UK Medical Careers Research Group Oxford University

Cohort of UK Medical Graduates who qualified in 2000

Report of Fifth Survey, conducted in 2012

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Introduction

This report describes the results of the fifth survey of the cohort of 4428 doctors who qualified from UK medical schools in 2000. The 2000 cohort has been surveyed previously on four occasions, in 2001, 2003, 2005 and 2007. The first mailing for this survey was completed in June 2012, and late replies were received up to April 2013.

This report describes the main results from the fifth survey, focusing on the current employment of the respondents, their career choices, future career plans and their views about their working conditions, support, training and careers advice. It also contains some information about their views and attitudes. This is a descriptive report of the doctors' responses; and we do not draw conclusions in it. Comments and conclusions will be published in due course in a paper.

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 4428 doctors (2170 men, 2258 women). We were able to obtain contact details for 3715 of the original graduating cohort of 4428 (83.9%). Of these, 2230 responded, 1456 did not, and 29 declined to participate. Excluding those who did not participate, the response rate was 60.5% (2230/3686). 2211 of the respondents had replied to at least one of our previous four surveys and 19 were first-time respondents.

For men the response rate was 60.6% (1032/1702), and for women 60.4% (1198/1984).

Demographics

Age

The median age of respondents on 31st October 2012 was 36.4 years (men 36.5, women 36.3).

Domestic situation

85.9% were living with a spouse or partner (men 86.7%, women 85.2%). 70.3% had children under 16 years of age (men 70.8%, women 69.8%), and 10.7% had dependent adults living with them (men 10.3%, women 11.1%).

Posts held in October 2012

To enable all respondents to be compared at the same career stage, we used information provided on posts held to produce a record for each respondent of the post they held in October 2012. At that date, 88.9% of the respondents were in medicine in the UK NHS and Universities (men 88.3%, women 89.4%), and 5.8% were practising medicine abroad (men 7.2%, women 4.6%). Focussing only on those doctors who were working in the NHS or in UK universities (N=1982), 29.6% were in Hospital senior grades (men 34.9%, women 25.0%), and 20.8% were GP principals (men 21.2%, women 20.5%). Tables 1-3 give a fuller breakdown of the current posts of respondents.

	Ma	Male		ale	Tot	al
	Count	%	Count	%	Count	%
UK NHS and Universities	911	88.3%	1071	89.4%	1982	88.9%
UK Armed Forces	22	2.1%	10	0.8%	32	1.4%
UK Other Public Sector	2	0.2%	2	0.2%	4	0.2%
UK Private Sector Medical	6	0.6%	10	0.8%	16	0.7%
UK Non-Medical	6	0.6%	6	0.5%	12	0.5%
UK Not in paid employment	4	0.4%	33	2.8%	37	1.7%
Abroad Medical	74	7.2%	55	4.6%	129	5.8%
Abroad Non-medical	0	0.0%	1	0.1%	1	0.0%
Abroad Not in paid employment	0	0.0%	2	0.2%	2	0.1%
Unknown	7	0.7%	6	0.5%	13	0.6%
Total	1032	100.0%	1198	100.0%	2230	100.0%

Table 2: Grade of posts held in October 2012: responders in NHS and UK Universities

	Male	9	Fema	le	Tota	1
	Count	%	Count	%	Count	%
Hospital senior grades	318	34.9%	268	25.0%	586	29.6%
Hospital non-consultant	2	0.2%	2	0.2%	4	0.2%
Hospital training grades	257	28.2%	242	22.6%	499	25.2%
Hospital other	14	1.5%	26	2.4%	40	2.0%
GP principals	193	21.2%	220	20.5%	413	20.8%
GP other career grades	65	7.1%	233	21.8%	298	15.0%
GP training grades	1	0.1%	12	1.1%	13	0.7%
Community Health senior grades	0	0.0%	2	0.2%	2	0.1%
Public Health senior grades	0	0.0%	2	0.2%	2	0.1%
Public Health training grades	2	0.2%	6	0.6%	8	0.4%
Academics lecturers*	25	2.7%	24	2.2%	49	2.5%
Academics training grades*	12	1.3%	14	1.3%	26	1.3%
Academics others*	20	2.2%	16	1.5%	36	1.8%
No reply given	2	0.2%	2	0.2%	4	0.2%
Other	0	0.0%	2	0.2%	2	0.1%
Total	911	100.0%	1071	100.0%	1982	100.0%

* This may be an underestimate: in this survey we simply asked doctors to state their grade, and some academics may have provided only their honorary NHS grade and will appear under another category.

