UK Medical Careers Research Group

1988 cohort of UK Medical Graduates

Report of Second Survey

August 2001

UK Medical Careers Research Group
Institute of Health Sciences, University of Oxford

Old Road, Headington, Oxford OX3 7LF
Telephone: 01865 226992/4 Fax: 01865 226993

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Summary

- The UK Medical Careers Research Group has surveyed doctors who qualified in the UK in 1988 twice – in 1995 and in 1999. This report describes the findings from the 1999 survey.

- Mailing began in December 1999. A response rate of 73.8% (2726/3692) was achieved.

- The doctors' median age was 35 at the end of September 1999, 86% were living with a spouse or partner, 36% did not have children, and 10% were non-white.

- In September 1999, 84.4% of the respondents were working in the UK NHS/University sector. In all, 2.5% were not in paid employment either in the UK or abroad.

- In September 1999, 43.5% of respondents in the UK NHS/University sector were working in general practice. 12.2% were working in the medical specialties, 8.2% in anaesthetics, 7.9% in psychiatry and 7.6% in other surgical specialties. Differences by sex were most noticeable in the percentages working in general surgery, other surgical specialties, community medicine and paediatrics.

- In September 1999, 36.2% of NHS respondents were working as GP principals, 20.4% were hospital consultants and 18.3% were working as hospital specialist registrars.

- Among those in NHS hospital and general practice posts there were noticeable differences in the numbers of men and women working part-time/flexible hours. For all those working in the NHS 6.3% of men worked part-time/flexible hours compared with 55.7% of women. In the hospital specialties the percentages were 2.7% of men compared with 37.7% of women, and in general practice an even higher percentage of women compared to men worked part-time/flexible hours (11.1% men, 70% women).

- The respondents were reasonably sure of their long-term career choice, with 85.5% describing their career choice as a 'definite' or 'probable' choice (61.9% definite). Men were more sure of their career choices than were women.

- Thirteen named factors which might affect career choice were each scored by the doctors for the degree to which they affected their choice. Four factors – enthusiasm and commitment, self-appraisal of own skills, experience of jobs in training and hours or working conditions – had the most effect on career choice; the inability to secure qualifications and financial circumstances whilst training had the least effect. Hours and working conditions and domestic circumstances were more influential for women than for men, and promotion and career prospects and eventual financial prospects affected career choices for men more than women.

- A large majority (93.2%) of respondents working in UK medicine definitely or probably intended to practise medicine in the UK for the foreseeable future. There was no appreciable difference by sex.

- Nine statements on views and attitudes on medical careers in general were scored with *strongly agree, agree, neither agree nor disagree, disagree, strongly disagree* or *no opinion*. 83% of respondents were happy with their present position. Over three-quarters agreed that they had received good career opportunities to date, 69% felt their career prospects were good, 58% felt they had had good opportunities for continuing professional development and 55% felt their postgraduate training so far had been of a high standard. Half of the respondents disagreed with the statement that there were insufficient flexible and part-time posts in their specialty (more women that men disagreed). Nearly a third of respondents had found that inadequate career advice had made it difficult to make career choices and a quarter felt that lack of exposure to general practice had made it difficult to assess it as a career option.

- Respondents working in the NHS scored six statements about the NHS and equality of opportunity in the same way. Nearly half of respondents agreed that the NHS was a good equal opportunities employer with regard to sex, but more men than women agreed (53% men, 40% women). Most doctors did not agree that they were receiving adequate remuneration (men 68%, women 57%), less than half felt that they were treated fairly by the NHS in their current job and 65% agreed that there was a lack of opportunities for re-training and re-skilling in the NHS. Opinion was divided on the statement about ethnicity and although only 10% agreed that disabled doctors were treated equally, a quarter of respondents expressed no opinion, perhaps because they had no experience of this issue.

- GPs were asked to respond to two statements about their views and attitudes to their training. Just over half of respondents felt that their training had equipped them to practice adequately when they first became a GP, with a third disagreeing with this statement. 16% had found some difficulty in obtaining a suitable post after completing their GP registrar training, with more men than women experiencing difficulties (men 21%, women 11%).

- Those doctors working in NHS hospital training or career posts were asked to respond to two statements regarding concerns about consultant posts. 71% felt that their training had equipped them adequately to practise as a newly appointed consultant. But the majority (61%) were concerned about securing a consultant post within six months of completing their CCST.

- Over 50% of respondents indicated a high level of satisfaction with their current position, however 58% of respondents who were working full-time or maximum part-time indicated a low level of satisfaction with the amount of time their work left them for family, social and leisure activities.

Introduction

This report describes the results of the second survey of the cohort of 3739 doctors who qualified from UK medical schools in 1988. The first baseline survey of the 1988 qualifiers was carried out in 1995, seven years after graduation.[1] The first mailing for this survey was completed in December 1999, and later replies were received up to January 2001.

Methods

The study comprised all doctors who qualified in medicine in the UK in 1988. Subjects were originally identified using medical school graduation lists provided by the General Medical Council (GMC). Both graduates in the summer of 1988 and the smaller numbers who qualified in the spring of 1989 were included, to ensure that the cohort comprised a complete year of medical school intake.

For this survey, we mailed the entire cohort of qualifiers, whether or not they had replied to our earlier survey in 1995. Only the small numbers who had never registered with the GMC, or were known to be deceased, or who had indicated in the previous survey that they wished to remain non-participants, or who had been erased from the Register before 1994 were excluded. After an initial mailing, up to three reminder mailings were sent to non-responders.

The questionnaire used is reproduced at the end of this report. Career choices and posts undertaken were grouped into mainstream specialties based on those initially defined in the Todd Report.[2] A complete list of specialties included in each broad group is reproduced in the appendix.

Response

Table 1 shows the final response. Excluding those deceased, non-participants, doctors erased from the Register at the time of our first survey in 1995 and doctors who never registered the response rate was 73.8% (2726/3692). Among women it was 77.9% (1300/1668) and among men it was 70.4% (1426/2024).

Table 1: Response rate

	Sex				Total	
	Male		Female			
	Count	Col %	Count	Col %	Count	Col %
No reply	598	29.2%	368	21.8%	966	25.8%
Replied	1426	69.6%	1300	76.9%	2726	72.9%
Deceased	11	.5%	3	.2%	14	.4%
Not participating	9	.4%	9	.5%	18	.5%
Never registered	1	.0%	5	.3%	6	.2%
Erased from register	3	.1%	6	.4%	9	.2%
Total	2048	100.0%	1691	100.0%	3739	100.0%

Demographics

Age

The 2695 respondents whose date of birth was known had a median age of 35 at the end of September 1999. 29.5% were aged 34 or less and 94.7% were aged 39 or less. The oldest respondent was aged 55.

Marital status

11.1 % of the respondents were single, and 85.6% were living with a spouse or partner (Table 2). A greater percentage of women were single, widowed, divorced or separated compared to men (women 16.6%, men 10.9%).

Table 2: Marital status of respondents

	Sex				Total	
	Male		Female			
	Count	Col %	Count	Col %	Count	Col %
Living with spouse/partner	1190	88.3%	1003	82.6%	2193	85.6%
Single	125	9.3%	159	13.1%	284	11.1%
Widowed/Divorced/Separated	22	1.6%	42	3.5%	64	2.5%
Blank	10	.7%	11	.9%	21	.8%
Total	1347	100.0%	1215	100.0%	2562	100.0%

Children and adult dependants

36.1% of respondents did not have children; the percentage was similar for men and women (Table 3).

Table 3: Numbers of children of respondents

					Total	
	Male		Female			
	Count	Col %	Count	Col %	Count	Col %
0	497	34.9	487	37.5	984	36.1
1	211	14.8	211	16.2	422	15.5
2	460	32.3	406	31.2	866	31.8
3	203	14.2	163	12.5	366	13.4
4	52	3.6	29	2.2	81	3.0
5	3	.2	3	.2	6	.2
6			1	.1	1	.0
Total	1426	100.0	1300	100.0	2726	100.0

Respondents were asked if they had adult dependants who might affect their ability to pursue their chosen career; 16 did so (0.6% of respondents).

Ethnicity

Non-white respondents comprised 10.3%, with Indians being the largest component (3.8%), followed by Chinese (2.3%) (Table 4).

Table 4: Ethnicity of respondents

	Count	Col %
White	2281	89.7%
Indian	96	3.8%
Pakistani	19	.7%
Bangladeshi	4	.2%
Chinese	59	2.3%
Asian - other	22	.9%
Black Caribbean	7	.3%
Black African	7	.3%
Black - other	1	.0%
Other	47	1.8%
Total	2543	100.0%

75 (2.8%) of the respondents had been registered overseas students during their time at medical school in the UK.

Current employment in 1999

Occupation group

Table 5 gives a breakdown of the main posts held by respondents at the end of September 1999, 11 years after qualification. As in previous surveys the posts have been summarised in occupation groups whose descriptions should be largely self-explanatory. The distinction between UK University and NHS posts has been made on the basis of the grade of the post as described to us by the respondents. Posts described in academic terms have been assigned to the 'UK Medical Universities' group. However, these posts may carry honorary contracts and involve NHS service work.

Overall 84.4% of respondents (84.1% of men, 84.7% of women) were working in the NHS/University sector. Occupation groups for men and women were very similar, except that almost all doctors not in paid employment, both in the UK and abroad, were women, and doctors in HM forces were almost all men.

Table 5: Occupation group of respondents in September 1999

	Sex				Total	
	Male		Female			
	Count	Col %	Count	Col %	Count	Col %
UK Medical NHS	1133	79.5	1064	81.8	2197	80.6
UK Medical Universities	65	4.6	38	2.9	103	3.8
HM Forces	22	1.5	3	.2	25	.9
UK Other Public Sector			3	.2	3	.1
UK Medical Private Sector	36	2.5	20	1.5	56	2.1
UK Non-Medical	9	.6	8	.6	17	.6
UK Not in Paid Employment	2	.1	48	3.7	50	1.8
Abroad Medical	120	8.4	70	5.4	190	7.0
Abroad Non-Medical	1	.1	2	.2	3	.1
Abroad Not in Paid Employment			20	1.5	20	.7
Unknown	38	2.7	24	1.8	62	2.3
Total	1426	100.0	1300	100.0	2726	100.0

Specialties

Table 6 shows the breakdown by mainstream specialty grouping of the respondents who were working in the NHS/University sector in September 1999. The largest percentage (43.5%) was working in general practice, followed by medical specialties (12.2%), anaesthetics (8.2%), psychiatry (7.9%) and other surgical specialties (7.6%). Differences by sex were most notable in the percentages working in general surgery, other surgical specialties, community medicine and paediatrics.

Table 6: Mainstream specialties of respondents in the NHS and UK Universities in September 1999

					Total	
	Male		Female			
	Count	Col %	Count	Col %	Count	Col %
Medical Specs.	164	13.7	116	10.5	280	12.2
Paediatrics	33	2.8	64	5.8	97	4.2
Accident & Emergency	21	1.8	24	2.2	45	2.0
General surgery	31	2.6	5	.5	36	1.6
Other Surgical Specialty	147	12.3	27	2.5	174	7.6
Obstetrics & Gynaec.	39	3.3	28	2.5	67	2.9
Anaesthetics	118	9.8	71	6.4	189	8.2
Radiology	37	3.1	23	2.1	60	2.6
Clinical Oncology	12	1.0	19	1.7	31	1.3
Pathology	33	2.8	18	1.6	51	2.2
Psychiatry	74	6.2	107	9.7	181	7.9
General Practice	462	38.6	539	48.9	1001	43.5
Community Medicine	7	.6	37	3.4	44	1.9
Public Health Medicine	16	1.3	18	1.6	34	1.5
Other Medical Spec.	4	.3	4	.4	8	.3
Two or more specialties			1	.1	1	.0
Unknown			1	.1	1	.0
Total	1198	100.0	1102	100.0	2300	100.0

Table 7 shows the same breakdown by mainstream specialty for the 190 doctors working in medicine abroad. As in the UK, the specialty in which the largest percentage of doctors abroad was working in was general practice.

