UK Medical Careers Research Group

1999 cohort of UK Medical Graduates

Report of First Survey

October 2001

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Contents 2

Figures

Tables

Summary

- The UK Medical Careers Research Group surveyed doctors who qualified in the UK in 1999 during the PRHO year. This report describes the findings of the survey.

- Mailing began in May 2000. A response rate of 65.2% (2727/4185) was achieved.

- The median age of respondents was 24 years at the time of the survey. Almost three-quarters were single, and a quarter were living with a spouse or partner. The majority had no children. A very small percentage had adult dependants. Three-quarters were of white ethnic origin; 5% were overseas students.

- Overall, 20% of respondents had one or both parents who were medically qualified. Of 662 respondents living with their spouse or partner, over a third had partners who were medically qualified.

- Fewer than 10% of respondents had gained qualifications prior to medical school. 35.5% obtained an intercalated degree during medical school.

- At this stage, in the PRHO year, 74.0% described their career choice as a 'definite' or 'probable' choice. Women were less definite than men about their choice. Certainty of choice varied by specialty.

- One year after graduation, 25.2% of respondents indicated a first choice for general practice (18.0% of men and 30.5% of women). 22.7% of first choices were for the medical specialties, and 19.4% for the surgical specialties.

- 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, experience of jobs so far, self-appraisal and hours or working conditions – had the most effect on career choice; future financial prospects, advice from others and domestic circumstances had the least influence. Hours or working conditions and domestic circumstances were more significant for women than for men; career/promotion and future financial prospects were significantly more important for men than for women.

- Overall, 38.0% (889/2727) of respondents had considered and rejected an alternative choice of specialty. Men were more likely than women to have considered and rejected a surgical specialty; women were more likely than men to have considered and rejected paediatrics, and obstetrics and gynaecology.

- The majority (74.3%) of respondents were definitely or probably intending to practise medicine in the UK for the foreseeable future. There was no difference by sex. 85.0% of those not definitely intending to practise in the UK were considering medicine abroad, with Australia and New Zealand the most popular choices of location.

- More women than men planned to train part-time (men 3.5%, women 16.5%; 11.0% of all respondents).

- Eight statements relating to respondents' future careers were scored on a 5-point scale, from *strongly agree* to *strongly disagree*. Whilst 95% agreed that it was important to be

given careers advice at this stage of their training, only 37.1% had been able to obtain useful careers advice. More men than women agreed that experience of hospital work since graduation had increased the likelihood of their pursuing a hospital career. More women than men felt that general practice was more attractive than hospital practice for doctors at present.

- Respondents working in the UK NHS scored 5 statements about equality of opportunity in the same way. More men than women felt that the NHS was a good equal opportunities employer for women, and also for doctors with family responsibilities.

- Almost all respondents had begun their PRHO year. Over two-thirds were following the pattern of two 6-month posts. However, 87.5% of those who had graduated from Leicester medical school followed the three 4-month posts pattern. The vast majority of all PRHO posts were in the same region as, or an adjacent region to, their clinical medical school. Over two-thirds of PRHO posts were formally assessed.

- Only a few respondents were working part-time as PRHOs, or indicated that they would have liked to, had there been the opportunity. Many did not know if there had been an opportunity to do so, and of those who did know, only 7.2% said the opportunity had been available.

- On average, a moderate level of job satisfaction was recorded by respondents, with reference to their current PRHO post. 42.4% indicated a high level of enjoyment of the PRHO year overall. However, the majority recorded a low level of satisfaction with the amount of time left for family, social and recreational activities.

- Eleven statements about working conditions and support during their current and preceding PRHO posts were scored by respondents on a 3-point scale from *Agree* to *Disagree*. For the current posts, the highest levels of agreement were for the statements *I received good support from senior doctors* and *I received good support from nursing staff,* whereas the lowest agreement was found for the statement *I received good support from hospital / practice management.* Over 50% were satisfied with arrangements for annual leave, and a similar percentage thought they worked longer hours than they should. The only statements which showed an improvement in the current job, compared to the preceding job, were to do with the number of hours worked and pressure of the job.

- Eight statements about training and duties were rated in the same way. In their current post, the highest level of agreement was indicated by respondents to the statement *I was expected to perform too much routine non-medical work.* Less than 50% of respondents agreed with all other statements about their current post. In their preceding post, the highest level of agreement was indicated by respondents to the statement *Induction and handover arrangements were good.*

Introduction

This report describes the results of the first survey of the cohort of 4221 doctors who qualified from UK medical schools in 1999, during their PRHO year in 2000. The first mailing for this survey was carried out in May 2000, and late replies were received up to May 2001.

The report describes the main results from the first survey, focusing on the PRHO year, career choices and demographics of the respondents. It also contains some information about their views and attitudes. It is not intended as an analytical report and does not seek to relate data from this cohort to those obtained from other cohorts.

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

Methods

The study population comprised all doctors who qualified in medicine in the UK in 1999. Subjects were identified in early 2000 using medical school graduation lists provided by the General Medical Council. Both graduates of the summer of 1999 and the small numbers who qualified in the spring of 2000 were included, to ensure that the cohort comprised a complete year of medical school intake. After an initial mailing, up to 3 reminder mailings were sent to non-responders.

The questionnaire used is reproduced at the end of this report. Career choices were grouped into mainstream specialties based on those initially defined in the Todd Report.[1] A complete list of specialties included in each broad group is reproduced as an appendix.

Response

Table 1 shows the response to the survey. Excluding non-participants and those known to be abroad for whom we had no current address, the response rate was 65.2% (2727/4185). Among women it was 71.6% (1565/2183) and among men it was 58.0% (1162/2002).

Table 1: Response rate

	Sex				Total	
	Male		Female			
	Count	Col %	Count	Col %	Count	Col %
No reply	840	41.5%	618	28.2%	1458	34.5%
Replied	1162	57.4%	1565	71.3%	2727	64.6%
Not participating	9	.4%	3	.1%	12	.3%
Known to be abroad (no address)	15	.7%	9	.4%	24	.6%
Total	2026	100.0%	2195	100.0%	4221	100.0%

A one-page questionnaire was mailed as the fourth reminder mailing for this cohort survey; it invited information on choice of specialty, the respondent's current job, and limited background information. Respondents to the fourth mailing were subsequently sent a full questionnaire on request. In total, there were 2398 respondents to the full questionnaire.

Demographics

Age

The 2674 respondents whose date of birth was known had a median age of 24 years at the end of September 1999. 39.0% were aged 23 or less, 73.5% were 24 or less, and 86.9% were 25 or less. The oldest respondent was aged 43 years.

Marital status

Over two-thirds of the respondents to the full questionnaire were single; and over a quarter were living with a spouse or partner (Table 2). These proportions did not differ significantly between men and women.

Table 2: Marital status of respondents

	Sex				Total	
	Male		Female			
	Count	Col %	Count	Col %	Count	Col %
Living with spouse/partner	249	25.4	413	29.1	662	27.6
Single	718	73.3	992	69.9	1710	71.3
Widowed/Separated/Divorced			6	.4	6	.3
Not given	12	1.2	8	.6	20	.8
Total	979	100.0	1419	100.0	2398	100.0

Children and adult dependants

Respondents were asked to indicate the number of children living in their household. For 97.2% of respondents who provided this information, there were no children; the percentage was similar for men and women (Table 3).

Table 3: Numbers of children in respondents' households

	Sex				Total	
	Male		Female			
	Count	Col %	Count	Col %	Count	Col %
0	810	82.7	1146	80.8	1956	81.6
1	12	1.2	15	1.1	27	1.1
2	6	.6	13	.9	19	.8
3	4	.4	3	.2	7	.3
4	1	.1	2	.1	3	.1
Not given	146	14.9	240	16.9	386	16.1
Total	979	100.0	1419	100.0	2398	100.0

Respondents were asked if they had adult dependants who might affect their ability to pursue their chosen career; 40 did so (1.8% of respondents to the question).

Ethnicity

Non-white respondents comprised 23.5% of the total, with Indians being the largest component, followed by Chinese, and Asian-Other (Table 4). 143 (5.2%) of respondents were overseas students.

Table 4: Ethnicity of respondents

	Count	Col %
White	1835	76.5
Indian	196	8.2
Pakistani	54	2.3
Bangladeshi	24	1.0
Chinese	99	4.1
Asian-other	72	3.0
Black Caribbean	4	.2
Black African	17	.7
Black-other	3	.1
Other	71	3.0
Mixed	9	.4
Not given	14	.6
Total	2398	100.0

Qualifications prior to medical school

9.2% of respondents had obtained professional qualifications prior to entering medical school. The details are shown in Table 5.

Table 5: Qualifications prior to medical school

	Number
1ST CLASS HONS PHYSICS & PHILOSOPHY BSC	1
1ST MB PRE-MEDICAL	1
ALCM	1
ALS COURSES	1
BA	6
BA & MA	1
BA HONS ENGLISH LITERATURE	1
BA NATURAL SCIENCES	1
BA PSYCHOLOGY	1
BA THEOLOGY	1
BA GERMAN/ECONOMICS MSC HEALTH ECONOMICS	1
BA HONS	2
BA HONS ARCHAEOLOGY	1
BA HONS ENGINEERING	1
BA HONS ENGLISH	1
BA HUMAN SCIENCES	1
BA LAW	1
BA MA PHD	1
BA MSC MRCPATH	1
BA NATURAL SCIENCES	1
BA ENGLISH LITERATURE	1
BA PHILOSOPHY	1
BA PHYSICS & PHILOSOPHY	1
BA SOCIAL SCIENCE, MA DRAMA/THEATRE STUDIES	1
BA, DIPLOMA IN MUSIC	1
BA, MA	2
BA, MSC, PHD, MRSC	1
BCOMM JOINT HONS	1
BDS	5
BDS FDS	3
BDS FDS RCPS	2
BDS FDS RCS	6
BDS FDS RCS DENTISTRY	1
BDS FDS RCS ENG	1
BDS LDS RCS FDS RCPS	1
BDS MDS FDSRCS FFDRCS	1
BENG	1
BIOCHEMICAL ENGINEERING	1
BIOCHEMISTRY & MICROBIOLOGY	1
BIOCHEMISTRY	1
BMSC (PHYSIOLOGY) & BDS	1
BSC	22
BSC BIOCHEMISTRY	1
BSC (HONS)	5
BSC (HONS) ANATOMY	2
BSC (HONS) BIOCHEMISTRY/MICROBIOLOGY MMEDSCI CLINICAL PATHOLOGY	1
BSC (HONS) BIOMEDICAL SCIENCES	1
BSC (HONS) COMPUTER SCIENCE	1
BSC MICROBIOLOGY	1
BSC ANATOMY AND HUMAN BIOLOGY	1
BSC ANIMAL SCIENCE	1
BSC APPLIED BIOLOGY	1
BSC APPLIED CHEMISTRY	1

BSC ARCS	1
BSC BACTERIOLOGY (HONS), PhD MEDICAL MICROBIOLOGY	1
BSC BIOANALYTICAL SCIENCE	1
BSC BIOCHEMISTRY	2
BSC BIOCHEMISTRY/PHYSIOLOGY	1
BSC BIOLOGICAL SCIENCES	1
BSC BIOLOGY	4
BSC BIOMEDICAL SCIENCES	3
BSC DPHIL	1
BSC GENETICS	2
BSC HONS BIOCHEMISTRY & GENETICS	1
BSC HONS CHEMISTRY	1
BSC HONS DIP M	1
BSC HONS MEDICAL MICROBIOLOGY	1
BSC HONS PATHOBIOLOGY	1
BSC HONS PHARMACOLOGY	2
BSC HONS PHARMACY	1
BSC HONS PHARMACY MRPHARM	1
BSC HONS PHYSICS MSC	1
BSC HONS PHYSIOLOGY	3
BSC HONS	1
BSC HONS ZOOLOGY	1
BSC MEDICAL BIOCHEMISTRY	1
BSC MEDICAL MICROBIOLOGY	1
BSC MSC	1
BSC PATHOLOGY	1
BSC PHARMACOLOGY	1
BSC PHD	2
BSC PHYSICS	1
BSC PHYSIOLOGY, PHD PHARM	1
BSC PHYSIOLOGY	8
BSC PHYSIOLOGY AND SPORTS	2
BSC PHYSIOLOGY/PHARMACOLOGY	1
BSC PHYSIOLOGY/PSYCHOLOGY	1
BSC PSYCHOLOGY	4
BSC PSYCHOLOGY AND GENETICS	1
BSC (HONS) POLITICAL SCIENCE	1
BSC (HONS) PHARMACY/DIP.CLI.PHARM.	1
BSC, MCOPTOM	1
BSC, MSC, PHD	1
BSC, PGCE	1
BSC, PHD	3
BSCH (LIFE SCIENCES)	1
BVMS MRCVS	1
COMPUTER PROGRAMMING	1
CTEFLA	1
DEGREE HUMAN BIOLOGY	1
DEGREE IN CELLULAR & MOLECULAR PATHOLOGY	1
DENTISTRY BDS & FDSRCS	1
DIP OF VOCATIONAL EDUCATION	1
DIPLOMA IN MEDICAL SCIENCE	1
DIPLOMA IN PRE-PROFESSIONAL MUSIC	1
DIPLOMA IN YOUTH WORK	1
DPHIL & BSC	1
GENERAL NURSE AND PARAMEDIC	1
GEOGRAPHY AND ECONOMICS	1

HBCHB	1
HNC	1
HNC BUSINESS AND COMPUTER STUDIES	1
HUMAN BIOLOGY DEGREE	1
HUMAN SCIENCES BSC HONS	1
ILAEW BA HONS CHARTERED ACCOUNTANT	1
MA	2
MA, PHD	2
MA AGRICULTURAL SCIENCE	1
MA GEOGRAPHY	1
MA PHILOSOPHY	1
MBA, MIMECHE, CENG	1
MECHANICAL ENGINEERING	1
MEDICAL DEGREE (POLAND)	1
MPHIL	1
MSC (MED PHYS) BSC (HONS)	1
MSC (RESEARCH) IN BIOCHEMISTRY	1
MSC BSC PGCE	1
NATURAL SCIENCES TRIPOS	1
NVQ	1
NVQ LIFEGUARDING	1
ONC, HND	1
OPERATING DEPARTMENT PRACTICE	1
PHD	1
PHD MOLECULAR NEUROGENETICS	1
PNDS GERMAN LANGUAGE CERTIFICATE	1
PRIMARY DIPLOMA IN TEACHING	1
PSYCHIATRY,CHILD AND SOCIAL DIPLOMA, MEDICINE & LAW DIPLOMA	1
RGN	7
RGN DPSN	1
RGN, BSC HONS PLANT SCIENCE	1
ST JOHNS AMBULANCE FIRST AID	1
TEACHING ENGLISH AS FOREIGN LANGUAGE	2
Total	**222**

Qualifications obtained during medical school

35.5% (845/2398) of respondents obtained an intercalated degree (BSc, BA, BMedSci) during medical school. A further 1.3% obtained other qualifications (Table 6).

Table 6: Other qualifications obtained during medical school

	Number
ADVANCED DIPLOMA IN MEDICINE	1
ADVANCED DIPLOMA MEDSCI	1
ADVANCED DIPLOMA OF BIOMEDICAL SCIENCES	1
ALS	1
ASSOCIATE OF KINGS COLLEGE	3
BSA LEVEL 1	1
DIPLOMA IN ARABIC STUDIES	1
FDS	1
FDS RCPS	1
FDS RCS	1
FORENSIC MEDICINE CERTIFICATE	1
FRENCH AS LEVEL	1
GNVQ SIGN LANGUAGE	1
MA	3
MA PLUS PHD	1
MA NATURAL SCIENCES	1
MPHIL	1
MSC IMMUNOLOGY	1
NVQ PHARMACY ASSISTANCE	1
PHD	2
PHD IN MOLECULAR PATHOLOGY	1
RSA II SECRETARIAL	1
RYA WINDSURFING LEVEL 1	1
SIGN LANGUAGE STAGE 1 & 2	1
STAGE 1 BRITISH SIGN LANGUAGE	1
YACHTMASTER	1
YOGA TEACHER QUALIFICATION	1
Total	**32**

Parents and partner medically qualified

6.2% of respondents had parents who were both medically qualified (Table 7). 17.5% had a father who was qualified. Of 662 respondents living with their spouse or partner, over a third had partners who were medically qualified (Table 8).