	Ma	le	Ferr	nale	To	tal
	Count	%	Count	%	Count	%
Medical Specialties	162	17.8%	182	17.0%	344	17.4%
Paediatrics	35	3.8%	69	6.4%	104	5.2%
Emergency medicine	36	4.0%	23	2.1%	59	3.0%
General Surgery	21	2.3%	13	1.2%	34	1.7%
Other Surgical	176	19.3%	54	5.0%	230	11.6%
Obs. & Gynae.	5	.5%	23	2.1%	28	1.4%
Anaesthetics	86	9.4%	69	6.4%	155	7.8%
Radiology	34	3.7%	39	3.6%	73	3.7%
Clinical Oncology	13	1.4%	23	2.1%	36	1.8%
Pathology	18	2.0%	38	3.5%	56	2.8%
Psychiatry	57	6.3%	58	5.4%	115	5.8%
General Practice	260	28.5%	465	43.4%	725	36.6%
Community Health	0	.0%	3	.3%	3	.2%
Public Health Medicine	4	.4%	8	.7%	12	.6%
Other Medical Specialties	2	.2%	4	.4%	6	.3%
Two or more specialties	1	.1%	0	.0%	1	.1%
Unknown	1	.1%	0	.0%	1	.1%
Total	911	100.0%	1071	100.0%	1982	100.0%

Table 3: Specialty group of posts held in October 2012: responders in NHS and UK Universities

Career plans

Employment situation at the time of responding to the survey

At the time they responded to the survey, 90.8% of respondents were working in medicine in the UK (men 90.9%; women 90.8%), 6.1% were practising medicine abroad (men 7.4%, women 5.0%), 1.2% were working outside medicine (men 1.3%, women 1.2%) and 1.8% were not in paid employment (men 0.5%, women 3.0%).

Intention to practise medicine in the UK

Respondents were asked a series of questions on their intentions to practise medicine in the UK. Table 4 summarises the responses to these questions.

		% of
	Number	respondents to
De en en dens (e europe	Number	question
Responders to survey	2230	100
Intention to practise medicine in the UK for the		
foreseeable future	2006	100.0%
Yes, definitely	1329	66.3%
Yes, probably	523	26.1%
Undecided	87	4.3%
No, probably not	37	1.8%
No, definitely not	30	1.5%
Considerations of those not Definitely intent on		
remaining in UK medicine	677	100.0%
Considering medicine abroad	466	68.8%
Considering leaving medicine, remaining in the UK	236	34.9%
Considering leaving medicine and the UK	38	5.6%
Considerations of those working in medicine		
abroad - do you plan to return to UK medicine?	132	100.0%
Yes, definitely	25	18.9%
Yes, probably	17	12.9%
Undecided	24	18.2%
No, probably not	40	30.3%
No, definitely not	26	19.7%
Considerations of those working outside		
medicine or not in paid employment - do you		
plan to return to UK medicine?	63	100.0%
Yes, definitely	16	25.4%
Yes, probably	8	12.7%
Undecided	6	9.5%
No, probably not	24	38.1%
No, definitely not	9	14.3%

Table 4: Intention to practise medicine in the UK

Career choices

Respondents were asked whether they viewed their current specialty/employment type as their final choice of career, 80.3% responded 'definitely' (84.9% of men, 76.3% of women), 16.6% responded 'probably', and 3.1% responded "not really". Table 5 gives details of current specialties for those doctors who were unsure about their choice of long-term career (N=435). Table 6 gives the alternative specialty which 360 of these doctors are considering as their final choice of long-term career.

	Mal	е	Fem	ale	Total		
	Count	%	Count	%	Count	%	
Medical Specialties	26	17.1%	43	15.5%	69	16.1%	
Paediatrics	6	3.9%	14	5.1%	20	4.7%	
Emergency Medicine	11	7.2%	9	3.2%	20	4.7%	
Surgical specialties	15	9.9%	9	3.2%	24	5.6%	
Obstetrics & Gynae.	0	.0%	2	.7%	2	.5%	
Anaesthetics	9	5.9%	8	2.9%	17	4.0%	
Radiology	1	.7%	6	2.2%	7	1.6%	
Clinical Oncology	2	1.3%	6	2.2%	8	1.9%	
Pathology	1	.7%	6	2.2%	7	1.6%	
Psychiatry	16	10.5%	13	4.7%	29	6.8%	
General Practice	52	34.2%	131	47.3%	183	42.7%	
Community Medicine	0	.0%	3	1.1%	3	.7%	
Public Health Medicine	3	2.0%	6	2.2%	9	2.1%	
Other Medical Specialties	7	4.6%	8	2.9%	15	3.5%	
Non-Medical	2	1.3%	7	2.5%	9	2.1%	
Not in Paid Employment	1	.7%	5	1.8%	6	1.4%	
Unknown	0	.0%	1	.4%	1	.2%	
Total	152	100.0%	277	100.0%	429	100.0%	