Table 7: Mainstream specialties of respondents in medicine abroad in September 1999

	Male		Female		Total	
	Count	Col %	Count	Col %	Count	Col %
Medical Specs.	25	20.8	9	12.9	34	17.9
Paediatrics	6	5.0	4	5.7	10	5.3
Accident & Emergency	5	4.2	3	4.3	8	4.2
General surgery	4	3.3	1	1.4	5	2.6
Other Surgical Specialty	16	13.3	1	1.4	17	8.9
Obstetrics & Gynaec.	1	.8	4	5.7	5	2.6
Anaesthetics	15	12.5	3	4.3	18	9.5
Radiology	3	2.5	3	4.3	6	3.2
Clinical Oncology	2	1.7	1	1.4	3	1.6
Pathology	4	3.3	2	2.9	6	3.2
Psychiatry	2	1.7	4	5.7	6	3.2
General Practice	29	24.2	26	37.1	55	28.9
Community Medicine			2	2.9	2	1.1
Public Health Medicine	3	2.5	2	2.9	5	2.6
Other Medical Spec.	4	3.3	5	7.1	9	4.7
Two or more specialties	1	.8			1	.5
Total	120	100.0	70	100.0	190	100.0

Table 8 shows the breakdown by grade of those respondents who were working in the NHS/University sector in September 1999.

The vast majority of respondents (36.2% of the total) were GP Principals; 20.4% were hospital consultants and 18.3% were working as specialist registrars.

Table 8: Grades of respondents in the NHS and UK Universities in September 1999

	Sex				Total	
	Male		Female			
	Count	Col %	Count	Col %	Count	Col %
Hospital Consultant	308	25.7%	161	14.6%	469	20.4%
Hospital Specialist Registrar	259	21.6%	163	14.8%	422	18.3%
Hospital Senior Registrar	42	3.5%	57	5.2%	99	4.3%
Hospital Registrar	17	1.4%	13	1.2%	30	1.3%
Hospital SHO	7	.6%	15	1.4%	22	1.0%
Hospital Staff Grade	17	1.4%	37	3.4%	54	2.3%
Hospital Clinical Assistant	2	.2%	20	1.8%	22	1.0%
Hospital Other	2	.2%	4	.4%	6	.3%
Public Health SpR	9	.8%	17	1.5%	26	1.1%
Community Health	6	.5%	37	3.4%	43	1.9%
GP Principal	419	35.0%	414	37.6%	833	36.2%
GP Registrar	3	.3%	7	.6%	10	.4%
GP Assistant	11	.9%	16	1.5%	27	1.2%
GP Locum	28	2.3%	39	3.5%	67	2.9%
GP Retainer Scheme			60	5.4%	60	2.6%
University Research Fellow	23	1.9%	10	.9%	33	1.4%
University Senior Lecturer	13	1.1%	5	.5%	18	.8%
University Other Appointment	26	2.2%	23	2.1%	49	2.1%
Other Medical	6	.5%	4	.4%	10	.4%
Total	1198	100.0%	1102	100.0%	2300	100.0%

Full time and part-time working in medicine

Tables 9a-9d show the percentage of respondents working full-time and part-time in their main post in September 1999, for all NHS, NHS hospital and NHS general practice, and UK university posts respectively. In all posts there were noticeable differences in the numbers of men and women working part-time or flexible hours. Of those respondents working in the NHS only 6.3% of men were working part-time/flexible hours compared with 55.7% of women. Within the hospital specialties 2.7% of men and 37.7% of women worked part-time/flexible hours and the difference was also noticeable in general practice: 11.1% men and 70% women were working a part-time/flexible pattern.

Table 9a: Working patterns of respondents in the NHS in September 1999

	Male		Female		Total	
	Count	Col %	Count	Col %	Count	Col %
Whole-time	1062	93.7	471	44.3	1533	69.8
Part-time/flexible	71	6.3	592	55.7	663	30.2
Total	1133	100.0	1063	100.0	2196	100.0

Table 9b: Working patterns of respondents in the hospital specialties in the NHS in September 1999

	Male		Female		Total	
	Count	Col %	Count	Col %	Count	Col %
Whole-time	638	97.3	294	62.3	932	82.6
Part-time/flexible	18	2.7	178	37.7	196	17.4
Total	656	100.0	472	100.0	1128	100.0

Table 9c: Working patterns of respondents in general practice in the NHS in September 1999

	Male		Female		Total	
	Count	Col %	Count	Col %	Count	Col %
Whole-time	410	88.9	161	30.0	571	57.2
Part-time/flexible	51	11.1	376	70.0	427	42.8
Total	461	100.0	537	100.0	998	100.0

Table 9d: Working patterns of respondents in UK universities in September 1999

	Sex				Total	
	Male		Female			
	Count	Col %	Count	Col %	Count	Col %
Whole-time	62	95.4%	28	73.7%	90	87.4%
Part-time/flexible	3	4.6%	10	26.3%	13	12.6%
Total	65	100.0%	38	100.0%	103	100.0%

Career choices in 1999

These respondents were reasonably sure of their long-term career choice, with 85.5% describing their career choice as a ‘definite’ or ‘probable’ choice (Table 10). Men were more sure of their career choices than were women.

Table 10: Firmness of career choice in 1999

	Male		Female		Total	
	Count	Col %	Count	Col %	Count	Col %
Definitely	971	68.1	716	55.1	1687	61.9
Probably	284	19.9	358	27.5	642	23.6
Not really	86	6.0	134	10.3	220	8.1
Not given	85	6.0	92	7.1	177	6.5
Total	1426	100.0	1300	100.0	2726	100.0

Factors affecting career choices

Figures 1 to 3 summarise the degree to which each of 13 factors affected the career choice of respondents. Overall, enthusiasm and commitment, self-appraisal of own skills, experience of jobs in training and hours or working conditions had the most effect on career choices and the inability to secure qualifications and financial circumstances whilst training had the least (Figure 3). Hours or working conditions and domestic circumstances were more influential for women than for men, and promotion and career prospects and eventual financial prospects affected career choices for men more than women. Otherwise, the results for men and women were very similar.

Figure 1: Factors affecting career choice a great deal, a little, or not at all - Men

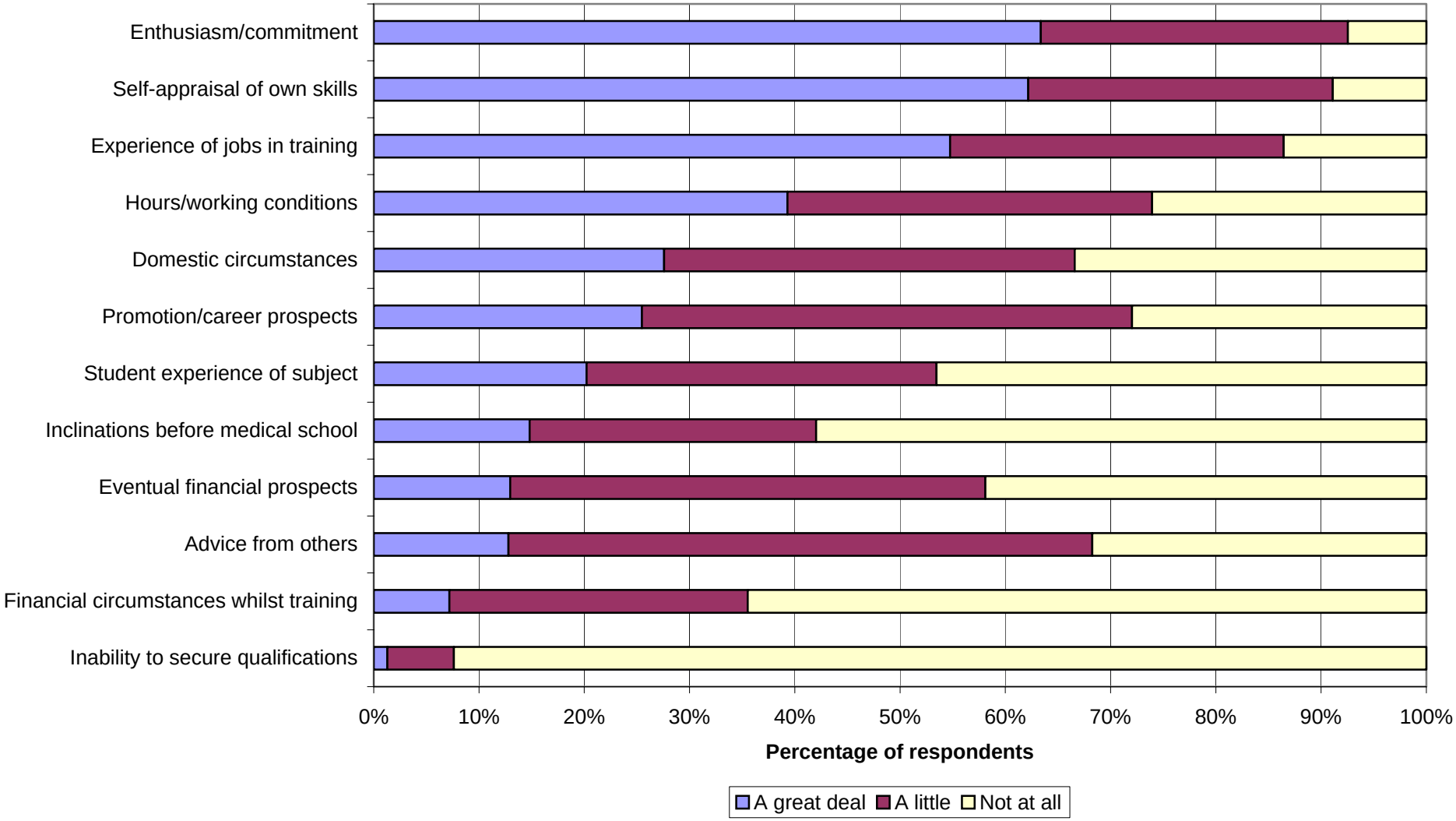


Figure 2: Factors affecting career choice a great deal, a little, or not at all - Women