Table 7. Parents medically qualified

	Sex				Total	
	Male		Female			
	Count	Col %	Count	Col %	Count	Col %
Father and mother qualified	75	6.5%	95	6.1%	170	6.2%
Father only qualified	138	11.9%	170	10.9%	308	11.3%
Mother only qualified	27	2.3%	39	2.5%	66	2.4%
Neither qualified	910	78.3%	1245	79.6%	2155	79.0%
Information missing	12	1.0%	16	1.0%	28	1.0%
Total	1162	100.0%	1565	100.0%	2727	100.0%

Table 8: Partner medically qualified

	Sex				Total	
	Male		Female			
	Count	Col %	Count	Col %	Count	Col %
Partner qualified	84	33.7	157	38.0	241	36.4
Partner not qualified	165	66.3	255	61.7	420	63.4
Not given			1	.2	1	.2
Total	249	100.0	413	100.0	662	100.0

Father's job type

Table 9 shows the job type of respondents' fathers. Over two thirds were employees; a third were employers or self-employed.

Table 9: Father's job type

	Count	Col %
Employer	388	16.2%
Self-employed	361	15.1%
Employee	1543	64.3%
Don't know	35	1.5%
Not given	71	3.0%
Total	2398	100.0%

Career Choice in 2000

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 26.1% of these respondents were definite about their long-term choice (Table 10). A further 47.9% described their career choice as a 'probable' choice. Women were less definite than men about their choice (χ^2_2=17.0, p<0.001).

Table 10: Firmness of career choice in 2000

	Male		Female		Total	
	Count	Col %	Count	Col %	Count	Col %
Definitely	327	28.1	385	24.6	712	26.1
Probably	578	49.7	729	46.6	1307	47.9
Not really	240	20.7	429	27.4	669	24.5
Not given	17	1.5	22	1.4	39	1.4
Total	1162	100.0	1565	100.0	2727	100.0

Tables 11a - 11c show the first, second and third choices of career expressed by the respondents, with choices grouped into mainstream specialties. 32.6% of respondents expressed only a first choice. First choices for general practice were indicated by 18.0% of men and 30.5% of women (25.2% over all respondents). The next highest percentage of first choices was the medical specialties (22.7%) followed by surgery or another surgical specialty (19.4% altogether).

Table 11a: First choices of long-term career in 2000

	Male		Female		Total	
	Count	Col %	Count	Col %	Count	Col %
Medical Specs.	247	21.7	360	23.5	607	22.7
Paediatrics	47	4.1	123	8.0	170	6.4
Accident & Emergency	41	3.6	54	3.5	95	3.6
General surgery	142	12.5	91	5.9	233	8.7
Other Surgical Specialty	222	19.5	91	5.9	313	11.7
Obstetrics & Gynaec.	6	.5	45	2.9	51	1.9
Anaesthetics	96	8.5	110	7.2	206	7.7
Radiology	22	1.9	39	2.5	61	2.3
Clinical Oncology	11	1.0	25	1.6	36	1.3
Pathology	12	1.1	28	1.8	40	1.5
Psychiatry	48	4.2	58	3.8	106	4.0
General Practice	204	18.0	468	30.5	672	25.2
Community Medicine	2	.2	6	.4	8	.3
Public Health Medicine	5	.4	4	.3	9	.3
Other Medical Spec.	10	.9	13	.8	23	.9
Two or more specialties	2	.2	1	.1	3	.1
Non-Medical	19	1.7	17	1.1	36	1.3
Total	1136	100.0	1533	100.0	2669	100.0

Table 11b: Second choices of long-term career in 2000

	Sex				Total	
	Male		Female			
	Count	Col %	Count	Col %	Count	Col %
Medical Specs.	203	25.2%	279	28.0%	482	26.7%
Paediatrics	11	1.4%	53	5.3%	64	3.5%
Accident & Emergency	61	7.6%	73	7.3%	134	7.4%
General surgery	77	9.5%	35	3.5%	112	6.2%
Other Surgical Specialty	137	17.0%	39	3.9%	176	9.8%
Obstetrics & Gynaec.	5	.6%	26	2.6%	31	1.7%
Anaesthetics	68	8.4%	76	7.6%	144	8.0%
Radiology	35	4.3%	31	3.1%	66	3.7%
Clinical Oncology	11	1.4%	18	1.8%	29	1.6%
Pathology	11	1.4%	24	2.4%	35	1.9%
Psychiatry	26	3.2%	34	3.4%	60	3.3%
General Practice	118	14.6%	250	25.1%	368	20.4%
Community Medicine	1	.1%	1	.1%	2	.1%
Public Health Medicine	5	.6%	9	.9%	14	.8%
Other Medical Spec.	24	3.0%	22	2.2%	46	2.6%
Non-Medical	14	1.7%	25	2.5%	39	2.2%
Not in Paid Employment			1	.1%	1	.1%
Total	807	100.0%	996	100.0%	1803	100.0%

Table 11c: Third choices of long-term career in 2000

	Sex				Total	
	Male		Female			
	Count	Col %	Count	Col %	Count	Col %
Medical Specs.	91	22.5%	112	23.8%	203	23.2%
Paediatrics	12	3.0%	19	4.0%	31	3.5%
Accident & Emergency	21	5.2%	32	6.8%	53	6.1%
General surgery	23	5.7%	14	3.0%	37	4.2%
Other Surgical Specialty	71	17.6%	21	4.5%	92	10.5%
Obstetrics & Gynaec.	3	.7%	12	2.5%	15	1.7%
Anaesthetics	31	7.7%	25	5.3%	56	6.4%
Radiology	21	5.2%	20	4.2%	41	4.7%
Clinical Oncology	6	1.5%	14	3.0%	20	2.3%
Pathology	5	1.2%	15	3.2%	20	2.3%
Psychiatry	6	1.5%	31	6.6%	37	4.2%
General Practice	87	21.5%	131	27.8%	218	24.9%
Community Medicine			1	.2%	1	.1%
Public Health Medicine	4	1.0%	7	1.5%	11	1.3%
Other Medical Spec.	12	3.0%	13	2.8%	25	2.9%
Two or more specialties	3	.7%	1	.2%	4	.5%
Non-Medical	8	2.0%	3	.6%	11	1.3%
Total	404	100.0%	471	100.0%	875	100.0%

Table 12 shows the percentages of those choosing each mainstream specialty who were expressing a definite, probable or uncertain choice. There was considerable variation by specialty.

Table 12: Percentages of those choosing each mainstream as their first choice of long-term career, whose choice was definite, probable or not really definite in 2000

	Definitely	Probably	Not really	N (100%)
Medical Specs.	11%	52%	37%	596
Paediatrics	32%	53%	16%	167
Accident & Emergency	6%	56%	37%	94
General surgery	28%	53%	19%	231
Other Surgical Specialty	40%	51%	9%	309
Obstetrics & Gynaec.	37%	55%	8%	51
Anaesthetics	19%	51%	30%	205
Radiology	5%	57%	38%	61
Clinical Oncology	14%	53%	33%	36
Pathology	30%	35%	35%	40
Psychiatry	40%	47%	13%	104
General Practice	40%	45%	15%	672
Community Medicine	13%	50%	38%	8
Public Health Medicine	11%	44%	44%	9
Other Medical Spec.	22%	30%	48%	23
Two or more specialties	0%	33%	67%	3
Non-Medical	9%	26%	66%	35
Total	27%	49%	24%	2644

Tied choices

Respondents were asked to state whether two or more of their choices were of equal (tied) importance, and, if so, to indicate which these choices were. Table 13 gives the details.

Table 13: Tied choices

	Frequency	Percent	Valid Percent	Cumulative Percent
No ties	2275	83.4	83.4	83.4
1st+2nd choices tied	266	9.8	9.8	93.2
2nd&3rd choices tied	56	2.1	2.1	95.2
All 3 choices tied	130	4.8	4.8	100.0
Total	2727	100.0	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, for men, women and all respondents. Overall, enthusiasm and commitment, experience of jobs so far, self-appraisal and hours or working conditions had the most influence on career choices, whilst inclinations before medical school, future financial prospects, advice from others and domestic circumstances had the least influence (see Figure 3). Hours or working conditions and domestic circumstances were more significant for women than for men; career/promotion and future financial prospects were significantly more important for men than for women.

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

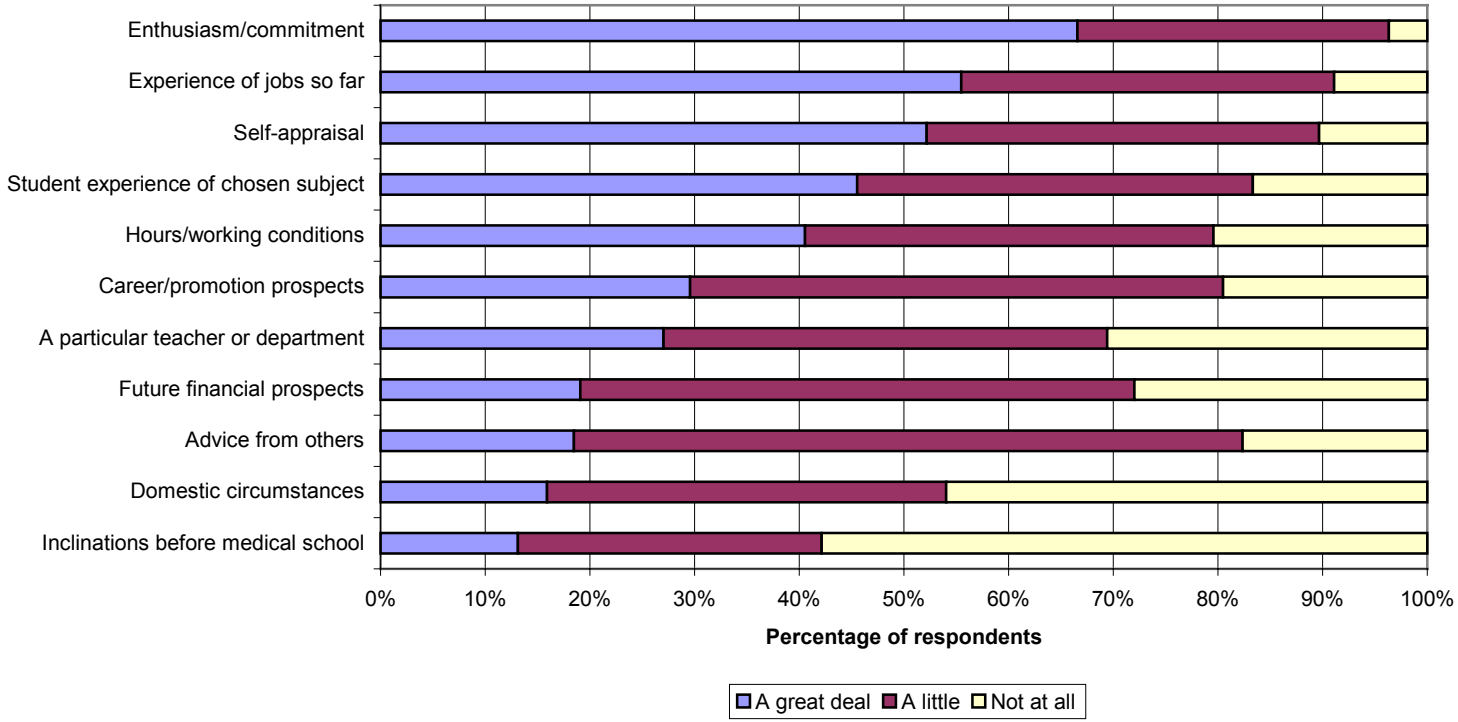


Figure 2: Factors affecting career choice a great deal, a little, or not at all - Women

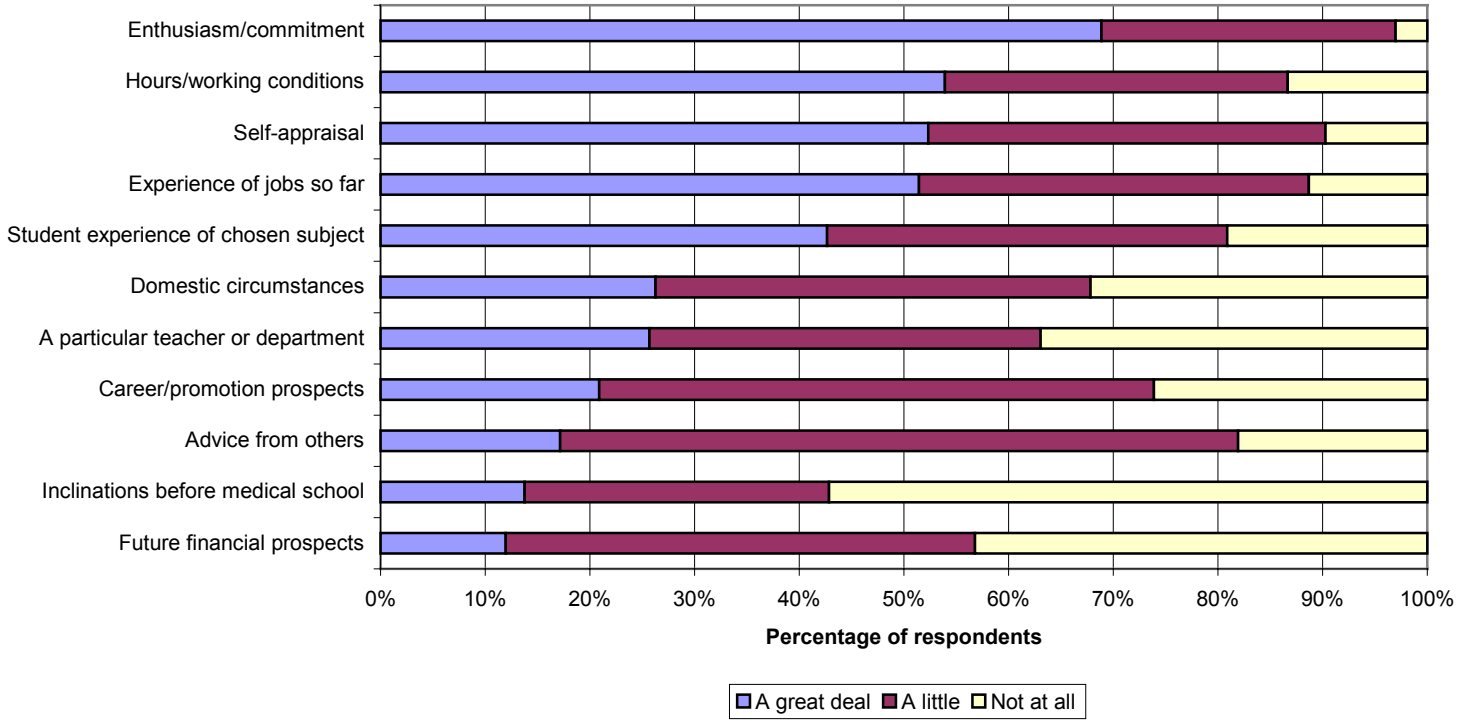
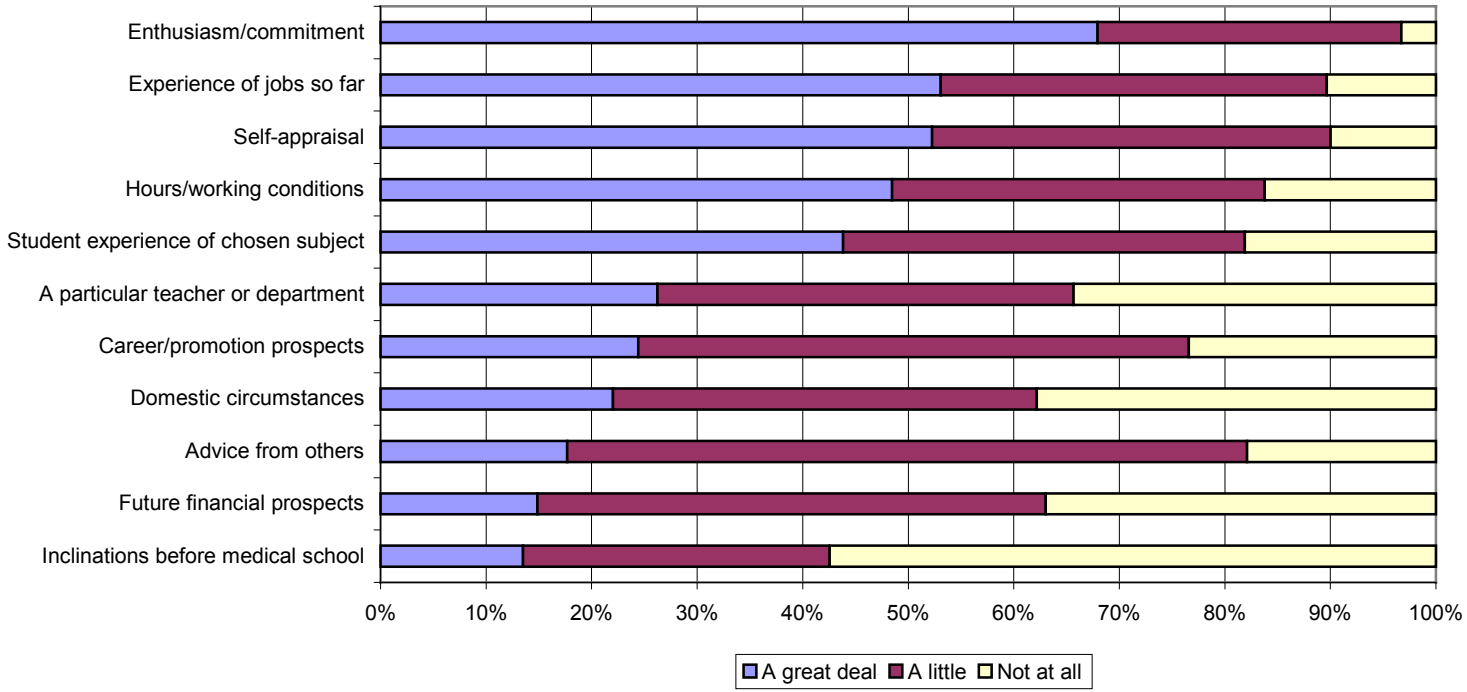


Figure 3: Factors influencing career choice a great deal, a little, or not at all - All respondents



Considered and rejected an alternative choice of specialty

Overall, 38.0% (889/2727) of respondents had considered and rejected an alternative choice of specialty. Table 14 shows the frequencies of the rejected specialties, within mainstream groupings, by sex. Men were more likely than women to have considered and rejected general surgery or another surgical specialty; women were more likely than men to have considered and rejected paediatrics, and obstetrics and gynaecology.