Table 5: Doctors who were not definite about their choice of long-term career: current specialty

 Table 6: Doctors who were not definite about their choice of long-term career: alternative specialties under consideration

			Gen	der		
	Ma	ale	Ferr	ale	Tot	tal
	Count	%	Count	%	Count	%
Medical Specs.	19	14.5%	38	16.6%	57	15.8%
Paediatrics	3	2.3%	5	2.2%	8	2.2%
Emergency Medicine	5	3.8%	3	1.3%	8	2.2%
Surgical specialties	5	3.8%	3	1.3%	8	2.2%
Obstetrics & Gynae.	0	.0%	1	.4%	1	.3%
Anaesthetics	5	3.8%	4	1.7%	9	2.5%
Radiology	1	.8%	0	.0%	1	.3%
Pathology	1	.8%	3	1.3%	4	1.1%
Psychiatry	8	6.1%	10	4.4%	18	5.0%
General Practice	10	7.6%	35	15.3%	45	12.5%
Community Medicine	0	.0%	10	4.4%	10	2.8%
Public Health Medicine	8	6.1%	12	5.2%	20	5.6%
Other Medical Specialties	26	19.8%	30	13.1%	56	15.6%
Two or more specialties	2	1.5%	4	1.7%	6	1.7%
Non-Medical	28	21.4%	37	16.2%	65	18.1%
Not in Paid Employment	0	.0%	1	.4%	1	.3%
Unknown	10	7.6%	33	14.4%	43	11.9%
Total	131	100.0%	229	100.0%	360	100.0%

Changes of specialty during training

This section was addressed to those doctors who had completed specialty training but did not subsequently work in the specialty; and those who started specialty training but did not complete training in that specialty. There were 401 doctors who replied (18% of all respondents). Table 7 gives details of the specialties these 401 doctors had trained in (either fully or partially). 31.6% had previously trained in medical specialties (men 28.2%; women 33.9%), and 27.1% had previously trained in a surgical specialty (men 37.4%; women 20.1%).

	Ma	le	Ferr	nale	Total	
	Count	%	Count	%	Count	%
Medical Specialties	46	28.2%	81	33.9%	127	31.6%
Paediatrics	10	6.1%	20	8.4%	30	7.5%
Emergency Medicine	7	4.3%	2	.8%	9	2.2%
Surgical specialties	61	37.4%	48	20.1%	109	27.1%
Obstetrics & Gynae.	2	1.2%	12	5.0%	14	3.5%
Anaesthetics	12	7.4%	12	5.0%	24	6.0%
Radiology	1	.6%	2	.8%	3	.7%
Clinical Oncology	4	2.5%	7	2.9%	11	2.7%
Pathology	5	3.1%	6	2.5%	11	2.7%
Psychiatry	4	2.5%	10	4.2%	14	3.5%
General Practice	11	6.7%	35	14.6%	46	11.4%
Two or more specialties	0	.0%	3	1.3%	3	.7%
Total	163	100.0%	238	100.0%	401	100.0%

Table 7:Previous specialty training undertaken by doctors who had completed specialty
training but did not subsequently work in the specialty, and those who started
specialty training but did not complete training in that specialty

Most doctors who had trained in a different specialty (either fully or partially) reached a hospital training grade (85.8%): Table 8. The median year of leaving the specialty was 2005.

Table 8:Highest NHS grades obtained by doctors with NHS contracts who had fully or
partially trained in a different specialty

	Male		Ferr	ale	Total	
	Count	%	Count	%	Count	%
Hospital training grades	147	90.2%	202	84.9%	349	87.0%
Hospital other	7	4.3%	1	0.4%	8	2.0%
GP principals	3	1.8%	9	3.8%	12	3.0%
GP other career grades	3	1.8%	8	3.4%	11	2.7%
GP training grades	2	1.2%	13	5.5%	15	3.7%
Academics – unknown NHS grades	1	0.6%	3	1.3%	4	1.0%
Other	0	0.0%	2	0.8%	2	0.5%
Total	163	100.0%	238	100.0%	401	100.0%

Current and future posts

Respondents were asked 'Which phrase best describes your current post' with the options of Clinical academic, Clinical service without teaching or research, Clinical service with some teaching responsibility, Clinical service with some research time, Clinical service with some teaching and research, and Other. Of those who responded, 42.5% were in a clinical post with some teaching responsibility (Table 9). A further 25.7% worked in a clinical post without teaching or research.