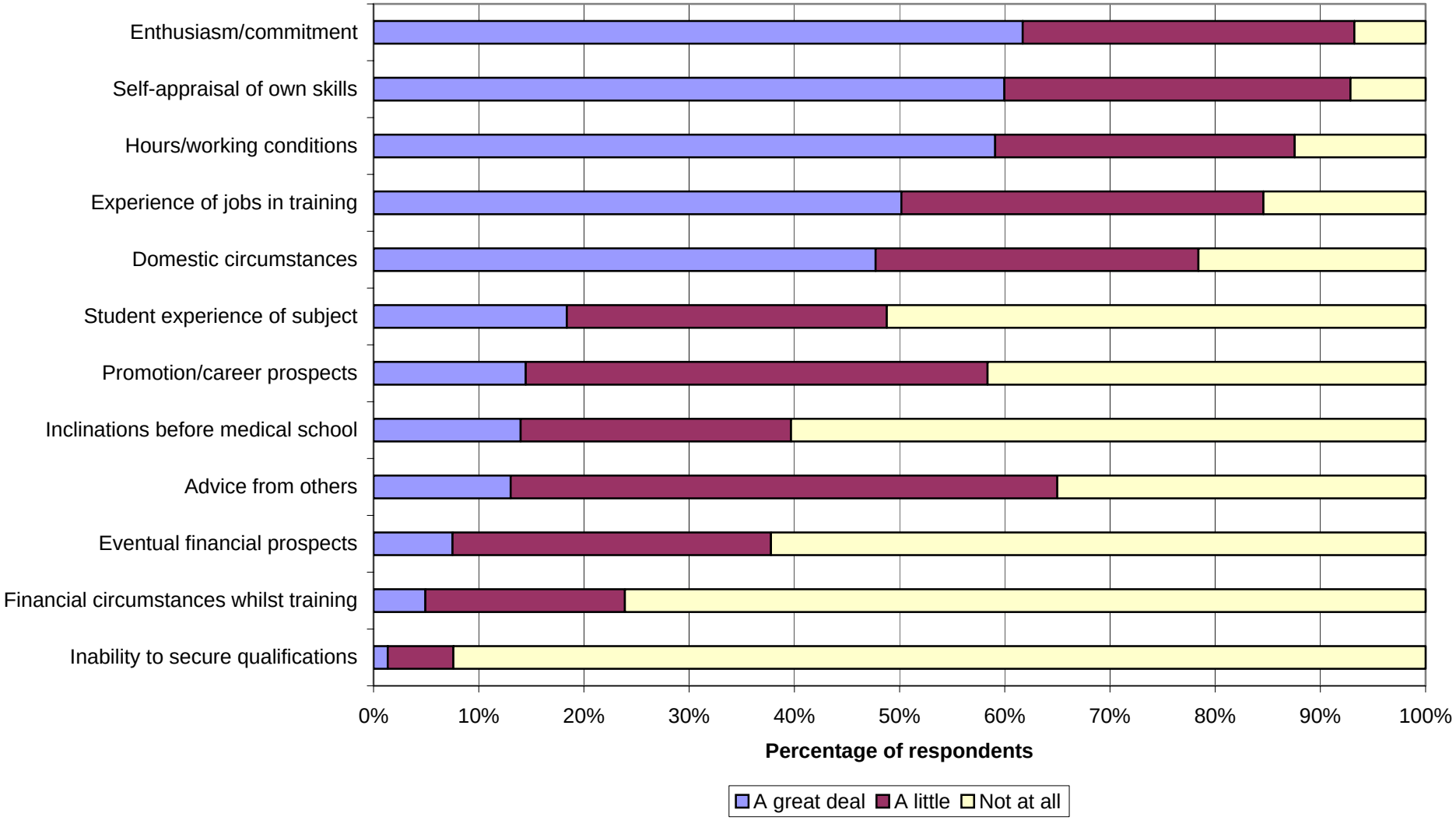
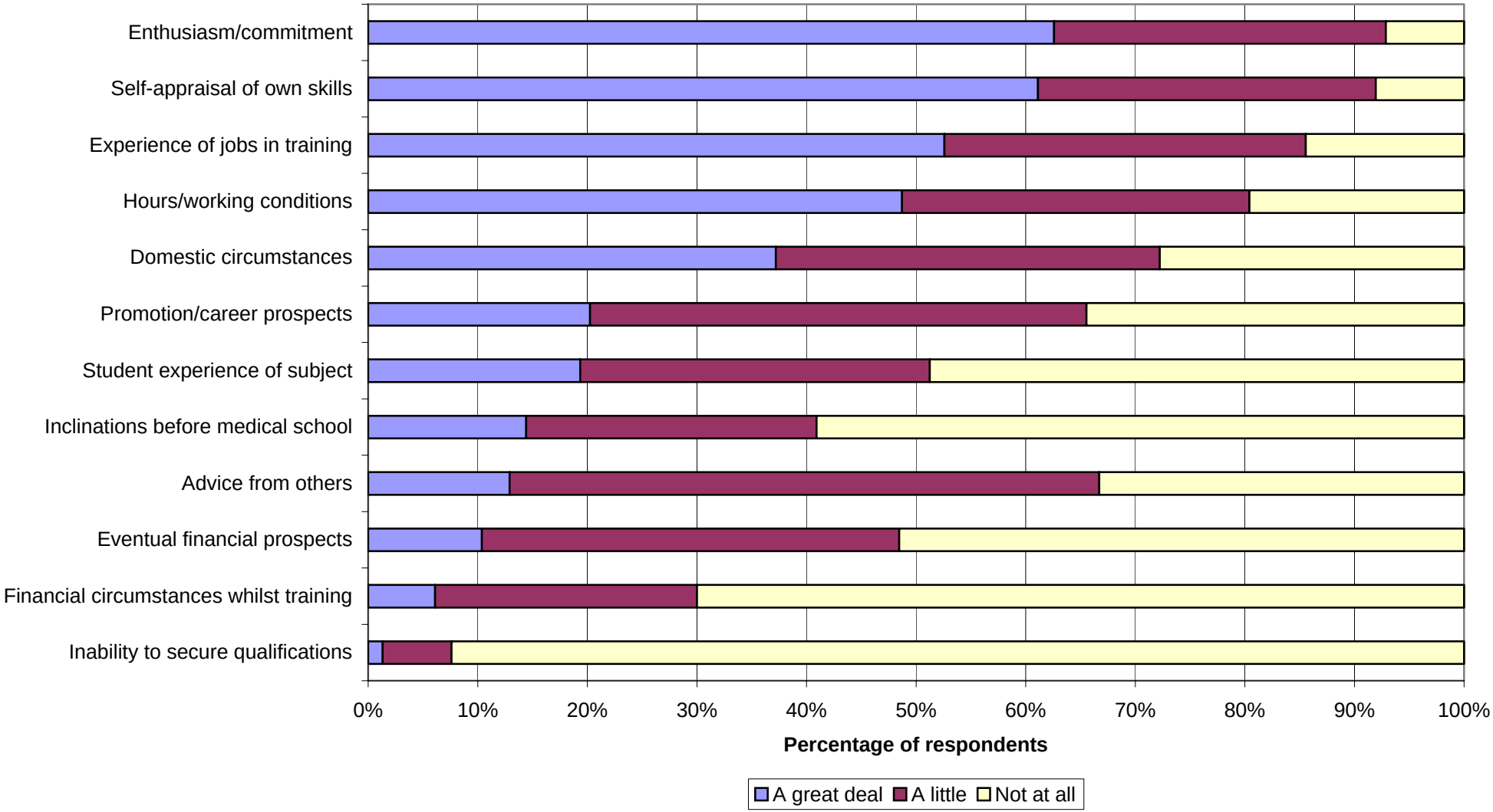


Figure 3: Factors affecting career choice a great deal, a little, or not at all - All



Intentions to practise in the United Kingdom

A large majority (93.2%) of respondents who were working in UK medicine definitely or probably intended to practise medicine in the UK for the foreseeable future (this figure excludes those late respondents who were sent a shorter version of the questionnaire which did not include the question on intention to practise in the UK). 3.6% were undecided and 1.1% definitely or probably did not intend to do so. There was no appreciable difference by sex (Table 11).

Table 11: Intentions of respondents to practise medicine in the UK for the foreseeable future

	Sex				Total	
	1 Male		2 Female			
	Count	Col %	Count	Col %	Count	Col %
1 Yes-definitely	708	65.6%	718	71.9%	1426	68.6%
2 Yes-probably	296	27.4%	215	21.5%	511	24.6%
3 Undecided	38	3.5%	37	3.7%	75	3.6%
4 No-probably not	9	.8%	7	.7%	16	.8%
5 No-definitely not	13	1.2%	10	1.0%	23	1.1%
9 Blank	16	1.5%	11	1.1%	27	1.3%
Total	1080	100.0%	998	100.0%	2078	100.0%

Table 12 shows the alternative intentions expressed by those who did not definitely intend to practise in the UK. 59.8% of these respondents would consider practising medicine abroad, 28.2% leaving medicine but remaining in the UK, and 6.5% would consider leaving both medicine and the UK.

Table 12: Percentage of respondents considering different alternative to UK medicine

	Sex				Total	
	1 Male		2 Female			
	Count	Col %	Count	Col %	Count	Col %
Consider practising medicine abroad	278	65.3%	161	52.3%	439	59.8%
Consider leaving medicine, remaining in UK	109	25.6%	98	31.8%	207	28.2%
Consider leaving medicine & UK	22	5.2%	26	8.4%	48	6.5%
Total	426	100.0%	308	100.0%	734	100.0%

Postgraduate qualifications

Respondents were asked to list their postgraduate qualifications. Tables 13 a-d show the number of respondents holding each qualification mentioned.

Table 13a : Postgraduate qualifications held - First part

Advanced Cardiac Life Support	8
Advanced Diving Medicine Certificate	1
Advanced Life Support	2
Advanced Paediatric Life Support	1
Advanced Trauma Life Support	26
American Boards of Internal Medicine	5
Associate Institute Psychosexual Medicine	1
Associate of the Faculty of Occupational Medicine	9
Associate of the Faculty of Pharmaceutical Medicine	2
Bachelor of Arts, Bachelor of Science, Master of Arts	73
Certificate Basic Acupuncture	1
Certificate in Counselling	1
Certificate in Developmental Paediatrics	1
Certificate in Forensic Medicine	1
Certificate in Occupational Medicine	1
Certificate of Medical Education	2
Certificate of the College of Family Physicians of Canada	2
Child Health Surveillance	1
Diploma in Addictive Behaviour	1
Diploma in Anaesthetics	82
Diploma in Aviation Medicine	11
Diploma in Basic Medical Sciences	2
Diploma in Child & Community Health	33
Diploma in Child Health	322
Diploma in Clinical and Pastoral Counselling	1
Diploma in Clinical Epidemiology	1
Diploma in Cognitive & Behavioural Therapy	3
Diploma in Cognitive Psychology	1
Diploma in Contraception	1
Diploma in Diabetic Care	1
Diploma in Forensic Medicine	5
Diploma in Forensic Psychotherapy	1
Diploma in Geriatric Medicine	68
Diploma in Immediate Medical Care, RCS Edinburgh	18
Diploma in Intensive Care Medicine	2
Diploma in Laryngology and Otology	3
Diploma in Medical Jurisprudence	3
Diploma in Medical Radiodiagnosis,Diploma in Medical Radiotherapy	5
Diploma in Mental Health	19
Total	721

Table 13b : Postgraduate qualifications held - Second part

Diploma in Occupational Medicine	12
Diploma in Occupational Safety and Health	1
Diploma in Ophthalmology	4
Diploma in Palliative Medicine	5
Diploma in Pharmaceutical Medicine	7
Diploma in Practical Dermatology	5
Diploma in Psychological Medicine	4
Diploma in Public Dentistry	2
Diploma in Public Health	6
Diploma in Sports Medicine	7
Diploma in the Ethics of Cancer & Palliative Care	1
Diploma in Therapeutics	8
Diploma in Tropical Medicine and Hygiene	61
Diploma in Venereology	3
Diploma in Venereology and Dermatology,Diploma in Venereology	4
Diploma of the Faculty of Homoeopathy	2
Diploma of the Royal College of Obstetricians and Gynaecology	782
Diploma of the Royal College of Pathologists	6
Doctor of Medicine	163
Doctor of Philosophy	66
Education Council for Foreign Medical Graduates	19
Emergency Management of Severe Burns Instructor	1
European Diploma in Intensive Care	1
Family Planning Association Training Certificate,Diploma in Family Planning	199
Family Planning Diploma	231
Family Planning qualification	11
Federal Licensing Examination	11
Fellow in Dental Surgery (Final)	11
Fellow in Dental Surgery (Primary)	2
Fellow in Dental Surgery, Royal College of Physicians	2
Fellow of Royal College of Surgeons Intercollegiate	1
Fellow of the Faculty of A&E Medicine	15
Fellow of the Faculty of Anaesthetists, Royal College of Surgeons (Final)	12
Fellow of the Faculty of Anaesthetists, Royal College of Surgeons (Primary)	14
Fellow of the Faculty of Radiologists, Royal College of Surgeons	3
Fellow of the Royal Australian College of Physicians (Part 1)	3
Fellow of the Royal Australian College of Physicians (Part 2)	15
Fellow of the Royal Australian College of Surgeons (Part 2)	2
Fellow of the Royal College of Anaesthetists (Final)	195
Fellow of the Royal College of Anaesthetists (Part 1)	88
Total	1985