Table 14: Rejected alternative choices

	Sex				Total	
	Male		Female			
	Count	Col %	Count	Col %	Count	Col %
Medical Specs.	78	21.9%	129	24.2%	207	23.3%
Paediatrics	31	8.7%	79	14.8%	110	12.4%
Accident & Emergency	3	.8%	6	1.1%	9	1.0%
General surgery	95	26.7%	104	19.5%	199	22.4%
Other Surgical Specialty	44	12.4%	24	4.5%	68	7.6%
Obstetrics & Gynaec.	20	5.6%	80	15.0%	100	11.2%
Anaesthetics	19	5.3%	16	3.0%	35	3.9%
Radiology	3	.8%	4	.8%	7	.8%
Clinical Oncology	2	.6%	7	1.3%	9	1.0%
Pathology	7	2.0%	12	2.3%	19	2.1%
Psychiatry	10	2.8%	26	4.9%	36	4.0%
General Practice	19	5.3%	30	5.6%	49	5.5%
Other Medical Spec.	4	1.1%			4	.4%
Two or more specialties	2	.6%	7	1.3%	9	1.0%
Non-Medical	19	5.3%	4	.8%	23	2.6%
Unknown			5	.9%	5	.6%
Total	356	100.0%	533	100.0%	889	100.0%

Intentions to practise in the United Kingdom

Approximately three-quarters of respondents definitely or probably intended to practise medicine in the UK for the foreseeable future (Table 15); 8.1% were undecided and 11.0% definitely or probably did not intend to do so. There was no difference by sex. 85.0% of those not definitely intending to practise in the UK were considering medicine abroad (Table 16). Australia and New Zealand were the most popular choices of location.

Table 15: Intentions of respondents to practise medicine in the UK for the foreseeable future

	Male		Female		Total	
	Count	Col %	Count	Col %	Count	Col %
Yes-definitely	398	34.3	539	34.4	937	34.4
Yes-probably	465	40.0	622	39.7	1087	39.9
Undecided	175	15.1	214	13.7	389	14.3
No-probably not	86	7.4	135	8.6	221	8.1
No-definitely not	32	2.8	48	3.1	80	2.9
Not given	6	.5	7	.4	13	.5
Total	1162	100.0	1565	100.0	2727	100.0

Table 16: Percentages of respondents considering different alternatives to UK medicine

		Male		Female		Total	
		Count	Col %	Count	Col %	Count	Col %
Considering medicine abroad	No	110	15.0%	163	16.2%	273	15.7%
	Yes	624	85.0%	842	83.8%	1466	84.3%
Considering leaving med, remaining in UK	No	538	82.8%	773	83.7%	1311	83.3%
	Yes	112	17.2%	150	16.3%	262	16.7%
Considering leaving medicine & UK	No	578	91.6%	873	95.4%	1451	93.9%
	Yes	53	8.4%	42	4.6%	95	6.1%

Part time training

Respondents were asked to indicate whether they planned to undertake all or part of their future training on a part-time basis. Significantly more women than men planned to do so (Table 17).

Table 17: Percentage of respondents intending to train part-time

	Sex				Total	
	Male		Female			
	Count	Col %	Count	Col %	Count	Col %
Yes	41	3.5%	259	16.5%	300	11.0%
No	818	70.4%	575	36.7%	1393	51.1%
Undecided	107	9.2%	561	35.8%	668	24.5%
Not given	196	16.9%	170	10.9%	366	13.4%
Total	1162	100.0%	1565	100.0%	2727	100.0%

Opinions about future career

Respondents were invited to score a number of attitude statements relating to their future career on a 5-point scale from *strongly agree* to *strongly disagree*. The results for men, women and all respondents are shown in Figures 4, 5 and 6 respectively. 95.0% of respondents agreed or strongly agreed that it was important to be given careers advice at this stage of their training (Figure 6).

However, only 37.1% agreed or strongly agreed that they had been able to obtain useful careers advice. Men were more likely to agree with this statement than women: 43.5% of men and 32.7% of women either agreed or strongly agreed. Men were also more likely than women to agree that experience of hospital work since graduation had increased the likelihood of their pursuing a hospital career (56.2% of men agreed or strongly agreed, compared with 44.6% of women). More women than men felt that general practice was more attractive than hospital practice for doctors at present (women 57.0%, men 47.7%).

Figure 4: Views on future career - Men

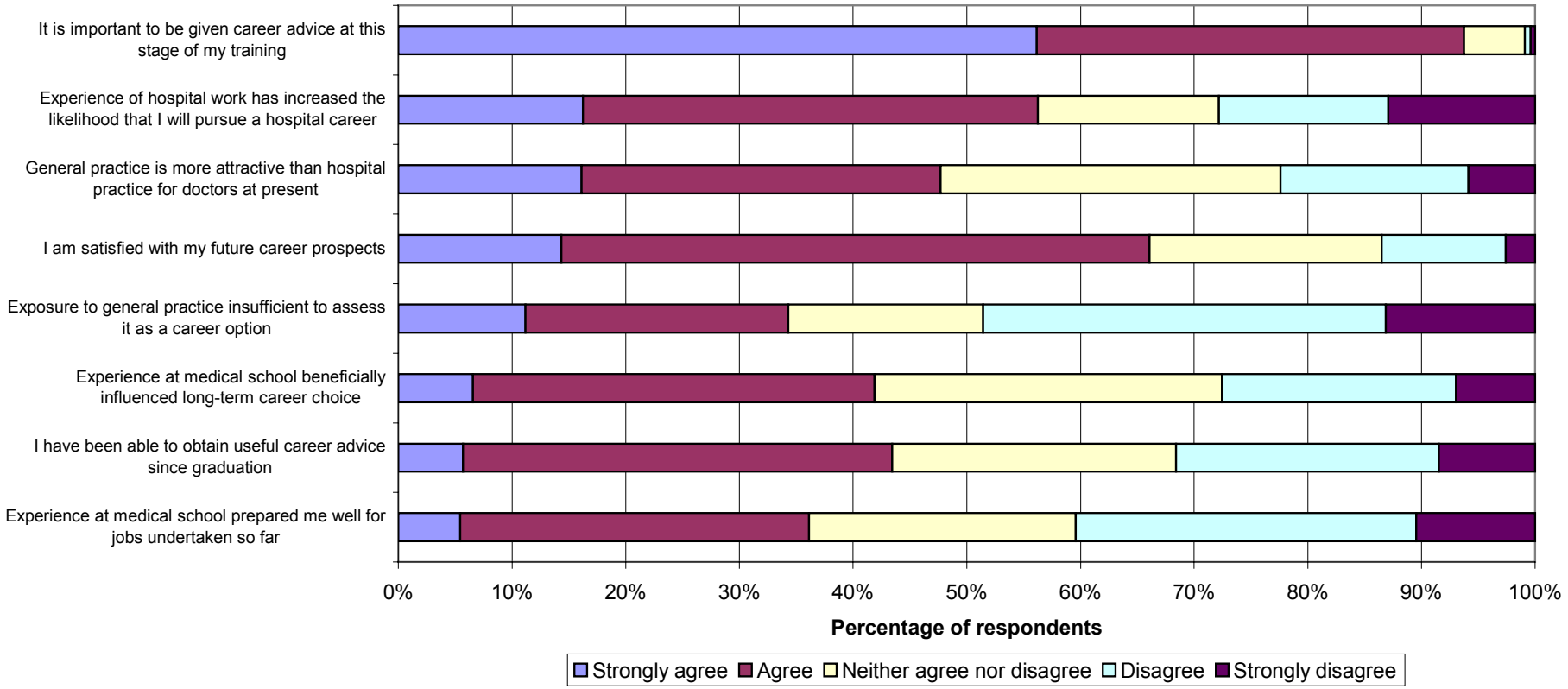


Figure 5: Views on future career - Women

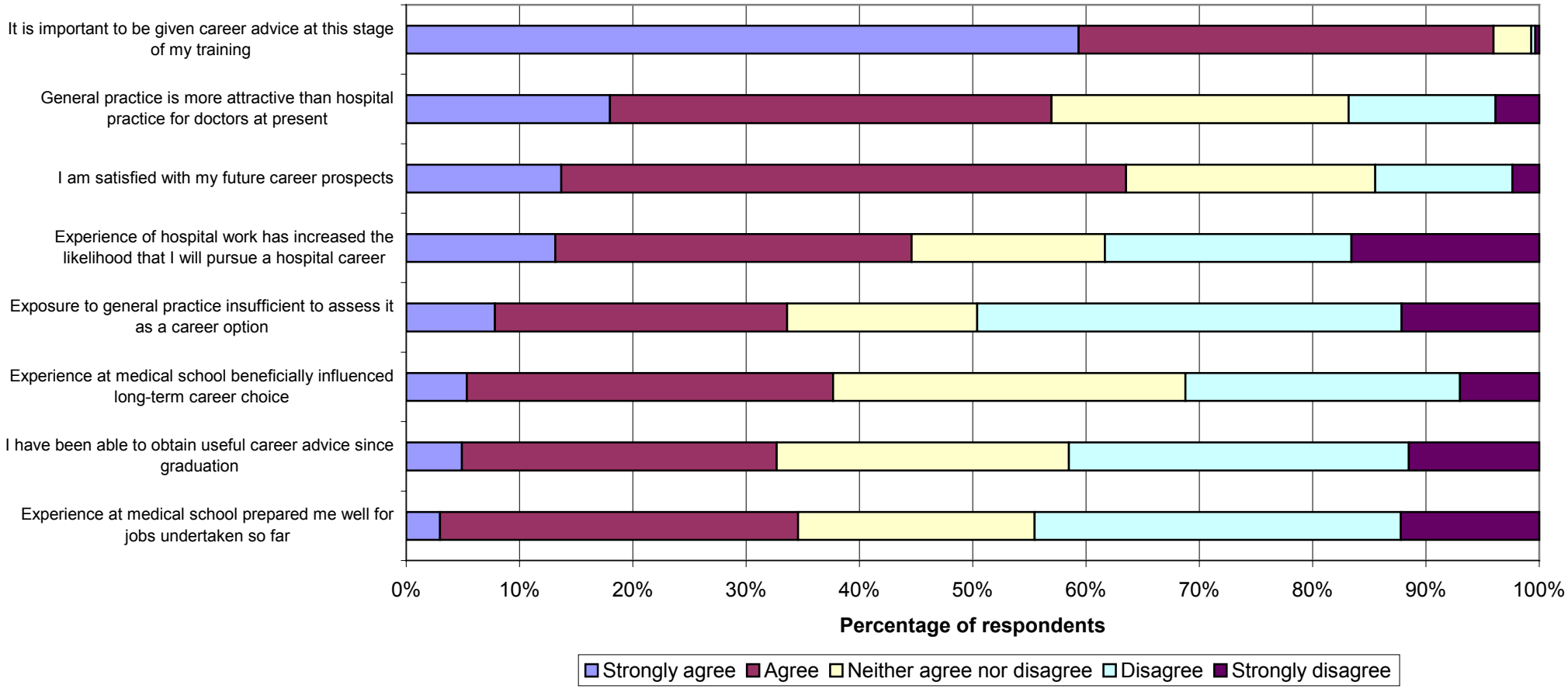
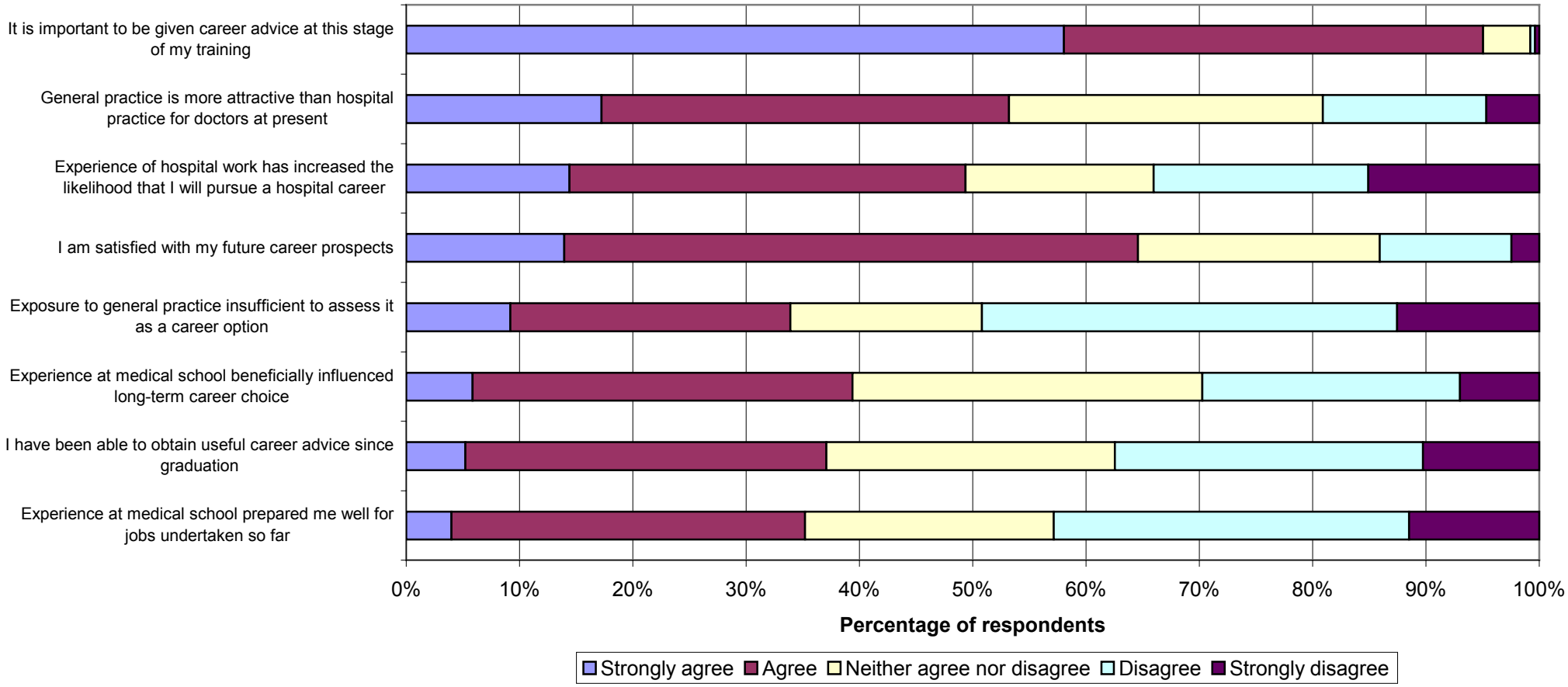


Figure 6: Views on future career - All



Equal opportunities

5 statements about equal opportunities in the NHS were scored on a 5-point scale, *from strongly agree* to *strongly disagree*. The results for men, women and all respondents are shown in Figures 7, 8 and 9 respectively. Significantly more men than women agreed or strongly agreed that the NHS was a good equal opportunities employer for women (men 63.7%, women 48.4%). Similarly, significantly more men than women agreed or strongly agreed that the NHS was a good equal opportunities employer for doctors with family responsibilities (men 22.6%, women 15.8%).