Table 9: Type of current post

	Male		Fem	ale	Total	
	Count	%	Count	%	Count	%
Clinical academic	39	3.8%	35	3.0%	74	3.4%
Clinical without teaching or research	206	20.3%	352	30.4%	558	25.7%
Clinical with teaching	423	41.6%	500	43.3%	923	42.5%
Clinical with research	41	4.0%	25	2.2%	66	3.0%
Clinical with teaching and research	256	25.2%	179	15.5%	435	20.0%
Other	52	5.1%	65	5.6%	117	5.4%
Total	1017	100.0%	1156	100.0%	2173	100.0%

Respondents were then asked 'In future, in your long-term career do you intend to work mainly in' with the options of *Clinical academic posts*, *Clinical service posts without teaching or research*, *Clinical posts with some teaching responsibility*, *Clinical posts with some research time*, *Clinical posts with some teaching and research*, *Undecided*, and *Other*. Of those who responded, 46.5% said that they wanted to work mainly in 'clinical posts with some teaching responsibility' (Table 10). A further 29.2% wanted to work in 'clinical posts with some teaching and research'. More women (51.9%) wanted a clinical post with some teaching responsibility compared with 40.2% of men, 36.8% of men wanted a clinical post with some teaching and research compared with 22.7% of women, and 5.1% of men wanted a clinical academic post compared with 3.1% of women.

Table 10: Intentions to do teaching and research

	Mal	le	Female		To	al
	Count	%	Count	%	Count	%
Clinical academic	52	5.1%	36	3.1%	88	4.0%
Clinical service without teaching or research	77	7.5%	144	12.3%	221	10.1%
Clinical service with teaching	410	40.2%	609	51.9%	1019	46.5%
Clinical service with research	32	3.1%	24	2.0%	56	2.6%
Clinical service with teaching and research	375	36.8%	266	22.7%	641	29.2%
Undecided	41	4.0%	57	4.9%	98	4.5%
Other	33	3.2%	37	3.2%	70	3.2%
Total	1020	100.0%	1173	100.0%	2193	100.0%

Respondents were asked to rate their enjoyment of their current position on a scale of 1 to 10. The median score for respondents was 8 for both men and women.

Respondents were asked to express, on a scale from 1 to 10, their satisfaction with the amount of time their work left them for family, social and recreational activities. The median score for satisfaction with time for leisure was 7 for both men and women.

Working conditions, support and training

86.7% of respondents agreed that they receive good support from nursing staff, 70.0% of respondents agreed that their working conditions are satisfactory and 55.2% of respondents agreed that they receive good support from hospital/practice management (Table 11).

Table 11: Working conditions and support in my current post

		Ma	le	Ferr	nale	To	al
		Count	%	Count	%	Count	%
I receive good support	Strongly Agree	338	33.9%	427	38.3%	765	36.2%
from nursing staff	Agree	524	52.6%	542	48.6%	1066	50.5%
	Neither Agree nor Disagree	102	10.2%	119	10.7%	221	10.5%
	Disagree	24	2.4%	22	2.0%	46	2.2%
	Strongly Disagree	9	.9%	5	.4%	14	.7%
	Total	997	100.0%	1115	100.0%	2112	100.0%
I receive good support	Strongly Agree	143	14.3%	178	15.9%	321	15.2%
from hospital/practice	Agree	389	39.0%	457	40.9%	846	40.0%
management	Neither Agree nor Disagree	285	28.6%	322	28.8%	607	28.7%
	Disagree	142	14.2%	124	11.1%	266	12.6%
	Strongly Disagree	39	3.9%	36	3.2%	75	3.5%
	Total	998	100.0%	1117	100.0%	2115	100.0%
My working conditions	Strongly Agree	158	15.8%	183	16.3%	341	16.1%
(e.g. resources,	Agree	525	52.6%	618	55.0%	1143	53.9%
environment) are	Neither Agree nor Disagree	164	16.4%	172	15.3%	336	15.8%
satisfactory	Disagree	112	11.2%	128	11.4%	240	11.3%
	Strongly Disagree	39	3.9%	23	2.0%	62	2.9%
	Total	998	100.0%	1124	100.0%	2122	100.0%

83.0% of respondents agreed that their training has been long enough, and good enough, to enable them to practise adequately when they first become/became a consultant or GP (Table 12). 86.3% agreed that they have had good professional opportunities in their career to date. 73.8% agreed that they were satisfied with their future career prospects. 51.7% agreed that there may be too few consultant/principal posts in their specialty in future for those eligible for them.

