your primary medical qualification, e.g. MB, ChB, Mark X)

Yes-BSc, BA, BMedSci [ ] Yes-Other e.g. PhD\* [ ] No [ ]

\* Please give details of degree(s) and subject(s) [ ]

16. Sex (Mark X) Male [ ] Female [ ]

17. Date of birth [ ] [ ] [ ] [ ] [ ] [ ]

18. Which of the following best describes your ethnic origin? (Mark X in one box)

White [ ] Indian [ ] Pakistani [ ] Bangladeshi [ ]  
Chinese [ ] Asian-other\* [ ] Black Caribbean [ ] Black African [ ]  
Black-other\* [ ] Mixed\* [ ] Other\* [ ]

\* Please specify [ ]

**Additional Comments**

Please give us **comments**, if you wish, on **any aspect** of your training or work. We are interested, for example, in any comments about (a) medical school experience, (b) foundation year experience, (c) future career choice or job prospects, (d) working in medicine. Use continuation sheets if you wish. We summarise the views of respondents and report on them to policy-makers and in publications, in ways that ensure that individuals cannot be identified. **Your individual comments will remain confidential** to researchers in the UK Medical Careers Research Group.

***Thank you very much indeed for your help.***  
***Please return this questionnaire to:*** UK Medical Careers Research Group, Oxford University,  
Old Road Campus, Old Road, Oxford OX3 7BR