Figure 7: Views on equal opportunities in the NHS - Men

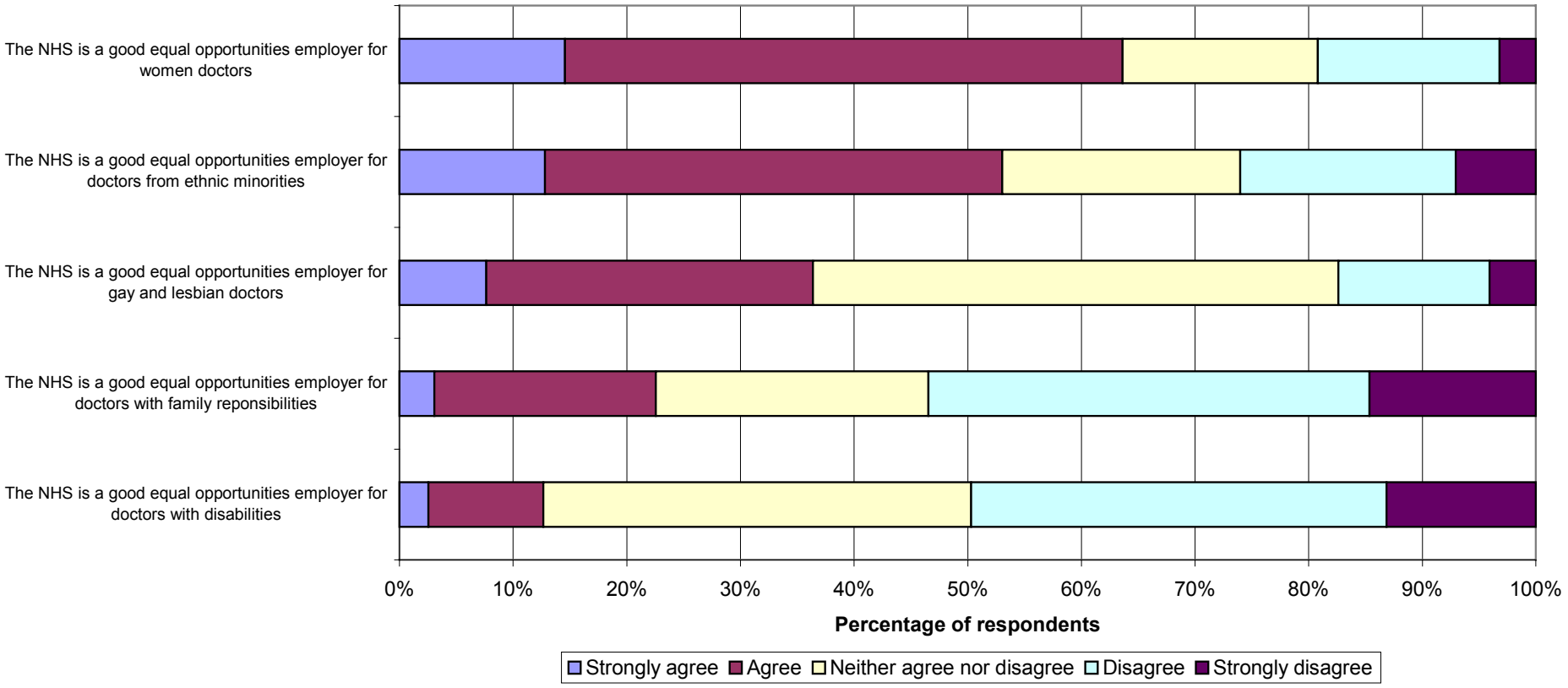


Figure 8: Views on equal opportunities in the NHS - Men

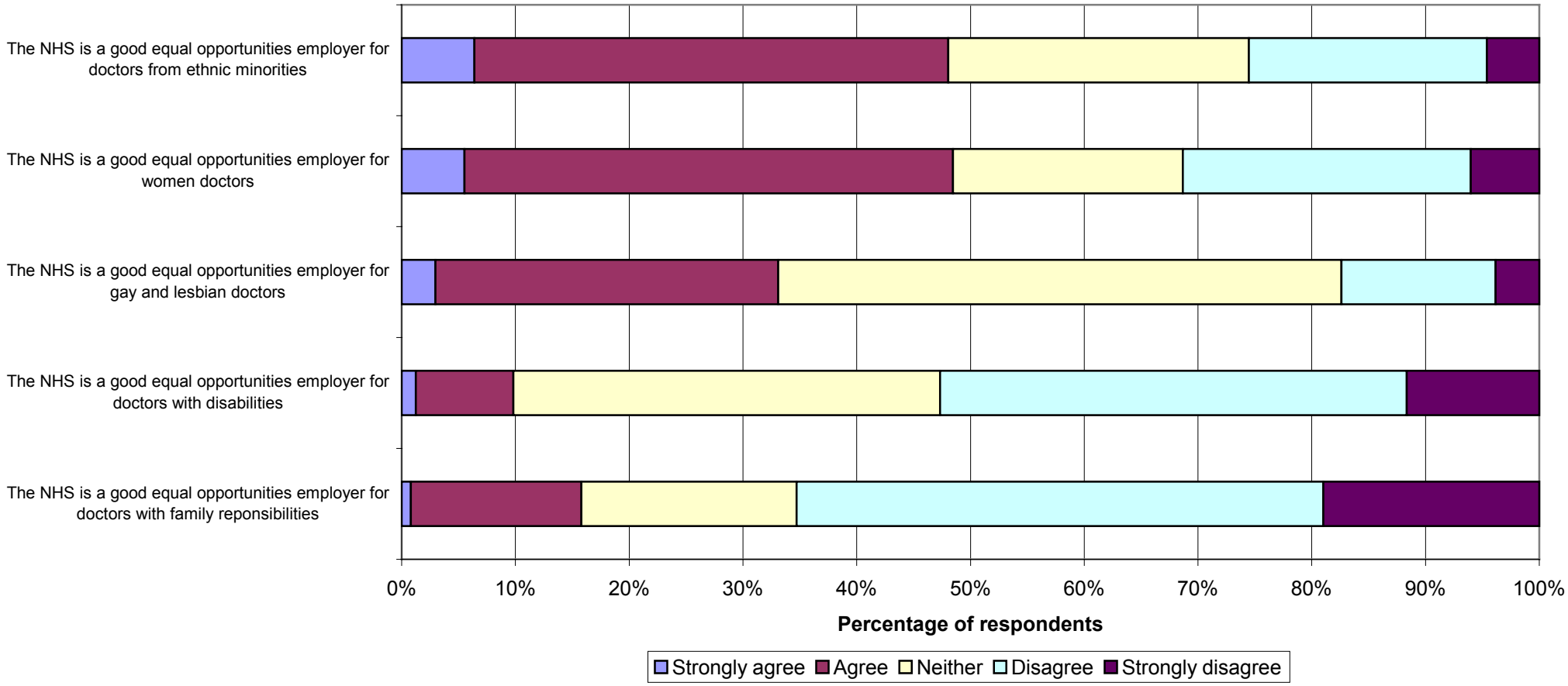
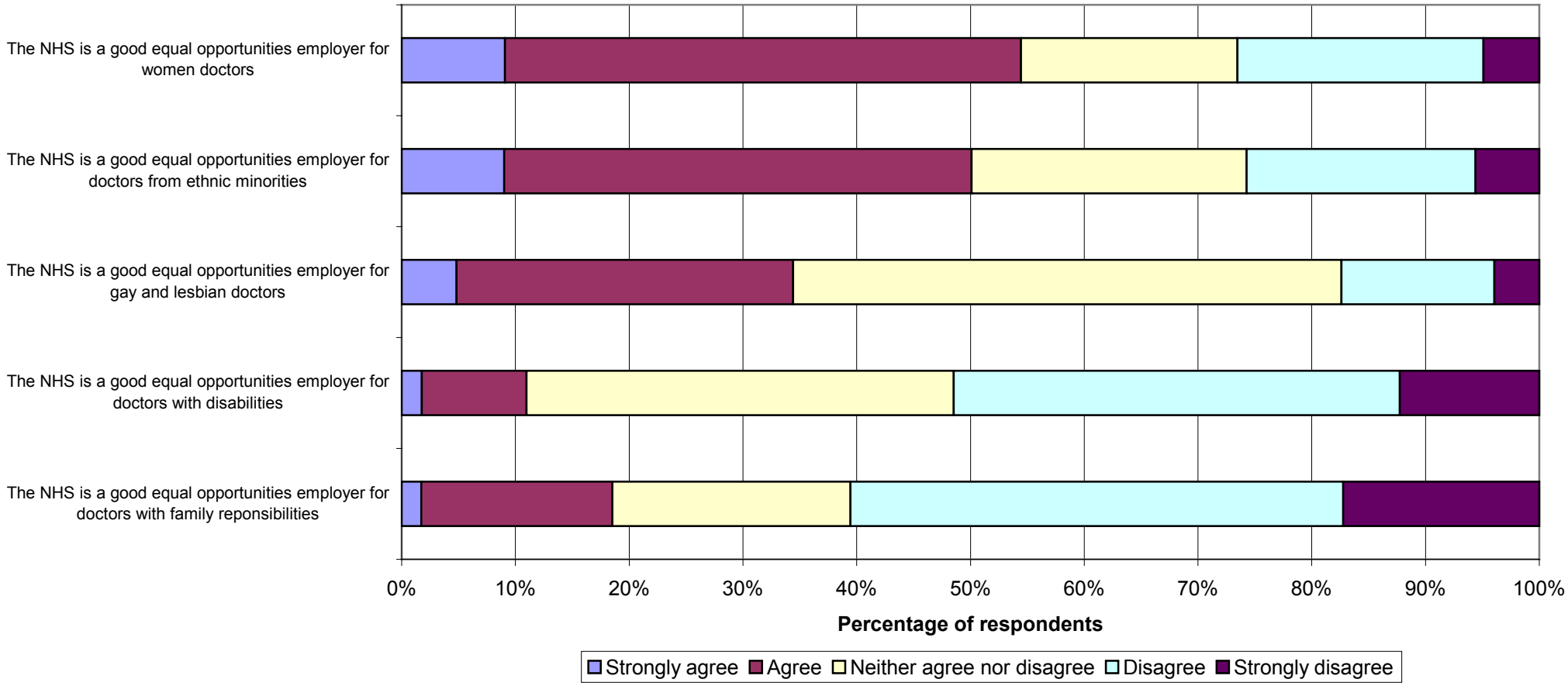


Figure 9: Views on equal opportunities in the NHS - All



PRHO posts

99.8% (2394) of respondents to our full questionnaire had started their PRHO year. Table 18 shows the numbers and combinations of PRHO posts held. There was no difference between men and women.

Table 18: Numbers and combinations of PRHO posts

	Count	Col %
Two 6-month posts	1685	70.4%
Three 4 month posts	272	11.4%
Four 3 month posts	151	6.3%
One 6 month & two 3 month posts	30	1.3%
Other combinations of posts adding to 12 months	111	4.6%
Other combinations of posts adding to > 12 months	7	.3%
PRHO job information incomplete	138	5.8%
Total	2394	100.0%

Tables 19a, 19b and 19c show the patterns of PRHO posts for two six-month posts, three four-month posts and four three-month posts. Where PRHO posts followed the two six-month, or the four three-month post pattern, the most popular specialties for 'other' posts were orthopaedics/trauma, paediatrics and urology. 76.9% of those following a four three-month post pattern had 2 surgical and 2 medical posts during their PRHO year. For those following a three four-month pattern, general practice accounted for 40.6% of 'other' posts (95/234), and paediatrics, 15.4% (36).

Table 19a. Pattern of PRHO posts: 2 X 6-month posts

Post 1	Current post	N	%
Surgery	Medicine	839	49.8
Medicine	Surgery	825	49.0
Other*		21	1.2
Total		**1685**	**100**

* Combinations of medicine or surgery with another specialty

Table 19b. Pattern of PRHO posts: 3 X 4-month posts

Post 1	Post 2	Current post	N	%
Other specialty	Medicine	Surgery	49	18.0
Medicine	Other specialty	Surgery	28	10.3
Other specialty	Surgery	Medicine	27	9.9
Surgery	Other specialty	Medicine	46	16.9
Medicine	Surgery	Other specialty	50	18.4
Surgery	Medicine	Other specialty	30	11.0
Other*			42	15.4
Total			**272**	**100**

* Other combinations of the above, with 2 posts in the same specialty area

Table 19c. Pattern of PRHO posts: 4 X 3-month posts

Post 1	Post 2	Post 3	Current post	N	%
Surgery	Surgery	Medicine	Medicine	46	30.5
Medicine	Medicine	Surgery	Surgery	45	29.8
Other combinations of 2 surgical and 2 medical posts				25	16.6
Combinations of 2 surgical or 2 medical posts and 1 post in other specialty				16	10.6
Combinations of 1 surgical and 1 medical post and 2 posts in other specialties				17	11.3
Incomplete job information				2	1.3
Total				**151**	**100**

Number and pattern of PRHO posts by medical school attended

For those who gave complete information about the PRHO year, Table 20 shows the number of PRHO posts held, by clinical medical school attended. The majority of respondents from most medical schools adhered to the pattern of two 6-month PRHO posts. 88.5% of respondents from Leicester medical school followed the pattern of three 4-month posts; of the other medical schools the highest percentage following this pattern was 17.8% (St Bartholomew's). 46.9% of respondents from Sheffield medical school followed the four 3-month posts pattern, as did 28.4% of Liverpool respondents and 23.0% of those from Belfast.

Table 20: Number and pattern of PRHO posts by medical school attended

		Number of PRHO posts										Total	
		Two 6-month posts		Three 4-month posts		Four 3-month posts		One 6-month & two 3-month posts		Other combinations of posts adding to 12 months			
		n	%	n	%	n	%	n	%	n	%	N	%
Medical school attended	Aberdeen	81	88.0%	4	4.3%	3	3.3%	3	3.3%	1	1.1%	92	100%
	Birmingham	95	81.2%	8	6.8%	4	3.4%	2	1.7%	8	6.8%	117	100%
	Bristol	70	81.4%	6	7.0%	4	4.7%			6	7.0%	86	100%
	Cambridge	44	81.5%	6	11.1%					4	7.4%	54	100%
	Dundee	43	71.7%	6	10.0%	1	1.7%	1	1.7%	9	15.0%	60	100%
	Edinburgh	100	83.3%	16	13.3%					4	3.3%	120	100%
	Glasgow	117	98.3%	2	1.7%							119	100%
	Leeds	79	80.6%	4	4.1%	7	7.1%	3	3.1%	5	5.1%	98	100%
	Liverpool	41	55.4%	8	10.8%	21	28.4%			4	5.4%	74	100%
	Manchester	118	84.9%	13	9.4%	1	.7%	3	2.2%	4	2.9%	139	100%
	Newcastle	77	88.5%	6	6.9%					4	4.6%	87	100%
	Oxford	68	89.5%	2	2.6%	2	2.6%	1	1.3%	3	3.9%	76	100%
	Sheffield	26	27.1%	16	16.7%	45	46.9%	2	2.1%	7	7.3%	96	100%
	Wales	65	69.1%	7	7.4%	10	10.6%	5	5.3%	7	7.4%	94	100%
	Charing Cross	88	78.6%	17	15.2%	3	2.7%			4	3.6%	112	100%
	Kings College Hospital	125	79.1%	9	5.7%	14	8.9%	3	1.9%	7	4.4%	158	100%
	St Bartholomew's	73	68.2%	19	17.8%	8	7.5%	3	2.8%	4	3.7%	107	100%
	St George's	60	82.2%	7	9.6%	2	2.7%			4	5.5%	73	100%
	University College Hospital	118	83.1%	9	6.3%	4	2.8%	4	2.8%	7	4.9%	142	100%
	Belfast	42	56.8%	6	8.1%	17	23.0%			9	12.2%	74	100%
	Nottingham	68	79.1%	11	12.8%	2	2.3%			5	5.8%	86	100%
	Southampton	70	81.4%	11	12.8%	2	2.3%			3	3.5%	86	100%
	Leicester	9	10.2%	77	87.5%					2	2.3%	88	100%
Total		1677	74.9%	270	12.1%	150	6.7%	30	1.3%	111	5.0%	2238	100%

Region of PRHO posts

For those following the pattern of two 6-month PRHO posts, Figures 10 and 11 show whether the location of each PRHO post was in the same region as the medical school attended, in an adjacent region, or in another region. Whilst there was variation by medical school and its geographical location, the vast majority of current and preceding PRHO posts were in the region of the medical school, or in a region adjacent to it.