Table 12: My career

		Mal	e	Fem	ale	Tota	al
		Count	%	Count	%	Count	%
I have had good	Strongly Agree	310	30.9%	280	24.5%	590	27.5%
professional opportunities in	Agree	581	57.9%	681	59.6%	1262	58.8%
my career to date	Neither Agree nor Disagree	77	7.7%	129	11.3%	206	9.6%
	Disagree	26	2.6%	48	4.2%	74	3.4%
	Strongly Disagree	10	1.0%	4	.4%	14	.7%
I am satisfied with my future	Strongly Agree	247	24.6%	201	17.6%	448	20.9%
career prospects	Agree	522	51.9%	616	53.9%	1138	53.0%
	Neither Agree nor Disagree	166	16.5%	233	20.4%	399	18.6%
	Disagree	57	5.7%	73	6.4%	130	6.1%
	Strongly Disagree	13	1.3%	20	1.7%	33	1.5%
There may be too few	Strongly Agree	231	23.3%	193	17.4%	424	20.2%
consultant/principal posts in	Agree	297	30.0%	365	32.9%	662	31.5%
my specialty in future for	Neither Agree nor Disagree	274	27.6%	303	27.3%	577	27.5%
those eligible for them	Disagree	148	14.9%	213	19.2%	361	17.2%
	Strongly Disagree	41	4.1%	36	3.2%	77	3.7%
My training has been long	Strongly Agree	295	29.6%	255	22.5%	550	25.8%
enough, and good enough,	Agree	535	53.6%	686	60.4%	1221	57.2%
to enable me to practise	Neither Agree nor Disagree	98	9.8%	92	8.1%	190	8.9%
adequately when I first	Disagree	59	5.9%	91	8.0%	150	7.0%
become/became a consultant or GP	Strongly Disagree	11	1.1%	11	1.0%	22	1.0%

The 172 respondents who disagreed or strongly disagreed that their training had been long enough, and good enough, to enable them to practise adequately when they first become/became a consultant or GP were asked to indicate in which areas they felt deficient (Table 13).

Areas in which respondents felt most deficient were: Clinical experience (62.8%), Hospital/practice management (46.5%) and Leadership skills (44.8%).

Table 13:	Training	areas	which	were	deficient
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	Male (N	Male (N=70)		Female (N=102)		=172)
	Count	%	Count	%	Count	%
Clinical skills	20	28.6%	26	25.5%	46	26.7%
Clinical experience	41	58.6%	67	65.7%	108	62.8%
Surgical experience	21	30.0%	15	14.7%	36	20.9%
Leadership skills	27	38.6%	50	49.0%	77	44.8%
Multi-disciplinary team working	9	12.9%	4	3.9%	13	7.6%
Hospital/practice management	31	44.3%	49	48.0%	80	46.5%
Life-long learning skills	14	20.0%	16	15.7%	30	17.4%
Safety and quality improvement	11	15.7%	23	22.5%	34	19.8%

Table 14 reports the views of the respondents on three statements concerning the implementation of the European Working Time Directive. 63.3% of respondents disagreed that the implementation of the European Working Time Directive (EWTD) has benefited senior doctors. 47.2% of respondents disagreed that the implementation of the EWTD has benefited junior doctors. 58.1% of respondents disagreed that the implementation of the EWTD has benefited the NHS.

		Mal	е	Fem	ale	Tota	al
		Count	%	Count	%	Count	%
The implementation of	Strongly Agree	16	1.6%	7	.6%	23	1.1%
the European Working	Agree	84	8.5%	93	8.4%	177	8.5%
Time Directive has	Neither Agree nor Disagree	267	27.1%	301	27.1%	568	27.1%
benefited senior doctors	Disagree	371	37.7%	513	46.3%	884	42.2%
	Strongly Disagree	247	25.1%	195	17.6%	442	21.1%
The implementation of	Strongly Agree	54	5.5%	47	4.2%	101	4.8%
the European Working	Agree	222	22.4%	333	29.9%	555	26.4%
Time Directive has	Neither Agree nor Disagree	195	19.7%	259	23.3%	454	21.6%
benefited junior doctors	Disagree	279	28.2%	348	31.3%	627	29.8%
	Strongly Disagree	239	24.2%	125	11.2%	364	17.3%
The implementation of	Strongly Agree	21	2.1%	11	1.0%	32	1.5%
the EWTD has benefited	Agree	104	10.6%	136	12.3%	240	11.5%
the NHS	Neither Agree nor Disagree	248	25.2%	356	32.2%	604	28.9%
	Disagree	339	34.4%	448	40.5%	787	37.6%
	Strongly Disagree	273	27.7%	156	14.1%	429	20.5%