Table 13c : Postgraduate qualifications held - Third part

Fellow of the Royal College of Anaesthetists (Part 2)	91
Fellow of the Royal College of General Practitioners	1
Fellow of the Royal College of Ophthalmologists	47
Fellow of the Royal College of Paediatrics & Child Health	2
Fellow of the Royal College of Physicians	11
Fellow of the Royal College of Physicians of Canada (Part 1)	1
Fellow of the Royal College of Physicians of Canada (Part 2)	5
Fellow of the Royal College of Radiologists (Final)	75
Fellow of the Royal College of Radiologists (Part 1)	51
Fellow of the Royal College of Surgeons Dublin Part A	2
Fellow of the Royal College of Surgeons Edinburgh (no subject)	77
Fellow of the Royal College of Surgeons Edinburgh Cardiothoracic Surgery	4
Fellow of the Royal College of Surgeons Edinburgh General Surgery	13
Fellow of the Royal College of Surgeons Edinburgh Oral/ Maxillofacial Surgery	13
Fellow of the Royal College of Surgeons Edinburgh Orthopaedics	35
Fellow of the Royal College of Surgeons Edinburgh Otorhinolaryngology	7
Fellow of the Royal College of Surgeons Edinburgh Paediatrics	2
Fellow of the Royal College of Surgeons Edinburgh Plastic Surgery	5
Fellow of the Royal College of Surgeons Edinburgh Pt 1	3
Fellow of the Royal College of Surgeons Edinburgh Pt 2	15
Fellow of the Royal College of Surgeons Edinburgh Surgical Neurology	4
Fellow of the Royal College of Surgeons Edinburgh Urology	8
Fellow of the Royal College of Surgeons England no subject given	177
Fellow of the Royal College of Surgeons Glasgow Ear Nose & Throat	1
Fellow of the Royal College of Surgeons Glasgow no subject given	34
Fellow of the Royal College of Surgeons Glasgow Part 1	8
Fellow of the Royal College of Surgeons London General Surgery	9
Fellow of the Royal College of Surgeons London Otolaryngology	11
Fellow of the Royal College of Surgeons London Part 1	42
Intercollegiate Specialty Board examination in General Surgery	5
Intercollegiate Specialty Board examination in Otorhinolaryngology	2
Intrauterine Contraceptive Devices Certificate	5
JCHMT Palliative Medicine Accreditation	2
Licentiate in Midwifery	1
Licentiate of the Faculty of Homeopathy	1
Licentiate of the Medical Council of Canada	3
Master of Criminology	1
Master of Medical Education	2
Master of Medicine (Anaesthetics)	1
Master of Public Health	13
Total	790

Table 13d : Postgraduate qualifications held - Fourth part

Master of Radiodiagnosis	1
Master of Science	137
Master of Surgery	6
Member of British Acupuncture College	1
Medical Advanced Life Support	1
Member of the Faculty of Homeopathy	2
Member of the Faculty of Occupational Medicine	5
Member of the Faculty of Pharmaceutical Medicine	1
Member of the Faculty of Public Health Medicine	39
Member of the Royal College of General Practitioners	1042
Member of the Royal College of Obstetricians and Gynaecologists (Part 1)	40
Member of the Royal College of Obstetricians and Gynaecologists (Part 2)	88
Member of the Royal College of Ophthalmologists	4
Member of the Royal College of Paediatrics & Child Health	23
Member of the Royal College of Pathologists (Final)	44
Member of the Royal College of Pathologists (Part 1)	39
Member of the Royal College of Physicians (Part 1)	114
Member of the Royal College of Physicians (Part 2)	703
Member of the Royal College of Physicians of Ireland	17
Member of the Royal College of Psychiatrists	220
Member of the Royal College of Surgeons Part 2	1
Member of the Royal New Zealand College of General Practitioners	5
Membership of the Faculty of Public Health Medicine of Ireland	1
Non-medical diploma, degree etc. obtained after leaving medical school	66
Other American Boards	19
Other overseas qualification	121
Other UK qualification	59
Paediatric Advanced life Support	3
Pre-Hospital Trauma Life Support	1
Radiation Protection Certificate	1
Other qualification	5
US Medical Licensing Examination	4
Total	2812

Views and attitudes

Medical careers in general

Figures 4-6 show, for men, women and all respondents respectively, the percentages of respondents who scored each of nine statements on their views and attitudes on medical careers in general with *strongly agree, agree, neither agree nor disagree, disagree, strongly disagree* or *no opinion*. The statements have been ordered from top to bottom in each figure in declining value for the total of the *strongly agree* and *agree* percentages.

Overall, the large majority, (83% of respondents) were happy with their present position. 69% felt that their career prospects were good, with over three-quarters agreeing that they had received good career opportunities to date (although more men than women agreed strongly with this statement: men 27%, women 19%). 55% felt that their postgraduate training so far had been of a high standard and 58% felt that they had had good opportunities for continuing professional development. Half of respondents disagreed with the statement that there were insufficient flexible and part-time posts in their specialty; more women than men disagreed with this statement (61% women, 40% men). Nearly a third of respondents had found it difficult to make career choices because of inadequate career advice and a quarter felt that lack of exposure to general practice had made it difficult to assess it as a career option. Opinion was divided about opportunities to job-share.

Figure 4: Views and attitudes, medical careers in general - Men

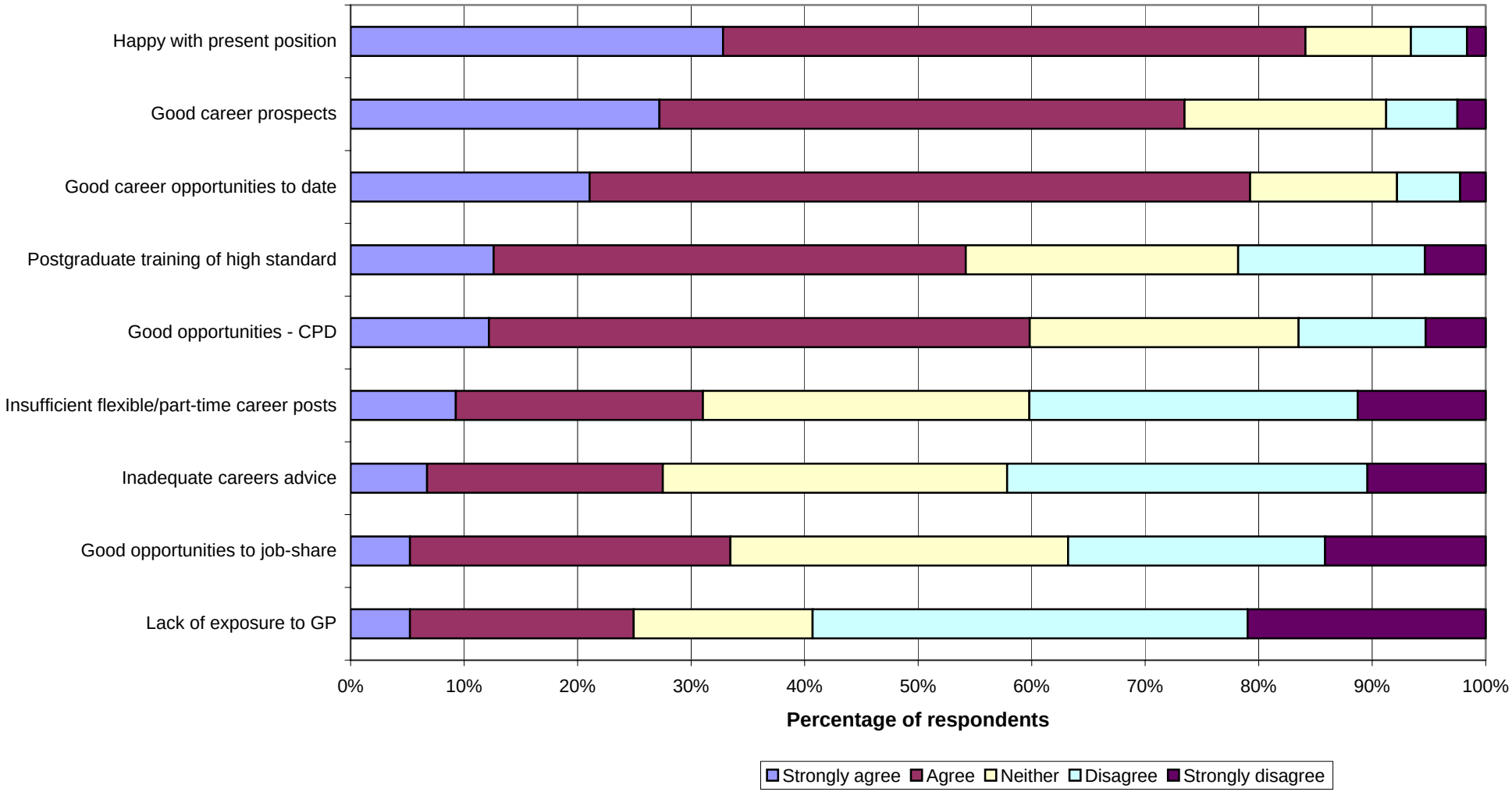


Figure 5: Views and attitudes, medical careers in general - Women

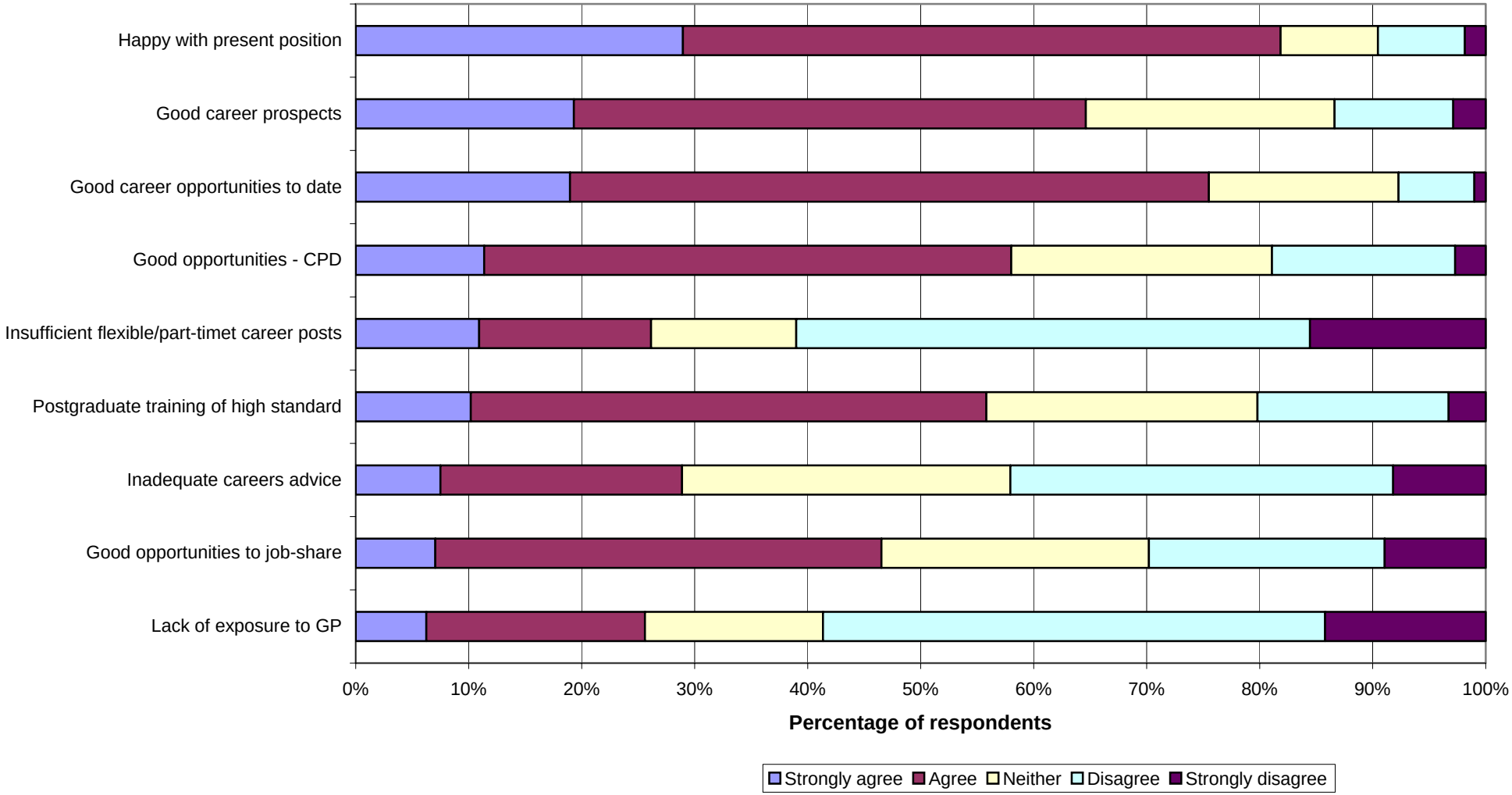
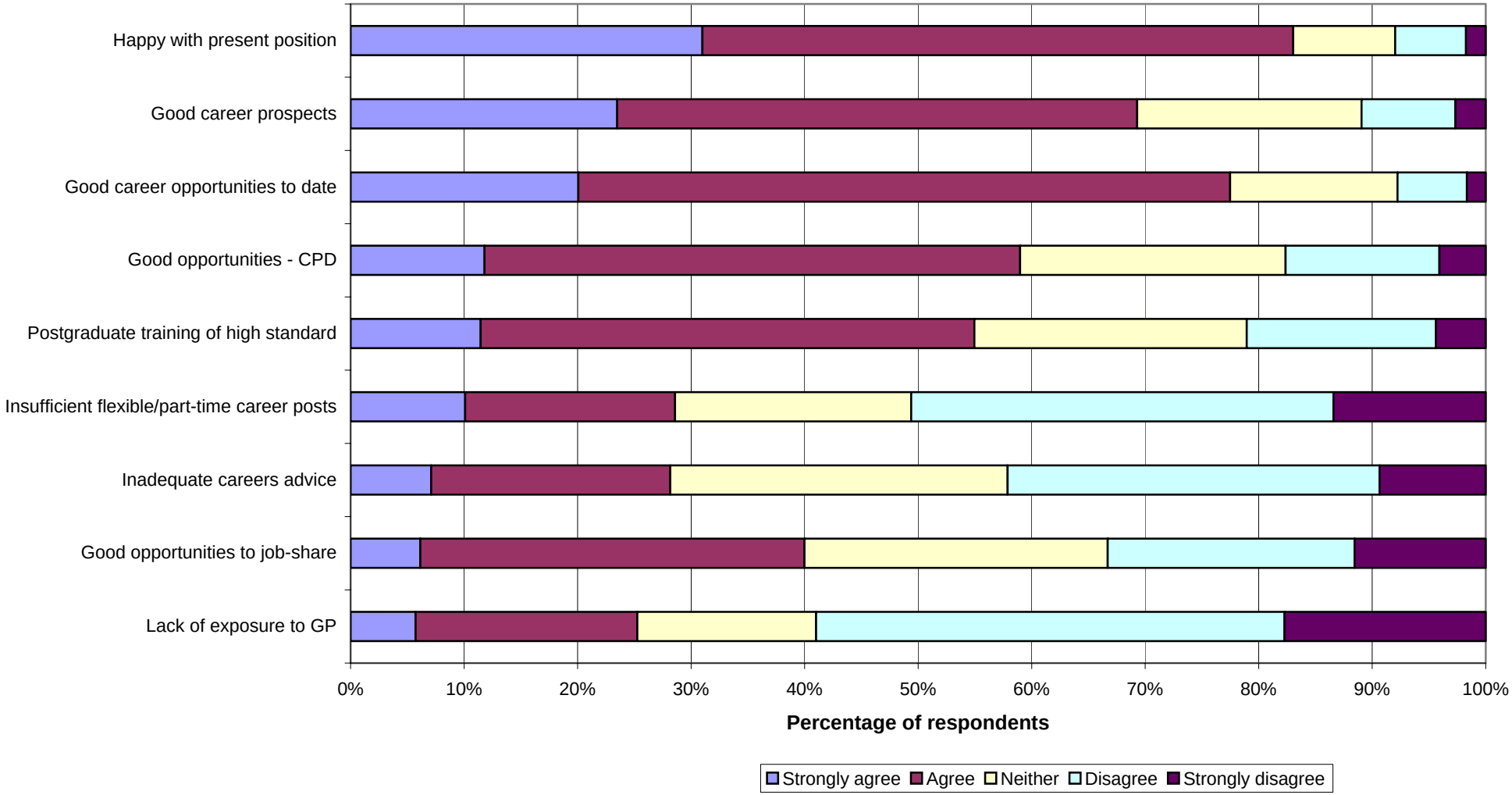