Figure 10. Percentage of current PRHO posts in region of medical school: 2 X 6-month pattern

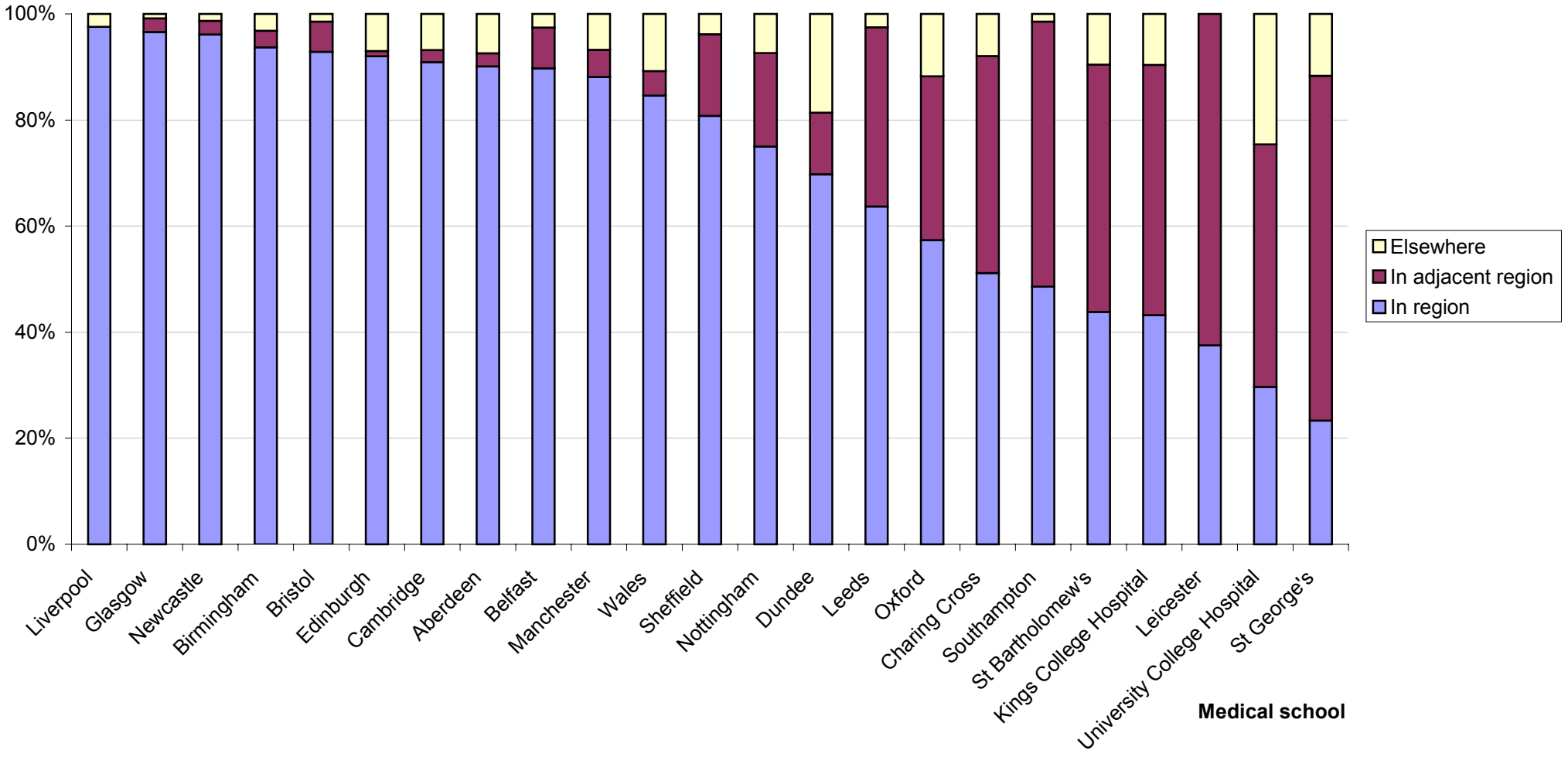
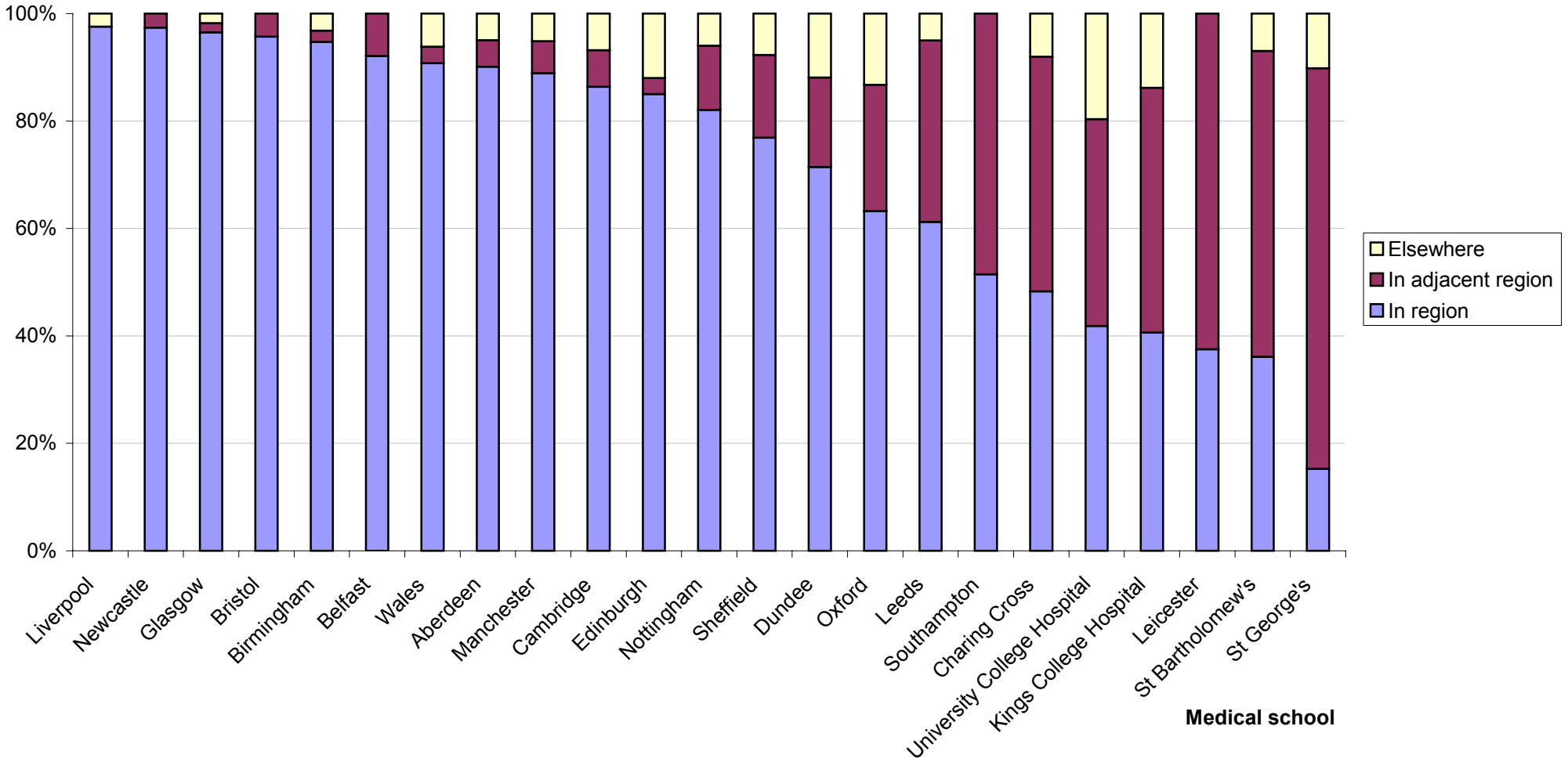


Figure 11. Percentage of preceding PRHO posts in region of medical school: 2 X 6-month pattern



Formal Assessment of PRHO posts

Over all PRHO posts, following any of the 3 main patterns above, 69.5% were formally assessed.

Working part time as a PRHO

Respondents were asked, *Are you working part time as a PRHO?* Only 1.1% answered *Yes*. Of those who said *No*, 44.1% did not know whether there had been the opportunity available to do so. Only a small percentage (7.2% of those who did know), said that the opportunity had been available. 5.5% of those who said that the opportunity had not been available, or that they didn't know whether it had been available, said that they would have worked part time if it had been possible.

Job satisfaction in current PRHO post

To obtain a measure of job satisfaction for their current PRHO post, five statements were presented to respondents for evaluation, on a scale from *strongly agree* to *strongly disagree*. The statements were:

I find enjoyment in my current post
I am doing interesting and challenging work
I feel dissatisfied in my current post
Most days I am enthusiastic about my work
I am often bored with my work

Scores of 1 to 5 were assigned to the responses (with the scales reversed for the 1st, 2nd and 4th statements) and the average for the five statements was calculated. The average score for both men and women was 3.2, indicating a moderate level of job satisfaction.

Job enjoyment and lifestyle over the PRHO year

Respondents were asked how much they had enjoyed the PRHO year overall, on a scale from 1 (*not enjoyed it at all*) to 10 (*enjoyed it greatly*). Figure 12 shows cumulative percentages for men and women. 15.9% scored 5 or less, 41.7.% scored 6 or 7 indicating a moderate level of enjoyment, and 42.4% scored 8, 9 or 10, indicating a high level of enjoyment.

They were also asked how satisfied they were with the amount of time left by the PRHO year for family, social and recreational activities, on a scale from 1 (*not at all satisfied*) to 10 (*extremely satisfied*). Approximately two-thirds scored 5 or less (see Figure 13), indicating a low level of satisfaction; a quarter scored 6 or 7 indicating a moderate level of satisfaction, and only a tenth scored 8, 9 or 10. There was little difference between men and women.

Figure 12: Enjoyment of current position

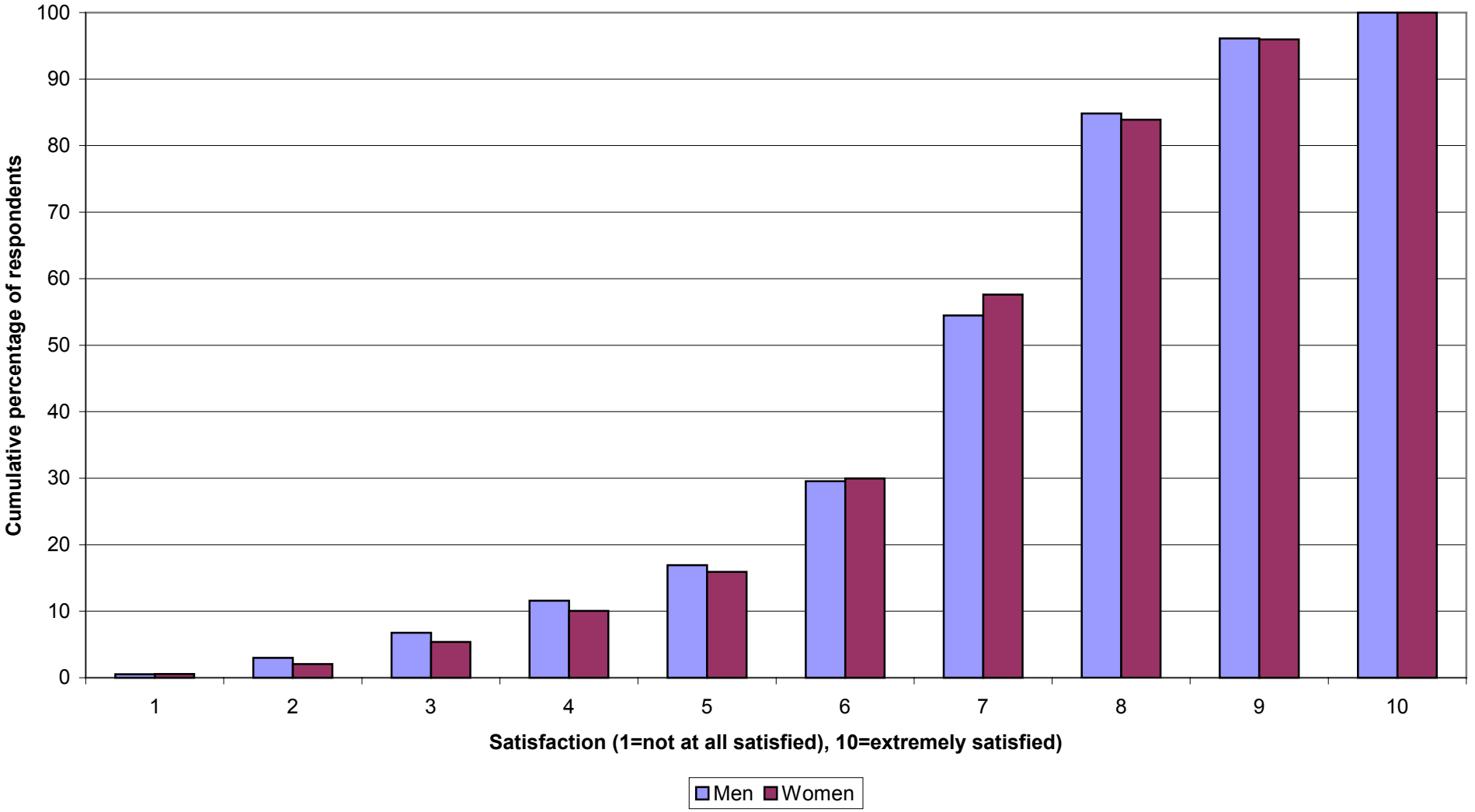
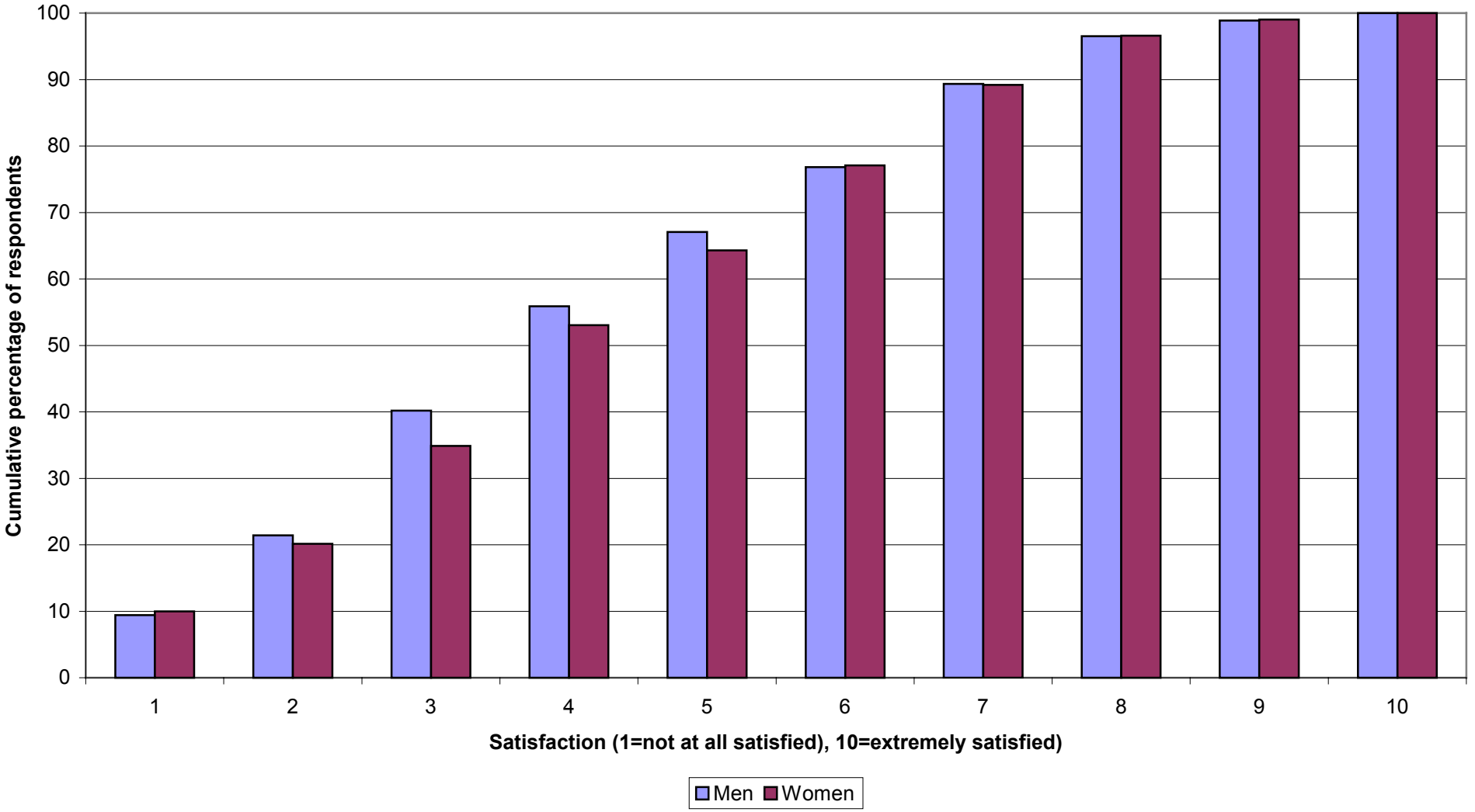


Figure 13: Satisfaction with leisure time



PRHO opinions

Respondents were invited to respond to a number of structured statements describing their experience in their current and immediately preceding PRHO posts. For all statement*s*, the response was *Agree, Neither agree nor disagree, Disagree (*and *No opinion,* where left unanswered*).*

Working conditions and support

Figures 14, 15 and 16 show the levels of agreement to the structured statements about working conditions and support for men, women and all respondents, with reference to the current PRHO post at the time of the survey, and Figures 17, 18 and 19 show levels of agreement with the statements with reference to the preceding PRHO post.