Table 14: The European Working Time Directive (EWTD)

Career advice: giving and receiving

Most respondents had given career advice to junior doctors, either formally or informally (74.5%: Table 15). More women (29.0%) than men (14.8%) said that they had not given any career advice to junior doctors.

Table 15: Advice given to junior doctors, formally and informally

	Ma	Male		Female		otal
	Count	%	Count	%	Count	%
Yes, and I had specific training for the role	99	9.8%	68	5.8%	167	7.6%
Yes, but I had no specific training for the role	764	75.4%	766	65.2%	1530	69.9%
No	150	14.8%	341	29.0%	491	22.4%
Total	1013	100.0%	1175	100.0%	2188	100.0%

66.3% of respondents reported that they had received helpful career advice (72.1% men, 61.2% women).

	Male	Э	Fema	ale	Tota	al
	Count	%	Count	%	Count	%
Yes	730	72.1%	714	61.2%	1444	66.3%
No	282	27.9%	453	38.8%	735	33.7%
Total	1012	100.0%	1167	100.0%	2179	100.0%

Table 16: Received helpful career advice

Those respondents who had received helpful career advice (N=1444) were asked to indicate at what point in their careers they had received it (Table 17) and who had provided it (Table 18). Most of those who had received helpful career advice indicated that they had received it when they were either a Senior House Officer (70.2%) or a Specialist Trainee (64.2%). Most of those who had received helpful career advice indicated that they had received it from a senior doctor (93.1%).

	Male (N:	Male (N=730)		Female (N=714)		:1444)
	Count	%	Count	%	Count	%
Student	222	30.4%	167	23.4%	389	26.9%
PRHO	299	41.0%	209	29.3%	508	35.2%
SHO	537	73.6%	476	66.7%	1013	70.2%
Specialist Trainee	468	64.1%	459	64.3%	927	64.2%
Senior Doctor	135	18.5%	111	15.5%	246	17.0%

Table 17: Points in career when doctors had received helpful career advice

Table 18: Providers of helpful career advice

	Male (N=	Male (N=730)		Female (N=714)		:1444)
	Count	%	Count	%	Count	%
Senior Doctor	680	93.2%	665	93.1%	1345	93.1%
Peer	372	51.0%	321	45.0%	693	48.0%
Relative	122	16.7%	114	16.0%	236	16.3%
Friend	165	22.6%	143	20.0%	308	21.3%
Independent Advisor	27	3.7%	34	4.8%	61	4.2%

24.9% of respondents said that they had unmet needs for advice on future career planning, management or career change (27.6% women, 21.8% men).

Table 19:	Career	advice:	unmet	needs
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	Male	e	Fema	ale	Tota	al
	Count	%	Count	%	Count	%
Yes	220	21.8%	322	27.6%	542	24.9%
No	790	78.2%	843	72.4%	1633	75.1%
Total	1010	100.0%	1165	100.0%	2175	100.0%

Appendix 1: The questionnaire



UK Medical Careers Research Group 2012 Survey of Doctors who Graduated in 2000

If you wish, you can complete this survey online at : www.uhce.ox.ac.uk/2000 using reference number : <DataSubjectRef> and password : <password>

Please answer as fully as you can.

For questions with yes/no or multiple choice responses, please write X in the box corresponding to your choice(s); for other questions please respond using numbers or freehand text as appropriate.

If a box is too small for the whole of your answer, please continue alongside the relevant box.

YOUR CAREER PLANS

Which of these four statements best describes your current employment situation?

Please interpret 'working in medicine' to mean working in a role which requires a medical degree. Please regard maternity leave or sabbatical leave from a post as working in that post.

Working in medicine in the UK

Working in medicine outside the UK

Working outside medicine

Not in paid employment

Depending on your current employment situation, please answer a) or b) or c) below.

a) If you are working in medicine in the UK, do you intend to continue doing so for the foreseeable future?