Figure 6: Views and attitudes, medical careers in general - All



The NHS and equality of opportunity

Figures 7-9 show the results from statements relating to views and attitudes to the NHS in the UK.

On the question of the NHS being a good equal opportunities employer, only 10% of doctors agreed that disabled doctors were treated equally. However, 25% did not express any opinion, perhaps because they had no experience of how disabled doctors were treated by the NHS. Opinion was divided on the statement about ethnicity, and although nearly half of the respondents agreed that the NHS was a good equal opportunities employer with regard to sex, only 40% of women doctors agreed with this statement compared to 53% of men.

Most doctors (63%) did not feel that they were receiving adequate remuneration (fewer men than women: men 68%, women 57%). Less than half of respondents felt that they were treated fairly by the NHS in their current job and 65% agreed that there was a lack of opportunities for re-training and re-skilling in the NHS.

Figure 7: Views and attitudes, NHS in UK - Men

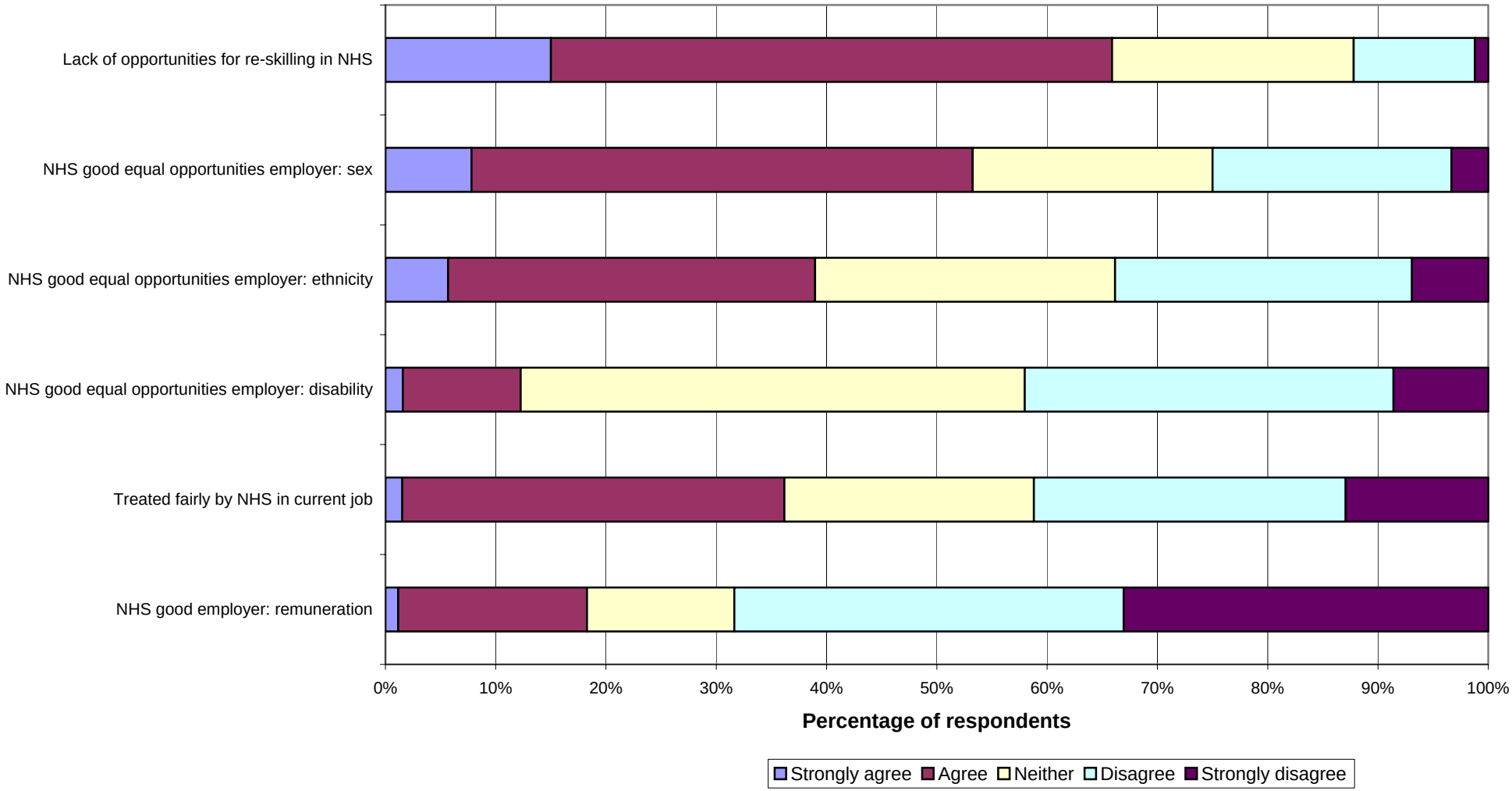


Figure 8: Views and attitudes, NHS in UK - Women

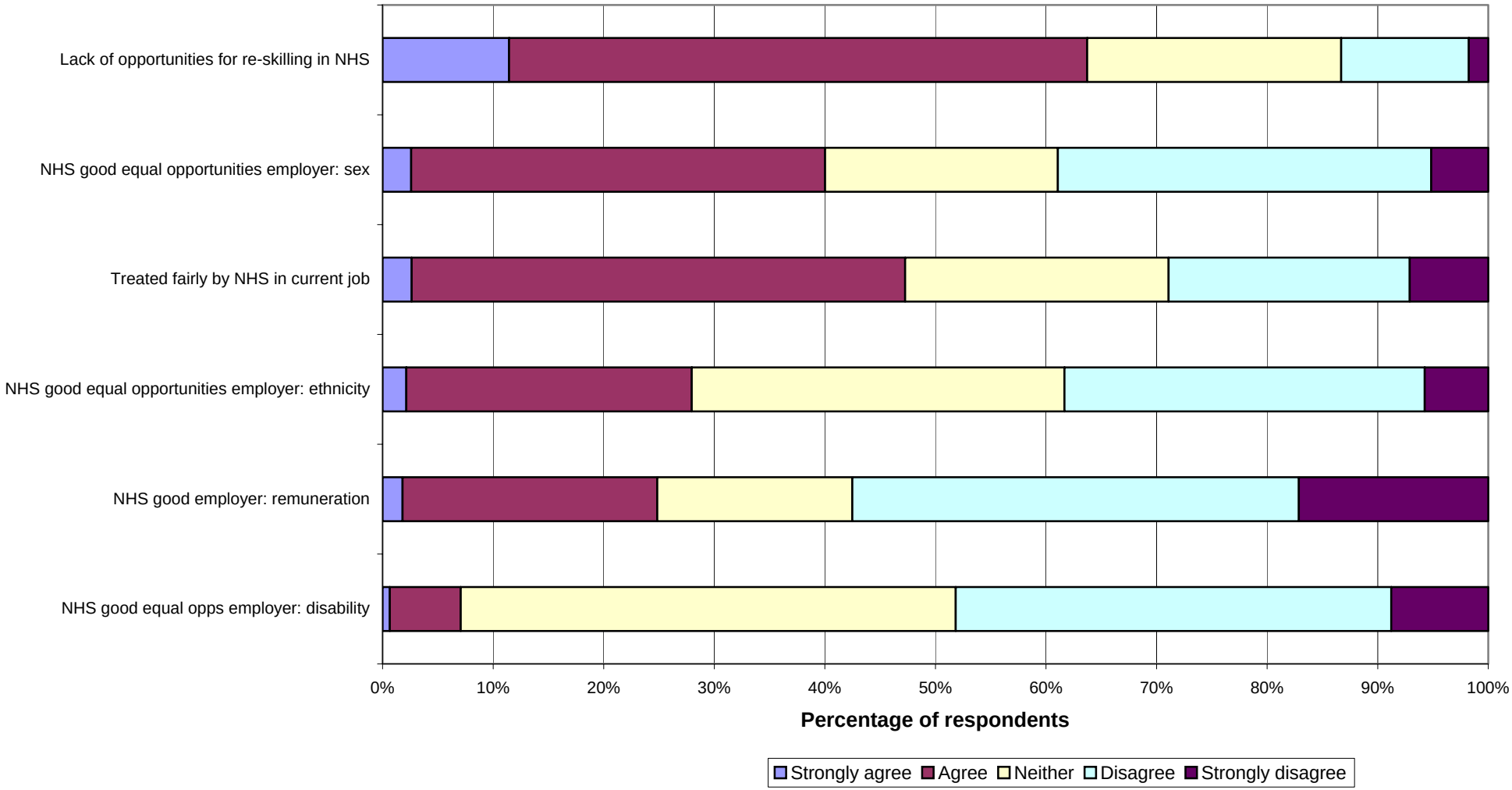
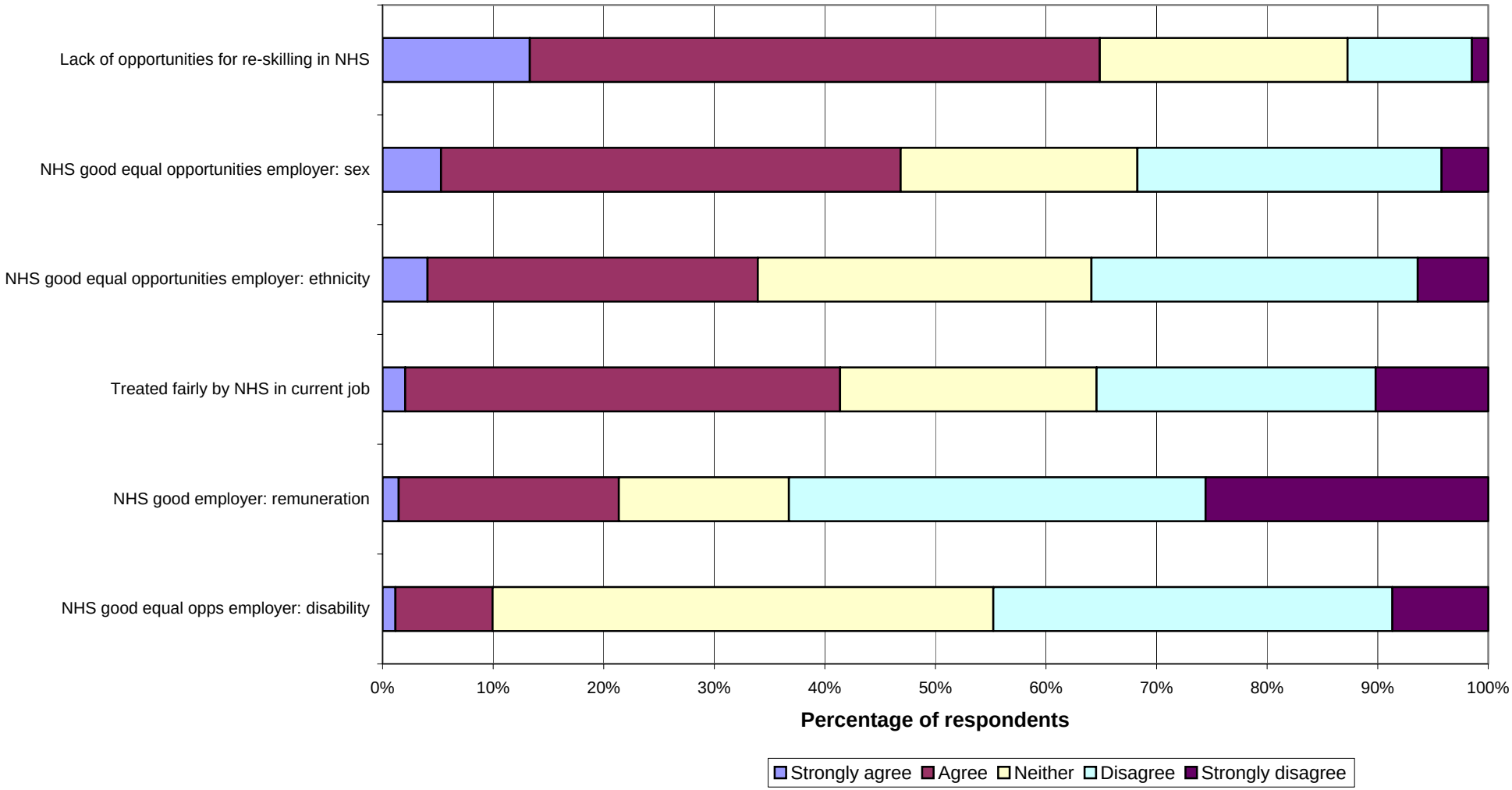


Figure 9: Views and attitudes, NHS in UK - All



Views of NHS general practitioners

Figures 10 to 12 show the results for statements relating to the views and attitudes of NHS GPs to their training. Just over half of respondents (53%) felt that their training had equipped them to practice adequately when they first became a GP, however nearly a third felt that their training had been inadequate in this respect. Only16% had found it difficult to obtain a suitable post after completing their GP registrar training; more men than women had experienced difficulties (men 21%, women 11%).

Figure 10: Views and attitudes, NHS GPs - Men

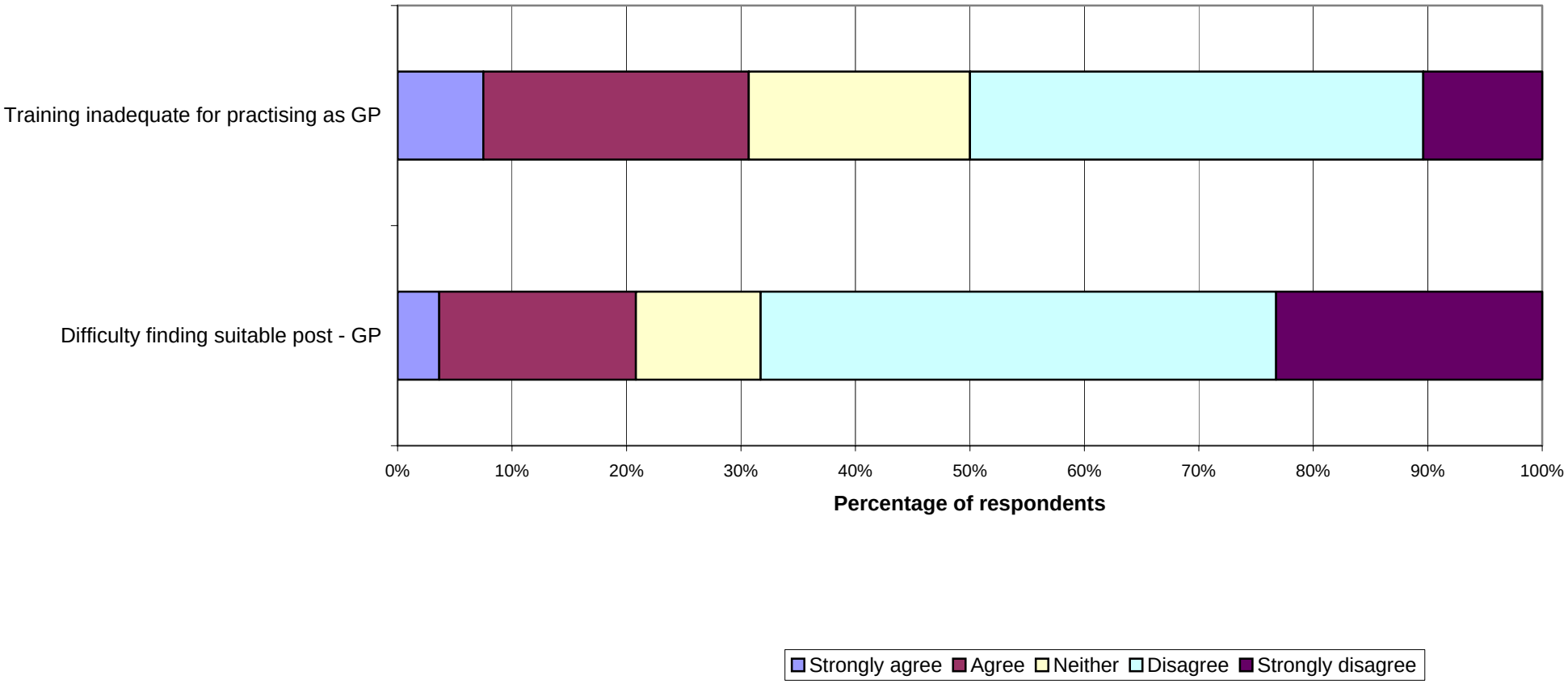


Figure 11: Views and attitudes, NHS GPs - Women

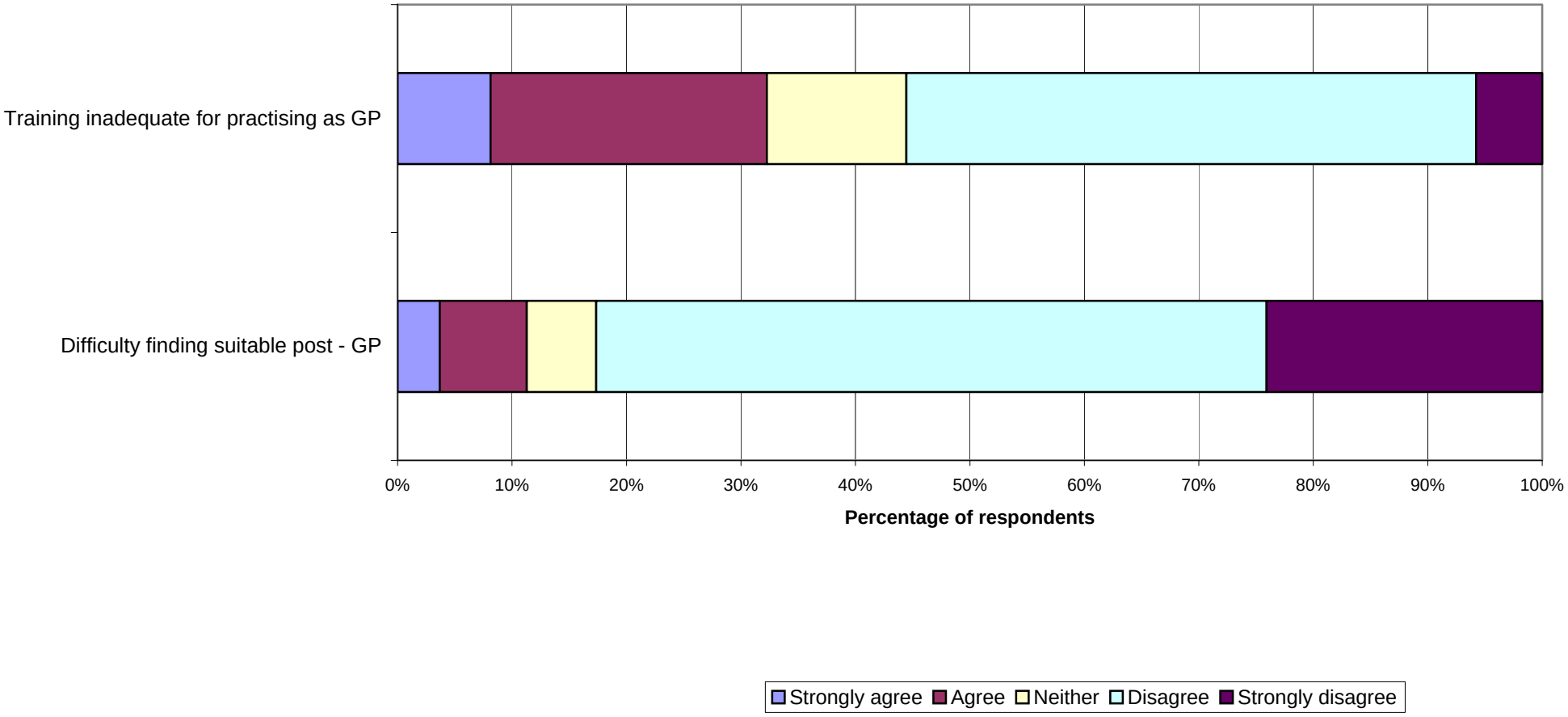
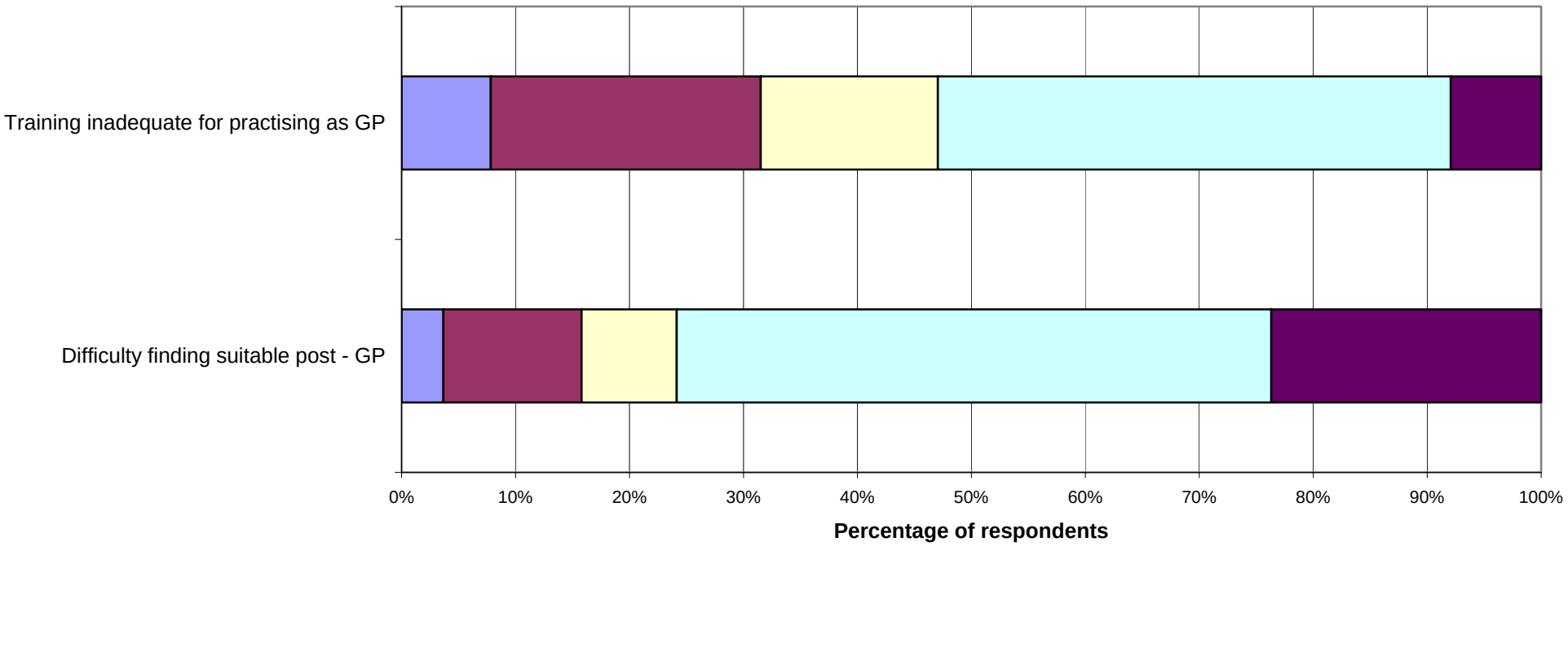