The highest levels of agreement were found (regarding both current and preceding posts) for the statements *I received good support from senior doctors* and *I received good support from nursing staff,* whereas the lowest agreement was found for the statement *I received good support from hospital / practice management.* Over 50% were satisfied with arrangements for annual leave, and a similar percentage thought they worked longer hours than they should. Over all statements, higher percentages of respondents agreed with the statements with reference to their preceding PRHO posts than with reference to their current posts. The difference was significant for the majority of statements ($p<0.001$), and occurred whether the statement was positively- or negatively-phrased. For example, whilst a higher percentage felt they were well-supported by senior doctors and nurses in their earlier PRHO post (74.6% and 68.1% compared with 68.9% and 60.7%), a higher percentage also felt that they worked longer hours than they thought they should (58.4% compared with 52.4%). The only statements which showed an improvement in the current job, compared to the preceding job, were to do with the number of hours worked and pressure of the job.

In their current post, higher percentages of women than of men agreed that arrangements for their annual leave were satisfactory (60.2% and 53.1% respectively), and that they were remunerated fairly by the NHS for their basic hours of work (48.7% and 39.4%). However, a higher percentage of women also felt that they were sometimes unable to obtain a senior doctor's help when needed (37.7% and 30.5%), all $p<0.001$.

In their preceding post, similar differences existed between men and women regarding arrangements for annual leave (69.0% and 63.3% respectively) and fair remuneration for basic hours worked (50.1% and 40.8%), $p<0.001$ in both cases. More women than men also felt that they were under too much pressure in this post (28.6% and 22.5% respectively, $p<0.01$).

Figure 14. 1999 PRHO opinions - current post: working conditions and support - Men

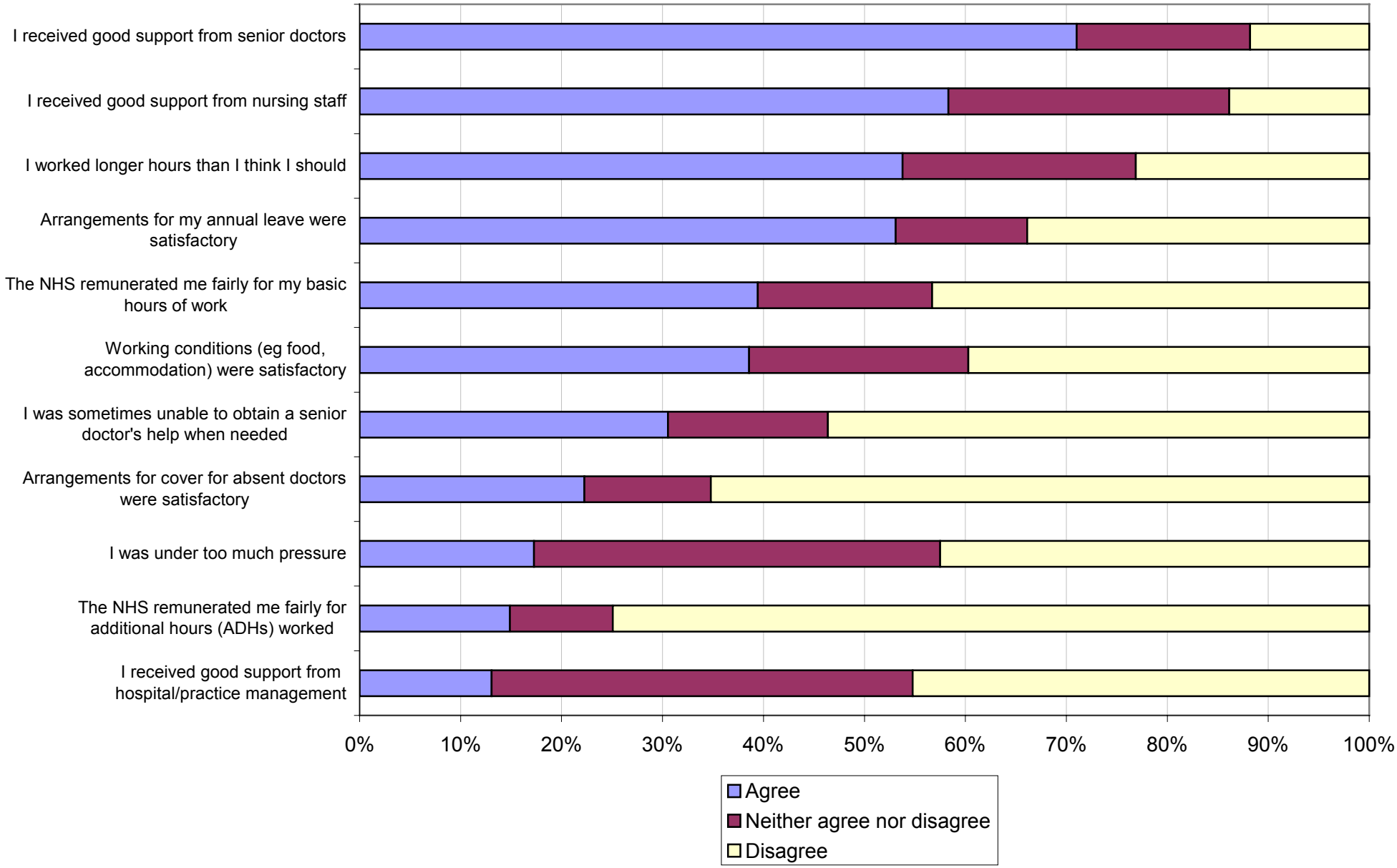


Figure 15. 1999 PRHO opinions - current post: working conditions and support - Women

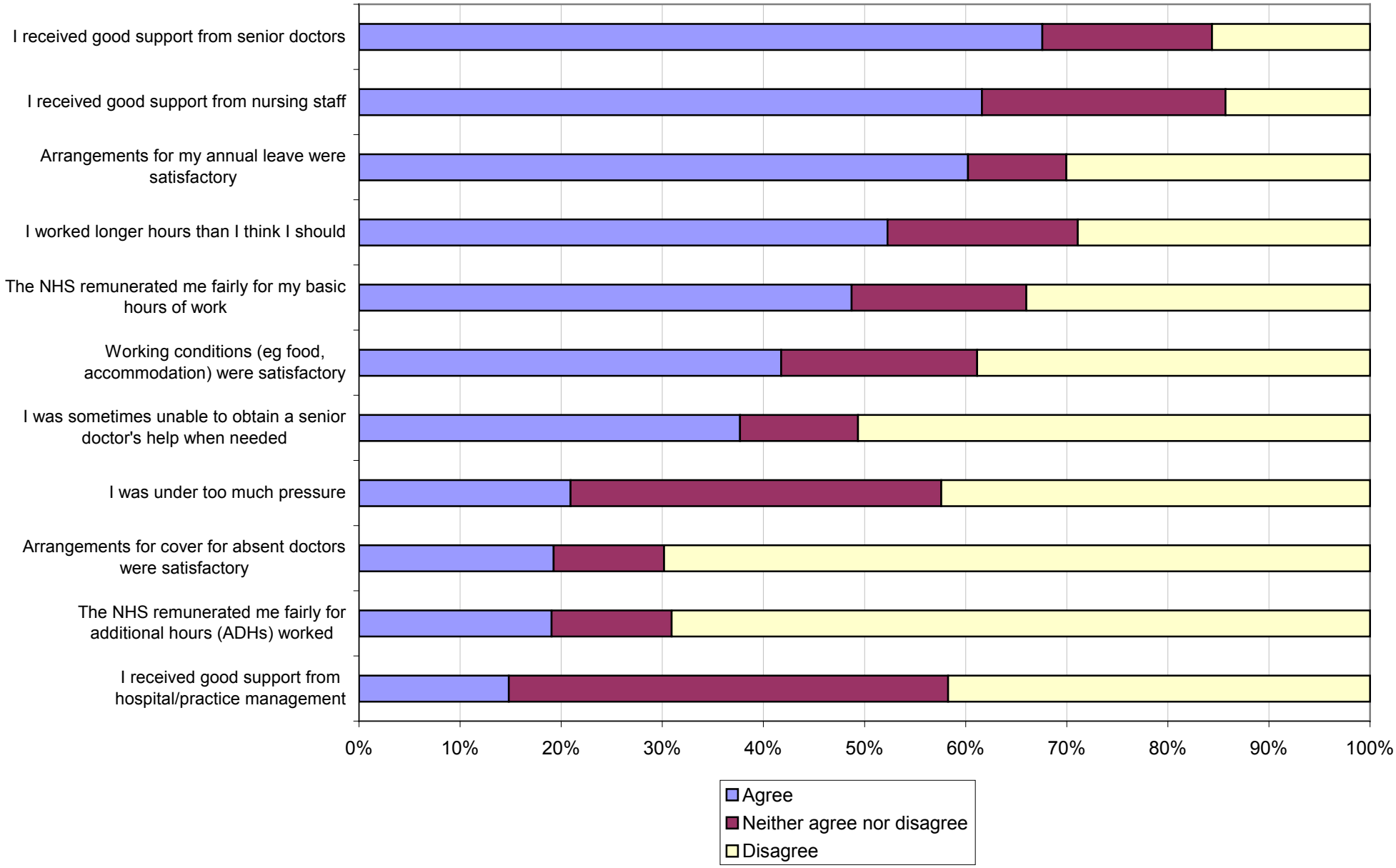


Figure 16. 1999 PRHO opinions - current post: working conditions and support - All

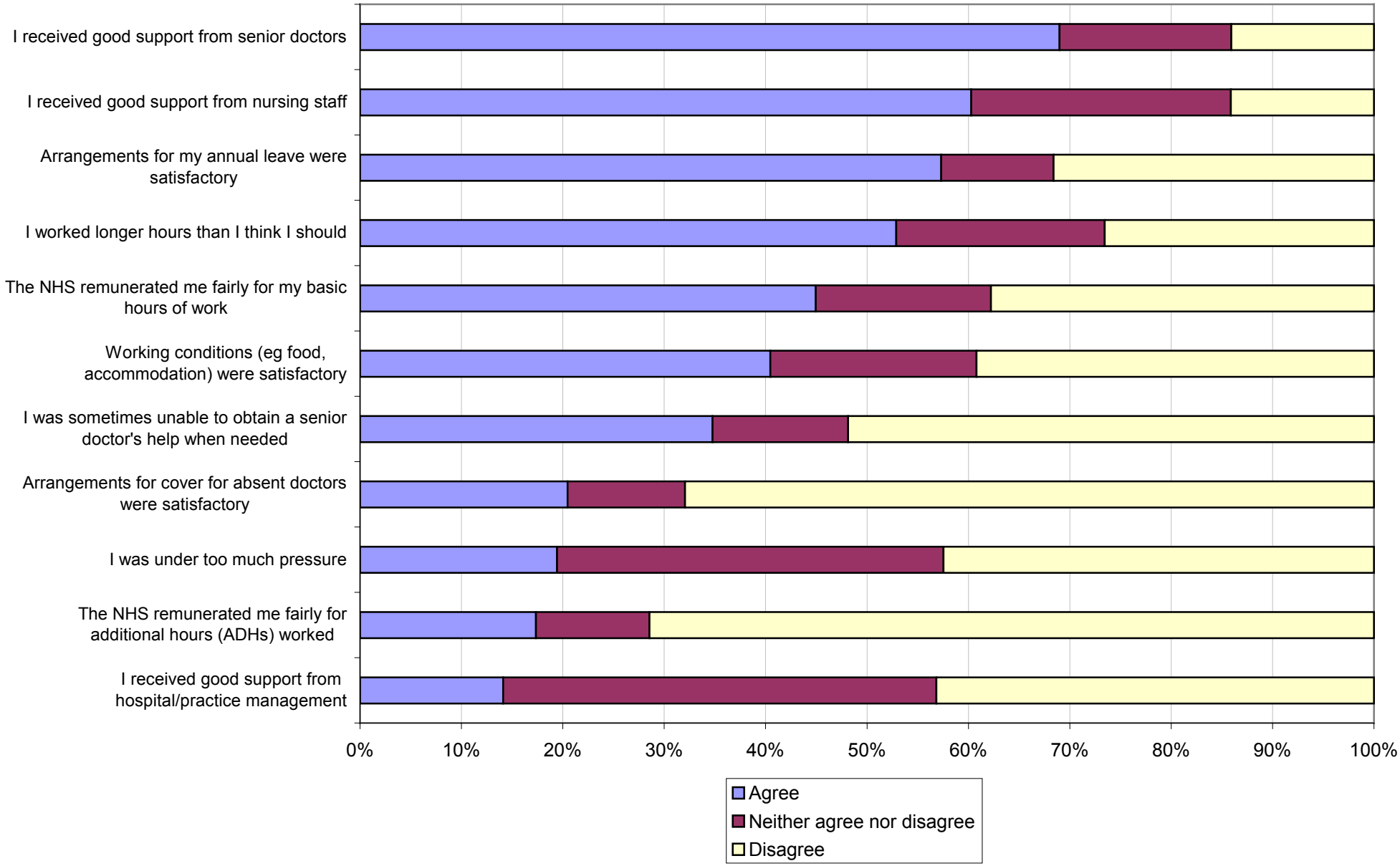


Figure 17. 1999 PRHO opinions - preceding post: working conditions and support - Men

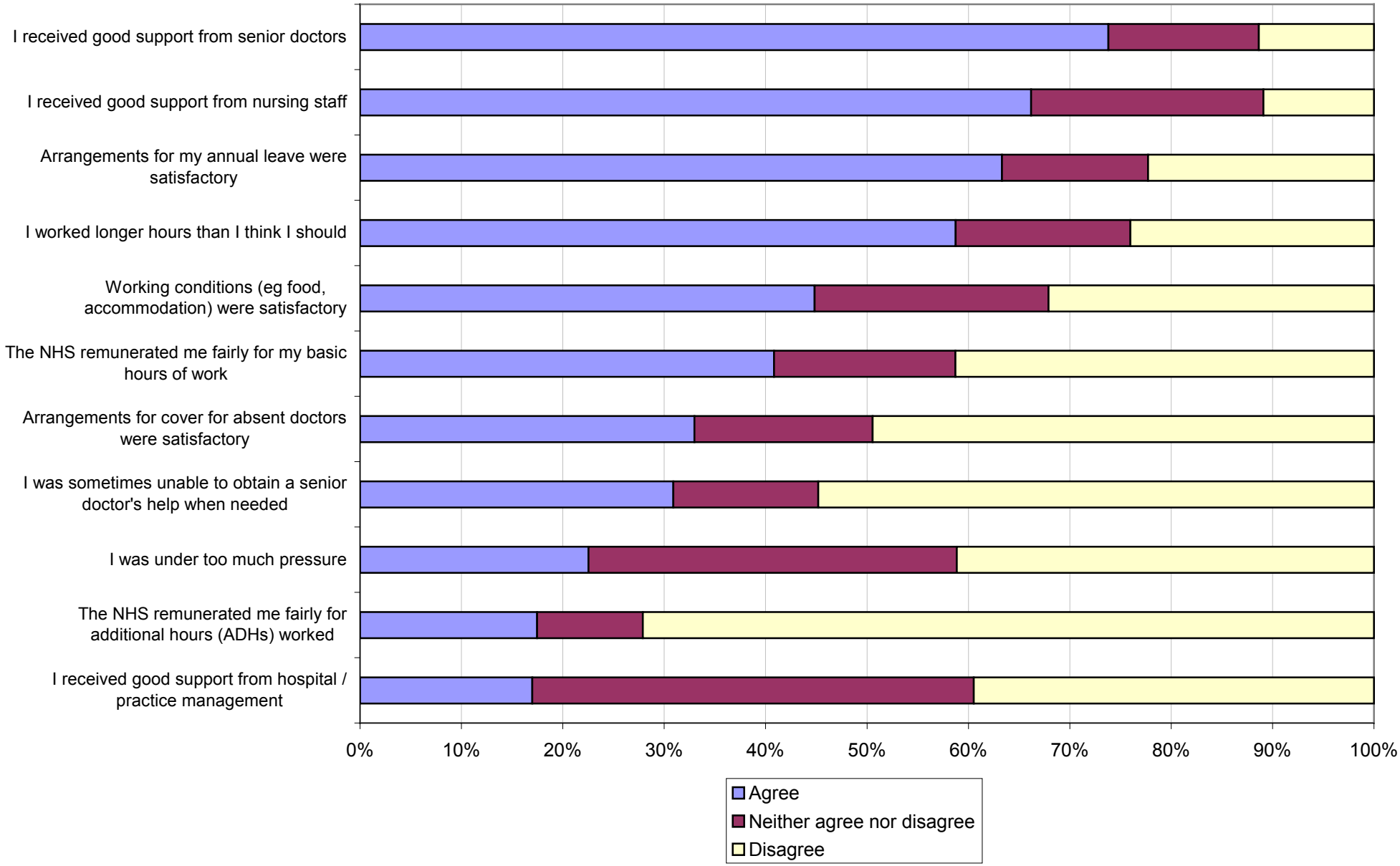


Figure 18. 1999 PRHO opinions - preceding post: working conditions and support - Women