Yes-definitely

Yes-probably

Undecided

No-probably not

No-definitely not

If you did not answer "Yes-definitely", are you considering any of the following? (select all that apply)

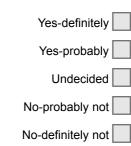
- practising medicine abroad
- leaving medicine but remaining in the UK
 - leaving medicine and leaving the UK

b) If you are working in medicine abroad, do you plan to return to UK medicine?

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



c) If you are working outside medicine or are not in paid employment, do you plan to return to UK medicine?



YOUR CAREER CHOICES

We appreciate that most doctors, at your level, have made their specialty choices.

Nonetheless, do you regard your current specialty (or type of employment if you are not working as a doctor) as your final choice of long-term career?

Definitely

Probably

Not Really

If you did not answer 'Definitely' :

What is your current specialty?

Please give your specialty, and subspecialty (if appropriate), or area of work if non-medical.

What <u>alternative</u> specialty, or area of work, are you considering as your final choice of long-term career? Please give, if known, your choice of specialty or subspecialty (if medical), or your career choice if non-medical. Be as specific as you wish.

CHANGES OF SPECIALTY DURING TRAINING

We are interested in doctors who completed specialty training but did not subsequently work in the specialty; and in doctors who started specialty training but did not complete training in that specialty. <u>If this does not apply to you</u>, please go to the next section.

If this does apply to you:

What was the specialty?	
How far did you progress? (please specify grade reached)	
When did you leave the specialty? (please specify year)	



What were the main reasons you left the specialty?	
What did you do next? E.g. What training/job did you seek/get?	

YOUR CURRENT AND FUTURE POSTS

Which phrase best describes your <u>current post</u> ?
Clinical service without teaching or research
Clinical service with some research time
Clinical service with some teaching responsibility
Clinical service with some teaching and research
Clinical academic with honorary NHS sessions
Other *
* Other (please describe)
In future, in your long term career, do you intend to work mainly in: Clinical service without teaching or research
Clinical service with some research time
Clinical service with some teaching responsibility
Clinical service with some teaching and research
Clinical academic with honorary NHS sessions
Other *
* Other (please describe)
How much are you enjoying your current job?
12345678910Not enjoying it at allEnjoying it greatly

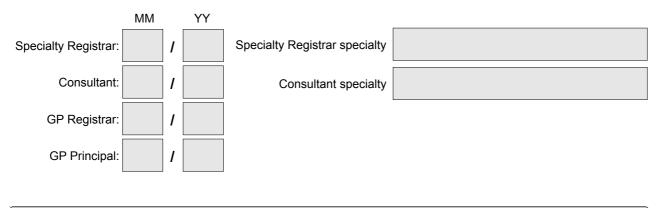
	_ ر	JK Med	dical C	Career	s Res	earch	Grou	р		
S OXFORD	2012	2012 Survey of Doctors who Graduated in 2000								
In your current jo recreational activ		ed are yo	u with th	e amour	nt of time	e your w	ork leave	es you fo	r family, so	cial and
	Not at all satis	fied	4	5	0	1	Extre	mely sat	isfied	
MILESTONES IN YOUR CAREER										

Please complete this section if you are currently working in medicine, whether in the UK or abroad.

If you reached any of these NHS career milestones, please give the date first reached (and the specialty where relevant).

(enter month and year as digits)

First appointed as a :



YOUR VIEWS

Please complete this section if you are currently working in medicine, whether in the UK or abroad.

Please consider each statement and mark the response which most accurately reflects your own opinion. If you are not working in medicine, please go to the next page.

For all statements:

SA=Strongly agree, A=Agree, N=Neither agree nor disagree, D=disagree, SD=Strongly disagree						
Working conditions and support in my current post						
	SA	Α	Ν	D	SD	
I receive good support from nursing staff						
I receive good support from hospital management / GP practice management						
My working conditions (e.g. resources, environment) are satisfactory						

SA=Strongly agree, A=Agree, N=Neither agree nor disagree, D=disagree, SD=Strongly disagree My career D SD SA Α Ν I have had good professional opportunities in my career to date My future career prospects are good There may be too few consultant/principal posts in my specialty in future for those eligible for them My training has been long enough, and good enough, to enable me to practise adequately when I first become/became a consultant or GP If your response to the last statement was 'disagree' or 'strongly disagree', in which areas was your training and/or experience deficient? (please select all that apply)

Clinical skills	
Clinical experience	
Surgical experience	
Leadership skills	
Multi-disciplinary team working	
Hospital/practice management	
Life-long learning skills	
Safety and quality improvement	
	Other (Please describe)

The European Working Time Directive (EWTD)

	SA	Α	Ν	D	SD
The implementation of the EWTD has benefited senior doctors					
The implementation of the EWTD has benefited junior doctors					
The implementation of the EWTD has benefited the NHS					



YOUR RECENT EMPLOYMENT HISTORY

Please give details below of a) your current employment, b) your immediately preceding post, and, if different from a) or b), c) the post you were undertaking on 30 September 2010.