Figure 12: Views and attitudes, NHS GPs - All



Views of those in NHS hospital training or career posts

Figures 13 to 15 show the replies to questions regarding concerns about consultant posts for those working the NHS in training or career posts (including those with honorary contracts). A large majority of respondents (71%) felt that the length of training was adequate for practising as a newly appointed consultant. However, once trained a majority (61%) were concerned about securing a consultant post within six months of obtaining their CCST.

Job enjoyment and lifestyle

Respondents were asked how much they enjoyed their current position, on a scale from 1 (*not at all*) to 10 (*greatly*). Figure 16 shows cumulative percentages for men and women. About 15% scored 5 or less, approximately a third scored 6 or 7 indicating a reasonable level or enjoyment, and over 50 % scored 8,9 or 10 indicating a high level of satisfaction. Scores were similar for both men and women.

Respondents were also asked how satisfied they were with the amount of time their work currently left them for family, social and recreational activities. For those respondents working full-time or maximum part-time over half of respondents scored 5 or less, indicating a low level of satisfaction (men 58%, women 58%).

Figure 13: Views and attitudes, NHS hospital training or career posts - Men

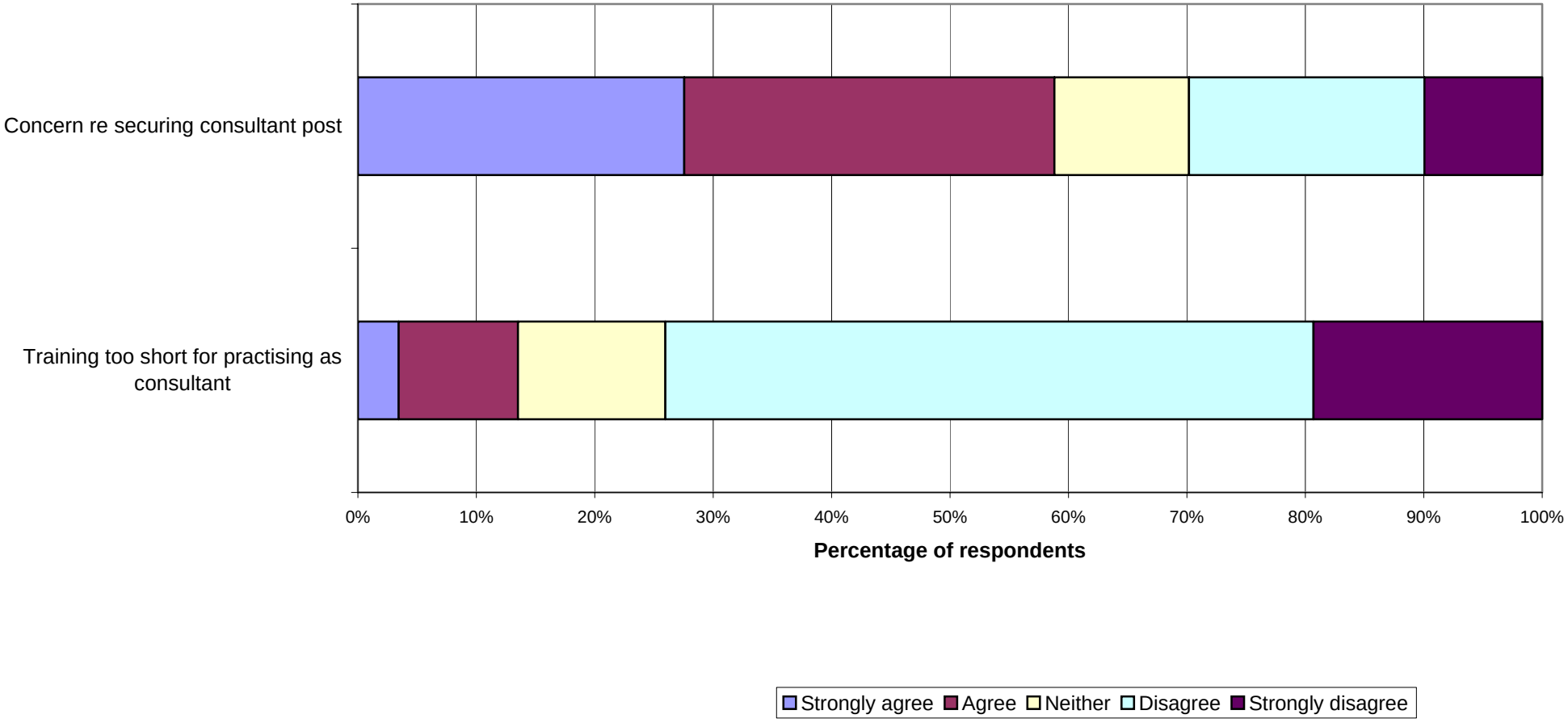


Figure14: Views and attitudes, NHS hospital training or career posts - Women

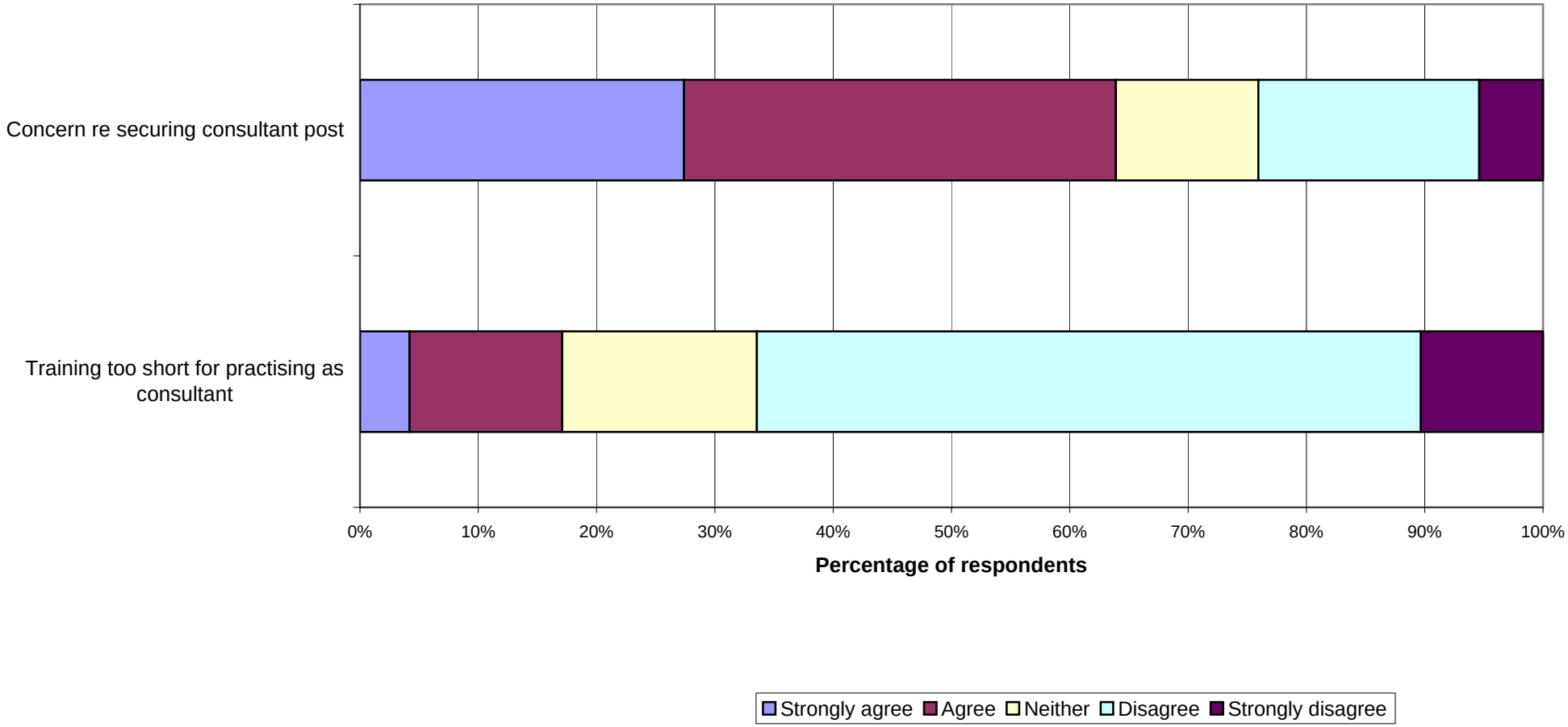


Figure 15: Views and attitudes, NHS hospital training or career posts - All

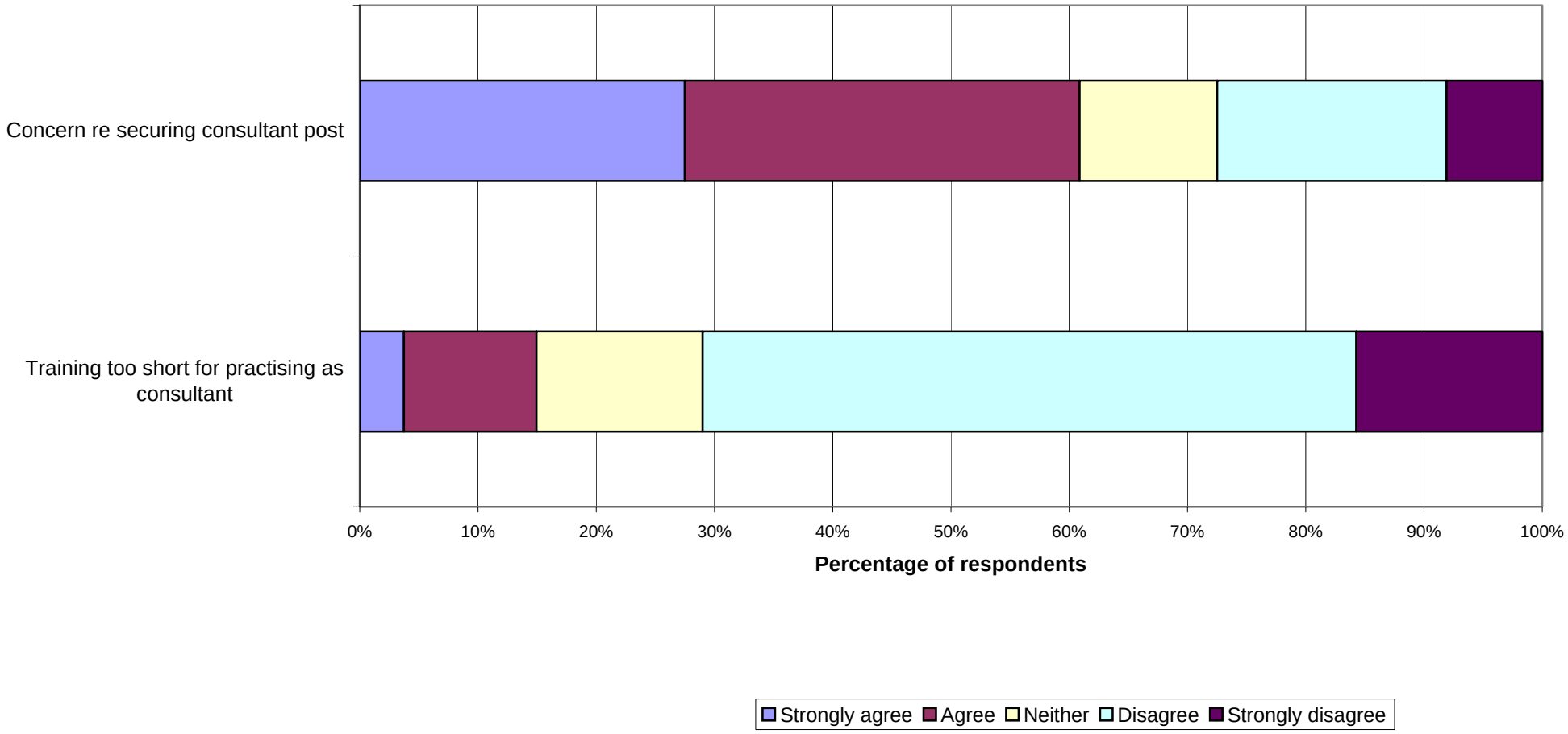


Figure 16: Enjoyment of current position

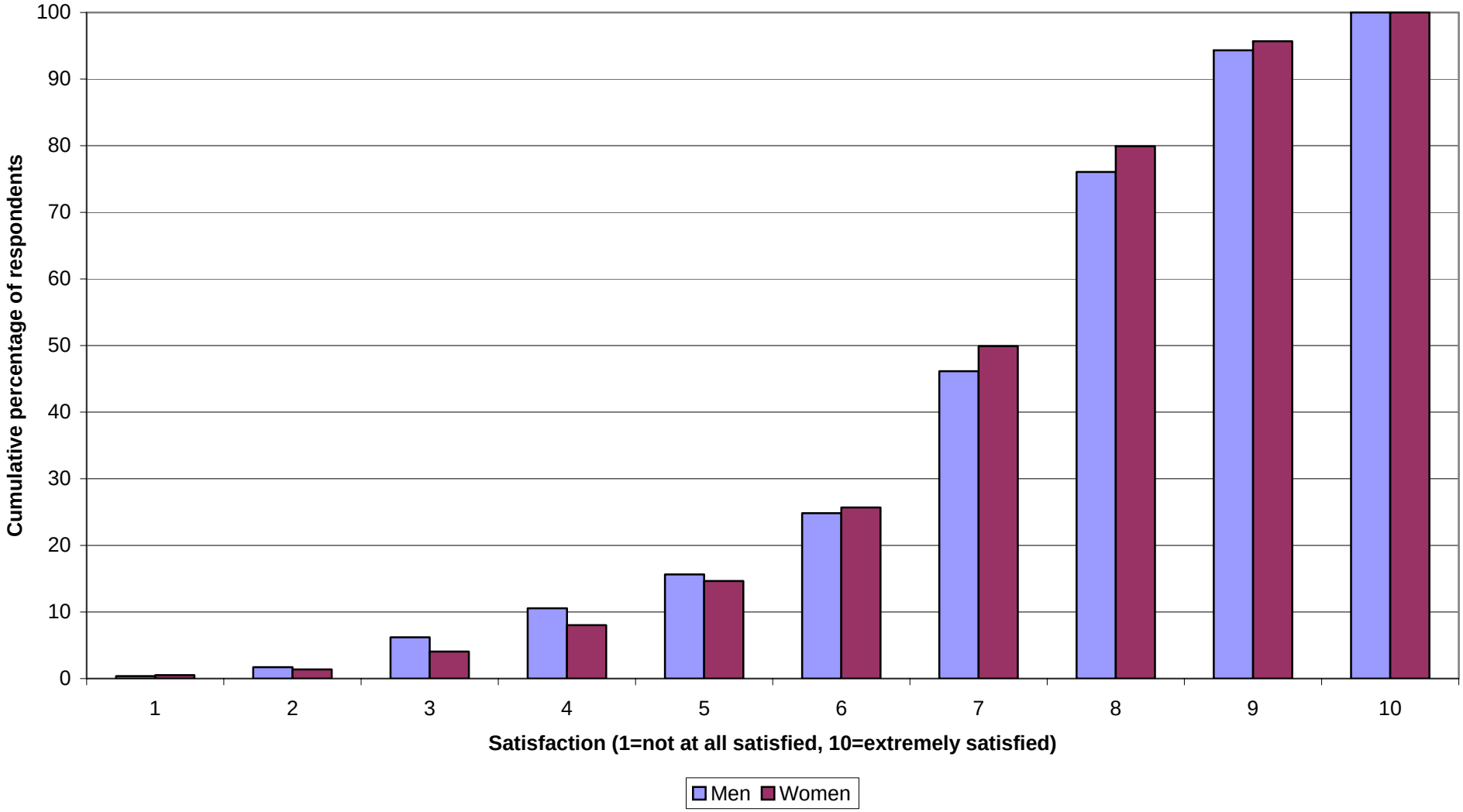