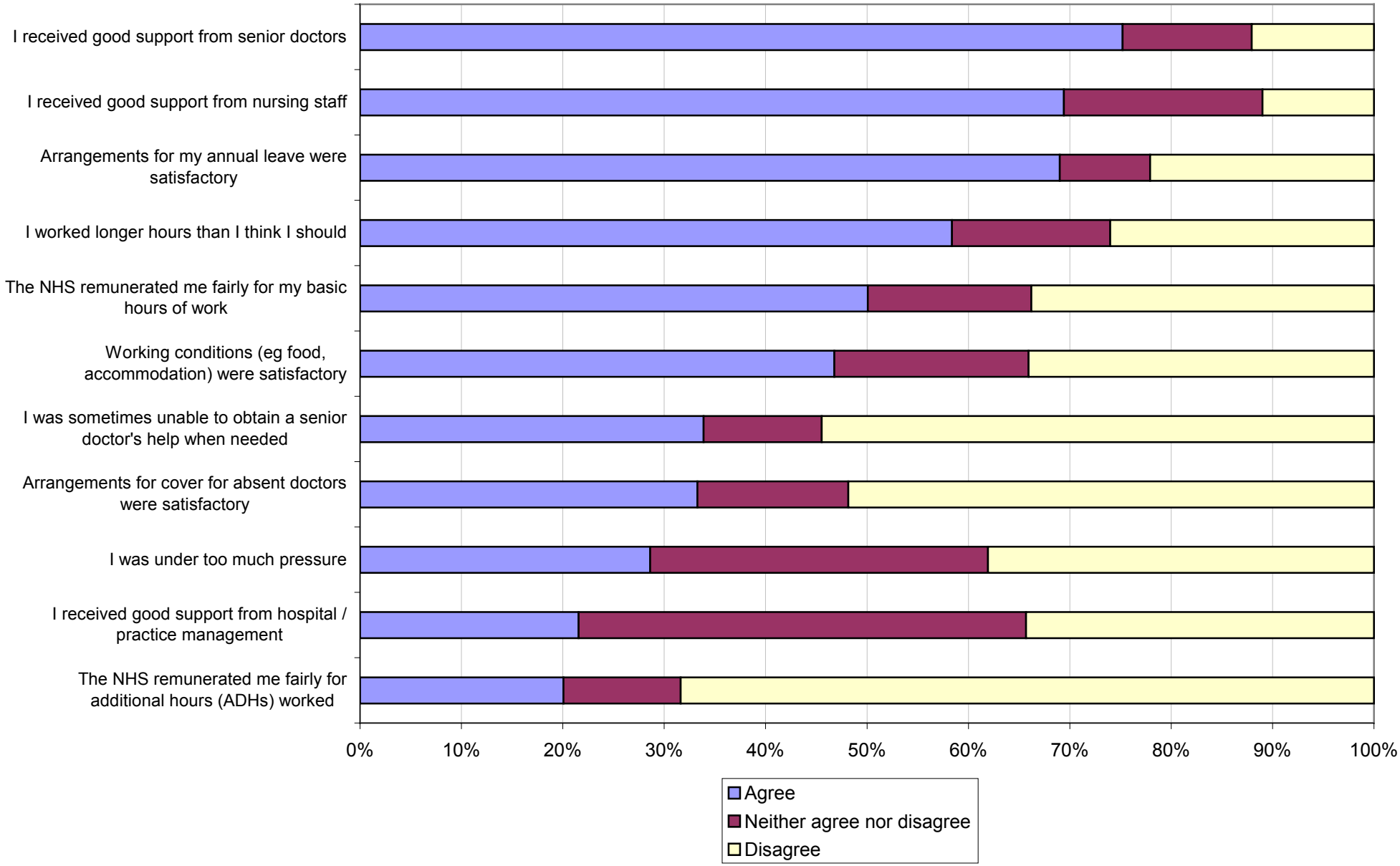
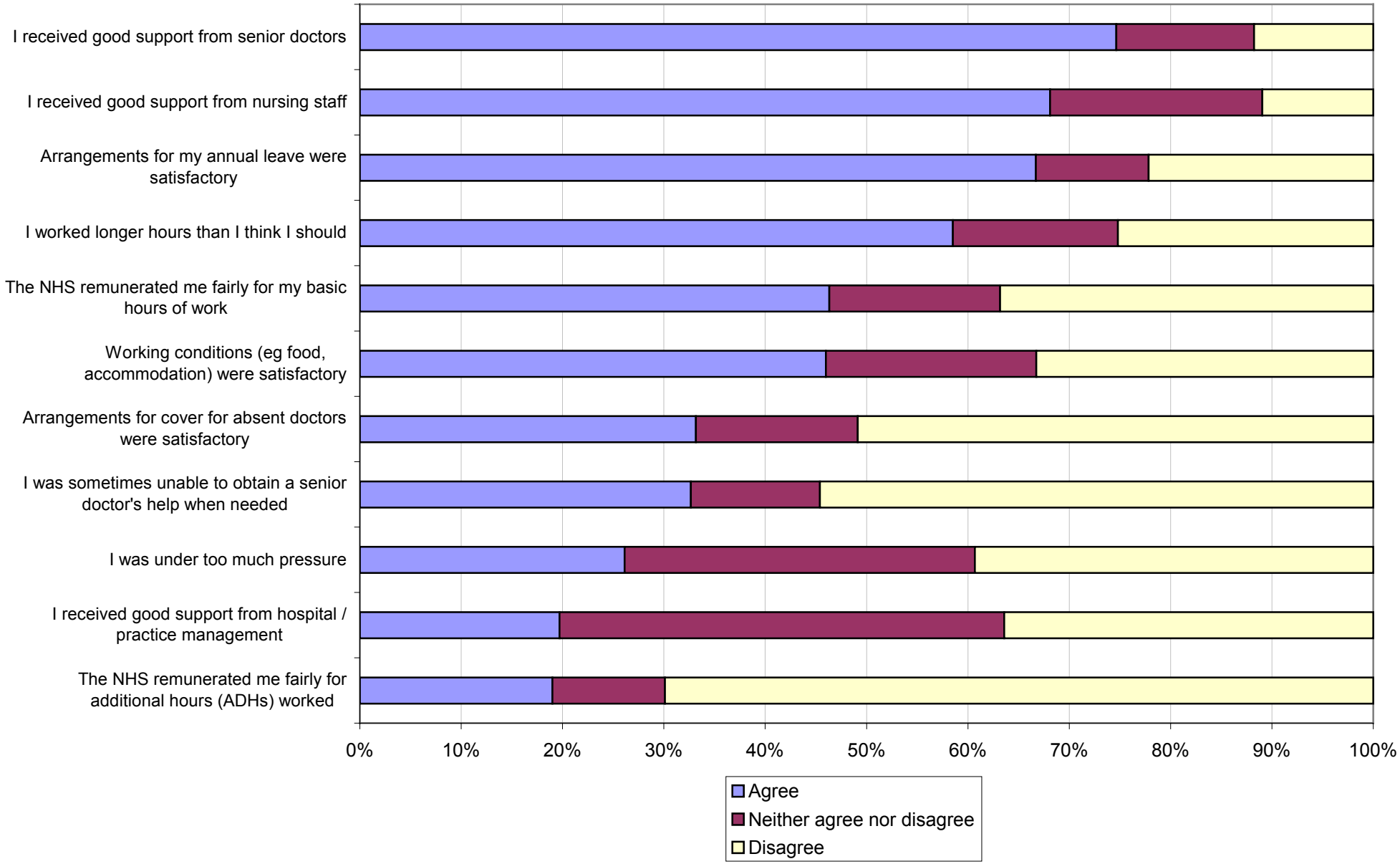


Figure 19. 1999 PRHO opinions - preceding post: working conditions and support - All



Training and duties

Figures 20, 21 and 22 show the levels of agreement to the structured statements about training and duties for men, women and all respondents, with reference to the current PRHO post at the time of the survey, and Figures 23, 24 and 25 show the levels of agreement with the statements with reference to the preceding PRHO post.

In their current post, the highest level of agreement was indicated by respondents to the statement *I was expected to perform too much routine non-medical work* (63.8% compared with 52.5% of respondents to the same question regarding their preceding post). Less than 50% of respondents agreed with all other statements about their current post. There was a significant difference between the responses for the respondents' current posts and their preceding posts, for all statements ($p<0.001$). Table 21 gives the details.

Table 21: A comparison of percentages agreeing with statements about training and duties, for current and preceding PRHO posts

Statement	Current PRHO post	Preceding PRHO post
	%	%
Induction/handover good	42.0	60.0
Wide range of clinical procedures	45.7	59.4
Good supervision of work	48.0	56.6
Too much non-medical work	63.8	52.5
Good educational opportunities	36.7	46.7
Regular constructive feedback	31.6	42.4
High standard of training	27.4	42.1
Clinical tasks – inadequately trained	19.1	18.7

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

A higher percentage of women than of men agreed that they had experienced a wide range of procedures in their current posts (44.3% and 39.2% respectively, $p<0.01$). In their preceding posts a higher percentage of women felt that the induction and handover arrangements were good (63.0% and 55.4%, $p<0.001$), and that they received good supervision (58.9% and 53.6%, $p=0.01$). There were no other significant differences between men and women in their responses to the statements about training and duties.