Please record any period(s) of time greater than a month not in paid employment under a), b) or c) as applicable.

If you hold (or held) more than one post simultaneously please give details of the additional posts on the Additional Comments page at the end of the questionnaire.

Specialty: Enter medical specialty/ subspecialty, type of work (if non-medical), or 'Not in paid employment'

Grade: Enter full details of grade, job title (if non-medical), travel/career break/domestic responsibilities/illness etc (if not employed).

Location: Give the town or county if in the UK, or the country if abroad.

a) Your Current employment

Date	Date		Details of post			Ado	ditional	Details	
started MM / YY	ended MM / YY	Specialty	Grade	Location	NHS	Locum		Retainer scheme	
	(Current Job)								

b) Your last post prior to a) above

Date	Date	Details of post			Additional Details					
started MM / YY	ended MM / YY	Specialty	Grade	Location	NHS	Locum		Retainer scheme		

c) Employment on 30 September 2009 - if different from a) and b)

Date	Date		Details of post			Ado	litional	Details	
started MM / YY	ended MM / YY	Specialty	Grade	Location	NHS	Locum	Less than full-t ime		HM Forces

UK Medical Careers Research Group

UNIVERSITY OF

2012 Survey of Doctors who Graduated in 2000

CAREER ADVICE : GIVING AND RECEIVING

Do you give career advice to junior doctors, whether formally or informally?
Yes, and I had specific training for the role
Yes, but I had no specific training for the role
No
In the past, have you yourself received helpful career advice?
Yes *
No
* If yes, at what point in your career did you receive effective career advice? (Please select all that apply)
Student
PRHO
SHO
Specialist Trainee
Senior Doctor
* Who has given you effective advice?
(Please select all that apply)
(Please select all that apply) Senior Doctor
Senior Doctor
Senior Doctor
Senior Doctor Peer Relative
Senior Doctor Peer Relative Friend
Senior Doctor Peer Relative Friend Independent Advisor
Senior Doctor Peer Relative Friend Independent Advisor
Senior Doctor Peer Relative Friend Independent Advisor Yes *
Senior Doctor Peer Relative Friend Independent Advisor Do you have unmet needs, yourself, for advice on future career planning / management / career change? Yes * No



2012 Survey of Doctors who Graduated in 2000

YOUR PERSONAL CIRCUMSTANCES

Your response to these questions is helpful to us in profiling the cohort, in respect of factors that may affect career location or progression, but we understand if you would prefer not to answer.

What is your domestic situation?

Single

Living with Spouse/Partner

Widowed, divorced or separated

Are there any dependent adults (e.g. disabled, sick or elderly) whose needs could affect your ability to pursue your chosen career?

Yes	
No	

How many children under 16 are normally resident in your household?

Number of children :

If there are children, what are their ages in years? (Enter 0 for 0-11 months)

Ages, oldest first :





ADDITIONAL COMMENTS

Please give us any comments you wish to make, on any aspect of your training or work.

We are particularly interested in any comments you may have on issues raised by our questions in this survey; or on postgraduate training, working conditions and working environment; professional relationships; and administrative and managerial issues. You may also use this page to expand on any answers you have given in the rest of the questionnaire. We summarise the views of respondents and report on them to policy makers and in publications, in ways that ensure individuals cannot be identified. Your individual comments will remain totally confidential to senior researchers in the UK Medical Careers Research Group. Thank you for your help.

Alternatively, please email your comments to trevor.lambert@dph.ox.ac.uk or michael.goldacre@dph.ox.ac.uk quoting your reference number <DataSubjectRef>.

Thank you very much for your co-operation.

Please return this questionnaire in the pre-paid envelope included, or in your own stamped envelope to: UK Medical Careers Research Group, Department of Public Health, University of Oxford, Rosemary Rue Building, Old Road Campus, Oxford OX3 7LF.

You can also scan & e-mail it (ensuring both sides of each page are scanned) to mcrg@dph.ox.ac.uk Alternatively you can fax it (ensuring both sides of each page are faxed) to ++44 (0)1865 289379