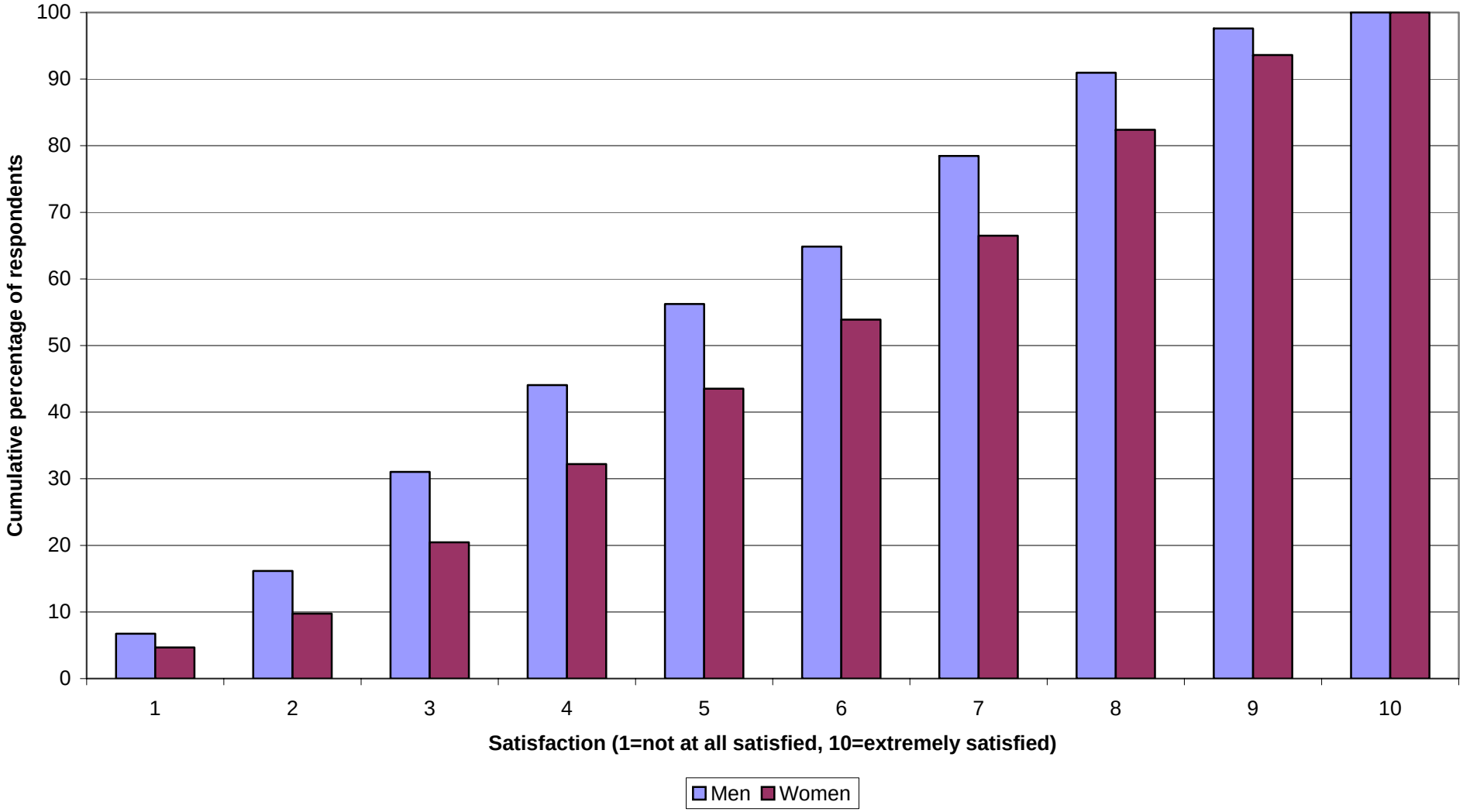


Figure 17: Satisfaction with leisure time



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Specialty mainstream groupings

1. Accident and emergency
2. Anaesthetics (includes intensive care)
3. Clinical Oncology
4. Community Health (includes family planning)
5. General Practice
6. Medical specialties (includes academic medicine, cardiology, chest medicine, clinical pharmacology, dermatology, endocrinology, gastroenterology, general medicine, genetics, geriatrics, industrial medicine, infectious diseases, nephrology, neurology, rheumatology / rehabilitation, tropical medicine, venereology
7. Obstetrics and gynaecology
8. Other medical (includes academic work, general hospital work, HM Forces, Third World medicine)
9. Surgical specialties (includes academic surgery, cardiac surgery, dental surgery, ear nose and throat, general surgery, neurosurgery, ophthalmology, orthopaedics/trauma, paediatric surgery, plastic surgery, urology, vascular surgery)
10. Paediatrics
11. Pathology (includes clinical chemistry, forensic medicine, haematology, histopathology, immunology, microbiology)
12. Psychiatry (includes adult psychiatry, child / adolescent psychiatry, forensic psychiatry, psychogeriatrics, psychotherapy
13. Public health medicine
14. Radiology

References

1. Lambert TW, Goldacre MJ. Career destinations seven years on among doctors who qualified in the United Kingdom in 1988; postal questionnaire survey. **British Medical Journal** 1988; 317: 1429-31

2. Royal Commission on Medical Education. *Report*. London: HMSO, 1968. (Cmnd 3569; Todd report).

Questionnaire

The following pages contain a copy of the questionnaire used for the survey.