Figure 20. 1999 PRHO opinions - current post: training and duties - Men

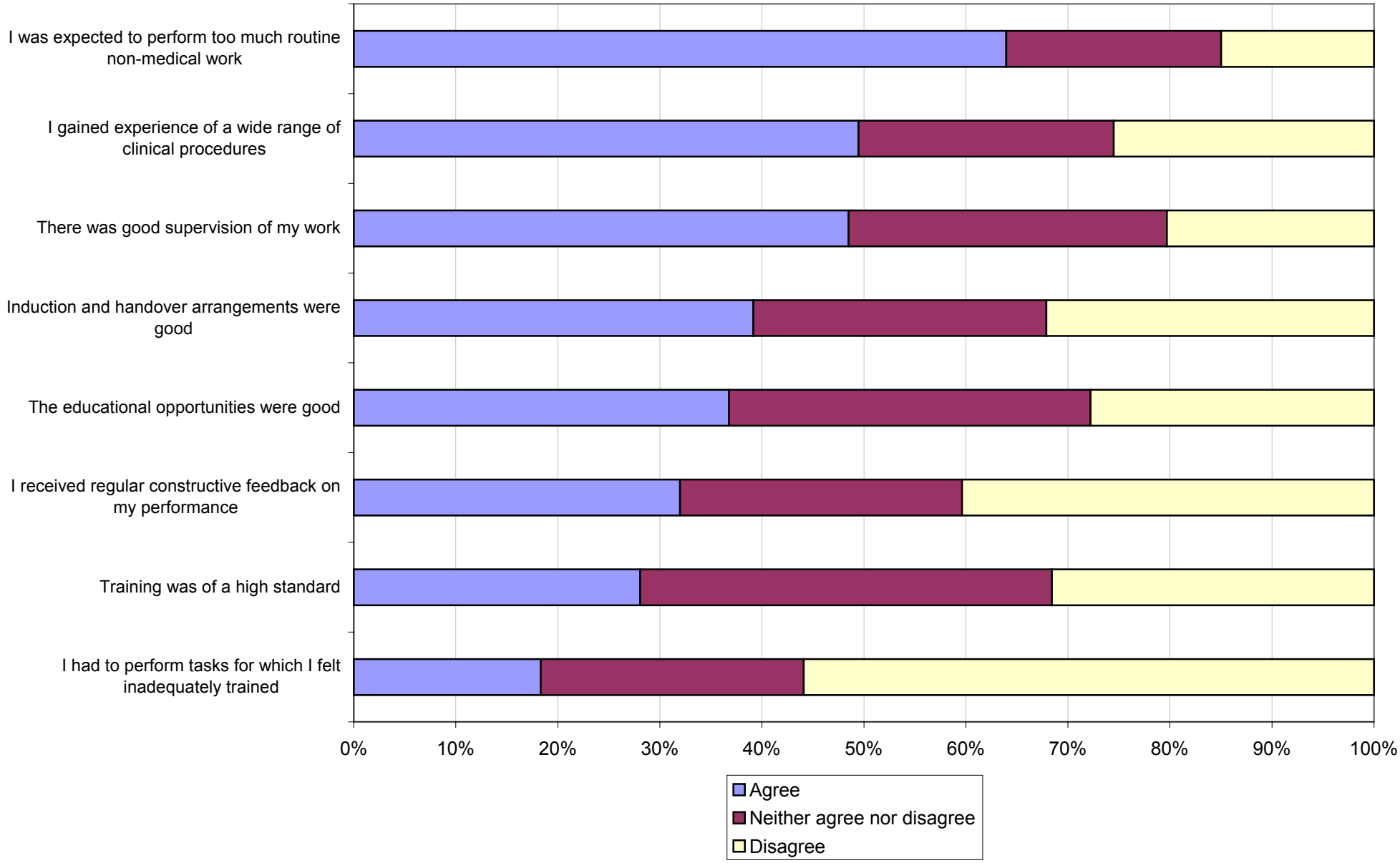


Figure 21. 1999 PRHO opinions - current post: training and duties - Women

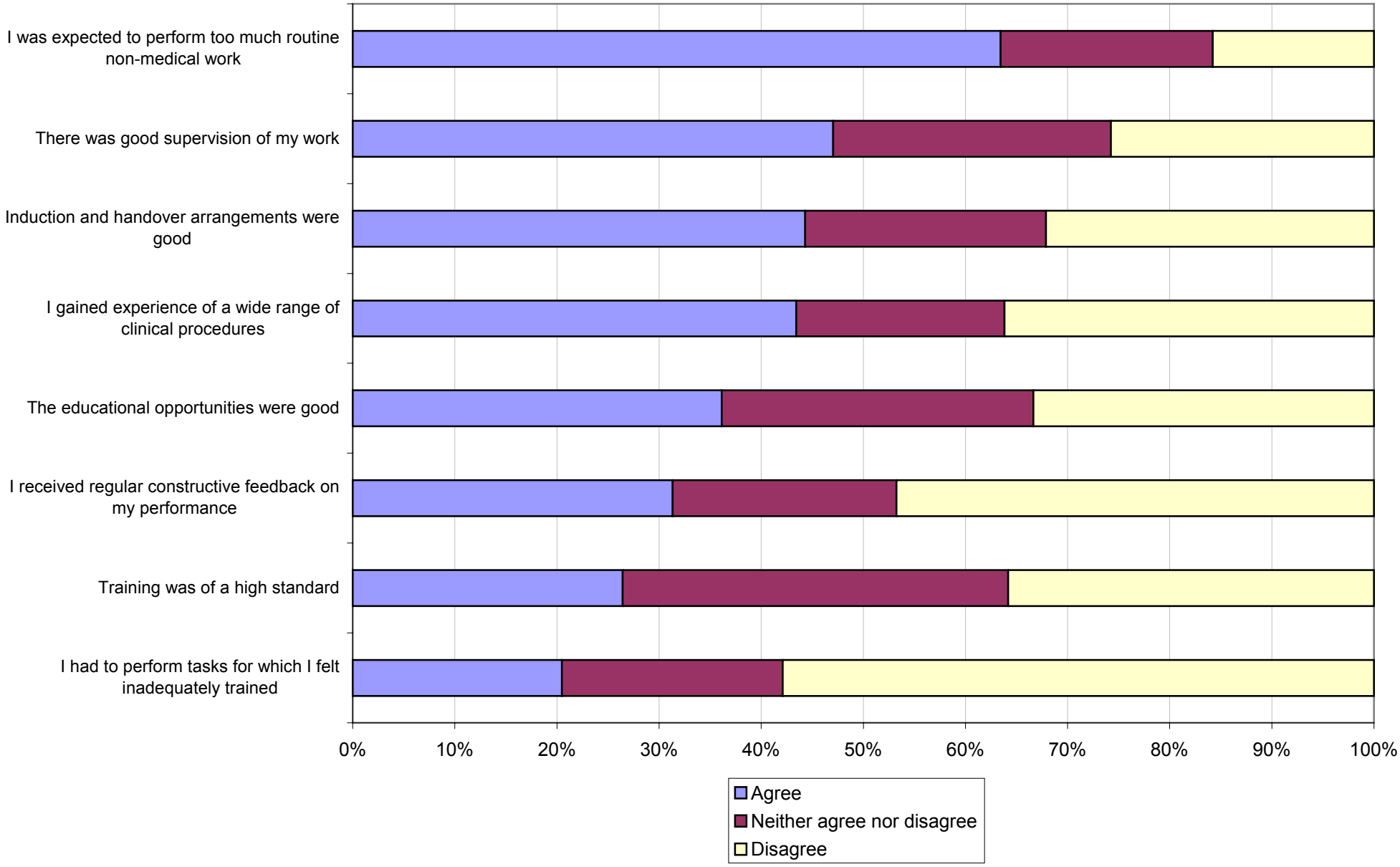


Figure 22. 1999 PRHO opinions - current post: training and duties - All

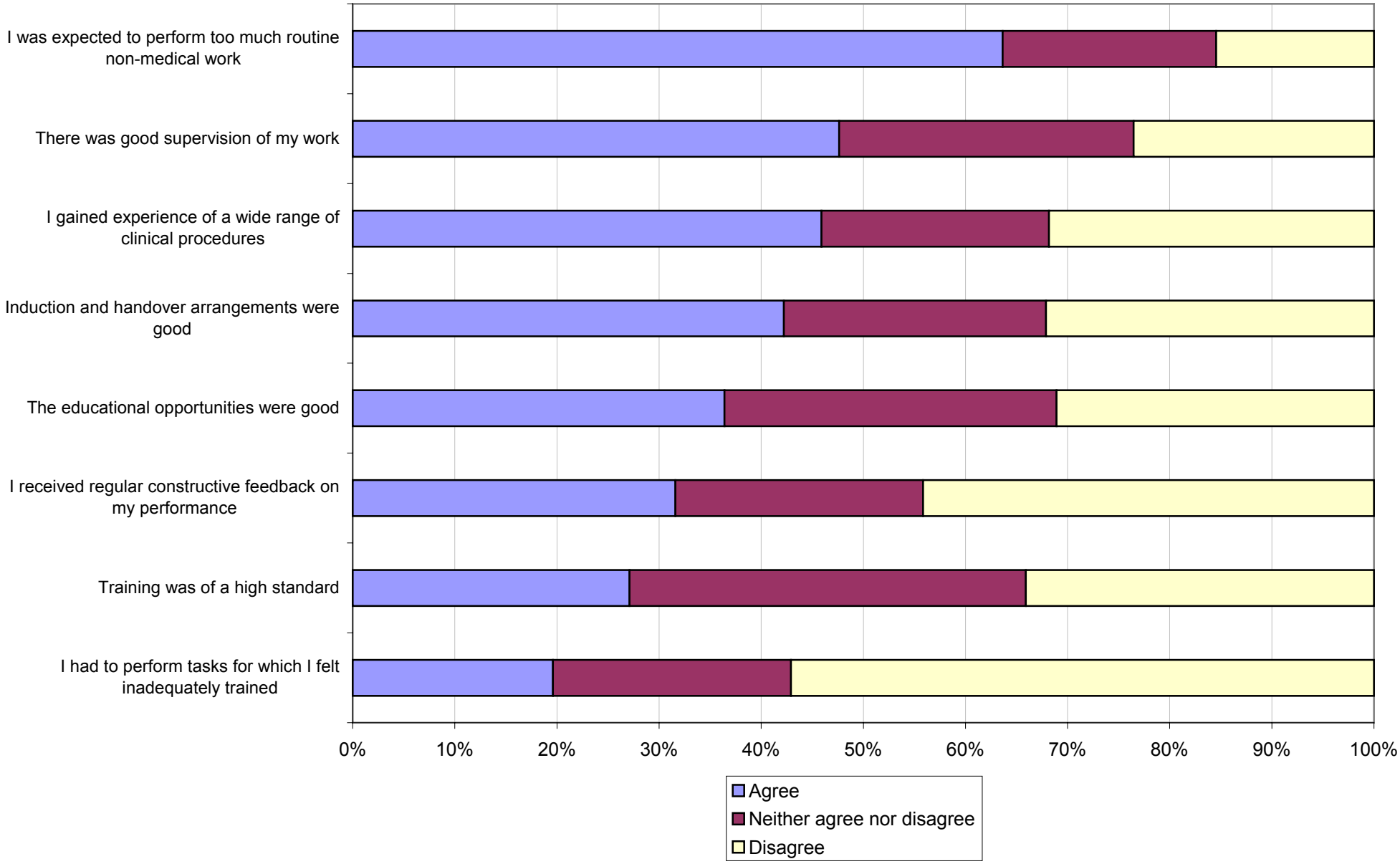


Figure 23. 1999 PRHO opinions - preceding post: training and duties - Men

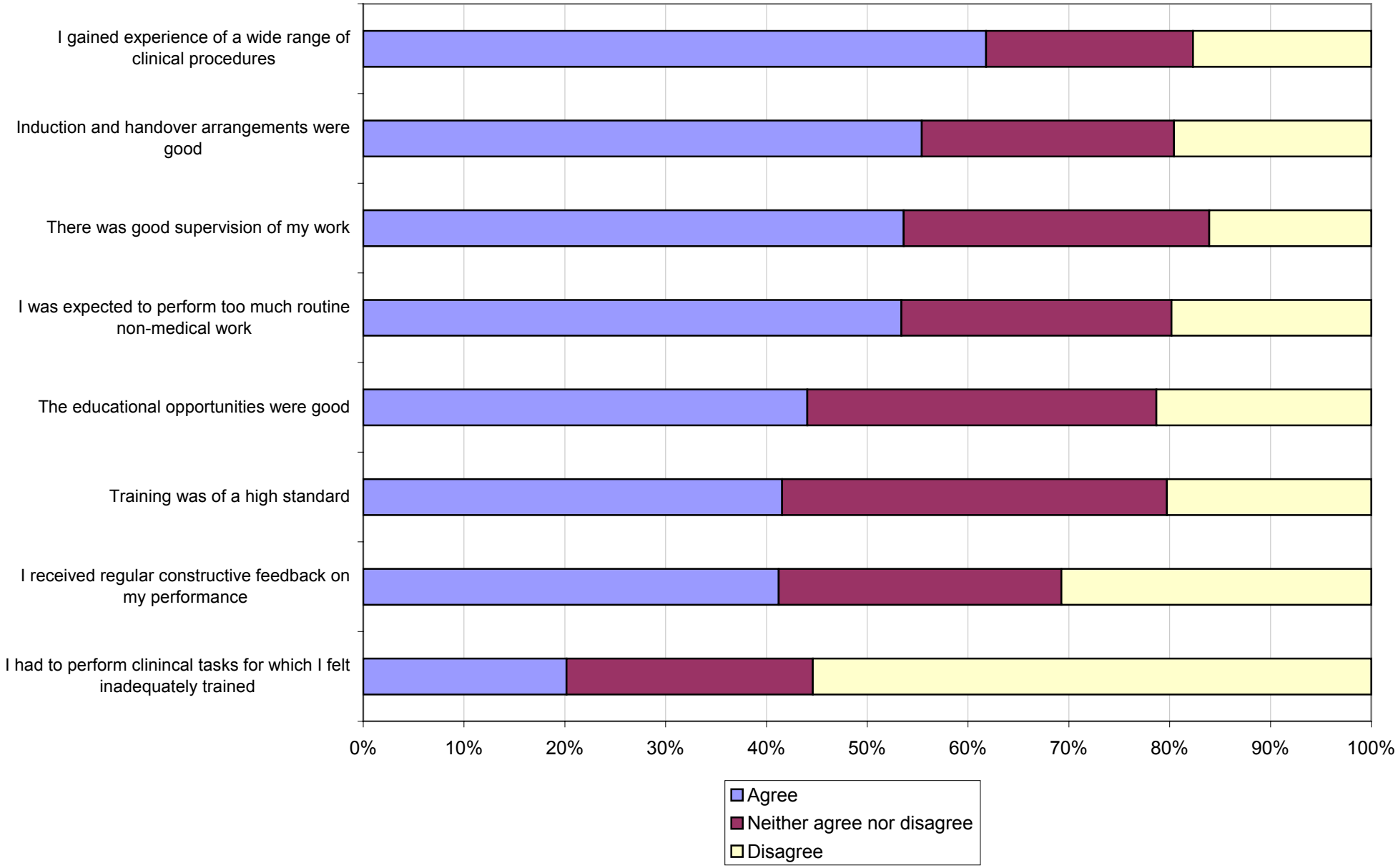


Figure 24. 1999 PRHO opinions - preceding post: training and duties - Women

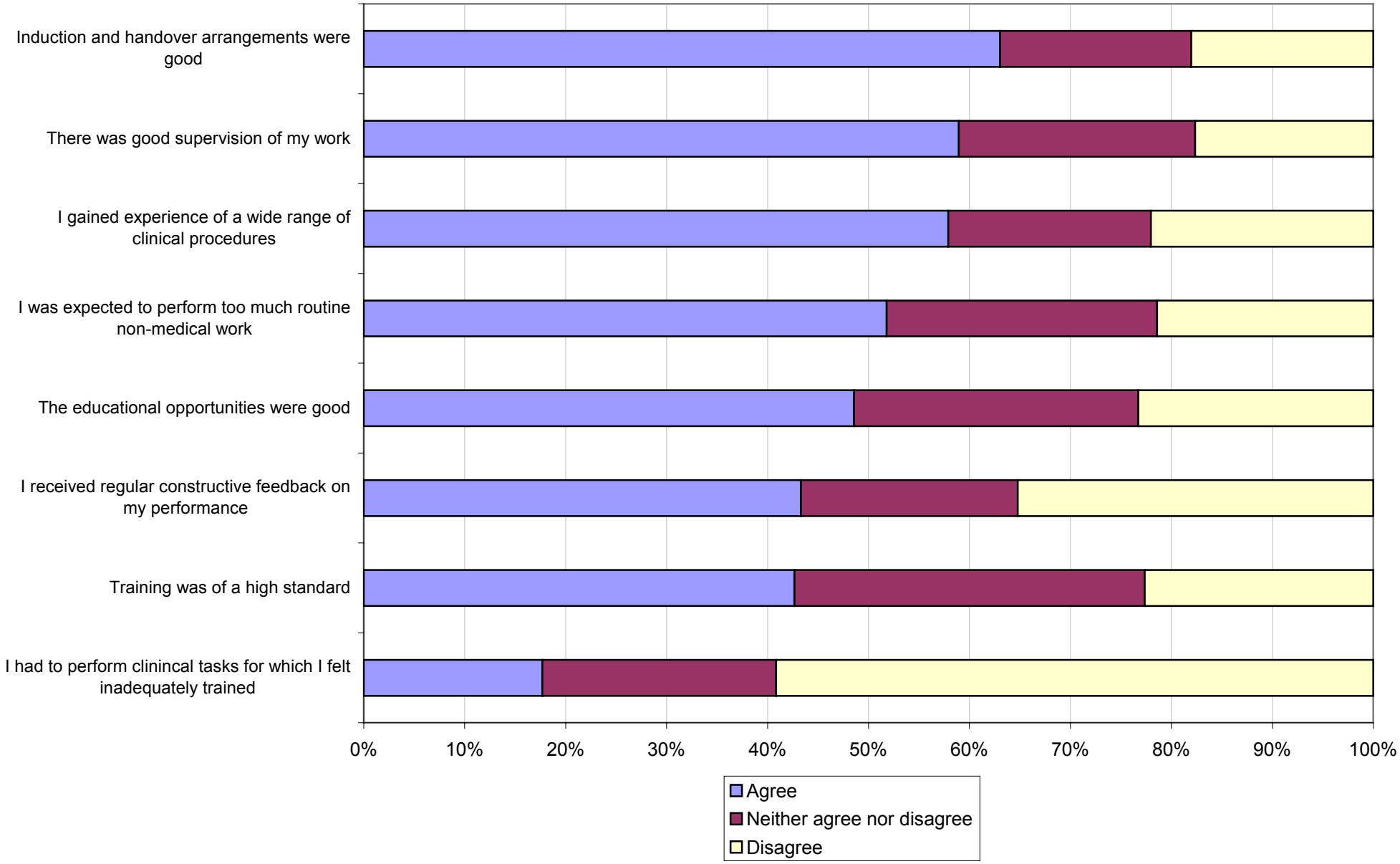
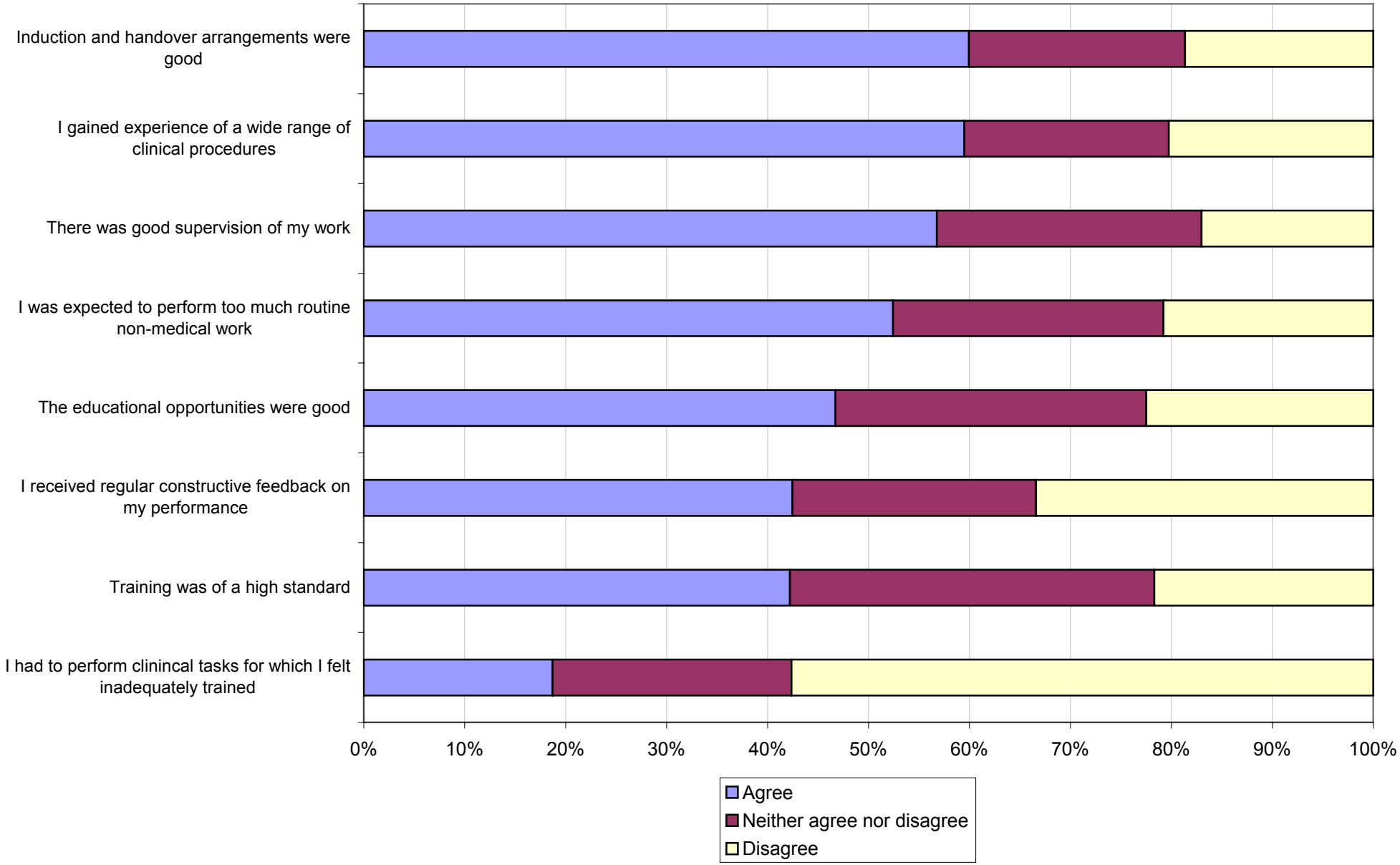


Figure 25. 1999 PRHO opinions - preceding post: training and duties - All



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. 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.